Bundle Performance, Finance & Information Governance Committee 27 October 2022

DRAFT minutes of the meeting of the
Performance, Finance and Information Governance Committee
held in public on 25.08.22 via Teams

Present:	
John Cunliffe	Independent Member / Committee Chair
Richard Micklewright	Independent Member
In Attendance:	
Sue Green	Executive Director of Workforce & OD
Gill Harris	Executive Director of Integrated Care / Deputy Chief Executive
Nick Lyons	Executive Medical Director (part meeting)
Sally Baxter	Assistant Director – Health Strategy Planning (part meeting)
Neil Bradshaw	Assistant Director Capital Strategy (part meeting)
Amanda Lonsdale	Director of Performance (part meeting)
Phil Meakin	Associate Director of Governance
Molly Marcu	Interim Board Secretary
Rob Nolan	Finance Director – Commissioning and Strategy
Phil Orwin	Interim Director of Regional Delivery Director of Transformation (part meeting)
Justine Parry	Assistant Director Information Governance and Risk
Paolo Tardivel	Interim Director of Transformation and Improvement
Tim Woodhead	Finance Director – Operational
David Seabrooke	Interim Assistant Head of Governance – for minutes
Observing	
Dave Harries	Head of Internal Audit

Agenda Item Discussed	Action By
PF22/95 Apologies for absence Linda Tomos, Independent Member Sue Hill, Executive Director of Finance – for whom Rob Nolan deputised Chris Stockport, Executive Director of Transformation, Strategic Planning and Commissioning – for whom Sally Baxter deputised Dylan Roberts, Chief Digital and Information Officer – for whom Justine Parry deputised	
PF22/96 Declaration of Interests None were received.	

PF22/97 Draft Minutes of the previous meetings held on 28.4.22 and 30.6.22 for approval The Committee received the draft minutes of its meetings held on 28 April and 30 June 2022 and these were approved as a correct record.	
PF22/98 Matters arising and table of actions There were no matters arising from the minutes. The table of actions was reviewed and updated and the following principal points noted: (2) **28.4.22 Quality and Performance report month 12 PF22/53 Quality and Performance report month 12** - report requested re GP out of hours services (5) **PF22/76.9 Finance Report, Month 2** - **SG/RN** were requested to circulate the national pay guidance (6) **PF22/77.4 Shared Services Partnership Assurance Report –** noted that for internal staff moves, a risk-based approach to employment checks was applied. (10) **PF22/79.4 Capital Programme Monitoring Report –** briefing requested from Neil Bradshaw (15.1) **PF22/81.6 Quality & Performance Report to 31.05.22 -** request for Accountability meeting dates to be circulated A member briefing (reference 22.83.4) from the Interim Regional Delivery Director was circulated.	 AL/CS SG/RN NB SG
PF22/99 Chair's report The Chair reported on the following Chair's actions: • Issuing of Tenancy at Will in respect of a Health Board owned building for the use of a branch surgery to be opened by a Coedpoeth practice. • novation of General Dental Services following Practice sale in Flint • funding and extending the current external provider contract for Neuro Development assessments It was noted that, advised by the Audit Committee, the Board had approved the 2021/22 accounts.	
PF22/100 Lead Director's Report	

There were no matters to report from Finance not covered elsewhere.	
PF22/101 Notification of matters referred from other Board Committees on this or future agendas No matters to report.	
The Future – strategic items	
PF22/102 Draft Finance Strategy 2022-2025 The Committee receive a report from the Executive Director of Finance–Commissioning and Strategy, providing a first review of a proposed Finance Strategy. The strategy aimed to provide a summary view of the approach of the finance directorate in both supporting and delivering of the Integrated Medium Term Plan (IMTP) and the Health Board's goal of achieving sustainable financial balance. The following principal points were made: • The first workstream under the plan was about addressing the deficit • The financial risks were recorded on the BAF with mitigations from the transformation team's activities and plans. The qualification on the 2021/22 auditor Opinion should be reflected in the risks • Accountability letters (a requirement of SFIs) continued to be issued to budget-holders; this was also part of the Operating Model's requirements • The Strategic Summary should be amended to refer to the existing programme It was agreed that cost of living factors should be recognised in future updates The committee noted the report.	 RN/MM RN RN
PF22/103 Financial Planning Principles 2023-26 and Timetable 2023-24 **PF22/103.1** The Committee received the report, detailing 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 **PF22/103.2** The Health Board's Financial Plan will not be finalised until after the issuing of the allocations from the Welsh Government, when confirmation of its funding allocation for 2023/24 is received. This was expected to be mid-December. The annual savings assumption was £35m; growth in allocations of 1.5% was assumed Other income assumptions around pay and primary care were considered reasonable. The budget manager handbook accompanying the report should be in line with the Health Board's agreed risk tolerances.	 RN

PF22/103.3 In terms of 2023/24 budget setting, the committee wished to see greater and more timely engagement of managers in the process. It was noted that the process started with divisional baselines and cost pressures were considered. The Committee wished to see a first draft budget at its October meeting. The plan was for the Board to approve this at its January '23 meeting. It was agreed that a regular update on cost pressures be included. The Committee approved the Financial Planning Principles for 2023-26.	RN RN
PF22/104 Finance Report Month 4 2022/23 **PF22/104.1** The Committee received the Month 4 report. 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. This deficit is forecast to be recovered by month 9. **PF22/104.2** The key reasons for the deficit were additional variable pay costs, particularly relating to Medical and Nursing Agency, although these were partly offset by higher levels of vacancies. Month 4 saw a particularly high level of prescribing costs and it was noted that these will be reviewed in future months to see if this trend continues. **PF22/104.3** 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. The following main points arose: • The validity of a balanced forecast was questioned given the under performance of savings and budget delivery. • Planned Care intended to release capacity to reduce its outsourcing spend • Work continues to move red/amber saving schemes to green • CEO scrutiny meetings have provided high level monitoring of schemes and a check on double-counting of savings • Budgets have been adjusted when there was confidence that a savings scheme has been embedded • On workforce optimisation there was work ongoing to reduce sickness absence, reduce interim and agency spend and to strengthen monitoring • A concern was raised as to when transformation activity will deliver improvements Plans to operate within the Health Board's means were being formulated and a draft position would be brought back to the next meeting. The Committee Chairman concluded that further detail was required to provide the required level of assurance. It	 RN

was agreed that detail of schemes that address the savings targets be provided including how delivery is monitored and transformation savings targets are met. The Committee noted the report.	
PF22/105 Financial Control Update **PF22/105.1** The Committee received a report describing the actions proposed and already underway in order to improve the Health Board's Financial Control environment, following the issues raised in this regard by Audit Wales in relation to the 2021/22 accounts. The report set out the existing system of controls and proposed enhanced controls. This included more centralised financial control, tighter management of Purchase Orders and training. **PF22/105.2** It was noted that an All Wales system of financial accounting was expected to be implemented. The centralisations were considered to be cost-neutral. Information about the controls and the All Wales system would be circulated. The Committee noted the report.	 RN
PF22/106 Quality & Performance Report to 31 July 2022 **PF22/106.1** The Committee received the report, summarising improving, static and declining positions on performance. Key points were highlighted as follows: • Take-up of bowel screening had improved over the past four years and this being checked to ensure increased activity could be delivered in a timely way • GPs had achieved 76% of national access standards, improved from 42% in 2019 • Patients waiting less than 26 weeks had improved **PF22/106.2** A correction in the reported rolling rate of staff sickness was noted – this was 6.68%. Specific points on the charts on pages 11 and 22 of the report were noted for action. Arising from the 4 August Board, a workshop session on 20 September to further consider this report has been scheduled. The Interim Regional Delivery Director commented on experience with Kings Fund Intelligent Board reporting and agreed to share this with members and the Director of Performance. The Committee noted the report.	 RN (AL) PO
PF 22/107 Integrated Medium Term Plan – Ministerial assessment	

PF 22/107.1 The Committee received the report from the Executive Director of Transformation, Strategic Planning and Commissioning indicating, as previously reported, that the Minister for Health and Social Services had confirmed 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. **PF 22/107.2** The number of challenges the Health Board is currently facing, including the recent escalation of Ysbyty Glan Clwyd, it was felt by the minister that there needs to be greater focus on delivery and improvement over the next two months. The Health Board has not provided enough assurance about improvement and delivery. The plan for the future development of the IMTP was being considered. The report set out further details of the feedback received including the letter to the Health Board Chairman dated 13 July 2022. The Committee noted the report.	
PF22/108 Integrated Medium Term Plan development process **PF22/108.1** The Committee received the report from Executive Director of Transformation, Strategic Planning and Commissioning presenting the proposed timeline for the development of the IMTP for 2023 – 2026. Two risks were highlighted: potential further waves of Covid-19, which may constrain the level of engagement in the refresh process and the new operating model may not facilitate fully integrated health community planning. Clinical risks would be highlighted and risks would be triangulated. Integrated system leads were expected to take ownership of the planning process. **PF 22/108.2** Initial steps in the development process in July and September were underway. The review and assurance process commenced in October and the new plan was due for submission to the Welsh Government in January 2023. The committee requested clear linkage between the proposed process and the issues identified in the ministerial letter. The Committee received the report.	CS
PF22/109 Capital Programme Report – Month 3 and Month 4 **PF22/109.1** The Committee received a report from the Executive Director of Finance updating on 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). The total CRL was £18.65m with a further £800k of donated funding.	

It was confirmed that the figures in the report did not show slippage on the Wrexham Continuity Phase 1. The report indicated that the need for extensive surveys, in particular, determination of the extent of fire compliance works, has delayed the business case programme by approximately three months.

On the Ysbyty Gwynedd Compliance Programme, it was noted that the Welsh Government were minded to approve the Outline Business Case following the responses provided by the Health Board.

PF22/109.2 The Estates Strategy had been discussed at 4 August Board and an update had been given to the Partnerships, People and Population Health Committee. The refreshed Estates Strategy and associated work would give a 10 year prioritised Capital Investment Plan and 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 would detail the properties/land to be surplus to requirement and a programme of disposals with potential value. | |
| It was requested that PPPHC was updated on the use of the external support in developing the estates strategy | RN |
| The Committee received the report. | |
| **PF22/110 Planned Care Recovery Plan Status Report**

PF22/110.1 The Committee received the report from the Executive Director of Finance. It was noted that the total waiting list has continued to increase, and the unvalidated position stands in excess of 170,000 patients, around half of which were 0-25 weeks. It was agreed to further break down the over 52 week waits in the next report. The position varied across localities and services/specialties. | GH/PO |
| **PF22/110.2** The report identified five key themes in the plan:

• 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 Business as Usual (BAU)

Initiatives included additional theatre space, applying Getting it Right First Time (GiRFT), reviewing outpatients. | |
| The Committee requested a list (with costs) of consultants and external contractors engaged to support various initiatives across the HB (not just Planned care). | GH/RN |

The Committee noted the report	
PF22/111 Emergency Care Metrics Update **PF22/111.1** This update provided by the Interim Director Regional Delivery to the Committee focused on the improvements to Ysbyty Glan Clwyd (YGC) (Journey to Excellence) in the light of the targeted intervention there. The plan focused on the five themes of Pre-hospital, Emergency Department, Assessment, Acute Wards, and Discharge. **PF22/111.2** Part of the plan was to reduce emergency admissions and to improve clinical outcomes as set out under Local Metrics. The new hospital director was leading on the engagement around the plan and its delivery. The recent Adastra outage had caused some difficulties. The Committee noted the report.	
PF22/112 Transformation Report **PF22/112.1** The Committee received a report from the Executive Director of Transformation, Strategic Planning and Commissioning, providing updates on the transformation function, current Transformation Programmes in BCUHB and the savings profile. **PF 22/112.2** The Health Board's work around productivity with Airbus was highlighted. • The Deputy CEO advised that a paper on Regional Treatment Centre would be provided to the next meeting • Work to identify savings continued. • The first end-to-end new clinical pathway was about to be launched, with a further five in preparation • Risks around transformation and delivery of transformational savings should be aligned to the report On benchmarking there was a range of information available and there were thought to be opportunities available in relation to length of stay, theatres, and medicines management. It was agreed that the Deputy CEO would share information on CEO Review Group and benchmarking with Committee members The Committee noted the report	GH CS GH
22/113 People (Workforce) Plan Report **22/113.1** The Committee received a report from the Executive Director of Workforce & OD outlining the current workforce performance position in relation to the People Strategy 2022-2025 and Workforce Plan 2022/2023 (recruitment & commissioning). 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. The Executive	

Director of Workforce and OD agreed to discuss with the PFIGC and PPPHC Chairs the most effective and timely scheduling to each.	SG
It was agreed that there should be improved links with this activity and the Board Assurance Framework.	SG/MM
22/113.2 Challenges on recruitment were being reviewed in detail by a series of deep dive workshops. These were aiming to simplify the process and factors around the Health Board's reputation, behaviours and practices were being highlighted. The Establishment Control process was being reviewed and would be re-branded. The Committee noted the report	
PF22/114 Update on Workforce deep dive : Recruitment The Executive Director Workforce & OD provided a verbal update on a recent workshop that had been undertaken and would be reported further at the next meeting. The Committee Chair provided personal feedback on the event and commended the engagement of participants, he welcomed the approach being mirrored in other areas of the organisation. The Committee noted the verbal report	SG
PF22/115 Information Governance (IG) Quarter 4 2021/22 Key Performance Indicators (KPI) Report. **PF22/115.1** The Committee received the report by the Assistant Director Information Governance and Risk setting out activity levels and response rates around Freedom of Information (FOI) requests. 152 FoI requests had been received in Q4 and 37 had seen a delayed response. The complexity and scope of FoI requests continued to grow. There had been 15 subject access requests and a further 13 from external bodies, mainly police. The team was investigating automated means to speed up making redactions to SARs responses. **PF22/115.2** There had been 1158 requests for access to health records, spanning live and deceased patients and third party requests from the police and courts. Compliance on the 28 day timeframe had been 91.7%. 59 IG incidents had been reported to the team. A claim for damages of £11,200 had been settled from an earlier claim. IG training compliance across the Health Board was 82%. It was noted that staff accessing patient information inappropriately was a disciplinary matter. The Committee noted the report.	

PF22/116 Information Governance Toolkit Annual Report 2021/22	
PF22/116.1 The Committee received the Q4 report confirming that the IG toolkit self-assessment was successfully completed within the given timescales and submitted to Digital Health and Care Wales (DHCW) on the 28th March for review. The overall score achieved was **89%** with the Health Board meeting level 2 or above in all areas.	
PF22/116.2 There were 32 requirements within the Information Governance Toolkit which the Health Board is currently required to meet 31 to provide assurance. Four further requirements are assessed and assured separately 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	

Corporate Records had improved from a Level 0 to Level 3. 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 in this area.	
Surveillance Systems had improved from Level 0 to Level 2/ 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.	
The Committee noted the report	
PF22/117 Information Governance (IG) Annual Report 2021/22 The Committee received the report from the Chief Digital and Information Officer summarising the activity of the IG team and Caldicott Guardian.	
It was noted that there had been a decrease in incidents being reported. IG compliance activity continued including the removal of fax machines.	
The Committee noted the report	
PF22/118 2022/23 Board Assurance Framework (BAF)	
PF22/118.1 The Committee received the report from the Interim Board Secretary including an extract from the BAF. It was recognised that further work is required to strengthen the controls, assurances and action plans, with some of the BAF risk areas incorporated within the PFIGC agenda for this meeting.	
The three risks related to attracting/retaining sufficient staff, meeting the break-even duty and delivering a three year integrated medium term plan. The risk descriptions would continue to be reviewed.	MM

The Committee noted the report.	
PF22/119 Corporate Risk Register **PF22/119.1** The Committee received the report from the Executive Medical Director summarising the decisions of the Risk Management Group meeting on 2nd August 2022 and the progress on the management of the Corporate Risk Register and the new escalated risks aligned to the Committee. The Group was conducting deep dives into CRR20-05 – Timely Access to Care Homes and CRR20-06 – Management of Patient Records. There were no corporate risks currently assigned to PFIGC. **PF22/119.2** The overall finance risk was contained in the Board Assurance Framework, IG risks were being managed in tier 2 and 3. Seven new risks were being incorporated, but were not expected to fall under the Committee's remit. Risks currently scoring 20 were: timely access to care homes, potential exposure to Ransomware and Zero-day Cyber Risks Attacks, risk that the increased level of DoLS activity may result in the unlawful detention of patients, delivery of safe & effective resuscitation may be compromised due to training capacity issues and risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants. The Committee noted the report.	
PF22/120 Agree Items for Referral to Board / Other Committees. No matters identified	
PF22/121 Review of Risks Highlighted in the meeting for Referral to the Risk Management Group. No matters identified	
PF22/122 Not used	
PF22/123 Agree items for Chair's Assurance Report. PF22/123.1 To be agreed outside the meeting.	
PF22/124 Review of Meeting Effectiveness No matters identified.	
PF22/125 Summary of business considered in private session to be reported in Public	

The Finance, Performance and Information Governance Committee considered the following matters in private session 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	
PF22/126 Date of next meeting 27.10.22	
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 28.4.22					
1	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. Update 6.10.22 – The WAST 111 performance management / accountability issue was discussed at a joint BCU and WAST Exec to Exec meeting in	25.8.22: Keep open Report re GP out of hours 19.10.22: The available GP OOH performance data is included within PFIG report for 20th October 2022 meeting. Suggest item be closed	

				August. It was agreed that 111 performance reporting will be received. The GP OOH's performance issue was also discussed at that meeting, and again recently at a Primary Care Peer Review for BCU which was held in September. It was agreed that GP OOH's performance reporting will be received. The performance team will include the data/ measure in the next PFIG report, due for publishing 20th October		
	Actions from PFIGC 30.6.22					
2	SH SG/RN	**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	Circulars now received, but noted that trade union ballots now underway	25.8.22 SG/RN to circulate pay award guidance 20.10.22 RN advises have been shared with Committee Suggest action to be closed	
3	SG	**PF22/77.4 Shared Services Partnership Assurance Report.** At the All Wales Workforce Directors meeting, confirmation was received from NWSSP that they were prepared to take out the 'conditional offer' step as of 1/7/22,	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 the removal of pre employment checks for internal	Action to be closed	

		however this report lacked absolute clarity of this offer, which she intended to query			movement has been agreed from 01.07.22. It was noted that for internal moves, a risk-based approach to employment checks was applied.		
4	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	25.8.22 Keep open – briefing requested from Neil Bradshaw	
5	RN (NB)	**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 27 October meeting.	18 October		Provided in October report	Suggest action to be closed	
6	NB	**PF22/79.7 Capital Programme Monitoring Report.** Regarding conversations held with Welsh Government with regards to 'do	26.8.22		Welsh Government have requested further clarification on a number of points but have also indicated that, subject to	18 October	

		minimum' and assistance towards fees for the specialist technical advice required, once WG response received, Sue Hill agreed to report back to the Committee.		satisfactory responses, they are 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. .		
7	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. 25.8.22 25.8.22 Request for Accountability meeting dates to be circulated	Action to be closed 14.10.22	
8	GH	**PF22/81.6 Quality & Performance Report to 31.05.22.** 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. 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	26.8.22	As part of the new operating model, there is a weekly operational meeting with the 3 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	Please advise if this risk is to be considered closed	

		should strengthen the Performance Accountability Framework and help to discover what support might be needed to mitigate risks.		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.	
9	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 were in agreement, these would be brought back through the Board Governance processes.		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. **(Update on the orthopaedics summit given)** 20.10.22 : The IMTP summary trajectories are embedded in the update papers. We can provide specialty level detail if required, and/or for the next meeting, after finalisation of the trajectories with NHS Wales in November.	September

				There will also be a report to the November Board.		(orange)
10	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.	18 October	111 referrals are detailed in the October meeting paper/presentation.	Suggest action to be closed	(purple)
Actions from 28 August PFIG						
11	RN/MM RN RN	**PF22/102 Draft Finance Strategy 2022-2025** (i) Reflect financial risks arising from the audit opinion in the BAF (ii) Strategic Summary should be amended to refer to the existing programme (iii) Recognise cost of living factors in future updates	18 October 2022	An update of the Financial Strategy is being presented to the PFIG committee in October Action remains open		(purple / purple / green)
12	RN RN RN	**PF22/103.3 Financial Planning Principles 2023-26 and Timetable 2023-24** (i) Ensure greater engagement of managers in budget setting (ii) Report first draft of budget to October meeting (iii) Include a regular update on cost pressures	December 2022 18 October 2022 18 October 2022	Agenda item		(green / purple / green)
13		**PF22/104 Finance Report Month 4 2022/23**		The month 6 Finance Paper and Savings Delivery paper is	Suggest action to be closed	(purple)

	RN	Provide greater assurance re financial sustainability. Provide detail of of schemes that address the savings targets, how delivery is monitored and transformation savings targets are met	18 October 2022	being presented to the PFIG committee in October		
14	RN	**PF22/105 Financial Control Update** Circulate information about the controls and the All Wales system	18 October 2022	To be addressed as point of accuracy in minutes. To be clarified at 27.10.22 meeting		
15	RN (AL)	**PF22/106 Quality & Performance Report to 31 July 2022** **PF22/106.2** A correction in the reported rolling rate of staff sickness was noted – this was 6.68%. Specific points on the charts on pages 11 and 22 of the report were noted for action.	18.10.22	Specific points on the charts on pages 11 and 22 of the report have been actioned.	Suggest action to be addressed	
16	PO	**PF22/106 Integrated Quality and Performance report** Share Kings fund work on Intelligent Board report with Committee members and Director of Performance	30.9.22	20.10.22 Advised this was discussed with Performance colleagues ahead of the Board workshop on performance	Suggest action to be closed	
17	CS	**PF22/108 Integrated Medium Term Plan development process** The committee requested clear linkage between the proposed process and the issues identified in the ministerial letter.	18.10.22	Update 6/10/22 – Key risk areas identified in the Ministerial letter will be addressed in the plan. In addition, there will be ongoing discussion on the broader accountability conditions for the organisation through the IQPD meetings with Welsh	Suggest action to be closed	

					Government, which will inform the relevant sections of the plan.		
18	RN	**PF22/109 Capital Programme Report – Month 3 and Month 4** It was requested that PPPHC was updated on the use of the external support in developing the estates strategy	18.10.22				
	GH/PO	**PF22/110 Planned Care report** **PF22/110.1** The Committee received the report from the Executive Director of Finance. It was noted that the total waiting list has continued to increase, and the unvalidated position stands in excess of 170,000 patients, around half of which were 0-25 weeks. It was agreed to further break down the over 52 week waits in the next report	18.10.22				
19	GH/RN	**PF22/110 Planned Care report** The Committee requested a list (with costs) of consultants and external contractors engaged to support various initiatives across the HB (not just Planned care).	18 October 2022				
20	CS	**PF22/112 Transformation report** (i) Ensure risks included in report i.e. transformational planning and transformational savings target (ii) Provide RTC paper to next meeting	18.10.22	Update 6/10/22 – This will be included in the relevant report in time for the meeting.	(i)Suggest action to be closed (ii) Suggest action to be closed		
	GH		18.10.22	Agenda item			

	GH	(iii) share with Committee members CEO Review Group / benchmarking	30.9.22		
21	SG/MM SG	**22/113 People (Workforce) Plan Report** (i) there should be improved links with this activity and the Board assurance Framework. (ii) consider sequencing of PPPHC and PFIGC of workforce reports and discuss with respective Chairs and the most effective and timely schedule to be agreed	18 October 2022	Update 20/10/22 – i) Mapping of the delivery plan for the People Strategy and Plan to the key risks to the organisation has been undertaken and a rationalisation of priorities (to focus on the highest risk areas)within the delivery plan is being agreed Sequencing agreed for review following 2 cycles. Review of effectiveness to be undertaken following 8th Nov PPPH meeting	(i)Suggest action to be closed (ii) Suggest action to be closed
22	SG	**PF22/114 Update on Workforce deep dive : Recruitment** Provide report to next meeting	18.10.22	Update 20/10/22 – Draft version 2 of the report on agenda following feedback from PPPH	Suggest action to be closed
23	MM	**PF22/118 2022/23 Board Assurance Framework** The three risks related to attracting/retaining sufficient staff, meeting the break-even duty and delivering a three year integrated medium term plan. The risk descriptions would continue to be reviewed.	18 October 2022	BAF agenda item	Suggest action to be closed

Teitl adroddiad: *Report title:*	Financial Planning Update 2023-24		
Adrodd i: *Report to:*	Performance, Finance & Information Governance Committee		
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 27 October 2022		
Crynodeb Gweithredol: *Executive Summary:*	The purpose of this paper is to update on the Financial Planning process, 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).		
Argymhellion: *Recommendations:*	The Committee is asked to note the update.		
Arweinydd Gweithredol: *Executive Lead:*	Rob Nolan, Acting Executive Director of Finance		
Awdur yr Adroddiad: *Report Author:*	Rob Nolan Finance Director – Commissioning and Financial Planning		

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:*	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:
Continuation of Financial Planning process

List of Appendices:
None

Performance, Finance and Information Governance Committee
27th October 2022

Financial Planning Update

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 Draft Budget

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. Welsh Government have confirmed that the 2023/24 Outline and Detailed Draft Budgets will be published together on 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.

3. 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, it was agreed at the August 2022 PFIG meeting that the 2023-26 Financial Plan will replicate the principles used for the 2022-25

Financial Plan. This provides continuity and establishes the set of principles that can be used in future Financial Plans.

An update on the progress of each element of the financial plan is as follows.

Income
The income assumptions that are being used in the financial plan are as follows:

- Allocation uplifts will be 1.5% for 2023/24, 0.75% for 2024/25 and 2% for 2025/26.
- 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 for specific programmes such as TTP, Mass Vaccinations and Long Covid will be funded separately, if these programmes continue. No other COVID-19 income will be received.

No additional information on these assumptions has been received from Welsh Government.

Work has been undertaken across organisations from the Regional Directors of Finance Group (Hywel Dda, Swansea Bay, Powys, Betsi Cadwaladr (BCU) and Digital Health & Care Wales (DHCW)) to summarise the assumptions that organisations are currently making in their draft financial plans, with a view to seeking a consistent approach. This has identified that the Health Board's approach to Welsh Government income assumptions is consistent with other organisations.

Cost Drivers
The financial plan will include 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.

Pay Awards - In the absence of a formal pay agreement, the default assumption included in the financial plan is a 3% uplift in recurrent pay budgets. As it is anticipated that this will be fully funded by Welsh Government, there is no impact on the financial position should the agreed pay award differ from this figure. An estimate of the 3% pay award will be used in the financial plan and is being calculated based on recurrent pay budgets at Month 7.

Cost Pressures – Cost pressures, which are unavoidable costs (where there is no choice about whether to incur the cost or not), have started to be collated. Recurrent

expenditure forecasts for 2023/24 have been compared to recurrent budgets to identify a high level recurrent position for next year, which will be used to drive the conversation around cost pressures. The initial position indicated a forecast deficit of £138m against recurrent budgets. This will include unachieved savings of circa £32m (£26m from current year and £6m brought forward from prior years), and unfunded cost pressures in areas such as energy etc.

Work is now being undertaken with CFOs to identify the key items that make up these variances, to determine a detailed list of cost pressures. This will be completed by the 21st October.

Some of the key areas of focus for cost pressures will be:

- Energy - There is currently substantial uncertainty about the UK Government support package for non-domestic customers, so forecasts for the impact of energy costs in 2023/24 cannot yet be made The Health Board is working with NWSSP to ensure that there is a constant approach across Wales to forecasting. For the purposes of the 2023/24 financial plan, the assumption is that Welsh Government will continue to fund the exceptional costs of energy. This will therefore have no overall net impact on the financial plan, however will be a significant risk should that funding not continue.

- Nurse Staffing Act (NSA) - An updated view of the additional posts and associated budgets required is being consolidated during October. For the 2022/23 Financial Plan this was calculated to be £16m. This was held as a risk to the plan and not funded, due to difficulties in recruitment and the high level of nursing vacancies across acute wards.

From the end of October, recurrent cost pressures will be reviewed on a case by case basis by the senior Finance team. The level of funding that is available to support them, whilst still producing a balanced plan, will dictate the extent to which cost pressures can be funded. It will not be possible to fund all cost pressures.

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. Estimates for the cost of these in 2023/24 have been collated by CFOs from across service teams. The total forecast impact is £58.9m.

	£m
Inflation Cost Pressures	
Non-Pay uplift @ 1%	6.5
Primary Care Prescribing @ 0.4%	0.5
Secondary Care Prescribing @ 0.4%	0.3
NICE FYE Impact of 2022/23 approved Drugs in 2023/24	6.6
Physical Health Packages of Care (CHC & FNC) @ 5%	3.2
MH Packages of Care @ 5% / 10%	2.8
CHC Premium uplift	0.0
External Providers – EASC @ 4%	2.3
External Providers – WHSSC @ 4%	6.4
External Providers – Local contracts @ 4%	3.0
Total Inflation	**31.7**
Growth Cost Pressures	
GP Prescribing @ 3.6% – growth in the number of drugs issued	4.6
Cancer Drugs Growth	1.9
Secondary Care Prescribing growth	10.5
MH Packages of Care	0.0
Physical Health Packages of Care (CHC & FNC)	0.8
External Providers – WHSSC new developments @ 4%	6.4
External Providers – EASC new developments @ 4%	2.3
External Providers – EASC contingency	0.6
Total Growth	**27.2**
Total	**58.9**

Over the next month, the senior Finance team will also review these forecasts and make decisions around funding.

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% and this is being calculated during November based on the Month 7 ledger position.

New Developments –The Planning team is leading a process of prioritisation for all new schemes. Integrated Health Communities, pan-North Wales services and corporate support services were invited to submit schemes for consideration for inclusion in the prioritisation process, with a deadline of 2nd October. A total of 179 schemes were received with a total cost in excess of £100m.

Finance will be working alongside Planning and Workforce to help risk assess schemes. A prioritisation panel session will take place in November to formally assess schemes using the prioritisation toolkit, including Executive leads for the IMTPAll new developments included in the IMTP will be fully funded. Therefore, the prioritisation process will be key, as funding available is severely limited.

COVID-19 – Welsh Government funding for COVID-19 has reduced in 2022/23, as many COVID-19 services and adaptions become business as usual. There do however

continue to be some specific programmes that are funded by Welsh Government. At present, it is not yet known whether and to what level these programmes will continue in 2023/24 and so further information is required. However, the assumptions included in the financial plans are that:

- TTP – will continue into 2023/24 and be funded by Welsh Government.
- Mass Vaccinations – will continue into 2023/24 and be funded by Welsh Government.
- Long Covid service- will continue into 2023/24 and be funded by Welsh Government in line with 2022/23.
- Surge/Other costs – any costs that continue will become part of business as usual and receive no separate funding. If there is any ongoing impact, this will be included as part of cost pressures.

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.

Scenarios

Based on the information received to date, three draft scenarios have been produced.

	Base £m	Lower £m	Higher £m
Funding			
Additional WG Allocation - 1.5% / 2.5% / 1.5%	(19.7)	(32.9)	(19.7)
Strategic Support	(82.0)	(82.0)	(82.0)
Total new funding	**(101.7)**	**(114.9)**	**(101.7)**
Expenditure			
Underlying deficit brought forward	40.0	40.0	40.0
Performance & Transformation Fund	42.0	37.2	42.0
Undelivered recurrent savings from 2022/23	20.4	17.9	25.5
Revised underlying deficit brought forward	**102.4**	**95.1**	**107.5**
Cost pressures	74.2	47.7	106.0
Growth & inflation	41.2	23.5	58.9
New developments	5.0	1.0	10.0
Savings target 2023/24	(35.0)	(35.0)	(35.0)
Additional savings to cover 2022/23 shortfall	(10.2)	(17.9)	0.0
Total new expenditure	**177.6**	**114.5**	**247.4**
(Surplus)/Deficit	**75.9**	**(0.4)**	**145.7**

Base
The base scenario is the current most likely scenario and has a deficit position of £75.9m. This is based on:

- The Welsh Government allocation uplift being 1.5%.
- The Performance and Transformation Fund being fully utilised.
- The gap in recurrent savings from 2022/23, which is currently £25.5m, reducing by 20% to £20.4m by the end of 2022/23. Half of this gap (£10.2m) then being achieved in 2023/24, on top of the new £35m target.
- Cost pressures being reduced to 70% of expected submissions.
- Growth and inflation being reduced to 70% of submitted costs.
- New developments funded to a maximum of £5m.
- The savings target for 2023/24 remaining at £35m.

Lower
The lower scenario is a best case position and gives an option for just under a breakeven position. This is based on:

- An increased funding uplift of 2.5% from Welsh Government, recognising the significant increase in inflation since last December when the allocation uplifts were first notified.
- The Performance and Transformation Fund only spending funding already committed, with the balance of £4.8m being used to support the position.
- Delivery on a recurrent basis of the full £35m savings target for 2022/23, whether in this year or in 2023/24, as well at the £35m target for 2023/24.
- Cost pressures being reduced to 45% of expected submissions.
- Growth and inflation being reduced to 40% of submitted costs.
- A maximum of £1m spend on new developments.

Higher
The higher scenario is a worst case position, showing an overspend of £145.7m. This is based on:

- The Welsh Government allocation uplift being 1.5%.
- The Performance and Transformation Fund being fully utilised.
- The gap in recurrent savings from 2022/23 remaining at the current level of £25.5m.
- Cost pressures remaining at the full level of expected submissions.
- Growth and inflation being at the level of submitted costs.
- New developments funded at cost of £10m.
- The savings target for 2023/24 remaining at £35m.

These scenarios will be developed and refined as further information is made available.

Risks to the Plan

It is anticipated that there will be significant financial risks to the plan. These will be quantified within the Financial Plan. In particular, these include the assumptions that Welsh Government will fund in full exceptional cost pressures relating to energy, the pay award and COVID-19 specific programmes. Further discussions are taking place with Welsh Government and across other NHS Wales organisations to clarify these assumptions, but until Welsh Government confirm funding, they remain as substantial risks.

If these any of these or other 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 is being developed alongside the 2023-26 IMTP, working in conjunction with the IHC's, pan-North Wales services, Planning and Workforce.

The timescales for the continued production of the plan are as follows:

Phase	Action	Timescale
Development	Submission of cost pressures by CFOs	21-Oct-22
	Initial review of growth, inflation & cost pressures by Senior Finance team	26-Oct-22
	Submission of savings plans	11-Nov-22
	New developments prioritisation by Exec Team	14-Nov-22
	Calculation of pay award and non-pay uplift impact using Month 7 budgets	18-Nov-22
	Initial draft Financial Plan completed including new developments	25-Nov-22
Review and assurance	Review of draft Financial Plan by Senior Finance team	02-Dec-22
	Finalisation of draft Financial Plan	09-Dec-22
	Confirmation of Welsh Government allocation	16-Dec-22
	Sign off of draft Financial Plan by PFIG	22-Dec-22
	Financial Plan updated for allocation	23-Dec-22
	Draft financials for Minimum Data Set (MDS) completed	13-Jan-23
Submission and approval	Completion of final Financial Plan and financials for Minimum Data Set (MDS)	20-Jan-23
	Submission of Financial Plan to Welsh Government	31-Jan-23

4. **Equality and Diversity Implications**

These will be reviewed as part of the overall IMTP.

Teitl adroddiad: *Report title:*	Draft Finance Strategy			
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 27 October 2022			
Crynodeb Gweithredol: *Executive Summary:*	The purpose of this report is to provide a update of the proposed Finance Strategy following comments received at PFIG on the 25th August 2022. The changes made are highlighted in yellow for ease. The document is the latest 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:*	Rob Nolan, Acting 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: 	Not applicable			

Regulatory and legal implications:	
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: Dim *List of Appendices:* *None*	

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

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).

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. <mark>Prior years' headline financial performance and the planned position for 22-23 is illustrated below:</mark>

The Health Board has received a package of strategic support since November 2020 to cover the historical 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

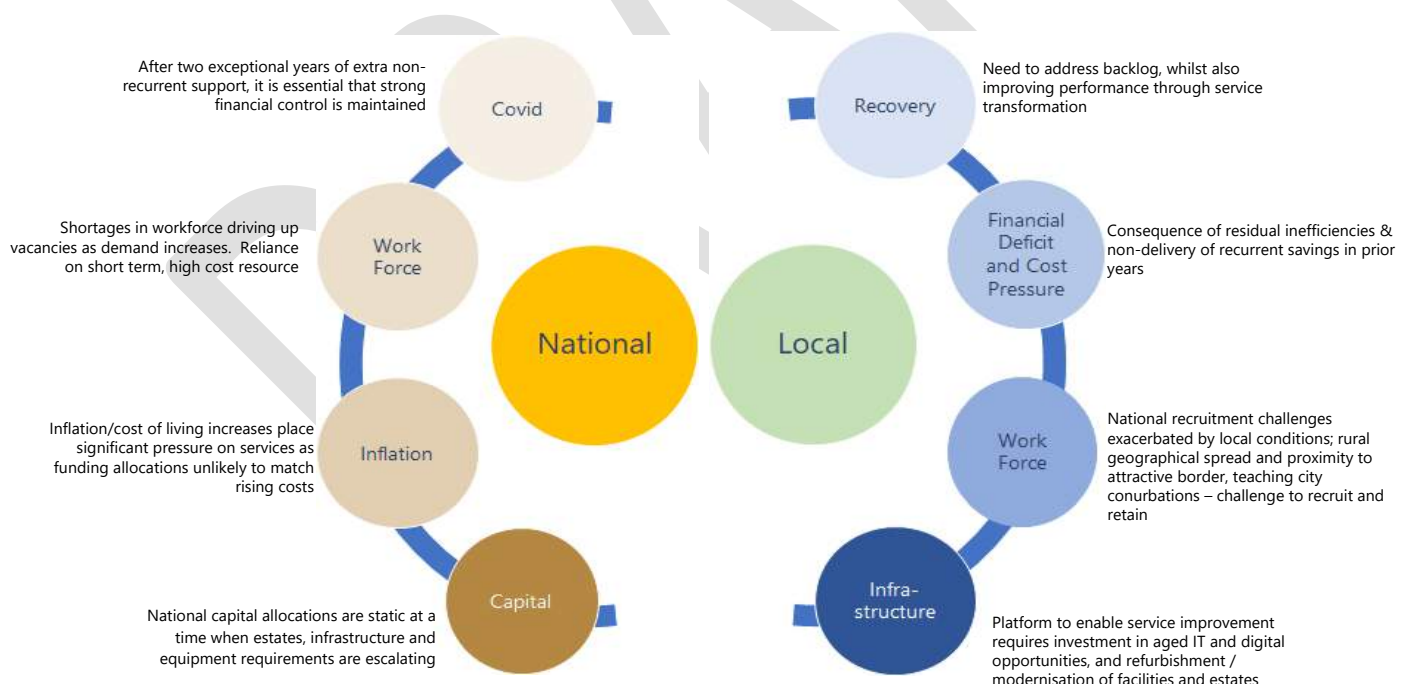| 1. Improvement in service performance, patient experience, and financial performance | 2. Engagement to build a vision and develop a medium term plan, focusing on well-being, population health & primary care, and secondary care services | 3. Strengthening the ability of the organisation to deliver 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.

After two exceptional years of extra non-recurrent support, it is essential that strong financial control is maintained — Covid

Shortages in workforce driving up vacancies as demand increases. Reliance on short term, high cost resource — Work Force

Inflation/cost of living increases place significant pressure on services as funding allocations unlikely to match rising costs — Inflation

National capital allocations are static at a time when estates, infrastructure and equipment requirements are escalating — Capital

National

Local

Need to address backlog, whilst also improving performance through service transformation — Recovery

Consequence of residual inefficiencies & non-delivery of recurrent savings in prior years — Financial Deficit and Cost Pressure

National recruitment challenges exacerbated by local conditions; rural geographical spread and proximity to attractive border, teaching city conurbations – challenge to recruit and retain — Work Force

Platform to enable service improvement requires investment in aged IT and digital opportunities, and refurbishment / modernisation of facilities and estates — Infra-structure

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

<mark>The Financial Strategy is an integral part of the IMTP. The IMTP will set out the Heath Board'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. It will drive how we use our resources and demonstrate the return (quality or financial) on our investments. Proposals will also need to include improved productivity and efficiency measures given the current financial climate.</mark>

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
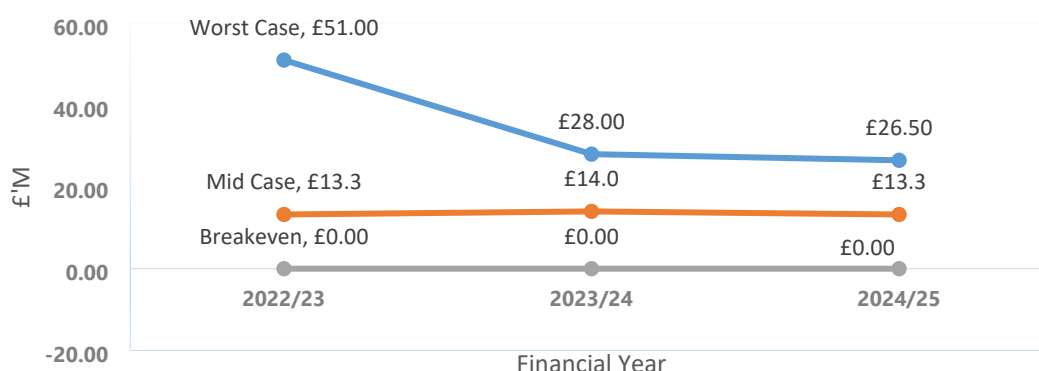
Strategic Response

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
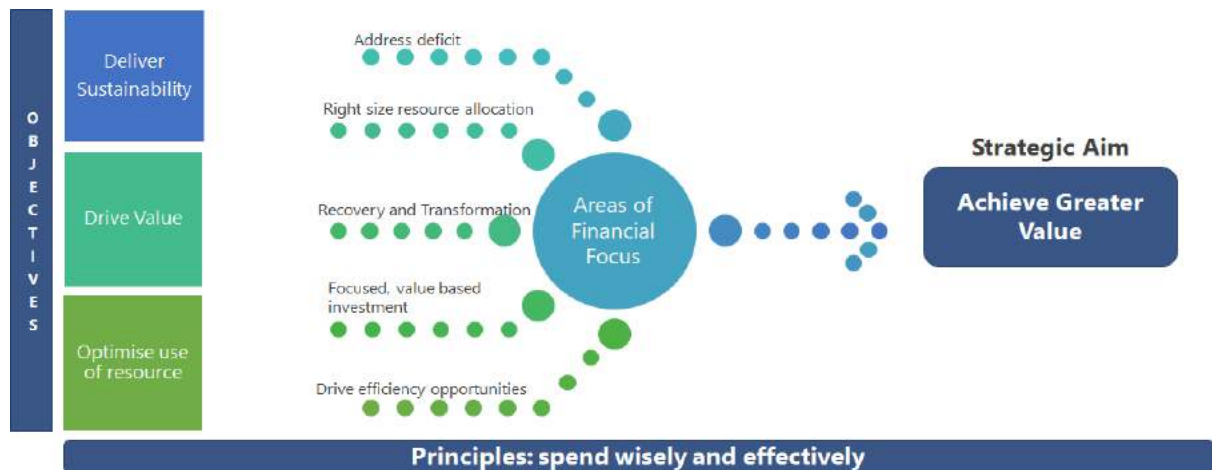
Our strategic objectives will be met through delivery of a number of programmes, each aligned to a specific area of focus, encompassed by strong financial control, governance, risk management, training and engagement.

Our approach to Savings and Transformation

Savings proposals have been requested for the 23-24 IMTP.

Plans to deliver savings by Divisions through transformational programmes have faced a number of challenges. Whilst there are no shortage of improvement ideas, delivery is often compromised because we do not universally adopt evidence-based portfolio, programme and project methodology.

In response, the Health Board is to adopt the P3O(2) approach as standard for all major changes within the organisation.

The mobilisation of five Improvement Groups is intended to:

1. Identify and quantify the patient improvements and financial benefits
2. Deliver large scale 'transformational' financial benefit to both close the current year gap and meet the target for the next year onwards.

The Improvement Groups are:

1. Planned Care
2. Unscheduled Care
3. Continuing Healthcare
4. Medicines Management,
5. Workforce.

It is recognised that major scale programmes need to be well developed at this time in order to start to deliver financial savings in Q1 2023.

The timetable for savings is below:

Action	Next Steps	Deadline
Develop Savings Plan 23/24	An overview of the planning cycle as it relates to Savings is provided at Appendix 2. Key milestones and status are also included. Schemes submitted will be summarised for the PFIG paper in December.	05-12-22
	A consolidated view of schemes will be presented for PFIG in January The impact of the WG allocation will be factored into this submission.	11-01-23

See Appendix 1 for detailed IMTP timetable.

Strategic Summary
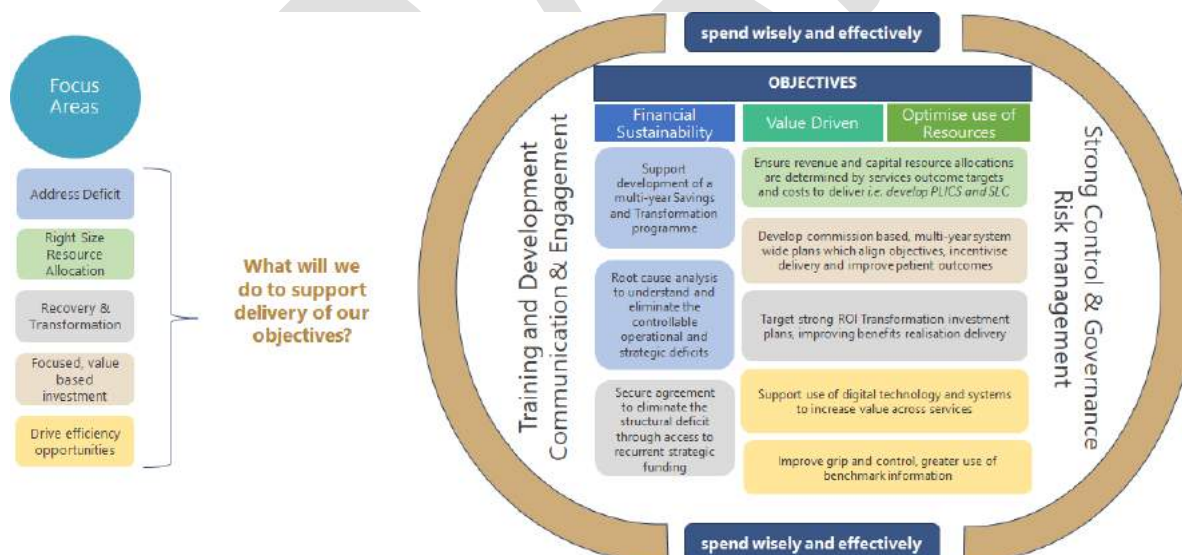
Decision-Making

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

ITMP Timetable

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	End September 2022

		- Programmes to review and develop submissions - Initial identification of efficiencies & transformation opportunities	
	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

Report title:	Integrated Medium Term Plan update report
Report to:	Performance, Finance & Information Governance Committee
Date of Meeting:	Thursday, 27 October 2022
Executive Summary:	This report presents a brief update on the development process for the IMTP submission for 2023 – 2026.
Recommendations:	The Committee is asked to receive the update 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 ☐	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:

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** - Review and refresh of approach following publication of the NHS Wales Planning Framework (anticipated October 2022) - Prioritisation of development proposals submitted - Drafting of the IMTP submission	
List of Appendices: None	

PFIGC MEETING IN PUBLIC
Thursday 27th October

Integrated Medium Term Plan update report

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 report was presented to PFIG in August 2022 setting our the proposed appraoch to development of the IMTP submission for 2023-2026. This paper gives a brief update report on subsequent progress.

2. Body of report

The publication of the NHS Wales Planning Framework is anticipated during October 2022 and will set out revised requirements for IMTP submissions, refreshed Ministerial priorities, and guidance on the development and format of plans. Indications are that a common template will be required to be completed for certain priority areas. WG Planning Leads have been invited to present to Board workshop in December to discuss the Planning Framework requirements.

Whilst awaiting the publication of the Planning Framework, work has continued towards development of an IMTP for 2023 – 2026 in line with the outline process presented to PFIG previously.

- The Integrated Health Communities have been developing business plans in acordance with requirements of the revised governance and accountability framework and from these have prioritise proposals for development within the IMTP. Proposals have also been submitted by pan North Wales services and programmes.

- The long list of proposals submitted is currently being reviewed by the Planning Oversight Group, and planning leads from the IHCs, pan-North Wales services and programmes. An initial shortlisting will take place following this review which will lead to a set of proposals for the more formal prioritisation. Shortlisting will consider strategic fit, value and deliverability. Proposals are also being reviewed to assess whether they are more appropriately addressed through means other than new investment, gviven the financial context.

- The template for submissions requires identification of opportunities for efficiencies and transformation. Whilst some proposals have identified opportunities, there will be further work required to address the level of efficiencies and transformation that will be required to support a

balanced plan.

- Following further discussion at Exectuive Team regarding engagement with the operational teams, the BCU service communities will be invited to support the prioritisation through submission of their assessment of the shortlisted proposals.

- A prioritisation panel of executive leads will be held in mid-November to receive feedback from this assessment of the shortlisted proposals and to produce recommendations for inclusion in the IMTP.

Further issues informing the development of the IMTP

- 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. A letter of guidance has been received from WG, and plans are being developed in response. There is no expectation of a joint health and social care plan this year. However, the Regional Partnership Board will discuss potential response shoudl escalation be required. Winter response plans are the subject of a separate agenda item.

- Cluster plans are being reviewed so that the IMTP may be better informed by cluster needs and priorities; a revised date for submission of cluster plans is being discussed and this may be brought forward to the end of the calendar year.

- A workshop session was held at the October meeting of the Regional Partnership Board which reviewed the RPB priorities to feed into the revised Area Plan. PSBs are developing well-being plan priorities which will be taken into account as tjhese are approved. The timescale for approaval of PSBs' plans runs subsequent to the IMTP submission date, with plans to be approved between March and May 2023, and therefore will need to be addressed alongside development and delivery of the IMTP.

- Joint development priorities with WHSSC are being reviewed for inclusion in the plan where prioritised.

- In addition to the developments described above, the Health Board has been working to respond to the accountability conditions set out in the letter of August 2022 which were included in presentation to the previous PFIG meeting. Progress was referenced in the IQPD meeting with Welsh Government in September 2022.

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.

Report title:	2022/23 Board Assurance Framework
Report to:	Performance, Finance and Information Governance Committee
Date of Meeting:	Thursday, 27 October 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* This iteration of the BAF incorporates updates on actions pertaining to the financial risks, following the August meeting. Risks 2.3 and 2.6 have been updated to reflect the gaps in assurance and actions plans around savings, which are incorporated elsewhere on the agenda.
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 : Finance Director – Commissioning and Strategic Financial Planning
Links to BAF risks: (or links to the Corporate Risk Register)	All
Reason for submission of report to confidential board (where relevant)	Not applicable Amherthnasol

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 PFIG Board Assurance Framework Appendix 1

BETSI CADWALADAR UNIVERSITY HEALTH BOARD

PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE 2022/23 BOARD ASSURANCE FRAMEWORK - OCTOBER 2022

Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance I.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score (impact x likelihood)	Current Risk Score (impact x likelihood	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
2. Strategic Objective:	Target our resources to people who have the greatest needs and reduce inequalities												
2.3	Executive Director of Finance	Performance, Finance and Information Governance Committee	Failure to meet financial targets once Strategic Support funding ceases, resulting in an inability to meet the break even statutory duty	Transformation Team in place to assist the operational staff to deliver services in a different way. Regular reports to PFIG to monitor progress on transformation	BCUHB IMTP incorporates a clear programme of work over the 3 years.	Internal audit review of savings plan to commence in quarter 3	None identified	Projected deficit position as at month 8 reflects a £10m year end deficit	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	
2.4	Executive Director of Transformation	Performance, Finance and Information Governance Committee	Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government (to ensure statutory duties are met) resulting in a regulatory audit opinion	Planning cycle established with outline BCUHB Planning schedule/overall approach for 2022/2025 - plan led by Assistant Director, Corporate Planning and reporting into the Executive Team and the Partnerships, People & Population Health Committee.	Performance, Finance and Information Governance Committee oversight	none identified	2022/2025 IMTP not accepted by the Welsh Government	None identified	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	
2.6	Executive Director of Finance	Performance, Finance and Information Governance Committee	Failure to achieve 2022/23 savings target of £35m, resulting in a breach of our statutory financial duty	Transformation Team in place to assist the operational staff to deliver services in a different way. Regular reports to PFIG to monitor progress on transformation and transactional savings targets	Month 2 financial report highlighted the identification of £13.3m worth of schemes	Internal audit review of savings plan to commence in quarter 3	Lack of a risk based Transformational plan A Transformational plan will take time to implement.	Projected deficit position as at month 8 reflects a £10m year end deficit	16 (4x4)	16 (4x4)	12 (4x3)	A recovery plan is under development, and will be monitored via the Finance and Transformation Executive Group, and onto PFIG	ongoing

1	2	3	4	5
Insignificant	**Minor**	**Moderate**	**Major**	**Extreme**
No effect	External standards being met. Minor impact on achieving objectives	Adverse effect on delivery of secondary objective	Major adverse effect on delivery of key objective. Affects Care Quality Commission rating.	Does not meet key objectives. Prevents achievement of a significant amount of external standards
No harm/near miss	Any patient safety incident requiring extra observation or minor treatment and causes minimal harm.	Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm.	Any patient safety incident that appears to have resulted in permanent harm.	Any patient safety incident that directly resulted in one or more deaths.
Minor injury not requiring first aid	Minor injury or illness, first aid treatment needed	Lost time injury or RIDDOR /Agency reportable > 3 days absence	Fractures, amputation, extensive injury or long term incapacity/ RIDDOR reportable	Death or major permanent incapacity
Loss / interruption more than 1 hour	Loss / interruption more than 8 hours	Loss / interruption more than 1 day	Loss / interruption more than 1 week	Permanent loss of service or facility
local management tolerance level	Loss less than 0.25% of budgeted operating income	Loss less than 0.5% of budgeted operating income. Improvement notice	Loss less than 1% of budgeted operating income. Significant claim. Prosecution or Prohibition Notice	Loss more than 1% of budgeted operating income. Multiple claims.
Minor non-compliance with internal standards	Single failure to meet internal standards or follow protocol	Repeated failures to meet internal standards or follow protocols	Failure to meet national standards. Failure to comply with IR(ME)R	Gross failure to meet professional standards
Rumours	Local media – Short term. Minor effect on staff morale	Local media – Long term. Significant effect on staff morale	National Media less than 3 days. Major loss of confidence in organisation.	National media more than 3 days. MP Concern (Questions in House). Severe loss of public confidence.

1	2	3	4	5
Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Less than 1%	1 – 5%	6 – 20%	21 – 50%	Greater than 50%
Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not

Consequence (C)				
1	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, 27 October 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 4th October 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:*	Phil Meakin, Associate Director of Governance

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 4th October 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) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	Individual risks detail the related links to the Board Assurance Framework.

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 6th December 2022, therefore any escalated risk will be presented during the Performance, Finance and Information Governance Committee on the 22nd December 2022.

Rhestr o Atodiadau:

List of Appendices:
Appendix 1 – Corporate Risk Register
Appendix 2 – Newly Escalated Risks
Appendix 3 - Full List of All Corporate Risk Register Risks, including Executive Lead and Current Risk Score.
Appendix 4 - Corporate Risk Register Key Field Guidance.

Performance, Finance and Information Governance Committee.
27th October 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 4th October 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.

- CRR21-16 – Non compliant with manual handling training resulting in enforcement action and potential injury to staff and patients.
- CRR22-23 – Inability to deliver safe, timely and effective care
- CRR22-24 - Potential gap in senior leadership capacity/capability during transition to the new Operating Model.

Meetings will be arranged with the risk leads to update the risks in line with the next Risk Management Group meeting scheduled for the 6th December 2022.

2.3 The following risks have been incorporated onto the Health Board's risk register and following Executive approval and presentation at the Risk Management Group have been included onto the Corporate Risk Register (Appendix 2).

- 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.

2.4   The following risks have been incorporated onto the Health Board's risk register and following Executive approval, work continues to further develop the risk descriptors, mitigating factors and action plans to include the risks onto the Corporate Risk Register.

- 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.

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	68	54	84
Tier 3 (1-8)	231	33	31	107

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

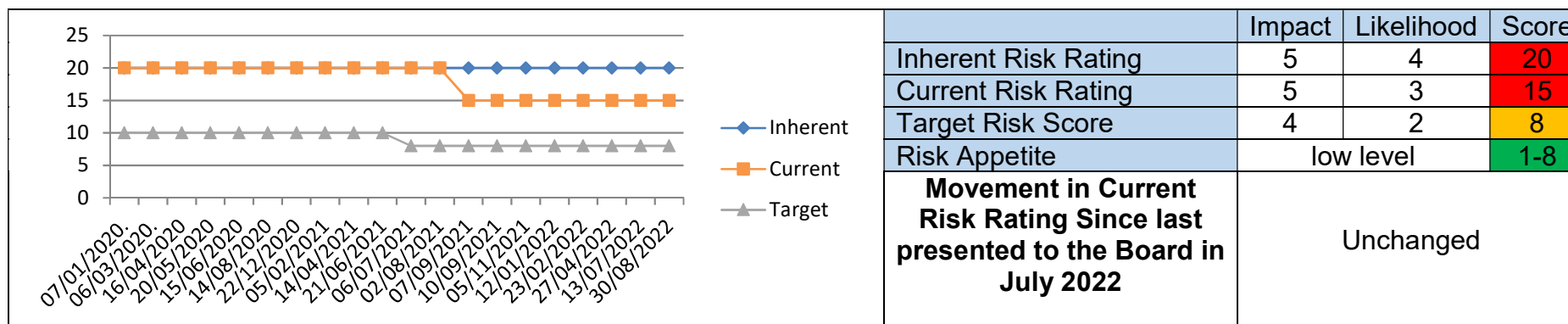4.1   See the details of individual risks in Appendix 1.

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 – Corporate Risk Register

CRR20-01	**Director Lead:** Executive Director of Finance	**Date Opened:** 07 January 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 30 August 2022
	Risk: Asbestos Management and Control	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 31 March 2023

There is a significant risk that BCUHB is non-compliant with the Asbestos at Work Regulations 2012. This is due to the evidence that not all surveys have been completed and re-surveys are a copy of previous years surveys. There are actions outstanding in some areas from surveys. This may lead to the risk of contractors, staff and others being exposed to asbestos, and may result in death from mesothelioma or long term ill health conditions, claims, Health and Safety Executive enforcement action including fines, prosecution and reputation damage to BCUHB.

	Impact	Likelihood	Score
Inherent Risk Rating	5	4	20
Current Risk Rating	5	3	15
Target Risk Score	4	2	8
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Asbestos Policy in place, with control and oversight at Strategic Occupational Health and Safety Group. 2. Annual programme of re-inspection surveys undertaken. 3. An independent audit of internal asbestos management system completed by an independent UCAS accredited body.	1. Health and Safety Leads Group. 2. Strategic Occupational Health and Safety Group. 3. Quality, Safety and Experience Committee.

4. Asbestos management plan in place, with control and oversight at Strategic Occupational Health and Safety Group. 5. Asbestos register available. 6. Targeted surveys where capital work is planned or decommissioning work undertaken. 7. An annual training programme for operatives in Estates is in place. 8. Air monitoring undertaken in premises where there is limited clarity on asbestos condition. 9. 5 year programme for the removal of high risk asbestos with monitoring at the Asbestos Group is in place with oversight at the Strategic Health and Safety Group. 10. Procurement of specialist asbestos testing and removal services from NHS Shared Business Services Framework. 11. Senior Estates Officer/Asbestos Management appointed and in place. Review of systems and procedures in line with the Asbestos management policy.	4. Internal Audit review undertaken against the gap analysis. 5. Self-assessment completed and submitted to Welsh Government which use specialist services to review the returns for consistence and compliance.

Gaps in Controls/mitigations

Not achieving 95% target for compliance with training, it is felt that due to absences 100% compliance is not achievable. Significant progress has been made in terms of training and compliance with further work ongoing, continued to increased compliance is due to long term absences. Current compliance level is 80%. Targeted action through local operations managers will be focused upon to reach 95% and it is anticipated that this will be achieved by quarter one in 2022. Whilst it was anticipated that the target score would have been met by quarter 1, staff shortages due to COVID have been experienced which have influenced the ability to achieve the target.

Progress since last submission

1. Controls in place reviewed to reflect current risk position.
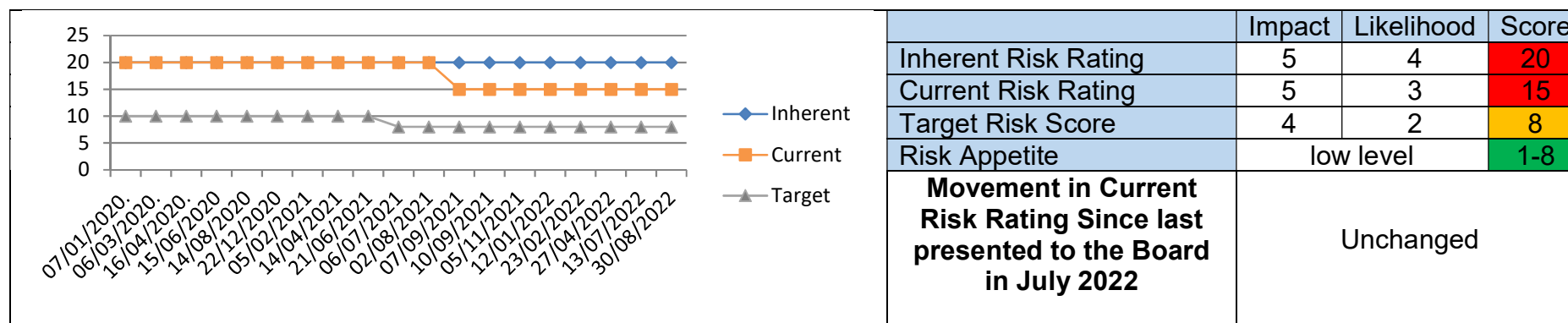2. Gaps in controls reviewed to reflect current risk position.
3. Asbestos Management Policy has been updated and revised version going for sign off at Quality, safety and Experience Committee on the 6th September.
4. Subject to the review by the newly appointed Senior Estates Officer and to no issues of significance identified, it is anticipated that a request to consider a reduction to the current risk score will be made at the next risk submission with consideration also to de-escalate the risk to a Tier 2 following the review.

Links to					
Strategic Priorities				**Principal Risks**	
Making effective and sustainable use of resources (key enabler) Strengthen our wellbeing focus				BAF21-13 BAF21-17	

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12243	Review schematic drawings and process to be implemented to update plans from Safety Files etc. This will require investment in MiCad or other planning data system.	Mr Rod Taylor, Director of Estates And Facilities	31/03/2023	This action will help us to identify the areas of asbestos and thus better mitigate and manage any potential impact by enabling to a web supported system to access records remotely. This information is currently held by a third party. With the implementation of the MiCAD system, this will digitalise the information held locally by the Health Board.	On track
	23728	Implement recommendations following the review by the new Senior Estates Officer/Asbestos Management.	Mr Arwel Hughes, Head of Operational Estates	31/03/2023	Provide assurance that the systems of controls are suitable and sufficient to meet the requirements of Asbestos Management Regulations.	On track

CRR20-02	**Director Lead:** Executive Director of Finance	**Date Opened:** 07 January 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 30 August 2022
	Risk: Contractor Management and Control	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 31 March 2023

There is a risk that BCUHB fails to achieve compliance with Health and Safety Legislation due to lack of control of contractors on sites. This may lead to exposure to substances hazardous to health, non compliance with permit to work systems and result in injury, death, loss including prosecution, fines and reputation damage.

	Impact	Likelihood	Score
Inherent Risk Rating	5	4	20
Current Risk Rating	5	3	15
Target Risk Score	4	2	8
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Control of Contractors Procedure in place, regularly reviewed and monitored by Head of Operational Estates. Issues of non-compliance are reported to the Head of Service team. 2. Induction process being delivered to new contractors, regularly reviewed and monitored by Head of Operational Estates. Issues of non-compliance are reported to the Head of Service team. 3. Permit to work paper systems in place across the Health Board. 4. Pre-contract meetings in place.	1. Health and Safety Leads Group. 2. Strategic Occupational Health and Safety Group. 3. Quality, Safety and Experience Committee.

5. Externally appointed Construction, Design and Management Regulations Coordinator (CDMC) in place. 6. Procurement through NHS Shared Services Procurement market test and ensure contractor compliance obligation. 7. Integral evaluation process in place to monitor performance of Health Board contractors with oversight at the Occupational Health and Safety Strategic Group. 8. Approved Contractors Framework for minor works across the Health Board in place, monitored quarterly as part the Contract Performance Review.

Gaps in Controls/mitigations

Staff resources gap due to demand versus capacity. It is recognised that the existing estates management capacity is often exceeded by the number of projects and capital works that is in progress and is therefore is a limiting factor. Reduction and declining of current list of requests and prioritisation of works to align with Health & Safety obligations in terms of the management and control of contractors.

Progress since last submission

1. Controls in place have been reviewed and updated to reflect the current strategic position.
2. Gap in control has been updated to include the mitigation in place.
3. Proposal to extend the target risk due date from the 30/09/2022 to the 31/03/2023 to allow sufficient time for the purchase and implementation of the new framework software solution.
4. Approval by Information Governance and cyber security group to procure framework software solution.
5. Estates and Facilities will liaise with Corporate Health & Safety Team regarding the role out of practices of Estates & Facilities to other departments, the Corporate Health and Safety team will be invited to the next update of the risk for discussion.
6. Action ID 12252 – Action delayed as the action will fall in line with the implementation of the new operating model when roles and responsibilities will be confirmed.
7. Action ID 12256 – Action delayed with procurement in progress to purchase the SHE system, anticipated implementation by March 2023.
8. Action ID 12257 – Action delayed, brought to the attention of key groups and working with these areas to on board with system and processes that Estates and Facilities are currently developing and working to implement.

9. Action ID 12258 – Action delayed with finalisation following implementation of the new operating model when roles and responsibilities have been confirmed.

10. Action ID 12552 - Action closed as completed with regional framework of contractors for minor works reviewed, current paper based process confirmed as acceptable, this will be vastly improved following the introduction of the new SHE software which would introduce a live system for monitoring compliance.

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus	BAF21-13

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12252	Identify service Lead on each site to take responsibility for Contractors and Health & Safety Management (within Health & Safety Policy).	Mr Rod Taylor, Director of Estates And Facilities	30/09/2022	Resources within Operational Estates have been reviewed as part of the Corporate Health and Safety gap analysis. The resources business case has identified a requirement for additional staff resources to support the current management structure. Service based Health and Safety Team Leaders will be appointed with each of the Operational Estates geographical areas to manage Control of Substances Hazardous to Health (COSHH) and Inspection process to	Delay

					ensure compliance. August 2022 progress update - The action will fall in line with the implementation of the new operating model when roles and responsibilities will be confirmed.	
	12256	Identify the current system for signing in / out and/or monitoring of contractors whilst on site. Currently there is no robust system in place. Electronic system to be implemented such as SHE software.	Mr Rod Taylor, Director of Estates And Facilities	31/01/2022	Implementation of (SHE) - 'Management of Contractor' software will ensure a robust guidance and compliance for contractor appointment criteria across the Health Board. August 2022 progress update – Information Governance and cyber security approval given and procurement in progress to purchase the SHE system, anticipated implementation by March 2023.	Delay
	12257	Identify level of Local Induction and who carry it out and to what standard.	Mr Rod Taylor, Director of Estates And Facilities	30/09/2022	Implementation of the SHE - 'Management of Contractor' software will ensure a robust guidance and compliance for contractor's appointment criteria across the Health Board. To note – Management of Contractors within the Health	Delay

					Board includes other service areas outside of Estates and Facilities responsibilities e.g. Capital Development, Information Management and Technology and Radiology etc. An additional work stream will be required by these areas to ensure compliance with the Health Board Contractor Management Processes. August 2022 progress update - Brought to the attention of key groups and working with these areas to on board system and processes that Estates and Facilities are currently developing and working to implement.	
	12258	Identify responsible person to review Risk Assessments and signs off the Method Statements (RAMS). Skills, knowledge and understanding required to be competent to assess documents (Pathology, Radiology, IT etc.).	Mr Rod Taylor, Director of Estates And Facilities	31/03/2022	Implementation of SHE - 'Management of Contractor' software will ensure a robust guidance and compliance for contractor's appointment criteria across the Health Board. To note – Management of Contractors within the Health Board includes other service areas outside of Estates and	Delay

					Facilities responsibilities e.g. Capital Development, Information Management and Technology and Radiology etc. An additional work stream will be required by these areas to ensure compliance with the Health Board Contractor Management Processes.

