

Bundle Performance, Finance & Information Governance Committee 28 October 2021

Unfortunately BCU Committee meetings are being held via a virtual platform at present due to Covid19 regulations. Minutes of meetings will be available on the website in due course.

- 1 GOVERNANCE
- 2 09:30 - PF21.1 Terms of Reference - for endorsement / approval
Louise Brereton
****Recommendation****
The Committee is asked to review the revised Terms of Reference and recommend their approval to the Board through the Committee Chair's Report
PF21.1a PFIG ToR.docx
PF21.1b PFIG draft Terms of Reference 1.02 for review at PFIG 28.10.21.docx
- 3 PF21.2 Apologies
- 4 PF21.3 Declaration of Interest
- 6 09:35 - PF21.4 Draft minutes of the previous Finance and Performance Committee meeting held on 26.8.21
The Committee is asked to approve the minutes of the final meeting of the Finance and Performance Committee held on 26.8.21
PF21.4 Minutes FPC 26.8.21 v.05 draft.docx
- 7 09:36 - PF21.5 Matters arising and table of actions
Recommendation
The Committee is asked to review the former Finance and Performance Committee Summary action plan for closure and transfer outstanding items agreed at the meeting to the appropriate PFIG or PPPH Committee's Table of Actions
PF21.5 Summary Action Log_Finance and Performance Committee to be closed at PFIG 28.10.21.doc
- 8 PF21.6 Report of the Chair - verbal
John Cunliffe
- 9 PF21.7 Report of the Lead Executive - verbal
Sue Hill
- 10 STRATEGIC ITEMS - THE FUTURE
- 11 Monitoring Existing Strategies or plans
- 14 09:45 - PF21.8 Transforming Services report : Planned and Unscheduled Care
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
PF21.8 Transformation update v02 2021-10-28 (002)-CS v2.0.docx
- 15 09:55 - PF21.9 Transformation and Finance delivery group - verbal chair assurance report
Chris Stockport / Sue Hill
- 16 THE PRESENT for assurance
- 17 10:00 - PF21.10 Information Governance annual report 2020/21
Gill Harris
Lisa Parry Information Governance Manager in attendance
****Recommendation:****
The Performance, Finance and Information Committee is asked to note the report, including assurance provided on compliance with the Data Protection and Freedom of Information legislation;
PF21.10 Information Governance Annual Report 2020-2021 Final V1.doc
- 18 10:05 - PF21.11 Information Governance KPI report
Gill Harris
Lisa Parry Information Governance Manager in attendance
****Recommendation:****
The Performance, Finance and Information Governance Committee is asked to note the report, particularly in relation to the assurance provided in compliance with the Data Protection and Freedom of Information Legislation.
PF21.11 Information Governance KPI Report Q1 2021-22 Final V1.docx
- 19 10:15 - PF21.12 Board Assurance Framework

Louise Brereton

****Recommendations:****

That the Performance, Finance and Information Governance (PFIG) Committee:

- Approve the consolidation of the previous Annual Plan and Budget risks, to create a refreshed risk BAF21-20 - Development of an Integrated Medium Term Plan (IMTP) 2022/25, which will be monitored at the Partnerships, People and Population Health (PPPH) Committee;
- Approve increase in target risk score for BAF21-17: Estates and Assets Development from 6(3x2) to 9(3x3) to align with the risk appetite; and
- Note that further work to review and update the Key Field Guidance is continuing, including consultation with the Good Governance Institute for their advice and opinion.

PF21.12a BAF cover report - PFIG Oct 2021 v1.0.docx

PF21.12b. BAF Appendix 1 October 2021.pdf

PF21.12c. BAF Appendix 2 Overview of all BAF risks leads and scores.docx

20 10:25 - PF21.13 Finance reports Months 5 & 6

Sue Hill

****Recommendation:****

The Committee is asked to note the Month 5 and 6 reports

PF21.13a Finance Report -M06 A.docx

PF21.13b Finance Report M06-22 Appendix 1.pptx

PF21.13c Finance Report M06-22 Appendix 2.pptx

PF21.13d Finance Report M 6 22 Appendix 3 Savings Pipeline.ppt

PF21.13e Finance Report -M05 A.docx

PF21.13f Finance Report M05-22 Appendix 1.pptx

21 10:45 - Comfort break

22 10:50 - PF21.14 External Contracts assurance report

Sue Hill

****Recommendations:****

*The Committee is asked to:
note*

- the financial position on the main external contracts as reported at Quarter 2 2021/22.
- the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity.
- the impact of Covid-19 on external healthcare contracts.
- the impact and risk posed as a result of Covid-19 revised contracting arrangements adopted for contracts with NHS Providers and Commissioners.
- the work underway in respect of increasing planned care capacity
- the risks associated with the current contractual arrangements with independent care home and domiciliary care providers and actions being taken
- the work underway to review capacity within the team and develop robust governance and scrutiny arrangements

PF21.14 External Contracts Q2 report PFIG October.docx

23 10:55 - PF21.15 Capital Programme Monitoring report month 6

Sue Hill

Neil Bradshaw in attendance

****Recommendations:****

The Committee is asked to receive and scrutinise this report and to support:

- the proposals to increase the scope of the Wrexham Maelor Continuity Project and to fast track elements of the work;
- the recommendations for the allocation of the additional Welsh Government funding of £6.5m;
- the progress noted on Ysbyty Gwynedd and the Royal Alexandra Hospital business cases

PF21.15 Capital Programme Report - Month 6 (PFIG).docx

24 11:05 - PF21.16 Operational Plan Monitoring Report 2021-22 – Position as at 30th September 2021

Sue Hill

Kamala Williams Acting Director of Performance in attendance

****Recommendation****

The Performance, Finance & Information Governance Committee is asked to scrutinise the report and to consider whether any area requires further escalation.

PF21.16a OPMR 28.10.2021.docx

PF21.16b Operational Plan Monitoring Report - Position 30th September 2021 PFIGv.03.pdf

25 11:20 - PF21.17 Quality and Performance report

Sue Hill

Kamala Williams Acting Director of Performance 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.

PF21.17a QaP report Sept 2021.docx

27 11:40 - PF21.18 Winter Preparedness Status Report

Gill Harris

****Recommendation:****

The Committee is asked to note the range of activities and schemes being implemented

PF21.18a Winter Preparedness FPIG Oct 21 v5.0 26.10.21.docx

PF21.18b USC App 1 USC programme overview.pptx

PF21.18c USC App 2 EDMIU dashboard.pptx

PF21.18d USC App 3 USC Pressures and Interventions- WG Meeting- Oct 2021-v3.pptx

PF21.18e App 4 Winter Plan 2021-22 FINAL (WG 21Oct21).pdf

PF21.18f App 5 WIS_VaccinationDailyWebsite.pdf

28 11:55 - PF21.19 Planned Care update

Gill Harris

****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.*

PF21.19a Planned Care update October 2021 v6.0.docx

PF21.19b Appendix 1 BCU Six point plan for Planned Care.pptx

29 PF21.20 Business cases

30 12:10 - PF21.20.1 Welsh Patient Administration System (WPAS) Revenue Business case

Chris Stockport

****Recommendations****

The Performance, Finance and Information Governance Committee is asked to:

- Support the Welsh Patient Administration System (WPAS) Revenue Business Case and recommendations for Option 3 for submission to Welsh Government (External Funding bid)*

- Note that following conversations between BCUHB Executive Director of Finance, and counterparts in Digital Health and Care Wales (DHCW the WPAS National IT system supplier), it was concluded that based on the perceived risk level of Welsh Government not providing funding, the project was given the go ahead (via email on the 23rd of June 2021) to recruit the 13 additional members of staff identified within the business case to enable recommencement of the WPAS project from September onwards.*

- Acknowledge that the Executive Team has expressed that they do not wish to halt the WPAS project, nor slow it down, and in the event of funding not being forthcoming from Welsh Government, we will need to manage the financial risk indicated in this report at a cost of £68k per month from September 2021 until when funding from Welsh Government is made available. The Chief Executive and Executive Director of Finance are supporting the project to move forward at a national level.*

- Note the financial risk: There is a risk, albeit low, that Welsh Government could potentially reject the full funding bid or request BCUHB to partial fund the project. In either scenario the organisation could potentially have a funding shortfall of up to £2.2m:*

- o £500k Financial Year (FY)21-22*

- o £820k FY22-23*

- o £570k FY23-24*

- o £330k FY24-25*

PF21.20.1 Welsh Patient Administration System Revenue Business Case_WPAS.docx

31 12:25 - PF21.20.2 Conwy/Llandudno Junction SOC

Chris Stockport

****Recommendation:****

The Committee is asked to approve the SOC for submission to the Health Board meeting of 18 November 2021

PF21.20.2a SOC Llandudno Junction.docx

PF21.20.2b SOC Llandudno Junction.docx

33 12:40 - Lunch break

34 13:00 - PF21.26 Business Tracker

Chris Stockport

Ian Howard in attendance

****Recommendation:****

The Committee is asked to note the contents of the business case trackers and agree the programme for the Committee to receive post-project evaluations of major capital schemes.

PF21.26a Business Case Tracker PFIG Oct 21.docx

PF21.26b Business Tracker App1 Capital Tracker 19.10.2021.pdf

PF21.26c Business Tracker App2 Revenue Tracker 22.10.2021 v2.0.pdf

35 13:05 - PF21.27 WG Monitoring reports Months 5 & 6

Sue Hill

****Recommendation****

The Committee is asked to note the reports submitted to Welsh Government for months 5 & 6

PF21.27a WG MR Report M6 2021-22 A.docx

PF21.27b WG MR Report M6 2021-22 B.docx

PF21.27c WG MR Report M5 2021-22 v2.0.docx

PF21.27d WG MR Report M5 2021-22.docx

36

LEARNING FROM THE PAST

37

13:05 - Chair's Assurance reports - for information

38

13:05 - PF21.28 Information Governance Group Chair assurance report

Gill Harris

****Recommendation****

The Committee is asked to note the IGG Chair assurance report

PF21.28 IGG Chair's Assurance Report-V1.docx

39

CLOSING BUSINESS

40

13:05 - PF21.29 Agree items for referral to Board / Other Committees

John Cunliffe

41

13:07 - PF21.30 Review of risks highlighted in the meeting for referral to Risk Management Group

John Cunliffe

42

13:09 - PF21.31 Agree items for Chairs Assurance report

John Cunliffe

43

13:15 - PF21.32 Review of meeting effectiveness

John Cunliffe

44

13:20 - PF21.33 Summary of private business to be reported in public

Sue Hill

****Recommendation****

The Committee is asked to note the report

PF21.33 Previous private session items reported in public report.docx

45

13:20 - PF21.34 Date of next meeting 23.12.21

46

13:20 - 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."



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|---|---|---|--------------------------|--|--------------------------|--|--------------------------|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Committee Terms of Reference | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Louise Brereton, Board Secretary | | | | | | |
| Awdur yr Adroddiad Report Author: | Diane Davies, Corporate Governance Manager | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Louise Brereton | | | | | | |
| Atodiadau Appendices: | 1. PFIG Committee Terms of Reference v1.01 | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The Committee is asked to review the revised Terms of Reference and recommend their approval to the Board through the Committee Chair's Report | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | <input checked="" type="checkbox"/> | Ar gyfer Trafodaeth For Discussion | <input type="checkbox"/> | Ar gyfer sicrwydd For Assurance | <input type="checkbox"/> | Er gwybodaeth For Information | <input type="checkbox"/> |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Sefyllfa / Situation: | | | | | | | |
| The Committee's Terms of Reference have been refreshed as part of the wider Integrated Governance Framework led by the Interim Director of Governance. | | | | | | | |
| Cefndir / Background: | | | | | | | |
| The Board approved the Integrated Governance Framework at its meeting of 15 th July 2021 which included the replacement of the Finance and Performance Committee with the Performance, Finance and Information Governance Committee. The Terms of Reference have been subsequently amended to reflect changes in regard to officers in attendance | | | | | | | |
| Asesu a Dadansoddi / Assessment & Analysis | | | | | | | |
| The Committee is being presented with this amended version in respect of good governance and version control. | | | | | | | |
| Opsiynau a ystyriwyd / Options considered | | | | | | | |
| Not applicable | | | | | | | |

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|---|
| Goblygiadau Ariannol / Financial Implications Not applicable |
| Dadansoddiad Risk / Risk Analysis Not applicable |
| Cyfreithiol a Chydymffurfiaeth / Legal and Compliance The Committee is required through the Health Board's Standing Orders to operate within its terms of reference |
| Asesiad Effaith / Impact Assessment Not applicable |

Performance, Finance and Information Governance Committee



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Terms of Reference and Operating Arrangements

Red text = changes

Green Text = imported from DIGC

Blue = changes following Board meeting 15.7.21

1. INTRODUCTION

- 1.1. The Board shall establish a committee to be known as Performance, Finance and Information Governance Committee (PFIG). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

- 2.1. The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position, performance and delivery, and information governance. This includes the Board's Capital Programme and Workforce **activity** costs.

3. DELEGATED POWERS

- 3.1. The Performance, Finance and Information Governance Committee is required by the Board, within the remit of the Committee to:
 - 3.1.1. Provide evidenced based assurance that there is compliance with The Equalities Act 2010.
 - In discharging its duty the Committee will have 'due regard' to the Public Sector Equality Duty, to eliminate discrimination, to advance equality of opportunities and foster good relations when carrying out all functions and day-to-day activities.
 - In discharging its duty the Committee will have 'due regard' to the Socio-economic Duty, to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage.
 - 3.1.2. Provide evidenced based assurance that BCUHB Policies are compliant with relevant legislation.
 - 3.1.3. Provide evidence based and timely advice to the Board on developing strategies.

- 3.1.4. Provide evidence based and timely advice to the Board on the delivery of strategies including those relating to finance, performance and information governance.
- 3.1.5. Oversee and provide evidence based and timely advice to the Board on relevant risks and concerns.
- 3.1.6. Provide relevant evidence based and timely advice to the Board on:
 - 3.1.6.1. The financial performance of the Health Board and developing the IMTP
 - 3.1.6.2. The operational performance of the Health Board and associated Impact Improvement Plans.
 - 3.1.6.3. Evidence based assurance on the financial position, forecasting, and the capital programme.
 - 3.1.6.4. Evidence based assurance to the Board and accountable officer on whether effective arrangements are in place through the operation of the governance framework for data processing and information management
 - 3.1.6.5. Development and oversight of finance and performance related strategies
- 3.1.7. Receive the results of relevant audits (clinical and non-clinical) and any other relevant investigations and provide the Board with evidence based impact assessment of the implementation of the recommendations.

3.2. The Performance, Finance and Information Governance Committee is authorised by the Board to:

Financial Management

- 3.2.1. Seek assurance on the Financial Planning process and consider Financial Plan proposals.
- 3.2.2. Monitor financial performance and cash management against revenue budgets and statutory duties.
- 3.2.3. Consider submissions to be made in respect of revenue or capital funding and the service implications of such changes including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions.
- 3.2.4. Monitor turnaround and transformation programmes' progress and impact/pace of implementation of organisational savings plans.

- 3.2.5. Receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual directorates, divisions and sites.
- 3.2.6. To determine any new awards in respect of Primary Care contracts

Performance Management and accountability

- 3.2.7. Approve the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).
- 3.2.8. Ensure detailed scrutiny of the performance and resources dimensions of the Quality and Performance Report (QAP);
- 3.2.9. Monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets;
- 3.2.10. Review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP);
- 3.2.11. Review and monitor performance against external contracts
- 3.2.12. Receive assurance reports arising from Performance and Accountability Reviews of individual teams.
- 3.2.13. Receive assurance reports in respect of the Shared Services Partnership.

3.3. Capital Expenditure and Working Capital

- 3.3.1. Approve and monitor progress of the Capital Programme.

3.4. Workforce

- ~~3.4.1. Monitor performance against key workforce indicators as part of the QAP;~~
- 3.4.2. Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.
- ~~3.4.3. Receive assurance reports in relation to workforce, to include job planning under Medical and Dental contracts for Consultants and Specialist and Associate Specialist (SAS) doctors and the application of rota management for junior doctors.~~
- 3.4.4. To consider and determine any proposals from the Primary Care Panel (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices.

3.5. Information Governance

- 3.5.1. Oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- 3.5.2. Oversee the direction and delivery of the Health Board's **digital and** information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation using information and technology.
- 3.5.3. Consider the information governance **and digital** implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;
- 3.5.4. Consider the information governance **and digital** implications for the Health Board of internal and external reviews and reports;
- 3.5.5. Oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation);
- 3.5.6. **Oversee the direction and delivery of the Health Board's Cyber security policy (details of which will be taken in private session of the committee);**
- 3.5.7. **Oversee the direction and delivery of the Health Board's Patient records management;**
- 3.5.8. **Oversee the direction and delivery of the Health Board's National systems and programs.**

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| AUTHORITY |
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- 3.6. The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any::
 - 3.6.1. Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and,
 - 3.6.2. Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 3.7. It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

- 3.8. It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business.
- 3.9. It will review risks from the **Board Assurance Framework** and Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

4. SUB-COMMITTEES

- 4.1. The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee Business.

5. MEMBERSHIP

5.1. Members

- 5.1.1. **A minimum of three** Independent Members of the Board.

5.2. In attendance

- Executive Director of Finance / **Senior Information Risk Owner (SIRO)** (Lead Director).
- Chief Executive
- Executive Medical Director / **Caldicott Guardian**
- ~~Executive Director of Workforce and Organisational Development~~
- ~~Executive Director of Planning & Performance.~~
- Executive Director Nursing and Midwifery.
- **Lead Director of Information Governance Department.**
- **Assistant Director Information Governance & Assurance/ Data Protection Officer (DPO).**

5.3. Right of Attendance

- 5.3.1. Upon giving notice to the Committee Chair the following have the right to attend any meeting as an observer:

- **Chair of the Board.**
- **Chair of the Audit Committee.**
- **Board Secretary.**

5.4. By Invitation

- **A patient representative.**
- **Chair of Stakeholder Reference Group**
- **A staff representative.**

- 5.4.1. Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.
- 5.4.2. Trade Union Partners are welcome to attend the public session of the Committee

5.5. Member Appointments

- 5.5.1. The membership of the Committee shall be determined by the Chair of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.
- 5.5.2. Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chair of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

5.6. Secretariat

- 5.6.1. The Secretariat will be determined by the Board Secretary.

5.7. Support to Group Members

- 5.7.1. The Board Secretary, on behalf of the Committee Chair, shall arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role and ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

6. COMMITTEE MEETINGS

6.1. Quorum

- 6.1.1. At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also attend.

6.2. Frequency of Meetings

- 6.2.1. Meetings shall normally be held bi-monthly, **but may be convened at short notice if requested by the Chair.**

6.3. Withdrawal of individuals in attendance

- 6.3.1. The Committee may ask any or all non-board members who would normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6.4. Conduct of Meetings

- 6.4.1. Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.

7. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 7.1. Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 7.2. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 7.3. The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

7.3.1.1. Joint planning and co-ordination of Board and Committee business; and

7.3.1.2. Sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 7.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

7.5. Receive assurance and exception reports from

- 7.5.1.1. Executive Delivery Group Transformation and Finance.
- 7.5.1.2. Executive Delivery Group People and Culture
- 7.5.1.3. Capital Investment Group
- 7.5.1.4. Estates Group
- 7.5.1.5. Information Governance Group
- 7.5.1.6. Caldicott Guardian.

8. REPORTING AND ASSURANCE ARRANGEMENTS

8.1. The Committee Chair shall:

- 8.1.1. Report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report and an annual report.
- 8.1.2. Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 8.1.3. The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 9.1. The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

10. REVIEW

- 10.1. These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.



**DRAFT minutes of the meeting of the Finance and Performance Committee
held in public on 26.8.21 via Teams**

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|---|---|
| Present: John Cunliffe Eifion Jones Linda Tomos | Independent Member / Committee Chair Independent Member / Committee Vice Chair Independent Member |
| In Attendance: Neil Bradshaw Louise Brereton Andrew Doughton Nick Graham Gill Harris Sue Hill Ian Howard Jugnu Mahajan Roshan Robati, Ian Smith Tom Stanford Chris Stockport Dr Chris Subbe Rod Taylor Clive Walsh Jo Whitehead Kamala Williams | Assistant Director Capital Board Secretary Audit Wales (<i>observing</i>) Associate Director Workforce Planning & Performance Executive Director Nursing & Midwifery Executive Director of Finance Assistant Director - Business and Strategic Analysis Interim Deputy Executive Medical Director Programme Director for Unscheduled Care USC Director of Nursing Mental Health and Learning Disabilities Interim Finance Director – Operational Finance Executive Director of Primary Care & Community Services Senior Clinical Lead for USC Director of Estates and Facilities Interim Director of Delivery Chief Executive (part) Acting Director of Performance |

| Agenda Item Discussed | Action By |
|--|------------------|
| <p>FP21/126 Chair's introductory remarks and apologies for absence</p> <p>Apologies were received from Mark Wilkinson, Sue Green for whom Nick Graham deputised and Nick Lyons for whom Jugnu Mahajan to deputised.</p> <p>FP21/94.1 The Chair welcomed everyone to the meeting and recorded the following Chair's Action</p> <p>North Wales Managed Clinical Services (NWMCS) – Renewal of contract for a 'Mobile PET CT Imaging Service' in North Wales pending the approval and introduction of a permanent facility</p> <p>The Board and F&P Chairs approved the proposal to go out to retender for a mobile PET CT service to be provided in North Wales, most likely to be continued on the Wrexham Maelor site, for onward submission to Welsh Government. The tender period of up to 4 years will ensure the availability of a North Wales service for the North</p> | |

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| <p>Wales population whilst, subject to final approval, an improved static facility is developed.</p> | |
| <p>FP21/127 Declaration of Interests</p> <p>Independent Member Eifion Jones declared an interest in item FP21/140 Residential Accommodation – proposal to move to a managed services model and advised he would absent himself from the meeting in discussion of the item, given his recent appointment as Chair of Adre.</p> | |
| <p>FP21/128 Draft minutes of the previous meeting held on 24.6.21 and summary action plan</p> <p>The minutes were approved as an accurate record, and updates were provided to the summary action log</p> | |
| <p>FP21/129 Board Assurance Framework (BAF)</p> <p>FP21/129.1 The Board Secretary presented the report which had been agreed at the Risk Management Group the previous week. She highlighted that the Good Governance Institute was supporting BCU and that the BAF would be reset following the Living Healthier, Staying Well strategy refresh taking place in the Autumn.</p> <p>FP21/129.2 Following discussion of the document it was agreed that the Board Secretary would consider the Estates risks and their risk levels in order to rationalise their different scorings. Clarity in regard to the discrepancy between risk appetite and target risk was also requested.</p> <p>FP21/129.3 The Chief Executive acknowledged the BAF to be work in progress however, she was keen to ensure that risk consideration became a golden thread that would be embedded throughout operational business.</p> <p>It was resolved that the Committee reviewed and noted the progress on the Principal Risks as set out in the Board Assurance Framework.</p> | <p>LB</p> |
| <p>FP21/130 Operational Plan 2021/22 monitoring report</p> <p>FP21/130.1 The Acting Director of Performance presented this report and highlighted the position of the 16 RAG rated actions. Themes were emerging around 3 themes</p> <ul style="list-style-type: none"> • Issues around staffing with non-availability and changing recruitment processes which would require lessons to be learned • General slippage within programmes which needed to be addressed with SMART actions whilst appreciating that some of these were not within the Health Boards control | |

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| <ul style="list-style-type: none"> • Business case progress whilst awaiting approval would require improved guidance within BC development and this was understood to be progressed by programme leads. <p>FP21/130.2 The Chief Executive stated that the planning process was being discussed to enable a lighter touch and ensure delivery, she provided examples of areas which needed to be moved forward eg Mental Health, Sustainability and Planned Care Recovery amongst others.</p> <p>FP21/130.3 In discussion of Health and Safety schemes which were Red RAG rated it was agreed that the Acting Director of Performance could improve the efficiency of Business case processes through accessing Executive Team minutes within this area. The Committee Chairman emphasised the need for the Committee to recognise actions which were 'off track' and understand the actions being undertaken to realign. It was agreed that he would be advised outside the meeting what potential alternatives there might be to Clinical Psychologists to address “ E1.5: Enhanced recovery from critical illness Recruitment of Clinical Psychologists has been unsuccessful. Further adverts will be placed and alternative sources of Clinical Psychologists sought.” He also questioned whether there might be risk to highlight as the WG 2020 Maternity Statistics were being questioned by other Health Boards (R10.2: Implement the National MiS solution for Wales (HIW, November 2020)).</p> <p>FP21/130.4 The Committee questioned whether there was effective join up in regard to 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. In regard to M10: Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales the Committee questioned how progress would be moved forward given the response provided within the report. Following further comment by the Committee Chair in regard to Mental Health narrative provided, the Executive Director of Finance undertook to improve the streamlining of future reports and arrange for feedback to be provided in relation to the comments made on specific plan actions.</p> <p>It was resolved that the Committee noted the report</p> | <p>SH-KW</p> <p>SH-KW</p> <p>SH</p> |
| <p>FP21/131 Quality and Performance Report</p> <p>FP21/131.1 The Acting Director of Performance presented this report. She highlighted the Covid19 update drawing attention to the current highest number of incidences in Wales within the Community and work that was ongoing to reach out to younger age groups. It was noted that the Stroke Improvement plan, which had been delayed by 3 months, was moving back on track. Some performance improvements were noted eg Cancer services and successes with vaccination rates. However, the Committee questioned whether Cancer performance rates were being affected by Primary Care</p> | |

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| <p>behaviour which the Executive Director of Primary and Community Care agreed to explore further.</p> <p>FP21/131.2 There was deterioration on the waiting list position, diagnostics, planned and unscheduled care which were all being addressed.</p> <p>FP21/131.3 Improvement to the provision of all datasets was being worked on by the Performance Team however, the Committee requested that the following updates be circulated to members : Cardiology and a further assurance update on Ophthalmology /Eye care business cases which had been delayed. The Committee also questioned what was meant by poor IT infrastructure as referenced in regard to Endoscopy.</p> <p>FP21/131.4 The Committee questioned the format of other Health Board performance reports and was advised that workshops had previously taken place in this regard and BCU was reassuringly one of the top reports in regard to formatting. Availability of benchmarking and WG statistics were also discussed.</p> <p>FP21/131.5 In discussion of ED performance, the Committee Chair questioned how learning from previous enabling plans was being managed. The Chief Executive requested that this be addressed within the next report.</p> <p>FP21/131.6 The Committee was keen to emphasise concern in respect of the importance of staff welfare. It was noted that whilst work was ongoing to improve PADR rates, initiatives such as the Staff Wellbeing Service had been introduced. The Committee requested that staff turnover be dealt with as an area of focus. Recruitment and Retention was also highlighted as cause for concern.</p> <p>It was resolved that the Finance and Performance Committee scrutinised the report.</p> | <p>SH-KW</p> <p>SH- KW</p> |
| <p>FP21/132 Planned Care Update</p> <p>FP21/132.1 The recently appointed Interim Director of Delivery presented this update report. It was noted that daily discussions with Welsh Government was taking place to move forward the development of the Regional Treatment Centres (formerly referred to as Diagnostic Treatment Centres DTCs). He also advised that an Orthopaedic Outsourcing solution was progressing and could be concluded within weeks. Whilst elective interventions had been reintroduced on all sites, emergency department pressures were high. ITU availability had been impacted.</p> <p>FP21/132.2 The Interim Director of Delivery reported that Planned Care plans were to be recast by 13 September should the gap increase in order to mitigate risks. Discussion ensued on concerning low levels of theatre activity, including whether weekend working had been progressed. However, the Interim Director of Delivery indicated that levels were likely to remain as present due to Covid19 issues.</p> <p>FP21/132.3 The Committee questioned when the delayed Surgical Robot would be delivered to Ysbyty Gwynedd. It was understood that confirmation of supplier was to be expected within 10 days, following which an implementation plan could be moved</p> | |

forward. The Executive Director of Nursing and Midwifery advised this to be the subject of Executive Team discussion along with replacement of a robotic surgeon and also more urology surgeon recruitment.

It was resolved that the Committee

- noted that the backlog clearance has commenced with high risk stratified patients being treated in order of priority
- noted the update on the specifications and tendering for insourcing and outsourcing
- recognised the complexity of the work and the requirement for Executive and Board support in meeting the challenges and opportunities that lie ahead in the recovery programme.

FP21/133 Unscheduled Care update

FP21/133.1 The Senior Clinical USC Lead introduced the structure and metrics programme which had been moved forward and advised that the improvement programme work was continuing to be supported by the National Commissioning Collaborative Unit (NCCU). Four workstreams had been identified as Step-up in the community, Hospital front door, In-patient care and Step-down into the community. The USC Programme Director emphasised that improvement was the priority for all involved and that data driven decision making was taking place. An unscheduled care dashboard was being developed along with other metrics that could identify blockages in pathways. He also advised that a Workforce working group was working on recruitment and linkages with other areas of the system.

FP21/133.2 In response to the Committee's question regarding deliverability confidence, given the involvement of other partners, the Senior USC Lead advised that large scale cultural change, working practices and morale needed to be addressed however, currently microstructures were being focussed upon to ensure changes could be 'seen' as well as promoting staff ownership of data. In respect of the expected improvement upon the introduction of the 111 service, he stated that this had not had an impact however ongoing work with WAST and WG was ongoing to achieve improvement.

FP21/133.3 A discussion on the impact of tourism on the service took place, including repatriation however the Senior USC Clinical Lead advised that the influx was not the reason for issues and that focus needed to be maintained on the bigger issues. The USC Programme Director pointed out that there was higher acuity and more walk-in patients were noted to be attending. The Executive Director of Nursing and Midwifery advised that there was a high number of Medically Fit for Discharge patients in hospital beds and plans were being led by the Chief Executive to resolve the issues with partner organisations. She also drew attention to the Kendal Bluck work.

FP21/133.4 The Interim Deputy Executive Medical Director questioned the level of support from Local Authorities and also how GPs were involved. The Committee Chair sought assurance that previous improvements that had been introduced had been embedded and not been lost.

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| <p>It was resolved that the Committee noted the update provided on the development of the Urgent and Emergency Care improvement programme of work</p> | |
| <p>FP21/134 Transformation update</p> <p>FP21/134.1 The Executive Director of Primary Care and Community Services presented the report and in addition advised that the Transformation Director and Deputy Transformation Director would start in their roles within 3 weeks and had already input positively prior to commencement. The Committee sought greater assurance on how the programme would successfully underpin the organisation's transformational journey. The Chief Executive and Executive Director of Primary and Community Services gave an undertaking that this would be clearly articulated within the next report.</p> <p>FP21/134.2 While the Committee was supportive of this programme it emphasised the need to prioritise recruitment and retention as an area for support and improvement. The Committee Chair commented on the size of the font used for the example website pathway given that it was for optometry. He also questioned how pathways would be captured beyond just a decision for surgery or how people were progressing through a pathway.</p> <p>It was resolved that the Committee noted the update paper which outlines the further progress in re-shaping our transformation function.</p> | <p>CS</p> <p>CS</p> |
| <p>FP21/135 Capital Programme report Month 4</p> <p>FP21/135.1 The Assistant Director Capital Planning presented the report. He drew the Committee's attention to potential for further WG capital investment which had required a rapid submission turnaround that had been primarily focussed on quickly deliverable schemes. The outcome was awaited.</p> <p>FP21/135.2 In response to the Committee Chair, he agreed to continue to provide cumulative graphs in all future reports. Following discussion of the significant decanting plans at Wrexham Maelor, the Chief Executive advised that an additional Board workshop discussion would be arranged due to the volume of beds potentially affected.</p> <p>It was resolved that the Committee received and scrutinised the report.</p> | <p>NB</p> |
| <p>FP21/136 Financial strategy - draft principles</p> <p>The Financial Strategy presentation was provided by the Executive Director of Finance. It was noted to be in alignment with the Board's other major strategies eg Digital etc and had been shared with other Health Boards and WG's Financial Delivery Unit.</p> | |

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| <p>The Committee was also keen that sufficient funds were made available to enable Invest to Save initiatives. The Chair asked for the cover sheet to be corrected to reflect that the Socio economic duty was applicable to the Finance Strategy.</p> <p>It was resolved that the Committee noted the report</p> | SH |
| <p>FP21/137 Finance Report Months 3 & 4</p> <p>FP21/137.1 The Executive Director of Finance presented the Finance report for month 4 highlighting the headlines which included the Covid19 position forecast. Whilst the Committee commended the current good financial position of a balanced forecast and savings delivery that had been achieved, the Committee Chair asked how reliable this was. It was noted that Savings would be discussed in the next item.</p> <p>FP21/137.2 In regard to the report, the Executive Director of Finance agreed to address the graph issue on page 11 of the report in relation to primary care drugs which appeared to be out of sequence with previous data and also the narrative/graph in regard to non-pay graph. However, it was noted that prescribing data was only available 2 months in arrears.</p> <p>FP21/137.3 In response to the Committee it was confirmed that Welsh Government would fund the staff pay award when finally agreed.</p> <p>It was resolved that the reports be noted</p> | SH |
| <p>FP21/138 Savings report month 4</p> <p>FP21/138.1 The Executive Director of Finance presented this report and highlighted the marked variation between Area and Acute sites – the latter of which required greater support. Whilst delivery was forecast, there was concern over recurrent deliverables. She stated that there was a need to focus on a move to transformation so that there was less transactional. The Executive Director of Finance advised that monthly review meetings were taking place to work through a range of opportunities which needed to be woven together to ensure adequate resources to move them forward and there was no potential conflict for other services and schemes.</p> <p>FP21/138.2 Discussion ensued on concern regarding the continuous identification of savings schemes in which the Executive Director of Finance reminded that this was the first time BCU had the opportunity to develop 3 year savings schemes. The Committee also questioned resourcing of the current savings team and raised concern on the impact of external factors such as long covid on plans.</p> <p>FP21/138.3 The Head of Internal Audit questioned what support was being offered to address Red schemes at Ysbyty Glan Clwyd. The Executive Director of Finance advised that they would be worked through as part of Secondary Care programme but she agreed to discuss this further with the Head of Internal Audit outside the meeting.</p> <p>It was resolved that the Committee noted the current savings plans and forecast delivery, along with the opportunities identified to address the recurring savings deficit.</p> | SH |

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| <p>FP21/139 Workforce quarterly report</p> <p>FP21/139.1 The Associate Director Workforce Planning & Performance presented the quarterly report, highlighting the workforce dashboard, GP medium and long term plans being worked on, Recruitment and Agency positions. He advised that the Kendal Bluck work was being moved forward within a separate group.</p> <p>FP21/139.2 The Committee commented that the information provided on recruitment had been particularly useful. The Chief Executive spoke of the workforce systems, process improvements and gap identification undertaken as positive steps forward, and she looked forward to the results of wider workforce process appraisals as part of the improvement ethos being worked on.</p> <p>FP21/139.3 In the discussion which ensued the Associate Director Workforce Planning and Performance undertook to advise whether there had been an improvement in regard to the provision of bilingual staff following the introduction of the Bilingual Skills Policy. The Committee questioned why staff vaccination was not closer to 100% and whether there were barriers to participation. The Associate Director Workforce Planning & Performance responded that staff uptake was still being encouraged, however it should be noted that not all those choosing not to be vaccinated were in direct patient contact. He also confirmed that the 10 day isolation policy was impacting on the workforce however, with Lateral Flow Device testing in place, improvements were expected shortly.</p> <p>It was resolved that the Committee noted the report and planned improvements to reporting.</p> | <p>SG -NG</p> |
| <p><i>Independent Member Mr Eifion Jones absented himself from the meeting for the duration of this item.</i></p> <p>FP21/140 Residential Accommodation – proposal to move to a managed services model</p> <p>FP21/140.1 The Executive Director of Estates and Facilities joined the meeting to present this item and drew attention to the background and proposal set out in the report which also included a timeline. He advised that we are working with procurement colleagues to engage with partners with the appropriate skills and experience, including social housing providers.</p> <p>FP21/140.2 The Committee questioned whether there would be loss of revenue income ie rent or other consequences. In response, the Executive Director of Finance agreed but this would be partially offset by savings on maintenance and that improving the quality of accommodation would be the right thing to do.</p> <p>Recommendation It was resolved that the Committee</p> | |

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| <ul style="list-style-type: none"> • approved the procurement proposal for a residential accommodation managed service model as detailed within this report. • noted the continued opportunities to work collaboratively with local social housing providers in developing the service specification. | |
| <p>FP21/141 Welsh Community Care Information System Business Case (WCCIS)</p> <p>The Committee raised a number of questions in relation to the business case which required clarification. It was confirmed that this implementation was a proptotype. Future further scale up and implementaion would require additional funding, identification of the funding source and would need to return to the Committee for approval.</p> <p>It was resolved that the Committee approved the phased implementation of WCCIS and reviewed the success of the 1st phase at an appropriate stage before approving the final business case.</p> | |
| <p>FP21/142 Delivery of Primary Care Audiology Services – business case</p> <p>FP21/142.1 The Executive Director of Primary Care and Community Services presented this paper which described the proposal for extension of Primary Care Audiology services across North Wales, providing background/strategic context. In response to the Committee Chair, the Executive Director of Finance confirmed that funding was included within the current Operational Plan for this service and through performance funding in subsequent years.</p> <p>FP21/142.2 The Committee questioned why there were not any clinics provided south of Porthmadog and was advised that, whilst this was historical, there would be embedded provision within primary care into the future. In discussion of audiology provision within schools, the Executive Director of Primary Care and Community Services undertook to circulate a briefing note to members in respect of school audiology services.</p> <p>It was resolved that the Committee approved implementation of a Primary Care Audiology Service across North Wales, as described within the health board annual plan for 2021/22.</p> | CS |
| <p>FP21/144 North Wales Endoscopy Service : Insourcing of Endoscopy services</p> <p>FP21/144.1 The Chief Executive explained that this interim solution was to enable work to either further develop a Endoscopy business case or integrate plans within the developing Regional Treatment Centre plans.</p> <p>FP21/144.2 In response to the Committee Chair it was confirmed that the Exeutive Team had approved the insourcing of this service as outlined and that £19.4m of additional resource had been allocated. He requested that any future papers be transparent in regard to funding resource.</p> | |

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| <p>FP21/144.3 The Committee was supportive of the interim solution pending progress of the developments advised.</p> <p>It was resolved that the Committee approved funding to continue insourcing of Endoscopy Services across the 3 hospital sites for 4 months from August to December 2021 to maintain capacity, address increasing demand, reduce the backlog and ensure safe clinical services for patients.</p> | |
| <p>FP21/145 F02 - Lease Car Policy and Procedure</p> <p>FP21/145.1 The Committee questioned the financial implications of the policy and whether it impacted on BCU's carbon footprint. The Executive Director of Finance advised that as the scheme was salary sacrifice funded the organisation benefitted and that hybrid and electric cars were being incentivised. She confirmed that whilst the awareness of pool car availability was generally high, there were issues that were difficult to manage in regard to journey times etc. It was noted that savings in the region of £2m had been achieved through the increased use of virtual meetings as a result of the Covid19 response.</p> <p>FP21/145.2 Following a question raised by the Committee Chair in regard to whether the policy only applied to grey fleet, the Executive Director of Finance undertook to amend the policy title should the content be pertinent to other vehicles in respect of fuel/electric personal useage.</p> <p>It was resolved that the Committee approved the updated version of Financial Procedure F02 – Lease Car Policy and Procedure subject to clarity on the title as outlined above.</p> | SH |
| <p>FP21/146 External Contracts Q1 report</p> <p>In discussion of the report the Executive Director of Finance undertook to address issues raised in regard to the domiciliary care information provided.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • the financial position on the main external contracts as reported at Quarter 1 2021/22. • the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity. • the impact of Covid-19 on external healthcare contracts. • the impact and risk posed as a result of Covid-19 revised contracting arrangements adopted for contracts with NHS Providers and Commissioners. • the work underway in respect of increasing planned care capacity • the risks associated with the current contractual arrangements with independent care home and domiciliary care providers and actions being taken • the work underway to increase capacity within the team and develop robust governance and scrutiny arrangements <p>approve</p> <ul style="list-style-type: none"> • the proposals in relation to third sector commissioning | SH |

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| <p>FP21/143 Adult and Older Person's Mental Health Unit Glan Clwyd Hospital – Outline Business Case</p> <p>FP21/143.1 The Executive Director of Public Health, Director of Nursing Mental Health and Learning Disabilities (MHLDD), Assistant Director Planning – Capital and Assistant Director - Business and Strategic Analysis joined the meeting for this item.</p> <p>FP21/143.2 The Executive Director of Public Health, as Senior Responsible Officer for this development, stated it was important to note that the facilities of the current location were not fit for purpose and that this was a new unit model that would not be named as previously. She advised that a programme board was in place with partners, with a clinical focus with commitment from both partners and service users. She highlighted the increased monetary value of the Outline Business Case (compared with the strategic outline case) but emphasised it was important to ensure that the right case be put forward.</p> <p>FP21/143.3 The Committee commended the strategic OBC and questioned what level of engagement and confidence there was with Welsh Government (WG). The Executive Director of Public Health confirmed that WG had been appraised as the OBC had developed and were supportive of the model of care. The Assistant Director - Business and Strategic Analysis advised WG to be cogniscent of the increased financial resource, whilst the Director of Nursing MHLDD highlighted the bed numbers, the impact of Covid19 pandemic response, and potential future requirements.</p> <p>FP21/143.4 The Committee questioned communication plans. The Executive Director of Public Health advised this to be a significant piece of work involving local communities and staff. It was also understood that engagement was underway with the Community Health Council (CHC) and they had agreed to nominate a representative to sit on the Programme Board. It was noted that public involvement would be included as the Business case moved through its development stages.</p> <p>FP21/143.5 The Committee questioned whether a potential new housing development nearby might affect planning however, the Assistant Director of Capital advised that the new site did not have neighbouring property, and that Planning Officers were currently very supportive. It was noted that planning permission would be sought approximately 6 months from approval of the OBC when a detailed plan would be formed. The Committee went on to discuss the current issues with providing the Older Person's service at Bryn Hesketh in which the advantages of resiting were highlighted. The Chief Executive stated that the Executive Director of Public Health continues to liaise with area Central colleagues and the Executive Director of Primary Care and Community Services, in terms of transition pathway opportunities.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • was fully supportive of the development, especially in regard to change of name • approved the Business Case for submission to the Board. Subject to Board approval the case will then be submitted to Welsh Government. | |
| <p>FP21/147 Monthly Monitoring Returns month 3&4 report</p> | |

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| <p>It was resolved that the Committee noted the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 3 and 4 of 2021/22.</p> | |
| <p>FP21/148 Business Case Tracker</p> <p>It was resolved that the Committee noted the contents of the business case trackers.</p> | |
| <p>FP21/149 Summary of Private business to be reported in public</p> <p>It was resolved that the Committee noted the report.</p> | |
| <p>FP21/150 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside of the meeting.</p> | |
| <p>FP21/156 Date of next meeting</p> <p>This was the last meeting of the Finance and Performance Committee following the Integrated Governance Framework agreed by the Board in July 2021.</p> | |
| <p>Exclusion of the Press and Public</p> <p>It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p> | |

| BCUHB FINANCE & PERFORMANCE COMMITTEE – to be closed at Performance, Finance and Information Governance Committee 28.10.21 Summary Action Log – arising from meetings held in public | | | | |
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| Officer | Minute Reference and Action Agreed | Original Timescale | Latest Update Position | Revised Timescale |
| Actions from 24.6.21 meeting: | | | | |
| Sue Hill | FP21/107.4 Finance M2 The Vice Chair enquired whether the prescribing variation across West, Centre and East could be explained and the Executive Director of Finance undertook to look into this further. | 22.7.21 | The reasons for variation are inherently due to the starting position and demographic challenges of each of the regions, for example within the Central Area are the 2 most deprived areas of the 2,000 across Wales (Welsh Index of Multiple Deprivation, WIMD data). The Chief Pharmacist and his Senior Team have produced a more detailed demographics report and are happy to present this at a future meeting of the F&P Committee. | Action to be closed |
| Nick Graham | FP21/114.1 Shared Services Partnership Committee The Chair recalled historical issues relating to recruiting managers not being informed when a vacancy was not approved. Officers were not aware if this remained a problem but the Associate Director Workforce Planning & Performance undertook to make enquiries. | 22.7.21 | 3.8.21 Work is ongoing and a response will be provided at the August meeting 21.10.21 Update: The System does send an automated email, however, this has been highlighted as part of the independent Recruitment Process Improvement Review and as such will be addressed fully. | Action to be closed |
| Actions from 28.8.21 meeting | | | | |
| Louise Brereton | FP21/129.2 BAF Consider the Estates risks and their risk levels in order to rationalise their different scorings. Clarity in regard to the discrepancy between risk appetite and target risk was also requested. | 21.10.21 | Discussion opened with risk leads to review current estates BAF risks alongside each other. There is an opportunity with the forthcoming BAF 'reset' to better describe the strategic risks around estates which will be progressed. Discrepancy between risk appetite and target risk in BAF 21-17 has been addressed. | November 2021. Action transferred to PFIG Table of actions |
| Sue Hill | FP21/130 OPMR | 21.10.21 | ET Minutes requested and reviewed by DoP. In the case that | Action to be |

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| (Kamala Williams) | Put in place mechanism to access Executive Team minutes discussion of business cases to improve efficiency of their progress. | | <p>prompted the action the BC was not discussed at the meeting referenced in the narrative.</p> <p>The Performance Team have reviewed and instigated a process to highlight decision/approval dates in the narrative and to request an update from Programme Leads where dates are before the end of the quarter being reported.</p> <p>As an additional check the narrative is also cross referenced with HB Business Case tracker.</p> | closed |
| Sue Hill (Kamala Williams) | FP21/130 OPMR Arrange for the Committee Chair to be advised of what potential alternatives there might be to Clinical Psychologists to address “ E1.5: Enhanced recovery from critical illness Recruitment of Clinical Psychologists has been unsuccessful | 21.10.21 | The narrative in the Q2 Report which relates to this action does not specifically mention recruitment of Clinical Psychologists. DoP will check with Executive Medical Director to confirm whether this remains an issue and arrange for update to Q2 OPMR if required. | Action to be closed |
| Sue Hill (Kamala Williams) | FP21/131 OPMR Arrange for the Committee Chair to be advised .” He also questioned whether there might be risk to highlight as the WG 2020 Maternity Statistics were being questioned by other Health Boards (R10.2: Implement the National MiS solution for Wales (HIW, November 2020)) . | 21.10.21 | Division have identified risks associated with current paper based system. Solution will be contingent on delivery of the national system. DoP meeting with Director of Midwifery and Women’s services on 15 th October to discuss mitigation pending national solution. Update to be provided for next version of the Q2 OPMR. | Action to be closed |
| Sue Hill (Kamala Williams) | FP21/131 OPMR Following further comment by the Committee Chair in regard to Mental Health narrative provided, the Executive Director of Finance | 21.10.21 | 2022/25 Health Board Commissioning Intentions specify the development on an all ages mental health services plan, which will provide a mechanism for effective join up. | Action to be closed |

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| | <p>undertook to improve the streamlining of future reports and arrange for feedback to be provided in relation to the comments made on specific plan actions. – see minutes extracts above and below</p> <p><i>The Committee questioned whether there was effective join up in regard to</i></p> <p><i>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. In regard to M10: Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales</i></p> | | | |
| Chris Stockport | <p>FP21/131 QaP report</p> <p>The Committee questioned whether Cancer performance rates were being affected by Primary Care behaviour which the Executive Director of Primary Care and Community Services agreed to explore further.</p> | 21.10.21 | Update –12.10.21 Work has been commenced to explore this area but has not yet reached conclusion. | To be transferred to PFIG Table of actions |
| Sue Hill (Kamala Williams) | <p>FP21/131 QaP report</p> <p>The Committee requested that the following updates be circulated to members : Cardiology and a further assurance update on Ophthalmology /Eye care business cases which had been delayed. The Committee also questioned what</p> | 21.10.21 | <p>Updates on the infrastructure and estates issues affecting Cardiology and Endoscopy are included in the Cardiology and Endoscopy narratives in the QaP Report for PFIG Committee, 28th October 2021.</p> <p>Update on the delayed business cases impacting on the Eye Care Measure are included in Eye Care narrative in the QaP Report for PFIG Committee for 28th October 2021.</p> | Action to be closed |

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| | was meant by poor IT infrastructure as referenced in regard to Endoscopy. | | | |
| Sue Hill (Kamala Williams) | FP21/131 QaP report In discussion of ED performance, the Committee Chair questioned how learning from previous enabling plans was being managed. The Chief Executive requested that this be addressed within the next report. | 21.10.21 | Learning from previous plans for improving ED performance has been included in the ED narrative in the QaP Report for PFIG Committee, 28th October 2021. | Action to be closed |
| Sue Green (Nick Graham) | FP21/131 QaP report The Committee requested that staff turnover be dealt with as an area of focus | 21.10.21 | Update 21.10.21: to be included in future workforce performance reports | Action to be closed |
| Chris Stockport | FP21/136 Transformation report The Chief Executive and Executive Director of Primary and Community Services gave an undertaking that the following would be clearly articulated within the next report: The Committee sought greater assurance on how the programme would successfully underpin the organisation's transformational journey. | 21.10.21 | Update 15.10.21 As progress reports have been provided to PFIG Committee in recent months on a number of areas of transformation and improvement, this paper seeks to start to bring them all together in a single Transformation and Improvement update. The new Transformation and Improvement team is in the early stages of being set up and is still dependent on a lot of recruitment activity in order to be at full complement. As such there is more to do to bring together a fully complete view of all transformation and improvement activity across BCUHB. Consequently this paper will mainly focus on Planned Care and Unscheduled Care but future papers will include updates on the progress of the RTC (Regional Treatment Centre) as well as reporting a wider view of Transformation. Future papers will also be structured to reflect the Programme management processes currently being established. | Action to be closed |
| Chris Stockport | FP21/136 Transformation report The Committee Chair commented on the size of the font used for the example website pathway given that | 30.11.21 | Action due to be completed by 30.11.21 therefore forwarded to PFIG Table of actions | To be transferred to PFIG Table of actions |

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| | it was for optometry. He also questioned how pathways would be captured beyond just a decision for surgery or how people were progressing through a pathway. | | | |
| Neil Bradshaw | FP21/135 Capital report Ensure report template is amended to provide cumulative graphs in all future reports. | | 12.10.21 All future capital reports will include both planned/actual and cumulative graphs. | Action to be closed |
| Sue Hill | FP21/136 Financial Strategy The Chair asked that the coversheet be amended to reflect that the Socio Economic duty was applicable to the Finance Strategy | 30.11.21 | Actioned | Action to be closed |
| Sue Hill | FP21/137 Finance Report Months 3 & 4 P11 Graph to be amended and recirculated Non-Pay narrative / Graph | | The amended Finance Report for month 4 was circulated to members 19.10.21 | Action to be closed |
| Sue Hill | FP21/138 Savings report month 4 FP21/138.3 The Head of Internal Audit questioned what support was being offered to address Red schemes at Ysbyty Glan Clwyd. The Executive Director of Finance advised that they would be worked through as part of Secondary Care however, she agreed to discuss this further with the Head of Internal Audit outside the meeting. | | The Executive Director of Finance has raised this issue with the Head of Internal Audit. | Action to be closed |
| Nick Graham (Sue Green) | FP21/139 Workforce quarterly report The Associate Director Workforce Planning and Performance | 21.10.21 | Update 21.10.21 : The Welsh Language Annual Report considered by SPPH noted a slight increase in numbers of staff recorded as level 5 Hyfedredd/proficiency from 2338 to 2467 and increases against levels 1-4 ie Mynediad/Entry to | Action to be closed |

| | | | | |
|-----------------|--|----------|--|--|
| | undertook to advise whether there had been an improvement in regard to the provision of bilingual staff | | Uwch/Higher | |
| Chris Stockport | FP21/142 Delivery of Primary Care Audiology Services – business case The Executive Director of Primary Care and Community Services undertook to circulate a briefing note to members in respect of school audiology services | 21.10.21 | Update 13.10.21 This related to when the audiology schools service would resume. The Committee Chair had raised the query as she was informed that team members had been seconded to COVID duties, but it was confirmed that they had now returned. | Action to be closed |
| Sue Hill | FP21/145 F02 - Lease Car Policy and Procedure The Executive Director of Finance undertook to amend the policy title should the content be pertinent to other vehicles in respect of fuel /electric personal useage. | 21.10.21 | 17.09.21 Title changed to Lease Car/Pool Vehicle Policy and Procedure in line with other Health Boards. | Action to be closed |
| Sue Hill | FP21/146 External Contracts Arrange to address issues raised in regard to domiciliary care information provided | 30.11.21 | Action due to be completed by 30.11.21 therefore forwarded to PFIG Table of actions | To be transferred to PFIG Table of actions |

21.10.21

| | | | | | | | |
|---|---|---|--|--|---|--|--|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Transformation update | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Dr Chris Stockport, Executive Director of Primary Care and Community Services | | | | | | |
| Awdur yr Adroddiad Report Author: | Paolo Tardivel, Director of Transformation and Improvement, Roshan Robati, Programme Director for Unscheduled Care (USC) Dr Chris Subbe, Senior Clinical Lead for USC Claire Brennan, Head of Office, Executive Director of Nursing Keith Dibble, Planned Care Program Lead | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Reviewed by Executive Director of Primary Care and Community Services | | | | | | |
| Atodiadau Appendices: | n/a | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The Committee is asked to note the update provided on the actions being taken within the area of Transformation and specific improvement programmes | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | ✓ | Er gwybodaeth For Information | |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Sefyllfa / Situation: | | | | | | | |
| <p>As progress reports have been provided to the former Finance and Performance Committee in recent months on a number of areas of transformation and improvement, this paper seeks to start to bring them all together in a single Transformation and Improvement update.</p> <p>The new Transformation and Improvement team is in the early stages of being set up and is still dependent on a lot of recruitment activity in order to be at full complement. As such there is more to do to bring together a fully complete view of all transformation and improvement activity across BCUHB. Consequently this paper will mainly focus on Planned Care and Unscheduled Care. Future papers will include updates on the progress of the RTC (Regional Treatment Centre) as well as reporting a wider view of Transformation.</p> | | | | | | | |
| Cefndir / Background: | | | | | | | |
| <u>Planned Care</u> | | | | | | | |
| It is clearly crucial that patients requiring elective treatment, whether surgical or not, are assessed, diagnosed and treated as soon as possible after referral from a GP. The Planned Care Recovery | | | | | | | |

Plan (PCRP) was devised to address both the significant historical and the secondary Covid related backlogs.

The delivery of planned care (and the clearance of the backlog on the waiting list) is a key priority for BCUHB. Not only does it meet the referral to treatment, planned care is a significant contributor to the organisation's financial stability.

Additionally, in terms of the wider population, 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.

Unscheduled Care

Significant pressures continue to be experienced across NHS Wales due to a number of attributing factors that are impacting on unscheduled care services, this includes high numbers of attendances to Emergency departments (EDs). Whilst the number of patients attending is not significantly different than 2 years ago, there is a consistently higher acuity of the patients presenting to EDs, which is reflected in the increased number of Welsh Ambulance Service Trust (WAST) Red and Amber 1 calls.

Flow out of EDs and through inpatient wards is slow, due to extreme pressures at the back door with limited discharges from both acute and community hospitals, which is further exacerbated by lost bed capacity due to social distancing and the creation of additional segregation on assessment units. Challenges in workforce recruitment and staffing shortages as a result of sickness or having to self-isolate, alongside lost capacity due to Covid and Infection Prevention and Control (IPC) rules in relation to social distancing, impacting on ED capacity have further exacerbated issues within the Health Board. Furthermore the pressures experienced by Local Authorities with regards to significant issues within domiciliary care provision is resulting in delayed discharges of medically fit patients who are waiting longer in hospital for packages of care, awaiting placements, funding decisions or as a result of care home closures.

Asesu a Dadansoddi / Assessment & Analysis

Planned Care

RTC(s):

This development is not considered in any detail here, as there is a separate programme of work, but this option will provide a sustainable solution in terms of the diagnostic aspect of planned care, as well some of the surgical services, such as orthopaedics and ophthalmology. The development will also involve reviewing clinical pathways so we capitalise on the opportunity to transform services, rather than lift and shift what we have today.

Aspirational commencement dates may see the first patient having access to these services using new facilities by October 2022. Whilst this is an aspirational date, focus has already begun with the plans to progress this work by ensuring experts are involved and driving this opportunity by reviewing best practice pathways and systems to enable the highest quality clinical care and excellent patient experience.

GIRFT (Getting it Right First Time):

Work will commence next month in Orthopaedics with the national GIRFT team, and BCUHB is actively involved in the National Programme for that speciality, plus ongoing work in Ophthalmology and planned initiatives in ENT, Dermatology and Urology.

Demand management initiatives: There were a range of initiatives trialled during the height of the pandemic, which now require widespread (although not necessarily universal) implementation.

These will include:

- Advice and guidance – by which consultants offer this service so that GPs can manage patients in primary care. Nationally (as in the UK), this has been shown to reduce referrals by 20%.
- Patient Initiated Follow-ups (PIFU) – by which the responsibility for reviewing patients at further clinic appointments is selectively and within strict criteria, passed to individuals to determine. Again, where introduced, demand for follow-ups has reduced by up to 20%.
- Virtual clinics – whether by phone or video link, this option certainly reduces the footfall in hospital sites and can also be a vehicle for undertaking extra clinic activity (perhaps instead of operating – see above) without placing undue demand on outpatient space.
- Clinical Assessment Service (CAS) – an effective form of clinical triage, activated in secondary care upon receipt of a GP referral, which ensures that only patients requiring acute care are placed on waiting lists and that those who do not are either referred back to their GPs or into another community service, or even discharged (with active monitoring if required). This approach is not suitable for all groups of patients, but works well in Gastroenterology and Dermatology. It is similar to the Musculoskeletal triage approach for routine Orthopaedic referrals.

NB All of the above require pathway reviews and varying degrees of transformation, and will then need to be fed back into the bed modelling process, which is well developed but will need constant refinement.

Eye Care

The Eye Care Collaborative supports the implementation and continual improvement against the All Wales Eye Care measures. There are a number of key nationally agreed Pathways which have been progressed at various paces across BCUHB. The most progressed include Glaucoma and Diabetic Retinopathy. There is much focus on the productivity around High Volume, Low Complexity Cataract lists but all areas have been impacted by COVID to various degrees with the need to focus on clinical priority patients in all areas.

The transformational nature of this work is also supported through changes in workforce. Non-medical injectors are now used for IVT treatment with additional training for more injectors now in place. Care closer to home with Optometrists supporting Eye Care is still in its early stages, challenged by COVID and its impacts.

The utilisation of Primary Care Optometrist is being further progressed with the retention of stable Glaucoma and Diabetic retinopathy patients in primary care as a key component. This requires Optometrists to obtain Higher Certification, the challenge being having sufficient capacity within secondary care to support their placements. This is being worked through, with Consultant Ophthalmologists providing support. As we go forward, metrics demonstrating wider capacity and capability to support cross system working will be agreed and supported.

Outstanding Challenges

In addition to the issues directly related to Planned Care, there are other more generic but equally important challenges to address:

- The greater use of nurse specialists, therapists and optometrists.
- A review of job plans to ensure they meet service requirements.
- Further assessment on cross-site working
- Clinical leadership for the Programme

Unscheduled Care

The third month of the programme focused on progressing interventions that address key strategic challenges in the 4 work streams that were operationalised during August, supported by weekly workshops established over an initial 9 week period and led by the Senior Clinical Lead.

Work stream 1 update:

- A detailed focus on the review of Minor Injury Units (MIUs) - underway
- MIU training needs analysis is being undertaken across each health community with the aim of increasing the scope from minor injuries provision to include defined minor illnesses
- A registry of all Emergency Nurse Practitioners from BCUHB has been collated.
- A training curriculum for Emergency Nurse Practitioners is being developed with support from Bangor and Glyndwr Universities.
- The 111 First service continues to develop with the healthcare professional line building on the existing Single Integrated Clinical Assessment and triage (SICAT) service and has recently expanded to provide support to care homes.

Work stream 1 Next Steps:

- Longer term work to ensure the offer within MIUs allows ambulances to convey appropriately.
- Standard Operating Procedure (SOP) to be drafted for referring from MIUs into specialities & acute site X rays with the first draft to be available beginning of November 2021.
- Ongoing development of Urgent Primary Care Centres.

Work stream 2 update:

- Confirmation of WG funding of £1.6m to further develop Same Day Emergency Care (SDEC). A BCUHB wide recruitment campaign started to recruit additional resource with weekly meetings established to support the workforce requirements for both SDEC and ED business case models.
- A register of pathways for surgical, medical and orthopaedic patients has been collated.
- Potential SDEC activity is being mapped, which shows the impact that SDEC can have on ED flow and emergency admissions.

Work stream 2 Next Steps:

- Recruitment of the additional workforce.
- Dedicated workshops will be hosted to focus on opportunities for streaming to specialties at the front door.
- Development of USC pathways including SDEC with consideration of attendance times, length of stay and clinician time required to deliver gold standard care.
- Three tests of change for developing appropriate triage systems for SDEC will be undertaken by the end December with the aim of increasing the number of same day discharges.

Work stream 3 update:

- Pilot work has commenced with a focus on earlier in the day discharges and Criteria Led Discharge (CLD)

- A BCUHB wide CLD Standard Operating Practice (SOP) has recently been approved for implementation across all sites as a key enabler to increasing discharges, particularly over the weekends.
- Buddy ward system implemented on 2 of the acute sites and being rolled out to the third.
- Example job plans shared demonstrating alignment of the work-flow of wards and work-life balance of senior clinicians, consideration of consultants rotating between outpatient and inpatient weeks.
- Weekly ward dashboards are now live for all acute and community hospital wards.

Work stream 3 next steps:

- Extend the pilot to more acute and community wards
- To develop and agree internal professional standards

Work stream 4 update:

- Priority focus on addressing the care home shortage
- Working with Local Authority partners to develop integrated plans for compensating the reduction in domiciliary and home care.
- Additional focus has also been agreed to review the 'trusted assessor' processes as a method of rapidly identifying the next step for medically fit for discharge (MfD) patients or prior to MfD.
- Proposals for dedicated pathways and/or wards for patients judged to be medically fit for discharged are being discussed on all three sites but are in exploratory stages.

Work stream 4 next steps:

- Development of a BCU wide Standard Operating Procedures (SOP) for Medically Fit for Discharge patients to include escalation process to LA partners agreed as priority action which will address delays and improve lengths of stay.
- Funding to be agreed for additional uplift for step beds.
- Seek outcome of Home First Business case as a matter of urgency to support recruitment to permanent posts.

In addition to the focused priority work being progressed within the work streams described above, the following actions have also been identified to improve the unscheduled care position;

1. **Demand Management** – i) Review of surge and escalation process across the HB to support demand analysis, agree warning and trigger responses; ii) Review of Operational Delivery Unit structure to encompass HB staffing for global overview and iii) Development of rapid communication process to support demand.
2. **Joint work with WAST** – i) agreed priority areas for the 2 organisations to focus on; ii) development and delivery of ambulance offload plans; iii) clinical criteria for patients waiting in ambulance; iv) development of alternative pathways i.e. falls
3. **Emergency Quadrant (EQ)** – i) Extensive recruitment within EQ for medical, nursing and non-registered workforce; ii) review and update Internal Professional Standards to reflect expectation of all internal services in line with Emergency Department Quality Delivery Framework (EDQDF); iv) specialty in-reach to ED, Frailty / Care of the Elderly (COTE) / Acute Physicians at the front door.
4. **Capacity management** – i) development and instigation of Hospital Full protocol; ii) Options to staff and open Enfy's Deeside; iii) Review of existing acute and community ward capacity; iv) improve deep cleaning process to get areas back into operation more quickly; v) Consider the need to expand the discharge lounge footprint and the hours of discharge lounge to open 7 days
5. **Joint work with Local Authorities** – i) Better utilisation of step down capacity; ii) develop joint solutions for additional capacity e.g NHS funded care home / step down;

iii) To progress an integrated workforce to ensure sustainable care workforce; iv) Work together to develop more supply

6. **Using data and information** – i) weekly Unscheduled Care Dashboard shared with stakeholders to see the impact of actions taken; ii) working towards a system dashboard which includes whole USC system (enabler)

Furthermore, Chief Executives and Directors have met to agree a collaborative plan, building on existing work, focusing on short, medium and longer term actions:

- Review pathways for the top 3 reasons for conveyance (falls, chest pain and breathing difficulties) and work up alternatives within existing resources
- Review of MIUs, confirming criteria and scope of each unit, increasing levels of consistency and maximising ability for paramedics and 111 to access
- Jointly review the Directory of Services, increasing services available to paramedics and 111 teams to direct patients to the most appropriate service
- Review opportunities for the WAST workforce to more widely support the urgent and emergency care system across North Wales

Opsiynau a ystyriwyd / Options considered

N/A

Goblygiadau Ariannol / Financial Implications

Planned Care

RTC - With Welsh Government support, BCUHB has gone out to the market with an Expressions of Interest to support an aspirational development of facilities and services through a Managed Service contract whilst ensuring that the facilities are wholly owned by the NHS within circa 10 years and that all staff are NHS employed within 3 years of inception.

Unscheduled Care

Bids are in place for relevant projects against the Welsh Government £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. Funding arrangements have been confirmed for SDEC and UPCC service delivery.

Dadansoddiad Risk / Risk Analysis

Planned Care

There are several risks associated to the RTC programme around the impact of RTCs on the whole system, including resourcing, as well as how it ties in with our strategy of delivering care closer to home. These risks are being managed and mitigated through the programme management approach that is being implemented. They will be covered in more details going forward, including adding to the corporate risk register as appropriate.

Unscheduled Care

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

| | | | | | | | |
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| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Information Governance Annual Report 2020/21 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Simon Evans-Evans / Interim Director of Governance | | | | | | |
| Awdur yr Adroddiad Report Author: | Carol Johnson, Head of Information Governance and Claire Williams, Senior Information Governance Officer | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Reviewed and approved by: <ul style="list-style-type: none"> • Deputy CEO • Data Protection Officer • Interim Director of Governance • Information Governance Group | | | | | | |
| Atodiadau Appendices: | Appendix 1 – Information Governance Annual Report 2020/21 | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The Performance, Finance and Information Committee is asked to note the report, including assurance provided on compliance with the Data Protection and Freedom of Information legislation; | | | | | | | |
| Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | <input checked="" type="checkbox"/> | Ar gyfer Trafodaeth For Discussion | <input type="checkbox"/> | Ar gyfer sicrwydd For Assurance | <input checked="" type="checkbox"/> | Er gwybodaeth For Information | <input type="checkbox"/> |
| Sefyllfa / Situation: | | | | | | | |
| It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation. | | | | | | | |
| BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information. This report is to provide assurance across the key areas of information governance including, but not limited to, confidentiality, data protection, requests for information, information security and training. The report identifies areas of weaknesses, further actions and recommendations required to address the weaknesses, lessons learnt and good practice. | | | | | | | |
| 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. | | | | | | | |
| 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.

The Information Commissioner is the UK's regulator for the Data Protection Act 2018 and can impose significant financial penalties for breaches of the Act.

The Information Commissioner is also the UK's regulator for the Freedom of Information Act 2000 and can issue enforcement action for non-compliance with the Act.

Asesiad / Assessment & Analysis

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)

The report provides a high-level analysis, highlighting any trends or issues of significance in line with the Health Board's objectives and Information Governance Strategy. Action taken to address the issues of significance and drive continuous improvement in line with the Health Board's Digital Strategy 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. Information Governance Risks are recorded and reported to the Information Governance Group where they are regularly monitored in line with the Health Board's Risk Management Strategy and Policy. The majority of these risks are managed at the Tier 3 level with the exception of one Tier 2 risk below, which is reviewed and monitored as part of the Deputy Chief Executives Business Meeting:

“There is a risk that the Health Board will fail to comply all of the requirements of the updated Data Protection Legislation due to insufficient resources to implement the new requirements which could lead to a financial penalty, negative publicity and loss of confidence from the public.”

The current risk rating is 9 and further actions to achieve the target risk score have been identified and being progressed.

Legal and Compliance

It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation. Quarterly key performance indicators are reported to the Information Governance Group and the Digital and Information Governance Committee.

Impact Assessment

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

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Background

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

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

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

- Data Protection Act 2018
- EU General Data Protection Regulation 2016
- UK General Data Protection Regulation 2021
- Freedom of Information Act 2000
- Environmental Information Legislation 2004
- Public Records Act 1958
- Access to Health Records Act 1990
- Computer Misuse Act 2000
- Caldicott Principles in Practice (C-PIP)
- Welsh Information Governance (IG) Toolkit (pilot)
- Common Law duty of confidentiality
- Wales Accord to Share Personal Information (WASPI)
- Data Quality
- Information Security assurance - ISO 27001:2005 & 2013 Information security management (formerly BS7799)
- Records Management NHS Code of Practice
- Information Commissioners Codes of Practice
- NIS (Networks and Information Systems) regulations

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

1.0 Purpose

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

The purpose of this report is to:-

Provide the Digital & Information Governance Committee (DIGC) with assurance on the progress and developments made within Information Governance throughout the Health Board in 2020/21. This report aims to clearly describe the Health Board's current position, the work undertaken along with the aims, objectives and the challenges ahead for the forthcoming year.

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

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

The Information Governance teams overarching aim with this report is to:-

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

2.0 Accountability and Responsibilities

2.1 Chief Executive Officer - The Chief Executive Officer takes overall responsibility for the Health Board's information governance performance and in particular is required to ensure that:

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

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

- 2.2 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.
- 2.3 Senior Information Risk Owner (SIRO)** - The current SIRO (Director of Finance) and has been in the role since November 2019. 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.
- 2.4 Caldicott Guardian** - The Senior Associate Medical Director is the Health Board's appointed 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 remains the Chair of the Information Governance Group.
- 2.4 Data Protection Officer** - The Assistant Director of Information Governance and Risk undertakes the designated role of the Health Board's Data Protection Officer. She is 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 any superseding Data Protection regulations. 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.

- 2.5 Information Governance Team** - The Head of Information Governance is 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 reports to the Assistant Director of Information Governance and Assurance and is supported by the Information Governance Team who also work in collaboration with the Information Governance Leads and Information Asset Owners.

- 2.6 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. This role has been appointed as the Deputy SIRO.
- 2.7 Head of ICT** - is the Health Board's identified IT Security Lead and provides expert technical advice on matters relating to IT Security, Cyber Security and ensures compliance and conformance against the NHS Wales Code of Connection and the NIS Directive.
- 2.8 Head of Digital Records** - 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.
- 2.9 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.
- 2.10 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.
- 2.11 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.
- 2.12 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.
- 2.13 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.
- 2.14 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.

3.0 Information Governance Operational Plan

The Information Governance Operational Plan was originally developed in 2011 and was built on the requirements within the Caldicott Principles in Practice (C-PiP) Assessment.

The IG Toolkit superseded the C-PiP Assessment and had its first formal submission in March 2020/21 following a pilot in 2019. The operational plan has been updated to incorporate the IG toolkit, audit recommendations and programmes of work requiring Information Governance support. It will continue to be developed in 2021/22 to allow robust monitoring of ongoing projects.

The current plan details 5 information governance objectives for the health board as below:

- Objective 1: Accountability (Information Governance Management)
- Objective 2: Confidentiality and Data Protection Assurance;
- Objective 3: Information Security Assurance;
- Objective 4: Clinical Information Assurance;
- Objective 5: Corporate Information Assurance;

As a Health Board we are committed to achieving these objectives and this is detailed/reflected in the Information Governance Operational Plan for 2021/22.

The plan includes:

- High Level Objectives
- Outstanding actions from the 2020/21 Operational Plan
- Recommendations made by the ICO
- Priorities identified as a result of the Welsh IG Toolkit submission
- National programmes of work identified for implementation
- Local programmes of work identified for implementation which includes transformation for improvement
- Monitoring of projects/actions and new ways of working previously in the work plan to ensure they become business as usual (BAU)
- IG achievements for previous year and ongoing/current achievements to date
- IG involvement required to support BCUHB Digital Strategy

4.0 Caldicott and IG Toolkit

During 2020/21 the Health Board had its first submission of the new All Wales IG Toolkit with an overall score of 79%. The toolkit is made up of 32 requirements with attainment levels 0 -3 with 3 being the highest. Within each

level a series of evidence was required/submitted to show the requirement level had been met. Any areas not met are automatically added to the priorities within the IG work plan for the next submission.

The IG toolkit sub group was formed on the 30th November 2020 to ensure there was ownership and buy in from across the Health Board. This resulted in collaborative working with the requirement owners from Health Records, ICT, Mental Health and Learning Disabilities, Procurement, Health & Safety/Security, Business Continuity service, Workforce and the Communications Team. All identified gaps and priorities/actions for each toolkit owner/lead has been discussed and added to their respective/local work plans and incorporated into the master IG toolkit improvement plan, which is monitored through the IG work plan.

Each of the areas are required to ensure that their risk registers reflect their toolkit scores/position and they are responsible for escalation through their respective areas to progress and make improvements.

The sub group will continue to meet throughout the year in readiness for 2021/22 toolkit submission in March 2022 and will be reported to the Digital Information Governance Committee (DIGC) during 2021/22 via the Information Governance Group (IGG).

The attainment levels for the 32 requirements were as follows:

| | |
|-----------------|----|
| Level 0 | 2 |
| Level 1 | 2 |
| Level 2 | 9 |
| Level 3 | 14 |
| Achieved | 4 |
| N/A | 1 |

There have been no surprises and the improvements required are known to the Health Board with progress continuing to be monitored for assurance. The two level 0's relate to CCTV and Corporate Records Management, however work is progressing and it is envisioned improvements will be evidenced by the 2021/22 submission.

During 2020/21 for extra re-assurance the final Caldicott Outturn report was undertaken retrospectively resulting in a 5 star rating. This was as a result of improved compliance in a number of standards, which were previously partially compliant.

Full compliance increased from 32 to 36 of the 41 standards self-assessed. There was 5 standards that were partially compliant with work in progress to improve and no non complaint standards.

The increase in compliance relates to improvements made within the following areas:

- Governance arrangements with the contracts review and in line with GDPR
- Implementation of the Data Protection Impact Assessments (DPIA) and process
- Improved delivery of IG training
- Improvements made to privacy notices and informing our patients about how their information is used
- Continuous work and population of the information recorded on the Information Asset Register
- Business Continuity Policy and Disaster recovery testing

This submission was audited by internal audit and the results of this audit can be found in section 7 below.

The Caldicott Outturn report was presented to both Information Governance Group (IGG) and the former Digital and Information Governance Committee (DIGC) in August /September 2020 respectively.

4.1 Caldicott Guardian Authorisations

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

In 2020/21 the following information sharing was authorised by the Caldicott Guardian:

- 14 Data Processing Contracts/Agreements (DPC/A)
- 9 Data Disclosure Agreement (DDA)
- 3 Information Sharing Protocol (ISP)
- 5 Audits (Caldicott approval to contribute to a national or regional audit)
- 7 Intra NHS Agreements
- 1 Welsh Government request

5.0 Senior Information Risk Owner

5.1 Information Security

During 2020/21, the threat has increased with a number of high profile victims such as the Irish Health Service, Scottish Environment Agency and Welsh Language Commissioner all being victims of serious attacks. The attacks all have similar traits even though being carried out by different groups. First stage is to access and reconnoitre the network, followed by exfiltration of data then when discovered or no more data of value can be stolen, they will attempt to encrypt all file, system and backups for ransom. We have resisted these attacks within NHS Wales, but are not complacent and focus is to achieve NIS compliance, which is a legal requirement. We have appointed a

Cyber Security and Compliance Manager and received further approval for additional posts.

5.2 Information Governance Incidents

There have been 318 incidents reported for this period against 302 in the previous year, an increase of 16 (5%). All were categorised and reported as information governance incidents.

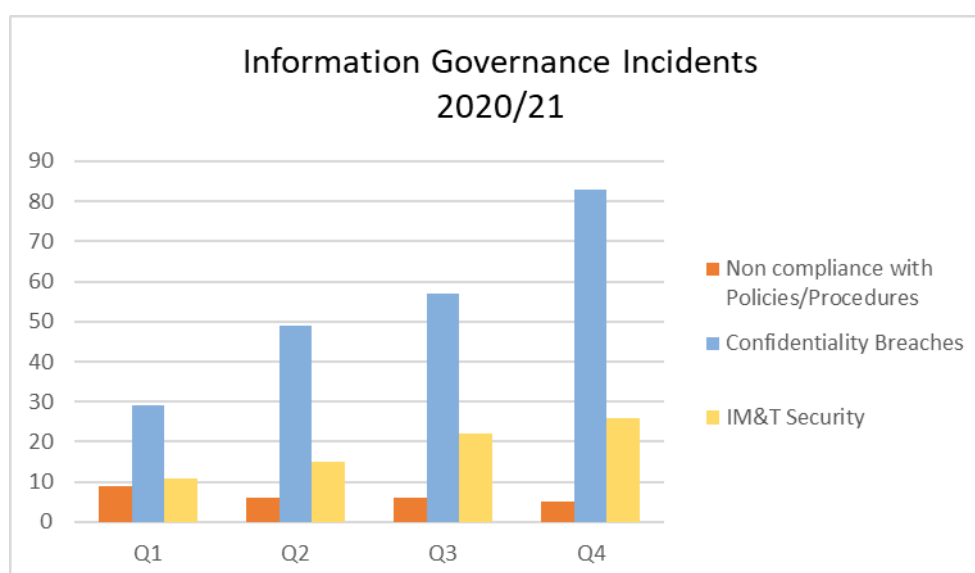
The Health Board actively promotes incident reporting in its training and awareness programme to enable trends and poor ways of working to be identified.

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

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

| Category 0 or 1 | Category 2 or above – reportable to the ICO |
|-----------------|---|
| 317 | 1 |

These incidents are reported to the IGG and the DIGC on a quarterly basis and are broken down into 3 categories:



There has been a steady increase in the number of Confidentiality breaches in each quarter over 2020/21. **85** of these breaches were miss-directed

emails/text messages of which **37** were Covid related. Staff involved in the TTP/referrals/results process have all been reminded of the importance of ensuring they are using the correct mobile numbers/email addresses provided when sending results. Staff have also been reminded of their responsibilities in adhering to All Wales Email procedure through the IG Bulletin. The Health Board has also seen a number of incidents where information relating to another patient was either sent in the same envelope as another patient's letter, or they were sent to an incorrect address. Following on from these incidents the Health Board is following ICO guidance and recommendations to reduce/prevent these types of incidents. Once again staff have been reminded of the importance of double checking patient information before sending. We will continue to monitor these numbers during 2021/22 and introduce further measures where required.

5.3 Serious information governance incidents

There has been 1 serious incident categorised as reportable to the ICO and Welsh Government during this year which related to:

- Patient received letter from Ysbyty Glan Clwyd (YGC) along with 5 other letters for 5 different patients.

A full investigation has been carried out into the incident with the remedial actions implemented to mitigate against any future occurrences. Whilst the ICO has closed this incident with no further action, two recommendations have been issued:

- Ensuring the verification and checking measures we have in place are sufficiently robust in order to mitigate a future occurrence. The incident has been shared with the specialty manager for where the letters were generated to ensure that these measures are checked.
- Reviewing the content and delivery of data protection training to ensure staff fully understand the need to take care when dealing with personal information. Training should be interactive, role specific and contain practical examples. This incident, suitably redacted, could make a useful training tool. The Mandatory training package has recently been reviewed and updated and has taken the above recommendations into consideration.

5.4 Identified Incident Improvement Actions

Examples of the types of action undertaken as part of incident investigations include:

- All staff have been informed that they must always use the secure print functionality. Guidance has been distributed to all staff in the departments and posters placed above all printers.
- All staff continue to be reminded of the importance of keeping up to date with their mandatory Information Governance training, which is mandated every two years for all staff.

- All staff have been informed of the importance of checking patient information is correct before sending any information.
- All staff have been given guidance on the approved method of redaction.
- Relocation of the Service details i.e. 'Confidential Appointment - Clinic Name' away from the address field on the template letter. This has now been actioned and will prevent any human errors (whilst folding the letters) occurring again.
- Staff have been reminded of the importance of patient confidentiality. They have been reminded of the importance of checking with the patient that we have consent to discuss information with a third party.
- Staff have been reminded in GP Practices to record all Incidents on Datix, this is to ensure that there is a clear record of the error, how it happened and most importantly, to identify lessons learned to provide assurance that a similar incident does not reoccur.
- Staff are reminded in the IG bi-monthly bulletin about inappropriate access to records.
- Outlook search default settings have been changed to BCU from All Wales global address book in an attempt to reduce the numbers of incorrect emails being sent to staff with the same name across Wales.

During 2020/21 the health board were notified of a number of Data Breaches in other Health Boards within the Test, Trace and Protect (TTP) programme, the main themes were emails and letters being sent to the incorrect recipient.

Following on from this the health board identified a clear reporting channel so that the lessons learnt from other organisations data breaches can be disseminated and implemented across all the relevant work streams in BCUHB to prevent them from occurring within BCUHB. The lessons learnt and implemented to-date include but are not limited to:

- Turning off the auto-complete function when emailing individuals
- Adapting our standard TTP Letter to include the following:
 - a. Local TTP Contact details (e.g. Telephone number, email) to be included
 - b. Being marked as Private & Confidential
 - c. Inclusion of how to return incorrectly received correspondence
 - d. Reference to Privacy Statement on NHIW website
- Ensure that the privacy notices they are using are the correct version and the national site is checked regularly and crosschecked for any upcoming amendments.
- Personal Information (PI) in emails has been removed and replaced with the case reference number where possible and where not, PI data will be encrypted and the password telephoned through to the recipient.

- Regular briefings and updates to staff ensuring they are adhering to Data Protection policies and procedures and informed of any further national or local breaches and those lessons learnt to be adopted.
- Where buddy training is being carried out for the tracers to ensure the patient is informed of this at the start of the call.

5.5 Personal Injury claims

During 2020/21, the Health Board received 4 personal injury claims, 2 disclosures of personal information to a third party, 1 breach in confidentiality and delay in receiving pertinent personal information and 1 data breach / misuse of private information – Client's medical records accessed without permission and / or a legitimate interest. So far 3 of these claims have been closed with a total of £8350 awarded. A reminder has been sent to all staff in our IG bulletin about the importance of adhering to policies and procedures and data protection legislation as we are seeing an increase of claims being received into the Health Board continuing in 2021/22.

5.6 Information Governance Risk Register

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

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

There are currently 6 risks being monitored on the register as follows:

1. MS Office 365 - Management of Health Board Records
2. Legislative timescales not being met in relation to FOI and DPA
3. Management of Corporate Records
4. Data Protection Legislation / Freedom of Information Act 2000
5. Failure to develop and make improvements to the Information Asset Register
6. Information Sharing Following EU Exit

6.0 Complaints/Concerns & Outcomes

During 2020/21 BCUHB received 23 complaints, an increase of 64% from the previous year (14), involving:

Breaches in confidentiality such as:

- inappropriate access to information
- disclosure of information to a third party
- correspondence sent to incorrect address or recipient

- Applicant received SAR response but complaining that names left in response.

Of the 23 complaints, 12 were not proven, and the remaining 11 were found to be due to procedures not being followed, and an apology was issued to parties with lessons learnt and actions required from the Health Board to avoid re-occurrence.

Any lessons learned were disseminated throughout the Health Board and the IG Bulletin, and are also used as examples within the mandatory IG training.

6.1 Complaints to the Information Commissioners Office (ICO)

In addition there was a total of 21 complaints received from the ICO during 2020/21 which is an increase of 53% from the previous year (9). 19 of the 21 complaints have been dealt with and are now closed. The remaining 2 are still open and ongoing and we are waiting further information from the ICO to proceed to investigate these complaints. Please find a breakdown of requests below:

Freedom of Information Requests

During 2020/21 the Health Board received 8 complaints from the ICO regarding the handling of an FOI request:

2 were dissatisfied with their FOI response

5 were dissatisfied with their internal review response

1 was unable to open attachments which formed part of an FOI response

7 have been closed with no further action and 1 is still waiting for further details from the ICO to investigate the complaint.

Subject Access Requests

There were 9 complaints received from the ICO regarding subject access requests during 2020/21, 7 of which were Access to Health Record Requests and 2 Data Protection Act Requests, all were closed by the ICO with no action required.

Ad-Hoc

The remaining 4 complaints related to:

- breach of confidentiality;
- Accuracy of personal data held
- Inappropriate disclosure of personal information to GP
- Unknown-waiting for further instruction from ICO

All of the above were closed by the ICO with no further action required.

7.0 Compliance Audits/Assurance/Reporting

Compliance is measured in a number of ways as follows:

7.1 Compliance checks

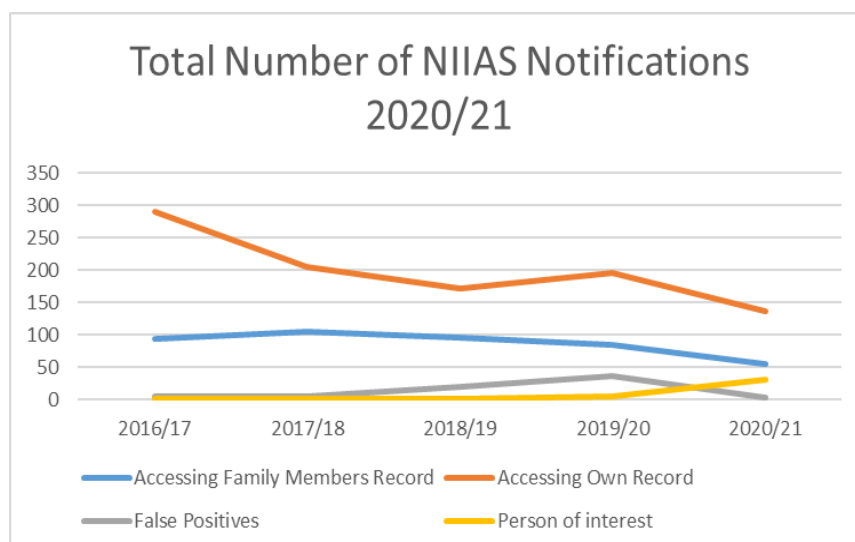
As part of the Health Board's requirement to ensure compliance with legislation, national and local standards, compliance checks are essential to provide assurance that the information is being safeguarded; areas of good practice are identified and areas of weaknesses are addressed via the production of an action plan. During 2020/21 there have been no physical compliance checks undertaken by the IG team due to the pandemic, however some IG observations /requirements have been considered when ward accreditation audits have been carried out by the Nursing Quality Improvement Team. It is envisioned that the compliance checks will resume when it is safe to do so and as instructed by the Health Board. The IG Team are exploring ways to carry out compliance audits and this is on the IG Operational Work plan.

7.2 Internal Audit

Internal Audit reviews are carried out by NHS Wales Shared Services Partnership. In line with the 2020/21 Internal Audit Plan for Betsi Cadwaladr University Health Board a review of the Caldicott Principles into Practice (C-PIP) process was undertaken in November 2020. The overall findings concluded that the Health Board provided "Substantial Assurance" that arrangements were in place to secure governance, risk management and internal control, within the areas under review, were suitably designed and applied effectively. There was 1 low risk minor recommendation made which was advisory in nature with low impact on the residual risk exposure.

7.3 Auditing of systems

During 2020/21 National Intelligent Integrated Auditing System (NIIAS) generated 225 notifications of alleged inappropriate access to family records or own health records, this is a significant decrease of 30% (320 notifications) compared to last year as per the graph below, this may be due to the continued message we send to staff in each bulletin about inappropriate access and the potential consequences.



7.6 Reporting Responsibilities

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

The Patient Records Group and the ICT Governance and Security Group report issues of significance into the Information Governance Group (IGG) who in turn report into the DIGC. There is representation from the Information Governance department at both of these groups.

The Information Governance Toolkit Subgroup formed in 2020/21 and also report issues of significance into the Information Governance Group (IGG).

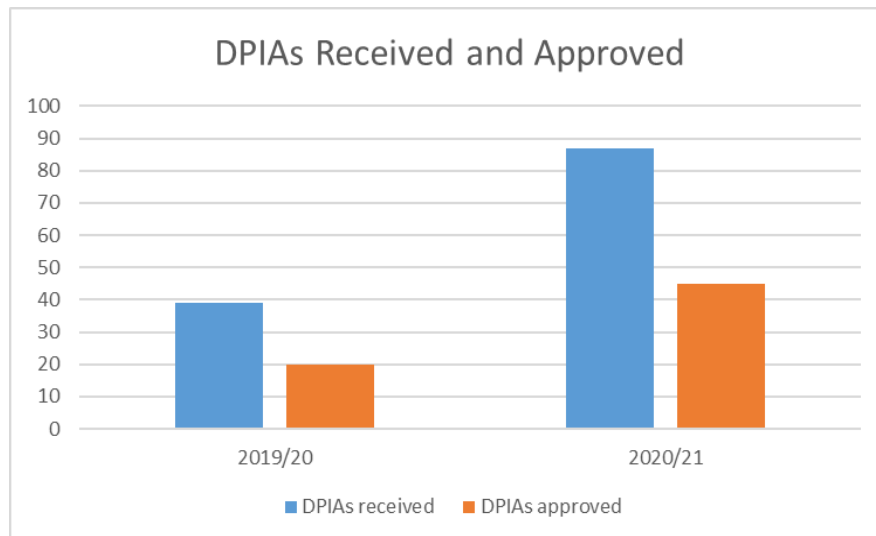
The Operational Information Governance Group (IGG) meets on a quarterly basis. The IGG is chaired by the Health Board's Caldicott Guardian and is attended by the DPO, Head of ICT, Head of Digital Records, Information Governance Team and representatives from Clinical, Primary Care and Corporate Divisions.

In addition there is representation from BCUHB at the national Information Governance Management Advisory Group (IGMAG). The group is chaired by the DPO for BCU and the Head of Information Governance is also in attendance to ensure the Health Board are working collaboratively with partner organisations across Wales.

8.0 Data Protection Impact Assessments DPIA Assurance

8.1 Data Protection Impact Assessments (DPIA)

We have seen a significant increase in the number of DPIAs being received during 2020/21, there were 87 DPIAs received during 2020/21 and 45 of those were approved. These are time consuming pieces of work, but are a legislative requirement to ensure that all systems and processes are undertaken with privacy by design at the heart of the activity. The increase in DPIA's is due to the different ways of working which have been implemented at speed due to COVID-19. There has been a large increase in requests and the demands put on the Information Governance Department to manage the requests and to carry out the necessary due diligence checks required to approve and support the systems and different ways of working. Some DPIA's become living documents as they form part of ongoing projects which require IG involvement with and monitoring i.e. the new Digital Health Record (DHR) and Microsoft Office 365 (0365).



During 2020/21 it was agreed that the Information Governance team will review all DPIA elements of Project Initiation Documentations (PIDs) and Pathway Reviews moving forward to provide a level of IG assurance before the project is approved. During this period 63 PIDs and 3 pathway reviews were approved.

9.0 Data Quality

Data Quality is managed and monitored by the Informatics Department and will be reported through progress reports on delivery of the Informatics Operational Plan. The Information Governance Team will provide advice and support when necessary to ensure a consistent approach across the Health Board.

10.0 Policies and Procedures

During 2020/21 the following Information Governance policies and procedures were reviewed and approved in line with legislation:

- IG24 Notification of Information Security Breaches
- IG04 Access to Information Policy
- IG10 Procedure for requesting approval and review of an information system
- IG11 Handling of Confidential Waste Procedure
- IG14 IM&T Security Procedure
- IG1 Information Governance Strategy
- IG07 Procedure for dealing with subject access request
- IG03 Procedure for Compliance with Freedom of Information Act 2000 and Environmental Information Regulations 2004
- All Wales Information Governance Policy
- All Wales Information Security Policy

- All Wales Internet Use Policy

Policies and procedures will continue to be developed or updated during 2021/22 to further support the Information Governance Framework.

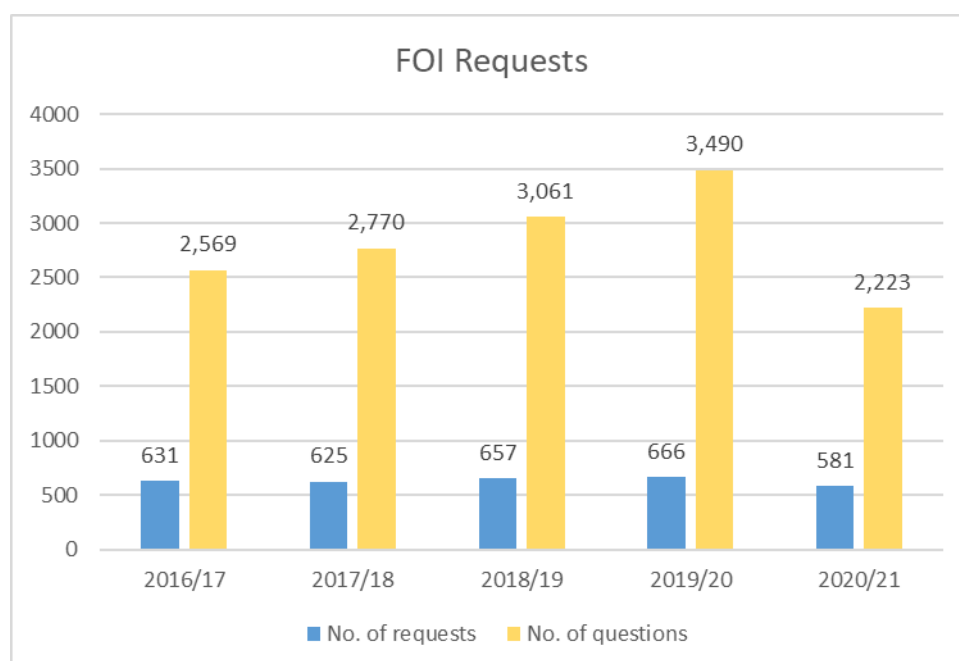
11.0 Requests for Information

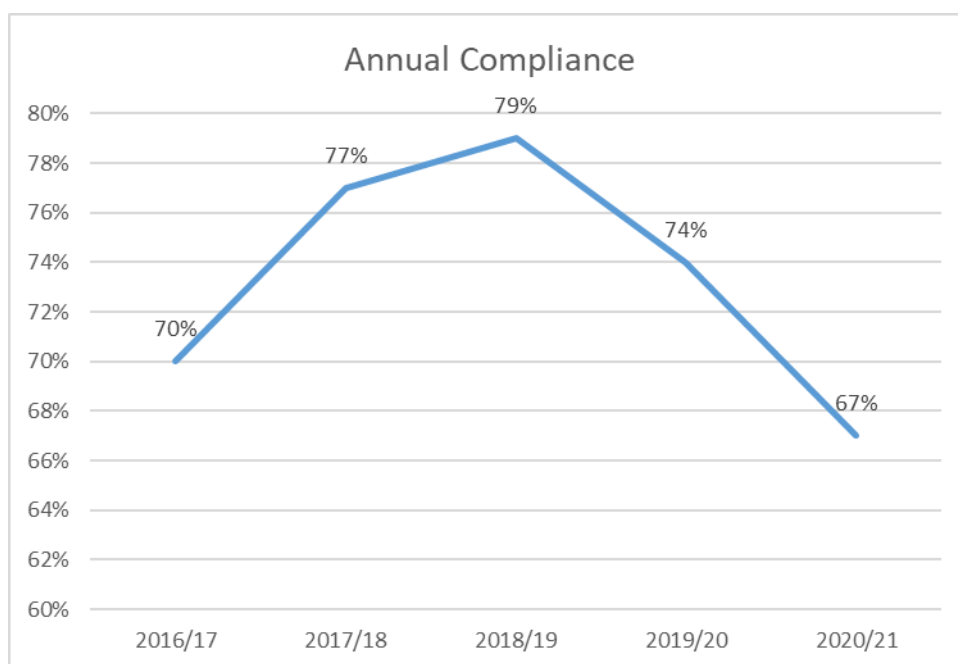
The BCUHB Access to Information Policy incorporates requests for information under the Freedom of Information Act, Environmental Information Regulations, Data Protection Act and Access to Health Records Act.

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

During 2020/21 BCUHB received and processed **581** Freedom of Information (FOI) requests, a decrease on the previous year (666), but the number of questions within a request has also decreased by 36% from 3,490 to **2,223**. High numbers of FOIs are Covid-19 related with some being highly contentious and complex requests. The Health Board has not been able to respond to all of the requests received within the regulatory timescales. The continuation of persistent requests related to the pandemic has increased the workload for the IG team significantly and have contributed to a lower compliance rate than in the previous year. During 2021/22 we will continue to work with our FOI leads to improve and streamline the process and continue to escalate to the Executives in that area for any FOIs which are proving difficult to retrieve the information to avoid breaching legislative deadlines.

The overall compliance rate has decreased from 74% to **67%**:





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

11.2 Requests for Internal Reviews

There were 13 requests in total for an internal review received during 2020/21, a decrease compared to the 18 received in 2019/20.

11.3 Exemptions applied

Of the 581 Freedom of Information Requests 103 exemptions were applied to the requests. The below table breaks down the exemptions used and the overall decision taken by the Health Board and ICO:

FOIs received, Internal Reviews and exemptions applied 2020/21

| Exemption | Exemption Category | Total | Internal Review | Upheld/ Overturned | ICO | Upheld/ Overturned |
|---|---|------------|-----------------|--|----------|--------------------|
| Section 21 - Information accessible by other means | Absolute – No Public Interest Test required | 4 | - | - | - | - |
| Section 21 & Section 22 - Information intended for future public release | 21 – Absolute 22 – Class Based, so Public Interest Test assessed | 1 | - | - | - | - |
| Section 22 – Information intended for future public release | Class Based, so Public Interest Test assessed | 1 | - | - | - | - |
| Section 40 - Personal Information | Absolute – No Public Interest Test required | 16 | 1 | 1 x Upheld | - | - |
| Section 40 & Section 41 | Absolute – No Public Interest Test required | 30 | - | - | - | - |
| Section 41 - Information provided 'In Confidence' | Absolute – No Public Interest Test required | 4 | 1 | 1 x Upheld | 1 | 1 x Upheld |
| Section 43 - Commercial interests | Class based, so Public Interest Test assessed | 3 | 1 | 1 x Overturned | - | - |
| Section 17 – Refusal Notice | Section 12 – fee limit. | 41 | - | - | - | - |
| Section 36 - The conduct of public affairs | Public Interest Test Applied | 3 | 1 | 1 x Upheld | - | - |
| No Exemptions Used | | 478 | 9 | 5 x Upheld 1 x Partially upheld 3 x Overturned | - | - |
| Total | | 581 | 13 | 8 x Upheld 4 x Overturned | 1 | 1 x Upheld |

| | | | | | |
|--|--|--|----------------------|--|--|
| | | | 1 x Partially upheld | | |
|--|--|--|----------------------|--|--|

11.3 Data Protection Subject Access Requests (DPA SAR)

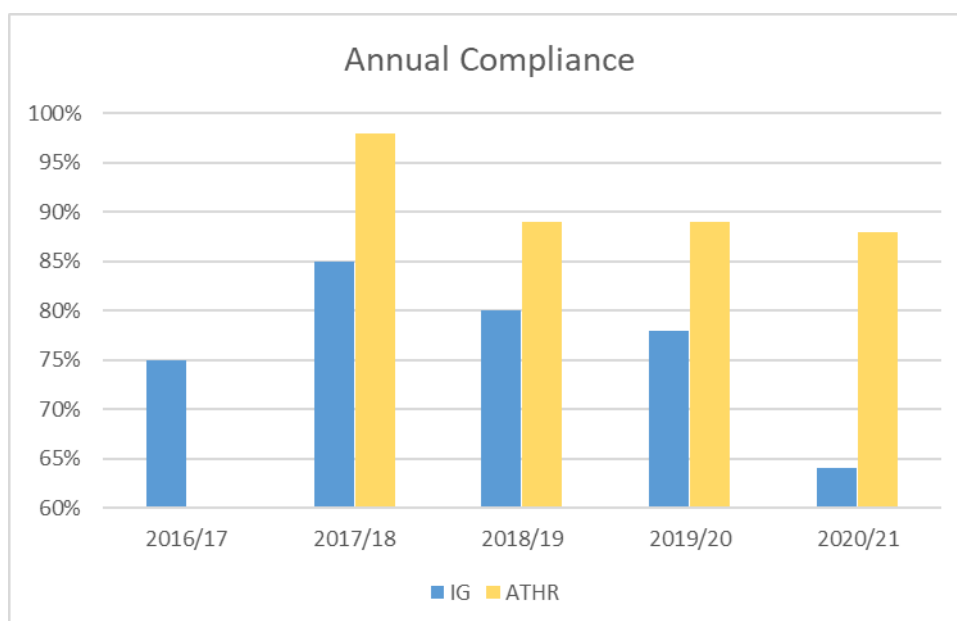
During 2020/21 requests received into the Information Governance department decreased 85 to **58** with a decrease in the compliance rate from 78% to **64%**. All 58 were written requests. Although there is not an overall increase in the number of Subject Access Requests (SAR) received, the managers are experiencing an increase in complex cases from frequent or known requestors to the Health Board for information they have not been able to acquire via different routes i.e. Concerns and/or WOD through employment practices e.g. Disciplinary, grievance hearings. Some of the complex requests are also linked to the Holden & SALT Reports. Many of the requests for emails can sometimes result in hundreds or thousands of emails/documents having to be manually reviewed and redacted. Some of the complex cases are currently taking days to collate the information. The ICO has confirmed that we still need to respond and deal with these type of requests. The department has started to record timelines for dealing with each request, but does not hold enough information to evidence the increased time spent on the complex cases in comparison to 2019/2020. This information will be collected moving forwards.

Included below are the number of requests received into the Centralised Access to Health Record Service who are responsible for the management of processing all request for copies of medical records on behalf of the Health Board. This includes; Subject access requests, Police requests (including Medical Witness Statements) and Court requests. Compliance is reported to the Patient Records Group, in addition to quarterly performance reports submitted to the Information Governance Group (IGG).

Please note the below figures for the ATHR service also include Mental Health and Learning Disability service requests along with HMP Berwyn requests.

| Year | Information Governance | Access to Health (ATHR) |
|---------|------------------------|-------------------------|
| 2016/17 | 33 | N/A* |
| 2017/18 | 38 | 1544* |
| 2018/19 | 54 | 3555 |
| 2019/20 | 85 | 3921 |
| 2020/21 | 58 | 4,532 |

* Commenced reporting Quarter 3 of 2017/18



11.4 Third Party Requests

The following third party requests have been received into the Information Governance Team during 2020/21:

| Type of Request | Total |
|---------------------------------------|-------|
| Police Requests (SA3) | 38 |
| Other (Solicitors, Local Authorities) | 4 |

11.5 Infected Blood Inquiry

The Health Board continues to help and respond to requests as part of the Infected Blood Inquiry in line with its statutory obligations and the timescales put in place by the inquiry.

Work is still ongoing and it is anticipated this will be the case for the next few years.

The embargo on the destruction of all patient record types remains in place and continues to have an impact on the Health Board storage limitations which has been escalated to the Board.

12.0 Training

Information Governance training covers all aspects of Information Governance including information security, data protection and confidentiality and is provided via a number of sources:

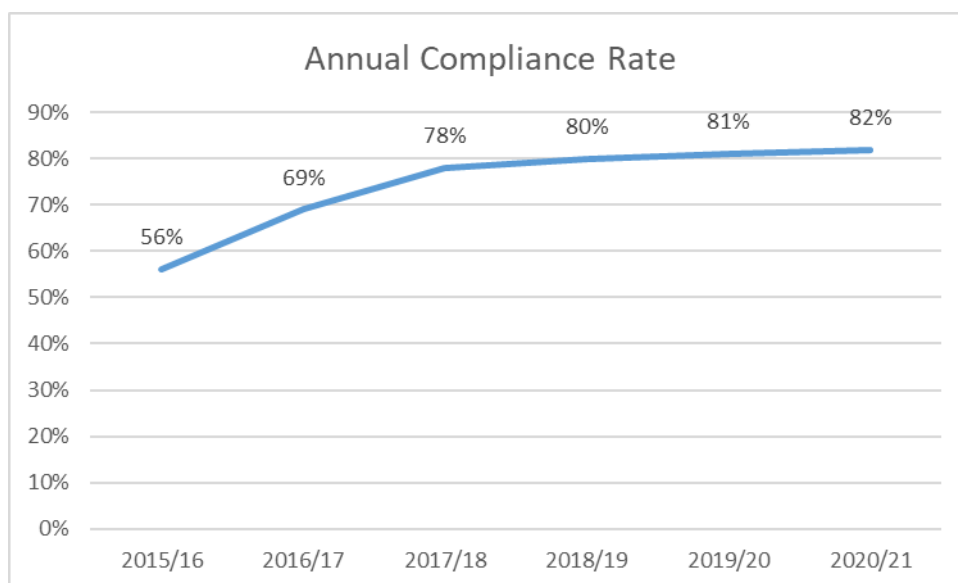
- IG training (as part of the UK Core Skills for Health) is mandatory for all staff every 2 years and is embedded into the Workforce & Organisational Development & Clinical mandatory training days;

- Staff have access to the all Wales e-learning package which has additional local content;
- Formal training sessions are available to all staff across the organisation;
- Ad-hoc sessions to individual departments/teams to coincide with their training days / staff meetings etc. at a time and place convenient to them;
- Workbook available for facilities staff without supervisory responsibilities, who are unable to access IT facilities;
- Regular awareness raising and sharing lessons learnt via corporate newsletters, emails, security alerts;
- Regular distribution of guidance and updated policies and procedures.
- A training session has been recorded on video by a member of the IG Team as an alternative to e-learning whilst we are unable to hold face to face training sessions.

12.1 During 2020/21 we have been unable to carry out any face to face Information Governance training sessions due to the impact of Covid-19. However, **9,274** staff have completed their training via E-Learning.

The compliance of mandatory IG training in all divisions is monitored by the Information Governance Group and if needed targeted reminders will be issued to encourage completion of the mandatory training via E-Learning or use of the recorded video mentioned above. The overall compliance for staff passing their mandatory IG training was 82% an increase from 81% in 2019/20.

