Bundle Performance, Finance & Information Governance Committee 30 June 2022

1.0 GOVERNANCE

1.1 PF22/69 Apologies

1.2 PF22/70 Declaration of Interest

1.3 PF22/71 Draft minutes of the previous meeting held on 28.04.2022

Molly Marcu
Verbal report

1.4 PF22/72 Matters arising and table of actions

PF22_72 _230622 Table of actions PFIG Public.doc

1.5 PF22/73 Report of the Chair

John Cunliffe

1.6 PF22/74 Report of the Lead Executive

Sue Hill

2.0 THE PRESENT for assurance

2.1 PF22/75 Finance Report - Month 2

Recommendation: That the Committee note the report.

PF22_75_Finance Report _Month 2_Cover sheet.docx

PF22_75(a)_Finance Report_Presentation.pptx

PF22_75(b)_Monitoring Return Month 2.pdf

2.2 PF22/76 Shared Services Partnership Committee Quarter 4 2021/22 Assurance report

Sue Hill
Recommendation: That the Committee note the report.

PF22_76_Shared Services Partnership Committee Quarter 4 Assurance Report_Cover Sheet.docx

PF22_76(a)_NWSSP Quarter 4 BCU Performance Report March 2022.docx

2.3 Comfort Break

2.4 PF22/77 Capital Programme Monitoring Report Months 1 and 2

Sue Hill
Neil Bradshaw in attendance
Recommendation: That the Committee receive and scrutinise the report.

PF22_77_Capital Programme Monitoring Report Months 1 & 2.docx

2.5 PF22/78 Procurement of Construction Consultant Framework

Sue Hill
Neil Bradshaw in attendance
Recommendation: That the Committee support the adoption of a Construction Consultant Framework for the delivery of estates projects.

PF22_78_Procurement of Construction Consultant Framework.docx

2.6 PF22/79 Quality and Performance Report

Sue Hill
Amanda Lonsdale in attendance
Recommendation: Members of Performance, Finance & Information Governance Committee are asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.

PF22_79_Quality and Performance Report to 31.05.22.docx

PF22_79_Quality and Performance Presentation to 31.05.22.pdf

2.7 PF22/80 Planned Care Status Report

Gill Harris
Nikki Foulkes / Andrew Kent in attendance
Recommendation: The Committee is asked to:
Note the contents of this report as a high-level reflection of the status of the Planned Care Recovery Plan.
Support the ongoing programme of work, which combines transactional recovery processes with a range of transformational initiatives.

PF22_80_Planned Care Status Report.docx

2.8 PF22/81 Unscheduled Care

Sue Hill
Phil Orwin in attendance

PF22__81_USC Presentation.pptx

2.9 Lunch

2.10 PF22/82 Business Case Tracker

Sue Hill
Ian Howard in attendance
Recommendation: that the Committee note the contents of the Business Case Tracker.

PF22_82_Business Case Tracker.docx

PF22_82(a)_Appendix 1 Estates Tracker June 2022.pdf

PF22_82(b)_Appendix 2 IMTP Business Case Tracker June 2022.pdf

2.11 PF22/83 AAA Report on the Information Governance Group

Dr Nick Lyons
Recommendation: That the Committee note the report.

PF22_83_AAA Report on Information Govermance Group.docx

3.0 CLOSING BUSINESS

3.1 PF22/84 Agree items for referral to the Board / other Committee

3.2 PF22/85 Review of risks highlighted in the meeting for referral to the Risk Management Group

3.3 PF22/86 Agree items for the Chair's Assurance report

3.4 PF22/87 Review of meeting effectiveness

3.5 PF22/88 Summary of private business to be reported in public

3.6 PF22/89 Date of the next meeting 25.08.22

4 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."

PEFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE
SUMMARY ACTION LOG – ARISING FROM MEETINGS HELD IN PUBLIC
MARCH 2022 MEETING

	Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Revised timescale/ Action status (O/C)	RAG status
	Actions from PFIGC 22.2.22					
1	R Nolan (S Hill)	**PF22/10 Presentation : Integrated Medium Term Plan (IMTP) - financial focus** The Financial Strategy would be presented to the Committee for final approval	19.3.22	Financial Strategy will be presented to the Committee in August for approval by PFIG, after further consultation with Financial IM	25.8.22	
	Actions from PFIGC 28.4.22					
2	SH/SG/JC/LT/MM SG	**PF22/46 Annual Workplan 2022/23** Workplan – Workforce plan monitoring split between PPPHC and PFIGC Prepare potential solution for discussion prior to meeting	September Committee cycle	Following initial discussion, a meeting has been arranged with the Chairs of the two committees to agree reporting against the pan moving forward. A proposal will be discussed at this meeting	September	
3	SH/JC/ MM	**PF22/46 Annual Workplan 2022/23** TOR attendance to consider Exec Dirs to include Workforce & OD/People Integrated etc (GH) Director of Digital (Check on Assistant Dir IG) Transformation, Strategic Planning		The following Directors have been added to the core membership: Workforce & OD (SG); Integrated Clinical Services (GH); Director of Digital (DR) will be invited when required.	Suggest Close	

		and Commissioning Consider if the following not required: N&M				
4	CS	**PF22/48 Transforming Services** Discuss workforce narrative for way forward with Sue Green Make arrangements for proofing clarity of narrative in future reports and application of appropriate colour application on milestones eg Grey		Discussions have been aligned to take place following Sue's annual leave. We have developed an assurance process which reviews each submission and RAG rating, prior to Transformation Group and EDG, with proposed changes shared with the authors for amendment. For programmes under 'full programme wrap' this will include a more detailed review of content.	Suggest Close	
5	JP	**PF22/47 Revised Information Governance Strategy** Update Strategy as discussed and verify with JC for approval		29.4.22 JC approved amendments	Suggest Close	
6	LT & GH	**PF22/50 External Contracts assurance report** Discuss individual patient concern re distant out of area treatment raised at meeting with GH		Hi all patients that go to London for the orthopaedic contract are not treated as daycases and they stay in the hospital accommodation until fit for discharge, transport costs are met by the organisation	Suggest Close	

7	SH	**PF22/50 External Contracts assurance report** Provide update to June meeting on risk exposure		BCU represent about 5% of the total spend against this Anglesey Framework with Anglesey LA 95%; 42 packages of care in total, at an annual cost of £1.1 million; 22 are Joint Funded with Local Authorities circa £0.5 million, 20 packages fully funded by NHS circa £0.6 million	Suggest Close	
8	NB	**PF22/51 Capital Programme monitoring report month 12** In regard to major scheme reporting, ensure future reports include scale of schemes for context		The capital programme report now provides an indication of the value of the project for context.	Suggest close	
9	CS	**PF22/52 Operational Plan Monitoring Report Month 12 Year End** Clarify WPAS data migration tolerance with Digital Director		E1.7 Deliver Phase 3 of Welsh Patient Administration System implementation The uptake of training is lower than anticipated and a risk that is being mitigated with several steps being taken to try to address this. There is also a risk around acceptable tolerances against the data migration outputs and the completion of UAT integration testing with plans in place to address the identified risks. However, the phase 3 West into Central instance remains on track for a May 2022 go live.	Suggest close	

				The uptake of training had been lower than expected but the resulting risk to go live has been made mitigated. In the last two weeks actions have included the identification and targeted training of essential users, a more flexible approach to training (numbers and timing of sessions) and a carry forward of some training (non-essential users) to the post go-live period. It is critical that training requirements post go-live are kept to a minimum, as the WPAS team will be focussing on providing support on site for new system users. Users will not be able to access the system until the appropriate level of training has been undertaken. At least week's programme it was confirmed that all essential users have been trained or are booked to be trained before go live and board agreed to proceed to go live on that basis. A successful dress rehearsal weekend was held in April and it was agreed between BCU and DHCW that had we been in a real go live situation we would have proceeded to full implementation. Data migration		

				and UAT testing continues to provide favourable results with micro services in place to be actioned post go live to further improve the data quality and subsequent reporting. A freeze period running from 8th May to go live is in place for PIMS and WPAS Centre. This is to minimise the risk of untested changes at the point of data migration. Phase 3 West into Central instance of WPAS went live over the week end of 13 / 14 / 15th May.		
10	AL/CS	**PF22/53 Quality and Performance report month 12** Email RM clarification of performance re GP OOHs Initiate conversation with WAST re 111 performance management / accountability		Conversations have taken place to progress this and a further update will be provided to the Committee on WAST once agreed.		
11	KD	**PF22/55 Planned Care** Include key to tables in future reports		These will be included in future reports	Suggest Close	
12	IH	**PF22/57 Business tracker** Provide more legible table in future reports Provide indication as case moves to implementation		The tracker has been amended as requested.	Suggest close	

Cyfarfod a dyddiad: **Meeting and date:**	Performance, Finance and Information Governance Committee
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Finance Report Month 2 2022/23
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:**	Appendix 1: Finance Report Pack Appendix 2: Monitoring Return

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 for the two month up until 31st May 2022.

Cefndir / Background:

The plan is in line with the three year Integrated Medium Term Plan agreed by the Board in March 2022 and submitted to Welsh Government for approval.

The Health Board's plans for 2022/23 include the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit, £30.0m performance support, £12m transformation funding support) and £38.4m for Planned and Unplanned Care Sustainability. Together, these funds will be used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.

For 2022/23 the Health Board can claim COVID-19 costs for PPE, Cleaning Standards, Mass Vaccination, Test & Trace, Long COVID and Extended Flu as per previous year. However, no expenditure can be claimed for Field Hospitals as these have been decommissioned. In addition, UPCC will not be funded from COVID and no allocation has yet been agreed for Winter Pressures or English Providers of elective recovery work.

Asesiad / Assessment:

Goblygiadau Strategol / Strategy Implications

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

Opsiynau a ystyriwyd / Options considered

Not applicable – report is for assurance only

Goblygiadau Ariannol / Financial Implications

	Month 2 £m	Full Year £m
Actual Position	(2.2)	0.0
Planned Position	0	0
Variance	(2.2)	0.0

The cumulative position is a deficit against plan of £2.2m, (0.72% of allocation). It is anticipated that this position will be recovered by month 9 and the overall forecast for the year is to remain within allocation. This will be achieved through a review of discretionary expenditure still be committed.

This position is dependent upon the full achievement of £35m worth of savings plans and assumes that the strategic support funding and sustainability funding will be fully utilised throughout the year.

The key reason for the overspend in month is additional costs within Continuing Healthcare, particularly relating to Mental Health where more complex patients are being treated and an increase in variable pay expenditure.

There were no transformational savings planned in the first two months of the year. Transactional savings delivered in the first two months were £1.97m against a plan of £2.96m, a shortfall of £0.99m

Currently, the full year savings forecast is £13.3m, which includes the pipeline schemes being developed. This is a shortfall of £21.7m against the target of £35m.

Dadansoddiad Risk / Risk Analysis

The key risks to the position are highlighted in Appendix 1 along with the mitigations planned if these risks do occur.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

Not applicable.

Finance Report
May 2022 – M2

Sue Hill

Executive Director of Finance

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Executive Summary

Objective

To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.

Positives & Key Assurances

- ✓ Current Month deficit of £0.9m reported and cumulative deficit of £2.2m, however the forecast is to deliver a break even position based on a savings delivery target of £35m.
- ✓ The delivery of a balanced position anticipates that Welsh Government will fully fund the additional costs of COVID-19, and the exceptional costs as outlined in the anticipated income.

Issues & Actions

- ➢ To achieve a break-even position, the Health Board is required to deliver a savings plan of £35m and is subject to inflationary risk.
- ➢ The Health Board has set a savings target of £35m for 2022/23 to be driven equally by both transaction and transformation led plans and programmes of work. The savings plan delivery forecast is at £10.7m (Green and Amber Schemes) for the year against a plan of £35m.

Key Messages

- ❖ The May position is reporting an in-month deficit of £0.9m and year to date deficit of £2.2m. The forecast is to break-even forecast for 2022/23.
- ❖ The Health Board's financial plan for 2022/23 is to deliver a balanced position which includes the £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition the Health Board has received £38M in relation to Planned and Unscheduled Care Sustainability 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.
- ❖ Internal and external benchmarking information has been used to help identify areas of opportunity for Transformational savings. These are being progressed in conjunction with the Transformation team, Operational directors and their Exec Sponsors.

Summary of Key Numbers

Month 2 Position

£152.5m against plan of £151.6m.
£0.9m adverse

YTD £306.7m against plan of £304.5m
£2.2m adverse

Forecast

Projected Position but this is subject to inflationary risk.

Balanced

Divisional Performance Month 2

Area Teams	£0.9m adverse
Secondary Care	£3.8m adverse
Mental Health	£1.0m adverse
Corporate and Other	£3.6m favourable

Savings

In-month: £1.1m against plan of £0.9m

£0.2m favourable

Savings Forecast

£13.3m against plan of £35.0m

£21.7m adverse

COVID-19 Impact

£9.6m cost YTD

£48.2m forecast cost.
Funded by Welsh Government (with risk)
£NIL impact

Income

£22.3m against budget of £23.0m

£0.7m adverse

Pay

£150.1m against budget of £148.9m

£1.2m adverse

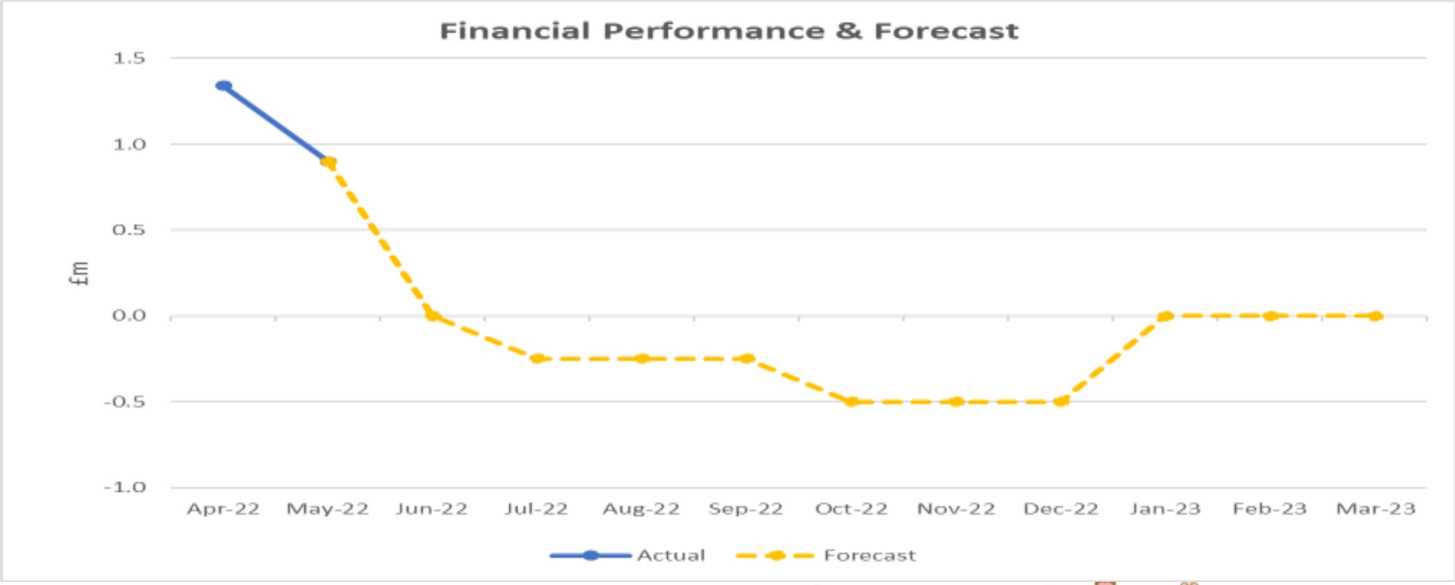
Non-Pay

£173.9m against budget of £173.6m

£0.3m adverse

Revenue Position

	Actual M1 £'000	Actual M2 £m	2022/23 Cumulative Budget £'000	Actual £'000	Variance £'000	Variance %	Forecast Actual £'000
Revenue Resource Limit	(152,882)	(151,609)	(304,491)	(304,491)	0	0.0%	(1,843,565)
Miscellaneous Income	(11,293)	(10,787)	(22,954)	(22,080)	(874)	3.8%	(133,292)
Health Board Pay Expenditure	76,620	73,442	148,939	150,062	(1,123)	(0.8)%	912,762
Non-Pay Expenditure	88,898	89,855	178,506	178,753	(247)	(0.1)%	1,064,095
Total	1,343	901	0	2,244	(2,244)		0

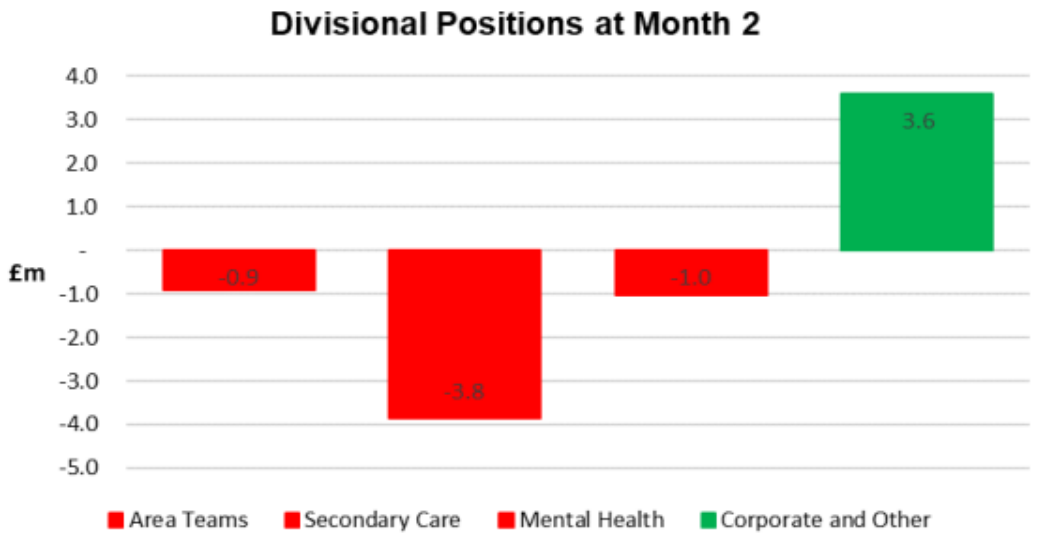


- The Health Board's financial plan for 2022/23 is to deliver a balanced position which includes the £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition £38m funding has also been received for Planned and unscheduled Care Sustainability.
- 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 in-month position is deficit of £0.9m and cumulative position deficit of £2.2m.
- The total cost of COVID-19 in May is £4.7m and total year forecast cost is £48.2m, a net reduction of £2.8m from Month 1 forecast. Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position. It is expected that COVID-19 costs will reduce over future months in line with de-escalation of COVID-19 measures.
- The forecast to deliver a balanced position is based on a savings delivery target of £35.0m.
- The delivery of a balanced position is also dependant on Welsh Government fully funding the costs of COVID-19 and the exceptional costs outlined in our anticipated income.

Divisional Positions

	In Month			Cumulative		
	Budget	Actual	Variance to Plan	Budget	Actual	Variance to Plan
	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(151,608)	(151,608)	0	(304,491)	(304,491)	0
AREA TEAMS						
West Area	13,919	14,077	(159)	27,819	28,262	(443)
Central Area	18,277	17,829	448	36,415	36,142	273
East Area	20,853	20,625	228	41,342	41,535	(193)
Other North Wales	4,783	4,851	(68)	9,620	9,894	(274)
Track,Trace,Protect & Vaccination	2,133	2,133	0	4,163	4,163	0
Commissioner Contracts	20,868	21,047	(179)	40,915	41,219	(304)
Provider Income	(1,752)	(1,761)	9	(3,530)	(3,543)	13
Total Area Teams	79,081	78,801	280	156,744	157,671	(928)
SECONDARY CARE	0	0	0	0	0	0
Ysbyty Gwynedd	9,124	9,642	(518)	18,457	19,530	(1,073)
Ysbyty Glan Clwyd	11,327	11,984	(657)	22,978	24,165	(1,187)
Ysbyty Maelor Wrexham	9,825	10,201	(376)	20,086	20,803	(717)
North Wales Hospital Services	10,111	10,334	(224)	19,870	20,691	(821)
Womens	3,475	3,419	56	7,012	7,057	(45)
Total Secondary Care	43,862	45,580	(1,718)	88,403	92,246	(3,843)
Total Mental Health & LDS	11,498	11,970	(473)	23,284	24,333	(1,049)
Total Corporate and Other incl. Reserves	17,168	16,157	1,010	36,060	32,484	3,576
TOTAL	0	900	(900)	0	2,244	(2,244)



- Key impacts affecting divisional positions include additional costs in Secondary Care due to Medical and Nursing Agency premium covering vacancies and sickness. Variable Pay, including Bank, Agency, Locum, Overtime, WLI's is £12.2m in May, an increase of £0.5m from April.
- Pressures continue within Mental Health due to Continuing Healthcare packages requiring more complex packages, driving an increase in costs.
- Other Budgets & Reserves includes Performance, Transformation and Sustainability schemes funding, for which some costs have been reported within the Divisions, but have yet to have funding released from reserves. The reserves profile has been adjusted to account for these costs, which is resulting in an underspend in other budgets.

Income

Description	£m
Allocations Received	1753.2
Total Allocations Received	**1,753.2**

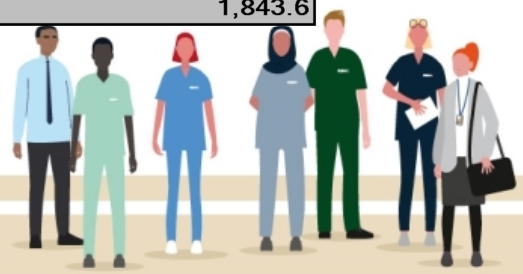
Description	£m
Allocations anticipated	
Capital	1.6
COVID-19	48.2
Energy (Price Increase)	11.4
Employers NI Increase (1.25%)	7.4
Real Living Wage	2.5
Substance Misuse	6.0
IM&T Refresh Prorgamme	1.9
Prevention & Early Years Funding	1.3
Urgent Primary Care Centres	1.0
SDEC	1.6
PACU	0.9
WPAS	0.8
Annual Leave Overtime (Flowers Case)	3.6
Access Schemes	2.6
WRP Risk Share 22/23 for M1 MMR	-4.8
Repayment of invest to save	-0.5
Other	4.9
Total Allocations Anticipated	**90.4**

	£m
Total Allocations Received	1,753.2
Total Allocations Anticipated	90.4
Total Welsh Government Income	**1,843.6**

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL is currently £1,843.6m for the year, of which £304.5m has been profiled into the cumulative position which is £2.8m less than an equal twelfth.
- The RRL includes confirmed allocations to date of £1,753.2m, with further anticipated allocations in year of £90.4m.
- The anticipated allocations includes £48.2m for COVID-19 income. £9.6m of this income has been profiled into the cumulative position.
- Within the allocations received includes £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition, £38M has also been received for Planned and Unscheduled Care Sustainability Fund.

COVID -19 Funding	£m
Total COVID-19 costs in 2022/23	48.2
Total Covid -19 funding	48.2

Received	0.0
Anticipated	48.2



Expenditure

Pay Costs	M08	M09	M10	M11	M12	M1	M2	Cumulative YTD Budget	Cumulative YTD Actual	Cumulative YTD Variance	Full Year Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	10.4	11.0	10.8	10.9	17.3	11.4	10.0	21.3	21.4	(0.2)	132.6
Medical & Dental	17.6	17.0	17.0	17.1	26.8	17.6	17.3	33.3	34.9	(1.5)	216.8
Nursing & Midwifery Registered	23.5	23.6	24.1	23.6	36.7	23.7	22.9	48.8	46.6	2.2	280.1
Additional Clinical Services	10.3	11.0	11.9	11.0	17.5	11.2	10.6	19.7	21.8	(2.0)	36.4
Add Prof Scientific & Technical	3.3	3.4	3.3	3.2	5.0	2.9	2.9	6.4	5.8	0.6	129.3
Allied Health Professionals	4.2	4.4	4.7	4.6	7.1	5.0	4.7	9.5	9.7	(0.3)	59.3
Healthcare Scientists	1.3	1.3	1.2	1.3	2.1	1.3	1.2	2.7	2.5	0.2	14.8
Estates & Ancillary	3.4	3.6	3.6	3.4	5.3	3.5	3.7	7.1	7.1	(0.0)	42.7
Students	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2	(0.1)	1.0
Health Board Total	74.0	75.5	76.7	75.3	118.1	76.6	73.4	148.9	150.1	(1.2)	913.0
Other Services (Incl. Primary Care	2.1	2.4	2.0	2.4	2.5	2.0	2.4	3.6	4.4	(0.8)	26.4
Total Pay	76.1	77.8	78.6	77.7	120.7	78.7	75.8	152.5	154.5	(2.0)	939.4

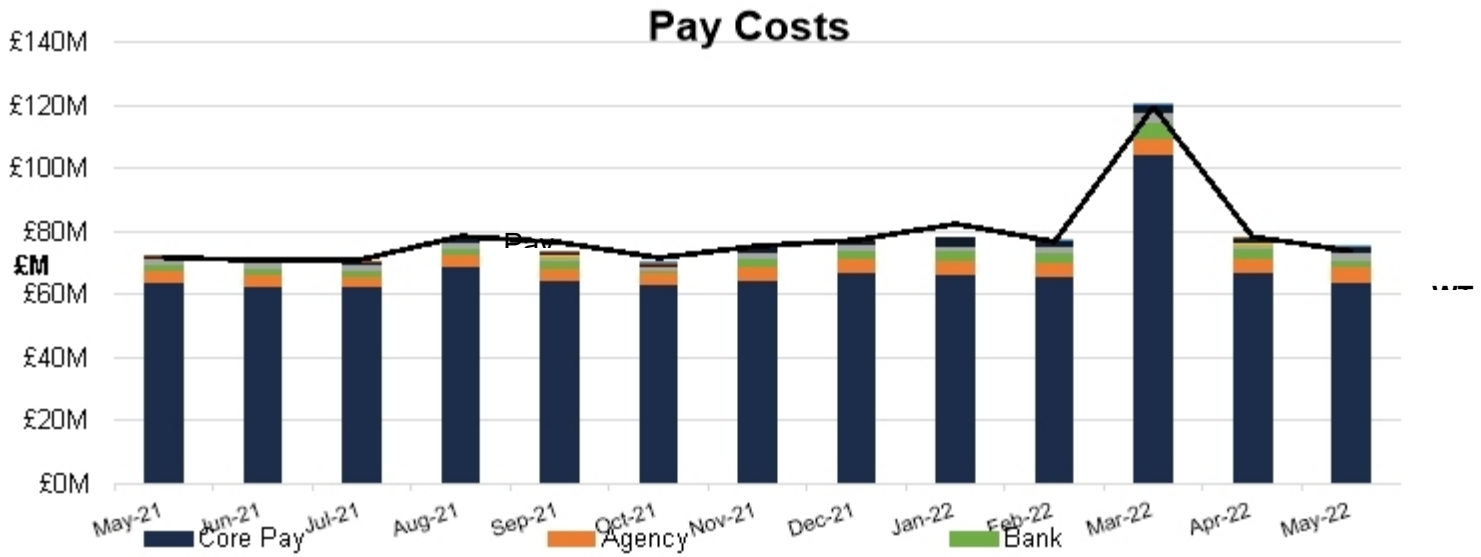
Non-Pay Costs	2021-22 M08	M09	M10	M11	M12	2022-23 M1	M2	YTD Budget	YTD Actual	YTD Variance	Full Year Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractors	18.9	20.9	20.3	18.4	18.8	18.1	18.1	36.4	36.2	0.2	222.8
Primary Care Drugs	9.1	10.4	9.3	8.9	9.9	8.7	8.8	17.4	17.5	(0.1)	109.1
Secondary Care Drugs	7.2	7.0	7.2	6.4	7.1	7.0	7.3	12.6	14.3	(1.6)	77.0
Clinical Supplies	8.5	7.4	7.4	7.7	14.5	6.1	6.8	11.7	12.9	(1.2)	60.3
General Supplies	4.4	6.8	5.5	6.1	10.5	4.2	3.9	7.7	8.1	(0.4)	38.0
HC Services Provided by Other NHS	24.5	23.5	27.3	24.1	28.0	25.1	24.3	49.3	49.4	(0.1)	337.5
Continuing Care and FNC	7.1	8.9	8.7	7.6	9.4	9.4	9.4	17.2	18.8	(1.6)	111.2
Other	6.8	8.2	12.5	15.9	11.6	7.8	9.0	21.3	16.8	4.6	78.2
Non-pay costs	86.6	93.2	98.3	94.9	109.8	86.4	87.5	173.6	173.9	(0.3)	1,034.0
Cost of Capital	3.3	3.1	3.1	3.1	(0.5)	2.5	2.5	5.0	5.0	0.0	30.0
Total non-pay	89.9	96.4	101.5	98.1	109.3	88.9	90.0	178.6	178.9	(0.3)	1,064.1

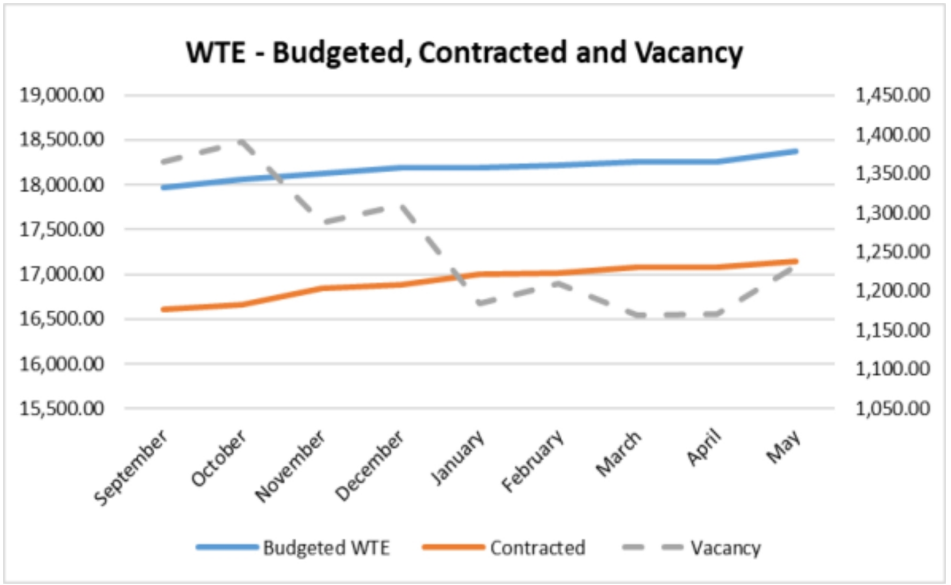
Variable Pay	2021-22 M08	M09	M10	M11	M12	2022-23 M1	M2	Total
	£m	£m	£m	£m	£m	£m	£m	£m
Agency	4.5	4.3	4.5	4.9	5.4	4.6	5.0	9.6
Overtime	1.9	1.2	2.7	2.1	2.4	1.8	1.8	3.6
Locum	2.0	1.9	1.7	1.8	3.0	1.7	2.1	3.8
WLIs	0.3	0.2	0.2	0.3	0.3	0.3	0.4	0.7
Bank	2.3	2.5	3.1	2.8	4.8	2.8	2.5	5.3
Other Non Core	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.2
Additional Hours	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.6
Total	11.4	10.6	12.5	12.2	16.3	11.7	12.2	23.9

- **Total Pay costs** in May are £75.8m. Provided Services Pay costs are £73.4m, which is £3.2m lower than April costs. As instructed by WG, estimates for the impact of Pay Award have been excluded from year to date and forecast position. The provision included for Month 1 was £2.1m which has been reversed in Month 2.
- Variable Pay, including Bank, Agency, Locum, Overtime, WLI's has increased by £0.5m from April.
- A total of £2.7m pay costs were directly related to COVID-19 in May, a reduction of £0.9m from April.
- **Total Non Pay** expenditure in May is £90.0m, an increase of £1.1m from April. Year to date Non Pay is reporting an adverse variance of £0.3m.

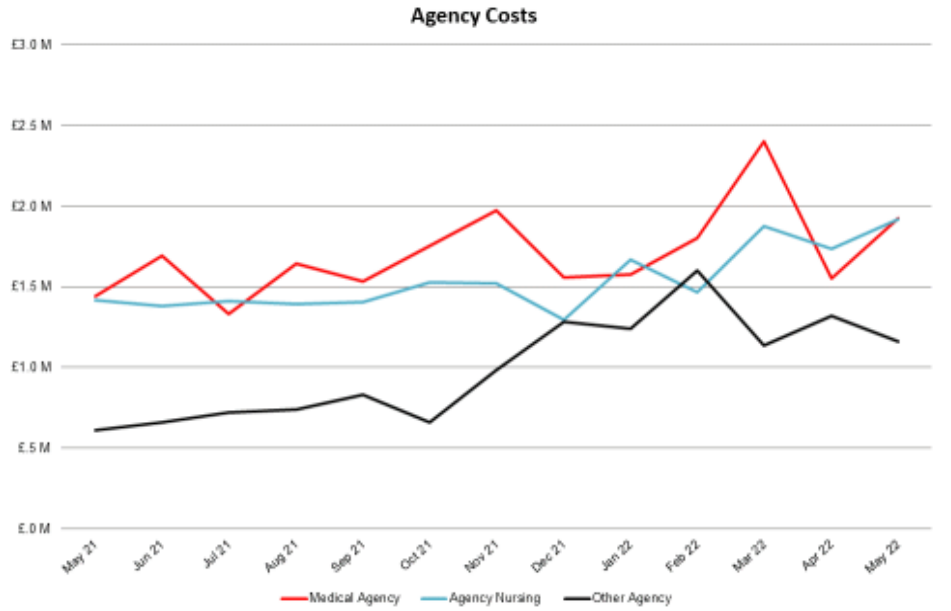
Pay Costs

- As instructed by Welsh Government, estimates for the impact of the Pay Award has been excluded. The estimate included in Month 1 (£2.1m) has been reversed in Month 2. The below graphs summarises monthly Pay costs and WTE trend, including WTE Vacancies.

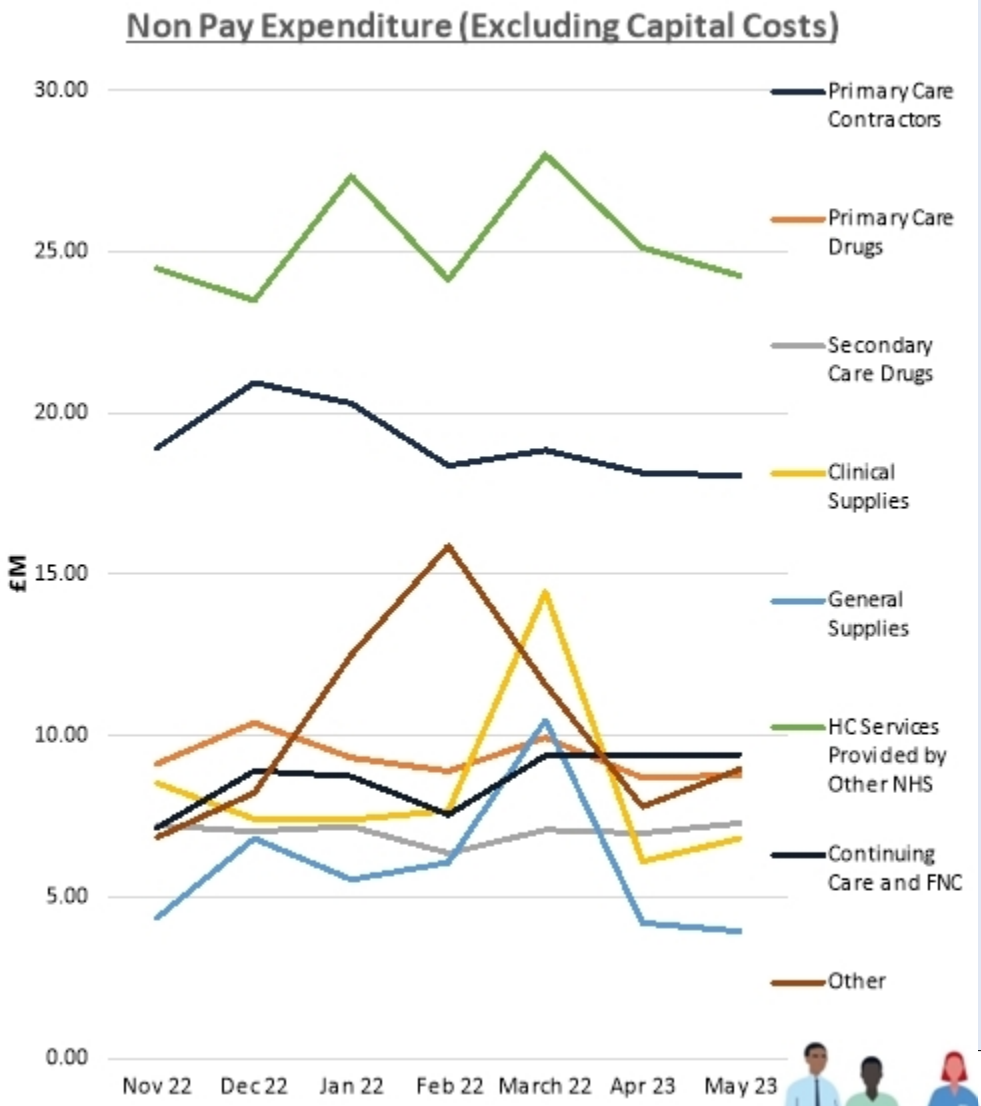




- Total agency costs for May were £5.0m, representing 6.6% of total pay costs. Agency expenditure is £0.4m higher than the cost in April. Of the £5.0m, the 3 hospital sites accounted for £2.5m of the costs.
- Medical agency costs have increased by £0.4m compared to April to an in-month spend of £1.9m.
- Agency nursing spend is £1.9m in May, £0.2m higher than April spend.



Non-Pay Costs



Non-Pay Expenditure: May spend is £87.5m excluding capital charges, which is £1.0m higher than April.

Primary Care Drugs: May costs are £0.1m higher than April spend. The March prescribing data shows that he average cost per Prescribing Day has marginally increased by 0.05%; March was £0.463m compared to £0.461 for February. The average cost per item prescribed in March has increased by 1.2%; March was £6.75 compared to £6.67 in February.

Provider Services Non Pay: Spend is £16.0m, an increase of £0.3m (1.6%) from April. Activity has increased across the three acute sites, resulting in an increase of £0.3m in Non Pay M&SE consumables spend. The NHS Wales Microsoft License Renewal total forecast cost is £4.5m, of which £0.5m of the License renewal costs is accounted for within the year to date position. COVID-19 Non Pay costs in May is £2.0m and is in line with previous month expenditure.

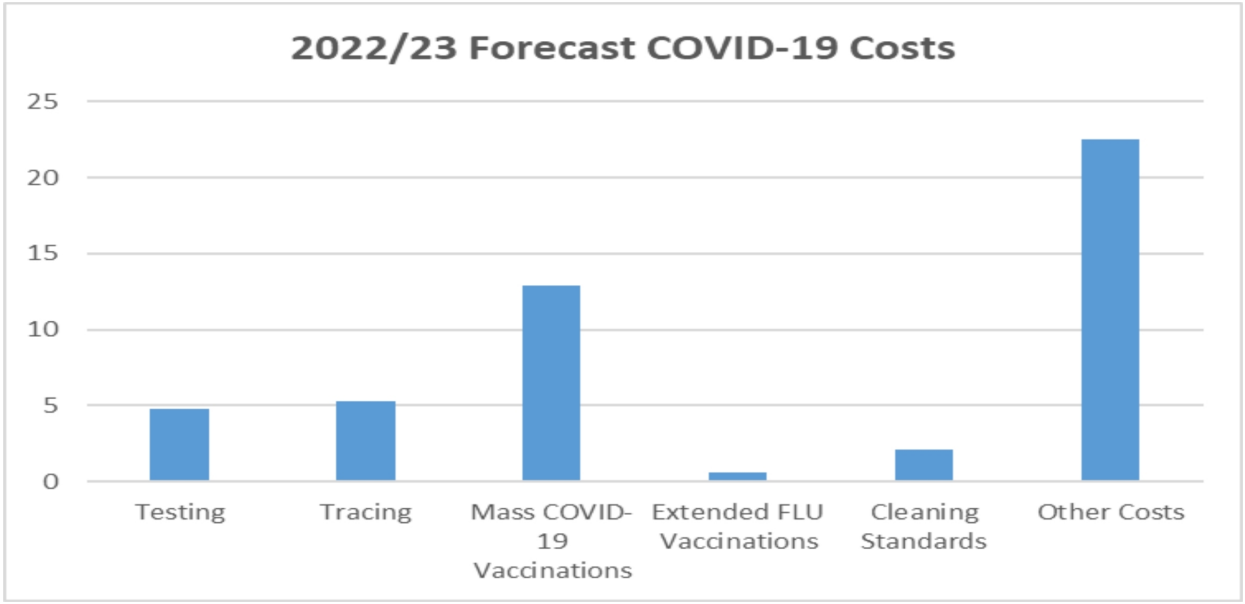
Healthcare Services provided by Other NHS Bodies: May expenditure is £25.7m, an increase of £0.6m (2.5%) from April due to the increase in WHSCC Commissioner Contract spend. Tariffs have increased for both English providers and WHSCC. There is a risk around inflation on these contracts, as well as inflation on Welsh contracts and a future pay award.

