Bundle Performance, Finance & Information Governance Committee 25 August 2022

Chris Stockport
Recommendation
The Committee is asked to receive the report confirming the Ministerial assessment of the IMTP submission and note the areas requiring further assurance.

> PF22.107a Ministerial Decision Letter on IMTP.pdf

> PF22.107b Betsi Cadwaladr IMTP 2022-25 Ministerial Decision Letter.pdf

3.4	11:08 - PF22/108 Integrated Medium Term Plan development process

Chris Stockport
Recommendation:
The Committee is asked to receive the proposed timeline for refresh of the IMTP for 2023 – 2026 and provide any comments to inform the process.

> PF22.108a IMTP development process August 2022.pdf

> PF22.108b IMTP refresh 2023-26 process v2.pdf

3.6	11:13 - PF22/109 Capital Programme Monitoring report

Neil Bradshaw in attendance
Recommendation
The committee is asked to receive and scrutinise this report.

> PF22.109 Capital Report Month 4 PFIG.docx

3.7	11:18 - PF22/110 Planned Care report

Gill Harris
Recommendation
PFIGC is asked to
note the contents of this report as a high-level reflection of the status of the Planned Care Recovery plan.
support the ongoing programme of work, which combines transactional recovery processes with a range of transformational initiatives.

> PF22.110 Planned Care report August 2022 V3.docx

3.8	11:33 - PF22/111 Unscheduled Care update: Emergency Care metrics

Gill Harris

> PF22.111 USC update_Emergency care metrics Presentation.pptx

3.9	11:48 - PF22/112 Transformation report

Chris Stockport
Recommendation
The Committee is asked to receive the report and note the areas of progress.

> PF22.112a Transformation Report.pdf

> PF22.112b Transformation report August 22.pdf

3.11	11:58 - PF22/113 People (Workforce) plan report

Sue Green
Recommendation:
The Committee is asked to NOTE the current performance position provided and agree the reporting format from this point forward.

> PF22.113 Workforce Plan Report v1.0.docx

3.12	12:13 - PF22/114 Update on Workforce deep dive - verbal

Sue Green

3.12.1	12:18 - Lunch break
3.13	12:38 - PF22/115 Information Governance Key Performance Indicator report Q4 21/22

Justine Parry 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

> PF22.115 Information Governance KPI Report Q4 2021-22 v1.0.docx

3.14	12:43 - PF22/116 Information Governance Toolkit annual report 2021/22

Justine Parry in attendance
Recommendation:
The Performance, Finance and Information Governance Committee is asked to note compliance with the All Wales Information Governance Toolkit.

> PF22.116 Information Governance Toolkit Annual report 2021-22 v1.0.docx

3.15	12:53 - PF22/117 Information Governance Annual report 2021/22

Justine Parry 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

> PF22.117 Information Governance Annual Report 2021-22 v1.0.docx

3.16	13:08 - PF22/118 2022/23 Board Assurance Framework

Molly Marcu
Recommendation:
The Committee is asked to:
• Note and review the BAF risks that fall within the remit of the Performance, Finance and Information Governance Committee

PF22.118a BAF Cover sheet.docx

PF22.118b PFIG BAF August 2022.pdf

3.17	13:18 - PF22/119 Corporate Risk Register

Phil Meakin in attendance
Recommendation
The Committee is asked to review and discuss the report.

PF22.119a Corporate Risk Register v3.0.docx

PF22.119b CRR Appendix 1 - Full List Corporate Risks V.9.docx

PF22.119c CRR Appendix 2 - Corporate Risk Register Risk Key Field Guidance V2-Final.docx

4	13:28 - CLOSING BUSINESS
4.1	PF22/120 Agree Items for referral to Board / Other Committees
4.2	PF22/121 Review of risks highlighted in the meeting for referral to Risk Management Group
4.3	PF22/123 Agree items for Chairs Assurance report
4.4	PF22/124 Review of meeting effectiveness
4.5	PF22/125 Summary of private business to be reported in public

Recommendation
The Committee is asked to note the report for information

PF22.125 Items previously discussed in private session.docx

4.6	PF22/126 Date of next meeting 27.10.22
5	13:43 - Exclusion of the Press and Public

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

**DRAFT minutes of the meeting of the
Performance, Finance and Information Governance Committee
held in public on 28.4.22 via Teams**

Present:	
John Cunliffe	Independent Member / Committee Chair
Linda Tomos	Independent Member
Richard Micklewright	Independent Member
In Attendance:	
Neil Bradshaw	Assistant Director Capital (part meeting)
Keith Dibble	Interim Programme Lead – Planned Care (part meeting)
Sue Green	Executive Director Workforce & OD
Gill Harris	Executive Director Integrated Clinical Delivery / Deputy Chief Executive
Sue Hill	Executive Director Finance
Ian Howard	Assistant Director Strategic and Business Analysis
Amanda Lonsdale	Director Performance (part meeting)
Phil Orwin	Interim Director Unscheduled Care (part meeting)
Justine Parry	Assistant Director Risk and Information Governance (part meeting)
Chris Stockport	Executive Director Transformation and Planning
Gaynor Thomason	Interim Executive Director Nursing & Midwifery
Tim Woodhead	Finance Director – Operational
Diane Davies	Corporate Governance Manager – Committee secretariat
To observe:	
Dave Harris	Head of Internal Audit
Fflur Jones	Audit Wales representative (part meeting)

Agenda Item Discussed	Action By
PF22/40 Apologies for absence	
None were received.	
PF22/41 Declaration of Interests	
None were received.	
PF22/42 Draft minutes of the previous PFIG Committee meeting held on 24.2.22	
The minutes of the meeting were approved.	
PF22/43 Matters arising and table of actions	
There were no matters arising from the minutes. The table of actions was updated.	
PF22/44 Chair's report	

Not applicable	
PF22/45 Lead Director's report	
PF22/45.1 The Executive Director of Finance advised that the draft year end financial position was a surplus of over £0.3m and BCU was on track to provide the submission to WG in the required timeframe. Whilst it had been an extremely challenging year, it was the second year that BCUHB had achieved the statutory duty to break even, albeit with a small surplus. She thankedthe finance and procurement teams for their efforts in delivering this postion. The Committee Chair and members congratulated the Executive Finance Director and her team on their achievement on behalf of the Board in an extremely challenging period. **PF22/45.2** The Executive Director of Finance advised that the Integrated Medium Term Plan had been submitted to Welsh Government (WG) on time, with a Health Board debrief scheduled for 9.5.22. **PF22/45.3** The Executive Director of Finance recommended that work commenced on the IMTP process in June 2022 in order that budget preparation could commence in August 2022 for the 2023/24 financial year. **It was resolved that the Committee** **noted** the verbal report	
PF22/46 Committee Annual Workplan 2022/23 and review of Terms of Reference **PF22/46.1** In reviewing the Terms of Reference, discussion ensued on the relevance of officers listed as in attendance, especially in respect of responsibilities in Planned Care. It was agreed that the Interim Board Secretary would meet with the Committee Chair and Lead Executive to consider inclusion of appropriate Executive/Directors (ie People, Transformation, Strategic Planning & Commissioning, Integrated Care and Digital) and whether the Executive Director of Nursing and Midwifery was required to attend.	MM/JC/MM
PF22/46.2 In discussion of the workplan, the Partnerships, People and Population Health Committee Chair raised concern regarding how the workforce plan would be monitored between the two Committees. It was agreed that the Executive Director of Workforce & OD would prepare a potential solution for discussion prior to the next meeting. It was clarified that the draft Capital Programme was scheduled in February as this was set by Welsh Government however prior preparatory work was undertaken.	SG
PF22/46.3 The Committee requested that savings plans be monitored at June, August, October and December meetings to strengthen monitoring. It was also agreed that the Timetable/debrief be scheduled in June and Budget principles in August. **It was resolved** that the Committee • **approved** the draft Workplan 2022/23 subject to the amendments agreed	

• **agreed** further review of the Committee Terms of Reference should be undertaken	
Strategic items for decision – The Future **Developing new strategies or plans**	
PF22/47 Revised Information Governance Strategy **PF22/47.1** The Assistant Director Information Governance and Risk confirmed that the following amendments, agreed at the previous meeting, had been actioned in the version presented: 6.13 – Removal of Executive Director/Secondary Care Director/Area Director and updated in line with the new operating model. Removal of "This role may be subject to change in 2022 as a result of the new operating model and will be updated to reflect any changes to responsibility". 7.4 – Inclusion of non-compliance escalation process. 8.1 – Removal of "The Information Governance Team should have sufficient resource in order to ensure the Health Board remains compliant against its legislative requirements and timescales. " Appendix 2 – Inclusion of the existing EQIA which had been reviewed. **PF22/47.2** The Committee discussed how any non-compliance of BCU's statutory duty in relation to the Data Protection/Freedom of Information Acts could be more robustly reported to the Board. The discussion also extended to consider how the Board was sighted on Estate condition. It was agreed that the Assistant Director IG&R would discuss this outside the meeting with the Committee Chair, taking into account the reputational risk raised and arrange to modify the strategy accordingly. In addition, executive accountability was to be amended, account taken of the Digital Director appointment and greater detail on the Caldicott Guardian was to be included within future iterations. **It was resolved that the Committee** • **agreed** the updated changes to the Information Governance Strategy as requested at the meeting held 24th February 2022 • **approved** the revised Information Governance Strategy (IG1) subject to the amendments agreed within paragraph PF22/47.2	JP
Monitoring existing strategies or plans	
PF22/48 Transformation update **PF22/48.1** The Executive Director of Transformation and Planning presented this report. He explained work that had been undertaken to standardise and introduce new methodology which was more evidence based. He advised that the Regional Treatment Centre (RTC) programme would be reported in future reports. **PF22/48.2** The Committee observed that there was inconsistency in the level of detail provided on various schemes and sought this to be adddressed along with Unplanned	

Care progress and the need for workforce monitoring It was agreed that workforce narrative would be discussed with the Executive Director of Workforce & OD. **PF22/48.3** A discussion ensued on quality aspects of the report provided. It was agreed that arrangements would be put in place for proofing clarity of narrative in future reports and application of appropriate colour application on milestones eg Grey. The Committee also sought improved clarity on the intention to target presentation of a sample of 20% at each quarter. **PF22/48.4** The Executive Medical Director also highlighted the need to ensure consistency between assigned Committee presentation and reflect patient risk eg within the Quality, Safety and Experience Committee. **It was resolved that the Committee** **noted** the update provided on the actions being taken within the area of Transformation and specific improvement programmes	CS CS
The Present	
PF22/49 Finance report month 12 **PF22/49.1** The Executive Director of Finance presented the report. It was noted that the Health Board had delivered a £0.3m surplus in 2021/22 and the draft accounts would be provided to Welsh Government (WG) the next day and Audit Wales the following week. Any changes prior to submission were not expected to impact on the bottom line, citing as an example medical pension provision which would not materially change the report. **PF22/49.2** The Executive Director of Finance drew attention to the summary of key numbers provided, significant overspend in non-pay expenditure was particularly highlighted eg fuel costs which she advised had been balanced against some areas of pay expenditure eg non-recruited budgets. **PF22/49.3** The Committee discussed the report. In respect of questioning the increase in agency spend whilst bank spending was declining the Executive Director of Workforce and OD outlined specific factors which included some of the workforce moving to better paid agency roles and increasing temporary staffing costs. National conversations were being undertaken in this area by Workforce Directors, noting also the additional cover required to cover Covid sickness absence. She also drew attention to the potential effect upon the external care sector. The Operational Finance Director gave assurance that agency and locum spend would be monitored closely in the new financial year given the largest impacts were in secondary care. The Executive Director of Finance also stated that there had been no change in financial control. **PF22/49.4** In regard to savings, the Committee was concerned with the lack of recurring savings plans which would assist delivery in future years, noting that only mental health services had delivered at the required level. The Executive Director of Finance acknowledged the effect of the Covid pandemic on the current year,	

particularly due to lessened planned care activity. Assurance was provided that service redesign was now being focussed upon. The Executive Director of Finance commented that BCUHB had achieved the most savings within Wales in the previous financial year. **PF22/49.5** The Head of Internal Audit (IA) raised concern regarding the non-delivery of non-recurrent and recurrent savings at Ysbyty Glan Clwyd hospital (YGC). It was understood the IA department was exploring YGC financial planning and savings delivery in the coming financial year. **PF22/49.6** The Committee stated that savings needed to be focussed upon earlier within the financial year going forward and the Chair reflected that performance had been better than expected. **It was resolved that the Committee** **noted** the Finance report for month 12	
PF22/50 External contracts assurance report **PF22/50.1** The Executive Director of Finance presented this item. She highlighted that 96% of contracts were in place and robustly monitored as detailed in the paper, insourcing contracts had also been agreed in regard to Trauma & Orthopaedics, Ophthalmology, Endoscopy and Dermatology. There would continue to be hybrid block arrangements in regard to Wales/England providers, given the experience through the pandemic. Attention was also drawn to Continuing Health Care (CHC) and the approved nursing home interim payments. The Executive Director of Finance advised that the expired domiciliary care contract on Anglesey would be escalated. The Committee was also directed to the contract risks in relation to Countess of Chester, Clatterbridge, Robert Jones & Agnes Hunt and Liverpool Womens hospitals highlighted within the report. **PF22/50.2** A Committee member raised concern regarding the potential for a patient safety issue in regard to the manner of patient communication when offered treatment outside north Wales due to contracts with external providers. She shared an individual elderly patient's experience of being offered distant out of area treatment which the Deputy Chief Executive undertook to explore further. **PF22/50.3** The Committee raised concern regarding the information provided on care home provision and BCU and partner involvement, seeking greater focus on this area within future reports. Following further discussion it was agreed that the Executive Director of Finance would include detail on risk exposure and how impacts would be managed to future reports. **It was resolved that the Committee** **noted** • the financial position on the main external contracts as reported at Quarter 4 2021/22 • the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity	 LT/GH SH

• the revised contracting arrangements with NHS Providers and Commissioners for 2022/23 and the work underway to finalise these contracts by the end of June 2022. • the work underway in respect of increasing planned care capacity • the identification of risks associated with Joint Funded Lead Commissioner arrangements and escalation to the Regional Commissioning Board • the risks associated with the current contractual arrangements with independent care home providers and actions being taken the work underway to review capacity within the team and develop robust governance and scrutiny arrangements	
PF22/51 Capital programme monitoring report month 12 **PF22/51.1** The Assistant Director Capital Strategy presented this report, advising that the Ysbyty Gwynedd (YG) compliance programme report would be reported at the next meeting. In regard to major scheme reporting it was agreed that future reports would include scale of schemes for context **PF22/51.2** The Committee congratulated the capital programme team and leadership in delivering the Capital Resource Limit in a very challenging year having received much additional WG capital funding close to year end. **It was resolved that the Committee** **noted** the report	NB
PF22/52 Operational Plan Monitoring Report 2021-22 moth 12 year end **PF22/52.1** The Performance Director drew attention to the year end position, advising that whilst 176 actions had been completed the remaining 24% incompleted would be transferred into the next year. She drew particular attention to challenges reported within Planned Care, Unscheduled Care, Mental Health and recruitment delays. **PF22/52.2** Discussion ensued in which the Committee voiced disappointment with the volume and length of underperformances reported during the year. The process undertaken by the Executive Team to bring focus and processes into alignment to address 'Red' reporting was questioned and outlined. Resource availability, deprioritisation and governance reporting were discussed. The Deputy Chief Executive advised that the Executive Delivery Groups would have oversight of performance monitoring in the future. The Performance Director stated these areas were important to capture and that work was ongoing with the Transformation Team to ensure governance would be demonstrated for discontinuing schemes and the decision making undertaken. **PF22/52.3** The Committee raised concern on schemes which moved from 'Green' to ' Red' within the last quarter and sought realistic, target setting and prioritisation to be demonstrated in the new monitoring plan format to ensure transparency. Disappointment with Stroke Service performance and unidentified initial funding was provided as an example of this. Attention was also drawn to the need to ensure risks to the organisation were identified eg cyber security/attack.	

PF22/52.4 Following a question raised by the Committee, the Executive Director of Transformation and Planning agreed to clarify Welsh Patient Administration System (WPAS) data migration tolerance with the Digital Director given delays to restart and expected go live date in May, which was understood to be under review by the Executive Team the following week. **PF22/52.5** In regard to questioning whether business case progression had impacted the Unscheduled Care pathways moving to 'Red' from 'Green', it was understood that the Home First Bureau would be moved forward and that work was currently being undertaken to agree the model. **It was resolved that the Committee noted** the report	CS
PF22/53 Quality and Performance report **PF22/53.1** The Performance Director presented the report. She drew attention to positive performance in the areas of the eye measure (although clinical capacity was being monitored), cancer services (best in Wales) and 84.94% mandatory training completion (demonstrating commitment to staff). However decreasing performance was reported in Unscheduled care (affected by increased attendances, patient acuity and Covid19), Planned Care (being part addressed through seeking increased virtual appointments where patient appropriate) and a rise in staff sickness levels (largely due to Covid19). **PF22/53.2** Discussion ensued on whether the reasons for increased waits within Emergency Department were understood. It was noted that extra support had been provided to Ysbyty Glan Clwyd (YGC) and there was significant impact due to the inability to transfer medically fit patients to suitable care provision due to lack of availability outside BCU's supported services, albeit that daily patient reviews were taking place. The Deputy Chief Executive also reported that Improvement Cymru was supporting BCU in patient presentation. **PF22/53.3** Following a question querying the level of GPOOH 'within hour' target, the Performance Director undertook to clarify performance following the meeting via email. **PF22/53.4** Concern was raised on Stroke Service performance, especially in regard to patient access to a specialist consultant within 4 hours. The Deputy Chief Executive explained the issues arising from Welsh Ambulance Service Trust (WAST) performance which was seriously impacting patient delivery. It was acknowledged that internal work was being undertaken through the Executive Director of Transformation and Planning's team to monitor and address the position. **PF22/53.5** Discussion ensued on concern that Minor Injury Units were not being used to full potential, especially given the likely increased staycation visitor numbers and the lack of a seasonal surge plan. The Executive Director of Transformation and Planning advised these considerations were part of the Unscheduled Care	AL/CS

Improvement plan and outlined the potential additional utilisation of Advance Nurse Practitioners being explored based on evidence being considered. *The Audit Wales representative left the meeting* **PF22/53.6** It was agreed that the Committee would raise concern in the Chair's Assurance report regarding the significant deterioration of stroke service delivery and continued deterioration of planned and unscheduled care performance. **PF22/53.7** Following the Head of Internal Audit's question regarding how the 111 service was held to account and the Committee's concern with reliance upon the performance of this external service, it was agreed that the Executive Director of Transformation and Planning would initiate a conversation with WAST regarding 111 performance management and accountability. **It was resolved that the Committee** **noted** the report.	See PF22/61
PF22/54 Developing Performance reporting 2022/23 **PF22/54.1** The Performance Director drew attention to the proposal to undertake a cycle of review and impact on assurance of the measures during the first phase of introduction of the Integrated Quality and Performance Report (IQPR) and no changes to the measures included in the IQPR would take place before a period of three committee cycles in order to provide a period of stability and embedding of the measures along with familiarisation with the reporting system. It was noted that the full suite of NHS Wales Delivery Measures would remain accessible via a hyperlink in the report, which included comparative benchmarking data with all the Welsh Health Boards. A review and assurance process would be introduced by the Performance Team prior to submission of the IQPR to committees in order to ensure data and corresponding narrative alignment. The process would also include read across checking with risk registers. **PF22/54.2** The Committee concurred with the content outlined and would seek to consider further following the 3 cycles outlined, acknowledging awareness of the validation review process and potential for issues. It was suggested that non-clinical indicators would be helpful in the future reports. **It was resolved that the Committee** **approved** • the performance measures to be included in the first phase introduction of the Health Board's Integrated Quality and Performance Report (IQPR) • the recommendation that no changes to performance measures in the IQPR would be introduced until three committee cycles have taken place **noted**	

• the requirements upon Integrated Health Community Leadership Teams for ensuring real-time validation of data in order to support the IQPR along with timely submission of narrative against performance measures • the opportunity for an interactive demonstration of the IQPR in a Board Workshop arena	
PF22/55 Planned Care Update **PF22/55.1** The Interim Programme Lead – Planned Care presented this report highlighting that BCU had moved onto the stabilisation phase of WG's focus on Planned Care Recovery which was in three distinct but inter-dependant stages – Restart, Stabilisation and Sustainability. However, the waiting list was increasing by approximately 2000 patients per month. He drew attention to the Planned Care Recovery Programme Plan actions outlined in the report to improve the position which was similar across the UK, highlighting priorities and specialties being successfully addressed through outsourcing. He advised that WG's Delivery Unit was involved in ensuring robust processes and monitoring the performance of teams involved. **PF22/55.2** The Committee welcomed the structured support. In response to questioning successful predication on workforce recruitment, the Interim Programme Lead – Planned Care stated that significant WG non-recurrent funding had been provided for transformation and it was his understanding that workforce redesign had been risk assessed with high confidence of attainment. The Executive Director of Workforce and OD stated that outsourcing, insourcing and BCU staff would be required and that RTC staffing would require further consideration. Whilst this would not require significant additional staffing, staffing would be different due to predominantly day case provision. Financial plans and contingency had been discussed and she advised that it was critical that plans could be extant and flexible. Risk was being actively considered. **PF22/55.3** In response to the Committee, the Interim Programme Lead – Planned Care advised the longest waiting list to be 20,000 mostly surgical patients over 2 years, these included general surgery, urology, ophthalmology and orthopaedics. He responded that orthopaedic patients could be waiting over 4 years in the future if no additional capacity was provided however, potential appropriate alternative methods were being explored. He commended the use of insourcing and outsourcing moving forward. Patient waiting list management remained a priority area that was being actively addressed with due regard to the clinical prioritisation of patients. **PF22/55.4** In response to the Committee the Interim Programme Lead – Planned Care explained the clinical prioritisation and considerations undertaken in assessing backlog patients for treatment. He also advised that by 16.5.22 90% of activity would be recommencing having taken into account the risk assessment of patients. The Interim Programme Lead – Planned Care undertook to include a key to all tables in future reports.	 KD

PF22/55.5 The Deputy Chief Executive stated that a new Orthopaedic Lead had been appointed who was driving forward activity improvements especially at the Abergele site. **It was resolved that the Committee** • **noted** the report as a high level reflection of the status of the Planned Care Recovery plan. • **supported** the ongoing programme of work, which combines transactional recovery processes with a range of transformational initiatives.	
PF22/56 Unscheduled Care Update **PF22/56.1** The Interim Director of Delivery presented the report drawing attention to the workstream updates provided. In regard to the Emergency department workforce business case, a number of appointments had been recruited to for the required nursing workforce, which was almost complete across all sites, with the exception of Consultant Nurse posts that were currently being progressed through the recruitment process. A significant number of appointments had also been secured to other non-nurse staff groups including porters, housekeeping and progress chasers. Focussed work remained on recruitment to the medical consultant workforce which had been more challenging, a recruitment consultancy had been procured to support Medical Consultant recruitment with the aim of recruiting a minimum of 4 consultants within 4 months. The Unscheduled Care Project Director had also been recruited. **PF22/56.2** Attention was drawn to the pressure point at Ysbyty Glan Clwyd and escalation processes being explored. The Deputy Chief Executive also reported that Ruth Alcolado's work on the 'Emergency Floor' was to be discussed together with Improvement Cymru to ensure shared understanding. The Committee Chair questioned whether co-locating MIU to the floor would also be beneficial. **PF22/56.3** Discussion ensued on how the expected delivery of improvement could be demonstrated, given the investment was part of BCU's 3 year plan. The Committee sought realistic reporting, impacts on risk assessment and a timetable for expectations set out clearly within future reports in order to understand benefits realisation as the work progressed. **It was resolved that the Committee** **noted** the update provided on the actions being taken within the Unscheduled Care (USC) improvement programme to support the delivery of improvements across the unscheduled care system and ensure the provision of safe, effective, high quality care.	
PF22/57 Business Tracker **PF22/57.1** The Assistant Director Strategic and Business Analysis joined the meeting to present this report. He advised that the Business Case Tracker provided a summary of the progress of the major capital and revenue investments contained within the Integrated Medium term Plan (IMTP) 2022/25 which had been updated	

tracker to include details of new schemes approved by the Health Board through the IMTP process. He also highlighted the caveats within the report.	
PF22/57.2 In discussion it was agreed that the Assistant Director Strategic and Business Analysis would take on board presentational improvement comments for future reports and provide indicators on when business cases moved into implementation.	IH
It was resolved that the Committee **noted** the contents of the business case trackers.	
Learning from the past	
PF22/58 Structured assessment – financial aspect **PF22/58.1** The Executive Director of Finance presented this report. She recognised the positive Audit Wales comments and recommendations provided. It was noted that the deep dives would commence shortly. **PF22/58.2** The Executive Director of Finance commended the Finance Team and acknowledged the progress that had been achieved. She reflected that the recommendations focussed on 'economy, efficiency and effectiveness'. **It was resolved that the Committee** **noted** the report	
PF22/59 Agree Items for referral to Board / Other Committees None	
PF22/60 Review of risks highlighted in the meeting for referral to Risk Management Group None	
PF22/61 Agree items for Chairs Assurance report The Committee Chair stated that concerns with Stroke Service performance and Unscheduled and Planned Care should be escalated to the Board within the Chair's Assurance report.	JC
PF22/62 Review of meeting effectiveness No comments were discussed.	
PF22/63 Summary of private business to be reported in public **It was resolved that the Committee** **noted** the report	
PF22/64 Date of next meeting 30.6.22	
Exclusion of the Press and Public	

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

**DRAFT minutes of the meeting of the
Performance, Finance and Information Governance Committee
held in public on 30.6.22 via Teams**

Present:	
John Cunliffe	Independent Member / Committee Chair
Linda Tomos	Independent Member
Richard Micklewright	Independent Member
In Attendance:	
Neil Bradshaw	Assistant Director Capital Strategy (part meeting)
Sue Green	Executive Director of Workforce & OD
Gill Harris	Executive Director of Integrated Care / Deputy Chief Executive
Sue Hill	Executive Director of Finance
Amanda Lonsdale	Director of Performance
Nick Lyons	Executive Medical Director
Phil Orwin	Interim Director of Regional Delivery
Justine Parry	Assistant Director Risk and Information Governance
Dylan Roberts	Chief Digital And Information Officer, Informatics
Chris Stockport	Executive Director of Transformation, Strategic Planning and Commissioning
Tim Woodhead	Finance Director – Operational
Andrew Kent	Head of Planned Care Improvements
Fiona Lewis	Corporate Governance Officer – for minutes
To observe:	
Heledd Thomas	Audit Wales

Agenda Item Discussed	Action By
PF22/69 Apologies for absence	
None were received.	
PF22/70 Declaration of Interests	
None were received.	
PF22/71 Draft minutes of the previous PFIG Committee meeting held on 24.2.22,	
There were no minutes to approve.	
PF22/72 Matters arising and table of actions	
There were no matters arising from the minutes. The table of actions was updated.	
PF22/73 Chair's report	

Nothing to report.	
PF22/74 Lead Director's Report	
PF22/74.1 The Executive Director of Finance advised that the audit work for last year had been delayed but was progressing with Audit Wales, and it was expected that the 2021/22 accounts would be published soon. The Executive Director of Finance wished to highlight the escalated risk surrounding the lack of identified savings required to deliver the transformational savings needed to be aligned to the priorities in the IMTP - noting that the Health Board was due to report a £0.9m deficit for Month 2 and a £2.2m deficit year to date. This could only be done by reducing and mitigating as much as possible, as quickly as possible by way of focussed meetings with executive leads, to identify those savings required.

PF22/74.2 When asked about the likelihood of these savings being identified, the Executive Director of Transformation, Strategic Planning and Commissioning, provided assurance that there was a large piece of work currently underway with the Finance Team, that some of the larger transformations were unlikely to deliver all the expected savings this during financial year, however numerous value-based transformations were providing recurrent efficiency savings.   The Executive Director of Transformation, Strategic Planning and Commissioning was not confident that they would reach the target, but felt that they would be very close to it. | |
| **The Present for assurance** | |
| **PF22/76 Finance report, Month 2 (including Workforce Cost report)**

PF22/76.1 The Executive Director of Finance presented the report highlighting that there was a £0.9m deficit in Month 2, which with the £2.2m deficit year-to-date, was a slightly improved position on Month 1, and remained forecasting a break-even position.

PF22/76.2. She referred the Committee to the Revenue Position Summary, which showed that the savings against the plan in Month 2 was better than in Month 1 and that the savings forecast showed that there was a £21.7m adverse variance. It also noted that as expected, the costs associated with Covid are reducing.

PF22/76.3 The Executive Director of Finance assured the Committee that there is a high level of expectation that the workshop on 11th July, which will review the savings targets, will provide more, tangible savings that can be fed into the position.

PF22/76.4. She referred to the Pay Costs and Non-Pay Costs slides, which showed £12.2m of variable costs in the month – of which £5m agency costs of which £2.5m related to the three acute hospitals, due in the main to covering vacancies and sickness.

PF22/76.5. It was noted that CHC costs, particularly in Mental Health, have caused cost pressures. The Finance and Mental Health Teams had been working actively to find innovative ways to reduce costs as they produce a recovery plan. | |

PF22/76.6 The Committee asked if there are cost implications associated with closing the field hospitals, to which the Director of Finance assured them that there were not.	
PF22/76.7 The Committee sought assurance as to how the Health Board will deal with the impact of the unanticipated rise in inflation. The Executive Director of Finance confirmed that despite proactive work with care homes, the inflationary increase in utilities will cause the care homes to ask for more money to cover their costs and there is no money set aside for this. The procurement wing of the NWSSP is currently doing a great deal of strategic work to identify specific areas of concern. In addition to this, a pan-Wales plan is being sought to address the situation. The Executive Director of Finance agreed to provide more information on the specific inflationary pressures being felt and how the Health Board intends to address this.	SH
PF22/76.8 The Committee expressed concern that there were still considerable savings to be made and that the actions that could enable these savings to be made had yet to be identified. The Committee requested an itemised listing of all planned savings, the amounts involved who would be responsible for delivering these savings, to provide comfort to the Committee. The Executive Director of Finance agreed to bring this to the next meeting.	SH
PF22/76.9. The Committee asked what the Health Board's approach was with regards to pay settlements, particularly as the current nationally agreed 3% pay increase was not likely to be accepted by the trade unions. The Executive Director of Finance confirmed that nationally-agreed pay awards are funded by Welsh Government and that the Health Board was waiting for further guidance from WG – once received, this will be shared with the Committee.	SH
PF22/76.10. The Executive Director of Workforce & OD confirmed that there was a potential for support being provided to staff via advisory notices for enhanced pay, to assist with regards to financial pressures staff are experiencing, and whilst these notices are set at a national level, it is at the Health Board's discretion as to how and where they apply them. She felt that where there are planned increases in spend, in order to deliver the recovery, this could be better articulated in reports so as not to appear to be overspends but necessary in order to deliver the planned care recovery.	
PF22/76.11. The Committee noted with concern that the Month 2 figures – both overall and regarding savings - showed the situation to be considerably worse this year, than last.	
PF22/76.12. In terms of CHC and FNC funding, the Committee asked if it was necessary to once again look at the organisation's approach in its negotiations with local authorities when decisions are made as to what is deemed CHC/FNC and what was funded nursing care – to ensure that this is being approached in a robust way. The Executive Director of Finance confirmed that at the most recent Accountability Review meeting, the West team had intimated that they were going to look at the best practices of the East team, who had reduced their CHC costs considerably, without impacting on the quality of care pre-Covid. It was also noted that there was funding for	

CHC within the IMTP, but that there must be a return on the investment as well as improved patient care.

PF22/76.13. In response to the Committee's concern regarding the risk level being set at 6.1, despite the gap of £21m, the Executive Director of Finance agreed that it was a balance – the organisation had to invest to save, and it was about having the drive to deliver the transformational savings that would not impact on patients (such as cheaper drug costs.

PF22/76.14. The Executive Director of Integrated Care / Deputy Chief Executive confirmed that clinicians were being trained to carry out virtual consultations effectively, through 'Consult and Connect' however she felt that the organisation's impetus to maximise alternative ways of consultations had slowed in the last year and that a plan has been revitalised and that there is a team working with consultants so increase the pace and where appropriate, the Health Board can offer the virtual option. The Health Board has agreed with Welsh Government to pilot an AI validation service – a robotic principle of validating the lists. The Executive Medical Director explained that the cause of the recent pause was due to regulators and colleges deciding what was best practice and what the standards should be around the new way of working.

It was resolved that the Committee noted the Finance report for Month 2.

PF22/77 Shared Services Partnership Assurance Report

PF22/77.1 The Executive Director of Finance presented this item, noting the Summary Dashboard which showed last year that the organisation was 'red' on two KPIs, 'amber' on five and 'green' on twelve. The two 'reds' related to :

1. the time taken to create a vacancy to an unconditional offer - the organisation is only meeting the 72 day target in 42% of vacancies, with the target being 70%. The figure in Q3 was 10% lower than in Q4, and the report described what measures NWSSP and BCUHB were taking to combat this. The Executive Director of Finance highlighted the 1/3 increase in activity from 2018/19 and 2021/22 noting that whilst the performance had dropped, this was not on the same activity level. The NWSSP had a Recruitment Modernisation Plan, which was in the process of being approved by their Board, which it was hoped would improve their performance.

2. Internal Audit and the Report Turnaround Management to Draft Report – YTD. The target was 80% and the actual was 53%, which deeply concerned the Executive Director of Finance as this was a BCU impacted metric, but noted that it was hoped that the recent proactive discussions with Internal Audit would improve the situation. The Head of Internal Audit advised the Committee that at that day's Audit Committee, this KPI had just been noted as 70% and therefore moved from 'red' to 'green'. This was due to the support of the Board Secretary and the Executives, who were turning around their reports in a more timely manner.

PF22/77.2 The Executive Director of Finance brought the Committee's attention to Appendix 1, BCU's Performance for the rolling 12 month period to 31/3/22, highlighting the £14m savings created by the Procurement team, and that it was generally a very

positive report. Appendix 2, the All Wales Performance for the rolling 12 month period to 31/3/22, was also primarily 'green'.	
PF22/77.3 The Executive Director of Finance noted that in Appendix 3 the Health Organisations' Performance comparisons as at 31/3/22, BCUHB's Professional Influence savings were considerably lower than those of Swansea Bay, despite the fact that BCUHB is a larger organisation – she had a meeting scheduled with their Finance Director to discuss this.	
PF22/77.4. The Executive Director of Workforce & OD wished it be noted that her team's target for end to end recruitment for 2022/23 is 49 days and that NWSSP is aware of and in agreement with this. She also noted that at the All Wales Workforce Directors meeting, she received confirmation from NWSSP that they were prepared to take out the 'conditional offer' step as of 1/7/22, which would make a huge difference to BCUHB as an organisation as the majority of people will not submit their notice until they have received an unconditional offer, however in this report there lacked absolute clarity of this offer, which she intended to query.	SG
PF22/77.5. In answer to the question of the robustness and validity of the £14m Professional Influence Savings figure, the Executive Director of Finance agreed to speak to Simon Whitehead, the Head of Procurement, to get the detail which she will bring this back to the Committee in August.	SH
It was resolved that the Committee noted the report.	
PF22/79 Capital Programme Monitoring Report **PF22/79.1** The Assistant Director of Capital Strategy presented his report and wished to highlight the changes to the discretionary programme. This included the change to the greater than anticipated carry forward commitment from the previous year, due predominantly to the shortages of both labour and materials causing extended procurement times on some schemes. It also included the collective impact of the cost pressures which have caused a potential increase on the current year's programme of £900k, however this had been offset by the £1m provision for the roll-out of re-habilitation which will now not require capital expenditure.	
PF22/79.2 In answer to a query regarding the best way to capture the link between the risks included in the report to BAF and the Corporate Risk Register, the Assistant Director for Capital Strategy agreed to meet outside the meeting with the Board Secretary and the Assistant Director for Risk and Information Governance.	NB
PF22/79.3 The Committee was pleased to note that the plan was on schedule however was disappointed in the length of time taken by Welsh Government to respond regarding the Royal Alexandra Hospital Redevelopment and asked for an update. The Assistant Director of Capital Strategy assured the Committee that matters were moving forward and that only very recently the CEO had chased this matter with Welsh Government and there had been various follow-up meetings to find ways to move things on and agreed to provide an update at the next meeting.	NB

PF22/79.4 In answer to a question 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, the Assistant Director of Capital Strategy assured the Committee that there was, however he would check with Estates to see if these particular matters had been dealt with and report back.	NB
PF22/79.5 The Committee questioned the progress made since the discussions about revising reporting to the Committee, to which the Executive Director of Finance assured the Committee that she would bring an update, which would be in the body of the report and would highlight any changes regarding the capital management programme and that there would be a detailed list of capital schemes being brought to the October meeting.	SH
PF22/79.6 The Assistant Director of Capital Strategy confirmed that in addition to the very favourable response from Welsh Government, the RPB had provided support for the new Integrated Health Care funding, thus allowing them to proceed the business case regarding the Conwy/Llandudno Junction Primary Care Development.	
PF22/79.7 The Committee enquired about the £250m Ysbyty Gwynedd Infrastructure Compliance (YGIC) figure and how the risk was being approached in this regard. The Assistant Director of Capital Strategy assured the Committee that particularly with regards to one of the major items – fire compliance – mitigating measures had been put in place and that they had been in dialogue with North Wales Fire & Rescue in this regard. Further conversations had been held with Welsh Government in regards to 'do minimum' and assistance towards fees for the specialist technical advice required, to which Welsh Government had been sympathetic and receptive; their response is awaited and will be reported back to the Committee when received.	NB
PF22/79.8 The Committee enquired about the discrepancy around the figures for the YGIC – in this report it was £250 and in within the business case tracker, the figure is noted as £216m. The Assistant Director of Capital Strategy confirmed that this report's figure was correct and that the business case tracker figure (£216m) was the original programme business case figure but did not included the optimism bias figure added to the programme.

It was resolved that the Committee noted the report. | |
| **PF22/80 Procurement of Construction Consultant Framework**

PF22/80.1 The Assistant Director of Capital Strategy presented this report noting the proposal for the procurement of the new framework, which will have three elements – design team, cost advisor and a construction design & management regular (CDM) advisor, who will provide specialist suppport to ensure that the Health Board meets its statutory obligations under the construction contract as an employer. The framework is for schemes up to £4m, which do not require the national frameworks, and the decision to go for a bespoke framework was reached following an analysis of existing | |

frameworks which tend to be national frameworks and therefore often lost the opportunity to provide opportunities to the local economy and local SMEs. The proposal's assessment criteria was around the value added, looking at the quality perspective, the long-term relationships with the companies' organisations, their experience in health care and their support of the local economy.

PF22/80.2 The Committee questioned the use of the word 'Board' on the coversheet, where it requests support. The Assistant Director of Capital Strategy apologies and confirmed the error – it should have read 'Committee' and he confirmed that he would like the Committee's support to allow to progress with the procurement, noting that this report was for assurance.

PF22/80.3 The Assistant Director of Capital Strategy confirmed that it was expected that over the year, across all three of the elements, the spending would be between £300-500k and confirmed that any project fwith a contract value of less than £4m would use the framework and any scheme with a contract value of more than £4m would be mandated to use the national framework.

PF22/80.4 The Committee asked if, given the sums involved and the undoubted value provided, there was scope to involve the Shared Partnership with regards to joint purchasing? The Assistant Director of Capital Strategy confirmed that there had been discussion in terms of looking at an all-Wales approach, but this had not been progressed. He felt that if there were to be a national approach, there would be national companies on that framework rather than focussing on the local economy.

It was resolved that the Committee noted the report.

PF22/81 Quality & Performance Report to 31.05.22

PF22.81.1 The Performance Director presented her report highlighting that there had been a slight improvement in the individual care performance figure – from 54.9 in March and 58.3% in April to 59.54% in May; the twelve hour performance with regards to breaches had also improved, from 358 in April to 325 in May and the number of patients waiting more than 24 hours in ED had fallen from 1,251 in April to 1,117 in May. She also noted the challenging areas – Ambulance Handovers, which rose from 1,749 in April to 1,884 in May; In excess of 4 hours for Stroke Admissions, which stood at 13.6% however there was an improved position for stroke victims being assessed by consultants, which had improved from 76% in April to 80.8% in May. Another challenged area was RTT over 36 weeks, which had increased to 62,866 and RTT over 52 weeks, which had risen to 43,481. She noted the continuing challenging position for Planned Care.

PF22.81.2 The Committee, whilst wishing to celebrate the positive areas, felt that the report painted a depressing picture and noted that there was an error in on pg. 5 of the report – Quadruple Aim 3, GP Practice Sickness Rates' but the information below referred to PADR rates. The Executive Director of Workforce & OD queried the figures in the report on pg. 5, which said that the increasing trend for staff sickness rate over

the last 8 months had ended and that sickness rates fell to 5.66% - she said that this figure was incorrect and that staff sickness rate was not reducing. She agreed to provide clarity and an update at the next meeting.	SG
PF22/81.3 The Committee also queried information provided on pg. 10, regarding Emergency Departments and where they were to improve by when and how much. Requesting clarification as to what was meant when the report stated 'SDEC activity increasing with protection against bedding it down', the Executive Director of Transformation, Strategic Planning and Commissioning explained that where there were challenges when sites get busy, patients get placed in SDEC beds and whilst that solves a short term, overnight problem, in the morning it greatly hinders the functionality of SDEC the next day. SDEC is meant to be for ambulatory patients, who would be able to go home to complete their treatment. There is a local and national view that SDEC should be protected and should not be used as a spill over space to bed patients down.	
PF22/81.4 The Committee required clarification regarding information contained on pg. 15, which stated that the original IMTP that had been submitted, was being questioned by WG Delivery Unit. The Executive Director of Transformation, Strategic Planning and Commissioning confirmed that this was with regards to the Planned Care trajectories, which following one of its regular reviews led them to amend the planned care trajectories on the IMTP; they were awaiting final agreement by the Delivery Unit.	
PF22/81.4 The Committee required clarification around staff sickness figures contained within pg. 25 of the report, which showed that sickness rates were reducing and the mathematics were incorrect. The Executive Director of Workforce & OD confirmed that the sickness rates were not reducing and that the figures were incorrect; that she would clarify the situation and get back to the Committee.	SG
PF22/81.5. The Committee asked if, despite repeated requests, a target percentage could be put into the report, with regards to the percentage of stroke patients who receive a 6 month follow up assessment as noted on pg. 9 of the report, to measure progress against. The Executive Director of Integrated Care / Deputy Chief Executive explained that she was currently in discussions with the Stroke team, and with the assistance of the Director of Performance they would agree a figure for the next report.	GH / AL
PF22/81.6 The Committee was concerned with the number of unmet targets contained within the report and asked what intervention took place when performance in failing departments was shown to be poor. The Executive Medical Director described the regular accountability meetings, where quality and performance is challenged, with reference to national audits. He also explained that that had been strengthening their processes and that the CRR was an extremely important tool in doing so. The Executive Director of Integrated Care / Deputy Chief Executive said that when escalations were put in place when concerns were raised about performance and/or quality, she, the Executive Medical Director and the Interim Executive Director of Nursing & Midwifery, were having locality-based meetings with those teams. The Workforce and OD and the Performance teams had also been working with her to identify the key escalation triggers which go beyond the accountability measures, so	

that they have a more structured way of intervening when necessary, to strengthen the Performance Accountability Framework and to discover what support might be needed to mitigate risks. The Executive Director for Workforce & OD agreed to send Richard Mickelwright the latest version of the Performance Accountability Framework and The Executive Director of Integrated Care / Deputy Chief Executive agreed to keep the Committee regularly updated as to the effectiveness. **PF22/81.7** Within the report, twice it mentioned that a lack of clinical engagement was a threat to the timeline, therefore the Committee sought assurance that clinicians were willing to engage and if not, what was being done to tackle this? The Executive Medical Director felt that there was no single consistent issue across the Health Board and that the majority of people were committed to doing the right thing, however there were pockets where there was a real problem with clinical ownership of real performance and quality issues – Vascular, YGC ED, Urology for instance – however he felt that the fundamental reason behind this was usually either naive or weak leadership and they were seeking to redress this. The Executive Director of Integrated Care / Deputy Chief Executive agreed and explained that the Operating Model and some of the work they were doing is starting to embed that stronger clinical leadership. **PF22/81.8** The Performance Director assured the Committee that following the Board workshop on 15th June, there had been a meeting to discuss the future structure of the report. **It was resolved that the Committee** noted the report.	SG GH
PF22/82 Planned Care Status Report **PF22/82.1** The Executive Director of Integrated Care / Deputy Chief Executive introduced this item by confirming that that following the refresh, they had re-submitted the profiles for Planned Care to Welsh Government and that these were now more aligned to the figures that they had originally put forward. **PF22/82.2** The Head of Planned Care Improvements presented his report and wished to note that planned care is one of the most significant challenges facing the Health Board. The report is broken down into three sections – Restarting, Stabilisation and Sustainability of the services. He recognised that pre-Covid, there had already been an issue with patients waiting more than 52 weeks for planned interventions/treatments and that the restart and recovery would have to deal with an accumulation of three years' backlog, with waiting lists of more than 166,000 patients, with a significant proportion of these waiting more than 104 weeks **PF22/82.3** The Head of Planned Care noted that Welsh Government had introduced their own new ministerial targets, which had changed since the original IMTP trajectories were submitted, and that this was part of the refresh. The new targets from Welsh Government demanded there should be no over 52 weeks at stage 1 by the end of 2022 and by the end of March 2023 there should be no over 104 weeks at all stages. At the same time as having to reach these targets, they were having deal with the complication of the backlog of urgent patients. Whilst noting the majority of people	

having to wait for more than 52 and 104 for their weeks, are waiting for routine planned interventions/treatments, there are some backlogs in clinical risk stratification on the P3s therefore they will be treating cancer, urgents and the long-waiters.

PF22/82.4 The Head of Planned Care noted the complications of restarting post-Covid were getting everybody to the 2019/20 out-turn by 1.7.22 and working with sites and areas to achieve this. The sustainability part is around the transformation agenda and concerns the GIRFT (Getting It Right First Time) pathways; the transformation of individual services such as vascular, opthalmology, urology and orthopaedics; the part solution of the regional treatment centres which will give new ambulatory care model and complex surgery which needs to be addressed within the organisation. He felt that they now have all the necessary components and that it was now down to rigourous attention to detail, continuous revision of the trajectories that were submitted and reducing the waiting lists.

PF22/82.5 The Head of Planned Care highlighted the facts that -
- at the beginning of June they had launched the Cancer Partnership Group/Board to look at the strategic view of cancer services
- the tender specifications for insourcing were due the next day, which would give a significant extra capacity into the system to deal with outpatients and theatre activity day cases.
- They were imminently due to tender for for further outsourcing activity to support the outsourcing currently ongoing for dermatology, orthopaedics and opthalmology.

PF22/82.6 The Committee sought assurance that the new targets set by Welsh Government were achievable. The Head of Planned Care confirmed that during Q1 some capacity was lost due to covid restrictions and despite outpatients restrictions being lifted in May but in mid June they were still only just lifting some of the stage 4 restrictions. He advised the Committee that having just done an analysis and reassessed the trajectories, it was apparent that orthopaedics, dermatology, urology, orthodontics, gynaeclogy and general surgery will be significantly challenged to reach their targets. To mitigate this, he was meeting with the site and area teams to decide how to do a North Wales approach to some and individual approaches for other areas in need of assistance; to look at how to redistribute across North Wales, the provision of additional clinical sessions with both insourcing and outsourcing, to target the objective of stage 1, which is that there are to be no over-52 weeks breaches by December 2022.

PF22/82.7 The Executive Director of Integrated Care / Deputy Chief Executive said that she was in discussions with The Executive Medical Director to develop ways of re-invigorating the Clinical Advisory Groups in place, to support this work.

PF22/82.8 The Committee sought assurance as to when it was planned to bring the revision of the trajectories that were agreed within the IMTP to the Board. The Executive Director of Transformation, Strategic Planning and Commissioning confirmed that only Planned Care trajectories had been revised and that the report should have read that the DU and the Health Board were almost in agreement as to where the

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trajectories should be and once they were in agreement, these would be brought back through the Board Governance processes. **It was resolved that the Committee** noted the report.	
PF22/83 Unscheduled Care **PF22/83.1** The Interim Director of Regional Delivery presented his project update, noting that it was graded amber because they were behind on a couple of aspects and to mitigate this they were hoping to appoint a Programme Director for Unscheduled Care imminently. He noted that despite progress had been made on SDEC, the main events and putting the plans together, because of the increased Covid levels, and the subsequent issues with medical staffing levels at Wrexham, this had resulted in less success in Wrexham as opposed to the other two sites. He was particularly focussing on ensuring the streaming for minor injuries and minor illness was working seamlessly, which would begin to decompress the departments and allow them to start feeling the benefit of the aspects of the programme and capitalise on the major reviews and the work around SDEC. **PF22/83.2** The Committee sought assurance regarding 111 calls and when patients were being directed by them to MIU or ED, bearing in mind that the Health Board has no control over directions given out by 111 operatives, and asked if there was any evidence that 111 was effective in directing members of the public to the appropriate centre for them? The Interim Director of Regional Delivery informed the Committee that the East is the main area where they are finding that this is a problem, caused by a lack of confidence by the 111 operatives in that area because on a number of occasions there had been staffing problems in the MIU in Preswylfa, which had resulted in the MIU being closed, following 111's direction to it. It was confirmed that there was an ongoing problem at Wrexham, where there was a high proportion of minor injuries and ailments arriving at ED, and that in an effort to combat this they are re-locating the Urgent Care Centre at Wrexham to enable them to stream the patients to it and away from ED. The Interim Director of Regional Delivery was actively seeking to ensure that the problems concerning Preswylfa were solved and when they felt confident that the problems were sorted, they would enter into a conversation with 111 in this regard. This root problem around stability of MIUs and links with GPs appears to be at its worse in the East. In the West, there are fewer problems and consequently the 111 referrals to the relevant MIUs is much better. There are ongoing discussions with WAST regarding allowing their emergency practitioner trained staff, who might not be able to do a front line shift, making themselves available for MIU shifts at Preswylfa. The Committee asked to be updated at the October meeting of the improvements in the 111 referrals to MIUs as opposed to the main EDs. **PF22/83.3** The Executive Director of Integrated Care / Deputy Chief Executive also noted that the MIUs needed to not only be consistently open but also that they all need to have a consistent offer, to enable to 111 system to be confident in referring to them. There is currently a piece of work underway that will provide the clarification needed as to what the various services offer, which would support not only the 111 operatives but	GH / PO

also the ambulance services in their decision as to where they signpost the general public, for them to get the appropriate care.	
PF22/83.4 Looking at WS3 'Complete staff training to support implementation of criteria led discharge', in the Critical Milestone section of the report, there had been an original completion date of April and then revised to July, the Committee asked what the cultural issues were that were impeding the delivery. The Executive Medical Director had encouraged the clinical teams to 'look outside the box' for solutions in a challenging way and he felt that progress was being made, albeit slowly. The Interim Director of of Regional Delivery confirmed that progress was being made and that all of the training at YGC had been completed. He also noted that there was an enthusiasm to use the training, but there was a cultural need to give people confidence to do so and that should it go wrong, that the imperfect is better than what has previously happened, where the patient remained in a bed, exposed to even more deconditioning. The Interim Director of Regional Delivery agreed to update the Committee, following the appointment of a Programme Director, to give an explicit answer as to his confidence around the two ambers in the report, and whether they would be delivered against to time.	PO
It was resolved that the Committee noted the report.	
PF22/84 Business Case Tracker **PF22/84.1** The Executive Director of Transformation, Strategic Planning and Commissioning presented his report, noting that as the Estate business cases had been discussed earlier in the meeting, he would focus on the four non-Estate business cases from the IMTP process that has been approved. The financial envelopes had previously been agreed on these but clarity as to the IMTP timetable for these individual schemes had not been provided. **PF22//84.2** The Committee requested assurance that the IMTP ref a.2022.12, regarding Long-Covid, appeared to promote self-management rather than the Health Board providing a service. The Executive Director of Transformation, Strategic Planning and Commissioning agreed to look at and refine the wording, as that inference was not intentional, as there was definitely an important clinical component to the Long Covid business management case, but that it was not to say that self-management does not have a really important role to play. **PF22/84.3** The Committee asked why Residential Accommodation, at a cost of £55.8m, whilst being carried out as a form of joint venture with Housing Associations and the charity sector, is procedurally a 'procurement'? The Committee understood that as such, it would not require a full-blown procurement exercise. The Executive Director of Finance responded by explaining that as a Health Board they are not allowed to make any joint ventures and what they were trying to do is look for partners to carry this forward. **It was resolved that the Committee** noted the report.	

PF22.85 AAA Report on Information Governance Group **PF22/85.1** The Assistant Director Risk and Information Governance presented her report, and wished to highlight the increased incidence in the use of WhatsApp, and that the IT and IG teams were working together to provide some clear guidance and that they are also looking at alternative solutions to providing what WhatApp does but within a safer environment. She also wished to highlight the ongoing work regarding the Organisation Asset Register, as the current system is not fit for purpose and again they were working with the IT team to provide a solution which would enable both maintainance and management of the Health Board's system and information assets moving forward and streamline some of the manual processes that they do. **PF22/85.2** The Committee agreed that putting a management framework around the use of WhatsApp needed to be done, but felt that to replace the use of WhatsApp was unlikely to work as it was already an embedded tool. **It was resolved that the Committee** noted the report.	
PF22/86 Agree Items for Referral to Board / Other Committees.	
PF22/87 Review of Risks Highlighted in the meeting for Referral to the Risk Management Group. **PF22/87.1** With regards to referral to other Committees, conversations were being held between Linda Tomos, The Executive Director of Workforce and OD and The Chair, in terms of Workforce reporting, which when concluded will be brought back to the Committee.	LT / SG / JC
PF22/88 Agree items for Chairs Assurance Report. PF22/88 To be agreed outside the meeting.	
PF22/89 Review of Meeting Effectiveness.	
PF22/90 Summary of Private Business to be Reported in Public. **PF22/90.1** Due to the lack of minutes, this item to be picked up at the next meeting.	
PF22/91 Date of next meeting 25.8.22	
Exclusion of the Press and Public **It was resolved that** representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.	

PEFORMANCE, 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
	Actions from PFIGC 22.2.22					
1	R Nolan (S Hill)	**PF22/10 Presentation : Integrated Medium Term Plan (IMTP) - financial focus** The Financial Strategy would be presented to the Committee for final approval	19.3.22	Financial Strategy will be presented to the Committee in August for approval by PFIG, after further consultation with Financial IM. 30.6.22. Financial Strategy to be taken to Board Workshop in July and final approval in August. 17.8.22 – Agenda item 25.8.22	Action to be closed	
	Actions from PFIGC 28.4.22					
2	AL/CS	**PF22/53 Quality and Performance report month 12** Email RM clarification of performance re GP OOHs Initiate conversation with WAST re 111 performance management / accountability		Conversations have taken place to progress this and a further update will be provided to the Committee on WAST once agreed. 30.6.22. Continuing conversation with WAST re 111 performance and accountability and once this has been agreed, will report to committee.	25.8.22	
	Actions from PFIGC 30.6.22					

3	SH	**PF22/76.7 Finance report, Month 2 (inc. Workforce Cost report).** To provide more information on the specific inflationary pressures being felt and how the Health Board intends to address this.	26.8.22	Inflationary pressures, outside of the funded energy price increases are mainly in catering and CHC placements currently. However with general inflation at over 9% the risk that this will increase in other areas is highlighted. The Health Board will maximise the use of all Wales contracts as much as possible in order to obtain the best possible prices. Nursing home prices have been agreed in advance as much as possible for CHC placements to minimise any potential impact in this sector.	Action to be closed	
4	SH	**PF22/76.8 Finance Report, Month 2 (inc. Workforce Cost Report)** To provide an itemised listing of all planned savings, the amounts involved and who would be responsible for delivering these savings to the next meeting.	26.8.22	List of savings included within the Saving Paper presented to the Committee.	Action to be closed	
5	SH	**PF22/76.9 Finance Report, Month 2 (inc. Workforce Cost Report) Once the** nationally-agreed pay awards guidance is received from WG, to share with the Committee.	26.8.22	Pay Award guidance has not yet been received from WG.		
6	SG	**PF22/77.4 Shared Services Partnership Assurance Report.** At the All Wales Workforce Directors meeting, confirmation was received from NWSSP that they were	26.8.22	SG confirmed following discussion with NWSSP that the removal of the conditional offer will be implemented no later than 01.09.22. In the meantime	Action to be closed	

		prepared to take out the 'conditional offer' step as of 1/7/22, however this report lacked absolute clarity of this offer, which she intended to query		the removal of pre employment checks for internal movement has been agreed from 01.07.22.		
7	SH	**PF22/77.5 Shared Services Partnership Assurance Report.** In answer to the question of the robustness and validity of the £14m Professional Influence Savings figure, the Exec. Dir. of Finance agreed to speak to Simon Whitehead to get the detail which she will bring this back to the Committee in August.	26.8.22	The figure of £14m reported in the March report is broken down as follows: Specialist Estates Lease Management (Negotiated Reductions) - £0.2m Legal and Risk Professional Influence - £8.9m Procurement Savings (in Year) - £4.9m These savings can be a mixture of actual cost reduction and cost avoidance. Procurement savings reported with the finance reports are cost reduction	Action to be closed	
8.	NB	**PF22/79.2 Capital Programme Monitoring Report.** In answer to a query regarding the best way to capture the link between the risks included in the report to BAF and the Corporate Risk Register, Neil Bradshaw agreed to meet outside the meeting with Molly Marcu & Justine Parry to discuss	26.8.22	Following discussions on-line the Capital Programme Report is now cross-referenced to the BAF and Corporate Risk Register, in line with the original paper (dated February 2022) to the Committee seeking approval of the capital programme and the capital update to the Board in August.	Action to be closed	
9.	NB	**PF22/79.3 Capital Programme Monitoring Report.** Regarding the length of time taken by Welsh	26.8.22	Following submission of the Full Business Case in March 2021 further information was provided	Action to be closed	

		Government to respond regarding the Royal Alexandra Hospital Redevelopment, Neil Bradshaw agreed to provide an update at the next meeting.		to Welsh Government in July 2021, September 2021, March 2022 and June 2022. Throughout this period there have been a series of meetings and dialogue with Welsh Government.		
10.	NB	**PF22/79.4 Capital Programme Monitoring Report.** 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	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	Action to be closed	
11.	SH	**PF22/79.5 Capital Programme Monitoring Report.** In relation to the progress made since discussions about revising reporting to the Committee, Sue Hill agreed to provide an update, which would be in the body of the report, and would highlight any changes regarding the capital management programme and that there would be a detailed list of capital schemes being brought to the October meeting.	October			
12	NB	**PF22/79.7 Capital Programme Monitoring Report.** Regarding conversations held with Welsh Government with regards to 'do minimum' and assistance towards	26.8.22	Welsh Government have requested further clarification on a number of points but have also indicated that, subject to satisfactory responses, they are	October	

		fees for the specialist technical advice required, once WG response received, Sue Hill agreed to report back to the Committee.		mindful to support progress to Outline Business Case (OBC). Due to annual leave commitments all responses will be provided by the end of this month. A further update will be provided to the Committee. .		
13	SG	**PF22/81.2 Quality & Performance Report to 31.05.22.** Sue Green agreed to provide the correct staff sickness figures to the next meeting.	26.8.22	Update - the correct staff sickness figures were reported to the last meeting however the summary report was inaccurate, stating that sickness had reduced. This has been corrected	Action to be closed	
14	GH / AL	**PF22/81.5 Quality & Performance Report to 31.05.22** To provide a target percentage of stroke patients who receive a 6 month follow up assessment in the next report.	26.8.22	Based on the SNAPP Audit Programme (2021-PAOrgPublicReport performance on this measure averages 58% for 6-month review. It has therefore been agreed that a BCUHB starting position of a 50% target will be applied moving to a stretch target in year 2.	Action to be closed	
15	SG	**PF22/81.6 Quality & Performance Report to 31.05.22** Sue Green agreed to send Richard Micklewright a copy of the latest version of the Performance Accountability Framework	26.8.22	The latest Performance Accountability Framework has been issued to Richard Micklewright.	Action to be closed	
16	GH	**PF22/81.6 Quality & Performance Report to 31.05.22.** The Committee was concerned with the	26.8.22	As part of the new operating model, there is a weekly operational meeting with the 3		

		number of unmet targets contained within the report and asked what intervention took place when performance in failing departments was shown to be poor. Gill Harris agreed to keep the Committee regularly updated as to the effectiveness of the work being done to identify the key escalation triggers that a more structured approach to intervening when necessary would provide. This should strengthen the Performance Accountability Framework and help to discover what support might be needed to mitigate risks.		Health economies that will address performance issues by exception. That meeting will be chaired by the Deputy CEO, and the Regional Delivery Director in the Deputy CEOs absence. There are currently planned care recovery trajectories being reviewed by WG/NHS Wales, and urgent care recovery trajectories being developed for each site, consistent with the performance model which PFIG will be taken through at their next meeting. The accountability framework is being further developed on behalf of the Deputy CEO by the Regional Delivery Director.		
16.1	CS > PO	**PF22/82.8** The Committee sought assurance as to when it was planned to bring the revision of the trajectories that were agreed within the IMTP to the Board. The Executive Director of Transformation, Strategic Planning and Commissioning confirmed that only Planned Care trajectories had been revised and that the report should have read that the DU and the Health Board were almost in agreement as to where the trajectories should be and once they		As per the action above WG and NHS Wales are currently reviewing these and the committee will be updated on progress in September. There will, however need to be future revisions as a result of the work described at the orthopaedic summit with WG/NHS Wales on 18/08/22, in relation to the GIRFT work and proposals in relation to Abergele Hospital.	September	

		were in agreement, these would be brought back through the Board Governance processes.				
17	GH / PO	**PF22/83.2 Unscheduled Care.** The Committee asked to be updated at the October meeting of the improvements in the 111 referrals to MIUs, as opposed to the main EDs.	October			
18	PO	**PF22/83.4 Unscheduled Care.** Phil Orwin agreed to update the Committee, following the appointment of a Programme Director to give an explicit answer as to his confidence around the two ambers in the report, and whether they would be delivered against to time.	26.8.22	The HB was unable to appoint an interim PD, and the permanent appointment process will take place 25/08/22. A member briefing has been circulated to committee members via Committee secretariat on 18/08/22	Action to be closed	
19	LT / SG / JC	**PF22/87.7 Review of Risks Highlighted in the meeting for Referral to the Risk Management Group.** With regards to Workforce's reporting referral to other Committees, following conversations between John Cunliffe, Linda Tomos and Sue Green, these will be brought back to the Committee.		Update - agreed that one Workforce report will be provided to PPPH as the primary committee for the people strategy and one to PFIG against the workforce plan. To be reviewed following two committee cycles. 15.8.22 OBS amended Workplan to reflect above	Action to be closed	

Teitl adroddiad:	
Report title:	Draft Finance Strategy 2022-2025
Adrodd i:	Performance, Finance and Information Governance Committee
Report to:	
Dyddiad y Cyfarfod:	Thursday, 25 August 2022
Date of Meeting:	
Crynodeb Gweithredol: **Executive Summary:**	The purpose of this report is to provide a first review of a proposed Finance Strategy. The document is the first draft of the Health Board's Financial strategy for the period FY 2022 to 2025. It aims to provide a summary view of the strategic intent giving clarity to the aims, objectives and approach of the finance directorate in both support and in delivery of the health board's goal of achieving sustainable financial balance.
Argymhellion: **Recommendations:**	The Committee is asked to note the strategy document
Arweinydd Gweithredol: **Executive Lead:**	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad: **Report Author:**	Angela Mulholland-Wells, Provider Services Finance Director

Pwrpas yr adroddiad: **Purpose of report:**	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: **Assurance level:**	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

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:

Cyswllt ag Amcan/Amcanion Strategol: **Link to Strategic Objective(s):**	This paper aligns to the health board's strategic goal of attaining financial balance
Goblygiadau rheoleiddio a lleol: **Regulatory and legal implications:**	Not applicable

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	Naddo / *No* The paper does not require development of any new or amended policy
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	Naddo / *No* The paper is for note and review only
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	Not appliable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* (or links to the Corporate Risk Register)	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Not applicable
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *Implementation of recommendations* Not applicable	
Rhestr o Atodiadau: *List of Appendices:* *Draft Finance Strategy 2022-2025*	

Finance Strategy 2022–2025

Achieve Greater Value

Introduction

The Health Board's vision is to create a healthier North Wales, with opportunities for everyone to realise their full potential. This vision is informed and shaped by the Welsh Government plan "A Healthier Wales", our own strategic overview document "Living Healthier, Staying Well", and our evolving Clinical Services Strategy.

In support of the Health Board's purpose, this strategic document sets out the financial objectives underpinned by the principles which will be used to inform the Health Board's financial decisions as we focus on financial sustainability, and predicated upon adoption of value based health care principles. Our strategic financial aim is to **Achieve Greater Value**. It is founded on the Health Board values and aligns to the Ministerial Priorities.

Ministerial Priorities
- A Healthier Wales Population Health
- **COVID-19 response**
- NHS recovery Mental Health and emotional wellbeing
  Supporting the health and care workforce
- **NHS Finance and managing within resources**
- Working alongside Social Care

Purpose

To improve health and deliver excellent care

Values
- Put patients first
- Work together
- Value and respect each other
- Learn and innovate
- Communicate openly and honestly

Aim
Achieve Greater Value

Objectives
- Deliver Sustainability
- Drive Value
- Optimise use of resources

Principles: spend wisely and effectively
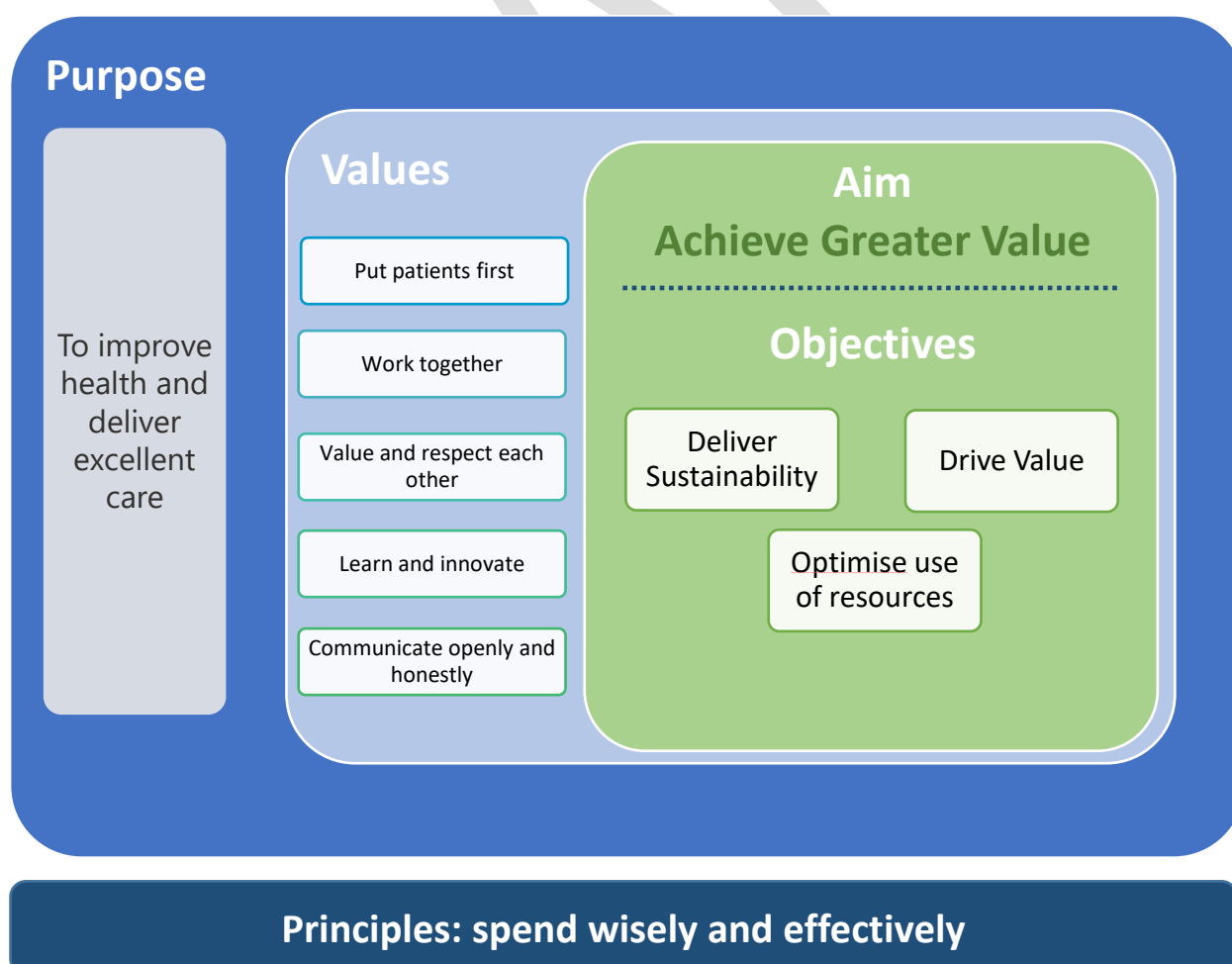
Context
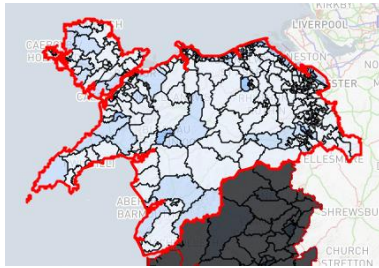
Betsi Cadwaladr University Health Board contains 423 Lower-layer Super Output Areas* (LSOAs) which is 22.2% of the 1909 total in Wales. Of the top 10% of Most Deprived LSOA's across Wales 23 are within BCU. The lowest ranked (most deprived) 2 LSOAs across Wales are both within BCU (both in Rhyl).

