

- 0 09:30 - GOVERNANCE
- 1 09:30 - PF23/18 Apologies  
*Sue Green - for whom Jason Brannan and Nick Graham will deputise*  
*Justine Parry - for whom Carole Johnstone will deputise for item PF23/40*  
*Dave Harries*
- 2 PF23/19 Declaration of Interest
- 3 09:31 - PF23/20 Draft Minutes of the previous meeting held on 19.1.23 approval  
PF23.20 Draft PFIGC minutes 19.1.23 v.02 public session.docx
- 4 09:33 - PF23/21 Matters arising and table of actions  
PF23.21A PFIGC Table of actions.docx
- 5 09:43 - PF23/22 Report of the Chair - verbal  
*John Cunliffe*
- 6 09:44 - PF23/23 Report of the Lead Executive  
*Steve Webster*  
*Recommendation*  
*The Committee is asked to note the report*  
PF23.23 Report of the Lead Executive.docx
- 7 09:49 - PF23/24 Notification of matters referred from other Board Committees on this or future agendas  
*Molly Marcu*
- 8 FINANCE
- 9 09:50 - PF23/25 Finance reports Months 9 and 10  
*Steve Webster*  
*Recommendation*  
*The Committee is asked to note the reports*  
PF23.25a Finance report month 10 cover.docx  
PF23.25b App1 PFIG Report M10.pptx  
PF23.25c App2 BCU M10 2022-23 MR Report.pdf  
PF23.25d Finance report month 9 cover.docx  
PF23.25e App1 PFIG Report M9.pptx  
PF23.25f App2 BCU M09 2022-23 MR Report.pdf
- 10 10:05 - PF23/26 Savings Delivery report  
*Steve Webster*  
*Recommendation*  
*The Committee is asked to note the report*  
PF23.26a Savings Delivery Report M10 cover.docx  
PF23.26b M10 Savings V1.pptx
- 10.1 10:20 - PF23/27 Delivery of Health Board Savings Audit Report  
*Steve Webster*  
*Recommendation*  
*The Committee is asked to note the report*  
PF23.27a PFIG Savings Audit cover sheet month 10.docx  
PF23.27b PFIG Savings Audit - Final Internal Audit Report Delivery of Health Board Savings.pdf
- 11 10:30 - PF23/28 Financial control report  
*Steve Webster*  
*Recommendation*  
*The Committee is asked to note the report*  
PF23.28a Financial Control Cover sheet month 10.docx  
PF23.28b Financial Control Report month 10 v4.docx
- 12 10:40 - PF23/29 Agency Controls report

*Jason Brannan and Nick Graham in attendance*

*Recommendation*

*The Committee is asked to NOTE the current controls outlined in this report*

PF23.29 Agency Controls Report v2 - Final.pdf

13

10:50 - Break

14

11:00 - PF23/30 Capital Programme Monitoring reports Months 8 and 9

*Steve Webster*

*Neil Bradshaw in attendance*

*Recommendation*

*The committee is asked to receive and scrutinise this report and support the proposed adjustments to the capital programme*

PF23.30 Capital Report Month 9-10.docx

15

11:10 - PF23/31 Draft Capital Programme 2023 - 2028

*Steve Webster*

*Neil Bradshaw in attendance*

*Recommendation*

*The committee is asked to receive and support the draft programme*

PF23.31a Draft capital programme v0.2 23 Feb (PFIG).docx

PF23.31b Capital Programme 2023-2028 Feb 23 v0.3.pdf

16

11:20 - PF23/32 Wrexham Maelor Hospital Continuity Programme Full Business Case (FBC)

*Steve Webster*

*Neil Bradshaw in attendance*

*Recommendation*

*The committee is asked to support the business case for subsequent approval by the Health Board.*

PF23.32a Wrexham Continuity FBC Feb 23 (PFIG).docx

PF23.32b Wrexham FBC V3.1 Final1 MD edit v5.1 Exec summary.docx

17

11:30 - PF23/33 Business Case Tracker

*Chris Stockport*

*Recommendation*

*The Committee is asked to note the update.*

PF23.33a Business Case Tracker February 2023.docx

PF23.33b App1 February 2023 Estates Tracker Final.pdf

PF23.33c App2 February 2023 Revenue Tracker Final.pdf

18

11:35 - PF23/34 Transformation and Improvement update

*Chris Stockport*

*Recommendation*

*The Committee is asked to receive the report and note the areas of progress*

PF23.34a Transformation Improvement Report - PFIG Committee.docx

PF23.34b Transformation Report Feb-23 F.pdf

19

PERFORMANCE

20

11:50 - PF23/35 Operational Plan Monitoring report (OPMR)

*Steve Webster*

*Barbara Cummings Interim Director of Performance in attendance*

*Recommendation*

*The Performance, Finance and Information Governance Committee is asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board*

PF23.35a OPMR Q3 2022-23.docx

PF23.35b OPMR Q3 2022-23 Report.pdf

21

12:05 - PF23/36 People Performance report

*Jason Brannan and Nick Graham in attendance*

*Recommendation*

*The Committee is asked to NOTE the current performance position provided and feedback any improvements on the content of this report for future reporting.*

PF23.36a People\_Workforce Performance Report Cover v2 - Final.pdf

PF23.36b Workforce Performance Report v3 - Final (003).pdf

22

12:20 - PF23/37 Integrated Quality and Performance report

*Steve Webster*

*Barbara Cummings Interim Director of Performance in attendance*

*Recommendation*

*The Performance, Finance and Information Governance Committee is asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.*

- 23 12:35 - Lunch
- 23 13:05 - PF23/38 Planned Care update  
*Phil Orwin in attendance*  
*Nikki Ffoulkes / Andy Oxby in attendance*  
*Recommendation*  
*PFIGC is asked to note the partial assurance of the PC programme recognising that the delivery of this programme is vast and will take time in delivering the key objectives - reduction in waiting lists expected due to the volume of patients waiting and in transforming PC services. Additionally, partial assurance is given due to the unknown impact at this time of further industrial action and operational pressures to be faced over the winter months.*  
*In supporting the PC recovery program is it important that all stakeholders have clear visibility of the challenge and the progression in meeting the challenges.*  
PF23.38 Planned Care report February 2023 V3.docx
- 24 13:20 - PF23/38.1 Planned Care : Regional Treatment Centre update  
*Phil Orwin in attendance*  
*Recommendation:*  
*The Committee is asked to:*  
*(i) review and note the content of this report as evidence of work being undertaken to progress the RTC programme;*  
*(ii) note work on programme risk reporting; and*  
*(iii) consider the proposal for a quarterly report to PFIG on Programme Progress, finances and risks*  
PF23.38.1 RTC Update February 2023 version 5.docx
- 25 13:30 - PF23/39 Unscheduled Care report  
*Nick Lyons*  
*Recommendation*  
*The committee is requested to note the update on Unscheduled Care performance and take partial assurance from actions to deliver to national targets.*  
PF23.39 USC report February v1.2.docx
- 26 13:45 - PF23/40 Information Governance Quarter 2 2022/23 Key Performance Indicators (KPI) Report.  
*Carole Johnstone in attendance*  
*Recommendation*  
*The Performance, Finance and Information Governance Committee is asked to note the report, including assurance provided on compliance with the Data Protection and Freedom of Information legislation*  
PF23.40 Information Governance KPI Report Q2 2022-23 Final V1.0.docx
- 29 RISK AND COMPLIANCE
- 30 13:50 - PF23/41 Board Assurance Framework  
*Molly Marcu*  
*Recommendation*  
*The Committee is asked to:*  
  - *Note and receive the BAF risks and their associated mitigations*
  - *Note the three risks that are now outside the risk appetite of the Health Board in relation to unscheduled care, planned care and the delivery of the savings plan*  
PF23.41a BAF cover February 2023.docx  
PF23.41b PFIG BAF PDF.pdf
- 31 PF23/42 Corporate Risk Register  
*Phil Meakin*
- 33 Chair Assurance reports : Executive Delivery Groups and Groups  
*The Committee is asked to note the Chair's Assurance reports*
- 34 PF23/43.1 Chair Assurance report : Transformation EDG  
*Chris Stockport*  
PF23.43.1 Transformation EDG - Chair's Assurance Report from November 2022 meeting.docx
- 35 PF23/43.2 Finance EDG  
*Steve Webster - verbal*
- 36 PF23/43.3 Performance EDG  
*Steve Webster - verbal*
- 37 PF23/43.4 Information Governance Group  
PF23.43.4 IGG Chair's Assurance Report Aug and Nov 2022.docx
- 38 14:00 - CLOSING BUSINESS
- 39 PF23/44 Agree Items for referral to Board / Other Committees
- 40 PF23/45 Review of risks highlighted in the meeting for referral to Risk Management Group

*Phil Meakin*

41 PF23/46 Agree items for Chairs Assurance report

*John Cunliffe*

42 PF23/47 Review of meeting effectiveness

43 PF23/48 Summary of private business to be reported in public

*The Committee is asked to note the report*

PF23.48 Items previously discussed in private session.docx

44 14:05 - PF23/49 Date of next meeting 23.3.23 (short agenda meeting)

45 Exclusion of Press and Public

*Resolution to Exclude the Press and Public*

*"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."*





**Draft minutes of the meeting of the  
Performance, Finance and Information Governance Committee  
held in public on 19.1.23 via Teams**

<b>Present:</b> John Cunliffe Richard Micklewright Linda Tomos	Independent Member / Committee Chair Independent Member Independent Member
Jason Brannan Gareth Evans Nikki Foulkes Nick Graham Nick Lyons Molly Marcu Andy Oxby Dylan Roberts Angela Wood Diane Davies  <b>Observing</b> Andrew Doughton Dave Harries	Associate Director Workforce - Planning and Performance Acting Executive Director Therapies and Health Sciences (for item PF23/7) Interim Outsourcing and Insourcing Manager (for item PF23/9) Interim Associate Director Workforce Deputy CEO / Executive Medical Director (part meeting) Interim Board Secretary (part meeting) Interim Outpatient Programme Support Manager (for item PF23/9) Chief Digital and Information Officer (part meeting) Executive Director Nursing & Midwifery (part meeting) Corporate Governance Manager / Committee Secretariat  Audit Wales Head of Internal Audit

Agenda Item Discussed	Action By
<b>PF23/1 Apologies</b>  Apologies were received on behalf of Sue Green, for whom Jason Brannan and Nick Graham deputised, Phil Orwin, Sue Hill, Chris Stockport and Michelle Phoenix – Audit Wales.	
<b>PF23/2 Declarations of Interest</b>  No declarations were received	
<b>PF23/3 Draft minutes of the previous PFIG Committee meeting held on 22.12.22</b>  The minutes of the meeting were approved.	
<b>PF23/4 Matters arising and table of actions</b>  There were no matters arising from the minutes. The table of actions was updated and closed actions agreed.	
<b>PF23/5 Report of the Chair</b>	

<p>The Committee Chair advised that it had been necessary to reduce and prioritise agenda items, recognising the current pressures in regard to personnel, industrial action and winter pressures. A number of deferred items would be considered at the February meeting. He welcomed the Interim Executive Director of Finance to his first meeting.</p>	
<p><b>PF23/6 Report of the Lead Executive</b></p> <p>The newly appointed Interim Executive Director of Finance welcomed the opportunity to join BCUHB and be part of the team addressing the many challenges ahead.</p>	
<p><b>PF23/8 Unscheduled Care Report</b></p> <p><b>PF23/8.1</b> The Executive Medical Director presented this report in the absence of the Interim Regional Delivery Director reflecting on the immense challenges that the winter period and industrial action was placing on the breadth of the unscheduled care system.</p> <p><b>PF23/8.2</b> In response to the Committee's concern with pace of improving Delayed Transfers of Care, the Executive Medical Director advised that he was unable to provide assurance at the present time, whilst green shoots were appearing there were behavioural issues which needed to be addressed by the Board. He stressed this was an issue across the NHS.</p> <p><b>PF23/8.3</b> The Committee questioned which was the worse option of a) patients waiting in ambulance for handover or b) patients being being discharged without social care packages in place. The Executive Medical Director's personal opinion was b) on the basis that a) was more urgent having been in response to a potential life threatening 999 call. He qualified this statement by stating that the Medical and Nursing profession would always consider situations on an individual patient level rather than in the context of system risk. It was also important to have the right balance of messaging to ensure patients had confidence that they could present for treatment at challenging periods also. The Executive Director of Nursing and Midwifery also advised that CQC in England were appraising the risk of patients presenting at ED without ambulance assistance. She also stated a response was awaited from WG in response to requesting Local Authorities make arrangements to increase care home placements in order to assist quicker patient discharge from acute settings.</p> <p><b>PF23/8.4</b> A discussion ensued on present monitoring of mortality rates, which was understood to be in the process of collation and would be analysed by the Royal College nationally following the Winter period.</p> <p><b>PF23/8.5</b> It was agreed that the Interim Executive Director of Finance would provide a comparison on Covid financials in comparison with other Health Boards in Wales.</p> <p><b>PF23/8.6</b> The Executive Medical Director agreed to contact the USC authors to provide more detail on the community schemes outlined in the report, both in terms of timelines for implementation and also likely impact. In addition, referencing how a refresh of the</p>	<p>SW</p> <p>NL</p>

<p>6 Goals programme would be undertaken along with greater clarity on timeframes, cost benefits and risks.</p> <p><b>It was resolved that the Committee</b> noted the update provided on the actions being taken within the Unscheduled Care improvement programme and plans for winter</p>	
<p><b>PF23/7 Business Case for a Long Covid Service/Community Complex Conditions Service</b></p> <p><b>PF23/7.1</b> The Acting Executive Director of Therapies and Health Sciences joined for this item. Whilst he advised the service had been factored into BCU's Integrated Medium Term Plan, the Committee were keen to understand the WG financial commitment which had not yet been finalised.</p> <p><b>PF23/7.2</b> Considerable discussion ensued regarding the need for clarity on size of the service required, potential referral demand, potential staff disengagement/loss should delay occur and whether there were any patient safety concerns.</p> <p><b>PF23/7.3</b> The Committee was very supportive of the development of the dedicated service which brought together patients being otherwise treated in various medical services at potentially higher costs across BCU. However, sufficient evidence of financial prudence was also required to be met. The Committee required the Executive Team to demonstrate how the service would be dealt with in financial terms within the Board and for WG to prioritise clarity on their financial advice earlier to assist the Health Board's decision making prior to year end. The Committee recognised the risk factor in potentially losing staff should the decision be delayed whilst financial diligence was being undertaken to ensure the Health Board could afford the service which WG had indicated support for.</p> <p><b>PF23/7.4</b> The Executive Medical Director suggested that the Executive Team consider the feedback provided and revise the business case to include a balance of clinical and financial risk for consideration by the Committee and that the Interim Chief Executive and Interim Executive Director of Finance lobby WG for early clarification of financial commitment.</p> <p><b>The Committee resolved to</b> not support the business case as presented, agreed to consider, at the earliest opportunity, a revised paper addressing the questions raised by the Committee, especially in regard to non-recurrent funding and clarity on WG financial support.</p>	<p>GE/NL</p> <p>GE/ Members</p>
<p><b>PF23/9 Planned care (PC) report</b></p> <p><b>PF23/9.1</b> The Insourcing/Outsourcing Manager presented the report she highlighted that after several months in which the total waiting list rose this had plateaued in the last few weeks. The validated position stood in excess of 170,000, as of 9th December 2022, with 32,605 waiting over 52 weeks and 13,281 waiting over 104 weeks. WG had mandated 2 ministerial priorities for this financial year:</p>	

<ul style="list-style-type: none"> <li>• No patients should be waiting more than 52 weeks for their first outpatient appointment (Stage 1) by the end of December 2022.</li> <li>• No patients should be waiting more than 104 weeks for any stage of their pathway by the end of March 2023.</li> </ul> <p><b>PF23/9.2</b> A demand and capacity paper had been prepared for consideration of the Committee at it's next meeting.</p> <p><b>PF23/9.3</b> The OPD Programme Support Manager introduced the presentation provided. The Interim Board Secretary was advised the draft Planned Care Strategy which was scheduled to be prepared by December 2022 had progressed to first draft stage and that the risk assessment document advised would be submitted to the next Audit Committee.</p> <p><b>PF23/9.4</b> In regard to anecdotal evidence provided by the Committee the OPD Programme Support Manager assured that, due to issues identified in patient contacts by an external provider (which was being evaluated further), a revised patient tracking model was being rolled out in house utilising the current vaccination administrative team.</p> <p><b>PF23/9.5</b> In response to the Committee it was agreed that frequencies of repeat Did Not Attend (DNA) patients would be included in each future report.</p> <p><b>PF23/9.6</b> In response to the Head of Internal Audit, the OPD Programme Support Manager clarified that the revalidation process would identify, and enable addressing of, the 'unknown' quantity between stages 1 to 4.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• noted the partial assurance of the PC programme recognising the delivery of the programme is vast and will take time in delivering the key objectives - reduction in waiting lists expected due to the volume of patients waiting and in transforming PC services. Additionally, partial assurance is given due to the unknown impact at this time of the impending industrial action and operational pressures to be faced over the winter months.</li> <li>• agreed that the Chair's Assurance report would highlight the slippage of the development of the Planned Care Strategy and advise it would be submitted for consideration in March.</li> </ul>	<p>NL/NF</p> <p>PO (AO)</p> <p>JC PO (NF)</p>
<p><b>PF23/10 Agree Items for referral to Board / Other Committees</b></p> <p>None</p>	
<p><b>PF23/11 Agree items for Chairs Assurance report</b></p> <p>To be agreed outside the meeting, to include development of Planned Care Strategy as per item PF23/9</p>	
<p><b>PF23/12 Summary of private business to be reported in public</b></p> <p><b>It was resolved that the Committee</b> noted the report</p>	

<b>PF23/13 Date of next meeting 23.3.23</b>	
<b>Exclusion of the Press and Public</b>  <b>It was resolved that</b> representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.	

**PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE**  
**TABLE OF ACTIONS LOG – ARISING FROM MEETINGS HELD IN PUBLIC**

	Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Revised timescale/ Action status (O/C)	RAG status
	<b>Actions from PFIGC 30.6.22</b>					
4	SH (NB)	<b>PF22/79.4 Capital Programme Monitoring Report.</b> Regarding the provision within the programme for the significant capital investment issues requiring repair at Abergele hospital, such as roof leakages into patient areas, fire door replacement, etc, Neil Bradshaw agreed to check with Estates to see if these particular matters had been dealt with and report back.	26.8.22	<p>Works have been completed to repair the leaks to the roofs. Further works are planned this year to the electrical and water installations and fire systems</p> <p>25.8.22 Keep open – briefing requested from Neil Bradshaw</p> <p>9.11.22 (NB) Estates colleagues are planning to undertake further works to address a number of immediate issues.</p> <p>12.12.22 (NB) The proposed development of Orthopaedic Services and the RTCs present the opportunity to re-locate clinical services in the medium term. It is, however, recognised that existing</p>	Suggest action to be closed	

				<p>services will need to be maintained in the short term. Additional funding has been made available this year to address immediate risks with a further allocation proposed in 2023/24.</p> <p>13.02.23. All the short term works planned have been completed this financial year.</p>		
<b>Actions from 27 October PFIGC</b>						
7	CS	<b>PF22/143 Transformation report</b> <b>PF22/143.3</b> In response to the Committee it was noted that a more detailed RAG status report would be provided at each meeting going forward.	1.12.22	<p>Update 9/11/22 - this will be covered by the new portfolio office assurance report format that we intend to have in place for next PFIG.</p> <p>14.2.23 Agenda item – standard report has been updated in accordance with request.</p>	<p>February meeting 14.2.23</p> <p>Suggest action to be closed</p>	
8	PO	<b>PF22/151 Planned Care</b> <b>PF22/151.2</b> The Deputy CEO requested that the Team lock down early what capacity opportunity existed in order to ensure going forward that clear and owned trajectories were in each of the IHC systems.	11.11.22	<p>The Interim CEO agreed to reassess and provide within the Planned Care update to the January meeting</p> <p>12.1.23 PO advises There are weekly capacity meetings now by site and for HB which look at capacity and demand and the gap, and also impact on waiting times and long wait patients. The team are also now commencing that work</p>	March 2023	

				<p>with diagnostics colleagues too. The March update to PFIG will update on this work</p> <p>15.2.23 NF advises <b>Clinics</b> are locked down until year end for West &amp; Centre, with East completing this task by the end February</p> <p><b>Theatres</b>, are in the process of being aligned with 642 principles.</p>		
9	SG/PO	<p><b>PF22/151 Planned Care</b></p> <p><b>PF22/151.4</b> Executive Director of Workforce &amp; OD to liaise in moving forward building in workforce and expenditure implications to future USC and Planned care reports. To include additional premium rate spend incurred and the risks associated with workforce.</p>	30.11.22	<p>Update 13.12.22 (SG)</p> <p>– Support available to enable inclusion of workforce implications in future reporting by operational teams.</p> <p>12.1.23 PO Advises: Workforce data awaited from WOD and EDWOD not available at present. However, this will be included in the February report to PFIG.</p> <p><b>Update 14.2.23 (SG)</b> The Workforce Optimisation Team have made themselves available to the Planned Care Team with no contact to date in regards to USC. However, it should also be noted that the required data is available to all HBLT members via the workforce dashboards, which</p>	February 2023 14.2.23	





			February 2023 14.2.23	incorporated for the next report in 2023  <b>Update 14.02.23</b> Revised reporting included and updated as part of ongoing report development.  Elements outlined included in the February report.		
<b>Actions from 22 December PFIGC</b>						
1	SW (MM / RN)	<b>PF22/182 Finance report month 8</b> Consider how 'Governance and Accountability Framework' would be addressed as part of the response to the savings internal audit review.	February 14.2.23	Addressed in paper on Internal Audit Savings Report on Agenda 23.2.23	Suggest action to be closed	
2	SW (RN)	<b>PF22/182 Finance report month 8</b> Address a number of typographical errors in the report and liaise with the Interim Board Secretary to address issues raised by Internal Audit within the next Savings report.	February meeting 14.2.23	Completed	Suggest action to be closed	
3	SW  (Rob Nolan)  (Rob Nolan/ Molly Marcu)	<b>PF22/184 Financial Control monitoring plan update</b> Incorporate a risk assessment procedure to inform a robust assessment of progress, with associated RAG ratings <b>PF22/184.3</b> Incorporate relevant feedback to reformatted future reports	February meeting 14.2.23	Completed	Suggest action to be closed	
<b>Actions from 19.1.23 PFIGC</b>						

1	SW	<b>PF23/8 Unscheduled Care report</b> <b>PF23/8.5</b> Provide a comparison on Covid financials in comparison with other Health Boards in Wales.	February meeting 14.2.23	Circulated to members 15.2.23	Suggest action to be closed	
2	NL/PO	<b>PF23/8 Unscheduled Care report</b> <b>PF23/8.6</b> Contact USC authors to provide more detail on the community schemes including implementation timelines and likely impact. Reference how refresh of the 6 Goals programme to be undertaken with greater clarity on timeframes, cost benefits and risks.	February meeting 14.2.23	19.1.23 NL emailed G Farr with request  Unscheduled Care report on agenda 23.2.23	Suggest action to be closed	
3	GE/NL	<b>PF23/7 Business Case for a Long Covid Service/Community Complex Conditions Service</b> <b>PF23/7.4</b> Executive Team to consider feedback provided and revise business case to include a balance of clinical and financial risk for consideration by the Committee and lobby WG for early clarification of financial commitment.	31.1.23	14.2.23 A response is awaited from WG.		
4	GE/ Members	<b>PF23/7 Business Case for a Long Covid Service/Community Complex Conditions Service</b> Consider, at the earliest opportunity, a revised paper including non-recurrent funding and clarity on WG financial support.	31.1.23	14.2.23 See <b>PF23/7.4</b> above		
5	NL>PO / NF	<b>PF23/9 Planned care (PC) report</b> <b>PF23/9.2</b> A demand and capacity paper had been prepared for	February meeting 14.2.23	16.2.23 NF advises The prepared paper content has now been superseded. A		

		consideration of the Committee at it's next meeting		revised paper will be provided in due course		
6	NL>PO (AO)	<b>PF23/9 Planned care (PC) report</b> <b>PF23/9.5</b> In response to the Committee it was agreed that frequencies of repeat Did Not Attend (DNA) patients would be included in each future report.	February meeting 14.2.23	16.2.23 AO advises: This data will be included in future reports wef April 2023. DNA data is monitored on a bi-weekly basis by the clinical workstream.	April 2023	
7	JC  NL>PO (NF)	<b>PF23/9 Planned care (PC) report</b> Chair's Assurance report would highlight the slippage of the development of the Planned Care Strategy and advise it would be submitted for consideration in March.	For March Board meeting 15.3.23	16.2.23 OMD advises: On plan to submit in March as part of the ongoing work being undertaken re action 5 above		



<b>Teitl adroddiad:</b> <i>Report title:</i>	Report of the Lead Executive			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 23 February 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The aim of the paper is to brief the Committee on the key areas of focus of the Lead Director.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The committee is asked to note the paper.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Steve Webster Interim Executive Director of Finance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Steve Webster Interim Executive Director of Finance			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>				
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Not Applicable			
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Equality Impact (EqlA) impact assessments not applicable			

<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	Socio-economic (SED) impact assessments not applicable
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	Not applicable
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	Not applicable
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	Not applicable
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><i>Next Steps:</i> <i>Implementation of recommendations</i></p>	
<p><b>Rhestr o Atodiadau:</b> Dim</p> <p><i>List of Appendices:</i> None</p>	

The following are key areas of activity around finance and performance

- A detailed analysis of recurring and non-recurring variances against plan in 2022/23 has been drawn up, on a division by division basis, summed to give the overall Health Board position. The key purpose of this was to get further clarity on the scale and make-up of the recurring deficit of the Health Board. It indicates that the recurring deficit is even greater than the initial analysis undertaken when I started in BCU. It does give us a more detailed understanding of where the recurring deficit lies. This is being used to inform actions to address the deficit but obviously it is concerning that the scale of the problem is significantly greater.
- This analysis also paints a different picture of the in-year issues, as alongside the larger recurrent deficit, there are also thus much larger non-recurrent underspends. It also raises new questions and issues around financial reporting.
- The new analysis has been reported to the Executive Team and also to the Welsh Government at a Touchpoint Meeting on plan development, alongside the revised areas of corrective action. Work is starting on the actions to address the deficit, including identifying areas of slowing new investment or of dis-investment. But the new clarity we have indicates that many elements of the deficit have arisen over the last 2/3 years and are embedded in current practice, making action to address them more difficult and slower. As much work as possible is being done in advance of a planned Board workshop in late February.
- The Interim Director of Performance has been given a mandate to review and develop the performance and accountability framework. Her review has indicated that while there are many of these required elements in place on paper, there is a need to be much clearer on who needs to do what to implement it in practice. The key areas of further work are:-
  - Being clear about roles and responsibilities in delivering the framework
  - Embedding them in practice
  - Setting challenging but realistic expectations for improvement
  - Ensuring a single version of the truth regarding data/metrics
  - Balanced scorecard development

She has presented an initial view to the Executive Team along with the new steps needed. At an appropriate time it would be helpful for her to present to PFIG.

- Key issues around Capital and Estates
  - We are on track to deliver a capital outturn close to the CRL, but obviously with a lot of work to do over February and March and a level of risk of under-delivery (but a manageable level of risk).
  - The capital programme for 2023-28 is with PFIG for approval, alongside the business case for the Wrexham Maelor Infrastructure and Fire Compartmentalisation Works.
  - The Estate Strategy approved by Board will have been sent to the Welsh Government by the time of the PFIG meeting, with a covering letter which flags the Health Board's six key priority schemes for WG strategic funding, and the risk issues driving the priority for those schemes.
- In terms of workforce, we have appointed an Interim Director of Estates and Capital, who will start around 13 March. Given the imminent departure of both Neil Bradshaw and Rod Taylor, he will be working one day a week in the period until then to assist with handover

and continuity. We have not been able to interview for the permanent Director of Performance Role, and will re-consider the appropriate band for the role. I will give an update on recruitment to the post of Finance Director, Operational Finance at the meeting.





<b>Teitl adroddiad:</b> <i>Report title:</i>	Finance Report for Month 10			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 23 February 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board for the ten months from 1<sup>st</sup> April 2022 to 31<sup>st</sup> of January 2023.</p> <p>The cumulative position for the year is a deficit against plan of £7.5m, (0.39% of the allocation). The Health Board is forecasting a £10m deficit by the end of the financial year, and with the potential of a further £7.1m WG funding, this would provide an opportunity to further reduce the deficit position.</p> <p>Savings delivered in the nine months to January 2023 was £21.9m against a plan of £18.8m, an overachievement of £3.1m. The savings forecast is £26.8m, which is £8.2m below the original target of £35m for the year. Of the £26.8m forecast, £15.4m are non recurring.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	It is recommended that the report is noted.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Steve Webster Interim Executive Director Finance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Michele Jones Head of Financial Reporting			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				

<b>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:</b>	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>	Not Applicable
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	Naddo N  Equality Impact (EqlA) and a socio-economic (SED) impact assessments not applicable
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	Naddo N  Equality Impact (EqlA) and a socio-economic (SED) impact assessments not applicable
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	<p>There is a risk that the Health Board does not meet its statutory financial duty for 2022-23. BAF 2.3</p> <p>Current risks and mitigations are shown in Appendix 1, slide 14. The risks have four themes;- continuation of increasing unfunded pressures £4.6m; Potential of not receiving funding from WG, where WG recognised the pressure but have yet to identified the funding streams within NHS Wales funds £13.5m; non delivery of the recovery plan £7.5m; and claw back of slippage on ring-fenced funds £17.4m. These are partially offset by some technical adjustments estimated to be around £4m.</p>
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b>Financial implications as a result of implementing the recommendations</b>	Not applicable
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b>Workforce implications as a result of implementing the recommendations</b>	Not applicable
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	Not applicable

<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Amherthnasol  Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations Not Applicable.</b>	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices: Appendix 1: Finance Report January 2023 – M10</b> <b>Appendix 2: Month 10 Monitoring Return submitted to Welsh Govt.</b>	

# Finance Report

## January 2023 – M10

Steve Webster

Interim Executive Finance Director



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
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

- ✓ There is a potential to improve the position if additional funding is received for COVID Discharge Support costs not claimed to date which is estimated at £4.3m, and if VBHC slippage of £1.2m can be retained.

## Issues & Actions

- Current Month is reporting a deficit of £0.7m and cumulative deficit of £7.5m as at end of January.
- The Health Board has set a savings target of £35m for 2022/23. Full year forecast for Saving Schemes identified as Green and Amber total £26.8m against a target of £35m. Including red schemes, for which assurance reviews must be completed, the full year forecast totals £26.9m.
- The forecast outturn deficit of £10.0m is dependent on Welsh Government fully funding all anticipated income, continued reduction in expenditure trends largely due to slippage of £5.0m (reflected in a corporate pessimism bias adjustment to divisional forecasts) and a further review of accruals releasing circa £6.0m.
- Recovery Board progress has been impacted by industrial action and winter pressures.

## Key Messages

- ❖ The January position is reporting a deficit of £0.7m and year to date deficit of £7.5m.
- ❖ The Health Board is reporting a forecast outturn deficit of £10.0m. The forecast is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date, and on the pessimism bias adjustment and further expected accruals outlined above.
- ❖ Further to the deep dive review of the forecast outturn in Month 6, the Health Board revised its forecast outturn position to report a £10.0m deficit. . The review of forecast outturn resulted in the development of a Recovery Plan, but progress with that has been impacted by industrial action and winter pressures.
- ❖ Full year forecast for Saving Schemes identified as Green and Amber total £26.8m against a target of £35m. Including red schemes, for which assurance reviews must be completed, the full year forecast totals £26.9m. The ongoing reliance on smaller scale savings initiatives remains a concern. Transformation plans have not yet been delivered and as transformational savings are profiled towards the final quarter; there is an adverse variance of actual savings delivered against total target and this variance is set to increase in the quarter.
- ❖ A bottom up analysis of the recurrent deficit and offsetting non-recurring expenditure reductions shows both a greater recurrent deficit and great offsetting non-recurrent expenditure reductions. This has informed 2023/24 financial planning but is not yet reflected in 2022/23 financial reporting.

# Summary of Key Numbers

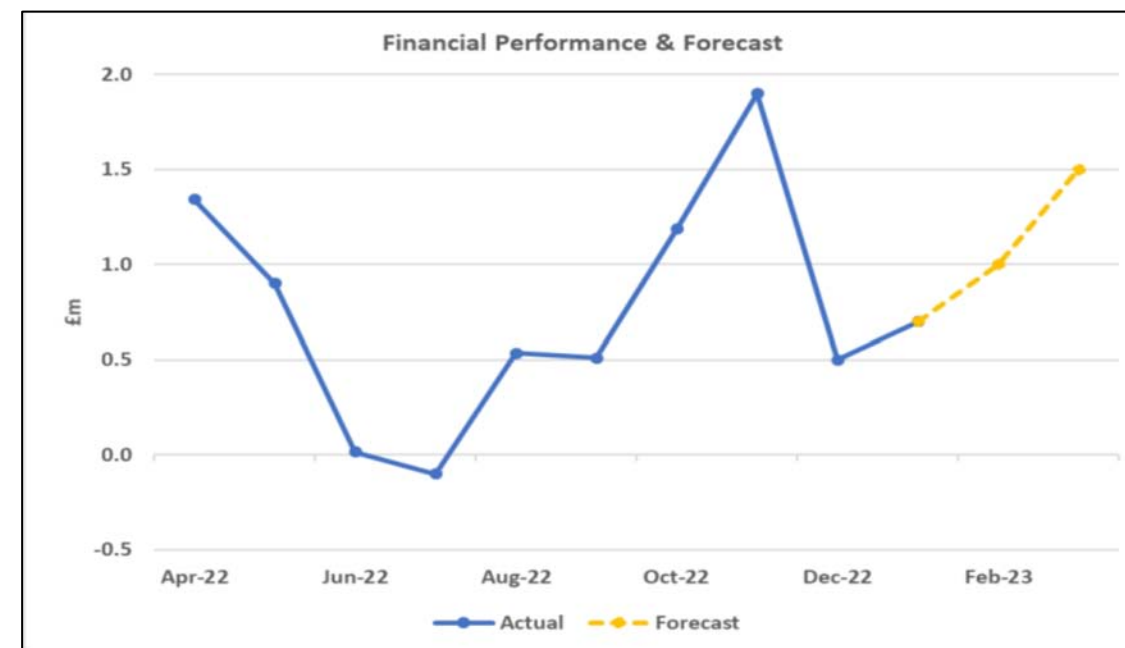
<div>Month 10 Position</div> <div>In Month £161.5m against plan of £160.8m. £0.7m adverse</div> <div>YTD £1,596.6m against plan of £1,589.1m £7.5 adverse</div>	<div>Forecast</div> <div>£10.0m deficit</div>	<div>Divisional Performance Month 10</div> <table><tr><td>West IHC</td><td>£12m adverse</td></tr><tr><td>Central IHC</td><td>£15.4m adverse</td></tr><tr><td>East IHC</td><td>£10.6m adverse</td></tr><tr><td>Womens</td><td>£0.6m adverse</td></tr><tr><td>MH &amp; LD</td><td>£3.1m adverse</td></tr><tr><td>Commissioning Contracts</td><td>£3.8m favourable</td></tr><tr><td>ICD Primary Care</td><td>£0.6m favourable</td></tr><tr><td>ICD Regional Services</td><td>£2m adverse</td></tr><tr><td>Support Functions &amp; Other Budgets</td><td>£31.8m favourable</td></tr></table>	West IHC	£12m adverse	Central IHC	£15.4m adverse	East IHC	£10.6m adverse	Womens	£0.6m adverse	MH & LD	£3.1m adverse	Commissioning Contracts	£3.8m favourable	ICD Primary Care	£0.6m favourable	ICD Regional Services	£2m adverse	Support Functions & Other Budgets	£31.8m favourable
West IHC	£12m adverse																			
Central IHC	£15.4m adverse																			
East IHC	£10.6m adverse																			
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MH & LD	£3.1m adverse																			
Commissioning Contracts	£3.8m favourable																			
ICD Primary Care	£0.6m favourable																			
ICD Regional Services	£2m adverse																			
Support Functions & Other Budgets	£31.8m favourable																			
<div>Savings</div> <div>In-month: £1.8m against target of £4.4m £2.6m Adverse</div> <div>YTD: £23.8m against target of £21.2m £2.6m favourable</div>	<div>Savings Forecast</div> <div>£26.8m, including pipeline savings, against target of £35.0m</div> <div>£8.2m adverse</div>	<div>COVID-19 Impact</div> <div>£34.7m cost YTD</div> <div>£41.2m forecast cost. Funded by Welsh Government £NIL impact</div>																		
<div>Income</div> <div>£120.2m against budget of £115.2m</div> <div>£5.1m favourable</div>	<div>Pay</div> <div>£787.7m against budget of £779.4m</div> <div>£8.3m adverse</div>	<div>Non-Pay</div> <div>£929.1m against budget of £924.8m</div> <div>£4.3m adverse</div>																		



# Revenue Position

	Actual M1 £m	Actual M2 £m	Actual M3 £m	Actual M4 £m	Actual M5 £m	Actual M6 £m	Actual M7 £m	Actual M8 £m	Actual M9 £m	Actual M10 £m	Budget £m	2022/23 Cumulative Actual £m	Variance £m	Variance %	Forecast Actual £m
Revenue Resource Limit	(152.9)	(151.6)	(152.4)	(159.6)	(158.9)	(175.0)	(158.9)	(158.9)	(160.1)	(160.8)	(1,589.1)	(1,589.1)	0.0	0.0%	(1,902.8)
Miscellaneous Income	(11.3)	(10.8)	(11.4)	(11.1)	(13.9)	(12.1)	(12.0)	(12.4)	(12.2)	(13.0)	(115.2)	(120.2)	-5.1	4.4%	(144.4)
Health Board Pay Expenditure	76.6	73.4	75.4	76.3	75.1	95.8	79.4	79.7	75.1	80.8	779.4	787.7	8.3	1.1%	951.3
Non-Pay Expenditure	88.9	89.9	88.5	94.3	98.2	91.8	92.7	93.5	97.7	93.7	924.8	929.1	4.3	0.5%	1,105.9
<b>Total Deficit</b>	<b>1.3</b>	<b>0.9</b>	<b>0.0</b>	<b>(0.1)</b>	<b>0.5</b>	<b>0.5</b>	<b>1.2</b>	<b>1.9</b>	<b>0.5</b>	<b>0.7</b>	<b>0.0</b>	<b>7.5</b>	<b>7.5</b>		<b>10.0</b>

- The in month position is reporting a deficit of £0.7m and a cumulative deficit of £7.5m as at the end of January.
- The total cost of COVID-19 in January is £2.5m (£34.7m year to date), a reduction of £0.9m from December. Total COVID-19 annual forecast cost is £41.2m, which has decreased by £0.2m from previous month. Welsh Government funding is anticipated to fully offset the impact of COVID-19.
- As at Month 10 the forecast outturn is reporting a deficit of £10.0m, which is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date, and any benefits gained from the reversal of the Annual Leave accrual.





# Forecast Outturn

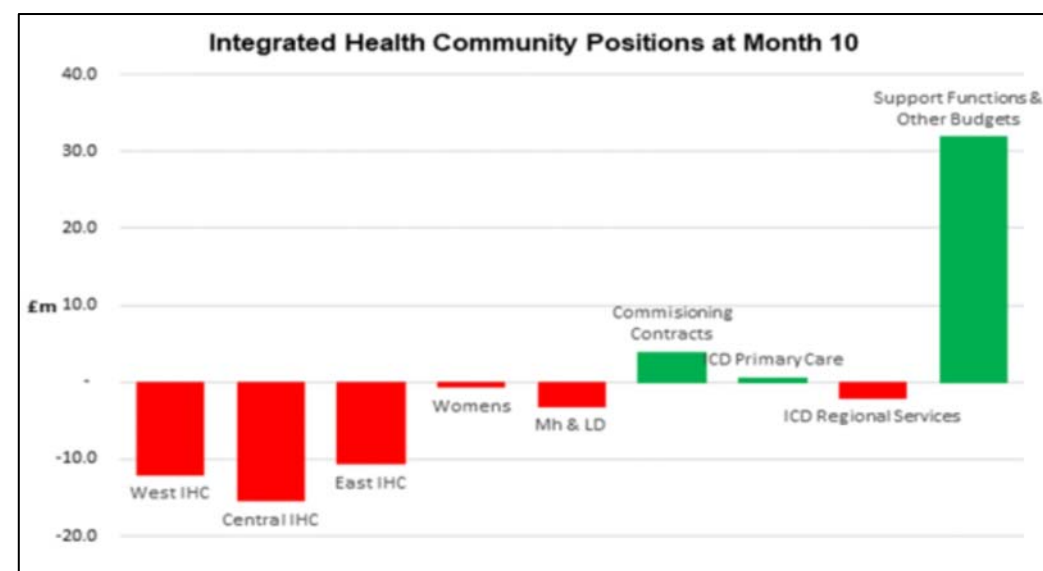
- The Health Board's financial plan for 2022/23 was to deliver a balanced position which includes the £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition, £38.4m Sustainability funding has been received to support planned and unscheduled care.
- The £42m Performance and transformation funding was included as recurrent in the Minimum Data Set. The three-year financial plan included in the BCU IMTP submission also assumed that funding for Performance and Transformation would continue beyond 2023-24. The Health Board has been clear that it is committing recurrently against this funding to deliver the required outcomes. As per request from Welsh Government, the Health Board has reflected the £42m as non-recurrent.
- As at Month 10 the carried forward underlying deficit is £187.6m. This is net of a provisionally assumed continuation of non-recurrent underspends/slippage/vacancies of £28.2m. The basis of this position is a presentation shared with WG at the touch-point meeting on 9th February.
- Further to the deep dive review of the forecast outturn in Month 6, the Health Board revised its forecast outturn position to report a £10.0m deficit. This forecast position is dependent on Welsh Government fully funding all anticipated income, continued reduction in expenditure trends largely due to slippage of £5.0m (reflected in a corporate pessimism bias adjustment to divisional forecasts) and a further review of annual leave accruals releasing circa £6.0m.
- The Value Based Healthcare slippage previously reported at £2.4m has now reduced to £1.2m as a result of additional expenditure being identified such as the PROMS platform and prehabilitation.
- The COVID-19 Discharge Support costs is estimated at £4.3m and consists of £2.9m for escalation beds and medically fit for discharge beds in Ysbyty Gwynedd, including Womens services, an additional £1.0m of therapies and support costs for the additional beds already claimed in Wrexham, and £0.4m for discharge to assess beds within private care homes. These costs have not previously been claimed under COVID, as the local interpretation of the original Welsh Government communication suggested that COVID costs should be reduced, and absorbed as business as usual, unless these related to specific themes. As the financial year has progressed, through the leadership report, and discussions with other Health Boards it has become clear that this is a different approach to the claims being submitted by other Health Boards.
- WG has indicated potential willingness to provide additional funding as follows - additional funding for the COVID Discharge Support costs not claimed to date (£4.3m), funding for dispensing fees increases (£1.6m) and retaining Value Based Healthcare slippage (£1.2m). These three items total £7.1m, and so if all three were received and provided BCU could deliver the £10m forecast before factoring them in, then there is potential to achieve a reduced £2.9m deficit.
- There are upside and downside risks which are outlined in the risk section of the report.





# Divisional Positions

	In Month			Cumulative			Forecast Year End Variance £000
	Budget £000	Actual £000	Variance to Plan £000	Budget £000	Actual £000	Variance to Plan £000	
<b>WG RESOURCE ALLOCATION</b>	<b>-160,813</b>	<b>-160,813</b>	<b>0</b>	<b>-1,589,093</b>	<b>-1,589,093</b>	<b>0</b>	<b>0</b>
<b>WEST INTEGRATED HEALTH COMMUNITY</b>							
Management	54	64	10-	326	262	64	43
West Area	13,928	13,931	3-	146,163	150,027	3,863-	-5,200
Ysbyty Gwynedd	9,247	10,566	1,319-	94,151	101,767	7,616-	-10,400
Facilities	973	1,049	76-	9,754	10,297	543-	-761
<b>Total West</b>	<b>24,202</b>	<b>25,610</b>	<b>1,408-</b>	<b>250,394</b>	<b>262,353</b>	<b>11,958-</b>	<b>-16,318</b>
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>							
Management	55	153	-98	327	244	83	43
Central Area	19,374	19,782	409-	194,946	195,944	998-	-3,100
Ysbyty Glan Clwyd	11,380	13,269	1,888-	117,328	130,762	13,434-	-17,599
Facilities	1,142	1,243	101-	11,437	12,469	1,032-	-1,336
<b>Total Central</b>	<b>31,950</b>	<b>34,447</b>	<b>2,497-</b>	<b>324,039</b>	<b>339,420</b>	<b>15,380-</b>	<b>-21,992</b>
<b>EAST INTEGRATED HEALTH COMMUNITY</b>							
Management	68	65	3	409	285	124	50
East Area	21,726	22,628	902-	221,048	225,327	4,280-	-5,560
Ysbyty Wrexham Maelor	10,049	10,984	935-	102,490	108,160	5,670-	-8,187
Facilities	1,015	1,139	124-	10,123	10,923	800-	-1,023
<b>Total East</b>	<b>32,858</b>	<b>34,816</b>	<b>1,958-</b>	<b>334,070</b>	<b>344,695</b>	<b>10,625-</b>	<b>-14,720</b>
<b>Total Midwifery and Women's Services</b>	<b>3,582</b>	<b>3,742</b>	<b>160-</b>	<b>35,879</b>	<b>36,483</b>	<b>604-</b>	<b>-1,156</b>
<b>Total Mental Health and LDS</b>	<b>12,837</b>	<b>13,018</b>	<b>181-</b>	<b>124,116</b>	<b>127,238</b>	<b>3,121-</b>	<b>-3,416</b>
<b>Total Commissioning Contracts</b>	<b>21,559</b>	<b>21,931</b>	<b>-371</b>	<b>212,719</b>	<b>208,920</b>	<b>3,799</b>	<b>3,500</b>
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>							
Covid Programmes	1,173	1,173	0	15,243	15,243	0	0
Dental North Wales	2,872	2,811	61	28,718	28,611	107	100
Community Dental Services	487	441	46	5,068	4,383	684	750
ICD Primary Care Management	13	16	-3	77	39	38	38
Other Primary Care	-180	-145	35-	-1,376	-1,124	252-	-354
<b>Total Integrated Clinical Delivery Primary care</b>	<b>4,365</b>	<b>4,295</b>	<b>70</b>	<b>47,730</b>	<b>47,152</b>	<b>577</b>	<b>534</b>
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>							
Provider Income	-1,791	-2,356	566	-17,705	-17,800	94	200
Diagnostic and Specialist Clinical Support	5,942	5,891	52	58,433	59,752	1,319-	-2,410
Cancer Services	4,649	4,611	38	45,340	46,099	759-	-1,455
<b>Total Integrated Clinical Delivery</b>	<b>8,800</b>	<b>8,145</b>	<b>655</b>	<b>86,068</b>	<b>88,052</b>	<b>1,984-</b>	<b>-3,665</b>
<b>Total Service Support Functions and Other Budgets</b>	<b>20,659</b>	<b>15,490</b>	<b>5,169</b>	<b>174,077</b>	<b>142,281</b>	<b>31,795</b>	<b>47,232</b>
<b>TOTAL INCOME AND EXPENDITURE</b>	<b>0</b>	<b>681</b>	<b>-681</b>	<b>0</b>	<b>7,500</b>	<b>7,500-</b>	<b>-10,000</b>



- Key impacts affecting divisional positions include additional pay costs which are due to variable pay costs, particularly agency costs.
- Non-Pay pressures continue within CHC, due to more complex packages driving an increase in costs, prescribing costs and a number of general non pay inflationary costs.
- Non delivery of CRES is also having an impact.
- 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. Alongside other underspends such as the impact of the annual leave accrual release and slippage in internally funded investments, is resulting in the large overall underspend in other budgets.

Description	£m
Allocations Received	1888.0
<b>Total Allocations Received</b>	<b>1888.0</b>
Description	£m
<b>Allocations anticipated</b>	
Capital Depreciation Donated Assets	1.4
Capital Depreciation IFRS-16 Leases	5.7
Capital Depreciation - Impairment	-6.4
Removal of Donated Assets / Government Grant Receipts	-0.5
Removal of IFRS-16 Leases (Revenue)	-6.0
COVID-19	9.3
Energy (Price Increase)	6.4
IM&T Refresh Programme	1.9
Six Goals - UPPC, SDEC, Triumvite team and Extra posts	2.0
All Wales Robotics Partnership	0.5
I Can Work - oversight work - full year	0.6
Return of VBHC funding slippage	-1.2
WHSCC SCAMHS	0.3
Other	0.8
<b>Total Allocations Anticipated</b>	<b>14.8</b>
	£m
Total Allocations Received	1888.0
Total Allocations Anticipated	14.8
<b>Total Welsh Government Income</b>	<b>1902.8</b>

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL for the year is currently £1,902.8m, of which £1,589.1m has been profiled into the cumulative position which is £3.4m more than 10/12ths of the allocation.
- The RRL includes confirmed allocations to date of £1,888.0m, with further anticipated allocations in year of £14.8m.
- The anticipated allocations includes £8.8m for COVID-19 funding. Total COVID-19 allocation received to date is £41.2m. To Month 10 £34.7m of COVID-19 funding has been profiled into the cumulative position to match expenditure.
- Also, 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		41.2
<b>Total Covid -19 funding</b>		<b>41.2</b>
Received		31.9
Anticipated		9.3

# Expenditure

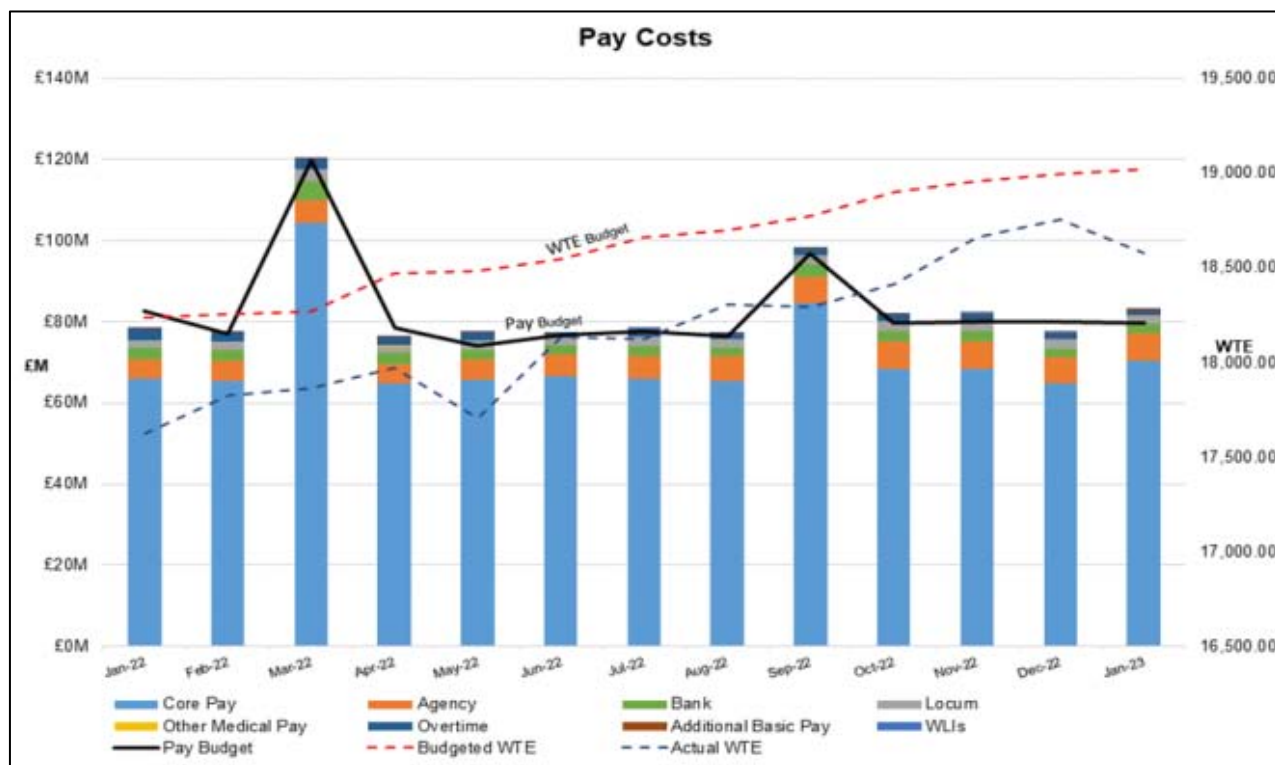
Pay Costs	2022-23										Cumulative			Full Year Forecast
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	11.4	10.0	11.0	10.8	11.0	14.1	11.5	9.9	11.7	12.0	115.2	113.3	1.8	141.2
Medical & Dental	17.6	17.3	17.9	18.2	18.0	21.7	18.6	19.7	16.7	19.0	172.9	184.3	(11.4)	223.4
Nursing & Midwifery Registered	23.7	22.9	23.4	23.3	22.8	28.8	24.3	25.0	22.9	24.1	248.4	241.7	6.8	285.0
Additional Clinical Services	11.2	10.6	10.7	11.0	10.6	15.0	11.6	11.7	10.8	11.7	105.3	114.9	(9.6)	37.0
Add Prof Scientific & Technical	2.9	2.9	2.9	3.0	3.0	3.5	3.1	3.2	3.0	3.1	34.6	30.7	3.9	138.0
Allied Health Professionals	5.0	4.7	4.7	5.0	4.9	6.1	5.3	5.4	5.2	5.6	49.8	51.8	(2.1)	66.0
Healthcare Scientists	1.3	1.2	1.3	1.3	1.3	1.5	1.3	1.4	1.1	1.4	13.9	13.0	0.9	16.0
Estates & Ancillary	3.5	3.7	3.5	3.6	3.5	5.0	3.8	3.3	3.7	3.7	38.6	37.3	1.2	44.0
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.8	0.7	0.1	0.6
<b>Health Board Total</b>	<b>76.6</b>	<b>73.4</b>	<b>75.5</b>	<b>76.3</b>	<b>75.1</b>	<b>95.8</b>	<b>79.4</b>	<b>79.7</b>	<b>75.1</b>	<b>80.7</b>	<b>779.4</b>	<b>787.7</b>	<b>(8.3)</b>	<b>951.3</b>
Other Services (Incl. Primary Care)	2.0	2.4	2.2	2.3	2.5	2.8	2.9	2.8	2.6	2.6	20.3	22.4	(2.1)	30.0
<b>Total Pay</b>	<b>78.7</b>	<b>75.8</b>	<b>77.6</b>	<b>78.5</b>	<b>77.6</b>	<b>98.6</b>	<b>82.3</b>	<b>82.5</b>	<b>77.7</b>	<b>83.3</b>	<b>799.7</b>	<b>810.1</b>	<b>(10.4)</b>	<b>981.4</b>

Non-Pay Costs	2022-23										Cumulative			Full Year Forecast
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractors	18.1	17.9	16.5	18.1	17.4	18.1	18.7	22.1	18.9	19.6	188.7	185.4	3.3	224.1
Primary Care Drugs	8.7	8.8	9.9	10.1	10.3	10.5	9.9	9.9	10.2	10.4	88.6	98.8	(10.2)	118.7
Secondary Care Drugs	7.0	7.3	5.4	6.7	7.2	7.2	7.0	7.4	7.1	7.4	65.2	69.6	(4.4)	84.3
Clinical Supplies	6.1	6.8	6.7	5.9	5.9	6.1	6.8	7.8	6.7	6	59.7	64.8	(5.0)	74.5
General Supplies	4.2	3.9	4.7	1.5	5.8	5.3	4.4	4.2	6.1	2.9	40.6	42.9	(2.3)	49.4
HC Services Provided by Other NHS	25.1	25.7	24.7	27.9	24.7	25.7	24.6	21.5	27.9	27.2	258.1	255.1	3.0	307.0
Continuing Care and FNC	9.4	9.4	9.4	10.2	9.6	5.5	8.7	8.8	8.9	7	82.1	86.9	(4.8)	102.5
Other	7.8	7.5	8.8	8.0	13.9	10.2	9.1	6.1	8.5	9.7	106.5	89.6	16.9	108.5
<b>Non-pay costs</b>	<b>86.4</b>	<b>87.4</b>	<b>86.0</b>	<b>88.4</b>	<b>94.8</b>	<b>88.5</b>	<b>89.2</b>	<b>87.9</b>	<b>94.2</b>	<b>90.2</b>	<b>889.5</b>	<b>893.1</b>	<b>(3.5)</b>	<b>1,069.1</b>
Cost of Capital	2.5	2.5	2.5	5.9	3.3	3.3	3.3	5.6	3.5	3.6	35.3	36.1	(0.8)	36.8
<b>Total non-pay</b>	<b>88.9</b>	<b>89.9</b>	<b>88.5</b>	<b>94.3</b>	<b>98.2</b>	<b>91.8</b>	<b>92.6</b>	<b>93.5</b>	<b>97.7</b>	<b>93.8</b>	<b>924.8</b>	<b>929.2</b>	<b>(4.3)</b>	<b>1,105.9</b>

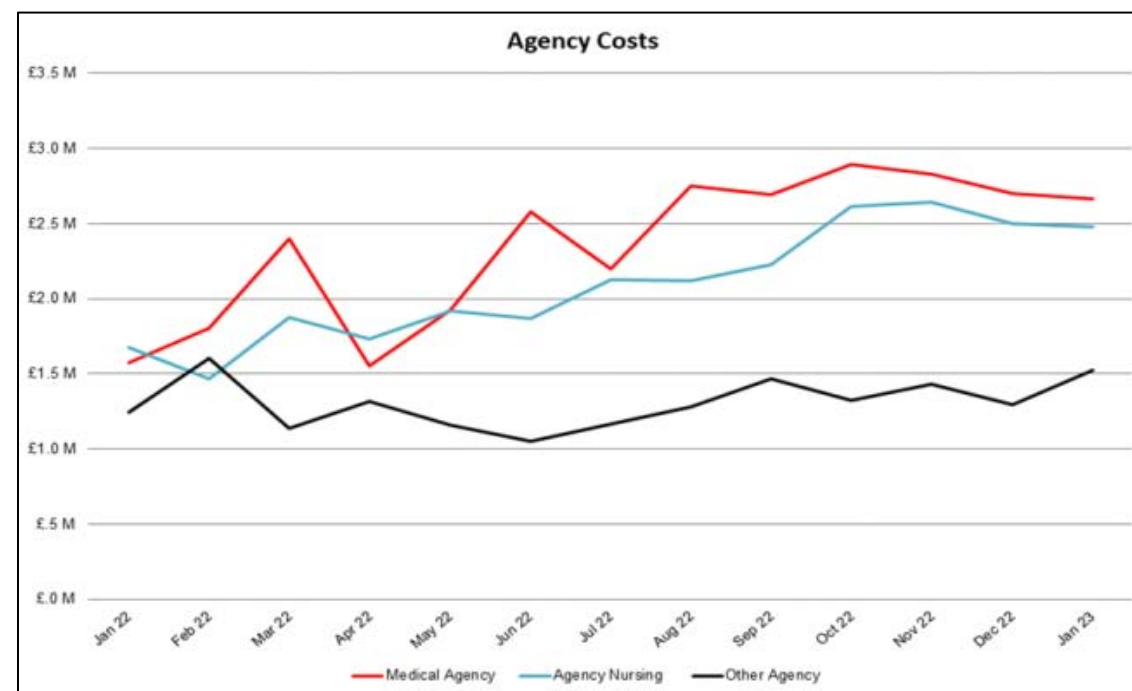
Variable Pay	2022-23											Total
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	Total	
Agency	4.6	5.0	5.5	5.5	6.2	6.4	6.8	6.9	6.5	6.7	60.0	
Overtime	1.8	1.8	0.9	1.3	1.1	1.6	1.5	1.3	1.2	0.9	13.3	
Locum	1.7	2.1	1.8	2.5	2.0	2.0	2.2	2.5	2.2	2.1	21.1	
WLIs	0.3	0.4	0.4	0.5	0.4	0.3	0.5	0.6	0.5	0.4	4.3	
Bank	2.8	2.5	2.3	2.3	2.0	3.2	2.6	2.4	2.0	2.5	24.6	
Other Non Core	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.8	
Additional Hours	0.3	0.3	0.4	0.3	0.4	0.3	0.2	0.4	0.4	0.3	3.4	
<b>Total</b>	<b>11.7</b>	<b>12.2</b>	<b>11.2</b>	<b>12.5</b>	<b>12.1</b>	<b>13.9</b>	<b>13.9</b>	<b>14.1</b>	<b>12.8</b>	<b>13.0</b>	<b>127.4</b>	

- Total Pay costs are £83.3m in January, an increase of £5.6m from December, of which £4.9m related to the Annual Leave accrual in month adjustment in December. Of the estimated £10m Annual Leave accrual to be released, £8.8m has been released into the position to date. The Accountancy Gain value is £2.8m which has been released in full in previous months. The backfill value is estimated at £7.2m of which £6.0m (10/12ths) has been released to-date.
- Total Variable Pay is £13.0m, an increase of £0.2m from Month 9. December Variable Pay includes Agency spend of £6.7m, Bank £2.5m and Overtime £0.9m. Agency costs have increased by £0.2m and Bank spend has also increased by £0.5m from previous month. Overtime costs have decreased by £0.3m due to the introduction of Planned Additional Activity Rates reported within Core Pay. Total cost of PAAR paid in January is £0.97m relating to December escalation. Total Year to date cost of PAAR payments is £1.35m.
- All three sites continue to experience medical and nursing staffing pressures due to vacancies and the impact of strikes, which is reflected in the increase in Agency and Bank spend.
- £1.7m Queen's additional bank holiday funding has been phased into the position in full in Month 10.
- A total of £2.0m pay costs were directly related to COVID-19 in January, which is £0.1m less than previous month spend.

# Pay Costs



The latest pay award offer comprises an additional 3%, of which 1.5% is Consolidated Pay Award and 1.5% is Non-Consolidated. This is not reflected in the position, however the assumptions are that this will be fully funded and will not impact the position.



Total agency costs for January were £6.7m which is £0.7m above the average monthly expenditure in this financial year. Of the £6.7m, the 3 hospital sites accounted for £3.5m of the costs.

The costs for medical agency are £2.7m which is £0.2m more than the monthly average in 2022-23.

Agency nursing spend is £2.5m in January, which is £0.3m more than the monthly average in this financial year.



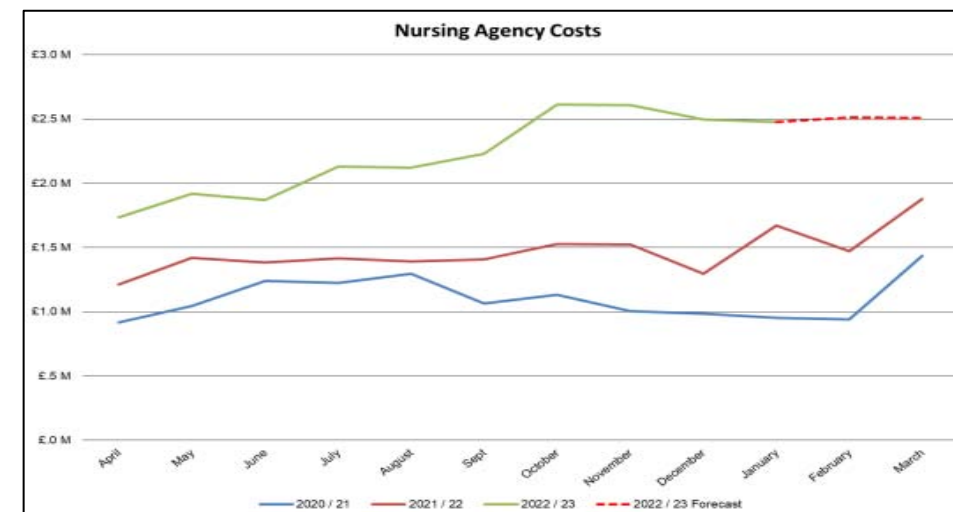
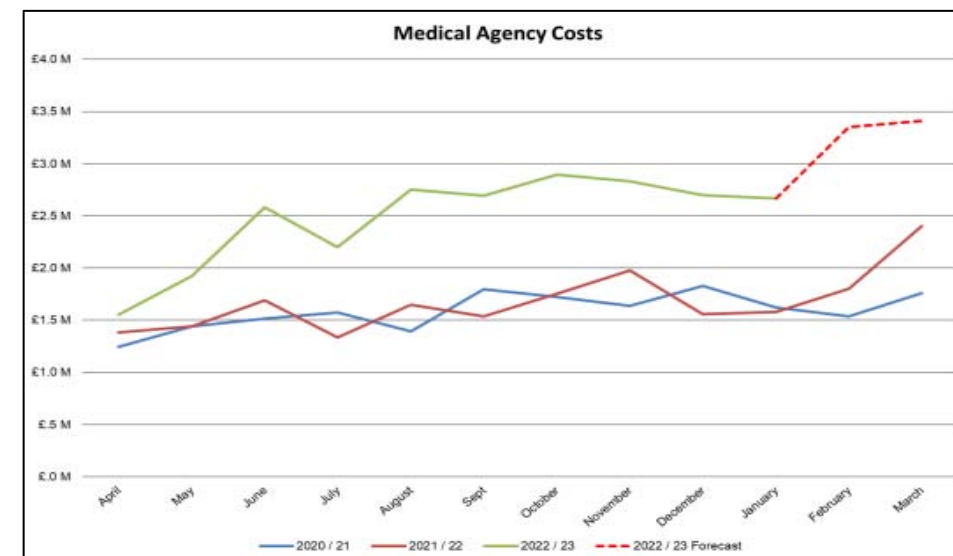


# Pay Costs - Agency

- Total agency costs are £6.7m in January, having increased by £0.2m from previous month, and is £0.7m higher than the average monthly expenditure in this financial year. Of the £6.7m, the 3 hospital sites accounted for £3.5m of the costs. Total Forecast Agency spend is £74.6m, an increase of £25.8m from 2021/22 Agency outturn position.
- January Agency spend is 8.0% of total pay and is projected to be 8.6% of total pay in March 23. Total 22/23 Agency costs is forecast to be 7.6% of total pay costs in 22/23 (5.2% in 21/22).
- Medical agency spend is £2.7m, which is in line with previous month.
- Agency nursing spend is £2.5m for the month, an increase of £0.1m from previous month.

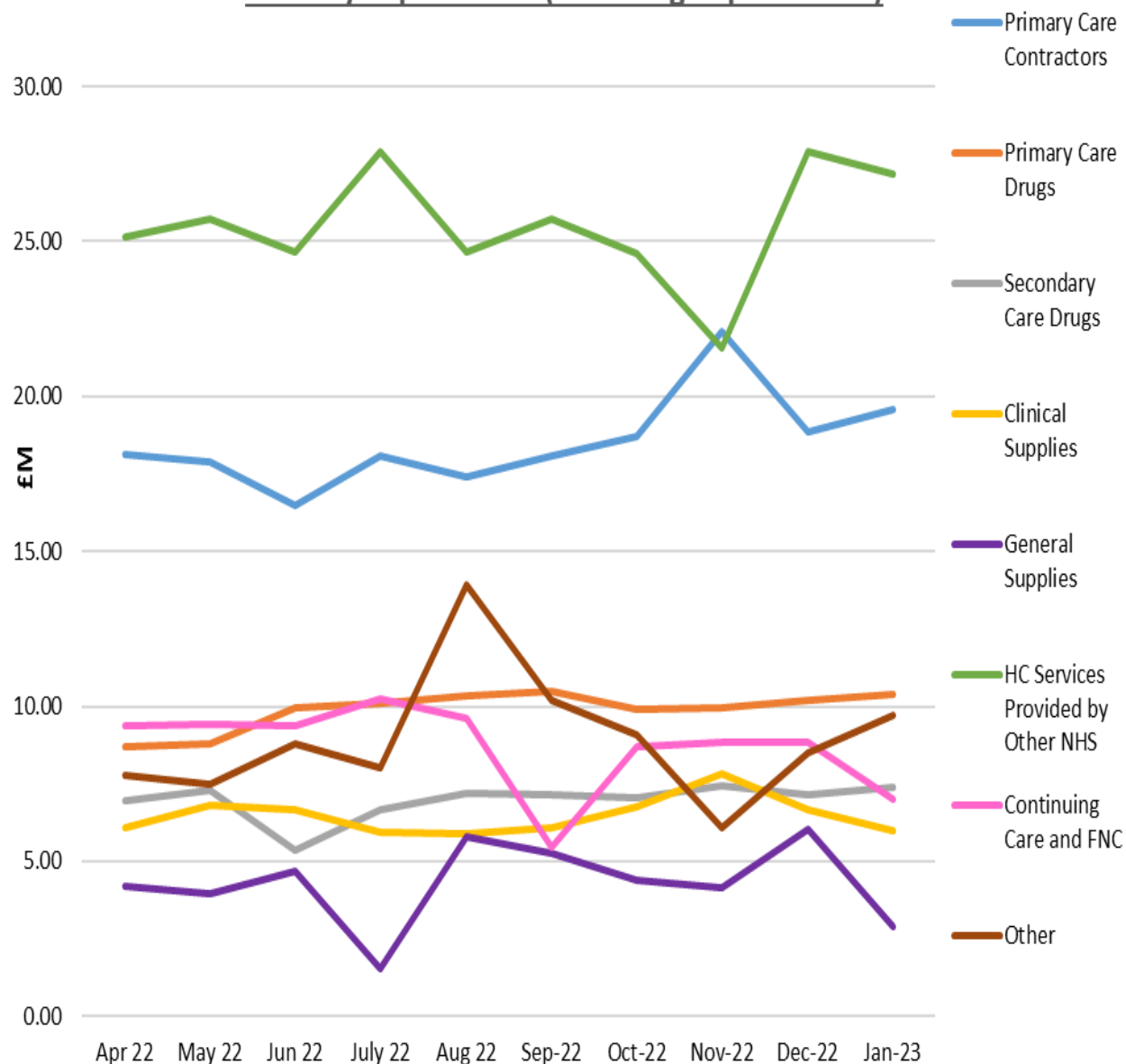
- The below graphs shows increases in both Medical & Agency Nursing costs from 2020/21 and 2021/22.

	22-23 Actual										Total Year to Date			Total Full Year Forecast
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23		Feb-23	Mar-23	
West Area	118	155	156	191	195	127	384	205	127	112	1,770	112	112	1,994
Central Area	234	351	155	294	553	487	543	420	508	561	4,107	420	420	4,947
East Area	576	574	1,042	357	939	758	886	975	879	814	7,800	890	861	9,551
Ysbyty Gwynedd	570	564	565	568	651	710	779	785	776	809	6,777	809	809	8,395
Ysbyty Glan Clwyd	914	1,110	1,261	1,376	1,238	1,613	1,542	1,805	1,365	1552	13,775	2035	2035	17,845
Ysbyty Maelor Wrexham	760	812	808	1,005	923	1,062	1,084	1,072	1,000	1105	9,630	1069	1035	11,734
Mental Health & LDS	446	436	505	598	680	570	535	819	774	740	6,101	763	763	7,627
Womens	117	136	128	197	249	231	318	168	336	245	2,124	237	218	2,579
Other	875	867	880	911	732	837	758	654	731	731	7,976	916	1022	9,914
<b>Total Agency</b>	<b>4,609</b>	<b>5,004</b>	<b>5,502</b>	<b>5,497</b>	<b>6,159</b>	<b>6,394</b>	<b>6,828</b>	<b>6,903</b>	<b>6,495</b>	<b>6,669</b>	<b>60,060</b>	<b>7,251</b>	<b>7,275</b>	<b>74,586</b>



# Non-Pay Costs

Non Pay Expenditure (Excluding Capital Costs)



**Total Non-Pay Expenditure:** January spend is £90.2m (excluding capital charges), which is £4.0m less than previous month spend. The main areas of changes in month are included below:

**Primary Care Contractor:** Spend is £0.7m (3.8%) higher than previous month. Total GMS Dispensing Fees have increased by £1.6m (28%) effective from 1st October. The Health Board has been significantly impacted by the increase in cost due to the high number of Dispensing Practices within rural areas. Primary Care Contractor Annual Forecast has increased by £0.5m from previous month due to the increase in GMS Dispensing Fees, which is partly offset by a £0.7m reduction against Enhanced Services year end forecast.

**Primary Care Drugs:** Spend is £0.2m higher than Month 9.

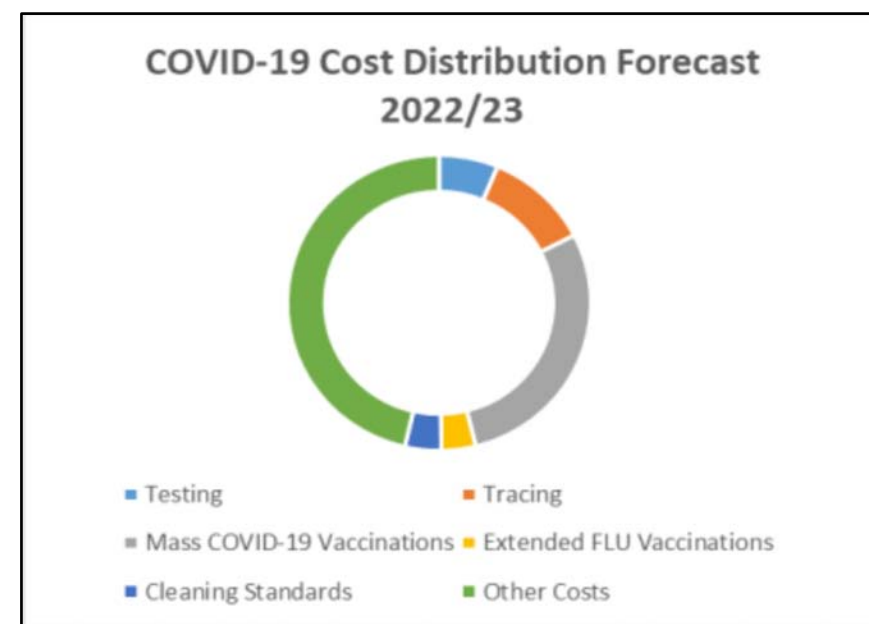
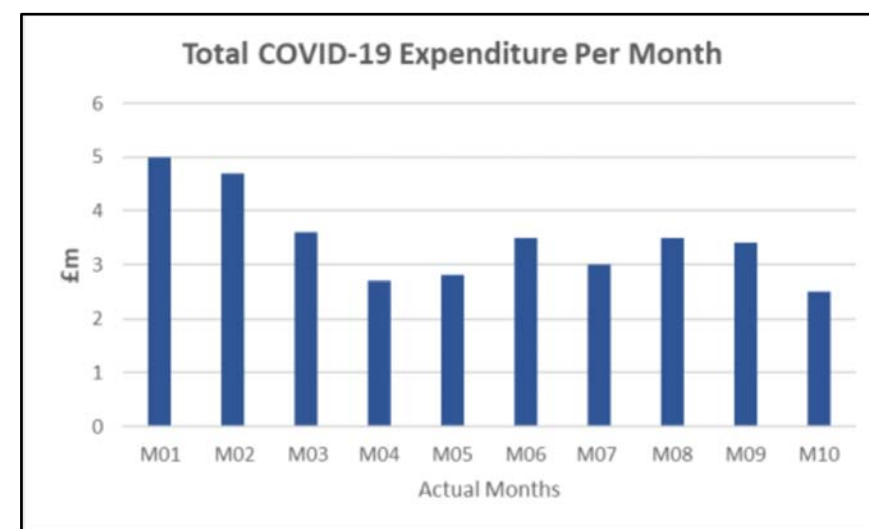
**Healthcare Services provided by Other NHS Bodies:** Spend has decreased by £0.7m (2.6%) on previous month, which is mainly due to Month 9 spend being distorted by the impact of backdated Vertex costs reported against the WHSCC contract. Annual forecast spend has increased by £1.9m, of which £0.8m is increase in Additional Emergency Ambulance Capacity, £0.2m increase in UCLH Orthopaedic outsourcing contract and £0.2m increase in the Liverpool contract.

**Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £1.9m less than the previous month and annual forecast has decreased by £3.1m. The Health Board has been working with LA partners to resolve CHC disputes and CHC joint funding arrangements, which includes high cost Childrens & MH&LD cases. As a result of concluding this work, the CHC in-year position and forecast has been reduced to reflect the agreements reached.

**General Supplies:** Expenditure has reduced by £3.2m due to Month 9 costs distorted by the technical adjustment for IFRS 16, which was a movement between non pay and Capital costs for leases.

# Impact of COVID-19

	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	Actual M08	Actual M09	Actual M10	Total YTD 2022/23	Forecast 2022/23
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	2.3	2.6
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	0.2	0.3	0.2	0.1	4.1	4.6
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	1.4	1.4	1.1	0.8	10.0	11.8
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.3	0.3	(0.1)	0.8	1.5
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.1	0.1	1.2	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	1.0	1.1	1.5	1.4	16.3	19.1
<b>Total COVID-19 expenditure</b>	<b>5.0</b>	<b>4.7</b>	<b>3.6</b>	<b>2.7</b>	<b>2.8</b>	<b>3.5</b>	<b>3.0</b>	<b>3.5</b>	<b>3.4</b>	<b>2.5</b>	<b>34.7</b>	<b>41.2</b>
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(3.0)	(3.5)	(3.4)	(2.5)	(34.7)	(41.2)
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>



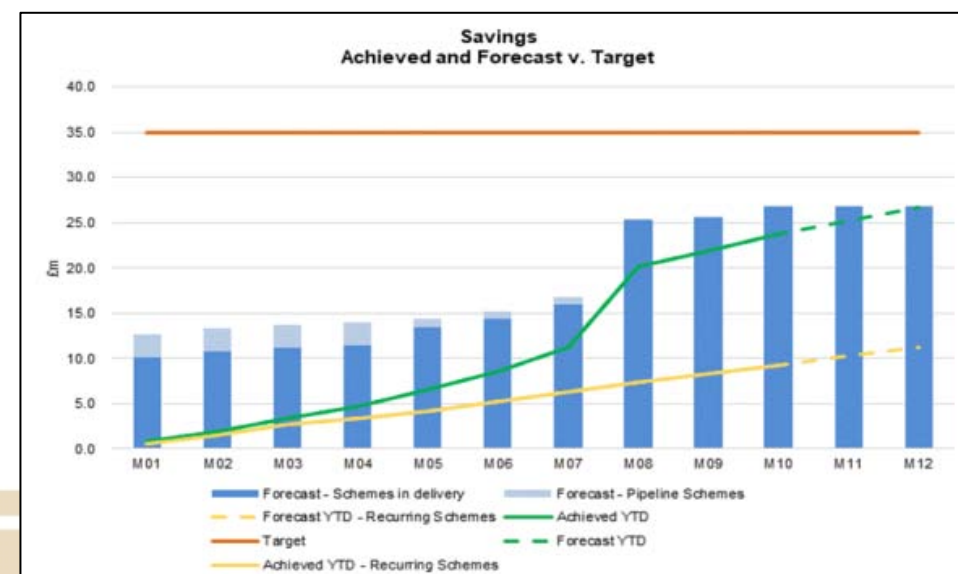
- COVID-19 expenditure in January is £2.5m, a reduction of £0.9m from December spend. Total forecast cost of COVID-19 is currently £41.2m, a decrease of £0.2m from previous month forecast. Welsh Government funding is anticipated to fully offset the impact of COVID-19.
- COVID-19 Other Costs is £1.4m for January which includes costs for Long COVID, additional staffing and PPE due to COVID Surge and Patient Charge Income Target (Loss of Dental income).
- The review of the categorisation of the COVID-19 discharge support work and additional bed capacity is not included within the COVID tables to date. The COVID-19 Discharge Support costs is estimated at £4.3m and consists of £2.9m for escalation beds and medically fit for discharge beds in Ysbyty Gwynedd, including Womens services, an additional £1.0m of therapies and support costs for the additional beds already claimed in Wrexham, and £0.4m for discharge to assess beds within private care homes.
- These costs have not previously been claimed under COVID, as the local interpretation of the original Welsh Government communication suggested that where possible COVID costs should be reduced, and absorbed as business as usual, unless these related to specific themes. As the financial year has progressed, through the leadership report, and discussions with other Health Boards it has become clear that this is a different approach to the claims being submitted by other Health Boards.



# Savings

		SCHEMES IN DELIVERY										PIPELINE SCHEMES				TOTAL PROGRAMME	
	Savings Target £000	Year to Date Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Recurring Forecast £000	Variance £000	Non-Recurring Forecast £000	Total Forecast £000	Forecast FYE £000	Recurring Plan £000	Non-Recurring Plan £000	Total Plan £000	Plan FYE £000	Total Forecast £000	Variance £000	
West Integrated Health Community																	
Area - West	2,940	1,771	1,025	(746)	1,090	1,166	(1,774)	1,566	2,732	1,515	0	0	0	0	2,732	(208)	
Ysbyty Gwynedd	3,124	1,882	175	(1,706)	53	240	(2,884)	62	302	295	0	0	0	0	302	(2,822)	
Facilities	304	183	0	(183)	0		(304)								0	(304)	
Total West	6,368	3,836	1,200	(2,636)	1,143	1,407	(4,961)	1,627	3,034	1,809	0	0	0	0	3,034	(3,334)	
Central Integrated Health Community																	
Area - Centre	4,942	2,977	1,944	(1,033)	1,547	2,340	(2,603)	1,552	3,892	2,564	0	0	0	0	3,892	(1,051)	
Ysbyty Glan Clwyd	3,951	2,380	189	(2,191)	124	309	(3,642)	153	462	376	0	0	0	0	462	(3,489)	
Facilities	341	206		(206)			(341)								0	(341)	
Total West	9,235	5,563	2,133	(3,430)	1,671	2,649	(6,586)	1,705	4,354	2,941	0	0	0	0	4,354	(4,881)	
East Integrated Health Community																	
Area - East	5,080	3,060	1,442	(1,618)	1,211	1,583	(3,497)	1,313	2,895	1,695	0	0	0	0	2,895	(2,185)	
Ysbyty Wrexham Maelor	3,171	1,910	509	(1,401)	1,450	680	(2,491)	1,650	2,330	984	0	0	0	0	2,330	(841)	
Facilities	316	191		(191)			(316)								0	(316)	
Total East	8,567	5,161	1,952	(3,209)	2,662	2,263	(6,305)	2,963	5,225	2,679	0	0	0	0	5,225	(3,342)	
PAN North Wales Services																	
MHLD	613	369	1,912	1,543	182	2,280	1,667	215	2,495	2,295	0	0	0	0	2,495	1,882	
Womens Services	1,375	899	42	(857)	1,825	47	(1,328)	1,883	1,929	59	0	0	0	0	1,929	554	
Diagnostic and Specialist Clinical Services	2,044	1,231	209	(1,022)	394	254	(1,790)	403	657	291	0	0	0	0	657	(1,387)	
Cancer Services	1,542	929	1,335	406	0	1,845	303	0	1,845	1,845	0	0	0	0	1,845	303	
Area - Other	235	142	176	35	0	235	0	0	235	235	0	0	0	0	235	0	
Contracts	1,500	904	0	(904)	3,488	0	(1,500)	3,488	3,488	0	0	0	0	0	3,488	1,988	
Provider Income	304	183	0	(183)	0	0	(304)	0	0	0	0	0	0	0	0	(304)	
Total PAN North Wales	7,613	4,656	3,674	(982)	5,890	4,661	(2,952)	5,989	10,650	4,726	0	0	0	0	10,650	3,037	
Corporate	3,217	1,938	275	(1,663)	3,153	329	(2,888)	3,160	3,489	562	110	0	110	110	3,599	382	
Total	35,000	21,154	9,234	(11,920)	14,518	11,308	(23,692)	15,443	26,751	12,717	110	0	110	110	26,861	(8,139)	

- Savings delivered in month total £1.8m against plans of £1.4m and a total target of £4.4m (of which £1.4m was transactional)
- YTD savings delivered total £23.8m against Plan of £20.2m and Target of £21.20m.
- The transactional target of £17.5m has been met in terms of total actual savings delivered. However, recurring savings delivered to date total £9.2m.
- The FY Forecast, increased by £1.2m this month, now totals £26.8m for green and amber schemes. The recurring element totals £11.9m. The total also includes non-recurring Accountancy Gains of £7m.
- The FY Forecast indicates that a further £3.m will be delivered this year. The ongoing reliance on smaller scale savings initiatives remains a concern.
- As the Transformational savings target was profiled towards the final quarter; the lack of plans and delivery of transformational savings will cause an increasingly adverse variance against Target in the final quarter.





# Risks and Opportunities (not included in position)

	RISKS	£m	Level	Explanation
1	Risk pessimism bias referred to in section 1.3 does not crystallise	£5.0m	Medium	
2	Risk of not receiving Microsoft VAT recovery	£0.8m	High	
3	Risk of delivery of annual leave accrual increase	£5.0m	Medium	An element of the further accruals review referred to in 1.3 relates to annual leave. There is a risk that the assumed level of reduction is not substantiated by the detailed work needed.
	<b>Total Risks</b>	<b>£10.8m</b>		

	OPPORTUNITIES	£m	Level	Explanation
1	Potential of further opportunities relating other accrual adjustments such as PO accruals	£5.0m	Medium	
2	Retain Value Based Healthcare Slippage	£1.2m	Medium	
3	Additional COVID Funding for Discharge Beds	£4.3m	Medium	
	<b>Total Opportunities</b>	<b>£10.5m</b>		
	<b>NET RISK</b>	<b>£0.3m</b>		



# Balance Sheet

	Opening Balance Beginning of Apr 22 £'m	Closing Balance End of Jan-23 £'m	Forecast Closing Balance End of Mar 23 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	617.7	596.4	658.5
Intangible assets	1.0	0.8	1.0
Trade and other receivables	63.1	62.8	63.1
Non-Current Assets sub total	681.8	660.0	722.6
<b>Current Assets</b>			
Inventories	19.1	19.6	19.1
Trade and other receivables	105.8	99.9	106.9
Cash and cash equivalents	6.7	8.1	3.6
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	131.6	127.6	129.6
<b>TOTAL ASSETS</b>	813.4	787.6	852.1
<b>Current Liabilities</b>			
Trade and other payables	257.1	216.1	235.5
Provisions	52.0	59.2	59.5
Current Liabilities sub total	309.2	275.3	295.0
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	504.2	512.3	557.1
<b>Non-Current Liabilities</b>			
Trade and other payables	0.8	0.8	31.3
Provisions	62.0	60.7	60.7
Non-Current Liabilities sub total	62.8	61.5	92.0
<b>TOTAL ASSETS EMPLOYED</b>	441.3	450.8	465.1
<b>FINANCED BY:</b>			
Taxpayers' Equity			
General Fund	298.0	307.5	312.1
Revaluation Reserve	143.3	143.3	153.0
<b>Total Taxpayers' Equity</b>	441.3	450.8	465.1

## Cash Flow Forecast

- The closing cash balance as at 31st January 2023 was £8.1m, which included £2.258m cash held for revenue expenditure and £5.855m for capital projects. This balance was higher than had been previously anticipated due to delays in capital purchase orders over various projects.
- The Health Board is currently forecasting a closing cash balance for 2022-23 of £3.6m (revenue £2.530m and capital £1.048m) following receipt of £5.000m strategic cash support, £6.070m IFRS16 working balances support and £25.0m general working balance support.
- A key risk to the forecast year-end cash position is that it is based on the approval and reimbursement of around £8.0m legal costs from the Welsh Risk Pool following their meeting on 15th March (deadline for submission of claims to them is 21st February). We are seeking confirmation internally that the claims will be submitted in time and that all requirements to allow the claims to be approved and reimbursed will have been met.

# Capital

- The approved Capital Resource Limit (CRL) for 2022/23 is £24.377m as per below summary table

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
	<b>Gross expenditure</b>						
	<b>All Wales Capital Programme: Schemes:</b>						
1	Imaging	1,762	1,406	(356)	4,483	4,463	(20)
2	Wrexham Redevelopment	1,278	1,096	(182)	2,399	1,364	(1,035)
3	Nuclear Medicine	19	23	4	425	353	(72)
4	Substance Misuse-Holyhead	(1)	0	1	0	0	0
5	Digital Medicine	0	10	10	10	10	0
6	Ablett Unit	309	164	(145)	1,423	930	(493)
7	Linacs	142	292	150	1,922	1,917	(5)
8	Emergency Departments	87	3	(84)	418	418	0
9	Energy Saving Schemes	19	38	19	250	234	(16)
10	Enli Ward	24	37	13	500	800	300
11	Year End Funding - Mortuary	0	0	0	346	134	(212)
12	Endoscopy Training	0	0	0	50	39	(11)
13	Year End Funding-Medical Devices	0	37	37	430	418	(12)
14	Year End Funding-Local Area Network	0	0	0	250	0	(250)
15	Eye Care	0	0	0	68	68	0
	<b>Sub Total</b>	<b>3,639</b>	<b>3,106</b>	<b>(533)</b>	<b>12,974</b>	<b>11,148</b>	<b>(1,826)</b>
	<b>Discretionary:</b>						
43	I.T.	1,023	935	(88)	1,713	1,281	(432)
44	Equipment	1,379	1,488	109	1,379	2,092	713
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	4,967	3,913	(1,054)	7,879	9,424	1,545
47	Other	0	0	0	0	0	0
48	<b>Sub Total</b>	<b>7,369</b>	<b>6,336</b>	<b>(1,033)</b>	<b>10,971</b>	<b>12,797</b>	<b>1,826</b>
	<b>Other (Including IFRS 16 Leases) Schemes:</b>						
49	Donated	249	266	17	468	468	0
50	Internally Generated	0	0	0	0	0	0
51	IFRS16	432	0	(432)	432	432	0
69	<b>Sub Total</b>	<b>681</b>	<b>266</b>	<b>(415)</b>	<b>900</b>	<b>900</b>	<b>0</b>
70	<b>Total Expenditure</b>	<b>11,689</b>	<b>9,708</b>	<b>(1,981)</b>	<b>24,845</b>	<b>24,845</b>	<b>0</b>
	<b>Donations:</b>						
77	Donations:	249	249	0	468	468	0
78	<b>Sub Total</b>	<b>249</b>	<b>249</b>	<b>0</b>	<b>468</b>	<b>468</b>	<b>0</b>
92	<b>CHARGE AGAINST CRL / CEL</b>	<b>11,440</b>	<b>9,459</b>	<b>(1,981)</b>	<b>24,377</b>	<b>24,377</b>	<b>0</b>
93	<b>PERFORMANCE AGAINST CRL / CEL (Under)/Over</b>		<b>(14,918)</b>			<b>0</b>	



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# MONITORING RETURN

Month 10 2022/23

Steve Webster  
Interim 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 was to deliver a balanced position, which includes the £82.0m strategic support funding from Welsh Government. In addition, £38.4m Sustainability funding has been received to support planned and unscheduled care.
- Further to the deep dive review of the forecast outturn in Month 6, the Health Board's forecast position is reporting a deficit of £10.0m. The review of forecast outturn resulted in the development of a Recovery Plan and a Quality, Performance and Finance Recovery Group was set up by the Executive. However, subsequent to the establishment of a Recovery Board, progress has been impacted by industrial action and winter pressures.
- The forecast position is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring-fenced allocations and any benefits gained from the reversal of the Annual Leave accrual.
- The £42m Strategic Support was included as recurrent in the MDS. 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 included in the BCU IMTP submission also assumed that funding for Performance and Transformation would continue beyond 2023-24. The Health Board has been clear that it is committing recurrently against this funding (as agreed with the previous NHS Chief executive Andrew Goodall) in order to be able to deliver the required outcomes.
- As per request from Welsh Government, the Health Board has been requested to reflect the £42m as non-recurrent, which will consequently revise the underlying carried forward deficit to £82m. The Health Board will continue discussions with NHS Wales Executive Team with regards to this funding.

## 1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £0.7m, an increase of £0.1m from previous month. The cumulative position is reporting a deficit of £7.5m as at the end of January.
- The total cost of COVID-19 in January is £2.5m (£34.7m year to date), a reduction of £0.8m from December. Welsh Government income has been anticipated to fully fund these costs, giving a zero impact on the financial position.



# 1. FINANCIAL POSITION & FORECAST

## 1.3 Forecast Position

- Further to the deep dive review of the forecast outturn in Month 6, the Health Board revised its forecast outturn position to report a £10.0m deficit. This forecast position is dependent on Welsh Government fully funding all anticipated income, continued reduction in expenditure trends largely due to slippage of £5.0m (reflected in a corporate pessimism bias adjustment to divisional forecasts) and a further review of accruals releasing circa £6.0m.
- There is a potential to improve the position if additional funding is received for COVID Discharge Support costs not claimed to date as below, and if VBHC slippage can be retained.
- The Value Based Healthcare slippage previously reported at £2.4m has now reduced to £1.2m as a result of additional expenditure being identified such as the PROMS platform and pre-habilitation.
- The COVID-19 Discharge Support costs is estimated at £4.3m and consists of £2.9m for escalation beds and medically fit for discharge beds in Ysbyty Gwynedd, including Womens services, an additional £1.0m of therapies and support costs for the additional beds already claimed in Wrexham, and £0.4m for discharge to assess beds within private care homes.
- These costs have not previously been claimed under COVID, as the local interpretation of the original Welsh Government communication suggested that where possible COVID costs should be reduced, and absorbed as business as usual, unless these related to specific themes. As the financial year has progressed, through the leadership report, and discussions with other Health Boards it has become clear that this is a different approach to the claims being submitted by other Health Boards.
- We believe that this is differential approach to Covid cost identification is broader than just discharge support, and there are also additional costs in a range of areas which are being reported as Covid costs across Health Boards, particularly where USC blends with Covid as drivers for increased cost. While we are only asking for additional funding in 2022/23 in relation to discharge support, for 2023/24 planning we will be estimating the element of the recurrent deficit which is driven by Covid in terms of this broader definition effectively employed elsewhere, in order to represent the BCU starting position for 2023/24 more consistently with other Health Boards.

## 1.4 Income (Table B)

- Income totals £173.9m for January, an increase of £1.5m from December and £0.4m higher than forecast for the month. Further details relating to the allocation are included in Section 7.