Continuing Health Care (CHC) and Funded Nursing Care (FNC): Expenditure in May is £9.4m which is in line with April costs, however £0.7m higher than forecast. Pressures continue within Mental Health Continuing Healthcare packages requiring more complex packages driving an increase in costs.

Forecast expenditure: The forecast includes £42m Performance Fund and Transformation fund expenditure, 1.25% increase in NI costs and additional impact of the full year cost of the Real Living Wage for Band 1 and 2. Also included is anticipated income of £11.4m for rising energy costs.

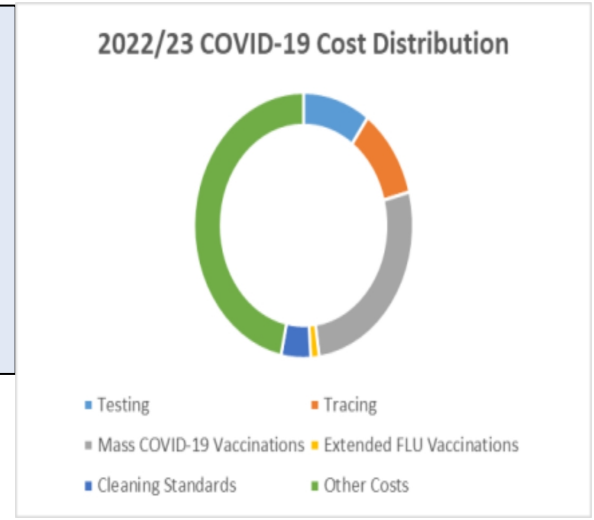
Impact of COVID-19

	Actual M01 £m	Actual M02 £m	Total YTD 2022/23 £m	Forecast 2022/23 £m
Testing	0.3	0.3	0.6	4.8
Tracing	1.0	0.9	1.9	5.3
Mass COVID-19 Vaccinations	0.7	1.1	1.8	12.9
Extended Flu Vaccinations	0.0	0.0	0.0	0.6
Cleaning Standards	0.1	0.1	0.1	2.1
Other Costs	2.9	2.3	5.2	22.5
Total COVID-19 expenditure	5.0	4.7	9.6	48.2
Welsh Gov COVID-19 income	(5.0)	(4.7)	(9.6)	(48.2)
Impact of COVID-19 on Position	0.0	0.0	0.0	0.0



- COVID-19 expenditure in May is £4.7m, a reduction of £0.3m from April. Total forecast cost of COVID-19 is currently £48.2m, a reduction of £2.8m from the Month 1 forecast. The forecast is based on the assumption that COVID-19 costs will continue to have an impact for the whole year, however it is expected that COVID-19 costs will reduce over future months in line with de-escalation of COVID-19 measures. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position. COVID-19 forecast is regularly reviewed, revised and updated monthly.

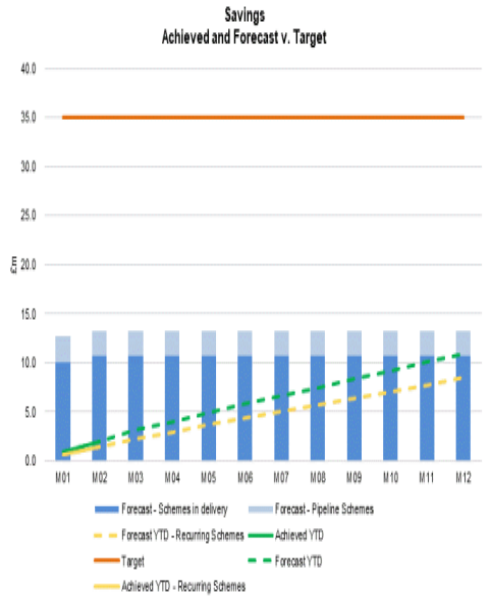
- COVID-19 Other Costs is £2.3m for May which includes costs for Long COVID, additional staffing and PPE due to COVID Surge, Investigation and learning from Nosocomial Case and Patient Charge Income Target (Loss of Dental income).



Savings

	Savings Target £000	SCHEMES IN DELIVERY: Year to Date Savings Target £000	Year to Date Recurring Savings Delivered £000	Year to Date Variance in Recurring Savings £000	Year to Date Non-Recurring Savings Delivered £000	Forecast Recurring Forecast £000	Forecast Variance £000	Forecast Non-Recurring Forecast £000	Forecast Total Forecast £000	Forecast FYE £000	PIPELINE SCHEMES: Recurring Plan £000	Non-Recurring Plan £000	Total Plan £000	Plan FYE £000	TOTAL PROGRAMME: Total Forecast £000	Variance £000
Ysbyty Gwynedd	3,124	260	17	(244)	0	569	(2,555)	0	569	1,108	142	53	195	203	764	(2,360)
Ysbyty Glan Clwyd	3,951	329	0	(329)	51	0	(3,951)	581	581	0	226	61	287	322	868	(3,083)
Ysbyty Wrexham Maelor	3,171	264	60	(205)	0	889	(2,282)	0	889	975	213	58	270	257	1,159	(2,012)
Total of hospitals	10,246	854	76	(778)	51	1,458	(8,788)	581	2,039	2,083	581	171	752	783	2,791	(7,455)
North Wales Managed Services	3,586	299	166	(133)	0	871	(2,715)	0	871	871	87	54	141	89	1,012	(2,574)
Womens Services	1,375	162	54	(108)	144	160	(1,215)	366	525	240	7	5	12	7	537	(838)
Secondary Care	15,207	1,314	296	(1,019)	195	2,488	(12,719)	947	3,435	3,194	675	230	905	878	4,340	(10,867)
Area - West	2,940	245	242	(3)	50	1,247	(1,693)	319	1,567	1,248	27	16	43	29	1,609	(1,331)
Area - Centre	4,942	412	362	(50)	0	2,300	(2,642)	0	2,300	2,320	67	30	97	70	2,397	(2,545)
Area - East	5,080	423	524	100	118	1,374	(3,706)	901	2,274	1,374	70	36	106	75	2,380	(2,700)
Area - Other	235	20	0	(20)	0	0	(235)	0	0	0	0	0	0	0	0	(235)
Contracts	1,804	150	0	(150)	0	0	(1,804)	0	0	0	100	0	100	100	100	(1,704)
Area Teams	15,001	1,250	1,128	(122)	168	4,921	(10,080)	1,220	6,141	4,942	264	82	346	274	6,487	(8,515)
MHLD	613	51	86	35	0	1,000	387	0	1,000	1,000	16	10	26	16	1,026	413
Corporate	4,179	348	7	(342)	93	39	(4,140)	104	143	39	551	741	1,293	586	1,436	(2,743)
Divisional Total	35,000	2,964	1,516	(1,448)	456	8,448	(26,552)	2,271	10,719	9,175	1,507	1,063	2,569	1,755	13,288	(21,712)
Total Programme	35,000	2,964	1,516	(1,448)	456	8,448	(26,552)	2,271	10,719	9,175	1,507	1,063	2,569	1,755	13,288	(21,712)

- The Health Board has set a savings target of £35m for 2022/23 to be driven equally by both transactional and transformational led plans. Savings delivered in May was £1.1m against a plan of £0.9m, resulting in favourable variance of £0.2m.
- The Transactional savings Target is £17.5m. We started the year with savings identified and plans developed in the transactional area, which totalled £12.6m including red schemes. The latest full year forecast for transactional savings totals £13.3m including Red, Amber and Green Schemes and income generation. Savings Schemes identified as Green and Amber total £10.7m. In addition, there are further contributions to savings identified of £0.5m driven by Productivity Improvements.
- Internal and external benchmark information has been used to help identify areas of opportunity for Transformational savings. These are being progressed in conjunction with the Transformation and Improvement (T&I) team, operational directors and their Exec Sponsors. T&I have conducted a rapid review of the benchmarks against the emerging Planned Care programme work streams. An indicative calculation suggested potential productivity gains totalling £3.1m in this financial year. None of this has been identified as cash releasing.



Risks and Opportunities (not included in position)

	RISKS	£m	Level	Explanation
1	Continuing Healthcare	£1.0m	High	There is a risk that Nursing Home prices will be higher than the 3% allowed for due to energy costs and general inflation.
2	Higher than anticipated general inflationary costs	£1.5m	High	General inflation is currently at 6%
3	Increase in Agency costs due to recruitment difficulties	£0.5m	Medium	Difficulty in recruiting may lead to higher costs due to agency usage covering vacancies.
4	Not identifying all the required savings	£6.1m	High	Savings not delivered as planned.
6	COVID-19 Funding	TBC	Low	The risk of not receiving the additional anticipated COVID-19 funding.
7	English Provider Contract Prices	£2.0m	High	Risk of increased English Provider Contract prices

	OPPORTUNITIES	£m	Level	Explanation
1	Delay internally funded developments	£10.1m	Medium	Slippage due to delay in internally funded developments.
2	Recruitment in post leads to reduced Agency premium	£1.0m	Medium	Recruitment will lead to reduction in Agency costs.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

MONITORING RETURN

Month 2 2022/23

Sue Hill
Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial Plan

- The Health Board's financial plan for 2022/23 is to deliver a balanced position which includes the £82.0m strategic support funding from Welsh Government (£30m Performance Fund, £12m Transformation Fund and £40m Strategic Support). In addition £38.4m Sustainability funding has been received to support Planned and Unscheduled Care. Together, these are being used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.

- The forecast to deliver a break even position is based on a savings delivery target of £35m.

- The delivery of a balanced position is also dependant on Welsh Government fully funding the costs of COVID-19 and the exceptional costs as outlined in the anticipated income.

1.2 Actual Year to Date Position

- The in-month position is a deficit of £0.9m (0.04%), and the cumulative position as at the end of May is reporting a deficit of £2.2m (0.12%).

- The total cost of COVID-19 in May is £4.7m. Welsh Government income has been anticipated to fully fund these costs, giving a nil impact on the financial position. However, it is expected that COVID-19 costs will reduce over future months in line with the de-escalation of COVID-19 measures.

1.3 Forecast Position

- The forecast position is to deliver a break even position in year in line with the IMPT. The delivery of a balanced position is also dependant on Welsh Government fully funding the costs of COVID-19 and the exceptional costs as outlined in the anticipated income.

- To deliver a break even position is also based on a savings delivery target of £35m.

- The forecast anticipates the recovery of the deficit through a detailed review of new developments as previously noted to the mitigations for any financial risks.

1.4 Income (Table B)

- Income totals £162.4m for May, a reduction of £1.8m from April. Further details are included in Section 7.

1. FINANCIAL POSITION & FORECAST

1.5 Actual Expenditure (Table B)

- Expenditure in Month 2 totals £163.3m, which is £2.2m lower than total expenditure in April.
- Total Pay costs have reduced by £3.2m which is primarily due to the impact of the Pay Award backdated to Month 1 being reversed within the Month 2 position as instructed by WG, thus accounting for a reduction of £4.2m within the Month 2 Pay costs. Excluding this adjustment the overall pay would have increased by £1.0m.
- The areas of significant increase in spend are Healthcare Services provided by Other NHS Bodies (£0.6m), Secondary Care Drugs (£0.3m) and Provider Services Non Pay expenditure (£0.3m). Offsetting these are decreases in Provided Services Pay (£3.2m) and Primary Care Contractor (£0.2m).
- Further detail on key movements in spend is provided in the below table.
- Costs of £4.7m are directly related to COVID-19 in May, of which £2.7m is Pay and £2.0m is Non Pay.

Primary Care Contractor	• Expenditure in May is £17.9m, which is £0.2m (1.2%) lower than costs in April.
Primary Care – Drugs & Appliances	• Spend for Month 2 is £8.8m which is £0.1m (0.9%) higher in comparison to April spend. • Following receipt of the March prescribing data, the average cost per Prescribing Day has shown a marginal increase of 0.5%, March was £0.463m compared to £0.461m for February. The average cost per item prescribed in March has increased by 1.2%; March was £6.75 compared to £6.67 in February, although the 3 month average cost per item has slightly reduced from £6.73 to £6.71. The overall number of items prescribed has reduced by 0.6%; March had 67,671 items prescribed compared to 69,118 in February.
Provided Services - Pay	• Provided Services pay costs are £73.4m, which is £3.2m (4.1%) lower than April costs and £5.6m less than forecasted for Month 2. • Estimated 3% Pay Award costs accrued for within the Month 1 position have been de-committed as requested from both Year to date and Forecast, thus accounting for a reduction of £4.2m in year to date costs and a reduction of £24.9m within the Total Pay Forecast cost.

1. FINANCIAL POSITION & FORECAST

	• Full year cost impact of the Real Living Wage for Band 1 & 2 is £0.6m, of which 2/12ths has been factored into the Month 2 position for which funding has been anticipated in full. • Variable Pay has marginally increased by £0.1m from April. Agency spend has increased by £0.4m, however Bank spend has decreased by £0.4m. Further detail on Agency spend are included in Section 5.1. • Month 2 Overtime pay costs is £1.8m, an increase of £0.1m from April due to continued payments of Enhanced COVID-19 overtime rates which is expected to decrease over future months. • A total of £2.7m pay costs were directly related to COVID-19 which is £0.9m less than April spend. • The 'sell back' of annual leave paid in May has not impacted on pay costs this month, as it has been charged directly to the Statement of Financial Position where the opening accrual of £27.2m from 2021/22 is held. £1.3m has been paid in Month 2, with further claims to be paid in June / July.
Provider Services Non-Pay	• Spend in May is £16.0m which is £0.3m (1.6%) higher than April costs. Activity has increased across the three acute sites, in particular increased Theatre activity leading to an increase of £0.3m in Non Pay M&SE consumables spend. • Comparing actual spend to the forecast for the month is showing an increase of £3.4m. • The NHS Wales Microsoft License Renewal total forecast cost for 2022/23 is £4.5m, of which £1.8m is a cost pressure risk for the Health Board as highlighted under Risks in Section 3.1. £0.5m of the License renewal costs have been accounted for within the year to date position. • COVID-19 Non Pay costs in May is £2.0m and is in line with previous month expenditure.
Secondary Care Drugs	• Spend in May is £7.3m, an increase of £0.3m (4.5%) from previous month and £0.9m higher than forecast for the month. There is a general increase in Drugs spend due to increased activity and in specific Oncology Drugs spend has shown an in month increase of £0.3m due to increased activity. Additionally, there is an increased trend due to increased referrals from screening services.
Healthcare Services provided by other NHS Bodies	• Month 2 expenditure is £25.7m, an increase of £0.6m (2.5%) from Month 1 spend due to the increase in WHSCC Commissioner Contract spend. Tariffs have increased significantly for both English providers and WHSCC.

	• Block contracts with English providers remain, however the contracts are subject to inflation risk, as well as inflation on Welsh contracts.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	• Expenditure in May is £9.4m which is in line with spend in April and £0.7m higher than forecast for Month 2. • The primary reason is pressures within Mental Health Continuing Healthcare packages requiring more complex packages driving an increase in costs.
Other Private and Voluntary Sector	• Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers. • May expenditure is in line with previous month spend and forecast.
Joint Financing	• Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget and Mass Vaccination Centres spend. • Spend in May is £0.1m less than in April.
Losses, Special Payments and Irrecoverable Debts	• Includes Redress, Clinical Negligence, Personal Injury and loss of property. • May expenditure is £0.2m which is line with previous month spend.
Capital	• Includes depreciation and impairment costs which are fully funded.

1.6 Forecast Expenditure (Table B)

- The forecast position is to deliver a break even position in year in line with the IMPT.

- The Forecast expenditure factors in the additional cost impact of 1.25% increase in NI costs (£7.4m) and the additional impact of the full year cost of Real Living Wage for Band 1 & 2, of which 2/12ths has been factored into the year to date position. Funding has been anticipated in full.

- Energy costs are forecast in line with WG advice and on the basis of the revised template and improved clarity for Energy forecasts, the revised energy forecast from NWSSP has been amended to £22.7m (£10.6m for Electricity and £12.1m for Gas). Total anticipated income for Energy price increase is £11.4m, of which the change in forecast outturn has resulted in a reduction of £3.4m in anticipated income.

- The forecast expenditure also includes the Microsoft renewal license forecast cost of £4.5m, of which £1.8m is a cost pressure for the Health Board.

1. FINANCIAL POSITION & FORECAST

- The reduction in Provider Services Non Pay forecast includes all unidentified savings which reflects the profile of the savings plans which is currently weighted towards the end of the year.

- The below table summarises the forecast expenditure for the £30.0m Performance Fund and £12.0m Transformation Fund based on the phasing of costs as per 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 progressing with plans at pace. Actual performance against submitted businesses cases will be monitored on a monthly basis and used to inform future forecasts.

	Actual		Forecast										
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.6	1.1	1.7	2.1	2.4	2.5	2.7	2.7	2.7	2.8	3.2	3.4	**27.9**
Non-Pay	0.2	0.7	0.9	1.3	1.3	1.5	1.6	1.2	1.2	1.3	1.3	1.6	**14.1**
Total	**0.8**	**1.8**	**2.6**	**3.4**	**3.7**	**4.0**	**4.3**	**3.9**	**3.9**	**4.1**	**4.5**	**5.0**	**42.0**

- Prior to the submission of the Financial Plan for 2022-25, the Health Board started the discussion with Welsh Government on the continuation of the Strategic Support. The three year Financial Plan assumes the funding for Performance and Transformation will continue on a recurrent basis. This was also reflected in the submitted MDS tables. The Health Board has been clear that it is committing recurrently against this funding, in order to be able to deliver the required outcomes.

1.7 Accountancy Gains (Table B)

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

1.8 COVID-19 (Table B3)

- The total impact of COVID-19 spend in May is £4.7m, a reduction of £0.3m from April spend Welsh Government funding has been anticipated to fully offset the impact of COVID-19. The below table summarises actual spend by COVID-19 category.

1. FINANCIAL POSITION & FORECAST

	Actual M01 £m	Actual M02 £m	Total YTD 2022/23 £m	Forecast 2022/23 £m
Testing	0.3	0.3	0.6	4.8
Tracing	1.0	0.9	1.9	5.3
Mass COVID-19 Vaccinations	0.7	1.1	1.8	12.9
Extended Flu Vaccinations	0.0	0.0	0.0	0.6
Cleaning Standards	0.1	0.1	0.1	2.1
Other Costs	2.9	2.3	5.2	22.5
Total COVID-19 expenditure	**5.0**	**4.7**	**9.6**	**48.2**
Welsh Government COVID-19 income	(5.0)	(4.7)	(9.6)	(48.2)
Impact of COVID-19 on Position	**0.0**	**0.0**	**0.0**	**0.0**

- The total forecast COVID-19 expenditure is currently £48.2m, a reduction of £2.8m from the Month 1 forecast. The forecast is based on the assumption that COVID-19 costs will continue to have an impact for the whole year, however it is expected that COVID-19 costs will reduce over future months in line with de-escalation of COVID-19 measures. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.

	Forecast at Month 1 £m	Forecast at Month 2 £m	Change £m
Testing	5.0	4.8	(0.2)
Tracing	5.5	5.3	(0.2)
Mass COVID-19 Vaccinations	13.0	12.9	(0.1)
Extended Flu Vaccinations	0.8	0.6	(0.2)
Cleaning Standards	2.2	2.1	(0.1)
Other Costs	24.5	22.5	(2.0)
Total COVID-19 costs	**51.0**	**48.2**	**(2.8)**
Welsh Government COVID-19 income	-51.0	(48.2)	
Total Impact of COVID-19	**0.0**	**0.0**	**(2.8)**

- The planned cost as per the MDS submission was £55.7m, however since the MDS was submitted the total forecast cost has been reduced to £48.2m. These costs have been

amended in the current forecast and the total anticipated income is now £48.2m as stated in Section 7.2 (Table E).

- The change from Month 1 forecast is showing an overall reduction of £6.2m, however due to the re-categorisation of GDS income and Nosocomial costs, the net reduction is £2.8m.

- The brought forward opening Annual Leave accrual value from 2021/22 is £27.2m and £1.3m has been paid in Month 2, with further claims to be paid in June / July. No additional resource was requested from Welsh Government in Month 12 to increase the year end provision.

- Total Forecast spend within the PPE, Long COVID and Other section (A6) on Table B3 is £22.5m, of which the breakdown is provided in the supplementary COVID Other templates.

- The supplementary COVID-19 TTP template forecast total spend is £10.1m, of which £4.8m is Antigen Testing and £5.3m for Contact Tracing (NHS and Local Authority).

2. UNDERLYING POSITION

2.1 Movement from Financial Plan (Table A)

- The Health Board has faced a significant underlying deficit position, which is a consequence of our historic residual infrastructure and delivery inefficiencies. The underlying position brought forward from 2021/22 is £67.8m.

- As per the MDS, the underlying position carried forward into 2023/24 is £40.0m, however if the £40.0m strategic funding is agreed recurrently, the Health Board's revised carried forward balance would be reduced to £Nil.

- The £6m of Extended Flu, Cleaning Standards and Long COVID included as recurrent COVID-19 funding in Month 1 has now been updated and removed as per Action Point 1.10.

- In year savings Saving Plans still to be identified are £24.3m (£27.0m Recurrent Full Year Effect).

- Table A includes the Strategic funding on a recurrent basis as per the MDS.

3. RISK MANAGEMENT

3.1 Risk Management (Table A2)

- The below are risks to the Health Board's financial position for 2022/23. Where we are clear of specific costs for both risks and opportunities, these are incorporated into the forecasts.

	£m	Level	Explanation
Risks			
Continuing Healthcare	£1.0m	High	There is a risk that Nursing Home prices will be higher than the 3% allowed for due to energy costs and general inflation.
Higher than anticipated general inflationary costs	£1.5m	High	General inflation is currently at 6%
Increase in Agency costs due to recruitment difficulties	£0.5m	Medium	Difficulty in recruiting may lead to higher costs due to agency usage covering vacancies.
Not identifying all the required savings	£6.1m	High	Savings not delivered as planned.
COVID-19 Funding	TBC	Low	The risk of not receiving the additional anticipated COVID-19 funding.
Contract Prices	£2.0m	High	Risk of increased English Provider Contract prices
Total Risks	**£11.1m**		

- The below are opportunities to the Health Board's financial position for 2022/23.

	£m	Level	Explanation
Opportunity			
Delay internally funded developments	£10.1m	Medium	Slippage due to delay in internally funded developments.
Recruitment in post leads to reduced Agency premium	£1.0m	Medium	Recruitment will lead to reduction in Agency costs.

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 – Sections B & C)

- Total Agency costs for Month 2 are £5.0m, representing 6.6% of total pay. This is £0.4m higher than the cost in April, which is due to both increase in Agency rates and continued high levels of sickness.

- Medical agency costs have increased by £0.4m compared to April; to an in-month spend of £1.9m. COVID-19 Medical Agency costs were £0.1m in May and in line with previous month.

- Nurse agency costs totalled £1.9m for the month, £0.2m higher than April. Acute sites continue to carry a high level of nursing vacancies, and the overseas nurses that have started are still not fully registered. COVID-19 Nursing Agency costs were £0.2m in May, a reduction of £0.1m compared to April.

- Other agency costs totalled £1.2m in May, £0.2m lower than in April. COVID-19 Other Agency costs in May was £0.4m, a decrease of £0.3m from April.

6. SAVINGS

6.1 Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2 and C3)

- The Health Board has set a savings target of £35m for 2022/23 to be driven equally by both transaction and transformation led plans and programmes of work.

- Savings in month totalled £1.1m against a plan of £0.9m, resulting in a favourable variance of £0.2m.

- The Transactional savings Target is £17.5m. We started the year with savings identified and plans developed in the transactional area, which totalled £12.6m including red schemes. The full year identified savings for transactional savings totals £13.0m including Red, Amber and Green Schemes and income generation. Savings Schemes identified as Green and Amber total £10.4m, and are forecast to over deliver by £0.3m.

- A further £2.6m schemes are held as Red status pending further assurance reviews taking place. Income Generation is included in the total for Red. The proportion of identified recurring savings are £9.7m including red schemes and income generation, with Green and Amber being reporting as £8.4m in the monitoring return. The latest full year forecast for transactional savings plans totals £13.3m including Red, Amber and Green Schemes and income generation. In addition, there are further contributions to savings identified of £0.5m driven by Productivity Improvements. Work is also underway to investigate and quantify further opportunities identified in the planning process and captured in the transactional savings pipeline. The priority focus remains on delivery of recurrent, cash avoidance/releasing benefits.

- With regards to Transformation savings, internal and external benchmark information has been used to help identify areas of opportunity and the first phase of work to convert those into transformation and improvement initiatives has completed. These are being progressed in conjunction with the Transformation team with the operational directors and their Exec Sponsors and an update will be provided at the Performance, Finance and Information Governance (PFIG) Board Sub Committee in June.

- There is acknowledgement that in previous years where efficiency gains may have contributed to cost reductions, during the current period of significant recovery many benefits of efficiency gains e.g. capacity / utilisation improvements, are more likely to be re-invested to support recovery plans.

7. INCOME ASSUMPTIONS

7.1 Income/Expenditure Assumptions (Table D)

- All of the Figures included in Table D excluding WHSCC are based on 2021/22 outturn.

7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) for the year is £1,843.6m. £304.5m of the RRL has been profiled into the cumulative position, which is £2.8m less than an equal twelfth.

- Confirmed allocations to date is £1,753.2m, with further anticipated allocations in year of £90.4m. The anticipated allocation includes £48.2m for COVID-19 income. £9.6m of this income has been profiled into the cumulative position.

- Anticipated income for COVID-19 spend is £48.2m, which reflects a net reduction of £2.8m from Month 1. Further detail on COVID-19 spend is provided in Section 1.8 COVID-19 (Table B3). The below table summarises the anticipated COVID-19 funding by expenditure category in Table E.

COVID-19 Anticipated Income	Month 1 Table E Total £'000	Month 2 Table E Total £'000	Change £'000
Testing (including Community Testing)	4,958	4,821	(137)
Tracing	5,522	5,269	(253)
Mass COVID-19 Vaccination	13,037	12,904	(133)
PPE	3,184	1,956	(1,228)
Extended Flu	758	508	(250)
Cleaning Standards	2,200	2,178	(22)
Long COVID	839	829	(10)
Surge	20,513	16,381	(4,132)
Surge – Re-categorisation of GDS income	0	2,475	2,475
Surge - Re-categorisation of Nosocomial	0	879	879
Total	**51,011**	**48,199**	**(2,811)**

8. HEALTH CARE ARGEEMENTS & MAJOR CONTRACTS

8.1 Welsh NHS Contracts

- Work is progressing with signing off all Welsh agreements and it is not anticipated that there will be an issue with meeting the deadline for completion of 30th June 2022.

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

9.1 Statement of Financial Position (Table F)

- Table not required this month.

9.2 Welsh NHS Debtors (Table M)

- The Health Board held three outstanding NHS Wales invoices over eleven weeks old at the end of Month 2 2022-23 two of which were paid before the Monitoring Return submission date.

- The final invoice has been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales and the counterparty is aware of the timescales for making payment for invoices agreed as part of the year-end Agreement of balances exercise.

10. CASH

10.1 Cash Flow Forecast (Table G)

- The closing cash balance as at 31st May 2022 was £4.565m, which included £3.462m cash held for revenue expenditure and £1.103m for capital projects.

- Capital payable reduced by £6.717m during the first two months of 2022-23 from £9.033m at year-end to £2.316m at the end of May 2022.

- The Health Board is currently forecasting a closing cash balance for 2022-23 of £3.678m, assuming that revenue cash will remain unchanged at £1.050m and that there will be an in-year reduction of £3.000m in capital payables leaving a closing balance of £2.628m.

- Table G does not currently include the potential impact of any movement in working capital balances and these will be included once the closing balance sheet for 2021-22 has been confirmed and reported from Month 3 2022-23 onwards.

Revenue cash requirements 2022-23	**£m**
Opening revenue balance	1.050
Forecast outturn position	0
Forecast closing revenue cash balance	**1.050**

Capital cash requirements 2022-23	**£m**
Forecast cash funding	
Opening capital balance	5.628
Approved Capital Resource limit	18.651
Donated asset income	0.800
Disposal proceeds	0.000
Total forecast capital cash funding	**25.079**
Forecast cash spend	
Forecast spend on approved Capital Resource limit	(18.651)
Forecast donated asset cash spend	(0.800)
Forecast use of opening balance to reduce payables	(3.000)
Forecast disposal proceeds cash spend	(0.000)
Total forecast capital cash spend	**(22.451)**
Forecast closing capital cash balance	**2.628**
Forecast total closing cash balance	**3.678**

11. PUBLIC SECTOR PAYMENT COMPLIANCE

11.1 Public Sector Payment Policy PSPP (Table H)

- Table not required this month.

12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

12.1 Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2022/23 is £18.651m.

12.2 Capital Programme (Table J)

- Details of spend and forecast on a monthly basis are included in the Monitoring Return Tables.

13. OTHER ISSUES

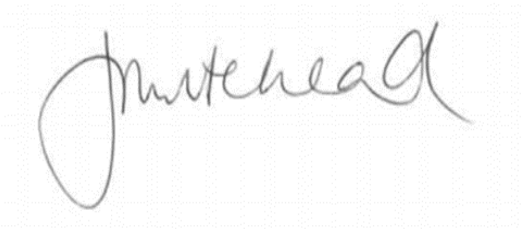
13.1 Summary

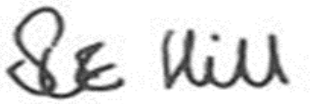
- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.

- The Month 2 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee members at the June meeting.

- The nominated deputies who have authority to approve the monthly Monitoring Return submission, in the absence of the Chief Executive and/or Executive Director of Finance are:

  - For the CEO: Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery
  - For the Executive Director of Finance: Tim Woodhead, Finance Director – Operational Finance





Jo Whitehead
Chief Executive

Sue Hill
Executive Director of Finance

MONTH 1 MONITORING RETURN RESPONSES

Monitoring Return Review – Action Point 1.1

The balanced outturn is also currently supported by a substantial savings gap of £24.910m which is planned to generate recurring FYE savings totalling c. £28.200m. The gap is analysed between transactional savings of c. £7.400m (with £2.500m of Red schemes identified to date) and c. £17.500m of transformational savings. Your narrative confirms that the transformational savings will be fully quantified and signed off by Exec Sponsors for presentation at the Performance, Finance and Information Governance (PFIG) Board Sub Committee in June. I assume the remaining transactional savings (your narrative references possible Income Generation and Accountancy Gains) will also be finalised by that timeframe. I note that £1.497m of the savings gap is forecast to be delivered in May and I look forward to receiving a full update at Month 2.

Response

A further update has been included in the month 2 narrative.

Monitoring Return Review – Action Point 1.2

I have noted that you are treating that the performance/transformation funding of £42.000m as fully recurring this year with corresponding recurring expenditure. The Health Board has to date, not received approval to treat the full £42.000m as a recurring allocation, which you are aware was for a 3-year period. Therefore, at this current time, it is not appropriate to assign this treatment to the funding. Please provide a detailed paper at Month 2, setting out a robust assessment of your expenditure plans for the £42.000m during 2022/23, accurately analysed between recurring (including the FYE if the profile of spend increases during the year) and non-recurring investment.

Response

Prior to the submission of the Financial Plan for 2022-25, the Health Board started the discussion with Welsh Government on the continuation of the Strategic Support. The three year Financial Plan assumes the funding for Performance and Transformation will continue into 2024/25. This was also reflected in the submitted MDS tables. The Health Board has been clear that is committing recurrently against this funding, in order to be able to deliver the required outcomes.

The tables below show the plan for the Performance and Transformation Fund monies for 2022/23 and the Full Year Effect recurrent plan. There is a small over commitment on these funds, recognising that there is likely to be slippage against some of the schemes given the difficulties of recruitment.

Performance Fund	2022/23 £000	FYE Recurring £000
Advanced Audiologist / Ear Wax	640	1,413
Attend Anywhere	379	379

Transformation Fund	2022/23 £000	FYE Recurring £000
Value based Improvement faculty	1,000	1,000
Analytics PMO	650	650

CAMHS training and recruitment (CAMHS Workforce)	140	404
Cardiac Physiology Training Posts	150	0
Care Home Quality Nurses	102	102
Continuing Health Care infrastructure	500	1,138
Dermatology Outsourcing	255	0
ED Workforce	1,200	1,200
Eye Care Services: transform eye care pathway	2,590	2,590
Home First Bureau (HFB)	1,300	1,350
Neurodevelopmental Recovery of lost activity	1,400	1,400
Ophthalmology Outsourcing	2,800	0
Pathology sustainable plan - blood sciences	513	513
Planned Care Team	433	459
Prehabilitation - Development of an elective prehabilitation programme	350	900
Primary Care Academy	1,168	2,635
Regional Treatment Centre	5,216	0
Single Cancer Pathway	2,000	2,000
Stroke Services	2,900	3,852
Urgent Primary Care Centres (UPCC) West	910	2,200
Urology Services - Robot	300	525
Estates & Facilities: Health & Safety Statutory Compliance	1,100	1,100
Endometriosis - Minimal Access Surgery in Gynaecology	300	400
Welsh Community Care Information System (WCCIS)	1,100	1,100
Vascular Access - pan BCU	2,532	3,288
Diabetic Foot Pathway	1,698	2,600
Total	**31,976**	**31,548**

Capacity	1,673	1,673
Public Affairs	516	516
Engagement	1,275	1,975
Improvement	250	250
VBHC - Diabetes	135	135
Mental Health: Older Persons Crisis Care	400	523
Mental Health: Eating Disorders	450	519
Mental Health: ICAN Primary Care	1,200	1,723
Mental Health: Medicines Management	400	556
Mental Health: Occupational Therapy	320	400
Mental Health: Perinatal	170	196
Mental Health: Early Intervention in Psychosis	290	290
Mental Health: Psychiatric liaison	254	254
Mental Health: Joint commissioning pot with AISBs	230	300
Mental Health: Wellness, Work and Us	200	206
Mental Health: CAMHs tranisition and joint working	800	800
Mental Health: Capacity & Capability	302	302
Mental Health: Advanced Nurse Practitioners/ Nurse Consultants	294	294
Mental Health: CHC RCAP	345	344
WOD: Wellbeing Service	600	0
WOD: Speak Out Safely	100	0
WOD: Workforce Operating Model	600	0
Total	**12,454**	**12,906**

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 1.3

Please can you review the items recorded on the line 21 (phasing of RRL) and provide further explanation for what these relate to. At Month 1, it is predominately the value of £1.260m shown on this line, which is contributing to the YTD deficit of £1.343m.

Response

After further discussion, this row has been moved to Net Operational variance in IMTP. The IMTP had higher levels of expenditure relating to the Strategic Funds in the earlier months, in addition the IMTP had a different savings profile which is resulting to an operational variance to the IMTP.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 1.4

Also in relation to your YTD deficit, of £1.343m, you are currently phasing (see below) the recovery over the period July to March. It would be expected that this deficit be eliminated within a much quicker timeframe.

-1,343	0	0	74	74	74	150	150	149	224	224	221

Response

The recovery period has been reviewed and revised in the Month 2 tables, which now reflects a break even position by the end of Quarter 3 as per below table. This will be reviewed on a monthly basis.

(1,343)	**(901)**	**0**	**249**	**249**	**249**	**498**	**498**	**500**	**0**	**0**	**0**

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 1.5

I refer to the 21/22 'In Year Expenditure Cost Reduction Due To Covid-19' totalling £3.567m and whilst I acknowledge that the WHSSC and Dental items would not be available this year, please could you clarify the status of the balance of c £2.0m described as non pay releases. I.E., are these now being incurred in the original pre-covid areas or has an element been reflected in the 22/23 saving plans.

Response

These are now being incurred in the original areas and are not included within the 22/23 savings plans.

Risks / Opportunities (Table A2) – Action Point 1.6

Please provide details of the internally funded investments totalling £13.000m which could potentially slip and are therefore reported as an Opportunity. If any of these developments are linked to the £42.000m performance/ transformation funding, please make this clear in your supporting narrative.

Response

These developments are not linked to the £42.0m Performance and Transformation Funding. These are internally funded developments.

MONTH 1 MONITORING RETURN RESPONSES

Exceptional Costs Template\Anticipated Income (Table E) – Action Point 1.7

Although you will receive feedback from the FDU, I note that you are anticipating funding of £14.800m for increased energy prices; however, the FDU template highlights that the annual forecast movement in spend is lower at £13.091m (£23.333m less £10.242m). Please review and clarify your latest funding assumption. The FDU are to confirm shortly a consistent methodology for the basis of the 'incremental charge', to use going forward. At Month 2, please confirm the basis of the 21/22 baseline (e.g. final based on Jan or March plus 2%), the basis of the latest forecast (B Gas & or Local) and reflect the correct value in the 'incremental' cell. If increased costs are being fully or partly managed internally, please also ensure this is highlighted and explained within your narrative**.**

Response

On the basis of the revised template and improved clarity for Energy forecasts, the revised energy forecast from Shared Services has been amended to £22.7m (£10.6m for Electricity and £12.1m for Gas). The impact of the change in basis on the outturn forecast is a reduction of £3.4m in anticipated income.

Income and Expenditure Assumptions (Table D) – Action Point 1.8

As per the Month 1 income and expenditure assumptions reconciliation, there is an expenditure variance (£0.598m) with Velindre NHS Trust. I trust that this discrepancy has since been reviewed and resolved.

Response

The expenditure variance has been reviewed and resolved for the M2 submission.

Resource Limits (Table E) – Action Point 1.9

I note that you are not currently anticipating funding (estimated c. £207k) from the WG for the 21/22 Bands 1-2 increase. Whilst consideration is given to the methodology behind issuing this funding again in 22/23 (before it is incorporated into the recurring Allocation Paper for 23/24), you may wish to consider including this item. I did note that you have a similar value recorded as a GMS anticipated item, although it this may have been unrelated.

Response

The £207K in GMS is in the wrong column should have been HCHS and has been corrected for the month 2 return.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 1.10

Please note that the agreed approach is to treat all Covid-19 funding and costs as non-recurring within Table A; this ensures consistency across Wales. During this year, should any funding for policy areas be confirmed as recurrent from 23/24, please continue to record them as N/R this year;

when issued recurrently, they become Operational. Currently you are treating c£6m of Extended Flu, Cleaning Standards and Long COVID as recurring.

Response

Table A has been updated to remove the £6,020K from recurring.

Underlying Position (Table A1) – Action Point 1.11

The forecast improvement to the underlying position of £27.800m is being shown as a positive entry in the unmitigated pressures column (G). As the improvement relates to applying savings to your b/f pressures, please enter this value within Column D (recurring savings).

Response

This has been actioned in Column D of Table A1.

Monthly Positions (Table B) – Action Point 1.12

I note that you are anticipating 'pay award' funding totalling £24.927 via Table E. All organisations were advised to exclude any assumptions regarding the 22/23 pay award from the IMTP and MMR until the annual pay negotiations are concluded for this year. Please therefore remove any 22/23 pay award assumptions from the Opening Plan (Table A and Table E), at Month 2.

Response

Tables A, B and E have all been adjusted to exclude any pay award assumptions.

Covid-19 Analysis (Table B3) – Action Point 1.13

All organisations are being requested to provide the following information on the Annual Leave Accrual within the Month 2 narrative**:**

1) b/f Opening Annual Leave Accrual value
2) remaining Annual Leave Accrual balance after 'Sell Back'

Response

The brought forward opening Annual Leave accrual was £27.2m.
The 'sell back' of annual leave paid in Month 2 was £1.3m, with further claims to be paid in June / July due to late claims. No additional WG resource was requested in Month 12 to increase the year end provision. This information has also been confirmed within Section 1.5 of the above Month 2 narrative.

Covid-19 Analysis (Table B3) – Action Point 1.14

Please treat the 'Investigation and learning from Nosocomial Cases' anticipated funding as a Covid-19 allocation in your next return, with the corresponding spend also to be included within Section A6 'Other' of Table B3.