A statistical geography which represents a small area with a population of around 1,600 people.

There is a focus on embedding Value Based Healthcare Principles into our ways of working

The chart on the left provides a view of how funds are allocated across the health board for the financial year 19-20 (pre-covid)
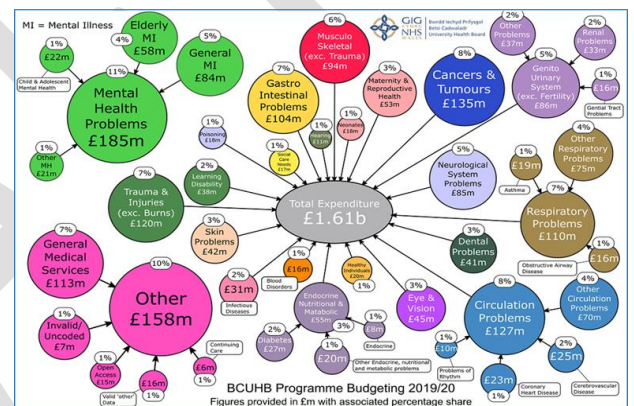
Financial History

The Health Board has historically reported annual deficits ranging between £20m - £40m against the level of resources allocated by Welsh Government (WG), while delivering significant savings. Prior years' headline financial performance is illustrated below:
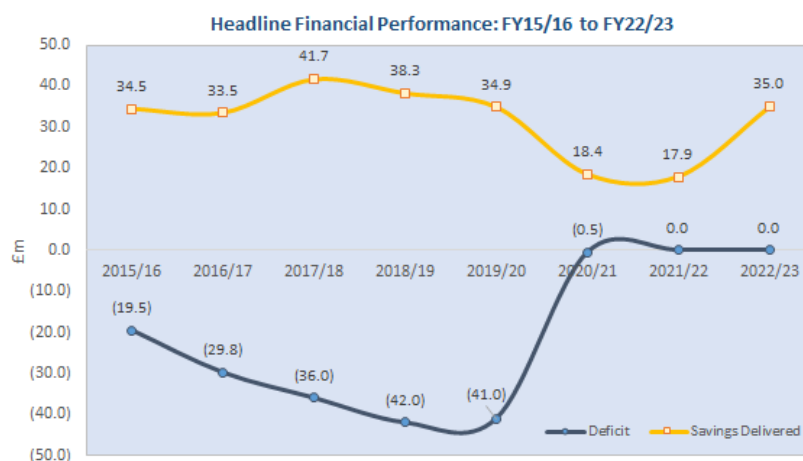
The Health Board has received a package of strategic support since November 2020 to cover the historic deficit position, to improve performance and to drive a programme of transformation linked to a sustainable clinical model for North Wales. Funds totalling £82m per year were committed for 2021/22, 2022/23 and 2023/24, allocated to meet the following objectives:

Welsh Government Strategic Funding Support

1. Improvement in service performance, patient experience, and financial performance	2. Engagement to build a vision and develop a medium term plan, focusing on well-being, population health & primary care, and secondary care services	3. Strengthening the ability of the organisation to deliver on a wide-ranging change programme	4. Further improvements leading to de-escalation from targeted Intervention, using a maturity matrix approach to assess progress	5. Transformation and innovation to support improved outcomes and patient and staff experience

Financial Forecast in Context – Challenges

There are both national and local factors that have and will continue to influence our financial sustainability. We will need to take steps where possible to alleviate their impact and address the underlying causal factors where possible.
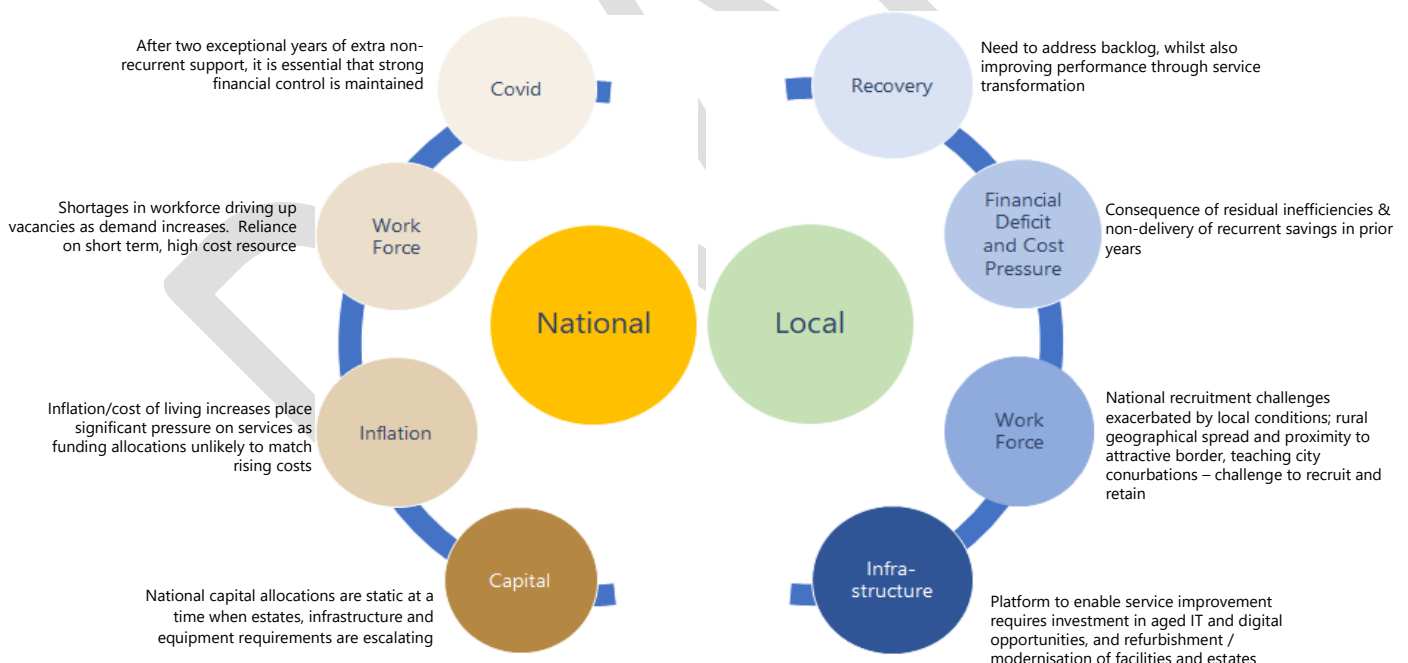
An updated estates strategy will, in part, provide the health board's plan of how we seek to address the challenges of faced in capital backlog maintenance costs and the financial impact of this on the health board resources.

Budget Management and Setting Framework

Income Assumptions

Allocation uplifts will be 1.5% for 2023/24, 0.75% for 2024/25 and 2% for 2025/26. The 2% in 2025/26 is an assumption and represents a return to the normal level of uplift.

Specific funding for pay awards, energy, Primary Care and Mental Health ring-fence allocations, drug treatment fund, COVID-19, Performance Fund (£30m), Transformation Fund (£12m) and Strategic Support (£40m)

Cost Driver Assumptions

The starting point for cost budgets is a carry forward position into the new year, then building in assumptions for the following: Pay Awards, Unavoidable Cost Pressures, Growth and Inflation, New Developments, COVID-19 and Savings.

Financial Risk

The key financial risks for the finance strategy has been defined with the Board Assurance Framework (BAF) as follows:

The risk that the Health Board fails to meet the statutory breakeven duty, due to an inability to meet financial targets once Strategic Support funding ceases, and an inability to achieve the annual savings target.

Key Mitigations to this risk are as follows:

1) A Transformation Team in place to assist the operational staff to deliver services in a different way
2) Regular reports to PFIG to monitor progress on transformation and transactional savings targets
3) BCUHB IMTP incorporates a clear programme of work over the 3 years.

Specific risks in 2022-23, which due to the shorter timescale are better understood are as follows:

RISKS	£m	Level	Explanation
Continuing Healthcare	£1.0m	High	Nursing Home prices will be higher than the 3% accounted for, due to energy costs and general inflation.
Prescribing	£3.5m	Low	Risk of continued increased prescribing activity
Higher than anticipated general inflationary costs	£1.5m	High	Consumer Price Index is currently 9%
Not identifying all required savings	£13.0m	High	Risk that 55% of Savings will not be delivered as planned.
COVID-19 Testing Costs	£0.9m	High	Testing costs forecast to be above indicative £3.1m funding.
Non programmable COVID costs	£18.2m	High	Risk of Non Programmable COVID costs not being funded.
Increase in Energy Prices	£12.0m	High	Latest Energy forecast from Shared Services Partnership
COVID Loss of Income	£0.9m	High	Lower than anticipated patient income year to date and potential for patient income not to increase for the rest of this year.
Total Risks	**£51.0m**		

The material risks noted above have been included in the forecast for FY22-23. For future years 23/24 and 24/25 the material risks associated with inflation / energy prices, savings delivery and embedded Covid-19 non programmable costs have been included but the longer term view of other material future risks is too distant and unknown to quantify for the purpose of this strategy document. The graph below reflects the impact of the quantified risks versus a breakeven position.

Impact of Quantified Risks
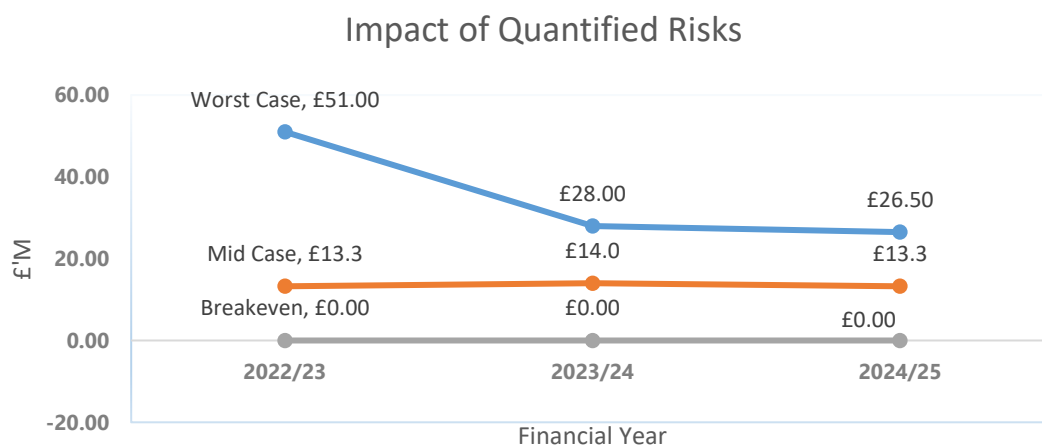
Strategic Response

The three finance objectives; to be financially sustainable, drive value and optimise use of resources, will be delivered through five areas of focus:

1. Address the financial deficit
2. Right size resource allocation for service delivery
3. Support recovery and transformation
4. Focus on value based investment of resource
5. Drive efficiency opportunities
6.
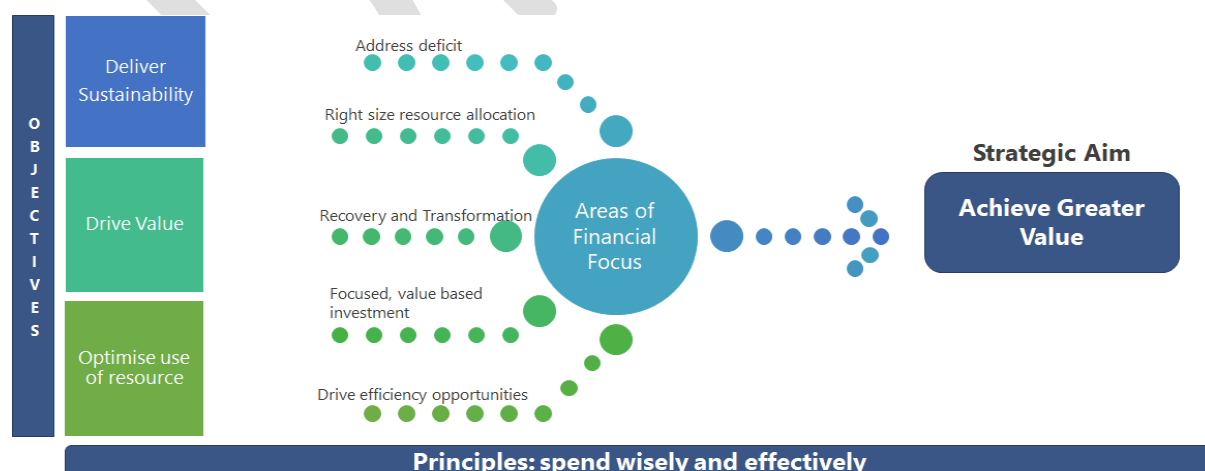
Our strategic objectives will be met through delivery of a number of programmes, each aligned to a specific area of focus, encompassed by strong financial control, governance, risk management, training and engagement.

Strategic Summary
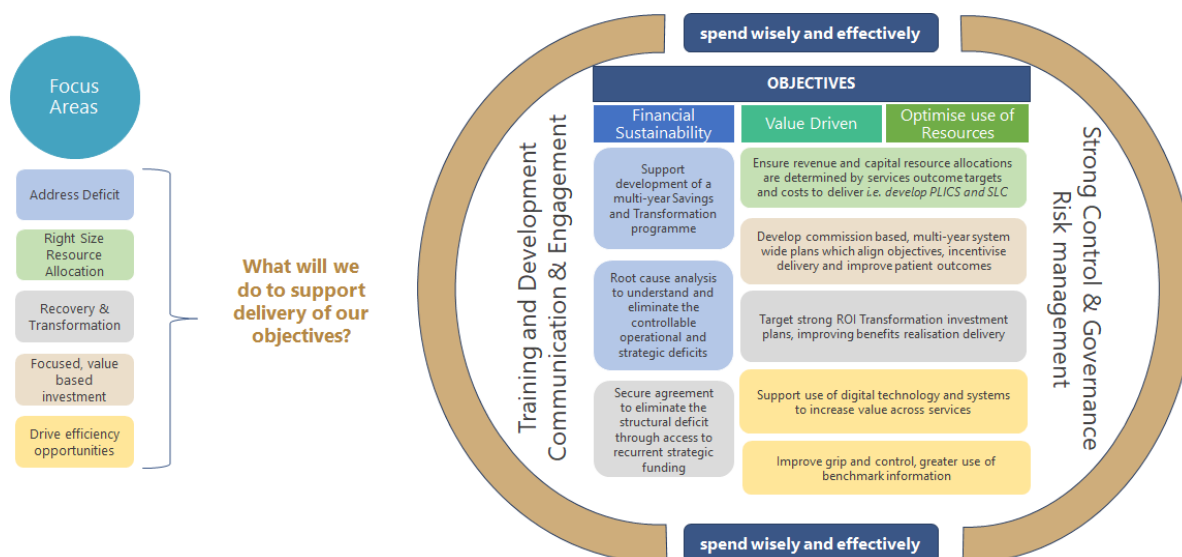
Decision-Making

The principles we will adopt when making financial decisions are as follows:

Principles
1. **Spend Wisely:** have I explored all options or courses of action?
2. **Spend Effectively:** is this the best value for money?

To support health board staff at every level to make good financial decisions we will continue to address challenges that can often make this difficult to happen.

Clear accountability

- Some people have a good level of autonomy on a day to day basis within their service – for others it's not always clear who is responsible and accountable - hierarchy of approval for minor spend, recruitment and business cases

Learning and developmental environment

- Ensure we always learn from experience and scale good practice

Encourage Innovation

- Promote innovation and change and away from business planning that may have stifled ingenuity

From a view of understanding and improvement

- Focus on the effect of a problem - decisions can on occasion focus on the cause

Teitl adroddiad:	Financial Planning Principles 2023-26 and Timetable 2023-24
Report title:	
Adrodd i:	Performance, Finance & Information Governance Committee
Report to:	
Dyddiad y Cyfarfod:	Thursday, 25 August 2022
Date of Meeting:	
Crynodeb Gweithredol:	The purpose of this paper is to set out the Financial Planning principles, which will be used to set the three-year Financial Plan for 2023-26, as part of the 2023-26 Integrated Medium Term Plan (IMTP).
Executive Summary:	
Argymhellion:	The Committee is asked to approve the Financial Planning Principles for 2023-26.
Recommendations:	
Arweinydd Gweithredol:	Sue Hill, Executive Director of Finance
Executive Lead:	
Awdur yr Adroddiad:	Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning
Report Author:	

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☒	Derbyniol *Acceptable* ☐	Rhannol *Partial* ☐	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

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:

Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	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.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	A three-year Financial Plan is part of producing an IMTP, which meets the Health Board's obligation under its

	Standing Financial Instructions (SFIs) and under section 175(2) of the National Health Service (Wales) Act 2006.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	No This will be completed for the overall IMTP, which the Financial Plan will form part of.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary ben undertaken?*	No This will be completed for the overall IMTP, which the Financial Plan will form part of.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	Health Board financial risks are reported via the monthly Finance report and the Risk Register. It is likely that the Financial Plan will contain a level of risk with regard to achieving a breakeven position over the next three years. This will be quantified in the plan.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	See attached report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Not applicable.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Not applicable.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* (or links to the Corporate Risk Register)	Not applicable.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Not applicable
Next Steps: Implementation of recommendations	

List of Appendices:
None

Performance, Finance and Information Governance Committee
25th August 2022

Financial Planning Principles 2023-26

1. Introduction/Background

In accordance with the organisation's Standing Financial Instructions (SFIs) and Welsh Ministers' powers under section 175(2) of the National Health Service (Wales) Act 2006, Local Health Boards are required to produce an Integrated Medium Term Plan (IMTP) as set out in the NHS Planning Framework.

As part of this Act, the Health Board has a statutory duty to break even against the resource limit set by Welsh Government over a three-year period. The Health Board will therefore be required to set a balanced three-year Financial Plan, with detailed budget for 2023/24, in advance of the new financial year. The Financial Plan should reflect the financial impact of the decisions and service developments contained within the IMTP.

2. Welsh Government Income

The Welsh Government's Draft Budget is usually published in October for the following financial year. However, in the last two years, it has been delayed until December, to take account of the UK Government's Autumn Budget and Comprehensive Spending Review. Discussions are still taking place within Welsh Government about the timetable for the 2023/24 Draft Budget, but Ministers are currently planning to publish the Outline and Detailed Draft Budgets together by the 13th December 2022. The Health Board's Financial Plan will therefore not be finalised until after the 13th December 2022, when confirmation of its funding allocation for 2023/24 is received.

When the 2022/23 allocation was issued by Welsh Government, the anticipated uplifts for 2023/24 and 2024/25 were notified. These were 1.5% for 2023/24 and 0.75% for 2024/25. It is assumed that the Health Board's allocation for 2023/24 will reflect this uplift.

Clearly the economic outlook has significantly changed since Welsh Government notified us of the uplift assumptions for 2023/24. With significantly increased inflation, the Health Board will need to discuss any changes to the assumptions for Welsh Government Income.

3. 2022-25 Financial Plan

The approved Financial Plan across the three years is shown below: This included estimates for the cost drivers in 2023/24 and 2024/25 that will be revisited as part of the 2023-26 Financial Plan.

	2022/23 £m	2023/24 £m	2024/25 £m
Total allocation incl Anticipated Funding	**1,874.86**	**1,870.78**	**1,907.38**
Baseline expenditure	1,753.03	1,838.09	1,875.67
Pay Award	24.93	25.67	26.45
Pay & Non Pay growth and inflation	38.61	10.49	8.74
Other cost pressures	28.70	21.63	21.63
New Developments	8.91	5.00	5.00
COVID-19 costs	55.68	4.90	4.90
Recurrent savings	-35.01	-35.01	-35.01
Total Expenditure	**1,874.86**	**1,870.78**	**1,907.38**
Planned surplus / (deficit)	**0.00**	**0.00**	**0.00**

4. Setting the 2023-26 Financial Plan

The Health Board is finalising a Financial Strategy that will articulate the ambition to deliver sustainable health care for North Wales and aligns to the significant transformation programme currently underway. This centres on the Health Board's adoption of value based health care principles to drive better outcomes for our population and a focus on clinical pathways for conditions. It will align with the other enabling strategies developed across the Health Board, including those of Clinical Services, Workforce and Estates.

The final strategy will describe a set of underpinning principles that the Health Board will use to inform its financial decisions as we drive towards financial sustainability. It will therefore form the basis of the decisions made in setting the Financial Plan.

In line with this overarching strategy, when setting the Financial Plan for 2023-26, a consistent approach should be adopted by replicating the principles used for the 2022-25 Financial Plan. This will help provide continuity and establish the set of principles that can be used in future Financial Plans.

Therefore in setting the 2023-26 Financial Plan, the following principles and assumptions will apply:

Income Assumptions
The following assumptions will be made about Welsh Government income, as part of the Financial Planning Principles for 2023-26:

- Allocation uplifts will be 1.5% for 2023/24, 0.75% for 2024/25 and 2% for 2025/26. The 2% in 2025/26 is an assumption and represents a return to the normal level of uplift.
- Welsh Government will fund separately and in full the agreed pay awards for each year.

- Exceptional costs of energy, as a result of the global market, will be funded separately and in full by Welsh Government.
- Funding will be made by Welsh Government for the inflation uplifts in the Primary Care and Mental Health ring-fence allocations.
- The drug treatment fund will cover new drugs for the relevant year and therefore the full year effect of previous years' drugs will be cost growth.
- Funding for the Performance Fund (£30m), Transformation Fund (£12m) and Strategic Support (£40m) will continue to be received for all three years of the plan, which goes beyond the current agreement that ceases after 2023/24.
- COVID-19 costs will not be funded, unless for specific programmes such as vaccinations.

<u>Cost Driver Assumptions</u>
There are some general assumptions that will be applied across all categories of spend:

- The plan includes a cost assessment for year 1 on a robust basis, aligned with national and Heath Board priorities, with assumptions used for year 2 and year 3 income and expenditure.
- Recurrent budgets carried forward into the new year are the starting point for the plan.

In addition, there are some specific assumptions that will be applied across individual expenditure categories:

Pay Awards - In the absence of a formal pay agreement, the default assumption will be a 3% uplift in recurrent pay budgets for each year of the Financial Plan. Recurrent pay budgets from 2021/22 will be carried forward and services will realign these budgets taking into account the total budget and service pressures identified. Pay budgets will be reconciled to staff costs and data from ESR. No incremental uplifts will be allocated on the basis that the staff turnover rate is cost neutral. Once the actual pay award is known, budgets will be adjusted to reflect this.

Cost Pressures – The starting point for identifying cost pressures, defined as unavoidable costs (where there is no choice about whether to incur the cost or not), are current year forecasts. The variance between current year budgets, which are based on the 2022/23 Financial Plan, and forecast spend highlights where cost pressures exist. Those that are recurrent will then form the basis of the initial assessment of 2023/24 cost pressures. Identified recurrent cost pressures will be funded in part, following a case by case review by the senior Finance team. The level of funding that is available, whilst still producing a balanced plan, will dictate the extent to which cost pressures can be funded.

Growth and Inflation – There are a number of specific high cost areas of expenditure where managing the impact of growth and inflation sits outside the control of the Health Board. These are:
- Primary Care and Secondary Care Prescribing – This includes GP and Pharmacy prescribing, as well as Secondary Care Prescribing and the full year impact of NICE approved drugs.
- Packages of Care – Continuing Health Care, Funded Nursing Care and Packages of Care are significantly influenced by the uplifts applied by Local Authorities. There is also consideration of the growth in the number of new packages.
- External Providers – including Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), Welsh

Ambulance Services NHS Trust (WAST), English Contracts and Wales LTAs, all of which are subject to national discussions and agreed the Chief Executives group.

- Energy – The impact of exceptionally high prices in the global energy market is significantly affecting the price the Health Board pays for its energy.

The cost of growth and inflation related to these specific high cost areas will be funded in part, following a case by case review by the senior Finance team. The exceptional element of the energy cost increase will be fully funded.

Outside of these areas, it is recognised that general inflation affects non-pay budgets. Baseline recurrent non-pay budgets will be given an uplift of 1%.

New Developments – These are schemes where there is a choice about whether to go ahead with the proposal or not, so future costs are optional. The proposed financial impact of service changes or developments that are included in the Health Board's IMTP must be recognised in the Financial Plan. The Planning team will lead a process of prioritisation for all new schemes. Only those that reflect the agreed Health Board priorities, with clear and measurable outcomes, activity assumptions and benefits realisation will be included in the plan. Due to the limited level of funding available, those that link to savings and/or efficiencies will likely be prioritised higher.

All new developments included in the IMTP will therefore be fully funded. Funding will only be released once actual costs are incurred. Any in-year slippage will be identified and re-invested non-recurrently within the 2023/24 financial year. Funding available for new developments is likely to be very limited.

COVID-19 – The over-arching assumption is that there will be no generic COVID-19 costs from 2023/24 onwards; however there may be targeted responses in respect of specific programmes such as COVID-19 vaccination booster schemes. These specific programmes will be funded in line with anticipated Welsh Government funding.

Savings – The 2022-25 Financial Plan set an annual savings target of £35m a year for the three-years covered by the plan. This target will be extended to include 2025/26 in the 2023-26 Financial Plan, with an increasing percentage of savings coming from Transformation as opposed to Transactional.

Any unachieved savings from previous years will sit with the Integrated Health Community (IHC) or pan-North Wales' service to which they were originally allocated. Finding recurrent schemes to meet these savings targets will be a priority.

Risks to the Plan
It is anticipated that whilst a balanced plan will be presented, there will be significant financial risks. These will be quantified within the Financial Plan.

If these any of these risks materialise during the year, the Financial Plan may need to be adapted to ensure that a breakeven position can still be achieved.

Timescales
The Financial Plan will be developed alongside the 2023-26 IMTP, working in conjunction with the IHC's, pan-North Wales services, Planning and Workforce.

The timescales for producing the plan are as follows:

Phase	Action	Timescale
Development	Approval of Financial Planning principles	Sep-22
	Collation of cost pressures, growth and inflation	Oct-22
Review and assurance	Support IHC and pan-North Wales proposal prioritisation	Nov-22
	Support development of organisational savings plans	Nov-22
	Confirmation of Welsh Government allocation	Dec-22
Submission and approval	Completion of draft Financial Plan	Dec-22
	Completion of final Financial Plan for Board approval	Jan-23

5. **In year Governance and Accountability**
   In year responsibilites for individual budget holders is set out in the Budget Manager Handbook (See Annex 1) supported by the Accountability Agreements (See Annex 2)..

   The budget manager's handbook guides managers on how to manage their budget and is on the website, as well as an e-learning package.

   The acceptance or rejection of the Accountability Agreement is captured electronically via Microsift 365.

6. **Equality and Diversity Implications**
   These will be reviewed as part of the overall IMTP.

Budget Manager Handbook

(Updated September 2021)

Table of contents

General References and additional sources of information:-

This handbook should be read in conjunction to the latest version of Standing Financial Instructions, Standing Orders, Schemes of Reservation and delegation of duties, which can be found here.

A financial Glossary can be found here.

Budget managers training is available via E Learning and is mandatory for all budget managers who sign accountability agreements, and this can be accessed by any other budget monitors or requisitioners via ESR. (Search for Budget Managers Learning Certification in ESR).

This document may be amended from time to time. The most up to date version can be located at: Financial Services intranet page

1. Foreword

The environment within which the Health Board operates is very complex, and managers at all levels in the organisation have to balance competing priorities. Managing the financial position is a key element of this in order to ensure that our services can be sustainable in the short, medium and long term.

The Health Board is required to ensure that it operates within the financial resources provided by Welsh Government. While the Welsh Government have agreed a three-year budgeting cycle, any approved adjustments will be made to operational budgets in each financial year. Operationally, this means that each budget holder needs to ensure that they remain within their allocated budgets for each and every financial year. A financial year runs from 1 April to 31 March.

The Health Board must also ensure that its expenditure is 'regular'; this means that expenditure must be lawful and reasonable based on the expectations of the Welsh Government. Any overspend in our 3 year budgeting cycle is, by definition, 'irregular'.

The Health Board's Standing Financial Instructions [Standing Orders and Financial Instructions - Betsi Cadwaladr University Health Board (nhs.wales)] is the key policy document which ensures that we meet the requirements of the Welsh Government. This document sets out the key requirements of that policy framework.

As I have delegated the management of budgets to you, as an Accountable Officer for those budgets:

- You must ensure that there is proper keeping of accounting records; prudent and economical administration; the avoidance of waste and extravagance; the efficient and effective use of all resources and that new commitments are affordable.

- You should ensure that appropriate advice is given to the Health Board on all matters of financial propriety and regularity, and more broadly on all considerations of prudent and economical administration, efficiency and effectiveness.

- Resources should be managed in accordance with the principles set out in the Welsh Government publication *Managing Welsh Public Money*, as well as the standards of good governance set for the NHS in Wales and embodied within the Welsh Government's *Citizen Centred Governance Principles* and the contents of the *NHS Wales Governance e-manual* *http://www.wales.nhs.uk/governance-emanual/home*.

- I depend on you to review and manage the allocated budget in an effective and efficient manner, in particular emerging overspends and underspends must be identified and reported as soon as possible so they can be managed properly in the context of the overall Health Board budget, as well as in accordance with my responsibilities contained within my Accountable Officer role.

- You should maintain a sound system of internal control within your division or directorate, utilising the financial and governance structures in place, to ensure corporate alignment as well as ensuring that activities support the achievement of the Health Board's priorities, aims and objectives; ensures statutory compliance and compliance with policies, procedures and contracts; safeguards the Health Board's

1. Foreword

assets and interests, and protects the reliability and integrity of financial and operational information.

- Your risk tolerance should be clearly articulated and appropriate risk management practices put in place so that significant and relevant risks are identified and assessed in accordance with the Health Board's Risk Strategy and communicated in a timely manner.

- You must ensure that sensitive information and data is protected in accordance with data security rules and your staff utilise good records management practice.

- You should ensure that your staff have the necessary training or access to persons who will support them in discharging their financial and governance roles effectively. ESR e-Budget Training is mandatory for all Budget Managers and can be assigned to or self-enrolled onto by any other staff that may require budget training.

- You will ensure your division or directorate co-operates with, and provide timely information to the Health Board's Finance Team which co-ordinates and reports definitive financial and governance information for the whole of the Health Board. You must ensure that appropriate records and approvals are maintained for any contingent liabilities, provisions, guarantees, joint arrangements, impairments of any other areas which your division or directorate initiates. Your finance lead can advise on these areas.

Critically, you are reminded that you must not overspend against your budgets. It is only the Accountable Officer to the Welsh Government who is empowered, in extreme circumstances, to approve expenditure when there is no available budget.

We hope that this document provides you with a summary of the Health Board's key financial policies. We would encourage you to supplement the information gained from this document by attending the Finance Training sessions, of which further information is available on the intranet.

Should you require any further information, please do not hesitate to contact the designated Accountant for your functional area, contact details are included as Appendix 1 to this document.

Accountable Officer **September 2021**	**Sue Hill** **Executive Director of Finance** **August 2021**

2. Introduction

This guide provides a brief overview of the Standing Financial Instructions, highlighting key issues that will be of use to budget managers; the guide does not cover all of the topics contained within the Standing Financial Instructions.

> The guide highlights the key themes for budget managers and is not a verbatim reproduction of the SFI; for further clarification or detail refer to the SFIs original document.
>
> The Standing Orders provide the governance arrangements for the Health Board, including Board and Committee structures and functions, values and standards of behaviour expected of all staff, including the declaration of interests and dealing with gifts and hospitality.

The guide includes links to further sources of reference together with contact details for staff that will be able to assist further.

What are the Standing Financial Instructions?
The Standing Financial Instructions (SFI) detail the financial responsibilities, policies and procedures adopted by the Health Board. They are designed to ensure that the Health Board's financial transactions are carried out in accordance with the law and with Welsh Government (WG) policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of Decisions Reserved to the Board and the Scheme of Delegation adopted by the Health Board.

The SFIs identify the financial responsibilities which apply to everyone working for the Health Board and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes.

Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported to the Executive Director of Finance and the Board Secretary, who will ask the Audit Committee to formally consider the matter.

All Board members and managers have a duty to report any non compliance to the Executive Director of Finance and Board Secretary as soon as they are aware of any circumstances that has not previously been reported.

The failure to comply with SFIs and Standing Orders is a serious disciplinary matter. This could result in a request to an individual to explain their actions to the Audit Committee, disciplinary action and ultimately dismissal from employment or removal from the Board.

3. Key actions which should be taken

The Finance Department is able to provide guidance and advice to budget managers on the application of the SFIs and provides regular financial reports to assist with budget management issues. Each area has a designated finance lead; these should be the first point of contact with financial queries, details on Appendix 1.

3.1   Budgetary Control

- The Finance Department will provide a finance report and staffing report to all budget managers on a monthly basis.
- **These should be reviewed by the budget manager, and with the wider team if considered necessary by the budget manager. In reviewing the reports, focus on:**
    - o **Understanding variances from the budget**
    - o **Understanding trends**
    - o **Any unexpected expenditure, or the absence of expected expenditure**
- Any queries regarding budgetary control and financial reports should be raised with your designated accountant.

3.2   Income

- Budget Managers should consider whether there is any income which is due. Consideration should be given to the following:
    - o **That recording systems are in place to identify all sources of income for the services they provide;**
    - o **That services provided to external organisations meet BCUHB contractual requirements, in particular that the payment for the service provided covers all direct and indirect / overhead costs. The performance of these contracts must be regularly monitored with a formal review at least annually.**
    - o **That any private or overseas patients is invoiced;**
    - o **That any research work, or commercial development is invoiced;**
    - o **Any staff secondments or recharges are invoiced to external bodies.**
- Budget Managers must inform Finance of any income due, including details of staff recharges to external bodies. Failure to notify Finance results in lost income to the NHS (contact your designated accountant).

3.3   Non-Pay Expenditure

- It is important to check non-pay expenditure on the Finance Reports; further details are available on request from your Finance lead.
- **No staff member should, unless following a specific letter of authorisation from the Accountable Officer, commit the organisation to expenditure without a valid Purchase Order being raised in advance.**
- In accordance with the HB's 'No Purchase Order/No Pay Policy' requirements, **all goods and services must be supported by an official order**. Purchase orders will only be raised against requisitions that have progressed through the hierarchical approval chain, within the Oracle system.

3. Key actions which should be taken

- Each cost centre has an approval hierarchy (maintained by the Business & Financial Systems team), which mirrors the Scheme of Delegation.
- Procurement reports are available on request from your designated procurement lead (see Appendix 1).
- Procurement processes cannot be 'waived' unless there are very specific circumstances.
- The SFIs contain detailed requirements on the procurement arrangements; including the regulations regarding tendering for goods and services; if in any doubt, contact the Procurement Department at the earliest opportunity.
- A Procurement Guide has been produced to provide further information at Procurement Guide
- Possible reasons for non-pay over / under spends are provided in Appendix 2.

3.4 Pay Expenditure

- **Budget managers must ensure that:**
    - o **The Establishment Control System is used for all pay related activities**
    - o **Health Board Policy is followed in relation to Agency / Locum staff**
    - o **Appointment forms are duly completed for new staff, which include an end date for temporary staff.**
    - o **Changes are notified to the Payroll Department promptly and in advance of the effective date of changes;**
    - o **Terminations are notified to the Payroll Department promptly and in advance of the date of the termination.**
- It is essential to check staffing reports every month to ensure that leavers are no longer being paid and to check staff changes have been correctly completed, and staff are on the correct payscale and hours.
- If any instances of overpayment of staff members are identified, these will be reported to the Audit Committee.
- Queries regarding the accuracy of the staffing report to actual staffing compliment should be made promptly; similarly, queries regarding over/under payments should also be reported to your Finance lead.
- Guidance on Payroll documentation and process is available from the following link.
- Possible reasons for pay over / under spends are provided in Appendix 2.
- The procedure in relation to staff overpayments and underpayments is documented at here.

3.5 Fraud, Bribery and Corruption

- Should you become aware of any actual or potential fraud, bribery or corruption, you **must** report this to:
    - o **The Local Counter Fraud Specialist at the Health Board. Karl.Woodward@wales.nhs.uk or**
    - o **The Confidential NHS Fraud and Corruption Reporting Line - (if the person reporting the fraud wishes to remain anonymous) Telephone 0800 028 40 60**
- The Local Anti-Fraud, Bribery and Corruption Policy is available here.

4.1 Budgetary Control (s6)

- The Health Board must set a balanced budget prior to the start of each financial year.
- The Finance Department must report the financial position to the Board each month.
- All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled appropriately.
- All budget holders must sign up to their allocated budgets at the commencement of the financial year.
- **The Accountable Officer, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board (6.2.2).**

- Expenditure Guidelines
- Virements are the agreed transfer of budget from department to department.
- Appendix 2: Possible reasons for over / under spending

4.2 Income (s10)

The Health Board can only generate income for those goods and services that are approved by the Welsh Ministers. Any income generating activities must be complementary to the provision of NHS services.

- The Director of Finance must approve the level of all fees and charges, other than those determined by the Welsh Ministers or by Statute.
- All officers must inform the Finance Department promptly of income due to the Health Board arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.
- The Income and debt recovery Procedure is located here.

- Your finance lead can assist with setting charges. The Finance Income Section can be contacted for assistance with raising invoices.
- Please ensure that any additional income allocations during the year are notified to the income team to arrange for invoicing as required. (bcuincome.section@wales.nhs.uk)
- The Accounts Receivables (AR) section is responsible for the recovery of all outstanding debts.

4.3 Non-pay Expenditure (s14)

The Scheme of Delegation sets the level of non-pay expenditure and authorisation to budget holders and managers.

- Budget holders and managers must ensure that they comply fully with the guidance and limits and that:
  - All contracts for leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance (via the designated accountant) in advance of any commitment being made.
  - Contracts are procured appropriately (See Section 4.4).

4. Extracts from the Standing Financial Instructions

- o Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made (See Section 4.4).
- o Where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Welsh Ministers and internal procedures (Available from the Procurement Department).
- o No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or Health Board staff, other than:
  - Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars,
  - Conventional hospitality, such as lunches in the course of working visits.
- **No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Accountable Officer.**
- All goods, services, or works are ordered on an official orders except works and services executed in accordance with a contract, or small purchases made from petty cash. Official orders can only be completed by Procurement.
- Verbal order numbers must only be issued very exceptionally only in cases of emergency or urgent necessity; these must be confirmed by an official order and clearly marked "Confirmation Order".
- **Orders must not be split or otherwise placed in a manner devised so as to avoid the financial thresholds.**
- **Goods are not taken on trial or loan in circumstances that could commit the Health Board to a future uncompetitive purchase.**
- Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance (usually £30).

- See Appendix 1 for details of finance leads

4.4 Procurement (s11.5)

Procurement covers the complete process from sourcing to taking delivery of all works, goods and services required by the Health Board to perform its functions. Procurement includes contract and/or supplier management. **Public procurement is becoming an increasingly litigious environment, and legal challenges could be very expensive for the Health Board.**

- **If in any doubt, specialist procurement advice should be taken**, particularly in respect of EU Directives covering the procurement and tendering for health services, including primary care services, as this remains a complex area.
- **No Goods or services should be ordered except on an official order. This will generally be through the Oracle requisitioning process. Staff must not commit the Health Board to expenditure without a valid Purchase Order.**
- Non-pay expenditure must be the subject of competitive tender processes. The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The values below relate to the value of contracts over the entire period of the contract, and not just individual invoice values. **Budget managers must follow the requirements set out in the table below, and contract periods should not be artificially altered to reduce the requirement for competitive tendering.**

4. Extracts from the Standing Financial Instructions

Contract value (excl. VAT)	Minimum competition[1]
<£5,000	Verbal quotations, with notes taken of all conversations.
£5,000 - £25,000	3 written quotations (sought by Procurement staff)
£25,000 – OJEU threshold (currently £118,133 for supplies and services or £4,551,413 for estates works).	4 tenders (Tender exercise conducted by Procurement)
Above OJEU threshold	5 tenders (Tender exercise conducted by Procurement)
Contracts above £1 million	WG approval required[2]

[1] subject to the existence of suitable suppliers
[2] in accordance with the requirements set out in SO 11.6.3

- **Procurement advice must be sought in advance of approaching a new contractual relationship.**

> - [Procurement Policy](#)
> - See [Procurement Guide](#)
>
> All enquiries relating to any aspect of procurement should be addressed in the first instance to the generic Procurement e-mail address: nwssp.nwales.procurement@wales.nhs.uk

In **exception** cases a Single Tender Waiver can be requested where it is not possible to go through the process laid out in the Standing Financial Instructions. It should be noted that Singe Tender Waivers are reported at Audit Committee, and the use of such waivers can still leave BCU open to challenge and litigation. If you need to follow this route you can find the guidance and documentation here.

4.5   Stores and Receipt of Goods (s16)

- Arrangements should be put in place for goods and services to be checked upon delivery (in the case of goods) or performance (in the case of services).
- Goods and services in a satisfactory condition, and which have been ordered by the Department, should be accepted and 'booked-in' on Oracle.
- Stores and stocks defined in terms of controlled stores and department stores (for immediate use) should be:
  - Kept to a minimum;
  - Subject to annual stock take;
  - Valued at the lower of cost and net realisable value (in the Health Board's case, cost is generally the value used).
- Measures should be taken to ensure that physical stock is:
  - Controlled safely so that access is minimised;
  - Kept organised so that stock is not lost;

4. Extracts from the Standing Financial Instructions

- o Kept in the right environment in accordance with instructions from the supplier;
  - o Write-off of stock is performed as soon as this is recognised and not delayed.
- The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Manager; the control of any fuel oil and coal of a designated estates manager.

- Each budget area's Scheme of Reservation & Delegation should detail who has devolved responsibility for stock control.

4.6 Pay Expenditure (s13)

4.6.1 Funded Establishment
- The workforce plans incorporated within the approved budget and workforce plan will form the funded establishment, i.e. the budget for all approved posts.
- **After a budget has been approved by the Board, the funded establishment of any department must not be increased without the approval of the Accountable Officer, or one of his delegated officers as outlined in the Scheme of Financial Delegation**

4.6.2 Staff Appointments
- No one may:
  - o **engage; or**
  - o **re-engage or**
  - o **re-grade employees, either on a permanent or temporary nature, or**
  - o **hire agency staff, or**
  - o **agree to changes in any aspect of remuneration**

  outside the limit of their approved budget and funded establishment, unless authorised in writing and in advance to do so.

4.6.3 Appropriately nominated managers have delegated responsibility for:
- Submitting time records, and other notifications in accordance with agreed timetables.
- Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement.
- In circumstances where fraud is suspected, this must be reported to the Director of Finance via the Counter Fraud team.

- Further details on all aspects of employment are available within the Workforce Policies, including guidance on staff starters, leavers and changes.
- Contact Payroll for further details.

4.7 Losses & Special Payments (s17)

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control

4. Extracts from the Standing Financial Instructions

procedures compared with the generality of payments, and special notation in the Accounts to draw them to the attention of the Welsh Government.

The Losses and Special Payments Procedure is documented here.

- Further details are available from Losses & Compensation (Finance).

4.8   Patient's Property (s19)

The Health Board has a responsibility to provide safe custody of money and other personal property handed in by patients, in the possession of patients that lack capacity, or found in the possession of patients who are dead on arrival.

Where the Welsh Minister's instructions require the opening of separate accounts for patient's monies, these shall be opened and operated under arrangements agreed by the Director of Finance.

- Patient's Property Procedure
- Finance Department Contact: Mandy Davies (Patient's Monies Officer)

4.9   The Awyr Las Charity (also known as Charitable Funds or Funds Held on Trust) (s20)

The SFIs provide guidance on the framework required for Awyr Las (also referred to as Charitable Funds or Funds Held on Trust). In accordance with the SFIs, the Health Board has established a Charitable Funds Committee as to ensure that each trust fund which the Health Board is responsible for managing is managed appropriately with regard to its purpose and to its requirements

Awyr Las is the working name and brand of The Betsi Cadwaladr University Local Health Board Charity, which is registered with the Charity Commission under Charity number 1138976. The objects of the Charity are 'for the general or specific purposes of Betsi Cadwaladr University Health Board or for all or any charitable purpose or purposes relating to the National Health Service'.

Its purpose is to raise funds and receive donations and legacies to fund additional equipment, items or activities for patients and their families.
.

- Charitable Funds Committee
- Charitable Funds (Finance)
- Awyr Las Financial Procedures
- Awyr Las website

4.6   Capital Investment, Fixed Asset Registers and Security of Assets (s15)

Capital investment is a specialist area and advice should be sought in advance of an intention to make any capital investment.

4. Extracts from the Standing Financial Instructions

- Capital contacts (Finance)
- Managing Capital

All Budget Managers are responsible for ensuring the safe keeping of the Health Board's assets, even where these have been donated. Budget Managers are required to:
- Ensure that assets are maintained and are safe to use;
- Ensure that assets are kept safely and that any losses or thefts are reported promptly;
- Comply with requests from either Finance, Internal Audit or External Audit for a periodic verification of assets;
- Notify and update the finance department (see Appendix 1) of any changes in ownership, base or location of asset;
- Not to dispose of any asset (either by selling, destroying, donating, giving away or disposing as waste) without first reporting the intended disposal to the Finance Department.

- Each area's Scheme of Reservation & Delegation devolves responsibility for asset ownership to areas/Corporate departments.
- Finance Department Contact: Wendy Lawlor (Assistant Capital Accountant) for queries regarding the Asset Register).

4.6   Scheme of Reservation & Delegation of Powers

The Scheme of Reservation & Delegation of Powers is the key document regarding the governance of the Health Board; this document sets out the statutory framework under which the Health Board operates and also details how the governance arrangements are organised and managed.

In addition, the Scheme of Reservation & Delegation of Powers shows how powers and responsibilities are devolved to senior managers and to the formal Health Board Committee structure.

Each Director is responsible for allocating operational responsibility to posts within their respective management structure and ensuring compliance. To achieve this, an Operational Scheme of Delegation and Authorisation will detail operational limits of responsibility for designated posts which can authorise expenditure. To ensure that processing of relevant documentation is robust and ensures good governance, authorised signatory lists should be created to support and supplement the operational limits.

- Governance & Risk policies and key documents

Appendix 1: Contacts

Finance Leads

(Click on the name to e-mail, or contact via Teams due to working from home requirements)

Name	Site/Area
Paula Jones	Glan Clwyd Hospital
Adrian Butlin	Ysbyty Gwynedd
Andy Whitfield	Wrexham Maelor Hospital
Nigel McCann	Central Area Team
Paul Carter	East Area Team
Viv Vandenblink	West Area Team
Joanna Garrigan	Mental Health & Learning Disabilities
David Williams	Corporate functions
Kirsty Thomson	Fundraising

Name & email	Role
Rob Nolan	Finance Director: Commissioning and Strategy
Aidan Quinn	Interim Finance Director: Provider Services
Tim Woodhead	Finance Director: Operational
Adrian Tomkins	Associate Director of Contracting
Business & Financial Systems	Oracle and Qlikview system management and administration

Function	Contacts details
Payroll	(01815) 8400
Procurement	(01815) 8400
Recruitment	(01815) 8400
Counter Fraud	Karl Woodward, Interim Head of Counter Fraud (WHTN 1814 5417)

Please send any feedback on this document to Michelle Jones.

Appendix 2: Possible Reasons for Over / Under Spending

PAY
Overspendings
a) More staff in post that budgeted and agreed staff establishment.
b) Different 'mix' of staff grades.
c) Greater number of unsocial hours worked.
d) Greater number of sessions worked.
e) Staff appointed at a higher salary scale than the previous occupant.
f) More overtime hours worked than permitted.

Under spending
a) Fewer staff in post than budgeted and agreed staff establishment.
b) Different 'mix' of staff grades.
c) Reduced number of unsocial hours worked.
d) Lower number of sessions worked.
e) Staff appointed at a lower point on the salary scale than the previous occupant.
f) Recruitment difficulties.

NON-PAY
Overspendings
a) Irregular purchasing patterns.
b) Build up in department stock levels.
c) Increase in workload.
d) Lack of control in ordering procedures.
e) Extravagance in the use of consumables.
f) Changes in working practices.
g) Under recovery of income.
h) Actual level of inflation greater than planning or budgeted level.

Under spending
a) Irregular purchasing patterns.
b) Reduction in department stock levels.
c) Reduction in workload.
d) Greater care taken in ordering procedures.
e) More effective use of consumables.
f) Changes in working practices over recovery of income.
g) Actual level of inflation less than planned or budgeted level.

Budget Manager Accountability Agreement 2022/23

1. I confirm that I have read, understood and will make my best endeavours to comply with the requirements laid out in the [Budget Manager handbook](#) and Standing Financial Instructions. I understand that my performance as a budget manager may be scrutinised at any time by the Finance Department, Internal Audit or Audit Wales.

2. I understand that where it is demonstrated that I have not effectively managed my budgets, my rights as a budget manager may be withdrawn by the Executive Director of Finance, acting on behalf of the Chief Executive as Accountable Officer.

3. I confirm that I accept the budget which has been allocated to me, and which is detailed in QlikView and/or an appended report.

4. I confirm that I understand that it is expected that I will make my best endeavours to deliver the Health Board's safety, quality and performance requirements within the budget allocated to me. Patient and staff safety will not be compromised.

5. I am responsible for ensuring that the expenditure incurred within my budget provides the best value for money.

6. Where I identify a budget which is no longer required, it is my responsibility to highlight this to the Director of Finance and give up the funding for other Health Board determined priorities.

7. I confirm that I will:
- Remain accountable for my budget, even where I have delegated responsibility to others;
- Review my budget on a regular monthly basis with the assistance and advice of finance colleagues when called for;
- Seek advice promptly from my finance lead as the need arises.

8. I confirm that in relation to costs against my budget, I will
- Not knowingly incur expenditure where I do not hold sufficient budget;
- Not knowingly attempt to charge expenditure to a budget which I am not directly responsible for;
- Not knowingly commit recurrent expenditure against a non-recurrent budget;
- Not knowingly recruit over my funded establishment;
- Not knowingly incur temporary staffing costs (bank, overtime, agency) over my total available budget without agreeing this in advance with my Divisional Director, Health Community Director or Executive Director. Where temporary staffing costs need to be incurred urgently or out of hours, these will be confirmed retrospectively with the same;
- Ensure that staffing data held on the ESR system or on E-rostering is accurate and up to date to the best of my knowledge and belief and that staff overpayments are minimised by informing Employment Services in a timely manner of any relevant changes;
- Ensure as far as I am able that all non-pay expenditure complies with the requirements of the Standing Financial Instructions including the requirement for an official purchase order to be raised in advance of incurring the expenditure.

9. Where I identify a potential or actual overspend during the financial year, I confirm that I will:
- Develop an action plan designed to bring the position back into line within the financial year;
- Involve my finance lead and my line manager, and other expert sources of advice, such as W&OD, in developing the action plan;

o Make my best endeavours to deliver the requirements of the action plan to ensure a full-year balanced position.

10. I confirm that I have identified and managed (and escalated if appropriate) any risks to achieving the financial objectives I am responsible for. Risks may be listed below (see point 17).

11. I confirm that I will support the Health Board to ensure that the needs of the Health Board's catchment population as a whole are met.

12. I am able to provide reasonable assurance of compliance with legal and regulatory frameworks relevant to my areas of responsibility. These will be achieved through adhering to the Health Board's policies.

13. All staff within my area of responsibility have been appraised of their duty to raise concerns and to deal promptly and efficiently with any concerns raised with them in line with the relevant health board policy.

14. I am able to confirm that all staff within my area of responsibility will be expected to receive an annual appraisal over the financial year, and will be expected to complete their mandatory training as required.

15. I confirm that I am aware of my duties and responsibilities under the NHS Code of Conduct.

16. I confirm that should I become aware of any suspected fraud, bribery or corruption, I will advise the Local Counter Fraud Service promptly and support any investigation.

Risks to budget – please capture any risks you foresee at the present time during the acceptance stage. I confirm that I will keep my finance lead and line manager aware of any significant changes to risks over the year.

Teitl adroddiad: *Report title:*	Finance Report Month 4 2022/23		
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee		
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 25 August 2022		
Crynodeb Gweithredol: *Executive Summary:*	The in-month position is a surplus of £0.1m against plan which leads to a cumulative deficit against plan of £2.2m, (0.35% of allocation) of month 4. This forecast for the year remains at a breakeven position as planned.		
Argymhellion: *Recommendations:*	It is recommended that the report is noted.		
Arweinydd Gweithredol: *Executive Lead:*	Sue Hill, Executive Director of Finance		
Awdur yr Adroddiad: *Report Author:*	Tim Woodhead, Operational Finance Director		

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

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:

Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	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.
Goblygiadau rheoleiddio a lleol:	

Regulatory and legal implications:	Not Applicable
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	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? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	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) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	Current risks and mitigations are shown in Appendix 1, slide 12. £62.3m worth of risks relate to areas where Welsh Government have indicated that funding will be provided, however they have also advised that this funding should be classified as high risk, indicating that funding for these issues is not certain. Further mitigations to the risks continue to be identified to ensure that Health Board achieves its statutory financial duty.

Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*		Month 4 YTD £m	Annual Forecast £m
	Actual Position	(2.2)	0.0
	Planned Position	0	0
	Variance	(2.2)	0.0

The in-month position is a surplus of £0.1m against plan which leads to a cumulative deficit against plan of £2.2m, (0.35% of allocation) of month 4. This deficit is forecast to be recovered by month 9.

The key reasons for the deficit are additional variable pay costs, particularly relating to Medical and Nursing Agency, although these are partly offset by higher levels of vacancies. Month 4 saw a particularly high level of prescribing costs and these will be reviewed in future months to see if this trend continues.

Savings delivered in the 4 months to July 2022 was £4.76m against a plan of £6.07m, a shortfall of £1.69m. Non-recurrent savings delivered are £1.37m. The savings forecast is £13.9m, which is £21.1m behind the target of £35m for the year. There were no transformation savings either planned or delivered in the first four months of the year.

Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	Not applicable

Workforce implications as a result of implementing the recommendations	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF Risk: The risk that the Health Board fails to meet the statutory breakeven duty, due to an inabilty to meet financial targets once Strategic Support funding ceases, and an inability to achieve the annual savings target
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable

Camau Nesaf:
Gweithredu argymhellion

Next Steps:
Implementation of recommendations Not Applicable.

Rhestr o Atodiadau:

List of Appendices:

Appendix 1: Finance Report Pack
Appendix 2: Month 4 Monitoring Return

Executive Summary

Objective

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

Positives & Key Assurances

- ✓ Current Month is reporting a surplus position of £0.1m and cumulative deficit of £2.2m as at end of July.
- ✓ Forecast is to deliver a break even position based on a savings delivery target of £35m and that Welsh Government will fully fund the additional costs of COVID-19.
- ✓ 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 1 2022-23 with only NHS invoices by number remaining below target at 83.4%.

Issues & Actions

- ➤ To achieve a break-even position, the Health Board is required to deliver a savings plan of £35m and is subject to inflationary risk.
- ➤ The Health Board has set a savings target of £35m for 2022/23 to be driven equally by both transaction and transformation led plans and programmes of work. As at Month 4, Saving Schemes identified as Green total full year forecast is £11.4m against a plan of £35m. Including red schemes, for which assurance reviews must be completed, the forecast totals £13.9m including income generation. The proportion of identified recurrent savings are £10.0m including red schemes and income generation, with recurrent savings being reporting as £8.6m.

Key Messages

- ❖ The July position is reporting a surplus of £0.1m and year to date deficit of £2.2m. The forecast is to break-even for 2022/23.
- ❖ The Health Board's financial plan for 2022/23 is to deliver a balanced position which includes the £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition the Health Board has received £38M in relation to Planned and Unscheduled Care Sustainability Funding.
- ❖ 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 and is subject to further meetings to be held in September. 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.

Summary of Key Numbers

Month 4 Position	Forecast	Divisional Performance Month 4	
In Month £159.5m against plan of £159.6m. **£0.1m favourable** YTD £618.7m against plan of £616.5m **£2.2 adverse**	Projected Position but this is subject to inflationary risk. **Balanced**	Area Teams	£2.2m adverse
		Secondary Care	£7.9m adverse
		Mental Health	£1.4m adverse
		Corporate and Other	£9.3m favourable

Savings	Savings Forecast	COVID-19 Impact
In-month: £1.4m against target of £1.6m **£0.2m adverse** YTD: £4.8m against target of £6.1m **£1.3m adverse**	£13.7m, including pipeline savings, against plan of £35.0m **£21.3m adverse**	£16.0m cost YTD £45.2m forecast cost. Funded by Welsh Government (with risk) **£NIL impact**

Income	Pay	Non-Pay
£44.6m against budget of £46.3m **£1.7m adverse**	£301.8m against budget of £299.2m **£2.6m adverse**	£361.5m against budget of £363.6m **£2.1m favourable**

Revenue Position

- The in month position is reporting a surplus of £0.1m and a cumulative deficit of £2.2m as at end of July.

- The total cost of COVID-19 in July is £2.8m (£16.0m year to date), a reduction of £0.9m from June expenditure. Total year forecast cost of COVID-19 is £45.2m for which Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

- The forecast to deliver a balanced position is based on a savings delivery target of £35.0m and is also dependant on Welsh Government fully funding the costs of COVID-19.

	Actual M1 £'000	Actual M2 £'000	Actual M3 £'000	Actual M4 £'000	2022/23 Cumulative Budget £'000	Actual £'000	Variance £'000	Variance %	Forecast Actual £'000
Revenue Resource Limit	(152,882)	(151,609)	(152,384)	(159,645)	(616,520)	(616,520)	(0)	0.0%	(1,862,385)
Miscellaneous Income	(11,293)	(10,787)	(11,435)	(11,088)	(46,333)	(44,603)	(1,730)	3.7%	(131,620)
Health Board Pay Expenditure	76,620	73,442	75,384	76,336	299,244	301,782	(2,538)	(0.8)%	911,765
Non-Pay Expenditure	88,898	89,855	88,452	94,298	363,609	361,503	2,106	0.6%	1,082,240
Total	**1,343**	**901**	**17**	**(99)**	**0**	**2,162**	**(2,162)**		**0**
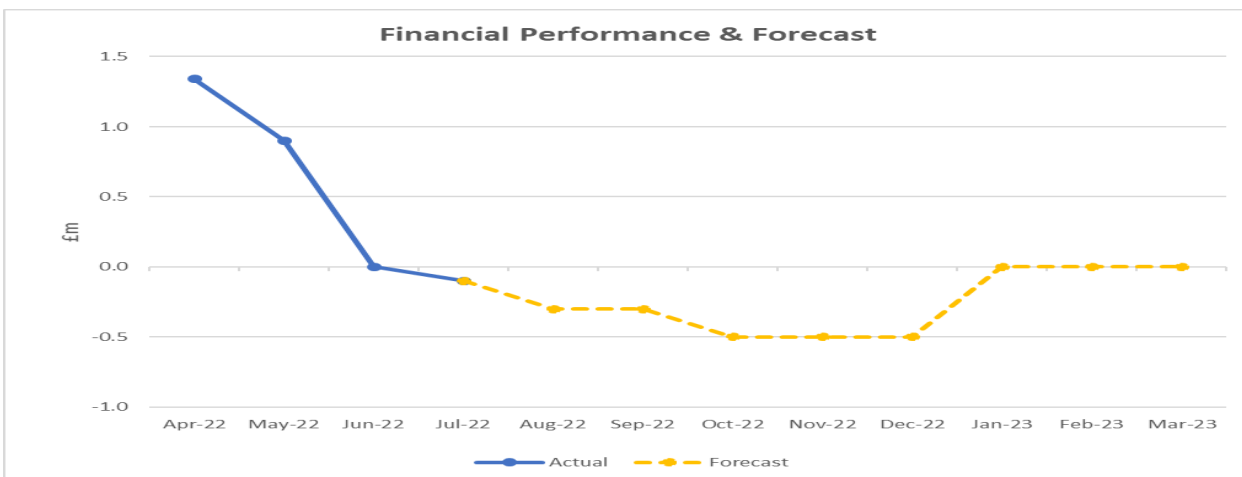
Financial Performance & Forecast

- The Health Board's financial plan for 2022/23 is to deliver a balanced position which includes the £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition £38m funding has also been received for Planned and unscheduled Care Sustainability.

- The £42m Performance and transformation funding was included as recurrent in the MDS. 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 and is subject to further meetings to be held in September

Divisional Positions

	In Month			Cumulative		
	Budget	Actual	Variance to Plan	Budget	Actual	Variance to Plan
	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(159,646)	(159,646)	0	(616,520)	(616,520)	0
AREA TEAMS						
West Area	15,488	16,044	(556)	57,213	58,182	(969)
Central Area	21,063	21,233	(171)	75,719	75,254	465
East Area	22,977	23,702	(724)	84,955	85,880	(924)
Other North Wales	(1,761)	(1,541)	(220)	13,741	14,098	(357)
Field Hospitals	0	0	0	0	0	0
Track,Trace,Protect & Vaccination	1,088	1,088	0	7,099	7,099	0
Commissioner Contracts	21,250	21,931	(681)	82,634	83,031	(397)
Provider Income	(1,765)	(1,732)	(33)	(7,059)	(7,046)	(13)
Total Area Teams	78,340	80,724	(2,384)	314,302	316,498	(2,195)
SECONDARY CARE						
Ysbyty Gwynedd	9,221	9,734	(513)	36,913	39,032	(2,119)
Ysbyty Glan Clwyd	12,039	12,759	(720)	46,127	49,353	(3,226)
Ysbyty Maelor Wrexham	10,104	10,496	(391)	40,075	41,596	(1,521)
North Wales Hospital Services	10,162	10,269	(107)	39,975	41,116	(1,141)
Womens	3,331	3,207	125	13,805	13,744	60
Total Secondary Care	44,858	46,465	(1,607)	176,894	184,841	(7,946)
Total Mental Health & LDS	12,015	12,471	(456)	46,940	48,303	(1,363)
Total Corporate and Other	24,433	19,886	4,547	78,384	69,041	9,343
TOTAL	0	(99)	99	0	2,162	(2,162)

Divisional Positions at Month 4
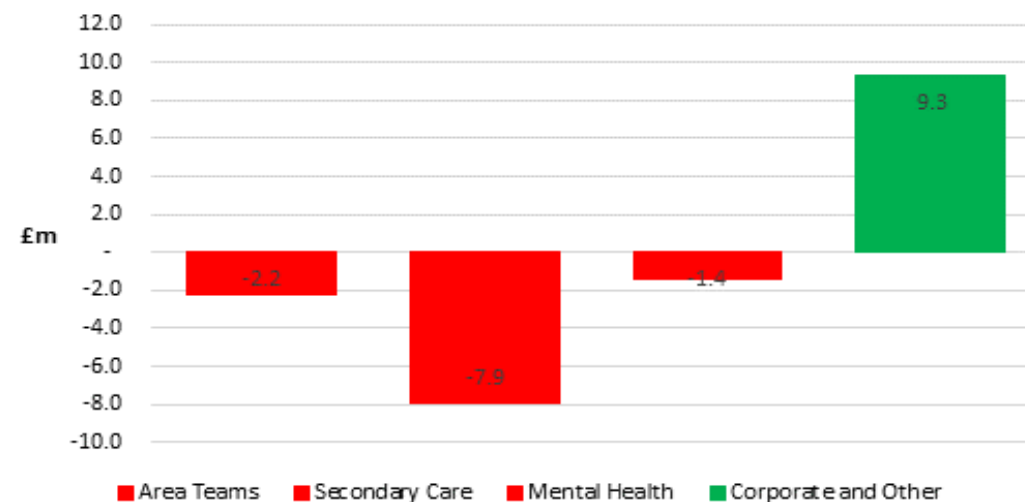
- Key impacts affecting divisional positions include additional costs in Secondary Care due to Medical and Nursing Agency premium covering vacancies and sickness. Variable Pay, including Bank, Agency, Locum, Overtime.

- Pressures continue within Mental Health due to Continuing Healthcare packages requiring more complex packages, driving an increase in costs.

- Other Budgets & Reserves includes Performance, Transformation and Sustainability schemes funding, for which some costs have been reported within the Divisions, but have yet to have funding released from reserves. The reserves profile has been adjusted to account for these costs, which is resulting in an underspend in other budgets.

Description	£m
Allocations Received	1768.6
Total Allocations Received	**1,768.6**

Description	£m
Allocations anticipated	
Capital	8.9
COVID-19	37.2
Energy (Price Increase)	21.2
Employers NI Increase (1.25%)	7.4
Real Living Wage	2.5
Substance Misuse	5.5
IM&T Refresh Prorgamme	1.9
Prevention & Early Years Funding	1.3
Urgent Primary Care Centres	1.0
MSK Orthopaedic Services	1.2
Obesity Pathways	0.6
SDEC	1.6
PACU	0.9
WPAS	0.8
Annual Leave Overtime (Flowers Case)	2.9
WRP Risk Share 22/23 for M1 MMR	-4.8
All Wales Robotics Partnership	0.5
Real Living Wage B1 & B2 - from April 22	0.6
Other	2.6
Total Allocations Anticipated	**93.7**

	£m
Total Allocations Received	1,768.6
Total Allocations Anticipated	93.7
Total Welsh Government Income	**1,862.3**

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL is currently £1,862.4m for the year, of which £616.5m has been profiled into the cumulative position which is £4.3m less than 4/12ths of the allocation.

- The RRL includes confirmed allocations to date of £1,768.6m, with further anticipated allocations in year of £93.7m.

- The anticipated allocations includes £37.2m for COVID-19 income, as £8.0m of COVID-19 funding has now been received within the allocation. £16.0m of this income 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	45.2
Total Covid -19 funding	**45.2**

Received	8.0
Anticipated	37.2

Expenditure

Pay Costs	M11	M12	M1	M2	M3	M4	Cumulative YTD Budget	YTD Actual	YTD Variance	Full Year Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	10.9	17.3	11.4	10.0	11.0	10.8	43.0	43.2	(0.3)	132.6
Medical & Dental	17.1	26.8	17.6	17.3	17.9	18.2	67.0	71.0	(3.9)	219.7
Nursing & Midwifery Registered	23.6	36.7	23.7	22.9	23.4	23.3	97.0	93.4	3.7	278.6
Additional Clinical Services	11.0	17.5	11.2	10.6	10.7	11.0	39.9	43.4	(3.4)	36.3
Add Prof Scientific & Technical	3.2	5.0	2.9	2.9	2.9	3.0	13.0	11.8	1.2	128.3
Allied Health Professionals	4.6	7.1	5.0	4.7	4.7	5.0	19.2	19.5	(0.3)	58.4
Healthcare Scientists	1.3	2.1	1.3	1.2	1.3	1.3	5.3	5.1	0.2	14.9
Estates & Ancillary	3.4	5.3	3.5	3.7	3.5	3.6	14.5	14.2	0.3	42.2
Students	0.1	0.2	0.1	0.1	0.1	0.1	0.3	0.3	(0.0)	0.9
Health Board Total	**75.3**	**118.1**	**76.6**	**73.4**	**75.5**	**76.3**	**299.2**	**301.8**	**(2.5)**	**911.8**
Other Services (Incl. Primary Care)	2.4	2.5	2.0	2.4	2.2	2.3	7.6	8.8	(1.3)	26.5
Total Pay	**77.7**	**120.7**	**78.7**	**75.8**	**77.6**	**78.5**	**306.8**	**310.6**	**(3.8)**	**938.3**

Non-Pay Costs	2021-22			2022-23							
	M10	M11	M12	M1	M2	M3	M4	YTD Budget	YTD Actual	YTD Variance	Full Year Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractors	20.3	18.4	18.8	18.1	17.9	16.5	18.1	72.5	70.6	1.9	217.7
Primary Care Drugs	9.3	8.9	9.9	8.7	8.8	9.9	10.1	35.1	37.5	(2.4)	112.8
Secondary Care Drugs	7.2	6.4	7.1	7.0	7.3	5.4	6.7	25.5	26.3	(0.8)	81.9
Clinical Supplies	7.4	7.7	14.5	6.1	6.8	6.7	5.9	22.6	25.5	(2.9)	74.0
General Supplies	5.5	6.1	10.5	4.2	3.9	4.7	1.5	16.0	14.3	1.6	41.6
HC Services Provided by Other NHS	27.3	24.1	28.0	25.1	25.7	24.7	27.9	103.2	103.4	(0.2)	312.3
Continuing Care and FNC	8.7	7.6	9.4	9.4	9.4	9.4	10.2	34.1	38.4	(4.3)	111.4
Other	12.5	15.9	11.6	7.8	7.7	8.8	8.0	41.2	32.3	8.9	92.6
Non-pay costs	**98.3**	**94.9**	**109.8**	**86.4**	**87.5**	**86.0**	**88.4**	**350.2**	**348.4**	**1.8**	**1,044.2**
Cost of Capital	3.1	3.1	(0.5)	2.5	2.5	2.5	5.9	13.4	13.4	(0.0)	38.1
Total non-pay	**101.5**	**98.1**	**109.3**	**88.9**	**90.0**	**88.5**	**94.3**	**363.6**	**361.8**	**1.8**	**1,082.2**

Variable Pay	2021-22		2022-23				Total
	M11	M12	M1	M2	M3	M4	
	£m	£m	£m	£m	£m	£m	£m
Agency	4.9	5.4	4.6	5.0	5.5	5.5	20.6
Overtime	2.1	2.4	1.8	1.8	0.9	1.3	5.8
Locum	1.8	3.0	1.7	2.1	1.8	2.5	8.1
WLIs	0.3	0.3	0.3	0.4	0.4	0.5	1.6
Bank	2.8	4.8	2.8	2.5	2.3	2.3	9.9
Other Non Core	0.1	0.1	0.1	0.1	0.0	0.1	0.3
Additional Hours	0.3	0.3	0.3	0.3	0.4	0.3	1.3
Total	**12.2**	**16.3**	**11.7**	**12.2**	**11.2**	**12.5**	**47.6**

- Total Pay costs in July are £78.5m. Provided Services Pay costs is £76.3m, which is £0.8m higher than June costs of which £0.5m is increase in overtime costs due to £0.4m being paid in month for Flower overtime on Annual Leave payment.