August 2022 progress update - Finalisation following implementation of the new operating model when roles and responsibilities have been confirmed. | |
| | 12552 | Induction process to be completed by all contractors who have not yet already undertaken. | Mr Rod Taylor, Director of Estates And Facilities | 30/09/2022 | Action closed 30/08/2022

Resources within Operational Estates have been reviewed as part of the Corporate Health and Safety gap analysis. The resources business case has identified a requirement for additional staff resources to support the current management structure. Service based Health and Safety team leaders will be appointed with each of the Operational Estates geographical areas to manage Control of Substances | Completed |

Hazardous to Health and Inspection process to ensure compliance.

August 2022 progress update - Regional framework of contractors for minor works reviewed, current paper based process confirmed as acceptable in that all contractors go through the standard induction process, this will be vastly improved following the introduction of the new SHE software which would introduce a live system for monitoring compliance.

CRR20-03	**Director Lead:** Executive Director of Finance	**Date Opened:** 07 January 2020	
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 30 August 2022	
	Risk: Legionella Management and Control.	**Date of Committee Review:** 06 September 2022	
		Target Risk Date: 31 March 2023	

There is a significant risk that BCUHB is non-compliant with COSHH Legislation (L8 Legionella Management Guidelines). This is caused by a lack of formal processes and systems, to minimise the risk to staff, patients, visitors and General Public, from water-borne pathogens (such as Pseudomonas). This may ultimately lead to death, ill health conditions in those who are particularly susceptible to such risks, and a breach of relevant Health & Safety Legislation.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Legionella and Water Safety Policy in place, reported to and signed off by the Water Safety Group, which is reported to Infection Prevention Sub-Group and Quality and Safety Committee. 2. Risk assessment undertaken by clear water, with action and issues reported to the water Safety Group. 3. High risk engineering work completed in line with Clearwater risk assessment. 4. Bi-Annual risk assessment undertaken by clear water. 5. Water samples taken and evaluated for legionella and pseudomonas. 6. Authorising Engineer water safety in place who provides annual report.	1. Health and Safety Leads Group. 2. Strategic Occupational Health and Safety Group. 3. Strategic Infection Prevention Group. 4. Quality, Safety and Patient Experience Committee.

| 7. Annual Review of the Health & Safety Self Assessments undertaken by the Corporate Health & Safety Team.
8. Water Safety Group has been established to better provide monitoring, oversight and escalation.
9. Internal audit of compliance checks for water safety management regularly undertaken.
10. Alterations to water systems are now signed off by responsible person for water safety.
11. Local Infection Prevention Groups in place with oversight of water safety. | |

Gaps in Controls/mitigations

1. Estates & Facilities have undertaken a resources gap analysis to support improvement in compliance for water safety, this resource business case is currently unfunded and provides supported additional resource capacity to improve water safety compliance. This results in a lack of 3x band 7 senior estates officers for water safety, which forms part of the ongoing business case. Included in the Integrated Medium Term Plan, supported by risk ID 4283.

Progress since last submission

1. Controls in place review to ensure relevance with current risk position.
2. Gaps in controls reviewed to ensure relevance with current risk position.
3. Request to extend the target risk due date from the 30/09/2022 to the 31/03/2023 due to the identification of risks within the contractor provider software system and awaiting the findings of the authorising engineer water safety targeted audits which may identify items for mitigation.
4. Revised Water safety policy has been approved by the Water Safety group and Infection Prevention Sub Group and will be submitted to the Quality, Safety and Experience Committee in November 2022.
4. As part of the appointment of the authorising engineer, targeted audits are planned for each of the 3 operational areas which commences in August 2022 with completion by end of March 2023 (outcomes from these audits will be considered for areas of improvement and mitigation should they be required).

5. As a result of concerns raised during the transition of data from the existing software model to a new model a targeted intervention with the appointed water safety contractor was required. This work is ongoing with an anticipated completion date of the end of October 2022.
6. Standard Operating Procedure for management of little used outlets developed and approved by the water safety group and Infection Prevention Sub-Group.
7. Water Safety plan has been developed, signed off by water safety group and updated to the Infection Prevention Sub-Group and has been implemented.
8. Action ID 12262 – Action delayed due to the scale of implementation requirements for baseline CAD drawings at all Health Board owned property. The target completion date for the work is end of November 2022.
9. Action ID 12266 – Action closed as completed with the result tracking monitored by the water safety group.
10. Action ID 12267 – Action delayed, awareness training is included within the Infection Prevention mandatory training module.
11. Action ID 19015 – Action delayed, ongoing with Finance as there may be an allocation identified in the Intermediate Medium Term Plan for allocation within the current Financial year.
12. Identification of new action ID 24081 to provide an audit response following the Shared Services Authorised Engineer for Water Audit.

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus Making effective and sustainable use of resources (key enabler)	BAF21-13 BAF21-17

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve	12262	Ensure that engineering schematics are in place for all departments and kept up to date under Estates control. Implement	Mr Rod Taylor, Director of Estates And Facilities	30/09/2022	MiCAD (IT) system being rolled out on a phased basis and work has commenced on polylining site drawings (digital site drawings) for migration to	Delay

| target risk score | | MiCAD/database system to ensure all schematics are up to date and deadlegs easily identified. | | | MiCAD. Schematic drawings for all sites for water safety being reviewed as part of the new Water Safety Maintenance Contract, which has been approved by the Health Board in January 2021.

August 2022 progress update - The current paper based solution although deemed compliant, will be replaced by an improved software based solution which has incurred a slight delay to the action completion date. Due to the scale of implementation requirements for baseline CAD drawings at all Health Board owned property. The target completion date for the work is end of November 2022. Until this work is complete schematic plans for water safety etc cannot be uploaded to the MiCAD, the action will not be completed prior to this period. | |
|---|---|---|---|---|---|---|
| | 12266 | Standardised result tracking, escalation and notification procedure in | Mr Rod Taylor, Director of | 30/09/2022 | Action Closed 30/08/2022

Escalation and notification | Completed |

		place, with appropriate escalation route for exception reporting.	Estates And Facilities		process is contained within Policy for the Management of Safe Water Systems (Appendix B).

August 2022 progress update - The result tracking is monitored by the water safety group and where necessary appropriate escalation, the process for which is described in the revised and approved Management of Water Safety policy.

The current paper based solution although deemed compliant, will be replaced by an improved software based solution which has incurred a slight delay to the action due to the delay in implementation. |
| | 12267 | Awareness and training programme in place to ensure all staff aware as part of Departmental Induction Checklist. | Mr Rod Taylor, Director of Estates And Facilities | 30/09/2022 | A training and development structure for Operational Estates is being reviewed as part of new Water Safety Contract, which has just been approved by the Health Board.

August 2022 progress update - Awareness training is included | Delay |

					within the Infection Prevention mandatory training module.	
	19015	Secure funding and appointment of 3x band 7 Senior Estates Officers for water safety.	Mr Rod Taylor, Director of Estates And Facilities	31/03/2022	Provide resources to be able to manage safe water systems and have the facility to carry out departmental audits on water safety and provide assurance of compliance to the water safety group. August 2022 progress update - Ongoing with Finance as there may be an allocation identified in the IMTP for allocation within the current Financial year.	Delay
	24081	Audit response following the Shared Services Authorised Engineer for Water Audit	Mr Rod Taylor, Director of Estates And Facilities	31/03/2023	Address any shortfalls identified as a result of the audit which will be required to be implemented.	On track

CRR20-04	**Director Lead:** Executive Director of Finance	**Date Opened:** 07 January 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 08 September 2022
	Risk: Non-Compliance of Fire Safety Systems	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 31 March 2025

There is a risk that the Health Board is non-compliant with Fire Safety Procedures (in line with Regulatory Reform (Fire Safety Order 2005). This is caused by a lack of robust Fire Safety Governance in many service areas /infrastructure (such as compartmentation), a significant back-log of incomplete maintenance risks and lack of relevant operational Risks Assessments. This may lead to a major Fire, breach in Legislation and ultimately prosecution against BCUHB.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Fire Safety Policy established and implemented, annual report reported to Board and supported by Welsh Government. 2. Fire risk assessments in place. 3. Fire Engineer regularly monitors Fire Safety Systems. 4. Specific Fire Safety Action Plans in place with oversight through the Fire Safety Management Group. 5. Annual Fire Safety Audits undertaken. 6. Escape routes identified and evacuation drills undertaken, established and implemented.	1. Health and Safety Leads Group. 2. Strategic Occupational Health and Safety Group. 3. Quality, Safety and Experience Committee. 4. Annual Compliance returns submitted to Welsh Government.

7. Fire Safety Mandatory Training and Awareness sessions regularly delivered to BCUHB Staff.
8. Fire Warden Mandatory Training established and being delivered to Nominated Fire Wardens.
9. Appointed Authorising Engineer for fire safety in place through NHS shared services (specialist estates services).

Gaps in Controls/mitigations

1. Insufficient revenue funding to maintain the active and passive fire safety measures within the infrastructure to ensure compliance. Prioritisation of maintenance regimes in place by the use of risk based assessments.
2. Insufficient capital to upgrade active and passive fire safety measures within the infrastructure. Two applications to Welsh Government for Programme Business Case (PBC) for additional funding to upgrade essential infrastructure measures to ensure compliance with current standards at Ysbyty Gwynedd and Wrexham Maelor hospitals.
Ysbyty Gwynedd - Programme BC submitted to WG currently in discussion to secure capital for professional fees to develop a priority list of fire safety measures in advance of the site wide re-development.
Wrexham Maelor Hospital - £40m allocated to the site which includes fire safety for active and passive fire safety measures.

Progress since last submission

1. Controls in place reviewed to ensure relevance with current risk position
2. Gaps in controls reviewed and updated to ensure relevance with current risk position.
3. Proposal to extend the target risk due date from the 30/09/2022 to the 31/03/2025, to enable the completion of the extent of work now required to achieve compliance with current and future regulations.
4. Action ID 12274 – Action closed as completed.
5. Action ID 12276 - Action delayed due to awaiting the all wales guidance document for inclusion in hospital evacuation plans from the all Wales Fire Safety Managers Group.
6. Action ID 15036 – Action delayed due to insufficient capacity to ensure Fire Risk Assessments in place for all service areas across the Health Board, anticipated delivery by the end of March 2023.
7. Action ID 21491 – Action closed as completed, Fire Safety Policy to be presented to Quality, Safety and Experience Committee on the 1st November 2022 for ratification.

8. Identification of new action ID 24142 to develop a Management structure to ensure adequate capacity to deliver Fire Safety requirements within the Health Board.

Links to	
Strategic Priorities	**Principal Risks**
Making effective and sustainable use of resources (key enabler) Strengthen our wellbeing focus	BAF21-13 BAF21-17

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12274	Identify how actions identified in the site Fire Risk Assessments are escalated to senior staff and effectively implemented.	Mr Rod Taylor, Director of Estates & Facilities	31/07/2022	Action Closed 08/09/2022 Escalation through Hospital Management Teams, Area Teams and MH&LD management teams with site responsible persons has been completed. Assurance on implementation of actions outstanding. August 2022 progress update - Action closed as completed.	Completed
	12276	Consider how bariatric evacuation training is undertaken and define current plans for	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	To be included in site specific manual and training developed with Manual Handling Team. August 2022 progress update -	Delay

		evacuation and how this is achieved.			Action delayed due to awaiting the all wales guidance document for inclusion in hospital evacuation plans from the all Wales Fire Safety Managers Group.	
	15036	Fire Risk Assessments in place Pan BCUHB.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Improve safety and compliance with the Order. August 2022 progress update - Action delayed due to insufficient capacity to ensure Fire Risk Assessments in place for all service areas across the Health Board, anticipated delivery by the end of March 2023.	Delay
	21491	Review and refresh existing BCU Fire Safety Strategy.	Mr Rod Taylor, Director of Estates & Facilities	30/09/2022	Action Closed 08/09/2022 Fire Safety Strategy will bring all procedures, action plans etc. together to improve governance control and oversight of Fire Safety Management. August 2022 progress update - Action completed Fire Safety Policy to be presented to Quality, Safety and Experience Committee on the 1st November 2022 for ratification.	Completed

	24142	Develop a Management structure to ensure adequate capacity to deliver Fire Safety requirements within the Health Board.	Mr Rod Taylor, Director of Estates & Facilities	31/03/2023	Ensure compliance with Fire Safety Legislation. Business case to be developed to secure funding to align with the new Fire Management structure.	On track

CRR20-05	**Director Lead:** Executive Director Transformation, Strategic Planning, And Commissioning	**Date Opened:** 11 May 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 15th September 2022
	Risk: Timely access to care homes	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 30 September 2022

There is a risk that there will be a delay in residents accessing placements in care homes and other community closed care settings. This is caused by the need to protect these vulnerable communities from the transmission of the virus during the pandemic. This could lead to individual harm, debilitation and delay in hospital discharges impacting on quality of care, wider capacity and patient flow.

	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score	4	2	8
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Multi-Agency Oversight Group and Care Provider Operational Group continue to meet to oversee the ongoing Covid response, to support recovery and ensure sustainability of the sector to respond to care home and domiciliary care demand with clear pathways for escalation in place. 2. North Wales care homes single action plan provides the framework for the Multi-Agency response and reports directly to the Regional Commissioning Board and Regional Partnership Board (RPB).	1. Oversight via the Care Home Operational Group which includes representatives from Care Forum Wales, Local Authority members and Care Inspectorate Wales (CIW). 2. Oversight by the Regional Commissioning Board who report to the Regional Partnership Board.

3. Development of the Quality Assurance Framework - this work is overseen by a Multi-Agency Implementation Group with sign up from the 6 Local Authorities and the RPB. The work is supported by 6 work streams which picks up the ongoing work around Covid and recovery. This work is progressing well and risks are well managed and is now embedded into core work. 4. Continuing Health Care Operations Group in place to ensure the consistent implementation of the new CHC Framework, sharing lessons learnt from retrospective reviews and ombudsman reports. Co-ordination of the contracts including Pre-Placement Agreement and Commissioned Placement Fees is also in place.	

Gaps in Controls/mitigations

1. There is a significant shortage in accessing appropriate placements in care homes with a worrying trend of care home closures and homes de-registering nursing beds. The Market Stability Report has now been published in draft (subject to ratification by the Health Board and 6 Local Authorities by October 2022). Urgent demand and capacity work has commenced as part of the requirement to commission an additional community care placements by October 2022 (243 placements for North Wales).

2. Insufficient domiciliary care provision due to retention and recruitment issues - home first teams providing domiciliary care to support discharge, but insufficient domiciliary care provision to step down to. Urgent demand and capacity work has commenced with anticipated completion by October 2022 in line with the publication of the Market Stability Report and as part of the additional community care placements.

3. Lack of a standardised live system for reporting across North Wales for cause/delay in discharge for medically fit for discharge patients, currently being collected manually. Work ongoing with IT and Performance to develop digital system which is currently being piloted. This will provide a more robust system of data collection, including delays by Local Authority.

4. No signed Pre Placement Agreement (PPA) - lack of controls in place for addressing concerns, monitoring quality - there is only informal voluntary co-operation. This gap in control is shared with the 6 Local Authorities. There is a joint PPA working group in place but failure to 'sign off' continues. Regional Commissioning Board has sought legal advice. The final draft PPA is currently with the LA commissioning teams, prior to being issued to independent providers in October.

5. Commissioned Placement Fee Setting - Health Board has agreed to make an interim uplift whilst awaiting national pay awards, but due to increasing economic pressures this is already being challenged as insufficient by providers. .

6. Lack of resources to develop has resulted in the development of an integrated Health and Social Care Bank and Memorandum of Understanding to be escalated to the Regional Partnership Board and the Regional Workforce Board. It has been agreed with partners that due to the current work force pressures across all sectors it is highly unlikely that the HB bank would be able to provide staff. In order to identify further mitigation the 'Escalation Matrix' which was developed during covid has been reviewed.

This is now more inclusive, with a focus on staffing, leadership, IPC, training, and Business Continuity, it sets out clear actions for HB, LA and the provider at each level of escalation

Progress since last submission

1. Due to the gaps in controls, and the current demands on patient flow, agreement for a review of this risk with the intention of splitting into two. One in relation to contracting and finance, and the second in relation to quality and assurance (including MFFD). This is still in progress.
2. Controls in place reviewed and updated to reflect current risk position.
3. Gaps in controls updated to reflect that there is a work programme in place to review the discharge policy which will include a task and finish group to address the gaps in medically fit for discharge with a report providing a standardised approach for North Wales. In addition work progressing with IT looking at a national data set.
4. Assurances updated to reflect current risk position.
5. The Health and Social Care transition plan was updated on 18th July 2022, the extension to the Target risk due date will to allow time to interpret and implement the next stages required.
6. Pre-Placement Agreement is in the final stages by the 6 Local Authorities and Care Forum Wales and will be sent out to providers for signing in September. Consideration is being given to the implications of any provider refusing to sign the PPA with the aim of having a joint response plan for the 6 LAs and Health Board.
7. In response to recommendation 2 and 4 of the Welsh Audit Office report on Commissioning Older Person's Care, a workshop is being arranged for September.
Recommendation. 2 - The current approach for commissioning care home places can cause tensions between partners and result in poor value and poor service user experience. North Wales councils and Betsi Cadwaladr University Health Board need to work together to review local arrangements for commissioning care home placements to eliminate avoidable adverse impacts on service users, and each other.
Recommendation 4 – North Wales councils and Betsi Cadwaladr University Health Board through the Regional Commissioning Board need to develop a regionally agreed care home commissioning strategy and following this, develop an associated delivery plan.
8. Action ID 18025 – the action remains delayed and is linked to action ID 20074. This was escalated to the Regional Workforce Board in July with the recommendation of appointing some dedicated support.
9. Action ID 20074 - Action closed as it is not considered deliverable. Point 6 above provides mitigation.
10. Further consideration taken to develop a care provider risk, work is ongoing to develop this risk.

11. Significant progress has been made by the HB and partners in identifying 243 additional care placements (Gaps/ Controls). Capacity will be phased in from end of September. The schemes identified to achieve the additional capacity is being co-ordinated at Integrated Health Economy level, with the respective LAs, and will be subject to an assessment of deliverability (particularly focused on workforce availability). We will you now continue to work with social care, colleagues, colleagues in BCU and particularly work force, to ensure that there is no / minimal negative impact / destabilisation on other aspects of the Health and Social Care system. Reporting requirements and baselines are yet to be agreed.

Links to	
Strategic Priorities	**Principal Risks**
Primary and community care	BAF21-03

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	18025	Working with the North Wales Regional Workforce Board to develop an improvement recruitment package for Independent Providers.	Mrs Marianne Walmsley, Lead Nurse Primary and Community	30/04/2022	It will prevent admissions from Care Homes which have no staff and improve patient flow to enable discharge. September 2022 progress update - Action delayed. This was escalated to the Regional Workforce Board In July with the recommendation of appointing some dedicated support.	Delay
	20074	Development of an interim relief bank for health and social care	Mrs Marianne Walmsley, Lead Nurse	31/01/2022	Allow flexibility in relation to staffing within homes.	Completed

			Primary and Community		Action closed as it is not considered deliverable. Pre-Placement Agreement is in the final stages by the 6 Local Authorities and Care Forum Wales and will be sent out to providers for signing in September. Consideration is being given to the implications of any provider refusing to sign the PPA with the aim of having a joint response plan for the 6 LAs and Health Board.	
	22182	Review and update Health Board Discharge policy.	Ms Jane Trowman, Care Home Programme Lead	30/09/2022	Discharge policy reviewed, updated and will support the assessment around medically fit for discharge patients.	On track

CRR20-06	**Director Lead:** Chief Digital and Information Officer	**Date Opened:** 28 March 2019
	Assuring Committee: Partnership, People and Population Health Committee	**Date Last Reviewed:** 12 July 2022
	Risk: Informatics - Patient Records pan BCUHB	**Date of Committee Review:** 12 July 2022
		Target Risk Date: 30 September 2024

There is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.

	Impact	Likelihood	Score
Inherent Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Moderate level		9-12
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Informatics Strategy in place, with regular reporting to, Partnership, People and Population Health Committee. 2. Corporate and Health Records Management policies and procedures are in place pan-BCUHB, monitored by the Patient Records Group. 3. iFIT Radio-Frequency Identification (RFID) casenote tracking software and asset register in place at acute sites to govern the management and movement of patient records. 4. Key Performance Indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group).	1. Chairs reports from Patient Record Group presented to Information Governance Group. 2. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee.

5. Centralised Team to manage 'Subject Access Requests' for Patient Records pan-BCUHB established, monitoring compliance with the legislation, monitoring compliance with legislation and supporting the rectification of commingling within patients clinical notes. 6. Standard Operating Procedure in place pan-BCUHB and off-site storage secured to manage the increased storage demands in response to the embargo on the destruction of patient records (in line with retention) due to the Infected Blood Inquiry. 7. Medical Examiners Service (MES) support teams established on each site to respond to the new requirements for providing scanned patient records to the MES in line with their standard operating procedures.	3. Information Commissioners Office Audit.

Gaps in Controls/mitigations

1. Delayed implementation and recruitment, to be able to digitalise all specialties within 4 years. Improved relationship with supplier and recruitment to take place with a phased approach for digital implementation.
2. Fit for purpose on site estate to hold physical records with the lack of current plans to scan records. The estate to hold physical records requires upkeep, current off site storage in place.
3. Lack of attendance at the Patient Records Group. Not all records custodians in attendance, monitoring and contacting leads within areas to implement change.
4. Lack of central oversight of records sent out by other departments. Urgent meeting to support standardisation and consistency of processes. Reporting of compliance to Patient Records Group to be implemented.
5. Compliance check for information sent out not robust. Band 4 staff currently quality checking information sent.
6. Local site improvement plans being developed in a silo manner without standardised approach across the Health Board. Health Records representation on improvement boards to be established.

Progress since last submission

1. Controls in place reviewed and updated to ensure relevance with current status of the risk.
2. Gaps in controls reviewed and updated to ensure relevance with current risk position.
3. Action ID 12429 – Action remains on hold until the Mental Health Business Case is progressed with the Welsh Government.
4. Identification of new action ID 23746 to establish a new all encompassing Patient Records Programme that pulls all streams of work under one overall governance arrangement.

5. Identification of new action ID 23747 for the identification of recruitment for a Programme Manager to bring all strands of the patient records programme together.
6. Identification of new action ID 23748 for the Acting Executive Director of Therapies and Health Sciences to become the Senior Responsible Officer for the Clinical Records Standards element and The Chief Digital and Information Officer the Senior Responsible Officer for the Paper Records Management and CITO Electronic Document Record Management System elements.
7. Identification of new action ID 23749 to ensure that the DHR Programme is re-scoped into an Electronic Document Record Management System.
8. Identification of new action ID 23750 for the immediate review of the patient record policies, standard operating procedures and the associated delivery of training and awareness, to improve integrity and quality of information in clinical records as they are now in paper form.

Links to	
Strategic Priorities	**Principal Risks**
Making effective and sustainable use of resources (key enabler) Transformation for improvement (key enabler)	BAF21-16 BAF21-21

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12423	Development of a local Digital Health Records system.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	July 2022 progress update – An SBAR will be presented to the Executive Board during August, requesting a re-scope of the project. However the early adopter work is still ongoing with both vascular and rheumatology. Full update and agreed recommendations to be	On track

					provided after the Executive Board.	On track
	12425	Digitise the clinic letters for outpatients.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	31/12/2022	July 2022 progress update - Action remains delayed due to a delay in the start of the Medical Transcribing Electronic Discharge project, resources now in place.	On track
	12426	Digitise nursing documentation through engaging in the Welsh Nursing Care Record.	Brady, Mrs Jane, Senior Lead Nursing Informatics Specialist	30/09/2024	July 2022 progress update - Business case approved February 2022. Welsh Nursing Care Record now live across East community hospitals and all East medical and surgical wards in secondary care. This concludes the Welsh Nursing Care Record rollout in East. Planning for Central implementation has commenced with a proposed go live of mid-September 2022, starting in Ysbyty Glan Clwyd.	On track
	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	31/01/2023	ON HOLD until the Mental Health Business Case is progressed with the Welsh Government (5 case business cases) – break ground circa 2023, we will not be able to start the work to explore if the Ablett can be retained and	On Hold

					redesigned for health records until the business cases are signed off. The date for the Mental Health Full Business Case is September 2022.
	23746	A new all encompassing Patient Records Programme is established that pulls all streams of work under one overall governance arrangement.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	A programme in place that will support the mitigation of the risk with the central management and oversight of the individual elements.
					On track
	23747	The identification or recruitment of a Programme Manager established for the overall programme and management to ensure all three elements are scoped and re-costed.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	The action will provide support in the mitigation of the risk with the central management and oversight of the individual elements.
					On track
	23748	The Acting Executive Director of Therapies and Health Science become the Senior Responsible Officer for the Clinical Records Standards element and the Chief Digital and Information Officer the Senior Responsible Officer for the Paper Records Management and CITO Electronic Document	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	These programmes require their scopes clearly being defined so that all are clear what they aspire to deliver and how to support the reduction in the risk score and reduce the volume of incidents, complaints and claims regarding inappropriate record keeping.
					On track

		Record Management System (EDRMS) elements.				On track
	23749	The Digital Health Record Programme is re-scoped into an Electronic Document Records Management System.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	To focus on addressing the more immediate patient records management challenges facing the Health Board utilising the proven capabilities of the CITO product.	On track
	23750	Immediate review of the patient record policies, standard operating procedures and the associated delivery of training and awareness and to improve integrity and quality of information in clinical records as they are now in paper form.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	Part of this work is currently underway as part of the Ysbyty Glan Clwyd improvement plan and when fully implemented will support the reduction in the risk score.	On track

CRR20-06 - Proposed Changes (CRR20-06 to be split into 3 separate risks)

	Director Lead: Chief Digital and Information Officer	**Date Opened:** 08 September 2022
	Assuring Committee: Partnerships, People and Population Health Committee	**Date Last Reviewed:** 15 September 2022
	Risk : Retention and Storage of Patient Records	**Date of Committee Review:** Revised Risk
		Target Risk Date: 30 September 2024

There is a risk that patient information is not available when and where required, this may be caused by lack of suitable and adequate storage space, uncertain retention periods (Infected Blood Enquiry/Covid) and logistical challenges of sharing and maintaining standards of paper case records across the organisation.

This could lead to substandard care, patient/staff harm and inability to meet our legislative and Health and Safety responsibilities along with reputational damage and fiscal penalties.

		Impact	Likelihood	Score
To be populated following approval	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	4	2	8
	Risk Appetite	low level		1-8
	Movement in Current Risk Rating Since last presented to the Board in – Revised Risk not presented to Board	Revised Risk		

Controls in place	Assurances
1. Informatics Strategy in place, with regular reporting to, Partnership, People and Population Health Committee. 2. Corporate and Health Records Management policies and procedures are in place pan-BCUHB, monitored by the Patient records group. 3. iFIT Radio-Frequency Identification (RFID) casenote tracking software and asset register in place at acute sites to govern the management and movement of patient records. 4. Key Performance Indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group) 5. Standard Operating Procedure in place pan-BCUHB and off-site storage secured to manage the increased storage demands in response to the embargo on the destruction of patient records (in line with retention) due to the Infected Blood Inquiry.	1. Chairs reports from Patient Record Group presented to Information Governance Group. 2. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee. 3. Information Commissioners Office Audit.

Gaps in Controls/mitigations
1. Lack of fit for purpose on site estate to hold physical records with no plans to scan records. Health and Safety review ongoing to establish safe storage options, including off site storage. 2. Lack of central oversight of records sent out by other departments. Urgent meeting to support standardisation and consistency of processes. Reporting of compliance to patient records group to be implemented. 3. Local site improvement plans being developed in a silo manner with without standardised approach across the Health Board, health records representation on improvement boards. 4. Lack of digital systems in place, CITO programme underway to implement an electronic document patient record.

Progress since last submission
This risk was formally part of CRR20-06 which is now being split into 3 separate risks, following discussion and support at the Risk Management Group during August 2022. 1. Controls in place reviewed and updated to ensure relevance with current status of the risk. 2. Gaps in controls reviewed and updated to ensure relevance with current risk position. 3. It is anticipated that a current score of 12 will be achieved by the 30 September 2023.

3. Action ID 12429 – Action transferred over from CRR20-06, action remains on hold until the Mental Health Business Case is progressed with the Welsh Government.

4. Action ID 23746 - Action transferred over from CRR20-06, to establish a new all-encompassing Patient Records Programme that pulls all streams of work under one overall governance arrangement.

5. Action ID 23747 – Action transferred over form CRR20-06, for identification or recruitment of a Programme Manager (8a) established for the overall programme and ensure all three elements are scoped and re-costed.

6. Identification of new action to review all files and utilise off site storage for files due for destruction

7. Identification of new action to risk assess all file storage locations including racking at main sites - To be undertaken by H&S and Fire safety officers.

8. Identification of new action for a meeting to be set up with estate management to discuss current issues i.e. – Wrexham roof, Ysbyty Glan Clwyd porta cabins and temporary locations.

9. Identification of new action for a project to be set up to look at back record conversion of Patient records via scanning technology.

Work remains ongoing to develop a further 2 new risks for 'Timely and consistent patient care' and 'Digitisation, Workforce and Transition', which will include the transfer over of open actions from the current CRR20-06 and result in the archiving of the current Corporate Risk CRR20-06 'Management of Patient Records'. It is anticipated that the two new risks will be submitted to the next Risk Management Group meeting in December 2022.

Links to	
Strategic Priorities	**Principal Risks**
Making effective and sustainable use of resources (key enabler) Transformation for improvement (key enabler)	BAF21-16 BAF21-21

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit	Nia Aspinall, Head of Patient Records and	31/01/2023	ON HOLD until the Mental Health Business Case is progressed with the Welsh Government.	On hold

target risk score		for purpose' file libraries for legacy paper records.	Digital Integration			<td style="background:red"> </td>
	23746	A new all-encompassing Patient Records Programme is established that pulls all streams of work under one overall governance arrangement.	Nia Aspinall, Head of Patient Records and Digital Integration	30/09/2024	A programme in place that will support the mitigation of the risk.	On track
	23747	The identification or recruitment of a Programme Manager (8a) established for the overall programme and ensure all three elements are scoped and re-costed.	Nia Aspinall, Head of Patient Records and Digital Integration	30/09/2024	The action will provide support in the mitigation of the risk.	On track
	TBC	Review all files and utilise off site storage for files due for destruction.	Nia Harrison	31/03/2023	Will increase the storage capacity onsite.	On track
	TBC	Risk assess all file storage locations including racking at main sites - To be undertaken by Health and Safety and Fire Safety Officers.	Nia Harrison	30/03/2023	Provide safe and secure location for patient files and staff working environment.	On track
	TBC	Meeting to be set up with estate management to discuss current issues i.e. – Wrexham roof, YGC porta cabins and temporary locations.	Jane Carney	31/12/2022	Work towards providing a safe working environment for staff and the protection of Patient records.	On track
	TBC	Project to be set up to look at back record conversion	Nia Aspinall	30/09/2024	Provide digitalised copies of records and reduce facility	On track

| | of Patient records via scanning technology. | | | requirements of patient records.

Ability to meet our legislative and Health and Safety responsibilities along with reputational damage and reduce any fiscal penalties. | |

CRR20-08	**Director Lead:** Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	**Date Opened:** 14 September 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 15 September 2022
	Risk: Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients.	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 30 December 2022

There is a risk that patients may come to harm of permanent vision loss. This may be caused by reduced capacity resulting from Covid-19 and increase in waiting times for clinic review as clinics have been cancelled.

This may negatively impact on patients through untreated proliferative diabetic retinopathy, untreated glaucoma, untreated age related macular degeneration, prolonged suffering and may result in falls from impaired vision due to lack of cataract secondary capacity due to prolonged surgical capacity reduction during the pandemic. This could negatively also impact on patient safety and experience, the quality of care, finance through claims, and the reputation of the Health Board.

	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	4	4	16
Target Risk Score	3	2	6
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Decreased		

Controls in place	Assurances
1. Outsourcing process and group in place to review progress against the contract. 2. Cataract outsourcing - All cataracts (internal and outsourced) have been risk stratified in order of visual impairment, to deal with the most clinically pressing cases first.	1. Risk is regularly reviewed at local Quality and Safety meetings. 2. Risk reviewed at monthly Eye Care Collaborative Group.

3. 'Once for North Wales' process is in place, partially across all sites, Cataract patients who are already clinically prioritised may be shared across all three units in North Wales to ensure equity of access. 4. Once for North Wales/mutual aid process allows partial flexibility for cross region movement of Cataract and Intra Vitreal Injection patients and the ability to allocate further clinic slots. No longer being utilised. All staff across 3 sites recruited except Consultant hours in East. Go live additionally being progressed. 5. Diabetic Retinopathy Integrated Pathway now in place across all 3 sites. 6. Monthly monitoring of the application of the Cataract Priority Targeting List (PTL) to ensure Pan BCU reduction of access inequity. 7. ODTC Single Tender Waiver enabled continuation of use of Primary Care Optometry (until September 2022). 8. Clinical condition dashboard now available for beta stage is live and implemented to support documentation and site self-management of clinical condition use to manage services. 9. Pan BCU Clinical Lead now appointed.	3. Monthly reports to Welsh Government against Key Performance Indicators for eye care measure and Key Quality Indicators. 4. All Wales and Mersey Internal Audit Agency audits have taken place, and reports received to which BCUHB is responding. In addition two clinical condition audits are undertaken annually by Welsh Government. 5. Performance reviewed at Secondary Care Accountability Meetings.

Gaps in Controls/mitigations
1. Further table-top risk stratification is challenged by reduced office based decision making for clinicians as a consequence of their return to expanded clinical activities. Continuing to stratify patients into R1, R2 and R3 to enable prioritisation of those at risk of permanent sight lost. In addition further capacity is planned for Intra Vitreal Therapy (IVT) across all regions as part of the approved business case and additional Central region business case. 2. Outsourcing of the cataract activity is in place along with additional temporary administration support, however, there is need for sustainability moving forward. 3. Current partnership pathways which mitigates waiting times and reduce capacity during Covid-19 are reliant upon an assigned clinical condition. A significant number of patients do not have a clinical condition logged on the system. Standard Operating Procedure has been refreshed and a review is undertaken with a monthly clinical condition report to monitor data quality against clinical condition and sites produce redress action plans. 4. National standard currently not being met, guidance for number of cataracts being undertaken per list is currently set to 6-8, the Health Board is running at 2.8-3.6, differences in national standards between number of cataract procedures per list. Regional Treatment Centres and Clinical Pathways contract formally with Get it right first time (GIRFT) in ophthalmology to

review, design and implement new pathways to deliver high volume low capacity productive theatre sessions. First session took place on the 28th February 2022. GIRFT (Get it right first time) to commence working with Ophthalmology in Autumn 2022.

Progress since last submission
1. Controls in place reviewed and updated to reflect current risk position. 2. Gaps in controls reviewed and updated to reflect current risk position. 3. The service will look to disaggregate the risk by the clinical conditions which will enable the risks to reflect impact on patient safety/care by the clinical conditions. Risk 1 - Delay of care leading to increased potential risk of Irreversible Sight-Loss (Predominantly Glaucoma/Diabetic Retinopathy/AMD). Risk 2 - Delay of care leading to increased potential risk of reversible Sight-Loss/risk of social isolation/falls/poor quality of life (Predominantly Cataract). The service are to meet with the Senior Management Team for Eye Care to discuss the risks and further develop. It is anticipated that the revised risks will be submitted to the next Risk Management Group meeting in December 2022.

Links to	
Strategic Priorities	**Principal Risks**
Recovering access to timely planned care pathways Strengthen our wellbeing focus	BAF21-02 BAF21-04

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
	20392	Following approval of the internal eye care business	Alyson Constantine,	31/12/2021	Additional Intra Vitreal Therapy capacity and more patients can	Delay

| Actions being implemented to achieve target risk score | | case, recruitment to support additional Intra Vitreal Therapy capacity is ongoing as well as the digital programme. | Site Acute Care Director | | be seen within target time. Technical posts will allow progression of digital implementation.

August 2022 progress update - Partial recruitment mitigation, all sites recruited to all but Consultant posts. Consultant recruitment potential to be maximised through amalgamating vacancies to progress a Pan BCU post.

Breakdown of current vacancies is being shared with pan BCU clinical lead who is exploring the potential of pan BCU posts with colleagues. | |

CRR21-13	**Director Lead:** Executive Director of Nursing and Midwifery	**Date Opened:** 07 December 2017
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 12 September 2022
	Risk: Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce)	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 30 December 2025

There is a risk to the provision of high quality safe and effective nursing care due to the number of nursing vacancies across the Health Board.

This may be caused by the increasing age profile within the nursing workforce, difficulties with recruitment and retention of nursing staff across the Health Board, geographical challenge and competition with other hospitals across the borders. There is also the precarious position of Bank & Agency staffing in terms of continuity of supply and the impact this has on skill mix and patient experience. This has been further exacerbated by the impact on the resilience of the workforce due to the ongoing Covid 19 pandemic.

This could lead to negative impact on the safe delivery of highly quality, timely patient-centred care and enhanced experience, financial loss due to reduction in business/operational activities and potential reputational damage to the Health Board.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Workforce Recruitment and Retention Strategy in place and actively monitored with initiatives in place to maximise recruitment and retention across the nursing workforce.	1. Risk CRR21-13 is reviewed and monitored at the respective local Quality and Safety meetings.
2. Nurse Staffing Policies NU28/MHLD 0028/ outlines standards and escalation in relation to identifying and mitigating nurse staffing shortfalls across wards and departments. Nurse staffing vacancies and recruitment activity is monitored through the nursing recruitment and retention group which currently reports to the Strategic Workforce Group.	2. Compliance with the Nurse Staffing Act and Nurse Staffing calculations are reported to the Board bi-annually (May/November) via the Quality, Safety and Experience Committee as the designated committee.
3. Bi-annual Nurse Staffing calculations are undertaken in line with the Nurse Staffing Levels (Wales) Act 2016 for all acute adult medical and surgical inpatient wards, and paediatric inpatient wards (Section 25B). Additionally, and in keeping with the principles of the legislation nurse staffing calculations are also undertaken in other areas of acute services such as admission portals, Emergency Departments and areas of high care.	3. Monthly roster KPI reports are issued to identify areas in need of improvement and areas requiring targeted support
4. A Strategic Recruitment and Retention Group in place to monitor and develop forward look recruitment and retention initiatives to mitigate nursing shortfall over the next 5 years.	4. Monthly SafeCare compliance reports have been developed to identify areas in need of targeted support to enable a live view of nurse staffing levels, skill mix, and patient demand.
5. Roster Policy WP28A in place and monthly roster KPI reports are issued to the Directors of Nursing to ensure roster performance is actively managed to enable maximum utilisation of nursing workforce across the Health Board.	5. Nurse Recruitment and Retention workplan aligned to organisational priorities, CNO principles and key national drivers/strategy
6. Managing Attendance at Work Policy WP11 in place with sickness, absence and wellbeing pro-actively managed to ensure the nursing workforce is optimised.	6. Monthly sickness absence reports produced by WOD, monitored via the workforce utilisation meetings, and managed locally by senior nursing teams.
7. Utilisation of the SafeCare allocate system to provide a live/real time view of nurse staffing levels, skill mix, and patient demand. The system provides nurse managers with visibility across wards and areas enabling acuity based, safety driven decisions regarding nurse staffing and the deployment of staff.	
8. BCUHB Nursing Career Framework in place and utilised to develop and train our existing nursing workforce to meet identified workforce gaps and meet succession plans across the Health Board.	
9. Workforce planning and commissioning process in place to triangulate the requirements to develop and deliver the nursing pipeline to meet the current and future needs within the nursing workforce across BCUHB.	

10. Full representation and active participation in national policy and decisions making forums such as All Wales Nurse Staffing Group, All Wales Recruitment and Retention Group.	

Gaps in Controls/mitigations

1. There remains some variability in adherence to the Rostering Policy in relation to Key Performance Indicators e.g. Annual Leave/training. A Workforce Nursing Utilisation Dashboard has been developed and introduced to senior nursing teams to optimise nurse staffing rosters.

2. Whilst adult acute medical and surgical, and Area Teams Central and West have fully implemented the Safecare Allocate System, East Area, paediatrics and Mental Health are yet to implement. Although the Health Board has been using the system for some time there has been a significant change at matron and ward manager level and it is recognised that additional support is required to these areas to re-establish the discipline and compliance required to enable acuity based, safety driven decisions regarding nurse staffing. An implementation plan will oversee the roll out in outstanding areas. The All Wales SafeCare Standard Operating Procedure will further guide and strengthen the use of the system at an operational level. The newly appointed Nurse Staffing Programme Lead will oversee the implementation and associated training requirements relating to the SafeCare System.

3. Not all Nursing staff groups are on electronic rotas and not everyone is IT literate, due to personnel changes there is a requirement for refresher training. Plan being developed to move all nurse staff groups onto roster with a specific IT training plan aligned to this initiative.

4. Whilst the recruitment and retention strategy and plan are in place, this needs updating in line with the update of the Health Board's People strategy. Individual initiatives are in place to inform data analysis and the revised strategy will take these into account along with the wider All Wales recruitment and retention initiatives. This is being led by Director of Nursing for Workforce Staffing and Professional Standards.

5. There remains a gap in filling of nursing vacancies across the Health Board, continued advertising and recruitment and development of business case for the oversees programme and support within the nurse recruitment team.

Progress since last submission
1. Controls reviewed to ensure relevance with current risk position. 2. Gaps in controls reviewed to ensure relevance with current risk position. 3. Appointment of the Nurse Staffing Programme Lead. The post is integral with regards to supporting areas and services with the implementation and use of the Safecare health roster. 4. The Autumn nurse staffing reviews are in progress and on track for completion by the end of September 2022. Nurse staffing calculations will be presented to the Executive Nurse Director in October 2022 in readiness for presentation to the Board in the November 2022 via the Quality, Safety and Experience Committee. 5. Plans in place to Corporately recruit Health Care support Workers in readiness for the winter surge. 6. Action ID 15635 – Action delayed pending the launch of the new People Operating Model (Workforce) which is expected to be in place by 30/09/2022. 7. Action ID 17433 – Action delayed to ensure this action aligns with the Chief Nursing Officer (CNO) Wales workforce priorities. 8. Action ID 18834 – Action delayed, existing workforce dashboards have been re-visited to include total staff availability and staff utilisation. 9. Action ID 22121 – Action delayed, nurse staffing programme lead has been appointed, however, instability remains within senior nursing posts across the Integrated Health Communities. With the recruitment of key posts ongoing this action is delayed, anticipated completion end of November 2022. 10. Action ID 22122 – Action delayed, pending the launch of the people strategy. Requires Board decision regarding investment in the oversees nurse recruitment programme and nurse recruitment team, anticipated completion by December 2022. 11. Identification of new action ID 24185 for Corporate recruitment of Health Care Support workers to close the vacancy gaps and provide a stable and resilient workforce ahead of winter pressures.

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus Effective alignment of our people (key enabler)	BAF21-02 BAF21-09 BAF21-11 BAF21-18

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	15635	Development of a recruitment and resourcing business case to go to Executives.	Mr Nick Graham, Workforce Optimisation Advisor	30/11/2021	This action will assist to appropriately mitigate the potential impact and/or likelihood of this risk were it to materialise. This will increase the ability to expedite recruitment and increase volume.

The individual benefits and Key Performance Indicators of the business case are linked to the relevant sections of our corporate risk register.

September 2022 progress update – this action is now delayed pending the launch of the new People Operating Model (Workforce) which is expected to be in place by 30/09/2022. | Delay |
| | 17433 | Introduction of leadership development programmes commencing with Matrons which will extend to include Ward Managers, Heads of Nursing and | Mrs Joy Lloyd, Senior OD Manager | 31/03/2022 | This action will support retention with providing developing opportunities but also aid delivery of the Quality & Safety strategy within the Nursing workforce. | Delay |

		subsequently aspirant programmes.			In 2021/2022 the Health Board embarked on an ambitious three year people and organisational development journey (Mewn undod mae Nerth/Stronger Together). This was and is aimed at enabling the organisation to move forward and deliver its Clinical Strategy/Plan through delivery of its People Strategy and Plan – Stronger Together. The feedback from over 2,000 staff has informed the development of 5 programmes of work, one of which is 'the Best of our Abilities', this includes the development of an integrated Leadership & Management Development Framework for all professional groups, aligned to a new Learning and Education Academy. The risk associated with the development of specific leadership offers related to specific staff groups, i.e. Head of Nursing and Ward Manager programmes will be reviewed as part of this work, with a	

					proposal to develop a new Framework which will be inclusive of all professions and will provide a more streamlined, multi-disciplinary approach. September 2022 - Action to be reviewed to ensure this action aligns with the Chief Nursing Officer (CNO) Wales workforce priorities	
	17509	Exploration of the Welsh equivalent Global Learning Programme.	Mrs Alison Griffiths, Director of Nursing Workforce	30/11/2022	The Global Learners Programme offers an exciting 3 year work-based educational opportunity for overseas nurses to work in the NHS This action will embed global skills, learning and innovation into the organisation and further strengthen workforce development September 2022 progress update - Meeting scheduled for August 2022 was cancelled, this issue will be raised at the next planned meeting for Autumn.	On track
	18834	Introduce targeted monitoring across rosters, through Key Performance	Mr Nick Graham, Workforce	30/09/2022	Effective utilisation of substantive staff.	Delay

		Indicators management to reduce agency expenditure and maximise substantive staff usage.	Optimisation Advisor		September 2022 progress update - Existing workforce dashboards have been re-visited to include total staff availability and staff utilisation., the dashboard has been presented to PCRTG workforce group and will be presented in further workforce groups over the next few weeks. The nursing workforce dashboard will support future workforce utilisation meetings led by the Director of Nursing Workforce/Nurse Staffing programme lead.	
	18835	Support and progress existing band 4 roles through to fastrack nurse training and support and progress band 2/3 nursing roles into future band 4 roles for succession planning.	Mrs Alison Griffiths, Director of Nursing Workforce	30/12/2022	This action will enable the Health Board to be in a position to grow our own nursing workforce which will reduce overall vacancy rates and provide continued long term sustainable workforce.

September 2022 progress update - Action remains on track for December 2022. | On track |
| | 20039 | Develop and implement a programme of work to ensure the impact of the safe staffing act is embedded in the Health | Mandy Jones, Deputy Executive Director of Nursing | 30/12/2022 | By embedding into the business planning cycle this will support a more integrated approach to ensure the safe staffing act is met through pathway re-design | On track |

		Board's business planning cycle.			and nurse re-deployment across the Health Board. September 2022 progress update - Recognised in the Intermediate Medium Term Plan (IMTP) and work is ongoing to implement the programme.	
	22121	Implement Allocate Safecare system to all clinical areas and associated training requirements.	Mrs Alison Griffiths, Director of Nursing Workforce	30/09/2022	Ensure that Health Board has increased visibility of the Nursing workforce to ensure efficient utilisation of nursing staff and better identify areas of risk to enable appropriate mitigation at a local level. September 2022 progress update - Nurse staffing programme lead has been appointed, however, instability remains within senior nursing posts across the Integrated Health Communities. With the recruitment of key posts ongoing this action is delayed, anticipated completion end of November 2022.	Delay
	22122	Refresh and update the Nursing Recruitment and Retention strategy	Mrs Alison Griffiths, Director of	30/06/2022	This will allow an integrated medium term plan to be developed and implemented to ensure nurse recruitment and	Delay

			Nursing Workforce		retention better identifies and resolves nurse staffing challenges. September 2022 progress update - Pending the launch of the people strategy. Requires Board decision regarding investment in the oversees nurse recruitment programme and nurse recruitment team, anticipated completion by December 2022.	**Red** (cell shaded red)
	23095	Develop a business case for Corporate Nursing Workforce to provide and infrastructure to deliver the portfolio including an initial gap analysis to set up initially.	Mrs Alison Griffiths, Director of Nursing Workforce	30/11/2022	The infrastructure will enable the delivery of nursing workforce staffing and professional standards agenda/portfolio. September 2022 progress update - Business case developed and submitted, awaiting approval.	On track
	24185	Corporate recruitment of Health Care Support workers to close the vacancy gaps and provide a stable and resilient workforce ahead of winter pressures.	Mrs Alison Griffiths, Director of Nursing Workforce	31/12/2022	Provide a stable and resilient workforce ahead of winter pressures, and associated increased activity and patient acuity. 3 phased approach will be taken phase 1 will recruit from	On track

the existing bank of staff, phase 2 will recruit from an identified number of individuals that have recently applied for a post within the Health Board, and phase 3 will involve a well-publicised recruitment campaign targeted at the public, this is provisionally booked for mid November 2022 with checks and offers being made on the day.

CRR21-14	**Director Lead:** Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	**Date Opened:** 20 August 2021
	Assuring Committee: Mental Health and Capacity Compliance Committee	**Date Last Reviewed:** 02 September 2022
	Risk: There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.	**Date of Committee Review:** 29 July 2022
		Target Risk Date: 31 October 2023

There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.

This may be caused by the increased number of patients who are refusing admission or who have mind altering diagnosis which reduces their capacity and cannot consent to their continued admission in an NHS hospital setting (meets the legal framework).

This due to the new Case Law of Cheshire West, which widens the parameters of activity resulting in more patients requiring assessment for deprivation of liberty and the Supreme High Court Judgement in September 2019, which removed the consent of parents when detaining a young person [16/17 yr olds] for care and treatment within NHS settings.

This could lead to harm to patients from unlawful detention, increase in Court of Protection Activity (COP), which may result in greater operational pressures, and increase in financial cost, poor patient experience and reputational damage for BCUHB.

	Impact	Likelihood	Score
Inherent Risk Rating	4	4	16
Current Risk Rating	4	5	20
Target Risk Score	4	2	8
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Standardised formal reporting and escalation of activity, mandatory compliance and exception reports are presented to the Mental Health and Capacity Compliance Committee (MHCCC), Patient Safety Quality Group and Safeguarding Forums in line with the Safeguarding Governance and Reporting Framework. 2. Audit findings and data are monitored and escalated following the Safeguarding Governance Reporting Framework. 3. BCUHB mandatory adult at risk training levels 2 and 3 is in place for Mental Health and Learning Disabilities (MHLD) and key departments. This increases compliance with process and legislation and supports the reduction of unlawful detention. 4. The revised Deprivation of Liberty Safeguards (DoLS) Procedure is in place and provides a clear process and guidance to reduce legal challenge [21a]. 5. Deprivation of Liberty Safeguards (DoLS) COVID 19 Interim Guidance and Flow Chart is in place. This supports interim arrangements during reduced face to face contact. 6. Welsh Government interim monies has supported temporary resource to implement additional and bespoke Mental Capacity Act training in primary and community settings. 7. Welsh Government interim monies has been utilised to increase physical capacity in and out of hours to support the process of identifying patients on wards that could potentially be unlawfully detained to prevent harm to patients. 8. LPS Implementation Group in place to inform the organisation of LPS and to commence the preparation for the receipt of COP and future implementation of LPS across the organisation reporting to the MHCCC Committee.	1. This risk is regularly monitored and reviewed at the Safeguarding Governance and Performance Group. 2. This risk is regularly monitored and reviewed at the local Safeguarding Forum meetings. 3. The risk is reviewed and scrutinised at the Executive Business Meeting. 4. This risk is regularly monitored and reviewed by participation in the safeguarding ward accreditation audit and analysis. 5. This risk is regularly monitored and reviewed by the statutory engagement with the North Wales Safeguarding Adults Board to scrutinise safeguarding mortality reviews. 6. Mental Capacity Act training compliance and DoLS backlog is monitored by the Safeguarding Governance and Performance Group reported into Welsh Government. 7. Tracker is evidencing a reduction in delay, unlawful detention and backlog, monitored by the safeguarding team, which is reported to the MHCCC (Mental Health Capacity Compliance Committee).

Gaps in Controls/mitigations
1. New legislation and statutory guidance driven by case law immediately impacts upon the organisation and the date of implementation is not within BCUHB control. Training and guidance for 16/17 year olds has been developed until the statutory guidance is published.
2. New legislation and statutory guidance driven by the UK Government relating to the Liberty Protection Safeguards (LPS) is not within BCUHB control. Preparation and the implementation is dependent upon capacity, resource and expertise with the awaited revised code of practice. A business case has been approved as part of the Integrated Medium Term Plan 2022-25 and will require implementation before the effects of this can support a reduction in the current risk score.
3. The increase in safeguarding activity, with enhanced complexity has resulted in the delay of the implementation of strategic objectives and some operational proactive interventions. The increase in data reporting and supporting activity has supported the identification of risk and intervention.
4. Local Authorities frequently develop independent local guidance which requires duplication of implementation across BCUHB. This is time consuming, inhibits organisational standardisation, results in a variety of implementation activity and can result in reduced compliance. Some multi-agency guidance and intervention has been developed as a result of new Legislation and national guidance, which is being overseen by the North Wales Safeguarding Boards and supports collaboration with partner agencies.
5. There is a lack of consistent training compliance rates across the Health Board. Deprivation of Liberty and Mental Capacity Act training is available on IT platforms. Alerts and reminders are provided by the Deprivation of Liberty Safeguards Co-ordinator to wards noting the timescales and legal duties. In addition, the number of 'Authorisers' across the organisation has increased with the additional provision of specialist training.
6. New Liberty Protection Safeguards code is proposing that the commissioning arrangements of Independent Mental Capacity Act advocates will be the responsibility of Health Boards on behalf of both Health and Local Authorities, confirmed with Welsh Government and meeting arranged with the 6 Local Authorities. At present there is a lack of commissioned service in place and new arrangements require establishments in terms of governance arrangements and quality monitoring.
7. Sudden rise in the number of DoLS assessment resulting in a backlog, currently using Welsh Government monies to support current post holders to work additional hours, weekends and evenings.

Progress since last submission
1. Controls in place reviewed and updated to ensure relevance with current risk position. 2. Gaps in controls reviewed and updated to reflect current risk position with the identification of a sudden rise in the number of DOLS assessments resulting in a backlog, currently using Welsh Government monies to support current post holders to work additional hours, weekends and evenings. 3. Action ID 18117 – Action delayed, currently working with Finance to identify anomalies which influences the business case. 4. Action ID 20957 – Action delayed due to the UK and Welsh Government for the release of the Liberty Protection Safeguards Code of Practice. Continue to await the Code of Practice.

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus	BAF21-13

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	18117	Recruitment to new posts required due to implementation of Liberty Protection Safeguards.	Michelle Denwood, Director of Safeguarding and Public Protection	01/04/2022	Additional resource will ensure the legal requirements of Liberty Protection Safeguards will be implemented and will reduce the number of unlawful detentions. August 2022 progress update - working with Finance to identify anomalies which influences the business case.	Delay

		20957	Development of implementation plan in readiness for the receipt of the Mental Capacity Act – Liberty Protection Safeguards Code of Practice.	Michelle Denwood, Director of Safeguarding and Public Protection	31/05/2022	This will enable the organisation to be prepared for the receipt and implementation of the Liberty Protection Safeguards Code of Practice in the absence of a UK Government timeframe. August 2022 progress update - Delay due to UK and Welsh Government for release of the Liberty Protection Safeguards Code of Practice. Continue to await the Code of Practice.	Delay
		21213	Utilise agreed funding for the increased activity within Safeguarding.	Michelle Denwood, Director of Safeguarding and Public Protection	31/10/2022	Enable implementation of the Social Services and Well-being Act to support the increased Deprivation of Liberty Safeguards and future Liberty Protection Safeguards activity. This is dependent on the approval and governance process as part of the Integrated Medium Term Plan. August 2022 progress update - working with Finance to identify anomalies which influences the Business Case.	On track
		23066	Improve Mental Capacity Act awareness, training	Michelle Denwood, Director of	30/11/2022	Welsh Government monies will support additional resource and educational tools to inform	On track

		and reduction in DoLS 'backlog'.	Safeguarding and Public Protection		the workforce regarding capacity and harm which will reduce risk and improve patient care. August 2022 progress update - Sudden rise in the number of DoLS assessment resulting in a backlog, currently using Welsh Government monies to support current post holders to work additional hours weekends and evenings.	
	23505	Establish commissions and governance arrangements for IMCAS as directed by the LPS Code of Practice	Michelle Denwood, Director of Safeguarding and Public Protection	31/03/2023	The appointment of Independent Mental Capacity Act Advocates and delegated resource will ensure patients voice and choice will be heard and will be part of the legal considerations given to deprivation.	On track
	23506	Establishment of operational groups to support the implementation of LPS within clinical and operational service delivery.	Michelle Denwood, Director of Safeguarding and Public Protection	31/03/2023	To ensure that the service and function is embedded in front line practice. This will reduce unlawful detention and comply with the Code of Practice.	On track

CRR21-15	**Director Lead:** Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	**Date Opened:** 21 December 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 02 September 2022
	Risk: There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 31 October 2023

There is a risk that the Health Board may not discharge its statutory and moral duties in respect of Safeguarding with regards to Safeguarding Adults /Children/Violence Against Women, Domestic Abuse, Sexual Violence [VAWDASV] including the wider harm agenda and Deprivation of Liberty Safeguards [DoLS] while recognising the activities of the Managing Authority and Supervisory Body.

This may be caused by a failure to engage and implement appropriate safeguarding arrangements, develop an engaged and educated workforce and provide sufficient resource to manage the demand and complexity of the portfolio.

This could lead to harm to persons at risk of harm to which BCUHB has an duty of care, potential financial claims, poor patient experience and reputational damage to the Health Board.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. All Wales and North Wales Safeguarding Procedures approved and in place. 2. BCUHB local work programmes in place and aligned to the national strategies which are regularly reported to Welsh Government. 3. Risk Management has been embedded into the processes of the reporting framework and is included as a standard item on the Safeguarding Governance and Performance Group and Safeguarding Forums agendas. 4. A standardised data report on key areas including Adult at Risk, Child at Risk and Deprivation of Liberty Safeguards (DoLS) is submitted to Safeguarding Forums in order that data is scrutinised and risks identified. 5. All mandatory training was amended to ensure compliance with the Social Services and Well-being [Wales] Act 2014 and National Safeguarding Procedures 2019, which came into force in November 2020. Mandatory training continues to be delivered using a variety of IT platforms. 6. The BCUHB Children's Division are managing the recruitment process for the replacement of the named Doctor. Interim arrangements are in place and all statutory safeguarding meetings are attended by a Doctor. 7. Welsh Government interim monies has supported temporary resource to implement additional and bespoke Mental Capacity Act training in primary and community settings. 8. Welsh Government interim monies has been utilised to increase physical capacity out of hours. 9. Sexual Abuse Referral Centre (SARC) lead has been identified for the Health Board to support the implementation and compliance against the SARC accreditation. 10. Fully engaged and supporting the single unified Safeguarding Review lead by Welsh Government and the Home Office/Central Government for the re-write of Safeguarding reviews and Homicide reviews. 11. Monies secured and implemented for the role of Independent Domestic Violence advocate in YG and YGC and WMH. 12. HB Leading on emergency department safeguarding action plans to support HIW findings and recommendations reporting to Safeguarding performance group and overarching HIW action plans.	1. This risk is regularly monitored and reviewed at the Safeguarding Governance and Performance Group. 2. This risk is regularly monitored and reviewed at the local Safeguarding Forum meetings. 3. The risk is reviewed and scrutinised at the Executive Business Meeting. 4. This risk is regularly monitored and reviewed by participation in the safeguarding ward accreditation audit and analysis. 5. This risk is regularly monitored and reviewed by the statutory engagement with the North Wales Safeguarding Adults Board / Children's Board to scrutinise safeguarding mortality reviews. 6. Mental Capacity Act training compliance and DoLS backlog is monitored by the safeguarding governance and performance group reported into Welsh Government.

13. Undertaking bespoke supervision/peer support activities within high risk and low compliance areas/departments via Hospital Management Team's, reporting to the Safeguarding performance group. 14. Targeted intervention for key areas ie. the 3 Emergency Departments and a number of identified wards and areas within Mental Health and Learning Disabilities is in place, with escalation taking place accordingly.	

Gaps in Controls/mitigations

1. The increase in safeguarding activity, with enhanced complexity as a result of COVID, and the increase in victims recognised as a result of Domestic Abuse and Sexual Violence, refugees, modern day slavery/Human trafficking and county lines, has resulted in the delay of the implementation of strategic objectives and some operational proactive interventions. This has resulted in the prioritisation of elements of service delivery aligned to the identified risk, being put in place.

2. The inability of safeguarding specialists to be in attendance at required meetings. Standardised Reporting Tools are in place to ensure reporting and consistent activity and data collection is communicated.

3. The lack of a comprehensive digital clinical patient record reduces the identification of individual patient risks which results in the delay of information, communication and is time consuming. Safeguarding mandatory fields are in place within the Symphony system into Emergency Departments relating to non-accidental injuries for children under the age of 2 years, with alternative platforms in place when they have limited digital patient records.

4. Lack of consistent approach by the 6 Local Authorities in North Wales to implement guidance as a result of national policies and procedures. Local Authorities frequently develop independent local guidance which requires duplication of implementation across BCUHB, is time consuming, inhibits organisational standardisation, results in a variety of implementation activity and can result in reduced compliance. This is continued to be raised within multi agency forums with the attempt to support the overarching procedures whenever possible.

5. Named Doctor Safeguarding Children - Post appointed to awaiting start date, anticipated for the 1st October 2022. Currently working in conjunction with the Paediatric Team to ensure local arrangements are in place to support the Safeguarding agenda/portfolio.

6. Compliance rates of training does not provide assurance against the knowledge and application of the training into clinical practice. Measuring understanding and application of training materials using desktop reviews, audit and utilising a survey monkey is to be developed and monitored by implementation plan. Targeted activity for low compliance and high risk areas.

7. A number of senior post remain vacant following recruitment, risk assessment taken place on service delivery and identification of activities to ensure compliance and engagement.

8. Safeguarding Forums not consistently taking place, proactive engagement taking place with the Chairs to review membership and the agenda including the Cycle of Business to ensure full engagement and escalation.

Progress since last submission
1. Controls in place reviewed and updated to reflect current risk position. 2. Gaps in controls updated to reflect current risk position. 3. Post appointed to for the 'Named' Doctor for Safeguarding Children/Child at risk, with anticipated start date of the 1st October 2022. 4. Action ID 18113 – Action remains delayed with a Health Board Standard Operating Procedure to be developed to identify threshold and indicators to determine the referral into the process on a regional footprint, whilst awaiting the National agreement, this will provide a level of consistency and transparency. 5. Action ID 18120 – Action remains delayed with the activity suspended by the Welsh Government over the summer holidays due to re-convene on the 18th October 2022. 6. Identification of new action ID 24085 to review Safeguarding Terms of Reference and the Reporting Framework. 7. Identification of new action ID 24086 to monitor and review that Safeguarding Forums are convened in line with the Safeguarding Reporting Framework.

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus	BAF21-13

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve	18113	Implementation and monitoring of Workforce Safeguarding Responsibilities Standard	Michelle Denwood, Director of Safeguarding	20/12/2021	The process and the development of Key Performance Indicators' can be implemented across the	Delay

| target risk score | | Operating Procedure [Social Services and Well-being (Wales) Act 2014]. | and Public Protection | | Organisation to support safe recruitment and provide assurance relating to professional allegations / position of trust for Local Authority meetings.

In addition a Health Board SOP to be developed to identify threshold and indicators to determine the referral into the process on a regional footprint, whilst awaiting the National agreement, this will provide a level of consistency and transparency. | |
|---|---|---|---|---|---|---|
| | 18120 | National development and implementation of Single Unified Safeguarding Review. | Michelle Denwood, Director of Safeguarding and Public Protection | 01/04/2022 | The revised Procedures will support the identification of risk and mitigation which is supported by an IT platform [repository]. This will collate the findings of the reviews to identify trends and support the reduction of Organisational risks.

August 2022 progress update - Activity has been suspended by the Welsh Government over the summer holidays due | Delay |

				to re-convene on the 18th October 2022.	
	21216	Utilise agreed funding for the increased activity within Safeguarding.	Michelle Denwood, Director of Safeguarding and Public Protection	31/10/2022	Enable implementation of the Social Services and Well-being Act to support the increased activity. This is dependent on the approval and governance process as part of the Integrated Medium Term Plan. August 2022 progress update - Working with Finance to identify anomalies which will influence the Business Case.	On track
	23507	Mental Health division to include the identification of resource to support a Safeguarding physical presence within the Mental Health Units.	Michelle Denwood, Director of Safeguarding and Public Protection	31/03/2023	A single point of contact and physical presence will support the front line clinician to identify and to safeguard service users who may be at risk of harm. Will support the implementation of safeguarding practice and training. August 2022 progress update - Request raised for confirmation of additional resource in the Mental Health and Learning Disabilities	On track

					safeguarding forum, we await a formal response and included reference to this within the intended Safeguarding Business Case.	
	24085	Review Safeguarding Terms of Reference and the Reporting Framework	Michelle Denwood, Director of Safeguarding and Public Protection	31/03/2023	Ensure that reporting and governance is in line with the organisations revised structure ensuring operational and strategic safeguarding activity is aligned to the organisations performance and risk management activities ensuring compliance with safeguarding legislation relating specifically to the NHS.	On track
	24086	Monitor and review that Safeguarding Forums are convened in line with the Safeguarding Reporting Framework	Michelle Denwood, Director of Safeguarding and Public Protection	31/03/2023	Ensure that the Safeguarding agenda is embedded and key areas of risk escalated within the identified Health Economies and Mental Health and Learning Disabilities.	On track

CRR21-16	**Director Lead:** Executive Director of Workforce and Organisational Development	**Date Opened:** 22 April 2021
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 24 August 2022
	Risk: Non compliant with manual handling training resulting in enforcement action and potential injury to staff and patients	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 20 June 2023

There is a risk that insufficient Manual Handling training could lead to staff and patient injury, lost work time, Health and Safety Executive enforcement action (recent related Improvement Notices for Patient Falls, Patient Handling and Portering Load Handling risk assessments) and reputational damage. This may be caused by staff being unable to attend Manual Handling training due to a lack of dedicated training facilities, reduction in class sizes due to COVID-19 restrictions and insufficient numbers of trained staff. This could lead to an impact on compliance as set at an All Wales level and requires BCUHB to have a compliance of 85% for Patient handling refresher and 100% prior to new starters / students undertaking patient handling duties.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	1	4
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Health & Safety Strategy has been approved which includes Manual Handling. 2. Training plan is in place specifically in relation to Manual Handling, training compliance is monitored by the Mandatory Training Group. 3. Recruitment programme has been approved and is in place as part of the Health & Safety business case. 4. Risk assessments in place to provide safe training environment.	1. Regular oversight and review by the Occupational Health & Safety Team. 2. Reviewed at the Strategic Occupational Health and Safety Group.

5. A full review of the training was completed in August 2021 to ensure the training provided was in line with the All Wales Manual Handling training passport scheme. 6. Suite of fully functional training rooms secured. 7. Datix system is monitored daily by the Health and Safety team to review incidents and follow up on lessons learnt. 8. Multi-disciplinary team including Manual Handling representative set up and currently auditing compliance with patient handling risk assessments.	3. Risk Management Group oversight. 4. Local Partnership Forum. 5. Health and Safety Executive inspections.