Response

This is now treated as a C19 allocation and the costs will be reported on the B3.

Covid-19 Analysis (Table B3) – Action Point 1.15

In addition, please also reflect your '22/23 loss of dental income' funding item as a Covid-19 allocation, with the corresponding spend being reported on Line 158 (Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income) of Table B3.

Response

This is now treated as a C19 allocation and the costs will be reported on the B3.

Covid-19 Analysis (Table B3) – Action Point 1.16

I refer to the FDU supplementary 'Other' Covid-19 template which should include the items referenced in AP 1.14 & 1.15 above; please ensure that the 'Notes' column of Section C is completed for all categories where there is corresponding spend.

Response

The Notes column of Section C will be completed for all categories showing spend going forwards.

Resource Limits (Table E) – Action Point 1.17

I acknowledge that you have already assisted us via the way you have set out the Covid 'other' funding in Table E. For completeness, the details below reflect the request being made of other HBs which I would be grateful if you could also follow.

In order to better align non-programme Covid-19 funding assumptions against the 'Other' analysis reported within the FDU template; all organisations are being requested to split their income assumptions across the below categories within the Covid-19 section of Table E/Table E1. The lines below will be linked to consolidation tables in our internal systems; therefore, please do not use these lines for any other income items. To reduce error, we suggest you add the narrative descriptions below in your Table E/E1 at M2 and if there is no corresponding funding request, then simply leave the value cell blank.

FDU 'Other' Covid-19 Expenditure Categories (all to be added to Table E):	Table E - Covid-19 Section Line ref:
A2. Increased bed capacity specifically related to C-19	69
A3. Other Capacity & facilities costs (exclude contract cleaning)	70
B1. Prescribing charges directly related to COVID symptoms	71
C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	72
D1. Discharge Support	73
D4. Support for National Programmes through Shared Service	74
D5. Other Services that support the ongoing COVID response	75
E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income	76

MONTH 1 MONITORING RETURN RESPONSES

Response

The above request has been actioned within the Monitoring Return Tables.

Cyfarfod a dyddiad: Meeting and date:	Performance, Finance and Information Governance Committee
Cyhoeddus neu Breifat: Public or Private:	*Public*
Teitl yr Adroddiad Report Title:	Shared Services Partnership Committee Quarter 4 2021/22 Assurance report
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad Report Author:	Alison Ramsey – Director of Planning, Performance & Informatics
Craffu blaenorol: Prior Scrutiny:	*N/A*
Atodiadau Appendices:	NHS Wales Shared Services Partnership Summary Performance Report – Betsi Cadwaladr University Health Board Period 1st January 2022 – 31st March 2022 Appendix 1 to this report provides Quarter 4 performance for your Health Organisation against the 19 Lead indicators with comparison data for the rolling twelve-month period to 31st March 2022. Some indicators are new and only reported from April 2021. Appendix 2 provides Quarter 3 performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 31st March 2022. Some indicators are new and only reported from April 2021. Appendix 3 then highlights the position for all health organisations at the end of March 2022.

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**	

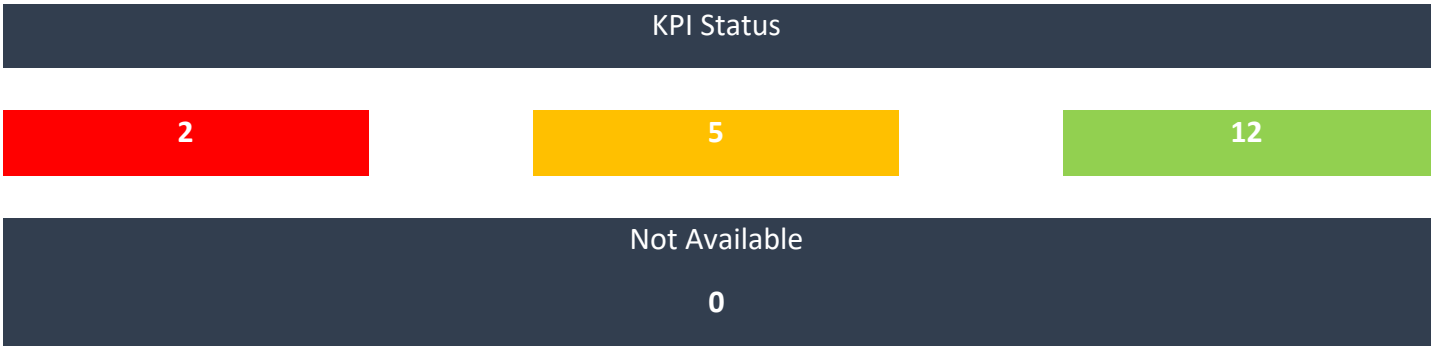
Sefyllfa / Situation:

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31st March 2022.

As part of the approval of our Annual Plan for 2021-22, the Shared Services Partnership Committee reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 19 Lead indicators in total.

Cefndir / Background:

The Quarter 4 performance for the organisation was generally on target with 17 out of 19 KPIs showing as green or amber. Action is in hand to further investigate and address the performance in the other areas further along in this report. We have delivered the agreed direct savings. However, we have faced continued significant pressure during Quarter 4 in the linked areas of call handling and recruitment; this has been driven by an increase in activity by all Health Boards to recruit more staff. The Recruitment Modernisation plan was discussed in detail at the March Shared Services Partnership Committee meeting.



Of the 7 KPIs that did not achieve the targets

- 3 are not in complete control of NWSSP and are dependent on our customers.
- 1 are a combination of both NWSSP and our customers processes.
- 3 are the responsibility of NWSSP solely.

During 2022-23 we plan further work, with more emphasis on developing outcome measures that will complement our traditional and largely transactional KPIs. This will include a means of capturing NWSSP customer satisfaction in a consistent manner across a range of our core services.

Asesu a Dadansoddi / Assessment & Analysis

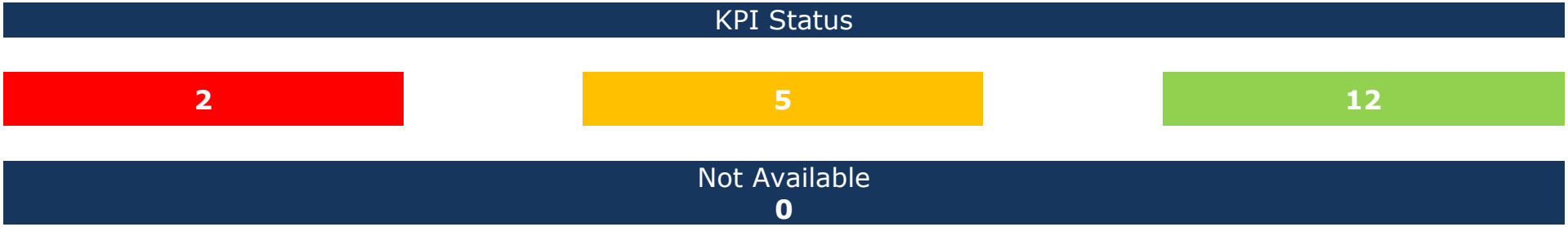
Goblygiadau Strategol / Strategy Implications

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

Opsiynau a ystyriwyd / Options considered Not applicable – report is for assurance only.
Goblygiadau Ariannol / Financial Implications *Please see Appendices*
Dadansoddiad Risk / Risk Analysis *N/A*
Cyfreithiol a Chydymffurfiaeth / Legal and Compliance *N/A*
Asesiad Effaith / Impact Assessment *N/A*

NHS WALES SHARED SERVICES PARTNERSHIP SUMMARY PERFORMANCE REPORT
BETSI CADWALADR UNIVERSITY HEALTH BOARD
Period 01st January 2022 – 31st March 2022

Overview



Points of Contact
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Richard Phillips – Business & Performance Manager (Richard.phillips@wales.nhs.uk)

Key Messages

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31st March 2022.

As part of the approval of our Annual Plan for 2021-22, the Shared Services Partnership Committee reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 19 Lead indicators in total.

Appendix 1 to this report provides Quarter 4 performance for your Health Organisation against the 19 Lead indicators with comparison data for the rolling twelve-month period to 31st March 2022. Some indicators are new and only reported from April 2021.

Appendix 2 provides Quarter 3 performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 31st March 2022. Some indicators are new and only reported from April 2021.

Appendix 3 then highlights the position for all health organisations at the end of March 2022.

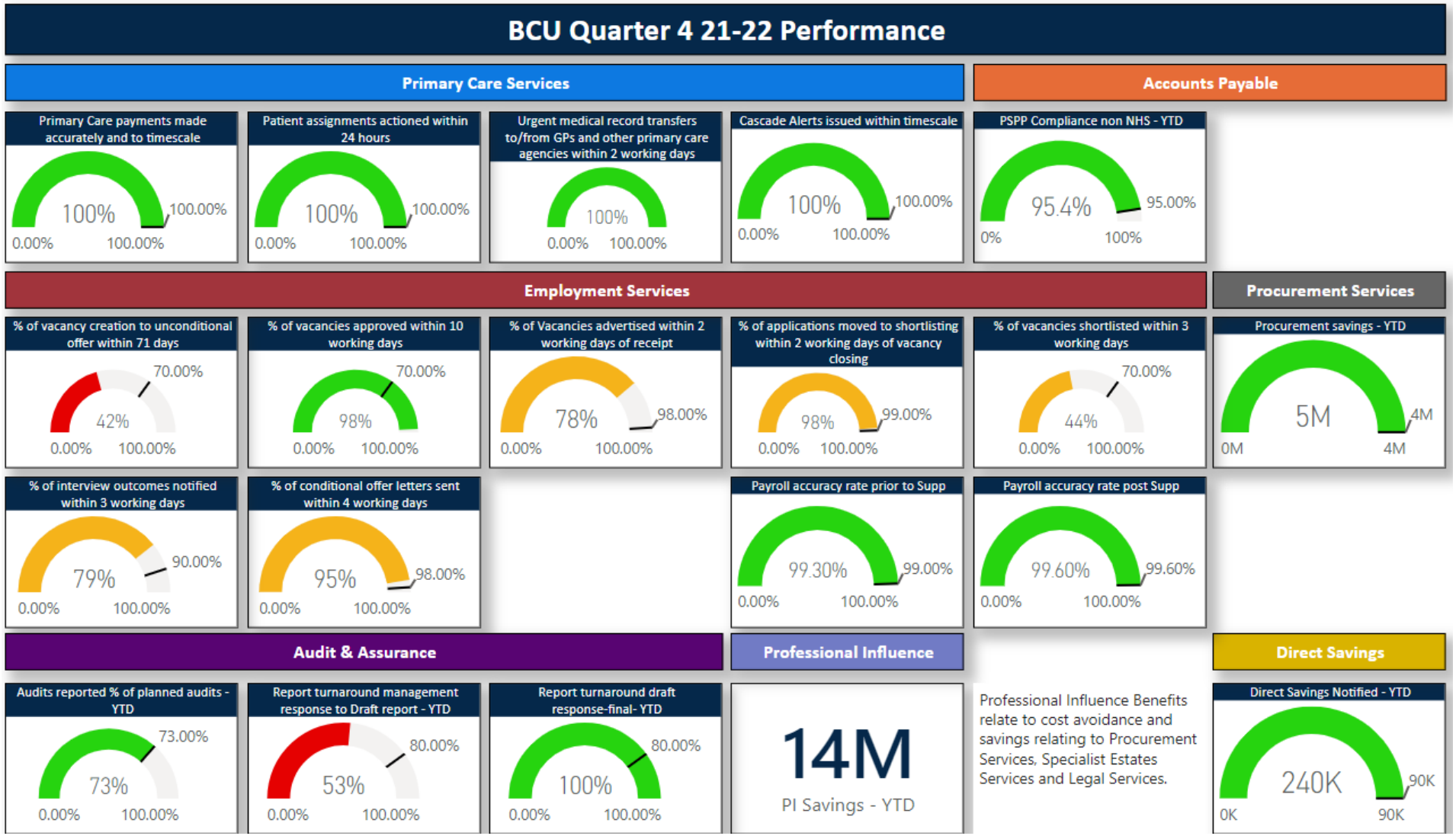
The Quarter 4 performance for the organisation was generally on target with 17 out of 19 KPIs showing as green or amber. Action is in hand to further investigate and address the performance in the other areas further along in this report. We have delivered the agreed direct savings. However, we have faced continued significant pressure during Qtr 4 in the linked areas of call handling and recruitment; this has been driven by an increase in activity by all Health Boards to recruit more staff. The Recruitment Modernisation plan was discussed in detail at the March Shared Services Partnership Committee meeting.

Of the 7 KPIs that did not achieve the targets

- 3 are not in complete control of NWSSP and are dependent on our customers.
- 1 are a combination of both NWSSP and our customers processes.
- 3 are the responsibility of NWSSP solely.

During 2022-23 we plan further work, with more emphasis on developing outcome measures that will complement our traditional and largely transactional KPIs. This will include a means of capturing NWSSP customer satisfaction in a consistent manner across a range of our core services.

Summary Position – Quarter 4



Action Plan for Lead Indicators

The following measures are showing as red and requires action as part of our 2022-23 IMTP:

Employment Services – Recruitment

BCU High Level - KPIs Mar 2022	Target	30/06/2021	30/09/2021	31/12/2021	31/03/2022	Trend
Employment Services						
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days	70.00%	68.3%	41.8%	31.4%	41.5%	
Vacancy creation to unconditional offer	71 days	65.6	86.5	84.1	86.6	

What is happening?

The recruitment teams are still experiencing unprecedented levels of demand compared to 2018, which has meant in some instances compliance with the KPI measures has been missed.

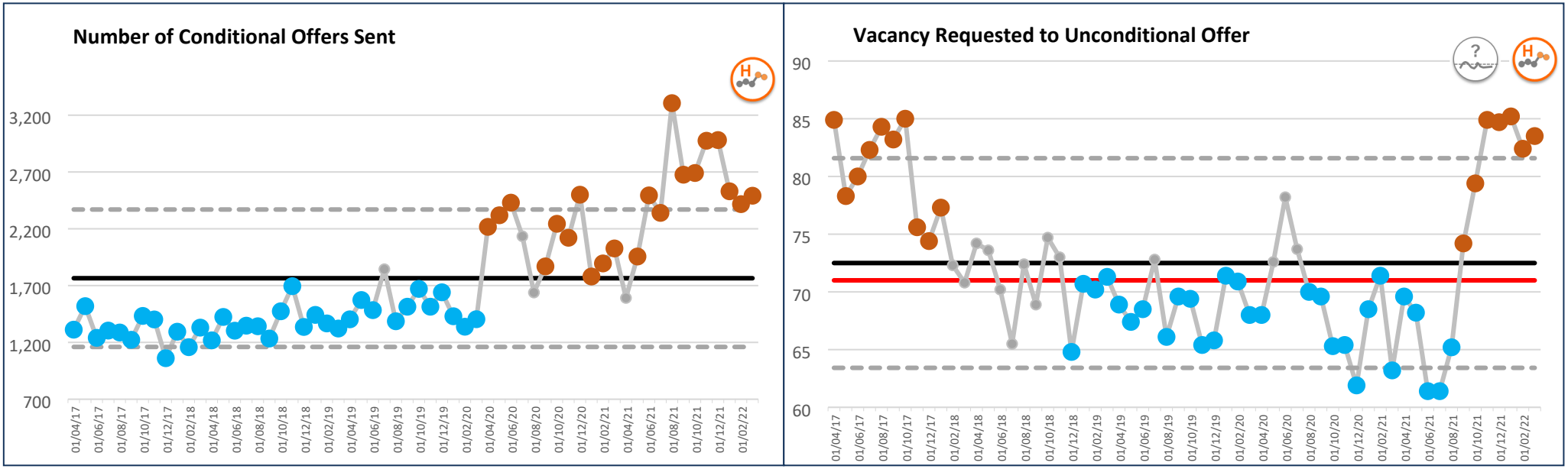
42% of records are failing to meet the target of creation to unconditional offer within the targeted 71 days with an average of 86.6 days.

To provide some context however, 100% of vacancies were advertised within 3 days and 98% of conditional offer letters were sent within 5 days.

As seen in the table below activity has significantly increased across NHS Wales which is impacting on performance due to bulk receipt of high volumes of adverts and offers.

Recruitment Volumes	18/19	21/22	TOTAL INCREASE 18/19 to 21/22	% Increase 18/19 compared to 21/22
Number of Vacancies Raised	17,383	23,153	5,770	33%
Number of FTE Raised	28,039	39,438	11,399	41%
Number of Conditional Offers Sent	16,504	30,448	13,944	84%

The charts below demonstrate the increased activity on Number of Conditional offers since 2017 but with greater maintained increases since April 2020 and shows the improvements of vacancy requested to unconditional offer within the 71 days since 2017 even with the increases in activity. The last couple of months the performance has started to improve again.



What are we doing about it?
Recruitment is recruiting additional staff to support the increases in activity, coupled with implementing robotics processes and Trac system enhancements.

Over the last few months several new actions have been put in place to the recruitment process and improvements in the time to hire target are starting to return to acceptable levels. The additional resource that was brought in during the autumn is now returning the benefits. In addition, the modernisation program is aiming to enhance the service we deliver whilst also delivering against our targets.

Recruitment continues to work with recruiting managers through customer meetings and invited organisations to suggest any improvements specifically to the conditional and unconditional offer processes. The Recruitment Modernisation plan was discussed in detail at the March Shared Services Partnership Committee meeting.

Audit & Assurance

BCU High Level - KPIs Mar 2022	Target	30/06/2021	30/09/2021	31/12/2021	31/03/2022	Trend
		Internal audit				
Report turnaround management response to Draft report - YTD	80%		33%	50%	53%	

What is happening?
The report turnaround management response to draft report within 15 days which measures the performance of turnaround times within the health organisation is currently reported at 53% against a target of 80%

What are we doing about it?
Heads of Internal Audit discuss these delays regularly with Health bodies. We are aware of the pressures and competing priorities at Health bodies and so our key focus is on ensuring that reports get to the next Audit Committee, even if the response deadline is missed, to ensure effective action can be taken. There is not anticipated to be any limitations in scope on internal audit opinions for 2022-23 and Audit delivery is on track for 21-22 and completed in readiness for May Audit Committees.

Employment Services – Recruitment

Two of the amber indicators are in relation to the steps within the end-to-end recruitment pathway where the influence sits with the health organisation's responsibility.

BCU High Level - KPIs Mar 2022	Target	30/06/2021	30/09/2021	31/12/2021	31/03/2022	Trend
		Employment Services				
		Organisation KPIs Recruitment				
% of vacancies shortlisted within 3 working days	70.00%	52.6%	58.2%	48.1%	43.8%	
Time to Shortlist by Managers	3 days	5.7	5.8	8.8	7.3	
% of interview outcomes notified within 3 working days	90.00%	83.4%	76.6%	71.2%	78.5%	
Time to notify Recruitment of Interview Outcome	3 days	1.6	2.2	3.1	2.1	
		NWSSP KPIs Recruitment				
% of Vacancies advertised within 2 working days of receipt	98.00%	100%	7.2%	54.0%	77.6%	
Time to Place Adverts	2 days	1.7	3.3	2.4	2.0	
% of applications moved to shortlisting within 2 working days of vacancy closing	99.00%	100%	96.9%	99.6%	97.6%	
Time to Send Applications to Manager	2 days	1.0	1.1	1.0	1.0	
% of conditional offer letters sent within 4 working days	98.00%	99%	14.3%	7.2%	94.9%	
Time to send Conditional Offer Letter	4 days	3.9	5.2	5.6	3.8	

What is happening?
44% of records are shortlisted within the 3 working day target taking on average 7.3 days.
79% of records have the interview outcomes notified within the target of 3 days with an average of 2.1 days.
78% of records has the vacancies shortlisted with working days taking on average 2 days.
98% of applications were moved to shortlisting within the 2 working day target taking on average 1 days.
95% of conditional offer letter were sent within the 4 working day target taking on average 3.8 days.

What are we doing about it?
As already explained above, the recruitment teams are still experiencing unprecedented levels of demand compared to 2018/19, which has meant in some instances compliance with the KPI measures has been missed and has not been achieved for the tear to date for 21/22.

Other planned action All Wales KPIs

The following All Wales measures require action and can be seen in **Appendix 2**:

Recruitment Services - % of Calls Handled

ALL WALES KPIs		30/06/2021	30/09/2021	31/12/2021	31/03/2022	Trend
		Recruitment Services				
Calls Answered % Quarterly Average	95%	96.00%	91.8%	93%	85%	

What is happening?
Performance has decreased significantly in the quarter to March missing the target with 85% of calls handled against the target of 95%. However, the March performance achieved the target with **96.9%** of calls handled. For the 21/22 year to date the target was slightly missed with **93%** of calls handled which is an improvement on the previous year where 90% of the calls were handled.

What are we doing about it?
Resource within the team was previously identified as the cause of the drop in performance combined with the high levels of activity however, there is now additional resource within the team and improvements in the performance has been seen in March where the target was achieved.

Digital Workforce Solutions - % of Calls Handled

ALL WALES KPIs		30/06/2021 Digital Workforce	30/09/2021	31/12/2021	31/03/2022	Trend
DWS % Calls Handled	95%	67.30%	66.40%	91.00%	64.70%	

What is happening?

Performance has decreased significantly in March missing the target with 65% of calls handled against the target of 95%. For the 21/22 year to date the target was missed with 74% of calls handled which is an improvement on the previous year where 57% of the calls were handled.

What are we doing about it?

Resource within the team was identified as the cause of the drop in performance due to staff returning from sickness alongside staff using annual leave before the end of the financial year. The performance should be seen to improve once staff return.

Appendix 1 – BCU Performance for the rolling twelve-month period to 31st March 2022

BCU High Level - KPIs Mar 2022	Target	30/06/2021	30/09/2021	31/12/2021	31/03/2022	Trend
Financial Information						
Direct Savings Notified - YTD	£90k	£90k	£240k	£240k	£240k	
Professional Influence Savings - YTD		£2.9m	£6.01m	£11.031 m	£14.088m	
Employment Services						
Payroll services						
Payroll accuracy rate prior to Supp	99.0%	99.59%	99.5%	99.4%	99.3%	
Payroll accuracy rate post Supp	99.6%	99.80%	99.8%	99.7%	99.6%	
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days	70.00%	68.3%	41.8%	31.4%	41.5%	
Vacancy creation to unconditional offer	71 days	65.6	86.5	84.1	86.6	
% of vacancies approved within 10 working days	70.00%	91.2%	94.2%	48.7%	98.3%	
Time to Approve Vacancies	10 days	5.3	4.3	11.0	3.8	
% of vacancies shortlisted within 3 working days	70.00%	52.6%	58.2%	48.1%	43.8%	
Time to Shortlist by Managers	3 days	5.7	5.8	8.8	7.3	
% of interview outcomes notified within 3 working days	90.00%	83.4%	76.6%	71.2%	78.5%	
Time to notify Recruitment of Interview Outcome	3 days	1.6	2.2	3.1	2.1	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working days of receipt	98.00%	100%	7.2%	54.0%	77.6%	
Time to Place Adverts	2 days	1.7	3.3	2.4	2.0	
% of applications moved to shortlisting within 2 working days of vacancy closing	99.00%	100%	96.9%	99.6%	97.6%	
Time to Send Applications to Manager	2 days	1.0	1.1	1.0	1.0	
% of conditional offer letters sent within 4 working days	98.00%	99%	14.3%	7.2%	94.9%	
Time to send Conditional Offer Letter	4 days	3.9	5.2	5.6	3.8	
Procurement Services						
Procurement savings - YTD		Target £2.439m Actual £2.314m	Target £3.725m Actual £4.336m	Target £3.986m Actual £4.690m	Target £4.189m Actual £4.949m	
Accounts Payable						
Invoices on Hold > 30 days		3,097	3,986	4,245	3,535	
% Invoices as being in dispute >30 days		41%	41%	47%	50%	
Invoice Turnaround within 4 Days	80%	58.00%	77.8%	65.4%	No Longer Captured	
PSPP Compliance non NHS - YTD	95%	95.4%	95.5%	95.7%	95.4%	
Primary Care Services						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
Internal audit						
Audits reported % of planned audits - YTD		Target 0% Actual 0%	Target 22% Actual 13%	Target 50% Actual 40%	Target 73% Actual 73%	
% of audit outputs in progress		12%	31%	33%	27%	
Report turnaround management response to Draft report - YTD	80%		33%	50%	53%	
Report turnaround draft response-final- YTD	80%		100%	100%	100%	

Appendix 2 – All Wales Performance for the rolling twelve-month period to 31st March 2022

ALL WALES KPIs		30/06/2021	30/09/2021	31/12/2021	31/03/2022	Trend
Recruitment Services						
Calls Answered % Quarterly Average	95%	96%	92%	93%	85%	
Primary Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.68%	99.64%	99.71%	99.68%	
Prescriptions processed (Apr-Dec)	62.14m	n/a	27.54m	48.56m	63.29m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	N/A	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	N/A	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	97%	95%	95%	95%	
Advice response – within 3 days	90%	98%	98%	94%	90%	
Student Awards						
% of NHS Bursary Applications processed within 10 days	100.00%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	91.10%	93%	94%	95%	
CTeS						
P1 incidents raised with the Central Team are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	100%	100%	100%	100%	
Digital Workforce						
DWS % Calls Handled	95%	67.30%	66.40%	91.00%	64.70%	
SMTL						
% of incident reports sent to manufacturer within 50 days of receipt of form	Under Review	100%	100%	88%	100%	
% delivery of audited reports on time (Commercial)	87%	99%	97.9%	100%	100%	
% delivery of audited reports on time (NHS)	87%	Not Applicable	Not Applicable	100%	Not Applicable	

Appendix 3 – Health Org Performance comparison 31st March 2022

KPIs March 2022	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
HEALTH ORG KPIs														
Financial Information														
Direct Savings Notified - YTD	Value for Money		£176k	£197k	£240k	£210k	£212k	£155k	£17k	£39k	£23k	£26k	0	0
Professional Influence Savings- YTD	Value for Money	£110m	£26.428m	£16.252m	£14.088m	£12.519m	£11.043m	£16.137m	£0.363m	£1.406m	£0.900m	£0.826m	£0.00	£0.00
Employment Services														
Payroll services														
Payroll accuracy rate prior to Supp	Excellence	99.0%	99.55%	99.71%	99.26%	99.16%	99.67%	99.66%	99.46%	99.49%	99.83%	99.16%	99.47%	99.62%
Payroll accuracy rate post Supp	Excellence	99.6%	99.77%	99.86%	99.63%	99.58%	99.84%	99.83%	99.73%	99.75%	99.42%	99.58%	99.74%	99.81%
Organisation KPIs Recruitment														
Vacancy creation to unconditional offer	Excellence	71 days	90.1	87.2	86.6	85.4	97.3	65.1	62.5	74.9	86.4	123.0	82.6	57.9
Time to Approve Vacancies	Excellence	10 days	5.0	10.6	3.8	12.7	17.0	9.2	2.8	8.2	11.0	11.6	5.4	1.5
Time to Shortlist by Managers	Excellence	3 days	9.5	5.9	7.3	7.2	8.5	5.0	10.0	15.5	8.0	9.3	7.6	5.0
Time to notify Recruitment of Interview Outcome	Excellence	3 days	2.3	2.5	2.1	2.4	2.4	2.1	2.2	1.2	0.6	1.3	3.9	5.0
NWSSP KPIs Recruitment														
Time to Place Adverts	Excellence	2 days	1.0	1.8	2.0	1.7	2.5	1.7	1.8	1.8	1.8	1.5	2.0	1.9
Time to Send Applications to Manager	Excellence	2 days	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.1	1.0	1.0	1.0	1.0
Time to send Conditional Offer Letter	Excellence	4 days	3.7	3.2	3.8	3.8	3.5	3.8	3.2	3.4	4.0	3.6	3.6	3.2
Calls Answered % Quarterly Average	Customers	95%	84.60%											
Procurement Services														
Procurement savings- YTD	Value for Money		Target £2.692m Actual £2.816m	Target £2.800m Actual £3.340m	Target £4.189m Actual £4.949m	Target £3.788m Actual £3.896m	Target £1.200m Actual £2.255m	Target £3.033m Actual £5.360m	Target £0.010m Actual £0.021m	Target £0.311m Actual £0.331m	Target £0.492m Actual £0.551m	Target £0.273m Actual £0.200m	Target £0.021m Actual £0.000m	Target £0.000m Actual £0.000m
Accounts Payable														
Invoices on Hold > 30 days	Customers		4,673	4,815	3,535	8,519	4,924	1,780	1,144	720	2,253	333	18	20
% Invoices as being In dispute >30 days	Customers		39%	54%	50%	44%	40%	51%	3%	52%	47%	20%	7%	7%
Invoice Turnaround within 4 Days	Excellence	80%	No Longer Captured											
Accounts Payable Call Handling %	Customers	95%	93.1%											
PSPP Compliance non NHS- YTD	Excellence	95%	94.2%	95.0%	95.4%	93.1%	95.2%	95.2%	96.5%	87.5%	95.6%	95.2%	96.8%	97.1%
Internal audit														
Audits reported % of planned audits - YTD	Excellence		Target 73% Actual 73%	Target 68% Actual 64%	Target 73% Actual 73%	Target 85% Actual 69%	Target 74% Actual 59%	Target 88% Actual 82%	Target 75% Actual 75%	Target 88% Actual 69%	Target 77% Actual 77%	Target 74% Actual 74%	Target 80% Actual 70%	Target 91% Actual 91%
% of audit outputs in progress	Excellence		27%	36%	27%	31%	27%	18%	25%	25%	23%	26%	10%	9%
Report turnaround (15 days) management response to Draft report - YTD	Excellence	80%	64%	83%	53%	64%	50%	100%	88%	50%	50%	69%	67%	88%
Report turnaround (10 days) draft response-final- YTD	Excellence	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%	100%
Primary Care Services														
Primary Care payments made accurately and to timescale	Excellence	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Customers	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	Customers	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Customers	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

Report title:	Capital Programme Report - Months 1 and 2		
Report to:	Performance, Finance and Information Governance Committee		
Date of Meeting:	Thursday, 30 June 2022	Agenda Item number:	PF22/77
Executive Summary:	The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).		
Recommendations:	The Committee is asked to receive and scrutinise this report.		
Executive Lead:	Sue Hill, Executive Director of Finance		
Report Author:	Neil Bradshaw – Assistant Director – Capital		

Purpose of report:	For Noting ☐	For Decision ☐	For Assurance ☒

Assurance level:	Significant ☐ High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence/evidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence/evidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Programme is currently on track to meet our CRL and deliver the approved projects

Link to Strategic Objective(s):	The capital programme is in accordance with the Integrated Medium Term Plan (IMTP).
Regulatory and legal implications	The planned projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	The programme is currently over-committed to allow for slippage. There is a risk that full implementation of the agreed projects and discretionary programme may result in the Health Board exceeding its CRL. The

	programme is monitored monthly to ensure that financial commitments align to available funding.
Financial implications as a result of implementing the recommendations	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.
Workforce implications as a result of implementing the recommendations	
Feedback, response, and follow up summary following consultation	The paper was supported, as presented, by the Capital Investment Group
Links to BAF risks: (or links to the Corporate Risk Register)	
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: Implementation of recommendations	
List of Appendices: None	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Performance Finance and Information Governance Committee

30th June 2022

Capital Programme Report Month 1 and 2

1. Introduction/Background

The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).

2. Approved funding

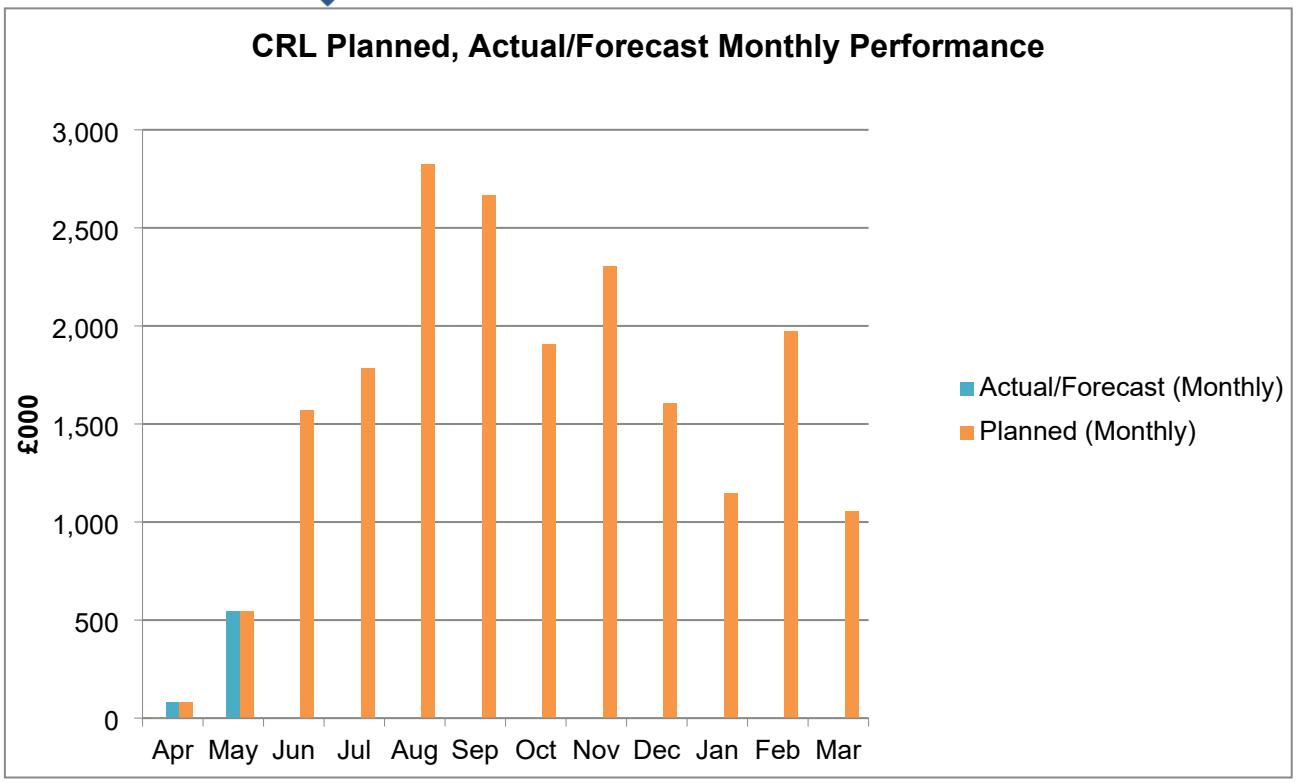
The agreed capital funding from all sources may be summarised as follows:

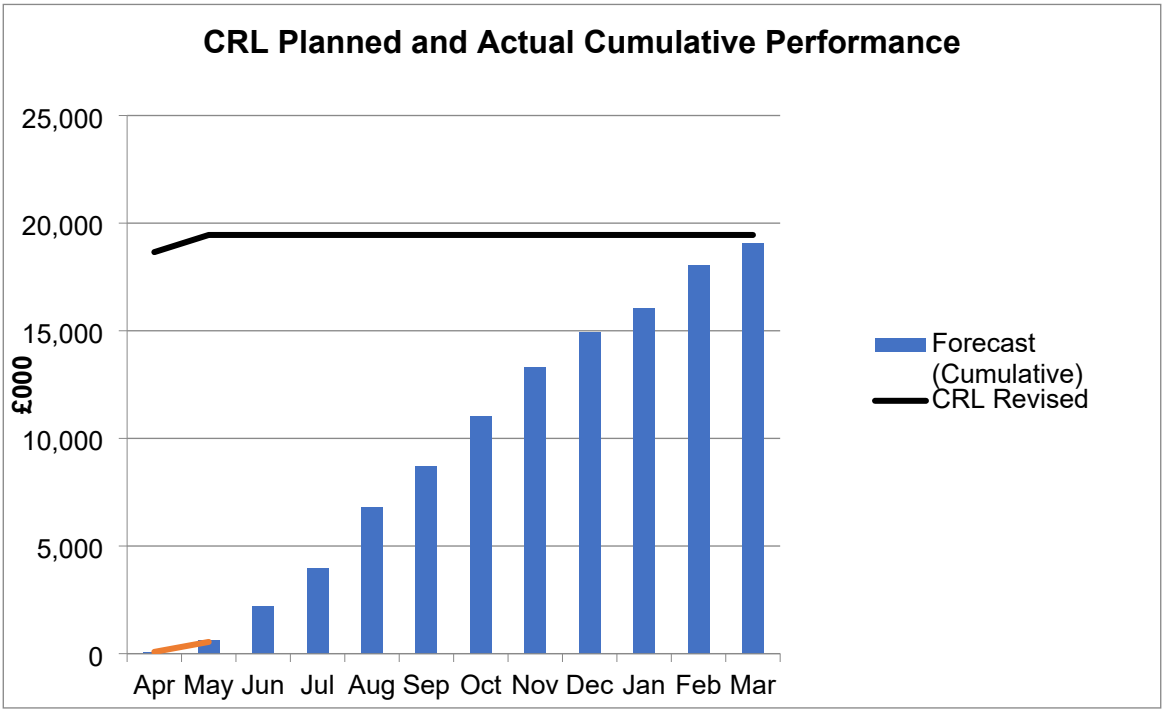
Capital Programme	**£ '000**
All Wales Capital Programme	7.680
Discretionary Capital	10.971
Total Welsh Government CRL	**18.851**
Capital Receipts	
Donated Funding	0.800
TOTAL	**19.451**

The increase in month is due to Welsh Government confirming funding for the fees to progress the Nuclear Medicines Reconfiguration business case.

3. Expenditure Planned/Actual

The graphs shown below set out the planned expenditure profile for the year and the actual expenditure to date to year end.


CRL Planned, Actual/Forecast Monthly Performance
£000
3,000
2,500
2,000
1,500
1,000
500
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Actual/Forecast (Monthly)
Planned (Monthly)


CRL Planned and Actual Cumulative Performance
£000
25,000
20,000
15,000
10,000
5,000
0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Forecast (Cumulative)
CRL Revised

4. Major Capital Schemes (>£1m)

Having provided further information we are awaiting responses from Welsh Government (WG) with respect to the Royal Alexandra Hospital Redevelopment (£71m) and the Adult and Older Persons Mental Health Unit (£67m). We have also received the formal scrutiny response for the Strategic Outline Case for the proposed Conwy/Llandudno Junction Primary Care development (£17m) submitted last November.

Ysbyty Gwynedd Infrastructure Compliance (£250m)

Consideration is being given to the potential "do minimum" option in order to make the project affordable within the current capital funding environment. This is a complex question as the programme is seeking to address a number of risks and is not limited to fire compliance.

Medical and Clinical Sciences School (circa £25m)

The Health Board is developing the potential capital required in support of the proposed medical school. By 2029 it is expected that the school will accommodate circa 670 students and BCU will be providing learning across acute, community and primary care. The current model envisages learning at each of the three DGHs supported by 10 community hubs and up to 70 primary care locations. In conjunction with Bangor University we have appointed architects to develop the initial model and provide the "concept" design. This includes assessing our current facilities and utilisation to determine the required capacity and adaptations/extension.

5. Discretionary Capital

Following finalisation of the out turn position at the end of 2021/22 the value of carried forward commitment has been confirmed as follows:

	£(m)
YG - Refurbishment of Oral Surgery and Maxillo-Facial Outpatient Department	0.151
YWM - Conversion of Post mortem Room to permanent deceased storage	0.104
YWM - Upgrade bathrooms on Maternity Unit to meet IPC requirement (year 1)	0.069
YWM - Phlebotomy (New Portacabin) Minor Works for Andrology	0.024
YGC Colposcopy Suite	0.201
Heddfan - Phase 3 upgrade Windows	0.158
Plas Yn Rhos	0.063
Ambulance Escalation Bay YGC	0.041
EFAB - Ty Llewellyn & Hergest	0.275
Sub total	**1.086**
Provision within programme	(0.468)
Total	**0.618**

Development of the programme to date has also identified a number of cost pressures and savings as follows:

Scheme	£(m)	Comment
YWM - Critical Care	0.500	Additional costs incurred in amendments to emergency lighting and ventilation installations and increase cost and delay of uninterrupted power supply equipment (batteries and GRP enclosures)
YWM - Upgrade bathrooms on Maternity Unit to meet IPC requirement	0.141	Additional works identified by Infection Prevention
Bryn Beryl Dental	0.332	Tenders above budget reflective of current market volatility
Savings across programme	(0.262)	Following completion of determination of scope of works savings have been identified across a number of schemes
Total	**0.379**	

Following discussions at the Capital Investment Group it was noted that there was unlikely to be significant capital required in 2022/23 for the role out of Pre-habilitation. The focus this year will be establishing the service in East and feasibility for Centre and West. The programme currently includes £1m for the role out to Centre and West, this provision will therefore offset the cost pressures identified above.