The national target for compliance remains at 85%. The Information Governance Team continue to look at ways to deliver more direct training across all sites of the Health. Continuous monitoring and targeting of individuals who are not compliant with their IG training will remain in place. The IG team will be introducing virtual sessions on teams in addition to other training methods and it is anticipated this will continue even when face to face sessions re-commence.



13.0 Information Governance within Primary Care

It should be noted that over previous years the agreed date for All GP Practices to submit their IG Toolkit returns was 31st March. However, due to the impact of Covid-19 on GP practices it has been agreed that the required submission date for 2020/21 has changed to 30th September 2021.

The IG Toolkit Team will therefore provide an initial report as of 31st March 2021 and will endeavour to provide the Health Board with a final annual report in October 2021.

Please see figures below:

Not started: **86**

In Progress: **13**

Complete: **0**

Random validation of the submissions of one practice per GP cluster will be carried out by Digital Health Care in Wales (DHCW) and a report provided to the Health Board once this has been completed.

The Health Board will validate submissions of GP Managed Practices and these will be monitored by the IGG.

14.0 Achievements

Whilst this has been a very challenging year due to the pandemic, reduced staffing levels and the implementation of new ways of working there has been a number of significant achievements made which include:

- Successful retender of the Confidential Waste contract.
- “Substantial Assurance” gained from internal audit for the Information Governance processes in place for the accurate submission of evidence against the C-PIP assessments.
- Successful submission of the All Wales IG toolkit within the given timescales with a result of 79%.
- Introduction and management of IG toolkit sub group to enable/establish ownership/accountability to be recognised across the Health Board.
- Management and co-ordination of the increased number of DPIA's received.
- Implementation of data breach notifications/building into local procedures.
- Continued support provided across BCU to help deliver / progress new ways of working.
- Increase in IG training compliance to 82%.

- Decrease in the overall number of NIIAS notifications received during 2020/21.
- Introduction of verbal SARs process in line with legislation.
- Introduction and standardisation of redacting information held in electronic format.
- Increase in communications to staff and updates to the IG intranet pages.
- Introduction of IG Business Continuity Plan.
- Implementation of TTP /TTP requirements around consent, privacy, confidentiality and national involvement.
- Vaccine Rollout – Associated Governance arrangements/ guidance/communications/ privacy notices and national involvement.
- Support to ensure the appropriate governance arrangements were put in place at Rainbow and other temporary sites as a result of the pandemic.
- Continued support and involvement with the roll out of Office 365.
- Participation in national groups to ensure BCU has a voice and continues to lead from the front.

15.0 Conclusion

There has been continued improvement over the last year despite the difficulties COVID-19 has had on the team. There continues to be a strengthening of staff relationships and collaborative working with most areas which has helped individual understanding and contributes to the Health Board being able to meet its legal and statutory duties. The Information Governance team will continue to work closely with staff to drive the IG agenda forwards in all areas.

The Health Board has successfully submitted the All Wales IG Toolkit within the required timescales to Digital Health & Care Wales (DHCW) formally known as NWIS. There are robust work plans in place to capture remaining priorities against the toolkit which aims to provide assurance that the Health Board is committed to meeting its statutory and regulatory obligations.

Improving staff training and awareness will continue to be driven forward by the IG Department. The 82% achievement should be acknowledged against the previous year which was gained through consistent hard work by the IG department in very difficult times and is a credit to everyone involved. The Health Board will continue to look at ways to meet the 85% national target.

The Information Governance Department continues to have robust monitoring & reporting arrangements in place which allows gaps to be identified and actions to be taken where necessary. The department's work flows have increased significantly in every area for this period with additional pressures being placed on the department as a whole as a result of new initiatives and improved processes being put in place. The overall results within this report

should be seen as an achievement; however it is accepted that there are areas for improvement.

Whilst there are still challenging times ahead, the Health Board is in a good position to improve consistency and to adopt and deliver its duties provided the support continues to be in place to deliver the Information Governance Agenda.

16.0 Looking forward

The main emphasis for 2021/22 will be to ensure there is continued improvements made throughout the Health Board.

The department will continue to strive to make improvements and are already planning ahead for the following high level objectives which have been included in our IG Operational work plan for 2021/22:

- Continue to meet our statutory requirements and obligations with Data Protection Legislation and Freedom of Information Act 2000.
- Improve on the All Wales Information Governance Toolkit score of 79% for 2021/22 submission, and implement improvements required.
- Improve IG training compliance and strive to achieve the national target of 85%.
- Streamline the Data Protection Impact Assessments (DPIA) process and support departments to understand and adopt changes.
- COVID-19 - Provide support and guidance of all new ways of working throughout the pandemic.
- Undertake Freedom of Information Request workshop within the team to improve knowledge and compliance whilst continuing to support IG Leads.
- Conduct a full review of the FOI process to streamline activity and improve compliance.
- Incorporate BCUHB Programme Action Plan 2021/22 into IG work plan to ensure support can be provided and IG considerations have been made by the planning leads.
- Undertake a gap analysis to identify incident trends across the Health Board with a view to improve practices and learn from mistakes made.
- Communication - Provide a diverse range of multidisciplinary staff and members of the public with professional advice on all Information Governance issues.
- Ensure continued collaborative working with ICT to ensure ongoing programmes of work can be completed.

- Continuous review and development of the Information Asset Register to ensure fit for purpose utilising developing technologies to improve current position.
- Health Records and IG Collaborative Working, providing support where and when required.
- Corporate Records Management - To provide support to the corporate records management function when ownership agreed.
- Update IG strategy to include Corporate Lead development, National responsibilities and BCUHB Digital Strategy.
- Continue to lead from the front nationally with our Head of IG taking on the role of chair of IGMAG

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



| | | | | | | | |
|--|---|---|---|--|---|---|---|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Information Governance Quarter 1 2021/22 Key Performance Indicators (KPI) Report | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Simon Evans-Evans, Interim Director of Governance | | | | | | |
| Awdur yr Adroddiad Report Author: | Carol Johnson, Head of Information Governance | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Reviewed and approved by: <ul style="list-style-type: none"> Interim Director of Governance Data Protection Officer | | | | | | |
| Atodiadau Appendices: | Appendix 1 - Key Performance Indicators: Quarter 1- April 2021 to June 2021. | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The Performance, Finance and Information Governance Committee is asked to note the report, particularly in relation to the assurance provided in compliance with the Data Protection and Freedom of Information Legislation. | | | | | | | |
| Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | ✓ | Ar gyfer sicrwydd For Assurance | ✓ | Er gwybodaeth For Information | |
| <i>If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.</i> | | | | | | Y/N to indicate whether the Equality/SED duty is applicable | N |
| Sefyllfa / Situation: | | | | | | | |
| 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 to also move to more dynamic and different | | | | | | | |

ways to working to ensure 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 we have had additional resource approved by the Executive team which will support the need for an improvement in compliance, 1 x Band 6 and 1 x Band 4, Fixed term temporary for 18 months.

Asesiad / Assessment & Analysis

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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 |
| MS Office 365 - Management of Health Board Records | 12 | 8 | 6 | Decreased |

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 1 - April to June 2021

In line with the feedback received from the former Digital and Information Governance Committee (D&IG) all future KPI reports will be for the full quarter data.

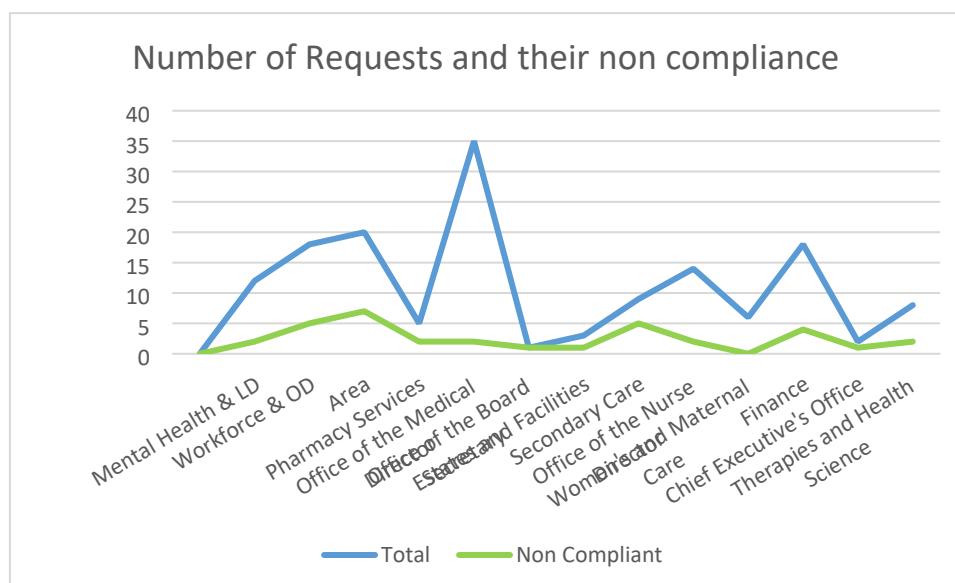
1) Freedom of Information Requests (FOIs)

The compliance level for responding to a request within the standard of 20 days has increased to **77%** from 61% in quarter 4 of 2020/21.

During quarter 1 we have been working closely with the FOI leads within divisions to try and improve compliance in their areas by ensuring we have the right leads and confirming what types of information they are able to provide so we are aware from the start where the request should be directed to. We are also continuing to look at ways to streamline the process within the information governance team.

Total number of requests received in Q1: **151** Total number of requests delayed in Q1: **34**

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



Below is the list of reasons for the delays:

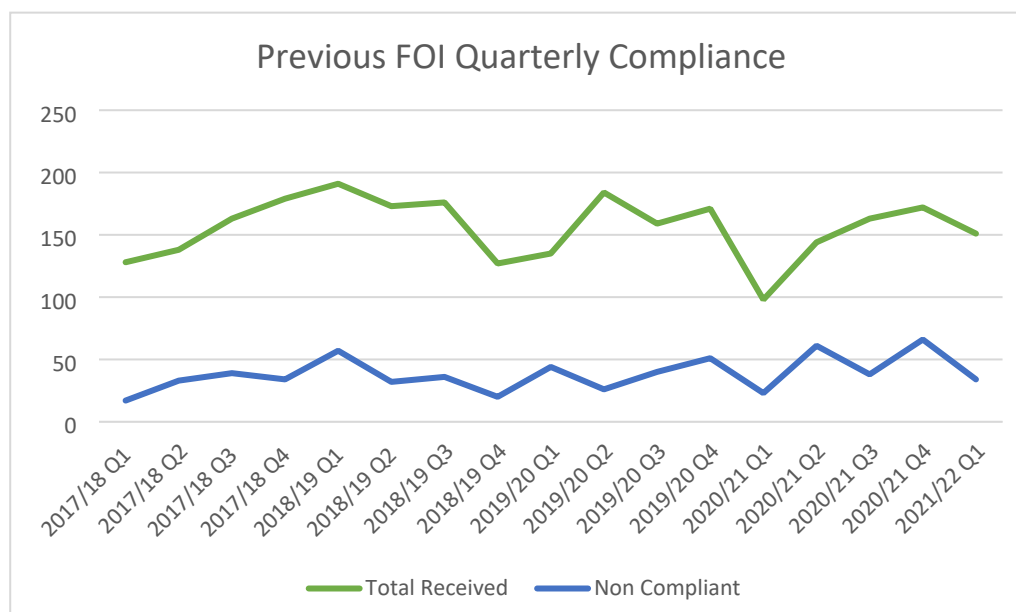
- 24 Delays in obtaining/receiving information from FOI Leads.
- 1 Delay due to formulation of the response by IG due to complexity.
- 2 Late receipts of the request by IG.
- 7 Delays due to the late approval by Executive Lead due to the number of complex requests and the validity of the data.

The divisions with the highest amount of delays were:

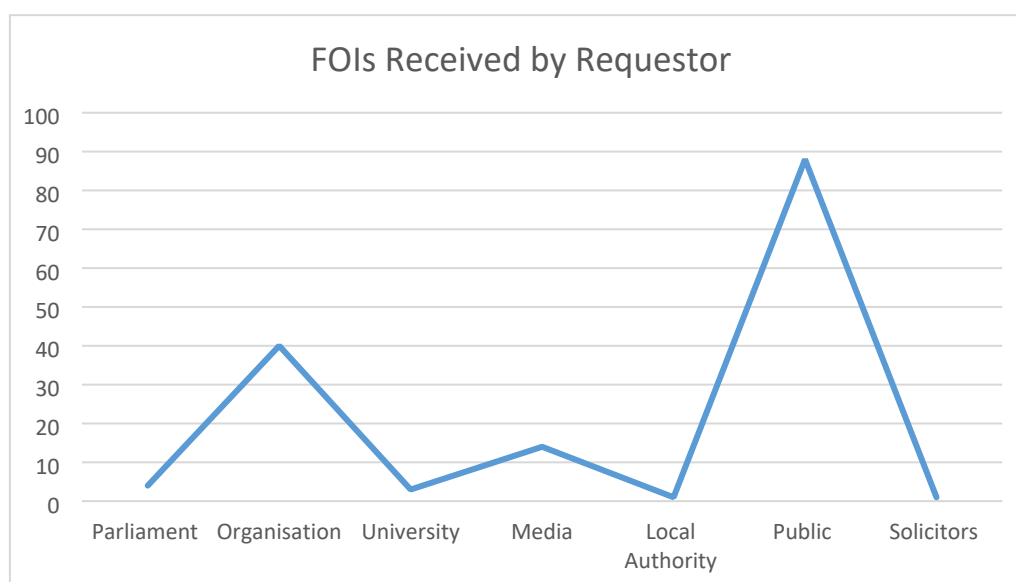
- 5 for Secondary Care
- 5 for Workforce and Organisational Development

- 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 1 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 1, 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 | 17 | 1 | 1 x Ongoing received 9th July 2021 |
| Section 21 - reasonably accessible to an applicant by other means. | Absolute – No Public Interest Test Required | 4 | 0 | N/A |
| Section 40 - Personal Information | Absolute – No Public Interest Test Required | 1 | 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 | 1 | 0 | N/A |
| Total | | 25 | 1 | |

Information Commissioners Office – FOI Complaints

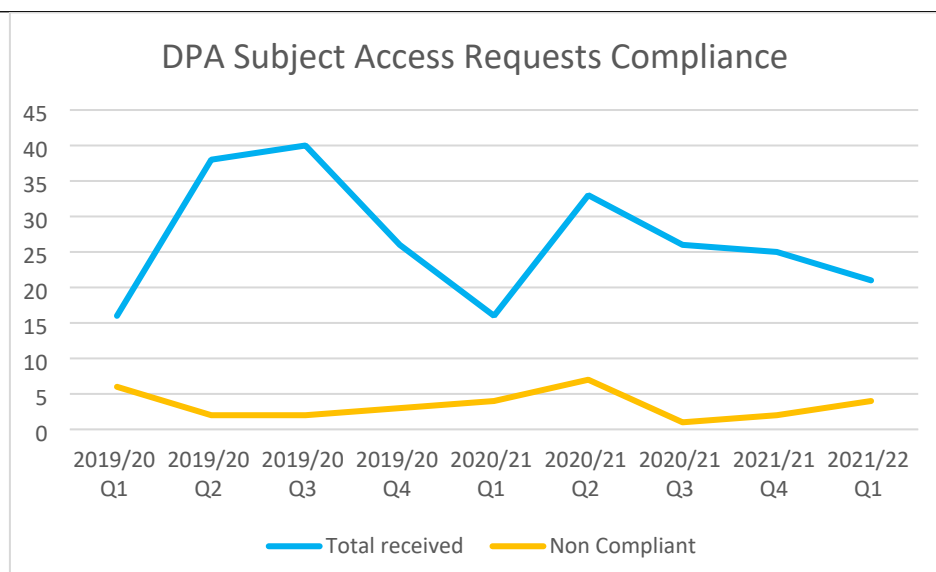
During Quarter 1, the Health Board did not receive any complaints from the ICO in regards to FOIs.

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

The compliance level for responding to a request within the standard of 28 days has decreased this quarter to **81%** from 92% in quarter 4. This is partially due to a couple of requests being received late into the Information Governance department when they had already breached under the legislation. We will be providing a reminder in our next Information Governance Bulletin of the importance of recognising a Subject Access Request and forwarding them onto the department to process.

| Requests | Total |
|---|------------|
| SAR | 10 |
| Verbal SARs | 0 |
| Total | 10 |
| Requests from 3rd Parties | |
| Solicitors / Local Authority | 0 |
| Police | 8 |
| Other | 3 |
| Total | 11 |
| Total Requests Received | 21 |
| Total number of breaches (dealt with outside 28 day timeframe) | 4 |
| Compliance | 81% |

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

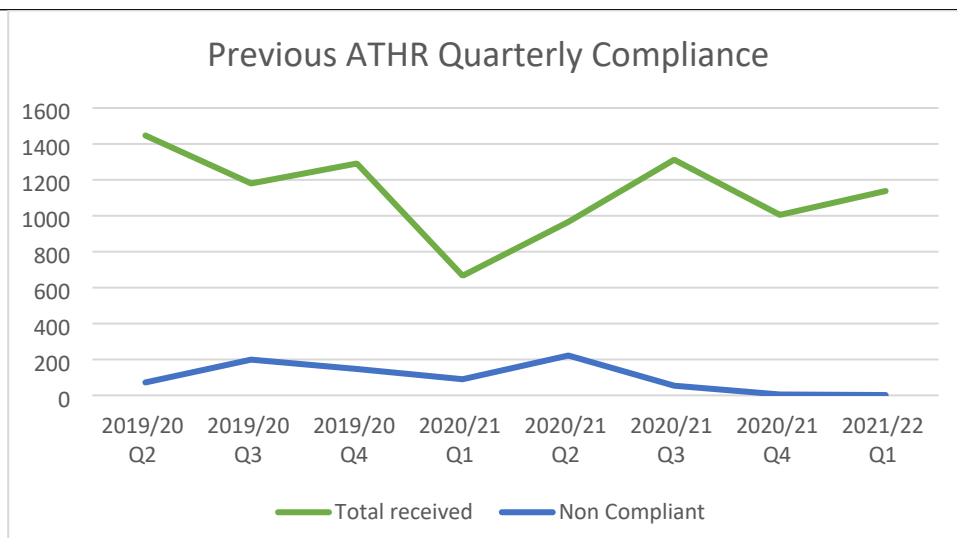


Subject Access Requests (SAR's) for clinical information and requests from third parties

During Quarter 1 we have continued to see a steady compliance rate for SAR's completed within the DPA timescales, with a slight increase of 0.7% to 99.7% from the previous quarter and we have also seen an improvement in Access to Deceased Records requested to 100% compliance (increase of 0.02% improvement). It should be noted that there has been an increase in SAR requests from 2020/21 Quarter 4 of 20.23%, with an overall increase of requests processed by the Access to Health Records (ATHR) team (including 3rd party requests) of 13.2%. As compliance rates remain steady and processes are working well, it was agreed by the Patient Record Group to downgrade PRG04 risk from a score of 12 to 4 and therefore close the risk as the target risk score had been achieved.

| Access to Health Records (ATHR) Requests | Total |
|---|--------------|
| Type of SAR | |
| Data Protection Act (Live Patients) | 784 |
| Verbal Request | 0 |
| * Access to Health Records Act (Deceased Patients) | 36 |
| Total | 820 |
| Requests from 3rd Parties | |
| Court | 98 |
| Police | 213 |
| GMC | 2 |
| Chargeable Requests (insurance Companies) | 5 |
| Total | 318 |
| Total Requests Received | 1138 |
| Total number of breaches (dealt with outside 28 day timeframe) | 2 |
| Compliance % | 99.7% |

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



There was a total of 20 subject access requests whereby the ATHR Officers located commingled information in patient records (a total of 5 record types). This was most commonly found in the General Acute records however was also found in Mental Health, CAMHS, Therapies and Health Visitor & School Notes.

During Quarter 1, 7 SARs we were unable to fully process due to part of their records being unavailable as they were found to be missing. A Datix Incident was logged for each incident of missing information and the relevant Patient Record Custodians notified to initiate an investigation in line with HR1c - Guidance on the Management of missing records.

Complaints and lessons learnt ATHR

During quarter 1 there has been 24 concerns received into the ATHR Service.

These included;

- 1 x Co-mingled information located in records.
- 1 x compliant against SAR process.
- 16 x Missing information from SAR.
- 6 x Rectification Request of personal data.

Lessons Learnt:

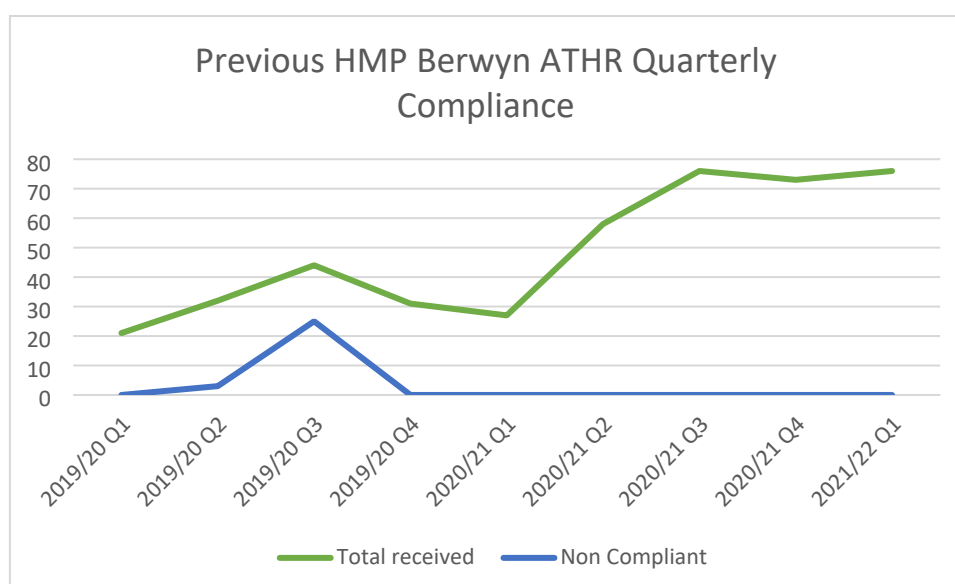
In all cases a letter of apology was sent to the applicant for any distress caused and the need for raising a concern with the Health Board.

- HR1c - guidance on the management of missing records was instigated in all cases.
- In all cases where an individual would like their personal information rectified, a thorough investigation was 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 | 19 |
| Patient Requests | 49 |
| Total Requests received | 68 |
| Total number of breaches (dealt with outside 28 day timeframe) | 0 |
| Compliance | 100% |
| Requests from third parties | |
| Police | 8 |
| Court (<i>Date Req. Set by Court</i>) | 0 |
| Incidents | |
| Confidentiality Breach (External) | 0 |

The below chart shows the total number of ATHR received in quarter 1 by HMP Berwyn along with previous quarters compliance:

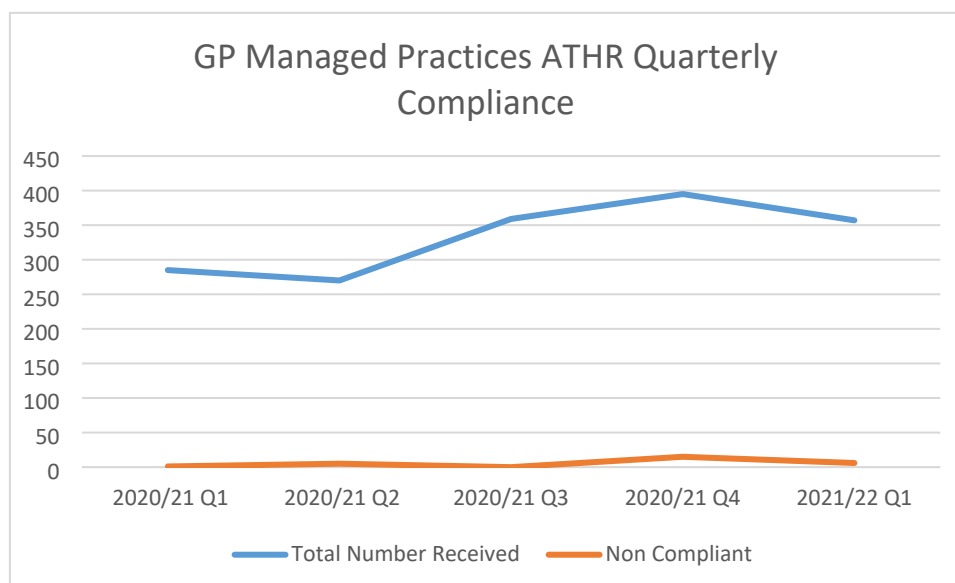


GP Managed Practices

13 of the 15 GP Managed Practices returned data to be included for this quarter, we will work with the Heads of Service during quarter 2 to ensure that we get a timely response from all GP practices for the next report.

| GP Managed Practices Requests | Total |
|---|------------|
| Type of SAR | |
| Data Protection Act | 178 |
| Requests from 3rd Parties | |
| Solicitors | 82 |
| Police | 30 |
| GMC | 9 |
| Other (Armed forces, DVLA, medical reports, insurance, DWP/Capita) | 58 |
| Total Requests Received | 357 |
| Total number of breaches (dealt with outside 28 day timeframe) | 6 |
| Compliance % | 98% |

The below chart shows the total number of ATHR received in quarter 1 by Managed GP practices within BCUHB, along with previous quarters compliance:



3) Incidents and Complaints

All incidents are reported using the Health Board's Datix system. There have been **85** incidents reported this quarter which is a decrease compared to 104 last quarter, complaints have decreased slightly this quarter to **3** compared to 4 in quarter 4 of 2021/22. All serious incidents risk assessed as a category Level 2 or above in line with the Health Board's Notification of Information Security Breach Procedure are reported to the Information Commissioner's Office (ICO) and WG. For this quarter, there has been 3 incidents categorised at level 2 or above where we have self-reported to the ICO, details of which can be found below:

| Category | Sub Category | Number of incidents | Self-Reported to ICO / WG | Number of complaints |
|--|--------------------------------------|---------------------|---------------------------|----------------------|
| Non-compliance with policy/ procedure (8) | IG11 Confidential waste procedure | 1 | 0 | 0 |
| | IG13 Confidentiality code of conduct | 1 | 0 | 0 |
| | IG15 Safe storage & transport of PPI | 4 | 0 | 0 |
| | IG16 Disclosing PPI | 1 | 0 | 0 |
| | IG17 Non clinical photography | 1 | 0 | 0 |
| Confidentiality Breach (External) | Data Loss | 1 | 0 | 0 |
| | Email | 9 | 0 | 0 |
| | External Mail | 22 | 1 | 3 |

| | | | | |
|-----------------------|-----------------------------------|-----------|----------|----------|
| (57) | Inappropriate access | 2 | 0 | 0 |
| | Other | 10 | 0 | 0 |
| | Records | 13 | 2 | 0 |
| IM&T Security (20) | Confidentiality Breach (Internal) | 1 | 0 | 0 |
| | Data Loss | 7 | 0 | 0 |
| | Email | 7 | 0 | 0 |
| | External mail | 2 | 0 | 0 |
| | PPI in public place | 1 | 0 | 0 |
| | Records | 2 | 0 | 0 |
| Total | | 85 | 3 | 3 |

Near Misses

There have been **4** near misses reported this quarter, 3 relating to notes potentially being missing but later found within the department and 1 was a bogus call being received by a patient claiming to be a Doctor but the patient hung up after staff becoming suspicious with the information being requested.

Self-reported incidents to the ICO

During quarter 1 we have self-reported 3 incidents to the ICO:

- Referral letter sent to previous address. (Ongoing)
- Patient files lost during refurbishment (Closed with no further action required from the ICO due to remedial action taken.)
- 3 Patient files cannot be located and are considered missing. (Ongoing)

Complaints

3 data protection complaints were received during quarter 1 as detailed below. All 3 of the complaints have been investigated and closed.

- Delay in responding to voicemail and complainant believed that a letter which the Health Board had sent had not been received and therefore complained of data breach. This was found to not be a data breach as no letter had been sent (Closed).
- Letter/report sent to a previous home address in error (Closed).

- Parent unhappy with way information has been shared about their child with the school, noting excessive information shared (Closed as consent received from child as aged 16).

Lessons Learnt/Actions Taken

- The importance of checking all systems and double-checking all relevant information was discussed at length with the service.
- Staff reminded of the importance of following BCU processes and procedures to reduce the likelihood of breaches of confidentiality occurring.
- Service are undertaking a review of their Induction Pack and will include specific reference to the cross checking of addresses held in different forms and on different systems. This will ensure that any differences in information held in different formats will prompt staff to investigate the differences and ensure that information held is correct within all formats i.e. paper and electronic.

Complaints received from the ICO

During quarter 1 we have received **3** complaints direct from the ICO all of which have been investigated and responded to:

- 1 dissatisfied with their Access to Health Record request – awaiting outcome from ICO.
- 1 felt inaccurate information had been shared to a third party – Closed; no further action required as ICO found no evidence to suggest that BCUHB hold factually inaccurate personal data or to suggest BCUHB had shared personal data unfairly or unlawfully
- 1 complainant raised concerns about personal data being unreasonably withheld following the subject access requests and redactions made being inconsistent – Closed; The ICO recommended that all staff should be made aware of their obligations in regard to responding to requests for personal data through mandatory data protection training and that we put procedures in place to check the consistency of redactions. Since these recommendations the IG team have updated the IG07 - Procedure for dealing with SARs to include the approved redaction method and the process for disclosing third party information when redacting.

ICO Outcomes

During quarter 1 we have received 2 outcomes from previous ICO complaints:

- 1 where the Commissioner's decision was that the Health Board was entitled to rely on Section 41 to withhold the requested information. No further steps required.
- 1 outcome of accuracy complaint where the ICO recommended that we look at the records of the complainant to ensure they are not misleading in relation to comments made about the individual by a staff member. We are working closely with workforce to verify the accuracy of information recorded and disputed and how this will be rectified due to the format in the way the information is held.

Personal Injury Claims

We have received 2 personal injury claims in quarter 1, both of which are alleged breaches of confidentiality, 1 has been settled (details below) and 1 is still ongoing with the Health Board's Claims Team.

- Data Breach / Misuse of Private information - Unauthorised sharing of private report with third party. Correspondence posted to previous home address. – Awarded £3000

We have also been informed of a previous claim being settled:

- Data breach – Inappropriate Disclosure of personal information – Awarded £5,500

During quarter 2 a reminder will be issued to all staff through our IG Bulletin and through our Mandatory training package, the importance of complying with our policies and procedures as failure to do so could result in a financial claim against the Health Board and/or disciplinary action.

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

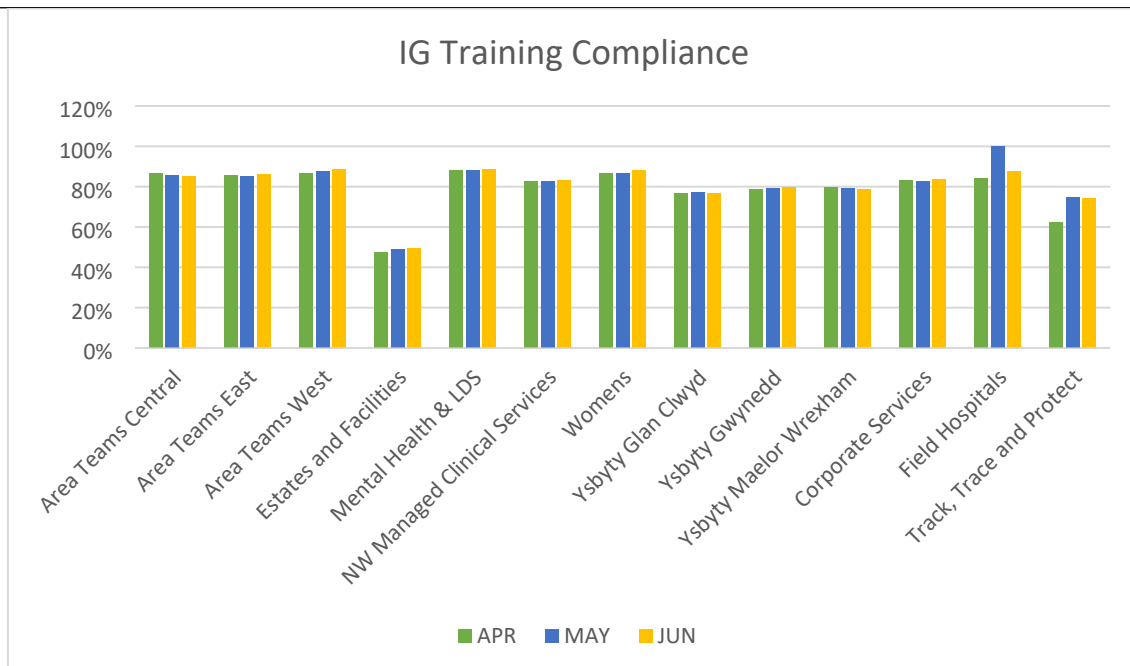
The IG10 procedure is to ensure that the correct and appropriate request and approval process is in place for access to information systems that are used by staff members as part of a serious untoward incident, investigation or a disciplinary matter. During the last quarter, the IG team have received **10** IG10 requests, 9 of which were approved, these consisted of the following audits / access:

- 1 access to email and hard drive storage
- 7 access to CCTV
- 1 access to mobile phone use
- 1 details of owner of generic account (not approved as not suitable for IG10 process)

5) Training

Information Governance training is firmly embedded in all mandatory training days as well as mandatory clinician and nurse training days that are organised by the Post Graduate centres. It is a requirement within the National Skills for Health Framework that this is refreshed every two years. The training includes Data Protection, Confidentiality, Information & IT Security, Information Sharing and Records Management.

The below chart shows the IG Mandatory training compliance by area in quarter 1:



We have commenced with our first training sessions virtually on Teams on the 12th May 2021 with 6 sessions taking place so far in quarter 1 with 73 staff attending, these will continue 3 times a month for the foreseeable future. 3,200 staff have completed their training via E-Learning.

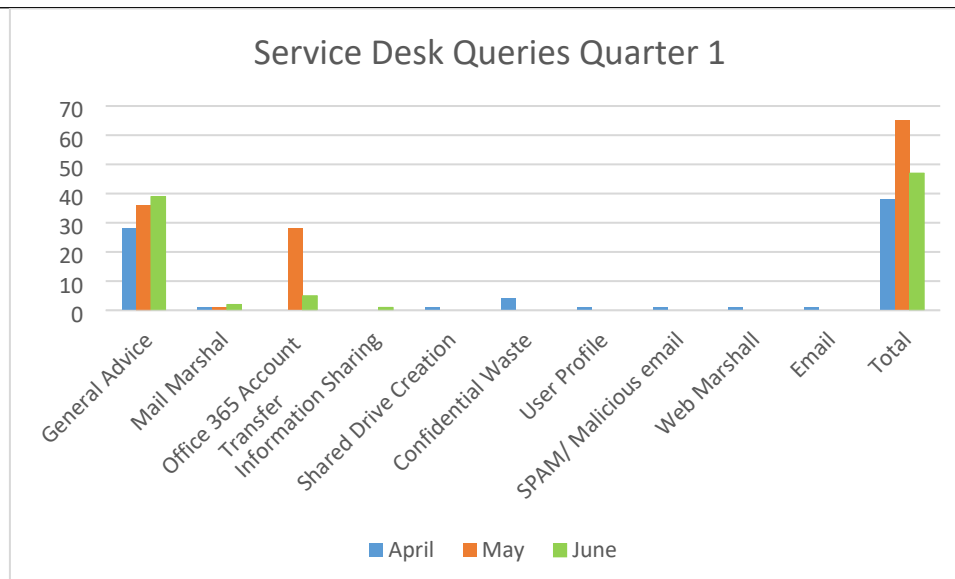
The compliance of mandatory IG training in all divisions is monitored by the Information Governance Group and where needed targeted reminders will be issued to encourage completion of the mandatory training via E-Learning or use of the recorded video mentioned above.

The current compliance of mandatory IG training across BCUHB has increased slightly to 81% for this quarter. We are continually looking at ways to improve our compliance rates amongst some staff categories, including targeting our Information Governance Leads in these areas to assist with improving the compliance rate through a variety of different resources such as workbooks, pre-recorded training video and inviting them to our newly launched virtual sessions. We are also looking at receiving access to the class admin function in Electronic Staff Record (ESR) in quarter 2 to target those users who are overdue to complete their training.

6) Service Desk – IG Portal

During Quarter 1 2021/22 the number of calls received into the Information Governance Service Desk has continued to steadily increase from 141 to **150** (6% increase). During quarter 1 2021/22 we have seen an increase in advice sought from departments for use of surveys and approval from IG from a data protection compliance perspective, during quarter 2 we will be looking at how to improve guidance already available to staff to improve knowledge going forward.

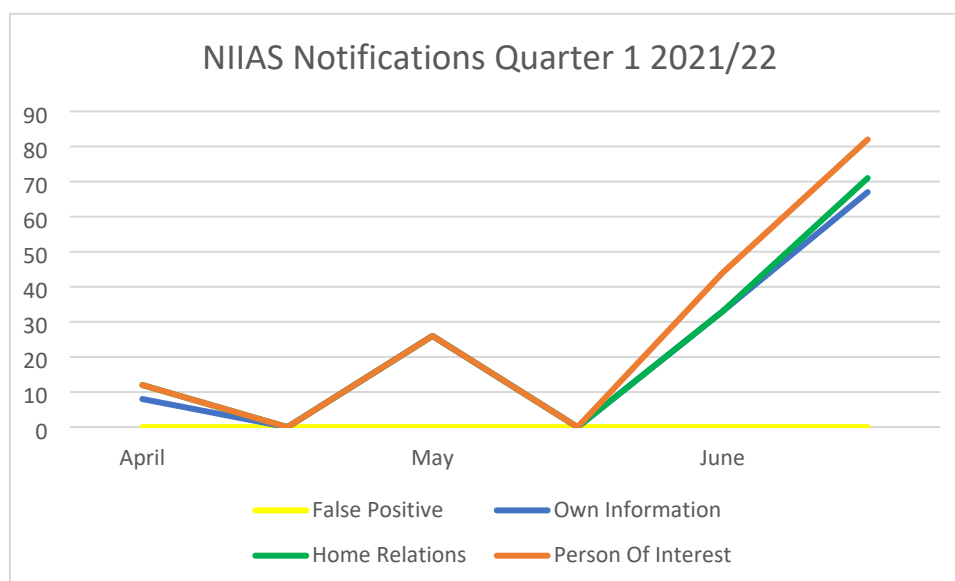
The below chart shows the types of requests received during quarter 1:



7) NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 1 of 2021/22 the number of NIIAS notifications received increased to 82 from 56 in quarter 4 (46% increase). This is due to the Welsh Immunisation System (WIS) being linked to NIIAS on 17th May 2021 and there being 28 notifications received from this system alone of staff accessing their own information during the period, during quarter 1 a communication was sent out to all BCUHB managed practice staff as well as BCUHB staff to remind them of the importance of appropriate access and their responsibility in line with legislation. There were 71 incidents of staff accessing their own health information, 4 accessing relative's information and 11 person of interest. These are all reported to the line manager of the individual and Workforce to establish next steps and lessons learnt.

The below chart shows the total number of NIIAS notifications received broken down by type during quarter 1:



8) Information Governance Compliance Audit Findings

During quarter 1 there has been 1 compliance check undertaken in the Substance Misuse service in Deeside due to an ICO reportable incident that had occurred (details of which found above in section 3), the service had moved into a new building which was secure and had made significant improvements in their practices since the incident and have installed a paper tracking system with the hope of being linked to iFIT later this year. It is envisioned that the routine compliance checks will resume when it is safe to do so and as instructed by the Health Board. The IG Team are still looking at ways to carry out compliance audits in a different format and this is included within the IG Operational Workplan.

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

As part of the role of the Caldicott Guardian there is a requirement for operational decisions or, as the delegated officer, to authorise information sharing on behalf of the Health Board where services or systems involve patient information. During this quarter there have been **7** authorisations signed by the Caldicott Guardian which comprised of the following:

4 x Data Processing Contracts
1 x Information Sharing Agreement
2 x Data Disclosure Agreements

10) Data Protection Impact Assessments (DPIAs)

During Quarter 1 – We have received 13 DPIAs this quarter, all of which are currently ongoing pieces of work which are going through assurance processes. The approval status of these DPIAs and their details will be provided in the upcoming quarters where required.

There has also been been **29** PIDs approved during quarter 1 and 0 pathway reviews.

11) Budget

Please find below quarter 1 spend and budget position, this will continue to be reported each quarter and an annual position will be included in 2021/22 IG Annual Report.

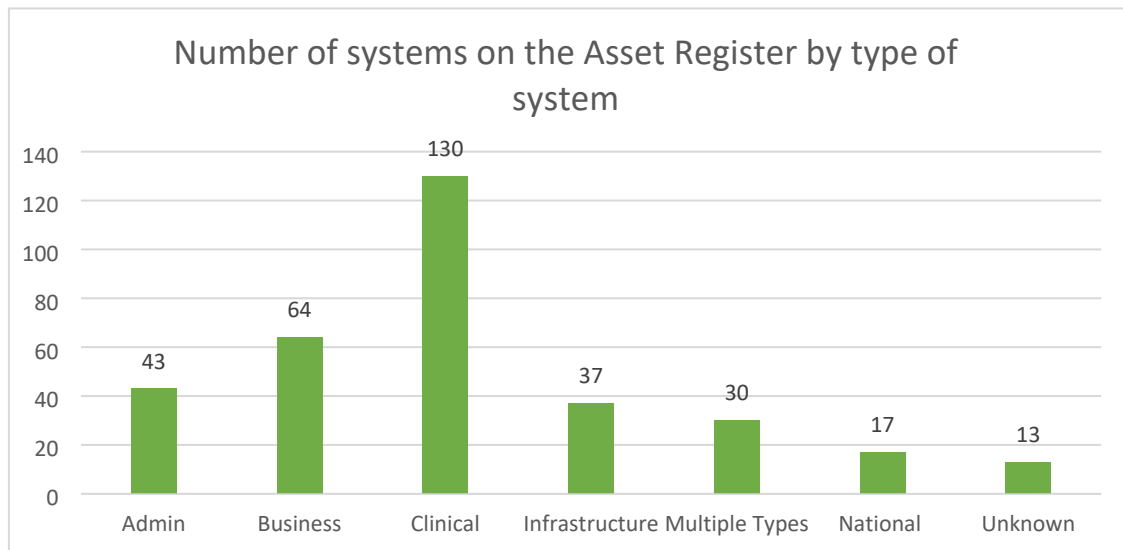
| Information Governance Budget (including Cost Improvements) | Annual Budget (pay and non-pay) | Cumulative Actual spend (pay and non-pay) as at end of June 2021 | Cumulative Variance | Variance % | 2021-22 Forecast Expenditure |
|--|---------------------------------|--|---------------------|------------|------------------------------|
| T410 | 504,969 | 100,031 | (26,206) | -21% | 400,124 |

12) Asset Register

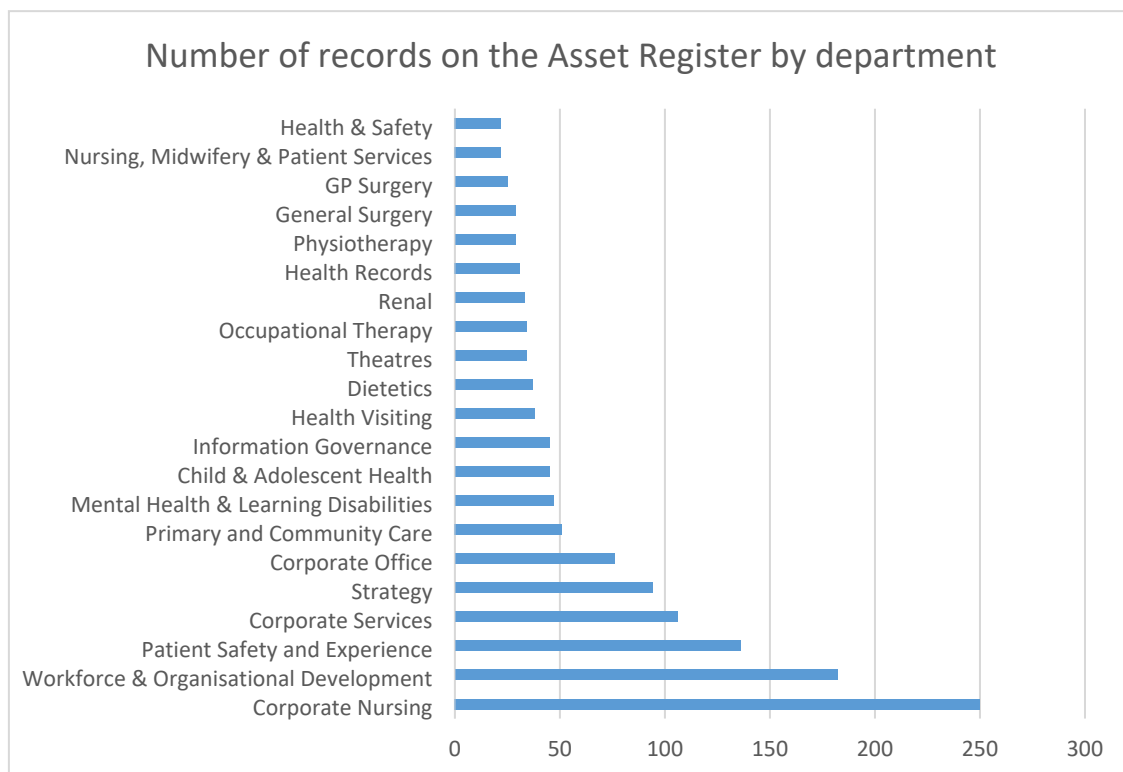
Following recommendations from the former DIGC in quarter 4 we will now report an update for the Information Asset Register per quarter. During Quarter 1 a separate report of assurance is being submitted and updates will continue to be provided normally within this report. During Quarter 1, **1** System has been inputted into the asset register and **32** record types have been submitted. Please find below the total number of systems and records in our asset register to date including those

figures above. Going forward we will just report the numbers submitted for each quarter and any significant risks identified.

The below graph shows the total number of systems inputted onto the Asset register to date:



The below chart shows the total number of record types inputted onto the Asset register to date:



During quarter 2 contact will be made with the Information Asset Owners who are yet to commence their asset register to remind them of the legal requirement and to support them. The IG Team will continue to build on the work already undertaken within the Health Board to embed Information Asset Management in the organisation, which will include:

- Continue overseeing the Information Asset Management process, including carry out due diligence checks and identify areas of concern in regards to risk.
- Develop a specification for the current and future requirements of an Information Asset Register.
- Produce an options appraisal to ensure a fit for purpose Information Asset Register solution is identified and obtainable/achievable. ICT are currently working on an options appraisal for a replacement solution for their Informatics Portal. Although 2 separate options appraisals, the direction of travel for ICT may influence the choice of solution for the Information Asset Register.
- Develop an overarching Information Asset Policy to clearly define the Health Board's approach to Information Asset Management.

| | |
|--|---|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 |
| Cyhoeddus neu Breifat: Public or Private: | Public |
| Teitl yr Adroddiad Report Title: | Board Assurance Framework |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Louise Brereton, Board Secretary |
| Awdur yr Adroddiad Report Author: | Brenda Thomas, Corporate Affairs (Interim) |
| Craffu blaenorol: Prior Scrutiny: | Executive Team |
| Atodiadau Appendices: | Appendix 1 – Updated BAF principal risk sheets Appendix 2 – Overview of all current BAF risks, leads and score for information |

Argymhelliad / Recommendation:

That the Performance, Finance and Information Governance (PFIG) Committee:

- Approve the consolidation of the previous Annual Plan and Budget risks, to create a refreshed risk BAF21-20 - Development of an Integrated Medium Term Plan (IMTP) 2022/25, which will be monitored at the Partnerships, People and Population Health (PPPH) Committee;
- Approve increase in target risk score for BAF21-17: Estates and Assets Development from 6(3x2) to 9(3x3) to align with the risk appetite; and
- Note that further work to review and update the Key Field Guidance is continuing, including consultation with the Good Governance Institute for their advice and opinion.

Ticiwch fel bo'n briodol / Please tick as appropriate

| | | | | | | | |
|--|---|---|---|--|--|--|--|
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | ✓ | Ar gyfer Trafodaeth For Discussion | ✓ | Ar gyfer sicrwydd For Assurance | | Er gwybodaeth For Information | |
|--|---|---|---|--|--|--|--|

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol
Y/N to indicate whether the Equality/SED duty is applicable

N

Sefyllfa / Situation:

The BAF incorporates the principal risks that the Board believes could adversely affect the achievement of its strategic priorities. The latest round of updates to the BAF has incorporated re-alignment in accordance with the establishment of new committees and terms of reference as a result of the recent Governance Review, the revised Board risk appetite following approval of the refreshed Risk Management Strategy and Policy in July 2021, adjusted Executive portfolios and a consolidation of the previous Annual Plan and Budget risks to reflect Integrated Medium Term Plan requirements.

This merger has reduced the number of BAF risks from 22 to 21. Each has a risk sheet setting out risk scores, controls, mitigation and gaps for action. The risk sheets are live documents that are proactively re-assessed on a monthly basis and adjusted as necessary in response to the changing risk environment.

Each risk is allocated to a designated committee for scrutiny and monitoring purposes; the PFIG Committee has oversight of four principal risks, namely: Timely Access to Planned Care; Value Based Improvement Programme; Estates and Assets Development; and Estates and Assets. This a reduction in the number of risks since the BAF was last submitted to the Committee, given the establishment of new committees, as noted above. BAF21-18 - Workforce Optimisation has been allocated to the PPPH Committee; whilst the previous Annual Plan (BAF21-20) and Annual Budget (BAF21-21) risks have been consolidated and a refreshed risk *BAF21-20 - Development of an Integrated Medium Term Plan (IMTP) 2022/25* created. This risk has also been allocated to the PPPH Committee.

The nominated Risk Lead, supported by the Office of the Board Secretary, has reviewed each of these and the latest iterations of the risk sheets are presented at Appendix 1.

Cefndir / Background:

The current BAF design and monitoring arrangements were approved by the Board in January 2021. The BAF works in conjunction with the Corporate Risk Register, which is concerned with risks to the organisation's operational objectives as opposed to the BAF's focus on strategic level priorities.

Ownership of the BAF rests with the Board. Day to day responsibility for its co-ordination sits with the Board Secretary, whose team works closely with Risk Leads and other Risk Management colleagues to ensure that it remains a robust, responsive and visible tool. As well as scrutiny by nominated committees, the BAF's principal risks are subject to ongoing monitoring by the Executive Team, Risk Management Group and ultimately the Board itself.

The principal risks have been mapped across to the Board's strategic priorities; a wholesale review of the BAF will be required in the coming months, to ensure that it remains relevant to the priorities as the Board refreshes its overarching *Living Healthier, Staying Well* strategy. The services of the Good Governance Institute have been secured to provide expert support to this process in due course.

The updated position on the BAF risks assigned to the PFIG Committee is summarised below (this information is also reflected within the relevant BAF risk sheet at Appendix 1):-

- **BAF Risk 21-04: Timely Access to Planned Care**

A review of the validation exercises for planned care is underway. Patient contact validation has been introduced, commenced in July for stage 1 and stage 4. This is a 9-week programme until end of October. The action in relation to validation staff being recruited on a fixed term basis to continue with validation work is now completed. The newly appointed head of ambulatory care will review the validation function to address unwarranted variation and move towards a corporate function. Work is currently ongoing with Welsh Government regarding the introduction of risk stratification for stages 1-3 (outpatients and diagnostics). Sites and areas have been completing backlog clearance plans to ensure the pre-Covid backlog is cleared by March 2022. However, whilst the plan is in place, slippage has been identified due to operational pressures and this is the subject of recovery plans. With regards to introducing a substantive post into the organisation currently covered on an interim solution, recent

recruitment exercise failed to make an appointment and therefore the post is being filled by a further interim position whilst re-advertising for a permanent position. Regarding the Introduction of outsourcing to undertake activity that supports P2-3 activity and over 52 week waiters, there are a number of strands to this work i.e. orthopaedics, ophthalmology, dental, dermatology all of which are at differing levels of procurement. Expressions of interest are currently with the market to understand how quickly regional treatment centres could be operational. Further outsourcing tenders are out to the market for ophthalmology, dental and dermatology. An assessment of insourcing capacity is being reviewed and then an expression of interest will be written. Work has been completed in relation to the strategy (6-point plan) for planned care over the next 3 years that will improve the business process and reduce long waiting patients. The business case for an orthopaedic modular ward and theatre on each site has been paused but the organisation has an expression of interest for Regional Treatment Centres as an alternative. The anticipated date that the target risk score will be achieved is 31 March 2022.

- **BAF Risk 21-15: Value Based Improvement Programme**

Status of actions has been updated to reflect progress since the last update. Whilst an update has been provided on the actions previously specified, a review of this risk by the Lead Executive has concluded that the overall articulation of the risk and the approach to addressing it would benefit from review and re-framing, given the significant shift in approach, which has been brought about by the alignment of Value Based Healthcare (VBHC) with the Transformation Programme. The Transformation Programme is in the final stages of development and the controls and actions associated with this risk will be re-assessed as part of the next review cycle to ensure they are fully reflective of the agreed transformation approach.

The structure and budget have now been signed off and refined to align with the overall transformation and improvement structure. Job descriptions have been drafted for banding. Recruitment process to be completed in quarter 3. Further review of business case process to streamline decision making and align with improvement approach is ongoing. This will consolidate VBHC principles. An initial desk top assessment has been undertaken of the maturity matrix for VBHC designed by the Finance Delivery Unit of Welsh Government and findings will support prioritisation of future actions. The June refresh of the Annual Plan provides clarification regarding the way in which the VBHC Improvement Programme supports the Health Board's transformational approach. VBHC is identified as a key principle within the Board's new quality improvement methodology.

- **BAF Risk 21-17: Estates and Assets Development**

Following discussion at the last PFIG Committee, the likelihood of the target risk score has increased from 2 to 3; resulting in a target risk score of 9 (3x3) to align with the risk appetite. Work is ongoing on the agreed Estate rationalisation programme over three years 2021 to 2023. The output of the Estates Strategy is expected to materialise in March 2022, which will influence the Health Board's plans for 2022 and beyond. The Health Board has now received feedback from the Welsh Government on the Programme Business Case to address fire safety and infrastructure compliance for Ysbyty Gwynedd. The next step in the process is to complete the Welsh Government's Scrutiny Grid, which is in hand. The enabling plans (Finance, Workforce, Digital Strategy) are currently being refreshed for the 2022/23 planning. The anticipated date that the target risk score will be achieved is 01 April 2022.

- **BAF Risk: 21-21: Estates and Assets**

All elements remain largely unchanged. The risk number has been updated from 21-22 to 21-21, following the merger of the previous Annual Plan and Budget risks to reflect Integrated Medium Term Plan requirements. The action to undertake a review of the Capital Programme has been completed

and additional project management support procured to deliver all the projects. Work has commenced on developing the capital programme 2022-2025, with a target date of 01 March 2022. The anticipated date that the target risk score will be achieved is 01 March 2022.

Below is a heat map representation of the BAF current risk scores for the PFIG Committee's risks:

| Current Risk Level | | Impact | | | | |
|--------------------|-----------------|--------------|---------|--------------|-----------|---------------|
| | | Very Low - 1 | Low - 2 | Moderate - 3 | High - 4 | Very high - 5 |
| Likelihood | Very Likely - 5 | | | | BAF 21-04 | |
| | Likely - 4 | | | | | |
| | Possible - 3 | | | BAF21-17 | BAF21-15 | BAF21-21 |
| | Unlikely - 2 | | | | | |
| | Rare - 1 | | | | | |

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol /Strategy Implications

The BAF underpins the effective management of risks to the Board's ability to achieve its strategic priorities.

Opsiynau a ystyriwyd / Options considered

Not applicable.

Goblygiadau Ariannol / Financial Implications

The effective mitigation of risks has the potential to benefit the organisation's financial position, through better integration of risk management into business planning, decision-making and in shaping how care is delivered to patients. This has the potential to lead to better quality care, reduced waste and fewer claims.

Dadansoddiad Risk / Risk Analysis

The individual risk sheets contain details of any related risk implications.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are no legal and compliance issues associated with the delivery of the BAF; the Board has a duty to manage risk to the best of its ability.

Asesiad Effaith / Impact Assessment

No specific or separate Equality Impact Assessment (EqIA) has been completed for this report, as a full EqIA has been undertaken for the new Risk Management Strategy and Policy, to which the BAF reports are aligned.

Appendix 1 - Board Assurance Framework 2021/22

| Board Assurance Framework 2021/22 | | | | | | | | | | | | | | |
|---|--|-------------------|---|--|-------------------|--|--------|---|------------|---|-------|---|--------------|--|
| Strategic Priority 2: Recovering access to timely planned care pathways | | | | | | | | | | | | | | |
| Risk Reference: BAF21-04 | | | | | Risk Rating | | Impact | | Likelihood | | Score | | Appetite | |
| Timely Access to Planned Care | | | | | | | | | | | | | | |
| There is a risk that the Health Board may be unable to deliver timely access to Planned Care due to a mismatch between demand and capacity and Covid-19, which could result in a significant backlog and potential clinical deterioration in some patient conditions. | | | | | Inherent Risk | | 5 | | 5 | | 25 | | Low 1 - 6 | |
| | | | | | Current Risk | | 4 | ↔ | 5 | ↔ | 20 | ↔ | | |
| | | | | | Target Risk | | 4 | | 3 | | 12 | | | |
| | | | | | | | | | | | | | | |
| Key Controls | | Assurance level * | Key mitigations | | Assurance level * | Gaps (<i>actions to achieve target risk score</i>) | | | | Date | | | | |
| Manual validation being conducted across all three sites on a daily and end of month basis. | | 2 | Revised Monthly meetings to focus solely on planned care performance chaired by the Interim Director of Performance, aligns to Performance, Finance and Information Governance Committee. Introduction of further validation staff in Q3/4 non-recurring complete. Review of validation techniques and validation SOP completed; now ready for deployment and adoption. Subject matter expert reviewing validation exercises for planned care. [Update: Introduction of patient contact validation commenced in July for stage 1 and stage 4. This is a 9-week programme until end of October. | | 2 | 1) Validation staff being recruited on a fixed term basis to continue with validation work. 2) newly appointed head of ambulatory care will review the validation function to address unwarranted variation and move towards a corporate function | | | | 1) Complete 2) 5 January 2022 | | | | |
| Implemented risk stratification system and process for stage 4 patients providing clinical priority with regular monitoring by local Primary targeting list (PTL) and access group. | | 1 | 1) Ensure the waiting list size is continually validated and patients appropriately communicated with. 2) System introduced that allows patients to "opt in" for treatment. allowing a communication strategy to support the Q1/Q2 plan. | | 1 | 1) Introduce risk stratification for stages 1-3 (outpatients and diagnostics). Work currently ongoing with Welsh Government. 2) Sites and areas have been completing backlog clearance plans to ensure the pre-Covid backlog is cleared by March 2022. However whilst the plan is in place slippage has been identified due to operational pressures and this is the subject of recovery plans. | | | | 1) 30 October 2021 2) 31March 2022 | | | | |

| Key Controls | Assurance level * | Key mitigations | Assurance level * | Gaps (<i>actions to achieve target risk score</i>) | Date |
|--|-------------------|---|-------------------|---|---|
| Head of Planned Care overseeing the plan and variance to the plan with monthly reporting to the Director of Regional Delivery and bi-monthly reporting to the Performance, Finance and Information Governance Committee. | 2 | Bi-monthly report to Performance, Finance and Information Governance Committee to provide assurance on planned care strategic and tactical developments. | 2 | Introduce substantive post into the organisation, currently covered on an interim solution, thus providing continuity and sustained leadership for planned care. Currently, the post is being filled by a further interim position whilst re-advertising for a permanent position. | 31 March 2022 |
| Once for North Wales approach introduced to standardise and ensure consistent delivery of general surgery, orthopaedics, Ophthalmology (Stage 4), Urology and Endoscopy to reduce health inequalities. | 2 | 1) Weekly operational group with Divisional General Managers (DGMs) to ensure operational co-ordination of the Once for North Wales approach. 2) Scoping of new strategic model of care known as the diagnostic and treatment centre approach for planned care. Strategic outline case to be presented to Board and Welsh Government. 3) Insourcing for ophthalmology introduced in February but has now been paused. 4) Over 52 week recovery plan for the 2019/20 end of March cohort as first phase agreed. 5) Ophthalmology Business Case reviewed in light of Welsh Government Strategy re Cataract Centres. 6) Additional internal activity above core has been mobilised via recovery plan. 7) Outsourcing of orthopaedic activity contract awarded to Independent Sector to assist with clearing the backlog. | 1 | 1) Introduction of outsourcing to undertake activity that supports P2-3 activity and over 52-week waiters, therefore reducing the overall waiting times. There are a number of strands to this work i.e. orthopaedics, ophthalmology, dental, dermatology all of which are at differing levels of procurement. 2) Agree a strategy (6-point plan) for planned care over the next 3 years that will improve the business process and reduce long waiting patients. 3) Business case for orthopaedic modular ward and theatre on each site has been paused but the organisation has an expression of interest for Regional Treatment Centres as an alternative. | 1) 1 December 2021 2) Complete 3) 31 October 2021 |

Review comments since last report:

Actions, mitigations and timelines have been updated.

Key Control - Manual validation: The subject matter expert is reviewing the validation exercises for planned care. Introduction of patient contact validation commenced in July for stage 1 and stage 4. This is a 9-week programme until end of October. The action in relation to validation of staff being recruited on a fixed term basis to continue with validation work is now completed. The newly appointed head of ambulatory care will review the validation function to address unwarranted variation and move towards a corporate function.

Key Control - Implemented risk stratification: Work currently ongoing with Welsh Government regarding the introduction of risk stratification for stages 1-3 (outpatients and diagnostics). Sites and areas have been completing backlog clearance plans to ensure the pre-Covid backlog is cleared by March 2022. However, whilst the plan is in place, slippage has been identified due to operational pressures and this is the subject of recovery plans.

Key Control - Head of Planned Care overseeing the plan and variance to the plan: With regards to introducing a substantive post into the organisation, currently covered on an interim solution, recent recruitment exercise failed to make an appointment and therefore the post is being filled by a further interim position whilst re-advertising for a permanent position.

Key Control - Once for North Wales approach: Regarding the Introduction of outsourcing to undertake activity that supports P2-3 activity and over 52 week waiters, there are a number of strands to this work i.e. orthopaedics, ophthalmology, dental, dermatology all of which are at differing levels of procurement. Expressions of interest (EoI) are currently with the market to understand how quickly regional treatment centres could be operational. Further outsourcing tenders are out to the market for ophthalmology, dental and dermatology. An assessment of insourcing capacity is being reviewed and then an EoI will be written. Work has been completed in relation to the strategy (6-point plan) for planned care over the next 3 years that will improve the business process and reduce long waiting patients. The business case for an orthopaedic modular ward and theatre on each site has been paused but the organisation has an EoI for Regional Treatment Centres as an alternative. The anticipated date that the target risk score will be achieved is 31 March 2022.

Executive Lead:

Sue Hill, Executive Director of Finance

Board / Committee:

Performance, Finance and Information Governance Committee and
Quality, Safety and Experience Committee

Review Date:

27 September 2021

Linked to Operational Corporate Risks:

Board Assurance Framework 2021/22

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF21-15

Risk Rating

Impact

Likelihood

Score

Appetite

Value Based Improvement Programme

There is a risk that the Health Board does not understand or use its resources effectively and efficiently due to a lack of implementing an appropriately resourced value based improvement programme. This could impact on the quality of outcomes for the services it delivers.

Inherent Risk

4

4

16

Current Risk

4

↔

3

↔

12

↔

Target Risk

4

2

8

Moderate
8 - 10

Key Controls

Assurance
level *

Key mitigations

Assurance
level *Gaps (*actions to achieve target risk score*)

Date

Performance, Finance & Information Governance (PFIG) Committee oversight via standard reporting of opportunities and savings delivered.

2

Contribution to national benchmarking programmes, providing detailed analysis of service areas and opportunities.

3

Staff recruitment to be aligned with Annual Plan and broader transformation programme approach. Integrated quality improvement and transformation structure under development, which will include the Value Based Healthcare (VBHC) team. Structure to be finalised, job descriptions signed off and banded and recruitment commenced.

{Update 12.10.21 - The structure and budget have now been signed off and refined to align with the overall transformation and improvement structure. Job descriptions have been drafted for banding. Recruitment process to be completed in quarter 3.}

31 December 2021

PFIG Committee oversight of benchmarking data and follow up work e.g. Mental Health.

2

Drivers of the Deficit analysis and external benchmarking data used to inform Annual Plan and to identify priorities for tackling efficiency opportunities, linked to service transformation.

1

Planning and business case approach to be reviewed to capture VBHC principles. Work ongoing to finalise , adopting learning from other Health Board approaches. August Update - an approach to capturing VBHC principles has been developed and will now feed into the overall review of business case guidance which is ongoing.

{Update 12.10.21 - Further review of business case process to streamline decision making and align with improvement approach ongoing. This will consolidate VBHC principles.}

Complete

| Key Controls | Assurance level * | Key mitigations | Assurance level * | Gaps (<i>actions to achieve target risk score</i>) | Date |
|---|-------------------|---|-------------------|---|--------------------|
| Lessons Learnt analysis from COVID reported to Executive Team, with action to mainstream innovation and value opportunities. Reporting of progress to delivering opportunities to PFIG Committee. | 2 | National efficiency framework analysis to identify opportunities and cascade to Improvement Groups and Divisions. | 1 | Steering group to be established to drive the programme of work, supported by the VBHC structure. Progress reports to be provided to the Clinical Effectiveness Group. Initial group established; the approach to be aligned with the overall transformation approach as part of the Annual Plan refresh. Update - Arrangements to be re-set in line with overall transformation programme and focus on clinical pathways. | 30 November 2021 |
| Clinical Effectiveness Group re-established with oversight of Value Based Healthcare within its brief. | 1 | 1) Executive leadership changed to reflect alignment with the broader transformation approach; Director of Primary and Community Care to lead alongside the Director and Finance. 2) Initial priorities agreed and projects initiated. | 2 | Future system requirements to gather and report upon Patient Reported Outcomes under review as part of the national programme. {Update: 12.10.21 - No national plan has been developed. Local consideration of approaches required alignment with the digital strategy.} | 31 December 2021 |
| Executive Team reviewing the opportunities analysis produced for Improvement Groups to identify potential areas of inefficiency to be addressed. | 2 | Finance Delivery Unit of Welsh Government have designed a maturity matrix for VBHC which will be used to guide and inform the programme of work. | 2 | Utilise the FDU maturity matrix approach to prioritise actions and subsequently undertake a formal assessment of progress. {Update: 12.10.21 - An initial desk top assessment has been undertaken and findings will support prioritisation of future actions.} | 30th November 2021 |
| | | Direct support secured from the National VBHC Team to support the Health Board in developing and implementing the programme. | 2 | | |
| | | Resources have been secured from the strategic support allocation to resource the VBHC Team. | 2 | | |
| | | The June refresh of the Annual Plan provides clarification regarding the way in which the VBHC Improvement Programme supports the Health Board's transformational approach. VBHC is identified as a key principle within the Board's new quality improvement methodology. | 2 | | |

Review comments since last report:

Status of actions has been updated to reflect progress since the last update. Review of this risk by the Lead Executive has concluded that the approach defined may no longer be appropriate given the significant shift in approach which has been brought about by the alignment of VBHC with the Transformation Programme. The Transformation Programme is in the final stages of development and the controls and actions associated with this risk will be re-assessed as part of the next review cycle to ensure they are fully reflective of the agreed transformation approach.

Key Control - PFIG Committee oversight via standard reporting: The structure and budget have now been signed off and refined to align with the overall transformation and improvement structure. Job descriptions have been drafted for banding. Recruitment process to be completed in quarter 3. Target date for completion extended to 31 December 2021 from 31 August 2021.

Key Control - PFIG Committee oversight of benchmarking data: Further review of business case process to streamline decision making and align with improvement approach ongoing. This will consolidate VBHC principles.

Key Control - Lessons Learnt analysis from COVID: Target date for completion of this action extended to 30 November 2021 from 31 August 2021.

Key Control - Clinical Effectiveness Group: No national plan has been developed. Local consideration of approaches required alignment with the digital strategy. Target date for the completion of this action extended to 31 December 2021 from 30 September 2021.

Key Control - Executive Team review: (1st gap/action) An initial desk top assessment has been undertaken and findings will support prioritisation of future actions. The target date has been extended to 30 November 2021 from 30 September 2021.

A 4th key mitigation has been added - the June refresh of the Annual Plan provides clarification regarding the way in which the VBHC Improvement Programme supports the Health Board's transformational approach. VBHC is identified as a key principle within the Board's new quality improvement methodology.

Executive Lead:

Chris Stockport, Executive Director of Primary and Community Services

Board / Committee:

Performance, Finance and Information Governance Committee

Review Date:

12 October 2021

Linked to Operational Corporate**Risks:**

Board Assurance Framework 2021/22

Aligned to Key enabler - Making effective and sustainable use of resources

Risk Reference: BAF21-17

Risk Rating

Impact

Likelihood

Score

Appetite

Estates and Assets Development

There is a risk that the Health Board does not systematically review and capitalise on the opportunity to develop its estates and assets due to changes in working practices (for example agile working) which could impact on recruitment, financial balance and the reputation of the Health Board.

Inherent Risk

3

4

12

Current Risk

3

↔

3

↔

9

↔

Moderate

8 - 10

Target Risk

3

3

↑

9

↑

Key Controls

Assurance
level *

2

Key mitigations

Assurance
level *

3

Gaps (actions to achieve target risk score)

Date

31 March 2022

Estates Strategy, monitored by Capital Investment Group with oversight at Performance, Finance and Information Governance (PFIG), and Partnerships, People and Population Health (PPPH) Committees and Health Board.
[Taken from the current Estates Strategy, the Health Board's risk adjusted backlog maintenance figure is £53.4m and it is estimated that circa £838m of capital investment is required to ensure current estate is fit for purpose and of a reasonable standard. These figures will be updated when the Estates Strategy is refreshed.]

1. Disposal or acquisition of assets are signed off by the Board and Welsh Government in line with the BCUIB Scheme of Reservation and Delegation (SoRD).
2. The Health Board undertakes annually an assessment of investment in infrastructure improvements and compliance - annually update backlog maintenance and capital investment requirements through the estates and facilities performance management system (EFPMS). This is a pan Wales return from all Health Boards, which defines the level of investment required within the estate. This information is used annually to update the Estates Strategy and inform both discretionary capital expenditure and all Wales major capital programmes.

Health Board, through the Workforce Strategy, to agree the standards for workforce accommodation and changes in agile working practices through modern ways of working - Stronger Together.

| Key Controls | Assurance level * | Key mitigations | Assurance level * | Gaps (<i>actions to achieve target risk score</i>) | Date |
|---|-------------------|---|-------------------|--|------------------|
| Workforce Strategy monitored by the Health Board. | 2 | Business Case process in place with oversight by the Executive Team, Capital Investment Group, Performance, Finance and Information Governance Committee and onto Welsh Government. | 3 | Financial Planning to be agreed and secured to support the change in working practices and a digitally enabled workforce. | 31 March 2022 |
| | | Collaboration on public sector assets/corporate hubs, and regional working across North Wales. | 3 | Additional Resources for Asset Management function have been identified through the Health and Safety Business Case to be approved by Performance, Finance and Information Governance Committee. | 31 March 2022 |
| | | | | Health Board agreed Estate rationalisation programme over three years 2021 to 2023. 2021-22 overview through Performance, Finance and Information Governance Committee and oversight through the Capital Investment Group. [Disposal/rationalisation will be steered by recommendations coming out of the agile working programme, which also links to Digital] | 31 March 2022 |
| | | | | Opportunities to progress corporate accommodation hubs in partnership with North Wales Regional Public Service Providers and Local Authorities. | 31 March 2022 |
| | | | | Update Estates Strategy to reflect demands for flexible accommodation hubs and review current and future needs for Office accommodation. {Update 11.10.21 - The output of the Estates Strategy is expected to materialise in March 2022, which will influence the Health Board's plans for 2022 and beyond.} | 31 March 2022 |
| | | | | The Health Board is progressing a Programme Business Case (PBC) to address fire safety and infrastructure compliance for Ysbyty Gwynedd (YG). This PBC will be submitted to the Health Board for approval and progression to Welsh Government for funding approval. The scope of the PBC will address all risks for YG which are listed within the Corporate Risk Register. {Update 11.10.21 - feedback has been received from the Welsh Government on the submitted PBC. The next step is to complete the Welsh Government's Scrutiny Grid, which is in train.} | 31 December 2021 |
| | | | | Development of enabling plans i.e. Finance, Workforce, Digital Strategy together with a refresh of Living Healthier, Staying Well [Digital Strategy now approved as a framework by the Health Board, however there is not currently funding identified for its implementation.] {Update: 11.10.21 - These plans are being refreshed for the 2022/23 planning}. | 01 April 2022 |

Review comments since last report:

Following discussion at the last PFIG Committee, the likelihood of the target risk score has increased from 2 to 3; resulting in a target risk score of 9 (3x3) to align with the risk appetite. The Executive Director responsibility has changed from Mark Wilkinson to Sue Hill, Executive Director of Finance, and the Finance and Performance Committee title changed to Performance, Finance and Information Governance, to reflect current committee title.

Some of the actions and target dates have been updated as follows:

~Key Control - Workforce Strategy monitored by the Health Board:

3rd gap/action: Work is ongoing on the agreed Estate rationalisation programme over three years 2021 to 2023. Therefore, the target date has been extended to 31 March 2022 from 01 September 2021.

5th gap/action: The output of the Estates Strategy is expected to materialise in March 2022, which will influence the Health Board's plans for 2022 and beyond. The target date has therefore been extended to 31 March 2022 from 01 September 2021.

6th gap/action: The Health Board has now received feedback from the Welsh Government on the Programme Business Case to address fire safety and infrastructure compliance for Ysbyty Gwynedd. The next step in the process is to complete the Welsh Government's Scrutiny Grid, which is in hand. The target date for completion has now been set at 31 December 2021.

7th gap/action: The enabling plans are currently being refreshed for the 2022/23 planning. The target date for completion has been extended to 01 April 2022 from 01 September 2021. The anticipated date that the target risk score will be achieved is 01 April 2022.

Executive Lead:

Sue Hill, Executive Director of Finance

Board / Committee:

Performance, Finance and Information Governance Committee

Review Date:

11 October 2021

Linked to Operational Corporate

Risks:

CRR20-07 Informatics infrastructure capacity, resource and demand.

Board Assurance Framework 2021/22

Aligned to Key enabler - Making effective and sustainable use of resources

| Risk Reference: BAF21-21 | | | | Risk Rating | | Impact | | Likelihood | | Score | | Appetite | |
|---|--|-------------------|--|-------------|-------------------|--|---|------------|---|---------------|---|--------------------|--|
| Estates and Assets | | | | | | | | | | | | | |
| There is a risk that the Health Board fails to provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding. This could impact on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation. | | | | | Inherent Risk | 5 | | 4 | | 20 | | Moderate 8 - 10 | |
| | | | | | Current Risk | 5 | ↔ | 3 | ↔ | 15 | ↔ | | |
| | | | | | Target Risk | 5 | | 2 | | 10 | | | |
| | | | | | | | | | | | | | |
| Key Controls | | Assurance level * | Key mitigations | | Assurance level * | Gaps (<i>actions to achieve target risk score</i>) | | | | Date | | | |
| Estates Strategy in place and approved by the Board in January 2019 with updates provided to the Strategy, Partnership and Population Health Committee. [Taken from the current Estates Strategy, the Health Board's risk adjusted backlog maintenance figure is £53.4m and it is estimated that circa £838m of capital investment is required to ensure current estate is fit for purpose and of a reasonable standard. These figures will be updated when the Estates Strategy is refreshed.] | | 2 | 1. Development for business case for key projects identified in key strategies. 2. The Health Board undertakes annually an assessment of investment in infrastructure improvements and compliance - annually update backlog maintenance and capital investment requirements through the estates and facilities performance management system (EFPMS). This is a pan Wales return from all Health Boards, which defines the level of investment required within the estate. This information is used annually to update the Estates Strategy and inform both discretionary capital expenditure and all Wales major capital programmes. | | 1 | Secure WG funding to support Business Cases (short and long term). | | | | 31 March 2022 | | | |

| Key Controls | Assurance level * | Key mitigations | Assurance level * | Gaps (<i>actions to achieve target risk score</i>) | Date |
|---|-------------------|--|-------------------|---|---------------|
| Annual Capital Programme in place and approved by the Finance and Performance Committee with regular reports provided to the committee. | 2 | Capital Investment Group with representation from all divisions with monthly updates to the Executive Team in place. | 2 | Rationalisation of the Health Board Estate.[Disposal/rationalisation will be steered by recommendations coming out of the agile working programme, which also links to Digital] | 31 March 2022 |
| | | Capital Programme based on priorities as identified by divisions, Core Areas (Estates, Informatics and medical devices) feeding into the Capital Investment Group and onward to the Finance and Performance Committee. | 2 | Review undertaken and work is ongoing to secure capacity to deliver all the projects. | Complete |
| | | Selection criteria signed off by the Executive Team which links back to risk, service continuity, service transformation and sustainability. | 2 | Development of Digital Strategy (due to be presented to the Board on 20 May 2021). [Update - Digital Strategy now approved as a framework by the Health Board, however there is not currently funding identified for its implementation.] | Now approved |
| | | 1) Project Teams in place to deliver the business case and projects. 2) 3 year Capital Programme agreed with Executive Team and approved by F&P Committee on 25 March 2021. | 1 | Work has commenced on developing capital programme 2022 - 2025 | 01 March 2022 |

Review comments since last report:

The risk has been reviewed and all elements remain largely unchanged.

The Executive Director responsibility has changed from Mark Wilkinson to Sue Hill, Executive Director of Finance, and the Committee title changed from Finance and Performance to Performance, Finance and Information Governance, to reflect the change to the committee title. The risk number has been updated from 21-22 to 21-21, following the merger of the previous Annual Plan and Budget risks to reflect Integrated Medium Term Plan requirements.

Key Control - Annual Capital Programme:

2nd gap/action: This has been completed and additional project management support procured.

4th key mitigations: Narrative included under gap/action, that work has commenced on developing the capital programme 2022-2025, with a target date of 01 March 2022.

The anticipated date that the target risk score will be achieved is 01 March 2022.

Executive Lead:

Sue Hill, Executive Director of Finance

Board / Committee:

Performance, Finance and Information Governance Committee

Review Date:

05 October 2021

Linked to Operational Corporate Risks:

CRR20-06 - Informatics - Patient Records pan BCU

CRR20-07 - Informatics infrastructure capacity, resource and demand

Appendix 2 – Full list of BAF risks with nominated Committee, Executive Lead and Risk Lead

| BAF ref | BAF Risk | Exec Owner/ Risk Lead | Assurance Committee | Risk Score | Target Risk Score |
|----------|---|--------------------------------------|---------------------|------------|-------------------|
| BAF21-01 | Emergency Care | Gill Harris, Meinir Williams | QSE, | 16 | 12 |
| BAF21-02 | Sustainable key health services | Teresa Owen Gwyneth Page | PPPH | 15 | 10 |
| BAF21-03 | Primary Care sustainable health services | Chris Stockport, Clare Darlington | PPPH | 20 | 12 |
| BAF21-04 | Timely access to planned care | Gill Harris Andrew Kent | PFIG & QSE | 20 | 12 |
| BAF21-05 | Mental Health-effective stakeholder relationships | Teresa Owen, Amanda Lonsdale | PPPH | 9 | 4 |
| BAF21-06 | Safe and effective Mental Health delivery | Teresa Owen, Mike Smith | QSE | 20 | 9 |
| BAF21-07 | Mental Health leadership model | Teresa Owen, Carole Evanson | PPPH | 15 | 8 |
| BAF21-08 | Mental Health service delivery during pandemic | Teresa Owen, Carole Evanson | QSE | 9 | 6 |
| BAF21-09 | Infection Prevention and Control | Gill Harris, Sally Batley | QSE | 20 | 15 |
| BAF21-10 | Listening and Learning | Gill Harris, Matt Joyes | QSE | 20 | 10 |
| BAF21-11 | Culture; staff engagement | Sue Green, Ellen Greer | PPPH | 16 | 12 |
| BAF21-12 | Security Services | Sue Green, Peter Bohan | QSE | 20 | 10 |

| BAF ref | BAF Risk | Exec Owner/ Risk Lead | Assurance Committee | Risk Score | Target Risk Score |
|----------------|--|--|----------------------------|-------------------|--------------------------|
| BAF21-13 | Health & Safety | Sue Green, Peter Bohan | QSE | 20 | 10 |
| BAF21-14 | Pandemic exposure | Gill Harris, Sally Batley | QSE | 20 | 15 |
| BAF21-15 | Value Based Improvement Programme | Sue Hill, Geoff Lang | PFIG | 12 | 8 |
| BAF21-16 | Digital estate and assets | Chris Stockport, Phil Corrin | PPPH | 20 | 12 |
| BAF21-17 | Estates and assets development | Sue Hill, Rod Taylor | PFIG | 9 | 6 |
| BAF21-18 | Workforce optimisation | Sue Green, Nick Graham | PPPH | 16 | 12 |
| BAF21-19 | Impact of Covid-19 | Gill Harris, Sally Baxter | QSE | 12 | 8 |
| BAF21-20 | Development of an Integrated Medium Term Plan (IMTP) 2022/25 | Chris Stockport, Sue Hill, Sue Green, John Darlington | PPPH | 12 | 6 |
| BAF21-21 | Estates and assets | Sue Hill, Neil Bradshaw | PFIG | 15 | 10 |

| | | | | | | | |
|--|---|---|--|--|---|--|--|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Finance Report Month 6 2021/22 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill, Executive Director of Finance | | | | | | |
| Awdur yr Adroddiad Report Author: | Tim Woodhead, Operational Finance Director | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Executive Director of Finance | | | | | | |
| Atodiadau Appendices: | <u>Appendix 1</u> : Finance Report Pack | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| It is asked that the report is noted. | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad/cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | ✓ | Er gwybodaeth For Information | |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable. | | | | | | | |
| Sefyllfa / Situation: | | | | | | | |
| The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board as at September 2021. | | | | | | | |
| Cefndir / Background: | | | | | | | |
| <p>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, while maintaining the focus on the six key objectives described in the draft plan. The revised financial plan submitted to Welsh Government in June anticipates ensuring the Health Board achieves a balanced position at the year end.</p> <p>The Health Board's plans for 2021/22 include the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit and £42.0m strategic support) and the £19.9m COVID-19 Recovery Plan funding. Together, these will be used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.</p> <p>We have tested our assumptions in the original plans and refreshed our forecasts accordingly with the divisional teams and will continue to do so as the operational position develops. This may include additional outsourcing, interims or consultancy, to progress some of the larger schemes.</p> | | | | | | | |

Asesiad / Assessment:**Goblygiadau Strategol / Strategy Implications**

This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.

Opsiynau a ystyriwyd / Options considered

Not applicable – report is for assurance only

Goblygiadau Ariannol / Financial Implications

| | Month 6 £m | YTD £m | Forecast £m |
|------------------|---------------|-----------|----------------|
| Actual Position | 0.0 | 0.0 | 0.0 |
| Planned Position | 0.0 | 0.0 | 0.0 |
| Variance | 0.0 | 0.0 | 0.0 |

The in-month position is break even, which also brings the cumulative position to break even. This reflects the additional funding announced in the recent touchpoint meeting with Welsh Government. This funding, which is to cover the impact of the undelivered savings from 2020/21, means that there is now also a balanced position forecast for the year.

The total impact of COVID-19 in September is £7.0m (£42.9m for the year to date). Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

Dadansoddiad Risk / Risk Analysis

There are four risks to the financial position, one with a value of £0.4m and three being yet to be determined. These risks are in relation to the recruitment of staff; anticipated income not being fully funded and increased energy prices.

BCU risks are reported separately via the Risk Register.

There are two opportunities, one in relation to potential future one off accountancy gains and another in relation to a risk of not being to utilise additional funding provided by Welsh Government.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

Not applicable.

Appendix 1: Finance Report

September 2021: M06-22

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.
- The forecast will be further tested and if required will be refreshed.

Key Messages

- ❖ The cumulative financial position and forecast outturn position for 2021/22 remain balanced.
- ❖ The Health Board has been notified of additional funding totalling £32.6m 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 £42m Strategic Support allocation and the £19.9m COVID-19 Recovery Plan funding is included in the forecast, based on submitted plans. The full utilisation of this funding to improve performance, reduce waiting lists and drive a programme of transformation is dependent upon operational teams implementing approved plans at pace. The Health is also progressing additional schemes to progress the 6 core objectives identified in the annual plan.

Summary of Key Numbers

| | | | | | | | | | | | | |
|--|---|--|------------|------------------|----------------|------------------|---------------|------------------|-----------|---------------|-------|---------------|
| <div>Month 06 Position</div> <div>Break even position in month. Balanced</div> <div>Cumulative position is break even. Balanced</div> | <div>Forecast</div> <div>Reflects additional funding to cover the impact of the undelivered savings from 2020/21</div> <div>Balanced</div> | <div>Divisional Performance Mth 06</div> <table><tr><td>Area Teams</td><td>£1.0m favourable</td></tr><tr><td>Secondary Care</td><td>£0.2m favourable</td></tr><tr><td>Mental Health</td><td>£0.4m favourable</td></tr><tr><td>Corporate</td><td>£0.3m adverse</td></tr><tr><td>Other</td><td>£1.3m adverse</td></tr></table> | Area Teams | £1.0m favourable | Secondary Care | £0.2m favourable | Mental Health | £0.4m favourable | Corporate | £0.3m adverse | Other | £1.3m adverse |
| Area Teams | £1.0m favourable | | | | | | | | | | | |
| Secondary Care | £0.2m favourable | | | | | | | | | | | |
| Mental Health | £0.4m favourable | | | | | | | | | | | |
| Corporate | £0.3m adverse | | | | | | | | | | | |
| Other | £1.3m adverse | | | | | | | | | | | |
| <div>Savings</div> <div>In-month: £1.5m against plan of £1.4m £0.1m favourable</div> <div>YTD: £7.6m against plan of £8.4m £0.8m adverse</div> | <div>Savings Forecast</div> <div>£13.7m against plan of £17.0m</div> <div>£3.3m adverse</div> | <div>COVID-19 Impact</div> <div>£42.9m cost YTD £108.2.m forecast cost Funded by Welsh Government</div> <div>£nil impact</div> | | | | | | | | | | |
| <div>Income</div> <div>£70.8m against budget of £70.0m</div> <div>£0.8m favourable</div> | <div>Pay</div> <div>£424.9m against budget of £429.0m</div> <div>£4.1m favourable</div> | <div>Non-Pay</div> <div>£524.3m against budget of £519.7m</div> <div>£4.6m adverse</div> | | | | | | | | | | |

Revenue Position

- The in-month position is a break even position which also brings the cumulative position to breakeven. This reflects the additional £35.8m funding notified to the Health Board in May, to cover the impact of the undelivered savings from 2020/21.
- The total impact of COVID-19 in September is £7.0m (£42.9m for the year to date). Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

| | Actual | | | | | | Cumulative | | | | Forecast Actual |
|------------------------------|------------|--------------|------------|------------|------------|------------|------------|------------|------------|----------|-----------------|
| | M01 | M02 | M03 | M04 | M05 | M06 | Budget | Actual | Variance | Variance | |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | % | |
| Revenue Resource Limit | (136.7) | (147.2) | (147.1) | (148.3) | (151.4) | (148.0) | (878.7) | (878.7) | 0.0 | 0.0% | (1,832.3) |
| Miscellaneous Income | (12.1) | (11.6) | (11.7) | (10.6) | (12.2) | (12.4) | (69.9) | (70.6) | 0.7 | (1.0)% | (137.2) |
| Health Board Pay Expenditure | 68.2 | 70.2 | 69.7 | 69.0 | 76.1 | 71.9 | 429.0 | 425.1 | 3.9 | 0.9% | 873.2 |
| Non-Pay Expenditure | 82.8 | 86.3 | 89.1 | 90.0 | 87.5 | 88.5 | 519.6 | 524.2 | (4.6) | (0.9)% | 1,096.3 |
| Total | 2.2 | (2.3) | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | 0.0 |

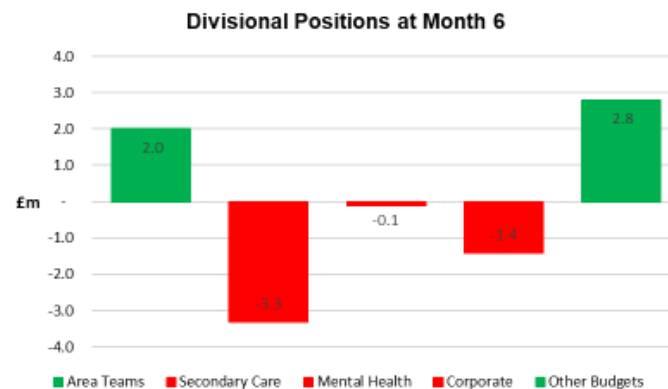
- The forecast position has been updated to recognise the additional funding, meaning that there is now a balanced position forecast for the year.
- The Health Board's plans for 2021/22 include the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit and £42.0m strategic support) and the £19.9m COVID-19 Recovery Plan funding. Together, these will be used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.
- In line with all NHS organisations in Wales, the 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 refreshed our forecasts accordingly and will continue to do so as the operational position develops.



Divisional Positions

| | In Month | | | Cumulative | | |
|---|----------------|----------------|-----------------------------|----------------|----------------|-----------------------------|
| | Budget £000 | Actual £000 | Variance to Plan £000 | Budget £000 | Actual £000 | Variance to Plan £000 |
| WG RESOURCE ALLOCATION | (148,043) | (148,043) | 0 | (878,704) | (878,704) | 0 |
| AREA TEAMS | | | | | | |
| West Area | 14,189 | 13,768 | 421 | 83,754 | 83,693 | 62 |
| Central Area | 19,180 | 18,357 | 823 | 111,666 | 110,069 | 1,597 |
| East Area | 20,150 | 19,614 | 536 | 127,532 | 126,053 | 1,479 |
| Other North Wales | 3,731 | 4,451 | (720) | 22,122 | 22,533 | (411) |
| Field Hospitals | 0 | 0 | 0 | 1,411 | 1,411 | 0 |
| Track,Trace,Protect & Vaccination | 2,447 | 2,447 | 0 | 12,245 | 12,245 | 0 |
| Commissioner Contracts | 19,160 | 19,224 | (64) | 111,324 | 112,043 | (719) |
| Provider Income | (2,067) | (2,024) | (43) | (11,314) | (11,342) | 28 |
| Total Area Teams | 76,791 | 75,838 | 953 | 458,741 | 456,705 | 2,036 |
| SECONDARY CARE | | | | | | |
| Ysbyty Gwynedd | 9,029 | 9,255 | (225) | 53,915 | 54,685 | (770) |
| Ysbyty Glan Clwyd | 11,395 | 11,121 | 274 | 67,392 | 67,643 | (251) |
| Ysbyty Maelor Wrexham | 9,470 | 9,750 | (280) | 57,108 | 59,307 | (2,199) |
| North Wales Hospital Services | 10,106 | 10,037 | 68 | 57,699 | 58,567 | (867) |
| Womens | 3,581 | 3,180 | 401 | 21,322 | 20,553 | 769 |
| Total Secondary Care | 43,582 | 43,343 | 239 | 257,436 | 260,754 | (3,318) |
| Total Mental Health & LDS | 11,825 | 11,452 | 373 | 68,134 | 68,269 | (135) |
| Total Corporate | 14,589 | 14,847 | (258) | 76,209 | 77,588 | (1,378) |
| Total Other Budgets incl. Reserves | 1,256 | 2,562 | (1,306) | 18,183 | 15,388 | 2,796 |
| TOTAL | 0 | 0 | 0 | 0 | 0 | 0 |

- Divisional forecasts have been completed as part of the Quarter 1 refresh. The assumptions on the forecasts have been tested and the forecasts refreshed accordingly and will continue to do so as the operational position develops.
- Further detail is on slide 9 and 11.
- Secondary care has a small in month favourable variance as the recovery in activity is generally slower than expected.

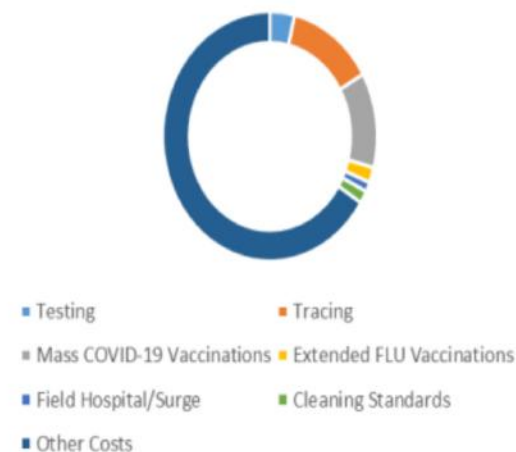


Impact of COVID-19

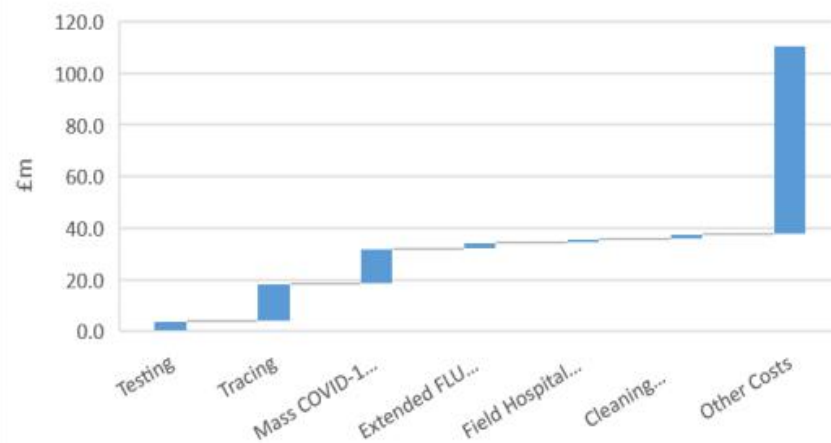
| | Actual M01 £m | Actual M02 £m | Actual M03 £m | Actual M04 £m | Actual M05 £m | Actual M06 £m | Actual YTD £m | Forecast 2021/22 £m |
|---------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------------|
| Testing | 0.1 | 0.2 | 0.2 | 0.3 | 0.4 | 0.4 | 1.6 | 4.1 |
| Tracing | 1.1 | 1.0 | 1.0 | 0.9 | 1.1 | 1.1 | 6.2 | 14.4 |
| Mass COVID-19 Vaccinations | 1.7 | 1.5 | 2.0 | 0.8 | 1.0 | 0.9 | 7.9 | 13.7 |
| Extended FLU Vaccinations | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.2 |
| Field Hospital/Surge | 0.3 | 0.7 | 0.2 | 0.5 | (0.3) | 0.0 | 1.4 | 1.4 |
| Cleaning Standards | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | 0.1 | 0.6 | 1.8 |
| Other Costs | 4.5 | 3.6 | 4.5 | 6.3 | 4.0 | 4.6 | 27.5 | 73.2 |
| Total COVID-19 costs | 7.7 | 7.0 | 7.9 | 8.8 | 6.7 | 7.1 | 45.2 | 110.8 |
| Non Delivery of Savings | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Expenditure Reductions | (0.2) | (0.7) | (0.8) | 0.1 | (0.6) | (0.1) | (2.3) | (3.1) |
| Slippage on Planned Investments | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Impact of COVID-19 | 7.5 | 6.3 | 7.1 | 8.9 | 6.1 | 7.0 | 42.9 | 107.7 |
| Welsh Government Funding | (8.3) | (11.9) | (10.6) | (11.5) | (9.4) | (9.8) | (61.5) | (143.5) |
| Impact of COVID-19 on Position | (0.8) | (5.6) | (3.5) | (2.6) | (3.3) | (2.8) | (18.6) | (35.8) |

- The forecast total cost of COVID-19 is currently £110.8m. This is based on existing Welsh Government guidance and the assumption that COVID-19 will continue to have an impact for the whole year. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.
- As additional modelling data for COVID-19 is received, and in line with the refresh of the financial plan, this forecast will be revised and updated. There will however remain a degree of uncertainty around forecasts as situations develop, particularly regarding the impact of variants of concern on hospital activity.

Forecast COVID-19 Cost Distribution



Forecast COVID-19 Costs



Savings



- Savings in Month 6 totalled £1.5m, an increase of £0.5m over the delivery in Month 5. This gives cumulative savings delivered of £7.6m for the year to date. This is spread across a range of schemes.
- Savings of £13.3m are forecast for delivery in 2021/22 against identified amber and green schemes an increase of £1.2m compared to Month 5.
- Red schemes in development are expected to deliver a further £0.4m by year end, a decrease of £0.2m against Month 5 reflecting the movement from red to amber and green. Work is ongoing to convert these schemes to amber and green.
- Further opportunities are being identified both within Divisions and across BCU to ensure delivery of the savings included within the financial plan, based on the opportunities pipeline (Appendix 3).

| | | SCHEMES IN DELIVERY | | | | | | | | | PIPELINE SCHEMES | | | | TOTAL PROGRAMME | |
|------------------------------|----------------|---------------------|-----------------------------|-------------------------------|---------------------------------|--------------------|----------|------------------------|----------------|--------------|------------------|--------------------|------------|----------|-----------------|----------|
| | Savings Target | Year to Date | | | | Forecast | | | | | Recurring Plan | Non-Recurring Plan | Total Plan | Plan FYE | Total Forecast | Variance |
| | | Savings Target | Recurring Savings Delivered | Variance in Recurring Savings | Non-Recurring Savings Delivered | Recurring Forecast | Variance | Non-Recurring Forecast | Total Forecast | Forecast FYE | | | | | | |
| | | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | | | | | | |
| Ysbyty Gwynedd | 1,833 | 917 | 202 | (715) | 10 | 358 | (1,475) | 41 | 399 | 442 | 57 | 0 | 57 | 57 | 456 | (1,377) |
| Ysbyty Glan Clwyd | 2,155 | 1,078 | 56 | (1,021) | 32 | 113 | (2,042) | 74 | 187 | 234 | 228 | 0 | 228 | 253 | 415 | (1,740) |
| Ysbyty Wrexham Maelor | 1,922 | 961 | 124 | (837) | 344 | 252 | (1,670) | 655 | 907 | 365 | 57 | 0 | 57 | 106 | 964 | (958) |
| North Wales Managed Services | 1,399 | 699 | 322 | (377) | 264 | 881 | (518) | 294 | 1,175 | 1,037 | 0 | 56 | 56 | 0 | 1,231 | (168) |
| Womens Services | 584 | 237 | 124 | (113) | 284 | 296 | (288) | 319 | 615 | 495 | 0 | 0 | 0 | 0 | 615 | 31 |
| Secondary Care | 7,893 | 3,891 | 828 | (3,064) | 934 | 1,900 | (5,993) | 1,383 | 3,282 | 2,573 | 342 | 56 | 398 | 416 | 3,680 | (4,213) |
| Area - West | 1,387 | 694 | 441 | (253) | 172 | 1,076 | (311) | 306 | 1,381 | 1,147 | 0 | 0 | 0 | 0 | 1,381 | (6) |
| Area - Centre | 1,900 | 950 | 782 | (168) | 74 | 1,883 | (17) | 236 | 2,119 | 2,205 | 0 | 0 | 0 | 0 | 2,119 | 219 |
| Area - East | 1,861 | 931 | 560 | (370) | 1,225 | 1,188 | (673) | 1,540 | 2,728 | 1,238 | 0 | 0 | 0 | 0 | 2,728 | 867 |
| Area - Other | 234 | 117 | 34 | (83) | 112 | 138 | (96) | 224 | 362 | 138 | 0 | 0 | 0 | 0 | 362 | 128 |
| Contracts | 980 | 490 | 0 | (490) | 0 | 0 | (980) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (980) |
| Area Teams | 6,362 | 3,181 | 1,817 | (1,364) | 1,584 | 4,284 | (2,078) | 2,306 | 6,589 | 4,728 | 0 | 0 | 0 | 0 | 6,589 | 227 |
| MHLD | 840 | 420 | 841 | 421 | 50 | 1,542 | 702 | 103 | 1,646 | 1,564 | 0 | 0 | 0 | 0 | 1,646 | 806 |
| Corporate | 1,910 | 955 | 100 | (855) | 1,406 | 315 | (1,595) | 1,419 | 1,734 | 364 | 0 | 0 | 0 | 0 | 1,734 | (176) |
| Total Programme | 17,005 | 8,447 | 3,586 | (4,861) | 3,974 | 8,041 | (8,964) | 5,210 | 13,252 | 9,230 | 342 | 56 | 398 | 416 | 13,650 | (3,355) |

Income

| Description | £m |
|-----------------------------------|----------------|
| Allocations Received | 1,780.3 |
| Total Allocations Received | 1,780.3 |

| Description | £m |
|---|-------------|
| Allocations anticipated | |
| Capital | 6.6 |
| Removal of Donated Assets / Government Grant Receipts | -0.8 |
| Total COVID-19 (see below analysis) | 28.9 |
| Substance Misuse | 5.8 |
| IM&T Refresh Programme (in line with 11-12) | 1.9 |
| MSK Orthopaedic Services - Secondary Care funding | 1.2 |
| Mental Health Service Improvement Fund | 3.3 |
| 2022 ICF Allocations - Anticipated Dementia Fund | 2.2 |
| ICF Mental health and memory assessments | 0.9 |
| Other | 2.1 |
| Total Allocations Anticipated | 52.0 |

| | £m |
|--------------------------------------|----------------|
| Total Allocations Received | 1,780.3 |
| Total Allocations Anticipated | 52.0 |
| Total Welsh Government Income | 1,832.3 |

COVID -19 Funding

| | £m |
|--|--------------|
| Total COVID-19 costs in 2021/22 | 110.8 |
| Impact of non delivery of savings in 2020/21 | 32.7 |
| Total Covid -19 funding | 143.5 |

| | |
|-------------|-------|
| Received | 114.5 |
| Anticipated | 28.9 |

- The majority of the Health Board's funding is from the Welsh Government allocation through the Revenue Resource Limit (RRL). The RRL is currently £1,832.3m for the year. £878.7m of the RRL has been profiled into the position cumulatively, which is £37.4m less than six equal twelfths (£916.1m), primarily due to the profile of COVID-19 and performance funding.
- The RRL includes confirmed allocations to date of £1,780.3m, with further anticipated allocations in year of £52.0m.
- Miscellaneous income totals £12.4m in Month 6, £70.8m cumulatively, which is a favourable variance of £0.8m against the budget.
- The impact of COVID-19 has resulted in lost income of £0.3m in September (£2.0m year to date) relating to General Dental Services (GDS) patient income. This is included as a cost of COVID-19.