- Variable Pay, including Bank, Agency, Locum, Overtime, WLI's has increased by £1.3m from June, which is £0.5m increase in overtime costs and £0.7m increase in Locum costs.

- A total of £1.8m pay costs were directly related to COVID-19 in July, which is £0.6m less than June spend.

- Total Non Pay expenditure in July is £88.4m, an in increase of £2.4m from June. Year to date Non Pay is reporting a favourable variance of £1.8m.

Pay Costs

- Pay costs increased in Month 4 due to payments relating to the flowers case covering the months of March to May.
- The below graphs summarises monthly Pay costs and WTE trend, including WTE Vacancies.

Pay Costs

Legend: Core Pay, Agency, Bank, Locum, Other Medical Pay, Overtime

WTE - Budgeted, Contracted and Vacancy

Legend: Budgeted WTE, Contracted, Vacancy
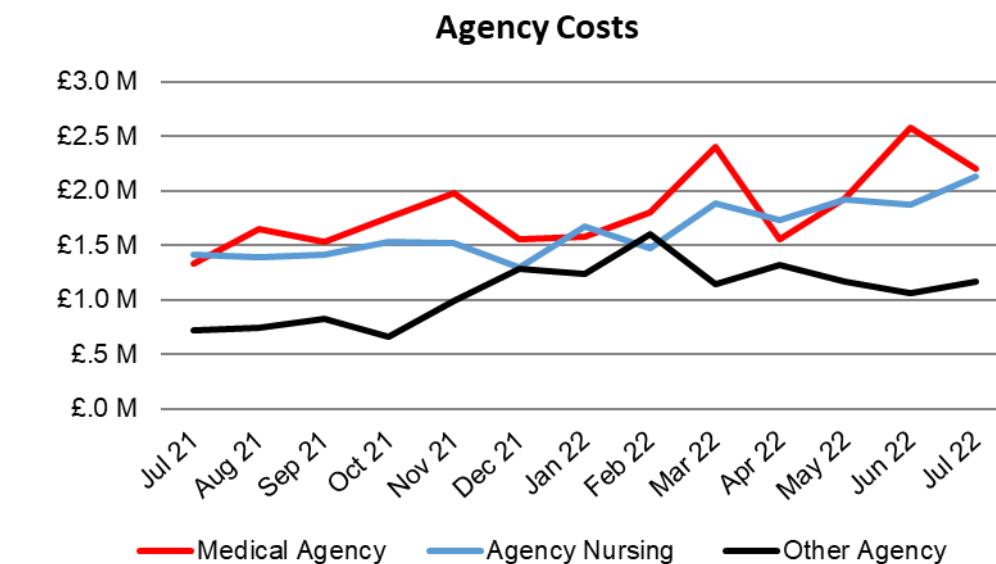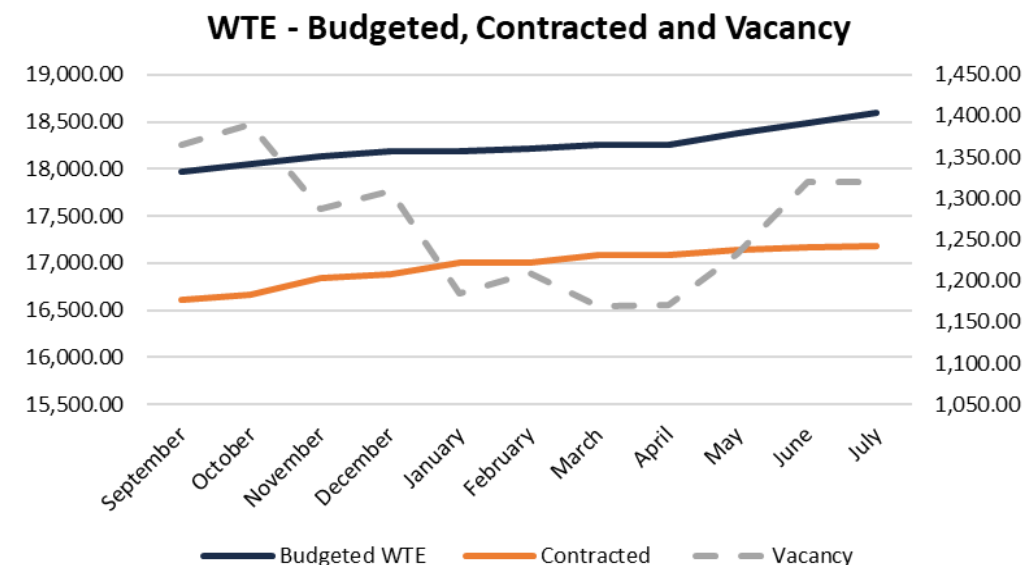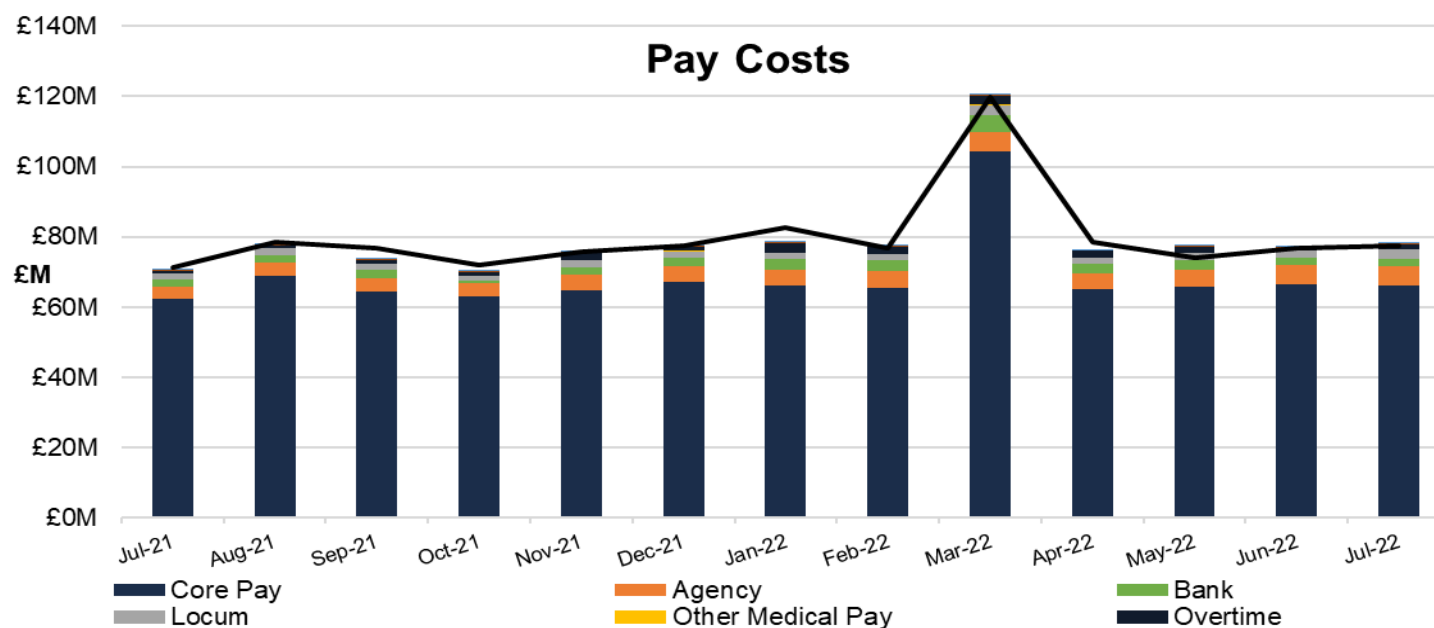
Total agency costs for July were £5.5m which is £0.3m above the average monthly expenditure in this financial year. Of the £5.5m, the 3 hospital sites accounted for £2.9m of the costs.

The costs for medical agency are £2.2m which is £0.1m more than the monthly average in 2022-23.

Agency nursing spend is £2.1m in July £0.2m more than last month.

Agency Costs

Legend: Medical Agency, Agency Nursing, Other Agency

Non Pay Expenditure (Excluding Capital Costs)

Legend:
- Primary Care Contractors
- Primary Care Drugs
- Secondary Care Drugs
- Clinical Supplies
- General Supplies
- HC Services Provided by Other NHS
- Continuing Care and FNC
- Other
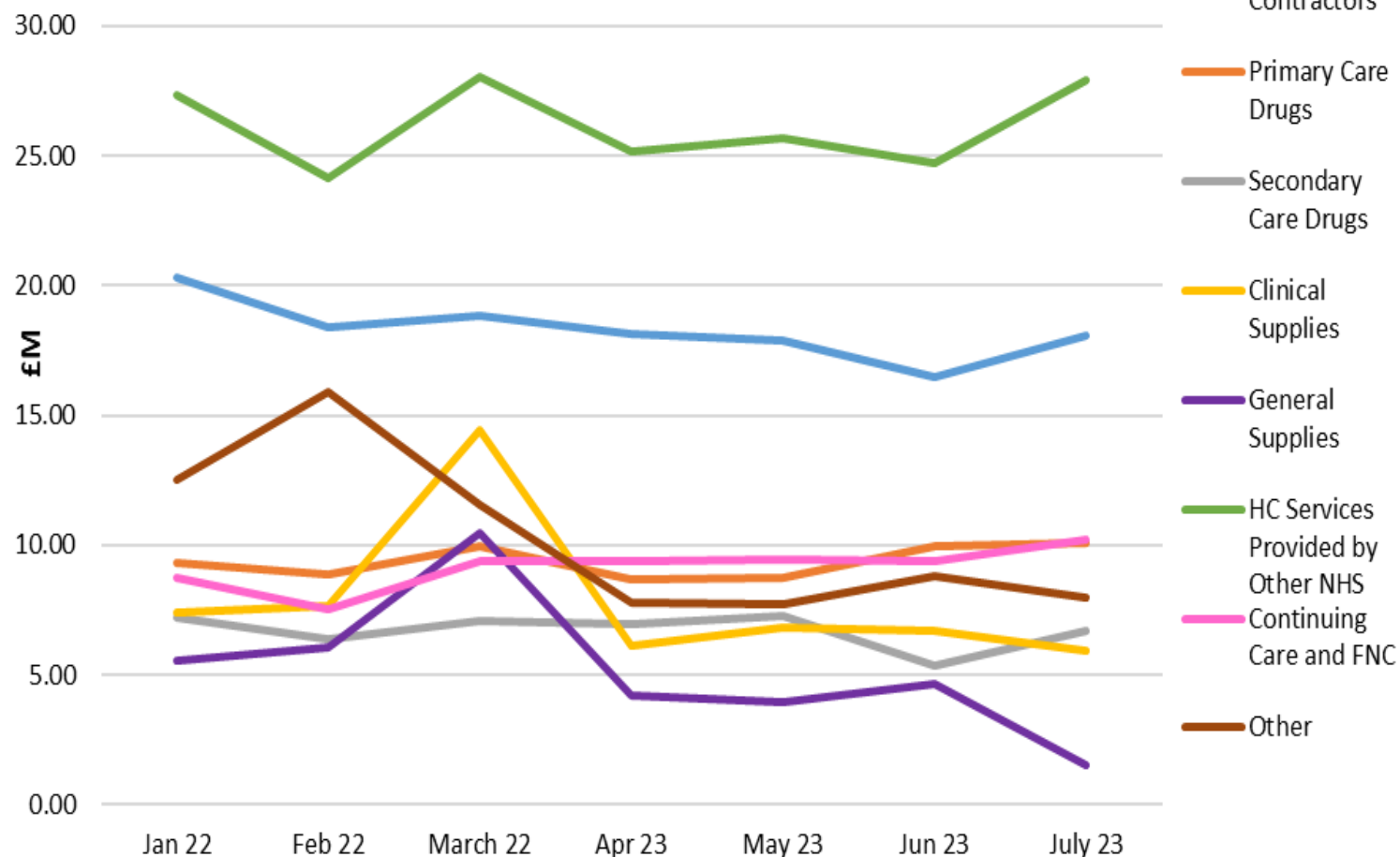
Non-Pay Expenditure: July spend is £88.4m excluding capital charges, which is £2.4m lower than June.

Primary Care Contractor: July expenditure is £18.1m, which is £1.6m (9.7%) higher than previous month spend. June costs were significantly lower than average due to one off reduction in Community Pharmacy Wales in month, therefore July costs are now more in line with April and May costs.

Primary Care Drugs: July costs is £0.2m higher than June spend due to increased prescribing activity and the average cost per item prescribed has increased by 2.3%.

Healthcare Services provided by Other NHS Bodies: July expenditure is £27.9m, an increase of £3.2m from June. Fluctuations in the WHSCC contract has resulted in an increase of £1.1m in Month 4. Liverpool contract is also reporting an additional spend of £1.6m in comparison to previous month.

Continuing Health Care (CHC) and Funded Nursing Care (FNC): Expenditure in July is £10.2m which is £0.8m higher than June costs. Pressures continue within Mental Health Continuing Healthcare packages requiring more complex packages driving an increase in costs. In addition Older People Mental Health (OPMH) spend has increased by £0.4m in month and Childrens CHC is also reporting an increase of £0.4m in month.

Impact of COVID-19

	Actual M01 £m	Actual M02 £m	Actual M03 £m	Actual M04 £m	Total YTD 2022/23 £m	Forecast 2022/23 £m
Testing	0.3	0.3	0.2	0.2	0.9	4.0
Tracing	1.0	0.9	0.9	0.1	2.9	5.1
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	3.4	12.4
Extended Flu Vaccinations	0.0	0.0	0.1	0.1	0.2	1.8
Cleaning Standards	0.1	0.1	0.2	0.1	0.5	2.2
Other Costs	2.9	2.3	1.4	1.5	8.1	19.7
Total COVID-19 expenditure	**5.0**	**4.7**	**3.6**	**2.8**	**16.0**	**45.2**
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.8)	(16.0)	(45.2)
Impact of COVID-19 on Position	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

2022/23 Forecast COVID-19 Costs

2022/23 COVID-19 Cost Distribution
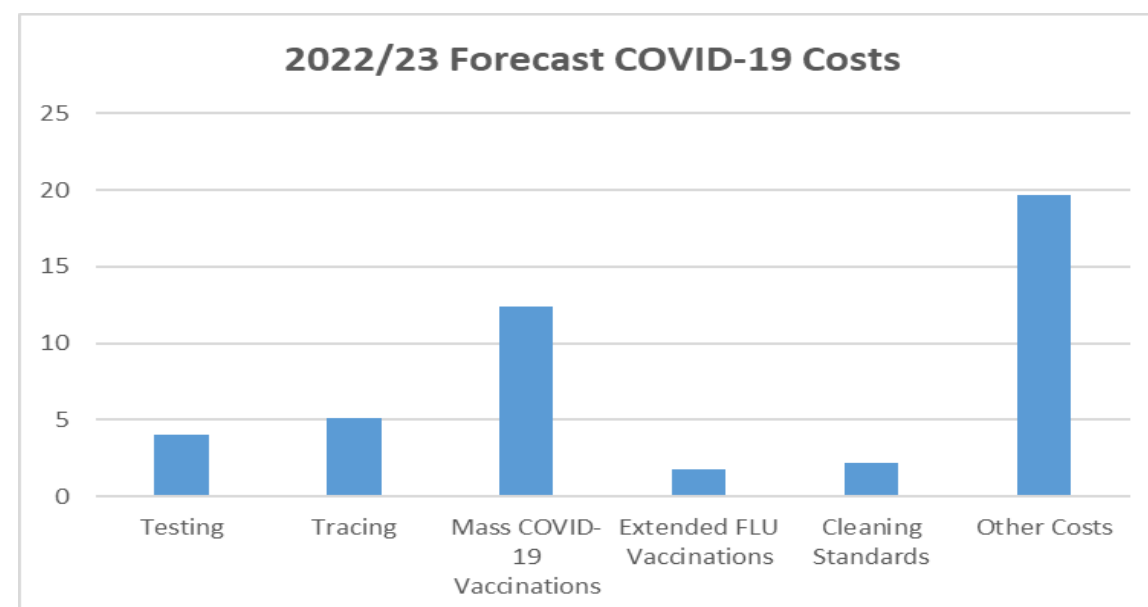
- COVID-19 expenditure in July is £2.8m, a reduction of £0.8m from June. Total forecast cost of COVID-19 is currently £45.2m, a reduction of £2.0m from previous month forecast. The forecast is based on the assumption that COVID-19 costs will continue to have an impact for the whole year, however costs are expected to reduce over future months. Welsh Government income has been anticipated to fully cover this cost,. COVID-19 forecast is regularly reviewed, revised and updated monthly.

- COVID-19 Other Costs is £1.5m for July which includes costs for Long COVID, additional staffing and PPE due to COVID Surge, Investigation and learning from Nosocomial Case and Patient Charge Income Target (Loss of Dental income).

Savings

| | Savings Target £000 | Year to Date | | | | Forecast | | | | | PIPELINE SCHEMES | | | | PROGRAMME | |
		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	521	35	(485)	0	560	(2,564)	0	560	1,118	142	53	195	203	754	(2,370)
Ysbyty Glan Clwyd	3,951	659	0	(658)	51	4	(3,947)	273	277	5	226	61	287	322	564	(3,387)
Ysbyty Wrexham Maelor	3,171	529	169	(360)	0	824	(2,347)	0	824	1,072	163	58	220	207	1,044	(2,127)
Total of hospitals	**10,246**	**1,708**	**204**	**(1,503)**	**51**	**1,387**	**(8,859)**	**273**	**1,660**	**2,195**	**531**	**171**	**702**	**733**	**2,362**	**(7,884)**
North Wales Managed Services	3,586	598	395	(203)	0	990	(2,596)	0	990	990	87	54	141	89	1,132	(2,454)
Womens Services	1,375	469	80	(389)	546	130	(1,245)	670	800	130	7	5	12	7	812	(563)
Secondary Care	**15,207**	**2,774**	**679**	**(2,095)**	**597**	**2,508**	**(12,699)**	**944**	**3,451**	**3,316**	**625**	**230**	**855**	**828**	**4,306**	**(10,901)**
Area - West	2,940	490	514	24	177	1,325	(1,615)	685	2,009	1,329	27	16	43	29	2,052	(888)
Area - Centre	4,942	824	856	32	200	2,310	(2,632)	200	2,510	2,493	67	30	97	70	2,608	(2,335)
Area - East	5,080	847	892	45	297	1,396	(3,684)	895	2,292	1,405	70	36	106	75	2,398	(2,682)
Area - Other	235	39	0	(39)	0	0	(235)	0	0	0	0	0	0	0	0	(235)
Contracts	1,804	301	0	(301)	0	0	(1,804)	0	0	0	100	0	100	100	100	(1,704)
Area Teams	**15,001**	**2,500**	**2,262**	**(238)**	**674**	**5,031**	**(9,970)**	**1,780**	**6,811**	**5,226**	**264**	**82**	**346**	**274**	**7,157**	**(7,844)**
MHLD	613	102	436	333	0	1,000	387	0	1,000	1,000	16	10	26	16	1,026	413
Corporate	4,179	696	13	(683)	100	39	(4,140)	104	143	39	551	741	1,293	586	1,436	(2,743)
Divisional Total	**35,000**	**6,073**	**3,390**	**(2,683)**	**1,371**	**8,578**	**(26,422)**	**2,828**	**11,406**	**9,581**	**1,457**	**1,063**	**2,519**	**1,705**	**13,925**	**(21,075)**
Total Programme	**35,000**	**6,073**	**3,390**	**(2,683)**	**1,371**	**8,578**	**(26,422)**	**2,828**	**11,406**	**9,581**	**1,457**	**1,063**	**2,519**	**1,705**	**13,925**	**(21,075)**

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Savings Achieved and Forecast v. Target
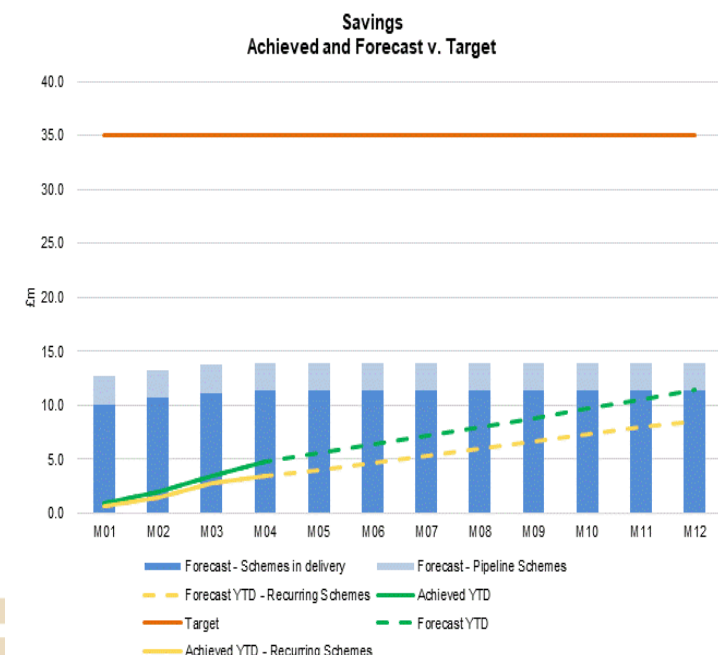
Risks and Opportunities (not included in position)

	RISKS	£m	Level	Explanation
1	Continuing Healthcare	£1.0m	High	There is a risk that Nursing Home prices will be higher than the 3% allowed for due to energy costs and general inflation.
2	Prescribing	£3.5m	Low	Risk of continued increased prescribing activity
3	Higher than anticipated general inflationary costs	£1.5m	High	CPI is 9%
4	Increase in Agency costs due to recruitment difficulties	£0.5m	High	Difficulty in recruiting may lead to higher costs due to agency covering vacancies.
5	Not identifying all required savings	£13.0m	High	Risk that 55% of Savings will not be delivered as planned.
6	COVID-19 Testing Costs	£0.9m	High	Testing costs forecast to be above indicative £3.1m funding.
7	Non programmable COVID costs	£18.2m	High	Risk of Non Programmable COVID costs not being funded.
8	Anticipated Income for Exceptional costs	£31.2m	High	Anticipated income for Exceptional costs not being funded.
9	Increase in Energy Prices	£12.0m	High	Latest Energy forecast from Shared Services Partnership (not yet reflected in Table B due to timing)
10	COVID Loss of Dental income	£0.3m	High	Lower than anticipated patient income Year to date
11	COVID Loss of Dental income	£0.6m	High	(Potential for patient income not to increase - not in Table B)
12	English Pay award	£1.0m	High	impact on English Contracts up to the 4.1%
	Total Risks	**£83.7m**		

	OPPORTUNITIES	£m	Level	Explanation
1	Delay internally funded developments	£13.0m	Medium	Slippage due to delay in internally funded developments.
2	Recruitment in post leads to reduced Agency premium	£1.0m	Medium	Recruitment will lead to reduction in Agency costs.
3	English Pay award	£1.0m	High	Impact on English Contracts up to the 4.1%
	Total Opportunities	**£15.0m**		

Forecast Outturn

Key areas of pressure are in:

- Key impacts affecting divisional positions include additional costs in Secondary Care due to Medical and Nursing Agency premium covering vacancies and sickness. Variable Pay, including Bank, Agency, Locum, Overtime.
- Gap in identified Savings
- Pressures continue within Mental Health due to Continuing Healthcare packages requiring more complex packages, driving an increase in costs.
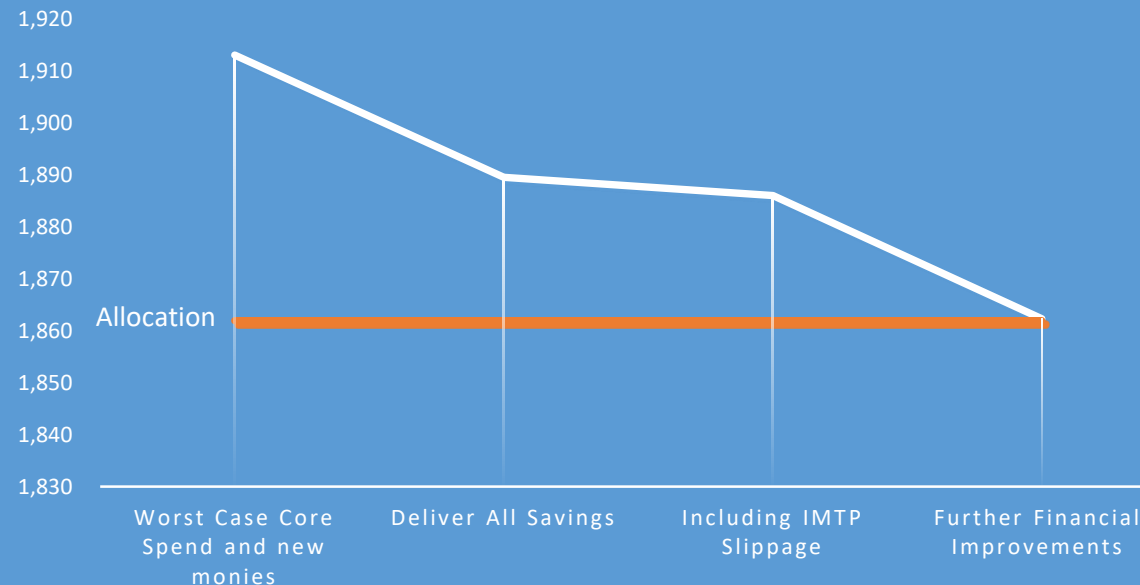
	£m	£m
Allocation		1,862
Core Forecast Spend	1,815	
Developmental Spend (IMTP etc)	99	
Worst Case Scenario		1,913
WCS Forecast Outturn		51
Actions:		
Identify and deliver new Savings		-21
Savings Red schemes		-3
IMTP Slippage		-2
Strategic Support Slippage		-1
Further Financial Improvements		-24
Revised Forecast Outturn		0

It is within the gift of Operational teams to deliver the savings target, what are we doing?

- Forecasts at this point of the year tend to be pessimistic – finance to undertake a deep dive to sharpen up the forecasts
- Review cost pressures in secondary care – ED, Vascular
- Reinforce CEO message to manage within resources
- Transformation work plan to support Improvement Groups
- Corporate functions to support operational delivery
- Review future investment commitments

£M

- Worst Case Core Spend and new monies
- Deliver All Savings
- Including IMTP Slippage
- Further Financial Improvements

Balance Sheet

	Opening Balance Beginning of Apr 22 £'m	Closing Balance End of Jul 22 £'m	Forecast Closing Balance Mar 23 £'m
Non-Current Assets			
Property, plant and equipment	617.7	607.2	608.8
Intangible assets	1.0	1.0	1.0
Trade and other receivables	63.1	62.8	63.1
Non-Current Assets sub total	681.8	670.9	672.9
Current Assets			
Inventories	19.1	19.1	19.1
Trade and other receivables	105.8	120.2	116.8
Cash and cash equivalents	0.0	0.0	0.0
Non-current assets classified as held for sale	6.7	9.7	3.7
Current Assets sub total	131.6	149.1	139.6
TOTAL ASSETS	813.4	820.0	812.4
Current Liabilities			
Trade and other payables	257.1	240.6	245.1
Provisions	52.0	72.4	72.0
Current Liabilities sub total	309.2	313.0	317.2
NET ASSETS LESS CURRENT LIABILITIES	504.2	507.0	495.3
Non-Current Liabilities			
Trade and other payables	0.8	0.8	0.8
Provisions	62.0	62.0	62.0
Non-Current Liabilities sub total	62.8	62.8	62.8
TOTAL ASSETS EMPLOYED	441.3	444.2	432.4
FINANCED BY:			
Taxpayers' Equity			
General Fund	298.0	300.8	279.4
Revaluation Reserve	143.3	143.3	153.0
Total Taxpayers' Equity	441.3	444.2	432.4

Capital

- The approved Capital Resource Limit (CRL) for 2022/23 is £18.651m as per below summary table

Performance against CRL / CEL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
Gross expenditure						
All Wales Capital Programme:						
Schemes:						
Imaging	60	34	(26)	4,483	4,607	124
Wrexham Redevelopment	797	518	(279)	2,399	1,860	(539)
Nuclear Medicine	80	0	(80)	798	798	0
Sub Total	**937**	**552**	**(385)**	**7,680**	**7,265**	**(415)**
Discretionary:						
I.T.	275	172	(103)	1,713	1,713	0
Equipment	372	372	0	1,379	1,379	0
Statutory Compliance	0	0	0	0	0	0
Estates	1,776	1,564	(212)	7,879	8,294	415
Other	0	0	0			0
Sub Total	**2,423**	**2,108**	**(315)**	**10,971**	**11,386**	**415**
Other (Including IFRS 16 Leases) Schemes:						
Donated	154	154	0	800	800	0
Internally Generated	0	0	0	0	0	0
Sub Total	**154**	**154**	**0**	**800**	**800**	**0**
Total Expenditure	**3,514**	**2,814**	**(700)**	**19,451**	**19,451**	**0**
Less Donations:						
Donations:	154	154	0	800	800	0
Sub Total	**154**	**154**	**0**	**800**	**800**	**0**
CHARGE AGAINST CRL / CEL	**3,360**	**2,660**	**(700)**	**18,651**	**18,651**	**0**

Savings Report
July 2022 – M4

Savings and Transformation Summary

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

The Health Board is currently subject to challenging operational conditions around staffing, YGC and MHLD targeted intervention, Unscheduled Care performance, Planned Care recovery and Vascular services to name a few. We have also experienced understandable disruption due to the transition to our new BCU operating model that went live on 1st August, as a number of key individuals left the organisation and others have changed roles. Whilst we continue to recruit to senior positions and on-board over the next few months, we are now working to the new structure. Despite being impacted by the aforementioned we are coming to a position, at least structurally, where we can build on the foundations and move forward positively.

The previous committee update provided commentary that we were reassessing our plans to close the gap to the £35m target and the move to the new operating model is facilitating this. We have discussed and agreed the priority areas with the new operational and clinical leadership team around 5 Executive Led improvement groups - Workforce, Medicines Management, CHC, Planned Care, Unscheduled Care. A number of existing projects and programmes will fall within these improvement groups and the expectation is that these will now accelerate in parallel with the new groups receiving final Executive Team sign off and moving to being established.

Planned Care is an example of this and continues to do the work to achieve clinically committed plans and associated financial improvement. Decisions are required as to whether financial benefits can and should be realised as cash releasing, or reinvested into reducing backlogs and improve performance. There is still a significant amount of work required to get to a position of a full suite of committed delivery plans and trajectories across all areas, but we are now moving into an improved position organisationally to make that happen.

Savings Delivery

	SCHEMES IN DELIVERY										PIPELINE SCHEMES				PROGRAMME	
	Savings Target	Year to Date				Forecast					Recurring Plan	Non-Recurring Plan	Total Plan	Plan FYE	Total Forecast	Variance
		Savings Target	Recurring Savings Delivered	Variance in Recurring Savings	Non-Recurring Savings Delivered	Recurring Forecast	Variance	Non-Recurring Forecast	Total Forecast	Forecast FYE						
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
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- The following Appendices show detail of forecast savings plans currently in delivery

Savings Achieved and Forecast v. Target

Appendix 1 - Saving Schemes in Delivery – Month 4

Division	Scheme / Opportunity Title	Savings Scheme Number	RAG Rating	Recurrent / Non Recurrent	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings £
Area - Centre	Medicines Management	IGMM22001-04	Green	R	816,000	816,000
Area - Centre	Targetted over and above the 1% : Accountancy Gains	AC22001-03	Green	NR	200,000	200,000
Area - Centre	Transactional Savings - Non Pay	AC22001-01	Green	R	278,500	278,500
Area - Centre	Transactional Savings - Pay	AC22001-02	Green	R	835,500	835,500
Area - Centre	Dressings & Woundcare	IGMM22001-05	Green	R	100,000	100,000
Area - Centre	Community Equipment and Consumables	AC22004-01	Green	R	70,000	70,000
Area - Centre	Managed Practices	AC22005-01	Green	R	200,000	200,000
Area - Centre	Savings truxima, biktarvy and descovy	IGMM22002-07	Green	R	10,431	10,436
Area - Centre Total					**2,510,431**	**2,510,436**
Area - East	Meds Management scheme - Category 'M' national tariff price reduction	IGMM22001-06	Green	R	773,000	773,000
Area - East	Meds Management scheme - AE Primary Care	IGMM22001-07	Green	R	190,000	213,018
Area - East	CHC Cost containment	AE22004-01	Green	NR	600,000	565,467
Area - East	CHC Management & Trigger Tool	AE22005-01	Green	R	300,000	300,000
Area - East	Dressings & Woundcare	IGMM22001-08	Green	R	100,000	95,000
Area - East	Grip and Control - Pay Agency Staffing	AE22006-01	Green	NR	240,000	240,000
Area - East	Grip and Control - Non-Pay	AE22007-01	Green	NR	90,000	90,000
Area - East	Secondary Care Drugs savings from 21/22 - difference in fye verses reported fye	IGMM22002-08	Green	R	4,668	4,668
Area - East	Savings truxima, biktarvy and descovy	IGMM22002-09	Green	R	10,431	10,431
Area - East Total					**2,308,099**	**2,291,584**
Area - West	Medicines Management - Primary Care - Reviews	IGMM22001-02	Green	R	175,000	239,918
Area - West	Medicines Management - Primary Care - Cat M prices	IGMM22001-03	Green	R	484,000	484,000
Area - West	CHC Schemes	AW22003-01	Green	R	500,000	589,422
Area - West	CHC Schemes - Backlog reviews	AW22004-01	Green	NR	150,000	515,537
Area - West	Grip and control measures - pay	AW22006-01	Green	NR	150,000	169,080
Area - West	Savings truxima, biktarvy and descovy	IGMM22002-06	Green	R	11,430	11,430
Area - West Total					**1,470,430**	**2,009,387**

Appendix 1 - Saving Schemes in Delivery – Month 4

Division	Scheme / Opportunity Title	Savings Scheme Number	RAG Rating	Recurrent / Non Recurrent	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings £
Provider - YG	SACC - Theatres Scope Managed Service	YG22001-01	Green	R	13,000	13,000
Provider - YG	Medicine - Dressings and Continence Supplies	YG22002-01	Green	R	18,750	12,501
Provider - YG	Medicine - Oxygen Therapy	YG22003-01	Green	R	18,750	17,000
Provider - YG	YG Management - Staff Support	YG22005-01	Green	R	24,000	24,000
Provider - YG	YG Management - Roster Efficiency	YG22006-01	Green	R	66,000	58,667
Provider - YG	YG Management - Redeployments	YG22007-01	Green	R	32,000	55,920
Provider - YG	YG Management - Reduction in Sickness	YG22008-01	Green	R	24,000	21,333
Provider - YG	Medical Agency Reduction	YG22009-01	Green	R	350,000	350,000
Provider - YG	Secondary Care Drugs savings from 21/22 - difference in fye verses reported fye	IGMM22002-01	Green	R	4,327	4,327
Provider - YG	Savings truxima	IGMM22002-02	Green	R	2,943	2,943
Provider - YG Total					**553,770**	**559,691**
Provider - YGC	Medical Agency	YGC22001-01	Green	NR	250,000	134,796
Provider - YGC	Nurse Agency	YGC22002-01	Green	NR	250,000	83,333
Provider - YGC	Admin Agency	YGC22003-01	Green	NR	50,000	12,500
Provider - YGC	Sickness Management	YGC22005-01	Green	NR	50,000	12,500
Provider - YGC	Escalation Nursing Reduction	YGC22006-01	Green	NR	30,000	30,000
Provider - YGC	Savings truxima	IGMM22002-03	Green	R	3,924	3,924
Provider - YGC Total					**633,924**	**277,054**
Provider - YMW	Medical staffing - agency reduction	YMW22001-01	Green	R	50,000	50,000
Provider - YMW	Medical staffing - agency reduction	YMW22005-01	Green	R	75,000	110,000
Provider - YMW	Medical staffing - agency reduction	YMW22012-01	Green	R	25,000	25,000
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22002-01	Green	R	250,000	155,833
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22006-01	Green	R	200,000	258,000
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22013-01	Green	R	150,000	100,000
Provider - YMW	Theatres performance	YMW22008-01	Green	R	40,000	34,000
Provider - YMW	Orthopaedic Implants	YMW22009-01	Green	R	10,000	10,000
Provider - YMW	Sterile Services - Review staffing structure and sustained change	YMW22010-01	Green	R	20,000	35,832
Provider - YMW	Theatres performance / procurement / stock rotation	YMW22014	Green	R	25,000	25,000
Provider - YMW	Secondary Care Drugs savings from 21/22 - difference in fye verses reported fye	IGMM22002-04	Green	R	9,117	9,117
Provider - YMW	Savings truxima	IGMM22002-05	Green	R	10,791	10,791
Provider - YMW Total					**864,908**	**823,573**

Appendix 1 - Saving Schemes in Delivery – Month 4

Division	Scheme / Opportunity Title	Savings Scheme Number	RAG Rating	Recurrent / Non Recurrent	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings £
Corporate	Removal of support post from Strategy and Planning structure	CORP22001-01	Green	R	39,000	39,000
Corporate	Review of non-pay budgets	CORP22002-01	Green	NR	6,000	6,000
Corporate	Team not at full capacity until part way through the year	CORP22003-01	Green	NR	98,295	98,295
Corporate Total					**143,295**	**143,295**
MHLD	Right Care Programme	MH22001-01	Green	R	1,000,000	1,000,000
MHLD Total					**1,000,000**	**1,000,000**
Provider - NW	PET CT contract	NWP22002-01	Green	R	202,348	202,348
Provider - NW	Drug Patent Savings	NWP22001-01	Green	R	522,000	788,002
Provider - NW Total					**724,348**	**990,350**
Womens	Medical Agency	WOM22002-01	Green	R	60,000	100,000
Womens	CoCH Contract - 21/22 unachieved due to block contract	WOM22001-01	Green	R	107,496	0
Womens	Vacancy FactorVacancy Factor - Administration	WOM22003-01	Green	NR	38,000	67,000
Womens	Vacancy Factor - HCA	WOM22004-01	Green	NR	47,000	91,000
Womens	Vacancy Factor - RGN & Midwifery	WOM22005-01	Green	NR	220,000	215,754
Womens	Reduced Travelling expenditure	WOM22006-01	Green	R	30,000	30,000
Womens	Pension Scheme FPC Reassessment	WOM22007-01	Green	NR	234,149	296,628
Womens Total					**736,645**	**800,382**
Grand Total					**10,945,850**	**11,405,752**

Appendix 1 - Saving Schemes in Delivery – Red Risk – Month 4

Division	Scheme / Opportunity Title	Savings Scheme Number	RAG Rating	Recurrent / Non Recurrent	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings £
Area - Centre	Procurement - Recurring	IGPROC22001-01	Red	R	66,752	0
Area - Centre	Procurement - Non Recurring	IGPROC22001-02	Red	NR	30,387	0
Area - Centre Total					**97,140**	**0**
Area - East	Procurement - Recurring	IGPROC22001-01	Red	R	70,456	0
Area - East	Procurement - Non Recurring	IGPROC22001-02	Red	NR	35,595	0
Area - East Total					**106,051**	**0**
Area - West	Procurement - Recurring	IGPROC22001-01	Red	R	27,266	0
Area - West	Procurement - Non Recurring	IGPROC22001-02	Red	NR	15,530	0
Area - West Total					**42,796**	**0**
Contracts	Income Generation Phase 1	CON22001	Red	R	99,992	0
Contracts Total					**99,992**	**0**
Corporate	In-year property disposals	CORP22007	Red	NR	50,000	0
Corporate	Large site rationalisation (Abergele, ByN)	CORP22008	Red	R	100,000	0
Corporate	Withdrawal from leased premises	CORP22009	Red	R	20,000	0
Corporate	Rates rebates: 2017/2022	CORP22010	Red	NR	25,000	0
Corporate	Decarbonisation	CORP22011	Red	R	100,000	0
Corporate	Transport/travel	CORP22013	Red	R	10,000	0
Corporate	Technology: eliminate unwarranted variation in staffing	CORP22014	Red	NR	540,000	0
Corporate	Technology: energy management system	CORP22015	Red	R	35,000	0
Corporate	Travel Cost Reduction	CORP22004	Red	NR	2,500	0
Corporate	Travel Cost Reduction	CORP22006	Red	NR	2,500	0
Corporate	Confidential Waste Cost Reduction	CORP22005	Red	NR	2,500	0
Corporate	Procurement - Recurring	IGPROC22001-01	Red	R	236,234	0
Corporate	Procurement - Non Recurring	IGPROC22001-02	Red	NR	28,831	0
Corporate	Renewal of E Job Plan Contract supported from Slippage	0	Red	NR	90,000	0
Corporate	Reduction in pay budget	0	Red	R	50,000	0
Corporate Total					**1,292,564**	**0**

Division	Scheme / Opportunity Title	Savings Scheme Number	RAG Rating	Recurrent / Non Recurrent	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings £
MHLD	Procurement - Recurring	IGPROC22001-01	Red	R	15,723	0
MHLD	Procurement - Non Recurring	IGPROC22001-02	Red	NR	10,084	0
MHLD Total					**25,808**	**0**
Provider - NW	Procurement - Recurring	IGPROC22001-01	Red	R	87,390	0
Provider - NW	Procurement - Non Recurring	IGPROC22001-02	Red	NR	53,837	0
Provider - NW Total					**141,227**	**0**
Provider - YG	Emergency Care - CAS Cards Storage	YG22004	Red	R	2,500	0
Provider - YG	Procurement - Recurring	IGPROC22001-01	Red	R	139,372	0
Provider - YG	Procurement - Non Recurring	IGPROC22001-02	Red	NR	52,687	0
Provider - YG Total					**194,559**	**0**
Provider - YGC	Job Planning Review	YGC22004-01	Red	R	50,000	0
Provider - YGC	Procurement - Recurring	IGPROC22001-01	Red	R	176,029	0
Provider - YGC	Procurement - Non Recurring	IGPROC22001-02	Red	NR	60,917	0
Provider - YGC Total					**286,947**	**0**
Provider - YMW	Procurement - Recurring	IGPROC22001-01	Red	R	162,830	0
Provider - YMW	Procurement - Non Recurring	IGPROC22001-02	Red	NR	57,600	0
Provider - YMW Total					**220,430**	**0**
Womens	Procurement - Recurring	IGPROC22001-01	Red	R	7,081	0
Womens	Procurement - Non Recurring	IGPROC22001-02	Red	NR	4,532	0
Womens Total					**11,613**	**0**
Grand Total					**2,519,126**	**0**

MONITORING RETURN

Month 4 2022/23

Sue Hill
executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial plan

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

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

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

- The £42m Performance and transformation funding 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 and is subject to further meetings to be held in September.

1.2 Actual Year to Date Position

- The in-month position is a surplus of £0.1m, which gives a cumulative position of £2.2m as at the end of July (0.12% of WG allocation).

- The total cost of COVID-19 in July is £2.8m (£16.0m year to date), a reduction of £0.9m from June expenditure. Welsh Government income has been anticipated to fully fund these costs, giving a nil impact on the financial position.

1.3 Forecast Position

1. FINANCIAL POSITION & FORECAST

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

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

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

1.4 Income (Table B)

- Income totals £170.7m for July, an increase of £6.9m from June. Further details are included in Section 7.

1.5 Actual Expenditure (Table B)

- Expenditure totals £170.6m for July, which is £6.8m higher than total expenditure in June.

- The areas of significant increase in spend are Healthcare Services provided by Other NHS Bodies (£3.2m), Primary care Contractor (£1.6m), Secondary care Drugs (£1.3m), Provider Services Pay (£1.0m) and DEL Depreciation\Accelerated Depreciation\Impairments (£3.4m). Offsetting these are decreases in Provider Services Non Pay (£4.1m).

- Further detail on key movements in spend is provided in the below table.

- Costs of £2.8m are directly related to COVID-19 in July, of which £1.8m is Pay and £1.0m is Non Pay.

Primary care Contractor	• Expenditure in July is £18.1m, which is £1.6m (9.7%) higher than costs in June and £0.1m less than forecast for the month and the MDS forecast for the month. July costs are in line with April and May costs, and the reason for the increase from previous month is due to the significant one off reduction in GMS and Community Pharmacy Wales spend that was reported in Month 3.
Primary care – Drugs & Appliances	• July expenditure is £0.2m (1.6%) higher than June and £0.8m higher than forecast for the month. This is mainly driven by the volume of Drugs prescribed. As July prescribing costs are based on May data, the impact of additional bank holidays in May has also resulted in

	increased costs. Prescribing activity has increased by 5% in comparison to previous year. • Following receipt of the May prescribing data, the average cost per Prescribing Day has reduced by 1.0%, May was £0.489m compared to £0.494m for April. The average cost per item prescribed in May has increased by 2.3%; May was £6.81 compared to £6.66 in April, and the 3 month average cost per item has also increased from £6.69 to £6.74. The overall number of items prescribed per prescribing day has reduced by 3.2%; May had 71,889 items prescribed compared to 74,268 in April
Provided Services - Pay	• Provided Services pay costs are £76.3m, which is £1.0m (1.3%) higher than June costs and £0.6m higher than forecast for the month of which £0.5m relates to increase in overtime payments due to £0.4m being paid in month for Flowers overtime on Annual Leave. • Core Pay is £0.4m less than previous month costs. • Total Variable Pay is £9.1m (Agency £5.5m, Bank £2.2m and Overtime £1.3m), an increase of £0.5m from June. Month 4 Overtime Pay costs has increased by £0.5m whilst Agency and Bank spend has remained in line with previous month spend. Further detail on Agency spend is included in Section 5.1. • A total of £1.8m pay costs were directly related to COVID-19 in July, which is £0.6m less than June spend. • Full year additional cost impact of the Real Living Wage for Band 1 & 2 is £0.6m, of which 4/12ths £0.2m has been factored into the Month 4 position for which funding has been anticipated in full. • Total sell back of annual leave payments paid in Month 4 is £0.6m, therefore total paid to end of Month 4 is now £1.43m.
Provider Services Non-Pay	• Spend in July is £13.7m which is £4.1m (22.9%) less than June costs and £1.1m less than forecast for the month. • £2.8m reduction is in relation in to re-phasing of RIF spend in Month 4. This will not impact total forecast cost, however the spend profile has been amended in line with proposed plans. • Junior Medical Training Study Leave costs have reduced by £0.3m due to higher costs reported in Month 3. • British Red Cross Transport Costs have also reduced by £0.2m in Month 4 for which anticipated income has been reduced for the full year effect of £0.5m. • The other reductions are reported against a range of non-pay headings including M&SE, Implants, Provisions and Legal Fees.

	• COVID-19 Non Pay costs in July is £1.0m, a reduction of £0.2m from previous month expenditure. • Provider Services Non Pay total forecast has increased by £8.4m due to revised energy forecast.
Secondary care Drugs	• Spend in July is £6.7m, an increase of £1.3m (24.3%) from previous month and £0.3m less than forecast for the month. The increase is due to previous month position having reported a reduction of £1.9m driven by lower FP10 spend. Excluding the FP10 reduction in Month 3, Drugs would be reporting a £0.3m reduction in Month 4.
Healthcare Services provided by other NHS Bodies	• Month 4 expenditure is £27.9m, an increase of £3.2m (13.0%) from Month 3 spend and £2.1m higher than forecast spend for the month. • Fluctuations in the WHSCC contract has resulted in an increase of £1.1m in Month 4. Liverpool contract is also reporting an additional spend of £1.6m in comparison to previous month. • Block contracts with English providers remain, however the contracts are subject to inflation risk, as well as inflation on Welsh contracts.
Continuing Health care (CHC) and Funded Nursing care (FNC)	• Expenditure in July is £10.2m which is £0.8m (8.9%) higher than June and £0.7m higher than forecast for the month. • Pressures remain within Mental Health Continuing Healthcare as patients require more complex packages. In addition Older People Mental Health (OPMH) spend has increased by £0.4m in month and Childrens CHC is also reporting an increase of £0.4m in month.
Other Private and Voluntary Sector	• Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers. • July expenditure is £0.1m less than previous month spend and in line with Month 4 forecast position.
Joint Financing	• Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget and Mass Vaccination Centres spend. • Spend in July is £0.4m less than June and is in line with forecast position.
Losses, Special Payments and Irrecoverable Debts	• Includes Redress, Clinical Negligence, Personal Injury and loss of property. • July expenditure is in line with previous month spend.
Capital	• Includes depreciation and impairment costs which are fully funded.

- The IFRS-16 Lease changes will not be reflected in the tables until Month 5.
- Capital costs have increased in month by £3.4m and compared to forecast. This is due to the non-cash submission. The forecast submission included the request of additional strategic depreciation and baseline support of £10.3m. This increased resource requirement has been phased over 12 months, resulting in the increase in costs in Month 4.

1.6 Forecast Expenditure (Table B)

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

- The Forecast expenditure factors in the additional cost impact of 1.25% increase in NI costs (£7.4m) and the additional impact of the full year cost of Real Living Wage for Band 1 & 2, of which 4/12ths has been factored into the year to date position. Funding has been anticipated in full.

- Energy forecast costs have been updated in line with WG advice and on the basis of the revised template. A revised forecast has been received which has increased from £32m to £44m. The price of gas has increased again and continues to be very volatile. The revised energy forecast poses a risk of £12.0m in addition to the £32m included within the forecast cost for Energy.

- The forecast expenditure also includes the Microsoft renewal license cost of £4.5m, of which £1.8m is a cost pressure for the Health Board. £1.3m of the License renewal costs have been accounted for within the year to date position.

- The brought forward opening Annual Leave accrual value from 2021/22 is £27.2m and £1.4m has been paid up to end of Month 4. No additional resource was requested from Welsh Government in Month 12 to increase the year end provision.

- The below table summarises the forecast expenditure relating to the £30.0m Performance Fund and £12.0m transformation Fund. We are forecasting full utilisation of the Performance and transformation Fund. Most of the schemes are now underway, with the remaining ones due to start within the next two months. There has been some slippage against the original plan due to ongoing recruitment issues, however services are confident that the funding will be spent in full. Actual performance against submitted businesses cases will be monitored on a monthly basis and used to inform future forecasts.

1. FINANCIAL POSITION & FORECAST

| | Actual | | | | Forecast | | | | | | | | Total |
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	£m
Pay	0.6	2.0	1.4	1.3	2.1	2.1	2.4	2.4	2.8	3.0	3.5	3.8	**27.4**
Non-Pay	0.2	0.8	0.4	0.7	1.1	1.6	1.8	1.4	1.5	1.7	1.7	1.7	**14.6**
Total	**0.8**	**2.8**	**1.8**	**2.0**	**3.2**	**3.7**	**4.2**	**3.8**	**4.3**	**4.7**	**5.2**	**5.5**	**42.0**

- The three 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 now been amended to 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. A meeting has been arranged with Welsh Government in September to review the agreement of Strategic Support funding.

1.7 Accountancy Gains (Table B)

- The Health Board is reporting £0.2m accountancy gains in July.

1.8 COVID-19 (Table B3)

- The total impact of COVID-19 spend in July is £2.8m, a reduction of £0.9m from June spend. Welsh Government funding has been anticipated to fully offset the impact of COVID-19. The below table summarises actual spend by COVID-19 category.

	Actual M01 £m	Actual M02 £m	Actual M03 £m	Actual M04 £m	Total YTD 2022/23 £m	Forecast 2022/23 £m
Testing	0.3	0.3	0.2	0.2	0.9	4.0
Tracing	1.0	0.9	0.9	0.1	2.9	5.1
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	3.4	12.4
Extended Flu Vaccinations	0.0	0.0	0.1	0.1	0.2	1.8
Cleaning Standards	0.1	0.1	0.2	0.1	0.5	2.2
Other Costs	2.9	2.3	1.4	1.5	8.1	19.7
Total COVID-19 expenditure	**5.0**	**4.7**	**3.6**	**2.8**	**16.0**	**45.2**
Welsh Government COVID-19 income	(5.0)	(4.7)	(3.6)	(2.8)	(16.0)	(45.2)
Impact of COVID-19 on Position	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

1. FINANCIAL POSITION & FORECAST

- 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 £45.2m, a net reduction of £10.5m 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, however COVID-19 monthly costs have reduced month on month since April. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.

- As per below summary table, the total COVID Forecast has reduced by £2.0m due to month on month reduction in costs as a result of continued review of COVID spend.

	Forecast at Month 3 £m	Forecast at Month 4 £m	Change £m
Testing	4.6	4.0	(0.6)
Tracing	5.3	5.1	(0.2)
Mass COVID-19 Vaccinations	12.6	12.4	(0.2)
Extended Flu Vaccinations	1.8	1.8	0.0
Cleaning Standards	2.2	2.2	0.0
Other Costs	20.7	19.7	(1.0)
Total COVID-19 costs	**47.2**	**45.2**	**(2.0)**
Welsh Government COVID-19 income	(47.2)	(45.2)	2.0
Total Impact of COVID-19	**0.0**	**0.0**	**0.0**

- Testing costs is forecast to be £0.9m over and above the indicative £3.1m funding, which is £0.6m less than reported in Month 3. This has also been reported within Section 3.1 Risk Table A2.

- Total forecast spend within the PPE, Long COVID and Other section (A6) on Table B3 is £19.7m, a reduction of £1.0m from Month 3 forecast. The majority of the shift in COVID Other forecast costs relates to the COVID Surge reduction of £1.5m which is offset by an increased loss of dental income of £0.3m year to date. There is a further risk of £0.6m which is not included in the forecast but is noted as a risk.

- The main driver of the reduction in COVID Surge is the £1.3m reduction in forecast cost caused by the reduced need for the additional COVID bed capacity. COVID costs and forecasts are reviewed monthly, and in July we have seen a significant reduction in the demand for Medical and Nursing staff, particularly in one site. The below table provides a breakdown of the change in COVID Surge Forecast costs.

1. FINANCIAL POSITION & FORECAST

Covid Surge	Month 3 Forecast £ m	Month 4 Forecast £ m	Change £ m
A2. Increased bed capacity specifically related to COVID-19	2.2	0.9	-1.3
A3. Other Capacity & facilities costs (exclude contract cleaning)	0.8	0.8	0.0
B1. Prescribing charges directly related to COVID symptoms	0.2	0.2	0.0
C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	10.6	10.4	-0.2
D1. Discharge Support	0.0	0.0	0.0
D5. Other Services that support the ongoing COVID response	0.9	0.9	0.0
TOTAL	**14.7**	**13.2**	**-1.5**

- 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 revised underlying position has been revised to reflect a carried forward underlying deficit of £82.0m.

- In year savings; savings plans still to be identified are £23.6m (£26.6m recurrent full year effect).

3. RISK MANAGEMENT

3.1   Risk Management (Table A2)

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

	£m	Level	Explanation
Risks			
Continuing Healthcare	£1.0m	High	There is a risk that Nursing Home prices will be higher than the 3% allowed for due to energy costs and general inflation.
Prescribing	£3.5m	Low	Risk of continued increased prescribing activity
Higher than anticipated general inflationary costs	£1.5m	High	CPI is 9%
Increase in Agency costs due to recruitment difficulties	£0.5m	High	Difficulty in recruiting may lead to higher costs due to agency covering vacancies.
Not identifying all required savings	£13.0m	High	Risk that 55% of Savings will not be delivered as planned.
COVID-19 Testing Costs	£0.9m	High	Testing costs forecast to be above indicative £3.1m funding.
Non programmable COVID costs	£18.2m	High	Risk of Non Programmable COVID costs not being funded.
Anticipated Income for Exceptional costs	£31.2m	High	Anticipated income for Exceptional costs not being funded.
Increase in Energy Prices	£12.0m	High	Latest Energy forecast from Shared Services Partnership (not yet reflected in Table B due to timing)
COVID Loss of Dental income	£0.3m	High	Lower than anticipated patient income Year to date
COVID Loss of Dental income	£0.6m	High	(Potential for patient income not to increase - not in Table B)
English Pay award	£1.0m	High	impact on English Contracts up to the 4.1%
Total Risks	**£83.7m**		

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

3. RISK MANAGEMENT

	£m	Level	Explanation
Opportunity			
Delay internally funded developments	£13.0m	Medium	Slippage due to delay in internally funded developments.
Recruitment in post leads to reduced Agency premium	£1.0m	Medium	Recruitment will lead to reduction in Agency costs.
English Pay award	£1.0m	High	Impact on English Contracts up to the 4.1%
Total Opportunities	**£15.0m**		

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 4 are £5.5m, representing 7.0% of total pay. Agency costs for Month 4 are £5.5m, representing 7% of total pay which is in line with previous month spend. COVID-19 Agency costs were £0.3m in July, which is also same as previous month.

- Medical agency costs have decreased by £0.4m compared to June; to an in-month spend of £2.2m. COVID-19 Medical Agency costs were £0.1m in July, which is in line with previous month spend.

- Nurse agency costs totalled £2.1m for the month, an increase of £0.3m (14%) against the previous month spend. Acute sites continue to carry a high level of nursing vacancies. COVID-19 Nurse Agency costs were £0.2m in July, same as reported in June.

- Other agency costs totalled £1.2m in July, £0.2m higher than in June.

6. SAVINGS

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

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

- Savings in month totalled £1.4m against a plan of £1.3m, resulting in a favourable variance of £0.1m.

- The Transactional savings Target is £17.5m. We started the year with savings identified and plans developed in the transactional area, which totalled £12.6m including red schemes. As at Month 4, Savings Schemes identified as Green total full year forecast is £11.4m. Including red schemes, for which assurance reviews must be completed, the forecast totals £13.9m. Income Generation is also included. The proportion of identified recurring savings are £10.0m including red schemes and income generation, with recurrent savings being reporting as £8.6m in the monitoring return.

- Further potential cash releasing gains relating to supplies increases the total transactional savings forecast by £0.5m from £13.9m to £14.4m.

- Productivity improvement estimates to be delivered by the divisions is £0.8m. In addition transformation have estimated £3.1m will be delivered by the planned care Programme this year.

- The main risk to savings delivery is that the organisation continues to be subject to significant operational challenges relating to YGC and MHLD targeted intervention, unscheduled care performance, planned care recovery and the vascular service.

- The HB has also implemented the new BCU operating model which went live on 1st August, as a number of key individuals left the organisation and others have changed roles. We have already started working to the new structure, and while there are some key vacant posts at Month 4, we are clear that the model will move the Health Board forward positively.

- Part of last month's update, it was highlighted that we were re-assessing our plans to close the gap on the target, where we have discussed and agreed the priority areas with the new operational and clinical leadership team around 5 executive led improvement groups (workforce, medicines management, CHC, planned care and unscheduled care).

- A number of existing projects and programmes will fall within these improvement groups, and the expectation is that these will now accelerate in parallel with the new groups receiving final executive team sign off and then being established.

6. SAVINGS

- Planned care is an example of this and continues to do the work to achieve clinically committed and costed plans and trajectories (currently amounting to an estimated £3.1m, with decisions required as to whether this will be reinvested in reducing backlogs or whether it could be cash releasing).

- There is still a significant amount of work required to get to a position of a full suite of committed delivery plans and trajectories across all areas, but we are now in the right place organisationally to make that happen.

7.1 Income/Expenditure Assumptions (Table D)

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

7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) for the year is £1,862.4m. £616.5m of the RRL has been profiled into the cumulative position, which is £4.3m less 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 £1,768.6m, with further anticipated allocations in year of £93.7m.

- The anticipated allocation includes £37.2m for COVID-19 income, plus £8.0m of COVID-19 funding has been received within the position to date, of which £0.9m is nosocomial, £2.5m Dental Income, £1.8m Extended Flu and £2.8m Tracing). £16.0m of COVID-19 income has been profiled into the cumulative position to match expenditure.

- COVID anticipated income includes £0.9m for testing costs above the indicative £3.1m funding.

- Surge Categories movement include Loss of Dental income of £0.3m year to date within anticipated income.

- The IFRS-16 Lease Changes anticipated allocation will not be reflected in tables until Month 5.

8. HEALTH CARE ARGEEMENTS & MAJOR CONTRACTS

8.1 Welsh NHS Contracts

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

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

9.1 Statement of financial position (Table F)

- Details of actual material movements in the Statement of financial position during 2022-23 are as follows:

Movements at Month 4 2022-23

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

  Trade and other receivables increased by £25.504m in Month 4 of which £19.961m related to amounts recoverable from the Welsh Risk Pool for on-going litigation cases. Other movements included an increase in VAT receivables of £1.456m

  The cumulative increase of £14.456m in trade receivables during 2022-23 mainly comprises of an increase of £14.463m in receivables with the Welsh Risk Pool.

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

  Cash and cash equivalents have increased by £3.038m to £9.716m during the year, made up of an increase of £7.984m in revenue cash and a decrease of £4.946m in capital cash.

  The closing revenue balance was higher than planned due to payment of an invoice to DHCW for £4.433m relating to the Microsoft Enterprise Agreement being delayed until 2nd August 2022. The due date for payment of the invoice was 27th July 2022. Had this invoice been paid in Month 4 the closing cash balance would have been £5.283m

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

  Trade and other payables have reduced by £16.529m to Month 4 2022-3 mainly as a result of reductions of £14.460m in the year-end Accounts Payable and Purchase Orders balances, £1.430m in annual leave accruals and £1.141m in VERS accruals

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

  Increases in provisions mainly relate to on-going clinical negligence litigation claims, the majority of which will be recoverable from the Welsh Risk Pool in the event of cases being successful (see above). This includes an increase of £15.800m relating to a single Obstetrics claim on which the probability of the Health Board being found liable moved from possible to probable on the August quantum provided by Legal and Risk Services.

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 decrease slightly during the remainder of the year as cases that have already been settled and reimbursed. Following the bi-monthly meeting of the Welsh Risk Pool Advisory Board the Health Board received further reimbursements of £6.732m on 2nd August 2022.

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

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

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

  Trade and Other Payables are forecast to increase in the remainder of the year mainly due to the increased number of invoices normally received towards year-end. It is currently assumed that capital payables will reduce by £3.000m during 2022-33 and this is matched by an equivalent reduction in the forecast capital cash balance.

  The impact of future reductions in the annual leave accrual is not currently reflected in Table F and this will be updated in future months as brought forward annual leave is utilised.

- **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 during the remainder of 2022-23 but that increases will be recoverable from the Welsh Risk Pool.

9.2   Welsh NHS Debtors (Table M)

- At the end of Month 4 2022-23 the Health Board held eight outstanding NHS Wales invoices totalling £59,969 that were over eleven weeks old and which had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales.

- Four of these invoices totalling £11,544 were paid prior to the Monitoring Return submission with a further two being validated and payment expected shortly. The Health Board has not been made aware of any reason why the final two invoices will not be paid prior to the arbitration deadline.

10. CASH

10.1 Cash Flow Forecast (Table G)

- The closing cash balance as at 31st July 2022 was £9.716m, which included £9.114m cash held for revenue expenditure and £0.602m for capital projects.

- This balance was higher than planned due to payment of an invoice to DHCW for £4.433m relating to the Microsoft Enterprise Agreement being delayed until 2nd August 2022. The due date for payment of the invoice was 27th July 2022.

- The Health Board is currently forecasting a closing cash balance for 2022-23 of £3.678m, assuming that revenue cash will remain unchanged at £1.130m and that there will be an in-year reduction of £3.000m in capital payables leaving a closing balance of £2.548m.

- Table G includes the cash impact of movements in working capital balances to the end of Month 4. The potential impact of future movements in working capital balances, particularly reductions in the annual leave accrual, are not currently included within the cash forecasts.

Revenue cash requirements 2022-23	£m
Opening revenue balance	1.130
Forecast outturn position	0
Forecast closing revenue cash balance	**1.130**

Capital cash requirements 2022-23	£m
Forecast cash funding	
Opening capital balance	5.548
Approved Capital Resource limit	18.651
Donated asset income	0.800
Disposal proceeds	0.000
Total forecast capital cash funding	**24.999**
Forecast cash spend	
Forecast spend on approved Capital Resource limit	(18.651)
Forecast donated asset cash spend	(0.800)
Forecast use of opening balance to reduce payables	(3.000)
Forecast disposal proceeds cash spend	(0.000)

10. CASH

Total forecast capital cash spend	**(22.451)**
Forecast closing capital cash balance	**2.548**
Forecast total closing cash balance	**3.678**

11.1   Public Sector Payment Policy PSPP (Table H)

- Table not required this month.

12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

12.1   Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2022/23 is £18.651m as per below summary table.

- The IFRS-16 Lease adjustments will be completed in the Month 5 returns.

12.2   Capital Programme (Table J)

- Details of spend and forecast on a monthly basis and by scheme are included in the MR tables and below summary table.

Performance against CRL / CEL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
Gross expenditure						
All Wales Capital Programme: Schemes:						
Imaging	60	34	(26)	4,483	4,607	124
Wrexham Redevelopment	797	518	(279)	2,399	1,860	(539)
Nuclear Medicine	80	0	(80)	798	798	0
Sub Total	**937**	**552**	**(385)**	**7,680**	**7,265**	**(415)**
Discretionary:						
I.T.	275	172	(103)	1,713	1,713	0
Equipment	372	372	0	1,379	1,379	0
Statutory Compliance	0	0	0	0	0	0
Estates	1,776	1,564	(212)	7,879	8,294	415
Other	0	0	0			0
Sub Total	**2,423**	**2,108**	**(315)**	**10,971**	**11,386**	**415**
Other (Including IFRS 16 Leases) Schemes:						
Donated	154	154	0	800	800	0
Internally Generated	0	0	0	0	0	0
Sub Total	**154**	**154**	**0**	**800**	**800**	**0**
Total Expenditure	**3,514**	**2,814**	**(700)**	**19,451**	**19,451**	**0**
Less Donations:						
Donations:	154	154	0	800	800	0
Sub Total	**154**	**154**	**0**	**800**	**800**	**0**
CHARGE AGAINST CRL / CEL	**3,360**	**2,660**	**(700)**	**18,651**	**18,651**	**0**

13.1   Summary

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

- The Month 4 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee members at the August meeting.

Jo Whitehead   **Sue Hill**
Chief executive   **executive Director of Finance**

Monitoring Return Review – Action Point 1.2

It is disappointing to note that the Health Board have again treated the performance/transformation allocation of £42.000m as a recurring allocation, even though you have been provided with a formal instruction to correct your reporting. Please be advised that should the Health Board continue to treat this as a recurring source of funding at Month 5, then your MMR submission will not be accepted on the basis that is not reflecting a true and accurate financial position to the Welsh Government and the issue will be escalated.

Response

The £42m has been adjusted to show as a non-recurring allocation this month.

A meeting is scheduled for September between the HB and Nick Wood, the Deputy Chief executive NHS Wales to take this discussion forward.

Monitoring Return Review – Action Point 3.1

It is a significant concern that the outturn continues to be supported by a substantial savings gap of £23.857m (£24.281m at Month 2), with c. £16.000m again profiled into the final quarter of the financial year. The lack of pace to finalise your plans and the risk associated with the delivery profile, requires us to again seek further assurance from you that the outturn remains robust. I trust that you will be in a position to confirm that you have significantly, if not fully, closed the gap at Month 4.

Response

The organisation continues to be subject to challenging operational conditions around staffing, YGC and MHLD targeted intervention, unscheduled care performance, planned care recovery and Vascular services. We have also experienced understandable disruption due to the transition to our new BCU operating model that went live on 1st August, as a number of key individuals left the organisation and others have changed roles. Whilst we won't have all senior positions recruited and on-boarded for another few months, we have already started working to the new structure. So whilst we continue to have been impacted, we are coming to a position that we can build the right foundations upon and move forward positively. Part of last month's update mentioned that we were reassessing our plans to close the gap to target and the move to the new operating model is facilitating this, where we have discussed and agreed the priority areas with the new operational and clinical leadership team around 5 Exec Led improvement groups (Workforce, Medicines Management, CHC, planned care, unscheduled care). A number of existing projects and programmes will fall within these improvement groups, and the expectation is that these will now accelerate in parallel with the new groups receiving final Exec Team sign off and then being established. Planned care is an example of this and continues to do the work to achieve clinically committed and costed plans and trajectories (currently amounting to an estimated £3.1m, with decisions required as to whether this will be reinvested in reducing backlogs or whether it could be cash releasing). There is still a significant amount of work required to get to a position of a full suite of committed delivery plans and trajectories across all areas, but we are now in the right place organisationally to make that happen."

Monitoring Return Review – Action Point 3.2

All organisations are again requested to fully review the forecast Covid expenditure (Table B3) for Month 4.

Response

The COVID forecast is reviewed every month by the CFOs, and has slowly been reducing. Unfortunately the loss of dental income in the first quarter has been higher than originally anticipated, which has resulted in a request for a further £300K on this particular strand.

The forecast for loss of dental income has only been adjusted by the £300K, but we have noted a further risk of £600K, should dentist practices not return to normal over the remainder of the year.

Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 3.3

Please reflect the impact of the movement to the latest WRP risk sharing position in your Table A at Month 4.

Response

Other than the original adjustment of £4,824K, which was included in the IMPT, no information has been received regarding a further adjustment.

Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 3.4a & Action Point 3.4b

The narrative again this month, does not provide sufficient detail to support the below profile reported on Line 26 'Net In-Year Operational Variance to IMTP/AOP' of Table A.

Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
-725	-527	47	132	132	132	380	381	402	-117	-117	-120	-1,205	0

Please provide details of the favourable items reported between July and December**. (Action Point 3.4a)**

Please provide details of the pressures that are profiled between January and March**. (Action Point 3.4b)**

Response

The variances to the IMPT is an accumulation of so many different factors, the main ones are as below:-

As requested the savings plans were rephrased, but each month we have had some additional slippage on those plans which has resulted in an in-month overspend, but the intention is to

either catch up on these plans as we progress through the year, or offset any remaining plans with delaying future investment plans (Ref action point1.6a).