## 1.5 Actual Expenditure (Table B)



## 1. FINANCIAL POSITION & FORECAST

- Expenditure totals £174.5m for January, £1.7m higher than December expenditure.
- Expenditure of £2.5m is directly related to COVID-19 in January, of which Pay is £2.0m and £0.5m across Non Pay expenditure categories. This is £0.8m less than December spend.
- The areas of significant increases in spend include Provided Services Pay (£5.6m), Losses, Special Payments and Irrecoverable Debts (£1.4m) and Primary Care Contractor (£0.7m). Offsetting these are decreases in Provider Services–Non Pay (£3.4m), Continuing Care and Funded Nursing Care (£1.9m) and Other Private & Voluntary Sector (£0.4m).
- Further detail on key movements in spend is provided in the below table.

### Primary care Contractor

- Spend is £0.7m (3.8%) higher than previous month and £0.2m higher than forecast for the month due to the increase in GMS Dispensing Fees. Total GMS Dispensing Fees have increased by £1.6m (28%) effective from 1st October. The Health Board has been significantly impacted by the increase in cost due to the high number of Dispensing Practices within rural areas.
- Annual Forecast has increased by £0.5m from previous month due to the increase in GMS Dispensing Fees, which is partly offset by a £0.7m reduction against Enhanced Services year end forecast, as in year costs have been reassessed and now not forecast to be as high as previously anticipated.

### Primary care – Drugs & Appliances

- Current Month expenditure has increased by £0.2m (1.5%) from December and is £0.1m higher than forecast for the month. Annual forecast has increased by £0.1m.
- Following receipt of November prescribing data, the Average Cost per Prescribing Day has reduced by 7.5%, November was £0.522m compared to £0.564m for October.
- The 3-month average cost per prescribing day in November has however increased by 1.7%.
- The Average Cost per Item prescribed in November has reduced by 1.0%; November was £7.39 per item compared to £7.46 per item in October.
- The 3-month Average Cost per Item has however increased from £7.28 to £7.37 (+1.2%).
- The overall number of Items Prescribed per Prescribing Day has reduced by 6.6%; November had 70,702 items prescribed compared to 75,672 in October.





## 1. FINANCIAL POSITION & FORECAST

	<ul style="list-style-type: none"><li>The 3-month Average Items Prescribed per Prescribing Day has however increased from 70,586 to 71,005 (+0.6%)</li></ul>
<b>Provided Services - Pay</b>	<ul style="list-style-type: none"><li>January expenditure is £80.8m, which is £5.6m (7.5%) higher than previous month, of which £4.9m related to the Annual Leave accrual in month adjustment in December. Month 10 spend is £0.5m higher than previous months monthly average and £0.2m higher than forecast for the month.</li><li>Total Variable Pay is £10.0m (Agency £6.7m, Bank £2.5m and Overtime £0.9m), an increase of £0.3m from December. Agency costs have increased by £0.2m and Bank spend has also increased by £0.4m from previous month. Overtime costs have decreased by £0.3m due to the introduction of Planned Additional Activity Rates which is reported within Core Pay. Total cost of PAAR paid in January is £0.97m which relates to escalation during December. Total Year to date cost of PAAR payments is £1.35m.</li><li>Further detail on Agency spend is included in Section 5.1.</li><li>All three sites continue to experience Medical and Nursing staffing pressures due to vacancies and the impact of strikes, which is reflected in the increase in Agency and Bank spend.</li><li>£1.7m Queen's additional bank holiday funding has been phased into the position in full in Month 10.</li><li>A total of £2.0m pay costs were directly related to COVID-19 in December, which is £0.1m less than previous month spend.</li><li>Total Provided Services Pay Annual Forecast has increased by £2.5m.</li></ul>
<b>Provider Services Non-Pay</b>	<ul style="list-style-type: none"><li>Spend in January is £3.4m (17.4%) less than December and is £0.9m less than previous months monthly average. However, December Provider Services Non-Pay spend was inflated due to re-classification of RIF and Sustainability planned expenditure from Pay to Non-Pay.</li><li>COVID-19 Non-Pay is also £0.8m less than previous month.</li><li>There has also been a reduction across a range of non-pay headings, mainly being M&amp;SE (£0.4m) Vaccines (£0.1m) and Implants (£0.1m) due to the reduction in Core activity across specialities in January, and a non-recurrent reduction of £0.2m reported against the Pathology Managed Service Contract in Month 10.</li><li>Month 10 Non Pay also reflected a £1.9m RIF spend re-categorised from Non Pay back to Pay in relation to the Home Bureau costs.</li><li>Provider Services Non-Pay Annual forecast cost has increased by £0.4m, of which £0.3m is reduction in COVID Non-Pay impact.</li></ul>





## 1. FINANCIAL POSITION & FORECAST

<b>Secondary care Drugs</b>	<ul style="list-style-type: none"><li>• Month 10 expenditure is £0.3m (4.1%) higher than previous month spend and £0.2m higher than forecast for the month. Drugs spend has increased due to high-cost Haemophilia patient. Cancer Drugs costs are also volatile due to changing protocols, case mix start dates and NICE guidelines.</li><li>• Secondary Care Drugs Annual forecast cost has increased by £0.4m from Month 9.</li></ul>
<b>Healthcare Services provided by other NHS Bodies</b>	<ul style="list-style-type: none"><li>• Spend has decreased by £0.7m (2.6%) on previous month, which is mainly due to Month 9 spend being distorted by the impact of backdated Vertex costs reported against the WHSCC contract.</li><li>• Expenditure is £1.4m higher than forecast for the month and Annual forecast spend has also increased by £1.9m, of which £0.8m is increase in Additional Emergency Ambulance Capacity, £0.2m increase in UCLH Orthopaedic outsourcing contract and £0.2m increase in the Liverpool contract.</li><li>• Block contracts with English providers remain, however the contracts are subject to inflation risk, as well as inflation on Welsh contracts.</li></ul>
<b>Continuing Health care (CHC) and Funded Nursing care (FNC)</b>	<ul style="list-style-type: none"><li>• Expenditure in January is £1.9m less than the previous month and £1.8m less than forecast for the month. The annual forecast has decreased by £3.1m.</li><li>• The Health Board has been working with our LA partners to resolve CHC disputes and CHC joint funding arrangements, which includes high cost Childrens &amp; MH&amp;LD cases. As a result of concluding this work, the CHC in-year position and forecast has been reduced to reflect the agreements reached.</li><li>• However, despite the in month reduction in costs, Mental Health CHC packages continue to be a pressure due to Delayed Transfers of Care which is therefore increasing Out of Area placements bed days.</li></ul>
<b>Other Private and Voluntary Sector</b>	<ul style="list-style-type: none"><li>• Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers.</li><li>• Costs are £0.4m (18.9%) less than previous month and £0.1m less than the monthly average profile. January spend is £0.7m less than forecast for the month due to reduction in Non NHS Outsourcing not progressing as well as planned.</li><li>• Annual forecast has also been reduced by £0.5m to reflect the reduction in outsourcing work and costs.</li></ul>



## 1. FINANCIAL POSITION & FORECAST

<b>Joint Financing</b>	<ul style="list-style-type: none"><li>• Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget and the Mass Vaccination Centres spend.</li><li>• Spend is £0.2m less than previous month and £0.2m less than forecast for the month. Annual Forecast has also reduced by £0.2m from previous month.</li></ul>
<b>Losses, Special Payments and Irrecoverable Debts</b>	<ul style="list-style-type: none"><li>• Includes Redress, Clinical Negligence, Personal Injury and loss of property.</li><li>• Expenditure in January is £1.4m higher than December due to the £1.2m credit reported in Month 9. January spend is therefore only £0.1m higher than the average monthly expenditure profile.</li><li>• Expenditure is £0.1m less than forecast for the month and annual forecast is £0.3m less than previous month.</li></ul>
<b>Capital</b>	<ul style="list-style-type: none"><li>• Includes depreciation and impairment costs that are fully funded.</li><li>• Capital costs are £0.1m higher than previous month and is in line with previous monthly average spend. Annual Forecast cost is £0.1m higher than previous month.</li></ul>

### 1.6 Forecast Expenditure (Table B)

- The forecast position is reporting a deficit of £10.0m, which is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring-fenced allocations and any benefits gained from the Annual Leave accrual.
- The 22/23 NHS Pay Award total year forecast cost is £40.1m, however the 22/23 Pay Award funding received from WG is £38.3m leaving a pressure of £1.8m.
- The Forecast expenditure also accounts for the changes in future NI costs following the decision that the 22/23 ENIC increase (Levy) will cease from 6<sup>th</sup> November. WG have confirmed that they will not recover the 'benefit' of the 0.5% reduction in the 22/23 payment to English Providers and that the Health Boards can apply this towards managing the position. The benefit to BCU is £0.32m, which is also recognised in Table A (Line 30).
- The additional impact of the full year cost of Real Living Wage for Band 1 & 2 is £2.5m, of which £0.6m may not be funded, also noted as a risk on Table A.
- Further to confirmation of Energy funding £11.2m Energy Risk has been removed from the Risk Table in Month 10. Energy forecast costs are volatile and have been updated in line with WG



## 1. FINANCIAL POSITION & FORECAST

advice and forecast data received via NWSSP from British Gas. The forecast model also reflects the impact of the Government's energy support package and Energy price cap. The energy forecast outturn reported at Month 10 is £25.9m.

- The forecast expenditure also includes the Microsoft renewal license cost of £4.4m, of which £1.1m is a cost pressure for the Health Board. 1/12ths of the £1.1m cost pressure is being phased into the position on a monthly basis.
- The brought forward opening Annual Leave accrual value from 2021/22 was £27.2m. All staff that were due payment for selling annual leave from 2021/22 have now been paid via BCUHB Payroll, reducing the baseline provision to £25.7m. Of the estimated £10m Annual Leave accrual to be released, £8.8m has been released into the position to date. The Accountancy Gain value is £2.8m which has been released in full in previous months. The backfill value is estimated at £7.2m and has been amended in month to reflect the release of 1/12<sup>th</sup> per month, releasing £6.0m (10/12ths) to-date.
- £1.7m additional Bank Holiday funding has been received within the Month 10 allocation and has been phased into the position in full in Month 10.
- The 3-year financial plan assumed funding for Performance and Transformation was to continue on a recurrent basis, which was also reflected in the submitted MDS tables. However, as per request from Welsh Government this has been reported as non-recurrent within Table A as from Month 4. The Health Board has been clear with Welsh Government that it is committing recurrently against this funding, as it relates to substantive recruitment of specific staff posts to ensure delivery of the required outcomes.
- The Performance Fund £30.0m and Transformation Fund £12.0m is now forecast to be spent in full.

### 1.7 Accountancy Gains (Table B)

- The Health Board is not reporting any Accountancy Gains in January.
- Year to Date Accountancy Gains reported up to end of January is £7.0m and the full year forecast is £7.0m.

### 1.8 COVID-19 (Table B3)

- The total impact of COVID-19 spend in January is £2.5m, a reduction of £0.9m from December spend. Welsh Government funding is 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	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	Actual M08	Actual M09	Actual M10	Total YTD 2022/23	Forecast 2022/23
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	2.3	2.6
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	0.2	0.3	0.2	0.1	4.1	4.6
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	1.4	1.4	1.1	0.8	10.0	11.8
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.3	0.3	(0.1)	0.8	1.5
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.1	0.1	1.2	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	1.0	1.1	1.5	1.4	16.3	19.1
<b>Total COVID-19 expenditure</b>	<b>5.0</b>	<b>4.7</b>	<b>3.6</b>	<b>2.7</b>	<b>2.8</b>	<b>3.5</b>	<b>3.0</b>	<b>3.5</b>	<b>3.4</b>	<b>2.5</b>	<b>34.7</b>	<b>41.2</b>
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(3.0)	(3.5)	(3.4)	(2.5)	(34.7)	(41.2)
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

- The planned cost as per the MDS submission was £55.7m, however since the MDS was submitted the total forecast COVID-19 expenditure has been reduced to £41.2m, a net reduction of £14.5m from the MDS submission. The forecast assumes that COVID-19 costs will continue to have an impact for the whole year. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.
- Total COVID-19 Annual Forecast has decreased by £0.2m from previous month's annual forecast cost. COVID-19 forecast costs continue to be reviewed on a monthly basis. The risk of not receiving COVID-19 funding over and above the Month 8 capped levels has now been removed from Risk Table A2 in Month 10.
- Nosocomial total forecast spend has increased to £0.879m. Further to review of costs, management requested further costs to be charged against the funding allocation, including set-up and management time of substantive staff, and additional staff time for specific Infection Prevention and Control staff.
- The review of the categorisation of the COVID-19 discharge support work and additional bed capacity is on-going and is not included within the COVID tables to date. The review identifies forecast expenditure of £4.3m as outlined in section 1.3.
- Movements in the overall forecast from last month are as follows:



## 1. FINANCIAL POSITION & FORECAST

	Forecast at Month 9 £m	Forecast at Month 10 £m	Change £m
Testing	2.6	2.6	0.0
Tracing	4.7	4.6	(0.1)
Mass COVID-19 Vaccinations	11.9	11.8	(0.1)
Extended Flu Vaccinations	1.8	1.5	(0.3)
Cleaning Standards	1.6	1.6	0.0
Other Costs	18.8	19.1	0.3
<b>Total COVID-19 costs</b>	<b>41.4</b>	<b>41.2</b>	<b>(0.2)</b>
Welsh Government COVID-19 income	-41.4	-41.2	0.2
<b>Total Impact of COVID-19</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.0)</b>

- Testing costs forecast is in line with previous month and Tracing forecast has reduced by £0.1m. Mass COVID-19 Vaccination costs forecast has decreased by £0.1m and Extended Flu Vaccinations forecast has also decreased by a further £0.3m.
- The estimate of Local Authority's decommissioning costs have been included in the Month 12 TTP forecasts, however the Health Board's de-commissioning costs is minimal with costs of £8k included within the Month 12 forecast. Staff are being supported in finding other roles which reduces the risk of redundancy payments, however, we are still waiting for confirmation from Workforce.
- Monkey pox forecast costs are reported under Mass Vaccination costs, however costs reported to date are minimal. Refuge and asylum seekers costs are also included in Testing Covid costs, these make up approximately 60% of recent testing activity, and does pose a risk if Covid rates should start to peak again.
- Total forecast spend within the PPE (Personal Protective Equipment), Long COVID and Other section (A6) on Table B3 is £19.1m, an increase of £0.3m from Month 9 forecast. There is a risk of £0.5m Loss of Dental income, which is not included in the forecast but is noted as a risk in Table A2.
- COVID Surge annual forecast has increased by £0.2m. COVID costs and forecasts are reviewed monthly. The below table provides a breakdown of the change in COVID Surge Forecast costs.



## 1. FINANCIAL POSITION & FORECAST

COVID Surge	Month 9 Forecast £m	Month 10 Forecast £m	Change £m
A2. Increased bed capacity specifically related to COVID-19	0.70	0.70	0.0
A3. Other Capacity & facilities costs (exclude contract cleaning)	1.30	1.30	0.0
B1. Prescribing charges directly related to COVID symptoms	0.20	0.10	(0.1)
C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	9.80	9.80	0.0
D1. Discharge Support	0.00	0.00	0.0
D5. Other Services that support the ongoing COVID response	1.60	1.90	0.3
<b>TOTAL</b>	<b>13.60</b>	<b>13.80</b>	<b>0.2</b>

- Further breakdown of spend is provided in the supplementary COVID Other templates.



## 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 was £40.0m, however from Month 4 the £40.0m strategic funding has been amended to non-recurrent in Table A as per request from Welsh Government. Following this amendment, the Health Board's underlying position has been revised to reflect an opening underlying deficit of £82.0m.
- The carried forward underlying deficit is £187.6m. This is net of a provisionally assumed continuation of non-recurrent underspends/slippage/vacancies of £28.2m. The basis of this position is the presentation shared with WG at the touch-point meeting on 9 February. This has been reflected in Table A as an adjusting line pending properly reflecting it in the MMR. This is reflecting as a validation error in the Tables.
- New in year pressures included within Table A are:
  - Line 29 – £32.0m Cost pressures in Prescribing, CHC, Agency, Non Pay pressures and COVID Loss of income for Private Patients.
  - Line 34 – £1.6m GMS overspend.
- The forecast outturn is reporting a deficit of £10.0m after taking into account the following mitigations:
  - Line 27 - £19.6m Underspends against Planned spend
  - Line 28 - £5.0m Pessimism bias due to ongoing trend of slippage
  - Line 30 - £7.2m Release of Annual Leave Accrual (Excluding Accountancy Gain)



## 3. RISK MANAGEMENT

### 3.1 Risk Management (Table A2)

- The below are risks and opportunities 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
<b>Risks</b>			
Risk pessimism bias referred to in section 1.3 does not crystallise	£5.0m	Medium	
Risk of not receiving Microsoft VAT recovery	£0.8m	High	
Risk of Annual Leave	£5.0m	Medium	An element of the further accruals review referred to in 1.3 relates to annual leave. There is a risk that the assumed level of reduction is not substantiated by the detailed work needed.
<b>Total Risks</b>	<b>£10.8m</b>		

	£m	Level	Explanation
<b>Opportunity</b>			
Potential of further opportunities relating other accrual adjustments such as PO accruals	£5.0m	Medium	
Retain Value Based Healthcare Slippage	£1.2m	Medium	
Additional COVID Funding for Discharge Beds	£4.3m	Medium	
<b>Total Opportunities</b>	<b>£10.5m</b>		





## 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)

- Agency costs for Month 10 are £6.7m, having increased by £0.2m from Month 9, and representing 8.0% of total pay. Month 10 Agency costs are £0.8m higher than previous months average monthly cost profile. January Agency spend includes £0.4m that related to COVID-19, which is £0.1m higher than reported in previous month.
- Month 10 Medical Agency costs is £2.7m and have remained the same as previous month spend. COVID-19 Medical Agency costs were £0.3m in month, which is a £0.2m increase from previous month spend.
- Nurse agency costs totalled £2.5m for the month, same as reported in previous month. Acute sites continue to carry a high level of nursing vacancies and the availability of RGN's due to strike days. Nurse Agency costs arising from COVID-19 were £0.2m in January, which is no change from previous month spend.
- Other agency costs totalled £1.5m in January, an increase of £0.2m from previous month.



## 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 delivered in month totalled £1.8m against a plan of £1.4m, resulting in a favourable variance of £0.4m. Year to date savings delivered total £23.8m against a year to date plan of £20.2m and target of £21.2m. The Transactional savings target of £17.5m has been met in terms of total savings delivered. However, the proportion of recurring savings delivered to date totals £9.2m, which remains a concern.
- The full year forecast has increased by £1.2m this month and now totals £26.8m for Green and Amber schemes, indicating that a further £3.0m will be delivered this year. The recurring element of the Forecast totals £11.3m. The Full Year Forecast includes non-recurring Accountancy Gains of £7m.
- Including red schemes, for which assurance reviews must be completed, the Full Year Forecast totals £26.9m. Documentation for the two remaining red schemes have not been processed due to resource constraints. The issue has been escalated and while no progress was made in month, the latest information indicates that the financial values will be confirmed and documentation submitted in Q4. Figures do not include a scheme relating to VERs, the review of which is in progress.
- The ongoing reliance on smaller scale savings initiatives remains a concern. Transformation plans have not yet been delivered and as transformational savings are profiled towards the final quarter; there is an adverse variance of actual savings delivered against total target and this variance is set to increase in the quarter.
- Subsequent to the establishment of a Recovery Board, progress has been impacted by industrial action and winter pressures.



## 7. INCOME ASSUMPTIONS

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

- All figures included in Table D have been reviewed and amended as necessary following the Month 9 Agreement of Balances.

### 7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) for the year is £1,902.8m. £1,589.1m of the RRL has been profiled into the cumulative position, which is £3.4m more than an equal twelfth. The profile of the RRL is linked to planned expenditure including developments funded by the Performance and transformation allocation.
- Confirmed allocations to date is £1,888.0m, with further anticipated allocations in year of £14.9m.
- The anticipated allocation includes £8.8m for COVID-19 funding. Total COVID-19 allocation received to date is £41.2m. To Month 10 £34.7m of COVID-19 funding has been profiled into the cumulative position to match expenditure.
- Anticipated income included for Energy costs is now £6.4m.
- MSK Orthopaedic Services funding has now been allocated and therefore removed from Table E, and consequently risk has also been removed from Table A in Month 10.



## 8. HEALTH CARE AGREEMENTS & MAJOR CONTRACTS

### 8.1 Welsh NHS Contracts

- All Welsh Healthcare agreements were agreed and signed off by the deadline of 30<sup>th</sup> June 2022.



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

### 9.1 Statement of financial position (Table F)

- Details of actual and forecast material movements in the Statement of Financial Position during 2022-23 are as follows:

#### Movements at Month 9 2022-23

- **Current assets – trade and other receivables (line 7)**

Trade and other receivables decreased by £6.158m to Month 10 of which £2.882m relates to increases in amounts recoverable from the Welsh Risk Pool subject to the outcome of on-going litigation claims offset by reductions of £1.602m in the Accounts Receivable system balance and £7.577m in RIF receivables balances.

- **Current assets – Cash and cash equivalents (line 9)**

Cash and cash equivalents have increased by £1.435m to £8.113m during the year, made up of an increase of £1.128m in revenue cash and an increase of £0.307m in capital cash.

The closing cash balance of £8.113m at Month 10 consisted of £2.258m revenue cash and £5.855m cash for capital projects. Capital cash was higher than previously anticipated due to delays in purchase orders over various capital projects.

- **Current liabilities – Trade and Other Payables (line 13)**

Trade and other payables decreased by £41.044m to Month 10 made up of a reduction in revenue payables of £33.792m and a reduction in capital payables of £7.252m.

The decrease in payables is mainly as a result of reductions of £18.553m in the year-end Accounts Payable and Purchase Orders balances, alongside reductions in accruals for annual leave (£10.245m) CHC and FNS (£2.480m) VERS (£1.589m) and the impact of quarterly invoicing.

- **Current liabilities – Provisions (line 15)**

Increases of £5.811m in provisions mainly relate to on-going clinical negligence litigation claims, the majority of which will be recoverable from the Welsh Risk Pool in the event of cases being successful (see above). The increase includes £8.838m relating to litigation claims mainly offset by reductions of £1.468m in Continuing Care and Funded Nursing Care provisions.



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

### Full year forecast movements

- **Current assets – Trade and Other Receivables (line 7)**

It is currently assumed that material amounts paid by the Health Board in respect of increased clinical negligence provisions will be recoverable from the Welsh Risk Pool and these will be amended each month based on the Legal and Risk Services quantum.

The Health Board is anticipating that the balance due from the Welsh Risk Pool will increase marginally during the remainder of the year alongside increases from additional quarterly invoicing and RIF agreements at year-end.

- **Current assets – cash and cash equivalents (line 9)**

Details on the forecast cash outturn position is provided in the narrative to Table G – Monthly Cashflow Forecast.

- **Current and Non-Current liabilities – Trade and Other Payables (line 13 and 19)**

### Capital trade and other payables

Capital payables are expected to decrease by c£5.5m during 2022-23 with the associated cash requirement being met from utilisation of opening balances and £1.0m working balance support.

The forecast balance sheet at 31<sup>st</sup> March 2023 includes the impact of IFRS16 transitioning and in-year entries. These include an initial adjustment of £42.639m in current and non –current payables, in year new IFRS16 additions and reductions in capital payable for lease payments made during the year.

The working balance cash support for both opening capital payables and reductions in IFRS16 payables is included in Month 12 of Table G Cashflow forecast.

### Revenue trade and other payables

Forecast reductions in revenue trade and other payables largely relate to movements in the annual leave accrual, reductions in payable following the Audit Wales review of the Health Board's annual accounts and reductions in VERS accruals. It is anticipated that the level of



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

revenue and trade and other payables will increase in the final two months of 2022-23 due to quarterly invoicing and RIF payables.

The table below details forecast movements in all trade and other payables at Month 10 2022-23 with working balances support to meet the associated cash requirements being included in Month 12 of Table G Cashflow forecast.

Forecast reduction in current and non-current trade and other payables	£m
Balance B/F 1 <sup>st</sup> April 2022	257.982
Revenue - reduction in annual leave accrual	(11.500)
Revenue – reduction in payables as per annual accounts	(9.100)
Revenue - reduction in VERS accrual	(2.000)
Capital – IFRS16 transitioning and in year payables	43.071
Capital – reduction in opening payables	(5.500)
Capital – reduction in IFRS16 payables	(6.070)
<b>Forecast Balance C/F 31<sup>st</sup> March 2023</b>	<b>266.883</b>

- **Current liabilities – Provisions (line 15)**

Based on the latest quantum information provided by NWSSP Legal and Risk Services it is currently assumed that litigation provisions will increase marginally over the remainder of the year but that any movements will be matched by receivables with the Welsh Risk Pool.

### 9.2 Welsh NHS Debtors (Table M)

#### Aged Debtors (Table M)

- At the end of Month 10 2022-23 the Health Board held one outstanding NHS Wales invoice over eleven weeks old that had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. This invoice has been included on the Month 9 Agreement of Balances exercise and the Health Board has not been made aware of any reason why it will not be paid before the arbitration date.





## 10. CASH

### 10.1 Monthly Cash Flow Forecast (Table G)

- The closing cash balance as at 31st January 2023 was £8.113m, which included £2.258m cash held for revenue expenditure and £5.855m for capital projects. This balance was higher than had been previously anticipated due to delays in capital purchase orders over various projects.
- The Health Board is currently forecasting a closing cash balance for 2022-23 of £3.578m (revenue £2.530m and capital £1.048m) following receipt of £5.000m strategic cash support, £6.070m IFRS16 working balances support and £25.000m general working balance support.
- A key risk to the forecast year-end cash position is that it is based on the approval and reimbursement of around £8.0m legal costs from the Welsh Risk Pool following their meeting on 15th March (deadline for submission of claims to them is 21st February). We are seeking confirmation internally that the claims will be submitted in time and that all requirements to allow the claims to be approved and reimbursed will have been met.

Revenue cash forecast 2022-23	£m
Opening revenue balance	1.130
Forecast movement in revenue payables as per narrative for Table F	(22.600)
Forecast cash impact of 2022-23 outturn position (£5.0m to be managed internally)	(5.000)
Revenue working balances support	24.000
Strategic cash support	5.000
<b>Forecast closing revenue cash balance</b>	<b>2.530</b>
Capital cash forecast 2022-23	£m
Opening capital balance	5.548
Forecast movement in opening capital payables	(5.500)
Forecast movement in IFRS16 capital payables	(6.070)
Capital working balance support	1.000
Capital working balance support – IFRS16	6.070



## 10. CASH

<b>Forecast closing capital cash balance</b>	<b>1.048</b>
<b>Total cash forecast 2022-23</b>	<b>£m</b>
Opening cash balance	6.678
Forecast reductions in revenue payables as per Table F	(22.600)
Forecast cash impact of 2022-23 outturn position	(5.000)
Forecast reductions in opening capital payables as per Table F	(5.500)
Forecast reductions in IFRS16 capital payables as per Table F	(6.070)
Revenue working balances support	24.000
Strategic cash support	5.000
Capital working balance support	1.000
Capital working balance support – IFRS16	6.070
<b>Total forecast closing balance</b>	<b>3.578</b>



## 11. PUBLIC SECTOR PAYMENT POLICY PSPP

### 11.1 . Public Sector Payment Policy PSPP (Table H)

- 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 £24.4m. The capital programme for 2022/23 is fully committed, and the Health Board is on track to deliver the CRL.

### 12.2 Capital Programme (Table J & K)

- Details of spend and forecast on a monthly basis and by scheme are included in Table J.
- Disposals (Table K) contains no data to date. In relation to future years, the Health Board is working on a rationalisation list that includes potential disposals; however, there are no firm identified assets at this stage.



## 13. OTHER ISSUES

### 13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 10 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee members at the February meeting.

**Gill Harris**  
Interim Chief Executive Officer

**Steve Webster**  
Interim Executive Director of Finance



## MONTH 7 MONITORING RETURN RESPONSES

### Monitoring Return Review – Action Point 9.1

**Recovery Plan - £7.500m.** It is noted that the in-year Recovery Plan value reduced from £10.000m to £7.500m at Month 9, without sufficient supporting explanation (from the tables, it is indicated that an element relates to reduced pressures in GMS £0.4m, a minor increase in finalised savings £0.3m, with the balance appearing to relate to the further retention of underspends within ring fenced funding). The narrative states that the Recovery Plan, which is equally phased between January and March, was approved by the PFIG committee in October; however, in the MMR Tables the Recovery Plan is still presented as still to be finalised. I am therefore requesting that you provide a copy of the - 2 - approved Recovery Plan and that a progress update is provided, which should include a realistic assessment of the financial delivery (currently the Health Board is assessing the full value as 'High' risk). **(Action Point 9.1)**

### Response

The recovery plan has been delayed due to winter pressures and industrial action, however due to expenditure being lower than originally planned and retained slippage, together with the opportunities from accrual review flagged above, the shortfall identified within the deep dive work continues to reduce.

### Monitoring Return Review – Action Point 9.2

**Retention of Slippage on Ring Fenced Funding £17.358m.** The assumed retention, which has not been agreed or approved by WG to date, increased from £15.565m to £17.258m at Month 9. Each month, since this assumption has formed part of the MMR submission, we have attempted to obtain information from the Health Board on which areas of funding this specifically relates to, an explanation for the cause of the slippage and a case submission to WG, seeking approval to retain such slippage. The Month 9 submission states this £17.258m is an interim position whilst an exercise is being undertaken. A progress update is being sought from the Health Board; this should include clarity on whether there is, or is not, material slippage and if applicable, your intention to make an imminent request to WG for retention (setting out the impact on your Operation forecast outturn). **(Action Point 9.2)**

### Response

A review of expenditure has resulted in the ability to charge legitimate expenditure against Ring fenced Funding.

### Monitoring Return Review – Action Point 9.3

**Local Covid Costs – between £3-£4 million.** We are aware that you have been reviewing the categorisation of Local Covid costs associated with Discharge Support and Increased Bed Capacity, as some costs may have been reported under the Operational heading and therefore these were omitted from previous Covid forecasts. Whilst we have confirmed that we will consider a case for additional funding (above the Month 8 'ceiling') for any genuinely omitted costs, this needs to be submitted shortly and should explain the omission and evidence that the costs are indeed relating to Local Covid pressures and the impact on your Operational forecast outturn. **(Action Point 9.3)**



## MONTH 7 MONITORING RETURN RESPONSES

### Response

The Covid Discharge Support costs of £4.3m consists of £2.9m for Escalating Beds and Medical Fit for discharge beds in Ysbyty Gwynedd, including Womens services, additional £1.0m of therapies and support costs for the additional beds already claimed in Wrexham and £0.4m for discharge to assess beds within private care homes.

### Monitoring Return Review – Action Point 9.4

**Annual Leave Accrual - £15.7m balance.** The Health Board has confirmed previously that it is in the process of assessing the accrual requirements for 22/23. Clarity is being sought on the timeframe for finalisation, as this potentially could result in a material release of non-recurrent resource. All Health Boards have previously been asked to confirm how such a release would benefit the Operational position if it was retained. **(Action Point 9.4)**

### Response

This work is ongoing and a further update will be provided in Month 11.

### Monitoring Return Review – Action Point 9.5

I acknowledge the new risk that funding is being sought for non-programme Covid-19 spend, totalling c£0.700m, which is above the 'Month 8 ceiling'. The forecast costs still appear have an element of fluidity and therefore as we progress through the final quarter, the forecast spend could reduce and you will remain within the 'ceiling'; however, we will consider additional funding at year end (depending on availability, hence why this needs to be anticipated at risk) if there are reasonable movements above the ceiling. Hopefully this clarity around the funding principle is helpful. **(Action Point 9.5)**

### Response

Thank you for clarifying the above. COVID-19 costs will continue to be reviewed on a monthly basis.

### Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 6.5

I note that you are also continuing to report a c/f underlying deficit position of £107.055m with the FYE impact of the in-year cost pressures still being assessed. Acknowledging this will be reviewed as part of the 23/24 planning process, please provide a progress update in establishing a robust c/f underlying position within your Month 10 return. **(Action Point 6.5)**

### Response

The Underlying deficit has been increased in line with the touch point slides.





## MONTH 7 MONITORING RETURN RESPONSES

### Risks / Opportunities (Table A2) – Action Point 9.6

Following clarification that WG will be providing funding for the 22/23 Exception Energy costs, please fully remove this from the Risk Table A2. **(Action Point 9.6)**

#### Response

This has been removed from Risk Table A2 within the Month 10 MR Tables.

### Monthly Positions (Table B) – Action Point 9.7

The SoCNE reports that the annual forecast non pay expenditure has increased by c. £11.600m since Month 8, with the narrative confirming that £5.600m reflects the “reclassification of RIF and sustainability spend from pay plus new funding (primarily further RIF) spend of c. £1.800m”. Please provide details of the unexplained balance of c.£4.200m. **(Action Point 9.7)**

#### Response

The remaining balance of £4.2m is mainly due to £2.5m less savings than planned plus less slippage than previously built into the forecast in Month 8. To summarise:

- In month 8 we built in an expenditure reduction of £23.8m
- In month 9 this expenditure reduction changed to £14.6m due to the in-month fortuitous gains, which in turn improved forecasts.

### Monthly Positions (Table B) – Action Point 9.8

I note that the annual secondary care drugs spend has also increased by c. £0.900m with the impact primarily being offset by benefits/gains from discount rate changes. Please provide a supporting explanation for the increased secondary care drugs costs where c. £0.500m has been phased into Month 12. **(Action Point 9.8)**

#### Response

Of the £0.5m increase in Secondary Care Drugs forecast phased into Month 12, £0.4m increase relates to Cancer Services. Cancer Drugs forecast spend is based on Cancer Drugs cycles & prescribing days, however it is subject to peaks and troughs when we have patients on 3 or 6 week drug regimens where the patient effectively has 2 cycles within the same month. Cancer Drugs forecast are also volatile due to changing protocols, case mix start dates and NICE.

### Monthly Positions (Table B) – Action Point 9.9

Please ensure that the monthly actual/forecast Performance/Transformation expenditure profile is reinstated into your narrative (under section 1.6). **(Action Point 9.9)**



## MONTH 7 MONITORING RETURN RESPONSES

### Response

The Performance & Transformation Table funding is forecast to be spent in full.

### Ringfenced Return – Action 9.10

The Month 9 ring-fenced return reports a c. £2.700m underspend against the VBHC opening allocation, with the narrative confirming that this will be returned to Welsh Government (therefore we assume this is not part of the £17.3m of assumed slippage in the position). Please ensure that that this assumption is reported as an anticipated allocation reduction within Table E. **(Action Point 9.10)**

### Response

The revised Value Based Healthcare slippage is included within Table E.

### Ringfenced Return – Action 6.12

In addition, please ensure your narrative discusses each ring-fenced area incorporated in the return. **(Action Point 6.12)**

### Response

Work is on-going with Divisions to provide additional narrative against each ring-fenced area.

### Resources Limits (Table E) – Action Point 9.11

The narrative confirms the assumption that c. £0.400m of the £0.879m Covid19 Nosocomial funding will not be spent and will be returned to Welsh Government. Policy colleagues have advised us that they are aware of costs that have been omitted from this category of spend. Please provide an explanation for Month 10 and confirm your final position in the same submission. **(Action Point 9.11)**

### Response

The costs to date have reflected expenditure coded to a specific cost code. On review, management have requested further costs to be charged against this code and reported against the funding allocation, including set-up and management time of substantive staff, and additional staff time for specific Infection Prevention and Control staff. There will therefore be a significant increase in the forecast spend reported for M11 & M12, to take the outturn spend to £0.879m.



## MONTH 7 MONITORING RETURN RESPONSES

### **PSPP (Table H) – Action Point 9.12**

It is acknowledged that there has been improvements quarter by quarter to the payment performance of NHS Invoices; however, the year-to-date - 4 - performance (86.5%) remains significantly below 95%. Please provide details of the “additional actions” referenced in your narrative that will further improve performance in this area. **(Action Point 9.12)**

### **Response**

The PSPP figure for NHS invoices by number continues to show an improvement with 91.4% of invoices being paid within target during January 2023, which is the highest performance during 2022-23. The Health Board is continuing to work proactively with Accounts Payable to review customers’ statements and is ensuring that all departments are reminded of the importance of receipting orders in a timely manner. Each invoice that fails to be paid within thirty days is also reviewed to understand the underlying reason so that corrective action can be take in the future.



## MONTH 7 MONITORING RETURN RESPONSES

### **Savings (Table C) – Action Point 9.13**

The narrative (section 6) confirms that the latest full year annual forecast savings position as £25.600m. For transparency, c.£7.000m of the £25.600m relates to n/r Accountancy Gains, which should be acknowledged in future narratives due to the clear distinction between management actions to reduce expenditure and fortuitous benefits from the release of expenditure accounted for in a previous year. **(Action Point 9.13)**

#### **Response**

Month 10 narrative has been updated to reflect above Action Point 9.13.

### **IFRS16 – Action Point 9.14**

For Month 10, please kindly update all the applicable Tables for the recently approved Q1 & Q2 leases, including IFRS16 Revenue Recovery and Depreciation values. **(Action Point 9.14)**

#### **Response**

Actioned within the Month 10 Tables.

### **IFRS16**

The following information may assist you in relation to the Cashflow: The Revenue Recovery values exclude Interest (the Revenue Interest Funding remains part of the baseline funding and meets the Resource charge and forms part of the cash paid to the Lessor) – therefore the Interest element is shown as an inflow on Line 1 (RRL) and the outflow on Line 18 (Non Pay). The Revenue Recovery is removed as Resource and Cash from the RRL (will not appear on Table G). Capital cash is required to make the balance of the payment to the lessor (along with the Revenue Interest element that is part of your baseline funding) and is issued to the HB as a Capital Cash 'Movement in Working Balances', therefore the inflow is shown on Line 4 (Capital) and the outflow on Line 24 (Capital).

#### **Response**

Actioned within the Month 10 Tables.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Finance Report for Month 9			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 23 February 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board for the nine months from 1<sup>st</sup> April 2022 to 31<sup>st</sup> of December 2022.</p> <p>The cumulative position for the year is a deficit against plan of £6.8m, (0.36% of the allocation). The Health Board is forecasting a £10m deficit by the end of the financial year. The Executive team has set up a Financial Recovery Group in order to oversee improvements in the financial position, but due to winter pressures and strike action the group have not progressed as originally planned.</p> <p>Savings delivered in the nine months to December 2022 was £23.8m against a plan of £21.2m, an overachievement of £2.6m. The savings forecast is £26.8m, which is £9.3m below the original target of £35m for the year. Of the £25.3m forecast, £14.8m are non recurring.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	It is recommended that the report is noted.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Steve Webster Interim Executive Director Finance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Michele Jones Head of Financial Reporting			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input checked="" type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<p>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.</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>Not Applicable</p>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>Naddo <i>N</i></p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>Naddo <i>N</i></p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>There is a risk that the Health Board does not meet its statutory financial duty for 2022-23. BAF 2.3</p> <p>Current risks and mitigations are shown in Appendix 1, slide 14. The risks have four themes;- continuation of increasing unfunded pressures £4.6m; Potential of not receiving funding from WG, where WG recognised the pressure but have yet to identified the funding streams within NHS Wales funds £13.5m; non delivery of the recovery plan £7.5m; and claw back of slippage on ring-fenced funds £17.4m. These are partially offset by some technical adjustments estimated to be around £4m.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>Not applicable</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>Not applicable</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p>	<p>Not applicable</p>

<b>Feedback, response, and follow up summary following consultation</b>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Amherthnasol  Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations Not Applicable.</b>	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices: Appendix 1: Finance Report December 2022 – M9</b> <b>Appendix 2: Month 9 Monitoring Return submitted to Welsh Govt.</b>	



# Finance Report

## December 2022 – M9

Steve Webster

Interim Executive Finance Director



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
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

- ✓ From Month 5 onwards The Health Board started to report under the New Operating Model, which means Area Teams, Hospital Teams and relevant facilities are grouped under the relevant Integrated Health Communities on slide 5 and 11.

## Issues & Actions

- Current Month is reporting a deficit position of £0.5m and cumulative deficit of £6.8m as at end of December.
- The Health Board has set a savings target of £35m for 2022/23. Full year forecast for Saving Schemes identified as Green and Amber total £25.6m against a target of £35m. Including red schemes, for which assurance reviews must be completed, the full year forecast totals £25.7m.
- The forecast outturn deficit of £10.0m is based upon a number of assumptions which carry some risks. These equate to £43.0m as per the Risks Table (Slide 14).
- The review of forecast outturn has resulted in the development of a Recovery Plan

## Key Messages

- ❖ The December position is reporting a deficit of £0.5m and year to date deficit of £6.8m.
- ❖ The Health Board is reporting a forecast outturn deficit of £10.0m. The forecast position is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring-fenced allocations and any benefits gained from the reversal of the Annual Leave accrual.
- ❖ Further to the deep dive review of the forecast outturn in Month 6, the Health Board's forecast position is reporting a deficit of £10.0m. The review of forecast outturn has resulted in the development of a Recovery Plan for consideration by the Board, which was detailed in the Accountable Officer (AO) Letter. A Quality, Performance and Finance Recovery Group has been set up by the Executive, which will meet weekly to oversee the Recovery Plan. Progress of meetings has slowed over the Christmas and New Year period due to operational pressures and strikes.
- ❖ Full year forecast for Saving Schemes identified as Green and Amber total £25.6m against a target of £35m. Including red schemes, for which assurance reviews must be completed, the full year forecast totals £25.7m. The ongoing reliance on smaller scale savings initiatives remains a concern. Transformation plans have not yet been delivered and as transformational savings are profiled towards the final quarter; an increasingly adverse variance of actual savings delivered against target is expected.

# Summary of Key Numbers

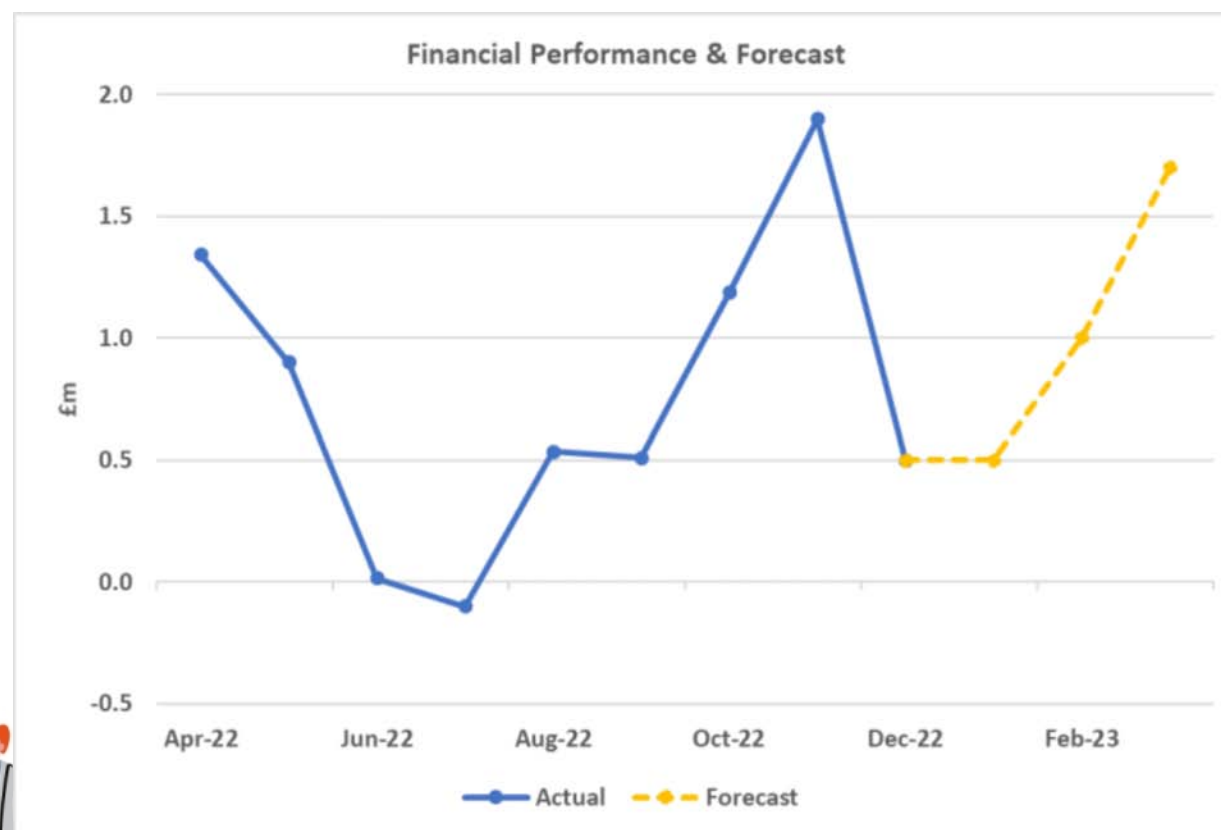
<div>Month 9 Position</div> <div>In Month £160.7m against plan of £160.1m. £0.5m adverse</div> <div>YTD £1,435.1m against plan of £1,428.3m £6.8 adverse</div>	<div>Forecast</div> <div>Projected Position but this is subject to inflationary risk.</div> <div>£10.0m deficit</div>	<div>Divisional Performance Mth 9</div> <table><tr><td>West IHC</td><td>£10.6m adverse</td></tr><tr><td>Central IHC</td><td>£12.9m adverse</td></tr><tr><td>East IHC</td><td>£8.7m adverse</td></tr><tr><td>Womens</td><td>£0.4m adverse</td></tr><tr><td>MH &amp; LD</td><td>£2.9m adverse</td></tr><tr><td>Commissioning Contrads</td><td>£4.2m favourable</td></tr><tr><td>ICD Primary Care</td><td>£0.5m favourable</td></tr><tr><td>ICD Regional Services</td><td>£2.6m adverse</td></tr><tr><td>Support Functions &amp; Other Budgets</td><td>£26.6m favourable</td></tr></table>	West IHC	£10.6m adverse	Central IHC	£12.9m adverse	East IHC	£8.7m adverse	Womens	£0.4m adverse	MH & LD	£2.9m adverse	Commissioning Contrads	£4.2m favourable	ICD Primary Care	£0.5m favourable	ICD Regional Services	£2.6m adverse	Support Functions & Other Budgets	£26.6m favourable
West IHC	£10.6m adverse																			
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ICD Primary Care	£0.5m favourable																			
ICD Regional Services	£2.6m adverse																			
Support Functions & Other Budgets	£26.6m favourable																			
<div>Savings</div> <div>In-month: £1.7m against target of £3.2m £1.5m Adverse</div> <div>YTD: £21.9m against target of £16.7m £5.2m favourable</div>	<div>Savings Forecast</div> <div>£25.7m, including pipeline savings, against target of £35.0m</div> <div>£9.3m adverse</div>	<div>COVID-19 Impact</div> <div>£32.2m cost YTD</div> <div>£41.1m forecast cost. Funded by Welsh Government (with risk) £NIL impact</div>																		
<div>Income</div> <div>£107.2m against budget of £103.7m</div> <div>£3.5m favourable</div>	<div>Pay</div> <div>£706.9m against budget of £701.9m</div> <div>£5m adverse</div>	<div>Non-Pay</div> <div>£835.4m against budget of £830.0m</div> <div>£5.3m adverse</div>																		



# Revenue Position

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	2022/23 Cumulative				Forecast
	M1	M2	M3	M4	M5	M6	M7	M8	M9	Budget	Actual	Variance	Variance	Actual
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	£m
Revenue Resource Limit	(152.9)	(151.6)	(152.4)	(159.6)	(158.9)	(175.0)	(158.9)	(158.9)	(160.1)	(1,428.3)	(1,428.3)	0.0	0.0%	(1,903.0)
Miscellaneous Income	(11.3)	(10.8)	(11.4)	(11.1)	(13.9)	(12.1)	(12.0)	(12.4)	(12.2)	(103.7)	(107.2)	(3.5)	3.4%	(143.5)
Health Board Pay Expenditure	76.6	73.4	75.4	76.3	75.1	95.8	79.4	79.7	75.1	701.9	706.9	5.0	0.7%	948.8
Non-Pay Expenditure	88.9	89.9	88.5	94.3	98.2	91.8	92.7	93.5	97.7	830.0	835.4	5.3	0.6%	1,107.7
<b>Total Deficit</b>	<b>1.3</b>	<b>0.9</b>	<b>0.0</b>	<b>(0.1)</b>	<b>0.5</b>	<b>0.5</b>	<b>1.2</b>	<b>1.9</b>	<b>0.5</b>	<b>0.0</b>	<b>6.8</b>	<b>6.8</b>		<b>10.0</b>

- The in month position is reporting a deficit of £0.5m and a cumulative deficit of £6.8m as at the end of December.
- The total cost of COVID-19 in December is £3.4m (£32.2m year to date), a decrease of £0.1m from November. Total COVID-19 annual forecast cost is £41.4m, and has increased by £0.2m from previous month. Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position, however there is a £0.7m risk (as per Risk Table-Slide 14) of not receiving COVID-19 funding over and above the Month 8 capped levels after returning the £0.4m of Nosocomial funding.
- As at Month 9 the forecast outturn is reporting a £10.0m deficit. The forecast position is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring-fenced allocations and any benefits gained from the reversal of the Annual Leave accrual.



# Forecast Outturn

- The Health Board's financial plan for 2022/23 was 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.
- The £42m Performance and transformation funding was included as recurrent in the Minimum Data Set. The three year financial plan included in the Integrated Medium Term Plan submission, also assumed that funding for Performance and Transformation would continue beyond 2023-24. The Health Board has been clear that it is committing recurrently against this funding to ensure delivery of the required outcomes.
- As per request from Welsh Government, the Health Board has been requested to reflect the £42m as non-recurrent, which consequently revised the underlying deficit to £82m.
- As at Month 9 the carried forward underlying deficit is £107.1m and this figure is still being assessed as part of the IMTP. In particular, it does not currently include either recurring cost pressures built up during 2021/22 and 2022/23, or the energy price inflation during 2022/23 which is not planned to be funded in 2023/24 by WG.

- Further to the deep dive review of the forecast outturn position in Month 6, The Health Board's forecast position is reporting a deficit of £10.0m. The forecast position is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring-fenced allocations and any benefits gained from the reversal of the Annual Leave accrual.
- The review of forecast outturn has resulted in the development of a Recovery Plan for consideration by the Board, which was detailed in the Accountable Officer (AO) Letter. A Quality, Performance and Finance Recovery Group has been set up by the Executive, which will meet weekly to oversee the Recovery Plan. Progress of meetings has slowed over the Christmas and New Year period due to operational pressures and strikes.
- The below Table summarises the Forecast Outturn position of £35.0m, and the mitigations actions required to bring the forecast position down to a forecast deficit of £10.0m.

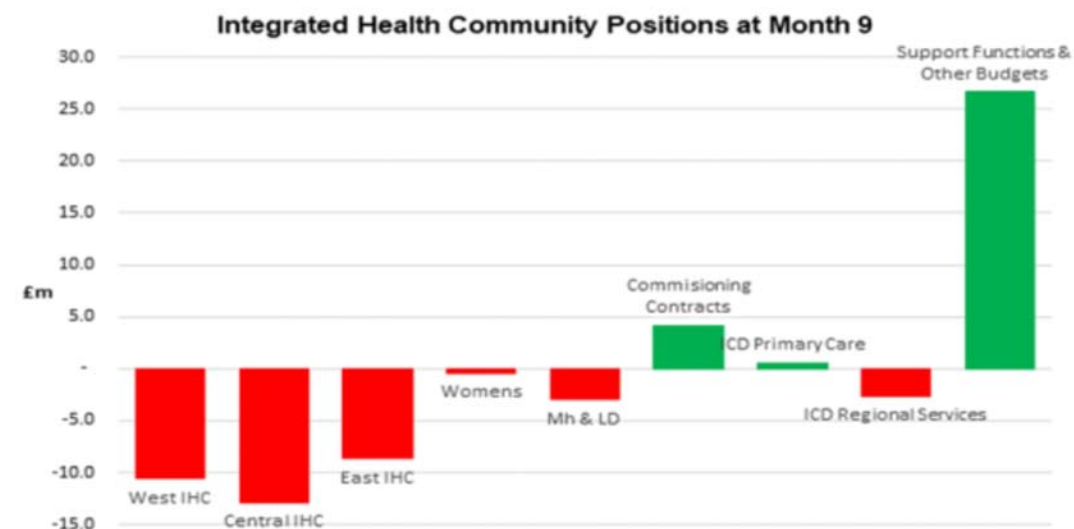
	2022/23 Planned Forecast	
	£'m	£'m
Financial Risk (Worst Case)		-35
Less:		
Improvement in savings delivery	8	
Reduction in Expenditure Forecast	8	
Release of Annual Leave Accrual	10	
		26
Review commitments against Ring Fenced		9
Total 22/23 Forecast Deficit		-10





# Divisional Positions

	In Month			Cumulative			Forecast Year End Variance £000
	Budget £000	Actual £000	Variance to Plan £000	Budget £000	Actual £000	Variance to Plan £000	
<b>WG RESOURCE ALLOCATION</b>	<b>-160,149</b>	<b>-160,149</b>	<b>0</b>	<b>-1,428,280</b>	<b>-1,428,280</b>	<b>0</b>	<b>0</b>
<b>WEST INTEGRATED HEALTH COMMUNITY</b>							
Management	54	65	10	272	198	-74	-43
West Area	14,634	15,338	704	132,235	136,096	3,860	5,700
Ysbyty Gwynnedd	9,217	10,156	940	84,904	91,201	6,297	10,200
Facilities	973	1,035	62	8,781	9,248	467	789
<b>Total West</b>	<b>24,878</b>	<b>26,595</b>	<b>1,716</b>	<b>226,192</b>	<b>236,742</b>	<b>10,550</b>	<b>16,646</b>
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>							
Management	55	18	-36	273	92	-181	0
Central Area	19,710	20,291	581	175,573	176,162	589	3,600
Ysbyty Glan Clwyd	11,322	13,095	1,773	105,948	117,494	11,546	18,582
Facilities	1,143	1,220	77	10,295	11,226	930	1,403
<b>Total Central</b>	<b>32,229</b>	<b>34,624</b>	<b>2,395</b>	<b>292,089</b>	<b>304,972</b>	<b>12,883</b>	<b>23,585</b>
<b>EAST INTEGRATED HEALTH COMMUNITY</b>							
Management	68	53	-16	341	219	-121	-50
East Area	22,315	23,388	1,073	199,322	202,700	3,378	5,850
Ysbyty Wrexham Maelor	9,954	10,588	633	92,441	97,176	4,735	8,263
Facilities	1,010	1,112	102	9,108	9,784	676	995
<b>Total East</b>	<b>33,348</b>	<b>35,140</b>	<b>1,792</b>	<b>301,212</b>	<b>309,879</b>	<b>8,667</b>	<b>15,058</b>
<b>Total Midwifery and Women's Services</b>	<b>3,586</b>	<b>3,721</b>	<b>135</b>	<b>32,297</b>	<b>32,741</b>	<b>444</b>	<b>1,149</b>
<b>Total Mental Health and LDS</b>	<b>12,905</b>	<b>13,418</b>	<b>513</b>	<b>111,279</b>	<b>114,220</b>	<b>2,940</b>	<b>3,981</b>
<b>Total Commissioning Contracts</b>	<b>23,760</b>	<b>23,206</b>	<b>-554</b>	<b>191,160</b>	<b>186,990</b>	<b>-4,171</b>	<b>-3,798</b>
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>							
Covid Programmes	1,309	1,309	0	14,070	14,070	0	0
Dental North Wales	2,942	2,897	-46	25,846	25,801	-46	0
Community Dental Services	493	458	-35	4,581	3,943	-638	-750
ICD Primary Care Management	13	0	-13	64	23	-41	-28
Other Primary Care	-180	-141	39	-1,197	-979	217	350
<b>Total Integrated Clinical Delivery Primary care</b>	<b>4,577</b>	<b>4,523</b>	<b>-54</b>	<b>43,365</b>	<b>42,857</b>	<b>-508</b>	<b>-428</b>
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>							
Provider Income	-1,780	-1,856	-76	-15,914	-15,443	471	673
Diagnostic and Specialist Clinical Support	5,842	6,183	341	52,491	53,862	1,371	3,063
Cancer Services	4,325	4,902	577	40,691	41,488	797	1,544
<b>Total Integrated Clinical Delivery</b>	<b>8,387</b>	<b>9,229</b>	<b>842</b>	<b>77,268</b>	<b>79,906</b>	<b>2,639</b>	<b>5,280</b>
<b>Total Service Support Functions and Other Budgets</b>	<b>16,478</b>	<b>10,233</b>	<b>-6,245</b>	<b>153,418</b>	<b>126,791</b>	<b>-26,626</b>	<b>-51,474</b>
<b>TOTAL INCOME AND EXPENDITURE</b>	<b>0</b>	<b>540</b>	<b>540</b>	<b>0</b>	<b>6,819</b>	<b>6,819</b>	<b>10,000</b>



- Key impacts affecting divisional positions include additional pay costs which are due to variable pay costs, particularly Agency costs.
- Non-Pay pressures continue within CHC, due to more complex packages driving an increase in costs, prescribing costs and a number of general non pay inflationary costs.
- Non delivery of CRES is also having an impact.
- 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.

Description	£m
Allocations Received	1,872
<b>Total Allocations Received</b>	<b>1,872.0</b>
Description	£m
<b>Allocations anticipated</b>	
Capital	0.2
COVID-19	15.1
Energy (Price Increase)	11.2
Real Living Wage	-
IM&T Refresh Programme	1.9
Urgent Primary Care Centres	1.0
MSK Orthopaedic Services	1.2
SDEC	1.6
WPAS	0.8
All Wales Robotics Partnership	0.5
Real Living Wage B1 & B2 - from April 22	0.6
Service transfer for local public health team to HBs	0.9
I Can Work - oversight work - full year	0.6
Removal of IFRS-16 Leases (Revenue)	- 6.0
Other	1.4
<b>Total Allocations Anticipated</b>	<b>31.0</b>
	£m
Total Allocations Received	1,872.0
Total Allocations Anticipated	31.0
<b>Total Welsh Government Income</b>	<b>1,903.0</b>

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL is currently £1,903.0m for the year, of which £1,428.3m has been profiled into the cumulative position which is £1.0m more than 9/12ths of the allocation.
- The RRL includes confirmed allocations to date of £1,872.0m, with further anticipated allocations in year of £31.0m.
- The anticipated allocations includes £15.1m for COVID-19 income, as £26.3m of COVID-19 funding has now been received within the allocation. £32.2m of COVID-19 funding has been profiled into the cumulative position to match expenditure.
- Also, 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	41.4
<b>Total Covid -19 funding</b>	<b>41.4</b>
Received	26.4
Anticipated	15.1

# Expenditure

Pay Costs										Cumulative			Full Year
	M1	M2	M3	M4	M5	M6	M7	M8	M9	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	11.4	10.0	11.0	10.8	11.0	14.1	11.5	9.9	11.7	103.6	101.3	2.2	139.3
Medical & Dental	17.6	17.3	17.9	18.2	18.0	21.7	18.6	19.7	16.7	155.7	165.7	(9.9)	226.5
Nursing & Midwifery Registered	23.7	22.9	23.4	23.3	22.8	28.8	24.3	25.0	22.9	224.1	217.1	7.0	286.0
Additional Clinical Services	11.2	10.6	10.7	11.0	10.6	15.0	11.6	11.7	10.8	94.8	103.1	(8.2)	35.7
Add Prof Scientific & Technical	2.9	2.9	2.9	3.0	3.0	3.5	3.1	3.2	3.0	31.1	27.6	3.5	135.3
Allied Health Professionals	5.0	4.7	4.7	5.0	4.9	6.1	5.3	5.4	5.2	44.8	46.4	(1.6)	65.6
Healthcare Scientists	1.3	1.2	1.3	1.3	1.3	1.5	1.3	1.4	1.1	12.5	11.7	0.8	15.8
Estates & Ancillary	3.5	3.7	3.5	3.6	3.5	5.0	3.8	3.3	3.7	34.7	33.5	1.2	44.1
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.7	0.6	0.1	0.5
<b>Health Board Total</b>	<b>76.6</b>	<b>73.4</b>	<b>75.5</b>	<b>76.3</b>	<b>75.1</b>	<b>95.8</b>	<b>79.4</b>	<b>79.7</b>	<b>75.1</b>	<b>701.9</b>	<b>706.9</b>	<b>(5.0)</b>	<b>948.8</b>
Other Services (Incl. Primary Care)	2.0	2.4	2.2	2.3	2.5	2.8	2.9	2.8	2.6	18.1	22.4	(4.3)	29.9
<b>Total Pay</b>	<b>78.7</b>	<b>75.8</b>	<b>77.6</b>	<b>78.5</b>	<b>77.6</b>	<b>98.6</b>	<b>82.3</b>	<b>82.5</b>	<b>77.7</b>	<b>720.0</b>	<b>729.3</b>	<b>(9.3)</b>	<b>978.7</b>

Non-Pay Costs	2022-23									Cumulative			Full Year
	M1	M2	M3	M4	M5	M6	M7	M8	M9	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractors	18.1	17.9	16.5	18.1	17.4	18.1	18.7	22.1	18.9	169.7	165.8	3.9	223.6
Primary Care Drugs	8.7	8.8	9.9	10.1	10.3	10.5	9.9	9.9	10.2	79.5	88.4	(8.9)	118.5
Secondary Care Drugs	7.0	7.3	5.4	6.7	7.2	7.2	7.0	7.4	7.1	58.7	62.2	(3.5)	83.9
Clinical Supplies	6.1	6.8	6.7	5.9	5.9	6.1	6.8	7.8	6.7	53.7	58.8	(5.1)	75.2
General Supplies	4.2	3.9	4.7	1.5	5.8	5.3	4.4	4.2	6.1	37.3	40.0	(2.7)	51.2
HC Services Provided by Other NHS	25.1	25.7	24.7	27.9	24.7	25.7	24.6	21.5	27.9	231.5	227.9	3.6	305.2
Continuing Care and FNC	9.4	9.4	9.4	10.2	9.6	5.5	8.7	8.8	8.9	73.8	79.9	(6.1)	105.6
Other	7.8	7.5	8.8	8.0	13.9	10.2	9.1	6.1	8.5	93.4	79.9	13.5	107.8
<b>Non-pay costs</b>	<b>86.4</b>	<b>87.4</b>	<b>86.0</b>	<b>88.4</b>	<b>94.8</b>	<b>88.5</b>	<b>89.2</b>	<b>87.9</b>	<b>94.2</b>	<b>797.6</b>	<b>802.9</b>	<b>(5.3)</b>	<b>1,071.0</b>
Cost of Capital	2.5	2.5	2.5	5.9	3.3	3.3	3.3	5.6	3.5	32.5	32.5	(0.0)	36.6
<b>Total non-pay</b>	<b>88.9</b>	<b>89.9</b>	<b>88.5</b>	<b>94.3</b>	<b>98.2</b>	<b>91.8</b>	<b>92.6</b>	<b>93.5</b>	<b>97.7</b>	<b>830.0</b>	<b>835.4</b>	<b>(5.3)</b>	<b>1,107.7</b>



Variable Pay	2022-23									Total £m
	M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	M6 £m	M7 £m	M8 £m	M9 £m	
Agency	4.6	5.0	5.5	5.5	6.2	6.4	6.8	6.9	6.5	53.4
Overtime	1.8	1.8	0.9	1.3	1.1	1.6	1.5	1.3	1.2	12.4
Locum	1.7	2.1	1.8	2.5	2.0	2.0	2.2	2.5	2.2	19.0
WLIs	0.3	0.4	0.4	0.5	0.4	0.3	0.5	0.6	0.5	3.9
Bank	2.8	2.5	2.3	2.3	2.0	3.2	2.6	2.4	2.0	22.1
Other Non Core	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.1	0.1	0.7
Additional Hours	0.3	0.3	0.4	0.3	0.4	0.3	0.2	0.4	0.4	3.0
<b>Total</b>	<b>11.7</b>	<b>12.2</b>	<b>11.2</b>	<b>12.5</b>	<b>12.1</b>	<b>13.9</b>	<b>13.9</b>	<b>14.1</b>	<b>12.8</b>	<b>114.4</b>

- Total Pay costs are £77.7m in December, an decrease of £4.8m from November. Of the estimated £10m Annual Leave accrual to be released, £8.2m has been released into the position to date. The Accountancy Gain value is £2.8m which has been released in full in previous months. The backfill value is estimated at £7.2m, and has been amended in month to reflect the release of 1/12<sup>th</sup> per month, releasing £5.4m (9/12ths) to-date, and resulting in an adjustment of £4.9m in month.

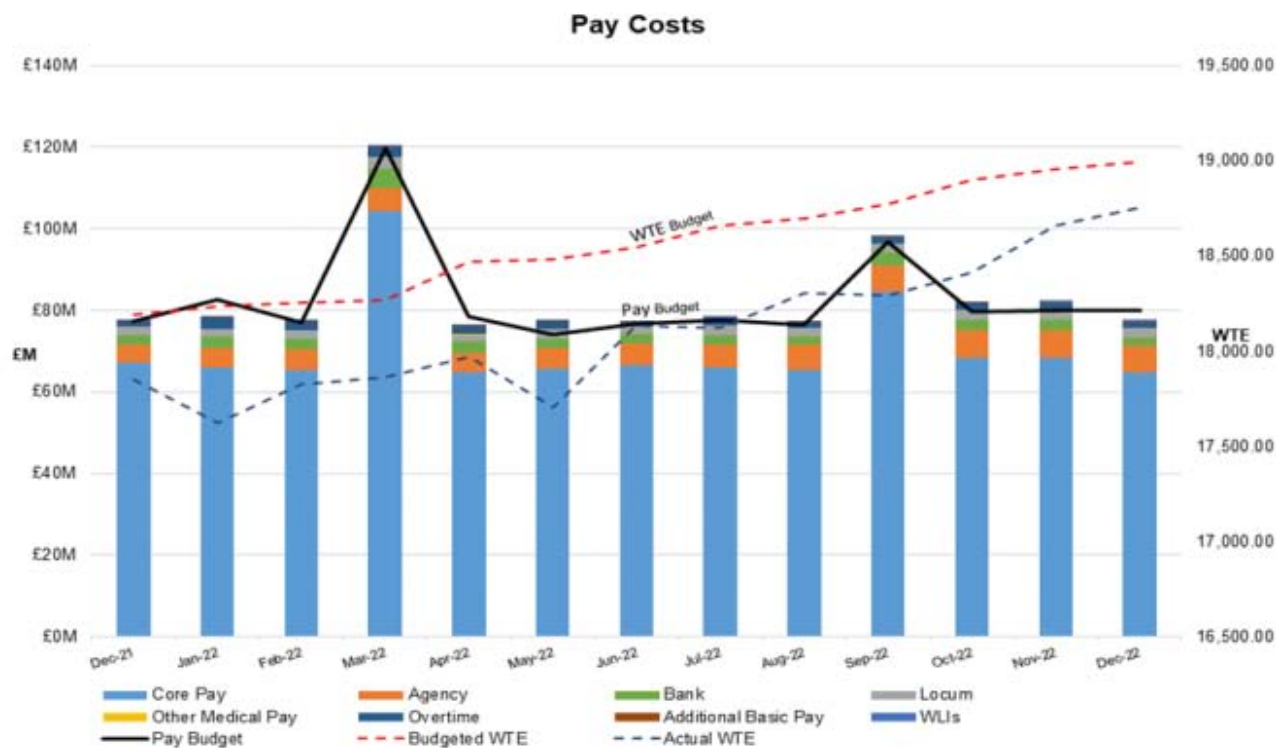
- The 22/23 NHS Pay Award total year forecast cost is £40.1m, however the 22/23 Pay Award funding allocation received from WG is £38.3m, therefore leaving a pressure of £1.8m. It is currently assumed this will not impact on the forecast deficit of £10m, but this remains a risk.

- Total Variable Pay is £12.8m, an increase of £1.3m from Month 8. December Variable Pay includes Agency spend of £6.5m, Bank £2.0m and Overtime £1.2m. Agency costs have decreased by £0.4m from previous month and is £0.6m higher than previous months average monthly cost profile.

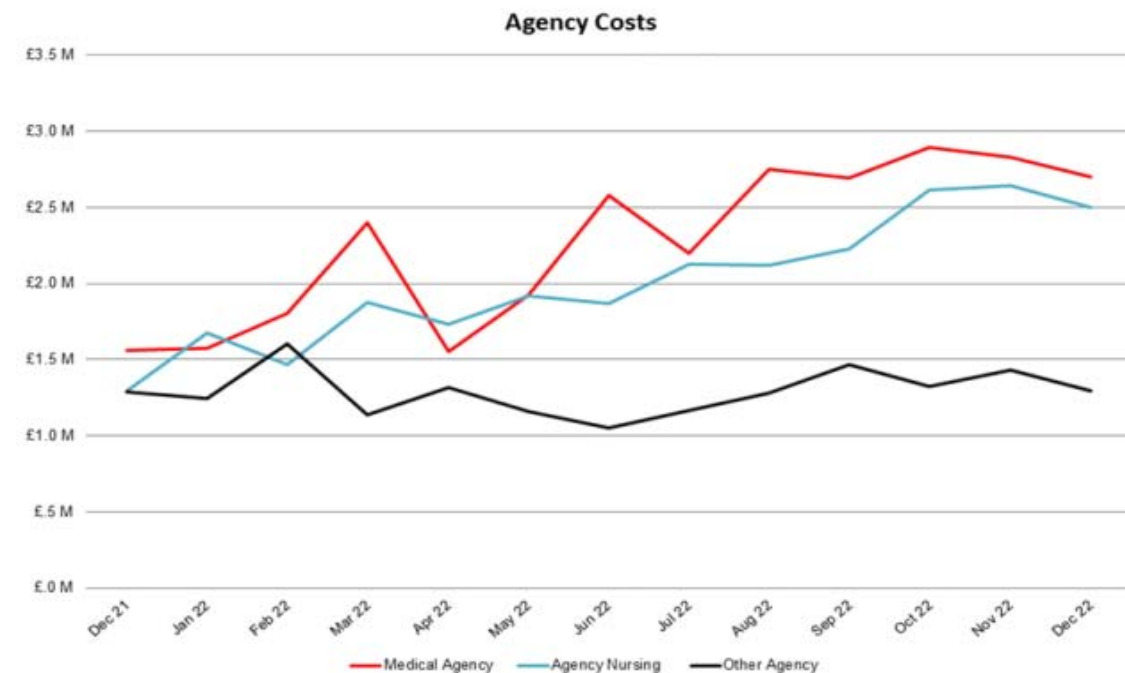
- A total of £2.1m pay costs were directly related to COVID-19 in December, which is £0.3m higher than November spend.



# Pay Costs



The core pay has reduced due to a re-profiling of the release of the back fill element of the annual leave accrual. This is now phased in 12ths which resulted in an improvement of £3.6m.



Total agency costs for December were £6.5m which is £0.6m above the average monthly expenditure in this financial year. Of the £6.5m, the 3 hospital sites accounted for £3.1m of the costs.

The costs for medical agency are £2.7m which is £0.2m more than the monthly average in 2022-23.

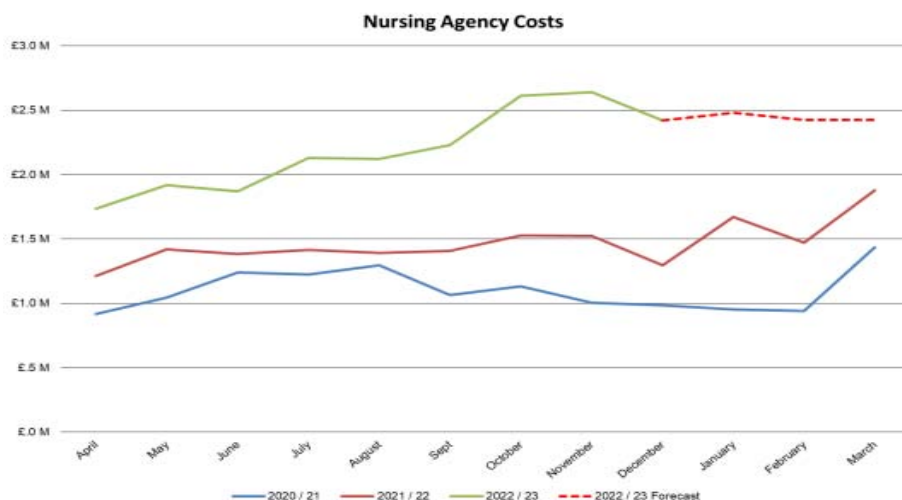
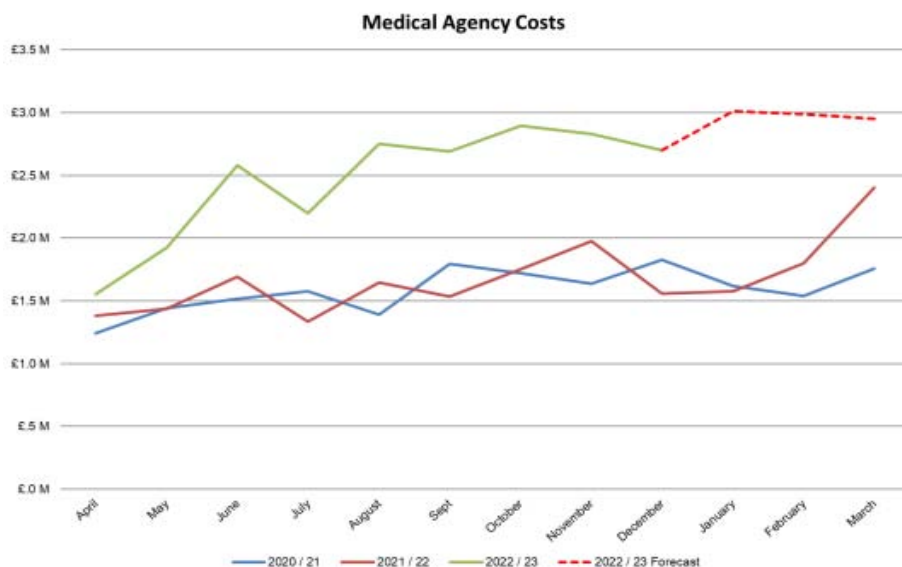
Agency nursing spend is £2.5m in December, which is £0.3m more than the monthly average in this financial year.



# Pay Costs - Agency

- Total agency costs are £6.5m in December, having decreased by £0.4m from November, and is £0.6m higher than the previous average monthly cost profile. Of the £6.5m, the 3 hospital sites accounted for £3.1m of the costs. Total Forecast Agency spend is £73.8m, an increase of £25.0m from 2021/22 Agency outturn position.
- December Agency spend is 8.4% of total pay and is projected to be 8.1% of total pay in March 23. Total 22/23 Agency costs is forecast to be 7.5% of total pay costs in 22/23 (5.2% in 21/22).
- Medical agency spend is £2.7m in December, having decreased by £0.1m compared to previous month.
- Agency nursing spend is £2.5m for the month, a reduction of £0.1m compared to previous month. Spend.

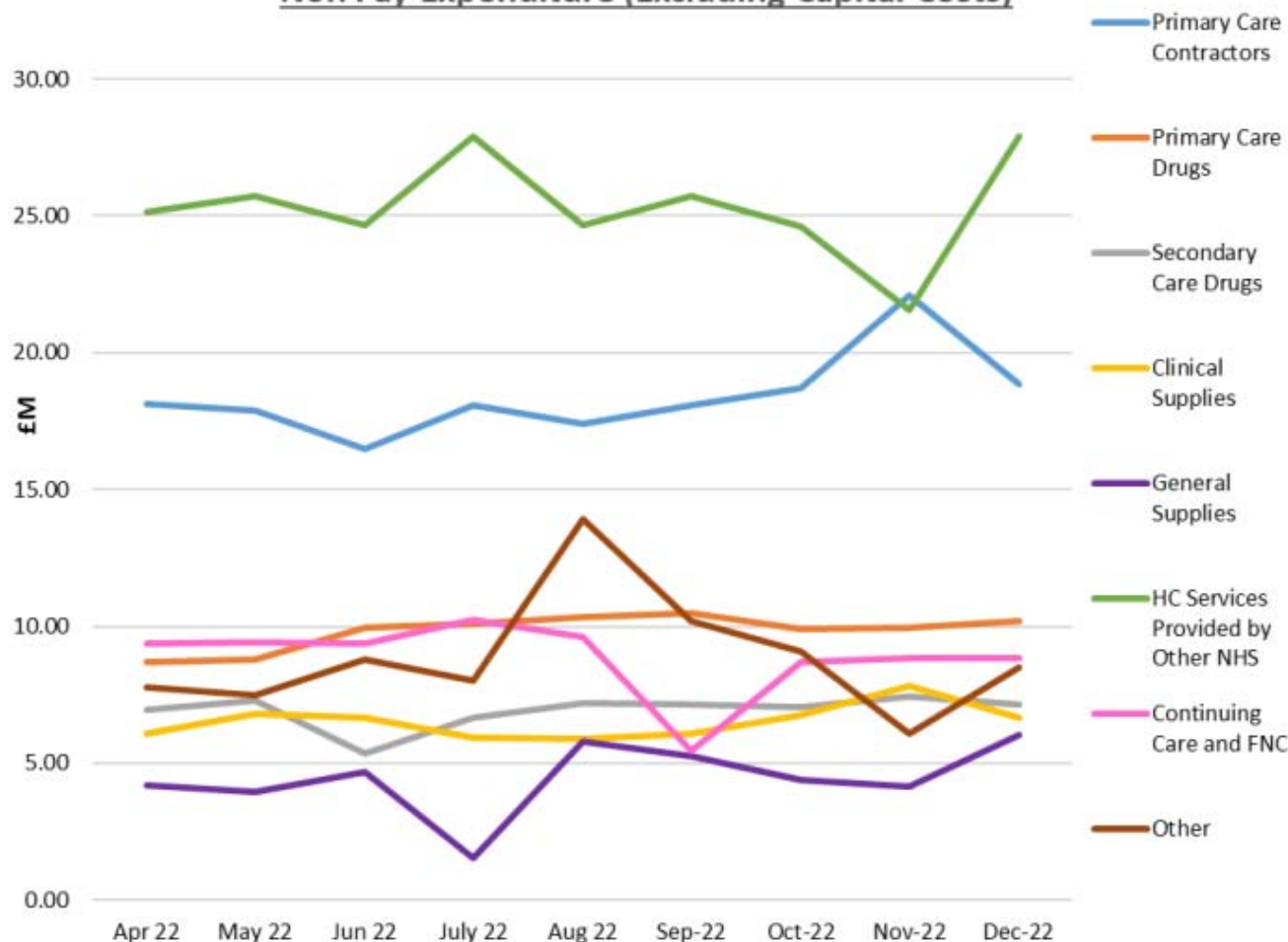
- The below graphs shows increases in both Medical & Agency Nursing costs from 2020/21 and 2021/22.



	22-23 Actual									Total Year to Date				Total Full Year Forecast
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		Jan-23	Feb-23	Mar-23	
West Area	118	155	156	191	194	129	291	199	122	1,555	144	144	144	1,987
Ysbyty Gwynedd	570	564	565	568	651	710	779	785	776	5,969	756	756	756	8,237
Central Area	288	455	356	382	660	487	543	420	508	4,099	422	422	422	5,365
Ysbyty Glan Clwyd	1270	1,513	1,765	1,836	1,779	2,134	1,998	2,295	1,365	15,955	1609	1559	1559	20,682
East Area	443	508	517	622	591	582	887	976	879	6,005	915	923	906	8,749
Ysbyty Maelor Wrexham	760	812	808	1,005	923	1,055	1,092	1,072	1,000	8,526	955	935	915	11,331
Mental Health & LDS	446	436	505	598	680	570	535	819	774	5,361	674	674	674	7,383
Other	932	1,013	1,124	1,238	1,196	1,329	1,356	1,105	1,324	10,617	1,383	1,338	1,312	14,650
<b>Total Agency</b>	<b>4,827</b>	<b>5,455</b>	<b>5,797</b>	<b>6,439</b>	<b>6,674</b>	<b>6,996</b>	<b>7,480</b>	<b>7,671</b>	<b>6,748</b>	<b>58,087</b>	<b>6,858</b>	<b>6,751</b>	<b>6,688</b>	<b>78,384</b>



Non Pay Expenditure (Excluding Capital Costs)



**Total Non-Pay Expenditure:** December spend is £94.7m (excluding capital charges), which is £6.6m higher than November Non Pay spend. The main areas of changes in month are included below:

**Primary Care Contractor:** Spend is £3.2m (14.5%) less than previous month spend. The movement from last month is due to Month 8 spend being inflated as a result of backdated GMS uplift in the Global Sum for GP Contractors for increase in Practice Staff Pay and Dental Contractors

**Primary Care Drugs:** Spend is £0.3m higher than Month 8.

**Healthcare Services provided by Other NHS Bodies:** Spend has increased by £6.3m (29.4%) on previous month and £2.4m higher than forecast for the month. Month 8 costs were lower by £3.4m due to the accountancy gain against the English Non-Contracted Activity (NCA's) reported in Month 8, therefore excluding this the net increase is £2.9m in Month 9, of which WHSCC costs have also increased by £2.2m in month.

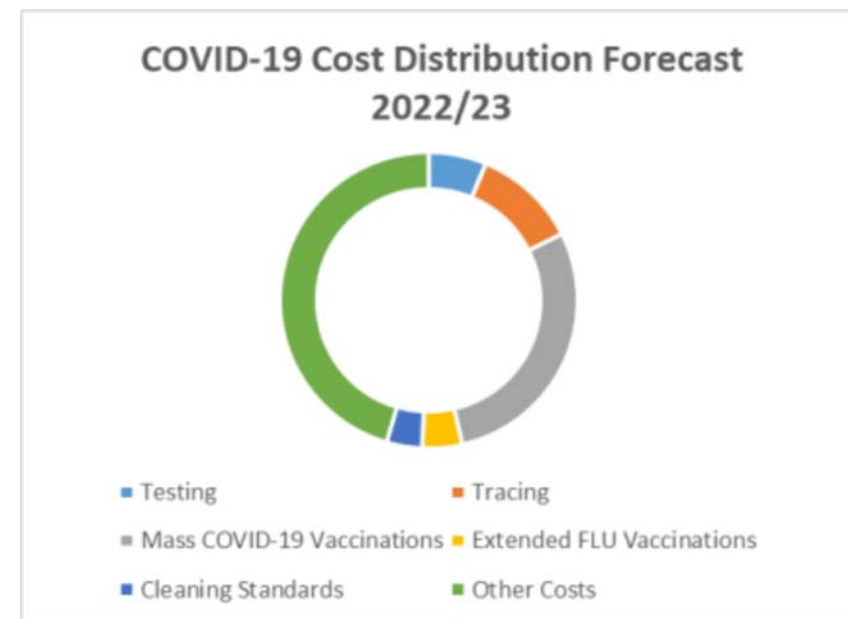
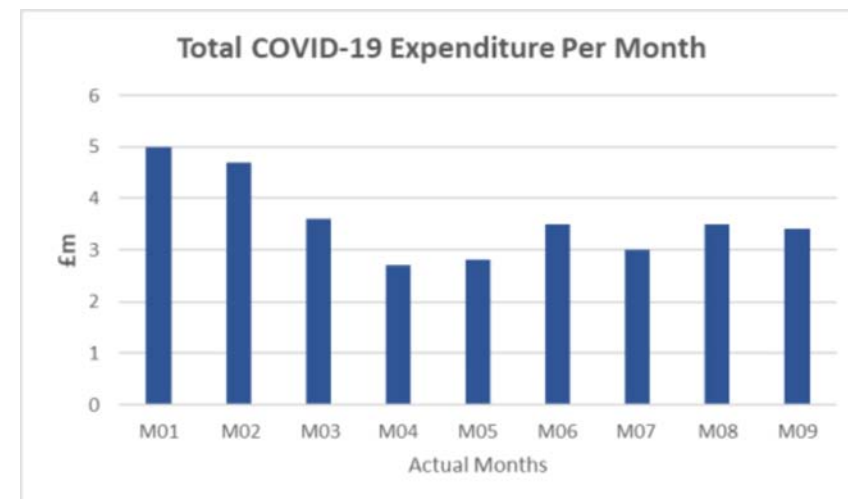
**Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure in December is in line with previous month and is £0.2m higher than forecast for the month. Mental Health CHC costs continue to be a pressure due to increased cost of Out of Area placements. There are also cost pressures in relation to new and increased 1:1 packages of care that have impacted the full year forecast projection

**General Supplies** is affected by the technical adjustment for IFRS 16, which is a movement between non pay and Capital costs for leases in Month 8.



# Impact of COVID-19

	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	Actual M08	Actual M09	Total YTD 2022/23	Forecast 2022/23
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	2.1	2.6
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	0.2	0.3	0.2	4.0	4.7
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	1.4	1.4	1.1	9.2	11.9
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.3	0.3	0.9	1.8
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.1	1.1	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	1.0	1.1	1.5	14.9	18.8
<b>Total COVID-19 expenditure</b>	<b>5.0</b>	<b>4.7</b>	<b>3.6</b>	<b>2.7</b>	<b>2.8</b>	<b>3.5</b>	<b>3.0</b>	<b>3.5</b>	<b>3.4</b>	<b>32.2</b>	<b>41.4</b>
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(3.0)	(3.5)	(3.4)	(32.2)	(41.4)
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>



- COVID-19 expenditure in December is £3.4m, which is £0.1m less than in November. Total forecast cost of COVID-19 is currently £41.4m, an increase of £0.2m from previous month forecast. Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position, however there is a £0.7m risk (as per Risk Table-Slide 14) of not receiving COVID-19 funding over and above the Month 8 capped levels after returning the £0.4m of Nosocomial funding.
- The review of the categorisation of the COVID-19 discharge support work and additional bed capacity is on-going and is not included within the COVID tables to date. Current estimates suggest this could be circa £3m to £4m.
- COVID-19 Other Costs is £1.5m for December which includes costs for Long COVID, additional staffing and PPE due to COVID Surge and Patient Charge Income Target (Loss of Dental income).

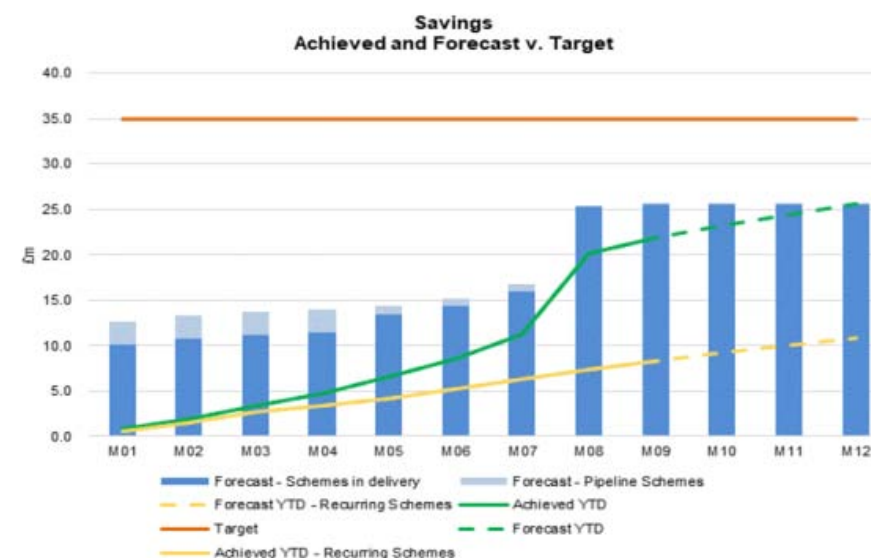




# Savings

	Savings Target £000	SCHEMES IN DELIVERY									PIPELINE SCHEMES				TOTAL PROGRAMME	
		Year to Date Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Recurring Forecast £000	Variance £000	Non-Recurring Forecast £000	Total Forecast £000	Forecast FYE £000	Recurring Plan £000	Non-Recurring Plan £000	Total Plan £000	Plan FYE £000	Total Forecast £000	Variance £000
Ysbyty Gwynedd	3,124	1,484	155	(1,329)	51	268	(2,856)	64	332	417	0	0	0	0	332	(2,792)
Ysbyty Glan Clwyd	3,951	1,877	138	(1,739)	123	258	(3,693)	181	438	330	0	0	0	0	438	(3,513)
Ysbyty Wrexham Maelor	3,171	1,506	458	(1,049)	1,340	725	(2,446)	1,654	2,380	1,341	0	0	0	0	2,380	(791)
<b>Total of hospitals</b>	<b>10,246</b>	<b>4,867</b>	<b>750</b>	<b>(4,117)</b>	<b>1,514</b>	<b>1,251</b>	<b>(8,995)</b>	<b>1,900</b>	<b>3,150</b>	<b>2,088</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,150</b>	<b>(7,096)</b>
North Wales Managed Services	3,586	1,703	1,348	(356)	394	1,722	(1,864)	408	2,129	1,760	0	0	0	0	2,129	(1,457)
Womens Services	1,375	759	111	(647)	1,637	116	(1,259)	1,770	1,887	159	0	0	0	0	1,887	512
<b>Secondary Care</b>	<b>15,207</b>	<b>7,329</b>	<b>2,209</b>	<b>(5,120)</b>	<b>3,546</b>	<b>3,088</b>	<b>(12,119)</b>	<b>4,078</b>	<b>7,166</b>	<b>4,007</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,166</b>	<b>(8,041)</b>
Area - West	2,940	1,397	950	(446)	843	1,074	(1,866)	1,210	2,284	1,423	0	0	0	0	2,284	(656)
Area - Centre	4,942	2,348	1,773	(575)	1,215	2,345	(2,597)	1,222	3,568	2,564	0	0	0	0	3,568	(1,375)
Area - East	5,080	2,413	1,388	(1,025)	1,144	1,604	(3,476)	1,321	2,924	1,704	0	0	0	0	2,924	(2,156)
Area - Other	235	112	147	35	0	235	0	0	235	235	0	0	0	0	235	0
Contracts	1,804	857	0	(857)	3,488	0	(1,804)	3,488	3,488	0	0	0	0	0	3,488	1,684
<b>Area Teams</b>	<b>15,001</b>	<b>7,126</b>	<b>4,258</b>	<b>(2,868)</b>	<b>6,690</b>	<b>5,258</b>	<b>(9,744)</b>	<b>7,241</b>	<b>12,499</b>	<b>5,926</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12,499</b>	<b>(2,503)</b>
MHLD	613	291	1,657	1,366	174	2,209	1,596	216	2,425	2,224	0	0	0	0	2,425	1,812
Corporate	4,179	1,985	247	(1,738)	3,132	342	(3,837)	3,143	3,485	562	110	0	110	110	3,595	(584)
<b>Divisional Total</b>	<b>35,000</b>	<b>16,730</b>	<b>8,370</b>	<b>(8,360)</b>	<b>13,542</b>	<b>10,897</b>	<b>(24,103)</b>	<b>14,677</b>	<b>25,574</b>	<b>12,720</b>	<b>110</b>	<b>0</b>	<b>110</b>	<b>110</b>	<b>25,684</b>	<b>(9,316)</b>
<b>Total Programme</b>	<b>35,000</b>	<b>16,730</b>	<b>8,370</b>	<b>(8,360)</b>	<b>13,542</b>	<b>10,897</b>	<b>(24,103)</b>	<b>14,677</b>	<b>25,574</b>	<b>12,720</b>	<b>110</b>	<b>0</b>	<b>110</b>	<b>110</b>	<b>25,684</b>	<b>(9,316)</b>

- Savings delivered in month total £1.7m against plans of £1.3m and a total target of £3.2m (of which £1.4m was transactional)
- YTD savings delivered total £21.9m against Plan of £18.8m and Target of £16.7m.
- The transactional target of £17.5m has been met in terms of total actual savings delivered. However, recurring savings delivered to date total £8.4m.
- The FY Forecast, increased by £0.3m this month, now totals £25.6m for green and amber schemes. The recurring element totals £10.9m.
- The FY Forecast indicates that a further £3.7m will be delivered this year, less than the £13.1m required to meet the total full year target of £35m. The ongoing reliance on smaller scale savings initiatives remains a concern.
- As the Transformational savings target was profiled towards the final quarter; the lack of plans and delivery of transformational savings will cause an increasingly adverse variance against Target in the final quarter.



# Risks and Opportunities (not included in position)

	RISKS	£m	Level	Explanation
1	Introduction of PAAR's rate of pay as per national agreement	£4.0m	High	The PAAR is applicable to all staff categories and with winter pressures could be a significant risk to the Health Board.
2	Anticipated Income for Exceptional costs – (Energy & RLW)	£11.2m	High	Anticipated income for Exceptional costs not being funded.
3	Risk of not receiving the MSK funding	£1.1m	High	
4	Ring fenced funds requirement to return any slippage	£17.4m	High	
5	Pay Pressures anticipated but may not be funded	£0.6m	High	(Flowers and Band 1 & 2 2022/23)
6	Risk of not receiving funding for COVID GDS loss of dental income over original allocation	£0.5m	Medium	
7	Risk of non delivery of Recovery Plan	£7.5m	Medium	
8	Risk of not receiving funding for Covid over and above the Month 8 Capped levels	£0.7m	Medium	
	<b>Total Risks</b>	<b>£43.0m</b>		

	OPPORTUNITIES	£m	Level	Explanation
1	Technical Adjustment opportunities	£4.0m	Medium	Potential of further opportunities relating to technical adjustments such as annual leave.
	<b>Total Opportunities</b>	<b>£4.0m</b>		
	<b>NET RISK</b>	<b>£39.2m</b>		



# Balance Sheet

	Opening Balance Beginning of Apr 22 £'m	Closing Balance End of Dec-22 £'m	Forecast Closing Balance End of Mar 23 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	617.7	597.5	657.8
Intangible assets	1.0	0.8	1.0
Trade and other receivables	63.1	62.8	63.1
Non-Current Assets sub total	681.8	661.1	721.9
<b>Current Assets</b>			
Inventories	19.1	19.5	19.1
Trade and other receivables	105.8	96.7	107.9
Cash and cash equivalents	6.7	8.5	-26.4
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	131.6	124.8	100.6
<b>TOTAL ASSETS</b>	813.4	785.9	822.4
<b>Current Liabilities</b>			
Trade and other payables	257.1	214.6	235.1
Provisions	52.0	60.3	60.5
Current Liabilities sub total	309.2	274.9	295.6
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	504.2	511.0	526.8
<b>Non-Current Liabilities</b>			
Trade and other payables	0.8	0.8	31.3
Provisions	62.0	60.7	60.7
Non-Current Liabilities sub total	62.8	61.5	92.0
<b>TOTAL ASSETS EMPLOYED</b>	441.3	449.5	434.8
<b>FINANCED BY:</b>			
Taxpayers' Equity			
General Fund	298.0	306.2	281.8
Revaluation Reserve	143.3	143.3	153.0
<b>Total Taxpayers' Equity</b>	441.3	449.5	434.8

## Cash Forecast Movement

- As at Month 8 the MMR reported a year-end cash forecast overspend of £32.5m due to identified total cash pressures resulting from both the forecast deficit and movements in working capital that hadn't previously been cash funded and we had requested WG support of £36.1m to cover these (£5m towards the deficit and £31.1m for working capital). The balance of the deficit not funded by WG to be met by reductions in receivables with the Welsh Risk Pool for costs incurred on litigation cases but not yet refunded.
- WG advised that until they formally confirmed these requests the Health Board to is to report this as a cash pressure in the MMR. The total amount of £36.1m was confirmed in Month 9 giving a reported forecast closing balance of £3.6m in the Month 9 MMR. The below table summarises the initial cash pressures and subsequent agreed funding.