Gaps in Controls/mitigations

1. Although the training programme is in place there is currently a national shortage of manual handling trainers. Re-advertisement for posts is continuing.
2. Low training compliance rates across the Health Board. There is a structured approach in place to increase mandatory training compliance, however with the lack of trainers in place improvement in compliance rates is challenging.
3. Lack of integrated booking system with the ESR system and ESR is not easy to use. Manual bookings currently in place.
4. Did Not Attend (DNA) at training sessions. A review of the rate of DNAs and evaluation of causes of none attendance remains a gap in the system. This will be undertaken by the new band 6 roles, when in post. This will strengthen the review of DNA's as part of the work programme.
5. Patient Handling refresher and orientation training should be delivered by clinically trained staff to comply with the Manual Handling Passport Scheme. The business case has been agreed and is being implemented, but this remains a gap in the controls until recruitment has been successful. Current compliance for Patient Handling refresher is now at 52%.
6. Gaps identified as a result of the Health & Safety Executive inspections in relation to completion of patient risk assessments, action plan developed to comply with HSE improvement notice and Multi-Disciplinary Team set up to audit internal compliance.
7. Gap identified as a result of the Health and Safety Executive investigation into facilities staff compliance with training, with the potential for a prosecution for the Health Board. Training package is in place to ensure facilities staff are suitably trained.

Progress since last submission

1. Controls in place reviewed and updated to reflect current position.
2. Gaps in Controls reviewed and updated to reflect current position with new gap identified as a result of the Health and Safety Executive investigation into facilities staff compliance with training.
3. Action ID 17979 – Action remains delayed re-advertisement taken place and successfully appointed to the post of Manual Handling Manager with start date of the 1st September 2022.

4. Action ID 18859 – Action remains delayed, draft policy is in place, a review of the policy is underway in line with Health and Safety Executive recommendations.
5. Identification of new action ID 24050 for the Muscular-Skeletal Disorder Group to be re-instated to review trends in incidents and follow up improvement actions.
6. Identification of new action ID 24051 for an SBAR to be developed to request authorisation to increase staff numbers in training sessions.

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus	BAF21-13

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	17979	Additional trainers sought, to be clinically trained as per the standards set within the All Wales Manual Handling Passport and Information Scheme that BCUHB have signed up to provide.	Mrs Susan Morgan, Head of Health and Safety	30/11/2021	Additional trainers to provide training to the standard set within the Passport for clinical qualifications. Having increased number of trainers allows for increasing classes that can be offered, increase attendance and compliance for BCUHB. August 2022 progress update - Initial Manual Handling Manager appointment due to start on the 1st August withdrew from the post. Re-advertisement has taken place and successfully appointed to the post of Manual	Delay

				Handling Manager with start date of the 1st September. Interviews for band 6 advisors post taken place and successfully recruited to one post with start date to be confirmed. However, 2 advisor staff have since left the post. With current post vacancies for advisors at 4.6.	
	17980	Consider targeted training for both inanimate load handling and people handling. A training needs analysis to be completed, along with the use of Datix data to show high-risk areas to target for training.	Mrs Susan Morgan, Head of Health and Safety	01/04/2023	Target areas to ensure those with higher need for people handling training have been offered and can attend as priority. This should reduce the risk of injuries to both staff and patients if those who handle patients more-often have the appropriate training. The porters load handling risk assessments have been revised to include TILE. Supervisors have been re-trained on risk assessments and particularly load handling risk assessments. All porters to be given information, instruction and training on the risk	On track

					assessments. An audit programme has commenced for both patient falls and patient handling risk assessments.	
	18859	Finalise, approve and implement Manual Handling Policy and Plan.	Mrs Clare Jones, Health & Safety Advisor	31/12/2021	Gives staff an understanding of their obligation to undertake and access manual handling training which reduces the likelihood of injury to both patients and staff. August 2022 progress update - Draft policy is in place, a review of the policy is underway in line with Health and Safety Executive recommendations. Following the review, the policy will be presented for approval, anticipated completion of the policy review by 30 September 2022. Ratification process will follow the completion of the policy review.	Delay
	23660	Consideration of alternative methods of Manual Handling training.	Mrs Susan Morgan, Head of Health and Safety	30/09/2022	Looking at alternative training delivery will improve capacity to increase compliance rates to support the prevention of staff and patient injury.	On track

					August 2022 progress update - This action will be picked up by the new Manual Handling Manager who will be in post from the 1st September 2022 following successful recruitment. Trials took place in August from an external source to provide orientation and refresher training to supplement the internal team programme, positive feedback received following the trial, multi quote raised by procurement for continuation through September 2022. Anticipated delay to the action due date due to the action to be allocated to the new Manual Handling Manager when commenced in post.	
	24050	Muscular-skeletal disorder group to be re-instated to review trends in incidents and follow up improvement actions.	Mrs Susan Morgan, Head of Health and Safety	31/12/2022	Identify hot spot areas and to target those areas for intervention.	On track
	24051	SBAR to be developed to request authorisation to	Mrs Susan Morgan, Head of	31/10/2022	Increase the number of available seats and therefore	On track

| | increase staff numbers in training sessions. | Health and Safety | | increase the numbers of staff trained. | |

CRR21-17	**Director Lead:** Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	**Date Opened:** 26 July 2021
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 08 September 2022
	Risk: The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours.	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 31 March 2023

There is a risk that Young people attending Emergency Departments, Paediatric wards in crisis and out of hours with suicidal behaviour/ideation, actual self-harm and those detained out of hours under a s136 may not always receive timely access to Child and Adolcent Mental Health Services (CAMHS) to ensure highest quality patient-centred care.

This may be caused by a number of contributory factors, the list below is not exhaustive:
• Current operational hours of CAMHS is 9am-5pm over 7days a week.
• CAMHS psychiatrists are limited in how they can respond out of hours to complete a S136 assessment. There is often a requirement for social care involvement to facilitate a safe discharge from the section, which is not available out of hours.
• increase in demand which may be linked to the restrictions of lockdown and Covid-19 pandemic.
• crisis presentations to the Emergency Departments with associated social care placement breakdowns leading to young people remaining on acute paediatric wards for prolonged periods waiting for suitable placement by Local Authority.
• awaiting a CAMHS Tier 4 bed following a mental health assessment.

The environments within the Emergency Departments and S136 suites are not designed to meet the needs of young people experiencing a psycho-social or mental health crisis. Whilst the paediatric wards may be considered, age appropriate they are also not designed to meet this type of need within their environments.

This may negatively impact on patient experience, quality of patient care, on longer detention in s136., delay in discharge and the reputation of the Health Board. This could also lead to distress, behaviour challenges and possible risk to other young people and staff, and delay in treatment to other young people who may need to access Paediatric wards.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Child and Adolescent Mental Health Services (CAMHS) Operational Policy in place with oversight by each Area Team. 2. Collaborative working taking place between Mental Health, Emergency Departments, Paediatrics and Area Teams as part of the risk assessment and risk management processes. 3. Local individual risk assessment undertaken by nursing staff as part of the Paediatric Admission Process. 4. CAMHS practitioners provide 7 day service and support to the paediatric wards for a limited number of hours (i.e. 9-5pm, 7 days a week). 5. Paediatricians attend the s136 suites for children under the age of 16 years to undertake a holistic medical assessment. 6. CAMHS Psychiatry provide a 7 day service for S136 assessments between 9am to 5pm for young people up to their 18th birthday and out of hours telephone on-call rota. 7. CAMHS provide support to the s136 suites for young people under 16 years or those with complex needs where possible. 8. Collaborative/partnership working with Local Authority in finding placements for young people waiting on Paediatric wards. 9. Safeguarding discharge Standard Operating Procedure for young people in place. 10. Daily situation report (SITREP) reporting between Paediatrics and CAMHS, which includes incident notifications.	1. A scoping exercise or report of Child and Adolescent Mental Health Services (CAMHS) Unscheduled/Crisis Care has been completed. 2. Related CAMHS risks are now regularly reviewed, scrutinised and discussed within a Pan-BCUHB approach. 3. Risk also regularly discussed at the Area - Quality and Safety Group. 4. Risk, controls and actions in place have been sufficiently shared with key stakeholders, i.e. the Local Authority and Police. 5. Pre Jet Meeting with Welsh Government, joined with Mental Health Division on a quarterly basis.

11. Analysis of intelligence from related incidents in generating organisational learning, awareness and fostering improvements.	

Gaps in Controls/mitigations

1. Inability to meet growing demand in crisis presentations due to availability, staff shortages and availability of appropriately trained staff. Currently working with recruitment agencies and established multi-disciplinary team is already in place.
2. Lack of suitable Local Authority placements or shared safe environments within which young people can be assessed or discharged to. Looking and considering alternative safe environments/accommodation across all health economy areas and Local Authority partners.
3. Lack of agreed consistency, threshold and standardisation for reporting related incidents across the Health Board in relation to Mental Health patients on Paediatric wards. Incidents are being reported within areas and reviews are undertaken at Child and Adolescent Mental Health Services (CAMHS) and paediatric safety meetings.

Progress since last submission

1. Controls in place reviewed to reflect current risk position.
2. Gaps in controls reviewed and updated to ensure relevance with current risk position.
3. The new NICE guidance NG225 was published on the 07/09/2022.
4. Action ID 17956 - Anticipated delay to the action due date due to staff availability both in terms of Health Board and Local Authority colleagues.
5. Action ID 17964 – Anticipated delay to the action due date, plans being developed to deliver training of youth Mental Health First Aid, this will be delivered within each Integrated Health Community, further work required to develop a rolling programme of training which will extend beyond the action due date.
6. Action ID 23091 – Anticipated delay to the action due date, recruitment remains ongoing, anticipated delay in recruiting to substantive post, use of locums remains ongoing during this period.

Links to	
Strategic Priorities	**Principal Risks**
Improved USC (unscheduled care) pathways Integration and improvement of Mental Health Services	BAF21-01 BAF21-08

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	17956	Multi-agency plan and policy for underpinning a robust Multi-agency Crisis Intervention pathway to be developed.	Marilyn Wells, Head of Nursing	31/10/2022	This will enable us to divert young people at the front door and support their needs in different ways. August 2022 progress update - Anticipated delay to the action due date due to staff availability both in terms of Health Board and Local Authority colleagues. Timelines and pathways to be developed to identify roles and responsibilities of various internal and external agencies in relation to the recommendations resulting from the NICE guidance.	Delay
	17963	Task and Finish Group to review SCH03 Policy and update policy around care of young people at high risk of harm.	Marilyn Wells, Head of Nursing	31/12/2022	This will enable us to have a pathway in place and enable timely assessments without necessarily needing admissions.	On track

					August progress update - NICE guidance NG225 was published on the 07/09/2022, Task and Finish group can now be progressed.	
	17964	Training and awareness raising for relevant professionals in supporting and assisting young people in crisis. For example: Paediatric staff/ Emergency Department staff, Local Authority and North Wales Police.	Marilyn Wells, Head of Nursing	31/10/2022	Create awareness and develop skill in assessment and improve staff morale.

August 2022 progress update - Plans being developed to deliver training of youth Mental Health First Aid, this will be delivered within each Integrated Health Community, further work required to develop a rolling programme of training which will extend beyond the action due date. Training requirements are highlighted in the new NICE guidance and recommendation in relation to supervision for staff. | Delay |
| | 18334 | Identification and development of suitable shared (non hospital) environment for comprehensive assessment of needs and development of a plan to | Marilyn Wells, Head of Nursing | 31/10/2022 | Provision of an age appropriate environment that provides an appropriate alternative to hospital.

August 2022 - Summer break has delayed the action | On track |

		address needs across agencies.			development, meeting arranged for September 2022.	On track
	21236	Implementation of recommendations following the Delivery Unit Crisis Care Review.	Marilyn Wells, Head of Nursing	31/10/2022	Provide further assurance following a review by an external body and the implementations of any recommendations to support the development of high quality and safe care. August 2022 progress update - Implementation of recommendations remain ongoing.	On track
	23091	Progress with recruitment to bespoke campaign for Child psychiatry.	Mrs Louise Bell, Assistant Area Director	31/10/2022	Implementation will help to deliver a safe and sustainable service within BCU. August 2022 progress update - Recruitment remains ongoing, anticipated delay in recruiting to substantive post, use of locums remains ongoing during this period.	Delay

CRR22-18	**Director Lead:** Executive Director of Nursing and Midwifery	**Date Opened:** 10 December 2021
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 26 August 2022
	Risk: Inability to deliver timely Infection Prevention & Control services due to limited capacity	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 31 March 2024

There is a risk that Infection Prevention (IP) will not be able to provide an effective service to BCUHB.
This may be caused by the relative limitations in size of the service (taking the size of the Health Board into account) and the current significant unfilled vacancies.
This could lead to an increase in healthcare associated infections, patient harm and loss of reputation to the organisation.

	Impact	Likelihood	Score
Inherent Risk Rating	5	3	15
Current Risk Rating	5	3	15
Target Risk Score	4	2	8
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Infection Prevention policies and procedures in place to ensure best practice and standardisation, monitored by Infection Prevention Sub Group. 2. Senior members of the Infection Prevention team (IP) are providing support to other areas as well as their own. 3. Reviewing and prioritising the programme of work and workloads for all staff in the team e.g. ensuring experienced Infection Prevention nurses are not doing admin tasks. 4. Prioritising/focussing on areas of concern/'hot spots' which may result in less visibility in areas in which Infection Prevention risk is lower. 5. Reviewing and prioritising attendance at meetings and on groups etc. 6. Employed senior manager via an agency to support the team.	1. Infection Prevention Audits reported at local groups and to the Infection Prevention Sub Group. 2. Alert organism statistics. 3. Compliance with Welsh Health Circular 2021 Number 028 reported to Infection Prevention Sub Group and to Quality Safety and Experience Committee. 4. Patient incident reviews.

7. Supporting and protecting existing team with measures including weekly team meetings and reviews.	5. Regular review of Datix Incidents which are alerted to the team when logged on the system for learning purposes and for rectification. 6. Outbreaks are monitored, managed and reported to Infection Prevention Sub Group. 7. Regular review of Infection Control and Prevention trajectory reported at Local Infection Prevention Groups. 8 Risk regularly reviewed at Infection Prevention Sub Group.

Gaps in Controls/mitigations

1. There is a national issue recruiting into Infection Prevention and Control roles, particularly at a senior level (7s and above). Senior members of the Infection Prevention team (IP) are providing support to other areas as well as their own.
2. Experienced Infection Prevention Agency nurses only want to work remotely. Staff members working remotely are required to review policies produce reports which in turn releases non-remote working staff to undertake clinical work.
3. The 2 vacant band 8bs have been advertised but there were no suitable applicants. Post re-advertised and currently cross covering within the service with Senior members of the Infection Prevention team (IP) providing support to other areas as well as their own. Recruited internally to senior 8a level supported by other senior Infection Prevention staff.

Progress since last submission

1. Controls in place reviewed to ensure relevance with current risk position
2. Gaps in controls reviewed to ensure relevance with current risk position.
3. Action ID 20654 – Action delayed to the original action due date, with planning to involve the Infection Prevention champions in the infection prevention campaigns planned for October 2022.
4. Action ID 21696 – Action delayed with the appointment at lower grade and providing training to staff members is in place and remains ongoing.
5. Action ID 22927 – Action delayed as awaiting future course dates to be released by the University.

6. Action ID 21702 – Action closed as the development programme now in place.

Links to	
Strategic Priorities	**Principal Risks**
Transformation for improvement (key enabler)	BAF21-09

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	20654	Use Infection Prevention Champions to promote good practice.	Mr Dafydd Williams, Infection Prevention Nurse	30/09/2022	To help promote IP in their own departments whilst visibility of the IP team will be low August 2022 progress update - Re-started Infection Prevention training sessions 2 per month and established weekly forum to support IP champions with queries, new guidance etc. Anticipated delay to the original action due date, with planning to involve the Infection Prevention champions in the infection prevention campaigns planned for October 2022	Delay

	20659	Business case for expanding current team	Ms Rebecca Gerrard, Director of Nursing Infection Prevention & Decontamination	31/10/2022	To outline case to the Executive that more staff are required and obtain approval for funding August 2022 progress update - Meeting to be set up with Finance to review current allocation due to not being aligned with current establishment.	On track
	21696	Recruit to current vacant Infection Prevention posts	Mrs Andrea Ledgerton, Specialist Matron IP	30/09/2022	Fill current vacant posts August 2022 progress update - Appointing at lower grade and providing training to staff members is in place and remains ongoing.	Delay
	21698	Work with Communications and Workforce to develop a Recruitment Campaign for Infection Prevention nurses	Ms Rebecca Gerrard, Director of Nursing Infection Prevention & Decontamination	31/12/2022	To help attract IP staff to BCU	On track
	21702	Draw up a development programme and a succession plan to 'grow our own'.	Ms Rebecca Gerrard, Director of Nursing Infection Prevention & Decontamination	31/08/2022	Action Closed 26/08/2022 To develop own IP staff and support recruitment and retention Internal promotions and additional support from	Completed

					senior staff in place action ID 21696 is in line with this action. August 2022 progress update - Action closed as development programme now in place.	
	22927	Promote Infection Prevention Massive Open Online Course education programme	Ms Rebecca Gerrard, Director of Nursing Infection Prevention & Decontamination	30/09/2022	To improve knowledge, practice and compliance with IP in wards and departments. August 2022 progress update - Promoting via Infection Prevention Sub group with significant interest, however awaiting future course dates to be released. Anticipated delay to the action due date awaiting future course dates to be released by the University.	Delay

CRR22-19	**Director Lead:** Executive Director of Nursing and Midwifery	**Date Opened:** 21 February 2022
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 26 August 2022
	Risk: Potential that medical devices are not decontaminated effectively so patients may be harmed.	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 31 March 2024

There is a risk that medical equipment will not be decontaminated appropriately. This is caused by a number of factors including:
1.   Sterile service departments air handling units require upgrade/replacement, some equipment and the track and trace system requires replacement and at WM hospital the steam generation plant and electrical infrastructure requires an upgrade.
2.   Poor, outdated facilities for decontaminating dental equipment, scopes and probes and washer disinfectors at YGC and WM are at end of life. Also they rely on a paper track and trace system.
3.   There is a lack of robust approved SOPs for decontamination.
This could lead to transmission of infection, vital treatments and services having to stop, patient complaints and litigation, enforcement action, improvement notices, multiple breaches in statutory duty, critical reports and adverse media coverage.

	Impact	Likelihood	Score
Inherent Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk Score	3	2	6
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Decontamination audits have been increased to twice yearly. 2. A capital replacement programme is used to address aged sterilising equipment in Sterile Services and Disinfection Units. 3. The Decontamination group has been re-established following the latest COVID peak to ensure monitoring, progress and learning.	1. Regular review by Decontamination Group. 2. 6 monthly decontamination audits by Infection Prevention team. 3. Decontamination audits by Authorised engineers.

4. Disseminating good practice from the new Endoscopy Unit at Ysbyty Gwynedd to other Units across the Health Board. 5. Single use scopes are being used where possible removing the requirement for decontamination. 6. Engineering support is presented from the in-house facilities team and is generally to a high standard. 7. Governance systems are managed by the Authorised Persons (Decontamination). 8. The Executive Director for Infection Prevention has been alerted and requested an overall risk assessment which has been completed. 9. There is good support from Authorised Engineer in Decontamination from NHS Wales Shared Services Partnership.	4. Sterile services departments have audits carried out by notified bodies in accordance with the Medical Device Directives/Regulations. 5. Risk register on decontamination.

Gaps in Controls/mitigations

1. The Decontamination Advisor currently on a period of extended leave. Staff member currently acting up into the position to cover this period. Exploring with Agencies whether external appointments could be made.
2. Some Consultants do not want to use single use scopes – Looking at exploring alternative methods of decontamination for the re-usable scopes.
3. There are not many risks on Datix related to Decontamination and there is inconsistency in scoring e.g. one site has a risk related to track and trace in Sterile Services and Disinfection Units scoring 10, another scores it 4. There needs to be review of all risks relating to Decontamination and updates requested from de-contamination group members. Decontamination Group have met on the 25th August, with significant improvement in relation to the risk register entries, with work ongoing to further improve.
4. Potential disruption to the safe delivery of decontamination service due to the ageing equipment and estate is being mitigated against by establishing contingency plans.

Progress since last submission

1. Control in place review to reflect current risk position.
2. Gaps in controls reviewed and updated to reflect current risk position.
3. Action ID 22146 – Action closed as completed with the approval of the revised Decontamination Group terms of reference.
4. Action ID 22931 – Action closed as completed with the report received by the Health Board on the 19th August.
5. Action ID 22148 – Action delayed, capital bid has been submitted however anticipated delay to the action due date.

6. Action ID 22149 – Action delayed, with the Shared services report received by the Health Board during August 2022, meetings to be established during September 2022.
7. Identification of new action ID 24069 to establish a stakeholder group to review the Shared Services report.
8. Identification of new action ID 24070 for the recruitment of an External Consultant to facilitate and progress the recommendations following the Shared Services report.

Links to	
Strategic Priorities	**Principal Risks**
Making effective and sustainable use of resources (key enabler) Transformation for improvement (key enabler)	BAF21-02 BAF21-09

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	22146	Revise and approve the Decontamination group terms of reference	Ms Rebecca Gerrard, Director of Nursing Infection Prevention & Decontamination	30/06/2022	Action Closed 04/07/2022 To ensure appropriate and robust membership of the group and a process of monitoring and continual improvement. August 2022 progress update - Action closed as completed with the approval of the Terms of reference.	Completed
	22147	Policies and Standard Operating Procedures	Ms Rebecca Gerrard, Director	31/12/2022	As part of good governance and so staff are aware of	On track

		written/revised and approved for Decontamination.	of Nursing Infection Prevention & Decontamination		their responsibilities and roles and how to decontaminate medical devices. The action will focus on policies and procedures due for review by the end of 2022.
	22148	Purchase new washer disinfector for endoscopy unit at YG	Mrs Joanna Elis-Williams, Head of Secondary Care Office	31/08/2022	To provide resilience in the event of a machine failure and allow ENT scopes to be decontaminated August 2022 progress update - Capital bid has been submitted however anticipated delay to the action due date. **Delay**
	22149	Meet with key stakeholders re scope issues at Ysbyty Glan Clwyd and Wrexham Maelor	Ms Rebecca Gerrard, Director of Nursing Infection Prevention & Decontamination	31/08/2022	To highlight key issues and establish a way forward August 2022 progress update - Shared services report received by the Health Board during August 2022, meetings to be established during September 2022. **Delay**
	22152	Community Dental Services, Assets and Facilities group to reform	Peter Greensmith, Business Support	31/03/2023	To establish formal timeframe and funding for plans. **On track**

		and form a plan for moving forwards.	Manager - Dental			
	22153	Estates to meet with sterile services managers	Mr Arwel Hughes, Head of Operational Estates	30/09/2022	To revise risk assessments and make plan for upgrading Sterile services departments August 2022 progress update - Action will take place following the publication of the Shared Services report to identify priority areas, anticipated by September 2022.	On track
	22931	NHS Wales Shared Services review of Sterile Services and Disinfection Units	Mr Arwel Hughes, Head of Operational Estates	31/07/2022	Action Closed 26/08/2022 To outline the specific risks and help BCU identify priorities. August 2022 progress update - Report received by the Health Board on the 19th August.	Completed
	23024	To seek Joint Advisor Group on Gastrointestinal Endoscopy accreditation 2022 at Ysbyty Gwynedd.	Ms Rebecca Gerrard, Director of Nursing Infection Prevention & Decontamination	31/12/2022	To demonstrate the improvement and high standards achieved by Endoscopy at the Unit.	On track
	24069	Establish a stakeholder group to review the Shared Services report	Ms Rebecca Gerrard, Director of Nursing	31/10/2022	To make improvements to the decontamination facilities and infrastructure.	On track

			Infection Prevention & Decontamination				
	24070	Recruitment of an External Consultant to facilitate and progress the recommendations following the Shared Services report.	Ms Rebecca Gerrard, Director of Nursing Infection Prevention & Decontamination	31/10/2022	Develop a decontamination strategy and business cases and to ensure that the recommendations are fully implemented which will result in the improvement of the infrastructure and facilities for decontamination.	On track

CRR22-20	**Director Lead:** Executive Director of Public Health	**Date Opened:** 26 November 2021
	Assuring Committee: Partnerships, People and Population Health Committee	**Date Last Reviewed:** 07 September 2022
	Risk: There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinents	**Date of Committee Review:** 13 September 2022
		Target Risk Date: 31 December 2025

There is a risk that residents in North Wales may be unable to achieve a healthy weight and may become overweight and obese.

This may be caused by behaviours involving food intake, current circumstances, lack of physical activities, the living environment, food production and consumption, socio-economic factors and a lack of engagement with health professionals.

This may have an impact on or lead to unhealthy weight and obesity and place them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	3	3	9
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Continue to take a life course approach to implementing prevention based healthy weight initiatives which will report progress via a number of routes including the Healthy Weight Healthy Wales National Group, the BCU Population Health Group, and the Regional Partnership Group.	1. Risk is regularly reviewed at the Senior Manager`s meetings and at their local governance meeting.

2. The continuation and further targeted development of 'Healthy Start' which provides vouchers for pregnant women and eligible families to buy milk, fruit, vegetables and pulses in local shops. 3. Continuation and further development of Maternity and Healthy Visiting Services supporting breastfeeding and weaning to support the Infant feeding Strategy, monitored via the North Wales Strategic Infant Feeding Group. 4. Community Dietetics Services will work with childcare provision embedding 'Tiny Tums' programme across all Early Years settings to encourage healthy, nutritious eating habits from early years. 5. Further supporting schools to take a 'whole schools' approach to health and wellbeing with a particular focus on diet through initiatives such as Come and Cook with your child and considerations regarding developing healthy eating habits and increased physical activity. 6. Lets Get Moving North Wales - a continuing programme encouraging residents of North Wales to move more often will operate alongside Sport North Wales, physical literacy development in schools and communities. 7. Continue to support the workforce to make healthy choices such as a balanced diet, active travel and moving more often through targeted campaigns and supportive services/infrastructure. Working with catering, dieticians, estates and occupational health colleagues to contribute to planning which considers these factors. 8. Further develop the whole system partnership approach to tackle risk factors through influencing priorities such as environmental planning and design, access to healthy food and active travel. 9. Further develop the links and access to Social Prescribing that encourages physical activity through partnership working with Primary Care, Local Authorities and Third Sector. Developing North Wales planned approaches and accessing intelligence regarding access and uptake via the Elemental software. Progress will be reported via the Population Health Group, Primary Care groups and via the Well North Wales Programme (including Partner organisations).	2. The Public Health Performance & Risk Management Group meets monthly to consider current risks. 3. Escalation from Public Health Performance & Risk Management Group is to the Public Health Senior Leadership Team, with review by the Population Health Executive Delivery Group also. 4. The risk is linked to Corporate Risk register entry CRR22-20 in respect of wider determinants. 5. Prevention and Early Years National Programme - nationally funded. 6. Reporting progress to National teams (Public Health Wales/Welsh Government/Regional Partnership Board). 7. Work plans are reflected in Health Board Annual Operating Plan, Living Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).

Gaps in Controls/mitigations

1. The risk requires System-wide approach to tackling the wider determinants of health.
2. The current Health Board provision is not operating at scale to meet the current and forecast needs of the population.
3. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years as is well documented through evidence and research. As a Health Board we will work with partners to implement the approaches (many of which are long term approaches) which support the strongest evidence base for success.
4. Part of the existing service provision is via non-recurrent and short term funding.
5. There continues to be some recruitment issues, re-evaluation of posts has taken place.

Progress since last submission

1. Controls in place reviewed to ensure relevance with current risk position.
2. Gaps in controls reviewed and updated to ensure relevance with current risk position.
3. Performance & Risk Management Group meet monthly as part of Public Health's governance and communications structure.
4. Performance and Risk Management Group report to the Population Health Executive delivery group.
5. Action ID 22374 – Action closed as completed with the Public Health team are actively engaged in all planning requests.

Links to

Strategic Priorities	Principal Risks
Strengthen our wellbeing focus	BAF21-02

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve	22372	Whole system approach to healthy weight	Steven Grayston, Acting Clinical	31/03/2025	Taking a whole system approach to healthy weight will ensure that all partners are prioritising the issue of healthy	On track

target risk score			Director Of Therapy Services		weight and considering the impact of their decision-making on the population's ability to achieve a healthy weight. Obesity is a complex multi-factorial problem that requires a whole system approach. Key partners that are crucial to this work include spatial planners, transport providers, education providers, food providers, leisure providers etc. August 2022 progress update - Continuation of Full time public health team member working on whole system approach along with funding to support.	
	22373	Healthy Choices in the workplace	Steven Grayston, Acting Clinical Director Of Therapy Services	31/05/2023	The working age adult population spend a significant amount of their time in the workplace. As a result it is crucial that we support workplaces to be health promoting. This means ensuring staff have access to healthy food choices, equipment to make healthy meals, enough time away from work to prepare and eat a healthy meal. It is also crucial that the workplace supports	On track

| | | | | | their staff to remain active while at work as both diet and physical activity are crucial to achieving a healthy weight.

August progress - Continuation of the plan approved via Health Weight Health Wales and prevention on early years National funding. | |
|---|---|---|---|---|---|---|
| | 22374 | Spatial planning and public health | Steven Grayston, Acting Clinical Director Of Therapy Services | 01/09/2022 | Action Closed 07/09/2022

The environment that we live in has a significant impact on our health and wellbeing. A range of factors that impact on obesity are within the control of spatial planners including, the number of food outlets in an area, the design of homes we live in, the design of roads to enable active travel (pavements for walkers and cycle paths for cyclists). Having access to green spaces and play environments are crucial to ensuring people are given opportunities to remain active. Working with spatial planners to understand this and their role in taking a public health perspective across their | Completed |

					work is crucial to reducing obesity. August 2022 progress updated - Action Closed as the Public Health team are actively engaged in all planning requests.	
	22375	Social prescribing	Steven Grayston, Acting Clinical Director Of Therapy Services	16/01/2023	Increasing physical activity levels is crucial in supporting people to achieve and maintain a healthy weight. One way that we can support people to do this for free is by promoting access to the natural environment. By doing this will also improve people's mental health as well as their physical health. This approach will also develop people's appreciation for nature and the need to protect it. One way of doing this is to optimise access through social prescribing. August 2022 progress update - Received proposal from Local Authorities which contribute to delivering the outcomes identified within the project initiation document.	On track

	22376	Pre-diabetes programme	Steven Grayston, Acting Clinical Director Of Therapy Services	31/03/2025	By identifying patients who are at risk of developing diabetes and supporting them to access specialist weight management services we are taking a teachable moment opportunity and ensuring the patient is supported to improve their health and wellbeing. Primary care brief interventions are crucial in motivating people to change by implementing this programme across North Wales it is hoped more of the population who are overweight or obese will seek support to achieve and maintain a healthy weight.	On track
	22377	Weight management services	Steven Grayston, Acting Clinical Director Of Therapy Services	31/03/2023	By ensuring those residents in North Wales who are overweight or obese can effectively access and engage with specialist weight management services working alongside the remaining whole system approach we will start to reduce the overall prevalence of overweight and obesity in North Wales.

August 2022 progress update - | On track |

				Continue to offer the services, tier 3 children's obesity service with tier 2 adult's in place and looking expand the service. Range of ongoing projects within tier 1 funded through National funding streams as part of healthy weight, health Wales, and prevention and early years programme, and have contributed to the development of the Public Health communications plan.	

CRR22-21	**Director Lead:** Executive Director of Public Health	**Date Opened:** 26 November 2021
	Assuring Committee: Partnerships, People and Population Health Committee	**Date Last Reviewed:** 07 September 2022
	Risk: There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors	**Date of Committee Review:** 13 September 2022
		Target Risk Date: 31 December 2025

There is a risk that adults who are overweight or obese will not achieve a healthy weight. This could be caused by non-engagement with services or demand for services exceeding capacity. This could impact on the health outcomes for these individuals by placing them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	3	3	9
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Healthy Weight Healthy Wales funding to support with the implementation of the All Wales Adults Weight Management Pathway. 2. Additional investment in Foodwise for life for those residents with a BMI of 25-35. 3. The establishment of Level 2 weight management services through Foodwise for residents with a BMI of 25-35 and Slimming World vouchers for residents with a BMI of 30-35 with certain health conditions.	1. The risk is linked to Corporate Risk register entry CRR22-20 in respect of wider determinants. 2. Building a Healthier Wales Programme and Healthy Weight Healthy Wales Programme (both nationally funded).

4. The establishment of a Level 3 weight management service KindEating programme for residents with a BMI of between 35-45. 5. Investment in dedicated obesity leads within each of the LA National Exercise Referral programmes. 6. The establishment of a BCU Healthy Weight Healthy North Wales group to oversee the delivery of specialist weight management services. 7. Business cases exploring core and grant funding are under development for level 2 and 3 services.	3. Reporting progress to National team (Public Health Wales/Welsh Government/Regional Partnership Board). 4. Progress on mitigating and managing risks reviewed locally via the Public Health Team and Health Improvement and Reducing inequalities Group (chaired by DoPH). 5. Work plans are reflected in Health Board Annual Operating Plan, Living Healthier staying well strategy and draft Integrated Medium Term Plan (22-25). 6. Confirmation of the Population Health Executive Delivery Group is now in place. The group will meet during July with review of Tier 1 risks in August.

Gaps in Controls/mitigations
1. The current provision does not meet the scale required to address current or forecast North Wales population requirements. 2. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years based on evidence and research. As a Health Board we will work with partners to implement the approaches which support the strongest evidence base for success. 3. Provision currently through National funding, with funding identified for 2 years, cost pressures for the health board if the national funding were withdrawn. 4. Recruitment pressures - lack of weight management workforce available - both ability to attract and numbers.

Progress since last submission
1. Controls in place reviewed to ensure relevance with current risk position.
2. Gaps in controls updated to reflect current position.
3. Actions reviewed and progress provided against the actions.
4. Business cases have been prioritised by the Population Health Executive Delivery Group.
5. Risk is reviewed and monitored at the Population Health Executive Delivery Group.

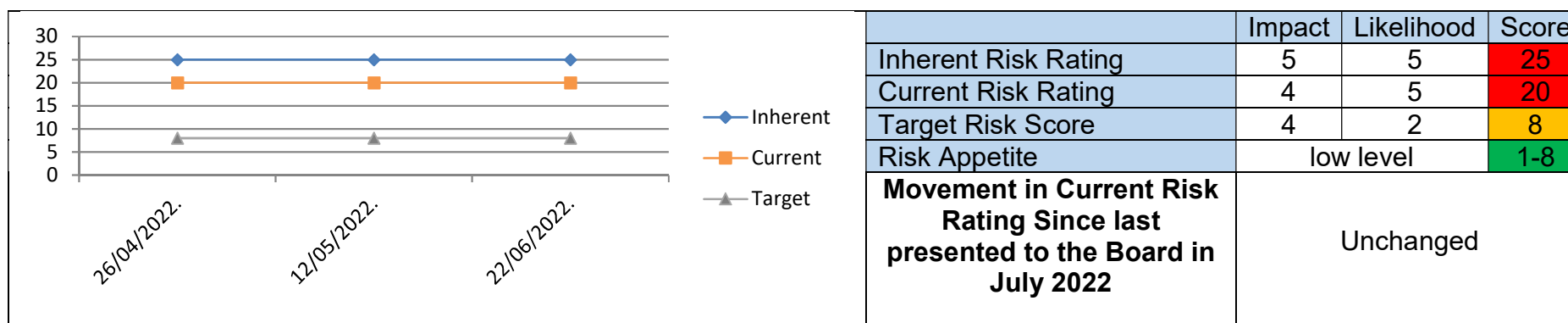| Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus	BAF21-02

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	22357	Insight work	Steven Grayston, Acting Clinical Director Of Therapy Services	31/03/2023	Insight work will enable us to improve outcomes for patients who were identified as overweight or obese. Factors that will be considered will include how patients access services, the intervention they receive and the factors that led to then disengaging. This information will allow us to design our weight management services to meet the needs of patients achieve better outcomes i.e patients	On track

					achieving a healthy weight and adopting healthy behaviours August 2022 progress update - There is an approved plan in place for the development of this work.	On track
	22358	Pregnancy weight management service	Steven Grayston, Acting Clinical Director Of Therapy Services	31/12/2023	Providing a weight management service during pregnancy will ensure that women are able to achieve a healthy weight during and after pregnancy and maintain their healthy behaviour postnatally. August 2022 progress update - In the process of delivering the plan.	On track
	22359	performance management dashboard	Steven Grayston, Acting Clinical Director Of Therapy Services	31/03/2023	Developing a performance management dashboard will ensure that we are able to monitor the uptake of the service by population groups that are at increased risk of adverse outcomes from obesity. The dashboard will enable us to monitor both uptakes and outcomes by ethnicity, gender and deprivation decile August 2022 progress update -	On track

					Development work continues, linking in with the national team at Public Health Wales and local Informatics.	
	22943	Implement Healthy Weight Healthy Wales Programme Plan	Steven Grayston, Acting Clinical Director Of Therapy Services	31/03/2024	Funded activity targeted at improving healthy eating habits and tackling obesity. August 2022 progress update - Approved by Welsh Government and funding identified to support the work, on track.	On track

CRR22-22	**Director Lead:** Executive Medical Director	**Date Opened:** 03 November 2020
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 12 September 2022
	Risk: Delivery of safe & effective resuscitation may be compromised due to training capacity issues.	**Date of Committee Review:** 06 September 2022
		Target Risk Date: 31 December 2022

There is a risk that BCUHB staff cannot access their mandatory resuscitation training.

This is due to several factors including:
A lack of 'fit for purpose' training accommodation and equipment across the sites; Insufficient numbers of Resuscitation Officers/Trainers.

This could lead to failure to deliver effective patient care resulting in preventable harm or death from impaired or unsuccessful resuscitation. Additional risk of financial claims against BCUHB resulting from preventable harm/deaths.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	2	8
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Resuscitation Policy and Guidance is in place for the Health Board with compliance overseen by the Resuscitation Committee. 2. Training plan in place governed by the UK core skills framework. 3. Resuscitation training is a mandatory training programme across the Health Board.	1. The risk is reviewed monthly by the Resuscitation Services senior management team, and is presented

4. Delivery of the training has been re-designed to increase capacity, this has resulted in the reduction of clinical staff's time away from clinical duties. 5. Systems and processes are in place to manage attendance at training sessions. 6. Additional temporary training footprint sourced within the Central region. 7. Hospital Management Team engaging with Central site clinical areas to establish accurate data on the training needs within areas and to ensure attendance mandate is adhered to. 8. Assurance that all resuscitation attempts by the emergency response teams are led by staff who hold the current Advanced Life Support qualification for the respective teams. The assurance of this is being supported by the reinstatement of the daily test bleeps for the teams in Central, and with a log of the current advanced resuscitation qualification status recorded each day as team members respond to the test bleep. Where an 'expected team leader' does not hold the required qualification, then the team leadership role is deferred to another team member who does hold the required qualification.	to the Resuscitation committee on a quarterly basis. 2. Training figures and capacity are regularly reviewed on a quarterly basis at the Resuscitation Committee via site reports. 3. The risk has been presented to PSQ (Performance Safety & Quality), and Clinical Effectiveness groups.

Gaps in Controls/mitigations

1. Despite controls above, there remains a deficit of approximately 2000 training places per year for resuscitation training at UKCSTF Level 3 on the Central locality.
2. There is no designated training accommodation on the Central locality. This lack of accommodation is in breach of the national standards as set by the Resuscitation Council UK. Continued breach could result in loss of course centre license on the Central locality which would cease all level 3 training from the site. The identified potential accommodation requires approximately £136k (subject to contractors quotation) to make safe and fit for purpose and there is currently no identified funding source. Identification of this funding source has been asked for from Central Site Management with support from Estates / Planning / Finance teams.
3. With particular relevance to the Ockenden report is the Newborn Life Support (NLS) provision which is running on limited capacity both East and West, and is at 0% capacity in central with no NLS training at all due to the lack of availability of suitable training accommodation.
4. The Audio-Visual system required for these courses is failing on the East site. In May 2022 two of the systems failed during the delivery of an Advanced Trauma Life Support course, which required those rooms to run without these resources for the remainder of the course. This impeded the course delivery and will feature in the course report from the course director to the

Royal college of Surgeons. The failure of the AV system will impact on every course run in the East venue and requires replacement.
5. There is currently no functional and reliable cardiac arrest audit within BCUHB. Therefore rates (other than raw switchboard data), outcome data, and improvement opportunities cannot be reliably established. Actions are in place to develop a functional audit of 2222 calls.

Progress since last submission

1. Controls in place reviewed and updated to reflect current risk position.
2. Gaps in controls reviewed and updated to reflect current risk position.
3. Proposal to extend the Target Risk Due date from the 30/09/2022 to the 31/12/2022 due to awaiting the formal quotation and funding source identification for the works to be completed.
3. Meeting held on the 02/08/2022 between Resuscitation team, COVID testing Unit, planning department and Deputy Executive Medical Director. Agreement to split the "Laing O'Rourke : Redevelopment Building" (currently occupied solely by the Covid Testing Unit (CTU)) for co-occupancy with CTU and Resuscitation Services has been reached and plans drawn up for quotation.
4. Planning department have sent the plans to the contractor for quotation after the meeting (2nd August 2022), and a completion timeline for the required estates works. Quotation anticipated from the contractor on the 30/09/2022. Once the quotation is received the site Hospital Management Team in Central are aware that they will then be tasked with identifying the funding source for the work.
5. Reporting to the Executive Medical Director on the progress of the risk response and training trajectory information continues.
6. Action ID 19313 – Action delayed as awaiting a formal quotation and timescale for the required estates work.
7. Action ID 23208 – Action delayed with agreement in principle made on the layout and occupancy of the CTU building as shared with Resuscitation Services.
8. Action ID 23754 – Action delayed as awaiting for Informatics to complete data collection entry actions, data collection plan to start by the end of September 2022.

Links to

Strategic Priorities	Principal Risks
COVID 19 response Primary and community care	BAF21-01 BAF21-04

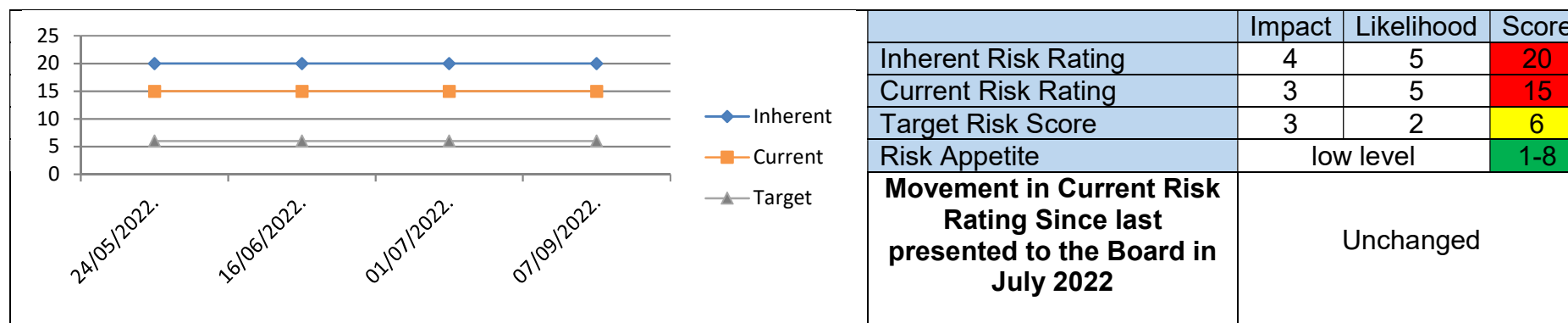| Strengthen our wellbeing focus	BAF21-13
Making effective and sustainable use of resources (key enabler)	

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	19313	Provision of permanent and fit for purpose training and office accommodation on the YGC site	Mrs Sarah Bellis-Holloway, Resuscitation Services Manager	30/09/2022	"While it will not mitigate the clinical absence of Resuscitation Officers from the acute site, or loss of other non-training activity; the identification of a suitable commercial venue in which we can provide all levels of resuscitation training, along with F&P funding approval will lower the score in relation to training from 20 to 4 in the short term (lease period). This will mitigate the risk until a permanent venue within the YGC footprint is developed." August 2022 progress update - Still awaiting a formal quotation and timescale for the required estates work. Quotation anticipated from the	Delay

					contractor on the 30/09/2022.	Delay
	23208	To identify funding stream for the required estates work by the Central Site Management with support from estates/Planning/Finance colleagues.	Mr Neil Rogers, Acute Care Director	30/06/2022	This action will enable a building to be secured for delivering training on the Centre Site thereby helping mitigate and manage this risk in the long-term. September 2022 progress update - Agreement in principle has been made on the layout and occupancy of the CTU building as shared with Resuscitation Services. The plans have been drawn up, and are awaiting a quotation from the contractor via the Planning dept. Once the quotation is received then the Central Hospital Management Team will have knowledge of the amount of funding they need to source.	Delay
	23754	Complete data collection design for 2222 electronic audit with Informatics support.	Mr Christopher Glyn Shirley, Resuscitation Officer	15/08/2022	Reliable and robust data will enable the health board to provide accurate data on cardiac arrest rates, and report on outcomes. It will also enable analysis of opportunities to reduce	Delay

patient harm, reduce cardiac arrests, and aim to help to prevent unplanned critical care admissions.

August 2022 progress update - Awaiting for Informatics to complete data collection entry actions, data collection plan to start by the end of September 2022.

Risk CRR22-23 - This risk is to be discussed during Deep Dive.

CRR22-23	**Director Lead:** Executive Director of Nursing and Midwifery	**Date Opened:** 02 April 2021
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 22 June 2022
	Risk: Inability to deliver safe, timely and effective care	**Date of Committee Review:** 05 July 2022
		Target Risk Date: 09 January 2024

There is a risk that patients attending Emergency Department (ED) would not be able to receive timely, safe and effective care. This is caused by overcrowding and reduced physical capacity to accommodate patients awaiting specialty beds as per RCEM covid 19 resetting Emergency Department care.

This could lead to:
• Delay/inability to triage new attendants within 15 minutes of arrival as per national key performance indicators in line with EDQDF/WAM, deterioration in health/condition and increase level of harm including increased length of stay, level of intervention required and potential increase in mortality, breach of social distancing measures, which would increase spread of infection and/or potential outbreak.
• Inability to bring patients into the department from ambulances, detrimental impact to the community in terms of redeployment/response of ambulances, inability to meet privacy and dignity needs of patients, breach of performance measures as set out and monitored by Welsh Government, and pressure on the workforce, i.e. increase in workload due absences, difficulty in recruitment and retention of staff.
• Negative feedback / patient experience that is reflected via HIW and CHC national reviews.
• On going risk of patients leaving without being seen further impacting on WAST Demand and patients deteriorating in the community after leaving without being seen.

	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	4	5	20
Target Risk Score	4	2	8
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. Site escalation policy in place monitored through the Emergency Department Clinical Quality Group. 2. Emergency department escalation policy in place, monitored through the Emergency Department Clinical Quality Group. 3. Infection prevention policy in place, monitored through the Emergency Department Clinical Quality Group. 4. Welsh Government guidelines in place, monitored through the Emergency Department Clinical Quality Group. 5. Standard Operating Procedure (SOP) for the management of patients held in ambulances outside Emergency Department, monitored through the Emergency Department Clinical Quality Group. 6. Matrons audit in place to identify areas i.e. welfare checks. 7. Unscheduled Care Improvement Group in place PAN BCUHB to improve patient flow throughout the organisation. 8. Additional health care support workers shifts generated to increase ability to perform welfare checks throughout the department with the increase volume of patients. 9. Secure screening process in place at point of entry to identify those at risk / suspected COVID and redirected to the Red ED accordingly. 10. Restricted access to the waiting room for relatives (Paediatrics/Elderly/Physically challenged etc.).	1. Risk is reviewed at Emergency Care meeting and escalated to site Quality and Safety and Health and safety meeting. 2. Triage waits Key Performance Indicator data reported each quarter through the site accountability meetings. 3. Report to Clinical Effectiveness Group. 4. Performance is monitored through harms, incidents, complaints and handovers. 5. Fortnightly reviews with WAST of any harm/delays that may of occurred due to overcrowding.

Gaps in Controls/mitigations
Insufficient Capacity/physical environment to mitigate overcrowding

Progress since last submission
1. Risk description updated to reflect current risk position. 2. Controls in place reviewed and updated to reflect current risk position. 3. Assurances reviewed and updated to reflect current risk position. 4. 01/06/2022 – Monkey pox screening update shared with all staff. 5. Action ID 19510 - Action closed as completed. 6. Action ID 21359 – Action closed as Symphony work now completed.

Links to	
Strategic Priorities	**Principal Risks**
COVID 19 response Making effective and sustainable use of resources (key enabler)	BAF21-01 BAF21-14

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	19510	Review and update Emergency Department (ED) escalation plan.	Mrs Lindsey Bloor, Directorate General Manager	31/05/2022	Action Closed 12/05/2022 This will highlight the demands in the department at the time and ensure named individuals have allocated	Completed

					actions to assist in de-escalating of patients in ED to maintain patient safety.	
	19516	Review the action plan for Unscheduled care Improvement Group and identify action holders for updates.	Mrs Hazel Davies, Acute Site Director	30/09/2022	This will de-congest ED of the excessive volume of patients who reside in ED awaiting specialty beds. Statistically we are seeing reduction in admission of high risk patient group and improved ambulance waits. Next steps / actions: Evolve AEC/AMU/GP queue Enhanced Frailty model on site Develop an urgent care centre to replace existing UPCC.	On track
	20605	Increase establishment for additional Health Care Support Workers.	Mrs Rachel Bowen, Deputy Head of Nursing EC	22/07/2022	This will increase availability of un-registered workforce to support registered workforce in providing safe and effective care to patients in Emergency Department.	On track

	21359	Implement Emergency Department risk status in place of SAPHTE Scoring.	Mr Nathan Rogers, Lead Manager – Emergency Care	31/05/2022	Action Closed This will ensure we are using the correct risk coding for the department in line with EDQDF. Symthony work now completed.	**Complete**
	21360	Increasing the footprint of ED to manage overcrowding to protect the minor injury stream (WMH).	Mrs Hazel Davies, Acute Site Director	01/12/2022	It will enable relocation of the minor stream of patients in ED to an alternative area which will reduce overcrowding within the department.	**On track**
	23001	Ongoing recruitment to approved business case.	Mrs Lindsey Bloor, Directorate General Manager	31/08/2022	This will support staffing in additional areas of ED once available.	**On track**
	23002	Increase the number of ambulant patient at Ambulatory Emergency Care/ Same Day Emergency Care (SDEC).	Mrs Jackie Evans, AMU Matron	16/09/2022	This will reduce the number of patients in ED waiting room.	**On track**
	23312	Development of the Same Day Emergency Care working group to increase the direct access route for SDEC.	Karen Mottart, Consultant Anaesthetist/Medical Director	30/09/2022	This will reduce the number of those patients attending ED who are ambulatory.	**On track**

CRR22-24	**Director Lead:** Executive Director of Workforce and Organisational Development	**Date Opened:** 04 April 2022
	Assuring Committee: Partnerships, People and Population Health Committee	**Date Last Reviewed:** 07 September 2022
	Risk: Potential gap in senior leadership capacity/capability during transition to the new Operating Model.	**Date of Committee Review:** 13 September 2022
		Target Risk Date: 31 March 2023

There is a risk of senior leadership capacity & capability gaps during the transition to the new Operating Model as people depart the organisation through the VERS process and the challenges recruiting people to new posts (internally and externally) during the transition phase when all key posts have been filled.

This has been caused by the delay to the organisational change process resulting in a divergence of parallel actions relating to those individuals leaving the organisation via VERS, the subsequent vacant posts and the recruitment to the new posts. The default position is to use the mechanism of internal backfill. Where a suitable individual cannot be identified then the posts will need to fill by external subject matter experts on an interim basis.

This may lead to a slowdown in the decision making processes as decision and action delivery defaults up to the next level in the responsibility and accountability framework.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	3	5	15
Target Risk Score	3	2	6
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. For the small number of posts which will become vacant the default option will be to look internally for people who can step-up on a short-term interim basis. Acting arrangements being agreed with Executives as a mitigation. Where this is not possible will look to use experienced external interims. 2. The management oversight of the transition for those and induction of new teams members is a critical role of the programme of work called: How We Organise Ourselves and the project group called the roles and the people. Arrangements have developed for these leaving the Health Board including the Operational Transition Plan and Leaving Well Handover Guide & Repository. These products along with a suite of induction and network products will support new people and emerging teams with knowledge transfer. 3. The transition of affected departments will be overseen by Executive Directors between April and March 2023. There will be additional management oversight of the How We Organise Ourselves programme, as well as the 'Roles and People' project team.	1. Risks are reviewed every 4 weeks by the Risk Management Group (Board and Director level).

Gaps in Controls/mitigations
1. Capacity of Executive Directors to respond to rapid decision making requirements. How We Organise Ourselves now has a regular weekly slot on the Executive Team agenda. Weekly Divisional Q&A sessions with Chief Executive Officer, Executive Director of Integrated Services / Deputy CEO and Executive Director of Workforce and Organisational Development provides a route for rapid escalation.   2. The management of the East, Central and West Integrated Health Community Operational Transition project plans through weekly status meetings and the connectivity to the Programme Leader Group provides a route for rapid escalation of possible gaps.   3. Demand for interim roles across the UK health sector could out-strip supply - therefore we are working closely with our agency partners to ensure we have access to the widest pool of capable individuals.   4. An early go-live date could result in vacant new posts where backfill arrangements are not appropriate as those who are acting up into existing posts will have been appointed to their new role and the interim contract period could be too short to attract interested parties - each post will be reviewed and the appropriate mitigation solution put in place.

Progress since last submission
1. Risk description reviewed and updated to reflect current risk position.

1. Risk description reviewed and updated to reflect current risk position.
2. Controls in place reviewed and updated to ensure relevance with current risk position.
3. Gaps in controls reviewed and updated to ensure relevance with current risk position.
4. Request to extend the Target risk due date from the 31/10/2022 to the 31/03/2023 as an emergent change process, new critical inter-dependencies have/and will continue to be identified which will impact on the implementation of the programme of work. Whilst internal factors are easier to mitigate, it is the external factors such as the recruitment market which are beyond the control of BHCUB and therefore further delays to the recruitment process are probable.
4. Action ID 23333 – Action delayed, recruitment process active – selection process taking place on 22/23 September. Current gap in post of Director of Integrated Health Community East – interim option being progressed. Sub team are leading the Integrated Health Community.
5. Action ID 23334 – Action re-opened from last iteration of the risk, process delayed to enable wider external search. Closing date for applications now scheduled for 18.09.2022. Selection process dates to be confirmed.
6. Action ID 23335 – Action delayed, process delayed as roles and responsibility design (including sub structure) is linked to the review of the Office of the Medical Director and Integrated Health Community Operational design. Design work to re-start end September 2022.Current gap in posts are mitigated by the support of the Sub team who are leading the Integrated Health Community
7. Action ID 23336 – Action delayed, process delayed to enable wider external search. Closing date for applications now scheduled for 18.09.2022. Selection process dates to be confirmed.
8. Action ID 23337 – Action delayed, process delayed as roles and responsibility design (including sub structure) is linked to the review of the Office of the Medical Director and Integrated Health Community Operational design. Design work to re-start end September 2022.
9. Identification of new action ID 24129 to set-up internal selection process for Deputy Director posts – Regional services and Primary Care (format, panel representation).
10. Identification of new action ID 24130 to Set-up external selection process for Deputy Director posts – Regional services and Primary Care
posts (format, panel representation) (If required).

Links to						
Strategic Priorities					**Principal Risks**	
Effective alignment of our people (key enabler)					BAF21-18	

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	23333	Set-up external selection process for Integrated Health Community Director roles (format, panel representation) (If required).	Lesley Hall, Assistant Director – Employment Strategies & Practices	25/07/2022	No gaps in senior leadership roles **September 2022 progress update** Recruitment process active – selection process taking place on 22/23 September. Current gap in post of Director of Integrated Health Community East – interim option being progressed. Sub team are leading the Integrated Health Community.	Delay
	23334	Set-up internal selection process for Senior Nursing posts (format, panel representation).	Lesley Hall, Assistant Director – Employment Strategies & Practices	27/06/2022	No gaps in senior leadership roles – interim/acting up arrangement in place **September 2022 progress update**	Delay

					Process delayed to enable wider external search. Closing date for applications now scheduled for 18.09.2022. Selection process dates TBC.	
	23335	Set-up internal selection process for Senior Medical posts (format, panel representation).	Lesley Hall, Assistant Director – Employment Strategies & Practices	18/07/2022	No gaps in senior leadership roles - **June 2022 progress update** - Process delayed as the Health Board continue through the Organisational Change Process. **September 2022 progress update** Process delayed as roles and responsibility design (including sub structure) is linked to the review of the Office of the Medical Director and Integrated Health Community Operational design. Design work to re-start end September 2022. Current gap in posts are mitigated by the support of the Sub team who are leading the Integrated Health Community	Delay

	23336	Set-up external selection process for Senior Nursing posts (format, panel representation) (If required).	Lesley Hall, Assistant Director – Employment Strategies & Practices	01/08/2022	No gaps in senior leadership roles -interim/acting up arrangement in place **September 2022 progress update** Process delayed to enable wider external search. Closing date for applications now scheduled for 18.09.2022. Selection process dates TBC.	Delay
	23337	Set-up external selection process for Senior Medical posts (format, panel representation) (If required).	Lesley Hall, Assistant Director – Employment Strategies & Practices	22/08/2022	No gaps in senior leadership roles **September 2022 progress update** Process delayed as roles and responsibility design (including sub structure) is linked to the review of the Office of the Medical Director and Integrated Health Community Operational design. Design work to re-start end September 2022. Current gap in posts are mitigated by the support of the Sub team who are leading the Integrated Health Community.	Delay

	24129	Set-up internal selection process for Deputy Director posts – Regional services and Primary Care (format, panel representation).	Lesley Hall, Assistant Director – Employment Strategies & Practices	31/10/2022	No gaps in senior leadership roles – interim/acting up arrangement in place **September 2022 progress update** Recruitment process active – selection process taking place on 26/27 September (Primary care) and 10th October (Regional Services)	On track
	24130	Set-up external selection process for Deputy Director posts – Regional services and Primary Care posts (format, panel representation) (If required).	Lesley Hall, Assistant Director – Employment Strategies & Practices	31/10/2022	No gaps in senior leadership roles – interim/acting up arrangement in place **September 2022 progress update** Recruitment process active – selection process taking place on 26/27 September (Primary care) and 10th October (Regional Services)	On track

Appendix 2 – Newly Escalated Risks

CRR22-25	**Director Lead:** Executive Medical Director	**Date Opened:** 20 July 2022
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 26 August 2022
	Risk: Risk of failure to provide full vascular services due to lack of available consultant workforce	**Date of Committee Review:** New Risk
		Target Risk Date: 31 October 2022

There is a risk that there will be delays in the delivery of emergency, urgent and routine care for vascular patients.
This is caused by to lack of consultant workforce which has impacted on services recently and meant only emergency and urgent services can be provided for a short period of time. Business Continuity plans are not adequate to mitigate and patients may need to be transferred NHS England for the the provision of urgent and emergnecy services.

		Impact	Likelihood	Score
To be populated following approval	Inherent Risk Rating	5	4	20
	Current Risk Rating	5	4	20
	Target Risk Score	3	2	6
	Risk Appetite	low level		1-8
	Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	Assurances
1. There are business continuity meetings occurring (between 3 and 5 times weekly) with all relevant operational teams	1. Regular review through the 3-5 times weekly vascular operational planning meetings (which feed directly to the Executive Medical
2. Action plans and decision logs are being maintained and reported to Exec Team daily.	

3. Consultant Workforce Rotas are monitored on a daily basis forecasting risks and mitigations put in place 4 records of cancelled procedures are being kept and the risk of patient harm due to those cancellation being monitored. 5. External communication to Community and Primary Care outlining management and referral of routine, urgent and emergent patients 6. Further contingencies are being planned for potential additional complications which may lead to diversion of services to NHSE, including the number of emergency and urgent patients 7 Daily Monitoring of gaps in rota. (Consultant rota as normal from 01/08/2022) from 01/08/2022 Agency Locum commencing to support 1 x long term sickness, restricted practice and dual operating. 8. Further contingency to be agreed with Executive Medical Director in relation to diversion of potential aortic emergency to another Organisation.	Director and be reviewed via Quality, Safety and Experience Committee.

Gaps in Controls/mitigations
1. There is diminished resource across operational, governance, network and clinical teams in order to maintain any traction on day to day service running, planned improvements, action plans, and transformational change in addition to this work.

Progress since last submission
New Risk

Links to	
Strategic Priorities	**Principal Risks**
Recovering access to timely planned care pathways	BAF21-02

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	23819	Develop local business continuity plans with Hub and Spoke Site Directorate Managers	Mrs Elaine Hodgson, Directorate General Manager	26/07/2022	Provide appropriate escalation and plans to mitigate risks Work is in progress, all three General Managers across each site are currently working on the business continuity plan. August 2022 progress update - Business Continuity Planning Session arranged with Clinical and operational teams for the 15th September 2022.	Delay
	23998	Identify critical vascular conditions that may present via the ED or GP/ community referrals. Identify co-dependencies such as Renal and Diabetic Foot Services time critical illnesses	Ms Jenny Farley, Vascular Network Director	31/08/2022	Will ensure patients are not at risk as there is a plan to either treat and stabilise before transfer to NHS England	Completed
	23999	Daily review of all overdue patients to ensure urgent patients are recognised and discussed with clinicians to ensure no	Ms Jenny Farley, Vascular Network Director	31/08/2022	Ongoing daily reviews to ensure no harm due to delay in treatment August 2022 progress update - this continues as part of the	Ongoing

		harm due to delay in treatment	Directorate Manager Surgery East, Centre and West. Elaine Hodgson Dafydd Pleming Keely Twigg		Vascular Operational Group Processes in place	
	24000	Chief Medical Officers Meetings with HB Executive Medical Director to discuss where support can be offered from in the event of inability to provide emergency and time critical care.	Dr Nick Lyons, Executive Medical Director	31/08/2022	Agreement with Liverpool (LiVES) Vascular services to support MDT decision making to ensure patients are prioritised Work in progress with Stoke Hospital to receive Urgent and Emergency Patients if required. August 2022 progress update - Discussions on going with Stoke.	Delay
	24001	Identifying all vascular patients on the waiting lists and prioritising in the event of all day-case and outpatient services need to be transferred out to England	Directorate Manager Surgery East, Centre and West.	31/08/2022	3 x weekly meetings Directorates on each site report any urgent or time critical patients that require escalation for clinical intervention	Ongoing

	24071	Identify clinical workforce establishment and vacancies	Ms Jenny Farley, Vascular Network Director	31/08/2022	Will enable appreciation of workforce required to deliver vascular services	Completed

CRR22-26	**Director Lead:** Executive Medical Director	**Date Opened:** 29 July 2022
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 26 August 2022
	Risk: Risk of significant patient harm as a consequence of sustainability of the acute vascular service	**Date of Committee Review:** New Risk
		Target Risk Date: 31 December 2022

This is a risk that the acute vascular service could not be sustained
Potentially caused by a reduction in the consultant workforce (sickness/vacancies) and the need for dual operating which requires two consultants to be available on call 24/7.This could impact on the safety of care for time critical patients.

To be populated following approval		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	5	20
	Target Risk Score	4	2	8
	Risk Appetite	low level		1-8
	Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	Assurances
1.Reintroduction of dual consultant operating (for aortic patients only) 2.Implementation of a focussed recruitment plan 3. Enhanced MDT oversight by a specialist centre. 4.Implementation of the vascular improvement plan (following Royal College of Surgeons review) 5.Contingency planning should the staffing levels fall below acceptable levels (maximising non consultant roles to support patient care and the use of agency)	1. Additional support during the AAA operation to limit risk of complications 2. Reduces the reliance agency locums and doctors without a consultant level qualification 3. Ensures that expert skills are agreeing on the most effective

6.Ongoing risk assessment of the waiting list in line with clinical priority 7. Work in progress to out-source time critical patients including renal.	procedures for patients and timely decision making, and record keeping 4. Evidences the RCS recommendations are being actioned 5. Ensures Operational Team are fully aware of the patients to prioritise for emergency or time critical transfers to other hospitals and which patient conditions can be managed safely by other vascular/renal/diabetic teams internally. 6. Ensures that patients are prioritised on their clinical need and the most urgent patients waiting time deadlines are adhered to for timely treatment 7. Prevents delays to time critical treatments.

Gaps in Controls/mitigations
1. High sickness and annual leave reduces the ability for dual operating and potentially short notice 2. Poor reputation of service makes recruiting to consultant posts challenging, plus geography of the Health Board 3. Delays in patient decision making when insufficient MDT members attend the MDT 4. 100 + actions, plus actions from the Vascular Quality Panel review, insufficient workforce to support the delivery of the actions in a timely manner 5. May happen at such short notice that immediate transfer of emergency and urgent patient is required with limited notice for NHS England providers 6. Waiting List size significant post Covid, with little capacity to manage anything other than emergency and time critical urgent patients

Progress since last submission
New Risk

Links to	
Strategic Priorities	**Principal Risks**
Recovering access to timely planned care pathways	BAF21-02

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	24003	Commencement of dual operating.	Ms Jenny Farley, Vascular Network Director	11/07/2022	Reduces the risk of harm to patients Dual operating commenced 11th July 2022.	Completed
	24004	Additional funding requested to ensure effective medical and therapy workforce model. Recruitment campaign ongoing within current establishments	Ms Jenny Farley, Vascular Network Director	31/12/2022	All consultant vacancies recruited to (with the exception of the CD post interviews August 2022) Ensures consistently safe patient care across all three sites. Reduces the reliance on agency workforce	On track
	24005	Invite extended to Stoke as well as Liverpool to attend and contribute to the MDT	Ms Jenny Farley, Vascular	25/07/2022	Action closed 25/07/2022 Support decision making in the absence of sufficient vascular	Completed

			Network Director		surgeons and support prioritisation of patients for intervention
	24006	Vascular Improvement Plan lead in post and Vascular Network Director in post for wider transformation	Ms Jenny Farley, Vascular Network Director	31/12/2022	Supports the co-ordination of actions needed to deliver against the recommendations. Ensures regular updating of the improvement plan Longer term transformation of the services for stability	On track
	24007	Business Continuity planning in place	Directorate Managers Elaine Hodgson, Dafydd Pleming,	31/09/2022	Ensures all risks are identified and mitigated to support patient safety, enables immediate response to crisis Away Day agreed for the 16th September to complete business continuity plan.	On track
	24008	Risk Assessment of Waiting lists	Directorate Managers Elaine Hodgson, Dafydd Pleming,	31/08/2022	Identifies the upcoming risks/ issues as well as patient demand and capacity to manage time critical patient care	Completed
	24009	Working with NHSE to support the potential transfer of time critical patients to other service providers	Ms Jenny Farley, Vascular Network Director, Dr Andrew Foulkes Medical	30/09/2022	Ensures treatment of time critical patients Will help to develop a future service model to include service provision in England. Discussions are ensuing with Royal Stoke Hospital and Shrewsbury Hospital	On Track

Director, Mrs Sally Baxter Associate Director of Strategy

CRR22-27	**Director Lead:** Executive Medical Director	**Date Opened:** 31 January 2022
	Assuring Committee: Quality, Safety and Experience Committee	**Date Last Reviewed:** 26 August 2022
	Risk: Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping - Vascular services.	**Date of Committee Review:** New Risk
		Target Risk Date: 28 April 2023

There is a risk that following the RCS stage 2 review of 47 sets of case notes, Vascular medical workfroce documenation is non-compliant with regulatory standards for recording keeping.

This may be caused by the use of software infrastructure across the three sites which doesn't communicate with each other; the lack of digital health records, human factors and staff being used to working without sufficient resource. This could also be caused by lack of communication, human error and the lack of good processes and adequate resources.

This could impact on patient outcomes, patient safety, reputation of the service, poor patient experience and clinical staff fitness to practice.