Expenditure

| Pay Costs | Actual | | | | | | Forecast | | | | | | Cumulative | | | Full Year Forecast |
|-----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------------|
| | M01 | M02 | M03 | M04 | M05 | M06 | M07 | M08 | M09 | M10 | M11 | M12 | YTD Budget | YTD Actual | YTD Variance | |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| Administrative & Clerical | 9.5 | 9.7 | 9.5 | 9.5 | 10.6 | 9.9 | 10.6 | 10.7 | 10.7 | 10.9 | 10.9 | 10.9 | 61.7 | 58.7 | 3.0 | 123.4 |
| Medical & Dental | 15.9 | 16.3 | 16.3 | 16.1 | 18.1 | 16.1 | 18.0 | 18.1 | 18.2 | 18.5 | 18.5 | 18.5 | 96.8 | 98.8 | (2.0) | 208.6 |
| Nursing & Midwifery Regi | 21.5 | 22.2 | 22.0 | 21.8 | 24.0 | 23.0 | 23.5 | 23.7 | 23.8 | 24.2 | 24.2 | 24.3 | 140.1 | 134.5 | 5.6 | 278.2 |
| Additional Clinical Service | 9.7 | 10.3 | 10.1 | 10.0 | 10.8 | 10.3 | 3.4 | 3.4 | 3.4 | 3.5 | 3.5 | 3.5 | 56.3 | 61.2 | (4.9) | 81.9 |
| Add Prof Scientific & Tec | 3.1 | 3.1 | 3.1 | 3.1 | 3.4 | 3.2 | 10.6 | 10.7 | 10.7 | 10.9 | 10.9 | 11.0 | 20.7 | 19.0 | 1.7 | 83.8 |
| Allied Health Professional | 4.0 | 4.0 | 4.0 | 4.0 | 4.2 | 4.4 | 4.2 | 4.3 | 4.3 | 4.3 | 4.3 | 4.4 | 24.8 | 24.6 | 0.2 | 50.4 |
| Healthcare Scientists | 1.2 | 1.2 | 1.2 | 1.2 | 1.3 | 1.3 | 1.3 | 1.3 | 1.3 | 1.3 | 1.3 | 1.3 | 7.5 | 7.4 | 0.1 | 15.2 |
| Estates & Ancillary | 3.3 | 3.4 | 3.4 | 3.2 | 3.6 | 3.6 | 3.6 | 3.6 | 3.6 | 3.7 | 3.7 | 3.7 | 20.9 | 20.5 | 0.4 | 42.4 |
| Students | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.3 | 0.2 | 0.1 | 0.8 |
| Health Board Total | 68.2 | 70.2 | 69.6 | 68.9 | 76.1 | 71.9 | 75.3 | 75.9 | 76.1 | 77.4 | 77.4 | 77.7 | 429.0 | 424.9 | 4.1 | 884.7 |
| Primary care | 1.4 | 2.3 | 1.8 | 1.9 | 2.0 | 2.1 | 1.9 | 1.9 | 1.9 | 1.9 | 1.9 | 1.9 | 10.3 | 11.6 | (1.3) | 23.0 |
| Total Pay | 69.6 | 72.5 | 71.4 | 70.8 | 78.1 | 74.0 | 77.2 | 77.8 | 78.0 | 79.3 | 79.3 | 79.6 | 439.3 | 436.5 | 2.8 | 907.7 |

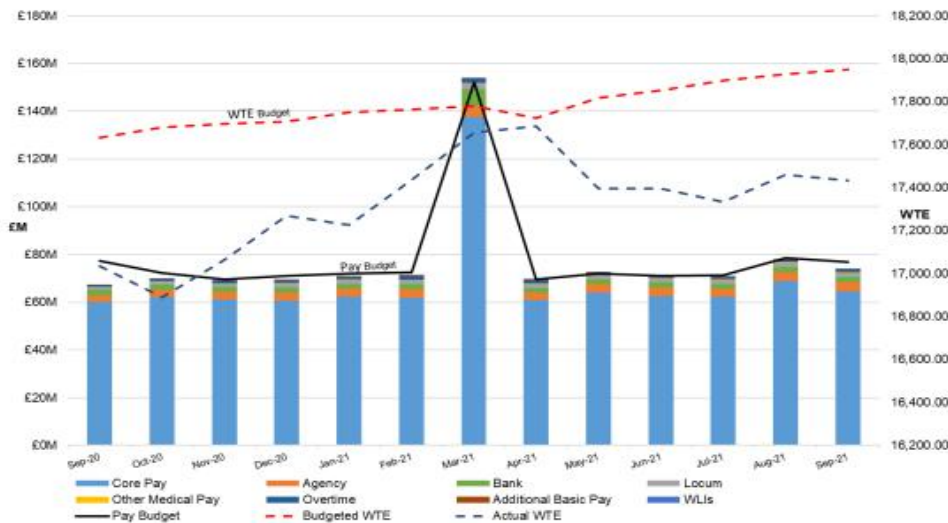
| Variable Pay | M01 | M02 | M03 | M04 | M05 | M06 | Total |
|------------------|------------|------------|------------|------------|------------|------------|-------------|
| | £m | £m | £m | £m | £m | £m | £m |
| Agency | 3.1 | 3.5 | 3.7 | 3.5 | 3.8 | 3.8 | 21.4 |
| Overtime | 1.1 | 0.7 | 0.7 | 0.7 | 0.8 | 1.0 | 5.0 |
| Locum | 1.9 | 1.8 | 1.8 | 1.7 | 2.0 | 1.7 | 10.9 |
| WLLs | 0.1 | 0.2 | 0.2 | 0.4 | 0.2 | 0.4 | 1.5 |
| Bank | 2.0 | 2.0 | 2.1 | 2.0 | 2.0 | 2.3 | 12.4 |
| Other Non Core | 0.1 | (0.1) | 0.1 | 0.1 | 0.1 | 0.0 | 0.3 |
| Additional Hours | 0.5 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 2.4 |
| Total | 8.8 | 8.5 | 8.9 | 8.7 | 9.3 | 9.6 | 53.8 |

Forecast expenditure related to the £30m funding for the Performance Fund, £12m Strategic Support and £19.9m COVID-19 Recovery Plan is based on the phasing of costs against approved schemes and business cases, some of which have been subject to delayed implementation, caused by operational pressures or timelines associated with compliance with procurement guidance.

To optimise the impact of the funding, the Health Board needs to fast track the review and approval of prioritised schemes which will progress the six core objectives and will request confirmation from WG regarding the ability to be flexible around the substitution of planned schemes in order to maximise the benefit delivered from the additional funding sources.

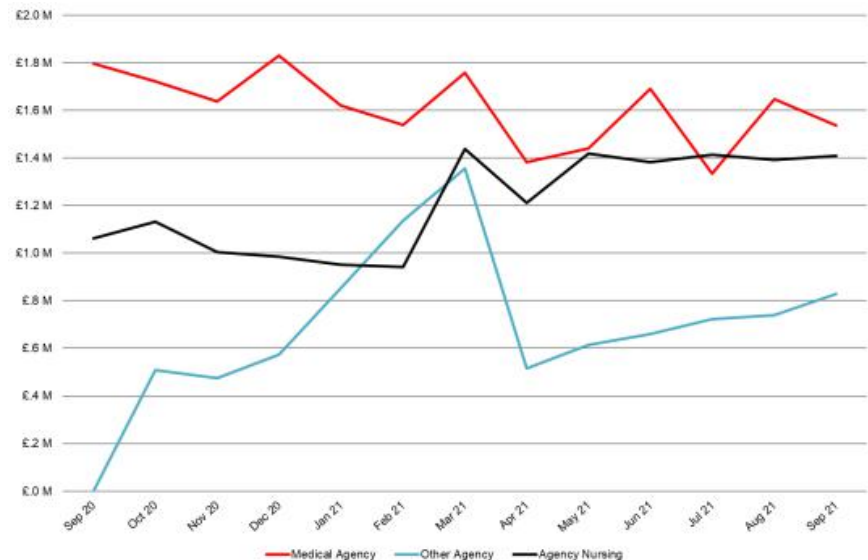
| Non-Pay Costs | Actual | | | | | | Forecast | | | | | | Cumulative | | | Full Year Forecast |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------------|
| | M01 | M02 | M03 | M04 | M05 | M06 | M07 | M08 | M09 | M10 | M11 | M12 | YTD Budget | YTD Actual | YTD Variance | |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| Primary Care | 18.3 | 18.9 | 19.1 | 19.7 | 18.2 | 18.1 | 18.4 | 18.2 | 18.3 | 18.3 | 17.7 | 18.3 | 112.8 | 112.3 | 0.5 | 221.5 |
| Primary Care Drugs | 9.2 | 7.9 | 9.3 | 10.4 | 9.3 | 9.8 | 9.4 | 9.7 | 10.1 | 9.5 | 9.2 | 10.1 | 54.3 | 55.9 | (1.6) | 113.9 |
| Secondary Care Drugs | 5.6 | 6.0 | 6.8 | 6.9 | 7.1 | 7.5 | 6.9 | 6.9 | 7.3 | 7.0 | 6.7 | 7.2 | 36.2 | 39.9 | (3.7) | 81.9 |
| Healthcare Services Provided by Other NHS Bodies | 22.8 | 22.8 | 23.4 | 24.4 | 23.3 | 23.7 | 23.5 | 23.5 | 23.5 | 23.5 | 23.5 | 23.5 | 140.4 | 140.4 | 0.0 | 281.4 |
| Continuing Care and Funded Nursing Care | 8.2 | 9.2 | 8.5 | 10.2 | 8.6 | 9.0 | 9.0 | 8.8 | 8.9 | 8.8 | 8.3 | 8.8 | 53.0 | 53.7 | (0.7) | 106.3 |
| Other Non-Pay (incl. General & Clinical Supplies) | 16.4 | 19.1 | 17.4 | 15.3 | 17.9 | 17.3 | 23.7 | 24.8 | 25.4 | 25.7 | 26.2 | 27.2 | 104.3 | 103.4 | 0.9 | 256.4 |
| Non-pay costs | 80.5 | 83.9 | 84.5 | 86.9 | 84.4 | 85.4 | 90.9 | 91.9 | 93.5 | 92.8 | 91.6 | 95.1 | 501.0 | 505.6 | (4.6) | 1,061.4 |
| Cost of Capital | 2.4 | 2.4 | 4.6 | 3.1 | 3.1 | 3.1 | 3.1 | 3.1 | 3.1 | 3.1 | 3.1 | 0.7 | 18.7 | 18.7 | 0.0 | 34.9 |
| Total non-pay | 82.9 | 86.3 | 89.1 | 90.0 | 87.5 | 88.5 | 94.0 | 95.0 | 96.6 | 95.9 | 94.7 | 95.8 | 519.7 | 524.3 | (4.6) | 1,096.3 |

Pay Costs



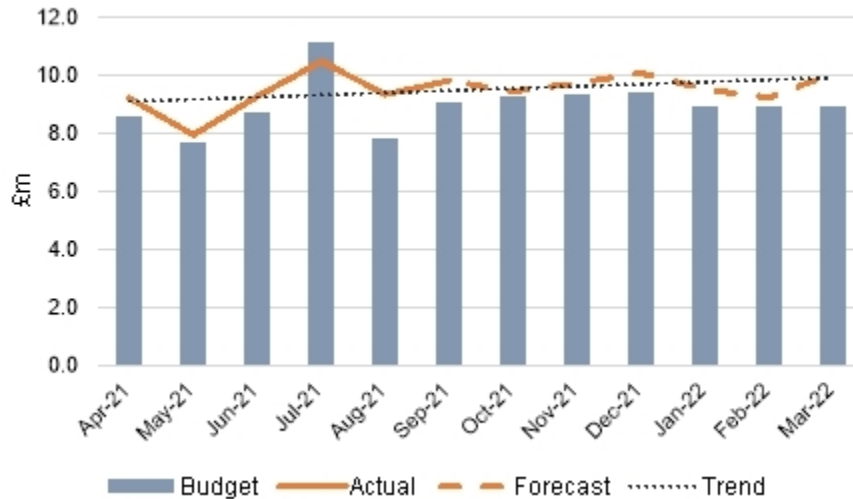
- **Agency costs** for Month 6 are £3.8m, representing 5.1% of total pay, which is the same amount as Month 5. Monthly agency spend for September included £0.6m that related to COVID-19, £0.2m less than last month.

- **Total pay costs** in September are £74.0m. Provided Services pay costs are £71.9m, which is £4.2m (5.5%) less than last month as the additional 2% pay award was backdated and recognised in August.
- Pay costs and funding are currently profiled across the year, for the 3% pay award back dated to April.
- A total of £3.1m of pay costs were directly related to COVID-19, which is £0.2m lower than in August.



Non-Pay Costs

Primary Care - Drugs & Appliances



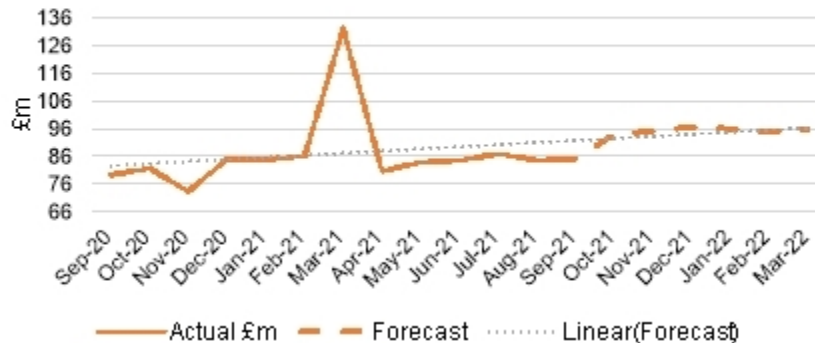
Primary Care Drugs: The expenditure for Month 6 is £0.5m (5%) higher than in Month 5, however there was 1.5 more Prescribing days in September than there was in August.

- Following receipt of the July prescribing data, the average cost per Prescribing Day has shown a small, non-material increase; July was £468k compared to June at £466k, representing an overall increase of only 0.4%.
- The average cost per item has shown a decrease of 2.4%, but the overall number of items prescribed has increased by 2.9%.
- The forecast outturn prescribing expenditure based on the July data, suggests a range between £122.8m and £125.3m, with the latest position being closer to the higher end of this range at £125.0m. This position and risk range continues to be monitored on a monthly basis.
- The cumulative overspend to date is £1.6m.

Other Non-Pay: Spend in total, excluding capital costs, for September is £85.4m, £1.0m higher than in August. Within the total is Other Non-Pay costs of £19.1m and this has increased by £1.2m compared to last month. The main reasons for this increase are:

- Provider services –non pay (excluding drugs & depreciation) Spend in September is £1.2m (8%) less than in August and is slightly below the average monthly spend since the start of the financial year. This decrease is across a range of headings.
- Scheduled Care activity remains lower than expected across all sites, with lack of staff due to COVID-19 related sickness issues and theatre activity approximately 78% of pre-Covid-19 activity. However, there has been an in month increase in one hospital of 19% but this is against theatres being closed for 1 week in August. Overall, theatre activity has increased 8% compared to last month. Going forward new contracts are in place with private providers to undertaken orthopaedic work. All three sites are experiencing staffing pressures due to lack of staff which is backfilled by agency workers as the activity levels slowly start to increase.
- Other Private and Voluntary Sector has increased by £2.1m mainly due to reclassification of costs from Continuing Care and Funded Nursing Care. Also slight increase of £0.2m in Joint Financing and Other and £0.1m in Losses and Special Payments.
- The combination of the above three bullet points gives a net increase of £1.2m in Other Non-Pay costs.

Non-Pay Expenditure (Excluding Capital Costs)



Risks and Opportunities (not included in position)

| | £m | Level | Explanation |
|---|-----|----------|--|
| Risks | | | |
| Savings Programme – Red Risk Pipeline Schemes | 0.4 | High | There is a risk that the savings programme will not deliver the £17.0m target, as per the financial plan. Savings of £13.3m are forecast for delivery in 2021/22, which includes £0.4m of red-rated schemes in the pipeline. Divisions have been set a stretch savings target of £25.0m, which is £8.0m above the agreed target and should ensure that there are enough schemes within the pipeline to allow for any slippage or under delivery that may occur. |
| Recruitment of staff | TBC | High | There is a risk that due to the inability to recruit clinical staff higher agency costs are required. |
| Anticipated income | TBC | High | There is a risk that the anticipated income shown in Table E will not be fully funded. |
| Risk of increased energy prices | TBC | Critical | Global increases in the wholesale price of gas fuel creates a risk that energy prices incurred by the Health Board will be significantly higher in the future. |

| | £m | Level | Explanation |
|---|-----|-------|--|
| Opportunity | | | |
| Accountancy gains | TBC | High | There is a potential for future one off accountancy gains. |
| Additional funding – Risk of not being to utilise additional funding provided by WG | TBC | High | There is a risk that the Health Board will not be able to utilise the additional funding provided by Welsh Government, for example, performance fund monies, due to plans not being identified and approved. |

Appendix 2 – Performance Monies Tracker

Performance Monies & WG Bid Tracker at Month 6

| | Funds Available | Plan Spend | Plan Slippage | Plan YTD | Actual YTD | Slippage YTD | Total Slippage YTD | Plan M7 - M12 | Forecast M7 - M12 | Slippage M7 - M12 YTD | Forecast Spend 2021/22 | Forecast Slippage 2021/22 |
|-------------------------------------|-----------------|---------------|----------------|---------------|--------------|----------------|--------------------|---------------|-------------------|-----------------------|------------------------|---------------------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| PERFORMANCE - OTHER (£15m) | 15,268 | 15,010 | (258) | 3,926 | 1,709 | (2,217) | (2,476) | 11,083 | 12,511 | 1,428 | 14,220 | (1,048) |
| PERFORMANCE - PLANNED CARE (£15m) | 12,546 | 12,550 | 5 | 3,980 | 978 | (3,003) | (2,998) | 8,570 | 11,409 | 2,839 | 12,387 | (159) |
| PERFORMANCE - PLANNED CARE SLIPPAGE | 2,187 | 436 | (1,751) | 62 | 186 | 124 | (1,626) | 374 | 3,172 | 2,798 | 3,358 | 1,171 |
| TRANSFORMATION (£12m) | 12,000 | 10,551 | (1,449) | 3,394 | 1,046 | (2,348) | (3,797) | 7,157 | 10,992 | 3,835 | 12,037 | 38 |
| WG BID (£20m) | 19,942 | 14,965 | (4,977) | 5,006 | 3,584 | (1,422) | (6,399) | 9,959 | 16,298 | 6,339 | 19,882 | (60) |
| Total | 61,942 | 53,512 | (8,430) | 16,369 | 7,503 | (8,866) | (17,296) | 37,143 | 54,382 | 17,238 | 61,885 | (57) |

| | |
|---------------------------------------|-------------|
| Slippage: | £000 |
| Initial Plan Slippage against funding | (8,430) |
| YTD Slippage on actual M1 - M6 spend | (8,866) |
| Forecast Slippage on M7 - M12 spend | 17,238 |
| Total Slippage | (57) |

The Health Board is in receipt of an additional £62m in 2021/22; £42m to progress the transformational programme and £20m for Covid Recovery.

A number of the schemes have been delayed against the original profile and the forecast spend in Months 7-12 is £54m, of which the RTC implementation equates to c£17.5m. The Executive team are prioritising alternative schemes which can be implemented to support the 6 core objectives as described in the annual plan for 2021/22. The expectation is that the WG funding will be fully utilised and we will be seeking WG support for flexibility against the original planned programme of schemes.

| | 2022/23 | | | 2023/24 | | | 2024/25 | | |
|-------------------------------------|-----------------|---------------|------------------------|-----------------|---------------|------------------------|-----------------|---------------|------------------------|
| | Funds Available | Plan Spend | (Slippage) / Shortfall | Funds Available | Plan Spend | (Slippage) / Shortfall | Funds Available | Plan Spend | (Slippage) / Shortfall |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| PERFORMANCE - OTHER (£15m) | 15,000 | 23,860 | 8,860 | 15,000 | 25,578 | 10,578 | 0 | 25,877 | 25,877 |
| PERFORMANCE - PLANNED CARE (£15m) | 15,000 | 0 | (15,000) | 15,000 | 0 | (15,000) | 0 | 0 | 0 |
| PERFORMANCE - PLANNED CARE SLIPPAGE | 0 | 1,081 | 1,081 | 0 | 1,097 | 1,097 | 0 | 1,112 | 1,112 |
| TRANSFORMATION (£12m) | 12,000 | 13,826 | 1,826 | 12,000 | 13,207 | 1,207 | 0 | 13,207 | 13,207 |
| WG BID (£20m) | 0 | 2,281 | 2,281 | 0 | 2,081 | 2,081 | 0 | 2,081 | 2,081 |
| Total | 42,000 | 41,048 | (952) | 42,000 | 41,962 | (38) | 0 | 42,277 | 42,277 |

Appendix 3: Savings pipeline

September 2021: M06-22

Sue Hill

Executive Director of Finance

**(as presented at Executive
Management Group August 2021)**

Indicative 3 Year Savings requirement

- 2021/22 - £17m recurrent
 - 2022/23 - £35m recurrent
 - 2023/24 - £35m recurrent
-
- Transactional savings will not deliver
 - A transformational approach is needed

Benchmarking Opportunity Range

| Savings work streams | BCUHB 2020 | |
|---|---------------|--------------|
| | £m Low | £m High |
| Improvement Groups, High and Medium Confidence only | 70.7 | 114.1 |
| Improving Value and Releasing Capacity: Requiring Prior Investment in Patient Pathway Management | 8.5 | 13.8 |
| Referral Management (GP Clusters and Secondary Care Consultants) | 2.1 | 4.2 |
| Management of Ambulatory Care Sensitive Conditions (Community & Primary Care) | 5.1 | 7.6 |
| Management of Frequent Fliers (Central Nursing) | 0.5 | 0.7 |
| Community Hospital DTOCS (Community, Primary Care, Private Sector, Councils) | 0.5 | 0.7 |
| Mental Health DTOCS (Community, Primary Care, Private Sector, Councils) | 0.1 | 0.2 |
| Pressure Ulcers & Healthcare Acquired Infections (Hospital Nursing) | 0.2 | 0.3 |
| Improving Efficiency within own Budgets | 19.7 | 36.4 |
| Theatres: Theatre utilisation/ unused sessions | 0.0 | 0.1 |
| Theatres: Theatre list productivity - surgical time | 3.5 | 8.9 |
| Theatres: Lost time, both late start & early finish | 1.4 | 2.0 |
| Theatres: Cancelled theatre sessions over 9% | 1.0 | 1.5 |
| Planned Care: Average Length of Stay | 2.0 | 2.9 |
| Urgent Care: Average Length of Stay | 6.2 | 10.3 |
| Outpatients: New to Review Ratios | 5.3 | 10.6 |
| Outpatients: DNAs | 0.2 | 0.2 |
| Cash Releasing | 42.6 | 63.9 |
| Community Hospitals: Elderly Wards NHS Benchmarking | 1.2 | 1.7 |
| Mental Health Hospitals: Mental Health NHS Benchmarking | 3.7 | 5.2 |
| Pathology | 1.5 | 2.0 |
| Facilities Management | 1.6 | 2.4 |
| Workforce: Temporary Staffing & vacancies | 8.7 | 13.1 |
| Workforce: Sickness (incl in temporary staffing) | 0.6 | 0.9 |
| Workforce: Suspensions | 0.1 | 0.1 |
| Workforce: Pay Protection | 0.1 | 0.1 |
| Ward Nursing levels: FDU Ward Benchmarking | 1.7 | 4.4 |
| Corporate Staffing: FDU Corporate Benchmarking | 0.7 | 2.6 |
| Medicines Management: Primary Care Prescribing | 13.6 | 17.2 |
| Continuing HealthCare | 8.3 | 12.4 |
| Contracting | 0.9 | 1.6 |
| HSDU | 0.1 | 0.1 |

High Opportunity – Analysis by Division

| Savings work streams | BCUHB Benchmarking - 3 Year Opportunity 2020 | Ysbyty | | | | | | | | | | | | |
|--|--|------------|------------------|----------------------|----------------------------|--------------|-----------------|-------------------|-----------------|------------------|---------|-----------------|-----------------|--------|
| | | Gwynedd £m | Glan Clwyd £m | Wrexham Maelor £m | North Wales Services £m | Womens £m | West Area £m | Centre Area £m | East Area £m | Other Area £m | MHLD £m | Corporate £m | Contracts £m | TBA £m |
| Improvement Groups, High and Medium Confidence only | 114.1 | 15.3 | 15.5 | 15.5 | 4.7 | 2.6 | 10.0 | 15.6 | 14.3 | 0.9 | 11.8 | 5.3 | 2.4 | 0.3 |
| Improving Value and Releasing Capacity: Requiring Prior Investment in Patient Pathway Management | 13.8 | 3.9 | 4.3 | 3.4 | 0.0 | 0.0 | 0.5 | 0.2 | 0.2 | 0.0 | 0.2 | 0.0 | 0.8 | 0.3 |
| Referral Management (GP Clusters and Secondary Care Consultants) | 4.2 | 1.7 | 1.3 | 1.0 | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Management of Ambulatory Care Sensitive Conditions (Community & Primary Care) | 7.6 | 2.0 | 2.8 | 2.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.8 | 0.0 |
| Management of Frequent Fliers (Central Nursing) | 0.7 | 0.1 | 0.3 | 0.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Community Hospital DTOCS (Community, Primary Care, Private Sector, Councils) | 0.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.4 | 0.2 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Mental Health DTOCS (Community, Primary Care, Private Sector, Councils) | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.0 |
| Pressure Ulcers & Healthcare Acquired Infections (Hospital Nursing) | 0.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.3 |
| Improving Efficiency within own Budgets | 36.4 | 9.2 | 8.0 | 10.8 | 1.5 | 1.5 | 0.6 | 1.6 | 2.8 | 0.0 | 0.4 | 0.0 | 0.0 | 0.0 |
| Theatres: Theatre utilisation/ unused sessions | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Theatres: Theatre list productivity - surgical time | 8.9 | 3.6 | 3.5 | 1.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Theatres: Lost time, both late start & early finish | 2.0 | 0.6 | 1.0 | 0.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Theatres: Cancelled theatre sessions over 9% | 1.5 | 0.5 | 0.4 | 0.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Planned Care: Average Length of Stay | 2.9 | 1.1 | 0.7 | 0.5 | 0.1 | 0.0 | 0.0 | 0.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Urgent Care: Average Length of Stay | 10.9 | 1.9 | 1.0 | 4.2 | 0.3 | 0.3 | 0.4 | 0.3 | 2.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Outpatients: New to Review Ratios | 10.6 | 1.5 | 1.4 | 3.2 | 1.2 | 1.2 | 0.2 | 0.6 | 0.8 | 0.0 | 0.4 | 0.0 | 0.0 | 0.0 |
| Outpatients: DNAs | 0.2 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Cash Releasing | 63.9 | 2.2 | 3.2 | 1.3 | 3.1 | 1.0 | 8.8 | 13.9 | 11.3 | 0.9 | 11.1 | 5.3 | 1.6 | 0.0 |
| Community Hospitals: Elderly Wards NHS Benchmarking | 1.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.8 | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Mental Health Hospitals: Mental Health NHS Benchmarking | 5.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 5.2 | 0.0 | 0.0 | 0.0 |
| Pathology | 2.0 | 0.0 | 0.0 | 0.0 | 2.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Facilities Management | 2.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.4 | 0.0 | 0.0 |
| Workforce: Temporary Staffing & vacancies | 13.1 | 2.2 | 3.0 | 1.2 | 1.0 | 0.8 | 0.8 | 0.0 | 0.8 | 0.0 | 3.1 | 0.1 | 0.0 | 0.0 |
| Workforce: Sickness (incl in temporary staffing) | 0.9 | 0.0 | 0.2 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.3 | 0.1 | 0.0 | 0.0 |
| Workforce: Suspensions | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 |
| Workforce: Pay Protection | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Ward Nursing levels: FDU Ward Benchmarking | 4.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.8 | 1.0 | 0.0 | 0.0 | 2.5 | 0.0 | 0.0 | 0.0 |
| Corporate Staffing: FDU Corporate Benchmarking | 2.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.6 | 0.0 | 0.0 |
| Medicines Management: Primary Care Prescribing | 17.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.5 | 8.3 | 5.5 | 0.9 | 0.0 | 0.0 | 0.0 | 0.0 |
| Continuing HealthCare | 12.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 4.0 | 4.4 | 4.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Contracting | 1.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.6 | 0.0 |
| HSDU | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 |

Table of significant opportunities

| Financial Opportunity | Ysbyty Gwynedd | Glan Clwyd | Wrexham Maelor | North Wales Services | Womens | West Area | Centre Area | East Area | MHLD | Corporate | Contracts |
|------------------------------------|----------------|------------|----------------|----------------------|--------|-----------|-------------|-----------|------|-----------|-----------|
| Referral Management | 4.2 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | | |
| Management of ACSC | 7.6 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | | |
| Management of "Frequent Fliers" | 0.7 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | | |
| Delayed Transfers of Care | 0.9 | | | | | ✓ | ✓ | ✓ | ✓ | | |
| Pressure Ulcers & HAI infections | 0.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Theatres | 12.5 | ✓ | ✓ | ✓ | | | | | | | |
| Elective LOS | 2.9 | ✓ | ✓ | ✓ | ✓ | | ✓ | | | | |
| Emergency LOS | 10.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Outpatient New:Review ratios | 10.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Outpatient DNAs | 0.2 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | | |
| Elderly Wards Benchmarking | 1.7 | | | | | | | ✓ | | | |
| Mental Health Benchmarking | 5.2 | | | | | | | | ✓ | | |
| Pathology (Keel Benchmarking) | 2 | | | ✓ | | | | | | | |
| Building & Engineering Maintenance | 2.4 | | | | | | | | | ✓ | |
| Workforce | 21.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Medicines Management | 17.2 | | | | | ✓ | ✓ | ✓ | | | |
| Continuing Healthcare | 12.4 | | | | | ✓ | ✓ | ✓ | | | |
| Contracting | 1.6 | | | | | | | | | | ✓ |
| HSDU | 0.1 | | | | | | | | | ✓ | |
| 114.1 | | | | | | | | | | | |

| | |
|---|---|
| ✓ | Joint Acute & Area as local Health Economy Efficiency opportunities |
| ✓ | Specific to Divisions |
| ✓ | Specific to Divisions but big efficiencies will require BCU transformational change |

Early Priorities

- Outpatients
- Theatres
- Ambulatory Care Sensitive Conditions
- Emergency Length of Stay
- Mental Health
- Workforce



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University Health Board

| | | | | | | | |
|---|---|---|--|--|---|--|--|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Finance Report Month 5 2021/22 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill, Executive Director of Finance | | | | | | |
| Awdur yr Adroddiad Report Author: | Tom Stanford, Interim Operational Finance Director | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Executive Director of Finance | | | | | | |
| Atodiadau Appendices: | <u>Appendix 1</u> : Finance Report Pack | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| It is asked that the report is noted. | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad/cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | ✓ | Er gwybodaeth For Information | |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable. | | | | | | | |
| Sefyllfa / Situation: | | | | | | | |
| The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board as at August 2021. | | | | | | | |
| Cefndir / Background: | | | | | | | |
| <p>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, while maintaining the focus on the six key objectives described in the draft plan. The revised financial plan submitted to Welsh Government in June anticipates ensuring the Health Board achieves a balanced position at the year end.</p> <p>The Health Board's plans for 2021/22 include the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit and £42.0m strategic support) and the £19.9m COVID-19 Recovery Plan funding. Together, these will be used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.</p> <p>We are testing our assumptions in the original plans and if required will refresh our forecasts with the divisional teams, by month 6, to ensure that the overall forecast outturn is robust and achieved. This may include additional outsourcing, interims or consultancy, to progress some of the larger schemes.</p> | | | | | | | |

Asesiad / Assessment:**Goblygiadau Strategol / Strategy Implications**

This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.

Opsiynau a ystyriwyd / Options considered

Not applicable – report is for assurance only

Goblygiadau Ariannol / Financial Implications

| | Month 5 £m | YTD £m | Forecast £m |
|------------------|---------------|-----------|----------------|
| Actual Position | 0.0 | 0.0 | 0.0 |
| Planned Position | 0.0 | 0.0 | 0.0 |
| Variance | 0.0 | 0.0 | 0.0 |

The in-month position is break even, which also brings the cumulative position to break even. This reflects the additional funding announced in the recent touchpoint meeting with Welsh Government. This funding, which is to cover the impact of the undelivered savings from 2020/21, means that there is now also a balanced position forecast for the year.

The total impact of COVID-19 in September is £6.1m (£35.8m for the year to date). Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

Dadansoddiad Risk / Risk Analysis

There are four risks to the financial position, two with a total value of £2.2m and two being yet to be determined. These risks are in relation to anticipated income not being fully funded and additional pay award not fully funded.

BCU risks are reported separately via the Risk Register.

There are two opportunities, one in relation to potential future one off accountancy gains and another in relation to a risk of not being to utilise additional funding provided by Welsh Government.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

Not applicable.



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University Health Board

Finance Report

August 2021: M05-22

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.
- This will be further tested and if required will be refreshed by month 6

Key Messages

- ❖ The cumulative financial position and forecast position for 2021/22 remain balanced.
- ❖ The Health Board has been notified of additional funding totalling £32.6m to cover the impact of the undelivered savings from 2020/21. This additional funding is anticipated to cover the financial risk for the year that was identified in the draft financial plan.
- ❖ Expenditure related to the £42.0m funding for the Performance Fund and Strategic Support, plus the £19.9m COVID-19 Recovery Plan funding is included in forecasts based on submitted plans. The full utilisation of this funding to improve performance, reduce waiting lists and drive a programme of transformation is dependent on operational teams implementing approved plans at pace.

Summary of Key Numbers

| | | | | | | | | | | | | |
|---|---|--|------------|------------------|----------------|---------------|---------------|---------------|-----------|------------------|-------|-----------------|
| <div>Month 05 Position</div> <div>Break even position in month. Balanced</div> <div>Cumulative position is break even. Balanced</div> | <div>Forecast</div> <div>Reflects additional funding to cover the impact of the undelivered savings from 2020/21</div> <div>Balanced</div> | <div>Divisional Performance</div> <table><tr><td>Area Teams</td><td>£0.3m favourable</td></tr><tr><td>Secondary Care</td><td>£0.5m adverse</td></tr><tr><td>Mental Health</td><td>£0.2m adverse</td></tr><tr><td>Corporate</td><td>£0.4m favourable</td></tr><tr><td>Other</td><td>£0.0 favourable</td></tr></table> | Area Teams | £0.3m favourable | Secondary Care | £0.5m adverse | Mental Health | £0.2m adverse | Corporate | £0.4m favourable | Other | £0.0 favourable |
| Area Teams | £0.3m favourable | | | | | | | | | | | |
| Secondary Care | £0.5m adverse | | | | | | | | | | | |
| Mental Health | £0.2m adverse | | | | | | | | | | | |
| Corporate | £0.4m favourable | | | | | | | | | | | |
| Other | £0.0 favourable | | | | | | | | | | | |
| <div>Savings</div> <div>In-month: £1.0m against plan of £1.4m £0.4m adverse</div> <div>YTD: £6.1m against plan of £7.0m £0.9m adverse</div> | <div>Savings Forecast</div> <div>£12.7m against plan of £17.0m</div> <div>£4.3m adverse</div> | <div>COVID-19 Impact</div> <div>£35.8m cost YTD £110.4m forecast cost Funded by Welsh Government</div> <div>£nil impact</div> | | | | | | | | | | |
| <div>Income</div> <div>£58.3m against budget of £57.6m</div> <div>£0.7m favourable</div> | <div>Pay</div> <div>£353.2m against budget of £354.1m</div> <div>£0.9m favourable</div> | <div>Non-Pay</div> <div>£435.8m against budget of £434.2m</div> <div>£1.6m adverse</div> | | | | | | | | | | |

Revenue Position

- The in-month position is a break even position which also brings the cumulative position to breakeven. This reflects the additional £32.7m funding notified to the Health Board in May, to cover the impact of the undelivered savings from 2020/21.
- The total cost of COVID-19 in August is £6.1m (£35.8m for the year to date). Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

| | Actual | | | | | Cumulative | | | | Forecast |
|------------------------------|------------|--------------|------------|------------|------------|------------|------------|--------------|----------|------------|
| | M01 | M02 | M03 | M04 | M05 | Budget | Actual | Variance | Variance | Actual |
| | £m | £m | £m | £m | £m | £m | £m | £m | % | £m |
| Revenue Resource Limit | (136.7) | (147.2) | (147.1) | (148.3) | (151.4) | (730.7) | (730.7) | 0.0 | 0.0% | (1,827.1) |
| Miscellaneous Income | (12.1) | (11.6) | (11.7) | (10.6) | (12.2) | (57.6) | (58.3) | 0.7 | -1.2% | (135.8) |
| Health Board Pay Expenditure | 68.2 | 70.2 | 69.7 | 69.0 | 76.1 | 354.1 | 353.2 | 0.9 | 0.3% | 870.7 |
| Non-Pay Expenditure | 82.8 | 86.3 | 89.1 | 90.0 | 87.5 | 434.2 | 435.8 | (1.6) | -0.4% | 1,092.2 |
| Total | 2.2 | (2.3) | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | (0.0) | | 0.0 |

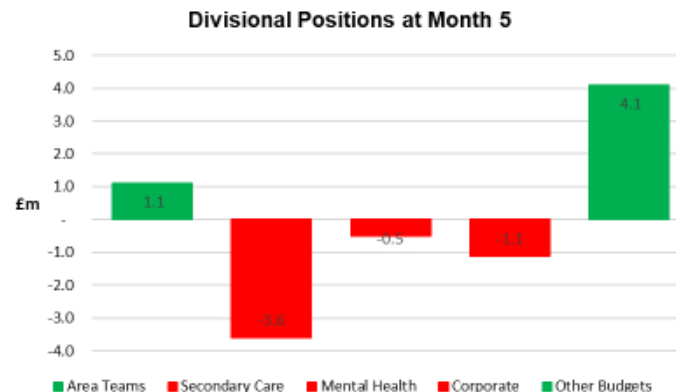
- The forecast position has been updated to recognise the additional funding, meaning that there is now a balanced position forecast for the year.
- The Health Board's plans for 2021/22 include the £82m strategic support funding notified by Welsh Government last year (£40m to cover the deficit and £42m strategic support) and the £19.9m COVID-19 Recovery Plan funding. Together, these will be used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.
- In line with all NHS organisations in Wales, the 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. Further work will be undertaken to test our assumptions and refresh if required the plan by Month 6.



Divisional Positions

| | In Month | | | Cumulative | | |
|---|----------------|----------------|-----------------------------|----------------|----------------|-----------------------------|
| | Budget £000 | Actual £000 | Variance to Plan £000 | Budget £000 | Actual £000 | Variance to Plan £000 |
| WG RESOURCE ALLOCATION | (151,319) | (151,319) | 0 | (730,661) | (730,661) | 0 |
| AREA TEAMS | | | | | | |
| West Area | 14,343 | 14,489 | (147) | 69,566 | 69,925 | (359) |
| Central Area | 19,590 | 19,321 | 269 | 92,384 | 91,619 | 765 |
| East Area | 21,098 | 21,006 | 92 | 107,485 | 106,532 | 952 |
| Other North Wales | 3,770 | 3,854 | (84) | 18,391 | 18,082 | 309 |
| Field Hospitals | (256) | (256) | 0 | 1,411 | 1,411 | 0 |
| Track,Trace,Protect & Vaccination | 2,499 | 2,499 | 0 | 9,798 | 9,798 | 0 |
| Commissioner Contracts | 18,423 | 18,550 | (127) | 92,164 | 92,819 | (655) |
| Provider Income | (2,067) | (2,320) | 253 | (9,247) | (9,318) | 71 |
| Total Area Teams | 77,400 | 77,144 | 256 | 381,950 | 380,867 | 1,083 |
| SECONDARY CARE | | | | | | |
| Ysbyty Gwynedd | 9,626 | 9,660 | (35) | 44,885 | 45,430 | (545) |
| Ysbyty Glan Clwyd | 12,094 | 12,249 | (155) | 55,996 | 56,522 | (525) |
| Ysbyty Maelor Wrexham | 10,464 | 10,658 | (194) | 47,638 | 49,557 | (1,919) |
| North Wales Hospital Services | 10,232 | 10,297 | (65) | 47,594 | 48,529 | (936) |
| Womens | 4,002 | 4,011 | (10) | 17,741 | 17,373 | 368 |
| Total Secondary Care | 46,418 | 46,876 | (458) | 213,855 | 217,411 | (3,556) |
| Total Mental Health & LDS | 11,828 | 12,001 | (173) | 56,309 | 56,817 | (508) |
| Total Corporate | 13,301 | 12,960 | 341 | 61,621 | 62,741 | (1,120) |
| Total Other Budgets incl. Reserves | 2,371 | 2,338 | 33 | 16,927 | 12,826 | 4,101 |
| TOTAL | 0 | 0 | 0 | 0 | 0 | 0 |

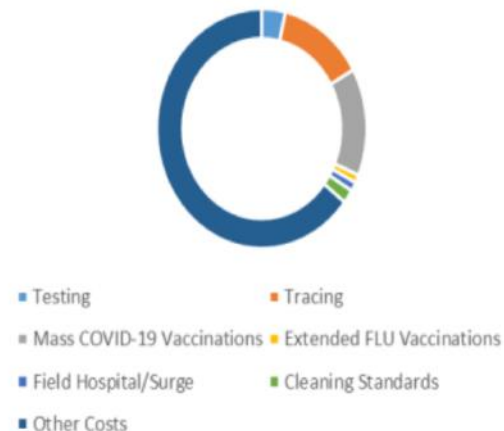
- Divisional forecasts have been completed as part of the Quarter 1 refresh. The assumptions on the forecasts will be tested and if required the plan will be refreshed by Month 6.
- Corporate is showing a cumulative underspend due to a one off rate rebate in July.



Impact of COVID-19

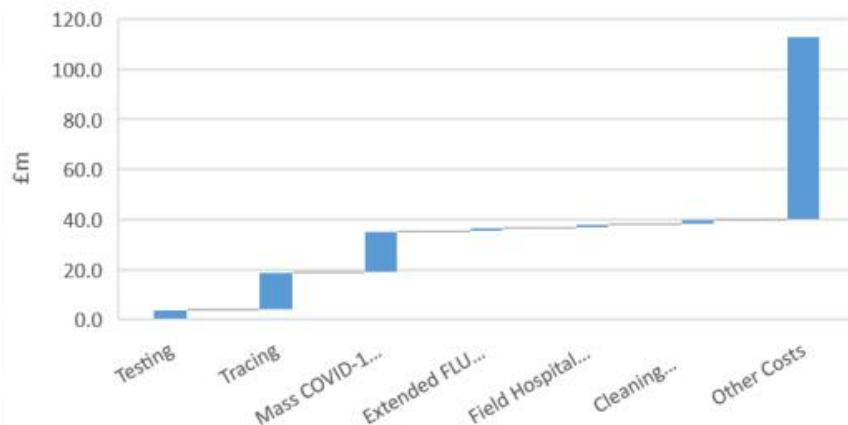
| | Actual M01 £m | Actual M02 £m | Actual M03 £m | Actual M04 £m | Actual M05 £m | Actual YTD £m | Forecast 2021/22 £m |
|---------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------------|
| Testing | 0.1 | 0.2 | 0.2 | 0.3 | 0.4 | 1.2 | 4.1 |
| Tracing | 1.1 | 1.0 | 1.0 | 0.9 | 1.1 | 5.1 | 14.9 |
| Mass COVID-19 Vaccinations | 1.7 | 1.5 | 2.0 | 0.8 | 1.0 | 7.0 | 16.4 |
| Extended FLU Vaccinations | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.2 |
| Field Hospital/Surge | 0.3 | 0.7 | 0.2 | 0.5 | (0.3) | 1.4 | 1.4 |
| Cleaning Standards | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | 0.5 | 2.1 |
| Other Costs | 4.5 | 3.6 | 4.5 | 6.3 | 4.0 | 22.9 | 72.7 |
| Total COVID-19 costs | 7.7 | 7.0 | 7.9 | 8.8 | 6.7 | 38.1 | 112.8 |
| Non Delivery of Savings | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Expenditure Reductions | (0.2) | (0.7) | (0.8) | 0.1 | (0.6) | (2.3) | (2.4) |
| Slippage on Planned Investments | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Impact of COVID-19 | 7.5 | 6.3 | 7.1 | 8.9 | 6.1 | 35.8 | 110.4 |
| Welsh Government Funding | (8.3) | (11.9) | (10.6) | (11.5) | (9.4) | (51.8) | (145.5) |
| Impact of COVID-19 on Position | (0.8) | (5.6) | (3.5) | (2.6) | (3.3) | (16.0) | (35.1) |

Forecast COVID-19 Cost Distribution

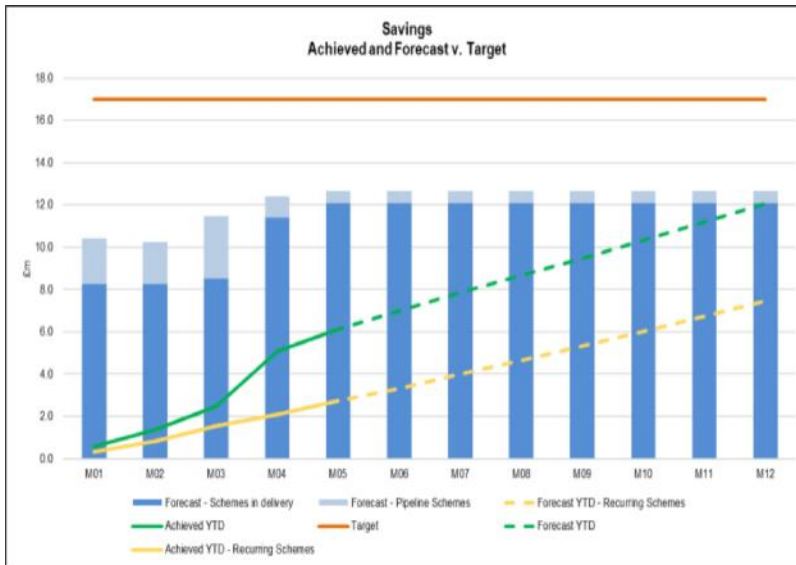


- The forecast total impact of COVID-19 is currently £112.8m. This is based on existing Welsh Government guidance and the assumption that COVID-19 will continue to have an impact for the whole year. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.
- As additional modelling data for COVID-19 is received, and in line with the refresh of the financial plan, this forecast will be revised and updated. There will however remain a degree of uncertainty around forecasts as situations develop, particularly regarding the impact of variants of concern on hospital activity.

Forecast COVID-19 Costs



Savings



- Savings in Month 5 totalled £1.0m, a decrease of £1.6m over the delivery in Month 4. This gives cumulative savings delivered of £6.1m for the year to date. This is mainly due to a one-off rates rebate of £1.3m recognised in Month 4.
- Savings of £12.1m are forecast for delivery in 2021/22 against identified amber and green schemes, an increase of £0.7m compared to Month 4.
- Red schemes in development are expected to deliver a further £0.6m by year end, a decrease of £0.4m against Month 4 reflecting the movement from red to amber and green. Work is ongoing to convert these schemes to amber and green in month 6.
- Further opportunities are being identified both within Divisions and across BCU to ensure delivery of the savings included within the financial plan.

| | Savings Target £000 | SCHEMES IN DELIVERY | | | | | | | | | | PIPELINE SCHEMES | | | | TOTAL PROGRAMME | |
|------------------------------|------------------------|------------------------|-------------------------------------|---------------------------------------|---|----------------------------|------------------|--------------------------------|------------------------|----------------------|--|------------------------|----------------------------|------------------|------------------|------------------|------------------|
| | | Year to Date | | | | Forecast | | | | | | Total Plan | | | | Total | |
| | | Savings Target £000 | Recurring Savings Delivered £000 | Variance in Recurring Savings £000 | Non-Recurring Savings Delivered £000 | Recurring Forecast £000 | Variance £000 | Non-Recurring Forecast £000 | Total Forecast £000 | Forecast FYE £000 | | Recurring Plan £000 | Non-Recurring Plan £000 | Plan FYE £000 | Plan FYE £000 | Forecast £000 | Variance £000 |
| Ysbyty Gwynedd | 1,833 | 764 | 178 | (586) | 10 | 371 | (1,462) | 39 | 410 | 441 | | 57 | 0 | 57 | 57 | 467 | (1,366) |
| Ysbyty Glan Clwyd | 2,155 | 898 | 46 | (852) | 7 | 130 | (2,025) | 38 | 168 | 234 | | 220 | 0 | 220 | 228 | 388 | (1,767) |
| Ysbyty Wrexham Maelor | 1,922 | 801 | 102 | (699) | 280 | 270 | (1,652) | 647 | 917 | 365 | | 57 | 0 | 57 | 106 | 974 | (948) |
| North Wales Managed Services | 1,399 | 583 | 166 | (417) | 138 | 720 | (679) | 175 | 895 | 829 | | 0 | 118 | 118 | 0 | 1,013 | (386) |
| Womens Services | 584 | 197 | 103 | (94) | 186 | 380 | (204) | 218 | 598 | 485 | | 0 | 15 | 15 | 0 | 613 | 29 |
| Secondary Care | 7,893 | 3,243 | 596 | (2,647) | 621 | 1,870 | (6,023) | 1,117 | 2,987 | 2,364 | | 334 | 133 | 467 | 391 | 3,455 | (4,436) |
| Area - West | 1,387 | 578 | 334 | (2,44) | 149 | 983 | (404) | 307 | 1,290 | 1,069 | | 0 | 0 | 0 | 0 | 1,290 | (97) |
| Area - Centre | 1,900 | 792 | 643 | (148) | 51 | 1,772 | (128) | 137 | 1,909 | 2,077 | | 0 | 0 | 0 | 0 | 1,909 | 9 |
| Area - East | 1,861 | 775 | 419 | (357) | 1,086 | 1,091 | (770) | 1,457 | 2,547 | 1,124 | | 80 | 60 | 140 | 80 | 2,887 | 826 |
| Area - Other | 234 | 98 | 17 | (80) | 69 | 138 | (96) | 100 | 238 | 138 | | 0 | 0 | 0 | 0 | 238 | 4 |
| Contracts | 980 | 408 | 0 | (408) | 0 | 0 | (980) | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | (980) |
| Area Teams | 6,362 | 2,651 | 1,413 | (1,238) | 1,356 | 3,983 | (2,379) | 2,001 | 5,984 | 4,409 | | 80 | 60 | 140 | 80 | 6,124 | (238) |
| MHLD | 840 | 350 | 638 | 288 | 42 | 1,382 | 542 | 104 | 1,485 | 1,401 | | 0 | 0 | 0 | 0 | 1,485 | 645 |
| Corporate | 1,910 | 796 | 44 | (752) | 1,391 | 187 | (1,723) | 1,419 | 1,606 | 323 | | 0 | 0 | 0 | 0 | 1,606 | (304) |
| Divisional Total | 17,005 | 7,039 | 2,890 | (4,349) | 3,409 | 7,421 | (9,584) | 4,641 | 12,063 | 8,497 | | 414 | 193 | 607 | 471 | 12,670 | (4,335) |
| | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Improvement Group Total | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Programme | 17,005 | 7,039 | 2,890 | (4,349) | 3,409 | 7,421 | (9,584) | 4,641 | 12,063 | 8,497 | | 414 | 193 | 607 | 471 | 12,670 | (4,335) |

Income

| Description | £m |
|-----------------------------------|----------------|
| Allocations Received | 1,715.1 |
| Total Allocations Received | 1,715.1 |

| Description | £m |
|---|--------------|
| Allocations anticipated | |
| Capital | 6.6 |
| Removal of Donated Assets / Government Grant Receipts | -0.8 |
| Total COVID-19 (see below analysis) | 76.9 |
| Substance Misuse | 5.8 |
| IM&T Refresh Programme (in line with 11-12) | 1.9 |
| Pay award 2% inflationary uplift | 15.4 |
| SpRs for the year | 0.4 |
| MSK Orthopaedic Services - Secondary Care funding | 0.8 |
| Mental Health Service Improvement Fund | 3.3 |
| 2022 ICF Allocations - Anticipated Dementia Fund | 2.2 |
| Welsh Risk Pool | -3.1 |
| Other | 2.8 |
| Total Allocations Anticipated | 112.0 |

| | £m |
|--------------------------------------|----------------|
| Total Allocations Received | 1,715.1 |
| Total Allocations Anticipated | 112.0 |
| Total Welsh Government Income | 1,827.1 |

| COVID -19 Funding | £m |
|--|--------------|
| Total COVID-19 costs in 2021/22 | 112.8 |
| Impact of non delivery of savings in 2020/21 | 32.7 |
| Total Covid -19 funding | 145.5 |

| | |
|-------------|------|
| Received | 68.6 |
| Anticipated | 76.9 |

- The majority of the Health Board's funding is from the Welsh Government allocation through the Revenue Resource Limit (RRL). The RRL is currently £1,827.1m for the year. £730.7m of the RRL has been profiled into the position cumulatively, which is £30.6m less than five equal twelfths, primarily due to the profile of COVID-19 and performance funding.
- The RRL includes confirmed allocations to date of £1,715.1m, with further anticipated allocations in year of £112.0m.
- Miscellaneous income totals £12.2m in Month 5, £58.4m cumulatively, which is a favourable variance of £0.8m against the budget.
- The impact of COVID-19 has resulted in lost income of £0.3m in August (£1.7m year to date) relating to General Dental Services (GDS) patient income. This is included as a cost of COVID-19.

Expenditure

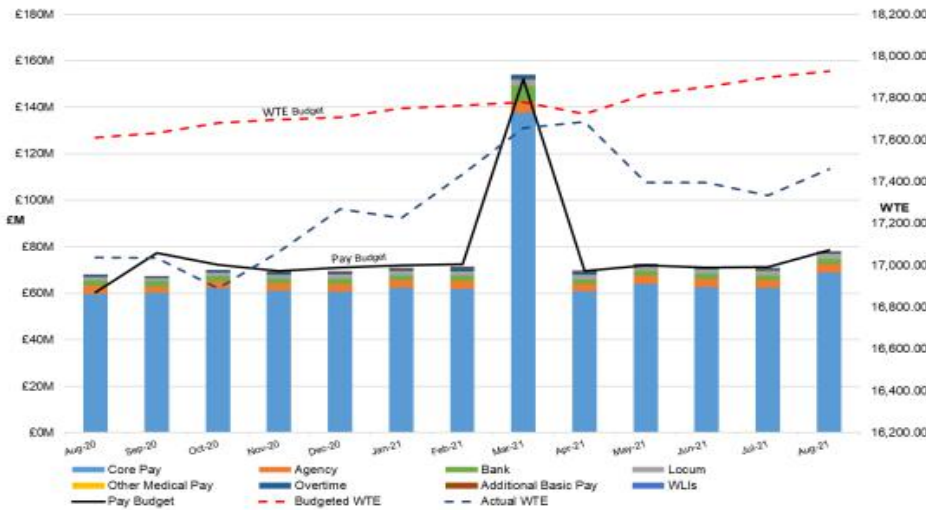
| Pay Costs | Actual | | | | | Forecast | | | | | | | Cumulative | | | Full Year |
|---------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | M01 | M02 | M03 | M04 | M05 | M06 | M07 | M08 | M09 | M10 | M11 | M12 | YTD Budget | YTD Actual | YTD Variance | Forecast |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| Administrative & Clerical | 9.5 | 9.7 | 9.5 | 9.5 | 10.6 | 10.2 | 10.3 | 10.4 | 10.5 | 10.5 | 10.5 | 10.5 | 50.9 | 48.8 | 2.1 | 121.7 |
| Medical & Dental | 15.9 | 16.3 | 16.3 | 16.5 | 18.1 | 17.3 | 17.4 | 17.6 | 17.7 | 17.9 | 17.9 | 17.9 | 80.3 | 83.1 | (2.8) | 206.8 |
| Nursing & Midwifery Registered | 21.5 | 22.2 | 22.1 | 21.6 | 24.0 | 22.7 | 22.7 | 22.9 | 23.1 | 23.3 | 23.4 | 23.4 | 116.0 | 111.4 | 4.6 | 272.9 |
| Additional Clinical Services | 9.7 | 10.3 | 10.1 | 9.7 | 3.4 | 10.2 | 10.3 | 10.4 | 10.5 | 10.6 | 10.6 | 10.5 | 46.4 | 43.2 | 3.2 | 116.3 |
| Add Prof Scientific & Technical | 3.1 | 3.1 | 3.1 | 3.1 | 10.8 | 3.3 | 3.3 | 3.3 | 3.3 | 3.4 | 3.4 | 3.4 | 17.1 | 23.2 | (6.1) | 46.6 |
| Allied Health Professionals | 4.0 | 4.0 | 4.0 | 4.0 | 4.2 | 4.1 | 4.1 | 4.1 | 4.2 | 4.2 | 4.2 | 4.2 | 20.3 | 20.2 | 0.1 | 49.3 |
| Healthcare Scientists | 1.2 | 1.2 | 1.2 | 1.2 | 1.3 | 1.2 | 1.2 | 1.2 | 1.3 | 1.3 | 1.3 | 1.3 | 6.0 | 6.1 | (0.1) | 14.9 |
| Estates & Ancillary | 3.3 | 3.4 | 3.4 | 3.4 | 3.6 | 3.4 | 3.5 | 3.5 | 3.5 | 3.6 | 3.6 | 3.6 | 17.1 | 17.1 | 0.0 | 41.8 |
| Students | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.5 | 0.0 | 0.1 | (0.1) | 1.0 |
| Health Board Total | 68.2 | 70.2 | 69.7 | 69.0 | 76.1 | 72.4 | 72.8 | 73.5 | 74.2 | 74.9 | 75.0 | 75.3 | 354.1 | 353.2 | 0.9 | 871.3 |
| Primary care | 1.4 | 2.3 | 1.8 | 1.9 | 2.0 | 1.8 | 1.8 | 1.8 | 1.9 | 1.9 | 1.9 | 1.8 | 8.9 | 9.4 | (0.5) | 22.3 |
| Total Pay | 69.6 | 72.5 | 71.5 | 70.9 | 78.1 | 74.2 | 74.6 | 75.3 | 76.1 | 76.8 | 76.9 | 77.1 | 363.0 | 362.6 | 0.4 | 893.6 |

| Variable Pay | M01 | M02 | M03 | M04 | M05 | Total |
|------------------|------------|------------|------------|------------|------------|-------------|
| | £m | £m | £m | £m | £m | £m |
| Agency | 3.1 | 3.5 | 3.7 | 3.5 | 3.8 | 17.6 |
| Overtime | 1.1 | 0.7 | 0.7 | 0.7 | 0.8 | 4.0 |
| Locum | 1.9 | 1.8 | 1.8 | 1.7 | 2.0 | 9.2 |
| WLLs | 0.1 | 0.2 | 0.2 | 0.4 | 0.2 | 1.1 |
| Bank | 2.0 | 2.0 | 2.1 | 2.0 | 2.0 | 10.1 |
| Other Non Core | 0.1 | (0.1) | 0.1 | 0.1 | 0.1 | 0.3 |
| Additional Hours | 0.5 | 0.4 | 0.4 | 0.4 | 0.4 | 2.0 |
| Total | 8.8 | 8.5 | 8.9 | 8.7 | 9.3 | 44.2 |

- Health Board pay costs total £76.1m in Month 5. Variable pay is £9.3m of this cost, equivalent to 12.2%. Non-pay costs total £87.8m in Month 5. Pay costs are further analysed on page 10 and non-pay costs on page 11.
- **Forecast expenditure** related to the £30m funding for the Performance Fund, £12m Strategic Support and £19.9m COVID-19 Recovery Plan is based on the phasing of costs in submitted business cases. These indicate a stepped increase in spend each month for the first seven months of the year and a continued high level of spend for the remaining five months. This cost profile is dependent on operational teams implementing approved plans at pace. Actual performance against submitted businesses cases will be monitored on a monthly basis and used to inform future forecasts

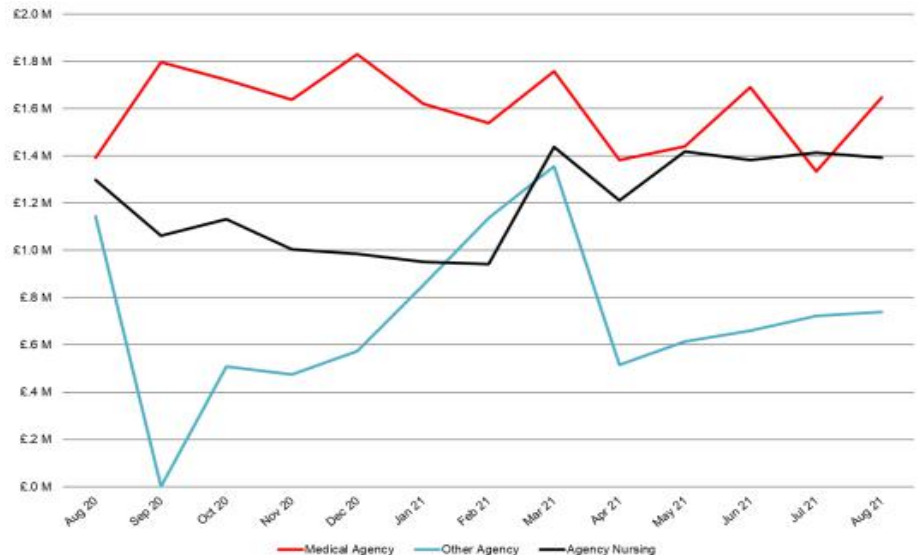
| Non-Pay Costs | Actual | | | | | Forecast | | | | | | | Cumulative | | | Full Year |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|----------------|
| | M01 | M02 | M03 | M04 | M05 | M06 | M07 | M08 | M09 | M10 | M11 | M12 | YTD Budget | YTD Actual | YTD Variance | Forecast |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| Primary Care | 18.3 | 18.9 | 19.1 | 19.7 | 18.5 | 19.4 | 19.2 | 18.7 | 18.8 | 18.9 | 18.0 | 18.8 | 94.6 | 94.5 | 0.1 | 226.3 |
| Primary Care Drugs | 9.2 | 7.9 | 9.3 | 10.4 | 9.3 | 10.0 | 9.4 | 9.9 | 10.3 | 9.5 | 9.0 | 10.3 | 44.9 | 46.1 | (1.2) | 114.5 |
| Secondary Care Drugs | 5.6 | 6.0 | 6.8 | 6.9 | 7.1 | 6.9 | 6.8 | 6.7 | 7.1 | 6.8 | 6.6 | 7.0 | 29.4 | 32.4 | (3.0) | 80.3 |
| Healthcare Services Provided by Other NHS Bodies | 22.8 | 22.8 | 23.4 | 24.4 | 23.3 | 23.2 | 23.7 | 23.2 | 23.2 | 23.2 | 23.2 | 23.2 | 116.4 | 116.7 | (0.3) | 279.6 |
| Continuing Care and Funded Nursing Care | 8.2 | 9.2 | 8.5 | 10.2 | 8.6 | 9.3 | 9.0 | 8.8 | 8.9 | 8.8 | 8.4 | 9.6 | 43.5 | 44.7 | (1.2) | 107.5 |
| Other Non-Pay (Incl. General & Clinical Supplies) | 16.3 | 19.1 | 17.4 | 15.3 | 17.9 | 18.6 | 23.0 | 23.7 | 23.7 | 23.9 | 23.9 | 25.8 | 89.8 | 86.0 | 3.8 | 248.6 |
| Non-pay costs | 80.4 | 83.9 | 84.5 | 86.9 | 84.7 | 87.4 | 91.1 | 91.0 | 92.0 | 91.1 | 89.1 | 94.7 | 418.6 | 420.4 | (1.8) | 1,056.8 |
| Cost of Capital | 2.4 | 2.4 | 4.6 | 3.1 | 3.1 | 3.1 | 3.1 | 3.1 | 3.1 | 3.1 | 3.1 | 0.8 | 15.6 | 15.6 | 0.0 | 35.0 |
| Total non-pay including cost of capital | 82.8 | 86.3 | 89.1 | 90.0 | 87.8 | 90.5 | 94.2 | 94.1 | 95.1 | 94.2 | 92.2 | 95.5 | 434.2 | 436.0 | (1.8) | 1,091.8 |

Pay Costs



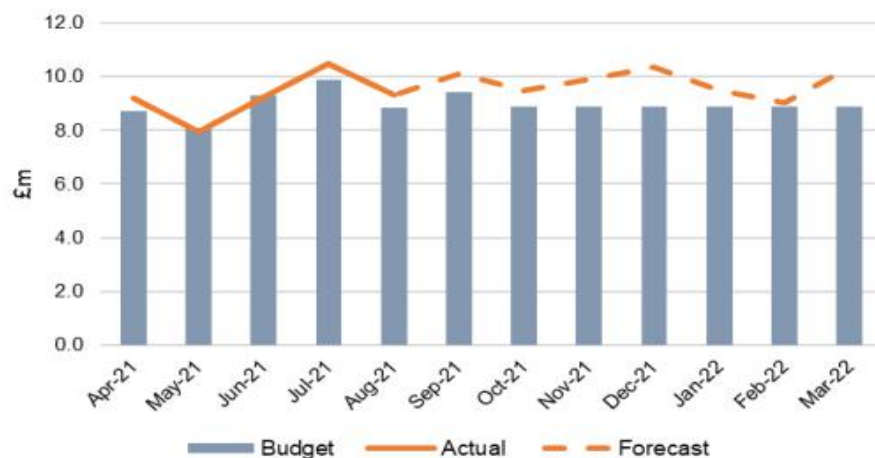
- **Total pay costs** in August are £78.1m. Provided Services pay costs are £76.1m, which is £7.1m (10.3%) more than last month due to the additional 2% pay award recognised in month.
- Pay costs and funding are currently profiled across the year, for the 3% pay award back dated to April.
- A total of £3.2m of pay costs were directly related to COVID-19, which is £0.7m higher than in July.

- **Agency costs** for Month 5 are £3.8m, representing 4.8% of total pay, which is the average monthly expenditure in 2020/21. Monthly agency spend for August included £0.8m that related to COVID-19, £0.2m more than last month.



Non-Pay Costs

Primary Care - Drugs & Appliances



Primary Care Drugs: The expenditure for Month 5 is £1.2m (11%) lower than in Month 4 and is nearly at the average rate per month since the start of the financial year. The core GP prescribing drug expenditure for Month 5 is £0.5m (5%) lower than in Month 4, however there is 1 less Prescribing day in August than there was in July. Following receipt of the June prescribing data, the average cost per Prescribing Day has shown a significant decrease; June was £466k compared to May at £502k, representing an overall decrease of 7.2%. The average cost per item has shown a small decrease of 0.5%, and the overall number of items prescribed has decreased by 6.7%. The decrease in the average cost per Prescribing Day this month appears to be driven by volume not price. This analysis is of course based on only 3 months of actual CASPA data (April, May and June), as such may not be indicative of the financial year ahead. As always the position will be monitored closely through Finance and the Heads of Medicines Management across the Divisions. The cumulative overspend to date is £1.2m.

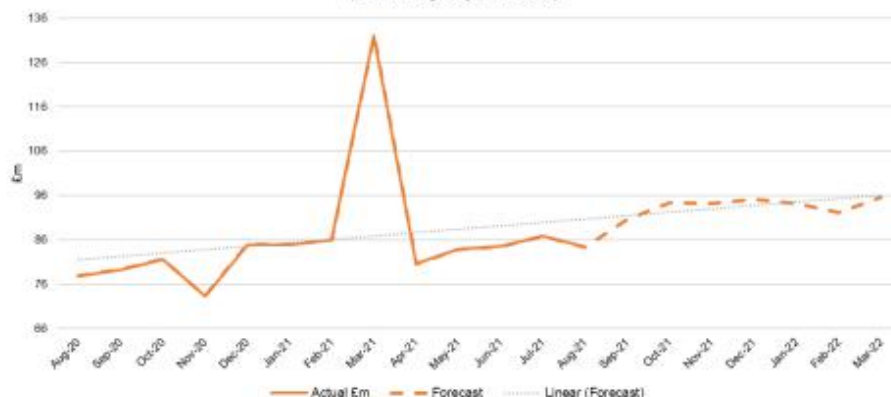
Other Non-Pay: Spend in total, excluding capital costs, for August is £84.7m, £2.2m lower than in July. Within the total is Other Non-Pay costs of £17.9m and this has increased by £2.6m compared to last month. The main reasons for this increase are:

- Provider services –non pay (excluding drugs & depreciation) spend in August is £5.2m (30%) more than in July. This reverses the decrease from last month which was for technical reasons and mainly related to the transfer of COVID-19 costs to Joint Financing (£2.6m) in respect of payments to Local Authorities for COVID-19 Tracing. The other increases compared to Month 4 relates to Intermediate Care Fund (ICF) (£0.3m), agency recruitment fees (£0.2m), services from local authorities (£0.3m).

- The increases are offset by Scheduled Care activity decreasing by circa 13% across sites in total, due to lack of staff with annual leave, COVID-19 related sickness issues and in one site the theatres were closed for one week for planned maintenance. This was offset by an increase in emergency theatre activity. There has been a reduction in sessions with cancelled patients, compared to July. All three sites have also seen increases in Emergency Department activity which is above equivalent 2019/20 levels leading to pressures due to lack of staff which is backfilled by agency workers.

- The combination of the above two bullet points gives a net increase of £2.6m in Other Non-Pay costs.

Non-Pay Expenditure (Excluding Capital Costs)



Risks and Opportunities (not included in position)

| | £m | Level | Explanation |
|--|-----|-------|---|
| Risks | | | |
| Savings Programme – Red Risk Pipeline Schemes | 0.6 | | <p>There is a risk that the savings programme will not deliver the £17.0m target, as per the financial plan. Savings of £12.7m are forecast for delivery in 2021/22, which includes £0.6m of red-rated schemes in the pipeline.</p> <p>Divisions have been set a stretch savings target of £25.0m, which is £8.0m above the agreed target and should ensure that there are enough schemes within the pipeline to allow for any slippage or under delivery that may occur.</p> |
| Savings Programme - Planning Assumptions | 1.6 | | <p>There is a risk that the planning assumptions still be to identified, which total £1.6m, will not deliver in the current financial year.</p> <p>Divisions have been set a stretch savings target of £25.0m, which is £8.0m above the agreed target and should ensure that there are enough schemes within the pipeline to allow for any slippage or under delivery that may occur.</p> |
| Anticipated income | TBC | | There is a risk that the anticipated income shown in Table E will not be fully funded. |
| Pay award – Risk of additional 2% pay award not fully funded | TBC | | The financial plan assumes a 3% pay award. There is a risk that the additional 2% over the original plan will not be fully funded although this has been included in anticipated income. |

| | £m | Level | Explanation |
|---|-----|-------|--|
| Opportunity | | | |
| Accountancy gains | TBC | | There is a potential for future one off accountancy gains. |
| Additional funding – Risk of not being to utilise additional funding provided by WG | TBC | | There is a risk that the Health Board will not be able to utilise the additional funding provided by Welsh Government, for example, performance fund monies, due to plans not being identified and approved. |



GIG
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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

| | | | | | | | |
|--|---|---|--|--|-------------------------------------|--|--|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | External Contracts Quarter 2 Update 2021/22 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Mrs Sue Hill, Executive Director of Finance | | | | | | |
| Awdur yr Adroddiad Report Author: | Tracy Pope, Head of Healthcare Contracts Gillian Milne, Head of Healthcare Contracts – Finance | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Adrian Tomkins, Associate Director of Contracting | | | | | | |
| Atodiadau Appendices: | Appendix 1 – Quarterly External Healthcare Contracts -Update Quarter 2 2021/22 | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| <p>The Committee is asked to: note</p> <ul style="list-style-type: none"> the financial position on the main external contracts as reported at Quarter 2 2021/22. the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity. the impact of Covid-19 on external healthcare contracts. the impact and risk posed as a result of Covid-19 revised contracting arrangements adopted for contracts with NHS Providers and Commissioners. the work underway in respect of increasing planned care capacity the risks associated with the current contractual arrangements with independent care home and domiciliary care providers and actions being taken the work underway to review capacity within the team and develop robust governance and scrutiny arrangements | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | <input checked="" type="checkbox"/> | Er gwybodaeth For Information | |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Sefyllfa / Situation: | | | | | | | |
| <p>The purpose of this report is to provide an update on the contractual position of external 'Health Care' contracts (excluding primary care contracts) and the headline successes and challenges each quarter, this update is for Quarter 2 of 2021/22.</p> | | | | | | | |

Cefndir / Background:

The Health Board (HB) commissions healthcare with a range of providers, via circa 526 contracts, to a value of approximately £352 million. Currently circa 92% of expenditure is covered by a formal contract.

The financial position at the end of Quarter 2 2021/22 is a reported overspend of £0.7 million for healthcare expenditure contracts with a forecast outturn overspend of £3.6 million. The healthcare income contracts are currently breaking even, the year-end forecast on income is a deficit of £0.1 million.

Key issues of note can be summarised as follows:

- The issuing of the final 2021/22 Welsh standards has been delayed as these are currently with the Welsh Health Policy leads for review. The HB has been advised that the 2020/21 delivery framework will apply for the first six months of the financial year, with the intention that the 2021/22 framework will be implemented in the second half of the year, no further update on progress has been provided to the HB.
- The Healthcare Contracting Team (HCCT) are supporting the Planned Care lead and operational teams in increasing planned care capacity. Currently three endoscopy providers are on site with insourcing contracts until March 2022 and an outsourced contract for Orthopaedic activity with the private sector has been awarded and mobilised until March 2024. As part of the 2021/22 planned care recovery programme the HCCT is currently working with the operational teams on further outsourcing and insourcing options across a range of specialties.

The HCCT are supporting the development of the Regional Treatment Centre (RTC) plans and have facilitated the publishing of an expression of interest through 'Sell2Wales' to test the market and inform any future business case.

- The HCCT are currently undertaking a number of pieces of governance work.
- The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with HB Continuing Healthcare and Local Authority (LA) colleagues.
- A number of historic challenges have re-emerged with a care home provider, a formal dispute process has been invoked and the HB and Provider are working jointly to reach a negotiated settlement.
- The HCCT also support the Partnership working agenda working with LA colleagues and regulators to look at care home quality assurance moving forward.
- The detail of the regional contractual framework, Pre Placement Agreement (PPA) with Care Home providers is still under development and discussion between the HB, LA, Care Forum Wales (CFW), Provider representatives and legal teams. It is unlikely regionally that we will have an updated agreement in place before the end of the financial year. Legal implications of this are being considered, with the proposal to extend further existing agreements to the end of March 2022.

- During 2020/21 as part of the Covid-19 response 'Block' contracts were put in place with NHS Commissioners and Providers. It has been agreed that in both Wales and England the block contracting will continue throughout 2021/22.
- The external contracts show an overspend, this is due to delays in the allocation of additional funding for the Welsh Health Specialist Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) developments. Until there is greater clarity on whether the proposed schemes will be implemented in the planned timescales the funding is being held centrally by the HB.
- The pay award on the English contracts have been agreed and will be paid, with arrears, in month 7. The impact of this increased charge is reflected in the forecast deficit.
- The contracting arrangement between England and Wales as agreed between NHS-England (NHS-E) and Welsh Government (WG) is to continue with block contracts for the year. In addition to the block payment NHS-E developed an Elective Recovery Framework (ERF), this process was put in place to encourage the recovery of elective work. WG are providing additional funding to the HB to cover any ERF costs incurred. The ERF charges to date for the locally managed English contracts is £1.3 million
- The HB continues to engage fully with WHSSC and is actively involved with the development of the Plan for 2022/23.
- To ensure the HCCT can meet the current and future demands placed on it as a result of the COVID recovery and the extensive planned care programme a review of the team structure is currently in progress it is expected this will be completed and the outcomes implemented by the end of the calendar year.
- Following a review into the effectiveness of the current healthcare contracts governance and scrutiny structure that provides assurances to the Performance, Finance, Information and Governance (PFIG) committee a refreshed Terms of Reference for the Healthcare Contracts Assurance Group has been drafted and the first meeting of that group is being scheduled for November.

Asesiad / Assessment & Analysis

Strategy Implications

The Contracts Update supports the delivery of the HB's annual plan and is therefore aligned to the agreed strategic and business plans of the HB.

Options considered

Not applicable – report is for assurance only.

Financial Implications

The financial position at the end of Quarter 2 2021/22 is a reported overspend of £0.7 million for healthcare expenditure contracts with a forecast outturn overspend of £3.6 million. The healthcare income contracts are currently breaking even, the year-end forecast on income is a deficit of £0.1 million.

Risk Analysis

The HB manage contractual relationships which enables the HB to reduce risk, monitor and increase quality, take corrective action where required and closely monitor future costs, ensuring a cost effective approach to externally commissioned healthcare.

The report focuses on the performance of the main external healthcare contracts but also provides the PFIG Committee with an overview of the contractual developments of other external healthcare contracts. It also highlights key activity undertaken towards formalising and standardising all patient care contracts across the HB.

The Regional contractual framework, PPA with Care Home providers has expired. This carries a number of risks for the HB and the LA which are currently being considered.

The implementation of the recommendations of the Section 16 Ombudsman Report has identified a number of risks associated with joint funded lead commissioner arrangements with LA's which have been escalated to the Regional Commissioning Board(RCB).

Legal and Compliance

None

Impact Assessment

None

Appendix 1

Quarterly External Healthcare Contracts – Update Quarter 2 2021/22**1. Introduction**

This report provides a summary of activity by the HCCT and the headline successes and challenges in Quarter 2 of the 2021/22 financial year.

2. Analysis of current contracts position

- 2.1 There are currently 526 active healthcare expenditure contracts, this is an increase of 9 contracts since last reported in August.

Table 1 – Analysis of Contracts @ 30th September 2021

| Type of Care | Total No. | Anticipated Value £000's |
|-------------------------------|------------|-----------------------------|
| Ambulance / transport | 5 | 5,585 |
| Community Care | 61 | 16,235 |
| Diagnostic/testing | 22 | 9,859 |
| Domiciliary Care | 84 | 8,635 |
| General Healthcare | 4 | 56 |
| General support / signposting | 35 | 2,380 |
| Learning Disability | 30 | 641 |
| Mental Health | 78 | 7,442 |
| Nursing Home | 113 | 46,789 |
| Other | 18 | 1,138 |
| Product / Nursing Care | 4 | 874 |
| Residential Home | 16 | 1,816 |
| Secondary Care (Acute) | 9 | 32,787 |
| Secure Hospital / Wards | 19 | 5,153 |
| Specialist Hospital / unit | 16 | 9,644 |
| Tertiary Care | 12 | 202,641 |
| Grand Total | 526 | 351,675 |

- 2.2 92% of commissioned healthcare (by value) continues to be covered by a signed contract, the remaining contracts are under development as part of a 3-year plan to ensure all commissioned healthcare is contracted effectively. The HCCT continue to work to formalise contractual arrangements for the remaining 8% of expenditure, this in the main relates to GP cover for community hospitals / minor injury units and a small number of nursing home providers.
- 2.3 All contracts are risk assessed annually to ensure that there is a prioritised work plan for contract stabilisation activity aimed at minimising risk for patients and the HB corporately.
- 2.4 The issuing of final 2021/22 Welsh standards have been delayed as these are currently with the Welsh Health Policy leads for review. The HB has been advised that the 2020/21 delivery framework will apply for the first six months

of the financial year, with the intention that the 2021/22 framework will be implemented in the second half of the year, no further update on progress has been provided to the HB.

- 2.5 During the quarter endoscopy insourcing activity has continued to support the delivery of planned care. The team conduct weekly telephone contract monitoring meetings for all insourcing providers after each weekend where any operational issues are identified and addressed.
- 2.6 The HCCT team are supporting the Planned Care lead and operational teams in a number of other service areas and looking at sourcing options and compliant routes to market with the development of detailed specifications.

Table 2 – Status of Planned Care Procurements

| | Stage | | | | | | | | | | | |
|---|-------------------|---------------|-------------|-------------------------|--------|------------|-------|--------------|------------|----------------|--------------|--|
| Sourcing Option | Proposal/Planning | Specification | WG Approval | Expressions of Interest | Tender | Evaluation | Award | Mobilisation | Monitoring | Contract Start | Contract End | Issues to Note |
| Insourced Endoscopy | x | x | NA | NA | x | x | x | x | x | Nov-20 | Mar-22 | Possible extensions to March 2024 |
| Outsourced Orthopaedics | x | x | NA | NA | x | x | x | x | x | Sep-21 | Mar-24 | Possible extensions to March 2026 |
| Outsourced Ophthalmology | x | x | NA | x | x | x | | | | | | Awaiting Chairs action to approve award |
| Outsourced Dermatology | x | x | NA | x | x | | | | | | | Clarification questions raised prior to finalising evaluation. |
| Insourced Max fax | x | x | NA | x | x | | | | | | | Tender closes on 22 nd October 2021 |
| Insourced Orthopaedics | x | x | NA | | | | | | | | | Governance points under consideration prior to tender being published |
| Insourced Mixed Specialty | x | x | NA | x | | | | | | | | Governance points under consideration prior to tender being published |
| Modular Wards | x | | | | | | | | | | | Early discussions with East Operational Team to support recommencement of Elective orthopaedic surgery |
| University College London Hospitals (UCLH) Orthopaedics | x | | | | | | | | | | | Early discussions with the UCLH team |
| Use of Robert Jones & Agnes Hunt (RJA) fallow theatres | x | | | | | | | | | | | Scoping meeting on 14/10/21 - RJA have confirmed that they would be unable to offer capacity |
| Regional Treatment Centre | x | | | x | | | | | | | | Expression of interest published 22 nd September closes 15 th October |

- 2.7 The HCCT are currently undertaking a number of pieces of governance work, which include:
- continue to identify key areas for development of the strategic contracts register
 - enhancements to supplier due diligence processes
 - working with LA colleagues to implement agreed actions in respect of the recommendations made within the Ombudsman section 16 report.

The review of joint funded Lead Commissioner arrangements as part of the follow up of the Ombudsman Joint and Local action plans has raised a number of concerns that have been escalated through the Continuing Health Care Operational Group to the Regional Commissioning Board for consideration.

- 2.8 The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with HB Continuing Health Care (CHC) and LA colleagues. The detail on issues and associated risk and actions for homes in increasing/escalating concerns are reported to the CHC Operational Group and the Care Home Support Cell established as part of the HB's Covid-19 response. The HCCT are actively involved in monitoring 2 nursing homes, 10 residential care homes and 1 domiciliary care provider who are in increasing/escalating concerns.
- 2.9 A number of historic challenges have re-emerged with a care home provider. A formal dispute process has been invoked and the HB and Provider continue to work jointly to reach a negotiated settlement on historic cases and agreement on the on-going commitment, with the proposal of using an open book contract management approach.
- 2.10 The HCCT also support the Partnership working agenda working with LA colleagues and regulators to look at care home quality assurance moving forward.
- 2.11 As previously reported the updated regional contractual framework, PPA with Care Home providers, which has been under development since 2019, has failed to reach a satisfactory conclusion and existing contractual arrangements have expired. As part of risk mitigation measures the HB working with LA colleagues and the RCB have introduced interim contractual arrangements whilst PPA discussions are concluded and a final document agreed. Conwy LA is leading on securing legal advice on behalf of the RCB and there have been a series of meetings with Care Forum Wales and their legal team to work through the terms of the PPA, with the latest one in October, where significant progress was made. Timeframes have slipped and it is unlikely that regionally we will have an updated agreement in place by the end of the financial year. Legal implications of this are being considered, with the proposal to extend further existing agreements to the end of March 2022 with provider agreement. A further update will be provided to a future meeting.
- 2.12 See Annex 1 for additional detail on Key Activity and Benefits in Quarter 2 2021/22.

3. Quarter 2 2021/22 Financial performance of the main external contracts

- 3.1 As outlined, the HB holds contracts with a range of English NHS Trusts, Welsh Health Boards and Welsh Trusts, to deliver care and patient services on its behalf. The value of the English locally managed contracts is £65 million, the HCCT administers all of these contracts. However, £57.3 million of this is reported in the HB Contracting reports the remainder relates to repatriated services and is reported by the appropriate division.
- 3.2 Table 3 shows the financial position on the HB external healthcare contracts at the end of Quarter 2 as £0.7 million overspent this is forecast to increase to £3.6 million by year end.

Table 3 – 2021/22 Quarter 2 Contract position (Health Board Contracting)

| | 19/20 Outturn £'m | 20/21 Outturn £'m | 21/22 Plan £'m | 21/22 Forecast £'m | 21/22 Forecast Variance £'m | 21/22 Q2 Plan £'m | 21/22 Q2 Actual £'m | 21/22 Q2 Variance £'m |
|-----------------------------------|-------------------------|-------------------------|----------------------|--------------------------|--------------------------------------|----------------------------|------------------------------|--------------------------------|
| Locally Managed English Contracts | 54.4 | 55.4 | 59.3 | 59.6 | 0.3 | 30.3 | 30.0 | (0.3) |
| Welsh Contracts | 10.3 | 10.6 | 11.5 | 11.5 | 0.0 | 5.7 | 5.7 | 0.0 |
| WHSSC | 177.0 | 189.6 | 197.2 | 195.1 | (2.1) | 98.6 | 97.3 | (1.3) |
| WHSSC Provider Contracts | (40.6) | (42.9) | (44.0) | (43.7) | 0.3 | (22.0) | (21.7) | 0.3 |
| BCU divisional recharges/misc. | (4.1) | (2.5) | (6.2) | (3.0) | 3.2 | (3.1) | (1.9) | 1.2 |
| NCA's & IPFR | 4.6 | 4.4 | 5.0 | 5.4 | 0.4 | 2.5 | 2.6 | 0.1 |
| Outsourcing | 4.1 | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Savings | (0.5) | 0.0 | (1.5) | 0.0 | 1.5 | (0.7) | 0.0 | 0.7 |
| Total | 205.2 | 215.6 | 221.3 | 224.9 | 3.6 | 111.3 | 112.0 | 0.7 |

- 3.3 Both WHSSC and the EASC have drawn down the full funding for all the developments included in their 2021/22 Integrated Medium Term Plan (IMTP) and are reporting that it is anticipated to be spent in full during the year. However the development funding is not currently allocated to the contracts budget so is leading to the overspent position being reported. The HB is holding the funding for the new schemes centrally until there is greater clarity on whether they will be implemented in the planned timescales due to the ongoing impact of the response to Covid-19.
- 3.4 The increase in overspend to £3.6 million for the full year is due to the inclusion of the pay award and arrears which will be paid in month 7.
- 3.5 The block contracting arrangements in place in 2020/21 have been extended into 2021/22 for both the Welsh and English contracts.
- 3.6 For the Welsh contracts an All Wales task and finish group was established to consider how and when to move away from the block arrangements. It has been agreed by the All Wales Directors of Finance group to maintain block contracts for the current year to focus on recovery plans and enhancing reporting arrangements.
- 3.7 A national agreement is in place for the cross border contracts to follow the contractual arrangements that have been put in place in England throughout 2021/22. This effectively continues the Block Arrangements that were in place during 2020/21. Interim inflation was initially agreed as 0.5%; following recent confirmation from NHS-E this will be adjusted in month 7 to include the pay uplift bringing the overall the inflation for the year to 1.96%.
- 3.8 In addition to the block payments, the English model includes an ERF to incentivise the delivery of the highest possible elective activity. Through the ERF additional payments are made for elective activity where it exceeds the nationally set thresholds. WG are providing additional funding to the HB to cover any ERF costs incurred, the charges to date for the locally managed English contracts is £1.3 million. WG are funding WHSSC directly for ERF in the specialist contracts. (See Annex 2 for further detail on the actual ERF charges).

- 3.9 The HB continues to engage fully with WHSSC and is actively involved with the development of the Plan for 2022/23. Quarterly Service Level Agreement meetings have been reinstated to monitor the contract for specialist services provided by the HB, the membership will be extended to include the service leads periodically.
- 3.10 See Annex 2 for further detail on issues of note for the finance position and the reported levels of activity delivered to August 2021 and Annex 3 for cross border Provider services updates

4. Income Contracts

- 4.1 The HB holds income contracts with a range of English NHS commissioners and Welsh HBs to deliver care and patient services to their patients. The value of the healthcare contracts managed by the income team is £20.5 million, which is reported centrally. The section also manages a range of non-healthcare contracts where the income is reported by the appropriate division.
- 4.2 Table 4 shows the financial position on the HB income healthcare contracts at the end of Quarter 2 as balanced and the year-end forecast position a deficit of £0.1million.

Table 4 – 2021/22 Quarter 2 Income Contract position (Healthcare Income)

| | 19/20 Outturn £'m | 20/21 Outturn £'m | 21/22 Plan £'m | 21/22 Forecast £'m | 21/22 Forecast Variance £'m | 21/22 Q2 Plan £'m | 21/22 Q2 Actual £'m | 21/22 Q2 Variance £'m |
|-------------------------------------|-------------------------|-------------------------|----------------------|--------------------------|--------------------------------------|----------------------------|------------------------------|--------------------------------|
| English CCG Contracts | (8.9) | (7.8) | (9.3) | (9.2) | (0.1) | (4.6) | (4.6) | 0.0 |
| Welsh HB Contracts | (2.8) | (2.8) | (3.1) | (3.2) | 0.1 | (1.6) | (1.5) | 0.1 |
| NHS England - Specialist | (0.7) | (1.2) | (1.2) | (1.2) | 0.0 | (0.6) | (0.6) | 0.0 |
| NCA's | (7.1) | (4.0) | (6.1) | (6.0) | (0.1) | (4.1) | (4.1) | 0.0 |
| Other (inc RTA & Overseas visitors) | (1.3) | (1.0) | (0.8) | (0.8) | 0.0 | (0.4) | (0.5) | (0.1) |
| Total | (20.8) | (16.8) | (20.5) | (20.4) | (0.1) | (11.3) | (11.3) | 0.0 |

- 4.3 The same contracting arrangements apply to the income healthcare contracts as to the expenditure contracts (reported above) in 2021/22. Fixed Block contracts are in place with the Welsh Commissioners and modified block contracts with the English commissioners.
- 4.4 At the end of Quarter 2 the healthcare income section is reporting a breakeven position with year-end outturn forecast as a deficit of £0.1million The Non Contracted Activity (NCA) income has returned to pre Covid-19 levels during the summer months however we are prudently anticipating that there may be a reduction in this recovery over the winter months, this will be closely monitored and the forecast amended accordingly.

5. Contracts Structure and Governance Review

- 5.1 This paper has identified a number of significant areas where the HCCT are supporting the wider HB agenda around planned care and the transformation programme. In order to be able to respond to this effectively and ensure capacity exists to meet current and future demands a review of the team structure is in progress, this review is expected to have been completed and the outcomes implemented by the end of the calendar year.
- 5.2 As part of the review of the team structure, consideration has also been given to the effectiveness of the current healthcare contracts governance structure that provides assurances to the PFIG Committee. The revised membership of the revitalised contracts scrutiny group, Healthcare Contracts Assurance Group (HCAG), updated terms of reference and key stakeholders have been refreshed and will see a greater emphasis on partnership working across HB disciplines which will be driven through the development of detailed annual work plan and cycle of business. The first meeting of the HCAG is being scheduled to take place in November.

6. Recommendation

- 6.1 The HCCT continues to influence a broad and expanding spectrum of healthcare contracting issues across the HB and despite the impact of Covid-19 on current contracting arrangements continues to build on the progress to stabilise traditional contractual arrangements. Current performance on a range of issues has been outlined within this paper.
- 6.2 The Performance, Finance and Information Governance Committee is asked to note:
- the financial position on the main external contracts as reported at Quarter 2 2021/22
 - the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity
 - the impact of Covid-19 on external healthcare contracts
 - the impact and risk posed as a result of Covid-19 revised contracting arrangements adopted for contracts with NHS Providers and Commissioners
 - the work underway in respect of increasing planned care capacity
 - the identification of risks associated with Joint Funded Lead Commissioner arrangements and escalation to the RCB
 - the risks associated with the current contractual arrangements with independent care home providers and actions being taken
 - the work underway to review capacity within the team and develop robust governance and scrutiny arrangements

Tracy Pope, Head of Healthcare Contracting
Gillian Milne, Head of Healthcare Contracting - Finance

Annex 1

Key activity, Issues and benefits to date 2020/21

Response to Covid-19

During the year the HCCT and Finance Contracts Team have actively supported the HB response to Covid-19, which has included implementation of revised Contracting guidance and the challenge to independent providers, both Care Homes and Domiciliary Care providers. Elements of this support is still ongoing within the independent care sector and is reinstated on a Local Authority patch basis as required. The focus generally is now on how we maintain effectively and to mutual benefit those established communication links.

Endoscopy

Insourced endoscopy diagnostic services to support the delivery of planned care is in place on all three acute sites. The HCCT conduct weekly telephone contract monitoring meetings with all three insourcing providers after each weekend of service. To date there have been operational issues raised on all sites, however the scheduling of lists by the insourced provider in the East has been the most challenging issue, due to the availability of a HB link nurse. This is currently being addressed and assurances sought moving forward. Issues have been exacerbated by the fact that lists are only being run on one day over the weekend due to operational issues, however there are plans to increase the number of lists in November. The sites are working to increase the number of bowel screening lists to reduce waits, however the availability of HB specialist nurses continues to be a challenge. There has been satisfactory patient feedback across all 3 sites.

Planned Care

In addition to the schemes set out in Table 2 in Appendix 1 the HCCT team are supporting the Planned Care lead and operational teams in a number of other areas, including:

- Sourcing of modular/mobile endoscopy suite
- Tendering for Dental cone beam computed tomography
- Re-tendering for Community Optometry Diagnostic and Treatment Centre's (ODTCs)
- PET CT
- Ultrasound
- Off framework clinical staff
- Re-tendering for GP Services and Out of Hours GP Cover in HMP Berwyn

The HCCT are represented at the weekly Access meetings that monitor the delivery of the HB activity plans, providing an update on the progress of ongoing schemes and offering advice on further procurement options and opportunities.

Governance Processes

The HCCT are currently undertaking a number of pieces of governance work, which includes:

- Reviewing its due diligence processes and links with the Board Secretary's Office where HB employees are identified as working for companies outside of the HB, due to the potential conflict of interest.
- Developing the Contracts database to produce an overarching Contracts Register
- Updating Standard Operating Procedures

Section 16 – Ombudsman Report Recommendations

The Ombudsman report identified a number of failings relating to joint commissioning and contracting arrangements, as well as care planning and risk assessments.

The HCCT have been working with LA colleagues to review Joint funded Lead Commissioner arrangements as part of the follow up of the Ombudsman Joint and Local action plans, which has raised a number of concerns that have been escalated through the CHC Operational Group to the RCB for consideration.

Quality monitoring and contract compliance

Whilst quality issues are referenced within this report for completeness, it should be noted that a summary update will also be reported through to the revised HB Quality and Safety committee structure.

Non Acute contracts

Ongoing contract monitoring is a key focus for healthcare / clinical service contracts and continues to increase, with many of the contracts well established and now in the active monitoring / compliance stage.

Nursing Home Monitoring Visits

The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with HB CHC and LA colleagues. Onsite visits were reinstated with LA partners and regulators based on a risk assessed approach in May 2021, with 18 visits carried out between May and September 2021. Outcomes are reported through CHC operational teams and joint action plans are developed, shared and monitored with care home providers.

Nursing Homes in Increased or Escalating Concerns

A significant amount of time is spent actively monitoring those homes that are in increased or escalating concerns, this has continued remotely throughout the pandemic and care home lockdown. The detail on issues and associated risk and actions for homes in increasing / escalating concerns is reported via the Area Teams monthly reports to Patient Quality, Safety and Experience Group, (PSQ), CHC Operational Group and the Care Home Support Cell established as part of the HB's Covid-19 response. The HCCT are actively involved in monitoring 2 nursing homes, 10 residential homes and one Domiciliary Care provider who are in increasing or escalating concerns.

Quarterly Quality Assurance

In addition to the formal contract monitoring, the HCCT continue to monitor the quality and assurance Key Performance Indicator (KPI) returns from care homes across the 6 LA areas. Since last reporting Quarter 1 Assurance Returns (Period April – June 2021) have been received. In the quarter ending June 2021, the care home assurance return rate was 94%. The return rate was 100% in four of the six LA Areas, the central area 95% with a total of 4 Homes who have not submitted the data. The HCCT continue to work with the homes in these areas to improve the return rate, through education and training support.

A number of issues picked up with Quarter 1 submissions, have been subject to further scrutiny and discussion with the homes and the Area Practice Development Nurses in order to identify opportunities for corrective action. It is pleasing to note marginal improvements in many areas, including Agency Nursing usage and falls with the exception of a deterioration in the East.

A graphical representation of the information relating to North Wales Homes is shown in Annex 4.

As part of the 'Ask Once Principle' we have reviewed the Quarterly Assurance Return with LA's to include additional elements required by LA partners and other members of the Quality Assurance Team. The Survey to support this is currently being updated and loaded to the survey platform. The revised Survey will be piloted within Care Homes in Quarter 2 – (July – September 2021).

Acute contracts

Within the Covid-19 pandemic national guidance it was recognised that local performance reporting requirements needed to be relaxed to focus resources on the response efforts. Consequently, normal contract monitoring was stepped down, providers entered into business continuity mode and performance is now only being reported by exception.

The HCCT have been linking with colleagues from WHSCC to obtain service updates from Cross Border Providers, which have been shared with Health Board colleagues. Relevant Service updates by Provider are shown in Annex 3.

Partnership Working

The HCCT also support the Partnership working agenda, this quarter has seen a number of key pieces of work being taken forward as we work with LA colleagues and regulators to look at care home quality assurance moving forward.

These include:

Assurance Mapping/Development of the Quality Assurance Framework - The HCCT are working in partnership with the HB Care Home Quality team and LA colleagues to develop the Quality Assurance Framework (QAF). The aim being to develop a framework that enables and ensures provider services are safe, delivered under the "what matters" key principles, are needs led, effective and continuously

improving. The HCCT are represented on all associated Task and Finish Groups and the HCCT assurance mapping piece of work has been revisited to support the development of the QAF. Consideration is being given as to how information can be shared and assurances derived from a central depository of information to remove duplication and unnecessary bureaucracy for care homes.

New Home Care Model in Gwynedd – the team have been supporting the development of a new home care model in Gwynedd, which will be a partnership agreement between the HB and LA. Successful bidders providing patch based care within Gwynedd for the provision of domiciliary care for adults with the exception of people with learning disabilities and younger adults facing mental health issues. It is for the provision of ‘standard’ community based services excluding the skills and expertise of a qualified nurse.

The project started to gather pace in the early part of the year with the development and finalisation of the specification with the intention to commence the procurement process in May. However since last reporting a number of issues have been raised which are currently being considered by the LA legal team, which has delayed progress. Once these have been addressed proposals will go through HB Governance routes for approval. Updates will be provided to the Committee as the project is brought back on track.

Domiciliary Care Model – Isle of Anglesey - The Isle of Anglesey County Council in partnership with the HB undertook a formal tender for domiciliary care services in January 2018. In June 2018 a contract was awarded and commenced using a patch based approach with one domiciliary care provider per patch. The contract awarded was for 3 years with the potential for annual extensions of up to 3 years. (1Year +1Year +1 Year). Despite the HCCT and Area team working with the Isle of Anglesey Council to produce an options appraisal and agreeing the continuation of existing contractual arrangements as the initial 3 year contract expired in June 2021, new contracts have not been put in place by the LA. The HCCT are currently working with the Isle of Anglesey County Council to ensure that as lead commissioner this is actioned to mitigate any potential risks of providers working under implied contractual terms.

Enhanced Domiciliary Care – The HCCT are leading on a piece of work to put interim processes in place to commission enhanced domiciliary care packages whilst longer term solutions are explored with LA colleagues and procurement.

Since last reporting the HCCT have been working alongside the Children’s Services and the Children’s Continuing Care Team to address a number of concerns raised by a domiciliary care provider delivering a complex care package in the West.

A detailed review of the complaint has identified a number of areas of improvement in the contract and performance management of these highly complex packages of care. A Task and Finish Group is being established with representation from the HCCT, Children’s Continuing Care and Adult CHC (transitional cases) to review current key performance indicators, performance monitoring arrangements and the introduction of formal contract and performance management meetings with providers as part of a pilot scheme.

Annex 2

Financial Issues of Note for Contracts

English Elective Recovery Framework (ERF)

The contracting arrangements put in place with England allow for additional payments to providers who deliver additional elective activity above nationally set thresholds. This is to encourage providers to deliver the highest possible levels of recovery activity.

Table 5 – Monthly Performance thresholds for English Contracts

| Month | Lower Threshold | Upper Threshold |
|-------------------|-----------------|-----------------|
| April 2021 | 70% | 85% |
| May 2021 | 75% | 85% |
| June 2021 | 85% | 85% |
| July – March 2022 | 95% | 100% |

Where the lower threshold is exceeded when compared to the 2019/20 actual elective activity value the additional activity is paid for at 100% of the tariff price. Any activity above the upper threshold would attract payments @ 120% of the tariff price, this is to take into account the additional costs to the provider that are not included in the baseline plan but may arise from increases in elective activity e.g. Critical care and drugs costs.

There is no downward adjustment to the block value where activity is delivered below the lower threshold.

The actual implementation of this has been left to the HB's to agree on an individual basis with their contracted providers as the methodology will vary depending on nature of the contract and activity being commissioned.

Table 6 shows the actual charges to August 2021 and an estimate for September 2021, £1.3 million funding has been received from WG to cover these costs.

Table 6 ERF Charges by Provider April 2021 – September 2021

| | April | May | June | July | August | September | Total |
|--------------------------------|----------------|----------------|----------------|---------------|---------------|----------------|------------------|
| Countess of Chester | 231,177 | 212,853 | 75,668 | - | - | 60,000 | 579,699 |
| Robert Jones & Agnes Hunt | 184,161 | 37,800 | - | - | - | - | 221,961 |
| Shrewsbury & Telford | 1,730 | 10,815 | - | 2,094 | - | - | 14,639 |
| Wirral Hospitals | 9,795 | - | - | 22,183 | - | 22,000 | 53,978 |
| Clatterbridge | 171,011 | 22,701 | 63,378 | 54,652 | 5,574 | 69,218 | 386,534 |
| Liverpool Womens | 5,644 | 6,636 | - | 12,947 | 8,827 | 9,000 | 43,054 |
| Total English Contracts | 603,519 | 290,805 | 139,046 | 91,876 | 14,401 | 160,218 | 1,299,866 |

Contract Financial Performance

The contracts finance team continues to monitor the actual value of the all healthcare activity undertaken for the HB costed at tariff against the cost of the block payments.

Table 7 below shows comparison by provider to month 5 (August) for the locally managed contracts excluding the Countess of Chester Hospital (CoCH) as they have been unable to provide complete data for months 4 and 5 due to issues arising from the implementation of their new patient administration system in July. This was raised

with CoCH at the September contract monitoring meeting, CoCH have advised that they are working to resolve the issues by the end of October. Please note this includes activity that does not form part of the ERF calculation so over performance does not indicate that an ERF payment will due.

Table 7 Comparison of Block Value and Actual Performance Month 1 – Month 5 2021/22

| | Block Payments to Month 5 £ | Actual Value of Activity to Month 5 £ | Variance £ | % Value of Work done |
|------------------------------------|--------------------------------|--|---------------|----------------------|
| Liverpool Women's | 347,593 | 563,412 | 215,819 | 162% |
| Manchester University Hospitals | 573,546 | 783,530 | 209,984 | 137% |
| Clatterbridge | 1,496,013 | 1,705,424 | 209,411 | 114% |
| Shrewsbury & Telford | 719,902 | 703,920 | (15,982) | 98% |
| Aintree Hospitals | 1,380,689 | 1,149,744 | (230,945) | 83% |
| Robert Jones & Agnes Hunt | 6,081,624 | 4,623,171 | (1,458,453) | 76% |
| Royal Liverpool & Broadgreen | 2,286,728 | 1,650,975 | (635,753) | 72% |
| Wirral Hospitals | 958,500 | 674,526 | (283,974) | 70% |
| University Hospital North Midlands | 2,364,783 | 1,393,484 | (971,299) | 59% |

The over performance in Liverpool Women's Hospital is due to the high volume of HB neonatal activity referred there when compared to the base year of 2019/20. The neonatal beds in the North West of England are managed on a network basis, overall there is not a significant change to the HB's use of external cots so there is a corresponding underperformance in the Wirral Hospital's neonatal activity.

The Manchester University Hospitals data includes £0.35 million of activity relating to cardiothoracic transplantation which we are currently challenging as this should be charged to the specialist contract, when this is removed the activity falls to 76%

The over performance in Clatterbridge is due to the high cost drug charges in 2021/22 when compared to the same period in the base year of 2019/20 this is consistent with the significant increase in elective activity that they are reporting.

The underperformance on the University Hospitals North Midlands is due to the volume of activity in the Acute Rehabilitation Trauma Unit (ARTU) being low when compared to the same period in 2019/20. However this is because in the base year for calculating the Block contract the activity in ARTU was particularly high due to two very complex long stay cases.

Annex 3

Cross Border Provider Service Updates October 21

NHS England Finance and Contracting Guidance: Signed 2021/22 contracts between NHS commissioners and NHS providers (NHS trusts and NHS foundation trusts) are not required for the 2021/22 financial year.