Report title:	Procurement of Construction Consultant Framework		
Report to:	Performance, Finance and Information Governance Committee		
Date of Meeting:	Thursday, 30 June 2022	Agenda Item number:	PF22/78
Executive Summary:	Construction frameworks for both contractors and consultants have been identified as delivering enhanced performance in terms of cost, quality and time. These longer term relationships enable clients to undertake projects with a higher degree of cost certainty. The experience of the Health Board has shown the benefits of the contractual arrangements; over the past 8 years the consultant call-off contracts have completed a range of projects to high standards and on budget while achieving challenging timescales and have therefore assisted the Health Board in managing within the Capital Resource Limit. The Health Board first established the framework in 2013 to deliver Capital Estates Projects, which is due to expire in April 2023. This paper outlines the proposed procurement process for the next generation framework.		
Recommendations:	The Board supports the adoption of a Construction Consultant Framework for the delivery of Estate Projects.		
Executive Lead:	Sue Hill, Executive Director of Finance		
Report Author:	Neil Bradshaw – Assistant Director – Capital		

Purpose of report:	For Noting ☐	For Decision ☒	For Assurance ☒

Assurance level:	Significant ☒	Acceptable ☐	Partial ☐	No Assurance ☐
	High level of confidence/evidence in delivery of existing mechanisms / objectives	General confidence/evidence in delivery of existing mechanisms / objectives	Some confidence/evidence in delivery of existing mechanisms / objectives	No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Frameworks have proven benefits with respect to quality cost and time. The procurement will be in accordance with the Health Board's Standing Orders and Standing Financial Instructions and is supported by procurement and legal services.	
Link to Strategic Objective(s):	The framework will support the delivery of the capital programme that is in accordance with the Integrated Medium Term Plan (IMTP).

Regulatory and legal implications	The planned projects and discretionary programme assist the Health Board in complying with statutory and mandatory requirements.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	
Financial implications as a result of implementing the recommendations	The cost of the framework members' fees will be included within the approved budget of the individual projects, as the agreed capital programme.
Workforce implications as a result of implementing the recommendations	
Feedback, response, and follow up summary following consultation	
Links to BAF risks: (or links to the Corporate Risk Register)	
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: Implementation of recommendations	
List of Appendices: None	

Performance Finance and Information Governance Committee

Procurement of Construction Consultant Framework

30th June 2022

1. Introduction/Background

Construction call-off frameworks for consultants have been identified as delivering enhanced performance in terms of cost, quality and time. These longer term relationships enable clients to undertake projects with a higher degree of cost certainty.

The UK Government has identified the use of frameworks as one of the ways in which public sector bodies can deliver the efficiency savings that are demanded by the reduction in public sector funding. Constructing Excellence Wales (a body founded by the Welsh Government) has identified evidence that collaborative working generates greater value, continuity of work and is delivering. It advises against a return to lowest price tendering which fails to deliver on price and quality. Frameworks with key performance indicators put quality first and benefit both clients and contractors. They produce greater cost certainty than traditional tendering and greater cost transparency, which in turn helps the capital planning process.

For the Board, call-off frameworks have been proven to deliver significant benefits including:

- Build on relationships between the Health Board, Consultants and Contractors
- Improve quality of the finished project
- Reduce time taken from inception to completion
- Identify cost savings through “smarter” working and lessons learnt
- Greater cost certainty for the Health Board improving the capital planning process
- Emphasis on continuous improvement

Call-off framework will be required to cover the functions of Design Team, Cost Advisor and CDM (Construction and Design Management regulations 2020) Advisor.

2. Procurement

The Health Board aims to appoint suitable consultants to provide support for construction projects with a contract value of less than £4,000,000. The framework will be split into three disciplines as described below:

1. *Design Team to provide Architectural, Mechanical, Electrical, Structural, Principal Designer and Civil Engineering Design to facilitate construction projects for the Health Board. The Design Team would also include support for BREEAM, ecology and any other specialist services required under the design remit.*

2. *Cost Advisor to provide specialist financial support for projects from feasibility to completion*.

3. *CDM advisor to support the Health Board in discharging it’s duties in accordance with the regulations*.

The framework should ensure better value for money, deliver better value for the users in terms of functionality and support the Health Board in meeting its Capital Resource Limit. It will also enable the Health Board to ensure a consistency in their appointments and thereby build partnerships with the successful bidders.

The framework will sit beneath the Design for Life Framework already established and mandated for use by the NHS in Wales.

The procurement will be undertaken by NWSSP Procurement Services supported by NWSSP-Risk and Legal Services.

In order to address the range of projects undertaken by the Board, and to optimise the balance of strategic co-ordination and local implementation, consideration should be given to establishing the following call-off contracts within the framework:

- North Wales Design Team Consultant
- North Wales CDM Advisor
- North Wales Cost Advisor Consultant

In selecting appropriate organisations criteria should be based on the “added value” elements that longer term relationships can offer. It is proposed to use the same criteria for each discipline:

<u>Organisation</u>
Structure
Experience
Personnel and facilities
Location
Financial security
Health and safety – understanding of the issues

<u>Experience of Health Projects</u>
Outcomes of previous NHS commissions
Experience of NHS frameworks / similar projects
Ability to respond quickly to the Health Board’s requests
Ability to deliver to the Health Board’s timescales
Experience of working in NHS operational environments
Experience of working in North Wales and with Welsh Government and shared services
Experience of working with NHS procedures, HTM / HBN, BJCs, etc
Health and safety – management and on site approach to addressing the issues

<u>Approach to the Appointment</u>
Organisation
Overall concept approach
Understanding patient needs and expectations
Understanding service delivery and developments
Understanding Health Board requirements.
Communication
Experience of longer term relationships
Buildability and design
Zero carbon and sustainability
Approach to conflict resolutions
Support to local economy

The contract values will exceed the statutory threshold and a national tendering process will be undertaken using the Restricted Procedure. The Contract Notice will be advertised on www.sell2wales.gov.uk with the tender documents being simultaneously published on Bravo (E-Tender Wales).

The contracts will be for an initial term of 3 years with the option to extend for a further year.

Supplier Selection

Using the Restricted Procedure a Pre-Qualification Questionnaire (PQQ) will be issued to all interested bidders to complete. Following the completion of the PQQ a financial check will be undertaken to eliminate any bidders with a higher than average risk of business failure. Bidders will be scored on their ability to perform the requirements of the contract as well as their financial capacity and references will be collected to shortlist a maximum of 5 bidders, with the highest overall scores to submit a response to the Invitation to Tender (ITT).

Award Criteria

In accordance with the Health Board's Standing Financial Instructions, this tender will be awarded on the basis of most economically advantageous tender. In order to meet this mandate the award criteria for this tender will be 60% based on quality and 40% cost.

Evaluation of the bids will be undertaken by a panel comprising the Head of Capital together with senior Capital and Estates staff and supported by Procurement Services.

Timeline

The existing framework is due to expire in April 2023. The intention is to have the new framework in place to support next year's capital programme as follows:

Tender documentation including overview and scrutiny by legal services	Jun-Sep 22
Issue Pre-Qualification Questionnaire	Oct 22
Shortlist	Oct 22
Issue Invitation to Tender	Nov 22
Interviews	Jan 23
Approval by PFIG and Board	Feb-Mar 23
Framework commence	Apr 23

Cyfarfod a dyddiad: Meeting and date:	Performance, Finance & Information Governance Committee 30 June 2022
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Quality & Performance Report to 31.05.2022
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill Executive Director of Finance
Awdur yr Adroddiad Report Author:	Mr David Vaughan Head of Performance Assurance
Craffu blaenorol: Prior Scrutiny:	The data and information provided in this report has been scrutinised and signed off by the Executive Director of Finance.
Atodiadau Appendices:	None

Argymhelliad / Recommendation:

Members of Performance, Finance & Information Governance Committee are 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**	☑	**Ar gyfer sicrwydd For Assurance**	☑	**Er gwybodaeth For Information**	☑

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

Sefyllfa / Situation:

This report includes indicators from the NHS Wales Delivery Framework 2021-22. The Executive Summary is included within the Report.

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 2021-22 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 2021-22.

Opsiynau a ystyriwyd / Options considered

Not Applicable

Goblygiadau Ariannol / Financial Implications The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on the financial recovery plan of the Board.
Dadansoddiad Risk / Risk Analysis The pandemic has produced a number of risks to the delivery of care across the healthcare system.
Cyfreithiol a Chydymffurfiaeth / Legal and Compliance This report will be available to the public once published for Performance, Finance & Information Governance Committee
Asesiad Effaith / Impact Assessment The Report has not been Equality Impact Assessed

Quality and Performance Report

Performance, Finance & Information Governance Committee

Position at 31st May 2022
Presented on 30th June 2022

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwalar University Health Board

Table of Contents

About this Report

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

Report Structure

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

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

This report contains data showing the impact of the pandemic on referrals, planned care activity and waiting lists.

Performance Monitoring

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

- Performance has improved over the last 6 months
- Performance has got worse over the last 6 months
- Performance remains the same

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

Ongoing development of the Report

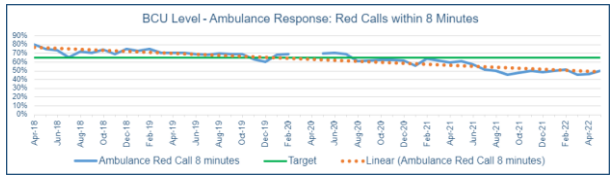
This report now contains an Overall Summary Dashboard (Page 4) where the reader can view the performance of all key measures on one page, together with timeline/ trend of performance over the last 3 years.

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

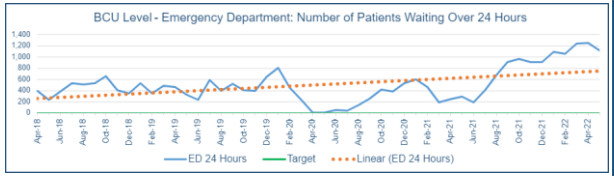
Overall Summary Dashboard

Unscheduled Care Measures

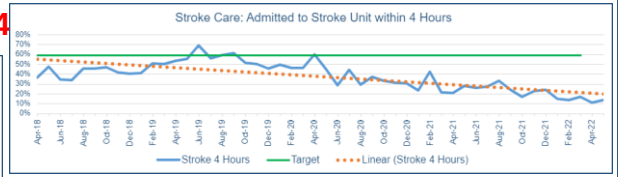
Ambulance Red Calls 8 Minutes: 49.7%



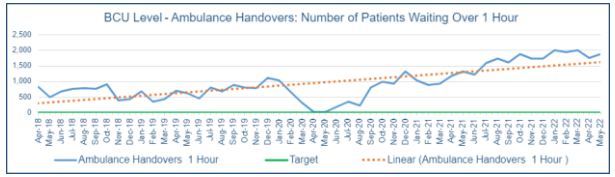
ED 24 Hours: 1,117



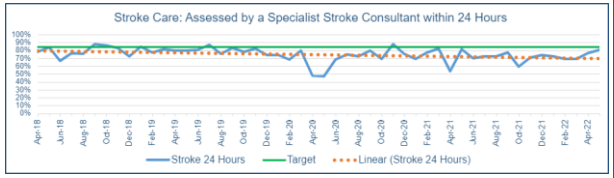
Stroke Admission 4 Hours: 13.60%



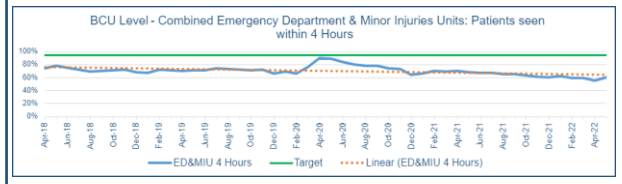
Ambulance Handovers Over 1 Hour: 1,884



Stroke Consultant 24 Hours: 80.80%

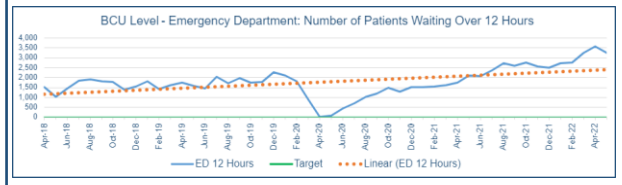


Combined ED&MIU 4 Hours: 59.54%

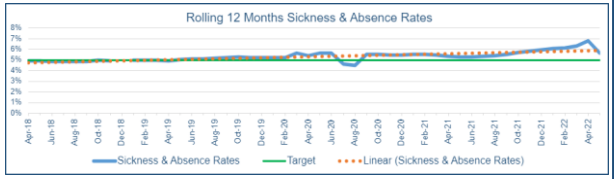


Sickness Absence

ED 12 Hours: 3,256

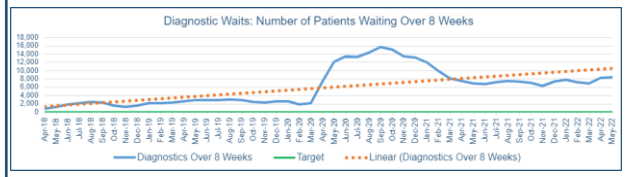


Sickness Absence Rate: 5.66%

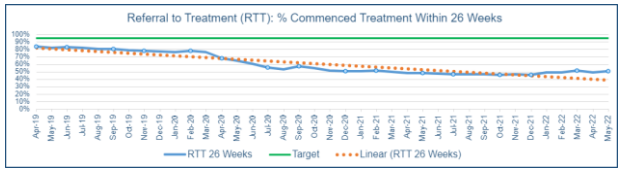


Planned Care Measures

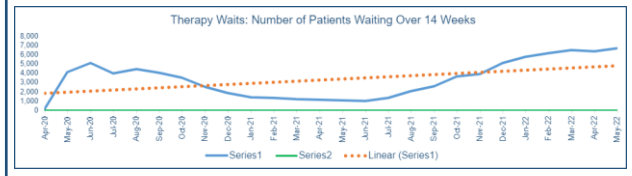
Diagnostic Waits 8 Weeks: 8,399



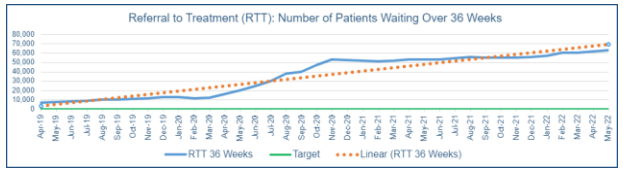
RTT within 26 Weeks 50.82%



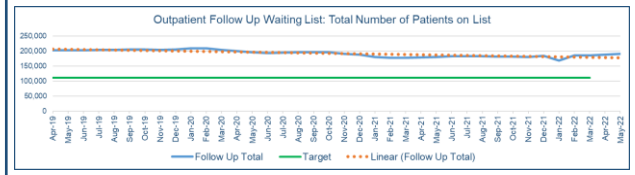
Therapy Waits 14 Weeks: 6,682



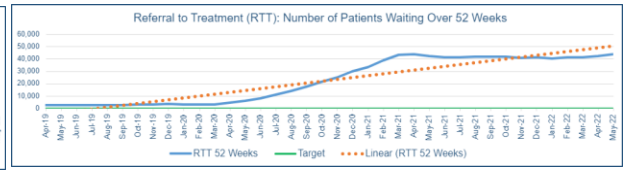
RTT Over 36 Weeks: 62,866



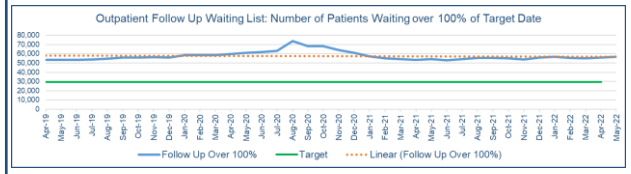
Total Follow Up Backlog: 191,532



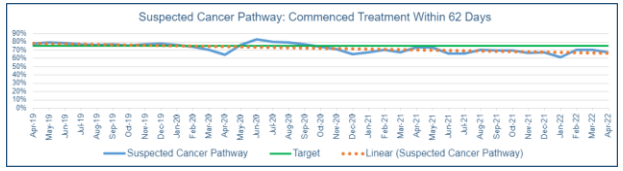
RTT Over 52 Weeks: 43,481



Follow Up Over 100%: 56,714



Suspected Cancer Pathway: 67.2% (Apr)



Executive Summary

The Committee is asked to note the following:

Quadruple Aim 2: Unscheduled Care

For May 2022, pressures on the unscheduled care system remains however performance for patients being seen within 4 hours improved to 59.54% (against a target of 95%) compared to 54.93% in April and 58.53% in March. After continuous increases over the last 6 months,. The number of patients waiting over 12 Hours in our Emergency Departments has fallen to 3,256 (compared to 3,584 in April). The number of patients waiting over 24 hours also fell to 1,117 compared to 1,251 in April. The number of patients experiencing ambulance handover delays of an hour or more rose at 1,884 compared to 1,749 in April.

Quadruple Aim 2: Stroke Care

Performance against the stroke care measure continues to be poor at 13.6% of patients admitted to a Stroke Assessment Unit within 4 Hours (against a target of 59%). However, the rate of patients reviewed by a Stroke Consultant within 24 hours rose to 80% compared to 76.6% in April.

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.
At the end of May 2022, the number of people waiting over 36 weeks increased to 62,866. The number of patients waiting over 52 weeks also rose to 43,481.

The number of patients waiting over 8 weeks for diagnostic tests rose to 8,399 at the end of May 2022. Endoscopy, Cardiology and Radiology remain the 3 specialties with the highest number of people waiting over 8 weeks.

The number of patients waiting over 14 weeks for therapy has continued to increase with 6,682 patients waiting over 14 weeks at the end of May 2022.

Whilst performance against the Suspected Cancer pathway target of 75% of patients starting treatment within 62 days of suspicion fell to 67.2% for April 2022. However, BCU remains one of the best performing Health Boards in Wales in terms of the Suspected Cancer Pathway.

At 191,532 at the end of May 2022, the total number of patients waiting for a ‘Follow Up’ increased for the second month in a row. The number of those patients that are more than 100% overdue their follow-up date also rose at 56,714.

Performance against the eye care measure has continued to improve at 50% at the end of May 2022.
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Quadruple Aim 3: Workforce

The increasing trend for staff sickness rate over the last 8 months has ended and sickness rates fell to 5.66% (compared to 6.82% in April)

Quadruple Aim 3: GP Practice Sickness Rates

PADR rates have fallen 65.25% completed at the end of May 2022.
After achieving the target rate at 85.01% in April, Mandatory Training rates dropped slightly in May to 84.74%.

Quadruple Aim 4: Agency /Locum Spend

At the end of May 2022, the combined Agency and Locum cost was at 6.8%, up from the 6.1% in April.

COVID-19

COVID-19 Measures

Measure	at 20th June 2022
Total number COVID-19 Vaccinations given BCU HB	**1,655,654**
Total Number who have received 3rd Booster dose of vaccine	**456,143**
Total number of completed tests for COVID-19 (last 7 days, between 13th-19th June 2022)	**2,090**
% Tests turned around within 24 Hours (last 7 days, between 13th-19th June 2022)	**100%**
Average turnaround time (Last 7 days - between 13th and 19th June 2022)	**5 Hours**

Source: BCU IRIS Coronavirus Dashboard, accessed 20th June 2022

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

People will take more responsibility, not only for their own health and well-being but also for their family and for the people they care for, perhaps even for their friends and neighbours. There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lies, 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
May-22	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	1,117	↓
May-22	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.	0	13.6%	↓
May-22	Percentage compliance against the therapy target of an average of 16.1 minutes of Speech and Language Therapist input per stroke patient	50%	51.70%	↑
Mar-22	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for	95%	49.3%	↑
May-22	Percentage of sickness absence rate of staff	12 Mth Reduction	5.7%	↑

Quadruple Aim 2: Unscheduled Care Measures

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%	↓
May-22	Percentage of emergency responses to red calls arriving within (up to and including) **8 minutes**	>= 65%	49.70%	→
May 22	Number of Ambulance Handovers over **1 Hour**	0	1,884	↓
May-22	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%	59.54%	↓
May-22	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	3,256	↓
May-22	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	1,117	↓

Period	Measure	Target	Actual	Trend
May-22	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%	13.60%	↓
May-22	Percentage of patients who are assessed by a stroke specialist consultant physician within **24 hours** of the patient's clock start time	>= 85%	80.80%	↑
May-22	Percentage compliance against the therapy target of an average of **16.1 minutes** of Speech and Language Therapist input per stroke patient	>= 64%	51.70%	↑
Q3 21/22	Percentage of stroke patients who receive a **6 month** follow up assessment*	TBA	33.50%	↓
Feb 22	Percentage of survival within 30 days of emergency admission for a hip fracture**	>= 80%	82.30%	↓

**Stroke 6 month follow up Time is reported 6 months in arrears*
***Hip fracture survival reported 3 months in arrears*
****Issues with data on OoH/111 data means no update since June 2021*

Quadruple Aim 2: Emergency Departments

What are the key issues/ drivers for why performance is where it is?
Exit block – departments at 100% most of the time, ambulances queuing
Staffing – increased usage of agency staff
Ambulance handover time and delays remain at record high

Adverse events: delayed treatment of patient with chest-pain in waiting area, HIW report on failure to monitor patients with significant pathology in waiting room

What actions are being taken to improve performance and by who?
Focus on improved flow through board rounds
YGC – HMT using data from STREAM to work on delays
STREAM is now rolling out across the 3 sites & is supported by a user-group
SDEC activity increasing with protection against bedding it down

When performance is going to improve by and by how much
Hospital length of stay (mean) should reduce by half a day within 6-12 month of implementation.
Same day discharges will increase by 10% of unscheduled care admissions within 12 months.

What are the risks to this timeline?
Implementation of enabling technology
Focus of hospital management teams on interventions (too many distractors)

What are the mitigations in place for those risks?
Regular reporting
Monthly check-and-challenge meetings with new area teams once in place

Quadruple Aim 2: Minor Injury Units

What are the key issues/ drivers for why performance is where it is?
Staffing
Collaboration with other providers

What actions are being taken to improve performance and by who?
Capacity & capability planning – Data team & Kendall Bluck
Redesign of community pathways with Urgent Primary Care Centres
Implementation of e-triage to consider after implementation of Urgent Primary Care Centres

When performance is going to improve by and by how much
Activity in Minor Injury Units has already increased to nearly pre-pandemic levels.
Patients presenting with minor injuries to Emergency Departments by 10% within 12 months.

What are the risks to this timeline?
Failure to complete capacity & capability planning
Failure to recruit if extra staff if needed
Failure to improve 'Right patient, right place, first time' through sign-posting and collaboration.

What are the mitigations in place for those risks?
Basic analysis by in-house data team based on existing dashboards and data from Symphony on patient presenting with minor injuries from post-codes close to MIUs.

Quadruple Aim 2: Discharge to Recover then Assess

What are the key issues/ drivers for why performance is where it is?
Pathway 1 – Front door assessment: Inconsistencies in implementation of D2RA teams in ED/AMU and acute frailty units
Pathway 2 – Why not home, why no today: High number of long-stay inpatients due to lack of patient centred board rounds
Pathway 3 – Intermediate care: High number of long-stay inpatients due to lack of patient centred board rounds
Pathway 4 – Care homes: High number of admissions of patients in the latter stages of their life, SICAT offer not quantifiable

What actions are being taken to improve performance and by who?
Pathway 1 – T&F group on frailty pathways, recruitment in Bangor, work on multi-professional model – UEA programme
Pathway 2 – IAWN tool role-out – HMT led – but poor clinical buy-in
Pathway 3 – T&F group to redesign of referral – UEC programme
Pathway 4 – Review of care model with stake-holders – UEC programme

When performance is going to improve by and by how much
Pathway 1 – Reduction of frail elderly patient who require hospital stay by 10% over 6 months
Pathway 2 – Reduced length of stay by 0.5 days over 6 months
Pathway 3 – Reduced length of stay by 1 day over 6 months
Pathway 4 – Reduced number of admissions by 30% over 18 months

What are the risks to this timeline?
Pathway 1 – Lack of space and staff
Pathway 2 – Lack of buy-in by senior teams
Pathway 3 – Failure to redesign referral systems & lack of clinical buy-in
Pathway 4 – Failure to design and invest into dedicated support

What are the mitigations in place for those risks?
Pathway 1 – No mitigation
Pathway 2 – No mitigation
Pathway 3 – Role out of STREAM at a later stage
Pathway 4 – Communication campaign around use of 111 and SICAT

Quadruple Aim 2: Unscheduled & Emergency Care Programme

Items for discussion

Future lines of responsibility vs lines of reporting

- Reporting by area teams ?
- Supporting of implementation and metrics by UEC transformation team ?

Quadruple Aim 2: Stroke Services

What are the key issues/ drivers for why performance is where it is?

The business case was approved by Performance, Finance & Information Governance (PFIG) Committee in March 2021 and articulated benefits as follows:

- ensures detection and management of Atrial Fibrillation enabling prevention of 78 strokes Year 2, enables 37% earlier discharges of current Strokes (515 in 2019/20), enables 12% reduced bed days (2,575 in 2019/20), enables reduced Length of Stay (LOS) of 5 days per site, ensures that eligible patients offered thrombolysis 24/7 achieved within the first six months of additional Specialist nurses and SSNAP clerks in post, to support achievement of:
    - 40% improvement in door to needle times
    - 25% improvement in 1 hour Computed Tomography (CT) scanning
- improved compliance with Welsh Government (WG) targets and Sentinel Stroke National Audit Programme (SSNAP) level improvement to consistent B Level across all sites
- Delay in triage at front door due to pressures, Delays with CT requests, Swallowing assessment within 4 hrs not being undertaken, Delay in out of hours review by medics
- Lack of available Stroke Assessment Bed due to: Site pressures, Inability to discharge due to lack of peripheral hospital beds and lack of care package support in the community, Stroke Specialist Nurse vacancies

What actions are being taken to improve performance and by who?

These performance improvements are dependent on the full implementation of Phase 1 of the Stroke Service Improvement Programme:

- Early Supported Discharge (ESD) service in Quarter 4 of 2021/22
- Inpatient Rehabilitation at 3 community sites, Eryri, West, end March 2022, East and Central sites by September 2022 (paper drafted for February Executive Management Group (EMG) to confirm sites) waiting CHC sign off
- Roll out of improved Atrial Fibrillation (AF) management and detection, speedily initiated anticoagulation and robust monitoring
- Improved Acute service response through additional Specialist Stroke Nurse roles
- Further improvements in performance will be enabled through the Hyper Acute pathway, currently in development for Phase 2 implementation.
- Delivering the straight to test CT across the 3 sites and a meeting with WAST is arranged 14.6.22.
- Ring-fencing of acute stroke beds by Lead Clinical Site Managers on all 3 sites to achieve 4 hour time to ASU target, in addition part of the daily system lead tasks.
- Monthly breach analysis reports continue to be shared with the MDT, with review of actions at the monthly locality Stroke Improvement Group reporting to the performance meeting chaired by ID and the Steering Group chaired by ID

When performance is going to improve by and by how much

- Improved accountability meetings across each site will see delivery of site improvement plans
- Ring fenced protected beds will ensure improvements happen at pace
- Work on Swallow assessments in ED are being completed by site ED Teams with further training rolled out
- Performance improvements are expected to start by middle of 2022/23 and tracking is being put in place. In line with Integrated Medium Term Plan (IMTP), a review of financial commitments and performance will be undertaken mid-year and appropriate adjustments made. The full performance improvement would be 2023/24.

What are the mitigations in place for those risks?

- Performance improvement in SSNAP scores is expected to start in April the ESD service will be building up across the 3 Areas, enabling a managed return home and rehab support at home for people following Stroke, and the West Rehabilitation unit will be live. East and Central Rehabilitation units will be ready by end Quarter 2 and the full ESD team and acute nursing team will be in place by end Quarter 1.
- Weekly analysis and actions from data
- Right Patient right bed first time dashboard at YGC as part of SMART boards
- Job planning as part of reconfiguration

Quadruple Aim 2: Planned Care Measures

Period	Measure	Target	Actual	Trend
Apr-22	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	75%	67.20%	↓
May-22	Number of patients waiting more than 8 weeks for a specified diagnostic	0	8,399	↓
May-22	Number of patients waiting more than 14 weeks for a specified therapy	0	6,682	↓
Mar-22	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	>= 95%	49.30%	↑
May-22	Percentage of patients waiting less than 26 weeks for treatment	>= 95%	50.82%	↑
May-22	Number of patients waiting more than 36 weeks for treatment	0	62,866	↓
May-22	Number of patients waiting more than 52 weeks for treatment	0	43,481	↓
May-22	Number of patients waiting for a follow-up outpatient appointment	Reduce	191,532	↓
May-22	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	24038	56,714	↓
Q3 21/22	Percentage of adults regularly accessing NHS primary dental care within 24 months	Improve	41.20%	↑
Q3 21/22	Percentage of children regularly accessing NHS primary dental care within 24 months	Improve	39.80%	↓

Quadruple Aim 2: Referral to Treatment and Risk Stratification

What are the key issues/ drivers for why performance is where it is?
Update on validation of WLs:

- There is a review of the validation team as they are coming to the end of Phase 1. They have reviewed patients within S1 at East and subsequently Central, which is in addition to the internal validation that takes place as Business as Usual. A meeting has taken place with Source (External Validation) to determine productivity, value for money and ensure that this is reflected within agreed KPI metrics. Patients that have been contacted via phone calls have identified potential issues with calls showing as 'spam'. As of 31st May 2022, 8,442 patients have been contacted since the start of the project on 07/03/2022, with 12% removed from waiting lists.
- Next steps are to meet with Source again to determine revised patient cohort. In addition, we will look to determine how we pull the data from WPAS to assess the level of patients contacted, validated and removed from the waiting list by our internal validators to get an accurate overall position.

What actions are being taken to improve performance and by who? When performance is going to improve by and by how much?

- The Original IMTP was submitted, and has been questioned by WG Delivery Unit. Therefore, we are working with the DU to submit a revised and realistic IMTP. Agreement has been gained to submit trajectories against the ministerial priorities from the revised model, this will be at a point in time (31/05/2022). The next step will be to complete the Q1 refresh, which is in line with rest of Wales, but will enable us to take into consideration the Covid de-escalation measures and the directive of delivering 100% of 20/19/20 outturn. This will be submitted by 22/06/2022, with an action plan inclusive of solutions to get us to the 2019/20 outturn, plus the additionality required to reduce the backlog.
- The specialities that will not meet the first ministerial priority of no 52-week breaches at S1 (December 2022) are Urology, Orthopaedics and Orthodontics.
- However, the Specialties predicted to not meet the second ministerial priority of no 104-week breaches at all stages (March 2023) are significantly more and include General Surgery, Urology, Orthopaedics, ENT, OMFS and Gynaecology.
- Solutions are inclusive of the normal BAU options, ie WLIs, Locums etc, but we are also in the process of sourcing additional capacity through Insourcing (tenders close 01/07/2022), and further Outsourcing with our current contracts and further outsourcing opportunities.
- Service Improvement has been assigned to drive and embed initiatives such as SOS/PFIU, alongside other transformational projects that will include a Perioperative Programme.

What are the risks to this timeline?

- Further Covid spikes and/or staff sickness rates could limit capacity
- Non-Clinical staff performing WLIs as BAU due to pay rates

What are the mitigations in place for those risks?

- Risk assessment process complete – due to be considered by ISG on 12/04/2022
- Waiting for agreed pay rates for Non-Clinical staff

Quadruple Aim 2: Cancer

What are the key issues/ drivers for why performance is where it is?

- In April 2022, 223 out of 327 (68.2%) of patients were treated in target. Main reasons for patients not being treated in target were:
  - Complex diagnostic pathways (8%) and patient related reasons eg patient unavailability for next stage of pathway (11%)
  - Delay to endoscopy (5%) and delays to other diagnostics, primarily urology biopsy (17%)
  - Delay to surgery (14%)
  - Delay to first outpatient appointment (6%), primarily skin, and delay to results or treatment planning appointment (10%) – primarily skin and oncology

What actions are being taken to improve performance and by who?

- All services are prioritising suspected cancer patients
- All clinic templates are being reviewed to ensure sufficient capacity to meet 80th percentile (and 95th where possible) weekly demand for suspected cancer patients
- Dermatology teams have increased capacity across the Health Board with Central and East teams providing support to West in order to equalise waiting times
- Endoscopy insourcing continues and capacity has increased with the opening of the 3rd room in East
- New rapid diagnosis clinics for patients with vague but concerning symptoms commenced in March 2022 in Central and East in April 2022 in West
- One stop neck lump clinic to commence June 22nd

When performance is going to improve by and by how much?

- The Health Board aims to achieve the 75% target by end of 2022

What are the risks to this timeline?

- Suspected cancer referrals remain at 120% of pre-COVID levels which is placing pressure on all parts of the cancer pathways
- Cancer recovery funding from Welsh Government ran out at the end of March 2022

What are the mitigations in place for those risks?

- Additional capacity created where possible

- Cancer pathway practitioners recruited in order to review and streamline pathways

Quadruple Aim 2: Cardiology

What are the key issues/ drivers for why performance is where it is?

- Demand on cardiac physiology service remains high with patients waiting over 52 weeks for an echo
- Patients in YGC are waiting over 52 weeks for a first outpatient appointment
- The Heart Failure Nurses have withdrawn inpatient service due to staff shortages
- Two business cases with IMTP

What actions are being taken to improve performance and by who?

- An exercise to equalise echo waiting times across the region is underway with YGC expected to support YG significantly.
- A regional led demand and capacity exercise within cardiac physiology to be commenced Q2
- Heart Failure business case and rhythm monitoring submitted to IMTP
- Heart failure teams working with Matrons and Consultants to mitigate risk where possible.
- Funding agreed for a 12 month fixed term Consultant in YGC who will support the pacing service and outpatients
- Review of PPCI rota to be commissioned to review the impact on planned care.

When performance is going to improve by and by how much

- Individual sites working with planned care and the access group to agree timelines to address various backlogs.
- Efficiency working group re-established with PABC to monitor booking efficiencies, HICs and forecasting capacity.

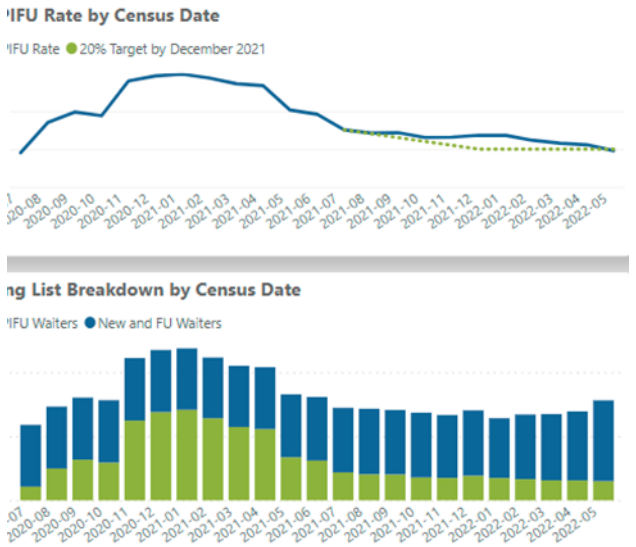
What are the risks to this timeline?

- Support from the informatics team to complete demand and capacity
- Appointment of a locum with the correct expertise
- Diagnostics demand increases

What are the mitigations in place for those risks?

- Plans for regional diagnostic and treatment centres for BCU will include some elements of cardiac diagnostics
- Workforce planning for challenged areas with business case is underdevelopment
- Planned Care recovery plan
- Directorate and North Wales meetings monitor risk and provide support

Cardiology is achieving SOS &PIFU target



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 4048, an increase of 1322 on the end of December 2021 position. The breakdown comprises a small increase in CT (79 breaches) offset by a larger increase in MRI breaches (1313 breaches) and an increase of 247 patients waiting over 8 weeks for an ultrasound scan (2656 breaches). Whilst CT was maintained, demand was the highest ever recorded some 15% higher than May 2021. MRI demand is sustaining at historic high levels, with all existing activity solutions insufficient to keep pace. Additional capacity is being sought urgently but this remains an issue of major concern. Ultrasound picture remains volatile with demand 10% higher than 12 months ago, with activity dependent ton local staffing levels. Essentially demand in being matched with backlog remaining at similar levels.

Neurophysiology:
The number of patients waiting over 8 weeks is 365, an increase of 4 from the end of December 2021 position. There are 321 EMG (consultant-led) breaches and 44 NCS (physiologist-led) breaches. Locum physiologist left the service at end March and a replacement is being sought. New 0.5WTE consultant post commenced in post 01.06.2022 – this will provide the additional required EMG capacity in the medium term, with short term insourcing being sought to cover the summer / autumn holiday period.

What actions are being taken to improve performance and by who?

Project groups for both services, led by 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?

Forecast no 8 week breaches at end March 2023 for neurophysiology. Radiology forecast is to improve on current waits in year (noting demand risks) moving to zero breaches at end 23-24.

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: Diagnostic Waits - Endoscopy

What are the key issues/ drivers for why performance is where it is?
- Historical backlog of patients pre COVID
- Reduced capacity during COVID and until covid guidance relaxed June 2022
- Estate challenges and lack of investment restricting the availability of procedure rooms
- Lack of data and information
- Staffing shortages and recruitment difficulties

What actions are being taken to improve performance and by who?
- 3rd procedure room at Wrexham opened February 2022 with insourcing staffing, 6 days per week
- Extension of insourcing contracts for a further year – Rachel Hayward
- Insourcing on all sites every weekend (32 lists)
- Maximising use of current estates, monitoring productivity and efficiencies – Rachel Hayward/ops leads
- Initial phase 1 recruitment of posts from Business case – Workforce group
- Surveillance Audits underway to validate patients on the waiting lists – Site Endoscopy Clinical Leads
- JAG accreditation underway to refine pathways and processes, YG plans for accreditation – Site op lead
- Recruitment of BSW Nursing support in progress – Project Workforce Subgroup
- Permanent Endoscopy Network Manager recruited
- New Endoscopy Management System procurement in evaluation stage with a view to contract award late 2022

When performance is going to improve by and by how much
- 3rd procedure room in Wrexham will be staffed by BCU staff from 04/07/22 and will gain an additional 2 lists per week
- Recruitment of phase 1 posts should be completed by September 2022

What are the risks to this timeline?
- Unable to recruit

What are the mitigations in place for those risks?
- Business case to support recruitment and estates
- Procurement of endoscopy management system
- Continuation of insourcing

Quadruple Aim 2: Follow Up Outpatient Waiting List

What are the key issues/ drivers for why performance is where it is?

- Waits exceeding 2 years for some outpatient appointments
- Covid-19 backlog

What actions are being taken to improve performance and by who?

- The local lead and team are engaged nationally (SOS & PIFU National Project Group) in the development and scale up of SOS and PIFU pathways, sharing resources and good practice pan-Wales to deliver an equitable experience for patients. WG have delivered a Best Practice Carousel for SOS and PIFU. The local team directly engage with individual Health Boards in Wales for support and resource share.

When performance is going to improve by and by how much

- 20% of all outpatient reviews will have an outcome of SOS or PIFU, by Mar 2023
- All SOS and PIFU pathways in place are standardised pan-BCU, by Mar 2024

What are the risks to this timeline?

- Additional revenue request for Project Manager not granted (WG Outpatient Transformational fund).
- Lack of clinical engagement from specialties to implement.
- Specific conditions for which an SOS or PIFU pathway will not be suitable
- Funding not granted for Project Manager

What are the mitigations in place for those risks?

- Letter sent from Executive Medical Director to all clinicians advising on adoption of SOS/PIFU pathways.
- Specific conditions will be reviewed as part of engagement with each speciality and recorded with a reason for the exception to ensure equitability pan-Wales.

Quadruple Aim 2: Virtual Outpatient Activity

What are the key issues/ drivers for why performance is where it is?

- Waits exceeding 2 years for some new outpatient appointments
- Covid-19 backlog

What actions are being taken to improve performance and by who?

- Implementation of virtual appointments across BCU through identifying pathways in which virtual appointments can be adopted
- Attend National Tech-Cymru Group to understand best practice in key areas for speciality focus.
- Outpatient Transformation Team

When performance is going to improve by and by how much

- Virtual clinics need 50% less time allocated per patient, increasing productivity per clinic session. Excess follow-up capacity can then be reallocated
- Work towards accelerating the embedding of virtual approaches and offer telephone and video appointments so that 35% of new appointments and 50% of follow up appointments are delivered virtually.
- 35% of all new appointments will be undertaken virtually by Mar 2023
- 50% of all follow-up appointments will be undertaken virtually by Mar 2023

What are the risks to this timeline?