On the opposite side the expenditure of the new funding has also slipped, with the IMPT being based upon very early plans, some of which is very fluid in terms of identifying how best this funding can be spent. (Ref action point 3.6)

In addition to this we have pressures for the inability to recover the £500K COVID Private Patients funding, changes to the way items such as the flowers funding/ costs are profiled compared to the IMPT, and general inflationary increases.

Risks / Opportunities (Table A2) – Action Point 1.6a

In response to Action Point 1.6, you have provided the below list of 'internally funded developments' that are being recorded as an opportunity totalling c. £13.900m in Table A2.

	Mitigations £'000
Contingency	1,990
New Treatment fund	2,018
Balance of Cost pressure funding	1,046
Balance of New Developments	4,919
Value Based Recovery	2,780
Special Measures and Turnaround	1,176
Total	**13,929**

Please clarify if the above investments were included within Line 2 'planned New Expenditure (Non Covid-19)' Table A total of £193.867m and therefore where offset with WG Funding or Savings plans. If any, or all, these items were excluded from Table A, because they relate to funding issued in 21/22 that was not committed on a recurring basis, please confirm that you had previously treated both the funding and spend on a consistent basis (i.e. non recurring) in order to understand how this presents as an opportunity this year.

Response

Some of these investments were included in the £193.867m on Table A, and were offset by savings and or WG funding.

Where funding was carried forward from previous years, this was allocated to cover expenditure on a non-recurrent basis in the previous year.

Risks / Opportunities (Table A2) – Action Point 1.6b

The treatment fund and Value-Based recovery allocated are ring fenced allocations. The retention of slippage on these areas would require approval from the WG Policy Lead and Steve Elliot.

Response

The list will be reviewed and additional slippage on identified schemes, or new schemes will be sought to mitigate the shortfall in savings, however it should be noted that the savings risk has been reduced slightly this month.

Risks / Opportunities (Table A2) – Action Point 1.6c

Given the year-to-date pressures, please clarify why the contingency of c. £2.000m has not been released to mitigate the position.

Response

There is anticipated future expenditure which is projected to be funded from the Contingency reserve, but as detailed above some of this can be delayed should the need arise.

Pay & Agency (Table B2) – Action Point 2.7

I note that Medical & Dental Agency spend incurred in June was c. £0.500m higher than forecast last month and reflects increased rates and continued high levels of sickness. You are currently projecting that the July and future month spend will be c.£0.500m - £0.600m lower than the June actual; with a reported risk value of c. £0.500m in Table A2. I note your response that the Health Board experiences difficulty in forecasting future trends in Agency costs, with the information available being limited. Please continue to review and improve processes, to ensure the forecast agency spend profile reflects a robust assessment.

Response

Please be assured we will continue to review and where possible improve processes. We are currently considering if we may have the opportunity to improve on local intelligence gathering when we move to the new operating model.

Monthly Positions (Table B) – Action Point 3.5

I note that within the performance/transformation (£42m) table provided in your narrative (Section 1), you have revised the value of spend incurred in May by £1.000m to £2.800m. Going forward, if you change previous data, please provide a supporting explanation.

Responses

The above was a late adjustment which has been noted, and going forward we will ensure supporting explanation is provided for any changes in previous data.

Monthly Positions (Table B) – Action Point 3.6

Your annual expenditure for Non Pay, Drugs and Private increased from Month 2, which is predominately offset by reduction in Healthcare services provided by Other NHS Bodies, which

you state is due to underactivity compared to plans. I assume the reporting in the Non Pay category is a temporary position, as insourced activity would incur a significant proportion of Pay costs. Given that we are now into Q2, please provide an update on these spend plans at Month 4 as they currently appear fluid.

Response

The plan is fluid, and depends where we can source additional activity. This in particularly relates to the sustainability plan.

Monthly Positions (Table B) – Action Point 3.7

I note that the annual Primary care Contractor forecast spend has reduced by c. £4.000m, with the narrative confirming that c. £2.000m reflects a one-off reduction in Community Pharmacy Wales spend in June. Please clarify the reason for the other £2.000m reduction.

Response

The Annual Primary care Contractor forecast spend has only reduced by £1.0m in comparison to previous month forecast as reported in the Month 3 MR Report, not £4.0m as referred to in the above MR query Action Point 3.7. The movement in June Actual from June forecast was £2.0m due to reductions in spend in both GMS and Pharmacy as a result of one off reduction in Community Pharmacy Wales spend as referred to in the Month 3 (Table B) MR report narrative.

Monthly Positions (Table B) – Action Point 3.8

Following WHSSC increasing the risk sharing surplus from c. £.0.500m to c. £8.400m at Month 3; please confirm how your share of this surplus has been reflected within your forecast outturn.

Response

The Health Boards share of the WHSSC £8.4 million movement in year-end forecast reported by WHSSC in the June risk tables was £2.7million. A surplus on the WHSSC year-end position for 2022/23 had been anticipated by the Health Board at the beginning of the year so was reflected in the forecast position reported in Month 1.

Covid-19 Analysis (Table B3) – Action Point 3.9

Please provide a supporting explanation for why the annual spend on Testing is c.£1.500m higher that the indicative funding amount of £3.100m.

Response

The main reason for the forecast overspend is the POCT (point of care testing). Roche were supplying the Liat test kits, but due to global demand they have had to review how much stock they are providing for each country which is the reason for lack of tests in Q1

The forecast is to be reviewed with the programme lead and will be updated for the September return.

Covid-19 Analysis (Table B3) – Action Point 3.10

The narrative confirms that the Discharge Support spend has reduced by c. £0.500m as a result of reversing the £0.500m Loss of Private Patient income. It is assumed that this adjustment is net nil (i.e. no element has been transferred to Operational) costs, please confirm this at Month 4.

Response

This transfer of costs has had a negative impact on operating costs, we are however striving to absorb these costs within the forecast position.

Savings (Tables, C, C1, C2 & C3) – Action Point 3.11

I note that section 6 of the narrative states that at least £3.100m of transformational savings have been identified. As the narrative also confirms that all the savings currently included within the Savings Tracker relate to Transactional scheme, it is assumed that these transformational savings are assessed as Red schemes.

Response

This is not a captured 'Red scheme'. As reported in Month 3, there is acknowledgement that in previous years where efficiency gains may have contributed to cost reductions, during the current period of significant recovery many benefits of efficiency gains e.g. capacity / utilisation improvements, are more likely to be re-invested to support recovery plans.

Savings (Tables, C, C1, C2 & C3) – Action Point 3.12

The narrative also confirms that every effort is being made to ensure that all 'Month 1' saving scheme meets the Green criteria by Month 4. Should any schemes remain classified as 'Amber' at Month 4, please include a scheme by scheme explanation for the delays, what action remains outstanding and a resolution timetable to enable these schemes to promptly move to the 'Green' status.

Response

All previous Amber schemes have now been classified as Green Schemes.

Cash Flow (Table G) – Action Point 3.13

Firstly, please provide details of key contributing factors which lead to reporting a high period end cash balance of £9.466m. I also note that you are forecasting to hold cash balances over £8.000m across several future months which is c 20-25% higher than we would expect. Please review your currently cash projections and ensure that cash is not being drawn down in advance of need.

Response

The key contributing factors to the higher than normal period-end cash balance for June 2022 were additional receipts from NHS Wales organisations and a reduction in non-pay expenditure.

Line 5 of Table G - Monthly Cash flow Forecast showed an in–month increase of £12.7m of which £9.9m related to reimbursements from the Welsh Risk Pool that were known by the end of May and had been reflected in the June FIS request. The remainder of the increase largely resulted from payment of a single one-off invoice with WHSSC.

Line 18 of Table G showed an in-month reduction of £2.6m in cash payments for non-pay expenditure. This resulted from the higher than normal year-end Accounts Payable system balance reducing over the first quarter of 2022-23.

Future monthly closing cash projections will be reviewed for the Month 4 submission to ensure that cash is not projected to be drawn in advance of need.

Public Sector Payment Policy (Table H) – Action Point 3.14

Please provide details on the specific actions being undertaken to combat the referenced underlying reasons, for late payment of NHS invoices.

Response

Specific actions currently being undertaken to improve PSPP statistics relating to NHS invoices include:

- All employees are been reminded of the Health Board's requirement to pay at least 95% of invoices within thirty calendar days from the receipt of goods or a valid invoice (whichever is later), unless other payment terms have been agreed;
- Employees are also being reminded that orders should be raised before goods and services are received rather than waiting to receive an invoice for an accurate value as this can result in delays in payment processes;
- Employees are being encouraged to consider opportunities for using call-off orders where frequent purchases of the same or similar type of items are made from the same supplier as this can streamline payment processes;
- Financial services staff will be requesting additional mid-month supplier statements to ensure that any potential delays in paying invoices are identified as soon as possible and to reduce the risk of invoices missing the 30 day measure;
- Financial services staff will be liaising with NHS Wales Shared Services Partnership to ensure that maximum benefit is being made of the OCR invoice scanning process and to resolve any issues that may be delaying receipt of invoices.

Monthly Positions (Table B) – Action Point 3.15

Please ensure that Section D is updated to reflect your latest DEL depreciation projections. Any movements from the latest non cash submission should be explained in the narrative. I understand that we are still awaiting responses, from your colleagues, to our queries and for

them to confirm agreement of the schedule setting out the IFRS 16 funding adjustments. I trust this will be provided before Month 4.

Response

Section D has been updated to reflect the latest DEL depreciation projections.
The IFRS 16 adjustments will be reflected in Month 5.

Pay Expenditure Analysis (Table B2) – Action Point 2.10

As requested in Action Point 2.10, please ensure that a '0' (zero value) is reported within all cells of Section A, B & C when there is no associated spend (i.e. do not leave cell blank), as this is causing issues with the automatic upload into our Database.

Response

Apologies for not including this in Month 3. This will be corrected and updated from Month 4.

Teitl adroddiad: ***Report title:***	Financial Control Update
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 August 2022
Crynodeb Gweithredol: ***Executive Summary:***	Following the issues raised by Audit Wales in relation to the Annual Accounts 2021-2022, this paper is to update the Committee into the action proposed and already underway in order to improve the Financial Control environment.
Argymhellion: ***Recommendations:***	It is recommended that the report is noted.
Arweinydd Gweithredol: ***Executive Lead:***	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad: ***Report Author:***	Tim Woodhead, Operational Finance Director

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

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:

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	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.
Goblygiadau rheoleiddio a lleol:	

Regulatory and legal implications:	Not Applicable
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	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? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	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) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	Risk of qualified Audit Opinion in 2022-23.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	All actions proposed are within the existing resource envelope.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	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) *Reason for submission of report to confidential board (where relevant)*	Not applicable
Camau Nesaf: Gweithredu argymhellion *Next Steps:* *Implementation of recommendations Not Applicable.*	
Rhestr o Atodiadau: *List of Appendices: None*	

Financial Control

Context/Background

The audit of the Annual Accounts for 2021/22 has been delayed due to some specific findings by the external audit team from 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 an 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.

Current control system

The controls currently in place are as follows:

1. Centralised approach to Budget Setting, including underlying deficit, cost pressures & savings

2. Chief Finance Officers (CFO) and Teams (Business partners) embedded into each Division, with the CFO a key member of the Divisional Management Team

3. CFOs are integral to the Oracle and Establishment Control approval hierarchy for their Divisions.

4. Further Finance Support & Training for Budget Managers

    a. HFMA game (pre-COVID)

    b. Formal Step Into Management Programmes via Workforce & Organisational Development (WOD)

    c. Targeted training sessions with managers (eg Drugs Deep Dives, etc.)

    d. Formal Electronic Staff Record (ESR) e-learning budget manager competency, mandated within ESR for all named budget managers

    e. Formal ESR Local Counter Fraud Service competency, mandated for all Health Board staff

    f. Qlikview Budget Manager dashboards, with full drill down to Accounts Payable, Purchase Order, Electronic Staff Record

5. Electronic workflow budget accountability statements issued to all budget managers at the start of the financial year (built in-house) and linked to a budget manager's handbook

6. Electronic workflow Single Tender Waiver system (in-house development)

7. Standardised Divisional Finance Report, including a conformance section: Single Tender Waivers, NO-Purchase Order Breaches, Payroll Overpayments

8. Divisional executive-led accountability meetings held quarterly

9. Programme set out for divisions to attend PFIGC over the year to present on overall finance & performance

10. Monthly Review Day (morning of day 4) with all CFOs presenting and discussing their financial positon and forecast, Savings and COVID positions to the Senior Finance Team

11. Highlight "flash report" produced between day 4 and day 9's full WG monitoring return

12. Monthly joint meeting with Finance and WOD (electronic workflow establishment control and electronic workflow budget virement process, and ensuring Electronic Staff Record and General Ledger remain in balance)

13. Monthly meetings with NHS Wales Shared Services Partnership (NWSSP) procurement, with focus on saving opportunities

14. Contracting team strengthened, not just NHS and Welsh Health Specialised Services Committee (WHSSC) but all Healthcare Contracts.

15. System cleansing ; we closed 9,600 old open purchase orders with an indicative value of £7.7m

Proposed enhanced controls

In light of the audit findings, additional controls will be implemented to provide greater assurance around our processes given the significant number of supplier transactions, which are processed on behalf of the Health Board each year. The finance team will be implementing the following additional measures, some of which are already started.

Actions started prior to the Audit Process

1. Our new operating model and internal structure provides the opportunity to review and strengthen all of our financial and operational governance arrangements, specifically including:

   a. A single scheme of reservation and delegation (SORD) clarifying delegated responsibility and accountability, and escalation for matters above delegated limits

   b. Executive Delivery Groups (including Finance & Performance) across all levels of the organisation, both within and across Divisions

   c. We will need to review the CFO / Business Partner Teams and further strengthen their roles in what will be significant Divisions (in some cases £400m+ budget)

   d. We will put in place a centralised management accounting function.

2. In 2021/22 new post of Head of Financial Improvement was created, which works across finance and transformation teams (which includes Value Based Health Care), with a key initial focus on ensuring the identification and delivery of our Savings, and of course longer term financial sustainability

Additional Measures being Implemented

3. We will establish an annual financial control workshop with colleagues from Internal Audit and Audit Wales, including findings from the 2 audit programmes

4. 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 terms of Standing Financial Instructions (SFI) procurement limits compliance.

5. We will create a centralised management accounts teams which will allow clear standardisation of policies and procedures and consistency of their application

6. 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)

7. We will implement an analytical review of our finance reports (including the monitoring return) to identify significant trends

8. We will improve forecasting and expenditure assumptions at both divisional and HB Level, using best practice from across NHS Wales with quarterly review at the Performance and Finance Executive Delivery Group.

9. We will streamline, automate and cleanse our systems

    a. we will review and close all open Purchase Orders over 12 months by the end of September 2022

10. We will continue to regularly undertake formal budget managers' surveys, and using the feedback, we will develop strategies to address concerns and strengthen processes

Actions taken following Audit Wales Findings

1 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.

2. A new proposed finance structure has been drafted and the senior finance team have been consulted, with amendments being made as part of this consultation process. The new proposed structure, including the Centralisation of the Management Accounting function is anticipated to concluded by 1st November 2022.

3. There has been 2 workshops across all teams undertaken so far to share forecasting methodologies, which has allowed all teams to standardise their forecasting methodology. The forecast outturn has now been included within the PFIG finance report for additional visibility.

4. Since the beginning of the year over 3000 Purchase Orders have been closed. The process of closing old Purchase Orders process has been automated to ensure this is being done as timely and efficiently as possible.

5. Surveys have been sent to 5 Divisions so far with results received back from 2. The key issues raised through these surveys are being addressed.

After the Annual Accounts are signed off by Audit Wales, we will also incorporate any recommendations from the ISA 260 not covered by the actions in this paper.

Teitl adroddiad: ***Report title:***	Quality & Performance Report to 31st July 2022
Adrodd i: ***Report to:***	Performance, Finance & Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 August 2022
Crynodeb Gweithredol: ***Executive Summary:***	This QP report outlines the key performance and quality issues which fall under the delegated powers of the Performance, Finance & Information Governance Committee. The summary of the report is now included within the Executive Summary pages of the 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. The structure of the report follows the sub-chapter headings within the Quadruple Aims. 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.
Argymhellion: ***Recommendations:***	The Performance, Finance & Information Governance Committee is asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.
Arweinydd Gweithredol: ***Executive Lead:***	Sue Hill Executive Director of Finance
Awdur yr Adroddiad: ***Report Author:***	David Vaughan Head of Performance Assurance

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐	Derbyniol *Acceptable* ☐	Rhannol *Partial* ☒	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

	delivery of existing mechanisms/objectives	*existing mechanisms / objectives*	*existing mechanisms / objectives*	

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:

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: There are a number of under-performing key areas across the Health Board with insufficient evidence and assurance that improvements will be made and/or sustained – hence the partial assurance.

Steps to improve this rating: We will be working hard to improve performance reporting and workflows. Including supporting leads and services to better make the connection between correcting actions, plans and improvements – to benefit both our local population health and well-being and that of our workforce.

Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	The performance measures included in this report are from the NHS Wales Performance Framework 2022-23.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	This report will be available to the public once published for Performance, Finance & Information Governance Committee
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	Do/Naddo *N* 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? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	Do/Naddo *N* 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) *Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)*	The pandemic has produced a number of risks to the delivery of care across the healthcare system
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	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.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on our current and future workforce.

Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	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.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	There are no Corporate Risk Register risks relating to this report and committee. This QP report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement. If fully assured with evidence of improvement (backed up with clear data) then this QP report can help mitigate against potential future failures to produce and deliver an approved IMTP (BAF risk 2.4).
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Not applicable

Camau Nesaf:
Gweithredu argymhellion

Next Steps:
Implementation of recommendations: Continued focus on any areas of under-performance where assurance isn't of sufficient quality to believe performance is or will improve as described.

Rhestr o Atodiadau:

List of Appendices:
None

Quality and Performance Report

Performance to 31st July 2022
Presented on 25th August 2022

Performance, Finance & Information Governance Committee

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Table of Contents

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 are working on getting this into the next report.

Due to particular meeting schedules and report production timelines it hasn't been possible to have the very latest data (to July 31st 2022) 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.

As the NHS Wales Performance Framework for 2022-23 was published in the latter half of July 2022, it has not been possible to adapt this report fully to reflect the new framework in time for this meeting (August 2022)

As part of phase two of the IQPR (Integrated Quality & Performance Report) project, this report will be moved onto PowerBI and utilise Microsoft 365 applications.

Ongoing development of the Report
Publication of the Quality & Performance Report will continue whilst the Performance, Finance & Information Governance Committee transitions over to the new Integrated Quality & Performance Report (IQPR).

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.

Overall Summary Dashboard

Unscheduled Care Measures

Ambulance Red Calls 8 Minutes: 45.6%*

BCU Level - Ambulance Response: Red Calls within 8 Minutes

Ambulance Handovers Over 1 Hour: 2,037

BCU Level - Ambulance Handovers: Number of Patients Waiting Over 1 Hour

Combined ED&MIU 4 Hours: 58.39%

BCU Level - Combined Emergency Department & Minor Injuries Units: Patients seen within 4 Hours

ED 12 Hours: 3,469

BCU Level - Emergency Department: Number of Patients Waiting Over 12 Hours

ED 24 Hours: 1,309

BCU Level - Emergency Department: Number of Patients Waiting Over 24 Hours
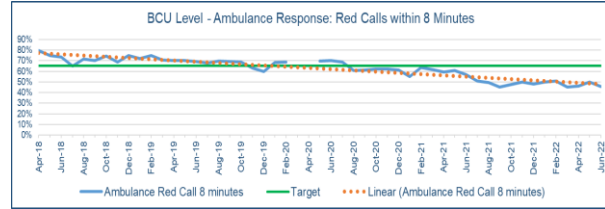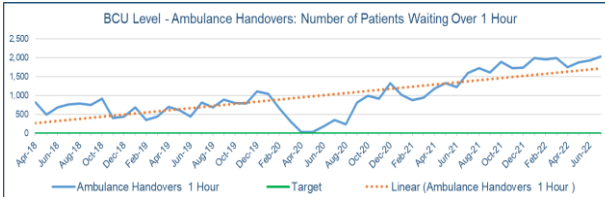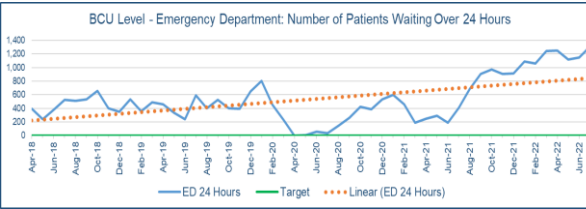
Stroke Admission 4 Hours: 37.0%

Stroke Care: Admitted to Stroke Unit within 4 Hours
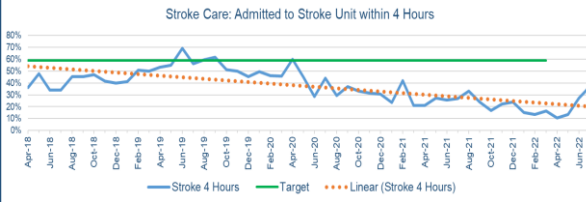
Stroke Consultant 24 Hours: 73.2%

Stroke Care: Assessed by a Specialist Stroke Consultant within 24 Hours
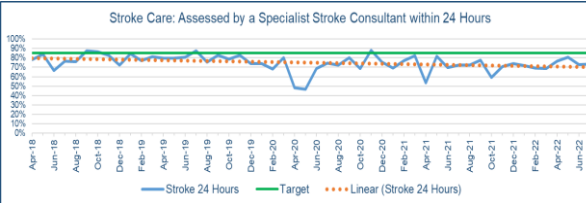
Sickness Absence

Sickness Absence Rate: 7.19%

Sickness Absence Rates

Planned Care Measures

*June data

Diagnostic Waits 8 Weeks: 9,078

Diagnostic Waits: Number of Patients Waiting Over 8 Weeks
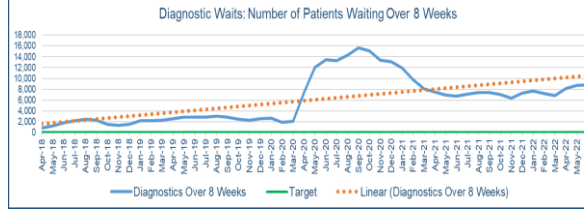
Therapy Waits 14 Weeks: 6,151

Therapy Waits: Number of Patients Waiting Over 14 Weeks
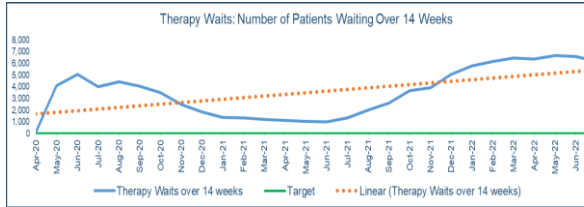
Total Follow Up Backlog: 207,149

Outpatient Follow Up Waiting List: Total Number of Patients on List

Follow Up Over 100%: 61,480

Outpatient Follow Up Waiting List: Number of Patients Waiting over 100% of Target Date
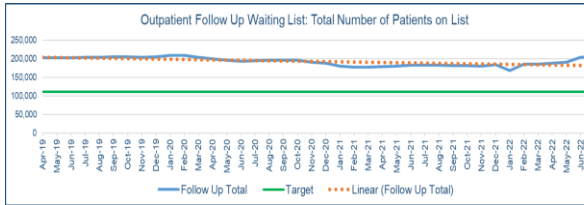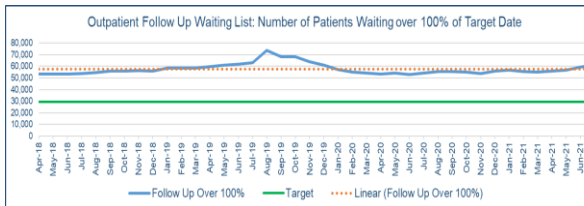
RTT within 26 Weeks 54.03%

Referral to Treatment (RTT): % Commenced Treatment Within 26 Weeks

RTT Over 36 Weeks: 64,871

Referral to Treatment (RTT): Number of Patients Waiting Over 36 Weeks

RTT Over 52 Weeks: 44,596

Referral to Treatment (RTT): Number of Patients Waiting Over 52 Weeks

Suspected Cancer Pathway: 63.25%*

Suspected Cancer Pathway: Commenced Treatment Within 62 Days

Improving Position	Static Position	Declining Position
• Increased take up in Bowel screening programme from 53.4% (2017) to 66.6% (2021) • % of GP Practices that have achieved all standards set out in the National Access Standards for In-hours increased from 41.6% (2019) to 76.3% (2022) • Number of patients waiting over 8 weeks for diagnostic endoscopy decreased from 3,141 (Aug 2021) to 2,306 (July 2022) • Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date increased from 42.4% (Aug 2021) to 54.0% (June 2022) • Percentage of patients waiting less than 26 weeks for referral to treatment has remained largely static at 46.2% (Aug 2021) to 47.0% (June 2022), with an improvement in the latest month of July 2022 to 54.03%	• Breast screening largely the same (very small increase) from 71% (2017) to 72% (2021) • Median time from arrival at an emergency department to triage by a clinician has been stable over last 12 months, 47 mins (Aug 2021) and 46 mins (July 2022) with very little variation in-between • % of emergency responses to red calls arriving within (up to and including) 8 minutes is fairly stable between ranges of 45.2% to 51.0% during past 12 months • Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) is fairly stable fluctuating slightly below and above 65% for the past 11 months to June 2022 • Staff sickness remains largely static for the past 12 months at around 7.0% • Training compliance is remarkably stable at between 84.0% to 85.0% for the past 12 months	• Cervical screening programme participation reduced from 76.4% (2017) to 70.5% (2021) • % of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed declined from 89.9% (Aug 2021) to 72.8% (June 2022) • Emergency Department (ED) (inc. MIUs) 4-hour waits has worsened from 64.5% (Aug 2021) to 58.4% (July 2022) • Number of patients waiting 12 hours or more in all hospital EDs (inc. MIUs) has increased from 2,746 (Aug 2021) to 3,469 (July 2022) • Median time from arrival at an ED to assessment by a senior clinical decision maker has increased from 190 mins (Aug 2021) to 225 mins (July 2022) • Number of ambulance patient handovers over 1 hour has increased from 1,735 (Aug 2021) to 2,037 (July 2022) • Number of patients waiting more than 8 weeks for a specified diagnostic has increased from 7,389 (Aug 2021) to 9,078 (July 2022) • Number patients waiting more than 14 weeks for a specified therapy has increased from 2,036 (Aug 2021) to 6,151 (July 2022) – but there has been a reduction for the last 2 months • Number of patients waiting over 52 weeks for a new outpatient appointment has started to slowly creep up from a figure of 23,076 (Jan 2022) to 24,405 (May 2022) • Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% has increased from 55,286 (Aug 2021) to 61,480 (July 2022) • Number of patients waiting more than 104 weeks for referral to treatment has increased from 7,460 (Aug 2021) to 15,301 (July 2022) – but there has been a 4-month recent improvement trend • Number of patients waiting more than 36 weeks for referral to treatment has increased from 55,295 (Aug 2021) to 64,871 (July 2022) • Agency spend as a percentage of the total pay bill has increased from 4.8% (Aug 2021) to 7.2% (July 2022) • % PADR completion in past 12 months has decreased from 69.4% (Aug 2021) to 65.3% (July 2022)

Chapter 1: Screening

Chapter 2a: Primary & Community Care

Measures: Primary & Community Care

Committee	Period	Measure	Target	Actual	Trend
PFIG	2021/22	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	76.3%	41.6% (2019/20) — 59.8% (2020/21) — 76.3% (2021/22)
PFIG		Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	As per 6 goals		New Measure - awaiting data
PFIG		Number of new patients (children aged under 18 years) accessing NHS dental services	4 qtr Improve		New Measure - awaiting data
PFIG		Number of new patients (adults aged 18 years and over) accessing NHS dental services	4 qtr Improve		777, 2157, 2701, 2277
PFIG		Number of existing patients accessing NHS dental services	4 qtr Improve		5864, 14159, 14201, 11957
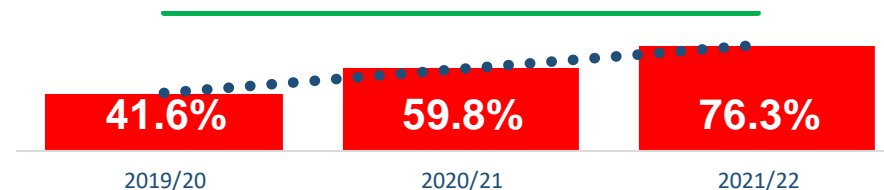
Trend: A S O N D J F M A M J J

Data for June 22 to end July 2022 period

Total Referrals 2000	Average Mthly Referrals 1000	Average Daily Referrals 45

Outcome	06/22 – 08/22	%
Self Care Advice	963	54.6%
Medication and Self Care Advice	629	35.7%
Inappropriate Referral - Returned	36	2.0%
UPCC Unable to accept (operational issues)		0.0%
DNA / No response from Patient	45	2.6%
Referral to a Speciality	32	1.8%
Dealt with by OGP / Issue Resolved / Declined Contact	24	1.4%
Referral to UPCC Physio	21	1.2%
Directed to ED	10	0.6%
Directed to Community Based Service	3	0.2%
Directed to MIU	1	0.1%
Total	**1764**	

MUC REPORT
All Contacts by Area and Month - April 2019 to Current Month

Informatics

All Contacts by Month

Choose Area
- ● ALL
- ○ Centre
- ○ East
- ○ West

- ■ Select all
- ■ 2019/2020
- ■ 2020/2021
- ■ 2021/2022
- ■ 2022/2023
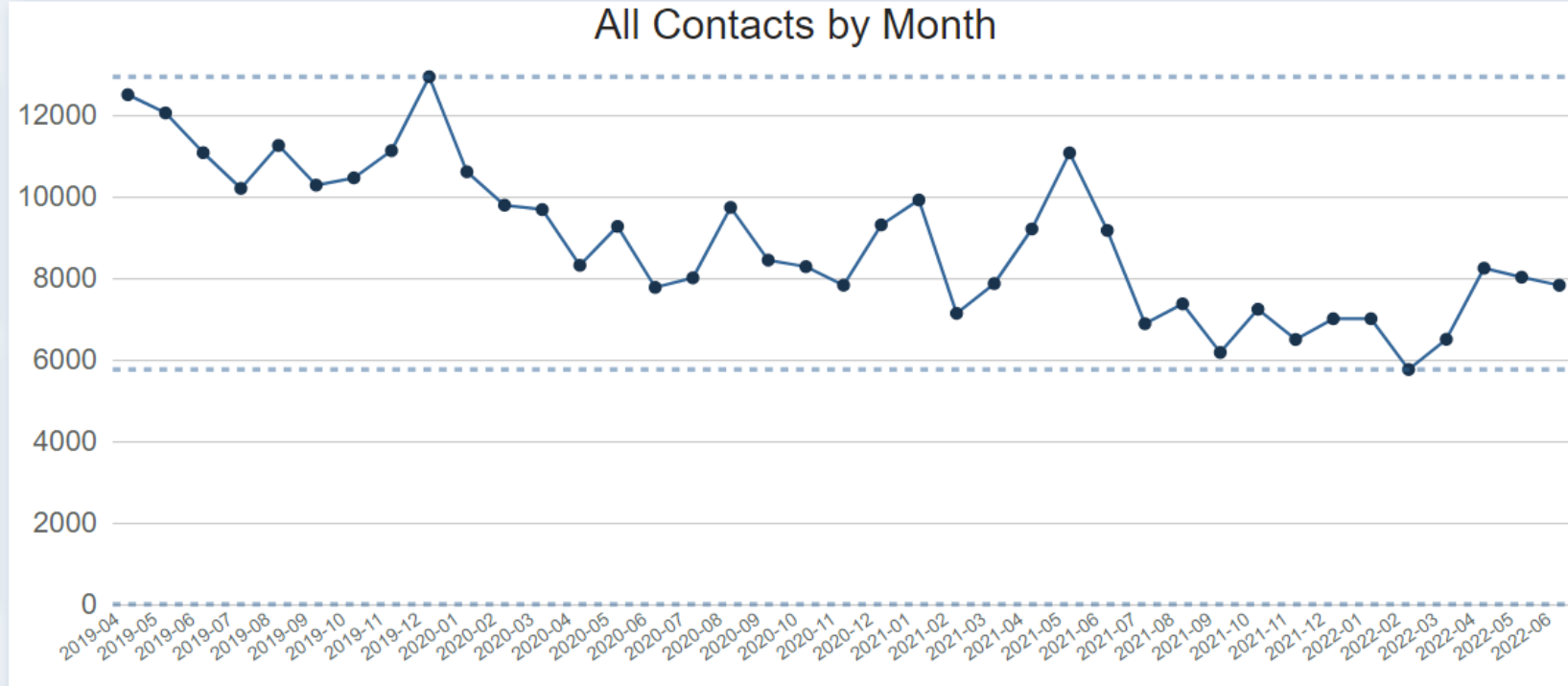
Year	January	February	March	April	May	June	July	August	September	October	November	December
2019				12499	12052	11076	10201	11254	10281	10459	11126	12938
2020	10608	9789	9681	8314	9269	7772	8006	9734	8441	8282	7827	9305
2021	9916	7136	7866	9206	11071	9169	6882	7368	6177	7236	6495	7003
2022	7003	5758	6500	8243	8022	7824						

Quality & Performance Report
Performance, Finance & Information
Governance Committee

Data to 31st July 2022 (unless stated otherwise)
Presented on 25th August 2022

11

Community Pharmacy Enhanced Services Activity and Discharge Medicines Reviews
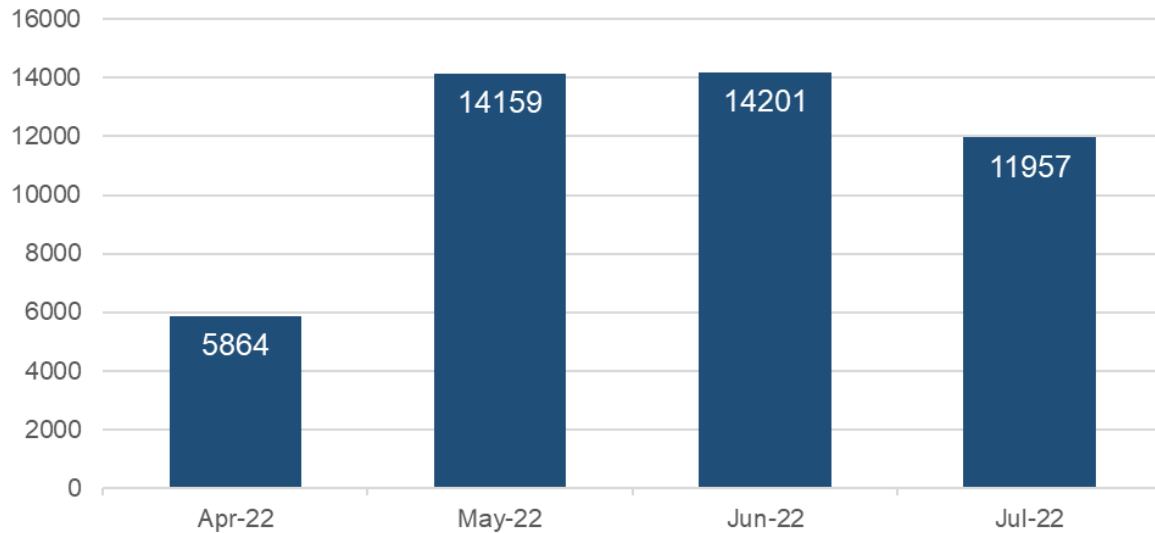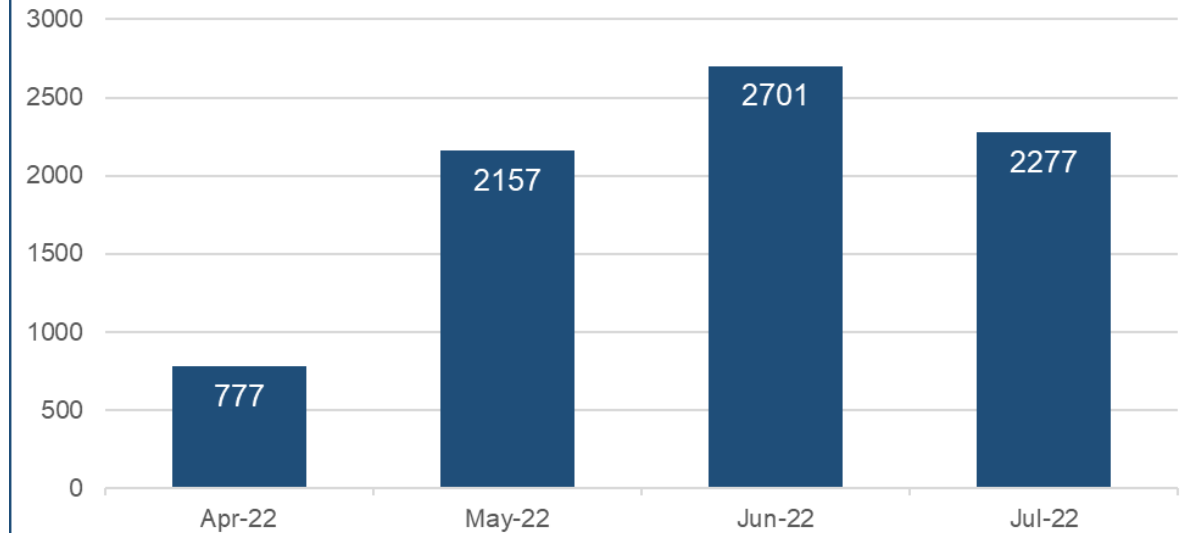
Situation Report (Overview)

Pressure Level	Number	Percentage
1	69	46%
2	60	40%
3	19	13%
4	1	1%

- **Pressure levels:** Significant increase in Level 2 pressure being reported linked to higher demand
- **Temporary suspension of services**: Suspensions fell in June, but are increasing again. Most relate to workforce shortages and are relatively short.
- **Support to care homes** – Updated service specification and updated fee structure in process of being re-relaunched in Autumn 2022
- **CCPS** – Commissioned in 146 of 149 pharmacies; Specification being updated to clarify expectations and enable flu by technicians via National Protocol
- **PIPS** – Live in 21 sites; 731 consultations in June
- **Supporting adherence** – Proposal in development to address issues identified through scoping and stakeholder work – Consultation ongoing
- **Transformational development –** raising awareness and highlight opportunities – ongoing engagement to inform development
- **Clusters** – Working with PCCCPLs around cluster level pilots for new services; supporting Accelerated Cluster Development
- **Periods of treatment –** hesitance in some practices to progress, but supporting where possible – possible risk to community pharmacy capacity.
- **Repeat Dispensing** – activity stable, good engagement in some areas, but most are limited

Current priorities

- ➤ **Unplanned care services –** CCPS service availability; Sore throat test and treat rollout; PIPS expansion and increase in service use; Service availability tools
- ➤ **Community pharmacy staff wellbeing –** Repeat Dispensing, MHOL & Periods of Treatment; supporting recruitment; escalation tool; CPLPT support; Encouraging lunch breaks
- ➤ **Smoking cessation –** refresh roll out of service; promoting the service to drive use
- ➤ **Communication –** healthcare professional lines & NHS emails; Walk in My Shoes scheme
- ➤ **Medicines Optimisation –** Improving medicines management in care homes; MDT care home reviews; supporting adherence for patients living in their own home

Key risks and mitigation

Risk	Mitigation
Workforce shortages and pressure on teams	Monitoring closures & pressure; Pharmacy Escalation report completed weekly; CPLPT support to staff; supporting recruitment; robust response to closures
Support to care homes limited	Service refresh planned for Autumn Evaluation of pilot of MDT reviews ongoing
Shortage of DPPs limiting IP training opportunities	Continuing to link pharmacists up with potential trainers and supporting pharmacists to become DPP-ready
Periods of treatment	Working with GP practices where possible;

Discharge Medicine Review Consultations by month of discharge and discharging hospital
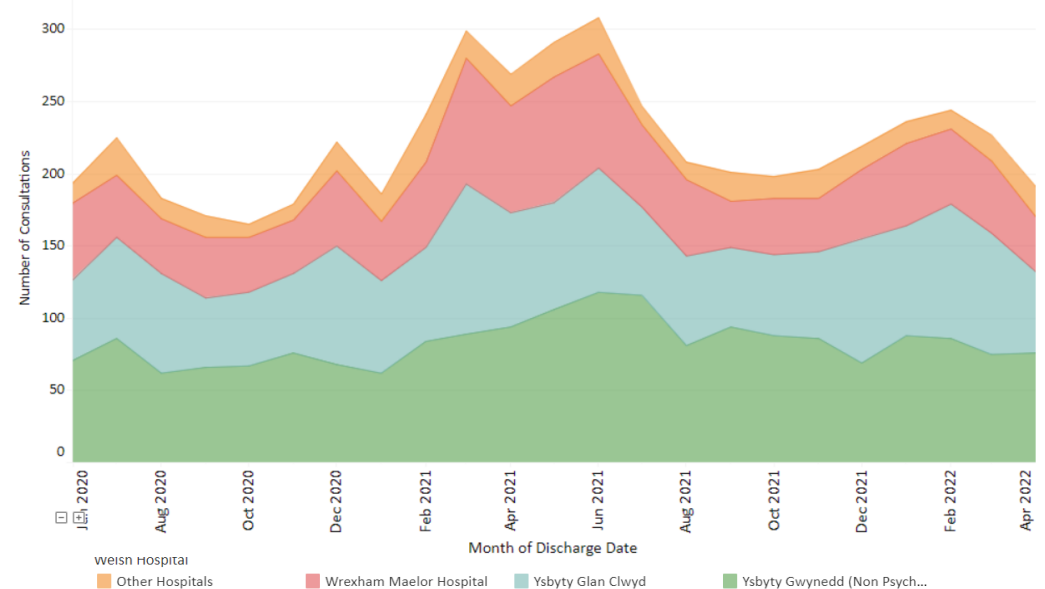
Legend: Other Hospitals · Wrexham Maelor Hospital · Ysbyty Glan Clwyd · Ysbyty Gwynedd (Non Psych...

Independent prescribing in acute conditions and contraception consultations by month and provider site
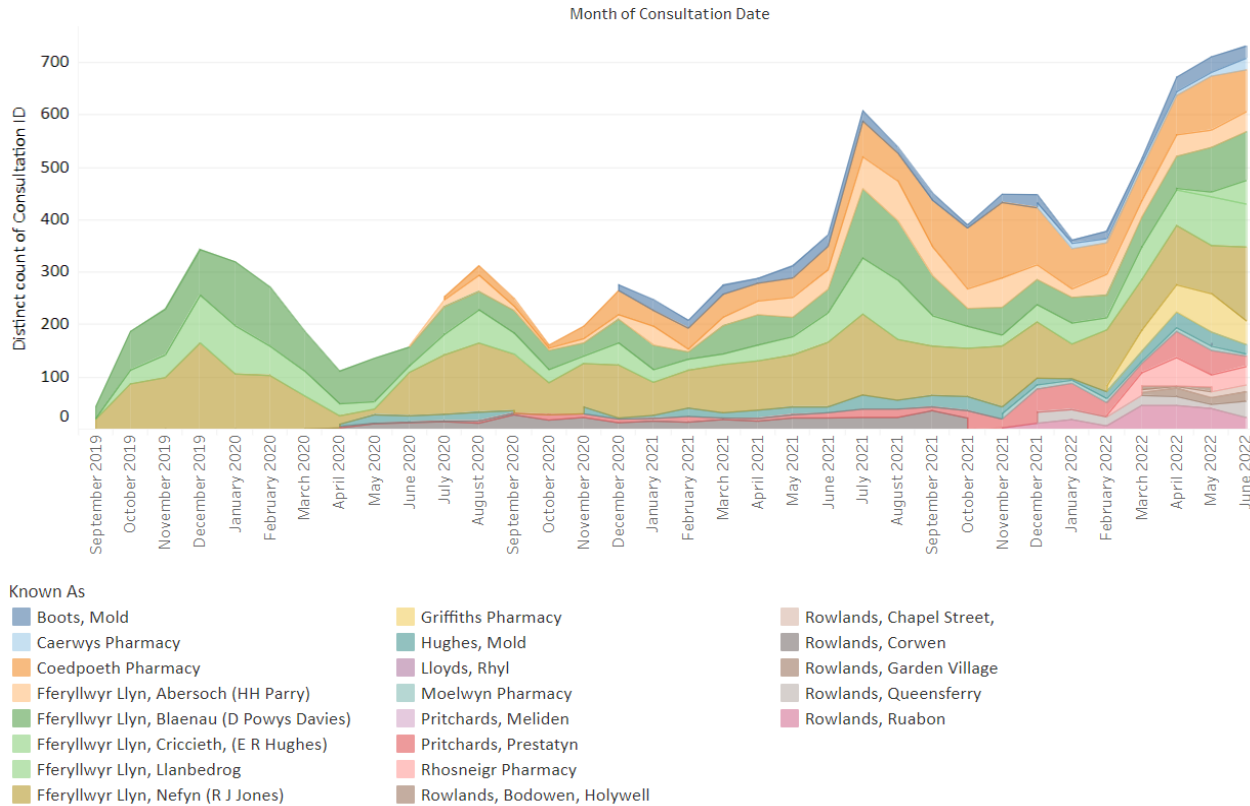
Emergency Medicine consulations by month and reason for supply
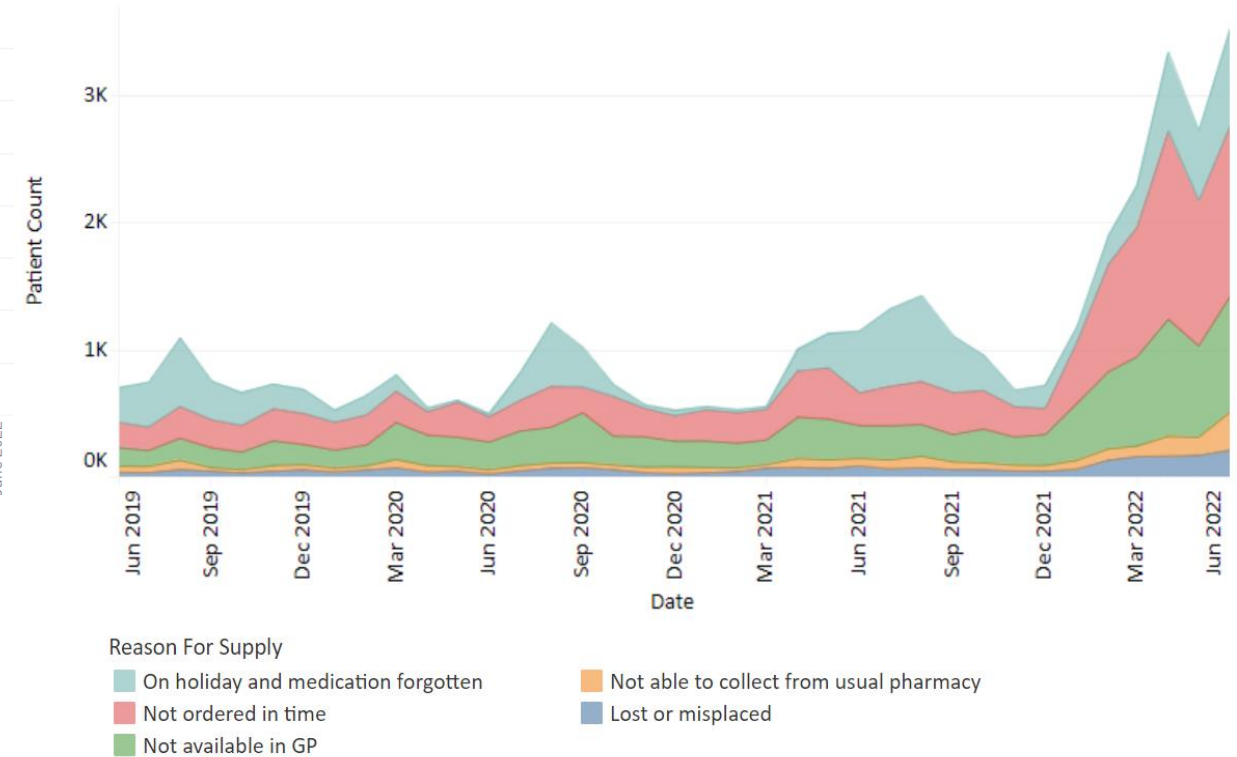
Community Pharmacy Enhanced Services Activity and Discharge Medicines Reviews

Number of CAS Consultations in BCUHB by month

Emergency Contraception by month across BCUHB

Chapter 2b: Urgent & Emergency Care

Committee	Period	Measure	Target	Actual	Trend											
					A	S	O	N	D	J	F	M	A	M	J	J
PFIG	Jun 22	Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	>= 90%	72.8%	89.8%	89.4%	81.4%	79.9%	84.0%	85.2%	85.3%	83.2%	68.7%	69.1%	72.8%	
PFIG	Jun 22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	0	14											14	8
PFIG		Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Care Service (12 hours a day, 7 days a week) across all acute sites														
PFIG	Jul 22	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	>= 59%	37.0%	33.0%	23.9%	17.6%	22.4%	23.6%	15.0%	14.1%	16.1%	10.6%	13.8%	27.2%	37.0%
PFIG	Jul 22	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	>= 95%	58.4%	64.5%	64.9%	62.9%	61.1%	60.2%	62.1%	58.7%	58.5%	54.9%	59.8%	61.8%	58.4%
PFIG	Jul 22	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	3469	2746	2595	2771	2561	2502	2728	2763	3245	3584	3251	3125	3469

Committee	Period	Measure	Target	Actual	Trend											
					A	S	O	N	D	J	F	M	A	M	J	J
PFIG	Jul 22	Median time (mins) from arrival at an emergency department to triage by a clinician	12 month reduction	46	47	52	47	42	47	63	51	55	58	47	44	46
PFIG	Jul 22	Median time (mins) from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction	225	190	187	195	184	194	171	204	219	247	224	205	225
PFIG	Apr 22	Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 month improve	72.4%	72.6%	73.6%	74.3%	74.0%	74.0%	73.3%	73.3%	72.3%	72.4%			
PFIG	Jun 22	Percentage of stroke patients who receive mechanical thrombectomy	10%	1.0%	0.0%	1.0%	0.0%	3.6%	2.2%	1.8%	1.4%	0.0%	0.0%	3.9%	1.0%
PFIG	Jun 22	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	>= 65%	45.6%	49.4%	45.2%	47.3%	49.7%	48.0%	49.7%	51.0%	45.3%	46.2%	49.7%	45.6%
PFIG	Jul 22	Number of ambulance patient handovers over 1 hour	0	2037	1735	1610	1891	1735	1743	1998	1958	2003	1749	1884	1932	2037

Charts: Emergency Department Attendances

ED Attendances and 4 Hour Performance

BCU Level - Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes *June

BCU Level - Emergency Department (inc MIU) 4 Hour Waits: July 2022

BCU Level - Ambulance Handovers over 1 Hour: July 2022

BCU Level - Emergency Department 12 Hour Waits: July 2022
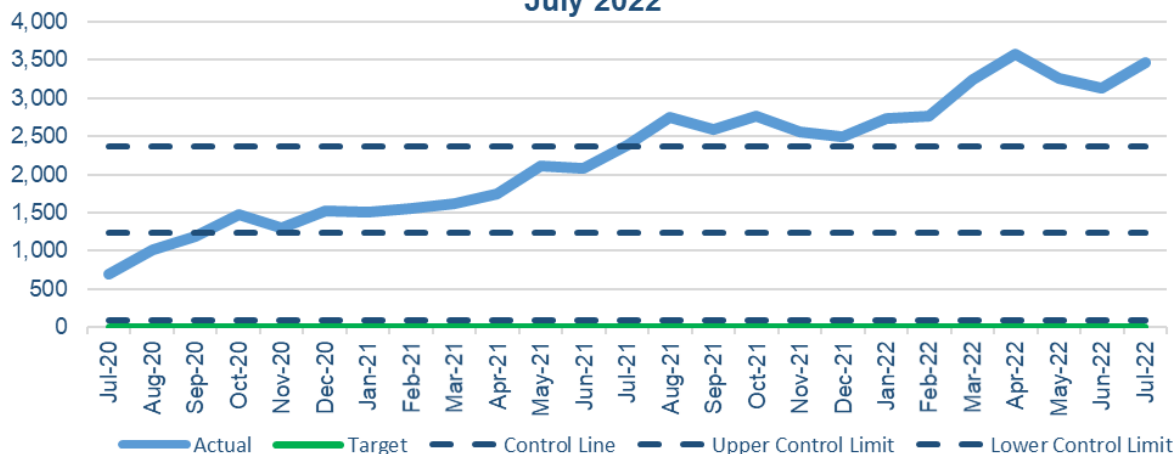
Why we are where we are

We continue to see an inability to achieve the Emergency Department (ED) National targets, this includes not meeting the 4-hour target in ED, ambulance delays, increased patient harm, increased number of complaints and low staff morale.

What we are doing about it

In response to the inability to achieve the National Targets for Emergency Care there continues to be a focus on the following areas to improve the performance, standard of care and staff morale:

- Recruitment into the ED business cases on target
- Re-modelling of the Medical Assessment Pathways to support an improved focus on " home first principles" – this includes Frailty/ Same Day Emergency care (SDEC) and Therapies services
- Increased scrutiny and joint working with key stakeholders to discharge patients that remain in hospital despite being medically fit
- Joint working with Welsh Ambulance Service NHS Trust (WAST) to improve the care needs of patients when ambulances are delayed – key focus on off loading
- SDEC improvement work with the main aim to run this service seven days a week

When we expect to be back on track

The expectation for the Health Board in relation to Emergency Care in achieving an improved performance overall is determined by many external factors, however there are improvements expected, which include :

- ED business case recruitment to be completed by January 2023 (this includes all posts advertised and recruited into)
- YG, 1st September 2022, remodelled Medical Assessment Floor with key focus on " home first"
- SDEC to function 7 days a week by April 2023

What are the risks and mitigations to this (getting back on track)?

Key risks to getting back on track continue to be the inability to discharge patients that are Medically Fit for Discharge (MFD), which impacts on all front door activity.   There continues to be difficulty in recruiting Registered Nurses (RNs) into vacant posts therefore may compromise the ability to recruit into the business case template, and to mitigate this risk alternative posts and positions will need to be considered. For SDEC to function seven days a week additional funding will be required.

BCU Level - Stroke Care - Admissions within 4 Hours: July 2022
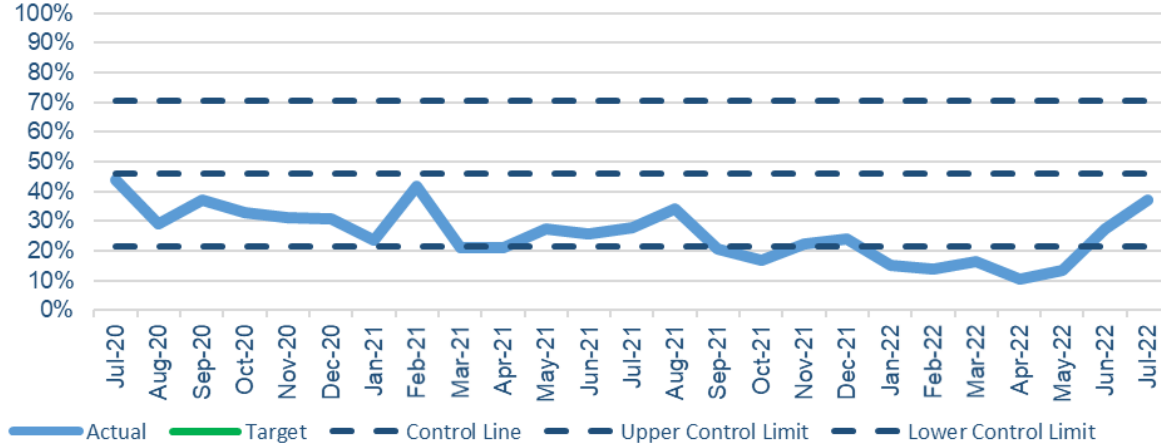
BCU Level - Stroke Care - Consultant Assessed within 24 Hours - July 2022
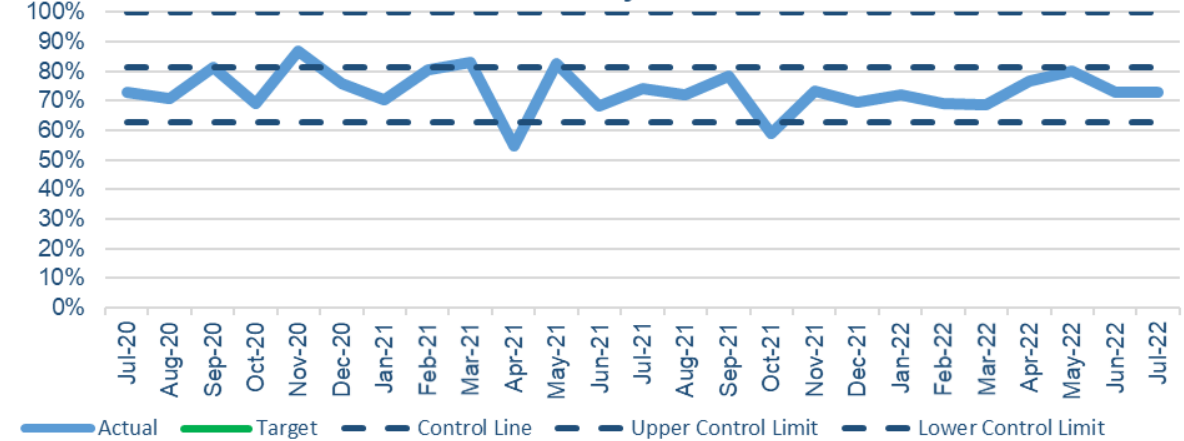
Why we are where we are

Extreme site pressures on the Emergency Department (ED) impacting on ability to follow stroke pathway and off load ambulances; As patients self-present because of delays in Welsh Ambulance Service NHS Trust (WAST) activity in the community, we do not get pre-alerts. We get late notification to Acute Stroke Clinical Nurse Specialist (CNS) / Stroke team of stroke patients. There is also a lack of use by ED teams of stroke bleep. Medical Teams not requesting Computed Tomography (CT) scans on patient's initial presentation, and CT delays. Availability of Acute Stroke Unit (ASU) beds – not ring-fenced or filled with inappropriate patients.
- Site pressures
- Inability to discharge due to lack of peripheral hospital beds and lack of care package support in the community
- Covid numbers on site and ability to outlie from ASU
No Consultant rota over weekends

What we are doing about it

- Clinical Site Management team are tasked with ring-fencing 2 Stroke Assessment beds at all times and repatriate any outliers to support this – ESD in the West soft launch should support
- Hospital Management Teams and Area management team are engaging with Medically Fit for Discharge (MFD) meeting to increase scrutiny on MFD delays.
- Agreement with ED staff that all suspected Stroke patients are given a Covid-19 test to ensure there are no further delays due to Covid-19 testing.
- Majority of specialist nurses in place to support bleep call and speed of response for all pre-alerts.
- Swallow Screen action plans on each site.
- ED Centre agreeing a fully equipped stroke assessment cubicle.
- Straight to test CT pathway trialled – East.
- Weekly performance and scrutiny meetings East – to cover breach reasons and learning.

When we expect to be back on track

Performance improvements are expected to start by middle of 2022/23 and tracking is being put in place. In line with Integrated Operational Plan (OP), a review of financial commitments and performance will be undertaken mid-year and appropriate adjustments made. The full performance improvement would be 2023/24.

What are the risks and mitigations to this (getting back on track)?

In line with Integrated Operational Plan (OP), a review of financial commitments and performance will be undertaken mid-year and appropriate adjustments made. The full performance improvement would be 2023/24. The recruitment of teams as per the BC is on track, but still has gaps in some specialities, i.e. Therapies West. Delay to the CHC process and agreement of the ESD wards in Centre and East.

Chapter 2c: Patient Flow & Discharge

Committee	Period	Measure	Target	Actual	Trend
PFIG		Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 qtr reduction		New Measure - awaiting data
PFIG		Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 qtr reduction		New Measure - awaiting data
PFIG		Percentage of people assigned a D2RA pathway within 48 hours of admission	4 qtr Improve		New Measure - awaiting data
PFIG		Percentage of people leaving hospital on a D2RA pathway	4 qtr Improve		New Measure - awaiting data
PFIG	Jul 22	Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	>= 50%	48.0%	66.5% 59.4% 53.8% 44.8% 49.1% 54.1% 64.8% 70.9% 67.3% 51.7% 51.6% 48.0%

Trend months: A S O N D J F M A M J J
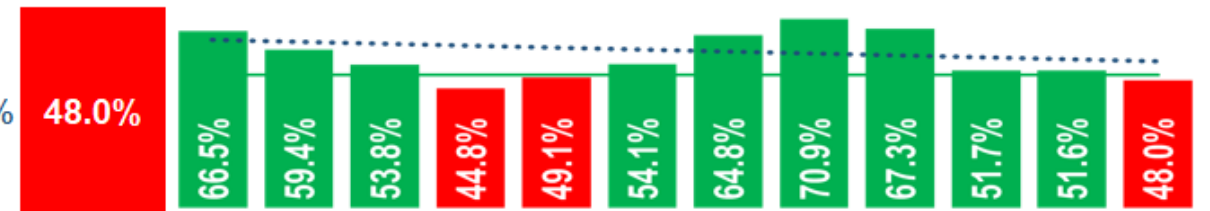
Month		April		May		June		July		August		Total	
Hospital / Specialty		Average LOS	Discharges	Average LOS	Discharges	Average LOS	Discharges	Average LOS	Discharges	Average LOS	Discharges	Average LOS	Discharges
Wrexham Maelor Hospital		3.8	4,116	3.8	4,754	3.9	4,375	3.8	4,629	3.7	1,678	3.8	19,552
Ysbyty Glan Clwyd		2.7	4,734	2.6	5,303	2.6	4,933	2.5	4,936	2.7	1,942	2.6	21,848
Ysbyty Gwynedd		2.7	4,399	2.8	4,862	2.7	4,571	2.5	4,546	3.3	1,540	2.7	19,918
Total		3.0	13,249	3.0	14,919	3.1	13,879	2.9	14,111	3.2	5,160	3.0	61,318

Total LOS by Hospital and Month

Hospital ● Wrexham Maelor Hospital ● Ysbyty Glan Clwyd ● Ysbyty Gwynedd
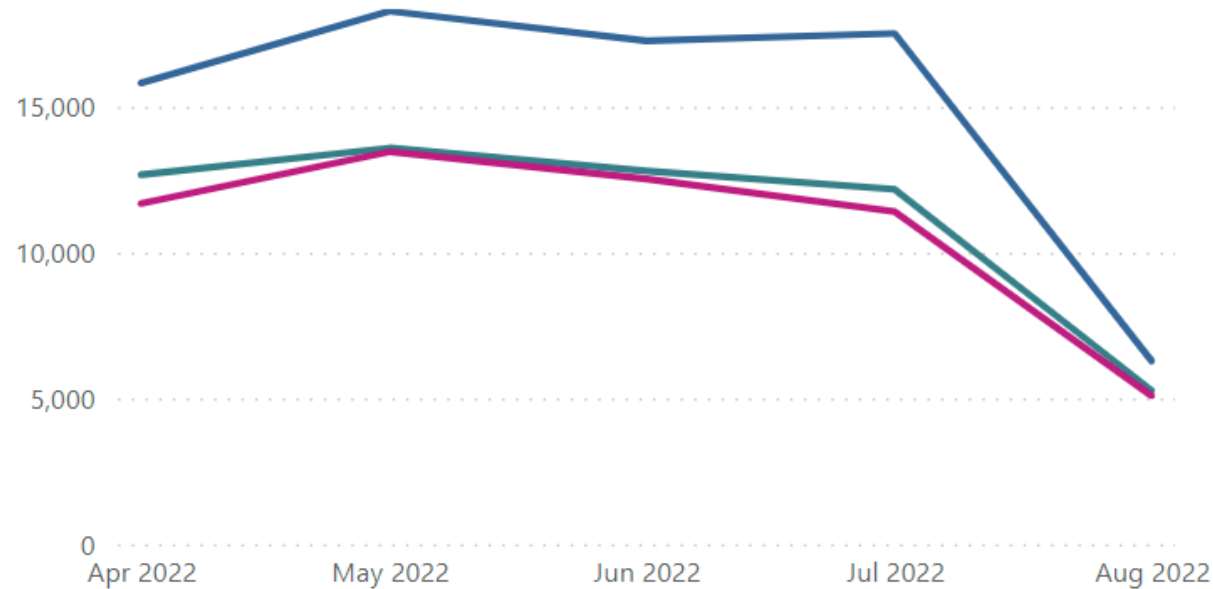
Average LOS by Hospital

Hospital ● Wrexham Maelor Hospital ● Ysbyty Gwynedd ● Ysbyty Glan Clwyd
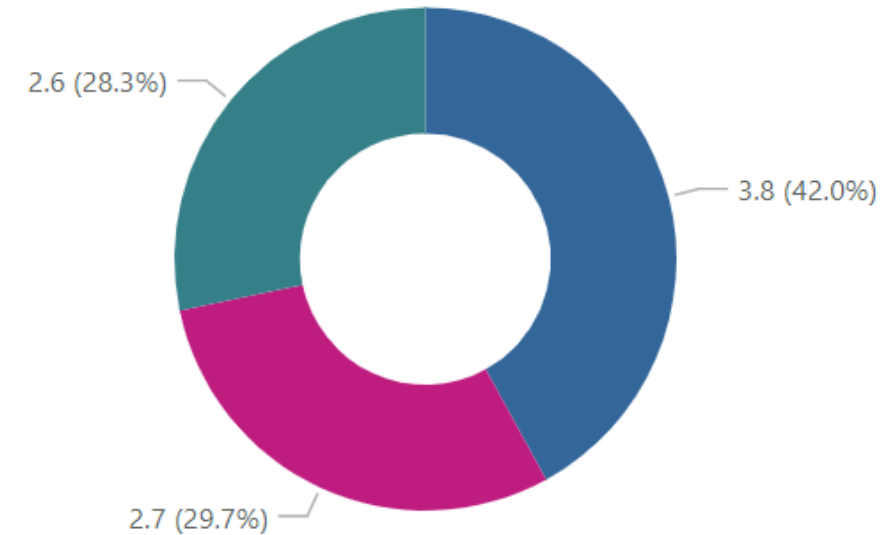
Why we are where we are

There continues to be a high proportion of patients that are considered medically fit for discharge from our hospital settings (both acute and community). This in turn is significantly impacting on the overall patient flow, ability to improve ED performance, and contributing to delayed ambulance off loading. Planned care activity is affected and increases the de conditioning of patients resulting in an increased HARM profile. In addition to this, the discharge process requires improvement which needs to include a re focus on staff training/ improved senior support with the more challenging of cases.

What we are doing about it

- Participating in 6x goals workshops including participating in the expert groups which are led by the Delivery Unit – this supports shared experiences and support from colleagues across Wales
- Joint working with key stakeholders in order to prioritise patients that are medically fit for discharge
- Review of the D2RA team in order to increase capacity to support front door flow and avoid admissions
- Focus on discharge planning with re emphasis on embedding home first, choice protocol (WG letter re-issued to all operational teams), and review of patient / carer information leaflet. This will include an amended discharge planning training package to be rolled out across the health board and includes formal discharge planning training with the Universities
- Discharge reviews undertaken in order to identify key themes and trends to support improvement
- Joint working with partners and stakeholders to develop plans to create an additional 250 care placements within the community by October as part of 1000 care placements across Wales
- Planned implementation of supporting guidance from WG and DU including the 'Reluctant Discharge', Trusted Assessor, Commissioning Framework for Step Down Care.

When we expect to be back on track

The expectation for the health board in relation to MFFD in achieving an improved performance overall is determined by many internal and external factors. However there are improvements expected in three main areas, increasing external capacity, optimising internal capacity and reducing the demand for beds.
This will be achieved by:
- Phase 1 of block commissioning of 60 step down and step up beds by end of September 2022 with additional support to the care providers;
- A range of schemes which will provide greater grip and control including reducing the number of patients waiting for assessment (currently 70 each day) and managing reluctant discharge;
- Increased capacity in health and social care teams within the community and rightsizing of domiciliary care packages (Regional Integration Fund).

What are the risks and mitigations to this (getting back on track)?

Key risks to improving patient flow across the health board continues to be the inability to provide community support and challenges of care home placement in terms of funding in particular where top up fees apply. The discharge planning training and knowledge has been challenging due to the Covid pandemic with many newly qualified nursing staff unaware of the correct discharge planning processes in place pre Covid.
There have been challenges with allocation of social work personnel to support discharge planning however requirement into these posts will support the improvement.