	Revenue £'000	Capital £'000	Total £'000
<b>Cash balances</b>			
<b>Opening cash balances</b>	1,130	5,548	6,678
Forecast reduction in VERS accrual	(2,000)		(2,000)
Forecast reduction in annual leave accrual - buy back	(1,500)		(1,500)
Forecast reduction in annual leave accrual - released to position	(10,000)		(10,000)
Forecast reduction in payables from annual accounts (based on Audit Wales findings)	(9,100)		(9,100)
Forecast reduction in capital payables		(5,500)	(5,500)
Forecast reduction in IFRS16 payables		(6,063)	(6,063)
Forecast total cash impact of deficit	(10,000)		(10,000)
Forecast element of deficit to be managed internally	5,000		5,000
<b>Forecast cash balances at Month 8 MMR</b>	<b>(26,470)</b>	<b>(6,015)</b>	<b>(32,485)</b>
WG support for working balances cash	24,000	1,000	25,000
WG support for working balances cash - IFRS16		6,063	6,063
WG strategic cash support	5,000		5,000
<b>Forecast cash balances at Month 9 MMR</b>	<b>2,530</b>	<b>1,048</b>	<b>3,578</b>

# Capital

- The approved Capital Resource Limit (CRL) for 2022/23 is £22.3m as per below summary table

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
	<b>Gross expenditure</b>						
	<b>All Wales Capital Programme: Schemes:</b>						
1	Imaging	914	915	1	4,483	4,613	130
2	Wrexham Redevelopment	1,321	1,058	(263)	2,399	1,364	(1,035)
3	Nuclear Medicine	1	19	18	425	353	(72)
4	Substance Misuse-Holyhead	0	(1)	(1)	0	0	0
5	Digital Medicine	0	0	0	10	7	(3)
6	Ablett Unit	259	24	(235)	1,423	1,000	(423)
7	Linacs	133	142	9	1,922	1,916	(6)
8	Emergency Departments	84	3	(81)	418	418	0
9	Energy Saving Schemes	0	19	19	250	250	0
10	Enli Ward	0	24	24	500	800	300
11	Year End Funding - Mortuary	0	0	0	346	134	(212)
12	Endoscopy Training	0	0	0	50	50	0
13	Year End Funding-Medical Devices	0	0	0	430	418	(12)
14	Year End Funding-Local Area Network	0	0	0	250	250	0
	<b>Sub Total</b>	<b>2,712</b>	<b>2,203</b>	<b>(509)</b>	<b>12,906</b>	<b>11,573</b>	<b>(1,333)</b>
	<b>Discretionary:</b>						
43	I.T.	765	880	115	1,713	1,260	(453)
44	Equipment	986	1,359	373	1,379	1,804	425
45	Statutory Compliance	0	0	0	0		0
46	Estates	3,959	2,998	(961)	7,879	9,240	1,361
47	Other	0	0	0			0
48	<b>Sub Total</b>	<b>5,710</b>	<b>5,237</b>	<b>(473)</b>	<b>10,971</b>	<b>12,304</b>	<b>1,333</b>
	<b>Other (Including IFRS 16 Leases) Schemes:</b>						
49	Donated	249	249	0	468	468	0
50	Internally Generated	0	0	0	0	0	0
69	<b>Sub Total</b>	<b>249</b>	<b>249</b>	<b>0</b>	<b>468</b>	<b>468</b>	<b>0</b>
70	<b>Total Expenditure</b>	<b>8,671</b>	<b>7,689</b>	<b>(982)</b>	<b>24,345</b>	<b>24,345</b>	<b>0</b>
	<b>Donations:</b>						
77	Donations:	249	249	0	468	468	0
78	<b>Sub Total</b>	<b>249</b>	<b>249</b>	<b>0</b>	<b>468</b>	<b>468</b>	<b>0</b>
92	<b>CHARGE AGAINST CRL / CEL</b>	<b>8,422</b>	<b>7,440</b>	<b>(982)</b>	<b>23,877</b>	<b>23,877</b>	<b>0</b>
93	<b>PERFORMANCE AGAINST CRL / CEL (Under)/Over</b>		<b>(16,437)</b>			<b>0</b>	





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WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# MONITORING RETURN

Month 9 2022/23

Steve Webster  
Interim 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 was to deliver a balanced position, which includes the £82.0m strategic support funding from Welsh Government. In addition, £38.4m Sustainability funding has been received to support planned and unscheduled care.
- Further to the deep dive review of the forecast outturn in Month 6, the Health Board's forecast position is reporting a deficit of £10.0m. The review of forecast outturn has resulted in the development of a Recovery Plan for consideration by the Board, which was detailed in the Accountable Officer (AO) Letter. A Quality, Performance and Finance Recovery Group has been set up by the Executive, which will meet weekly to oversee the Recovery Plan. Progress of meetings has slowed over the Christmas and New Year period due to operational pressures and strikes.
- The forecast position is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring-fenced allocations and any benefits gained from the reversal of the Annual Leave accrual.
- The £42m Strategic Support was included as recurrent in the MDS. 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 included in the BCU IMTP submission also assumed that funding for Performance and Transformation would continue beyond 2023-24. The Health Board has been clear that it is committing recurrently against this funding (as agreed with the previous NHS Chief executive Andrew Goodall) in order to be able to deliver the required outcomes.
- As per request from Welsh Government, the Health Board has been requested to reflect the £42m as non-recurrent, which will consequently revise the underlying carried forward deficit to £82m. The Health Board will continue discussions with NHS Wales executive team with regards to this funding.

## 1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £0.5m, a reduction of £1.4m from previous month. The cumulative position is reporting a deficit of £6.8m as at the end of December.
- The total cost of COVID-19 in December is £3.4m (£32.2m year to date), which has decreased by £0.1m from November expenditure. Welsh Government income has been anticipated to fully fund these costs, giving a zero impact on the financial position.



# 1. FINANCIAL POSITION & FORECAST

## 1.3 Forecast Position

- Further to the deep dive review of the forecast outturn in Month 6, the Health Board's forecast position is reporting a deficit of £10.0m. The forecast position is dependent on Welsh Government fully funding all anticipated income, delivering the recovery actions of 0.75% additional reductions in spend, and not clawing back any allocations received to date including ring-fenced allocations.
- A full review of expenditure is being undertaken to ensure the relevant expenditure is correctly charged to the ring-fenced allocations. It also assumes any benefits gained from release of the annual leave accrual will be retained.

## 1.4 Income (Table B)

- Income totals £172.3m for December, an increase of £1.0m from November and above forecast, which relates to an additional credit against the 111 Service Collaboration work, whilst Education & Training and Local Authority income has also increased. Further details relating to the allocation are included in Section 7.

## 1.5 Actual Expenditure (Table B)

- Expenditure totals £172.9m for December, which is £0.3m less than total expenditure in November.
- The areas of significant increases in spend include Healthcare Services Provided by Other NHS Bodies (£6.3m), Other Private & Voluntary Sector (£0.5m), Primary Care Drugs and Appliances (£0.3m) and Provider Services Non-Pay (£0.2m). Offsetting these are decreases in Provided Services Pay (£4.6m), Primary Care Contractor (£3.2m), DEL Depreciation (£2.1m), Losses, Special Payments and Irrecoverable Debts (£1.7m) and Secondary Care Drugs (£0.3m).
- Further detail on key movements in spend is provided in the below table.
- Costs of £3.4m are directly related to COVID-19 in December, of which Pay is £2.1m and £1.3m is Non-Pay.

### Primary care Contractor

- Spend is £3.2m (14.5%) less than previous month and £0.3m less than forecast for the month. Month 8 spend was inflated due to the backdated GMS uplift in the Global Sum for GP Contractors for increase in Practice Staff Pay and Dental Contractors.



## 1. FINANCIAL POSITION & FORECAST

	<ul style="list-style-type: none"><li>• Pressures remain within GMS Dispensing costs and increase in Winter Pressures Access Schemes.</li><li>• Annual forecast has increased by £0.3m from previous month due to COVID.</li></ul>
<b>Primary care – Drugs &amp; Appliances</b>	<ul style="list-style-type: none"><li>• Month 9 expenditure is £0.3m (2.6%) higher than in Month 8. Annual forecast cost has increased by £0.5m from previous month.</li><li>• Following receipt of the October prescribing data, the average cost per Prescribing Day has increased by 16.2%, October was £0.564m compared to £0.486m for September.</li><li>• The three-month average cost per prescribing day in October has increased by 4.1%.</li><li>• The average cost per item prescribed in October has increased by 2.8%; October was £7.46 per item compared to £7.26 per item in September.</li><li>• The 3-month average cost per item has also increased from £7.15 to £7.28 (+1.9%).</li><li>• The overall number of items prescribed per prescribing day has increased by 13%; October had 75,672 items prescribed compared to 66,944 in September.</li></ul>
<b>Provided Services - Pay</b>	<ul style="list-style-type: none"><li>• Provided Services pay costs are £75.1m, which is £4.6m (5.7%) less than previous month and £3.8m less than forecast for the month.</li><li>• Of the estimated £10m Annual Leave accrual to be released, £8.2m has been released into the position to date. The Accountancy Gain value is £2.8m which has been released in full in previous months. The backfill value is estimated at £7.2m, and has been amended in month to reflect the release of 1/12<sup>th</sup> per month, releasing £5.4m (9/12ths) to-date, and resulting in an adjustment of £4.9m in month.</li><li>• Total Variable Pay is £9.7m (Agency £6.5m, Bank £2.0m and Overtime £1.2m), a reduction of £0.9m from November. Both Agency costs have decreased by £0.4m and Bank spend has decreased by £0.4m from previous month as shifts required to cover staffing shortages are not being filled as requested. Overtime costs is also £0.1m less than Month 8. Further detail on Agency spend is included in Section 5.1.</li><li>• All three sites are experiencing staffing pressures due to vacancies and reduction in the availability of Bank staff, reflecting the staffing issues being seen across the Health Board.</li><li>• A total of £2.1m pay costs were directly related to COVID-19 in December, which is £0.3m higher than previous month spend.</li><li>• Total Pay Annual Forecast has decreased by £5.6m. The reduction relates to some RIF planned expenditure which has been re-categorised</li></ul>



## 1. FINANCIAL POSITION & FORECAST

	to non-pay and slippage on insourcing associated costs against Sustainability Plan being re-categorised to Non Pay.
<b>Provider Services Non-Pay</b>	<ul style="list-style-type: none"><li>• Spend in December is £0.2m (1.2%) higher than in November which is reported against a range of non pay headings despite core activity being down across specialities.</li><li>• Provider Services Non-Pay annual forecast cost has increased by £11.6m, of which £5.6m is the offset of the reduction in annual pay forecast re-categorisation of RIF and Sustainability planned expenditure to Non Pay. Additional spend of £1.8m new funding has been allocated to non pay mainly for RIF.</li></ul>
<b>Secondary care Drugs</b>	<ul style="list-style-type: none"><li>• Month 9 expenditure is £0.3m (4.0%) less than Month 8, being mainly due to Home Oxygen Credit. Spend is £0.1m higher than forecast for the month.</li><li>• Secondary Care Drugs Annual forecast cost has increased by £0.9m from Month 8.</li></ul>
<b>Healthcare Services provided by other NHS Bodies</b>	<ul style="list-style-type: none"><li>• Spend has increased by £6.3m (29.4%) on previous month and £2.4m higher than forecast for the month.</li><li>• Month 8 costs were lower by £3.4m due to the accountancy gain against the English Non-Contracted Activity (NCA's) reported in Month 8, therefore excluding this the net increase is £2.9m in Month 9, of which WHSCC costs have increased by £2.2m in month.</li><li>• Annual forecast spend has increased by £2.4m, of which £4.0m due to the increase in the Vertex Contract offset by slippage relating to the Sustainability Funding which has now been re-categorised to Non Pay whilst other activity is being sourced.</li><li>• Block contracts with English providers remain, however the contracts are subject to inflation risk, as well as inflation on Welsh contracts.</li></ul>
<b>Continuing Health care (CHC) and Funded Nursing care (FNC)</b>	<ul style="list-style-type: none"><li>• Expenditure in December is in line with previous month and is £0.2m higher than forecast for the month. Annual forecast has increased by £0.6m.</li><li>• Mental Health CHC costs continue to be a pressure due to increased cost of Out of Area placements. There are also cost pressures in relation to new and increased 1:1 packages of care that have impacted the full year forecast projection.</li></ul>
<b>Other Private and Voluntary Sector</b>	<ul style="list-style-type: none"><li>• Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers.</li></ul>



## 1. FINANCIAL POSITION & FORECAST

	<ul style="list-style-type: none"><li>Spend has increased by £0.5m (28.3%) from previous month, which primarily relates to an increase in the ICAN Work programme spend in month. Spend is £0.2m less than forecast for the month.</li></ul>
<b>Joint Financing</b>	<ul style="list-style-type: none"><li>Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget and Mass Vaccination Centres spend.</li><li>Spend is in line with previous month and is £0.1m less than forecast for the month.</li></ul>
<b>Losses, Special Payments and Irrecoverable Debts</b>	<ul style="list-style-type: none"><li>Includes Redress, Clinical Negligence, Personal Injury and loss of property.</li><li>Expenditure is £1.7m less than previous month due to the £1.2m credit reported in Month 9. This is mainly due to adjustments to Permanent Injury Benefits and Compensation Pensions. £0.7m of the reduction in month relates to the gain arising from the discount rates changes, as part of the December Technical updates letter.</li><li>Month 9 spend is £1.5m less than forecast for the month.</li></ul>
<b>Capital</b>	<ul style="list-style-type: none"><li>Includes depreciation and impairment costs that are fully funded.</li><li>Capital costs are £2.1m less than Month 8 due to previous month including the IFRS adjustment. Month 9 is now in line with forecast for the month. Annual Forecast has decreased by £0.4m.</li></ul>

### 1.6 Forecast Expenditure (Table B)

- The forecast position is reporting a deficit of £10.0m, which is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring-fenced allocations and any benefits gained from the Annual Leave accrual.
- The 22/23 NHS Pay Award total year forecast cost is £40.1m, however the 22/23 Pay Award funding received from WG is £38.3m leaving a pressure of £1.8m.
- The Forecast expenditure also accounts for the changes in future NI costs following the decision that the 22/23 ENIC increase (Levy) will cease from 6<sup>th</sup> November. WG have confirmed that they will not recover the 'benefit' of the 0.5% reduction in the 22/23 payment to English Providers and that the Health Boards can apply this towards managing the position. The benefit to BCU is £0.32m, which is also recognised in Table A (Line 30).





## 1. FINANCIAL POSITION & FORECAST

- The additional impact of the full year cost of Real Living Wage for Band 1 & 2 is £2.5m, of which £0.6m remains as anticipated income on Table E. However, there is a risk that £0.6m may not be funded, also noted as a risk on Table A.
- Energy forecast costs are volatile and have been updated in line with WG advice and the latest forecast data received via NWSSP from British Gas. The updated British Gas energy cost forecast takes into account the Energy price cap and the revised energy forecast outturn has reduced to £26.0m. In addition to the market volatility, the forecast model has also been adjusted to reflect the impact of the Government's energy support package, and the forecast data is being reviewed to ensure it is as accurate as possible.
- The forecast expenditure also includes the Microsoft renewal license cost of £4.4m, of which £1.1m is a cost pressure for the Health Board. 1/12ths of the £1.1m cost pressure is being phased into the position on a monthly basis.
- The brought forward opening Annual Leave accrual value from 2021/22 was £27.2m. All staff that were due payment for selling annual leave from 2021/22 have now been paid via BCUHB Payroll, reducing the baseline provision to £25.7m. Of the estimated £10m Annual Leave accrual to be released, £8.2m has been released into the position to date. The Accountancy Gain value is £2.8m which has been released in full in previous months. The backfill value is estimated at £7.2m, and has been amended in month to reflect the release of 1/12<sup>th</sup> per month, releasing £5.4m (9/12ths) to-date, and resulting in an adjustment of £4.9m in month.
- The 3-year financial plan assumed funding for Performance and Transformation was to continue on a recurrent basis, which was also reflected in the submitted MDS tables. However, as per request from Welsh Government this has been reported as non-recurrent within Table A as from Month 4. The Health Board has been clear with Welsh Government that it is committing recurrently against this funding, as it relates to substantive recruitment of specific staff posts to ensure delivery of the required outcomes.
- The Performance Fund £30.0m and Transformation Fund £12.0m is now forecast to be spent in full by re-categorisation of spend.
- The forecast position assumes that slippage of £2.7m against the Value Based Healthcare funding will need to be returned. However, there is a small level of expenditure not currently charged against this funding, which is being investigated.

### 1.7 Accountancy Gains (Table B)

- The Health Board is not reporting any Accountancy Gains in December.



## 1. FINANCIAL POSITION & FORECAST

- Year to Date Accountancy Gains reported up to end of December is £7.0m and the full year forecast is £7.0m.

### 1.8 COVID-19 (Table B3)

- The total impact of COVID-19 spend in December is £3.4m, a reduction of £0.1m from November spend. Welsh Government funding is anticipated to fully offset the impact of COVID-19. The below table summarises actual spend by COVID-19 category.

	Actual M01	Actua l M02	Actua l M03	Actua l M04	Actual M05	Actua l M06	Actual M07	Actua l M08	Actual M09	Total YTD 2022/23	Forecast 2022/23
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	2.1	2.6
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	0.2	0.3	0.2	4.0	4.7
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	1.4	1.4	1.1	9.2	11.9
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.3	0.3	0.9	1.8
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.1	1.1	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	1.0	1.1	1.5	14.9	18.8
<b>Total COVID-19 expenditure</b>	<b>5.0</b>	<b>4.7</b>	<b>3.6</b>	<b>2.7</b>	<b>2.8</b>	<b>3.5</b>	<b>3.0</b>	<b>3.5</b>	<b>3.4</b>	<b>32.2</b>	<b>41.4</b>
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(3.0)	(3.5)	(3.4)	(32.2)	(41.4)
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

- The planned cost as per the MDS submission was £55.7m, however since the MDS was submitted the total forecast COVID-19 expenditure has been reduced to £41.4m, a net reduction of £14.3m from the MDS submission. The forecast is based on the assumption that COVID-19 costs will continue to have an impact for the whole year. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.





## 1. FINANCIAL POSITION & FORECAST

- Total COVID-19 Annual Forecast has increased by £0.2m from previous month's annual forecast cost. COVID-19 forecast costs continue to be reviewed on a monthly basis. As per Risk Table A2, there is a £0.7m risk of not receiving COVID-19 funding over and above the Month 8 capped levels after returning the £0.4m of Nosocomial funding.
- The review of the categorisation of the COVID-19 discharge support work and additional bed capacity is on-going and is not included within the COVID tables to date. Current estimates suggest this could be circa £3m to £4m.
- Movements in the overall forecast from last month are as follows:

	Forecast at Month 8 £m	Forecast at Month 9 £m	Change £m
Testing	2.8	2.6	(0.2)
Tracing	4.8	4.7	(0.1)
Mass COVID-19 Vaccinations	11.7	11.9	0.2
Extended Flu Vaccinations	1.8	1.8	0.0
Cleaning Standards	1.6	1.6	0.0
Other Costs	18.5	18.8	0.3
<b>Total COVID-19 costs</b>	<b>41.2</b>	<b>41.4</b>	<b>0.2</b>
Welsh Gov COVID-19 income	(41.2)	(41.4)	(0.2)
<b>Total Impact of COVID-19</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

- Testing costs forecast has decreased by £0.2m and Tracing forecast has reduced by £0.1m, whilst Mass COVID-19 Vaccination costs forecast has increased by £0.2m.
- Monkey pox forecast costs are reported under Mass Vaccination costs, however costs reported to date are minimal. Refuge and asylum seekers costs are also included in Testing Covid costs, these make up approximately 60% of recent testing activity, and does pose a risk if Covid rates should start to peak again.
- Total forecast spend within the PPE (Personal Protective Equipment), Long COVID and Other section (A6) on Table B3 is £18.8m, an increase of £0.3m from Month 8 forecast. There is a further risk of £0.5m Loss of Dental income, which is not included in the forecast but is noted as a risk in Table A2.



## 1. FINANCIAL POSITION & FORECAST

- COVID Surge annual forecast has increased by £0.5m, of which £0.3m relates to increased workforce costs. COVID costs and forecasts are reviewed monthly. The below table provides a breakdown of the change in COVID Surge Forecast costs.

Covid Surge	Month 8 Forecast £ m	Month 9 Forecast £ m	Change £ m
A2. Increased bed capacity specifically related to COVID-19	0.70	0.70	0.0
A3. Other Capacity & facilities costs (exclude contract cleaning)	1.30	1.30	0.0
B1. Prescribing charges directly related to COVID symptoms	0.10	0.20	0.1
C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	9.50	9.80	0.3
D1. Discharge Support	0.00	0.00	0.0
D5. Other Services that support the ongoing COVID response	1.50	1.60	0.1
<b>TOTAL</b>	<b>13.10</b>	<b>13.60</b>	<b>0.5</b>

- Further breakdown of spend is provided in the supplementary COVID Other templates.



## 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 was £40.0m, however from Month 4 the £40.0m strategic funding has been amended to non-recurrent in Table A as per request from Welsh Government. Following this amendment, the Health Board's underlying position has been revised to reflect an opening underlying deficit of £82.0m.
- The carried forward underlying deficit is £107.1m and this figure is still being assessed as part of the IMTP. In particular it does not currently include either recurring cost pressures built up during 2021/22 and 2022/23, or the energy price inflation during 2022/23 which is not planned to be funded in 2023/24 by WG.
- New in year pressures included within Table A are:
  - Line 29 – £32.0m Cost pressures in Prescribing, CHC, Agency, Non Pay pressures and COVID Loss of income for Private Patients.
  - Line 34 – £0.6m GMS overspend.
- The forecast outturn is reporting a deficit of £10.0m after taking into account the following mitigations:
  - Line 27 - £17.4m re-categorise expenditure to fully utilise slippage on Ring-fenced Funding
  - Line 28 - £7.5m In year savings plans / cost reductions (0.75% of spend at deep dive) are being sought as part of the Recovery Plan.
  - Line 30 - £7.2m Release of Annual Leave Accrual (Excluding Accountancy Gain)



### 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
<b>Risks</b>			
Introduction of PAAR's rate of pay (National agreement of rates).	£4.0m	High	The national guidance for PAAR is for additional activity but has been applied to help relieve winter pressures locally.
Anticipated Income for Exceptional costs – (Energy)	£11.2m	High	Anticipated income for Exceptional costs not being funded.
Risk of not receiving the MSK funding	£1.1m	High	
Ring fenced funds requirement to return any slippage	£17.4	High	
Pay Pressures anticipated but may not be funded	£0.6m	High	(Real Living Wage Band 1 & 2 2022/23)
Risk of not receiving funding for COVID GDS loss of dental income over original allocation	£0.5m	Medium	
Risk to Non delivery of Recovery Plan	£7.5m	Medium	
Risk of not receiving funding for Covid over and above the Month 8 Capped levels	£0.7m	Medium	
<b>Total Risks</b>	<b>£43.0m</b>		

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



### 3. RISK MANAGEMENT

	£m	Level	Explanation
<b>Opportunity</b>			
Technical Adjustment opportunities	£4.0m	Medium	Potential for further opportunities relating to technical adjustments such as annual leave. Further work is being done to quantify the value of these.
<b>Total Opportunities</b>	<b>£4.0m</b>		



## 4. RING FENCED ALLOCATIONS

### 4.1 GMS (Table N)

- At Month 9 the Health Board reported a £0.6m Full Year forecast overspend position against the ring-fenced GMS budget. Following the allocation of the new GMS contract funding, significant cost pressures remain in two main areas, Managed Practice operating expenses/Locum GP costs and cost of drugs reported through GMS Dispensing.
- Some of these cost pressures are offset with under-spends on a range of Enhanced Services, but following the new GMS Contract allocation, further work needs to be done to fully understand the shift in funding between Global Sum and QAIF and the expected respected out-turns.
- As at 31st December the Health Board is managing 12 practices (including 4 practices in the West, 2 in Central area and the remaining 6 in East area). The reduction to 12 Managed Practices followed the merger of Rhoslan and Rysseldene Practices in Colwyn Bay in December 2022.
- GP Practice Covid vaccination fees stepped up in Quarter 3 as expected and now amounts to £1.572m YTD, which has been funded via the WG Covid Allocation.

### 4.2 GDS (Table O)

- The GDS Full Year forecast position at Month 9 is a balanced position against the ring fenced GDS budget. The Service is still seeing expenditure under-spends in the Main GDS Contracts budget from contract terminations and payment withholds due to contractor under-performance.
- Some of this under-spend has been offset by the new Dental Academy and non-recurrent commissioning activity, but overall the expenditure budgets are forecast to under-spend.
- However, it should be noted that the under-spend on expenditure budgets is being more than off-set by reduced levels of Patient Charge Revenue (PCR), compared to the WG Income target set this year.
- In order to achieve a balanced forecast position for GDS, following discussions with WG colleagues, a sum of up to £0.5m will be charged to Covid funding to cover the forecast



## 4. RING FENCED ALLOCATIONS

deficit in PCR Income, with the remaining balance in the Income shortfall covered from the Expenditure budgets under-spend.



## 5. AGENCY/LOCUM EXPENDITURE

### 5.1 Agency/Locum Expenditure (Table B2 – Sections B & C)

- Agency costs for Month 9 are £6.5m, having decreased by £0.4m from Month 8, and representing 8.4% of total pay. Month 9 Agency costs are £0.6m higher than previous months average monthly cost profile. Agency spend has dropped from the peak last month due to low fill rates for requested shifts. December Agency spend includes £0.3m that related to COVID-19, which is the same as reported in previous month.
- Month 9 Medical Agency costs is £2.7m and have decreased by £0.1m compared to previous month. COVID-19 Medical Agency costs were £0.1m in month, which is in line with previous month spend.
- Nurse agency costs totalled £2.5m for the month, a reduction of £0.1m from previous month. Acute sites continue to carry a high level of nursing vacancies and reduced availability of Bank Nurses. Nurse Agency costs arising from COVID-19 were £0.2m in December, which is £0.1m higher than previous month spend.
- Other agency costs totalled £1.3m in December, a reduction of £0.1m from previous month.





## 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 delivered in month totalled £1.7m against a plan of £1.3m, resulting in a favourable variance of £0.4m. Total year to date savings delivered is £21.9m against a year to date plan of £18.8m. The Transactional savings target of £17.5m has been met in terms of total savings delivered. However, the proportion of recurring savings delivered to date totals £8.4m, which remains a concern.
- The full year forecast has increased by £0.3m and now totals £25.6m for Green and Amber schemes, indicating that a further £3.7m will be delivered this year. Forecast recurrent savings total £10.9m.
- Including red schemes, for which assurance reviews must be completed, the Full Year Forecast totals £25.7m. Income Generation is not included within this total, the red scheme having been delayed. The value of red schemes have been reduced by the removal of a scheme valued at £50k due to lack of delivery capacity. Documentation for the two remaining red schemes have not been processed due to resource constraints. The issue has been escalated and latest information indicates that the financial values will be confirmed and documentation submitted in Q4.
- The ongoing reliance on smaller scale savings initiatives remains a concern. Transformation plans have not yet been delivered and as transformational savings are profiled towards the final quarter; an increasingly adverse variance of actual savings delivered against target is expected.
- The Health Board has developed a Recovery Plan, which was approved by the PFIG (Performance, Finance and Information Governance) Committee in October. Weekly meetings are being held to monitor progress and reported to the Performance and Quality Recovery Group. The savings delivered through this plan are expected to be circa £10.0m. The recovery plan is being led by Interim Director of Regional Delivery.



## 7. INCOME ASSUMPTIONS

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

- All of the Figures included in Table D excluding WHSCC, WAST, DHCW and HEIW are based on 2021/22 outturn. The figures will also be reviewed following the Month 9 Agreement of Balances exercise.

### 7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) for the year is £1,903.0m. £1,428.3m of the RRL has been profiled into the cumulative position, which is £1.0m more than an equal twelfth. The profile of the RRL is linked to planned expenditure including developments funded by the Performance and transformation allocation.
- Confirmed allocations to date is £1,872.0m, with further anticipated allocations in year of £31.0m.
- The anticipated allocation includes £15.1m for COVID-19 funding. Total COVID-19 allocation received to date is £26.3m. To Month 9 £32.2m of COVID-19 funding has been profiled into the cumulative position to match expenditure.
- Anticipated income included for Energy costs is £11.2m.
- The estimated cost for Annual Leave Overtime (Flower Case) for the Health Board was £2.4m, however funding allocation received to date is £2.2m. therefore the £0.2m funding shortfall has been highlighted as a risk in Table A. Total funding shortfall including both Flowers and Band 1 & 2 Real Living Wage uplift is £0.9m as per Risk Table A.
- The anticipated income included in Table E for MSK Orthopaedic Services funding totalling £1.15m has not been removed as requested in Month 6. An email has been sent to Steve Elliott requesting if this can be re-considered, as it will have an adverse effect on the forecast position. This has also been highlighted as a risk of not receiving funding in Table A.



## 8. HEALTH CARE AGREEMENTS & MAJOR CONTRACTS

### 8.1 Welsh NHS Contracts

- All Welsh Healthcare agreements were agreed and signed off by the deadline of 30<sup>th</sup> June 2022.



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

### 9.1 Statement of financial position (Table F)

Details of actual and forecast material movements in the Statement of Financial Position during 2022-23 are as follows:

#### Movements at Month 9 2022-23

- **Current assets – trade and other receivables (line 7)**

Trade and other receivables decreased by £9.078m to Month 9 of which £2.978m relates to increases in amounts recoverable from the Welsh Risk Pool subject to the outcome of on-going litigation claims offset by reductions of £3.288m in the Accounts Receivable system balance and £7.577m in RIF receivables balances.

- **Current assets – Cash and cash equivalents (line 9)**

Cash and cash equivalents have increased by £1.857m to £8.535m during the year, made up of an increase of £2.153m in revenue cash and a decrease of £0.296m in capital cash.

The closing cash balance of £8.535m at Month 9 consisted of £3.283m revenue cash and £5.252m cash for capital projects. Capital cash was higher than previously anticipated due to delays in purchase orders over various capital projects.

- **Current liabilities – Trade and Other Payables (line 13)**

Trade and other payables decreased by £42.576m to Month 9 made up of a reduction in revenue payables of £34.720m and a reduction in capital payables of £7.856m.

The decrease in payables is mainly as a result of reductions of £15.378m in the year-end Accounts Payable and Purchase Orders balances, alongside reductions in accruals for annual leave (£9.646m) and VERS (£1.589m). An additional primary care prescribing feed for £12.941m was also paid at the end of December due to the 1st January being a non-working day.

- **Current liabilities – Provisions (line 15)**

Increases of £8.266m in provisions mainly relate to on-going clinical negligence litigation claims, the majority of which will be recoverable from the Welsh Risk Pool in the event of cases being successful (see above). The increase includes £9.658m relating to litigation claims mainly offset by reductions of £1.358m in Continuing Care and Funded Nursing Care provisions.



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

### Full year forecast movements

- **Current assets – Trade and Other Receivables (line 7)**

It is currently assumed that material amounts paid by the Health Board in respect of increased clinical negligence provisions will be recoverable from the Welsh Risk Pool and these will be amended each month based on the Legal and Risk Services quantum.

The Health Board is anticipating that the balance due from the Welsh Risk Pool will increase marginally during the remainder of the year alongside increases from additional invoicing and RIF agreements towards year-end.

- **Current assets – cash and cash equivalents (line 9)**

Details on the forecast cash outturn position is provided in the narrative to Table G – Monthly Cashflow Forecast.

- **Current and Non-Current liabilities – Trade and Other Payables (line 13 and 19)**

### Capital trade and other payables

The Health Board has undertaken a further review of the level of capital payables in each month of 2022-23 and it is now assumed that capital payables will potentially reduce by c£5.5m during the year. Whilst this cash requirement will be met from the opening capital cash balance a small level of working balance support will also be requested.

The forecast balance sheet at 31<sup>st</sup> March 2023 now includes, for the first time, the impact of IFRS16 transitioning and in –year entries. These include an initial adjustment of £42.639m in current and non –current payables with a reduction of £6.070m in capital payables during the year.

The working balance requirement relating to both opening capital payables and reductions in IFRS16 payables is also reflected in Table G Cashflow forecast.



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

### Revenue trade and other payables

Forecast reduction in revenue trade and other payables largely relate to movements in the annual leave accrual, reductions in payable following the Audit Wales review of the Health Board's annual accounts and reductions in VERS accruals.

The table below details forecast movements in all trade and other payables at Month 9 2022-23. These movements in trade and other payables will also result in a cash pressure which is reflected in Table G and the associated narrative.

Forecast reduction in current and non-current trade and other payables	£m
Balance B/F 1 <sup>st</sup> April 2022	257.982
Revenue - reduction in annual leave accrual	(11.500)
Revenue – reduction in payables as per annual accounts	(9.100)
Revenue - reduction in VERS accrual	(2.000)
Capital – IFRS16 transitioning payables	42.639
Capital – reduction in opening payables	(5.500)
Capital – reduction in IFRS16 payables	(6.070)
<b>Forecast Balance C/F 31<sup>st</sup> March 2023</b>	<b>266.451</b>

- **Current liabilities – Provisions (line 15)**

Based on the latest quantum information provided by NWSSP Legal and Risk Services it is currently assumed that litigation provisions will increase marginally over the remainder of the year but that any movements will be matched by receivables with the Welsh Risk Pool.

### 9.2 Welsh NHS Debtors (Table M)

#### Aged Debtors (Table M)



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

- At the end of Month 9 2022-23 the Health Board held one outstanding NHS Wales invoice over eleven weeks old that had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. This invoice has been included on the Month 9 Agreement of Balances exercise and the Health Board has not been made aware of any reason why it will not be paid before the arbitration date.





## 10. CASH

### 10.1 Monthly Cash Flow Forecast (Table G)

- The closing cash balance as at 31<sup>st</sup> December 2022 was £8.535m, which included £3.283m cash held for revenue expenditure and £5.252m for capital projects. This balance was higher than had been previously anticipated due to delays in capital purchase orders over various projects.
- The Health Board is currently forecasting a closing cash balance for 2022-23 of £3.578m (revenue £2.530m and capital £1.048m) following receipt of £5.000m strategic cash support, £6.070m IFRS16 working balances support and £25.000m general working balance support.

Revenue cash forecast 2022-23	£m
Opening revenue balance	1.130
Forecast movement in revenue payables as per narrative for Table F	(22.600)
Forecast cash impact of 2022-23 outturn position (£5.0m to be managed internally)	(5.000)
Revenue working balances support	24.000
Strategic cash support	5.000
<b>Forecast closing revenue cash balance</b>	<b>2.530</b>
Capital cash forecast 2022-23	£m
Opening capital balance	5.548
Forecast movement in opening capital payables	(5.500)
Forecast movement in IFRS16 capital payables	(6.070)
Capital working balance support	1.000
Capital working balance support - IFRS16	6.070
<b>Forecast closing capital cash balance</b>	<b>1.048</b>
Total cash forecast 2022-23	£m
Opening cash balance	6.678
Forecast reductions in revenue payables as per Table F	(22.600)
Forecast cash impact of 2022-23 outturn position	(5.000)



## 10. CASH

Forecast reductions in opening capital payables as per Table F	(5.500)
Forecast reductions in IFRS16 capital payables as per Table F	(6.070)
Revenue working balances support	24.000
Strategic cash support	5.000
Capital working balance support	1.000
Capital working balances support - IFRS16	6.070
<b>Total forecast closing balance</b>	<b>3.578</b>



## 11. PUBLIC SECTOR PAYMENT POLICY PSPP

### 11.1 . Public Sector Payment Policy PSPP (Table H)

The Health Board achieved the PSPP target to pay 95% of valid invoices within 30 days of receipt in three of the four measures of compliance during quarter 3 2022-23 with NHS invoices by number being below target at 89.5%.

The cumulative PSPP target was achieved in three of the four measures of compliance with NHS invoices by number missing the target at 86.5% of invoices paid within thirty days (quarter 2 84.8%).

The Health Board is continuing to work on resolving underlying reasons for late payment of NHS invoices and following implementation of a range of actions performance has improved in each quarter of 2022-23. Further actions will continue to be taken to sustain and further improve performance in this area.



## 12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

### 12.1 Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2022/23 is £23.9m. The capital programme for 2022/23 is fully committed, and the Health Board is on track to deliver the CRL.

### 12.2 Capital Programme (Table J & K)

- Details of spend and forecast on a monthly basis and by scheme are included in Table J. There has been delays in purchase orders within the system across various programmes, therefore there has been less spend against forecast.
- Disposals (Table K) contains no data to date. In relation to future years, the Health Board is working on a rationalisation list that includes potential disposals; however, there are no firm identified assets at this stage.



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

**Gill Harris**  
**Interim Chief Executive Officer**

**Steve Webster**  
**Interim Executive Director of Finance**



## MONTH 7 MONITORING RETURN RESPONSES

### Monitoring Return Review – Action Point 8.1

The Health Board continues to forecast an outturn deficit of £10.000m. This position assumes the achievement of non-finalised savings totalling £10.000m, with the delivery profile equally phased across the remaining four months of the financial year. Your narrative confirms that the Recovery Plan is to be considered by the Board and the full value is a risk to the position which has been assigned a 'Medium' likelihood. It is noted that the Plan is likely to contain predominately non-recurring actions. I trust that the projected savings for delivery in December (£2.500m) have now been agreed and achievement is on track. I will look to your next submission for a further update. **(Action Point 8.1)**

### Response

The progress of the recovery plan has slipped due to the exceptional pressures faced over the Christmas and New year period, but a focus will return to this for the final quarter of the year.

### Monitoring Return Review – Action Point 7.3

The forecast deficit position currently includes the revised assumption that £15.565m (£14.400m at Month 8) of slippage can be retained from ring-fenced allocations. It is noted that £9.200m relates to Performance / Transformation support funding. It is not clear what the remaining balance of £6.365m relates to. The supplementary ringfenced return no longer shows an uncommitted £5m value against Recovery and instead shows the full allocations being spent. There are, however, uncommitted values shown against MH £1.563m and UEC of £0.312m, but it is not clear if these areas form part of your assumption. Such a key assumption should have been fully analysed and highlighted in the narrative. **(Action Point 7.3)**

### Response

Options are being explored to charge legitimate expenditure and these are under discussion with FDU and WG.

I acknowledge you have again reduced Covid-19 expenditure forecasts at Month 8. I also note that you will be reviewing the categorisation of discharge support and additional bed capacity costs as part of the Month 9 Covid-19 forecast review.

### Response

The review of the categorisation of the Covid-19 discharge support work and additional bed capacity is on-going, and is not within the Covid tables. Current estimates suggest this could be circa £3m to £4m.

### Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 7.7b

The narrative and Table A confirms that £7.184m of the £10.000m Annual Leave Accrual release is being utilised to offset backfill costs. Of this £7.184m, only £0.520m has been phased into the year-to-date position with the remaining balance being equally (£1.666m) profiled



## MONTH 7 MONITORING RETURN RESPONSES

across the remaining four months. Please confirm that this reflects a robust assessment of matching the release of the accrual to when the backfill costs are being incurred (I had expected that a higher proportion would have been phased into the YTD position). **(Action Point 7.7b)**

### Response

The phasing of the Annual Leave accrual has been amended in Month 9. Of the estimated £10m Annual Leave accrual to be released, £8.2m has been released into the position to date. The Accountancy Gain value is £2.8m which has been released in full in previous months. The backfill value is estimated at £7.2m, and has been amended in month to reflect the release of 1/12<sup>th</sup> per month, releasing £5.4m (9/12ths) to-date, and resulting in an adjustment of £4.9m in month.

### Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 7.7c

I note that you are continuing to review the Annual Leave Accrual requirement value to be c/f into next year and whether there is any additional benefit to be released this year. Please provide an update in your Month 9 submission. **(Action Point 7.7c)**

### Response

The brought forward opening Annual Leave accrual value from 2021/22 is £27.2m. All staff that were due payment for selling annual leave from 2021/22 have now been paid via BCUHB Payroll, reducing the baseline provision to £25.7m. Of the estimated £10m Annual Leave accrual to be released, £8.2m has been released into the position to date. The Accountancy Gain value is £2.8m which has been released in full in previous months. The backfill value is estimated at £7.2m, and has been amended in month to reflect the release of 1/12<sup>th</sup> per month, releasing £5.4m (9/12ths) to-date, and resulting in an adjustment of £4.9m in month.

Work is still ongoing to assess further opportunities against the Annual Leave accrual relating to future years.

### Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 7.6

Following your response to Action Point 7.6, I note that the GMS annual overspend profile has been amended and there are no longer favourable variances in future months. Please confirm that this GMS profile and the other in-year items reported within Table A are consistently phased between Table A and Table B. **(Action Point 7.6)**

### Response

Your comment is noted, and we will add a check to ensure the consistency of phasing between tables A and B.

### Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 6.5

I note that the c/f underlying deficit position has materially deteriorated (c.£25.000m) to £107.055m, primarily because of the reassessed delivery of recurring savings. I also note that you will need to review the FYE impact of the in-year cost pressures to ensure that a robust c/f





## MONTH 7 MONITORING RETURN RESPONSES

underlying position is reported as soon as possible and in preparation for the 23/24 financial plan. **(Action Point 6.5)**

### Response

We are continuing to review the underlying position as part of the 2023/24 financial planning work.

### Risks / Opportunities (Table A2) – Action Point 7.9

I note that you are continuing to report the £5m opportunity described as ‘possible technical adjustments once MfA is issued’, which I assume relates to the Discount Rate (which was part of the December Technical Update Letter). The draft Manual has now been issued; therefore, I will look to your next submission for further clarity on this issue. **(Action Point 7.9)**

### Response

This was a more general view that when the MfA was issued a number of areas may provide opportunities. The discount rate, which has affected the losses row in Table B. has received a gain of £0.686m in month 9. Release of additional annual leave was also part of this equation, but the value available for release is still being worked up.

### Monthly Positions (Table B) – Action Point 8.2

The narrative confirms that the forecast annual CHC spend has reduced by c.£0.900m due to projected Accountancy Gains. It does not appear that these CHC Accountancy Gains have been reported via Table C3. Please review and ensure that all identified Accountancy Gains are reported within the Tracker (Table C3). **(Action Point 8.2)**

### Response

The adjustment related to a review of in-year estimated costs for earlier months of this financial year, rather than a release of previous year provisions, so these are not an accountancy gain which would be recorded in the savings tracker. Apologies for the confusion in terminology.

### Monthly Positions (Table B) – Action Point 8.3

The SoCNE reports that the November (£15.311m) non pay spend is £2.346m lower than October (£17.657m), however the narrative states that November non-pay spend is £1.700m higher and provides corresponding items supporting explanations. Please clarify the reasons for the November non pay spend materially reducing compared to October and ensure futures narrative explanations support the Table movements. **(Action Point 8.3)**

### Response

We can confirm there was an error in the Month 8 narrative and it should read that November non pay spend (£15.311m) is £2.346m lower than October (£17.657m) due to the reduction in the Energy forecast outturn. We will ensure that future narrative explanations are in line with Table movements.



## MONTH 7 MONITORING RETURN RESPONSES

### Pay Expenditure Analysis (Table B2) – Action Point 7.12

I note your response to Action Point 7.12. The concern is that although you may not be able to distinguish between (the resulting expenditure to cover) normal annual leave and extra leave carried forward from a previous year; we would however expect you to know, when Agency coverage is being approved, whether it is to cover Annual Leave generally, as this is a reporting requirement in the MMR. I trust that you will revisit this area to ensure the robustness of the data contained in the Agency reasons section. **(Action Point 7.12)**

#### Response

This area is being explored again with the Workforce team to explore what data is available to provide a more robust breakdown on the reasons for agency usage.

### Ringfenced Return – Action 7.13

I note that you are reporting via the ringfenced Table that the Recovery funding of £38.394m will now be fully invested, after indicating a £5.000m underspend at Month 7. Your response to Action Point 7.13 confirms that this forecast is still under review and will be finalised as soon as possible. I trust that the position will be finalised within your Month 9 position. **(Action point 7.13)**

#### Response

There has been some slippage in the projected insourcing costs in month, and we are reviewing alternative opportunities to recover against the previous months plan of fully utilisation of this resource.

### Ringfenced Return – Action 6.12

Please ensure the narrative discusses each individual ring-fenced category within the Template, providing assurance that the reported expenditure profiles are robust and providing supporting details for uncommitted spend. **(Action Point 6.12)**

#### Response

The assumption is that any slippage on the uncommitted spend, apart from the Value Based Health Care will be able to be retained, and utilised.



## MONTH 7 MONITORING RETURN RESPONSES

### **Savings (Table C – C3) – Action Point 8.4**

The savings section of your narrative references Red schemes for which assurance reviews need to be completed. Please clarify if these are part of, or are in addition to, the £10m Recovery Plan. **(Action Point 8.4)**

### **Response**

If the remaining red schemes convert to Green or Amber they will contribute towards the £10m recover plan.



## MONTH 7 MONITORING RETURN RESPONSES

### **Savings (Table C – C3) – Action Point 8.5**

The two new Amber saving schemes totalling £0.156m have a go green date of the 14th of December, I trust the criteria has now been met and the schemes can be classified as Green within your Month 9 return. **(Action Point 8.5)**

#### **Response**

Noted and actioned within the Month 9 return.

### **Resources Limits (Table E) – Action Point 7.17**

I note that you are anticipating the Real Living Wage - B1 & B2 for 22/23 (£0.581m) Funding within Table E but also acknowledge this assumption is a risk. I can confirm that this area formed part of the pay calculations and funding this year, where organisations received the higher of either actuals or the model value. If you have any concerns on the funding amount issued, please urgently contact Gwen Kohler. **(Action Point 7.17)**

#### **Response**

Thank you for the above, this had been posted against the original £2.3m funding shortfall (month 6), reducing it to £1.7m shortfall in month 7, and subsequently removed from table E with a view to trying to absorb in month 8. Gwen Kohler has been e-mailed regarding this and is reviewing.

### **Resources Limits (Table E) – Action Point 8.6**

In terms of the anticipated additional Overtime of Annual Leave Funding of £0.249m where your narrative confirms there is evidence available to support this request, I again urge you to raise the matter with Gwen Kohler to gain a resolution. **(Action Point 8.6)**

#### **Response**

This has been included in the e-mail to Gwen Kohler.

### **Resources Limits (Table E) – Action Point 5.12**

As per my email (dated 13<sup>th</sup> December) correspondence with your Capital Team, the revised IFRS 16 values for your Transitioning Leases are £5.617m DEL Depreciation and £5.957m Revenue Recovery. The Capital Working Balances request, that I have noted for your organisation, is £6.070m (£5.957m Transitioning plus £0.113m New/Renewals awaiting approval). Please can you update the applicable MMR tables (currently in Table E the recovery and depreciation amounts are both £6.063m), with the revised Transitioning values for Month 9. The HB can anticipate the IFRS 16 Capital Working Balances cash in your Table E (free text line – Capital Drawling Limit only, rather than being reported as part of the cash Shortall in Table G. If you have any queries on the completion of the Tables, please arrange for a colleague to contact Gary Young. **(Action Point 5.12)**

#### **Response**



## MONTH 7 MONITORING RETURN RESPONSES

The above adjustments have been reflected in the monitoring return tables, however, the robotic income adjustment has not yet been removed from Table E as it was not clear if this was included in the provided figures.



## MONTH 7 MONITORING RETURN RESPONSES

### **Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 8.7**

I refer to the profile of the Accountancy Gains (Line 25) reported in Table A, as there is an item that appears to be phased across the remaining four months (£0.029m pm). After a review of your Tracker, this relates to 'Other North Wales - transactional savings' scheme which suggests that perhaps this is a Saving Scheme rather than an Accountancy Gain. There is also a scheme in Table C3 described as 'East Area Transactional savings' that has also be defined as an Accountancy Gain. Please review these two schemes and either re-categorise them as Savings or, if they are indeed Accountancy Gains, they must have a profile that releases fully into the current reporting period. **(Action Point 8.7)**

### **Response**

Noted and actioned for the Month 9 Tables.



## MONTH 7 MONITORING RETURN RESPONSES

### Resource Limits (Table E) - Action Point 8.8

Although minor, I note that you are anticipating £55k of funding above your requirement for 'Other workforce' forecast costs (reported in the FDU Covid Template); however, this is offset by anticipating a lower funding requirement for 'other capacity and facilities' costs. Please review and revise for the next submission. **(Action Point 8.8)**

### Response

This has been corrected for the month 9 MR.





<b>Teitl adroddiad:</b> <i>Report title:</i>	Savings Delivery Report		
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 23 February 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this paper is to provide an update on the savings position at Month 10 of 2022/23.</p> <p>A savings target was set for 2022/23 at £35m p.a. This represents 3% of the Health Board's discretionary expenditure. The savings were expected to be cash releasing and recurring. The financial target for 2022/23 was split 50/50 between transformation and transactional plans.</p>		
<b>Argymhellion:</b> <i>Recommendations:</i>	It is recommended that the report is noted.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Steve Webster, Interim Executive Director of Finance		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Rob Nolan, Finance Director – Commissioning & Financial Planning		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.	

<b>Goblygiadau rheoleiddio a lleol:</b>	Not Applicable
<b><i>Regulatory and legal implications:</i></b>	
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Naddo N
<i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Equality Impact (EqlA) and a socio-economic (SED) impact assessments not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	Naddo N
<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Equality Impact (EqlA) and a socio-economic (SED) impact assessments not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	There is a risk that the Health Board does not meet its statutory financial duty for 2022/23. BAF 2.3
<i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	Health Board financial risks are reported via the monthly Finance report and the Risk Register.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	See attached report
<i>Financial implications as a result of implementing the recommendations</i>	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	Not applicable
<i>Workforce implications as a result of implementing the recommendations</i>	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	Not applicable
<i>Feedback, response, and follow up summary following consultation</i>	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty
<i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol
<i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations Not Applicable.	
Rhestr o Atodiadau: List of Appendices: 1 Savings Delivery Report	

# Savings Delivery Report - Month 10



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Background

A savings target was set for 2022/23 and subsequent 2 years at £35m p.a.

This represents 3% of the Health Board's discretionary expenditure.

The savings must be cash releasing and recurring.

Historically, the Divisions have delivered transactional savings plans.

The priority is the delivery of targeted patient and staff outcomes in line with the Health Board's strategy, vision and IMTP. The challenge is to deliver on the £35m financial target at the same time.

The financial target for 2022/23 was split 50/50 between Transformation and Divisional/ Transactional plans, with the expectation that 85% of savings are delivered through transformational change by 2024/25.

The target was not reached by end March and the submission of plans to WG.

The Divisions delivered cash releasing savings plans of £12.5m. Recurring savings inc. Red schemes £8.9m; excl. Red £7.8m

The original transactional target has been met in terms of total savings delivered. However, recurring savings fall short of the target, which presents a challenge.

The ongoing reliance on smaller scale savings initiatives also remains a concern. A review of the underlying deficit of the health has identified a significant level of reliance on not recurrent accountancy gains which will need to be recorded going forward.

Savings plans from major programmes have not been delivered at this time.

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

# FY Plan and Forecast – Update Month 10

Total target £35m

Red, Amber and Green Schemes:

- FY Plan M1 £12.6 m
- FY Plan M10 £23.1m, including red schemes, up £400k on last month due to the increase in plan for Cancer Drugs savings.
- FY Forecast has increased from £25.7m in M9 **to £26.9m**

Green and Amber Schemes:

- FY Plan M1 £10.1m
- FY Plan M10 £23.0m – increase as above
- FY Forecast has increased from £25.6m in M9 to **£26.8m**
  - 3 Areas forecast up £0.7m to £9.5m  
Transactional target exceeded  
CHC remains a significant contributor
  - 3 Providers forecast down £0.056m to £3.1m  
Now £2.0m below transactional target  
Agency forecasts significantly reduced.
- The FY Forecast includes:
  - Cash releasing, recurring and budget reducing savings totalling £9.5m
  - Non-recurring Accountancy Gains of £7m
- Figures do not include a scheme relating to VERs, the review of which is in progress.

£'000's	Target	FY Plan	Gap	FY Forecast	Gap
Transformation Savings	17,500	-	(17,500)	-	(17,500)
Divisional Savings (Amber & Green)	17,500	23,034	5,534	26,751	9,251
<b>Total</b>	<b>35,000</b>	<b>23,034</b>	<b>(11,966)</b>	<b>26,751</b>	<b>(8,249)</b>

	FY FORECAST (M10)		
£'000's	Recurring	Non Recurring	Total
<b>Amber and Green Schemes</b>			
Cash Releasing - Budget	9,544	5,203	14,747
Cash Releasing - Run Rate	1,497	2,582	4,079
Cost Avoidance	267	98	365
Accountancy Gains	-	7,008	7,008
Income Generation - Budget	-	234	234
Income Generation - Run Rate	-	317	317
	<b>11,308</b>	<b>15,443</b>	<b>26,751</b>
<b>Red Schemes</b>			
Cash Releasing	110	-	110
Cost Avoidance	-	-	-
Income Generation	-	-	-
	<b>110</b>	<b>-</b>	<b>110</b>
<b>Total - Red, Amber and Green Schemes</b>	<b>11,418</b>	<b>15,443</b>	<b>26,861</b>

# Divisional Savings – FY Plan vs FY Forecast vs Actual – Month 10

## 1) Transformation Savings

- FY Target 17.5m, loaded heavily in Q4.
- FY Plan nil
- YTD delivered nil

## 2) Transactional (Divisional) savings:

Green and Amber schemes:

- FY Target £17.5m Transactional target
- FY Plan M10 £23.0m – up £0.4m
- FY Forecast M10 £26.8m, up £1.2m on M9
- FY Forecast M10 recurring savings £11.3m
- YTD Target £14.7m (flat profile, does not reflect the profile of plans)
- YTD Plan £20.2m
- YTD Actuals £23.8m:
  - £3.5m favourable variance against YTD Plan\*  
Increase on favourable variance reported last month (£0.4m)
  - £8.7m above YTD Target
- Month Only:
  - Achieved £1.8m vs £1.4m Plan and £1.4m transactional Target

£'000's	FY			YTD M10			
Total Plans	Target	Plan*	Forecast	Target	Plan*	Actual	Variance to Plan
Transformation Savings	17,500	-	-	6,500	-	-	0
Divisional Savings	17,500	23,034	26,751	14,654	20,234	23,751	3,517
	35,000	23,034	26,751	21,154	20,234	23,751	3,517
Divisional Plans	Target	Plan*	Forecast	Target	Plan*	Actual	Variance to Plan
Recurring	17,500	10,147	11,308	14,654	8,101	9,234	1,133
Non Recurring		12,887	15,443		12,133	14,518	2,385
Total	17,500	23,034	26,751	14,654	20,234	23,751	3,517

- Actual savings delivered in the Year to Date (YTD) have increased by £1.8m in Month 10 and now total £23.8m against YTD Plan of £20.2m.
- The proportion of recurring savings delivered to date totals £9.2m, which remains a concern.
- The FY Forecast increased by £1.2m in month to £26.8m for Green schemes. Of this, recurring savings total £11.3m, of which only £9.5m is budget reducing (or £7.2m in terms of Plan figures). This contributes to the challenge for next year.
- The FY Forecast also indicates that a further £3.0m will be delivered in the remainder of this year.
- The FY Forecast includes non-recurring Accountancy Gains of £7m.
- The ongoing reliance on smaller scale savings initiatives remains a concern.
- Programme and project delivery capacity and capability issues continue to impact the delivery of larger scale savings.



# Divisional Savings – FY Plan vs FY Forecast – Month 10

## Movement in Recurring/ Non Recurring

£'000's	FY PLAN			FY FORECAST(M10)			VARIANCE		
	Recurring	Non Recurring	Total	Recurring	Non Recurring	Total	Recurring	Non Recurring	Total
<b>Amber and Green Schemes</b>									
Cash Releasing - Budget	7,190	3,317	10,508	9,544	5,203	14,747	2,354	1,886	4,240
Cash Releasing - Run Rate	2,722	2,232	4,954	1,497	2,582	4,079	(1,225)	351	(875)
Cost Avoidance	234	98	333	267	98	365	32	0	32
Accountancy Gains	-	6,688	6,688	-	7,008	7,008	0	320	320
Income Generation - Budget		234	234	-	234	234	0	0	0
Income Generation - Run Rate		317	317	-	317	317	0	0	0
	<b>10,147</b>	<b>12,887</b>	<b>23,034</b>	<b>11,308</b>	<b>15,443</b>	<b>26,751</b>	<b>1,161</b>	<b>2,556</b>	<b>3,718</b>
<b>Red Schemes</b>									
Cash Releasing	110		110	110	-	110	0	0	0
Cost Avoidance			-	-	-	-	0	0	0
Income Generation			-	-	-	-	0	0	0
	<b>110</b>	<b>-</b>	<b>110</b>	<b>110</b>	<b>-</b>	<b>110</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total - Red, Amber and Green Schemes</b>	<b>10,257</b>	<b>12,887</b>	<b>23,144</b>	<b>11,418</b>	<b>15,443</b>	<b>26,861</b>	<b>1,161</b>	<b>2,556</b>	<b>3,718</b>

Green schemes:

- FY Forecast has increased from £25.6m in M9 to **£26.8m** – gap £8.2m compared to the total target
  - Up £1.2m on Forecast at M9 (£25.6m)
  - Favourable variance against FY Plan M10: £3.7m (variance analysis provided)
  - Favourable variance against FY Transactional Target - £9.3m
- 3 Areas FY Forecast variance is £2.2m favourable against FY Plan.
- 3 Providers FY Forecast continues to be impacted by pressure on Agency spend, now £1.2m under FY Plan and £2.0m below transactional target.
- FY Forecast M10 recurring savings £11.3m



# FY Forecast against Target – by IHC View - Month 10

The full year forecast for transactional savings plans totals £26.9m including Red, Amber and Green Schemes and income generation. This exceeds the original transactional target and contributes to the target for major programmes, for which plans to be confirmed.

	Forecast	Plan			
Divisional Plans	Amber & Green	Red	Total YTD	Cash Releasing Target (Divisional Transactional)	
<b>IHC East</b>					
Ysbyty Wrexham Maelor	2,330	-	2,330	1,586	745
Area - East	2,895	-	2,895	2,540	355
	5,225	-	5,225	4,126	1,100
<b>IHC Centre</b>					
Ysbyty Glan Clwyd	462	-	462	1,976	(1,514)
Area - Centre	3,892	-	3,892	2,471	1,421
	4,354	-	4,354	4,447	(93)
<b>IHC West</b>					
Ysbyty Gwynedd	302	-	302	1,562	(1,260)
Area - West	2,732	-	2,732	1,470	1,262
	3,034	-	3,034	3,032	2
North Wales Managed Services	2,502	-	2,502	1,793	709
Womens Services	1,929	-	1,929	688	1,242
MHLD	2,495	-	2,495	307	2,188
Area - Other	235	-	235	118	118
Contracts & Provider Income	3,488	-	3,488	902	2,586
	10,650	-	10,650	3,807	6,843
Corporate	3,489	110	3,599	2,089	1,510
<b>Total</b>	<b>26,751</b>	<b>110</b>	<b>26,861</b>	<b>17,500</b>	<b>9,361</b>

# FY Forecast against Target - Divisional View - Month 10

The full year forecast for transactional savings plans totals £26.9m including Red, Amber and Green Schemes and income generation. This exceeds the original transactional target and contributes to the target for major programmes, for which plans are to be confirmed.

		Forecast	Plan			
Total Improvement	Divisional Plans	Amber & Green	Red	Total YTD	Cash Releasing Target (Divisonal Transactional)	
1,455	Ysbyty Gwynedd	302	-	302	1,562	(1,260)
871	Ysbyty Glan Clwyd	462	-	462	1,976	(1,514)
2,721	Ysbyty Wrexham Maelor	2,330	-	2,330	1,586	745
<b>5,047</b>	<b>Hospital Sites</b>	<b>3,094</b>	-	<b>3,094</b>	<b>5,123</b>	<b>(2,029)</b>
1,573	North Wales Managed Services	2,502	-	2,502	1,793	709
1,430	Womens Services	1,929	-	1,929	688	1,242
<b>8,050</b>	<b>Secondary Care</b>	<b>7,525</b>	-	<b>7,525</b>	<b>7,604</b>	<b>(78)</b>
1,513	Area - West	2,732	-	2,732	1,470	1,262
3,208	Area - Centre	3,892	-	3,892	2,471	1,421
2,805	Area - East	2,895	-	2,895	2,540	355
235	Area - Other	235	-	235	118	118
3,488	Contracts & Provider Income	3,488	-	3,488	902	2,586
<b>11,249</b>	<b>Area Teams</b>	<b>13,242</b>	-	<b>13,242</b>	<b>7,501</b>	<b>5,741</b>
1,182	MHLD	2,495	-	2,495	307	2,188
3,649	Corporate	3,489	110	3,599	2,089	1,510
<b>4,831</b>	<b>Other</b>	<b>5,984</b>	<b>110</b>	<b>6,094</b>	<b>2,396</b>	<b>3,698</b>
-		-		-		0
<b>24,130</b>	<b>Total</b>	<b>26,751</b>	<b>110</b>	<b>26,861</b>	<b>17,500</b>	<b>9,361</b>

# FY Forecast – Summary Movements in Month 10

The table below summarises key movements in the Full Year Forecast for green and amber schemes since last month.

<b>Figures in £'000s</b>					
<b>Month 9 FY Forecast</b>		<b>25,574</b>			
<b>Existing Schemes:</b>				Notes:	
Meds Management	417				
Agency Savings (Med & Nursing)	(105)			Reduction in Agency Savings Forecast:	
CHC	828			YMW	(42)
Vacancy Factor - Womens	113			Womens	(70)
Other Non Pay	(76)			East	7
<b>Subtotal</b>	<b>1,177</b>				<b>(105)</b>
<b>New Schemes for M10</b>	<b>0</b>			Increase in CHC:	
				West	441
				Centre	332
<b>Total Movement</b>		<b>1,177</b>		East	(17)
				MHLD	71
<b>Month 10 FY Forecast</b>		<b>26,751</b>			<b>827</b>

# Red Risk Schemes

There has been no change to Red schemes this month. The total is £110k and relates to two Corporate schemes.

		Savings Scheme		WG Saving					
Division	Scheme / Opportunity Title	Number	R/NR	Brief Description	RAG Rating	Definition	MMR Category	Sum of Current	Update
Corporate	Transport/travel	CORP22013	R		0 Red	Cash-Release	Non Pay	10,000	30.09.22: Reviewed with RN, AMW, PD, KS 05.09.22: Removed ahead of M5. Minimal, does not warrant a scheme-DW.
Corporate	Decarbonisation	CORP22011	R		0 Red	Cash-Release	Non Pay	100,000	24.11.22: DW will chase this one again with RT 30.09.22: Request to remove scheme challenged in review. (RN, AMW, PD, KS) 12.09.22: TW reviewed with DW and requested removal. (Match funded) 05.09.22: PID to be developed. Responsibilities and capacity issues. Escalated to TW as agreed.
<b>Total</b>								<b>110,000</b>	Amount confirmed - RT
<b>Removed:</b>									
Corporate	Rates rebates: 2017/2022	CORP22010	NR		0 Red	Cash-Release	Non Pay	25,000	30.09.22: Removed ahead of M5. No further income anticipated - DW
Corporate	Renewal of E Job Plan Contract supported from Slippage		0 NR	Contract renewed early	Red	Cost Avoidance	Non Pay	90,000	06.10.22 DW reply received; approval to remove confirmed by RN 30.09.22 Await details
Corporate	Withdrawal from leased premises	CORP22009	R		0 Red	Cash-Release	Non Pay	20,000	30.09.22: Decision reviewed, confirmed by RN 05.09.22: Request to remove scheme. No immediate plans to withdraw from leased properties.-DW
Corporate	Large site rationalisation (Abergele)	CORP22008	R		0 Red	Cash-Release	Non Pay	100,000	30.09.22: Decision reviewed 05.09.22: Request to remove scheme. (Disposal of major sites unlikely in 22/23 - DW)
Corporate	Technology: energy management	CORP22015	R		0 Red	Cash-Release	Non Pay	35,000	30.09.22: Decision challenged. 05.09.22: Scheme removed ahead of M5. Implementation unlikely to occur in 22/23-DW
Contracts	Income Generation Phase 1	CON22001	R	Through changes to the	Red	Income Generation	Non Pay	99,992	29.09.22: CM confirmed position
Corporate	In-year property disposals	CORP22007	NR		0 Red	Cash-Release	Non Pay	50,000	24.11.22: No disposals in plan so this should be removed - DW 30.09.22: Reviewed with RN, AMW, PD, KS 05.09.22: Scheme removed ahead of M5. (In-year revenue benefit marginal even if properties are disposed - DW)
Corporate	Technology: eliminate unwarranted variation in staffing	CORP22014	NR		0 Red	Cash-Release	Pay - Variable	540,000	24.11.22: This was based on proposal to implement staff management system but the project was not initiated. Requests removal of scheme - DW 30.09.22: Challenged in review (RN, AMW, PD, KS) 12.09.22: TW reviewed with DW and requested removal. (Underspend not proactive) 05.09.22: PID for n/r staff turnover to be developed. Responsibilities and capacity issues. Escalated to TW
Provider - YG	Emergency Care - CAS Cards Storage	YG22004	R	Sanning of CAS Cards in offsite storage	Red	Cash-Release	Non Pay	2,500	AB has advised that delivery issue has impacted savings delivery- scheme to be removed
Corporate	Reduction in pay budget		0 R	Agreement to reduce pay in L001 or G002	Red	Cash-Release	Pay - Variable	50,000	24.11.22: DW advised that Nick L has plans for the post, did not agree to submitting a savings scheme. 30.09.22 Open queries. Escalated. PD email follow-up.
Provider - YG	Job Planning Review	YGC22004-01	R	Fully utilising Medical	Red	Cash-Release	Pay - Other (P	50,000	06.01.23: Removed Month 9, agreed with RN at Month End Review
								<b>1,062,492</b>	





<b>Teitl adroddiad:</b>	Delivery of Health Board Savings Audit Report
<b>Report title:</b>	
<b>Adrodd i:</b>	Performance, Finance and Information Governance Committee
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Thursday, 23 February 2023
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	NHS Wales Audit and Assurance Services have undertaken an audit review of the identification and delivery of savings as outlined in the IMTP and associated Financial Plan for 2022/23.
<b>Executive Summary:</b>	<p>The report provided No Assurance with the following key matters arising:</p> <ol style="list-style-type: none"><li>1. Reports to the Health Board do not reflect the complete savings required for 2022/23, inclusive of unachieved previous year recurring savings carried over – The monthly budget reports however include the unachieved savings from 2021/22.</li><li>3. Voluntary Early Release savings have not been actioned in line with Remuneration and Terms of Service Committee approval.</li><li>4. Governance and oversight arrangements in delivery of savings have not been adequate.</li><li>5. Transformational savings have not been identified.</li></ol> <p>Following a factual accuracy meeting the Health Board provided additional material to the Audit and Assurance Service.</p> <p>The Health Board (HB) recognised that the report highlighted a number of issues in our process that do need improving. However, the fact that the HB had identified (at that point) circa £25m of savings this year, which in percentage terms is 2.2%, and that this is comparable with other HBs, it was felt that a limited assurance would better reflect the position of the HB, and given the additional information provided it did not warrant no assurance.</p> <p>The Audit and Assurance Service subsequently revisited the assurance rating following a meeting to discuss the additional material provided, and they believe the definition for the assurance rating remains the right one: Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.</p> <p>Moving forward a key way of addressing the concerns raised in the report will be the implementation of the Performance and Accountability Framework and the financial plan for 2023-24.</p> <p>The first round of Executive Accountability Reviews are due to be held on the 24<sup>th</sup> and 27<sup>th</sup> February and will be based on the new operating model structure.</p> <p>The meetings will be structured to include specific sections on performance this year (finance and activity) and will include updates on</p>

	<p>the delivery of in year savings. But given the limited period of time remaining in 2022/23 and the priority around 2023/24 planning, the focus will be on 2023/24 planning.</p> <p>There will also be a separate section focusing on next year (finance and activity) and again will include plans for the delivery of next year's savings (transactional and transformational).</p> <p>In addition the draft financial plan for 2023-24 includes the funding of prior year non delivered savings. Whilst this is inconsistent with the Budget Setting Framework for 2023-24 agreed by PFIG, it does address the issues raised in the audit report and it has been discussed with the Board.</p>			
<b>Argymhellion:</b>  <b>Recommendations:</b>	It is recommended that the report is noted.			
<b>Arweinydd Gweithredol:</b>  <b>Executive Lead:</b>	Steve Webster, Interim Executive Director of Finance			
<b>Awdur yr Adroddiad:</b>  <b>Report Author:</b>				
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input checked="" type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.		
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>		Not Applicable		
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>		Naddo N		

<b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	Naddo <i>N</i>  Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Financial implications as a result of implementing the recommendations</i></b>	Not applicable
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Workforce implications as a result of implementing the recommendations</i></b>	Not applicable
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b><i>Feedback, response, and follow up summary following consultation</i></b>	Not applicable
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Amherthnasol  Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b><i>Next Steps:</i></b> <b><i>Implementation of recommendations and Management Response.</i></b>	
<b>Rhestr o Atodiadau:</b>  <b><i>Appendices:</i></b> 1 Delivery of Health Board Savings Final Internal Audit Report - February 2023	



# Delivery of Health Board Savings Final Internal Audit Report

February 2023

Betsi Cadwaladr University Health Board



Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
Partnership  
Audit and Assurance Services



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



## Contents

Executive Summary .....	3
1. Introduction .....	5
2. Detailed Audit Findings .....	5
Appendix A: Management Action Plan.....	11
Appendix B: Detailed findings – Governance and reporting arrangements .....	15
Appendix C: Standard Operating Procedure for Categorisation of Savings and Budgets.....	30
Appendix D: Assurance opinion and action plan risk rating.....	31

Review reference:	BCU-2223-15
Report status:	Final Internal Audit Report
Fieldwork commencement:	9 November 2022
Fieldwork completion:	15 December 2022
Debrief meeting:	19 December 2022
Draft report issued:	19 December 2022; 10 & 23 January 2023
Management response received:	3 February 2023
Final report issued:	6 February 2023
Auditors:	Dave Harries, Head of Internal Audit Nicola Jones, Deputy Head of Internal Audit Simon Cookson, Director
Executive sign-off:	Steve Webster, Interim Executive Director of Finance
Distribution:	Rob Nolan, Finance Director Molly Marcu, Interim Board Secretary
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

### Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

### Disclaimer notice - please note

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## Executive Summary

### Purpose

The purpose of the audit was to review the identification and delivery of savings as outlined in the IMTP and associated Financial Plan for 2022/23.

### Overview

We have issued no assurance on this area. The significant matters which require management attention include:

- The general ledger recorded a carry-over savings requirement of £13,456,727, which is included in the budget reports of Directorates/Divisions but is not reflected in the recurring savings requirement for 2022/23 or included in the savings requirements reported to the Board. The total savings requirement identified in our review is £48,456,727 in 2022/23. Board reports must be accurate and reflect the actual saving requirement on a recurrent basis.
- There appears to be confusion concerning ownership and delivery of transformational savings as at the time of our review, no transformational savings are being reported against the £17.5m target (reported to Committee in December 2022). The back-end phasing of transformational savings provided a positive picture on savings delivery to month 5, where the focus was delivery of transactional savings.
- The role of the Transformational Team requires review and greater clarity on their purpose and benefit to operational management.
- Corporate functions have, generally, been poor in the delivery of savings; all should be subject to similar accountability/performance scrutiny akin to the rest of the Health Board.
- Voluntary Early Release Scheme (VERS) recurring savings of £622,691, approved by

### Report Opinion

No assurance



Action is required to address the whole control framework in this area.

**High impact** on residual risk exposure until resolved.

Trend

N/A

### Assurance summary<sup>1</sup>

Objectives			Assurance
1	Governance and reporting arrangements.		No
2	Savings plans and evidence to support forecast savings.		Limited
3	Operational budgets reduced to reflect delivery of recurrent savings.		Limited

<sup>1</sup>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Remuneration and Terms of Service Committee, require action and removal from the discretionary revenue allocation, and the establishment adjusted.

Key Matters Arising		Objective	Control Design or Operation	Recommendation Priority
1	Reports to the Health Board do not reflect the complete savings required for 2022/23, inclusive of unachieved previous year recurring savings carried over – The monthly budget reports however include the unachieved savings from 2021/22.	1	Design	High
2	Voluntary Early Release savings have not been actioned in line with Remuneration and Terms of Service Committee approval.	1,3	Operation	High
3	Governance and oversight arrangements in delivery of savings have not been adequate.	1	Design	High
4	Transformational savings have not been identified.	1	Operation	High

## 1. Introduction

- 1.1 The Health Board considered the *Integrated Medium-Term Plan* (IMTP), which incorporates the Financial Plan for 2022/25, at its meeting on the 30<sup>th</sup> March 2022 (Item 22/97). The Financial Plan includes a required savings target of £35m<sup>1</sup> for 2022/23, consisting of £18m Transactional savings and £17m Transformational savings.

The month 5 Finance Report presented to the Health Board meeting on the 29<sup>th</sup> September 2022 (Item 22.233) advised the Board *that "Savings delivered in the 5 months to August 2022 was £6.5 against a plan of £7.5m, a shortfall of £1.0m. Non-recurrent savings delivered are £2.4m. The savings forecast is £14.4m, which is £20.6m behind the target of £35m for the year. There were no transformation savings either planned or delivered in the first five months of the year."*

The report also records "Non delivery of savings" as having an impact on the reported overspend of £2.7m (as at month 5) in divisional performance.

- 1.2 The risks considered were:
- Health Board does not achieve a balanced financial position as it is forecasting and reporting to Board.
  - Health Board breaches its Statutory Duty to break-even.
- 1.3 The review was limited to the identification, delivery and reporting of savings plans only and has not considered budgetary control or financial management arrangements.
- 1.4 We have not reviewed the arrangements the Health Board has put in place since the September 2022 Board Meeting or the arrangements governing the recovery plan.

## 2. Detailed Audit Findings

This report is based upon the information provided by officers supporting our review. We would like to express our gratitude to all Officers for their input during the undertaking of the review. We have relied solely on the documents, information and explanations provided and, except where otherwise stated, we have not contacted or undertaken work directly to verify the authenticity of the information provided.

### **Objective 1: Governance and reporting arrangements concerning the allocation and oversight of savings delivery**

- 2.1 The detailed findings relating to the nineteen officers we contacted and respective findings are detailed in Appendix B.
- 2.2 The Health Board approved an annual savings target of £35m for 2022/23, split evenly between transactional and transformational savings and with a requirement for the savings to be cash releasing. Reviewing the IMTP Financial Plan for 2022/23,

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<sup>1</sup> Source: Integrated Medium-Term Plan 2022/25 – Finance and Value, page 29

we found an immediate shortfall of cash releasing savings - £5m for transactional and £10.3m transformational with insufficient schemes having been identified, with other savings noted as efficiency improvements of £25.7m (these are not cash releasing).

- 2.3 Health Board reporting has consistently focused on a £35m saving target, however the full savings requirement in 2022/23 was £48,456,727, inclusive of all recurring savings not achieved from 2021/22 (Appendix B provides the detail).
- 2.4 Budget reports issued to budget holders and the General Ledger report include the recurring savings not achieved from 2021/22 that were carried over.
- 2.5 The 23 December 2021 PFIG meeting received *Integrated Medium Term Plan (IMTP) – Financial Focus 2022/23 Income and Expenditure Scenarios* (Item PF21.47) that reports *"The majority of negative budgets arising from unallocated savings targets were cleared at the start of 2021/22 and there will be no negative savings targets carried forward into 2022/23."* – Our review has identified this did not happen (please see Appendix B for details).
- 2.6 The draft timetable containing key dates for developing the 2022/23 Budget Strategy in PF21.47 also records *"31st Jan 2022 - Three year transformational savings plan developed"*. We confirmed with the Director Transformation, Strategic Planning, and Commissioning that there are no transformational savings plans in place (as of 20 December 2022).
- 2.7 Management back-ended the phasing and expected delivery of the nine transformational savings from September 2022 to March 2023 (Table 1). The Head of Financial Reporting notified the Chief Finance Officers that *"The projected delivery profile has now been received. Please can you re-profile the Transformational element of your CRES budget accordingly? (The Transformational element you have been allocated is 50% of you original CRES allocation). The risk of such a back ended delivery has been noted and is being raised at the highest level by [Officer] and the Senior Team"*.

Table 1: Phasing of the £17.5m Transformational savings

Month	In month saving (£m)
Apr-22	-
May-22	-
Jun-22	-
Jul-22	-
Aug-22	-
Sep-22	0.25
Oct-22	0.50
Nov-22	1.00
Dec-22	1.75
Jan-23	3.00
Feb-23	4.50
Mar-23	6.50
<b>Total</b>	<b>17.50</b>

Source: Extract from email sent by the Head of Financial Reporting to Chief Finance Officers on the 27 May 2022.

- 2.8 Transformational savings are based on historical reported opportunities for savings. Through discussions with Finance colleagues, it became apparent Chief Finance Officers (CFOs) were not involved in their identification, calculation or whether they were achievable in 2022/23. We were also advised that whilst Finance have regular dialogue with respective management teams, this is not the case for the Transformational Team.
- 2.9 On the 19 January 2023, we received evidence of email correspondence dated 24 January 2022 issued from the Directors' of Finance; and Transformation, Strategic Planning, and Commissioning to Directors and senior officers of the Health Board which outlined the *"...need to pull together plans to deliver our savings targets through combination of transactional and transformational change, building upon the innovation shown during the past year. To achieve this, we require all Directorates and Divisions to submit a schedule of their savings programmes for 2022-23, which in total for the Health Board must reach £35m of recurring, budget reduction savings."* We found no evidence that this requirement was complied with.
- 2.10 The Performance Finance and Information Governance Committee (PFIG) Agenda Item PF22.11b reports that between April and June 22 *'Executive team led 'star chamber' assessment and assurance review of divisional/directorate plans – part 2'* and 30 June 2022 *'100% savings targets identified and internally assessed'*. On the 19 January 2023, we received evidence of a Savings and Transformation Update paper to a Star Chamber Meeting on 30 June 2022 – We are unsure whether the Star Chamber took place or seen the outcome from the meeting to evidence actions taken/effective scrutiny of the plans, with the 30 June 2022 timeline not achieved - At the time of this review there remains a significant gap in savings identification.

The 22 December 2022 PFIG Committee received Item PF22/183 *Recovery Programme: Savings 23/24 Summary* that advised the Committee "delivered £9m of recurrent savings in 22-23 with no transformation savings".<sup>2</sup>

- 2.11 Our request for evidence by the 9 November 2022 resulted in the following high-level analysis:
- VERS applications approved by Remuneration and Terms of Service Committee had not been actioned and recurring funding removed from the discretionary budget, recognising some officers remain in post at the time of this review.
  - Some Corporate Director budgets had no evidence of finance plans in place and most had carry-over savings to achieve in addition to the current

<sup>2</sup> Source: Savings 2022- 23 and 2023-24 Update, Slide 4 <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/performance-finance-and-information-governance-committee/pfigc-agenda-221222-v20-public/>



requirement. We also noted that one savings target was cleared through the use of reserves.

- Integrated Health Communities (IHCs) have continued their legacy governance arrangements in the absence of revised structures; significant gaps remain in their savings plans and limited progress has been made since the initial plans were submitted.
- Focus for all front-line services has been transactional savings with a widely held view that transformational savings were being taken forward by the Transformational team.
- We found no evidence that the workforce strategy was being considered as a lever for reviewing delivery of/future service needs, thus providing opportunities for service redesign/transformation.
- Two corporate functions advised they had implemented approved business cases but the funding for these had not been included in their baseline allocation.

2.12 Arrangements in corporate functions noting savings discussions, akin to Minutes in IHCs/Divisions, were not available. Whilst we have accepted replies advising discussions do take place, we are unable to corroborate this assertion.

#### Conclusion:

2.13 Reports provided to the Health Board on savings have under-reported the general ledger cash releasing savings requirement, as the recurring savings carried over from 2021/22 have not been included. Therefore, the Board has been considering a savings target of £35m when the actual target for the Health Board is £48m.

2.14 Transformational savings in 2022/23 were optimistic as the foundations for change require significant lead-time to underpin service redesign. It remains unclear what steps were taken at month one to drive the savings schemes/confirm they remained viable, considering the time-lapse, coupled with the role of the Transformational Team in leading and supporting implementation.

2.15 The back-end phasing of transformational savings from month six is a significant risk to financial balance and this partly explains why the Health Board's forecast year-end position deteriorated in October 2022 - The Health Board was expected to achieve fourteen million pounds (£14m) transformational savings in quarter 4 2022/23.

We did note that finance reports to PFIG in both Month 4 and 5 noted the significant gap in savings still to be achieved of £30.2m and £28.5m respectively. The Chair of PFIG meeting assurance report of the 27 October 2022 escalated the issue of savings delivery to the Board on the 24 November 2022 (Item 22.268).

2.16 We found no VERS recurring savings have been actioned. In addition, considering the impact on workforce generally, limited workforce driven savings are recorded.

We have concluded **no assurance** for this objective as the Health Board has not identified the required cash releasing savings to achieve financial balance.

## Objective 2: Review of savings plans identified and evidence to support the reported forecast savings

2.17 We requested savings plans from responsible directors to establish whether divisions and corporate functions had sufficient schemes identified to meet the savings target. We reviewed a total of twenty areas, of these 20:

- Nine had savings plans identified (only one had achieved target)
- Nine did not have savings plans identified (including non-response)
- Two had partial savings plans identified

Further detail is provided in Appendix B.

2.18 We received a list of all savings schemes submitted inclusive of the Month 7 (October 2022) position.

2.19 In obtaining our sample we analysed the data to focus on recurring cash releasing savings of the one hundred and one (101) schemes. Table 2 details the summary of schemes by *Welsh Government/BCU Definition Budget or Run Rate*.

2.20 Table 2 – Summary of Recurring/Non-Recurring Savings schemes by definition

Definition (Please refer to Appendix C for details)	Non-Recurring	Recurring
Cash Releasing Saving	2	-
Cash Releasing – Budget: Cash releasing saving	9	-
Cash Releasing – Budget: Income Generation	1	-
Cash Releasing – Run Rate: Accountancy Gains	1	-
Cash Releasing – Run Rate: Cash releasing saving	22	-
Cash Releasing – Run Rate: Income Saving	1	-
Cost Avoidance	1	-
Cash Releasing Savings	-	4
Cash Releasing - Budget	-	13
Cash Releasing - Run Rate	-	45
Cost Avoidance	-	2
<b>Total</b>	<b>37</b>	<b>64</b>

Source: Savings Scheme Detail 07-23 received on the 23 November 2022 from the Savings Accountant.

2.21 We reviewed a sample of five of the thirteen recurring cash-releasing – budget

schemes back to source project initiation documents (PID) where underpinning evidence corroborating the rationale for the scheme was included as well as the method by which the scheme was to be delivered.

**Conclusion:**

2.22 Management developed PIDs with identified savings which had been actioned by Finance.

2.23 Whilst recurring savings account for most schemes submitted, the number of budgetary recurring savings is limited.

We have concluded **limited assurance** for this objective.

**Objective 3: Review of operational budgets to confirm they have been reduced to reflect the delivery of recurrent savings**

2.24 We reviewed five of the thirteen recurring cash-releasing – budget schemes to verify the value of the scheme and associated budget virement/spreadsheet upload.

2.25 We confirmed that four had been actioned through either a budget virement or a spreadsheet upload due to the volume of budget amendments being actioned. We did not receive a response for one.

2.26 We were also unable to confirm that the Voluntary Early Release Scheme (VERS) recurring savings of £622,691, approved by Remuneration and Terms of Service Committee, have been actioned through budget virement.

**Conclusion:**

2.27 Four schemes viewed had been actioned in the ledger, however VERS applications had not been actioned for all officers who have left the Health Board at the time of our review.

We have concluded **Limited assurance** for this objective, albeit on the basis of a small sample.

## Appendix A: Management Action Plan

Matter Arising 1: Board reporting (Design)			Impact
<p>The Health Board’s saving target for 2022/23 has consistently reported against the £35m transactional and transformational requirements detailed in the IMTP. The Health Board did not achieve all its recurring savings in 2021/22; these were carried over into 2022/23 but have not been referenced/included in Board reports we have reviewed – The monthly budget reports issued to budget holders and the General Ledger include this information.</p> <p>From data recorded on the general ledger, we have identified that £13,456,727 recurring savings have been carried over into 2022/23 with the Health Board needing to recurrently save £48,456,727 in 2022/23.</p>			<p>Potential risk of:</p> <ul style="list-style-type: none"><li>• Incomplete information provided to the Board</li><li>• Breach of Standing Financial Instruction 5.3.2</li></ul>
Recommendations			Priority
1.1a	The finance monthly Board report details the full recurring savings requirement with the IMTP ensuring it details the complete recurring savings in its savings plan, inclusive of all unachieved recurring savings carried over.	High	
Agreed Management Action		Target Date	Responsible Officer
1.1a	All monthly reporting of the overall finance position and of savings delivery will be against the savings target in the agreed financial plan and associated IMTP. The savings target for the year within the financial plan will take into account unachieved savings from the previous year and the requirement for savings in the plan year, but also the deliverability of savings.	Reporting 2023/24 from April 2023	Interim Executive Director of Finance

Matter Arising 2: Voluntary Early Release (VERS) recurring savings (Operation)			Impact
The Remuneration and Terms of Service Committee approved two rounds of applications submitted by the Executive for consideration and approval, collectively totalling £662,691 of recurring savings. We have not seen any evidence that the recurring savings associated with officers who have already left under VERS have been removed from the operational budgets and the establishment adjusted accordingly.			Potential risk of: <ul style="list-style-type: none"> <li>Breach of Standing Financial Instruction 14.1.5</li> </ul>
Recommendations			Priority
2.1a	The Executive Director of Finance ensures all approved VERS applications are acted on in accordance with the requirements of the Remuneration and Terms of Service Committee, with budget and establishment adjusted accordingly.	High	
Agreed Management Action		Target Date	Responsible Officer
2.1a	Agreed	Immediate	Interim Executive Director of Finance

Matter Arising 3: Effective governance and oversight arrangements to deliver savings (Design)			Impact
<p>The IMTP Financial Plan for 2022/23 recorded immediate shortfall of £15.3m (£5m transactional, £10.3m transformational savings). There has been a lack of oversight and scrutiny to ensure:</p> <ul style="list-style-type: none"> <li>- savings plans have been identified and are sufficient to meet targets identified in the IMTP</li> <li>- accurate reporting to the Board on unachieved recurring savings from 2021/22.</li> </ul> <p>Whilst the PID submissions from operational areas were completed, their return suggested a significant gap in the identification of recurring savings early on but there was no apparent impetus or plan to identify further opportunities noting a 30 June 2022 timeline for all savings to be found.</p> <p>Performance Finance and Information Governance Committee (PFIG) Agenda Item PF22.11b advised that between April and June 22 of 'Executive team led 'star chamber' assessment and assurance review of divisional/directorate plans – part 2' and 30 June 2022 '100% savings targets identified and internally assessed'. Savings targets were not achieved by June 2022. Of concern and impacting financial balance was the decision to back-end the phasing of the transformational savings, with £14m expected in January to March 2022 (40% of the total).</p>			<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>• Breach of Section 175 National Health Service Finance (Wales) Act 2014</li> </ul>
Recommendations			Priority
3.1a	The Health Board, through its Executive, review the governance and assurance structure in the delivery of savings schemes.		High
Agreed Management Action		Target Date	Responsible Officer
3.1a	Agreed	April 2023	Interim Executive Director of Finance

Matter Arising 4: Transformational Savings and the establishment of the Transformational Team (Operation)			Impact
<p>The savings split between transactional and transformational was not based on any process bar an equal 50:50, consequently it is unclear from the outset whether the transformational savings were ever achievable in 2022/23 or whether they are, as planned, in 2023/24 or 2024/25.</p> <p>Throughout our review, we became aware that operational divisions/services had very little support/input from the Transformational Team to turnaround any delivery of the imposed savings.</p>			<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Breach of Standing Financial Instruction 4.3.4</li> </ul>
Recommendations			Priority
3.1a	<p>The Health Board:</p> <ul style="list-style-type: none"> <li>Completes an updated review of transformational opportunities, underpinned by impact assessments but recognising these will likely take a long period of time to embed and deliver cash releasing savings.</li> <li>Reviews the role of the Transformational Team in driving service change and savings.</li> </ul>	High	
Agreed Management Action		Target Date	Responsible Officer
3.1a	Agreed	April 2023	Interim Executive Director of Finance



## Appendix B: Detailed findings – Governance and reporting arrangements

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
Chief Executive	41,522	63,000	104,522	(17,026)	No	We were advised that the former Chief Executive made a case that all posts were mandatory and deemed essential – Savings target was funded from contingency reserve and has been overachieved at month 7.
Director of Finance	124,047	313,000	437,047	2,876	Yes	Whilst no minutes/action log of meetings was provided, we did receive details of the savings plan submitted, albeit not addressing the full savings ask but recognise there was a focus to achieve the outstanding balance.  We also noted reference to the Voluntary Early Release Scheme (VERS) application that has yet to be actioned (£74,052 recurring saving).

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						We are aware of other VERS posts impacting the discretionary revenue budget which are also not referenced relating to capital, estates and facilities totalling £104,704 which have not been actioned to date as we recognise some officers are still in post.
Board Secretary	22,109	32,000	54,109	22,910	No	Interim Board Secretary advised that there was no savings target for the Office of the Board Secretary, however the ledger reports one. A VERS application for recurring savings of £18,576 is not noted or been actioned.
Director of Public Health	19,189	31,000	50,189	17,019	Partial	Senior Leadership Team agenda includes finance update but we did not receive details of the paper. Plan summary narrative focuses on cost avoidance e.g. bank as

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						opposed to agency staff/reduced travel. We recognise there is a spend to save application concerning the Welsh Language Team been submitted that would increase income generation.
Director of Workforce and Organisational Development (WOD)	202,895	377,000	579,895	236,389	No	No reply to our request for information was received. A VERS application for recurring savings of £22,641 requires action although we are advised that there was no current substantive post/budget and the officer's costs were charged to the OD development programme.
Director of Nursing and Midwifery	183,261	416,590	599,851	202,966	No	We were advised that meetings are held between Finance and Budget Holders but no minutes or actions taken.

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						Whilst outside scope of our review, management advised "There are a number of historical business cases that have been supported by the HB but the related revenue not aligned to the budget i.e. IPC and Safeguarding , these will be reviewed and options developed to support if no ongoing funding available."
Medical Director	32,932	86,000	118,932	3,146	No	No savings plan was provided, with reference made to a post being held vacant following retirement; this is a VERS approved application releasing recurring savings of £38,955 which has yet to be actioned.
Director of Therapies and Health Sciences	1,909	11,000	12,909	4,554	No	The Director contacted and advised they was unable to meet our reporting requirements due to a period of sickness absence.

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
Director of Digital	-	553,135^	553,135	354,115	Partial	<p>Savings plan was provided for a scheme in Information Governance. Finance engagement and monthly reporting is evident, but we identified concern over the financial budget including <i>"...been apparent from some time that despite business cases being approved by Execs with both capital and revenue implications clear within them that the budgets have not been adjusted or funded to meet the requirements. However, the projects have continued and the spend committed."</i>, that will impact the ability to identify cash releasing savings.</p> <p>A VERS application for recurring savings of £24,033 is not noted or been actioned.</p>

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
Director of Partnerships/Communications and Engagement	0	24,000	24,000	7,513	Yes	We have seen correspondence advising that the savings have been delivered in full, although the ledger figure indicates a balance outstanding. We saw confirmation of regular dialogue and reporting with Finance.
Director of Integrated Clinical Services (Chief Operating Officer)	10,816	36,000	46,816	32,042	No	No savings plan in place - we were advised this is due to organisational change and the structure below is yet to be finalised with interim appointments in post.
Director of Primary Care and Community Services	330,867	(773,000)^	330,867	-	No	We note that this post is not in the organisational structure but are unsure where the carry over unachieved savings for 2021/22 are being addressed.
Director of Transformation, Strategy and Planning	-	219,865^	219,865	104,686	Yes	Advised finance reports are received monthly and that the Senior Management Team meet

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						monthly to discuss the risk of savings achievement. Savings plans submitted but there is no reference to the two posts subject to VERS delivering £134,271 recurring savings that require action.
Integrated Health Community – Centre	2,077,500	8,893,410	10,970,910	3,024,952	Yes	Legacy governance arrangements were evident as the IHC wait for the new structure to be implemented – we saw an example of financial scrutiny provided through the hospital structure. There was no carry over savings from prior years for the former Area. Evidence of early plans for 2022/23 in place for Area in line with PID submissions but no evidence of new schemes identified in-year. Area added the agreed savings schemes



Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						to the budgets thus not having a central line of savings, but no transformational savings were identified as we were advised the original corporate message to Divisions was that these were being taken forward by the Transformation team. Reports show Emergency quadrant have found no savings and it's unclear what steps management are taking to do so. Savings plans submitted but there is no reference to the two posts subject to VERS delivering £44,058 recurring savings that require action.
Integrated Health Community – East	2,918,189	8,251,000	11,169,189	2,791,546	Yes	Legacy governance arrangements were evident as the IHC wait for the new structure to be implemented – Example of financial scrutiny provided through the hospital structure.