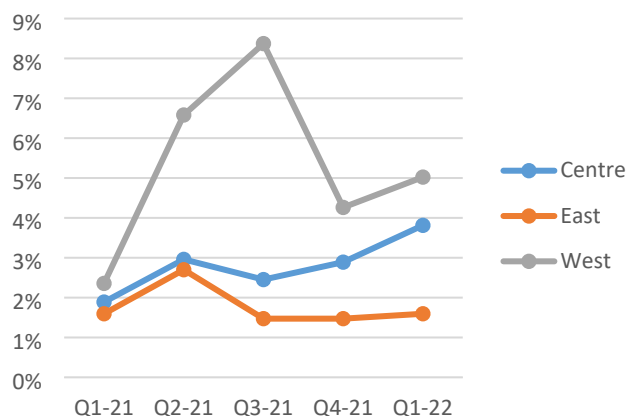
Where services continue to be provided, the nationally mandated terms of the NHS Standard Contract for 2021/222 will apply from 1 April 2021 onwards, and a contract incorporating those nationally mandated terms will be implied as being in place between the parties.

| Provider | Service Update |
|--|--|
| Countess of Chester (COCH) | <p>The Trust is continuing to face urgent care pressures with significant increases in A&E attendances and admissions. Discharge numbers are smaller resulting in bed pressures and a decline in the 4-hour standard. This is having an impact on the elective recovery programme.</p> <p>The implementation of a new patient admin system has taken longer than expected. The Trust is working on the issues associated with the implementation which is causing delays in them sending routine performance data to commissioners.</p> <p>September and October have seen the labour ward close its doors three times due to staffing levels. The Cheshire and Merseyside escalation and divert policy was activated and BCU's Maternity Directorate were informed.</p> |
| Clatterbridge Cancer Centre (CCC) | <p>Clatterbridge are experiencing sustained, significant increases in activity – particularly in diagnostic imaging and outpatients – as more patients work through the GP and secondary care system. Extra measures are in place to ensure there are no delays and patients can be treated as quickly as possible.</p> <p>Clatterbridge do have issues in relation to consultant capacity in some tumour groups but they're managing this with locum support until recruitment is complete.</p> |
| University Hospitals of North Midlands | <p>UHNM reported that the Major Trauma is fully operational.</p> <p>There was an issue with the helicopters being unable to land at Royal Stoke due to bad weather so patients were diverted to Liverpool instead. University Hospitals of North Midlands have confirmed this had no impact on Welsh patients.</p> |

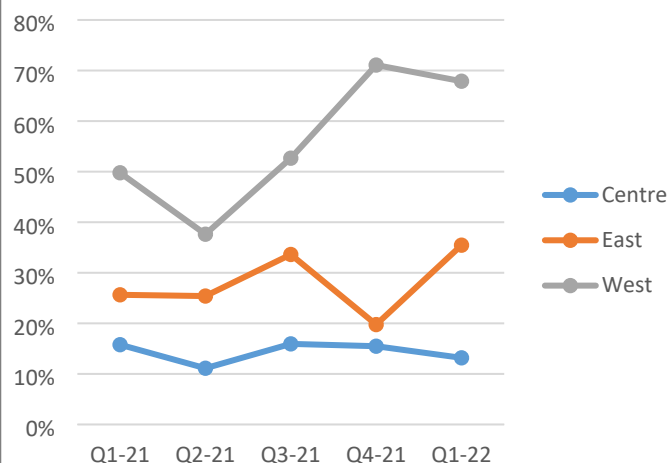
Annex 4

Quarter 1 2021/22 -Self-Declaration of Quality Assurance Indicators by Area – Nursing Homes – North Wales

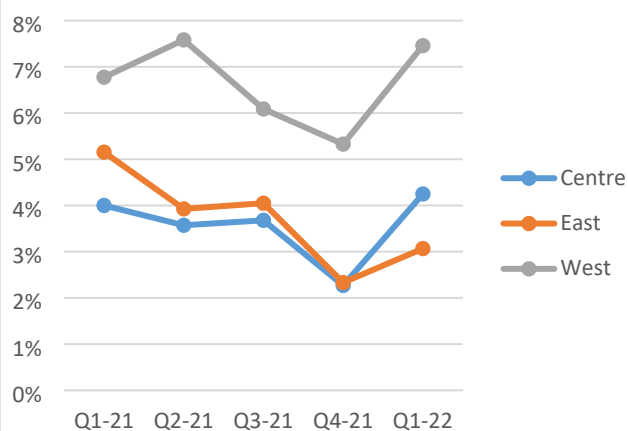
Sum of All Safeguarding as a % of
beds



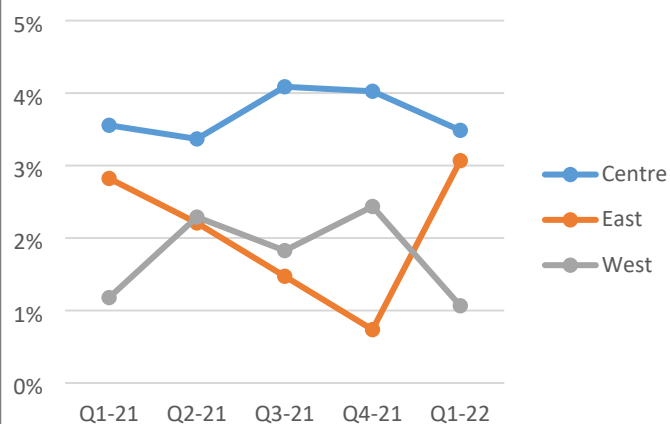
Sum of All Falls as a % of beds



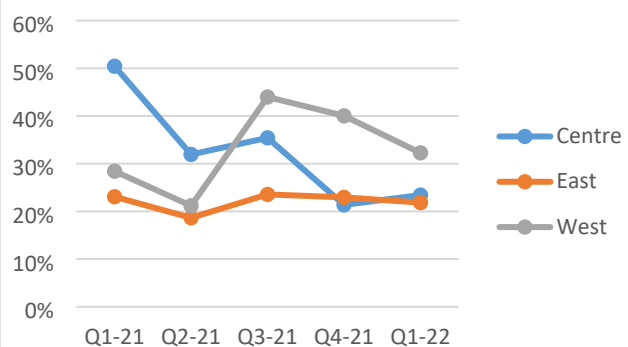
Sum of All Pressure Ulcers as a %
of beds



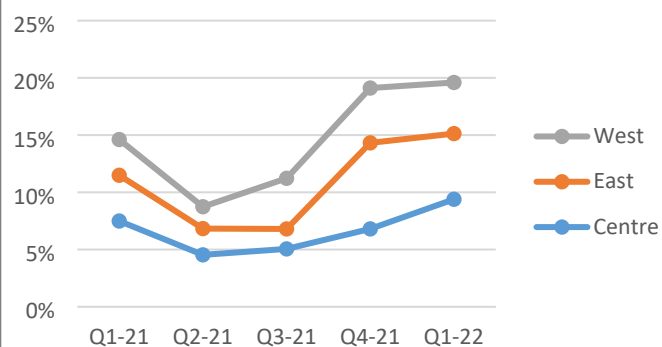
Sum of All Complaints as a % of
beds

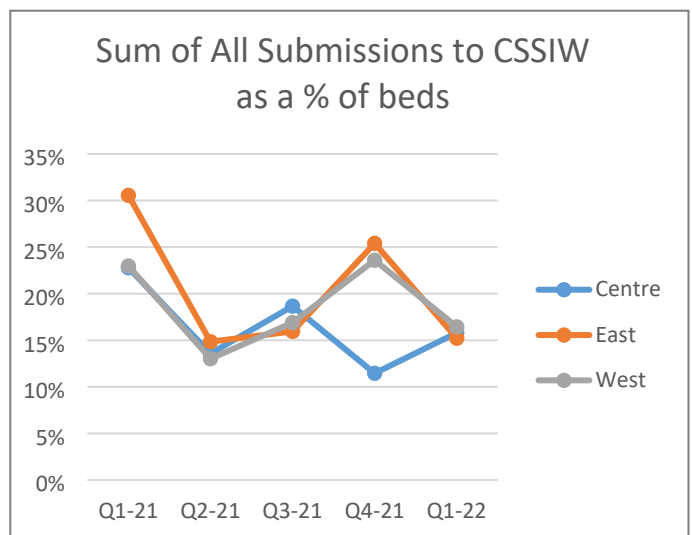
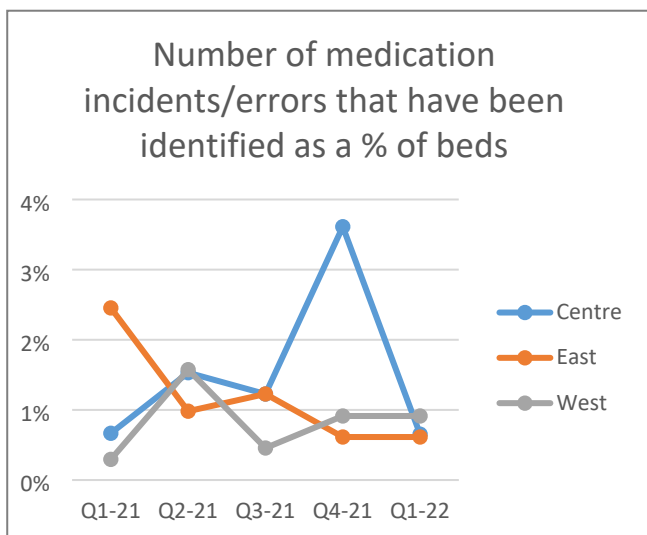
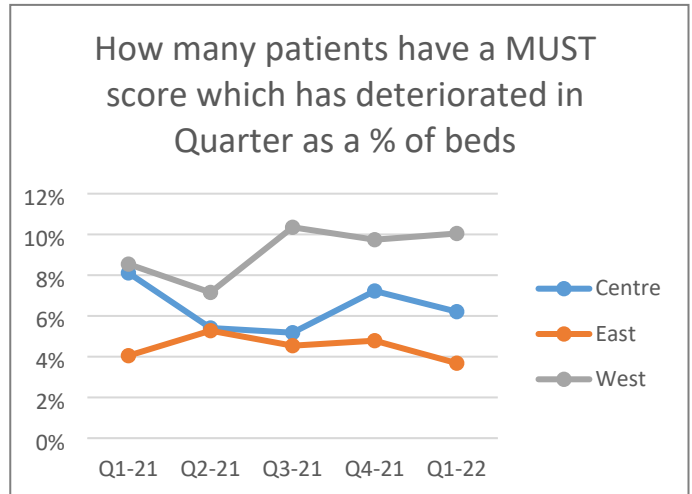
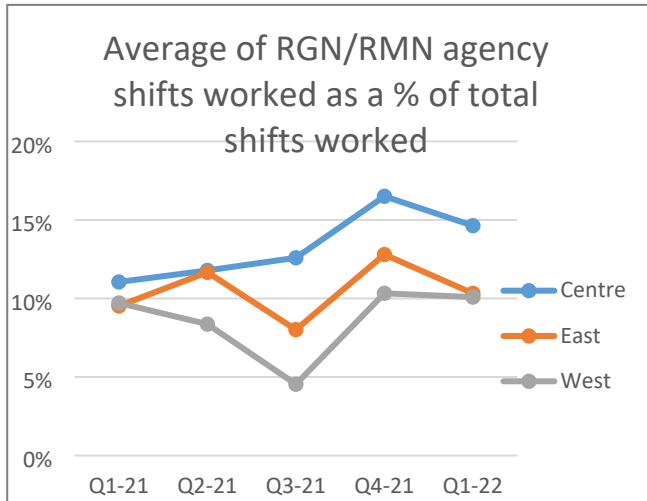


Sum of no of compliments
received as a % of beds



Average of Care Assistant
HCA/HCSW agency shifts worked







| | | | | | | | |
|---|---|---|----------|--|----------|---|----------|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee (PFIG) 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Capital Programme Report - Month 6 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill, Executive Director of Finance | | | | | | |
| Awdur yr Adroddiad Report Author: | Neil Bradshaw – Assistant Director – Capital Denise Roberts – Financial Accountant Tax & Capital | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Capital Programme Management Team Capital Investment Group | | | | | | |
| Atodiadau Appendices: | 0 | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| <p>The Committee is asked to receive and scrutinise this report and to support:</p> <ul style="list-style-type: none"> the proposals to increase the scope of the Wrexham Maelor Continuity Project and to fast track elements of the work; the recommendations for the allocation of the additional Welsh Government funding of £6.5m; the progress noted on Ysbyty Gwynedd and the Royal Alexandra Hospital business cases | | | | | | | |
| Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | x | Ar gyfer Trafodaeth For Discussion | x | Ar gyfer sicrwydd For Assurance | x | Er gwybodaeth For Information | |
| <i>If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.</i> | | | | | | Y/N to indicate whether the Equality/SED duty is applicable | N |
| Sefyllfa / Situation: | | | | | | | |
| <p>The purpose of this report is to brief the Committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes.</p> <p>The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).</p> | | | | | | | |
| Cefndir / Background: | | | | | | | |
| The agreed capital funding from all sources may be summarised as follows: | | | | | | | |

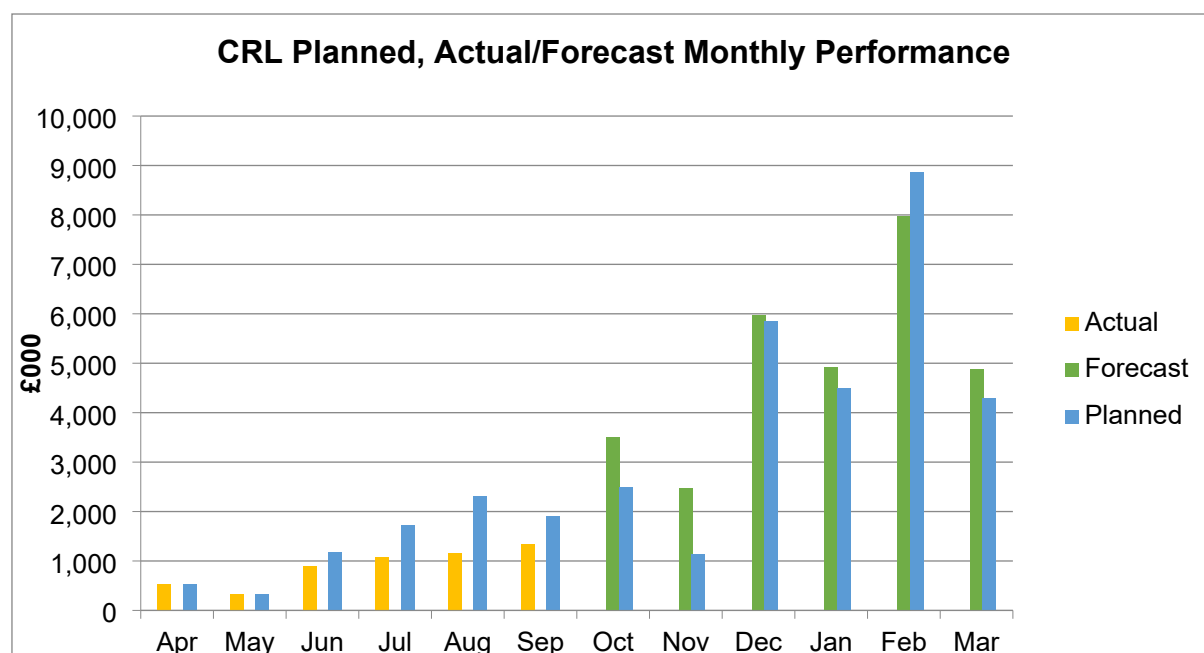
| Capital Programme | £ '000 |
|-----------------------------------|---------------|
| All Wales Capital Programme | 21,172 |
| Discretionary Capital | 12,921 |
| Total Welsh Government CRL | 34,093 |
| Capital Receipts | 185 |
| Donated Funding | 800 |
| TOTAL | 35,078 |

The CRL includes an additional £6.5m provided by Welsh Government to support "Covid Recovery".

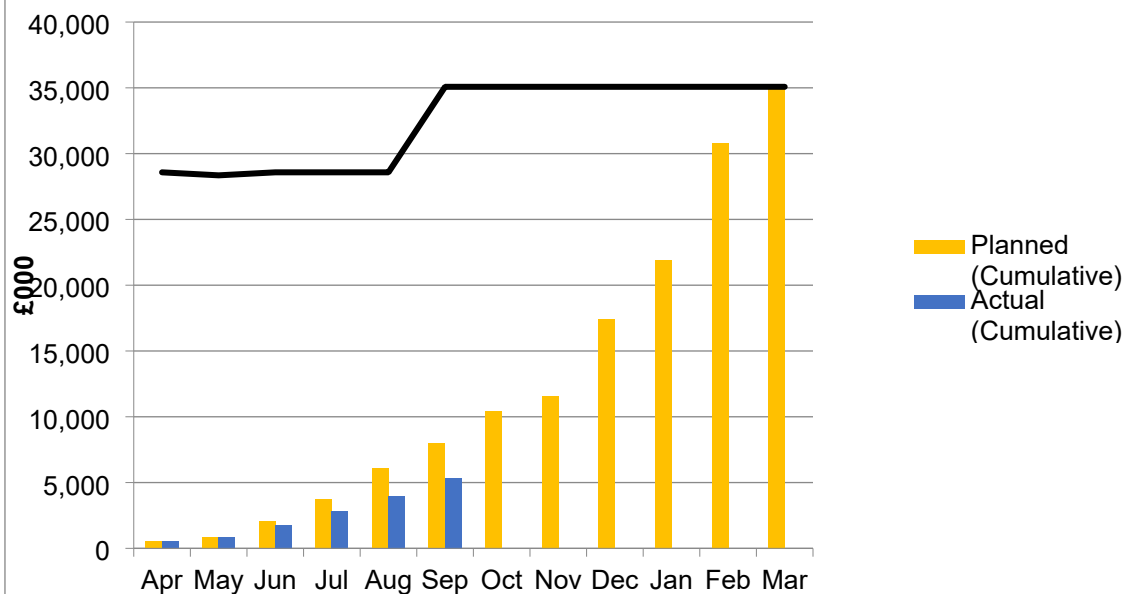
Asesiad / Assessment & Analysis

Expenditure Planned/Actual

The graph shown below sets out the planned expenditure profile for the year and the actual expenditure to date and projected to year end.



CRL Planned and Actual Cumulative Performance



Major Capital Schemes (>£1m)

Wrexham Maelor Continuity Programme

As previously reported work has continued to take into account the learning from the pandemic and the potential impact on the scope of the project. Further workshops have been held with users to consider potential design solutions to address the additional risks and to consider the consequences, benefits and mitigations of each option. These workshops concluded that consideration should be given to increasing the scope to address the additional risks identified. However, it was noted that in making the existing wards compliant there would be a significant impact in terms of reduction in beds and, whilst this reduction could be mitigated by retaining the planned decant wards, there would be further risks introduced with respect to workforce and on-going revenue support. Furthermore, increasing the scope will significantly increase the cost of the works and the planned programme for implementation.

These factors change the dynamics of the project and reduce the intended differentiation between the continuity project and the wider transformational programme. Given the significance of the additional risks identified, the likely increase in cost, and the potential impact on the wider transformation programme, the determination of the scope of the continuity programme is a key decision for the Health Board.

The Project Board noted the risk that the time required to progress any increase in the scope will introduce additional delay and potentially further increase the risks of infrastructure failure. The Project Board therefore recommend that consideration should be given to fast tracking elements of the engineering infrastructure remedial works to mitigate the impact of this expected delay.

At the workshop of 30th September 2021, the Health Board supported the proposal to increase the scope of the project and to seek support from Welsh Government to “fast track” elements of the works. This report now seeks formal support from the PFIG to progress this proposal.

Ysbyty Gwynedd Compliance Programme

Learning from the outcome of the review of the Wrexham Continuity Project we have undertaken a high level review of the scope and potential cost of the Ysbyty Gwynedd Compliance Programme. The programme business case had made provision for elements of reconfiguration of existing departments and this was included within the estimated cost of £213m. However, since the programme business case was approved we have a better understanding of the requirement to significantly increase ventilation to wards and areas undertaking “generating aerosol procedures” and that any such ventilation provision should not be based upon natural ventilation. Furthermore, Welsh Government have published their Decarbonisation Strategic Delivery Plan and the current economic environment is indicating a significant increase in material and labour costs in the future. As a consequence it is considered prudent to apply an “optimum bias” to the costings and to consider a potential range of cost of £250-300m.

The Royal Alexandra Hospital

Following our response to Welsh Government of their the scrutiny questions NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) subsequently requested additional information with regard to the following:

1. Further details of the carbon reduction expected from the Carbon zero elements of the design.
2. Confirmation that the project would be assessed in accordance with the 2018 BREEAM assessment criteria and details of that assessment. BREEAM is a tool developed by the Building Research Establishment to provide independent certification of a project's sustainability. The project was originally registered under the 2011 BREEAM criteria and NWSSP-SES required that the registration be updated to the 2018 criteria.
3. The full business case assumed a start on site date in May 2021; NWSSP-SES requested that the contractor update their price based upon a start on site of third quarter 2021.

The first two items were essentially technical queries and additional information has been provided and discussions have been held with NWSSP-SES to provide further clarification. With respect to agreeing a revised price with the contractor, this has taken longer than expected to resolve given the current volatility in the construction market and the need to ensure that the agreed price is reasonable and represents value for money.

At the beginning of September we reached agreement with the contractor based upon a start date of no later than 3rd December 2021. Our Cost Advisors have confirmed that the revised price is reasonable and in their professional opinion represents value for money. Welsh Government have confirmed that all outstanding information has been provided to NWSSP-SES and we await their decision with respect to funding.

Discretionary Capital Programme 2021/22

Work has commenced on the fitting out of the ward voids at Ysbyty Glan Clwyd. The works are programmed over two financial years as the voids have been utilised for alternative clinical services and the decant programme has been agreed with the hospital management team to ensure that critical services are maintained.

Welsh Government have awarded an additional £6.5m for “Covid recovery”. Due to the short timescale in submitting bids, and the requirement that the funding must be spent by 31st March 2022, we focused upon schemes that were within our programme and can be quickly procured and delivered. In reporting the initial request from Welsh Government for bids to the former Finance and Performance Committee it was noted that the potential additional funding provided BCUHB with the opportunity to reinstate the original programme and address other in-year cost pressures. The Committee also agreed that the funding may be utilised to bring forward priority schemes from next year.

The Committee therefore previously agreed the following criteria:

1. Support the reinstatement of the full programme
2. Support approved cost pressures
3. Bring forward priorities from 2022/23 in support of "Covid recovery" (including medical devices).

The value of schemes "slowed down" was £2.34m. Work has continued in developing the designs ready for procurement and these can be delivered in this year.

A review of existing schemes has highlighted the following additional cost pressures:

| Project | £m | Comment |
|--|-------|---|
| Ruthin Community Hospital | 0.350 | Due to the condition of the existing structure and engineering infrastructure the works have proven to be more extensive than originally envisaged in a number of locations. Furthermore the Highways Authority has required improvements to road access including retaining wall and boundary wall enhancements. |
| Bryn Beryl Phase 2 | 0.080 | The project has incurred delays and additional costs as a result of the pandemic. |
| Ysbyty Maelor Critical Care | 0.100 | Increase cost of air handling plant |
| Ysbyty Maelor Maelor Continuity Project | 0.500 | The increase in scope and proposal to "fast track" elements of the works will necessitate additional fees from the Supply Chain Partner and external advisors. These fees should be recoverable on approval of the relevant business cases. |
| Ysbyty Gwynedd - upgrade the Maxillofacial and Oral surgery Unit | 0.250 | Learning from the pandemic has required an increase to the ventilation requirements. |
| | 1.280 | |

Since submitting our bids the Regional Treatment Centre (RTC) proposal has gathered momentum and our current understanding is that we are no longer pursuing the option to procure modular capacity for orthopaedics and endoscopy. WG have indicated that they may be prepared to be flexible as to the definition of Covid recovery. Divisions and programme leads have been asked to consider schemes that have been identified as priorities for next year that can reasonably be "badged" as Covid recovery and can be delivered by 31st March 2022.

Once consideration is given to the funding required to reinstate the programme there is £2.88m available for additional schemes.

Following subsequent conversations with corporate and divisional capital leads on the deliverability and risks, the Capital Investment Group (CIG) recommend the following additional schemes:

1. £2m in support of additional hardware devices in support of community and acute needs (including digital records) etc.
2. £0.6m year 1 replacement of monitors. 224 multi-parameter patient monitors will become obsolete and no longer supported from December 2022. The total cost of replacement is £1.6m and the proposal is to bring forward part of the purchase to reduce pressure on next year's programme.
3. £0.5m as an initial allocation in support of urgent anti-ligature works.

The figure represents a small over-commitment that can be managed within the overall programme. Due to a worldwide shortage there is disruption within the supply chains for hardware and Informatics are seeking assurances from suppliers. However, should we be unable to secure guarantee of delivery by 31st March 2022

the Medical Devices Group have confirmed that they can bring forward the purchase of the above monitors planned for next year together with a number of other priorities for 22/23 to a total of £2m.

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 over committed 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.

| | | | | | | | |
|---|--|---|--|--|----------|--|----------|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Operational Plan Monitoring Report 2021-22 – Position as at 30th September 2021 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill Executive Director of Finance | | | | | | |
| Awdur yr Adroddiad Report Author: | Ed Williams – Head of Performance Assurance Kamala Williams – Interim Director of Performance | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | The Partnerships, People and Population Health (PPPH) Committee received an earlier version of the report on the 14 th October, this report has been updated as further information has become available. Changes to the report are detailed in the version control page of the Report. | | | | | | |
| Atodiadau Appendices: | Appendix 1 – Annual Plan programme action plan. | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The Performance, Finance & Information Governance Committee is asked to scrutinise the report and to consider whether any area requires further escalation. | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | x | Er gwybodaeth For Information | x |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Sefyllfa / Situation: | | | | | | | |
| This report 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 30 th September 2021. | | | | | | | |
| Cefndir / Background: | | | | | | | |
| 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 report will be available to the public once published for the Performance, Finance & Information Governance 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 2 Position

Position as at 30th September 2021
Presented at Performance, Finance & Information
Governance Committee on 28th October 2021

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:
COVID19 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 30th September 2021. Supporting narrative has been included for red and amber rated actions and where actions have changed from red to purple 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. | | |

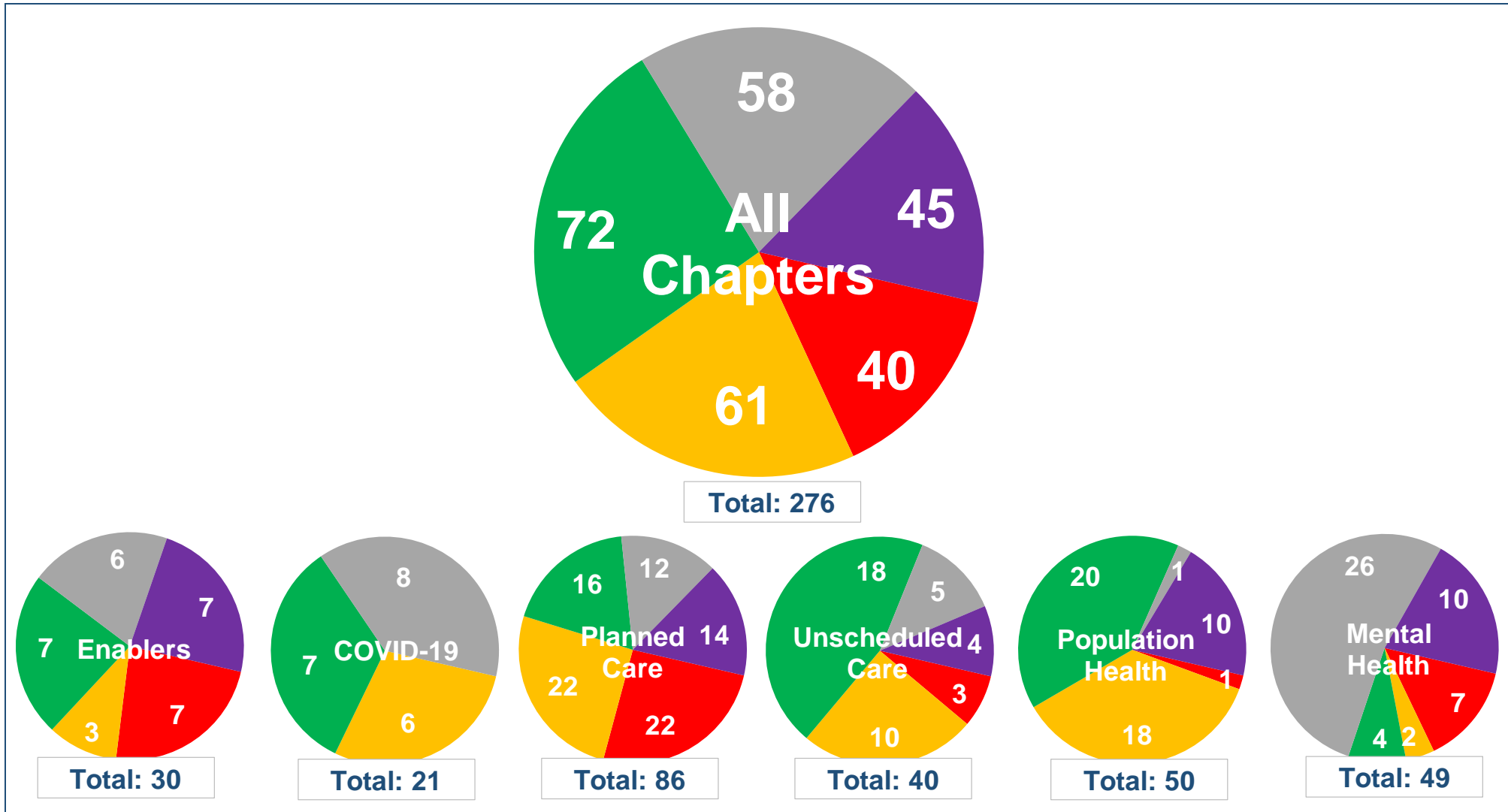
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Version Control

- The first version of the Operational Plan Monitoring Report for Quarter 2 Position (as at 30th September 2021) was presented at People, Partnerships & Population Health (PPPH) Committee on 14th October 2021.
- This version is being presented at the Performance, Finance & Information Governance (PFIG) Committee on 28th October 2021.
- No updates have been made between presentation at People, Partnerships & Population Health (PPPH) Committee on 14th October 2021 and this presentation at Performance, Finance & Information Governance (PFIG) Committee on 28th October 2021.
- The Summary Graphic on page 5 has been added as requested by the People, Partnerships & Population Health (PPPH) Committee on 14th October 2021.
- As new information is received the report will be updated prior to presentation at:
 - Quality, Safety & Experience (QSE) Committee on 2nd November 2021.
 - Health Board on 11th November 2021.
- Changes from the Quarter 1 version of the report include:-
 - Addition of Actions S1 to S2.2 under the Strengthen Population Health Chapter.
 - Addition of the Actions under R3.7: Suspected Cancer Pathway, to improve visibility of progress against the actions that support delivery of the Suspected Cancer Pathway trajectory.
 - Splitting out of Action R4.5: Increase in number of specialist therapy staff for cancer patients, to improve visibility of progress against the Action.

Summary



Enabler - Page 1 of 4

| Plan Ref | Programme | 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. | Director of Governance | Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis. | G | G | | |
| E1.2 | Pan BCU Support Programmes - Stronger Together | Executive Director of Workforce & Organisational Development | 30th June -30th September Discovery phase; | A | P | | |
| | | | 31st December-31st March Design phase | N/A | P | | |
| E.3 | Organisational and Leadership Development Strategy 2022-2025 | Executive Director of Workforce & Organisational Development | 31st December-31st March | N/A | N/A | | |
| 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 | Executive Director of Workforce & Organisational Development | 30th June-31st March | A | P | | |
| 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 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. | Executive Director of Workforce & Organisational Development | 30th September | R | R | | |

E3.3: Implement Year 2 of the Health & Safety Improvement Plan to ensure staff are proactively protected, supported and safe.

Red due to improvement notices current compliance and Health & Safety Executive (HSE) investigations. The HSE will be inspecting BCU HB on Violence and Aggression and Manual Handling on the 16th -18th November 2021. This will provide evidence of the current status in these specific service areas. There has been a comprehensive review of the Occupational Health and Safety service objectives, with considerable investment being implemented through 4 business cases approving funding for posts in a number of key areas over the next 24 months. This will improve compliance with legislation, training and competence of key staff. A plan is being implemented that will see improvement over the next 6 months as staff are recruited.

Enabler - Page 2 of 4

| Plan Ref | Programme | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|----------|---|--|--|--------|--------|--------|--------|
| E3.4 | Security, V&A Improvement Plan | Executive Director of Workforce & Organisational Development | 31st March | R | R | | |
| E3.5 | Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation | Executive Director of Workforce & Organisational Development | 31st December | A | 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 | Executive Director of Workforce & Organisational Development | 30th September - 31st December | N/A | N/A | | |
| E1.3 | Pan BCU Support Programmes - Safe Clean Care (SCC) Harm Free | 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 | | |
| | | | 30th September - Approve/engage/research business case and strategy | R | R | | |
| | | | 31st December - 31st March - Implement new ways of working | R | R | | |

E3.4: Security, V&A Improvement Plan

Red due to improvement notices current compliance and Health 7 Safety Executive (HSE) investigations. The HSE will be inspecting BCUHB on Violence and Aggression and Manual Handling on the 16th -18th November 2021. This will provide evidence of the current status in these specific service areas. There has been a comprehensive review of the Occupational Health and Safety service objectives, with considerable investment being implemented through 4 business cases approving funding for posts over the next 24 months. This will improve compliance with legislation, training and competence of key staff. A plan is being implemented that will see improvement over the next 6 months.

E3.5: Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation

There has been a comprehensive review of the Occupational Health and Safety service objectives, with considerable investment being implemented through 4 business cases approving funding for posts over the next 24 months. A programme of Health Surveillance will target high risk areas over the next 12 months.

E1.3: Safe Clean Care

Risks

- There is a risk that if our patients are not discharge in a timely manner when they are medically optimised. Every extra day a patient remains they could be exposed to infectious diseases through vector and fomite transmission.
- There is a risk that if patients are admitted to our acute care facilities when they could have their care elsewhere, that they themselves are at risk and/or they put other patients at risk from infection.
- There is a risk that operational flow decisions impacts adversely upon delivering safe clean care for our patients.
- There is a risk that the way we manage patient care impacts adversely upon infection prevention and control, putting our staff and our patients at risk of infections..
- There is a risk that the behaviour of our staff means that they are unable to fully comply with Infection Prevention and Control controls putting themselves, other staff members and patients at risk of infections.
- Note: all above risks will be mitigated through the corporate and accountable areas management decisions and improvement projects, Safe Clean Care Harm Free Programme and Unscheduled Care Transformation Programme
- There is a risk that our staff spend significant amounts of their time doing tasks that with the use of better IT software they would release more time to care, and to be involved with more things that add direct value to the patient.
- Note: this risk will be mitigated over the longer term through developing and implementing the digital strategy, and short to medium term through informatics developments and improvement to support the transformation programme

...continued overleaf...

E1.3: Safe Clean Care continued

Escalations with the Senior Responsible Officer (SRO): Lack of staff in particular project management/Quality Improvement staff to support the accountable areas to make the improvements and sustain the gains. Four staff members have left/are leaving, and they have not been replaced, even though it was the SROs expectation that other staff members were to be identified to support the programme, but because of portfolio re alignments this has unfortunately not happened due to people not being in post, interim support is taking a long time to identify to support delivery. Lack of information support to measure the success of the projects that underpin the programme. There is a lack of IT solutions to support releasing our staffs time to care, the IT systems are not user friendly for what we need to operationally and clinically use them for. We are developing a dashboard with the help of informatics so operational staff has one place to go for the information they need around Infection Prevention & Control (IPC). Because everyone is so busy engaging with staff is not easy to support them prevent infections through their behaviour. All staff are working on the programme are doing so in addition to their already full day jobs, there are no staff solely working on the programme, this is causing delays, a lack of focus, pace and grip. Having sustainable SROs has and is an issue due to the high turnover of senior staff through the health Board. We still have not been able to do this consistently across the work-streams which is difficult to provide stable leadership and direction for the projects. Not having a full time dedicated programme manager means the pulling together of all the projects and work-streams can be problematic.

Safe Clean Care – Harm Free (SCC-HF) is integral to every change/transformation programme we make and everything we do, being able to influence across the health board is difficult without a full time dedicated team working solely on the programme.

27 projects under the three work-streams are live, with ten still on hold whilst we identify corporate leads. We run a nine week assurance programme to fully reflect on the improvements being delivered across the health board in relation to SCC-HF. We are behind where we expected to be six months into the programme.

Enabler - Page 3 of 4

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

E1.7: Deliver Phase 3 of Welsh Patient Administration System implementation - 30th September – System build and data migration.

System build is complete. Data migration is re-starting in October on a cycle right up to 'go live' in May 2022

E2.1: Deliver Symphony - Phase 3 2021/2022

The planning phase has started and will be completed by early November.

Milestones for phase 3 have been delayed due to delay in phase 2 relating to a late delivery of hardware; however the planned 'go live' of phase 3 is still March 2022.

Enabler - Page 4 of 4

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

E2.9: Strengthen Cyber Security

Cyber Security Tier 1 Risk has been raised with the Risk Management Group as part of the process to highlight a Corporate Risk.

The NIS-D assurance process is underway with the National Cyber Resilience Unit (CRU) who work on behalf of Welsh Government (WG) to provide regulatory assurance and compliance. This process will take 12 to 24 months.

Funding has been agreed during Quarter 2 and recruitment of the Cyber Security Team is underway.

The Cyber Security & Compliance Manager post has been recruited and the post-holder has started on 6th September 2021. Three other posts are in the process of being recruited to support the Cyber Security function.

COVID-19 Response - Page 1 of 3

| Plan Ref | Programme | 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 | Executive Medical Director | 30th June - 30th September Development of Business Case | G | G | | |
| | | | 31st December Business Case submitted for internal sign-off and approval | A | A | | |
| | | | 31st December / 31st March Development of a programme plan, recruitment ready for implementation 2022 | A | A | | |
| C1 | <p>Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy.</p> <p>* 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)</p> <p>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.</p> <p>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)</p> | Executive Director of Public Health | <p>Measure through capacity and Turnaround Times.</p> <p>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.</p> | G | G | | |

E1.5: Enhanced Recovery from Critical Illness

The Critical Care business case “Critical illness and recovery: the multi-disciplinary critical care team” was approved at BCUHB Critical Care Service Improvement Group this month.

Our intention has been to forward next to Executive Director of Nursing & Midwifery, who we’re very pleased has offered to take on a new role as Executive Chair of the Critical Care Planning and Delivery Group.

COVID-19 Response - Page 2 of 3

| Plan Ref | Programme | 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) | 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 | G | | |
| | | | 30th September evaluate | A | A | | |
| | | | 31st December devices implemented subject to effectiveness of evaluation | | | | |
| | | | 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 | P | | | |
| | | | 30th June – in place by the end of 30th June and on-going until WG policy determines otherwise | 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. | Executive Director of Public Health | By 30th June and on-going through 2021-22 | G | A | | |
| | | | | A | A | | |
| C1.2 | Continue North Wales liaison on protect agenda coordinating multi-agency response | Executive Director of Public Health | 30th September and ongoing | A | G | | |

C1: COVID-19 Response

Although numbers have been increasing dramatically, testing capacity remains at a level to absorb demand. Working with NHS Wales corporately and Welsh Government, additional testing capacity can be made available. The biggest risk relates to recruitment to the BCU-run COVID-19 Testing Units (CTUs). especially as demand for pre-op testing and key worker testing increases. Currently demand is being managed and innovative recruitment policies are being put in place. Laboratory turnaround times remain good for North Wales.

Previous modelling proved to be inaccurate, with current rates running at 90% above the reasonable worst case scenario. Revised modelling is anticipated. Staffing levels should be normalised through contractual permanency. However if current demand continues to grow, additional demand on CTUs ability to meet that demand will depend on recruitment and retention.

Plans to increase capacity to absorb greater demand from secondary care have been agreed. Additional “lanes” will be opened in 3 of the CTUs to accommodate the additional throughput, and revised staffing models have been agreed to accommodate this. Agreement has been reached to make B5 nurses permanent in CTUs. At some point they will transfer from Test, Trace, Protect (TTP) to substantive posts. this should aid staff retention and recruitment. Work ongoing to complete the evaluation.

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

Very effective working arrangements and close collaboration has been established between the Health Board and local authority partners. Formal meeting structures and governance arrangements in place. However, recruitment to ensure the smooth operation of the contact tracing services has been problematic and despite a number of co-ordinated recruitment attempts, staffing levels remain at a level where they are unable to meet demand. A prioritisation framework has been agreed with the WG which may alleviate pressures.

COVID-19 Response - Page 3 of 3

| Plan Programme Ref | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|--------------------------|---------------|-------------|--------|--------|--------|--------|
|--------------------------|---------------|-------------|--------|--------|--------|--------|

| | | | | | | | |
|------|---|---|---|-----|-----|--|--|
| C1.3 | Implement and deliver the BCUHB mass vaccination programme. | 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 | | |
| C1.5 | COVID recovery - all Children's Services | Executive Director Primary & Community Care | 30th June – Baseline assessment. | P | | | |
| | | | 30th September - Service Level plans to deliver agreed. | A | G | | |
| | | | 31st December-31st March - Ongoing performance monitoring via Regional Childrens Services Group. | N/A | N/A | | |

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

| Plan Ref | Programme | 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. | 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 | | |
| | | | All Wales contract in place for accuRx 31st December | G | A | | |
| R1.1 | Review the uptake, requirements and patient satisfaction in relation to alternative/new technologies supporting patient access to GMS | 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 | | |
| | | | Review access to virtual consultation training 30th September | G | G | | |
| | | | Review ongoing use and satisfaction with accuRx (and feed information into future contract requirements – see specific action above) 31st December | G | G | | |
| | | | Feed local learning into the national Strategic Programme to inform future strategies 31st March | 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.

There have been some initial discussions regarding the on-going requirements of practices and patients in relation to IT platforms and on line requests. A local evaluation of the platforms currently being used is being undertaken in quarter 3. Further discussions are required to understand next steps on a national basis.

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

| Plan Ref | Programme | 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)) | 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 | | |
| 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) | 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 | | |
| | | | 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 | | |
| | | | Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement. 31st March | G | 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)

Development of proposals to manage the backlog of planned care in the primary care sector 30th June 2021.

Scripts and briefings prepared for primary care clinicians. Limited capacity due to general community demand and contribution to the vaccination programme
1.4d

Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement. 31st March 2022

Built into Regional Treatment Centre (RTC) development programme (separate governance structure in place) including primary care. Will lead to significant change in patient pathways. Timeline 40 weeks+

Recovering access to timely planned care pathways

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

| Plan Ref | Programme | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|-------------|---|---|--|--------|--------|--------|--------|
| R1.6 | Further development of the Primary and Community Care Academy | Executive Director Primary & Community Care | PACCA Business Case finalised 30th June | R | R | | |
| | | | Planning for all programmes, with the completion of the delivery plan 2021/22 (subject to funding), to include: 30th June | R | R | | |
| | | | Training Hub established and posts advertised 30th September | N/A | R | | |
| | | | Level 7 Vocational Education Programme in place 30th September | N/A | R | | |
| | | | 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 | | |
| | | | 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 | | |
| | | | End of year report 31st March (published 22/23) | N/A | G | | |

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

The Business case was submitted for executive approval in August, and will also need to be presented to Performance, Finance & Information Governance (PFIG) Committee in due course.

Whilst the achievements of the Academy to date were commended and the business case for further development welcomed, further input from Workforce & Organisational Development (WOD) colleagues was requested and clearer presentation of the finance section. A resubmission to the executive team should be made in October 2021.

Planning for all programmes cannot be completed until the additional investment is agreed via the business case process.

The additional training hub cannot be developed until the additional investment is agreed via the business case process. However the training hub in Healthy Prestatyn lîch is in place with supernumerary advanced practitioners going through this programme of training.

The evaluation lead and researcher cannot be appointed permanently until the business case is approved. However temporary staff are in place to ensure robust evaluation of the schemes already in place.

Recovering access to timely planned care pathways

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

| Plan Ref | Programme | 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 | 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 | | |
| | | | Seek Board & WG approval to award preferred bidder 30th September | N/A | R | | |
| | | | Commission facility 31st March | N/A | G | | |
| R1.8 | Implementation of the dental contract reform (as directed by Chief Dental Officer/Welsh Government) | Executive Director Primary & Community Care | 31st March | G | G | | |
| R1.9 | Commission additional general dental provision | 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. | Executive Director Primary & Community Care | 31st March | G | 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) | Executive Director of Primary & Community Care | 31st March | A | 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) | Executive Director Nursing & Midwifery | 30th June-Develop and agree a plan | G | R | | |
| | | | 31st March- delivery of cohort 1 with exception of orthopaedics | G | R | | |

R1.7: Development of a North Wales Dental Academy, to include a training unit, General Dental Service (GDS) and Community Dental Service (CDS) provision

The preferred provider will be awarded the contract subject to Welsh Government (WG) approval. Paper outlining preferred bidder was presented to the board on 23rd September 2021 and the tender award has subsequently been approved. The request for approval by WG has been submitted on 29th September and a response is expected imminently.

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

Care home enhanced service is live, but limited uptake due to staff capacity. The medicines management audit tool is being reviewed with a plan to further implement the service in Q4, once updated tool is available. The data from 2019 to end August 2021 – demonstrates a step change with an increase since 2019 month to month (approx. 185% in comparison to equivalent months in 2019).

R2.7: Provide recovery plans for each site for Cohort 1 & 2 by mid-May. This will include extra capacity, insourcing requirement and outsourcing and workforce requirements

All 3 schemes are now included within the wider Regional Treatment Centre (RTC) Programme. Progress meeting with Welsh Government on 20/09/2021

R2.8 RAG is on Page 27.

R2.8: Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.

Super green pathways have been introduced, and have been maintained for day surgery, but been unable to maintain for elective in-patient surgery due to unscheduled care pressures. Through the continual review of capacity, a contract for orthopaedics has been established. Further expressions of interests have gone to market for mixed surgical specialties, ophthalmology, dental and dermatology.

Recovering access to timely planned care pathways

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

| Plan Ref | Programme | 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. | 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 | | |
| | | | Continually review capacity of external providers to deliver more activity, to support more efficient services 30th September | A | A | | |
| | | | Introduce super green pathways to protect elective capacity 30th September | A | G | | |
| 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 | Executive Director Nursing & Midwifery | 31st December | A | A | | |
| R3.2 | Insourcing to support provision of service for cohort 1&2 Outsourcing specification for Orthopaedics | Executive Director Nursing & Midwifery | 30th June | 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. | 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 | | |
| R3.5 | To explore external capacity to support access to treatment | 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 | | |
| R3.6 | Development of sustainable endoscopy services across North Wales | Executive Director Nursing & Midwifery | 31st March | A | A | | |
| R3.7 | Deliver suspected cancer pathway | Executive Director Nursing & Midwifery | 30th June 69% 30th September 69% 30th December 71% 31st March 75% | A | A | | |

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

Therapy and Exercise Professional leads trained in Escape Pain programme. Business case for Digital App agreed at Planned Care Transformation Group 17/09, procurement-led Developers Day in development to inform final specification. Orthopaedic Prehab Business Case complete, scheduled for review/ratification at Planned Care Transformation Group 15/10

R3.2: Insourcing to support provision of service for cohort 1&2 and Outsourcing specification for Orthopaedics

Not achieved by deadline of 30/06/2021, but outsourcing for orthopaedics now in place. In relation to insourcing, this is not yet in place. Expressions of interest sought from other independent sector providers, and responses received.

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.

Interim Head of Ambulatory Care has been in place, and now recruited permanent Head of Ambulatory Care, who will start in October 2021. Currently recruiting a North Wales Insourcing and Outsourcing Manager (3 year fixed term). Planned Care Programme Lead starting in post 4th October 2021. Project Plan in place, scoping feasibility ahead of common Patient Administration System (PAS) solution for 3 main hospitals.

R3.5: To explore external capacity to support access to treatment

In relation to outsourcing, invited expressions of interest, with responses received. A policy decision is required in relation to insourcing.

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

Business case for building a sustainable Endoscopy workforce in approval process, staffing levels agreed and phased over 3 years. Interim support for meeting demand includes insourcing and a modular build providing increased estate and staffing. Insourcing now in place across 3 sites, and supporting baseline capacity. Modular build specification now agreed, and with Contracts and Procurement for market testing. Activity at 75% of plan, with further increases planned across the year to meet planned demand and backlogs. The EMS (Endoscopy Management System) specification completed, with all units and final discussions with Contracts and Procurement for fast-track procurement process, planned to be in place and operational by March 2022. Joint Advisory Group on GI Endoscopy (JAG) accreditation in process, planned accreditation in YG early 2022, a quality system for Endoscopy across BCUHB incorporates standardised policies and procedures in a continual audit process cycle. This process is in line with other Welsh Health Boards, and with the support of the National Endoscopy Programme Wales is on track.

R3.7 Improve cancer outcomes reduce mortality ensuring rapid assessment of patients with suspected cancer – Narrative on P.30

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

| Plan Ref | Programme | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|-------------|----------------------------------|--|--|--------|--------|--------|--------|
| R3.7 | Deliver suspected cancer pathway | 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 | | |
| | | | 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 | | |
| | | | 3. Development of one stop neck lump clinics – project team established and pathway agreed; business case to be submitted this month | | A | | |
| | | | 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 | | |
| | | | 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 | | |
| | | | 6. Patient navigators to track pathways and escalate delays – funded in 2021/22 with a business case for ongoing funding submitted and awaiting approval. | | A | | |
| | | | 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 | | |

R3.7: Improve cancer outcomes reduce mortality ensuring rapid assessment of patients with suspected cancer.

Data for suspected Cancer Pathway is reported 1 month in arrears. The September 2021 position will not be available until November 2021. Although we could potentially achieve the 69% trajectory, it is too early to be able to state this with confidence as only data for July is currently available in Q2.

6 of the 7 Suspected Cancer Pathway (SCP) business cases now approved by Exec Team with 2 fully implemented (pathway trackers and early diagnosis lung co-ordinators). Recruitment underway re additional Clinical Nurse Specialists (CNSs) and to support Rapid Diagnostic Clinics (RDCs) and additional Rapid Access Breast Clinics (RABCs) together with service improvement posts. Pilot head and neck one-stop neck lump clinic held in August 2021 with aim of completing business case October 2021.

Recovering access to timely planned care pathways

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

| Plan Ref | Programme | 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 | A | | |
| 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 | A | | |
| 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 | | |
| 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 | | |
| | | | Development of self-management information 30th September | G | 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 | | |
| | | | Use patient recorded outcome measures / holistic needs assessment and treatment summaries in line with person centred care philosophy across Wales 30th September | G | 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 | | |
| | | | Development of education programmes to upskill generalist therapy staff is required thus supporting increased numbers of patients and carers. 30th September | G | R | | |

R4: Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals

Main risk relates to ultrasound due to challenges securing staffing for insourcing. Exploring external contracting opportunities.

R4.1: Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals

Locum physiologist secured September 2021-March 2022 in first instance. Vacant consultant Job Description to be finalised with college approval end September, advertise October 2021. Potential applicant identified. Existing contract expires 30.09.2021 and has been fully utilised in Q2. Tender exercise to be completed in October 2021 for new 12 month contract for both Electromyography (EMG) and Nerve Conduction Studies (NCS) tests. Temporary space in Wrexham Maelor secured September 2021-March 2022 in first instance. Still need to identify permanent base at East and also improve West accommodation. Service included in Regional Treatment Centres (RTCs) project as long term solution.

R4.2: Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)

Teams progressing allocation of sustainable funding for 2021-22. non-recurrent performance funding directed towards backlog clearance, main risk ultrasound as above. Temporary space identified for neurophysiology. both service linked in to RTC project as preferred solution for long term service sustainable solution.

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)

The delivery of these actions is dependant upon the approval of the business case. The case is in its final draft stage moving through internal assurance before being submitted to the Health Board Review team for consideration. Following this it will be submitted to the relevant Executive Director for approval. It is expected that the case should reach the Executive approval level by early December 2021.

Recovering access to timely planned care pathways

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| Plan Ref | Programme | 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 | Executive Director Nursing & Midwifery | Already initiated with pump priming last year, continuation secured through previous funding whilst BC approval expected June 2021 enables re-tendering exercise by end 30th September | G | R | | |
| R4.7 | Enable work to progress on strategic service developments urology | Executive Director Nursing & Midwifery | Procurement by 30th June 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 | | |
| R4.8 | Implementation of the glaucoma pathway | Executive Director Nursing & Midwifery | 31st March | A | A | | |
| R4.9 | Implementation of the diabetic and age-related macular degeneration pathways | Executive Director Nursing & Midwifery | 31st March | R | A | | |
| R10.2 | Ensure Safe and Effective Care | 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 | | |
| | | | 2. Implement the National MiS solution for Wales (HIW, November 2020). Action 2: WG Initiative | R | A | | |
| | | | 3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy. Action 3: informed by WG timetable | 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 | | | |

R4.6: Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care

Eye Care collaborative Group (ECCG): Monthly meetings occurring consistently, with action log/tracker in place. Pan BCU engagement events held to agree "new" bid proposals. Business Case (Eye Care Measures Sustainability V1.7) : Approval confirmed close of June 21. Further non-recurring bid (Outpatient sustainability bid, submitted to Welsh government (WG) September 2021. (Includes Expansion of Primary Optometric Diagnostic & Treatment Centres (ODTCs) pathway proposals Tender: Optometric Contractual reform is in progression with WG/ signed off for potential Wales implementation January 2022- potentially removing requirement for tender process (as raised by WG in Ophthalmology recovery meeting 22nd September 2021. Awaiting imminent confirmation from WG.

R4.7: Enable work to progress on strategic service developments urology

Awaiting completion of all-Wales tender process.

R4.8: Implementation of the glaucoma pathway

Central Site delivering Glaucoma flow to primary care ODTCs. East & West citing admin capacity challenges impacting on consistent flow of patients to Primary care. Sites to provide redress plan (reviewed monthly in ECCG)

R4.9: Implementation of the diabetic and age-related macular degeneration pathways

Central & East delivering D. Retinopathy flow to Primary Care. West have commenced, with performance trajectory in place/reviewed in monthly ECCG meetings

R10.2: Ensure Safe and Effective Care

1. Implement the recommendations of the Health Inspectorate Wales (HIW) National Review of Maternity Services (November, 2020)

87% compliant

2. Implement the National MiS solution for Wales (HIW, November 2020).

WG have produced the project initiation document and are looking to appoint a National Project Lead, further updates awaited from WG.

3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy.

KPIs yet to be released by WG

7. Reflect workforce plans with national standards for maternity services.

Compliant with midwifery standards, further work with consultant job planning.

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

| Plan Ref | Programme | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|-------------|------------------------------------|-------------------------------------|---|--------|--------|--------|--------|
| R10.2 | Ensure Safe and Effective Care | 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 | | |
| | | | 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 | | |
| | | | 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 | 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 | | |
| | | | 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 | | |

R10.4: Implement Sustainable Quality Care

2. Reduction of activity in contract agreement with Countess of Chester services.

Actual activity reduced but no changes made to contract during COVID-19 Pandemic. The contract will be reviewed in April 2022.

Improved unscheduled care pathways - Page 1 of 6

| Plan Ref | Programme | 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. | 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 | | |
| | | | 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 | | |
| I1.1 | Implementation of Single Care Home Action Plan | 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 | | |
| | | | 31st March Full implementation | G | G | | |

R1.3: Development of Urgent Primary Care Centres (UPCCs) as pathfinders, feeding into the national programme of work for primary care.

For the North Denbighshire UPCC, the mental health support is in place, provided via a contract with MIND. The service is hosted in Healthy Prestatyn lîch (HPI) managed practices for the whole cluster. An Operational Policy has been agreed and IT systems to support the service are in place. Three staff have been offered roles in the UPCC and start dates are being confirmed. The full service will commence in Q3.

The Business Case for UPCCs in the West Area is currently being reviewed for approval to be presented to Executive Team in October 2021; plans are being developed to open the UPCCs in West Area in December 2021.

The Area teams are actively supporting and participating in the all Wales programme for UPCCs, including key roles in the all Wales

Regional UPCC forum in place to share learning, developments and performance metrics, and develop a local evaluation process.

Improved unscheduled care pathways - Page 2 of 6

| Plan Ref | Programme | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|-------------|--|---|--|--------|--------|--------|--------|
| I1.2 | Transformation of Community Services - Home First Bureau | 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 | | |
| | | | 30th September – Home First Business Case approved and all posts recruited to. | G | A | | |
| | | | 30th June – Training and education across system. | G | G | | |
| | | | 30th September – Gap analysis and recruitment | G | G | | |
| | | | 31st March – Ongoing monitoring | A | R | | |

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 BCU approvals process to secure recurrent funding. We have rated this Amber on the basis that 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.

Presented the Situation, Background, Analysis, Recommendation (SBAR) paper to Wrexham Maelor Hospital team regarding Elderly Mentally Infirm (EMI) pathways and awaiting confirmation of support to progress pathway development.

Working with Pharmacy to develop an integrated CRT that includes pharmacy resource.

Improved unscheduled care pathways

Improved unscheduled care pathways - Page 3 of 6

| Plan Ref | Programme | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|-------------|--|---|---|--------|--------|--------|--------|
| 11.3 | Transformation of Community Services - Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care. | Executive Director Primary & Community Care | COTE linked to CRTs and MDTs at pre crisis point (West only). Ongoing | A | 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 | | |
| | | | YG & YGC Frailty units established and staff recruited Centre –30th June – design 30th September – Recruit 31st December – Implement 31st March – monitor | 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 | | |
| | | | 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. | A | R | | |
| | | | West Frailty model in place West - MDTs established in Ynys Mon and Arfon – roll out to remaining areas by 31st December | | | | |

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 amber on the basis that a Frailty Business case is currently in development. Whilst frailty units have not yet been 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. 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.

East Area: routine meetings have taken place with Wrexham Maelor Hospital colleagues to support a more consistent approach to communication regarding step down beds with patients and families.

Ongoing review of referral criteria with therapies and social care.

Inclusion of pharmacy requirements for frailty units /services, Emergency Departments (EDs) and Sane 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

Improved unscheduled care pathways - Page 4 of 6

| Plan Ref | Programme | 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. | Executive Director Primary & Community Care | 30th June-31st March– ongoing implementation of regional and area-level programmes of work | G | G | | |
| | | | 31st March – Sustainability planning for post programme continuation | G | G | | |
| 11.7 | Increased capacity within Community Resource Teams (CRTs) to support patients to be cared for in their own homes. | Executive Director Primary & Community Care | <p>30th June: Staff recruited with Winter Planning monies to continue in post, linked to Community Resource Teams (CRTs). Data collection</p> <p>30th September: Evaluation of service and business case to secure ongoing funding and contingency planning for exit strategy</p> <p>31st December: subject to funding, recruit and deploy additional Healthcare Assistants (HCAs) to support care delivery outside hospital</p> <p>31st March Secure permanent funding, subject to further evaluation</p> | G | G | | |
| 11.7 | Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme. | 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 | | |

Improved unscheduled care pathways

Improved unscheduled care pathways - Page 5 of 6

| Plan Ref | Programme | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|----------|---|--|---|--------|--------|--------|--------|
| I2.1 | Emergency Department access and patient flow (Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model) | Executive Director Nursing & Midwifery | 31st March implementation | | | | |
| | | | 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 | | | | |
| I2.2 | Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22 | Executive Director Nursing & Midwifery | PIPs: All to be in place by 31st March | | | | |
| | | | Established acute and community surge plans 30th September | | | | |
| | | | Specific winter schemes implemented to meet increased demand during Winter as well as COVID-19 demand 30th September | | | | |
| I2.3 | Same Day Emergency Care (SDEC) | Executive Director Nursing & Midwifery | Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22 30th September | | | | |
| | | | Further develop and establish SDEC models across the 3 acute sites to better manage urgent care demand into a more scheduled way 30th September | | | | |
| I2.4 | Developing the unscheduled care hub, 111 service | 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 | | | | |

I2.3: Further develop and establish Same Day Emergency Care (SDEC) models across the 3 acute sites to better manage urgent care demand into a more scheduled way

Awaiting outcome of proposal to access funding from Welsh Government.

Recruitment for SDEC will be part of the whole front door of the hospital recruitment campaign including Emergency Department (ED) & SDEC.

Improved unscheduled care pathways

Improved unscheduled care pathways - Page 6 of 6

| Plan Ref | Programme | 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 | Executive Director Nursing & Midwifery | 31st December | A | G | | |
| I2.7 | Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model | 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 | A | | |
| | | | Phase 1 service proposal focuses on: Prevention including improved AF detection Stroke Prevention – 30th September | G | A | | |
| | | | Strengthening of acute services across 3 DGH sites; including improved OOH pathway for diagnosis; treatment and recovery Acute services – 30th September | G | A | | |
| | | | Development of Early supported discharge (ESD) across the 3 areas ESD – 30th September 20% / 31st December 70% / 31st March 100% | G | A | | |
| | | | Specialist community inpatient rehabilitation beds across the 3 areas Specialist Community inpatient beds – 30th September | G | A | | |
| | | | 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 | | |

12.7: 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. Expected start dates end of December 2021. 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.

The timetable to recruit additional Specialist Acute Stroke nurses and 3 Sentinel Stroke National Audit Programme (SSNAP) data inputter has slipped due to the planned extension in the current Specialist Acute Stroke service working hours which has triggered Organisational Change Process (OCP). 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 advertised with shortlisting taking place in October 2021. This is a slippage on the original timetable of 20% of staff being in post by September 2021. However it is anticipated that at least 70% of the staff will be in post by December 2021 and the rest in the last quarter of 2021/22.

The West Rehabilitation Service will be live by January 2022 and the Rehabilitation Refurbishment will also be completed in the last fourth quarter of 2021/22. The service in the West will still be able to commence whilst the refurbishment work is completed. The Rehabilitation Services for the East and Centre are not due to go live until 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 | 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. | 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 | | |

Strengthen our population health focus - Page 2 of 6

| Plan Ref | Programme | 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. | 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. | | A | | |
| | | | Smoking cessation support and access to nicotine replacement therapy for patients and staff available and in place. 30th June 2021. | | A | | |
| | | | Mental health action plan agreed in response to cessation of exemption to smoke free regulations 31st December | | A | | |
| S1.1 | Implement integrated smoking cessation service | 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 | | |
| | | | Provision of support for advisors and bank staff working out of hours is in place 31st March | | G | | |
| | | | Single service plan is developed with: - simplified referral system - Improved management and supervision processes implemented 31st December | | A | | |
| | | | 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 | | |
| | | | Identify primary care partners for targeted community engagement sessions 22/27 31st March | | A | | |

S1: Building a Healthier North Wales: Implement smoke free sites with consideration to the implementation of Mental health smoke free action plan.

Implementation of plan delayed owing to staff sickness. Reviewing all areas with nominated leads to ascertain delivery status against current plan. Action plan is being refreshed and Smoke Free Sites Group re-established. Some activity on enforcement with further discussions planned with LA's. across North Wales. Risks - not conforming with statutory legislation. Awaiting sign off of Smoke Free Policy which has delayed communication to staff and patients, this is now being followed up.

Smoking cessation support and access to nicotine replacement therapy for patients and staff available and in place.

Under current review as part of the smoke free premises work above.

Mental health action plan agreed in response to cessation of exemption to smoke free regulations

Initial discussions with mental health lead regards mental health representatives from acute and community to meet and develop an action plan next month. Completion end of March 2022.

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. Provision of support for advisors and bank staff working out of hours is in place. Initial discussion with maternity and secondary care to develop single service plan. Referral systems in place and simplified. Management supervision improved and implemented. One system for maintenance and replacement of equipment (CO Monitoring) implemented. Dashboard is resumed to strengthen performance monitoring and data availability. Initial discussions have taken place with Local Public Health Team (LPHT) colleagues with further meetings scheduled in. Some concerns around access to sites/venues with current COVID-19 restrictions.

Strengthen our population health focus - Page 3 of 6

| Plan Ref | Programme | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|-------------|---|-------------------------------------|---|--------|--------|--------|--------|
| S1.2 | Reducing food poverty initiatives are established | 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 | | |
| | | | Develop Food Distribution plan 30th June | | P | | |
| | | | Post-COVID-19 revised strategy to be produced in Plas Madoc 30th September | | A | | |
| | | | Increase number of partners and scheme members through engagement events/ membership scheme in Llangefni 30th September | | P | | |
| | | | Develop food poverty initiative proposals, in partnership with Bangor University, local authority and 3rd sector. 31st December | | P | | |
| S1.3 | Homelessness initiatives are implemented | Executive Director of Public Health | Scope and develop proposal for a food poverty/ food waste initiative in Denbighshire 31st December | | A | | |
| | | | 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 | | |
| | | | Extended scope for Bangor and links to the food poverty/ training café. 31st December | | G | | |
| | | | Post-COVID-19 Rhyl development and Health Board contribution. refreshed with partners 31st March | | 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. Agreement with Fareshare and Ellesmere Port as part of Food distribution plan. Community consultation ongoing. delayed due to COVID. face to face engagement sessions planned for November 2021. 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. Site identified in Denbighshire for a food poverty/ food waste initiative in Denbighshire. Currently scoping the programme content to develop proposal.

S1.3: Homelessness initiatives are implemented- Refresh with partners the Wrexham programme and Health Board contribution

Alternative programme needs to be considered for the East Area.

Strengthen our population health focus - Page 4 of 6

| Plan Programme Ref | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|--------------------------|-------------------------------------|---|--------|--------|--------|--------|
| S1.4 | 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 | | |
| | | 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 | | |
| | | Once Quality improvement project complete, evaluate programme, and report for review by Health Improvement and Reducing Inequalities Group 31st March- | | 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 | | |
| S1.5 | Executive Director of Public Health | 31st December - Appoint Strategic Breastfeeding Lead (awaiting National JD) | | A | | |
| | | 30th June Response due from National team JD forthcoming: | | A | | |
| | | 30th June JD developed | | A | | |
| | | 30th September Post advertised or seconded | | A | | |
| S1.6 | Executive Director of Public Health | Posts appointed Referral mechanisms established 30th September | | A | | |

S1.5: Infant feeding strategy - Posts appointed and Referral mechanisms established

Job Description (JD) drafted locally as no response regarding national JD received. Local job evaluation anticipated during Quarter 3. Advertisement and recruitment of post anticipated Quarter 4. 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 Building a Healthier Wales (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. Multidisciplinary Team (MDT) fully operational by Q4

Strengthen our population health focus - Page 5 of 6

| Plan Ref | Programme | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|-------------|--|-------------------------------------|---|--------|--------|--------|--------|
| S1.7 | Establish Children's Tier 3 obesity service - Implement Service Plan | 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 | | |
| S1.8 | Physical Literacy North Wales programme is established | Executive Director of Public Health | Identified partners and relevant workforce trained 31st December | | G | | |
| | | | A range of examples of physical literacy informed practice shared with partners across the region 31st December | | G | | |
| | | | Resources and tools developed 31st December | | G | | |
| | | | Online training resource developed 31st March | | G | | |
| S1.9 | Elemental software is utilised by local authorities | Executive Director of Public Health | Agreed activities at each local authority 30th June | | G | | |
| | | | Progress reporting structure established 30th September | | G | | |
| | | | Evaluation of annual usage shared with Health Improvement and Reducing Inequalities Group 31st March | | G | | |
| S2 | Inverse Care Law Commissioned report received | 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 | | |
| | | | Plan developed 31st March | | G | | |

S1.7: Establish Children's Tier 3 obesity service - Implement Service plan

Recruitment for the service is ongoing. Interviews for the Physio and Technical Instructors have taken place in September, Medical Secretary has been appointed and admin is due to be re-advertised. Key issue is recruitment of Psychologist, service currently reviewing banding as a potential option to attract candidates. Referral criteria and service capacity have been agreed and an informatics system for the service is under development. Premises for the service have been successfully identified. The service is on-course for commencing delivery in January 2022.

Strengthen our population health focus - Page 6 of 6

| Plan Ref | Programme | Lead Director | Target Date | Jun-21 | Sep-21 | Dec-21 | Mar-22 |
|-------------|---|-------------------------------------|--|--------|--------|--------|--------|
| S2.1 | Implementation of Alcohol Insights Commissioned report | Executive Director of Public Health | Findings shared with Allied Planning Board Action plan developed and implemented 31st December | | G | | |
| S2.2 | Increase level 1 activity particularly in target groups | Executive Director of Public Health | Early years dieticians and support workers appointed 30th June | | A | | |
| | | | Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area) 30th September | | A | | |
| | | | Come and cook with your child' programme commences in primary schools 31st December | | 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 | | |
| | | | 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 months31st December | | 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 | | |

S2.2: Increase level 1 activity particularly in target groups

Early years dietitians and support workers appointed

Appointments are in progress

Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area)

unable to appoint Band 6 for West (0.6 whole time equivalent (WTE)). reviewing team mix, possible Band 5 PH nutritionist

Come and cook with your child' programme commences in primary schools

The main focus has been recruiting staff. Now that the majority of these staff are in post the next step will be setting up the timetable of activity with schools

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

The main focus has been recruiting staff. Now that the majority of these staff are in post the next step will be setting up the timetable of activity with schools

Provision of accredited nutrition and practical cooking skills NS4L courses commences with families - focusing on supporting Flying Start (FS). 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. .Project Initiation Document (PiD) and this is discussed and agreed with all parties within the first 9 months

FS coordinator contacts for each Local Authority (LA) obtained/. Local area meetings set up

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

under development

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

| Plan Ref | Programme | 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. | 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 | | |
| 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. | 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. | 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 | | |
| 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. | 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 | | |
| 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. | 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 | | |
| M1.7 | Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy. | Interim Executive Director of Mental Health & Learning Disabilities | 30th June-30th September develop master scheme | A | G | | |
| | | | 31st December-31st March begin implementation | N/A | N/A | | |

M1.5: Develop effective and timely transition arrangements that support young people into adult services.

We have completed a business case for 0.8million additional transformation funds. This work will support a set of agreed clear objectives to develop transition arrangements. It has now been agreed this programme of work will be led by the Central Area Teams and progress in general is on track

Integration and improvement of mental health services - Page 2 of 3

| Plan Ref | Programme | 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. | Interim Executive Director of Mental Health & Learning Disabilities | 30th June-30th September develop master scheme with supporting SOPs | R | R | | |
| | | | 31st December-31st March begin implementation | N/A | N/A | | |
| 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. | Interim Executive Director of Mental Health & Learning Disabilities | 30th June, agree master scheme | P | | | |
| | | | 30th September, begin recruitment | N/A | R | | |
| | | | 31st December, integrate in to local teams | N/A | N/A | | |
| | | | 31st March, evaluate | 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. | Interim Executive Director of Mental Health & Learning Disabilities | 30th June – 30th September develop system pathway with supporting workforce plan | R | R | | |
| | | | 31st December Develop options appraisal | N/A | N/A | | |
| 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. | Interim Executive Director of Mental Health & Learning Disabilities | 30th June – 30th September develop system pathway with supporting workforce plan | A | R | | |
| | | | 31st December Develop future options appraisal | N/A | N/A | | |
| | | | 31st March Evaluate work programme to date | 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. | Interim Executive Director of Mental Health & Learning Disabilities | 30th June, agree master scheme | P | | | |
| | | | 30th September, begin recruitment | N/A | R | | |
| | | | 31st December, integrate in to local teams | N/A | N/A | | |
| | | | 31st March, evaluate | 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. | 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 | A | | |
| | | | 30th September Internal and external promotion of ICAN primary care model with GP Clusters and partner agencies | N/A | A | | |
| | | | 31st December-31st March evaluate impact | N/A | N/A | | |

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.

Welsh Government additional funding sought – Business Case has now been finalised in partnership with OPMH colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work. Final approval to progress with this work was given by the Execs in August 2021, this has led to some minor slippage in terms of progressing with recruitment. Progress in general is on track, with recruitment completing in Q3, and staff in post by Q4.

Crisis Care Programme Steering group and project resource set up. First meeting held in September and further monthly meetings arranged. In conjunction with the Steering group, we will now begin to derive Project Groups for each distinct elements of the project.

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

Welsh Government additional funding sought – Business Case has now been finalised in partnership with EIP colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work. Final approval to progress with this work was given by the Execs in August 2021, this has led to some minor slippage in terms of progressing with recruitment. Progress in general is on track, with recruitment completing in Q3, and staff in post by Q4.

M10: Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.

Working Group established and mapping of current pathways completed. Low Secure Unit Business Case and Options Appraisal not yet complete. This work will be undertaken alongside the Bryn Y Neuadd review to consider what support/resource the division will require to develop such a large capital and operational bid.

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.

Learning Disabilities Partnership Board continues to oversee the implementation of the LDS Strategy and associated plans in development. Workforce planning remains in development and work to define the new model for assessment and treatment. Pooled Budget Agreement is now with BCUHB Finance for signing. With regards to the review of commissioning arrangements, an Initial right sizing review has been completed. Identified that there are a number of services that no longer require the intensive support provided by an ECRS model. Steering group to be established with Flintshire LA to develop revised service spec for the houses in question. This may lead to retendering of element of the houses and development of hub and spoke model services for individuals with higher complexity of needs, thus moving the ECRS service away from some projects and incorporating to form part a hub and spoke model. The RAG status of the Transformational work is currently Red due to some milestones for Q2 still in development, however is on track to deliver in year.

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.

Welsh Government additional funding sought – Business Case has now been finalised in partnership with Perinatal colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work.

Final approval to progress with this work was given by the Executives in August 2021, this has led to some minor slippage in terms of progressing with recruitment. Progress in general is on track, with recruitment completing in Quarter 3, and staff in post by Quarter 4.

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.

Recruitment process for 11 out of 14 key staff in all Areas commencing in October with staff in post by end December. Remaining 3 posts located in 3 East cluster areas recruiting Nov/Dec following discussions with East cluster leads.

West Pilot underway since March 2021 with regional roll out planned for October in Central, West and parts of East areas. Remainder of posts in East recruited by December 2021. Training Plan completed – roll out from October 2021. Evaluation framework finalised and signed off. Mapping of provision for all Area GP surgeries underway. Stakeholder Group(s) will feed into the learning / evaluation process – members to be identified and first meetings to be arranged across all areas by end November. Data sets established. Communication Plan signed off. Draft Terms of Reference (ToR) to be agreed, membership of Area Strategic Stakeholder group in West identified. Membership of Central and East Area Strategic Stakeholder group to be identified. Membership of Area Operational Strategic Stakeholder groups in all areas to be identified and create draft ToR. Project evaluation ongoing.

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

| Plan Ref | Programme | Lead Director | Target Date | 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. | Interim Executive Director of Mental Health & Learning Disabilities | 31st March | A | G | | |
| M10.5 | Rehabilitation Services: To agree a long term model for rehab services and support whole system patient flow pathways. | 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 | | |
| | | | 31st March finalise plan | N/A | N/A | | |
| M10.7 | Unscheduled Care & Crisis Response: We will further develop an all age crisis response pathway. | 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. | Interim Executive Director of Mental Health & Learning Disabilities | 30th June, agree master scheme | P | | | |
| | | | 30th September, begin recruitment | N/A | R | | |
| | | | 31st December, integrate in to local teams | N/A | N/A | | |
| | | | 31st March, evaluate | N/A | N/A | | |
| M11 | Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales. | Interim Executive Director of Mental Health & Learning Disabilities | 30th June, scope requirements | R | P | | |
| | | | 30th September, develop and agree a plan | N/A | R | | |
| | | | 31st December, agree proposals | N/A | N/A | | |
| | | | 31st March, implement | 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. | Interim Executive Director of Mental Health & Learning Disabilities | 31st December | G | G | | |

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.

Welsh Government additional funding sought – Business Case has now been finalised in partnership with Therapy colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work.

Final approval to progress with this work was given by the Execs in August 2021, this has led to some minor slippage in terms of progressing with recruitment. Progress in general is on track, with recruitment completing in Q3, and staff in post by Q4. Concerns raised regarding accommodation to facilitate additional workforce and escalated through the Divisions Estates & Capital Group. However, a resolution as not yet been reached.

Ongoing work with Community Mental Health Teams (CMHTs) to consistently capture data on ED Patients within Tier 1 & 2 is progressing and a dedicated member of staff has been appointed to routinely evaluate and research outcomes within BCUHB against National benchmark.

M11: Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.

Resource allocation approved by Execs in August 2021, work is now progressing on the demand and capacity modelling in order to further enhance the psychiatric liaison offer across North Wales. This work is now being completed collaboratively within the Crisis Response Programme.

There has been some minor slippage in terms of progressing with recruitment. However, progress in general is on track, with recruitment completing in Q3, and staff in post by Q4.

Further Information

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

- tolerances for red, amber and green

Further information on our performance can be found online at:

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

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

follow @bcuhb
<http://www.facebook.com/bcuhealthboard>



| | | | | | | | |
|---|--|---|-------------------------------------|--|-------------------------------------|--|-------------------------------------|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Quality & Performance Report to 30th September 2021 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill Executive Director of Finance | | | | | | |
| Awdur yr Adroddiad Report Author: | Mr Edward Williams Head of Performance Assurance Mrs Kamala Williams Interim Director of Performance | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | The data and information provided in this report has been scrutinised and signed off by the Chief Executive Officer. | | | | | | |
| Atodiadau Appendices: | None | | | | | | |
| Argymhelliad / 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. | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | <input checked="" type="checkbox"/> | Ar gyfer sicrwydd For Assurance | <input checked="" type="checkbox"/> | Er gwybodaeth For Information | <input checked="" type="checkbox"/> |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Sefyllfa / Situation: | | | | | | | |
| <p>This report includes indicators from the NHS Wales Delivery Framework 2020-21. The Executive Summary is included within the Report.</p> <p>The NHS Wales Delivery Framework for 2021-22 was formally published on 1st October 2021 and from November 2021 the Quality and Performance Report will include key performance and quality measures from the</p> | | | | | | | |
| Cefndir / Background: | | | | | | | |
| 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 2020-21 National Delivery Framework. This framework has been revised to provide performance measures under the Quadruple Aims set out in A Healthier Wales. | | | | | | | |

| |
|---|
| Asesu a Dadansoddi / Assessment & Analysis |
| Goblygiadau Strategol / Strategy Implications The performance measures included in this report are from the NHS Wales Delivery Framework 2020-21. |
| 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 |

Quality and Performance Report

Performance, Finance & Information Governance Committee

Position as at September 2021
Presented on 28th October 2021

| Title | Page | Title | Page |
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| About this Report | 3 | Additional Information | 33 |
| Executive Summary | 4 | Quadruple Aim 2: Charts – Unscheduled Care | 34 to 38 |
| COVID-19 | 5 to 6 | Quadruple Aim 2: Charts – Planned Care | 39 to 42 |
| Quadruple Aim 1: Improved population health and Wellbeing | 7 | Quadruple Aim 3: Charts – Workforce | 43 |
| Quadruple Aim 2: Better Quality and more accessible healthcare | 8 | Quadruple Aim 4: Charts – Agency & Locum Spend | 44 |
| Quadruple Aim 2: Unscheduled Care | 9 to 16 | Further Information | 45 |
| Quadruple Aim 2: Planned Care | 17 to 25 | | |

Welsh Government has advised Health Boards to continue to monitor performance in line with the measures included in the 2020-21 NHS Wales Delivery Framework until such time as the NHS Wales Delivery Framework for 2021-22 is formally published. The NHS Wales Delivery Framework for 2021-22 was formally published on the 1st October 2021. Key measures will be included in the Quality & Performance Reports from November 2021.

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.



Performance has improved over the last 6 months



Performance has got worse over the last 6 months



Performance remains the same

Ongoing development of the Report

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

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

The Committee is asked to note the following:

Quadruple Aim 2: Unscheduled Care

Pressures on the unscheduled care system continues. Although performance remains below the 95% target of patients seen within 4 hours, 64.92% in September, this is a slight improvement compared to 64.52% in August. The number of patients waiting over 12 Hours in our Emergency Departments fell for the first time in 9 months at, 2,595 compared to 2,786 in August. However the number of patients waiting over 24 hours rose to 905. The number of patients experiencing ambulance handover delays of an hour or more also fell, from 1,735 in August compared to 1,610 in September.

Performance against the stroke care measure continues to be poor and performance fell to 23.9% of patients admitted to a Stroke Assessment Unit within 4 Hours compared to 33% in August. (against a target of 59%). The rate of patients reviewed by a Stroke Consultant within 24 hours improved slightly at 73.9% in September (against a

target of 85%) compared to 68% in August.

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 (see page 38).

Quadruple Aim 2: Planned Care

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

In September, the number of people waiting over 36 weeks fell for the first time in 3 months at 54,805 compared to 55,295 in August. The number of patients waiting over 52 weeks also fell at 41,578 in September, compared to 41,616 in August.

The number of patients waiting over 8 weeks for diagnostic tests at 7,352, fell for the first time in several months in

September compared to 7,389 in August.

The number of patients waiting over 14 weeks for therapy has increased to 2,610 in September compared to 2,036 in August 2021.

Whilst performance against the Suspected Cancer pathway target of 75% of patients starting treatment within 62 days of suspicion remains below target at 65.7% in August, BCU remains the second best performing Health Board in Wales in terms of the Suspected Cancer Pathway.

At 182,526, the total number of patients waiting on the 'Follow Up' waiting list, fell in September 2021. The number of those patients that are more than 100% overdue their follow up date also fell slightly at 55,247 at the end of September 2021 from 55,286 in August.

Performance against the eye care measure improved to 43.1% in September 2021, compared to 42.43% in August.

Quadruple Aim 3: Workforce

The trend for staff sickness rate over the last 3 months (June to September) has been one of increase with September at 5.56%. COVID-19 related sickness also increased to 0.8% (from 0.5% in August 2021).

PADR Rates have continued to fall in the last four months to 67.8% completed by end of September 2021, whilst Mandatory Training rates have improved at 84.2% for September 2021 and is now less than 1% below the 85% target rate.

Quadruple Aim 4: Agency /Locum Spend

In September the combined Agency and Locum cost remains fairly static at 7.5%.

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

Quarter 2 data not available at the time of reporting. Report will be updated in December 2021.

COVID-19

| Measure | at 14 th October 2021 |
|--|----------------------------------|
| Total number COVID-19 Vaccinations given BCU HB | 1,030,740 |
| Total Number who have received both 1 st and 2 nd doses of vaccine | 498,147 |
| Total number of completed tests for COVID-19 (last 7 days - between 4th and 10th October 2021) | 17,947 |
| % Tests turned around within 24 Hours (Last 7 days - between 7th and 13th October 2021) | 100% |
| Average turnaround time (Last 7 days - between 7th and 13th October 2021) | Less than 1 Hour |
| COVID-19 incidence per 100,000 population (last rolling 7 days)* | 432.3 |
| % Prevalence of Positive Tests (last rolling 7 days)* | 15.7% |
| Number of in-Hospital Deaths - Confirmed COVID-19** (between 11 th and 17 th October 2021) | 7 |

Source: BCU IRIS Coronavirus Dashboard, accessed 14th October 2021

* PHW Coronavirus Dashboard Accessed 14th October 2021 data as at 13th October 2021

** Unvalidated position

- Incidence rates have fluctuated over recent weeks. Whilst remaining high, with all Local Authority areas above 300 cases per 100,000, there are some signs that community transmission may be stabilising or beginning to turn down. Denbighshire has the highest rate amongst North Wales Local Authorities at 526.7 cases per 100,000 over the last 7 days (test results reported up to 10.10.21) Positivity rate over last 7 days varies but all are over 10%, with Denbighshire highest at 17.2.
- Highest volume of new positive results is amongst the 10 – 19 year age group.
- Overall GP consultations for suspected COVID-19 or acute respiratory infections now appear to be stabilising.
- Hospital admissions have fluctuated, with some signs of stabilisation as at mid-October. Rates of hospitalisation across Wales remain lower than in previous waves and there is some general evidence of shorter lengths of stay. As at 13.10.21 there were 10 patients with confirmed Covid-19 in critical care across North Wales.
- “Red” care home numbers have reduced since the implementation of new guidance regarding single positive cases, but whole system capacity remains stretched, particularly in regard to domiciliary care capacity.
- The vaccination booster programme has commenced, with around 44,000 booster vaccinations having been given as at 11.10.21. The first phase of the care homes booster programme is nearly complete. Vaccinations for 12 – 15 year olds who are immunosuppressed have commenced and other 12 – 15 year olds are also being booked in.
- There are concerns regarding the potential impact of influenza and other respiratory viruses during the winter period both from the perspective of managing the needs of people who may have concomitant COVID-19 and other viruses, as well as the aggregated impact alongside COVID-19.

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 |
|--------|--|--------|--------|-------|
| Sep-21 | Number of patients waiting more than 14 weeks for Therapy | 0 | 2,610 | ↓ |
| Sep-21 | Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes | >= 65% | 45.20% | ↓ |
| Sep-21 | Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time. | >= 59% | 23.9% | ↓ |
| Sep-21 | Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge | >= 95% | 64.9% | ↓ |
| Sep-21 | Number of patients who spend 24 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge | 0 | 905 | ↓ |

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 1 hour of their initial call being answered | 90% | 90.72% | ↓ | Sep 21 | Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time. | >= 59% | 23.90% | ↓ |
| Sep 21 | Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes | >= 65% | 45.20% | ↓ | Sep 21 | Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time | >= 85% | 73.90% | ↓ |
| Sep 21 | Number of Ambulance Handovers over 1 Hour | 0 | 1,610 | ↓ | Sep 21 | Percentage compliance against the therapy target of an average of 16.1 minutes of Speech and Language Therapist input per stroke patient | >= 64% | 59.60% | ↑ |
| Sep 21 | Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge | >95% | 64.92% | ↓ | Q1 21/22 | Percentage of stroke patients who receive a 6 month follow up assessment* | TBA | 46.60% | ↑ |
| Sep 21 | Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge | 0 | 2,595 | ↓ | Jul 21 | Percentage of survival within 30 days of emergency admission for a hip fracture** | >= 80% | 88.50% | ↑ |
| Sep 21 | Number of patients who spend 24 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge | 0 | 905 | ↓ | *Stroke 6 month follow up Time is reported 6 months in arrears **Hip fracture survival reported 3 months in arrears | | | | |

Quadruple Aim 2: Emergency Departments and Minor Injury Units 1

What are the key issues/ drivers for why performance is where it is?

Following the second wave of COVID-19 pandemic, challenges remain across primary care, community and acute hospitals across all three health communities with a continued rise in activity within Emergency Departments (EDs) and whilst the number of attendances presenting at the front door is not significantly different from 2 years ago, there is consistently higher acuity in those attendances, which is also reflected in an increase in the number of Welsh Ambulance Service NHS Trust (WAST) Red and Amber 1 calls. Post COVID-19 self-presentations to ED have increased while ambulance conveyances have reduced and with the higher acuity of patients presenting to ED our EDs are seeing more acute patients compared to pre-COVID-19. Post COVID-19 there has been a reduction in emergency admissions and this is also true for over 60 year olds. This reduction in admissions is not matched by an equivalent reduction in occupancy and occupancy remains at similar levels to pre-COVID-19. Flow out of EDs and throughout the inpatient wards is very slow, due to extreme pressures at the back door, with limited discharges from both acute and community hospitals, which is further exacerbated by lost bed capacity due to social distancing and the creation of additional segregation on assessment units. Challenges including workforce recruitment and loss of capacity due to COVID-19 have further exacerbated issues within the Health Board, and Local Authority pressures on domiciliary care provision has resulted in patients waiting for longer than usual in hospitals awaiting care packages.

What actions are being taken to improve performance and by who?

The third month of the programme focused on progressing interventions that address key strategic challenges in the 4 work-streams that were operationalised during August, supported by weekly workshops established over an initial 9 week period and led by the Senior Clinical Lead.

Workstream 1 update:

- A detailed focus on the review of Minor injuries Units (MIUs) and overview of minor injuries provision includes development of a curriculum for skills training of Emergency Nurse Practitioners (ENPs).
- MIU training needs analysis is being undertaken across each health community with the aim of increasing the scope from minor injuries provision to include defined minor illnesses and ED and GP minor injuries enhanced services.
- A registry of all Emergency Nurse Practitioners from BCUHB has been collated. The curriculum for skills training of Emergency Nurse Practitioners is being developed and a faculty has been identified with support from educators from Bangor and Glyndwr Universities.
- The 111 First service continues to develop with the healthcare professional line building on the existing Single Integrated Clinical Assessment Triage (SICAT) service and has recently expanded to provide support to care homes. SICAT has now access to WAST stack that will enable them to pull cases where their intervention would be beneficial.

Workstream 1 Next Steps:

- Longer term work to ensure the offer within MIUs is consistent to allow ambulances to convey appropriately and that this is supporting by rebranding and relaunching within communities.
- Work is also continuing for the ongoing development of Urgent Primary Care Centres.

Quadruple Aim 2: Emergency Departments and Minor Injury Units 2

Workstream 2 update:

- Confirmation of Welsh Government (WG) funding of £1.6m to further develop Same Day Emergency Care (SDEC). A BCUHB wide recruitment campaign started to recruit additional resource with weekly meetings established to support the workforce requirements for both SDEC and Emergency Department (ED) business case models.
- A register of pathways for surgical, medical and orthopaedic patients has been collated.
- Potential SDEC activity is being mapped, which shows the impact that SDEC can have on ED flow and emergency admissions.

Workstream 2 Next Steps:

- Recruitment of the additional required workforce.
- Dedicated workshops will be hosted to focus on opportunities for streaming to specialties at the front door.
- Development of discreet event simulation for all Unscheduled Care (USC) pathways including SDEC with consideration of attendance times, length of stays (LoS), and the clinician time required to deliver gold standard care.

Workstream 3 update:

- Pilot work has commenced with a focus on earlier in the day discharges and Criteria Led Discharge (CLD) supported by a suite of educational tools as *aide memoirs* to help structure the board round discussions which are expected to be live before the end of October.
- A BCUHB wide CLD Standard Operating Procedure (SOP) has recently been approved for implementation across all sites as a key enabler to increasing discharges, particularly over the weekends.
- Buddy ward system implemented on 2 of the acute sites and being rolled out to the third, moving from a safari ward approach.
- Example job plans shared demonstrating alignment of the work-flow of wards and work-life balance of senior clinicians, consideration of consultants rotating between outpatient and inpatient weeks.
- Weekly ward dashboards are now live for all acute and community hospital wards.

Workstream 3 next steps:

- Extend the pilot to more acute and community wards.
- To develop and agree internal professional standards.

Workstream 4 update:

- priority focus on addressing the care home shortage.
- working with Local Authority (LA) partners to develop integrated plans for compensating the reduction in domiciliary and home care.
- Additional focus has also been agreed to review the 'trusted assessor' processes as a method of rapidly identifying the next step for Medically Fit for Discharge (MfD) patients or prior to MfD.
- Proposals for dedicated pathways and/or wards for patients judged to be medically fit for discharged are being discussed on all three sites but are in exploratory stages.

Workstream 4 next steps:

- Development of a BCU wide SOP to be including escalation process to LA partners.

Quadruple Aim 2: Emergency Departments and Minor Injury Units 3

In addition to the focused priority work being progressed within the work-streams, the following actions have also been identified to improve the unscheduled care position;

1. **Demand Management** – i) Review of surge and escalation process across the health board to support demand analysis, agree warning and trigger responses; ii) Review of Operational Delivery Unit structure to encompass health board staffing for global overview and iii) Development of rapid communication process to support demand.
2. **Joint work with Welsh Ambulance Service NHS Trust (WAST)** – i) agreed priority areas for the 2 organisations to focus on; ii) development and delivery of ambulance offload plans; iii) clinical criteria for patients waiting in ambulance; iv) development of alternative pathways i.e. falls.
3. **Emergency Quadrant (EQ)** – i) Extensive recruitment within EQ for medical, nursing and non-registered workforce; ii) review and update Internal Professional Standards to reflect expectation of all internal services in line with Emergency Department Quality Delivery Framework (EDQDF); iv) specialty in-reach to ED, Frailty / Care of the Elderly (COTE) / Acute Physicians at the front door.
4. **Capacity management** – i) development and instigation of Hospital Full protocol; ii) Options to staff and open Enfys Deeside; iii) Review of existing acute and community ward capacity; iv) improve deep cleaning process to get areas back into operation more quickly; v) Consider the need to expand the discharge lounge footprint and the hours of discharge lounge to open 7 days.
5. **Joint work with Local Authorities** – i) Better utilisation of step down capacity; ii) develop joint solutions for additional capacity e.g. NHS funded care home / step down; iii) To progress an integrated workforce to ensure sustainable care workforce; iv) Work together to develop more supply.
6. **Using data and information** – i) weekly Unscheduled Care Dashboard shared with stakeholders to see the impact of actions taken; ii) working towards a system dashboard which includes whole Unscheduled Care (USC) system (enabler).

Furthermore, Chief Executives and Directors have met to agree a collaborative plan, building on existing work, focusing on short, medium and longer term actions:

- Review pathways for the top 3 reasons for conveyance (falls, chest pain and breathing difficulties) and work up alternatives within existing resources.
- Review of Minor injuries Units (MIUs), confirming criteria and scope of each unit, increasing levels of consistency and maximising ability for paramedics and 111 to access.
- Jointly review the Directory of Services, increasing services available to paramedics and 111 teams to direct patients to the most appropriate service.
- Review opportunities for the WAST workforce to more widely support the urgent and emergency care system across North Wales.

Quadruple Aim 2: Emergency Departments and Minor Injury Units 4

When performance is going to improve by and by how much?

A dashboard demonstrating progress against the initial deliverables indicates the overall progress of the status for all work-streams for each health community as well as against risks and issues. The next iteration of deliverables for the forthcoming 90 days, October to December are being finalised to support delivery of the projects across each of the three health communities. The programme plan developed sets out a number of projects and deliverables which have been prioritised and the operationalisation of the improvement programme has intentionally commenced with an initial focus on short term, high impact interventions to build capability and capacity as well as inspire cultural change to support engagement. It is expected that the realisation of impact against the priority projects will materialise by Quarter 4. Initial measures for success have been identified which are being reviewed and will inform trajectories to demonstrate impact and progress.

What are the risks to this timeline?

1. Sustainable site location for Urgent Primary Care Centre (UPCC) in Wrexham Maelor, which is not currently viable long term
2. Challenges in staffing of Minor Injuries Units (MIUs) impacting on sustainability
3. Existence of / access to Same Day Emergency Care (SDEC) pathways inconsistent across the sites with patients who could be managed on an ambulatory basis still likely to be admitted
4. Bedding down of SDEC overnight impacts on SDEC service following morning.
5. Inability to discharge Medically Fit for Discharge (MfD) patients due to lack of capacity in the community impacting on the flow improvement once any acute interventions / delays are resolved.
6. Proposal to improve work between health care and providers in the community has been rejected providers
7. Non-recurrent funding of Home First service will impact on sustainability of service.

What are the mitigations in place for those risks?

1. Options are being considered for alternative UPCC location in Wrexham Maelor that is close to MIU to aid collaboration and integration of services
2. A register of pathways has been collated to be rolled out for a standardised approach across all sites, discussions are ongoing to consider what needs to be done for referral route into SDEC
3. Sites are reviewing options to ring-fence SDEC capacity including relocating the unit on sites where this is a consistent issue.
4. Discussions are ongoing with health community regards step down beds and development of a Standard Operating Procedure (SOP).
5. Urgent meeting arranged with providers to review the proposal to utilise care home beds.
6. Business case to secure funding for permanent recruitment for ED and SDEC has been successful and recruitment process has started.

Quadruple Aim 2: Discharge to Recover & Assess (D2RA) 1

What are the key issues/ drivers for why performance is where it is?

The Health Board are consistently seeing in excess of 300 patients who are Medically Fit for Discharge (MfD) across acute and community hospitals and sometimes as high as 420, of which approximately more than half are awaiting for capacity to be available in the social care system for a variety of reasons, including awaiting placement, awaiting funding decisions, packages of care. This is resulting in people not being cared for in the most appropriate place, longer lengths of stay, potential for negative impact on both the individuals and families health and mental wellbeing, whilst also having a critical impact on the Health Board's ability to manage and deliver both unscheduled and planned care. The pressures that adult social care are experiencing are well recognised, not least the significant reduction in domiciliary care leading to delayed discharges whilst medically fit patients (in community and hospital settings) await packages of care. This is also exacerbated by Care Home closures and staff shortages.

In addition, the inability to progress sufficient number of discharges out of the hospital early in the day and particularly on Fridays and weekends is attributable to the lack of flow through the hospital and alongside the patient flow coming to emergency Departments (EDs), this increases ED overcrowding. We have seen an increase in the number of patients waiting for care home placement despite a reduction in the number of care homes closed due to COVID-19, but we are aware that many homes are experiencing extreme staffing shortages. Care homes have expressed concerns in receiving discharges from hospital and have become more risk averse for a variety of reasons including inaccurate / incomplete patient assessments, lack of support following discharge, COVID-19 restrictions particularly regarding isolation requirements, insufficient staffing.

What actions are being taken to improve performance and by who?

Through our existing partnership arrangements, discussions are ongoing routinely for MfD patients who are delayed for social care reasons. Involving providers of care companies in these discussions to try and reduce the number of visits to work more flexibly. A joint workshop was held with Las to consider good practice and what can be done differently as well as share learning across the region. More specifically, joint working between the Health Board and North Wales Local Authorities is ongoing to:

- Ensure better utilisation of step down capacity including development of a step down Standard Operating Procedure (SOP) for agreement across health and social care settings.
- Develop joint solutions for additional capacity e.g. NHS funded care home / step down including block booking resident and nursing placements reviewing homes with staffed bed availability
- Progress an integrated workforce involving providers of care companies to ensure sustainable care workforce.
- Capture and manage MfDs and an enhanced D2RA service with the option of a 6 week placement in a care home funded by BCU and develop preferred provider list.
- Trusted Assessment process.

Continued overleaf

Quadruple Aim 2: Discharge to Recover & Assess (D2RA) 2

Continued from overleaf

The Health Board has also established and adapted systems for both monitoring and escalating delays in patients who are Medically Fit for Discharge (MfD) as well as categorisation of delays. The Hospital and Community services are putting in systems to manage longer delays, linking into daily ward Board Rounds focusing on earlier in the day discharges. The data on delays will be collated weekly at a local and an All Wales level. New interim guidance from Public Health Wales was received in August and following which there was an immediate reduction of red homes, however whilst it was anticipated that the new interim guidance would improve patient flow, this does not appear to have had a positive impact on the number of MfDs. The D2RA process is a priority piece of work within the Unscheduled Care (USC) improvement programme to ensure individuals have a proportionate assessment to be discharged safely and then followed up by a more detailed and comprehensive assessment.

When performance is going to improve by and by how much?

A dashboard demonstrating progress against the initial deliverables indicates the overall progress of the status for all work-streams for each health community as well as against risks and issues. The next iteration of deliverables for the forthcoming 90 days, October to December are being finalised to support delivery of the projects across each of the three health communities. The programme plan developed sets out a number of projects and deliverables which have been prioritised and the operationalisation of the improvement programme has intentionally commenced with an initial focus on short term, high impact interventions to build capability and capacity as well as inspire cultural change to support engagement. It is expected that the realisation of impact against the priority projects will materialise by Quarter 4. Initial measures for success have been identified which are being reviewed and will inform trajectories to demonstrate impact and progress

What are the risks to this timeline?

1. Continued shortage of domiciliary care packages across North Wales
2. Workforce shortages across whole system
3. Impact of COVID-19 on care home / ward closures, including delays in ability of 'red' care homes to accept own patients safely back from secondary care

What are the mitigations in place for those risks?

In addition to the aforementioned actions the following mitigations are noted;

1. Review of use of step down beds in care homes by Local Authorities (LAs). Development of Standard Operating Procedure (SOP) for MfD patients including escalation process for MfD delays
2. Home First Business case submitted for approval to support recruitment and sustainability of Home First Bureaus
3. Risk assessment form for the management of transfers from hospitals to 'red' care settings / normal place of residence to facilitate safe transfer of appropriate patients

Quadruple Aim 2: Stroke Services

Key Drivers of performance

- Access to Stroke Co-ordinators; Timeliness of referrals for Computed Tomography (CT) scan dependent upon having Stroke Co-ordinators; Availability of beds on Acute Stroke Unit (ASU)

Actions being taken

- Weekly meetings are held to look at the stroke performance within the acute setting. A deep dive into the previous week's stroke cases is completed and actions taken where improvements are identified. There is usually secondary care, therapy and area representation at the meetings. Acute are focusing efforts on Emergency Department (ED) triage and quicker identification of patients. Therapies continue to work on the improvement plan compiled after the last quarterly report. Training sessions are being given training video being compiled to support ED nurse triage, to help identify stroke cases at the point of triage. Training sessions have also been delivered to the medical trainees covering clerking and dealing with stroke patients in ED. Another session will be delivered to the ED trainees before the end of the year.
- In East the locum consultant returned from a period of leave in the summer and is now supporting Stroke as before, enabling us to provide stroke cover throughout the required period.

When performance is going to improve by and by how much?

- Performance should improve when the Improvement Plan is implemented – the Rehabilitation Unit will be Operational in Quarter 4 2021/22, which means that the acute setting can then ring-fence the stroke beds as identified in the plan.

Risks

- Reduction of acute stroke beds in Ysbyty Gwynedd (YG) to 7 total. There is an expectation that funding will be moved to Area Team. Discussion have commenced with regards to possible relocation of the Acute Stroke Unit from Prysor ward.
- Poor compliance with target of patient arriving in ASU within 4 hours. Ongoing weekly 'deep-dive' meeting being held to evaluate reasons for delays and develop plans/actions to address these
- Identified some potential issues in central with the ongoing delivery of the stroke thrombectomy rota in terms of job planned time availability of consultants
- Site pressures and lack of flow in acute (resulting in need for outliers)
- Only one registrar on call overnight in acute (resulting in delays out of hours in the medic attending ED to review the patient). Mitigation - options around putting an additional registrar on overnight to support are being considered
- In East we are advertising for 2 stroke consultant posts to develop a substantive, sustainable service offer however are aware that stroke consultants are a rare commodity

Quadruple Aim 2: Planned Care Measures

| Period | Measure | Target | Actual | Trend | Period | Measure | Target | Actual | Trend |
|--------|--|--------|--------|-------|----------|--|---------|---------|-------|
| Aug 21 | Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion | 75% | 65.70% | ↓ | Sep 21 | Number of patients waiting more than 36 weeks for treatment | 0 | 54,805 | ↓ |
| Sep 21 | Number of patients waiting more than 8 weeks for a specified diagnostic | 0 | 7,352 | ↑ | Sep 21 | Number of patients waiting more than 52 weeks for treatment | 0 | 41,578 | ↓ |
| Sep 21 | Number of patients waiting more than 14 weeks for a specified therapy | 0 | 2,610 | ↓ | Sep 21 | Number of patients waiting for a follow-up outpatient appointment | Reduce | 182,526 | ↑ |
| Sep 21 | Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments | >= 95% | 43.10% | ↓ | Sep 21 | Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | 24,038* | 55,247 | ↓ |
| Sep 21 | Percentage of patients waiting less than 26 weeks for treatment | >= 95% | 46.01% | ↓ | Q2 21/22 | Percentage children regularly accessing NHS Primary Dental Care | Improve | 47.20% | ↓ |

* end of March 2022

Quadruple Aim 2: Referral to Treatment and Risk Stratification

What are the key issues/ drivers for why performance is where it is?

- COVID-19 effect remains, together with loss of capacity over the summer months due to staff shortages - annual leave, sickness, etc.- and other emergency pressures.
- Slower than anticipated uptake on the outsourcing option in Orthopaedics, and In-sourcing option not progressed.

What actions are being taken to improve performance and by who?

- Capacity modelling focus now on Urology, directed by the Planned Care Group.
- Q3-4 capacity plan reviewed with Planning and Performance team to confirm potential year-end forecast and any further capacity required over coming months. Winter planning consultation with stakeholders taking place, including the relationship with unscheduled care encompassing bed modelling to ensure the sustainability of planned care in the coming winter months. Theatre dashboard in final draft.
- Appointment of insourcing/outourcing lead progressing to short-listing, with aim to interview by 15/10/21. Each acute site given further administration support to ensure that each list will be filled with the right patient once mobilisation has occurred. Implementation of 'Getting It Right First Time' (GIRFT), with service reviews of orthopaedics, ophthalmology, and urology remain on target to commence in November, and the high volume low complex value based pathway work with the national team commencing in a similar timeframe. Backlog clearance continues with high risk stratified patients being treated in order of priority focused on reducing the Priority 3. The Planned Care Group is monitoring progress.

When performance is going to improve by and by how much

- The initial plans for Q3/4 have been revised based on a review of Q1/2, and indications are that progress will be limited in 2021/22. The priority will be to clear Cohort 1.

What are the risks to this timeline?

- Winter pressures and a COVID-19 surge, leading to a loss of beds for elective work.

What are the mitigations in place for those risks?

- Delivery of the outsourcing contracts in Orthopaedics and Ophthalmology, and active pursuance of the in-sourcing option.
- Work to improve productivity, partly linked to GIRFT, and partly back to basics – e.g. theatre utilisation.
- Work on a range of initiatives to support sustainable recovery– virtual clinics, Patient Initiated Follow Up (PIFU), non-surgical treatments.
- The creation of extra bed capacity via the Regional Treatment Centres (RTC) initiative and/or modular wards are likely to have only very limited (if any) impact in the current financial year.

What are the key issues/ drivers for why performance is where it is?

- In August 2021, 239 out of 364 (65.7%) of patients were treated in target. Main reasons for patients not being treated in target were:
 - Complex diagnostic pathways (10%) and patient related reasons e.g. patient unavailability for next stage of pathway (8%).
 - Delay to first outpatient appointment (8%).
 - Delay to endoscopy (8%) and delays to other diagnostics, primarily on urology pathway (12%).
 - Delay to follow-up appointments (8%).
 - Delay to surgery (15%).

What actions are being taken to improve performance and by who?

- Surgical, Women's and Radiology services have worked together to establish additional weekly breast and gynaecology cancer clinics.
- All services are prioritising suspected cancer patients.
- Business case developed by endoscopy team to increase endoscopy capacity.
- Cancer services and Medicine have recruited additional tracking staff and have increased oncology provision through non-recurrent recovery funding.

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.

What are the mitigations in place for those risks?

- Additional capacity created where possible and recruitment for further capacity underway.

Quadruple Aim 2: Cardiology

What are the key issues/ drivers for why performance is where it is?

Impact of COVID-19 has resulted in reduced capacity to allow for social distancing and Infection Prevention & Control (IPC) measures has impacted on waiting times for patients being longer than the 8 week target.

- National recruitment challenges.
- Department growth has resulted in restrictive footprints creating infrastructure and estates difficulties.
- Potential capacity challenge for the service regardless of COVID-19 impact which will need to be addressed.

What actions are being taken to improve performance and by who?

There is 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) training posts is nearly complete. There are 2 Practitioner Training Posts (PTP) recruited to, and 3 of the 4 Scientist Training Posts (STP) are now recruited to. Funding has now been identified from the performance monies linked to COVID-19 recovery for the PTP posts, and also for 2 additional trainer posts to support the PTPs. An innovation bid submission by the Community Cardiology Team to the Heart Conditions Implementation Group has been successful in achieving funding for a year up to £191,500 to provide improved community cardiology diagnostics during 2021-22. A second round of outsourcing of heart monitors has been approved by Finance for across BCU, and devices will be ordered once the waiver has been approved. A demand and capacity exercise is still on going, as this work has not previously been completed for cardiac diagnostics and is more complex than originally thought. A business case to fund additional radiology diagnostic tests for cardiology patients in acute sites is being completed, which will increase capacity for CMRI, CTCA, CT FFR and amyloid.

When performance is going to improve by and by how much?

- Demand and Capacity exercise – original completion planned for end of Quarter 2 of 2021/22 however this has been revised to end of Quarter 4 21/22.
- Additional activity on-going – no end dates currently.
- Recruitment of STP posts end of April and in place Quarter 3 of 2021/22.
- Business Case for Radiology Diagnostic Tests to be submitted Quarter 4 of 2021/22.

What are the risks to this timeline?

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

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 Ysbyty Glan Clwyd (YGC).
- A new Cardiac Strategic Lead has been appointed and due to start in January 2022. New post holder will take forward Demand and Capacity exercise.
- Plans for Regional Diagnostic and Treatment Centres for BCU will include some elements of cardiac diagnostics.

Quadruple Aim 2: Diagnostic Waits - Endoscopy

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.
- Lack of project support for operational and clinical teams.

What actions are being taken to improve performance and by who?

- 3rd procedure room at Wrexham to deliver an extra 10 lists per week – Operational Teams/Estates/Project Estates and Infrastructure.
- Insourcing teams across 3 sites provide extra 14 lists per week – Operational Managers.
- Specification for Modular 2 Procedure rooms completed, out to NHS Supply Chain for market testing.
- Surveillance Audits underway to validate patients on the waiting lists – Site Endoscopy Clinical Leads.
- Joint Advisory Group on GI Endoscopy (JAG) accreditation underway to refine pathways and processes, Ysbyty Gwynedd (YG) plans for accreditation, submission Quarter 3.
- Recruitment of Bowel Screening Wales (BSW) Nursing support in progress – Project Workforce Subgroup.
- Maximising current capacity – Operational Teams.
- JAG Accreditation in progress to streamline pathways – Operational teams/Project Subgroups.
- Procurement of 2 Modular procedure rooms on Ysbyty Glan Clwyd (YGC) site – Project Estates and Infrastructure Group/Contracts/Procurement.