		Impact	Likelihood	Score
To be populated following approval	Inherent Risk Rating	3	5	15
	Current Risk Rating	3	5	15
	Target Risk Score	3	2	6
	Risk Appetite	low level		1-8
	Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	Assurances
1. Weekly case note audits in YGC are undertaken to monitor standards of record keeping actions are taken when poor documentation is identified 2. Medical consultant and trainee grade champions have been identified to support improvement in documentation 3. Refresher training on consent has been between March and May 2022 from HIW and the GMC. 4. Introduction of a pilot scheme for "CITO" electronic MDT proforma to be easily viewed by all relevant MDT members due to complete in October 2022. 5. MDT forms process of being filed by MDT co-ordinator in the notes on the same day put in place. 6. IMTP bids for additional administrative and MDT support have been created.	1. All actions relating to this risk are included on the RCS Vascular improvement plan reviewed monthly at the Vascular Steering Group which feeds into Quality, Safety, and Experience Committee, and then Board

Gaps in Controls/mitigations
1. The infrastructure supporting the vascular service is inadequate. Whilst this doesn't directly affect clinician's documentation, it does prohibit clear and robust processes to support the efforts. Weekly audits identifying areas for improvement on a regular basis showing need for further input are undertaken. Until August 2022, the lack of permanent Clinical Leadership of vascular medical teams to drive and embed improved practice and ensure compliance and sustainability has been a risk 2. In sufficient MDT co-ordinators across all three sites

Progress since last submission
1. Notes audits continue with signs of some improvement and reported into the VSG meeting monthly 2. Advised by Executive Medical Director that a score of 12 was insufficient in light of the RCS stage 2 report - increased to 15.

Links to	
Strategic Priorities	Principal Risks
Transformation for improvement (key enabler)	BAF21-02

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	22282	Reference to RCS vascular improvement plan	Mr Balasundaram Ramesh, Consultant Orthopaedic and Trauma Surgeon	31/12/2022	The actions aim to further identify issues, complete weekly audit for assurance of improvement, provide standardised documentation such as clerking and ward round documentation to prompt quality, involvement of regulatory bodies for training, 1:1 meetings with clinicians to review audits results and improvement requirements. The RCS action plan is informed by 2 stages of RCS review, NVR report and internally identified issues. There is a large number of actions assigned to improvement for documentation / consent processes which is kept up to date and reported on monthly. This is an ongoing activity. There are objective signs that the Consent process and note keeping standards have gone up.	On track

	24075	Involve regulatory bodies in training medical staffing in record keeping and consent	Mr Balasundaram Ramesh, Consultant Orthopaedic and Trauma Surgeon	31/05/2022	Action closed 31/05/2022 This will ensure that all relevant staff area fully conversant with the need for accurate record keeping and the consequences of failure to do so	Completed
	24076	Pilot CITO as part of MDT	Ms Jenny Farley, Vascular Network Director	31/10/2022	To ensure legible documentation. Enhancing security and patient data storage	On track
	24077	Appoint a Clinical Director to lead the service	Mr Balasundaram Ramesh, Consultant Orthopaedic and Trauma Surgeon	31/08/2022	Action closed 26/08/2022 Will provide strong leadership, delivery of all key recommendations within the vascular improvement plan.	Completed
	24078	Ward Teams working with Patient Experience teams to develop holistic communication processes for documentation and for sharing with patients	Ms Jenny Farley, Vascular Network Director	31/10/2022	Will ensure holistic approach to patient care, will improve communication	On track
	24079	Administrative and governance workforce analysis undertaken, identify gaps to support governance processes	Ms Jenny Farley, Vascular Network Director	31/10/2022	Identify the investment required to support effective documentation governance infrastructure	On track

| | 24080 | Case note filing training to be given to Ward Teams | Ms Jenny Farley, Vascular Network Director | 30/11/2022 | Will ensure correct filing processes for all patient records reducing the risks associated with poor documentation | On track |

Appendix 3 - 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.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	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	20
CRR22-26	Risk of significant patient harm as a consequence of sustainability of the acute vascular service	Executive Medical Director	Quality, Safety and Experience	20
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:*	Transformation and Improvement Update			
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 27 October 2022			
Crynodeb Gweithredol: *Executive Summary:*	Standing agenda item updating the Committee on Transformation and Improvement activities			
Argymhellion: *Recommendations:*	The Committee is asked to receive the report and note the areas of progress.			
Arweinydd Gweithredol: *Executive Lead:*	Dr Chris Stockport, Executive Director of Transformation, Strategic Planning And Commissioning			
Awdur yr Adroddiad: *Report Author:*	Paolo Tardivel, Director of Transformation and Improvement			

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):*	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.
Goblygiadau rheoleiddio a lleol:	Not applicable

Regulatory and legal implications:	
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 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?*	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)*	Not applicable
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*	
Rhestr o Atodiadau: Dim *List of Appendices:* Transformation and Improvement update presentation	

MEETING IN PUBLIC

27th October 2022

Transformation and Improvement Update

1. Introduction/Background

This paper provides a high level summary of progress made by the Transformation and Improvement team since last reporting to PFIG, and complements the slide pack provided as an appendix.

2. Body of report

The Health Board Transformation and Improvement function has continued to make good progress and is supporting a growing number of areas, following a period of foundational 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:

- **Acceleration of a move to evidence based independent portfolio assurance** – Following a period of reflection on the experience to date of the mobilising the Transformation and Improvement function, there has been useful discussion with the Executive Team around some of the fundamentals required to provide stronger assurance of delivery. This has led to agreement around employing the "Best Practice Management Guide" suite around Portfolio, Programme and Project Management. The first element of this is to put in place a strong P3O (Portfolio, Programme and Project Management Offices) structure, which is then underpinned by MSP (Managing Successful Programmes) and PRINCE2 (for Project Management). The corner stone of this approach is for the Transformation and Improvement (or Portfolio) Office to provide independent, objective and transparent assurance on: 1) whether the programmes are following best practice and whether they're set up for success, 2) whether they have robust plans to deliver the committed outcomes in the committed timescales, 3) whether they are on track in both delivery and benefits realisation milestones.

- **Building improvement capability** – As well as supporting some of our larger areas of work (such as Planned Care, Unscheduled Care, Mental Health and Learning Disabilities and Central Integrated Health Community's Journey to Excellence), the Improvement team has been supporting other areas (such as Vascular, Diabetic Foot, Urgent Ischlaemic Limb, Carpal Tunnel Pathways, Theatres) through a variety of interventions, all designed to support the wider organisation in building improvement capability within their own areas. As well as active improvement support, the team also co-deliver training (Improvement In Practice) with Improvement Cymru (IC) and are supporting Workforce and Organisational Development in

developing internal training programmes to further build improvement into leadership and coaching training programmes. As part of our improvement support, we also provide coaching, advice and facilitation to services/teams as and when required. As part of the Intensive Support offer from IC and IHI, the Improvement Team are involved in the co-ordination of the programmes and will work alongside the IC, IHI (Institute of Healthcare Improvement) and Workforce and OD to deliver these.

- **Value Based Care (VBC)** – As part of our ambition to "weave Value Based Care (VBC) principles into the DNA of everything we do across Betsi", we've been building a virtual programme to show case and promote the examples of great VBC initiatives from across the organisation. These come from a combination of sources (large programmes, individual projects, pathway implementation etc) and seek to illustrate to colleagues across the organisation that everyone is able to contribute to our VBC ambitions.

With regard to the current key BCUHB transformation programmes, some concerns continue to be in place around their capability and capacity to drive the scale of change at the pace needed. Whilst there has been pockets of progress, for example the Unscheduled Care programme now has it's Operational and Programme Leads back in place, there is still much to do in relation to implementing MSP (Managing Successful Programmes) best practice and ensuring that there is sufficient operational bandwidth and programme/project/improvement resource to deliver on the ambitions. The best practice management guides are very clear that building this capability and operating model takes time and the approach and timescales should be based on an objective assessment of the maturity of the current state using the P3M3 maturity assessment method. We will continue to update PFIG on progress in this regard going forward.

Alongside this, the Transformation team (in collaboration with Finance colleagues) continue to provide support to help budget holders identify and deliver their best opportunities for CRES savings. The team have supported the Operational Teams with mobilisation of 5 "Improvement Groups" that were informed by financial benchmarking opportunity analysis, but are charged with creating a single programme of initiatives that will deliver both financial and patient focussed benefits. These groups bring together relevant existing programmes with other areas of opportunity across: 1) Planned Care, 2) Unscheduled Care, 3) Continuing Healthcare, 4) Medicines Management, 5) Workforce. These groups also aim to be the first iteration of a "top down" annual cycle that seeks to supplement the existing "bottom up" IMTP process that gathers initiative submissions from around the organisation. The idea is to ensure that we get full and balanced coverage over delivery against our strategic objectives.

Given we're now in Quarter 3, the contribution of the Improvement Groups to this year's savings may be modest, but will create a much better foundation for an improved balance of recurring vs non-recurring savings in FY23/24.

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
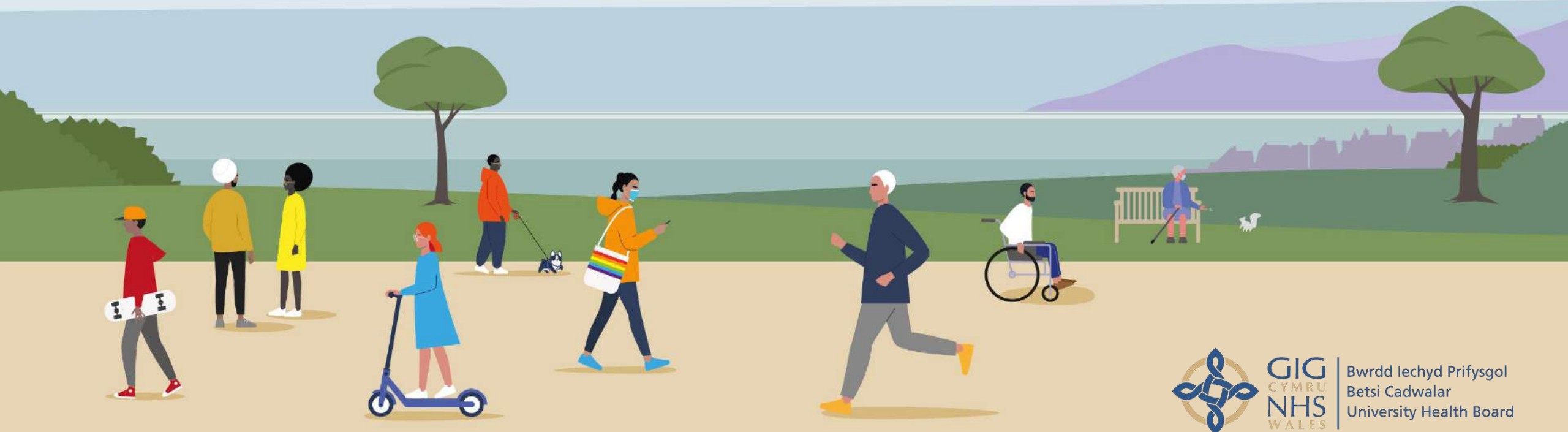
Contents

- Update on Transformation Function

- Update on current key Transformation Programmes in BCUHB

- Update on savings work

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

- Transformation & Improvement Office – Acceleration of move to evidence based independent portfolio assurance

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Best Practice Guides

Portfolio, Programme and Project Offices (P3O)	Management of Risk (M_o_R®)	Management of Value (M_o_V™)

Portfolio Management (MoP™)

Programme Management (MSP™)

Project Management (PRINCE2®)
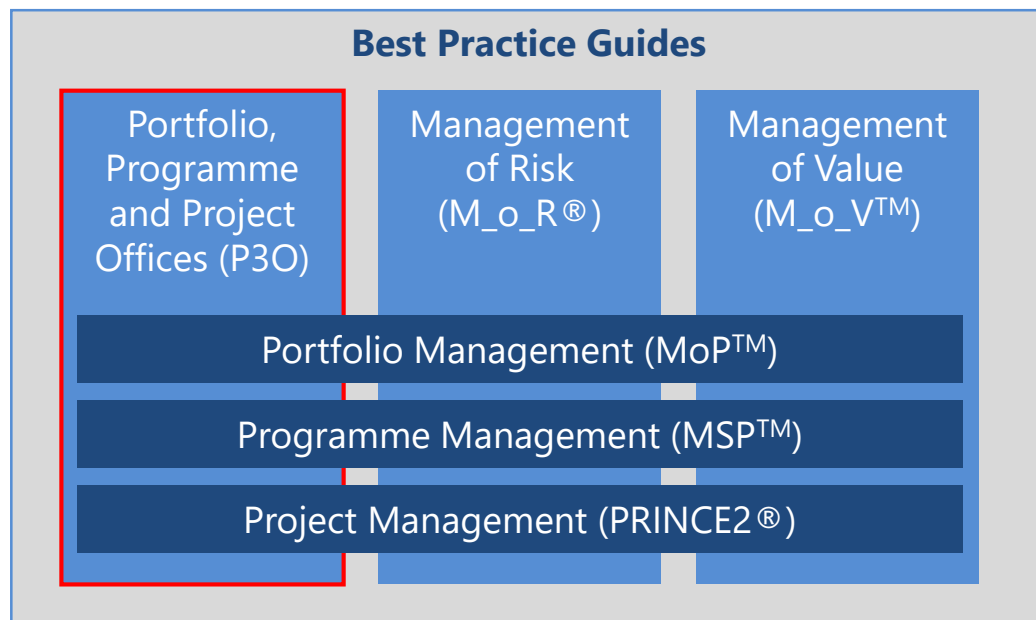
- A workshop with Execs reflecting on progress with the T&I function over the past 12 months recognised no shortage of ideas, but that delivery was often compromised because we don't universally adopt evidence-based portfolio, programme and project methodology
- We are accelerating the shift to providing independent, objective and transparent portfolio assurance, through the introduction of formal 'health checks' which will highlight if we're set up for success (following best practice guides), whether we have a plan to deliver what's needed and whether we are on track to deliver
- We will use P3O as the best-practice model to provide a decision-enabling/delivery support structure for all major change within the organisation.

Transformation Team Leads:
- Neil Windsor & Claire Waddicor-Evans

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

The Improvement team provides improvement resource to programmes, pathways and services. These currently include:
- Journey to Excellence – Central IHC
    - QI Theatre Fellow supporting with improving engagement with WHO Checklist
- Vascular – Diabetic Foot, Urgent Ischaemic Limb
- Planned Care
- Carpel Tunnel Syndrome Pathway

As well as active improvement support, the team also co-deliver training (Improvement In Practice) with Improvement Cymru (IC) and are supporting Workforce and OD in developing internal training programmes for to further build improvement into leadership and coaching training programmes. As part of our improvement support, we also provide coaching, advice and facilitation to services/teams.

As part of the Intensive Support offer from IC and IHI, the Improvement Team are involved in the co-ordination of the programmes and will work alongside the IC, IHI and Workforce and OD to deliver these.

Transformation Team Lead:
- Julie Ward-Jones

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

Canolfan Gwerth mewn Iechyd Cymru

Welsh Value in Health Centre

"Enabling a whole system approach to value-based healthcare for Wales"

Value Based Healthcare

| Clinical care and outcomes | Costs | Health Informatics |

Working with patients
Language, culture and behaviour

PREMs

Captures patient perspective of their experience of the care and environment they were treated. (e.g. involved and informed, communication).

Used to measure, monitor and positively drive improvements in service delivery.

Measured from the patients perspective and married with patient records.

PROMs

Captures the impact of illness and care provided over time from the patients perspective. (e.g. involved and informed, communication).

Used to measure, monitor and act to 'trim the sails' of services delivered over time. Ensuring the effectiveness and optimisation of treatments and interventions.

Powerful Together

Together they support patient-centred care, improve quality of care and enhance organisational/service performance.

The VBC team has engaged with national networks e.g. Mid Wales Collaborative and National Leads for Value Planning and Delivery to participate in the National Person-Centred Value Based Health Care Programme.

Progress made include:
- Coordinated with local finance and network managers to produce a virtual VBC programme linking with national priorities;
- Aligning Betsi Pathways to Value Based Care, reflecting Patient reported outcome measures (PROMS) and Patient reported experience measures (PREMS) synergies and person-centred health care;
- Hosting Sustainability Fellows to contribute to the wider agenda.

The Health Board has also approved the following projects to be supported for the VBC £3.4m funding: Heart Failure, Lymphoedema, Cellulitis, Non-emergency patient transport service (NEPTS) 6 Day service

Future projects will follow the prioritisation matrix and will align with the IMTP.

Transformation Team Lead:
- Denise Roberts

- Transformation & Improvement Office – Acceleration of move to evidence based independent portfolio assurance
- Improvement – building capability
- Value Based Care – virtual programme
- **Betsi Pathways - update**
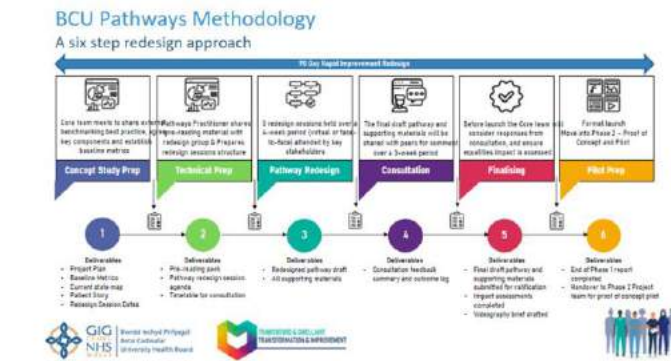
Eight pathways are in the process:

- **Carpel Tunnel Syndrome:** Pathway agreed and approved. The Improvement team have advised in regards testing and roll out. Exploring the options to move minor surgery to a minor surgery room to free up main theatres.
- **Hip & Knee Replacement:** Pathway is being finalised and will be available for December CEG.
- **Prostate Cancer:** Two engagement workshops have been with the final workshop scheduled for October.
- **Colorectal and Anal Cancer:** Engagement workshops arranged.
- **Dementia pathway:** Engagement workshops arranged.
- **Heart Failure pathway:** Current state mapping is underway.

Future pathways will be prioritised taking account of strategic priorities as defined through the IMTP and business case process.

Transformation Team Lead:
- Denise Roberts

Programme	Is the programme set-up for success?	Do we have a clear plan?	Is the programme on-track to deliver?
Planned Care	Vision not formally documented. Triumvirate not in place. Governance structure differs from recommended approach. Limited resources to support delivery	Emerging plans are at project-level only and there is a lack of identified and profiled outcomes to track delivery. No clear tracking of previously identified CIP	Milestones are significantly delayed. Limited operational capacity to support delivery
Unscheduled Care	Triumvirate now in post, however programme undergoing full reset, requiring further clarity on revised plans and outcomes. Minimal project resource to support	Revised plan to be developed as part of full system reset	Whilst there is a detailed dashboard, currently not linked to a programme delivery plan
CAMHS	Scope, structure and strategy reasonably clear, additional project management resource required	Plans are at a project level, using central project architecture, however benefits are only just starting to be worked up	Profiles agreed but delivery is off-track. No benefits delivered as yet. Difficulties in appointing operational resource. Risk owners need clarification
Regional Treatment Centre	Most assessment criteria green, however lack of internal project management resource deemed 'mission critical'	Plan with clear milestones in place to cover design phase	Delivery against original OBC timescales significantly delayed, however revised timescales agreed with Execs and will be used for future health check assurance
Mental Health	Programme confirms that they are set up for success with all the key criteria for this being met, with the exception of needing to review interdependencies via the new ops model.	Good confidence that the plans are well developed at project and programme level however a review of the identified benefits is required to ensure that they are fit for purpose and able to be tracked, hence Amber.	Programme confident that they are on track with the delivery of their objectives and expected outcomes however to ensure the benefits are being delivered, a benefits review is required before confidence can move to Green.
Cancer	There is no funding available (as yet) for the clinical leads to deliver the remaining plans and awaiting a decision from the IMTP	There is a clear plan with projects, milestones, tasks and owners, however need clear plan on a page and actively managed risk log	All schemes have been delivered within budget to date. Funding is needed to enable delivery of the future plan

- Maximising **potential benefits** and return on investment from our change initiatives must be underpinned by an evidence-based support structure. By implementing the P3O model it will ensure that the organisation is doing the right projects and that we're doing them right resulting in improved success and delivery of **tangible** non-financial and **financial benefits**.

- Change is iterative and an ongoing structure to feed and facilitate opportunity analysis is essential, change will however need to be cognisant of defined annual cycles. Ensuring that **benefits are planned, quantified, profiled** and aligned to the IMTP and **financial savings schedules** is key.

- It is essential that what we do is aligned to our strategy whether that be a top-down or bottom-up approach in planning our portfolio of change and investment. Prioritising our change will need to include strategic alignment, **scale of** impact and **value**.

- The mobilisation of five **Improvement Groups** in October 2022 is intended to begin building the structure required to 1) Identify and quantify the **patient improvements** and **financial benefits** from any change already in flight. 2) Explore the opportunity for the next year onwards where the potential for real transformation and associated benefits exists.

- The current identified Improvement Groups are:

  1) Planned Care 2) Unscheduled Care 3) Continuing Healthcare 4) Medicines Management, 5) Workforce.

- The Improvement Groups are not intended to be duplicative, but brought into the same evidence-based governance and reporting which may be in existence

Transformation Team Leads:
- Neil Windsor & Claire Waddicor-Evans

The following is a summary of the expected Improvement Group approach and the phases involved leading up to delivery:

Improvement Group approach overview

	Discovery Phase	Design Phase	Development Phase
Overview	Improvement Groups are a senior team with a specific deliverable to submit quantified financial benefits for 22/23 and identify the potential high level opportunities and sub groups for 23/24 onwards.	Sub Groups established with a specific output to design sub group briefs, setting out objectives, expected outcomes, benefits and high level plan. Improvement Groups as an IG 'Steering Group' reporting into an IG Oversight Group.	Preparing for start up, taking forward resource requirements, specific output to take the necessary actions to support the move into Delivery and to develop the PID, full benefits plan & profile.
Timescales	• Indicatively by end of October	• Indicatively by end of January	• Indicatively by end of March
Roles & responsibilities	• Led by IG senior team – driving a weekly meeting • T&I and Ops Lead to complete programme mandate • Planning, Finance and Ops Leads to complete IMTP submission • Finance and Ops Lead to complete savings template	• IG senior team become "steering group" – meeting fortnightly • IG working group resources to complete all other tasks	• Led by IG working group, IG senior team become "steering group" • IG working group resources to complete all other tasks

Given we're now in Q3, the contribution of the Improvement Groups to this year's savings may be modest, but will create a much better foundation for an improved balance of recurring vs non-recurring savings in FY23/24.

Transformation Team Leads:

• Neil Windsor & Claire Waddicor-Evans

Teitl adroddiad: ***Report title:***	Finance Report for Month 6
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 27 October 2022
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board for the six months from 1st April 2022 to 30th September 2022. The cumulative position for the year is a deficit against plan of £3.2m, (0.36% of allocation). The Health Board is forecasting a £10m deficit by the end of the financial year. The Executive team has set up a Financial Recovery Group in order to oversee improvements in the financial position. Savings delivered in the 6 months to September 2022 was £8.6 against a plan of £9.2m, a shortfall of £0.6m. Non-recurrent savings delivered are £3.4m. The savings forecast is £15.2m, which is £19.8m behind the target of £35m for the year.
Argymhellion: ***Recommendations:***	It is recommended that the report is noted.
Arweinydd Gweithredol: ***Executive Lead:***	Rob Nolan, Acting 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)*	There is a significant risk that the Health Board does not meet its statutory financial duty for 2022-23. BAF 2.3 Current risks and mitigations are shown in Appendix 1, slide 13. £38.1m 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.
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)*	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.

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: Appendix 1: Finance Report September 2022 – M6* *Appendix 2: Month 6 Monitoring Return submitted to Welsh Govt.* *Appendix 3 : Performance transformation fund tracker*	

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

✓ Key financial targets for Cash, Capital and PSPP all being met.

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

Issues & Actions

➢ Current Month is reporting a deficit position of £0.5m and cumulated deficit of £3.2m as at end of September.

➢ The Health Board is reporting a forecast outturn deficit of £10.0m. This is based on the assumption that the Health Board is able to use any slippage from the Strategic support and Recovery funding, and not claw back any benefits gained from the Annual Leave accrual.

➢ The review of forecast outturn has resulted in the development of Financial Recovery Plan including options for consideration by the Executive.

➢ 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. Full year forecast for Saving Schemes identified as Green total £14.4m against a plan of £35m, leaving £20.6m to be delivered over the remainder of the year. Including red schemes, for which assurance reviews must be completed, the forecast totals £15.2m.

➢ Welsh Government have requested a number of income assumptions to be rated as high risk as sources of funding are yet to be identified. These amount to £57.9m of which £23.9m is exceptional costs (Energy, Real Living Wage and National Insurance) with the balance relating to Non-programmable COVID costs.

Key Messages

❖ The September position is reporting a deficit of £0.5m and year to date deficit of £3.2m.

❖ From Month 6 the Health Board is reporting a forecast outturn deficit of £10.0m. This is based on the assumption that the Health Board is able to use any slippage from the Strategic support and Recovery funding which includes £30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support.

❖ The deep dive review of forecast outturn has resulted in the development of a Financial Recovery Plan including options for consideration by the Executive.

❖ Full year forecast for Saving Schemes identified as Green total £14.4m against a plan of £35m, leaving £20.6m to be delivered over the remainder of the year. There is confidence that the Transactional Schemes will be delivered to address the £17.5m transactional target. Transformational savings have not been identified and there remains to be to be reduced assurance in this area of savings.

Summary of Key Numbers

Month 6 Position	Forecast	Divisional Performance Month 6
In Month £175.5m against plan of £175.0m. **£0.5m adverse** YTD £953.6m against plan of £950.3m **£3.2 adverse**	Projected Position which is subject to inflationary risk. **£10.0m deficit**	West IHC — £5.3m adverse Central IHC — £5.6m adverse East IHC — £4.0m adverse Womens — Balanced MH & LD — £1.9m adverse Commissioning Contracts — £1.4m adverse ICD Primary Care — £0.4m favourable ICD Regional Services — £1.0m adverse Support Functions & Other Budgets — £15.8m favourable
Savings In-month: £2.1m against target of £1.7m **£0.4m favourable** YTD: £8.6M against target of £9.2m **£0.6m adverse**	**Savings Forecast** £15.2m, including pipeline savings, against plan of £35.0m **£19.8m adverse**	**COVID-19 Impact** £22.3.m cost YTD £42.8.m forecast cost. Funded by Welsh Government (with risk) **£NIL impact**
Income £70.6m against budget of £69.2m **£1.4m favourable**	**Pay** £472.7m against budget of £468.6m **£4.1m adverse**	**Non-Pay** £551.5m against budget of £551.0m **£0.5m adverse**

Revenue Position

- The in month position is reporting a deficit of £0.5m and a cumulative deficit of £3.2m as at the end of September.

- The total cost of COVID-19 in September is £3.5m (£22.3m year to date), an increase of £0.7m from August. Total year forecast cost of COVID-19 is £42.8m for which Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

- As at Month 6 the forecast outturn is reporting a £10.0m deficit. This is based on the assumption that the Health Board is able to use any slippage from the Strategic support and Recovery funding.

- The forecast position is also dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring fenced allocations and any benefits gained from the Annual Leave accrual.

	Actual M1 £'000	Actual M2 £'000	Actual M3 £'000	Actual M4 £'000	Actual M5 £m	Actual M6 £m	2022/23 Cumulative Budget £'000	Actual £'000	Variance £'000	Variance %	Forecast Actual £'000
Revenue Resource Limit	(152,882)	(151,609)	(152,384)	(159,645)	(158,854)	(174,974)	(950,348)	(950,348)	(0)	0.0%	(1,959,403)
Miscellaneous Income	(11,293)	(10,787)	(11,435)	(11,088)	(13,887)	(12,148)	(69,241)	(70,638)	(1,397)	2.0%	(82,544)
Health Board Pay Expenditure	76,620	73,442	75,384	76,336	75,084	95,804	468,592	472,670	4,078	0.9%	950,092
Non-Pay Expenditure	88,898	89,855	88,452	94,298	98,194	91,830	550,997	551,527	530	0.1%	1,101,855
Total	**1,343**	**901**	**17**	**(99)**	**537**	**512**	**0**	**3,211**	**3,211**		**10,000**

Financial Performance & Forecast
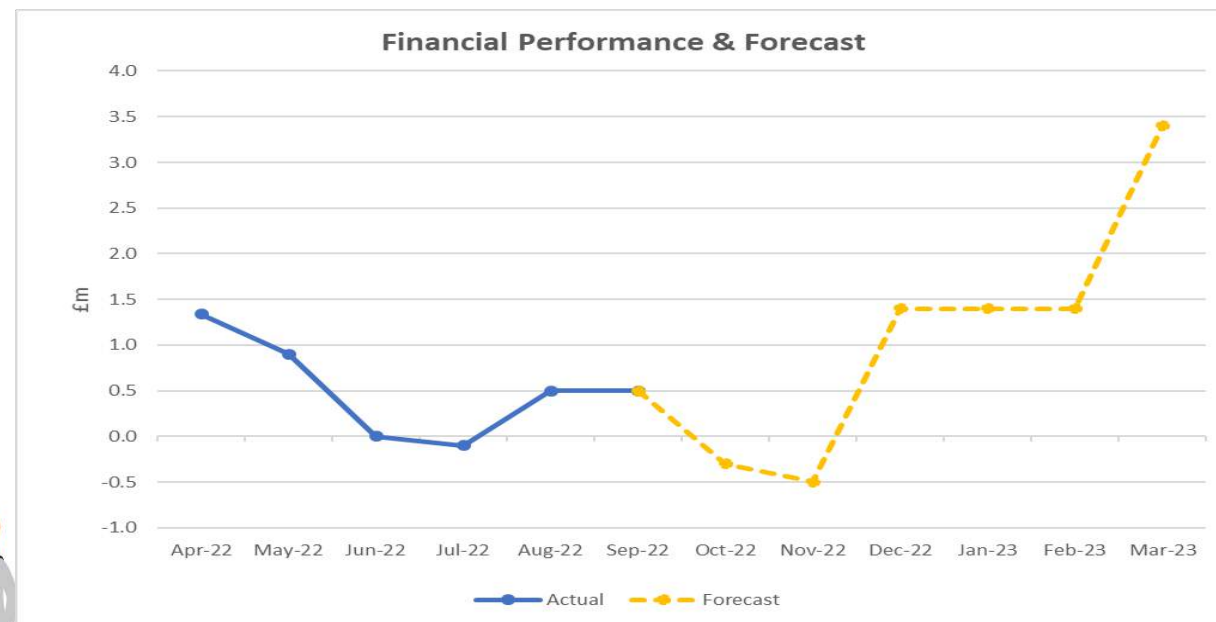
Forecast Outturn

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

- The £42m Performance and transformation funding was included as recurrent in the Minimum Data Set. The three year financial plan included in the Integrated Medium Term Plan submission also assumed that funding for Performance and transformation would continue beyond 2023-24. The Health Board has been clear that it is committing recurrently against this funding 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.

- As at Month 6 the forecast outturn position has been updated to report a £10.0m deficit. This is based on the assumption that the Health Board is able to use any slippage from the Strategic support and Recovery funding and is also dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring fenced allocations and any benefits gained from the Annual Leave accrual.

- The below Table summarises the Worst Case Forecast Outturn position of £50.0m, which is offset by £40.0m Mitigations to report a Forecast Outturn position of £10.0m.

- The review of forecast outturn has resulted in the development of a Recovery Plan which will include additional mitigations for consideration by the Executive.

Variance	£m	£m
Financial Risk (Worst Case)		50
Improve Savings delivery	-10	
Review reserves and slippage	-7	
		-17
		33
Slippage on WG Investments		-3
Balance Sheet - A/L accrual		-10
Review Planned Care Recovery		-10
		10

Divisional Positions

	In Month			Cumulative		
	Budget	Actual	Variance to Plan	Budget	Actual	Variance to Plan
	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(174,974)	(174,974)	0	(950,348)	(950,348)	0
WEST INTEGRATED HEALTH COMMUNITY						
West Area	16,143	16,142	1	87,903	89,682	(1,779)
Ysbyty Gwynnedd	11,080	11,669	(589)	56,947	60,182	(3,235)
Facilities	1,305	1,370	(65)	5,846	6,179	(333)
Total West	28,528	29,182	(653)	150,696	156,043	(5,347)
CENTRAL INTEGRATED HEALTH COMMUNITY						
Central Area	21,475	20,655	820	116,529	115,628	901
Ysbyty Glan Clwyd	13,896	15,350	(1,454)	71,330	77,265	(5,936)
Facilities	1,542	1,593	(51)	6,931	7,539	(609)
Total Central	36,914	37,598	(684)	194,789	200,432	(5,643)
EAST INTEGRATED HEALTH COMMUNITY						
East Area	23,993	23,881	113	130,800	132,129	(1,329)
Ysbyty Wrexham Maelor	12,066	12,567	(502)	62,033	64,481	(2,448)
Facilities	1,299	1,265	35	6,135	6,357	(222)
Total East	37,358	37,713	(354)	198,969	202,967	(3,998)
Total Midwifery and Women's Services	4,317	4,283	35	21,620	21,668	(48)
Total Mental Health and LDS	14,081	14,237	(156)	73,085	74,968	(1,884)
Total Commisioning Contracts	20,749	21,151	(402)	125,682	127,119	(1,437)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE						
Covid Programmes	1,426	1,431	(5)	9,708	9,712	(4)
Dental North Wales	2,823	2,877	(55)	16,637	16,604	34
Community Dental Services	655	598	57	3,055	2,565	490
Other Primary Care	(1,838)	(1,776)	(62)	(864)	(762)	(102)
Total Integrated Clinical Delivery Primary care	3,065	3,130	(65)	28,537	28,119	418
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES						
Provider Income	(1,767)	(1,662)	(106)	(10,591)	(10,470)	(122)
Diagnostic and Specialist Clinical Support	7,005	6,939	66	35,047	35,548	(501)
Cancer Services	5,349	4,932	417	27,138	27,562	(424)
Total Integrated Clinical Delivery	10,587	10,209	378	51,594	52,641	(1,047)
Total Service Support Functions and Other Budgets	19,374	17,983	1,391	105,377	89,601	15,776
Total	0	511	(511)	0	3,211	(3,211)

Integrated Health Community Positions at Month 6
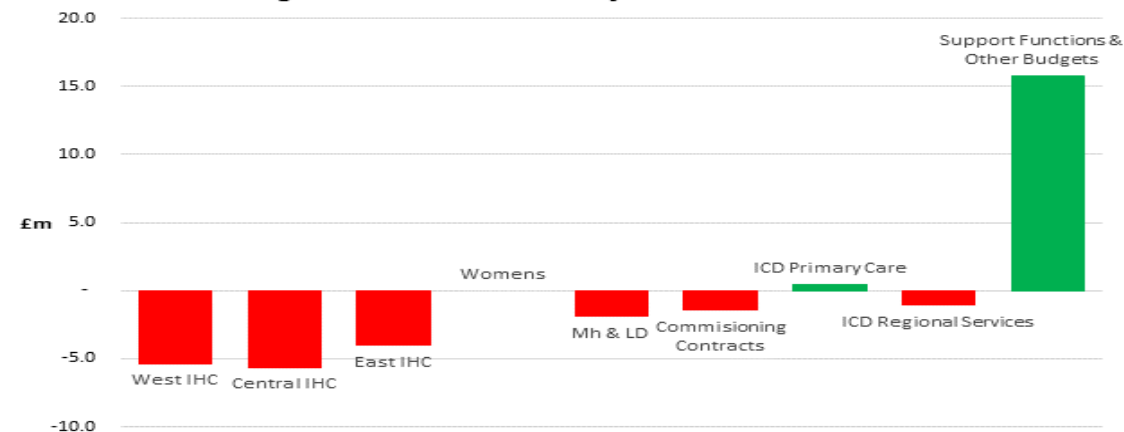
- Key impacts affecting divisional positions include additional pay costs which are due to variable pay costs, particularly Agency costs.

- Of the £3.2m year to date overspend, Pay is £4.1m overspent, Non pay is £0.5m overspent which is offset by income overachieving by £1.4m.

- Non Pay pressures continue within CHC, due to more complex packages driving an increase in costs, prescribing costs and a number of general non pay inflationary costs.

- Non delivery of CRES is also having an impact.

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

Description	£m
Allocations Received	1792.1
Total Allocations Received	**1,792.1**

Description	£m
Allocations anticipated	
Capital	-1.4
COVID-19	31.0
Energy (Price Increase)	16.7
Employers NI Increase (1.25%)	4.7
Real Living Wage	2.5
Substance Misuse	6.0
IM&T Refresh Prorgamme	1.9
Urgent Primary Care Centres	1.0
MSK Orthopaedic Services	1.2
Obesity Pathways	0.6
SDEC	1.6
WPAS	0.8
Annual Leave Overtime (Flowers Case)	2.5
WRP Risk Share 22/23 for M1 MMR	-5.0
All Wales Robotics Partnership	0.5
Real Living Wage B1 & B2 - from April 22	0.6
Payaward	42.8
Other	1.5
Total Allocations Anticipated	**109.5**

	£m
Total Allocations Received	1,792.1
Total Allocations Anticipated	109.5
Total Welsh Government Income	**1,901.6**

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL is currently £1,901.6m for the year, of which £950.3m has been profiled into the cumulative position which is £0.5m less than 6/12ths of the allocation.

- The RRL includes confirmed allocations to date of £1,792.1m, with further anticipated allocations in year of £109.5m.

- The anticipated allocations includes £31.0m for COVID-19 income, as £11.9m of COVID-19 funding has now been received within the allocation. £22.3m of COVID-19 funding has been profiled into the cumulative position to match expenditure.

- Also, within the allocations received includes £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition, £38M has also been received for Planned and Unscheduled Care Sustainability Fund.

COVID -19 Funding	£m
Total COVID-19 costs in 2022/23	42.8
Total Covid -19 funding	**42.8**

Received	11.9
Anticipated	31.0

Expenditure

Pay Costs	M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	M6 £m	Cumulative YTD Budget £m	Cumulative YTD Actual £m	Cumulative YTD Variance £m	Full Year Forecast £m
Administrative & Clerical	11.4	10.0	11.0	10.8	11.0	14.1	68.3	68.3	(0.0)	143.9
Medical & Dental	17.6	17.3	17.9	18.2	18.0	21.7	103.1	110.7	(7.6)	217.8
Nursing & Midwifery Registered	23.7	22.9	23.4	23.3	22.8	28.8	151.3	145.0	6.3	283.3
Additional Clinical Services	11.2	10.6	10.7	11.0	10.6	15.0	63.4	69.0	(5.6)	37.0
Add Prof Scientific & Technical	2.9	2.9	2.9	3.0	3.0	3.5	20.4	18.3	2.2	143.1
Allied Health Professionals	5.0	4.7	4.7	5.0	4.9	6.1	30.1	30.5	(0.4)	61.0
Healthcare Scientists	1.3	1.2	1.3	1.3	1.3	1.5	8.3	7.9	0.5	14.8
Estates & Ancillary	3.5	3.7	3.5	3.6	3.5	5.0	23.2	22.7	0.6	48.7
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.5	0.5	0.0	0.6
Health Board Total	**76.6**	**73.4**	**75.5**	**76.3**	**75.1**	**95.8**	**468.6**	**472.7**	**(4.1)**	**950.1**
Other Services (Incl. Primary Care)	2.0	2.4	2.2	2.3	2.5	2.8	11.5	14.1	(2.6)	28.2
Total Pay	**78.7**	**75.8**	**77.6**	**78.5**	**77.6**	**98.6**	**480.1**	**486.8**	**(6.7)**	**978.3**

Non-Pay Costs	2022-23 M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	M6 £m	Cumulative YTD Budget £m	Cumulative YTD Actual £m	Cumulative YTD Variance £m	Full Year Forecast £m
Primary Care Contractors	18.1	18.1	16.8	18.2	17.6	18.3	108.9	107.2	1.7	218.2
Primary Care Drugs	8.7	8.8	9.9	10.1	10.3	10.5	52.7	58.3	(5.6)	113.3
Secondary Care Drugs	7.0	7.3	5.4	6.7	7.2	7.2	39.2	40.6	(1.4)	81.9
Clinical Supplies	6.1	6.8	6.7	5.9	5.9	6.1	34.7	37.5	(2.9)	75.7
General Supplies	4.2	3.9	4.7	1.5	5.8	5.3	24.1	25.4	(1.3)	51.3
HC Services Provided by Other NHS	25.1	24.3	26.2	27.9	24.7	25.7	152.4	153.9	(1.4)	314.2
Continuing Care and FNC	9.4	9.4	9.4	10.2	9.6	5.5	49.1	53.5	(4.5)	111.9
Other	7.8	9.0	7.1	8.1	13.9	10.2	69.8	55.0	14.8	113.0
Non-pay costs	**86.4**	**87.5**	**86.1**	**88.6**	**95.0**	**88.7**	**530.9**	**531.4**	**(0.5)**	**1,079.5**
Cost of Capital	2.5	2.5	2.5	5.9	3.3	3.3	20.1	20.1	(0.0)	38.1
Total non-pay	**88.9**	**90.0**	**88.6**	**94.5**	**98.4**	**92.1**	**551.0**	**551.5**	**(0.5)**	**1,117.5**

Variable Pay	2022-23 M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	M6 £m	Total £m
Agency	4.6	5.0	5.5	5.5	6.2	6.4	33.2
Overtime	1.8	1.8	0.9	1.3	1.1	1.6	8.4
Locum	1.7	2.1	1.8	2.5	2.0	2.0	12.1
WLIs	0.3	0.4	0.4	0.5	0.4	0.3	2.3
Bank	2.8	2.5	2.3	2.3	2.0	3.2	15.1
Other Non Core	0.1	0.1	0.0	0.1	0.1	0.0	0.4
Additional Hours	0.3	0.3	0.4	0.3	0.4	0.3	2.0
Total	**11.7**	**12.2**	**11.2**	**12.5**	**12.1**	**13.9**	**73.6**

- Total Pay costs are £98.6m in September. Provided Services Pay costs is £95.8m, which is £20.7m higher than August costs due pay award backdated to April being accounted for within the September pay position. Total estimated A4C and Medical Pay Award costs for 22/23 is £40.1m based on staff in post.

- Total Variable Pay is £13.9m, of which Agency is £6.4m, Bank £3.2m and Overtime £1.6m. Variable Pay has increased by £1.8m from August, of which Bank spend has increased by £1.2m and Overtime has increased by £0.5m being mainly due to the pay award impact.

- A total of £2.2m pay costs were directly related to COVID-19 in September, which is £0.5m higher than August spend.

- Non Pay expenditure is £92.1m, a £6.3m reduction from August. Year to date Non Pay is reporting an adverse variance of £0.5m.

Pay Costs

- Pay costs have increased by £20.7m in Month 6 due to pay award backdated to April being accounted for within the September pay position. Total full year 22/23 estimated pay award impact for A4C and Medical staff based on staff in post is £40.1m, of which £20.1m has been accounted for in the Month 6 position.

- Total Variable Pay is £13.9m, of which Agency is £6.4m, Bank £3.2m and Overtime £1.6m. Variable Pay has increased by £1.8m from August, of which Bank spend has increased by £1.2m and Overtime has increased by £0.5m being mainly due to the pay award impact.

- The below graphs summarises monthly Pay costs and WTE trend, including WTE Vacancies.

WTE - Budgeted, Contracted and Vacancy
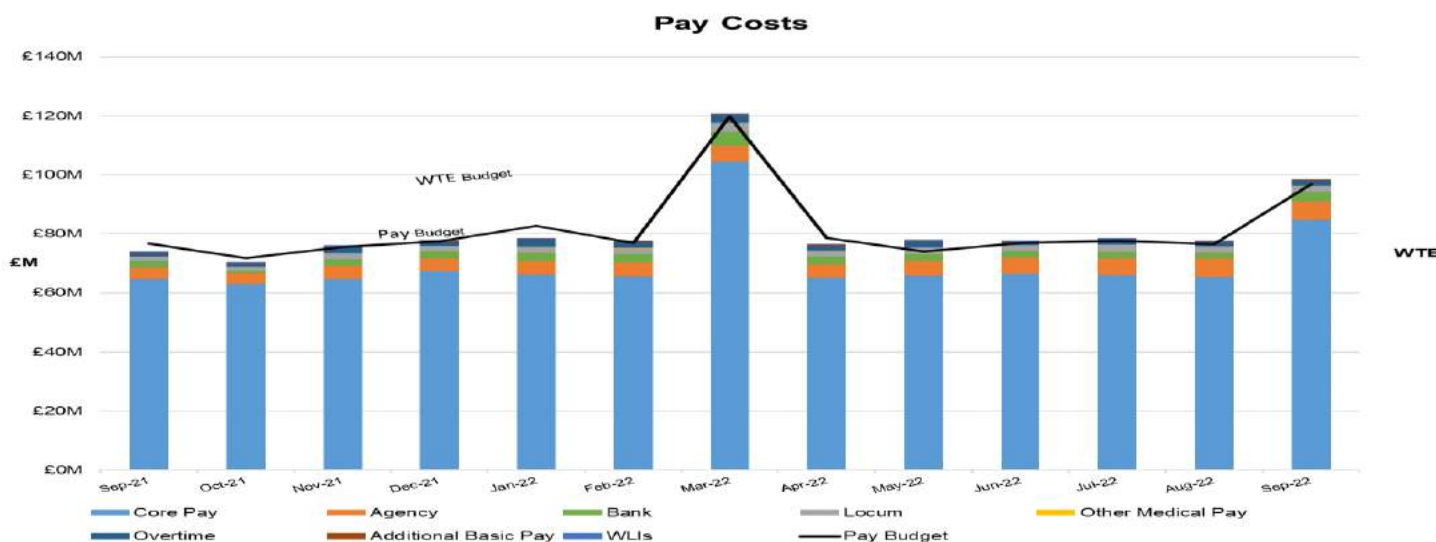
Pay Costs

Total agency costs for September were £6.4m which is £0.9m above the average monthly expenditure in this financial year. Of the £6.4m, the 3 hospital sites accounted for £3.4m of the costs.

The costs for medical agency are £2.7m which is £0.4m more than the monthly average in 2022-23.

Agency nursing spend is £2.2m in September, which is £0.2m more than the monthly average in this financial year.

Agency Costs
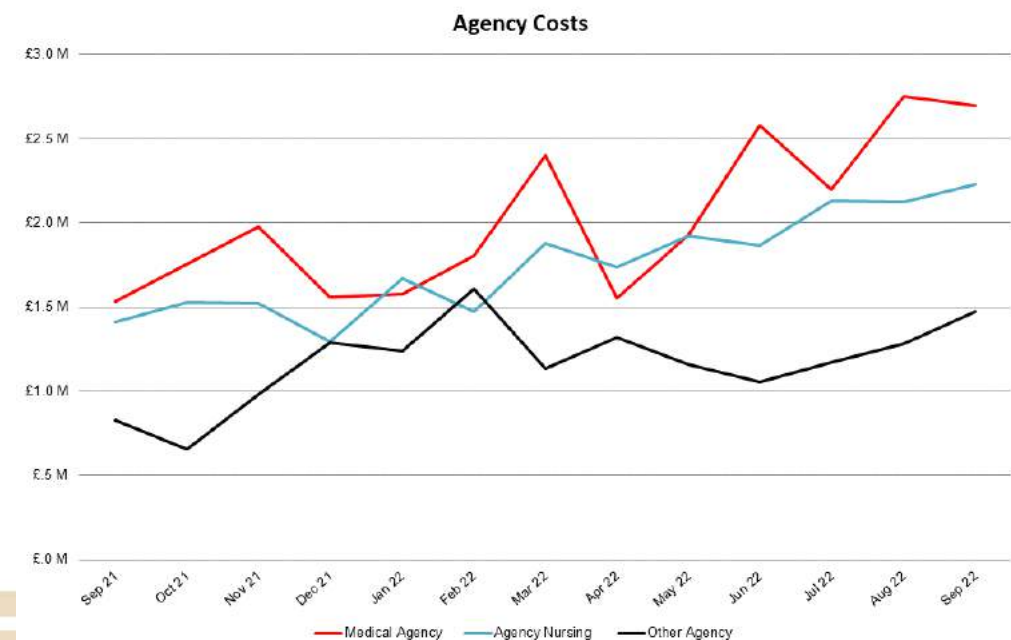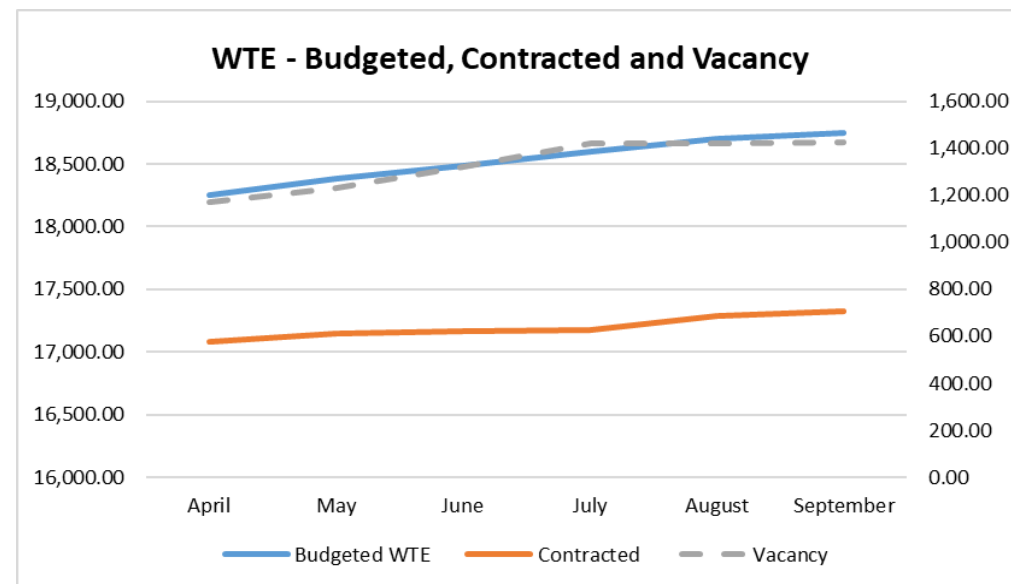
Non-Pay Costs

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
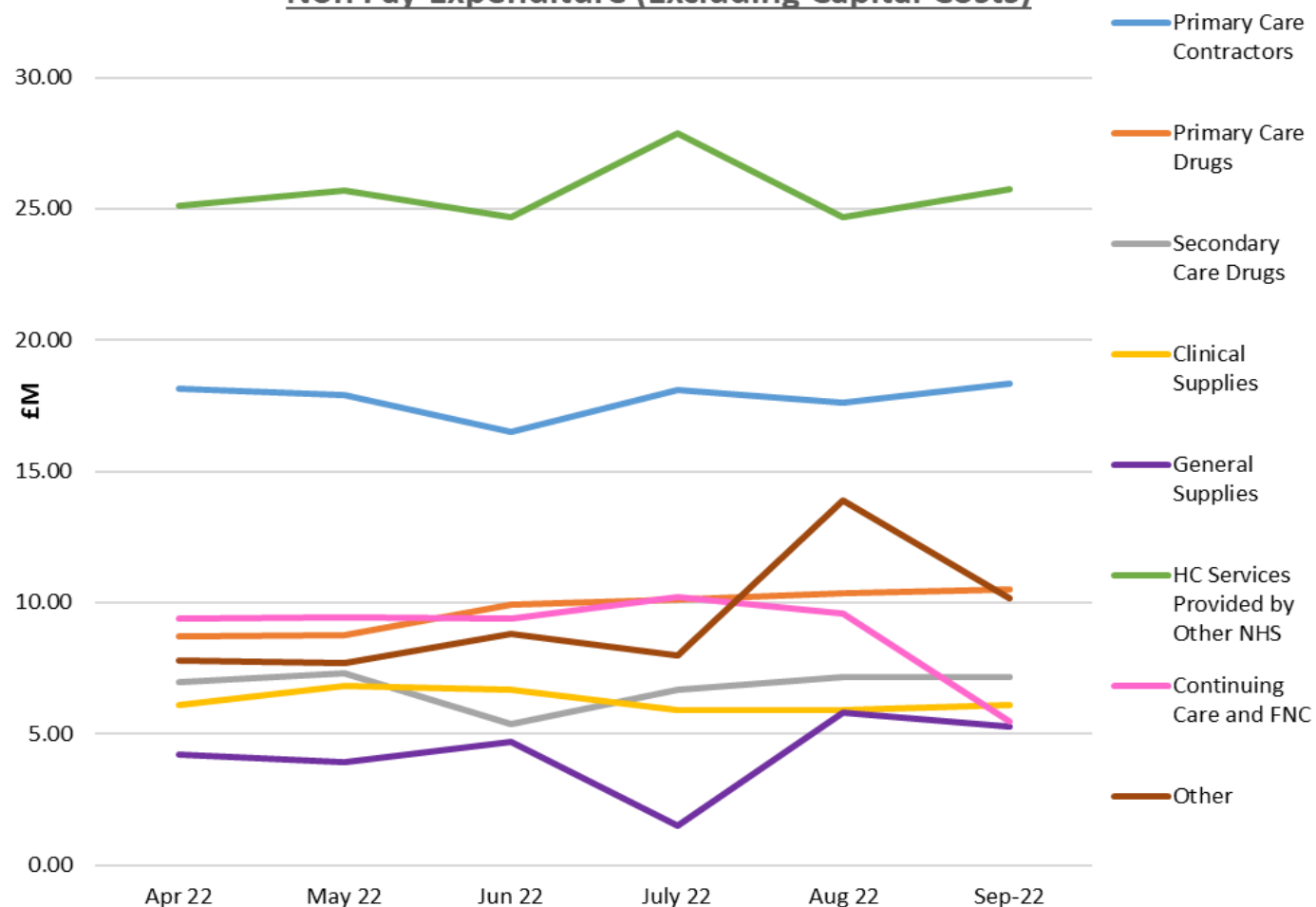
Total Non-Pay Expenditure: September spend is £88.7m excluding capital charges, which is £6.3m less than August Non Pay spend. However September spend is in line with previous months average due to August non pay position being £6.4m higher than previous months. The main areas of changes in month are included below:

Primary Care Contractor: September expenditure is £18.3m, which is £0.7m higher than previous month spend. This The movement from last month is due to lower than average GMS enhanced services costs in Month 5.

Primary Care Drugs: Spend is £0.2m higher than August. This is mainly driven by both volume and increase in average cost per prescribing day due to Non Cheaper Stock Obtainable (NCSO).

Healthcare Services provided by Other NHS Bodies: Spend has increased by £1.1m from previous month, however Month 5 spend was £1.1m lower than previous months average expenditure due to backdated re-categorization of outsourcing spend from Healthcare Services provided by other NHS Bodies to Other Private and Voluntary Sector.

Continuing Health Care (CHC) and Funded Nursing Care (FNC): Expenditure in September is £5.5m which is £4.1m lower than August spend. The reduction is due to 13 less OPMH patients in month and packages of care being transferred from CHC to FNC. In addition to this, a review has been undertaken of all Local Authority charges which has also led to a one-off reduction in costs.

Impact of COVID-19

	Actual M01 £m	Actual M02 £m	Actual M03 £m	Actual M04 £m	Actual M05 £m	Actual M06 £m	Total YTD 2022/23 £m	Forecast 2022/23 £m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	1.5	3.3
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	3.3	5.0
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	5.3	12.0
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.2	1.8
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.7	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	11.3	19.1
Total COVID-19 expenditure	**5.0**	**4.7**	**3.6**	**2.7**	**2.8**	**3.5**	**22.3**	**42.8**
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(22.3)	(42.8)
Impact of COVID-19 on Position	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

2022/23 Forecast COVID-19 Costs

- COVID-19 expenditure in September is £3.5m, which is £0.7m higher than August. Total forecast cost of COVID-19 is currently £42.8m, a reduction of £1.0m 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 £1.7m for September 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).

2022/23 COVID-19 Cost Distribution
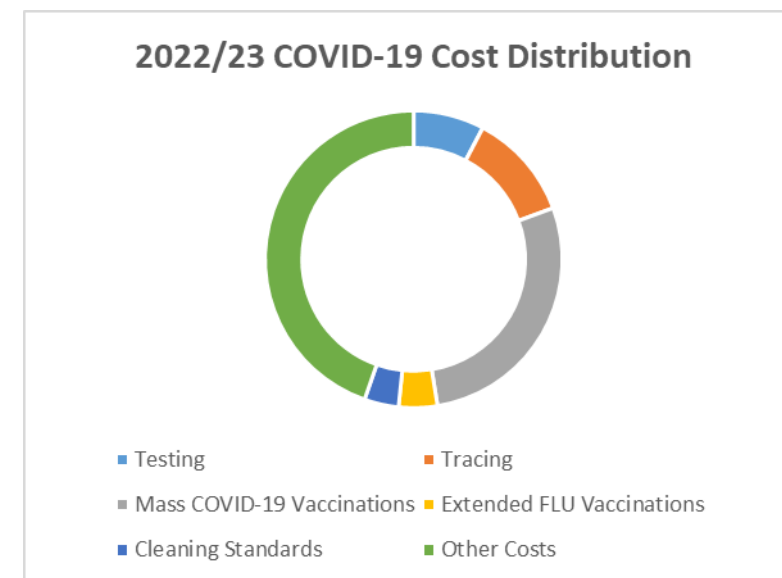
Savings

	SCHEMES IN DELIVERY										PIPELINE SCHEMES				PROGRAMME	
		Year to Date				**Forecast**										
	Savings Target £000	Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Recurring Forecast £000	Variance £000	Non-Recurring Forecast £000	Total Forecast £000	Forecast FYE £000	Recurring Plan £000	Non-Recurring Plan £000	Total Plan £000	Plan FYE £000	Total Forecast £000	Variance £000
West Integrated Health Community																
Area - West	2,940	756	713	(43)	410	1,141	(1,799)	941	2,083	1,489	0	0	0	0	2,083	(857)
Ysbyty Gwynedd	3,124	803	69	(734)	22	474	(2,650)	48	522	1,301	3	0	3	25	525	(2,599)
Facilities	304	78	0	(78)	0		(304)								0	(304)
Total West	**6,368**	**1,637**	**782**	**(855)**	**432**	**1,616**	**(4,752)**	**989**	**2,605**	**2,790**	**3**	**0**	**3**	**25**	**2,607**	**(3,760)**
Central Integrated Health Community																
Area - Centre	4,942	1,271	1,200	(70)	1,049	2,337	(2,605)	1,171	3,508	2,564	0	0	0	0	3,508	(1,435)
Ysbyty Glan Clwyd	3,951	1,016	27	(989)	87	182	(3,769)	339	522	234	50	0	50	100	572	(3,379)
Facilities	341	88	0	(88)	0		(341)								0	(341)
Total West	**9,235**	**2,375**	**1,228**	**(1,147)**	**1,136**	**2,519**	**(6,716)**	**1,510**	**4,029**	**2,797**	**50**	**0**	**50**	**100**	**4,079**	**(5,155)**
East Integrated Health Community																
Area - East	5,080	1,306	1,156	(151)	533	1,511	(3,569)	999	2,511	1,584	0	0	0	0	2,511	(2,569)
Ysbyty Wrexham Maelor	3,171	815	269	(546)	188	941	(2,230)	217	1,158	1,280	0	0	0	0	1,158	(2,013)
Facilities	316	81	0	(81)	0		(316)								0	(316)
Total East	**8,567**	**2,203**	**1,425**	**(778)**	**721**	**2,452**	**(6,115)**	**1,216**	**3,669**	**2,864**	**0**	**0**	**0**	**0**	**3,669**	**(4,899)**
PAN North Wales Services																
MHLD	613	158	766	609	51	1,000	387	56	1,056	1,016	0	0	0	0	1,056	443
Womens Services	1,375	579	85	(494)	678	105	(1,270)	756	860	137	0	0	0	0	860	(515)
Diagnostic and Specialist Clinical Support	2,044	526	108	(417)	49	267	(1,777)	76	344	291	0	0	0	0	344	(1,700)
Cancer Services	1,542	397	609	212	0	913	(629)	0	913	913	0	0	0	0	913	(629)
Area - Other	235	60	59	(2)	0	235	0	0	235	235	0	0	0	0	235	0
Contracts	1,500	386	0	(386)	0	0	(1,500)	0	0	0	0	0	0	0	0	(1,500)
Provider Income	304	78	0	(78)	0	0	(304)	0	0	0	0	0	0	0	0	(304)
Total PAN North Wales	**7,613**	**2,183**	**1,627**	**(556)**	**778**	**2,520**	**(5,093)**	**888**	**3,408**	**2,592**	**0**	**0**	**0**	**0**	**3,408**	**(4,205)**
Corporate	3,217	827	164	(664)	297	354	(2,863)	319	673	562	160	590	750	160	1,423	(1,794)
Total	**35,000**	**9,226**	**5,226**	**(4,000)**	**3,365**	**9,462**	**(25,538)**	**4,922**	**14,383**	**11,605**	**213**	**590**	**803**	**285**	**15,186**	**(19,814)**

- Savings delivered in Month 6 total £2.1m against a target of £1.4m, resulting in a favourable variance of £0.7m.

- YTD savings total £8.6m and the full year forecast is £14.4m, of which £9.5m are recurrent and £4.9m non recurrent, against a target of £35m leaving £20.6m to be delivered over the remainder of the year.

- Transactional savings target is £17.5m. The Full year forecast for green schemes has increased by £1.0m to £14.4m. Full Year forecast including red schemes totals £15.2m, for which assurance reviews must be completed.

- There is confidence that transactional schemes will be delivered to address the £17.5m transactional target, and further pipeline opportunities continue to under-go review and assurance.

- In parallel to the above, the development of transformational programmes and projects continues. Some progress has been reported with respect to mobilising the Improvement Groups. However, savings have not been identified at this time. As such, there remains reduced assurance in this area of savings.

- The review of forecast outturn has resulted in the development of Financial Recovery Plan including options for consideration by the Executive.

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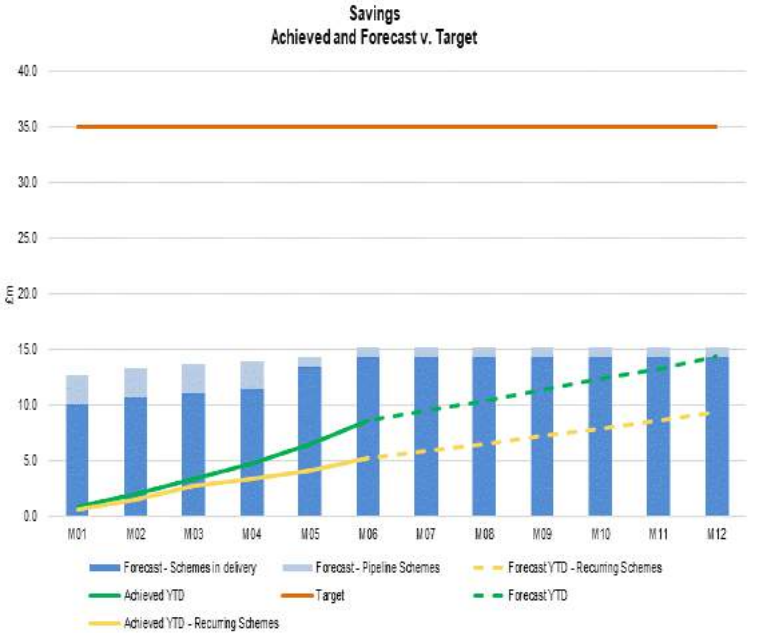
Risks and Opportunities (not included in position)

	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	Medium	Risk of continued increased prescribing activity
3	Higher than anticipated general inflationary costs	£1.5m	High	CPI is 9%
4	Increase in Agency costs	£0.5m	High	Difficulty in recruiting may lead to higher costs due to agency covering vacancies.
5	Not identifying all required savings	£14.4m	High	Risk that 70% of Savings will not be delivered as planned.
6	Anticipated Income for Exceptional costs	£23.9m	High	Anticipated income for Exceptional costs not being funded.
7	COVID-19 Testing Costs	£0.2m	High	Testing costs forecast to be above indicative £3.1m funding.
8	Non programmable COVID costs	£14.2m	High	Risk of Non Programmable COVID costs not being funded.
9	COVID Loss of Dental income	£0.5m	High	Lower than anticipated patient income Year to date
10	COVID Loss of Dental income	£0.5m	High	(Potential for patient income not to increase - not in Table B)
11	MSK Orthopaedic funding	£1.2m	High	Risk of not receiving MSK Orthopaedic Services Funding
	Total Risks	**£61.4m**		

	OPPORTUNITIES	£m	Level	Explanation
1	Delay planned developments	£14.2m	Medium	Stop or slow down planned developments to release slippage.
2	Recruitment in post leads to reduced Agency premium	£1.0m	Medium	Recruitment will lead to reduction in Agency costs.
	Total Opportunities	**£15.2m**		
	NET RISK	**£46.2m**		

Balance Sheet

	Opening Balance Beginning of Apr 22 £'m	Closing Balance End of Sep-22 £'m	Forecast Closing Balance End of Mar 23 £'m
Non-Current Assets			
Property, plant and equipment	617.7	602.3	611.2
Intangible assets	1.0	0.9	1.0
Trade and other receivables	63.1	62.8	63.1
Non-Current Assets sub total	681.8	666.0	675.3
Current Assets			
Inventories	19.1	19.2	19.1
Trade and other receivables	105.8	121.2	116.8
Cash and cash equivalents	6.7	7.2	-7.9
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	131.6	147.6	128.0
TOTAL ASSETS	813.4	813.6	803.2
Current Liabilities			
Trade and other payables	257.1	229.5	233.5
Provisions	52.0	72.1	72.0
Current Liabilities sub total	309.2	301.6	305.6
NET ASSETS LESS CURRENT LIABILITIES	504.2	512.0	497.7
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	449.1	434.8
FINANCED BY:			
Taxpayers' Equity			
General Fund	298.0	305.8	281.8
Revaluation Reserve	143.3	143.3	153.0
Total Taxpayers' Equity	441.3	449.1	434.8

Capital

• The approved Capital Resource Limit (CRL) for 2022/23 is £21.050m as per below summary table

Performance against CRL / CEL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Gross expenditure						
All Wales Capital Programme:						
Schemes:						
Imaging	356	268	(88)	4,483	4,607	124
Wrexham Redevelopment	961	821	(140)	2,399	1,859	(540)
Nuclear Medicine	81	1	(80)	798	799	1
Substance Misuse-Holyhead	(1)	(1)	0	0	0	0
Digital Medicine	0	0	0	10	10	0
Ablett Unit	0	0	0	1,423	1,423	0
Linacs	0	131	131	966	960	(6)
Sub Total	**1,397**	**1,220**	**(177)**	**10,079**	**9,658**	**(421)**
Discretionary:						
I.T.	752	501	(251)	1,713	1,713	0
Equipment	1,379	593	(786)	1,379	1,379	0
Statutory Compliance	0	0	0	0	0	0
Estates	3,000	2,098	(902)	7,879	8,300	421
Other	0	0	0	0	0	0
Sub Total	**5,131**	**3,192**	**(1,939)**	**10,971**	**11,392**	**421**
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	**6,682**	**4,566**	**(2,116)**	**21,850**	**21,850**	**0**
Donations:						
Donations:	154	154	0	800	800	0
Sub Total	**154**	**154**	**0**	**800**	**800**	**0**
CHARGE AGAINST CRL / CEL	**6,528**	**4,412**	**(2,116)**	**21,050**	**21,050**	**0**
PERFORMANCE AGAINST CRL / CEL (Under)/Over		**(16,638)**			**0**	

MONITORING RETURN

Month 6 2022/23

Rob Nolan
Acting 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 has been revised to report a £10.0m deficit after enhanced savings plans.

- The forecast position is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring fenced allocations and any benefits gained from the Annual Leave accrual.

- 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.

1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £0.5m, which gives a cumulative deficit of £3.2m as at the end of September (0.17% of WG allocation).