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						<p>We noted reference to the view that the Transformation team were leading on the transformational savings. The Area cleared their carry over savings of £1.062m in month 1 2022/23 but we have not corroborated this.</p> <p>Savings plans submitted but there is no reference to the one post subject to VERS delivering £14,130 recurring savings that require action.</p>
Integrated Health Community – West	2,846,423	6,064,000	8,910,423	2,980,222	Yes	<p>Legacy governance arrangements were evident as the IHC wait for the new structure to be implemented – we saw an example of scrutiny through the hospital management structure as well as site accountability meetings where non-delivery and identification of savings in detail within finance reports e.g Emergency Care month</p>

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						<p>4 report states "This year's savings requirement for Ysbyty Gwynedd is £4.8m (22/23 target £3.1m; b/f savings target £1.7m due to previous non-recurrent delivery). Only £36k savings have been delivered to-date, with forecasted delivery of £563k to year-end". The Area Finance, Planning and Performance Group meeting provided pre IHC establishment included focus on savings and the gap "Submitted 1502 million against target in which we've delivered 392K on the estimated planner 247K so should be on track this year. We have had to do an early days year end forecast for the area and our early day estimates is fairly overspent.."</p> <p>Plans are evident but the forecast savings appear positive when</p>

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						<p>compared to actual savings delivery.</p> <p>We also received details of all meetings held in November 2022 concerning the identification of savings.</p> <p>Savings plans submitted but there is no reference to the two posts subject to VERS delivering £31,576 recurring savings that require action.</p>
Deputy Director of Integrated Clinical Delivery – Regional Services (Cancer Services/Diagnostics and Clinical Support)	1,450,113	3,586,000	5,036,113	685,297	Yes	<p>Finance and Performance Group meetings evidence received for both Cancer and Diagnostic and Clinical Support (DCS) although due to operational pressures some meetings were deferred. Regular finance reporting and engagement was provided; Cancer savings are patients drugs focused with no other schemes noted. DCS have realised pathology contract savings</p>

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						but there remains a gap in schemes still to find.
Director of Mental Health and Learning Disabilities	341,365	613,000	954,365	(118,783)	Yes	<p>The Division has overachieved its savings requirement and evidence of regular scrutiny was present through Senior Leadership Team – Finance &amp; Performance meetings; we note that it has delivered £1m recurring against Continuing Healthcare but this budget is significantly overspent overall. The division has started reviewing long-term opportunities for savings, but these have no firm calculations identified.</p> <p>There is no reference to the one post subject to VERS delivering £115,695 recurring savings that require action.</p>
Director of Midwifery and Womens Services	127,516	1,375,000	1,502,516	0	Yes	Finance & Performance minutes evidence focus on delivery of

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						<p>savings and regular dialogue with Finance.</p> <p>Finance report details the nine schemes with minimal recurring savings.</p> <p>We note there has been a long-standing IMTP bid to repatriate births from the Countess of Chester which has not been supported despite forecast recurrent cash release savings on the contract.</p>
Deputy Director of Integrated Clinical Delivery – Primary Care	-	-	-	25,503	No	<p>Prior to organisational change, the budget for Community Dental Service was held by the former Central Area and managed by the Area Director. General Dental Services is Welsh Government ring-fenced monies.</p> <p>In response to our request, we received correspondence advising that the post-holder has not been</p>

Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						made aware of their budget but we recognise that there is a management structure underpinning the role.
Commissioning Contracts	1,480,000	1,500,000	2,980,000	1,332,980	No	To realise recurrent savings would require contract reduction with operational management providing the service or the Health Board agreeing to stop the commissioned service. Non-recurring savings can be achieved through underspending against the contract.
Other North Wales	100,000	235,000	335,000	-	N/A	Achieved.
Provider Income	-	304,000	304,000	-	N/A	Achieved.
Estates and Facilities	886,180	1,535,000	2,421,180	99,344	No	We did not receive details for Estates from the Executive Director lead as part of their submission. Facilities have been merged into the Integrated Health Communities –



Corporate Function/Division	Unachieved recurring savings budget carried over from 2021/22* £-	Savings target budget for 2022/23* £-	Total recurrent savings requirement 2022/23 £-	Month 7 position: Year to Date savings budget ** £-	Savings plan evident	Findings/Matters arising through review of evidence provided by 9/11/22
						For the purpose of this report we have shown them separately.
Utilities and Rates	259,894	481,000	740,894	302,205	N/A	We did not receive details for Estates from the Executive Director lead as part of their submission.
<b>Total</b>	<b>13,456,727</b>	<b>35,000,000</b>	<b>48,456,727</b>	<b>12,094,456</b>		
<b>Health Board recurring savings requirement 2022/23</b>			<b>48,456,727</b>			

Key/Source

\* Opening CRES budgets – from budget upload document received on the 23 November 2022 from the Savings Accountant.

\*\* CRES in ledger M7 received 23 November 2022 from the Savings Accountant.

^ Reallocation from the Director of Primary Care and Community Services to Director of Digital and Director of Transformation, Strategy and Planning.

## Appendix C: Standard Operating Procedure for Categorisation of Savings and Budgets

### National Savings Definitions

The definitions for savings are set out in Welsh Government guidance. These definitions are then applied to categorise savings for the submission of the monthly monitoring return and are held in the '**WG Saving Definition**' column (M) in the savings tracker file. The savings definitions are shown below -

<b>Cost Reduction &amp; Efficiency Savings Definitions</b>		
<b>Term</b>	<b>Definition</b>	<b>Monitoring Returns Classification</b>
<b>Cash-Releasing Saving (Pay)</b>	A form of cost reduction saving which is workforce related, and specifically relates to providing a service at the same or better quality, for a lower cost, through new ways of working, that reduce cost on an ongoing recurrent basis.	<b>Expenditure Savings Schemes</b>
<b>Cash-Releasing Saving (Non-Pay)</b>	A form of cost reduction saving which is non-pay related, and specifically relates to providing a service at the same or better quality, for a lower cost, through new ways of working or reduced prices, that reduce cost on an ongoing recurrent basis.	<b>Expenditure Savings Schemes</b>
<b>Cost Avoidance</b>	A form of cost reduction which specifically relates to eliminating or preventing future costs arising. This should be as a result of management action to drive a reduction in costs, for expenditure which is yet to be incurred. Cost avoidance measures may involve some expenditure but at a lower level than predicted future costs.	<b>Expenditure Savings Schemes</b>
<b>Income Generation</b>	A form of cost efficiency where an increased contribution to an organisation is generated that can be used for improving services. Income is typically recovered through providing more output from the same cost base, or charging for services provided. Schemes are typically cash generating and not cash releasing schemes.	<b>Income Generation</b>
<b>Accountancy Gain</b>	A form of cost reduction which is typically technical in nature, relating to changes in the balance sheet position, or changes in actual expenditure in comparison to previous years estimates or provisions. Savings are typically non-recurrent in nature.	<b>Accountancy Gain</b>

### What are the BCU Savings Definitions and why are they required?

It is recognised that there is an ongoing need locally to track those cash releasing savings which enable budget reductions, as opposed to pure run rate savings. This allows a clear reconciliation between savings reporting and ledger budget adjustments.

We will therefore maintain the ability to separate these different types of cash releasing savings in our local savings tracking files. The '**BCU Definition**' column (J) has been inserted in the savings file to allow us to do this.

The table below shows how the WG definitions above will map to our local definitions –

<b>WG Savings Definition (column M)</b>	<b>BCU Definition (column J)</b>
Accountancy Gain	Cash Releasing - Run Rate
Cash Releasing Saving	Cash Releasing - Budget Reduction or Cash Releasing – Run Rate
Cost Avoidance	Cost Avoidance
Income Generation	Cash Releasing – Budget Reduction or Cash Releasing – Run Rate
Non Cash Releasing Productivity Gain	Efficiency Gain

## Appendix D: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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<b>Teitl adroddiad:</b> <i>Report title:</i>	Financial Control Update		
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 23 February 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	Following the issues raised by Audit Wales in relation to the Annual Accounts 2021-2022, this paper is to update the Committee into the actions underway in order to improve the Financial Control environment to ensure that these issues do not re-occur.		
<b>Argymhellion:</b> <i>Recommendations:</i>	It is recommended that the report is noted.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Steve Webster, Interim Executive Director of Finance		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Rob Nolan, Finance Director – Commissioning & Financial Planning		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>		This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.	
<b>Goblygiadau rheoleiddio a lleol:</b>		Not Applicable	

<b>Regulatory and legal implications:</b>	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Naddo N  Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Naddo N  Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	Risk of qualified Audit Opinion in 2022-23.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>	All actions proposed are within the existing resource envelope.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori  <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Fin 07 ID 280 on Corporate Risk Register Failure to Comply with financial procedures.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)  <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol  Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations Not Applicable.	
Rhestr o Atodiadau: List of Appendices:	

## **Financial Control Report for Performance, Finance and Information Governance Committee (PFIG)**

### **Context/Background**

The audit of the Annual Accounts for 2021/22 were delayed due to some specific findings by Audit Wales, which has resulted in additional sample testing. This further testing identified further issues, which lead to an agreement that Audit Wales would issue a limitation of scope on the opinion of Annual Accounts.

The main issues relate to expenditure cut-off for the financial year and open purchase orders on the financial system (Oracle) with expenditure being accounted for in the wrong financial year, but also included one contract for over £1m, which did not have Welsh Government approval.

PFIG was updated regarding the actions to improve the processes for financial control on 25th August 2022. This report provides a further update on these actions.

The Health Board received a list of further more detailed recommendations from Audit Wales on 12<sup>th</sup> September 2022.

In addition, an independent review has been commissioned from EY in order to understand how and why these issues occurred and to make recommendations for strengthening of controls accordingly. This has recently been completed, and the recommendations will be available to act on very shortly. The recommendations from this review will be considered, and added as necessary to this action plan.



## Appendix 1

## RAG Rating

No progress






On-going







Actioned



Control Action	Action Owner	Update	Date for Completion	RAG
1. BCUHB will establish an annual financial control workshop with colleagues from Internal Audit and Audit Wales, including findings from the 2 audit programmes.	SW	Waiting for publication of the recommendations from the E&Y review. Following completion of E&Y review	March 2023	
2. BCUHB will arrange to meet regularly with Audit Wales update on progress on these controls.	SW	Regular meetings are continuing with Audit Wales to update on progress with these controls as well as to discuss the potential impact of the 2021-22 annual accounts on their work and opinion for the 2022-23 annual accounts.	On-going	
3. We will put in place a quarterly expenditure panel to review a random sample of items purchased above £5,000, both in terms of revenue / capital classification and in	LW	We have completed a check for quarter 1 on the medical / surgical equipment revenue code and identified all items over £5K and following review with relevant Management Accounts team moved £12k worth of transactions to Capital. The check in relation to M4-9 is scheduled to be undertaken	First review was completed July. Second review to be undertaken February and then quarterly.  On-going	

terms of SFI procurement limits compliance.		in February, the process has now been discussed with the Systems team regarding automated checks in Qlikview to identify transactions over £5,000 in specific revenue codes to allow systematic checking for likely errors and highlighting to CFOs.		
4. We will create a centralised management accounts teams which will allow clear standardisation of policies and procedures and consistency of their application	RN	The creation of the centralised management accounts function is under review with a focus on ensuring existing working practices are consistent across the divisions.	On-going	
5. We will extend our budget manager training, both face to face, virtual and with further ESR e-learning Competencies (for example, procurement rules and payroll controls).  The HFMA bitsize module licences have been purchased and is being rolled out to 200 budget holders.	MJ	166 managers have completed the virtual E-learning competency.  The HFMA Bitsized module has been rolled out to 147 staff, but uptake has been slow with only 8 modules having been completed.		
6. We will implement an analytical review of our finance reports (including the monitoring return) to identify significant trends	MJ	Analytical reviews of the financial reports are carried out on a monthly basis to identify significant trends. We have also undertaken an analysis of the recurrent financial position in each division, reconciled to their forecast outturn positions. This has provided significant insights into the underlying financial position of the Health Board.		

<p>7. We will improve forecasting and expenditure assumptions at both divisional and HB Level, using best practice from across NHS Wales.</p> <p>Forecast for month 6 has been undertaken using a standard agreed methodology, which has been through senior financial management check and challenge.</p>	<p>RN</p> <p>BC</p>	<p>A detailed forecasting exercise has been undertaken to inform the position in month 6. This has been done using a standardised methodology and process, including a check and challenge from senior finance staff to ensure consistent methodology.</p> <p>The Health Board Executive Team has recommended Accountability Reviews with each area to ensure all areas of performance are reviewed regularly, including financial performance and financial control measures have been included within these Reviews.</p> <p>In line with the New Operating Model arrangements the Scheme of Responsibility and Delegation (SoRD) has been amended and strengthened to ensure there is clear accountability at all levels of the organisation. This was approved by the Board on 29<sup>th</sup> July 2022.</p>	<p>On-going</p>	
<p>8. We will streamline, automate and cleanse our systems and will review and close all open POs that relate to the previous year.</p> <p>13,000 further POs have been closed with all POs under £50 pre April 2021 closed.</p>	<p>SW</p>	<p>Over the last 12 months the number of open POs pre April 2021 has reduced from 22,443 to 3,355. This process of closing purchase orders will continued to be monitored on a monthly basis to ensure they are closed on a timely basis when no longer required and only those POs which are required are still open. A formalised policy will be agreed in time for 2022/23 final accounts under</p>	<p>March 2023</p>	

		<p>which PO's under a given value and over a given age will be closed and not accrued.</p> <p>A centralised process for Vesting Certificates is being developed to ensure these are consistent across the Health Board and meet the requirements of Welsh Audit. This process will be completed to meet the requirements for the statutory accounts of 2022-23.</p>		
9. We will continue to regularly undertake formal budget managers' surveys, and using the feedback, we will develop strategies to address concerns and strengthen processes	MJ	<p>Surveys regarding how the finance department is performing and what can be improved have been sent to over 500 Budget holders. 122 Budget holders have responded.</p> <p>The key issues raised related to a requirement for additional training, particularly in areas such as Procurement and Business cases.</p> <p>An action plan will then be drawn up to improve understanding and assistance given non-financial managers will be regarding financial control and performance.</p>		
<p>10. Testing will be carried out on the residual population of expenditure not tested by Welsh Audit to gain assurance that there is no material misstatements.</p> <p>An additional member of staff was recruited to undertake further work on the expenditure residual value</p>	SW	<p>Due to the high volume of transactions in the residual population, and the need for the work done to be reviewed by Audit Wales (who have significant resource pressures in planning for new 2022/23 audit requirements), it is not likely to be practical to complete this work as originally planned. The focus will instead be on the 2022/23 accounts.</p>	March 2023	

during November and this work is now progressing.				
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<b>Teitl adroddiad:</b> <i>Report title:</i>	Agency Controls Report			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	23 <sup>rd</sup> February 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this report is to outline the current authorisation controls in place for requesting the usage medical, nursing and senior non-clinical agency temporary staffing across the Health Board.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to NOTE the current controls outlined in this report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Sue Green, Executive Director of Workforce & Organisational Development (OD)			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nick Graham, Associate Director Workforce Optimisation			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b>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:</b>				
Partial assurance level is due to continued gaps in information against a number schemes.				



<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Living Healthier, Staying Well (LHSW)– Improve the safety and quality of all of our service Employer of Choice
<b><i>Link to Strategic Objective(s):</i></b>	
<b>Goblygiadau rheoleiddio a lleol:</b> <b><i>Regulatory and legal implications:</i></b>	Leadership is one of the domains for which the Health Board is subject to Targeted Intervention. The domains relating to Mental Health and Learning Disabilities, Glan Clwyd and Vascular Services are impacted by the workforce within these services.
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	CRR21-13 Nurse Staffing CRR21-17 Children and Adolescent Mental Health Services (CAMHS) Out of Hours provision CRR22-18 Infection Prevention and Control (IPC) capacity CRR22-23 Unscheduled Care
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	No direct implications arising from this report
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	No direct implications arising from this report
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b><i>Financial implications as a result of implementing the recommendations</i></b>	No direct implications arising from this report
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <b><i>Workforce implications as a result of implementing the recommendations</i></b>	BAF21-18 Effective Alignment of Our People
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Next Steps:</b>	
<b>List of Appendices:</b>	



## Performance, Finance and Information Governance Committee 23 February 2023

### Agency Controls Report

#### 1) Introduction/Background

The purpose of the report is to provide information and assurance to the committee that there are robust controls in place to ensure the effective management of the authorisation and usage of agency staff across the Health Board across medical, nursing and senior non-clinical staff groups.

This report is focused on the current position as it pertains to agency authorisation and usage in support of delivery of the current workforce requirements.

The report is set out into the following sections:

- a) **Medical Agency Controls:** current position in terms of controls in place, summary of overall position in terms of application of the controls.
- b) **Nursing Agency Controls:** current position in terms of controls in place, summary of overall position in terms of application of the controls.
- c) **Senior Non-Clinical Agency Controls:** current position in terms of controls in place, summary of overall position in terms of application of the controls.

#### 2) Agency Controls

##### a) Medical Agency Controls

The Health Board currently has a managed service in place to handle and process all temporary resourcing requests for medical staffing. This service is provided by Medacs. The process and controls are outlined below.

The Medical Resourcing Team (Medacs) receives the request and will initially try to fill the role with a bank worker from the organisation's internal bank, made up of employees of the Health Board. If this method is unsuccessful in finding a bank worker the medical resourcing team will then put the role out to the Health Board approved list of supply agencies, (these are agencies that have agreed to supply temporary workers at an identified rate previously agreed with the Health Board via our agreed rate card. If a resource is found through this mechanism the booking then moves into the approvals element of the process. This involves an escalation control procedure whereby the greater the rate above the rate card the higher the approval is. The escalation tiers are shown in table 1 below:

*Table 1: Rate Escalation Tiers*

Escalation Tiers	Approver Level
At Rate Card or below	no approval required
0-10% above rate card requires Tier 1	Clinical Lead/Directorate General Manager
10.1% - 20% above rate card requires Tier 2	IHC Medical Director/ IHC Operations Director
20.1% - 30% above rate card requires Tier 3	IHC Director/Deputy Executive Medical Director
30% + above rate card requires Tier 4	Executive Medical Director

As part of the approval process the department must include why the booking is required and what the clinical risk is of not having the resource and if covering a vacant post what is being done to recruit for this post substantively. Through this mechanism candidates are also automatically checked to ensure they are clinically qualified and authorised to work in the UK before they can access any shifts within the Health Board.

If a temporary staffing resource cannot be secured through the approved list of supply agencies, a further request can be made to approach other agencies who can supply temporary staff but do not adhere to the agreed rate card as outlined earlier. The Medical Resourcing Team (Medacs) receives the request and will check they have initially been unsuccessful in securing a worker through an approved agency. Any requests of this nature that have not already been through the prior stages will be declined and moved through the approved list booking process. If they have been through the process then approval at executive level is sought - Executive Medical Director approval is primarily sought to proceed with a non-approved agency. The rate then goes through the same tier approval as shown in table 1 and is finally checked and authorised by finance to ensure compliance with Standing Financial Instructions (SFIs).

## **b) Nursing Agency Controls**

The Health Board currently has a centralised temporary staffing team in place to handle and process all temporary resourcing requests for nurse staffing. This service is provided by the People and OD Directorate. The process and controls are outlined below.

Temporary staffing resource requests for nursing follows a similar pattern as medical in terms that following the full approval of rosters (6 weeks in advance) all unfilled shifts are submitted to the temporary staffing team. In the event these shifts are not filled by bank staff up to 4 weeks in advance of rosters going live then a request is made to go out to agencies on the All Wales Framework. Agencies on the framework have agreed to work to an agreed rate card and only supply nurses aligned to that rate card. This is approved by the relevant Head of Nursing. If shifts are not filled through this mechanism then a request to go to agencies not on the All-Wales framework can be made. This needs to be approved by the Executive Director for Nursing or their nominated deputies or the Executive Director of Workforce and Organisational Development or their nominated deputies, in terms of going off the framework and the identified rate for the shift. This request can only be made 24

hours prior to the shift needing to be worked. If the request is out of hours Gold on-call can approve the request.

Agencies on the All-Wales framework have agreed to ensure all relevant clinical and workforce checks are carried out and evidence supplied to the Health Board as required. Also all agencies on the framework are subject to audit nationally as part of the agreement. Agencies not on the All-Wales framework are still subject to all relevant clinical and workforce checks and these are carried out by the relevant nursing teams and the temporary staffing team as appropriate.

SFIs are also checked as part any booking, whether through on or off framework requests. Nursing temporary requests tend to be for short term bookings of 1-2 shifts per week and so the value per request is significantly lower than medical temporary staffing requests.

### **c) Senior Non-Clinical Agency Controls**

The Health Board currently has a centralised automated system in place to handle and process all temporary resourcing requests for senior non-clinical staffing. This service is supported by the People and OD Directorate. The process and controls are outlined below.

Approval is sought via an electronic Interim Appointment Request (IAR) form, which contains details of the request, expected grade, duration and role outline. The IAR form will initially be sent to the Executive Director of Finance and the Executive Director of Workforce and OD for review and approval. The Executive Director of Finance and the Executive Director of Workforce and OD can choose to delegate review/approval to a direct report.

Approved forms then progress and rejected forms are returned to the requestor. Candidates are then supplied and confirmed and the resourcing team undertake background checks of the worker in accordance with the Framework requirements and draft the Call-Off Order forms for framework engagements. At this point, the costs to employ the interim directly and pay an introductory fee to the agency are considered as part of the respective Executive authorisation and signing of the relevant Call-Off Orders.

For off-framework arrangements, a Single Tender Waiver (STW) is submitted and again the respective Executive authorisation and sign-off must be in place before the engagement can be progressed. The contracting manager is then responsible for ensuring a purchase order (PO) is raised immediately and before any invoice is submitted. Failure to comply with this results in the invoice not being paid in accordance with the Health Boards No PO no Pay Policy. Once the required governance documents are in place and signed, the start date is agreed.

*Other controls built into the system are:*

Upon submitting an interim request for a VSM graded post, confirmation of the Remuneration & Terms of Service Committee approval is required before the appointment can be confirmed.

A maximum contract length of 4 months is in place for all interim requests. Extensions for longer contracts need to be submitted back through the approval mechanism.

All interim requests covering a vacancy must be accompanied with a corresponding establishment control reference to ensure recruitment plans are in place and ongoing. Candidate CVs who cost 20% more than the original requested band will not be put forward for shortlisting. If recruitment is unsuccessful, the requestor will need to re-submit for approval of a higher band/grade.

In summary, there are clear and robust controls in place to ensure agency staffing is only used when all other resourcing solutions have been exhausted. The challenge is ensuring the correct processes are followed and the controls are adhered to. This is something the workforce optimisation team are now supporting to ensure non-compliance of procedure is flagged and corrected, therefore embedding compliance with checks and controls across the organisation.

**3) Budgetary / Financial Implications**

There are no direct budgetary implications associated with this paper. Resources for maintaining compliance oversight are built into the workforce teams working collaboratively with finance colleagues, alongside service leads for the relevant areas.

**4) Risk Management**

Direct risks to the organisation are linked to the non-compliance with the processes outlined above. All non-compliance is monitored through the relevant reports supplied to IHCs and the relevant executives programme dependant on where the non-compliance lies.

**5) Equality and Diversity Implications**

There are no direct equality and diversity implications associated with this paper.

<b>Report title:</b>	Capital Programme Report - Month 9 and 10		
<b>Report to:</b>	Performance, Finance and Information Governance Committee		
<b>Date of Meeting:</b>	Thursday, 23 February 2023		
<b>Executive Summary:</b>	The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Health Board by the Welsh Government through the Capital Resource Limit (CRL).		
<b>Recommendations:</b>	The committee is asked to receive and scrutinise this report and support the proposed adjustments to the capital programme.		
<b>Executive Lead:</b>	Steve Webster, Interim Executive Director of Finance		
<b>Report Author:</b>	Neil Bradshaw – Assistant Director – Capital		
<b>Purpose of report:</b>	For Noting <input type="checkbox"/>	For Decision <input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>
<b>Assurance level:</b>	Significant <input type="checkbox"/> High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable <input checked="" type="checkbox"/> General confidence/evidence in delivery of existing mechanisms / objectives	Partial <input type="checkbox"/> Some confidence/evidence in delivery of existing mechanisms / objectives
No Assurance <input type="checkbox"/> No confidence/evidence in delivery			
<b>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:</b>			
The programme has been reviewed to ensure that we meet our CRL and deliver the prioritised projects			
<b>Link to Strategic Objective(s):</b>	The capital programme is in accordance with the Integrated Medium Term Plan (IMTP).		
<b>Regulatory and legal implications</b>	The planned projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.		
<b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	The Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.		
<b>Financial implications as a result of implementing the recommendations</b>	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.		
<b>Workforce implications as a result of implementing the recommendations</b>			



<b>Feedback, response, and follow up summary following consultation</b>	The paper has been discussed at the Capital Investment Group
<b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	<b>Board Assurance Framework</b>  BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety BAF 21-03, Primary Care BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-06, Safe and effective mental health service delivery BAF 21-16, Digital estate and assets BAF 21-17, Estates and assets development BAF 21-20, Development of IMTP BAF 21-21, Estates and assets  <b>Corporate Risk Register:</b>  20-01, Asbestos management and control 20-03, Legionella management and control 20-04, Noncompliance of fire safety systems 20-06, Informatics – patient records pan BCU 20-07, Informatics – capacity, resource and demand 20-11, Informatics – cyber security
<b>Reason for submission of report to confidential board (where relevant)</b>	<a href="#">Not applicable</a>
<b>Next Steps:</b> Implementation of recommendations	
<b>List of Appendices:</b>	

## Performance, Finance and Information Governance Committee

23<sup>rd</sup> February 2023

### Capital Programme Report Month 9 and 10

#### 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 Health 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	£m
All Wales Capital Programme	12.974
Discretionary Capital	10.971
<b>Total Welsh Government CRL</b>	<b>23.945</b>
Capital Receipts	
Donated Funding	
<b>TOTAL</b>	<b>23.945</b>

#### 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.

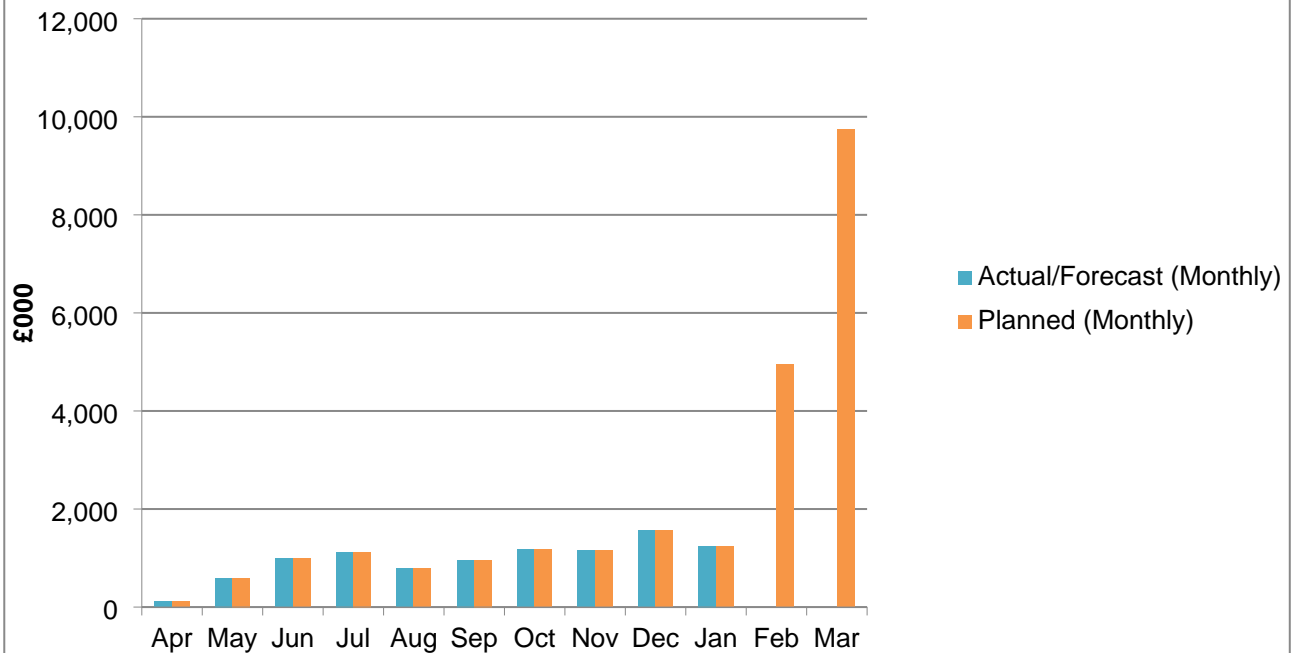




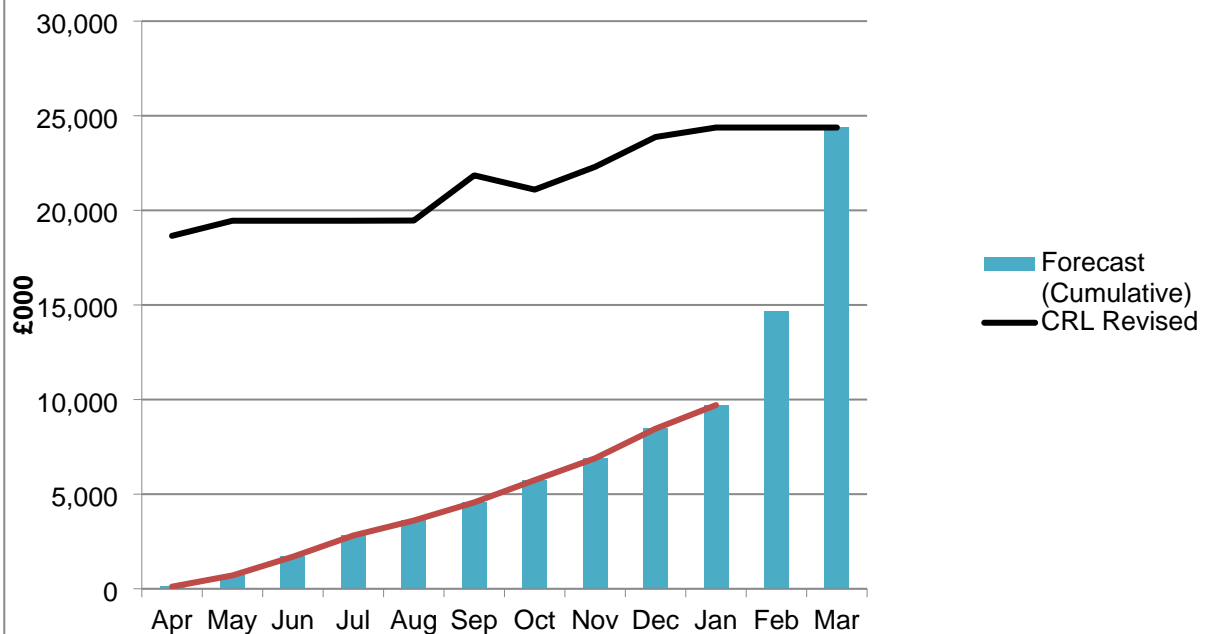
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### CRL Planned, Actual/Forecast Monthly Performance



### CRL Planned and Actual Cumulative Performance



#### 4. Major Capital Schemes (>£1m)

Scheme	Stage	Value (£m)	Comment
Royal Alexandra Hospital Redevelopment	Full Business Case (FBC)	84	The Health Board has described in detail the proposed development, service benefits (including benefit to Ysbyty Glan Clwyd (YGC) and consequences of not proceeding. The cost has been updated to reflect current costs.
Adult and Older Persons Mental Health Unit	FBC	84	The Outline Business Case (OBC) design has been reviewed by users and re-affirmed. Pre-planning application engagement is due to be undertaken next month prior to our submission for full planning permission. The cost has been updated in accordance with the OBC approval letter and makes allowance for expected inflation.
Wrexham Continuity Phase 1	Programme Business Case (PBC)	54	The FBC is the subject of a separate agenda item.
Ysbyty Gwynedd Compliance Programme	PBC	250+	Following a meeting with Welsh Government they have requested that we refresh the PBC to phase the works based upon prioritisation of the risks. They have agreed that we require specialist technical support to complete this exercise and have indicated that they will support the additional costs.
Nuclear Medicine	Strategic Outline Case (SOC)	13	Work is ongoing to develop the Outline Business Case and the option appraisal to determine the preferred location.
Conwy/Llandudno Junction Primary Care Development	SOC	23	Welsh Government have supported the SOC and confirmed funding to develop the OBC.

#### 5. Review of Expenditure to 31 March

The Capital Programme Management Team (CPMT) have confirmed that the Medical Devices, Operational Estates and Informatics programme leads are expected to meet their planned expenditure.

However, the CPMT noted the following variances within the overall programme:

The time taken to remobilise the Adult and Older Persons Mental Health Unit project team, coupled with delays in finalising the review of the OBC design, have resulted in the expected fee expenditure to 31<sup>st</sup> March being less than previously planned. Welsh Government have agreed that we may “broker” this slippage by bringing forward discretionary spending from next year.

In common with the problems associated with market volatility outlined previously the Health Board continues to experience additional cost pressures. The final account has been agreed for the works to Ty Llewellyn. Unexpected problems with the existing drainage installation coupled with labour and material shortages have increased the price of a number of items and the recommended outcome is now £120k above the approved budget.

The tenders returned for the works to adapt the former critical care unit at Ysbyty Maelor Wrecsam (YMW) exceed the approved budget. A value engineering exercise has been completed to ensure the works are within the budget. This has resulted in a delay to the project

Due to operational constraints the planned works to the Hergest unit will now not proceed this year and the senior Mental Health and Learning Disabilities team are reviewing their priorities for next year.

The new mortuary body stores, as required in support of the required Home Office accreditation works, have an extended delivery time and will not be delivered before the end of the year.

The CPMT have sought opportunities to bring forward priorities identified for next year to compensate for the above as follows:

	£ (m)	£(m)
Adult and Older Persons Mental Health Unit	-0.423	
Delay to refit of former Critical care unit YMW	-0.350	
Works to Hergest unit not to progress this year	-0.180	
Extended procurement mortuary body stores	-0.180	-1.133
Increase cost Ty Llewelyn	0.120	
b/f Equipment purchase for Enlli ward phase 3	0.300	
b/f Fit out of void at Ysbyty Gwynedd	0.200	
b/f Phase 2 maternity bathrooms YMW	0.050	
b/f Medical devices	0.300	0.970
		<b>-0.163</b>

The above adjustments reduce the current over-commitment to £0.500m, this is considered reasonable and provides a contingency in the event of any further slippage to year end.

## 6. Estate Strategy

Following approval of the Estate Strategy we are submitting the strategy to Welsh Government and highlighting our initial priorities for investment to together with the risks, benefits and consequences of each of the priority schemes.

Consideration will now need to be given to implementation and the Capital Investment Group has been charged with the management, scrutiny and performance management of implementation and it is suggested they should report to the Partnerships, People and Population Health (PPPH) and PFIG committees.

Implementation will align with the IMTP planning cycles and the strategy will be subject to annual review and refresh as necessary.

<b>Report title:</b>	Capital Programme 2023 - 2028		
<b>Report to:</b>	Performance, Finance and Information Governance Committee		
<b>Date of Meeting:</b>	Thursday, 23 February 2023		
<b>Executive Summary:</b>	In accordance with the Standing Financial Instructions the Health Board is required to approve an annual capital plan prior to the commencement of the financial year. The purpose of this report is to present for support the draft five year capital programme for the period 2023/24 to 2027/28 and in particular the investments prioritised for 2023/24.		
<b>Recommendations:</b>	The committee is asked to receive and support the draft programme.		
<b>Executive Lead:</b>	Steve Webster, Interim Executive Director of Finance		
<b>Report Author:</b>	Neil Bradshaw – Assistant Director – Capital		
<b>Purpose of report:</b>	For Noting <input type="checkbox"/>	For Decision <input checked="" type="checkbox"/>	For Assurance <input type="checkbox"/>
<b>Assurance level:</b>	Significant <input type="checkbox"/> High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable <input checked="" type="checkbox"/> General confidence/evidence in delivery of existing mechanisms / objectives	Partial <input type="checkbox"/> Some confidence/evidence in delivery of existing mechanisms / objectives
<b>No Assurance</b> <input type="checkbox"/> No confidence/evidence in delivery			
<b>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:</b>			
The draft programme has been developed from the priorities identified by the Integrated Healthcare Communities (IHCs), regional services and capital programme sub-groups and prioritised in accordance with the agreed criteria.			
<b>Link to Strategic Objective(s):</b>	The capital programme is in accordance with the Integrated Medium Term Plan (IMTP) and Estate Strategy.		
<b>Regulatory and legal implications</b>	In accordance with the Standing Financial Instructions the Health Board is required to approve an annual capital plan prior to the commencement of the financial year. The purpose of this report is to present for support the draft five year capital programme for the period 2023/24 to 2027/28 and in particular the investments prioritised for 2023/24.		
<b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	Without an agreed capital programme there is a risk that the Health Board may be unable to meet its' defined operational objectives will not meet its' Capital Resource Limit (CRL).		
<b>Financial implications as a result of implementing the recommendations</b>	The draft programme will be funded from a combination of the confirmed discretionary capital funding and the All Wales Capital Fund (subject to business case).		
<b>Workforce implications as a result of implementing the recommendations</b>			



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<b>Feedback, response, and follow up summary following consultation</b>	
<b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	<b>Board Assurance Framework</b>  BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety BAF 21-03, Primary Care BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-06, Safe and effective mental health service delivery BAF 21-16, Digital estate and assets BAF 21-17, Estates and assets development BAF 21-20, Development of IMTP BAF 21-21, Estates and assets  <b>Corporate Risk Register:</b>  20-01, Asbestos management and control 20-03, Legionella management and control 20-04, Noncompliance of fire safety systems 20-06, Informatics – patient records pan BCU 20-07, Informatics – capacity, resource and demand 20-11, Informatics – cyber security
<b>Reason for submission of report to confidential board (where relevant)</b>	<a href="#">Not applicable</a>
<b>Next Steps:</b> The draft programme will be submitted to the Health Board for formal approval.	
<b>List of Appendices:</b> Draft capital programme together with approved EFAB schemes.	

## Capital Investment Group

8<sup>th</sup> January 2023

### Capital Programme 2023 - 2028

#### 1. Introduction/Background

In accordance with the Standing Financial Instructions the Health Board is required to approve an annual capital plan prior to the commencement of the financial year. The purpose of this report is to present for support the draft five year capital programme for the period 2023/24 to 2027/28 and in particular the investments prioritised for 2023/24.

#### 2. Approved Funding

The Health Board's capital programme comprises a number of potential funding sources, namely the All Wales Capital Programme, grant support, discretionary capital, property sale receipts and charitable funding.

The following indicates the funding available for 2023/24 based upon the following assumptions:

1. An assessment of the expected carried forward discretionary commitments.
2. WG have confirmed that there will be a separate funding allocation in support of "*Targeted Improvements in the NHS Estate in Wales*" (Estates and Facilities Advisory Board (EFAB) Programme) in 2023/24 and 2024/25. BCU have approved £4.324m funding for 2023/24. Health Boards are required to provide 30% support from their discretionary allocation, for BCU this equates to £1.297m for 2023/24.
3. Welsh Government (WG) have confirmed discretionary allocation of £12.696m this is an increase of £1.725m from 2022/23 and makes provision for the £1.297m discretionary contribution to the EFAB programme.
4. In determining the discretionary funding available for 2023/24 it should be noted that £0.423m of All Wales funding is to be re-provided from our discretionary allocation.

Making provision for a 25% overcommitted, to allow for potential slippage and recognising that WG have consistently provided additional in-year funding, and taking account of the All Wales element to be funded from discretionary, indicates that we should develop a discretionary programme based upon circa **£14.2m**

### 3. Development of the draft Capital Programme

Guidance was sent to all IHCs, regional services and core programme leads on the development of capital plans and the prioritisation of the associated capital investment in the short (annual) and medium term cycle.

All proposals were required to demonstrate that they will:

- Address the major risks
- Improves the quality of care/health outcomes (supports service transformation)
- Ensure the estate is sustainable
- Ensures the estate is affordable (supports financial recovery)

It was recognised that capital investment may be required to support some of the proposals. In determining capital priorities IHCs, regional services and core programme leads were required to review potential investment requests and score each against the following criteria:

Criteria	Objective	Definition	Scoring criteria	Score
Address major risk	Reduces risk	Meets identified corporate or division/department risk (as identified in relevant Risk Register).	Related to assessment of risk and urgency: does not reduce risk or risk rated as low, medium or high	0,2,4 or 6
Improves the quality of care/health outcomes (supports service transformation)		Describe outcomes and benefits	Ability to meet national or local targets as defined within the operational plan	0 to 6
Ensure the estate is sustainable	Meets KPIs (as attached)	Supports the delivery of the estate KPIs	No or yes	0 or 6
	Supports service continuity	Describe outcomes and benefits	Ability to meet national or local targets as defined within the operational plan	0 to 6
Ensures the estate is affordable (delivers financial recovery)		Cost avoidance or cash releasing	Ability to avoid/reduce cost or release cash	0, 3 or 6

Initial capital bids were received from all IHCs, regional services and core programmes to a total value of approximately £50m. The bids had been assessed against the agreed criteria and ranked.

Further work was undertaken to refine the capital bids initially received and develop an affordable programme based upon risk and the Health Board's operational needs (as defined in the draft IMTP).

The attached draft programme seeks to be a balance of compliance/replacement and support for service transformation/development priorities as the draft IMTP. It aligns with the BCU Estate Strategy and provides targeted investment to support mitigation of the current compliance risks.





Allowances have been made for support for the continuing Safe Clean Care programme and challenges with respect to decontamination.

The programme looks to the medium term rather than be limited to the short-term and is over a period of 5 years and prioritised in accordance with the identified ranking and the expected affordability. The programme has been overcommitted by 25% to allow for the development of schemes in preparation of additional in-year funding and any potential slippage.

Finally, the programme also includes details of our priorities for EFAB, All Wales Capital and Integration and Rebalancing Capital Fund (IRCF) funding. The priorities are aligned to the draft IMTP, as summarised within the agreed Business Case Tracker.

With respect to the approved EFAB funding this programme specifically targets the following areas:

- Decarbonisation
- Fire
- Infrastructure
- Mental Health & Learning Disabilities (MHLD)

The programme, as approved, includes support for Plas Gororau over two years and the YG Pathology project has been substituted for support for Abergele hospital recognising the need to maintain clinical services in the short term. All of the schemes are considered a priority and would be a call against our discretionary. In particular it should be noted that the value of the MHLD priorities and support for Plas Gororau together exceed the total required discretionary contribution.

Taken together the combination of discretionary, over-commitment and EFAB indicate that the programme for 2023/24 has been based upon funding of **£18.529m** and may be summarised as follows:

<b>Discretionary and national programmes</b>	<b>£million</b>
Estates:	
Health & safety, risk and statutory compliance	4.805
Fire compliance	1.816
Planned and unscheduled care and patient experience	4.493
Mental Health	0.684
Sustainability including Decarbonisation	0.640
Medical Devices replacement programme	3.075
Informatics	3.016
	<b>18.529</b>



The programme seeks to mitigate/reduce the following top risks:

### **Board Assurance Framework**

BAF 21-09, Infection prevention control  
BAF 21-12, Security services  
BAF 21-13, Health and safety  
BAF 21-03, Primary Care  
BAF 21-04, Timely access to planned care  
BAF 21-01, Safe and effective management of unscheduled care  
BAF 21-06, Safe and effective mental health service delivery  
BAF 21-16, Digital estate and assets  
BAF 21-17, Estates and assets development  
BAF 21-20, Development of IMTP  
BAF 21-21, Estates and assets

### **Corporate Risk Register:**

20-01, Asbestos management and control  
20-03, Legionella management and control  
20-04, Noncompliance of fire safety systems  
20-06, Informatics – patient records pan BCU  
20-07, Informatics – capacity, resource and demand  
20-11, Informatics – cyber security

The programme also seeks to address tier 2 and 3 risks as identified by divisions and departments. Finally the programme proposes investment to increase capacity and reduce risks with respect to safe sustainable services, timely access to planned care and mental health & learning disabilities services.

Details of the draft five year programme are included in the appendix. The programme includes discretionary and All Wales Funding. Whilst there is certainty for year 1 (2023/24), years 2 to 5 are indicative and will be subject to review and agreement prior to the relevant financial year.

The carried forward allowances are based upon known commitments but this may change as we seek to maximise year end expenditure.

## **4. Next steps**

Subject to support this draft programme will be presented to the Health Board for approval in March.

APPENDIX 1							
Draft Capital Programme - 2023/24 to 2027/28							
Feb 23 v0.3							
Discretionary Capital							
Programme	Description	Estimated cost £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m
West							
Bryn Beryl	Bryn Beryl Phase 3	0.300	0.300				
YG	Critical Care - Enlli Ward Phase 3	0.500	0.500				
Bryn Beryl	Bryn Beryl site infrastructure	0.350	Funded via EFAB				
YG	Expansion of Ophthalmology OPD	0.940		0.940			
Llanfair PG surgery	Llanfair PG Primary Care extension	0.600		0.600			
YG	EDOU	0.300		0.300			
YG	Increased bed capacity to support bed spacing	0.600			0.600		
Yg	Changing Places Toilet	0.060			0.060		
YG	Storage - feasibility study/rationalisation	TBC			TBC		
YG	Additional car parking	0.250			0.250		
LLGH	Theatre development	0.350	Part of Orthopaedic development				
Bodfan Mawr	Neuro development team accommodation	0.240				0.240	
YG	YG - SCBU Expansion & Refurbishment	0.210				0.210	
YG	Provision of safe staff break facilities	0.250				0.250	
YG	Pharmacy Department Reconfiguration	0.350				0.350	
Bodfan	Replacement West Management Admin HQ	TBC					TBC
			0.800	1.840	0.910	1.050	0.000
Centre							
YGC	Complete Ward 6	0.786	0.786				
YGC	Ty Croeso	0.150	0.150				
NWAS	Permitter fencing	0.075	0.075				
NWAS	Replace bedroom doors	0.250	0.250				
204/6 Abergel Rd	Community Services (office accommodation)	0.070	0.070				
YGC	Endoscopy Unit	4.500		0.500	4.000		
YGC	Refurbish Cancer Centre Pharmacy	0.300				0.300	
YGC	Paediatric Outpatients	0.120				0.120	
YGC	Pharmacy - Wholesale Distribution Authorisation (WDA)	0.030				0.030	
Rhyl	West End Medical Centre	0.450	Third Party ownership				
YGC	Permanently extend the medicines storage footprint of YGC hospital Pharmacy Dept	0.500				0.500	
YGC	Review of Outpatient services	1.900				0.900	1.000
YGC	Provision of a single area on site to provide decontamination	TBC					
			1.331	0.500	4.000	1.850	1.000
East							
YMW	Fit out former Critical Care b/f	0.350	0.350				
YMW	Plas Gororau Phase 1	1.737	1.737				
YMW	Plas Gororau Phase 2	2.700		2.700			
YMW	Enabling works for decontamination	0.500	see decontamination allowance below				
YMW	Increase capacity cardiology outpatients	0.120		0.120			
YMW	Theatre B - replace equipment racking	0.030	0.030				
YMW	Development of Urology Unit	TBC					
Brynteg Clinic	Brynteg Clinic - refurbishment	0.750			0.750		
YMW	Cunliffe ward replace call bell and nurse station	0.025			0.025		
YMW	Replace ADL suite	0.035			0.035		
Wrexham	Feasibility study - reconfiguration of practices	0.070	IRCF bid				
Holywell	Feasibility study - co-location of practices	0.070	IRCF bid				
YMW	Refurbishment of Evington ward	0.250			0.250		
YMW	Alterations to Endoscopy	0.150			0.150		
YMW	Gladstone Unit, refurbishment and expansion of Diabetes Unit	0.450			0.450		
YMW	Upgrade ventilation to MDU	0.400			0.400		
Rhosllanerchrugog	Feasibility study - co-location of practices	0.070	IRCF bid				
Mold Hospital	Refurbishment of MIU and OPD	0.350				0.350	
Chirk Hospital	Increase capacity in OPD	0.350				0.350	
Connahs Quay HC	Create additional space for District Nursing	0.056				0.056	
YMW	Dermatology Minor Ops rooms upgrade	0.300				0.300	
YMW	Replace dust extraction system to Prosthetics workshop	0.080				0.080	
YMW	Onnen ward - dementia friendly environment	0.060				0.060	
YMW	Cardiac rehabilitation	TBC					
	Community Hospitals - Chirk, Mold and Deeside - replace reception desks	0.100					0.100
YMW	Sterile production unit - changing cubicles	0.017					0.017
Coedpoeth Health Centre	Feasibility study redevelopment options	0.070					0.070
YMW	Max Fax - upgrade ventilation	0.350					0.350
			2.117	2.820	2.060	1.196	0.537
Womens							
YGC	Centralised Antenatal Clinics	TBC					
YMW	Bathroom Upgrade - ph 2	0.100	0.100				
YMW	Acute Maternity Unit Refurbishment (Wrexham)	TBC					
YG	Sliding Doors x 6	0.038	completed 22/23				
YGC	Nurses Station	0.030	completed 22/23				
YMW	Air Condition Fetal Medicine Unit	0.250		0.250			
			0.100	0.250	0.000	0.000	0.000
NWMCS							
Mortuary	Works to ensure licence renewal	0.180	Funded via EFAB				
Immunology	YG Immunology laboratory refurbishment	1.500	0.687	0.750			
Mortuary	YG - Increased storage internally	0.250		0.250			
Audiology	Redevelopment of YG Audiology dept	TBC					
YG	YG Consultant Radiologists Clinical Reporting Offices	TBC					
YG	YG Radiology Staff Changing facilities & Toilets	TBC					
YWM	YMWConsultant Radiologists Clinical Reporting Offices	TBC					
YWM	Radiology Staff Changing facilities & Toilets	TBC					
YGC	YGC - Expansion of YGC mortuary	0.250			0.250		
Pathology	YGC - Laboratory expansion	4.000					4.000
			0.687	1.000	0.250	0.000	4.000
Cancer Services							
YMW	Shooting Star redevelopment - discretionary support	0.500		0.500			
NWCTC	Creation of additional treatment area, assesment and triage area - chemo pt	0.600	0.600				
NWCTC	Expand OPD and clinic rooms	TBC					
NWCTC	Redevelop Main reception area to create additional office and storage	TBC					
			0.600	0.500	0.000	0.000	0.000
Dental	Confirmed no specific requirements 23/24						
	Equipment replacement included within Medical Devices programme						
			0.000	0.000	0.000	0.000	0.000
MHLD							
	Bedrooms door replacement Gwion Ward	0.044	0.044				
	Bedrooms door replacement Bryn Hesketh	0.060	0.060				
	Tryweryn Ward environmental improvements	0.060	0.060				
	Anti-ligature works resuting from independent review in 2022/23	0.500	Funded via EFAB				
	ByN - LD Assessment and Treatment upgrade systems and improve independence	0.300		0.300			
	Staff changing facilities Hergest Unit	0.035		0.035			
	Ty Llewelyn - Additional therapeutic Space	0.300		0.300			
	Develop an extra care therapeutic areas within Pwyl ward, Ty Llewelyn	TBC		TBC			
	Feasibility Relocation of CMHT N Gwynedd	0.075		0.075			
	In response to HIW actions undertake a full review of the Hergest provision to ensure fit for purpose estates for all current services based .	TBC					

	Cefni hospital	0.500			0.500		
	Feasibility; To develop a Low secure Unit in North Wales.	TBC					
	Feasibility; Rehab Inpatient, based on revised model for rehabilitation services.	TBC					
	New build or upgraded property for Coed Celyn.						
	Full renovation of all patient and staff areas in Bodnant	1.000			1.000		
	Renovation of Denbigh community mental health accommodation	0.500			0.500		
			0.164	0.710	2.000	0.000	0.000
Estates							
West							
YG	Continuation of the replacement of the obsolete fire alarm system.	0.100	Funded via EFAB				
YPS	Replacement Exchangers	0.025	0.025				
YG	Replacement Roof	0.090	Funded via EFAB				
Various sites	Chimney Remedial Works post inspection	0.025	0.025				
Ysbyty Dolgellau	Continuation of the replacement and upgrade of the electrical supplies.	0.080	0.080				
YPS	Repair and upgrade of three Air Handling Units (AHU)	0.065	0.065				
YG	Replacement of the wireless nurse call - Tudno and Ffrancon wards	0.070	0.070				
Bryn Beryl	Kitchen Extraction Unit	0.050		0.050			
Bryn Y Neuadd	Replacement Roof	0.080		0.080			
YG	Replace existing BNAs with CPOs	0.015		0.015			
YG	Replacement of the nurse call system in Hergest.	0.070		0.070			
Bryn Y Neuadd	Replacement Roof.	0.080		0.080			
Bryn Y Neuadd	Road Surfacing Upgrade	0.030		0.030			
Various sites	Replacement of old inefficient flourescent lighting on various sites	0.020		0.020			
Centre							
Bodnant Unit	Upgrade and replace boilers plant and flue	0.080	0.080				
YGC	HSDU - upgrade steam hot water storage and heating system	0.120	0.120				
Colwyn Bay Hosp	Undertake electrical design and on new site Generator plant (year 1 of 2)	0.020	0.020				
YGC	Main boiler house chimney structural defect remedial repairs	0.015	0.015				
Hafod	Upgrade boiler plant	0.025	0.025				
Nant-Y-Glyn	Upgrade boiler plant	0.025	0.025				
YGC	Upgrade and replace the Boiler house main heating Circulation pumps	0.030	0.030				
YGC Mortuary	Upgrade gas fired heating and Hot water boiler	0.040		0.040			
YGC	Upgrade the heating and hot water boiler within the Crèche building	0.040		0.040			
YGC	Upgrade Urology Theatres (A & B) operating theatre AHU	0.050		0.050			
Bodnant MHLd	Upgrade Building Fabric	0.050		0.050			
Ruthin Hospital	Menlli Ward Upgrade windows to PVCu Double glazed alternative	0.050		0.050			
Tim Dyffryn	Upgrade main entrance auto doors to meet DDA Regulations	0.017		0.017			
YGC	Upgrade and tanking Plantroom Floor	0.012		0.012			
YGC	Centre Core Services bed lift 1 & 2 - Lift car upgrade	0.031		0.031			
Colwyn Bay Hosp	Main entrance anti slip surface to stop slips tripped and falls	0.025		0.025			
YGC	Upgrade Runway hoist motor and instal a David Arm mobile lifting hoist	0.020		0.020			
East							
YMW	Upgrade BMS System	0.125	Funded via EFAB				
YMW	Full replacement of Pharmacy Main Chiller unit feeding Main labs	0.150	0.150				
Mold Hospital	Upgrade of lift controls	0.040	0.040				
Penley	Penley Hospital water heater and second boiler replacement.	0.025	0.025				
YMW	LED lighting including the upgrade of Emergency Lighting.	0.050	0.050				
YMW	Purchase of new Tractor with Attachments	0.050	0.050				
Preswylfa	Preswylfa car park resurfacing	0.050	0.050				
Community EAST	Community sites Emergency Lighting Upgrade	0.050	0.050				
YMW	Repairs to Phase 1 roof	0.030	Funded via EFAB				
YMW	Full replacement of main Distribution board	0.015		0.015			
YMW	Replace loft insulation to Childrens Opd and Estates Block building	0.020		0.020			
Chirk Hospital	Rear fencing upgrade	0.010		0.010			
Mold Clinic	Heating system replacement	0.040		0.040			
Mold Clinic	Boiler replacement	0.040		0.040			
YMW	Replacement of failed tarmark road surfaces and remarking lines	0.060		0.060			
Chirk Hospital	Chirk Hospital driveway	0.020		0.020			
YMW	Replacement of Auto door to Modular Theatre	0.005		0.005			
YMW	Replacement of all Lift Lighting to all 17 Acute lifts	0.015		0.015			
Grounds Team	Battery operated hand tools	0.010		0.010			
Pan BCU							
	Management of Fire Safety Risk	0.420	Funded via EFAB				
	Legionella Management and Control	0.120	0.120				
	Asbestos Management and Removal	0.100	0.100				
	Safe Clean Care	0.500	0.500				
	Decontamination	0.500	0.500				
	Health and Safety / Security	0.100	0.100				
Abergele Hospital	Building and Engineering Infrastructure	0.500	Funded via EFAB				
			2.315	0.915	0.000	0.000	0.000
Medical Devices							
YGC	Operating table	0.037	0.037				
YMW	3 Replacement Scope Washers	0.170	0.170				
YG	4 Nasendoscopy stack and 10 Nase-endoscope replacements	0.235	0.235				
NWMCS	6 Mortuary trolleys as HTA finding (regulatory requirement)	0.072	0.072				
Womens	12 Resuscitaires	0.209	0.209				
Dental	OPG X Ray machine	0.043	0.043				
NWMCS	Replacement system for measuring radiation doses to patients	0.025	0.025				
Dental	2 Rhyl & Deeside - Cattani Turbo Smart	0.011	0.011				
YGC	Replacement of 3mm Lead Shielded Cabinet	0.005	0.005				
YMW	Mini C Arm - xray machine required for orthopaedic surgery	0.064	0.064				
YG	Replacement of scopes	0.390	0.390				
NWMCS	Replacement of 2 US Scanners	0.276	0.276				
Dental	Deko Washer Disinfector (25iX)	0.008	0.008				
YGC	Flexi Ureterscopes	0.039	0.039				
YMW	8 Nasendosopes replacement now 12 245	0.245	0.245				
YG	Getinge Washer and Vac pack	0.059	0.059				
NWMCS	Cassette Printers	0.080	0.080				
Dental	5 Vista Scan Digital X Ray Systems	0.036	0.036				
Womens	Fluent Management System & Hysteroscopes	0.057	0.057				
YGC	Trilogy	0.047	0.047				
YMW	Bariatric Bed & Chair in Sleep Lab	0.006	0.006				
YG	Spinal Bed Replacement	0.084	0.084				
NWMCS	Transfusion fridges and freezers	0.027	0.027				
Dental	Dental cart	0.057	0.057				
Womens	XTRA Auto-transfusion machine - 12 month hire expires in 22/23	0.009	0.009				
YGC	U/S Washer	0.009	0.009				
YMW	Replacement ERCP Equipment	0.106	0.106				
NWMCS	Replacement of C-Arm - WMH (2008)	0.160	0.160				
Dental	Knee Break Dental Chair (Belmont Cleo)	0.011	0.011				
Womens	DYSIS Ultra Colposcope System - Dynamic Spectral Imaging	0.098	0.098				
YMW	Gastroscope (Replacement)	0.047	0.047				
NWMCS	Slide Printers	0.091	0.091				
Dental	Dental Chair (heavy lift non-knee break) ADEC 511	0.011	0.011				
YMW	2 OGD Stacks (Replacement)	0.103	0.103				
Dental	Knee Break Dental Chair (Belmont Cleo)	0.011	0.011				
YMW	Echocardiogram	0.126	0.126				
Womens	Replacement Transabdominal Probe	0.011	0.011				
YG	1x Vivid S70-ultra echo machine (portable)	0.660		0.660			
YGC	Spare OperatingTable	0.037		0.037			
YG	Replacement of leaded acrylic vision panel - Special Production Unit.	0.010		0.010			
Womens	OPH Chair	0.020		0.020			
YGC	Mini Image Intensifier	0.064		0.064			
YG	Flat lifting hoist	0.006		0.006			
NWMCS	Replacement of Mobile X Ray - Llandudno Community Hospital (2007)	0.120		0.120			
YGC	Blood gas machine	0.016		0.016			
YG	Vivid Ultrasound scan machine	0.071		0.071			
NWMCS	Installation of Circulaire down draft table system	0.014		0.014			
Womens	2 Bladder scanners	0.017		0.017			
YGC	Oesophagoscopy ENT	0.012		0.012			



YMW	Portable Lung function Equipment	0.041		0.041			
YG	Diagnostic Ultrasound Machine	0.045		0.045			
NWMCS	Purchase of 6 Detectors	0.274		0.274			
	YGC x 2						
	WMH x 3						
	YG x 1						
YGC	Replacing 5 washer Disinfectors and installing a 6th to increase capacity	0.148		0.148			
YMW	Pain Management System (Replacement) -	0.026		0.026			
YG	Laparoscopic stack	0.170		0.170			
NWMCS	10 Microtomes	0.216		0.216			
Womens	2 3D Scopes for Endo/MAS approved Service Development.	0.241		0.241			
YGC	GE eBike EL Ergometer + case system (stress echo bike)	0.048		0.048			
YMW	6 Force Triad Generators (Replacement)	0.064		0.064			
YG	1x Vivid E95-ultra echo machine	0.126		0.126			
NWMCS	Replacement of Arcadis Varic (2010) (C-Arm) - WMH	0.160		0.160			
YGC	2 Hand held Echo machine - Lumify	0.013		0.013			
YMW	6 Washer Disinfectors	0.177		0.177			
YG	Anspach Drill	0.009		0.009			
NWMCS	Replacement of foetal remains cabinet	0.008		0.008			
YGC	3 nCPAP machines and 950 Humidification System for Mechanical Ventilation	0.063		0.063			
YMW	FibroScan	0.100		0.100			
YG	3 Pressure Infusor System	0.018			0.018		
NWMCS	Bone saw for sections	0.017			0.017		
YGC	4 Ward Automation and Medicine Storage Cabinets	0.127			0.127		
YMW	Mobile C-Arm Imaging Device	0.000			0.000		
YG	Replace Slit lamp for the ED	0.030			0.030		
NWMCS	Stainer	0.162			0.162		
YGC	Silhouette System	0.008			0.008		
YMW	Replacement Laser for Urology (purchased April 2015)	0.239			0.239		
YG	Shoulder Table	0.036			0.036		
NWMCS	Faxitron (previously submitted case for 2026/2027	0.081			0.081		
YGC	L.A.S.A.R.Posture Alignment equipment	0.016			0.016		
YMW	1 EndoScope 1 colonoscope	0.103			0.103		
WG	Blood fridge for Resus Department to ensure timely provision of blood to patients requiring emergency blood	0.013			0.013		
NWMCS	3 Replacement of Diagnostic Hearing test equipment	0.063			0.063		
YGC	Epic echocardiogram CV 3D Machine replacement	0.168			0.168		
YMW	Chemical Storage Cabinet	0.010			0.010		
YG	NOX Diagnostic Sleep equipment	0.060			0.060		
YGC	Laerdal Junior Sim -interactive paediatric high fidelity wireless simulator	0.040			0.040		
YMW	Replacement Stepper for Urology	0.011			0.011		
YG	UVB Hand and Foot Unit	0.021			0.021		
YGC	MRI Shield required to support TIVA Pumps (purchased in 2021) to be compatible for GA MRI scans.	0.012			0.012		
YMW	Microscope for intra ocular surgery	0.000			0.000		
YG	Replacement Hoists	0.023			0.023		
YGC	Portable Echo machine GE S70 replacement	0.067			0.067		
YMW	Replacement Video Cholelithoscope	0.033			0.033		
YGC	Bronchoscope	0.036			0.036		
YMW	Stacker System with NBI (ENT Theatre)	0.091			0.091		
YGC	4 x colonoscopes	0.213			0.213		
YMW	Corneal Mapping / Topography (Replacement)	0.015			0.015		
YGC	Epic 7C replacement Echocardiogram machine	0.132			0.132		
YMW	Auto Refractor (Replacement)	0.008			0.008		
YGC	7 x ECG machines - 6 x cardiac physiology and 1 x ward 1	0.079			0.079		
YMW	3 Leica Otolaryngology microscopes	0.046			0.046		
YGC	Ultrasound machine	0.024			0.024		
YMW	Automated Medicine Storage	0.015			0.015		
YGC	Replacement of HD15 echocardiogram machine with S70 portable echocardiogram machine	0.067			0.067		
YMW	Dexa Scanner	0.137			0.137		
YGC	Fibrosanner	0.102			0.102		
YGC	Vivid E95 echocardiogram machine replacement x 2	0.264			0.264		
YGC	Microscope	0.099			0.099		
	Imaging replacement programme to be funded from All Wales						
			3.075	2.976	2.686	0.000	0.000
Informatics							
	WNCR	0.130	0.130				
	Welsh Intensive Care Information System- Implementation costs	0.579	0.579				
	Maternity Information System (MIS) National Development	0.170	0.170				
	Local Area Network Switch Replacement Programme 2023-24	0.360	0.360				
	BCU Wide Wi - Fi Infrastructure Upgrade and Expansion	0.550	0.550				
	West Comms Room Facility	0.614	0.614				
	Datacentres - Ysbyty Gwynedd - BT Switch Room Refurb	0.210	0.210				
	Server Infrastructure - Server Cloud Virtualisation Expansion & Refresh	0.179	0.179				
	Replacement of iFIT RFID devices	0.076	0.076				
	ITSM ServicePoint & ICT Self Service Portal Replacement Programme	0.039	0.039				
	Server Infrastructure - Backup Server Infrastructure	0.109	0.109				
	Telecommunications Infrastructure - IP Telephony Replacement Programme 4	0.590		0.590			
	ICTCAP - PSBA Wide Area Network Circuit Upgrades 2023-24	0.050		0.050			
	Hardware Replacement	3.427		1.700	1.727		
	Server Infrastructure - Cloud Storage Expansion & Refresh	0.272		0.272			
	Cyber Security - Migration of Legacy Systems	0.060		0.060			
	Data Centre Hardware Replacement	0.109		0.109			
	Server Infrastructure - Core System Replacement	0.272		0.272			
	Network Security Infrastructures	0.030			0.030		
	Public Internet WiFi and Wired Development (Accommodation)	0.050			0.050		
	Sterile Services Track and Traceability	0.035			0.035		
	Clinical Training Unit AV System	0.050			0.050		
	CadCam	0.470			0.470		
	Purchase of 4 workstations for Reporting	0.173			0.173		
	Viewpoint Software	0.278			0.278		
	Patient Handover	0.100			0.100		
			3.016	3.053	2.913	0.000	0.000
	TOTAL		14.205	14.564	14.819	4.096	5.537

Draft Capital Programme - 2023/24 to 2027/28

All Wales/Integration and Rebalancing Capital Fund (IRCF) Capital

Programme	Description	Scheme Value £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m
Secondary care	YWM - Continuity Programme	54.194	18.883	30.395	2.556		
	YWM - Redevelopment Programme	384.000					
	YG- Compliance Programme	250.000					
	School of medicine and health sciences (NHS only)	30.000					
	Regional Treatment Centre(s) Programme	Revenue not capital					
	Residencies	Revenue not capital					
NWMCS	Nuclear Medicine / PET CT	10.445	4.250	5.273			
	Radiotherapy Programme	15.500	2.260	11.030			
	Imaging replacement programme:						
	YG - CT1 Replacement	2.500			2.500		
	Community sites - DR X ray	2.450		1.400	1.050		
East	Northern Gateway	Partnership scheme BCU not lead - revenue not capital					
	Cefn Mawr Primary Care Centre.	tbc					
	Hanmer PCC	tbc					
	Llay PCC	tbc					
Central	RAH development Project	83.370	22.600	27.700	13.800	11.700	7.570
	Denbigh integrated reablement unit	Partnership scheme BCU not lead - revenue not capital					
	Integrated PCRC for three Conwy practices and one Llandudno Junction	22.692	0.920	1.637	12.161	7.974	
	Kinmel Bay PCC	tbc					
	LLGH Review of Neuro Rehabilitation services	tbc					
West	Gwynedd Childrens Development Centre	11.000					
	Canolfan Lleu (Penygroes) Health and Wellbeing HUB	Partnership scheme BCU not lead - revenue not capital					
	Bangor Health & Wellbeing Hub	35.000					
	Holyhead Health and Wellbeing HUB	13.000					
	Penhros Nursing Home Public Sector Partnership	Partnership scheme BCU not lead - revenue not capital					
	Pwllheli Primary Care Centre	7.000					
	New Porthmadog Primary Care Centre	4.000					
	New Penrhyndeudraeth Primary Care Centre	4.000					
MHLD	Ablett Redevelopment	84.500	1.742	16.846	39.583	26.329	
	Roslyn Substance Misuse Centre	1.500					



<b>Teitl adroddiad:</b> <i>Report title:</i>	Wrexham Maelor Hospital Continuity Programme Full Business Case (FBC)		
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 23 February 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this Business Case is to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor Hospital over the next decade, and so avoid the impact of any such failure on patient care. It proposes the achievement of this objective through investment in a range of infrastructure projects at a cost of £54.2 million, plus inflation. <b>The scheme is revenue neutral</b>, and the work will be completed by June 25.</p> <p>Significant investigative work has been undertaken to establish the key risks facing the site, and this has resulted in the following scope of work, which addresses issues related to: the utilities and electrical services infrastructure; fire safety; the supply of medical gasses; heating, and the water supply -</p> <ol style="list-style-type: none"> <li>1. Completion of the existing High Voltage Ring Main</li> <li>2. New Intake and Phase 1 electrical sub stations</li> <li>3. Replacement of obsolete fire alarm panels</li> <li>4. Oxygen accessible pipework</li> <li>5. Heating and domestic hot and cold water to the former "EMS" area</li> <li>6. Replacement of critical damaged fire door sets across the site</li> <li>7. Replacement of vacuum plant to Nucleus phases 1&amp;2</li> <li>8. Replacement of medical air plant to Nucleus Phase 2</li> <li>9. Address the red risks as identified within the fire survey</li> </ol> <p>This scope of work has been assessed by an external Gateway Review, which has confirmed that: the approach to reviewing scope was appropriate, objective and robust whilst assessing all relevant factors; a sufficiently wide range of options were considered and those included were well founded; and the process of assessing the options was appropriate, objective and robust.</p>		
<b>Argymhellion:</b> <i>Recommendations:</i>	The committee is asked to support the business case for subsequent approval by the Health Board.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Stephen Webster, Interim Executive Director of Finance		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Ian Howard, Assistant Director of Planning Neil Bradshaw, Assistant Director of Finance – Capital		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>



<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <b>Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <b>Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <b>Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <b>No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b>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:</b></p> <p>The business case has been supported by the Capital Investment Group and Executive Team</p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		The case is highlighted as a key investment priority in the Health Board's strategic plans – including the Estates Strategy (approved in January 2023).		
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>		The proposed investment will support the Health Board in improving both statutory and fire compliance.		
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>		Do/Naddo    Y  An EqlA has been completed in support of the business case.		
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>		Y - As above		
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>		The FBC identifies that the current condition of the engineering infrastructure poses a significant risk to service continuity and there is as risk that failure to provide a safe and compliant built environment will adversely impact on the Health Board's ability to implement safe and sustainable services and could result in avoidable harm to patients, staff, public, reputational damage and litigation. (BAF 3.1)		

<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>The project is expected to have no negative impact with respect to revenue costs.</p> <p>The business case requests funding from the Welsh Government for both the capital costs and depreciation with no cost to the Health Board.</p> <p>Due to the length of the contract and current market uncertainty Welsh Government have confirmed that the contract will be a "Variation Of Price" (VOP) contract and that they will fund the inflation costs.</p> <p>The supply chain partner (SCP), IHP, have stated that they will not accept any negative adjustment from the agreed baseline. This caveat has been reviewed in conjunction with our Cost Advisors, Gleeds Cost Management, and NWSSP-Specialist Estate Services. The meeting concluded the following:</p> <ul style="list-style-type: none"> <li>- Should BCU accept this caveat it was not deemed to be an amendment to the contract. The contract clause, and associated guidance note, is silent on the issue of negative adjustments.</li> <li>- If BCU do not accept this caveat and were to terminate we could look to negotiate with the next ranked SCP from the original procurement process. It was estimated that this could result in a delay of 21weeks at an additional cost of circa £300k.</li> <li>- There was a general consensus that despite a potential levelling of indices in the 2<sup>nd</sup> qtr 2023 they are likely to rise over the duration of the contract and as a consequence the risk of excess cost was comparatively small.</li> <li>- Any provision for additional inflation risk should be held within the client contingency not the SCP in order to avoid unwarranted gain share.</li> </ul> <p>Given all of the above it was agreed that BCU may accept the caveat without compromising the Framework or contract and that the risk of delay, and consequential risk to service continuity, and expected additional cost was greater than the risk of any "excess" inflation cost.</p> <p>In determining the VOP contingency provision will be made for the impact of not accepting negative adjustments and this contingency will be monitored by BCU and NWSSP-SES</p>
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	jointly. The cost of this risk will therefore effectively be fully funded by Welsh Government.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Workforce implications as a result of implementing the recommendations</i></b>	Not applicable
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b><i>Feedback, response, and follow up summary following consultation</i></b>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b><i>Links to BAF risks:</i></b> <i>(or links to the Corporate Risk Register)</i>	<b>Board Assurance Framework</b> BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-17, Estates and assets development BAF 21-21, Estates and assets  <b>Corporate Risk Register:</b> 20-01, Asbestos management and control 20-03, Legionella management and control 20-04, Noncompliance of fire safety systems
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b><i>Reason for submission of report to confidential board (where relevant)</i></b>	
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b><i>Next Steps:</i></b> <b><i>Implementation of recommendations</i></b>  Submission of the Full Business Case to the Health Board for formal approval.	
<b>Rhestr o Atodiadau:</b>  <b><i>List of Appendices:</i></b>  Executive summary of the Full Business Case. The Full Business Case is available on request.	



# **Wrexham Maelor Hospital Continuity Programme**

## **Full Business Case**

**DRAFT V3.2**

**Executive Summary 8 Feb 2023**



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# 1 Executive summary

## 1.1 Introduction and Synopsis

The purpose of this project is to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor Hospital over the next decade, and so avoid the impact of any such failure on patient care. It proposes the achievement of this objective through investment in a range of infrastructure projects at a cost of £54.2 million, plus inflation. The scheme is revenue-neutral, and all workstreams will be completed by June 2025.

There is a clear short- and long- term need to ensure clinical service continuity on the Wrexham Maelor site. Wrexham Maelor is one of three major acute hospitals in North Wales, and the scale and range of clinical activity undertaken on the site means that the Health Board would not be able to meet the health care needs of the population if a substantial portion of the site could no longer function. In the longer term there is also a clear strategic commitment, outlined in the Health Board's Clinical Services Strategy, to retaining three major acute hospitals in North Wales, and the Health Board is developing strategic plans to transform and integrate its services. This includes the development of a separate Programme Business Case to transform services provided on the Maelor Campus, and local primary and community services.

However, these long-term plans may take 10 years or more to develop and implement, and the state of the infrastructure is such that substantial investment is needed now to mitigate the immediate risk of further service failure. There have already been various infrastructure issues on the site - affecting power, water supply, heating and medical gasses. Of particular concern, in 2017 problems with the roof and failures of the ventilation system in the day surgery and endoscopy unit resulted in an emergency closure of the unit - affecting close to 2,000 patients, causing months of disruption and costing millions of pounds of capital and revenue to resolve. In summary, the position has moved over the last few years from infrastructure failure being a theoretical risk to one where failures are actually occurring on a regular basis – including one that caused significant disruption to clinical services. As time passes, the likelihood of more - and more significant - failures will only increase without substantial investment.

Significant investigative work has been undertaken to establish the key risks facing the site, and this has resulted in the following scope of work, which addresses issues related to: the utilities and electrical services infrastructure; fire safety; the supply of medical gasses; heating, and the water supply -

1. Completion of the existing High Voltage Ring Main
2. New Intake and Phase 1 electrical sub stations
3. Replacement of obsolete fire alarm panels
4. Oxygen accessible pipework
5. Heating and domestic hot and cold water to the former "EMS" area

6. Replacement of critical damaged fire door sets across the site
7. Replacement of vacuum plant to Nucleus phases 1&2
8. Replacement of medical air plant to Nucleus Phase 2
9. Address the red risks as identified within the fire survey

This scope of work has been assessed by an external Gateway Review, which has confirmed that: the approach to reviewing scope was appropriate, objective and robust whilst assessing all relevant factors; a sufficiently wide range of options were considered and those included were well founded; and the process of assessing the options was appropriate, objective and robust.

The case is highlighted as a key investment priority in the Health Board's strategic plans – including the Estates Strategy (approved in January 2023).

The Programme Business Case for this scheme was endorsed by Welsh Government in 2020. It was agreed that, given the urgency of the issues, the case should proceed straight to Full Business Case stage – which means that on approval of this case by Welsh Government the works can commence.

## 1.2 Strategic Case

### Strategic Alignment

At a national level, it is recognised that continued investment is required in the healthcare estate. NHS Wales “A Healthier Wales: Our Plan for Health and Social Care” is supportive of this with a focus on safety being the priority above all else and therefore offering a strong alignment.

The alignment of this FBC is further supported by a range of Health Board plans and strategies:

Living Healthier, Staying Well	The principles in the strategy are dependent on the use of a functional and reliable site.
Annual Plan 2022/23	Undertaking the Continuity Programme is included within the Health Board's Medium-Term Plan as a key element of the ongoing capital programme.
Clinical Services Strategy	The Health Board's Clinical Services Strategy states that there will continue to be three principal acute hospitals of which Wrexham Maelor is one.
Estates Strategy	The Estates Strategy confirms that resolving the issues on the Wrexham Maelor site is a major priority for the Health Board. In terms of the initial pipeline of projects flowing from the strategy, the first one identified is the Wrexham Maelor Hospital infrastructure continuity programme.



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## Current Service Configuration

Betsi Cadwaladr University Health Board (the Health Board) provides a full range of primary, community, acute and mental health services for a population of approximately 700,000 across North Wales and some parts of North Powys.

The Wrexham Maelor Hospital has a full 24/7 Emergency Department, and a comprehensive range of inpatient, day case and outpatient services. It also houses an acute inpatient mental health unit, and various rehabilitation facilities.

The majority of the hospital facilities have been in use for over 40 years, and it is acknowledged by the Health Board that a transformation programme will be required in the near term to bring the facilities up to the required condition and functionality required to support modern care pathways.

### The Case for Change

The fundamental issue which this project seeks to address is, a high and increasing risk of physical infrastructure failure at the Wrexham Maelor Hospital, which has the potential for an adverse impact on patient care.

The underlying cause of this risk is the age and condition of the estate. The overall poor condition of the Wrexham Maelor site includes major engineering obsolescence, which results in frequent breakdowns. The site has experienced multiple issues such as:

Partial Power Outages	Although failures have been occurring since 2010 the regularity of these has increased in recent years with five failures since 2019 alone and an associated cost of £600k in emergency repairs. Based on past experience, when a failure occurs, rectification can take around 6 weeks to complete. The EMS generator has failed when called upon, issues with the hiring of temporary generators have resulted in significant disruption to elective surgery with unplanned stops totalling 15 days.
Heating and Domestic Services	In the last four years there have been multiple and varied failures of the system. A catastrophic failure of the heating distribution pipework is a distinct possibility. The impact of this could, for a period, dictate the complete closure of the Children's Department and Pathology Services alongside other clinical services.
Fire Alarm Panels	The fire alarm panels are no longer supported by the manufacturer. Should issues occur on the fire alarm network because of a panel failure there is a risk that replacement parts cannot be sourced. Unscheduled replacement of the obsolete fire alarm panel network would result in fire safety being significantly

	compromised. For this potential risk to be mitigated a proactive programme of replacement is needed.
O2 Accessible Pipework	Large sections of this pipework distribution are inaccessible and therefore cannot be inspected or repaired. The pipework has been in place for around 70 years and the condition dictates that the system is at a high risk of failure. There are also issues of HTM non-compliance.
Fire Rated Doors	Over the past five years the Health Board have spent in the region of £250k on the replacement of fire doors within the Nucleus. This interim programme of replacement has only partially mitigated issues with only 25% of the primary circulation fire doors having been replaced. The remaining 75% of these have been surveyed and are need of urgent attention to achieve fire safety compliance.
Vacuum Plant and Medical Air Plant	The life expectancy for this plant is typically 25 years with the existing installation being in-situ for around 35 years. Replacement of this obsolete equipment is required as a proactive measure due to the high risk of failure and the likely impact on service being critical.
Plantroom and White Area Fire Alarms	These are locations within the hospital site that do not meet BS5839 L1 standard. In 2010 there was a fire on the Wrexham Maelor Hospital site. Consequentially, North Wales Fire & Rescue Service have stipulated that the Hospital is required to upgrade the fire detection to L1 standard within 5 years. The upgrade work remains incomplete and failure to deliver a compliant L1 fire detection system could result in an enforcement notice.
Fire Compartmentation	Multiple issues have been identified with the fire compartmentation including fire walls, ventilation ductworks and smoke dampers. Mitigation of these issues is required for the site to meet fire safety compliance.

A risk assessment was undertaken with the methodology of “**addressing the most critical and immediate risks**” and resulted in the following workstreams:

WS Ref	Summary	Risk Score	
		Pre	Post
1	<b>Cabling to the HV Ring Main:</b> Replacement of full sections of ring main with 11kv armoured cable. Removing the reliance on jointed cables which are prone to failure.	20	5
2a	<b>New Intake Sub-Station/ HV Room:</b> New substation with six panel switchboard capable of supporting 3 MVA. Allowing Health Board control and providing greater resilience (capable of supporting the P2 Transformation Programme.	20	5
2	<b>Substation No 4, Ring Main Units and Transformers:</b> Replacement of	25	5

	substation 4 ring main units, transformers and providing a higher rated generator. Increasing resilience for risk category A to C equipment.		
3	<b>Obsolete Fire Alarm Equipment:</b> Renewal of previously installed fire alarm panels and loop isolators to all areas other than residential facilities providing an L1 compliant system across the site.	20	3
4	<b>EMS Oxygen Pipework:</b> Installation of 35mm distribution pipework (sized for pandemic conditions) mounted in accessible areas with 9 new area valve service units and lockable line valves for future adaptation.	16	6
5 & 5a	<b>EMS Heating and Hot Water Systems:</b> Installing a 2-pipe system, accessible above ground distribution pipework and decentralised plant. Removing single point of failure and providing greater efficiency.	16	6
6	<b>Vacuum Plant:</b> Installation of new vacuum plant to plantrooms 1.4 and 8a with associated pipework to run in areas which allow for ease of maintenance. This also allows for N+1 resilience and an overall capacity of 6,505L/min.	20	5
7	<b>Medical Air Plant:</b> Installation of new multiplex medical air plant complete with safety valves and integral controls. To service the increased capacity required of 6,800L/min and providing N+1 resilience.	16	4
8	<b>Remedial Fire Alarm Issues, Nucleus Phase 1 &amp; 2:</b> Hybrid fire alarm system using a combination of traditional hard-wired devices where current cables can be used supplemented by wireless devices for L1 compliance.	20	8
9	<b>Fire Stopping and Ductwork Penetrations:</b> Smoke fire dampers with a 60-minute fire rating, new fire damper control panels, BMS connection and fire stopping installations. Complying with HTM and BS requirements.	16	8
10	<b>Fire Doors:</b> New fire doors on the primary compartmentation line, replacing both defective door sets and those with an insufficient rating meeting the requirements of BS EN 1634-1.	20	8

### Investment Objectives

The investment objectives remain the same as those identified in the PBC. The fundamental objective is to reduce substantially the risk of physical infrastructure failure at the Wrexham Maelor Hospital and any consequential impacts on patient care.

## 1.3 Economic Case

The reassessment of risk and Welsh Government directives since approval of the PBC have resulted in the following limited updates to the Options Framework Filter:

Dimension	At PBC	At FBC	Reasoning
<b>Service Scope</b>	Mitigate risks with a score of 16 or higher	Mitigate key risks which objectively threaten business continuity	Availability of new survey data and increased focus on the risks fundamental to maintaining continuity (see section <b>Error!</b>

			<b>Reference source not found.)</b>
<b>Service Delivery</b>	Individual contracts (by workstream)	Single supplier	In line with WG directive. Further justified to avoid the need to re-enter an area with separate trades
<b>Implementation</b>	Phased implementation	Phased implementation	No change
<b>Funding</b>	Public funding	Public funding	No change

The renewed risk assessments considering new survey data resulted in the following Service scope:

1. Completion of the existing HV Ring Main (included in the PBC)
2. New Intake and Phase 1 electrical sub stations (included in the PBC)
3. Replacement of obsolete fire alarm panels (included in the PBC)
4. Oxygen accessible pipework (included in the PBC)
5. Heating and domestic hot and cold water to the former “EMS” area (included in the PBC)
6. Replacement of critical damaged fire door sets across the site (in addition to the PBC)
7. Replacement of vacuum plant to Nucleus phases 1&2 (in addition to the PBC)
8. Replacement of medical air plant to Nucleus Phase 2 (included in the PBC)
9. Address the red risks as identified within the fire survey (in addition to the PBC)

#### External Gateway Review

Due to the significance of the risks identified following the PBC an external Gateway Review was undertaken and confirmed that:

- The approach to reviewing scope was appropriate, objective and robust whilst assessing all relevant factors
- A sufficiently wide range of options were considered and those included were well founded
- The process of assessing the options was appropriate, objective and robust

#### Summary of Short Listed Options

The options appraisal has resulted in the following options that have gone forward to receive a full economic appraisal:

- Option 1 - Business As Usual (“BAU”) – investment limited to minimal statutory compliance and maintenance
- Option 2 - 2 Year Investment Programme for the full scope of works (Preferred Option)
- Option 2a - 3 Year Investment Programme for the full scope of works

## Economic Appraisal

The Economic Case and Value for Money (“VfM”) of the proposals will be made in relation to the following elements. This approach has been discussed and agreed with Welsh Government:

- **Strategic Case** – Core to the Economic Case, will be a strong Strategic Case made around the strategic imperative of ensuring service continuity. This case is clearly made in the Strategic Case section.
- **Generic Economic Model (“GEM”)** – The economic assessment has been carried out using the Generic Economic Model (GEM). A GEM has been produced on an incremental basis for the impact of the costs associated with the project only and not the wider Health Board costs. It should be noted that the agreed approach to the completion of the GEM does not include detailed quantification of the economic or social cost of failure in the BAU scenario, as to do so will likely include a need to make a number of spurious assumptions. Instead, the overall approach agreed is to illustrate the potential risks of failure and to model these as sensitivities.
- **Sensitivity Analysis / Switching Values** – As set out above, as this business case does not attempt to accurately quantify the “cost” of failure in the BAU option. VfM will be demonstrated by examining the sensitivity of the different options by reference to the potential downside of failure based on a proxy economic cost and social cost linked to historic record of failure.

### Generic Economic Model for Net Present Cost (“NPC”)

The results are summarised in the table below:

	Discounted			Undiscounted		
	Option 1 BAU (£000's)	Option 2 2 Yr Prog. (£000's)	Option 2a 3 Yr Prog. (£000's)	Option 1 BAU (£000's)	Option 2 2 Yr Prog. (£000's)	Option 2a 3 Yr Prog. (£000's)
<b>Capital</b>	£11,093.4	£38,519.2	£41,392.4	£12,205.6	£40,684.0	£44,210.5
<b>Lifecycle</b>	£4,413.0	£4,429.2	£4,671.9	£6,000.0	£5,608.0	£6,477.8
<b>Building Running Costs</b>	No material difference			No material difference		
<b>Net Present Cost (NPC) before Risk</b>	<b>£15,506.4</b>	<b>£42,948.4</b>	<b>£46,064.3</b>	£18,205.6	£46,292.0	£50,688.3
<b>Design/ Construction Risk</b>	£707.2	£4,615.3	£4,724.8	£778.1	£4,874.7	£5,046.5
<b>Net Present Cost (NPC) after Risk</b>	<b>£16,213.6</b>	<b>£47,563.7</b>	<b>£50,789.1</b>	<b>£18,983.7</b>	<b>£51,166.7</b>	<b>£55,734.8</b>

<b>Rank (lowest cost)</b>	1	2	3	1	2	3
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Unsurprisingly, in terms of capital spend, Option 1 delivers the lowest cost. However, this does not include an allowance for the increased risk of failure, nor does it consider the societal benefits associated with the investment options. Without these considerations, the BAU scenario would nearly always come out as the Preferred Option.

#### Cost of Estate Failure

It is very challenging to calculate a meaningful economic benefit from a reduction in the high, and increasing, risk of infrastructure failure at WMH. In practical terms, there is no spare acute hospital capacity either in the rest of North Wales or in the North-West of England. The scale and range of clinical activity undertaken at WMH means that the Health Board would not be able to meet the health care needs of the population if a substantial portion of the site could no longer function.

However, to give some indication of the economic benefit, some scenarios have been modelled to understand the likely risks and a Monte Carlo simulation<sup>1</sup> (using Microsoft Excel). Two main scenarios have been modelled in respect of the impact in terms of the number of 'lost operational days' with a low, medium, and high impact of occurring.

These are summarised in the table below:

<b>Value</b>	<b>Impact 1</b>	<b>Impact 2</b>
<b>Low</b>	1 day	1 day
<b>Medium</b>	4 days	8 days
<b>High</b>	7 days	14 days

An equal chance of the low, medium and high impacts occurring has been assumed.

The cost implications of each scenario were then calculated by reference to the daily cost of closing the Wrexham Maelor hospital – this was calculated by reference to the actual hospital costs in 2021/22 inflated to 2022/23 levels.

The results of the Monte Carlo analysis can be seen in the table below:

<sup>1</sup> The Monte Carlo simulation is a mathematical technique that predicts possible outcomes of an uncertain event. This method is used to analyse past data and predict a range of future outcomes based on a choice of action.

Monte Carlo Simulation Results		Inputs							Results	
Basis	Calculation	Daily value £000s	Days lost (low)	Days lost (medium)	Days lost (high)	Risk prob (low)	Risk Prob (med)	Risk Prob (high)	Mean over 500 simulations £000s	Using mean of 500 simulations over 15 years £000s
1 day lost (low), 4 days lost (M), 7 days lost (H), equal probability										
Daily hospital cost*	Daily costs (inclusive of fixed costs)	£ 632	1	4	7	33.3%	33.3%	33.3%	£ 2,469	£ 37,036

Based on an equal probability of losing the equivalent of 1, 4 and 7 days of lost operational activity per annum, this represents a mean annual cost of £2.5m over 500 simulations amounting to an undiscounted value of £37.0m over 15 years.

A further simulation carried out, based on the equal probability of losing 1, 8 and 14 days per annum, gave the results shown in the table below:

Monte Carlo Simulation Results		Inputs							Results	
Basis	Calculation	Daily value £000s	Days lost (low)	Days lost (medium)	Days lost (high)	Risk prob (low)	Risk Prob (med)	Risk Prob (high)	Mean over 500 simulations £000s	Using mean of 500 simulations over 15 years £000s
1 day lost (low), 8 days lost (M), 14 days lost (H), equal probability										
Daily hospital cost*	Daily costs (inclusive of fixed costs)	£ 632	1	8	14	33.3%	33.3%	33.3%	£ 4,763	£ 71,445

Based on an equal probability of losing the equivalent of 1, 8 and 14 days of lost operational activity per annum, this represents a mean annual cost of £4.8m giving an undiscounted value of £71.4m over 15 years.

**It can be seen, in all the above scenarios, that the impact of a failing estate would be significant and is likely to more than offset the difference in NPCs between the BAU scenario and the investment options.**

#### Societal Impact

This impact also excludes the societal impact of a failing estate, such as the wellbeing of patients/carers as treatment gets delayed/cancelled, plus the quality-of-life impact for more serious cases (including any mortality and long-term disability implication), which again is likely to equate to multi-£ms.

#### Value for Money (VfM) Assessment

Even without considering the impact of the societal dis-benefits, the table below demonstrates that the impact in terms of lost operational days does not need to be significant to justify the investment in Option 2.

**Given the days disruption encountered historically, the level of failure needed to present VfM in the intervention options is not unreasonable.**



Value	Option 1 BAU (£000's)	Option 2 2 Yr Prog. (£000's)	Option 2a 3 Yr Prog. (£000's)
<b>NPC (Net Present Cost) after Risk</b>	£16,213.6	£47,563.7	£50,789.1
<b>NPC Movement to Option 1</b>	-	£31,350.1	£34,575.5
<b>Daily Cost of Failure (Cost Scenario 1)</b>	-	£632	£632
<b>"Allowable" Failure Days to Option 1 p.a.</b>	-	3.3	3.6

Considering the potential impact of lost operational days shown above and the potential societal benefits, Option 2 can be shown to represent VfM as the Preferred Option.

Of the two investment options, the Economic case assessment above demonstrates that the decision to invest in a 2 year programme (Option 2) provides the best VfM and should be tested within the Financial Case section below (Section 6) to assess the affordability impact on the Health Board.

## 1.4 Commercial Case

### Procurement Strategy

The programme will be let as a single contract as per section 7.2 of Welsh Government NHS Infrastructure Investment Guidance:

*"The use of the NHS Building for Wales Frameworks is mandatory for all projects with a construction value in excess of £4m excluding value added tax"*

The complexity of the individual workstreams, their overlapping areas of the site and the need for a holistic programme does favour the approach of contracting with a single supplier.

The frameworks are based on the fundamental principles of collaborative working, integrated supply chains and continual improvement. They deliver best value for money and development of best practice, sustainability and other core objectives on behalf of the Welsh Government. The form of contract to be used will be NEC3.

### Required Services

Both the supply chain partner and the professional team are appointed from the Building for Wales frameworks via a mini-competition process in line with the framework's call off procedures. The table below shows the parties appointed via these framework agreements:

Supply Chain Partner:	Integrated Health Projects JV
Project Manager:	Gleeds Management Services Limited
Cost Advisor:	Gleeds Management Services Limited

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## 1.5 Financial Case

The capital costs of the based on the commercial structure and contractor's proposals are £54.2m for the Preferred Option (Option 2) and £58.5m for the Alternative Preferred Option (Option 2a). The equivalent BAU cost is £12.2m.

These costs are subject to inflation as described in the Commercial Case. Inflation is applied utilising the following indices:

Pre-Construction period	BCIS Pubsec
Works period	BCIS FORVOP

### Revenue Costs and Funding

The relevant revenue costs of the project are as follows<sup>2</sup>:

- Depreciation (related to the new capital investment costs)
- Lifecycle (and backlog maintenance) costs
- Building running costs

Depreciation costs will be met from Welsh Government's Depreciation Funding. As depreciation is expected to be fully funded, it does not impact the Health Board's wider revenue position.