When performance is going to improve by and by how much?

Planned performance Quarter 1 on BC target, awaiting Quarter 2 activity, plan to meet target, Quarter 3 and Quarter 4 planned increases significantly higher with increased procedure rooms.

What are the risks to this timeline?

Risks

Failure to meet timelines
Lack of IT infrastructure
Out of Hours Service
Differential waiting times
ERCP cover at Wrexham

What are the mitigations in place for those risks

Recruitment to business case posts to support operational and clinical teams
Procurement of comprehensive endoscopy management system
Transfer patients between sites or out of area. Options appraisal undertaken.
Patients offered to other sites
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

ERCP = Endoscopic Retrograde Cholangiopancreatography

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 2,568, an increase of 95 on the end of July position. Further reductions in Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) breaches (80/124 breaches respectively) are offset by an increase of 284 patients waiting over 8 weeks for an ultrasound scan with 2,295 patients waiting over 8 weeks. The fundamental issue within the ultrasound service remains staffing, with vacancies within the service, and difficulty securing agency staff, especially at Ysbyty Gwynedd (YG), but affecting all sites. Radiology senior management team is meeting weekly to develop and implement plans to continue to steady improvement that has been achieved over the last 9 months. A major recruitment campaign is planned and further insourcing options are currently being explored.

Neurophysiology:

The number of patients waiting over 8 weeks is (449) 502, a decrease of 53 from end July 2021 position. There are (140) 100 Electromyography (EMG) (consultant-led) breaches and (309) 402 Nerve Conduction Studies (NCS) (physiologist-led) breaches. A temporary clinical space in Ysbyty Wrecsam Maelor (YWM) has been secured, with the locum physiologist providing regular 3 days per week mainly NCS sessions for East area patients, where most breaches exist, and a reduction of 93 breaches has been achieved to date. The expectation is that the NCS breaches will continue to reduce over the coming months. EMG insourcing from the existing contract was undertaken at the end of September, although overall waits increased slightly due to annual leave. The vacant consultant and physiologist posts will be advertised in October, as will a new tender for insourcing.

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?

Continuing to forecast no weeks breaches at end March 2022.

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: Follow Up Outpatient Waiting List

What are the key issues/ drivers for why performance is where it is?

The key issues are consultant engagement in undertaking the See on Symptoms (SOS) and Patient Initiated Follow Up (PIFU) programme, which would reduce follow up appointments and the lack of agreed pathways that would standardise the number of follow ups required. There is also restrictions in out-capacity capacity when face to face follow ups are required.

What actions are being taken to improve performance and by who?

Pathway design - The Canterbury tool forms part of the Transformation and Efficiency programmes leading to supporting a reduction in acute care demand.

Meetings and discussions with Trauma & Orthopaedics (T&O) consultants and the use of SOS/PIFU pathways continues to be progressed.

Postal surveys of outpatients awaiting treatment - 17,000 questionnaires sent, with 6% response rate so far.

Removals are 16% of 6%, therefore 1% so far.

Stage 1 Validation – Work continues here, as a major plank in the Planned Care Recovery Programme, and the mitigation of clinical risk, 20,111 letters sent with 65% of responses received; for the 7,071 'non-responses', 29% did not understand the reason for referral and will receive manual follow-up calls, the remainder will receive reminder letters send in tranches with a text nudge reminder scheduled two weeks.

Efficiency Programme - Benefits have been calculated for East and Centre just bolting on the calculation tool to West Outpatient (OP) Efficiency dashboard; Validation standardisation is complete and ready for the Head of Access; Head of Ambulatory Care post has been appointed to and commences in November.

When performance is going to improve by and by how much?

Trajectories have been set with each site and area and will be monitored through the weekly Access Meetings; the performance improvement is currently being established through the planning of Q3/Q4.

What are the risks to this timeline?

Vacancy of Head of Ambulatory Care until November.

Winter disruption.

What are the mitigations in place for those risks?

Head of Ambulatory Care is assisting during transition period; sites/areas are driving SOS and PIFU with clinicians – prioritisation matrix being developed; Strategy for Outpatient's being developed.

Quadruple Aim 2: Virtual Outpatient Activity

What are the key issues/ drivers for why performance is where it is?

Restrictions in Outpatient Department (OPD) capacity due to COVID-19 social distancing, backlog due to COVID-19 pandemic, including historical backlog in some specialties.

What actions are being taken to improve performance and by who?

Focus with site and area teams to increase OPD activity this winter to reduce backlog.

Drum beat (Planning Cell) meeting weekly to look at booked and planned activity.

E-Referral - At this time preparing West to move to Welsh Patient Administration System (WPAS) and with this the template clean and standardisation in readiness for migration on single WPAS Q1/Q2 2022 with East moving to single PAS end 2022. This enabling the attachment of an e-referral solution. With this work has begun looking at e-referral solutions in preparation of attachment running this project in parallel to the PAS migration so delivery aligns without delay.

Electronic Outcome Forms - Following a review of e-Outcome forms (in partnership with informatics) there is one provider that we are looking at and progressing with, this being an integrated e-Outcome form with WPAS. Next steps to form this as a operational project where the [outcome] form is defined (there is variation across the health board).

Attend Anywhere – Recruited staff all in post; report from Attend Anywhere has been received to show who using it – reviewing against templates within the PAS to highlight discrepancies that will expose other mediums for Video appointment which can then be added to better inform stats of use. Next steps to work with Children's and Adolescent Mental Health Services (CAMHS) in East to transfer from Microsoft Teams to Attend Anywhere to be Information Governance (IG) compliant and capturing expressions of interest from other department via the contact email address.

Video Group Consultations – Following successful pilots in Trauma & Orthopaedics (T&O) West (Join Schools), Diabetes Dietetics East and Type 2 in Primary Care; Project Manager secured within Service Improvement Team via Welsh Government (WG) funding to identify and support the next trailblazers; the T&O West Pilot model to be presented and shared at all Wales workshop.

When performance is going to improve by and by how much?

Currently being mapped as part of the Quarter 3/4 activity plan.

What are the risks to this timeline?

OPD capacity, Operational disruption and possible re-deployment of staff away from OPD.

What are the mitigations in place for those risks?

Drive on Attend Anywhere, increasing virtual or other health building for face to face.

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) – no plans to change nationally or locally.
- Admin challenges when recruiting to non-recurring funding: impacts on flow to Primary care and reduction of >25% wait time for R1 patients and irreversible sight loss.
- 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 (incl. COVID-19).
- National Delay in delivery of National Digital programme (Key enabler of Eye Care Measure sustainable/efficient pathways) – local recruitment progressing.
- Cataract pathway productivity: Estate limitation/Covid19 capacity reducing productivity and Max fax still reliant on Ophthalmology theatre usage.
- Pan BCU and Optometry Advisor recruitment initiated, both roles currently vacant – informal support to continue until in place.

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))

- Progression of Business Case funding to support recruitment to increase Intravitreal Injection (IVT) capacity.
- Exploring 3-day sessions to mitigate COVID-19 capacity and historical infrastructure limitations.
- Admin capacity being reviewed via Planned Care discussions.
- Data Quality completeness: Standard Operating Procedure (SOP) refresh, refocus on BCU-wide Patient Treatment List (PTL), PowerBI dashboards under development, Monthly RAG report shared across all Teams.
- ECCG Terms of Reference (TOR) to be reviewed in light of opportunities via Getting It Right First Time High Volume Low Complexity (GIRFT HVLC) and Regional Treatment Centres (RTC) work along with Local Eye Groups.
- Progression of Welsh Government Business case opportunities to utilise primary care to support Pathway transformation (recent additional recovery funding highlighted).

When performance is going to improve by and by how much?

- Recovery plans and forecasts being reviewed by sites – DR/Glaucoma to Optometric Diagnostic & Treatment Centres (ODTCs), Cataract Outsourcing outcome requires completion of approval and mobilisation (potential 400 per month), IVT to be reviewed as recruitment progresses.

What are the risks to this timeline

- Historical data and coding challenges, successful recruitment, Outsourcing mobilisation and take up, ongoing COVID-19 impact.

What are the mitigations in place for those risks?

Senior management support of untangling conflicting clinical priorities and consideration of administrative resourcing, clinical and operational support to progress outsourcing.

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 |
|--------|--|-------------|--------|-------|
| Sep 21 | Personal Appraisal and Development Review (PADR) | $\geq 85\%$ | 67.80% | ↓ |
| Sep 21 | Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation | $\geq 85\%$ | 84.20% | ↑ |
| Sep 21 | Percentage of sickness absence rate of staff | $< 5\%$ | 5.56% | ↓ |

Quadruple Aim 3: Narrative – Sickness & Absence

What are the key issues/ drivers for why performance is where it is?

- COVID-19 related sickness absence has increased slightly to 0.8% (0.5% in August). This reflects a significant increase in staff testing positive to 369. This was 169 in July, increasing to 307 in August).
- Non COVID-19 related sickness absence increased by 0.4% to 5.9% (which is the highest in the last 12 months).
- Stress related absence remains the biggest cause of absence with approximately 4 times more days lost than the 2nd largest cause (infectious diseases). It remains the biggest cause of absence by a considerable margin for all areas. As previously stated, the incidence of colds / flu has been much lower this year to date, due to social distancing but has the potential to increase through the next few months.
- The highest levels of sickness absence are in Additional Clinical Services, Estates and Ancillary and Nursing and Midwifery. Additional Clinical Services sickness rates are very high across the organisation from 7.67% in Central Area to 13.22 in Ysbyty Glan Clwyd. Nursing sickness levels are high on all 3 secondary care sites and Mental Health & Learning Disabilities (MH&LD – 6.2% to 8.04%.

What actions are being taken to improve performance and by who?

- Work continues to strengthen control measures to reduce transmission, including booking systems for areas where social distancing is otherwise not possible and reinforcing messages on remote working. The messages have not changed following relaxation of some restrictions.
- Psychological / Emotional Health and Wellbeing support to staff has been strengthened, and continues to be developed further.
- Workforce and Organisational Development (W&OD) continue to support hotspot areas, recognising that there are challenges across the Health Board. Multidisciplinary Team (MDT) Case management meetings have been reintroduced to provide support for staff with more complex needs.
- Staff in priority groups 1 – 4 who have not previously taken up the offer of vaccination are being encouraged by line manager to get vaccinated in order to protect themselves, patients / service users and the wider community.

When performance is going to improve by and by how much?:

- Further conversations with staff re taking up vaccination and promotion of the booster dose are taking place over the next period to ensure greater take up.
- Given the evidence across the UK including Wales, it is unlikely that a significant improvement in attendance will be achieved through the winter months.

What are the risks to this timeline?

- Further increase in stress related absence.
- Further increase in COVID-19/flu/respiratory sickness absence.

What are the mitigations in place for those risks?

- Increased communications to further promote access to the Wellbeing Services available for staff.
- Increased communications to further promote take up of COVID-19 Booster across all staff groups.

Quadruple Aim 3: Narrative – PADR

What are the key issues/ drivers for why performance is where it is?

- Personal Appraisal and Development Reviews (PADR) compliance has seen a decrease this month down to 67.8%. In comparison PADR compliance was at 68.63% in September 2020. This dip in compliance is likely to be due to the impact of staff taking annual leave over the summer months, combined with significant operational service pressures, leading to PADRs not being conducted and/or recorded.

What actions are being taken to improve performance and by who?

- Further tailored sessions with new managers and team leaders in Estates & Facilities west – Organisational Development Team
- Tailored sessions with Occupational Therapy staff in central - Organisational Development Team
- League tables shared with senior managers across the organisation highlighting PADR compliance positioning across all divisions - Organisational Development Team
- All Divisions to be sent their tailored report which provides detailed information on which areas need targeting to take corrective action for an increase in compliance, with follow up support also offered - Organisational Development Team and HR Teams,
- Undertake a concurrent communications exercise across the health board to support increased completion of PADRs - Organisational Development Team

When performance is going to improve by and by how much?

- Support to line managers for an incremental improvement month by month in organisational compliance would lead to sustainable change, with the aim of reaching at least 75% compliance by end of March 2022, taking into account the service pressures likely to be experienced over the winter period.

What are the risks to this timeline?

- COVID-19 related activity increasing as well as winter pressures may take the focus away from conducting PADRs

What are the mitigations in place for those risks?

- Work with divisions in a supportive manner to achieve sustainable increase
- Concurrent communications exercise across the health board as a gentle reminder of the importance of conducting PADRs

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 0.63% and currently is 84.02%, therefore just less than 1% below the national target of 85%.
- BCUHB remains as one of the highest in Wales for compliance with mandatory training.
- The Health Board also remains the highest in the UK in relation to E-learning completions.
- Significant risks have been identified in relation to (Manual) People Handling practical training linked to availability of space and trainers.

What actions are being taken to improve performance and by who?

- A proposal to move towards utilising the 'Auto Enrol' function within electronic Staff Record (ESR) is in development which would offer the health board options to consider utilising the ESR E-Learning system more efficiently through the auto-enrolment functionality which is already available in ESR. Known as click and play, this would provide a more user-friendly experience for learners when accessing E-Learning, reducing the number of steps to access ESR E-Learning from 9 steps to 3 steps.
- Remedial plan in place to mitigate risks linked to (Manual) People Handling training.

When performance is going to improve by and by how much?

- Switching to using the Auto enrolment function will lead to an improvement in accessing E-Learning resulting in an increase in Mandatory compliance as soon as an agreement to switch has been implemented.

What are the risks to this timeline?

- COVID-19/operational service pressures impacts upon training delivery and attendance.
- Social distancing restrictions affects delivery of training within existing training facilities which affects safe 'face to face' classroom occupancy for specific courses.

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 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 |
|----------|--|--------|--------|-------|
| Q1 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% | ↑ |
| Q1 21/22 | Percentage of critical care bed days lost to delayed transfer of care - Intensive Care National Audit & Research Centre (ICNARC) definition* | Reduce | 28.20% | ↓ |
| Sep 21 | Agency spend as a percentage of total pay bill | Reduce | 7.50% | → |

* Based on 12 month trend

Quadruple Aim 4: Narrative – Agency & Locum Spend

What are the key issues/ drivers for why performance is where it is?

- Non-core agency, bank and overtime pay spend saw a slight increase in September from £9,317,000 in August to £9,558,000 in September.
- Agency spend is down by £3.6k at £3,773,196 (5.1% of total pay); Locum spend is down by £310k at £1,795,964 (2.4% of total pay); WLI spend is up by £117k at £352,494; Bank spend is up by £244k at £2,295,461 (3.1% of total pay). There is a balanced trend across non-core pay with Agency and Locum spend decreasing but with Bank & WLIs increasing. This can be linked to the ongoing increase in activity across Planned Care as the additional clinical sessions to support recovery programme move forward.
- Medical Agency spend is down from £1.65m to £1.54m month on month (August-September) with a corresponding increase in Waiting List Initiative (WLI) spend of £115k month on month (August-September). The increase in WLI spend is linked to the increased activity across Planned Care as the recovery programme is ongoing.
- Nursing Agency spend is up from £1.39m to £1.41m (£18k), bank spend has seen a slight increase of £40k at £438k and overtime increased by £79k. The increase in spend across all elements can be linked to the increase in unscheduled care activity and activity across Planned Care as the recovery programme is ongoing.

What actions are being taken to improve performance and by who?

- Targeted recruitment campaigns for Medical and Dental consultants are ongoing. The work to secure more Physicians Associates and ST 1 doctors is being taken forward. This work is being undertaken by Office of the Medical Director (OMD)/Workforce & Organisational Development (WOD) collaboratively.
- The focus on Nursing recruitment is increasing with phase 2 of the overseas nurse programme now underway. A major recruitment campaign has been launched targeting band 5 nurses with a view that this will lead 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 expected impact for medical recruitment activity should be seen towards the end of Quarter 3 beginning of Quarter 4.
- The expected impact for nursing recruitment activity should be seen towards the end of Quarter 3 beginning of Quarter 4.

What are the risks to this timeline?

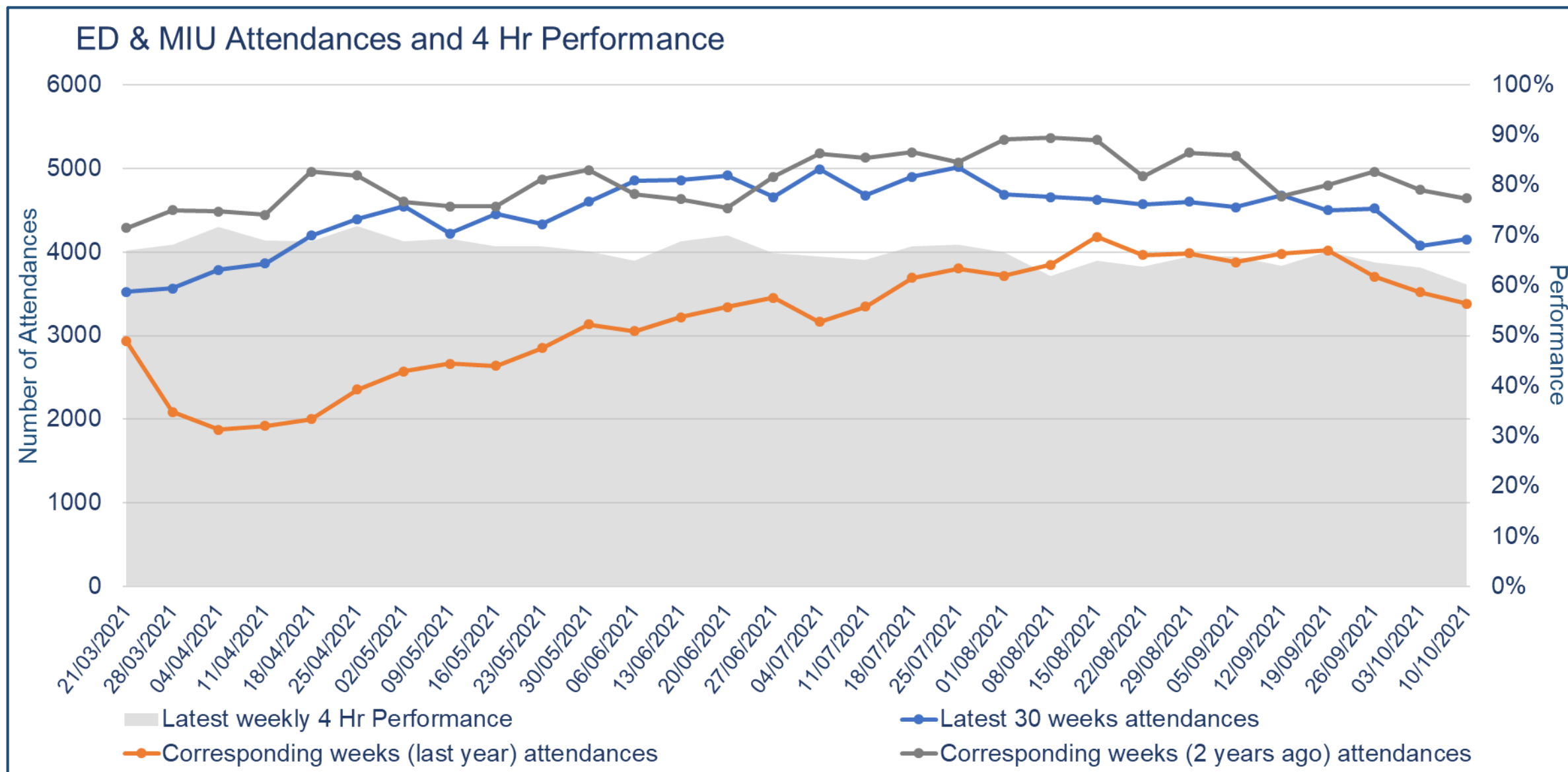
- The service delivery model and replication of predominantly bed-based services will continue to result in challenges in respect of rotas.
- It is acknowledged that there is a UK shortage of nurses (band 5 in particular), therefore recruitment campaigns will reduce rather than eradicate the vacancy levels.
- Quarantine rules for overseas travel may reduce the run rate of overseas nurses and medics commencing employment.
- The lack of shielding 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-19 restrictions.
- Increased recruitment to identified hotspots with the implementation of the recruitment pipeline report and nursing workforce dashboard.

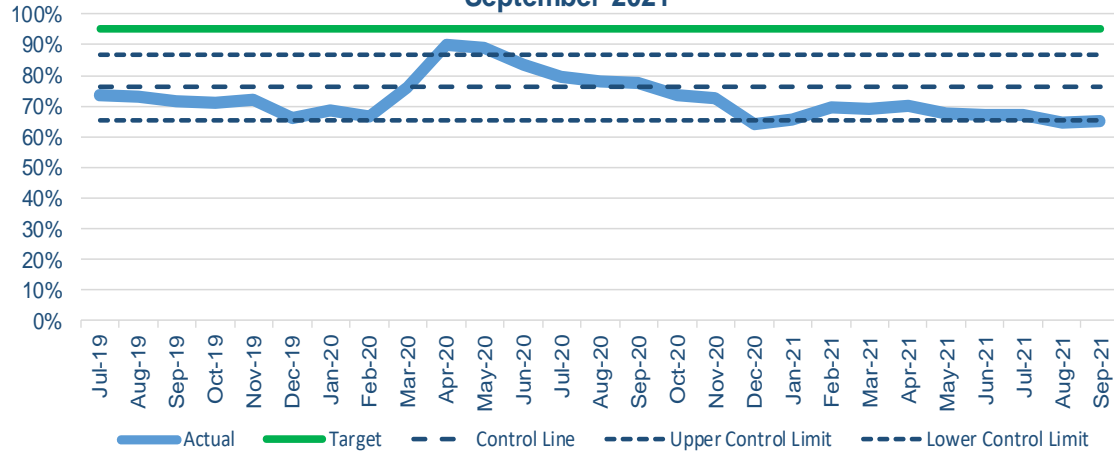
Additional Information

Quadruple Aim 2: Unscheduled Care: Attendances (1)

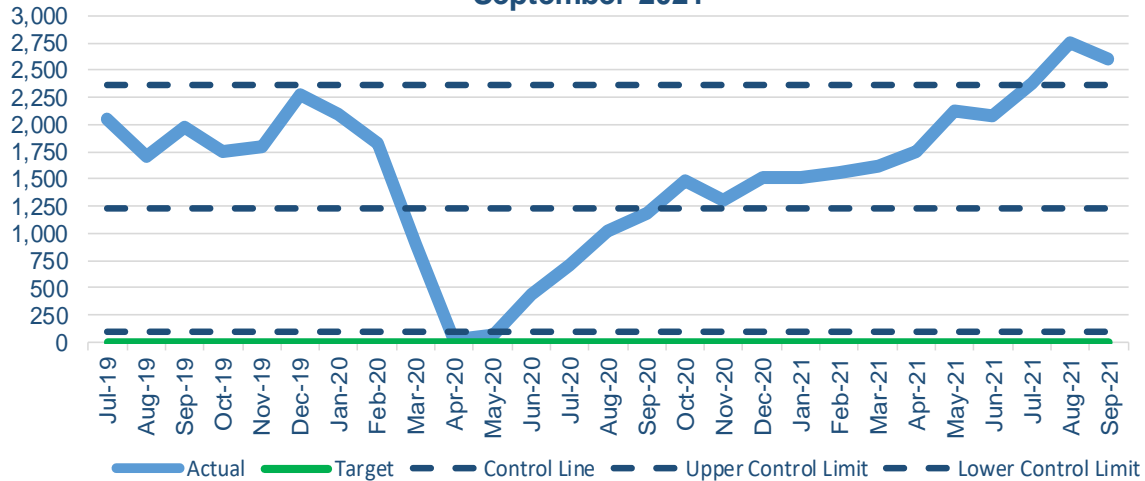


Quadruple Aim 2: Unscheduled Care (2)

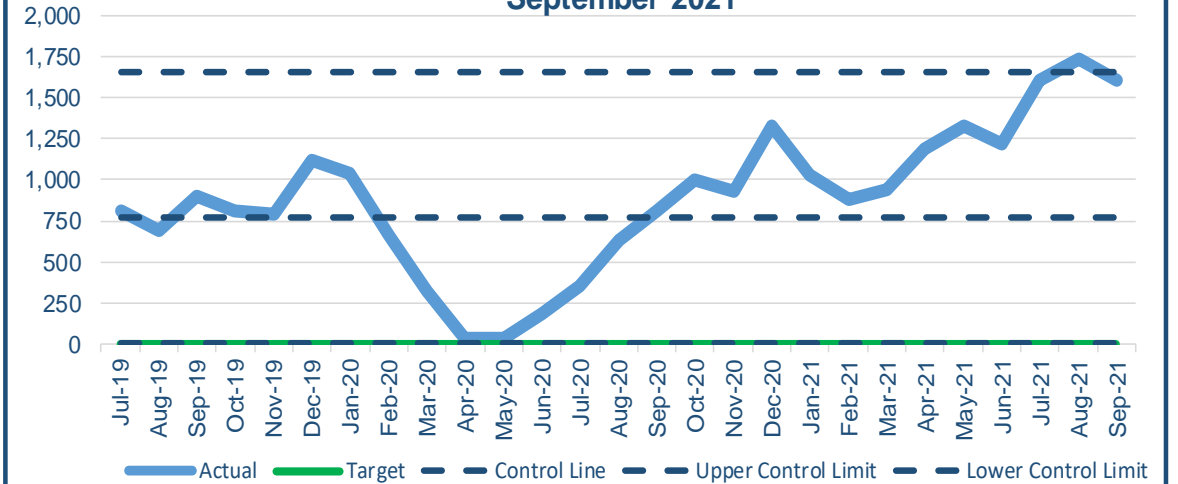
BCU Level - Emergency Department (inc MIU) 4 Hour Waits:
September 2021



BCU Level - Emergency Department 12 Hour Waits:
September 2021

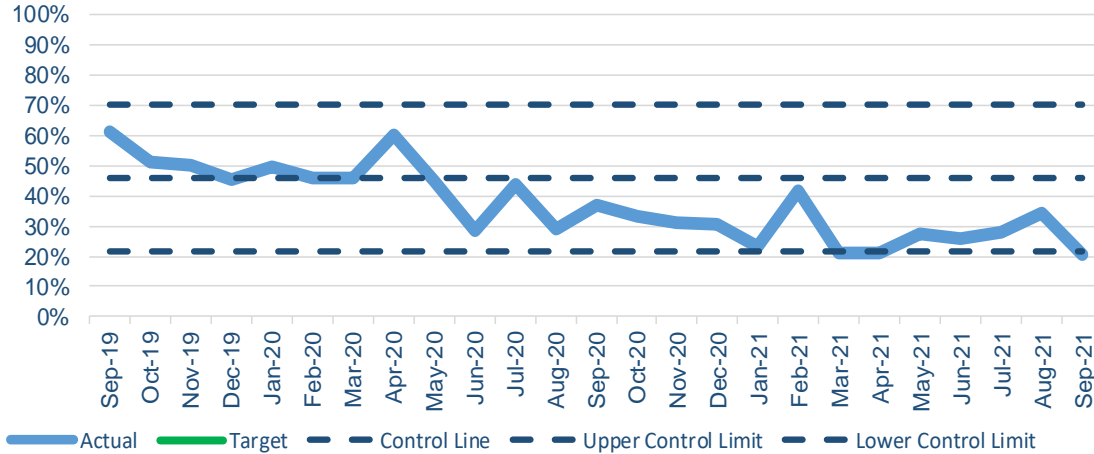


BCU Level - Ambulance Handovers over 1 Hour:
September 2021

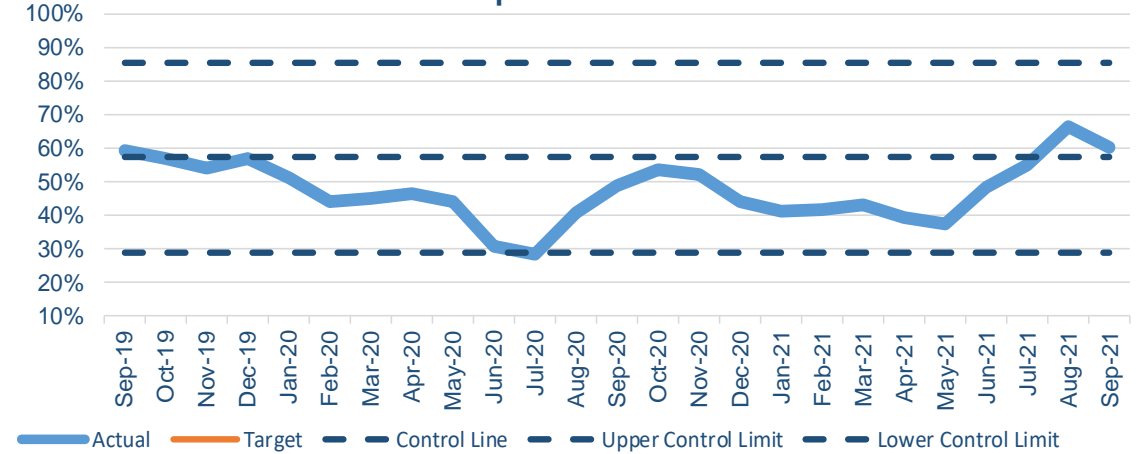


Quadruple Aim 2: Unscheduled Care (3)

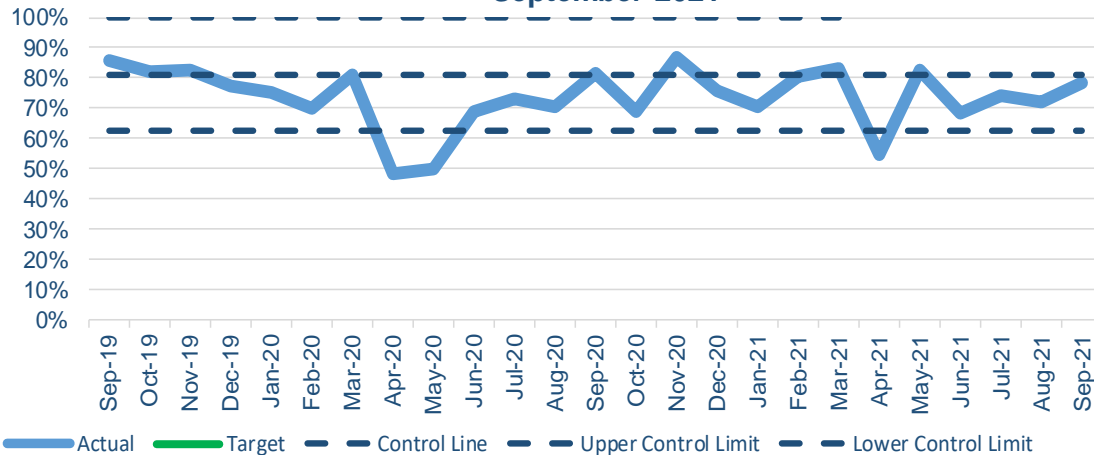
BCU Level - Stroke Care - Admissions within 4 Hours:
September 2021



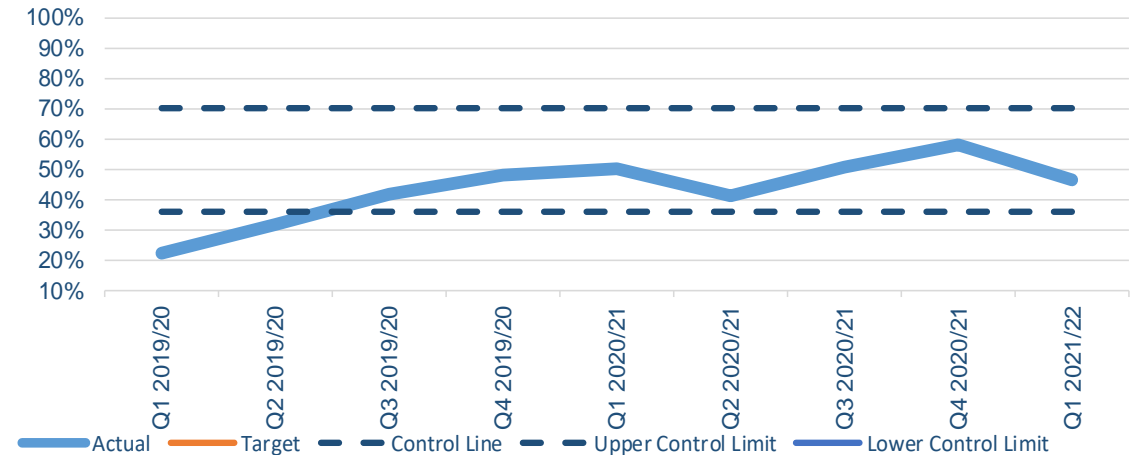
BCU Level - Stroke Care - Appropriate SALT Time:
September 2021



BCU Level - Stroke Care - Consultant Assessed within 24 Hours:
September 2021

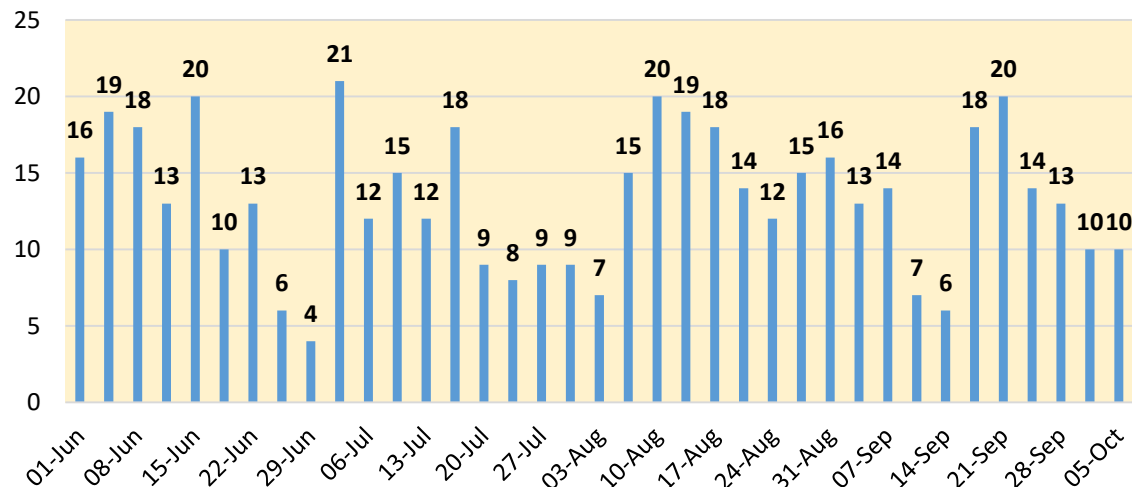


BCU Level - Stroke Care - 6 Month Follow Up:
Q1 2021/22

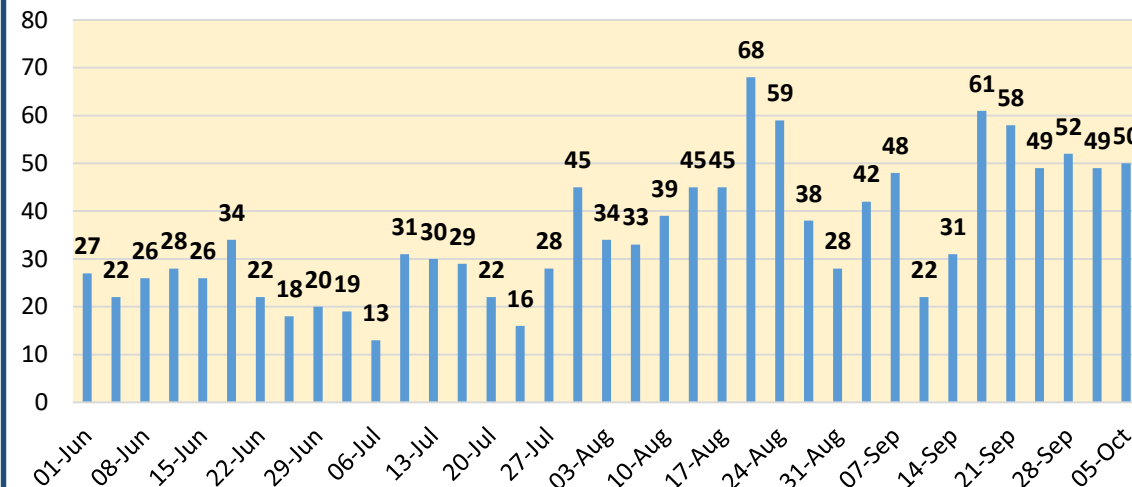


Quadruple Aim 2: Unscheduled Care (3)

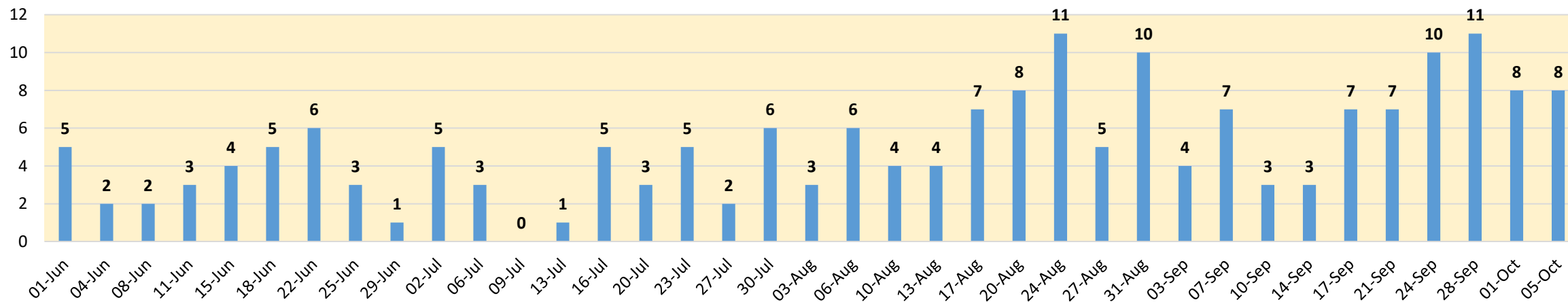
Number of patients waiting for discharge on Pathway 2 (to own home) - BCUHB



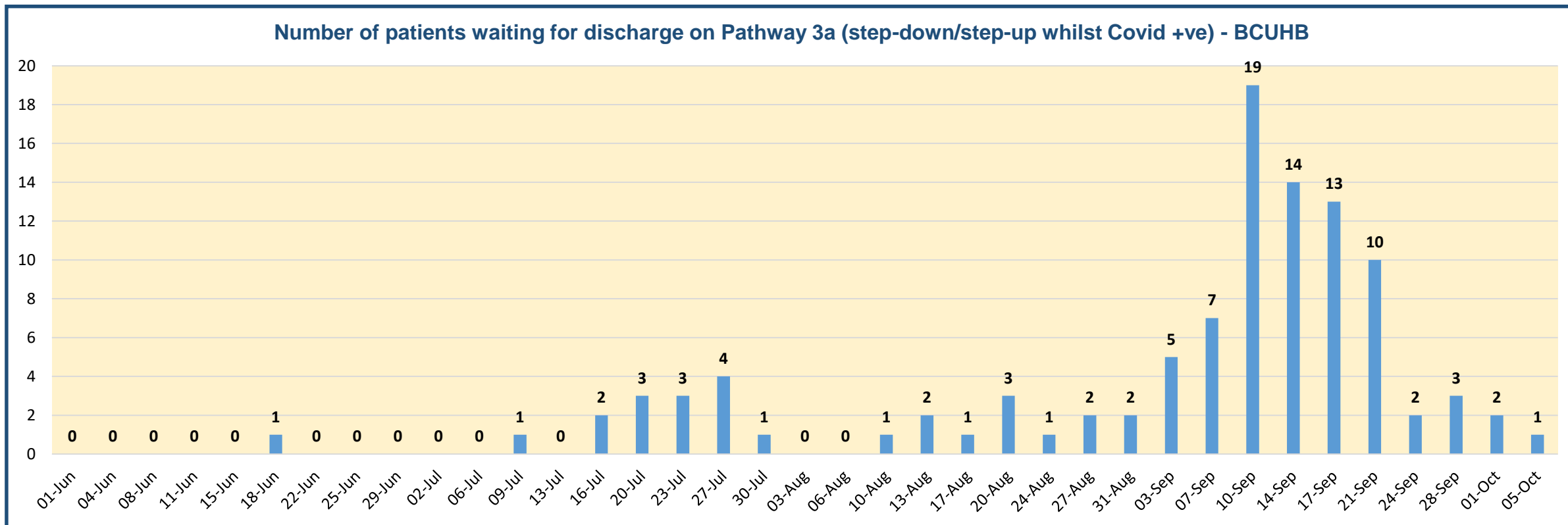
Number of patients waiting for discharge on Pathway 3 (step-down bed) - BCUHB



Number of patients waiting for discharge on Pathway 4 (existing care home placement) - BCUHB



Quadruple Aim 2: Unscheduled Care (3)

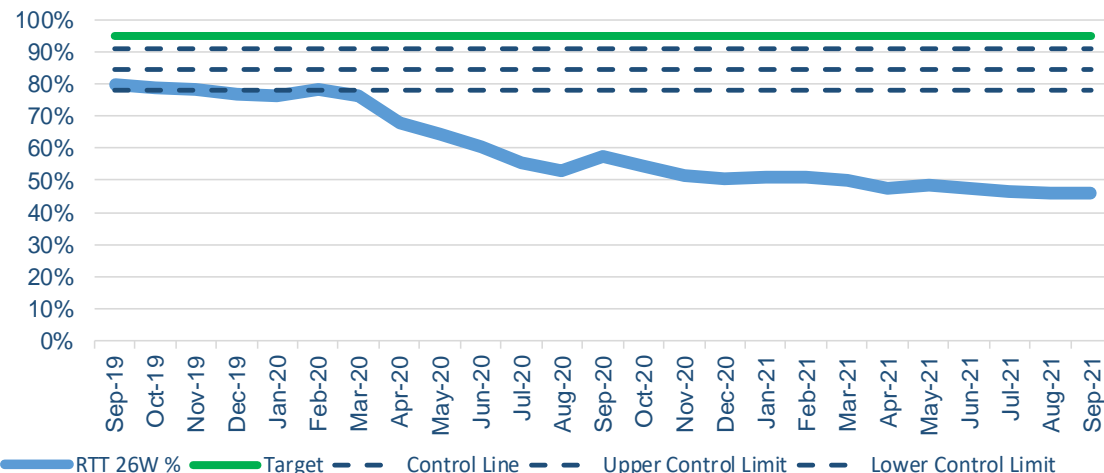


The Discharge and Flow slides demonstrate the numbers of patient delayed at the twice weekly census points (Tuesday & Friday) on Discharge to Recover then Assess (D2RA) Pathways 2, 3, 3a and 4. Further information on the D2RA process can be found at: [Hospital discharge service requirements: COVID-19 | GOV.WALES](https://www.gov.wales/hospital-discharge-service-requirements-covid-19)

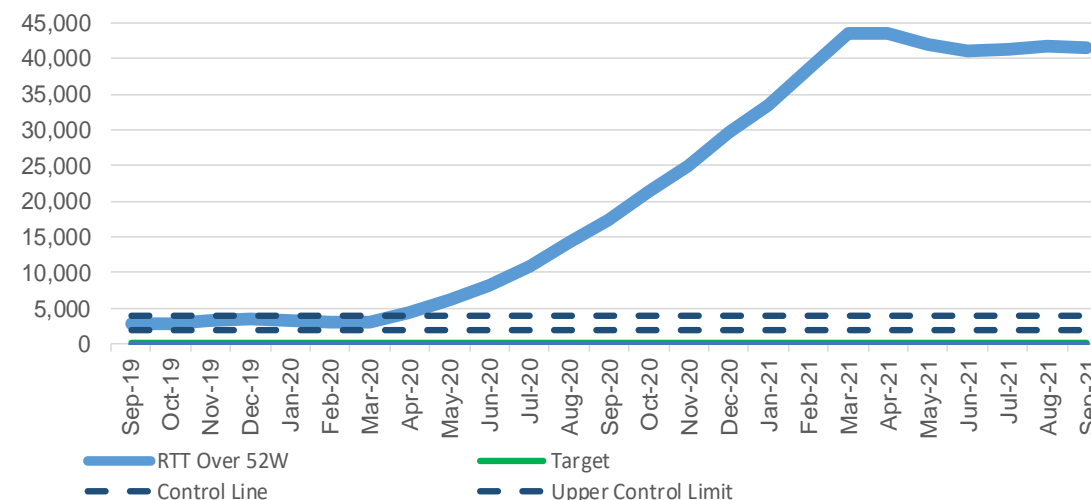
N.B.: These pathways do **not** include Mental Health patients

Quadruple Aim 2: Planned Care (1)

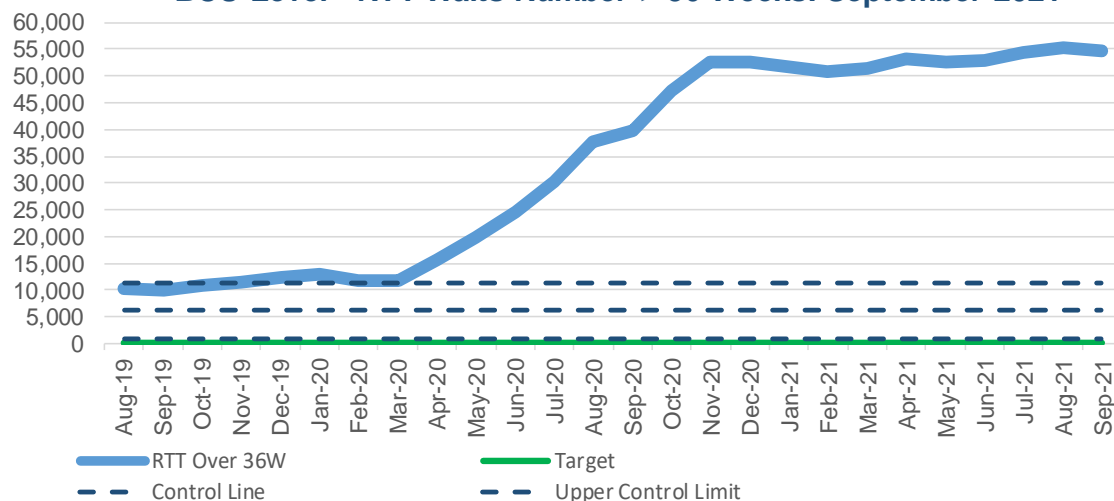
BCU Level - RTT Waits % <= 26 Weeks: September 2021



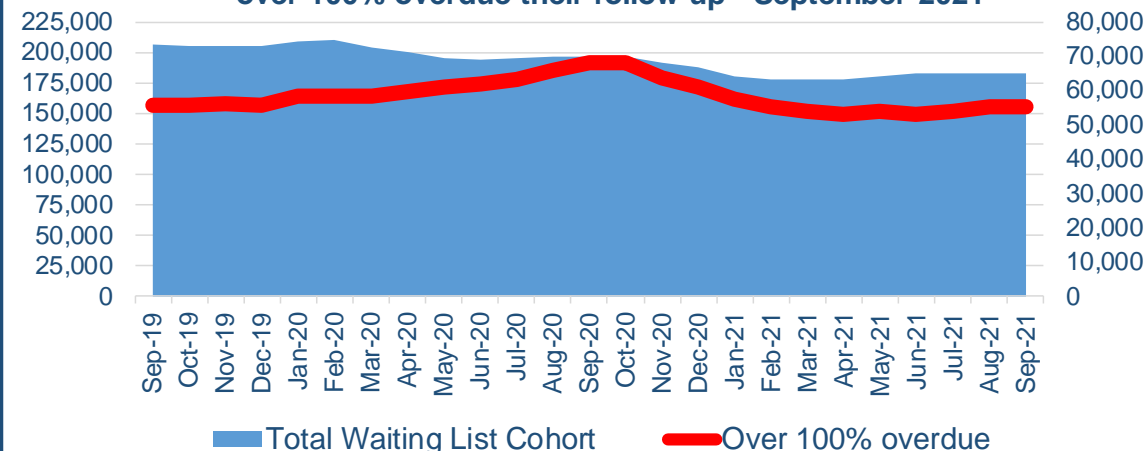
BCU Level - RTT Waits Number > 52 Weeks: September 2021



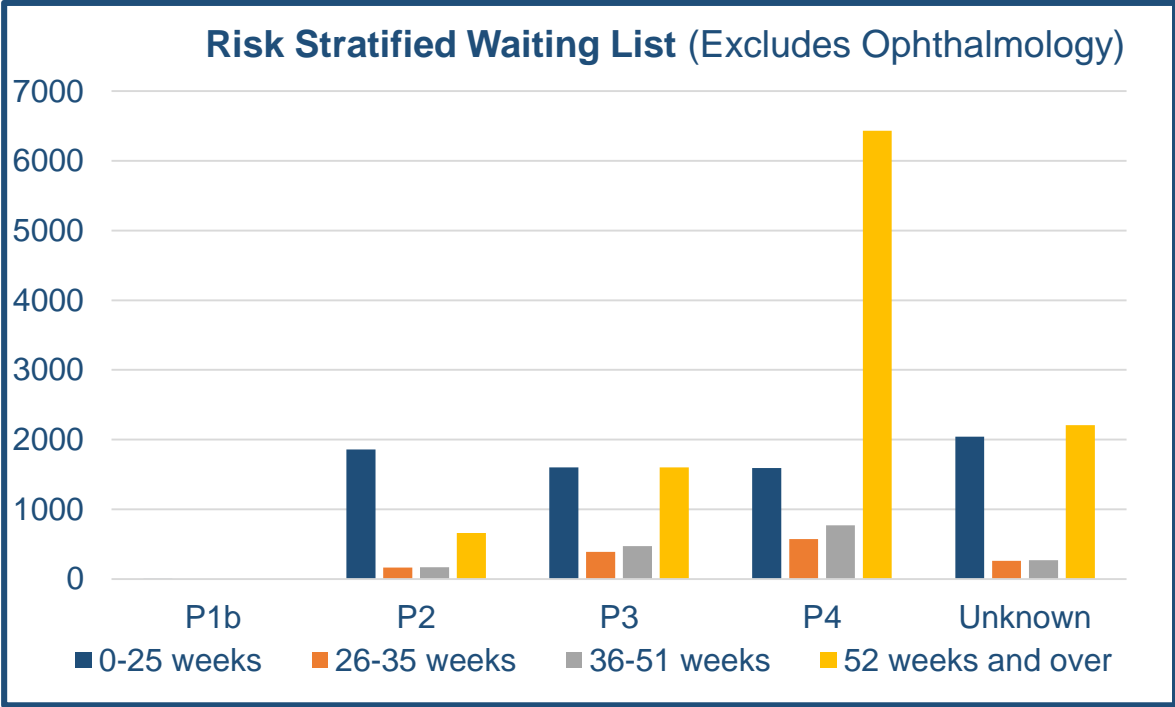
BCU Level - RTT Waits Number > 36 Weeks: September 2021



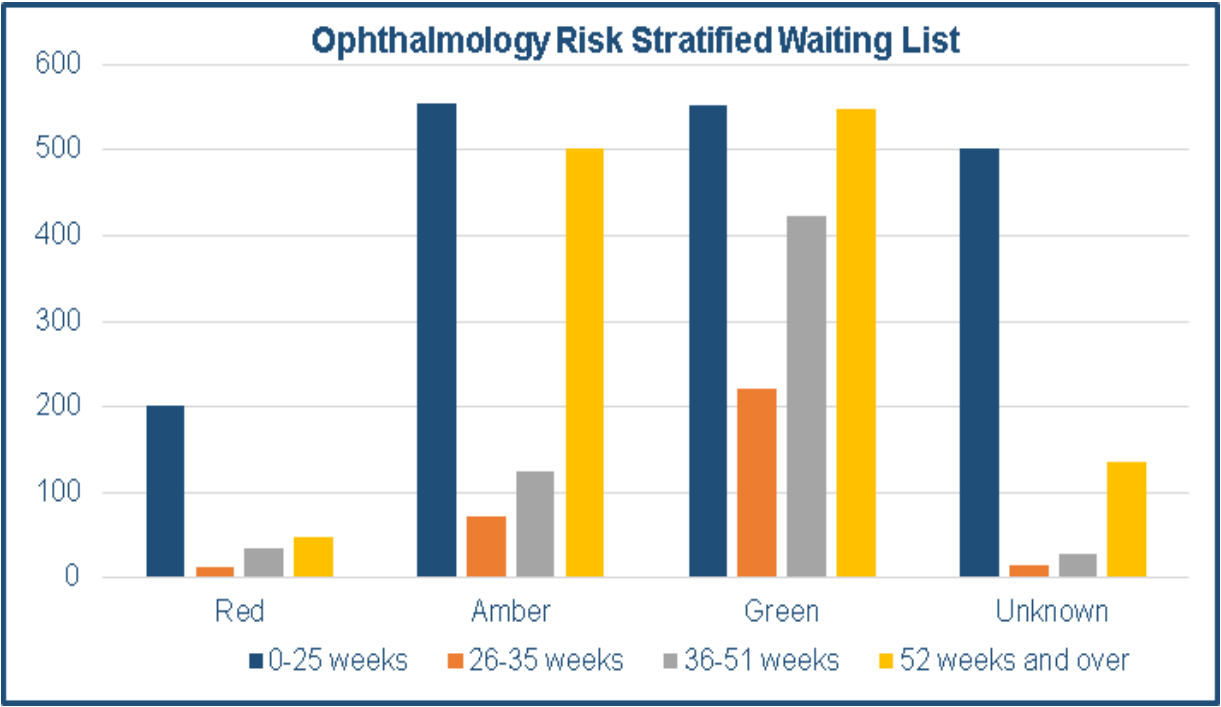
BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - September 2021



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

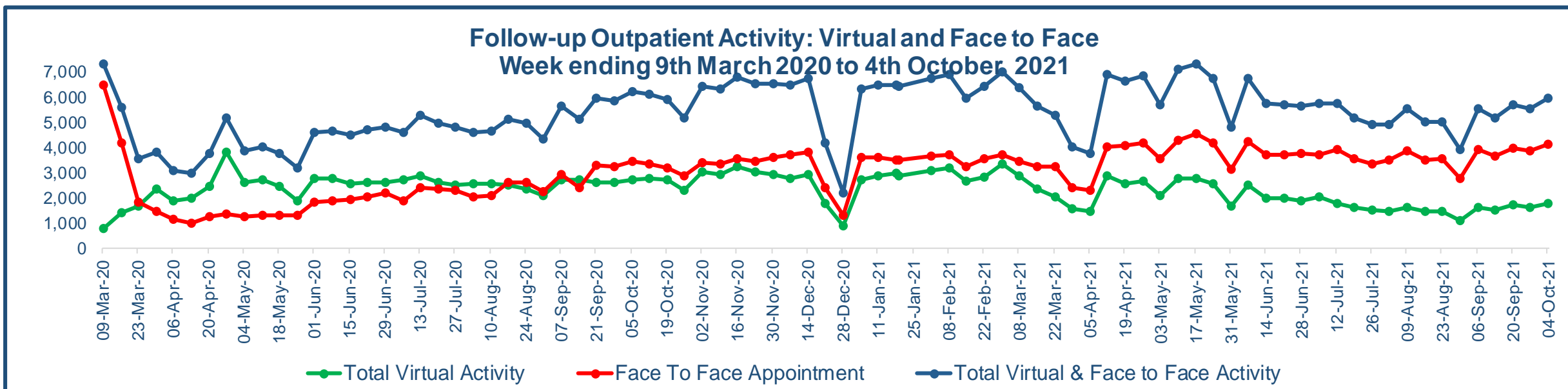
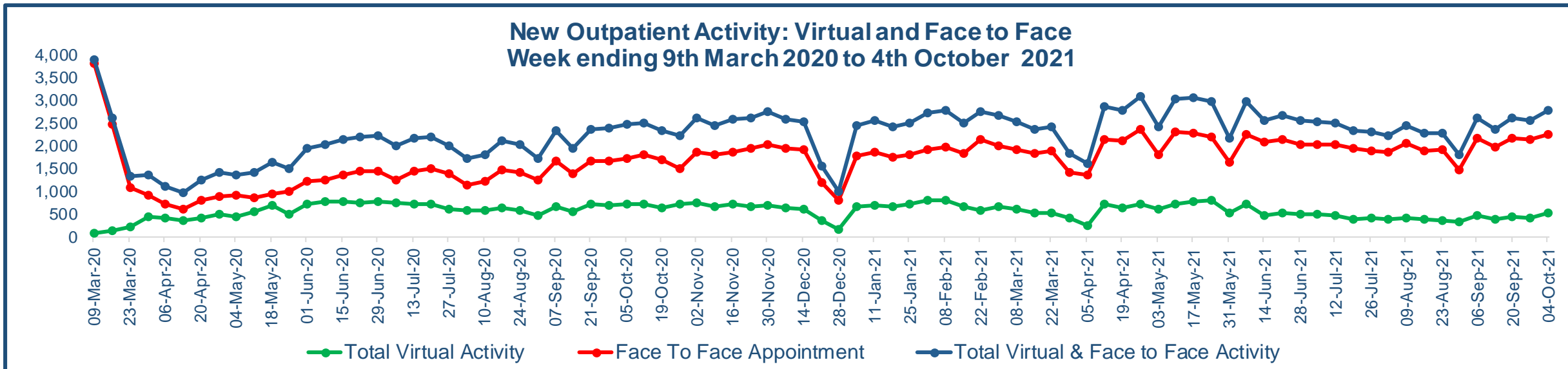


Source BCU HB IRIS : Accessed 15:30pm 11th October 2021
 Data includes Admissions Waiting List for all specialties and excludes Ophthalmology

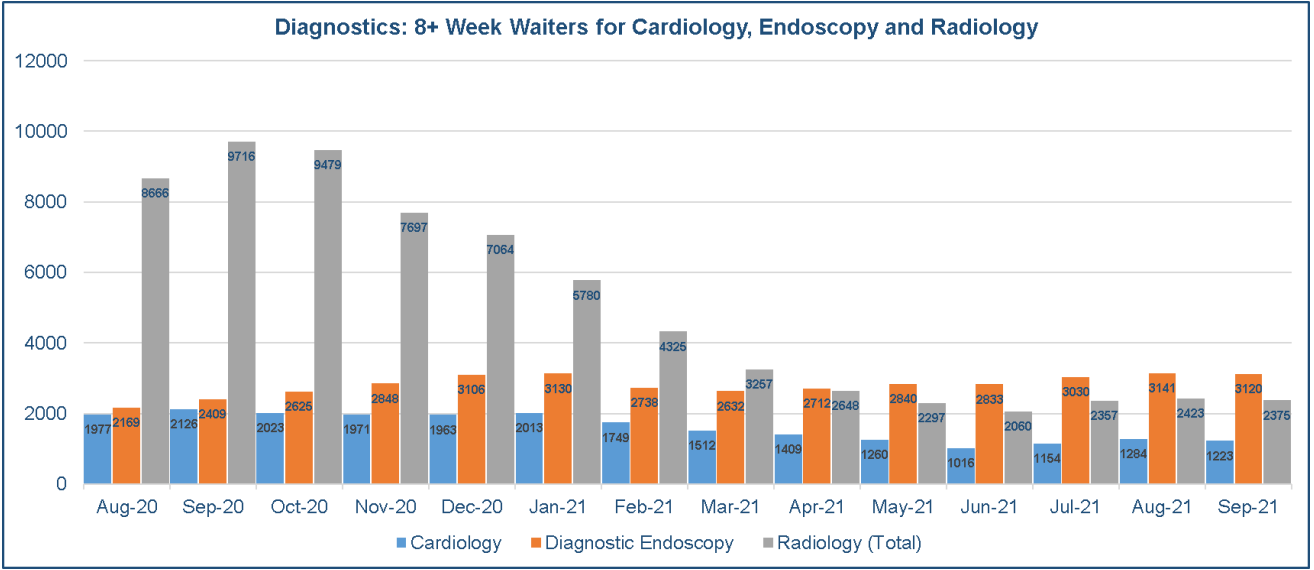
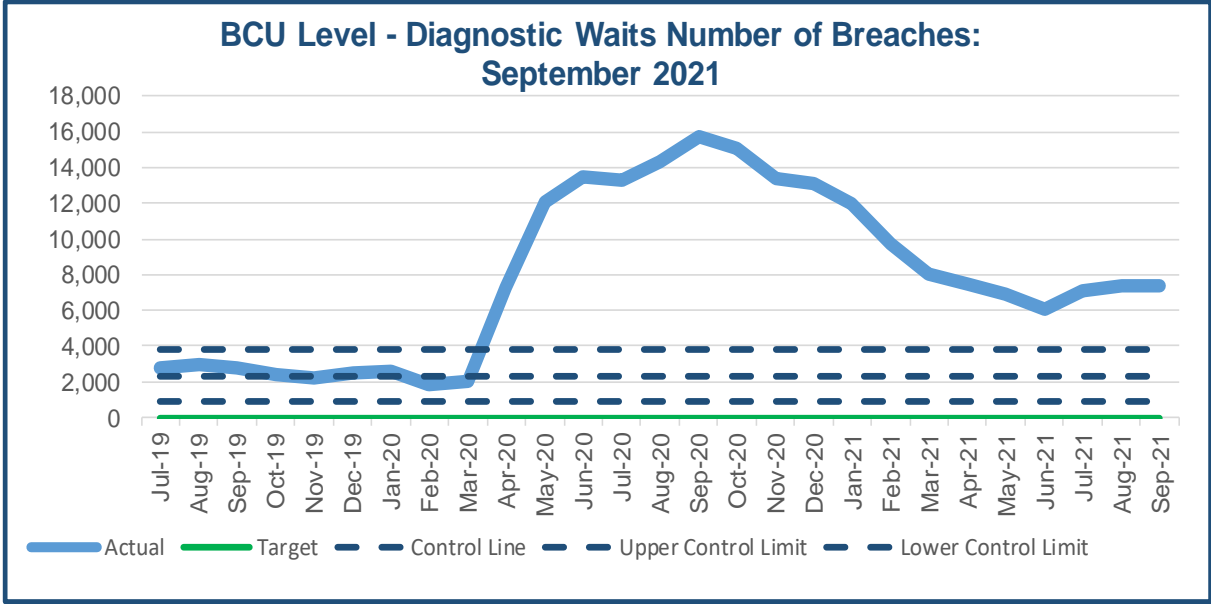
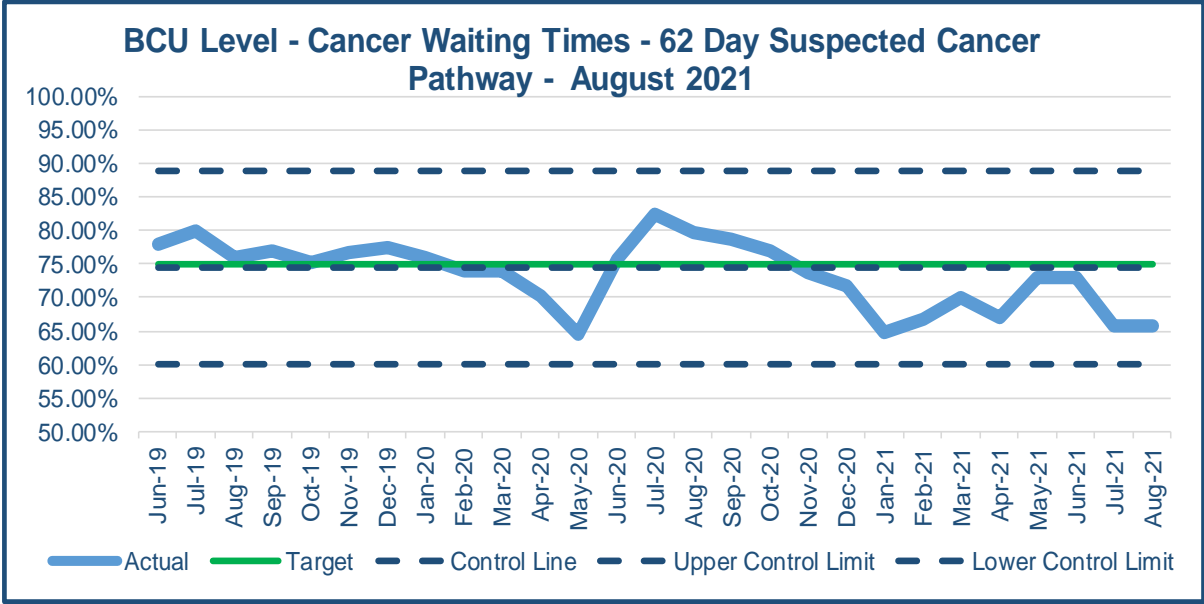


Source BCU HB IRIS :Accessed 15:30pm 11th October 2021
 Data includes Waiting List for Ophthalmology Only

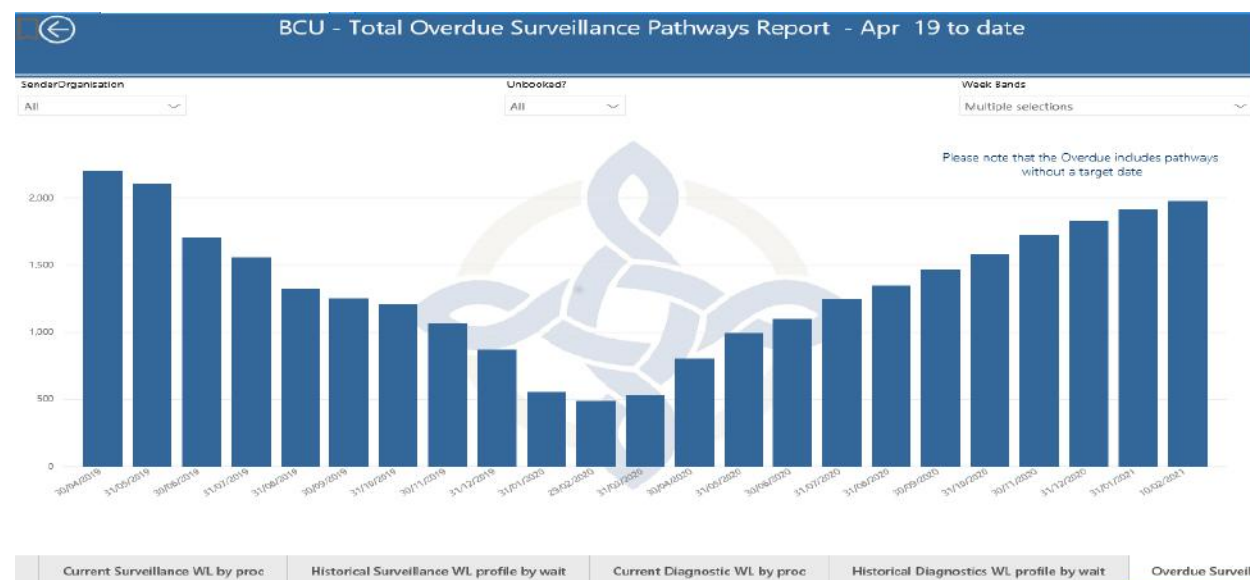
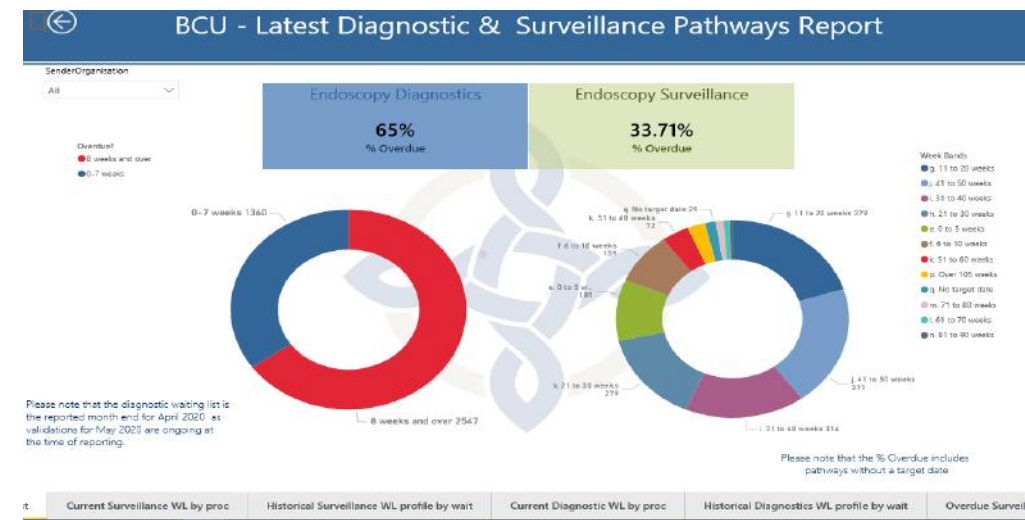
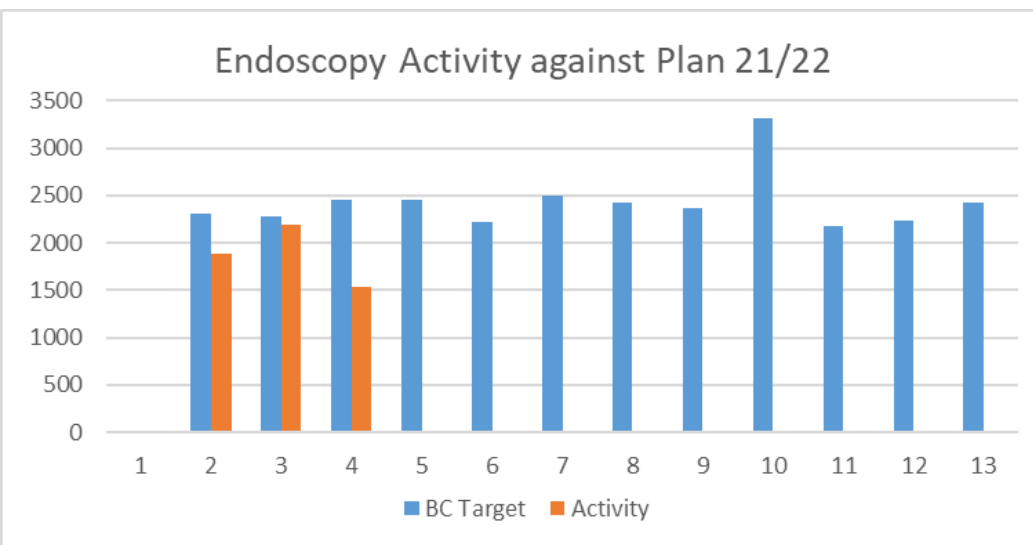
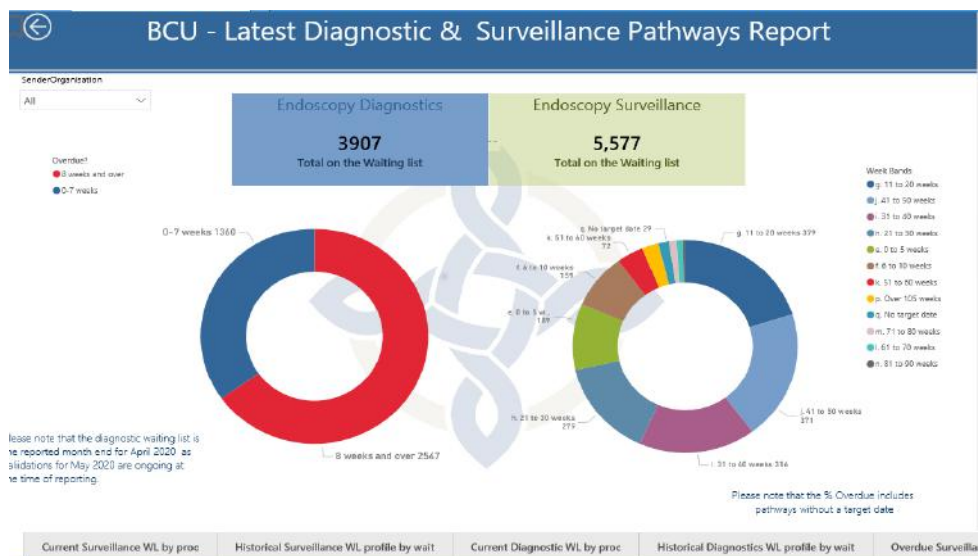
Quadruple Aim 2: Charts Planned Care (3)



Quadruple Aim 2: Planned Care (5)



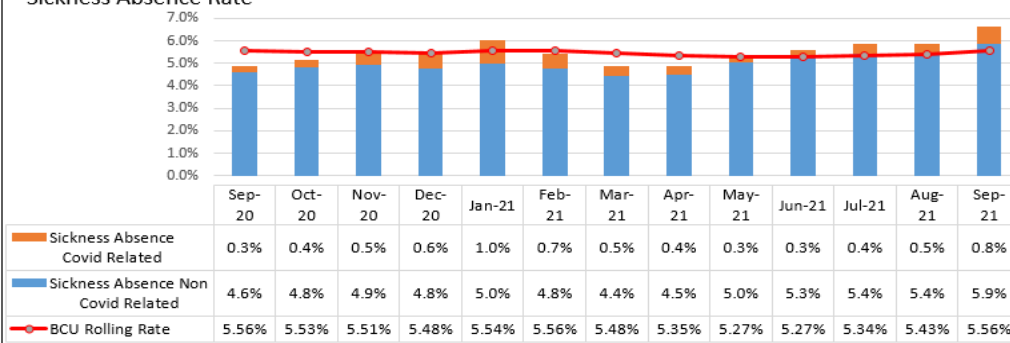
Quadruple Aim 2: Diagnostic Waits - Endoscopy



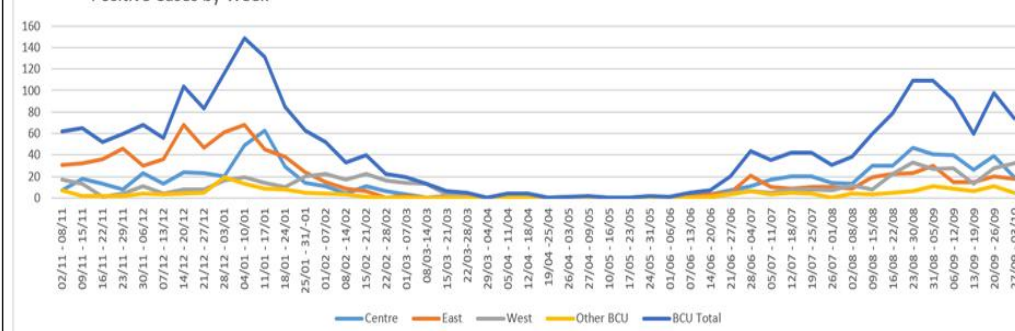
Quadruple Aim 3: Charts

Sickness Absence Rates

Sickness Absence Rate

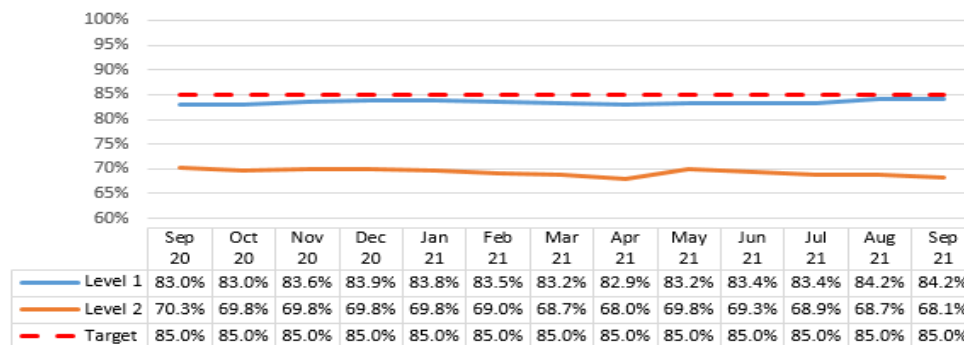


Positive Cases by Week

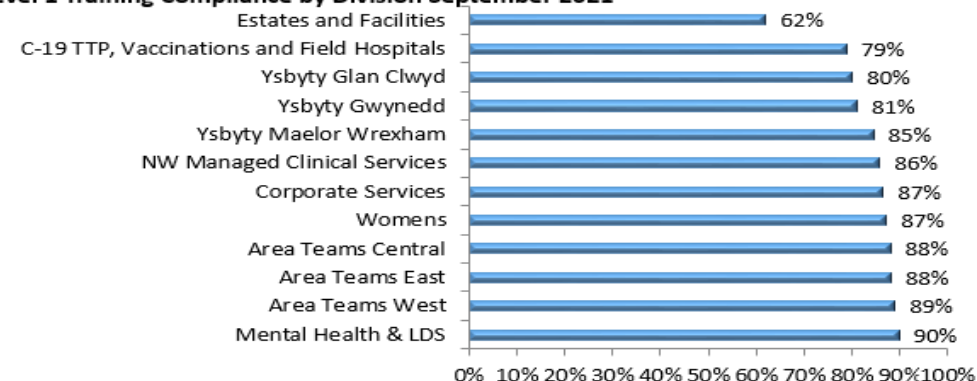


Core Mandatory Training Rate

Training Compliance September 2021

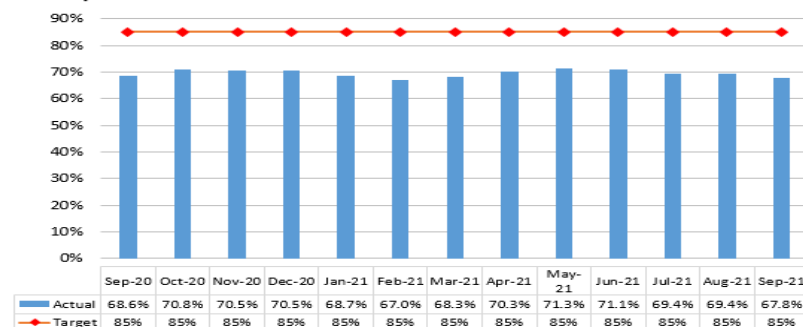


Level 1 Training Compliance by Division September 2021

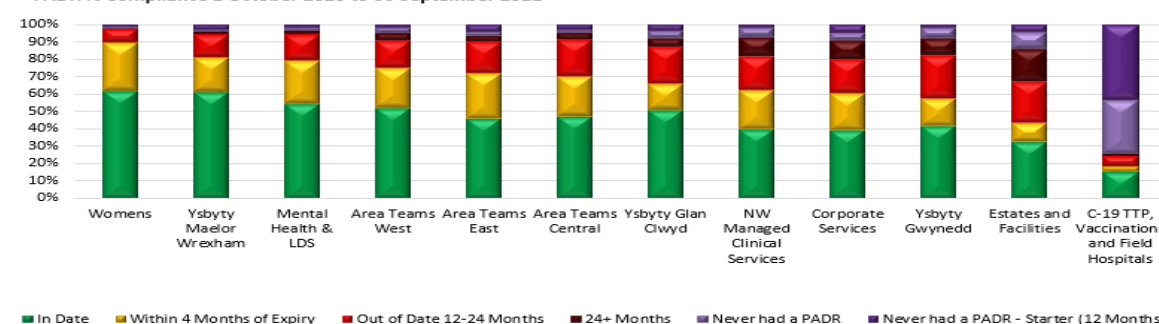


PADR

PADR % 30 September 2021

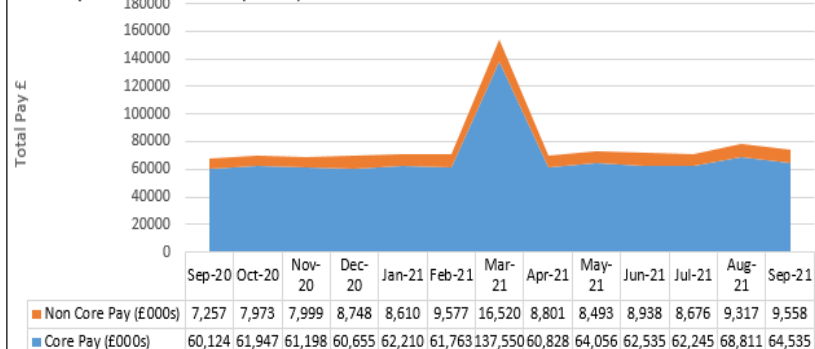


PADR % Compliance 1 October 2020 to 30 September 2021

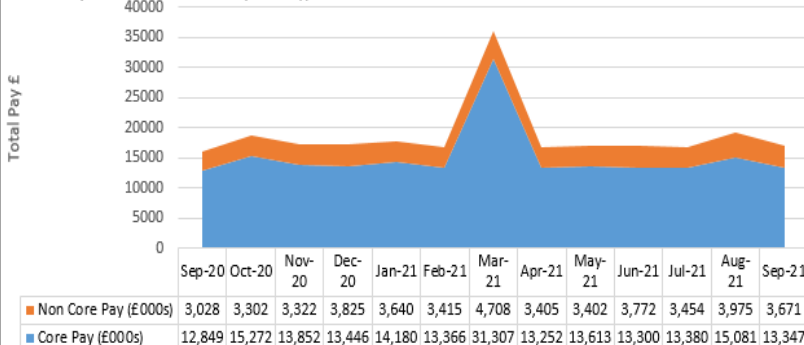


Quadruple Aim 4: Narrative – Agency Spend

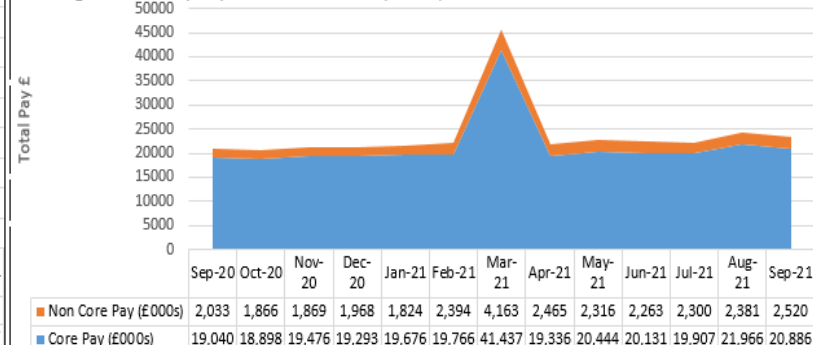
BCU Pay Core vs Non Core (£000s)



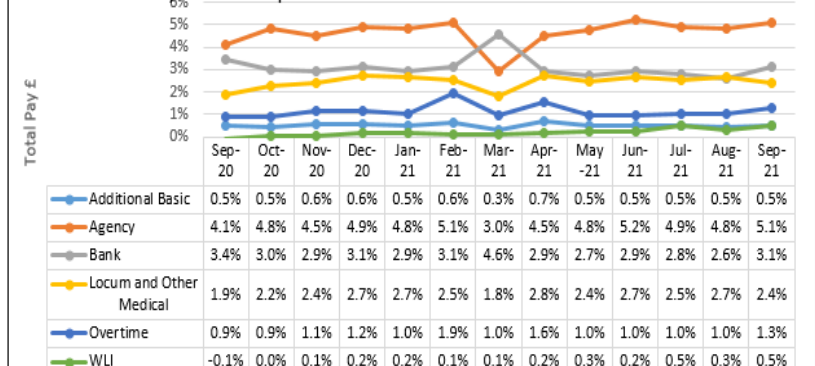
M&D Pay Core vs Non Core (£000s)



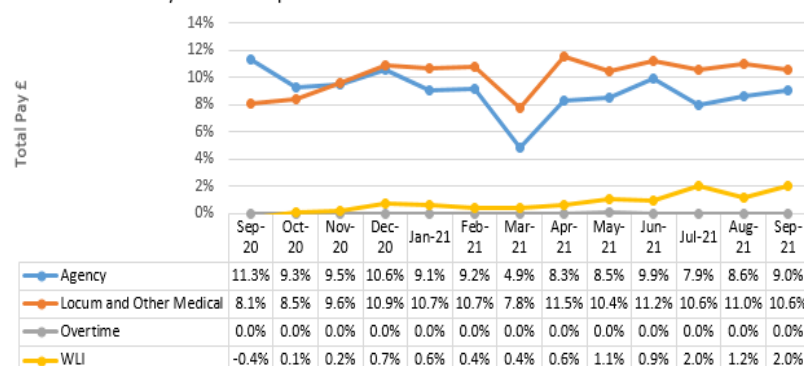
Nursing & Midwifery Pay Core vs Non Core (£000s)



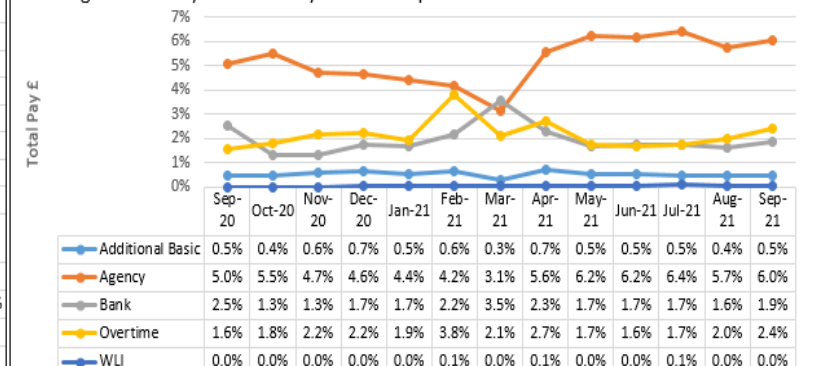
BCU Non Core Pay % of Total Spend



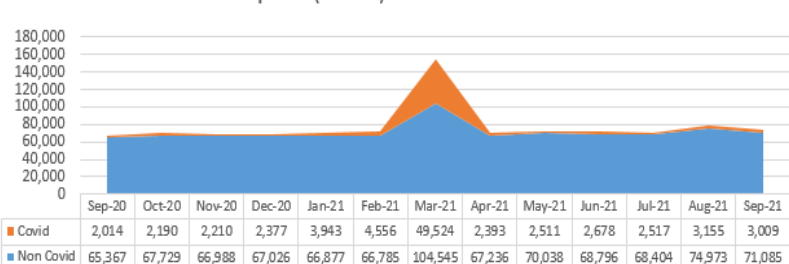
M&D Non Core Pay % of Total Spend



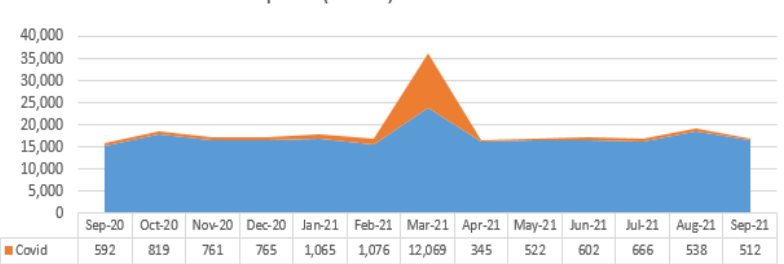
Nursing & Midwifery Non Core Pay % of Total Spend



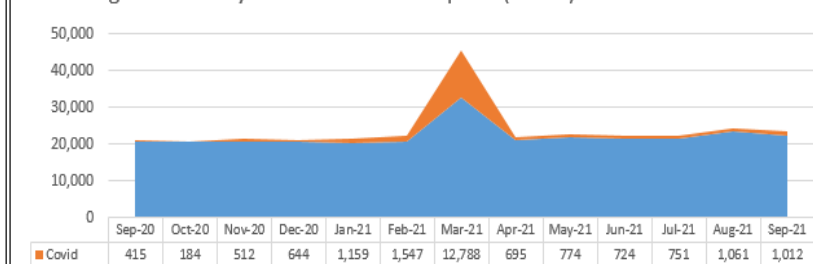
BCU Covid v Non Covid Spend (£000s)



M&D Covid v Non Covid Spend (£000s)



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



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

- tolerances for red, amber and green

Further information on our performance can be found online at:

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

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

 follow @bcuwb

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



| | | | | | | | |
|--|---|---|--|--|---|--|---|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee (PFIG) 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Winter Preparedness Status Report | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Gill Harris Deputy Chief Executive / Executive Director of Nursing and Midwifery | | | | | | |
| Awdur yr Adroddiad Report Author: | Roshan Robati, Interim Programme Lead – Unscheduled Care Clive Walsh, Interim Director of Regional Delivery | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Executive Team Chief Executive | | | | | | |
| Atodiadau Appendices: | Appendix 1 – Overview of Unscheduled care (USC) Improvement Programme Appendix 2 - USC dashboard Appendix 3 – Response to Welsh Government (WG) including 10 point plan Appendix 4 – All Wales Winter Plan Appendix 5 – Update on vaccination programme | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The Committee is asked to note the range of activities and schemes being implemented | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | Y | Er gwybodaeth For Information | Y |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Sefyllfa / Situation: | | | | | | | |
| <p>The Health Board's patients are experiencing increasing delays for unscheduled care diagnosis and treatment, and there are also delays for Welsh Ambulance Service Trust (WAST) vehicles at the Emergency Department (ED) front door, and in responding to community calls. Trends are shown in the Quality and Performance report.</p> <p>COVID-19 continues to be a factor, albeit at a lower level than Waves 1 and 2. The latest COVID incidence figures and projections are included in the Quality and Performance report. There is the potential for increased prevalence of RSV (Respiratory Syncytial Virus) in children and a high risk of influenza across the whole population.</p> | | | | | | | |

The acute and community hospitals are hosting around 300 patients who are designated as Medically Fit for Discharge. Around half are awaiting further care, of which the largest group is those awaiting a package of care in their own homes.

BCUHB also has a significant 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.

Similar issues are being experienced across Wales and the wider UK.

The Health Board (HB) continues to build its response for the Winter period, with a wide range of additional initiatives to improve flow. These have been developed by the operational teams and have gone through an assessment and approval process.

Cefndir / Background:

The HB has an established Unscheduled Care (USC) Improvement Programme (overview slide included as Appendix 1). The programme has four current work streams and is managed through the Senior Responsible Officer (SRO) and the Executive Team.

Operational teams have been invited to develop proposals to mitigate the anticipated Winter Pressures. The funding currently allocated is £1m.

The HB has been working on joint proposals regarding social care with the six local authorities in North Wales, and a submission was made to WG in September 2021 regarding measures to encourage recruitment and retention of care staff.

The Improvement programmes for Vascular Surgery and Urology have an interaction with the way that unscheduled care is provided.

There is an interaction with the delivery of planned care services. While the COVID pandemic has effectively led to the relinquishment of the 18 week referral to treatment (RTT) target, an increased number of elective patients require essential elective treatment, and need to be assessed, diagnosed and treated as soon as possible after referral from a GP, and as close to that 18 week target as possible. The Planned Care Recovery Plan has been developed to address the elective backlogs, and, overall, the aspiration to achieve 80% of the 2019/20 patient volume target has not been achieved. The unscheduled care pressures represent a risk to the capacity for these planned patients. Conversely, lengthening elective waiting times mean that patients are more likely to seek treatment through an unscheduled route.

The critical care surge plan is being refreshed to support the anticipated increase in demand for high dependency care beds.

Goblygiadau Strategol / Strategy Implications

The delivery of unscheduled care (and the connected issue of the clearance of the backlog on the waiting list) is a key business requirement for BCUHB. The provision of an effective system that can meet demand has implications for the quality of patient care, staff satisfaction and the reputation of the organisation.

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Opsiynau a ystyriwyd / Options considered

Winter preparedness

Recent guidance on Winter Planning from Welsh Government has been received, confirming the importance of working in partnership with WAST, primary care, local authorities and third sector and housing partners and that winter schemes should be aligned to the USC improvement programme. Proposed winter schemes have been reviewed within the following criteria:

1. Do the proposals align directly with the ambition of the USC plan?
2. Has it been done before and what metric demonstrated that it was successful?
3. Is there a realistic chance to recruit the staff against the timeline?

The winter schemes have been evaluated using the matrix below:

| | | Criteria 2- Evidence of success if done previously | | |
|---|---|---|----|----|
| | | 1 | 2 | 3 |
| Criteria 1-Align directly with the ambition of the USC plan | 1 | 1 | 4 | 9 |
| | 2 | 2 | 6 | 18 |
| | 3 | 3 | 12 | 27 |
| | | Criteria 3- Realistic chance to be in place by winter | | |
| | | 1 | 2 | 3 |

The effect of the successful schemes will be monitored through the USC dashboard (Appendix 2). Schemes which will be over and above surge capacity are due to be signed off week commencing 25 October.

Review by Welsh Government

The HB held a System Resilience and Contingency Planning Meeting with a team from WG on 8 October 2021. The meeting was part of an All Wales review process. The Board was challenged to undertake actions which would solve the issue of congestion and poor patient flow without relying on the interventions of external partners. BCU was asked to submit a 10 point response (Appendix 3). Subsequently, WG has published its national Winter Plan, setting out its priorities. This is included for information (Appendix 4). The HB will carry out a gap analysis of its own plans against these priorities.

Modelling

The HB informatics service undertakes a weekly refresh of the demand and capacity modelling in USC, based on the current trends. The output shows that the demand for emergency admission beds outstrips capacity at many points in the Winter.

BCU has modelled the effect of increasing the spacing between inpatient beds to 3.6m and the resulting reduction in beds would be around 450 across the acute and community settings. It is not proposed to proceed with this change, and temporary or permanent mitigations will be sought.

The latest COVID modelling is included in the Quality and Performance report. The national modelling for influenza spread is not yet available and the BCU Business Intelligence team is now constructing its own predictive model, based on available data.

Vaccination

Vaccination is a key mitigation for this Winter. The current position on COVID vaccination is included as Appendix 5 and this position is monitored weekly through the Executive Team. Influenza vaccination for staff has commenced and at day 12 4,488 doses had been delivered against the target level of 14,880 (this target represents 80% of staff members).

An up-to-date position on the fast changing position on community influenza vaccination will be reported at the PFIG meeting.

Additional physical capacity

BCU is exploring the use of an additional 19 beds into operation at Aberconwy ward, Llandudno Hospital (LLGH) in Centre area as an alternative to the use of Enfys Deeside hospital. The model of care for these beds is to support the needs of our medically fit for discharge patients with a focus on nurse led discharge and therapy support. East and West areas have developed plans to use Residential Home capacity for patients who can “step-down” from hospital care.

Escalation plans

There are escalation plans in place for RSV (children’s services), adult Critical Care (under review, due to anticipated requirement for high dependency care) and general acute capacity in community and acute hospitals.

Military support and critical friend

The HB is actively engaging with the military (commissioned by WG to support WAST) to test the developing Winter plans. The “check-and-challenge” process undertaken during the early pandemic period was thought to be very helpful. This assistance is on an All Wales basis, and there is the opportunity to share good practice through this process.

Goblygiadau Ariannol / Financial Implications

Additional funding from WG has recently been confirmed for Same Day Emergency Care (SDEC) at £1.6m.

Significant funding has been available in the current financial year and a challenge, partly due to the non-recurrent nature of the awards, has been the ability to spend the money in a timely fashion.

Dadansoddiad Risk / Risk Analysis

The underlying/inherent risk score associated with the delay to delivery of unscheduled care is 25, but the current score based on actions to date has been revised to 20. The further actions described in this paper are designed to reduce the risk in stages to 12, but these changes are unlikely to be achieved in the short or medium term.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

The unscheduled care programme is designed to address health inequalities and promote the Board's socio-economic duty by redesigning processes, transforming services and reducing delays.

Casgliad a Camau Nesaf/Conclusion and Next Steps

The Executive Team will monitor and assess the effect of approved Winter schemes, and initiate modification as needed.

Additional winter schemes have been placed on "standby" for early mobilisation should additional funding become available.

The Safe Clean Care Harm Free programme will consider mitigations for the absence of universal 3.6m bed spacing.

The target date for implementation of the expanded bed capacity is end of October 2021.

It is very unlikely that the original target for the recovery of planned care will be met in the current financial year and the main focus needs to be on the longer term delivery of the Regional Treatment Centres.