- The total cost of COVID-19 in September is £3.5m (£22.3m year to date), an increase of £0.7m from August expenditure. Welsh Government income has been anticipated to fully fund these costs, giving a nil impact on the financial position.

1.3 Forecast Position

- The forecast has been reviewed and revised to report a £10.0m deficit after enhanced savings plans.

1. FINANCIAL POSITION & FORECAST

- The forecast position is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring fenced allocations and any benefits gained from the Annual Leave accrual.

1.4 Income (Table B)

- Income totals £187.1m for September, an increase of £14.4m from August.

1.5 Actual Expenditure (Table B)

- Expenditure totals £187.6m for September, which is £14.4m higher than total expenditure in August.

- The areas of significant increase in spend are Provider Services Pay (£20.7m), Healthcare Services provided by Other NHS Bodies (£1.1m) and Primary Care Contractor (£0.7m). Offsetting these are decreases in Continuing Care and Funded Nursing Care (£4.1m) and Other Private & Voluntary Sector (£3.7m).

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

- Costs of £3.5m are directly related to COVID-19 in September, of which £2.2m is Pay and £1.3m is Non Pay.

Primary care Contractor	• Spend of £18.1m is £0.7m (3.9%) higher than previous month and £0.8m less than forecast for the month. The movement from last month is due to lower than average GMS enhanced services costs in Month 5 and backdated Dental Academy costs being paid in Month 6.
Primary care – Drugs & Appliances	• Month 6 expenditure is £0.2m (1.5%) higher than August and £1.2m higher than forecast for the month. Annual forecast cost has increased by £3.2m due to prescribing increasing month on month which is driven by both increase in volume and average cost per prescribing day and the impact of non cheaper stock obtainable. • Following receipt of the July prescribing data, the average cost per Prescribing Day has increased by 3.0%, July was £0.503m compared to £0.488m for June. • The three month average cost per item prescribed in July has increased by 0.6%. The average cost per item prescribed in July has increased by 2.3%; July was £7.05 compared to £6.90 in June, and the 3 month

	average cost per item has also increased from £6.79 to £6.92. The overall number of items prescribed per prescribing day has increased by 0.7%; July had 71,282 items prescribed compared to 70,787 in June.
Provided Services - Pay	• Provided Services pay costs are £95.8m, which is £20.7m (21.6%) higher than previous month and £20.4m higher than forecast for the month. Annual forecast cost has increased by £38.4m due to the Pay Award adjustment. • Pay has increased due to A4C and Medical Pay Award funding of £38.9m plus £1.2m for SLE being allocated to Divisions in Month 6, for which 6/12ths has been accrued within the Month 6 position backdated to April thus accounting for £20.1m of additional costs in Month 6. The estimate is based on staff in post pending further guidance from WG on the basis of how the Pay Award will be funded from WG for 22/23. Estimated Pay Award funding has also been included within Anticipated income on Table E. • The Overtime on Annual Leave (Flowers Case) costs have also reduced by £0.25m in Month 6, with the full year impact being a reduction of £0.5m. Anticipated income on Table E has also been reduced by £0.5m to reflect the reduction in cost. • Core Pay is £19.2m higher than previous month costs due to the Pay Award. • Total Variable Pay is £11.2m (Agency £6.4m, Bank £3.2m and Overtime £1.6m), an increase of £1.9m from August. Month 6 Agency costs have increased by £0.2m. Bank spend has also increased by £1.2m and Overtime has increased by £0.5m. The increase in Bank and overtime is also due to the impact of pay award impact. Further detail on Agency spend is included in Section 5.1. • A total of £2.2m pay costs were directly related to COVID-19 in September, which is £0.5m higher than August spend.
Provider Services Non-Pay	• Spend in September is £0.1m (0.8%) less than in August. • Provider Services Non Pay total forecast has reduced by £11.2m which is mainly due to the reduction in the revised energy forecast of £26.4m. • COVID-19 Provider Services Non Pay costs in September is £0.7m, an increase of £0.2m from previous month expenditure.
Secondary care Drugs	• September spend is £7.2m which is in line with previous month spend and £0.3m higher than forecast for the month. Secondary Care Drugs Annual forecast cost has increased by £1.6m which is mainly due to increase in both price and activity.

1. FINANCIAL POSITION & FORECAST

Healthcare Services provided by other NHS Bodies	• Spend has increased by £1.1m (4.1%) on previous month, however Month 5 spend was £1.1m lower than previous months' average expenditure due to backdated re-mapping of spend in Month 5. • Month 6 spend is £0.6m less than forecast for the month and annual forecast cost has decreased by £6.9m, of which £2.0m is reduction in annual forecast cost. Further to reviewing the year end forecast, planned recovery work previously anticipated under Healthcare Services provided by other NHS Bodies is now forecast under Other Private and Voluntary Sector. • 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 September is £5.5m which is £4.1m lower than August spend and £3.4m less than forecast for the month. Annual forecast cost has decreased by £5.6m. • Month 6 Costs have decreased due to 13 less OPMH patients in month and packages of care being transferred from CHC to FNC. In addition to this, a review has been undertaken of all Local Authority charges which has also led to a one-off reduction in costs and forecast costs.
Other Private and Voluntary Sector	• Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers. • September expenditure is £3.7m less than previous month, however Month 5 spend was £4.4m higher than previous month average due to re-mapping of backdated spend. • Month 6 spend is £0.4m higher than forecast for the month and total annual forecast has increased by £3.2m. The increase is due to planned recovery work previously anticipated under Healthcare Services provided by other NHS Bodies which is now forecast under Other Private and Voluntary Sector. Also offsetting this is a reduction of £1.1m in Planned Care total forecast cost, as excluding this the increase in total forecast cost would be £4.3m.
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 September is £0.1m less than previous month spend and forecast for the month.
Losses, Special Payments and Irrecoverable Debts	• Includes Redress, Clinical Negligence, Personal Injury and loss of property. • Expenditure is £0.2m less than previous month spend.

Capital	• Includes depreciation and impairment costs which are fully funded. • Capital costs are in line with August. • The IFRS-16 Lease changes will be actioned as part of the non-cash submission after Month 6 reporting due to the impact of the work involved.

1.6 Forecast Expenditure (Table B)

• The revised forecast position is reporting a deficit of £10.0m. There is also a £14.4m savings delivery risk as included in Risk Table A2.

• The NHS Pay Award for 22/23 has now been included within the total year forecast position at £38.9m for A4C and Medical Pay Award, and £1.2m for SLE. The estimate is based on staff in post pending further guidance from WG on the basis of how the Pay Award will be funded from WG for 22/23. Estimated Pay Award funding has also been included within Anticipated income on Table E.

• The Forecast expenditure also accounts for the changes in future NI costs following the decision that the 22/23 ENIC increase (Levy) will cease from 6th November. WG have confirmed that they will not recover the 'benefit' of the 0.5% reduction in the 22/23 payment to English Providers and that the Health Boards can apply this towards managing the position. The benefit to BCU is £0.32m which is also recognised in Table A.

• The additional impact of the full year cost of Real Living Wage for Band 1 & 2 (£2.5m) is also anticipated in full on Table E, of which 6/12ths has been factored into the year to date position.

• Energy forecast costs have been updated in line with WG advice and on the basis of the revised template. Energy costs are currently very volatile. Shared Services have received an updated British Gas energy cost forecast taking into account the Energy price cap. The revised forecast position including the Energy Price cap has reduced by £26.4m which has been updated within the overall Non Pay forecast position. The British Gas forecasts are based on model volumes that were agreed at the start of the year. The forecasts are therefore amended for price, but are not amended for actual volume usage. As confirmed by shared services the forecast volumes for electricity were within 1% of actual usage, however the forecast volumes for gas were 15% out between April and July. Gas usage is also much more volatile and more dependent on external temperatures. For that reason, organisations have been requested to record their actual British Gas billed costs according to the ledger for April to July in the Exceptional Cost template rather than the British Gas model.

- The forecast expenditure also includes the Microsoft renewal license cost of £4.4m, of which £1.8m is a cost pressure for the Health Board. 1/12ths of the £1.8m cost pressure is being brought into the position on a monthly basis. This is being funded from the contingency reserve.

- 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 6 for the buyout of annual leave which has been offset by a £1.4m reduction in the provision. No resource has been released into the position for backfill cost to date which needs to be assessed further to quantify the amount. No additional resource was requested from Welsh Government in Month 12 to increase the year end provision. The remaining annual leave accrual at Month 6 is £25.7m. Further payments are expected to be made in Month 7.

- The below table summarises the forecast expenditure relating to the £30.0m Performance Fund and £12.0m transformation Fund. Following the deep dive work undertaken on Forecasts at Month 6, the forecast for the utilisation of Performance and Transformation funding has now reduced to £36m, therefore reporting a forecast slippage of £6.0m which will need to be kept to achieve the forecast deficit of £10.0m.

- The majority of schemes supported by this funding are now underway. The increased monthly spend in the next 6 months of the year primarily relates to a small number of large priority schemes, including the Regional Treatment Centres (RTCs) and Vascular services development.

	Actual						Forecast						Total
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.6	2.0	1.4	1.3	1.8	1.6	1.9	2.1	2.3	2.5	2.8	3.0	**23.3**
Non-Pay	0.2	0.8	0.4	0.7	1.0	1.2	1.5	1.2	1.2	1.4	1.5	1.6	**12.7**
Total	**0.8**	**2.8**	**1.8**	**2.0**	**2.8**	**2.8**	**3.4**	**3.3**	**3.5**	**3.9**	**4.3**	**4.6**	**36.0**

- The 3 year financial plan assumed funding for Performance and transformation was to continue on a recurrent basis which was also reflected in the submitted MDS tables. However as per request from Welsh Government this has 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 to review the agreement of Strategic Support funding.

1.7 Accountancy Gains (Table B)

1. FINANCIAL POSITION & FORECAST

- The Health Board is reporting no accountancy gains in September, with a forecast of £0.2m for the year. No accountancy gain has been released from the Annual Leave accrual.

1.8   COVID-19 (Table B3)

- The total impact of COVID-19 spend in September is £3.5m, an increase of £0.7m from August 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	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Total YTD 2022/23	Forecast 2022/23
	£m	£m	£m	£m	£m	£m	£m	£m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	1.5	3.3
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	3.3	5.0
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	5.3	12.0
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.2	1.8
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.7	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	11.3	19.1
Total COVID-19 expenditure	**5.0**	**4.7**	**3.6**	**2.7**	**2.8**	**3.5**	**22.3**	**42.8**
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(22.3)	(42.8)
Impact of COVID-19 on Position	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

- 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 £42.8m, a net reduction of £12.9m 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, but has slightly increased in September, an increase of £0.7m from August expenditure. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.

- The total COVID Forecast has reduced by £1.0m from previous month forecast cost. COVID-19 forecast costs continue to be reviewed on a monthly basis. Movements in the overall forecast from last month are as follows:

1. FINANCIAL POSITION & FORECAST

	Forecast at Month 5 £m	Forecast at Month 6 £m	Change £m
Testing	3.3	3.3	0.0
Tracing	5.1	5.0	(0.1)
Mass COVID-19 Vaccinations	12.6	12.0	(0.6)
Extended Flu Vaccinations	1.7	1.8	0.1
Cleaning Standards	2.2	1.6	(0.6)
Other Costs	18.9	19.1	0.2
Total COVID-19 costs	**43.8**	**42.8**	**(1.0)**
Welsh Gov COVID-19 income	-43.8	-42.8	1.0
Total Impact of COVID-19	**0.0**	**0.0**	**0.0**

- Testing costs forecast remains in line with Month 5 forecast, and is therefore still reporting to be £0.2m over and above the indicative £3.1m funding as included under Section 3.1 Risk Table A2.

- Mass COVID-19 Vaccination costs has increased by £0.3m in month, however total annual forecast has decreased by £0.6m due to reduction in projected activity.

- Monkey pox forecast costs are reported under Mass Vaccination costs, however costs reported to date are minimal.

- Total forecast spend within the PPE, Long COVID and Other section (A6) on Table B3 is £19.1m, an increase of £0.2m from Month 5 forecast. There is a further risk of £0.5m Loss of Dental income which is not included in the forecast but is noted as a risk in Table A2.

- COVID Surge annual forecast has increased by £0.4m. COVID costs and forecasts are reviewed monthly. The below table provides a breakdown of the change in COVID Surge Forecast costs.

Covid Surge	Month 5 Forecast £ m	Month 6 Forecast £ m	Change £ m
A2. Increased bed capacity specifically related to COVID-19	0.80	0.80	0.00
A3. Other Capacity & facilities costs (exclude contract cleaning)	0.90	1.00	0.10
B1. Prescribing charges directly related to COVID symptoms	0.20	0.20	0.00
C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	9.40	9.40	0.00
D1. Discharge Support	0.00	0.00	0.00
D5. Other Services that support the ongoing COVID response	2.10	2.40	0.30
TOTAL	**13.40**	**13.80**	**0.40**

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

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 plans still to be finalised are £20.6m (£24.6m recurrent full year effect). Further detail on Savings is provided under Section 6.

- New in year pressures added in Month 6 include:

  - Line 30 £0.3m - Benefit of CUF ENIC - England contracts
  - Line 31 £1.1m - Microsoft Licence pressures, with VAT ruling playing in from Month 7 of £0.7m.
  - Line 32 £0.2m Welsh Risk Pool including additional element shown in WRPC 04-02

- The GMS (Line 34) is forecasting a £1.0m overspend and GDS (Line 35) is forecasting a £0.1m underspend.

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	Medium	Risk of continued increased prescribing activity and price increases due to Drugs moving from Category M to NCSO (Non Cheaper Stock obtainable)
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	£14.4m	High	Risk that 70% of Savings will not be delivered as planned.
Anticipated Income for Exceptional costs	£23.9m	High	Anticipated income for Exceptional costs not being funded.
Non programmable COVID costs	£14.2m	High	Risk of Non Programmable COVID costs not being funded.
COVID-19 Testing Costs	£0.2m	High	Testing costs forecast to be above indicative £3.1m funding.
COVID Loss of Dental income	£0.5m	High	Lower than anticipated patient income Year to date
COVID Loss of Dental income	£0.5m	High	(Potential for patient income not to increase – not included in Table B)
Potential of not receiving the MSK funding	£1.2m		
Total Risks	**£61.4m**		

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

3. RISK MANAGEMENT

	£m	Level	Explanation
Opportunity			
Delay planned developments	£14.2m	Medium	Stop or slow down planned developments to release slippage.
Recruitment in post leads to reduced Agency premium	£1.0m	Medium	Recruitment will lead to reduction in Agency costs.
Total Opportunities	**£15.2m**		

4.1   GMS (Table N)

- At Month 6 the Health Board reported a £1.039m Full Year forecast overspend position against the ring fenced GMS budget. The over-spent position is reflected in two main areas, Managed Practice operating expenses/Locum GP costs and cost of drugs reported through GMS Dispensing.

- These cost pressures are offset with under-spends on some Enhanced Services and underperformance against Access Standards.

- As at 30th September the Health Board is managing 13 practices (including 4 practices in the West, 3 in Central area and the remaining 6 in East area). The most recent managed practice was Tywyn Health Centre, who became managed from 1st April 2022.

- GP Practice COVID vaccination fees amounts to £0.327m YTD. Full year Extended Flu spend is forecasted at £0.438m. Both have been funded via WG Allocations.

4.2   GDS (Table O)

- The GDS Full Year forecast position at Month 6 is a £0.1m underspend against the ring fenced GDS budget. The under spend is mainly due to reduced Main Contracts Spend due to contract terminations and payment withholds due to contractor under-performance.

- The under-spend against Main Contract spend is partially offset by the new Dental Academy commissioning spend.

- WG are funding the loss of GDS Patient Charge Revenue in full. Year to Date loss of PCR funding amounts to £1.732m (this includes £0.495m COVID funding in addition to WG annual 2022/23 PCR allocation of £2.45m).

5. AGENCY/LOCUM EXPENDITURE

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

- Agency costs for Month 6 are £6.4m, representing 6.49% of total pay. This is an increase of £0.2m on Month 5. September Agency spend included £0.3m that related to COVID-19, which is in line with the previous month.

- Medical agency costs have decreased by £0.1m compared to last month. COVID-19 Medical Agency costs were £0.1m in month, which is in line with previous month spend. Increased Medical agency cover has been required to fill shifts as a result of both vacancies and annual leave during August due to lack of medical cover.

- Nurse agency costs totalled £2.2m for the month, an increase of £0.1m from previous month spend. Acute sites continue to carry a high level of nursing vacancies and whilst some overseas nurses have been recruited they will continue to be supernumerary until trained. COVID-19 Nurse Agency costs were £0.1m in September, which is in line previous month spend.

- Other agency costs totalled £1.5m in September, £0.2m higher than in August which is due to increase in Admin & Clerical Agency costs.

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.

- The savings target for Month 6 is £1.4m and delivery in month totalled £2.1m, resulting in a favourable variance of £0.7m. The year to date savings are £8.6m and the full year forecast is £14.4m, of which £9.5m are recurrent and £4.9m non recurrent, against the target of £35m leaving £20.6m to be delivered over the remainder of the year.

- The Transactional savings target is £17.5m. The full year forecast at Month 6 for green schemes total £13.6m and the full year forecast has increased to £14.4m. Including red schemes, for which assurance reviews must be completed, the full year forecast totals £15.2m.

- There is confidence that transactional schemes will be delivered to address the £17.5m transactional target, and further pipeline opportunities continue to under-go review and assurance.

- In parallel to the above, the development of transformational programmes and projects continues. Some progress has been reported with respect to mobilising the Improvement Groups cited in previous returns. However, savings have not been identified at this time. As such, there remains reduced assurance in this area of savings.

- The review of forecast outturn has resulted in the development of Financial Recovery Plan including options for consideration by the Executive.

7. INCOME ASSUMPTIONS

7.1 Income/Expenditure Assumptions (Table D)

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

7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) for the year is £1,901.7m. £950.3m of the RRL has been profiled into the cumulative position, which is £0.6m 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 £1,792.1m, with further anticipated allocations in year of £109.6m.

- The anticipated allocation includes £30.9m for COVID-19 funding. Total COVID-19 allocation received to date is £11.9m, of which £0.9m is nosocomial, £2.5m Dental Income, £1.8m Extended Flu, PPE £0.6m, Mass Vaccination £2.7m, Tracing £2.8m and Testing £0.7m). £22.3m of COVID-19 income has been profiled into the cumulative position to match expenditure.

- COVID anticipated income includes £0.2m 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 22/23 estimated pay award of £42.8m has been included within anticipated income on Table E.

- Further to the reduction in the revised energy forecast cost, the anticipated income included for Energy costs has reduced by £26.4m, from £43.1m in Month 5 to £16.7m in Month 6.

- The IFRS-16 Lease Changes anticipated allocation will not be reflected in tables until Month 7. This will be actioned as part of the non-cash submission after Month 6 reporting.

- The anticipated income included in Table E for MSK Orthopaedic Services funding totalling £1.15m has not been removed in Month 6. An email has been sent to Steve Elliott requesting if this can be re-considered as it will have an adverse effect on the forecast position.

8.1 Welsh NHS Contracts

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

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 6 2022-23

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

  Trade and other receivables increased by £15.392m to Month 6 of which £11.200m relates to increases in amounts recoverable from the Welsh Risk Pool subject to the outcome of on-going litigation claims. These figures are net of cash reimbursements already received from the Welsh Risk Pool during 2022-23.

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

  Cash and cash equivalents have increased by £0.516m to £7.194m during the year, made up of an increase of £1.292m in revenue cash and a decrease of £0.776m in capital cash.

  The closing cash balance of £7.194m at Month 6 consisted of £2.422m revenue cash and £4.772m cash for capital projects. Capital cash was higher than previously anticipated due to delays in purchase orders over various capital projects.

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

  Trade and other payables have decreased by £27.638m to Month 6 2022-3 mainly as a result of reductions of £16.783m in the year-end Accounts Payable and Purchase Orders balances, alongside reductions in annual leave accruals and VERS accruals.

  Payables further reduced during Month 6 due to primary care prescribing payments being made early as the first day of October was a non-working day.

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

  Increases in provisions mainly relate to on-going clinical negligence litigation claims, the majority of which will be recoverable from the Welsh Risk Pool in the event of cases being successful (see above). The increase includes £20.615m relating to clinical negligence claims of which £15.800m relates to a single 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 during the remainder of the year as a number of reimbursement claims are expected to be submitted to the January meeting of the Welsh Risk Pool Advisory Board and, if approved, these would be reimbursed during February 2023.

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

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

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

  Following conclusion of the Audit Wales review of the 2021-22 annual accounts at the end of August the Health Board has undertaken a further review of potential movements in payables and cash balances during 2022-23. As part of their Audit of Accounts Report, Audit Wales identified £9.1 million revenue payables as at 31st March 2022 that related to the 2022-23 and which are expected to be cash paid during the year. The Auditor General has also requested that the Health Board undertakes further testing on the 2021-22 payables which may potentially increase that figure.

  Capital trade and other payables

  The Health Board has undertaken a further review of the level of capital payables in each month of 2022-23 whilst also taking into account both the lower capital resource limit compared with previous years and available capital cash that was not drawn in 2020-21 and 2021-22.

  It is now assumed that capital payables will potentially reduce by c£5.5m during the year with a resultant cash pressure and requirement to request working balances cash assistance. This is reflected in both the forecast balance sheet figures and Table G Cashflow forecast.

  Revenue trade and other payables

In the Month 4 Monitoring Return the Health Board had identified c£9.000m reductions in revenue payables which were expected to be internally managed by reduction in revenue balances, particularly Welsh Risk Pool receivables.

The identified errors of £9.1m in the 2021-22 annual accounts have now been incorporated within the Trade and Other Payable section of Table F resulting in a potential cash pressure and requirement to request working balances cash assistance broadly in line with revenue resource limit cash that was not requested in 2021-22. This figure will continue to be monitored each month and specifically in light of the further testing requested by Audit Wales.

The overall forecast reduction of £23.600m on line 13 trade and other payable of Table F is made up as follows:

Forecast reduction in trade and other payables	£m
Revenue payables as previously advised	(9.000)
Revenue payables following 2021-22 annual accounts audit	(9.100)
Capital payables	(5.500)
Total forecast reduction in trade and other payables	**(23.600)**

- **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 decrease marginally during the remainder of 2022-23 but that any movements will be matched by receivables with the Welsh Risk Pool.

9.2   Welsh NHS Debtors (Table M)

- At the end of Month 6 2022-23 the Health Board held five outstanding NHS Wales invoices totalling £60,992 that were eleven weeks old and which had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed within NHS Wales.

- Four of these invoices totalling £56,295 were paid prior to the Monitoring Return submission and the Health Board has not been made aware of any reason why the final invoice will not be paid prior to the arbitration deadline on 27th October 2022.

10.1   Cash Flow Forecast (Table G)

- The closing cash balance as at 30th September 2022 was £7.194m, which included £2.422m cash held for revenue expenditure and £4.772m for capital projects. This balance was higher than had been previously anticipated due to delays in capital purchase orders over various projects.

- The Health Board is currently forecasting a closing cash pressure for 2022-23 of £7.922m and is currently estimating a potential request for £12.000m working balance support (revenue £9.500m and capital £2.500m). This would result in a closing cash balance of £4.078m made up of £1.530m revenue cash and £2.548m capital cash.

- Any further potential cash pressures resulting from additional audit work on the 2021-22 annual accounts or further utilisation of the annual leave accrual will be notified as soon as information becomes available.

Revenue cash requirements 2022-23	£m
Opening revenue balance	1.130
Reduction of payables following 2021-22 audit (Table F refers)	(9.100)
Forecast outturn position	0
Forecast closing revenue cash balance	**(7.970)**

Capital cash requirements 2022-23	£m
Forecast cash funding	
Opening capital balance	5.548
Approved Capital Resource limit	21.050
Donated asset income	0.800
Disposal proceeds	0.000
Total forecast capital cash funding	**27.398**
Forecast cash spend	
Forecast spend on approved Capital Resource limit	(21.050)
Forecast donated asset cash spend	(0.800)
Forecast use of opening balance on payables (Table F refers)	(5.500)

Forecast disposal proceeds cash spend	(0.000)
Total forecast capital cash spend	**(27.350)**
Forecast closing capital cash balance	**48**
Forecast total closing cash balance (Table F)	**(7.922)**

11.1 Public Sector Payment Policy PSPP (Table H)

- The Health Board achieved the PSPP target to pay 95% of valid invoices within 30 days of receipt in two of the four measures of compliance during quarter 2 2022-23 with NHS invoices by value and number both being below target. The failure to meet the target for NHS invoices by value was due to a single invoice for £4.433m to Digital Health Care Wales being paid late at the beginning of August 2022. Had this invoice been paid on time the measure would have been achieved with 96.6%.

- The cumulative PSPP target was achieved in three of the four measures of compliance at quarter 2 with NHS invoices by number missing the target at 84.8% of invoices paid within thirty days (quarter 1 83.4%).

- The Health Board continues to work on resolving the underlying reasons for late payment of NHS invoices and has implemented a range of actions as detailed in the Month 4 Monitoring Return. The Accounts Payable team are also now looking at ways to more quickly identify any NHS invoices approaching the 30-day target so that statements can be provided to the Health Board on a weekly basis.

12.1   Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2022/23 is £21.050m.

- The IFRS-16 Lease changes have not been actioned within the Month 6 Tables. This will be actioned as part of the non-cash submission after Month 6 reporting due to the impact of the work involved.

12.2   Capital Programme (Table J & K)

- Details of spend and forecast on a monthly basis and by scheme are included in Table J. There has been delays in purchase orders within the system across various programmes, therefore there has been less spend against forecast.

- Disposals (Table K) contains no data to date, as the paper including proposals will be submitted to the Performance, Finance and Information Governance Committee to seek Executive support at the end of October. In relation to future years, the Health Board is working on a rationalisation list which includes potential disposals, however there are no firm identified assets at this stage. The Integrated Health Communities new operating model may also have different views on future rationalisation plans.

13.1   Summary

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

- The Month 6 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee members at the October meeting.

Jo Whitehead   **Rob Nolan**
Chief executive   **Acting Executive Director of Finance**

Monitoring Return Review – Action Point 5.1

The outturn position continues to be supported by a material unidentified savings amount of £21.556m (£23.594m at Month 4), with c. £15.700m profiled into the final quarter of the financial year. Your assessed delivery risk against this £21.556m, has increased to 60% this month. You will be aware that all savings assumed in your Plan, assessed deliverable by your Board, were to be fully finalised by Month 3 (this gave a further three-month extension on the original requirement of April, due to the transition period of the pandemic). Your narrative confirms that a detailed review of the expected savings delivery will be undertaken at Month 6, and I trust that this will be fully reflected in your next submission.

Response

The savings delivery risk has increased to 70% and the Health Board is still striving to achieve an increased saving delivery.

Monitoring Return Review – Action Point 1.2

Following concerns raised last month via Action Point 1.2, I note that you will also be undertaking a scheme-by-scheme detailed review of the planned investments to utilise the £42.000m Performance and Mental Health Transformational funding. Please ensure your Month 6 narrative provides a full update, to include details of any schemes that are now projected to slip and the corresponding financial impact; and provide additional assurance where schemes are due to accelerate in future months, that these are based on robust assessments including the availability of additional staff resourcing.

Response

Performance and Transformation Fund Table is now reporting a slippage of £6.0m, but this will need to be retained by the Health Board to achieve the forecast position.

Monitoring Return Review – Action Point 5.2

I acknowledge your reduced Covid19 expenditure forecasts at Month 5. Please continue to review and refine (as appropriate) these forecasts going forward.

Response

COVID-19 expenditure forecasts continue to be reviewed on a monthly basis.

Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 5.3a

Provide a breakdown of the cost pressures totalling £1.490m which are contributing to the YTD deficit position and include this as a matter of routine in your supporting narrative.

Response

Further detail on cost pressures has been added to Table A.

Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 5.3b

In response to Action Point 4.2a, you confirm that YTD pressures will be covered by operational reserves currently unutilised. It is assumed that these reflect the positive variances reported between September and January. Please provide details of these operational reserves which will no longer be utilised as planned, and clarify why these are not being phased into the YTD position now to offset the current pressures (i.e. fully eliminate the year to date impact).

Response

The revised forecast position has now changed the above position.

Monitoring Return Review – Action Point 5.3c

Provide details of the cost pressures being reported in February and March and again explain why the available operational reserves are not being phased in the same period to fully offset these pressures (i.e. match income and spend to create nil variances rather than build up a higher surplus at the end of January to then partly offset in February and March). (Action Point 5.3c)

Response

The revised forecast position has now changed the above position.

Monitoring Return Review – Action Point 4.3

Following your response to Action Point 4.3; further information will be provided shortly on the Annual Leave Policy which should enable the calculation of any backfill requirements for the remainder of the year (to be mitigated by a release in the provision) and any assessment of possible benefit. (Action Point 4.3)

Response

Thank you for clarifying. This will be reviewed again as soon as further information is received on the Annual Leave Policy.

Risks / Opportunities (Table A2) – Action Point 5.4

As we approach the midpoint of the financial year, I note you continue to report several 'high' and 'medium' likelihood risks to your balanced forecast. I trust that a comprehensive review of all remaining risks (excluding Covid-19 and exceptional cost funding and acknowledging that you are undertaking a review of savings for Month 6) will be undertaken for Month 6. (Action Point 5.4)

Response

A deep dive review of all forecasts has been undertaken for Month 6, which has also facilitated a comprehensive review of all forecast risks. All risks are also reviewed on a monthly basis.

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

As requested within Action Point 1.6b, please ensure the breakdown of the 'internally funded developments' is provided each month to support the opportunity value (£12.977m at Month 4 & 5). As requested in Action Point 1.6b, we are still seeking clarity from you as to whether the associated spend areas were included in your Line 2 'Planned New Expenditure (Non Covid-19)' on Table A and therefore which pressures would have been mitigated by Savings (which you have yet to finalise) or were mitigated by WG Income. I noted previously that the original listing included Value Based Healthcare Funding, but it is not clear how this opportunity correlates to your data being reported in the Ring-Fenced Template (Value Based section). Please ensure a sufficiently detailed response is provided at Month 6. (Action Point 1.6b)

Response

The revised forecast position has changed the above and we now need to retain slippage on ring fenced allocations to achieve the forecast position.

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

Following your response to Action Point 1.6c, please confirm how the spend associated with the £2.0m contingency has been phased into the non pay line of Table B. (Action Point 1.6c)

Response

The associated spend is phased equally across future months, however this contingency has now reduced to £1.5m.

Monthly Positions (Table B) – Action Point 5.5

The narrative confirms that spend profiles have been adjusted at Month 5 for backdated corrections and recategorizations. These movements and adjustments raise concerns as to the robustness of your monthly reporting. As part of your Month 6 review, I trust that expenditure profiles will be firmed up to eliminate the need for high value presentational corrections in future months. (Action Point 5.5)

Response

Expenditure profiles have been reviewed to eliminate the need for recategorizations of spend and presentational corrections in future months.

Monthly Positions (Table B) – Action Point 4.8

Please confirm at Month 6 (and if applicable, quantify) if any future spend relating to Recovery (internal or outsourcing) is being temporarily (whilst plans are finalised) included within the non pay (line 11) expenditure profile. (Action Point 4.8)

Response

As confirmed in Month 5, insourcing/outsourcing forecast spend from Non NHS and private providers is included within Line 16 'Other Private & Voluntary Sector'. NHS outsourcing forecast spend is included under Line 13 'Healthcare Services Provided by Other NHS Bodies'.

Monthly Positions (Table B) – Action Point 5.6

The narrative confirms that 'Other Private and Voluntary' spend has increased by c. £4.400m due to a recategorisation of spend from 'Healthcare Services provided by Other NHS Bodies'. The spend however within 'Health Care Services Healthcare Services provided by Other NHS Bodies' has not decreased by a similar value but instead increased by £1.900m, with the narrative explaining that this amount relates to the Vertex contract. Please therefore explain why the movement on the 'Health Care Services by Other NHS bodies' line did not reduce by the net £2.5m (£4.4m reduction offset with a £1.9m increase). (Action Point 5.6)

Response

Movement in M5 Actual Spend:
The recategorisation of spend in Month 5 resulted in an in-month spend increase of £4.3m in Month 5 against 'Other Private & Voluntary Sector' and an in-month reduction of £3.2m in Month 5 spend against 'Healthcare Services provided by Other NHS Bodies'. This was a backdated correction due to outsourcing work being incorrectly coded which has now been corrected to 'Other Private & Voluntary Sector' in Month 5.

Movement in Annual Forecast Spend:
The Month 5 movement in annual forecast was an increase of £4.4m against 'Other Private & Voluntary sector' which was consistent with the increase in Month 5 spend due to re-mapping of expenditure. However, the annual forecast movement against 'Healthcare services provided by Other NHS Bodies' also reported an increase of £1.9m (0.06%) which is partly due to the increase in increase in the Vertex contract spend as confirmed in Month 5. There was also a £1.1m increase in MHLD forecast reflecting the increase in the need for Out of Area placements within MHLD divisions due to bed capacity. Length of stay for Out of Area patients has also increased.

Monthly Positions (Table B) – Action Point 5.7

The narrative states that the Microsoft renewal license is causing a £1.800m cost pressure to the Health Board. It is not clear if this forms part of your YTD - 4 - deficit, for which we have sought a breakdown. If this is not part of that explanation, please clarify how this pressure and the assumed mitigating action is being treated in this table. (Action Point 5.7)

Response

1/12ths of the £1.8m cost pressure is being brought into the position on a monthly basis. This is being funded from the contingency reserve.

FDU Exceptional Costs Template/Anticipated Income (Table E)/Risk (Table A2) – Action Point 5.8

Following the recent confirmation that the NIC increase will end on the 6th November, please update the cost information that you have been providing via the FDU Exceptional Template at Month 6, and revise the anticipated funding (at risk) value accordingly in Table E & A2. (Action Point 5.8)

Response

The anticipated funding has been revised accordingly.

Pay Expenditure Analysis (Table B2) – Action Point 4.9

As requested in Action Point 4.9, I note that you have changed the approach to forecasting (now based on Divisional data) the Agency spend to ensure that it aligns to the overall pay expenditure profile reported in Table B. This new approach has resulted in forecast annual agency spend increasing by c.£9.200m, with average monthly forecast spend increasing to £6.372m compared to the current YTD average spend of £5.354m. Please provide details of the assumptions that are driving this future increase in spend (i.e. does this relate to future Recovery spend or perhaps the Performance & MH Transformational Funding (£42m) if so how much for each area). (Action Point 4.9)

Response

The assumptions that are driving the increase in forecast agency spend is mainly due to significant number of vacancies across the Health Board due to the reduction in the number of filled posts. Targeted intervention at Ysbyty Glan Clwyd and Vascular improvements has also driven an increase in forecast Agency spend, of which £1.2m Agency forecast spend is in relation to YGC targeted intervention and Vascular improvements.
There is also £0.3m of Agency forecast spend in Mental Health against Performance & Transformation Schemes.

Ring fenced Return – Action Point 5.9a

Thank you for completing the revised Ring Fenced & Other Template. For Month 6, Health Boards are again requested to review the data being presented and to ensure that sufficient supporting information is provided in the narrative i.e., comments are required for all committed spend detailing why it is categorised as such (fixed e.g., Contracts in place etc) (Action Point 5.9a)

Response

There is slippage anticipated against some of the ring fenced funding, however to achieve the forecast deficit of £10.0m this slippage will need to be retained by the Health Board.

Ring fenced Return – Action Point 4.11a, 5.9b

In addition, specifically for BCU, please can you respond to the following queries: 1) As requested at Month 4, ensure the 'WG Annual Allocation' column (Template Column D) is populated. (Action Point 4.11a) 2) Please complete the 'in year' Planned Care and Value Based HealthCare sections. (Action Point 5.9b)

Response

4.11a) WG annual allocation has now been populated.

5.9b) BCU has not received funding for these two sections.

Income/Expenditure Assumption (Table D) – Action 5.10

As per the Month 5 inter organisation income and expenditure reconciliation, there is a material expenditure (£0.478m) variance with WAST. I trust that this discrepancy has since been eliminated. (Action Point 5.10)

Response

The discrepancy in M5 has been reviewed and eliminated, and the M6 figures will be fully agreed with WAST.

Resource Limits (Table E) – Action Point 5.11

I have received confirmation from colleagues, that the Health Board should not be anticipating MSK Orthopaedic Services funding, as this expenditure is now expected be mitigated by the Recovery funding that has already been issued. Please therefore remove this funding assumption (Table E) totalling £1.150m from your Month 6 submission. (Action Point 5.11)

Response

An email has been sent to Steve Elliott requesting if this can be re-considered as it will have an adverse effect on the forecast position.

Resource Limits (Table E) – Action Point 5.12

Please ensure that the latest IFRS 16 'Revenue recovery' value relating to agreed leases (currently this is Transitioning leases only, until you are awarded Capital funding for New/Renewals), is reported on Line 14 at Month 6. (Action Point 5.12)

Response

This will be actioned as part of the non-cash submission after Month 6 reporting due to the impact of the work involved.

Cash Flow (Table G) – Action Point 5.13

All Health Boards and SHAs are requested to confirm, within the Month 6 narrative, if they require any cash support for the Movement in Working Balances. Any requirement should be reflected in the cash flow as a shortfall in March and should be supported by corresponding SoPF movements in Table F (e.g. payables analysis), with a full supporting working/explanation in the narrative. If colleagues have any queries on how items should be presented, please contact Gary Young. (Action Point 5.13)

Response

The Health Board provided an initial indication of cash support required for movements in revenue and capital working balances as part of the Month 5 Monitoring Return submission. This will be reviewed and further refined in the Month 6 submission.

Disposals (Table K) – Action Point 5.14

I note this table contains no data; therefore, please confirm that the Health Board has no plans to dispose of any assets in 22/23 or in future years. If this statement is made within the main body of your narrative, it would clarify that the table has not been left blank in error. (Action Point 5.14)

Response

Disposals (Table K) contains no data to date, as the paper including proposals will be submitted to the Performance, Finance and Information Governance Committee to seek Executive support at the end of October. In relation to future years, the Health Board is working on a rationalisation list which includes potential disposals, however there are no firm identified assets at this stage. The Integrated Health Communities new operating model may also have different views on future rationalisation plans.

The above narrative has also been updated in Section 12.2 of the report as requested.

Scheme	Lead Division	Executive Lead	Total Funding £000	Actual M01 - 06	F'cast M07 - 12	2022/23 Total Spend £000	Slippage £000
PERFORMANCE - FUND (£30m):							
Attend Anywhere	Corporate	Gill Harris	379	172	180	352	(27)
Ophthalmology	Commissioning	Gill Harris	2,800	2,829	400	3,229	429
Ophthalmology increase contract to 600 (+200 cases)	Commissioning	Gill Harris		158	1,440	1,598	1,598
Dermatology	Commissioning	Gill Harris	255	74	172	246	(9)
Prehabilitation	Area East	Gareth Evans	350	44	286	330	(20)
Eye Care Services: transform eye care pathway	YGC	Gill Harris	2,590	86	134	220	(975)
Eye Care Services: transform eye care pathway	YG	Gill Harris		59	91	150	
Eye Care Services: transform eye care pathway	Wrexham Maelor	Gill Harris		69	78	147	
Eye Care Services: transform eye care pathway	Corporate	Gill Harris		127	972	1,099	
Urgent Primary Care Centres (UPCC) West only	Area West	Gill Harris	910	108	456	564	(346)
Single Cancer Pathway	NWW Hospitals	Gill Harris	2,000	771	1,071	1,842	(130)
Single Cancer Pathway	NWW Hospitals	Gill Harris		12	16	28	
Stroke Services	YGC	Gill Harris	2,900	1,251	1,920	3,171	271
Urology Services Robot	YG	Gill Harris	300	107	190	297	(3)
Home First Bureau (HFB)	Area West	Gill Harris	303	89	252	341	38
Home First Bureau (HFB)	Area Centre	Gill Harris	564	105	170	275	(289)
Home First Bureau (HFB)	Area East	Gill Harris	433	167	264	431	(2)
ED workforce	YGC	Gill Harris	598	299	300	599	1
ED workforce	YG	Gill Harris	68	35	33	68	(0)
ED workforce	Wrexham Maelor	Gill Harris	534	268	267	535	1
Pathology Sustainable plan - Blood sciences (phase 1 only)	NWW Hospitals	Gill Harris	513	255	258	513	0
Cardiac Physiology Training Posts	YGC	Gill Harris	78	0	36	36	(42)
Cardiac Physiology Training Posts	Wrexham Maelor	Gill Harris	73	40	37	76	3
Neurodevelopmental (waiting times - backlog) Recovery of lost activity	Area East	Gill Harris	1,400	0	1,400	1,400	0
CAMHS training and recruitment	Area West	Gill Harris	47	25	73	98	51
CAMHS training and recruitment	Area Centre	Gill Harris	47	108	67	175	128
CAMHS training and recruitment	Area East	Gill Harris	47	0	112	112	65
Primary Care Academy	Corporate	Gill Harris	1,168	298	390	688	(480)
Care Home Quality Nurses	Corporate	Gill Harris	102	59	60	119	17
Advanced Audiologist / Ear Wax (Primary Care Audiology / pathway redesign)	NWW Hospitals	Gill Harris	640	116	261	377	(263)
Continuing Health Care infrastructure	Area West	Gill Harris	293	72	124	196	(97)
Continuing Health Care infrastructure	Area Centre	Gill Harris	138	0	27	27	(111)
Continuing Health Care infrastructure	Area East	Gill Harris	69	24	25	49	(20)
Planned Care Team	Corporate	Gill Harris	433	90	301	391	(42)
Regional Treatment Centres pre construction costs (RTC)	RTC	Gill Harris	5,216	370	2,789	3,159	(2,057)
Planned Care Recovery	FLM	Sue Hill	0	600	0	600	600
Estates & Facilities: Health & Safety Statutory Compliance	Corporate	Sue Green	1,100	0	390	390	(710)
Endometriosis Business Case	Women's	Teresa Owen	300	160	140	300	(0)
Welsh Community Care Information System (WCCIS)	Corporate	Dylan Roberts	1,100	116	703	819	(281)
Vascular Access - pan BCU	YGC	Nick Lyons	2,329	261	554	814	(1,515)
Vascular Access - pan BCU	Corporate	Nick Lyons	203	10	193	203	0
Total			**30,278**	**9,431**	**16,632**	**26,063**	**(4,215)**

TRANSFORMATION FUND (£12m)

Scheme	Area	Lead					
VBHC - Diabetes	Area West	Sue Hill	135	25	67	92	(43)
Older Persons Crisis Care	Mental Health	Teresa Owen	400	0	133	133	(267)
Eating Disorders	Mental Health	Teresa Owen	450	157	201	357	(93)
Eating Disorders	Mental Health	Teresa Owen		3	3	6	6
ICAN Primary Care	Mental Health	Teresa Owen	1,200	7	15	22	(1,178)
ICAN Primary Care	Mental Health	Teresa Owen		219	503	721	721
Medicines Management	Mental Health	Teresa Owen	400	172	225	397	(3)
Medicines Management	Mental Health	Teresa Owen		0	0	1	1
Occupational Therapy	Mental Health	Teresa Owen	320	0	107	107	(213)
Occupational Therapy	Mental Health	Teresa Owen		0	0	0	0
Perinatal	Mental Health	Teresa Owen	170	0	76	76	(94)
Perinatal	Mental Health	Teresa Owen		0	0	0	0
Early Intervention in Psychosis	Mental Health	Teresa Owen	290	0	166	166	(124)
Psychiatric liaison	Mental Health	Teresa Owen	254	37	146	183	(71)
Psychiatric liaison	Mental Health	Teresa Owen		0	0	0	0
Joint commissioning pot with AISBs	Mental Health	Teresa Owen	230	150	150	300	70
Wellness, Work and Us	Mental Health	Teresa Owen	200	69	93	162	(38)
Wellness, Work and Us	Mental Health	Teresa Owen		29	6	35	35
CAMHs transition and joint working	Area West	Gill Harris	47	0	0	0	(47)
CAMHs transition and joint working	Area Centre	Gill Harris	47	0	0	0	(47)
CAMHs transition and joint working	Area East	Gill Harris	160	0	0	0	(160)
CAMHs transition and joint working	Other Area	Gill Harris	546	401	399	800	254
Director of Nursing	Mental Health	Teresa Owen	133	71	164	235	102
Director of Transformation	Mental Health	Teresa Owen	110	55	55	110	(0)
Ablett Project Director	Mental Health	Teresa Owen	59	0	0	0	(59)
Advanced Nurse Practitioners/ Nurse Consultants	Mental Health	Teresa Owen	294	0	0	0	(294)
CHC RCAP structure	Mental Health	Teresa Owen	345	0	0	0	(345)
Central business Unit - interim management support	Mental Health	Teresa Owen		113	266	379	379
NWBIS Additional Staff	Mental Health	Teresa Owen		0	87	87	87
Health Records	Mental Health	Teresa Owen		0	68	68	68
PICCS Team - Additional Staff	Mental Health	Teresa Owen		0	94	94	94
Schemes to be confirmed	Mental Health	Teresa Owen		0	0	0	0
Acute Site Director - unfunded element	Corporate	Gill Harris	184	0	0	0	(184)
Analytics PMO-substantive recruitment supporting VBIF	Corporate	Chris Stockport	650	0	144	144	(506)
Associate Director of Planned Care	Corporate	Gill Harris	216	71	60	131	(85)
Associate Director of Unscheduled Care	Corporate	Gill Harris	180	15	60	75	(105)
Deputy Director of Public Health	Corporate	Teresa Owen	133	0	30	30	(103)
Deputy Medical Director	Corporate	Nick Lyons	97	73	57	130	33
Digital Director	Corporate	Jo Whitehead	133	90	90	180	47
Engagement capacity	Corporate	Helen Stevens Jones	250	0	170	170	(80)
FIT testing - Coordinators	Corporate	Sue Green	136	58	78	136	(0)
FIT testing - H&S Officers	Corporate	Sue Green	29	2	15	17	(12)
FIT testing - Lead	Corporate	Sue Green	53	4	25	29	(24)
Head of Cancer & Diagnostics	Corporate	Gill Harris	133	0	36	36	(97)
Head of Ambulatory Care	Corporate	Gill Harris	133	49	54	103	(30)
Head of Financial improvement	Corporate	Sue Hill	95	57	54	111	16
Head of Governance	Corporate	Gill Harris	133	55	60	115	(18)
Health Community infrastructure (Operating Model)	Corporate	Gill Harris	425	0	350	350	(75)
Information Governance Support	Corporate	Dylan Roberts	116	0	66	66	(50)
Manual Handling - 6 x Band 6	Corporate	Sue Green	284	42	159	201	(83)
OD & Engagement programme, incl Head of OD (Stronger Together)	Corporate	Sue Green	600	234	531	765	165
Public Affairs function	Corporate	Helen Stevens Jones	250	0	195	195	(55)
Strategic Dir of Communications	Corporate	Jo Whitehead	133	72	72	144	11
Value based Improvement faculty incl Head of Improvement	Corporate	Sue Hill	1,000	156	0	156	(844)
CAMHS - Additional developments	Area Centre	Gill Harris		544	456	1,000	1,000
Planned Care Recovery	FLM	Sue Hill	-	300	0	300	300
WOD: Wellbeing Service	Corporate	Sue Green	600	231	222	453	(147)
WOD: Speak Out Safely	Corporate	Sue Green	100	10	30	40	(60)
Building a Healthier Wales	Corporate	Teresa Owen	336	36	280	316	(20)
Total			**12,190**	**3,607**	**6,317**	**9,924**	**(2,266)**

Teitl adroddiad: *Report title:*	Savings Delivery Update
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 27 October 2022
Crynodeb Gweithredol: *Executive Summary:*	The purpose of this paper is to update the committee on the progress to date against the savings delivery programme for 2022-23 and the plans for 2023-24.
Argymhellion: *Recommendations:*	It is recommended that the report is noted.
Arweinydd Gweithredol: *Executive Lead:*	Rob Nolan, Acting Executive Director of Finance
Awdur yr Adroddiad: *Report Author:*	Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning

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:	Not Applicable

Regulatory and legal implications:	
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)*	Achieving Financial Balance
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)*	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty
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: Not Applicable* *Implementation of recommendations*	

Rhestr o Atodiadau:
    Dim

List of Appendices:

Appendix 1 22/23 Savings Schemes – New Opportunity Development Plan
Appendix 2 23/24 Savings Plan Development – Summary Milestones & Status
Appendix 3 Detailed Savings Report Month 6

1   Background

The purpose of this paper is to update the committee on the progress to date against the savings delivery programme for 2022-23 and the plans for 2023-24.

2   Current Year – 2022/23

2.1   Overview

The savings target for 2022/23 is £35m, which represents 3% of the Health Board's discretionary expenditure. The focus is for these savings to be cash releasing and recurring.

It was recognised that significant transformational opportunities exist [1], which is why the target was set to deliver 50% of savings through transformation and 50% through transactional savings in 2022/23, with the proportion increasing to c.80% of transformation by 2024/25 and the remainder being delivered through transactional initiatives.

The split between transactional and transformational is dependent on clear and agreed definitions. Definitions established in last year's planning process are under review as part of in the 2023-24 planning process. To date, the schemes submitted by Divisions for delivery within their own budgets have continued to be classified as transactional.

The plans submitted in March totalled £12.6m of transactional schemes (including red schemes). Progress has continued to be made with transactional schemes and the full year forecast totals £15.2m. There is confidence that 50% of the total savings target will be delivered through transactional savings schemes. The current position and plans to deliver transactional savings in the region of £17.5m are included below.

Plans to deliver savings by Divisions through transformational programmes have faced a number of challenges including the need to follow a standard approach to programme delivery, which is in line with good practice and where assurance is provided through clear evidence.

Whilst there are no shortage of improvement ideas, delivery is often compromised because we do not universally adopt evidence-based portfolio, programme and project methodology.

In response, the Health Board is to adopt the P3O[2] approach as standard for all major changes within the organisation.

2.2   Position at Month 6 and Forecast Outturn

As at Month 6, Savings Schemes identified as amber and green total £13.6m and the full year forecast has increased to £14.4m. Including red schemes, for which assurance reviews must be completed, the full year forecast totals £15.2m. Income Generation is no longer included in that number, the red scheme having delayed through resource constraints. All Amber schemes have been converted to Green.

The proportion of identified recurring savings are £9.7m including red schemes, with green recurring savings being reporting as £9.5m in the monitoring return.

See Appendix 3 for detailed Savings report.

A number of lines of activity continue to progress:

- Red schemes – issues were escalated to Executive level and support is ongoing to resolve them;
- Opportunities identified in the M6 forecast exercise are expected to generate a number of savings schemes. Post period end close, colleagues are in the process of determining which qualify as a savings scheme against clearly defined criteria. Peer reviews will be conducted to ensure consistency. Resource will be required to complete documentation and assurance reviews and resource continues to be an issue. However, the aim is to submit schemes to recognise the savings in the M7 Monitoring Return.
- In addition, ongoing review of budgets and spend continues to provide challenge and identification of other potential opportunities, which finance colleagues are reviewing ahead of further discussions with budget holders. This forms part of the monthly savings review cycle conducted across Divisions. Areas of significant underspend are under review, linked to the M6 Forecast savings review mentioned above.
- A pipeline of other opportunities requires internal review. There is no shortage of ideas. A lack of resource to investigate and develop opportunities remains a key issue. Given this, the focus is on capturing short term opportunities that are material in scale and do not make significant calls on resource.
- An action plan is attached at Appendix 1.

There is confidence that the divisions will deliver the £17.5m (50%) of transactional savings; however the proportion of recurring savings schemes may be adversely impacted. This will be reviewed again after the above-mentioned activities have delivered another round of schemes.

The summary of the full year plan and forecast as at the Month 6 close are shown in the table below.

£'000's	FY PLAN			FY FORECAST (M6)			VARIANCE		
	Recurring	Non Recurring	Total	Recurring	Non Recurring	Total	Recurring	Non Recurring	Total
Amber and Green Schemes									
Cash Releasing	9,519	3,294	12,813	9,199	4,007	13,206	(321)	713	392
Cost Avoidance	234	98	333	263	98	361	29	0	29
Accountancy Gains		200	200		520	520	0	320	320
Income Generation		234	234		297	297	0	62	62
	9,754	3,826	13,580	9,462	4,922	14,383	(292)	1,096	804
Red Schemes									
Cash Releasing	213	590	803	213	590	803	0	0	0
Cost Avoidance			-	-	-	-	0	0	0
Income Generation			-	-	-	-	0	0	0
	213	590	803	213	590	803	0	0	0
Total - Red, Amber and Green Schemes	9,966	4,416	14,382	9,674	5,512	15,186	(292)	1,096	804

2.3 Action Plan Current Year - 22/23

The significant risk of non-delivery against the £35m target is £17.5m, which requires operational ownership of the target to reduce the risk. To help mitigate the impact of some of the risks of non-delivery, the Executive team is reviewing expenditure plans for the rest of the year.

The following actions have been developed as an initial response to the savings gap.

1. The Health Board will nominate a recovery lead who will be responsible for driving operational ownership of grip and control measures, with the intention to improve savings delivery and performance.
2. Financial control totals based on the forecast outturn will be set at individual IHC & Divisional level less a top slice of 0.75%. IHCs and Divisions will be required to maintain their spend within the control total set, and will need to submit a detailed plan on how this will be achieved by the end of October.
3. Any variations to the control totals such as additional winter spend will be subject to Executive approval, with the option being to either adjust the control total to reflect the unfunded costs, or they have to be managed within the control total.
4. The Director of Finance and recovery lead will meet with the IHCs and Divisions monthly to discuss progress against forecast spend. A paper updating Executives on progress against the recovery actions will be presented to Execs and HBLT each month.
5. Any variation from the control total will be escalated to the CEO.
6. A more detailed recovery plan, which will include a list of additional actions, will be submitted to Executives for approval on the 26th October 2022.

3 Next Year – 2023/24

The savings target for 2023/24 is £35m.

In the 2023-34 IMTP, the proportion of savings to be delivered in 2023/24 through cross-cutting, transformational initiatives is c.68% or £24m of the £35m.

In addition, any shortfall against the delivery of this year's savings target will impact on next year's financial budget.

Therefore, the delivery of large scale improvement, significant cost reduction and other, requires the delivery of transformation initiatives.

An activity plan for the savings related activity within the annual planning process is included at Appendix 2. The timetable reflects internal, PFIG and Welsh Government reporting requirements, integrated with current year monitoring and reporting plus Divisional activity aimed at delivering more savings this year.

Savings proposals have been requested for the 23-24 IMTP. The proposed initiatives are under review and will be prioritised accordingly, and these proposals will be validated before PFIG in December.

The figures submitted to date do not include estimates for Improvement Groups and other Transformational initiatives where plans and estimates are not available. The mobilisation of five Improvement Groups in October 2022 is intended to:

1. Identify and quantify the patient improvements and financial benefits
2. Deliver large scale 'transformational' financial benefit to both close the current year gap and meet the target for the next year onwards.

The Improvement Groups are:

1. Planned Care
2. Unscheduled Care
3. Continuing Healthcare
4. Medicines Management,
5. Workforce.

It is recognised that major scale programmes need to be well developed at this time in order to start to deliver financial savings in Q1 2023.

The timetable for savings is below:

Action	Next Steps	Deadline
Develop Savings Plan 23/24	An overview of the planning cycle as it relates to Savings is provided at Appendix 2. Key milestones and status are also included. Schemes submitted will be summarised for the PFIG paper in December.	05-12-22

	A consolidated view of schemes will be presented for PFIG in January	11-01-23
	The impact of the WG allocation will be factored into this submission.	

Notes

(1) This view was based on reviews, which include the engagement completed by PWC in 2019 and by the results of benchmarking exercises conducted by BCU Finance in March 2022. The results of the PWC review and the benchmarking exercise were summarised in the March report.

(2) As summarised on the AXELOS website, October 2022: "Portfolio, Programme and Project Offices (P3O®) was first published in 2008 and revised in 2013. The guidance is accompanied by a certification scheme. A P3O model provides a decision-enabling/delivery support structure for all change within an organization. This may be provided through a single permanent office which may exist under several different names, for example Portfolio Office, Centre of Excellence, Enterprise or Corporate Programme Office."
"Set up in 2014 as a joint venture between the UK Government and outsourcing giant Capita, Axelos was acquired by PeopleCert in July 2021."

4   Conclusion

It is recommended that the report is noted.

Appendix 1: 22/23 Savings Schemes – New Opportunity Development Plan

Savings Plan	03/10/2022	10/10/2022	17/10/2022	24/10/2022	31/10/2022	07/11/2022	14/11/2022	21/11/2022	28/11/2022	05/12/2022	12/12/2022	19/12/2022	26/12/2022	02/01/2023	09/01/2023	16/01/2023	23/01/2023	30/01/2023	06/02/2023
PFIG																			
Meeting				27.10.22								22.12.22	A/L				26.01.23		
Issue papers			17.10.22								12.12.22					16.01.23			
Issue draft for Exec discussion		14.10.22								05.12.22					11.01.23				
Prepare PFIG paper		▬								Plans 23/24	Current Year			23/24 Plan	Current Year				
Savings																			
-Record to Report																			
Month End (Savings scheme reporting)																			
Consolidate and report (MR and Internal MI)	M6						M7				M8			M9					M10
NEW SAVINGS SCHEMES - 22/23																			
Convert existing red schemes to green																			
- Complete agreed actions & submit remaining documentation	▬	▬	▬	▬															
- Review ahead of M7				▬															
Submit new savings schemes:																			
1. Divisional																			
1.1. Review M6 Forecast:																			
1.1.1. Identify savings schemes 17/10		▬																	
1.1.2. Peer reviews			▬																
1.1.3. Prepare scheme documentation 26/10				▬															
1.1.4. Submit Schemes 26/10				▬															
1.1.5. Consolidate schemes in readiness for M7 MR				▬															
1.2. Based on budget and spend challenges (M6)																			
1.1.1. Identify savings schemes 17/10		▬																	
1.1.2. Peer reviews			▬																
1.1.3. Prepare scheme documentation 26/10				▬															
1.1.4. Submit Schemes 26/10				▬															
1.1.5. Consolidate schemes in readiness for M7 MR - KS				▬															
2. Transformation																			
2.1. Clarify portfolio	▬																		
2.2. Submit initial list of savings schemes - 22/23	▬																		
2.3. Provide plans for each programme and project	▬																		
2.4. Confirm when 22/23 schemes will be submitted	▬																		
2.5 Submit current year schemes																			
2.6. Consolidate schemes in readiness for M7 MR - KS		▬																	
C Identify other potential opportunities																			
- Review further opportunities with Director of Finance			▬																
- Assign Opportunity Assessment Leads (Priority Opportunities)																			
- Develop Opportunity Assessment Plans (OL's)				▬															
- Resource Assessment team (subject to Assessment Plan)																			
- Perform Assessment (subject to Assessment Plan) & Develop Plan								▬	▬	▬	▬	▬							
- Approval																			
- Submit savings scheme if applicable ahead of Month End Reporting											▬				▬				
- Delivery dependent on scheme - refer project plan																			

Appendix 2: 23/24 Savings Plan Development – Summary Plan

The summary provides an overview of the remaining process from the point at which IHC's submit proposals to Strategic Planning.

Savings Plan	03/10/2022	10/10/2022	17/10/2022	24/10/2022	31/10/2022	07/11/2022	14/11/2022	21/11/2022	28/11/2022	05/12/2022	12/12/2022	19/12/2022	26/12/2022	02/01/2023	09/01/2023	16/01/2023	23/01/2023	30/01/2023	06/02/2023
PFIG																			
Meeting				27.10.22							22.12.22		A/L				26.01.23		
Issue papers			17.10.22								12.12.22					16.01.23			
Issue draft for Exec discussion		14.10.22								05.12.22						11.01.23			
Prepare PFIG paper			▓							Plans 23/24	Current Year			23/24 Plan	Current Year				
23/24 PLAN:																			
Financial Reporting (FR)																			
Submit MDS to WG																		TBC	
Review and approve																	▓	▓	
Consolidate and Report																▓	▓		
Savings																			
-Record to Report																			
Month End (Savings scheme reporting)																			
Consolidate and report (MR and Internal MI)		M6				M7					M8				M9				M10
-Plan 23/24																			
Refine & submit savings schemes to FR															TBC				
Consolidate savings schemes (post WG Allocation)												▓							
Consolidate savings schemes																			
- Divisional							▓												
- Other								▓											
Review scheme lists for report to PFIG																			
- Divisional																			
- Transformational		▓																	
- IMTP																			
Strategic & Financial Planning																			
WG Allocation											13.12.22								
Confirm prioritisation and funding							15.11.22												
Executive Meeting - Prioritisation							14.11.22												
Review and Prioritise	▓	▓	▓	▓	▓	▓													
Operational & Programme Planning																			
Submit savings scheme changes (post WG Allocations)											18.12.22								
Submit revised list of savings schemes (post WG Allocation)											18.12.22 *Not in time for Dec PFIG - for inclusion in Jan update*								
Submit revised list of savings schemes (post prioritisation)								20.11.22											
Submit savings scheme submission templates (IMTP)								20.11.22											
Confirm plans based on IMTP prioritisation								17.11.23											
Submit savings scheme submission templates (non IMTP)						11.11.12													
Submit initial list of savings schemes - Divisional (post month end)			19.10.22																
Submit initial list of savings schemes - Transformational	04.10.22																		
Submit initial list of savings schemes - IMTP	30.09.22																		
Submit proposals to Strategic Planning	30.09.22																		

Appendix 2: 23/24 Savings Plan Development – Summary Milestones & Status

Year End timetable - Savings 23/24			
	Deadline	Assumption	Status
Submit to WG	25.01.23	Assumed date - message is late Jan	
Submit consolidated savings schemes to Fin Reporting	05.01.23	Assumed date, TBA	
Submit savings scheme changes (post WG Allocations)	18.12.22		
Submit revised list of savings schemes (post WG Allocation)	18.12.22		
Submit revised list of savings schemes (post prioritisation)	20.11.22	Savings schemes update can be issued quickly after IMTP prioritisation on basis that few IMTP schemes include financial	
Submit savings scheme submission templates (IMTP)	20.11.22		
Confirm plans based on IMTP prioritisation	17.11.23		
WG Allocation	15.11.22	Confirmation can be issued 1 WD after Executive Prioritisation session	
Confirm prioritisation and funding	14.11.22		
Submit savings scheme submission templates (non IMTP)	11.11.12		
Submit initial list of savings schemes - Divisional (post month end)	29.10.22		
Submit initial list of savings schemes - Transformational	04.10.22		Incomplete
Submit initial list of savings schemes - IMTP (take from IMTP submissions)	30.09.22		Complete
Submit proposals to Strategic Planning	30.09.22		Complete

Appendix 3 Detailed Savings Report Month 6

PFIGC Update – Savings M6
Appendix 3
27th October 2022
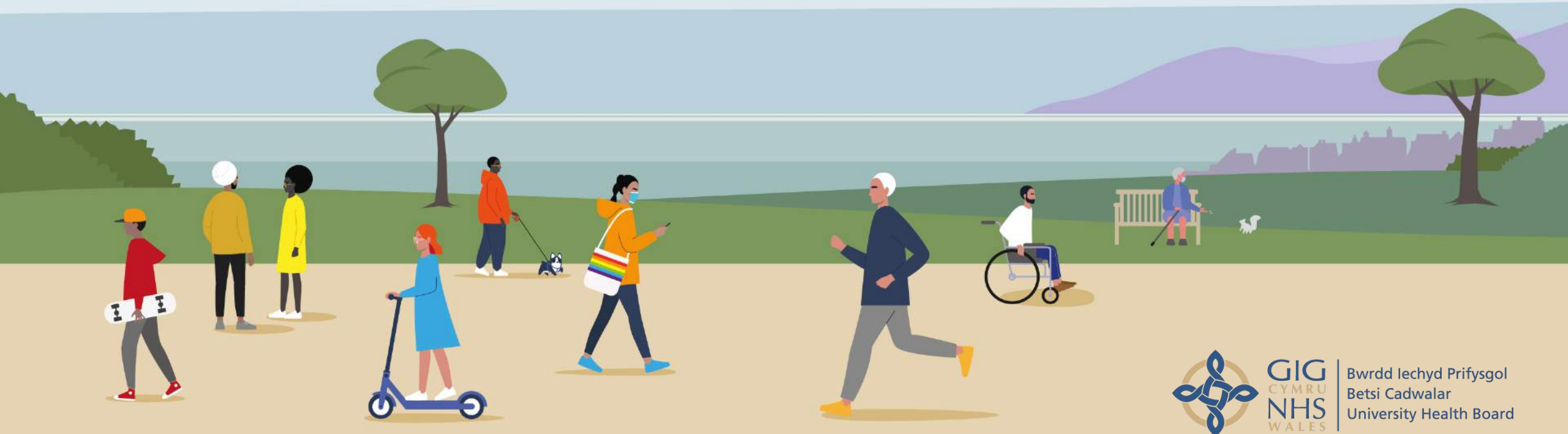
Financial Improvement - Background

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

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

The savings must be cash releasing and recurring.

Historically, the Divisions have delivered transactional savings plans.

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

A Transformation and Improvement team has been established with temporary WG funding to drive transformational improvement across the range of required outcomes.

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

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

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

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

Transformation savings plans stood at nil at the March 2022 PFIG. As reported, work was required to define and scope the Health Board's Transformation programme; to develop a clear and shared view of what 'Transformed' looks like; define the 'end state' solution; optimal roadmap and delivery structure. These form important inputs to the development of a robust business case for the Health Board's transformation. That Business Case is needed to confirm that planned actions will deliver the targeted outcomes for patients and staff whilst also delivering sustainable, cash releasing savings.

Assurance is also required that delivery plans are achievable within the available budget and capacity.

The Transformation Programme was actioned with providing the savings plans by June 2022 PFIG.

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

Divisional Savings – FY Plan – Update Month 6

Total target £35m

Red, Amber and Green Schemes:
- FY Plan M1 £12.6 m
- FY Plan M5 £13.7m, one green scheme added, six red risk removed
- FY Plan M6 £14.4m, red risk - two estate schemes reinstated, one removed, one moved to 23/24 pipeline, green – three new schemes
- FY Forecast has increased from £14.4m in M6 **to £15.2m**

Green Schemes:
- FY Plan M1 £10.1m
- FY Plan M6 £13.6m, three new schemes £0.7m – gap £21.4m
- FY Forecast has increased from £13.4m in M5 to **£14.4m** – gap £20.6m
- 3 Areas forecast up £0.4m to £8.1m
  Maintaining savings over their transactional target
  Area target is relatively less challenging this year*
- 3 Providers down £0.1m to £2.2m
  £2.9m below transactional target –£2.1m gap overall*
  *Comparative analysis provided – Annex 4

Red schemes down by £130k

£'000's	Target	FY Plan	Gap	FY Forecast	Gap
Transformation Savings	17,500	-	(17,500)	-	(17,500)
Divisional Savings (Amber & Green)	17,500	13,580	(3,920)	14,383	(3,117)
Total	**35,000**	**13,580**	**(21,420)**	**14,383**	**(20,617)**

£'000's	FY FORECAST (M6)		
	Recurring	Non Recurring	Total
Amber and Green Schemes			
Cash Releasing	9,199	4,007	13,206
Cost Avoidance	263	98	361
Accountancy Gains		520	520
Income Generation		297	297
	9,462	4,922	14,383
Red Schemes			
Cash Releasing	213	590	803
Cost Avoidance	-	-	-
Income Generation	-	-	-
	213	590	803
Total - Red, Amber and Green Schemes	9,674	5,512	15,186
Accountancy Gains in pipeline	-	207	207
Pipeline opportunity (not yet submitted to WG)	20	-	20
	20	207	227
Total 'Cash'	9,694	5,719	15,413
Productivity Improvements (Classed as NCR)	759		759
Total	**10,453**	**5,719**	**16,172**

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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Divisional Savings – FY Plan vs FY Forecast vs Actual – Month 6

1) Transformation Savings
- FY Target 17.5m
- FY Plan nil
- YTD Target £250k
- YTD delivered nil

2) Transactional (Divisional) savings:

Green schemes:
- FY Target £17.5m Transactional target
- FY Plan M6 £13.6m – increased
- FY Forecast M6 £14.4m,
  - Up £1.0m on M5
- FY Forecast M6 <u>recurring</u> savings £9.5m

- YTD Target £9.0m – flat profile
- YTD Plan £7.0m
- YTD Actuals £8.6m*:
  - £1.6m favourable variance against YTD Plan (variance analysis provided). Increase on the favourable variance reported last month (£900k)
  - £0.4m below YTD Target (profiling issue)
- Month Only*:
  - Achieved £2.1m vs £1.4m Plan and £1.7m transactional Target – flat (1/12) Target profile to be adjusted in line with phased plans

Actuals do not include schemes for which PIDs have not yet been submitted prior to close e.g. Lymphoedema (in flight), Decarbonisation and Facilities staff vacancies.