Measures: Elective Planned Care page 1

Committee	Period	Measure	Target	Actual	Trend												
					A	S	O	N	D	J	F	M	A	M	J	J
PFIG	Jun 22	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Towards 80% by 2026	63.3%	65.7%	69.7%	69.0%	66.6%	67.4%	61.4%	69.3%	69.3%	67.2%	62.3%	63.3%	
PFIG	Jul 22	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Reduce to 0 by 31.3.24	2306	3141	3120	2967	3025	3329	3482	3156	2719	2667	2563	2463	2306
PFIG	Jul 22	Number of patients waiting more than 8 weeks for a specified diagnostic	Reduce to 0 by 31.3.24	9078	7389	7352	6991	6288	7287	7694	7145	6829	8168	8761	8848	9078
PFIG	Jul 22	Number of patients waiting more than 14 weeks for a specified therapy	Reduce to 0 by 31.3.24	6151	2036	2610	3669	3937	5089	5776	6171	6486	6364	6682	6602	6151
PFIG	May 22	Number of patients waiting over 52 weeks for a new outpatient appointment	Reduce to 0 by 31.12.22	24405	24032	24136	24464	24123	23756	23076	23407	23809	24223	24405		

Measures: Elective Planned Care page 2

Committee	Period	Measure	Target	Actual	Trend											
					A	S	O	N	D	J	F	M	A	M	J	J
PFIG	Jul 22	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Reduce by 30% by 31.03.23	61480	55286	55247	54190	53834	56026	56693	55442	54815	55708	56714	59128	61480
PFIG	Jun 22	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	>= 95%	54.0%	42.4%	43.1%	53.8%	45.6%	50.4%	44.6%	43.5%	49.3%	47.4%	50.0%	54.0%	
PFIG	Jul 22	Number of patients waiting more than 104 weeks for referral to treatment	Reduce to 0 by 31.03.24	15301	7460	8933	10577	12076	13829	15120	16950	18475	17795	16824	15943	15301
PFIG	Jul 22	Number of patients waiting more than 36 weeks for referral to treatment	Reduce to 0 by 2026	64871	55295	54805	54929	54883	55953	57190	59930	60281	61685	62866	63273	64871
PFIG	Jul 22	Percentage of patients waiting less than 26 weeks for referral to treatment	Towards 95% by 2026	54.0%	46.2%	46.0%	45.9%	46.0%	47.6%	48.8%	48.8%	51.2%	50.5%	50.8%	47.0%	54.0%

BCU Level - RTT Waits % <= 26 Weeks July 2022

BCU Level - RTT Waits Number > 52 Weeks: July 2022

BCU Level - RTT Waits Number > 36 Weeks: July 2022

BCU - RTT Waits >104 weeks: July 2022

Why we are where we are

The size of the waiting list and the length of time patients are waiting to be seen and for their treatment has been compounded by the Covid pandemic, whereby routine activity was paused. However, the waiting list continued to grow in this period, without any patients being removed from the waiting list due to all routine activity being paused. Covid escalation arrangements were put in place across Wales at the start of the pandemic, these measures were only de-escalated on May 16th this year for Outpatients and from the beginning of July for all surgery and procedures.

What we are doing about it

Several measures have been taken to reduce the waiting list and the length of times patients are waiting, this is in line with the ministerial priorities. As a Health Board we are getting back to deliver the same level of activity for all stages that we did in 2019/20, this has been facilitated by the de-escalation of Covid-19 measures. Where there are gaps within capacity to achieve these levels, we are looking to providing solutions that mitigate these gaps.

In addition to these steps, we are embedding outpatient and theatre principles to support the delivery of this activity. As well as working with Welsh Government to validate our waiting lists, this exercise will allow us to book the right patients. There are several other schemes that we are implementing that will support this, for example moving some orthopaedic procedures out of main theatres into another setting to increase throughput.

When we expect to be back on track

We are working to the ministerial priorities of;
1. No patients waiting 52> weeks for their first outpatient appointments at the end of the calendar year, in most specialities
2. 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)?

The risks to us delivering this include;
1. The potential for another wave of Covid-19, we will continue to increase the levels of activity to mitigate the impact of any new waves of Covid-19.
2. Staffing - we are working with workforce, to determine our capacity levels against budgeted establishment to be able to recruit through dedicated recruitment days and looking to how we can do things differently through new ways of working.

BCU Level - Cancer Waiting Times - 62 Day Suspected Cancer Pathway - April 2022

Legend: Actual — Target — Control Line — Upper Control Limit — Lower Control Limit
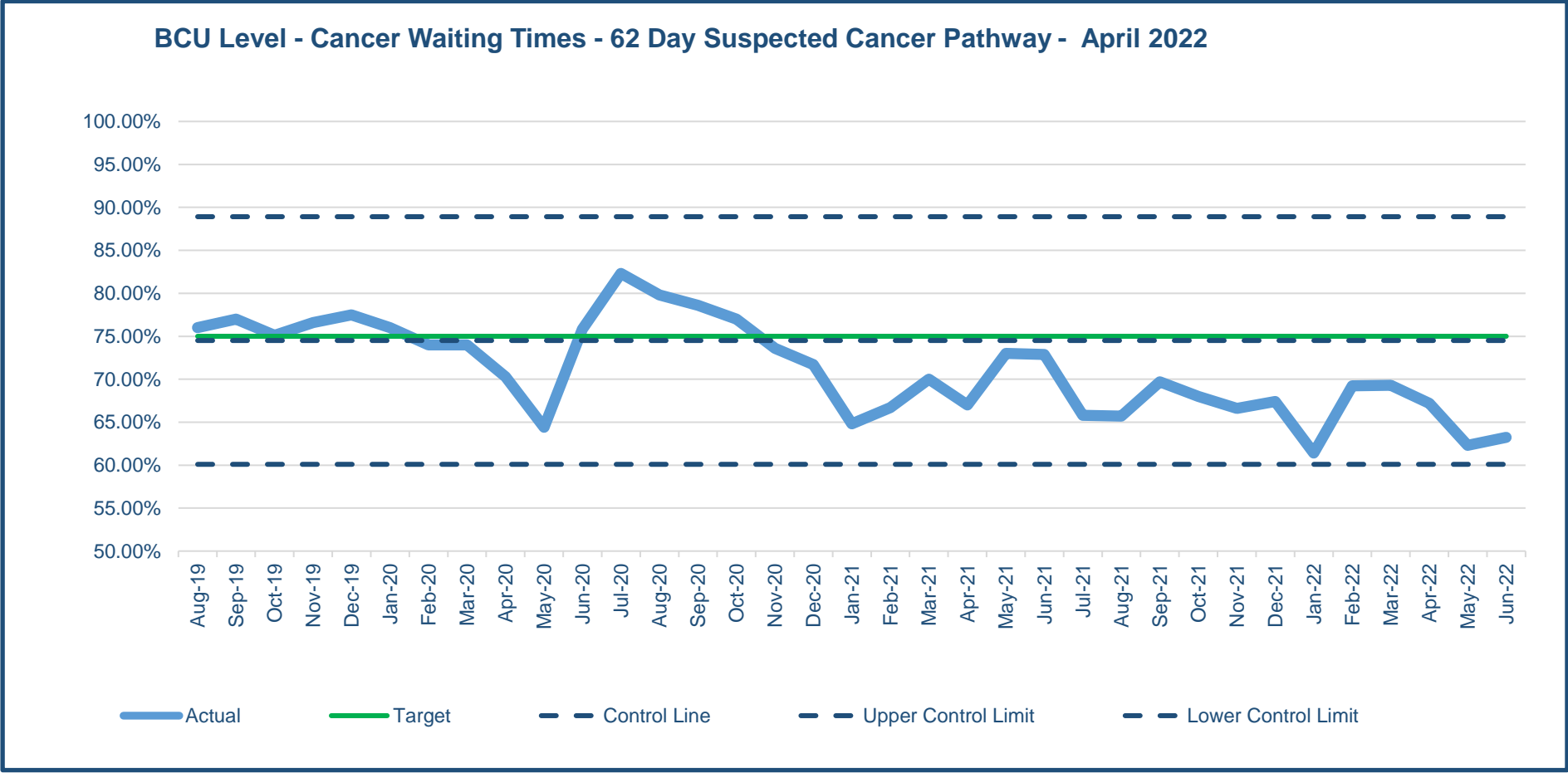
Note: Cancer Data is reported 1 month in arrears
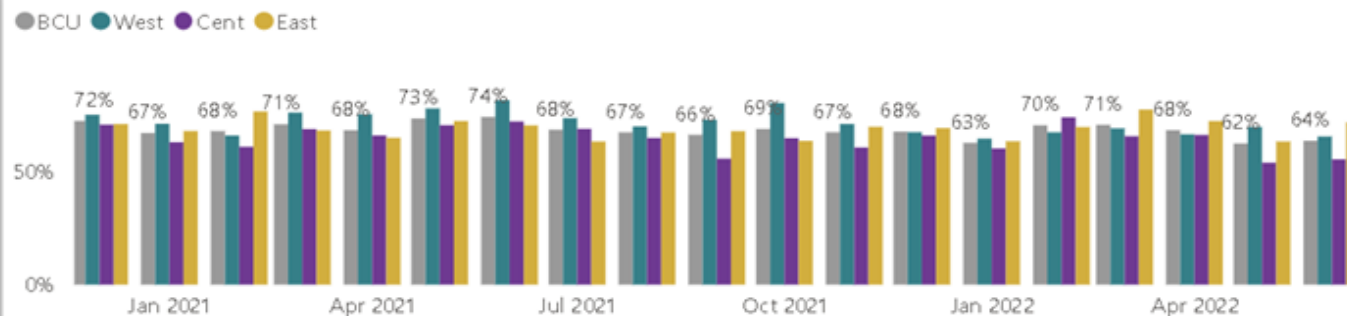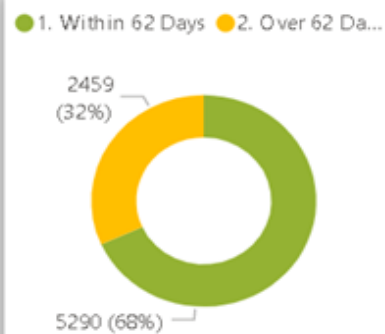
Treatment within 62 Days – Actual Patient Numbers
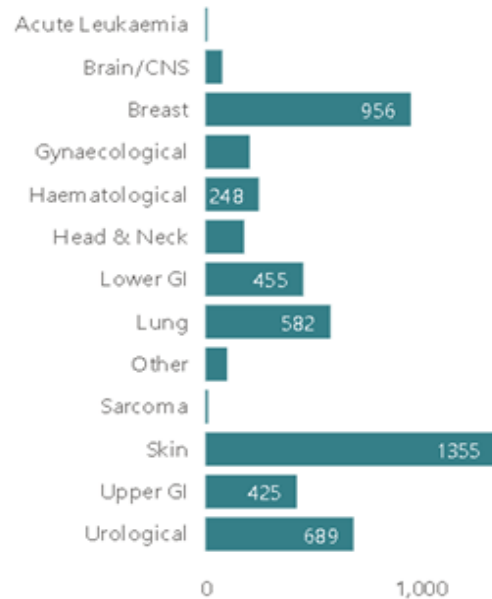
Treatment within 62 Days – % in Target
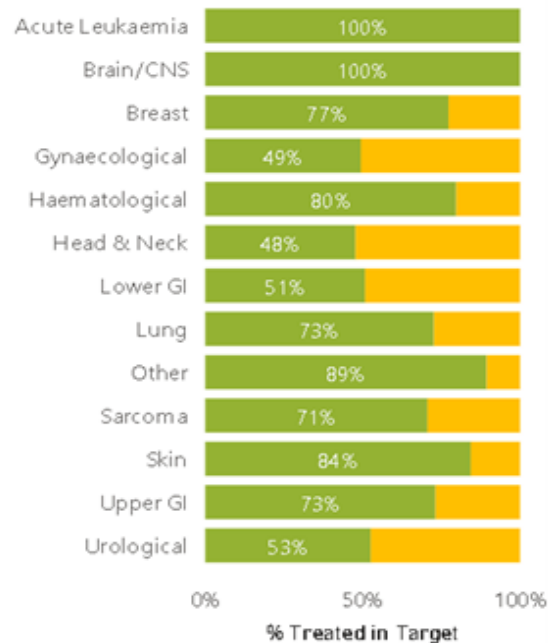
Tumour Site	1. Within 62 Days	2. Over 62 Days	Total
Acute Leukaemia	3		**3**
Brain/CNS	78		**78**
Breast	956	281	**1237**
Gynaecological	206	211	**417**
Haematological	248	63	**311**
Head & Neck	180	197	**377**
Lower GI	455	441	**896**
Lung	582	219	**801**
Other	101	12	**113**
Sarcoma	12	5	**17**
Skin	1355	252	**1607**
Upper GI	425	156	**581**
Urological	689	622	**1311**
Total	**5290**	**2459**	**7749**

Why we are where we are

In June 2022, 256 out of 403 patients (63.5%) were treated in target. Main reasons for patients not being treated in target were:
- Complex diagnostic pathways (12%) and patient related reasons e.g. patient unavailability for next stage of pathway (5%).
- Delay to endoscopy (9%) and delays to other diagnostics, primarily urology biopsy (9%).
- Delay to surgery (17%) – primarily due to pressures in urology and dermatology.
- Delay to first outpatient appointment (14%), primarily due to pressures in urology and dermatology.
- Delay to results or treatment planning appointment (7%) – primarily oncology.

What we are doing about it

- All services are prioritising suspected cancer patients.
- All clinic templates have been reviewed to ensure sufficient capacity to meet 80th percentile (and 95th where possible) weekly demand for suspected cancer patients.
- Locum dermatologist support has been secured and Central and East teams are providing support to West to equalise waiting times.
- Endoscopy insourcing continues and capacity has increased with the opening of the 3rd room in East.
- New one stop neck lump clinic commenced in Ysbyty Glan Clwyd in June to reduce diagnostic times on the head and neck pathway.
- Locum oncologist support is being sought and discussions are underway with other providers to ensure continuity of service provision.
- A review of the prostate cancer pathway, in line with the national optimised pathway, will commence in September 2022.

When we expect to be back on track

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

What are the risks and mitigations to this (getting back on track)?

- Suspected cancer referrals remain at 120% of pre-Covid-19 levels – clinic capacity has been increased as outlined above but this places significant pressure on diagnostic services.
- Workforce concerns remain in some key specialties including dermatology, oncology, ENT and urology – recruitment efforts continue together with discussions with other providers as outlined above to ensure continuity of service provision.

Charts: Diagnostics
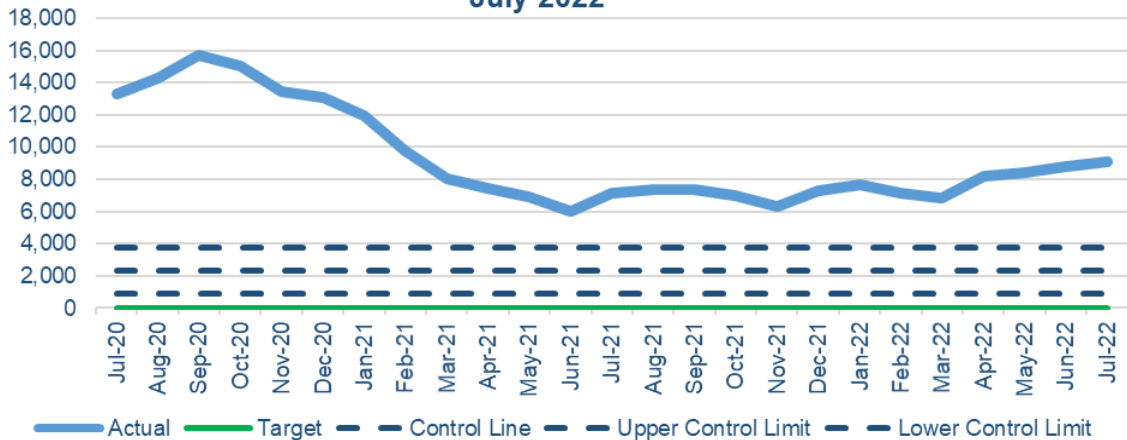
Quality & Performance Report
Performance, Finance & Information
Governance Committee
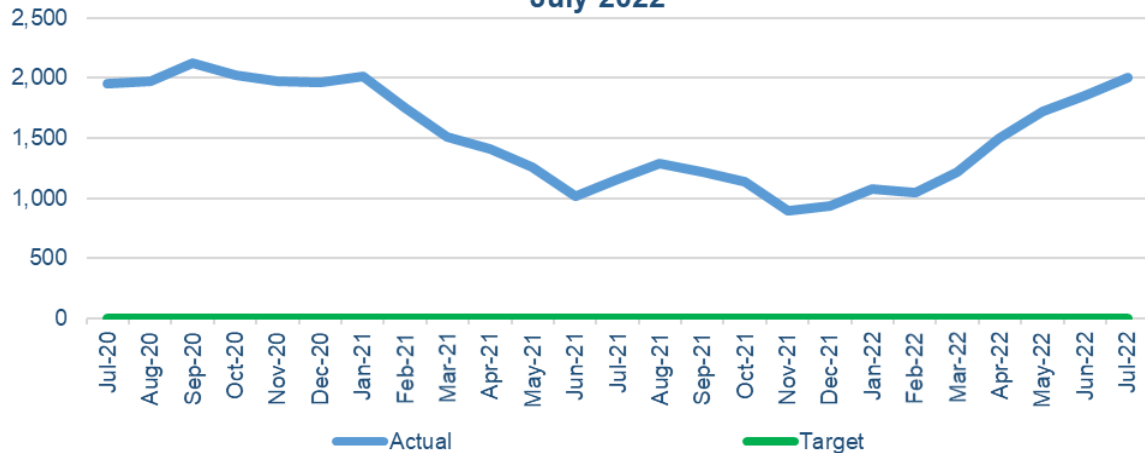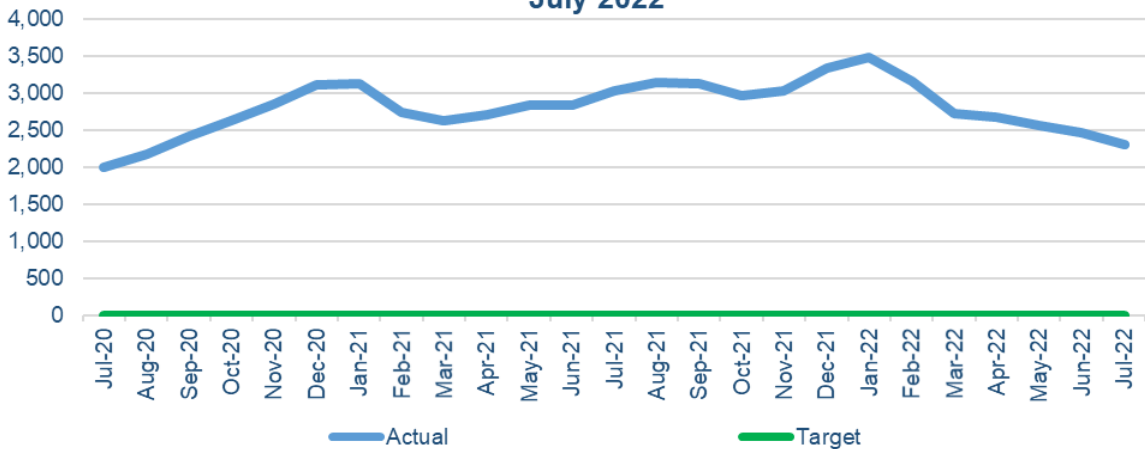
Data to 31st July 2022 (unless stated otherwise)
Presented on 25th August 2022
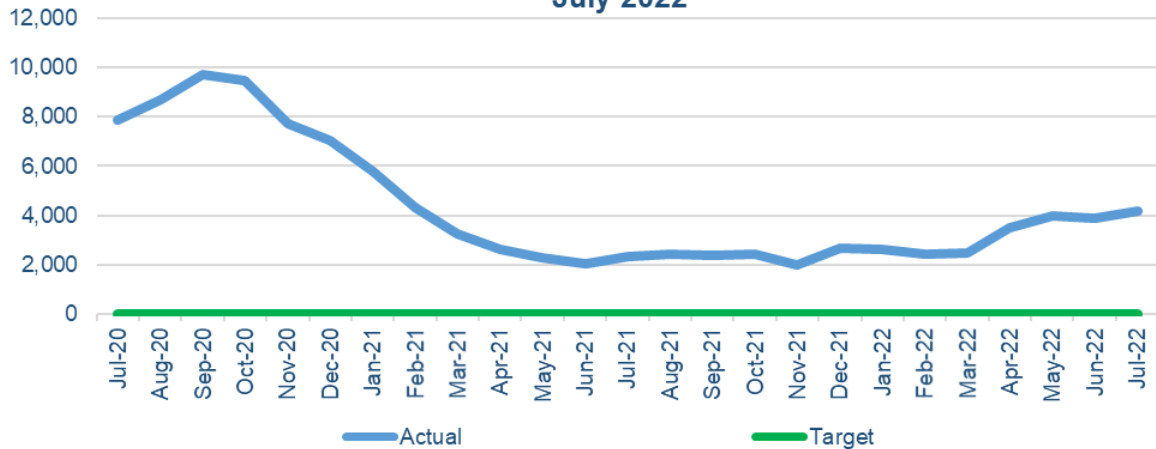
Narrative: Diagnostic Waits – Radiology and Neurophysiology

Why we are where we are

Radiology: The number of patients waiting over 8 weeks for radiology diagnostics is currently 4,191, an increase of 143 on the end of May 2022 position. The breakdown comprises a similar position in Computed Tomography (CT) (72 breaches) offset by a larger increase in Magnetic Resonance Imaging (MRI) breaches (1,701 breaches) and a decrease of 353 patients waiting over 8 weeks for an ultrasound scan (2,303 breaches). Whilst CT was maintained, demand continues to rise. MRI demand is sustaining at historic high levels, with solutions in place from August to increase capacity with a new modular scanner in Wrexham.

Neurophysiology: The number of patients waiting over 8 weeks is 369, an increase of 4 from the end of May 2022 position. There are 313 electromyography (EMG) (consultant-led) breaches and 56 Nerve Conduction Studies (NCS) (physiologist-led) breaches. Physiologist leaver in August, replacement post being sought. Short term locum cover / insourcing being sought to reduce backlog in Q3/Q4.

What we are doing about it

Radiology: Where possible we are aligning resources to meet the demands of the service, looking to recruit to unfilled vacancies, continuing to flex staff in CT and MRI, and looking to bring in modular scanner for MRI and an additional X-Ray trailer in the East to meet demand whilst building and replacement works are ongoing. We have a new Nuclear Medicine scanner capable of doing some CT which brings additional functionality to provide a better service to patients. Work has also started to progress the sustainable plan for Radiology, matching capacity to demand and looking at alternative working arrangements in many areas.

When we expect to be back on track

Radiology: Although additional capacity is being sought urgently this remains an issue of major concern due to ongoing replacement works and the stability of the current equipment in the interim period. Activity as always is dependent on local staffing levels. Essentially demand is being matched with the backlog remaining at similar levels. We are hoping to see improvements as new equipment and staffing models come online. Forecast remains 0 breaches in radiology by end 2023-24, and by end 2022-23 for neurophysiology.

What are the risks and mitigations to this (getting back on track)?

Radiology: There is a risk that patients may have to travel further for MRI and CT as we progress through the replacement programme, and that some sessions may be stood down to accommodate those who are urgently required. With the focus on the urgent and urgent suspected cancer (USC) patients we expect to see the routine waiting lists grow before seeing an improvement in areas as new technology comes online.

Narrative: Diagnostic Waits – Endoscopy

Why we are where we are

There is a clear demand and capacity gap in Endoscopy, resulting in patients waiting significantly longer than they should, leading to poor clinical outcomes. Whilst good progress was being made pre Covid-19, the impact of the pandemic has seen significant growth in waiting lists, resulting in patients waiting longer for their diagnostics and treatments. This has resulted in significantly high clinical risk within the Health Board's Endoscopy service, which has ultimately delayed patients on their pathways and caused non-compliance to the cancer and diagnostic targets.

What we are doing about it

- In response to the national priority and targets, the Health Board established the Regional Operational Group to robustly manage the transformation programme. The role of this group is to provide leadership and direction centered on the development of short, medium and long-term solutions to meet the recurrent capacity gap, working closely with the National Endoscopy Programme to achieve its objectives.
- This is a substantial step change for endoscopy, involving review of all process procedures and patient pathways, resulting from the introduction of a new endoscopy management system (EMS). An Endoscopy business case has been developed to create a sustainable Endoscopy service across North Wales and to address the capacity shortfall with significant investment required for additional workforce and estates infrastructure (This is still be formally signed off).
- In the short term, insourcing is being used on each of the sites to reduce backlogs ahead of the substantive recruitment. There is also focus on efficiency and productivity measures to ensure full utilisation of lists, progressing to 3 lists days, this will reduce the capacity gap.

When we expect to be back on track

Our capacity & demand modelling demonstrates a recoverable position during 2023/2024 based on several assumptions, including insourcing, current staffing levels being maintained, and three-day lists.

What are the risks and mitigations to this (getting back on track)?

Our main risks to delivery are around workforce. Sickness and vacancies are impacting significantly, resulting in reduced activity for both core and insourcing lists. Our Endoscopy workforce subgroup has been tasked to review recruitment progress against the business case. Insourcing support will continue to support the delivery of activity.

Why we are where we are

Cardiac Physiology diagnostic waiting lists continues to increase. This is a known challenge nationally due to workforce shortages. The all-Wales Cardiac Network has a National plan agreed by the Chief Executive Group to train more physiologists in Wales.

Inpatient demand on the service continues to grow and across North Wales, with the departments balancing inpatients, outpatients and pre-operative diagnostics based on patient clinical need.

What we are doing about it

- Business case has been submitted through the Operational Plan for additional workforce
- The service is undergoing demand and capacity modelling for future service provision
- Efficiency improvement work is ongoing
- The service is exploring outsourcing

When we expect to be back on track

If the service can secure outsourcing, this will address the backlog of patients waiting over 8 weeks.

What are the risks and mitigations to this (getting back on track)?

Risks-
Unable to outsource due to UK-wide demand
Business case is not funded in 2022/2023

Mitigations-
Explore further internal additional sessions
Efficiency and pathway work

Eye Care Measure Dashboard | Welsh Government Submission

Area

West	Central	East

Reporting Month

July 2022

Open Pathways

Health Risk Factor	No Target Date	Not Overdue	0 - 25%	26 - 50%	51 - 100%	Over 100%	Total
R1	187	12,872	2,218	2,197	3,343	16,280	**37,097**
R2	42	1,629	672	481	721	3,888	**7,433**
R3	13	322	89	62	119	997	**1,602**
No HRF	1,051	434	21	9	18	32	**1,565**
Total	**1,293**	**15,257**	**3,000**	**2,749**	**4,201**	**21,197**	**47,697**

Attendances

Health Risk Factor	No Target Date	Not Overdue	0 - 25%	26 - 50%	51 - 100%	Over 100%	Total
R1	287	1,104	1,302	360	387	1,017	**4,457**
R2	21	84	19	8	9	122	**263**
R3	1	73	8	2	6	20	**110**
No HRF	170	42	42	3	5	7	**269**
Total	**479**	**1,303**	**1,371**	**373**	**407**	**1,166**	**5,099**

R1 Attendances < 25% Overdue

54.0%

Current Reporting Month

Did Not Attend

Health Risk Factor	Total Did Not Attend
R1	364
R2	25
R3	7
No HRF	15
Total	**411**

Patient Cancellations

Health Risk Factor	Not Overdue	Overdue	Total
R1	191	816	**1007**
R2	12	61	**73**
R3	4	7	**11**
No HRF	10	22	**32**
Total	**217**	**906**	**1123**
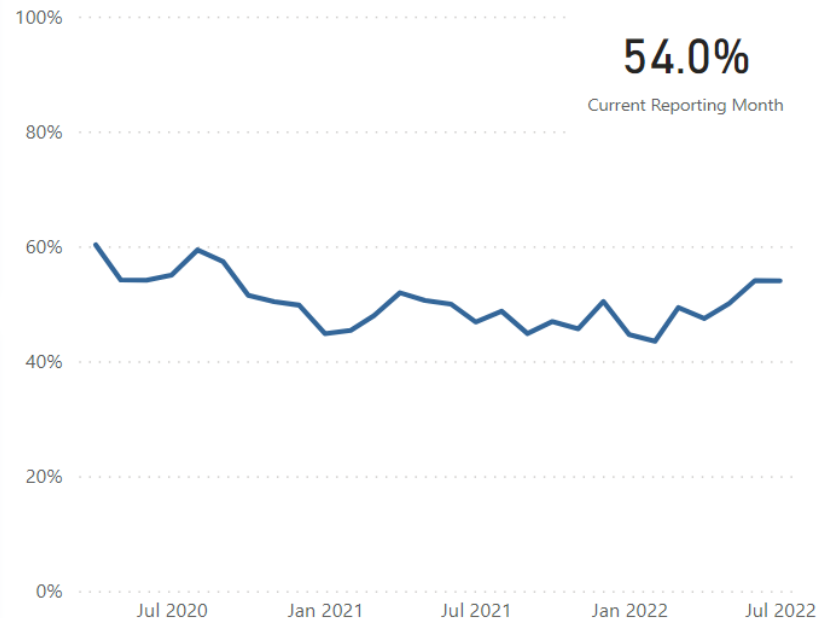
Why we are where we are

- Covid-19 mitigation and staffing resource impacts on core activity and Eye Care Measure (ECM) transformation capacity.
- Historic Data Quality & Completeness impacting on availability and effectiveness of data for modelling, planning, delivery of sustainable services.
- Covid-19 distancing mitigation and reduced resources (staffing and estates) impact on capacity and transformational pathway delivery. i.e. reduction in Cataract. Outpatient capacity, reduced theatre utilisation and delay in embedding high volume, low complexity Cataract Pathways.
- Delay in National Digital programme delivery of Glaucoma "Go Live". This is a key enabler of sustainable pathways to reduce patient waiting times and waste.
- Conflicting priorities/vacancies impacting on consistent Clinician and Operational Management engagement essential for continuous improvement.

What we are doing about it

- Ophthalmology Teams progressing 100% Pre-Covid-19 capacity delivery plans. Transformational pathways & Continuous Improvement Opht Networks mobilisation.
- Ophthalmology Area Teams to provide action plan to redress Clinical Condition data gaps.
- Capacity recovery from Cataract Outsourcing (400 Routine Patients per month rising to 600/month Sept 2022).
- Expand BCU pre-mobilisation to include Glaucoma and Cataract: to ensure Go Live readiness for both pathways when National Programme functionality confirmed.
- Pan BCU Clinical Lead and Optometry Advisor appointment/Pan BCU posts v's long-term "local" vacancies. Embed Clinical Networks for continuous improvement.

When we expect to be back on track

- ECM Integrated Pathways on track (Integrated Glaucoma and Diabetic Retinopathy Proof of Concept delivery consistent from 2021 Q4.) Diabetic Retinopathy Expansion Go Live (On Track for 30.9.22).
- Close of August 2022 target for addressing historic Clinical Condition gap backlog for R1 patients.
- Routine Cataract waiters to receive care <52 weeks by close of December 2022. Short term estate loss at YG Maxillofacial to cease 30.9.22.
- Health Board readiness for Go Live Glaucoma Tests and Cataract mobilisation completed within deadline/on track.
- Pan BCU Optometric Advisor & Clinical Lead recruitment (1.9.22). Vacancy review initial step to Pan-BCU posts August 2022 to support Pan BCU Consultant recruiting.

What are the risks and mitigations to this (getting back on track)?

- Risk: Pandemic mitigation recurrence/unplanned leave impact on Primary Care partners. Mitigation: Expanding number of Primary Care partners by Q4 2022.
- Risk: Operational team admin capacity gaps (vacancies/sickness). Partial Mitigations: Operational Teams utilising overtime/recruitment to vacancies.
- Risk: Outsourcing short-term solution. Medium and Longer-term mitigations in progression. Long-term: Regional Treatment Centre. Short/medium term: PDSA refresh of High-Volume Low Complexity Cataract Pathways and increase Theatre Utilisation (Complex Cataracts) to progress sustainable models of care supported by GIRFT (Q3 expected).
- Risk: Extended lead time for wider ECM pathways. Mitigation: Expand BCU pre-mobilisation to include Cataract to minimise lead time for multiple pathway delivery.
- Risk: Delayed delivery of sustainable pathways. Mitigation: Monthly RAG rated report highlighting/escalating risks with Eye Care Collaborative /Senior Leaders.
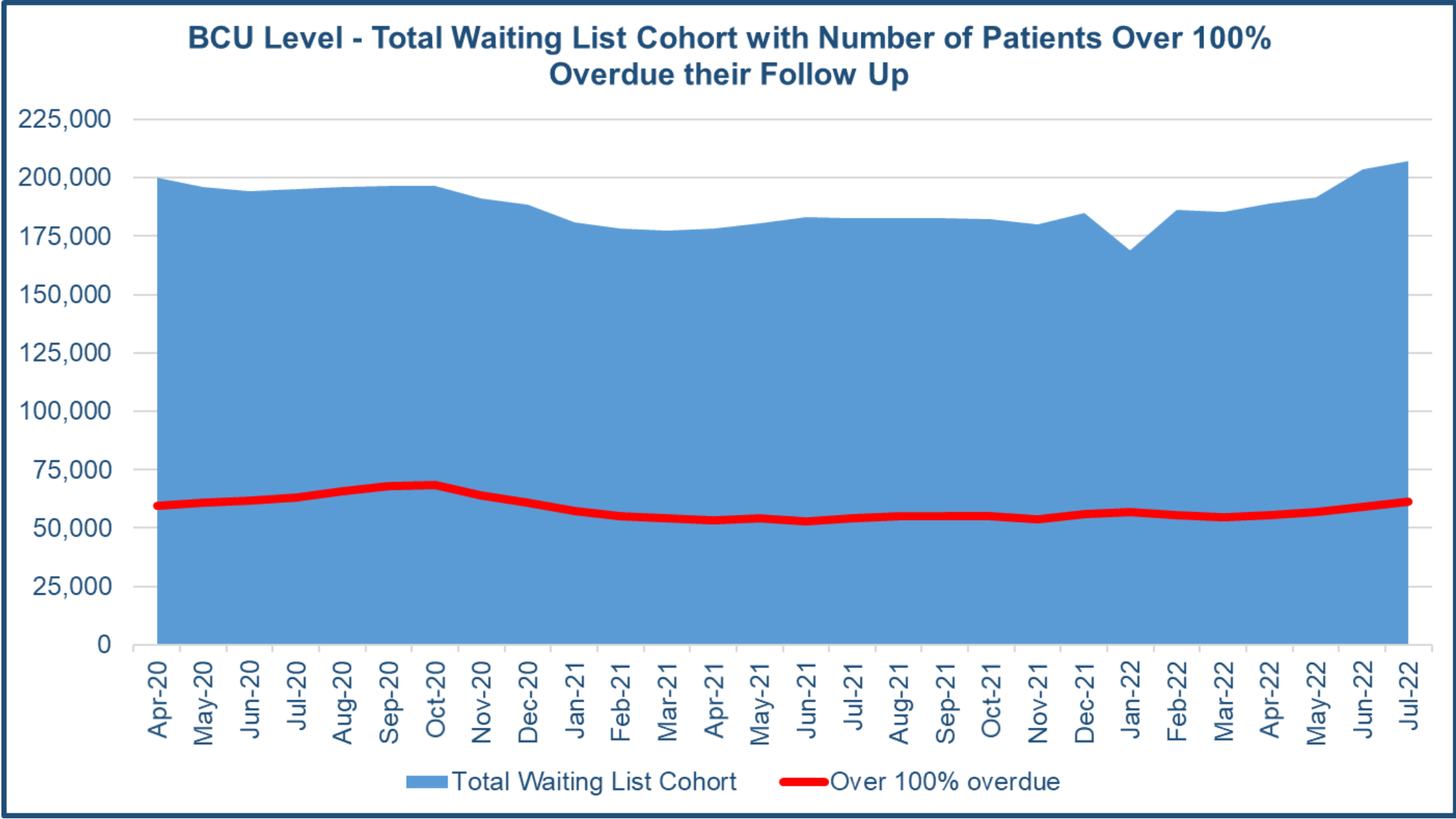
Narrative: Follow Up Outpatient Waiting List

Why we are where we are
Follow up waiting lists have increased considerably since Covid-19. This has inevitably created a backlog for Follow-up reviews.

What we are doing about it
Administration Validation • This to ensure that Welsh Patient Administration System (WPAS) is up to date e.g., any patient that has a discharged letter has been discharge on WPAS Patient Validation. • The patient has been contacted to assess if they have been seen elsewhere or still require their appointment Consultant Validation. • A review of long Follow-up waits to assess discharge & if not appropriate to discharge move to a See on Symptoms (SOS) or Patient Initiated Follow-up (PIFU) pathway or to remain on wait list. • A dashboard has been developed that provides us a single point of reference (soon to include a reduction forecast) to monitor progress. • Did not attend (DNA) Discharge protocol is followed, as per access policy. • Active Advice and Guidance tools are utilised as much as possible across all specialties.

When we expect to be back on track
• 20% of outpatient reviews that are not appropriate for discharge to have an outcome of SOS or PIFU by end of March 2023. • All SOS or PIFU pathways in place are standardised pan BCU by end of March 2024.

What are the risks and mitigations to this (getting back on track)?
• Capacity/ workforce within specialties to support delivery of all forms of validation listed above. • Engagement from specialties in utilising the pathways. • Engagement from specialties to adhere to policy protocol (such as DNA discharge policy). • Recruitment to Project Management for roll out.

Therapies - Over 14 Week Waits, by Specialty and Month

Legend: Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Speech and Language, Audiology (Adult Hearing Aids)
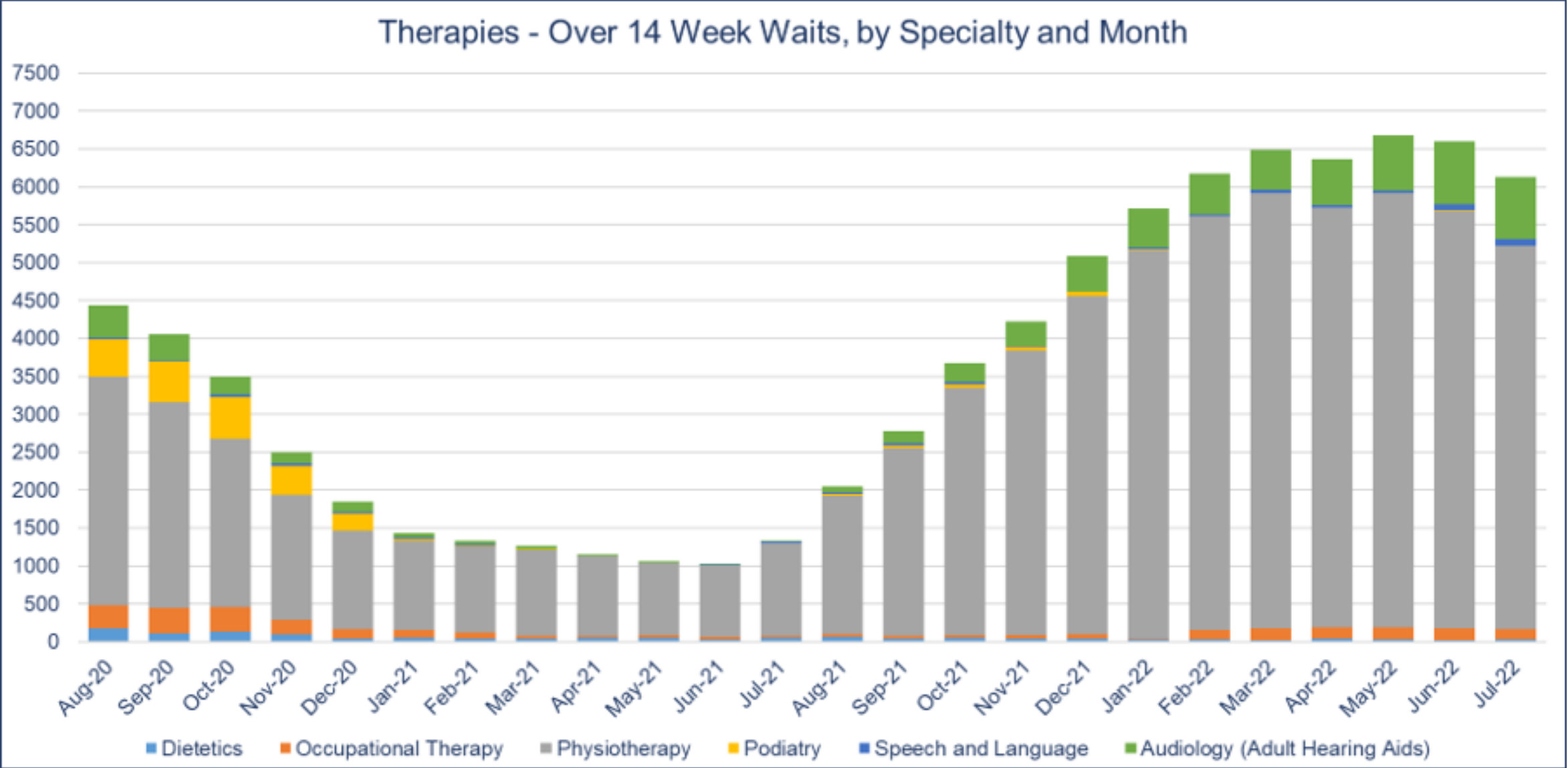
Why we are where we are

Overall, the Therapy Services waiting time position is recovering. The longest waiters are in Physiotherapy Central (77 weeks), Physiotherapy East (58 weeks) and Occupational Therapy West (43 weeks). Physiotherapy Central and Occupational Therapy West have faced significant sickness levels and high numbers of vacancies with difficulties recruiting and limited success in appointing locum/agency staff (Physio Central only has 50% of its outpatient workforce). Physiotherapy East lost the outpatient clinic space at Wrexham Maelor because of the Covid-19 pressures. Speech and Language Therapy across BCU has been given permission for the waiting time target to be extended to see children awaiting follow up appointments (will remain <52 weeks – longest waiter 25 weeks).

What we are doing about it

- Regular validation of waiting lists takes place with services contacting the longest waiting patients to check if an appointment is still required.
- Temporary accommodation is in the pipeline for Physiotherapy East in September 2022, with permanent accommodation scheduled for the end of 2022.
- Accommodation continues to be reviewed elsewhere to ensure we are up to pre-pandemic capacity for our patients.
- Reviews of skill mixes are carried out where safe to implement, and classes are being extended to take larger groups of patients.
- Active cycle of recruitment continues with services over-subscribing on Band 5 clinical roles
- Services are continually seeking locums/temporary staff and adding additional days Saturday/Sunday where feasible.

When we expect to be back on track

- Physiotherapy East and Occupational Therapy West expect to be under the 52-week target by October – Physiotherapy Central does not expect to achieve the 52-week target.
- Speech and Language Therapy will recover the position by April 2023 once the paediatric backlog has been cleared.
- Other services are under 21 weeks waiting time and are being monitored.

What are the risks and mitigations to this (getting back on track)?

- Risks continue around workforce and are significant in some services. There is some long-term sickness and issues with recruitment and retention and difficulties sourcing locums. Band 5 (starting grades) recruitment is delayed due to late graduations in December 2022/January 2023 from Bangor – linked to streamlining. Streamlining has delayed recruitment.
- Inpatient activity continues to add to pressures e.g., requirement to move outpatient resources to support 'front door'. Any increase in Orthopaedic activity will also impact.
- New Therapy posts being developed outside of Therapy Services e.g., neurodevelopmental (ND), Eating Disorders etc are not accounted for in workforce commissioning numbers.
- There are continued risks around accommodation, Plas yn Rhos for Physiotherapy East has slipped from April to September . Podiatry West, has recently lost accommodation for new patient assessments which will see an increase in waiting times (presently 18 weeks) with patients reluctant to travel.

Measures: Motivated & Sustainable Workforce

Committee	Period	Measure	Target	Actual	A	S	O	N	D	J	F	M	A	M	J	J
PFIG	Jul 22	Agency spend as a percentage of the total pay bill	12 Month Reduction	7.2%	4.8%	5.1%	5.6%	5.9%	5.5%	7.9%	6.3%	7.5%	6.1%	6.8%	7.1%	7.2%
PFIG	Jul 22	Percentage of sickness absence rate of staff	12 Month Reduction	7.2%	5.9%	6.7%	7.0%	6.9%	7.0%	7.2%	6.3%	6.9%	6.8%	5.7%	6.4%	7.2%
PFIG	Jul 22	Percentage of compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	>= 85%	84.8%	84.2%	84.2%	84.0%	84.2%	84.4%	84.5%	84.6%	84.9%	85.0%	84.7%	84.8%	84.8%
PFIG	Jul 22	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%	65.3%	69.4%	67.8%	67.1%	67.9%	67.8%	67.3%	67.1%	66.7%	65.5%	65.3%	66.2%	65.3%

Charts: Motivated and Sustained Workforce
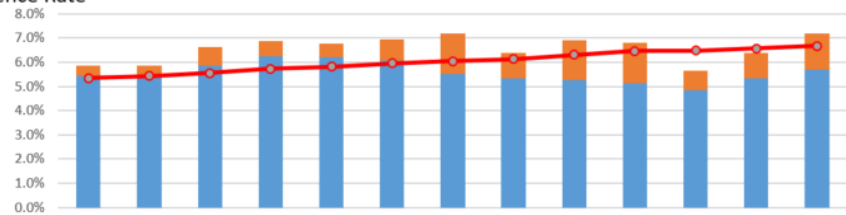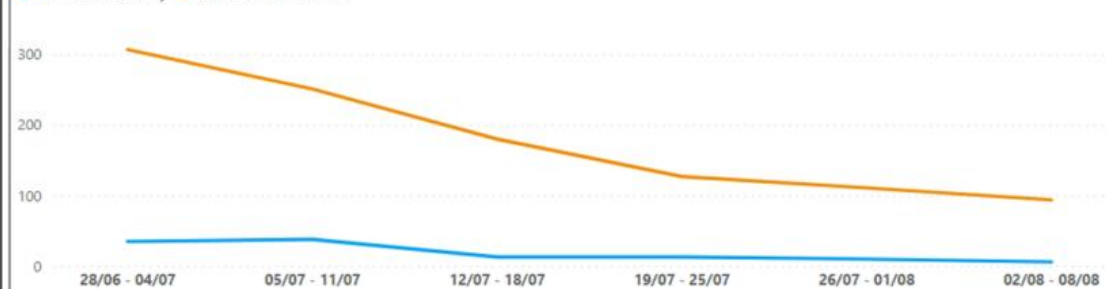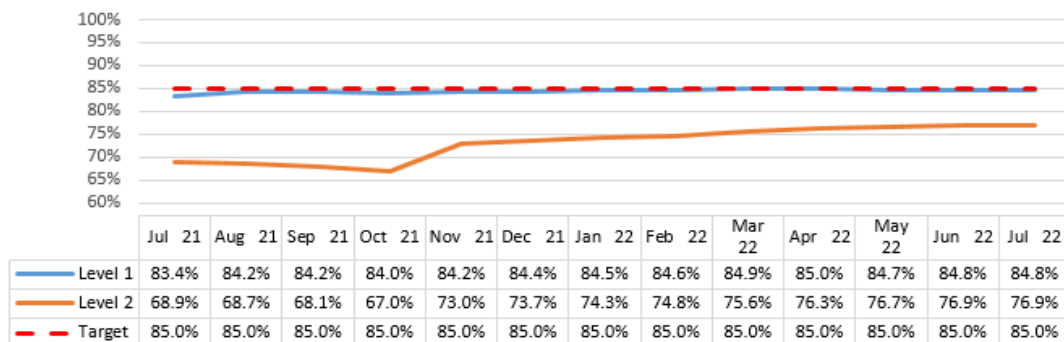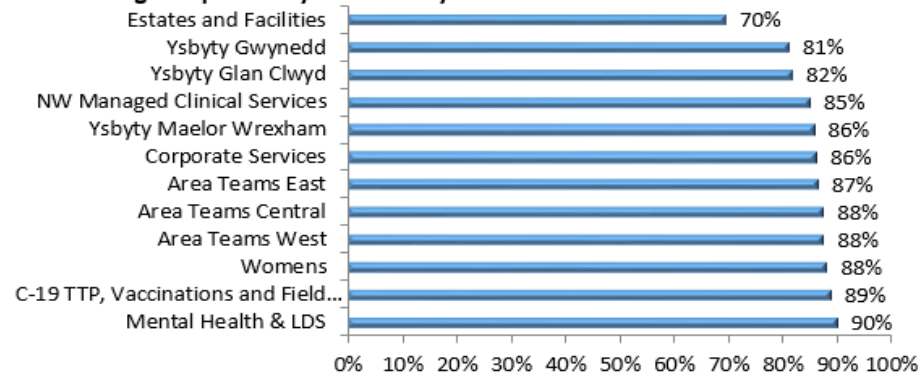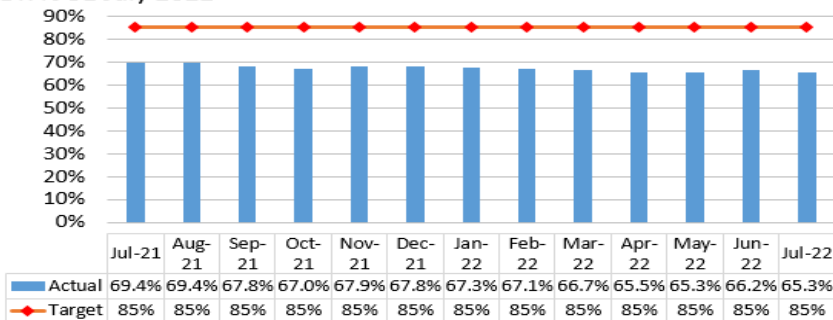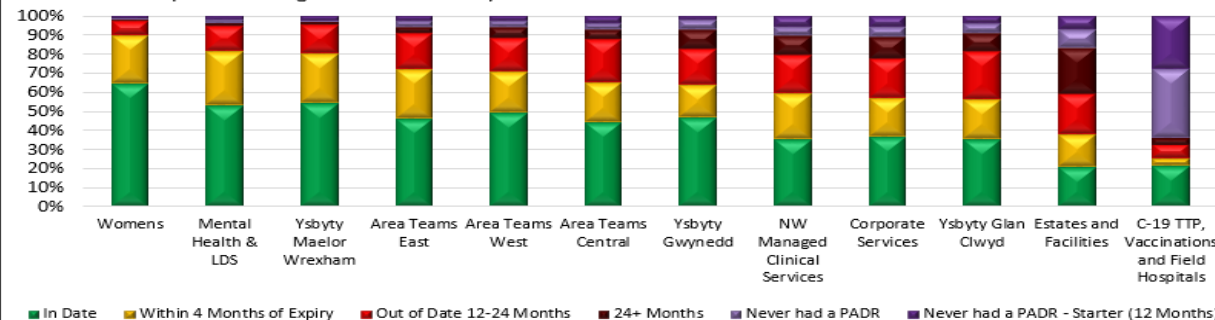
Why we are where we are

- High levels of stress and mental health related illness connected to staffing levels, patient acuity and post pandemic fatigue. Covid levels remain high in the community and amongst staff. Sickness absence rates have increased in the medium and short term, but longer-term sickness has decreased. Rolling sickness absence performance is at 6.68% an increase of 0.12% (June 22) and the highest level for over 12 months.
- Covid-19 related sickness absence has increased by 0.5% to 1.5% from 1.0% (June 22).
- Non Covid-19 related sickness absence has increased to 5.7% from 5.3% (June 22). 7.2% current from 6.4% in June.
- Stress related absence remains the biggest cause of absence with approximately 50% more days lost than the 2nd largest cause (infectious diseases). The highest levels of sickness absence are in Additional Clinical services , Estate and Ancillary and Nursing and Midwifery. Estates and Ancillary sickness rates are the highest across the organisation at 8.55% a reduction of 0.87% on April 22. Additional Clinical services have decreased to 7.75% from 8.63% in April 22. Nursing levels have decreased to 6.06% from 7.16% in April 22.

What we are doing about it

- Managing long Covid related absence in line with all Wales guidance. Continuing to support increasing ill health retirements and supporting long term sickness.
- Delivering training on managing attendance at work. Coaching of managers.
- Staff Wellbeing Support Service (SWSS) – increase in services.

When we expect to be back on track

Current target is 4.2%. At current levels and trends, it will take approx. 2 years to get back on track.

What are the risks and mitigations to this (getting back on track)?

- Potential for winter sickness levels to increase beyond 8% given we are experiencing the highest sickness levels for over 12 months and summer levels are traditionally the lowest.
- Impact of the rising cost of living may impact on staff ability to travel to work. (Current temp increase in mileage rates for business travel).
- Organisational change is a risk to sickness levels.
- Assumption that the vaccination programmes will maintain resistance for Covid-19, flu and other respiratory illnesses.

Why we are where we are

Personal Appraisal & Development Review (PADR) compliance has seen a slight decrease in July to 65.3% compared to 66.2% in June. Many smaller divisions have seen significant increase this month such as Director of Partnerships, Engagement and Communications seeing a 37.5% increase and Primary Care and Community Service Executive seeing an 11.8% increase. The decrease in overall compliance is however due to some larger divisions seeing a decrease e.g., Wrexham Maelor falling by 2.4% and Ysbyty Glan Clwyd falling by 5.2%.

What we are doing about it

As part of Pay Progression being implemented Nationally on 1st October 2022 and PADR being intrinsically linked as progression through increments will not be approved unless a PADR conversation has taken place, this has been a great opportunity to raise awareness of the importance of PADR conversations with both staff and managers.

Actions have taken place to monitor progress and local implementation by a local BCU group, recent actions include:- extensive communication across the health board including messages on ESR carousel, weekly bulletin, liaising with Trade Unions, targeting all managers and staff that will be affected in October, and a message scheduled in September pay slips. Weekly PADR/Pay Progression workshops are being delivered to cascade messages and support managers to record pay progression on ESR.

When we expect to be back on track

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

What are the risks and mitigations to this (getting back on track)?

The implications of the new Operating Model coming into effect on 1st August may have a temporary impact on hierarchies in ESR which may have a knock-on effect on compliance data.
Continued operational pressures may impact on the capacity of line managers and staff to complete PADRs. To mitigate this, we will continue to communicate across the health board as a gentle reminder of the importance of conducting PADR's and its links to Pay Progression

Why we are where we are

- Mandatory Training compliance for level 1 training is currently 84.78%, which is 0.22% below the national target of 85%. This is a slight increase of 0.04% from the previous month [June].
- Mandatory Training compliance for level 2 has seen a further increase again this month and is currently 76.88%.
- Manual Handling has increased during July 2022 by a further 0.5% and is just below 80%.
- Equality & Diversity, Health & Safety, Violence & Aggression and Resuscitation training are all above the national target ranging from 86% to 95%.

What we are doing about it

During July 2022, the mandatory training review group have submitted their first review report to the Executive Delivery Group (EDG) People & Culture outlining their standard operating procedure (SOP) for mandating a subject which included a robust process for reviewing additional and currently mandated subjects detailed within the Statutory and Mandatory Training policy. As a result, the group approved Environmental Waste and Energy, Cyber Awareness and Welsh Applied Risk Research Network (WARRN) training. There were also recommendations for further work to approve the SOP and to review both falls and donning and doffing training.

When we expect to be back on track

With the steady increase of around 0.05% during quarter 2 summer months, we should see compliance equating to the national target during quarter 3.

What are the risks and mitigations to this (getting back on track)?

Specific training requiring classroom face to face or practically delivered competency training continues to require Covid specific risk assessments to ensure safe delivery with a restriction on attendance capacity.
There is a risk that, with all staff now being required to complete additional recently mandated training (Cyber awareness and Environmental waste and energy), this may impact on resource allocated to completing training.

Charts: Agency and Locum Spend

BCU Pay Core vs Non Core (£000s)

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Non Core Pay (£000s)	8,676	9,317	9,558	7,649	11,418	10,580	12,560	12,176	16,270	11,656	12,197	11,205	12,504
Core Pay (£000s)	62,245	68,811	64,535	62,849	64,646	67,242	66,079	65,476	104,383	66,998	63,620	66,422	66,025

M&D Pay Core vs Non Core (£000s))

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Non Core Pay (£000s)	3,454	3,975	3,671	3,544	4,322	3,769	3,574	3,940	5,766	3,678	4,556	4,793	5,236
Core Pay (£000s)	13,380	15,081	13,347	13,880	14,176	14,387	14,364	14,269	22,236	14,588	13,945	14,230	14,070

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

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Non Core Pay (£000s)	2,300	2,381	2,520	2,084	3,050	2,672	3,502	3,135	4,205	3,132	3,277	2,776	3,218
Core Pay (£000s)	19,907	21,966	20,886	20,223	20,773	21,282	20,946	20,814	32,926	20,926	20,037	20,947	20,489

BCU Non Core Pay % of Total Spend

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Additional Basic	0.5%	0.5%	0.5%	0.5%	0.6%	0.6%	0.3%	0.3%	0.2%	0.4%	0.4%	0.5%	0.4%
Agency	4.9%	4.8%	5.1%	5.6%	5.9%	5.5%	5.7%	6.3%	4.5%	5.9%	6.6%	7.1%	7.0%
Bank	2.8%	2.6%	3.1%	0.9%	3.0%	3.2%	4.0%	3.6%	4.0%	3.6%	3.2%	2.9%	2.9%
Locum and Other Medical	2.5%	2.7%	2.4%	2.0%	2.7%	2.5%	2.2%	2.4%	2.5%	2.3%	2.9%	2.4%	3.2%
Overtime	1.0%	1.0%	1.3%	1.3%	2.5%	1.5%	3.4%	2.7%	2.0%	2.2%	2.4%	1.1%	1.7%
WLI	0.5%	0.3%	0.5%	0.6%	0.4%	0.3%	0.3%	0.3%	0.3%	0.4%	0.6%	0.5%	0.7%

M&D Non Core Pay % of Total Spend

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Agency	7.9%	8.6%	9.0%	10.1%	10.7%	8.6%	8.8%	9.9%	8.6%	8.5%	10.4%	13.6%	11.4%
Locum and Other Medical	10.6%	11.0%	10.6%	8.1%	11.1%	10.9%	9.8%	10.4%	10.9%	10.0%	12.0%	9.7%	13.1%
Overtime	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
WLI	2.0%	1.2%	2.0%	2.2%	1.5%	1.3%	1.4%	1.3%	1.1%	1.7%	2.2%	1.9%	2.6%

Nursing & Midwifery Non Core Pay % of Total Spend

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Additional Basic	0.5%	0.4%	0.5%	0.4%	0.5%	0.6%	0.3%	0.3%	0.2%	0.3%	0.3%	0.4%	0.4%
Agency	6.4%	5.7%	6.0%	6.8%	6.4%	5.8%	6.6%	6.0%	5.0%	7.1%	8.2%	7.9%	8.9%
Bank	1.7%	1.6%	1.9%	-0.3%	1.7%	2.2%	1.4%	2.6%	2.7%	2.5%	1.9%	1.6%	1.6%
Overtime	1.7%	2.0%	2.4%	2.3%	4.2%	2.5%	6.0%	4.2%	3.4%	3.1%	3.6%	1.8%	2.7%
WLI	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

BCU Covid v Non Covid Spend (£000s)

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Covid	2,517	3,155	3,009	2,824	3,607	3,553	4,712	4,055	10,764	3,579	2,671	2,352	1,805
Non Covid	68,404	74,973	71,085	67,674	72,457	74,270	73,927	73,597	109,888	75,075	73,146	75,275	76,723

M&D Covid v Non Covid Spend (£000s)

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Covid	666	538	512	600	575	574	629	664	3,689	481	463	287	305
Non Covid	16,169	18,517	16,506	16,825	17,923	17,582	17,309	17,545	24,313	17,785	18,038	18,736	19,001

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

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Covid	751	1,061	1,012	932	1,232	1,176	1,640	1,389	2,472	1,328	826	533	552
Non Covid	21,457	23,286	22,393	21,375	22,591	22,779	22,808	22,560	34,658	22,729	22,488	23,190	23,155

Narrative: Agency and Locum Spend

Why we are where we are
Non-core pay spend overall has increased by £1.3m from £11,205k in June 22 to £12,504k in July 22. There has been a decrease in agency spend this month but a rise across Medical Locum, Overtime and Waiting List Initiatives (WLI) spend. Whilst non-core pay spend has increased core pay spend has decreased by £397k leaving a net increase of £902k across total pay spend. Drivers behind the ongoing high levels of agency staff usage across all areas of the Health Board are the ongoing pressure on Unscheduled Care (USC), and more activity across the Planned Care Recovery (PCR) programme in terms of an increase in WLIs. Medical non-core spend is up by £444k this month to £5.2m. There has been a decrease in agency spend offset by an increase in Medical Locum and WLI spend. The increase in actual spend can be linked to the ongoing activity increases across PCR and the ongoing pressures on USC across the Health Board but it does show a move away from short agency bookings to longer term locums being brought into the organisation to support service stability. Nursing non-core spend is up by £442k to £3.2m. This increase is driven by an increased usage across agency nursing and overtime. This in part links to activity across PCR and the increased pressures on USC nursing across the Health Board where short notice cover is required. However, of note, the overall pay spend for nursing has decreased by £16k in month.

What we are doing about it
Targeted recruitment campaigns for Medical and Dental consultants are active and showing progress across the targeted specialities. The British Association of Physicians of Indian Origin (BAPIO) initiative to attract overseas doctors from India to the Health Board continues with the work undertaken by OMD/WOD collaboratively. Alongside this a plan to recruit doctors from across the Middle East is in development for rollout in Q3. The ongoing focus on Nursing recruitment is showing progress with the overseas nurse recruitment delivering success. The influx of delayed students in Q3 will leave nursing recruitment is in a positive position, leading 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 Q3 to Q4 of 22/23.

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 recruitment to identified hotspots with the implementation of the health check dashboard will enable teams to target resources where they will have greatest impact to ensure service continuity.

Chapter 4: High Value Outcomes Based System
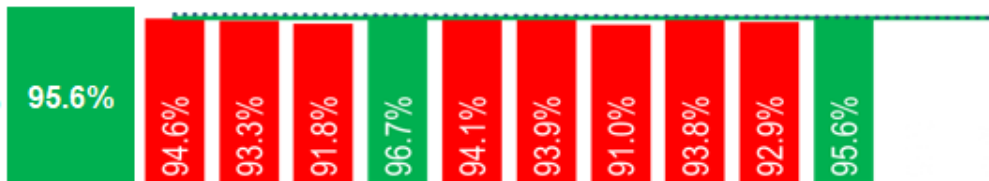
Measures: High Value Outcomes Based System

Committee	Period	Measure	Target	Actual	Trend											
					A	S	O	N	D	J	F	M	A	M	J	J
PFIG		Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% Red by 2025													
PFIG		Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Improvement													
PFIG		Qualitative report detailing 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 2021-22 Programme	Improvement													
PFIG		Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Embedding													
PFIG		Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	4 qtr Improve													
PFIG		Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust	4 qtr Improve													
PFIG	May 22	Percentage of episodes clinically coded within one reporting month post episode discharge end date	>= 95%	95.6%												

These are new measures and are reported on an Annual or Bi-annual basis. Data and/ or information for these measures will be included here as soon as they are published.

Trend bars (Percentage of episodes clinically coded): 95.6%, 94.6%, 93.3%, 91.8%, 96.7%, 94.1%, 93.9%, 91.0%, 93.8%, 92.9%, 95.6%

Additional Information

Planned Care Referrals and Out Patient Activity
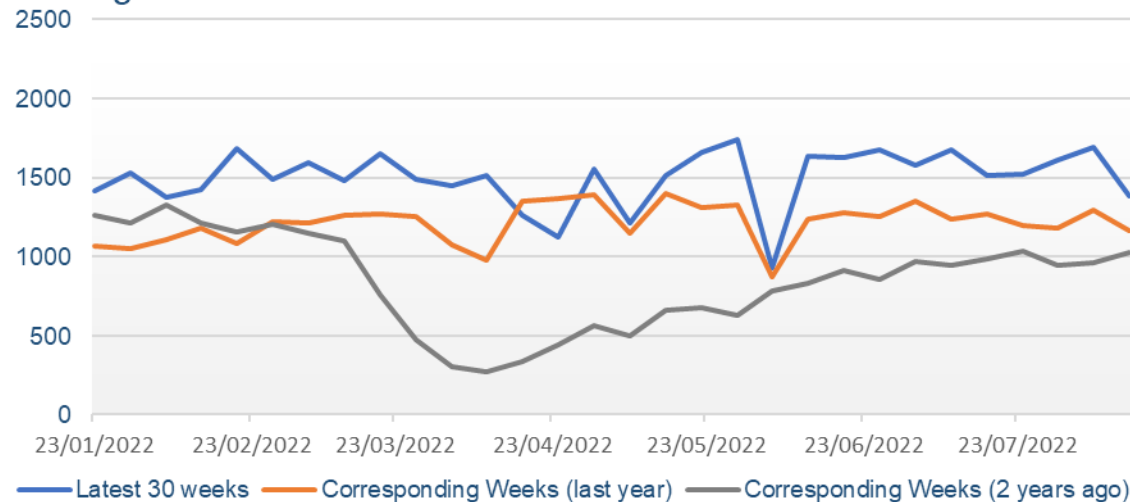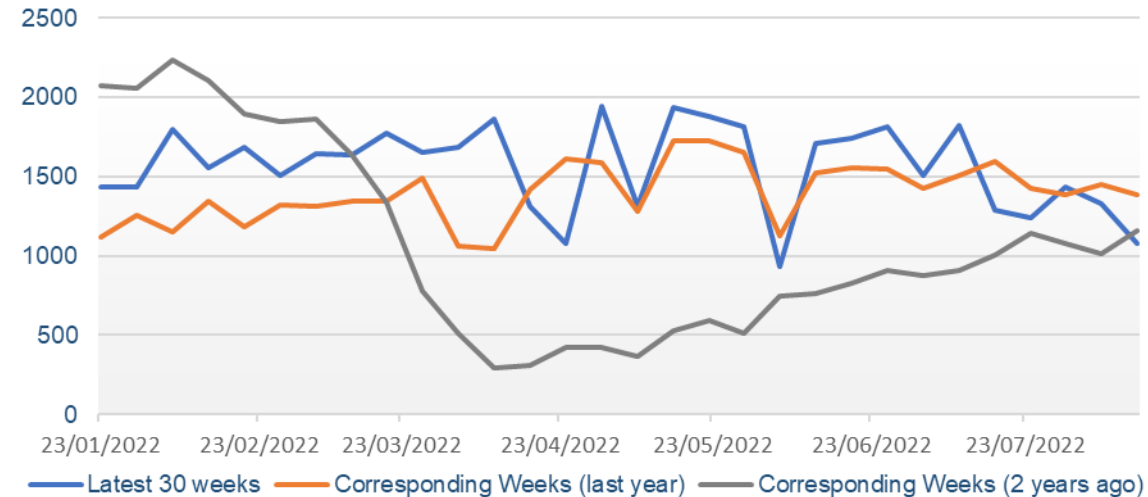
Theatre Procedures (Inpatient and Daycase): Completed Elective Cases in Planned Elective Lists by Week
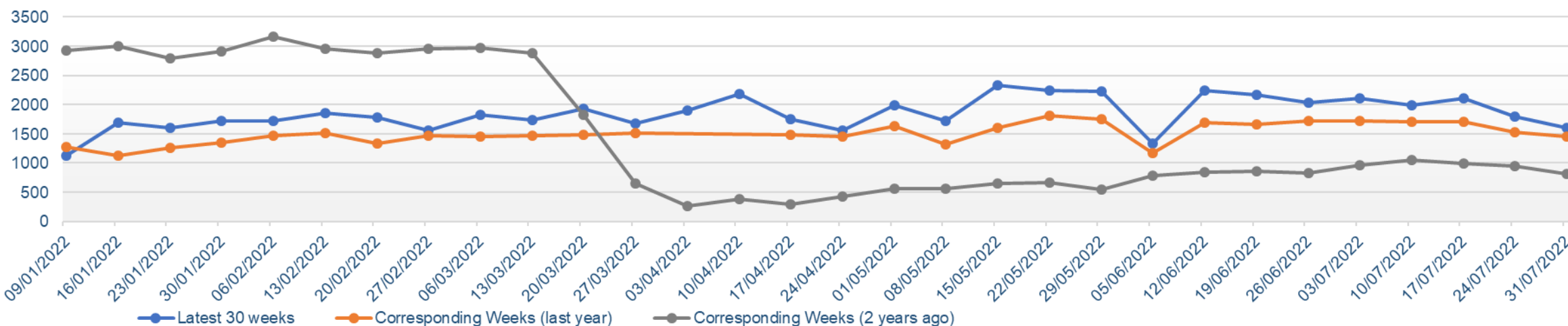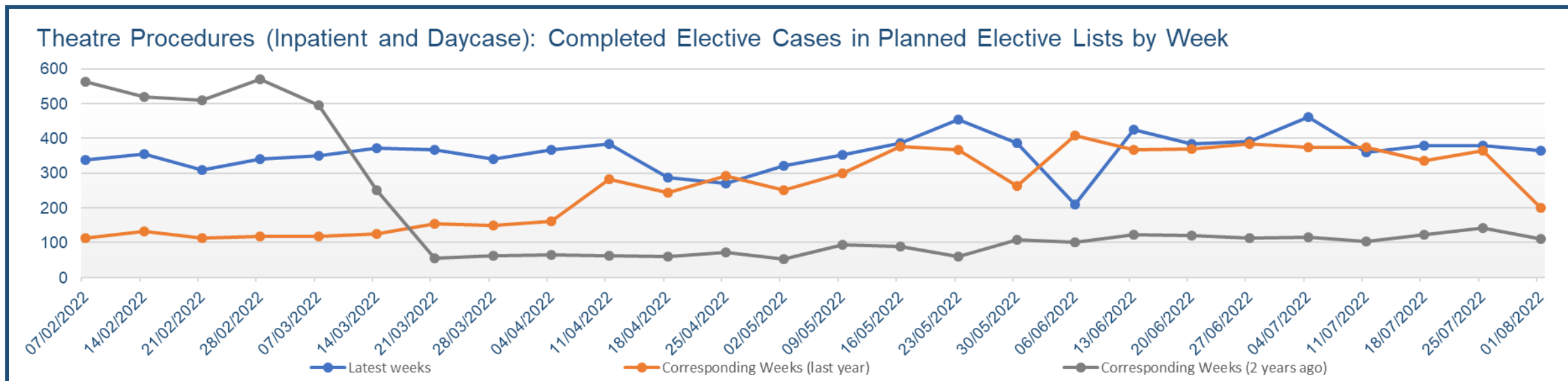
Diagnostic Waits (3 major wait categories)

Diagnostics: 8+ Week Waiters for Cardiology, Endoscopy and Radiology
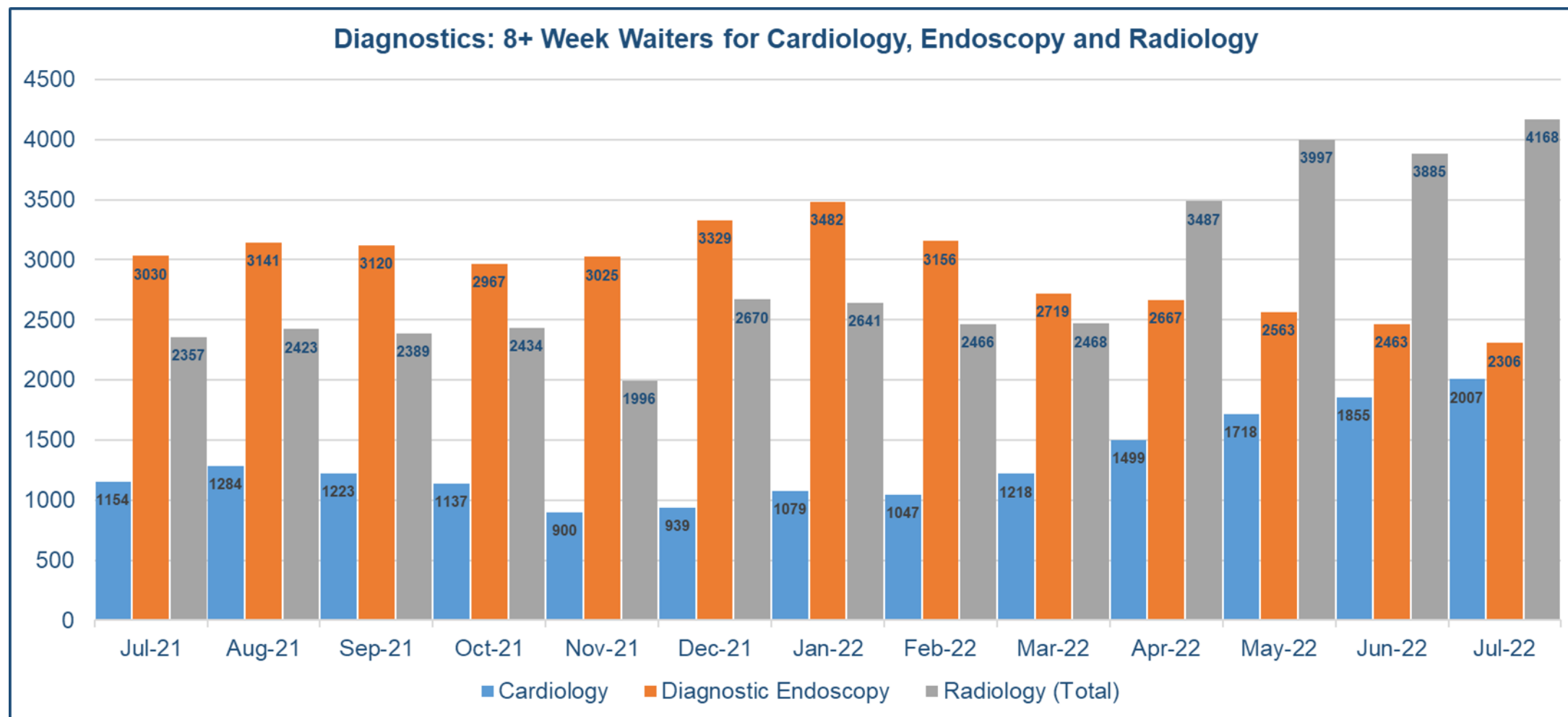
Quality & Performance Report

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

- 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

Quality & Performance Report
Performance, Finance & Information Governance Committee

Produced by the Performance Directorate
Betsi Cadwaladr University Performance, Finance & Information Governance Committee

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Report title:	Integrated Medium Term Plan – Ministerial assessment	
Report to:	Performance, Finance & Information Governance Committee	
Date of Meeting:	Thursday, 25 August 2022	Agenda Item number:
Executive Summary:	The purpose of this paper is to confirm the outcome of the Welsh Government scrutiny of the three year Integrated Medium Term Plan (IMTP) submitted for 2022 – 2025. Confirmation has been received of the decision of the Minister for Health and Social Services that the plan submitted in March does not fully meet the requirements of the NHS Wales framework and therefore is not approved as an IMTP. The plan submitted has been accepted as an Annual Plan and will be subject to ongoing monitoring.	
Recommendations:	The Committee is asked to receive the report confirming the Ministerial assessment of the IMTP submission and note the areas requiring further assurance.	
Executive Lead:	Dr Chris Stockport, Executive Director of Transformation, Strategic Planning And Commissioning	
Report Author:	Sally Baxter, Assistant Director – Health Strategy	

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

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

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

N/A

Link to Strategic Objective(s):	The draft IMTP set out the Heath Baord's response to the national strategic objectives including A Healthier Wales and Ministerial Priorities, as well as addressing local needs and addressing our strategic goals as described in **Living Healthier, Staying Well.** There are areas requiring further assurance.
Regulatory and legal implications	The organisation has currently failed to meet its statutory duties to deliver an approvable IMTP in line with the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The Board will therefore operate to an annual plan for 2022 – 2023 to meet WG requirements.
In accordance with WP7 has an EqIA been identified as necessary and undertaken?	Yes. An EqIA was produced for the 2022 - 2025 Plan.
In accordance with WP68 has an SEIA identified as necessary been undertaken?	Yes. A SEIA was produced for the 2022 - 2025 Integrated Medium Term Plan.