What is in place? BCUHB USC Improvement Programme

NHS WALES SIX GOALS FOR URGENT AND EMERGENCY CARE

- Co-ordination, planning and support for high risk groups
- Signposting to the right place, first time
- clinically safe alternative to hospital
- Rapid response in a physical or mental crisis
- Optimal Hospital Care following Admission
- Home first approach and reduce risk of readmission

BCUHB Urgent and Emergency Care Improvement Programme

SRO: Gill Harris

Senior Clinical Lead: Dr Chris Subbe

Programme Lead: Roshan Robati



Unscheduled Care Dashboard

Link on [IRIS](#)



ED & MIU Dashboard

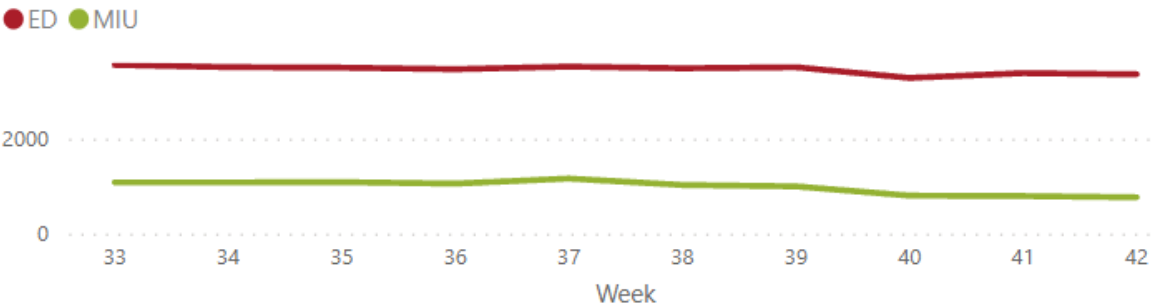
11 October 2021
(Week 42)

BCU (Acute)

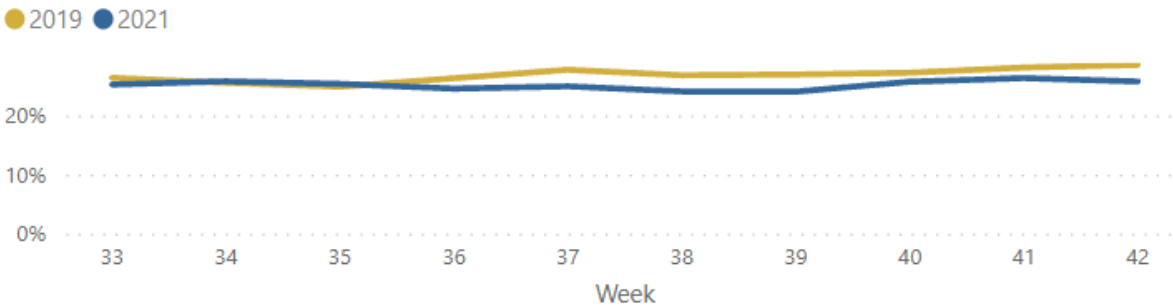
ED Attendances
3,359

Arrival → ED Clinician (Mean Mins)
188

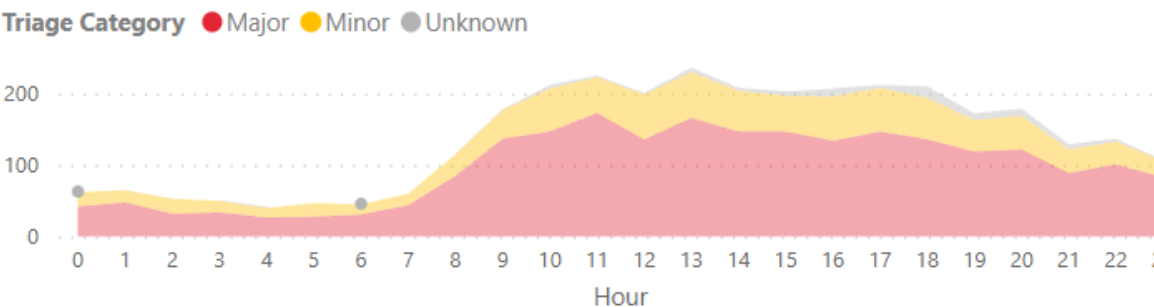
Weekly ED / MIU Attendances



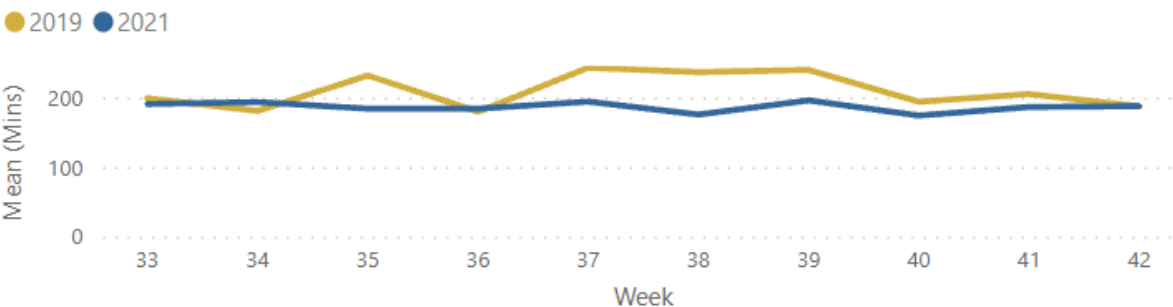
% ED Attendances Admitted



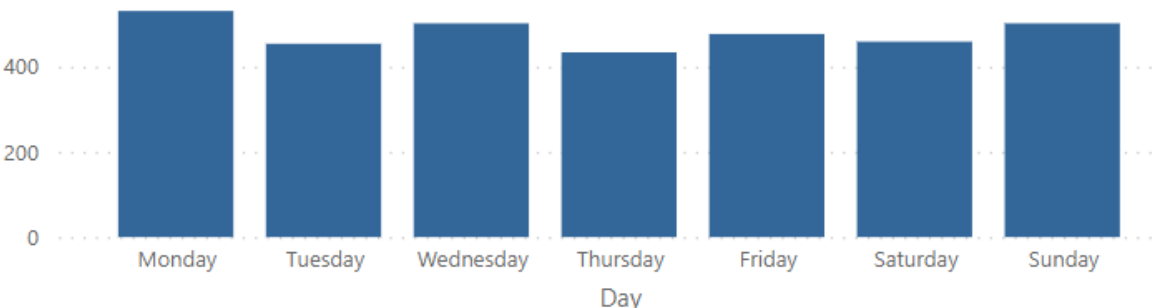
ED Attendances By Arrival Time (Week 42)



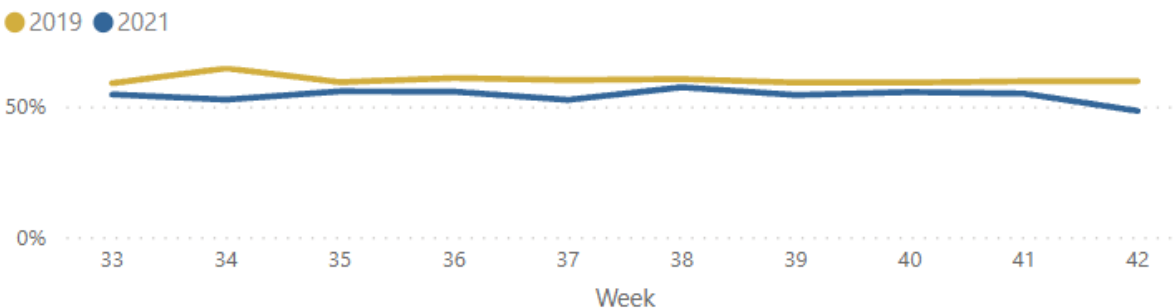
Mean Time To See ED Clinician



ED Attendances By Day (Week 42)



4 Hour ED Performance





Hospital Dashboard

11 October 2021
(Week 42)

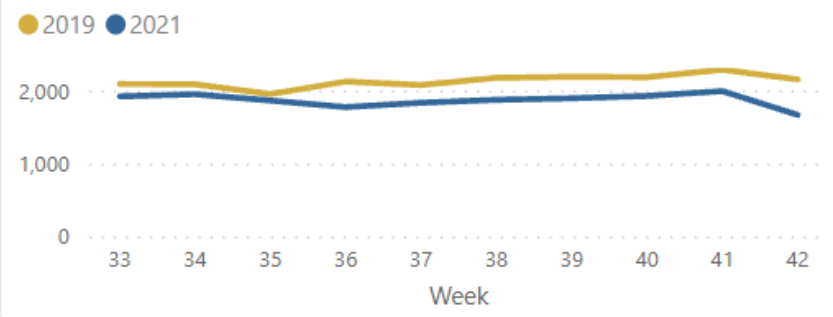
BCU (Acute)

Discharges
1,666

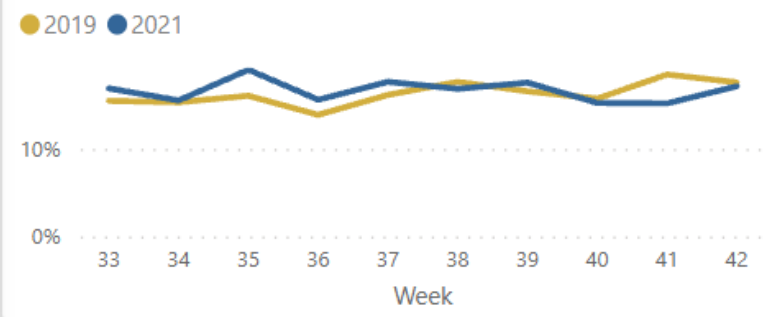
Before 12pm
17%

Lost Bed Days (MFD)
984

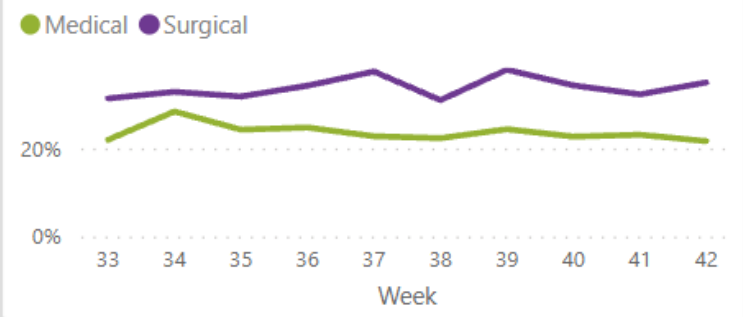
Weekly Discharges



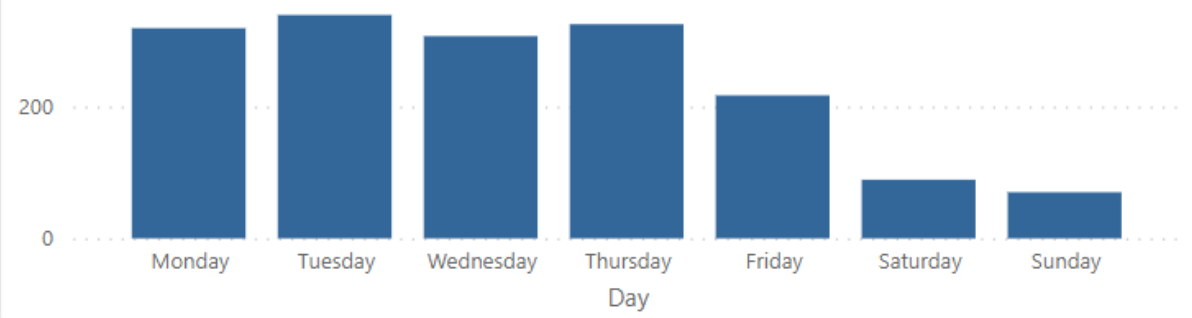
% Discharges Before 12pm



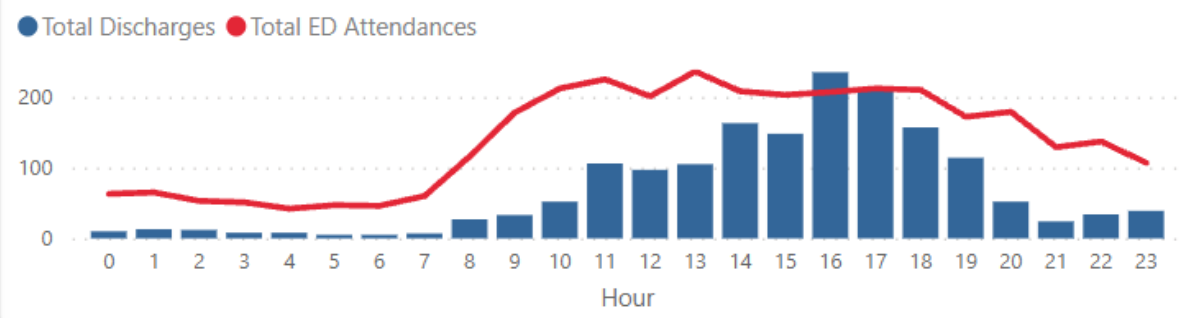
% Discharges With 0 LoS



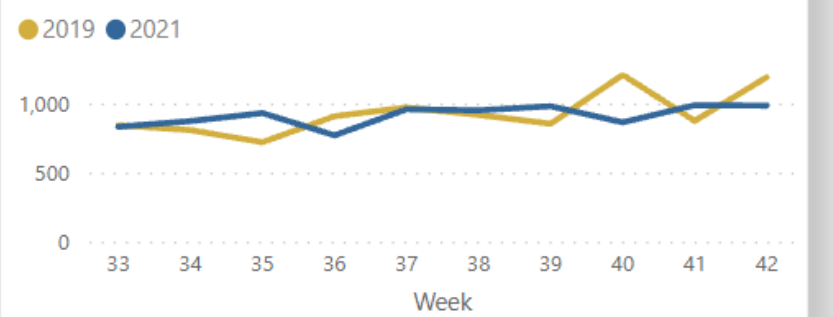
Discharges By Day (Week 42)



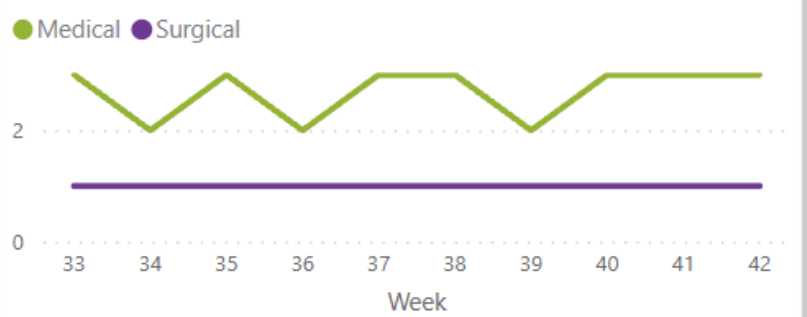
Discharges & ED Attendances By Time (Week 42)



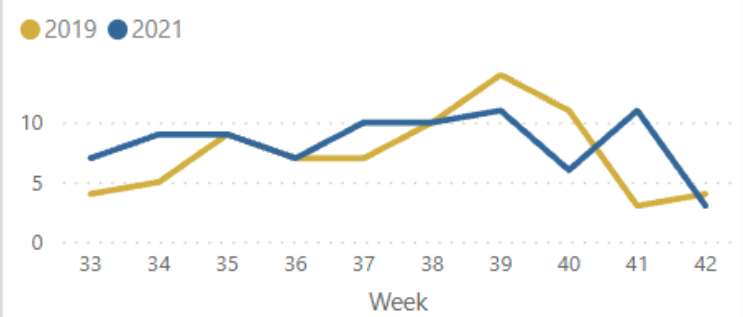
Weekly Lost Bed Days For MFD Patients



Median LoS



Days At Escalation Level 4





Ward Dashboard

11 October 2021
(Week 42)

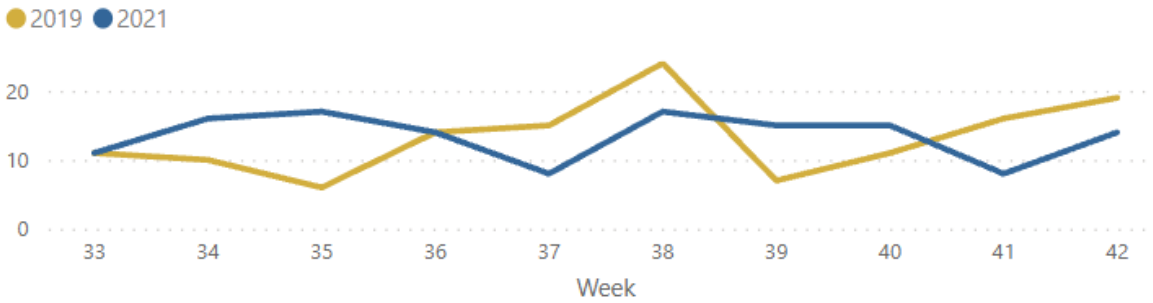
YG - Glyder

Discharges
14

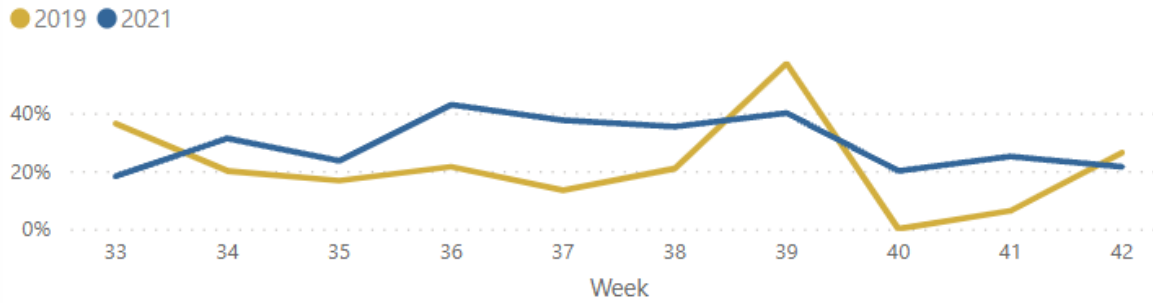
Before 12pm
3

Lost Bed Days (MFD)
3

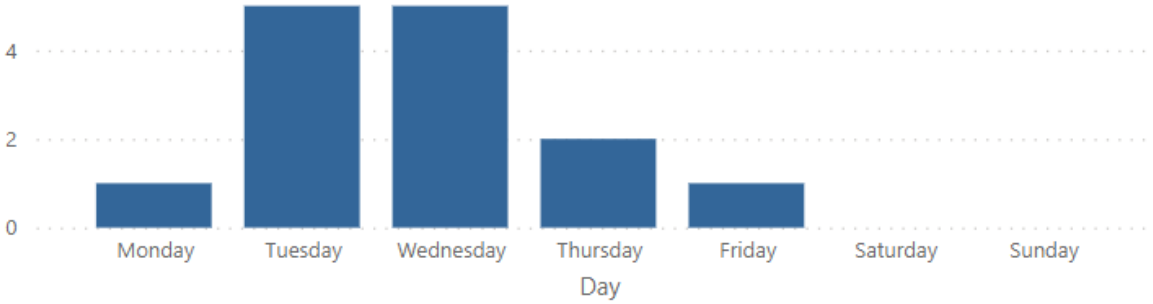
Weekly Discharges



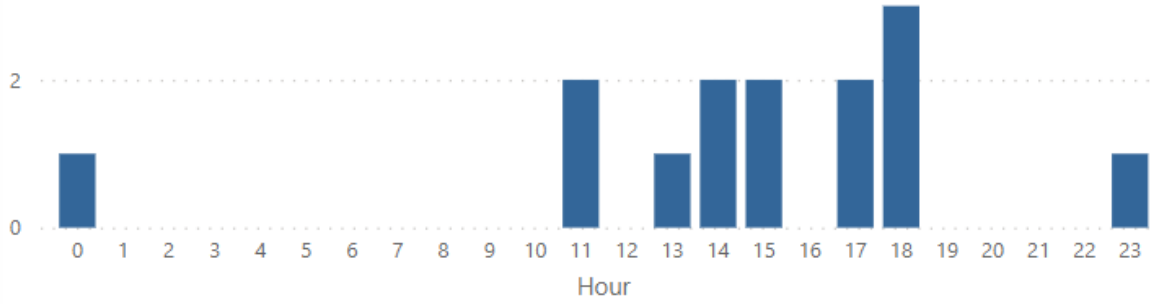
% Discharges Before 12pm



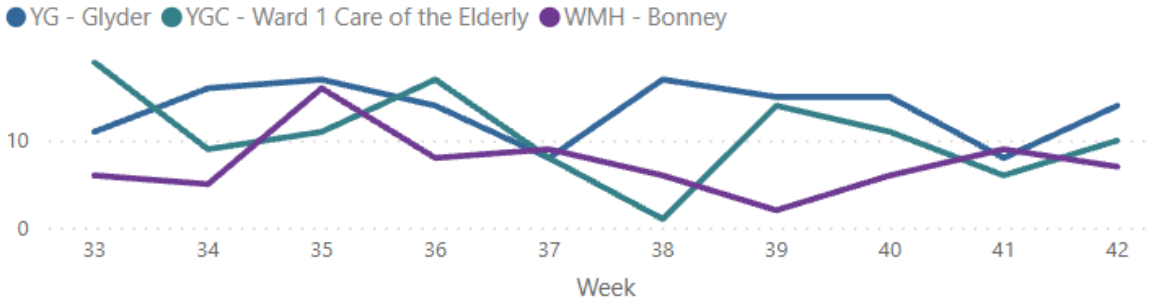
Discharges By Day (Week 42)



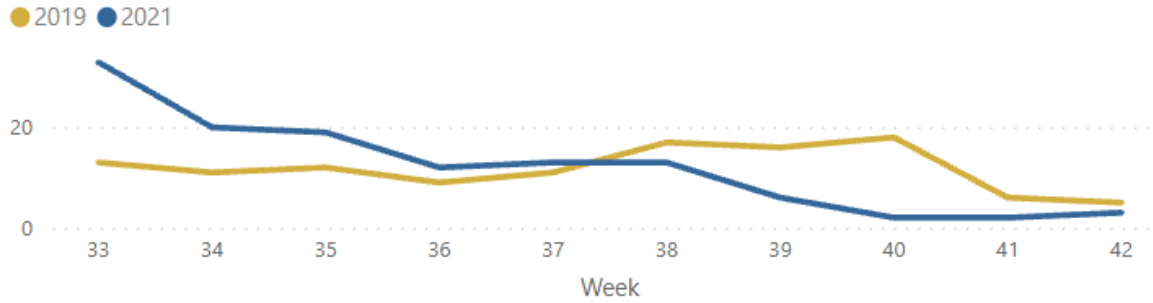
Discharges By Time (Week 42)



Weekly Discharges By Ward (Comparator Wards)



Weekly Lost Bed Days (MFD patients)

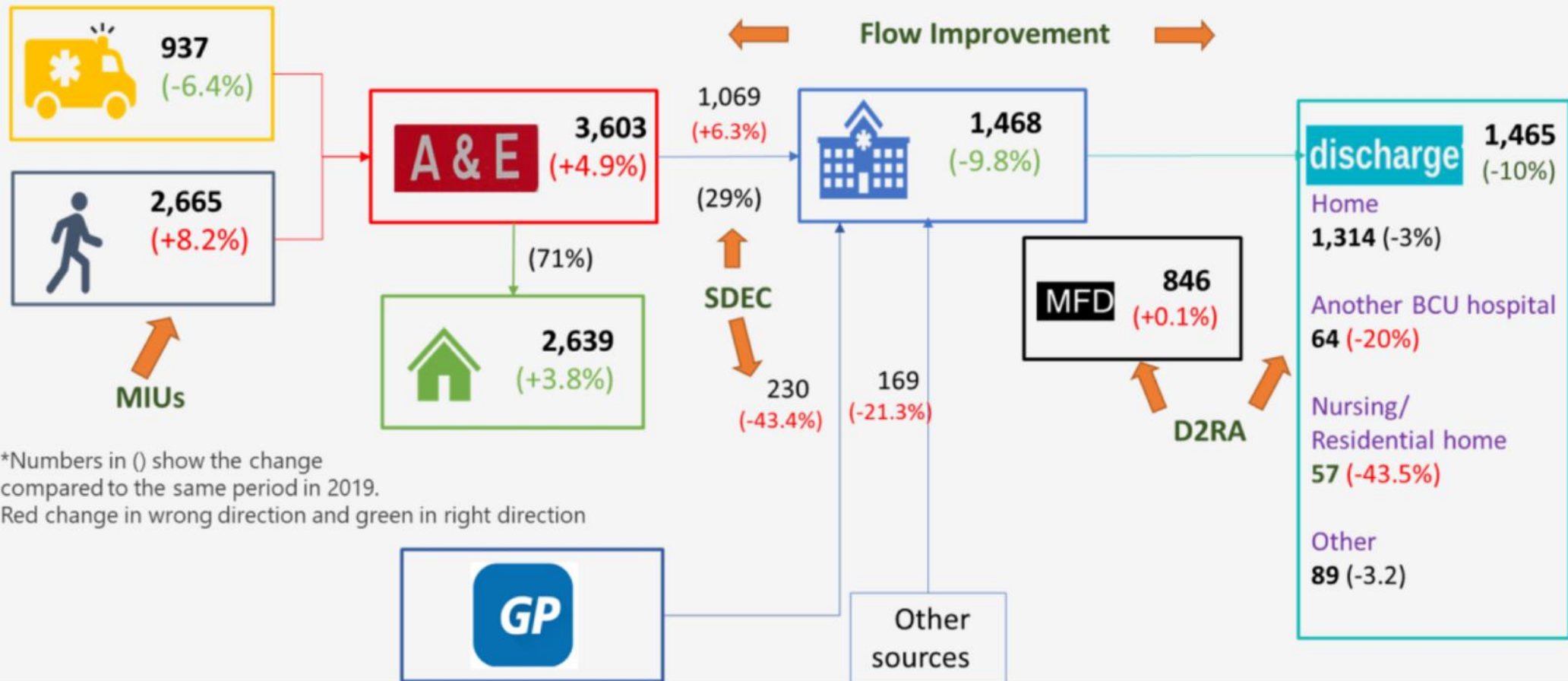


BCUHB Unscheduled Care Pressures and Interventions

October 2021

Where we are now-Unscheduled Care Flow

Post Covid self- presentations to ED have increased while ambulance have reduced. This however, doesn't mean acuity of patients presenting to ED have reduced. The data in next slide demonstrates our EDs are seeing more acute patients compared to pre-Covid. Post Covid there has been a reduction in emergency admissions and this is also true for over 60 year olds where we've seen fewer admissions. This reduction in admissions is not matched by an equivalent reduction in occupancy and occupancy remains at similar levels to pre-Covid

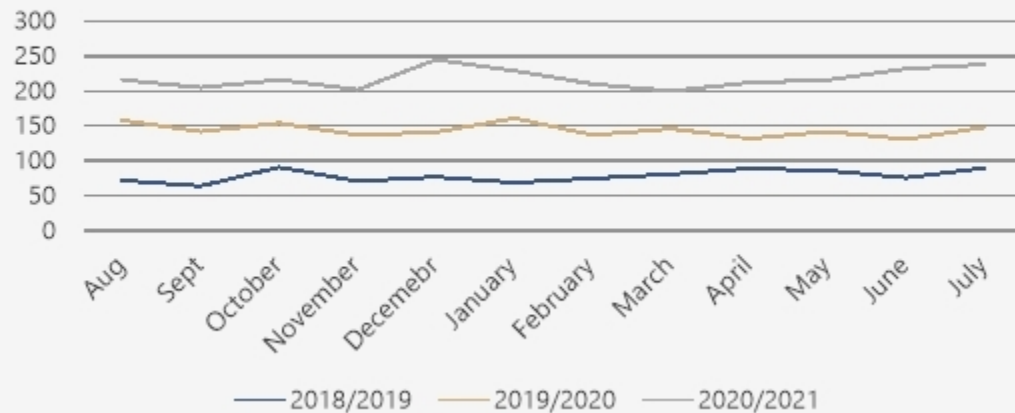


Where we are now- Acuity of ED Presentation

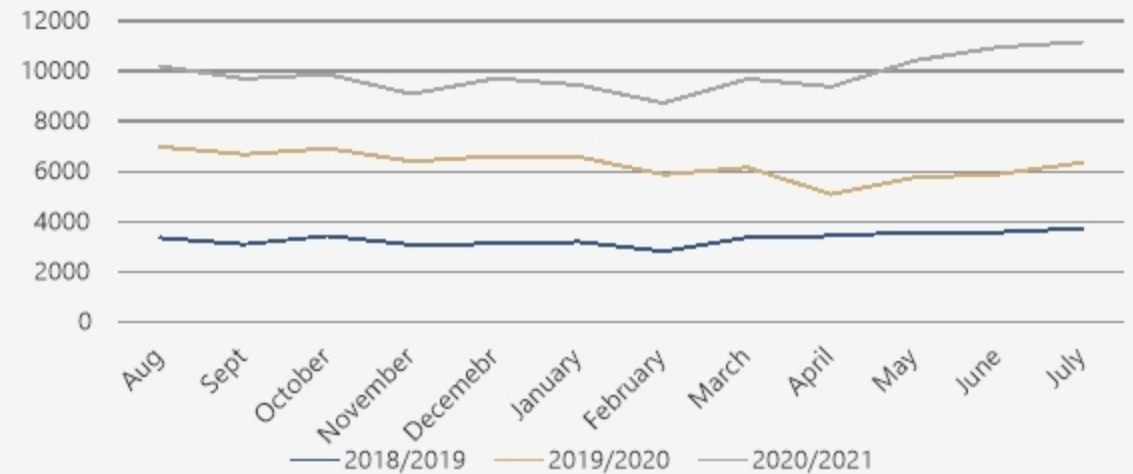
The following factors might contribute to the higher acuity of patient presenting to EDs:

1. Higher demand on WAST, which might advise patients to make their way to ED if they can
2. Reduction in direct GP admissions to assessment units and instead sending patients to ED
3. Impact of Pandemic that patients postponed/not able to see a health care professional during pandemic

Triage Category 1 Patients Pan BCUHB



Triage category 2 Patients Pan BCUHB

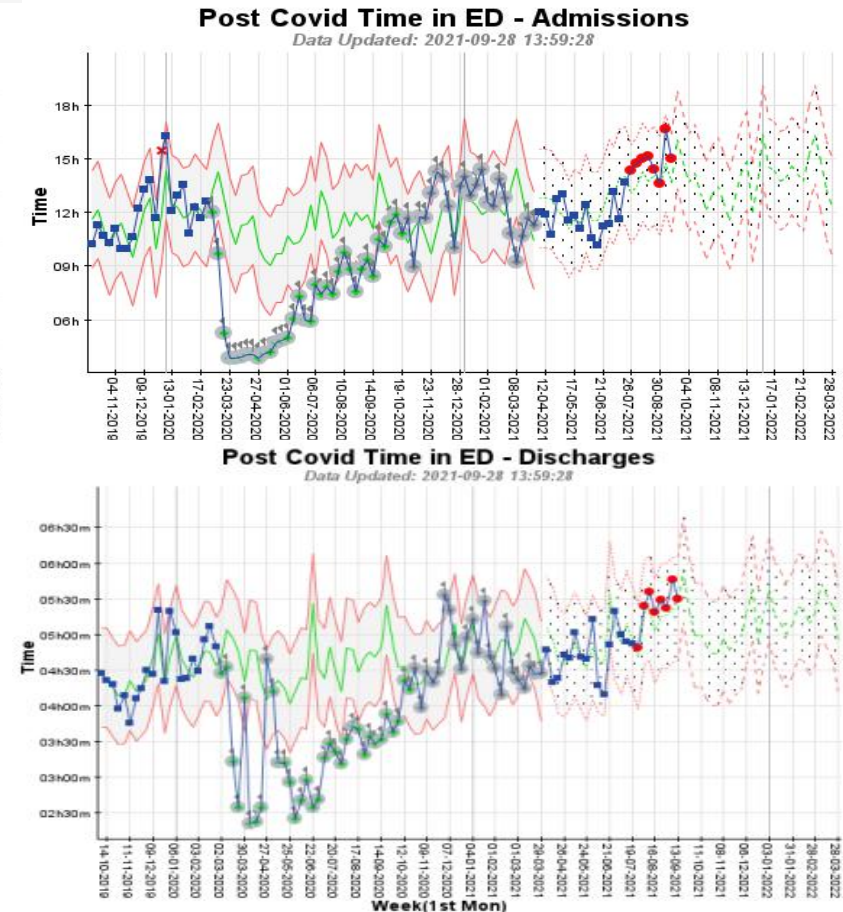
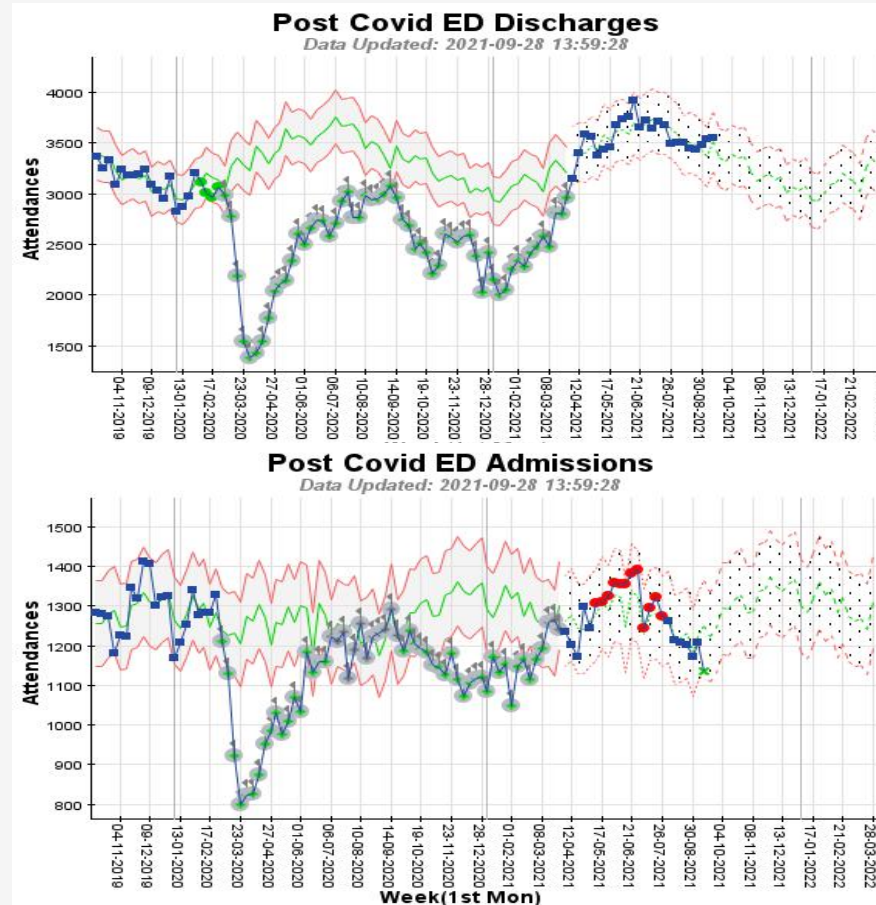


Where we are now- ED Flow

Post Covid ED admissions and discharges have both been broadly in line with the pre Covid trend. Time in ED has increased for both the discharge and the admit flow. New contributing factors to the increased waits in EDs could be:

- Higher acuity patients
- Reduction in inpatient capacity due to Covid and Infection Prevention & Control measure
- Staff shortages due to sickness and the need to self isolation
- Additional pressures on adult social care due to pandemic, which delays the discharges of medically fit patients across all hospital sites due to a variety of reasons i.e. awaiting placement, awaiting funding decisions, packages of care or Care Home closures

Other factors such as slow flow within the hospital sites, blockages at the back door of the hospital and shortages of staff existed before Covid and continues to impact the waits in ED.



What is in place? BCUHB USC Improvement Programme

NHS WALES SIX GOALS FOR URGENT AND EMERGENCY CARE



BCUHB Urgent and Emergency Care Improvement Programme

SRO: Gill Harris

Senior Clinical Lead: Dr Chris Subbe

Programme Lead: Roshan Robati



What is in place? Combination of Operational and Transformational Actions

BCU 10 Point USC Plan

Combination of our operational and transformational actions are available for Board members to reference on request

Immediate Actions:

- Clinical criteria for managing patients waiting in ambulance
- Development and instigation of Hospital Full Protocol
- To expand the SDEC to convert urgent and emergency bedded care to same day ambulatory care at every opportunity
- Outcome focused Board Rounds with senior decision makers involved with patient discharge from day of admission, with the view to move to 7 days a week
- Adoption and expansion of Criteria Led Discharge to all wards
- Creation of medically optimized wards
- A single integrated clinical assessment and triage
- Additional nursing home beds staffed by NHS staff
- Expansion of D2RA



What is in place? Joint work with WAST

What already is in place:

- SICAT (Contact First)
- BCUHB Surge Capacity Plans
- Pacesetter & Advanced Paramedic Practitioners
- ED New Workforce Model
- Academy Wales Public Service Graduate Trainee
- Joint Conveyance Review Meetings
- Falls Pathways in community
- Urgent Primary Care Centres
- Hear and Treat
- Senior Paramedics
- ePCR

Further Actions to Pursue:

Chief Executives and Directors met to agree a collaborative plan, building on existing work, focusing on short, medium and longer term actions:

- Review pathways for the top 3 reasons for conveyance (falls, chest pain and breathing difficulties) and work up alternatives within existing resources
- Review of Minor Injury Units (MIUs), confirming criteria and scope of each unit, increasing levels of consistency and maximising ability for paramedics and 111 to access
- Jointly review the Directory of Services, increasing services available to paramedics and 111 teams to direct patients to the most appropriate service
- Review opportunities for the WAST workforce to more widely support the urgent and emergency care system across North Wales

What is in place? Joint work with Local Authorities

- Better utilisation of step down capacity
- Develop joint solutions for additional capacity e.g NHS funded care home/step down
- To progress an integrated workforce to ensure sustainable care workforce
- Work together to develop more supply
- Proposal from LAs to WG on pay rates and capacity building in Domiciliary Care
- Trusted Assessment process.

THANK YOU



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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FOREWORD

This year has continued to present us with unrelenting challenges related to the COVID-19 pandemic. The health and social care system has experienced ongoing pressure from the direct and indirect impacts of the pandemic along with a range of other factors resulting in high levels of escalation in our services.

Winter is always a challenging time for organisations working to deliver our health and social care services to meet the needs of patients, service users and their carers, and we are expecting this winter to be a particularly difficult one in the face of the ongoing pandemic impacts plus the impact of respiratory and other viruses.

The balance between maintaining planned care and managing elevated urgent and emergency care demand is a challenge every winter and this year, the fluctuations in COVID-19 cases make planning services more complex and we need to remain ready to respond to rapidly changing circumstances. This means that the health and social care system will be constantly rebalancing and re-prioritising this winter to use its resources to treat the sickest and most urgent patients.

More than ever, the demands on our health and social care system to meet the needs of our population require organisations to work collaboratively to remove barriers and deliver safe and effective services. This plan sets out the priority areas for winter 2021-22.

Our focus is on keeping people safe and well. We will deliver this through preventive activities to avoid illness, action to deliver services close to home where possible, and to reduce the risk of illnesses getting to the point that hospital treatment is needed. When hospital treatment is required, our focus is to ensure the safe delivery of care, minimising time spent in hospital and supporting people to return home.

I would like to take this opportunity to express my gratitude to our health and social care staff across Wales who have worked tirelessly during the pandemic. They have and continue to work with commitment and compassion to deliver care and support to patients, service users and their carers. I recognise the impact of maintaining this superb effort over a protracted time and another key priority this winter is to safeguard the health and wellbeing of our workforce.

The people of Wales have made their own important contribution to keeping us safe through supporting measures designed to control the spread of the virus and reduce its impact. Almost 2.4 million people in Wales aged over 12 years have received a first dose of the COVID19 vaccination, and almost 2.2 million people have received a second dose.

PURPOSE

A Healthier Wales remains our vision for health and social care in Wales, and we have updated the actions in A Healthier Wales to reflect the priorities brought to the forefront during the pandemic.

Planning for winter is not a one-off event. Rather, it is a process that sits within the context of the services provided by health and social care organisations daily and throughout the year. It also sits alongside organisational plans for the development and enhancement of services, which are intended to keep pace with changes in demand for services and advances in treatments and supporting technology.

This winter plan must be considered alongside a number of other key documents. Our Coronavirus Control Plan sets out our wider response to Coronavirus and provides the wider context to this health and social care plan. The Public Health Response to Respiratory Illness Winter 2021 sets out the detailed response to both COVID-19 and seasonal influenza. Expectations are shared with health boards in relation to planning, including for seasonal variation in demand for services, in the NHS Planning Framework and health boards and trusts have been preparing intensively for winter for several months through these processes.

The purpose of our winter plan is to ensure patient safety and the provision of social care for people in most need. The plan describes what we are doing to support health and social care organisations to plan for the forthcoming winter period. It also sets out priorities for regional partnership boards, local authorities, health boards and NHS trusts to ensure they maintain key services for the people of Wales during the winter, and to keep Wales safe.

Regional partnership boards will bring together local authorities, health boards, NHS trusts, the third sector and service providers across the health and social care sector to co-ordinate and lead the development of high level local integrated plans that will describe how partners are working together to deliver on agreed priorities for winter as part of ongoing activity to maintain services and address system pressures. National clinical, professional and programme leads will also support and enable delivery of the priorities where appropriate.

Health and social care partners are expected to co-ordinate their services and pool or align resources in order to ensure that the regional integrated plan has maximum impact for people living in those communities.

CONTEXT

Winter is historically a time of pressure for the health and social care system when demand increases from communicable illnesses such as seasonal influenza and Norovirus. The typical cold weather and fluctuations in temperature also result in more people needing emergency treatment, for example as a result of slips and falls resulting in injury, which is why it is important that all parts of government centrally and at local government level play their role in reducing the opportunities for

accidents to occur. The increased urgent and emergency care demand and complexity can result, at times, in delays in access to essential services for individuals and this can impact on their experiences and outcomes.

Winter viruses

This year, modelling suggests that we can anticipate significantly higher numbers of people to become unwell with winter viruses. This increased demand will place a significant burden on our already-stretched health services. The Technical Advisory Group (TAG) *Winter modelling update - Modelling other viruses* notes that modelling shared with the Joint Committee for Vaccination and Immunisation has suggested that the 2021-22 flu season could be between 50%-100% higher than a typical season and could peak at a different time¹ than ordinarily expected. The report also highlights that modelling by The University of Warwick indicates that case numbers, hospital cases and deaths are “almost certain to be higher in a flu season following a suppressed flu season (e.g. winter 2020/21), with counts up to two times a normal flu season plausible.” The uncertainty about the likely timing of the flu season makes planning more complex and the implication is that it is highly likely that we will see major increases in need for urgent care across primary, community and acute services for people with flu. However, it is still possible that we may see another quiet flu season.

Respiratory syncytial virus (RSV) is a concern this autumn and winter. Following a season with reduced incidence in 2020, due to social distancing and lockdown measures, the concern is that there will be a surge in cases this year in particular among young children who were not exposed to the illness last year. Australia and New Zealand have observed higher than usual case numbers and planning for this winter must take into account the need for additional acute and critical care capacity for children. Data shows that the RSV season has commenced much earlier than usual and hospitals are under pressure with paediatric bronchiolitis cases caused by RSV. The TAG modelling provides four scenarios to support health boards in undertaking local capacity planning.

Since the pandemic, to ensure the safety of the public, much of our focus has been on building capacity into our health and social care system to be able to provide care for people with Coronavirus and seeking to maintain the resilience of our essential services.

Rapid innovation, including a significant number of digital developments, for example national roll-out of video consultations for primary, secondary and community care, has enabled services to be able to be provided differently. However, there have also been difficult decisions about the range of services able to be provided during times of significant additional demand from patients suffering with COVID-19.

¹ [JVC Interim Advice on COVID-19 Booster Vaccine Programme 2021-22](#)

In a typical year, planning for winter respiratory viruses includes the need to adjust service capacity for other services, including stepping down planned hospital treatments to ensure services can safely respond to urgent and emergency care needs of patients with these viruses. This year, services are preparing for the potential of peaks of COVID-19 demand alongside other winter respiratory viruses.

Workforce challenges

At a time of increased demand for services our health and social care workforce has been put under considerable strain and as a result we continue to experience challenges with recruiting and retaining key workers across the health and social care system. This places further strain on services; this has had enormous impact on the domiciliary care sector and delays in being able to provide reablement services and care packages for people to return home from hospital is having a significant impact on people. It also places further pressure on the flow through hospitals.

Pressure has been rising during recent months and the priorities described in this plan are a mixture of those intended to mitigate against the current and forecast pressures felt across health and social care systems over winter; and others that will have medium or longer term value, achieving more sustainable services for the future. This will provide a foundation on which to further develop recovery plans into the coming year.

Supporting our NHS through the pandemic and into recovery

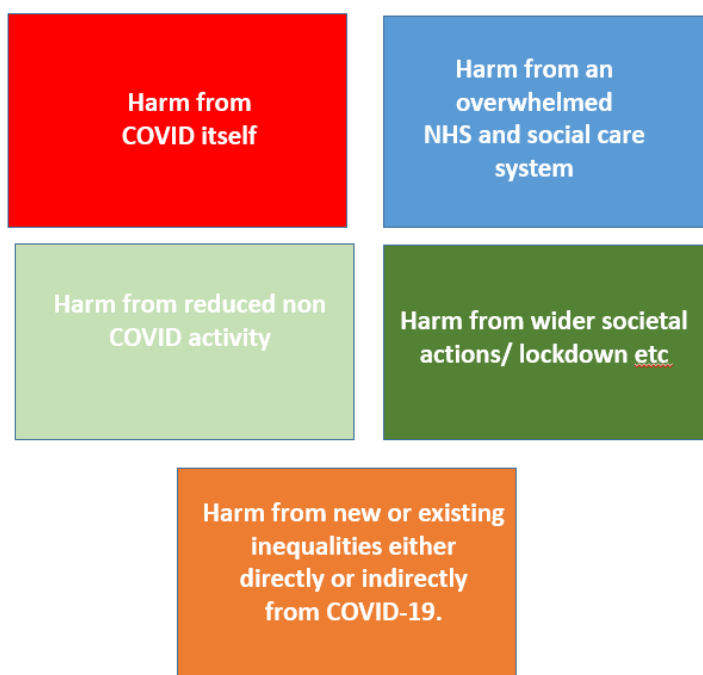
As a government we have sought to protect and support our NHS with additional investment to deliver rapid change in service models to maintain access to essential services and to increase available service capacity to manage COVID-19.

Welsh Government has confirmed £1.1 billion additional funding in 2021-22 to support the NHS response to COVID-19 and to start the process of recovery of routine care. This includes £200m revenue funding and £48m capital funding that has been allocated non-recurrently towards recovery plans. Over £300m has been allocated to organisations to continue delivery of their local response plans through to the end of the financial year.

Funding is also being made available separately on an actual basis to meet the costs of national programmes, including Test, Trace and Protect, PPE supply, COVID-19 vaccination programme and enhanced cleaning standards. £140m funding has been provided non-recurrently in recognition of the impact that the pandemic has had on underlying financial positions due to the limited ability to implement normal levels of efficiency improvements.

These allocations are based on organisations' own cost projections, and so confirm the funding that the NHS has forecast it needs to maintain its response through the autumn and winter period.

Our focus has been on managing and mitigating against the five harms associated with Coronavirus, both direct and indirect.



We know the pandemic has had implications for people who need to access care in a range of different settings and for different purposes. People waiting for planned treatments have been impacted in particular, and as noted above, we have allocated £240million of the additional funding this year to support and accelerate the recovery of these services. This should start to ensure people have their assessment and treatment as quickly as possible.

Investment of £25million on a recurrent basis is supporting improvement in urgent and emergency care services. Our focus is on delivering the right care in the right place, first time through 'six goals' for the health and care system. This funding is being targeted at expansion of same day emergency care services and innovative service developments such as urgent primary care centres. These developments will allow people with urgent or emergency care needs to be seen and treated rapidly, reducing the need for emergency hospital stays.

Maintaining social care resilience

A suite of financial support has been provided to the social care sector including over £185m to date to the adult social care sector to meet general pandemic costs and to help offset the additional pressures arising from unfunded voids in residential care through the Local Government Hardship Fund.

Additionally, the Deputy Minister for Social Services published the Social Care Recovery Framework in July 2021. This set out the Welsh Government's priorities for social care recovery in Wales with a clear focus on the immediate recovery priorities

that needed to be addressed with urgency. To support implementation of the Framework, the Deputy Minister for Social Services further announced a £40m recovery fund for social care. The purpose of the grant is to support appropriate recovery of social care services in local authority areas across Wales, aligning with the priority areas set out in the Social Care Recovery Framework, and with any wider recovery plans developed by the local authority and relevant Regional Partnership Boards. Initial spending plans are due from local authorities in October and a recovery plan by the end of December.

In order to minimise the risk of harm to our care home residents and to ensure the stability of the sector, we have provided financial support for care homes alongside the development of a range of guidance with Public Health Wales to protect these settings in which some of our most vulnerable people live. Guidance has included infection prevention and control measures in care homes and guidance on safe discharge from hospital services.

Promoting recovery, independence and getting people safely home are key priorities and we have allocated funding to support the implementation of discharge to recover and assess pathways through Regional Partnership Boards.

Increased demand for domiciliary care has been observed in recent months and this is projected to continue into spring 2022. We continue to support our domiciliary care sector through financial measures and support for the development of training to attract new staff to work in home care.

Our commitment to our health and social care workforce and services is embedded in our Programme for Government and our immediate focus is on the key priorities to help us move safely through winter and into spring 2022 in a more resilient state.

Through the Integrated Care Fund and the Transformation Fund, we continue to invest in a range of services that seek to reduce the need for hospital admissions for frail older people and to support people to live independently. This includes rehabilitation and reablement services, rapid discharge support, dementia care, falls prevention, amongst others.

Through regular weekly meetings between the Minister for Health and Social Services and local authorities and health boards we will be delivering a package of support to attempt to stem the numbers of people entering hospital and speed up the discharge of patients from hospital freeing up spaces so that we can see a better flow through our hospital systems.

PRINCIPLES

The core principles underlying this plan are to focus on safety first, prioritising care for people with the greatest need and ensuring the balance of risk across all of the five harms is considered.

Harm from COVID itself:

- Maintain infection prevention and control measures to keep you safe
- Protect the public through delivery of COVID booster, and Test Trace Protect

Harm from an overwhelmed health and social care system:

- Protect the public through flu vaccination
- Utilise hospital care only for those in need of hospital care
- Ensure urgent and emergency care services are there for those who need them
- Ensuring social care has the resources to support care delivery

Harm from reduced non-COVID activity:

- Maintain essential services across primary, community and secondary care
- Protect cancer services to maintain lifesaving diagnosis and treatment
- Maintain planned care where it is safe to do so
- Protect children's services maintaining them throughout winter

Harm from wider societal actions/ lockdown:

- Ensure mental health crisis services are available
- Maximise the available mental and emotional wellbeing support services
- Keep people informed through a Winter Communications Plan

Harm from new or existing inequalities:

- Ensure vulnerable groups are prioritised for COVID-19 and flu vaccination

OUR PRIORITIES FOR WINTER 2021-22

1 Protecting us from COVID-19

The success of the COVID-19 vaccination programme has provided vital protection which has allowed our society much-needed freedoms and supported the re-opening of our economy but the shadow of the pandemic remains over us as we move into winter. We have seen rising infections rates and increased hospitalisations associated with the Coronavirus. Thankfully, this is not to the extent we experienced earlier this year, however this continues to impact on our NHS service capacity and we remain vigilant in our monitoring. The Coronavirus Control Plan and the Public Health Response to Respiratory Illness Winter 2021 set out the approach to managing COVID-19 during the winter and should be read alongside this plan.

1.1 Monitoring and Modelling

Through ongoing monitoring and modelling of the rates of infection and hospitalisations and tracking the risks related to the emergence of new variants plus active infection prevention and control measures in our health and social care settings, we will continue to manage the risks related to Coronavirus. Modelling is an essential activity at both a national and local level that enables decisions to be made about service capacity and the best use of staff.

1.2 COVID-19 Vaccination Programme

The vaccination programme is ongoing and remains one of the most effective ways to protect people from Coronavirus. Delivery of the vaccination is in line with the advice of the Joint Committee on Vaccines and Immunisation and Chief Medical Officers. The current priority groups for vaccination are:

- Individuals who are severely immunosuppressed and require a third primary dose of the vaccination to mount the best defence possible;
- Children and young people over 12 years old who have specified underlying health conditions who are offered a two-dose primary vaccination schedule;
- All other children and young people over 12 years with no underlying health conditions will be offered a one-dose primary vaccination schedule.
- Vulnerable Individuals, those over 50 years old and front line health and social care workers who received vaccination in Phase 1 of the Covid-19 vaccination programme (priority groups 1-9) will be offered a Covid-19 booster vaccine, no earlier than six months after their second primary dose.

Individuals who have not yet taken up the offer of vaccination will continue to be offered the vaccine to protect themselves and others and there will be a continued focus on ensuring the vaccine is offered to pregnant women.

1.3 Test Trace and Protect

Our Test Trace Protect (TTP) service has played an essential role in helping to control the spread of coronavirus. Modelling undertaken for our Technical Advisory Group (TAG) indicated that TTP has been effective in limiting transmission and is more effective the lower the levels of the virus circulating (as more people can be contacted and traced).

Testing has merits in its own right as it supports the isolation of positive cases. Isolating as many positive cases as possible remains an important and proportionate response to the pandemic.

TTP is a crucial mitigation, which is why we have retained a legal duty for people to self-isolate if they test positive for COVID-19 or if they are unvaccinated and notified as a close contact. TTP has evolved during the pandemic and will need to evolve further to reflect the changed balance of harms as a result of the vaccination roll out, and the reduction in hospitalisations and adverse outcomes. Isolation on symptoms and maintaining isolation following a positive lateral flow or PCR test continues to be an important means of reducing case rates and the spread of the virus, which in turn helps to reduce the harms associated with Covid-19 and pressure on the NHS.

We have around 2,000 people working in our TTP system who have recently been contacting around 20,000 people per week. As rates remain high, and the system may become overwhelmed, we may need to focus our TTP measures on those who are most vulnerable if they are to contract the virus.

1.4 Infection Prevention and Control

Bespoke infection prevention and control guidance was developed during the first phase of the pandemic for both health and care environments and this continues to be reviewed as the situation evolves. Safety is at the heart of all our work and our health and social care settings need to maintain practices to prevent the spread of infection, including segregation of services for COVID, suspected COVID and non-COVID patients and social distancing. This continues to impact on service capacity in our health and social care settings and also affects the balance of remote and face-to-face consultations. However, when people need a face-to-face consultation this continues to be provided.

2 Keeping people well

The risks and impact of respiratory illnesses in winter are well known. This winter health and social care organisations will need to prepare for potentially higher levels of influenza circulating, along with other seasonal causes of respiratory infections, given the low levels recorded throughout 2020-21 which impact on our population's natural immunity levels.

Modelling carried out for the Academy of Medical Sciences and for the Joint Committee on Vaccinations and Immunisations has suggested that this winter's flu and respiratory syncytial virus (RSV) season may lead to pressures that are greater than would be expected if there had been a normal RSV/flu season last winter, and possibly at a different time of year than usual. So far flu activity has been very low but the RSV season has started earlier than usual and is causing pressure in terms of children being admitted to hospital with bronchiolitis. There is some evidence around the impact of being infected with flu and COVID-19 at the same time that hospital lengths of stay are longer and the risk of death is greater.

2.1 Self-care

There are things we can all do to improve our general health and wellbeing, and these are especially important during the winter months. Keeping active, eating healthily, limiting our alcohol intake and quitting smoking are all ways in which we can improve our health as a nation and keep the pressure off NHS services.

Taking up the offer of vaccination is another step people can take to look after themselves and others along with keeping a supply of medication at home and accessing support from local pharmacies through the Common Ailments Scheme. Using the most appropriate service means our emergency care services have more capacity to treat patients with life threatening conditions.

It is also important to look after our mental wellbeing. There is help and support available for those wanting to live a healthier lifestyle, and no better time to make these changes. [111 NHS Wales - Live Well](#)

2.2 Seasonal influenza

Alongside the COVID-19 vaccination programme our healthcare teams are delivering the seasonal influenza (flu) vaccination programme as a preventive measure for at risk groups (e.g. people with clinical conditions) and for our health and social care workforce. The JCVI has advised that co-administration of flu and COVID-19 vaccines is safe and should be considered where this would lead to increased efficiency. All groups eligible for the flu vaccination are able to get their vaccination at any time during the flu vaccination programme whereas the COVID-19 booster is phased to be provided to people considered to be most vulnerable first. Where practicable, delivering both vaccines simultaneously will be considered. Last winter, uptake of influenza vaccination was the highest ever recorded in Wales and we want

to ensure an even greater uptake this year with the focus on priority groups who are most at risk of catching flu and suffering severe outcomes, or who are at higher risk of infecting other people. This is essential to protect the health of our population and to minimise the need for hospitalisation at a time when services will be seeing higher demand.

The priority groups for 2021-22 are as follows:

- children aged two or three years on 31 August 2021
- children in primary school from reception class to Year 6 (inclusive)
- children in secondary school Year 7 to Year 11 (inclusive)
- people aged 50 years and older (age on 31 March 2022)
- people aged six months to less than 50 years in clinical risk groups. This year we are extending the offer to those aged 16 years on 31 August who are morbidly obese, in line with guidance on the COVID vaccination programme
- pregnant women
- carers
- people of all ages with any level of learning disability
- all adults resident in Welsh prisons
- healthcare workers (including healthcare students) with direct patient contact
- staff in nursing homes and care homes with regular client contact
- staff providing domiciliary care.

2.3 Respiratory conditions

Alongside vaccination, services that support people with respiratory conditions to remain well, play a vital role in our winter programme. Our primary and community care teams play an important role in the identification and management of respiratory conditions and primary care teams are working hard to provide patients with reviews and advice to help them to manage their condition. Our services must also be able to respond when people find their condition worsening and to provide people with support as close to home as possible and reduce the need for people to attend at hospital to receive care.

2.4 Long-term conditions

We will strengthen and increase the capacity of our multi-professional health and carer community services to support people to stay well at home and return home from hospital to continue their rehabilitation and recovery at home.

£1m funding has been allocated for the provision of community health checks for people with long-term health conditions this winter. These health checks are an important safety mechanism for identifying change in people's conditions and ensuring that people receive the care and support required to keep them well.

3 Maintaining safe health services

Patient safety must be at the forefront of all healthcare planning and at times of pressure this may mean having to make difficult choices to prioritise services to ensure that services are delivered to those in greatest need and at the greatest risk of harm, if not treated.

The *Local Options Framework* which was issued in December 2020 to support health organisations in Wales in making decisions during periods of peak COVID-19 demand has been revised and re-issued during October 2021 to provide an updated framework for winter 2021-22. This framework recognises that at times of peak pressure resulting from the ongoing pandemic impacts alongside winter demand for services there may need to be difficult decisions to pause some planned services to maintain the safety of services for those patients who have the most urgent need for care.

Given the nature and the scale of challenges we expect to experience this winter, we anticipate that NHS organisations will constantly be reprioritising over the period to maximise the use of available resources, whether that be the workforce or hospital beds, to respond to the pressures and to care for those in greatest need. Our focus on patient and system safety will be critical, and with the need to respond quickly to any escalation, taking clinical advice on action and response priorities.

Our health and social care services have been under prolonged pressure since the beginning of the Coronavirus pandemic. However, during this time there has been swift and significant transformation in our services which continue to evolve to meet the challenges we face. We expect organisations to continue to adopt digital ways of working at scale to support health care processes.

The resilience of our services to be able to deliver safe and high quality patient care this winter is our key priority. However, to achieve this it is vital that our services continue their work towards sustainable service models alongside immediate actions for the winter period.

Keeping our population safe by delivering high-quality, timely, safe services is our priority. Our services need to respond to the needs of patients for urgent and emergency care and this can place our planned care services under pressure.

Equally, being able to access planned care, from appointments with our primary care teams through direct access to assessment, diagnosis and treatment by our community and hospital-based services is fundamental to maintaining and restoring health and contributes to maintaining the ability of our services to meet the needs of patients who need urgent or emergency treatment.

This year, alongside ongoing COVID-19 we are planning for potentially higher levels of other respiratory conditions and thanks to modelling our NHS is preparing to optimise capacity to meet these needs.

Our priorities for our health services for winter 2021-22 are set out below.

3.1 Health inequalities and vulnerable groups

As a Government we are committed to reducing health inequalities and to achieve a fairer Wales in every aspect of our society. We have underpinned this by landmark legislation such as the Wellbeing of Future Generations (Wales) Act.

COVID-19 has brought this focus further to the fore as we know that people from Black, Asian and Minority Ethnic backgrounds, vulnerable groups and poorer communities have been disproportionately affected by Coronavirus. We have focused our efforts on recovery of planned services on the basis of risk of harm and benefit of treatment and need to ensure that vulnerable groups are supported to access the treatment that they require. Ethical considerations are a fundamental part of our decision making to ensure fairness and equity.

As part of our winter response, we are developing a Cold Weather Resilience Plan to support vulnerable and low income householders at risk of avoidable ill health caused by living in a cold home.

3.2 Mental health and wellbeing

It is important to ensure parity between physical and mental health conditions, and mental health services – for children, adults and older adults – must remain accessible to those in need of support. We are also working with the NHS and wider partners to increase service capacity so that we can meet current and expected increases in mental health demand.

Our response to the mental health impact of the pandemic will continue to be focused on three key areas:

- Maintaining mental health services as ‘essential’ services and responding to immediate mental health needs;
- Strengthening protective factors and reducing the socioeconomic impacts of the pandemic on mental health and wellbeing, recognising that many of the levers for mental health protection and prevention sit outside of the health system.
- Supporting the NHS to meet the changing mental health needs in their areas and ensuring mental health services can stabilise and recover for the long term.

In addition to more than £727m that is invested annually in mental health we invested a further £42m for mental health services in 2021/22. This has been allocated to support the delivery of the priorities set out in the Mental Health Delivery Plan 2019-22 which was refreshed in response to COVID-19 and published in October 2020. Our priorities in this plan include: children and young people’s mental health, improving all age crisis services, perinatal mental health, eating disorders, improvements to open access/tier 0 support and access to psychological therapies.

Key actions are:

- Health board plans need to demonstrate how resources will support these areas and – in line with the Ministerial Priorities for NHS Wales letter of 9 July

- how there is a greater focus on prevention and earlier intervention in mental health services for adults and children.
- Regional Partnership Boards should continue to focus on the implementation of the NEST/NYTH² planning framework by 31 March 2022. The framework will support Regional Partnership Boards to focus their plans for local services and ensure a 'whole system' approach for developing mental health, well-being and support services for children, young people and their wider families across Wales.
- The extension and evaluation of support services provided by St John's Ambulance Cymru. A trial of support vehicles for people who have experienced mental health crisis and need rapid transport to the right setting for further assessment or care has delivered 400 journeys since implementation in February 2021 without the need for an emergency ambulance. This project has been expanded from south West Wales to the rest of Wales from September 2021. This service will be evaluated and if it improves patient experience and outcomes then this, or a similar service, will be procured and placed on a sustainable footing from 2022.
- Each health board should have in place a 24/7 mental health single point of contact. This will offer triage, assessment, support and signposting those with an emotional or mental health need. The service will be staffed by trained and compassionate mental health professionals. Although this service will focus on promoting self-resilience and health coaching it will also offer brief interventions and, if necessary, access to secondary mental health services.

3.3 Primary and Community Care Services

Primary and community care services provided by local general practices, pharmacists, dentists and optometrists and the wider community team such as district nurses, health visitors and physiotherapists that support patients locally are a vital part of our response this winter. These services enable people to stay well, to undertake self-care both for minor ailments and for long-term conditions and provide direct care. £1m has been targeted at increasing capacity to provide routine reviews for people living with long-term conditions.

It is essential to support the resilience of primary and community services that are under pressure as well as to use these services to best effect to ensure that people are able to access the advice and care they need, as quickly as possible and in the right place.

Key actions are:

- Providing support to patients with respiratory illness, including routine reviews and actions to support self-care.
- Ensuring the availability of primary and community care services for patients with long-term conditions and people who require immediate assessment, including routine reviews for patients with long-term health conditions.

² Nurturing Empowering Safe Trusted/ NYTH: Rhoi Nerth Ymddiried Tyfu'n Ddiogel Hybu

- Ensuring that patients are able to access primary care when they need it. This may be through a virtual appointment or face-to-face, according to need.
- Introduction of an escalation framework to support general practice to consistently report and monitor pressures within the system and mitigating actions to address the risks
- Through the autumn and winter period maintain a range of contractual relaxations intended to alleviate the increased demand on community pharmacies that were introduced during the COVID-19 pandemic.
- Ensuring the robust use of community teams that provide both planned and urgent care:
 - Progressing the roll out of e-scheduling for community nursing teams.
 - Ensuring the 'virtual wards' and community resource teams have appropriate range and number of allied health professionals embedded.
 - Integrating community reablement and rehabilitation, falls teams, children's and older people's mental health and mental health and learning disabilities teams.
- Continuing work undertaken by the Locum Hub and GP Wales work to support recruitment.
- We will continue to incentivise GP practices to improve access for patients, and encouraging alternatives to booking appointments via an 8am telephone appointment rush. We will also promote training for practice receptionists to triage effectively, and encourage use of alternatives to GP practices which are already experiencing a significant increase in demand, currently seeing more patients than ever seen before.

3.4 Post-COVID syndrome (Long COVID)

Every health board has in place a range of services in line with the NICE guidance and the All Wales pathway, which provide personalised assessment and treatment as close to home as possible. These services ensure timely access to assessment, rehabilitation, diagnostics and specialist care to meet the needs of people experiencing the longer term impacts of covid-19 and must be maintained during winter 2021-22.

We are evaluating and reviewing our ADFERIAD programme for post-COVID syndrome and ongoing symptomatic COVID-19. This review will complete early in 2022 and will take account of new information available to us.

3.5 Children and young people's services

We know that that the wider effects of COVID-19 have had a significant impact on children and young people's lives and their well-being. Nationally, there has been significant work to understand this impact and the actions we need to take to protect and safeguard the rights of children and young people. We know that we need to take action to ensure services are available to meet the wider health and care needs of children and young people.

This year we are expecting higher than usual numbers of young children to be affected by respiratory syncytial virus (RSV) as seen in other parts of the world and our services need to be able to respond to this increased demand. This includes paediatric critical care and acute hospital services.

Key actions are:

- Continuing to ensure community children's nursing services (e.g. health visiting and school health nursing) provide vital services to children and young people.
- Ensuring there is capacity in our paediatric services in hospital to provide care for children with RSV during forecast peaks in demand.
- Continuing to work with social services colleagues so that children and young people in care are properly supported and that children's rights and best interests are at the core of our work.

3.6 Essential services

Essential services must be maintained throughout the pandemic and these requirements have been set out at: [Health in Wales | COVID-19 Essential Services Guidance](#). This framework is designed to support clinical decision-making in relation to the assessment and treatment of individual patients. The ultimate aim is to ensure harm is minimised from any short-term reduction in non-COVID activity. It includes the management of emergency health conditions and acute presentations that require time-sensitive intervention, such as cancer investigation and treatment, as well as cardiac and stroke services. Organisations should seek to maintain these services during the winter and any suspension of services should be made in line with the Choices Framework. In particular, health boards and trusts will need to continue to respond to the planning assumption set in the Quality Statement for Cancer to recover the pre-pandemic waiting list volume.

Key actions are:

- Continuing to maintain a focus on delivering essential services including cancer diagnosis and treatment, stroke and cardiac services;
- Continuing our diagnostic and screening programmes.

3.7 Planned care

The impact of the pandemic on planned care has been significant, resulting in a backlog of patients waiting for planned treatments. Because of the increased waiting time for treatment, there is a risk of conditions/illnesses getting worse and people may be seeking additional support from urgent or emergency care services. We are acutely aware of the pain that many are suffering as they wait for their treatment.

We have made investment of £240m to accelerate planned care recovery during 2021. As a result of this investment, activity levels (treatment by operations and outpatient appointments) have increased over recent months and in September

2021, elective activity was around 77% of what it was in September 2019 but 150% of the level of activity in September 2020.

There has been a significant increase in the number of people waiting for planned care, and it is important to manage expectations. The Welsh Government has been clear that it will take the whole Senedd term to clear the backlog. It will also be difficult to start eating into the backlog during the winter period and therefore we are likely to see record numbers of people waiting for treatment month after month until the winter pressures recede.

Recognising the challenge of delivering essential services, including emergency and urgent care alongside planned care, in a constrained environment with the infection prevention and control processes needed to keep patients safe, delivery of planned treatments based on risk assessed prioritisation will be required. This will ensure that people at the greatest risk of harm receive their treatment first.

Because the constraints in our system mean that people are waiting longer than we would like for their planned treatment, it is important that there are services available to actively support people while they wait for specific planned treatment.

Through a national clinical programme, Welsh Government and the NHS have been exploring and implementing new ways of working to deliver services. This work accelerated during the early waves of the pandemic and includes:

- Supporting primary care teams to provide care locally through specialist advice, meaning that people do not have to wait for a review in outpatient clinics.
- Services moving into primary care/ community settings, for example ongoing eye care provided by optometrists in the high street.
- Implementing phone and video consultation for patients who don't need a consultation in-person to have their outpatient review.
- NHS organisations have been working with patients to empower them to manage their condition and to seek support when they need it rather than wait for a review appointment to be scheduled. This system call "see on symptom" has shown that 90-95% of patients don't need to have a review.

Key actions are:

- Maintenance of planned care services throughout winter;
- Work to increase levels of activity in planned care;
- Targeted action in cancer, eye care, and dermatology services and;
- Keeping in touch with patients who are waiting for planned treatments and ensuring delivery of pain relief support and advice on public health so that when they are called for their treatment they can be more confident of a better outcome.. There is national guidance on how people can be supported to keep well on NHS 111 website [111 NHS Wales - Live Well.](#)

- Local health boards must maintain contact with patients who are waiting for planned treatments to ensure that any changes in condition are identified and managed.

We will be setting out our longer term strategies for tackling the backlog at the planned care summit in November 2021 including the development of COVID light regional hubs for some settings.

3.8 Urgent and emergency care

The six goals for urgent and emergency care set out actions for health and social care systems to implement to ensure patients are able to access the right care in the right place, first time.

While the six goals set out a longer-term ambition there are many actions which will deliver improvements that will support the resilience of services to meet patients' needs during winter.

Key actions are:

- National roll out of NHS 111 Wales and implementation of Health board 'second point of access' services to ensure patients are signposted to the right service, first time.
- A robust and updated directory of services at Health board level.
- Action by the Emergency Ambulance Services Committee and Welsh Ambulance Services NHS Trust (WAST) along with additional support from the military to increase capacity to respond to patients who are seriously ill or injured.
- Health boards to work with WAST to achieve a safe reduction in conveyance of people by ambulance to Emergency Departments. This should include an increased focus on management of patients through specialty advice and guidance lines and through review of 999 patients by Health board clinicians with intent to safely reduce transport to hospital or to bypass the Emergency Department.
- An increased focus on safe and timely ambulance patient handover and the triage of patients in Emergency Departments.
- Accelerate delivery of services that provide safe alternatives to admission to hospital. This will include:
 - Increasing the numbers of paramedics in ambulance clinical contact centres;
 - Providing direct access and early intervention Allied Health Professional services to pre-empt crises and maximise place-based care and rehabilitation
 - Establishing and expanding robust same day emergency care services so that patients are assessed, receive diagnosis and start treatment on the same day, resulting in improved patient experience and outcomes and reducing unplanned hospital admissions.
 - Implementing multi-professional urgent primary care centres/services across Wales to deliver urgent care services as close to home as possible.

- Implementing single points of contact for mental health referrals via 111 for adults and children and explore alternatives to admission for young people in crisis.
- Ensuring we have sufficient acute hospital and critical care capacity when there are peaks in demands through creating surge capacity.
- Embedding discharge to recover then assess pathways to support patients to return home or receive support in a care home to recover following a hospital stay prior to confirming their ongoing care and accommodation needs.
- Reducing the numbers of people who spend long periods (over 21 days) in hospital beds before returning to their communities.

4 Maintaining our social care services

Social care services support people with care and support needs and their families to live and stay well, as close to home as possible. Working closely with community health and third sector partners, social care services play a key role in ensuring people are able to focus on 'what matters to them' and live as independently as possible. Having good social care services in place to support people and their carers can help to prevent escalation of care needs and the need for hospital care.

However the social care sector is currently facing unprecedented challenges brought into sharp focus as a result of the pandemic and Brexit. At a time of increased demand for services and increasingly complex care needs, the workforce is exhausted and as a result we have seen a social care workers leave the sector and significant difficulties in recruiting new staff. Unpaid carers are also exhausted and in need of additional support to continue in their valuable caring role.

Local Authorities have particularly highlighted the increased pressures in relation to higher demand, costs and increasingly complex needs for care experienced children and young people. There is also an increase in children being admitted to hospital due to mental health issues who require ongoing, integrated support in the community and 68% of local authorities are now reporting an increase in safeguarding contacts compare to levels expected at this time of year.

Investment to support preventative action and help families stay safely together alongside resources to secure good quality, stable placements closer to home will be important measures to help ensure children and young people are supported and have their needs met.

We have recently announced the continuation of the Adult Social Care component of the Hardship Fund and commensurate funding for local health boards, to provide ongoing support to the adult social care sector as they respond to the pandemic, including collaborative working between social care, and both hospital based and community health Allied Health Professional services.

We will continue to support care homes and domiciliary care providers with updated guidance and maintain close communication with sector partners.

The third sector continue to be valuable partners in our planning and response to system pressures and building on the excellent partnership forged with the sector and communities during the pandemic it is essential we continue to nurture and grow that partnership to help us embed preventative community solutions.

Linked with this making stronger connections across community, social care and primary care services is essential to use maximising our collective resources and ensuring people have their needs met in the right place, at the right time, as early as possible.

We are providing continued support for interventions to attract and retain staff in the social care sector. We undertook an advertising and media campaign in August/September and are continuing with a blend of TV/radio advertising and a range of other promotional work to drive recruitment. We are doing this in collaboration with Social Care Wales.

We have provided additional funding to Social Care Wales to enable national availability to a 3 day introductory training programme for social care. This introduces people to the basics of social care and provides wrap around support to encourage people into employment in the sector. Our additional investment also provides considerable more resource for Social Care Wales to work with employability partners and through new and existing networks to undertake targeted recruitment exercises and have available resource to support local and regional initiatives. The Social Care Fair Work Forum will make recommendations to ministers in October about the government's commitment to paying the Real Living Wage for social care workers. A package of well-being services is also available through Social Care Wales's website. Access to an employee assistance service is also in place.

While some of the solutions for securing a sustainable and effective social care system are longer term, there are some key actions that we will prioritise this winter.

To support delivery of this winter plan Ministers have committed a financial package of an additional £42.72 million to ensure swift action across the sector.

Key actions for winter 2021-22 include:

- Supporting our social care workforce and keeping them safe, including continuing to provide free PPE to the social care workforce
- Supporting the resilience of our care homes and to facilitate people being discharged safely from hospital.
- Supporting the resilience of the domiciliary care sector.
- Continuing an advertising and promotional campaign to support recruitment of social care workers (£350,000)
- Providing additional finance and support to unpaid carers to help support them in their important role and avoid carer breakdown (£5.77m)

- Providing additional investment in third sector early intervention and prevention services to help build community capacity and recreate some of the critical support provided by this sector during the earlier stages of the pandemic. (£3.8m)
- Working through Regional Partnership Boards to create integrated, community-based health and social care responses for people with care and support needs. (£9.8m).
- In line with the Primary Care Model for Wales work across organisational boundaries to develop pathways and frameworks of opportunities that will impact on the current operational pressures, build resilience for winter and maximise all the assets in a community across cluster or pan cluster footprints (£2m).
- Provide additional resources to Children services to support preventative action that will help families stay safely together and where necessary secure good quality, stable placements for those children with more complex needs, closer to home. (£21m)

5 Supporting our health and social Care workforce

Our health and social care workforce have worked tirelessly to deliver services throughout the pandemic and we are grateful for their huge efforts during this time. Following such a protracted period of significant pressure, and the critical contribution the workforce will play in responding to our winter plans, we recognise that we must maintain a strong focus on supporting our workforce and keeping them safe and well.

It is vital that there is co-ordination of workforce plans to avoid duplication of effort and minimise any gaps, making the best use of our valuable human resources.

Partnership working between teams and organisations will enable the best deployment of staff for the benefit of the people who need services.

Key actions are:

- Engaging clinicians in development of the winter plan and work in social partnership through local mechanisms to engage, involve and inform the wider workforce in plans
- Continuing to focus on the wellbeing of our workforce and supporting their physical and mental health. In particular, using the COVID Risk Assessment Tool implementing mitigations where necessary, encouraging the use of the [wellbeing tool – put in link] to signpost individuals to the resources available locally and nationally to support them’
- Encouraging all frontline workforce to take up both COVID booster and flu vaccines to protect their own health and those they care for.
- Ensure that workforce plans for health do not have a negative impact on the supply of workforce in social care by considering joint plans for recruitment and flexible deployment of staff across health and social care to deliver shared objectives of care closer to home and enabling ‘flow’ through hospitals linked to discharge to recover and assess and bolster community services.

Despite the focus on winter, we also need to maintain our focus on our more strategic approach to ensure that we take the right steps now to develop and deploy a sustainable workforce for the future. This direction is set out in our 10-year workforce strategy, 'A Healthier Wales: Our Workforce Strategy for Health and Social Care', which was developed jointly by Health Education and Improvement Wales (HEIW) and Social Care Wales and organisations should be working to operationalise the priorities set out in the strategy using the opportunities to deliver 'once for Wales' where this is the most effective approach.

6 Supporting unpaid carers

As well as the paid health and social care workforce, it is essential that we support unpaid carers in Wales who continue to provide the majority of caring in the home. Whether caring for family members, friends or neighbours who have a long term care and support need, unpaid carers may need support to look after their own health and wellbeing. Unpaid carers must also be able to access their legal right to a carers' needs assessment, and have their own eligible needs for care and support met. This helps ensure carers avoid reaching a crisis point, or becoming ill themselves.

To help unpaid carers cope during the pandemic in this financial year, Welsh Government has allocated £3million to local authorities, to provide more opportunities for carers to take a break and an additional £1million to the Carers Support Fund which targets unpaid carers experiencing financial hardship.

Welsh Government continues to fund national carers' organisations through the Third Sector Social Services Grant Scheme 2020-23, so they can provide a range of support and information services and we are providing £1m to local health boards and their carer partnerships to target and adapt projects supporting carers of all.

7 Keeping everyone informed

Throughout the pandemic, Welsh Government communications have been consistently clear and well received, with our messaging shared by partners across the country to provide consistent advice and guidance.

The Keep Wales Safe campaign will continue throughout the autumn / winter, aimed at encouraging the behaviours required to stop further spread and harm from COVID-19 and other respiratory infections. These include promotion of the vaccine programme, testing and self-isolation, and the personal behaviours required of people, as outlined in the COVID Code.

The Help Us Help You campaign will also increase activity during autumn / winter. The campaign covers access to the NHS in Wales, self-care, and wellbeing. The campaign will continue to promote appropriate ways to access NHS services, as well

as encouraging people to take action to look after their mental and physical wellbeing. Self-care will be an important focus during this campaign phase and include promotion of the common ailments scheme in community pharmacies.

Both campaigns will consist of high profile paid-for advertising and media relations, as well as amplification through trusted voices such as influencers and partners.

Stakeholders will also be supported with toolkits and resources to promote local services / support at a local level whilst supporting the national messages.

Public messaging is important so that people know which service is the right one to meet their needs, in particular when there is an urgent need. In primary care, our pharmacies, optometrists, dentists and our primary care teams all provide vital services in addition to the emergency departments and minor illness and injuries units in our hospitals. The rapid change during the early phases of the pandemic led to new service delivery models in which people can receive support from primary care through alternative mechanisms, including telephone and video call, to maintain services in a safe and efficient way.

It is also more vital than ever that everyone takes responsibility for their general health and well-being in order to stay well and reduce the pressure on the NHS.

As part of the wider Help Us Help you campaign, we will promote 'Small steps to a healthier Wales' which will offer ideas to encourage small lifestyle changes and signpost people to the support available. The campaign will include a range of channels including online advertising, print media, pharmacy bag adverts, and displays and videos at GP surgeries and vaccination centres this winter. We will use our partners to ensure these messages are also widely distributed through social media.

We will continue to keep our visiting guidance for care home providers updated in line with alert levels, to ensure people can continue to see their loved ones safely over the winter. This will include bespoke information for people living and working in care homes, and visitors.

8 Working together across Wales

Building on the excellent partnership work that underpinned our response to COVID 19, health and social care organisations will need to continue to work collaboratively to manage the pressure across the system, recognising that actions in one part of the system have impacts elsewhere on the system.

To this end we ask that regional partnership boards (RPBs) collate a single high level plan for the integrated health and social care response to seasonal pressures this year, in the context of wider partnership working on longer-term transformation and to address system pressures. This plan should bring together new and existing actions of each of the statutory partners as well as the work undertaken through the auspices of the regional partnership board into one place in order to provide a whole system overview of the health and social care response to winter pressures. It

should not duplicate existing plans and include links to these as appropriate. Similarly, monitoring should be through existing channels, with appropriate oversight of progress by the RPB.

Regional Partnership Boards should also consider the additional support available from national organisations and programmes that work across the health and social care sector. This includes Social Care Wales, the Association of Directors of Social Services Cymru, and the Strategic Programme for Primary Care, the NHS Wales Delivery Unit, Care Inspectorate Wales and Health Inspectorate Wales, and Improvement Cymru who have recently launched their five-year strategy document “Achieving Quality and Safety Improvement”.

Siartiau brechu rhag Coronafeirws BIPBC

BCUHB Coronavirus vaccination charts

Mae'r adroddiad hwn yn cynnwys brechiadau a gofnodwyd ar gronfa ddata brechiadau Covid-19 Cymru hyd at ddiwedd:
This report includes vaccinations entered onto the Wales Covid-19 vaccination database up to the end of:

20 October 2021

*Mae niferoedd ar y siartiau hyn yn amodol ar fân addasiadau wrth i fwy o wybodaeth ddod ar gae.
Numbers on these charts are subject to minor adjustment as more information becomes available.*

Dosiau'r brechlyn yn gyffredinol a roddwyd yng Ngogledd Cymru:
Total vaccinations given to people resident or working in North Wales:

1,034,452

Dosiau'r brechlyn yn gyffredinol a roddwyd yng Ngogledd Cymru:
Vaccinations delivered to BCUHB eligible population:

| | | |
|------------|------------|---------|
| Dosau 1af: | 1st Doses: | 535,566 |
| Dosau 2il: | 2nd Doses: | 498,886 |

Cohort Blaenoriaeth 1a
Preswylwyr mewn Cartrefi Gofal Pobl Hŷn
Priority Cohort 1a
Residents in Older Persons Care Homes

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|-----|--|-----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 660 | 646 | 98 | 639 | 97 |
| Sir y Fflint - Flintshire | 520 | 514 | 99 | 507 | 98 |
| Sir Ddinbych - Denbighshire | 687 | 672 | 98 | 669 | 97 |
| Conwy | 797 | 788 | 99 | 775 | 97 |
| Gwynedd | 671 | 660 | 98 | 657 | 98 |
| Ynys Môn | 363 | 362 | 100 | 362 | 100 |
| Eraill - Other | 20 | 19 | 95 | 18 | 90 |
| Total | 3,718 | 3,661 | 98 | 3,627 | 98 |

Cohort Blaenoriaeth 1b
Staff sy'n gweithio mewn Cartrefi Gofal Pobl Hŷn
Priority Cohort 1b
Staff working in Older Persons Care Homes

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 2,208 | 2,059 | 93 | 1,995 | 90 |
| Sir y Fflint - Flintshire | 1,911 | 1,801 | 94 | 1,746 | 91 |
| Sir Ddinbych - Denbighshire | 2,020 | 1,819 | 90 | 1,739 | 86 |
| Conwy | 2,260 | 2,044 | 90 | 1,983 | 88 |
| Gwynedd | 2,600 | 2,387 | 92 | 2,303 | 89 |
| Ynys Môn | 1,086 | 1,005 | 93 | 973 | 90 |
| Eraill - Other | 448 | 361 | 81 | 338 | 75 |
| Total | 12,533 | 11,476 | 92 | 11,077 | 88 |

Cohort Blaenoriaeth 2a
Pawb sy'n 80 oed ac yn hŷn
Priority Cohort 2a
People aged 80 years and over

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 5,877 | 5,710 | 97 | 5,656 | 96 |
| Sir y Fflint - Flintshire | 7,392 | 7,139 | 97 | 7,094 | 96 |
| Sir Ddinbych - Denbighshire | 5,576 | 5,362 | 96 | 5,312 | 95 |
| Conwy | 7,758 | 7,460 | 96 | 7,395 | 95 |
| Gwynedd | 6,311 | 6,066 | 96 | 6,014 | 95 |
| Ynys Môn | 4,131 | 4,017 | 97 | 3,986 | 96 |
| Eraill - Other | 581 | 533 | 92 | 507 | 87 |
| Total | 37,626 | 36,287 | 96 | 35,964 | 96 |

Cohort Blaenoriaeth 2b

Gweithwyr gofal iechyd y rheng flaen

Priority Cohort 2b

Frontline Healthcare workers

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 4,779 | 4,663 | 98 | 4,588 | 96 |
| Sir y Fflint - Flintshire | 3,538 | 3,454 | 98 | 3,387 | 96 |
| Sir Ddinbych - Denbighshire | 4,022 | 3,908 | 97 | 3,820 | 95 |
| Conwy | 4,370 | 4,273 | 98 | 4,199 | 96 |
| Gwynedd | 4,620 | 4,521 | 98 | 4,445 | 96 |
| Ynys Môn | 2,844 | 2,783 | 98 | 2,740 | 96 |
| Eraill - Other | 2,759 | 2,587 | 94 | 2,299 | 83 |
| Total | 26,932 | 26,189 | 97 | 25,478 | 95 |

Cohort Blaenoriaeth 2c

Gweithwyr gofal cymdeithasol y rheng flaen

Priority Cohort 2c

Frontline social care workers

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|-----|--|-----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 1,588 | 1,548 | 97 | 1,524 | 96 |
| Sir y Fflint - Flintshire | 1,474 | 1,462 | 99 | 1,451 | 98 |
| Sir Ddinbych - Denbighshire | 1,291 | 1,283 | 99 | 1,269 | 98 |
| Conwy | 1,977 | 1,970 | 100 | 1,954 | 99 |
| Gwynedd | 1,684 | 1,684 | 100 | 1,675 | 99 |
| Ynys Môn | 910 | 910 | 100 | 909 | 100 |
| Eraill - Other | 568 | 546 | 96 | 517 | 91 |
| Total | 9,492 | 9,403 | 99 | 9,299 | 98 |

Cohort Blaenoriaeth 3

Pawb rhwng 75 a 79 oed

Priority Cohort 3

People aged 75 to 79 years

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 5,045 | 4,931 | 98 | 4,884 | 97 |
| Sir y Fflint - Flintshire | 6,293 | 6,132 | 97 | 6,100 | 97 |
| Sir Ddinbych - Denbighshire | 4,582 | 4,409 | 96 | 4,374 | 95 |
| Conwy | 5,968 | 5,749 | 96 | 5,713 | 96 |
| Gwynedd | 5,077 | 4,916 | 97 | 4,882 | 96 |
| Ynys Môn | 3,553 | 3,456 | 97 | 3,436 | 97 |
| Eraill - Other | 441 | 414 | 94 | 381 | 86 |
| Total | 30,959 | 30,007 | 97 | 29,770 | 96 |

Cohort Blaenoriaeth 4a

Pawb rhwng 70 a 74 oed

Priority Cohort 4a

People aged 70 to 74 years

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 7,079 | 6,840 | 97 | 6,792 | 96 |
| Sir y Fflint - Flintshire | 9,175 | 8,863 | 97 | 8,813 | 96 |
| Sir Ddinbych - Denbighshire | 6,473 | 6,222 | 96 | 6,169 | 95 |
| Conwy | 8,161 | 7,801 | 96 | 7,755 | 95 |
| Gwynedd | 6,889 | 6,651 | 97 | 6,600 | 96 |
| Ynys Môn | 4,809 | 4,659 | 97 | 4,632 | 96 |
| Eraill - Other | 662 | 589 | 89 | 556 | 84 |
| Total | 43,248 | 41,625 | 96 | 41,317 | 96 |

Cohort Blaenoriaeth 4b

Pawb o dan 16-69 oed sy'n hynod agored i niwed am resymau clinigol

Priority Cohort 4b

All those aged under 16-69 yrs who are clinically extremely vulnerable

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 2,597 | 2,386 | 92 | 2,316 | 89 |
| Sir y Fflint - Flintshire | 2,862 | 2,643 | 92 | 2,575 | 90 |
| Sir Ddinbych - Denbighshire | 1,927 | 1,774 | 92 | 1,717 | 89 |
| Conwy | 2,051 | 1,869 | 91 | 1,823 | 89 |
| Gwynedd | 2,163 | 2,006 | 93 | 1,957 | 90 |
| Ynys Môn | 1,418 | 1,329 | 94 | 1,319 | 93 |
| Eraill - Other | 211 | 193 | 91 | 174 | 82 |
| Total | 13,229 | 12,200 | 92 | 11,881 | 90 |

Cohort Blaenoriaeth 5

Pawb sy'n 65 oed ac yn hŷn

Priority Cohort 5

All those aged 65 years and over

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 6,294 | 5,982 | 95 | 5,937 | 94 |
| Sir y Fflint - Flintshire | 7,555 | 7,195 | 95 | 7,132 | 94 |
| Sir Ddinbych - Denbighshire | 5,343 | 5,029 | 94 | 4,975 | 93 |
| Conwy | 6,884 | 6,501 | 94 | 6,436 | 93 |
| Gwynedd | 6,008 | 5,699 | 95 | 5,651 | 94 |
| Ynys Môn | 4,105 | 3,953 | 96 | 3,924 | 96 |
| Eraill - Other | 699 | 652 | 93 | 616 | 88 |
| Total | 36,888 | 35,011 | 95 | 34,671 | 94 |

Cohort Blaenoriaeth 6

Oedolion yn wynebu risg cymedrol o dan 70 oed

Priority Cohort 6

Moderate risk adults under 70 years of age

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 15,811 | 14,186 | 90 | 13,614 | 86 |
| Sir y Fflint - Flintshire | 18,451 | 16,525 | 90 | 15,882 | 86 |
| Sir Ddinbych - Denbighshire | 11,413 | 9,915 | 87 | 9,498 | 83 |
| Conwy | 12,645 | 11,182 | 88 | 10,757 | 85 |
| Gwynedd | 12,656 | 11,455 | 91 | 11,061 | 87 |
| Ynys Môn | 7,915 | 7,224 | 91 | 6,990 | 88 |
| Eraill - Other | 1,284 | 1,159 | 90 | 1,080 | 84 |
| Total | 80,175 | 71,646 | 89 | 68,882 | 86 |

Cohort Blaenoriaeth 7

Pawb rhwng 60 - 64 oed

Priority Cohort 7

All those aged 60 - 64 years

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 4,337 | 3,977 | 92 | 3,917 | 90 |
| Sir y Fflint - Flintshire | 5,435 | 4,942 | 91 | 4,868 | 90 |
| Sir Ddinbych - Denbighshire | 3,519 | 3,209 | 91 | 3,163 | 90 |
| Conwy | 4,724 | 4,340 | 92 | 4,277 | 91 |
| Gwynedd | 4,282 | 3,915 | 91 | 3,854 | 90 |
| Ynys Môn | 2,793 | 2,594 | 93 | 2,571 | 92 |
| Eraill - Other | 555 | 463 | 83 | 427 | 77 |
| Total | 25,645 | 23,440 | 91 | 23,077 | 90 |

Cohort Blaenoriaeth 8

Pawb rhwng 55 - 59 oed

Priority Cohort 8

All those aged 55 - 59 years

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 5,632 | 5,022 | 89 | 4,927 | 87 |
| Sir y Fflint - Flintshire | 7,045 | 6,296 | 89 | 6,188 | 88 |
| Sir Ddinbych - Denbighshire | 4,389 | 3,890 | 89 | 3,820 | 87 |
| Conwy | 5,273 | 4,701 | 89 | 4,604 | 87 |
| Gwynedd | 5,007 | 4,497 | 90 | 4,412 | 88 |
| Ynys Môn | 2,974 | 2,684 | 90 | 2,635 | 89 |
| Eraill - Other | 681 | 561 | 82 | 497 | 73 |
| Total | 31,001 | 27,651 | 89 | 27,083 | 87 |

Cohort Blaenoriaeth 9
Pawb rhwng 50 - 54 oed
Priority Cohort 9
All those aged 50 - 54 years

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 7,033 | 6,245 | 89 | 6,108 | 87 |
| Sir y Fflint - Flintshire | 8,445 | 7,544 | 89 | 7,390 | 88 |
| Sir Ddinbych - Denbighshire | 4,823 | 4,232 | 88 | 4,115 | 85 |
| Conwy | 5,751 | 5,062 | 88 | 4,928 | 86 |
| Gwynedd | 5,551 | 4,900 | 88 | 4,775 | 86 |
| Ynys Môn | 3,357 | 3,024 | 90 | 2,952 | 88 |
| Eraill - Other | 726 | 610 | 84 | 554 | 76 |
| Total | 35,686 | 31,617 | 89 | 30,822 | 86 |

Cohort Blaenoriaeth 10a
Pawb rhwng 40 - 49 oed
Priority Cohort 10a
All those aged 40 - 49 years

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 12,005 | 9,613 | 80 | 9,091 | 76 |
| Sir y Fflint - Flintshire | 13,728 | 11,181 | 81 | 10,684 | 78 |
| Sir Ddinbych - Denbighshire | 7,340 | 5,786 | 79 | 5,420 | 74 |
| Conwy | 8,483 | 6,901 | 81 | 6,580 | 78 |
| Gwynedd | 8,892 | 7,012 | 79 | 6,658 | 75 |
| Ynys Môn | 5,123 | 4,145 | 81 | 3,883 | 76 |
| Eraill - Other | 1,242 | 1,009 | 81 | 828 | 67 |
| Total | 56,813 | 45,647 | 80 | 43,144 | 76 |

Cohort Blaenoriaeth 10b
Pawb rhwng 30 - 39 oed
Priority Cohort 10b
All those aged 30 - 39 years

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 14,076 | 10,115 | 72 | 9,222 | 66 |
| Sir y Fflint - Flintshire | 15,622 | 11,315 | 72 | 10,277 | 66 |
| Sir Ddinbych - Denbighshire | 8,065 | 5,677 | 70 | 4,947 | 61 |
| Conwy | 9,510 | 6,936 | 73 | 6,178 | 65 |
| Gwynedd | 10,205 | 7,132 | 70 | 6,510 | 64 |
| Ynys Môn | 5,519 | 4,104 | 74 | 3,757 | 68 |
| Eraill - Other | 1,522 | 1,198 | 79 | 909 | 60 |
| Total | 64,519 | 46,477 | 72 | 41,800 | 65 |

Cohort Blaenoriaeth 10c

Pawb rhwng 18 - 29 oed

Priority Cohort 10c

All those aged 18 - 29 years

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 15,094 | 11,186 | 74 | 9,690 | 64 |
| Sir y Fflint - Flintshire | 17,318 | 13,441 | 78 | 12,145 | 70 |
| Sir Ddinbych - Denbighshire | 10,496 | 7,803 | 74 | 6,733 | 64 |
| Conwy | 11,823 | 9,253 | 78 | 8,220 | 70 |
| Gwynedd | 15,350 | 11,122 | 72 | 9,466 | 62 |
| Ynys Môn | 6,804 | 5,352 | 79 | 4,766 | 70 |
| Eraill - Other | 3,547 | 3,002 | 85 | 1,783 | 50 |
| Total | 80,432 | 61,159 | 76 | 52,803 | 66 |

Cohort Blaenoriaeth 10d

Pawb rhwng 12 - 17 oed

Priority Cohort 10d

All those aged 12 - 17 years

| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|----|--|---|
| ▲ | | | | | |
| Wrecsam - Wrexham | 2,943 | 1,852 | 63 | 117 | 4 |
| Sir y Fflint - Flintshire | 3,327 | 2,077 | 62 | 196 | 6 |
| Sir Ddinbych - Denbighshire | 2,077 | 1,248 | 60 | 94 | 5 |
| Conwy | 2,276 | 1,501 | 66 | 87 | 4 |
| Gwynedd | 2,281 | 1,446 | 63 | 30 | 1 |
| Ynys Môn | 1,339 | 839 | 63 | 10 | 1 |
| Eraill - Other | 152 | 100 | 66 | 12 | 8 |
| Total | 14,395 | 9,063 | 63 | 546 | 4 |

Pawb Arall

All Other People

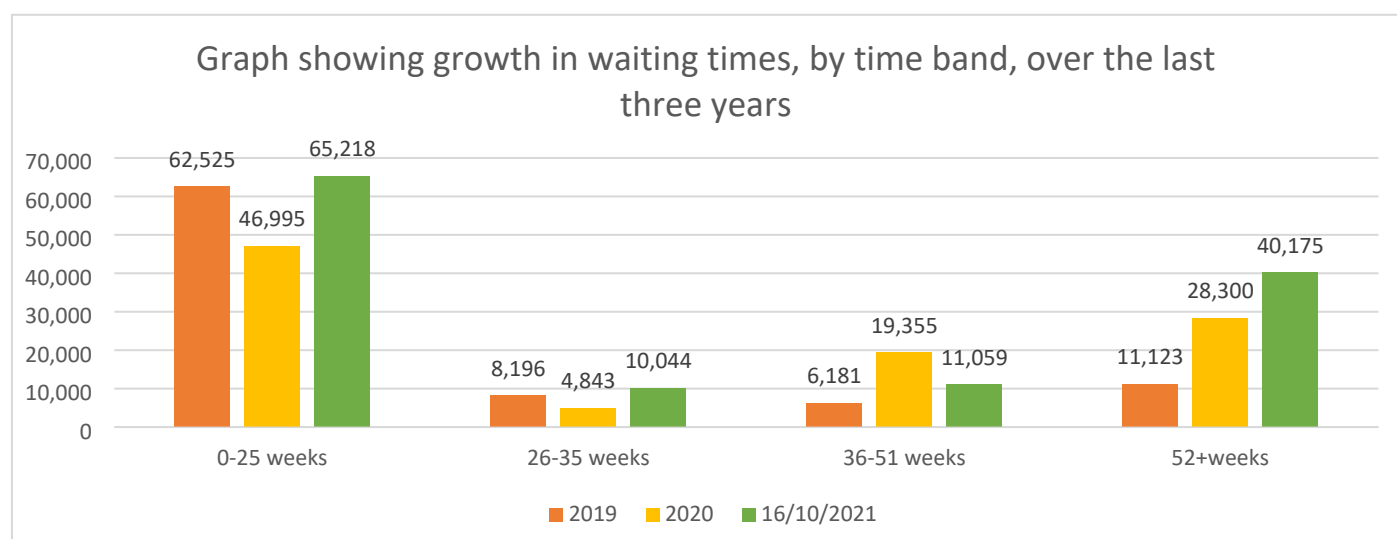
| | Maint presennol y cohort Current Cohort Size | Brechwyd Dos 1af 1st Dose Vaccinated | % | Brechwyd 2il ddos 2nd Dose Vaccinated | % |
|-----------------------------|---|---|-----|--|-----|
| ▲ | | | | | |
| Wrecsam - Wrexham | 11 | 3 | 27 | 2 | 18 |
| Sir y Fflint - Flintshire | 53 | 0 | 0 | 0 | 0 |
| Sir Ddinbych - Denbighshire | 4 | 1 | 25 | 1 | 25 |
| Conwy | 1 | 1 | 100 | 1 | 100 |
| Gwynedd | 14 | 7 | 50 | 5 | 36 |
| Ynys Môn | 6 | 3 | 50 | 2 | 33 |
| Eraill - Other | 70 | 4 | 6 | 2 | 3 |
| Total | 159 | 19 | 12 | 13 | 8 |



| | | | | | | | |
|---|--|---|--|--|---|--|---|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee (PFIG) 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Planned Care Status Report | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Gill Harris Deputy Chief Executive/Director of Nursing and Midwifery | | | | | | |
| Awdur yr Adroddiad Report Author: | Keith Dibble Interim Programme Lead – Planned Care | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Executive Team | | | | | | |
| Atodiadau Appendices: | Appendix 1 – The Six-Point Plan | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| <p>The Committee is asked to</p> <ul style="list-style-type: none"> 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. | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | Y | Er gwybodaeth For Information | Y |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Sefyllfa / Situation: | | | | | | | |
| <p>BCUHB has a significant 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. A recovery plan was devised earlier in 2021 – the Six Point Plan – and this paper is designed to assess progress to date against that document, highlight the continuing risks, and describe the ongoing actions, both for the remainder of the current financial year and also the subsequent 3 to 5 years.</p> | | | | | | | |
| Cefndir / Background: | | | | | | | |
| <p>While the Covid pandemic has effectively led to the relinquishment of the referral to treatment (RTT) target, it is clearly crucial that patients requiring planned treatment, whether surgical or not, are assessed, diagnosed and treated as soon as possible after referral from a GP, and as close to the 95% within 26 weeks target as possible. The Planned Care Recovery Plan (PCRP) was devised to address both the significant historical and the secondary Covid related backlogs, and in so doing was based on a number of assumptions and principles:</p> | | | | | | | |

- The ambition was for volumes of activity to reach 80% of that achieved in the 2019/20 outturn
- Clearance of the backlog had to be achieved at the same time as – and in parallel with – ongoing treatment of new and urgent referrals.
- It was acknowledged that 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 the stretched and tired workforce.
- New and/or different approaches would be required to enhance capacity – e.g. the greater use of the independent sector (out-sourcing) and the use of in sourcing (the employment of external NHS teams to work within BCUHB).
- This would need to include the expansion of initiatives trialled during the pandemic – virtual clinics, PIFU (patient initiated follow-ups), etc. – to reduce demand on the services.
- There would need to be a longer term and sustainable programme of transformation and capacity. This is now being delivered within the work to progress the RTC's (Regional Treatment Centres)

However, the scale of the challenge was and remains immense. The graph below shows the overall backlog as at December 2019, December 2020 and October 2021.



Planned Care cannot be seen in isolation from the Unscheduled Care activity and the continuing impact of the Covid pandemic, both in 2021 and for the foreseeable future. With the expectation of exacerbated winter pressures, progress in reducing the waiting list backlog is being significantly reduced and the continuation of core activity is an on-going challenge.

The work programme has been based on the premise that patients who are at the highest risk of harm from delays in intervention (priority groups 1 & 2, life threatening and some staged cancers) would be treated first. The remaining cases (those included in the P3 and P4 cases) would then be treated in turn. The backlogs from pre-covid and covid was divided into Cohorts, with the objective of treating those patients in Cohort 1 (i.e. those waiting more than 52 weeks as at 31/3/20) by 31/3/22.

An activity plan, including a backlog trajectory, was devised for the financial year and monitored monthly in the first two quarters. It is clear, based on the first six months, that the year-end projection cannot be achieved, and a revision is now being finalised at a speciality level.

The reasons for the revision are explored in the sections below as they are linked to the proposals to mitigate risks and develop sustainable solutions. However, in summary they are as follows:

- An exhausted workforce not wishing to undertake substantial amounts of additional activity (and needing to take annual leave),
- Continued Covid related limitations
- An underlying mis-match between demand and capacity, exacerbated by Covid restrictions.
- Emergency bed pressures
- Slower than anticipated uptake on out-sourcing options
- The need to allow time to engage with clinicians (and address their concerns) to implement in-sourcing widely
- The necessary focus on priority surgery has impacted negatively upon progress on the backlog.

Therefore, the ambition to achieve 80% of the 2019/20 target has not been achieved.

However, BCU saw a substantial fall in cancer referrals during the height of the COVID pandemic, with the potential of undetected and later staged disease. This was similar to the All Wales and UK experience. The referral level has been above the 2019 baseline for the last few months and a simple calculation would suggest that most of the deferred patients have now been referred in (BCU may be around 300 referrals behind the expected cumulative position).

These patients are now being treated, and while the headline standard of treatment within 62 days has fallen, it is still at the upper end of the range across Wales.

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 priority for BCUHB.

Delays in treatment, including cancer care, have significant impacts on the well-being of patients and their families. A delay in cancer care 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.

In essence, having a waiting list of over 145,000 with 43,580 waiting in excess of 52 weeks is simply not acceptable, and strategically, the plan must be delivered to address this situation sustainably.

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. NB There is no single solution to this problem – hence the Six-Point Plan, and the requirement to combine transactional and transformational approaches.

Out-sourcing: To address the understandable reluctance of clinical staff to undertake protracted additional (weekend) activity, plans are progressing to out-source activity to the independent sector. Contracts have already been signed for 100 joint replacements and 400 cataracts per month. The

former arrangement has been in place for three months, and progress has been slower than anticipated, not least due to administrative workload associated with the process. (However, additional resource has now been available to support this.) Plans are also being devised to create a centralised team to support the wider out-sourcing programme, particularly given the volume associated with Ophthalmology and the likely expansion into other specialities. Interviews are being held this month for an operational lead for the programme of work

This approach will also mitigate (but not fully resolve) the issue of bed availability, exemplified recently when inpatient orthopaedic activity had to be suspended in the East due to an increase in emergency admissions.

A contract to undertake 400 cataract procedures per month, initially for the next year, which will make substantial in-roads into the backlog. It is hoped to send the first tranche of patients for treatment by mid-December.

Further work is being undertaken to scope both out-sourcing and in-sourcing support for other specialties such as neuro-rehabilitation and cardiology

In-sourcing: This has not been widely adopted as yet, due to some reluctance based on clinical safety. However, many NHS organisations have (selectively) used this to good effect – e.g. in Endoscopy and Ophthalmology – and it can offer short-medium term relief in terms of numerical reduction of the waiting list, but is not a realistic or financially viable long-term solution.

Validation/risk stratification: Patients on the current waiting list are routinely not assessed until week 26 (from referral from the GP). With the exception of the very urgent and cancer cases, this leaves largely unprioritised waiting list until very late in the day. Ongoing validation is undertaken, particularly on the longest waiters. A systematic review of patients awaiting clinic appointments would bring this validation process forward, and do so at a time when bed availability will be limited – i.e. clinical time, which cannot be used in theatre, could be diverted temporarily into outpatient activity.

Regional Treatment Centre(RTC)(s): This development is not considered in any detail here, as there is a separate programme of work, but this option will provide a sustainable solution in terms of the diagnostic aspect of planned care, as well some of the surgical services, such as orthopaedics and ophthalmology. The development will also involve a review of clinical pathways. Of note however, is the positive indication from Welsh Government that BCUHB should proceed to the next stages of planning. Expressions of interest have been received from a range of providers and the procurement and planning processes will now move forward at pace.

Getting It Right First Time (GIRFT): Work will commence next month in Orthopaedics with the national GIRFT team, and BCUHB is actively involved in the National Programme for that speciality, plus ongoing work in Ophthalmology and planned initiatives in Ear, Nose & Throat (ENT), Dermatology and Urology.

Demand management initiatives: There are a range of initiatives trialled during the height of the pandemic, which now require widespread (although not necessarily universal) implementation. These will include:

- Advice and guidance – by which consultants offer this service so that GPs can manage patients in primary care. Nationally (as in the UK), this has been shown to reduce referrals by 20%.
- Patient Initiated Follow-ups (PIFU) – by which the responsibility for reviewing patients at further clinic appointments is selectively and within strict criteria, passed to individuals to determine. Again, where introduced, demand for follow-ups has reduced by up to 20%.

- Virtual clinics – whether by phone or video link, this option certainly reduces the footfall in hospital sites and can also be a vehicle for undertaking extra clinic activity (perhaps instead of operating – see above) without placing undue demand on outpatient space.
- Clinical Assessment Service (CAS) – an effective form of clinical triage, activated in secondary care upon receipt of a GP referral, which ensures that only patients requiring acute care are placed on waiting lists and that those who do not are either referred back to their GPs or into another community service, or even discharged (with active monitoring if required). This approach is not suitable for all groups of patients, but works well in Gastroenterology and Dermatology. It is similar to the Musculoskeletal (MSK) triage approach for routine Orthopaedic referrals.

NB All of the above require pathway reviews and varying degrees of transformation, and will then need to be fed back into the bed modelling process, which is well developed but will need constant refinement.

Prehabilitation: Work is ongoing to both reduce length of stay and aid long-term recovery following major surgery. This ranges from the highly specialist work in certain cancer procedures (for which a business case has been written), to a wider but targeted approach for other surgical services through to the broader (or universal) population, most notably, for example, patients having joint replacements. The principle in all cases is the same, preparation before surgery – psychological, weight loss, therapy input, etc. – creates significant long-term benefits.

Greater standardisation: Given the geographical spread of the Health Board, it is inevitable that practices and pressures will vary across the three acute sites, and equally likely that any spare capacity in one of the hospitals can be used easily by clinicians from one of the others. There will also be diseconomies of scale by offering the range of planned care services in all three locations, and a longer-term option might well be a review of this model of care to assess the benefits of some rationalisation. This would need to be post the RTC implementation, so that any agreed changes would complement that standardisation brought about by the RTCs.

However, on a very practical note, the implementation of a single Patient Treatment List (PTL) would provide the assurance that patients are being selected for treatment equitably, which the current situation cannot do.

Outstanding Challenges:

In addition to the issues directly related to Planned Care, there are other more generic but equally important challenges to address:

- The wider correlation between primary and secondary care, building on specific initiatives, e.g. advice and guidance, prehabilitation, etc.
- The greater use of nurse specialists, therapists and optometrists.
- A review of job plans to ensure they meet service requirements.
- Further assessment on cross-site working
- Clinical leadership for the Programme going forward.

Goblygiadau Ariannol / Financial Implications

Significant funding has been available in the current financial year, and the biggest challenge, partly due to the non-recurrent nature of the awards, has been the ability to spend the money in a timely fashion. In short, of the £61m allocated, commitments now total £53m, leaving some flexibility, with more funding to be confirmed. (These figures do not include the funding required for the RTC(s).

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 further actions described in this paper are designed to reduce the risk in stages to 15 and then 12, but these changes are unlikely to be achieved in the short or medium term.

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.

Casgliad a Camau Nesaf/Conclusion and Next Steps

It is very unlikely that the original target for the recovery of planned care will be met in the current financial year. Focus will continue to be the delivery of sustainable solutions, both in terms of the "back to basics" approach and also those fitting within a broader transformational programme. Clouding the development of RTCs. Only by combining these will the backlog be reduced and a recurrent balance achieved between demand and capacity. Specifically, the draft Action Plan will now be expanded to incorporate health economy wide initiatives with a greater focus on population health, and act as the blueprint for the recovery programme.

Appendix 1 - BCU HEALTH BOARD SIX POINT PLAN FOR PLANNED CARE



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Planned care recovery 2021-2024

2021/23

2024/5

2020/21

**Planned care
six point plan**



Enablers

- Diagnostics
- Workforce
- Digital
- Transformational funds
- Effectiveness

SOC 2020/1 – FBC (2021/2) – requires approval by board

Enablers

Point 1- Capacity planning-Validation & Once for North Wales OPD

Point 2-Patient communication and understanding demand

Point 3 –Once for North Wales services- Value based pathways

Point 4- The use of virtual capacity and closer to Home

Point 5 –Non-surgical approach to long waits

Point 6- Insourcing and extra capacity



**Diagnostic and
treatment centre**

Ambulatory care model

**Improved
In-patient capacity**



| | |
|---|---|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 |
| Cyhoeddus neu Breifat: Public or Private: | Public |
| Teitl yr Adroddiad Report Title: | Welsh Patient Administration System (WPAS) Revenue Business case |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Chris Stockport – Executive Director Primary and Community Care Neil Rogers - Acute Care Director (WPAS Project Executive) |
| Awdur yr Adroddiad Report Author: | <ul style="list-style-type: none"> • Paul Marchant (Informatics Project Manager), • Jamie Slater (Informatics Programme Manager) |
| Craffu blaenorol: Prior Scrutiny: | <ul style="list-style-type: none"> • WPAS – Senior Reporting Officer • WPAS Programme Board – 25th March 2021 • Health Board Review Team – 30th April 2021 • Executive Management Team – 16th June 2021 • Welsh Government (SBAR Initial proposal and costs) • BCUHB Executive Director of Finance – Consultation on proposal and figures • Informatics Senior Management Team (SMT) – 29th of Sept 2021 • Executive Team 13th October 2021 |
| Atodiadau Appendices: | The following documents are available to members if required <ul style="list-style-type: none"> • Full Business Case • Feasibility Assessment • WPAS Options – Costs and Plan • WPAS Option 3 Resource Justification |
| Argymhelliad / Recommendation: | |
| <p>The Performance, Finance and Information Governance Committee is asked to:</p> <ul style="list-style-type: none"> • Support the Welsh Patient Administration System (WPAS) Revenue Business Case and recommendations for Option 3 for submission to Welsh Government (External Funding bid) • Note that following conversations between BCUHB Executive Director of Finance, and counterparts in Digital Health and Care Wales (DHCW the WPAS National IT system supplier), it was concluded that based on the perceived risk level of Welsh Government not providing funding, the project was given the go ahead (via email on the 23rd of June 2021) to recruit the 13 additional members of staff identified within the business case to enable recommencement of the WPAS project from September onwards. • Acknowledge that the Executive Team has expressed that they do not wish to halt the WPAS project, nor slow it down, and in the event of funding not being forthcoming from Welsh Government, we will need to manage the financial risk indicated in this report at a cost of £68k per month from September 2021 until when funding from Welsh Government is made available. The Chief Executive and Executive Director of Finance are supporting the project to move forward at a national level. | |

- **Note** the financial risk: There is a risk, albeit low, that Welsh Government could potentially reject the full funding bid or request BCUHB to partial fund the project. In either scenario the organisation could potentially have a funding shortfall of up to £2.2m:
 - £500k Financial Year (FY)21-22
 - £820k FY22-23
 - £570k FY23-24
 - £330k FY24-25

Ticiwch fel bo'n briodol / Please tick as appropriate

| | | | | | | | |
|--|----------|---|----------|--|----------|--------------------------------------|----------|
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | X | Ar gyfer Trafodaeth For Discussion | X | Ar gyfer sicrwydd For Assurance | X | Er gwybodaeth For Information | X |
|--|----------|---|----------|--|----------|--------------------------------------|----------|

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol
Y/N to indicate whether the Equality/SED duty is applicable

N

This report relates to a BCUHB strategic decision around securing external funding for the continuation of an existing programme of works. We were informed that a National Equality Impact Assessment (EqIA) and Digital Privacy Impact Assessment (DPIA) owned by DHCW has been undertaken as part of their roll out of the National Welsh Patient Administration system. The project has a copy of the DHCW EqIA that can be shared with members if required.

We are already 5 years through the implementation of the programme and all Socio Economic Duties/requirements have been accounted for and are dealt with as part of the implementation process.

Sefyllfa / Situation:

The WPAS project is currently funded by Welsh Government with the remaining budget only available until September 2021. BCUHB are part the way through the implementation of the WPAS project, however due to a number of issues and complexities highlighted in the background section (more details within the full WPAS revenue business case) the project has been significantly delayed and will not deliver the full programme of works before September 2021. The team has completed a WPAS Revenue Business Case and has recommended Options 3 to seek further revenue funding from Welsh Government to support the continuation and completion of the WPAS project planned over a 3 year period (over 4 financial years). Although this is an extended programme of works, it gives BCUHB the option to accelerate the overall plan if safe to do so. It also allows for any potential slippage that may occur due to DHCW's commitment to deliver the Velindre project.

Without further funding to support the remaining phases of the programme, the project will not deliver the WPAS national initiative, the benefits of a single Patient Administration System (PAS) and enable other cost saving initiatives to be implemented which are dependent on the single national PAS e.g. E-referrals, Eye care, Cancer Pathway Management etc.

Cefndir / Background:

The purpose of the WPAS project is to replace the three legacy aging patient administration systems for a single BCUHB WPAS system from the national Digital Health and Care Wales (DHCW) framework. The project has so far delivered a WPAS IT System in Central and East regions and is part of the way through an implementation in West region. These phases will then lead on to the merger and implementation of a single PAS system across the whole of BCUHB.