- Standardisation of virtual clinic tools (such as Attend Anywhere) – is there enough funding/licenses available for pan BCU roll out?
- If not, can sign off be granted by Information Governance for existing tools (such as MS Teams).

What are the mitigations in place for those risks?

- Standardised SOPs for specialties to ensure accurate recording of virtual appointments.
- Use data to demonstrate to clinical teams the capacity gained by utilising virtual appointments.

Quadruple Aim 2: Eye Care

What are the key issues/for why performance is where it is?

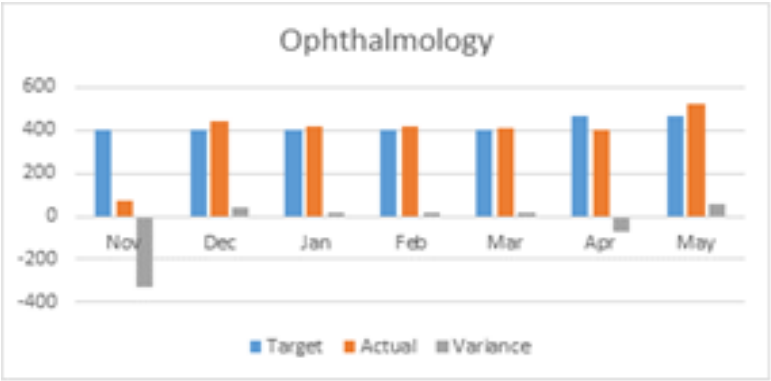
- Capacity loss due to Covid-19 social distancing mitigation (circa -2 patients capacity reduction per clinic versus Pre-Covid-19)
- Historic Data Quality & Completeness are impacting on data quality and effectiveness of planning and delivery.
- Conflicting priorities are impacting on Clinician and Operational Management engagement.
- National Delay in Digital programme delivery, which is a key enabler of Eye Care Measure and sustainable/efficient pathways.
- Cataract Outpatient and theatre utilisation due to estate limitations & capacity.

What actions are being taken to improve performance and by who? (RAG report shared/escalated to DGMs/Senior Stakeholders via ECCG group)

- Get it right first time (GIRFT) Cataract partnership (Autumn 2022 and Regional Treatment Centre delivery for Short/Long Term sustainability improvement)
- Outsourcing & Pan BCU Patient Treatment List for improved sustainability and redress of >36 waits backlog (On Track)
- Data Quality/Redress action plan (all sites) for clinical condition.(East & Central Outstanding)
- ECM Pathway “Continuous Improvement” Networks with linked KPI Action Trackers. (West Achieved. East & Central Outstanding).
- Transformational Integrated Primary/Secondary Care pathways are 30% below delivery (Primary Care unplanned leave/Covid19 impacts)
- Nurse-Led Intravitreal (IVT) Pathways (Partial IVT recruitment & delivery achievement)

When performance is going to improve by and by how much?

- Cataract: PTL in place for ongoing site management.
- Action Plans being reset by sites following IMTP refresh.
- Outsource 400 Cataracts/month: Trajectory On Track. (see chart)
- GIRFT partnership with BCU (Actions/Outcomes to follow)
- 300 additional IVT Injections by Autumn 2022



What are the risks to this timeline

- Clinical/Operational/Informatics conflicting priorities, leadership and capacity gaps
- Delivery impacted by inconsistent of quorate Local Eye Groups: key enablers of Communication Engagement/Action setting & monitoring.
- Delayed data quality improvements
- **What are the mitigations in place for those risks?**
- Senior Leadership/Management focusing on priorities.
- DGM Monthly Exception reporting against KPI/KQIs
- Monthly KPI/KQI Highlight RAG Report to ECCG members.

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
May-22	Personal Appraisal and Development Review (PADR)	>= 85%	65.25%	↓
May-22	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	>= 85%	84.74%	↑
May-22	Percentage of sickness absence rate of staff	< 5%	5.66%	↑
2020	Staff Engagement Score*		73.00%	↓
2020	Percentage of staff who would be happy with care by their organisation if friend/ relative needed treatment*		59.70%	↓

** Published July 2021*

Quadruple Aim 3: Sickness & Absence

What are the key issues/ drivers for why performance is where it is?

- Rolling sickness absence performance is at 6.48% an increase of 0.18% (April 22) and the highest level for over 12 months.
- COVID19 related sickness absence has decreased by 0.9% to 0.8% (1.7% in April 22). This reflects a decrease in Covid within the North Wales community.
- Non COVID19 related sickness absence has decreased to 4.9% from 5.1% (April22).
- Stress related absence remains the biggest cause of absence with approximately 50% more days lost than the 2nd largest cause (infectious diseases). The highest levels of sickness absence are in Additional Clinical services , Estate and Ancillary and Nursing and Midwifery. Estates and Ancillary sickness rates are the highest across the organisation at 8.55% a reduction of 0.87% on April 22. Additional Clinical services have decreased to 7.75% from 8.63% in April 22. Nursing levels have decreased to 6.06% from 7.16% in April 22.

What actions are being taken to improve performance and by who?

- Sending out Health Matters newsletters to staff who are off with work due to stress
- A focus on long term sickness
- Meetings between Well-being, HR and Occupational Health colleagues to look at hotspot areas and support options.
- Refresher training for managers on the Managing attendance at work policy
- Monthly MDT Case management meetings are taking place to provide support for staff with more complex needs and include staff, managers, occ health, H&S and well-being colleagues as needed.
- Promote the Staff wellbeing and support services including counselling and psychological therapies

When performance is going to improve by and by how much

- Covid restrictions now removed, community cases declining, so should see an improvement in Covid sickness cases over the summer months

What are the risks to this timeline?

- All Wales decision to extend Covid sickness pay until end June 2022 or for a period of 12 months for more recent diagnoses of long Covid
- Potential for an increase in Covid infection rates within the community as restrictions are relaxed.
- Further increase in stress related absence, particularly given recent the media and social media coverage of BCU

What are the mitigations in place for those risks?

- Increased communications to further promote access to the Wellbeing Services available for staff
- Focus on early intervention support
- Support in helping managers to have conversations with staff around wellbeing (from OH/HR)
- Use of Health Working Relationships training and implementation of facilitated discussions

Quadruple Aim 3: PADR

What are the key issues/ drivers for why performance is where it is?

- PADR compliance for May is 65.3%, a decrease from 66.7% for March 2022.

What actions are being taken to improve performance and by who?

With Pay Progression being implemented on the 1st October, a group has been established to monitor progress. Whilst Pay Progression and PADR are separate processes, they are intrinsically linked as progression through increments will not be approved unless a PADR conversation has taken place. Actions from the group include:-

- Sharing FAQ's and guides with staff across the organisation to highlight the Pay Progression process and links with PADR
- Updating the PADR Policy to reflect the changes in Pay Progression
- Arranging PADR / Pay Progression face to face and virtual clinics to answer any queries and questions managers and staff may have relating to PADR and Pay Progression
- Tailored local support to support managers to understand any barriers that may exist to completing PADR's and how to overcome these barriers.

When performance is going to improve by and by how much

- It is expected that the implementation of Pay Progression will ensure that PADR's are being conducted effectively and recorded accurately in ESR which will impact positively on compliance. Whilst recognising ongoing operational pressures, the aim remains to achieve 75% compliance by the end of Q2, 80% compliance by the end of Q3 and 85% compliance by the end of Q4.

What are the risks to this timeline?

- Continued operational pressures may impact on the capacity of line managers and staff to complete PADRs, although the links between PADR completion and pay progression should support an increase in completed PADRs.

What are the mitigations in place for those risks?

- Continue to work with divisions in a supportive manner to achieve sustainable increase
- Concurrent communication across the health board as a gentle reminder of the importance of conducting PADR's and its links to Pay Progression

Quadruple Aim 3: Mandatory Training

What are the key issues/ drivers for why performance is where it is?

Mandatory Training compliance at level 1 for May 2022 has decreased by 0.25% and is currently at 84.74%. Level 1 Compliance for April 2022 was just over the national target at 85.01%. Level 1 training illustrates a **decrease** of between 0.5% and 1% for Equality & Diversity, Health and safety, Infection prevention and Safeguarding Adults and an **increase** of 0.5% for Manual Handling. It is important to note that level 1 Manual Handling has increased by 2% over the last four months.

Level 2 training has increased again, this month's increase of 0.5% places level 2 compliance at 76.73%. Overall level 2 compliance has risen by almost 7% in the last twelve months. Level 2 training illustrates a **decrease** of 1% for Safeguarding Adults and an **increase** of 2.5% for Patient Handling.

What actions are being taken to improve performance and by who?

Mandatory Training Manager will continue to work with Manual Handling department to identify and report areas of low compliance.

When performance is going to improve by and by how much

Following the detailed data analysis and review of process around recording of Manual Handling training, May 2022 has reported the first increase in Manual Handling compliance for both level 1 and level 2 training for this year. As this work continues we anticipate a further increase in both level 1 and level 2 Manual Handling compliance for June 2022 which should place level 1 training again above the national target of 85%.

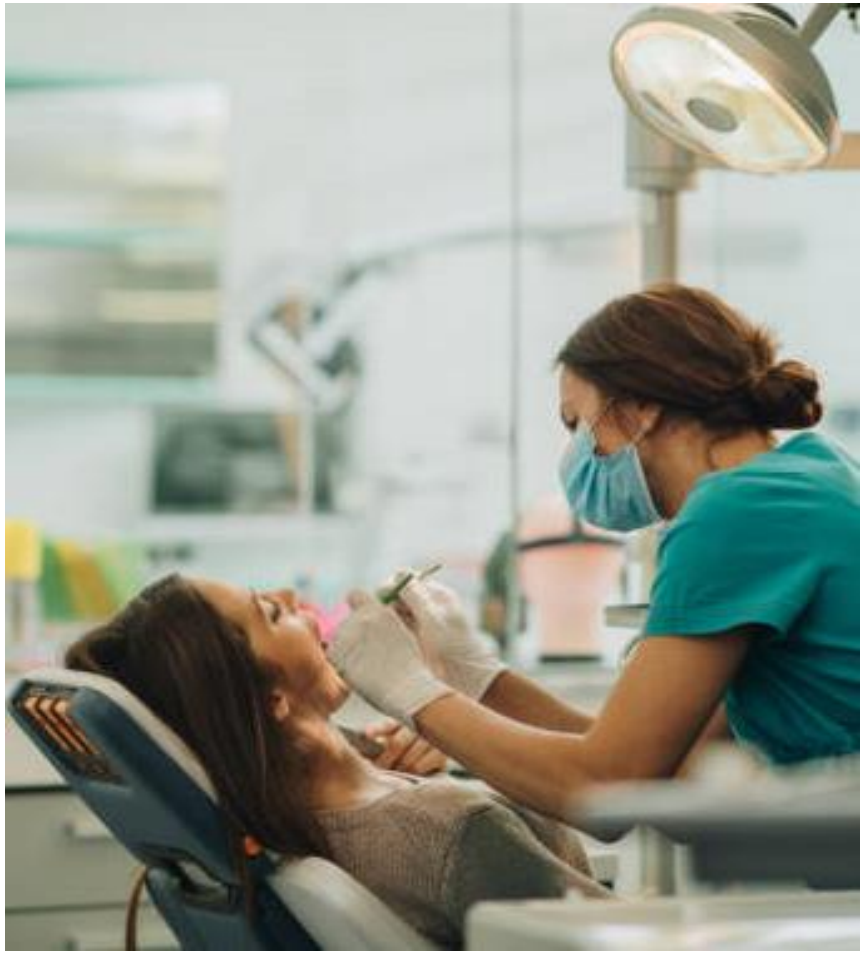
What are the risks to this timeline?

Practical sessions continue to be risk assessed with occupancy of rooms reduced to allow safe delivery, this continues to affect the delivery of training sessions which require a practical application.

What are the mitigations in place for those risks?

Blended training approaches are utilised wherever possible.

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
Q4 21/22	Percentage of critical care bed days lost to delayed transfer of care - Intensive Care National Audit & Research Centre (ICNARC) definition*	Reduce	22.9%	↑
May-22	Agency and Locum spend as a percentage of total pay bill	Reduce	6.80%	↓

**** Based on 12 month trend***

Quadruple Aim 4: Agency & Locum Spend (1)

What are the key issues/ drivers for why performance is where it is?

- Non-core agency, bank and overtime pay spend overall increased from £11,660,000 in April 22 to £12,197,000 in May 22.
- Agency spend is up by £396k at £5,004,487 (6.6% of total pay, 0.74% increase month on month); Locum spend is up this month by £398k at £2,217,827 (2.9% of total pay, 0.61% increase month on month); WLI spend is up by £108k at £428,264 (0.6% of total pay, 0.16% increase month on month); Bank spend is down by £361,014 at £2,460,314 (3.2% of total pay, 0.34% decrease month on month). There has been an increase in Overtime pay this month by £55k at £1,812,245 (2.4% of total pay, 0.16% increase month on month). There is an increase in spend/pay across most areas of non-core pay this month with the exception of Bank. A better measure of pay movement this month is the percentage of total pay which is also shown where there has been 3.61% decrease overall month on month. There is still high levels of staff usage across all areas of the Health Board with the ongoing pressure on unscheduled care, and more activity across Planned Care.
- Medical Agency spend is up from £1.55m to £1.92m month on month (April to May) and has increased by 1.9% as a percentage of total pay. There has been an increase in Locum spend of £398k month on month (April-May) and has increased by 2.02% as a percentage of total. The increase in actual spend across both lines can be linked to the ongoing activity increases across Planned Care Recovery and the ongoing pressures on Unscheduled Care across the Health Board.
- Nursing Agency spend is up from £1.70m to £1.90m month on month (April-May) and has increased by 1.1% as a percentage of total pay. Bank spend has seen a decrease of a £140k month on month (April-May) but has decreased by 0.52% as a percentage of total pay. Overtime has increased by £96k over the same period and has seen an increase of 0.51% as a percentage of total pay. The increase in actual spend across all non-core pay elements can be linked to ongoing activity across Planned Care Recovery and the ongoing pressures on Unscheduled Care across the Health Board. It is worth noting however that the overall pay spend for nursing has decreased by £744k over the same period

What actions are being taken to improve performance and by who?

- Targeted recruitment campaigns for Medical and Dental consultants are still on track and the streamlining work to secure more Physicians Associates is actively progressing. The initiatives to attract more ST 1 doctors to the Health Board continues with the work undertaken by OMD/WOD collaboratively. All new initiatives for 22/23 have been embedded into the Workforce Plan that supports the new People & OD Strategy and IMTP and plans are being rolled out to support recruitment across these initiatives.
- The ongoing focus on Nursing recruitment is showing progress with phase 2 of the overseas nurse recruitment underway and work progressing to move forward with a phase 3 in collaboration with the national overseas nursing programme, nursing recruitment is in a positive position and is leading to increased capacity across the nursing workforce. This work is being undertaken by Nursing with support from WOD.

Quadruple Aim 4: Agency & Locum Spend (2)

When performance is going to improve by and by how much

- The sustained expected impact for medical recruitment activity should be seen through Q1 and Q2 of 22/23.
- The sustained expected impact for nursing recruitment activity should be seen through Q1 and Q2 of 22/23.

What are the risks to this timeline?

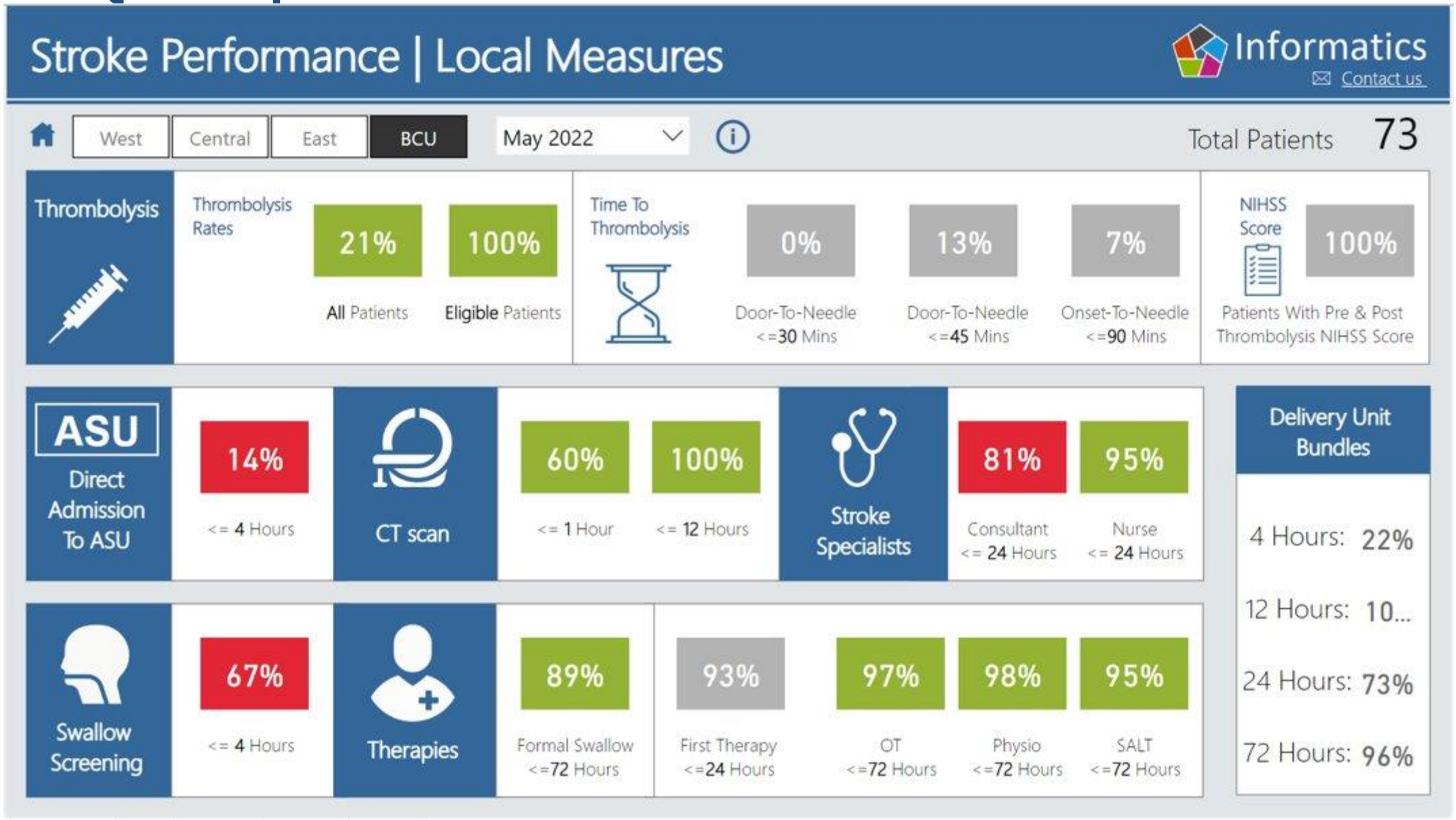
- The service delivery model and replication of predominantly bed-based services will continue to result in challenges in respect of rotas for both medical and nursing staffing.
- It is acknowledged that there is a UK shortage of nurses (band 5 in particular), therefore recruitment campaigns will reduce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

What are the mitigations in place for those risks?

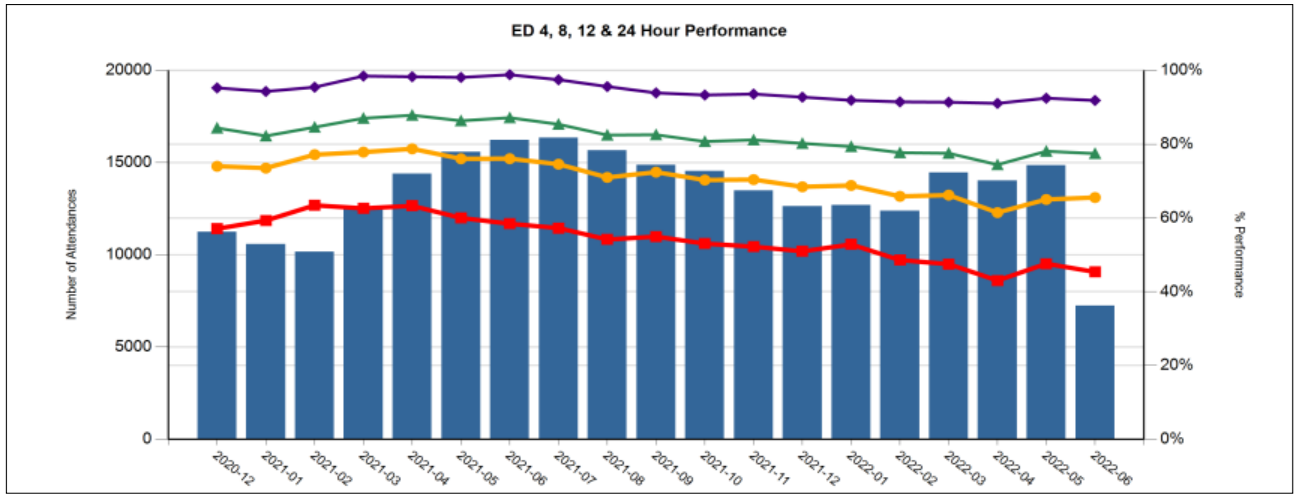
- The Clinical Workforce Service reviews alongside new recruitment initiatives ensure wherever possible pathways are aligned and aware of existing and future workforce challenges .
- Targeted support for overseas clinicians is in place to focus on ensuring a fast-track settlement period to mitigate any impact prolonged delay due to Covid restrictions.
- Increased recruitment to identified hotspots with the implementation of the recruitment pipeline report, nursing workforce dashboard and medical consultant tracker.

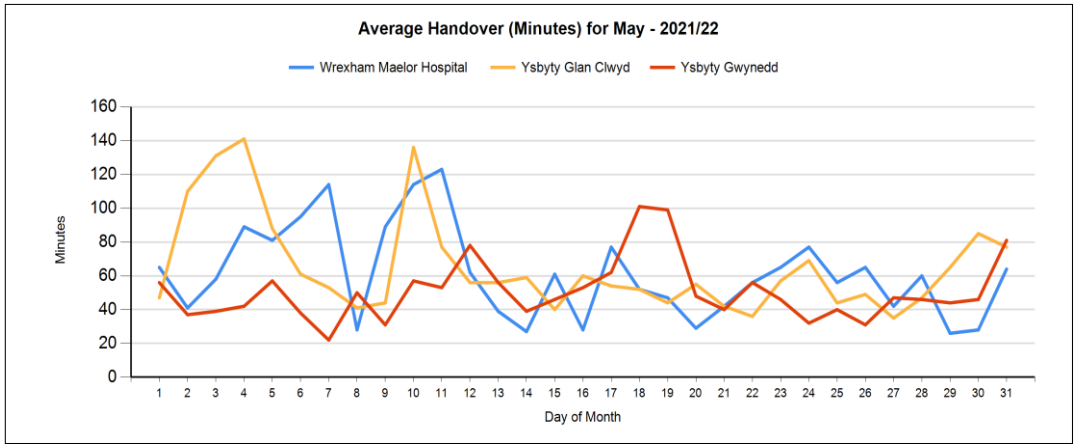
Additional Information

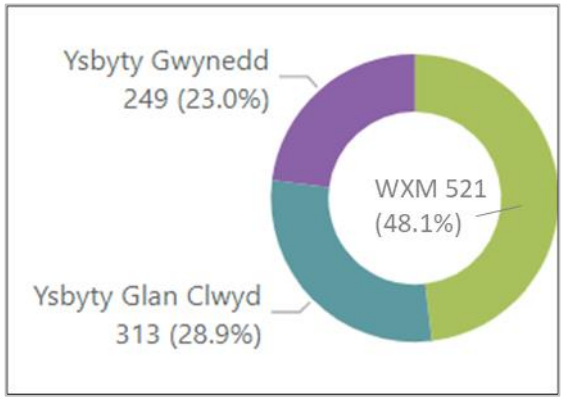
Quadruple Aim 2: Stroke Services – Performance Dashboard

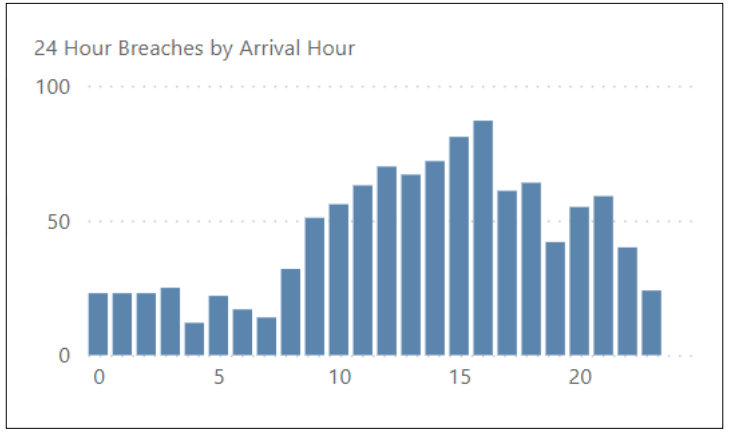


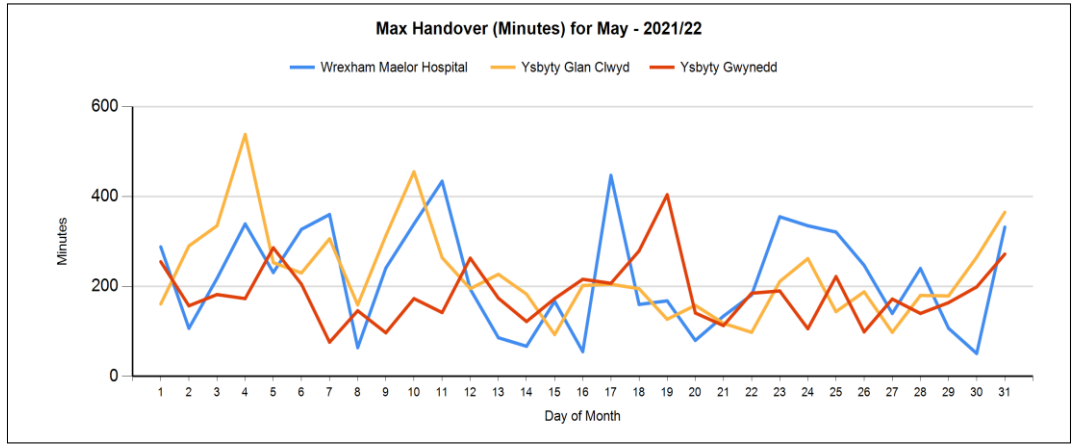
Quadruple Aim 2: Emergency Departments



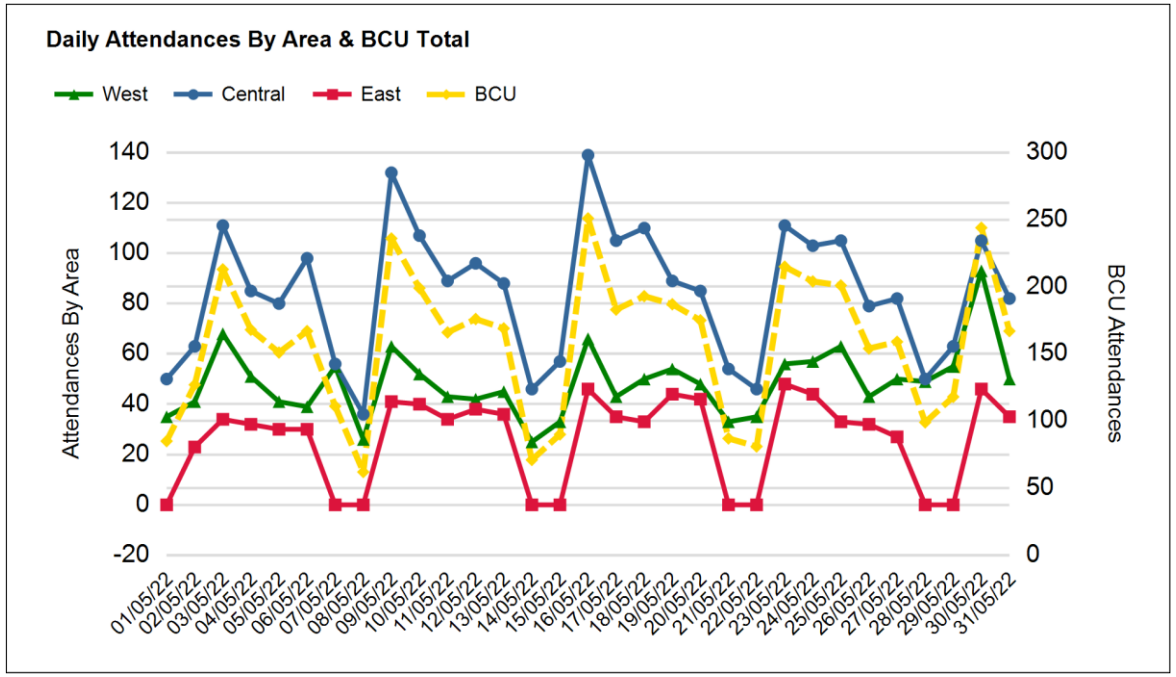


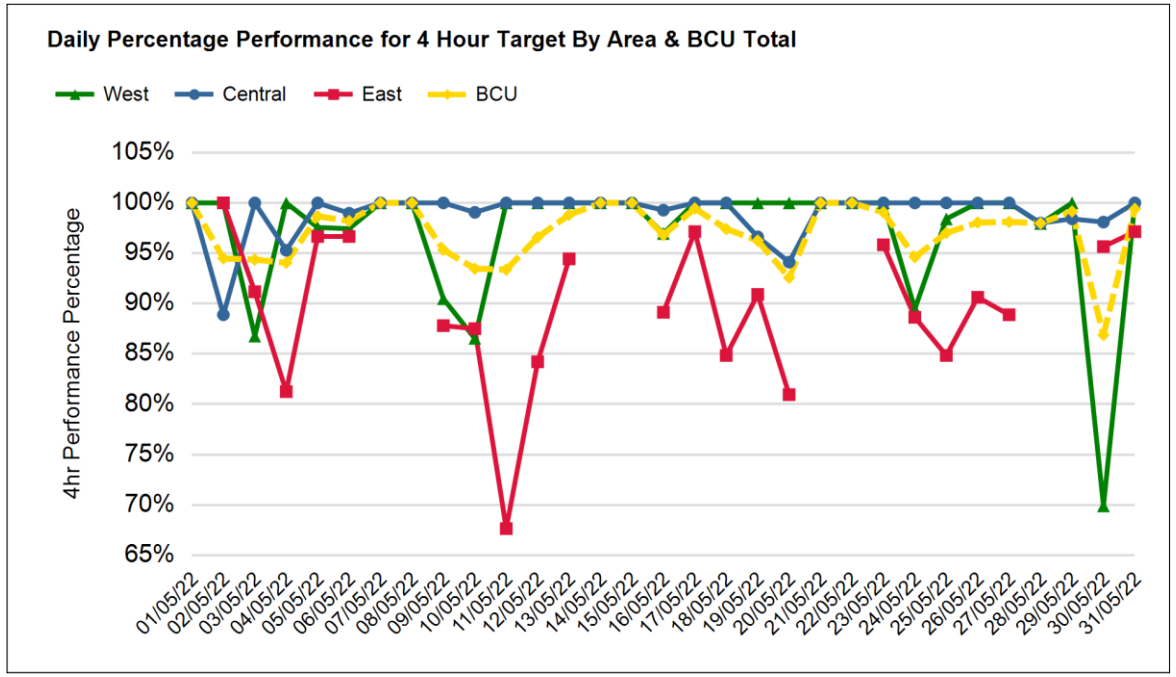






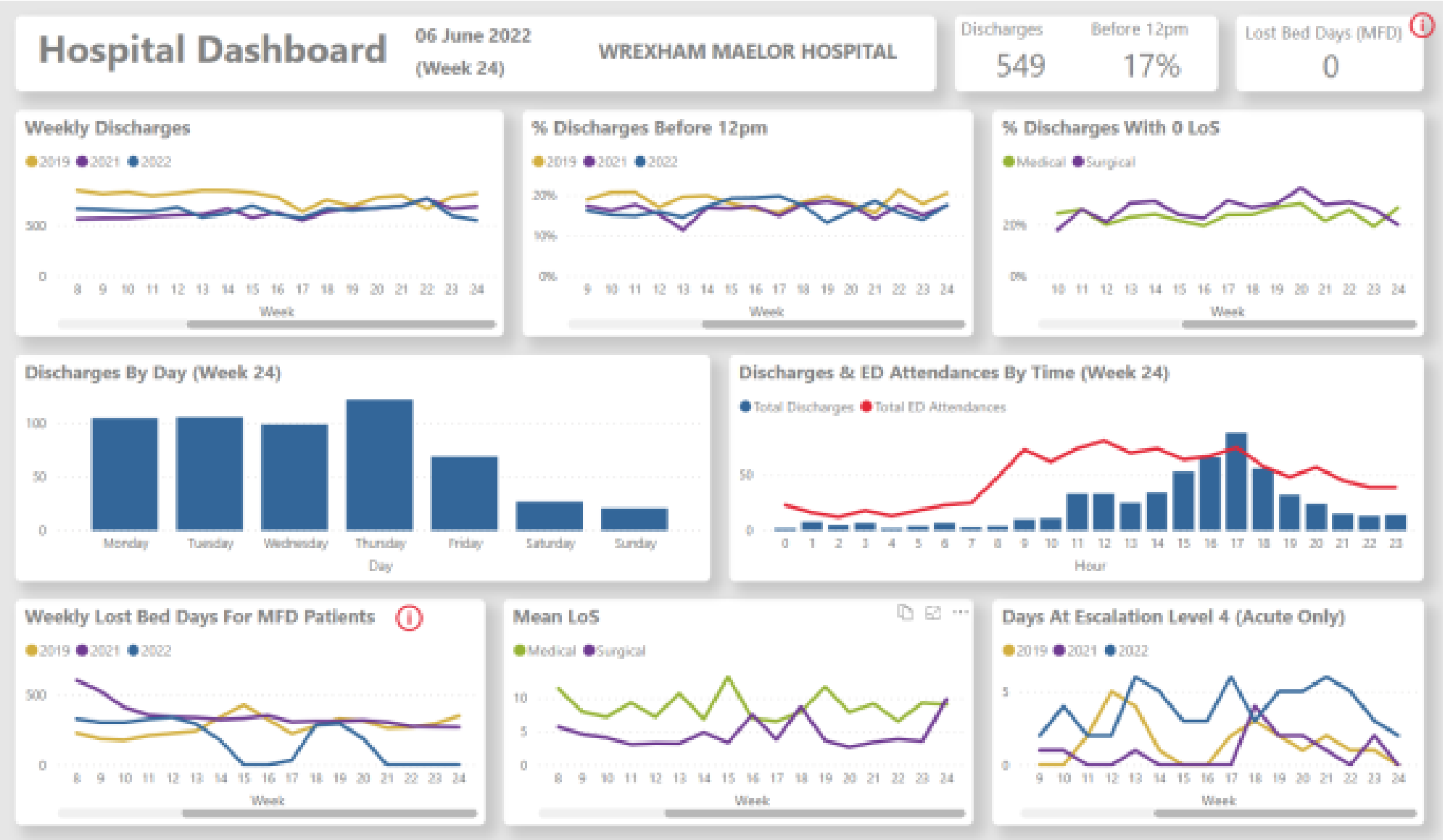
Quadruple Aim 2: Minor Injury Unit



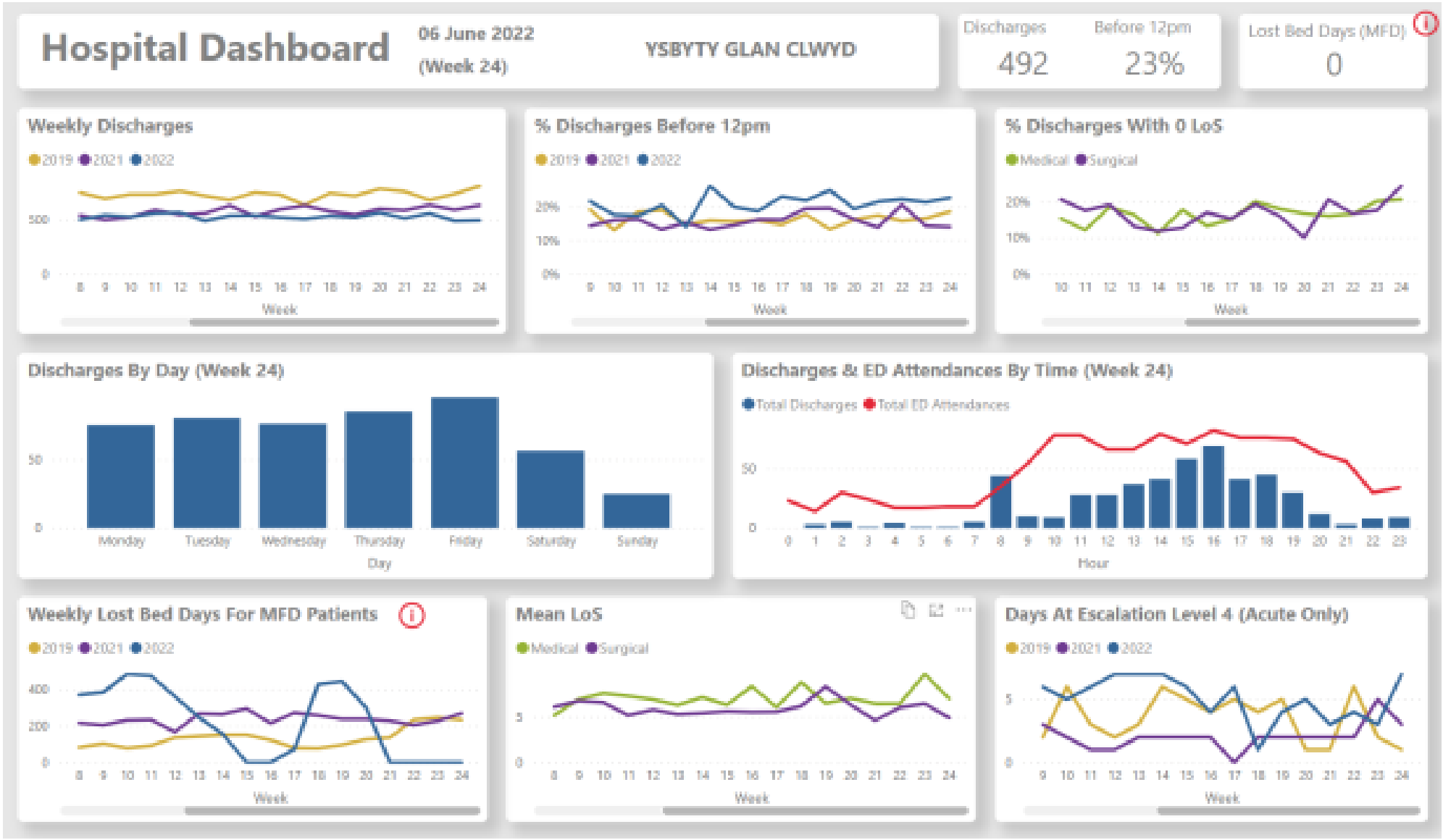


		BCULHB - Western Area			BCULHB - Central Area			BCULHB - Eastern Area		
		4 Hour Breaches	Attendances	4 Hour Performance	4 Hour Breaches	Attendances	4 Hour Performance	4 Hour Breaches	Attendances	4 Hour Performance
2022/23	Year Total	110	3671	97.00%	97	9040	98.93%	231	1734	86.68%
Totals		110	3671	97.00%	97	9040	98.93%	231	1734	86.68%