£'000's	FY			YTD M6			
Total Plans	**Target**	**Plan***	**Forecast**	**Target**	**Plan***	**Actual**	**Variance to Plan**
Transformation Savings	17,500	-	-	250	-	-	0
Divisional Savings	17,500	13,580	14,383	8,976	6,995	8,591	1,596
	35,000	**13,580**	**14,383**	**9,226**	**6,995**	**8,591**	**1,596**

Divisional Plans	**Target**	**Plan***	**Forecast**	**Target**	**Plan***	**Actual**	**Variance to Plan**
Recurring	17,500	9,754	9,462	8,976	4,639	5,226	587
Non Recurring		3,826	4,922		2,356	3,365	1,010
Total	**17,500**	**13,580**	**14,383**	**8,976**	**6,995**	**8,591**	**1,596**

- YTD Achieved £8.6m - £26.4m gap
- FY Forecast (Green) increased by £1.0m to £14.4m – including red the total stands at £15.2m – gap of £19.8m
- 3 Areas FY Forecast (green) up £400k – chc & accountancy gains
  3 Providers Forecast (green) down £100k – benefit of new scheme in Wrexham offset by reduction in agency savings
- Red scheme actions defined and agreed with exec
- Transactional Pipeline opportunities continue to progress – confidence remains that £17.5m will be reached
- Transformational savings plan nil – remains a concern
- Capacity remains an issue given current portfolio of change and need to focus on Recovery

Divisional Savings – FY Plan vs FY Forecast – Month 6 Movement in Recurring/ Non Recurring

£'000's	FY PLAN			FY FORECAST (M6)			VARIANCE		
	Recurring	Non Recurring	Total	Recurring	Non Recurring	Total	Recurring	Non Recurring	Total
Amber and Green Schemes									
Cash Releasing	9,519	3,294	12,813	9,199	4,007	13,206	(321)	713	392
Cost Avoidance	234	98	333	263	98	361	29	0	29
Accountancy Gains		200	200		520	520	0	320	320
Income Generation		234	234		297	297	0	62	62
	9,754	**3,826**	**13,580**	**9,462**	**4,922**	**14,383**	**(292)**	**1,096**	**804**
Red Schemes									
Cash Releasing	213	590	803	213	590	803	0	0	0
Cost Avoidance			-	-	-	-	0	0	0
Income Generation			-	-	-	-	0	0	0
	213	**590**	**803**	**213**	**590**	**803**	**0**	**0**	**0**
Total - Red, Amber and Green Schemes	**9,966**	**4,416**	**14,382**	**9,674**	**5,512**	**15,186**	**(292)**	**1,096**	**804**

Green schemes:
- FY Forecast has increased from £13.4m in M5 to **£14.4m** – gap £20.6m
    - Up £1.0m on Forecast at M5 (£13.4m)
    - Favourable variance against FY Plan M6: £0.8m (variance analysis provided)
    - Adverse variance against FY Transactional Target - £3.1m gap
- 3 Areas forecast variance is £966k favourable.
- 3 Providers forecast £666k adverse. Now £2.9m below transactional target – £2.1m gap. Medical & Nursing agency forecasts reduced;
- FY Forecast M6 recurring savings £9.5m

Red Risk Schemes

Division	Scheme / Opportunity Title	Savings Scheme Number	R/NR	Brief Description	RAG Rat	WG Saving Definition	MMR Catego	Sum of Current Ye	Update	Decision
Corporate	In-year property disposals	CORP22007	NR		0 Red	Cash-Releasi	Non Pay	50,000	30.09.22: Reviewed with RN, AMW, PD, KS 05.09.22: Scheme removed ahead of M5. (In-year revenue benefit marginal even if properties are disposed - DW)	30.09.22: Reinstate scheme. Decision will be reviewed once plan and calculations received.
Corporate	Transport/travel	CORP22013	R		0 Red	Cash-Releasi	Non Pay	10,000	30.09.22: Reviewed with RN, AMW, PD, KS 05.09.22: Removed ahead of M5. Minimal, does not warrant a scheme-DW.	30.09.22: Reinstate scheme. Decision will be reviewed once calculations received.
Corporate	Technology: eliminate unwarranted variation in staffing	CORP22014	NR		0 Red	Cash-Releasi	Pay - Variable	540,000	30.09.22: Challenged in review (RN, AMW, PD, KS) 12.09.22: TW reviewed with DW and requested removal. (Underspend not proactive) 05.09.22: PID for n/r staff turnover to be developed. Responsibilities and capacity issues. Escalated to TW	Leave in. Underspend can be included in savings schemes. Consistent with other schemes (e.g. Finance underspend, Transformation vacancy slippage)
Corporate	Decarbonisation	CORP22011	R		0 Red	Cash-Releasi	Non Pay	100,000	30.09.22: Challenged in review. (RN, AMW, PD, KS) 12.09.22: TW reviewed with DW and requested removal. (Match funded) 05.09.22: PID to be developed. Responsibilities and capacity issues. Escalated to TW as agreed. Amount confirmed - RT	Leave in. Cost savings delivered through decarbonisation project can be reported as a savings scheme. Reduces funding requirement.
Corporate	Reduction in pay budget		0 R	Agreement to reduce pay in L001 (	Red	Cash-Releasi	Pay - Variable	50,000	30.09.22 Open queries. Escalated. PD email follow-up.	Combine CM with TW scheme of same
Provider - YG	Emergency Care - CAS Cards Storage	YG22004	R	Sanning of CAS Cards in offsite sto	Red	Cash-Releasi	Non Pay	2,500		
Provider - YG	Job Planning Review	YGC22004-01	R	Fully utilising Medical staffing DC	Red	Cash-Releasi	Pay - Other (P	50,000		Flagged as an issue (lack of resource). Define requirement, check whether part of Workforce IG - PJ
Total Month 5								**802,500**		
New schemes proposed:										
Corporate	Energy consumption reduction						TBA		30.09.22: Decision required-consumption reduction reported as a saving? 02.09.22: DW email to RT	Decision: Consumption reduction can be reported as a saving
Corporate	Finance budget underspend							276	Clarified in meeting with TW 30.09.22 Open queries. Escalated. PD email follow-up. 13.09.22 TW requested new scheme	30.09.22: 1) Underspend can be recorded as a saving (RN, AMW). 2) Await responses before adding scheme.
Corporate	VERS							200	05.10.22 Meeting with TW, he will find Business Cases and clarify calculations to be merged with the Corporate Pay Budget line above (£50k)	
								476		
Removed:										
Corporate	Rates rebates: 2017/2022	CORP22010	NR		0 Red	Cash-Releasi	Non Pay	25,000	30.09.22: Removed ahead of M5. No further income anticipated - DW	Leave out
Corporate	Renewal of E Job Plan Contract supported		0 NR	Contract renewed early suported b	Red	Cost Avoidan	Non Pay	90,000	06.10.22 DW reply received; approval to remove confirmed by RN 30.09.22 Await details	06.10.22: Remove
Corporate	Withdrawal from leased premises	CORP22009	R		0 Red	Cash-Releasi	Non Pay	20,000	30.09.22: Decision reviewed, confirmed 05.09.22: Request to remove scheme. No immediate plans to withdraw from leased properties.-DW	Retain scheme but push back and remove amount in 22/23
Corporate	Large site rationalisation (Abergele, ByN	CORP22008	R		0 Red	Cash-Releasi	Non Pay	100,000	30.09.22: Decision reviewed 05.09.22: Request to remove scheme. (Disposal of major sites unlikely in 22/23 - DW)	Retain scheme but push back and remove amount in 22/23
Corporate	Technology: energy management system	CORP22015	R		0 Red	Cash-Releasi	Non Pay	35,000	30.09.22: Decision challenged. 05.09.22: Scheme removed ahead of M5. Implementation unlikely to occur in 22/23-DW	Retain scheme but push back and remove amount in 22/23
Contracts	Income Generation Phase 1	CON22001	R	Through changes to the healthcare	Red	Income Gene	Non Pay	99,992	29.09.22: CM confirmed position	Decision made: Retain scheme but push back and remove amount in 22/23.
								270,000		

Divisional Savings – FY Forecast Month 6 & Gap

The full year forecast for transactional savings plans totals £15.2m including Red, Amber and Green Schemes and income generation. Further potential gains increases the total transactional savings forecast from £15.2m to £15.4m. The increase includes:

Total Improvement	Divisional Plans	Amber & Green	Red	Pipeline (Cash)	Accountancy Gains	Sub-Total	Total M6	Cash Releasing Target (Divisonal Transactional)	
1,458	Ysbyty Gwynedd	522	3	0	0	0	525	1,562	(1,037)
921	Ysbyty Glan Clwyd	522	50	0	0	0	572	1,976	(1,404)
1,301	Ysbyty Wrexham Maelor	1,158	-	0	0	0	1,158	1,586	(427)
3,679	**Hospital Sites**	**2,202**	**53**	**-**	**-**	**-**	**2,254**	**5,123**	(2,869)
866	North Wales Managed Services	1,257	-	0	0	0	1,257	1,793	(536)
748	Womens Services	860	-	0	0	0	860	688	173
5,293	**Secondary Care**	**4,319**	**53**	**-**	**-**	**-**	**4,371**	**7,604**	(3,232)
1,513	Area - West	2,083	-	0	0	0	2,083	1,470	613
3,208	Area - Centre	3,508	-	-	-	-	3,508	2,471	1,037
2,621	Area - East	2,511	-	-	207	207	2,718	2,540	178
235	Area - Other	235	-	0	0	0	235	118	118
-	Contracts & Provider Income	-	-	0	0	0	-	902	(902)
7,577	**Area Teams**	**8,336**	**-**	**0**	**207**	**207**	**8,543**	**7,501**	1,042
1,026	MHLD	1,056	-	0	0	0	1,056	307	750
1,473	Corporate	673	750	20	-	20	1,443	2,089	(647)
2,499	**Other**	**1,729**	**750**	**20**	**-**	**20**	**2,499**	**2,396**	103
-		-		0	0	0	-		0
15,369	**Total**	**14,383**	**803**	**20**	**207**	**227**	**15,413**	**17,500**	(2,087)

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Divisional Savings – FY Forecast Month 6 & Gap – IHC View

The full year forecast for transactional savings plans totals £15.2m including Red, Amber and Green Schemes and income generation.
Further potential gains increases the total transactional savings forecast from £15.2m to £15.4m.

Divisional Plans	Total Forecast (RAG)	Red	Pipeline (Cash)	Accountancy Gains	Sub-Total	Total M6	Cash Releasing Target (Divisonal Transactional)	
IHC East								
Ysbyty Wrexham Maelor	1,158	-			-	1,158	1,586	(427)
Area - East	2,511	-		207	207	2,718	2,540	178
	3,669	**-**	**-**	**207**	**207**	**3,876**	**4,126**	**(250)**
IHC Centre								
Ysbyty Glan Clwyd	522	50			-	572	1,976	(1,404)
Area - Centre	3,508	-			-	3,508	2,471	1,037
	4,029	**50**	**-**	**-**	**-**	**4,079**	**4,447**	**(367)**
IHC West								
Ysbyty Gwynedd	522	3			-	525	1,562	(1,037)
Area - West	2,083	-			-	2,083	1,470	613
	2,605	**3**	**-**	**-**	**-**	**2,607**	**3,032**	**(425)**
North Wales Managed Services	1,257	-			-	1,257	1,793	(536)
Womens Services	860	-			-	860	688	173
MHLD	1,056	-			-	1,056	307	750
Area - Other	235	-			-	235	118	118
Contracts & Provider Income	-	-			-	-	902	(902)
	3,408	**-**	**-**	**-**	**-**	**3,408**	**3,807**	**(399)**
Corporate	673	750	20		20	1,443	2,089	(647)
Total	**14,383**	**803**	**20**	**207**	**227**	**15,413**	**17,500**	**(2,087)**

Annexes

	Savings Target £000	Year to Date Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Forecast 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	803	69	(734)	22	474	(2,650)	48	522	1,301	3	0	3	25	525	(2,599)
Ysbyty Glan Clwyd	3,951	1,016	27	(989)	87	182	(3,769)	339	522	234	50	0	50	100	572	(3,379)
Ysbyty Wrexham Maelor	3,171	815	269	(546)	188	941	(2,230)	217	1,158	1,280	0	0	0	0	1,158	(2,013)
Total of hospitals	**10,246**	**2,635**	**366**	**(2,269)**	**297**	**1,597**	**(8,649)**	**605**	**2,202**	**2,814**	**53**	**0**	**53**	**125**	**2,254**	**(7,992)**
North Wales Managed Services	3,586	922	717	(205)	49	1,180	(2,406)	76	1,257	1,204	0	0	0	0	1,257	(2,329)
Womens Services	1,375	579	85	(494)	678	105	(1,270)	756	860	137	0	0	0	0	860	(515)
Secondary Care	**15,207**	**4,136**	**1,168**	**(2,968)**	**1,025**	**2,882**	**(12,325)**	**1,436**	**4,319**	**4,155**	**53**	**0**	**53**	**125**	**4,371**	**(10,836)**
Area - West	2,940	756	713	(43)	410	1,141	(1,799)	941	2,083	1,489	0	0	0	0	2,083	(857)
Area - Centre	4,942	1,271	1,200	(70)	1,049	2,337	(2,605)	1,171	3,508	2,564	0	0	0	0	3,508	(1,435)
Area - East	5,080	1,306	1,156	(151)	533	1,511	(3,569)	999	2,511	1,584	0	0	0	0	2,511	(2,569)
Area - Other	235	60	59	(2)	0	235	0	0	235	235	0	0	0	0	235	0
Contracts	1,804	464	0	(464)	0	0	(1,804)	0	0	0	0	0	0	0	0	(1,804)
Area Teams	**15,001**	**3,858**	**3,128**	**(729)**	**1,992**	**5,225**	**(9,776)**	**3,111**	**8,336**	**5,872**	**0**	**0**	**0**	**0**	**8,336**	**(6,665)**
MHLD	613	158	766	609	51	1,000	387	56	1,056	1,016	0	0	0	0	1,056	443
Corporate	4,179	1,074	164	(911)	297	354	(3,824)	319	673	562	160	590	750	160	1,423	(2,756)
Divisional Total	**35,000**	**9,226**	**5,226**	**(4,000)**	**3,365**	**9,462**	**(25,538)**	**4,922**	**14,383**	**11,605**	**213**	**590**	**803**	**285**	**15,186**	**(19,814)**

- Savings delivered in Month 6 totalled £2.1m against a target of £1.7m.
- YTD savings total £8.6m against a target of £9.2m.
- The proportion of recurring savings total only £5.2m.
- Transformational target profiled from M6 - lack of savings plan & delivery will start to cause an increasingly adverse variance against the target.
- £26.4m is still to be delivered over the remainder of the year.
- The FY Forecast has increased by £1m to £14.4m for Green schemes. £0.7m of the increase in month relates to three new green schemes.
- Including Red schemes the FY Forecast now totals £15.2m, up £800k from £14.4m in M5. The gap remains significant.
- There is confidence that the divisions will deliver to the £17.5m transactional target.
- Transformation savings plans still stand as nil - no assurance provided on schemes for current year.

Savings Achieved and Forecast v. Target
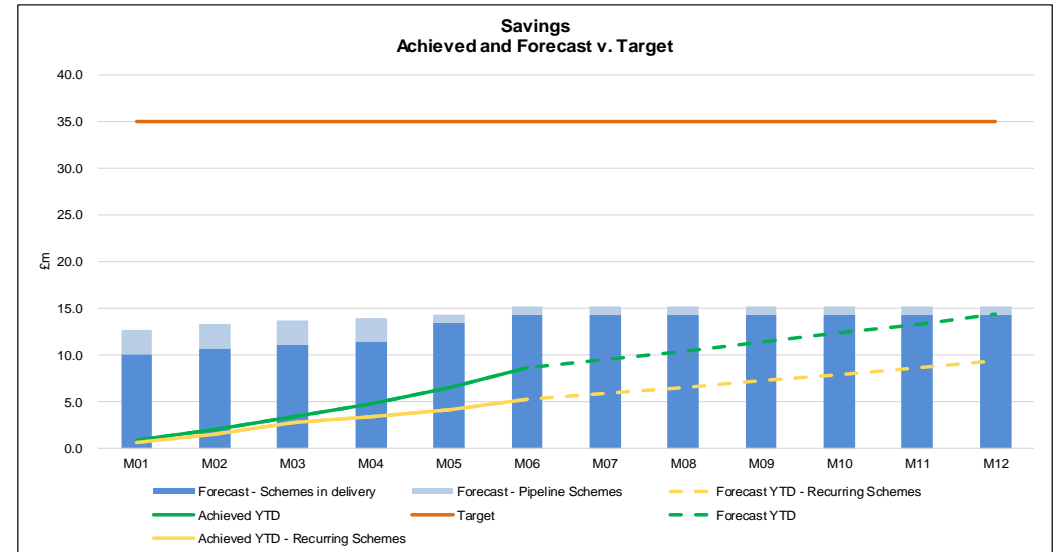
Annex 2: MR Narrative

Month	Narrative
6	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 £2.1m against £1.4m Plan.
	We started the year with savings identified and plans developed in the transactional area, which totalled £12.6m including red schemes. As at Month 6, Savings Schemes identified as Green total £13.6m and the full year forecast has increased to £14.4m. Including red schemes, for which assurance reviews must be completed, the FY Forecast totals £15.2m. Income Generation is not included in that number, the red scheme having been delayed. All Amber schemes have been converted to Green.
	The proportion of identified recurring savings are £9.7m including red schemes, with green recurring savings being reporting as £9.5m in the monitoring return.
	There is confidence that 50% of the total savings target will be delivered through transactional savings schemes.
	In parallel to the above, the development of transformational programmes and projects continues. Some progress has been reported with respect to mobilising the Improvement Groups cited in previous returns. However, savings have not been identified at this time. As such, there remains reduced assurance in this area of savings.
	The review of forecast outturn has resulted in the development of Financial Recovery Plan including options for consideration by the Executive.

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Annex 3: Variance Analysis

Divisional Savings – FY Plan vs FY Forecast at Month 6

FY Plan totals £14.4m

FY Forecast has increased from £14.4m in M5 to £15.2m in M6. £804k favourable variance to FY Plan shown below. £966k relates to Areas.

The Forecast for Providers has been reduced to reflect YTD under delivery on Medical & Nursing Agency.

Division	Scheme / Opportunity Title	Savings Scheme Number	RAG Rating	Recurrent / Non Recurrent	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings £	Sum of FOT Variance (£)	
Area - Centre	Procurement - Recurring	IGPROC22001-01	Green	R	66,752	46,489	-20,263	
Area - Centre	Procurement - Non Recurring	IGPROC22001-02	Green	NR	30,387	50,651	20,263	
Area - Centre	Dressings & Woundcare	IGMM22001-05	Green	R	100,000	88,000	-12,000	
Area - Centre	Savings truxima, biktarvy and descovy	IGMM22002-07	Green	R	10,431	2,642	-7,789	
Area - Centre	Non recurring financial accounting transaction – prescribing	AC22001-03	Green	NR	200,000	520,000	320,000	
Area - East	Meds Management scheme - AE Primary Care	IGMM22001-07	Green	R	190,000	300,857	110,857	
Area - East	CHC Cost containment	AE22004-01	Green	NR	600,000	570,000	-30,000	
Area - East	Procurement - Recurring	IGPROC22001-01	Green	R	70,456	38,435	-32,022	
Area - East	Procurement - Non Recurring	IGPROC22001-02	Green	NR	35,595	67,617	32,022	
Area - East	Dressings & Woundcare	IGMM22001-08	Green	R	100,000	80,000	-20,000	
Area - East	Grip and Control - Pay Agency Staffing	AE22006-01	Green	NR	240,000	265,000	25,000	
Area - East	Grip and Control - Non-Pay	AE22007-01	Green	NR	90,000	96,588	6,588	
Area - East	Savings truxima, biktarvy and descovy	IGMM22002-09	Green	R	10,431	14,406	3,975	
Area - West	Medicines Management - Primary Care - Reviews	IGMM22001-02	Green	R	175,000	269,121	94,121	
Area - West	Medicines Management - Primary Care - Cat M prices	IGMM22001-03	Green	R	484,000	161,333	-322,667	
Area - West	CHC Schemes	AW22003-01	Green	R	500,000	691,411	191,411	
Area - West	CHC Schemes - Backlog reviews	AW22004-01	Green	NR	150,000	735,611	585,611	
Area - West	Grip and control measures - pay	AW22006-01	Green	NR	150,000	169,080	19,080	
Area - West	Procurement - Recurring	IGPROC22001-01	Green	R	27,266	6,333	-20,933	
Area - West	Procurement - Non Recurring	IGPROC22001-02	Green	NR	15,530	36,463	20,933	
Area - West	Savings truxima, biktarvy and descovy	IGMM22002-06	Green	R	11,430	13,280	1,850	966,037
Corporate	Procurement - Recurring	IGPROC22001-01	Green	R	236,234	27,994	-208,240	
Corporate	Procurement - Non Recurring	IGPROC22001-02	Green	NR	28,831	206,832	178,002	
MHLD	Procurement - Recurring	IGPROC22001-01	Green	R	15,723	185	-15,538	
MHLD	Procurement - Non Recurring	IGPROC22001-02	Green	NR	10,084	55,860	45,776	
Provider - NW	Procurement - Recurring	IGPROC22001-01	Green	R	87,390	65,068	-22,322	
Provider - NW	Procurement - Non Recurring	IGPROC22001-02	Green	NR	53,837	76,159	22,322	
Provider - NW	Drug Patent Savings	NWP22001-01	Green	R	522,000	913,026	391,026	391,026

Divisional Savings – FY Plan vs FY Forecast at Month 6 – cont.

FY Plan totals £14.4m

FY Forecast has increased from £14.4m in M5 to £15.2m in M6. £804k favourable variance to FY Plan shown below. £966k relates to Areas.

The Forecast for Providers has been reduced to reflect YTD under delivery on Medical & Nursing Agency.

Division	Scheme / Opportunity Title	Savings Scheme Number	RAG Rating	Recurrent / Non Recurrent	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings £	Sum of FOT Variance (£)	
Provider - YG	Medicine - Dressings and Continence Supplies	YG22002-01	Green	R	18,750	12,501	-6,249	
Provider - YG	Medicine - Oxygen Therapy	YG22003-01	Green	R	18,750	13,500	-5,250	
Provider - YG	YG Management - Roster Efficiency	YG22006-01	Green	R	66,000	44,001	-21,999	
Provider - YG	YG Management - Redeployments	YG22007-01	Green	R	32,000	60,678	28,678	
Provider - YG	YG Management - Reduction in Sickness	YG22008-01	Green	R	24,000	16,000	-8,000	
Provider - YG	Procurement - Recurring	IGPROC22001-01	Green	R	139,372	143,884	4,513	
Provider - YG	Procurement - Non Recurring	IGPROC22001-02	Green	NR	52,687	48,174	-4,513	
Provider - YG	Medical Agency Reduction	YG22009-01	Green	R	350,000	140,000	-210,000	
Provider - YG	Savings truxima	IGMM22002-02	Green	R	2,943	2,207	-736	
Provider - YGC	Medical Agency	YGC22001-01	Green	NR	250,000	134,796	-115,204	
Provider - YGC	Nurse Agency	YGC22002-01	Green	NR	250,000	83,333	-166,667	
Provider - YGC	Admin Agency	YGC22003-01	Green	NR	50,000	12,500	-37,500	
Provider - YGC	Sickness Management	YGC22005-01	Green	NR	50,000	12,500	-37,500	
Provider - YGC	Procurement - Recurring	IGPROC22001-01	Green	R	176,029	170,647	-5,383	
Provider - YGC	Procurement - Non Recurring	IGPROC22001-02	Green	NR	60,917	66,300	5,383	
Provider - YGC	Savings truxima	IGMM22002-03	Green	R	3,924	11,471	7,547	
Provider - YMW	Medical staffing - agency reduction	YMW22005-01	Green	R	75,000	95,000	20,000	
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22002-01	Green	R	250,000	174,500	-75,500	
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22006-01	Green	R	200,000	249,126	49,126	
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22013-01	Green	R	150,000	50,000	-100,000	
Provider - YMW	Theatres performance	YMW22008-01	Green	R	40,000	34,000	-6,000	
Provider - YMW	Sterile Services - Review staffing structure and sustained change	YMW22010-01	Green	R	20,000	35,832	15,832	
Provider - YMW	Procurement - Recurring	IGPROC22001-01	Green	R	162,830	168,766	5,936	
Provider - YMW	Procurement - Non Recurring	IGPROC22001-02	Green	NR	57,600	51,664	-5,936	
Provider - YMW	Savings truxima	IGMM22002-05	Green	R	10,791	14,675	3,884	-665,537
Womens	Medical Agency	WOM22002-01	Green	R	60,000	70,000	10,000	
Womens	CoCH Contract - 21/22 unachieved due to block contract	WOM22001-01	Green	R	107,496	0	-107,496	
Womens	Procurement - Recurring	IGPROC22001-01	Green	R	7,081	4,637	-2,444	
Womens	Procurement - Non Recurring	IGPROC22001-02	Green	NR	4,532	6,975	2,444	
Womens	Vacancy FactorVacancy Factor - Administration	WOM22003-01	Green	NR	38,000	88,000	50,000	
Womens	Vacancy Factor - HCA	WOM22004-01	Green	NR	47,000	128,000	81,000	
Womens	Vacancy Factor - RGN & Midwifery	WOM22005-01	Green	NR	220,000	236,000	16,000	
Womens	Pension Scheme FPC Reassessment	WOM22007-01	Green	NR	234,149	296,628	62,479	111,983
Grand Total					**7,441,229**	**8,244,737**	**803,509**	**803,509**

Divisional Savings – YTD Actual vs YTD Plan Variances - Month 6 Amber and Green Schemes Only

YTD Actuals £8.6m.

£1.6m favourable variance against YTD Plan as per the Plans submitted by Divisions. Mainly relates to the 3 Areas, MHLD and Cancer Drugs.

£0.6m adverse variance against YTD Target of £9.2m due to flat profile. Recommended that this is re-profiled in line with phased plans.

Division	Scheme / Opportunity Title	Savings Scheme Number	RAG Rating	Recurrent / Non Recurrent	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings £	Sum of FOT Variance (£)	Sum of YTD Planned Profile (£)	Sum of YTD Ach'mnt (£)	Sum of YTD Variance (£)	
Area - Centre	Medicines Management	IGMM22001-04	Green	R	816,000	816,000	0	408,000	496,644	88,644	
Area - Centre	Procurement - Recurring	IGPROC22001-01	Green	R	66,752	46,489	-20,263	18,640	747	-17,893	
Area - Centre	Procurement - Non Recurring	IGPROC22001-02	Green	NR	30,387	50,651	20,263	15,194	35,457	20,263	
Area - Centre	Dressings & Woundcare	IGMM22001-05	Green	R	100,000	88,000	-12,000	40,000	18,000	-22,000	
Area - Centre	Savings truxima, biktarvy and descovy	IGMM22002-07	Green	R	10,431	2,642	-7,789	3,477	1,069	-2,408	
Area - Centre	Non recurring financial accounting transaction – prescribi	AC22001-03	Green	NR	200,000	520,000	320,000	200,000	520,000	320,000	
Area - Centre	CHC Transactional Cost containment, including CHC Mana	AC22006-01	Green	NR	600,000	600,000	0	346,000	493,684	147,684	
Area - East	Meds Management scheme - AE Primary Care	IGMM22001-07	Green	R	190,000	300,857	110,857	96,000	194,497	98,497	
Area - East	CHC Cost containment	AE22004-01	Green	NR	600,000	570,000	-30,000	300,000	266,699	-33,301	
Area - East	CHC Management & Trigger Tool	AE22005-01	Green	R	300,000	300,000	0	150,000	171,000	21,000	
Area - East	Procurement - Recurring	IGPROC22001-01	Green	R	70,456	38,435	-32,022	22,194	774	-21,419	
Area - East	Procurement - Non Recurring	IGPROC22001-02	Green	NR	35,595	67,617	32,022	17,798	49,819	32,022	
Area - East	Dressings & Woundcare	IGMM22001-08	Green	R	100,000	80,000	-20,000	20,000	0	-20,000	
Area - East	Grip and Control - Pay Agency Staffing	AE22006-01	Green	NR	240,000	265,000	25,000	120,000	152,433	32,433	
Area - East	Grip and Control - Non-Pay	AE22007-01	Green	NR	90,000	96,588	6,588	30,000	63,918	33,918	
Area - East	Savings truxima, biktarvy and descovy	IGMM22002-09	Green	R	10,431	14,406	3,975	3,477	11,708	8,231	
Area - West	Medicines Management - Primary Care - Reviews	IGMM22001-02	Green	R	175,000	269,121	94,121	87,500	158,508	71,008	
Area - West	Medicines Management - Primary Care - Cat M prices	IGMM22001-03	Green	R	484,000	161,333	-322,667	242,000	161,333	-80,667	
Area - West	CHC Schemes	AW22003-01	Green	R	500,000	691,411	191,411	250,000	382,132	132,132	
Area - West	CHC Schemes - Backlog reviews	AW22004-01	Green	NR	150,000	735,611	585,611	75,000	296,611	221,611	
Area - West	Grip and control measures - pay	AW22006-01	Green	NR	150,000	169,080	19,080	75,000	84,540	9,540	
Area - West	Procurement - Recurring	IGPROC22001-01	Green	R	27,266	6,333	-20,933	7,960	286	-7,675	
Area - West	Procurement - Non Recurring	IGPROC22001-02	Green	NR	15,530	36,463	20,933	7,765	28,698	20,933	
Area - West	Savings truxima, biktarvy and descovy	IGMM22002-06	Green	R	11,430	13,280	1,850	3,810	10,975	7,165	1,059,717
Corporate	Procurement - Recurring	IGPROC22001-01	Green	R	236,234	27,994	-208,240	84,124	530	-83,593	
Corporate	Procurement - Non Recurring	IGPROC22001-02	Green	NR	28,831	206,832	178,002	14,415	192,417	178,002	
MHLD	Right Care Programme	MH22001-01	Green	R	1,000,000	1,000,000	-0	500,000	766,281	266,281	
MHLD	Procurement - Recurring	IGPROC22001-01	Green	R	15,723	185	-15,538	4,496	185	-4,310	
MHLD	Procurement - Non Recurring	IGPROC22001-02	Green	NR	10,084	55,860	45,776	5,042	50,818	45,776	
Provider - NW	Procurement - Recurring	IGPROC22001-01	Green	R	87,390	65,068	-22,322	24,611	7,144	-17,467	
Provider - NW	Procurement - Non Recurring	IGPROC22001-02	Green	NR	53,837	76,159	22,322	26,918	49,240	22,322	
Provider - NW	Drug Patent Savings	NWP22001-01	Green	R	522,000	913,026	391,026	261,000	608,684	347,684	754,694

Divisional Savings – YTD Actual vs YTD Plan Variances - Month 6 – cont. Amber and Green Schemes Only

YTD Actuals £8.6m.

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£0.6m adverse variance against YTD Target of £9.2m due to flat profile. Recommended that this is re-profiled in line with phased plans.

Division	Scheme / Opportunity Title	Savings Scheme Number	RAG Rating	Recurrent / Non Recurrent	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings £	Sum of FOT Variance (£)	Sum of YTD Planned Profile (£)	Sum of YTD Ach'mnt (£)	Sum of YTD Variance (£)	
Provider - YG	Medicine - Dressings and Continence Supplies	YG22002-01	Green	R	18,750	12,501	-6,249	6,249	0	-6,249	
Provider - YG	Medicine - Oxygen Therapy	YG22003-01	Green	R	18,750	13,500	-5,250	6,249	3,000	-3,249	
Provider - YG	YG Management - Roster Efficiency	YG22006-01	Green	R	66,000	44,001	-21,999	21,999	0	-21,999	
Provider - YG	YG Management - Redeployments	YG22007-01	Green	R	32,000	60,678	28,678	14,545	33,678	19,133	
Provider - YG	YG Management - Reduction in Sickness	YG22008-01	Green	R	24,000	16,000	-8,000	8,000	0	-8,000	
Provider - YG	Procurement - Recurring	IGPROC22001-01	Green	R	139,372	143,884	4,513	40,213	12,913	-27,300	
Provider - YG	Procurement - Non Recurring	IGPROC22001-02	Green	NR	52,687	48,174	-4,513	26,343	21,831	-4,513	
Provider - YG	Savings truxima	IGMM22002-02	Green	R	2,943	2,207	-736	981	0	-981	
Provider - YGC	Medical Agency	YGC22001-01	Green	NR	250,000	134,796	-115,204	125,000	51,463	-73,537	
Provider - YGC	Nurse Agency	YGC22002-01	Green	NR	250,000	83,333	-166,667	125,000	0	-125,000	
Provider - YGC	Admin Agency	YGC22003-01	Green	NR	50,000	12,500	-37,500	25,000	0	-25,000	
Provider - YGC	Sickness Management	YGC22005-01	Green	NR	50,000	12,500	-37,500	25,000	0	-25,000	
Provider - YGC	Procurement - Recurring	IGPROC22001-01	Green	R	176,029	170,647	-5,383	50,312	15,902	-34,410	
Provider - YGC	Procurement - Non Recurring	IGPROC22001-02	Green	NR	60,917	66,300	5,383	30,459	35,841	5,383	
Provider - YGC	Savings truxima	IGMM22002-03	Green	R	3,924	11,471	7,547	1,308	11,471	10,163	
Provider - YMW	Medical staffing - agency reduction	YMW22005-01	Green	R	75,000	95,000	20,000	0	20,000	20,000	
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22002-01	Green	R	250,000	174,500	-75,500	125,000	49,500	-75,500	
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22006-01	Green	R	200,000	249,126	49,126	66,667	115,792	49,126	
Provider - YMW	Nurse staffing - agency reduction/overseas nursing	YMW22013-01	Green	R	150,000	50,000	-100,000	75,000	12,500	-62,500	
Provider - YMW	Theatres performance	YMW22008-01	Green	R	40,000	34,000	-6,000	18,000	12,000	-6,000	
Provider - YMW	Sterile Services - Review staffing structure and sustained	YMW22010-01	Green	R	20,000	35,832	15,832	9,996	20,832	10,836	
Provider - YMW	Procurement - Recurring	IGPROC22001-01	Green	R	162,830	168,766	5,936	48,591	14,868	-33,723	
Provider - YMW	Procurement - Non Recurring	IGPROC22001-02	Green	NR	57,600	51,664	-5,936	28,800	22,864	-5,936	
Provider - YMW	Savings truxima	IGMM22002-05	Green	R	10,791	14,675	3,884	3,597	7,481	3,884	-420,372
Womens	Medical Agency	WOM22002-01	Green	R	60,000	70,000	10,000	24,000	70,000	46,000	
Womens	CoCH Contract - 21/22 unachieved due to block contract	WOM22001-01	Green	R	107,496	0	-107,496	53,748	0	-53,748	
Womens	Procurement - Recurring	IGPROC22001-01	Green	R	7,081	4,637	-2,444	2,027	252	-1,774	
Womens	Procurement - Non Recurring	IGPROC22001-02	Green	NR	4,532	6,975	2,444	2,266	4,710	2,444	
Womens	Vacancy FactorVacancy Factor - Administration	WOM22003-01	Green	NR	38,000	88,000	50,000	23,000	73,000	50,000	
Womens	Vacancy Factor - HCA	WOM22004-01	Green	NR	47,000	128,000	81,000	27,000	108,000	81,000	
Womens	Vacancy Factor - RGN & Midwifery	WOM22005-01	Green	NR	220,000	236,000	16,000	180,000	196,000	16,000	
Womens	Pension Scheme FPC Reassessment	WOM22007-01	Green	NR	234,149	296,628	62,479	234,149	296,628	62,479	202,400
Grand Total					**9,807,229**	**10,820,737**	**1,013,508**	**4,888,918**	**6,485,358**	**1,596,440**	**1,596,440**

Annex 4: Comparative & Trend Analysis

FY Plan & Forecast: Comparison – Areas

£'000's	FY PLAN					FY FCST (M6)			
	West	**Centre**	**East**	**Total**		**West**	**Centre**	**East**	**Total**
Medicines Management	670	826	978	2,475		444	819	1,093	2,355
Dressings		100	100	200			88	80	168
CHC	650	600	900	2,150		1,427	600	870	2,897
Procurement	43	97	106	246		43	97	106	246
Community Equipment and Consumables/ G&C non-pay		70	90	160			70	97	167
Pay Related	150	1,036	240	1,426		169	1,036	265	1,470
Other		279		279			279		279
Sub-Total	**1,513**	**3,008**	**2,414**	**6,935**		**2,083**	**2,988**	**2,511**	**7,581**
Accountancy Gains		200	207	407		-	520	-	520
Total	**1,513**	**3,208**	**2,621**	**7,342**		**2,083**	**3,508**	**2,511**	**8,101**
Target against £17.5m	**1,470**	**2,471**	**2,540**	**6,481**		**1,470**	**2,471**	**2,540**	**6,481**
Difference	**43**	**736**	**81**	**861**		**613**	**1,037**	**(29)**	**1,620**

FY Plan & Forecast : Comparison - Providers

£'000's	FY PLAN				FY FCST (M6)			
	YG	YGC	YMW	Total	YG	YGC	YMW	Total
Medicines Management	7	4	20	31	7	11	24	42
Medicine	38			38	26			26
SACC	13			13	13			13
Procurement	192	237	220	649	192	237	220	649
Pay Related	496	680	810	1,986	285	273	713	1,271
Theatres			25	25			25	25
Outpatients			**	-			**	-
Other	3		175	178	-		175.387	175
Sub-Total	**748**	**921**	**1,251**	**2,920**	**522**	**522**	**1,158**	**2,202**
Target against £17.5m	**1,563**	**1,976**	**1,586**	**5,125**	**1,563**	**1,976**	**1,586**	**5,125**
Difference	**(815)**	**(1,055)**	**(335)**	**(2,205)**	**(1,041)**	**(1,454)**	**(428)**	**(2,923)**

Divisional Savings – FY Plan vs Prior Years and Target

Notable % variances against current year (transactional) target:

- YG
- YGC
- NW Managed Services
- Corporate

Compare Area targets to prior years:

- West
- Centre
- East
- MHLD (System capacity, cost pressures, vacancies and workforce availability)

£'000's	Delivered				Plan	Target	Delivered as a % of Transactional Target				Plan
	2018-19	2019-20	2020-21	2021-22	2022-23	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23*
Ysbyty Gwynedd	1,928	2,384	1,051	426	1,091	1,562	61%	81%	25%	23%	47%
Ysbyty Glan Clwyd	3,121	2,143	540	364	917	1,976	84%	56%	11%	17%	46%
Ysbyty Wrexham Maelor	2,179	1,682	847	1,155	1,115	1,586	66%	64%	19%	60%	70%
North Wales Managed Services	2,713	2,276	1,311	1,274	866	1,793	76%	87%	30%	91%	48%
Womens Services	921	1,516	249	614	514	688	77%	143%	14%	105%	75%
Secondary Care Divisional	-	-	-	-	-						
Secondary Care	**10,863**	**10,002**	**3,998**	**3,833**	**4,153**	**7,604**	**72%**	**76%**	**20%**	**49%**	**55%**
Area - West	5,661	4,704	2,298	2,615	1,502	1,470	113%	144%	52%	189%	102%
Area - Centre	5,885	4,863	3,281	4,155	2,397	2,471	108%	98%	51%	219%	97%
Area - East	6,058	5,990	4,281	4,635	2,399	2,540	95%	122%	66%	249%	94%
Area - Other	458	680	300	326	-	118	100%	211%	49%	139%	0%
Contracts	-	500	-	-	100	902					
Area Teams	**18,062**	**16,736**	**10,160**	**11,731**	**6,398**	**7,501**	**104%**	**120%**	**54%**	**184%**	**85%**
MHLD	4,123	5,865	3,240	1,784	1,026	307	54%	162%	324%	212%	335%
Corporate	5,300	2,328	993	1,812	1,436	2,089	106%	54%	18%	95%	69%
Divisional Total	**38,348**	**34,932**	**18,391**	**19,161**	**13,013**	**17,500**	**85%**	**100%**	**41%**	**113%**	**74%**

*Reflects target of £17.5m

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

Teitl adroddiad: *Report title:*	Divisional Operational report - East Integrated Health Care (IHC)
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 27 October 2022
Crynodeb Gweithredol: *Executive Summary:*	Following the August review of the Finance and Performance reports, members of PFIG requested for the East IHC to attend the committee on the 27th October and provide a Divisional Operational Finance, Performance and Assurance report. The following report provides an update on the actions undertaken and underway to establish good governance and controls within the newly formed East IHC division. It includes details of the Key Lines of Enquiry (KLOE) undertaken, an update on the Workforce and Finance position as at Month 06 2022/23 (30th September 2022) and also provides an update on Quality and Timely Care matters.
Argymhellion: *Recommendations:*	It is recommended that the report is noted.
Arweinydd Gweithredol: *Executive Lead:*	Gill Harris, Deputy Chief Executive and Executive Director of Integrated Clinical Services
Awdur yr Adroddiad: *Report Author:*	Ian Donnelly, Integrated Health Care Director of Operations East

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 goals of attaining quality, safety and performance standards and objectives within the financial and staffing resources available to the East IHC Division.
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)*	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*	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)	Corporate Risk Register – provide assurance that the newly formed East IHC is working within Health Board established governance policies and procedures.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol Not applicable

Reason for submission of report to confidential board (where relevant)	
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *Implementation of recommendations Not Applicable.*	
Rhestr o Atodiadau: *List of Appendices: None*	

PFIGC 27th October Update

East Integrated Health Community Divisional Operational PFIG Report

East

GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

East Integrated Health Community

KLOE

Success

Medicine Optimisation
TOTAL SAVINGS
£1,010,800
912 bed days saved

Medicine management QI on an acute medical
- In the first week of audit there were 4.8 omissions per patient

- Following on from the ten-week improvements this reduced to 0.18 omissions per patient

Development of the Advance Practice ACP team at Wxm ED now linked to the MIU

Plas G re-development and creation of the UTC with integrated UPCC

Development of the Hep C programme within the prison

VCHA Accreditation and launch of the Veterans Poppy

Falls joint work with WAST

Future one stop recruitment drive for facilities

Front Door Frailty Model improvement

HIMP/HIW Review of HMP Berwyn

HIW Visit of Wxm Maelor ED

Medicines Management – Antimicrobial Optimisation

Antimicrobial Stewardship (AMS): a system wide approach to promoting and monitoring judicious use of antimicrobials to preserve the future effect

Number of Interventions

Savings

Cumulative Total of antimicrobial interventions (Nov 2020 - Sept 2022)

Cumulative costs savings of antimicrobial interventions (Nov 2020 - Sept 2022)
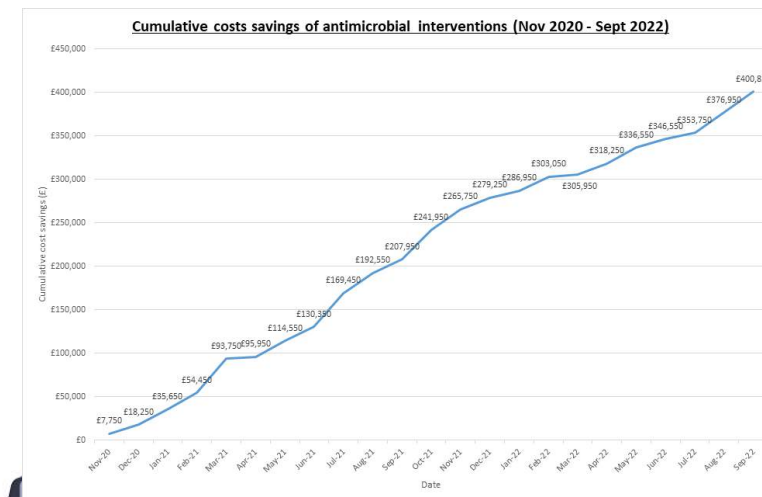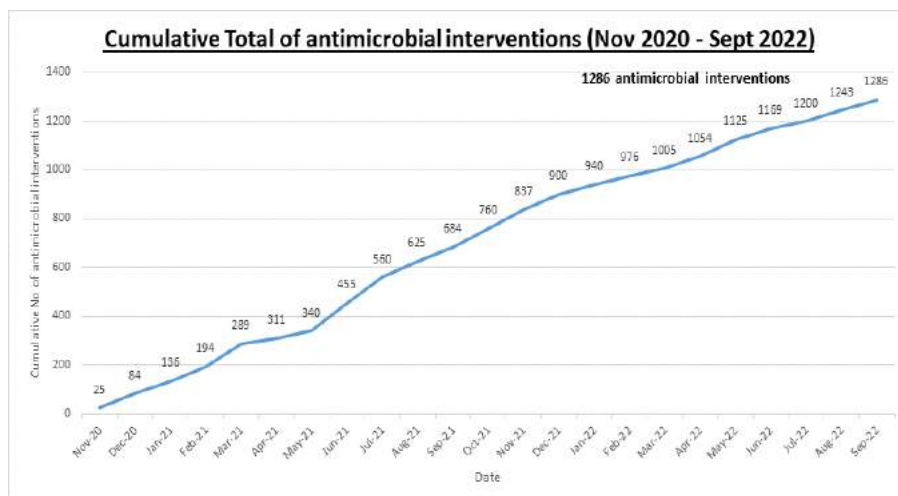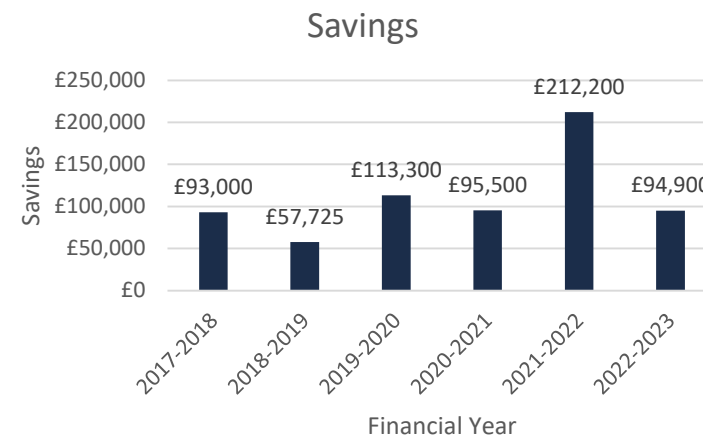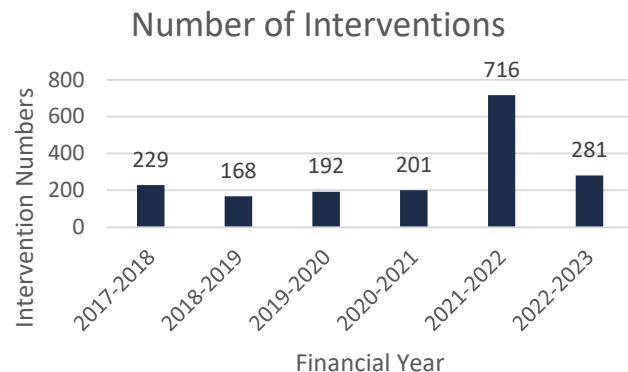
Medicines Management – Antimicrobial Optimisation

Dalbavancin Use - Savings
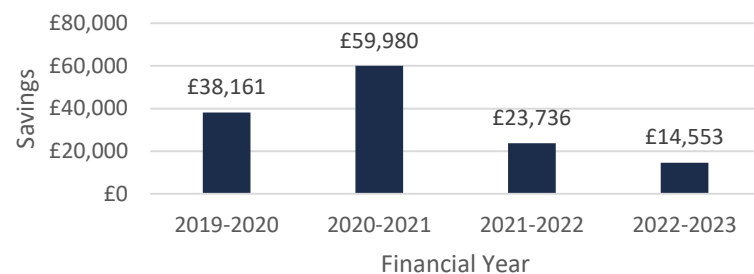
Dalbavancin Use – Bed Days Saved
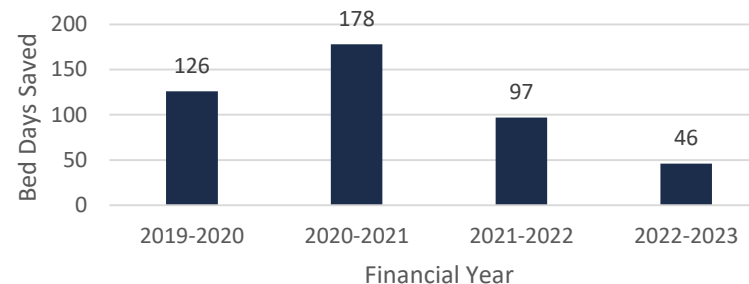
OPAT Use - Savings
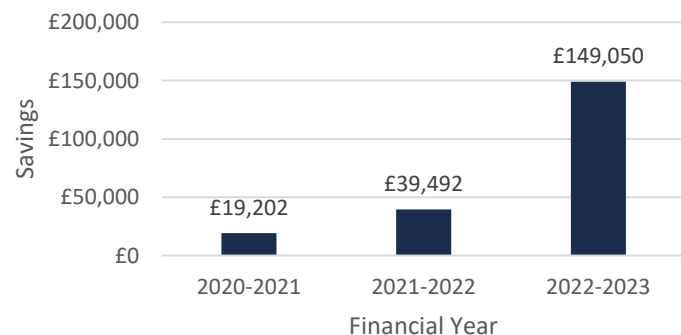
OPAT Use – Bed Days Saved
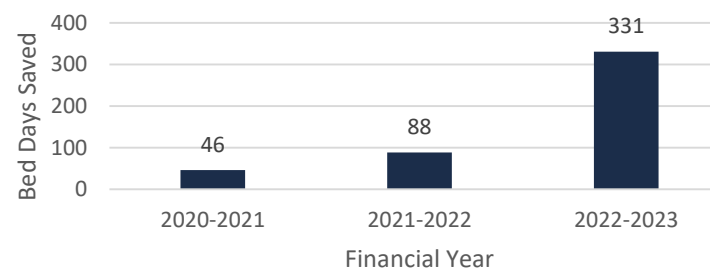
TOTAL SAVINGS
£1,010,800
912 bed days saved

Targeted Intervention - What are you doing in the service to support TI?

Primary Care
- A specific Improvement Programme with dedicated projects on Access, Recruitment & Retention, Communication & Engagement and Structures and Budgets – focusing on Managed Practices
- Wider GMS and Accelerated Cluster Development project to support all Practices

Childrens
- CAMHS projected recovery position being met although increasingly challenging due to staffing
- ED, C&YP continue to work jointly with ED to improve C&YP experience, including direct streaming, joint training and exploration of joint posts.

Facilities
- Funding for 32.5wte additional Domestic Services hours and 1wte Domestic Supervisor allocated by BCUHB to enable the department to achieve higher cleaning frequencies specified in All Wales Covid 19 Addendum, Key Standards for Environmental Cleanliness. To date 10.78wte appointments have been made
- Additional hours of Domestic services have been allocated to ED, WMH increasing by 58% to provide 24 hour cover to the Department
- Portering cover to ED has also been increased by 66% to provide extra coved during particularly busy times of the day

Acute
- 2 key focus areas are Urgent Care and Planned Care, action plans for both. D&C models and weekly performance update for planned care, with 12 Access meetings a month. Reviewing trajectories against actions for ED performance/urgent care/LOS/discharge, new front door frailty service, criteria led discharge

Therapies
- We are working within ED to reduce admissions and reduce length of stay via both the CRT and the new frailty services plan
- We manage their own paediatric waiting lists in line with WG targets however, also join pan BCU children's and CAMHS meetings to input as required.

Prescribing
- GP and community pharmacy prescribing initiatives, oxygen prescribing

HMP Berwyn - Not targeted intervention but:
Dental waiting times:
- Waiting times for all services are reviewed and monitored each month at the Quality, Safety and Performance meetings which includes health and prison membership.
- A full-time recruitment officer in post to support timely recruitment to vacant clinical posts.
- Funding for a routine care dental waiting list initiative of temporarily increasing dentist capacity to clear the backlog has been approved which includes the recruitment of an additional clinical resource to increase capacity for the duration of the initiative. The delivery of this initiative is dependent upon the recruitment of the additional clinicians.
- The Health Team will monitor Attendance Rates at the Monthly Local Health Delivery Group Meeting, and a specific Improvement Sub-Group has been set up to run alongside the changes to Movement and Support Resource in order to monitor and drive improvement.

Development of Operational Governance – how is this progressing in line with expectations?

Primary Care
- Individual Monthly Managed Practice Accountability Meetings established

Acute
- Aligning Medicine to Community, joint temp post

Childrens
- With C&YP teams historical actions continue until establishment of new process with C&YP SMT acting in lieu of Area oversight, while still using regional Clinical Advisory Groups and Children's Service Group meetings.

Quality
- Quality and Safety accountability framework completed and implemented. Shared with West and Centre IHC.
- IHC reporting now feeding into key PAN BCU and Board assurance meetings for quality.

Operational
- 6 delivery groups set up and shared West and Centre also with PM
- Accountability Meetings set up

Facilities
- Teams query around corporate governance and oversight with director of estates or regional delivery
- EIHC team embedded into new structure

Therapies
- Working within the IHC to develop the governance structure. Pan BCU arrangements and local arrangements continue as pre East IHC with the Betsi wide Therapy Strategic Performance Group (SPG) and the East Therapy Management Group (TMG). TMG will be the forum for sharing of information down from the IHC and up from local therapy services.

Prescribing
- Still developing. Some pan BCU structures already in place eg PSQ meeting, D+T. East pharmacy services developing more locally where it is felt it is required to feed in to both IHC and pan-BCU structures.

HMP Berwyn
- Introduction of a weekly Prescribers Forum to support all prescribers by providing multi-disciplinary discussion around complex prescribing decisions
- On arrival at HMP Berwyn should the GP assess concerns regarding the safety or appropriateness of secondary care initiated mental health medicines, these will be referred to the mental health team prescriber for early review and clinical decision.
- The prescriber will provide a clear explanation to the patient explaining reasons for prescribing decisions. Patient information will be available to all patients explaining the rationale behind HMP Berwyn's medicines management strategy.
- Introduce an increased psychiatry resource to support timely review of secondary care initiated mental health medicines.
- The Head of Healthcare will oversee governance of prescribing at HMP Berwyn through the MMG.

Note; review slide 7, 8, 9 for information

What assurance and evidence can you provide that consistent due regard is given to the statutory Public Sector Equality Duty and the Socio-economic Duty, to evidence that services are inclusive and comply with equality related legislation?

Primary Care
- Dedicated Engagement project to ensure we involved patients from all backgrounds within our services

Acute
- Aligned to BCU guidance, all SACT Directorate plans within the IMTP and Business & Operational Plans 23/24 will have robust required documentation such as, EQIA & SIA's to develop and underpin programme and delivery plans.
- Hepatology, sexual health, blood borne virus SLAs with HMP B
- Screening for Ukrainian families
- Pulmonary outreach

Nursing
- Local workforce investigation under respect and resolution policy where there have been allegations involving potentially discriminatory language in progress.
- Work between all services to support access to healthcare for patients with learning disabilities (anaesthetic list, planning 'unscheduled' care needs)
- Valuing of our older workforce through supporting retire and return
- Focused rehabilitation programmes in HMP Berwyn providing education, employment and access to healthcare.
- Promotion of support available for staff in the current climate of financial hardship (betsi page, confidential supportive conversations)

Estates
- Staff generally do not have access to IT, so a workshop recruitment day planned and use of local papers for advertisement, to reach those potential employees who do not have access to IT
- Linkage for rehabilitation of prisoners with HMP Berwyn into catering and facilities, initial conversations

Therapies
- Triage and admission to therapy service is based on clinical prioritisation.
- Public health services focus on areas of greatest need based on socio economic data. New services are subject to EQIA processes.
- Public health dietetic services in particular are focussed in areas of greatest need with projects providing vitamins supplements to young children, focussing healthy eating and cookery groups and supporting weight management groups.

Prescribing
- Pharmacy services available to all. Increasing services provided by community pharmacy aim to provide increased access to health care for lower soci-economic sectors of the community. Pan BCU HIV and Hep C services to target particularly at-risk and hard to engage groups of patients.

Veterans
- Step into Health Pledge signed
- Work with local reservist recruitment agency to promote BCUHB as a place to work at joint meetings

HMP Berwyn
- All health care delivered within HMP Berwyn complies with section 149 of the Equality Act 2010 and HSCA 2012 Which states that all patients within secure settings receive the same quality and access of health care as those people in the community both in terms of the range of interventions available to them which meets their needs and the quality and standards of those interventions.

Therapies
- We are working within ED to reduce admissions and reduce length of stay via both the CRT and the new frailty services plan
- We manage their own paediatric waiting lists in line with WG targets however, also join pan BCU children's and CAMHS meetings to input as required.

What are you doing to seek pan-BCU solutions to issues common across the sites in terms of recruitment?

Primary Care
- Working with the Academy to develop a number of clinical roles
- Plan to establish a Training Hub at Managed Practice with the East IHC

Acute
- We are currently streamlining recruitment for students and overseas staff. We have meet once a month with Finance colleagues to ensure all vacancies are progressed in a timely manner and report this via our monthly HR clinics and F&P meetings.
- Erddig ward is on a recruitment and retention programme / action plan led by Associate Director of Nursing Integrated Health Community (East).
- Theatres and ITU are planning a joint recruitment day to be held during quarter 3.
- Inclusion in corporate recruitment events
- Development of career pathways for our emergency care staff including development of trainee ACP programme that can be adopted pan BCU if pilot is successful
- Pastoral support programmes heavily supported by practice development teams for overseas recruits

Estates
- Planning recruitment round robin open day – One Stop Shop

All
- Continual review of flexible working to ensure we are an accommodating employer
- Rotational opportunity to support hard to recruit to services being explored eg; HMP Berwyn
- Increased student placements to support recruitment pipeline
- Hosting of none BCU commissioned providers for clinical placements
- Participation in PNA BCU recruitment and retention group
- Work with corporate education team to increase learning opportunities to extend skills of none registered support staff
- Grow our own future staff – apprentice roles will be explored

Childrens
- The utilisation of the CAGs and CSG meetings enable the IHCs to share and learn from each other re best practice.
- Regional meetings between leadership teams, AAD, HON's and CSM/Matrons to identify common themes and solutions used.

Therapies
- We are discussing options of a recruitment drive similar to that done previously for medical and nursing colleagues – no plans are in place yet, it will be a focus for the SPG this year. Close collaboration with the two universities in North Wales that offer therapy courses helps to attract new graduates.
- HMP Berwyn
- Recruitment and retention has been identified as the main risk for HMP Berwyn at T1 this is due to difficulty in recruiting General Nurses and Health care assistants to a custodial environment and the national shortages of nurses.
- We are working with shared services to ensure timely advertising of critical posts on a rolling system.
- A full review of job descriptions and adverts has been completed.
- We have approached multiple agencies to provide short term cover while recruitment is ongoing we have worked with HR and BCU bank office to try and recruit internally from within BCU.
- We have arranged an open day to provide potential applicants a tour and to speak with staff and then conduct an interview as part of the day if interested in a post.

Prescribing
- Pan-BCU pharmacy recruitment drive already in action with social media and large publicity campaign ongoing. Single set of generic JD and PS in place and used across all IHCs. Three Directors of Pharmacy meet weekly to discuss issues and plan as one.

What are the key risks, and are there any emergent risks not yet on the corporate risk register?

Primary Care
- Reducing the Reliance on Agency GP staff across Managed Practices
- Sustainability of GMS Partnerships – specifically pressures on staffing, energy and rental costs

All
- The socio economic impact on patients and staff that will be faced this Winter period as a direct result of the cost of living rises. For example, difficulty in discharge as there may be a challenge in individuals heating their homes, patients attending who may be hypothermic and malnourished, staff who may not eat during shift or be able to afford petrol for transport (mileage costs), staff absence may rise, staff may request increase in hours due to financial pressures but have challenging circumstances that restrict the ability to meet this commitment.
- Potential industrial action

Estates
- Escalated to Tier 1. not yet accepted by Risk Management Group – Estates backlog maintenance. Going out for an Externally Managed provision of Residential Accommodation including 'duty holder' responsibility, day to day fully managed service is one of the solutions, this is still to be reviewed by the EIHC team

Childrens - Tier 1 risks
- CAMHS and Neurodevelopment
- Emergent risks predominately workforce related:
  - Replacement for leavers (both in terms of capacity and experience)
  - Workforce age in specific teams (Medical, Community teams)
  - Competition: increase in agile working patterns, enabling external companies to offer higher salaries while not requiring staff to relocate from home base.

Therapies
- Accommodation, recruitment.
- Emergent risks – increasing costs of equipment particularly within Posture and Mobility Service.

Acute
- Access to timely emergency care
- Bed blocking
- ED waiting room and long waits for beds
- Car parking
- Lack of available escalation space

Delivery Groups

Health & Safety Delivery Group
Ian Donnelly

Health & safety related meetings
- Acute Health & Safety Risk

Quality Delivery Group
Andrea Hughes

Quality related meetings
- Safeguarding group
- Clinical
- East Area Concerns
- Primary Care Clinical
- IPC sub group
- Local Infection
- Patient & Carer
- Primary Care Quality, Assurance & sustainability
- Quality & safety
- Safe Clean Care, Harm Free Steering Group
- Senior Clinical Effectiveness Group

Finance & Performance Delivery Group
IHCD

Finance & Performance related meeetings
- AHCH (Children) Monthly Contract & Quality Review
- Seconday Care - Business Planning, Finance & Performance
- Emergency Care Finance
- Surgery Directorate Finance Meeting
- Primary Care Contract Management Group
- HMP - Quality, Safety & Performance Meeting
- Acute Finance & performance
- Medicines directorate finance

Population Health Delivery Group
TBC

Population Health related meetings
- East Area Immunisation group
- East Area Vaccination Meeting
- Vaccination Meeting (Community)
- Immunisation Group (Primary care)
- HMP - Local Health Delivery Group

People & Culture Delivery Group
John Martin

People & Culture related meetings
- GP recruitment & retention
- Stroke Prevention Workforce
- Acute HR clinics
- Recruitment & Retention - Managed Practices
- Medical Workforce Group
- BCUHB Gender Equality Network

Risk Management Delivery Group
Ian Donnelly

Risk Management related meetings
- Risk management

Transformation Delivery Group
Medical Director /

Transformation related meetings
- ED workstream
- Site reconfiguration
- Prehabilitation
- Urology improvement group
- Queensferry Transition group
- Stroke Improvement project meeting
- USC Programme meeting
- Plas Gororau
- Wrexham accommodation group
- Neurodevelopment Service Improvement Group
- WPRS BCUHB Project Board

Quality

EDG Quality

BCUHB IPSG

BCUHB Safeguarding performance

East IHC leadership Group

BCUHB PCEG

Safe clean care harm Free

Clinical Effectiveness Group

East IHC Quality Delivery Group

East IHC LIPIG

East IHC Safeguarding forum

East IHC operational Q&S group

East IHC Patient and carer experience group

East IHC safe clean care harm free steering group

East IHC clinical Effectiveness Group

Each Directorate (currently Children, Primary care, HMPB ,Community services, Therapies, Meds mgt, Medicine, Emergency, Surgery   with hold a Patient safety Quality and Experience meeting to provide oversight and assurance at Directorate level against the above clinical governance areas.