The implications of the project for lifecycle costs and building running are considered to be break even.

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<sup>2</sup> Due to the scope of the project, the impact on clinical services costs and non-clinical services costs were not thought to be sufficiently material and so have not been quantified.

## Sources and Uses of Funds

The overall cost and funding position for the for the two project options is set out in the following tables on an incremental basis.

### Option 2 - 2 Year Investment Programme (Preferred Option)

Additional Costs and Funding Streams	2022 / 23 <sup>3</sup> Year 0-1 (£000's)	2023 / 24 Year 2 (£000's)	2024 / 25 Year 3 (£000's)	2025 / 26 Year 4 (£000's)	2026 / 27 Year 5 (£000's)	Total (£000's)
<b>Project Costs</b>						
Capital Costs	2,580	18,663	30,395	2,556	0	<b>54,194</b>
Depreciation	0	0	0		1,548	<b>1,548</b>
Lifecycle	0	0	0	0	0	<b>0</b>
Building Running Costs	0	0	0	0	0	<b>0</b>
<b>TOTAL PROJECT COST</b>	2,580	18,663	30,395	2,556	1,548	<b>55,742</b>
<b>Funding Streams</b>						
WG Capital Funding	2,580	18,663	30,395	2,556	0	<b>54,194</b>
WG Depreciation Funding	0	0	0		1,548	<b>1,548</b>
Lifecycle	0	0	0	0	0	<b>0</b>
Building Running Costs	0	0	0	0	0	<b>0</b>
<b>TOTAL FUNDING</b>	2,580	18,663	30,395	2,556	1,548	<b>55,742</b>
<b>IN YEAR SURPLUS / -DEFICIT</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>3</sup> Includes previously expended costs.

*Option 2a - 3 Year Investment Programme (Alternative Preferred Option)*

Additional Costs and Funding Streams	2022 / 23 <sup>4</sup> Year 0-1 (£000's)	2023 / 24 Year 2 (£000's)	2024 / 25 Year 3 (£000's)	2025 / 26 Year 4 (£000's)	2026 / 27 Year 5 (£000's)	2026 / 27 Year 6 (£000's)	Total (£000's)
<b>Project Costs</b>							
Capital Costs	2,580	13,504	27,677	14,149	620		<b>58,530</b>
Depreciation	0	0	0	0	0	1,672	<b>1,672</b>
Lifecycle	0	0	0	0	0	0	<b>0</b>
Building Running Costs	0	0	0	0	0	0	<b>0</b>
<b>TOTAL PROJECT COST</b>	<b>2,580</b>	<b>13,504</b>	<b>27,677</b>	<b>14,149</b>	<b>620</b>	<b>1,672</b>	<b>60,202</b>
<b>Funding Streams</b>							
WG Capital Funding	2,580	13,504	27,677	14,149	620		<b>58,530</b>
WG Depreciation Funding	0	0	0	0	0	1,672	<b>1,672</b>
Lifecycle	0	0	0	0	0	0	<b>0</b>
Building Running Costs	0	0	0	0	0	0	<b>0</b>
<b>TOTAL FUNDING</b>	<b>2,580</b>	<b>13,504</b>	<b>27,677</b>	<b>14,149</b>	<b>620</b>	<b>1,672</b>	<b>60,202</b>
<b>IN YEAR SURPLUS / - DEFICIT</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

The tables above show that the project is fully funded in revenue and capital terms, subject to the availability of WG funding. However, whilst the /alternative Preferred Option reduces the impact on WG from 2023/24 onwards (and concludes a year later), it will require circa £5m more in capital terms at current prices (given this option also extends inflation risk, the actual impact is likely to be greater).

#### Affordability

The expectation is that investment will break even. In addition, there are significant non-cashable financial benefits in relation to the avoidance of significant response repair expenditure, which would otherwise have needed to have been met from the existing estates budget. As a result, other areas of estates will be maintained as intended and so are less likely to degrade.

## 1.6 Management Case

#### Programme Governance and Management

Project Governance arrangements have been established to reflect national guidance and as set out in the Capital Investment Manual 'Managing Capital Projects' (Department of

<sup>4</sup> Includes previously expended costs.

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Health); PRINCE2 (Office of Government Commerce); Managing Successful Programmes (Office of Government Commerce/ Efficiency and Reform Group).

The Project Board have the overall the responsibility to drive forward and deliver the outcomes of this project within the estate. Members will provide resource and specific commitment to support the project manager in respect of the key deliverables.

#### Programme Timeline

The anticipated key implementation milestones will be as follows:

<b>Milestones</b>	<b>Date</b>
BCUHB Approval of Full Business Case	March 2023
Approval Full Business Case by Welsh Government	May 2023
Instruction to proceed	May 2023
Construction	June 2023 to June 2025
Post Project Evaluation	December 2025



<b>Teitl adroddiad:</b>	Business Case Tracker		
<b>Report title:</b>			
<b>Adrodd i:</b>	Performance Finance and Information Governance Committee		
<b>Report to:</b>			
<b>Dyddiad y Cyfarfod:</b>	Thursday, 23 February 2023		
<b>Date of Meeting:</b>			
<b>Crynodeb Gweithredol:</b>	This paper presents both the Estates and the Annual Plan Revenue schemes business case trackers, as part of the routine update to the Committee on the implementation of the Health Board's plans.		
<b>Executive Summary:</b>	<p>The Estates tracker outlines the progress of major schemes at various stages of approval.</p> <p>The revenue tracker consists of the four schemes where it was agreed that further analysis would be required before the schemes can progress. All other schemes outlined in the annual plan are at the implementation stage.</p>		
<b>Argymhellion:</b>	The Committee is asked to note the update.		
<b>Recommendations:</b>			
<b>Arweinydd Gweithredol:</b>	Chris Stockport, Executive Director Transformation, Strategic Planning, and Commissioning		
<b>Executive Lead:</b>			
<b>Awdur yr Adroddiad:</b>	Ian Howard, Assistant Director Strategic and Business Analysis		
<b>Report Author:</b>			
<b>Pwrpas yr adroddiad:</b>	<b>Purpose of report:</b> I'w Nodi For Noting <input checked="" type="checkbox"/>	I Benderfynu arno For Decision <input type="checkbox"/>	Am sicrwydd For Assurance <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol High level of confidence/evidence in delivery of existing mechanisms/objectives	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol General confidence / evidence in delivery of existing mechanisms / objectives	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol Some confidence / evidence in delivery of existing mechanisms / objectives
<b>Assurance level:</b>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth No confidence / evidence in delivery		
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>			
<b>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:</b>			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Cases are being developed in accordance with the annual plan.		
<b>Link to Strategic Objective(s):</b>			

<b>Goblygiadau rheoleiddio a lleol:</b>	
<b><i>Regulatory and legal implications:</i></b>	
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	No
<b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	This will be completed by programme teams for each individual scheme.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	No
<b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	This will be completed by programme teams for each individual scheme.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	
<b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	The schemes contain their own risk assessments. Many of the schemes include the mitigation of identified risks as part of their objectives.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	
<b><i>Financial implications as a result of implementing the recommendations</i></b>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	
<b><i>Workforce implications as a result of implementing the recommendations</i></b>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	
<b><i>Feedback, response, and follow up summary following consultation</i></b>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	
<b><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></b>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	
<b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Not applicable
<b><i>Next Steps: Implementation of recommendations</i></b>	
The committee are asked to note the contents of the report.	
<b><i>List of Appendices:</i></b>	
Appendix 1: Estates Business Case Tracker	
Appendix 2: Revenue 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
				February 2023
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. The potential to part-fund the scheme via the Integrated Rebalancing and Care Fund is being explored.
Wrexham Maelor Continuity Phase 1	FBC cost is 54.2 plus inflation	Gill Harris, Acting Chief Executive  Neil Bradshaw, Assistant Director: Capital	FBC to be submitted to PFIG February 2023 and Health Board March 2023	The supply chain partner, IHP, introduced a number of late caveats to their target price and as a consequence the FBC was not submitted for scrutiny in January. These caveats have now been successfully resolved and the FBC will be submitted to PFIG in February 2023.
Adult and Older Person's Mental Health Unit Glan Clwyd Hospital	84.5	Teresa Owen, Executive Director Public Health  Jill Timmins, Programme Director Ablett Redevelopment	FBC scheduled for submission to the Health Board November 2023	FBC is progressing as per planned timetable and remains on track.

Outline Business Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				February 2023
Regional Treatment Centres (previously Diagnostic & Treatment Centres)	154 - 252 depending on the option	Nick Lyons, Executive Medical Director  Hugh Mullen, Interim Programme Director  Chris Linward, Project Manager	Nature of the case and date of submission are under discussion with Welsh Government.	Tender award for production of the Outline Business Case confirmed via endorsement at RTC Programme Board, and Executive Team. Confirmation of approval sent to Shared Business Services to enable release of award letter to Grant Thornton. A Multidisciplinary Consultancy Services Service Level Agreement (ref: SBS/17/SG/ZMC/9266) is being prepared and will be sent to the supplier week commencing 6 February 2023. Target date for agreement of SLA provisionally set for 17 February 2023 (including review by Shared Services). Presentation on progress of RTC development was given to Infrastructure Investment Board (IIB) on 26 January 2023. BCUHB Interim CEO now preparing summit event during February to review feedback from IIB meeting. RTC Risk Workshop event with RTC workstream lead representatives scheduled for 9 February 2023, with input from BCUHB Risk Team and BCUHB PMO team. Revision to RTC governance structure to be completed and signed off at RTC Programme Board meeting on 14 February 2023, confirming incorporation of Orthopaedic Hub Business Case as component of RTC workstreams.
Nuclear Medicine Reconfiguration (including PET)	12.6	Gareth Evans, Interim Executive Director of Therapies & Health Sciences  David Fletcher, Directorate General Manager, NWMCS	Scheduled for submission to Welsh Government June 2023	OBC is progressing as per planned timetable and remains on track.
Conwy and Llandudno Junction Integrated Health and Wellbeing Centre	22-26	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme Manager	SOC submitted	Approval of Strategic Outline Case by Welsh Government 04 January 2023 - £920k for Outline Business Case 2023/2024. Working with partners to determine preferred site and begin development of the Outline Business Case.

Strategic Outline Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				February 2023
Residential Accommodation (includes Revenue Implication)	55.8	Sue Green, Executive Director, Workforce & Organisational Development  Steve Webster, Interim Executive Director of Finance  Project Director - To be confirmed	Nature of the case and date of submission are under discussion with Welsh Government.	Following submission of a Residential Accommodation Strategic Outline Case to Welsh Government in January 2021 seeking approval to develop a Full Business Case for circa £55.8m of All Wales capital, Welsh Government advised that All Wales Capital funding was not available and that the Health Board should consider alternative funding models as per Welsh Governments guidance. As a result of this feedback and the continuing risks and complaints from residents regarding the quality of accommodation available at Ysbyty Wrexham Maelor, Ysbyty Glan Clwyd and Ysbyty Gwynedd, the Board has agreed to develop a revenue funded procurement strategy for procuring a public/private sector partner to work with the Health Board to develop / provide new modern accommodation to meet both the current and future requirements of Healthcare staff. A Project Group was established, led by the Executive Director of Planning and Performance, to develop the procurement strategy with specialist consultancy support. This group reports to the Executive Delivery Group - People & Culture. The project has Joint SRO's, Executive Director of Workforce & Organisational Development and the Executive Director of Finance & Performance. The Project has four key phases: Phase 1: Procurement Strategy and Specification. Phase 2: Procurement Process incorporating competitive dialog. Phase 3: Approvals and Governance, sign off on procurement outcome. Phase 4: Contract Award, Mobilisation and establishment of Contract Management functions.  Phase 1: HB and WG sign off to take place during March and April 2023. Remaining timeline to be confirmed in next update.

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				February 2023
Bangor Health & Wellbeing Centre	Circa 32 -37	Steve Webster, Interim Executive Director of Finance  Chris Couchman, Associate Director of Primary Care	SOC submitted	The case is under review due to the failure to secure UK government capital from the levelling up scheme, and the revenue consequences for the Health Board.
Gwynedd Child Development Centre	11	Ffion Johnston Integrated Health Community Director (West)  Christine Rudgley West Area Lead Operational Improvement	March 2023	Funding (for feasibility / business case revenue monies) has been approved by WG for completion of the Strategic Outline Case by the end March 2023.
Denbigh Integrated Re-ablement	To be agreed	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme Manager	To be agreed.	The Strategic Outline Case is in development.
Penygroes / Canolfan Lleu Health & Wellbeing Hub	6 to 8	Ffion Johnstone, Area Director (West)  Chris Couchman, Associate Director Of Primary Care	To be agreed following discussions with Welsh Government.	The Strategic Outline Case has been supported at the January PFIG Committee in January 2023 and by the Board in January 2023. It will go to the WG IRCF scrutiny panel on the 22nd of February 2023.
Penrhos Polish Nursing Home - Public Sector Partnership	8	Chris Stockport, Executive Director of Transformation and Planning  Ffion Johnstone, Area Director (West)	To be agreed.	Work on the Strategic Outline Case is progressing jointly with Gwynedd Council and the Health Board. It is anticipated that the case will be ready for submission / approvals at the end of February 2023.
Holyhead Primary Care Health & Wellbeing Hub	In excess of 15	Ffion Johnstone, Area Director (West)  Chris Couchman, Associate Director Of Primary Care	To be agreed.	Funding has been approved by Welsh Government for feasibility work and completion of the Strategic Outline Case by end March 2023.

Single Stage Business Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				February 2023
Llandudno Orthopaedic Hub Business Case	Capital: 9.2  Revenue: Range between 48 - 55	Gill Harris, Acting Chief Executive  Hugh Mullen, Responsible Director (Interim RTC Programme Director)  Project Lead, Rob Caine, Orthopaedic Network Manager	To be agreed.	<p>The current working draft of the Orthopaedic Business Case was presented to the WG Infrastructure and Investment Board (IIB) on the 26th January 2023 for comment and discussion. Written feedback from WG following the IIB meeting will be used to inform the completion of the proposal.</p> <p>Further work is now being completed to provide a briefing paper for the BCUHB Executive team meeting on 22 February 2023, as a part of an overarching proposal around planned care recovery (covering short, medium and long term elements).</p> <p>The Orthopaedics proposal will be described as a two phase process.</p> <p>Phase 1 will involve the refurbishment of the 2 existing theatres at Llandudno.</p> <p>Phase 2 will involve a public consultation on the establishment of a Regional Orthopaedic Hub. Discussions with CHC partners have set out an approach for communication and engagement for Phase 1, with public consultation for Phase 2 (running concurrently with the planned RTC consultation).</p> <p>Timelines for approval timelines for Phase 1 and Phase 2 are being finalised, along with an accompanying communication and engagement plan.</p>

Programme Business Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				February 2023
Wrexham Redevelopment Programme Business Case	To be confirmed - Over 200	Gill Harris, Acting Chief Executive  Graham Alexander, Project Director	To be agreed.	<p>Discussions have taken place with the new Director of the East Integrated Health Community (IHC) on the Programme Business Case (PBC).</p> <p>Agreement reached that a workshop will be held to start developing the discussions on the East IHC clinical model and linkages with the PBC process. It is hoped the workshop will take place before the end of March this year.</p>
Ysbyty Gwynedd: Fire Safety and Infrastructure Compliance	254	Steve Webster, Interim Executive Director of Finance  Rod Taylor, Director Estates & Facilities	PBC has been submitted. Date for a revised PBC is to be agreed.	<p>The following has been agreed with WG:</p> <ul style="list-style-type: none"> <li>- The next product should be a revised PBC, which will propose a pipeline of projects/business cases</li> <li>- The PBC will be informed by a much greater depth of survey work, to give a fuller understanding of the risks on the site and the scale of works required for their mitigation. It will also give more confidence in the order of magnitude of costs than is possible based on the current level of information.</li> <li>- External support will be required to support this analysis, including specialist engineering input, cost advisors and project management.</li> <li>- We will work with Stuart Douglas and his team to develop a tender specification for this work, and an estimate of the costs, for agreement with Welsh Government. We will let you have an estimated timescale for the production of the tender.</li> <li>- Subject to agreement of the specification, the cost of the work to develop the more in-depth PBC will be met by Welsh Government.</li> </ul>

Scoping Document Stage

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				February 2023
Neuro Rehabilitation Services: Llandudno General Hospital	Between 5 - 8	Gareth Evans, Interim Executive Director of Therapies & Health Sciences  Steven Grayston, Assistant Area Director Of Therapy Services (Centre)	To be agreed.	A position paper is being prepared for the Health Board Leadership Team.
School of Medicine and Health Sciences	25	Nick Lyons, Executive Medical Director  Lea Marsden, Programme Director - North Wales Medical & Health Sciences School	To be agreed.	Awaiting internal feedback on the Scoping Document prior to submission to Welsh Government

In Development / Under Review

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				February 2023
Colwyn Bay Integrated Health & Social Care Facility	2	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme Manager	To be agreed.	There will be a meeting with partners February 2023 to begin re-scoping scheme
Hanmer Health & Well-being Centre  Model for Health & well-being centres created with partners based around a 'home first' ethos. Agree and finalise decisions on business case	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	Business case is under development in respect of a new primary care centre in Hanmer, South Wrexham. The intention is to present this paper to the East IHC in March 2023 before the next PFIG. This is a revenue only business case as the capital is being sourced by the incumbent GP but additional revenue will be required for the extra space and subsequent rent.
Llay Health & Well-being Centre: CAPITAL & REVENUE  Model for Health & well-being centres created with partners based around a 'home first' ethos. Finalise business case for first stage agreement regarding funding sources	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	No action as yet
Cefn Mawr Health & Well-being Centre: CAPITAL & REVENUE  Feasibility study for the development of a new build	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	Funding of £150k has been awarded from IRCF for a feasibility study and strategic outline case in respect of Cefn Mawr. Tender closes on 13 February 2023, panel on 14 February 2023 with contact award by end of February 2023. Study will take about 6 months so should complete by September 2023.
Brymbo Primary Care Centre	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	The scheme is under review.
Porthmadog Primary Care Centre	To be agreed	Ffion Johnstone, Area Director (West)  Chris Couchman, Associate Director Of Primary Care	Key target dates for case submission to relevant committees to be confirmed	Scoping work is continuing to be undertaken. A Project Board will be created to progress and identify options in Porthmadog.
Feasibility Study for new Primary Care Development / Health and Well-being hub in the Northern Gateway, North East Flintshire	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	We have had £60k awarded from IRCF and are now working with TACP to start the work on the study. It is expected to finish by about September.
Kinmel Bay Business Case	To be agreed	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme Manager	Not being actively progressed currently. However we are highlighting this in response to Welsh Government as next priority development after Ruthin (ongoing) and Conwy / Llandudno Junction  On Hold. To re-initiate Q4 of 2020/21 (Dates for Scoping document only)	Not yet commenced

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
				February 2023
Llanfair PG Health Wellbeing Centre - Primary Care extension		Ffion Johnstone, Area Director (West)  Chris Couchman, Associate Director Of Primary Care	To be agreed.	Capital funding currently identified in the BCUHB Discretionary Capital Programme for 2024/2025.

Posture & Mobility Services Project for Premises currently at Bryn Y Neuadd Site, Llanfairfechan	Estimated at 1.5 - 3	Gareth Evans, Executive Director of Therapies and Health Sciences  Nesta McCluskey, Project Director  Stephen Jones, Head of Posture & Mobility	To be agreed.	Not yet commenced.
Rhos / South Wrexham: Model for Health & well-being centres created with partners based around a 'home first' ethos. Continue development through programme board by drafting a business case	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	Not yet commenced.
Bryn Beryl site - Final phase redevelopment	To be agreed	Ffion Johnstone, Area Director (West)  Chris Couchman, Associate Director Of Primary Care	To be agreed.	Draft scoping document has not progressed due to the capacity within the team.

Annual Plan 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: February 2023
a.2022.9	<b>Home First Bureaus</b> 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	<b>1.4</b>	<b>1.3</b>	Gill Harris, Acting Chief Executive  Project Director - To Be Confirmed	<b>To be confirmed</b>	As outlined in the Annual Plan Monitoring Report the extension of this scheme is under review.
a.2022.12	<b>Long Covid</b> Develop the patient pathways required to support the population to manage the longer-term health conditions resulting from Long Covid, and improve their outcomes	<b>1.3</b>	<b>1.3</b>	Gareth Evans, Interim Executive Director Therapies & Health Sciences  Dr Rachel Skippon, Consultant Clinical Psychologist / Claire Jones, Therapy Lead, Long Covid Service  Natasha Turner, Operations Manager, Long Covid Service	<b>June 2022</b>	The case has been reviewed by the Health Board Review Team and approved by the Executive Team. The business case will be submitted to PFIG Committee in February 2023 for endorsement.
a.2022.39	<b>Vascular</b> Continued development of a safe and effective vascular service across BCU	<b>3.3</b>	<b>2.6</b>	Nick Lyons, Executive Medical Director	<b>July 2022</b>	The scheme has been approved by the Executive Team and is now being implemented
b.2022.8	<b>Ischemic Lower Limb (Diabetic Foot Pathway)</b> Improve diabetic foot management and outcomes across BCUHB	<b>2.5</b>	<b>1.7</b>	Nick Lyons, Executive Medical Director	<b>July 2022</b>	The scheme has been approved by the Executive Team and is now being implemented



<b>Teitl adroddiad:</b> <i>Report title:</i>	Transformation and Improvement Update		
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance (PFIG) Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 23 February 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	Standing agenda item updating the Committee on Transformation and Improvement activities		
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to receive the report and note the areas of progress.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director Transformation and Planning		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Neil Windsor, Deputy Director Transformation and Improvement		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b> <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>		The Transformation portfolio within BCUHB is built upon the BCU Planning Principles, and aligned to A Healthier Wales, BCUHB Living Healthier, Staying Well, the BCUHB IMTP and Clinical Services Strategy.	
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>			



Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not Applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not Applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	Not Applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>	Not Applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>	Not Applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori  <i>Feedback, response, and follow up summary following consultation</i>	Not Applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not Applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)  <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations</b>	
<b>Rhestr o Atodiadau:</b> Dim  <b>List of Appendices:</b> Transformation & Improvement update presentation	



# **Performance, Finance and Information Governance (PFIG) Committee MEETING IN PUBLIC**

**23rd February 2023**

## **Transformation and Improvement Update**

### **1. Introduction/Background**

This paper provides a high level summary position of progress made by the functions within the Transformation and Improvement team since our previous report to PFIG, and complements the slide pack provided within the appendices.

### **2. Body of Report**

The Transformation and Improvement team is currently providing support and expertise within a wide portfolio of work, both at a Health Board and national level (including industry partners). The presentation within the appendices provides a high level overview of our current areas of focus, however particular subject areas to draw the committee's attention to include the following: -

#### ***Portfolio Office***

Work continues to progress in collaboration with Strategic Planning, DDAT and other teams to develop a single pathway for managing PPM3<sup>1</sup> (Portfolio, Programme and Project Management), including the potential for a single pipeline for change ideas, clear threshold and prioritisation guidelines (including strategic fit and risk and impact assessments) and a BCU-wide benefits management framework, governed via a standard assurance and gateway approval process.

Further work has been undertaken to develop the structure required to translate our organisational strategic priorities into a commissioned change portfolio. This is essential to underpin the above Portfolio Management approach, since we know that the portfolio of transformation priorities inherited by the Transformation team needs to be refreshed to reflect change capacity within the organisation against absolute organisational priority, based upon realistic and deliverable outcomes. As part of this, the Executive Team have recently approved the Portfolio Direction Group (PDG) which will become operational in February and will ensure that Health Board officers can align our internal resources to deliver the agreed range of highest priority commissioned improvement programmes. The group will also review requests from the Change Forum, which continues to meet on a fortnightly basis. Recent presentations to the group include the Inverse Care Law Programme and the Neurodiversity Improvement Programme.

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<sup>1</sup> The PPM3 ecosystem is an internationally recognised and validated approach to Portfolio, Programme and Project management, incorporating PRINCE2, MSP (Managing Successful Programmes), MoP (Management of Portfolios) and P3O (Portfolio, Programme and Portfolio Offices)

Support has been provided to both the Vascular and Decarbonisation Programmes, to improve their programme/project methodology and architecture in line with PPM3 best practice. This in turn will allow their subsequent inclusion within the Executive Delivery Group for Transformation, as part of revised governance arrangements.

### ***Improvement***

Following development of the 'Betsi Way' improvement methodology, an internal curriculum has been developed to increase organisational capability in 'Improvement Science', in order to upskill teams to 'solve their own problems', using our evidence-based methodology. The roll-out plan for this is currently being actioned. In support, a new Improvement Community #BetterByBetsi has been launched, to build a critical mass of improvement enthusiasts, in order to share information, ideas, best practice and resources, and the contributions to this are already rich and diverse. Intensive support continues to be made available to the Journey to Excellence Programme, with recent focus around the Real Time Demand & Capacity (RTDC) project and additional Service Improvement support has been provided to the Urgent & Emergency Care (UEC) Six Goals Programme, to support a Goal 1 (Prevention) project, focussing on the identification and alternative management of high risk patients. In addition, the team continues to support the coordination of the National Safety Collaborative between the Health Board and Improvement Cymru and has supported the further development of the Vascular Programme.

### ***Pathways***

The recently agreed Carpal Tunnel Pathway is currently operational, with a one-stop clinic approach in place in Llandudno Hospital. Primary Hip & Knee pathways have been concluded and are about to be rolled out. New pathways for Prostate, Colorectal & Anal Cancer, Dementia and Heart Failure are all progressing.

### ***Value-Based Care***

Work has continued alongside Planning colleagues to build value principles into our prioritisation and benefits frameworks and within our revised business case process. Numerous projects continue to be supported, including; Patient Reported Outcome Measures (PROMs), Non Emergency Patient Transport Services (NEPTS), Lymphoedema & Cellulitis, Heart Failure, Prehabilitation (Cancer & Orthopaedics) and Long-Term Diabetes Hub. The new Decarbonisation Programme is now managed through the Value-Based Care Team, with the inaugural programme board meeting held in January.

### ***Transformational Analytics & Innovation***

A new Head of Transformational Analytics and innovation has been appointed and commenced in December. The current analytics workload is focussed on the Carpal Tunnel Pathway, Prostate

Cancer, Colorectal & Anal Cancer, Primary Hip & Knee and the newly formed Decarbonisation Programme, to support benefits realisation. Relationships continue to grow with key partners including; Life Science Hub Wales, Airbus, Bevan Commission and Regional Partnership Boards (RPBs)

### **3. Budgetary / Financial Implications**

There are no additional budgetary implications identified within this paper. The financial impact of individual programme/project delivery towards Cash Releasing & Efficiency Savings (CRES) savings plans, is covered within the finance reports to the committee.

### **4. Risk Management**

The primary risks relate to having sufficient organisational capacity and capability to support the amount of transformational change requested. This continues to be mitigated by a combination of prioritisation, staff development and additional external recruitment.

### **5. Equality and Diversity Implications**

n/a

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# PFIG Transformation & Improvement Update

23<sup>rd</sup> February 2023

Chris Stockport, Paolo Tardivel, Neil Windsor,  
Claire Waddicor-Evans, Julie Ward-Jones, Denise Roberts



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Overview

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- Presentation of Portfolio Assurance Report & Detail Around Health Check
- Schedule of PFIG Programme 'Deep Dives'
- Transformation & Improvement Function Updates; Portfolio Office, Improvement, Value-Based Care, Betsi Pathways and Transformational Analytics & Innovation
- Team Resource Allocation



### Portfolio Assurance Report

Subportfolio

All

Last Updated

13 February 2023

#### Key Messages

In Feb-23, Programme Health Checks continue to identify common themes, in particular delays in programmes translating high-level objectives into quantified and profiled outcomes/benefits (non financial and financial). Most programmes still require a conclusion to the SRO refresh (agreed at Execs 08.02) and resource gaps at a project management level remain common. Further adoption of formal PPM3 management is required.

Total Milestones

98

Open Milestones

63

Milestones Overdue

11

Risks/Issues for Escalation

3

#### HEALTH CHECK

SET UP

CAMHS

MHLD

PL CARE

RTC

UEC 6GP

PLAN

CAMHS

MHLD

PL CARE

RTC

UEC 6GP

DELIVERY

CAMHS

MHLD

PL CARE

RTC

UEC 6GP

#### DELIVERY



#### YTD Savings

Forecast

Actual



Cash Releasing Cost Avoidance Efficiency Gain Income Generation

Work in progress - Programme benefits currently being identified and profiled, including quantification of savings opportunities. Will be reported from next month

#### COMPOSITION

##### Full Impact Assessment Compliance



Sub-Portfolio Count

5

Live Projects

60

Pipeline Projects

13

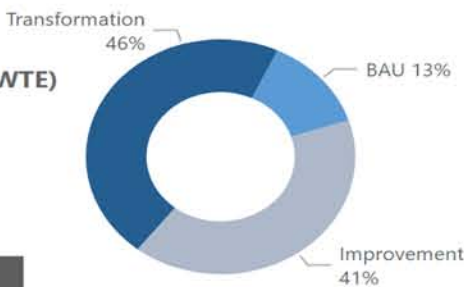
New Projects

3

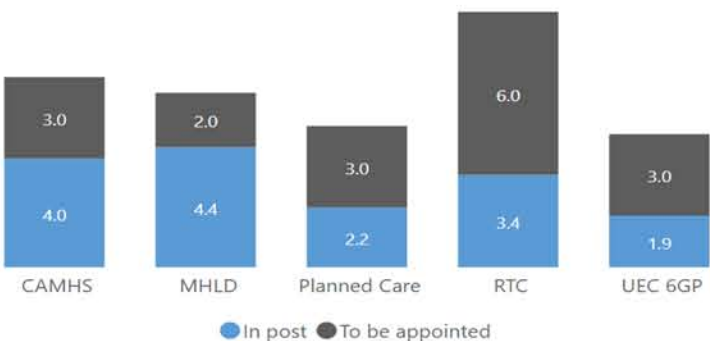
Recently Closed Projects

0

#### Projects by Type



#### Sub-Portfolio Programme/Project/Improvement Resource (WTE)






# Portfolio Office Assurance Report & Health Checks

Programme Deep Dives

Update on Transformation  
Function & Resource Allocation

## Health Check Summary: PLANNED CARE

Last Updated  
10 February 2023

 RAG Score of 90  
 RAG Score of 15, 30 or 45  
 RAG Score of 0, 5 or 10



Programme	RAG Detail	Is the Programme Set-Up for Success?												Does it have a Clear Plan?												Is it On-Track to Deliver?											
PLANNED CARE	History 22/23 -23/24	M	A	M	J	J	A	S	O	N	D	J	E	M	A	M	J	J	A	S	O	N	D	J	E	M	A	M	J	J	A	S	O	N	D	J	E
	RAG Rationale	Gaps in baseline data and opportunity analytics  Demand Management workstream behind schedule  Programme Director and Clinical Lead posts currently vacant  Maturity gaps in programme architecture												Gaps in plan regarding project timescales, prioritisation and benefits  Formal PPM3 management not fully followed  Further focus required of OPD workstream to quantify outcomes and benefits  Review of BAU v Transformation activity												Unable to track adequately until plan updates have been completed  Unable to provide assurance against milestone/benefits plan											
	Progress Between Jan-23 & Feb-23 Health Checks	<ul style="list-style-type: none"><li>Imminent agreement expected on a lead for Workstream 1 – Demand Management</li><li>GIRFT Programme Director commenced w/b 23/01</li><li>Substantive Associate Director for Planned Care advertised and currently being shortlisted</li><li>Commencement of Chatbot solution for Validation project</li></ul>																																			
	Actions following Feb-23 Health Check	<ul style="list-style-type: none"><li>Shortlist, interview &amp; appoint Interim Programme Director until 31/3 (develop business case for permanent funding)</li><li>Review JD and progress to advertise Clinical Lead role</li><li>Appoint substantive Associate Director for Planned Care</li><li>Quantify benefits and outcomes for SOS/PIFU project</li><li>Appoint new SRO for programme</li><li>Develop Programme plan for 23/24 utilising 'Betsi Way' methodology</li></ul>																																			

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Detailed Breakdown

 Detailed Breakdown

RAG score and commentary forms part of the Portfolio Office's Independent Assurance



# Portfolio Office Assurance Report & Health Checks

Programme Deep Dives

Update on Transformation  
Function & Resource Allocation



## Health Check Summary: UEC SIX GOALS

Last Updated  
10 February 2023



RAG Score of 90



RAG Score of 15, 30 or 45



RAG Score of 0, 5 or 10



Programme

RAG Detail

Is the Programme Set-Up for Success?

Does it have a Clear Plan?

Is it On-Track to Deliver?

History 22/23 -23/24

M A M J J A S O N D J E

M A M J J A S O N D J E

M A M J J A S O N D J E

RAG Rationale

Six goals themes being translated into agreed and prioritised programme

Project management resource now in place and transitioning into programme

Governance arrangements in place but exceed recommended meeting intervals

Maturity gaps in programme architecture are narrowing

Gaps in plan regarding project content, timescales, prioritisation and benefits

Formal PPM3 management not fully followed

Unable to track adequately until plan updates have been completed

Unable to provide assurance against milestone/benefits plan

UEC SIX GOALS

Progress Between  
Jan-23 & Feb-23  
Health Checks

- Additional project management resources x3 agreed for programme, funded from national monies
- Bi-Monthly programme board established, with monthly assurance meetings and IHC/UEC meetings
- Appointment of new SRO (Nick Lyons) and provision of additional Clinical Lead resource
- Provision of Service Improvement resource into programme, particularly around Goal 1 – Prevention
- Discussions commenced with Lightfoot to reprofile support around 6 Goals Programme

Actions following  
Feb-23 Health  
Check

- Complete onboarding of additional project management resource
- Complete implementation of revised governance structure
- Develop Programme plan for 23/24 utilising 'Betsi Way' methodology
- Develop and profile key programme outcomes and benefits
- Adopt PPM3 architecture to manage programme



Detailed Breakdown

RAG score and commentary forms part of the Portfolio Office's Independent Assurance

### Health Check Summary: REGIONAL TREATMENT CENTRE

Last Updated  
10 February 2023

■ RAG Score of 90  
■ RAG Score of 15, 30 or 45  
■ RAG Score of 0, 5 or 10



Programme	RAG Detail	Is the Programme Set-Up for Success?												Does it have a Clear Plan?												Is it On-Track to Deliver?											
RTC	History 22/23 -23/24	M	A	M	J	J	A	S	O	N	D	J	E	M	A	M	J	J	A	S	O	N	D	J	E	M	A	M	J	J	A	S	O	N	D	J	E
	RAG Rationale	Programme outcomes/benefits require further quantification  Project management posts remain vacant despite recent recruitment drives  Timeframes have been revised due to public engagement and procurement requirements												Gaps in plan regarding project content, timescales, prioritisation and benefits  Proposed benefits require further baselining												Unable to track adequately until plan updates have been completed  Unable to provide assurance against milestone/benefits plan											
	Progress Between Jan-23 & Feb-23 Health Checks	<ul style="list-style-type: none"><li>An external supplier now in place to commence work on Outline Business Case (OBC)</li><li>The high-level communication strategy has been agreed and key stakeholders have been identified</li></ul>																																			
	Actions following Feb-23 Health Check	<ul style="list-style-type: none"><li>SLA needs sign-off for external provider to commence OBC</li><li>Commence OBC development</li><li>Formal sign-off of sub-portfolio programme workbook</li><li>Work-Up of key programme outcomes and benefits</li><li>Re-advertise vacant project management posts , with support from T&amp;I team to support use of 'development posts'</li></ul>																																			

Detailed Breakdown

# Portfolio Office Assurance Report & Health Checks

## Programme Deep Dives

## Update on Transformation Function & Resource Allocation



### Health Check Summary: MHL D

Last Updated  
10 February 2023



RAG Score of 90



RAG Score of 15, 30 or 45



RAG Score of 0, 5 or 10



#### Programme

#### RAG Detail

#### Is the Programme Set-Up for Success?

#### Does it have a Clear Plan?

#### Is it On-Track to Deliver?

History 22/23 -23/24

M A M J J A S O N D J E

M A M J J A S O N D J E

M A M J J A S O N D J E

RAG Rationale

Programme outcomes/benefits require further quantification

Projects need further alignment with strategic priorities

Resources require re-prioritising to support revised plans

Gaps in plan regarding project content, timescales, prioritisation and benefits

Formal PPM3 management not fully followed

Unable to track adequately until plan updates have been completed

Unable to provide assurance against milestone/benefits plan

MHL D

Progress Between  
Jan-23 & Feb-23  
Health Checks

- Some high level outcomes identified
- Deep Dive workshop scheduled for early March to assess programme delivery and refine programme benefits/outcomes measurement

Actions following  
Feb-23 Health  
Check

- Develop project level monthly tracking
- Undertake Deep Dive workshop to review and refine programme delivery
- Redevelop Programme Initiation Document (PID) and obtain formal SRO sign-off
- Develop communication strategy
- Reprioritise programme resources based on revised plans



Detailed Breakdown



# Portfolio Office Assurance Report & Health Checks

Programme Deep Dives

Update on Transformation  
Function & Resource Allocation



## Health Check Summary: CAMHS

Last Updated  
10 February 2023



RAG Score of 90



RAG Score of 15, 30 or 45



RAG Score of 0, 5 or 10



Programme

RAG Detail

Is the Programme Set-Up for Success?

Does it have a Clear Plan?

Is it On-Track to Deliver?

History 22/23 -23/24

M A M J J A S O N D J E

M A M J J A S O N D J E

M A M J J A S O N D J E

CAMHS

RAG Rationale

Programme outcomes/benefits require further quantification

Revised SRO arrangements need to be concluded

Project management recruitment delayed

Gaps in plan regarding project content, timescales, prioritisation and benefits

Formal PPM3 management not fully followed

Unable to track adequately until plan updates have been completed

Unable to provide assurance against milestone/benefits plan

Progress Between  
Jan-23 & Feb-23  
Health Checks

- Substantive project management resource has been appointed
- Work commenced on identifying and profiling outcomes and benefits

Actions following  
Feb-23 Health  
Check

- High-level benefits (financial and non-financial) and outcomes plan to be completed using agreed programme architecture
- Strategic plan for 23/24 with quantified and profiled benefits and outcomes agreed
- Develop communication strategy



Detailed Breakdown

RAG score and commentary forms part of the Portfolio Office's Independent Assurance

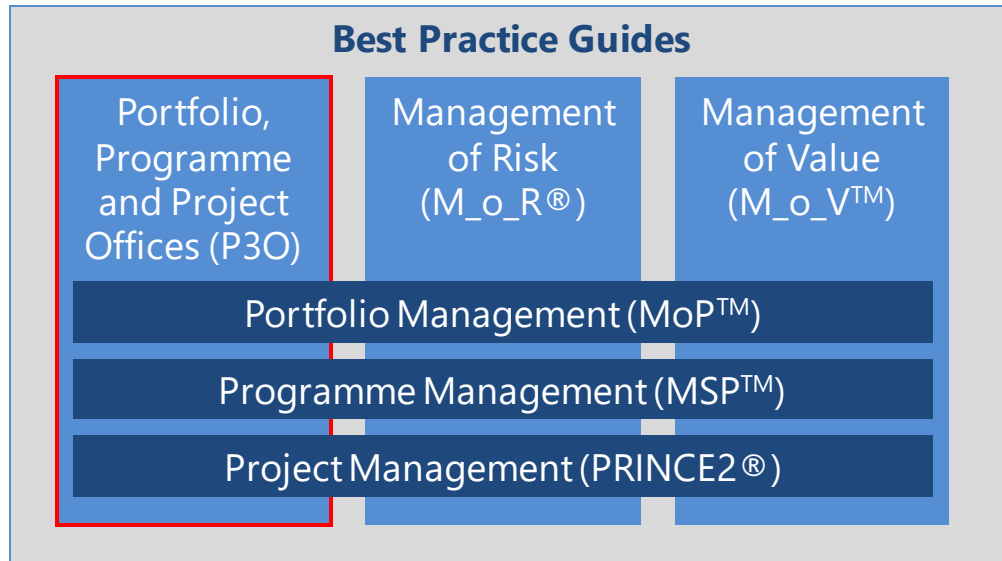
Programme	24.02.22	24.03.22	28.04.22	30.06.22	25.08.22	27.10.22	22.12.22	19.01.23 *	23.02.23	23.03.23 *
Urgent & Emergency Care (UEC) incl 6 Goals Programme	✓		✓	✓	✓	✓	✓		✓	
Planned Care incl Getting It Right First Time (GIRFT)	✓		✓	✓	✓	✓	✓		✓	
Regional Treatment Centre (RTC)		✓				✓				
Mental Health & Learning Disabilities (MHL) **	✓									
Child & Adolescent Mental Health Services (CAMHS)										

\* Agenda around IMTP

\*\* Reports directly to QSE



- Portfolio Office – Acceleration of move to evidence based independent portfolio assurance
- Improvement – building capability
- Value Based Care – virtual programme
- Betsi Pathways – update
- Transformational Analytics & Innovation



**Progress Update**

- Presentation of Portfolio Direction Group (PDG) operating model and revised Senior Responsible Officer (SRO) arrangements at Health Board Leadership Team (HBLT) and Execs.
- Change Forum continues to meet fortnightly, with recent presentations from Inverse Care Law and Neurodiversity Transformation programmes
- Formal launch of Project Management architecture and development of training materials
- Formation of multidisciplinary working group to develop Gateway Review Process
- Inclusion of Vascular Programme within Executive Delivery Group (EDG) portfolio of change
- Discussions with Digital, Data & Technology (DDAT) re: development of BCUHB Benefits Framework
- Appointment of Benefits Lead to commence 01.04.23
- Commencement of recruitment of P3O Implementation Programme Manager (secondment)
- Development of draft P3M3 Framework (Portfolio, Programme, Project Management)
- Development of Health Check Assurance action plans for each programme to support progress in maturity levels

**Transformation Team Leads:**

- Neil Windsor



- Transformation & Improvement Office – Acceleration of move to evidence based independent portfolio assurance
- Improvement – building capability**
- Value Based Care – virtual programme
- Betsi Pathways – update
- Transformational Analytics & Innovation



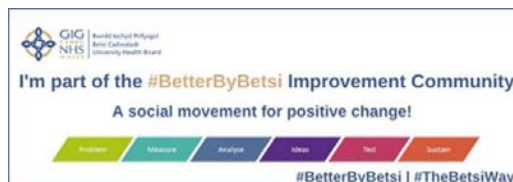
The Improvement team is currently providing improvement resource to the following clinical areas: -

- Journey to Excellence – Central Integrated Health community (IHC)
- Safe Surgery - improving engagement with World Health Organisation (WHO) Checklist
- Vascular – Diabetic Foot, Urgent Ischaemic Limb
- Planned Care
- Unscheduled Care:
- Primary Care
- Sexual Health Service

As well as active improvement support, the team also

- Have undertaken training to deliver Improvement In Practice (externally developed by Improvement Cymru)
- Developed an internal curriculum for Improvement training aligned to The Betsi Way
- Provided coaching, advice and facilitation to services/teams on improvement methodology
- Provided co-ordination and coaching support to Improvement Cymru/Institute for Health improvement (IHI) programmes, which currently include:
  - Safe Care Collaborative and
  - intensive support offer to the central IHC including the Leading for Improvement programme and Real-Time Demand & Capacity (RTDC).

An Improvement Community has been launched #BetterByBetsi to share information and resources across the organisation and to connect all improvers out in the organisation.



Transformation Team Lead:

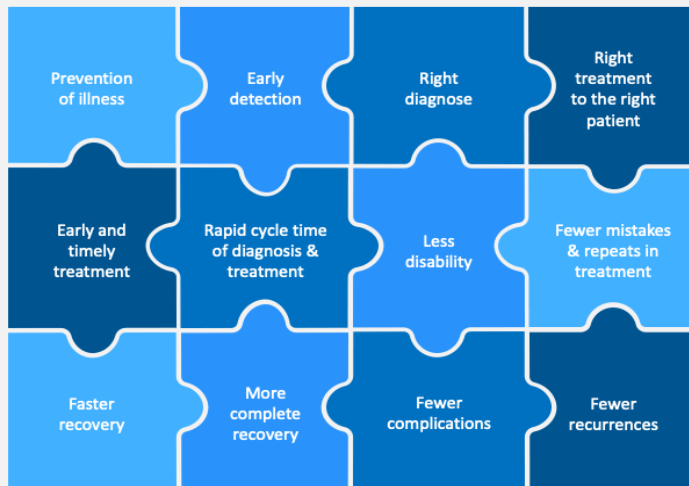
- Julie Ward-Jones



- Transformation & Improvement Office – Acceleration of move to evidence based independent portfolio assurance
- Improvement – building capability
- **Value Based Care – virtual programme**
- Betsi Pathways – update
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#### VALUE BASED HEALTHCARE

Principles of Value-Based Healthcare Delivery



#### Progress update:

- Ongoing work to develop a governance structure to support Value Based Care (VBC) projects and Betsi Pathways within the new operating model
- Support and include Value Based Care principles within health board strategies i.e. business case template, prioritisation and benefits framework
- Engagement and partnership working with for example Regional Partnership Board on Dementia, industry, local groups and networks such as the Green Group

#### Projects currently supported:

- Patient Reported Outcomes Measure (PROMs) platform – in the final stages of the tender
- Non Emergency Patient Transport Services (NEPTS) 6 Day Service –due to start January 2023
- Lymphoedema and Cellulitis – Project implemented with support from the Lymphoedema Wales Clinical Network
- Heart Failure Phase 1 – The project is in scoping phase and a pathway redesign in situ.
- Prehabilitation for both Cancer and Orthopaedics – Pilot phase
- Long Term Diabetes Hub – currently being piloted within one of the primary care clusters

The Decarbonisation programme is being facilitated through the VBC team with the first programme board in January 2023.

Future projects will follow the prioritisation matrix and align with the Integrated Medium Term Plan (IMTP).

Transformation Team Lead:

- Denise Roberts



- Transformation & Improvement Office – Acceleration of move to evidence based independent portfolio assurance
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## Betsi Pathways – Position Update (January 2023)



- Adult Carpal Tunnel Syndrome
- Pre-habilitation for Cancer
- Hip & Knee Osteoarthritis (OA)
- Prostate Cancer
- Colorectal & Anus Cancer
- Dementia
- Heart Failure



## Completed Pathways

- Carpel Tunnel Syndrome:** Approved pathway is being piloted/operationalised. The one stop clinic is now in place in Llandudno with Neurology engaged. Backlog waiting lists are being addressed first.
- Hip & Knee Replacement:** Pathways finalised with additional assurance sought from relevant groups and committee to ensure full acceptance and implementation. Next steps is to review potential service or improvement change within the pathway in collaboration with the networks to scope and implement actions in the pathway.

## Pathways currently in process:

- Prostate, Colorectal and Anal Cancer:** Engagement workshops have been undertaken. Stakeholders agreed to align the pathways to best practice/National Optimum Pathways. This has resulted in many task and finish groups to help streamline process to improve/speed up the patient journey. The consultation stage will start once all task and finish groups complete to incorporate any potential pathway changes
- Dementia pathway:** First workshop took place. Working with Regional Partnership Board Dementia project linking with the 5 work streams/working groups with the next workshop in by March 2023
- Heart Failure pathway:** The first engagement workshop arranged for the 15<sup>th</sup> February 2023

Transformation Team Lead:

- Denise Roberts



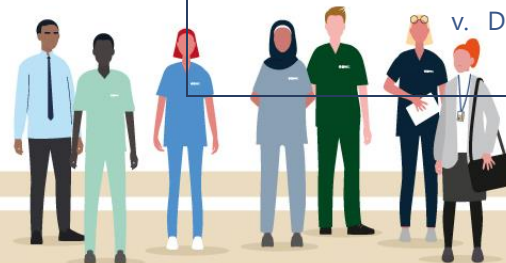
- Transformation & Improvement Office – Acceleration of move to evidence based independent portfolio assurance
- Improvement – building capability
- Value Based Care – virtual programme
- Betsi Pathways – update
- Transformational Analytics & Innovation**

Head of Innovation and Analytics recruited and commenced in December. Recent progress includes:

- National Integrated Innovation Strategy – Executive lead appointment and baseline report provided to Welsh Government of the current operating model, investment and infrastructure.
- The Head of Profession for Innovation now sits on the national innovation leads board.
- Life Sciences Hub Wales – Health Board relationship reviewed with CEO and BCU Programme Lead.
- Airbus UK – Lean improvement event to explore collaboration on data science and training links.
- Bevan Commission Intensive Learning Academy – team training to support Cohort 7 BCU Exemplars.
- Inaugural BCU-wide 'Innovation Showcase' – future events planned working with Asst. Dir. R&D.
- Regional Partnership Board (DDAT North Wales Transformation Group) – supporting Chief Digital and Information Officer to scope data integration across partners (working with Regional Innovation Coordination Hub, Bangor and Glyndwr Universities to identify multi-partner insights).
- Queens University Belfast (QUB) – held inaugural Digi-health Accelerator – run in partnership QUB and leading data industry partners to link up innovators with funding and venture capital.
- Current analytics workload:
  - Carpal tunnel pathway (ongoing) - dashboard developed and in testing.
  - Prostate cancer (ongoing) – sourcing non-Health Board data on prostate biopsy delays.
  - Colorectal & Anal cancer (new) - scoping requirements.
  - Osteoarthritis hip and knee pathway (new) – scoping requirements.
  - Decarbonisation (new). – scoping requirements.

Transformation Team Lead:

- Robert Ellis



## RESOURCE ALLOCATION

THE BETSI WAY  
IMPROVEMENT  
SYSTEM

Problem	Measure	Analyse	Ideas	Test	Sustain
<p><b>Decarbonisation &amp; Sustainability</b> – Denise Roberts, Marie Lewis-Smith, Stuart Firth, Sarah Hodgson, Wendy Scrase</p>		<ul style="list-style-type: none"> <li>• <b>Dementia Pathway</b> – Julie Ryley</li> <li>• <b>Heart Failure Pathway</b> – Helen Britton</li> <li>• <b>Journey to Excellence analysis</b> – Jackie Sayle, Bethan Wilkes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Prostate Cancer Pathway</b> – Joanne Hussein</li> <li>• <b>Colorectal Cancer Pathway</b> – Jonathan Evans</li> <li>• <b>Anal Cancer Pathway</b> – Jonathan Evans</li> <li>• <b>RTC Programme</b> – Julie Parry</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Orthopaedic Hip Pathway</b> – Sam Davies</li> <li>• <b>Orthopaedic Knee Pathway</b> – Sam Davies</li> <li>• <b>Planned Care Programme</b> – Tegid Williams</li> <li>• <b>6 Goals Programme</b> – Medwyn Jones, Siwan Mathias, Claire Manuel, Bethan Jones, Stephen Bird, Lisa Bennett</li> <li>• <b>MHLD – David Patel</b> + 3 WTE (all funded within MHLD)</li> <li>• <b>Journey to Excellence Programme</b> – Geraint Parry, Melissa Owen, Caroline Williams</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Carpal Tunnel Pathway</b> – Sarah Lawrence</li> <li>• <b>Virtual Group Clinics</b> – Sophie Blackstone</li> <li>• <b>WHO Checklist Engagement</b> – Emma Lloyd</li> </ul>
<p><b>Safe Care Collaborative</b> – Julie Ward-Jones, Claire Manuel, Laura Davies</p>					
<p><b>Pathways management and clinical oversight</b> – Denise Roberts, Vicky Freeman, Bethan Jones</p>					
<p><b>Value Based Care</b> – Denise Roberts</p>					
<p><b>Innovation &amp; Analytics</b> – Rob Ellis</p>					
<p><b>Continuous Improvement</b> – Julie Ward-Jones, Lou Waters, Laura Davies, Lucy Francis</p>					
<p><b>Portfolio Office</b> – Neil Windsor, Claire Waddicor-Evans, Andrea Rimmer, Luke Macdonald, Mitch Richardson, Jane Brailsford</p>					
<p><b>Leadership Walkabouts</b> – Caroline Williams and Jane Brailsford</p>					



<b>Teitl adroddiad:</b> <i>Report title:</i>	Operational Plan Monitoring Report (OPMR) 2022-23			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 23 February 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>This is a high-level report, providing a status update for Q3, on specific programmes outlined in the original IMTP for 2022-23.</p> <p>The committee is required to review the Q3 status updates, particularly those programmes that have provided no updates and those who provided narratives because the programme is not on track.</p> <p>The committee is asked to approve (or not) the report as providing assurance that the programmes are on track to deliver.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Performance, Finance and Information Governance Committee is asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Steve Webster Interim Executive Director of Finance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	David Vaughan Head of Performance Assurance			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b>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:</b> There are a significant number of programmes where leads did not engage with several requests nor provide a status update. Therefore, without understanding greater detail and scrutinising all the programmes full assurance cannot be provided by the report author. There is a general lack of engagement and understanding of who is responsible for these programmes – evidenced by 22 programmes having no Q3 status update and queries from leads asking for further details of programmes in general.</p>				



<b>Steps to improve this rating:</b> we are working on devising a framework for connecting the high-level reporting down through to the finer operational reporting to gain greater insights into progress – and thus assurance of delivery and impact.	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	The programmes monitored in this report are the key strategic programmes aimed at ensuring the health board delivers high quality services and outcomes the the population of North Wales.
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	This report is to be scrutinised at key committee meetings, of which PFIG is one.
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	Do/Naddo N The Report has not been Equality Impact Assessed as it is reporting on programme delivery status.
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	Do/Naddo N The Report has not been assessed for its Socio-economic Impact as it is reporting on programme delivery status.
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	The pandemic has produced a number of risks to the delivery of care across the healthcare system, including how well and quickly programmes can be delivered.
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b>Financial implications as a result of implementing the recommendations</b>	The delivery of the programmes here will have direct and indirect impact on the financial recovery plan of the Board.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <b>Workforce implications as a result of implementing the recommendations</b>	The delivery of the programmes here (some more than others) will have direct and indirect impact on the financial recovery plan of the Board.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <b>Feedback, response, and follow up summary following consultation</b>	This Q3 status updates has been provided by programme leads across the Health Board. And the full report has been reviewed by the report author.
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	This report provides a high-level overview of programmes that have potential to improve service delivery and outcomes for patients and service users. Therefore, for those programmes not on track there is a potential risk.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	Not applicable

<b>Reason for submission of report to confidential board (where relevant)</b>	
<p><b>Camau Nesaf:</b> Gweithredu argymhellion</p> <p><b>Next Steps:</b> <b>Implementation of recommendations:</b> There appears a disconnect between the programmes included in the IMTP and what's actually being delivered, including who is responsible for programme managing/delivering. Better programme oversight and governance is required – to ensure that all named leads are fully aware of their responsibilities and connection between operational delivery and programme management/delivery.</p>	
<p><b>Rhestr o Atodiadau:</b> Dim</p> <p><b>List of Appendices:</b> None</p>	



Summary

Planned Care

Planned Care  
Recovery

Unscheduled  
Care

Primary and  
Community Care

Mental Health

Population  
Health



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

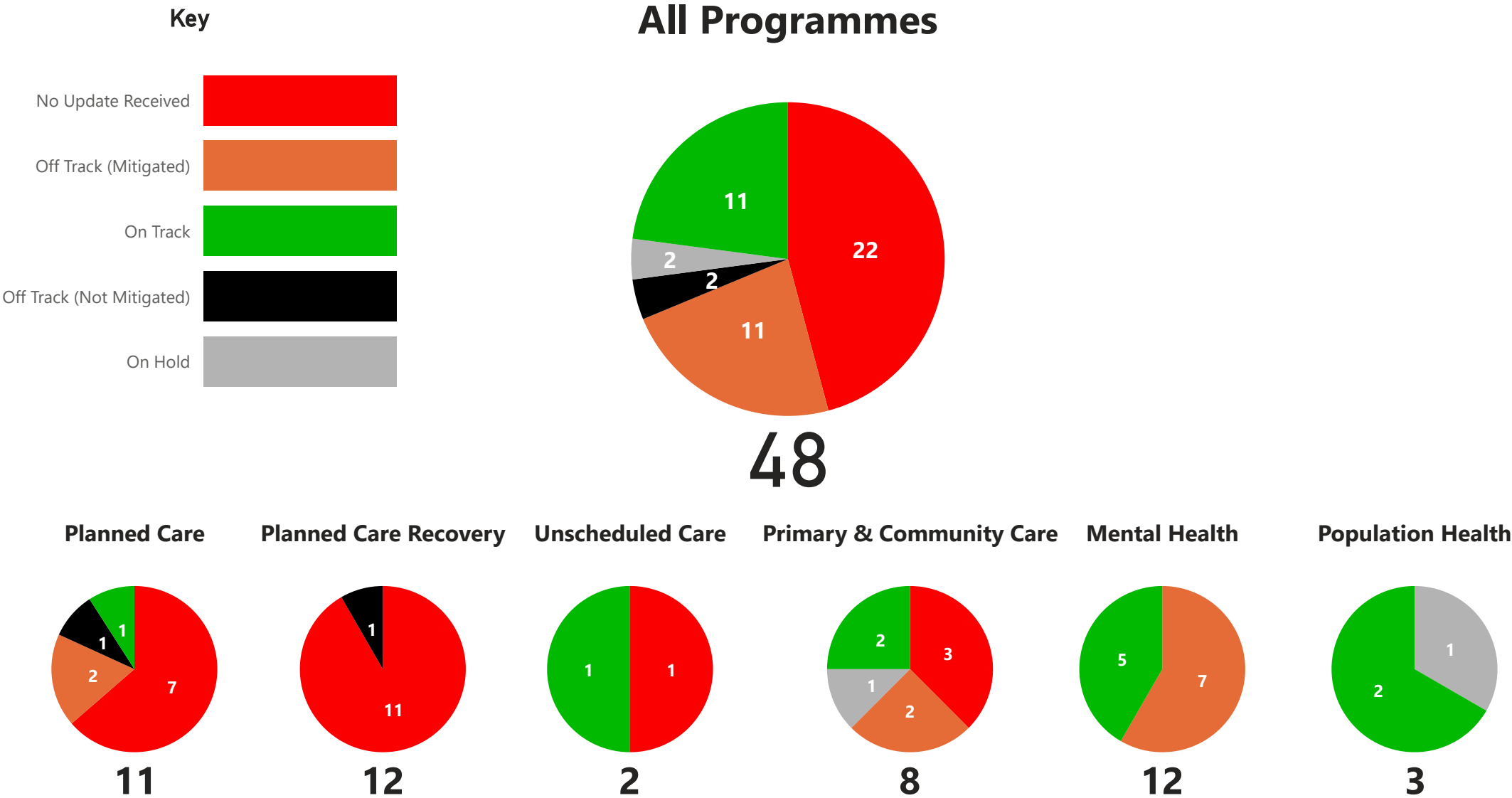
## Welcome to Betsi Cadwaladr University Health Board's Operational Plan Monitoring Report: 2022/23

### Reporting Period 1st October to 31st December 2022

*Produced by the Performance Directorate*



- Summary
- Planned Care
- Planned Care Recovery
- Unscheduled Care
- Primary and Community Care
- Mental Health
- Population Health





Home

Summary

Planned Care

Planned Care Recovery

Unscheduled Care

Primary and Community Care

Mental Health

Population Health

Planned Care Recovery

Our Outcomes

Our Programmes

Legend: 

Not Progressing

On Track

Off Track (Mitigated)

Off Track (Not Mitigated)

No Update

On Hold

StatusOnly One Update Submitted

Exec Lead: Nick Lyons

Last Updated On: 16th February 2023

To be Confirmed

Programme Title	Ref	Q1	Q2	Q3	Q4
Insourcing	Capacity - core and additional				
Outsourcing	Capacity - core and additional				
Partnerships	Capacity - core and additional				
Launch a Communication Strategy	Communication				
Attend Anywhere	Lean, value-focused support infrastructure - ADMINISTRATIVE				
GIRFT / National Prog in 5 specialities	Lean, value-focused support infrastructure - ADMINISTRATIVE				
PIFU, SOS, A&G	Lean, value-focused support infrastructure - ADMINISTRATIVE				
Pre-habilitation	Lean, value-focused support infrastructure - ADMINISTRATIVE				
Validation Programme	Lean, value-focused support infrastructure - ADMINISTRATIVE				
Oncology capacity	Lean, value-focused support infrastructure - CLINICAL				
Pathology	Lean, value-focused support infrastructure - CLINICAL				
Urology Robot	Modernisation				

Narrative

**Pre-habilitation:** East Prehab for Specialist Service on track and awaiting final accommodation to be signed off as ready in march 2023. No further progression in West and Centre due to lack of project management. IMTP support required for targeted/universal.

Home

Summary

Planned Care

Planned Care Recovery

Unscheduled Care

Primary and Community Care

Mental Health

Population Health

Unscheduled Care

Our Outcomes

To be Confirmed

Narrative

Status

Updates Not All Submitted

Exec Lead: Nick Lyons

Last Updated On: 16th February 2023

Our Programmes

Legend:

Not Progressing

On Track

Off Track (Mitigated)

Off Track (Not Mitigated)

No Update

On Hold

Programme Title	Ref	Q1	Q2	Q3	Q4
Strengthening ED & SDEC workforce to improve flow	a. 2022. 34				
Stroke services	a. 2022. 35				

**Stroke Services:** Phase 1 on track to implement Stroke Specialist Rehabilitation Units and ESD in East and Central IHCs in Q4. Phase 2 commenced and aligned with national programme. Governance established in BCUHB.



Home

Summary

Planned Care

Planned Care Recovery

Unscheduled Care

Primary and Community Care

Mental Health

Population Health

Mental Health

Our Outcomes

To be Confirmed

Narrative

Status

Off Track (Mitigated)

Exec Lead: Teresa Owen

Last Updated On: 16th February 2023

Our Programmes

Legend: 

Not Progressing

On Track

Off Track (Mitigated)

Off Track (Not Mitigated)

No Update

On Hold

Programme Title	Ref	Q1	Q2	Q3	Q4
AISB Joint Commissioning	a. 2022. 14				
CAMHS Training and Recruitment	a. 2022. 15				
CAMHS Transition and Joint Working	a. 2022. 16				
Early Intervention in Psychosis	a. 2022. 17				
Eating Disorders Service development	a. 2022. 18				
ICAN Primary Care	a. 2022. 19				
Medicines Management Support	a. 2022. 20				
Neurodevelopment recovery	a. 2022. 21				
Occupational Therapy	a. 2022. 22				
Older Persons Crisis Care	a. 2022. 23				
Perinatal Mental Health Services	a. 2022. 24				
Psychiatric Liaison Services	a. 2022. 25				

**Neurodevelopment Recovery:** Private providers delivery recovery plan (initially oct 22) has been further revised due to a decline in throughput of cases, this will result in cases being returned to BCUHB in Q4 (Feb/March). Contract will under-deliver on approximately 800 cases. **AISB Joint Commissioning:** The work undertaken has been successful. One success has been the support provided to Life Warriors group to be formed by people with personality disorders, helping people manage their symptoms, improve relationships, and into employment/education. **Eating Disorders Service development:** 9 of 21 posts now recruited. Accommodation remains as a barrier, options are being explored. Not likely to see an impact on the service until fully recruited. Working with digital leads to capture activity data and explore IT systems to support. **Occupational Therapy:** This Occupational Therapy scheme forms part of the broader Older persons Crisis Care scheme. A review of their role, impact and position within CMHT’s has commenced with an assessment due at the end of this year, 31/03/2023. **Older Persons Crisis Care:** 9 of 12 posts outlined under this scheme are appointed. The OT posts noted through OT scheme are a contributing resource to the Older Persons Critical Care Plans. Activity has focused on service change development and recruitment. **Perinatal Mental Health Services:** 4 WTE (60%) out of 6.5WTE recruited and trained, some job descriptions are going through evaluation. Accommodation has been a significant issue, which has impacted on the delivery. Options for accommodation are being explored with estates. **Psychiatric Liaison Services:** Recruitment progressing. Reviewing ToR and scope of Psychiatric Liaison work stream. Main focus on plan accreditation, which is a formal work stream of the Crisis Care work and confirming the role of Psychiatric Liaison in provision of Crisis care.



Home

Summary

Planned Care

Planned Care Recovery

Unscheduled Care

Primary and Community Care

Mental Health

Population Health

Population Health

Our Outcomes

To be Confirmed

Narrative

Status

On Track

Exec Lead: Teresa Owen

Last Updated On: 16th February 2023

Our Programmes

Legend:

Not Progressing

On Track

Off Track (Mitigated)

Off Track (Not Mitigated)

No Update

On Hold

Programme Title	Ref	Q1	Q2	Q3	Q4
Building a Healthier Wales (BAHW)	b. 2022. 5				
Community Pharmacy ES - ABBV	b. 2022. 7				
COVID-19 vaccination and Test, Trace and Protect (TTP)	a. 2022. 4				

<b>Teitl adroddiad:</b> <i>Report title:</i>	People (Workforce) Performance Report			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	23 <sup>rd</sup> February 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to outline the current workforce performance position as of December 2022.</p> <p>It also provides an update on the current position of Non-Clinical Senior Interims in terms of:</p> <ul style="list-style-type: none"> <li>Current Usage Position</li> <li>Ongoing Process Controls</li> <li>Current Performance Position</li> <li>Workforce Optimisation programme update aligned to delivery of recovery</li> </ul> <p>The report presented to this meeting is part of the ongoing development of the revised structure of the report and the level of detail required going forward.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to NOTE the current performance position provided and feedback any improvements on the content of this report for future reporting.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Sue Green, Executive Director of Workforce & Organisational Development (OD)			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nick Graham, Associate Director Workforce Optimisation			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>



<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b>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:</b></p>	
<p>Partial assurance level is due to continued gaps in information against a number schemes.</p>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<p>Living Healthier, Staying Well (LHSW)– Improve the safety and quality of all of our service Integrated Medium Term Plan (IMTP) Employer of Choice</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>Leadership is one of the domains for which the Health Board is subject to Targeted Intervention. The domains relating to Mental Health and Learning Disabilities, Glan Clwyd and Vascular Services are impacted by the workforce within these services.</p>
<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b></p>	<p>CRR21-13 Nurse Staffing CRR21-17 Children and Adolescent Mental Health Services (CAMHS) Out of Hours provision CRR22-18 Infection Prevention and Control (IPC) capacity CRR22-23 Unscheduled Care</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>No direct implications arising from this report</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>No direct implications arising from this report.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>There are no direct budgetary implications associated with this paper. Resources for maintaining compliance oversight are built into the workforce teams where collaborative working with finance, planning and transformation alongside service and scheme leads for the relevant outlined areas is taking place.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p>	<p>BAF21-18 Effective Alignment of Our People</p>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Workforce implications as a result of implementing the recommendations</b>	
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	
<b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Next Steps:</b>  To agree to ongoing format of the report and finalise this for the next reporting cycle.	
<b>List of Appendices:</b> Appendix 1. Workforce Performance Report	

# Workforce Performance Report – February 2023

Sue Green

Executive Director of Workforce & OD



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Workforce Metrics

## Budget Establishment

Staff Groups	Budgeted FTE	Actual FTE	Vacancy FTE
BCU Total	18965.2	17616.3	-1348.9
Nursing & Midwifery Registered	6038.5	5250.7	-787.8
Medical & Dental	1688.2	1541.9	-146.2

In December 2022, actual staff in post FTE increased by 61.5 FTEs, and budgeted FTE by 29.7 causing the vacancy FTE to decrease by 31.8 FTEs.

Increases in actual FTE were largely within Admin and Clerical, Additional Clinical Services and Estates and Ancillary staff groups. M&D actual FTE decreased by 5 FTE and an increase in budget FTE caused the vacancy FTE to grow by 8.7.

## Vacancy Rates

Staff Groups	Vacancy Rate
BCU Total	7.1%
Nursing & Midwifery Registered	13.0%
Medical & Dental	8.7%

The vacancy rate decreased by 0.2% in December 2022 owing to increases in the unregistered and non clinical workforce FTE. The Registered Nursing vacancy rate remained static and Medical and Dental vacancy rate increased by 0.5%

The areas with the greatest reduction in vacancy rates were Integrated Clinical Delivery – Regional Care (down 1.2%) and IHC West (down 0.7%).

## Sickness Absence

Staff Groups	Average FTE Lost per Day	Monthly Sickness %	Rolling Sickness %
BCU Total	1259	7.32%	6.50%
Nursing & Midwifery Registered	401	7.62%	6.85%
Medical & Dental	30	2.74%	2.85%

The monthly sickness rate increased by 1.16% in December 2022 which was largely driven by an increase in Cold, Cough and Flu sickness episodes. Average FTE days lost was over 200 higher than in November 2022.

The areas with the greatest increase in monthly sickness rates were Mental Health & Learning Disability (MHLD) (up 1.7%), Primary Care (up 1.6%) and IHC West (up 1.5%).

## Staff Turnover

Staff Groups	Turnover Rate	External Leavers FTE
BCU Total	10.14%	139.53
Nursing & Midwifery Registered	9.37%	36.63
Medical & Dental	12.51%	11.13

There were 139.5 FTE external leavers during December 2022 an increase of 0.1% in the turnover rate compared to November 2022.

Allied Health Professionals (AHPs) and Additional Clinical Services staff groups have seen the biggest increases in turnover in December 2022 (0.5% and 0.4% increases respectively). In terms of the areas, Integrated Health Community (IHC) East and MHLD have seen the biggest increases in turnover in December 2022 (0.5% and 0.4% increases respectively).

## Agency Usage

Staff Groups	Agency Utilised FTE
BCU Total	668.6
Nursing & Midwifery Registered	335.2
Medical & Dental	82.6

Agency equivalent FTE utilised dropped by 32.4 FTEs during December 2022. M&D also decreased by 17.5 FTEs and Nursing decreased by 10.9 FTEs.

IHC centre had the highest agency utilised FTE at 190.6 FTEs followed by IHC East at 186.1 FTEs, with IHC West agency utilised standing at 86.1 FTE in December 22.

## Bank Usage

Staff Groups	Bank Utilised FTE
BCU Total	854.9
Nursing & Midwifery Registered	102.8
Medical & Dental	127.6

Bank equivalent FTE utilised reduced by 57.7 FTEs during December 2022, M&D increased by 10.5 FTEs whilst Nursing increased by 1.5 FTEs. Additional Clinical Services (Nursing) staff group had the highest bank equivalent FTE utilised at 562.9.

IHC centre had the highest bank utilised FTE at 229.8 FTEs followed by IHC West at 201.0 FTEs and MHLD at 181.7 FTEs.

# Workforce Plan

## Bridging the Gap - Recruitment Position

The tables below outlines the initial position included in the approved plan for February 22 alongside December 22 actuals and a forecast for the end of quarter 4 which is to the end of March 23. It shows the position across all staff groups in terms of actual staff in post for February and December 22 and the net gain/loss between the two points. This provides a snapshot of additional FTE in post between two data points and enables us to see where greater focus is required in order to meet the improvement targets set.

Staff Group	February 2022 FTE Actual	December 2022 FTE Actual	Q1/2/3 Net Gain/Loss FTE Actual	Q4 Net Gain/Loss FTE Forecast	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
Add Prof Scientific and Technical	673.2	732.8	59.6	78.2	22.1	23.2
Additional Clinical Services	3534.1	3753.4	219.3	254.4	124.8	131.1
Administrative and Clerical	3335.5	3545.3	209.9	273.8	129.4	135.9
Allied Health Professionals	1109.4	1163.5	54.1	67.9	68.4	71.8
Estates and Ancillary	1263.5	1342.4	78.9	102.0	-57.2	85.8
Healthcare Scientists	253.0	271.7	18.7	23.8	24.5	29.4
Medical and Dental	1524.9	1541.9	17.0	20.9	63.6	89.0
Nursing and Midwifery Registered	5265.0	5250.7	-14.3	135.7	284.2	397.9
	16958.4	17601.8	643.3	956.8	659.9	964.1

The table shows that there has been an actual net gain across all staff groups except Nursing & Midwifery. This is primarily due to the reduced numbers of nursing students that have come through this year as a result of them either delaying their start date or not gaining enough clinical hours as they were working as Health Care Assistants (HCAs) across the Covid period to support the pandemic response.

Where students have not obtained enough clinical hours their start date has now been pushed back to March 23 and beyond. We should see an influx at the end of the year and into Q1 of 23/24 which on the current trajectory would give us an increase of 135 wte nurses by the end of 22/23 as against an trajectory of 284 wte that was set as the original forecast for 22/23. This reduction in student numbers is looking to be offset by a number of targeted drives across the Health Board and a further push for overseas nurses working through the all-wales programme.

The forecast column has been RAG rated based on the position in the first, second and third quarters and on the basis of average recruitment levels across that period and the assumption that we will continue recruiting at the same rate across the 4th quarter of 22/23. On this basis those indicated in green will meet the March 23 target or will have exceeded it if we recruit at the same rate across each quarter going forward.

Those in amber indicate where we are off track, but based on the current information regarding recruitment forecasts we are reasonably confident the trajectory profile target can be met.

Those indicated in red are for the following reasons: the student numbers expected through the Student Streamlining Process are delayed for nursing and lower than expected in some areas at this time. The medical position is partially but not wholly based on a delay in implementation of the overseas programme with Bapio due to the ongoing pressures and significant challenges the Health Board continues to face. This is now scheduled to take place in March/April 23 and 45 fte positions have been targeted across the medical workforce. In conjunction with this a further overseas campaign is being organised for May 23 which should see another 25 fte positions recruited to close the gap.



# Workforce Plan

## Nurse Staffing Act (NSA) Wards – IHC Centre

The table shows the current position across the IHC and covers a number of elements including there net vacancy position by FTE, the current amount of unavailability and the current temporary utilised all by FTE giving an overall net position. Alongside this is the current recruitment activity across the relevant wards.

The overall position below shows a net vacancy deficit of 74.2 fte with an overall net deficit of 46.1 fte but it also shows 21.6 fte job offers made with a further 60.4 fte live vacancy adverts. This shows that whilst gaps are significant they are mitigated slightly by the level of temporary staffing being utilised and the recruitment activity in the system.

Organisation Name	Budget ed FTE	Actual FTE	Perman ent FTE	Fixed Term FTE	NWSSP Drs FTE	Net Gain or Deficit Vacancy FTE	Sickness Unavail ability FTE	Maternity Unavaila bility FTE	Special Leave Unavail ability FTE	Agency Utilised FTE	Bank Utilised FTE	Overtime & Addition al Utilised FTE	Overall Net Gain or Deficit FTE	Bank & Agency Shifts Unfilled FTE	Offer Exter nal (FTE)	Offer Intern al (FTE)	Live Vacancy Adverts (FTE)
⊞ C Abergele Ward 6 E-R (N141)	21.9	17.1	17.1			-4.8	-1.1		0.0	0.0	0.3	0.5	-5.2	-0.44		1.0	
⊞ C Stroke Unit YGC Ward 14 E-R (C885)	23.1	13.4	13.4	0.0		-9.6	-0.4	-0.6		4.0	0.2	0.2	-6.3	-2.34		2.0	13.0
⊞ C YGC Childrens Unit (Previously Ward 17 &18) E-R (F070)	39.4	28.1	27.6	0.5		-11.4	-2.3	-2.1	0.0	5.3	2.8	1.4	-6.3	-2.57	4.0	2.0	2.0
⊞ C YGC Vascular Ward E-R (N142)	18.1	13.0	12.0	1.0		-5.0	-1.6	-1.0		4.7	0.0	0.4	-2.5	-1.53		1.0	5.8
⊞ C YGC Ward 1 COTE E-R (C895)	17.6	13.6	12.6	1.0		-4.0	-1.2		0.0	3.0	0.0	0.0	-2.2	-2.80	1.0		2.0
⊞ C YGC Ward 10 Medicine E-R (C946)	17.6	13.0	13.0			-4.6	-1.6		-0.1	4.5	0.2	0.7	-1.0	-2.59		1.0	4.0
⊞ C YGC Ward 11 Respiratory E-R (C887)	23.1	15.6	15.0	0.6		-7.5	-1.0	-1.0		3.5	0.4	0.2	-5.4	-5.15	1.0	1.0	
⊞ C YGC Ward 12 Renal E-R (C894)	17.6	16.6	16.6			-1.0		-1.0	-0.3	2.9	0.1	0.3	1.1	-2.63	1.0	1.6	6.6
⊞ C YGC Ward 2 COTE E-R (C896)	17.6	15.9	15.9			-1.7	-1.2	-2.2	-0.1	3.3	0.6	0.0	-1.3	-1.50			1.0
⊞ C YGC Ward 4 Cardiology E-R (C886)	17.6	15.7	15.7			-1.9	-0.3	-1.9	0.0	2.6	0.0	0.1	-1.4	-0.61	1.0		
⊞ C YGC Ward 5 E-R (N058)	23.3	19.6	19.6			-3.6	-0.4	-0.6		0.9	0.3	1.8	-1.6	-1.21		2.0	
⊞ C YGC Ward 7 (was Ward 6) E-R (N140)	23.0	12.8	11.8	1.0		-10.3	-1.4	-1.0		3.5	0.3	0.6	-8.3	-3.86	1.0	1.0	3.0
⊞ C YGC Ward 8 Colorectal (was Ward 6) E-R (N055)	17.7	13.9	13.9			-3.9	-3.2	-1.0		4.3	0.0	0.9	-2.8	-3.11			19.0
⊞ C YGC Ward 9 Gastro E-R (C913)	17.9	12.8	12.8			-5.1	-1.2	-1.0		3.6	0.5	0.2	-2.8	-6.09			4.0
<b>Total</b>	<b>295.3</b>	<b>221.0</b>	<b>216.9</b>	<b>4.1</b>		<b>-74.2</b>	<b>-16.9</b>	<b>-13.4</b>	<b>-0.6</b>	<b>46.1</b>	<b>5.6</b>	<b>7.3</b>	<b>-46.1</b>	<b>-36.43</b>	<b>9.0</b>	<b>12.6</b>	<b>60.4</b>

# Workforce Plan

## NSA Wards – IHC East

The table shows the current position across the IHC and covers a number of elements including there net vacancy position by FTE, the current amount of unavailability and the current temporary utilised all by FTE giving an overall net position. Alongside this is the current recruitment activity across the relevant wards.

The overall position below shows a net vacancy deficit of 49.5 fte with an overall net gain of 8.1 fte but it also shows 26.1 fte job offers made with a further 37.6 fte live vacancy adverts. This shows that whilst gaps are significant they are mitigated by the level of temporary staffing being utilised and the recruitment activity in the system.

Organisation Name	Budget ed FTE	Actual FTE	Perman ent FTE	Fixed Term FTE	NWSSP Drs FTE	Net Gain or Deficit Vacancy FTE	Sickness Unavail ability FTE	Maternity Unavaila bility FTE	Special Leave Unavail ability FTE	Agency Utilised FTE	Bank Utilised FTE	Overtime & Addition al Utilised FTE	Overall Net Gain or Deficit FTE	Bank & Agency Shifts Unfilled FTE	Offer Exter nal (FTE)	Offer Intern al (FTE)	Live Vacancy Adverts (FTE)
E Acton NIV E-R (C660)	24.0	18.4	18.4			-5.6	-0.9	-1.0	-1.0	3.6	0.0	0.6	-4.2	-2.81		2.0	
E Bonney Ward Nursing YWM E-R (C663)	18.9	12.0	12.0			-7.0	-1.4	-1.0		5.2	0.0	0.3	-3.8	-0.28	1.0		2.0
E Erddig (Colorectal) Surgical Ward YWM E-R (N090)	26.6	14.0	14.0			-12.6	-0.1		-0.1	5.8	1.4	1.2	-4.3	-0.97			16.6
E Fleming Medical Ward E-R (C676)	15.3	16.0	16.0			0.6	-1.1	-1.0		4.0	0.1	0.1	2.8	-1.23	1.0	1.0	3.4
E Maelor ACU Nursing E-R (C662)	29.4	23.4	23.4			-6.0	-0.6	-0.5		4.8	0.0	2.2	-0.2	-3.05	1.0	3.0	
E Maelor Bersham (Stroke) Wd Nursing NSA E-R (C669)	23.8	13.4	13.4			-10.4		-3.0		6.1	0.2	0.4	-6.7	-2.44	2.0	1.0	
E Maelor Children's Ward Paediatric Nurses E-R (F042)	36.7	33.7	33.7			-2.9	-1.2	-1.0	0.0	0.0	1.5	4.6	1.0	-0.54	3.0		
E Maelor Cunliffe Wd Nursing NSA E-R (C716)	17.3	13.0	13.0			-4.3	-1.2		-0.2	3.9	0.1	0.8	-0.8	-2.25	2.0	1.0	
E Maelor Morris Wd Nursing NSA E-R	16.4	18.5	18.5			2.1	-0.4	-2.0		4.4	0.0	1.5	5.8	-4.59			5.0
E Pantomime Ward YWM E-R (C668)	15.2	15.0	15.0			-0.2	-1.2			3.1	0.0	0.8	2.6	-1.43	2.0		
E Prince of Wales Ward Medical E-R (N380)	12.7	11.4	11.4			-1.3	-0.2			4.4	1.0	2.0	6.0	-1.74		1.0	3.8
E YWM Arrivals & Pasteur Wards E-R	10.0	15.9	15.9			5.9	-0.5	-1.0		6.5	1.6	0.0	12.6	-1.73	0.6	1.0	4.6
E YWM Mason Trauma and Orthopaedic Ward E-R (N174)	18.5	15.4	15.4			-3.1	-1.1	-1.0	-0.3	6.1	0.9	0.6	2.1	-1.06			2.3
E YWM Samaritan Ward NSA E-R (N175)	13.0	12.5	11.5	1.0		-0.5	-2.3		-1.2	0.0	0.0	1.0	-3.0				
E YWM Surgical Assessment Unit E-R	26.6	22.2	22.2			-4.4	-2.4	-1.9	-0.7	5.8	1.5	0.3	-1.7	-4.24	1.6	1.8	
<b>Total</b>	<b>304.2</b>	<b>254.8</b>	<b>253.8</b>	<b>1.0</b>		<b>-49.5</b>	<b>-14.4</b>	<b>-13.4</b>	<b>-3.5</b>	<b>63.9</b>	<b>8.5</b>	<b>16.3</b>	<b>8.1</b>	<b>-28.37</b>	<b>14.3</b>	<b>11.8</b>	<b>37.6</b>

# Workforce Plan

## NSA Wards – IHC West

The table shows the current position across the IHC and covers a number of elements including there net vacancy position by FTE, the current amount of unavailability and the current temporary utilised all by FTE giving an overall net position. Alongside this is the current recruitment activity across the relevant wards

The overall position below shows a net vacancy deficit of 53.8 fte with an overall net deficit of 47.1 fte but it also shows 38.1 fte job offers made with a further 20 fte live vacancy adverts. This shows that the gaps are significant and they are not mitigated by the level of temporary staffing being utilised but the recruitment activity in the system is encouraging.

Organisation Name	Budget ed FTE	Actual FTE	Perman ent FTE	Fixed Term FTE	NWSSP Drs FTE	Net Gain or Deficit Vacancy FTE	Sickness Unavail ability FTE	Maternity Unavaila bility FTE	Special Leave Unavail ability FTE	Agency Utilised FTE	Bank Utilised FTE	Overtime & Addition al Utilised FTE	Overall Net Gain or Deficit FTE	Bank & Agency Shifts Unfilled FTE	Offer Exter nal (FTE)	Offer Intern al (FTE)	Live Vacancy Adverts (FTE)
W Children' s Unit YG E-R (F121)	36.8	31.3	30.3	1.0		-5.6	-3.4	-2.6	-1.1	0.0	1.7	0.7	-10.3	-0.89	1.0	1.0	
W Dulas Ward NSA E-R (N023)	22.5	16.1	16.1			-6.4	-1.0	-1.0		2.7	0.5	0.2	-5.0	-2.67	2.0		3.0
W Glaslyn Ward (Aran pre 27/12/07) NSA E-R (C741)	17.8	10.7	10.7			-7.1	-0.7		-1.0	0.8	0.1	0.7	-7.2	-2.99	3.0	0.6	1.0
W Glyder Cardiology Ward NSA E-R (C743)	14.4	14.6	14.6			0.2	-0.4	-3.0		0.2	0.8	0.9	-1.2	-0.46	2.0	1.0	1.0
W Hebog Ward NSA E-R (C745)	26.0	24.2	24.2			-1.7	-1.6	-1.0		0.0	0.0	0.6	-3.7	-0.31		1.0	
W Moelwyn Ward NSA E-R (C746)	23.6	20.3	20.3			-3.3	-0.9	-1.5	-0.2	3.5	0.3	0.7	-1.6	-4.39	3.0	2.0	2.0
W Ogwen Ward YG NSA E-R (N122)	17.1	13.7	13.7			-3.5	-2.0	-1.0	-0.7	1.4	0.0	0.2	-5.5	-1.49	1.0		
W Prysor (Stroke) Ward (Tegid pre 1/8/07) NSA E-R (C748)	13.8	10.6	10.6			-3.2	-1.0			0.9	0.0	0.5	-2.7	-0.35	1.0		2.0
W Tryfan (Gogarth prior to Nov 12) NSA E-R (C744)	20.7	12.1	12.1			-8.6	-1.3			6.4	1.8	0.5	-1.2	-4.73		4.0	3.0
W Tudno Ward E-R (N024)	12.5	9.6	9.6			-3.0	-0.1			5.3	0.5	0.1	2.9	-4.03		5.4	7.0
W YG Enlli Ward E-R (N123)	13.5	10.4	10.4			-3.2	-0.9	-0.3	0.0	0.8	0.2	1.0	-2.4	-0.66	3.0	1.0	1.0
W YG Tegid (Colorectal) Ward E-R (N301)	27.9	19.5	19.5			-8.4	-1.9	-1.0	-0.9	2.1	0.3	0.8	-9.0	-6.16	3.0	3.0	
Total	246.7	192.9	191.9	1.0		-53.8	-15.3	-11.4	-3.9	24.2	6.2	6.9	-47.1	-29.13	19.0	19.1	20.0

# Workforce Plan

## NSA Wards – Regional and Womens

The table shows the current position across the IHC and covers a number of elements including there net vacancy position by FTE, the current amount of unavailability and the current temporary utilised all by FTE giving an overall net position. Alongside this is the current recruitment activity across the relevant wards.

The overall position below shows a net vacancy deficit of 1.3 fte with an overall net deficit of 5.5 fte but it also shows 2 fte job offers made with a further 0.6 fte live vacancy adverts. This shows that whilst the gaps are minimal, they increase with other unavailability and are not mitigated by the level of temporary staffing being utilised but the recruitment activity in the system is encouraging.

Organisation Name	Budget ed FTE	Actual FTE	Perman ent FTE	Fixed Term FTE	NWSSP Drs FTE	Net Gain or Deficit Vacancy FTE	Sickness Unavail ability FTE	Maternity Unavaila bility FTE	Special Leave Unavail ability FTE	Agency Utilised FTE	Bank Utilised FTE	Overtime & Addition al Utilised FTE	Overall Net Gain or Deficit FTE	Bank & Agency Shifts Unfilled FTE	Offer Exter nal (FTE)	Offer Intern al (FTE)	Live Vacancy Adverts (FTE)
⊞ C Enfys Ward NSA E-R (Q096)	17.3	14.2	14.2			-3.1	-1.1		-0.1	0.0	0.2	0.9	-3.2	-0.68	1.0		
⊞ C YGC Ward 19A - Glaslyn - Gynae E-R (M511)	13.9	13.8	13.8			-0.1	-0.5	-1.0	-0.5	0.0	0.2	0.9	-1.0				
⊞ W Alaw Ward E-R (Q102)	17.3	19.1	17.1	2.0		1.8	-1.5	-2.0	0.0	0.0	0.0	0.4	-1.3			1.0	0.6
Total	48.5	47.2	45.2	2.0		-1.3	-3.2	-3.0	-0.6	0.0	0.4	2.2	-5.5	-0.68	1.0	1.0	0.6

# Senior Interims

## Current Position

As of the 31<sup>st</sup> January 2023 there were 48 senior agency interims working across the organisation. Of these 20 were covering a vacancy and 7 were providing additional capacity above an existing budgeted establishment, the other 17 were providing additional project resource or specialist skills.

The tables over the next two pages show the breakdown by title and to which executive role the interims are aligned to.

BCU Executive	Post Title
Chief Digital Information Officer	IQPR Developer (RO)
Chief Digital Information Officer	Senior Business Analyst (Informatics)
Chief Digital Information Officer	Project Manager (DC)
Chief Digital Information Officer	IQPR Developer (BE)
Chief Digital Information Officer	Information Development Analyst (AA)
Chief Digital Information Officer	Information Business Manager (HT)
Executive Director of Finance	Interim Director of Performance (BC)
Executive Director of Finance	Finance Analyst (FK)
Executive Director of Integrated Clinical Delivery	Senior Programme Advisor for Planned Care (AK)
Executive Director of Integrated Clinical Delivery	Directorate General Manager (NR)
Executive Director of Integrated Clinical Delivery	OPD Programme Support Manager (AO)
Executive Director of Integrated Clinical Delivery	Vascular Network Director (JF)
Executive Director of Integrated Clinical Delivery	Project Delivery Support/IHC Journey to Excellence Programme (Central) (JP)
Executive Director of Integrated Clinical Delivery	EPRR Lead (DL)
Executive Director of Integrated Clinical Delivery	Project Manager/Validation (SE)
Executive Director of Integrated Clinical Delivery	North Wales Insourcing & Outsourcing Manager (MP)
Executive Director of Integrated Clinical Delivery	Interim Assistant Director Of Governance (DS)
Executive Director of Integrated Clinical Delivery	RTC Project manager (CL)
Executive Director of Integrated Clinical Delivery	Head Of Risk Management (Interim) (PR)
Executive Director of Integrated Clinical Delivery	Vascular Network Nursing and Governance Director (HK)
Executive Director of Integrated Clinical Delivery	Planned Care Elective Recovery Manager (VO)

# Senior Interims

## Current Position

BCU Executive	Post Title
Executive Director of Integrated Clinical Delivery	Project manager (TH)
Executive Director of Integrated Clinical Delivery	Associate Director (IPC) (IPC support) (SB)
Executive Director of Integrated Clinical Delivery	Senior Programme Manager – Safe, Clean Care (SGo)
Executive Director of Integrated Clinical Delivery	Interim Deputy Director of Integrated Clinical Services - Regional Delivery (PO)
Executive Director of Integrated Clinical Delivery	Programme Director for Clinical Quality Improvement (GT)
Executive Director of Integrated Clinical Delivery	Integrated Health Community Director (LRD)
Executive Director of Integrated Clinical Delivery	Interim IHC Director (DC)
Executive Director of Integrated Clinical Delivery	Interim Executive Director of Finance (SW)
Executive Director of Integrated Clinical Delivery	Vaccination Programme Director (GR)
Executive Director of Integrated Clinical Delivery	IHC Medical Director (Central) (TD)
Executive Director of Integrated Clinical Delivery	Project Lead, Interim (CAMHS) (RR)
Executive Director of Nursing & Midwifery	Infection Prevention Specialist (AP)
Executive Director of Nursing & Midwifery	BCUHB Decontamination Advisor (TG)
Executive Director of People and OD	Workforce Programme Advisor (DA)
Executive Director of People and OD	Programme Director for People Strategy (CW)
Executive Director of People and OD	Workforce Programme Optimisation Lead (GS)
Executive Director of Public Health	Project Lead (MHLD) (MS)
Executive Director of Public Health	Interim Director of Nursing (PL)
Executive Director of Public Health	TTP Public Health Consultant (IR)
Executive Director of Public Health	Interim Director of MH&LD (IW)
Executive Director of Public Health	TTP Lead Support Role (PKF)
Executive Director Transformation & Planning	Interim Regional Treatment Centre Programme Director (HM)
Executive Director Transformation & Planning	Project Delivery Support (CP)
Executive Medical Director	Interim Vascular Transformational Director (MA)
Executive Medical Director	Vascular Programme Operational Delivery Manager (BO)
Executive Medical Director	Acting Deputy Exec Medical Director (JR)
Interim Chief Executive Officer	Interim Board Secretary (prev. Deputy Board Secretary) (MM)

# Senior Interims

## Summary

The revised Standard Operating Procedure (SOP) is now completed and being worked to by workforce teams . The revised compliance report has gone to the Executive Team covering December 22 and January 23.

There has been a 19% reduction in the usage of senior interims over the last period with the number being 59 at the end of November 22 and now down to 48 at the end of January 23 a drop of 11. The workforce optimisation team is working to further reduce this number over the next period enforcing the process and ensuring interim solutions are only utilised where essential across the organisation.

The average rate per day the organisation pays for senior agency interims has also reduced from £692 per day to £578 per day across the period November 22 to January 23, a reduction of 16%. The workforce optimisation team are focusing on rates following the benchmarking work carried out and reported to the last meeting in December and challenging where they seem out of line with overall market rates.

As part of ongoing grip and control measures the new amendments to the approval process are being enforced and the team are ensuring all actions are completed/in place before any further action is taken by the team in processing the request for interim agency provision.