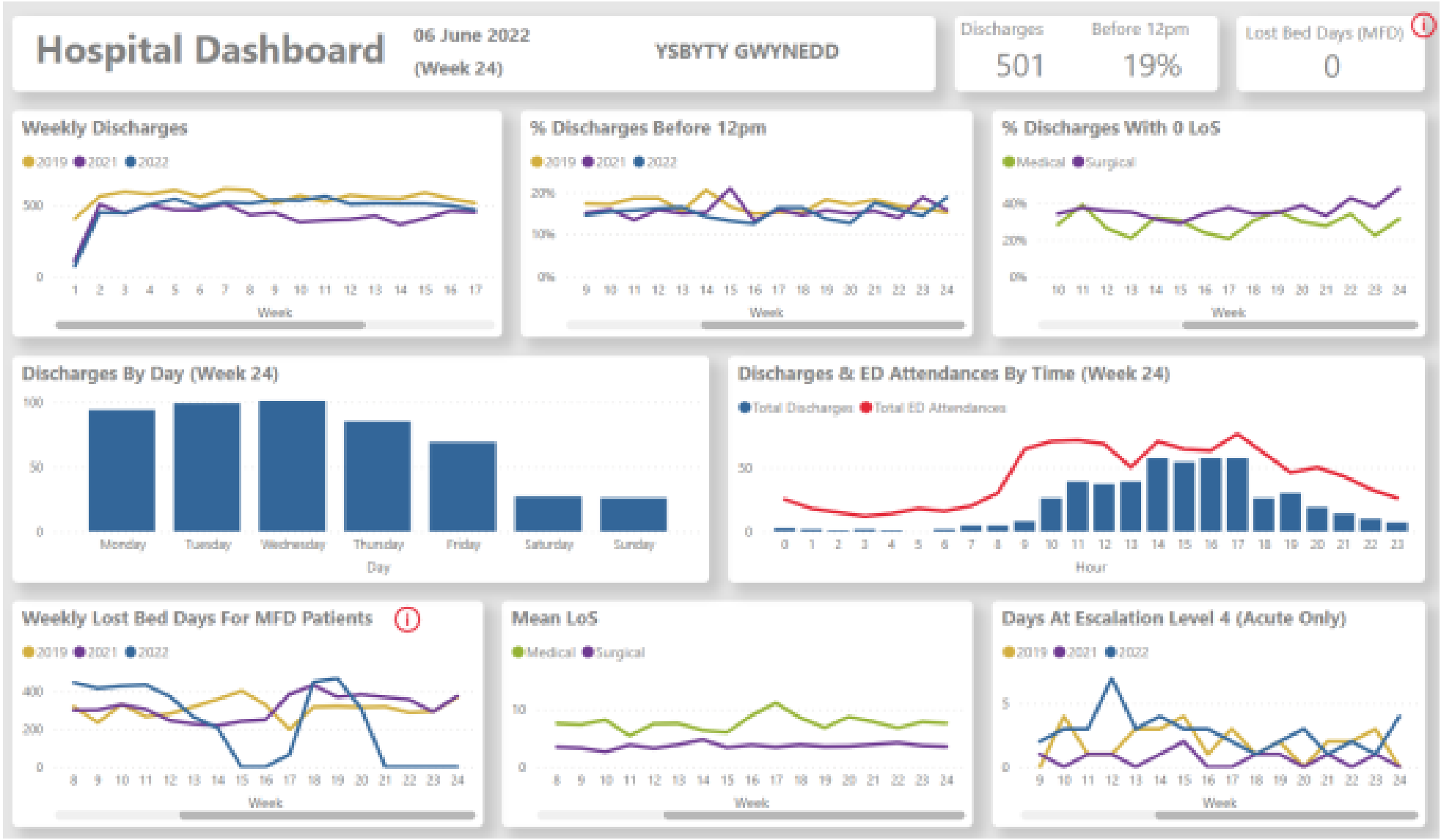
Quadruple Aim 2: Discharge to Recover then Assess - WXM



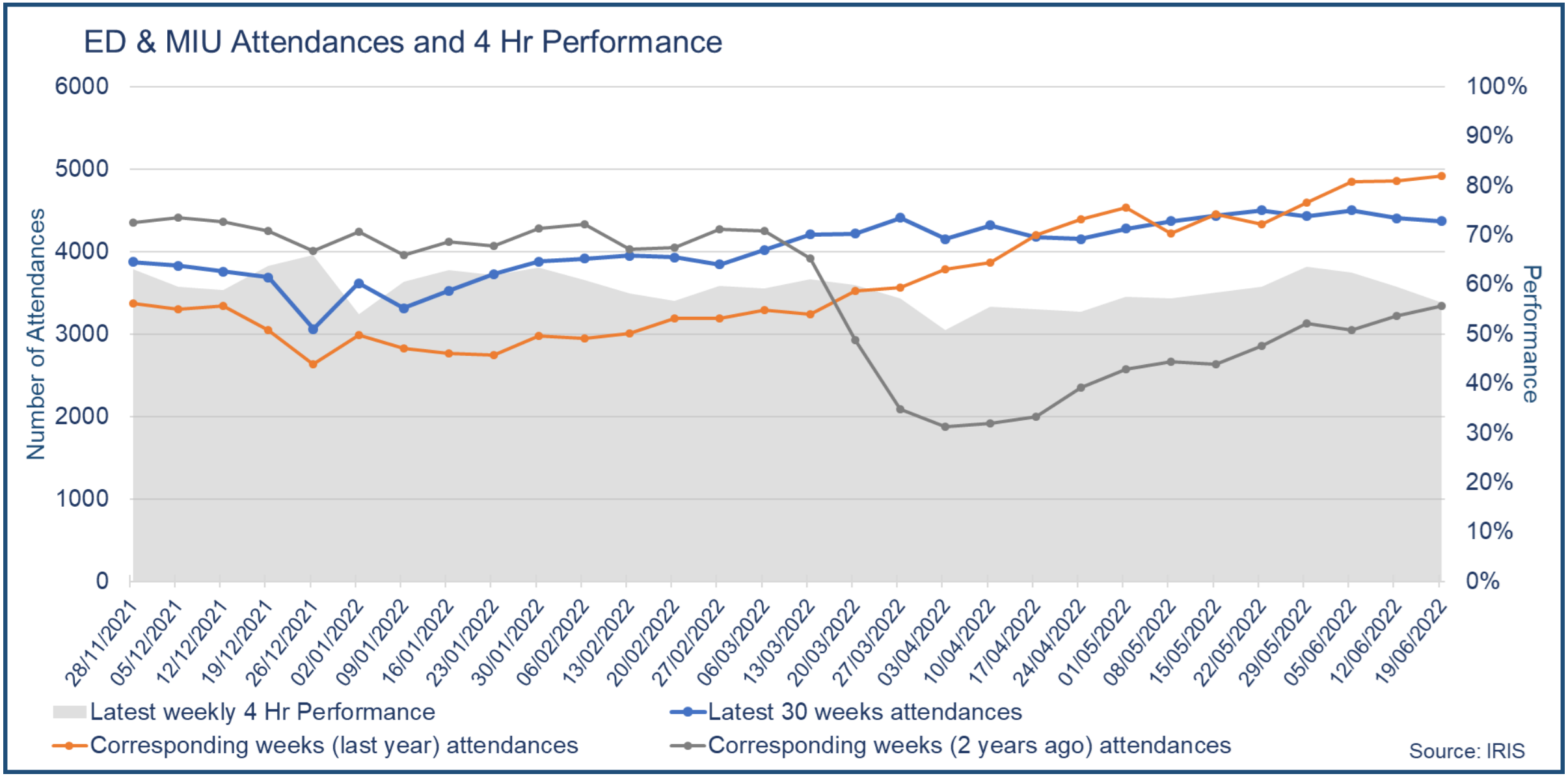
Quadruple Aim 2: Discharge to Recover then Assess - YGC



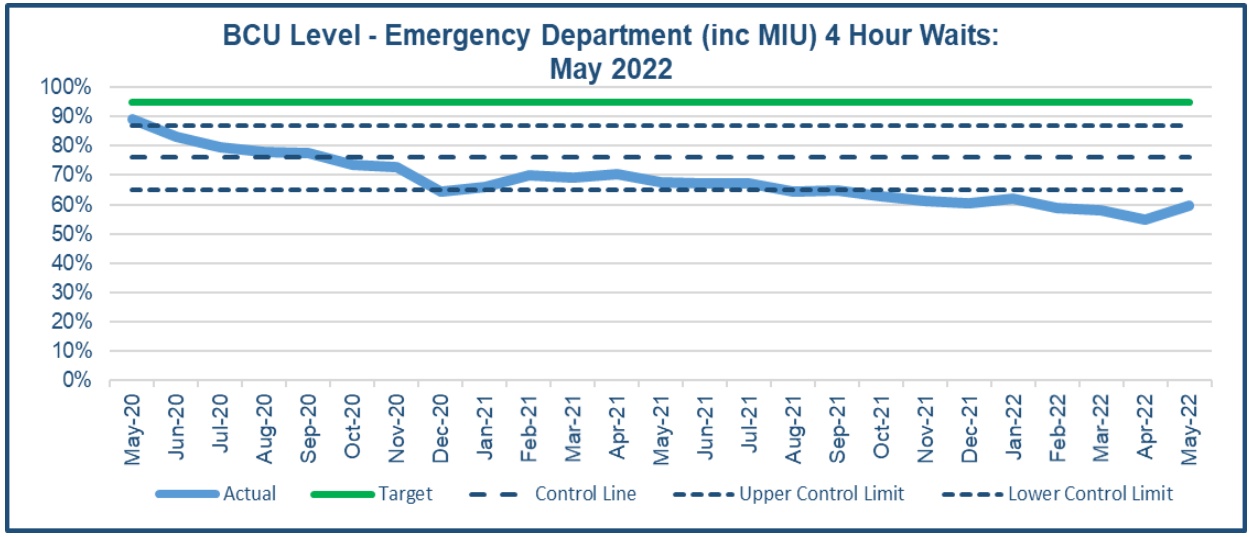
Quadruple Aim 2: Discharge to Recover then Assess - YG

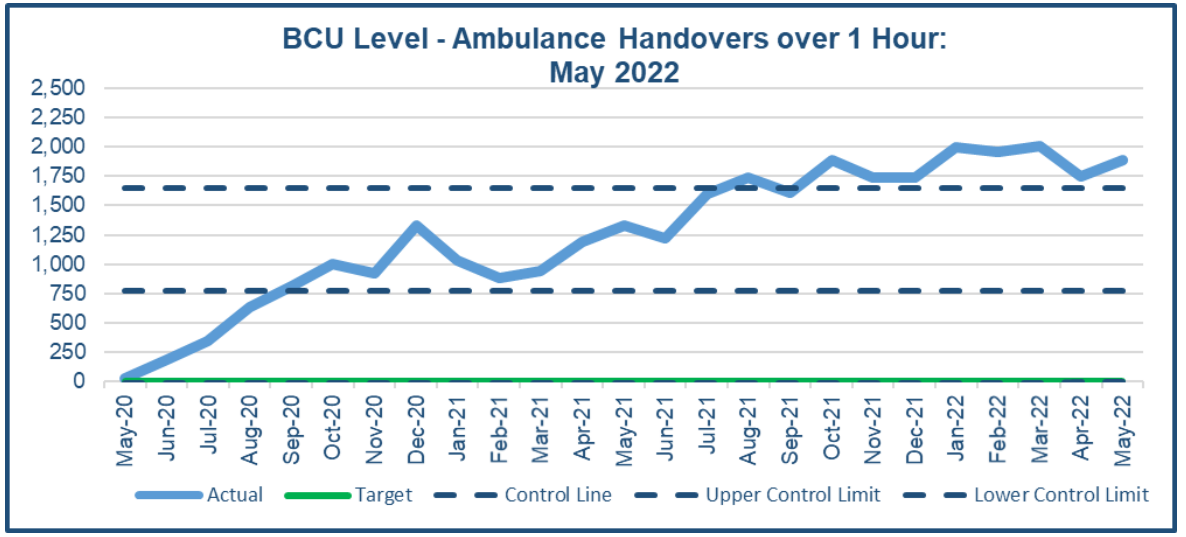


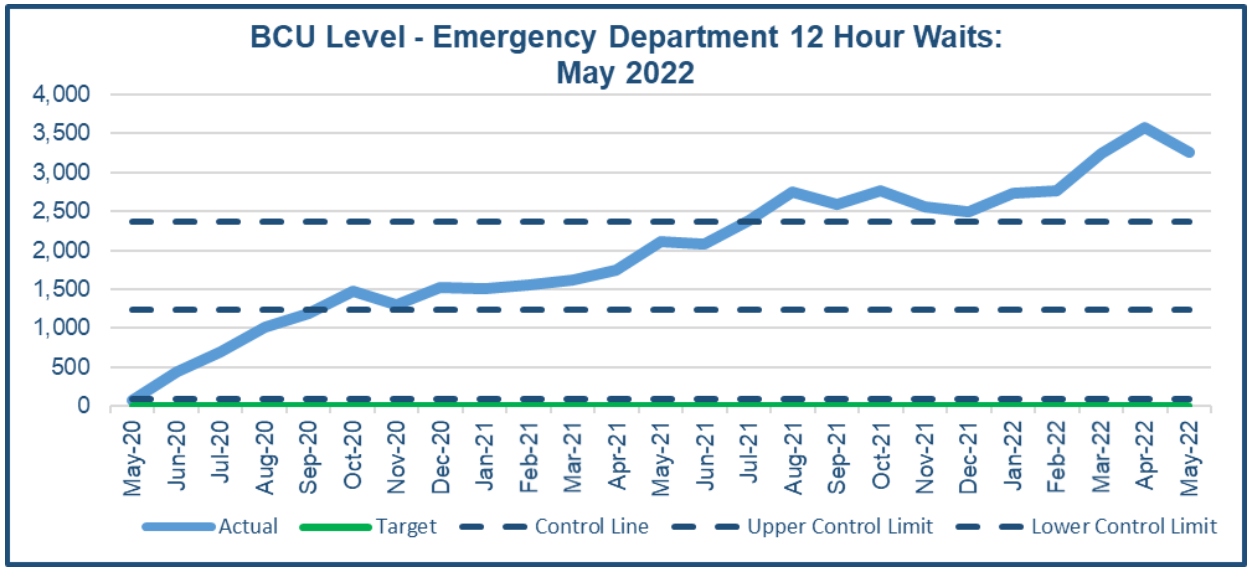
Quadruple Aim 2: Unscheduled Care: Attendances (1)



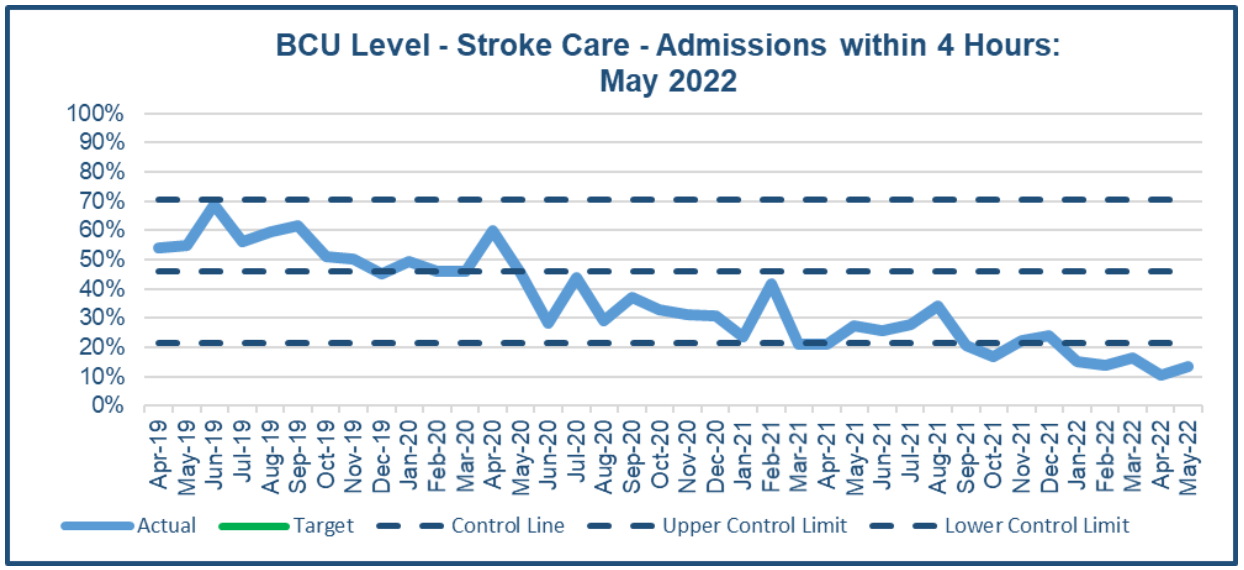
Quadruple Aim 2: Unscheduled Care (2)

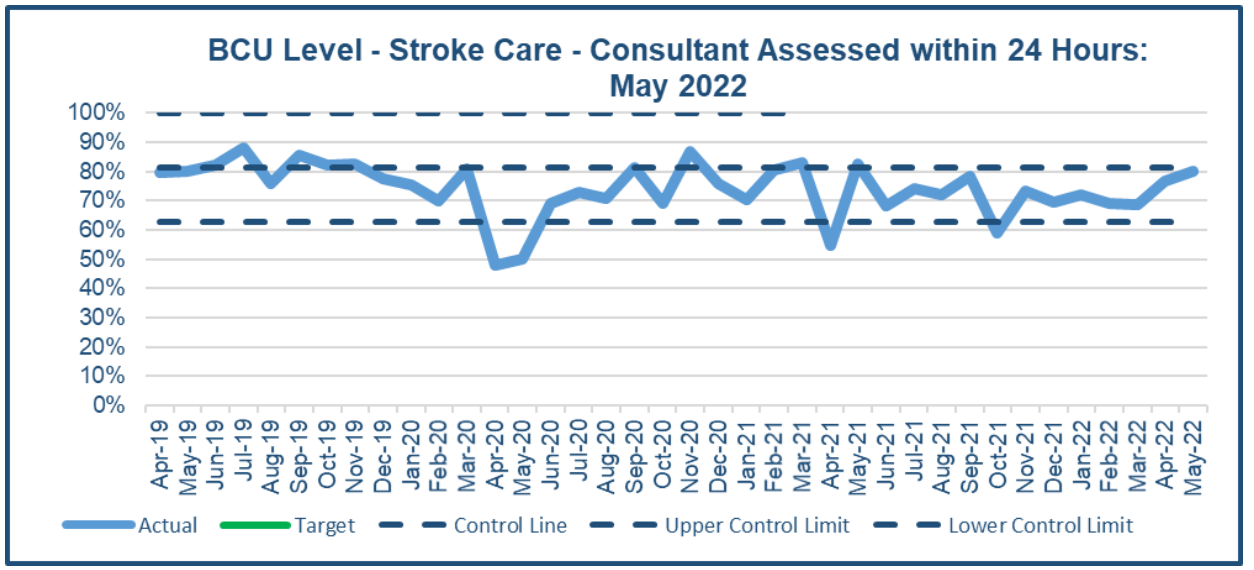


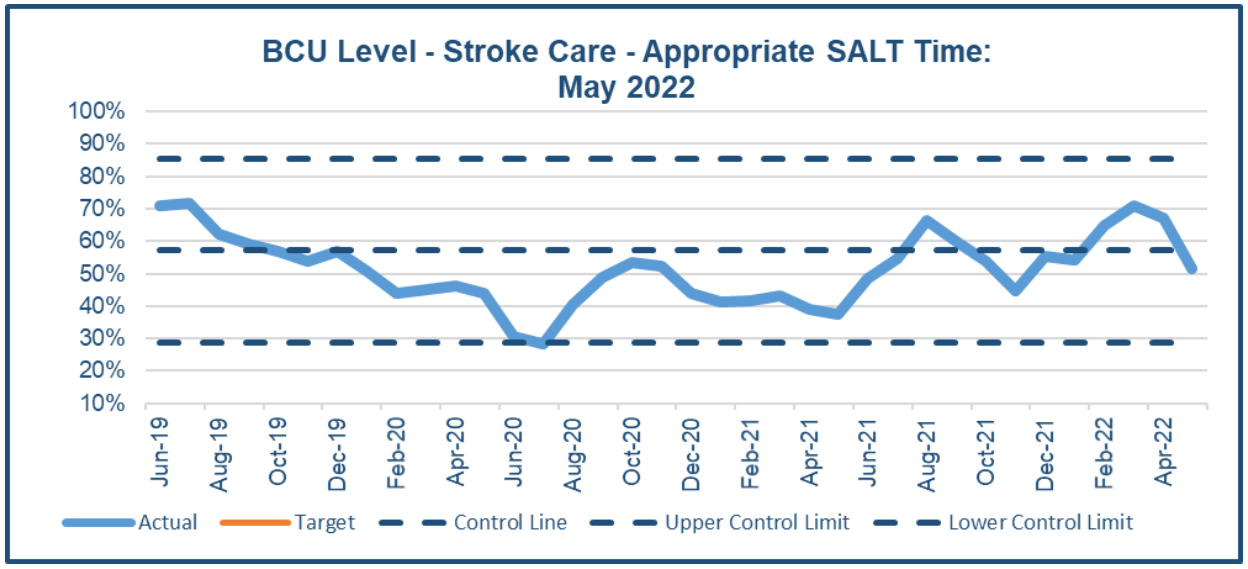


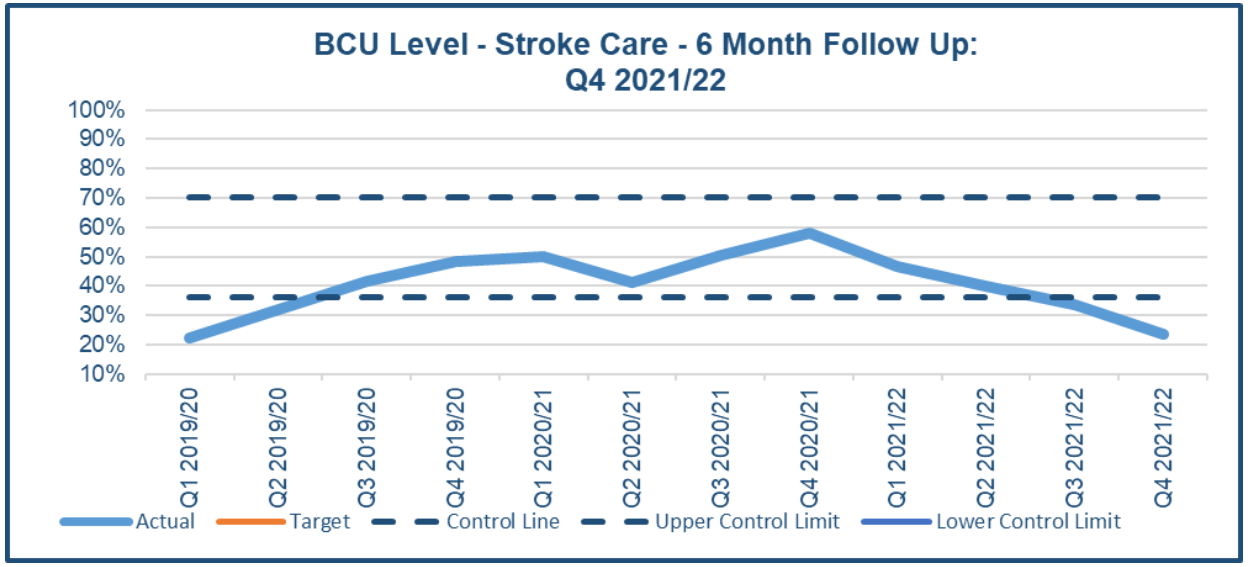


Quadruple Aim 2: Unscheduled Care (3)

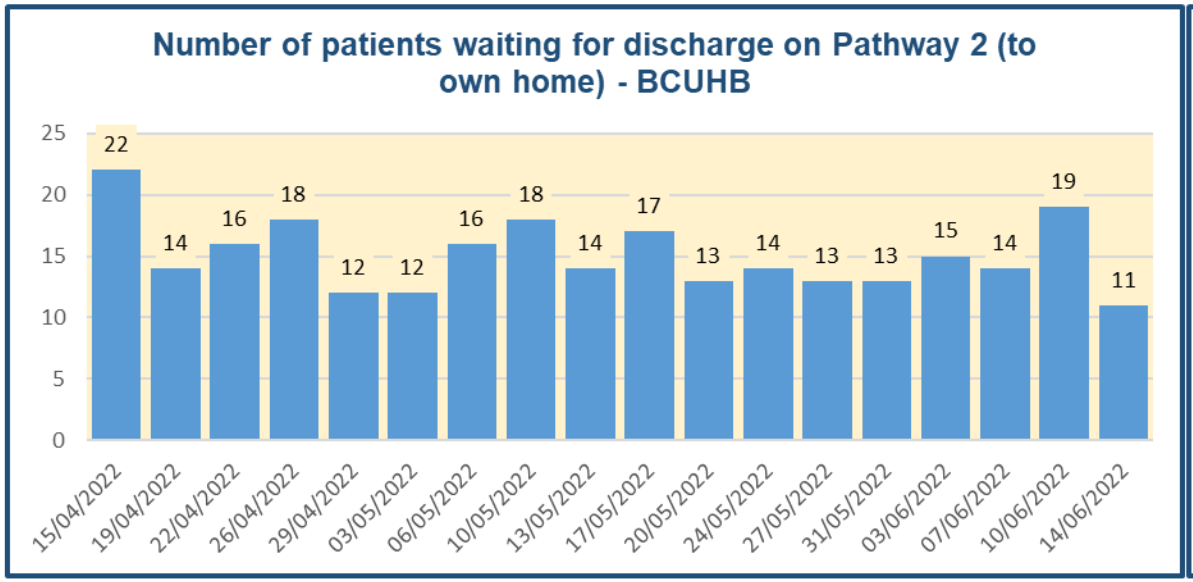


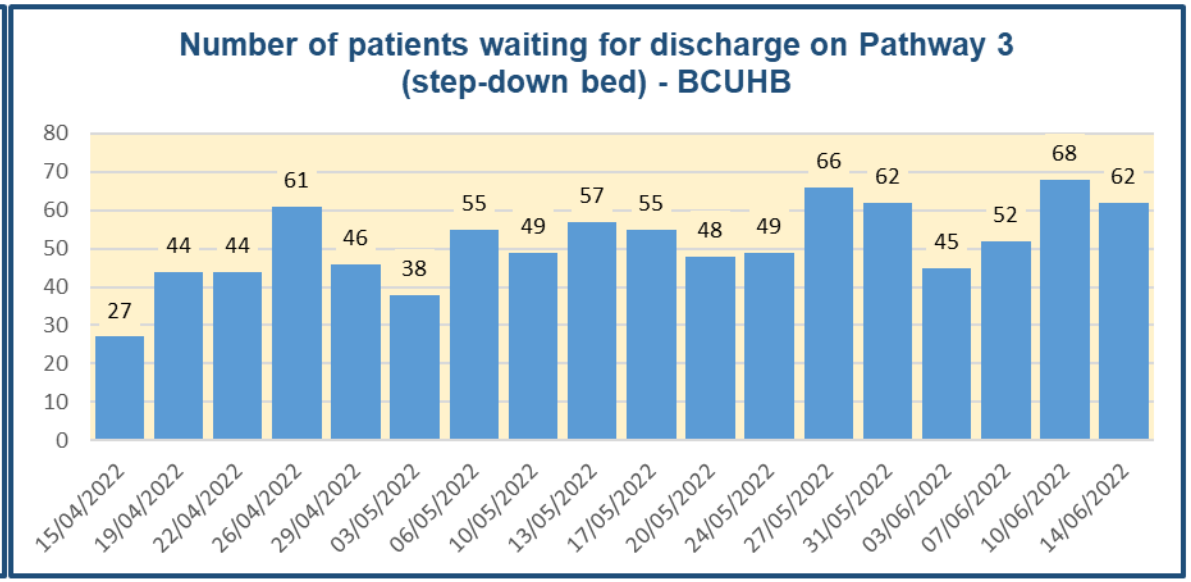


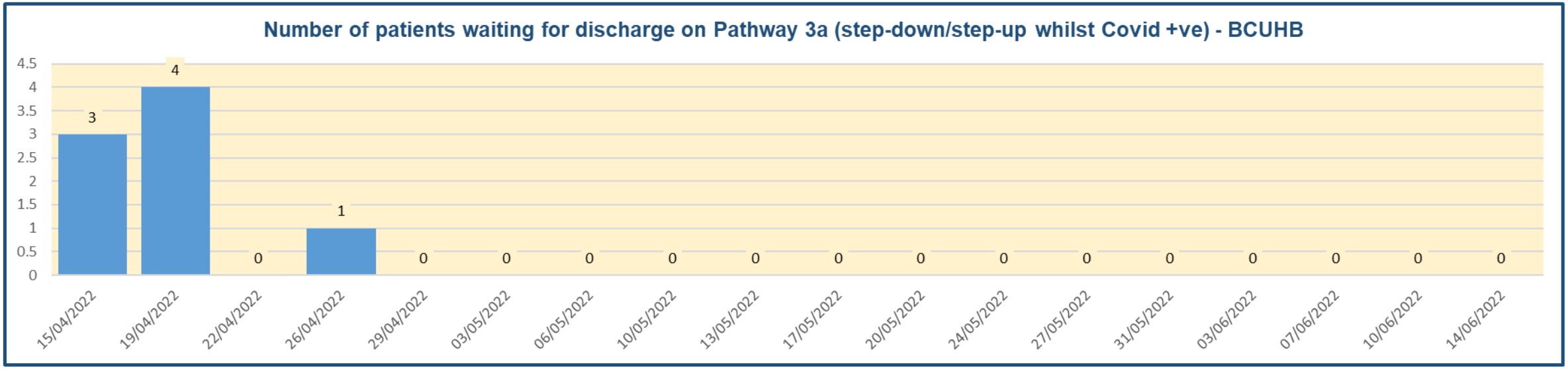




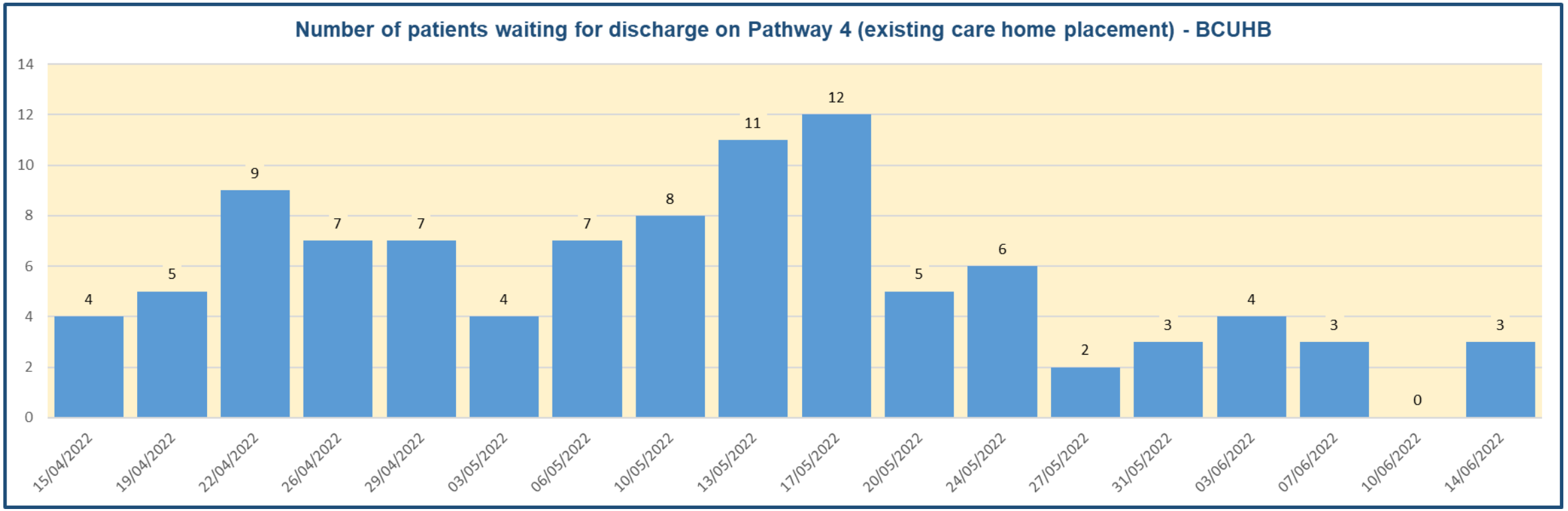
Quadruple Aim 2: Unscheduled Care (4)







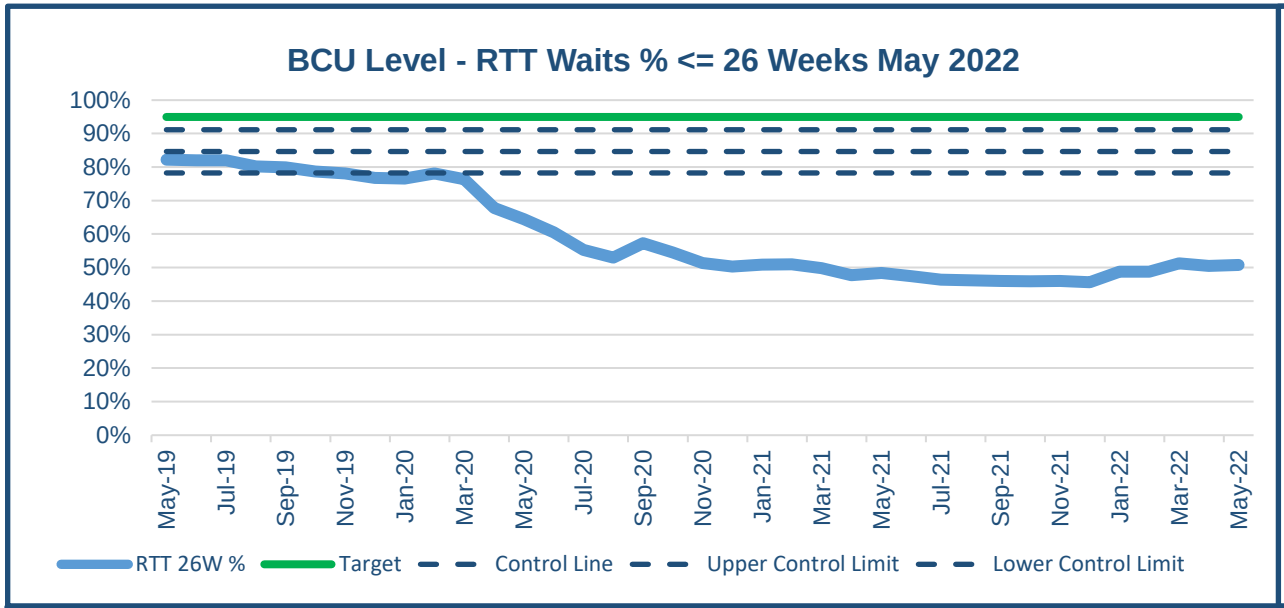
Quadruple Aim 2: Unscheduled Care (5)

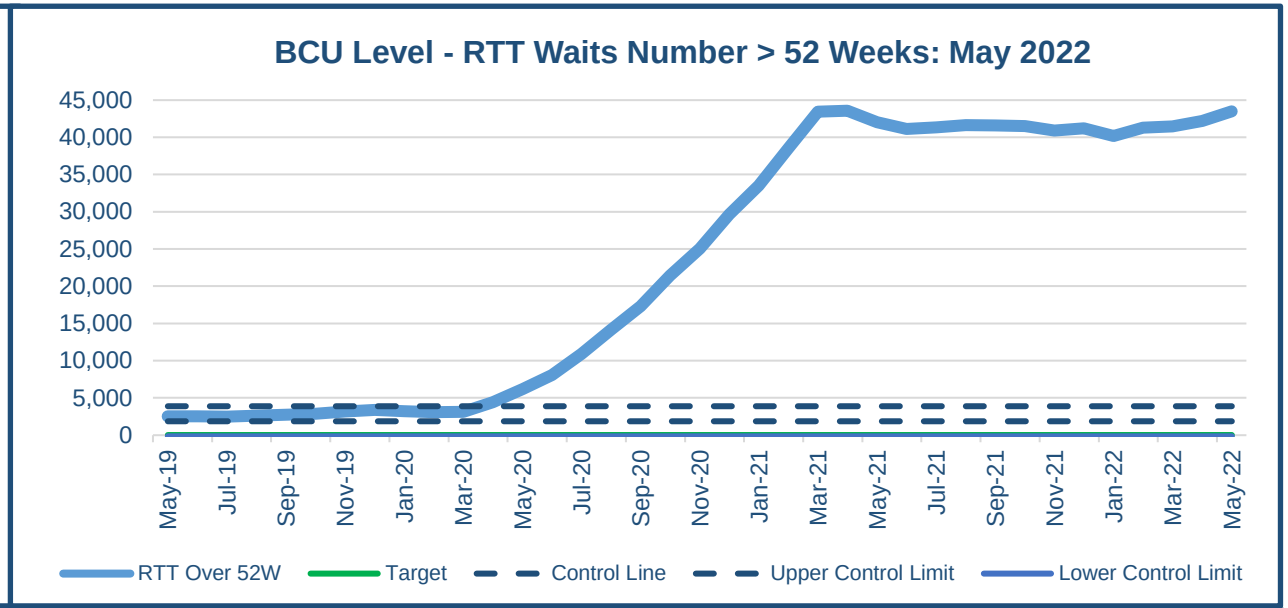


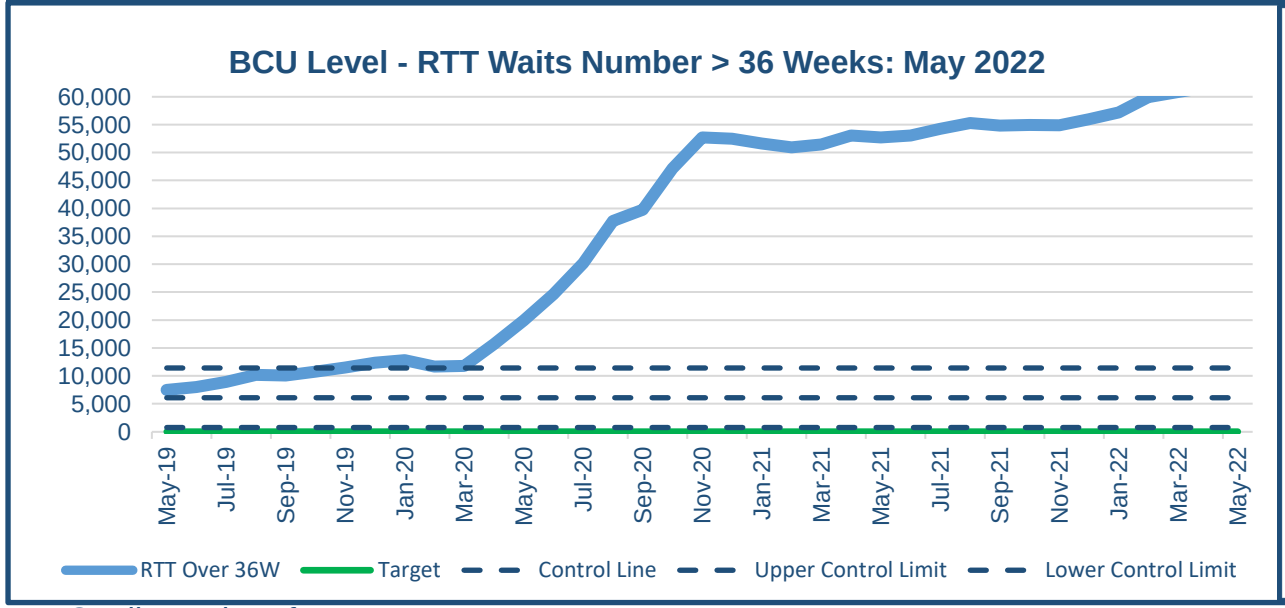
The Discharge and Flow slides demonstrate the numbers of patient delayed at the twice weekly census points (Tuesday & Friday) on Discharge to Recover then Assess (D2RA) Pathways 2, 3, 3a and 4. Further information on the D2RA process can be found at: [Hospital discharge service requirements: COVID-19 | GOV.WALES]

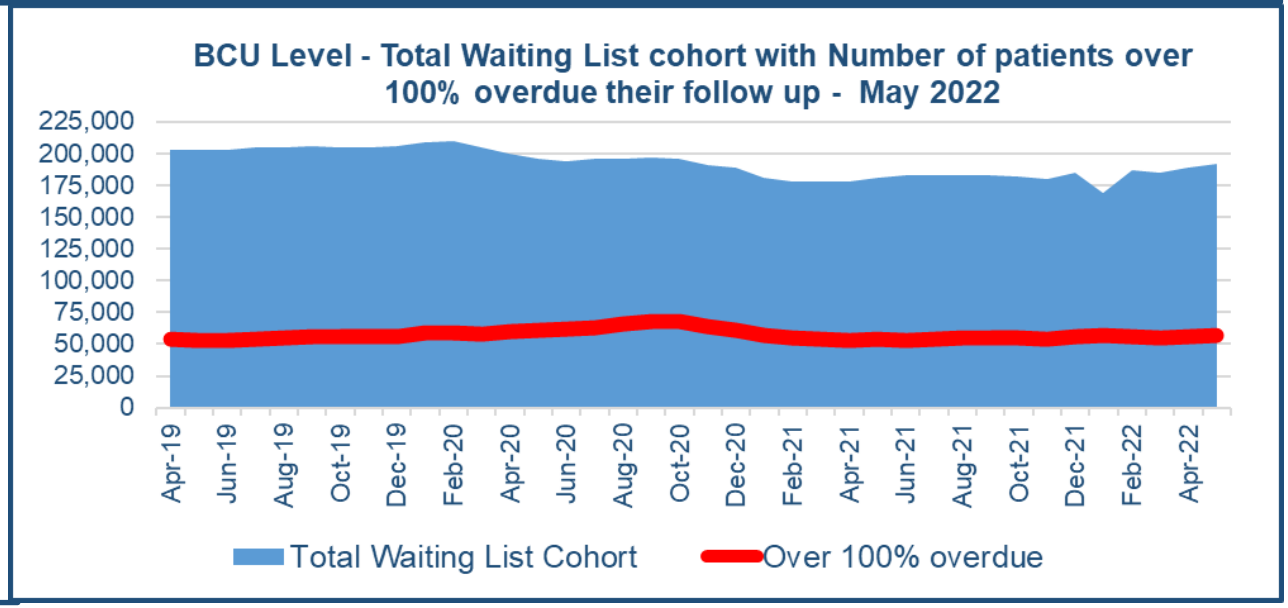
N.B.: These pathways **do not** include Mental Health patients