Business Planning and Meeting Schedule EIHC

Business Planning SCHEDULE 2022-23

Meeting	Who should attend	Requirements	Who?	Thursday 06/10/2022	Monday 10/10/2022	Monday 17/10/2022	Tuesday 18/10/2022	Monday 24/10/2022	Tueseday 22/11/2022	Monday 05/12/2022	Tuesday 06/12/2022	Monday 12/12/2022	Monday 13/02/2023	Tuesday 14/02/2023	Friday 24/02/2023	Monday 17/04/2023	Tuesday 18/04/2023	Thursday 27/04/2023
Reporting Framework	n/a	Performance and Accountability Report Data (Peformance Team)	Vicki/Ed	Update report Part A&B – send back to Performance with any supporting	Final Agenda and Slide Deck sent out													
		Individual Performance and Accountability Report	Agree report tempalte for each service															
		Performance and Accountability Narrative Submissions (to Amy	Agree date to be sent responded to															
AAD's Individual Accountability Review with Ian	Ian Donnelly	Acute Site	Hazel Davies			09:00am – 10:00am					09:00am – 10:00am			09:00am – 10:00am		09:00am – 10:00am	
		Facilities	Gwen Scotson					10:00–			10:00–			10:00–			10:00–	
		Communitiy Services	Lou Cullum			11:00am – 12:00pm					11:00am – 12:00pm			11:00am – 12:00pm		11:00am – 12:00pm	
		HMP Berwyn	Robert Lightburn			13:00pm – 14:00pm					13:00pm – 14:00pm			13:00pm – 14:00pm		13:00pm – 14:00pm	
		Primary Care	Rachael Page					14:00pm – 15:00pm				14:00pm – 15:00pm			14:00pm – 15:00pm		14:00pm – 15:00pm	
		Childrens and CAMHS Servcies	Andrew Gratlonn			15:00pm – 16:00pm					15:00pm – 16:00pm			15:00pm – 16:00pm		15:00pm – 16:00pm	
Exec Performance and Accountability		East Health Community	Ian Donnelly, Nesta Mccluskey, Sue Robinson, Andrea Hughes					14:00pm – 15:30pm				15:20pm – 16:45pm		14:00pm – 16:00pm			14:00pm – 16:00pm

Business Planning SCHEDULE 2022-23

Meeting	Attendees (previous meetings)	Who should attend?	TOR	Tuesday	Thursday	Monday	Thursday	Monday	Tuesday	Monday	Tuesday	Monday	Thursday	Monday	Tuesday	Monday	Monday	Tuesday	Thursday	Monday	Tuesday	Friday	Tuesday	Monday	Thursday	Monday	Tuesday	Thursday
Exec Performance and Accountability		Ian Donnelly, Nesta Mccluskey, Sue Robinson, Andrea Hughes				Update report Part A&B – send back to	Final Agenda and Slide Deck sent out			14:00pm – 15:30pm					15:20pm – 16:45pm				14:00pm – 16:00pm						14:00pm – 16:00pm
Exec Risk Management Group				9:30am– 11:30am							13:00pm – 15:00pm				13:00pm – 15:00pm				9:30am– 11:30am					
East IHC Risk Management Group Delivery Group	Wrexham Site risk management group & and Risk management Goup																								
Exec Strategic Occupational Health and Safety Group (EOHSG)									10:00am																	
East IHC Health and	Acute Health Safety and																								

East Integrated Health Community

WORKFORCE AND FINANCE

Workforce: Staff and Resources

Measure`	August 2022 Data	Narrative
Staff Turnover rate	10.82%	The EIHC turnover (external leavers) is high at 10.82% rolling 12m average; all managers are asked to explore the retention of a staff member where we can; should a formal resignation be provided the line manager must ensure a termination is completed in ESR and so that the Exit Interview form becomes available in the employees ESR self service. All staff choosing to leave must be encourage to complete and given time to complete.
Percentage headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (PFM 71) Target 85%	75.37%	The EIHC has a combined performance of 75.37% for staff appraisal in M5. There are 2302 appraisals are in date with 950 due to expire in the next 4 months. Line managers will receive an alert in ESR to book these appraisals in; from 1st October 2022 managers must enter pay progression appraisal meeting details into Manager/Supervisor Self-Service, to confirm that pay progression should go ahead for employees. If the information is not entered into ESR the employee will not receive the pay-affecting increment . There are 733 out of date (12-24 months) and 105 out of date (24+ months). There are 106 staff who have never had PADR and 119 who have never has a PADR having started in the last (12 months).
Mandatory Training compliance	85.47%	The tolerance is 85% and EIHC is performing above when all training is combined. Areas for improvement is Resus training at 62.86%. Lowest compliance staff group compliance is medical and dental, under 65%. Nursing in ED has increased to 90% and Admin and Clerical remain high at 87% and whilst Medical and Dental staff have improved by 2% to 75%.
Staff sickness rate (for the month of August rather than rolling rate)	5.91%	In M5 sickness has decreased from M4 to 5.91%. All sickness related to Covid 19 has reduced in line with the lower rates of infection. Absence levels continues to rise and are 0.91% higher on a rolling basis that 12m ago. Anxiety/Stress/Depression remains highest reason for absence, significantly in long-term absences. Second highest reason for absence is attributed to Infectious Diseases, made up mostly of long and medium term absences but only a small amount of short term absences. Third is Chest and Respiratory problems followed by Other/Known Causes.
Staff vacancies	8.4%	Over all vacancy rate is 8.4%, with a tolerance level of 8%. Improvement work is underway following the BCU Recruitment Review to improve the efficiency and user experience for the internal and external markets. Further communications and engagement with users will be taking place soon.
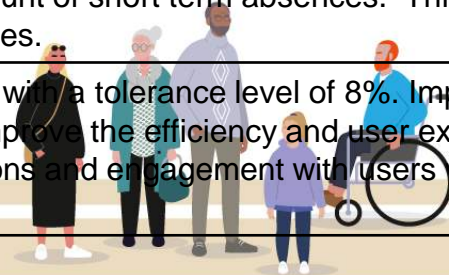
Workforce: Staff and Resources Dashboard

Display Level

| Org L4 ⬤ | Org L5 ◯ | Org L6 ◯ | Org L7 ◯ | Organisation ◯ | Staff Group ◯ |

Area/Department/Organisation

Org L4	Org L5	Org L6	Org L7	Organisation
Health Community East (HCEX)... ⌄	All ⌄	All ⌄	All ⌄	All ⌄

Staff Group	Month
All ⌄	Jul-22 ⌄

Org L4	Budgeted FTE	Actual FTE	Vacancy FTE	Vacancy %	Monthly Sickness %	Avg FTE Lost per Day	Rolling Sickness %	% Total FTE Lost	Turnover Rate %	Monthly Starters FTE	Monthly Leavers FTE	Agency Spend	Agency %	% Total Agency Spend	Bank Spend	Bank %	PADR %	Out of Date PADR	Training %
⊟ **Health Community East (HCEX) L4**	**4389.5**	**4003.2**	**386.3**	**8.8%**	**6.34%**	**246**	**6.38%**	**100.00%**	**11.06%**	**37.89**	**42.06**	**1,331,765**	**7.2%**	**100.00%**	**487,494**	**2.6%**	**73.63%**	**1138**	**84.51%**
⊞ East Area (AX41) L5	2310.1	2112.0	198.1	8.6%	5.72%	119	6.07%	50.48%	10.67%	16.85	19.47	372,812	3.9%	27.99%	200,650	2.1%	72.53%	671	86.55%
⊞ Facilities East (HCEF) L5	334.3	292.5	41.7	12.5%	10.36%	30	10.05%	12.05%	15.52%	1.33	6.07						56.30%	177	66.54%
⊞ Health Community East Management (HCEM) L5	0.0	0.0	0.0																
⊞ Ysbyty Maelor Wrexham (HX41) L5	1745.1	1598.7	146.5	8.4%	6.40%	96	6.09%	37.48%	10.69%	19.70	16.52	958,953	11.5%	72.01%	286,844	3.4%	80.23%	290	85.85%
Total	**4389.5**	**4003.2**	**386.3**	**8.8%**	**6.34%**	**246**	**6.38%**	**100.00%**	**11.06%**	**37.89**	**42.06**	**1,331,765**	**7.2%**	**100.00%**	**487,494**	**2.6%**	**73.63%**	**1138**	**84.51%**

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

Finance: M06 Position and Savings

Measure	Data	Narrative
Financial position to budget at M06	**East - IHC** table: | East - IHC	YTD Budget £'000	YTD Actual £'000	Variance £'000
---	---	---	---
East Area	130,800	132,129	1,329
Ysbyty Maelor Wrecsam	62,033	64,481	2,448
Facilitates	6,136	6,357	221
Total East IHC	**198,969**	**202,967**	**3,998** | As at Month 06 (period ended 30th September 2022), overall, the East IHC has a year-to-date (YTD) cumulative over-spend position of £3.998m against a YTD of £198.97m budget. £1.33m relating to the former Area budgets, £2.45m relating to the former YWM Site budgets and the balance of £0.22m facilities overspends.	**Area** – GP prescribing cost pressures and increased medical agency usage in Managed Practices are the main cost pressures currently within the former Area budgets. High drug tariff fees seen during the Pandemic have not materially reduced during 22/23 and are forecast to be the largest (£5m+) overspend area in the IHC. **Site** - YMW largest overspend is from Medical pay, of which Anaesthetics represents £250,000 from grievance and high sickness. Inflationary pressures and disposable scopes causing £250,000 overspend on clinical supplies. Undelivered CRES and recruitment fees for overseas nurses are other significant causes of overspends.
Savings against plan at M06	See table below.	**Area** – are currently exceeding delivery of identified saving schemes through non-recurrent schemes, but have not identified any Transformational savings to meet the £2.5m due to be targeted in the second half of the financial year. **Site** - YMW savings delivered are £358,000 short of the target for the year to end of September. Insufficient savings schemes identified with limited opportunities from procurement or medicines mgmt. Staffing savings are behind plan due to shortage of applicants for nursing posts in particular leading to continued high agency usage. **Facilities** – No schemes transferred to the East IHC

Savings against plan at M06 table:

East - IHC	Savings Target £'000	M06 Target £'000	M06 Delivery £'000	Variance to Target £'000	22/23 Total Forecast £'000	Variance to Target £'000
East Area	5,080	1,306	1,689	383	2,511	(2,569)
Ysbyty Maelor Wrecsam	3,171	815	457	(358)	1,158	(2,013)
Facilitates	316	81	-	(81)	-	(316)
Total East IHC	**8,567**	**2,202**	**2,146**	**(56)**	**3,669**	**(4,898)**

Finance: M06 Bank and Agency cost Utilisation

Measure	Data								Narrative
Bank Utilisation at M06	<table><tr><td></td><td>2022-23</td></tr></table>								HCA Bank accounts for 79% of average monthly spend, with RGN Bank 18% being the next biggest element. RGN vacancies make up approximately 70% of all nursing gaps, but the lack of RGN staff willing to work on the bank has resulted in greater HCA bank and RGN agency usage. 61% of usage is within the Maelor Hospital, on wards and ED, average £308,000/month. The main area of usage in the Area is the Community Hospitals, £198,000/month on average.

Bank Utilisation at M06

East IHC	P01	P02	P03	P04	P05	P06	Total
Bank	£	£	£	£	£	£	£
East Area	192,669	193,707	183,440	189,837	179,462	251,431	1,190,546
Ysbyty Maelor Wrexham Site	325,839	306,758	278,679	302,563	261,682	373,452	1,848,973
Total East IHC	518,508	500,465	462,119	492,400	441,144	624,882	3,039,519

2022-23

HCA Bank accounts for 79% of average monthly spend, with RGN Bank 18% being the next biggest element. RGN vacancies make up approximately 70% of all nursing gaps, but the lack of RGN staff willing to work on the bank has resulted in greater HCA bank and RGN agency usage. 61% of usage is within the Maelor Hospital, on wards and ED, average £308,000/month. The main area of usage in the Area is the Community Hospitals, £198,000/month on average.

Agency Utilisation at M06

East IHC	April	May	June	July	August	Sept	Total
Agency	£	£	£	£	£	£	£
East Area	576,044	573,752	1,042,083	357,037	938,587	757,969	4,245,473
Ysbyty Maelor Wrexham Site	759,783	811,708	808,065	1,004,659	923,071	1,061,614	5,368,901
Total East IHC	1,335,828	1,385,460	1,850,149	1,361,696	1,861,659	1,819,583	9,614,374

2022-23

RGN agency represents 47% of total spend, average spend of £756,000/month. Peaked in Jul at £850,000 and reduced in Aug by £50,000 and Sept. by another £70,000. Actively recruiting to vacancies with overseas nurses providing over 140 nurses over the last 9 months. This supply line is expected to reduce for a few months until the new cohort is approved and starts to arrive.

Agency Medical spend accounts for 46%, with average spend of £718,000/month. Largest spend is within GMS (£919,000 over 6m) followed by Elderly Medicine (£546,000) and ED (£674,000). A number of consultant posts appointed to ED which will drive down agency spend there within 6m.

Finance: M06 Annual Out-turn Forecast

Measure	Data	Narrative
East IHC Year-end Forecast Out-turn position for 22/23	(see below)	(see below)

Data column:

East - IHC	YTD Over-spend £'000	Forecast Out-turn £'000
East Area	1,329	5,200
Ysbyty Maelor Wrecsam	2,448	9,044
Facilitates	221	656
Total East IHC	**3,998**	**14,900**

The East IHC has forecast a year-end out-turn position of £14.9m over-spend.

The straight-line forecast would be £8m based on the month 6 position (just under £4m adverse doubled), however, the transformational savings target and subsequent budget reductions (£4.3m) are phased in between Month 7 – 12.
As no schemes have been identified for this target, so this immediately increases the straight-line forecast by £4.3m to £12.3m over-spent.

The Area and Facilities forecast out-turn position is predominately the M06 straight-line position (£3.1m), plus the unidentified transformational target (2.7m)
However, the Site forecast has identified a further £2.6m of cost pressures over months 7 to 12. Please see the additional narrative is provided in the right-hand panel.

Narrative column:

<u>**Acute Forecast Outturn**</u>

The forecast outturn for the year is £9.044 million.

The site has had a stable rate of overspending from Apr – Aug, with the key issues being additional medical costs, particularly in Anaesthetics, additional HCA costs around supernumerary B4s and not being able to identify sufficient cash releasing savings schemes.

The position deteriorated in Sep due to a shortfall in funding for the medical pay award and additional agency usage in ED to address patient safety concerns. This is expected to be resolved by the ongoing permanent recruitment.

A further deterioration is forecast over the remaining 6 months. Key reasons are noted in the table.

Key Reasons for Increasing Rate of Overspend	£'000
- Transformation savings target	1,586
- Winter schemes using agency staff	785
- Increasing medical cover in ED for patient safety	535
- Increased activity & consumable costs	444
- Recruitment for agreed investments - ED, SDEC, PACU	351

East Integrated Health Community

QUALITY & TIMELY CARE

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

Quality: Safe Care

Measure	Data	Measure	Data
Regulation 28	0	Complaints	303
Never Events	0	Compliments	6
Serious Incidents that have caused harm	8	Falls	530
Patient Experience	750	HAPU	928

Measure	Data	Narrative
Medication Harms	377	Following review this figures is reduced to a total of 271. 98 No Harm, 164 Low harm, 9 Moderate Harm, 0 Severe Harm Of the 9 moderate harm: - no trends all different Delayed critical med x1, Wrong medication x1 Oral meds to a patient with a peg x 1, No second check x 1 Dose error x 1, Prescribing error x1, Wrong patient x 1 Concealed medicines allegations x 1, Administration error x 1
Risks Level 15 and above	Children & YP: 1 Specialist Medicine (secondary care): 1 Medicines Management:1	The rate of medicines reconciliation when patients enter our care facilities including community hospital's does not meet national targets and therefore there is a risk that patients medicines may not be correct and patients may be harmed. Limited controls are in place. Additional staffing is required to fully control this risk.

Effective Care

Measure	Data	Narrative
Mortality Reviews	79 - Deaths referred to WMH by ME service for consideration of a review 32 – Closed following panel review and appropriate M&M discussion if required 11 – currently out for specialty M&M review 20 – cases for inquest/investigation by the PTR or inquest teams 9 – cases redirected to Glan Clwyd or Area teams 8 – cases pending panel decision	The scanning of all notes and review by the ME service has now been extended to all inpatient deaths in East following recruitment of extra medical records staff. All inpatient departments now have a functioning M&M meeting which is a major step forward in ensuring that we capture the learning from deaths. We need to recruit a mortality lead in medicine with appropriate SPA time to ensure that this fledgling meeting is robust. The ME service is not as yet routinely reviewing ED or GP deaths and this is the next development area.
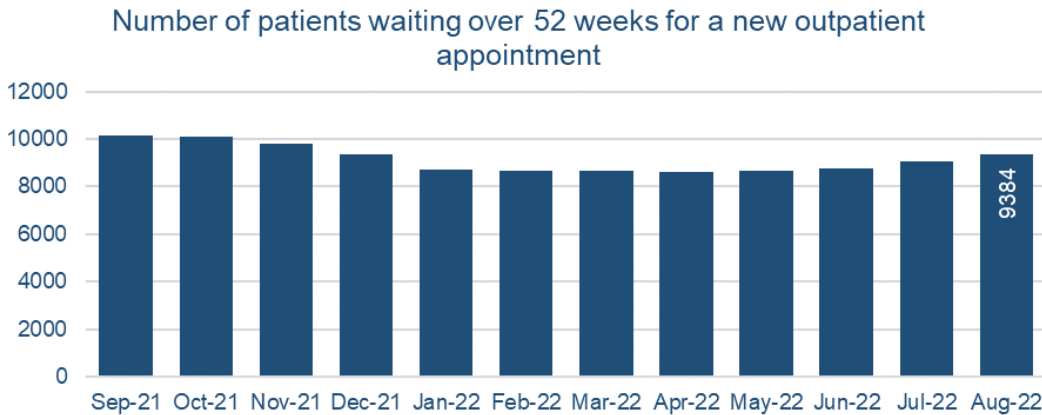
Timely Care

Measure	Data	Narrative
Percentage of patients waiting less than 26 weeks for referral to treatment Target: Improve towards a national target of 95% by 2026	**Percentage of patients waiting less than 26 weeks for treatment** Bar chart showing values from Sep-21 to Aug-22. Aug-22 labelled 52.25%. Y-axis from 0.0% to 60.0%.	• We continue to aim to deliver RTT and recovery plans for elective surgical activity • Clinic and theatre utilisation and efficiencies maximised • Job planning aligned with service demand • 6-4-2 processes embedded (OPD and theatre scheduling) • RTT policies and procedures adhered to • Engaged in all BCU work for SOS and PIFU • Clerical validation ongoing • Waiting list scrutiny and management via local access meetings • Weekly battle rhythm provides over view and escalation to UM/HMT/IHT • TOOT principles applied.
Number of Patients waiting less than 36 weeks for referral to treatment Target: Zero by 2026	**Number of patients waiting more than 36 weeks for treatment** Bar chart showing values from Sep-21 to Aug-22. Aug-22 labelled 22453. Y-axis from 0 to 25000.	• We continue to aim to deliver RTT and recovery plans for elective surgical activity • Clinic and theatre utilisation and efficiencies maximised • Job planning aligned with service demand • 6-4-2 processes embedded (OPD and theatre scheduling) • RTT policies and procedures adhered to • Engaged in all BCU work for SOS and PIFU • Clerical validation ongoing • Waiting list scrutiny and management via local access meetings • Weekly battle rhythm provides over view and escalation to UM/HMT/IHT • TOOT principles applied. • COTE longest waiting unbooked patient is currently at 25 weeks. All other specialities have 52+ week waiters so focus is on the booking and TOOTs to help the specialities reduce longest wait.

Timely Care

Measure	Data	Narrative
Number of patients waiting over 52 weeks for a new outpatient appointment Target: Zero 52 week waits by October 22	Number of patients waiting over 52 weeks for a new outpatient appointment	**Surgery** • We continue to aim to deliver RTT and recovery plans for elective surgical activity • Clinic and theatre utilisation and efficiencies maximised • Job planning aligned with service demand • 6-4-2 processes embedded (OPD and theatre scheduling) • RTT policies and procedures adhered to • Engaged in all BCU work for SOS and PIFU • Clerical validation ongoing • Waiting list scrutiny and management via local access meetings • Weekly battle rhythm provides over view and escalation to UM/HMT/IHT • TOOT principles applied. **Community & Medicine** COTE has zero patients waiting over 52 weeks. Rheumatology is currently at 67 weeks for the longest waiting unbooked patient with further WLI's planned to support the position. Dermatology has 350+ longest waiting patients in TOC either seen or waiting to be seen which will significantly reduce the number of patients waiting over 52 weeks. When the USC position has improved, the Urgent/routine longest waiters can be factored in to activity. Diabetes needs additional support to achieve the 52 week target as there are a large number of patients waiting between the 52 week and current 90 week unbooked position. WLI's are ongoing.

Timely Care

Measure	Data	Narrative
Number of patients waiting more than 104 weeks for referral to treatment Target: Zero by Q2 in 2022 excluding orthopaedics. Zero by 2024 – all specialties	**Number of patients waiting more than 104 weeks for treatment** Bar chart (Sep-21 to Aug-22). Values rising from ~3150 (Sep-21), ~3650 (Oct-21), ~4000 (Nov-21), ~4500 (Dec-21), ~4850 (Jan-22), ~5450 (Feb-22), ~5850 (Mar-22), ~4650 (Apr-22), ~5250 (May-22), ~4950 (Jun-22), ~4800 (Jul-22), 4994 (Aug-22). Y-axis 0–7000.	Surgery • We continue to aim to deliver RTT and recovery plans for elective surgical activity • Clinic and theatre utilisation and efficiencies maximised • Job planning aligned with service demand • 6-4-2 processes embedded (OPD and theatre scheduling) • RTT policies and procedures adhered to • Engaged in all BCU work for SOS and PIFU • Clerical validation ongoing • Waiting list scrutiny and management via local access meetings • Weekly battle rhythm provides over view and escalation to UM/HMT/IHT • TOOT principles applied. Community & Medicine The number of 104+ weeks wait for Dermatology and Rheumatology continues to reduce with the assistance of TOC to St Michaels for Dermatology and additional clinics set up for Rheumatology. Diabetes and Endocrinology and COTE do not have any 104+ weeks and this will not change.

Timely Care

Measure	Data	Narrative
Number of patients waiting over 104 weeks for a new outpatient appointment *This is not a Performance Framework Measure but included in the Planned care recovery plan as per the IMTP Target: Zero 104 week waits by July 2022*	**Number of patients waiting over 104 weeks for a new outpatient appointment** 3500, 3000, 2500, 2000, 1500, 1000, 500, 0 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 2123	Surgery • We aim to deliver outpatient improvement plan including SOS and PIFU, clinic utilisation and efficiencies • We undertake clerical and clinical validation • We are aligning job planning with service demand • We adapt the 6-4-2 processes which are fully embedded (OPD and theatre scheduling) • We adhere to RTT policies and procedures Community & Medicine The number of patients waiting over 104 weeks continues to fall and Rheumatology will be zero by the end of October. The only speciality with 104+ weeks remaining will be Dermatology but as yet, we are not in a position to book anything other than USC.
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% Target: A reduction of 30% by Mar 2023 against a baseline of Mar 2021	**Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%** 20000, 15000, 10000, 5000, 0 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 17020	Surgery • We undertake clerical and clinical validation • We continue to utilise virtual and follow up clinics where appropriate • We run virtual clinics where appropriate Community & Medicine 100% overdue continues to reduce for the specialities although focus has been put on reducing the 52+ week wait recently so there may be improvement on this when the OP's team resume validation.

Timely Care

Measure	Data	Narrative
Outpatient % Clinic Utilisation		**Surgery** • We continue delivery against outpatient improvement plan including SOS and PIFU. • We regularly monitor clinical capacity clinic utilisation and efficiencies. The variance shown in this graph is misrepresenting activity which is captured on the patient administration booking system. Some capacity shown is not actual outpatient F2F capacity - for example; PABC may need to clerically validate booking (Office Based Decision) and in order to do so are required to create a clinic slot. This anomalie has been reported to the BCU OPD Programme Support Manager. Going forward, we will explore functionality to exclude this capacity therefore demonstrating the actual position of outpatient clinic utilisation and true capacity. • We will revisit a review of all clinic templates with respective clinicians **Community & Medicine** All capacity is monitored by the OP's team and any unused capacity is highlighted to departments on a weekly basis with an expectation this is filled. There are some issues with templates that the OP's team are working through to ensure maximum utilisation in all clinics for all specialities. COTE – Clinical capacity and demand is being reviewed. Submissions where original capacity has ben declared in previous and current years has not been reviewed and errors have now been identified. Nevertheless clinics have been cancelled and work is ongoing to identify additional clinic space and dates.
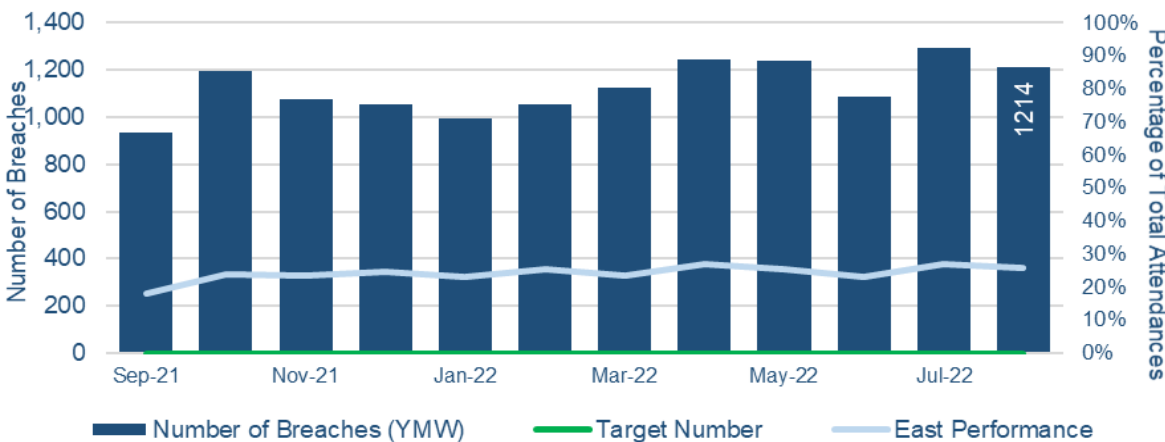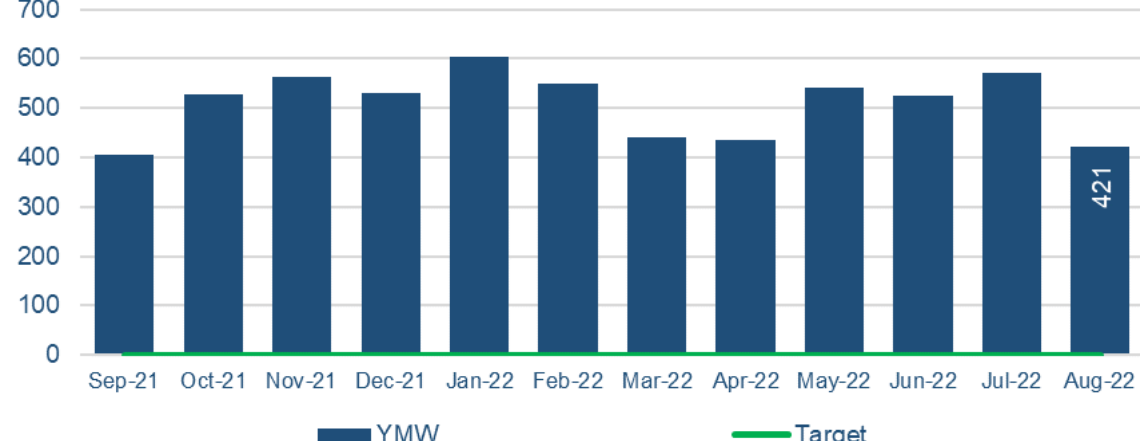
Timely Care

Measure	Data	Narrative
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 Target: 95%		**Actions to address risks and issues- Improvement Work** • Demand and Capacity review to inform the development of MIU Business Case. • UPCC work stream • Stabilise workforce to enable flexible working across ED and local MIU • Review ENP recruitment programme

Timely Care

Measure	Data	Narrative
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 Target: 0	**Patients Spending 12 Hours or More in ED or MIU** Number of Breaches (YMW) — Target Number — East Performance **Number of Ambulance Patient Handovers Over 1 Hour** YMW — Target	The majority of patients in the ED beyond 12 hours are those awaiting admission to an assessment area or ward. There is also an impact of the lack of space contributing to lengthy doctor waits, particularly overnight due to a backlog of patients to be seen. **Actions**: Increased capacity of the Frailty Team to support earlier assessment in the ED Earlier in the day discharges from base wards to support earlier flow out of the ED. Majority of GP expected patients to not attend the ED but via the Speciality Assessment Unit. Increase number of clinicians working overnight in the ED.
Number of ambulance patient handovers over 1 hour Target: 0		**Actions:** Ensure patients who are fit to sit are transferred into the waiting room on arrival to the ED with non-compliance escalated to DGM and HON. Earlier flow out of the ED for patients awaiting admission via earlier in the day discharges from the base wards to improve capacity. Redirection of GP expected patients to Assessment Units unless there is a need for Resus.

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Timely Care

Measure	Data	Narrative
Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) Target: Improvement Trajectory towards a national target of zero by Spring 2024	**Suspected Cancer Performance** Bar chart showing percentages from Aug-21 to Jul-22, with values ranging approximately 60%-76%. Jul-22 labelled 64.17%.	Surgery • We prioritise USC capacity within OPD and theatres • Continue close working relationship with cancer services via local Access meeting to actively manage cancer pathways at patient level detail • We seek additional cancer funding to support additional clinical support to deliver targets Community & Medicine THE TOC from WEST and the lack of nursing support at WMH has impacted significantly on the EAST USC position over the summer months. We are starting to recover our position with the support of 3x Super Saturday's with 2x Clinician per session and each Saturday running all day (2x sessions per day). This will give us an additional 54 new patient slots and 18 slots for MOP's which will minimalise impact on the main site. USC position is slowly improving and is at 4 weeks now for an initial appointment from 7 weeks at the start of September.

Timely Care

Measure	Data	Narrative
Closed pathways by tumour site for the period 1 Aug 21 – 31 July 22 Extracted from IRIS 22.09.22	<table><tr><th>Tumour Site</th><th>1. Within 62 Days</th><th>2. Over 62 Days</th><th>Total</th></tr><tr><td>Brain/CNS</td><td>16</td><td></td><td>16</td></tr><tr><td>Breast</td><td>195</td><td>69</td><td>264</td></tr><tr><td>Gynaecological</td><td>36</td><td>43</td><td>79</td></tr><tr><td>Haematologica</td><td>65</td><td>11</td><td>76</td></tr><tr><td>Head & Neck</td><td>38</td><td>41</td><td>79</td></tr><tr><td>Lower GI</td><td>84</td><td>95</td><td>179</td></tr><tr><td>Lung</td><td>133</td><td>41</td><td>174</td></tr><tr><td>Other</td><td>18</td><td>2</td><td>20</td></tr><tr><td>Sarcoma</td><td>2</td><td>2</td><td>4</td></tr><tr><td>Skin</td><td>340</td><td>71</td><td>411</td></tr><tr><td>Upper GI</td><td>79</td><td>24</td><td>103</td></tr><tr><td>Urological</td><td>134</td><td>134</td><td>268</td></tr><tr><td>Total</td><td>1140</td><td>533</td><td>1673</td></tr></table>	• Breast position has improved with reduced waits for first appointment although recent sickness in the surgical team is placing pressure on the service • Lower GI performance significantly affected by waits to endoscopy, in particular for Bowel Screening Wales patients. Same day CT established and example of good practice • Skin performance affected by need to take transfers from West and Centre due to lack of dermatologists in West • Urology performance significantly affected by waits to biopsy. Cancer Services has funded an additional middle grade post to reduce waits but additional capacity still required to meet target

Timely Care

Measure	Data	Narrative
Diagnostic Waits: Number of patients waiting over 8 weeks for a diagnostic procedure Target:Zero by March 2024	**Number of patients waiting over 8 weeks for a diagnostic procedure** (Bar chart, Sep-21 to Aug-22, y-axis 0 to 3500. Aug-22 value labelled 3024.)	
Diagnostic Waits: Number of patients waiting over 8 weeks for a diagnostic endoscopy Target: Zero by March 2024	**Number of patients waiting over 8 weeks for a diagnostic endoscopy** (Bar chart, Sep-21 to Aug-22, y-axis 0 to 1600. Aug-22 value labelled 718.)	The 3rd procedure room opened during February increasing capacity by 9 lists per week, as a result of this an improvement in the diagnostic position can be seen on the graph opposite. A high number of unfilled sessions due to annual leave occurred during July, August and September. However, position continues to improve due to the 8 insourcing lists taking place every weekend. This is due to increase to 12 lists from November. Validation continues on the longest waiters with a focus to ensure booking in turn and monitoring of efficiency and productivity measures.

Timely Care

Measure	Data	Narrative
Sepsis reporting: Sepsis 6 compliance and Count of forms submitted		Snapshot audit. 10 of 15 opportunities for sepsis 6 were completed in full, that is 67% completion rate , which was disappointing. NB all cases were addressed but 5 were not completed in full. This is thought to be due to lack of nurse education and is being addressed by AIT with focus on the Recognise & Respond course .
Theatre % in session utilisation		• Data is regularly validated. • We have commenced weekly scheduling meeting to review list content to increase and maximise utilisation • We have completed a staff consultation to ensure theatres are staffed to start promptly, therefore maximising efficiencies. • We have commenced performance and data sharing with specialities to highlight any themes / individuals / clinicians • We are re-launching WHO / safety briefing to encourage safer surgery and prompt start times • We have established monthly theatre user group to oversee monitoring arrangements.

Timely Care

Measure	Data	Narrative
ALOS Elective and Non-Elective IP Acute*	Average Length of Stay chart, monthly Sep-21 to Aug-22, Acute Elective and Acute Non Elective. Aug-22 values 3.4 and 6.0.	We work closely with the wider system and partners to: • By using LOS data to understand and improve processes that directly affect a patient's LOS • Improve Care Transitions – Ie timely referrals to therapies / care facilities / care packages • Close monitoring of performance • Working with patients to understand and support 'what matters' • Considering social support post discharge on admission • Effective and inclusive board rounds • Visible leadership • Consistent clinical engagement
ALOS Elective and Non-Elective IP Community*	Average Length of Stay chart, monthly Sep-21 to Jul-22, Community Elective and Community Non Elective. Last values 45.4 and 44.0.	Average LOS still impacted by lack of social care. Frailty ED project should prevent admissions or lengthy stays due to the aim of hot clinics instead of treating patient as inpatient.

* Includes cancer and excludes deaths

Timely Care

Measure	Data	Narrative
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 Target 40%	**Percentage of Patients who were admitted to ASU within 4 hours (East)** Bar chart showing Actual values and Target line at 40.0% for Aug-21 through Aug-22. Aug-22 value labelled 14.3%.	• Clinical Site management (CSM) team, Ward Managers and Stroke Team to ensure beds are kept available for direct stroke admissions. • 4th Stroke Coordinator recruited through Business case funding to assist with improved performance time due to extended cover of the service. • Audit the use the ED Stroke Pathway Proforma • Pre-alert and thrombolysis pathway finalised • Additional porter staff to assist with timely transfers • Exploration of straight to test CT model
Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days Target 50%	**Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days (East)** Bar chart showing Actual values and Target line at 50.0% for Aug-21 through Aug-22. Aug-22 value labelled 33.6%.	• Continued **Covid impact** on staff absence and access to some therapy provision for patients • Stroke business case – **new investment** in therapies-wide staffing, including SLT since Spring 2022 • However, **recruitment challenges** within SLT across UK – shortage profession. Key stroke posts remain unfilled (Band 7 leads) • MDT – **New stroke team establishing** – induction, new relationships, competency development etc – short-term impact on SSNAP performance • SLT's are not "ring-fenced to stroke or stroke rehab". Many of the patients on ASU are often medical or elderly as opposed to stroke but the stroke SLTs will see them, (but these are not counted on SSNAP). • SLT's across the service need to work flexibly to meet the needs of patients with the greatest clinical need, which are not always the rehab patients that require the 45 minutes of daily therapy

Timely Care

Measure	Data
Re-admissions within 30 days Acute	

Timely Care

Measure	Data

D2RA measure 2: % of people transferred to a D2RA pathway within 48 hours of the decision being made (that they were ready for transfer from hospital to this pathway for supported recovery and assessment

Month	Indicator	Pathway 0	Pathway 1	Pathway 2	Pathway 3	Pathway 4
April	No. transfers within 48 hrs	77	64	54	55	70
	Medically Fit Total	76	65	54	57	73
	% within 48 hrs	101%	98%	100%	96%	96%
May	No. transfers within 48 hrs	108	88	70	74	105
	Medically Fit Total	107	89	75	75	106
	% within 48 hrs	101%	99%	93%	99%	99%
June	No. transfers within 48 hrs	46	118	54	59	72
	Medically Fit Total	46	119	69	58	75
	% within 48 hrs	100%	99%	78%	102%	96%
Total	No. transfers within 48 hrs	231	270	178	188	247
	Medically Fit Total	229	273	198	190	254
	% transfers within 48 hrs	101%	99%	90%	99%	97%

D2RA measure 3: % people transferred to a D2RA pathway with a co-produced recovery plan in place

Month	Indicator	Pathway 0	Pathway 1	Pathway 2	Pathway 3	Pathway 4
April	No. transfers w/ recovery plan	76	65	54	57	73
	No. transfers total	76	65	54	57	73
	% transfers w/ recovery plan	100%	100%	100%	100%	100%
May	No. transfers w/ recovery plan	107	14	75	75	106
	No. transfers total	107	14	75	75	106
	% transfers w/ recovery plan	100%	100%	100%	100%	100%
June	No. transfers w/ recovery plan	46	1	69	58	75
	No. transfers total	46	1	69	58	75
	% transfers w/ recovery plan	100%	100%	100%	100%	100%
Total	No. transfers w/ recovery plan	229	80	198	190	254
	No. transfers total	229	80	198	190	254
	% transfers w/ recovery plan	100%	100%	100%	100%	100%

Timely Care

Measure	Data	Narrative
Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours Target:100% Annual Reporting	Percentage of GP Practices Achieving All National Access Standards, by Cluster	• Primary Care Contracts reviewing Access returns via the Access Forum. • The 15% of Practices who fall under the 1:200 Clinical Sessions benchmark have been identified and IHC Primary Care Team with the support of the PC Academy to provide support for practices with recruitment; or to point to different schemes to support practices if appropriate. • Wider Improvement Programme implemented which has a dedicated Access Project
Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models) Target: As outlined in the Health Board's Six Goals Programme Plan Quarterly reporting	Number of Urgent Primary Care Centres Established	• Currently delivering UPC services from 2 sites (Wrexham Maelor and Mold). • Recent issues with Adastra outage has required alternative admin processes within the East, which is working well. Recruitment is ongoing to establish a sustainable workforce within the UPCC teams. • Small pilot is being launched in October to look at ways to increase number of patients streamed directly from ED triage (via a UPCC GP/ANP) to the UPCC for consultation. Results will be analysed and learning implemented to continue the momentum.

Timely Care

Measure	Data	Narrative
Number of new patients (children aged under 18 years) accessing NHS dental services Target: 4 quarter improvement trend Quarterly reporting	**Number of New Child Patients Accessing Dental Services** (Stacked bar chart, Sep-21 to Aug-22, Flintshire and Wrexham. Aug-22 shows Flintshire 233, Wrexham 320. Y-axis 0–600.)	All dental services continue to increase delivery as work to overcome the COVID backlog continues. Practices are still prioritising patients in urgent need over regular check ups.
Number of new patients (adults aged 18 years and over) accessing NHS dental services Target: 4 quarter improvement trend Quarterly reporting	**Number of New Adult Patients Accessing Dental Services** (Stacked bar chart, Sep-21 to Aug-22, Flintshire and Wrexham. Aug-22 shows Flintshire 327, Wrexham 396. Y-axis 0–800.)	All dental services continue to increase delivery as work to overcome the COVID backlog continues. Practices are still prioritising patients in urgent need over regular check ups.

Timely Care

Measure	Data	Narrative
Number of existing patients accessing NHS dental services Target: 4 quarter improvement trend Quarterly reporting		All dental services continue to increase delivery as work to overcome the COVID backlog continues. Practices are still prioritising patients in urgent need over regular check ups.

Teitl adroddiad: *Report title:*	External Contracts Quarter 2 Update 2022/23
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee (PFIG)
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 27 October 2022
Crynodeb Gweithredol: *Executive Summary:*	The Health Board (HB) commissions healthcare with a range of providers, via circa 585 contracts, to a value of approximately £357 million. Currently circa 92% of expenditure is covered by a formal contract. The financial position at the end of Quarter 2 2022/23 is a reported overspend of £1.4 million and forecast yearend overspend of £4.2 million for healthcare expenditure contracts and a deficit to date of £0.1 million on the healthcare income contracts, the forecast outturn on income is a deficit of £0.6 million. Key issues of note can be summarised as follows: • The Healthcare Contracting Team (HCCT) are supporting the Planned Care lead and operational teams in increasing planned care capacity. Currently three endoscopy providers are on site with insourcing contracts until March 2023 and outsourced contracts for Orthopaedic, Ophthalmology and Dermatology activity with the private sector have been awarded and mobilised providing additional activity for varying contracted periods up to March 2024. As part of the 2022/23 planned care recovery programme the HCCT is currently working with the operational teams on further outsourcing and insourcing options across a range of specialties. • The HCCT are currently undertaking a number of pieces of governance work. • The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with HB Continuing Healthcare and Local Authority (LA) colleagues. • The HCCT also support the Partnership working agenda working with LA colleagues, regulators and the 3rd Sector to look at areas such as care home quality assurance, commissioning intentions and contracting arrangements moving forward. • The significant progress made in finalisation of the regional contractual framework, Pre Placement Agreement (PPA) with Care Home providers, which under the current timetable the proposal is that the new agreement will be in place by 1st April 2023. Progress to finalisation is a significant milestone and will reduce the current risks within the market relating to historic contractual arrangements and working under implied terms, which is not without potential challenge.

	• The All Wales proposal to continue with the Inflationary Uplift Mechanism (IUM) for a further year to calculate a final Funded Nursing Care fee rate for 2022/23, which has been delayed due to the national pay award agreement. • The contracting agreements in place in 2022/23 in both Wales and England have moved from the block arrangements that were put in place as part of the Covid-19 response. However due to the impact of the pandemic transitional arrangements have been developed where the contracts are hybrid block arrangements which allow for the recognition of elective recovery through adjustments for material over performance but maintain stability through significant block elements. • All the Welsh NHS Long Term Agreements were finalised and signed off during Quarter 1 in line with Welsh Government requirements. Progress is being made in completing the English NHS agreements by the end of Quarter 3 following a delay due to the establishment of Integrated Care Boards (ICBs) in England on the 1st July 2022. • The expenditure contracts are reporting an adverse variance of £1.4 million due to non-achievement of savings targets and inflationary pressures in the cross border contracts. The income contracts are reporting a deficit to date of £0.1 million due to the non-delivery of the saving scheme that has been impacted by the delay in recruitment within the HCCT. • The HB continues to engage fully with WHSSC and has been actively involved with the development of the Plan for 2023/24 • Following a review into the effectiveness of the current healthcare contracts governance and scrutiny structure that provides assurances to the Performance, Finance, and Information Governance (PFIG) committee a newly configured Healthcare Contracts Assurance Group was established. Stakeholder engagement continues to pose a challenge to the effectiveness of this group, which is being addressed with realignment to the new HB Operating Model.
Argymhellion: *Recommendations:*	PFIGC is asked to **note** • the financial position on the main external contracts as reported at Quarter 2 2022/23 • the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity • the revised contracting arrangements with NHS Providers and Commissioners for 2022/23 and the work underway to finalise the English NHS contracts by the end of Quarter 3. • the work underway in respect of increasing planned care capacity

	• the significant steps taken to address the risks associated with the current contractual arrangements with independent care home providers. • the work underway to develop robust governance and scrutiny arrangements **Ratify** • ratify the decision taken by the Executive Team on the 12th October 2022 to accept the recommendation of HB professional and finance leads across Wales that the Inflationary Uplift Mechanism (IUM) used to calculate uplifts to the Funded Nursing Care (FNC) rate since 2014/15 be extended to cover the 2022/23 year. An increase of 5.19%, which equates to £9.56 per week, resulting in an updated weekly fee of £193.88 backdated to 1 April 2022, with a cost pressure of £190,000 to be managed by the Divisions.
Arweinydd Gweithredol: *Executive Lead:*	Rob Nolan, Acting Executive Director of Finance
Awdur yr Adroddiad: *Report Author:*	Tracy Pope, Head of Healthcare Contracts Gillian Milne, Head of Healthcare Contracts – Finance

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):*	The Contracts Update supports the delivery of the HB's annual plan and is therefore aligned to the quality of care across HB services and the 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?*	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?*	Considered as part of individual procurement excercises
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 HB manage contractual relationships which enables the HB to reduce risk, monitor and increase quality, take corrective action where required and closely monitor future costs, ensuring a cost effective approach to externally commissioned healthcare. The report focuses on the performance of the main external healthcare contracts but also provides the PFIG Committee with an overview of the contractual developments of other external healthcare contracts. It also highlights key activity undertaken towards formalising and standardising all patient care contracts across the HB. The Regional contractual framework, PPA with Care Home providers has expired. This carries a number of risks for the HB and the LA whilst working under implied terms of historic contractual arrangements that have expired until the new agreement is put in place in April 2023. Failure to agree the Funded Nursing Care (FNC) inflationary uplift would put the HB out of alignment with other HBs, increase the risk of repeated provider challenge and judicial review and potentially reduce care home capacity impacting on Hospital discharge pathways, in a Care Home market where there are already concerns about market stability.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Amherthnasol –N/A

Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Amherthnasol –N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Amherthnasol –N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	Please refer to detail in report.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Amherthnasol –N/A
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* N/A	
Rhestr o Atodiadau: *List of Appendices:* 1. Key Activity, issues and benefits to date 2022/23	

Quarterly External Healthcare Contracts – Update Quarter 2 2022/23

1   Introduction

This report provides a summary of activity by the Healthcare Contracts Team (HCCT) and the headline successes and challenges during the first 6 months of the 2022/23 financial year.

2   Analysis of current contracts position

2.1   There are currently 585 active healthcare expenditure contracts, this is an increase of 35 contracts since last reported in April.

Table 1 – Analysis of Contracts @ 30th September 2022

Type of Care	Total	Anticipated Value £000's
Ambulance / transport	5	5,585
Community Care	63	16,218
Diagnostic/testing	28	11,177
Domiciliary Care	84	8,515
General Healthcare	4	102
General support / signposting	35	2,380
Learning Disability	29	641
Mental Health	104	8,098
Nursing Home	134	46,247
Other	21	1,061
Product / Nursing Care	1	862
Residential Home	18	1,816
Secondary Care (Acute)	10	35,269
Secure Hospital / Wards	21	5,321
Specialist Hospital / unit	14	9,679
Tertiary Care	14	203,728
Grand Total	**585**	**356,699**

2.2   92% of commissioned healthcare (by value) continues to be covered by a signed contract, the remaining contracts are under development as part of a 3-year plan to ensure all commissioned healthcare is contracted effectively. The HCCT continue to work to formalise contractual arrangements for the remaining 8% of expenditure, this in the main relates to GP cover for community hospitals / minor injury units, 3rd Sector Contracts and small number of nursing home providers that will be addressed when the new Pre Placement Agreement is introduced.

2.3   All contracts are risk assessed annually to ensure that there is a prioritised work plan for contract stabilisation activity aimed at minimising risk for patients and the Health Board (HB) corporately.

2.4   During the year to date, endoscopy insourcing and orthopaedic, ophthalmology and dermatology outsourcing has continued to support the delivery of the planned care recovery plan. The team conduct virtual contract monitoring meetings for all providers

where operational issues are identified and addressed. The frequency is dependent on the maturity of the contract, with all insourcing contracts monitored weekly due to the interdependency on the HB site infrastructure.

2.5 The HCCT team are supporting the Planned Care lead and operational teams in a number of other service areas and looking at sourcing options and compliant routes to market with the development of detailed specifications.

Table 2 – Status of Planned Care Procurements

Sourcing Option	Stage					Contract Start	Contract End	Issues to Note
	Proposal/Planning	Specification	Expressions of Interest	Tender	Award			
PLANNED CARE RECOVERY								
Insourced Endoscopy	x	x		x	x	Nov-20	Mar-23	1 Year Contract extension approved by Exec's and ratified by Chair's Actions
Outsourced Orthopaedics	x	x		x	x	Sep-21	Mar-24	Contract with Spire Healthcare, possible extension to March 2026
Outsourced Ophthalmology	x	x	x	x	x	Oct-21	Oct-23	Extended by 12 months and capacity increased by 50% to 600 cases per month
Outsourced Dermatology	x	x	x	x	x	Apr-22	Mar-23	Contract with St Michaels possible extension to March 24
Insourced Orthopaedics	x	x	x	x				Progressing to Alcatel then award for mobilisation in Dec 22
Insourced Mixed Specialty	x	x	x	x				Progressing to Alcatel then award for mobilisation in Dec 22
University College London Hospitals (UCLH)	x			N A		Sep-22	Mar-23	Orthopaedics - up to 5 patients a week.
CORE								
Modular Theatres	x	x						Orthopaedics Proposal - 2 Laminar Flow Theatres procurement options being explored
Endoscopy Modular	x							Currently not being progressed due to consideration of revised endoscopy business case
Cone Beam Computed Tomography (CBCT) imaging and associated reporting	x		N A	N A				Primary care and Private provider options being explored subject to approval through HB governance routes
Prostatectomies	x							Working with the Cancer team to look at activity requirements over the next 12 months with reference to the BCU Robot and opportunities in Wirral and UCLH

Sourcing Option	Stage					Contract Start	Contract End	Issues to Note
	Proposal/Planning	Specification	Expressions of Interest	Tender	Award			
Head and Neck Cancers (Thyroid)	x							Working with the Cancer team to look at activity requirements over the next 12 months - Capacity offered by UCLH
Orthodontics'	x							Internal & external solutions being explored with Planned Care team
Oncology	x							NHS & Private solutions being explored with Oncology team
Radiotherapy	x							
Echo	x							Service to identify requirements and options for these schemes
ECG reporting (Central managed practices)	x							
EMG	x							

2.6 The HCCT have undertaken a number of pieces of governance work, which include:

- development of a strategic contracts register
- enhancements to supplier due diligence processes
- review of the Scheme of Reservation and Delegation (SORD) in relation to healthcare contracts to clarify approval routes in light of the new operating model to improve efficiency and timeliness.
- due to concerns raised in relation to Lead Commissioner arrangements identified as part of the Ombudsman Section 16 report, the HCCT are supporting a review of regional arrangements to improve the governance and enhance joint and local processes. This is being reported through the Continuing Health Care Operational Group and the Regional Commissioning Board.
- HCCT have been working with operational colleagues in the Children's Continuing Healthcare team to develop a monitoring framework for commissioned enhanced Domiciliary Care placements in response to concerns raised by a provider. The framework is currently going through HB governance routes before being piloted and rolled out within Children's. It is intended that this piece of work will be expanded to take in Adult commissioned enhanced Domiciliary Care placements.

2.7 The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with HB Continuing Health Care (CHC) and Local Authority (LA) colleagues. The detail on issues and associated risk and actions for homes in increasing/escalating concerns are reported

to the CHC Operational Group and the Care Home Support Cell established as part of the HB's Covid-19 response. The HCCT are actively involved in monitoring 6 nursing homes and 3 residential care homes who are in increasing/escalating concerns.

2.8   The HCCT also support the Partnership working agenda working with LA colleagues and regulators to look at care home quality assurance moving forward.

2.9   **North Wales Pre Placement Agreement** (PPA) – the updated Regional contractual framework, PPA with Care Home providers continues to progress to finalisation regionally between HB, LA, CFW and legal reps, with significant progress made since last reported.

Next steps include the sign off by all seven commissioners through the Regional Commissioning Board structure, before being shared with Providers for signature, this will end the period of consultation and move to a more robust contractual standing for the new financial year. Under the current timetable the proposal is that the new agreement will be in place by 1st April 2023. As a region discussions are ongoing as to the stance to be taken if providers refuse to sign.

As a collaborative piece of work that has been complex and has been under development since 2019, progress to finalisation is a significant milestone and will reduce the current risks within the market relating to historic contractual arrangements and working under implied terms, which is not without potential challenge. A briefing paper on the contractual and fee risks was presented to Exec's over the summer, risks that are recorded in the HB's risk register.

2.9.1 **True Cost of Care /Real Living Wage** - As part of the agreement of the revised PPA and as discussions continue nationally and regionally about the 'True Cost of Care and National Living Wales in the context of care fees and in the absence of a specification the HCCT are working with the Corporate team to develop an Individual Placement Agreement (IPA) to support the placement of individuals.

2.9.2 Regionally a specification is under development with LA partners and has been for many years. As an interim measure, the HB will commit to developing an assumed core service specification for a HB IPA. From a quality perspective we have to develop a standardised system to support providers to clearly articulate enhanced care needs delivery for any assessed care needs above the core service specification, this was clearly evident in the recent dispute process with one provider. This will be built into the draft IPAs.

2.10   **Funded Nursing Care - Inflationary Uplift Mechanism (IUM)** - HB Boards initially approved the IUM to apply for a period of five years and then review. The five year period ended with the 2018/19 calculation. HB Boards then approved an extension to the IUM for a further two years, to cover 2019/20 and 2020/21, the intention being that this would allow for WG to issue revised FNC Policy Guidance that would include a policy expectation regarding what services should be included within the rate. The COVID-19 pandemic led to a suspension of many planned policy developments, leading to the current plan by WG to issue an Interim Policy Statement as an interim measure during 2022.

2.11 The two year extension approved by HB Board completed in March 2022. Health Boards need therefore to formally consider whether to continue with the IUM as an appropriate option or to implement an alternative mechanism. Having considered this the recommendation of the professional and finance leads for long term care in each HB is that the IUM be extended further to cover 2022/23.

The benefits of this are:

- It is a well-established and tested mechanism which was not challenged during the 2017 legal proceedings;
- It provides a mechanism that would allow for rapid calculation of the FNC rate now that the NHS Pay Award has been announced;
- It complies with the Supreme Court Judgment.
- This would allow time for WG to finalise and issue the Interim Policy Statement that may impact on the way the FNC rate is calculated in future.

2.12 The Funded Nursing Care weekly fee for 2022/23 in line with the inflationary uplift mechanism would be an increase of 5.19%, which equates to £9.56 per week, resulting in an updated weekly fee of £193.88 backdated to 1 April 2022, with a cost pressure of £190,000 to be managed by the Divisions.

2.13 The recommendation was considered and approved by the HB Executive team at the meeting on the 12th October 2022 and referred to PFIG for ratification of the decision.

2.14 See Appendix 1 for additional detail on Key Activity and Benefits in the first half of 2022/23.

3   Quarter 2 2022/23 Financial performance of the main external contracts

3.1   The HB holds contracts with a range of English NHS Trusts, Welsh HBs, to deliver care and patient services on its behalf. The value of the English locally managed contracts is £72 million, the HCCT administers all of these contracts. However, £64.5 million of this is reported in the HB Contracting reports the remainder relates to repatriated services and is reported by the appropriate division.

3.2   Table 3 shows the financial position on the HB external healthcare contracts at the end of Quarter 2 as £1.4 million overspent with a forecast yearend overspend of £4.2 million.

Table 3 – 2022/23 Quarter 2 Contract position (Health Board Contracting)

	20/21 Outturn £'m	21/22 Outturn £'m	22/23 Plan £'m	22/23 Forecast £'m	22/23 Forecast Variance £'m	22/23 Q2 Plan £'m	22/23 Q2 Actual £'m	22/23 Q2 Variance £'m
Locally Managed English Contracts	55.4	60.0	64.5	64.4	(0.1)	32.2	32.2	0.0
Welsh Contracts	10.6	11.5	5.8	6.1	0.3	2.9	3.0	0.1
WHSSC	189.6	203.5	218.0	216.0	(2.0)	109.0	107.6	(1.4)
WHSSC Provider Contracts	(42.9)	(43.8)	(46.0)	(46.0)	0.0	(23.0)	(23.0)	0.0
BCU divisional recharges/misc.	(2.5)	(4.0)	(4.7)	(1.7)	3.1	(1.9)	(0.3)	1.7
NCAs & IPFR	4.4	5.6	5.8	5.7	(0.1)	3.1	3.0	(0.1)
Outsourcing	1.0	2.1	4.5	4.5	0.0	4.5	4.5	0.0
Savings	0.0	0.0	(3.0)	0.0	3.0	(1.1)	0.0	1.1
Total	215.6	234.9	244.9	249.0	4.2	125.7	127.0	1.4

3.3   The reported overspend of £1.4 million is due to non-achievement of savings targets and inflationary pressures in the cross border contracts.

3.4   The contracting agreements in place in 2022/23 in both Wales and England have moved from the block arrangements that were put in place as part of the Covid-19 response. However recognising the ongoing impact of the pandemic the contracts have not reverted back to cost per case.

3.5   For the Welsh contracts an All Wales task and finish group was established during 2021/22 to consider how and when to move away from the block arrangements. The All Wales Directors of Finance agreed the recommendation from the group that an interim arrangement for one year would be put in place. The agreed methodology for 2022/23 is to have a block contract for outpatients and cost and volume for the elective and non-elective activity with a 10% tolerance and a 70 % marginal rate for recovery activity.   The task and finish group will also to continue to work during 2022/23 on developing a longer term approach for 2023/24 onwards. All Long Term Agreements with other Welsh NHS bodies were agreed and signed off during Quarter 1.

3.6   A meeting took place between NHS England and Welsh Government in December 2021 where NHS England set out the contracting arrangements that they would be implementing in 2022/23. The proposal was a hybrid solution, with the majority of the contract remaining on block and a variable element around elective activity. This was aimed at continuing to support elective recovery whilst still recognising the on-going impact of the pandemic. It was agreed that where appropriate this would also be

applied to the cross border contracts.

3.7   It was anticipated that the HB would finalise the English contracts in Quarter 1 however this has been delayed due to the establishment of Integrated Care Boards (ICB) in England on the 1st July 2022.

3.8   The ICB's replaced the English Clinical Commissioning Groups and work closely with the English providers within their geographical area. Each ICB has been developing its approach to contracting within the broad national guidelines. To ensure consistency across their commissioner's local English providers have been awaiting finalisation of the ICB plans before engaging with the HB. In the last month there has been significant progress in this area and the aim is to get the English contract finalised and signed off during Quarter 3.

3.9   The HB continues to engage fully with WHSSC and has been actively involved with the development and monitoring of the Plan for 2022/23 and planning for 2023/24. Quarterly Service Level Agreement meetings were reinstated during 2021/22 to monitor the contract for specialist services provided by the HB. These are now well established with membership expanded to include representation from the operational teams.

4   Income Contracts

4.1   The HB holds income contracts with a range of English NHS commissioners and Welsh HBs to deliver care and patient services to their patients. The value of the healthcare contracts managed by the income team is £21.3 million, which is reported centrally. The section also manages a range of non-healthcare contracts where the income is reported by the appropriate division.

4.2   Table 4 shows the financial position on the HB income healthcare contracts at the end of Quarter 2 is a deficit of £0.1 million and a forecast outturn positon of a deficit of £0.6 million.

Table 4 – 2022/23 Quarter 2 Income Contract position (Healthcare Income)

	20/21 Outturn £'m	21/22 Outturn £'m	22/23 Plan £'m	22/23 Forecast £'m	22/23 Forecast Variance £'m	22/23 Q2 Plan £'m	22/23 Q2 Actual £'m	22/23 Q2 Variance £'m
English CCG Contracts	(7.8)	(9.4)	(9.3)	(9.1)	0.2	(4.6)	(4.5)	0.1
Welsh HB Contracts	(2.8)	(2.9)	(3.1)	(3.2)	(0.1)	(1.6)	(1.6)	(0.1)
NHS England - Specialist	(1.2)	(1.2)	(1.1)	(1.1)	0.0	(0.6)	(0.6)	0.0
NCAs	(4.0)	(6.1)	(6.4)	(5.9)	0.5	(3.2)	(2.9)	0.3
Other (inc RTA & Overseas visitors)	(1.0)	(1.1)	(1.1)	(1.4)	(0.3)	(0.6)	(0.8)	(0.3)
Savings	0.0	0.0	(0.3)	0.0	0.3	(0.1)	0.0	0.1
Total	**(16.8)**	**(20.7)**	**(21.3)**	**(20.7)**	**0.6**	**(10.7)**	**(10.4)**	**0.1**

4.3   The same contracting arrangements apply to the income healthcare contracts as to the expenditure contracts (reported above).

4.4   At the end of Quarter 2 the healthcare income section is reporting a deficit of £0.1 million, this is through non-delivery of the saving scheme due to the delays in recruiting to the revised Healthcare Contract department structure.

5   Contracts Structure and Governance Review

5.1   This paper has identified a number of significant areas where the HCCT are supporting the wider HB agenda around planned care and the transformation programme. In order to be able to respond to this effectively and ensure capacity exists to meet current and future demands the review of the team structure was undertaken as previously reported. The revised structure will be fully recruited to by the end of the financial year.

5.2   As part of the review, consideration was also given to the effectiveness of the current healthcare contracts governance structure that provides assurances to the PFIG Committee. The revised membership of the contracts scrutiny group, Healthcare Contracts Assurance Group (HCAG), updated terms of reference and key stakeholders have been refreshed and will see a greater emphasis on partnership working across HB disciplines which will be driven through the development of detailed annual work plan and cycle of business. The identification of key stakeholders continues to present a challenge and is currently being revisited to align to the new operating model. In the interim escalations are made through existing structures.

6   Recommendation

6.1   The HCCT continues to influence a broad and expanding spectrum of healthcare contracting issues across the HB and continues to build on the progress to stabilise contractual arrangements.   Current performance on a range of issues has been outlined within this paper.

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

note
- the financial position on the main external contracts as reported at Quarter 2 2022/23
- the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity
- the revised contracting arrangements with NHS Providers and Commissioners for 2022/23 and the work underway to finalise the English NHS contracts by the end of Quarter 3.
- the work underway in respect of increasing planned care capacity
- the significant steps taken to address the risks associated with the current contractual arrangements with independent care home providers.
- the work underway to develop robust governance and scrutiny arrangements

Ratify/approve
- ratify the decision taken by the Executive Team on the 12th October 2022 to accept the recommendation of HB professional and finance leads across Wales that the Inflationary Uplift Mechanism (IUM) used to calculate uplifts to the Funded Nursing Care (FNC) rate since 2014/15 be extended to cover the 2022/23 year. An increase of 5.19%, which equates to £9.56 per week, resulting in an updated weekly fee of £193.88 backdated to 1 April 2022, with a cost pressure of £190,000 to be managed by the Divisions.

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

Appendix 1
Key activity, Issues and benefits to date 2022/23

Endoscopy

Insourced endoscopy diagnostic services to support the delivery of planned care is in place on all three acute sites. The HCCT conduct weekly telephone contract monitoring meetings with all three insourcing providers after each weekend of service. To date there have been operational issues raised on all sites, however the scheduling of lists by the insourced provider in the East due to the availability of a HB link nurse and the ability of the provider in the West to meet the requirement for an additional weekday session have been the most challenging issues.

This is currently being addressed and assurances sought moving forward. The sites are working to increase the number of bowel screening lists to reduce waits, however the availability of HB specialist nurses continues to be a challenge.

Planned Care

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

- Re-tendering for Community Optometry Diagnostic and Treatment Centre's (ODTCs)
- Step Up/Step Down models in Areas, to support the discharge of 'medically fit for discharge' (MFD) patients.
- Off framework clinical staff
- Re-tendering for GP Services and Out of Hours GP Cover in HMP Berwyn
- Re-tendering for Optical services in HMP Berwyn

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

Non Acute contracts

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

Nursing Home Monitoring Visits

The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with HB CHC and LA colleagues. Onsite visits were reinstated with LA partners and regulators based on a risk assessed approach in May 2021, with 21 visits carried out between April and September 2022. Outcomes are reported through CHC operational teams and joint action plans are developed, shared and monitored with care home providers.

Nursing Homes in Increased or Escalating Concerns

A significant amount of time is spent actively monitoring those homes that are in increased or escalating concerns, this has continued remotely throughout the pandemic and care home lockdown. The detail on issues and associated risk and actions for homes in increasing / escalating concerns is reported via the operational teams' monthly reports to Patient Quality, Safety and Experience Group, (PSQ), CHC Operational Group. The HCCT are actively involved in monitoring 4 nursing homes and 4 residential homes who are in increasing or escalating concerns.

Quarterly Quality Assurance

In addition to the formal contract monitoring, the HCCT continue to monitor the quality and assurance Key Performance Indicator (KPI) returns from care homes across the 6 LA areas. As part of the 'Ask Once Principle' the HCCT reviewed the Quarterly Assurance Return with Local Authorities to include additional elements required by LA partners and other members of the Quality Assurance Team.

The Quarterly Assurance Returns pilot identified a number of areas that required additional consideration, which resulted in a below average return rate. The questions have been reviewed and refined in conjunction with the Practice Development Team to address concerns raised and to ensure alignment with the QAF and 'Ask Once' principles. The revised set of questions have been presented and approved by the Quality Assurance Framework (QAF) Implementation Group and ratified by the Provider Op's Group. A FAQ document will support the reinstatement of the survey for Quarter 2 reporting, the revised assurance return/survey will be re-launched by the Contracts Team in a facilitated Webinar on the 25th October 2022.

Partnership Working

The HCCT also support the Partnership working agenda, this quarter has seen a number of key pieces of work being taken forward as we work with LA colleagues, regulators and the 3rd Sector to look at areas such as care home quality assurance, commissioning intentions and contracting arrangements moving forward.

These include:

Assurance Mapping/Development of the Quality Assurance Framework - The HCCT are working in partnership with the HB Care Home Quality team and LA colleagues to develop the QAF. The aim being to develop a framework that enables and ensures provider services are safe, delivered under the "what matters" key principles, are needs led, effective and continuously improving. The HCCT are represented on all associated Task and Finish Groups and the HCCT assurance mapping piece of work has been revisited to support the development of the QAF. Consideration is being given as to how information can be shared and assurances derived from a central depository of information to remove duplication and unnecessary bureaucracy for care homes.

New Home Care Model in Gwynedd – the team have been supporting the development of a new home care model in Gwynedd, which will be a partnership agreement between the

HB and LA. Successful bidders providing patch based care within Gwynedd for the provision of domiciliary care for adults with the exception of people with learning disabilities and younger adults facing mental health issues. It is for the provision of 'standard' community based services excluding the skills and expertise of a qualified nurse.

Following earlier delays in the project previously reported, the project is now reaching the final stages of procurement, the tendering processes and awards have been completed and been through LA and HB governance routes. Co-developed contracts are in the process of being signed as Deeds by commissioners prior to signature by providers.

A Memorandum of Understanding (MOU) between the LA and HB has been developed and is at the signature stage, which will be a key governance document going forward as to how the partnership arrangements relating to these awards will be managed.

A Service Level Agreement (SLA) is being developed for the Gwynedd LA in-house delivery element of the contract. This puts a formal commissioning/contracting structure around this element of service delivery that has not existed previously.

Domiciliary Care Model – Isle of Anglesey – Concerns in relation to the Isle of Anglesey County Council domiciliary care existing contractual arrangements have been reported previously, which centred around the failure to extend the initial tendered contract and the potential risk of working under implied terms with providers. In light of recent legal advice contractual arrangements have been extended for a further twelve months, whilst as commissioners we work towards re-tendering for services.

Disputes Policy – The HCCT have been supporting a joint piece of work to develop a Disputes process with LA colleagues, which includes key stages of escalation, with oversight by the Regional Commissioning Board. The focus to date has been in relation to the commissioning of Adult services, the document is in its final stages of approval.
A joint piece of work is also underway led by the Children's team to develop a disputes Policy to be introduced within Children's services.

3rd Sector Commissioning -The HCCT is supporting the wider HB agenda of re-affirming its committment to the third sector, and developing new ways of working that foster stronger partnerships. Through collaboration and co-design, the aim is to achieve sustainability and growth for a sector that plays an ever-increasing role in the delivery of high-quality care and support to the people of North Wales. In order to deliver sustainable long-term impact, the HB are looking at how we strengthen, work with, commission from, and provide funding to, the third sector, and create conditions under which the third sector can operate as our strategic partners in care. To this aim we are, with third sector partners, Divisional and IHC colleagues undertaking a programme of review of existing contracts and grants.

Report title:	Capital Programme Report - Month 5 and 6
Report to:	Performance, Finance and Information Governance Committee
Date of Meeting:	Thursday, 27 October 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 and support the proposed adjustments to the capital programme.
Executive Lead:	Rob Nolan, Acting 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:

Programme has been reviewed to ensure that we meet our CRL and deliver the prioritised projects

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

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	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:
    Capital Programme Monitoring Report

Performance, Finance and Information Governance Committee

27th October 2022

Capital Programme Report Month 5 and 6

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	10.079
Discretionary Capital	10.971
Total Welsh Government CRL	**21.050**
Capital Receipts	
Donated Funding	0.800
TOTAL	**21.850**

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.

4
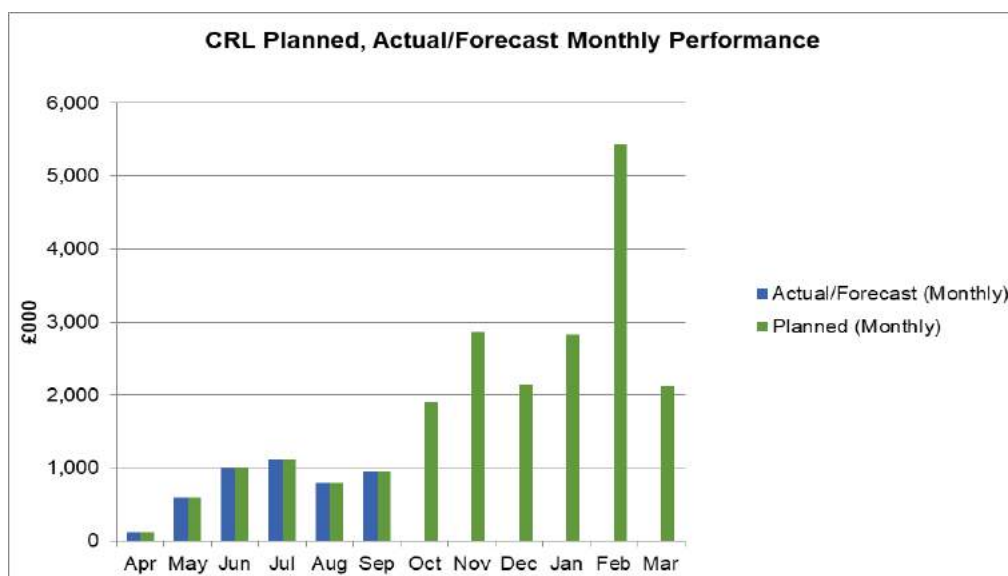
4. Major Capital Schemes (>£1m)

Scheme	Stage	Value (£m)	Comment
Royal Alexandra Hospital Redevelopment	FBC	71	Discussions continue with Welsh Government with respect to affordability. The Health Board, in conjunction with Denbighshire CC are proactively seeking the support of the Regional Partnership Board to unlock potential alternative sources of funding.
Adult and Older Persons Mental Health Unit (redevelopment of Ablett Unit)	OBC	67	Welsh Government have approved the Outline Business Case (OBC) and confirmed funding of £2.64m to proceed to Full Business Case (FBC).
Wrexham Continuity Phase 1	PBC	46	The project remains on programme to submit the Full Business Case for internal scrutiny in November for submission to the Health Board for approval in January 2023. Market testing is continuing and the impact of the current economic uncertainty has had a negative impact on the estimated target cost which has now increased to £46m.
Ysbyty Gwynedd Compliance Programme	PBC	250+	Discussions continue with Welsh Government and we hope to have support to proceed to OBC by the end of this calendar year.
Nuclear Medicine	SOC	11	Following Welsh Governments support of the Strategic Outline Case (SOC) we have progressed with the procurement of the Supply Chain Partner, Project Manager and Cost Advisor (this is the subject of a separate report to this committee). Work has also commenced on the option appraisal to determine the preferred location.
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

The attached Capital Programme Monitoring Report provides a detailed analysis of the current position of the discretionary capital programme. The programme as approved by the Board in March was subject to a number of adjustments as approved by this committee at it's meeting of 30th June 2022. The report highlights the following variance from the current approved programme:

Ward 6, Ysbyty Glan Clwyd - the expected outturn cost has increased by £380k, this increase is due three factors: 1. the design of Ward 6 has changed to support the introduction of enhanced respiratory beds; 2. design changes post Covid to ensure guaranteed air changes has required the introduction of increased mechanical ventilation and: 3. increase in materials and labour costs. Subject to the committees support for this increase the works will commence in November and these additional costs will therefore be managed over two years.