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	There are risks rising from the requirement to focus on an annual plan in year which may detract from focus on the medium term forward look.
Financial implications as a result of implementing the recommendations	No specific financial requirements arising from this paper.
Workforce implications as a result of implementing the recommendations	No specific workforce implications arising from this paper.
Feedback, response, and follow up summary following consultation	Not applicable
Links to BAF risks: (or links to the Corporate Risk Register)	Not applicable
Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps:
Implementation of recommendations
- Respond in respect of the areas identified as requiring further assurance
- Ongoing monitoring of progress and reporting quarterly in accordance with requirements

List of Appendices:
Appendix 1 – letter from the Minister for Health and Social Services

MEETING IN PUBLIC
Thursday 25ᵗʰ August

Integrated Medium Term Plan development process

1.   Introduction/Background

The Health Board is required to develop an Integrated Medium Term Plan, financially balanced, under the requirements of the NHS Finance (Wales) Act 2014. The duty requires each health baord to produce a three year IMTP that:

- Improves the health of the population
- Improves the provision of health care
- Is balanced over a three year period and
- Is approvable by Welsh Ministers.

The development of a three year IMTP aligned wth national and Health Board strategies is a also a key element within the Targeted Improvement framework.

2.   Body of report

A three year plan was developed for 2022 – 2025 and approved by the Health Board on 30 March. This is the first time that the Health Board has been able to submit a three year plan.

Formal feedback was received from the Minister for Health and Social Services at the end of July 2022 informing the Health Board that the Minister had decided the plan did not fully meet the requirements of the NHS Wales framework and that given the number of challenges the Health Board is currently facing, including the recent escalation of Ysbyty Glan Clwyd, it was felt there needs to be greater focus on delivery and improvement over the next months. Instead, the Minister accepted the document as an Annual Plan for 2022 – 2023 which will be subject to ongoing monitoring.

BCU Health Board is not alone amongst NHS Wales, with a number of organisations working to an Annual Plan during this year because of the unprecedented array of challenges affecting healthcare delivery currently. Despite having not crossed the threshold for approval, the formal correspondence received from WG recognised that the submission of an IMTP is a significant step forward for the Health Board and demonstrates the improved planning approach the Health Board is taking.

Further correspondence has been received from the Director General Health and Social Services / NHS Wales Chief Executive confirming the assurance requirements and accountability conditions for the Health Board:

- Strategy
  - Demonstrate how the overarching clinical strategy for BCU aligns with and supports the IMTP
  - Clinical risks associated with your plan need to be explored further and mitigation actions clearly articulated

- Planned care
  - Demonstrate how planned care services (especially orthopaedics, ophthalmology, urology and dermatology) and vascular services are being supported and managed in order to deliver the required performance and quality
  - Demonstrate how planned care recovery is being planned and delivered in order to provide the required improvements to performance
  - Demonstrate how key attributes of the quality statement for cancer are being taken forward
  - Demonstrate how diagnostic services are prioritised for the number of people waiting to be diagnosed to return to pre-pandemic levels

- Primary care
  - Demonstrate how the primary care needs of the population, all ages, are being met, specifically:
    - Dental - improving access to NHS dental services. Progress to be evidenced by using available baseline data from activity levels, dental contract reform measures and budgetary information
    - GMS - improving access. Progress to be evidenced by using available data from GMS contract reform measures for the access commitment and data on chronic conditions management reviews

- Urgent & Emergency Care
  - Ensure adoption of six goals for urgent care, evaluating what changes in patterns of demand / treatment have been seen as a result including milestones for improvement

- Workforce
  - Demonstrate recruitment goals are achievable and progress is being made to address the high level of nursing vacancies

- Climate change
  - Develop and submit a separate decarbonisation action plan which is aligned to your annual plan

- Financial impacts
  - Demonstrate action is being taken to mitigate exceptional costs throughout the year
  - Demonstrate action to be taken to mitigate COVID costs throughout the year as the pandemic response continues to evolve

Further in-year considerations were identified including in relation to mental health (embedding of NEST; addressing needs of all ages; implementation of 111 press 2 for mental health); neurodevelopmental services imporvements; digital developments to deliver national models; and consideration of the Health Board's contribution to support people with the cost of living crisis.

The Executive lead for each area is taking forward actions to progress the requirements of the accountability letter. At the time of writing this paper (15th August) a meeting was scheduled with the WG Head of Planning to discuss further the detail of the assessment and the format for provision of further asurance. A verbal update will be given to the Committee following this meeting.

3. Budgetary / Financial Implications

There are no immediate budgetary implications associated with this paper. Any financial impact associated with delivering against the accountability conditions will be reported through the Committee.

4. Risk Management

There are risks arising from the organisational pressures, which may constrain the capacity of operational and corporate leads to support the fulfilment of the accountability conditions, including the potential impact of further waves of Covid-19. There are also risks arising from the transition to the integrated health communities under the proposed new operating model.

5. Equality and Diversity Implications

Equality Impact Assessment and SocioEconomic Impact Assessment were undertaken to support the 2022 – 2025 IMTP prior to submission to the PPPH Committee and subsequently the Board for approval. The Impact Assessments will be reviewed in response to any changes in delivery actions required to fulfil the accountabiltiy conditions.

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Eich cyf/Your ref
Ein cyf/Our ref: MA/EM/1712/22

Mark Polin OBE
Chair
Betsi Cadwaladr University Health Board

mark.polin@wales.nhs.uk

13 July 2022

Dear Mark

Thank you for submitting your Board's integrated medium-term plan (IMTP) for 2022-25. I would firstly like to recognise the submission of an IMTP is a significant step forward for the health board and demonstrates the improved planning approach the health board is taking.

However, following a robust scrutiny process and given the number of challenges the health board is currently facing, including the recent escalation of Ysbyty Glan Clwyd, I have decided that your IMTP does not fully meet the requirements of the NHS Wales Framework. Therefore, without an approved IMTP in line with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014) and the NHS Planning Framework, your organisation has failed to meet its statutory duties.

Importantly, I feel there needs to be more of a focus on delivery and improvement over the next twelve months. I have therefore accepted your submission as an Annual Plan for 2022-23 which will be subject to ongoing monitoring. In addition to demonstrating that your Board will achieve improvement across all of the requirements contained within the NHS Wales Delivery Framework, I will expect your planning for 2022-23 to set out and meet clear milestones for development of the Integrated Medium-Term Plan for 2023-24.

I note that your Chief Executive is already working with officials for delivery requirements. These will form the basis of the accountability conditions for Betsi Cadwaladr UHB for 2022-23. Nick Wood, Deputy Chief Executive of NHS Wales will be leading this engagement and discussing the areas that require urgent improvement for the health board.

I would like to take this opportunity to remind you that during this intervening period, the Board will continue to be held to account against the mandatory targets contained within the NHS Wales Delivery Framework through:

- my bilateral discussions with you
- Chief Executive bilateral discussions
- Integrated Quality, Planning and Delivery meetings and
- Escalation and intervention arrangements.

Yours sincerely

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Report title:	Integrated Medium Term Plan development process
Report to:	Performance, Finance & Information Governance Committee

Date of Meeting:	Thursday, 25 August 2022	Agenda Item number:	

Executive Summary:	The purpose of this paper is to present the proposed timeline for the development of the IMTP for 2023 – 2026 and to seek feedback from the Committee. The Board approved a three year plan for 2022 – 2025, which was not accepted by the Minister as an approvable IMTP; however the first year of this plan was accepted as an annual plan.
Recommendations:	The Committee is asked to receive the proposed timeline for refresh of the IMTP for 2023 – 2026 and provide any comments to inform the process.
Executive Lead:	Dr Chris Stockport, Executive Director of Transformation, Strategic Planning And Commissioning
Report Author:	Sally Baxter, Assistant Director – Health Strategy

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

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

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

Link to Strategic Objective(s):	The IMTP will set out the Heath Baord's response to the national strategic objectives including A Healthier Wales and Ministerial Priorities, as well as addressing local needs and addressing our strategic goals as described in **Living Healthier, Staying Well**
Regulatory and legal implications	The organisation has currently failed to meet its statutory duties to deliver an approvable IMTP in line with the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The process proposed for the development of the plan for 2023 – 2026 is intended to facilitate the development an Integrated Medium Term Plan in accordance with statutory duties.
In accordance with WP7 has an EqIA been identified as necessary and undertaken?	No. An EqIA was produced for the 2022 - 2025 Plan. An updated EqIA will be produced alongside the development of the 2023 – 2026 Plan.
In accordance with WP68 has an SEIA identified as necessary been undertaken?	No. A SEIA was produced for the 2022 - 2025 Integrated Medium Term Plan. An updated SEIA will be produced alongside the development of the 2023 – 2026 Plan.

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	There is a risk that there continue to be challenges in delivery arising from current pressures, including potential further waves of Covid-19, which may constrain the level of engagement in the refresh process. There is a risk that the transition to the new operating model may not facilitate fully integrated health community planning.
Financial implications as a result of implementing the recommendations	No specific financial requirements arising from this paper. The financial strategy and plan to support the IMTP will be developed concurrently with the plan itself.
Workforce implications as a result of implementing the recommendations	No specific workforce implications arising from this paper. Workforce planning and assessment will be developed alongside the plan.
Feedback, response, and follow up summary following consultation	Not applicable currently. There will be engagement over the development of the IMTP as the process progresses
Links to BAF risks: (or links to the Corporate Risk Register)	Not applicable
Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps:
Implementation of recommendations
- Further revision and refinement of the process following feedback
- Respond to further feedback and direction from Welsh Government

List of Appendices:
Appendix 1 – development timeline for the IMTP

MEETING IN PUBLIC
Thursday 25th August

Integrated Medium Term Plan development process

1.   Introduction/Background

The Health Board is required to develop an Integrated Medium Term Plan, financially balanced, under the requirements of the NHS Finance (Wales) Act 2014. The duty requires each health baord to produce a three year IMTP that:

- Improves the health of the population
- Improves the provision of health care
- Is balanced over a three year period and
- Is approvable by Welsh Ministers.

The development of a three year IMTP aligned wth national and Health Board strategies is a also a key element within the Targeted Improvement framework.

A three year plan was developed for 2022 – 2025 and approved by the Health Board on 30 March. Formal feedback was received from Welsh Government at the end of July 2022 that the Minister had decided the plan did not fully meet the requirements of the NHS Wales framework, following robust scrutiny, and given the number of challenges the Health Board is currently facing. It was also felt there needs to be greater focus on delivery and improvement over the next months. Subsequently the accountable officer letter to the Chief Executive outlined a number of areas requiring further development. This letter is the subject of a separate report to PFIG.

The plan was accepted as an Annual Plan for 2022 – 2023 which will be subject to ongoing monitoring.

2.   Body of report

Work has already commenced towards development of an Integrated Medium Term Plan for 2023 – 2026 in line with the NHS Planning Framework, which will be published later this year. A presentation was made to the Health Board on 4th August which gave a high level summary of lessons learned from the 2022 – 2026 process, together with the outline process for the development.

The paper attached as Appendix 1 sets out the key stages and dates for the development process.

Key issues to date:

- The initial horizon scannng event was held on 29th July and brought together representatives of the shadow Integrated Health Communities (IHCs), pan-North Wales services and the corporate support services to share initial assessments of significant risks and issues; transformation opportunities including efficiencies; development priorities; and identification of interdependencies and joint working opportunities. It is intended to hold further sessions with representatives through the regular planning huddle, as the development of plans progresses, to ensure wide awareness of issues and opportunities

- The unscheduled care programme and IHCs are developing proposals for winter pressures response which will need to be consistent with planning principles and link into the developing IMTP. Although no formal guidance has been received from WG, there is an expectation that key issues from the winter plans should be shared by end of September. In future years it is likely that WG will expect winter plans to be part of the IMTPs submitted, as an ongoing response to seasonal pressures.

- Cluster plans are being reviewed so that the IMTP may be better informed by cluster needs and priorities (although the deadline for formal submission of revised cluster plans is March 2023).

- Partnership plans will be developed in the RPB and PSBs during the autumn and the Health Board IMTP must reflect the shared priorities of the partnerships

- The joint development plan with Welsh Health Specialised Services Committee will need to be developed further and feed into the IMTP process and prioritisation exercise in the autumn.

- Building on the integrated approach used in the previous planning cycle, there will be close collaboration between Planning, Finance, Workforce and Performance colleagues to support the development of the plan and also to scrutinise and challenge.

- Commissioning intentions are being reviwed by programme groups to confirm priority areas which will need to be addressed in the plan. These will include the Ministerial priorities; implementation of A Healthier Wales; implementation of Living Healthier, Staying Well and the Clincal Services Strategy; national programme priorities; local priorities identified through clusters and partnership. Recovery and sustainability will be key elements reflected in priorities.

The template used to capture SMART detail for the plan has been revised in response to lessons learned from the previous process. As well as (more minor) revisions for clarity, workforce impact information will be included from the initial phase.

The Committee are asked to receive the report and offer feedback on the process.

3.   Budgetary / Financial Implications

There are no immediate budgetary implications associated with this paper. The refreshed IMTP will set out the financial plan for 2023 – 2026 together with detailed financial implications of the prioritised initiatives within the Plan.

4.   Risk Management

There are risks arising from the organisational pressures, which may constrain the capacity of operational and corporate leads to support the development of the refreshed plan, including the potential impact of further waves of Covid-19. There are also risks arising from the transition to the integrated health communities under the proposed new operating model.

Ongoing planning forums have been put in place with the shadow integrated health community team and the pan-North Wales services to mitigate against these risks.

There remains a risk that the HB may be unable to deliver an overall balanced plan in view of current performance and financial and sustainability pressures. The Committee will be updated on progress during the development of the plan.

5.   Equality and Diversity Implications

Equality Impact Assessment and SocioEconomic Impact Assessment were undertaken to support the 2022 – 2025 IMTP prior to submission to the PPPH Committee and subsequently the Board for approval. These assessments will be updated alongside the development of the 2023 – 2026 plan. Further consideration will be given to the Anti-Racist Action plan, the foundational economy approach and the impact of the cost of living crisis.

IMTP refresh 2023-26 process

Phase	Action	Brief description	Date
DEVELOPMENT	*Q1 planning forums*	*Integrated Health Communities and pan-BCU services forums* - *current IMTP schemes* - *review of reserve schemes* - *forward look*	*July 2022*
	Needs assessment and review of initial priorities	Review of locality needs assessments, PNA and Well-being assessments; revisit cluster priorities	July 2022
	Commissioning intentions	Review and confirmation of commissioning intentions	July - August 2022
	Horizon Scanning planning event	Session held to review commissioning intentions alongside future plans	July 29th 2022
	Planned and unscheduled activity projections and assumptions	Review of capacity and demand projections and first cut of forward look	September 2022
	External Planning Event	Share Commissioning intentions and future planning ideas with stakeholders	September 2022
	Q2 planning forums	*Integrated Health Communities and pan-BCU services forums*	*September 2022*
	Financial planning principles	First cut of financial planning principles, to include a review of the 3 year assessment on growth, inflation, cost pressures, savings etc	End September
	Assessment of workforce assumptions	First review of workforce assumptions, identification of recruitment and retention challenges in current IMTP, etc	End September 2022
	Submission of responses to commissioning intentions	- IHC and pan-BCU services submissions - Programmes to review and develop submissions - Initial identification of efficiencies & transformation opportunities	End September 2022
	Winter plan	Identification of priorities and	End September 2022
REVIEW AND ASSURANCE	Testing plans for impact and consistency	Review of submissions and clarification of any issues, initial assessments of impact, including cross-programme impacts	October 2022
	Prioritisation process	Executive led panel to review and prioritise submissions	November 2022
	Confirmation of place based priorities	Testing draft plans including with clusters and partners; confirmation of partnership planning priorities	November 2022
	Liaison with WG	Testing of assumptions, draft plan proposals and outstanding issues	December 2022
SUBMISSION AND APPROVAL	Draft plan for review	Submission for discussion and refinement at PPPH and PFIG Committee (workshop sessions) and with stakeholder forums	December 2022
	Q3 planning forums	*Integrated Health Communities and pan-BCU services forums*	*January 2023*
	Board approval	Submission of final draft plan to Board for approval	January 2023
	Submission to WG	Date tbc by WG – anticipated to be January 2023	January 2023

170622

	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
Report title:	Capital Programme Report - Months 3 and 4 2022/23
Report to:	Performance, Finance and Information Governance Committee
Date of Meeting:	Thursday, 25 August 2022
Executive Summary:	The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).
Recommendations:	The committee is asked to receive and scrutinise this report.
Executive Lead:	Sue Hill, Executive Director of Finance
Report Author:	Neil Bradshaw – Assistant Director – Capital

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

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

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

The report identifies progress to date with respect to delivery of the programme and actions to be taken to ensure delivery within the Capital Resource Limit.

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

	identifies the actions to be taken to ensure that financial commitments align to available funding.
Financial implications as a result of implementing the recommendations	The report sets out the capital investment required to deliver the agreed projects together with the progress, variances and mitigating actions to deliver the agreed discretionary programme and to meet the identified cost pressures and risks.
Workforce implications as a result of implementing the recommendations	
Feedback, response, and follow up summary following consultation	The paper was supported, as presented, by the Capital Investment Group
Links to BAF risks: (or links to the Corporate Risk Register)	**Board Assurance Framework** 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 **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
Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps:
Implementation of recommendations

List of Appendices:
   None

Capital Investment Group

11th August 2022

Capital Programme Report Month 3 and 4

1.   **Introduction/Background**

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

2.   **Approved funding**

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

Capital Programme	£ '000
All Wales Capital Programme	7.680
Discretionary Capital	10.971
Total Welsh Government CRL	**18.651**
Capital Receipts	
Donated Funding	0.800
TOTAL	**19.451**

3.   **Expenditure Planned/Actual**

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

CRL Planned, Actual/Forecast Monthly Performance
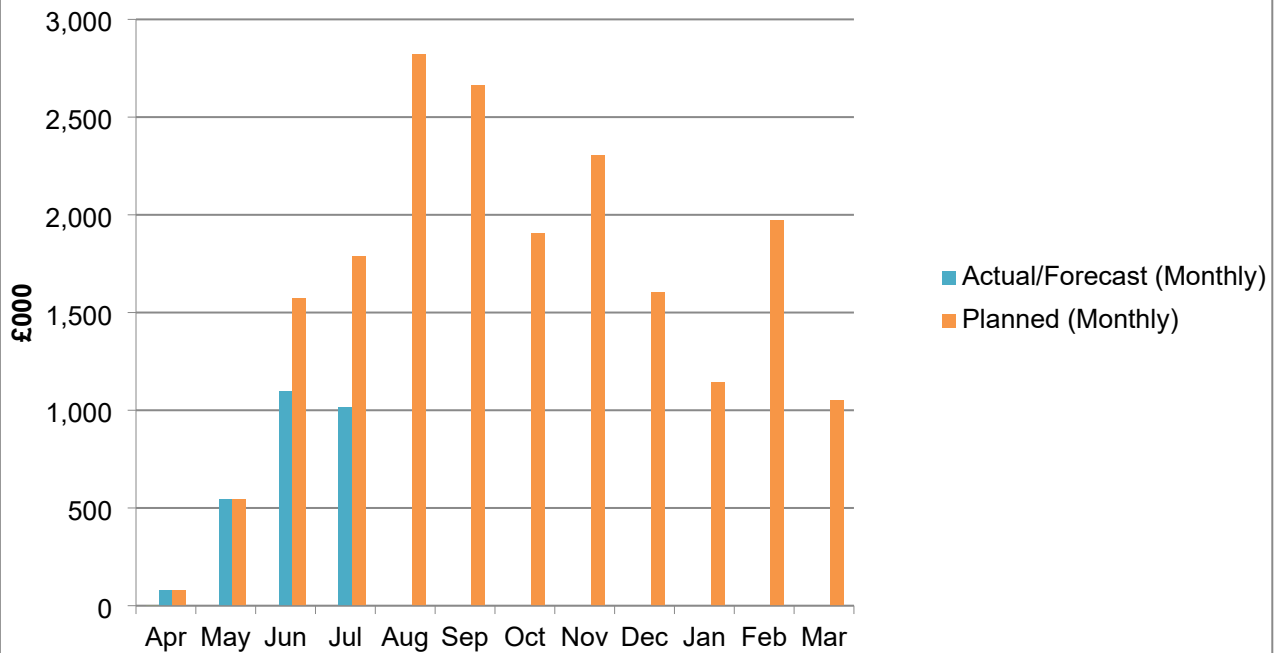
CRL Planned and Actual Cumulative Performance
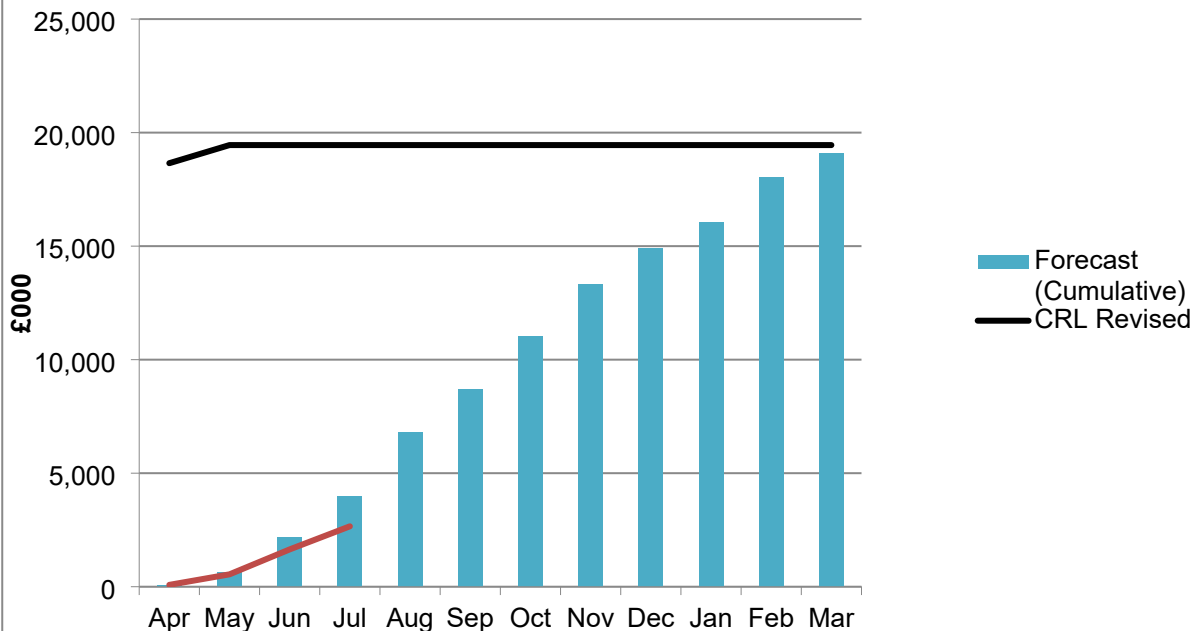
4. Major Capital Schemes (>£1m)

Scheme	Stage	Value (£m)	Comment
Royal Alexandra Hospital Redevelopment	FBC	71	Discussions continue with Welsh Government with respect to affordability.
Adult and Older Persons Mental Health Unit (redevelopment of Ablett Unit)	OBC	67	Following further meetings with Welsh Government they have now confirmed that we have satisfactorily answered all of their remaining questions and we are hopeful that we will receive approval to proceed to Full Business Case (FBC).
Wrexham Continuity Phase 1	PBC	43	Initial work is focusing upon key risks including high voltage electrical infrastructure and supply, fire compartmentation and detection, heating systems to the EMS site and critical equipment replacement for medical gas and vacuum systems. The need for extensive surveys, in particular determination of the extent of fire compliance works, and determining effective and economic solutions, has delayed the bus case programme by approximately 3 months.
Ysbyty Gwynedd Compliance Programme	PBC	250+	Welsh Government have requested further clarification on a number of points but have also indicated that, subject to satisfactory responses, they are mindful to support progress to Outline Business Case (OBC)
Nuclear Medicine	SOC	11	Strategic Outline Case (SOC) submitted Oct 21 proposing centralisation of nuclear medicine (gamma camera) and introduction of PET CT supported by All Wales PET business case. WG has supported SOC (May 22) and provided fees to progress OBC/FBC.
Conwy/Llandudno Junction Primary Care Development	SOC	17	SOC submitted Nov 21. Support provided from RPB as pilot project (through the Integration and Rebalancing Fund) to progress to OBC. We have responded to WG scrutiny comments and are awaiting their response.

5. **Discretionary Capital**

At the time of agreeing the discretionary capital programme, indications were that there was expected to be significant slippage across the planned capital programme for Welsh Government. Health Boards were encouraged to prepare for additional funding to be released during 2022/23. This has been the case in previous years. The programme was therefore overcommitted by 25% to allow the development of schemes in preparation of additional in-year funding and any potential slippage.

At our most recent meeting with Welsh Government there was less optimism as to the likelihood of any significant slippage and the actual additional funding available, if any, will not be known until October. It is therefore prudent for us to review our programme to ensure that contractual commitments do not exceed the resources available.

Integrated Health Communities (IHCs), Regional Services (RSs) and capital programme leads have been requested to review their planned programmes and prioritised on the basis of risk of harm as follows:

Red   - must proceed this year

Amber   - may be managed over this year and next year

Green   - may be slipped to next year

The Capital Investment Group will then review the programme in September and make adjustments as necessary pending confirmation of any additional funding and ratification by this committee.

Projects should continue to progress to procurement stage but it is recommended that there is a pause in placing new contracts and purchase orders until such time as the review of the programme is completed. It is recognised that situations may arise that require immediate resolution due to imminent risk of harm. Capital programme leads will have discretion to address any such "emergency" situations subject to subsequent notification to the Assistant Director of Finance - Capital. It should be stressed that there is no intention of schemes not progressing but their timing may need to be reviewed.

6. **Estate Strategy**

The Health Board's current Estate Strategy was approved in 2019 and was due to be updated by March 2022. This is a significant task and, following consultation with Welsh Government and NWSSP we have sought external support. The overall aim of the work is to test the current strategy to ensure that our estate enables the delivery of BCUs strategic vision, clinical strategy and operational plan and supports and compliments BCU's workforce, digital and finance strategies.

There are three elements to the work: Firstly, to review the current estate strategy within the context of BCU's service and enabling strategies and operating plans to review and further develop the strategic vision for the estate. Secondly, to evaluate how the existing estate measures up to this vision, identify the gaps and how the estate must change. Finally, develop solutions and the required investment pipeline and through engagement prioritise the investment profile.

The outputs will be:

A refreshed Estates Strategy that provides a vision of the future estate and a roadmap of how to get there.

A prioritised Capital Investment Plan – this will present a 10 Year Capital Investment Programme detailing the project pipeline. The plan will be prioritised and ranked based upon agreed criteria developed by BCU and external stakeholders. The prioritisation and ranking of projects will be developed and agreed through engagement with key stakeholders.

An estate rationalisation programme – detailing the properties/land to be surplus to requirement and a programme of disposals with potential value.

It is expected that the draft outputs will be produced in Q3 22/23.

Report title:	Planned Care Status Report
Report to:	Performance, Finance and Information Governance Committee
Date of Meeting:	Thursday, 25 August 2022
Executive Summary:	The purpose of this paper is to provide assurance and act as an update on the Planned Care Programme.
Recommendations:	PFIGC is asked to note the contents of this report as a high-level reflection of the status of the Planned Care Recovery plan. support the ongoing programme of work, which combines transactional recovery processes with a range of transformational initiatives.
Executive Lead:	Gill Harris Deputy Chief Executive/Executive Director of Integrated Clinical Delivery
Report Author:	Nikki Foulkes, Acting Associate Director Planned Care Phil Orwin, Interim Regional Delivery Director

Purpose of report:	For Noting 25/08/2022	For Decision ☐	For Assurance ☒

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

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

Link to Strategic Objective(s):	
Regulatory and legal implications	Waiting time standards WG/NHS Wales constitutional undertakings
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	Procurement in relation to Insourcing/outsourcing Unpredictable demand as we exit covid impact on referrals.
Financial implications as a result of implementing the recommendations	
Workforce implications as a result of implementing the recommendations	
Feedback, response, and follow up summary following consultation	Initial Paper, will be presented at the Planned Care Recovery & Transformation Group
Links to BAF risks: (or links to the Corporate Risk Register)	
Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps:
Implementation of recommendations

List of Appendices:
    1 – Planned Care Transformation Programme

Planned Care Programme Update (09.08.2022)

1.   Introduction/Background

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

Therefore, the total waiting list has continued to increase, and the unvalidated position stands in excess of 170,000, as per figure 1 as of 9th August 2022. With the focus from Welsh Government (WG) being 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 has 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 BCU HB, as previously indicated there are three distinct but inter-dependant stages;

1. Restart
2. Stabilisation
3. Sustainability.

The first has commenced, with varying degrees of completeness, and the immediate objective across the HB and indeed Wales, is on getting back to activity levels of 2019/20 and creating that stability, which will see the waiting list plateau and begin to reduce. Our Transformation Programme will underpin the long-term solution.
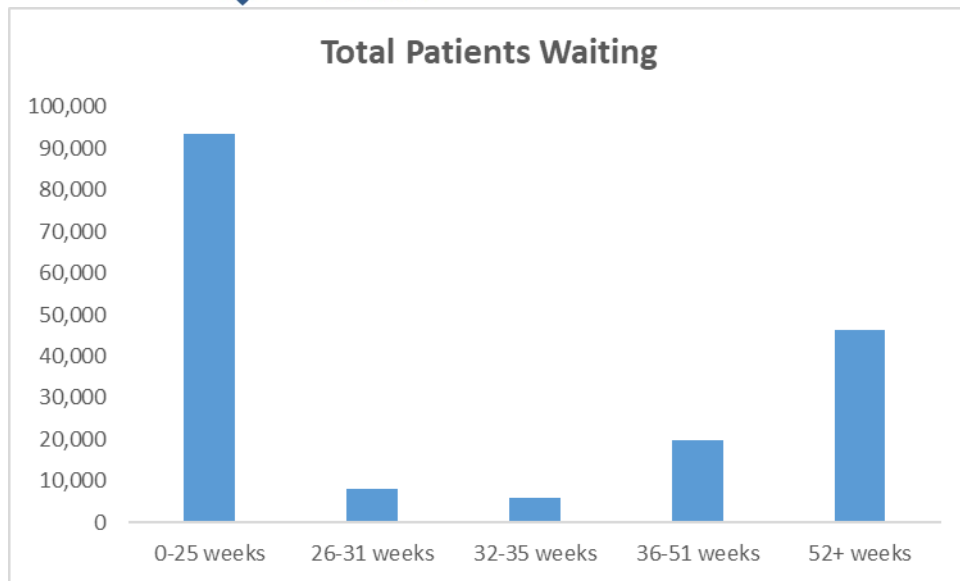
Figure 1

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

- As a minimum, volumes of activity need to reach 100% of that achieved in 2019/20, with backlog clearance needing to be achieved at the same time as – and in parallel with – ongoing treatment of new and urgent referrals – i.e. we must tackle the waiting list from both ends.
- The use of physical capacity must be optimised – e.g. all theatre sessions must start on time.
- Radical – but safe – approaches must be taken, and would include the expansion of initiatives trialled during the pandemic – such as virtual clinics, Seen on Symptoms and PIFU (patient initiated follow-ups) – To enable the review and treatment of those patients who absolutely need that care.
- There will be a longer term and sustainable programme of transformation, based on best practice, benchmarking and the implementation of the GIRFT (Getting it Right First Time) pathways.

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

2. Body of report

2.1 Strategy Implications

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

As previously reported the PC Recovery Plan is a combination of transactional (operational) and transformational (developmental) initiatives. In essence, there are five key themes:

- Increased capacity (i.e. treating more patients) including the regional treatment centres
- Prioritising diagnostics and outpatients
- Transformation (pathway redesign) for both planned ambulatory care and complex surgery
- Information and communication (including validation)
- Develop and implement sustainability initiatives to support / improve BAU

- These will be delivered via the infrastructure being developed, as demonstrated in Appendix 1. This programme has been devised to support and embed projects which need to be business as usual, such as SOS/PIFU before working with projects that are deemed transformational, for example E-SOS. A governance framework has been established to support the PC programme and this element of PC. The PC programme aligns to the strategic document (WG, April 2022), 'Transforming and modernising planned care and reducing waiting lists'. Which includes several key objectives for the next three years, inclusive of the two ministerial priorities for this year.

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

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

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

2. Pan BCU Patient Target List (PTL) that enables teams to view one source of data, and enable patients to be treated in chronological order across the HB. This will be possible as a consequence of West migrating over WPAS, however the limitations surround East being on a different version of Welsh Patient Administration System (WPAS). A project has been established, with the full implementation date to coincide with the migration of East's WPAS to Central and West's version. But, this will not prevent elements of the project from moving forward, for example the addition of fields to the PTL and the vast work surrounding the coding of clinical conditions, for example only 3% of procedures were coded in East & West, in comparison to 60% in Central and only 41% clinical conditions. This tool will further enable patients to be booked in chronological order, will inform performance metrics and enable us to make informed decisions.

3. The first stage in managing our Outpatients backlog is to ensure the demand (patients) is correct and with this instigate a programme of targeted validation. Validation is to ensure that our recording and reflection of our patient journey is accurately captured in our (administration) systems e.g. duplicate entries are removed, those who have already been treated and have a discharge letter are discharged from out waiting list. We not only need to check this (by means of validation) but also understand who was validated when and the outcomes of validation also feedback themes of administrate errors to support education and training and right first time. BCU have designed and implementing a Validation dashboard (concept has been checked and approved by DHCW), this for the first time in Wales (we are sharing this initiative with other health boards) we can understand who was validated and who needs to be (this including a 3 month clock that triggers re-validation) using a validation marker (that we have developed). This dashboard also captures the outcomes (remove/remain) of clerical and patient validation exercise. This will be used ongoing but also to support the arrival of a WG (who we are working closely with) external validation support team supplied by HBSUK. The latest anticipated arrival of HBSUK validation team is W/C 15th August (this subject to contract sign-off). HSBUK are commissioned to validate up to 50,000 patients, the tools and processes are developed awaiting this team's arrival. HBSUK have indicated that a 10% - 20% removal rate as the outcome from this exercise, with this and a validation demand (Stage 1 >52 weeks) of 42,000 patients we anticipate a 4,200 – 8,400 patient reduction of this cohort.

The outputs from the validation exercise will ensure that there are a pool of patients, whom have been validated can be booked into an outpatient appointment (we have developed a flag to identify those that have exited . Next steps will identify the productivity of the internal validation process and how we can learn from the external company to ensure we improve our processes.

4. E-Advice and E-Referral, went live 27th July, BCU being the last HB in Wales to mobilise. This will be incorporated into the Outpatient dashboard. This facility will enable primary care can request NON urgent advice from secondary care consultants and receive a secure contained reply. If admission to secondary care is required, this mechanism will facilitate that. This project will support our patients in waiting well, will ensure that patients are referred to the 'right' clinician and will potentially contribute to a decrease in emergency pressures.

5. A concentrated roll-out of the SOS/PIFU initiatives. Whilst a conservative 20% "target" of an SOS or PIFU outcome where discharge is not appropriate has been included in the ITMP plan. The current position for BCU is 4.4% which is an improving position, however there are a number of data quality issues surrounding this which it's anticipated will significantly improve this percentage. There are additional specialities that will be coming on line, for example: Ophthalmology, Children and Adults Mental Health.
Pathways and Specialties with best performance currently are Endocrinology (33.9% pan BCU) and ENT (11.1% pan BCU). Many other specialties are utilising SOS and PIFU pathways where a focus now is on spread and adoption across all sites.

6. My Planned Care, this is a national initiative similar to the one that is already available in England. This is set to launch in the autumn, and enables patients to look up the waiting times for their speciality, this is based on the number of patients waiting for a service. As a precursor to this we are looking to publish the report that we used to publish pre Covid, but this is based on the number of weeks patients waited the previous month, we are asking the National team at DHCW who are working on the new Waiting times patient portal for the methodology, so we could replicate this Locally for BCU as a test. .

7. Maximisation of outsourcing and insourcing opportunities, building on our arrangements for Orthopaedics, Ophthalmology, Dermatology and Endoscopy. In relation to Outsourcing, we continue to seek additional capacity in the short term to support our delivery of the programme. With Insourcing, we are meeting the tendering deadlines for 6 tenders (Orthopaedics and a number of other specialities inclusive of General Surgery and Urology), a paper has been submitted to PFIGC for final scrutiny before being submitted to Board. We

are still on trajectory to mobilise insourcing in December 2022, which will be crucial to the delivery of the IMTP at a time of risk to the HB, due to the anticipated winter pressures.

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

9. Improved theatre productivity and therefore throughput, through establishing a pan BCU Perioperative programme for example Maximum utilisation of the Abergele site for Orthopaedics, which will be rolled to our other 'cold site', Llandudno

10. To support better patient care in the most appropriate setting and potentially reducing the demand on secondary care BCU are promoting Advice and Guidance, this (amongst other mechanisms) via the Consultant Connect platform.

Over 75% of outcomes reported for Elective care calls indicate that the conversation with a specialist resulted in avoidance of an unnecessary hospital visit for the patient

BCU Usage over Time
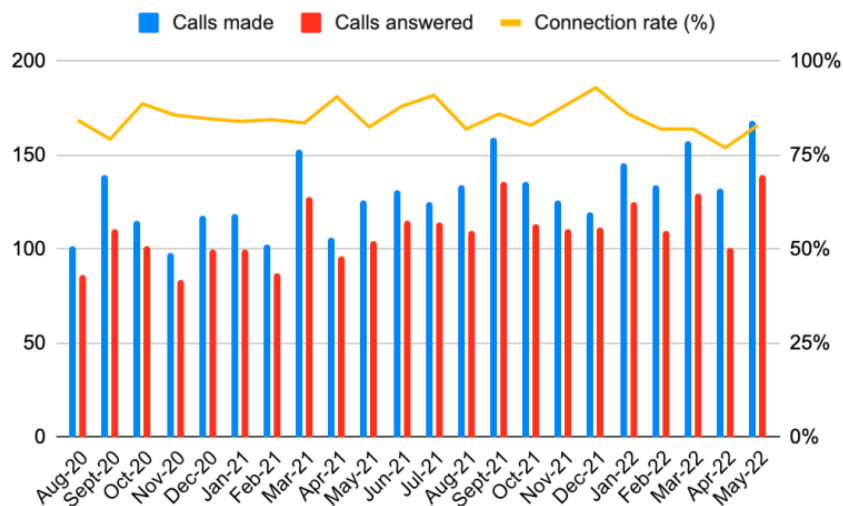
Focus for next quarter is to:
- Standardise these specialties across each site
- Encourage more local line access for specialties that currently only use National lines
- Improve the adoption of Advice and Guidance (BCU currently in the upper quartile of A&G via Consultant Connect)

Connection rates against Pan Wales monthly median

7
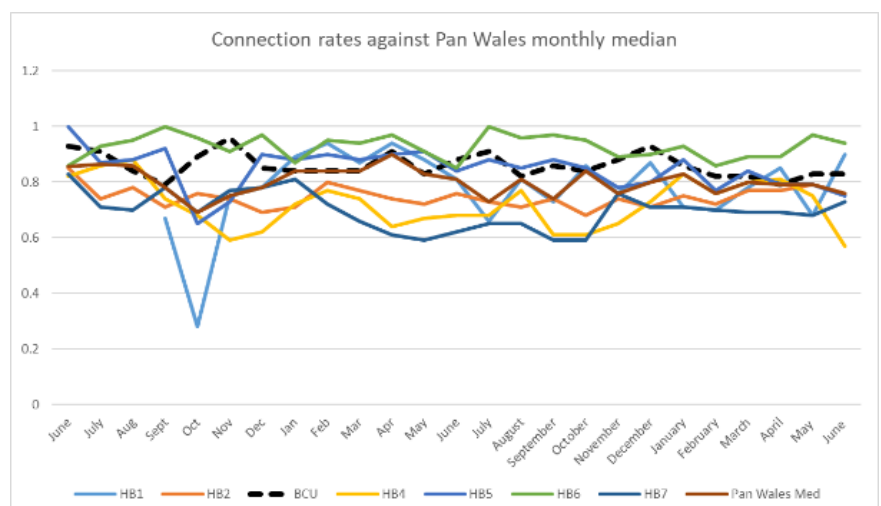
11. New specialty targets include: SDEC, Child & Adolescent Mental Health and Haematology

2.2   Outpatients 3 point backlog recovery plan

To support the reduction in the >52 week Stage 1 backlog BCU have designed and implementing a 3 point recovery plan (appendix 2). This plan is not only to support backlog recovery but also to support firm foundations for the ongoing management of our patients. In addition to this we are investigating initiates to reduce the follow-up backlog (via clinical validation in conjunction with the use of SOS/PIFU) to release capacity that would otherwise be used for Follow-ups to support a reduction in our New patient backlog.

2.3   GiRFT/Clinical Pathways

GIRFT programme is now active, with the report from the Orthopaedic deep dive analysis having been received and an action plan has been devised. The deep dive for Gynaecology took place in July, and we are waiting for the observation report to come back. This cycle will be commenced with General Surgery, Urology in October with Ophthalmology planned for December. The principles of GiRFT and other benchmarking will be utilised to support the Perioperative programme, which will be commenced in September.

The Urology improvement continues to meet, it held a workshop in July, with actions being undertaken following this and has recruited to a Network Lead.

2.4   Modular Theatres

Work also continues to separate the business case to support the installation of a modular theatres, ward at Abergele and a ward redesign at Wrexham to support the active decoupling of PC from Unscheduled. Potentially, both could be active by Quarter 4, although there is a considerable financial challenge to overcome, the capital element has been funded from slippage but the revenue for staffing is yet to be found. For this reason, this potential capacity has not yet been built into the Recovery Plan.

2.5   IMTP

A quarter 1 refresh of the trajectories for the two ministerial priorities was performed and submitted as of 22.06.2022, with all known assumptions and mitigations to that date. These assumptions and actions to date, enables us propose the following trajectories against the two Ministerial priorities. Figures 2 and 3 demonstrate our position at these two key dates;

52 Week New Outpatient - Cohort & Volumes (Actual & Profile)
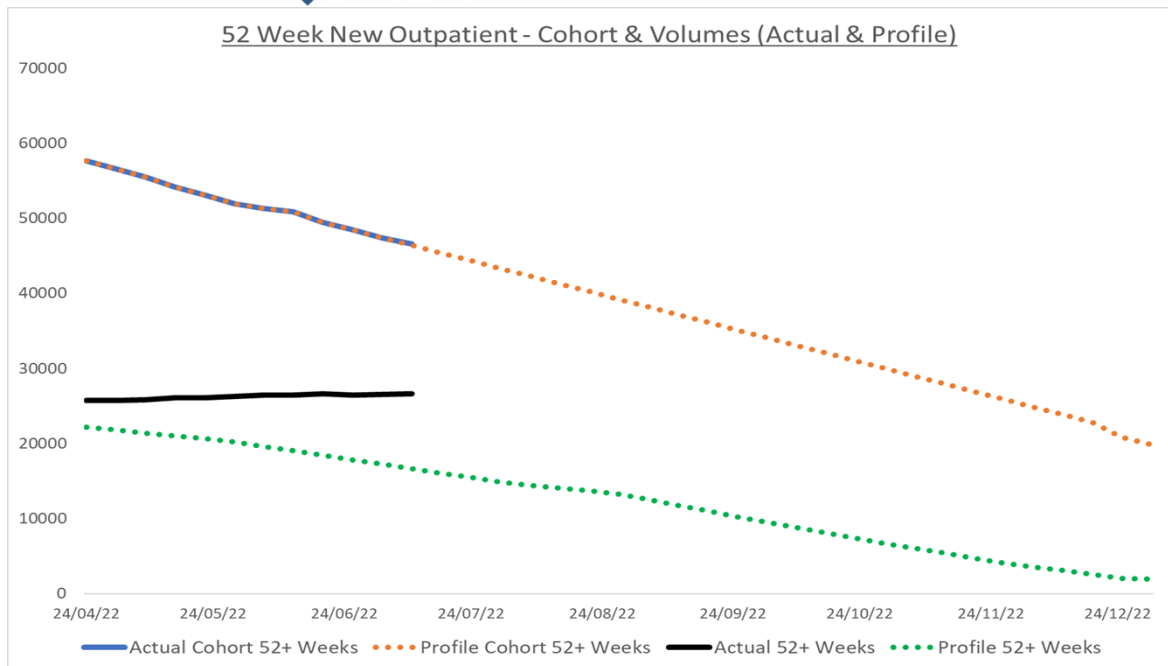
Figure 2 - Number of 52 week breaches predicted at Jan 2023

Figure 2 highlights the position appears to be deteriorating, suggesting we may be treating patients out of turn. However, we are expecting this to improve with the commencement of the validation project with HSBUK, the reintroduction of Outpatient principles which will be embedded, Access meetings due to change to ensure more rigor and operational grip and Informatics are working with DU Informatics colleagues to show picture of 'treating out of turn'.

Within these trajectories, there continues to be 2 specialities whom we are expecting to breach this priority; Urology and Orthodontics.

104 Week RTT - Cohort & Volumes (Actual & Profile)

Figure 3 - Number of 104 week breaches at April 2023
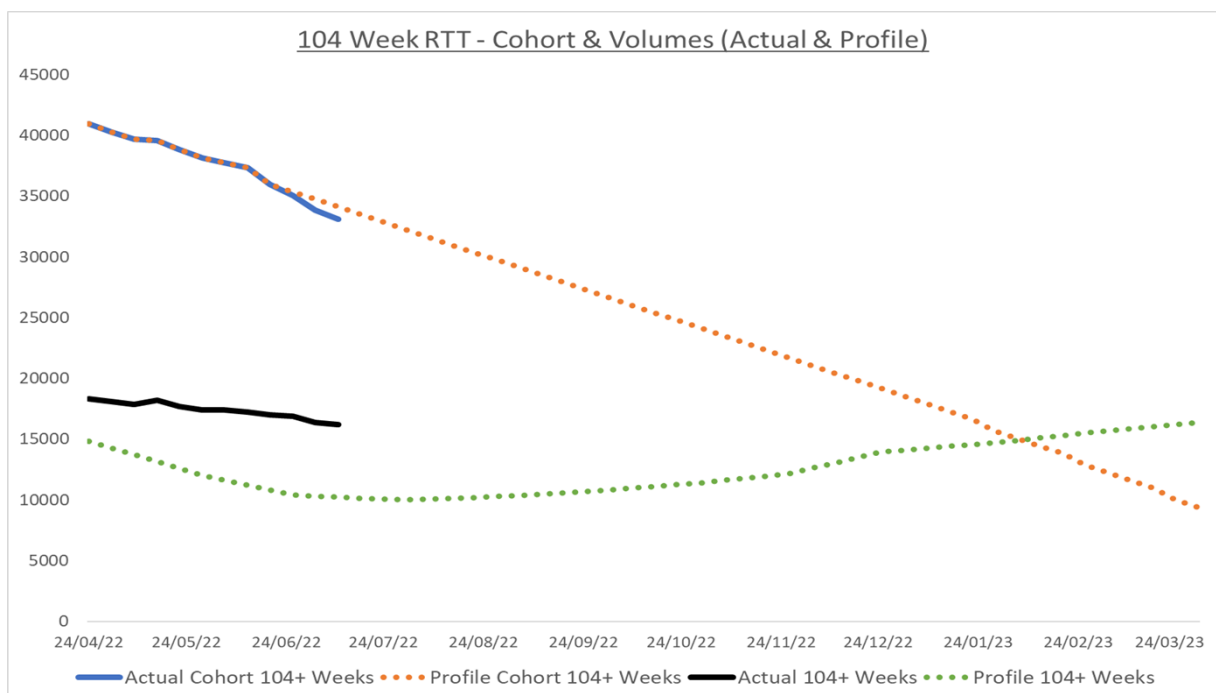
Figure 3 shows that whilst we are behind plan, it is beginning to improve, we are expecting this to improve further. With an increase in Outsourcing expected to come on line in September – Ophthalmology and Orthopaedics, Theatre principles to be embedded, Booking longest waiting patients through a dedicated resource to focus on this although will initially involve patients being moved around and Waiting List Initiatives (WLI's) coming on line.

It is expected that most specialties' will breach this target with only 2 being compliant; General Medicine and Restorative Dentistry, however there are 10 specialties, that with significant focus could meet the ministerial priority.

Performing a refresh of the trajectories for Q1 has aligned BCU to the rest of wales who have completed the same. It is anticipated that the above forecasts will change, as further schemes come on line but is still at risk of delivery due to staffing (vacancies), further waves of Covid, and sickness. An achievement on both counts within the financial year would in itself be a significant achievement, and represent significant steps on the recovery journey, while not under-estimating the degree of challenge, as well as the timescale to meet the ultimate 26 week maximum wait objective.

2.6 Cancer

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

2.7 RTCs

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

3.   Budgetary/Financial Implications

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

4.   Risk Management

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

5.   Equality and Diversity Implications

5.1   The Planned Care programme is designed to address health inequalities and facilitate the Board's socio-economic duty by stream-lining process, transforming services and reducing waiting lists

Appendix 1

Sustainable Planned Care Transformation Programme

WS1 – Strengthening the Interface with Primary Care	WS 2 - Prudent Outpatients	WS3 – Comms & The Engaged Patient	WS4 – Delivering High Quality & Efficient Care
Specialist Advice and Guidance WPRS e-advice Consultant Connect Shared Decision Making **Enhanced non-admission pathways** Public Health Prevention Social Prescribing, Escape Pain, Lifestyle Mgt and other Prehab options **Referral Management** Standard Referral Criteria Treatment Thresholds INNUs **Seamless communications** Secondary between Primary Care *(see also Advice & Guidance)*	**Rapid & Timely Diagnostics** Straight to Test One Stop **Remote & e-Consultation** SOS/PIFU Automated Follow up Monitoring Virtual Clinic Appointments Video Group Clinics e-POAC e-Consent e-SOS PROMS led follow up **Once for North Wales** Centralised Booking	**Patient Optimisation** Virtual Advice & Guidance Prehabilitation **Clinical Review** Clinical Validation & Prioritisation **Patient Information and Communication** My Planned Care (Wales version) Transparent Waiting Times	**Top Decile GIRFT Delivery** GIRFT Theatre Principles Productive Theatre **Optimised Length of Stay** Day case as default ERAS & Fast Track Pathways **Right Care Right Place** Cold Site Models i.e. Regional Community Hubs i.e hands GPwSI Models **Additional Capacity** Insourcing Outsourcing

Pathway Redesign & External Clinical Reviews (GIRFT & external Royal College Reviews)

Regional Treatment Centres

Workforce Modernisation

Digital Transformation incl AI, RPA etc

Estates incl Future Hospital Programme (Vacated Space)

Appendix 2

3 Point Recovery Plan

The 3 point plan is to reduce demand, improve scheduling and policy adherence and increase capacity and the efficiency use of this

Validation

- Administration Validation
  - This to ensure that WPAS is upto date e.g. any patient that has a discharge letter has been discharge on WPAS
- Patient Validation
  - The patient has been contacted to assess if the have been seen elsewhere or still require there appointment
- Consultant Validation
  - This a review of long waits where clinical input is needed
  - A review of long Follow-up waits to assess discharge/move to SOS pathway/remain on wait list

The outputs from this phase is a reduction in demand

Scheduling and Policy Adherence

- To ensure patient are booked in the correct order
- To ensure that patients are booked following booking protocols
- To ensure that DNA and Discharge policy is followed (this with the assurance that booking protocols have been followed)

The outputs from this phase is a better scheduling and policy adherence

Capacity and Efficiency

- Utilisation
  - To ensure that the clinics are booked to the attendance capacity (taking into account DNA's)
- Capacity review
  - To provide assurance that the organisation has the capacity in the system that was planned/scheduled e.g. consultants PA's
  - reflected in WPAS and capacity of sessions
- Utilisation of clinical persons
  - This is to view of other persons can undertake appointments as an alternative to consultant e.g. specialist nurses

The outputs from this phase is a increase in capacity and the utilisation of this capacity
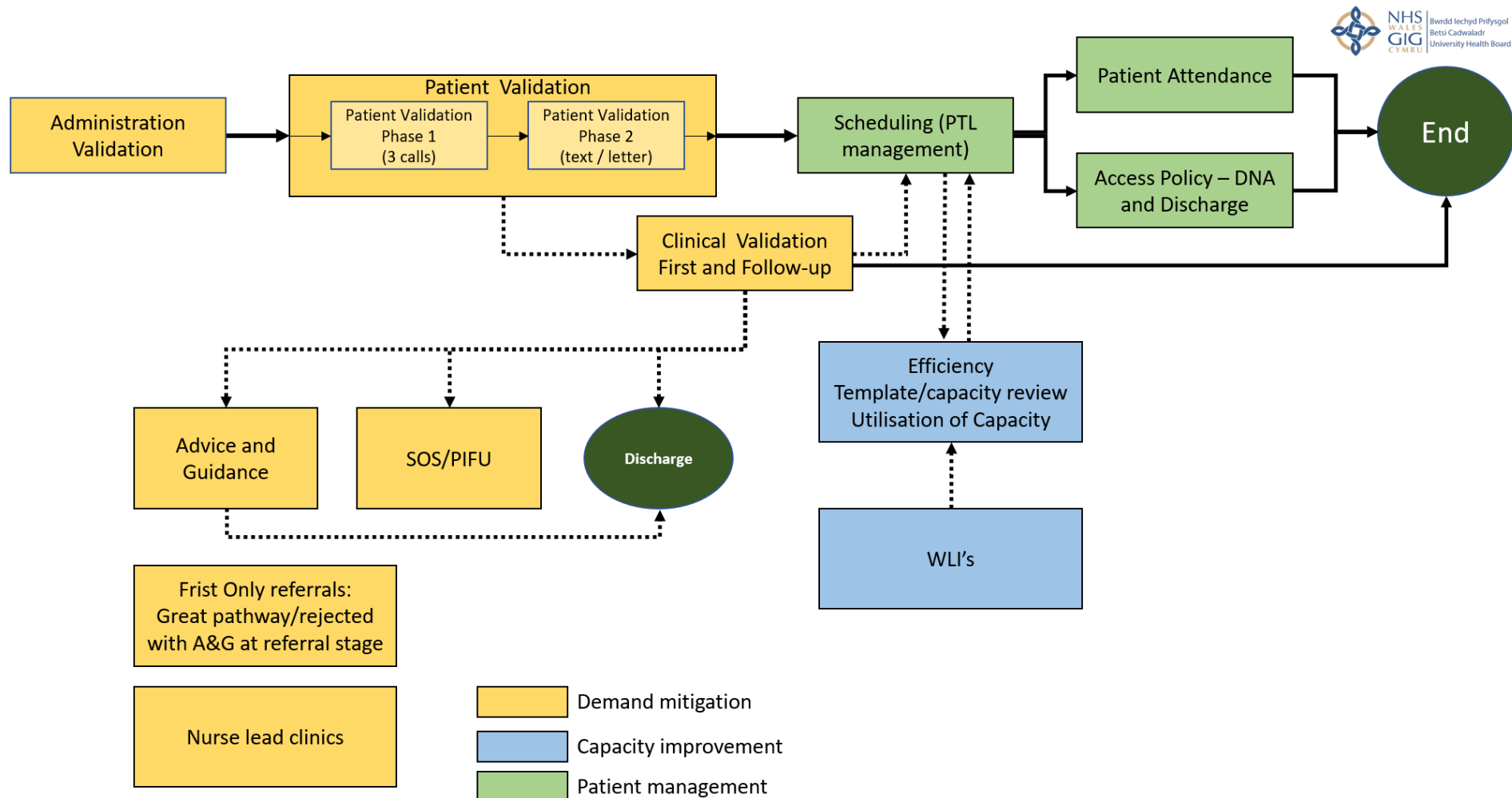
Emergency Care Metrics Update

18 August 2022

Performance, Finance and Information Governance (PFIG)
Committee 25.8.22

YGC Improvement Plan (Journey to Excellence)

August 22 to October 22
SPRINT

Immediate Assurance

ED (5 Point Improvement plan)
Vascular

August 2022 to August 2023
JOURNEY TO EXCELLENCE

Transformation

Urgent & Emergency Care (UEC) Pathway

All schemes linked to Welsh Government Six Goals for Urgent and Emergency

Pre-Hospital	Emergency Department (ED)	Assessment	Acute Wards	Discharge
Paramedic/Community Intervention Team(s)	Front Door Clinical Streaming (including redirection to community services i.e. Pharmacy)	Acute Assessment Unit (AAU)	Board Rounds	Discharge Unit (new service model and rebranding)
Urgent primary Care Centre (UPCC) - including direct NHS 111 booking	START*	SDEC - 7 day working	Long Length of Stay (LLOS)	Real Time Discharge & Capacity (RTDC)
Primary Care Emergency Admission Risk Stratification (EARS)	Alternative Pathways to ED	Acute Frailty	Criteria to Reside (CTR) and Criteria Led Discharge (CLD)	Integrated Discharge Liaison Team (Health, Social Care, Therapy, Third Sector)
	Paediatric ED Management*			

Planned Care Pathway

Outpatients	Preoperative Assessment	Theatre Utilisation
New Templates	Digital POA (ePOAC)	Productive Theatre
SOS/PIFU Policy	POA Model Redesign	WHO Checklist & Compliance
Clinic Utilisation (6.4.2)	POA Workforce Model (inc staff consultation)	Theatre Utilisation 6.4.2

Cross Cutting Schemes

Back to Basics	Leadership, Culture, OD	Audit, Outcomes & Assurance
Harms Programme	Clinical Compact (& risk-sharing agreement)	PROMs and PREMs
Complaints Management	Leadership (structures, visibility, accountability)	Audit Programme and Triangulation
Integrated Accountability Framework	YGC Workforce Plan	Escalation of Concern (Freedom to Speak Up Guardianship and Framework)

- The 5 improvement workstreams developed by BCUHB Executive underpins the YGC Improvement Plan

- YGC Improvement Plan embodies Immediate Assurance (Sprint) for ED and Vascular services, and longer term transformational change (Journey to Excellence) across UEC and Planned Care Pathways, supported by cross cutting schemes including back to basics, leadership, culture, OD, audit and assurance

Introduction to the UEC Pathway Programme of Work

- All UEC improvement schemes aligned to Welsh Government Six Goals for Urgent and Emergency Care
- Collaborative partnership approach to design and delivery of new and innovative UEC care models across the central system
- Schemes prioritised to deliver accelerated change for areas of high risk or those offering rapid impact and benefit realisation (RED Priority 1)
- Scheme delivery supported by experienced project support dedicated to UEC Pathway transformation

August 2022 to August 2023

JOURNEY TO EXCELLENCE

Transformation

Urgent & Emergency Care (UEC) Pathway

Pre-Hospital	Emergency Department (ED)	Assessment	Acute Wards	Discharge
Paramedic/Community Intervention Team(s)	Front Door Clinical Streaming (including redirection to community services i.e. Pharmacy)	Acute Assessment Unit (AAU)	Board Rounds	Discharge Unit (new service model and rebranding)
Urgent primary Care Centre (UPCC) - including direct NHS 111 booking	START*	SDEC - 7 day working	Long Length of Stay (LLOS)	Real Time Discharge & Capacity (RTDC)
Primary Care Emergency Admission Risk Stratification (EARS)	Alternative Pathways to ED	Acute Frailty	Criteria to Reside (CTR) and Criteria Led Discharge (CLD)	Integrated Discharge Liaison Team (Health, Social Care, Therapy, Third Sector)
	Paediatric ED Management*			

Priority 1	Immediate start or already in progress
Priority 2	Commence next 4 - 6 weeks
Priority 3	Commence next 4 - 10 weeks

YGC Improvement Plan - Outcome Measures

- Improvement delivery monitored through outcome measures and performance against improvement trajectories
- Outcome measures mapped to Welsh Government Six Goals for Urgent and Emergency Care

Ref	Pathway	Outcome Measure	YGC Target	Links to Welsh Government Six Goals for Urgent and Emergency	Baseline (Jul-22)	Data Source		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Comments
												Improvement Trajectory								
YGCI/01	Pre Hospital	Reduced emergency attendances	10% reduction emergency attendances	UEC Goals 1, 2, 3 and 4	5183	IRIS: Unscheduled Care Monthly Dashboard	Plan	5183	5183	5137	5086	5035	4985	4935	4885	4836	4788	4692	4665	month on month reduction commencing Nov-22 as new models of care come online
							Actual													
YGCI/02	ED	Reduced ED journey times	average time in ED < 6hrs	UEC Goals 1, 2, 3 and 4	9.15hrs	Informatics Team: YGC July 22 Baseline	Plan	9.15	8.65	8.35	8.35	8.35	8.05	8.05	7.35	7.35	7.05	6.35	6.0	step change reduction commencing Oct--22 as new models of care come online and/or embed
							Actual													
YGCI/03	Assessment	Reduced >1 day LOS (emergency admissions)	40% of emergency admissions <1 day LOS	UEC Goal 3 and 4	35%	Informatics Team: YGC July 22 Baseline	Plan	35%	35%	37%	37%	37%	38%	38%	38%	39%	39%	39%	40%	month on month increase commencing Nov-22 as new pathways and models of care come online
							Actual													
YGCI/04	Acute Wards	Reduced >21 day LOS	<15% of bed base occupied by >21 day LOS	UEC Goal 5 and 6	17.38%	Power BI: YGC Improvement Plan WS3 Standards	Plan	17.2%	17.0%	16.9%	16.8%	16.5%	16.2%	16.0%	15.8%	15.6%	15.4%	15.2%	15.0%	month on month reduction commencing Sept-22 as process and culture change embeds
							Actual													
YGCI/05	Discharge	Increased discharges to usual place of residence	85% of patients discharged to usual place of residence	UEC Goal 5 and 6	88%	Informatics Team: YGC July 22 Baseline	Plan	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	maintain or exceed target performance
							Actual													
YGCI/06	Discharge	Earlier discharge to normal place of resisidnce	50% of discharges to usual place of residence <48hrs of MFD	UEC Goal 5 and 6	6%	Informatics Team: YGC July 22 Baseline	Plan	6%	11%	16%	21%	26%	31%	36%	41%	46%	50%	50%	50%	5% increase month on month, with sustianed performance from Jun-23
							Actual													

YGC Improvement Plan – Local Metrics

- Improvement delivery and performance monitored through local outcome metrics, visible across the organisation and reportable on a weekly basis through programme and business governance structures
- Further metrics in development to include planned care and workforce

Pathway	Links to Welsh Government Six Goals for UEC	YGC Standard	Ref	Outcome Metric	YGC Target	Performance (weekending)											
						14-Aug	21-Aug	22-Aug	02-Sep	11-Sep	18-Sep	25-Sep	02-Oct	09-Oct	16-Oct	23-Oct	30-Oct
Emergency Department (ED)	UEC Goals 1, 2, 3 and 4	Timley access to emergency care	YGCI/ED01	Ambulance Handover <15 mins	% of ambulance handovers <15 mins	15%											
			YGCI/ED02	Initial clinical assessment <15 mins	% of patients triaged <15 mins					Weekly view in development							
			YGCI/ED03	Speciality review <60 mins from ED referral	% patients reviewed <60 mins of referral					Weekly view in development							
			YGCI/ED04	ED journey times	average time (hours) in ED - non-admitted	6.9											
			YGCI/ED05	ED journey times	average time (hours) in ED - admitted	19.6											
			YGCI/ED06	ED journey times	% patients >12 hours in ED	29%											
Assessment	UEC Goal 3 and 4	Clinically safe alternatives to admission to hospital, optimising Same Day Emergecy care (SDEC)	YGCI/A01	Increased SDEC admissions	no. patients seen and treated in SDEC	157											
			YGCI/A02	SDEC LOS <24hrs	average SDEC LOS (hours)	13.5											
			YGCI/A03	Timely transfer from SDEC to Acute Ward	avergae time from bed request to transfer					Weekly view in development							
Acute Wards	UEC Goal 5 and 6	Long Length of Stay (LLOS) (all adult wards exclude maternity, cancer, paediatrics)	YGCI/AW01	Reduced number >21 day LOS patients	<14% of total number of inpatients	19.4%											
			YGCI/AW02	Reduced occupied bed days for >21 day LOS patients	no. cumulative bed days	2389											
Discharge	UEC Goal 5 and 6	STREAM Compliance - recording and visibility of discharge information	YGCI/D04	Every patient should have a discharge pathway recorded on STREAM	100% compliance	86%											
			YGCI/D05	Every patient should have What Matters Conversation (WMC) recorded on STREAM	100% compliance	3%											
		Discharge to Recover and Assess (D2RA)	YGCI/D01	Pathway 0 (Simple) - same day discharge once declared medically optimised (MFD)	% patients discharged (or transferred to the discharge lounge) same day MFD recorded	60%											
			YGCI/D02	Pathway 2 - discharge <24hrs of referral	% discharges <24hrs of referral	0%											
			YGCI/D03	Pathway 3 - discharge <48hrs of referral	% discharge <48hrs of referral	0%											
		Earlier time to discharge to release capacity to meet demand (all adult wards, exclude maternity, cancer, paediatrics)	YGCI/D06	Improve time to discharge (or transfer to discharge lounge)	25% of planned discharges to occur <10:00hrs	4%											
			YGCI/D07	Improve time to discharge (or transfer to discharge lounge)	50% of planned discharges to occur <12:00hrs	12%											
			YGCI/D08	Improve time to discharge (or transfer to discharge lounge)	75% of planned discharges to occur <14:00hrs	22%											
			YGCI/D09	Improve time to discharge (or transfer to discharge lounge)	50% of planned discharges to occur <16:00hrs	44%											
		Optimise Discharge Lounge capacity to support flow and release	YGCI/D10	Optimised discharge lounge utilisation to release bed capacity	85% minimum occupancy	4%											

Report title:	Transformation Report		
Report to:	Performance, Finance & Information Governance Committee		
Date of Meeting:	Thursday, 25 August 2022	Agenda Item number:	
Executive Summary:			
Recommendations:	The Committee is asked to receive the report and note the areas of progress.		
Executive Lead:	Dr Chris Stockport, Executive Director of Transformation, Strategic Planning And Commissioning		
Report Author:	Paolo Tardivel, Director of Transformation		
Purpose of report:	For Noting ☒	For Decision ☐	For Assurance ☒

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

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

N/A

Link to Strategic Objective(s):	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.
Regulatory and legal implications	
In accordance with WP7 has an EqIA been identified as necessary and undertaken?	Not applicable
In accordance with WP68 has an SEIA identified as necessary been undertaken?	Not applicable
Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)	Not applicable
Financial implications as a result of implementing the recommendations	Not applicable
Workforce implications as a result of implementing the recommendations	Not applicable
Feedback, response, and follow up summary following consultation	Not applicable
Links to BAF risks: (or links to the Corporate Risk Register)	Not applicable
Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps:
Implementation of recommendations

List of Appendices:
Transformation Update Presentation

MEETING IN PUBLIC
Thursday 25th August

Integrated Medium Term Plan development process

1. Introduction/Background

This paper provides a high level summary of progress made by the Transformation team since last reporting to PFIG, and complements the slide pack provided as an appendix.