Quadruple Aim 2: Planned Care (1)



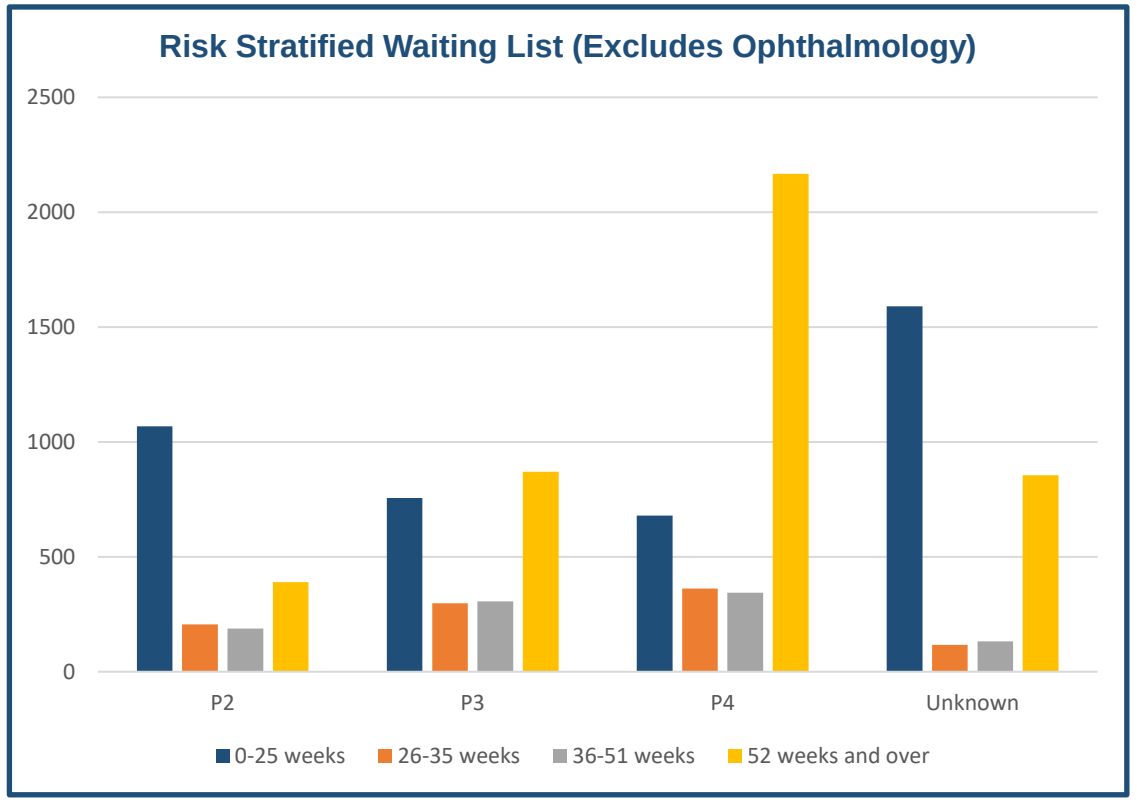




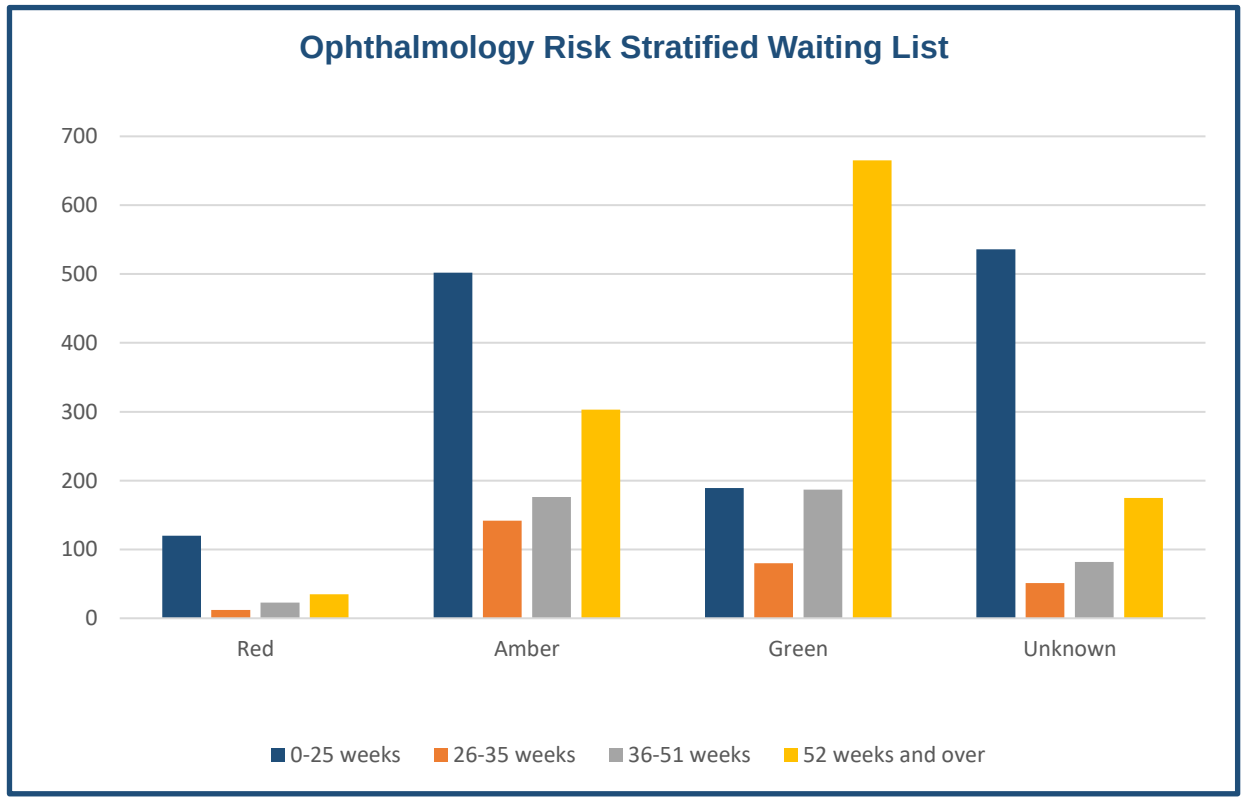


Quadruple Aim 2: Planned Care (2)

Waiting List by Risk Stratification

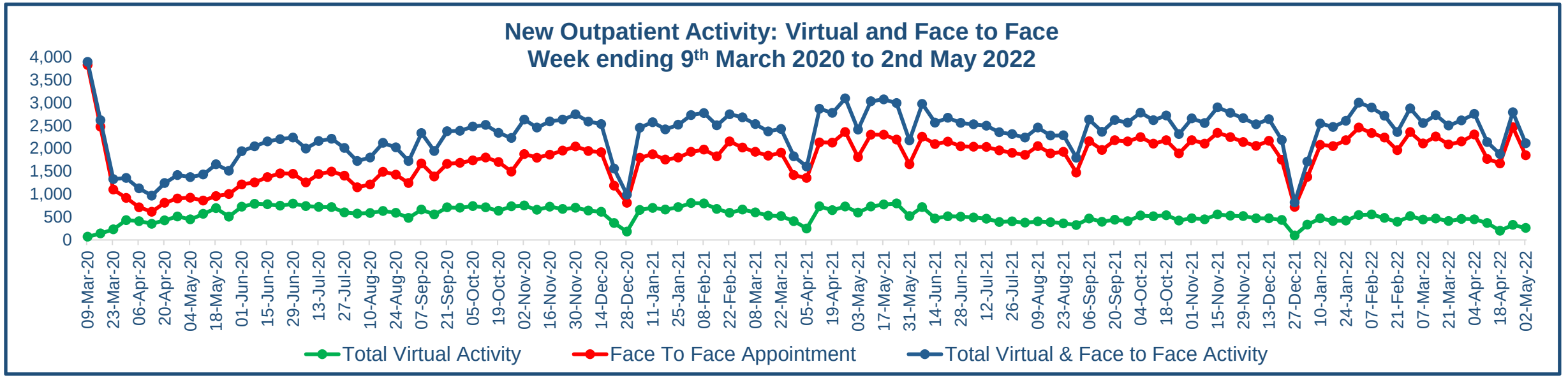


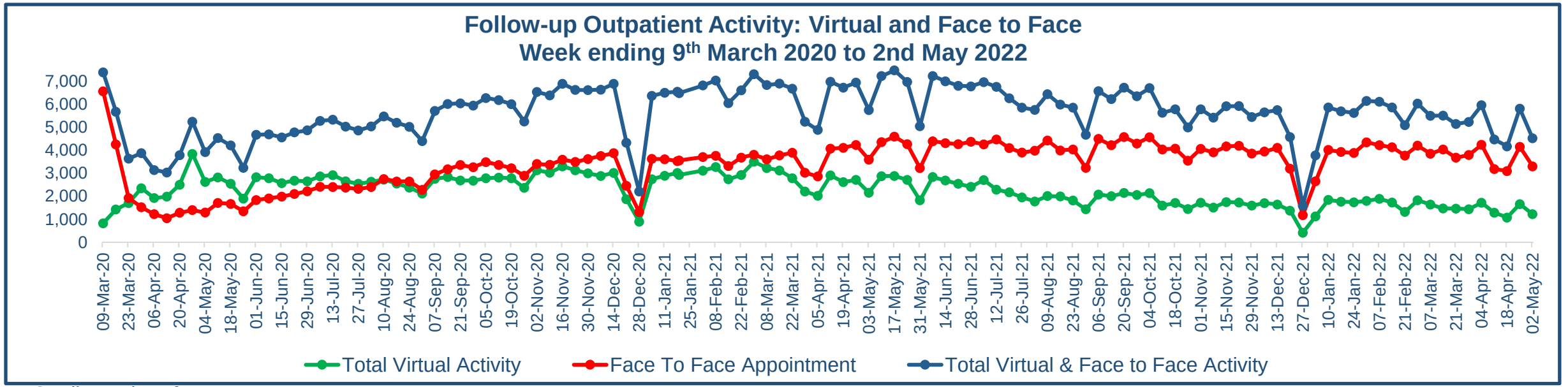
Source BCU HB IRIS : Accessed 20th June 13:20pm Data includes Admissions Waiting List for all specialties and excludes Ophthalmology



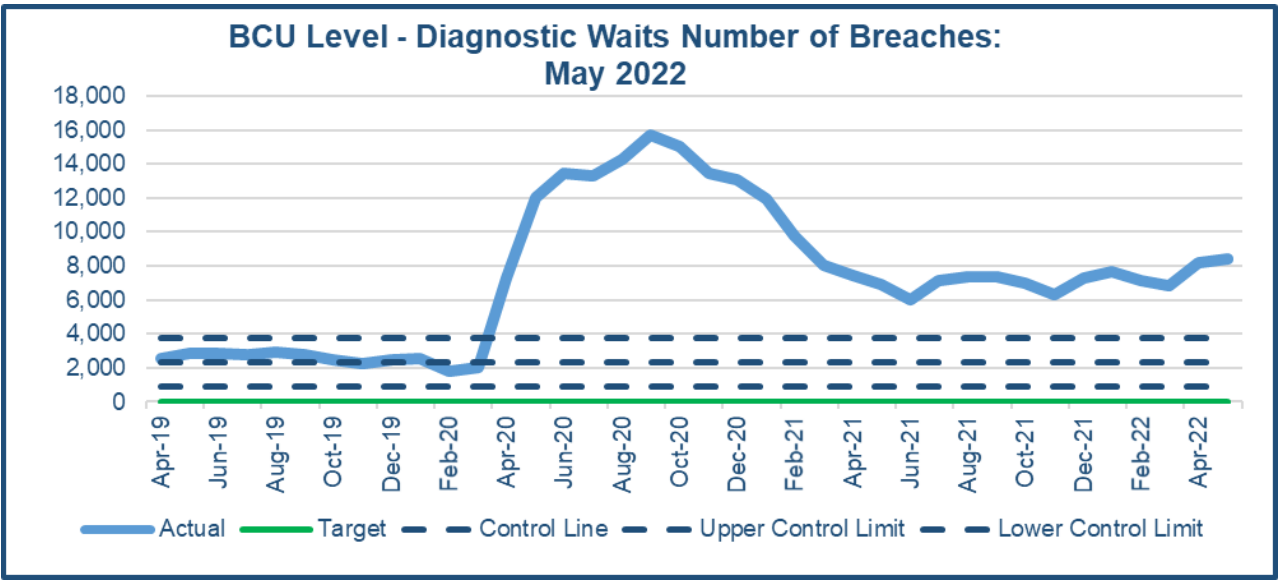
Source BCU HB IRIS : Accessed 20th June 13:20pm Data includes Waiting List for Ophthalmology Only

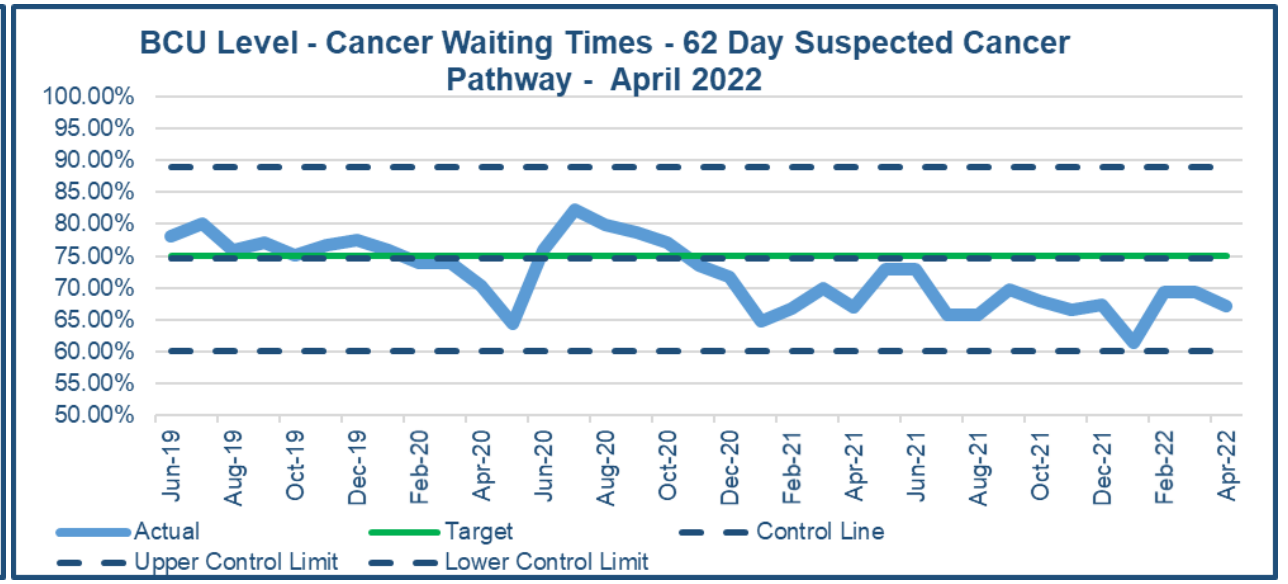
Quadruple Aim 2: Charts Planned Care (3)

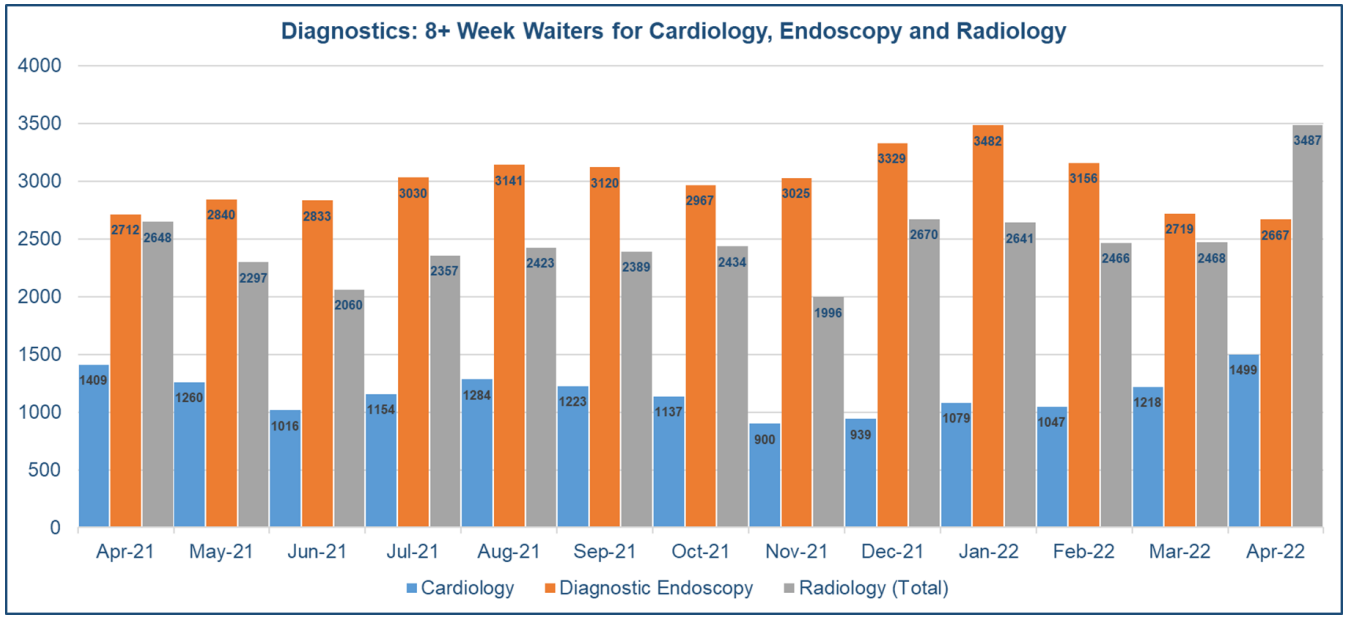




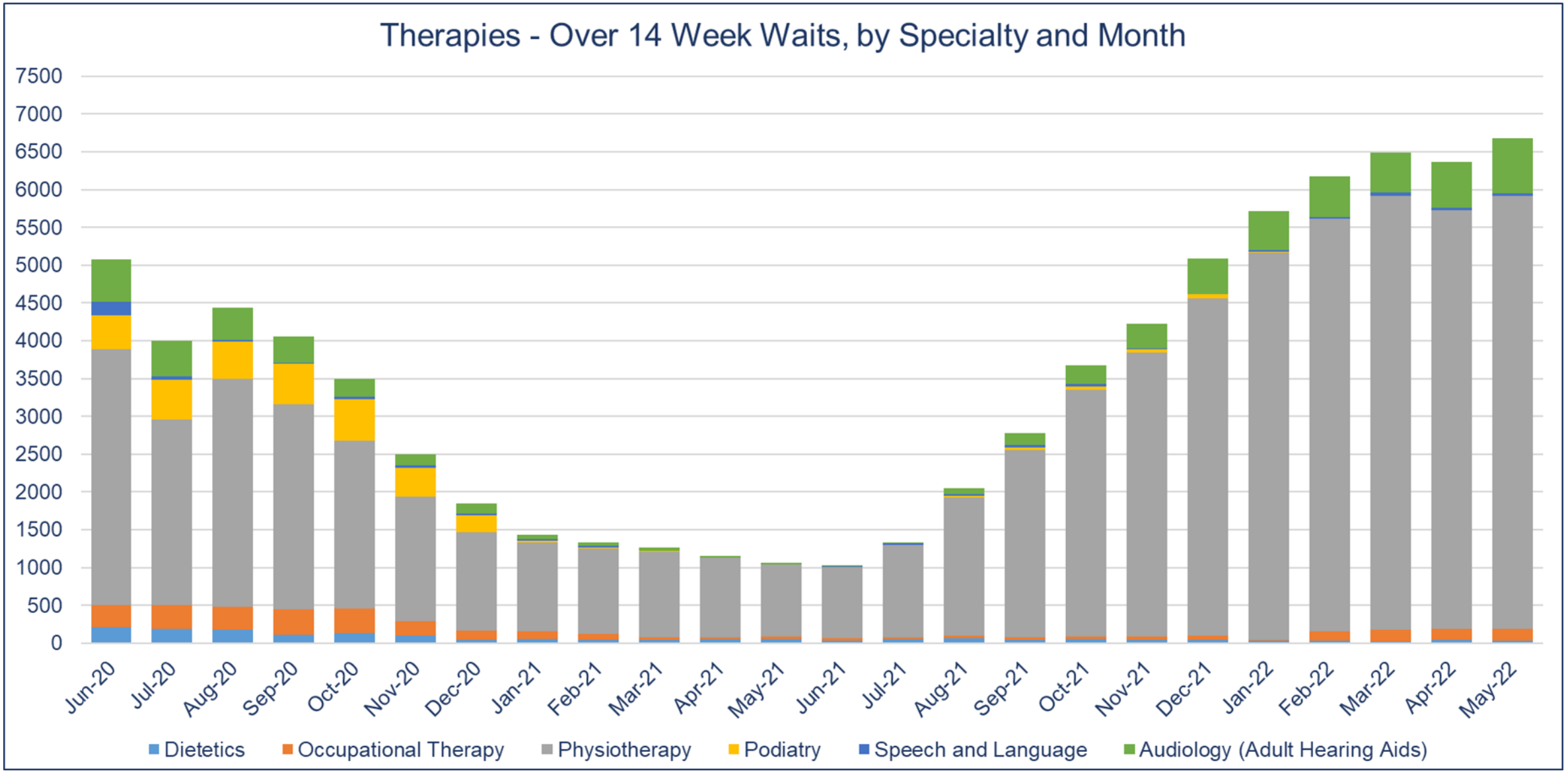
Quadruple Aim 2: Planned Care (4)





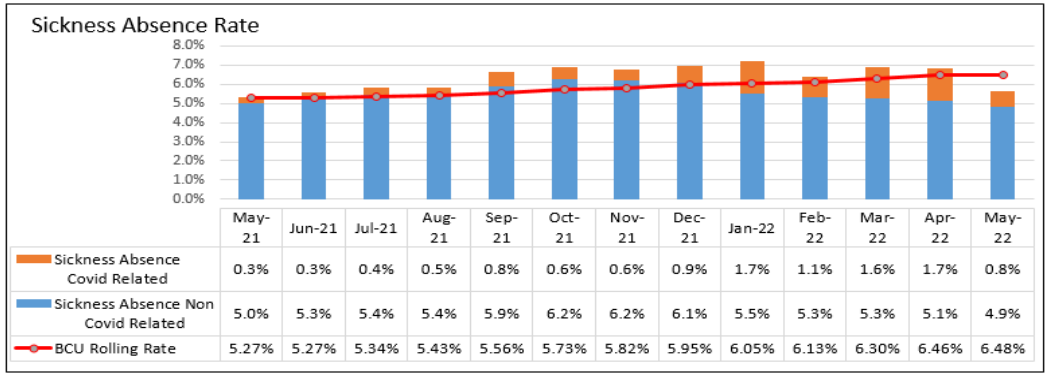


Quadruple Aim 2: Planned Care (5)

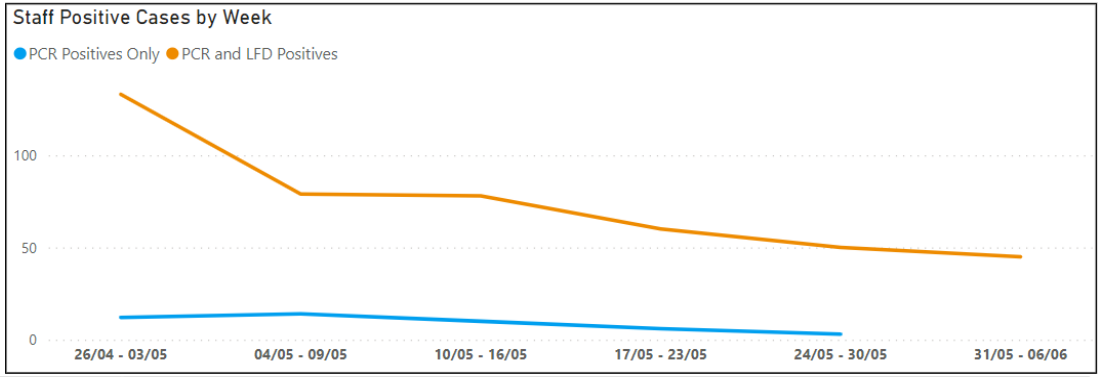


Quadruple Aim 3: Charts

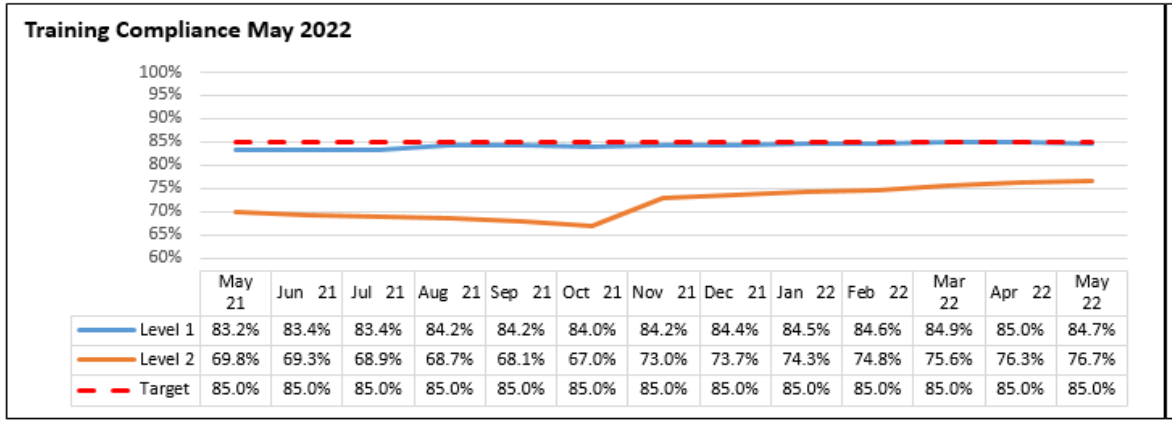
Sickness absence Rates



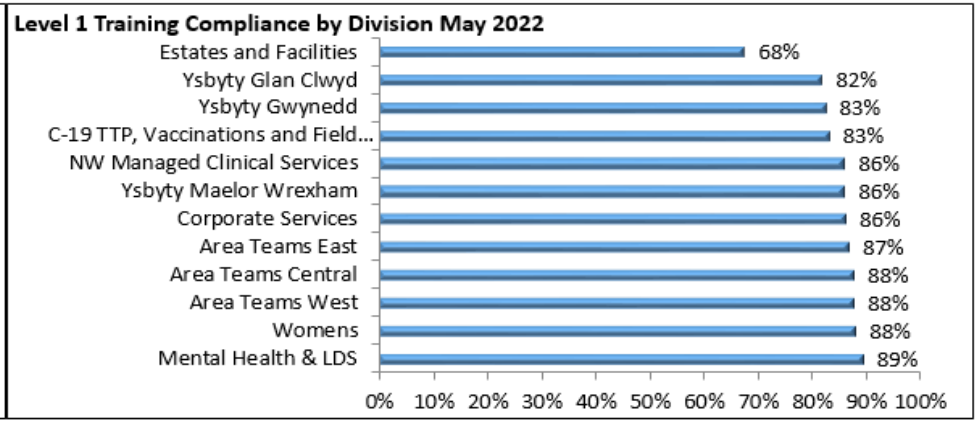
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Sickness Absence Covid Related	0.3%	0.3%	0.4%	0.5%	0.8%	0.6%	0.6%	0.9%	1.7%	1.1%	1.6%	1.7%	0.8%
Sickness Absence Non Covid Related	5.0%	5.3%	5.4%	5.4%	5.9%	6.2%	6.2%	6.1%	5.5%	5.3%	5.3%	5.1%	4.9%
BCU Rolling Rate	5.27%	5.27%	5.34%	5.43%	5.56%	5.73%	5.82%	5.95%	6.05%	6.13%	6.30%	6.46%	6.48%



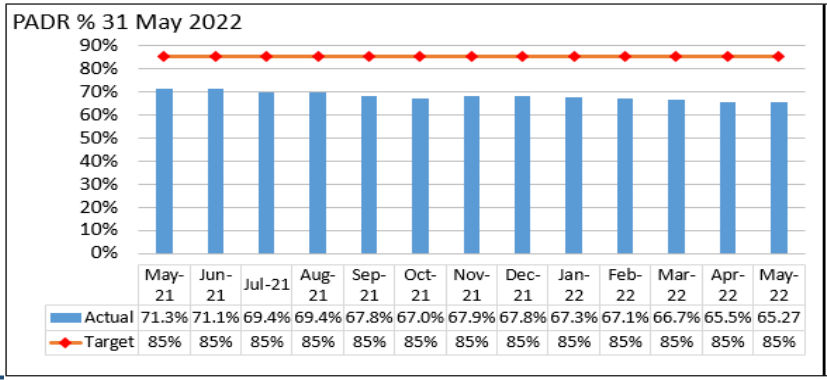
Core Mandatory Training Rate



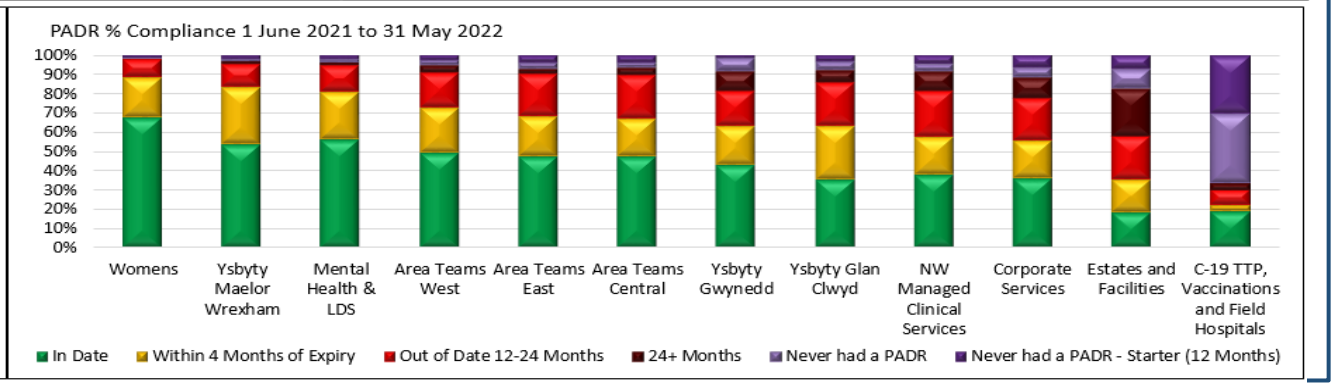
	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Level 1	83.2%	83.4%	83.4%	84.2%	84.2%	84.0%	84.2%	84.4%	84.5%	84.6%	84.9%	85.0%	84.7%
Level 2	69.8%	69.3%	68.9%	68.7%	68.1%	67.0%	73.0%	73.7%	74.3%	74.8%	75.6%	76.3%	76.7%
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



PADR

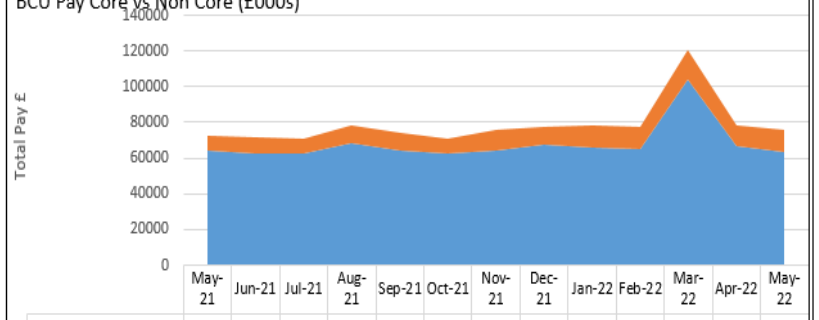


	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Actual	71.3%	71.1%	69.4%	69.4%	67.8%	67.0%	67.9%	67.8%	67.3%	67.1%	66.7%	65.5%	65.27
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%



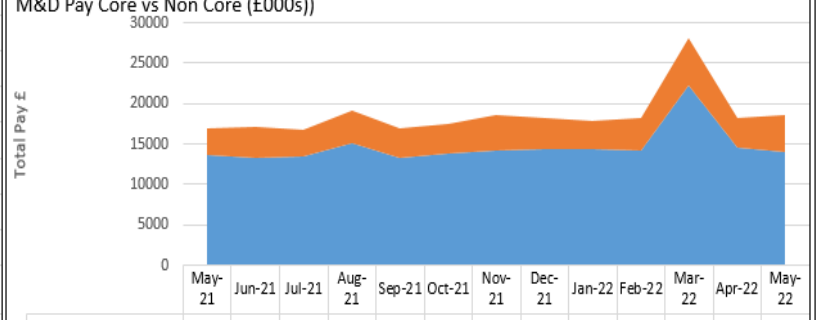
Quadruple Aim 4: Charts

BCU Pay Core vs Non Core (£000s)



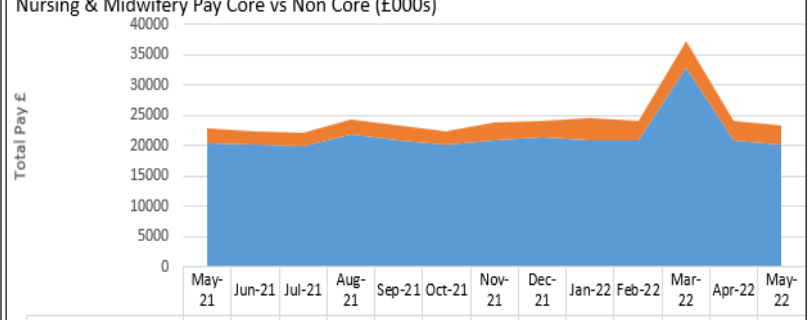
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Non Core Pay (£000s)	8,493	8,938	8,676	9,317	9,558	7,649	11,418	10,580	12,560	12,176	16,270	11,656	12,197
Core Pay (£000s)	64,056	62,535	62,245	68,811	64,535	62,849	64,646	67,242	66,079	65,476	104,383	66,998	63,620

M&D Pay Core vs Non Core (£000s))



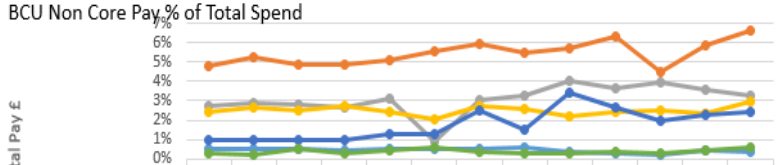
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Non Core Pay (£000s)	3,402	3,772	3,454	3,975	3,671	3,544	4,322	3,769	3,574	3,940	5,766	3,678	4,556
Core Pay (£000s)	13,613	13,300	13,380	15,081	13,347	13,880	14,176	14,387	14,364	14,269	22,236	14,588	13,945

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



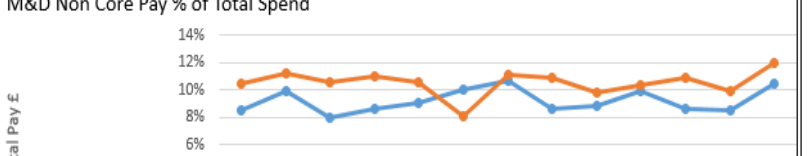
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Non Core Pay (£000s)	2,316	2,263	2,300	2,381	2,520	2,084	3,050	2,672	3,502	3,135	4,205	3,132	3,277
Core Pay (£000s)	20,444	20,131	19,907	21,966	20,886	20,223	20,773	21,282	20,946	20,814	32,926	20,926	20,037

BCU Non Core Pay % of Total Spend



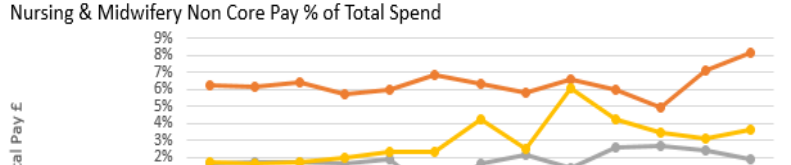
	May -21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May -22
Additional Basic	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.6%	0.6%	0.3%	0.3%	0.2%	0.4%	0.4%
Agency	4.8%	5.2%	4.9%	4.8%	5.1%	5.6%	5.9%	5.5%	5.7%	6.3%	4.5%	5.9%	6.6%
Bank	2.7%	2.9%	2.8%	2.6%	3.1%	0.9%	3.0%	3.2%	4.0%	3.6%	4.0%	3.6%	3.2%
Locum and Other Medical	2.4%	2.7%	2.5%	2.7%	2.4%	2.0%	2.7%	2.5%	2.2%	2.4%	2.5%	2.3%	2.9%
Overtime	1.0%	1.0%	1.0%	1.0%	1.3%	1.3%	2.5%	1.5%	3.4%	2.7%	2.0%	2.2%	2.4%
WLI	0.3%	0.2%	0.5%	0.3%	0.5%	0.6%	0.4%	0.3%	0.3%	0.3%	0.3%	0.4%	0.6%

M&D Non Core Pay % of Total Spend



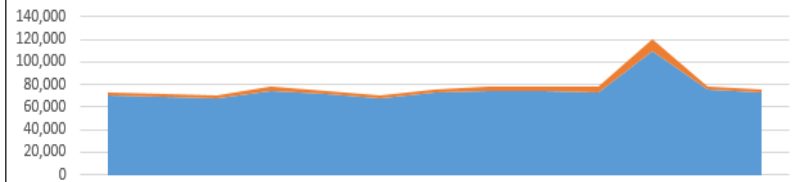
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Agency	8.5%	9.9%	7.9%	8.6%	9.0%	10.1%	10.7%	8.6%	8.8%	9.9%	8.6%	8.5%	10.4%
Locum and Other Medical	10.4%	11.2%	10.6%	11.0%	10.6%	8.1%	11.1%	10.9%	9.8%	10.4%	10.9%	10.0%	12.0%
Overtime	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
WLI	1.1%	0.9%	2.0%	1.2%	2.0%	2.2%	1.5%	1.3%	1.4%	1.3%	1.1%	1.7%	2.2%

Nursing & Midwifery Non Core Pay % of Total Spend



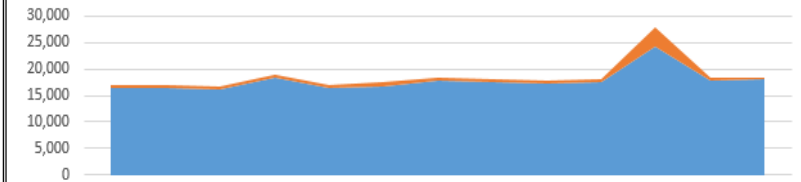
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Additional Basic	0.5%	0.5%	0.5%	0.4%	0.5%	0.4%	0.5%	0.6%	0.3%	0.3%	0.2%	0.3%	0.3%
Agency	6.2%	6.2%	6.4%	5.7%	6.0%	6.8%	6.4%	5.8%	6.6%	6.0%	5.0%	7.1%	8.2%
Bank	1.7%	1.7%	1.7%	1.6%	1.9%	-0.3%	1.7%	2.2%	1.4%	2.6%	2.7%	2.5%	1.9%
Overtime	1.7%	1.6%	1.7%	2.0%	2.4%	2.3%	4.2%	2.5%	6.0%	4.2%	3.4%	3.1%	3.6%
WLI	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

BCU Covid v Non Covid Spend (£000s)



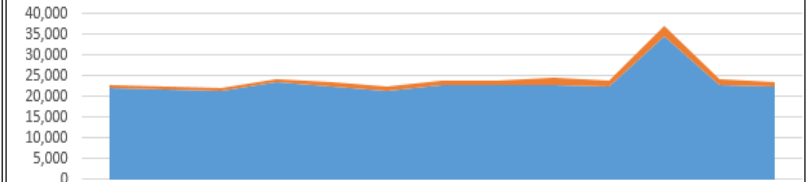
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Covid	2,511	2,678	2,517	3,155	3,009	2,824	3,607	3,553	4,712	4,055	10,764	3,579	2,671
Non Covid	70,038	68,796	68,404	74,973	71,085	67,674	72,457	74,270	73,927	73,597	109,888	75,075	73,146

M&D Covid v Non Covid Spend (£000s)



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Covid	522	602	666	538	512	600	575	574	629	664	3,689	481	463
Non Covid	16,493	16,470	16,169	18,517	16,506	16,825	17,923	17,582	17,309	17,545	24,313	17,785	18,038

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



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Covid	774	724	751	1,061	1,012	932	1,232	1,176	1,640	1,389	2,472	1,328	826
Non Covid	21,985	21,671	21,457	23,286	22,393	21,375	22,591	22,779	22,808	22,560	34,658	22,729	22,488

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

Report title:	Planned Care Status Report		
Report to:	Performance, Finance and Information Governance Committee		
Date of Meeting:	Thursday, 30 June 2022	Agenda Item number:	PF22/80
Executive Summary:	The purpose of this paper is to provide assurance and act as an update on the Planned Care Programme.		
Recommendations:	PFIGC are asked to note the contents of this report as a high-level reflection of the status of the Planned Care Recovery Plan. The Committee is also asked to support the ongoing programme of work, which combines transactional recovery processes with a range of transformational initiatives.		
Executive Lead:	Gill Harris Deputy Chief Executive/Executive Director of Integrated Clinical Services		
Report Author:	Nikki Foulkes Acting Head of Planned Care		

Purpose of report:	For Noting ☐	For Decision ☐	For Assurance ☒

Assurance level:	Significant ☐ High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable ☐ General confidence/evidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence/evidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Link to Strategic Objective(s):	
Regulatory and legal implications	
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	
Financial implications as a result of implementing the recommendations	
Workforce implications as a result of implementing the recommendations	
Feedback, response, and follow up summary following consultation	Initial Paper, will be presented at the Planned Care Committee
Links to BAF risks: (or links to the Corporate Risk Register)	
Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps: **Implementation of recommendations**
List of Appendices: None

Planned Care Programme Update
16.06.2022

1. Introduction/Background

1.1 The previous update to PFIG described the challenge facing BCUHB in relation to Planned Care, and specifically the large number of patients waiting for a planned intervention/treatment, many of whom have been waiting in excess of 52 weeks and some more than 104. The origins of this precede Covid, but the pandemic has clearly exacerbated the position significantly.