Welsh Government funding was originally secured in 2015 through a formal national joint DHCW/BCU business case process to deliver the WPAS Project in BCUHB by December 2017. The business case was revised after significant issues were experienced post implementation of WPAS in the Central region. A change in approach was adopted with the

decision to implement three separate systems of WPAS, before merging them all together increasing overall timescales against a Single WPAS plan.

The WPAS project has recently seen further significant delays associated with the COVID pandemic as well as the system supplier/partner DHCW having to divert resources to resolve the Blaenavon Data Centre issues and prioritise the Velindre WPAS Project activities. This resulted in an additional 18 month delay against the revised plan and caused solely by external factors beyond the control of BCU.

Due to these associated delays and the additional complexities with the implementation of a single WPAS system (see below), the original business case funding will only support activities until **September 2021** when the WPAS West phase is due to restart against the agreed DHCW/Velindre/BCU joint plan.

There has been a team of 30 staff working on the project with 13 staff (WTE) dedicated to the project and recharged to the original capital budget funded by Welsh Government, the remaining staff struggle to work on the project and only do so in a part time capacity against competing priorities and are funded by the organisation.

As stated above this capital budget is not available from September 2021 onwards, hence the need for a revenue business case to allow continuation of the project. The project is looking to secure funding against an increased team size of 22 WTE (from 13 WTE) to allow for the ring fencing of key resources, and account for additional complexities of the project activities going forward.

Issues and Risks with the Existing Mixed Economy of Arrangements

The main issues and risks are as follows.

| Issue (happening now) | | Risk (results in the risks that....) | |
|-----------------------|---|--------------------------------------|---|
| I1 | Non-standardisation of systems across BCU, and inconsistent training and support. | R1 | DHCW Velindre – delay to the implementation of the Velindre WPAS system. This will have a knock-on impact on the BCUHB project plan delay |
| I2 | Non-Standardisation of Pathways and processes within Departments across BCUHB because of 3 separate PAS systems. | R2 | Integration complexities – there is a risk that the integration requirements for West into Central is too complicated to resolve in the timescales against resource constraints and other team priorities, due to downstream system not being able to handle multiple hospital numbers. |
| I3 | Without a Single WPAS system BCUHB are unable to support National Strategic initiatives such as WPRS, Integrated WEDS (add others) and Organisational changes stated in the Business Case section 3.1 and 3.2 | R3 | Further delays will result in a loss of operational engagement and may lead to services seeking alternative solutions |
| I4 | Duplicated effort required to support multiple system changes / upgrades etc. | R4 | Data Migration partners DXC may not be able to support the completion of West activities if further delays occur. Costs may increase also. |
| I5 | Insufficient funding to complete BCU West Phase 3 and BCU Single Instance Phase 4 of the WPAS Programme to Ring fence staff. There is not enough resources within the existing Informatics team to deliver this Programme of works and also the COVID initiatives, business and other competing project priorities. | R5 | COVID priorities may affect the capacity of clinical, Project and Supplier team members and their ability to deliver against timescales |

| | | | |
|----|--|----|--|
| I6 | Align also to the Benefits shown in the Business Case section 3.4 which will not be delivered if no single PAS | R6 | Further delays may lead to key members of staff who have years of WPAS implementation knowledge/experience leaving or lost to other business priorities |
| I7 | West remain on their current PAS system (PiMS) which is an aging system on an unsupported platform | R7 | There is a funding gap between the resources secured to deliver the project and the resources required. This has been addressed through a best endeavours approach which has resulted in staff sickness and has started to affect staff morale due to delivering against competing priorities. |
| I8 | Impacting BCUHB ability to consistently respond and report COVID across the three sites | R8 | To deliver the single instance the organisation will need to adopt significant changes to ways of working, patient number, alerts. There is a risk that these decisions will not be made against the required timescales to deliver the plan. |

Additionally BCUHB not having a single WPAS instance will:

- Prevent BCUHB from achieving real time information sharing to ensure a clear journey from point of admission, through investigation, treatment, and outcome phases of a patient attendance.
- Limit BCUHB in achieving digitally signed transaction events and limits assurance of accurate completion of records to provide effective data sharing within the health board and partner services.
- Operationally impact the ability to introduce Standardisation into process areas such as referrals, waiting lists and appointments management.
- Prevent the rationalising of the PAS systems within the Health Board, which is the fundamental building block to having integrated patient-based information. Preventing the provision of seamless care and efficient utilisation of resources to support the Health Board's objective of having one hospital functioning across the previous three District General Hospitals (DGH) sites.
- Prevent the shift of focus towards Prevention & Health Improvement that would ensure that we progressively realign services in this way. Weakening Primary and Community Care. BCUHB will be limited in implementing new models of care outside hospitals to move care and intervention close to people's home; and limiting more integrated care with our partners in Local Authority social services, with voluntary sector and working with Carers.
- Result in duplication of effort for implementation and testing across multiple WPAS instances required for system upgrades every year (Issue ref I4).

Furthermore, delay in the delivery of a single instance prevents the implementation of both local and national initiatives as seen below:

- Implementation of the electronic Welsh Patient Referral System (WPRS). At present 18,000 referrals per month from General Practice are printed and manually entered onto WPAS and carried by hand to the consultant for prioritisation. This introduces risk and delay. RTT pathway lengths could be improved by 1-2 days immediately, and patient booking staff could work in a Covid-19 safe way.
- Cancer Pathway Management – BCUHB continue to use a local SharePoint solution (which is a significant risk, but provides a single view of BCUHB cancer patients).
- Eye care pathway management – BCUHB West area are managing this via a workaround. WPAS can produce combined new outpatient and Follow Up appointments in the one list and uses the fields to calculate the correct order the patients should be seen in due to their risk factor and wait. PIMS currently

just allows 2 separate lists and entry of the risk factor but no subsequent calculation or logic is applied. Patient Initiated Follow Ups (PIFU) and See on Symptom (SOS) – BCUHB clinics are managed via workarounds.

- Endoscopy Single service implementation – requires multiple transfers of care to manage referrals on a system-wide basis.
- ‘Once for North Wales’ principles require transfer of care to other sites (e.g., for specialist treatment, surgery or waiting list management) through a manual removal and new referral process. We also carry a risk of multiple referrals on different PAS instances (circa 4,000), requiring constant validation.
- Maternity reporting – BCUHB cannot conform to the required standard without implementation of WPAS.
- Virtual Clinics – the implementation of Attend Anywhere cannot be done safely in BCUHB West due to the limitations of the local legacy PAS.
- Bed Management (Stream) system integration - is not currently possible for West to use the Stream system for patient flow and bed management due to integration limitations with the current PAS (PiMS).
- Whenever a ‘Data Set Change Notice’ is issued, BCUHB must test and implement on multiple WPAS instances, and implement manual workarounds for the legacy PAS in BCUHB West. This results in delays in implementation national policy, and increased costs when managing multiple systems.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The Strategic case for a single Patient Administration System demonstrates how the proposed investment fits within the existing business strategies of the Health Board, and establishes a compelling case for change to the existing methods for supporting the delivery of excellent patient care. The strategic case identifies how the proposal aligns with National, Local and Informatics Strategies.

National: The Welsh Government’s published digital strategy – [Informed Health and Care – A Digital Health and Social Care Strategy for Wales](#) (December 2015). A single WPAS supports the delivery of:

- Fast, efficient, electronic communication between clinicians, patients, and administrative staff.
- Seamless working within Organisational boundaries
- The provision of safe and effective patient centered services and
- The availability of all relevant clinical communication (referral, discharge, letter, assessment etc.) to staff, at the point of care.
- A National PAS system in line with the Once for Wales Approach
- Deliver national initiatives such as the electronic Welsh Patient Referral System (WPRS), Cancer Pathway Management Patient Initiated Follow Ups (PIFU) and See on Symptom (SOS), Transfer of care to other sites (for specialist treatment, surgery or waiting list management) Virtual Clinics, Local Bed Management etc.

Local: The local primary drivers for the implementation of the WPAS system are to deliver:

- **BCUHB Digital Strategy (2021) – Our digital future:** The vision is to transform the patient experience, safety and outcome through digital ways of working and is a BCUHB priority under Ambition 2 connected staff. WPAS is a key priority in delivering this ambition.
 - A Single WPAS across the three areas to create a single patient record that can be accessed across multiple sites delivering strategic benefits (see sections 2.3.1 and 2.3.2)
- **Living Healthier, Staying Well (LHSW) Strategy:** how health, wellbeing and healthcare might look in ten years’ time and how we will start working towards this now. This will influence how our resources are allocated and how staff prioritise their time. The strategy is based on three overlapping major programmes within the overall portfolio:
 - Improving health and reducing inequalities

- Care closer to home
- Excellent hospital care

Opsiynau a ystyriwyd / Options considered

Options considered in this Business Case are:

| OPTIONS | Description |
|----------|--|
| Option 1 | Do nothing – remain on PIMS (current West PAS system) |
| Option 2 | Deliver Programme with no additional funding – WPAS using existing informatics and operational staff |
| Option 3 | Secure WG funding for Phase 3 and 4 implementations against the original plan. Implement West as a separate instance then merge all three instances in 2 further phases to deliver the single instance |
| Option 4 | Secure WG funding for Phase 4 against the change in approach – Implement West into Central, then merge East into the master WPAS system to deliver the single instance. |

Goblygiadau Ariannol / Financial Implications

Financial Implications:

| |
|---|
| Option 1: Do Nothing |
| Option 2: Deliver Programme with no additional funding |
| Option 3: Secure WG funding for Phase 3 and 4 implementations against the original plan. |
| Option 4: Secure WG funding for Phase 4 against the change in approach |

| Financial Year | Option 1 | Option 2 | Option 3 | Option 4 |
|-----------------------|----------|----------|----------------|---------------|
| FY 2021/2022 | £ - | £ - | £ 501,411.42 | £ 519,204.96 |
| FY 2022/2023 | £ - | £ - | £ 817,958.75 | £ 795,938.63 |
| FY 2023/2024 | £ - | £ - | £ 569,839.33 | £ 459,092.08 |
| FY 2024/2025 | £ - | £ - | £ 332,201.33 | |
| Total | £ - | £ - | £ 2,221,410.83 | £1,774,235.67 |
| Funding source | NA | BCUHB | Welsh Gov. | Welsh Gov. |

A full costing of the options including resources is available in Appendix B.

Option 3 has been identified as the recommended option in the paper. The total cost is **£2,221,410**

| Option 3 - Phase 3 and 4 plan | | | | | | | Sum of Total |
|--|------------|---------------------|---------------------|---------------------|---------------------|----------|---------------------|
| Row Labels | Sum of WTE | Sum of FY/2021-2022 | Sum of FY/2022-2023 | Sum of FY/2023-2024 | Sum of FY/2024-2025 | | Funding requirement |
| 3rd Party supplier costs - Integration contingency | | £ 20,000.00 | £ 30,000.00 | | | £ | 50,000.00 |
| Build/System Config | 4.6 | £ 45,272.08 | £ 129,185.00 | £ 112,075.00 | £ 87,122.17 | £ | 373,654.25 |
| DM Data Migration | 1.5 | £ 37,954.00 | £ 59,064.00 | £ 37,954.00 | £ 21,688.00 | £ | 156,660.00 |
| DM reporting | 1.5 | £ 47,908.00 | £ 82,128.00 | £ 47,908.00 | £ 27,376.00 | £ | 205,320.00 |
| DM validation tool dev | 1.0 | £ 23,954.00 | £ 41,064.00 | £ 23,954.00 | £ 13,688.00 | £ | 102,660.00 |
| DM/UAT test support | 2.0 | £ 44,628.00 | £ 59,504.00 | | | £ | 104,132.00 |
| DM/UAT Testing lead | 1.0 | £ 25,683.00 | £ 44,028.00 | £ 44,028.00 | £ 14,676.00 | £ | 128,415.00 |
| ICT Build and printer config | 1.0 | £ 33,357.00 | £ 33,357.00 | £ 33,357.00 | £ 16,678.50 | £ | 116,749.50 |
| ICT Senior Engineer | 1.0 | £ 20,532.00 | £ 41,064.00 | £ 41,064.00 | £ 10,266.00 | £ | 112,926.00 |
| Integration Specialist - PIMS | 1.0 | £ 23,954.00 | £ 20,532.00 | £ - | £ - | £ | 44,486.00 |
| Integration specialist - WPAS | 1.0 | £ 23,954.00 | £ 41,064.00 | £ 41,064.00 | £ - | £ | 106,082.00 |
| PIMs development | 1.0 | £ 25,017.75 | £ 8,339.25 | | | £ | 33,357.00 |
| System support | 0.3 | £ 11,119.00 | £ 33,357.00 | £ 19,458.25 | £ 13,898.75 | £ | 77,833.00 |
| Ways of Working Specialist | 1.0 | £ 23,954.00 | £ 41,064.00 | £ 41,064.00 | £ 30,798.00 | £ | 136,880.00 |
| Ways of Working support | 2.0 | £ 43,412.25 | £ 74,421.00 | £ 74,421.00 | £ 55,815.75 | £ | 248,070.00 |
| WPAS Training | 2.5 | £ 50,712.33 | £ 79,787.50 | £ 53,492.08 | £ 40,194.17 | £ | 224,186.08 |
| Grand Total | 22 | £ 501,411.42 | £ 817,958.75 | £ 569,839.33 | £ 332,201.33 | £ | 2,221,410.83 |

Dadansoddiad Risk / Risk Analysis

Risk Analysis

Option 3: Preferred Option (Welsh Government funding for a period of 4 financial years) carries the least risk associated with delivering a single WPAS system. This option will address the key risks by extending timescales to:

- Address Risk R1– Potential delays as a result of DHCW's commitment against competing priorities, such as the Cancer replacement system and the Velindre Health Board PAS replacement, allowing for any slippage in the DHCW/Velindre plan.
- Address Risk R2– Allow additional time to investigate and resolve complexities associated with the integration activities – Outcome of which may lead to an accelerated Programme of works see Option 4.
- Account for the increased complexities in the design and delivery of a single WPAS system
- Account for complex Standardisation activities pan BCU (patient numbering, operational service processes etc.).

Although this is an extended programme of works (Plan A see business case) it gives BCUHB the option to accelerate the overall plan (Plan B) if safe to do so. It also allows for any potential slippage that may occur due to DHCW's commitment to deliver the Velindre project. Historically BCUHB have been impacted with a number of delays outside of their control, and the current situation with COVID and DHCW's competing pressures nationally and locally, whereby further delays are extremely likely. This option provides additional contingency against any potential delay impacts to the project.

Funding Risk 1: The current WPAS Welsh Government funding runs out in September 2021. From that point forward the project will have to find funds at a cost of around £35k per month for existing project resources and an additional £33k per month (Total £68k per month) for additional resources identified in the business case that are required to deliver the remaining phases of the project. There is a risk that Welsh Government funding will not be available from September 2021 due to a consequence of the Welsh Elections and an all Wales review of WPAS funding requirements. Any delay in funding provision will impact the project in two ways:

1. The project will have a shortfall in paying for existing project staff £35k per month from September 2021.
2. The project needs to recruit an additional 9 FTE to fill the resources gaps identified in the business case and ring fence staff to deliver the project. For the project to meet the timescales of the proposed plan, the recruitment process needs to commence in July to enable staff to be in place from September. This requires an additional £33k per month.

The total funding gap equates to £68k per month for the duration of any such delay.

Funding Risk 2: Although Welsh Government are aware of the funding requirements (full transparency of the cost and case has been shared with Welsh Government contacts) there is a risk Welsh Government may choose not to provide further funding or request BCUHB to partially fund the proposal. In either scenario unless the funding gap for both the existing and additional staff can be addressed internally the programme will be unable to continue. This will need to be considered by the F&P committee as a risk and any potential mitigation whereby BCUHB would be required to either fund the project as per costs below or formally withdraw from the implementation of the WPAS system in West and delivery of the single WPAS system. Without Welsh Government funding the potential funding gaps are:

- £500k FY21-22
- £820k FY22-23
- £570k FY23-24
- £330k FY24-25

Without further funding to support the remaining phases of the programme, the project will not deliver the benefits of a single WPAS system and enable other cost saving initiatives to be implemented which are dependent on the single national PAS e.g. E-referrals, Eye care, Cancer Pathway Management etc.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The Programme is already compliant from a legal perspective.

Adherence to the business case follows project management processes. Project management arrangements for the Informatics' team are aligned with BCUHB corporate approach which is underpinned by the principles of PRINCE2. The Project Manager will use these principles to ensure that the project is properly led, planned, resourced, monitored and controlled for its entire lifecycle. The project has secured project assurance, as set out in the roles and responsibility section of the business case. The Programme is accountable to the existing Governance Structure with an established Programme Board and Project Team and an embedded robust reporting and escalation processes in place.

A *Post Project Evaluation* will be undertaken to determine if the project has delivered the expected outputs. The evaluation provides a structured review of the process of delivering a project as well as a review of operational, functional and strategic performance following implementation and a satisfactory period of 'bedding in' (once 'Business as Usual' is achieved).

Asesiad Effaith / Impact Assessment

A National EqIA and DPIA activity has been undertaken by the supplier DHCW as part of the initial roll out of the National WPAS programme.



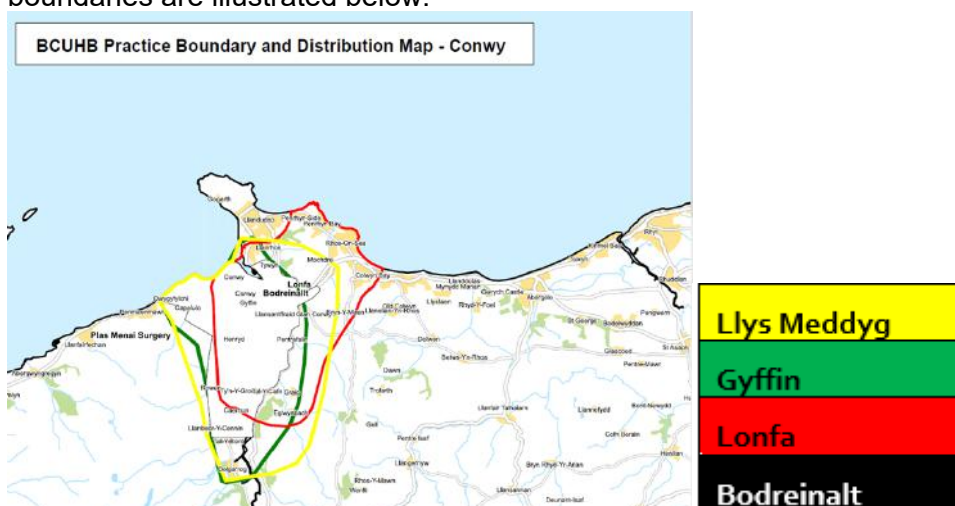
| | | | | | | |
|--|---|---|--------------------------|--|--------------------------|--|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance (PFIG) Meeting 28.10.21 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Strategic Outline Case: Llandudno Junction/Conwy Primary Care Development | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Chris Stockport Executive Director Primary Care and Community Services | | | | | |
| Awdur yr Adroddiad Report Author: | Steph O'Donnell, Programme Manager, Central Area | | | | | |
| Craffu blaenorol: Prior Scrutiny, approvals received: | Area Director: Bethan Jones Project Director: Alison Kemp Primary & Community Care Senior Management Team: 5 th . Oct 2021 Executive Team: 13 th . October 2021 Capital Investment Group: 14 th . October 2021 | | | | | |
| Atodiadau/Appendices: | Strategic Outline Case (SOC) included as requested for PFIG. Appendices A-I available on request if needed – these were supplied for the Executives and Capital Investment Group meetings. | | | | | |
| Argymhelliad / Recommendation: | | | | | | |
| The Committee is asked to approve the SOC for submission to the Health Board meeting of 18 November 2021. | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/Approval | <input checked="" type="checkbox"/> | Ar gyfer Trafodaeth For Discussion | <input type="checkbox"/> | Ar gyfer sicrwydd For Assurance | <input type="checkbox"/> | Er gwybodaeth For Information |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | Y |
| Screening has been undertaken alongside engagement at SOC stage. | | | | | | |
| Sefyllfa / Situation: | | | | | | |
| The Strategic Outline Case (SOC) seeks Welsh Government approval to proceed to Outline Business Case (OBC) and to draw down fees for design and OBC development. The SOC is submitted to PFIG, seeking endorsement of the case for board approval in November. | | | | | | |
| Discussions have started with Community Health Council (CHC) and this will continue. Conwy County Borough Council (CCBC) is working with us and supportive of the case and the project has engaged with the Conwy West Forum of elected members. BCUHB recognises the need for co-production with local population and stakeholders and this is expected during the next stage of reviewing the options. | | | | | | |
| Cefndir / Background: | | | | | | |
| This SOC seeks approval to proceed to OBC and take forward the design of primary and community care facilities in the Conwy West Cluster, specifically in Conwy and Llandudno Junction, a population of c. 21,000 people on the coastal strip of the Conwy West locality. The SOC addresses challenges with the existing estate and the need for to deliver more integrated health and care services in a modern, fit-for purpose environment. The SOC is developed in partnership with Conwy County Borough Council (CCBC), the GP Cluster and the Third sector. The board endorsed a pipeline of priorities for the Primary care estate development in its 2019 Estates Strategy. The provision of fit-for-purpose premises in this locality remains the | | | | | | |

highest priority for Central Area, and of equal importance to the other priorities for North Wales, cited in the Estates Strategy.

Currently, services are delivered from multiple settings in the local area and with varying degrees of collaboration and cohesive working between teams. The proposal is influenced by a broad range of factors, including the poor condition of the existing estate and the need to overcome limitations such as access, space and parking. Without investment and considered change, services and parts of the estate will be unsustainable, especially when considering modern demands, evolving standards, our learning from COVID 19, best practice, and the needs of a growing and ageing population.

The Local Authority has identified Llandudno Junction as a “distinctive community and a key economic hub at the heart of North Wales”. Significant housing development has taken place or is planned in the locality¹: between 2016 – 2019, an estimated 740 housing units were completed in Llandudno Junction and, in Conwy, c. 200 units were completed². The development of new health and well-being facilities in the area will meet growing demand and offer socio-economic benefits, including employment during the construction, ongoing career and training opportunities in Health and Care and general investment in the health and well-being for the area.

Practices in scope are: Bodreinalt surgery (independent Contractor), Llys Meddyg and Gyffin Surgeries (two practices recently merged to form one, which is Health Board managed), and the Maes Derw clinic (BCUHB owned building) in Llandudno Junction. Lonfa Surgery, in Llandudno Junction, is also in this locality. Practice boundaries are illustrated below:



Asesiad / Assessment & Analysis

Executive Team approval confirmed at the 13/10/21 meeting and Capital Investment Group approval granted 14/10/21.

Goblygiadau Strategol / Strategy Implications

The Health Board approved a pipeline of Primary Care development schemes in 2017, reviewed in 2021. BCUHB has consistently prioritised the need for investment in primary care facilities in this locality. The Conwy/Llandudno Junction scheme remains relevant and aligned with national and local strategic direction including: the “Well-being of Future Generations (Wales) Act, 2015” and “A Healthier Wales: Our Plan for Health and Social Care” and the Health Board’s strategy “Living Healthier Staying Well” and the Estates Strategy. The SOC has also taken into account Cluster development plans and public engagement undertaken in 2021.

¹ BP21 Site Deliverability Assessment (conwy.gov.uk)

² www.conwy.gov.uk/jhla

The investment objectives for this development are:

1. To facilitate the provision of primary and community care services in line with population needs, in modern, fit-for-purpose premises.
2. To support the sustainability of Primary and Community Care in Conwy, Llandudno Junction and the surrounding area, through a more integrated health and care service model, and through enabling training and development of health and care staff, including medical students.
3. To provide a safe, modern working environment for Health Board staff and partners by having fit for purpose buildings.
4. To facilitate integration of services across primary, community, social and third sectors via co-location.

Opsiynau a ystyriwyd / Options considered

In accordance with BCUHB's Capital Investment Manual and HM Treasury's Green Book, a long list of options was generated using the options framework, which systematically works through the available choices for what (scope), how (service solutions), who (service delivery), when (implementation), and funding. This process results in option as a preferred choice.

The SOC proposes that various options to deliver the objectives are now explored in depth at OBC. The preferred way forward is the maximum scope option, incorporating co-located primary care services, clinical and office space for the Community Resource Team comprising District Nurses, Therapists and Social Care professionals, Community Dental, Well-being and Education facilities. The scope options take into consideration: national and local strategic context, including emerging findings from the all-Wales review of Primary care; analysis of the existing estate; the views and needs of local professionals; and population health needs.

In terms of the physical building solution, two options will need further evaluation at OBC:

- An appropriately sized new build health and well-being campus within this locality in Conwy or Llandudno Junction, and
- One larger and one smaller branch health facility in Conwy or Llandudno Junction, ensuring there is accessible provision in both towns.

Capital estimates of £15-£19 million include 10% contingency and, in addition to this, an optimism bias of 24% is indicated in line with HM Treasury *Green Book* guidance.

Goblygiadau Ariannol / Financial Implications

At this early stage the best estimate of the capital cost is between £15-£19 million based on PubSec Index 250. The scheme is likely to be revenue neutral assuming capital funding availability. There is potential for Capital return if an existing site can be disposed of. Further evaluation of funding options including third party development will be undertaken at OBC.

Dadansoddiad Risk / Risk Analysis

| Description | Mitigation |
|--|--|
| Capital may not be available for the development | Funding options including third party development to be evaluated at OBC stage |
| Limited availability of suitable buildings/sites | Ongoing dialogue with CCBC and NWSSP |
| Risk that sites may not be available in time | Ongoing dialogue with CCBC |
| GP practices may not commit to the SOC | Project Director engagement with Cluster |

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The SOC is compliant with the requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector). The development will comply with relevant building regulations including more recent regulatory changes for Infection Prevention and Control.

Aseiad Effaith / Impact Assessment

An Equality Impact Assessment screening has been undertaken. This will be developed along with a Socio-Economic Impact Assessment as part of the engagement at OBC stage.

Llandudno Junction/Conwy Primary Care Development

Strategic Outline Case (SOC) - SRO Final

29 September 2021
SRO Final

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APPENDICES:

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| A | Demographics |
| B | Social Determinants of Health model – Dahlgren & Whitehead (1991) |
| C | Preliminary draft schedule of accommodation (September 2021) |
| D | BCUHB Local Engagement (May 2021) |
| E | Lambert Smith Hampton Estates Review (October 2016) |
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| G | Capital cost range estimated – (17 September 2021) |
| H | Equality Impact Assessment Screening Form |
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1. Executive Summary

This Strategic Outline Case (SOC) seeks approval to proceed to Outline Business Case (OBC) and take forward the design of primary and community care facilities in the Conwy West Cluster, specifically in Conwy and Llandudno Junction, a population of c. 21,000 people. The SOC addresses challenges with the existing estate and the need for more integrated health and care services to be delivered in a modern, fit-for-purpose environment. The SOC is developed in partnership with Conwy County Borough Council (CCBC), the GP Cluster and the Third sector.

The Health Board approved a pipeline of Primary Care development schemes in 2017 and this has been reviewed in 2021. BCUHB has consistently prioritised the need for investment in primary care facilities in this locality. The scheme remains relevant and aligned with the Health Board's strategy, *Living Healthier Staying Well* (LHSW) and our supporting Estates strategy.

Currently, services are delivered from multiple settings in the local area and with varying degrees of collaborative and cohesive working between teams. The proposal is influenced by a broad range of factors, including the poor condition of the existing estate and the need to overcome limitations such as access, space and parking. Accessible premises, with sufficient space for now and future, in well-located accommodation, carefully designed to meet the health and care needs of local people, will benefit all partners and the communities served, and enhance the locality's community assets.

The Local Authority with its partners has identified Llandudno Junction as a "distinctive community and a key economic hub at the heart of North Wales". Significant housing development has taken place and is planned in the locality¹: specifically, between 2016 – 2019, 74 large sites were completed in Llandudno Junction comprising at least 10 houses per site and, in Conwy, 20 large sites were completed during 2016-2019. The development of new facilities in the area will meet growing demand and offer socio-economic benefits, including employment during the construction, ongoing career and training opportunities in Health and Care and general investment in the health and well-being for the area.

Without investment and considered change, services and parts of the estate will be unsustainable, especially when considering modern demands, evolving standards, our learning from COVID-19, best practice, and the needs of a growing and ageing population.

The investment objectives for this development are:

¹BP21 Site Deliverability Assessment (conwy.gov.uk)

² www.conwy.gov.uk/jhlas

1. To facilitate the provision of primary and community care services in line with population needs, in modern, fit-for-purpose premises.
2. To support the sustainability of Primary and Community Care in Conwy, Llandudno Junction and the surrounding area, through a more integrated health and care service model, and through enabling training and development of health and care staff, including medical students.
3. To provide a safe, modern working environment for Health Board staff and partners by having fit for purpose buildings.
4. To facilitate integration of services across primary, community, social and third sectors through co-location.

The SOC proposes that various options to deliver these objectives are now explored in depth. The preferred way forward is the maximum scope option, incorporating co-located primary care services, clinical and office space for the Community Resource Team comprising District Nurses, Therapists and Social Care professionals, Community Dental, Well-being and Education facilities. The scope options take into consideration: national and local strategic context, including emerging findings from the all-Wales review of Primary care; analysis of the existing estate; the views and needs of local professionals; and population health needs.

In terms of the physical building solution, two options will need further evaluation at OBC:

- An appropriately sized new build health and well-being campus within this locality in Conwy or Llandudno Junction, and
- One larger and one smaller branch health facility in Conwy or Llandudno Junction, ensuring there is accessible provision in both towns.

At this early stage in the project, the best estimate of the capital cost is between £15 million to £19 million, based on PUBSEC index 250. The scheme is likely to be revenue-neutral, assuming capital funding is accessible, and there is potential for capital return if an existing site can be disposed of. Further evaluation of funding options, including third party development, will be undertaken at OBC.

2. Structure and Contents of the Document

There are three key stages in the development of this priority business case for the Conwy / Llandudno development in North Wales.

The Strategic Outline Case (SOC); the Outline Business Case (OBC); and the Full Business Case (FBC).

With the above in mind, this SOC:

- Establishes the strategic context;
- Makes a robust case for change; and
- Provides a suggested way forward, rather than a definitive preferred option.

The OBC: will identify the option which optimises value for money; prepares the scheme for procurement; and puts in place the necessary funding and management arrangements for the successful delivery of the scheme.

The FBC: will set out the negotiated commercial and contractual arrangements for the deal; demonstrates that it is 'unequivocally' affordable; and puts in place the detailed management arrangements for the successful delivery of the scheme.

This SOC has been prepared using the agreed standards and format for business cases, as set out in the NHS Wales Infrastructure Investment Guidance. This approved format is the *Five Case Model*, and comprises the following:

- The **Strategic Case** - this sets out the strategic fit and case for change, together with the supporting investment objectives for the scheme;
- The **Economic Case** - this explores the suggested way forward – or how best to deliver the objectives of the scheme;
- The **Commercial Case** - this assesses the ability of the market place to deliver the required goods and services, and summarises the organisation's commercial strategy;
- The **Financial Case** - this gives outline estimates of the capital and revenue implications of the scheme, and a view of affordability.
- The **Management Case** - this demonstrates that the scheme is achievable and can be delivered successfully in accordance with accepted best practice

3. The Strategic Case

3.0 Introduction

The Strategic Case sets out the Strategic Context in Part A, below. The Case for Change and supporting Investment Objectives for the scheme are outlined in Part B.

Part A: Strategic Context

3.1 Organisational Overview – the Health Board

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 three Acute Hospitals. BCUHB employs approximately 16,500 staff and has an annual revenue budget of approximately £1.6 billion.

The Health Board has close links with both Bangor and Glyndwr Universities, providing education and training for the clinical workforce in the region, and the development of a Medical School at Bangor University will provide opportunities to train the Doctors of the future in North Wales.

The Health Board's vision is summarised as³:

- Improve the health of the population, with particular focus upon the most vulnerable in our society
- Develop an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations
- Develop our workforce so that it has the right skills and operates in a research-rich learning culture.

The Health Board is organised into three Areas: West, Central and East, which are coterminous with the Local Authority boundaries. The Central Area is responsible for providing services and improving health and well-being to a resident population of around 212,000 people across Conwy and Denbighshire.

Primary Care services, including General Practitioners (GPs), community pharmacy and optometrists and dental services are mainly contracted to independent providers. However, a number of GP services are now directly provided and managed by the Health Board, including a GP practice which is within the scope of this Strategic Outline Case (SOC).

The Health Board is organised into 14 Combined Health & Social Care Localities (or 'Clusters'). A locality is described as⁴ *"bringing together all local services involved in health and care across a geographical area, typically serving a population between*

³ Our Values - Betsi Cadwaladr University Health Board ([nhs.wales](https://www.nhs.uk)).

⁴ Strategic Programme - Primary Care One ([nhs.wales](https://www.nhs.uk)).

25,000 and 100,000. Working as a locality ensures care is better co-ordinated to promote the well-being of individuals and communities."

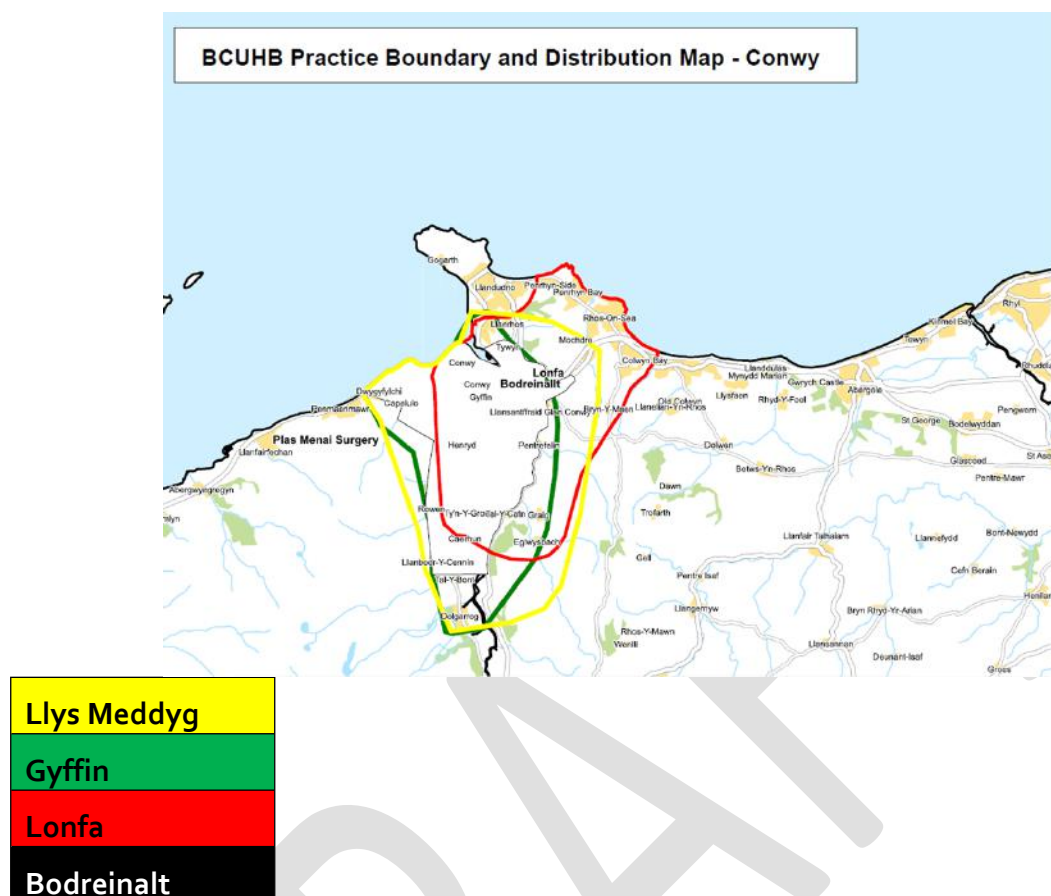
The SOC focuses on the coastal strip of the Conwy West locality, around Conwy and Llandudno Junction, as shown in Figure 1 below. The Conwy West Locality is one of the largest in Wales, consisting of 11 GP practices with a total population of around 64,000 registered with a GP within the locality (See Figures 1 and 2 below).

Figure 1 - Map of BCUHB Localities:



Presently practices in scope are: Bodreinallt surgery (independent Contractor), Llys Meddyg and Gyffin Surgeries (two practices recently merged to form one, which is Health Board managed), and the Maes Derw clinic (BCUHB owned building) in Llandudno Junction. Lonfa Surgery, in Llandudno Junction, is also in this locality. Their practice population will use the community facilities within this development. The use of the building by the GMS contractor is not currently part of the scope of the proposal. Figure 2 below illustrates practice boundaries.

Figure 2 – Practice Boundaries



3.2 Demographic Profile

3.2.1 Demographic Profile highlights

This section describes key facts and trends influencing this case. Further demographics are included in Appendix A.

Conwy County Borough Council (CCBC)⁵ forecasts that the total population across the County will increase by 5,550 to 122,750, or 4.7% by 2039.

Particular growth is forecast in the older population with a decline in the number of people of working age and the population aged under 16.

Key Messages: Demographic Factors

- Significant increase in the numbers of older adults, particularly those aged 85 years and over with 1 in 4 affected by frailty by 2030⁶
- Decline in numbers of younger adults.

⁵CCBC Ward Data, as at December 2020.

⁶Public Health Wales Sub Regional Profiles Report, 2014.

3.2.2 Wider Determinants of Health

A range of internal and external factors influence people's health and well-being, reflected in the Dahlgren and Whitehead model (1991)⁷ illustrated in Appendix B. This proposed healthcare development in the locality for Conwy/Llandudno Junction and surrounding areas, is contributing positively towards several of these wider social determinants through enabling health, in sustainable environments and with increasing focus on prevention.

Key Messages: Social Determinants

- Conwy has some of the most deprived communities in Wales.
- Deprivation impacts on health and well-being throughout the life-course.
- Alcohol consumption is higher than average in the area.
- Vaccination rates are lower than average.
- 16% of people, (18,100), are in the most deprived fifth of deprivation.
- 19% of people, (22,230), are in the next most deprived fifth of deprivation.

3.2.3 Long term conditions

Long term mental and physical health conditions impact on an individual's health and well-being and their need for services from health and social care services, and frequently the third sector and informal community support.

Key Messages for the Locality:

- Hypertension is higher than average.
- Dementia will increase due to ageing population.
- Most prevalent health issues on GP registers are: Hypertension; smoking; obesity.
- Mental Health conditions are increasing aligned with All Wales trends.
- Dementia is expected to almost double by 2030 and the population of older people in this locality is higher than average.

3.2.4 Housing and regeneration

CCBC's Replacement Local Development Plan (RLDP)⁸ estimates the provision of 4033 new homes, including 1800 affordable homes, by 2033, throughout the county. 90% of growth is expected within the Coastal Development Strategy Area in which Llandudno Junction/Conwy is included.

Specifically between 2016 – 2019, 74 large sites were completed ¹ in Llandudno Junction comprising at least 740 houses and this is supplemented by some smaller site completions of less than 10 houses per site. In Conwy, 20 large sites were completed during 2016-2019.

⁷ Dahlgren, G. and Whitehead, M., 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm Sweden: Institute for Future Studies.

⁸ Replacement Local Development Plan Strategy (RLDP)

⁹ Welsh Government Wales Spatial Plans (WSP)

¹BP21 Site Deliverability Assessment (conwy.gov.uk)

The Local Authority with its partners has been working since 2009 to develop Llandudno Junction as a “distinctive community and a key economic hub at the heart of North Wales”. The development of new facilities in the areas will offer socio-economic benefits, including expected employment during the construction, ongoing career and training opportunities in Health and Care and general investment in the health and well-being of the area.

3.3 National Strategies

Welsh Government policy remains consistent in its direction towards co-ordinated services across sectors. A number of strategic and policy documents are referenced below, which have a significant impact and influence on the current and future direction and design of health care services in Wales and for this development including:

- The Well-being of Future Generations (Wales) Act, 2015¹⁰
- A Healthier Wales: Our Plan for Health and Social Care ¹¹
- Strategic Programme for Primary Care, 2018¹²
- Principles of Primary and Community Care Transformational Model (2018)¹³
- “Case of Change: The Future for Primary Care Premises in Wales”¹⁴

Primary Care stability and integrated health and care models are at the heart of “A Healthier Wales” and the primary care transformation model. The strategic direction is for a more proactive and preventative approach, with healthcare professionals in general practice being able to refer to a greater range of community services.

This SOC enables delivery of change aligned with these strategic contextual drivers and seeks to develop a *Level 4* large Health and Well-being Hub, supplemented with a smaller *Level 2* facility in the Cluster, as defined in the *Archus* report¹⁴.

3.4 Health Board Strategies

3.4.1 Living Healthier, Staying Well (LHSW)¹⁵

The Health Board’s strategy, Living Healthier, Staying Well (LHSW), was endorsed after public engagement in 2017/18 and the principles of LHSW remain relevant and inform the development of the SOC.

¹⁰The Well-being of Future Generations Act, 2015| GOV.WALES

¹¹ A Healthier Wales our plan for health and social care (gov.wales)

¹² Strategic Programme - Primary Care One (nhs.wales)

¹³ <https://primarycareone.nhs.wales/files/cluster-governance-a-guide-to-good-practice/resource-pack-3-maturity-matrix-for-clusters-pdf/>

¹⁴ “Case for Change: Future for Primary Care Premises in Wales” (*Archus* for Welsh Government, September 2021)

¹⁵ [BCUHB Living Healthier Staying Well, 2018.](#)

The priority delivery areas within this LHSW are:

- Improving health and well-being
- Care Closer to Home – is particularly relevant for this proposal
- Mental Health
- Excellent Hospital Care

Within the LHSW strategy, Care Closer to Home (CCtH) sets out BCUHB's plan to deliver "A Healthier Wales", in partnership with Social Care, independent and third sectors. This SOC aims to enable delivery of the new model of care in the community, focussing on the development of Health and Well-being centres/hubs and investment in:

- Community Resource Teams (CRT's)
- Integration between community and primary care teams
- Co-location of teams and services

The scope aligns with the description set out in the CCtH strategy.

3.4.2 Estates Strategy

In March 2019, the Health Board approved its Estates Strategy. The strategy supports the design and delivery of services, as influenced by the following factors: national strategic direction; demographic change; digital enablement of services; community transformation and integration; workforce and cultural priorities.

The following estates factors are significant to this proposal:

- Poor quality of the estate
- Lack of expansion space
- Opportunities for shared accommodation across services and organisations
- Direction for CCtH and *Archus* Review for Health and Well-being Hubs
- Environmentally friendly and sustainable buildings
- Backlog maintenance
- Disposal of estate that is surplus to requirement or high maintenance costs/backlog maintenance

3.4.3 COVID-19

COVID-19 and emerging requirements continue to shape standards and approaches and these will further inform plans and practices. With recent engagement from BCUHB and NWSSP, this project has developed a preliminary schedule of accommodation (Appendix C) in line with current all Wales guidance, COVID good practice, latest learnings and BCUHB policy including on infection prevention and ventilation.

3.4.4 Local drivers, organisational strategies including cluster (locality) plans¹⁶

The Conwy West Integrated Medium Term Plan (IMTP) for 2020 – 2023 supports seamless working in partnership with the Local Authority, Conwy County Borough Council (CCBC), and the Third Sector. The Locality is leading a Pace-Setter initiative, funded through Transformation grant, to explore governance and legal arrangements for an Integrated Health and Social Care Management leadership model as a single organisational unit, with autonomy, accountability and responsibility for:

- Resources & Budgets
- Planning & Commissioning
- Performance & Governance

The current direction, overseen by the Regional Transformation Board, aligns strongly with the findings emerging from the national (Wales) review of clusters by Alan Lawrie and proposals for 'Accelerated Cluster (locality) Development'¹⁶.

3.5 Local Engagement

In March 2021, the Health Board undertook engagement with local residents and services in Conwy /Llandudno Junction, including a short survey on "Your Community, Your Health, Your Views"¹⁷. Full detail of the findings from this phase of engagement are included in Appendix D.

Views from people living and working locally were invited to inform the future development of primary care in the area, with a plan for additional and ongoing engagement. 169 local residents and 30 people working or volunteering in health and social care participated and the priorities below are identified as the most important:

1. Buildings with space for a variety of health and wellness services
2. A range of health and wellness services
3. Parking available close by
4. Improved technology to access appointments and services
5. Staff who help me access the most appropriate service/s
6. Up to date buildings
7. Public transport nearby

Whilst services do exist in the community, not everyone is aware of them, and there is more work to build on communication and awareness, alongside understanding the barriers to accessing digital services in particular.

Engagement is ongoing, which will provide further opportunities for key groups to express their views on the priorities.

¹⁶ Cluster Gov Guide v16 1610182.pdf ([wales.nhs.uk](https://www.wales.nhs.uk))

Microsoft PowerPoint - Alan and Sue - Workshop (www.co.uk)

¹⁷ Conwy and Llandudno Junction Primary Care Health & Wellness Engagement Report BCUHB, 10 May 2021

Key Messages: Local Strategy and Policy

- This SOC is closely aligned with Local and Organisational Strategic plans.
- This proposal will deliver the principles set out in Care Closer to Home.
- This SOC is informed by local engagement and considers what is important to local stakeholders and the workforce in the required accommodation.

Part B: Case for Change

The SOC seeks to deliver high quality, safe Primary and Community Care from a fit-for-purpose Estate. The Case for Change consists of two key elements: the challenges and physical limitations of the existing estate; and the impact on sustainable services to meet the current and future needs of the population. In addressing the challenges, limitations and restrictions of the current estate serving this population, access, equality and sustainability will be significantly improved for this population.

3.6 Investment Objectives

| Investment Objectives | |
|-------------------------------|---|
| Investment Objective 1 | To facilitate the provision of primary and community care services in line with population needs, in a modern, fit-for-purpose premises. |
| Investment Objective 2 | To support the sustainability of Primary and Community Care in Conwy, Llandudno Junction and the surrounding area, through a more integrated health and care service model, and through enabling training and development of health and care staff, including medical students. |
| Investment Objective 3 | To provide a safe, modern working environment for Health Board staff and partners by having fit for purpose buildings. |
| Investment Objective 4 | To facilitate integration of services across primary, community, social and third sectors through co-location. |

A set of specific measures that evidence these objectives, including baselines, will be developed at OBC.

3.7 Existing Arrangements

3.7.1 Current Primary Care Estate

The Health Board's Estates Strategy recognises that the primary care facilities within

the Conwy/Llandudno Junction area are in need of urgent attention.

Within the scope of this proposal are several Primary Care Practices. Bodreinallt practice is an independent GMS contractor. Llys Meddyg / Gyffin is managed by BCUHB. Neither of the practices are dispensing or training practices currently.

Llys Meddyg and Bodreinallt are located in Georgian Town Houses in Conwy Town Centre, with no space for expansion, and fail to meet equality and accessibility requirements. Although both practices are located in Conwy town centre, this brings a number of challenges for patients. There is no car parking on either site, and town centre public car parks are full to capacity, especially during summer months, resulting in patients having to walk some distance.

Bodreinallt branch surgery is located in Llandudno Junction on a high street site, with no parking on site.

Gyffin surgery is located in a converted Chapel outside the main Conwy town centre. Although there is more space within Gyffin Surgery, car parking is limited. The Practice is managed by the Health Board and the building is leased.

Lonfa is an independent GMS practice, with a surgery in Llandudno Junction and a branch in Glan Conwy providing primary care services to this population.

The Lambert, Smith & Hampson (LSH) review of Primary Care Estate (2016), commissioned by NHS Wales Shared Services for BCUHB¹⁸ (See Appendix E), identified that a number of sites are not fit for purpose, in need of physical repair, and/or with improvements required for access and compliance including for equality and disability. The situation has deteriorated in the 5 years since the survey was undertaken. The 2016 review does not take account of the changing decarbonisation and infection prevention and control guidelines post COVID-19. In Conwy, the premises were overall not considered suitable for development, with only Gyffin with potential for some development. Specifically:

“In Conwy itself, significant issues were evident in relation to accessibility of properties, overcrowding and poor functional fit.”

Non-compliance with equality and accessibility issues and particularly lack of space was found to be of greater concern, followed by the physical condition of the primary care premises. The LSH review also identified that there is no space for practices to grow and this limits opportunities for innovating service delivery within existing buildings, and no space to facilitate training student placements – a core requirement and planned additionality for the future.

These factors have a negative impact on long-term sustainability of primary care and an adverse environmental impact. Based on the LSH report, the Health Board has consequently placed a high priority on Conwy/Llandudno Junction premises in its

¹⁸ Condition Appraisal For Primary Care Facilities on behalf of Betsi Cadwaladr University Health Board (BCUHB), October 2016.

pipeline of Primary Care estates development.

3.7.2 Health Board Estate: Maes Derw Clinic

Maes Derw Clinic is located on a housing estate in Llandudno Junction, and is owned by BCUHB. There is no space for expansion, limited car parking, and overcrowded accommodation, which cannot easily be adapted to provide safe clean care post Covid-19. The building is timber framed and single-glazed and the Maes Derw site is substantially smaller than is required for the integrated premises and services options in the scope of this SOC.



In 2018 the cost to resolve the issues at Maes Derw were estimated at £600k. Quotes for other works in 2021 indicate that costs have increased by c.10-20%.

Community services currently located at Maes Derw are in the scope of this SOC. The clinic and office spaces are in need of expansion and modernisation, in line with COVID-19 good practice. The Community Dental Service has identified this site as no longer fit for purpose outside this project scope and their strategy is going through discussion and approval. Any impacts resulting for community dental services for future and associated space requirements, will be considered further in the OBC stage.

The Table below provides a summary of the current condition of the buildings.

| In scope practices | Condition | Equality/ Access | Space | Function | Parking |
|---|--|--|--|----------|---|
| Llys Meddyg – Conwy BCUHB managed currently | | | Already Fully Used | | Very restricted parking |
| Gyffin Surgery, Conwy Leased building & BCUHB managed currently | | | Almost fully used *except for 1 storage & 1 st floor meeting room | | Limited on-site. Small public car park nearby |
| Bodreinalt Conwy (main) Independent | | | Already Fully Used | | Very restricted parking |
| Bodreinalt (branch Conwy Road) Llandudno Junction Independent | New central heating system & backlog maintenance flagged Ventilation concerns | No accessible WC for patients inc wheelchair users | Already fully used & over crowded 2 room only main use clinic | | No parking |

3.7.3 Limitations of the Estate

The layout and condition of the current estate continues to impact on BCUHB's ability to provide a safe, accessible, fit for purpose and modern environment with sufficient physical space to enable a sustainable range of health and well-being services.

Buildings do not comply with legislation and are too small and outdated.

Car parking is restricted on most sites, in particular Llys Meddyg and Bodreinalt in Conwy Town Centre. Patients have to park in public car parks, which are under increasing pressure during peak tourist season. However one of the advantages of town centre sites, is good public transport links, with bus stops in close proximity to the surgeries.

The experience of COVID-19 continues to influence the design of health buildings, in particular new guidance with regard to social distancing for staff and patients, enhanced ventilation and de-contamination facilities. It is not possible to be fully compliant with any new or emerging technical standards within the current buildings.

Key Messages: Current Estate

- The Primary Care Estate is not fit for purpose.
- The Health Board's Estate at Maes Derw is not fit for purpose.
- Unable to meet new and emerging standards resulting from COVID-19 and the decarbonisation agenda.
- Inadequate space to accommodate the training of future professionals.

3.7.4 Design Principles

- Facilities will be designed to balance sustainable and efficient space.
- The design will be future proofed to support sustainable delivery.
- Sufficient space will be provided, including space for clinical training roles and to facilitate wider community education.
- Open, digitally enabled office spaces, enabling collaboration between teams.
- Fewer desks will be needed for non-clinical workers, due to agile working.
- Learning acted on from Covid-19 and for meeting new building regulations.
- Buildings will enable environmental sustainability.
- Construction will enable environmental sustainability: e.g. urban drainage system; renewable energy sources.
- Services will be accommodated as close to home as is practical.
- Accessible premises with parking and near public transport routes.

3.8 The Service Model – Case for Change

This section describes the current services, and the impact of challenges associated with the estate on current and future service needs.

Primary care

Several GP Practices serve the area and local population operating from multiple sites. A brief summary of the practices is provided below. This SOC is for primary and community services, which meet the needs of the whole community. It would be advantageous to include all practices in the development and the project. At OBC the engagement will be maintained with stakeholders, including the GP surgeries (Lonfa is currently out of scope for this development from early engagement findings and decisions they have communicated to date).

| GP Practices serving Conwy & Llandudno Junction population | | | |
|--|---------------------|---------------------|--|
| Practices | Practices | Practices | Patient list size / practice population |
| Llys Meddyg /Gyffin | Llys Meddyg /Gyffin | Llys Meddyg /Gyffin | 7292 combined list size as at August 2021 Recently merged (2021) |
| Bodreinalt – main | Bodreinalt – main | Bodreinalt – main | 7010 Bodreinalt list size combined for main practice & branch as at August 2021 |
| Bodreinalt – Branch | Bodreinalt – Branch | Bodreinalt – Branch | As above |
| Lonfa | Lonfa | Lonfa | 2,269 Main Surgery in Llandudno Junction. Practice accommodation not currently in scope |

- None of the Practices dispense.
- None of the Practices currently provide training placements for Medical Students or GP Registrars.
- Llys Meddyg and Gyffin Surgeries are both Health Board managed and have

recently merged with each other (March 2021).

- Llys Meddyg/Gyffin is currently out to tender for a new GMS contractor

The premises these practices are operating from currently, restrict access and the current and future range and scope of services provided. In addition, the Conwy West Cluster has been innovative and has funded new roles, that require clinical space to see patients and appropriate office space.

Community Resource Teams (CRT)

A CRT consists of community nurses, therapists, support staff and social care practitioners working together in partnership in a designated geographical area. Five CRTs operate in the county of Conwy, all of which have shared accommodation, except the “Coastal” CRT which serves the coastal area between Llanfairfechan and Llandudno Junction. District Nurses and Social Care staff occupy two rooms in a GP Practice in Llanfairfechan and the District Nursing team’s main base is in the Maes Derw building in Llandudno Junction. The creation of a base where nursing, therapy and social care staff can work together will bring the Coastal CRT in line with the other four CRTs in Conwy with established bases. The bases support increased integrated working and the flexible deployment of staff and resources to meet the needs of the CRT population.

Community Services

The Maes Derw clinic provides clinical accommodation for the District Nurses, Health Visitors, Podiatry service and a community dental surgery. It also serves as an office space for these teams and supporting accommodation, including staff meeting and rest rooms, equipment and consumables storage. As described earlier, the accommodation is in a poor state and it no longer meets the needs of the service, impacting upon service delivery and development, particularly in respect of community dental services. Significant investment would be required to upgrade ventilation systems in line with recent guidance.

The minimum scope option in this development reflects a single community dental clinic, with the intermediate and maximum scope options including the potential of uplifted dental provision to two surgeries and associated accommodation. CDS requirements will be aligned with decisions pending.

An improved environment will be provided for all community services currently based at Maes Derw Clinic as part of this SOC.

Mental Health Services

*Together for Mental Health*¹⁹, Welsh Government’s Strategy for Mental Health and Well-being, describes the strategic context for adult MH services, with Local Primary Mental Health Services delivered from primary care and community settings. Pre-

¹⁹ The Mental Health and Well-being Strategy for Wales - Mental Health Wales.

Covid-19, the service was mainly delivered face-to-face from GP surgeries. Elderly Mental Health Services (EMH), including dementia services, memory clinics and carer support are usually delivered within the community. The Health Board has recently invested in a well-being support service, known as ICAN²⁰, which provides support at foundation or Tier 0 within the community.

The lack of appropriate space in the area inhibits the provision of services within the community, and the opportunity for integrated working with GPs and other professionals.

Third sector services for patients and carers are remotely located, and isolated from other primary and community services, which impedes the opportunity for signposting or collaboration to prevent the need for more formal intervention.

Local Authority – Flying Start Conwy²¹

The Flying Start team is managed by the Local Authority. The scheme aims to provide intensive support for children aged under 4 years old and their families. The team comprises health, social care and well-being officers. There is a growing need for this service for young families in Llandudno Junction in particular, where there has been a growth of new housing and young families. The service's main base is at the Council offices, Bodlondeb, Conwy – outreach is offered in each of the five West locality areas by way of:

- Drop-ins
- Walk and talk, parenting,
- Baby massage, play, baby club, cuppa and a chat
- Visiting families at home to assess support needs

The number of service users supported by the Family Centre team is increasing. Approximately 100 service users per area of the West are envisaged over a 12 month period, though not all using the service at any one time. In the West Team, approximately 400 families are referred each year, which is almost 30% of the current 1400 referral demand from across the 5 centres in a year.

Other Community Services

The following services, within the wider locality, are strategically aligned with this development and there may be opportunities to consider including some or all of these services within the scope of this proposal:

- The Podiatry clinic at Llys Dyfrig in Llandudno. Although adjacent to an Extra Care Housing development, this location is not easily accessible by the wider community. The service could be more efficient if consolidated with other community clinics.

²⁰ I CAN - Betsi Cadwaladr University Health Board ([nhs.uk](https://www.nhs.uk)).

²¹ [Flying Start Conwy - Conwy County Borough Council](#).

- The Primary Care Treatment Centre at Llandudno General Hospital provides services to the local population, predominantly: wound care, phlebotomy, leg ulcer clinics, ear syringing and, as it develops, zoladex and Vit B12 injections and other treatments.

Its purpose is to meet the needs of patients who would otherwise visit their own GP or District Nursing service for this case, to release capacity in those services for other, more complex patients. This model is efficient and has demonstrated how it supports primary care provision. However, due to competing pressures on accommodation in the area and the impact of Covid-19, the service has been relocated three times in the past four years and is more closely aligned strategically with a Health and Well-being hub, than a general hospital.

Staff related facilities

In general, all primary and community services are accommodated in a range of buildings with poor facilities for staff, with limited or no access to:

- Equipment and consumables storage
- Clinical Records storage
- Staff welfare, lockers, changing and break areas
- Accessible toilet facilities and changing rooms
- Meeting rooms (one to one and larger groups)
- Hot desks for visiting professionals

This SOC affords the opportunity to consolidate the support areas and to share accommodation, including making space available for Third Sector groups.

Prevention and well-being

Care Closer to Home mandates a more holistic package of support across the main areas of prevention and early intervention. Co-locating a greater range of primary and community teams will provide opportunities for better integration, navigation and co-ordination of a wider range of services. This proposal will enable self-help, reducing the demand on services and resources by reducing clinical demand, and by developing a well-being vision for the population. This will be reinforced through signposting to activities such as volunteering, arts, groups, and social activities (e.g. gardening, befriending, cookery, healthy eating). Space will be available for programmes that can become the trigger to changing perceptions and behaviours, such as weight management and smoking cessation.

Key Messages: Services

- A range of primary and community services are available – however the current estate inhibits –
 - Integration
 - Collaboration
 - Expansion
 - Sustainability

3.8.1 Summary Business Requirements

- To provide an accessible, safe, physical environment to agreed core standards in support of our commitment to consistently high-quality services.
- To provide capacity for co-locating services, whilst balancing this with the need to provide care closer to home.
- To ensure there are flexible, hot-desking arrangements across more than one site and agile working is encouraged and digitally enabled.
- To deliver an environment that enables and supports training, career development and future skills, including medical students.
- To offer a welcoming and energising environment for benefiting day-to-day experiences, health and well-being for the community and the workforce.
- To enable continued development of multi-agency working across professional boundaries and a leadership model across health and care.
- To ensure accessibility and ease of working from a number of sites.
- To provide access to flexible spaces that can be booked and used by clinical and non-clinical teams, for meetings and groups and activities.
- To offer accommodation which supports the shift towards a more preventative agenda, enabling sign-posting and promotion of health awareness ongoing.
- To provide capacity for Advanced Practitioners in Therapies or Nursing to consult with and prescribe for people seeking support.
- To enable the opportunity for shared facilities/services, e.g. management of and access to medical records, shared waiting areas and reception facilities.
- To achieve sustainable environmental standards and targets.
- To reduce maintenance backlog and significant repairs costs and risks.

There are further opportunities for closer working between GMS and Health Board managed Primary Care services, which could include elements of shared services for the locality e.g. administrative and “back room” functions, or shared access to clinical and enhanced services. The Primary Care Academy²² is supporting this transformation and funding workforce innovations, such as Advanced Paramedic Practitioner posts and the Physician’s Assistant role, which, combined with a stronger focus on prevention and social prescribing, help release GP time for more complex patients.

²² Primary and Community Care Academy – Betsi Cadwaladr University Health Board (primarycare-online.co.uk)

3.9 Benefits Criteria

The Benefits Criteria are aligned with the Investment Objectives, shown below.

| Investment Objectives | Main Benefits Criteria |
|--|--|
| <p><u>Investment Objective 1</u> To facilitate provision of primary and community care services in line with population needs, in a modern, fit-for-purpose premises.</p> | <ul style="list-style-type: none"> ▪ Premises with adequate space, a level of future proofing and considered layout for agreed scope. To be measured through public and staff engagement ▪ Accommodation which meets standards, including for DDA access, ventilation, infection prevention and control, low carbon footprint ▪ Local access for patients to primary and community health facilities for diagnosis, care and treatment ▪ Multi-agency working across multiple sites enabled – MDTs and use of buildings ▪ Hot desks and agile work reduce overall desk numbers post pandemic ▪ Socio-economic benefits during construction through creation of jobs, apprenticeships, opportunities for people with protected characteristics and education links ▪ Socio-economic benefits long term in training and career development opportunities at the new development and the wider regeneration of the locality as an economic “hub” |
| <p><u>Investment Objective 2.</u> To support sustainability of Primary and Community Care in Conwy, Llandudno Junction and surrounding area, through a more integrated health and care service model, and through enabling training and development of health and care staff, including medical students.</p> | <ul style="list-style-type: none"> ▪ Adequate accommodation for Cluster funded posts to be based and from which to deliver new services ▪ Modern buildings towards accommodating recruitment and retention of staff ▪ Provision of space for placements for health and care students, medical students, ensuring role development and succession planning ▪ Flexibility and Accessibility of rooms – use and booking process ▪ Increased number of staff able to deliver services in Mental Health, well-being services, CRT and Therapies |
| <p><u>Investment Objective 3.</u> To provide a safe, modern working environment for Health Board staff and partners by having a building fit for purpose</p> | <ul style="list-style-type: none"> ▪ Patient and workforce responses measured ▪ Achieves Estates KPIs ▪ Buildings meet agreed required standards BREEAM (Very Good). ▪ Estates KPIs achieved ▪ Compliance achieved for IPC, Security, Fire, Health and Safety including Covid measures |

| | |
|--|---|
| | <ul style="list-style-type: none"> ▪ Parking at agreed levels ▪ Compliance issues removed/reduced and associated risk reduction ▪ Reduced backlog maintenance/repairs costs |
| <p><u>Investment Objective 4.</u></p> <p>To facilitate integration of services across primary, community, social and Third sectors through co-location.</p> | <ul style="list-style-type: none"> ▪ Co-location and use of buildings – staff engagement and monitor use ▪ Increased productive partnership working ▪ Evidence of collaboration and ability to implement the Pace Setter plan ▪ Evidence of shift from medical to other interventions ▪ Evidence of prevention and signposting ▪ Improved outcomes for people with chronic conditions |

3.10 Risks - summary

| Main Risks | |
|---------------|--|
| Risk 1 | <ul style="list-style-type: none"> ▪ Capital may not be available for the development. |
| Risk 2 | <ul style="list-style-type: none"> ▪ Limited availability of suitable buildings/sites in the locality. |
| Risk 3 | <ul style="list-style-type: none"> ▪ Risk that potential sites may not still be available, pending business case development and approval timeline. |
| Risk 4 | <ul style="list-style-type: none"> ▪ GP Practices may not commit to the proposal. |

3.11 Constraints

| Constraints | |
|-------------------------------|--|
| Constraint 1 - Funding | Availability of capital funding. The preferred route for funding this priority business case, will require All Wales capital funding. However, the Economic case does explore alternative funding options. |
| Constraint 2 - Sites | <p>Availability of appropriate sites. Options have been identified with Conwy County Borough Council (CCBC) and NHS Wales Shared Services (NWSSP).</p> <p>Each site option has related considerations, possibilities and constraints for this development.</p> |

3.12 Dependencies

| Dependencies | |
|--|---|
| National Strategic Context | WG expectation of a pan-North Wales primary care strategy. |
| BCUHB Estates and Primary Care Strategies | BCUHB Capital Investment Group expectation of pan-North Wales primary care estates strategy and Health Community strategy, along same timeline as this SOC. |
| Stakeholder Expectations (GP Partners) | Continued support from GP practices in the locality to relocate, adapt to new ways of working and potentially, federate some services. |

3.13 Interfaces

| Interfaces | |
|-----------------------------|---|
| Service Improvements | Development, bedding in and roll out of service improvements from two key Pacesetter schemes, including the Conwy West Leadership and Governance framework. |
| Strategic Changes | Alignment of local and national health and social care strategy and policy, changes to operational, leadership or workforce models could influence the requirements and timing of the proposal. |

3.13 Enabling Factors

| Enabling Factors | |
|---|--|
| IT and Technology | IT and technology providing opportunities for joint working. across professional and organisational boundaries. Enabling clinicians to communicate with patients remotely. |
| Clinical Strategies and Pathway design | Clinical strategies and patient pathway development, streamlining and phasing. |
| Locality and Cluster priorities | Transformation work and cluster (locality) work. Cluster (locality) plans & priorities. |
| Ongoing Revenue Commitment | It is envisaged that this proposal will be revenue neutral. |
| New Ways of Working | Enabling service change and efficiency through co-location and further opportunity for integrated ways of working. Focus on health and well-being as a core foundation. Performance and people focus, inclusive and forward acting. Enabling and encouraging ownership from everyone. |

4. The 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 SOC documents the wide range of options that have been considered in response to the potential scope identified within the strategic case.

4.2 Critical success factors – Llandudno Junction / Conwy

The critical success factors for the project aligned with those outlined in the Scope document October 20 are as follows:

CSF1: Strategic fit - how well the option provides holistic fit and synergy with other key elements of national, regional and local strategies.

CSF 2: Benefits Optimisation - how well the option optimises the potential return on investment: enabling health and well-being outcomes and opportunities for people; delivering organisational benefits; enabling socio-economic benefits.

CSF3: potential achievability - the organisation's ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks. The organisation's ability to further develop progressive and collaborative working within and across organisational boundaries

CSF4: supply side capacity and capability - the ability of the market place and potential suppliers to deliver the required services and deliverables.

CSF5: potential affordability - the organisation's ability to fund the required level of expenditure – namely, the revenue consequences associated with the proposed investment and service delivery model.

4.3 The long list of options

The long list of options was generated using the options framework, which systematically works through the available choices for what (scope), how (service solutions), who (service delivery), when (implementation), and funding. This process results in options either being discounted, carried forward for further consideration in the short list or identified as a preferred choice. Site options are being explored and illustrated in Section 4.3.2.

| Options | Finding |
|---|---|
| 1. Scope | |
| 1.1 'Business as usual' – i.e. continue with current arrangements for service provision, with incremental investment to prevent further deterioration of the estate | Discounted and listed for comparison – it will not address the service and estates issues outlined in the strategic case. Retained as a comparator to assess value for money |

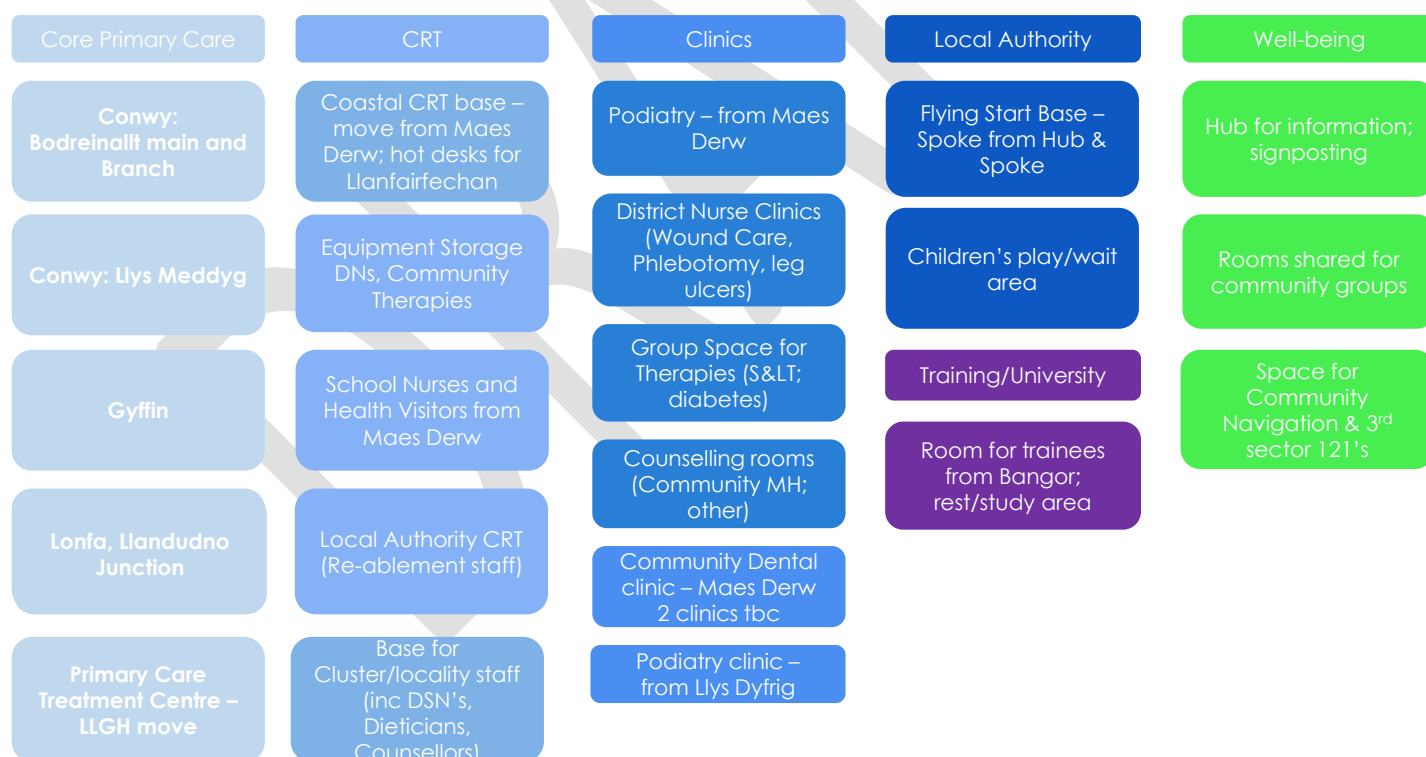
| Options | Finding |
|--|--|
| 1.2 New and/or upgraded premises in fit-for-purpose environment for GP services. | Discounted – could increase sustainability of the practices but will not address the service opportunities for collaboration, integrated working and social prescribing as defined in the Strategic Case. |
| 1.3 New and/or upgraded premises in fit-for-purpose environment for GP services. Expanded space for medical trainees. Integrated with CRT office base and clinics, including Podiatry, currently located at Maes Derw, and the single community dental surgery at Maes Derw. | Possible – will increase sustainability of the GP practices and deliver some opportunities for collaboration and integrated working defined in the Strategic case. |
| 1.4 As 1.3 plus incorporate space for therapies group work and expansion space for one-to-one Therapies and integrate space for mental health counselling, Memory Clinics and other one-to-one services. Expand community dental facility to 2 surgeries to support local population needs and incorporate Children's Services (school nurses and Health Visitors) and Family Centre. Incremental to Option 1.3. | Possible – increases sustainability and expands opportunities for collaborative working and integration of CRT and GP services. Supports integration of community mental health and enables expansion of services. Integrates Children's services with Health and Care, responding to some of the demographic pressures arising from increased housing stock and young families in the area, explained in Strategic case. |
| GP services, CRT, Therapies, Community Mental Health, Expanded Community Dental Service, Children's services, integrated Flying Start team and increased space for Well-being activities, including digital access. Expanded space for training and career development for a range of professions Incremental to Option 1.4. | Possible. Increases sustainability and opportunities for integration as Options 1.4 and 1.5. Enables move towards a preventative model and integrates 3 rd . sector services within the Health and Care setting. Supports the needs of the community outlined in the Strategic Case. |
| 1.6 GP services, CRT, Therapies, Community Mental Health Children's services, integrated Flying Start team, increased space for Well-being activities, expanded training spaces, and integrated services from other sites: <ul style="list-style-type: none"> • Primary care Treatment Centre to relocate from Llandudno General Hospital; • Podiatry clinic to relocate from Llys Dyfrig, Llandudno; and • Accommodation for Cluster staff (DSNs, Dieticians, Counsellors) Incremental to Option 1.5. | Preferred. Increases sustainability and opportunities for integration as Options 1.5 and 1.6. Enables move towards a preventative model and integrates 3 rd . sector services within the Health and Care setting. Enables wider development of centre of excellence for Primary care incorporating the Treatment Centre into a local community hub setting and expanding on Therapy services in place. Supports the needs of the community outlined in the Strategic Case. |

| Options | Finding |
|--|--|
| 1.7 As Option 1.6 with addition of relocated office base, equipment and medical records storage for Children's Services staff from 204 – 206 Abergele Road in Colwyn Bay. Incremental to Option 1.6. | Discounted Staff based in Colwyn Bay are serving that cluster and an alternative to 204/206 Abergele Road should be found in that local area, in line with Care Closer to Home |
| 2.0 Service solutions | |
| 2.1 Maintain separate accommodation for teams, as currently | Discounted. Will not encourage the collaborative working or potential expansion of social prescribing and well-being opportunities as described in Strategic case |
| 2.3 Maintain and refurbish some or all of the existing premises. Incremental to Option 2.1 | Discounted. Will not enable service model as defined under the Strategic case. Limited room for expansion of most existing premises. Constrains potential value from investment. |
| 2.2 Accommodate services and multiple agencies in larger premises, possibly incorporating refurbishment of an existing building in the other large town (either Conwy or Llandudno Junction) | Preferred as co-location has had demonstrable benefits to collaborative working in other settings. However, there is a perceived need for more than one health and well-being centre in this locality to maintain access for the population of c. 20,000. |
| 2.3 Accommodate all services and multiple agencies in a single building | Possible. Not preferred as this would entail moving some services away from one of the towns within the community. |
| 3.0 Service delivery | |
| 3.1 In-house | Discounted – Strategic case requires alignment of health and care delivery models and with preventative and well-being services delivered through other sectors. |
| 3.2 Outsource | Discounted – not in line with Welsh Government policy |
| 3.3 Strategic partnership | Preferred – The service delivery model will be integrated partnership arrangement, building on the development of Leadership and Governance models outside the project. |
| 4.0 Implementation | |
| 4.2 “Big bang” or single phase implementation | Possible – the service and estates issues are interlinked and it would be advantageous to be resolved as a single project. However, should multiple new as well as existing sites be involved, the logistics are challenging. |
| 4.3 Phased | Preferred – Should the phasing entail decant from more than one site and multiple new and/or refurbished sites. |

| Options | Finding |
|--|---|
| 5.0 Funding – of development | |
| 5.1 Third Party development | Possible Not tried and tested route for funding the clinic and other healthcare accommodation. However, significant experience in relation to GP premises. |
| 5.2 All Wales capital funding | Preferred Long term sustainability of running the site(s) if capital funding available. Challenge in level of funding available in medium term. |
| 5.3 Potential mixture, depending on level of site development and number of sites. | Possible. Depending on preferred way forward for site(s). |

4.3.1 Scope

The Project Board has agreed the scope of the proposal. The preferred way forward is maximum scope, Option 1.6, illustrated below – other minimum, intermediate and maximum scope options are included in Appendix F for completeness. The status quo and an intermediate scope option, 1.4, will be considered in the economic analysis at OBC for comparative purposes.



4.3.2 Site Options

A number of sites have been investigated in the area and NHS Wales Shared Services (NWSSP) has provided intelligence about sites available of appropriate size including for Intermediate and Maximum scope. The table below illustrates different site options with particular focus exploring:

- Bodlondeb – greenfield site at the location of one of the Council Offices in Conwy town centre
- Nant Y Coed School – former school which was relocated 3 years ago. Currently derelict site in residential area close to the town in Llandudno Junction
- Conwy Road Site Youth Centre and Labour Club (combined possibility) – Llandudno Junction. Currently occupied. Extremely large town centre premises.
- Maes Derw - BCUHB owned building in very poor condition with no option to extend the land. However, could be useful for development as a branch site, should the main Hub be in Conwy town.

Appraisal of Site Options

The table below lists site options evaluated against the CSFs and for ability to develop site and its accessibility. Further evaluation and shortlisting to be completed at OBC.

| Site | Fit with CSFs | Access-ibility | Ease to develop | Findings at SOC |
|--|---------------|----------------|-----------------|--|
| Bodlondeb, Conwy | High | High | High | Preferred – ease of new build at site and location central. Would need Branch practice in Llandudno Junction to meet population needs. |
| Nant y Coed School, Llandudno Junction | High | Med | Med | Possible – some constraints requiring significant development of highways and procurement of residential units to divert traffic. Good size site and location. |
| Conway Rad Youth Centre and Labour Club site | High | High | Med | Possible – some challenges to relocate Labour club or site not big enough. |
| Black Cat Roundabout, Glan Conwy | Med | Med | High | Discounted – location not in town centre or easily accessible from Conwy by regular public transport. |
| Gyffin Education Centre Gyffin | Med | Med | Low | Discounted by Local Authority. |
| Conwy Business centre at Llandudno Junction | High | Med | Low | Discounted by Local Authority. |
| Gyffin Surgery, Gyffin | Med | Med | Med | Possible – could be developed as branch practice if large site in Llandudno Junction. This is leased property however. |
| Bodreinalt, Cony | Low | Low | Low | Discounted – site too small and challenging to develop. |
| Bodreinalt Branch, Llandudno Junction | Low | Low | Low | Discounted – too small and challenging to develop. |

| Site | Fit with CSFs | Access-ability | Ease to develop | Findings at SOC |
|--------------------------------------|---------------|----------------|-----------------|---|
| Llys Meddyg, Conwy | Low | Low | Low | Discounted - Leased listed building, very poor access. |
| Maes Derw Clinic, Llandudno Junction | Low | Med | High | Possible – Could redevelop site as a branch practice for GP and CRT – only fits CSFs if the main hub is in Conwy. |

4.4 Short-listed options

The 'preferred' and 'possible' options identified in the table above have been carried forward into the short list for further appraisal and evaluation.

All the options that were discounted as impracticable have been excluded at this stage. ALL Options entail Phased implementation.

Different funding models may necessitate additional OBC. These options assume an all-Wales capital solution.

Based on this analysis, the recommended short list for further appraisal within the OBC is as follows:

- **Option 1** – business as usual: i.e. continue with current arrangements for service provision, with incremental investment to prevent further deterioration of the estate. This is included as a baseline to compare the value for money of other options.
- **Option 2** – Minimum scope of integrated GP services in one or more settings Could be funded through All Wales capital or third Party development.
- **Option 3** – Intermediate scope of GP services and medical trainees, CRT office base and clinics, Therapies clinics, refurbished or relocated dental clinic, Community Mental Health services, Children's services, integrated Flying Start team and increased space for Well-being activities and teams in one or more settings, including one new build and one refurbished general practice building. Funded through All Wales capital or Third Party Development.
- **Option 4** – Maximum scope of GP services and medical trainees, CRT office base and clinics, Therapies clinics, expanded community dental service, Community Mental Health services, integrated Flying Start team and increased space for Well-being activities and teams, incorporating relocation of other services:
 - Primary care Treatment Centre from Llandudno General Hospital;
 - Podiatry clinic from Llys Dyfrig, Llandudno
 - Accommodation for Cluster staff (DSNs, Dieticians, Counsellors).
 To be delivered from one or more settings, including one new build and one refurbished general practice building. Funding to be determined at OBC.

5 The Commercial Case

5.3 Introduction

This section of the SOC outlines the proposed deal in relation to the preferred way forward outlined in the economic case. It gives a very high level, preliminary view. Detailed analysis will take place at OBC/FBC stage.

5.4 Required services

Given the estimated levels of capital expenditure, the scheme is likely to be procured under the All Wales Framework.

5.5 Potential for risk transfer

This section provides an initial assessment of how the associated risks might be apportioned between the Health Board and the contractor. The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM). The table below outlines the potential allocation of risk, which is the standard distribution at this stage in the development of a scheme.

| Risk Category | Potential allocation | | |
|---------------------------------------|----------------------|---------|--------|
| | Public | Private | Shared |
| 1. Design risk | | | ✓ |
| 2. Construction and development risk | | | ✓ |
| 3. Transition and implementation risk | | | ✓ |
| 4. Availability and performance risk | | | ✓ |
| 5. Operating risk | ✓ | | |
| 6. Variability of revenue risks | ✓ | | |
| 7. Termination risks | ✓ | | |
| 8. Technology and obsolescence risks | | | ✓ |
| 9. Control risks | ✓ | | |
| 10. Residual value risks | ✓ | | |
| 11. Financing risks | ✓ | | |
| 12. Legislative risks | ✓ | | |
| 13. Other project risks | ✓ | | |

5.6 Personnel implications (including TUPE)

It is anticipated that the TUPE– (Transfer of Undertakings Protection of Employment) Regulations 1981 – will not apply to this investment.

5.7 Procurement strategy and implementation timescales

It is anticipated that the project is procured via Welsh Government's All Wales Capital Programme. The OBC will incorporate a full evaluation of funding options, including third party development.

In term of timelines for delivery, work is required to model a number of possible scenarios. The starting point for this analysis assumes a scenario where current guidelines and processes are followed in full (i.e., a 3-stage business case process SOC-OBC-FBC), with appointment of contractors from the approved framework.

In this instance, the estimated times for the production of business cases and construction are based on previous experience in the Health Board and elsewhere in Welsh Government. The total estimated time to completion under this scenario is estimated to be 18 -24 months from approval of SOC.

Subject to agreement of the SOC, and Welsh government approval with an approved realistic timeline committed, the implementation milestones will be as follows:

| Milestones | Indicative Date |
|---|------------------------|
| Internal BCUHB approval of SOC | November 2021 |
| WG Review of SOC and approval to proceed | January 2022 |
| Completion of OBC – incl. internal approval | December 2022 |
| WG Review of OBC and approval to proceed | February 2023 |
| Completion of FBC – incl. internal approval | July 2023 |
| WG Review of FBC and approval to proceed | October 2023 |
| Completion and Handover | June 2025 |

6 The Financial Case

6.3 Introduction

The purpose of this section is to set out the indicative financial implications of the preferred option (as set out in the economic case section) and the proposed deal (as described in the commercial case section). The detailed analysis of the financial case, including affordability, is part of the development of the OBC/FBC.

6.4 Capital Costs

As outlined in the Economic Case, the capital costs of the scheme will depend on the final decision of the scope of services and the physical solution/s, which will be determined as part of the OBC stage.

Indicative capital costs have been calculated on the options outlined in the Economic Case at £16-£19 million at Pub Sec 250. This estimated capital range excludes optimum bias currently at 24% which is to be applied, as recommended in HM Treasury guidance and also excludes inflation.

There are assumed to be no incremental staffing costs as a result of this plan. The revenue drivers will be around lifecycle costs for the estate, accounting for any property disposals we may make. There is no expectation that non-pay revenue costs will increase. There may be efficiencies through sustainable efficient buildings and removal of ongoing maintenance. This will be evaluated at OBC.

The ethos and approach to service delivery may change. However, the staffing model costs will not; hence, staffing costs are not included.

The estimated capital costs for the short-listed options ranges between £15.57million – £18.76million.

6.5 Impact on the organisation's income and expenditure account

Costs are based on the following assumptions:

- Staffing and staff-related (non-pay) costs of the services are assumed at the same level - as we are working to current staffing model continuing.
- The centralisation or co-location of services provides the opportunity for best practice and innovation to foster at a greater pace within and across multi-disciplinary teams.
- It is recognised there is a cost associated with the running costs of the Health and well-being premises, but some of this will be offset by current running costs and where possible, reducing or removing backlog maintenance costs or releasing existing buildings aligned with the agreed services and estates plan.
- The assumption is made that Maes Derw BCUHB owned building in Llandudno Junction will be disposed of unless it is used as a site for a branch surgery / satellite health facility if the main site is in the town of Conwy.

7 The Management Case

7.3 Introduction

This section of the SOC addresses the achievability of the scheme. Its purpose is to set out the actions that will be required to ensure the successful delivery of the scheme.

7.4 Project management arrangements

The project management arrangements for capital projects are outlined in the Procedure Manual for Managing Capital Projects, which was adopted by the Health Board in May 2015.

The project will be managed in accordance with PRINCE 2 project management methodology to enable a well-planned and smooth transition to the new service models. There will be a strong focus on the delivery of the objectives and benefits.

The SRO for the project is Dr. Chris Stockport, Executive Director of Primary and Community Care.

In view of the scale and complexity of the project, a dedicated project team will be identified to develop the OBC, and co-ordinate the commissioning and input of specialist analysis. The project team will include the following components:

- Services, Central Area Project Director - Alison Kemp, Assistant Area Director of Primary and Community Care
- Clinical Lead –Nichola Hughes, Interim Head Of Community & Primary Care Nursing;
- Medical Lead - Dr. Nicky Davies, Assistant Medical Director, Central Area;
- Cluster Lead – Geraint Davies
- Partner Leads from Social Care and Third Sector – Hannah Fleck, CCBC; Geraint Davies, CVSC
- Engagement Lead – Megan Vickery, Snr Project Officer, Central
- Project Manager – Rachel Worrall, Project Manager, Central Area
- Financial Lead – Nigel McCann, Chief Finance Officer, Central
- Planning Lead, Capital – Neil Bradshaw

It is anticipated that the strategic direction on Workforce models and Leadership and Governance framework will come from the Pacesetter schemes referenced in the Strategic Case. The workforce expertise will support the implementation of the model for the new environment. Engagement with staff and stakeholders will be crucial.

7.5 Target Milestones

The target milestones for the project are currently outlined in the table below. These will be reviewed to ensure alignment with other organisational changes, developments and dependencies:

| Milestones | Target Date |
|------------|-------------|
|------------|-------------|

Internal BCUHB approval of SOC
WG Review of SOC and approval to proceed
Completion of OBC – incl. internal approval
WG Review of OBC and approval to proceed
Completion of FBC – incl. internal approval
WG Review of FBC and approval to proceed
Completion and Handover

November 2021
January 2022
December 2022
February 2023
July 2023
October 2023
June 2025

8 Conclusion and Recommendation

This Strategic Outline Business Case is recommended for approval.

DRAFT

List of Appendices – available to members on request

| | |
|------------|---|
| Appendix A | Demographics |
| Appendix B | Social determinants of health model |
| Appendix C | Preliminary draft schedule of accommodation |
| Appendix D | Local engagement |
| Appendix E | Lambert Smith Hampton Estates Review |
| Appendix F | Scope of services |
| Appendix G | Capital cost range estimate |
| Appendix H | Equality Impact Assessment Screening Form |
| | Socio Economic Duty |



GIG
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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

| | | | | | | | |
|--|--|---|--------------------------|--|--------------------------|--|-------------------------------------|
| Cyfarfod a dyddiad: Meeting and date: | Performance Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Business Case Tracker | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Chris Stockport Executive Director Primary Care and Community Services | | | | | | |
| Awdur yr Adroddiad Report Author: | Ian Howard Assistant Director Strategic and Business Analysis | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Not Applicable | | | | | | |
| Atodiadau Appendices: | Appendix 1 Capital business case tracker Appendix 2 Revenue business case tracker | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The Committee is asked to note the contents of the business case trackers and agree the programme for the Committee to receive post-project evaluations of major capital schemes. | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | <input checked="" type="checkbox"/> | Ar gyfer Trafodaeth For Discussion | <input type="checkbox"/> | Ar gyfer sicrwydd For Assurance | <input type="checkbox"/> | Er gwybodaeth For Information | <input checked="" type="checkbox"/> |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Sefyllfa / Situation: | | | | | | | |
| The business case trackers are presented as part of the routine update on the implementation of the Health Board's plans. | | | | | | | |
| In addition, the Committee has requested a timetable for the presentation of post project evaluations of major cases. For capital schemes these are generally undertaken approximately 12-18 months after a scheme is completed, though this timetable has been disrupted due to Covid. The most recent report, in December 2020, was a combined post project evaluation of the Integrated Health, Social Care and Third Sector Centres in Blaenau Ffestiniog, Flint and Llangollen. | | | | | | | |
| There are three schemes that are at the post-project evaluation stage. It is proposed that the following timetable is adopted, avoiding the final quarter of the financial year when the committee is focused on agreeing the following year's plan: | | | | | | | |

Sub-Regional Neonatal Intensive Care
Glan Clwyd Hospital Redevelopment

Bangor Emergency Department

December 2021

2nd Quarter of 2022/23 (date dependent on committee timetable)

3rd Quarter of 2022/23 (date dependent on committee timetable)

In terms of revenue cases, the policy is currently under review and will include a clear process for post-project evaluation of major revenue investments as part of the Board's governance arrangements.

Cefndir / Background:

The Health Board has introduced a business case tracker to monitor the progress of the major capital and revenue investments contained in its plans.

At the request of the Committee the major capital schemes that are under active development have been RAG-rated in terms of progress. The schemes on the final page of the capital tracker have not been RAG-rated as they are still at the concept/early development stage. Revenue cases have been RAG rated in terms of their development, approval and implementation status.

It should be noted that the increase in revenue available this year has resulted in a significant increase in the number of revenue cases being developed.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

Not Applicable.

Opsiynau a ystyriwyd / Options considered

Individual business cases will include option appraisals.

Goblygiadau Ariannol / Financial Implications

The tracker includes the current estimate of the capital and/or revenue implications of the business cases that are under development.

Dadansoddiad Risk / Risk Analysis

Individual business cases will contain assessments of risk.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

Appropriate impact assessments will be carried out as part of the development of individual cases.

BCUHB Capital Business Cases Tracker

| Business Case | Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration | Cash Value (Current estimate) £ millions | Senior Responsible Officer & Project Director | Comments / Update |
|--|---|--|--|---|
| | | | | October 2021 |
| Royal Alexandra Hospital (North Denbighshire) | Full Business Case - submitted to Welsh Government | 67.3 plus inflation | Chris Stockport, Executive Director Primary & Community Care Gareth Evans, Clinical Director Therapy Services | All queries on the Full Business Case from Welsh Government have now been responded to, and we are awaiting feedback/decision. |
| Adult and Older Person's Mental Health Unit Glan Clwyd Hospital | Outline Business Case stage | 63.7 | Teresa Owen, Executive Director Public Health Jill Timmins, Programme Director Ablett Redevelopment | The case has been approved by the Board and submitted to Welsh Government. The scrutiny grid from Welsh Government is expected by the end of October. |
| Wrexham Maelor Continuity Programme Business Case | Outline Business Case Stage | Approved PBC Cost is 50 - 60 This is likely to increase dependant on the outcome of the programme scope | Chris Stockport, Executive Director Primary & Community Care Neil Bradshaw, Assistant Director Strategy: Capital | There has been a review of the scope of the project and an external Gateway Review. The Health Board considered the impact of learning from the pandemic on the project going forward at a workshop in September. The work shop concluded that consideration should be given to: 1. Increasing the scope of the project to minimise the risk of nosocomial infections, 2. Seek to secure funding to "fast track" elements of the infrastructure works to mitigate the risk of failure and further delay due to the increase in scope. BCU have commenced discussions with Welsh Government to seek their support. |
| Regional Treatment Centres (previously Diagnostic & Treatment Centres) | Nature of the case is under discussion | 154 - 252 depending on the option | Gill Harries Deputy CEO/Executive Director Nursing And Midwifery Alyson Constantine | Discussions with Welsh Government continue including opportunities for revenue funding rather than capital, although there may still remain capital elements if capital available. Expression Of Interest to market week commencing 27.09.2021 closing 15.10.2021 will provide further information as to any route for options. |
| Nuclear Medicine Reconfiguration (including PET) | Strategic Outline Case submitted to Welsh Government | 11 | Adrian Thomas, Executive Director of Therapies & Health Sciences David Fletcher, Directorate General Manager, NWMCS | The project is continuing to explore site options, in the context of the Regional Treatment Centre development. |
| Residential Accommodation (includes Revenue Implication) | Outline Business Case Stage | 55.8 | Chris Stockport, Executive Director Primary & Community Care Rod Taylor, Director Estates & Facilities | The potential for a managed service model is being explored, as agreed at the August 2020 Finance & Performance Committee. |
| Wrexham Redevelopment Business Case | Programme Business Case stage | TBC Over 200 | Chris Stockport, Executive Director Primary & Community Care Graham Alexander, Project Director | Programme Business Case process currently in abeyance. Any future work to be linked to new clinical services strategy and impact of proposed Regional Treatment Centres. |

| Business Case | Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration | Cash Value (Current estimate) £ millions | Senior Responsible Officer & Project Director | Comments / Update |
|--|---|--|--|--|
| | | | | October 2021 |
| Ysbyty Gwynedd: Fire Safety and Infrastructure Compliance | Programme Business Case Stage | 216 | Sue Green, Executive Director of Workforce & Organisational Development Rod Taylor, Director Estates & Facilities | The scrutiny grid has been received from Welsh Government and responses are currently being collated. |
| Conwy/Llandudno Junction: Development of new integrated premises in the Conwy / Llandudno Junction area | Scoping Document stage | 4 - 8 | Bethan Jones, Area Director Central Alison Kemp, Assistant Area Director, Community Services | The Strategic Outline Case has been approved by the Executive Team for submission to Performance, Finance and Information Governance Committee. |
| Neuro Rehabilitation Services: Llandudno General Hospital | Scoping Document stage | 5 - 8 | Chris Stockport, Executive Director Primary & Community Care Gareth Evans, Clinical Director Therapy Services | Planning for next phase of work to be agreed at Project Board October 2021. Further options appraisal to be undertaken to determine procurement strategy, hence, the type of business case required - capital or revenue. |
| NWCTC Radiotherapy Software, Hardware and Linear Accelerator (Linac) Replacement | BJC | 4.4 - 4.7 | Adrian Thomas, Executive Director of Therapies & Health Sciences Geraint Roberts - Divisional General Manger Cancer | Business Justification Case is in development for the replacement of Radiotherapy software/ hardware and 1 of 4 linacs - for submission to Welsh Government |
| Endoscopy Service. Sustainable Endoscopy services across North Wales. A capital Business Case for estates improvements that enables JAG accreditation at the three Acute Hospital sites that address clinical standardisation across pathways and meet JAG accreditation, workforce requirements and National Endoscopy programme recommendations. | Incorporated into Regional Treatment Centre (RTC) work | | Adrian Thomas, Executive Director of Therapies & Health Sciences Helen O'Connell, Endoscopy Network Manager (Interim) | The Endoscopy business case is aligned to provide a sustainable workforce and framework for The Regional Treatment Centre implementation, planned for 2022/2023 and to meet the JAG requirements for estates and infrastructure. Endoscopy Management System procurement underway and discretionary funding being confirmed 3rd room at Wrexham to be opened in December 2021 Equipment replacement for scopes included in Health Board programme in 2021/2022. Equipment evaluation underway. Market testing of Modular Units underway |

| Business Case | Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration | Cash Value (Current estimate) £ millions | Senior Responsible Officer & Project Director | Comments / Update |
|--|---|--|---|--|
| | | | | October 2021 |
| Feasibility study Denbigh Health and Social Care | Under Review | | Bethan Jones, Area Director Central Alison Kemp, Assistant Area Director, Community Services | Work continuing to identify the 'As Is' of health and care services in Denbigh with data currently being analysed to understand inpatients demographics, use of outpatient clinics, details of discharge to care and nursing homes and minor injuries unit use. Health and Social care buildings to be considered for inclusion in the feasibility study identified and building condition information has been requested. Draft Health Profile of Denbigh Town produced by Public Health. Meeting held with facilitators to plan the engagement. |
| Kinmel Bay Business Case | Under Review | | Bethan Jones, Area Director Central Alison Kemp, Assistant Area Director, Community Services | Will be initiated as the next priority for Primary Care in Central Area - once Strategic Outline Case for Llandudno Junction / Conwy is progressed. Likely to be Q3 start at earliest. |
| Penygroes Health & Wellbeing Hub | | | Ffion Johnstone, Area Director (West) Wyn Thomas, Assistant Area Director Primary & Community Care | Vision document drafted by Grwp Cynefin. Initial site plans have been developed based on early schedules of accommodation from partners. Health & Wellbeing workstream being established to progress delivery plans. Scoping document for Primary Care / Health building to be submitted to November Capital Investment Group. |
| Llanfair PG Health Wellbeing Centre - Primary Care extension | | | Ffion Johnstone, Area Director (West) Wyn Thomas, Assistant Area Director Primary & Community Care | Ecology survey completed; Minor alterations to plans being discussed and finalised with GPs. Business case to be submitted by December. |
| Clinical Research Facility - Outpatients Wrexham | Feasibility Study - under way | | Nick Lyons, Executive Medical Director Graham Alexander, Project Director | Scoping document now near completion for submission to Capital Investment Group. |
| Maggie's Centre Ysbyty Glan Clwyd. | Exploratory Stage | | Project Director: TBC | It has been agreed, in principle, to provide approval to host a Maggie's Centre in North Wales. |
| Bryn Beryl site - Final phase redevelopment | Scoping Document stage | £5-10m | Ffion Johnstone, Area Director (West) Wyn Thomas, Assistant Area Director Primary & Community Care | Scoping document now near completion for submission to WALT in Nov and Capital Investment Group in December. |
| Orthopaedic Modular Units | Incorporated into Regional Treatment Centre (RTC) work | | New MSK Network Delivery Manager being appointed. | Incorporated into Regional Treatment Centre (RTC) work. |
| Hwb Cybi (Holyhead) Primary Care Health & Wellbeing Hub | Scoping Document stage | | Ffion Johnstone, Area Director (West) Wyn Thomas, Assistant Area Director Primary & Community Care | Holyhead Integrated Health & Wellbeing Hub Project Board established in September 21. Services scoping work being undertaken with all partners for next meeting. Anticipate scoping document to be submitted to CIG by February 22 |

BCUHB Revenue Business Cases Tracker - As at October 2021

2021/2022 Plan: Performance Fund Schemes

| Business Case Title | Business Case Cost Estimate £000s | Executive Lead & Project Director | Update October 2021 | RAG Status |
|---|-----------------------------------|---|---|------------|
| Attend Anywhere | 375 | Clive Walsh, Director of Regional Delivery, Nursing Midwifery & Patient Services Danielle Edwards, Ambulatory Care Lead | Approved and being implemented | |
| Continuation of AccuRx - Video Consultation | 415 | Chris Stockport, Executive Director Primary & Community Care Clare Darlington, Assistant Area Director, Primary Care | Approved and implemented | |
| Planned Care Recovery Schemes | 15,000 | Gill Harris, Executive Director Nursing & Midwifery Clive Walsh, Director of Regional Delivery, Nursing Midwifery & Patient Services | The schemes are being planned, procured and mobilised. Specific information is included in the regular planned care update. | |
| Development of cancer specific and non-cancer elective Prehabilitation Programme and conservative management pathways / avoidance of secondary care | 900 | Clive Walsh, Director of Regional Delivery, Nursing Midwifery & Patient Services Neil Agnew, Consultant Anaesthetist, Anaesthetics Gareth Evans, Clinical Director Therapy Services | The Business Case is being updated following review by the Health Board Review Team | |
| Urgent Primary Care Centres | 2,200 | Chris Stockport, Executive Director Primary & Community Care Rob Smith (East) Bethan Jones (Central) Wyn Thomas (West) | Continuation of East and Central Area funding has been agreed by Welsh Government. The West Area business case has been completed and is going through the review process. | |
| Suspected Cancer Pathway | 2,000 | | | |
| <i>Reducing waits to rapid access breast clinic</i> | | Adrian Thomas, Executive Director Therapies & Health Sciences Geraint Roberts, General Manager, Cancer Services | Business case approved and being implemented | |
| <i>Straight to test lung pathway</i> | | Adrian Thomas, Executive Director Therapies & Health Sciences Geraint Roberts, General Manager, Cancer Services | Business case approved and being implemented | |
| <i>Straight to test neck lump clinics</i> | | Adrian Thomas, Executive Director Therapies & Health Sciences Geraint Roberts, General Manager, Cancer Services | Pilot clinic held to inform the business case which will be completed this quarter | |
| <i>Vague symptoms one-stop clinics</i> | | Adrian Thomas, Executive Director Therapies & Health Sciences Geraint Roberts, General Manager, Cancer Services | Business case approved and recruitment commenced | |
| <i>Additional cancer nurse specialists and support posts</i> | | Adrian Thomas, Executive Director Therapies & Health Sciences Geraint Roberts, General Manager, Cancer Services | Business case approved and recruitment commenced | |

| Business Case Title | Business Case Cost Estimate £000s | Executive Lead & Project Director | Update October 2021 | RAG Status |
|--|-----------------------------------|---|---|------------|
| <i>Additional treatment capacity within specialist treatment services</i> | | Adrian Thomas, Executive Director Therapies & Health Sciences Geraint Roberts, General Manager, Cancer Services | Case under development | |
| <i>Patient tracking staff</i> | | Adrian Thomas, Executive Director Therapies & Health Sciences Geraint Roberts, General Manager, Cancer Services | Case approved and being implemented | |
| <i>Service improvement posts</i> | | Adrian Thomas, Executive Director Therapies & Health Sciences Geraint Roberts, General Manager, Cancer Services | Case approved and being implemented | |
| Home First Bureau | 1,770 | Chris Stockport, Executive Director Primary & Community Care Rob Smith (East) Bethan Jones (Central) Ffion Johnstone (West) | The Business Case will be reviewed by the Executive Team in October | |
| ED Workforce | 1,200 | Gill Harris, Executive Director Nursing & Midwifery Roshan Robati, USC Programme Director | Case approved and being implemented | |
| WOD Resource: Resourcing Establishment Control Team | 270 | Sue Green, Executive Director Workforce Nick Graham, Workforce Optimisation Advisor | Case under development | |
| Neurodevelopmental (Backlog waiting times) - Recovery of lost activity | 1,400 | Chris Stockport, Executive Director Primary & Community Care Bethan Jones Area Director (Central) Liz Fletcher, Assistant Area Director - Children (West) Christina Billingham, Operations Manager, Children & Young Peoples Services, East Area | Welsh Government have approved the case. A paper is going to PFIG in October 2021. | |
| CAMHS Training and Recruitment | 270 | Bethan Jones Area Director (Central) Louise Bell, Operations Manager, Paediatrics | Case approved and being implemented | |
| Primary Care Academy | 3,229 | Chris Stockport, Executive Director Primary & Community Care Clare Darlington, Assistant Area Director, Primary Care | The case is being revised following feedback from the Executive Team | |
| Continuing Healthcare Infrastructure | 1,138 | Chris Stockport, Executive Director Primary & Community Care Rob Smith (East) Bethan Jones (Central) Ffion Johnstone (West) | The case is being revised following feedback from the Health Board Review Team | |
| Advanced Audiology Practitioner / Ear wax (Primary Care Audiology / Pathway Redesign) | 800 | Chris Stockport, Executive Director Primary & Community Care John Day, Consultant Clinical Scientist & Clinical Director Of Audiology | Case approved and being implemented | |

Mental Health Schemes

| Business Case Title | Business Case Cost Estimate £000s | Executive Lead & Project Director | Update October 2021 | RAG Status |
|--|-----------------------------------|--|--|------------|
| Older Persons Crisis Care | 500 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | Case approved and being implemented | |
| Eating Disorders | 500 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | Case approved and being implemented | |
| ICAN Primary Care | 1,700 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | Case approved and being implemented | |
| Medicines Management | 600 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | Case approved and being implemented | |
| Occupational Therapy | 400 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | Case approved and being implemented | |
| Perinatal | 200 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | Case approved and being implemented | |
| Early Intervention in Psychosis | 300 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | Case approved and being implemented | |
| Psychiatric Liaison | 300 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | Case approved and being implemented | |
| PMO Support Function | 200 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | Case approved and being implemented | |
| Consultant Therapist | 100 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | Case approved and being implemented | |
| CAMHS Transition and Joint Working | 800 | Chris Stockport, Executive Director Primary & Community Care | Case approved and being implemented | |
| Integrated Autism Service | 700 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | The case is under development. Funding will be sought for 2022/23. | |
| Joint Commissioning POT with Autism Integrated Service Board | 300 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | The case is under development | |
| Wellness, Work and Us | 200 | Teresa Owen, Executive Director Of Public Health Interim Deputy Director, Mental Health & Learning Disabilities | Case approved and being implemented | |

Other Schemes

| Business Case Title | Business Case Cost Estimate £000s | Executive Lead & Project Director | Update October 2021 | RAG Status |
|--|-----------------------------------|---|--|------------|
| 3 year Organisational Health and Safety Compliance Strategy and Security Review - Fit Testing Programme - Occupational Health, Wellbeing, Health & Safety - Security - Manual Handling training Staff | 457 | Sue Green, Executive Director of Workforce Rod Taylor, Director Estates & Facilities / Peter Bohan, Associate Director Of Health, Safety & Equality | The case has been approved and being implemented | |

| Business Case Title | Business Case Cost Estimate £000s | Executive Lead & Project Director | Update October 2021 | RAG Status |
|--|---|--|--|------------|
| Estates & Facilities: Health & Safety Statutory Compliance | 481 (Staffing) 853 (Non pay over 3 year period) | Rod Taylor, Director Estates & Facilities / Peter Bohan, Associate Director Of Health, Safety & Equality | The case is being revised following feedback from the Health Board Review Team | |
| Corporate Safeguarding / Deprivation of Liberty Safeguards | 471 | Gill Harris, Deputy CEO Executive Director of Nursing & Midwifery Michelle Denwood, Associate Director Safeguarding | The case is under development | |
| Community Pharmacy - Enhanced Services Alcohol awareness submitted as per 3 Year programme plan / Lifestyles work stream: Increasing Alcohol Awareness and brief interventions | 300 | Teresa Owen, Executive Director Public Health Sue Murphy, Assistant Director, Head of Medicines Management, Pharmacy Gwyneth Page, Public Health Assurance & Development Manager, Public Health Adam Mackridge, Strategic Lead For Community Pharmacy | The case is under development, and will be seeking funding from Q1 22/23 | |
| Cardiology Imaging Join Business Case with Radiology | To Be Agreed | TBC TBC Strategic Manager Cardiac Services | The case is under development | |
| Critical Care: Advanced Critical Care Practitioners in line with service needs at the three Acute Hospital sites and the shortfall in Allied Health Professional and Clinical Psychology workforce including Rehabilitation Co-ordinator and Rehabilitation Assistant posts at the three Acute Hospital sites | 1,400 to 2,400 | Gill Harris, Executive Director Nursing & Midwifery Richard Pugh, Clinical Lead for Critical Care Glesni Driver, Head Of Tactical Control Centre, | A draft case has been developed and is under review | |
| Welsh Nursing Care Record | 1,667 (Transitional Costs Years 1 - 3) 405 (Recurring Year 4 onwards) | Gill Harris, Executive Director Nursing & Midwifery Jane Brady, Senior Lead Nursing Informatics Specialist | A draft case has been developed and is under review | |
| Welsh Patient Administration System (WPAS) Phase 3 Implementation | 1,600 over 3 years | Chris Stockport, Executive Director Primary & Community Care Andrea Williams, Head of Informatics Programmes Assurance and Improvement | Case to be submitted to PFIG October 2021 | |
| Strategic OD Programme (Stronger Together) | 377 | Sue Green, Executive Director Workforce Ellen Greer, Acting Associate Director Of Organisational Development | First phase approved and implemented . A new business case is being prepared for funding to take forward the second design phase of Stronger Together. Additional subsequent business cases will then follow for funding to continue the strategic OD work of Stronger Together into 2022/23 and 2023/24. | |
| North Wales IMD Cardiff & Vales Health Board Business Case | 400 | Gill Harris, Executive Director Nursing & Midwifery Steve Grayston, Assistant Area Director Therapy Services (Centre) | Business Case approved by Welsh Health Specialised Services Committee | |

| Business Case Title | Business Case Cost Estimate £000s | Executive Lead & Project Director | Update October 2021 | RAG Status |
|--|-----------------------------------|---|--|------------|
| Results Management | 165 (100 recurrent) | Nick Lyons, Executive Medical Director Gary Francis, Interim Secondary Care Medical Director Danielle Edwards, Head of Patient Records & Digital Integration, Informatics Glesni Driver, Head of Tactical Control Centre | The case is being revised following feedback from the Health Board Review Team | |
| Critical Care & Anaesthetic Workforce Wrexham Maelor Hospital | 762 | Faye O'Keefe, Surgical, Anaesthetics & Critical Care Directorate Lead Manager | The Business case is being reviewed by Secondary Care | |
| Endometriosis Business Case | To Be Agreed | Teresa Owen, Executive Director Of Public Health Maria Atkin, General Manager & Business Lead, Obstetrics & Gynaecology | The case is under development | |

WEST

| Business Case Title | Business Case Cost Estimate £000s | Executive Lead & Project Director | Comments / Update | RAG Status |
|---|-----------------------------------|---|--|------------|
| | | | October 2021 | |
| Pharmacy & Medicines Management Mental Health Staffing Development for OPMH for HASCAS group | 556 | Berwyn Owen, Chief Pharmacist Elizabeth Bond, Consultant Mental Health Pharmacist | The case is being revised following feedback from the Health Board Review Team | |
| Penrhos Polich Nursing Home - potential for partnership development of a new model of care | To be agreed | Chris Stockport, Executive Director Primary & Community Care Ffion Johnstone, Area Director (West) | The case is under development | |

CENTRAL

| Business Case Title | Business Case Cost Estimate £000s | Executive Lead & Project Director | Comments / Update | RAG Status |
|---|-----------------------------------|--|---|------------|
| | | | October 2021 | |
| Dinerth Road Project Conwy County Borough Council / BCUHB joint development | 1,800 | Bethan Jones, Area Director - Central Nicola Eatherington, Asst. Director Community Hospitals, Intermediate Care and Medical Specialities | The case is under development. Subject to agreements with Conwy County Borough and further engagement work. | |

Key:

Green - case approved and either in the process of being implemented or fully implemented

Amber - case under development

Red - case not progressing

| | | | | | | |
|--|--|---|--|--|--|--|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Monthly Monitoring Report – Month 6 | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill, Executive Director of Finance | | | | | |
| Awdur yr Adroddiad Report Author: | Tim Woodhead, Operational Finance Director | | | | | |
| Craffu blaenorol: Prior Scrutiny: | The submission made to Welsh Government required Chief Executive and Director of Finance sign off. | | | | | |
| Atodiadau Appendices: | <u>Appendix 1</u> : Month 6 Monitoring Return Narrative Report | | | | | |
| Argymhelliad / Recommendation: | | | | | | |
| Note the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 6 of 2021/22. | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | |
| Ar gyfer penderfyniad/cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | | Er gwybodaeth For Information |
| | | | | | | ✓ |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N |
| Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable. | | | | | | |
| Sefyllfa / Situation: | | | | | | |
| To report to the Committee the completion of monthly reporting to Welsh Government for Month 6 of 2021/22. | | | | | | |
| Cefndir / Background: | | | | | | |
| <ul style="list-style-type: none"> The refreshed financial plan for 2021/22 was submitted to Welsh Government at the end of June. This provided the latest forecasts and assessments for the year, including the impact of COVID-19. It also incorporated the additional funding notified to the Health Board in Quarter 1, to offset the impact of the undelivered savings from 2020/21. 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. The recovery from COVID-19 and the related workforce constraints are the main risk to the delivery of the schemes relating to the £42.0m this year and so the Health Board is actively identifying alternative schemes which can be mobilised in order to ensure we maximise the opportunity to improve performance. | | | | | | |

- We have tested our assumptions in the original plans and refreshed our forecasts accordingly with the divisional teams and will continue to do so as the operational position develops. This may include additional outsourcing, interims or consultancy, to progress some of the larger schemes.