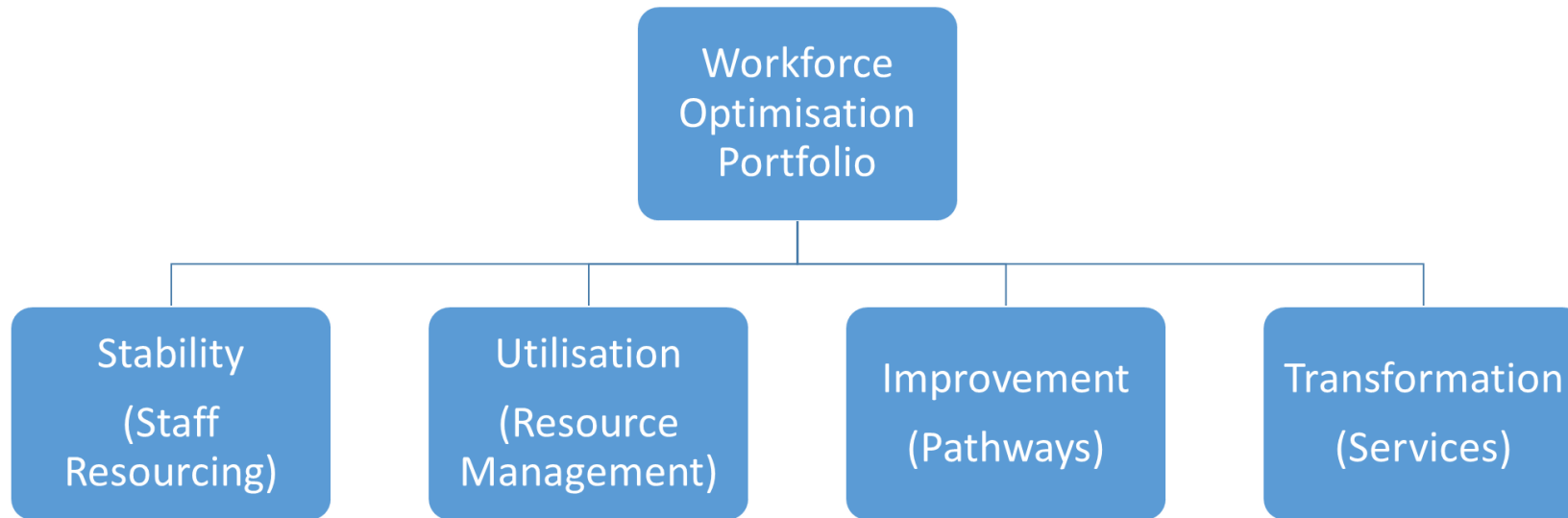
The ongoing Workforce Optimisation programme is now focusing on driving the vacancies linked to interim solutions to ensure this recruitment is fast tracked and completed in a timely manner. This aligns with capping the number of months an interim can be booked or extended to at four. Furthermore, a more detailed set of metrics will be reported going forward to the committee as this work develops.



# Workforce Optimisation

## Summary

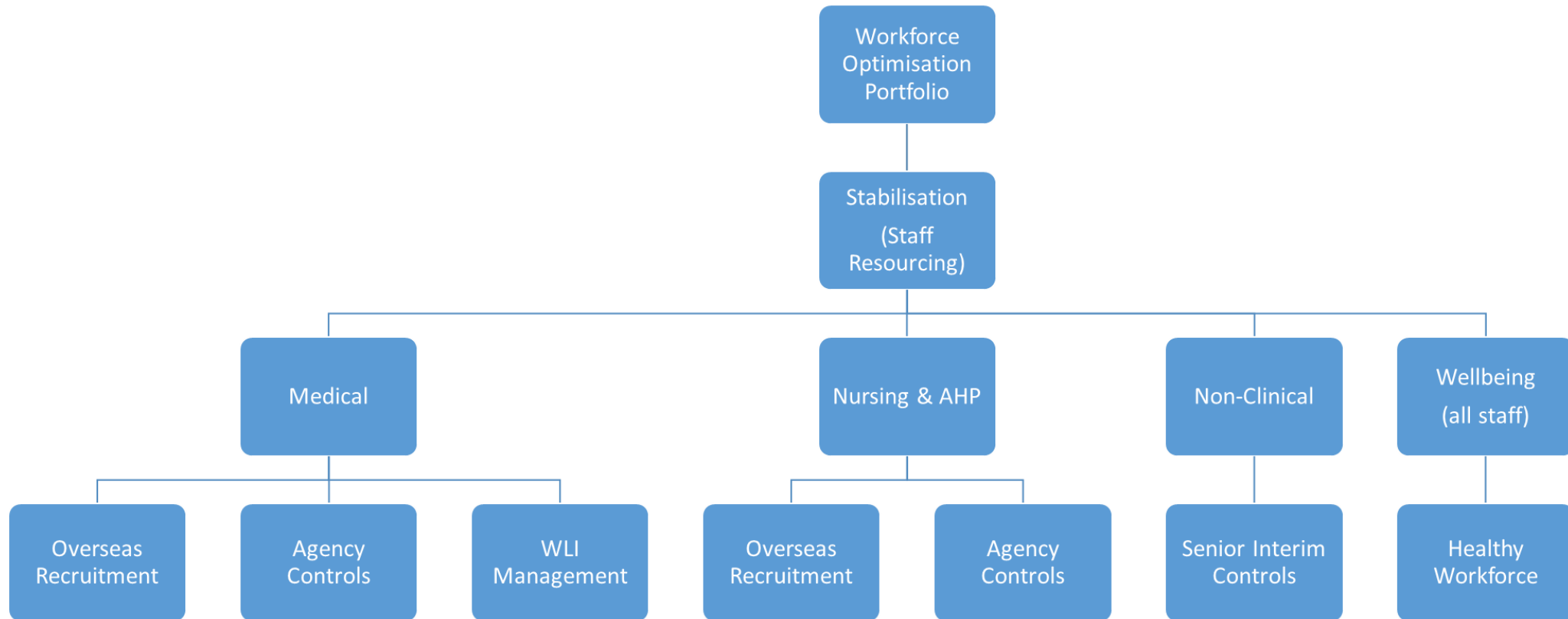
The Workforce Optimisation portfolio is now developed with a detailed programme outline included for reference. The methodology behind the programme is one of building a solid foundation across services. This is around four key pillars of work. The programme focuses initially on short-term recovery whilst providing a baseline to ensure better utilisation of the services current resource whilst delivering a platform for improvement and transformation going forward. This enables a service to stabilise their current situation by reducing its reliance on temporary staffing solutions and then to look at fully utilising that resource to ensure success in any improvement/transformation initiatives going forward. Meetings have taken place with the programme leads for the relevant elements of each programme and a meeting with the Executive Director of Finance has taken place to quantify the opportunity across the programmes. This work will be completed by the end of February 23.



# Workforce Optimisation

## Programme Outlines

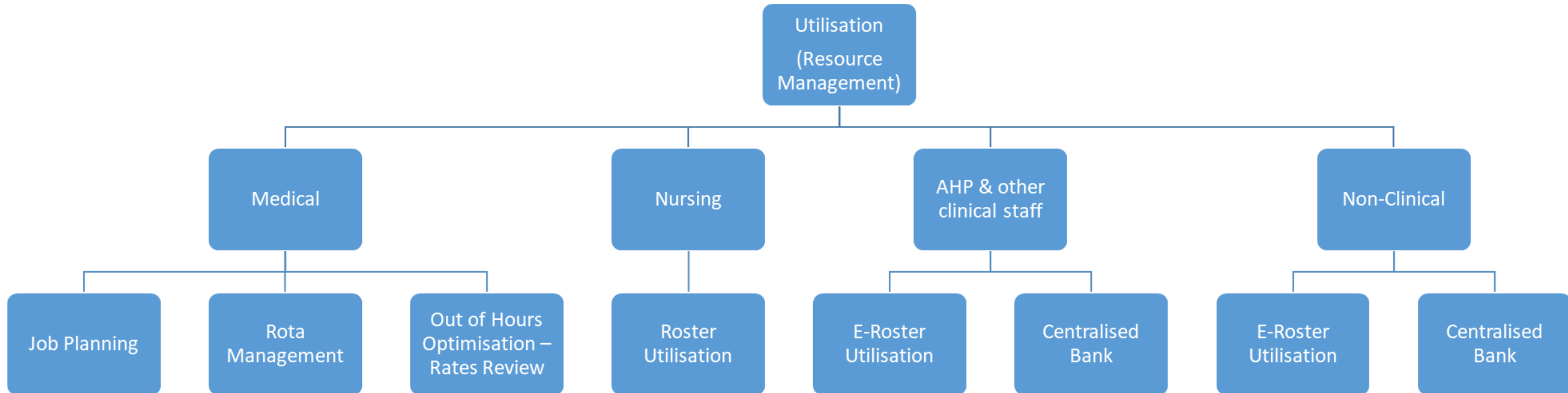
The Workforce Optimisation Stabilisation programme covers four elements, Medical, Nursing & AHP, Non-Clinical and Wellbeing (all staff). The main areas of focus to date have been around medical and non-clinical, the senior interims as described previously in this report and medical agency controls and overseas recruitment. The team have been working with Medacs, our managed service provider, to identify areas of opportunity across the medical workforce in terms of agency and permanent recruitment. These are being quantified at this time and will be included in the opportunities available going forward. The timeline for this is end of February 23.



# Workforce Optimisation

## Programme Outlines

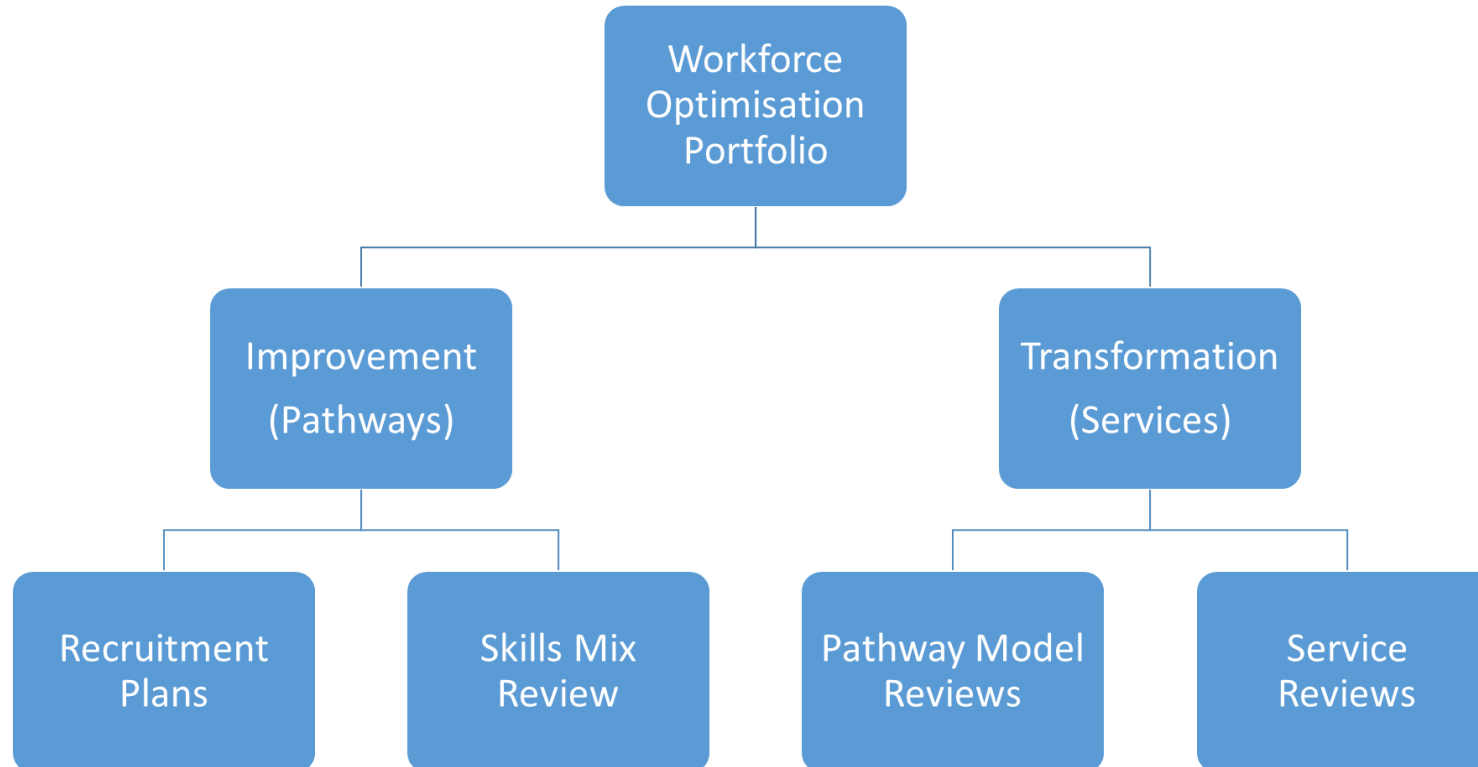
The Workforce Optimisation utilisation programme covers four elements, Medical, Nursing, AHP and other clinical staff and Non-Clinical. The main areas of focus to date have been around medical at this time in terms of job planning and rates reviews. The team have been working at local and national level to identify areas of opportunity across the medical workforce in terms of rates. This work links to ongoing temporary staffing usage and aligns with the wider reduction in medical agency usage. The job planning work is looking at revitalising work initially started in 19/20 prior to Covid and involves working closely with the Interim Deputy Executive Medical Director and the Office of the Medical Director to quantify opportunities. It is intended that initial opportunities will be included in the work being completed by the end of February 23.



# Workforce Optimisation

## Programme Outlines

The Workforce Optimisation Improvement and Transformation programmes support the ongoing work currently being taken forward by the Transformation and Improvement teams. The intention is to better link the targeted intelligence and current initiatives going on across the Health Board to ensure we utilise our current resource to best effect and identify opportunities for pathway improvement and service transformation where it can have maximum impact. Some areas of this work being currently undertaken are orthopaedics, anaesthetics, vascular and supporting the regional treatment centre development work.





<b>Teitl adroddiad:</b> <i>Report title:</i>	Quality and Performance Report to 31 <sup>st</sup> January 2023			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 23 February 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>This report outlines performance against the key performance and quality measures identified as a priority for the Health Board and reported to the Performance, Finance and Information Governance Committee. The summary of the report is now included within the Executive Summary pages of the Quality and Performance Report and demonstrates the work related to the key measures contained within the 2022-23 National Performance Framework. This framework has been revised to provide performance measures including Ministerial Priority Measures under the Quadruple Aims set out in A Healthier Wales.</p> <p>The structure of the report follows the sub-chapter headings within the Quadruple Aims.</p> <p>Following feedback from members of the Board, the trend arrows have been replaced with rolling 12 month trend charts which better illustrate past performance and direction of travel of performance.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Performance, Finance and Information Governance Committee is asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Steve Webster Interim Executive Director of Finance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	David Vaughan Head of Performance Assurance			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol <i>Acceptable</i> <input type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhannol <i>Partial</i> <input checked="" type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>

	High level of confidence/evidence in delivery of existing mechanisms/objectives	General confidence / evidence in delivery of existing mechanisms / objectives	Some confidence / evidence in delivery of existing mechanisms / objectives	
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b>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:</b> There are a number of under-performing key areas across the Health Board with limited evidence and assurance that improvements will be made and/or sustained – hence the partial assurance.</p> <p><b>Steps to improve this rating:</b> We will continue focus on improving performance reporting and workflows, which includes supporting leads and services to improve the connection between correcting actions, plans and improvements – to benefit both our local population health and well-being and that of our workforce.</p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	The performance measures included in this report are from the NHS Wales Performance Framework 2022-23.			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b>	This report will be available to the public once published for Performance, Finance and Information Governance Committee			
<b>Regulatory and legal implications:</b>				
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Do/Naddo N			
<b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	The Report has not been Equality Impact Assessed as it is reporting on actual performance.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	Do/Naddo N			
<b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	The pandemic has produced a number of risks to the delivery of care across the healthcare system			
<b>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</b>				
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	The delivery of the performance indicators contained within the annual plan will have direct and indirect impact on the financial recovery plan of the Board.			
<b>Financial implications as a result of implementing the recommendations</b>				
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on our current and future workforce.			
<b>Workforce implications as a result of implementing the recommendations</b>				

<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>This report has been reviewed in parts (narratives) by senior leads across the Health Board and relevant Directors. And the full report has been reviewed by the report author.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)</p>	<p>This QP report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b><i>Reason for submission of report to confidential board (where relevant)</i></b></p>	<p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b><i>Next Steps:</i></b> <b><i>Implementation of recommendations:</i></b> <i>Continued focus on any areas of under-performance where assurance isn't of sufficient quality to believe performance is or will improve as described.</i></p> <p><b>Rhestr o Atodiadau:</b></p> <p><b><i>List of Appendices:</i></b> <i>None</i></p>	



# Quality and Performance Report



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University Health Board

Performance to 31st at January 2023  
Presented on 23rd February 2023

## Performance, Finance & Information Governance Committee

Title	Page	Title	Page
Cover	2	Chapter 3:	43
Table of Contents	2	3a: Motivated & Sustainable Workforce	44
About this Report	3	Chapter 4:	52
Overall Summary Dashboard	4	4a: High Value Outcomes Based System	53
Executive Summary	5	Additional Information	56
Chapter 1:	6	Further Information	60
1a: Screening	7		
Chapter 2:	9		
2a: Primary & Community Care	10		
2b: Urgent & Emergency Care	12		
2c: Patient Flow & Discharge	20		
2d: Elective & Planned Care	23		

**Welsh Government has advised Performance, Finance & Information Governance Committees to continue to monitor performance in line with the measures included in the 2022-23 NHS Wales Performance Framework published in July 2022. The Report is structured according to the sub-chapters of the Quadruple Aims as presented in A Healthier Wales.**

## Report Structure

This report is in a state of transition as we amend it to reflect the new NHS Wales Performance Framework for 2022-23. There are new measures where data wasn't previously collected – we will include these when the data is published.

Due to particular meeting schedules and report production timelines it hasn't been possible to have the very latest data for all measures.

This 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.

## Performance Monitoring

Narratives are provided on groups of red rated narratives.

The NHS Wales Performance Framework for 2022-23 was published in the latter half of July 2022. We are working hard to ensure all new measures are included in this report, where appropriate. Where measures are not being reported it's because we are establishing processes to collect the data or it's not available.

As part of phase two of the IQPR (Integrated Quality & Performance Report) project, this report will be moved onto Power BI and utilise Microsoft 365 applications.

## Ongoing development of the Report

Publication of the Quality and Performance Report will continue whilst the Performance, Finance and Information Governance Committee transitions over to the new Integrated Quality & Performance Report (IQPR) in Power BI.

In the meantime, following feedback from Board members, some changes have been made to the Q&P Report. These are as follows:-

- The structure of the Executive Summary – to improve clarity of performance position.
- Images have been removed from the report to reduce the size of the report.
- RAG rated trend arrows have been replaced with 12 month trend infographics to reduce confusion regarding the direction of performance.





# Summary Dashboard

## Unscheduled Care Measures

\*Latest Data December 2022

Ambulance Red Calls 8 Minutes: **\* 37.7%**



ED 24 Hours: **953**



Ambulance Handovers Over 1 Hour: **1,646**



Stroke Admission 4 Hours: **\* 25.90%**



Combined ED&MIU 4 Hours: **68.54%**



Stroke Consultant 24 Hours: **\* 64.20%**



ED 12 Hours: **2,302**



Sickness Absence Rate: **6.20%**



## Planned Care Measures

\* Latest Data December 2022

Diagnostic Waits 8 Weeks: **9,333**



RTT within 26 Weeks: **53.02%**



Therapy Waits 14 Weeks: **2,387**



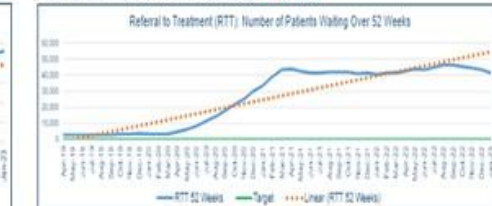
RTT Over 36 Weeks: **62,728**



Total Follow Up Backlog: **228,894**



RTT Over 52 Weeks: **41,460**



Follow Up Over 100%: **75,926**



Suspected Cancer Pathway: **\* 64.80%**



**Unscheduled Care:** 4 Hour ED Breaches – 58.75% (December 2022) vs 68.54% (January 2023) 12 Hour Breaches – 3,384 (December 2022) vs 2,302 (January 2023). Performance in December 2022 was below that of the preceding month due to factors such as industrial action impact, increased demand on services and staffing pressures. However, January 2023 performance across the 4 indicators reported recovered to the highest level across the previous 12 months.

**Ambulance Performance:** Performance against Red Calls in January 2023 37.7% (December 2022, 44.8%), which was the lowest across the preceding 12 month period. Over 1 hour handovers - Performance in January 2023 was 1,645 (December 2022 2,125 – 12 month period high) the lowest in the preceding 12 months.

**Planned Care:** Work continues to reduce planned care waits and following some drop-off in performance in December 2022, there has been recovery in January 2023 and progress towards agreed trajectories still in line with plan. RTT 26 weeks - 52.7% (December 2022) vs 53.0% (January 2023), RTT 36 weeks - 62,626 (December 2022) vs 62,728 (January 2023), RTT 52 weeks - 43,242 (December 2022) vs 41,460 (January 2023).

**Cancer:** In December 2022 BCUHB treated 366 new cancer patients with 64.8% treated in target; this is a significant improvement from November's position of 59.7% treated in target Areas. Of significant pressure are diagnostic testing procedures for Urology, dermatology consultant capacity and waits for endoscopy procedures.

**Stroke:** BCU performance in December 2022 against the SSNAP metrics included in the report - % of patients admitted to Acute Stroke Unit was 25.9% (-1% Nov 22), % of patients assessed by a stroke consultant with 24 hours of admission was 64.2% (-13.1% November 2022), % of patients referred for thrombectomy 0% against target 10%, % of all stroke patients thrombolysed 21%, eligible patients thrombolysed 92%. Performance in December 2022 was impacted significantly by the impact of industrial action and high bed occupancy rates/demand in medical specialties. Early review of unvalidated January 2023 performance shows recovery to expected levels.

**Diagnostic Tests:** Performance remains challenging across all diagnostic modality areas. Latest performance in the highest pressured areas; Radiology - number waiting over 8 weeks for radiology diagnostics end of January is 5367, an increase of 1511 on the end of October 2022 position, and 47 more than at end of December 2022. CT (160 breaches, +22); MRI (1706 breaches, +472); Ultrasound (3,501 breaches, +1019). January 2023 position has stabilised with the previous month. Endoscopy - People waiting: 1,996 (December 2022) vs. 2,097 (January 2023), Cardiology People waiting: 1,815 (November 2022) vs. 1,838 (December 2022).

**Follow-Up OP Waiting List:** New Outpatient 52 week waits: 23,756 (December 2022) vs. 23,076 (January 2023) Follow-up Patients delayed by over 100%: 70,082 (December 2022) vs. 75,926 (January 2023)

**Therapy Waiting Times:** Despite high numbers of staff vacancies/difficulty recruiting in some professions and the impact of more recent industrial action waiting lists continue to reduce: Number of people waiting: 3,651 (December 2022) vs. 2,387 (January 2023).

**CMATS:** People waiting: 4,710 (November 2022) vs. 4,570 (December 2022).

**Dental Services:** Reduced numbers of patients were seen in December 2022, which reflects the number of available working days and reduction in line with position across Wales. January 2023 volumes increased but not to the levels seen in November 2022, which were the highest across the preceding 12 months except in relation to Existing Patient accessing treatment. New Children - January 2023 1,096 (December 2022 1,036, November 2022 1,625). New Adults - January 2023 1,829 (December 2022 1,737, November 2022 2,265). Existing Patients (All) - January 2023 8,921 (December 2022 9,092, November 2022 13,479)

**Workforce:** Staff Absence - Rolling sickness absence performance is at 6.42% a slight decrease from 6.50% in December 2022. As at the end of January 2023 there were 1,193 staff recorded as absent of which 540 had been off work for more than 28 days. The average length of absence is currently 14.3 days. 22.4% of all sickness absence is attributable to anxiety, stress or depression. PADR compliance continues to steadily increase reaching 72.53% at the end of January 2023, this is the highest that PADR compliance has been since pre-COVID back in March 2020 when compliance was at 73.3%. Mandatory Training compliance currently for level 1 training is 87.59%, this illustrates an increase of 0.12% on the previous month. Level 2 compliance has decreased again this month by 0.22% and currently has an overall compliance of 72.43%. Manual Handling Level 2 compliance at the beginning of Q2 had been increasing gradually and reported a compliance of around 48% but following a reduction in trainers it began to decrease again through the remainder of Q2 and Q3 with compliance currently reporting a slight increase on December 2022 at 38%.

# Chapter 1

## Quadruple Aim 1:

*People in Wales have improved health and well-being with better prevention and self-management*



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# 1a: Screening





# Measures: Screening

Committee	Period	Measure	Target	Actual	Trend			
					2017/18	2018/19	2019/20	2020/21
PFIG	2020/21	Cancer screening coverage for: Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years	80%	70.5%	76.4%	74.1%	74.2%	70.5%
PFIG	2020/21	Cancer screening coverage for: Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years	60%	66.6%	53.4%	55.3%	56.9%	66.6%
PFIG	2020/21	Cancer screening coverage for: Percentage of women resident and eligible for breast screening at a particular point in time will have been screened in the previous three years	70%	72.2%	71.0%	72.5%	73.0%	72.2%

*NB: Data is published annually. The latest data is reported here. We have requested an update on when the next data will be published.*

# Chapter 2

## Quadruple Aim 2:

*People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement*



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# 2a: Primary & Community Care



# Measures: Primary & Community Care

Committee	Period	Measure	Target	Actual	2019/20			2020/21			2021/22											
PFIG	2021/22 <sup>*</sup>	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	77.1%	41.6%			59.8%			77.1%											
PFIG	2021/22	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	As outlined in Health Board's Six Goals Programme Plan	6	Q3 2020			Q4 2020	2	Q1 2021	2	Q2 2021	2	Q3 2021	3	Q4 2021	3	Q1 2022	6	Q2 2022	6	Q3 2022
Committee	Period	Measure	Target	Actual	2022												2023					
					F	M	A	M	J	J	A	S	O	N	D	J						
PFIG	Jan	Number of new patients (children aged under 18 years) accessing NHS dental services	4 quarter improvement trend	1096	All new measures for 2022/23																	
PFIG	Jan	Number of new patients (adults aged 18 years and over) accessing NHS dental services	4 quarter improvement trend	1829																		
PFIG	Jan	Number of existing patients accessing NHS dental services	4 quarter improvement trend	8920																		
							5864	14159	14201	11957	13775	11994	12486	13479	9092	8920						

# 2b: Urgent & Emergency Care



# Measures: Urgent & Emergency Care Page 1

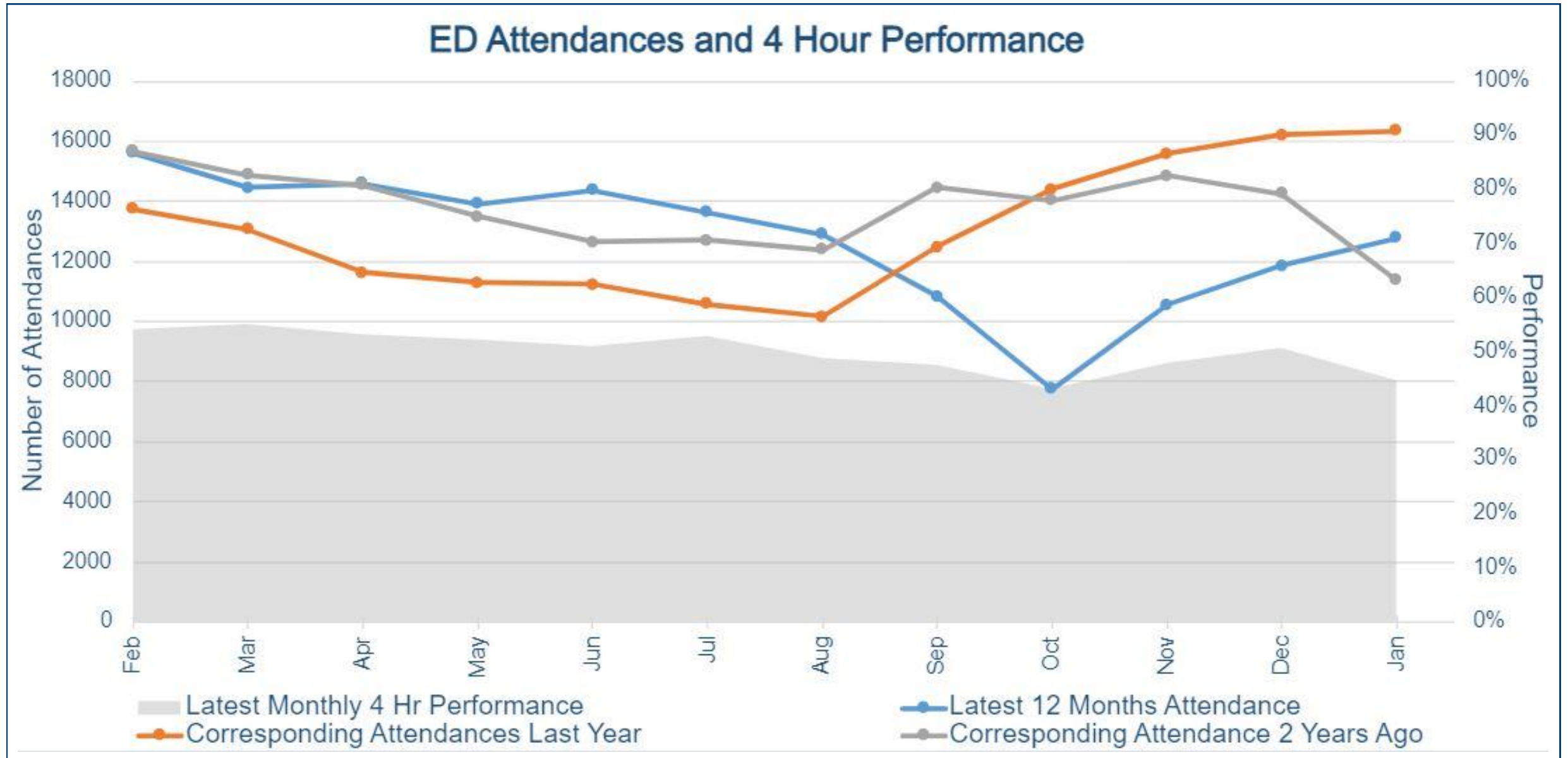
Committee	Period	Measure	Target	Actual	2022												2023
					F	M	A	M	J	J	A	S	O	N	D	J	
PFIG	Jan	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	68.5%	58.7%	58.5%	54.9%	59.8%	61.8%	58.4%	60.7%	62.9%	61.9%	64.1%	58.8%	68.5%	
PFIG	Jan	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	0	2302	2728	2763	3245	3584	3249	3124	3462	3507	3106	3178	2802	3384	2302
PFIG	Jan	Median time (minutes) from arrival at an emergency department to triage by a clinician	12 month reduction trend	22	25	34	38	43	37	34	34	27	28	27	26	32	22
PFIG	Jan	Median time (minutes) from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend	93	129	158	179	188	177	154	175	166	143	142	135	155	93
PFIG	Nov	Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%	50.8 %	85.2%	85.3%	83.2%	68.7%	69.1%	72.8%	64.5%	Data not available (system issues)			66.0%	No data published yet	

# Measures: Urgent & Emergency Care Page 2

Committee	Period	Measure	Target	Actual	2022												2023
					F	M	A	M	J	J	A	S	O	N	D	J	
PFIG	Dec	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patients clock start time	SSNAP UK national quart ave	25.9 %	*Latest data published												
					<div><div>14.1%</div><div>14.1%</div></div>	<div><div>16.7%</div><div>16.7%</div></div>	<div><div>10.6%</div><div>10.6%</div></div>	<div><div>13.6%</div><div>13.6%</div></div>	<div><div>27.2%</div><div>27.2%</div></div>	<div><div>38.3%</div><div>38.3%</div></div>	<div><div>32.4%</div><div>32.4%</div></div>	<div><div>21.9%</div><div>21.9%</div></div>	<div><div>14.7%</div><div>14.7%</div></div>	<div><div>27.5%</div><div>27.5%</div></div>	<div><div>25.9%</div><div>25.9%</div></div>	*	
PFIG	Dec	Percentage of stroke patients who receive mechanical thrombectomy	10%	0.0%	<div><div>1.4%</div><div>1.4%</div></div>	<div><div>0.0%</div><div>0.0%</div></div>	<div><div>0.0%</div><div>0.0%</div></div>	<div><div>5.9%</div><div>5.9%</div></div>	<div><div>1.9%</div><div>1.9%</div></div>	<div><div>0.0%</div><div>0.0%</div></div>	<div><div>0.0%</div><div>0.0%</div></div>	<div><div>3.0%</div><div>3.0%</div></div>	<div><div>2.5%</div><div>2.5%</div></div>	<div><div>0.0%</div><div>0.0%</div></div>	<div><div>0.0%</div><div>0.0%</div></div>		
PFIG	Oct	Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 month reduction trend	65.8%	<div><div>73.3%</div><div>73.3%</div></div>	<div><div>72.3%</div><div>72.3%</div></div>	<div><div>72.4%</div><div>72.4%</div></div>	<div><div>71.1%</div><div>71.1%</div></div>	<div><div>69.3%</div><div>69.3%</div></div>	<div><div>68.7%</div><div>68.7%</div></div>	<div><div>67.1%</div><div>67.1%</div></div>	<div><div>66.2%</div><div>66.2%</div></div>	<div><div>65.8%</div><div>65.8%</div></div>	*			
PFIG	Dec	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	37.7%	<div><div>51.0%</div><div>51.0%</div></div>	<div><div>45.3%</div><div>45.3%</div></div>	<div><div>46.2%</div><div>46.2%</div></div>	<div><div>49.7%</div><div>49.7%</div></div>	<div><div>45.6%</div><div>45.6%</div></div>	<div><div>42.3%</div><div>42.3%</div></div>	<div><div>46.2%</div><div>46.2%</div></div>	<div><div>45.5%</div><div>45.5%</div></div>	<div><div>45.0%</div><div>45.0%</div></div>	<div><div>44.8%</div><div>44.8%</div></div>	<div><div>37.7%</div><div>37.7%</div></div>	*	
PFIG	Jan	Number of ambulance patient handovers over 1 hour	0	1646	<div><div>1958</div><div>1958</div></div>	<div><div>2003</div><div>2003</div></div>	<div><div>1749</div><div>1749</div></div>	<div><div>1884</div><div>1884</div></div>	<div><div>1932</div><div>1932</div></div>	<div><div>2037</div><div>2037</div></div>	<div><div>1898</div><div>1898</div></div>	<div><div>1908</div><div>1908</div></div>	<div><div>2027</div><div>2027</div></div>	<div><div>1871</div><div>1871</div></div>	<div><div>2125</div><div>2125</div></div>	<div><div>1646</div><div>1646</div></div>	
PFIG	Dec	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	1.41%	<div><div>2.1%</div><div>2.1%</div></div>	<div><div>2.2%</div><div>2.2%</div></div>	<div><div>2.1%</div><div>2.1%</div></div>	<div><div>2.5%</div><div>2.5%</div></div>	<div><div>2.2%</div><div>2.2%</div></div>	<div><div>2.4%</div><div>2.4%</div></div>	<div><div>3.0%</div><div>3.0%</div></div>	<div><div>2.8%</div><div>2.8%</div></div>	<div><div>2.1%</div><div>2.1%</div></div>	<div><div>2.3%</div><div>2.3%</div></div>	<div><div>1.4%</div><div>1.4%</div></div>	*	

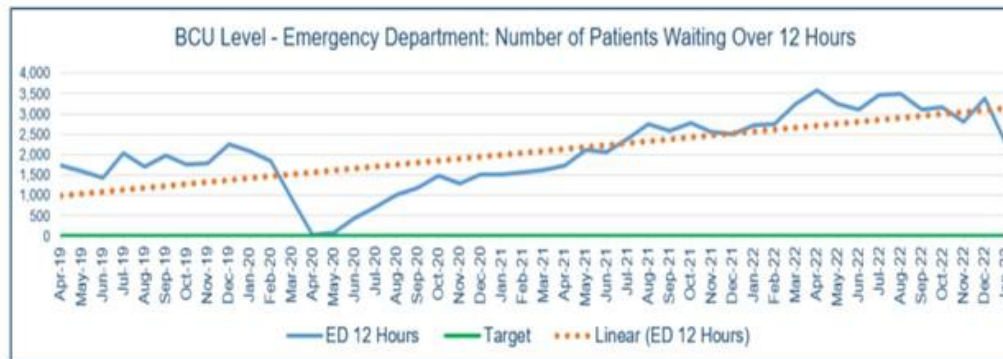
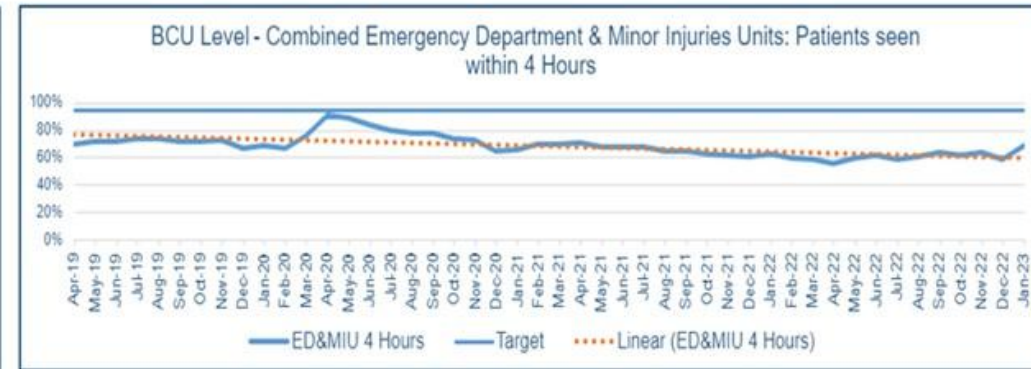
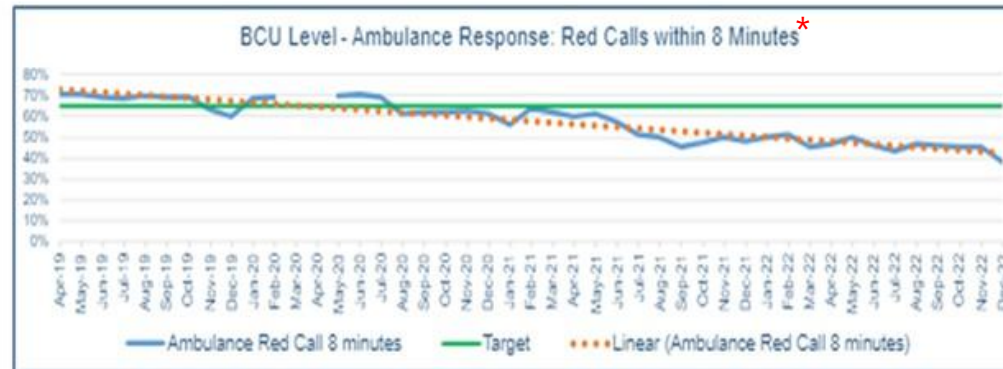


# Charts: Emergency Department Attendances & Performance



# Charts: Unscheduled Care

\*December 2022 latest published data



# Narrative: Emergency Care

## Current Performance

4 Hour ED Breaches – 58.75% (December) vs 68.54% (January)

12 Hour Breaches – 3,384 (December) vs 2,302 (January)

Pressure remains constant for Emergency Care over the last quarter coupled with an increase in acuity of self presenters over recent months.

The ability to manage 4hr Performance/12hr Performance, ambulance handover delays and patient/staff experience remains restricted due limited flow and bottlenecks throughout the patient journey.

## What we are doing about it

In response to the inability to achieve the National targets for Emergency Care, focus remains on the following areas to improve performance, standards of patient care whilst supporting staff morale and improving the patient journey:

As part of the Six Goals programme for Urgent and Emergency care there are now 3 Executives aligned to support allocated goals.

Integrated Commissioning Action Plan (ICAP) in conjunction with WAST to support improved ambulance performance and assist with reducing conveyances.

Fortnightly accountability meetings with IHC directors and Delivery Unit to support performance improvement for all areas within unscheduled care

Review of National call for key stakeholders and developing actions aligned to improve performance.

Review of systems aligned to prevent hospital admission in line with Goal 2 (Sign posting) of the Six goals programme (MIU's/UTCs/OOH).

Developing a support system for Primary care and WAST for escalation of delays and pathway development for direct access to secondary care.

## When we expect to be back on track

Emergency Care trajectories have been agreed but are determined by many external factors, it was agreed with external agencies that the Health board maintains a constant 4hr performance from December 2022-April 2023 currently performance remains constant with marginal improvements.

Overall ambulance lost hours have improved in line with ICAP with on going work towards April 2023 to support the agreed reduction with zero tolerance to 4hr delays and above.

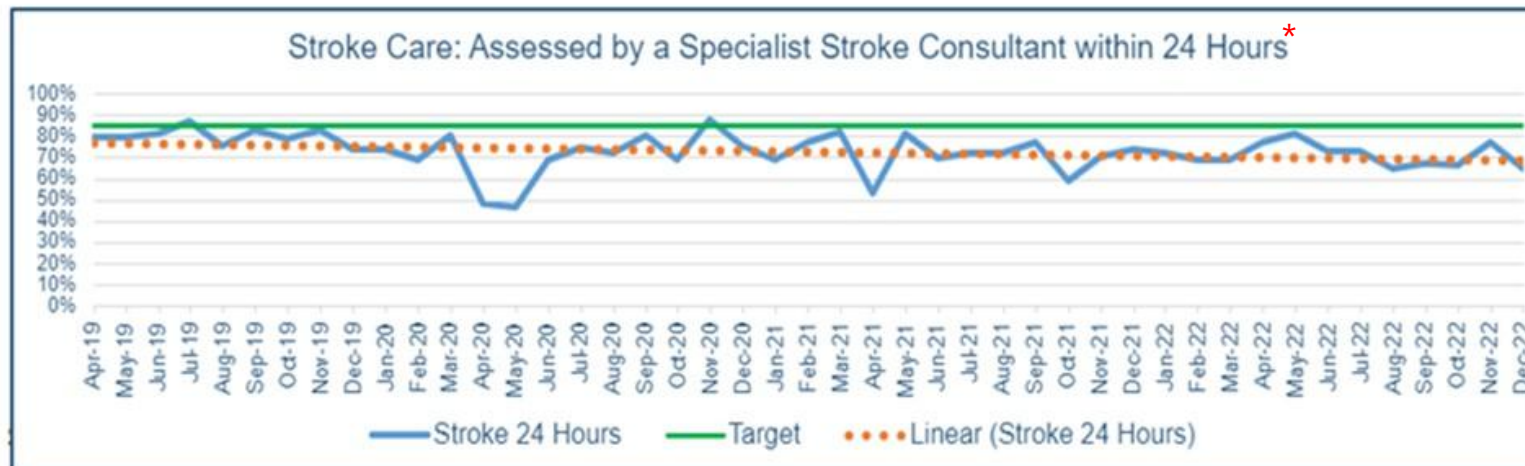
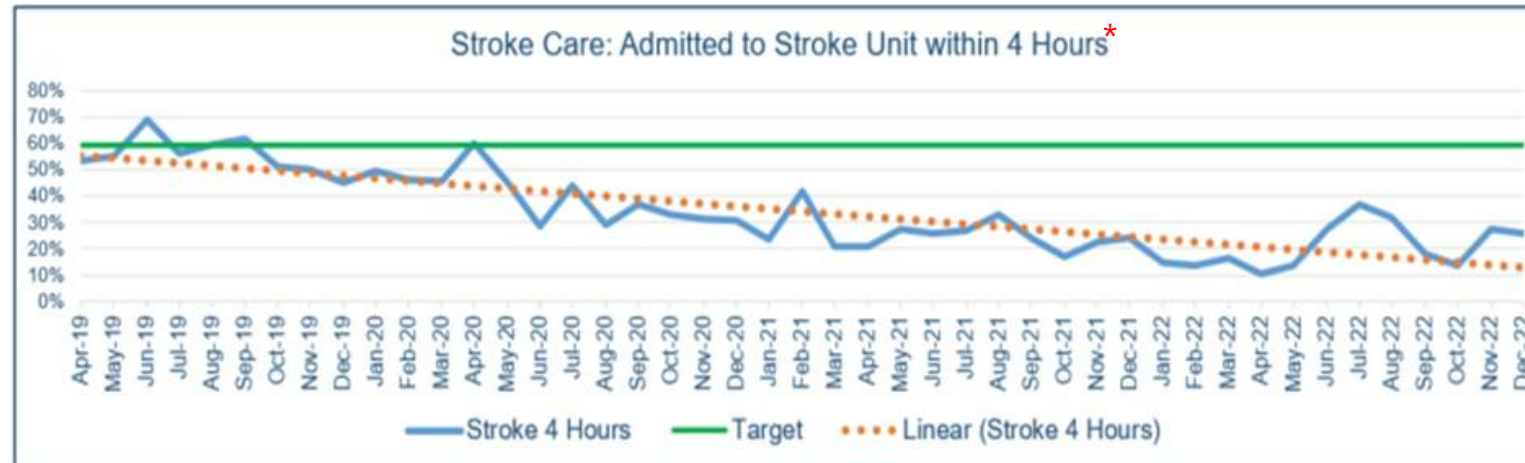
Identification and implementation of an IT system to support electronic escalation and actions to support de-escalation (OPEL) whilst assisting to support planned care performance.

## What are the risks and mitigations to this (getting back on track)

Key risks remain in situ regarding the inability to discharge patients that are medically fit for Discharge (MFFD), which impacts on flow through the sites for planned and unscheduled care, which is being addressed through Goal 5 of the Six goal programme implementation pan BCUHB that is overseeing the implementation of the Optimal Hospital Patient Flow framework.

# Charts: Stroke Care

\*December 2022 latest published data





## Current Performance

BCU performance in December 2022 against the SSNAP metrics included in the report -

- % of patients admitted to Acute Stroke Unit was 25.9% (-1% Nov 22)
- % of patients assessed by a stroke consultant with 24 hours of admission was 64.2% (-13.1% Nov 22)
- % of patients referred for thrombectomy 0% against target 10%
- % of all stroke patients thrombolysed 21%, eligible patients thrombolysed 92%

Performance in December 2022 was impacted significantly by the impact of industrial action and high bed occupancy rates/demand in medical specialties. Early review of invalidated January 23 performance shows recovery to expected levels.

## What we are doing about it

The Stroke Business case was approved in March 21 and articulated the following benefits; detection and management of Atrial Fibrillation enabling prevention of 78 strokes Year 2, enabling 37% earlier discharges of current Strokes, enabling 12% reduced bed days (reduced Length of Stay (LOS) of 5 days), ensure that eligible patients are offered thrombolysis 24/7, provide additional Specialist nurses and SSNAP clerks to support achievement of 40% improvement in door to needle times, 25% improvement in CT in 1 hour and improved compliance with Welsh Government targets and Sentinel Stroke National Audit Programme (SSNAP) level improvement to consistent B Level and level D with improvements following implementation of the full business case.

The performance improvements are dependent on full implementation of Phase 1 of the Stroke Improvement Programme. This includes Early Supportive Discharge Service (ESD), establishment of inpatient rehabilitation at Deeside Hospital, improved atrial fibrillation management and detection, improved acute service response through the additional Specialist Stroke Nurse roles, roll out of improved Atrial Fibrillation (AF) management and detection, speedily initiated anticoagulation and robust monitoring. On the current Acute pathway on each site have extended hours service now in place from January 2023.

The Stroke Regional Project Group will be closing down Phase 1 of the stroke programme handing over all budget and ongoing plans to IHCs and will start in earnest to deliver Phase 2 to deliver the national requirement of a CRSC in the North.

## When we expect to be back on track

Performance is tracked against all SSNAP metrics at BCU and individual site level with action plans for each site to track implementation of investment/new ways of working. The following summarises by hospital key milestones of improvement.

- WXM: Performance improvements are expected following implementation of phase 1 and tracking is being put in place. The full performance improvement would be during 2023/24. Performance improvement in SSNAP scores is expected to start in April, the ESD service will be building up, enabling a managed return home and rehab support at home for people following Stroke, following the opening of the inpatient rehabilitation unit.
- YGC: During the past few months, the demand on site for non stroke patients has been significant, which has resulting in stroke admissions to any medical wards as well as escalation in-patient areas. As the demand reduces, the local Stroke group will restart their work to improve stroke patients allocated to ASU, reduce the time to ASU and CT within 1 hour. The most recent data shows although not all CT's are currently within the hour, the time is much near to the target, with admissions, only missing the deadline of an 1hr by a short timeframe.
- YG: Early analysis of data shows improvements with direct to AMU. Aim to increase CT within the hour to 70% in January. OT and physio review March onwards due to ongoing recruitment.

## What are the risks and mitigations to this (getting back on track)

BCU wide risks to delivery – high demand on acute medical bed capacity, increasing LOS, recruitment timescales/availability of candidates, vacancy and sickness rates.


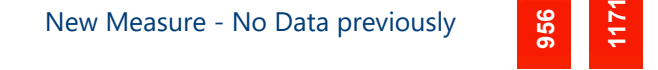
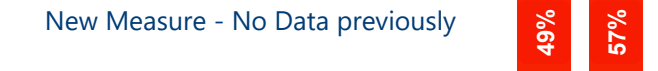
Risks for each site are summarised below:

- WXM: The site pressures threaten the ring fencing of acute beds. An assessment bay on ASU will enable the transfer of Stroke patients to the right place first time, will ensure timely assessment, treatment and therapy by the Specialist Stroke Team which will in turn reduce length of stay, improve patient outcomes and assist with overall patient flow, enabling sooner transfer to the Specialist Inpatient rehabilitation Unit and ESD team. This unit will open in March.
- YGC: With in-patient demand continuing at present, the local team will continue to raise awareness when stroke patients present to request allocation to ASU. Board rounds are completed every day to identify discharges and stroke patients from other wards are transferred to ASU. The Rehab and ESD are now in operation, with 14 beds on the ASU shared with General Medicine. At times of demand, the number of general medicine patients on the wards increase beyond 14 beds.
- YG: Site bed escalation policy has been reviewed to include ring fencing of 2 stroke assessment beds. Ward outliers are identified to create beds if required. Improved communications between ED, Stroke Nurses, CSM and medical teams. Weekly deep dive in patients missing target. Ongoing training on stroke pathway. Others members of COTE team are asked to covered where possible to assist with gaps

# 2c: Patient Flow & Discharge



# Measures: Patient Flow & Discharge

Committee	Period	Measure	Target	Actual	2022												2023
					F	M	A	M	J	J	A	S	O	N	D	J	
PFIG	Dec	Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%	36.0%	<i>*Latest data published</i> 												
PFIG	Oct	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	12 month reduction trend	1171													
PFIG	Oct	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	12 month reduction trend	57%													
PFIG		Percentage of people assigned a D2RA pathway within 48 hours of admission	4 Qtr Improve trend (target 100%)		New Measure - Awaiting Data												
PFIG		Percentage of people leaving hospital on a D2RA pathway	4 quarter improvement trend		New Measure - Awaiting Data												



# Narrative: Patient Flow and Discharge

## Current Performance

Significant and unprecedented pressures continue to be experienced across NHS Wales due to a number of attributing factors that are impacting on unscheduled and emergency care performance. Ongoing challenges remain with regards to the timely and effective discharge of patients who are Clinically Optimised and no longer require an acute or community hospital bed, continues to significantly impact on patient flow. This affects capacity within EDs which are experiencing high numbers of attendances of very poorly patients, who are presenting with high acuity, and subsequently prevents the timely admission of patients onto appropriate (specialty) wards from ED efficiently as well as impacting on the effective handover of patients from ambulances.

## What we are doing about it

Following the Ministerial launch of the Optimal Hospital Patient Flow Framework in December 2022 implementation plans are being developed, for the roll out across acute and community hospitals, of the key patient flow principles including SAFER, Red to Green and Preventing Deconditioning (Goal 5) as well as implementation of the revised Discharge to Recover & Assess (D2RA) pathways (Goal 6). In addition, the Health Board is further embedding the Pathways of Care Delays national (Census) reporting process following a 3 month pilot phase during November – January 2023 to reintroduce monthly reporting of Pathways of Care delays across health & social care and reduce the backlog of discharge delays through early joint discharge planning and co-ordination. Joint working with LA colleagues will support the development of regional action plans to identify delay themes and address barriers to timely and effective discharge.

## When we expect to be back on track

Regional action plans for delayed discharges are to be implemented by the end of March 2023 to support a reduction of clinically optimised patients delayed from being discharged and identify themes to support priority focus on improvements with agreed trajectories for each IHC for 2023-24. Revised Discharge guidance from WG is expected April 2023 which will replace the former Hospital Discharge Requirements during Covid-19 to reflect the necessary changes and support the D2RA programme of work going forwards. Supplementary guidance for reluctant discharges has also been drafted.

## What are the risks and mitigations to this (getting back on track)

- Insufficient workforce capacity across Health & Social Care. Robust comms and engagement strategy in place, training and awareness resources for staff, patients and families. -Integrated health community and local authority buy in.
- Insufficient community capacity and resources to support the Home First and Care Closer to Home principles. Robust data collection to capture gaps in services.
- Existing multiple information/data collection systems will not support the reporting and planning assumptions for required improvement. National data base collection systems, identify leads within BCU for performance and informatics. Standardise process across North Wales.

# 2d: Elective Planned Care



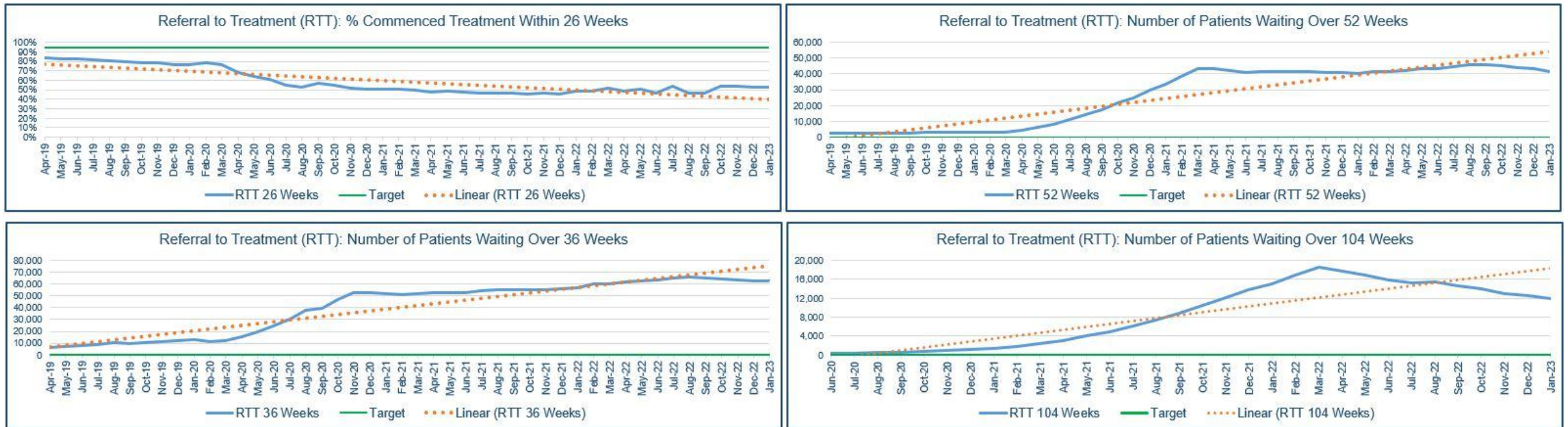
# Measures: Elective Planned Care Page 1

Committee	Period	Measure	Target	Actual	2022												2023
					F	M	A	M	J	J	A	S	O	N	D	J	
PFIG	Dec	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Target of 80% by 2026	64.8%	*Latest data published												
					69.3%	69.3%	67.2%	62.3%	63.3%	66.1%	61.7%	61.8%	62.3%	59.6%	64.8%	*	
PFIG	Jan	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	=>95%	49.4%	44.6%	43.5%	49.3%	47.4%	50.0%	54.0%	54.0%	54.5%	52.2%	52.5%	51.0%	55.2%	49.4%
PFIG	Jan	Percentage of patients waiting less than 26 weeks for referral to treatment	Target of 95% by 2026	53.0%	48.8%	48.8%	51.2%	50.5%	50.8%	47.0%	54.0%	46.6%	46.9%	53.4%	53.7%	52.7%	53.0%
PFIG	Jan	Number of patients waiting more than 36 weeks for referral to treatment	Target of 0 by 2026	62,728	51190	59930	60281	61685	62866	63273	64871	65959	64788	64070	63356	62616	62718
PFIG	Jan	Number of patients waiting more than 104 weeks for referral to treatment	Target of 0 by 2024	12,012	15120	16950	18475	17795	16824	15943	15301	15392	14677	13922	12947	12667	12012

# Measures: Elective Planned Care Page 2

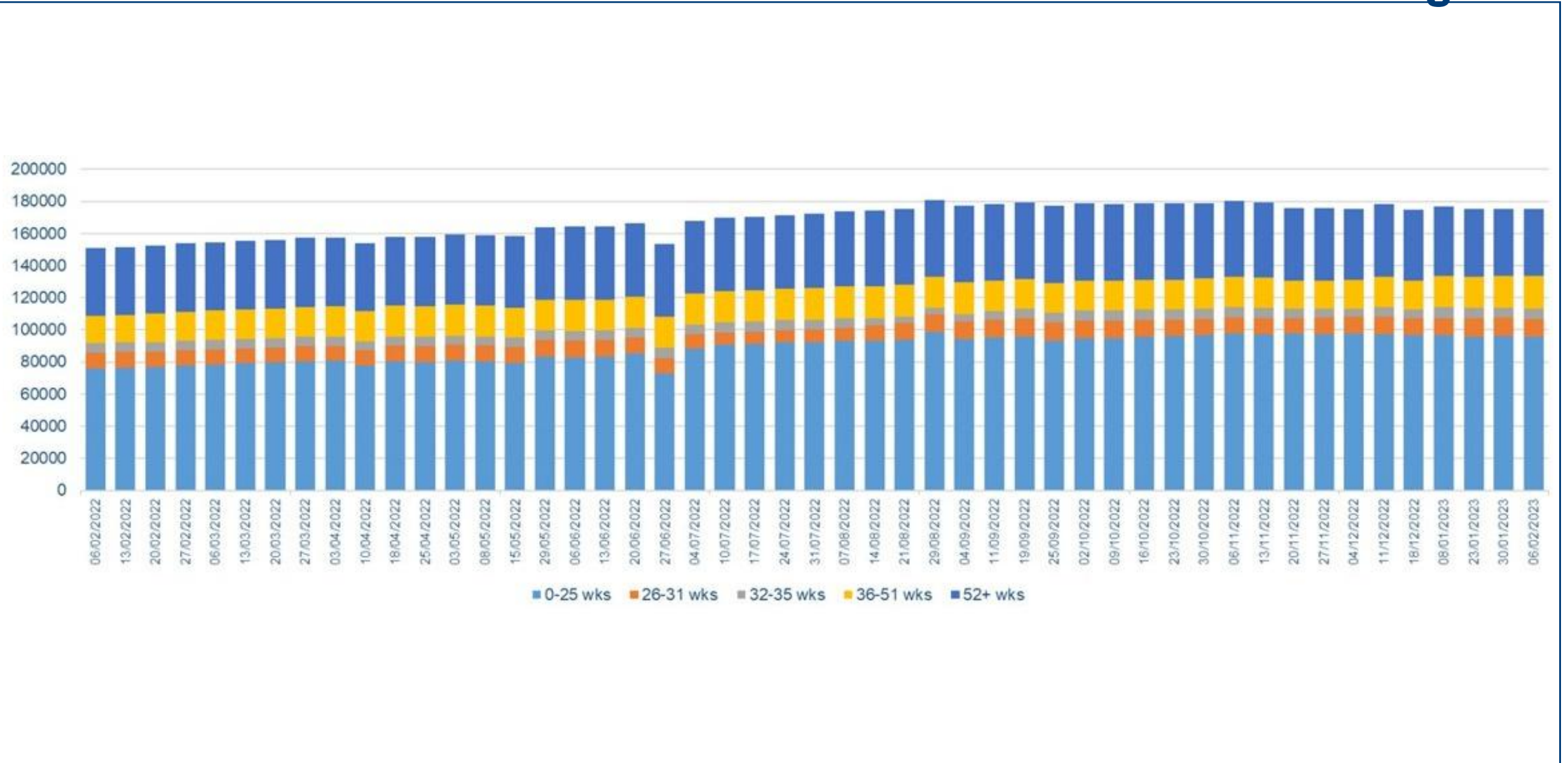
Committee	Period	Measure	Target	Actual	2022												2023
					F	M	A	M	J	J	A	S	O	N	D	J	
PFIG	Dec	Number of patients waiting over 52 weeks for a new outpatient appointment	Target of 0 by 2023	21,606	*Latest data published												
					23407	23809	24213	24405	24641	25379	26515	26475	25419	23704	21606	*	
PFIG	Jan	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Target 30% reduction by Apr 2023	75,926	53693	55442	54815	55708	55714	59128	61480	64371	63286	64921	65834	70082	75926
PFIG	Jan	Number of patients waiting more than 8 weeks for a specified diagnostic	Target of 0 Apr 2024	9,333	7694	7145	6829	8138	8761	8848	9073	9776	9464	8058	8034	9371	9333
PFIG	Jan	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Target of 0 Apr 2024	2,097	3482	3156	2719	2667	2563	2463	2306	2260	2250	1964	1745	1996	2097
PFIG	Jan	Number of patients waiting more than 14 weeks for a specified therapy	Target of 0 Apr 2024	2,387	5776	6171	6486	6364	6682	6602	6151	5837	5450	5087	4271	3651	2387

# Charts: Referral to Treatment





# Charts: Planned Care Waiting List



# Narrative: Referral to Treatment

## Current Performance

- RTT 26 weeks - 52.7% (December) vs 53.0% (January)
- RTT 36 weeks - 62,626 (December) vs 62,728 (January)
- RTT 52 weeks - 43,242 (December) vs 41,460 (January)

The outcome of the Covid pandemic had a detrimental impact on the waiting times, this while the reduced capacity in the system further added to the pressures in secondary care.

## What we are doing about it

We have put in place plans that;

- i) treat our patients in turn
- ii) Reduce the backlog and ensure that we have a clear and acute picture of the demand on the service.

Thus by validating our records, enhance and follow policies and procedure ensuing that we use our capacity in the most efficient manor.

We are investigating technology and pathways to support an ever evolving health care service that moves with innovation, this making it easier to move into patient provision of health care that may not be in their immediate locality but to support the provision of care equality and the care for the patient at that time. For our Stage 1 >52 week waits we have reduced this by 61% from April 2022 – January 2023 with further plans in place to reduce this further.

## When we expect to be back on track

We are working to the ministerial priorities of;

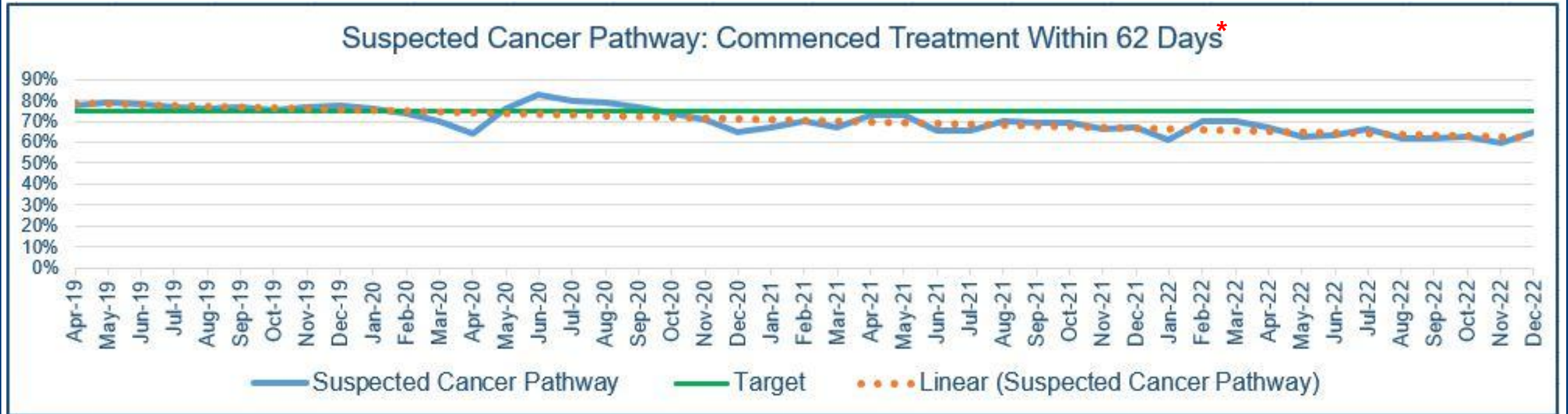
- No patients waiting 52> weeks for their first outpatient appointments at the end of the year, in most specialities.
- No patients waiting 104> weeks for any stage of their pathway at the end of March 2023, in most specialities.

## What are the risks and mitigations to this (getting back on track)

We are conscious of the pressures in the health service and the pressures on our staff (both clinical and managerial) that they are working under. The retention of healthy staff is a risk as is attracting [recruiting] more support to provide the services we deliver, including retention and recruitment.

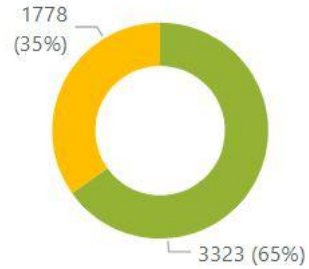


*\*Latest data published*

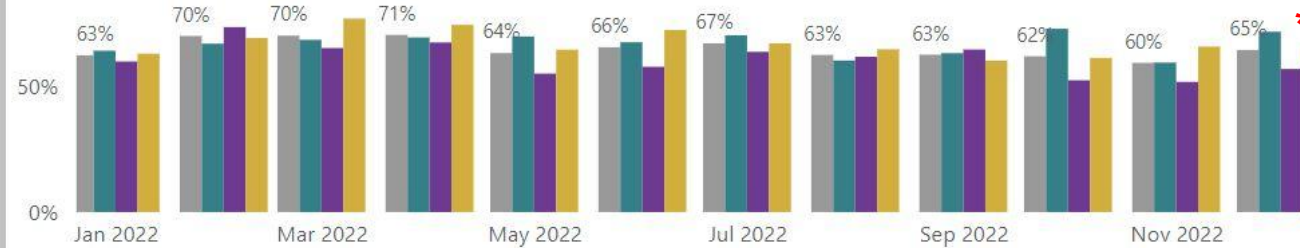


# Charts: Cancer

1. Within 62 Days 2. Over 62 Days



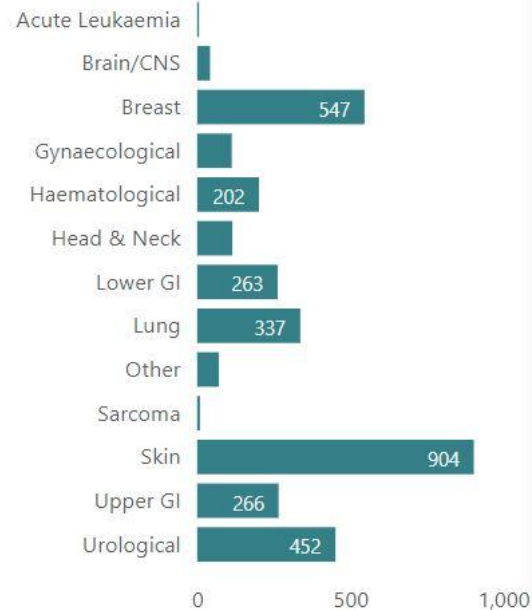
BCU West Cent East



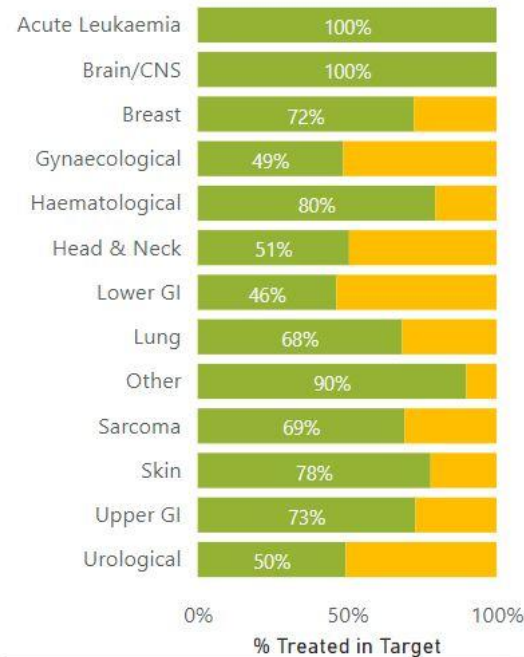
**Cancer Performance**  
Reported 1 month

\*Latest data published (December)

**Treatment within 62 Days - Actual Patient Numbers**



**Treatment within 62 Days - % in Target**



Tumour Site	1. Within 62 Days	2. Over 62 Days	Total
Acute Leukaemia	2		2
Brain/CNS	42		42
Breast	547	209	756
Gynaecological	113	119	232
Haematological	202	52	254
Head & Neck	115	112	227
Lower GI	263	303	566
Lung	337	156	493
Other	71	8	79
Sarcoma	9	4	13
Skin	904	256	1160
Upper GI	266	99	365
Urological	452	460	912
<b>Total</b>	<b>3323</b>	<b>1778</b>	<b>5101</b>

## Current Performance

In December 2022 BCUHB treated 366 new cancer patients with 64.8% treated in target; this is a significant improvement from November's position of 59.7% treated in target. The main breach causes were:

Diagnostic: wait for prostate biopsies due to lack of capacity; delays on the colorectal pathway due to awaiting FIT results before deciding on next step (ie process issues rather than any service specific delay).

Treatment: wait for surgery, primarily colorectal, urology and skin cancer excisions.

First appointment: wait for first appointment, primarily in dermatology.

## What we are doing about it

Diagnostic: 32 additional prostate biopsy lists to run by end of March 2023 to reduce waiting times. New straight to test pathway agreed for suspected prostate cancer patients; to commence April 2023 when prostate co-ordinators in post (funding secured from Wales Cancer Network until end of March 2024). New FIT pathway agreed nationally so that tests will be completed in primary care prior to referral – engagement work with primary care to support roll out of guidance commenced February 2023.

Treatment: Locum dermatologist in post in West and support from East and Central teams to reduce waiting times. Oncology continues to improve with new substantive clinical oncologist to commence July 2023 and 3 locum oncologists (clinical and medical) also appointed.

First appointments: specific focus on new appointments at both BCU and local access meetings to ensure number of patients waiting over 14 days reduced.

## When we expect to be back on track

The Health Board continues to work towards its trajectory targets to reduce backlog and achieve cancer waiting times targets. Aim to achieve 70% treated in target by March 2023.

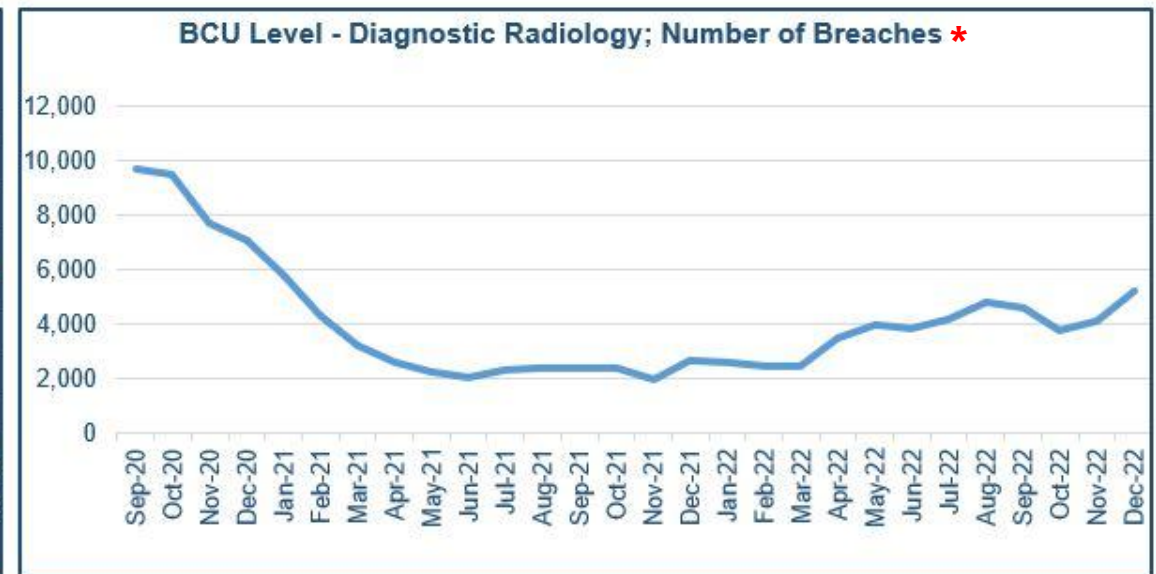
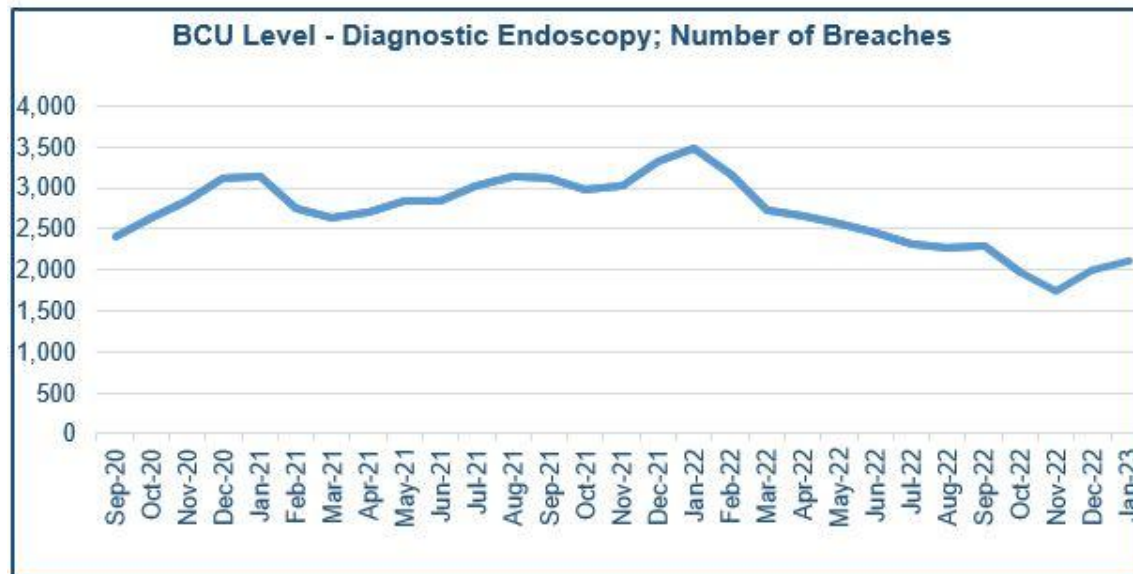
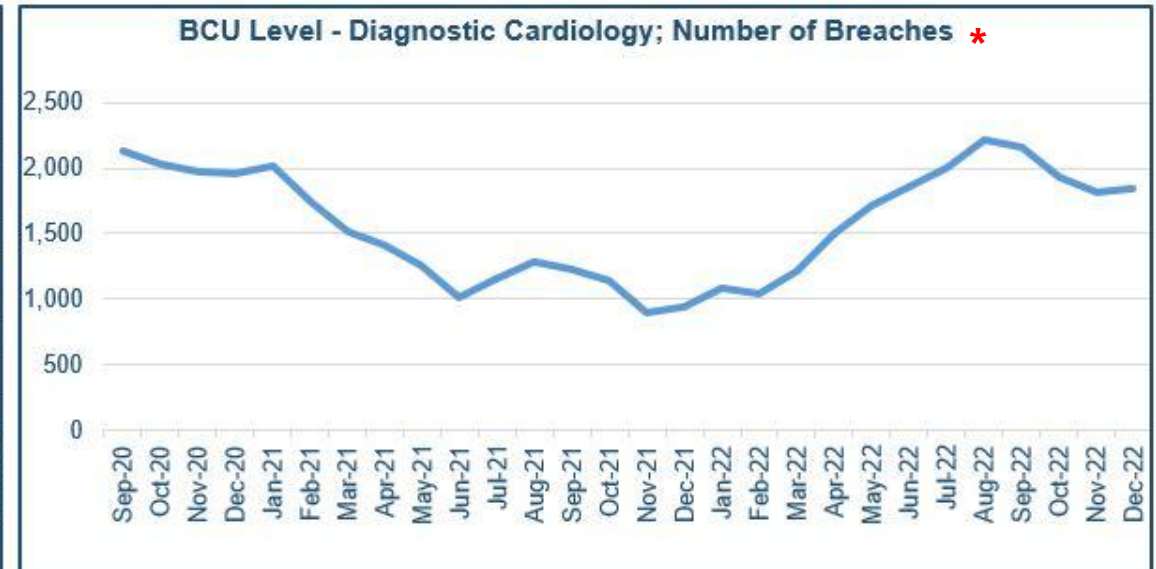
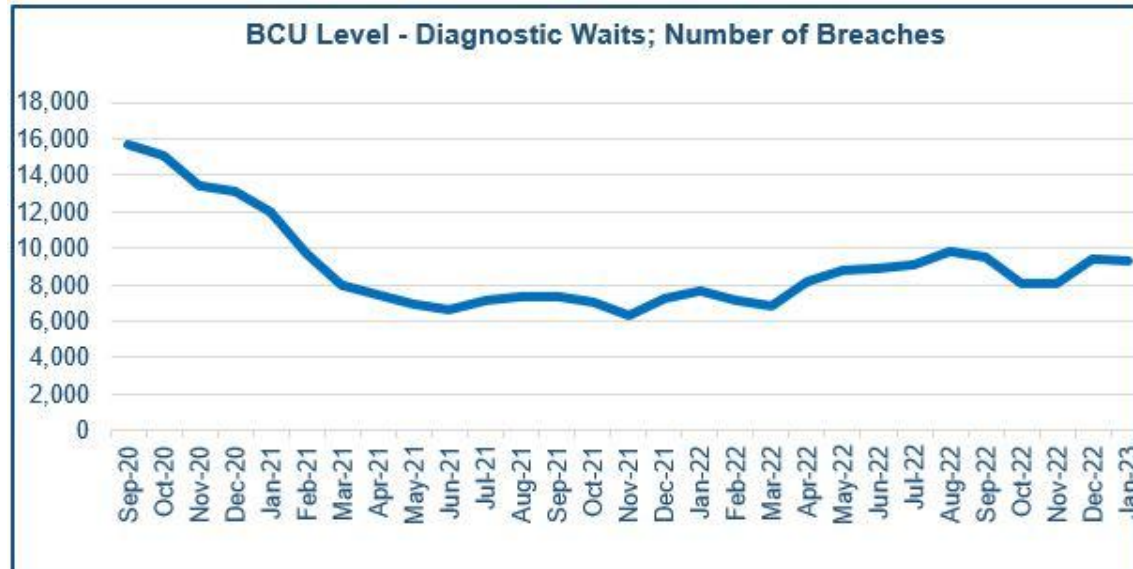
## What are the risks and mitigations to this (getting back on track)

Volume of referrals: GP suspected cancer referrals remain above pre-COVID levels. Suspected cancer referrals prioritised but will lead to increasing routine waits.

Diagnostic Capacity: Capacity in endoscopy and capacity for prostate biopsies. Endoscopy continue to expand provision in line with endoscopy business case. Urology network leading work on sustainable prostate biopsy capacity (with additional lists planned in interim as above).

Winter pressures: The full impact of winter pressures and industrial action in December is likely to be seen in reduced performance in January's figures.

# Charts: Diagnostics





# Narrative: Diagnostic Waits-Radiology & Neurophysiology

## Current Performance

**Radiology:** The number of patients waiting over 8 weeks for radiology diagnostics end of January is 5367, an increase of 1511 on the end of October 2022 position, and 47 more than at end of December 2022. By modality: CT (160 breaches, +22); MRI (1706 breaches, +472); Ultrasound (3501 breaches, +1019). January 2023 position has stabilised with the previous month. CT demand increased significantly in January with activity in month the highest ever recorded. MRI capacity was reduced in November and December due to planned equipment upgrades / downtime, but this is now completed and January activity matching record demand. Ultrasound staffing levels were higher in month with lower leave than over the holiday period, stabilising the December position. Ultrasound remains sensitive to staffing levels, with maximum insourcing being deployed.

**Neurophysiology:** The number of patients waiting over 8 weeks is 751, an increase of 108 from the end of October 2022 position. There are 554 EMG (+77 consultant-led) breaches and 197 NCS (+31 physiologist-led) breaches.

## What we are doing about it

**Radiology:** We are aligning resources to meet the demands of the service, recruiting to unfilled vacancies, flexing staff between CT/MRI. Planned Wrexham Maelor MRI scanner upgrade is now complete so maximum capacity is anticipated for February / March.

**Neurophysiology:** Physiologist staffing levels remain the primary concern, with replacement locum still being sought. Recruitment to the two vacant posts is progressing. Completion of Wrexham accommodation works has been delayed until March 2023.

## When we expect to be back on track

**Radiology:** Demand and capacity work has highlighted significant risk to waiting times due to expected growth in demand in 2023 across all areas of radiology, including the plain film service. Review of solutions for 2023-24 is ongoing with recommendations / cost estimates to follow.

**Neurophysiology:** Tender for insourcing will be aligned with handover for commencement in April, with expected backlog elimination by end of Q2 2023-24.

## What are the risks and mitigations to this (getting back on track)

**Radiology:** In spite of record activity, increasing demand means there is a risk that overall capacity will be insufficient to meet demand in 2023-24. All current solutions needs to be maintained as a minimum with identification of additional capacity a priority for the team.

**Neurophysiology:** Recruitment to vacant posts remains the main risk, with other actions set to complete by the end of Q4.

# Narrative: Diagnostic Waits-Endoscopy

## Current Performance

People waiting: 1,996 (December) vs. 2,097 (January)

The COVID-19 pandemic led to a short pause in non-emergency endoscopy activity in response to guidance from professional bodies. When activity re-started there were significant constraints on the volume of work which could be undertaken, influenced particularly by clinical guidelines regarding infection prevention and control. During the ongoing COVID-19 pandemic period, the limited number of gastrointestinal endoscopy procedures undertaken were prioritised based upon clinical and/or oncological indications was optimised due to the limited capacity available. As a result the waiting list grew significantly, even when services recommenced, due to continued staff absence and reduced productivity caused by enhanced infection prevention controls.

## What we are doing about it

Given the backlog faced, continued insourcing is essential in the short to medium term and we have recently asked for extension for a further 12 months within the existing contract. This provides increased capacity across BCUHB of 32 lists per week (approximately 190 procedures) to reduce the significant backlog and address the increasing demand, as the endoscopy service continues to recover. This use of insourcing will be phased out as we make substantive appointments across our workforce to deliver a health board led 7 day working service in line with the Endoscopy business case. The Health Board is also working to improve this position by ensuring robust systems are in place to monitor the productivity and efficiency measures as set out by the National Endoscopy programme to ensure fully utilised lists. Our site trajectories are currently being met and waiting lists are reducing month on month. Clerical validation continues to take place to ensure our waiting lists are accurate.

## When we expect to be back on track

Our capacity and demand modelling demonstrates a recoverable position during 2024/25 based on a number of assumptions, including insourcing, current staffing levels being maintained, recruitment to support 7 day working and 3 list days.

## What are the risks and mitigations to this (getting back on track)

Our main risks to delivery are around maintaining our existing workforce and continuation of recruitment of new staff in line with the endoscopy business case. There are also estates investment requirements in particular around decontamination facilities in both Centre and East to ensure the service can continue.

# Narrative: Cardiology

## Current Performance

People waiting: 1,815 (November) vs. 1,838 (December)

Cardiac Physiology is a known area of challenge nationally due to workforce shortages, which means we have vacancies across North Wales. Current mapping of the service has shown that once all areas are fully staffed (filled vacancies) there is not enough capacity to meet the demand required for the service. Our longest waits are for echocardiograms, which is a niche area that requires significant training.

The all-Wales Cardiac Network agreed a plan with the Chief Executives to train additional students but the department has not been successful in securing additional funding to appoint to new posts above our established budgets.

## What we are doing about it

- The service is undergoing demand and capacity modelling for future service provision and business case
- We are recruiting across North Wales. We remain hopeful to fill the posts, as YG has recently appointed two skilled staff members
- We are expanding our Physiologist led pathways in both community and secondary care
- Short-term utilisation of locum staff
- The implementation of the heart failure business case will support several areas of the pathway
- Business case under development to address vascular pre-operative delays

## When we expect to be back on track

We are now under 36 weeks across North Wales and moving into 26 weeks. The eight week diagnostic target is currently not achievable with our current capacity.

## What are the risks and mitigations to this (getting back on track)

Risk:

Ysbyty Gwynedd department management gap

Workforce recruitment

No funding agreed to support the national project

Mitigation-

Secondment opportunity offered across North Wales

Pan-BCU operational group monitoring and support

Introduction of NT-proBNP blood test



## Eye Care Measure Dashboard | Welsh Government Submission

Area

West	Central	East
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Reporting Month

January 2023

### Open Pathways

Health Risk Factor	No Target Date	Not Overdue	0 - 25%	26 - 50%	51 - 100%	Over 100%	Total
R1	99	11,869	1,850	1,778	3,003	17,880	<b>36,479</b>
R2	4	1,815	435	462	842	2,954	<b>6,512</b>
R3	1	454	79	71	120	923	<b>1,648</b>
No HRF	941	96	55	24	58	141	<b>1,315</b>
<b>Total</b>	<b>1,045</b>	<b>14,234</b>	<b>2,419</b>	<b>2,335</b>	<b>4,023</b>	<b>21,898</b>	<b>45,954</b>

### Attendances

Health Risk Factor	No Target Date	Not Overdue	0 - 25%	26 - 50%	51 - 100%	Over 100%	Total
R1	506	1,122	1,581	459	467	1,339	<b>5,474</b>
R2	43	58	10	16	20	196	<b>343</b>
R3	3	81	9	5	4	35	<b>137</b>
No HRF	213	45	80	34	23	28	<b>423</b>
<b>Total</b>	<b>765</b>	<b>1,306</b>	<b>1,680</b>	<b>514</b>	<b>514</b>	<b>1,598</b>	<b>6,377</b>

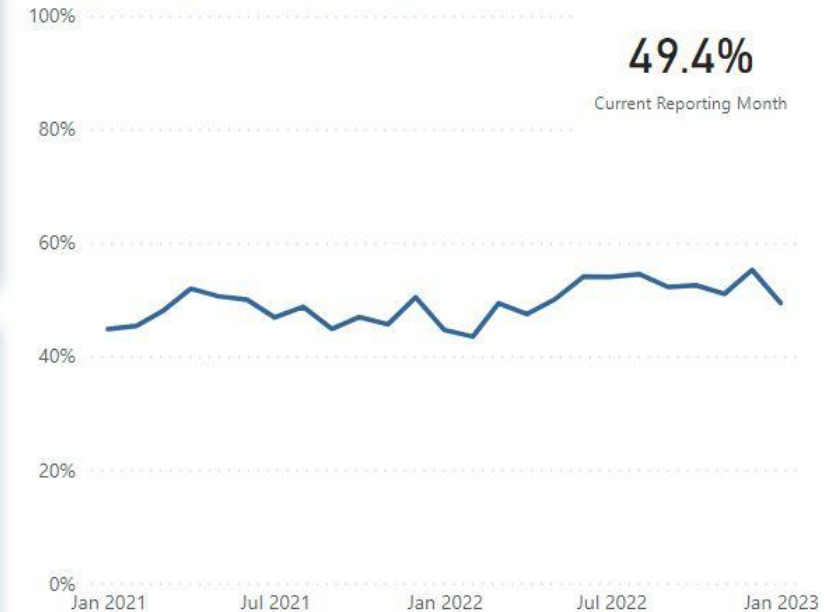
### Did Not Attend

Health Risk Factor	Total Did Not Attend
R1	471
R2	53
R3	13
No HRF	20
<b>Total</b>	<b>557</b>

### Patient Cancellations

Health Risk Factor	Not Overdue	Overdue	Total
R1	207	965	<b>1172</b>
R2	11	86	<b>97</b>
R3	12	13	<b>25</b>
No HRF	10	49	<b>59</b>
<b>Total</b>	<b>240</b>	<b>1113</b>	<b>1353</b>

### R1 Attendances < 25% Overdue



# Narrative: Eye Care

## Current Performance

- A. Sickness and staffing vacancies impact on core activity, recovery and Eye Care Measure (ECM) transformation capacity.
- B. Historic Data Quality and Completeness impact on effective data availability for modelling/planning/sustainable delivery of equitable services.
- C. Reduced resources (staffing and estates) impact on capacity and transformational pathway delivery. i.e. reduction in Cataract Outpatient and theatre utility and reduced flow of Glaucoma and Diabetic Retinopathy patients to Integrated Pathways'.
- D. Delay in National Digital programme delivery "Go Live". (Key enabler of Integrated Primary & Secondary Glaucoma and Retinopathy Pathways.
- E. Continuity challenges with Clinical and Operational Leadership from prior/current/impending vacancies impacting on leadership for change.

## What we are doing about it

- A. Ophthalmology Teams progressing 100% Pre-Covid capacity delivery plans. Integrated Teams progressing Transformational pathway delivery.
- B. Ophthalmology Area Teams action plan to redress Clinical Condition data gaps by close of November 2022, reset to April 2023.
- C. Capacity recovery from Cataract Outsourcing (600 Routine Patients/month) and progressing delivery of at least 5 patients/theatre session efficiency.
- D. Expand BCU Digital pre-mobilisation to include Glaucoma and Cataract: to ensure Go Live readiness when National Programme functional.
- E. BCU Clinical Lead recruitment and role review being supported by Medical Directors Office.

## When we expect to be back on track

- A. Integrated Pathway 2022 activity reduced by 30% due to Primary and Secondary care unplanned leave. Optometry Contractual Phased Reform in Q2 2023 will expand Integrated workforce and provide mitigation from increased partner pool. WG to confirm Go Live date for main pathways.
- B. November 22 target for services to address historic Clinical Condition "null" entries reset to April 2023 for West. East and Central on track for Q4.
- C. Outsourcing of appropriate patients continues. At least 5 patients/theatre staged session efficiency commenced in all sites. BCU Digitalisation Go Live Glaucoma Tests and Cataract mobilisation completed within deadline/on track. National programme delayed by 12 months.
- E. Pan BCU Ophthalmology Clinical Lead and West Lead post vacant. Central Lead recruited. Progression supported by Office of Medical Director.

## What are the risks and mitigations to this (getting back on track)

- A. Unplanned leave/capacity gap impact on Primary Care partners. Mitigation: Expanded number of Primary Care partners commenced Q4.
- B. Admin capacity gaps (vacancies/sickness) remains significant risk. Mitigating with fixed term posts pending longer-term/permanent redress.
- C. Outsourcing short-term solution. Sustainable mitigations commenced. Increased Theatre Utility and efficiencies . GIRFT Partnership commenced (Q3)
- D. Extended Digital lead time. Mitigation: Expanded BCU pre-mobilisation to include additional Pathway delivery
- E. Delayed delivery of sustainable pathways. Mitigation: Monthly RAG rated report highlighting/escalating risks within Eye Care Collaborative.

# Charts: Follow Up Outpatient Waiting List

**BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - January 2023**



# Narrative: Follow Up Outpatient Waiting List

## Current Performance

New Outpatient 52 week waits: 23,756 (December) vs. 23,076 (January)  
Follow-up Patients delayed by over 100%: 70,082 (December) vs. 75,926 (January)

The outcome of the Covid pandemic had a detrimental impact on the waiting times, this while the reduced capacity in the system further added to the pressures in secondary care. The increase in Follow-up appointment demand is further added to as we increase activity as the front of the pathway (to reduce the backlog of New appointment requests) this also adding pressure to the demand of follow-up appointments.

## What we are doing about it

We are on boarding pathways across many specialties such as See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU). As of end of January 23, the current uptake of these pathways in the 10 priority pathways across BCU has increased from 5.8% (in Nov 22) to now 8.2%. This is a significant increase from 2.4% in Jan 2022. Planned Care have presented the use of SOS/PIFU pathways at BCU RTC workshops to support with spread and adoption. Planned care is also increasing the virtual follow-up's (telephone/video consultations) with 23,117 patients attended a video consultation with 42 different specialties having this available with more coming on-board towards the end of the Financial Year. Video Group Clinics are also being implemented and rolled out across 10 specialty areas as per Welsh Government. We have clinical support are scoping the Follow-up backlog programme, this programme feeds into administration and clinical validation with outcomes that fall under the DNA not discharged, SoS/PIFU and virtual consultation projects as enables to support a reduction in our follow-up backlog.

## When we expect to be back on track

BCU has met the 10 ministerial priority specialty pathways for SOS & PIFU and operating as BAU, by March 2023. Usage is now dependent on clinical adoption. All SOS and PIFU pathways in place are standardised pan-BCU, by March 2024.