2. Body of report

The Health Board Transformation function has continued to progress and is increasingly visible following a significant amount of foundational "under the waterline" work having been required.

The attached presentation runs through, at high level, a number of areas of progress achieved since last reporting to PFIG.

Particular areas to draw committee attention to include

- **Launch of the BCU Continuous Improvement toolkit.** This has been a big piece of work, with engagement across the organisation and externally. The toolkit is evidence based, and supported by templates, how-to guides, video tutorials, and a chat-function manned by improvement practitioners. The toolkit is being shared across meetings and networks throughout BCU aligned to a communications plan.

- End of production point for the **first end-to-end BetsiPathway** (Carpal Tunnel Syndrome). This will be publicly launched shortly. Alongside there are several high volume pathways progressing through the production pathway, each benefitting from the learning acquired in the Carpal Tunnel Syndrome pathway.

- **Partnerships.** Maturing relationships with a number of partners in addition to our existing relationship with Improvement Cymru. The evolving relationship with Airbus, who are helping us use Lean to improve process efficiency and quality assurance, is proving to be particularly helpful. The relationship with IHI is an early one, but is progressing quickly in support of YGC and Mental Health.

- The **Transformation and Improvement office** have supported the major transformation programmes (underway before the introduction of the team) to review, refresh, and make more

robust their programme management using best project management practice. This has resulted in a step-change in discussion and reporting at the last Transformation EDG, which we expect will ultimately lead to stronger, on-time, delivery of the benefits identified.

With regard to the current key BCUHB transformation programmes, some concerns have been identified with regard to the Unscheduled Care and Regional Treatment Centre programmes. In both cases the concerns relate to the lack of capacity within BCU of adequate programme management expertise. In both cases this is being addressed by progressing external appointments. The Regional Treatment Centre programme in particular will require significant change management and programme management support to enable BCUHB clinicians to maximise related transformational opportunities.

Alongside this, the Transformation team (in collaboration with Finance colleagues) continue to provide support to help budget holders identify their best opportunities for CRES savings. Whilst the original language used to split savings this year was 'transactional' or 'transformational' this has proven to be unhelpful and confusing. The real goal is to achieve CRES savings by 'doing the right thing' (which can be either transformational or transactional in different circumstances) rather than relying upon one-off, non-sustainable 'turnaround' type savings. Understanding this has been an important journey. Whilst CRES targets have not been fully identified, the team will continue to prioritise helping budget holders to identify and then deliver the necessary savings.

3. Budgetary / Financial Implications

There are no immediate budgetary implications directly associated with this paper. The financial impact associated with delivering CRES savings, referred to above, are covered in finance reports to the Committee.

4. Risk Management

There are risks associated with the organisational capacity to support the amount of transformational change requested. This is being mitigated by a combination of prioritisation and external recruitment.

5. Equality and Diversity Implications

n/a

Transformation Update
PFIG 25th August 2022

Paolo Tardivel

Contents

- Update on Transformation Function

- Update on current key Transformation Programmes in BCUHB

- Update on savings profile

- Continuous Improvement toolkit - BetsiWay

- Betsi Pathways

- Partnerships

- Transformation & Improvement Office

- **Continuous Improvement toolkit - BetsiWay**

- Betsi Pathways
- Partnerships
- Transformation & Improvement Office

| INSPIRED BY | KAIZEN | ALL | SIX SIGMA | ALL | MODEL FOR IMPROVEMENT | LEAN |

PROCESS: Problem | Measure | Analyse | Ideas | Test | Sustain

QUESTIONS:
- What is the **problem** we're trying to solve?
- What is the **impact** on the people of North Wales?

- How can we **measure** the impact (financial, experience, outcomes etc)?
- What is the starting position (**baseline**)?

- What are the real **root causes** of the problem?
- Have we considered all of them e.g. related to people, process, systems, environment etc?

- What are all our **ideas** to solve the real root causes?
- Which is our **best idea to test** and why?

- How can we **test and improve** our idea using **PDSA** cycles?

- How can we **embed and sustain** the change?
- Make sure that **measurement** is part of business as usual processes

Inspired by **best practice** from all main improvement methodologies, with close alignment to **Improvement Cymru** and **Institute for Healthcare Improvement** methodologies

NOTE: Whilst this is shown as a step by step process, there's always the option of cycling back to earlier step if new insight comes to light further down the road

Toolkit recently launched across organisation, supported by
- Videos
- Coaching
- Chat function
- Digital newsletter
- Repository of CI projects

- Comms plan in place with roadshow through key groups and networks

4

- Continuous Improvement toolkit - BetsiWay

- **Betsi Pathways**

- Partnerships

- Transformation & Improvement Office
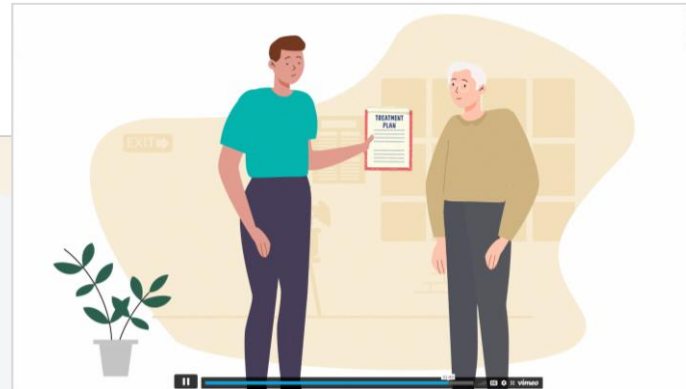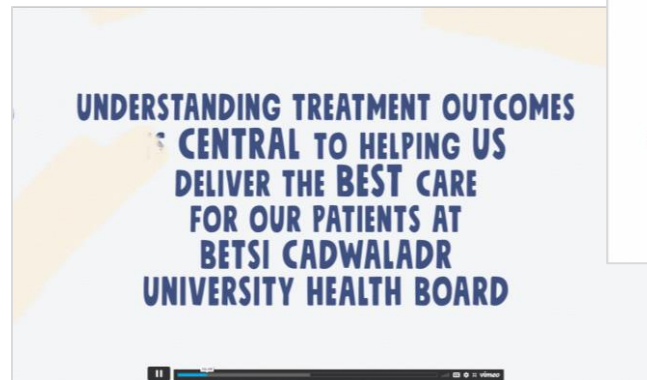
First end-to-end clinical pathway about to be launched:

- Carpal Tunnel Syndrome – ready
- Hip Pain – being finalised
- Knee Pain – being finalised
- Prostate Cancer – progressing
- Bowel Cancer – progressing
- Dementia – progressing

For each pathway:

✓ Clinician version of pathway

✓ Easy-read public version of pathway

✓ PROM and PREM

✓ Videos and support literature

For each pathway:

✓ Evidence based

✓ Value Based Care principles

✓ Clinical Variation/Adherence monitoring

✓ Outcome and Experience data monitoring within each

- Continuous Improvement toolkit - BetsiWay

- Betsi Pathways

- **Partnerships**

- Transformation & Improvement Office

Increasingly productive relationship developing with Airbus

Large amount of work currently to roll out

- the 'Framework for Safe, Reliable and Effective Care' with IHI, and

- 'Real Time Demand and Capacity' implementation with IC in Ysbyty Glan Clwyd.

- Continuous Improvement toolkit - BetsiWay
- Betsi Pathways
- Partnerships
- Transformation & Improvement Office

- Completed phase 1 of a Betsi register view of T&I projects

- Established assurance reporting to support Executive Delivery Group – Transformation

- Collaborated with key partners on organisational benefits framework and methodology

- Worked across teams to create a draft prioritisation framework and scoring tool

Programme	This month	Last month	Milestones				
			🟥	🟨	🟩	🟪	
Planned Care	🟨	🟨	0	3	2	4	3 rescheduled from original date
Unscheduled Care	🟨	🟨					
CAMHS	🟨	🟨	0	5	2	0	1 rescheduled from original date
Strategic Planning	🟩	🟩	0	1	6	2	1 rescheduled from original date
Digital Delivery	🟩	🟩	0	4	3	3	0 rescheduled from original date
Regional Treatment Centres	🟥	🟨	0	5	0	3	5 rescheduled from original date
Adult MH & Learning Disabilities	🟨	🟨	0	0	6	1	4 rescheduled from original date
Cancer	🟩	🟩	0	0	2	3	1 rescheduled from original date
Pathways	🟩	🟩	0	0	7	0	0 rescheduled from original date
GIRFT	🟩	🟨	0	2	3	2	0 rescheduled from original date

Milestone Key: 🟪 Complete 🟥 Delayed 🟨 On Track with minor issues 🟩 On Track 🟫 Rescheduled from original date

- The Executive team remain committed to delivering the agreed savings profile.

- The transformation team are working with budget holders to both support them, and challenge them, to find the necessary CRES savings.

- The distinction between transaction v. transformational savings – though well intentioned – has been distracting.

  - Most value-based in-year savings are a combination of both transactional and transformational.

  - High complex, large scale transformational change is several years in the development before returns are seen (e.g. Regional Treatment Centres).

  - Instead what we have agreed to do is to focus budget holders around *doing the right thing* to deliver CRES.

- Further meetings have occurred with Budget holders to support them in identifying additional saving schemes

- A CEO review group has been established to continue to drive this focus and pick up speed

- Benchmarking, and previous PWC data is being used to provide challenge in identifying realistic opportunities

- Clinical variation data is used to supplement this, where that data is available [1]

[1] *Clinical variation data is a strong and credible tool to challenge clinical practice and the need for value-based change. However few organisations have sufficient comparative data to benefit from this approach. Within the IMTP we have committed to address this within BCU and work has commenced on that.*

Value Based Care & IMTP refresh

Attempting to deliver more "*Value Based Care*" transformation activities than we have support capacity for typically results in *Low-value Care*, however good the activity *might* have otherwise been.

The corners that get cut are almost always the bits that justified change in the first place

.... because it's managing change that is the difficult and time-consuming bit.

It is important for us to recognise and understand this.

Being willing to step back from doing something that was the right thing to do at a point in time, because other matters have changed priorities, is good practice. This may be permanent, but more often is about re-profiling timescales.

Value Based Care & IMTP refresh

On this basis, we are currently reviewing the priority of those IMTP schemes that have not started in earnest, as well as the profiling of those that have started.

This is in order to ensure our capacity is best deployed within the context of needing to prioritise a number of matters that have emerged in recent months, e.g. YGC improvement.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Report title:	People (Workforce) Plan Report		
Report to:	Performance, Finance & Information Governance Committee		
Date of Meeting:	Thursday, 25 August 2022	Agenda Item number:	
Executive Summary:	The purpose of this report is to outline the current workforce performance position in relation to the People Strategy 2022-2025 - Workforce Plan 2022/2023 (recruitment & commissioning) respectively.		
Recommendations:	The Committee is asked to NOTE the current performance position provided and agree the reporting format from this point forward.		
Executive Lead:	Sue Green , Executive Director of Workforce & OD		
Report Author:	Nick Graham, Associate Director Workforce Planning & Performance		
Purpose of report:	For Noting ☒	For Decision ☒	For Assurance ☐

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

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
There remain elements of the Workforce Plan e.g. Planned Care, still to be determined by the service. This is subject of considerable focus both internally and with colleagues from Delivery unit et al.

Link to Strategic Objective(s):	LHSW – Improve the safety and quality of all of our service IMTP Employer of Choice
Regulatory and legal implications	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.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	CRR21-13 Nurse Staffing CRR21-17 CAMHS Out of Hours provision CRR22-18 IPC capacity CRR22-23 Unscheduled Care
Financial implications as a result of implementing the recommendations	No direct implications arising from this report
Workforce implications as a result of implementing the recommendations	No direct implications arising from this report

Feedback, response, and follow up summary following consultation	An outline of the content and focus of this report has been discussed with Committee Chairs for PPPH and Performance, Finance and Information Governance Committee and agreement reached regarding the structure of the report to aid reporting to each committee. Agreement reached to review the effectiveness of this following three reporting cycles.
Links to BAF risks: (or links to the Corporate Risk Register)	BAF21-18 Effective Alignment of Our People
Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps:

Workforce Performance reports to be provided in this format to the PFIG committee as per the reporting schedule outlined in this paper.

List of Appendices: None

Performance, Finance & Information Governance Committee
25 August 2022

Workforce Performance (Plan) Report

1.   **Introduction/Background**

The purpose of the report is to provide information and assurance to the committee on progress against all elements outlined in the sections below to ensure that the objectives for Year 1 of the People Strategy (Workforce Plan) are delivered.

The report is set out into the following sections:

1.1. *People Strategy 2022-2025– Workforce Plan 2022/2023*: update against the year 1 deliverables laid out in terms of recruitment and commissioning to support the organisation and the schemes laid out in the IMTP where workforce implications have been identified to successful delivery of the scheme.

1.2. *Three Year Workforce Profile:* update against the initial forecasts & trends seen across the organisation.

1.3. *Ongoing reporting schedule:* outline of how current and future reports will be presented to the committee.

The People and Culture (EDG) Executive Delivery Group chaired by the Executive Director for Workforce & OD oversees implementation of the workforce plan for the People Strategy and Plan 2022-25. Chairs Assurance Reports from this EDG are submitted through the Executive Team and in future this Committee. Whilst PPPH will remain the primary Committee, it is important that workforce performance information relevant to finance and importantly the ability of the organisation to meet its performance requirements is provided to PFIG. For ease at this stage, the PPPH report is separated into performance against the Strategy Delivery Plan for 2022/2023 and delivery of the People (Workforce Plan) as two sections with a view to the People (Workforce Plan) element being reviewed by this committee.

2.   **People Strategy – People (Workforce Plan) 2022/2023**

The Workforce Plan supports both the People Strategy & Plan and the Integrated Medium Term Plan (IMTP) in terms of both recruitment and commissioning across all staff groups and the priority schemes identified with the IMTP that have workforce implications.

The plan has four elements and they are:
- Combined Workforce Plan
    - Overarching position in terms of additional recruitment (and retention) required net core national and local commissioning impact
- Bridging the Gap

- Additional recruitment (and retention) activity required to close the vacancy gap across the existing workforce
- Actual and projected output from national and local education commissioning
- IMTP Priorities
  - Additional recruitment required to support the delivery of the IMTP
    - Consolidated Schemes for 22/23
    - Schemes Commencing in 22/23
    - Planned Care Recovery Initiatives - 22/23 (Additional recruitment required to support and sustain planned care services)
- Primary Care Resilience
  - Additional recruitment (and retention) activity set to support workforce resilience in year 1 of the People Strategy & Plan whilst GP Workforce Recruitment and Retention Strategy finalised

Plan Reports:

Reports will be provided on progress against the relevant plans on a quarterly basis to the PPPH and PFIG Committees. The reports will cover 3 areas; Bridging the Gap, IMTP Priorities and Primary Care Resilience.

Bridging the Gap

The tables below outlines the initial position included in the plan for February 22 alongside May 22 actuals and a forecast for the end of quarter 1 which is to the end of June 22.

Table 1: Bridging the Gap – Actuals & Forecast

Staff Group	Febuary 2022 FTE Actual	May 2022 FTE Actual	Q1 (May) Net Gain/Loss FTE Actual	Q1 (June) Net Gain/Loss FTE Forecast	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
Add Prof Scientific and Technical	672.7	675.4	2.7	8.0	22.1	23.2
Additional Clinical Services	3534.5	3603.4	68.9	57.0	124.8	131.1
Administrative and Clerical	3342.7	3378.4	35.7	39.2	129.4	135.9
Allied Health Professionals	1109.4	1102.2	-7.2	2.0	68.4	71.8
Estates and Ancillary	1265.3	1302.1	36.7	17.0	-57.2	85.8
Healthcare Scientists	253.0	257.1	4.1	9.0	24.5	29.4
Medical and Dental	1524.9	1525.5	0.7	1.0	63.6	89.0
Nursing and Midwifery Registered	5268.1	5258.3	-9.8	37.0	284.2	397.9
	16970.5	17102.4	131.9	170.2	659.9	964.1

Table 1 shows the position across all staff groups in terms of actual staff in post for February and May 22 and the net gain/loss between the two points. This allows a position to be determined as to when all factors are considered such as starters, leavers and what is in the

recruitment pipeline, if there has been an improvement in the actual number of FTEs recruited to the Health Board.

The table shows that there has been an actual net gain across all staff groups except AHPs and Nursing and Midwifery. This is in large part due to the reduced numbers of students coming through in March 22 as a result of them either delaying their start date or not gaining enough clinical hours as they were working as HCAs across the Covid period to support the pandemic response. This can be seen in the forecast for Nursing and Midwifery as there have been a number of delayed starts and we are now seeing them coming through in the recruitment pipeline for a start by the end of June 22. Where students have not captured enough clinical hours their start date has been pushed back to September 22 and so we should see the overall trajectory met as shown in table 2 by the end 22/23. The forecast column has been RAG rated based on the position in the first quarter and on the assumption we will be able to recruit at the same rate across each quarter. On this basis those in green would hit the March 23 target if we recruited at the same rate across each quarter going forward. Those in amber are where we are off track but based on the current information regarding students forecasts are confident the targets can be met. The only red at this time is across the AHP staff group and this is based on the fact that the student numbers expected through the new Student Streamlining Process are lower than expected at this time.

Table 2: Bridging the Gap – Monthly Profiles

Staff Group	Monthly Workforce Profile as per Plan												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Add Prof Scientific and Technical	3	5	7	9	10	12	14	15	17	19	20	23	
Additional Clinical Services	43	64	85	107	128	131	131	131	131	131	131	131	
Administrative and Clerical	28	43	57	71	85	99	114	128	136	136	136	136	
Allied Health Professionals	35	55	72	72	72	72	72	72	72	72	72	72	
Estates and Ancillary	12	24	36	48	60	72	84	96	108	120	132	144	
Healthcare Scientists	4	6	8	9	11	15	17	19	21	23	24	29	
Medical and Dental	4	8	12	16	60	64	68	72	76	80	84	89	
Nursing and Midwifery Registered	96	104	111	119	127	154	162	170	177	185	193	398	

The monthly recruitment profiles shown in Table 2 are RAG rated against the June 22 forecast shown in Table 1 and against the original monthly profile shown in Table 2. As can be seen the main area of concern are AHPs. The AHPs can be explained by the previous information above. The areas highlighted in amber are behind plan but either have capacity in year to move back on trajectory or have intended recruitment in place to ensure they will get back on trajectory. The only area that is being looked at more closely is Medical and Dental due to a number of factors ranging from Junior Doctors in certain specialities moving over to the Single Lead Employer programme. This means that they are no longer counted in our actual FTE figures going forward although they will still be working for the Health Board, this issue in reporting is being resolved and will be reflected in the next report. There has also been a delay in the implementation of the BAPIO programme which was factored into the projections. Again there is capacity in the plan to achieve the profile outlined by year end 22/23. The realignment

of Health Board priorities as we move through the year will also mean further realignment of the Bridging the Gap recruitment trajectories as required.

The commissioning picture has been described in the narrative above. Due to the previous and ongoing Covid pressures it is looking likely that there is a delay across a number of commissioned areas as to projected start dates, these as described above are mainly AHPs and Nursing and Midwifery. Due the complexity of the situation across a number of staff groups and specialities this is being looked into and a fuller position will be supplied with the next report to the committee.

IMTP Priorities

The reporting covers the 3 areas in the IMTP which are, Consolidated Schemes for 22/23, Schemes Commencing in 22/23 and Planned Care Recovery Initiatives in 22/23.

With ongoing and ever competing priorities, it has proved a far more complex piece of work to develop a process and system so that the identified IMTP priorities are tracked to ensure clear reporting. This process and system to track and monitor this is currently still in development and a more detailed position will be presented against the plans for the September committee report. This will align with the refresh of the IMTP priorities across the organisation in light of in-year priorities arising specifically in relation to the targeted intervention at YGC and Vascular Services. It also takes into account the steady rise in sickness/absence from 6.3% in March 22 to 6.5% as of May 22.

The workforce teams in conjunction with scheme leads have been fully engaged across the period with the primary focus on recruitment against the plans to support delivery around the consolidated schemes. This has seen a targeted approach to supporting activity across a number of priority schemes. Some of these are Stroke Services, Emergency Departments, CAMHS, Speak-Out-Safely, Staff Support and Wellbeing and Regional Treatment Centres. Work has also been ongoing with supporting the Operating Model recruitment plan to ensure continuity in the transition to the new operating model later in the year.

To date we have recruited the following to the above schemes against plan:
- In Stroke services the target for Q1 across all staff groups was 29 wtes in post to date 66% of those have been recruited to with the rest projected within the next 6 weeks.
- Across ED there was a target for Q1 of 22 wtes, to date 86% of those have been recruited to with plans in place for the rest being progressed.
- Across CAMHS of the 8 wtes identified to be recruited by Q1 72% have been recruited to with the outstanding posts out to advert.
- All posts across Speak-Out-Safely and Staff Support and Wellbeing are covered as at the end of Q1, and
- The Regional Treatment Centres posts 75% of the identified posts are covered as at the end of Q1.

Activity against the Schemes Commencing in 22/23 has commenced with specific activity aligned to the Diabetic Foot Pathway in terms of direct engagement with the recruitment and service teams, and the development of the relevant recruitment profiles required to meet the

identified targets. This work in ongoing but slightly behind plan due to the inter connection of staff posts with Vascular Services.

The delay in the sign off process of the Planned Care Recovery Schemes has meant that work to align the identified workforce to the revised plans is underway and a more detailed position will be reported at the September committee once the workforce delivery mechanisms have been finalised. This again aligns with the IMTP refresh in light of in year priorities as highlighted previously in the report and against the back drop

The above activity to support the IMTP has seen an overall increase in non-core pay spend from £11.6m in Apr 22 to £12.2m in May 22. This increase can be linked to ongoing transformation and improvement work being developed and delivered across the services alongside the transition resource brought in to support successful delivery of the new operating model.

Also with work commencing across the planned care recovery element of the IMTP and ongoing Covid pressures on unscheduled care work we have seen a significant rise in non-core spend across Nursing & Midwifery and Medical & Dental from £6.8m in Apr 22 to £7.8m in May 22. As recruitment moves forward across the IMTP schemes it is expected that this spend will reduce against the identified priorities with the IMTP.

Primary Care Resilience

Work has started on developing a GP Salary Scale for Health Board Managed Practices and other GP Health Board roles. The team are fully engaged with this work with Primary care colleagues and are developing the plan to come to the EDG: People & Culture towards the end of Q2 beginning of Q3. Primary Care colleagues continue to work on the development of the portfolio roles for GPs and are working with trainees who are qualified but require Tier 2 visa sponsorship to stay working in the UK. Teams are in contact with deaneries across the UK to highlight the programme and to offer support to trainees with any applications for Tier 2 Certificate of Sponsorship.

The GP recruitment website is now up and running and the team are working locally with the practices to improve adverts and to share vacancies on our social media platforms. The project is nearing a position that enables all Health Board Managed Practices in the East and West to have their own microsites. This will provide prospective applicants a positive feel for the practices and also allow the practices to really showcase any initiatives they are involved with.

The GP Workforce Recruitment & Retention Strategy is delivering at pace with work having just been completed around GP demographics in North Wales highlighting areas of risk due to factors such as the ageing GP population. This is being led by the Area Medical Director, Gareth Bowdler on behalf of the Executive Medical Director - Nick Lyons.

3. Three Year Workforce Profile

The three-year workforce profile has already been submitted as part of the Minimum Data Set alongside the IMTP. It aims to profile both Core Workforce which consists of permanent and fixed term staff, Variable Workforce which consists of bank workers, additional hours and overtime worked, and Agency and Locum workforce which consists of temporary workers outside the Health Boards direct employment.

High-level indicators across the profile as outlined in the report show current trends that highlight against the original forecasts made that we are currently behind with our recruitment projections as at the end of Q1. This can be explained by a number of factors already outlined in the report, and is predominantly linked to delays in student numbers coming into the Health Board. In addition, there has been a delay in recruitment activity against new IMTP schemes due to changing priorities across the Health Board such as the targeted intervention at YGC and the significantly higher than average number of leavers at the end of March 22 which was 282 WTEs across all staff groups compared with the monthly average of 146 WTEs throughout 22/23. This was in part driven by higher levels of retirement.

As a result of the reduced recruitment activity in Core Workforce, the Variable Workforce and Agency and Locum workforce has not reduced as expected with Variable Workforce and Agency and Locum actuals being higher than what was originally projected. This gives a forecast net positive position in resource being available to be utilised over the Q1 period. Whilst this provides some reassurance that the workforce whether core of variable is available and being utilised it emphasises the challenges faced to deliver a sustainable workforce without significant transformation across clinical services. The workforce team are working with transformation and service teams across the Health Board to look at new initiatives to enable the Health Boards current reliance on temporary staff be reduced over the next three years.

4. **Ongoing Reporting Schedule**

The reporting schedule outline below gives an indication of how the report will develop over the future reporting cycles. It is our intention that as the year progresses and the data becomes more extensive we will be able to build on this initial report with more quality data and soft intelligence.

Report Date	Report Scope
August 22	End of Q4 21/22 position (actual) – End of Q1 22/23 position (forecast)
October 22	End of Q1 22/23 position (actual) – End of Q2 22/23 position (forecast)
December 22	Exceptions only against plans
February 23	End of Q2 22/23 position (actual) – End of Q3 22/23 position (forecast), Draft plan 23/24
April 23	End of Q3 22/23 position (actual) – End of Q4 22/23 position (forecast), Final plan 23/24

5. **Budgetary / Financial Implications**

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 areas of the People Strategy Delivery Plan and Workforce Plan is taking place.

6.   Risk Management

Direct risks to the organisation are linked to the deep dive areas highlighted above. All programme risks are monitored through the programme risk logs and reported directly through to the EDG- People & Culture and to the Risk Management Group dependant on where the risk lies.

7.   Equality and Diversity Implications

There are no direct equality and diversity implications associated with this paper. All implications associated to the Delivery Plan and the Workforce Plan are covered directly by EQIAs carried out on each of the plans.

Report title:	Information Governance Quarter 4 2021/22 Key Performance Indicators (KPI) Report.
Report to:	Performance, Finance and Information Governance Committee
Date of Meeting:	Thursday, 25 August 2022
Executive Summary:	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.
Recommendations:	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.
Executive Lead:	Dylan Roberts - Chief Digital and Information Officer
Report Author:	Carol Johnson, Head of Information Governance

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

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

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

N/A

Link to Strategic Objective(s):	https://nhswales365.sharepoint.com/:w:/r/sites/BCU_Intranet_IG/_layouts/15/Doc.aspx?sourcedoc=%7BAE8196A8-7AD5-422E-B8F4-8D34BDCD6C8A%7D&file=IG1-BCUHB-Information-Governance-Strategy-V7.2-Final-Approved.docx&action=default&mobileredirect=true&DefaultItemOpen=1
Regulatory and legal implications	Data Protection and the Freedom of Information Legislation.
Details of risks associated with the subject and scope of this paper, including	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

new risks(cross reference to the BAF and CRR)	and monitored by the Information Governance Group. The below three Tier 2 risks also have oversight by the Deputy Chief Executive / Executive Director of Nursing and Midwifery:				
	Risk Title	**Inherent risk rating**	**Current risk rating**	**Target risk rating**	**Movement**
	Failure to comply with the Data Protection Legislation / Freedom of Information Act 2000	9	6	6	Decreased
	Failure to develop and make improvements to the Information Asset Register	9	9	4	Unchanged
	Management of Corporate Records	9	9	6	Unchanged

Financial implications as a result of implementing the recommendations	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.
Workforce implications as a result of implementing the recommendations	N/A
Feedback, response, and follow up summary following consultation	Reviewed and presented to the Information Governance Group - 30 May 2022 – No objections
Links to BAF risks: (or links to the Corporate Risk Register)	See above Risk table
Reason for submission of report to confidential board	Not applicable

Next Steps:
Implementation of recommendations

List of Appendices:
   Appendix 1 - Key Performance Indicators: Quarter 4 – January 2022 to March 2022.

Appendix 1 - Key Performance Indicators: Quarter 4 – January to March 2022

Please note all KPI reports include the full quarter data.

1) Freedom of Information Requests (FOIs)

The compliance level for responding to a request within the standard of 20 days has increased to 76% from 71% in quarter 3. During 2022/23 the Information Governance team will be carrying out an FOI workshop with the FOI Leads to support building on knowledge of the legislation with our leads and also within the IG team to understand how information is held within divisions. The team are looking at sending out communication to stress the importance of FOIs and implications of non-compliance.

Work has also commenced to procure a new FOI and Subject Access Request (SAR) management system to be implemented in both Information Governance and Access to Health Records during 2022/23, with a view to improve efficiency in both teams and managing requests for information in line with legislation.

Total number of requests received in Q4: **152** Total number of requests delayed in Q4: **37**

Please note there are 5 FOIs received in quarter 4 which are still open and have breached legislation, 2 of these requests are part of an ongoing series of complex requests from the same requestor spanning 60 questions which has taken a significant amount of time collating the information. These are now with the relevant Executive lead for sign off and should be released soon.

The below graph shows the total number of requests and their non-compliance by division:
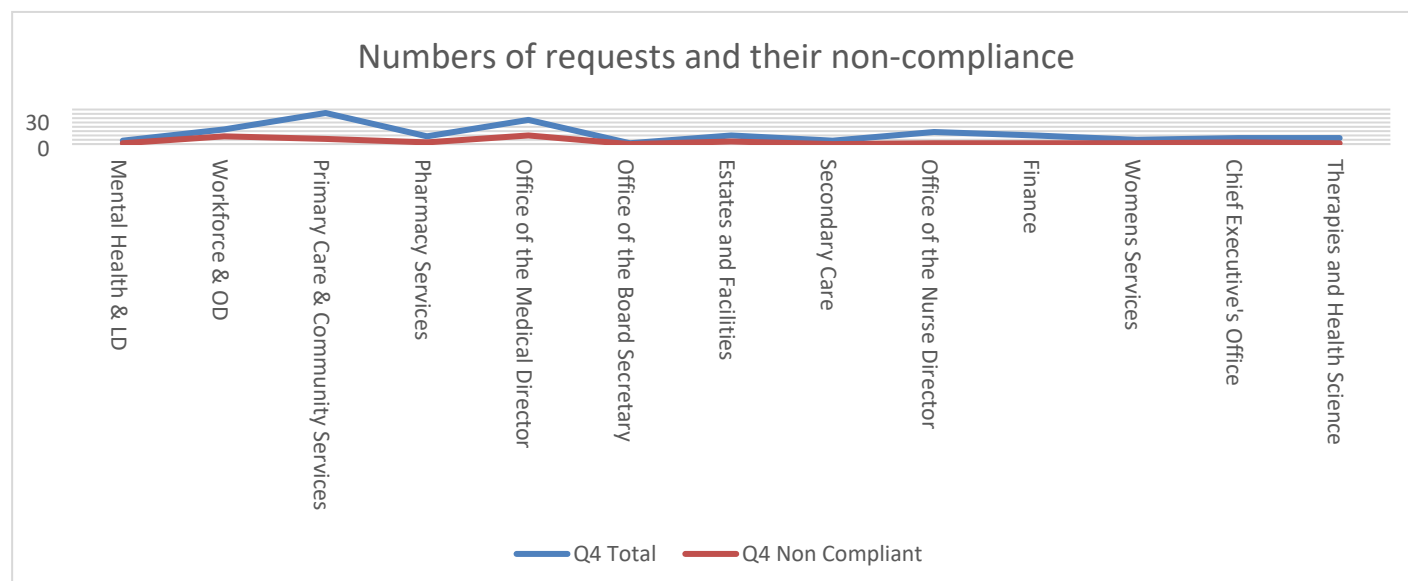
Below is the list of reasons for the delays:

- 17 Delays in obtaining/receiving information from Freedom of Information Leads.
- 1 Delays due to formulation of the response by Information Governance due to complexity.
- 1 Late receipts of the request to Information Governance.
- 16 Delays due to the late approval by Executive Lead due to the number of complex requests and the validity of the data.
- 2 Non-approval for Final response by Exec and further clarification sought from leads.

The divisions with the highest amount of delays were:

- 10 for Office of the Executive Medical Director
- 9 for Workforce and Organisational Development.
- 6 for Primary Care and Community Services.

We are continuing to work with our divisional Information Governance FOI leads to look at ways to improve compliance, this will form part of the project work being undertaken within the Information Governance.

The below chart shows requests received by the Health Board on a quarterly basis, mapped against non-compliance:
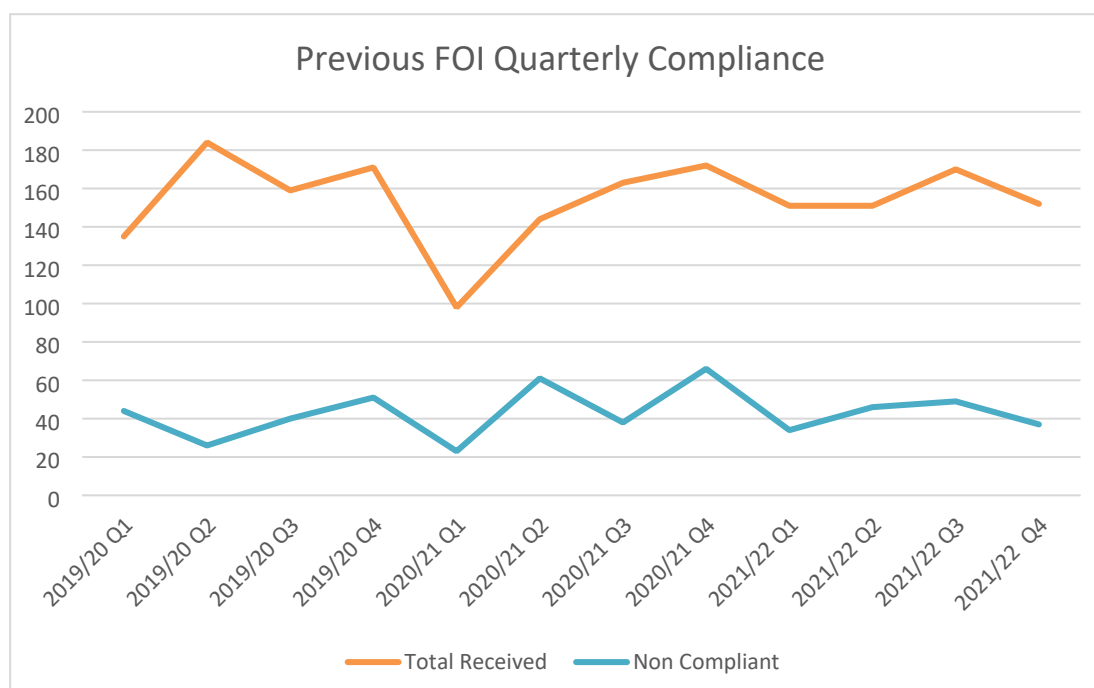
The below chart shows requests received during quarter 4 broken down by the type of requestor:

FOIs Received by Requestor
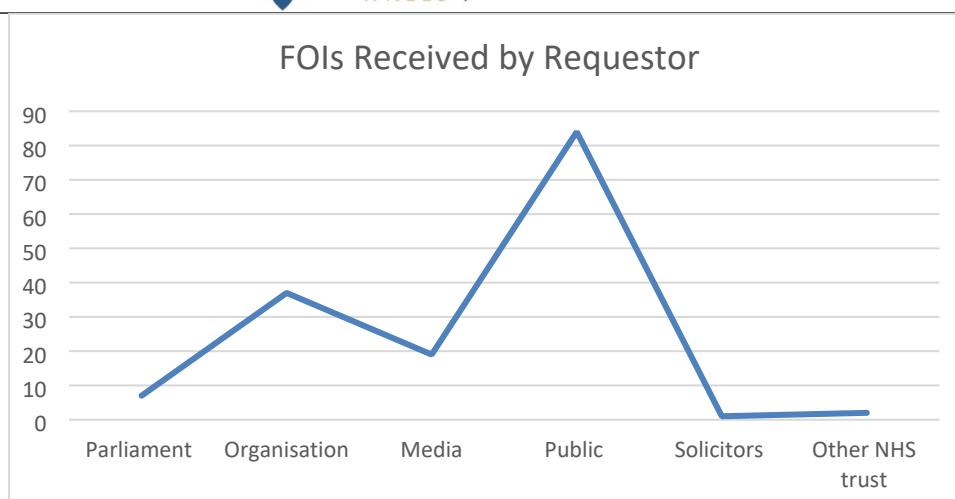
FOI Exemption and internal reviews

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

For quarter 4, please see table below for this detailed breakdown:

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	25	0	N/A
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	3	1	1 x Partially overturned
Section 31 - Law Enforcement	Absolute – No Public Interest Test Required	1	0	N/A
Section 40 - Personal Information	Absolute – No Public Interest Test Required	7	1	1 x Partially overturned
Section 41 – Information provided in confidence	Absolute – No Public Interest Test Required	1	0	N/A
Section 43 – Commercially Sensitive	Public Interest Test applied	2	0	N/A
Total		39	2	

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

The compliance level for responding to a request within the standard of 28 days has decreased this quarter to **89%** from 92% in quarter 3. The 3 that breached legislation were significantly complex in their requests as 2 were requests for all information held on the individuals including email searches

of the whole workforce. We are currently considering exploring the option of applying time extensions under the legislation to any requests where there may be a high volume of emails to review, this will be on a case by case basis.

Requests	Total
Subject Access Request	15
Verbal Request	0
Total	**15**
Requests from 3rd Parties	
Solicitors / Local Authority	0
Police	12
Other	1
Total	**13**
Total Requests Received	**28**
Total number of breaches (dealt with outside 28 day timeframe)	**3**
Compliance	**89%**

The below chart shows the total number of subject access request and their compliance during quarter 4:

DPA Subject Access Requests Compliance
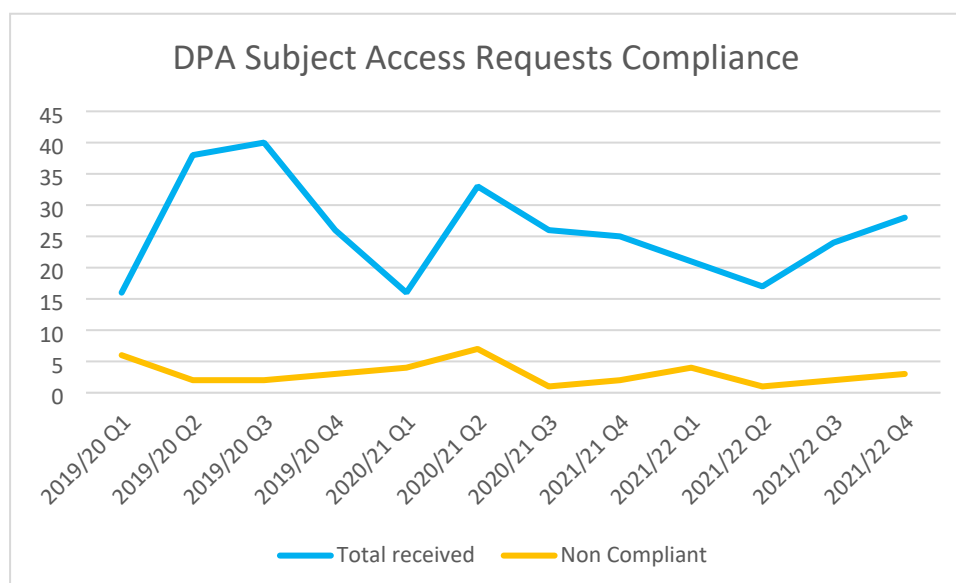
Subject Access Requests for clinical information and requests from third parties
During Quarter 4 our compliance has decreased from 100% compliance with Access to Deceased Records requests to 91.7% and also our compliance rate for SAR's completed within the DPA timescales from 97.7% to 88.4%, from the previous quarter. This has been as a result of staff shortages due to long term staff sickness and COVID related absences, in addition to vacancies within the service.
It should be noted that there has been an increase in requests received since the last Quarter of 11.9%, and an increase of 15.2% when comparing 2020-21 Quarter 4 data with 2021-22 Quarter 4 data.

Access to Health Records (ATHR) Requests	Total
Type of SAR	
Data Protection Act (Live Patients)	741
Verbal Request	0
* Access to Health Records Act (Deceased Patients)	48
Total	**789**
Requests from 3rd Parties	
Court	114
Police	252
Ministry Of Defence	0
General Medical Council	3
Chargeable Requests (insurance Companies)	0
Total	**369**
Total Requests Received	**1158**
Total number of breaches (dealt with outside 28 day timeframe)	**90**
Compliance %	**91.7%**

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

Previous ATHR Quarterly Compliance
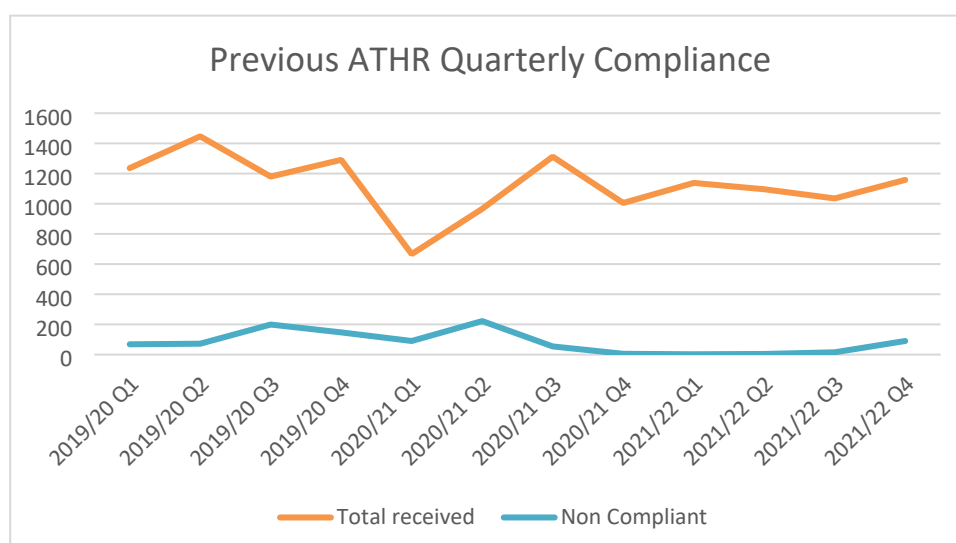
Co-mingled Information:
There was a total of 43 documents located in the incorrect patient records during quarter 4, which were located during the scanning and quality assurance processes.

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

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

HMP Berwyn	Total
Total Requests received	**35**
Total number of breaches (dealt with outside 28 day timeframe)	**21**
Compliance	**40%**
Requests from third parties	
Police	**0**
Court *(Date Req. Set by Court)*	**0**
Incidents	
Confidentiality Breach (External)	**0**

The decrease in compliance this quarter is due to staff absences due to Covid-19 and its restrictions. Compliance rates are due to improve in the next quarter.

The below chart shows the total number of ATHR received in quarter 4 by HMP Berwyn along with previous quarters compliance:
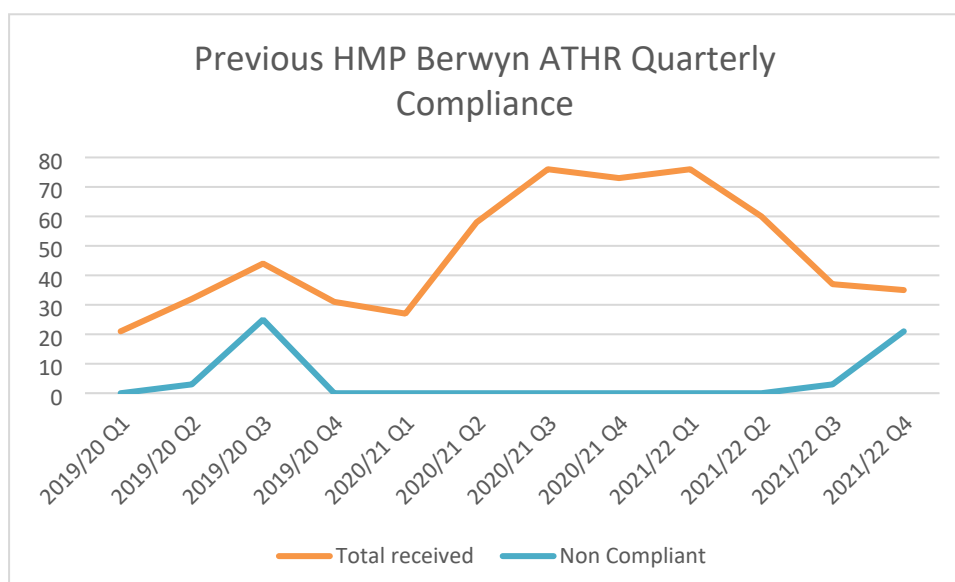
GP Managed Practices

10 of the 11 GP Managed Practices returned data to be included for this quarter. During 2022/23 the Information Governance team will be working closely with the managed practices to improve relationships and will be conducting compliance audits and provide more support for the 2022/23 toolkit submission.

GP Managed Practices Requests	Total
Type of SAR	
Data Protection Act	223
Requests from 3rd Parties	
Solicitors	70
Police	18
GMC	1
Other (Armed forces, DVLA, medical reports, insurance, DWP/Capita)	117
Total Requests Received	**429**

Total number of breaches (dealt with outside 28 day timeframe)	4
Compliance %	99%

The below chart shows the total number of ATHR received in quarter 4 by Managed GP practices' within BCUHB, along with previous quarters compliance:

GP Managed Practices ATHR Quarterly Compliance

— Total Number Received   — Non Compliant
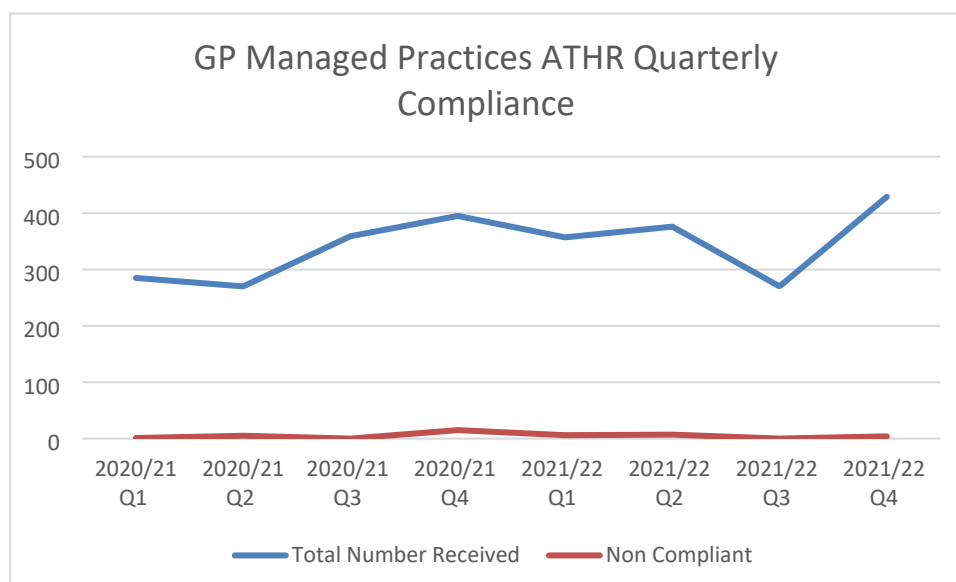
3) Incidents and Complaints

During quarter 4 there has been 59 incidents received into the Information Governance Service which is a decrease in comparison to 91 received in quarter 3. Our Information Governance Officers are continuing to look at trends and any themes are communicated in our IG bulletin and any areas which have an increase in incidents occurring will be escalated to the Information Governance Managers to discuss with the service and a possible compliance audit being conducted.

Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Confidentiality Breach (External)	Data Loss	3	0	0
	Email	4	0	0
	External Mail	18	0	0
	Other	8	0	3
	Personal Information found in public place	4	1	0
	Records	4	0	3
Confidentiality Breach (Internal)	Data Loss	1	0	0
	Email	4	0	0
	Records	4	0	0
Information Management &	Records	1	0	0

Technical Security	Other	1	0	1
	Data Loss	0	1	0
Non Compliance	IG15 Safe storage & transport of Personal Data	2	0	1
	IG08 Email procedure	2	0	0
	IG11 Confidential waste	2	0	0
	IG14 IM&T Security procedure	1	0	0
	IG16 Disclosing Personal Information	0	0	1
Total		**59**	**2**	**9**

Near Misses
There has been **0** near misses reported this quarter.

Self-reported incidents to the Information Commissioner's Office

During quarter 4 we self-reported 2 incidents to the Information Commissioner's Office:

- The Health Board's organisation wide Audiology Patient Information System called Auditbase has suffered a data corruption leading to the loss of patient information within the system. (Ongoing)
- Patient Information found in rubbish outside individual's house. (Ongoing)

Complaints
9 data protection complaints were received during quarter 4 which is a decrease in comparison to quarter 3. 4 complaints have been investigated and are now closed with the remaining 5 ongoing.

Closed Complaints:
- Child's personal information has been shared with another mother, who is also involved with the patient professionally.
- Patient went home in possession of another patient immunisation card.
- Patient believes their health records have been accessed inappropriately by staff members.
- Patient attended meeting with Clinical Governance, An individual was present at the meeting who the patient did not want in attendance and therefore complained their personal data was breached.

Lessons Learnt/Actions Taken
- Awareness raised in department with regards to confidential information about other patients should not be visible at consultations.
- All staff reminded to complete their IG mandatory training in ESR or face to face learning.

- As records of immunisation history are maintained on electronic systems for future reference, the use of handing out record cards will be reviewed. This will be discussed at the BCUHB Immunisation meeting.
- Guidance document to be created for Clinical Governance colleagues on handling of complaints when a patient is no longer registered at a practice.
- Guidance document to be created for Clinical Governance colleagues on arranging meetings with patients to include discussions around who should attend the meeting and informing the complainant of the limits of the investigation if all parties are not able or permitted to attend.

On-Going complaints:
- 3 x Letters sent to incorrect address.
- 1 x alleged confidentiality breach with incorrect telephone number held on file for patient.
- 1 x Breach in confidentiality.

Complaints received from the Information Commissioner's Office (ICO)
During quarter 4 we have not received any complaint direct from the ICO.

Information Commissioner's Office Outcomes
During quarter 4 we have received 1 outcome from a previous ICO complaint, the complaint has been closed from the ICO with no further action required and were satisfied with the investigation undertaken by the Health Board.

Personal Injury Claims
During quarter 4 we have received 1 new claim into the Health Board, for an alleged breach of confidentiality. However, after initial fact findings it appears that the Local Authority (LA) released the Claimant's name and this is their usual procedure. We are currently waiting for further information from the LA before we can proceed with the claim.

During quarter 4 we have also settled 1 previous claim:

- Information shared with a third party – Damages Paid £11,200

4) IG10 – Process for requesting, approval and review of information systems accessed by an employee
During quarter 4, the IG team have received **15** IG10 requests, these consisted of the following audits / access:

- 4 access to email and hard drive storage and login activity;
- 7 access to CCTV;
- 1 Datix Report
- 2 Telephone Records
- 1 System Access

5) Training
The below chart shows the IG Mandatory training compliance by area in quarter 4:

IG Training Compliance
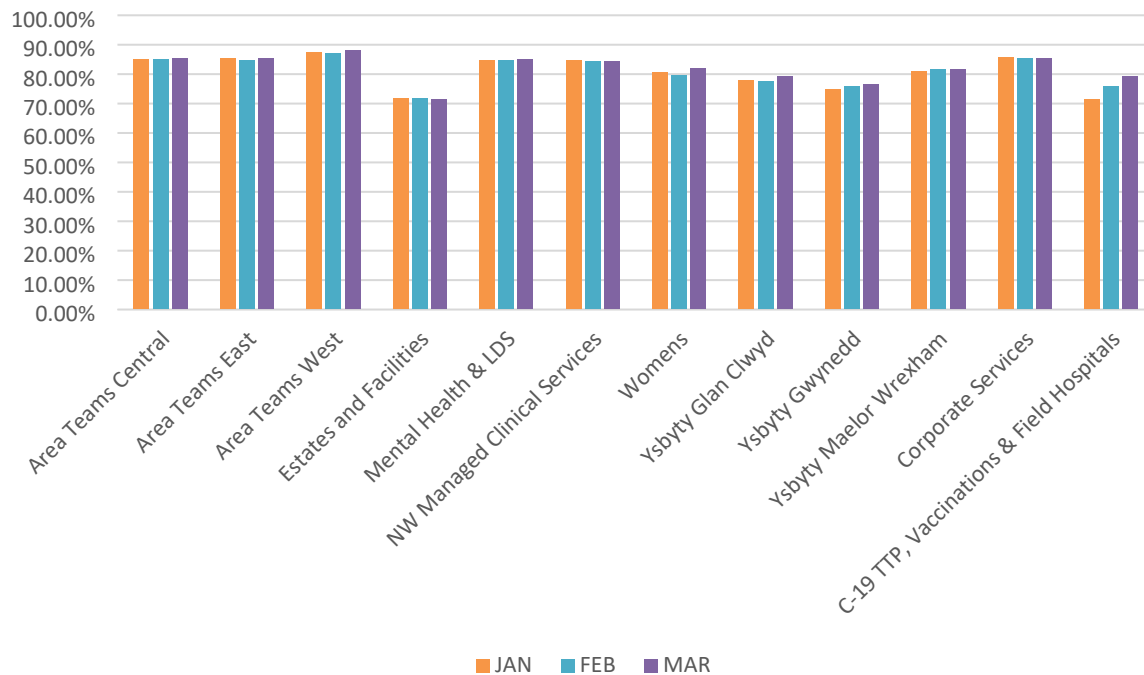
We have continued with our virtual mandatory training sessions with 9 sessions taking place in quarter 4 with 201 staff attending. From March 2022 the training sessions have been increased to 1 session per week. 794 staff have completed their training via E-Learning this quarter.

The current compliance of mandatory Information Governance training across BCUHB has remained at 82% for this quarter.

6) Service Desk – Information Governance Portal
During Quarter 4 2021/22 the number of calls received into the Information Governance Service Desk has increased to 136 from 108 in quarter 3.

The below chart shows the types of requests received during quarter 4:

Service Desk Queries Quarter 4
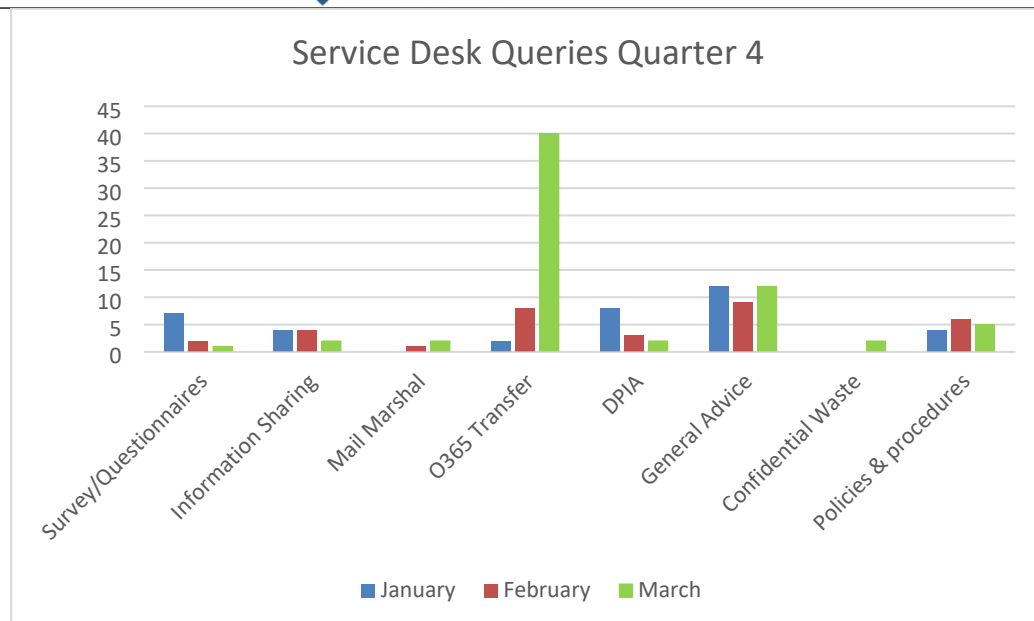
7) NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 4 of 2021/22 the number of NIIAS notifications received decreased from 97 in quarter 3 to 59 in quarter 4. A reminder continues to be issued to all staff of the importance of appropriate access in our Information Governance Bulletin which is issued bi-monthly. During 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.

The below chart shows the total number of NIIAS notifications received broken down by type during quarter 4:

Q4 NIIAS notification by type
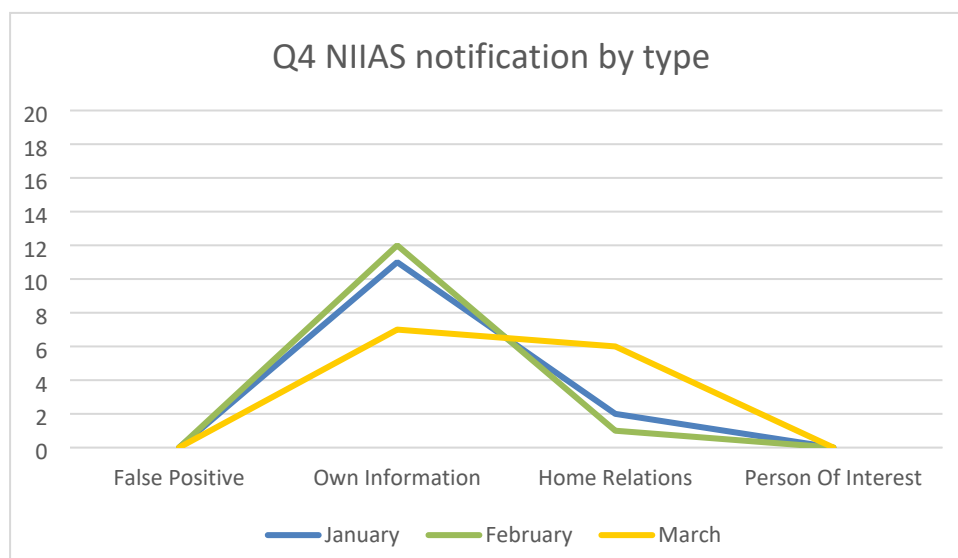
8) Information Governance Compliance Audit Findings

During quarter 4 there has not been any compliance checks undertaken, we are still unable to conduct audits on site due to the ongoing pandemic but we are continuing to explore self-assessments and different ways of working which will be implemented into the 2022/23 financial year in line with the Welsh IG Toolkit recommendations. During quarter 1 we have commenced

compliance audits in our managed practices and the results of these will be reported in the next KPI report.

9) Caldicott Guardian Decisions/Authorisations on behalf of the Board
During this quarter there have been **9** authorisations signed by the Caldicott Guardian which comprised of the following:

3 x Data Processing Contracts
3 x Information Sharing Agreement
1 x Joint Data Controller Agreement
1 x Intra NHS agreement
1 x Audit

10) Data Protection Impact Assessments (DPIAs)
During Quarter 4 – 1 DPIA have been approved, with a further 17 received which are currently ongoing through assurance processes. It should be noted that many of these requests were approved in April/May 2022.

11) Budget
Please find below quarter 3 spend and budget poistion:

Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of November 2021	Year To Date Variance
T410	518,167 (increased)	491,136	Underspend 27,031

Please note that the reason for the underpsend this quarter was due to staff turnover and post vacancies.

12) Asset Register
During Quarter 4, **2** Systems have been inputted into the asset register:
- Meantime AMaT limited- Supportive Auditing tool
- Thymatron decice that captures ECT information to provide treatment to patients.

There are no significant risks to be reported.

44 Record types have been submitted during quarter 4, the majority being for Mental Health & Learning Disabilities in all 3 areas. During Quarter 1 of 2022/23 a review of these record types with be undertaken and any risks will be fed back to the Information Asset Owner/Administrators.

Report title:	Information Governance Toolkit Annual Report 2021/22
Report to:	Performance, Finance and Information Governance Committee
Date of Meeting:	Thursday, 25 August 2022
Executive Summary:	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.
Recommendations:	The Performance, Finance and Information Governance Committee is asked to note compliance with the All Wales Information Governance Toolkit.
Executive Lead:	Dylan Roberts - Chief Digital and Information Officer
Report Author:	Carol Johnson, Head of Information Governance

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

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

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

N/A

Link to Strategic Objective(s):	https://nhswales365.sharepoint.com/:w:/r/sites/BCU_Intranet_IG/_layouts/15/Doc.aspx?sourcedoc=%7BAE8196A8-7AD5-422E-B8F4-8D34BDCD6C8A%7D&file=IG1-BCUHB-Information-Governance-Strategy-V7.2-Final-Approved.docx&action=default&mobileredirect=true&DefaultItemOpen=1
Regulatory and legal implications	Data Protection and the Freedom of Information Legislation.
Details of risks associated with the subject and scope of this paper, including new risks(cross	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

| | three Tier 2 risks also have oversight by the Deputy Chief Executive / Executive Director of Nursing and Midwifery: |

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

Financial implications as a result of implementing the recommendations	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.
Workforce implications as a result of implementing the recommendations	N/A
Feedback, response, and follow up summary following consultation	Reviewed and presented to the Information Governance Group - 30 May 2022 – No objections
Links to BAF risks: (or links to the Corporate Risk Register)	See above Risk table
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: **Implementation of recommendations**	
List of Appendices: Appendix 1 – Information Governance Toolkit Annual Report 2021/22.	

Appendix 1 - Information Governance Toolkit Annual Report 2021/22

The 2021/22 IG toolkit self-assessment was successfully completed within the given timescales and submitted to DHCW on the 28th March for review. The overall score achieved was **91%** with the Health Board meeting level 2 or above in all areas.

It should be noted that after re-visiting the questions within the Corporate Records requirement the Information Governance Dept. has identified that the score does not fully reflect the current position. In view of this and by using the scoring methodology used by DHCW and taken into consideration the work still required across the Health Board to evidence that there is a robust Corporate Records Management function it was agreed that the final score should be reduced by 2% to **89%**. This should still be seen as a significant improvement from the **79%** achieved in 2020/21.

The monthly IG toolkit subgroup meetings recommenced in December 2021 on release of the 21/22 toolkit and we continued to receive support and the appropriate compliance evidence from the Health Records, IT, Mental Health and Learning Disabilities, Community Services, Procurement, Health & Safety/Security, Contracting Services-Finance and Workforce departments which enabled a timely and smooth submission. A further IG toolkit subgroup meeting is scheduled to take place in June to discuss the overall scoring and to begin the planning for the 22/23 submission.

There are thirty two (32) requirements within the Information Governance Toolkit which the Health Board is currently required to meet thirty one (31) of to provide assurance. (4) Requirements are assessed and assured by other means and are as follows:

3.1 Business Continuity Plan
6.4 Mobile Working and Remote Access
6.5 Secure Destruction and Disposal of IT equipment
7 Cyber Security

The attainment level for the 32 requirements were as follows:

Level	Total
Level 0	0
Level 1	0
Level 2	11
Level 3	16
Achieved	4
N/A	1

Please see below the breakdown of scores for each requirement obtained for 2021/22 and 2020/21 included for comparison:

Area	Level Attained 2021/22	Level Attained 2020/21
2.1 Information Governance Management	**Level 3**	*Level 3*
2.2 Policies and Procedures	**Level 3**	*Level 3*

2.3 Information Sharing	**Level 3**	*Level 2*

Improvements:
The Information Governance team have conducted a review of the sharing agreements in place which and recorded in the IG database and have incorporated this activity into their Operational IG work plan under 'Business as Usual' to ensure that this is a continual annual process.

2.4 Contracts and Agreements	**Level 2**	*Level 2*

Situation:
The situation has not changed from the 2020/21 submission, there are still currently gaps in processes to review all contracts and agreements in place to ensure that they remain up to date for all suppliers, contractors, data processors and third parties.

During 2022/23 the following priorities will be implemented:
1. Information Governance team to look at processing Data Processing Contract reviews.
2. Look at ways to liaise with divisions to ensure contracts are reviewed on a regular basis and are capturing when contracts need to be renewed.
3. Explore what is required with national contracts within Wales.
4. Work with NWSSP to ensure consistent approach for monitoring contracts coming to an end throughout Health Board.

We are also in the process of procuring a new Asset Register platform and within the specification for this to suppliers is the requirement to send automatic reminders to the division to remind them that the contract is up for renewal.

2.5 Data Protection Impact Assessments	**Level 3**	*Level 3*
2.6 Freedom of Information Act and Environment Information Regulations	**Level 3**	*Level 3*
2.7 Privacy Electronic Communications Regulations	**Level 2**	*Level 2*

Situation:
There is currently no process in place to undertake checks to ensure PECR processes and requirements are followed and the management of consent for electronic marketing is not documented. During 2022/23 we will carry out the following to improve practices:

1. Work with Communications team to understand what is required as an organisation.
2. Make contact with other Health Boards in Wales to see what processes they have in place for PECR and map out a plan for the next 12 months to see if level 3 is achievable.

3.1 Business Continuity Plan	**Achieved**	*Achieved*
3.2 IG Risk Register	**Level 3**	*Level 3*
3.3 Auditing	**Level 2**	*Level 3*

Situation:
During 2021/22 we were unable to facilitate as many information governance compliance audits due to the Covid-9 restrictions which has led a decrease in level of assurance. In 2022/23 we aim for the following:

1. For 2022/23 submission make contact with leads in all areas that provide an auditing function and gain further evidence to demonstrate what auditing processes are already in place across the Health Board and establish how they are conducted.
2. Re-commence IG Compliance auditing arrangements in 2022/23. This forms part of a wider initiative being led by the IG project improvement team.

4.1 Right of Access	**Level 3**	*Level 3*
4.2 Right to be Informed	**Level 2**	*Level 2*

Situation:
The Information Governance team need to review current provision and establish whether there are further fair processing requirements needed. Fair processing material is reviewed as part of IG compliance audits. Overarching and national Privacy notices are reviewed regularly however further work is required for local notices to be reviewed regularly. We will be standardising the current fair processing notices - standard wording for privacy notices and statements will be explored for surveys and forms etc.

4.3 Individual's right to object, to erasure, rectification and portability	**Level 3**	*Level 3*
4.4 Rights related to profiling and automated decision making that has a significant impact on the data subject	**N/A**	*N/A*

Not Applicable- The Health Board have just started to see signs that the use of Artificial intelligence is likely to expand throughout 2022. We will incorporate these changes into our policies/procedures and fair processing notices in the 2022/23 to ensure transparency at all times.