Asesiad / Assessment:**Goblygiadau Strategol / Strategy Implications**

This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.

Opsiynau a ystyriwyd / Options considered

Not applicable – report is for assurance only

oblygiadau Ariannol / Financial Implications

Financial position

- The in-month position is break-even which also brings the cumulative position to breakeven. This is in line with the refresh of the 2021/22 financial plan, which was submitted in June.
- The total cost of COVID-19 in September is £7.0m (£42.9m for the year to date). Welsh Government income has been anticipated which exceeds these costs. This additional COVID-19 funding (totalling £35.8m), was issued to cover the impact of the undelivered savings from 2020/21, which were not achieved due to the pandemic, and hence is classified as COVID-19 funding.

| | Actual M01 £m | Actual M02 £m | Actual M03 £m | Actual M04 £m | Actual M05 £m | Actual M06 £m | Actual YTD £m | Forecast 2021/22 £m |
|---------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------------|
| Testing | 0.1 | 0.2 | 0.2 | 0.3 | 0.4 | 0.4 | 1.6 | 4.1 |
| Tracing | 1.1 | 1.0 | 1.0 | 0.9 | 1.1 | 1.1 | 6.2 | 14.4 |
| Mass COVID-19 Vaccinations | 1.7 | 1.5 | 2.0 | 0.8 | 1.0 | 0.9 | 7.9 | 13.7 |
| Extended FLU Vaccinations | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.2 |
| Field Hospital/Surge | 0.3 | 0.7 | 0.2 | 0.5 | (0.3) | 0.0 | 1.4 | 1.4 |
| Cleaning Standards | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | 0.1 | 0.6 | 1.8 |
| Other Costs | 4.5 | 3.6 | 4.5 | 6.3 | 4.0 | 4.6 | 27.5 | 73.2 |
| Total COVID-19 costs | 7.7 | 7.0 | 7.9 | 8.8 | 6.7 | 7.1 | 45.2 | 110.8 |
| Non Delivery of Savings | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Expenditure Reductions | (0.2) | (0.7) | (0.8) | 0.1 | (0.6) | (0.1) | (2.3) | (3.1) |
| Slippage on Planned Investments | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Impact of COVID-19 | 7.5 | 6.3 | 7.1 | 8.9 | 6.1 | 7.0 | 42.9 | 107.7 |
| Welsh Government Funding | (8.3) | (11.9) | (10.6) | (11.5) | (9.4) | (9.8) | (61.5) | (143.5) |
| Impact of COVID-19 on Position | (0.8) | (5.6) | (3.5) | (2.6) | (3.3) | (2.8) | (18.6) | (35.8) |

Forecast

- The forecast position has been maintained at a balanced position for the year.
- The forecast total cost of COVID-19 is currently is £110.8m. This is based on the assumption that COVID-19 will continue to have an impact for the whole year. Welsh Government income has been anticipated to more than cover this cost, with £35.8m of COVID-19 funding supporting the core position. This equates to the additional funding issued to cover the impact of the undelivered savings from 2020/21, which were not achieved due to the pandemic, and hence is classified as COVID-19 funding.
- Other costs have increased to £4.6m in month from £4.0m in August due to Primary Care contractor costs as a result of lost GDS income (£0.1m), Secondary Care drugs (£0.2m), Estates and Ancillary costs reverting back to normal levels (£0.4m) and offset by net £0.2m on adjustments to Provider Non Pay PPE, CHC and Other private & voluntary sector.
- As additional modelling data for COVID-19 is received, and in line with the refresh of the financial plan, this forecast will be revised and updated. There will however remain a degree of uncertainty around forecasts as situations develop, particularly regarding the impact of variants of concern on hospitalisations.

Dadansoddiad Risk / Risk Analysis

Not applicable.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

Not applicable.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MONITORING RETURN

MONTH 6 2021/22

Sue Hill

Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial Plan

- The refreshed financial plan for 2021/22 was submitted to Welsh Government at the end of June. This provided the latest forecasts and assessments for the year, including the impact of COVID-19. It also incorporated the additional funding notified to the Health Board in Quarter 1, to offset the impact of the undelivered savings from 2020/21.
- 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.
- The recovery from COVID-19 and the related workforce constraints are the main risk to the delivery of the schemes relating to the £42.0m this year and so the Health Board is actively identifying alternative schemes which can be mobilised in order to ensure we maximise the opportunity to improve performance.
- We have tested our assumptions in the original plans and refreshed our forecasts accordingly with the divisional teams and will continue to do so as the operational position develops. This may include additional outsourcing, interims or consultancy, to progress some of the larger schemes.

1.2 Actual Year to Date Position

- The in-month position is break-even which also brings the cumulative position to 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 September is £7.0m (£42.9m for the year to date). Welsh Government income has been anticipated which exceeds these costs. This additional COVID-19 funding (totalling £35.8m), was issued to cover the impact of the undelivered savings from 2020/21, which were not achieved due to the pandemic, and hence is classified as COVID-19 funding.

1.3 Forecast Position

- The forecast position has been maintained at a balanced position for the year.

1. FINANCIAL POSITION & FORECAST

1.4 Income (Table B)

- Income totals £160.5m for September. Further details are included in Section 7.
- The impact of COVID-19 has resulted in £0.3m lost income in September (£2.0m year to date) relating to General Dental Services (GDS) patient income. This is included as a cost of COVID-19 within the “Other” category.

1.5 Actual Expenditure (Table B)

- Expenditure totals £160.5m for Month 6. This is £3.4m less than in Month 5, with the decrease being primarily attributable to decreased costs for Provided Services Pay (£4.1m) and Provider Services Non Pay (£1.2m), Continuing Care and Funded Nursing Care (£1.5m), offset by an increase in Primary Care Drugs and Appliances (£0.5m); Secondary Care Drugs (£0.5m); Healthcare Services provided by other NHS bodies (£0.4m); and Other Private and Voluntary Sector (£2.1m).
- To avoid COVID-19 transmission, both Community Hospital beds and Mental Health Rehabilitation inpatient beds were reduced, which resulted in patients being discharged to the private sector. To date these costs have been classified as CHC costs, but following discussion with WG colleagues these have now been adjusted and categorised as Private Health Care costs. The in month movement between CHC and Private Providers is £1.9m, with a forecast full year movement of £3.7m, and this affects both table B and B3.
- Costs of £7.1m are directly related to COVID-19 this month (£45.2m year to date). Of this £3.1m is pay and £4.0m is non-pay.

Primary Care

- Spend of £18.1m is £0.1m lower than in August.
- Pressures in General Medical Services (GMS) still remain from cost of drugs and increased complexity of drugs reported through GMS Dispensing and GP Prescribing.

Primary Care Drugs

- The expenditure for Month 6 is £0.5m (5%) higher than in Month 5, however there was 1.5 more Prescribing days in September than there was in August.
- Following receipt of the July prescribing data, the average cost per Prescribing Day has shown a small, non-material increase; July was £468k compared to June at £466k, representing an overall increase of only 0.4%.
- The average cost per item has shown a decrease of 2.4%, but the overall number of items prescribed has increased by 2.9%.

1. FINANCIAL POSITION & FORECAST

| | |
|----------------------------------|--|
| | <ul style="list-style-type: none"> • The forecast outturn prescribing expenditure based on the July data, suggests a range between £122.8m and £125.3m, with the latest position being closer to the higher end of this range at £125.0m. This position and risk range continues to be monitored on a monthly basis. • The cumulative overspend to date is £1.6m. |
| Provided Services - Pay | <ul style="list-style-type: none"> • Provided Services pay costs are £71.9m, which is £4.1m (5%) less than in Month 5. The additional pay award of 2% was backdated and paid in August and this accounts for most of the movement. • Agency costs have remained the same as last month. Further details on agency spend are included in section 5.1. • A total of £3.1m of pay costs were directly related to COVID-19, which is £0.2m lower than in August. • There has been slippage in month of £2.3m compared to £2.1m in August on the £42.0m Performance Fund and Strategic Support monies, due to delays in recruitment for schemes. In addition, there has been slippage on the £19.9m COVID-19 Recovery Plan funding totalling £0.6m in month compared to £0.5m in August and spend that was originally anticipated would be pay is now being incurred as non-pay costs. |
| Provider Services Non-Pay | <ul style="list-style-type: none"> • Spend in September is £1.2m (8%) less than in August and is slightly below the average monthly spend since the start of the financial year. This decrease is across a range of headings. • Scheduled Care activity remains lower than expected across all sites, with lack of staff due to COVID-19 related sickness issues and theatre activity approximately 78% of pre-Covid-19 activity. However, there has been an in month increase in one hospital of 19% but this is against theatres being closed for 1 week in August. Overall, theatre activity has increased 8% compared to last month. Going forward new contracts are in place with private providers to undertaken orthopaedic work. All three sites are experiencing staffing pressures due to lack of staff which is backfilled by agency workers as the activity levels slowly start to increase. |
| Secondary Care Drugs | <ul style="list-style-type: none"> • Costs in Month 6 are £0.5m (7%) higher than Month 5 and is £0.8m higher than the forecast for September in the MDS. • This increase in costs is across specialities and is being driven by the increase in activity for both Scheduled Care and through Emergency Departments. • In addition, as with Primary Care Drugs, the volume of drugs prescribed is the main reason for increased spend this month. |

1. FINANCIAL POSITION & FORECAST

| | |
|---|---|
| Healthcare Services provided by other NHS Bodies | <ul style="list-style-type: none"> Spend has increased by £0.4m (2%) on last month and is £2.3m higher than anticipated in the MDS. Block contracts with English providers remain, however there is a risk around inflation on these contracts, as well as inflation on Welsh contracts. |
| Continuing Health Care (CHC) and Funded Nursing Care (FNC) | <ul style="list-style-type: none"> Expenditure in September is £1.5m (18%) less than in August. CHC costs related to COVID-19 includes an in month adjustment of £1.9m and forecast full year movement of £3.7m to re-categorise as Private Health Care costs. This was as a result of discussion with Welsh Government colleagues. If this adjustment had not been actioned then expenditure would have increased by £0.4m. Costs have increased overall compared to last month for CHC and remained the same in Mental Health. There continues to be an underlying growth in Older People Mental Health (OPMH) costs. |
| Other Private and Voluntary Sector | <ul style="list-style-type: none"> Expenditure relates to a variety of providers, including hospices and Mental Health organisations. Costs have increased £2.1m compared to last month reflecting the re-categorisation of £1.9m of costs from CHC. |
| Joint Financing | <ul style="list-style-type: none"> Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget. This is broadly in line with last month with an increase of £0.1m compared to August. |
| Losses, Special Payments and Irrecoverable Debts | <ul style="list-style-type: none"> Includes Redress, Clinical Negligence, Personal Injury and loss of property. |
| Capital | <ul style="list-style-type: none"> Includes depreciation and impairment costs, which are fully funded. Capital costs are in line with August. |

1. FINANCIAL POSITION & FORECAST

1.6 Forecast Expenditure (Table B)

- The funding for the NHS pay award for 2021/22 has been settled and paid in September after being backdated to the start of the financial year. The original forecast included an estimate of the pay award costs and funding based on a 1% settlement, which had been profiled across Months 2 to 12. The revised forecast from months 6-12 includes an additional 2% to recognise a total estimated pay award of 3%. The funding for this additional pay award has been settled and the profiling adjusted accordingly.
- The wholesale price of gas has increased to almost four times the usual levels due to a variety of local and international factors to both demand and supply, including lower than usual stocks, supply issues from the continent and post pandemic increase in demand. This has meant that the forecast costs has increased by £1m. This forecast only includes a change to the gas costs as it is not clear how the price of gas will affect the cost of electricity. The forecast assumes the price increase will affect the Health Board from quarter 4 as 90% of energy requirements for the year have already been procured before the recent wholesale price increase.
- Expenditure related to the £30.0m funding for the Performance Fund and £12.0m Strategic Support included in the forecast, based on the phasing of costs in submitted business cases. These indicate a stepped increase in spend over the remaining months of the year. This cost profile is dependent on operational teams implementing approved plans at pace. There may be movements between pay and non-pay as schemes progress and the ability for Health Board staff to undertake additional work is assessed. Actual performance against submitted businesses cases will be monitored on a monthly basis and used to inform future forecasts.

| | Actual | | | | | | Forecast | | | | | | Total |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| | M01 £m | M02 £m | M03 £m | M04 £m | M05 £m | M06 £m | M07 £m | M08 £m | M09 £m | M10 £m | M11 £m | M12 £m | |
| Pay | 0.3 | 0.4 | 0.6 | 0.6 | 0.6 | 0.9 | 1.5 | 1.5 | 2.1 | 2.9 | 3.0 | 3.1 | 17.5 |
| Non-Pay | 0.0 | 0.0 | 0.3 | 0.0 | 0.1 | 0.0 | 3.0 | 3.7 | 4.1 | 4.4 | 4.4 | 4.5 | 24.5 |
| Total | 0.3 | 0.4 | 0.9 | 0.6 | 0.7 | 0.9 | 4.5 | 5.2 | 6.2 | 7.3 | 7.4 | 7.6 | 42.0 |

- As discussed with Welsh Government, some of this £42.0m non-recurrent funding has been committed recurrently as it relates to staff posts and the recurrent element will be firmed up in future months.

1.7 Accountancy Gains (Table B)

- The Health Board is reporting an accountancy gain of £0.1m in September, an increase of £0.1m on August, with a forecast of £0.2m for the year.

1. FINANCIAL POSITION & FORECAST

1.8 COVID-19 (Table B3)

- The total impact of COVID-19 in September, including all costs offset by expenditure reductions, is £7.0m. Welsh Government funding has fully offset the impact of COVID-19.

| | Actual M01 £m | Actual M02 £m | Actual M03 £m | Actual M04 £m | Actual M05 £m | Actual M06 £m | Actual YTD £m | Forecast 2021/22 £m |
|---------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------------|
| Testing | 0.1 | 0.2 | 0.2 | 0.3 | 0.4 | 0.4 | 1.6 | 4.1 |
| Tracing | 1.1 | 1.0 | 1.0 | 0.9 | 1.1 | 1.1 | 6.2 | 14.4 |
| Mass COVID-19 Vaccinations | 1.7 | 1.5 | 2.0 | 0.8 | 1.0 | 0.9 | 7.9 | 13.7 |
| Extended FLU Vaccinations | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.2 |
| Field Hospital/Surge | 0.3 | 0.7 | 0.2 | 0.5 | (0.3) | 0.0 | 1.4 | 1.4 |
| Cleaning Standards | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | 0.1 | 0.6 | 1.8 |
| Other Costs | 4.5 | 3.6 | 4.5 | 6.3 | 4.0 | 4.6 | 27.5 | 73.2 |
| Total COVID-19 costs | 7.7 | 7.0 | 7.9 | 8.8 | 6.7 | 7.1 | 45.2 | 110.8 |
| Non Delivery of Savings | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Expenditure Reductions | (0.2) | (0.7) | (0.8) | 0.1 | (0.6) | (0.1) | (2.3) | (3.1) |
| Slippage on Planned Investments | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Impact of COVID-19 | 7.5 | 6.3 | 7.1 | 8.9 | 6.1 | 7.0 | 42.9 | 107.7 |
| Welsh Government Funding | (8.3) | (11.9) | (10.6) | (11.5) | (9.4) | (9.8) | (61.5) | (143.5) |
| Impact of COVID-19 on Position | (0.8) | (5.6) | (3.5) | (2.6) | (3.3) | (2.8) | (18.6) | (35.8) |

- The forecast total cost of COVID-19 is currently is £110.8m. This is based on the assumption that COVID-19 will continue to have an impact for the whole year. Welsh Government income has been anticipated to more than cover this cost, with £35.8m of COVID-19 funding supporting the core position. This equates to the additional funding issued to cover the impact of the undelivered savings from 2020/21, which were not achieved due to the pandemic, and hence is classified as COVID-19 funding.
- Other costs have increased to £4.6m in month from £4.0m in August due to Primary Care contractor costs as a result of lost GDS income (£0.1m), Secondary Care drugs (£0.2m), Estates and Ancillary costs reverting back to normal levels (£0.4m) and offset by net £0.2m on adjustments to Provider Non Pay PPE, CHC and Other private & voluntary sector.

1. FINANCIAL POSITION & FORECAST

- Movements in the overall forecast from last month are as follows:

| | Forecast at Month 5 £m | Forecast at Month 6 £m | Change £m |
|---------------------------------|---------------------------------|---------------------------------|--------------|
| Testing | 4.1 | 4.1 | 0.0 |
| Tracing | 14.9 | 14.4 | (0.5) |
| Mass COVID-19 Vaccinations | 16.4 | 13.7 | (2.7) |
| Extended FLU Vaccinations | 1.2 | 2.2 | 1.0 |
| Field Hospital/Surge | 1.4 | 1.4 | 0.0 |
| Cleaning Standards | 2.1 | 1.8 | (0.3) |
| Other Costs | 72.7 | 73.2 | 0.5 |
| Total COVID-19 costs | 112.8 | 110.8 | (2.0) |
| Non Delivery of Savings | 0 | 0 | 0.0 |
| Expenditure Reductions | (2.4) | (3.1) | (0.7) |
| Slippage on Planned Investments | 0 | 0 | 0.0 |
| Total Impact of COVID-19 | 110.4 | 107.7 | (2.7) |

- The main change is the decrease in the forecast for the mass vaccinations offset and tracing offset by increase in the extended flu vaccinations and other costs which is mainly due to extra pay costs for medical and nursing.
- As additional modelling data for COVID-19 is received forecasts will be revised and updated. There will however remain a degree of uncertainty around forecasts as situations develop, particularly regarding the impact of variants of concern on hospitalisations.
- Included within the Other section on Table B3 is expenditure against the £19.9m COVID-19 Recovery Plan. Forecast costs have been phased in line with submitted plans as follows:

| | Actual | | | | | | Forecast | | | | | | Total |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| | M01 | M02 | M03 | M04 | M05 | M06 | M07 | M08 | M09 | M10 | M11 | M12 | |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | |
| Pay | 0.1 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 1.1 |
| Non Pay | 0.1 | 0.7 | 0.5 | 0.6 | 0.6 | 0.7 | 2.2 | 2.5 | 2.4 | 2.6 | 2.9 | 3.0 | 18.8 |
| Total | 0.2 | 0.7 | 0.6 | 0.7 | 0.7 | 0.8 | 2.3 | 2.6 | 2.5 | 2.7 | 3.0 | 3.1 | 19.9 |

- In addition to the above, £53.3m of COVID-19 costs are included in the Other section.

1. FINANCIAL POSITION & FORECAST

- Secondary Care costs are a large element of this and include all of the costs related to dealing with COVID-19 in the three acute sites, which covers expenditure on COVID-19 wards, increased staffing, drugs, PPE and critical care.
- There are significant costs included for Prescribing and CHC. Forecast costs are included based on estimates from divisional finance leads. These are best estimates at the current month and subject to all of the uncertainties around COVID-19 rates, the level of hospitalisations and the acuity of patients as restrictions are eased and then heading into the winter months.
- Within Other costs is healthcare provided by other NHS bodies in England. The table below shows the costs incurred to date by English provider broken down by provider and specialty. It is expected that further information will be provided in future months.

| | | M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 | M9 | M10 | M11 | M12 | Total |
|---------------|---------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Provider | Specialty | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| COCH | General specialties | 0.2 | 0.2 | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.6 |
| RJAH | Orthopaedics | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 |
| SATH | General specialties | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Wirral | Urology/Gynaecology | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Clatterbridge | Cancer | 0.2 | 0.0 | 0.1 | 0.1 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 1.1 |
| LWH | Gynaecology | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total | | 0.6 | 0.2 | 0.2 | 0.1 | 0.0 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 1.9 |

Note:

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

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. The carried forward underlying deficit is £75.2m. This is primarily as a result of:
 - £32.6m 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.
- It is currently forecast that red pipeline schemes will have an in-year impact of £0.4m and a recurring Full Year Effect of £0.4m (line 32). This has decreased by £1.1m compared to last month, however, the Health Board recognises that there is further work to be done and detailed review are being held with Divisional Directors in October.
- There are no changes to planned non COVID-19 expenditure in Month 6.
- The operational forecast outturn for the year is a £35.8m deficit, offset by a £35.8m surplus on COVID-19. This reflects the additional funding to cover the impact of the undelivered savings from 2020/21, which has been classified as COVID-19 funding.
- The plans for Post COVID-19 Rehabilitation Long COVID are still under development with projected costs and approved funding to date featured in the financial plan.
- The GMS (line 38) is forecasting a £1.1m overspend which should be rectified by operational underspends over the rest of the year.
- Savings of at least £4.0m (line 33) have to be identified and achieved, in 2022/23, to avoid a deterioration of the underlying deficit.

3. RISK MANAGEMENT

3.1 Risk Management (Table A2)

- The below are risks to the Health Board's financial position for 2021/22.

| | £m | Level | Explanation |
|---|-----|-------|---|
| Risks | | | |
| Savings Programme – Red Risk Pipeline Schemes | 0.4 | | <p>There is a risk that the savings programme will not deliver the £17.0m target, as per the financial plan. Savings of £13.3m are forecast for delivery in 2021/22, which includes £0.4m of red-rated schemes in the pipeline.</p> <p>Divisions have been set a stretch savings target of £25.0m, which is £8.0m above the agreed target and should ensure that there are enough schemes within the pipeline to allow for any slippage or under delivery that may occur.</p> |
| Recruitment of staff | TBC | | There is a risk that due to the inability to recruit clinical staff higher agency costs are required. |
| Anticipated income | TBC | | There is a risk that the anticipated income shown in Table E will not be fully funded. |
| Risk of increased energy prices | TBC | | Global increases in the wholesale price of gas fuel creates a risk that energy prices incurred by the Health Board will be significantly higher in the future. |

3. RISK MANAGEMENT

- The below is are opportunities to the Health Board's financial position for 2021/22.

| | £m | Level | Explanation |
|---|-----|-------|--|
| Opportunity | | | |
| Accountancy gains | TBC | | There is a potential for future one off accountancy gains. |
| Additional funding – Risk of not being to utilise additional funding provided by WG | TBC | | There is a risk that the Health Board will not be able to utilise the additional funding provided by Welsh Government, for example, performance fund monies, due to plans not being identified and approved. |

4. RING FENCED ALLOCATIONS

4.1 GMS (Table N)

- At Month 6 there is a forecast outturn for the year is £142.8m which is £1.1m overspend against the GMS budget (value include the ring-fence allocation, plus additional funding for the COVID-19 vaccination response). There is an underspend of £1.3m on the Shared Care Drug Monitoring offset by increasing cost of drugs reported through GMS dispensing and increases in directed enhanced services.

4.2 GDS (Table O)

- At Month 6 there is a balanced forecast outturn for the year. There is a loss in Patient Charge Revenue (PCR) of £0.8m reflecting reduced patient activity levels. This was partially offset by contract payment reductions plus other planned areas of spend could not be progressed which means the expenditure budget underspent by £0.8m.

5. AGENCY/LOCUM EXPENDITURE

5.1 Agency/Locum Expenditure (Table B2)

- Agency costs for Month 6 are £3.8m which is the same as Month 5, representing 5.1% of total pay. This is the same as Month 5 overall but the main movements are medical agency reducing by £0.1m offset by £0.1m increase in other agency costs. Monthly agency spend for September included £0.6m that related to COVID-19, £0.2m less than last month.
- Medical agency costs have decreased by £0.1m compared to last month; to an in-month spend of £1.5m. COVID-19 costs were £0.2m in September and £0.2m in August. This is mainly due to consultants and doctors required to fill shifts.
- Nurse agency costs totalled £1.4m for the month, the same as last month. Acute sites continue to carry a high level of nursing vacancies and although some overseas nurses have now started there are still pressure on the number of nurses required as business as usual returns and due to localised COVID outbreaks which has required nurses to self-isolate. COVID-19 costs were £0.3m in September and £0.4m in August. The decrease is due to some difficulty in obtaining nurses and less ward activity.
- Other agency costs total £0.9m this month, an increase of £0.1m on last month. In September £0.1m and August £0.1m, related to COVID-19, primarily Administrative and Clerical, remaining constant month on month.

6. SAVINGS

6.1 Savings (Tables C – C3)

- Savings in Month 6 totalled £1.5m, an increase of £0.5m over the delivery in Month 5. This gives cumulative savings delivered of £7.6m for the year to date. This is spread across a range of schemes.
- Savings of £13.3m are forecast for delivery in 2021/22 against identified amber and green schemes, an increase of £1.2m compared to Month 5.
- Red schemes in development are expected to deliver a further £0.4m by year end, a decrease of £0.2m against Month 5 reflecting the movement from red to amber and green. Work is ongoing to convert these schemes to amber and green.
- Further opportunities are being identified both within Divisions and across BCU to ensure delivery of the savings for future years and to address the underlying deficit position.

7. INCOME ASSUMPTIONS

7.1 Income/Expenditure Assumptions (Table D)

- Most of the figures in Table D are included based on 2020/21 outturn.

7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) is £1,832.3m for the year. £878.7m of the RRL has been profiled into the position cumulatively, which is £37.4m less than six equal twelfths (£916.1m), primarily due to the profile of COVID-19 and performance funding.
- Confirmed allocations to date are £1,780.3m, with further anticipated allocations in year of £52.0m. This includes £143.5m for COVID-19, of which £28.9m is included in anticipated income.

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 since 2020/21 are:

- **Non-Current Assets (lines 1 and 2)**

Movements in non-current capital assets are included in Tables I to K of the return with additional supporting narrative included in Section 12 of this report.

- **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 sums that the Health Board will 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 £9.3m to £12.6m during the year. This has mainly resulted from £5.0m cash being drawn to settle a large clinical negligence at the end of September which has now been delayed until early 2022. This cash balance will be corrected through the next available FIS submission during October.

- **Current liabilities – Trade and Other Payables (line 13)**

The year-to-date movement reflects a reduction of £18.0m relating to the NHS bonus payment along with reductions in accounts payable balances

- **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.

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

This increase has been offset by a reduction in the Agreement Framework on Overtime Payments and Pay During Annual Leave provision following payments made during August 2021.

- **Full year forecast movements**

- **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 fully recoverable from the Welsh Risk Pool. The Health Board expects to settle a large clinical negligence claim for around £5.0m early in 2022 and it assumed that this will be recovered from the Welsh Risk Pool before the end of the financial year.

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 along with cash being requested for working balance movements 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 reduce by £25.2m during 2021-22 which is made up of £18.1m in respect of the NHS Bonus payment and £7.1m in respect of decommissioning Field Hospitals/MVCs and associated consequential losses.

Allocations for both of these areas were provided on a resource only basis during 2020-21. No movement in the values of capital payables is expected during 2021-22.

- **Current liabilities – Provisions (line 15)**

Based on the latest quantum information provided by NWSSP Legal and Risk Services, clinical negligence provisions have increased by £31.3m to Month 6 2021-22. It is assumed that this will reduce by £5.0m following payments of a significant clinical

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

negligence claim in early 2022. No other material movements in provisions are currently anticipated before the end of the financial year.

- **NHS Provider Bonus accrual**

The Health Board received resource-only funding of £20.8m relating to the NHS Provider Bonus during 2020-21. Payments of £18.0m have been made against this accrual to date with an estimated further £0.1m payments relating to directly employed bank workers and locums due in October 2021. This latest forecast would result in £2.7m excess funding to be recovered during Month 7.

The total forecast cash payment of £18.1m has been reflected within Table G – Monthly Cash flow Forecasts and included in the cash support required for movements in working balances.

9.2 Welsh NHS Debtors (Table M)

- The Health Board held nine outstanding NHS Wales invoice over eleven weeks old at the end of Month 6 2021-22 which have been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. Four of these invoices were paid prior to the Monitoring Return submission and there is no indication that any of the remaining debts will not be paid prior to their respective arbitration dates.

10. CASH

10.1 Cash Flow Forecast (Table G)

- The closing cash balance as at 30 September 2021 was £12.6m, which included £8.8m cash held for revenue expenditure and £3.8m for capital projects. This higher than expected cash balance resulted from £5.0m cash being drawn to settle a large clinical negligence case which has now been delayed until February 2022.
- Further payments in respect of the NHS bonus were made during September 2021 with the Health Board's latest forecast of total cash required to fulfil this obligation being £18.1m. Final payments to members of staff who opted to receive their bonus payment in instalments were made during the month.
- The Health Board currently estimates that a further £8.9m cash relating to movements in working capital and provisions will be required during 2021-22. This relates to allocations previously provided on a resource only basis for decommissioning of Field Hospitals, consequential losses and holiday pay on overtime and additional hours. This estimate of working balance requirements has been included as a cash pressure on Table G in March 2022.
- It is currently assumed that both the capital payables and capital cash balances will remain unchanged during 2021-22 and these will be updated in future months in line with progress on the capital programme.
- Table G currently forecasts a 2021-22 negative closing cash balance of £23.8m which is made up of a negative revenue balance of £26.3m and a positive capital balance of £2.5m. As detailed above, additional working capital cash support of £27.0m would be required to return the revenue cash balance to its opening balance level of £0.7m.

10. CASH

| Revenue cash requirements 2021-22 | £m |
|---|---------------|
| Opening revenue balance | 0.7 |
| Forecast outturn position | 0 |
| Cash impact of reductions in working balances | (27.0) |
| Forecast closing revenue cash balance | (26.3) |

| Capital cash requirements 2021-22 | £m |
|---|---------------|
| Forecast cash funding | |
| Opening capital balance | 2.5 |
| Approved Capital Resource limit | 34.1 |
| Donated asset income | 0.8 |
| Disposal proceeds | 0.2 |
| Forecast capital cash funding | 37.6 |
| | |
| Forecast cash spend | |
| Forecast spend on approved Capital Resource limit | (34.1) |
| Forecast donated asset cash spend | (0.8) |
| Forecast disposal proceeds cash spend | (0.2) |
| Total cash requirements | (35.1) |
| | |
| Forecast closing capital cash balance | 2.5 |

11. PUBLIC SECTOR PAYMENT COMPLIANCE

11.1 PSPP (Table H)

- The Health Board has achieved the PSPP target to pay 95% of valid invoices within 30 days of receipt in three of the four measures of compliance both during Quarter 2 and cumulatively for the year. NHS invoices by number remained below target at 87.4% for Quarter 2 (Quarter 1 92.0%) and 89.8% cumulatively (Quarter 1 92.0%).
- A total of 71 NHS invoices missing the PSPP target during the period July to September 2021 with 44 of these relating to NHS Wales organisations. These invoices related to a range of departments across the Health Board and managers have been reminded of the importance of raising purchase orders at the time that goods or services are ordered rather than waiting until invoices are received.

12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

12.1 Capital Resource Limit (Table I)

- The Capital Resource Limit (CRL) for 2021/22 is £34.1m. There is slippage of £1.6m against the planned spend of £7.0m at Month 6. It is anticipated that this will be recovered during the rest of the year and that the CRL will be achieved.

| All Wales Schemes | CRL/Planned YTD 2021/22 £'000 | 2021/22 Expenditure M6 £'000 | YTD Planned £'000 | Narrative |
|--|-------------------------------------|------------------------------------|----------------------|--|
| Capital Projects Approved Funding | | | | |
| Ruthin | 1,586 | 1,313 | 1,586 | The last phase of the scheme will complete in November 2021. The CRL will be spend in full in this financial year. |
| North Denbighshire Community Hospital | 181 | 36 | 165 | The scheme is currently in design stage and fees will be due this financial year. |
| Substance Misuse - Holyhead, Anglesey | 376 | 353 | 486 | The scheme is in completion stage and final accounts will be agreed imminently. |
| Substance Misuse - Shotton, Flintshire | 454 | 345 | 499 | The scheme is in completion stage and final accounts will be agreed imminently. |
| PAS System | 169 | 123 | 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 | 161 | 307 | BCUHB have now gone live in the West as part of the local 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 | 473 | 817 | The scheme is currently in design stage and fees will be due this financial year. |
| National Programmes – Fire | 1,097 | 0 | 1,097 | Programme leads have confirmed that works have commenced and that tenders and purchase order are being raised. |
| National Programmes – Infrastructure | 1,450 | 69 | 1,450 | Programme leads have confirmed that works have commenced and that tenders and purchase order are being raised. |
| National Programmes – Decarbonisation | 1,430 | 1 | 1,430 | Programme leads have confirmed that works have commenced and that tenders and purchase order are being raised. |
| National Programmes – Mental Health | 620 | 11 | 620 | Programme leads have confirmed that works have commenced and that tenders and purchase order are being raised. |
| National Programmes – Imaging | 5,348 | 44 | 5,348 | The quotations has been received for the equipment. Currently awaiting the tenders back for the enabling. The scheme will be completed before the year end. |
| ICF - Bryn Beryl | 229 | 160 | 229 | The scheme is due to complete and final account is being agreed. |
| COVID-19 Recovery 2021-22 - 24th Sept Letter | 6,500 | 0 | 6,500 | The additional funding is to support COVID-19 recovery projects. It is anticipated that the funding will be spent by the 31st March 2022. |
| All Wales Total | 21,172 | 3,089 | 20,805 | |
| Discretionary Total | 12,921 | 2,234 | 13,288 | 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. |
| Overall Total | 34,093 | 5,323 | 34,093 | |

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.
- Tim Woodhead was appointed permanent Finance Director Operations in September and will replace Tom Stanford as Sue Hill's delegated signatory for future Monitoring Returns.
- The Month 6 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee members at the October meeting.

Jo Whitehead
Chief Executive

Sue Hill
Executive Director of Finance

Month 5 Monitoring Return Responses

Other – Action Point 4.1

I note that you are continuing to forecast financial balance; this position includes anticipated income assumptions, a number of which will be issued before the end of September. The remaining items remain the subject of further scrutiny.

It is disappointing to note that the delivery of this position continues to be supported by £2.230m (a reduction of c. £0.800m) of pipeline savings which do not currently meet the finalised criteria. Last month, you were given a further extension (by the end of Month 5) to finalise these actions; otherwise, an Explanatory Accountable Officer was to be submitted. As there is still a material gap, this letter remains outstanding.

Response

During month 5 the Health Board identified £2.2m of additional pipeline savings, which meets the criteria, and therefore all savings are now amber or green rated as required by Welsh Government.

Other – Action Point 4.1

I have previously raised concerns regarding the pace of developing these plans, which should have been finalised by Month 3; I trust this action will be fully finalised by Month 6 as the delays are already not considered acceptable. This will be discussed further at the Mid-Year Review session.

Response

All saving plans have now been identified.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 4.3

I note your response to Action Point 4.3 regarding plans to improve the current, unsustainable, underlying deficit position; please provide a monthly progress update on the implementation and delivery of these plans in all future narratives.

Response

The Health Board has appointed a new Director of Transformation and Improvement who commenced work in September and as part of their remit will take forward the transformation of services agenda in alignment with Finance. The Finance Strategy continues to be

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

developed and will be presented to Welsh Government once it's approved through internal governance arrangements.

Risks and Opportunities (Table A2) – Action Point 4.4

Please continue to provide updates on expenditure forecasts against the £42.000m Performance Funds and in year Covid-19 Recovery funding confirmed to date totalling £19.942m. I trust that you have informed my colleague, Andrew Sallows, of the combined slippage identified to date (£2.152m @ Month 5) as I note you are in the process of identifying alternative plans to ensure this will be fully utilised (which is the forecast you are currently reporting).

Response

See forecast in section 1.6.

Monthly Positions (Table B) – Action Point 5.1

As per the below Table, there have been a number of material 'annual' expenditure movements between Months 4 and 5. Please provide supporting explanations for each of the material movements (including c. £3.400m pay once you exclude pay award of c. £15.400m) and ensure that all future annual expenditure movements are explained in your narrative.

| | Month 5 | Month 4 | Movement |
|---|---------|---------|----------|
| Annual Forecast Spend | £'000 | £'000 | £'000 |
| Primary Care Contractor (excluding drugs, including non resource limited expenditure) | 226,341 | 225,100 | 1,241 |
| Provided Services - Pay | 870,659 | 851,772 | 18,887 |
| Provider Services - Non Pay (excluding drugs & depreciation) | 205,544 | 216,469 | (10,925) |
| Secondary Care - Drugs | 80,182 | 83,082 | (2,900) |
| Healthcare Services Provided by Other NHS Bodies | 279,748 | 277,851 | 1,897 |
| Continuing Care and Funded Nursing Care | 107,493 | 105,182 | 2,311 |
| Other Private & Voluntary Sector | 25,484 | 19,652 | 5,832 |

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Response

| | Covid Movement £'000 | Bonus Payment £'000 | Pay award estimates to bring to 3% £'000 | Review of forecasts relating to Strategic support, with move to to RTC £'000 | Change in forecasts due to change in trend/ local information £'000 | Total movement £'000 |
|---|----------------------------|---------------------------|---|--|---|----------------------------|
| Annual Forecast Spend Movements | | | | | | |
| Primary Care Contractor (excluding drugs, including non resource limited expenditure) | 329 | 251 | | | 661 | 1,241 |
| Provided Services - Pay | 949 | | 15,372 | | 2,566 | 18,887 |
| Provider Services - Non Pay (excluding drugs & depreciation) | (2,163) | 460 | | (9,296) | 74 | (10,925) |
| Secondary Care - Drugs | (817) | | | (2,714) | 631 | (2,900) |
| Healthcare Services Provided by Other NHS Bodies | 267 | | | 1,630 | | 1,897 |
| Continuing Care and Funded Nursing Care | 1,230 | | | | 1,081 | 2,311 |
| Other Private and Voluntary Sector | 1,991 | | | 3,841 | | 5,832 |

Monthly Positions (Table B) – Action Point 5.2

In addition, please ensure that your narrative provides an explanation to support the material movements you are bringing to our attention. For example, page 3 of your narrative highlights that Primary Care Contractor spend in August has decreased by c. £1.500m but the supporting reasons have not been provided.

Response

The drop in expenditure in Primary Care relates to reduced expenditure in the Mass Vaccination Programme, which is driven by a reduction in the actual vaccinations being given by our Primary Care Partners.

Monthly Positions (Table B) – Action Point 4.5

In response to Action Point 4.5 regarding the forecast increase in Pay spend within future months, please provide assurance that there are feasible workforce plans that underpin these Pay expenditure assumptions.

Response

Recruitment is progressing as quickly as possible by Workforce/OD and a particular effort for schemes with large staffing increases (e.g. cleaning standards).

Monthly Positions (Table B) – Action Point 5.3

I can confirm that we will be recovering any excess funding provided for the NHS Provider Bonus, in October. We will be using the figures confirmed in your Month 6 narrative submission and if applicable, this should include an explanation for any material movements from the value provided at Month 5.

Response

Confirmation on the latest funding position relating to the NHS Provider Bonus has been provided within the narrative submission, including details of further payments expected to be made during October 2021.

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Covid-19 Analysis (Table B3) - Action Point 5.4

Your narrative (page 8) also highlights movements in annual Covid-19 expenditure but again does not provide supporting explanations for these movements (e.g. testing increasing by £1.1m). Please ensure supporting explanations are provided for material movements in Covid-19 expenditure.

Response

In M5 there was increased testing activity and the forecast has been adjusted to take into account this higher level of activity going forward. The adjustment to the forecast assumes we will be processing more than 10,000 additional tests than originally thought between September 2021 and March 2022.

Covid-19 Analysis (Table B3) - Action Point 5.5

As highlighted in your narrative, there are c. £52.800m (excluding recovery spend) of Covid 19 spend under the 'Other' section of Table B3. Please expand this section of your narrative to ensure it covers all key items and also includes details of the corresponding key assumptions (e.g. staffing requirements in secondary care) that support these projections.

Response

| | A7 'Other' | | | Less Covid Recovery | | | Other' less Recovery TOTAL £'000 |
|----------------|----------------|------------------|----------------|---------------------|------------------|----------------|-------------------------------------|
| | Pay £'000 | Non Pay £'000 | TOTAL £'000 | Pay £'000 | Non Pay £'000 | TOTAL £'000 | |
| Area Teams | £3,479 | £14,106 | £17,585 | £0 | £0 | £0 | £17,585 |
| Secondary Care | £12,485 | £15,029 | £27,514 | £1,003 | £8,262 | £9,265 | £18,249 |
| Corporate | £1,656 | £2,749 | £4,405 | £0 | £0 | £0 | £4,405 |
| Other | £6,333 | £16,892 | £23,225 | £0 | £10,675 | £10,675 | £12,550 |
| TOTAL | £23,953 | £48,776 | £72,729 | £1,003 | £18,937 | £19,940 | £52,789 |

Covid-19 Analysis (Table B3) - Action Point 4.8

In response to Action Point 4.8, you confirm the continued assumption (after revisiting assumptions at Month 4) that loss of dental income will no longer be a pressure from Month 10; however, Table B3 now reports this loss of income will continue for the full financial year (i.e. costs have been re-introduced into months 10 -12). Please confirm your latest assumptions and ensure that they correlate to the spend profile reported in Table B3.

Response

In light of Paul Brocklehurst's (Deputy Chief Dental Officer, WG) letter dated 20th August (copy attached) regarding the National assumptions on GDS Patient activity, we have taken note of the comment on page 2 '*Average patient throughput for this year is expected to be at least 40% to 60% compared to pre-pandemic years*' and adjusted our Patient Charge Revenue forecast to reflect that the loss of Dental Income will highly likely continue for the whole of the Financial year.



2021-08-20 - Joint
DCDO Letter - NHS I

Covid-19 Analysis (Table B3) - Action Point 5.6

In terms of English Recovery expenditure, I note that you are only currently including spend within July totalling £1.300m. You will be aware that we have agreed to follow the English H2 Arrangements, although at the meeting on the 22nd September, the final thresholds were still to be confirmed (currently 95%. and we expect this to be similar for H2). I trust that you will be working towards providing an annual forecast cost, on that basis. As previously advised, our intention is provide a mid-year funding allocation. Please therefore provide an analysis in the Month 6 MMR submission, showing the 'actual' Recovery Costs incurred to date by English Provider. It would helpful if this summary set out the monthly costs and any further details you have available such as the relating activity numbers and speciality. It is acknowledged that you may only have information for Months 1-5 at that stage, due to timing. If you wish to discuss this further, please do not hesitate to contact me directly.

Response

A table with associated narrative is included in section 1.8 of this monitoring return.

Cash Flow (Table G) – Action Point 5.7

All Health Boards are being requested to confirm within the Month 6 narrative, if they require any cash support for the Movement in Working Balances. Any requirement should be reflected in the cash flow as a shortfall in March and should be supported by corresponding SoPF movements in Table F (e.g. payables analysis). Please note that this will include any cash support for allocations issued in 20/21 on a resource only basis (e.g. accruals made for provider bonus payments). We will raise any queries in the M6 reply letter and will use the value reported at Month 7, as the final request figure.

Response

Details of cash support requirements for movements in working balances have been included within the narrative submission. These requirements all relate to allocations that were issued on a resource only basis during 2020-21.

Resource Limits (Table E) – Action Point 5.8

Please ensure that the anticipated C19 programme funding totals align to the corresponding programme expenditure reported in Table B3. At Month 5, you are anticipating £0.042m of additional Stability funding but a corresponding lower PPE funding amount.

Response

The tables have been reviewed and in month 6 the PPE and Stability anticipated income balance to the B3 Tables.

Capital (Table I) – Action Point 4.13

Please find attached the latest 2021/22 Capital Resource Limit Schedule.

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Please ensure that your response to Action Point 4.13, that discusses projected over and under spends by individual scheme is included within the main body of your narrative in all future submissions.

Response

This detail is included in the main body of the narrative for Month 6.

| | | | | | | | |
|---|--|---|--|--|--|--|---|
| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Monthly Monitoring Report – Month 5 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill, Executive Director of Finance | | | | | | |
| Awdur yr Adroddiad Report Author: | Tom Stanford, Interim Operational Finance Director | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | The submission made to Welsh Government required Chief Executive and Director of Finance sign off. | | | | | | |
| Atodiadau Appendices: | <u>Appendix 1</u> : Month 5 Monitoring Return Narrative Report | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| Note the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 5 of 2021/22. | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad/cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | | Er gwybodaeth For Information | ✓ |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable. | | | | | | | |
| Sefyllfa / Situation: | | | | | | | |
| To report to the Committee the completion of monthly reporting to Welsh Government for Month 5 of 2021/22. | | | | | | | |
| Cefndir / Background: | | | | | | | |
| <ul style="list-style-type: none"> The refreshed financial plan for 2021/22 was submitted to Welsh Government at the end of June. This provided the latest forecasts and assessments for the year, including the impact of COVID-19. It also incorporated the additional funding notified to the Health Board in Quarter 1, to offset the impact of the savings which were undelivered in 2020/21 due to Covid. 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. The current operational pressures and the related workforce constraints are the main risk to the delivery of the schemes relating to the additional allocations (£42m strategic support; £20m Covid recovery) and so the Health Board is actively identifying alternative schemes which can be mobilised in order to ensure we maximise the opportunity to improve performance. | | | | | | | |

- We are testing our assumptions in the original plans and if required will refresh our forecasts with the divisional teams, by month 6, to ensure that the overall forecast outturn is robust and achieved. This may include additional outsourcing, interims or consultancy, appropriately appointed, to progress some of the larger schemes.

Asesiad / Assessment:**Goblygiadau Strategol / Strategy Implications**

This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.

Opsiynau a ystyriwyd / Options considered

Not applicable – report is for assurance only

oblygiadau Ariannol / Financial Implications

Financial position

- The in-month position is break-even which also brings the cumulative position to breakeven. This is in line with the refresh of the 2021/22 financial plan, which was submitted in June.
- The total cost of COVID-19 in August is £6.1m (£35.8m for the year to date). Welsh Government income has been anticipated which exceeds these costs. This additional COVID-19 funding (totalling £32.7m), was issued to cover the impact of the undelivered savings from 2020/21, which were not achieved due to the pandemic, and hence is classified as COVID-19 funding.

| | Actual M01 £m | Actual M02 £m | Actual M03 £m | Actual M04 £m | Actual M05 £m | Actual YTD £m | Forecast 2021/22 £m |
|---------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------------|
| Testing | 0.1 | 0.2 | 0.2 | 0.3 | 0.4 | 1.2 | 4.1 |
| Tracing | 1.1 | 1.0 | 1.0 | 0.9 | 1.1 | 5.1 | 14.9 |
| Mass COVID-19 Vaccinations | 1.7 | 1.5 | 2.0 | 0.8 | 1.0 | 7.0 | 16.4 |
| Extended FLU Vaccinations | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.2 |
| Field Hospital/Surge | 0.3 | 0.7 | 0.2 | 0.5 | (0.3) | 1.4 | 1.4 |
| Cleaning Standards | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | 0.5 | 2.1 |
| Other Costs | 4.5 | 3.6 | 4.5 | 6.3 | 4.0 | 22.9 | 72.7 |
| Total COVID-19 costs | 7.7 | 7.0 | 7.9 | 8.8 | 6.7 | 38.1 | 112.8 |
| Non Delivery of Savings | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Expenditure Reductions | (0.2) | (0.7) | (0.8) | 0.1 | (0.6) | (2.3) | (2.4) |
| Slippage on Planned Investments | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Impact of COVID-19 | 7.5 | 6.3 | 7.1 | 8.9 | 6.1 | 35.8 | 110.4 |
| Welsh Government Funding | (8.3) | (11.9) | (10.6) | (11.5) | (9.4) | (51.8) | (145.5) |
| Impact of COVID-19 on Position | (0.8) | (5.6) | (3.5) | (2.6) | (3.3) | (16.0) | (35.1) |

Forecast

- The forecast position has been maintained at a balanced position for the year.
- The forecast assumes that the pay award will be 3% for the year but in the event that the pay award is higher than expected, the risk is that it will not be funded.
- The forecast total cost of COVID-19 is currently is £112.8m. This is based on the assumption that COVID-19 will continue to have an impact for the whole year. Welsh Government income has been anticipated to more than cover this cost, with £32.7m of COVID-19 funding supporting the core position. This equates to the additional funding issued to cover the impact of the undelivered savings from 2020/21, which were not achieved due to the pandemic, and hence is classified as COVID-19 funding.
- Other costs have decreased to £4.0m in month from £6.3m in July due to decrease in healthcare services provided by other NHS bodies in England (£1.3m), primary care drugs (£0.5m) and in continuing Care and Funded Nursing Care (£0.5m).
- As additional modelling data for COVID-19 is received, and in line with the refresh of the financial plan, this forecast will be revised and updated. There will however remain a degree of uncertainty around forecasts as situations develop, particularly regarding the impact of variants of concern on hospitalisations.

Dadansoddiad Risk / Risk Analysis

Not applicable.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

| |
|--|
| Asesiad Effaith / Impact Assessment |
| Not applicable. |



GIG
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MONITORING RETURN

MONTH 5 2021/22

Sue Hill

Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial Plan

- The refreshed financial plan for 2021/22 was submitted to Welsh Government at the end of June. This provided the latest forecasts and assessments for the year, including the impact of COVID-19. It also incorporated the additional funding notified to the Health Board in Quarter 1, to offset the impact of the undelivered savings from 2020/21.
- 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.
- The recovery from COVID-19 and the related workforce constraints are the main risk to the delivery of the schemes relating to the £42.0m this year and so the Health Board is actively identifying alternative schemes which can be mobilised in order to ensure we maximise the opportunity to improve performance.
- We are testing our assumptions in the original plans and if required will refresh our forecasts with the divisional teams, by month 6, to ensure that the overall forecast outturn is robust and achieved. This may include additional outsourcing, interims or consultancy, to progress some of the larger schemes.

1.2 Actual Year to Date Position

- The in-month position is break-even which also brings the cumulative position to breakeven. This is in line with the refresh of the 2021/22 financial plan, which was submitted in June.
- The total cost of COVID-19 in August is £6.1m (£35.8m for the year to date). Welsh Government income has been anticipated which exceeds these costs. This additional COVID-19 funding (totalling £32.7m), was issued to cover the impact of the undelivered savings from 2020/21, which were not achieved due to the pandemic, and hence is classified as COVID-19 funding.

1.3 Forecast Position

- The forecast position has been maintained at a balanced position for the year.
- The forecast includes the pay award of 3% for the year but there is a risk that the additional 2% will not be fully funded by Welsh Government.

1. FINANCIAL POSITION & FORECAST

1.4 Income (Table B)

- Income totals £163.6m for August. Further details are included in Section 7.
- The impact of COVID-19 has resulted in £0.3m lost income in August (£1.7m year to date) relating to General Dental Services (GDS) patient income. This is included as a cost of COVID-19 within the “Other” category.

1.5 Actual Expenditure (Table B)

- Expenditure totals £163.6m for Month 5. This is £4.5m more than in Month 4, with the increase being primarily attributable to increased costs for Provided Services Pay and Provider Services Non Pay, offset by a decrease in Primary Care Contractor; Primary Care Drugs and Appliances; Healthcare Services provided by other NHS bodies; Continuing Care and Funded Nursing Care and Joint Financing and Other.
- Costs of £6.7m are directly related to COVID-19 this month (£38.1m year to date). Of this £3.3m is pay and £3.4m is non-pay.

| | |
|---------------------------|---|
| Primary Care | <ul style="list-style-type: none">• Spend of £18.1m is £1.5m lower than in July.• Pressures in General Medical Services (GMS) still remain from cost of drugs and increased complexity of drugs reported through GMS Dispensing and GP Prescribing. |
| Primary Care Drugs | <ul style="list-style-type: none">• The expenditure for Month 5 is £1.2m (11%) lower than in Month 4 and is nearly at the average rate per month since the start of the financial year.• The core GP prescribing drug expenditure for Month 5 is £0.5m (5%) lower than in Month 4, however there is 1 less Prescribing day in August than there was in July.• Following receipt of the June prescribing data, the average cost per Prescribing Day has shown a significant decrease; June was £466k compared to May at £502k, representing an overall decrease of 7.2%.• The average cost per item has shown a small decrease of 0.5%, and the overall number of items prescribed has decreased by 6.7%. The decrease in the average cost per Prescribing Day this month appears to be driven by volume not price. |

1. FINANCIAL POSITION & FORECAST

| | |
|----------------------------------|--|
| | <ul style="list-style-type: none"> • This analysis is of course based on only 3 months of actual CASPA data (April, May and June), as such may not be indicative of the financial year ahead. As always the position will be monitored closely through Finance and the Heads of Medicines Management across the Divisions. • The cumulative overspend to date is £1.2m. |
| Provided Services - Pay | <ul style="list-style-type: none"> • Provided Services pay costs are £76.1m, which is £7.1m (10%) more than in Month 4. • Pay has increased compared to Month 4 due to the recognition in month of the additional pay award of 2% being backdated which accounts for approximately £6.4m. • Agency costs have increased by £0.3m compared to last month. Further details on agency spend are included in section 5.1. • A total of £3.2m of pay costs were directly related to COVID-19, which is £0.7m higher than in July. • There has been slippage in month of £2.1m compared to £1.7m in July on the £42.0m Performance Fund and Strategic Support monies, due to delays in recruitment for schemes. In addition, there has been slippage on the £19.9m COVID-19 Recovery Plan funding totalling £0.5m in month compared to £0.6m in July and spend that was originally anticipated would be pay is now being incurred as non-pay costs. |
| Provider Services Non-Pay | <ul style="list-style-type: none"> • Spend in August is £5.2m (30%) more than in July. This reverses the decrease from last month which was for technical reasons and mainly related to the transfer of COVID-19 costs to Joint Financing (£2.6m) in respect of payments to Local Authorities for COVID-19 Tracing. The other increases compared to Month 4 relates to Intermediate Care Fund (ICF) (£0.3m), agency recruitment fees (£0.2m), services from local authorities (£0.3m). • Scheduled Care activity is down by circa 13% across sites in total, due to lack of staff with annual leave, COVID-19 related sickness issues and in one site the theatres were closed for one week for planned maintenance. This was offset by an increase in emergency theatre activity. There has been a reduction in sessions with cancelled patients, compared to July. All three sites have also seen increases in Emergency Department activity which is above equivalent 2019/20 levels leading to pressures due to lack of staff which is backfilled by agency workers. |

1. FINANCIAL POSITION & FORECAST

| | |
|---|--|
| Secondary Care Drugs | <ul style="list-style-type: none"> Costs in Month 4 are £0.2m (3%) higher than Month 3 and is £1.0m higher than the forecast for August in the MDS. This increase in costs is across specialities and is being driven by the increase in activity for both Scheduled Care and through Emergency Departments. In addition, as with Primary Care Drugs, the volume of drugs prescribed is the main reason for increased spend this month. |
| Healthcare Services provided by other NHS Bodies | <ul style="list-style-type: none"> Spend has decreased by £1.1m (5%) on last month and is £1.2m higher than anticipated in the MDS. This is due to increases in the WHSCC contract. Block contracts with English providers remain, however there is a risk around inflation on these contracts, as well as inflation on Welsh contracts. |
| Continuing Health Care (CHC) and Funded Nursing Care (FNC) | <ul style="list-style-type: none"> Expenditure in August is £1.6m (17%) lower than in July and £0.3m lower than the MDS. Costs have fallen overall compared to last month for CHC and also very slightly in Mental Health. There continues to be an underlying a rise Older People Mental Health (OPMH) growth and pressures where CHC costs exceed budget by £0.4m. CHC costs related to COVID-19 totalled £0.3m in August, which is £0.5m less than July. |
| Other Private and Voluntary Sector | <ul style="list-style-type: none"> Expenditure relates to a variety of providers, including hospices and Mental Health organisations. |
| Joint Financing | <ul style="list-style-type: none"> Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget. This has decreased by £2.5m compared to July due to payments to local authorities falling back to average levels. |
| Losses, Special Payments and Irrecoverable Debts | <ul style="list-style-type: none"> Includes Redress, Clinical Negligence, Personal Injury and loss of property. |
| Capital | <ul style="list-style-type: none"> Includes depreciation and impairment costs, which are fully funded. Capital costs are in line with July. |

1. FINANCIAL POSITION & FORECAST

1.6 Forecast Expenditure (Table B)

- The NHS pay award for 2021/22 has now been confirmed. The original forecast included an estimate of the pay award costs and funding based on a 1% settlement, which had been profiled across Months 2 to 12. The revised forecast from months 5-12 includes an additional 2% to recognise a total estimated pay award of 3%. Anticipated income of £15.4m for the additional 2% pay award has been budgeted.
- The total expenditure on the pay award for the year is forecast at £24.2m. As more detail is received on the amount, the profiling will be adjusted accordingly.
- Expenditure related to the £30.0m funding for the Performance Fund and £12.0m Strategic Support included in the forecast, based on the phasing of costs in submitted business cases. These indicate a stepped increase in spend over the remaining months of the year. This cost profile is dependent on operational teams implementing approved plans at pace. There may be movements between pay and non-pay as schemes progress and the ability for Health Board staff to undertake additional work is assessed. Actual performance against submitted businesses cases will be monitored on a monthly basis and used to inform future forecasts.

| | 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 | 0.5 | 0.5 | 1.5 | 1.8 | 2.2 | 2.2 | 2.6 | 2.6 | 2.6 | 17.8 |
| Non-Pay | 0.0 | 0.0 | 0.3 | 0.0 | 0.0 | 0.4 | 3.6 | 3.7 | 3.9 | 4.1 | 4.1 | 4.1 | 24.2 |
| Total | 0.3 | 0.4 | 0.9 | 0.5 | 0.5 | 1.9 | 5.4 | 5.9 | 6.1 | 6.7 | 6.7 | 6.7 | 42.0 |

- As discussed with Welsh Government, some of this £42.0m non-recurrent funding has been committed recurrently as it relates to staff posts and the recurrent element will be firmed up in future months.

1.7 Accountancy Gains (Table B)

- The Health Board is reporting no accountancy gains in August compared to £0.1m in July, with a forecast of £0.1m for the year.

1. FINANCIAL POSITION & FORECAST

1.8 COVID-19 (Table B3)

- The total impact of COVID-19 in August, including all costs offset by expenditure reductions, is £6.1m. Welsh Government funding has fully offset the impact of COVID-19.

| | Actual M01 £m | Actual M02 £m | Actual M03 £m | Actual M04 £m | Actual M05 £m | Actual YTD £m | Forecast 2021/22 £m |
|---------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------------|
| Testing | 0.1 | 0.2 | 0.2 | 0.3 | 0.4 | 1.2 | 4.1 |
| Tracing | 1.1 | 1.0 | 1.0 | 0.9 | 1.1 | 5.1 | 14.9 |
| Mass COVID-19 Vaccinations | 1.7 | 1.5 | 2.0 | 0.8 | 1.0 | 7.0 | 16.4 |
| Extended FLU Vaccinations | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.2 |
| Field Hospital/Surge | 0.3 | 0.7 | 0.2 | 0.5 | (0.3) | 1.4 | 1.4 |
| Cleaning Standards | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | 0.5 | 2.1 |
| Other Costs | 4.5 | 3.6 | 4.5 | 6.3 | 4.0 | 22.9 | 72.7 |
| Total COVID-19 costs | 7.7 | 7.0 | 7.9 | 8.8 | 6.7 | 38.1 | 112.8 |
| Non Delivery of Savings | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Expenditure Reductions | (0.2) | (0.7) | (0.8) | 0.1 | (0.6) | (2.3) | (2.4) |
| Slippage on Planned Investments | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Impact of COVID-19 | 7.5 | 6.3 | 7.1 | 8.9 | 6.1 | 35.8 | 110.4 |
| Welsh Government Funding | (8.3) | (11.9) | (10.6) | (11.5) | (9.4) | (51.8) | (145.5) |
| Impact of COVID-19 on Position | (0.8) | (5.6) | (3.5) | (2.6) | (3.3) | (16.0) | (35.1) |

- The forecast total cost of COVID-19 is currently is £112.8m. This is based on the assumption that COVID-19 will continue to have an impact for the whole year. Welsh Government income has been anticipated to more than cover this cost, with £32.7m of COVID-19 funding supporting the core position. This equates to the additional funding issued to cover the impact of the undelivered savings from 2020/21, which were not achieved due to the pandemic, and hence is classified as COVID-19 funding.
- Other costs have decreased to £4.0m in month from £6.3m in July due to decrease in healthcare services provided by other NHS bodies in England (£1.3m), primary care drugs (£0.5m) and in continuing Care and Funded Nursing Care (£0.5m).

1. FINANCIAL POSITION & FORECAST

- Movements in the overall forecast from last month are as follows:

| | Forecast at Month 4 £m | Forecast at Month 5 £m | Change £m |
|---------------------------------|---------------------------------|---------------------------------|--------------|
| Testing | 3.0 | 4.1 | 1.1 |
| Tracing | 14.8 | 14.9 | 0.1 |
| Mass COVID-19 Vaccinations | 16.8 | 16.4 | (0.4) |
| Extended FLU Vaccinations | 1.2 | 1.2 | 0.0 |
| Field Hospital/Surge | 1.7 | 1.4 | (0.3) |
| Cleaning Standards | 0.9 | 2.1 | 1.2 |
| Other Costs | 72.7 | 72.7 | 0.0 |
| Total COVID-19 costs | 111.1 | 112.8 | 1.7 |
| Non Delivery of Savings | 0.0 | 0 | 0.0 |
| Expenditure Reductions | (2.3) | (2.4) | (0.1) |
| Slippage on Planned Investments | 0.0 | 0 | 0.0 |
| Total Impact of COVID-19 | 108.8 | 110.4 | 1.6 |

- The main change is the increase in the forecast for cleaning standards and the mass vaccinations offset by increase in other costs which is mainly due to extra pay costs for medical and nursing.
- As additional modelling data for COVID-19 is received forecasts will be revised and updated. There will however remain a degree of uncertainty around forecasts as situations develop, particularly regarding the impact of variants of concern on hospitalisations.
- Included within the Other section on Table B3 is expenditure against the £19.9m COVID-19 Recovery Plan. Forecast costs have been phased in line with submitted plans as follows:

| | Actual | | | | | Forecast | | | | | | | Total |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| | M01 | M02 | M03 | M04 | M05 | M06 | M07 | M08 | M09 | M10 | M11 | M12 | |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | |
| Pay | 0.1 | 0 | 0.1 | 0.1 | 0.1 | 0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 1.0 |
| Non Pay | 0.1 | 0.7 | 0.5 | 0.6 | 0.6 | 0.7 | 2.3 | 2.6 | 2.5 | 2.7 | 2.7 | 2.9 | 18.9 |
| Total | 0.2 | 0.7 | 0.6 | 0.7 | 0.7 | 0.7 | 2.4 | 2.7 | 2.6 | 2.8 | 2.8 | 3.0 | 19.9 |

- In addition to the above, £52.8m of COVID-19 costs are included in the Other section.

1. FINANCIAL POSITION & FORECAST

- Secondary Care costs are a large element of this and include all of the costs related to dealing with COVID-19 in the three acute sites, which covers expenditure on COVID-19 wards, increased staffing, drugs, PPE and critical care.
- There are significant costs included for Prescribing and CHC. Forecast costs are included based on estimates from divisional finance leads. These are best estimates at the current month and subject to all of the uncertainties around COVID-19 rates, the level of hospitalisations and the acuity of patients as restrictions are eased and then heading into the winter months.

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. The carried forward underlying deficit is £75.2m. This is primarily as a result of:
 - £32.6m 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.
- It is currently forecast that red pipeline schemes will have an in-year impact of £0.6m and a recurring Full Year Effect of £0.5m (line 32). In addition, £1.6m of savings (line 33) have not been identified, due to the impact of COVID-19 on the Health Board's ability to identify and deliver savings this year. This has remained the same as last month, however, the Health Board recognises that there is further work to be done and detailed review are being held with Divisional Directors in September.
- There are no changes to planned non COVID-19 expenditure in Month 5.
- The operational forecast outturn for the year is a £32.7m deficit, offset by a £32.7m surplus on COVID-19. This reflects the additional funding to cover the impact of the undelivered savings from 2020/21, which has been classified as COVID-19 funding.
- The plans for Post Covid-19 Rehabilitation Long Covid are still under development with projected costs and approved funding to date featured in the financial plan.

3. RISK MANAGEMENT

3.1 Risk Management (Table A2)

- The below are risks to the Health Board's financial position for 2021/22.

| | £m | Level | Explanation |
|--|-----|-------|---|
| Risks | | | |
| Savings Programme – Red Risk Pipeline Schemes | 0.6 | | <p>There is a risk that the savings programme will not deliver the £17.0m target, as per the financial plan. Savings of £12.7m are forecast for delivery in 2021/22, which includes £0.6m of red-rated schemes in the pipeline.</p> <p>Divisions have been set a stretch savings target of £25.0m, which is £8.0m above the agreed target and should ensure that there are enough schemes within the pipeline to allow for any slippage or under delivery that may occur.</p> |
| Savings Programme - Planning Assumptions | 1.6 | | <p>There is a risk that the planning assumptions still be to identified, which total £1.6m, will not deliver in the current financial year.</p> <p>Divisions have been set a stretch savings target of £25.0m, which is £8.0m above the agreed target and should ensure that there are enough schemes within the pipeline to allow for any slippage or under delivery that may occur.</p> |
| Anticipated income | TBC | | There is a risk that the anticipated income shown in Table E will not be fully funded. |
| Pay award – Risk of additional 2% pay award not fully funded | TBC | | The financial plan assumes a 3% pay award. There is a risk that the additional 2% over the original plan will not be fully funded although this has been included in anticipated income. |

3. RISK MANAGEMENT

- The below is an opportunity to the Health Board's financial position for 2021/22.

| | £m | Level | Explanation |
|---|-----|-------|--|
| Opportunity | | | |
| Accountancy gains | TBC | | There is a potential for future one off accountancy gains. |
| Additional funding – Risk of not being to utilise additional funding provided by WG | TBC | | There is a risk that the Health Board will not be able to utilise the additional funding provided by Welsh Government, for example, performance fund monies, due to plans not being identified and approved. |

4. RING FENCED ALLOCATIONS

4.1 GMS (Table N)

- Not required this month.

4.2 GDS (Table O)

- Not required this month.

5. AGENCY/LOCUM EXPENDITURE

5.1 Agency/Locum Expenditure (Table B2)

- Agency costs for Month 5 are £3.8m, representing 4.8% of total pay. This is an increase of £0.3m on Month 4, with the increase mainly relating to medical agency spend. Monthly agency spend for August included £0.8m that related to COVID-19, £0.2m more than last month.
- Medical agency costs have increased by £0.3m compared to last month; to an in-month spend of £1.6m. COVID-19 costs were £0.2m in August and £0.2m in July. This is mainly due to consultants and doctors required to fill shifts.
- Nurse agency costs totalled £1.4m for the month, the same as last month. Acute sites continue to carry a high level of nursing vacancies and although some overseas nurses have now started there are still pressure on the number of nurses required as business as usual returns. COVID-19 costs were £0.4m in August and £0.2m in July. The increase is due to nurses being required to fill shifts.
- Other agency costs total £0.7m this month, the same as last month. In August £0.1m and July, £0.1m related to COVID-19, primarily Admin and Clerical, remaining constant month on month.

6. SAVINGS

6.1 Savings (Tables C – C3)

- Savings in Month 5 totalled £1.0m, a decrease of £1.6m over the delivery in Month 4. This gives cumulative savings delivered of £6.1m for the year to date. This is mainly due to a one-off rates rebate of £1.3m recognised in Month 4.
- Savings of £12.1m are forecast for delivery in 2021/22 against identified amber and green schemes, an increase of £0.7m compared to Month 4.
- Red schemes in development are expected to deliver a further £0.6m by year end, a decrease of £0.4m against Month 4 reflecting the movement from red to amber and green. Work is ongoing to convert these schemes to amber and green in month 6.
- Further opportunities are being identified both within Divisions and across BCU to ensure delivery of the savings included within the financial plan.
- The residual shortfall in anticipated savings delivery of £1.6m has been included on line 33 of Table A.

7. INCOME ASSUMPTIONS

7.1 Income/Expenditure Assumptions (Table D)

- Most of the figures in Table D are included based on 2020/21 outturn.

7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) is £1,827.1m for the year. £730.70m of the RRL has been profiled into the position cumulatively, which is £30.6m less than five equal twelfths, primarily due to the profile of COVID-19 and performance funding.
- A reconciliation between the RRL phased into the position and an equal phasing is shown in the table below.

| | M05 £m |
|--|-------------------|
| RRL (Table E) | 1,827.1 |
| Less COVID-19 funding (Table E, line 90) | (145.5) |
| Less funding for specific purposes, e.g. performance funding | (52.2) |
| Adjusted RRL | 1,629.4 |
| Equal 12ths phasing | 678.9 |
| Add YTD COVID-19 funding | 51.8 |
| Phased YTD RRL | 730.7 |
| Actual YTD RRL (Table B) | 730.7 |
| Variance | 0.0 |

- Confirmed allocations to date are £1,715.1m, with further anticipated allocations in year of £112.0m. This includes £143.6m for COVID-19, of which £76.9m is included in anticipated income.

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 since 2020/21 are:

- **Non-Current Assets (lines 1 and 2)**

Movements in non-current capital assets are included in Tables I to K of the return with additional supporting narrative included in Section 12 of this report.

- **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 sums that the Health Board will 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 liabilities – Trade and Other Payables (line 13)**

The in-month increase in trade and other payables is due to additional accruals for the impact of the inflationary pay award to be paid during September along with £12.7m accruals for primary care contractors prescribing costs as no payments were due during August.

The year-to-date movement reflects a reduction of £18.0m relating to the NHS bonus payment along with reductions in accounts payable balances offset by accruals for the 2021-22 inflationary pay award due to be paid in September.

- **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.

This increase has been offset by a reduction in the Agreement Framework on Overtime Payments and Pay during Annual Leave provision following payments made during August (£1.7m). Actual payments exceeded the funded 2020-21 year-end provision and this has resulted in a temporary negative provision balance in the Month 5 submission pending discussions around any potential additional funding.

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

- **Full year forecast movements**
- **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 fully recoverable from the Welsh Risk Pool. No further increases to the Month 5 position have been forecast but these will be monitored on the Legal and Risk Service monthly quantum. The Health Board will also continue to monitor the potential impact of any timing delays between payments of costs and their subsequent recovery.

- **Current liabilities – Trade and Other Payables (line 13)**

Trade and Other Payables are forecast to reduce by £28.0m during 2021-22 once the current accruals for inflationary pay awards are no longer required. This is made up of £18.0m in respect of the NHS Bonus payment and £10.0m in respect of decommissioning Field Hospitals/MVCs and associated consequential losses. Allocations for both of these areas were provided on a resource only basis during 2020-21. No movement in the values of capital payables is expected during 2021-22.

- **Current liabilities – Provisions (line 15)**

Based on the latest quantum information provided by NWSSP Legal and Risk Services, clinical negligence provisions have increased by £30.5m to Month 5 2021-22 and no further increases have been included for the remainder of the year pending reviews of monthly quantum reports from Legal and Risk Services.

It is assumed that the negative provision on the Agreed Framework on Overtime Payments and Pay during Annual Leave outlined above will be reversed before the end of the financial year.

9.2 Welsh NHS Debtors (Table M)

- The Health Board held three outstanding NHS Wales invoices that were over eleven weeks old at the end of Month 5. One of these invoices was paid prior to the Monitoring Return submission date with the other two being escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales.

10. CASH

10.1 Cash Flow Forecast (Table G)

- The closing cash balance as at end of August was £8.9m, which included £5.7m cash held for revenue expenditure and £3.2m for capital projects.
- Further payments in respect of the NHS bonus were made during August 2021 with the Health Board's latest forecast of total cash required to fulfil this obligation being £18.0m. Final payments to members of staff who opted to receive their bonus payment in instalments will be made during September.
- The Health Board currently estimates that a further £12.1m cash relating to movements in working capital and provisions will be required during 2021-22. This relates to allocations previously provided on a resource only basis for decommissioning of Field Hospitals, consequential losses and holiday pay on overtime and additional hours. This initial estimate of working capital requirements has been included as a cash pressure on Table G in March 2022.
- Payments for Salaries and Wages during September include the impact of the inflationary pay award and arrears backdated to April 2021 with associated payments to HMRC and the NHS Business Services Authority for pension contributions being included in October 2021.
- It is currently assumed that both the capital payables and capital cash balances will remain unchanged during 2021-22 and these will be updated in future months in line with progress on the capital programme.
- Table G currently forecasts a 2021-22 negative closing cash balance of £26.9m which is made up of a negative revenue balance of £29.4m and a positive capital balance of £2.5m. As detailed above, additional working capital cash support of £30.1m would be required to return the revenue cash balance to its opening balance level of £0.7m.

10. CASH

| Revenue cash requirements 2021-22 | £m |
|--|---------------|
| Opening revenue balance | 0.7 |
| Forecast outturn position | 0 |
| Forecast reduction in revenue payables | (28.0) |
| Forecast reduction in provisions balances | (2.1) |
| Forecast closing revenue cash balance | (29.4) |

| Capital cash requirements 2021-22 | £m |
|---|---------------|
| Forecast cash funding | |
| Opening capital balance | 2.5 |
| Approved Capital Resource limit | 27.6 |
| Donated asset income | 0.8 |
| Disposal proceeds | 0.2 |
| Forecast capital cash funding | 31.1 |
| | |
| Forecast cash spend | |
| Forecast spend on approved Capital Resource limit | (27.6) |
| Forecast donated asset cash spend | (0.8) |
| Forecast disposal proceeds cash spend | (0.2) |
| Total cash requirements | (28.6) |
| | |
| Forecast closing capital cash balance | 2.5 |

11. PUBLIC SECTOR PAYMENT COMPLIANCE

11.1 PSPP (Table H)

- Table not required this month.

12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

12.1 Capital Resource Limit (Table I)

- The Capital Resource Limit (CRL) for 2021/22 is £27.6m. There is slippage of £1.7m against the planned spend of £5.7m at Month 5. It is anticipated that this will be recovered during the rest of the year and that the CRL will be achieved.

12.2 Capital Programme (Table J)

- Details of spend and forecast on a monthly basis and by scheme are included in the table. There is nothing of significance to note.

13. OTHER ISSUES

13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 5 Monitoring Return will be received by the Health Board's Finance and Performance Committee members at the September meeting.

Gill Harris
Executive Director of Nursing and Midwifery

Sue Hill
Executive Director of Finance

Month 4 Monitoring Return Responses

Other – Action Point 4.1

I note that you are continuing to forecast financial balance; this position includes anticipated income assumptions that remain subject to further challenge and final agreement.

It is also acknowledged that this outturn is currently being assisted by £3.045m of planning assumptions still to be finalised (including c. £1.000m of red schemes), which is a reduction of c. £2.300m since Month 3. I acknowledge the progress made during the month; however, you are aware that the deadline for finalising all assumptions was Month 3. It will therefore be necessary to escalate the issue, via the requirement for the Health Board to submit an Accountable Officer Letter, should any element of the £3.000m remain 'still to be finalised' at Month 5.

Response

We are not planning to change the forecast of a balanced outturn position for 2021/22 and any discussions around changes to this will need to be at a senior level between Welsh Government and the Executive Director of Finance.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 4.2

The forecast outturn is now being supported by the release of Accountancy Gains totalling £0.194m, with £0.160m being released into the year to date position. In order to comply with the timeframes directed in Monitoring Return - 2 - Guidance (WHC 2021/011), please ensure that the balance of £0.034m is released into the position by Month 6.

Response

The scheme with the outstanding £34k balance has been reviewed. This was classified as an accountancy gain in error and has been re-classified for the month 5 return.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 4.3

You are reporting that the 'Savings plan assumptions still to be finalised' totalling £3.045m will deliver a FYE of £2.903m which will enable the planned c/f underlying deficit position of £75.163m to be delivered. It is important that your Health Board maximises the opportunities available to identify recurring actions, in order to materially improve the current projected u/l deficit. It is also vital that the Health Board fully understands where and what is driving these underlying costs. Assurance should be provided, via your narrative, that this is one of your key financial priorities and confirm the timescales of any action plans that have been tasked by the Board/Committees and provide us with a progress update. The expectation is for your Health Board to produce balanced plans going forward and clearly this current level of underlying deficit is not sustainable.

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Response

The drivers of the underlying deficit are understood and will be central to the Financial Strategy which is currently under development. Critical issues are workforce sustainability, the clinical model and commissioned services. The first draft of the Financial Strategy will be presented to the Finance and Performance Committee in October.

The need to generate recurrent savings is critical to the strategy and the Executive Team have agreed actions to address this. The savings plans will be aligned to the emerging transformation programme, focussing on quality, outcomes, sustainability and resource utilisation. An Executive led Transformation and Finance Group will be established to ensure identification of plans and effective delivery.

Risks and Opportunities (Table A2) – Action Point 4.4

I note that your narrative and Table A2 refers to the unquantified risk that additional funding provided by Welsh Government will not be utilised (e.g. Performance fund monies). This is a concern and I understand that the FDU have requested full detail of all spend plans against new funding (which should include the £42m in your allocation paper) at the most granular level of detail including profile, and what was intended to be delivered for that funding. Please also provide us with a copy of that information, to support the statement made in your MMR submission. I trust you have also communicated this potential position with Andrew Sallows (WG Performance Lead).

Response

Please see attached table for detail of the expenditure against the new funding. We are currently working up additional plans to use any slippage and Andrew Sallows is aware of these plans.

EXEC SUMMARY

Performance Monies & WG Bld Tracker at Month 4

| Performance Monies & WG Bid Tracker at Month 4 | | | | | | | | | | | | | | | | | | |
|--|-----------------|------------|---------------|----------|------------|--------------|---------------|-------------------|-------------------|---------------------------|-----------------|------------|----------------------|-----------------|------------|----------------------|--|--|
| | | | | | | | | | | | | | 2022/23 | | | 2023/24 | | |
| | Funds Available | Plan Spend | Plan Slippage | Plan YTD | Actual YTD | Slippage YTD | Plan M5 - M12 | Forecast M5 - M12 | Slippage M5 - M12 | Forecast Slippage 2021/22 | Funds Available | Plan Spend | Slippage / Shortfall | Funds Available | Plan Spend | Slippage / Shortfall | | |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | | |
| PERFORMANCE - OTHER (£15m) | 15,268 | 15,010 | (258) | 2,098 | 1,233 | (865) | 12,911 | 13,777 | 865 | (259) | 15,000 | 24,973 | 9,973 | 15,000 | 25,733 | 10,733 | | |
| PERFORMANCE - PLANNED CARE (£15m) | 12,546 | 12,550 | 5 | 2,025 | 499 | (1,526) | 10,526 | 12,052 | 1,526 | 5 | 15,000 | 0 | (15,000) | 15,000 | 0 | (15,000) | | |
| PERFORMANCE - PLANNED CARE SLIPPAGE | 2,187 | 436 | (1,751) | 0 | 122 | 122 | 436 | 2,065 | 1,629 | 0 | 0 | 436 | 436 | 0 | 436 | 436 | | |
| TRANSFORMATION (£12m) | 12,000 | 10,551 | (1,449) | 1,370 | 352 | (1,018) | 9,180 | 10,145 | 964 | (1,503) | 12,000 | 14,306 | 2,306 | 12,000 | 21,443 | 9,443 | | |
| WG BID (£20m) | 19,942 | 14,965 | (4,977) | 2,592 | 2,197 | (395) | 12,373 | 17,350 | 4,977 | (395) | 0 | 2,281 | 2,281 | 0 | 2,081 | 2,081 | | |
| Total | 61,942 | 53,512 | (8,430) | 8,085 | 4,402 | (3,683) | 45,427 | 55,389 | 9,962 | (2,152) | 42,000 | 41,937 | (63) | 42,000 | 49,694 | 7,694 | | |

| | |
|---------------------------------------|----------------|
| Slippage: | £000 |
| Initial Plan Slippage against funding | (8,430) |
| YTD Slippage on actual M1 - M4 spend | (3,683) |
| Forecast on M5 - M12 spend | 9,962 |
| Total Slippage | (2,152) |

Monthly Positions (Table B) – Action Point 4.5

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

In comparison to the average monthly YTD provider pay spend of c. £69.200m, you are projecting that this average in future months will materially increase to c. £71.800m. Please provide assurance that there are feasible workforce plans that support this current material step up in future month spend.

Response

The forecast is continually under review, and is regularly updated to account for the latest information regarding the availability of suitable staff. Additional investment has been made in our workforce team to support the increased recruitment needs, and the team are continually looking for ways to recruit and attract staff with the right experiences to fill the additional posts.

Monthly Positions (Table B) – Action Point 4.6

As per the below Table, there are number material movements in 'annual' expenditure across a number of categories. It is acknowledged that an element reflects the re-categorisation of Covid-19 spend (Action Point 3.11) to Joint Financing but there are also movements between 'Other' (Section A7 of Table B3) pay and non pay categories. I also assume that an element of the PC increase is in relation to the Bonus Payment. For clarity however; please provide a brief explanation for each of the below category movements.

| | Month 4 | Month 3 | Movement |
|---|---------|---------|----------|
| | £'000 | £'000 | £'000 |
| Annual Forecast Spend Movements | | | |
| Primary Care Contractor (excluding drugs, including non resource limited expenditure) | 225,100 | 220,210 | 4,890 |
| Primary Care - Drugs & Appliances | 115,373 | 107,918 | 7,455 |
| Provided Services - Pay | 851,772 | 857,673 | (5,901) |
| Provider Services - Non Pay (excluding drugs & depreciation) | 216,469 | 223,396 | (6,927) |
| Secondary Care - Drugs | 83,082 | 86,009 | (2,927) |
| Healthcare Services Provided by Other NHS Bodies | 277,851 | 279,613 | (1,762) |
| Continuing Care and Funded Nursing Care | 105,182 | 106,461 | (1,279) |
| Joint Financing and Other | 15,176 | 2,527 | 12,649 |

Response

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

| Annual Forecast Spend Movements | Covid Movement £'000 | New costs - PC Bonus £'000 | Other reductions £'000 | PC Academy incorrectly categorised in month 4, corrected in month 5 £'000 | Review of forecasts, specifically around updated plans relating to pay costs £'000 | Joint Financial Transfers £'000 |
|---|-------------------------|-------------------------------|---------------------------|--|---|------------------------------------|
| Primary Care Contractor (excluding drugs, including non resource limited expenditure) | 326 | 3,443 | | -1,642 | 2,763 | |
| Primary Care - Drugs & Appliances | 1,106 | | | | 6,349 | |
| Provided Services - Pay | 3,137 | | -210 | | -8,828 | |
| Provider Services - Non Pay (excluding drugs & depreciation) | 3,488 | | | 1,642 | -1,931 | -10 |
| Secondary Care - Drugs | 660 | | | | -3,587 | |
| Healthcare Services Provided by Other NHS Bodies | -5,048 | | | | 3,286 | |
| Continuing Care and Funded Nursing Care | -704 | | | | -575 | |
| Joint Financing and Other | | | | | 2,523 | 10 |
| Total impact of change | 2965 | 3443 | -210 | 0 | 0 | |
| Total increase of costs | | | 6198 | | | |

Monthly Positions (Table B) – Action Point 3.5

Please reintroduce to your narrative the regular actual/forecast expenditure profile (split between pay/non pay) associated with the £42.000m performance/strategic funding support.

Response

The forecast expenditure profile has been re-introduced to the narrative.

Monthly Positions (Table B) – Action Point 4.7

Please provide supporting explanations for the material step up in Primary Care Drug (c. £0.900m), Secondary Care Drug (c£0.600m) and CHC (£0.900m) expenditure in March.

Response

The Primary Care Drugs forecast is underpinned by the number of prescribing days in a month, then adjusted for profiled savings schemes and other known impacts. February has less prescribing days than January and March, so an increase between February and March is to be expected.

The Secondary Care Drug forecast is based on a mix of prescribing days, local knowledge (Gastro drugs is projected to have an increase due to activity) and historic trends (New Treatment Fund and the Oncology plan tend to have an increased patient numbers in March). Where elements of the forecast are based on activity and patient numbers, these are reviewed regularly and updated as soon as new information becomes available.

CHC costs are forecast taking into account bed days, with February having less bed days than January and March, so a subsequent increase in March is to be expected. March also has a prudent estimate built in for potential accruals relating to disputes.

Monthly Positions (Table B) – Action Point 3.3

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Following your response to Action Point 3.3 that the step up in Primary Care Contractor spend in March related to a 'specific scheme', please provide details of this scheme as it would appear at month 4 that the spend has been re-profiled into earlier months.

Response

This was incorrectly profiled last month and has now been corrected in month 5.

Covid-19 Analysis (Table B3) - Action Point 4.8

Please provide details to support your assumptions that the loss of dental income will no longer be a pressure from Month 10.

Response

No National guidance has been released to assist in indicating the likely continuing impact on GDS Dental Income levels for 2021/22; and as you will be aware, delivery of services is directly impacted by WG Covid-19 restrictions and thus, the level of Dental Income received. Locally in recent months Income levels have increased and with further restrictions being lifted, there is an expectation that Dental Income levels will increase further. However, until we receive more GDS Dental Income data (over the coming months) it is extremely difficult to assess the impact with any certainty beyond a few months ahead. As a result, we have not indicated a value for Quarter 4 at this stage, but will do so as more data becomes available.

Covid-19 Analysis (Table B3) - Action Point 3.7

After projecting that spend on cleaning standards would commence at Month 4 within your June return, you are now forecasting that spend will only commence from Month 6. I can also confirm that you are the only Health Board that has yet to incur any expenditure within this area. Please provide details of your assumptions that support the year to date and future month profile.

Response

The Health Board is undertaking an extensive recruitment programme for additional staff to provide cleaning services to the new standards, the new staff costs were reflected in the forecast as at Month 4. However, we have now undertaken a further review of expenditure to date, and we do have some costs which could be considered as working towards the updated cleaning standards, which at Month 4 were contained within the 'Other' section, and were funded via the COVID -19 Stability funding. For month 5 these have been adjusted, together with the forecasts related to these costs, and as such you will notice the movement in month between the two headings.

Covid-19 Analysis (Table B3) - Action Point 4.9

WHSSC are currently forecasting an All Wales Covid-19 pressure of £0.112m (Re: James Leaves email dated 4th August 21). Those Health Boards whose 'share' is currently a pressure, are being requested to report this within the non pay free text line 205 of Section A7, with corresponding stability funding to be anticipated via Table E. For Health Boards

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

whose 'share' remains a benefit, they should continue to report this item on the designated line (221) of Section C.

Response

Any future forecast pressure will be shown on row 205 as per your guidance.

Income and Expenditure Assumptions (Table D) - Action Point 4.10

As per the recently shared 'All Wales I&E Assumptions' reconciliation, there is an income variance (£0.671m) with HEIW. I trust that this discrepancy has since been reviewed and resolved. (Action Point 4.10)

Response

The discrepancy on Table D of the Month 4 submission has been reviewed and resolved with colleagues in HEIW.

Resource Limits (Table E) – Action Point 4.11

It appears that funding support for English provider recovery costs (£1.300m) has been duplicated within your income assumptions, with the item reported within both the Covid-19 (correct categorisation) and general section of Table - 4 - E. I trust that this will be reviewed and corrected at Month 5.

Response

This has been reviewed and corrected for Month 5.

Table F (SoFP) – Action Point 4.12

Please ensure that your narrative also discusses movements between the current and closing Statement of Financial Position.

Response

Additional narrative on actual and forecast movements in the Statement of Financial Position are included in the Month 5 narrative and will be included in future month's submissions.

Capital (Table I) – Action Point 4.13

Please find attached the latest 2021/22 Capital Resource Limit Schedule. • Although it is acknowledged that the net impact is nil and the CRL is current forecast to be achieved, please ensure that your narrative discusses individual scheme projected over and under spends. (Action Point 4.13)

Response

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

| All Wales Schemes | CRL/Planned YTD 2021/22 £'000 | 2021/22 Expenditure M5 £'000 | YTD Planned £'000 | |
|--|-------------------------------------|------------------------------------|-------------------------|---|
| Capital Projects Approved Funding | | | | |
| Ruthin | 1,586 | 1,170 | 1,586 | The last phase of the scheme will be in full in this financial year. |
| North Denbighshire Community Hospital | 181 | 30 | 165 | The scheme is currently in design stage. |
| Substance Misuse - Holyhead, Anglesey | 376 | 350 | 486 | The scheme is in completion stage. |
| Substance Misuse - Shotton, Flintshire | 454 | 279 | 499 | The scheme is in completion stage. |
| PAS System | 169 | 122 | 271 | The WPAS project expenditure is in place and has been agreed at project board. |
| Emergency Department Systems | 335 | 26 | 307 | BCUHB have now gone live in the new Emergency Department at the Symphony and has moved to phase 2. The scheme will achieve in the financial year. |
| Wrexham - Fees to OBC | 1,397 | 401 | 817 | The scheme is currently in design stage. |
| National Programmes – Fire | 1,097 | 0 | 1,097 | Programme leads have confirmed that purchase order are being raised. |
| National Programmes – Infrastructure | 1,450 | 68 | 1,450 | Programme leads have confirmed that purchase order are being raised. |
| National Programmes – Decarbonisation | 1,430 | 1 | 1,430 | Programme leads have confirmed that purchase order are being raised. |
| National Programmes – Mental Health | 620 | 11 | 620 | Programme leads have confirmed that purchase order are being raised. |
| National Programmes – Imaging | 5,348 | 33 | 5,348 | The quotations have been received and back for the enabling. The scheme is due to complete at the end of the financial year. |
| ICF - Bryn Beryl | 229 | 157 | 229 | The scheme is due to complete at the end of the financial year. |
| All Wales Total | 14,672 | 2,648 | 14,305 | |
| Discretionary Total | 12,921 | 1,335 | 13,288 | Programme leads have confirmed that purchase order are being raised. The scheme is due to complete at the end of the financial year. |
| Overall Total | 27,593 | 3,983 | 27,593 | |

28.10.21

Chair's Report

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|---------------------------------------|---|
| Name of Committee: | Information Governance Group |
| Meeting date: | 19 th August 2021 |
| Name of Chair: | Mrs Justine Parry, Assistant Director of Information Governance and Risk / Data Protection Officer (Vice Chair) |
| Responsible Director: | Mr Simon Evans-Evans, Interim Director of Governance |
| Summary of business discussed: | <p>The Information Governance Group (IGG) met on the 19th August 2021. The Group was quorate with good representation from the corporate support functions, however it was noted there was no representative from the Primary Care Department who support the managed GP Practices and only two representatives from clinical services.</p> <p>1. Office 365 – Recording on MS Teams - Members discussed the need to ensure full guidance needs to be developed so a consistent approach is being followed on how and when to record on MS Teams. Informatics are preparing a guidance document, which will require full consultation including colleagues from the Office of the Board Secretary for corporate governance input. Draft will be presented to IGG in November for approval.</p> <p>2. Bring Your Own Device (BYOD) – Members noted further work underway with ICT to develop procedures in line with other NHS organisations. An update including timeframes for completion will be presented to the IGG in November 2021.</p> <p>3. IG Mandatory Training Compliance (National 85% Target) – targeted intervention being undertaken following a review of non-compliance with training and will be completed by the end of November 2021. 1,363 staff have never completed any training and will be sent emails first. An update paper will be provided to the next meeting detailing the impact of the intervention, the required trajectory and next steps to further improve compliance.</p> <p>4. The Management of Clinical Alerts – further to the previous escalation of this issue, no feedback has yet been received. This matter was requested to be escalated back to the Patient Record Group for an update to be provided to the November meeting.</p> <p>5. Annual Information Governance Report – The Group approved the report for presenting to the Board Committee. Areas of achievement were noted including the overall 79% score for the new IG Toolkit submission. Two areas remain red with a zero</p> |

score and this related to CCTV and Corporate Records Management. These have been escalated previously and the Executive Director of Primary Care and Community Services has been nominated as the Executive responsible for Corporate Records Management and further work is continuing with Health and Safety colleagues regarding security management including CCTV. Also of note was the 1 serious data breach which was reported to the Information Commissioner's Office (ICO). This was in relation to a patient receiving 5 other patients' information. Lessons have been identified and implemented, the ICO has closed the case and identified 2 recommendations which are being addressed.

6. IG Work Plan Quarter one summary report – the Group noted the 39 areas of work including actions from the IG Toolkit requirements and the impact Covid has had on the completion of all the actions. The two areas not met are continuing to be progressed and relate to third party notification processes and CCTV management. Business as usual activity has also been affected including the management of the information asset register, however focus is continuing on the entries which are considered high risk to ensure appropriate mitigations have been put in place.

7. Quarter one 1 IG KPI report – workstreams have continued to increase impacting on the ability of the team to provide support to services. Additional temporary support has been secured to undertake efficiency and project planning to review workflows. This will include identifying trends and themes from requests for information and then work with colleagues across the Health Board to standardise publication of data sets. This should hopefully lead to a reduction in requests for information which will release resources across the Health Board not just for Information Governance. There had been an increase in response times to subject access request and a decrease in the reported number of data breach incidents. Main area of concern remains with the sending of letters. An analysis of the incidents to identify any areas or hotspots is to be undertaken and reported to the next meeting. Discussions then took place regarding the Health Board's ability to have a single source of truth for the patient demographic information given the various differing systems in place which were not linked to the national EMPI record and so manual updates had to be completed. Further work will be undertaken with IT to review systems on the Asset Register and with Digital Health Care Wales (DHCW) to link the systems but this would take a long time to rectify. In the meantime IG will issue regular reminders for all staff to check patient demographic data when a patient attends for an appointment. The Group also noted the increase in claims for damages following the data breaches. Reminders will be issued to the services where the breaches have occurred and be included in the IG Bulletin. IG have also increased the volume of virtual

training events to increase awareness and understanding of the legislation.

8. Information Asset Register – Further to previous discussions about the asset system, work has continued to improve the recording of entries on the register and following up on outstanding actions with service areas. IG will now work with ICT colleagues to build a service specification for the system replacement and an update on proposals will be presented to the next meeting in November.

9. EU Adequacy Decision Report – The UK signed Trade and Cooperation Agreement came into force on the 1st May 2021. This include interim provision for the transmission of personal data to the UK from the EU. Confirmation has been received from DHCW that there would be no impact on processing arrangement for national contracts. Local contracts have also been checked and are recorded in the Information Asset Register. To date there has been no data identified as being at risk.

10. IG Risk Register – a review of all IG risks was undertaken, noting that revised target risk dates were required where they had lapsed due to non-completion of actions to reach the target risk score.

11. TTP – Concerns were noted in relation to the Health Board's TTP Privacy Notices. A gap analysis and bench marking with other Health Boards has been undertaken and shared with the TTP Group for progressing and monitoring the improvement actions.

12. IG07 – Procedure for dealing with Subject Access Requests under Data Protection Legislation has been updated to include how to deal with verbal requests, requests for representatives and redacting. The group approved the updates.

13. Patient Record Group Chairs Assurance report – Following the paper baseline assessment audit, feedback and monitoring of the improvements actions is being undertaken as part of the group with individual patient record custodians. Due to the embargo of not destroying any records in line with the Infected Blood Enquiry, the use of offsite storage is becoming business as usual. It was noted that due to the flood damage which occurred in January 2021 in the offsite storage facility, 149 boxes of patient records had been damaged. These records were due for destruction and an SBAR was being drafted for the Health Board to consider options for the future management of these records including the cost of repair. It was agreed for the Caldicott Guardian and Data Protection Officer to support with the development of the option appraisal before onward submission to the Executive Team for agreement, with an update to be presented to the November meeting. Assurance on the future management of these records in the offsite storage facility was also requested to be included in the report. The development of R1d – Guidance on the management of Patient Records following Adoption and R1e – Management of Patient Records for Gender Identify / Gender reaffirmation were out

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| | <p>for consultation as there was nothing developed nationally to comply with this legislation that could be adopted locally.</p> <p>14. ICT Governance and Security Group Chairs Assurance Report – work is underway to analyse the data contained within the System Asset Register to capture compliance with the Network and Information Systems (NIS) Regulations. Risk assessment for the critical systems is being undertaken first, however it was noted that system owner information was out of date as people have left the Health Board or moved into differing posts. Work continues to re-establish the new system owners and update the entries in the register. A further report will be prepared and escalated if required to ensure all system information is update to date, risk assessed and improvements / mitigations put in place to address areas of weakness.</p> <p>15. Office 365 – Programme Board now well established and updates from this meeting will be a standard agenda item for the Information Governance Group. Implementation for the differing elements of Office 365 will be undertaken in phases, ensuring all appropriate privacy impact assessment are completed at each stage. There is currently an issue with regards to the data retention periods for emails which have been set nationally in that they do not comply with the national policy. This has been raised with DHCW and will be progressed via the Information Governance Management Advisory Group at a national level, with regular updates provided to local organisations.</p> <p>Feedback was received from:</p> <ol style="list-style-type: none"> 1. Information Governance Management Advisory Group (IGMAG). 2. Digital and Information Governance Committee. |
| Key assurances provided at this meeting: | <ul style="list-style-type: none"> • Monitoring and Implementation of the outstanding areas of the IG Toolkit following achievement of 79% compliance rating. • Continued progression of the IG Work Programme. • Development of the Asset Register and future development. • Improved timeframe compliance with data protection Health Records requests. • Strengthened management and phased roll out of the Office 365 Implementation. |
| Key risks including mitigating actions and milestones | <ul style="list-style-type: none"> • Compliance with legislation is a Tier 2 risk on the IG Risk Register and the current score with mitigations in place is being reported as 9. This is being monitored via the work programme and reported as part of the key performance indicator reports. |
| Targeted Intervention Improvement Framework Domain addressed | <ul style="list-style-type: none"> • Leadership (including governance, transformation and culture) |

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| Issues to be referred to another Committee | <ul style="list-style-type: none"> Flood damaged patient records report to be presented to the Executive Team to approve preferred option for the future management of the records. |
| Matters requiring escalation to the Board: | <ul style="list-style-type: none"> CCTV – Management of the policy and compliance with the CCTV Code of Practice still remains an outstanding issue. Management of Keynotes / Alerts – There is no identified ownership and management of the policy in place across the Health Board and therefore limited compliance with the integrity of the data held within the clinical systems. |
| Well-being of Future Generations Act Sustainable Development Principle | <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"> Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics. Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services. |
| Planned business for the next meeting: | <p>Range of regular reports plus</p> <ul style="list-style-type: none"> Review and approval of the IG1 Information Governance Strategy and Framework CCTV Compliance progress update Confidential Waste new contract update Mandatory Training Compliance Report IG Workplan Q2 Summary Report IG Toolkit Progress Report IG Q2 2021/22 KPI Report Network Information Security Directive (NIS) Compliance and Progress Report. Office265 Programme Group Update Report |
| Date of next meeting: | 18 th November 2021 |



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| Cyfarfod a dyddiad: Meeting and date: | Performance, Finance and Information Governance Committee 28.10.21 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public Session | | | | | | |
| Teitl yr Adroddiad Report Title: | Summary of business considered in private session to be reported in public | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill Executive Director of Finance | | | | | | |
| Awdur yr Adroddiad Report Author: | Diane Davies Corporate Governance Manager | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | None | | | | | | |
| Atodiadau Appendices: | None | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The Committee is asked to note the report | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | | Er gwybodaeth For Information | ✓ |
| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N | |
| Sefyllfa / Situation: | | | | | | | |
| To report in public session on matters previously considered in private session | | | | | | | |
| Cefndir / Background: | | | | | | | |
| Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings. | | | | | | | |
| Asesu a Dadansoddi / Assessment & Analysis | | | | | | | |
| The Finance and Performance Committee considered the following matters in private session at the final meeting of 26.8.21 | | | | | | | |
| <ul style="list-style-type: none"> Provision of General Dental Services on Public Dental Service contract and North Wales Dental Academy in Bangor for BCUHB HMP Berwyn : GP Services Contract Contractor Frameworks Leases to provide accommodation for Weight management services and Health Visiting teams | | | | | | | |

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| Goblygiadau Strategol / Strategy Implications This is addressed within the private session documentation |
| Opsiynau a ystyriwyd / Options considered This is addressed within the private session documentation |
| Goblygiadau Ariannol / Financial Implications This is addressed within the private session documentation |
| Dadansoddiad Risk / Risk Analysis This is addressed within the private session documentation |
| Cyfreithiol a Chydymffurfiaeth / Legal and Compliance This is addressed within the private session documentation |
| Asesiad Effaith / Impact Assessment This is addressed within the private session documentation |