## What are the risks and mitigations to this (getting back on track)

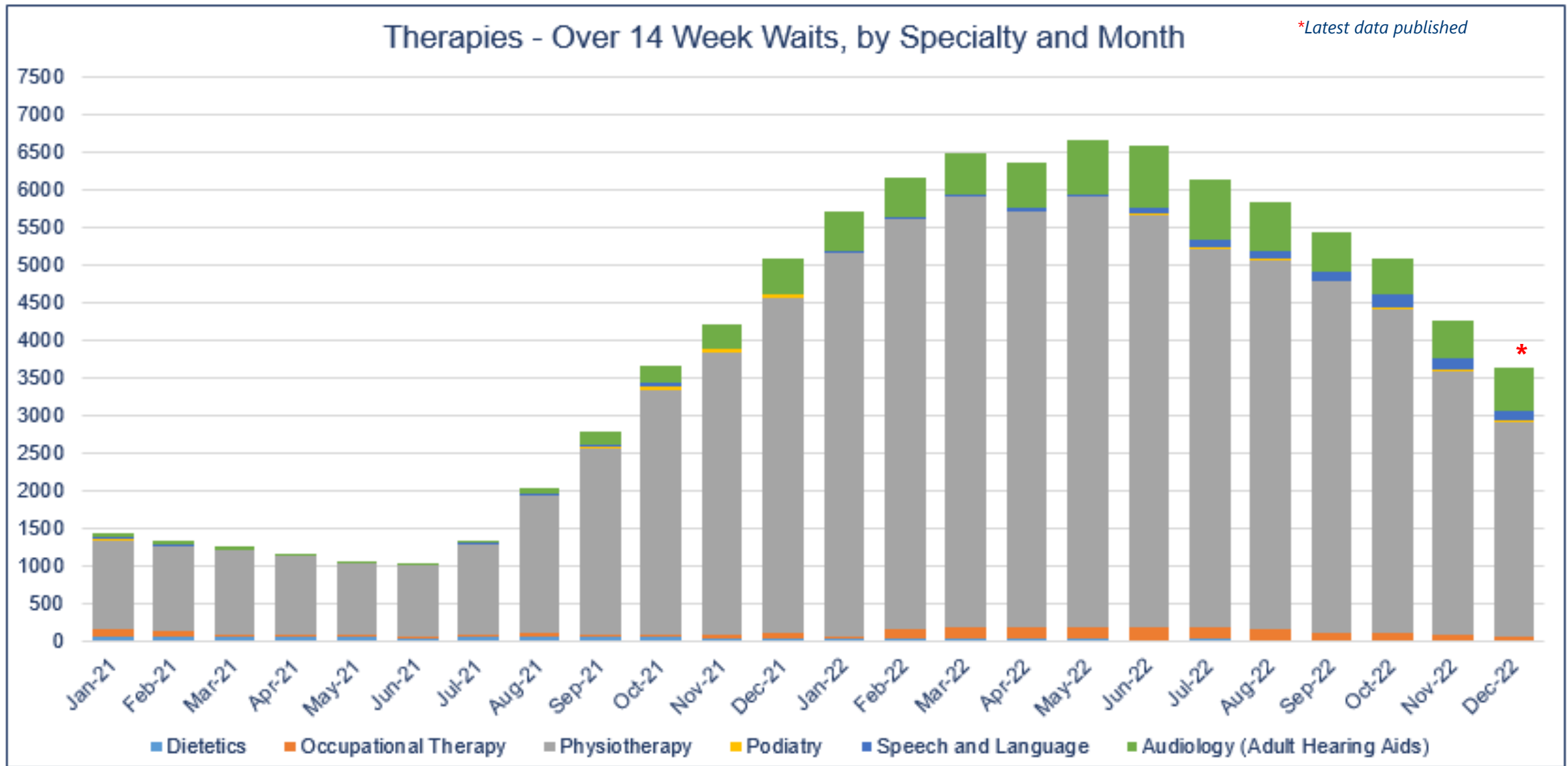
We are conscious of the pressures in the health service and the pressures on our staff (both clinical and managerial) that they are working under, the retention of a healthy staff is a risk while we find a balance of reducing the backlog while keeping persons health and welding in mind, this while attracting more support to deliver the services we deliver and with this retention and recruitment are a risk.

The adoption of virtual and pathway changes (e.g. SoS and PIFU) are also an integral part of supporting a reduction in the follow-up waiting lists.

Clinical Engagement is vital and requires frequent senior level encouragement of spread and adoption for utilisation of the pathways.

Project Management and Information Analyst support is vital to the delivery, currently under recruitment.

# Charts: Therapy Waits



# Narrative: Therapy Waits

## Current Performance

People waiting: 3,651 (December) vs. 2,387 (January)

There are high numbers of staff vacancies/difficulty recruiting in some professions and the impact of more recent industrial action and business continuity this winter is slowing progress in recovery.

Some accommodation lost during the pandemic has not been returned. East IHC Physiotherapy lost all of its Wrexham outpatient accommodation due to Maelor hospital reconfiguration from Autumn 2020, a temporary solution has only been provided late 2022 which only allows 1/3 of lost capacity. A permanent solution is delayed.

Increased orthopaedic activity/outsourcing will have an ongoing impact on waiting lists as post operative patients are seen urgently by Physiotherapy/Occupational Therapy/Podiatry and Orthotics, impacting on the routine caseload.

Some services (e.g. Speech & Language Therapy) are particularly focused on a balance between the review backlog and new referrals, therefore the new patient waiting list has grown or is reducing at a slow rate.

## What we are doing about it

Remote and face to face locums are continuing to have a positive impact on new patient consultations/waiting list numbers.

We are continuing to actively pursue recruitment with a Therapies 'recruitment drive' scheduled. Overtime/evening and weekend working by clinicians and admin thorough waiting list validation is being carried.

The permanent solution for Physiotherapy accommodation East (Plas Gororau) continues to be pursued.

Capacity planning carried out and ensuring templating of diaries to make best use clinical time.

Use of groups/classes and remote activity and the use of assistants/student Therapists with active training programmes.

## When we expect to be back on track

All services were within the 52 week milestone at the end December 2023, performance continues to be monitored. All services expect to achieve 14 weeks by March 2024 in line with WG expectations.

## What are the risks and mitigations to this (getting back on track)

Risk that locums may be withdraw due to financial reasons. Recruitment/retention of staff. Impact of ongoing industrial action, within own professions and other professions. Wider system pressures impacting on planned care. Further delay in the timelines for Plas Gororau (Physio East solution) . Increased insourcing and additional internal activity without additional capacity to manage this demand.



# Narrative: Therapy Waits (CMATS)

## Current Performance

People waiting: 4,710 (November) vs. 4,570 (December)

In all IHC areas CMATS has faced challenges post-Covid due to cancellation of routine activity, creating a backlog of patients waiting.

There was reduced capacity as a result of social distancing - some clinic capacity has not returned post-pandemic, in particular, West IHC CMATS clinic accommodation not returned to full capacity – (particularly Spinal clinics)

There remains a number of staff vacancies and difficulty in recruiting.

There is an increasing trend in the number of referrals to the service.

West IHC has recently transferred onto WPAS –new ways of booking and reviewing clinic spaces to allow for CNA etc. All services have felt an impact of the Welsh Patient Referral System WPRS implementation and changes to ways of working.

## What we are doing about it

-Continuing to actively pursue recruitment, including development posts, with a Therapies BCU 'recruitment drive' planned.

-Thorough waiting list validation.

-Overtime/evening and weekend working by clinicians and admin.

-Reviewing templates to return to pre-pandemic activity levels.

-East IHC requesting to move to WPAS in line with other CMATS services and to create efficiencies around referral inputting and triage via Welsh Clinical Referral System WCRS.

## When we expect to be back on track

All CMATS IHC Services expect to be within the 14 week target by the end of March 2024.

## What are the risks and mitigations to this (getting back on track)

Recruitment and retention, Impact of industrial action.

Access to clinical accommodation.



# Chapter 3

## Quadruple Aim 3:

*The health and social care workforce in Wales  
is motivated and sustainable*



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



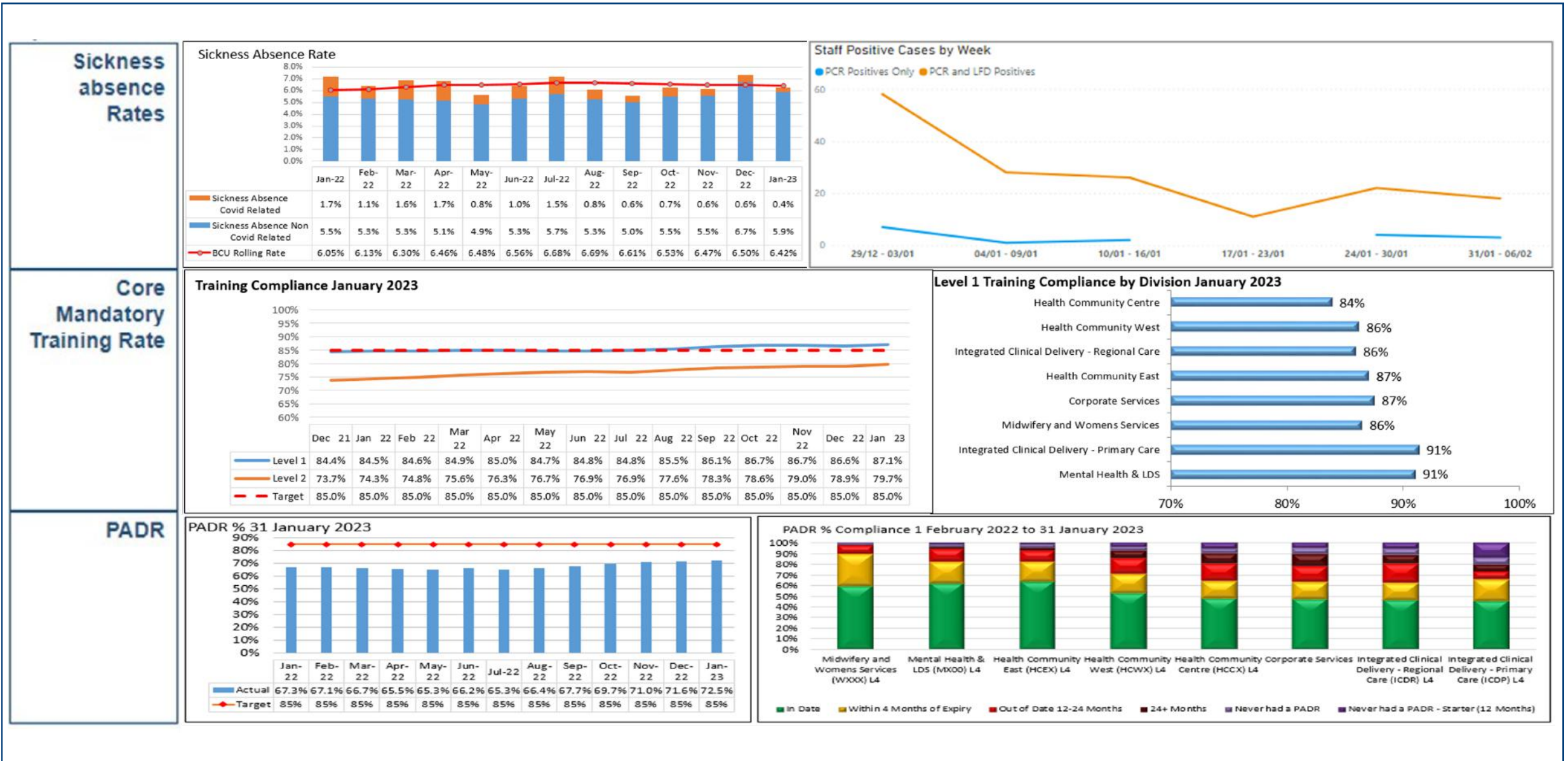
# 3a: Motivated & Sustainable Workforce



# Measures: Motivated & Sustainable Workforce

Committee	Period	Measure	Target	Actual	2022												2023
					F	M	A	M	J	J	A	S	O	N	D	J	
PFIG	Jan	Agency spend as a percentage of the total pay bill	12 month reduction trend	8.0%	<div><div></div><div>6.3%</div></div>	<div><div></div><div>7.5%</div></div>	<div><div></div><div>6.1%</div></div>	<div><div></div><div>6.8%</div></div>	<div><div></div><div>7.1%</div></div>	<div><div></div><div>7.2%</div></div>	<div><div></div><div>6.8%</div></div>	<div><div></div><div>6.5%</div></div>	<div><div></div><div>8.3%</div></div>	<div><div></div><div>8.4%</div></div>	<div><div></div><div>8.4%</div></div>	<div><div></div><div>8.0%</div></div>	
PFIG	Jan	Percentage of sickness absence rate of staff	12 month reduction trend	6.2%	<div><div></div><div>6.3%</div></div>	<div><div></div><div>6.9%</div></div>	<div><div></div><div>6.8%</div></div>	<div><div></div><div>5.7%</div></div>	<div><div></div><div>6.4%</div></div>	<div><div></div><div>7.2%</div></div>	<div><div></div><div>6.1%</div></div>	<div><div></div><div>5.6%</div></div>	<div><div></div><div>6.3%</div></div>	<div><div></div><div>6.2%</div></div>	<div><div></div><div>7.3%</div></div>	<div><div></div><div>6.2%</div></div>	
PFIG	Jan	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	87.1%	<div><div></div><div>84.6%</div></div>	<div><div></div><div>84.9%</div></div>	<div><div></div><div>85.0%</div></div>	<div><div></div><div>84.7%</div></div>	<div><div></div><div>84.8%</div></div>	<div><div></div><div>84.8%</div></div>	<div><div></div><div>85.5%</div></div>	<div><div></div><div>86.2%</div></div>	<div><div></div><div>86.7%</div></div>	<div><div></div><div>86.7%</div></div>	<div><div></div><div>86.6%</div></div>	<div><div></div><div>87.1%</div></div>	
PFIG	Jan	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	85%	72.5%	<div><div></div><div>67.1%</div></div>	<div><div></div><div>66.7%</div></div>	<div><div></div><div>65.5%</div></div>	<div><div></div><div>65.3%</div></div>	<div><div></div><div>66.2%</div></div>	<div><div></div><div>65.3%</div></div>	<div><div></div><div>66.5%</div></div>	<div><div></div><div>67.7%</div></div>	<div><div></div><div>69.7%</div></div>	<div><div></div><div>71.0%</div></div>	<div><div></div><div>71.6%</div></div>	<div><div></div><div>72.5%</div></div>	

# Charts: Motivated & Sustainable Workforce



# Narrative: Sickness Absence

## Current Performance

Rolling sickness absence performance is at 6.42% a slight decrease from 6.50% in December. As at the end of January there were 1193 staff recorded as absent of which 540 had been off work for more than 28 days. The average length of absence is currently 14.3 days.

22.4% of all sickness absence is attributable to anxiety, stress or depression.

The staff group that recorded the highest sickness levels are estates and facilities recording sickness rates of 8.91%. Additional clinical services were running at 8.0% and nurses at 6.68%.

The Trade Unions are continuing to report that the cost-of-living crisis is continuing to impact upon the overall wellbeing of staff.

## What we are doing about it

HR teams are working with managers to focus on the management of both frequent absences and long-term sickness particularly stress

Meetings between Well-being, HR and Occupational Health colleagues to look at hotspot areas and support options.

Refresher training and coaching 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. Sending out Health Matters newsletters to staff who are off with work due to stress

A cost of living group continues to provide advice to staff on where practical support can be sourced. A revised pay offer has been put forwards by the Welsh Government.

## When we expect to be back on track

Over the winter there has been higher levels of respiratory illnesses such as flu due to lower levels of exposure in recent seasons.

Staff have also been conflicted by involvement or non-involvement in industrial action. It is therefore unlikely that absence levels will fall significantly before the spring.

## What are the risks and mitigations to this (getting back on track)

Risks include the continued increased level of winter respiratory viruses and stress due to industrial action

Increased communications to further promote access to the Wellbeing Services available for staff and the information on practical support for cost of living

Focus on early intervention support and supporting managers to have conversations with staff around wellbeing (from OH/HR)

## Current Performance

PADR compliance continues to steadily increase reaching 72.53% at the end of January, this is the highest that PADR compliance has been since pre-COVID back in March 2020 when compliance was at 73.3%. This demonstrates how the links between conducting a PADR and Pay Progression, (as progression through increments is not approved unless a PADR conversation has taken place) has impacted on organisational compliance. This increase also indicates how the work of the local Pay Progression group has had a positive impact by raising the awareness of the links between PADR and Pay Progression as well as the awareness of the importance of PADR conversations.

## What we are doing about it

Continue to promote the Pay Progression toolkit and all guides and resources available to managers on BetsiNet.  
Communication from Deputy Director of People Services issued to all Executives and Senior Managers to emphasise the role of managers in ensuring that PADR's are conducted in a timely manner along with emphasising the detrimental impact a missed pay progression can have on staff.

## When we expect to be back on track

An increase in organisational compliance suggests that the implementation of Pay Progression is contributing positively to ensure that PADR's are being conducted effectively and recorded accurately in ESR. We expect to see a month on month increase in organisational compliance due to this element.

## What are the risks and mitigations to this (getting back on track)

Continued operational pressures may impact negatively on the capacity of line managers and staff to complete PADRs. We will continue to support managers and staff to highlight the importance of PADR conversations.

# Narrative: Mandatory Training

## Current Performance

Mandatory Training compliance currently for level 1 training is 87.59%, this illustrates an increase of 0.12% on the previous month. Level 2 compliance has decreased again this month by 0.22% and currently has an overall compliance of 72.43%. Manual Handling Level 2 compliance at the beginning of Q2 had been increasing gradually and reported a compliance of around 48% but following a reduction in trainers it began to decrease again through the remainder of Q2 and Q3 with compliance currently reporting a slight increase on December at 38%.

## What we are doing about it

Following a review of the BCUHB Induction training, the Organisational development team in collaboration with Health and safety have added to the current booking system an invitation to all new starters to complete both Manual Handling and Violence & aggression classroom training into the first week training schedule for all new starters. This has involved fixing day 1 of the induction process but will offer assurance to recruiting managers and the health board that Corporate induction, local induction and all core Mandatory training will have been completed within the first week of employment. Work has also commenced to identify compliance data against pay progression reviews with PADR and Mandatory training.

## When we expect to be back on track

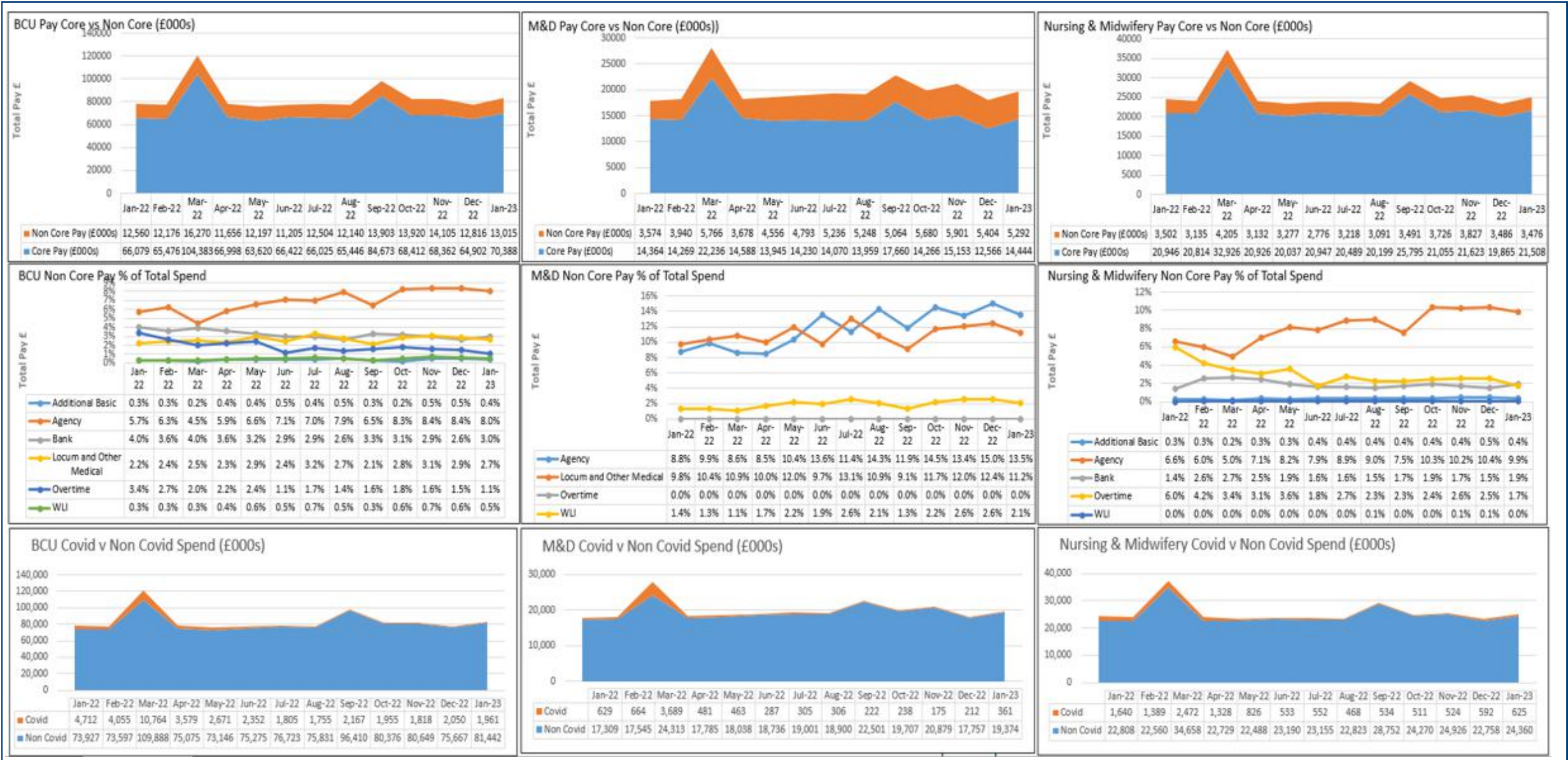
Health and safety have developed a training programme for all new starters to commence from the first month of Q1 therefore anticipating a rise in Manual Handling compliance figures prior to the start of Quarter 2.

## What are the risks and mitigations to this (getting back on track)

People handling training currently remains below 40%



# Charts: Agency & Locum Spend



# Narrative: Agency & Locum Spend

## Current Performance

Non-core pay spend overall has increased by £199k from £12,816,000 in December 22 to £13,015,000 in January 23, but has decreased by just over £1M from a high of £14.1M in November 22. The month-on-month increase is primarily driven by Bank spend and agency usage. Drivers behind the ongoing high levels of temporary staff usage across all areas of the Health Board are the higher levels of sickness/absence seen across December and the ongoing industrial action. This is alongside the ongoing pressure on unscheduled care in terms of a higher usage across the nursing staff group via bank.

Medical non-core spend is has decreased by £112k this month to £5.3m. The decrease is seen across all elements of non-core pay, Agency, Medical Locum and WLI spend. As noted, we are still seeing ongoing pressures on Unscheduled Care across the Health Board.

Nursing non-core spend is down by £10k this to £3.5m. This decrease is driven by a significant drop in overtime, but this has been offset with increased usage across bank and supports the increased pressures on Unscheduled Care nursing across the Health Board where short notice cover is required.

## What we are doing about it

The overseas recruitment initiatives to attract 46 FTE doctors from India and 25 FTE doctors from across the Middle East to the Health Board is on ongoing and are being rolled out in Q4. The ongoing focus on Nursing recruitment is showing progress with the overseas nurse recruitment delivering success. There has been a significant development in this area with the All-Wales programme resuming. Routine open days for nursing across the IHCs are scheduled to run bi- monthly for the rest of the year. These initiatives across nursing recruitment should lead to increased capacity across the nursing workforce. This work is being undertaken by Nursing with support from WOD.

## When we expect to be back on track

The sustained expected impact for medical and nursing recruitment activity should be seen through Q1/Q2 23/24.

## What are the risks and mitigations to this (getting back on track)

The service delivery model and replication of predominantly bed-based services continues to result in challenges in respect of rotas for both medical and nursing staffing. The Clinical Workforce Service reviews alongside new recruitment initiatives ensure wherever possible pathways are aligned and aware of existing and future workforce challenges .

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. Increased focus on retention and recruitment across identified hotspots with the implementation of the workforce capacity health check dashboard will enable teams to target resources where they will have greatest impact to ensure service continuity.

# Chapter 4

## Quadruple Aim 4:

*Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes*



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# 4a: High Value Outcomes Based System





# Measures: High Value Outcomes Based System

Committee	Period	Measure	Target	Actual	2022												2023
					F	M	A	M	J	J	A	S	O	N	D	J	
PFIG	Sep	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate an improvement trend over 12 months	93.7%	93.8%	92.9%	95.6%	95.2%	94.9%	87.9%	94.3%	93.7%	*Latest data published				

Organisation	RAG Status		Reason for RAG Status (31.08.22)	Areas Done Well (31.08.22)	Areas for Improvement (31.08.22)
	31.08.22	31.03.23			
Measure: Progress against the Health Board's plans to deliver the NHS Wales Weight Management Pathway					
Betsi Cadwaladr University Health Board			BCUHB have made fantastic progress in their pathway development and should be highly commended for being a front runner amongst their peers. Their whole systems approach is evident throughout each stage of the pathway, with integrated pathways in level 2 and 3 being used effectively.	Embedding the Strategy throughout their work, which is very clearly demonstrated, a focus on early years and prevention as well evidence of consideration of the most effective support for their population.	
Measure: Implement Help Me Quit in Hospital smoking cessation services					
Betsi Cadwaladr University Health Board			The health board has made solid progress and demonstrated a good understanding of the actions required to deliver the Help Me Quit in hospital model. It is positive to see that leadership, systems and structures are in place and we recognise that a lot of this work is dependent on national objectives being progressed.	The organisation has a robust integrated Help Me Quit service which they are seeking to expand with service plans in place. Provision of very brief advice training for all staff is welcome as is the health board's commitment to joint working.	For the next return we would like the organisation to provide further details and broader narrative around how the Help Me Quit in hospital model is being implemented in the health board, including plans for governance and clinical leadership. An agreed implementation plan for delivery as well as evidence of the integration of the model into the wider health board systems would support a green rating. The health board's involvement in the Help Me Quit in hospital programme board will be essential to aid the 'Once for Wales' collaboration and aid effective communication.
Measure: Reduce smoking during pregnancy					
Betsi Cadwaladr University Health Board			The health board has demonstrated clear evidence of understanding the agenda and we look forward to seeing further progress in the next return.	We recognise that there has been a drive to improve maternal smoking rates with the establishment of the HMQ for baby service and welcome collaborative working between HMQ and midwifery services. Positive work is being undertaken to understand the barriers identified by priority groups in accessing HMQ Services by developing insight work and undertaking a pilot incentive scheme with pregnant smokers in Q3 & Q4.	Further details are needed on how maternity services are supporting reducing smoking in pregnancy and how the HMQ for baby service is integrated with wider maternity services. We welcome the health board's commitment to reducing maternal smoking and willingness to participate in the national work that will look at maternal smoking across Wales, being led by Welsh Government and Public Health Wales.
Measure: Progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites					
Betsi Cadwaladr University Health Board			SDEC operating across all three acute sites and dedicated lead overseeing SDEC across the HB.	Medical and Surgical SDEC operating 12hrs Monday - Friday across all three acute sites; plus 12hr acute frailty SDEC at Ysbyty Glan Clwyd. Dedicated lead overseeing SDEC across HB patch.	Reports of SDEC space being breached overnight and at times of increased demand.

# Measures: High Value Outcomes Based System

Organisation	RAG Status		Reason for RAG Status (31.08.22)	Areas Done Well (31.08.22)	Areas for Improvement (31.08.22)
	31.08.22	31.03.23			
Measure: Progress to develop a whole school approach to CAMHS in reach services					
Betsi Cadwaladr University Health Board	Green		Overall development of the service is positive. There are areas that require more time to provide evidence.	Promoting the Welsh language. Multi agency/departmental collaboration.	
Measure: Progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis					
Betsi Cadwaladr University Health Board	Red		Lack of training that has taken place at skilled and influencer level. No evidence of delivery of integrated learning and development, particularly with social care.	Training at an informed level has progressed relatively well, but is just short of their 85% target. There are detailed actions to support the timely diagnosis of dementia however this has unfortunately been impacted by prolonged staff sickness and absence of MAS review author. A corrective action is currently in place to address this.	No training has taken place at skilled or influencer level. No detail provided on any delivery of integrated learning and development, particularly with social care.
Measure: Progress against the priority areas to improve the lives of people with learning disabilities					
Betsi Cadwaladr University Health Board	Yellow		Delivery of the HB & RPB plans for LD services has been impacted significantly by the pandemic and is therefore still in an early delivery phase.	Systematic approach to reducing restrictive practice. Partnership approach across the RPB footprint to improve step-down community based provision and the work being done to overcome the challenges. Increased access to health checks.	Continued focus on delivering against the priority areas of increasing community based crisis prevention services & step down provision – as a RPB partner. Review of patients regarding medication & discharge planning. Implementing the Paul Ridd Foundation Training.
Measure: Progress of NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan					
Betsi Cadwaladr University Health Board	Yellow		Robust plans and governance have been established. More evidence of progress against these plans is needed to provide delivery assurance, along with clarity on how the risks identified are being addressed.	Clear governance arrangements, ownership of responsibilities and plan for action – Decarbonisation Programme Board led by an Executive Director, recognition of the need to integrate DAP with other plans/strategies, attempted costings of the savings, investment and carbon reduction potential of their plan. Proactively promoting the climate emergency and decarbonisation plans to staff and public, including stimulating low carbon behaviours with the Introduction of Turning Red Tape Green: Sustainable Transformation Fellowships. Purchasing electrical vehicles for grey fleet use and installation of electrical charging points.	Ensure the step-change in pace that they acknowledge is delivered and seek and embrace opportunities to act. More clarity needed on how BCUHB intends to address the risks identified. Strengthen evidence of progress to provide assurance.
Measure: Evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-2022 Programme					
Betsi Cadwaladr University Health Board	Yellow		Difficult to evaluate without clear narrative, and relying on interpreting embedded presentations. Clear evidence in some aspects of FE principles but need to understand aspiration and initiatives across the breadth of the FE Programme (Procurement, People and Place).	Committed to developing a FE Strategy for BCUHB and held early discussion at Board level. Leadership of FE within Finance, including with A&S.	Developing a strategy that focusses across the breadth of the FE programme (Procurement, People and Place). Set out strategic intent in IMTP 23/24, understanding where BCUHB have greatest opportunities and how this will be embedded.
Measure: Evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes					
Betsi Cadwaladr University Health Board	Red		Value Based Health and Care (VBHC) is still in its infancy. Betsi Cadwaladr UHB has demonstrated that it understands the work that is done nationally on VBHC and is taking some steps towards Value Based Health and Care VBHC, but work is needed to consider what the organisation needs to do to become a VBHC organisation.	Betsi Cadwaladr UHB have demonstrated an understanding of VBHC and what is happening nationally as well as an enthusiasm for collaboration and for “weaving it into everything they do”.	Work needs to be done to plan how Betsi Cadwaladr UHB is going to work towards being a VBHC organisation and to move swiftly towards actions on the Health Board level. The organisation may benefit from learning from other HBs and the Welsh Value in Health Centre.

# Additional Information



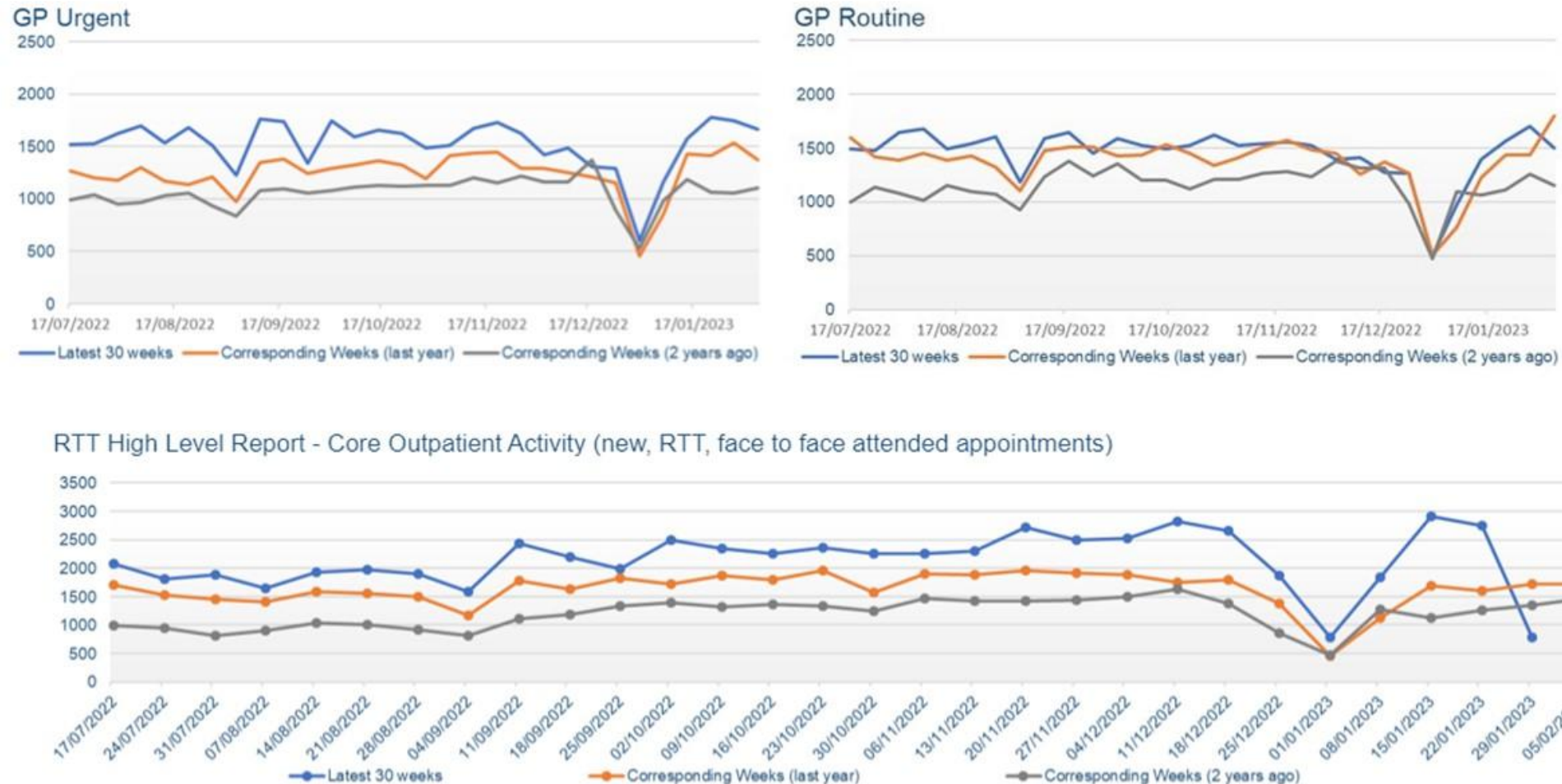
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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



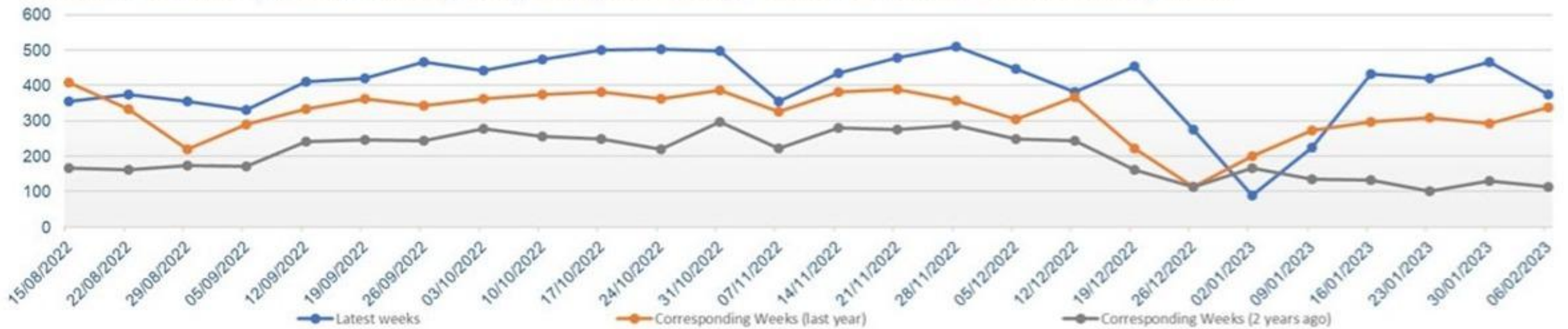


# Charts: Planned Care Referrals & Outpatient Activity

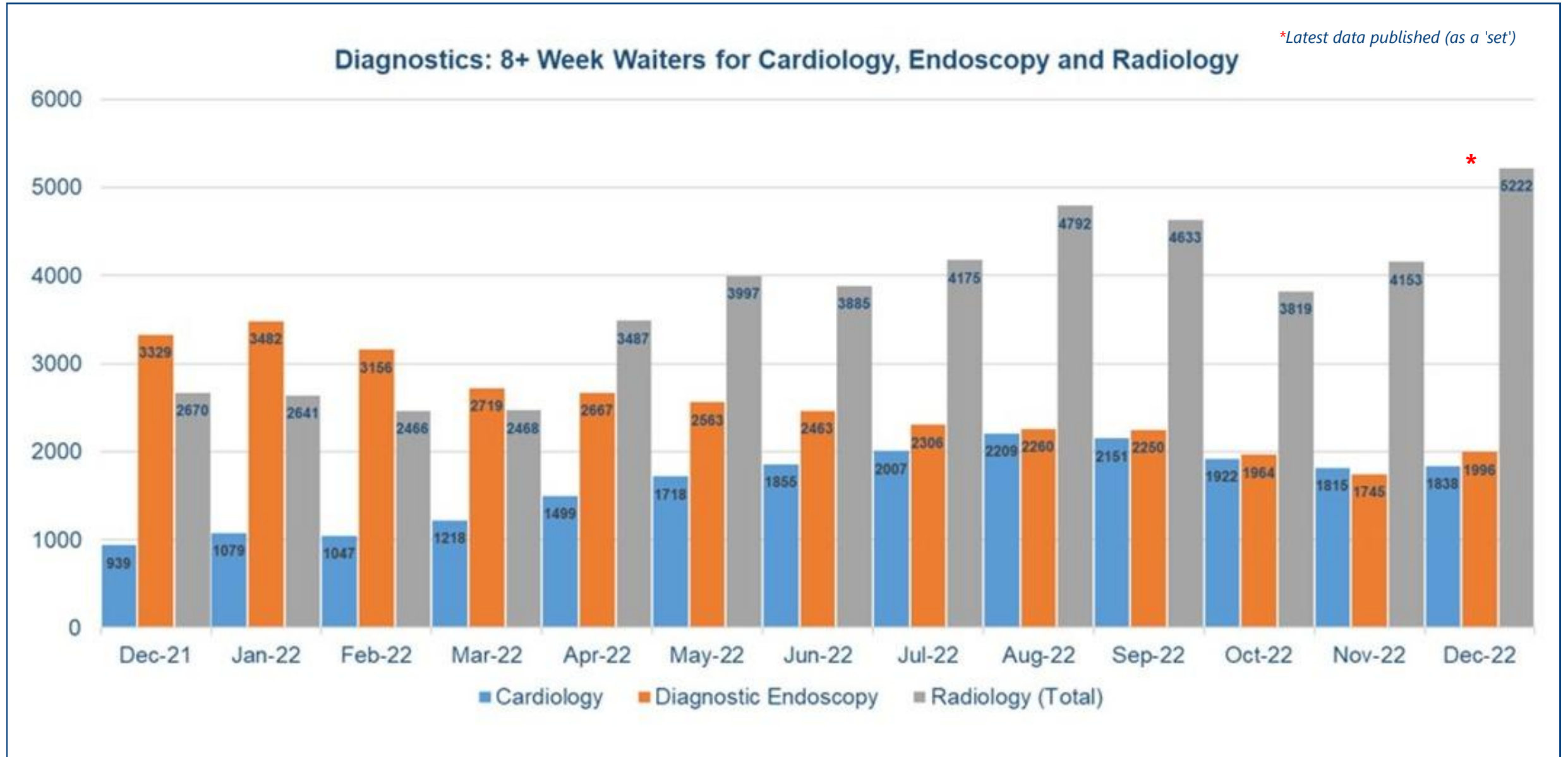


# Charts: Planned Care Theatre Sessions

Theatre Procedures (Inpatient and Daycase): Completed Elective Cases in Planned Elective Lists by Week



# Charts: Diagnostic Waits (3 major wait categories)





# Quality & Performance Report

## Betsi Cadwaladr University Performance, Finance & Information Governance Committee

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

- tolerances for red, amber and green

Further information on our performance can be found online at:

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

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

follow @bcuhb

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



<b>Teitl adroddiad:</b> <b>Report title:</b>	Planned Care Status Report		
<b>Adrodd i:</b> <b>Report to:</b>	Performance, Finance and Information Governance Committee		
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Thursday, 23 February 2023		
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>The purpose of this paper is to provide partial assurance to the Health Board (HB) with the progress of the Planned Care (PC) programme in line with Welsh Governments' programme to modernise PC services and decrease waiting lists.</p> <p>Previous updates to PFIG have described the challenges facing BCUHB in relation to the delivery of PC services, and specifically the large number of patients waiting for a new outpatient appointment, or a planned intervention/treatment, many of whom have been waiting in excess of 52 weeks and some more than 104.</p> <p>After several months, where the total waiting list rose, we are beginning to see its reduction. The validated position stands in excess of 170,000, as of 31st January 2023 with 29,081 waiting over 52 weeks and 12,000 waiting over 104 weeks. The focus from Welsh Government (WG) is on the transformation of PC across Wales to drive down waiting times for our patients and reduce the number of patients waiting in excess of 52 and 104 weeks.</p> <p>This paper details the Planned Care Programme's actions to date, inclusive of modelling its strategic direction and next steps for the programme inclusive of collaboration with Primary Care.</p>		
<b>Argymhellion:</b> <b>Recommendations:</b>	<p>PFIGC is asked to note the partial assurance of the PC programme recognising that the delivery of this programme is vast and will take time in delivering the key objectives - reduction in waiting lists expected due to the volume of patients waiting and in transforming PC services. Additionally, partial assurance is given due to the unknown impact at this time of further industrial action and operational pressures to be faced over the winter months.</p> <p>In supporting the PC recovery program is it important that all stakeholders have clear visibility of the challenge and the progression in meeting the challenges.</p>		
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Gill Harris – Acting Chief Executive		
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	<p>Co Authors: Nikki Foulkes, Acting Associate Director Planned Care/ Andrew Kent, Interim Subject Matter Expert: Planned Care/ Andrew Oxby, Interim Subject Matter Expert: Outpatients</p>		
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<p>I'w Nodi For Noting <input checked="" type="checkbox"/></p>	<p>I Benderfynu arno For Decision <input type="checkbox"/></p>	<p>Am sicrwydd For Assurance <input checked="" type="checkbox"/></p>

<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<b>Arwyddocaol Significant</b>  <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b>  <input type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b>  <input checked="" type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b>  <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		This paper aligns to the Health Boards strategic goal of reducing the number of patients waiting.		
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>		Not Applicable		
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>		Not Applicable		
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>		Not Applicable		
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>		BAF Risk 1.5 - Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm		
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <i>Financial implications as a result of implementing the recommendations</i>		Please refer to detail in report.		
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <i>Workforce implications as a result of implementing the recommendations</i>		Please refer to detail in report.		
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>		Planned Care programme is reported at the Planned Care Recovery and Transformation Group (PCRTG), Executive Delivery Group (EDG): Transformation and Performance,		

	Finance, and Information Governance Committee (PFIGC).
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF Risk 1.5 - Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations</b>	
<b>Rhestr o Atodiadau:</b> Dim  <b>List of Appendices:</b> None	



## **Planned Care Programme Update**

### **1. Introduction/Background**

- 1.1. Previous updates to PFIG have described the challenges facing Betsi Cadwaladr University Health Board (BCUHB) in relation to the delivery of Planned Care (PC) services, and specifically the large number of patients waiting for a new outpatient appointment, or a planned intervention/treatment, many of whom have been waiting in excess of 52 weeks and some more than 104. In addition to the actions already taken, such as the outpatient programme.

After several months, where the total waiting list rose, we have seen it begin to decrease in the last few weeks. The validated position stands in excess of 170,000, as of 31st January 2023, with 29,081 waiting over 52 weeks and 12,000 waiting over 104 weeks. The focus from Welsh Government (WG) is on the transformation of PC across Wales to drive down waiting times for our patients and reduce the number of patients waiting in excess of 52 and 104 weeks. With plans to transform PC services, WG had mandated 2 ministerial priorities for this financial year;

1. No patients should be waiting more than 52 weeks for their first outpatient appointment (Stage 1) by the end of December 2022.
2. No patients should be waiting more than 104 weeks for any stage of their pathway by the end of March 2023.

For BCUHB, as previously indicated, there are three distinct but inter-dependant stages: Restart, Recovery and Sustainability. All services have restarted but not all are delivering the same activity levels of 2019/20. PC are working with localities to identify and address the delivery gap, , whilst developing plans that will provide sustainability for PC services through transforming pathways.

The PC Programme has been designed to support localities in meeting the underlying demand and capacity deficit whilst reducing the backlog. Key principles have been adopted and developed to embed service improvements as business as usual to support further reduction in the backlog and manage service demand.

PC should not be seen in isolation from the Unscheduled Care agenda, which in combination with the impact of operational pressures and industrial action pose a risk in reducing the waiting list backlog.

### **2. Body of report**

- 2.1 Strategy Implications  
IMTP 2023/24

PC has completed the first phase of the demand and capacity planning for 2023/24 through collaborating with the IHC's which have cross referenced their workforce position to understand their vacancies and gaps in service.

This baseline has demonstrated gaps within services since the pandemic and as such mitigations and solutions are called for to close the gap.

The second phase includes pulling the plans into a model that demonstrates the gap between the activity levels of 2019/20 and funded core capacity. It can also demonstrate the solutions required over the coming years, for example;

- Stage 1 – Short-term funding to support core activity levels and deliver additional activity to reduce waiting times: including stretch targets for efficiencies and effectiveness aligned to the GiRFT principles such as clinic and theatre utilisation and Insourcing and Outsourcing
- Stage 2 - Further capacity schemes including schemes such as U5 at Wrexham Maelor, Abergele extended working (6 days) and mobile theatre(s) for orthopaedics. Which is the beginning of de-coupling planned from unscheduled care.
- Stage 3 – Schemes such as development of a business case for refurbishment of two existing Orthopaedic theatres at the Llandudno site – implemented by July 2024
- Stage 4 – Completion of Regional Treatment Centre development (following public consultation) by 2027/28
- Stage 5 – Complex Surgery

These stages are designed to close the identified gap and highlights when each speciality will realistically achieve the access-waiting target of 26 weeks. Whilst creating sustainable services, if the solutions are implemented. These solutions will involve defining its workforce and as such the close partnership with Workforce and Organisational Delivery (WOD) is critical in determining PC's requirements for the future inclusive of any new roles. The model can be used to show the impact on the service and waiting times if these solutions are not implemented.

Supporting parts of this work is the sustainability funding (£38.4million) that is available until March 2024, this has been reduced by £10 million for 2023/24. Decisions were made (March 2022) to allocate this funding to a number of schemes to either reduce the backlog or transform PC services. Of which, three (£18,175 million) will require recurrent funding and do not meet the criteria. Two schemes are to ensure these services stand still – they are not sustainable plans, they are not reducing the elective waiting lists and they are not plans for transforming or having a sustainable Radiology and Oncology service. Further work is required to understand when the timescales for sustainability will occur with the Endoscopy case, to reduce the impact and cost of Insourcing. A decision will need to be made as to whether to continue funding these 3 schemes in 2023/24 or to repurpose this funding to support other schemes or risks identified within the model.

This model will give BCU a plan over the next 5 – 10 years on the strategic direction of PC services and its needs. The model will be ready to share with the HB and WG by the end of February.

## 2.2 Stage 1: Insourcing and Outsourcing

Whilst Outsourcing continues for Orthopaedics, Ophthalmology and Dermatology with alternative providers in England. A phased approach commenced for Insourcing, adopting a PDSA approach with West IHC commencing Stage 1 Clinics for Orthopaedics and Colorectal patients. This implementation was taken to ensure patient safety Insourcing has been mobilised for 8 weeks across the three localities, for

Orthopaedic, Colorectal, Upper Gastrointestinal, Urology, Gynaecology, ENT and Oral Maxillofacial patients.

PC with the IHC's are planning for the roll out of Stage 4 day case surgery to commence in March, in the same PDSA approach.

Initial figures (table 1) demonstrate that over 2000 of our longest waiting patients, at stage 1, have been seen and now have a plan for their condition or they have been discharged (21%).

Site	Pts Seen	DNA	SHS Surgery	BCUHB List	Discharge
YG	1306	112	500	153	185
WXM	851	36	171	64	227
YGC	216	17	52	30	79
Total	2373	165	723	247	491

Table 1

There has been a 7% DNA rate, but this may be attributed to the short notice of appointments. These can now be booked up to 6 weeks in advance, as a minimum. 970 (41%) patients have been listed for stage 4 (SHS – 31%, 10% BCU) with 6% being referred for a diagnostic procedure. The data shown demonstrates 7 weeks at West, 4 weeks at East and 1 week at Centre. Full mobilisation commenced at week 8 (11.02.2023). Next steps include full implementation of Stage 4 day cases for these patients, whilst we engage further to support those patients whom have already been listed.

## 2.3 GiRFT/Clinical Pathways

The GiRFT programme continues with General Surgery and Ophthalmology's deep dives taking place in March. Whilst Orthopaedics, Gynaecology and Urology continue working with the GiRFT team on implementing recommendations made. We have partnered with a GiRFT SME who is supporting PC to assess our current programme in order to make recommendations of what will be required for an effective GiRFT programme.

## 2.4 Ongoing workstreams

All other elements of the PC programme continue with the outpatients' work stream the most mature.

### Treat in Turn

This is an improving position; which will further be supported as we book-out to six weeks for the Stage 1 >52 week patients. Table 2 demonstrates our current position.

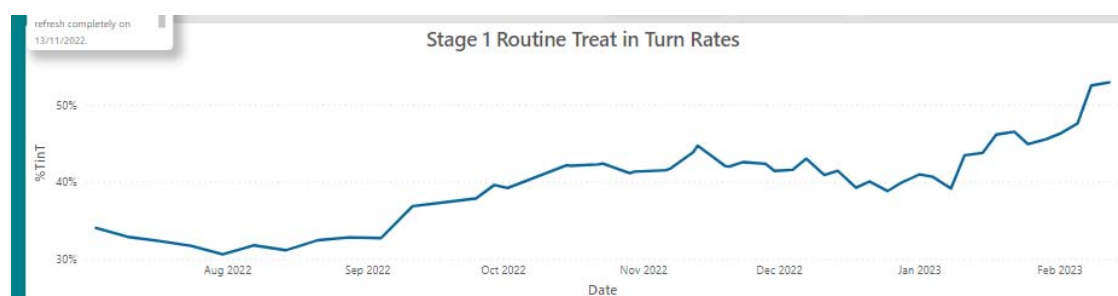


Table 2

## Clinical Validation

We have concluded calls to Stage 1 >52 week patients, following the move to bring validation 'in-house'. A decision which was supported by WG. A team of 21 have completed training and have started calling patients (13<sup>th</sup> February 2023). This enables clinical teams in having a 'clean' waiting list to review their Stage 1 and Stage 4 over 52 week wait patients.

In line with WG partial booking guidance, we are discharging Stage 1 patients, at a point of no contact whilst we are working with clinical colleagues to establish clinical guidance to enable us to apply this methodology for Stage 4 patients. Some specialities have agreed this guidance for removal at non-contact e.g. ENT in West (no response calls and a validation letter informing patients that they could not be reached and to ask for them to call the contact centre within 14 days. If they do not they may be discharged). For those specialities where we have not had clinical authority, the process remains whereby we are not discharging but are recording the outcome of non-responder on WPAS for the service to manage locally and inform the consultant that there is a need for clinical review.

We have established a clinically led follow-up backlog reduction programme, which includes a two stage process. This comprises of a clinical review of overdue follow-up waits with outcomes of discharge, SoS/PIFU pathway, virtual consolidation and face to face. We are creating a framework to support the clinical validation with clinical executive agreement to increase the booking slots to mitigate against DNA's thus booking to the 'Attendance' capacity of the clinic as per the principles that have been introduced for Stage 1 clinics and the implementation of a Follow Up Access Policy

## Theatre Utilisation

A weekly BCU Theatre Utilisation meeting, chaired by an Executive lead, has commenced which is in line with GiRFT recommendations for Executive oversight. Current performance is 79.3% across all theatres, however there is a particular focus on cold sites due to the significant opportunities available. With utilisation at Abergele being 94.9%. Pre-Operative Assessment Clinic (POAC) has been identified as a bottle neck and a task force has been established to look at POAC for rapid transformation with short term measures to be supported by Insourcing.

To support this, a review of the waiting lists has been undertaken, focusing on the "Interventions Not Normally Undertaken" (INNU), to ensure policy is being followed. East and West have robust plans in place whilst Centre is integrating this into their access meetings.

Next steps include partnering with Primary Care to facilitate demand management and reviewing key pathways i.e. Ophthalmology and Dermatology, they will be supported by teams within Primary Care.

### **3. Risk Management**

- 3.1 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, operational pressures may still affect progress.

### **4. Equality and Diversity Implications**

- 4.1 The PC 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



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NHS  
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Betsi Cadwaladr  
University Health Board

<b>Teitl adroddiad:</b> <i>Report title:</i>	Regional Treatment Centre (RTC) – Programme update			
<b>Adrodd i:</b> <i>Report to:</i>	Performance Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	23 February 2023			
<b>Crynodeb Gweithredol:</b>  <i>Executive Summary:</i>	<p>This paper sets out an update summary of progress on the development of the Regional Treatment Centre Programme (RTC).</p> <p>It includes information on the development of the Orthopaedic Business Case proposal (in terms of development of the draft business case); an update on implementation of RTC Gateway Review recommendations; and a summary of “Lessons Learned” in terms of the RTC Programme development.</p> <p>This is a stand-alone item to provide the Performance Finance and Information Governance Committee with:</p> <ul style="list-style-type: none"> <li>(i) a further update of the work being undertaken within the RTC Programme indicating the mitigating actions undertaken to provide a greater level of assurance</li> <li>(ii) a proposal for regular quarterly formal updates to PFIG</li> </ul>			
<b>Argymhellion:</b>  <i>Recommendations:</i>	<p><i>The Committee is asked to:</i></p> <ul style="list-style-type: none"> <li>(i) review and note the content of this report as evidence of work being undertaken to progress the RTC programme;</li> <li>(ii) note work on programme risk reporting; and</li> <li>(iii) consider the proposal for a quarterly report to PFIG on Programme Progress, finances and risks.</li> </ul>			
<b>Arweinydd Gweithredol:</b>  <i>Executive Lead:</i>	Nick Lyons, Executive Medical Director			
<b>Awdur yr Adroddiad:</b>  <i>Report Author:</i>	Hugh Mullen, RTC Programme Director/Chris Linward, RTC Programme Lead			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b>  <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth

	darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p> <p><i>An RTC Risk Workshop was held on 9 February 2023, involving RTC workstream leads. Risks identified by RTC workstreams, as part of the development of their plans were reviewed and clarified. A further workshop is planned for week commencing 27 February 2023 to score identified risks and confirm process for reporting relevant information via Datix, as part of formal risk reporting. A report of risk reporting arrangements and identified risks will be presented to the March 2023 meeting of the RTC Programme Board.</i></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Living Healthier, Staying Well - Improve the safety and quality of all services			
<b><i>Link to Strategic Objective(s):</i></b>				
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	<p>An update on progress and a summary of ongoing work to respond to the RTC Gateway Review process, which provides a "Delivery Confidence Assessment" of the RTC Programme processes. The update provides evidence of progress made to address the recommendations of the RTC Gateway review.</p>			
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	<p>Yes (ongoing)</p> <p><i>The RTC programme has established the Equality Advisory Group, as part of its Programme governance, to ensure an Equality Impact Assessment is completed. This will be completed as part of the work to deliver the RTC Outline Business Case.</i></p> <p><a href="#"><u>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</u></a></p> <p><a href="#"><u>WP7 Procedure for Equality Impact Assessments</u></a></p>			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	<p>Y (ongoing)</p> <p><i>A Socio-Economic Impact Assessment will be completed in the Economic section as part of the option appraisal of the RTC Outline Business Case. This has been included as part of the Service Level Agreement with the</i></p>			



	<p><i>approved supplier for the Outline Business Case.</i></p> <p><u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u></p> <p><u>WP68 Procedure for Socio-economic Impact Assessment.</u></p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>The RTC programme has submitted previously identified risks via the BCUHB Datix Risk management system. These are under review, and included within the relevant category in Corporate Risk Reporting summaries.</p> <p>This latest update focuses on the progress of the RTC programme, and includes the work undertaken to identify and report Programme Risks. An RTC Risk Workshop was held on 9 February 2023, involving RTC programme leads. Risks identified by RTC workstreams, as part of the development of their plans were reviewed and clarified. A further workshop is planned for week commencing 27 February to score identified risks and confirm process for reporting relevant information via Datix, as part of formal risk reporting</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The approved RTC budget for 2022/23 is managed via monthly reporting undertaken by the RTC Finance workstream, and reported to the RTC Programme Board. Finance Team reports relating to the RTC Programme are included within a bi-monthly BCU Wide PFIG Finance Report. The RTC component is captured within 'Other and Reserves' as it is funded via the Performance and Sustainability Funds.</p> <p>An IMTP proposed budget for 2023/24 has been prepared. Details on approval are awaited.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Workforce implications are being modelled within the RTC workforce workstream. They will be described as part of the production of the RTC Outline Business Case (as part of the Service Level Agreement with the approved supplier).</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p>	<p>Paper has been reviewed and approved by the RTC Programme Director and the RTC Programme SRO..</p>

<b>Feedback, response, and follow up summary following consultation</b>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	Links to Corporate Risk Register (risks and scoring are under review):  Risk ID 4594 - Risk of lack of senior leadership due to absence of Programme Director for RTC Programme.  Risk ID 4606 - Risk of rising costs to anticipated budget for RTC Programme  Risk ID 4593 - Risk to RTC Programme delivery due to inability to recruit required Project Managers
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations - Submission of Risk Paper to be presented to RTC Programme Board in March 2023.</b>	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices: Appendix A – RTC Governance Structure</b>	

## **Regional Treatment Centre Programme – Update**

### **1. Introduction**

This paper sets out an update summary of progress on the development of the Regional Treatment Centre (RTC) Programme.

It also includes information on the development of the Regional Orthopaedic Hub Project (in terms of development of the draft business case); an update on implementation of RTC Gateway Review recommendations; and a summary of “Lessons Learned” in terms of the RTC Programme development.

### **2. RTC Programme - Context**

The RTC Strategic Outline Case (SOC) document (May 2021) set out the main goals of the proposal, including:

*“the transformation of planned care services in BCUHB, through the introduction of [an ambulatory] Diagnostic and Treatment Centre [DTC] model. This entails the development of new pathways which will improve the quality of patient care and speed of access, as well as improving service resilience and efficiency. These pathways will be enabled by building DTCs, allowing the physical separation of facilities for scheduled and unscheduled care.”<sup>1</sup>*

(Note that the SOC refers to “Diagnostic and Treatment Centres” which are now referred to as “Regional Treatment Centres”, in view of the intended scope).

The document also set out a range of anticipated benefits which would be realised via the development of RTCs. These benefits were initially summarised in the SOC as follows:

- *The ability to maintain many elements of elective activity irrespective of unscheduled care pressures or future pandemics*
- *Reduced overall access times*
- *Reduction of hospital initiated cancellations (for OPD, ambulatory care and elective orthopaedics)*
- *Improved clinical outcomes and patient experience: (through transformation of services)*
- *Reduced time to first appointment<sup>2</sup>*

In terms of scope, the SOC document outlined the initial preferred option of “maximum scope”, involving the development of the diagnostic and treatment model for out-patients and diagnostics, with a focus on cancer and “vague symptoms” patients, and permanent theatre capacity to undertake day-case activity).

It should be noted that the RTC Programme Board (at its February 2023 meeting) has agreed to amend the structure of the RTC programme to account for the development of a two phase Orthopaedic business case (subject to Welsh Government approval). This will remove the element of the original RTC plan relating to inpatient and theatre capacity to treat elective Orthopaedics Inpatients.

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<sup>1</sup> Development of Diagnostic and Treatment Services at Betsi Cadwaladr University Health Board, Strategic Outline Case (SOC), May 2021, Page3

<sup>2</sup> Development of Diagnostic and Treatment Services at Betsi Cadwaladr University Health Board, Strategic Outline Case (SOC), May 2021, Page4

The subsequent development of the RTC model of care (approved by the BCUHB executive team in October 2022) makes it clear that the RTC Programme will continue to progress the development, appraisal and wider engagement to support the phases of work required to complete a robust Outline Business Case. This now includes proposals for a process of public engagement and consultation, overseen by the Communication and Engagement workstream within the RTC Programme.

## **2.1 Clinical Leadership and Engagement**

Clinical leadership and engagement within the Programme is provided via the RTC Clinical Reference Group, which was established in November 2022. The RTC Programme Budget includes a funded establishment for clinical leadership (14 sessions per annum). This includes sessions for the RTC Clinical Lead, Caroline Usborne, and for specialty leads. Leads have been identified for Diagnostics/Radiology, Trauma & Orthopaedics and Ophthalmology. Work is ongoing within the Clinical Reference Group to confirm other speciality leads subject to further discussions between the Clinical Lead of the Clinical Reference Group (i.e. Caroline Usborne) and the RTC Senior Responsible Officer (i.e. Nick Lyons).

The RTC Clinical Reference group reports to the RTC Programme Board (see attached governance structure at Appendix A). One of the key aims of the group is to ensure good engagement with clinical leads and also enable the successful delivery of a series of engagement workshops with clinical teams. This has included a workshop on the design vision for the RTC (held in October 2022 and facilitated by the Narmore, Bain, Brady & Johanson (NBBJ) Design Team) and an ongoing series of workshops (commencing in December 2022) to consider the impact and potential of new pathways and ways of working to support the achievement of the RTC model. The next clinical workshop is due to take place on 16 February 2023.

## **2.2 RTC Scope**

The scope of the RTC was originally outlined in the Strategic Outline Case, and has been the basis for further modelling work and analysis to define the Capacity and Demand elements. The completion of the modelling work commission from the Lexica management consultancy team was signed off by the RTC Programme Board in January 2023.

It is recognised that further work to transform services using approaches based on “Getting it Right First Time” (GiRFT) methodologies are still to be modelled into the capacity plan. GiRFT is part of a national programme designed to improve medical care within the NHS by reducing unwarranted variations. The RTC programme will benefit from the input from Allison Beal, who has been seconded to BCUHB to support a systematic approach to the implementation of GiRFT recommendations. The continuing engagement with clinical teams will identify and quantify further efficiencies over the coming years will continue a shift of appropriate activity from in-patient to day case and then outpatient procedure rooms.

## **2.3 Orthopaedics Business Case**

The Health Board has long-standing issues with Orthopaedics capacity, where there is a substantial imbalance between supply and demand. With the development of the proposal for the Regional Elective Orthopaedic Hub for North Wales, the RTC plan will be redesigned to remove the elective Orthopaedic component included as part of the original RTC SOC.

The RTCs will continue to provide ambulatory, diagnostic and out-patient facilities for Orthopaedic patients, in line with the general principles of the RTC model of Care.

The redesign will simplify the proposal for consultation and engagement on the RTC as it resolves the question of location for the elective in-patient component of Orthopaedic services (currently included within RTC assumptions). The changes to the proposed plans for RTC facilities will be confirmed as part of the work to develop the RTC Outline Business Case in 2023.

The development of the Orthopaedics Business Case continues. Work on the current proposals commenced in November 2022. A working draft of the proposal was presented to the Welsh Government Infrastructure Investment Board on 26 January 2023. Feedback from this meeting is informing further work on the draft business case. Further engagement is also taking place with Welsh Government on the timeline for scrutiny and approval of the business case, which will include internal BCUHB approval processes (including submission to meetings of the BCUHB Executive Team and PFIG). It is expected that timelines will be confirmed following a meeting with Welsh Government representatives on 2 March 2023.

Following feedback from Welsh Government, and subsequent discussions with Community Health Council (CHC) partners in January 2023, the draft business case is being developed in two phases.

**Phase 1** will involve the refurbishment of the 2 existing theatres at Llandudno. Subject to BCUHB and WG approval, the provisional plan for completion of the proposed Phase 1 work is July 2024. Phase 1 modelling\* suggests will deliver 2,400 elective Orthopaedic procedures per annum.

**Phase 2** will involve a consultation on the establishment of a Regional Orthopaedic Hub (a proposed regionally managed ringfenced Elective Orthopaedic Hub). Discussions with CHC partners has set out an approach for communication and engagement for Phase 1, with public consultation for Phase 2 (running concurrently with the RTC consultation).

Subject to BCUHB and WG approval and the outcome of the consultation process, the provisional plan for completion of the proposed Phase 2 work is March 2025. Modelling\* indicates this will deliver a further 2,400 elective Orthopaedic procedures per annum.

(\*draft modelling subject to further review and approval of Business Case)

## **2.4. Strategic Fit - Preparation of Planned Care paper for BCUHB Executives**

Based on discussions with Welsh Government following receipt of feedback from the Infrastructure Investment Board meeting on 26 January 2023, a paper is being prepared for BCUHB Executive approval to set out the approach to planned care recovery in four key stages, as follows:

- Stage 1: Short-term action to support core activity levels and deliver additional activity to reduce waiting times
- Stage 2: Confirmation of options and timelines for use of modular/mobile theatres to increase short-term elective capacity
- Stage 3
  - Phase 1: development of a business case for refurbishment of two existing Orthopaedic theatres at the Llandudno site – implemented by July 2024
  - Phase 2: development of business case for a regional Orthopaedic hub – implemented by March 2025
- Stage 4: Completion of RTC development (following public consultation) by 2028/29

A summit meeting with Welsh Government representatives is also planned for 2 March 2023 to review the proposed approach and support the development of robust recovery plans and related business case documents.

### **3. RTC Programme Update**

The Regional Treatment Centre Programme Board has completed a number of key preparatory stages of work to support the continued development of the RTC Programme. Key elements are summarised below:

#### **(i) Approval of Tender Award for Production of RTC Outline Business Case**

Grant Thornton have been awarded the tender to produce the RTC Outline Business Case. The award was approved by the BCUHB Executive Team, and endorsed by the RTC Programme Board in January 2023. Work will be undertaken during 2023, and will align with plans for public engagement and consultation on the RTC. The approved timeline will see an Outline Business Case completed by April 2024 at the latest. The RTC Programme Board will work with Grant Thornton to identify practical opportunities to bring this forward where practically possible.

#### **(ii) Risk Reporting and RTC Risk Workshop**

The RTC programme has submitted previously identified risks via the BCUHB Datix Risk management system. These are under review, and included within the relevant category in Corporate Risk Reporting summaries. These are as follows (risk tier in brackets):

- Risk of lack of senior leadership due to absence of Programme Director for RTC Programme (Tier 2)
- Risk to RTC Programme delivery due to inability to recruit required Project Managers (Tier 2)
- Risk of rising costs to anticipated budget for RTC Programme (Tier 2)

An RTC Risk Workshop was held on 9 February 2023, involving RTC programme leads. Risks identified by RTC workstreams, as part of the development of their plans were reviewed and clarified. A further workshop is planned for week commencing 27 February to score identified risks and confirm process for reporting relevant information via Datix, as part of formal risk reporting.

A paper presenting identified risks and confirming the arrangements for risk management within the RTC Programme will be presented to the RTC Programme Board in March 2023.

#### **(iii) Approved timeline for public engagement and consultation on the RTC development.**

The RTC Programme Board has approved a timeline for public engagement and consultation. Pre consultation planning is already underway. The proposed timeline for completion of the process is as follows:

- Pre-consultation engagement & options development phase, April – June 2023
- Options Appraisal, July 2023
- Public consultation phase, August – September 2023
- End of Consultation – Analysis and feedback, October 2023
- End of Consultation – Decision, November 2023

The completion of this process links to the timeline for completion of the RTC OBC, and work is being completed to confirm the timeline for communication and engagement on Phase 1 of the Orthopaedic proposal (see below).

Work is also now underway to confirm arrangements for inclusion of the public consultation for Phase 2 of the Orthopaedic proposal to run as part of the consultation on the RTC proposal.

**(iv) RTC Programme - reporting**

The finance workstream within the RTC programme provides regular reports to the RTC Programme Board on the Programme Budget position.

The RTC Programme also submits reports for review at the monthly BCUHB Executive Delivery Group meetings, and provides information for the monthly programme “Health Check” reviews undertaken by the BCUHB Transformation Team.

The RTC Programme also reports monthly via the established BCUHB Estates tracker processes for both the RTC development and the Orthopaedics Business Case.

This paper invites members of PFIG to consider a proposal for quarterly update reports for PFIG, covering the following areas:

- Programme progress
- Financial Summary – cumulative performance to date and full year forecast
- Risks and Issues (summarising corporate risk register and PMO dashboard reports)

**(v) RTC Programme Board – key highlights**

The RTC Programme Board has completed and approved a number of key documents to support continued progress. These include:

- Updated Governance Structure – see Appendix A. The structure has been approved by the RTC Programme Board. It also reflects the comments from the BCUHB Internal Review Panel meeting of 4<sup>th</sup> January 2023.
- Completion of an “Issues” paper to support communication and public engagement on the RTC proposals (further edit to be completed to include update for Orthopaedics). Approved by the RTC Programme Board, January 2023.
- Timeline for communication, engagement and consultation on the RTC proposal. Approved by the RTC Programme Board, January 2023.
- Completion of Capacity and Demand Modelling (with next stage commenced on application of GiRFT efficiencies). Approved by the RTC Programme Board, January 2023. Meetings with GiRFT lead (Allison Beal) now underway.
- Approval of award of tender for production of RTC Outline Business Case. Approved by the RTC Programme Board, January 2023. Service Level Agreement to be sent to supplier for agreement week commencing 13<sup>th</sup> February 2023.

**(vi) RTC Gateway Review**

The Gateway Review document was previously shared with the BCUHB Executive Team in 2022, and has been reviewed by the RTC SRO. The report provided a “Delivery Confidence Assessment” of the Programme. The rating for the RTC programme was classed as “red”, with that rating defined as follows:



“Successful delivery of the project appears to be unachievable. There are major issues, which at this stage, do not appear to be manageable or resolvable. The project may need re-baselining and/or overall viability re-assessed.”<sup>3</sup>

The report set out 12 recommendations to address the issues identified as part of the Gateway Review. The 12 recommendations were categorised as follows, “Critical” (7 items); “Essential” (4 items); and “Recommended” (1 item).

The subsequent formal response from the RTC SRO (on behalf of the Health Board) was to accept the findings of the report in full. In order to respond to the findings of the report, an action plan was developed to confirm the action taken against each of the 12 recommendations. The action plan assigned leads for each task and progress is reviewed regularly within the RTC Programme team, and is included in update reports to the monthly RTC Programme Board meetings.

An updated summary against each of the Gateway Review recommendations is provided below. The update provides evidence of progress made to address the recommendations of the RTC Gateway review.

**Recommendation 1: Set out a plan to deliver and fully resource the development of an OBC, with all of the main deliverables needed from the workstreams.**

Development of the action plan confirmed that additional external expertise would be required to produce a robust Outline Business Case document, due to the identified lack of internal capacity and capability.

Accordingly, the RTC team secured support from the procurement team in the NHS Wales Shared Service Partnership. A route to market was confirmed, and a specification was prepared to support the invitation for expressions of interest to tender, which was issued on 18<sup>th</sup> October 2022. The closing date for submissions was set as 15<sup>th</sup> November 2022.

Following formal shortlisting by a BCUHB panel, interviews with shortlisted firms took place on 13 December 2022. The proposed Tender award was approved by the BCUHB Executive team, and endorsed by the RTC Programme Board in January 2023.

The firm Grant Thornton have been awarded the tender to produce the RTC Outline Business Case. Work will be undertaken during 2023, and will align with plans for public engagement and consultation on the RTC. The approved timeline will see an Outline Business Case completed by April 2024 at the latest. The RTC Programme Board will work with Grant Thornton to identify practical opportunities to bring this forward where practically possible.

The Service Level Agreement will be sent to Grant Thornton week commencing 13<sup>th</sup> February 2023. Agreement of this document will enable full engagement to commence. Updates on progress will be presented in future PFIG reports.

**Recommendation 2: Develop the framework for definition of Options and apply the Green Book methodology for assessment.**

It was agreed at the July 2022 RTC Programme Board meeting that there needed to be a systematic option appraisal exercise, which is fully compliant with the Green Book methodology for assessment, to determine the number and locations of the proposed RTC[s].

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<sup>3</sup> OGC Gateway™ Review 1: Business Justification, RTC Programme, July 2022

A workshop was held on the 27<sup>th</sup> of September 2022, attended by the CHC and WAST as well as BCUHB staff, to produce a long-list and shortlist of options. The work on the options appraisal was explicitly predicated upon the output of the (then) draft paper “RTC Model of Care” presented to the September 2022 RTC Programme Board, which argued that the RTCs should be separate from, but co-located on, DGH sites in North Wales.

The recommendations of the paper on co-location were subsequently endorsed by the Executive Leadership Team as the basis for wider engagement, rather than as a final decision. The judgement about co-location on a DGH site therefore needs to be considered as part of the approach to engagement and consultation. An approved timeline for consultation and engagement was approved at the January meeting of the RTC Programme Board.

The work on option appraisal will be incorporated into the programme of activities to be undertaken by the Grant Thornton (as preferred supplier for business case production). A timetable of planned activity will be agreed with the supplier following sign off of the Service Level Agreement.

**Recommendation 3: Secure resources to commence work on the Benefits Realisation Plan to accompany the OBC**

Details of the process to secure this component are linked to the action described at Recommendation 1 (above) and are included within the specification for the Outline Business Case. Confirmation of the process will be included as part of forthcoming discussions with the preferred supplier (Grant Thornton).

**Recommendation 4: Develop a project specific communication and engagement plan.**

The Communication and Engagement workstream commenced with a half-day risk assessment workshop on 26<sup>th</sup> October 2022. This event was facilitated by the Consultation Institute for attendees from selected members of the RTC programme workstreams. The workshop provided the basis for a Risk Report, which provided the basis for the development of the Communication and Engagement workstream’s work plan.

The RTC Programme Board has approved a timeline for public engagement and consultation. Pre consultation planning is already underway. The proposed timeline for completion of the process is as follows:

- Pre-consultation engagement & options development phase, April – June 2023
- Options Appraisal, July 2023
- Public consultation phase, August – September 2023
- End of Consultation – Analysis and feedback, October 2023
- End of Consultation – Decision, November 2023

The completion of this process links to the timeline for completion of the RTC OBC, and work is being completed to confirm the timeline for communication and engagement on Phase 1 of the Orthopaedic proposal (see below). Work is also now underway to confirm arrangements for inclusion of the public consultation for Phase 2 of the Orthopaedic proposal to run as part of the consultation on the RTC proposal.

**Recommendation 5: Set out a plan and apply the increased resources to deliver the clinical and workforce models so that the workforce implications can be fully understood and risks mitigated.**

The stage of Demand and Capacity modelling, undertaken by Lexica, has been completed and signed off by the RTC Programme Board (January 2023). The model has been shared with the RTC workforce

workstream to undertake further modelling of expected efficiencies and the impact of GiRFT recommendations. This latter element will be supported through liaison with the GiRFT lead working with the Health Board, Allison Beal.

**Recommendation 6: Start to investigate potential site options for viability with Specialised Estates Services Support**

This work is being managed via the Estates Workstream, supported by the NBBJ Design Team. A “Visioning Event”, facilitated by NBBJ has held on 20 October. Clinical leads attended the workshop event and undertook exercises to discuss and capture their visions and aims for the proposed RTC service model.

Following the visioning event, design workshop and a series of location specific meetings the RIBA Stage 1 reports have been completed. This has determined the feasibility and impact of locating an RTC on each of the acute sites including impact on spatial fit; adjacencies; topography; infrastructure; blue light, traffic and pedestrian flows; car parking; and landscaping. The stage 1 reports also include Net Zero Carbon, engineering, structural and BREEAM strategies that have been developed in partnership with NWSSP.

**Recommendation 7: Continue to meet with Welsh Government to ensure that the affordability (window and type) and the procurement decision are fully aligned.**

Engagement with representatives of the Welsh Government have been formalised into fortnightly meetings, chaired by Ian Gunney.

Members of the RTC Programme Team also attended the 26<sup>th</sup> January 2023 meeting of the Welsh Government Infrastructure Investment Board. This provided an opportunity to review the development of RTC proposals and share a working draft of the Orthopaedics business case which is currently being developed.

Following receipt of feedback from the Infrastructure Investment Board meeting on 26 January 2023, a paper is being prepared for BCUHB Executive approval to set out the approach to planned care recovery in four key states, as follows:

Stage 1: Short-term action to support core activity levels and deliver additional activity to reduce waiting times

Stage 2: Confirmation of options and timelines for use of modular/mobile theatres to increase short-term elective capacity

Stage 3 Phase 1: development of a business case for refurbishment of two existing Orthopaedic theatres at the Llandudno site – implemented by July 2024

Phase 2: development of business case for regional Orthopaedic hub – implemented by March 2025

Stage 4: Completion of RTC development (following public consultation) by 2028/29

A summit meeting with Welsh Government representatives is also planned for 2 March 2023 to review the proposed approach and support the development of robust recovery plans and related business case documents. Details of the work to be presented at the summit will be included as part of the paper to BCUHB Executives on 22 February 2023.

**Recommendation 8: Develop a more detailed project plan that sets out the key deliverables across the workstreams and identifies the critical path.**

Following the approval of a high level milestone plan by the RTC Programme board, further work has been conducted with workstream leads to develop detailed project plans. This activity has been reflected in the recent Programme Health Check assessment provided to the Executive Delivery Group.

The implications of the planned period of engagement and consultation will require a review of current timescales, particularly in relation to the completion of the finished Outline Business Case (where key elements of the work will need to be timed to take account of the outputs from engagement and consultation exercises conducted during 2023).

**Recommendation 9: Recruit to the core project team especially in areas that support effective project delivery.**

The initial attempt to appoint additional Project Managers (in August 2022) failed to identify suitable interim candidates.

As a result, formal internal and external job advertising and shortlisting was completed for RTC Project Manager roles (offered as Fixed Term appointments or secondments for an 18-month period). The project manager appointed as a result of this action is due to commence in post at the end of February 2023.

As previously reported, the RTC Director role has been successfully filled on a short term appointment to March 2023. Adverts for the roles of RTC Programme Director and RTC Programme Lead are due to go out in March 2023, offered as 18 month fixed term appointments/secondment opportunities.

A repeat of the recruitment process for Band 4 administrative support roles was completed in December 2022, concluding with shortlisted candidate interviews on 19 December 2022. One appointed person is now in post. The other role is being re-advertised following the withdrawal of the successful candidate.

**Recommendation 10: Consider bringing in a suitable person in a key leadership role who is full time and who has the necessary knowledge and experience.**

The appointment of a suitably qualified and experienced Programme Director from 31 October 2022 (on a fixed term contract to March 2023) provides a period of stability for the Programme whilst further work is undertaken to prepare the next phase of recruitment for the period from April 2023 onwards.

**Recommendation 11: Develop an Integrated Approvals and Assurance Plan (IAAP) following the delivery of a robust project plan.**

The RTC programme governance has been reviewed and amended to create a more recognisable business cycle via the establishment of a Core Programme Group (comprised of workstream leads) and a Clinical Reference Group. These groups will develop key proposals, which will be subject to review and approval by the established RTC Programme Board.

**Recommendation 12: Hold a risk workshop conducted by a suitable qualified Risk Practitioner and develop a project risk register.**

Summary risks previously identified (at a high level) within the Programme have been entered onto the BCUHB Datix system. Risk Reports will be reviewed at RTC Programme Board meetings. A series

of project risks have also been identified within workstreams and have been captured via the new corporate Assurance Report process.

In line with Gateway Review recommendations, a risk workshop with RTC workstream leads took place on 9<sup>th</sup> February 2023. This included review of identified risks, scoring processes and confirmation of follow up action in terms of Datix reporting.

#### **(vii) RTC Programme – Lessons Learned**

The following section provides a summary of “Lessons Learned” during the establishment of the RTC Programme. This summary was previously provided in the RTC update paper to PFIG in December 2022.

The release of the Gateway Review document provided an assessment of the challenges facing the RTC Programme in terms of ensuring the successful delivery of a large scale and complex proposal.

Following reflection on the development of the programme and insights gained since his appointment to the programme at the end of October 2022, the new RTC Programme Director summarises the key learning points as follows:

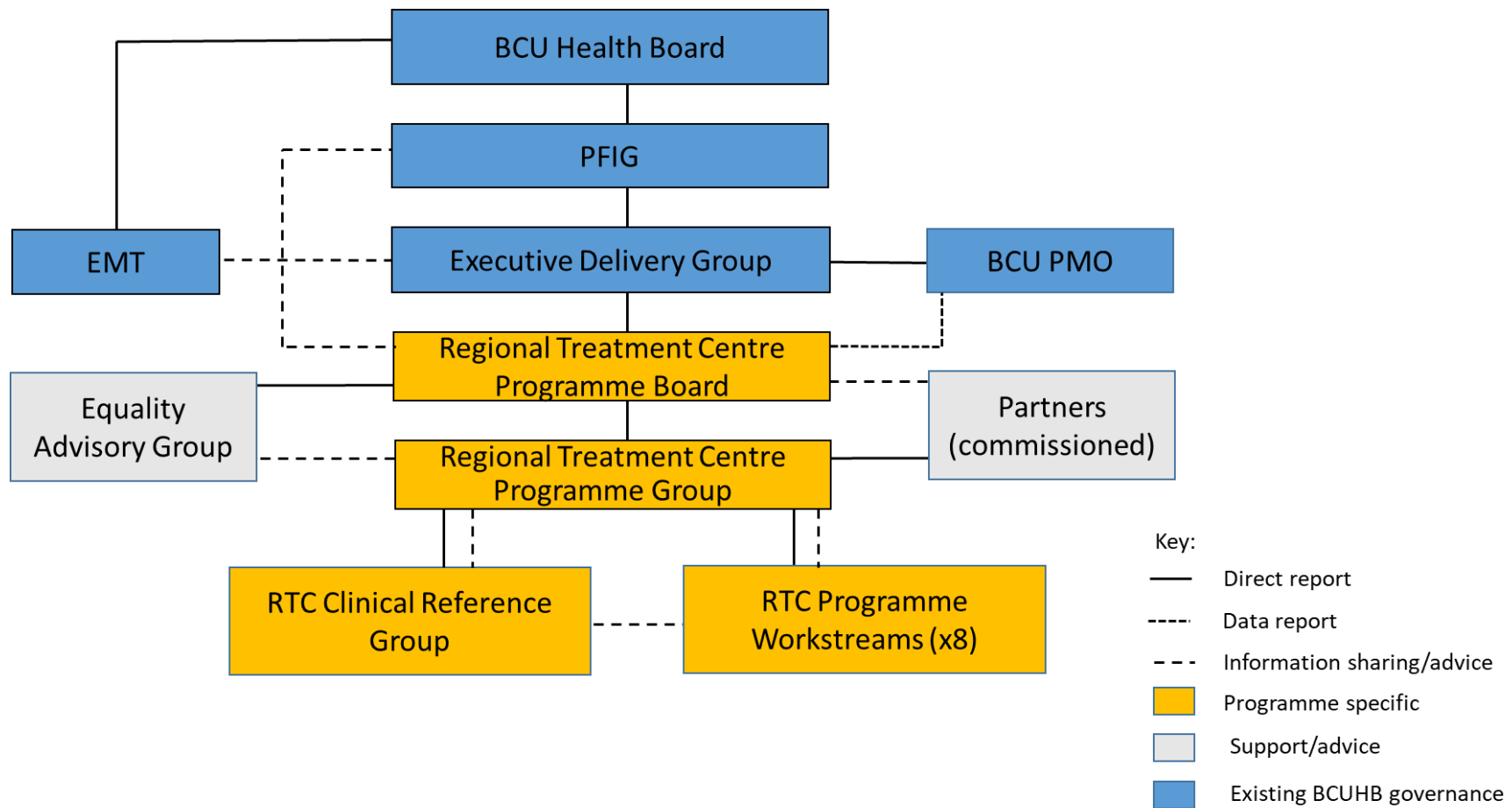
- Focus on preparatory scoping of the Programme activities and required resources – the early stage of the Programme should focus on the resources available to deliver the proposed scale and complexity of the proposed development. The initial planning stage will provide an important opportunity to test the assumptions set out in the Strategic Outline Case.
- Develop a high-level delivery plan at the earliest opportunity – this will help to set realistic expectations around what can be achieved with the resources available, and provide an opportunity for articulating potential risks to delivery. It will also help to identify gaps in available expertise and knowledge.
- Agree available resources at an early stage to support development of a sustainable Core Programme Team – the scope and scale of a transformational project of this scale should prompt early agreement on the financial resources available to develop a dedicated programme team. Delays in establishing a properly resourced team has obvious implications for the pace of progress.
- Ensure that programme team activities are consistent with overall aims and objectives – early mapping of high-level plans must take account of recognised constraints in team capacity and capability. This will help to inform not only the pace at which tasks can realistically be expected to be completed, but will also avoid imbalances in the delivery of key objectives if some elements of the programme are progressing at a faster pace than others.
- Ensure that there is adequate analytical and business intelligence support – this is essential to ensure that the specification of requests for additional inputs (e.g. from external suppliers) are articulated effectively and understood in advance of commission.
- Set clear goals and timescales for work delivered by external suppliers – this is essential to ensure that commissioned work is delivered on time and to an agreed standard. Regular progress review meetings should be established as a matter of routine.
- Appropriate documentation processes must be established from the outset – this is dependent on available resources, but it is essential for ensuring appropriate records are kept of key decisions and agreed actions.

#### **4. Recommendations**

Members of the Performance Finance and Information Governance Committee are asked to:

- (i) review and note the content of this report as evidence of work being undertaken to progress the RTC programme;
- (ii) note work on programme risk reporting; and
- (iii) consider the proposal for a quarterly report to PFIG on Programme Progress, finances and risks.

## BCUHB - REGIONAL TREATMENT CENTRE - PROGRAMME GOVERNANCE





## **REGIONAL TREATMENT CENTRE PROGRAMME - BOARD & WORKSTREAM STRUCTURE**

**RTC SRO: Nick Lyons**

**RTC Programme Director: Hugh Mullen**

**RTC Senior Clinical Lead: Caroline Usborne**

<b>RTC Clinical Reference Group</b>	<b>RTC Senior Clinical Lead</b> (Caroline Usborne)
<b>Orthopaedic Regional Hub</b>	<b>Chair of Orthopaedic Hub Project Group</b> (Rob Caine)
<b>Workforce &amp; OD</b>	<b>Associate Director, Workforce Planning &amp; Performance</b> (Nick Graham)
<b>Finance</b>	<b>Chief Finance Officer</b> (Adrian Butlin)
<b>Design/Hard FM</b>	<b>Assistant Director of Finance, Capital, Finance</b> (Neil Bradshaw)
<b>Business Case</b>	<b>Assistant Director, Strategic &amp; Business Analysis</b> (Ian Howard)
<b>Communication and Engagement</b>	<b>Director of Partnerships, Communication and Engagement</b> (Helen Steven-Jones)
<b>Digital</b>	<b>Chief Technology Officer, Digital Data &amp; Technology</b> (Sion Jones)

<b>Teitl adroddiad:</b> <b>Report title:</b>	Update on Unscheduled Care within Betsi Cadwaladr University Health Board (BCUHB)			
<b>Adrodd i:</b> <b>Report to:</b>	Performance, Finance and Information Governance (PFIG) Committee			
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Thursday, 23 February 2023			
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>This paper is a regular update to PFIG regarding Unscheduled Care and the Six Goals Programme for Urgent and Emergency Care 2021-2026.</p> <p>The paper presents the Unscheduled Care performance within BCUHB over the past twelve months. The performance is still below national targets, but is improving along trajectories as agreed with Welsh Government. The paper discusses detail behind the performance.</p> <p>An overview of actions to mitigate the current Unscheduled Care performance position is presented, followed by an update regarding the 6 Goals Programme's structure and planned actions, reporting of delayed pathways of care and the winter plan.</p>			
<b>Argymhellion:</b> <b>Recommendations:</b>	The committee is requested to note the update on Unscheduled Care performance and take partial assurance from actions to deliver to national targets.			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Dr Nick Lyons – Executive Medical Director.			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Geraint Farr – (Interim) Associate Director For Emergency Care.			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<b>I'w Nodi</b> <i>For Noting</i> <input type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				

<b>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:</b>	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Six Goals for Urgent and Emergency care 2021-2026 A Healthier Wales 2018
<b>Link to Strategic Objective(s):</b>	
<b>Goblygiadau rheoleiddio a lleol:</b>	Health and Safety Executive Quality and Safety Executive
<b>Regulatory and legal implications:</b>	
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	N/A
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</b>	N/A
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</b>	The following risks are associated with USC <ul style="list-style-type: none"> <li>• Risk 3873 - Access to timely care in Emergency departments.</li> <li>• Risk 2896 – Crowding in Emergency Departments.</li> <li>• Risk 4486 – WAST Ambulance delays and access to time critical transfers.</li> </ul> <p>The BAF also includes risks relating to safe provision and standards of care and effectively managing demand within Unscheduled care Services.</p>
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b>Financial implications as a result of implementing the recommendations</b>	Additional funding of £2.9 Million to support the implementation of the Six Goals for Urgent and Emergency Care by 2026.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b>Workforce implications as a result of implementing the recommendations</b>	Six Goals Programme project support (*3) has been agreed with support from the transformational team.  Additional clinical / Nursing sessions to support implementation
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	Discussed and reviewed by Executive Medical Director as part of the Six Goals for Urgent and Emergency Care board.
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b>	1.2 - Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a

(or links to the Corporate Risk Register)	<p>deterioration of care and harm to patients and service users</p> <p>1.3 - Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Amherthnasol / Not applicable</p>
<p><b>Camau Nesaf:</b>  <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> On going monitoring on performance through IHC accountability.          Six Goals Programme monitoring via programme board for implementation dates and assurances.</p> <p><b>Implementation of recommendations:</b>          Six Goals for Urgent and Emergency care ongoing all elements implementation has commenced.          Winter planning commencing April 2023, agreed plan for sign off August 2023.</p>	
<p><b>Rhestr o Atodiadau/List of Appendices:</b></p> <p>Appendix 1: 4 hour ED performance          Appendix 2: 12 Hour ED performance          Appendix 3: USC performance          Appendix 4: Ambulance performance          Appendix 5: Medically fit for Discharge (MFD) patients within acute and community hospitals across NW by D2RA pathway</p> <p>Appendices enclosed in document.</p>	

## 1. Cyflwyniad / Cefndir / Introduction/Background

Unscheduled Care performance across all Welsh health boards and the Welsh Ambulance Service Trust (WAST) remains under significant pressure, which forms part of the ministerial priority programme for unscheduled care

Welsh Government has initiated the 6 Goals programme (2022-2026) in order to develop unscheduled care to support care closer to home.

It describes a programme of improvement that supports care closer to home, emergency care in a timely fashion and supporting planning of medical care over the next 4 years that will assist in reducing the Unscheduled care demand along with the ability to support maintaining elective care capacity.

## 2. Corff yr adroddiad / Body of report

### **Unscheduled Care performance overview**

An element of unscheduled care performance is measured by the four hour metric for Emergency Department (ED) performance. These targets measure the percentage of patients seen and discharged or admitted to a ward area from an emergency department by a clinician within four hours of arrival,

### **BCUHB Four hour performance**

In line with the national key performance indicator (KPI), the four-hour performance (Appendix 1) of each Integrated Health Community (IHC) ED continues to remain below the national target of 95%. The National Delivery Unit has agreed a trajectory of improvement against the four-hour target for each health board across Wales. Current data shows BCUHB's performance is currently maintaining the agreed trajectory with the National Delivery Unit with each IHC showing improved metrics compared to last year.

From 01/12/2022 a validated 4-hour performance dashboard is now in place across BCUHB. This ensures all Integrated Health Communities (IHCs) are using the same data validation techniques prior to submission to Welsh government for accurate reporting

### **BCUHB 12 hour performance**

The 12-hour performance (Appendix 2) shows an improved trend across BCUHB of 12-hour delays for all 3 ED (Downward deflection resulting in less 12 hr delays within the emergency departments). There is a national standard that holding patients in emergency departments >12hrs impacts on patient care, length of stay and outcomes.

The Royal College of Emergency medicine in line with NHS standards contract 2022/2023 have amended the terminology to reflect from time of arrival rather than from decisions to admit (DTA) these is now a nationally agreed KPI for unscheduled care performance.

### **Discussion of Performance**

Whilst the BCUHB Unscheduled Care performance is improving, there is still a gap between current performance and national targets. Factors contributing to the current performance are as follows:

- i) Industrial action by the Royal College of Nursing (RCN) and WAST staff led to additional pressure right across the three IHCs. This includes reduced capacity to discharge patients from acute and community sites, reducing patient flow out of the ED. Increased numbers of patients self-presenting to ED with high acuity of illness, including patients requiring resuscitation. This adversely affected the ability to off load ambulances into EDs.
- ii) Primary care has experienced an increase in both demand for appointments and acuity of presenting disease. This has led to an increase in referrals for hospital assessment. WAST report the increase in demand for healthcare practitioner (HCP) calls for assessment but due to multiple factors they are not arriving on scene until early evening/overnight. This leads to patient's acuity deteriorating after the initial HCP assessment and increasing numbers of patients being seen outside of core hospital hours in the EDs.
- iii) Demand for unscheduled care is now maintained throughout the twenty fours of the day. This has led to an increase in patient moves form EDs to the wards during the out of hours period. The implications around the out of hours moves are multiple, for example, patients are subsequently not seen by speciality team due to reduced staffing out of hours and resulting in longer delays for investigations/assessments that may support the patient journey and prevent unnecessary admissions to beds.
- iv) Patients who are medically fit for discharge but occupying a hospital bed (MFFDs) continues to be high. MFFD patients currently occupy one third of BCUHB bed capacity. This continues to negatively impact upon the flow from EDs to the wards.

Over the Christmas period the combination of very high acuity and unscheduled care demand coupled with poor discharge flow out of the hospital during the bank holiday weekend led to an internal critical incident being declared.

During the strike periods, BCUHB took a proactive approach, with tactical control centres, deployment of winter plans and redeploying clinical staff to EDs freed up by cancellation of other activities.

### **Actions to mitigation situation**

Urgent Primary care centres (UPCCs) / Urgent treatment centres (UTCs). UTCs/UPCCs are established in East and West, with increasing capacity to pull those

primary care suitable patients from the emergency departments and support the additional demand within primary care. The UPCC model in the Central IHC is a cluster based model, within Denbighshire County, compared to the 'hub and spoke' model within East and West IHCs.

A review of pre-hospital pathways via MIU's/UPCCs/SICAT (single integrated clinical assessment and triage) and GP OOH to identify any duplication of activity along with supporting process to allow the ability to bypass ED. For example, HPC referred patients that are streamed straight to assessment units rather than ED, in turn reducing the duplication around clinical assessment.

Data is being utilised to benchmark performance in EDs/SDEC. The Symphony software tool (ED clinical software package) is capturing decision to admit (DTA) data, providing a valuable tool to support improving flow. A national dashboard has been developed to support outcome metrics for ED attendances that shows BCUHB ED attendances have an average admission rate of 20% (Royal college of Emergency Medicine national average is 18%), although BCUHB figures are currently inaccurate by HPC referred patients not being separated out from primary ED attendances

Infection prevention issues continue to decline with bed closures across BCUHB becoming infrequent, and minimal areas closed due to risk of infection.