Management of records		
5.1.1.1 Acute Records	**Level 3**	*Level 3*
5.1.1.2 Community Records	**Level 2**	*Level 2*

Situation: For 2022/23 submission, gain more representation from area teams to form part of the sub group and provide evidence from their areas to strengthen evidence overall for the Health Boards submission for community records held.		
5.1.1.3 Mental Health Records	**Level 2**	*Level 2*
Situation: There continues to be areas of non-compliance with storage and management of records. The division are working closely with Heath Records and they have their own action plan to improve current standards and practices.		
5.1.2 Corporate Records	**Level 3**	*Level 0*
Situation: The Health Board now has an identified named accountable Executive lead for corporate records which has resulted in achieving a Level 3. Previously this has stopped us obtaining Level 1 so whilst we had other assurances in place the Health Board remained at Level 0. As stated above we feel that after re-looking at this area there is still a considerable amount of work to be achieved that is not covered by the toolkit requirements to be assured that we have an effective corporate records management function in place across the organisation. We have therefore re-calculated the overall score of the toolkit submission to 89% to reflect the work that is outstanding. Work is currently being undertaken by the Assistant Director of Information Governance and Risk and the Head of Information Governance to establish what is required to demonstrate accountability and where IG can support to achieve this.		
5.2 Information Asset Register	**Level 3**	*Level 3*
Data Accuracy		
5.3.1.1 Acute Records	**Level 3**	*Level 3*
5.3.1.2 Community Records	**Level 2**	*Level 1*
Situation: For 2022/23 submission, we need to gain more representation from area teams to form part of the sub group and provide evidence from their areas to strengthen evidence overall for the Health Boards submission for community records held.		
5.3.1.3 Mental Health Records	**Level 2**	*Level 2*
Situation: In 2022/23 the Mental Health & Learning Disabilities division need to ensure the management of mental health records is reported up to the relevant Board/Committee/Management Team.		
5.3.2 Corporate Records Data Accuracy	**Level 3**	*Level 3*

5.4 Retention Schedules, Secure Destruction and Disposal	**Level 3**	*Level 3*
6.1 Physical Security Measures	**Level 2**	*Level 1*

Situation:
There has been significant improvement in the past 12 months to the security requirements of the Health Board including the introduction of a Security Project Lead and with a view to have a single security control room for the whole organisation. The following priorities need to be met over the next 12 months:
1. Security Management Group to re-commence in 2022/23
2. Improvements to coverage and to also allow 2 of 3 District General Hospitals to be managed by a single control room have progressed well.
3. Draft Security Policy to be implemented once approved.

6.2 Technical Security Measures	**Level 3**	*Level 2*

Situation:
During the last 12 months a new cyber security manager has been appointed which has led to an improvement in the scoring and to provide an extra level of assurance. Over the next 12 months the following will be implemented:
1. Capture IT Staff understanding and acceptance of the IT Administrator Policy.
2. Document IT Risk Assessment Process.
3. Document System Owner / Line Manager responsibilities in terms of starters, movers, leavers.
4. Document System Owner responsibilities.
5. Document the process for carrying out IT Investigations.
6. Development of additional policies and procedures in response to the Welsh Government Cyber Assessment Framework Report (NIS Regulations).

6.3 Organisational Measures (Training and Awareness)	**Level 2**	*Level 2*

Situation:
The organisation needs meets the national target compliance of 85% for mandatory IG training. Currently we remain at 82% and the information governance team are continuing to look at ways we can achieve 85% compliance in mandatory training.

During 2022/23 we will look at tools used and training material and communication methods to improve compliance further and ensure Training Needs analysis is reviewed and incorporates the ways we are looking to achieve the target.

6.4 Mobile Working and Remote Access	**Achieved**	*Achieved*

6.5 Secure Destruction and Disposal of IT equipment	**Achieved**	*Achieved*
6.6 Surveillance Systems	**Level 2**	*Level 0*

Situation:
During 2021/22 there has been a significant amount of work achieved to improve this area of the toolkit, we now have CCTV policy approved for use and during 2022/23 the main emphasis will be to implement the following:

1. CCTV Policy to be embedded into the organisation and communicated to all staff the changes taking place.
2. Once CCTV Policy is embedded requirements will be met for 2022/23 submission.
3. CCTV Fair processing notices to be ordered and displayed throughout sites.
4. Another DPIA to be completed on the purchase of the replacement system by Security team.

7 Cyber Security	**Achieved**	*Achieved*
8.1 Reporting Data Breaches	**Level 3**	*Level 3*

Conclusion:

There has been significant improvements made in 2021/22, specifically within the areas of security, surveillance systems, implementation of the CCTV Policy which is being embedded into the organisation, action plans for improvements are now in place to enable further security and cyber assurances to be evidenced over the next year, with the aim to achieve level 3. The nominated Executive Lead for Corporate Records also provided and improved score in that area but as noted there is still work to be done.

For the outstanding and new priorities identified there has been no surprises as the majority of the work needed is in areas already known to the Health Board. All identified gaps and priorities/ actions for each toolkit owner/lead will be added to their work plans and incorporated into the master IG toolkit improvement plan which will be monitored through the IG Operational work plan. Each of the areas will ensure that their risk registers reflect their toolkit scores/position and are responsible for escalation through their respective areas to progress and make improvements

The sub group will re-commence in quarter 2 of 2022/23, the question set in the new toolkit is being currently being reviewed for next year's assessment and we are waiting for their circulation so we can assess at our earliest opportunity and start to plan for the year ahead, working with the identified areas affected. It is anticipated that Digital Health Care Wales will be changing their scoring matrix from a levels towards standards met i.e. Bronze, Silver and Gold. So next year's annual report will change to reflect this new method of scoring.

Report title:	Information Governance Annual Report 2021/22
Report to:	Performance, Finance and Information Governance Committee
Date of Meeting:	Thursday, 25 August 2022
Executive Summary:	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.
Recommendations:	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.
Executive Lead:	Dylan Roberts - Chief Digital and Information Officer
Report Author:	Carol Johnson, Head of Information Governance

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

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

N/A

Link to Strategic Objective(s):	https://nhswales365.sharepoint.com/:w:/r/sites/BCU_Intranet_IG/_layouts/15/Doc.aspx?sourcedoc=%7BAE8196A8-7AD5-422E-B8F4-8D34BDCD6C8A%7D&file=IG1-BCUHB-Information-Governance-Strategy-V7.2-Final-Approved.docx&action=default&mobileredirect=true&DefaultItemOpen=1
Regulatory and legal implications	Data Protection and the Freedom of Information Legislation.
Details of risks associated with the subject and scope of this paper,	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

including new risks(cross reference to the BAF and CRR)	Governance Group. The below three Tier 2 risks also have oversight by the Chief Digital and Information Officer.

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

Financial implications as a result of implementing the recommendations	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.
Workforce implications as a result of implementing the recommendations	N/A
Feedback, response, and follow up summary following consultation	Reviewed and presented to the Information Governance Group – no obections.
Links to BAF risks: (or links to the Corporate Risk Register)	See above Risk table
Reason for submission of report to confidential board (where relevant)	N/A

Next Steps:
Implementation of recommendations

List of Appendices:
    Appendix 1 – Information Governance Annual Report 2021/22.

INFORMATION GOVERNANCE ANNUAL REPORT 2021/22

Appendix 1

Authors

Carol Johnson – Head of Information Governance and
Claire Williams – Senior Information Governance Officer

Contents

Background

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

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

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

- Data Protection Act 2018
- EU General Data Protection Regulation 2016
- UK General Data Protection Regulation 2021
- Freedom of Information Act 2000
- Environmental Information Legislation 2004
- Public Records Act 1958
- Access to Health Records Act 1990
- Computer Misuse Act 2000
- Caldicott Principles in Practice (C-PIP)
- Welsh Information Governance (IG) Toolkit (pilot)
- Common Law duty of confidentiality
- Wales Accord to Share Personal Information (WASPI)
- Data Quality
- Information Security assurance - ISO 270012013 Information security management
- Records Management NHS Code of Practice
- Information Commissioners Codes of Practice
- NIS (Networks and Information Systems) regulations

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

1.0 Purpose

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

The purpose of this report is to:-

Provide the Information Governance Group (IGG) and the Performance, Finance and Information Governance (PFIG) Committee with assurance on the progress and developments made within Information Governance throughout the Health Board in 2021/22. This report aims to clearly describe the Health Boards current position, the work undertaken along with the aims, objectives and the challenges ahead for the forthcoming year.

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

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

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

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

2.0 Accountability and Responsibilities

2.1 Chief Executive - The Chief Executive takes overall responsibility for the Health Boards information governance performance and in particular is required to ensure that:
- the Health Board can demonstrate accountability against the requirements within the Data Protection Act;
- decision-making is in line with the Boards policy and procedure for information governance and any statutory provisions set out in legislation;
- information risks are assessed and mitigated to an acceptable level and information governance performance is continually reviewed;
- suitable action plans for improving information governance are developed and implemented;
- IG training is mandated for all staff and is provided at a level relevant to their role.

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

2.2 **The Deputy Chief Executive Officer** (CEO) has responsibility for ensuring that the Board corporately meets its legal responsibilities, and for the adoption of internal and external information governance requirements. They will act as the conscience for information governance on the Board and advises on the effectiveness of information governance management across the organisation.

This responsibility will transfer to the **Chief Digital and Information Officer** (CDIO) in 2022/23 who also has overall responsibility for the technical infrastructure to ensure the security and data quality of the information assets and systems held within the Heath Board.

2.3 **Caldicott Guardian** - The Executive Medical Director has been nominated as the Board's Caldicott Guardian and is responsible for protecting the confidentiality and reflecting patients'

interests regarding the use of patient identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate, ethical and secure manner. The Caldicott Guardian is the Chair of the Information Governance Group.

2.4   **Executive Medical Director** - The Executive Medical Director has been nominated by the Board and has overall responsibility for the management of all patient record types.

2.5   **Executive Lead for Corporate Records** - This role is responsible for the overall management and performance of the Corporate Records Management function within BCUHB. During 2021/22 this role sat with the Executive Director of Primary and Community.

      The responsibility will transfer to the Chief Digital and Information Officer in 2022/23.

2.6   **Senior Information Risk Owner (SIRO)** - The current SIRO is the Director of Finance and has been in the role since November 2019. This is noted in the revised Scheme of Reservation and Delegation ratified by the Board in August 2020. The SIRO has overall ownership of the information risks and plays a key role in successfully raising the profile of information risks and embedding information risk management into the Health Board's culture. The SIRO has undertaken additional training specific to the role. During 2022/23 this responsibility will move over to the Chief Digital Information Officer's remit

2.7   **Data Protection Officer (DPO)** - The Assistant Director of Information Governance and Risk undertakes the designated role of the Health Board's Data Protection Officer. They are responsible for providing the Health Board with independent risk-based advice to support its decision-making in the appropriateness of processing 'Personal and Special Categories of Data' as laid down in the General Data Protection Regulation (GDPR) and the UK Data Protection Act. The DPO is required to provide advice and guidance on all data protection legislation queries to staff, patients and the board. The Health Board recognises its obligations and accountability responsibilities with the GDPR and Data Protection Laws.

      The Information Governance structure sits within this area.

2.8   **Information Governance Team -** The Head of Information Governance will be responsible for the development, communication and monitoring of policies, procedures and action plans ensuring the Board adopts information governance best practice and standards. This role will report to the Assistant Director of Information Governance and Risk and will be supported by the Information Governance Team who will also work in collaboration with the Information Governance Leads and Information Asset Owners.

2.9   **Head of ICT Services** – Leads on all matters relating to the Health Boards ICT infrastructure security and regulatory compliance. Furthermore, provides strategic direction and expert advice on all technical matters relating to sustained compliance and conformance against the NHS Wales Code of Connection and NIS Directive.

2.10 **Cyber Security and Compliance Manager** - acts as the Health Board's expert on cyber security protection, detection, response, and recovery. The Cyber Security and Compliance Manager is responsible for the strategic approach to cyber threat management and leads the strategic planning of current and future IT security solutions. The Cyber Security and Compliance Manager leads and advises on compliance with the NIS Directive and Cyber Essentials certification.

2.11   **Head of Patient Records & Digital Integration** – This role is responsible for the overall management and performance of the Health Records Service within BCUHB including the provision of organisation-wide access to health records and providing assurance against record management standards across all patient record types both paper and digital.

2.12   **Executive Director/Secondary Care Director/Area Director** - Each Director is responsible for the information within their Division and therefore must take responsibility for information governance matters. In particular they must appoint an Information Governance Lead. In 2022/23 this responsibility will sit with Executive Directors, Directors and Integrated Health Community Directors.

2.13   **Information Governance Leads** – The IG Leads work with the IG Team to ensure compliance with corporate IG policies, procedures, standards, legislation and to promote best practice within their areas.

2.14   **Information Asset Owners (IAO)** - their role is to understand what information is processed by their department i.e. what information is held, added, removed, how it is moved, who has access to it and why. As a result, they are able to understand and address risks to the information, to ensure that information is processed within legislative requirements.

2.15   **Information Asset Administrator (IAA)** - will recognise actual or potential security incidents, consult with their IAO on appropriate incident management and ensure that information asset registers are accurate and up to date.

2.16   **System Owners** – will be responsible for identifying and managing system risks; understand procurement requirements around contracts and licencing; put in place and test business continuity and disaster recovery plans, control access permissions and ensure the system asset record is regularly reviewed and updated on the asset register.

2.17   **All Staff** - All employees, contractors, volunteers and students working for or supplying services for the Health Board are responsible for any records or data they create and what they do with information they use.

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

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

3.0 Information Governance Operational Plan

The current plan details 5 information governance objectives for the health board as below:
- Objective 1: Accountability (Information Governance Management)
- Objective 2: Confidentiality and Data Protection Assurance;
- Objective 3: Information Security Assurance;
- Objective 4: Clinical Information Assurance;
- Objective 5: Corporate Information Assurance;

As a Health Board we are committed to achieving these objectives and this is detailed/reflected in the Information Governance Operational Plan for 2022/23.

The plan includes:

- High Level Objectives.
- Outstanding actions from the 2021/22 Operational Plan.
- Recommendations made by the ICO.
- Priorities identified as a result of the Welsh IG Toolkit submission 2021/22.
- National programmes of work.
- Local programmes of work identified for implementation which includes transformation and improvement.
- IG achievements for previous year and ongoing/current achievements.
- IG Service Improvement Projects.
- IG involvement required to support the BCUHB Digital Strategy.
- ICT and IG Collaborative Working.
- Health Records and IG Collaborative Working.

4.0 IG Toolkit

During 2021/22 the Health Board's submission of the All Wales IG Toolkit resulted in an improved score of 89%. This is a 10% increase from the previous 2020/21 submission. The Health Board scored Level 2 or above for each of the requirements.

The toolkit is made up of 32 requirements with attainment levels 0 - 3 with 3 being the highest. Within each level a sample of evidence was required and submitted to provide assurance that the requirement level had been met. Any areas not met are automatically added to the priorities within the IG work plan in readiness for the next submission.

The attainment levels for the 32 requirements were as follows:

Level	Total
Level 0	0
Level 1	0
Level 2	11
Level 3	16
Achieved	4
N/A	1

There has been significant improvements made in 2021/22, specifically within the areas of security, surveillance systems, implementation of the CCTV Policy which is being embedded into the organisation, action plans for improvements are now in place to enable further security and cyber assurances to be evidenced over the next year, with the aim to achieve level 3.

There has been no surprises as much of the remaining work required is either ongoing or included in future plans. All identified gaps and priorities/actions for each toolkit owner/lead will be added to their respective work plans and incorporated into the master IG toolkit improvement plan which will be monitored through the IG operational work plan. Each of the areas will ensure that their risk registers reflect their toolkit scores/position and are responsible for escalation through their respective areas to progress and make improvements.

The monthly IG toolkit subgroup recommenced in December 2021 on the release of the 2021/22 toolkit and continued to provide support and the appropriate evidence in the following areas: Health Records, IT, Mental Health and Learning Disabilities, Community Services, Procurement, Health & Safety/Security, Contracting Services-Finance and Workforce which enabled a timely and smooth submission.

The sub group will continue to meet throughout the year in readiness for 2022/23 toolkit submission in March 2023.

4.1 Caldicott Guardian Authorisations

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

In 2021/22 the following information sharing was authorised by the Caldicott Guardian:

- 16 Data Processing Contracts/Agreements (DPC/A)
- 3 Data Disclosure Agreement (DDA)
- 4 Information Sharing Protocol (ISP)
- 12 Audits (Caldicott approval to contribute to a national or regional audit)
- 1 Intra NHS Agreements

5.0 Senior Information Risk Owner

5.1 Information Security
During 2021/22, the threat has increased with a number of high profile victims in the UK, including Health Care. In particular, the unrest in Eastern Europe has led to increased warnings from the Nation Cyber Security Centre (NCSC) of the need for organisations to remain vigilant. Many of the high profile attacks seen in the UK have held similar traits even though being carried out by different groups. The first stage is to access and reconnoitre the network, followed by exfiltration of data then when discovered or no more data of value can be stolen, they will attempt to encrypt all file, system and backups for a ransom. Although there has yet to be a successful attack of this nature in NHS Wales, we are not complacent and the focus is for a programme of continuous improvement. We have appointed a Cyber Security and Compliance Team and will continue to review required resources in this area.

5.2   Information Governance Incidents
There have been 305 incidents reported for this period against 317 in the previous year, a decrease of 12 (4%). All were categorised and reported as information governance incidents.

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

The Health Board has developed guidance on the Notification of Information Security Breaches which follows the Department of Health's Checklist for Reporting, Managing and Investigating Information Governance Serious Incidents. The guidance assists in categorising incidents to be scored appropriately in terms of the severity and the likely consequences of harm to the freedoms and rights of the individual affected. All incidents scored as 2 or above are notifiable to the

Information Commissioners Office in line with new data protection laws within 72 hours of the incident taking place.

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

Category 0 or 1	Category 2 or above – reportable to the ICO
299	6

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

Information Governance Incidents 2021/22
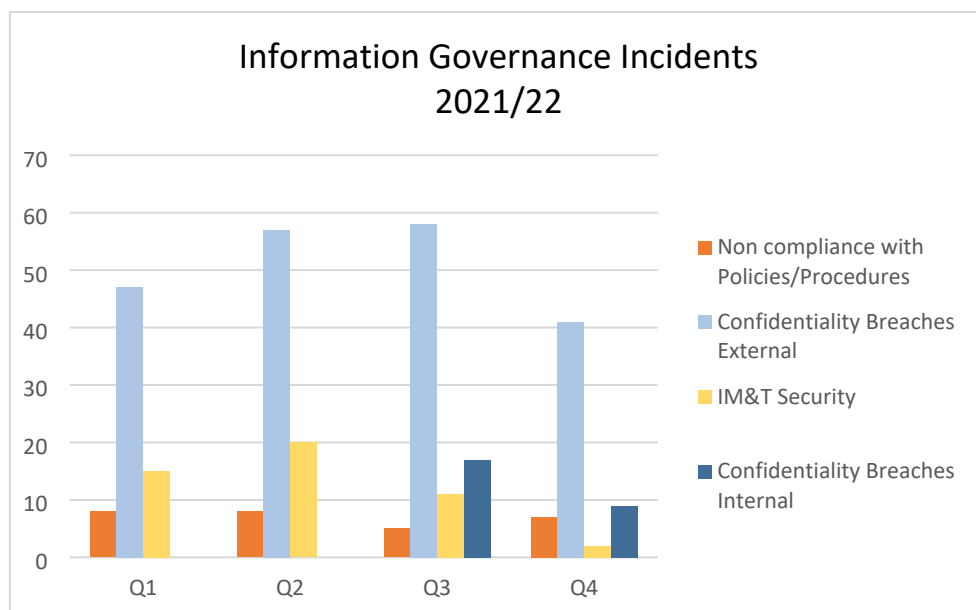
During quarter 3 of 2021/22 we have started recording internal confidentiality breaches (contained within BCUHB) separately from external confidentiality breaches (occurred outside of BCUHB) to assist the Information Governance Team to identify trends and areas of concern in 2022/23. **83** of these breaches were miss-directed mail in the post which went to the incorrect recipient. Staff continue to be reminded of their responsibilities in adhering to Health Board policies and procedures and safe practices when sending personal information.

5.3   Serious information governance incidents

The Health Board self-reported six (6) data security breaches that triggered referral to the Information Commissioner's Office and Welsh Government.
This was in relation to:

Data Loss	3
Inappropriate Access	1
PPI found in public place	1
Special Category data sent to incorrect address	1
Total	**6**

Three (3) of the above incidents have been closed by the Information Commissioners Office (ICO) with no further action required by the ICO due to the immediate actions and improvements that were put in place by the Health Board. The ICO made two recommendations regarding policies and procedures which have both been implemented. The remaining three (3) incidents are still ongoing with the ICO. The Health Board did not incur any financial penalties from the Information Commissioner during the year.

5.4 Identified Incident Improvement Actions
Below are just some of the improvements made as a result of incident investigations:

- Ensuring iFIT the Health Boards Health record tracking system is utilised appropriately and updated at all times.
- Further training to staff provided in team meetings within affected services to promote good record keeping standards.
- Communications issued from the Health Board's Deputy CEO/Executive Director Nursing and Midwifery to all Registered Nurses and Registered Midwives, which included the importance of confidentiality, appropriate disposal of information in a confidential manner and that ward handover notes should not be removed from wards and then taken to home addresses.
- Signage reviewed and updated on the ward to include a reminder to not remove any confidential information from wards and to dispose of confidential information in the appropriate confidential waste consoles.
- Information Governance bulletins have increased to bi-monthly ensuring lessons learnt are disseminated across the organisation and are available to staff on the intranet site, along with key messages regularly shared on the notice board on BetsiNet.
- The Information Governance Team continue to review and update the content and delivery of the information governance training package to ensure staff fully understand their responsibilities when dealing with personal information. A review of the training programme has been undertaken and now includes the delivery of virtual training.
- Monthly meetings have been put in place to enable discussions about incidents, complaints, and potential data breaches etc. Each month a 'Policy of the month' is discussed and disseminated to staff. Staff are then required to email the Administration Manager to advise that they have read and understood the policy discussed at the monthly meeting.
- Staff are issued with an Induction Pack when they commence employment with the service where the incident took place which includes information governance, data protection and confidentiality.

5.5 Personal Injury claims
During 2021/22 the Health Board has received 3 personal injury claims for harm and distress caused by a data breach and has settled 4 previous claims totalling £33,405.50 during the year.

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

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

During 2021/22 there were 6 risks being monitored on the register as follows:

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

6.0 Complaints/Concerns & Outcomes

During 2021/22 BCUHB received 43 complaints, an increase on the previous year (23), involving:

Breaches in confidentiality such as:
- Inappropriate access to information
- Disclosure of information to a third party
- Correspondence sent to incorrect address or recipient
- Data Loss
- Delay in a Subject Access Request response

Of the 43 complaints, 12 were withdrawn with no further action necessary. 14 were not proven, and the remaining 17 were found to be due to procedures not being followed, and an apology was issued to parties with lessons learnt and actions required from the Health Board to avoid re-occurrence.

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

6.1 Complaints to the Information Commissioners Office (ICO)
In addition there was a total of 13 complaints received from the ICO during 2021/22 which is a decrease of 38% from the previous year (21). All 13 complaints have been dealt with and are now closed. Please find a breakdown of requests below:

Freedom of Information Requests
During 2021/22 the Health Board received 3 complaints from the ICO regarding the handling of an FOI request.

Subject Access Requests
There were 5 complaints received from the ICO regarding subject access requests during 2021/22, 4 of which were Access to Health Record Requests and 1 Data Protection Act Request, all were closed by the ICO with no action required.

Information Notice
During 2021/22 the Health Board also received 1 Information notice regarding a delay in responding to an ICO complaint due to the complexity of the request and confirmation from the affected service for the required information. The Information Commissioner's Office decided that BCUHB had conducted appropriate searches to identify information falling within the scope of the request and that they had received assurances that all the relevant information held either had been disclosed or was exempt from disclosure. Following their investigation, the Commissioner decided that BCUHB had correctly engaged the section 40(2) and 41(1) Freedom of Information Act (FOIA) exemptions to refuse the FOIA request and had complied with its obligations under section 1(1) FOIA and no further action is required.

The outcome of this Information notice:

1. The Health Board should consider the future process for managing contentious requests as by law the ICO expects organisations to still be able to provide the public with an electronic means of communication despite the fact they may be considered vexatious. Therefore we are unable to put a blanket ban from all emails coming into the organisation from a single individual.
2. Improving response times to responding to the Information Commissioners Office complaints.

Ad-Hoc
The remaining 4 complaints related to:
- 2 x Accuracy of personal data held
- Inappropriate disclosure of Childs address
- Inaccurate personal data shared

All of the above have been closed by the ICO with the following action to be taken by the Health Board:

- Redacted version of a Whistleblowing report and some appendices to be published by the organisation.

7.0 Compliance Audits/Assurance/Reporting

Compliance is measured in a number of ways as follows:

7.1   Compliance checks
As part of the Health Board's requirement to ensure compliance with legislation, national and local standards, compliance checks are essential to provide assurance that the information is being safeguarded; areas of good practice are identified and areas of weaknesses are addressed via the production of an action plan.

During 2021/22 routine compliance checks were not able to be undertaken due to the restrictions in place due to Covid-19, however, there were 3 Information Governance compliance audits undertaken following incidents that required action:

1. Change of location resulted in loss of medical records - The service had moved into a new building which is secure. They have made significant improvements to their practices since the incident and have installed a paper tracking system with the aim of being linked to iFIT later in the year. Additional compliance checks will be undertaken to ensure improvements are being maintained.

2. Availability of Case notes - Audit undertaken due to patient notes not being available. They had been misplaced but were later found. Staff within the Service do not use iFIT correctly and do not routinely track the patient records. There was also a problem with storage throughout the building. A number of risks were identified which require action. Information Governance will continue to provide guidance and support where necessary.

3. Security of Confidential Waste - Report of staff having access to Confidential waste console keys, upon visit staff were reminded that this is against policy and the Information Governance Manager who conducted the audit is bringing this to the attention of our supplier to ensure that the keys are returned. There were a couple of issues in regards to management of patient records and the potential to be seen by the public due to the storage arrangements

in place and the Information Governance Manager who facilitated the audit has advised the service to look at storing the notes in a more secure location when left unattended.

During quarter 1 of 2022/23 we have commenced compliance audits in our managed practices and it is envisioned that the compliance checks will resume when it is safe to do so and as instructed by the Health Board. The IG Team are exploring ways to carry out compliance audits and this is on the IG Operational Work plan.

7.2   Internal Audit
Internal Audit reviews are carried out by NHS Wales Shared Services Partnership. During 2021/22 no audits were undertaken, however an audit will be taking place in quarter 2 of 2022/23 for the All Wales IG toolkit submission that was submitted in March 2022.

7.3   Auditing of systems
During 2021/22 National Intelligent Integrated Auditing System (NIIAS) generated 280 notifications of alleged inappropriate access to family records or own health records, which is an increase of 25% (224 notifications) compared to last year as per the graph below, this is due to the Welsh Immunisation System (WIS) being linked to NIIAS on 17th May 2021 which led to an increase in numbers of staff accessing their own information during the period, during quarter 1 a communication was sent out to all BCUHB managed practice staff as well as BCUHB staff to remind them of the importance of appropriate access and their responsibility in line with legislation.
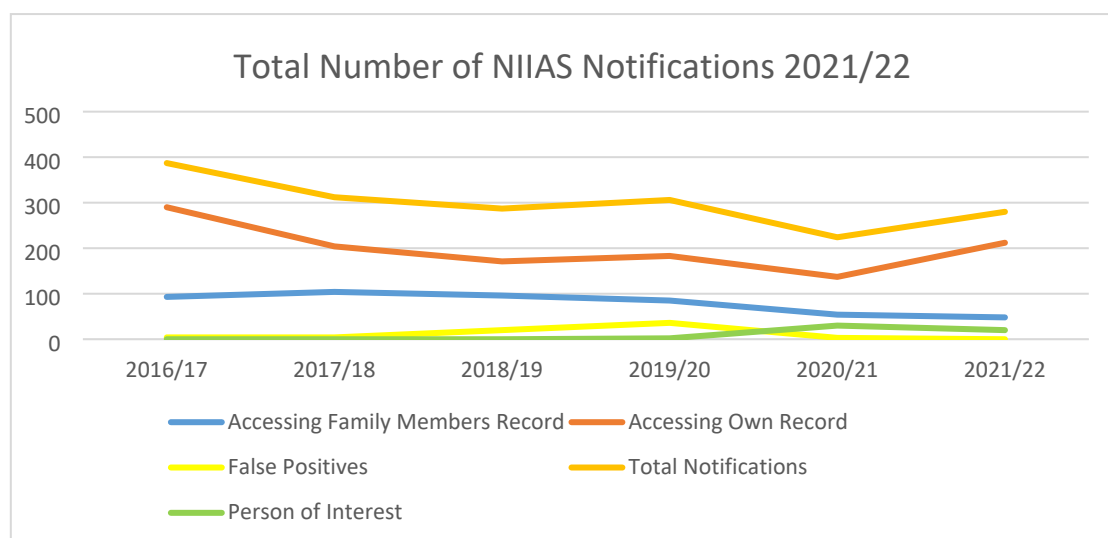
7.6   Reporting Responsibilities
There is a robust reporting framework in place which ensures there is accountability across the Health Board for accurate reporting and to ensure that compliance is being reviewed and met in every area.

The Patient Record's Group and the Information Communication Technology (ICT) Governance and Security Group report issues of significance into the Information Governance Group (IGG) who in turn report into the PFIG. There is representation from the Information Governmence Department at both of these groups.

The Information Governance Toolkit Subgroup reports issues of significance into the Information Governance Group (IGG).

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

This group reports directly to the Performance, Finance and Information Governance Committee which superseesed the Digital Information Governace Committee in December 2021, to provide assurance and where required an assurance report will provided to the Transformation and Finance Executive Delivery Group (EDG).

In addition there is representation from BCUHB at the national Information Governance Management Advisory Group (IGMAG). Since August 2021 the Chair changed from the Health Board's Assistant Director of Information Governance and Risk to the Head of Information Governance.

8.0 Data Protection Impact Assessments DPIA Assurance

8.1 Data Protection Impact Assesments (DPIA)

DPIAs Received and Approved
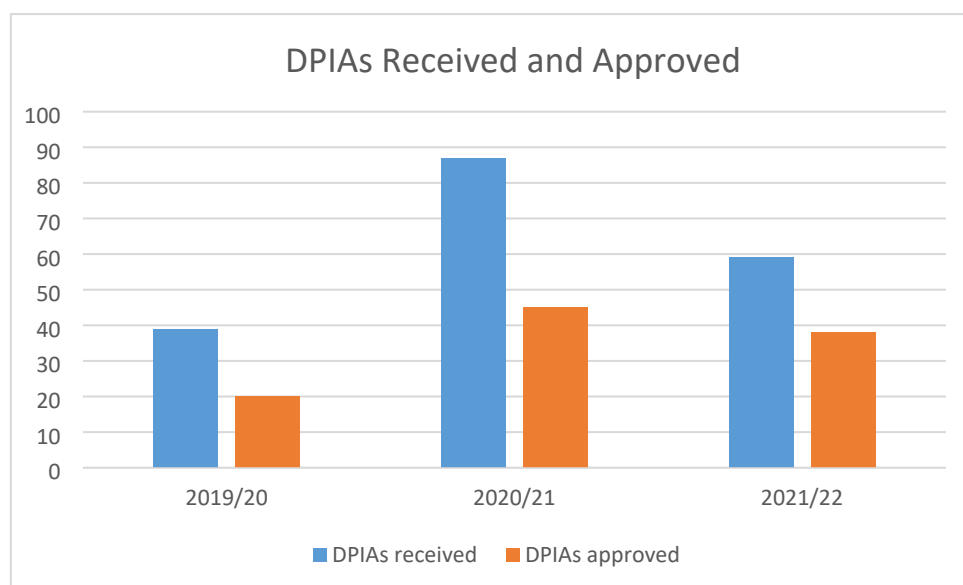
We have seen a decrease in the number of DPIAs being receieved during 2021/22, there were 59 DPIAs received during 2021/22 with 23 of those being approved and an additional 15 were approved which were carried over from 2020/21.

During 2021/22 57 Project Initiation Documentations (PIDs) were also approved by the Data Protection Officer.

9.0 Data Quality

Data Quality of WPAS and the Welsh Immunisation system is managed and monitored by the Information Department. The team works to ensure compliance with national standards and

engages with colleagues across the organisation to improve quality and timeliness of data collection. The Information Governance Team will continue to provide advice and support when necessary to ensure a consistent approach across the Health Board.

10.0 Policies and Procedures

During 2021/22 the following Information Governance policies and procedures were reviewed and approved in line with legislation:

- IG17 - Photography/Recording for Non-Clinical Purpose Procedure
- IG08 - Email Procedure
- IG03 - FOI and EIR Procedure
- IG02 - Corporate Records Management Procedure
- IG19 – Permitted Persons Restricted Control Procedure
- IG16 – Disclosing Information Guidance
- IG10 – Procedure for requesting, approval and review of an information system
- IG14 – IM&T Security Procedure
- IG1 – Information Governance Strategy
- IG24 - Notification of Personal Data Breach Procedure

Policies and procedures will continue to be developed or updated during 2022/23 to further support the Information Governance Framework.

11.0 Requests for Information

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

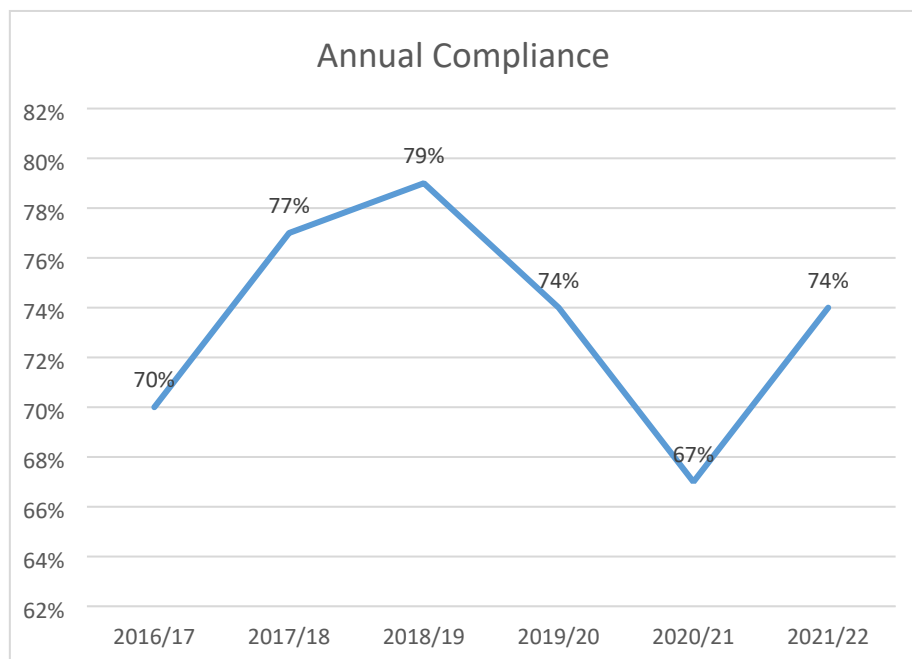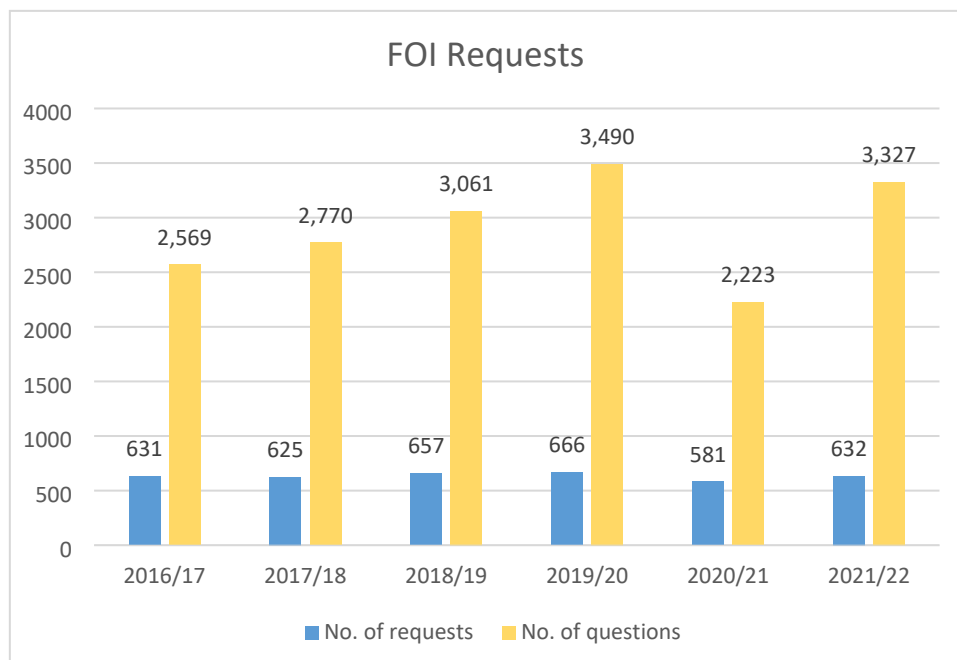### 11.1 Freedom of Information Act 2000/Environmental Information Regulations 2004 Requests

During 2021/22 BCUHB received and processed **632** Freedom of Information (FOI) requests, an increase of 9% from the previous year's 581 requests with compliance increasing from 67% to **74%.** In addition to the increase in requests we have also seen an increase in the total number of questions being asked which went up by 49% from 2,223 to **3,327**. During 2021/22 we have continued to receive a high number of requests that were very complex, some of which the Health Board was not able to provide full responses within the regulatory timescales. We have continued to work closely with the FOI leads within divisions to try and improve compliance and by trying to make sure we have the correct details of the FOI leads to enable us to direct requests for information to the correct person from the onset to avoid unnecessary delays. We are also continuing to look at ways to streamline the process within the Information Governance Team with the introduction of two new starters in quarter 4. Part of their responsibility over the next 18 months will be to look at the overall FOI process and to see where improvements can be made.
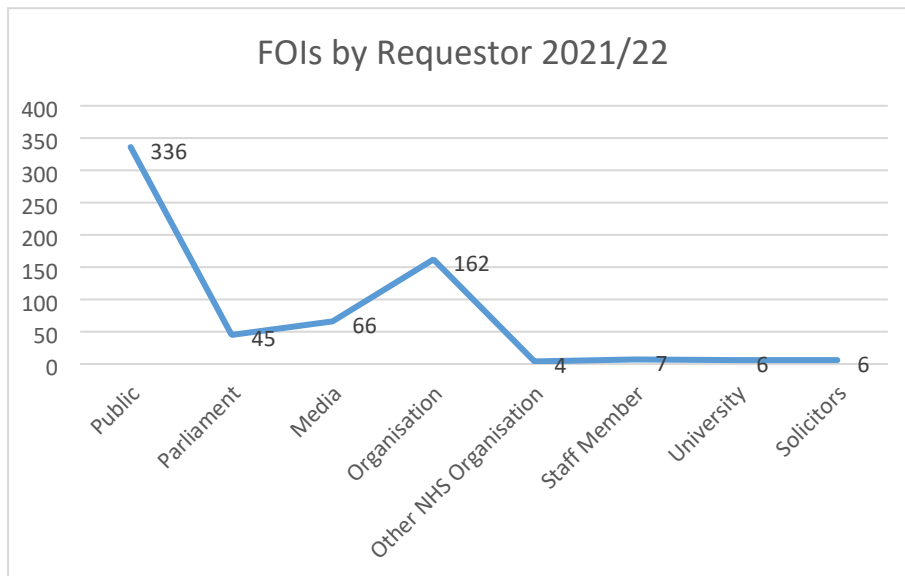
During 2022/23 the Information Governance Team will be carrying out an FOI workshop with the FOI Leads to support building on knowledge of the legislation with our leads and also within the IG Team to understand how information is held within divisions. The team are looking at sending out communication to stress the importance of FOIs and implications of non-compliance.

Work has also commenced to procure a new FOI and Subject Access Request (SAR) management system which will be implemented in both Information Governance and Access to Health Records Departments during 2022/23. This will improve efficiency in both teams and help to increase overall compliance.

The overall compliance rate has increased from 67% to 74%:

FOI Requests

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
No. of requests	631	625	657	666	581	632
No. of questions	2,569	2,770	3,061	3,490	2,223	3,327

Annual Compliance

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
70%	77%	79%	74%	67%	74%

FOIs by Requestor 2021/22

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

11.2   Requests for Internal Reviews
There were 8 requests in total for an internal review received during 2021/22, a decrease compared to the 13 received in 2020/21.

11.3   Exemptions applied
Of the 632 Freedom of Information Requests 128 exemptions were applied to the requests. The below table breaks down the exemptions used and the overall decision taken by the Health Board and ICO:

FOIs received, Internal Reviews and exemptions applied 2021/22

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned	ICO	Upheld/ Overturned
Section 17 – Refusal Notice	Section 12 – fee limit.	83	2	1 x overturned 1 x upheld	-	-
Section 21 - Information accessible by other means	Absolute – No Public Interest Test required	11	1	1 x upheld	-	-
Section 31 - Law Enforcement	Class Based, so Public Interest Test assessed	2	-	-	-	-
Section 22 – Information intended for future public release	Class Based, so Public Interest Test assessed	1	-	-	-	-
Section 40 - Personal Information	Absolute – No Public Interest Test required	19	1	1 x partially overturned	-	-
Section 40 & Section 41	Absolute – No Public Interest Test required	2	-	-	-	-
Section 41 - Information provided 'In Confidence'	Absolute – No Public Interest Test required	2	-	-	-	-
Section 43 - Commercial interests	Class based, so Public Interest Test assessed	8	-	-	-	-
No Exemptions Used		504	4	2 x partially overturned 1 x upheld 1 x overturned	-	-
Total		**632**	**8**	**-**	**0**	**-**

**11.3 Data Protection Subject Access Requests (DPA SAR)**

During 2021/22 requests received into the Information Governance Department decreased from 58 in 2020/21 to **49** with a significant increase in the compliance rate from 64% to **89%**. All 49 were written requests. We are still receiving some complex requests which are requests for emails or all the information we hold on the individual as a Health Board, this can sometimes result in thousands of emails/documents having to be manually reviewed and redacted. During 2022/23 we will be looking at applying a time extension on these types of requests which is facilitated under Data Protection Legislation.

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

Please note the below figures for the ATHR service also include HMP Berwyn requests.

Year	Information Governance	Access to Health (ATHR)
2016/17	33	N/A*
2017/18	38	1544*
2018/19	54	3555
2019/20	85	3921
2020/21	58	4,532
2021/22	49	4,627

* Commenced reporting Quarter 3 of 2017/18
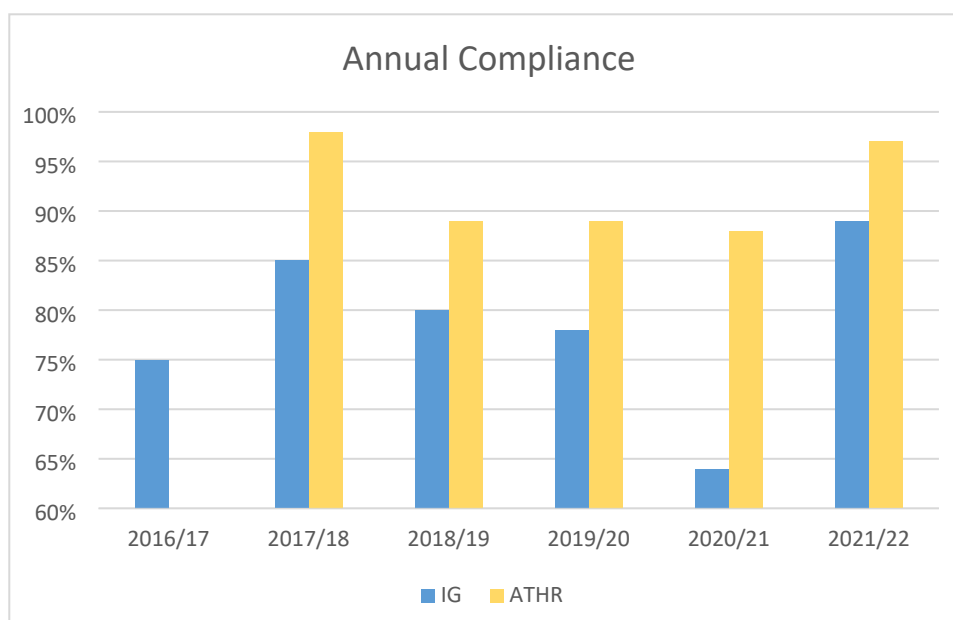
11.4 Third Party Requests

We have received **80** request for information from Solicitors, Local Authorities and North Wales Police during 2021/22.

11.5   Infected Blood Inquiry

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

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

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

12.0 Training

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

- IG training (as part of the UK Core Skills for Health) is mandatory for all staff every 2 years and is embedded into the Workforce & Organisational Development & Clinical mandatory training days;
- Staff have access to the all Wales e-learning package which has additional local content;
- Formal training sessions are available to all staff across the organisation;
- Ad-hoc sessions to individual departments/teams to coincide with their training days / staff meetings etc. at a time and place convenient to them;
- Workbook available for facilities staff without supervisory responsibilities, who are unable to access IT facilities;
- Regular awareness raising and sharing lessons learnt via corporate newsletters, emails, security alerts;
- Regular distribution of guidance and updated policies and procedures;
- A training session has been recorded on video by a member of the IG Team as an alternative to e-learning whilst we are unable to hold face to face training sessions.

12.1 During 2021/22 we commenced with our first training sessions virtually on Teams, with 34 sessions taking place across the year and 596 staff members completing these sessions. **9,002** staff have completed their training via E-Learning in this period.

The compliance of mandatory IG training in all divisions is monitored by the Information Governance Group and if needed targeted reminders will be issued to encourage completion of the mandatory training via E-Learning or use of the recorded video mentioned above. The overall compliance for staff passing their mandatory IG training has remained at 82%. During 2021/22 the Information Governance Team commenced targeting individual staff members and their managers who have never completed Information Governance mandatory training or if their compliance status has been expired for a significant period of time which saw a positive outcome in many staff booking on to training sessions which has resulted in us remaining at 82%.

The national target for compliance remains at 85%. The Information Governance Team continue to look at ways to deliver more direct training across all sites of the Health. Continuous monitoring and targeting of individuals who are not compliant with their IG training will remain in place. The IG Team will be introducing virtual sessions on teams in

addition to other training methods and it is anticipated this will continue even when face to face sessions re-commence.

Annual Compliance Rate

Year	Rate
2015/16	56%
2016/17	69%
2017/18	78%
2018/19	80%
2019/20	81%
2020/21	82%
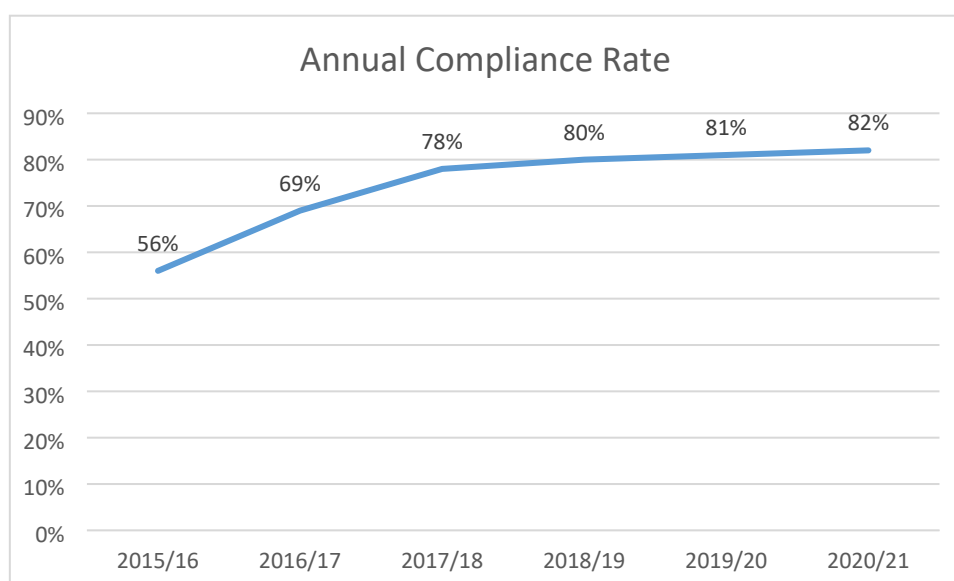
13.0 Information Governance within Primary Care

It should be noted that over previous years the agreed date for All GP Practices to submit their IG Toolkit returns was 31st March. However, due continued impact of Covid-19 on GP practices it has been agreed that the required submission date for 2020/21 was changed to 30th September 2021 which will impact the 2021/22 submission as this due date has now been delayed to September 2022.

Therefore please find the completed scores for GP Practices within the Health Board area for 2020/21 below:

Complete: **96**
Level 0**: 81**
Level 1: **12**
Level 2: **1**
Level 3: **2**

Average Score: **48%**

Of the 96 practices 12 are BCUHB managed practices who had an average score of **68%.**

During 2022/23 the Information Governance Team will be working closely with the managed practices to improve relationships and will be conducting compliance audits and provide additional support for the 2022/23 toolkit submission with an aim to improve the scoring which will be monitored through IGG. There will also be a review of the GP managed practice toolkit requirements by DHCW which we will monitor closely to see where we can help to improve their scores.

14.0 Achievements

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

- Successful submission of the All Wales IG toolkit within the given timescales and an improved overall score of 89%.
- 83% Mandatory training compliance in the month of March 2022, which supported remaining consistent at 82% the rest of the year and new ways of delivering training is now in place.
- Improved FOI Compliance rate.
- Improved SAR Compliance rate.
- Full review of DPIA process and associated documentation undertaken resulting in better understanding of the process.
- Provided continuous IG support across BCU to help deliver and implement new ways of working.
- Collaborative working with ICT/Project Team and nationally to support the roll out of Office 365 and its applications.
- Identified executive lead is now in place for the overall management and responsibility for corporate records.
- Funding secured to enable improvements which will support improvements needed to support the Information Governance agenda.
- Head of Information Governance has commenced as Chairperson for the All Wales Information Governance Management Advisory Group.
- Information Governance Service Improvement Project Team commenced in post March 2022.
- Cyber Security Manager commenced in post who works closely with the Information Governance Team.
- All staff within the Information Governance Team have improved their knowledge and skill set by external training provider.
- Successful piloting of IG intranet pages prior to the release of the new BetsiNet and updated content.

15.0 Conclusion

There has been continued improvement over the last year despite continued challenges of the pandemic and reduced levels of staffing in each of the 3 areas. Despite this there continues to be a strengthening of staff relationships and collaborative working across BCU. This has helped individual understanding and contributes to the Health Board's ability to meet its legal and statutory duties. The Information Governance Team will continue to work closely with staff to drive the IG agenda forwards in all areas.

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

Improving staff training and awareness will continue to be driven forward by the IG Department. The 82% achievement should be acknowledged against the previous year which was gained through consistent hard work by the IG department. The team have managed to capture a high number of staff who had previously not undertaken the training and who potentially posed a risk to the Health Board. There has not been a full training team

in place throughout this period which has impacted on our ability to meet the national 85% target. The IG Team will continue to drive the training forwards to meet the national target once teams are back to full capacity.

The Information Governance Department continues to have robust monitoring & reporting arrangements in place which allows gaps to be identified and actions to be taken where necessary. The department's work output continued to increase in most areas for this period which resulted in additional pressures being placed on the whole department as a result increased requests for information, new initiatives and improved processes being put in place. Therefore the overall results within this report should be seen as an achievement; however it is accepted that there are still areas for improvement.

The Information Governance Team have appointed 2 new members of staff to the team in March 2022. They will focus on making improvements within the service to enable improved compliance, implementation and streamlining of new processes to improve efficiency. This coupled with the transfer to the Informatics Directorate will enable the team to deliver an improved Information Governance support service in line with the new operating model.

16.0 Looking forward

The main emphasis for 2022/23 will be to ensure there is continued improvements made throughout the Health Board.

The department will continue to strive to make improvements and are already planning ahead for the following high level objectives which have been included in our IG Operational work plan for 2022/23:

- Ensure that we are working to and meeting the objectives within the BCUHB IG Strategy.
- Continue to meet our statuary requirements and obligations with Data Protection Legislation and Freedom of Information Act 2000.
- Improve on the All Wales Information Governance Toolkit score of 89% for 2022/23 submission, and implement improvements required.
- Improve IG training compliance and strive to achieve the national target of 85%.
- Undertake Freedom of Information Request workshop within the team to improve knowledge and compliance whilst continuing to support IG Leads.
- Conduct a full review of the FOI process to streamline activity and improve compliance.
- Undertake a gap analysis to identify incident trends across the Health Board with a view to improve practices and learn from mistakes made.
- Reduce number of complaints by improving practices throughout the Health Board.
- Have key staff leading on and participating in the National review of the Information Governance training package.
- Continue to support the IG service improvement project team in achieving their objectives.
- Supporting the Health Board with the impending changes of the operating model and have representation in the transitional groups.
- Incorporate BCUHB Programme Action Plan 2022/23 into IG work plan to ensure support can be provided and IG considerations have been made by the planning leads.

- Communication - Provide a diverse range of multidisciplinary staff and members of the public with professional advice on all Information Governance issues.
- Continuous review and development of the Information Asset Register to ensure fit for purpose utilising developing technologies to improve current position.
- Continue to work with the ICT and Health Records as part of the IG transition into the Informatics Directorate.
- Provide support and guidance to support the delivery of the Digital Strategy.
- Corporate Records Management - To provide support to the corporate records management function when put implemented.
- Continue to lead from the front nationally with the Head of IG being the chair of IGMAG.

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

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Report title:	2022/23 Board Assurance Framework
Report to:	Performance, Finance and Information Governance Committee
Date of Meeting:	Thursday, 25 August 2022
Executive Summary:	The purpose of this report is to enable the Committee to review and monitor the updated BAF following its adoption at the August Board meeting. This report incorporates an extract of the BAF for the committee to monitor, which is incorporated in section 2 under the strategic objective: *Target our resources to people who have the greatest needs and reduce inequalities* It is recognised that further work is required to strengthen the controls, assurances and action plans, with some of the BAF risk areas incorporated within the PFIG agenda for this meeting.
Recommendations:	The Committee is asked to: • Note and review the BAF risks that fall within the remit of the Performance, Finance and Information Governance Committee
Executive Lead:	Board Secretary
Report Author:	Molly Marcu, Interim Board Secretary

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

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

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

Link to Strategic Objective(s):	ALL
Regulatory and legal implications	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
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol **Y/N to indicate whether the Equality/SED duty is applicable and provide an explanation below**	Y

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	(summarise risks here and provide further detail) (crynodeb o'r risgiau a rhagor o fanylion yma)
Financial implications as a result of implementing the recommendations	Risk Management training will be required as part of the process of enhancing the risk maturity of the organisation
Workforce implications as a result of implementing the recommendations	Not applicable
Feedback, response, and follow up summary following consultation	Feedback received from Executive team, QSE Chair, PFIG Chair, QSE and Audit Committee
Links to BAF risks: (or links to the Corporate Risk Register)	All
Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps:

- The BAF will be subject to a further indepth review ahead of the next meeting of the committee, taking into account discussions at this meeting and Board feedback

List of Appendices:
2022/23 Board Assurance Framework Appendix 1

BETSI CADWALADAR UNIVERSITY HEALTH BOARD

2022/23 BOARD ASSURANCE FRAMEWORK - JULY 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													
2.1	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health Committee	Failure to attract or retain sufficient staff (core and flexible) to resource delivery of the strategic priorities due to a lack of integrated workforce planning, safe deployment systems and insufficient support for recruitment and on boarding. This could adversely impact on the Board's ability to deliver safe and sustainable services.	Establishment Control Policy and system in place. Implementation of Roster management Policy. Implementation of Recruitment Policy. Review of Vacancy control process underway to establish a system for proactive recruitment against key staff groups/roles. Implementation of People strategy and plan 2. Review of delivery group structure underway to ensure regional over view and leadership of planning, recruitment and retention. Workforce Service Review programme commissioned and commenced. Implementation of Safe Employment Policy.	Partnerships, People and Population Health Committee oversight. Monthly monitoring by People Executive Delivery Group	Pipeline reports produced monthly for review and action by managers across the organisation	National shortages in certain roles	Staff turnover rates	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	
2.3	Executive Director of Finance	Performance, Finance and Information Governance Committee	Risk of the Health Board's failure to meet the break even duty, due to an inability to meet financial targets (once Strategic Support funding ceases), and an inability to achieve the annual savings target	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 the savings targets Review of historic budget allocation against population needs assessment Extension of savings programme into 3 year pipeline, in line with operating model	BCUHB IMTP incorporates a clear programme of work over the 3 year period	none identified	None identified	None identified	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	

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	2	3	4	5
Insignificant	Minor	Moderate	Major	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

Teitl adroddiad: *Report title:*	Corporate Risk Register Report
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 25 August 2022
Crynodeb Gweithredol: *Executive Summary:*	The purpose of this standing agenda item is to highlight the discussions which took place during the Risk Management Group meeting on the 2nd August 2022 and to note the progress on the management of the Corporate Risk Register and the new escalated risks aligned to the Committee.
Argymhellion: *Recommendations:*	The Committee is asked to: Review and discuss the report.
Arweinydd Gweithredol: *Executive Lead:*	Nick Lyons, Executive Medical Director
Awdur yr Adroddiad: *Report Author:*	Justine Parry, Assistant Director of Information Governance and Risk

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

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:

Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	Individual risks detail the related links to Strategic Objectives.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	No
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary ben undertaken?*	No
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	Individual risks detail the related links to the Board Assurance Framework.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	The Risk Management Group met on the 2nd August 2022 and scrutinised each risk requiring appropriate updates to be undertaken before future submission to each Committee.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	Individual risks detail the related links to the Board Assurance Framework.

Links to BAF risks: (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Not applicable

Camau Nesaf:

Next Steps:
The Risk Management Group will be meeting on the 4th October 2022, therefore any escalated risk will be presented during the Performance, Finance and Information Governance Committee on the 27th October 2022.

Rhestr o Atodiadau:

List of Appendices:
Appendix 1 - Full List of All Corporate Risk Register Risks, including Executive Lead and Current Risk Score.
Appendix 2 - Corporate Risk Register Key Field Guidance/Definitions of Assurance Levels.

Performance, Finance and Information Governance Committee.
25th August 2022
Corporate Risk Register Report

1.   Introduction/Background

1.1   The implementation of the revised Risk Management Strategy underlines the Health Board's commitment to placing effective risk management at the heart of everything it does while embedding a risk-based approach into its core business processes, objective setting, strategy design and better decision making. The CRR reflects the Health Board`s continuous drive to foster a culture of constructive challenge, agile, dynamic and proactive management of risks while encouraging staff to regularly horizon scan for emerging risks, assess and appropriately manage them.

   (NB Work is underway to redesign Committee Risk and Board Assurance Framework reports as part of the new, incoming Once for Wales RL Datix Cloud IQ Risk Module developments)

2.   Body of report

2.1   At present there are no approved risks on the Corporate Risk Register that fall under the remit of the Performance, Finance and Information Governance Committee.

2.2   The Risk Management Group met on the 2nd August 2022 to review the Corporate Risk Register which included a "deep dive" into the below risks as a tool for driving learning, sharing best practice and enhancing the Health Board's risk management footprint.

   - CRR20-05 – Timely Access to Care Homes.
   - CRR20-06 – Management of Patient Records.

Meetings will be arranged with the risk leads to update the risks in line with the next Risk Management Group meeting scheduled for the 4th October 2022.

2.3   During the initial escalation of CRR22-23 - Inability to deliver safe, timely and effective care it was noted that the risk was focused on the East region, work is ongoing to broaden this risk into a BCU wide risk.

Meeting will be held with the risk lead to update the risk in line with the next Risk Management Group meeting scheduled for the 4th October 2022.

2.4   The following risks have been incorporated onto the Health Board's risk register and following Executive approval work is ongoing to further develop the risk descriptors, mitigating factors and action plans to include the risks onto the Corporate Risk Register.

   - CRR22-25 – Risk of failure to provide full vascular services due to lack of available consultant workforce.

- CRR22-26 – Risk of significant patient harm as a consequence of sustainability of the acute vascular service
- CRR22-27 - Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping – Vascular services.
- CRR22-28 – Risk that a significant delay in implementing and embedding the new operating model, resulting in a lack of focus and productivity.
- CRR22-29 - Risk that a loss of corporate memory as a result of the departure of key staff during the transition to the Operating Model,
- CRR22-30 - Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns
- CRR22-31 - Risk of a capacity & capability gap during the transition of staff departing the organisation through the VERS process and the recruitment of people both internally and externally to posts within the new Operating Model.

It is not anticipated that any of the risks will fall under the remit of the Performance, Finance and Information Governance Committee.

Awaiting Executive approval following the developments required for the risks and will be incorporated into the next reporting arrangements for Board Committee on the 13th September 2022.

2.5 The following table highlights the distribution and throughput of risks by Tier currently recorded within Datix, providing a snap shot view across BCUHB. Work continues to support the development of the Once for Wales RL Datix Cloud IQ Risk Module which will include the development of reporting the breadth and categories of risks recorded in a meaningful and consistent way:

Risk Tier (and risk score: NB Consequence x Likelihood = Risk Score)	Total number of live risks on registers	Number of risks held as 'Being Developed' (not yet live)	Number of live risks added in the last 6 months (not via escalation)	Number of risks closed in the last 6 months (not via de-escalation)
Tier 1 (15-25)	27	0	5	1
Tier 2 (9-12)	400	56	45	85
Tier 3 (1-8)	228	57	14	109

3. Budgetary / Financial Implications

3.1 There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by the Risk Management Group.

4. Risk Management

4.1 See the details of individual risks in Appendix 1.

5. Equality and Diversity Implications

5.1 A full Equality Impact Assessment has been completed in relation to the new Risk Management Strategy to which CRR reports are aligned.

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

Appendix 1 - Full list of all Corporate Risk Register (CRR) Risks including Current Risk Score

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR20-01	Asbestos Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-02	Contractor Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-03	Legionella Management and Control.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-04	Non-Compliance of Fire Safety Systems.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-05	Timely access to care homes.	Executive Director Transformation, Strategic Planning, And Commissioning	Quality, Safety and Experience	20
CRR20-06	Informatics - Patient Records pan BCU.	Chief Digital and Information Officer	Partnerships, People and Population Health	16
CRR20-07	Informatics infrastructure capacity, resource and demand – Risk entry closed by Partnerships, People and Population Health Committee			
CRR20-08	Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR20-09	Potential harm to patients arising from delays in patient IVT Treatment - Not approved for escalation by QSE Committee, risk being managed at Tier 2			
CRR20-10	GP Out of Hours IT System - De-escalated by DIG Committee, risk being managed at Tier 2			

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-11	Potential Exposure to RansomWare and Zero-day Cyber Risks Attacks.	Chief Digital and Information Officer	Partnerships, People and Population Health	20
CRR21-12	National Infrastructure and Products	De-escalated by Partnerships, People and Population Health Committee, risk being managed at Tier 2		
CRR21-13	Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce).	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR21-14	There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Mental Health and Capacity Compliance	20
CRR21-15	There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Quality, Safety and Experience	16
CRR21-16	Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients.	Executive Director of Workforce and Organisational Development	Quality, Safety and Experience	16
CRR21-17	The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours.	Executive Director Transformation, Strategic Planning, And Commissioning	Quality, Safety and Experience	16
CRR21-18	Inability to deliver timely Infection Prevention & Control services due to limited capacity.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	15
CRR21-19	Potential that medical devices are not decontaminated effectively so patients may be harmed.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-20	There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinents.	Executive Director of Public Health	Partnerships, People and Population Health	20
CRR21-21	There is a risk that adults who are a overweight or obese will not achieve a healthy weight due to engagement & capacity factors	Executive Director of Public Health	Partnerships, People and Population Health	16
CRR21-22	Delivery of safe & effective resuscitation may be compromised due to training capacity issues.	Executive Medical Director	Quality, Safety and Experience	20
CRR22-23	Inability to deliver safe, timely and effective care.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	20
CRR22-24	Potential gap in senior leadership capacity/capability during transition to the new Operating Model.	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health	15
CRR22-25	Risk of failure to provide full vascular services due to lack of available consultant workforce.	Executive Medical Director	Quality, Safety and Experience	15
CRR22-26	Risk of significant patient harm as a consequence of sustainability of the acute vascular service	Executive Medical Director	Quality, Safety and Experience	
CRR22-27	Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping – Vascular services.	Executive Medical Director	Quality, Safety and Experience	15

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR22-28	Risk that a significant delay in implementing and embedding the new operating model, resulting in a lack of focus and productivity.	Executive Director of Workforce and Organisational Development		
CRR22-29	Risk that a loss of corporate memory as a result of the departure of key staff during the transition to the Operating Model.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services		
CRR22-30	Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services		
CRR22-31	Risk of a capacity & capability gap during the transition of staff departing the organisation through the VERS process and the recruitment of people both internally and externally to posts within the new Operating Model	Executive Director of Workforce and Organisational Development		

Risk Key Field Guidance / Definitions of Assurance Levels V2

BAF / Risk Template Item	Please refer to the Risk Management Strategy for further detailed explanations	
Risk Reference	Definition	Reference number, allocated by the Board Secretary for the Board Assurance Framework (BAF) or the Corporate Risk Team for the Corporate Risk Register (CRR)
Risk Description	Definition	A summary of what may happen that could have an impact on the achievement of the Health Board's Priorities or an adverse high level effect on the operational activities of the Health Board. There are 3 main components to include when articulating the risk description (event, cause and effect):
		- There is a risk of / if ….
		- This may be caused by ….
		- Which could lead to an impact / effect on ….
Risk Ratings	Inherent	Without taking into consideration any controls that may be in place to manage this risk, what is the likelihood that this risk will happen, and if it did, what would be the consequence.
	Current	Having considered the key controls and key mitigation measures in place, indicate what the current risk grading is. Note – this should reduce as action is taken to address the risk.
	Target	This is the level of risk one would expect to reach once all controls and key mitigation measures are in place and actions have been completed. This would normally align to the risk appetite, however when new controls / mitigations will take longer than 12 months to achieve, an interim target may be used (see Target Risk Date).
Risk Impact	Definition	The consequence (or how bad it would be) if the risk were to happen; in line with the National Patient Safety Agency (NPSA) Grading Matrix, an impact of 1 is Negligible (very low), and 5 is Catastrophic (very high).
Risk Likelihood	Definition	The chance that the risk will happen. In line with the NPSA Grading Matrix a likelihood of 1 means it will never happen / recur, and a 5 means that it will undoubtedly happen or recur, possibly frequently.
Risk Score	Definition	Impact x Likelihood of the risk happening, using the 5 x 5 Risk Scoring Matrix.
Target Risk Date	Definition	This is the date by which the target score will be achieved. It may indicate a stepping stone to achieve the risk appetite. Where the target risk score is outside the risk appetite, this field should also include the date by which the risk appetite will be achieved.
Risk Appetite	Definition	The amount and level of risk that the Health Board is willing to tolerate or accept in order to achieve its priorities. This could vary depending on the type of risk. The Board will review the risk appetite on a regular basis, and have implemented a Risk Appetite Framework to allow for exceptional circumstances.
	Low	Cautious with a preference for safe delivery options.

Risk Key Field Guidance / Definitions of Assurance Levels V2

	Moderate	Prepared to take on, pursue, or retain some risks for the Health Board to maximise opportunities to improve quality and safety of services.
	High	Open or willing to take on, pursue, or retain risks associated with innovation, research, and development, consistent with the Health Board's Priorities.
Controls	Definition	These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the potential magnitude/severity of its impact were it to happen. A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise, and ensure care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - http://www.wales.nhs.uk/governance-emanual/risk-management]. A measure that maintains and/or modifies risk (ISO 31000:2018(en)).
	Examples include, but are not limited to	- People, for example, a person who may have a specific role in delivery of an objective - Strategy, policies, procedures, SOP, checklists in place and being implemented which ensure the delivery of an objective - Training in place, monitored, and reported for assurance - Compliance audits - Business Continuity Plans in place, up to date, tested, and effectively monitored - Contracts in place, up to date, managed and regularly and routinely monitored
Mitigation	Definition	This refers to the process of reducing risk exposure and minimising its likelihood, and/or reducing the severity of impact were it to happen. Types of risk mitigations include the 5Ts (treat, tolerate, terminate, transfer, or take opportunity).
	Examples include, but are not limited to	- A redesigned and implemented service or redesigned and implemented pathway - Business Case agreed and implemented - Using a different product or service - Insurance procured.
Assurance Levels	1	The first level of assurance comes from the department that performs the day to day activity, for example the compliance data that is available
	2	The second level of assurance comes from other functions in the Health Board who have internally verified that data, for example quality, finance, and human resources assurance.
	3	The third level of assurance comes from outside the Health Board, for example the Welsh Government, Health Inspectorate Wales, Health and Safety Executive, and Internal/External Audit, etc.

Teitl adroddiad: ***Report title:***	Summary of business considered in private session to be reported in public
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 25 August 2022
Crynodeb Gweithredol: ***Executive Summary:***	The Finance, Performance and Information Governance Committee considered the following matters in private session at the meeting held on 24.4.22 • extension of local construction consultant frameworks • Regional Treatment Centres – (Phase 1) • asset disposal of property - 204/206 Abergele Road, Colwyn Bay and the following on 30.6.22 • provision of General Medical (GP), Out of Hours GP Cover and Substance Misuse Services • enabling works in support of replacement imaging equipment at Ysbyty Wrexham Maelor
Argymhellion: ***Recommendations:***	The Committee is asked to note the report
Arweinydd Gweithredol: ***Executive Lead:***	Sue Hill Executive Director Finance
Awdur yr Adroddiad: ***Report Author:***	Diane Davies Corporate Governance Manager

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒		I Benderfynu arno *For Decision* ☐		Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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: ***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:***

Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	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 EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	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? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	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) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	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 *Financial implications as a result of implementing the recommendations*	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 *Workforce implications as a result of implementing the recommendations*	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 *Feedback, response, and follow up summary following consultation*	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* (or links to the Corporate Risk Register)	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) *Reason for submission of report to confidential Committee (where relevant)*	Not applicable
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:*	

Implementation of recommendations   Advised in private session reports where appropriate
Rhestr o Atodiadau: Dim   ***List of Appendices:***   *None*