Therefore, the total waiting list has continued to increase, and the unvalidated position stands in excess of 166,000, as per figure 1 as of 16th June 2022. With the focus from Welsh Government (WG) being on the transformation of Planned Care across Wales in an attempt to drive down waiting times for our patients and reduce the number of patients waiting in excess of 52 and 104 weeks. There are three distinct but inter-dependant stages – Restart, Stabilisation and Sustainability. The first has commenced, with varying degrees of completeness, and the immediate objective across the HB and indeed Wales, is on creating that stability, which will see the waiting list plateau and begin to reduce. Our Transformation Programme will underpin the long-term solution.

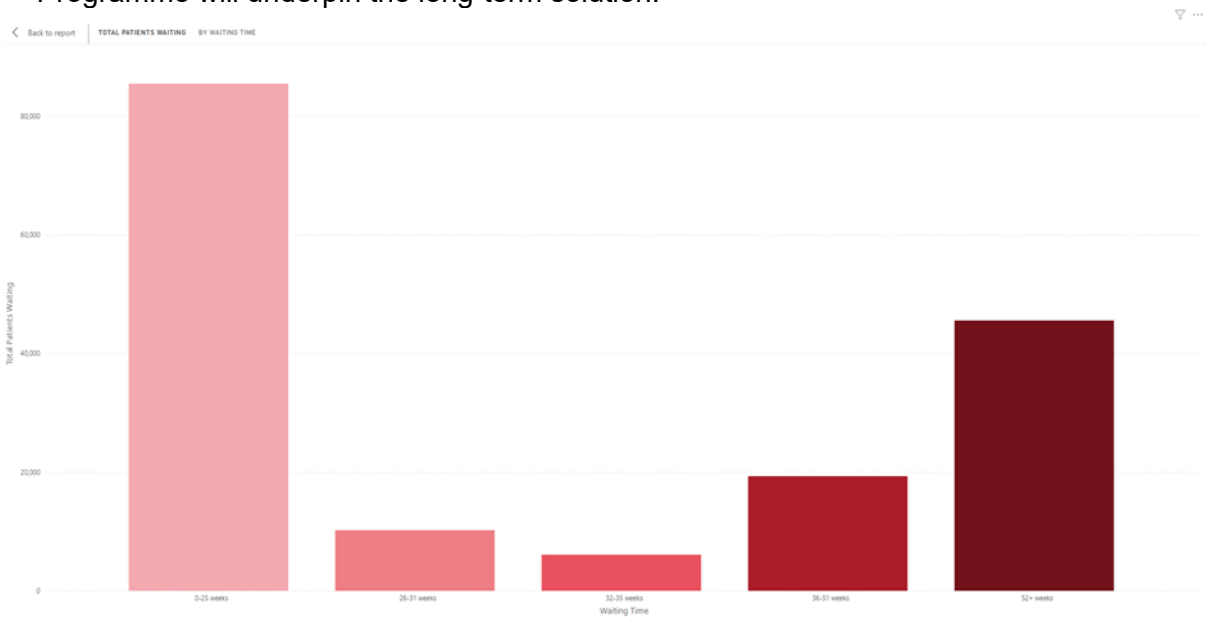


Figure 1

The Planned Care Programme Recovery Plan is designed to address both the underlying deficit between demand and capacity and the secondary Covid related backlog, and as reflected in the IMTP, key principles have been declared:

- As a minimum, volumes of activity need to reach 100% of that achieved in 2019/20, with backlog clearance needing to be achieved at the same time as – and in parallel with – ongoing treatment of new and urgent referrals – i.e. we must tackle the waiting list from both ends.
- The use of physical capacity must be optimised – e.g. all theatre sessions must start on time.
- Radical – but safe – approaches must be taken, and would include the expansion of initiatives trialled during the pandemic – such as virtual clinics, Seen on Symptoms

and PIFU (patient initiated follow-ups) – To enable the review and treatment of those patients who absolutely need that care.

- There will be a longer term and sustainable programme of transformation, based on best practice, benchmarking and the implementation of the GIRFT (Getting it Right First Time) pathways.

Planned Care should not be seen in isolation from the Unscheduled Care agenda, and the continuing impact of the Covid restrictions and outbreaks, together with the normal winter pressures may mean that progress in reducing the waiting list backlog will continue to be a risk.

2. Body of report

2.1 Strategy Implications

The delivery of planned care (and the clearance of the backlog on the waiting list) is a key business and safety objective for BCUHB. Delays to elective treatment, including cancer care, have significant impacts on the well-being of patients and their families. A delay in cancer surgery can obviously be life threatening, but a deferral of a hip replacement for example can be limiting to mobility and indeed the ability to work, etc. Furthermore, for those patients on waiting lists for significant periods (e.g. in excess of 52 weeks), deterioration in condition is almost inevitable. This has a wider socio-economic impact across the population.

As previously reported the Planned Care Recovery Plan is a combination of transactional (operational) and transformational (developmental) initiatives. In essence, there will be four key themes:

- Increased capacity (i.e. treating more patients) including the regional treatment centres
- Prioritising diagnostics and outpatients
- Transformation (pathway redesign) for both planned ambulatory care and complex surgery
- Information and communication (including validation)

These will be delivered via the infrastructure being developed below, as demonstrated in Figure 2;

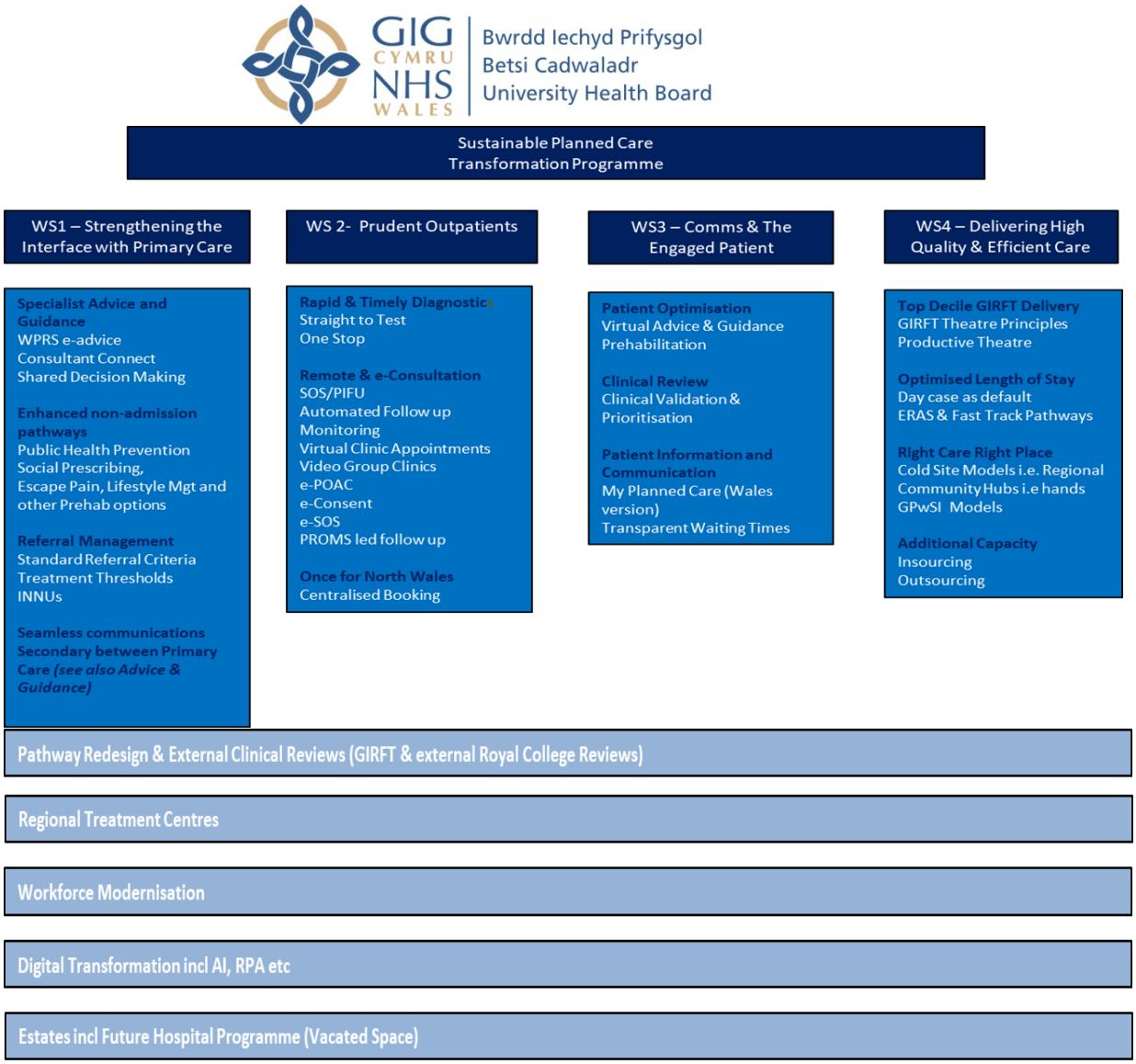


Figure 2

This blueprint has now been signed off and is in the process of being implemented and mobilised. These align to the new document published by WG in April (2022), 'Transforming and modernising planned care and reducing waiting lists'. Which includes several key objectives for the next three years, but the ministerial priorities for 2022/23 are;

- No patients waiting for a new outpatient appointment (Stage one) longer than 52 weeks by the end of December
- No patients waiting at any stage of their pathway longer than 104 weeks by the end of March

These targets are in addition to the business as usual KPI's inclusive of treating cancer patients within 62 days of their referral. All planned actions are directed at these goals (while ensuring that those patients requiring priority interventions continue to receive them).

There are number of specific actions being taken across all specialities, although the emphasis in each may vary depending on local (service based) circumstances.

1. The relaxation of social distancing regulations, Outpatients has been risk assessed and we have now been given the directive nationally to de-escalate covid measures within remaining areas. These areas will be subject to the same process to enable the rapid increase in core capacity back to 100% of the 2019/20 baseline, from July 2022.

2. A continuous validation exercise to ensure that only patients that need to be seen/treated are on the list. (This will reduce the number of duplicate entries, as well as those who have already been treated). This is inclusive of both internal and external validation. Next steps will identify the productivity of the internal validation process and how we can learn from the external company to ensure we improve our processes.

3. Pan BCU Patient Target List (PTL) that enables teams to view one source of data, and enable patients to be treated in chronological order across the HB. This will be possible as a consequence of West migrating over WPAS. This will inform performance metrics.

4. Maximisation of outsourcing and insourcing opportunities, building on our arrangements for Orthopaedics, Ophthalmology, Dermatology and Endoscopy. In relation to Outsourcing, we continue to seek additional capacity in the short term to support our delivery of the programme. With Insourcing, there are 6 tenders published for the specialities of Orthopaedics and a number of other specialities inclusive of General Surgery and Urology.

5. Effective use of waiting list initiatives and locums to support core capacity to deliver 19/20 baseline activity. This will be supported by a process.

6. A concentrated roll-out of the SOS/PIFU initiatives. Whilst a conservative 20% “target” has been included in the ITMP plan, many specialities will be able to achieve higher figures.

7. Improved theatre productivity and therefore throughput, through establishing a pan BCU Perioperative programme for example Maximum utilisation of the Abergele site for Orthopaedics

2.2 GiRFT/Clinical Pathways

GIRFT programme is now active, with the report from the deep dive, analysis has been received and an action plan has been devised. This cycle will be commenced with General Surgery, Ophthalmology, Urology and Gynaecology over the financial year. The principles of GiRFT and other benchmarking will be utilised to support the Perioperative programme, which will be commenced in July.

2.3 Modular Theatres

Work also continues on the business case to support the installation of a modular ward at Abergele and a ward redesign at Wrexham to support the active decoupling of planned care from Unscheduled. Potentially, both could be active by Quarter 4, although there is a considerable financial challenge to overcome. For this reason, this potential capacity has not yet been built into the Recovery Plan.

2.4 IMTP

It was agreed with WG to submit a revised IMTP as of 31.05.2022, with all known assumptions and mitigations to that date. This draws a line under the plan and allows BCU to move forward, taking into consideration new guidance that has recently been published as an example. These assumptions and actions to date, enables us propose the following trajectories against the two Ministerial priorities. Figures 3 and 4 demonstrate our position at these two key dates;

Speciality	RAG
Urology	
T&O	
Orthodontics	
General Surgery	
Ophthalmology	
ENT	
OMFS	
Restorative Dentistry	
Pain	
Gen Medicine	
Gastroenterology	
Endocrine	
Cardiology	
Dermatology	
Thoracic Medicine	
Nephrology	
Rheumatology	
Paediatrics	
COTE	
Gynaecology	
Health Board	

**Figure 3 - Number of 52 week breaches predicted at Jan 2023*

Speciality	RAG
General Surgery	
Urology	
T&O	
Gynaecology	
ENT	
OMFS	
Ophthalmology	
Pain	
Gastroenterology	
Endocrine	
Dermatology	
Thoracic Medicine	
Nephrology	
Paediatrics	
Restorative Dentistry	
Orthodontics	
Gen Medicine	
Cardiology	
Rheumatology	
COTE	
Health Board	

**Figure 4 - Number of 104 week breaches at April 2023*

However, WG also agreed with BCU that we would perform a quarter 2 refresh, which will be submitted by 22/06/22 with all added schemes and assumptions. This will re-align BCU to the rest of wales who are doing the same. It is anticipated that the above forecasts will change. In order to achieve these trajectories a number of steps will be taken to put rigour and robust monitoring in place through accountability. An achievement on both counts within the financial year would in itself be a significant achievement, and represent significant steps

on the recovery journey, while not under-estimating the degree of challenge, as well as the timescale to meet the ultimate 26 week maximum wait objective.

In so doing, the risks remain clear – workforce challenges and the potential for further Covid surges remain, mean that we cannot guarantee ring fencing planned care resources.

2.5 Communication
This aspect of the Planned Care Programme is gaining momentum, building as it does on some areas of good practice to develop a comprehensive and cohesive package of information to both the patients waiting for treatment and the clinicians caring for them both in primary and secondary care. This includes the provision of very basic details – e.g. the length of the waiting list for each speciality, which will be provided on the BCUHB web-site on a regular basis from this month.

It will also include information on the support available to patients, either directly from our own staff or via partner organisations. The work with British Red Cross, which will commence next month, utilising the resources and network of the latter, and which will provide one to one and group support to the longest waiting patients across North Wales.

2.6 Cancer
The Cancer Partnership Group, now established, will develop the cancer strategy for the organisation aligned with the Welsh cancer plan. The group will be developing programmes of work over the next 3-5 years, supporting themes of work from prevention to end of life care. It will oversee, re-design and develop the cancer advisory groups to improve Cancer performance for the population of North Wales.

2.7 RTC's
The regional treatment centre is entering its design phase with the architect and associated experts now being mobilised. The demand and capacity modelling is very near completion, which will dictate the size of the building. The design team will take this specification and develop, with stakeholder participation, the first design of the buildings, whilst other elements such as number, location and consultation are worked upon.

3. Budgetary / Financial Implications

3.1 Significant funding has been made available for this financial year, linked to IMTP submission, investment plans for 2022/23 have been confirmed to ensure that both current performance is maintained and also that additionality is achieved or procured. Much of the investment in the current financial year is designed to re-enforce the infrastructure of key services – diagnostics, cancer, etc. – to remove bottlenecks and to improve the quality of patient experience, but there are significant investments in Outsourcing and Insourcing, as well as creative options for Orthopaedics

4. Risk Management

4.1 The underlying risk score associated with the backlog of patients on the waiting list remains unchanged currently at 25, but the current score is based on actions to date and has been revised to 20. The various actions are designed to mitigate and reduce the risk, but it needs to be recognised that none of these will provide immediate solutions, and despite best endeavours, unscheduled care pressures may still affect progress.

5. Equality and Diversity Implications

5.1 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.

Performance, Finance & Information Group

Monthly Programme Highlight Report – May 2022

USC Improvement Programme

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Programme detail

RAG	Overall RAG - Amber		
Quantifiable Outcomes	High level proposed outcome measures set out below, quantification of explicit targets and trajectories including impact from individual projects will be determined within development of Phase 2 plans: ❑ 4 hour UEC performance metric / ED IPS, with trajectories in place for each site to be determined, working with the transformation team. ❑ A proposed 20% improvement each quarter to the BCU ambulance handover performance with local site trajectories developed to a zero tolerance of 60 minute delays by March 24 ❑ An increase in MIU attendances with a triage category 4 & 5, reducing ED demand ❑ A reduction of MFD patients on each site: compliance with national D2RA metrics ❑ Increase unscheduled intake (acute medical, surgical and T&O take) who are managed on an ambulatory emergency care pathway (aim 30% - NHSE)		
Strategies	The programme is aligned to the WG 6 priority goals for urgent & emergency care		
Cost (Cap/Rev)	c£7.4m investment approved by Execs to develop new workforce model in EDs C£1.6m revenue investment and £160K capital funding from WG for SDEC development £1.012m revenue funding for UPCC developments (East & Centre). BCUHB Performance Funds for West UPCC 111 First Funding from WG to be confirmed 2022-23 onwards. (WG funding approved for costs incurred for 2021-22)		
Sponsor	Gill Harris, Deputy CEO / Executive Director of Clinical Integrated Services	Clinical Lead	Dr Christian Subbe
Operational Lead	Claire Brennan, USC Programme Manager	Programme Lead	David Allison, USC Programme Director

Exec summary

Exec summary headlines – latest status & key achievements since last update

- ❑ Revised USC programme structure being implemented; new Programme Director appointed commenced 11th April . Additional clinical and operational resources as well as project management support to be identified to support the delivery of improvements, working with the transformation team.
- ❑ Review of Phase 1 of the USC programme to be undertaken and refreshed priorities identified for Phase 2.
- ❑ Learning from MADE events on each site and the 2-week WG reset in March which focused on internal delays across the wider health & social care economy will also inform Phase 2.
- ❑ Work ongoing with transformation team to develop effective and robust KPIs as well as benefits realisation including outcome and process measures and impact monitoring of the programme via a USC dashboard and programme tracker
- ❑ Work underway to define consistent and robust data capturing processes for SDEC attendances to address variability across each site data and ensure data is captured through data warehouse.

Decisions / Escalations required

For information:

- ❑ Exec approval of revised Home First Bureau Business Case for agreed funding awaited.
- ❑ Clarity on funding for Community Frailty Pathways as not approved in IMTP

Critical milestones

Milestone Key: Complete | Delayed | On Track with minor issues | On Track | Not Due to Start

Key Milestones	Completion Date (PRAGG)	Revised Completion Date	Owner	Update
Phase 1 WS1 – Standardise ENP skill mix to deliver consist MIU services across BCU	Dec 2022		Gilly Scott MIU Clinical Lead (Central)	Emergency Practitioner educational programme commenced and training sessions delivered in month with further sessions planned
Phase 1 WS2 – Establish SDEC Task & Finish Group with agreed ToRs to progress ongoing development of existing SDEC units across the 3 sites.	June 2022		Oliver Blocker SDEC Clinical Lead	T&F Group to be established with effect from mid June within Phase 2 of USC programme to include review of different site approaches and agree further improvement actions
Phase 1 WS3 – Complete staff training to support implementation of Criteria Led Discharge within phase 2 of the programme (not a high impact action)	April 2022	July 2022	Acute Site Directors	CLD training for staff ongoing across the Health Economies, some delays & challenges experienced due to culture
Phase 1 WS4 – develop electronic referral Transfer of Care form drafted to support utilisation of pathway 2&3. **Phase 1** WS4 – Electronic whiteboards for community hospitals	April 2022	June 2022	David Allison, Programme Director	E-TOC referral form being finalised with some delays in developer resource. Pilot of alternative e-whiteboard solution commenced in Central community hospitals prior to wider roll out
Phase 2 programme development – formal review and critique of phase 1 delivery to inform phase 2 programme composition	May 2022		David Allison, Programme Director Dr Chris Subbe, Senior Clinical Lead	End of phase 1 report drafted and shared with USC leads. Meetings with HMTs to review outcomes and develop Phase 2 plans
Phase 2 programme development – agreement of 2022-23 USC Improvement Programme Plan (Phase 2)	June 2022		David Allison, Programme Director Dr Chris Subbe, Senior Clinical Lead	Meetings with HMTs to review outcomes and develop Phase 2 plans. Exec Approval required

Report title:	Business Case Tracker		
Report to:	Performance, Finance, and Information Governance Committee		
Date of Meeting:	Thursday, 30 June 2022	Agenda Item number:	PF22/82
Executive Summary:	This paper presents both the Estates and the IMTP schemes business case trackers, as part of the routine update to the Committee on the implementation of the Health Board's plans. At the request of the committee, the trackers have been simplified for clarity. The Estates tracker outlines the progress of major schemes at various stages of approval. The IMTP tracker consists of the four schemes where a business case is required before the schemes can progress. All other schemes outlined in the IMTP are at the implementation stage.		
Recommendations:	The Committee is asked to: Note the contents of the Business Case Trackers		
Executive Lead:	Chris Stockport, Executive Director Transformation, Strategic Planning, and Commissioning		
Report Author:	Ian Howard, Assistant Director Strategic and Business Analysis		

Purpose of report:	For Noting ☒	For Decision ☐	For Assurance ☐

Assurance level:	Significant ☐ High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable ☐ General confidence/evidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence/evidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Link to Strategic Objective(s):	Cases are being developed in accordance with the IMTP.
Regulatory and legal implications	Not applicable.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	The schemes contain their own risk assessments. Many of the schemes include the mitigation of identified risks as part of their objectives.

Financial implications as a result of implementing the recommendations	Not applicable.
Workforce implications as a result of implementing the recommendations	Not applicable.
Feedback, response, and follow up summary following consultation	Not applicable.
Links to BAF risks: (or links to the Corporate Risk Register)	Not applicable.
Reason for submission of report to confidential board (where relevant)	Not applicable.
Next Steps: **Implementation of recommendations** The Committee are asked to note the contents of the report.	
List of Appendices: Appendix 1: Estates Business Case Tracker Appendix 2: IMTP Business Case Tracker	

BCUHB Estates Business Cases Tracker - IMTP 2022 / 2025

Full Business Case (final approval stage)

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update June 2022
Royal Alexandra Hospital (North Denbighshire)	67.3 plus inflation	Chris Stockport, Executive Director of Transformation and Planning Gareth Evans, Interim Executive Director of Therapies & Health Sciences	FBC submitted	Following the Health Board's approval of the Full Business Case in March 2021, and the subsequent scrutiny by Welsh Government (WG), WG have confirmed that our business case is approvable, but that given the significant reduction in capital funding for the NHS over the next three years the scheme is currently under review. Further information has been provided about the wider social and economic benefits of the scheme, particularly with respect to the re-generation of Rhyl, and are working with WG to explore options to make the scheme affordable within the current economic climate.
Wrexham Maelor Continuity Phase 1	Approved PBC Cost is 30 - 40	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery Neil Bradshaw, Assistant Director: Capital	FBC to be submitted September 2022	The scope of the works, including the additional fire protection requirements, has been finalised and the total cost is estimated to be £43m. Given the long term proposals to develop the site, and the potential location of an RTC, options are being developed to clarify the works to the following: - Fire alarms to North Site - Electrical capacity for future development. Agreement has been reached with Welsh Government about the structure of the combined OBC/FBC and the extent of the required option appraisal. Welsh Government have confirmed funding for the fees to FBC.

Outline Business Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update June 2022
Adult and Older Person's Mental Health Unit Glan Clwyd Hospital	63.7	Teresa Owen, Executive Director Public Health Jill Timmins, Programme Director Ablett Redevelopment	OBC submitted	Discussions are still on-going with WG following the presentation of the case to the Infrastructure Investment Board in January 2022. A further meeting is being arranged for June 2022.
Regional Treatment Centres (previously Diagnostic & Treatment Centres)	154 - 252 depending on the option	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery Alyson Constantine	Nature of the case and date of submission are under discussion with Welsh Government.	The design team has been appointed, and work is continuing on the OBC.
Nuclear Medicine Reconfiguration (including PET)	12.6	Adrian Thomas, Executive Director of Therapies & Health Sciences Gareth Evans, Interim Executive Director of Therapies & Health Sciences David Fletcher, Directorate General Manager, NWMCS	Nature of the case and date of submission are under discussion with Welsh Government.	The SOC has been approved, and funding received to develop the next stage of the case. A scoping session will be held with Welsh Government in June to agree the nature of the case and the timeline for submission.

Strategic Outline Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update June 2022
Residential Accommodation (includes Revenue Implication)	55.8	Sue Green, Executive Director, Workforce & Organisational Development Rod Taylor, Director Estates & Facilities	Nature of the case and date of submission are under discussion with Welsh Government.	A procurement is planned to identify an external partner to manage our existing stock of residential accommodation and over time develop new build accommodation. The PID was presented to Executive Team on 2nd of February 2022. Current project timescales are: Procurement Process - Selection Stage: March – June 2022 Procurement Process - Tender Stage: June – December 2022 Approvals and Governance: December 2022 – March 2023 Contract Award and Mobilisation: April 2023
Bangor Health & Wellbeing Centre	Circa 32 -37 million	Sue Hill, Executive Director of Finance Glynne Roberts, Project Director	SOC submitted	The SOC has been approved by the Board, and submitted to Welsh Government for scrutiny.
Conwy Integrated Services Facility	15 - 19 (previously 4 - 8)	Alison Kemp, Acting Area Director, Central	SOC submitted	The SOC has been submitted and scrutiny questions received from Welsh Government. Responses will be submitted by the end of June 2022. Funding has been received from the Health and Social Care Integration and Rebalancing Capital Fund to develop the case to OBC.

Programme Business Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update June 2022
Wrexham Redevelopment Business Case	TBC Over 200	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery Graham Alexander, Project Director	To be agreed.	A workshop will be held on the 24th of June to discuss and agree the underpinning transformational principles and subsequent impact on any future redevelopment of Wrexham. No PBC submission date yet agreed.
Ysbyty Gwynedd: Fire Safety and Infrastructure Compliance	216	Sue Hill, Executive Director of Finance Rod Taylor, Director Estates & Facilities	PBC has been submitted.	Following the Gateway Review, the HB is responding to the recommendations contained within the review. The HB is also in discussions with WG regarding affordability of the PBC Programme and has been requested to review the potential cost of a "do minimum" option that addresses fire safety compliance only.

Scoping Document Stage

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update June 2022
Neuro Rehabilitation Services: Llandudno General Hospital	**5 - 8**	Gareth Evans, Interim Executive Director of Therapies & Health Sciences Steven Grayston, Assistant Area Director Of Therapy Services (Centre)	**To be agreed.**	**Draft service model co-produced and further engagement with key stakeholders is ongoing. Work has been undertaken to identify the capacity and activity requirements which has identified the number of beds needed. Work has started on the draft accommodation requirements and included conversations with Walton, Clatterbridge and Llandough level 2 services to understand their experiences. Options workshop undertaken to confirm the critical success factors and the long list of options. Still awaiting feedback on the scoping document from WG**
Penygroes Health & Wellbeing Hub	**6 to 8**	Ffion Johnstone, Area Director (West) Wyn Thomas, Assistant Area Director Primary & Community Care	**To be agreed following discussions with Welsh Government.**	**Work ongoing with Project Design Team regarding the Health facility schedule of accommodation for the Canolfan Lleu (Penygroes HWB Hub) site. Meeting also planned on the 22nd of June 2022 to discuss feedback from WG Pathfinder Panel regarding Canolfan Lleu funding for 2022/2023.**
Penrhos Polish Nursing Home	**8**	Chris Stockport, Executive Director of Transformation and Planning Ffion Johnstone, Area Director (West)	**To be agreed.**	**An Agreement in Principle (AIP) Paper is being prepared for both Gwynedd Council Cabinet and for BCUHB Execs with regard to the partnership care home model being proposed for the Penrhos site. This is likely to be at the end of June / early July 2022**
Hwb Cybi (Holyhead) Primary Care Health & Wellbeing Hub	**In excess of 15m**	Ffion Johnstone, Area Director (West) Wyn Thomas, Assistant Area Director Primary & Community Care	**To be agreed.**	**Awaiting WG confirmation of Pathfinder (IRCF) 2022/2023 monies for first phase of Holyhead scheme (modular unit to bring primary care services together on one site) and for design team fees to progress the business case process.**
School of Medicine and Health Sciences	**25**	Nick Lyons, Executive Medical Director Lea Marsden, Programme Director - North Wales Medical & Health Sciences School	**November 2022**	**A business case scoping document is in development. Alignment to the Welsh Government Programme Board work is required and time scales for the business case are currently estimated as September with approval being through PFIG in October 2022 and Board in November 2022.**

In Development / Under Review

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update June 2022
Denbigh Integrated Re-ablement	**TBA**	Alison Kemp, Acting Area Director Central	**To be agreed.**	**Work to commence on BCUHB service model / clinical output specification for Denbigh Infirmary - this will help to shape the future accommodation requirements. This work needs to be resourced - possibly via the Transformation Team.**
Colwyn Bay Integrated Health & Social Care Facility	**2**	Alison Kemp, Acting Area Director Central	**To be agreed.**	**This will be a revenue FBC - with current plans to submit in October 2022. The scheme has been delayed due to local elections. Engagement due to start on a revised model of care. Led by Conwy Borough Council an expression of interest has been submitted to the IRCF and HCF fund. The bid covers the full capital build costs for all elements of the development i.e. ECH, MAO, Re-ablement Unit and Training facility, in addition to project management and site development costs. Initial response has been good and meeting with WG organised for the 22nd of June 2022 to discuss application process.**

Additional Schemes / 10 Year Infrastructure Plan

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update June 2022
Llanfair PG Health Wellbeing Centre - Primary Care extension		Ffion Johnstone, Area Director (West) Wyn Thomas, Assistant Area Director Primary & Community Care	**To be agreed.**	**Awaiting planning approval before finalising the case.**
Posture & Mobility Services Project for Premises currently at Bryn Y Neuadd Site, Llanfairfechan	**Estimated at £1.5 - 3 Million**	Gareth Evans, Executive Director of Therapies and Health Sciences Nesta McCluskey, Project Director Stephen Jones, Head of Posture & Mobility Joanne Janes, Assistant Project Manager	**To be agreed.**	**Existing building in a very poor state and remedial works will be required (new windows, new roof, asbestos removal, new extract ventilation system). The service is unable to work at it's full capacity due to the constraints of the building. Work progressing to find a suitable solution. Project Manager - Joanne Janes**

IMTP Consolidated Schemes - 2022/2023

IMTP Ref. No	Business Case Title	Full Year Effect £m's	Part Year Effect £m's	Executive Lead	Planned Case Submission	Update: June 2022
a.2022.9	**Home First Bureaus** Resource the Home First Bureaus on a sustainable basis, with a consistent and standardised North Wales model in place to maintain the 'Home First' principles on a 7 day week basis	**1.4**	**1.3**	Gill Harris, Deputy Chief Executive Project Director - To Be Confirmed	**To be confirmed**	A consolidated plan is being finalised.
a.2022.12	**Long Covid** Develop the patient pathways required to support the population to manage the longer-term health conditions resulting from Long Covid, and improve their outcomes	**1.3**	**1.3**	Gareth Evans, Interim Executive Director Therapies & Health Sciences Natasha Turner, Operations Manager, Long Covid Service	**June 2022**	The draft business case is currently being reviewed by the HBRT review panel prior to submission to the Executive Team. The HBRT feedback meeting is on the 27th of June 2022.
a.2022.39	**Vascular** Continued development of a safe and effective vascular service across BCU	**3.3**	**2.6**	Nick Lyons, Executive Medical Director Sally Morris, Vascular Implementation Plan Advisor (Interim)	**July 2022**	The business case is currently being finalised.
b.2022.8	**Diabetic Foot Pathway** Improve diabetic foot management and outcomes across BCUHB	**2.5**	**1.7**	Nick Lyons, Executive Medical Director Sally Morris, Vascular Implementation Plan Advisor (Interim)	**July 2022**	The business case is currently being finalised.

Report title:	AAA report on Information Governance Group		
Report to:			
Date of Meeting:	Monday, 30 May 2022	Agenda Item number:	PF22/83
Executive Summary:	This report is to provide assurance from the Information Governance Group.		
Recommendations:	The Committee is asked to note this report.		
Executive Lead:	Dr Nick Lyons, Executive Medical Director		
Report Author:	Dr Conrad Wareham		

Purpose of report:	For Noting ☐	For Decision ☐	For Assurance ☒

Assurance level:	Significant ☐	Acceptable ☒	Partial ☐	No Assurance ☐
	High level of confidence/evidence in delivery of existing mechanisms / objectives	General confidence/evidence in delivery of existing mechanisms / objectives	Some confidence/evidence in delivery of existing mechanisms / objectives	No confidence/evidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Link to Strategic Objective(s):	N/A
Regulatory and legal implications	N/A
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	N/A
Financial implications as a result of implementing the recommendations	N/A
Workforce implications as a result of implementing the recommendations	N/A
Feedback, response, and follow up summary following consultation	N/A
Links to BAF risks: (or links to the Corporate Risk Register)	
Reason for submission of report to confidential board (where relevant)	N/A

Next Steps: **Implementation of recommendations**

List of Appendices: None

AAA report on Information Governance Group

1. Introduction/Background

The Information Governance Group Meeting took place on 30 May 2022. The meeting was quorate but as Dr Lyons was on leave Dr Wareham was in the chair.

2. Body of report

2.1 There were no declarations of interest and the minutes of the previous meeting were approved.

2.2 Of significance on the action list there was confirmation of national standards being met in terms of the use of NHS numbers in both current systems and the recently introduced WPAS. The roll out of the latter will be in a detailed briefing report in June.

2.3 Review of the Quarter 4 Information Governance (IG) work plan highlighted that whilst most targets had been met there were a number of matters ongoing. These include compliance audit reports, departmental training, implementation of the new subject access request (SAR)/freedom of information (FOI) system, streamlining of the FOI process and review data processing arrangements had not yet reached their targets. Ongoing support was required for the Office 365 introduction, the cyber security lead, cyber security assurance framework, the Digital Health Record introduction, the alerts management policy, the assurance of correct use of NHS numbers and the management of correct use of restricted information.

2.4 The Key performance indicator (KPI) report showed an improvement in compliance from 71% (Q3) to 76% although SARs within 28 days had reduced from 92% (Q3) to 89%. Access to health record (ATHR) had reduced somewhat in all areas attributable to sick ness with the COVID pandemic wave which was a particular issue in HMP Berwyn. Incidents and complaints in G had decreased markedly from 91 (Q3) to 59 with no reported missed and two self reported issues. Compliance with IG training remains at 82% with ongoing work to bring it up to the 85% standard. There were no IG compliance audits undertaken in Q4. There is a modest budgetary underspend.

2.5 The Service Improvement report highlighted a potential issue with the new DATIX system creating barriers and potential further delays in some FOI/SAR requests. Work arounds are being identified. Work on improving compliance audits includes establishing learning and best practice from other Health Boards and introduction of self audits.

2.6 It was identified that there are significant limitations in the utility of the current asses register for what it being called on to do going forward. There in an imminent meeting to determine options and work arounds which will be reported back in due course.

2.7 A number of policies and procedures were discussed. The Bring Your Own Device procedure IG28 was discussed and should be signed off out of session after inclusion of final comments. The Information Management and Technology procedure (IG14) was agreed and signed off. The Notification of Personal Data Breach National Procedure (IG24) was deferred for out of session sign off as some members had not yet reviewed it in sufficient detail. The Welsh Government Health Records Cod eof Management for Health and Social Care was tabled and noted.

2.8 After the recent appointment for a new Head of Patient Records there was no Chair's Assurance report from the Patient Records Group to table at the meeting and this would follow.

2.9 There was an update on the Office 365 rollout. Phase 1 is complete and Phase 2 is underway but there is an additional scoping of the detail of preparatory work for some systems to allow migration. This is ongoing with no specific new risks raised.

2.10 There was an over view of cyber security issues from the Chair's report from the ICT Governance and Security Group although the Cyber Security Report could not be tabled in the meeting due to the unavoidable absence of the author.

2.11 In 'Other Business' ongoing concerns were raised about the use by some staff of WhattsApp. This is not endorsed by the Health Board however neither are potentially suitable alternatives in all situations. As it is not endorsed there is no clear governance around its unofficial use. The Deputy Executive Medical Director has agreed to work with the relevant teams to work up short and medium term options around this urgently.

3. Budgetary / Financial Implications

N/A

4. Risk Management.

4.1 There are currently six risk register items.

4.2 **IG14**
Legislative timescales are not being met in regards to FOI and the Data Protection Act. Whilst progress has been made the team are continuing to work with the Leads to improve this. Current risk score is 6, with a target score of 4, this risk remains the same with no changes.

4.3 **IG16 Failure to develop and make improvements to the Information Asset Register**:
The initial risk was raised when there was no development work with the old portal, the risk has now evolved but remains at a score of 9, as the old asset register not being maintained. Once the new asset register is implemented it will be more self-automated and there will be more accountability to system owners. A target score of 4 but this is likely to take some time to reach.

4.4 **IG17 Compliance with Data Protection and Freedom of Information**
Work remains on-going, this has stayed at Level 9 with a score of 6, a lot of work is ongoing to improve this.

4.5 **IG18 Office 365**
IG continue to support with the rollout of Office 365, this remains at score 9, with target level of 6. There are staff members from BCUHB on the National Group, the IG team attend the weekly meeting so there is more of an understanding and can identify any IG risks, there is now more assurance around this.

4.6 **IG19 Management of Corporate Records**
This remains at risk score 9 with a target score of 6.

4.7 **IG20 Mapping of the data flows**
This risk has recently been added, although there are records of the data flows coming in and out of the Health Board it is not capturing the whole area. This is being monitored closely and is currently at risk score of 9 with a target of 6.

5. Equality and Diversity Implications

N/A