In order to reduce MFFD rates, ongoing work to support social care challenges continues to take place through the Health and Social Care Governance (HSSG) meetings nationally. With the intention to support creating an all-Wales's process to support equal recruitment for all services during competing recruitment campaigns. Nationally the 1000 beds increased community capacity scheme continues. Within north Wales, 172 beds have been identified. Additional schemes within IHCs being explored to reach the target of 243 beds. The ability to recruit social care staff remains the biggest risk for these schemes.

To facilitate demand management The electronic dashboard is now live, and being amended to the new national OPEL reporting levels. This was successfully tested during the recent BCI event.

To aid demand capacity management (DCM), a review of hospital protocols and setting of a benchmark of acceptance ie: 90% with local escalation and demand management, 95% occupied then enactment of hospital full protocol, but need formal review process on de-escalating to identify any missed opportunities.

Developing a 7 days discharge lounge in line with 7day NHS services, and reviewing capacity of discharge lounges to reduce restriction.

Joint work with Local Authorities to support :

- Better utilisation of step down capacity;
- Develop joint solutions for additional capacity e.g. NHS funded care home / step down as part of the 1000 beds programme;
- To progress an integrated workforce to ensure sustainable care workforce;
- Work together to improve communication and engagement.



## **The 6 Goals for Urgent and Emergency Care Programme Update**

The Unscheduled Care programme within BCU is being progressed in conjunction with the Welsh Government 6 Goals Programme for improving Urgent and Emergency Care.

The BCUHB 6 Goals Programme Group has been refreshed with new terms of reference, agreed membership and meetings in place which will be chaired by Dr Nick Lyons (Executive Medical Director) or his nominated deputy. There will be executive oversight of each goal, with a senior clinical leader or director leading each goal.

The 6 Goals programme team are focusing on immediate action plans to support a number of high impact interventions that aim to deliver improvements in both patient and staff experience as well as organisation performance. This is coupled with an emphasis on developing wider projects with the programme to support the medium and long-term requirements for Urgent and Emergency Care underpinning a 5 year strategic plan for Unscheduled Care.

### **Goal 1 – Co-ordination and planning – Commenced October 2022**

Support from Welsh Government with funding opportunities for high-risk patients – work ongoing within each IHC to identify high-risk patients in line with Goal 1 to co-ordinate planning for individuals at risk of hospital admission. This work will support reducing frequent attenders to the emergency department with chronic conditions and allow early escalation for support in the community further reducing hospital attendances.

### **Goal 2 – Signposting – Airdale Model due implementation February 2023**

Remote support for patients within care homes and facilitate admission avoidance will be tested from February 2023 onwards. Stakeholder meetings are almost complete and contracts being prepared. This will allow clinical in-reach to a group of specific care homes that have been identified as high users of WAST and BCUHB Unscheduled Care services, reducing the need for an emergency response.

### **Goal 3 – Clinically safe alternatives to hospital admissions commenced Sept 2022, full utilisation April 2023**

All three IHC's have functioning Same Day Emergency Care Units (SDECs). As part of the ongoing work direct paramedic access is being implemented across BCUHB (currently being trialled in YGC), to support direct access for clinically appropriate patients. Access to the pathway will be widened to district nurses as the process matures. HCP referrals from primary care already access the direct pathway.

Physician Triage and Assessment System (PTAS) is a WAST system that supports external review of 999 calls. BCUHB are developing a training package with WAST to allow experienced clinical staff to review calls and utilise alternative pathways (This element is reflected in Goal 2 and 3).

#### Goal 4 – Rapid response in a physical or mental health crisis. Completion due April 2023

To support demand and capacity Goal 4 is focussing on hospital escalation plans, and ability to de-escalate safely in line with the national all Wales escalation policy. This will support a safe process of escalation to prevent the need to constantly “Fire fight” when planning.

Integrated commissioning action plan (ICAP) has been developed in conjunction with WAST to support reducing lost ambulance hours along with releasing ambulances in a timely fashion to attend 999 calls.

ICAN is being recommenced (Initially in North West Wales) to support the rapid response in a mental health crisis with ongoing work to develop the model to support a Pan North Wales approach utilising the 111 option 2 system.

#### Goal 5 –Optimal Hospital care and Discharge Full installation March 2023.

The number of patients whose length of stay (LoS) is greater than twenty one days has reduced in BCUHB due to the ongoing work of the programme. STREAM has been active in central IHC for many months and is currently being implemented in both IHC East and IHC West. The system supports early escalation when patients are delayed due to internal elements and most recently in January, it was identified that there were 145 patients within BCUHB that could go home if actions had been completed, through stream that number reduced.

#### Goal 6 – Home first approach.D2RA pathways implementation National feedback from the DU due April 2023.

The implementation of revised Discharge to Recover & Assess (D2RA) pathways is within the remit of Goal 6 – Home First, which aims to support patients to be discharged timely and appropriately without experiencing lengthy delays in a hospital bed. A Programme Lead has been identified to drive this programme of work forward across North Wales and will work in collaboration with Local Authority partners and other key stakeholders to ensure early join discharge planning and co-ordination.

A draft implementation plan has been submitted to the Delivery Unit (DU) who are leading on the national approach to the implementation of D2RA and progress of the project will be monitored through the national D2RA working group as well as locally within the 6 Goals programme governance and the NW Regional Partnership Board.

#### **Delayed Pathways of Care reporting.**

As set out as a ministerial priority, the 3 month pilot to introduce Pathways of Care Delays reporting has now been completed. This replaced the former delayed transfers of care (DTOC) reporting that were stood down in early 2020 due to the pandemic. Work is now ongoing to embed and fully comply with the national electronic reporting process of delays including local authority validation for social care delays. A regional action plan for pathway delays will be developed by the end of March 2023 utilising the data submitted from each IHC.

The regional action plan will include; targeted work on managing avoidable delays, reduce in-patients delayed greater than one hundred days due to a that require complex multi-disciplinary/agency response, reduce in-patients delayed due to care home provision and also support implementation of the role of Trusted Assessors. The revised delay codes within the national reporting database are aligned with the new D2RA pathways which are being rolled out within the programme of work under Goal 6. Baseline data and trajectories for improvements are to be confirmed to demonstrate reductions in the number of pathways of care delays.

To support this work, Welsh Government are finalising the revised Discharge Guidance which will replace the existing Covid-19 Hospital Discharge guidance. The revised guidance will reflect the latest position relating to Covid-19 and its effect on services, strengthen links to patient flow and include details of expected activity for service providers across Health, Local Authority & Care Services, Voluntary sector and other partner organisations.

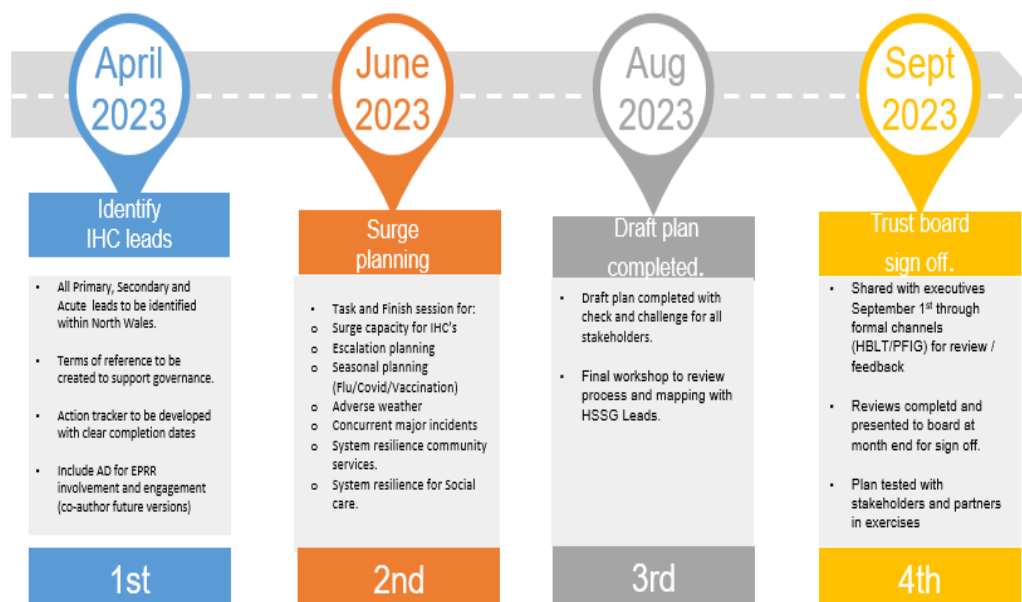
### **Winter plans**

In the absence of national direction for 2022-2023 Health and Social Care winter planning, BCUHB has actively been engaged with social care providers and other aligned services within Health and Social care on a weekly basis to ensure shared learning of information and updates in relation to demand and Capacity.

No additional funding has been received to support winter pressures other than the funding aligned to the 1000 placements. There is ongoing work through the local MTP bids and local Integrated health community budgets to review demand and capacity as the year progresses to support a clear winter plan for 2023-2024 by August 2023 and shared with key stakeholders.

2023-2024 road map for winter resilience has been agreed:

# System Winter Resilience Planning 2023-2024



## 3. Gobygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications

An additional request from the national delivery unit is for a review of Same day emergency care services (SDECs) to complete a gap analysis of service provision for a 7-day service and resubmit business case requests for national support. An Unscheduled care budget review is being undertaken to identify any areas for streamlining to reduce costs along with improving financial efficiencies.

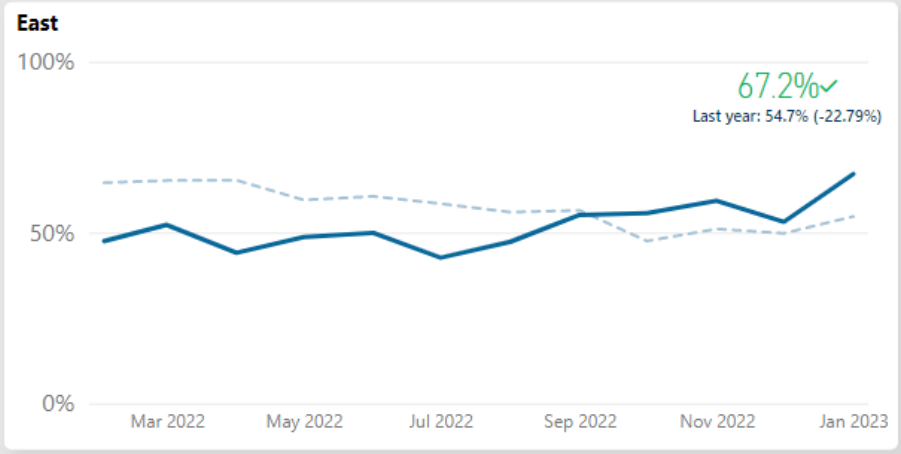
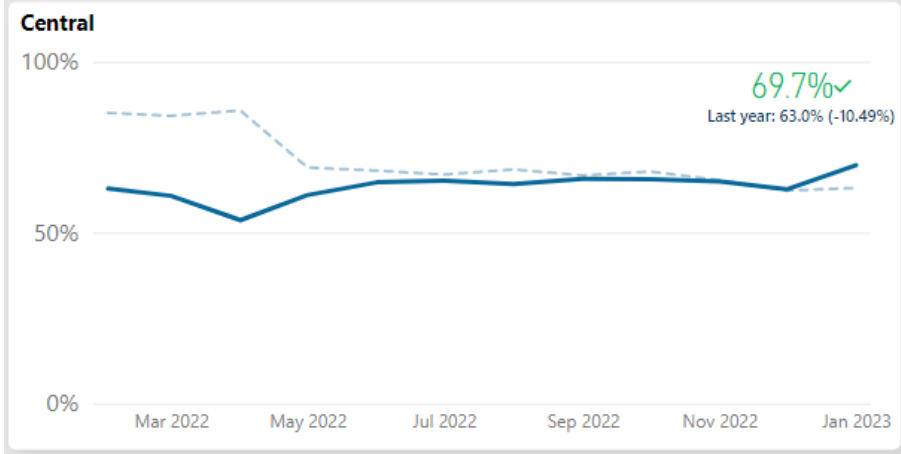
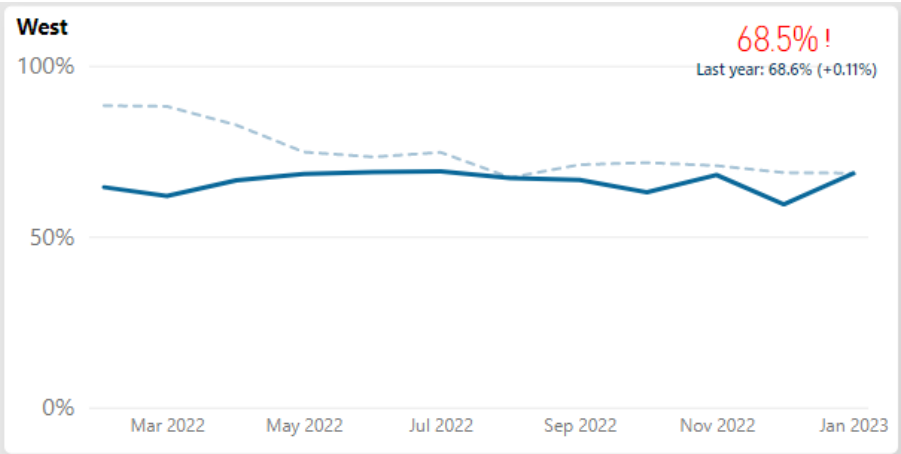
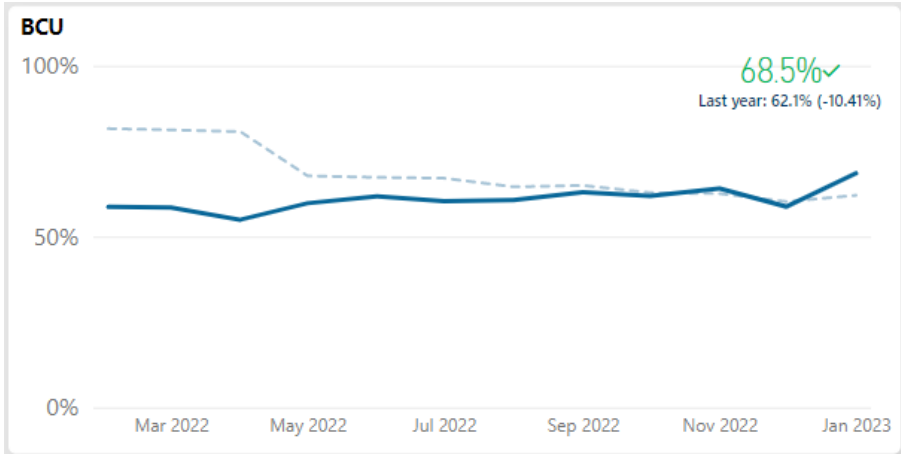
## 4. Rheoli Risg / Risk Management

Board Assurance Framework (BAF) describes the risks that: “...*the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users*” and “*Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience*”

Mitigating actions to reduce harm, improve patient outcomes and better patient and staff experience across the urgent and emergency care system will be aligned with the 6 Goals Programme of improvement programme work together with improvement plans and trajectories.

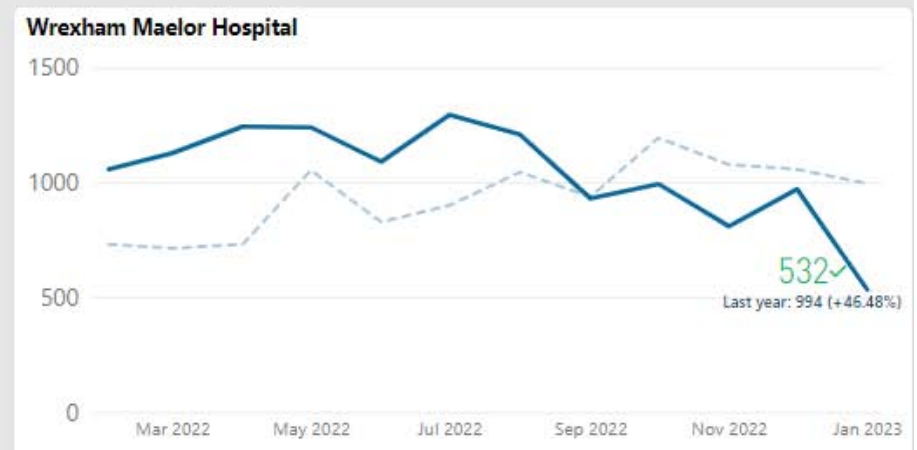
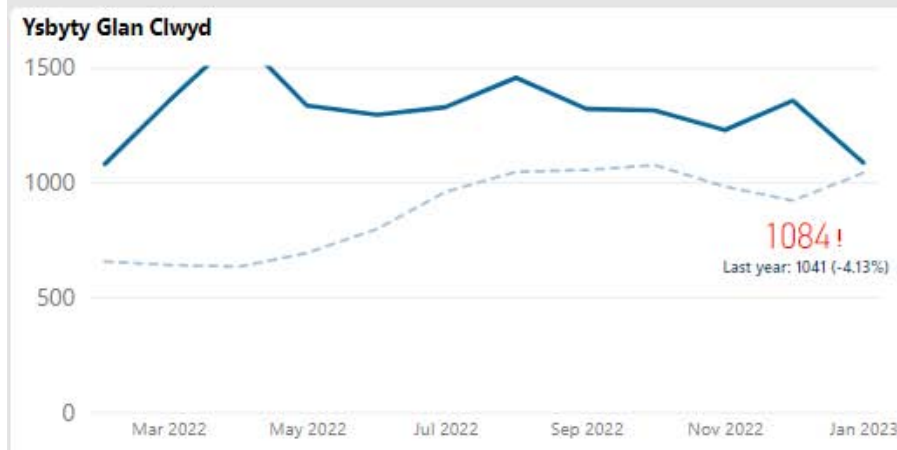
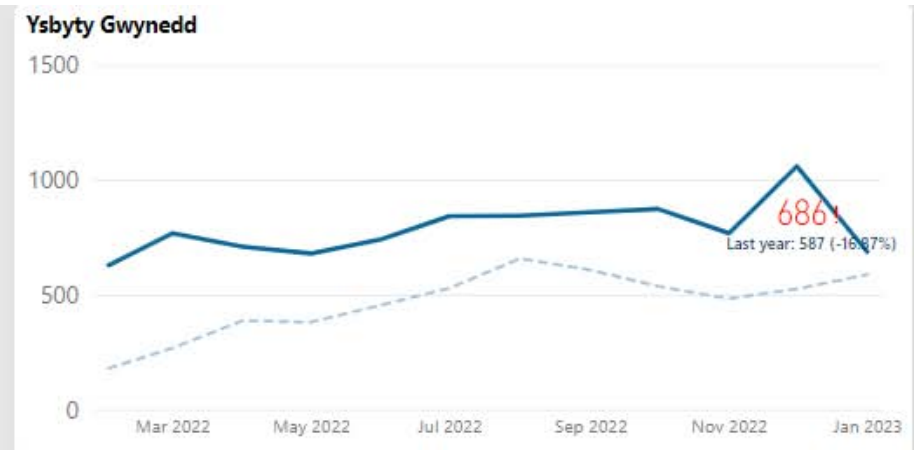
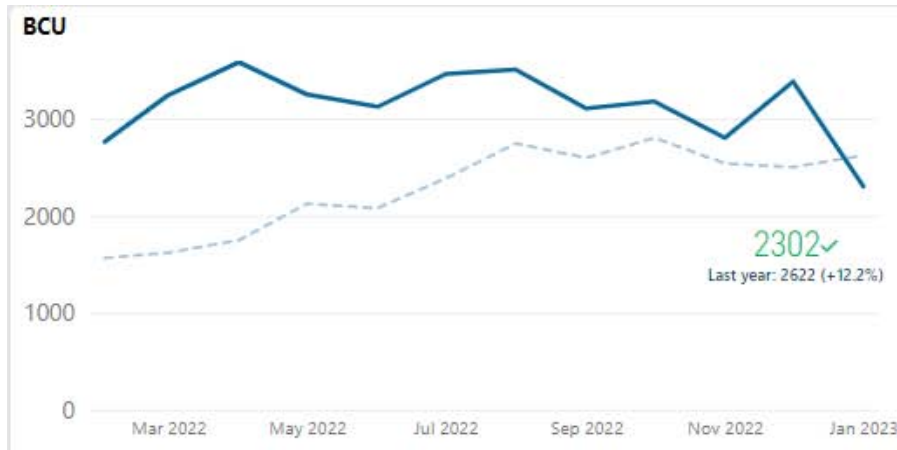
## 5. Gobygiadau Cydraddoldeb ac Amrywiaeth / Equality and Diversity Implications

n/a



## 12hr Performance.

## Appendix 2



*Ysbyty Gwynedd:*

	28/11/2022	05/12/2022	12/12/2022	19/12/2022	26/12/2022	02/01/2023	09/01/2023	16/01/2023	23/01/2023	30/01/2023	06/02/2023
Major ED Attendances	401	662	748	612	644	573	552	608	654	660	362
Minor ED Attendances	149	308	283	248	268	201	206	235	236	219	118
Average Time to Triage (mins)	38.3	34.8	66.1	52.0	69.6	32.2	20.0	21.9	37.1	31.0	21.9
Average Time to ED Clinician (mins)	213.9	191.1	263.4	169.8	220.0	128.0	85.8	119.7	170.1	154.2	115.3
4 Hour Performance	46.9%	53.5%	44.4%	54.6%	44.8%	58.4%	66.4%	61.8%	52.1%	61.7%	59.6%
12 Hour Breaches	126	214	307	221	247	149	117	134	181	172	58
More Than 21 LoS	136	154	164	174	154	182	191	189	184	182	169
% Occupancy > 21 LoS	19.2%	15.8%	16.9%	17.2%	17.2%	19.5%	19.5%	20.1%	21.3%	20.2%	22.2%
Less Than 21 LoS	574	818	807	836	741	753	790	752	680	720	592
% Occupancy < 21 LoS	80.8%	84.2%	83.1%	82.8%	82.8%	80.5%	80.5%	79.9%	78.7%	79.8%	77.8%
More Than 21 LoS (Rehab Wards)											
% Occupancy >21 LoS (Rehab Wards)											
Less Than 2 LoS AAU	92	159	165	130	145	144	167	152	140	157	114
% Occupancy <2 LoS AAU	63.0%	65.4%	65.5%	57.0%	64.2%	61.0%	67.3%	66.4%	65.1%	69.2%	63.3%
ED Did Not Wait	33	121	167	85	115	49	32	33	61	57	40



## USC Performance.

## Appendix 3

### Ysbyty Glan Clwyd:

	28/11/2022	05/12/2022	12/12/2022	19/12/2022	26/12/2022	02/01/2023	09/01/2023	16/01/2023	23/01/2023	30/01/2023	06/02/2023
Major ED Attendances	393	738	777	692	676	609	574	601	631	673	349
Minor ED Attendances	208	442	414	403	492	373	349	346	379	415	208
Average Time to Triage (mins)	31.3	37.0	31.1	28.2	39.9	26.8	22.6	22.0	24.4	27.5	18.5
Average Time to ED Clinician (mins)	174.0	183.6	169.3	153.3	203.1	148.5	105.2	112.9	128.9	134.8	104.3
4 Hour Performance	48.6%	47.5%	49.5%	48.9%	45.8%	52.4%	55.9%	55.9%	59.0%	52.8%	63.4%
12 Hour Breaches	154	312	274	281	376	259	251	222	210	274	60
More Than 21 LoS	88	100	99	99	88	91	108	96	112	116	83
% Occupancy > 21 LoS	13.4%	11.8%	12.0%	12.2%	10.9%	10.6%	12.9%	11.8%	13.2%	13.7%	12.2%
Less Than 21 LoS	571	745	729	710	718	765	729	716	734	730	595
% Occupancy < 21 LoS	86.6%	88.2%	88.0%	87.8%	89.1%	89.4%	87.1%	88.2%	86.8%	86.3%	87.8%
More Than 21 LoS (Rehab Wards)											
% Occupancy >21 LoS (Rehab Wards)											
Less Than 2 LoS AAU	85	113	145	131	110	104	129	128	135	140	99
% Occupancy <2 LoS AAU	72.6%	70.6%	82.9%	78.9%	76.4%	74.3%	75.9%	74.4%	78.9%	77.8%	75.0%
ED Did Not Wait	45	89	77	77	87	63	50	41	55	50	22

## USC Performance.

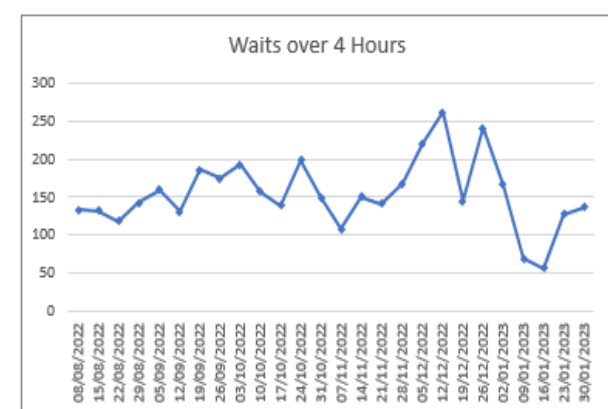
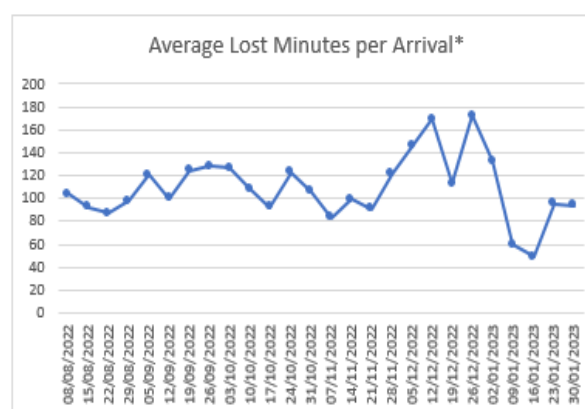
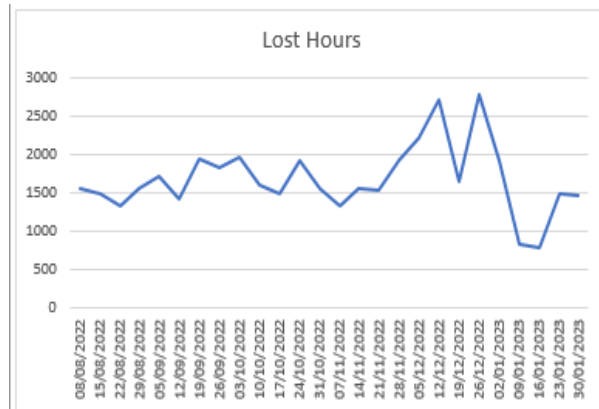
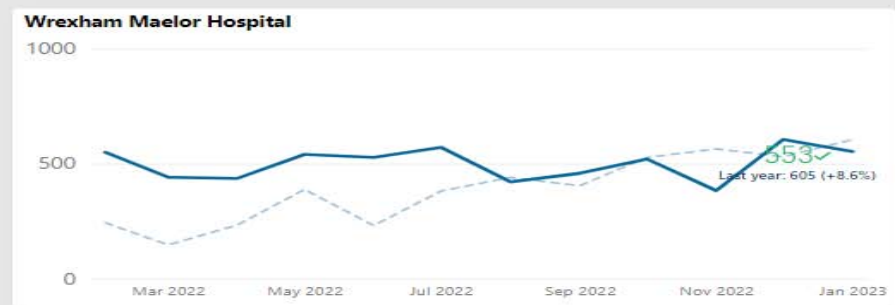
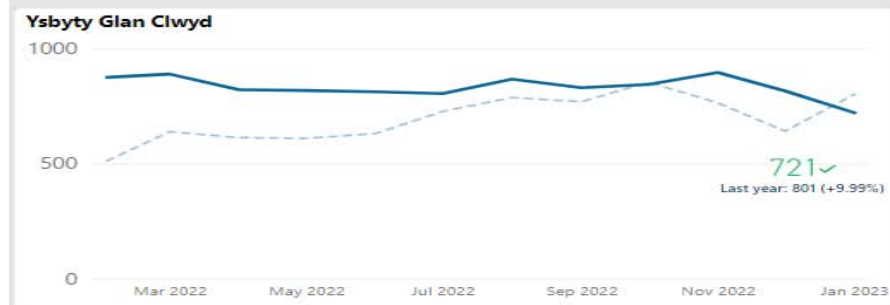
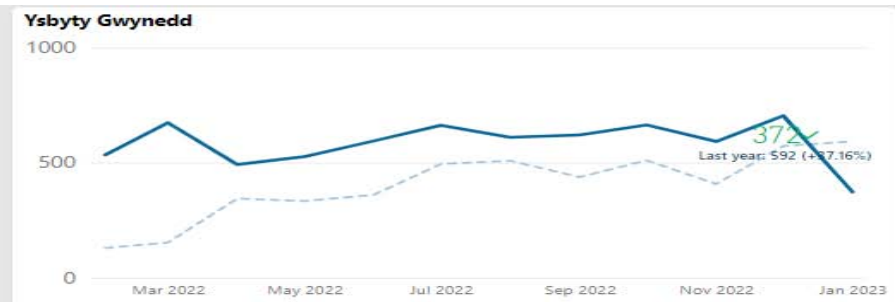
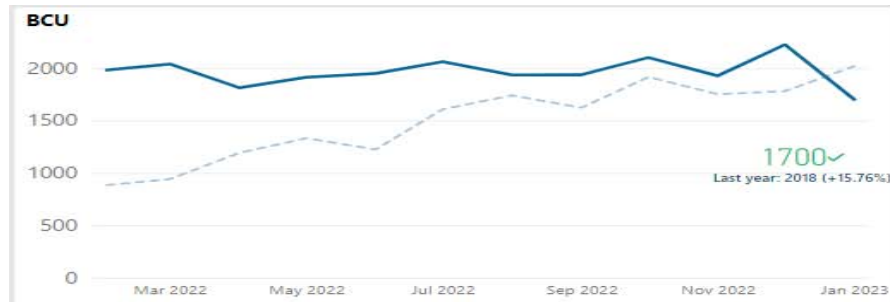
## Appendix 3

### Wrexham Maelor:

	28/11/2022	05/12/2022	12/12/2022	19/12/2022	26/12/2022	02/01/2023	09/01/2023	16/01/2023	23/01/2023	30/01/2023	06/02/2023
Major ED Attendances	431	696	640	615	653	608	585	596	659	699	404
Minor ED Attendances	254	418	447	377	371	377	307	356	339	342	170
Average Time to Triage (mins)	55.9	77.3	62.9	40.6	39.4	45.2	28.9	30.9	40.6	43.9	36.6
Average Time to ED Clinician (mins)	332.1	345.8	255.1	176.8	194.5	164.2	135.2	161.9	173.1	180.4	181.3
4 Hour Performance	44.7%	40.9%	48.5%	59.2%	54.4%	56.5%	72.5%	65.0%	61.9%	64.8%	62.5%
12 Hour Breaches	172	269	215	163	172	136	75	127	122	134	62
More Than 21 LoS	144	157	164	164	151	175	163	178	182	174	181
% Occupancy > 21 LoS	20.8%	16.6%	17.6%	17.1%	18.1%	19.1%	21.0%	19.7%	19.6%	20.0%	24.4%
Less Than 21 LoS	549	787	770	793	681	742	614	726	746	694	562
% Occupancy < 21 LoS	79.2%	83.4%	82.4%	82.9%	81.9%	80.9%	79.0%	80.3%	80.4%	80.0%	75.6%
More Than 21 LoS (Rehab Wards)	56	60	59	57	57	60	65	64	64	63	60
% Occupancy >21 LoS (Rehab Wards)	91.8%	87.0%	84.3%	82.6%	85.1%	89.6%	98.5%	92.8%	91.4%	92.6%	87.0%
Less Than 2 LoS AAU	99	142	122	111	125	142	130	154	159	106	84
% Occupancy <2 LoS AAU	71.2%	68.6%	61.3%	62.4%	72.3%	72.4%	71.0%	70.0%	73.3%	62.0%	60.0%
ED Did Not Wait	175	279	204	125	148	115	67	65	96	130	67

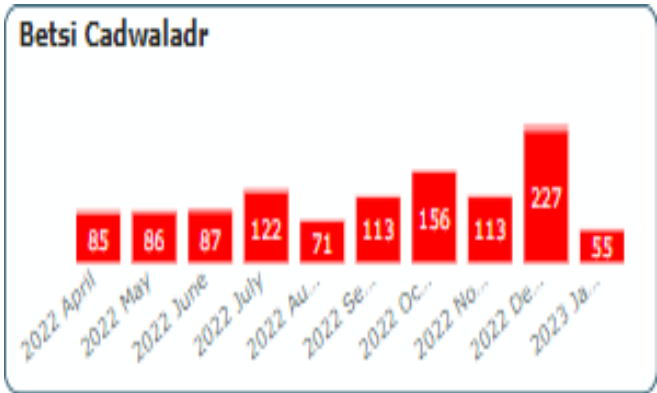
## Ambulance performance

## Appendix 4



\* Based on all vehicles per incident for all hospital sites

Red release BCUHB:





Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

### Number of Medically Fit for Discharge Patients Acute & Community Hospitals – North Wales

Date	Pathway 0 Voluntary sector support	Pathway 2 Discharge own home	Pathway 3 Discharge step down bed	Pathway 3a stepdown / step up (covid +)	Pathway 4 Existing Care Home placement	Court of Protection delays	No awtg packages of care (D2RA)	No of people awaiting permanent Care Home placement	No awaiting equipment/ adaptations	No awaiting packages of care	No of patients awaiting permanent Care Home placement	Other	Total
06/09/2022	0	21	44	0	11	1	105	44	1	13	37	2	279
13/09/2022	0	20	50	1	11	2	97	42	0	14	33	0	270
20/09/2022	0	15	34	0	1	0	96	43	0	4	30	0	223
27/09/2022	0	28	43	0	9	0	91	37	5	13	36	2	264
04/10/2022	0	29	39	0	17	0	82	47	6	7	38	0	265
11/10/2022	1	27	31	2	5	0	100	53	4	14	28	0	265
18/10/2022	1	31	45	1	9	1	95	64	2	14	28	1	292
25/10/2022	0	25	34	2	9	0	77	69	6	8	22	4	256
01/11/2022	0	28	46	0	8	1	79	68	2	4	22	2	260
08/11/2022	0	27	27	0	8	0	87	62	2	9	18	1	241
15/11/2022	0	14	38	1	9	0	87	59	0	10	13	4	235
22/11/2022	1	20	34	0	3	0	83	59	4	12	27	1	244
29/11/2022	0	28	43	0	5	0	102	53	7	15	25	2	280
06/12/2022	0	18	38	0	7	0	103	57	3	12	24	1	263
13/12/2022	0	22	50	0	5	4	102	52	4	11	17	0	267
20/12/2022	0	17	51	0	3	2	121	44	3	8	16	1	266
03/01/2023	0	21	54	0	6	0	67	44	9	5	21	3	230
10/01/2023	1	13	52	0	6	0	83	50	6	6	23	1	241
17/01/2023	0	14	60	0	4	3	64	48	6	5	15	1	220
24/01/2023	0	13	62	0	2	2	64	49	5	4	22	2	225
31/01/2023	1	10	63	0	5	2	63	52	3	8	16	3	226
07/02/2023	0	12	53	0	6	1	68	59	3	4	21	2	229

Source: Once weekly data submitted to Welsh Government

Average MFFD Total from 06/09/22 = 252

<b>Teitl adroddiad:</b> <i>Report title:</i>	Information Governance Quarter 2 2022/23 Key Performance Indicators (KPI) Report.			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 23 February 2023			
<b>Crynodeb Gweithredo I:</b> <i>Executive Summary:</i>	BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information. This report is to provide assurance across the key areas of information governance including, but not limited to, confidentiality, data protection, requests for information, information security and training. The report identifies areas of weaknesses, further actions and recommendations required to address the weaknesses, lessons learnt and good practice.			
<b>Argymhelli on:</b> <i>Recommendations:</i>	The Performance, Finance and Information Governance Committee is asked to note the report, including assurance provided on compliance with the Data Protection and Freedom of Information legislation.			
<b>Arweinydd Gweithredo I:</b> <i>Executive Lead:</i>	Dylan Roberts - Chief Digital and Information Officer			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Carol Johnson – Head of Information Governance			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddo caol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r</small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small>

	mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<ul style="list-style-type: none"> <li>• Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016;</li> <li>• Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation;</li> <li>• Improve overall compliance with Freedom of Information and Subject Access request response times in line with legislative requirements by supporting governance leads, and raising awareness and improving overall availability and publication of information to enable improved transparency to the public;</li> <li>• Ensuring that privacy by design and default is considered at all stages of service design, system procurement and partnership working;</li> <li>• Improve IG Training Compliance from 82% to the national target of 85% to raise staff understanding and awareness;</li> <li>• Work with ICT and responsible owners across the Health Board to support the delivery of an improved Information Asset Register;</li> <li>• Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence;</li> </ul>			
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	Data Protection Act and Freedom of Information Act			
<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b></p>	N/A			



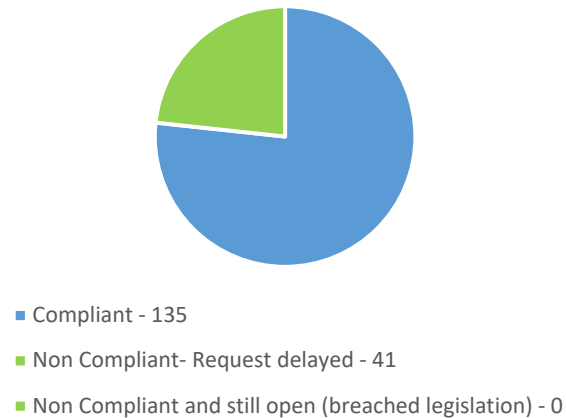
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	N/A																									
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information. There are currently six Information Governance risks being managed and monitored by the Information Governance Group. The below four Tier 2 risks also have oversight by the Chief Digital and Information Officer.</p> <table><tr><th>Risk Title</th><th>Inherent risk rating</th><th>Current risk rating</th><th>Target risk rating</th><th>Movement</th></tr><tr><td>Mapping of Data Flows</td><td>9</td><td>9</td><td>6</td><td>Unchanged</td></tr><tr><td>Data Protection Legislation / Freedom of Information Act 2000</td><td>9</td><td>9</td><td>6</td><td>Unchanged</td></tr><tr><td>Failure to develop and make improvements to the Information Asset Register</td><td>9</td><td>9</td><td>4</td><td>Unchanged</td></tr><tr><td>Management of Corporate Records</td><td>9</td><td>9</td><td>6</td><td>Unchanged</td></tr></table>	Risk Title	Inherent risk rating	Current risk rating	Target risk rating	Movement	Mapping of Data Flows	9	9	6	Unchanged	Data Protection Legislation / Freedom of Information Act 2000	9	9	6	Unchanged	Failure to develop and make improvements to the Information Asset Register	9	9	4	Unchanged	Management of Corporate Records	9	9	6	Unchanged
Risk Title	Inherent risk rating	Current risk rating	Target risk rating	Movement																						
Mapping of Data Flows	9	9	6	Unchanged																						
Data Protection Legislation / Freedom of Information Act 2000	9	9	6	Unchanged																						
Failure to develop and make improvements to the Information Asset Register	9	9	4	Unchanged																						
Management of Corporate Records	9	9	6	Unchanged																						
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.</p>																									
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	N/A																									

<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>Reviewed and presented to the Information Governance Group on the 24<sup>th</sup> November 2022. Updates to the Patient Record requests delays has been incorporated.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)</p>	<ul style="list-style-type: none"> <li>• Failure to Implement Digital Solutions</li> <li>• CRR20-06 – Informatics Patient Records Pan BCUHB</li> <li>• CRR21-11 – Potential Exposure to RansomWare and Zero-day Cyber Risk Attacks</li> <li>• CRR22-27 – Potential non-compliance with regulatory standards for documentation due to poor record keeping – vascular services</li> </ul>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b><i>Reason for submission of report to confidential board (where relevant)</i></b></p>	<p>Not applicable</p>
<p><b>Camau Nesaf:</b></p> <p><b><i>Next Steps:</i></b> Work with the Access to Health Records Team to streamline reporting in line with Information Governance.</p>	
<p><b>List of Appendices:</b> Appendix 1 – Information Governance Quarter 2 2022/23 Key Performance Indicators (KPI) Report.</p>	

## Appendix 1 - Key Performance Indicators: Quarter 2– July to September 2022

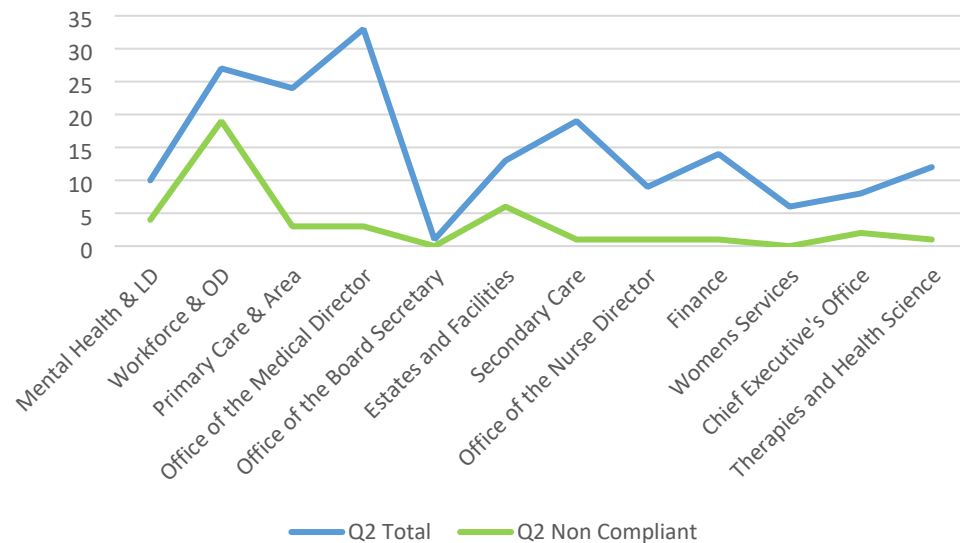
### FOI Compliance Q2

Compliant: 77% Non compliant: 23%



\*No change in compliance from Q1 2022/23.

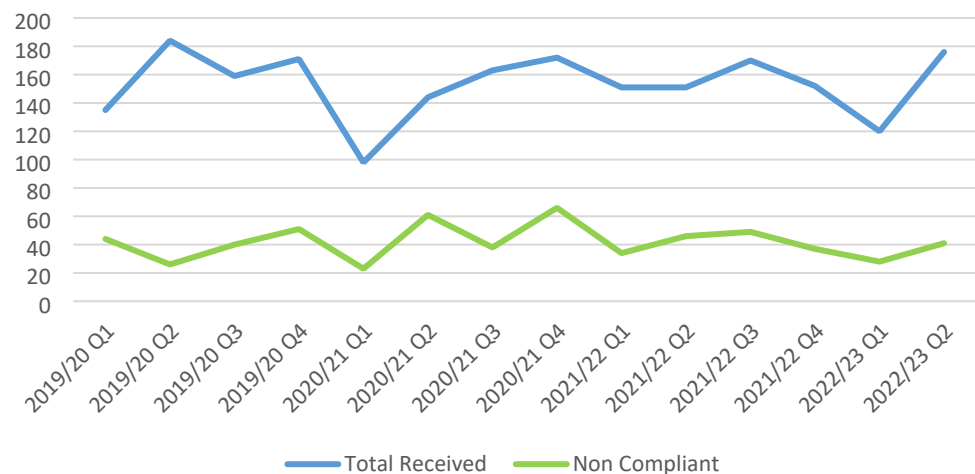
### Number of requests and their non-compliance



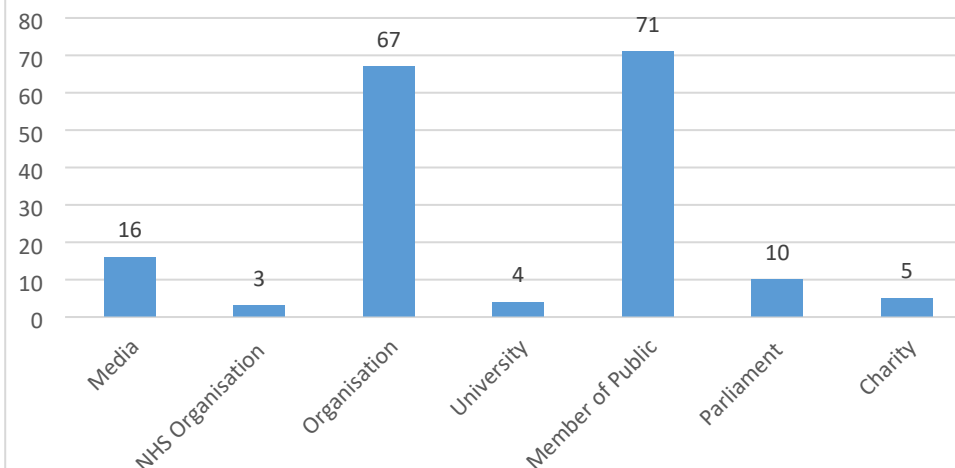
**FOI Exemption and Internal Reviews-** Please note due to the timeframe permitted under the Act for applicants to request an internal review, some reviews may not be captured in time for this report, however they will be captured within the Information Governance Annual Report.

Exemption	Exemption Category	Total	Internal Review	Upheld/Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	9	0	N/A
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	1	0	N/A
Section 31 - Law Enforcement	Absolute – No Public Interest Test Required	1	0	N/A
Section 40 - Personal Information	Absolute – No Public Interest Test Required	5	0	N/A
Section 41 – Information provided in confidence	Absolute – No Public Interest Test Required	1	0	N/A
Section 43 – Commercially Sensitive	Public Interest Test applied	1	0	N/A
Internal Review- No Exemption	N/A	N/A	1	Upheld
<b>Total</b>		<b>18</b>	<b>1</b>	<b>N/A</b>

**Previous FOI Quarterly Compliance**



**FOI received by Requestor Q2**



#### FOI: Reasons for delays/breaches

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

#### The divisions with the highest amount of delays

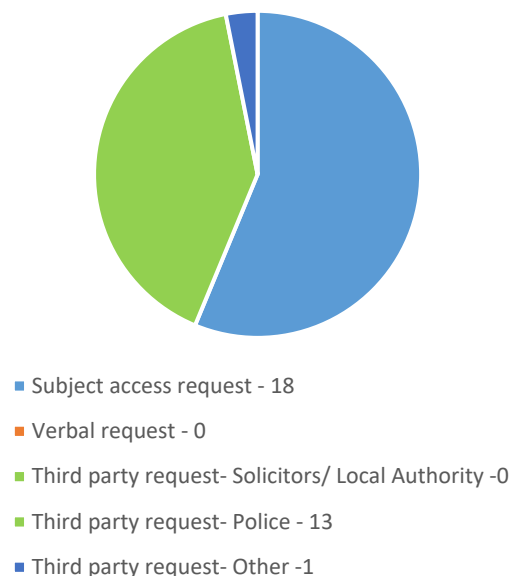
- 19 for Workforce and Organisational Development.
- 6 for Estates and Facilities.
- 4 Mental Health & Learning Disabilities.

#### 2022/23 Plans

- During the start of quarter 3 a meeting was held with our FOI leads within Workforce and OD to discuss their internal process and agree a plan of action going forward to improve their compliance rates and stress the importance of meeting the legislative timescales. Since this meeting communication has improved and the process has become more efficient with FOIs meeting the required deadline.
- Work is continuing to procure a new FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records. We hope to implement the new system during quarter 3, where staff will be trained in the new system and SOP.

## Data Protection Subject Access Requests (SAR) for non-clinical information Q2

Total requests- 32 Total breaches- 2



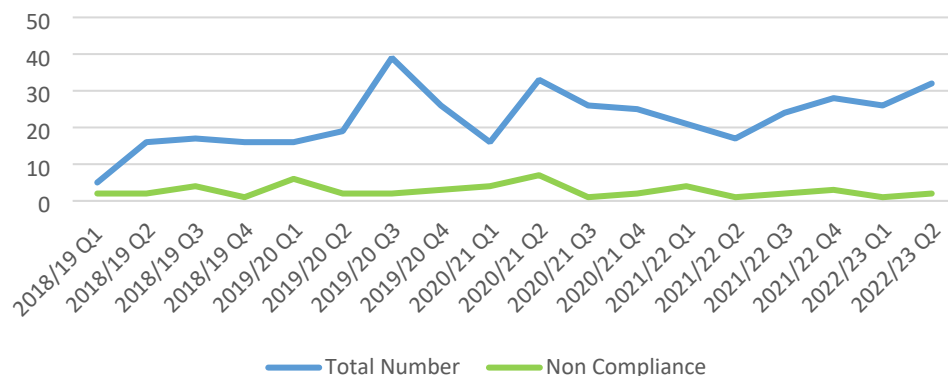
## SAR: Reason for breaches Q2

During Quarter 2, we were 94% compliant, which is a slight decrease from 96% in quarter 1. There were 2 requests which breached the legislative deadline, one of which was an email search which returned approximately 8GB data in over 839 mailboxes, despite applying a time extension for this, we still breached legislation due to the complexity and sensitive nature of the request. The second breach was due to the line manager of the requestor not being able to locate part of the personal file which had been requested. These types of incidents are being shared with workforce colleagues to highlight the importance of accountability and management of records across the organisation.

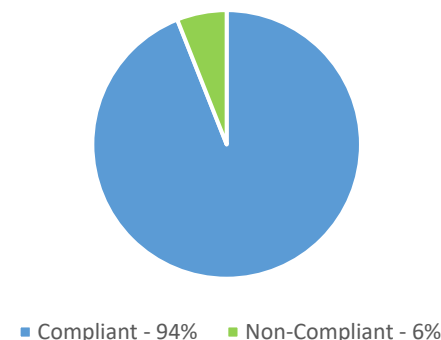
## 2022/23 Plans

Work is continuing to procure a new FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records and time extensions will continue to be applied to complex requests to enable us more time in line with legislation to meet the requirements of the request.

## Previous DPA Quarterly Compliance



## Data Protection Subject Access Requests (DPASAR) for non-clinical information Q2

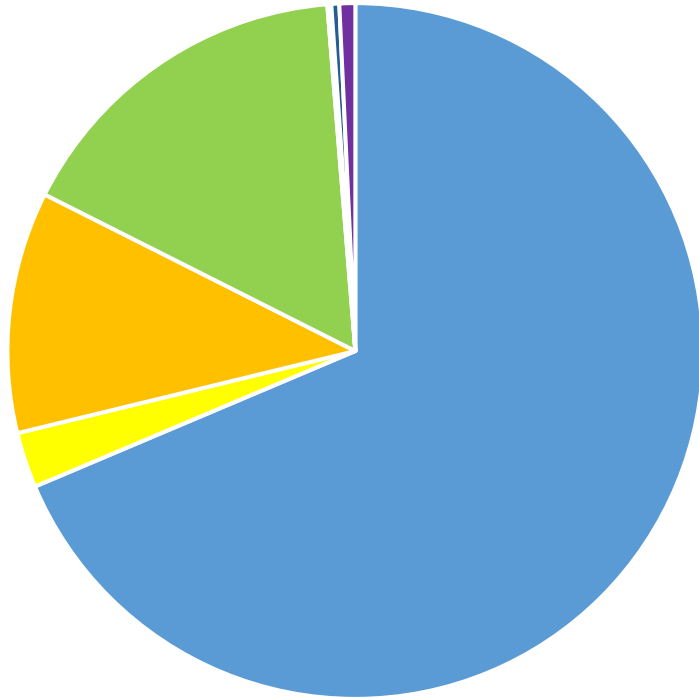


**ATHR Subject Access Requests under DPA**

**Legislation Q2**

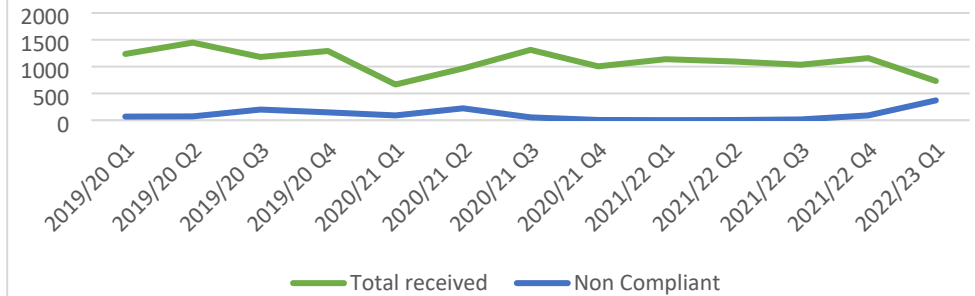
Total recieved-746 Non-Compliant- 316

## Access to Health Records (ATHR) Requests by type Q2



- Data Protection Act (Live Patients): 746
- Verbal Request: 0
- Access to Health Records Act (Deceased Patients): 28
- Third party request- Court: 122
- Third party request- Police: 177
- Third party request- Ministry Of Defence: 2
- Third party request- General Medical Council: 4
- Third party request- Chargeable Requests (Insurance Companies): 8

## Previous ATHR Quarterly Compliance





### **ATHR: Reason for delays**

During Quarter 2, the ATHR compliance has unfortunately decreased from 52.9% compliance with Access to Deceased Records requests to 42.9% and also our compliance rate for SAR's completed within the DPA timescales from 72.1% to 59.8%, from the previous quarter. This has been due to a change in process to tackle the backlog of requests, which have accumulated due to staff shortages. We have changed process to look at processing in date order rather than working on current requests and backlog separately to try and get the backlog down quicker. We are trialling this over the next quarter to try and see if we can see a significant reduction in the backlog long-term.

During Quarter 2 there was a total of 300 breaches (Data Protection Legislation) and 16 breaches (Access to Health Records Act). The reasons for the delay in providing a response to these requests in line with the appropriate timescales include; (i) late receipt of notes (ii) delays in ATHR Service processing request; which is due to current staff shortages within the team and backlog of requests (iii) patients in treatment and unable to access the notes.

### **Co-mingled Information**

70 documents were located in the incorrect patient records during quarter 2, which were located during the scanning and quality assurance processes. All these incidents are recorded on Datix and investigated accordingly.

### **Complaints and lessons learnt ATHR**

During quarter 2 there has been 3 concerns received into the ATHR Service these included;

- 3 Delays in processing SAR requests in line with DPA/AHRD.

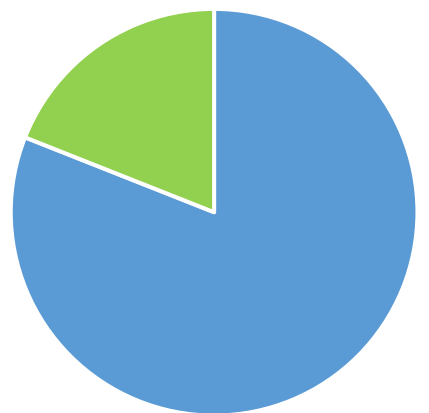
In all cases apologies were sent to the applicant for any distress caused and the need for raising a concern with the Health Board and the requests were reviewed and actioned as soon as possible and any outstanding records chased urgently.

### **Collaborative Working**

Following on from queries raised by services in regards to releasing notes un-redacted as part of a concern raised, Information Governance, Health Records and the Quality directorate have all worked together to find a solution to the issue. It has now been agreed that the template used when sending out complaint responses will be amended to refer complainants to the Access to Health Records department should they wish to receive a copy of their health record. This will ensure that records are processed correctly before sending out, i.e. all 3rd party withheld or redacted as appropriate.

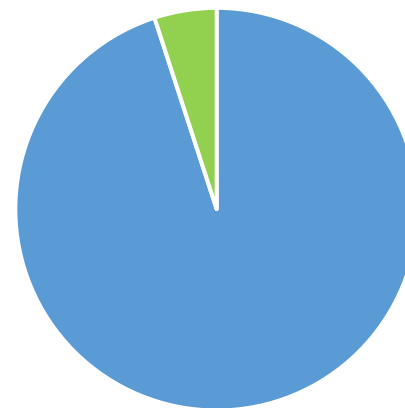
## HMP Berwyn and Managed Practices Requests for Information

**HMP Berwyn Compliance Q2**  
Total Received - 21 Non-compliant- 4



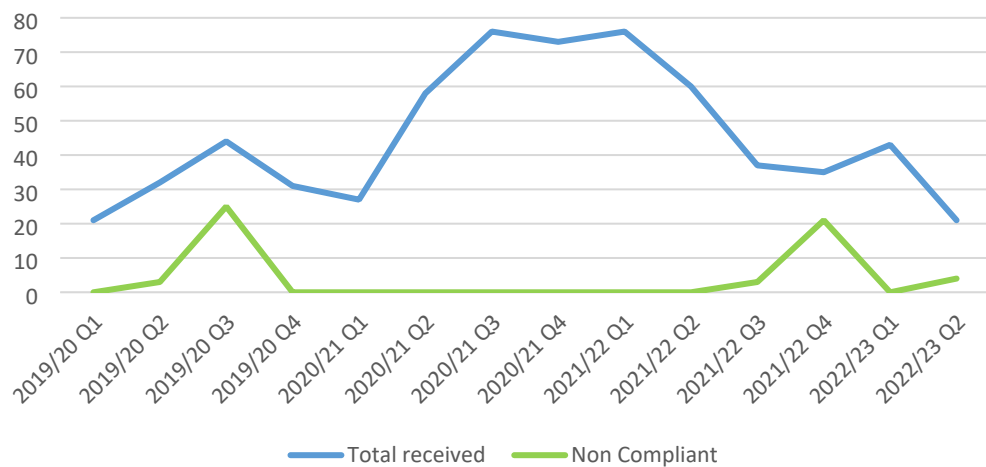
■ Compliant: 81% ■ Non-Compliant: 19%

**GP Practices Compliance Q2**  
Total Received 524 Non-compliant- 24



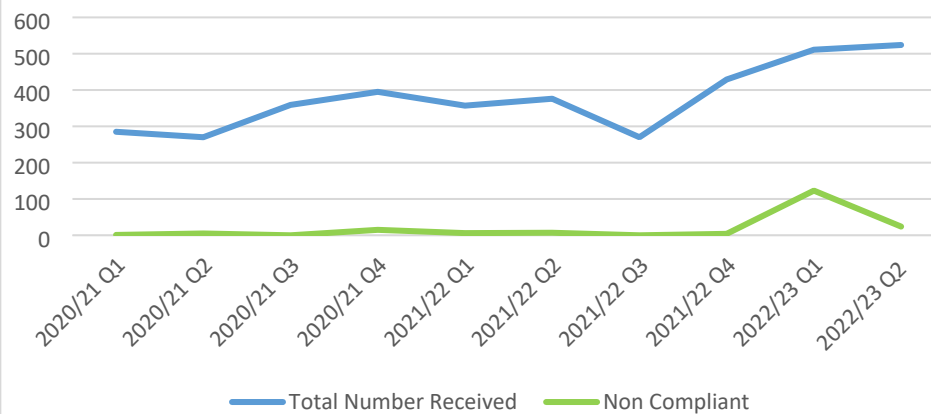
■ Compliant- 95% ■ Non-Compliant- 5%

**Previous HMP Berwyn ATHR Quarterly Compliance**



— Total received — Non Compliant

**GP Managed Practices ATHR Quarterly Compliance**



— Total Number Received — Non Compliant

## Incidents and Complaints Received Quarter 2

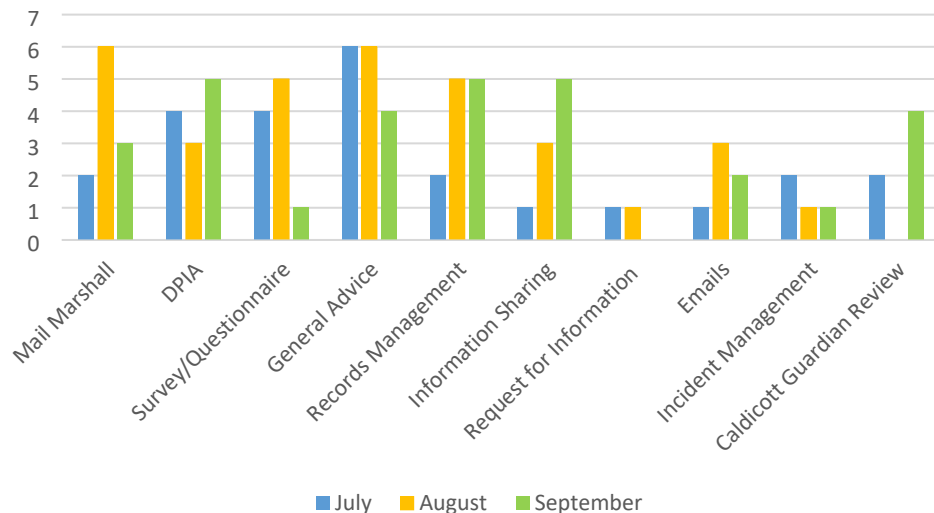
Incident Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Confidentiality Breach (External)	Data Loss	5	0	0
	Email	6	0	1
	External Mail	19	0	1
	Inappropriate Access	3	0	3
	Personal Information found in public place	0	0	0
	Records	4	0	3
Confidentiality Breach (Internal)	Data Loss	6	0	0
	Email	10	0	0
	Records	19	0	0
	Other	1	0	0
Information Management & Technical Security	Records	1	0	0
	Other	10	0	1
	Data Loss	2	0	0
Non Compliance	IG15 Safe storage & transport of Personal Data	4	0	0
	IG02 Records Management	3	0	1
	IG11 Confidential waste	1	0	0
	IG14 IM&T Security procedure	4	0	0
<b>Total</b>		<b>98*</b>	<b>0</b>	<b>10</b>

\* Increase from 77 in quarter 1

<b>Incidents-Lessons Learnt</b>	
<b>Near Misses</b>	<b>Legal Claims</b>
There were 0 near misses reported in quarter 2 of 2022/23.	There were 0 legal claims received in quarter 2 of 2022/23.
<b>Complaints</b>	
10 data protection complaints were received during quarter 2, which is a slight decrease since quarter 1. 2 complaints have been investigated and are now closed with the remaining 8 ongoing.	
<b>Closed Complaints</b>	
<ul style="list-style-type: none"> <li>• Child received invite for vaccination directly to child and not to parent/guardian.</li> <li>• Inappropriate disclosure of information of a patient.</li> </ul>	
<b>On-Going complaints</b>	
<ul style="list-style-type: none"> <li>• 2 x Alleged inappropriate disclosure</li> <li>• 1 x Inappropriate Access</li> <li>• 1 x Incorrect patients details sent in SAR response</li> <li>• 4 x Breach in confidentiality.</li> </ul>	
<b>Lessons Learnt/Actions Taken</b>	
<ul style="list-style-type: none"> <li>• Ensure all Emergency Department Administration staff are aware of process of checking next of kin information.</li> </ul>	
<b>Information Commissioners Office (ICO) Complaints</b>	
<b>Self-reported incidents to the ICO Q2</b>	
<ul style="list-style-type: none"> <li>• There have not been any self-reported incidents to the ICO in quarter 2.</li> </ul>	
<b>Complaints received from the ICO Q2</b>	
<p>During quarter 2 we received <b>3</b> complaints direct from the ICO, all have been investigated and responded to:</p> <ul style="list-style-type: none"> <li>• 3 x Dissatisfied with response to SAR. (2 x Closed with no actions and 1 x On-going)</li> </ul>	

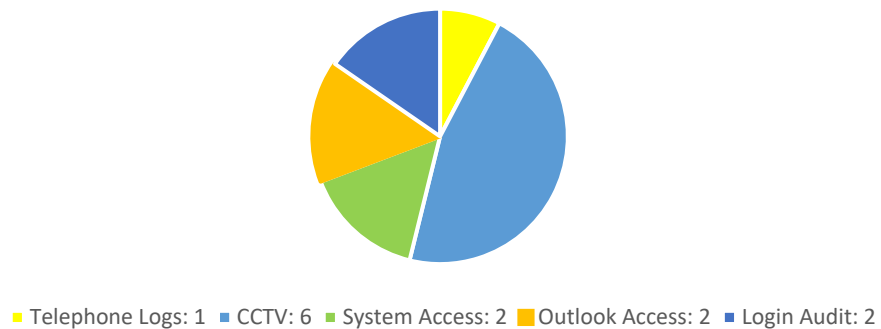
## Service Desk Queries Q2

Total: 88



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

Total: 13



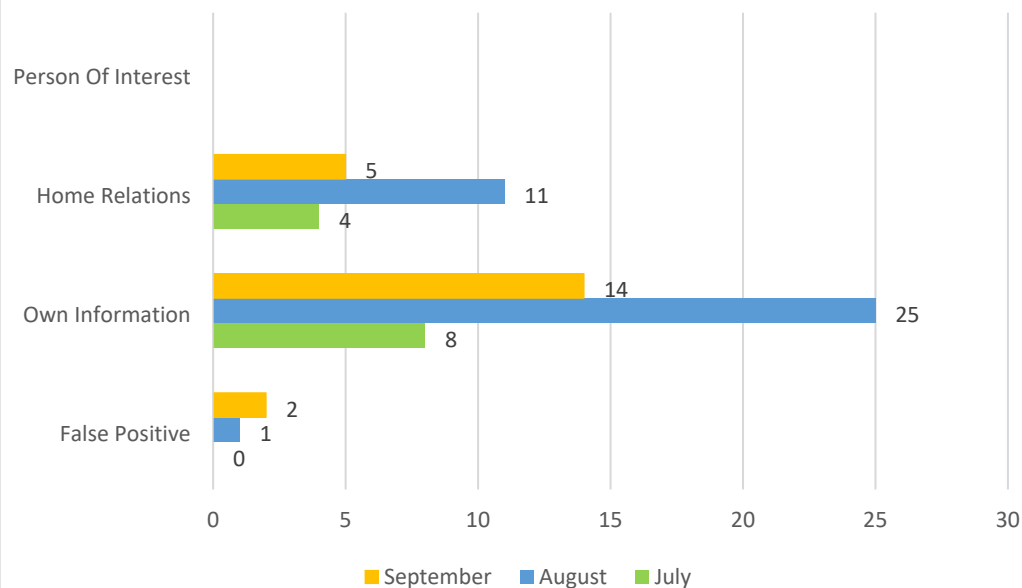
## Service Desk – Information Governance Portal

During Quarter 2 the number of calls received into the Information Governance Service Desk has further decreased to 88 from 99 in quarter 1.

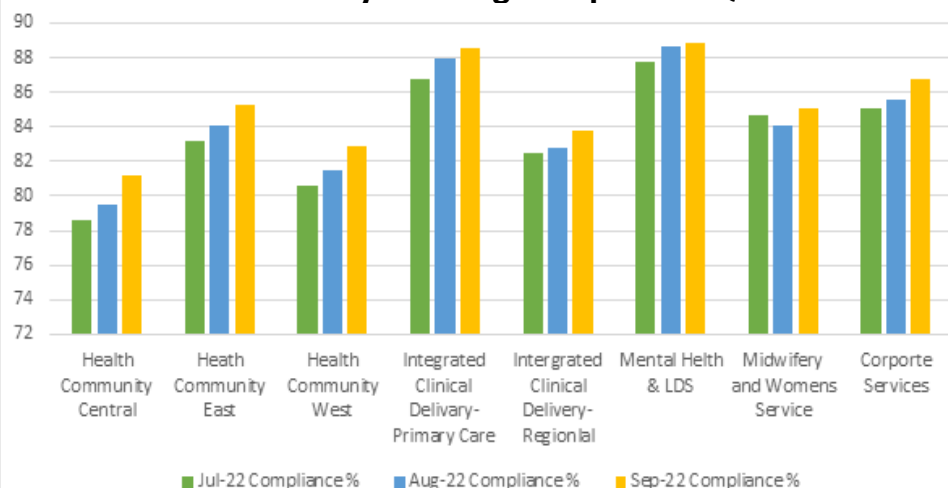
## NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 2 of 2022/23 the number of NIIAS notifications received has remained at 70 this quarter. During quarter 3 2022/23 we plan on carrying out a trend analysis of repeat offenders and areas of concern so we can target these areas and provide further.

## Q2 NIIAS Notifications by Type



### IG Mandatory Training Compliance Q2: 83%



### IG Mandatory Training

We have continued with our virtual mandatory training sessions with 12 sessions taking place in quarter 2 with 86 staff attending. 3316 staff have completed their training via E-Learning this quarter. Which is a significant increase in comparison to quarter 1, which saw September's training compliance increase to 84.32% and more recently in October it has increased again to 86.08%.

The overall compliance of mandatory Information Governance training across BCUHB has remained at **83%** for this quarter.

Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of September 2022	Year To Date Variance
T410	886,679 (slight increase)	301,350	Underspend 147,480

*Please note that the reason for the underspend this quarter was due to staff turnover and post vacancies.*

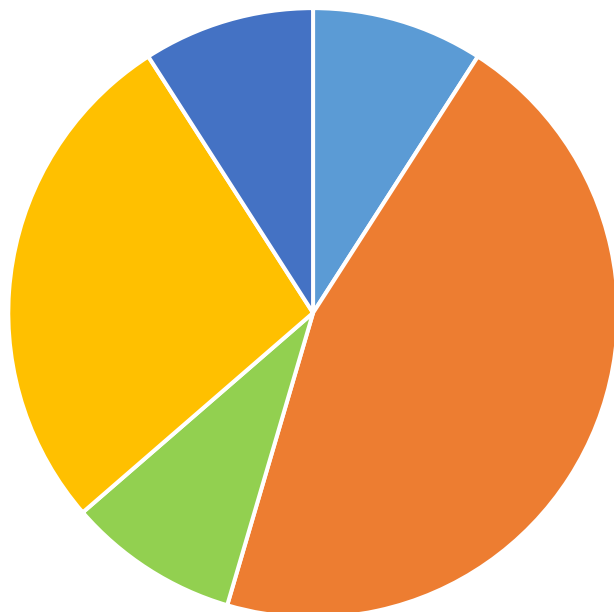
*All staff are now in post and it is anticipated the underspend will be used to fund the required new Request for Information and Asset Register Software Systems and licences in the coming months which will see a significant decrease in this bottom line total.*

### Data Protection Impact Assessments (DPIAs)

During Quarter 2, 7 DPIA's have been approved which is a slight decrease in comparison to quarter 1. A further 7 have been received during quarter 2 which are currently ongoing through assurance processes and will be approved once due diligence has been completed.

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

Total: 11



■ Information Sharing Agreement - 1 
 ■ Data Processing Contract - 5  
■ Audits - 1 
 ■ Data Disclosure Agreement - 3  
■ Joint Controller Agreement - 1

### Asset Register

During Quarter 2, we have not had any new systems inputted onto the Asset Register.

17 Record types have been submitted during quarter 2, the majority being for Central Community Hospitals. During quarter 3 assurance of the asset register will re-commence.

### Information Asset Register Development

A provider has been identified to build a solution using Microsoft365 components and for it to sit on the Health Board's Microsoft365 infrastructure. A proposal has been put forward by the solution provider and is being considered by Digital, Data and Technology (DDAT) Senior Management team. Once the solution proposal has been agreed, the Information Governance Team will work with the solution provider on establishing timescales for development and delivery of the solution. These will then be factored into the Information Asset Register project plan to enable an implementation date to be worked towards

### Compliance Audits

During quarter 2, there was 1 compliance check undertaken within Tywyn Health Centre. There were no significant issues identified. During quarter 3, we will be working on a schedule of all areas that need to be audited and establishing the leads in all of these areas. A new 'form' developed for a self-audit tool to work alongside the face-to-face visits to be completed by each area annually. We have also commenced working on the Compliance Audit Strategy Document.





<b>Report title:</b>	2022/23 Board Assurance Framework		
<b>Report to:</b>	Performance, Finance and Information Governance Committee		
<b>Date of Meeting:</b>	Thursday, 23 February 2023		
<b>Executive Summary:</b>	<p>The purpose of this report is to enable the Performance, Finance and Information Governance Committee to review and monitor the updated BAF risks further to their review at the January Board meeting.</p> <p>This iteration incorporates an update on risks which have increased in rating in light of the heightened winter pressures and business continuity critical incidents, as well as the deteriorating financial position</p>		
<b>Recommendations:</b>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Note and receive the BAF risks and their associated mitigations</li> <li>• Note the three risks that are now outside the risk appetite of the Health Board in relation to unscheduled care, planned care and the delivery of the savings plan</li> </ul>		
<b>Executive Lead:</b>	Board Secretary		
<b>Report Author:</b>	Molly Marcu, Interim Board Secretary		
<b>Purpose of report:</b>	For Noting <input type="checkbox"/>	For Decision <input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>
<b>Assurance level:</b>	Significant <input type="checkbox"/> High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable <input type="checkbox"/> General confidence/evidence in delivery of existing mechanisms / objectives	Partial <input checked="" type="checkbox"/> Some confidence/evidence in delivery of existing mechanisms / objectives
<b>No Assurance</b> <input type="checkbox"/> No confidence/evidence in delivery			
<b>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:</b>			
<p>The BAF includes the risks deemed most significant to the delivery of the strategic objectives of the Health Board. Of those risks, some are outside of the risk appetite /and have significant gaps in controls and assurance</p> <p>In this iteration, risks that have increased in target rating are:</p> <p><i>Risk 1.3: Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience (from 16 to 20)</i></p> <p><i>Risk 1.5: Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm (from 16 to 20)</i></p> <p><i>Risk 2.7: Failure to achieve 2022/23 savings target of £35m, resulting in a breach of our statutory financial duty (12 to 16)</i></p> <p>All three of the risks are incorporated within the Board agenda in further detail.</p>			
<b>Link to Strategic Objective(s):</b>	ALL		



<b>Regulatory and legal implications</b>	Alignment to regulatory requirements associated with delivery of patient care as well as a safe working environment under the Health and Safety at Work Act
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable and provide an explanation below</b>	Y
<b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	(summarise risks here and provide further detail)  (crynodeb o'r risgiau a rhagor o fanylion yma)
<b>Financial implications as a result of implementing the recommendations</b>	Risk Management training will be required as part of the process of enhancing the risk maturity of the organisation
<b>Workforce implications as a result of implementing the recommendations</b>	Not applicable
<b>Feedback, response, and follow up summary following consultation</b>	Feedback received from  Executive Directors, Board
<b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	All
<b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable  Amherthnasol
<b>Next Steps:</b> <ul style="list-style-type: none"> <li>The BAF continues to be subject to a further in-depth review in order to ensure that the risks and mitigations are robust</li> </ul>	
<b>List of Appendices:</b> 2022/23 Board Assurance Framework Appendix 1	

BETSI CADWALADAR UNIVERSITY HEALTH BOARD													
PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE 2022/23 BOARD ASSURANCE FRAMEWORK - OCTOBER 2022													
Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance i.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score (impact x likelihood)	Current Risk Score (impact x likelihood)	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
2. Strategic Objective: Target our resources to people who have the greatest needs and reduce inequalities													
2.3	Executive Director of Finance	Performance, Finance and Information Governance Committee	Failure to meet financial targets once Strategic Support funding ceases, resulting in an inability to meet the break even statutory duty	Transformation Team in place to assist the operational staff to deliver services in a different way Regular reports to PFIG to monitor progress on transformation	BCUHB IMTP incorporates a clear programme of work over the 3 years.	Internal audit review of savings plan to commence in quarter 3	None identified	Projected deficit position as at month 8 reflects a £10m year end deficit	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	
2.4	Executive Director of Transformation	Performance, Finance and Information Governance Committee	Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government (to ensure statutory duties are met) resulting in a regulatory audit opinion	Planning cycle established with outline BCUHB Planning schedule/overall approach for 2022/2025 - plan led by Assistant Director, Corporate Planning and reporting into the Executive Team and the Partnerships, People & Population Health Committee.	Performance, Finance and Information Governance Committee oversight	none identified	2022/2025 IMTP not accepted by the Welsh Government	None identified	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	
2.6	Executive Director of Finance	Performance, Finance and Information Governance Committee	Failure to achieve 2022/23 savings target of £35m, resulting in a breach of our statutory financial duty	Transformation Team in place to assist the operational staff to deliver services in a different way Regular reports to PFIG to monitor progress on transformation and transactional savings targets	Month 2 financial report highlighted the identification of £13.3m worth of schemes	Internal audit review of savings plan to commence in quarter 3	Lack of a risk based Transformational plan A Transformational plan will take time to implement.	Projected deficit position as at month 8 reflects a £10m year end deficit	16 (4x4)	16 (4x4)	12 (4x3)	A recovery plan is under development, and will be monitored via the Finance and Transformation Executive Group, and onto PFIG	ongoing

1	2	3	4	5
Insignificant	Minor	Moderate	Major	Extreme
No effect	External standards being met. Minor impact on achieving objectives	Adverse effect on delivery of secondary objective	Major adverse effect on delivery of key objective. Affects Care Quality Commission rating.	Does not meet key objectives. Prevents achievement of a significant amount of external standards
No harm/near miss	Any patient safety incident requiring extra observation or minor treatment and causes minimal harm.	Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm.	Any patient safety incident that appears to have resulted in permanent harm.	Any patient safety incident that directly resulted in one or more deaths.
Minor injury not requiring first aid	Minor injury or illness, first aid treatment needed	Lost time injury or RIDDOR /Agency reportable > 3 days absence	Fractures, amputation, extensive injury or long term incapacity/ RIDDOR reportable	Death or major permanent incapacity
Loss / interruption more than 1 hour	Loss / interruption more than 8 hours	Loss / interruption more than 1 day	Loss / interruption more than 1 week	Permanent loss of service or facility
local management tolerance level	Loss less than 0.25% of budgeted operating income	Loss less than 0.5% of budgeted operating income. Improvement notice	Loss less than 1% of budgeted operating income. Significant claim. Prosecution or Prohibition Notice	Loss more than 1% of budgeted operating income. Multiple claims.
Minor non-compliance with internal standards	Single failure to meet internal standards or follow protocol	Repeated failures to meet internal standards or follow protocols	Failure to meet national standards. Failure to comply with IR(ME)R	Gross failure to meet professional standards
Rumours	Local media – Short term. Minor effect on staff morale	Local media – Long term. Significant effect on staff morale	National Media less than 3 days. Major loss of confidence in organisation.	National media more than 3 days. MP Concern (Questions in House). Severe loss of public confidence.

1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost Certain
Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Less than 1%	1 – 5%	6 – 20%	21 – 50%	Greater than 50%
Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not

Consequence (C)				
1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
1	2	3	4	5
2	4	6	8	10
3	6	9	12	15
4	8	12	16	20
5	10	15	20	25



**Date:** 23.2.23

*To improve health and provide excellent care*

## Committee Chair's Report

<b>Name of Committee:</b>	EDG (Executive Delivery Group) - Transformation
<b>Meeting date:</b>	22 <sup>nd</sup> November 2022
<b>Name of Chair:</b>	Chris Stockport, Executive Director of Transformation and Planning Meeting was Chaired by Vice-Chair - Sue Hill, Executive Director of Finance
<b>Responsible Director:</b>	Paolo Tardivel, Director of Transformation Author of report - Neil Windsor, Deputy Director of Transformation
<b>Summary of business discussed:</b>	<p>Monthly programme highlight reports are received from each of the sub-groups and any issues are noted for progression / escalation.</p> <p>The sub-groups that report to the EDG are:</p> <ul style="list-style-type: none"><li>• Unscheduled Care</li><li>• Planned Care</li><li>• RTC (Regional Treatment Centres)</li><li>• CAMHS (Children and Adolescent Mental Health Services)</li><li>• Cancer</li><li>• MHLN (Mental Health Learning Disabilities)</li><li>• Planning Strategy Oversight</li><li>• Digital</li><li>• Betsi Pathways</li><li>• GIRFT (Getting It Right First Time)</li></ul>
<b>Key assurances</b>	<p>This section covers the key assurances provided at this meeting, with any risks and issues noted in the following section.</p> <ul style="list-style-type: none"><li>• <b>Terms of Reference:</b> The draft Terms of Reference are under review by the Associate Director of Governance, to ensure alignment with the three other corporate EDG meetings. Once reviewed they will be re-circulated for ratification at the December EDG.</li><li>• <b>Programme Health Check:</b> The independent Programme Health Check undertaken by the Organisational Portfolio Office (providing assessment against x3 core questions 'Set Up for Success', 'Clear Plan', 'On Track for Delivery') was published and context provided around the individual programme RAG (Red, Amber, Green) ratings.</li><li>• <b>Portfolio Assurance Report:</b> The first draft of the new Portfolio Office Assurance Report was presented for review by the group, which will</li></ul>

replace existing EDG highlight reports from Dec-22. This is based on Axelos best practice and provides a more rigorous framework for assessing delivery. This will form the basis of future reporting into PFIG.

- **Planned Care:** Work continues around Workstream 2: Outpatient Transformation, with specific projects around SOS (See On Symptom)/PIFU (Patient Initiated Follow-Up), Video-Based Group Consultation, Validation and Clinic Efficiency. A lead for Workstream 4: Perioperative Improvement has been appointed, with specific focus on Theatre Productivity and Utilisation.
- **Unscheduled Care:** The six goal programme board is now established and formal national launch of Goals 5 & 6 related to SAFER (**S**enior review of patients before midday, **A**ll patients involved in setting their estimated Date of Discharge, **F**low of patients at the earliest opportunity from assessment units, **E**arly discharge with at least a third discharged by midday and **R**evue involving multidisciplinary teams and D2RA (**D**ischarge to **R**ecover & **A**ssess) will be undertaken by Welsh Government on 06.12. The programme is looking to develop additional clinical leadership within the programme and is reviewing budget to support investment into additional project management support.
- **RTC:** A Programme Director has been appointed and additional T&I (Transformation & Improvement) resource has been provided into the team. Three clinical engagement workshops are scheduled for Dec-22, focussing on future design plans for Outpatients, Orthopaedics/Urology/Ophthalmology and Ambulatory Care.
- **MHLD:** The Divisional Improvement Plan has been given approval from QSE (Quality, Safety & Experience) and the Director of Nursing for Mental Health has been recruited to lead upon this work for the division.
- **Cancer:** All current schemes have now been delivered and work is progressing on developing a 23/24 programme.
- **CAMHS:** One out of three Programme Managers have been appointed. Project groups for early intervention and prevention are established and an integrated children's services board has been developed. The Improvement Plan has been revised and accepted by Welsh Government.
- **Strategic Planning:** The IMTP (Integrated Medium Term Plan) will now be submitted to Welsh Government by the end of March rather than January.
- **Digital:** The Symphony System is now being used in all of the Minor Injury Units and acute Emergency Departments. The Welsh Nursing Care Records Project is progressing successfully and the PID (Programme Initiation Document) for CITO/DHR (Digital Health Record) has been revised following a re-scoping exercise. The



	<p>STREAM project is rolling out from YGC (Ysbyty Glan Clwyd) across Betsi.</p> <ul style="list-style-type: none"> <li>• <b>Pathways:</b> Carpal Tunnel is completed at pilot stage. Hip and Knee has also been finalised and will be submitted to CEG (Clinical Effectiveness Group) in December. Colorectal Cancer Pathways Task and Finish groups will start consultation phase in December. Dementia pathway work with local authorities is progressing well. The group is working with IMTP to discuss future prioritisation of work.</li> <li>• <b>GIRFT (Getting it Right First Time): Orthopaedics:</b> The implant rationalisation work is being postponed due to barriers within the programme. Job planning is required due to a reduction in the number of sites. <b>Urology:</b> The formal external review and deep dive took place on 03.11.22 and a draft report has been received. <b>Gynaecology:</b> The GIRFT report was received on 14.09 and formal recommendations have been incorporated into a GIRFT Gynaecology Action Plan and a Task and Finish group is being established.</li> </ul>
<b>Key risks and issues</b>	<ul style="list-style-type: none"> <li>• This section covers any key issues and risks highlighted including mitigating actions and milestones where relevant.</li> <li>• <b>Planned Care:</b> Work stream one has not progressed well and concerns were expressed regarding the impact on informatics to be able to get data to identify benefits. This has been escalated to Digital.</li> <li>• <b>RTC:</b> A replacement SRO (Senior Responsible Officer) for Gill Harris is being sought.</li> <li>• <b>Mental Health:</b> Despite a positive recruitment campaign, there are still 200 nursing vacancies which will impact delivery of transformational change at an operational level.</li> <li>• <b>Cancer:</b> There is still no confirmation of funding available for next year's priorities, with the programme awaiting a decision on their IMTP submission.</li> <li>• <b>CAMHS:</b> Recruitment is challenging; there are high vacancies and there are staff retention issues particularly in the East. It has been recognised nationally that Mental Health are experiencing a workforce crisis. The group are working with workforce to look at more robust recruitment strategies particularly overseas.</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>• Mental Health (adult and children)</li> <li>• Strategy, planning and performance</li> <li>• Leadership (including governance, transformation and culture)</li> <li>• Engagement (patients, public, staff and partners)</li> </ul>
<b>Issues to be referred to another Committee</b>	N/A

<b>Matters requiring escalation to the PFIG Committee:</b>	N/A
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The highlight reports received from the sub-Groups address the development of proposals considered by the Committee and give adequate consideration to the sustainable development principles, including:</p> <ol style="list-style-type: none"> <li>1.Balancing short term need with long term planning for the future;</li> <li>2.Working together with other partners to deliver objectives;</li> <li>3. Involving those with an interest and seeking their views;</li> <li>4.Putting resources into preventing problems occurring or getting worse; and</li> <li>5.Considering impact on all well-being goals together and on other bodies)</li> </ol>
<b>Planned business for the next meeting:</b>	Standard agenda, as per summary of business discussed
<b>Date of next meeting:</b>	20.12.22

## Committee Chair's Report

<b>Name of Group :</b>	Information Governance Group
<b>Meeting date:</b>	26 <sup>th</sup> August 2022 and 24 <sup>th</sup> November 2022
<b>Name of Chair:</b>	Justine Parry, Assistant Director of Information Governance / Data Protection Officer (Vice-Chair)
<b>Responsible Director:</b>	Dylan Roberts – Chief Digital and Information Officer
<b>Summary of business discussed:</b>	<p>The Information Governance Group (IGG) met on the 26<sup>th</sup> August 2022 and the 24<sup>th</sup> November 2022.</p> <p>The Information Governance Group (IGG) was quorate on both occasions, with the 24<sup>th</sup> November having good representation from across the differing services. The Vice-Chair deputised in the absence of the Chair (Executive Medical Director).</p> <p>A number of actions were closed on the action log and out of the original 19 actions only 2 remain ongoing and these are in relation to the Electronic Master Patient Index (EMPI), overwriting local system demographic information in the East and the use of WhatsApp across the Health Board and the implementation of the new Asset Register. Further updates have been requested to be submitted before the next meeting for assurances.</p> <p>This report summaries the activity of the IG Group and members noted:</p> <ol style="list-style-type: none"> <li><b>1. IGG Terms of Reference</b> – updated and agreed in light of the Board Committee terms of reference review.</li> <li><b>2. IG work plan Q1 and Q2</b> – Continued good progress had been made for the majority but there had been slow progress regarding the acquisition of the Information Asset Register and the FOI/SAR replacement systems. The IG Team have completed the ground work and are ready to progress however the delay is due to how this will be funded. Progress in the development and implementation of these systems should happen before the next report is due. Compliance Audits have re-commenced and all appropriate health, safety and infection prevention measures will be followed if the IG Team are on site. Corporate Records Management remains an outstanding area, with the IG Project Team looking at</li> </ol>

future proposals to support the management of these records.

- 3. IG KPI Report Q1 and Q2** - An improvement in the Freedom of Information (FOI) compliance rates was noted, with Workforce and Organisational Development the division with one of the continued highest rates of delays. Weekly meetings with Workforce Leads has been set up to review all requests and improvements are starting to be recognised. SAR compliance rates continue to fluctuate due to complexity with requests, with significant decreases in health records requests starting to be reported. This has decreased from 72.1% in Q1 to 59.8% for SARs and a decrease from 52.9% to 42.9% for access to deceased records. This has been identified through an audit of compliance with processes which showed a time extension was being applied to all requests, which is not in compliance with the Data Protection Legislation. This has now been rectified and improvements in compliance will be reported during the next quarter report. DPIA's continue to rise which provides assurance that staff understand the process to be followed. Slight increase in incidents, no trends identified, but continuing.
- 4. IG Toolkit** – a verbal update on the implementation of the revised IG Toolkit was provided, which noted a delay in the release of the new version from DHCW. BCUHB were continuing with current plans and will adjust any evidence or responses to revised questions as they are received. This will ensure the submission and reporting to the Board Committee will remain on target for next year.
- 5. IG Service Improvement** – Report was presented by the Project lead. Progress continues to be monitored with the key objectives being the roll out of compliance checks, to include self-assessments, walk abouts and planned face to face. Implementation of the Asset Register and FOI/SAR systems are still delayed, but working with IT and Procurement to resolve this. Continuing to review data in current asset register to ensure live and up to date ready for transfer into the new system, including the recording of current system owners. Regular progress report on objectives will be presented to each IGG meeting for assurance.
- 6. Data Flow Mapping** – Continuing to review the data in the Information Asset Register and working to ensure any identified high risk areas have the appropriate mitigations and controls in place to reduce the risk occurring. Working with the IG Project Team on the requirements for the new asset register specifically the data flows. Hoping the new system will be implemented within 11 weeks. Working on list of services to engage with including the Intelligence and Insight team.
- 7. Information Governance Risk Register** – Report was presented and the risks reviewed. Discussions took place

regarding whether some of the target scores were physically achievable. A further review of these would be undertaken in line with the Health Boards Risk Appetite statement and to agree what was achievable. Following a risk by the IGG Chair at the previous meeting, an in depth review of all IG risks across the Health Board has been undertaken. 32 risks made reference to IG, with 11 truly reflecting an IG Risk. These 11 risks have been linked to the overarching IG Tier 2 risks and the IG Team will be working with services to ensure appropriate mitigations and controls are put in place. An update on the Datix system has also been implemented so that anyone who categorises a risk as IG, will automatically notify the IG Team so support and advice can be provided.

**8. IG Mandatory Training** – Training Needs Analysis has been updated for BCUHB, working towards the new national proposals being developed. National IG E-Learning package is being expanding to include Cyber Security and records management training so only 1 package to undertake. Due to be completed within the next few weeks. Once completed, local IG Training provision will be updated to mirror the national package to ensure consistency across all forms of training provision. In the New Year refreshed Asset Register and FOI Leads training will be facilitated. Compliance with mandatory training within BCU is currently at over 86%, achieving the national target of 85% for the first time.

**9. Policies and Procedures** – A full review of the following has been undertaken:

**Approved**

IG13 – Confidentiality Code of Conduct – subject to minor amendments.

IG15 – Procedure for the Storage / Transportation of Personal and Patient Information.

IG16 – Guidance for Staff on Disclosing Personal and Patient Information.

IG20 – Information Governance Training Strategy.

**10. Management of Patient Records Chair Report** – Record Custodian representation is still proving an issue, the PRG Chair has agreed to work with services to make improvements in attendance. The original Patient Record Corporate Risk has been split into 3 separate risks, 2 of which will be managed by Digital, Data and Technology, whilst the third will be managed by the Office of the Medical Director as this in reference to the quality and content of the information being recorded within the patient records. Discussions also took place regarding where the request for records to the Medical Examiners Service were recorded, and these will be included within the future reports.

**11. Office 365 Update** – One Drive implementation across Health Board is now complete. Increased number of IT Helpdesk calls for differing packages to use such as Yammer,

	<p>Stream, Microsoft Bookings and SharePoint sites. An issue was raised regarding the recording of teams meetings defaulting to individual one drives. Confirmation was provided that if the meeting is set up from SharePoint, then the default to store the recording will be within the site and not individual's one drive. IT and IG will develop some communications and awareness raising for dissemination across the Health Board on this matter. Also looking into how others not employed by BCUHB can legitimately access patient information such as Hospices, Ophthalmology etc. as the National DHCW response is that this cannot currently be facilitated.</p> <p>Reports were received and discussed from:</p> <ol style="list-style-type: none"> <li>1. Patient Record Group (PRG).</li> <li>2. Information Governance Management Advisory Group (IGMAG).</li> <li>3. Cyber Security Update – update will be provided to the In-Committee Meeting alongside the individual risk presentation.</li> </ol>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• Continued progress made with the Information Governance Work Programme.</li> <li>• Continued assurance with the O365 programme of work.</li> <li>• Improved compliance rates for FOI/SAR.</li> <li>• Improved compliance rate with Mandatory Information Governance Training.</li> <li>• All members of the team have undertaken additional training to support their roles.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>• Compliance with legislation. This is being monitored via the work programme and reported as part of the key performance indicator reports.</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>• Strategy, planning and performance.</li> <li>• Leadership (including governance, transformation and culture).</li> <li>• Engagement (patients, public, staff and partners).</li> </ul>
<b>Issues to be referred to another Committee</b>	N/A
<b>Matters requiring escalation to the Board:</b>	N/A
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The work of the Information Governance Group will help to underpin the delivery of the sustainable development principles by:</p> <ul style="list-style-type: none"> <li>• Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics.</li> <li>• Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services.</li> </ul>

<b>Planned business for the next meeting:</b>	Range of regular reports plus <ul style="list-style-type: none"> <li>• Quarterly IG KPI Report.</li> <li>• IG Work plan.</li> <li>• Service Improvement Progress Report.</li> <li>• Information Asset Register.</li> <li>• Office 365 Update report.</li> <li>• Cyber Security Report</li> <li>• IG Risk register – update report.</li> </ul>
<b>Date of next meeting:</b>	28 <sup>th</sup> February 2023





<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>Summary of business considered in private session to be reported in public</b>			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 23 February 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The Finance, Performance and Information Governance Committee considered the following matters in private session at the 19.1.23 meeting <ul style="list-style-type: none"> <li>• Canolfan Lleu Strategic Outline Case</li> <li>• Histopathology Reagent Rental contract</li> <li>• Financial planning 2023/24 update</li> </ul>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Steve Webster Interim Executive Director Finance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Diane Davies Corporate Governance Manager			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b>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:</b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>				
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in			

	public session. This principle is also applied to Committee meetings
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori  <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)  <i>Reason for submission of report to confidential Committee (where relevant)</i>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b> Advised in private session reports where appropriate	
<b>Rhestr o Atodiadau:</b> Dim <b>List of Appendices:</b> None	