Maternity Community Bases and Ablett window replacement – at the time of agreeing the capital programme the extent of the works for these schemes was not known and a "best guess" estimate was included to ensure provision within the programme. The works have proven to be significantly less extensive than originally envisaged and thus the expected out turn costs are notably lower than the original allowance.

Ysbyty Penhros Stanley Air Handling Unit (AHU) – changes post Covid have required enhancements to the existing mechanical ventilation system. The condition of the existing system has been worse than expected and this has resulted in an increase in cost. It should be noted that this increase has been managed within the overall Operational Estates programme as a result of compensatory savings on other schemes.

Informatics programme – delays to the national business cases have resulted in the CANISC and Maternity Information System being delayed until next year. The significant reduction in the cost of the planned Back-up Storage scheme has allowed the programme to support additional investment in WiFi Spark, Steam and PIMs systems.

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.

As the quantum, if any, of additional funding will not be known until late October at the earliest Integrated Health Communities (IHCs), Regional Services (RSs) and capital programme leads were requested to review their planned programmes to assess the likely expenditure in 2022/23, based upon progress to date, and to prioritise projects.

Following this review it is recommended that the following actions are taken to ensure that the Health Board does not exceed its CRL:

	£m
Defer Enlli Phase 2 subject to securing additional funding	0.500
YGC Ward 6 to commence November 2022	0.343
YGC Ty Creoso limit works to Phase funded from charitable funds	0.150
Adjustment to Plas Gororau expenditure profile	0.250
Review Operational Estates expenditure	0.101
Reduce allowances for Safe Clean care and decontamination pending additional funding	0.500
National delays to Maternity Information System	0.140
Review Informatics expenditure	0.060
Review medical devices expenditure (brokerage savings)	0.044
VAT reclaim	0.142
TOTAL	**2.230**

The above collectively reduce the over commitment to £1.374m which is 12.5% of the secured funding and is considered acceptable given that to date expenditure is circa 20% of the total.

Welsh Government have asked Health Boards for an indication of potential requests for additional funding and it is recommended that in the first instance we request an additional £2.2m to reinstate the programme and provide a contingency against potential additional pressures.

6. Capital Programme 2023 and beyond

The Health Board has established a five year rolling capital planning with an expectation that programme will be reviewed each year. The following programme is proposed for the identification of capital investment priorities for 23/24 to 27/28 to align with the IMTP and Estate Strategy:

Prioritisation framework   Sept 22
Emerging capital priorities   Nov 22
Draft capital programme   Dec 22

In determining the capital programme IHC and Regional Services leads together with Estates, Medical Devices and Informatics programme leads are required to review the current programme to ensure that it continues to reflect known priorities and consider any further potential investment requests, and score each against the following criteria:

Criteria	Objective	Definition	Scoring criteria	Score
Address major risk	Reduces risk	Meets identified corporate or division/department risk (as identified on Risk Register).	Related to assessment of risk and urgency: does not reduce risk or risk rated as low, medium or high	0,2,4 or 6
Ensure the asset is sustainable	Meets KPIs and decarbonisation plan	Supports the delivery of agreed KPIs		0 to 6
	Supports service continuity	Describe outcomes and benefits	Ability to meet national or local targets as defined within the IMTP and enabling strategies	0 to 6
Supports Health Board priorities		Describe outcomes and benefits	Ability to meet local targets as defined within the IMTP and enabling strategies	0 to 6
Supports financial sustainability		Cost avoidance or cash releasing	Ability to avoid/reduce cost or release cash	0, 3 or 6

A short narrative will be required describing how each proposal supports the delivery of the Health Boards priorities within the IMTP, meets the above investment priorities and scored in accordance with the above criteria. Each proposal must then be ranked. In determining the ranking no proposals will be permitted to be of equal rank and your programme is then required to be shown in descending ranked order.

The initial priorities will then be discussed at the November CIG and reviewed within the context of the IMTP and enabling strategies and to ensure alignment with wider programme themes (e,g decontamination, Safe Clean Care, etc).

Betsi Cadwaladr University Health Board — **East, Centre & West Area Schemes and Mental Health**

DISCRETIONARY CAPITAL PROGRAMME 2022/23 - CONTROL PLAN

2022/23

Timeline columns: April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar

Programme key:
S = Project Start
D = Design
P = Procurement
I = Implementation
C = Project Close

Scheme	RAG Rating Q	T	C	R	B	Approved Budget Apr £	Approved adjustment June £	Revised Budget £	Estimated Outturn £	Proposed revised out turn 22/23 £	Start Date	End Date	Programme
YG - Enlli Ward Phase 2	G	A	A	G	G	500,000		500,000	500,000	50,000	02/05/22	17/03/23	Planned / ACTUAL
YG - Refurbishment of Oral Surgery and Maxillo-Facial Outpatient Department	G	A	A	G	G	0	151,000	151,000	151,000	151,000	01/04/22	30/09/22	Planned / ACTUAL
YWM - Conversion of Postmortem Room to permanent deceased storage	G	A	A	G	G	0	104,000	104,000	104,000	104,000	01/04/22	03/06/22	Planned / ACTUAL
YGC - Fully refurbish Ward 6 and 10	G	A	R	G	A	2,000,000		2,000,000	2,380,000	1,688,000	01/04/22	24/03/23	Planned / ACTUAL
YWM - Critical Care	G	A	A	G	G	0	500,000	500,000	500,000	500,000	01/04/22	02/09/22	Planned / ACTUAL
YWM - Upgrade bathrooms on Maternity Unit to meet IPC requirement (Year 1)	G	G	G	G	G	0	69,000	69,000	30,000	30,000	01/04/22	20/05/22	Planned / ACTUAL
YWM - Upgrade bathrooms on Maternity Unit to meet IPC requirement (Year 2)	G	G	A	G	G	150,000		150,000	120,000	120,000	01/08/22	17/02/23	Planned / ACTUAL
YWM - Phlebotomy (New Portocabin) Minor Works fon Andrology	G	A	G	G	G	116,000	24,000	140,000	130,000	130,000	20/06/22	16/12/22	Planned / ACTUAL
Maternity Community Base - Accomodation, Porthmadog, Pwllheli, Anglesy, Colwyn Bay (Also to include YGC Nurse Base (30k) & YG Door Automation (35k)	G	G	G	G	G	250,000		250,000	250,000	65,000	18/04/22	17/03/23	Planned / ACTUAL
WMH Cardiology Ambulatory Pacing	G	G	G	G	G	90,000		90,000	90,000	90,000	23/05/22	10/02/23	Planned / ACTUAL
Ysbyty Bryn Beryl Dental	G	G	A	G	G	750,000	332,000	1,082,000	1,140,000	1,140,000	01/04/22	03/03/23	Planned / ACTUAL
YGC - Ty Croeso - Ensuites to Parent Accomodation	G	G	G	G	G	150,000		150,000	150,000	5,000	01/04/22	17/03/23	Planned / ACTUAL
Heddfan - Phase 3 upgrade, Windows for Heddfan	G	A	G	G	G	101,000	57,000	158,000	158,000	158,000	01/04/22	29/07/22	Planned / ACTUAL
MHLD - Ligature risk reductions windows Ablett (100k)	G	G	G	G	G	400,000		400,000	100,000	100,000	25/04/22	24/03/23	Planned / ACTUAL
MHLD - Cefni Cohort	G	G	G	G	G	150,000		150,000	200,000	200,000	25/04/22	10/03/23	Planned / ACTUAL
Stroke Community Hubs (East & Central)	G	A	A	G	G	600,000		600,000	655,000	655,000	01/04/22	24/03/23	Planned / ACTUAL
YGC Colposcopy Suite	G	G	G	G	G	0	201,000	201,000	201,000	201,000	01/04/22	24/06/22	Planned / ACTUAL
Plas Yn Rhos	G	G	G	G	G	0	63,000	63,000	63,000	44,000	25/04/22	02/09/22	Planned / ACTUAL
Ambulance Escalation Bay YGC	G	G	G	G	G	0	41,000	41,000	53,000	53,000	01/04/22	13/05/22	Planned / ACTUAL
Relocate ABI and other teams from 204/206 Abergele Road - Possible rental solution	G	G	G	G	G	70,000		70,000	70,000	0			Planned / ACTUAL
YG Immunology Refurbishment (40k fee) ventilation (53K)	G	G	G	G	G	63,000		63,000	93,000	93,000	01/04/2022	13/09/23	Planned / ACTUAL
EFAB - Ty Llywelyn & Hergest, Carried Forward. Plus Ty Llywelyn Fence Works	G	G	G	G	G	144,000	131,000	275,000	300,000	300,000	01/04/22	12/09/22	Planned / ACTUAL
WMH - Reconfigure former CCU and associated relocations (ENT & Samariton)	G	A	G	G	G	730,000		730,000	730,000	750,000	23/05/22	20/03/23	Planned / ACTUAL
Plas Gororau Phase 1	G	A	G	A	G	1,000,000		1,000,000	1,000,000	750,000	23/05/22	31/03/23	Planned / ACTUAL

	£7,264,000	£8,937,000	£9,168,000	£7,377,000

2022/23

Betsi Cadwaladr University Health Board

Estates Schemes

DISCRETIONARY CAPITAL PROGRAMME 2022/23 - CONTROL PLAN
(From: April 2022)

Location	Scheme	Q	T	C	R	B	Approved Budget £	Estaimated Outturn 22/23 £	Proposed Revised Outturn 22/23 £	Start Date	End Date	Programme	Stage/Status	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Stage/Status
West Area																										
LLGH	LLGH - Replacement Fire Alarm System (Year 4 of 4)	G	G	G	G	G	70,000	68,000	68,000	01/04/2022	31/08/2022	Planned	S	i	i	i	i	C							
												ACTUAL		G	G	G	A	G							
Ysbyty Dolgellau	Upgrade Electrical Supply (Yr 2of 3)	G	G	A	G	G	126,000	129,000	129,000	01/04/2022	31/12/2022	Planned		D	P	P	P	I	I	I	I	C			
												ACTUAL		G	G	G	G	G	G						
Bryn Beryl	Kitchen Extraction Unit	G	A	G	G	G	50,000	50,000	5,000	01/04/2022	31/01/2023	Planned		D	P	P	P	I	I	I	I	I	C		
												ACTUAL		G	G	A	A	A	A						
Tywyn Hospital	Upgrade Fire Detection and Compartmentation to include C+E	G	G	G	G	G	70,000	70,000	50,000	01/04/2022	31/12/2022	Planned		D	P	P	P	I	I	I	I	C			
												ACTUAL		G	G	G	G	G	G						
Ysbyty Gwynedd	Installation of Dry Riser	G	G	G	G	G	10,000	10,000	10,000	01/04/2022	30/06/2022	Planned		I	I	I	I	I	C						
												ACTUAL		G	G	A	A	A							
Ysbyty Gwynedd	Replace Static Series 900 Fire Alarm System	G	G	G	G	G	80,000	80,000	80,000	01/04/2022	31/12/2022	Planned		D	P	P	P	I	I	I	I	C			
												ACTUAL		G	G	G	G	G	G						
YPS	AHUs	G	A	A	G	G	60,000	150,000	150,000	01/05/2022	31/10/2022	Planned			D	P	P	I	I	C					
												ACTUAL			G	G	A	A	A						
YPS	Handrail Project	G	A	A	G	G	12,000	15,000	15,000	01/05/2022	31/08/2022	Planned			D	P	I	C							
												ACTUAL			G	G	G	A	G						
Cefni	Emergency Generator	G	A	A	G	G	15,000	40,000	50,000	01/05/2022	30/09/2022	Planned			D	P	I	I	C						
												ACTUAL			G	G	A	A	A						
LLGH Ward Doors	Ward Doors	G	A	G	G	G	95,000	95,000	10,000	01/05/2022	30/09/2022	Planned			D	P	I	I	C						
												ACTUAL			G	G	A	A	A						
							588000	**707000**	**567000**																	
Centre Area																										
	YGC - Upgrade Fire Detection	G	A	G	G	G	25,000	25,000	25,000	01/05/2022	31/10/2022	Planned			D	P	P	I	I	C						Review FA at ABH as an option
												ACTUAL			G	G	G	A	A						
	YGC - Residential Accommodation Upgrade	G	A	G	G	G	50,000	52,000	32,000	01/05/2022	31/10/2022	Planned			D	P	P	I	I	C					
												ACTUAL			G	G	G	A	A						
	ABH - Water Services - Ward 6	G	A	G	G	G	40,000	40,000	40,000	01/05/2022	30/09/2022	Planned			D	P	P	I	C						
												ACTUAL			G	G	A	A	A						
	YGC - Cathlab - UPS Battery Upgrade	G	G	G	G	G	12,000	8,000	8,000	01/05/2022	30/06/2022	Planned			P	C									
												ACTUAL			G	G									
	ABH - Main Intake Substation - Switchgear Upgrade	G	A	G	G	G	35,000	35,000	35,000	01/05/2022	31/07/2022	Planned			D	D	P	P	I	I	C				
												ACTUAL			G	G	A	A							
	CBCH - Electrical Upgrade of Generator (Year 1 of 2)	G	A	G	G	G	20,000	20,000	-	01/05/2022	30/11/2022	Planned			D	D	P	P	P	I	C				
												ACTUAL			G	G	A	A	A						
	YGC - Maternity Bed Lifts x 2 lifts	G	G	G	G	G	37,000	35,000	35,000	01/04/2022	31/07/2022	Planned		D	I	I	I	I	I	C					
												ACTUAL		G	G	G	A	A	G						
	YGC - Upgrade Fire Dampers	G	G	G	G	G	15,000	15,000	15,000	01/05/2022	30/09/2022	Planned			D	P	P	I	I	C					
												ACTUAL			G	G	G	G	G						
	DCH - Upgrade of Lift Controller	G	G	G	G	G	21,000	17,000	17,000	01/04/2022	31/08/2022	Planned		D	P	I	I	I	C						
												ACTUAL		G	G	A	A	G							
	CBCH - Upgrade of Lift Controller	G	A	G	G	G	13,000	11,000	11,000	01/04/2022	31/08/2022	Planned		D	P	I	I	I	C						
												ACTUAL		G	G	A	A								
	YGC - Heating System Upgrade	G	G	G	G	G	8,000	7,000	7,000	01/04/2022	31/08/2022	Planned		D	P	I	I	C							
												ACTUAL		G	G	G	G								
	YGC - Surnicc Plantroom Floor - Tanking	G	A	G	G	G	30,000	30,000	30,000	01/05/2022	31/10/2022	Planned			D	D	P	P	I	I	C				
												ACTUAL			G	G	G	A	A						
	Bodnant - Building Fabric	G	A	G	G	G	50,000	50,000	50,000	01/05/2022	30/11/2022	Planned			D	D	P	P	I	I	C				
												ACTUAL			G	A	A	A							
	Hafod - Roof Upgrade	G	G	A	G	G	7,000	11,000	11,000	01/05/2022	31/08/2022	Planned			D	P	I	C							
												ACTUAL			G	G	G	G							
	RAH - Upgrade Boiler Plant Flue	G	A	G	G	G	18,000	18,000	18,000	01/05/2022	30/09/2022	Planned			D	P	I	I	I	C					
												ACTUAL			G	A	A	A	A						
	RAH - Roofing Upgrade of Fire Escape Route	G	A	G	G	G	25,000	25,000	25,000	01/05/2022	30/09/2022	Planned			D	P	I	I	I	C					
												ACTUAL			G	A	A	A	A						
	YGC - Medical Gas Manifold Upgrade	G	G	G	G	G	20,000	20,000	20,000	01/05/2022	31/10/2022	Planned			D	D	P	P	I	I	C				
												ACTUAL			G	G	G	G	G						
	Brighton Rd - MHLD - Upgrade Building Fabric	G	A	G	G	G	20,000	20,000	20,000	01/05/2022	31/08/2022	Planned			D	P	I	I	C						
												ACTUAL			G	A	A	A	A						
	DCH - Upgrade Main Entrance Auto Doors	G	A	G	G	G	11,000	11,000	11,000	01/05/2022	31/07/2022	Planned			D	I	I	I	I	C					
												ACTUAL			G	G	A	A	A						

								Budget 1	Budget 2	Budget 3	Start	End															
	YGC - Operational Estates - Upgrade Roofs (year 1 of 2)	G	G	G	G	G	30,000	30,000	30,000	01/05/2022	30/09/2022	Planned		D	D	P	I	I	C							
												ACTUAL		G	G	G	G	G								
							487,000	480,000	440,000																	
East Area																										
	Mold Hosp - Upgrade Sewage Station	G	G	G	G	G	40,000	40,000	40,000	01/05/2022	30/09/2022	Planned		D	P	P	I	C								
												ACTUAL		G	G	A	G	G								
	Deeside Hosp - OPD - Upgrade Nurse Call System	G	A	G	G	G	26,000	26,000	26,000	01/05/2022	30/09/2022	Planned		D	P	P	I	C								
												ACTUAL		G	G	A	R	R								
	Gresford Boiler Upgrade	G	G	G	G	G	4,000	4,000	4,000	01/05/2022	01/06/2022	Planned		I	C											
												ACTUAL		G	G											
	YMW - Lift Upgrade	G	A	G	G	G	70,000	66,000	66,000	01/05/2022	30/09/2022	Planned		D	P	I	I	C								
												ACTUAL		G	G	G	A	A								
	YWM - Fire Alarm EMS	G	G	G	G	G	50,000	56,000	56,000	01/05/2022	30/09/2022	Planned		D	P	I	I	C								
							200,000	192,000	192,000					G	G	G	G	G								
Pan BCUHB																										
	Health & Safety Asbestos Removal Project	G	G	G	G	G	100,000	47,000	47,000	01/07/2022	30/11/2022	Planned		D	D	P	I	I	C							
												ACTUAL		G	G	G	G									
	Health & Safety Fire Safety	G	G	G	G	G	150,000	150,000	150,000	01/05/2022	31/01/2023	Planned		D	D	D	P	P	I	I	I	I	C		
												ACTUAL		G	A	G	G	G								
	Health & Safety - CCTV	G	A	G	G	G	150,000	150,000	79,000	01/05/2022	30/09/2022	Planned		P	I	I	I	C								
												ACTUAL		G	G	G	A	A								
	Health & Safety - Road and Footpath Improvement (East) Programme						150,000	150,000	50,000	01/05/2022	31/08/2022	Planned		P	I	I	I	I								
												ACTUAL		G	G	A	A	A								
	Decarbonisation	G	A	G	G	G	250,000	243,000	218,000	01/04/2022	30/09/2022	Planned	I	I	I	I	I	C								
												ACTUAL	G	G	G	A	A	A								
	Safe Clean care - do no harm	G	A	G	G	G	500,000	500,000	300,000	01/05/2022	31/01/2023	Planned		D	D	P	P	I	I	I	I	C			
														A	A	A	A									
	Vascular Theatre Upgrade at YGC	G	G	G	G	G		50,000	50,000	01/05/2022	30/09/2022	Planned		D	D	D	D	D								
												ACTUAL		G	G	G	G	G								
	Decontamination Facilities	G	A	G	G	G	500,000	500,000	200,000	01/05/2022	31/03/2022			D	D	P	P	I	I	I	I	I	I	C	
														A	A	A										
Capitalised salaries							178,000	178,000	178,000																	

TODAY'S DATE: 30/09/2022

Betsi Cadwaladr University Health Board

DISCRETIONARY CAPITAL PROGRAMME 2022/23 - CONTROL PLAN
(From: April 2022)

Medical Devices Schemes

Programme key:
S = Project Start
D = Design
P = Procurement
I = Implementation
C = Project Close

Scheme	Q	T	C	R	B	Approved Budget £	Estimated Outturn £	Variance £	Start Date	End Date	Prog	30-Apr-22	31-May-22	30-Jun-22	31-Jul-22	31-Aug-22	30-Sep-22	31-Oct-22	30-Nov-22	31-Dec-22	31-Jan-23	28-Feb-23	31-Mar-23
Positive Pressure Isolator-Pharmacy Wrexham M	G	G	G	G	G	58,651	58,651	0	01/04/21	30/09/22	Planned	P	P	I	I	I	C						
											ACTUAL	G	G	G	G	G	G						
2 Cell Salvage Machines-Theatres Wrexham Mael	G	G	G	G	G	36,876	28,238	8,638	01/04/22	31/08/22	Planned	S	P	I	I	I	C						
											ACTUAL	G	G	G	G	G	G						
Endoscopy Stack-Endoscopy Wrexham Maelor	G	G	A	G	G	138,000	138,168	-168	01/04/22	31/07/22	Planned	S	P	P	C								
											ACTUAL	G	G	G	G								
Image Intensifier-Radiology Wrexham Maelor	G	G	G	G	G	97,680	97,680	0	01/04/22	30/09/22	Planned	S	P	I	I	I	C						
											ACTUAL	G	G	G	G	G	G						
Medical Gas Compressor - Wrexham Dental Cen	G	G	G	G	G	10,200	10,794	-594	01/04/22	30/09/22	Planned	S	P	P	I	I	C						
											ACTUAL	G	G	G	G	G	G						
Automated Medicine Cabinet-Emergency Dept W	G	G	G	G	G	31,734	26,658	5,076	01/04/22	30/09/22	Planned	S	P	I	I	I	C						
											ACTUAL	G	G	G	G	G	G						
3D Scope-Gynae Endometriosis Wrexham Maelo	G	G	A	G	G	103,764	103,764	0	01/04/22	30/09/22	Planned	S	P	P	I	I	C						
											ACTUAL	G	G	G	G	G	G						
Rehabilitation Equipment-Posture Mobility Wrexh	G	G	G	G	G	33,708	33,708	0	01/04/22	30/11/22	Planned	S	P	P	P	P	I	I	C				
											ACTUAL	G	G	G	G	G	G						
Automated Medicine Cabinet-Emergency Dept M	G	G	G	G	G	38,394	26,658	11,736	01/04/22	30/09/22	Planned	S	P	P	I	I	C						
											ACTUAL	G	G	A	G	G	G						
Patient Isotope Dose Calibrator-Radiology Wrexh	G	G	G	G	G		10,032	-10,032	01/07/22	30/11/22	Planned				S	P	I	I	C				
											ACTUAL				G	G	G						
Hysteroscopy Stack System-Gynae Ysbyty Gwyn	G	G	G	G	G	66,342	66,342	0	01/04/22	30/09/22	Planned	S	P	I	I	I	C						
											ACTUAL	G	G	G	G	G	G						
Video Fluoroscopy Chair-Speech Therapy Ysbyty	G	G	G	G	G	10,200	10,200	0	01/04/22	31/07/22	Planned	S	P	I	C								
											ACTUAL	G	G	G	G								
2 Arthrex AR 300 Drills-Theatres Ysbyty Gwynedd	G	G	G	G	G	29,728	22,296	7,432	01/04/22	30/09/22	Planned	S	P	C									
											ACTUAL	G	G	G									
Endobronchial Bronchoscope Ultrasound (EBUS)	G	G	G	G	G	184,428	193,229	-8,801	01/04/22	30/09/22	Planned	S	P	P	I	I	C						
											ACTUAL	G	G	G	G	G	G						
Nase-endoscopy Stack-ENT OPD Ysbyty Gwyne	G	G	G	G	G	72,219	72,219	0	01/04/22	30/09/22	Planned	S	P	P	I	I	C						
											ACTUAL	G	G	G	G	G	G						
Specialist Paediatric Bed	G	G	G	G	G	11,886	11,886	0	01/04/22	31/07/22	Planned	P	P	I	C								
											ACTUAL	G	G	G	G								
Portable Echo machine-Cardiac Cath Lab Glan Clw	G	G	G	G	G	40,285	40,285	0	01/04/22	31/10/22	Planned	S	P	I	I	I	I	C					
											ACTUAL	G	G	G	G	G	G						
Patient Dose Calibrator-Medical Physics Glan Clwy	G	G	G	G	G	6,450	6,498	-48	01/04/22	31/07/22	Planned	P	P	I	C								
											ACTUAL	G	G	G									
Image Intensifier-Radiology Glan Clwyd	G	G	G	G	G	105,600	105,600	0	01/04/22	30/09/22	Planned	S	P	I	I	I	C						
											ACTUAL	G	G	G	G	G	G						
Automated Medicine Cabinet-Acute Medical Unit	G	G	G	G	G	26,658	26,658	0	01/04/22	30/09/22	Planned	S	P	I	I	I	C						
											ACTUAL	G	G	G	G	G	G						
Gastroscope-Endoscopy Glan Clwyd	G	G	G	G	G	54,000	48,310	5,690	01/04/22	31/07/22	Planned	S	P	P	C								
											ACTUAL	G	G	G	G								
Diathermy-Gynae Glan Clwyd	G	G	G	G	G	8,000	10,868	-2,868	01/05/22	31/08/22	Planned		S	P	I	C							
											ACTUAL		G	G	G	G							
Objective Hearing Test Equipment-Audiology	G	G	G	G	G	100,421	100,421	0	01/04/22	31/07/22	Planned	S	P	P	C								
											ACTUAL	G	G	G	G								
Resusitaires-Gynaecology Ysbyty Gwynedd	G	G	G	G	G	113,776	113,776	0	01/04/21	30/09/22	Planned	P	P	I	I	I	C						
											ACTUAL	G	G	G	A	G	G						
Totals						**1,379,000**	**1,362,939**	**16,061**															

Betsi Cadwaladr University Health Board

DISCRETIONARY CAPITAL PROGRAMME 2022/23 - CONTROL PLAN
(From: April 2022)

Facilities Schemes

Scheme	RAG Rating					Budget			Scheme Duration		Programme	2022/23											
												Q1			Q2			Q3			Q4		
	Q	T	C	R	B	Approved Budget £	Estimated Outturn £	Variance £	Start Date	End Date	S = Project Start / D = Design / P = Procurement / I = Implementation / C = Project Close	30-Apr-22	31-May-22	30-Jun-22	31-Jul-22	31-Aug-22	30-Sep-22	31-Oct-22	30-Nov-22	31-Dec-22	31-Jan-23	28-Feb-23	31-Mar-23
											Planned/Actual Prog												
Food Trolley-Catering Bryn Y Neuadd	G	G	G	G	G	8,162	8,162	0	01/04/22	31/08/22	Planned	S	P	I	I	C							
											ACTUAL	G	G	G	G	G							
Food Trolley-Catering Ysbyty Gwynedd	G	G	G	G	G	10,470	8,508	1,962	01/05/22	30/09/22	Planned		S	P	P	I	C						
											ACTUAL		G	G	G	G	G						
2 Food Trolleys-Catering Penrhos Stanley	G	G	G	G	G	19,710	20,639	-929	01/05/22	30/09/22	Planned		S	P	P	I	C						
											ACTUAL		G	G	G	G	G						
4 Food Trolleys-Catering Glan Clwyd	G	G	G	G	G	33,428	32,435	993	01/05/22	30/09/22	Planned		S	P	P	I	C						
											ACTUAL		G	G	G	G	G						
2 Food Trolleys-Catering Wrexham Maelor	G	G	G	G	G	17,230	16,447	783	01/05/22	30/09/22	Planned		S	P	P	I	C						
											ACTUAL		G	G	G	G	G						
Dishwasher - Catering Chirk	G	G	G	G	G	11,000	10,943	57	01/05/22	30/09/22	Planned		S	P	P	I	C						
											ACTUAL		G	G	G	G	G						
Totals						100,000	97,134	2,866															

TODAY'S DATE: 30/09/2022

Betsi Cadwaladr University Health Board

DISCRETIONARY CAPITAL PROGRAMME 2022/23 - CONTROL PLAN

(From: April 2022)

Informatics Schemes

2022/23

Scheme Title	RAG Rating					Budget			Scheme Duration		Programme	30-Apr-22	31-May-22	30-Jun-22	31-Jul-22	31-Aug-22	30-Sep-22	31-Oct-22	30-Nov-22	31-Dec-22	31-Jan-23	28-Feb-23	31-Mar-23
	Q	T	C	R	B	Approved Budget £	Estimated Outturn £	Proposed Outturn £	Start Date	End Date	S = Project Start / D = Design / P = Procurement / I = Implementation / C = Project Close / **Planned/Actual Prog**	Q1			Q2			Q3			Q4		
Canisc	G	A	G	A	G	37,000	37,000	-	01/10/22	01/03/23	PLANNED	s	s	s	s	d	d	p	p	i	i	i	c
											ACTUAL	G	G	G	G	A	A						
WNCR	G	G	G	G	G	334,000	284,000	284,000			PLANNED	S, D	P	I	I	I	I	I	I	I	I	I	I
											ACTUAL	S, D	P	I									
Maternity Information System	TBC	TBC	TBC	TBC	TBC	140,000	140,000	-			PLANNED	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
											ACTUAL												
DHR	G	G	G	G	A	57,000	57,000	57,000	Apr 1st / 01/04/22	Mar 31st / 31/03/23	PLANNED	I	I	I	I	I	I	I	I	I	I	I	I
											ACTUAL	G	G	G	G	G	G						
Back up Storage	G	G	G	G	G	250,000	100,000	100,000	31/08/22	31/01/23	PLANNED				D	D	P	P	I	I	C		
											ACTUAL					G							
VMWare	G	G	G	G	G	100,000	100,000	100,000	31/07/22	31/12/22	PLANNED				D	D	D	P	I	C			
											ACTUAL				G	G	G						
BT Switch Room Refurb	G	G	G	G	G	90,000	45,000	45,000			PLANNED	S	S	S	D	D	D	D	D	D	D	D	D
											ACTUAL	G	G	G	A	A	A						
LAN Switches	G	A	G	G	G	645,000	645,000	645,000			PLANNED	S	S	D	D	P	P	I	I	I	I		C
											ACTUAL	G	G	G	G	G	G						
Cyber Security Compliance	G	G	G	G	G	60,000	24,000	24,000	310/08/202	31/12/22	PLANNED							D	P	I	C		
											ACTUAL												
WiFi Spark Refurbishment	G	G	G	G	G	-	44,000	44,000			PLANNED				S	D	P	I	I	C			
											ACTUAL				G	G	G	G					
Stream	G	G	G	G	G	-	50,000	50,000			PLANNED						S	D	P	I	I	C	
											ACTUAL						G	G					
Profile Information Management System (PIMS) Software	G	G	G	G	G	-	36,000	36,000			PLANNED						S	D	P	I	I	C	
											ACTUAL						G	G					
Totals						**1,713,000**	**1,562,000**	**1,385,000**															

Teitl adroddiad: ***Report title:***	Operational Plan Monitoring Report (OPMR) 2022-23
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 27 October 2022
Crynodeb Gweithredol: ***Executive Summary:***	This is a high-level report, providing a status update for Q2, on specific programmes outlined in the original Operational Plan for 2022-23. The committee is required to review the Q2 status updates, particularly those programmes that have provided no updates and those who provided narratives because the programme is off track. The committee is asked to approve the report as providing assurance that the programmes are on track to deliver.
Argymhellion: ***Recommendations:***	The Performance, Finance and Information Governance Committee is asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.
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 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: There are a number of programmes that weren't able to provide an update and without understanding greater detail and scrutinising all the programmes full assurance cannot be provided by the report author.

Steps to improve this rating: we are working on devising a framework for connecting the high-level reporting down through to the finer operational reporting to gain greater insights into progress – and thus assurance of delivery and impact.

Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	The programmes monitored in this report are the key strategic programmes aimed at ensuring the health board delivers high quality services and outcomes the population of North Wales.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	This report is to be scrutinised at key committee meetings, of which PFIG is one.
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 programme delivery status.
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 programme delivery status.
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, including how well and quickly programmes can be delivered.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	The delivery of the programmes here 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 programmes here (some more than others) will have direct and indirect impact on the financial recovery plan of the Board.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	This Q2 status updates has been provided by programme leads across the Health Board. 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)	This report provides a high-level overview of programmes that have potential to improve service delivery and outcomes for patients and service users. Therefore, for those programmes not on track there is a potential risk.
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: *greater scrutiny of those programmes that haven't provided and update, and those that are off track. Including consideration of whether provision of providing a status update of 'on track' is sufficient evidence to be fully assured.*

Rhestr o Atodiadau:
   Dim

List of Appendices:
None

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

Welcome to Betsi Cadwaladr University Health Board's Annual Plan 2022-23 Monitoring Report

Reporting Period 1st July to 30th September 2022

Produced by the Performance Directorate in collaboration with Programme Leads

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Summary

Planned Care

Planned Care Recovery

Unscheduled Care

Primary & Community Care

Mental Health

Population Health

About this Report
Further Information

Key:

- Not Progressing
- On track
- Off Track - Mitigated
- No Update
- On Hold

All Chapters

16
3
4
2
24

Total: 49

Planned Care
1 1
1
8

Total: 11

Planned Care Recovery
1 2
1
9

Total: 13

Unscheduled Care
1
1

Total: 2

Primary & Community Care
2
4
2

Total: 8

Mental Health
9
2
1

Total: 12

Population Health
2
1

Total: 3

Planned Care

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Primary & Community Care

Mental Health

Population Health

About this Report
Further Information

Planned Care	Status	⬤	On Track	Executive Lead: Gill Harris	Last Updated on:	**19th October 2022**

Our Outcomes

Implementation of breast, neck, lung and vague symptoms pathways to improve timey access and treatment of patients.

Improved timely access for patients to the right eye care specialist at the right time resulting in improved outcomes for our

Please see Planned care Recovery Page

Successful recruitment against final, agreed, business case

Produced by the Performance Directorate in collaboration with Planned Care Leads

Our Programmes

Legend:	⬤ Not Progressing	⬤ On Track	⬤ Off Track -	⬤ No Update	⬤ On Hold

Ref	Programme	Q1	Q2	Q3	Q4
a.2022.36	Suspected cancer pathway improvement	⬤	⬤		
a.2022.6	Eye Care	⬤	⬤		
a.2022.30	Radiology sustainable plan	⬤	⬤		
a.2022.31	Regional Treatment Centres	⬤	⬤		
a.2022.38	Urology - Robot Assisted Surgery	⬤	⬤		
a.2022.12	Long Covid	⬤	⬤		
a.2022.13	Lymphoedema	⬤	⬤		
a.2022.10	Implementation of Audiology pathway	⬤	⬤		
a.2022.39	Vascular	⬤	⬤		
b.2022.8	Diabetic Foot pathway	⬤	⬤		
a.2022.9	Home First Bureaus	⬤	⬤		

Narrative

a. 2022. 6 Eye Care: Measure 1: Implement National Intravitreal Treatment (IVT) Pathway. Awaiting clarification from Operational Team re status of Consultant recruitment to achieve full pathway delivery in Q2. Measure 2 Implement Rolling Delivery of Open Eyes All Wales Digital System. Update for Q2: BCU On track/delivered BCU Glaucoma Go Live dependency actions within agreed timescales. National Digital programme delivery of Glaucoma "Go Live" delayed. (Key enabler of sustainable pathways to reduce patient waiting times and waste efficiencies) Mitigation: BCU have expanded health board pre-mobilisation to include Glaucoma and Cataract: to ensure Go Live readiness for both pathways when National Programme functionality confirmed. Measure: Local Planning Group to support implementation of Integrated Eye Pathways arising from National Reform Q2 Update: Monthly Eye Care Collaborative Group (ECCG) re-established in Q4 2021. ECCG oversees Strategic Transformation and improvement in line with National strategic aims, including contract reform. Clinically led, Integrated Eye Care Network Groups, accountable to the ECCG, implement and monitor action plans to embed standard delivery of strategy into everyday practice. This measure has been partially achieved in Q4, with conflicting clinical and Operational demands and Senior Leadership vacancies challenging a. quorate Nursing and Operational Management attendance and b. Site tracking and timely delivery of actions in central area. Mitigation: Central Nursing Matron and Operational recruitment has been progressed: with post holders to commence posts in Q3.

Planned Care Recovery | Status 🟢 On Track | Executive Lead: Gill Harris | Last Updated on: **19th October 2022**

Our Outcomes

Reduction number of patients waiting and lengths of waits due to increased capacity.

Improved timely access for patients to diagnostic tests and oncology services.

Reduction number of patients being added or retained on our waiting lists leading to improved patient satisfaction and outcomes.

Improved patient outcomes

Reduction of 8 week breaches to meet national target of 0.

Increase in number/ ratio of video consultations, increase in service capacity and patient choice

Our Programmes

Legend: 🟤 Not Progressing 🟢 On Track 🟡 Off Track - Mitigated 🔴 No Update ⚪ On Hold

Ref	Programme	Q1	Q2	Q3	Q4
Capacity – core and additional	Outsourcing	🟢	🟢		
	Insourcing	🟡	🟡		
	Partnerships	🟢	🟢		
Lean, value-focused support infrastucture - clinical	Radiology sustainability - scheme a.2022.30 *programme in Planned Care section*	🟢	🟤		
	Oncology capacity	🟢	🟢		
	Pathology	🟢	🟢		
Lean, value-focused support infrastucture - administrative	Validation programme	🟢	🔴		
	BetsiPathways e.g. Audiology - scheme a.2022.10 *programme in Planned Care*	🟢	🟤		
	GIRFT / National Programme in 5 specialities	🟢	🟢		
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	🟢	🟢		
	Pre-habilitation	🟢	🔴		
	'Attend Anywhere'	🟢	🟢		
Modernisation	Urology Robot	🟢	🟢		
Building for the future	RTC project - a.2022.31 *programme in Planned Care section*	🟢	🟢		
Communication	Launch a Communication Strategy	🟢	🟢		
a.2022.40	Video consultations *Part of attend anywhere (see above), therefore not progressing*	🟢	🟤		

Narrative

Narrative only required for Programmes rated as - Off Track not Mitigated, which isn't any here. Although awaiting final updates for pre-habilitation, and validation programme (leads have been contacted and responded - they are clarifying)

Unscheduled Care | **Status** | ● On Track | **Executive Lead: Gill Harris** | **Last Updated on:** | **19th October 2022**

Our Outcomes

Reduction in admissions, & ambulance handover delays and

Improved performance against Sentinel Stroke National Audit Programme (SSNAP) Measures translating as improved clinical outcomes for our patients.

Produced by the Performance Directorate in collaboration with Unscheduled

Our Programmes

Legend: ● Not Progressing ● On Track ● Off Track - ● No Update ● On Hold

Ref	Programme	Q1	Q2	Q3	Q4
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	●	●		
a.2022.35	Stroke services	●	●		

Narrative

a. 2022. 35 Stroke services: Construction start delayed due to ongoing engagement with CHC Service Planning Committee from May to July.
Agreement with CHC on 11th. July to implement Stroke Specialist Inpatient Rehabilitation (SSIR) units in Llandudno General Hospital (LLGH) and Deeside.
Commissioned design and construction work for Q3 start.

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Primary & Community Care

Status 🟡 Off Track Mitigated

Executive Lead: Gill Harris

Last Updated on: **19th October 2022**

Our Outcomes

Long term Improved recruitment and retention of clinical staff having been educated and trained through the Academy in North Wales

Improved access to the right services at the right time, reducing burden on secondary care whilst providing care closer to home resulting in more timely, efficient and better outcomes for our patients and their families.

Produced by the Performance Directorate in collaboration with Primary &

Our Programmes

Legend: Not | 🟢 On Track | 🟡 Off Track - Mitigated | 🔴 No | ⚪ On Hold

Ref	Programme	Q1	Q2	Q3	Q4
a.2022.7	Further development of the Academy	🟢	🟡		
a.2022.37	Urgent Primary Care Centres	🟢	🟡		
a.2022.44	Widening of Primary Care workforce	⚪	🟢		
b.2022.14	Recovery of Primary Care chronic disease monitoring	🔴	🟡		
b.2022.2	Accelerated Cluster Development	🟢	🟡		
a.2022.2	Colwyn Bay Integrated services facility	🔴	⚪		
a.2022.1	Care Home support	🟢	🟢		
a.2022.3	Continuing Healthcare infrastructure	🟢	⚪		

Narrative

a. 2022. 7, Further development of the Academy: Good progress being made, with three project teams established to oversee the development and implementation of each of the Skills, Education and Training Hubs. GPWSI in Education and Learning is currently 'live' on Trac for the two West sites. Timeline for increasing the number of placements is to be adjusted with training places planned to start early in 2023.

b. 2022 2, Accelerated Cluster Development: Positive progress is being made with regards the establishment of Professional Collaboratives and Clusters, however, challenges in agreeing footprint for PCPGs and local authority buy-in is slowing progress at this more strategic level. Issue has been escalated to Exec Team to agree position.

b. 2022. 14, Recovery of Primary Care Chronic disease monitoring: Some evidence of positive progress being made in some areas, especially in relation to the Long-term conditions hub, which commenced operation in the North Denbighshire Cluster and has now been extended to the second Cluster in Denbighshire. However, difficulties in recruiting additional staff/ offering existing staff increased hours to help reduce the backlog of reviews has meant that work has been slow to progress.

To help mitigate the risks, we would like to ask practices to provide us with information now, on their current waiting list size for each Chronic Condition (Baseline) and then again at the end of Q4 (progress made). This will enable us to ensure we have a better grasp of the situation, and the efforts being undertaken to deal with the backlog, and will allow the health board to proactively work with Clusters to help reduce the backlog. The LMC have blocked our request to contact practices for this information, however, we are continuing to push.

a. 2022. 37, Urgent Primary Care Centres: Good progress, but review currently being undertaken with a small pilot being launched in October, which will look at ways to increase number of people streamed directly from ED triage (via a UPCC GP/ ANP) to the UPCC for consultation. Deep dive sessions planned to review north Wales model for Urgent Primary Care, which will shape future direction of UPCCs in North Wales.

Home
Summary
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Planned Care Recovery
Unscheduled Care
Primary & Community Care
Mental Health
Population Health

About this Report
Further Information

Mental Health

| Status | **Off Track Mitigated** | Executive Lead: Teresa Owen & Gill Harris | Last Updated on: | **19th October 2022** |

Our Outcomes

Delivery of the Divisional Improvement Plan which is based on putting in place strategies that will provide a sustainable quality service as well as safe and effective person-centred care, which meets the requirements of HIW and the legislative frameworks.

Produced by the Performance Directorate in collaboration with Mental

Our Programmes

Legend: Not | On Track | Off Track - Mitigated | No Update | On Hold

Ref	Programme	Q1	Q2	Q3	Q4
a.2022.14	AISB Joint Commissioning	Off Track	On Track		
a.2022.15	CAMHS Training and Recruitment	On Track	On Track		
a.2022.16	CAMHS Transition and Joint working	On Track	Off Track		
a.2022.17	Early Intervention in Psychosis	Off Track	Off Track		
a.2022.18	Eating Disorders Service development	Off Track	Off Track		
a.2022.19	ICAN Primary Care	Off Track	Off Track		
a.2022.20	Medicines Management support	Off Track	Off Track		
a.2022.21	Neurodevelopment recovery	On Track	Off Track		
a.2022.22	Occupational Therapy	Not	Not		
a.2022.23	Older Persons Crisis Care	Off Track	Off Track		
a.2022.24	Perinatal Mental Health Services	Off Track	Off Track		
a.2022.25	Psychiatric Liaison Services	Off Track	Off Track		

Narrative

a. 2022. 14, AISB Joint Commissioning: Funding allocated via ISBs is supporting a variety of initiatives across the Local Authority areas including services delivered by ICAN a2022.19 / MHLD ref MH03_ICAN.   A new commissioning lead to strengthen links with AISBs is due to start 17/10/2023. **a. 2022. 16, CAMHS Transition and Joint Working:** Delay in recruitment raised as risk and issue through TI Programme and Transition Work Stream. Monitoring via project team in place with a view to actions being completed by end of Q4. **a. 2022. 17, Early Intervention in Psychosis:** Accommodation has been identified but not yet approved via PFIG process, that will support effective delivery of the service and enable continued recruitment to establishment in the East under Phase 1 of EIP plans. Staffing for roll out of the service across Central and West to ensure equity of service availability and delivery is now costed and forms part of the phase 2 plans submitted through the IMTP process. All staff receiving training as recruitment progresses. Plans for Phase 2 have been assessed and costed and submitted through the IMTP process and awaiting decision. **a. 2022. 18, Eating Disorders Service development:** Partial recruitment is complete. Recruitment to establishment has been significantly limited by lack of suitable accommodation. A business case has been submitted through divisional and corporate governance routes for approval to lease suitable premises. Once approved, recruitment will re-commence.

Training plan being progressed in line with Quarter 3 milestone. However, due to delays in recruitment delivery of training cannot be completed until we are at establishment. Milestone revision will be subject to timescales for estates.

We are developing a team of staff to visits sites and start to establish a plan to measure outcomes. a. 2022. 19, ICAN Primary Care: 90% of iCan Primary Care Occupational Therapists (OT) recruited with two vacancies awaiting interviews.

Training plan has been agreed and OTs are being trained. Expectation is that all staffs will be trained by the quarter 3 milestone's. **2022. 20, Medicines Management Support:** All CMHT Lead pharmacists now recruited to. A number of the team post are in place. Remaining vacancies being progressed and/or discussions taking place on alternative role opportunities. Roll out of EMIS continues. Delays have been experienced due to a national shortage of hardware. Central and East are awaiting deliver and installation of EMIS linked prescription printers with East due to start training staff in October. There are three working groups in place to help evaluate effectively the overall impact for each area; EMIS, Pharmacy Strategy Group and Medicine Management Group. **a. 2022. 21, Neurodevelopment recovery:** Phase 3 (relating to 22/23 IMPT funding) of the external provider contract commenced as planned in July/August 2022 , a temporary pause has been put on referrals being sent for October 2022, due to concerns regarding outstanding delivery of completed assessments in phase 1 and 2; for which we are in the process of agreeing a recovery plan for. Further meeting with provider due to be held on 10.10.22. Risks currently being escalated. Finance position also been paused. **a. 2022. 23, Older Persons Crisis Care:** Recruitment to establishment partially complete. Start dates for recently interviewed candidates to be agreed and some posts re-advertised on Trac. The Quality Assurance Framework has been used to establish 11 tools for monitoring information, which is shared with practice development teams. We are working on launching a quality CQMT with providers for integrated working to improve care standards. Training and development is ongoing. **a. 2022. 24, Perinatal MH Services:** Recruitment progressing but incomplete due to lack of accommodation for the service. The team are working with the estates team to resolve this. Once accommodation issues are worked through then recruitment will continue. All staff in post have received or undergoing appropriate training to their role. Once the accommodation issues have been resolved and new staff are recruited then they will also receive the relevant training. Following peer review positive feedback received and recommendations provided on areas of improvement to achieve accreditation. Primary issue raised is lack of appropriate accommodation for patients and staff. **a. 2022. 25, Psychiatric Liaison Services:** Work for psychiatric liaison teams is progressing and forms part of the overarching crisis care work.   Recommendations from the Delivery Unit review are being incorporated into the overall plans for future working. 2 Central posts recruited to, 2 East posts recruited to, 1 in West recruited to with the other being interviewed for in late October.   Working towards completion to recruitment by within quarter 3.

Population Health

Status ● On Track

Executive Lead: Teresa Owen

Last Updated on: **19th October 2022**

Our Outcomes

Reducing the potential spread of COVID-19 as much as possible and reducing the potential impact on our service,

In the longer term improved health and wellbeing of the population .

Produced by the Performance Directorate in collaboration with Population Health Leads

Our Programmes

Legend: ● Not ● On Track ● Off Track - Mitigated ● No ● On Hold

Ref	Programme	Q1	Q2	Q3	Q4
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	●	●		
b.2022.5	Building a Healthier Wales (BAHW)	●	●		
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	●	●		

Narrative

Narrative only required for Programmes rated as Red - Off Track not Mitigated

Teitl adroddiad: **Report title:**	Quality & Performance Report to 30th September 2022
Adrodd i: **Report to:**	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	Thursday, 27 October 2022
Crynodeb Gweithredol: **Executive Summary:**	This report outlines performance against the key performance and quality measures identified as a priority for the Health Board and reported to the Performance, Finance and Information Governance Committee. The summary of the report is now included within the Executive Summary pages of the Quality and Performance Report and demonstrates the work related to the key measures contained within the 2022-23 National Performance Framework. This framework has been revised to provide performance measures including Ministerial Priority Measures under the Quadruple Aims set out in A Healthier Wales. 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 and 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:**	Rob Nolan, Acting 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* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

	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	

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 limited evidence and assurance that improvements will be made and/or sustained – hence the partial assurance.

Steps to improve this rating: We will continue focus on improving performance reporting and workflows, which includes supporting leads and services to improve the connection between correcting actions, plans and improvements – to benefit both our local population health and well-being and that of our workforce.

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 and 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)*	This QP report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement.
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

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Performance to 30th September 2022
Presented on 27th October 2022

Performance, Finance & Information Governance Committee

1

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 has not been possible to have the very latest data (to September 30th 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.

The NHS Wales Performance Framework for 2022-23 was published in the latter half of July 2022. We are working hard to ensure all new measures are included in this report, where appropriate. Where measures are not being reported it's because we are establishing processes to collect the data.

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

Ongoing development of the Report

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

In the meantime, following feedback from Board members, some changes have been made to the Q&P Report. These are as follows:-

- The structure of the Executive Summary – to improve clarity of performance position.
- Images have been removed from the report to reduce the size of the report.
- RAG rated trend arrows have been replaced with 12 month trend infographics to reduce confusion regarding the direction of performance.

Overall Summary Dashboard

Unscheduled Care Measures

Ambulance Red Calls 8 Minutes: 45.5%

BCU Level - Ambulance Response: Red Calls within 8 Minutes

Ambulance Handovers Over 1 Hour: 1,908

BCU Level - Ambulance Handovers: Number of Patients Waiting Over 1 Hour
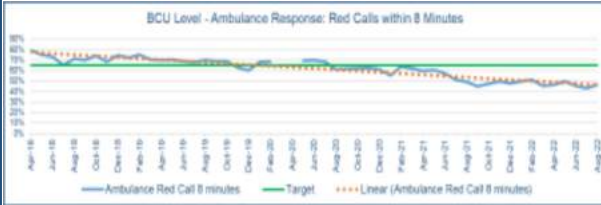
Combined ED&MIU 4 Hours: 62.25%

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

ED 12 Hours: 3,120

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

ED 24 Hours: 1,441

BCU Level - Emergency Department: Number of Patients Waiting Over 24 Hours
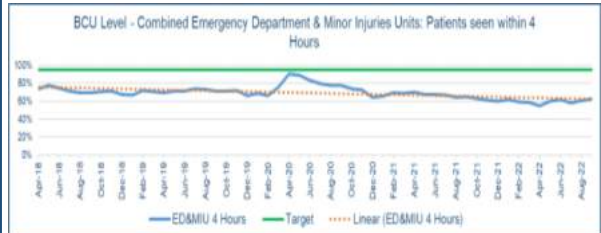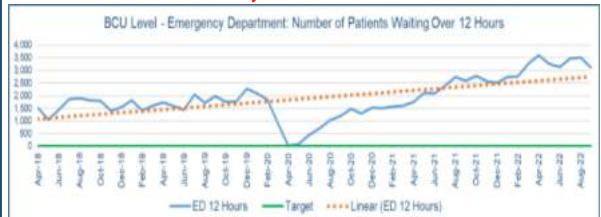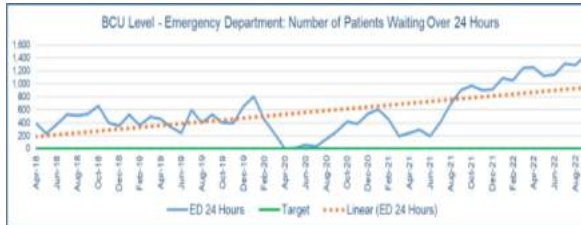
Stroke Admission 4 Hours: 18.10%

Stroke Care: Admitted to Stroke Unit within 4 Hours
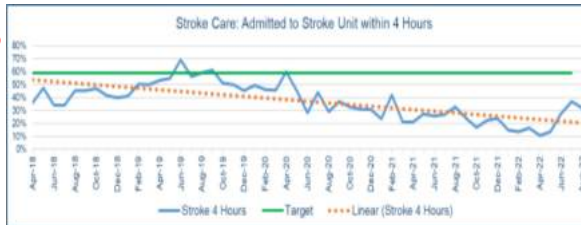
Stroke Consultant 24 Hours: 67.10%

Stroke Care: Assessed by a Specialist Stroke Consultant within 24 Hours
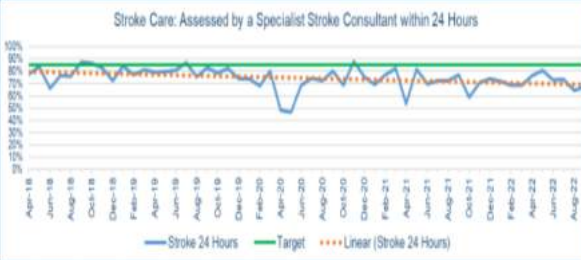
Sickness Absence Rate: 5.63%

Sickness Absence Rates

Planned Care Measures

Diagnostic Waits 8 Weeks: 9,464

Diagnostic Waits: Number of Patients Waiting Over 8 Weeks
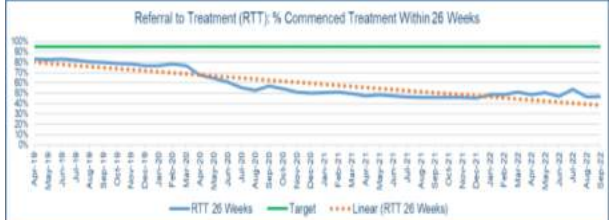
Therapy Waits 14 Weeks: 5,450

Therapy Waits: Number of Patients Waiting Over 14 Weeks
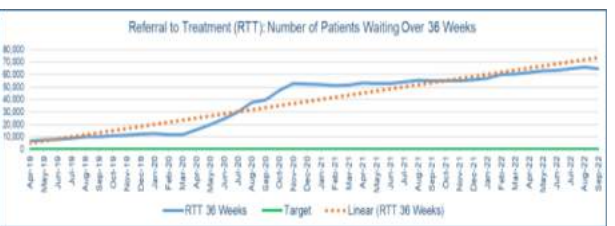
Total Follow Up Backlog: 205,057

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

Follow Up Over 100%: 61,488

Outpatient Follow Up Waiting List: Number of Patients Waiting over 100% of Target Date

RTT within 26 Weeks 54%

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

RTT Over 36 Weeks: 64,788

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

RTT Over 52 Weeks: 46,086

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

Suspected Cancer Pathway: 61.71%

Suspected Cancer Pathway: Commenced Treatment Within 62 Days

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

Improving Position	Static Position	Declining Position
• Number of patients waiting over 8 weeks for diagnostic endoscopy continues to decrease from 3,141 (Aug 2021) to 2,250 (September 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 52% (September 2022) although dipped from 54% previously reported. • Staff sickness has started falling for last 3 months at 5.6% for September compared with a high of 7.2% reported in July. • Although Emergency Department (ED) (inc. MIUs) 4-hour waits has worsened from 64.5% (Aug 2021) to 58.4% (July 2022) it has started to improve at 62.25% for September 2022 • Although 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), In September the figure has fallen by over 300 to 3,120. • There has been a sustained reduction over 5 months in the number patients waiting more than 14 weeks for a specified therapy from a high of 6,682 in May 2022, to 5,450 (September 2022). • Mandatory training compliance is stable and above target at 86% • % PADR completion in past 3 months has improved from 65 % (July) to 67.7% (September 2022) • Median time from arrival at an ED to assessment by a senior clinical decision maker has decreased from 188 mins (April 2022) to 143 mins (September 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 • There has been an improvement in episodes clinically coded within one reporting month post episode discharge end date from 92.9% to 95.6% and is also now exceeding target (95%)	• Median time from arrival at an emergency department to triage by a clinician has been stable over last 12 months, at around 46.5 minutes. • % 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 September 2022. • Percentage of patients waiting less than 26 weeks for referral to treatment has remained largely static at 46.2% (August 2021) to 46.9.0% (September2022), • Number of ambulance patient handovers over 1 hour remains static at around 1,900 (although a slight decrease from 2,037 reported previously)	• Number of patients waiting more than 8 weeks for a specified diagnostic continues to increase from 7,389 (Aug 2021) to 9,464 (September 2022) • 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 26,515 (August 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 61,488 (September 2022) • Number of patients waiting more than 36 weeks for referral to treatment has increased from 55,295 (Aug 2021) to 64,871 (July 2022) but looks to be stabilising In with 64,788 reported for September 2022. • Agency spend as a percentage of the total pay bill has increased from 4.8% (Aug 2021) to 7.2% (July 2022) but is starting to fall at 6.5% in September 2022.

Chapter 1: Screening
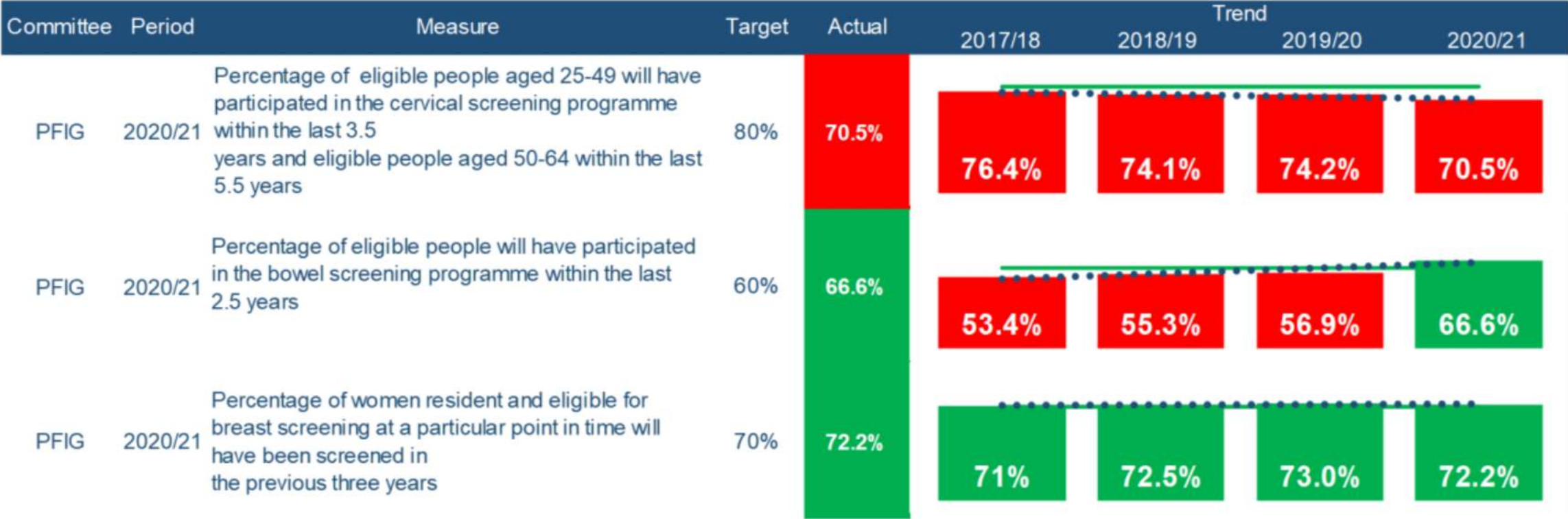
Chapter 2a: Primary & Community Care
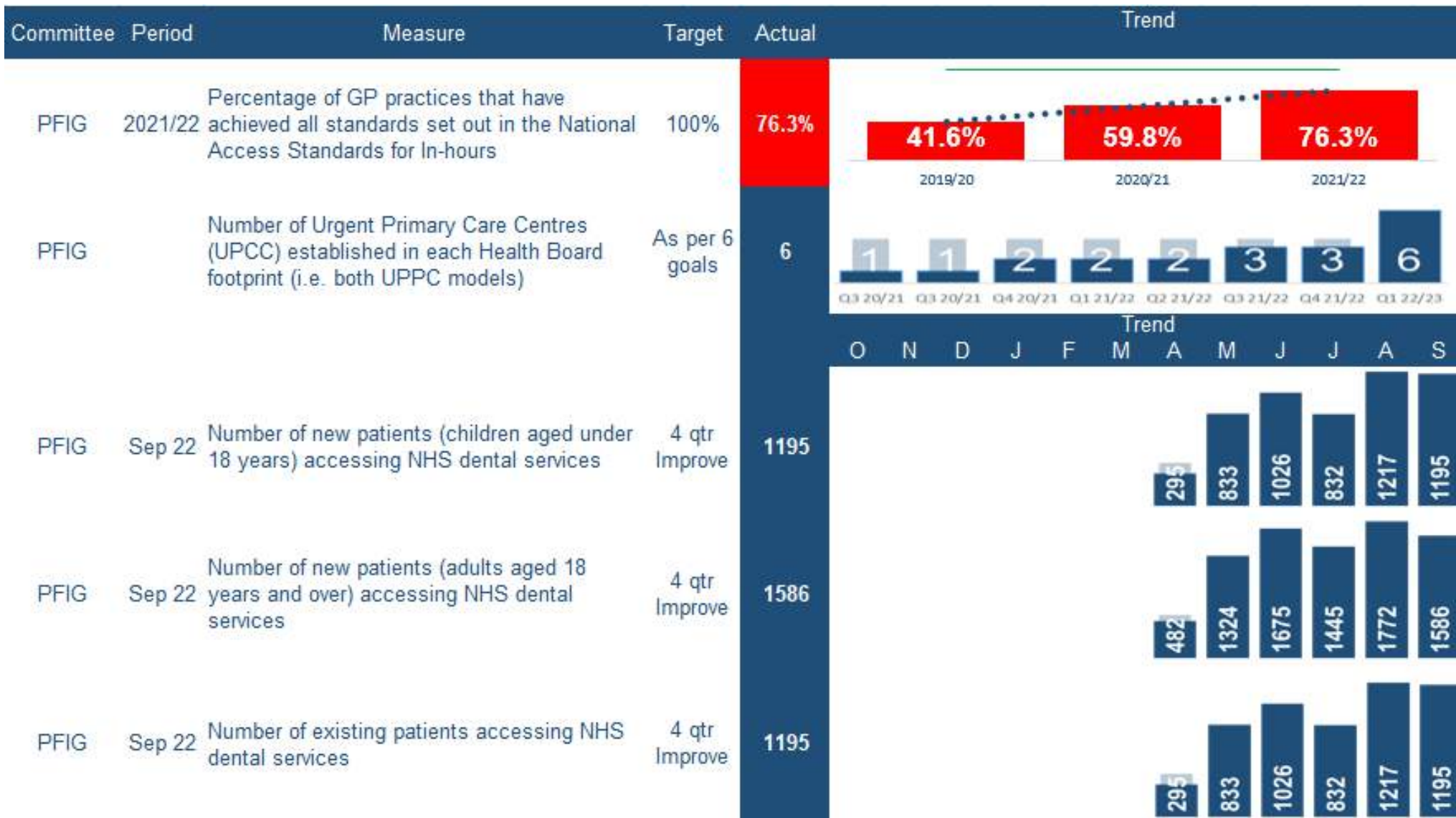
Data for June 22 to end July 2022 period

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**	

The system this data comes from ceased to be available in August. A new system should be ready for next PFIG report and data refreshed and backdated.

GP Out of Hours

Quality & Performance Report
Performance, Finance & Information
Governance Committee

Data to 30th September 2022 (unless stated otherwise)
Presented on 27th October 2022 **11**
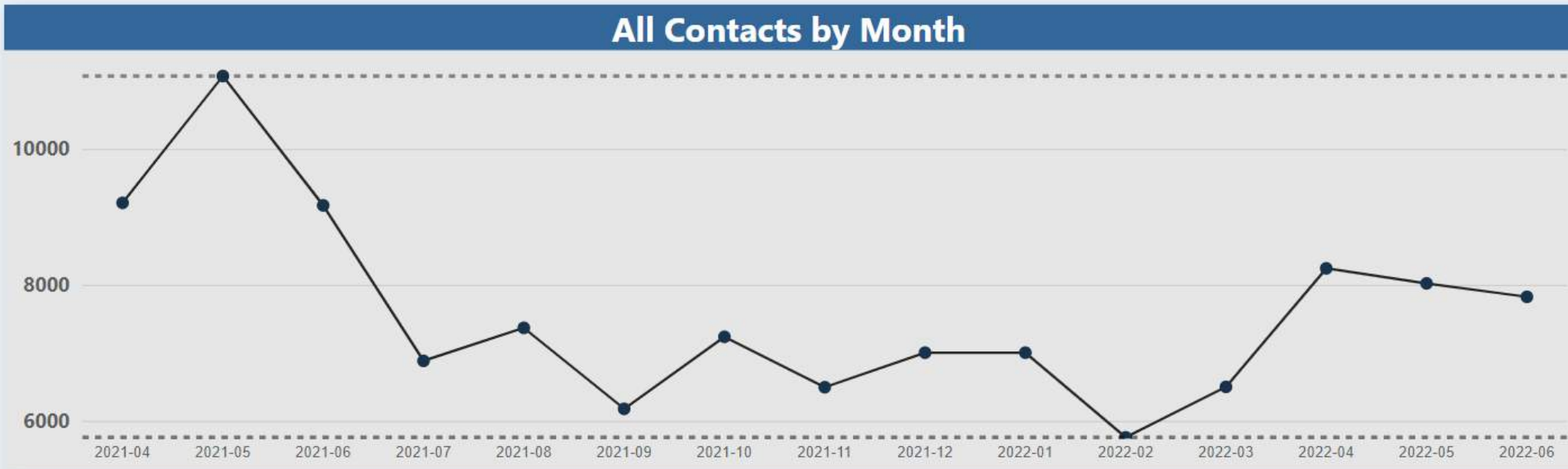
Situation Report (Overview)

Pressure Level	Number	Percentage
1	77	52%
2	58	39%
3	12	8%
4	1	1%
No report	1	1%

- **Pressure levels:** Pressure continuing to ease, but still significant across North Wales
- **Temporary suspension of services**: Suspensions are reducing, and are lower than 2021 levels, but there are still significant numbers
- **Support to care homes** – Updated service specification and fee has been re-relaunched
- **PIPS –** 22 sites now live, with more signing up. 941 consultations carried out in August 2022
- **CCPS** – Sore Throat Test and Treat & Bridging / QuickStart Contraception included from 1 Nov 2022
- **Adherence support** – Service specification in development, along with wider work plan for soft launch in Q3
- **Clusters & Collaboratives –** Working with Pharmacy Collaborative Leads to establish new structure and move to unified ToR
- **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	Key risks and mitigation

Risk	Mitigation
Workforce shortages and pressure on teams > reducing OOH cover	Monitoring closures & pressure; Pharmacy Escalation report completed weekly; CPLPT support to staff; aiding recruitment (Just R programme); robust response to unplanned closures
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 to support move to increased PoT

- **Unplanned care services –** Clinical Services rollout and availability; integrating unplanned care services into wider primary care offer
- **Efficient and effective supply of medicines –** Repeat Dispensing, MHOL & Periods of Treatment; supporting recruitment; escalation tool; CPLPT support; Encouraging lunch breaks
- **Smoking cessation** – Substantial campaign to boost service episodes and quit rates in Q3/Q4
- **Communication** – promoting healthcare professional lines & NHS emails over fax; Walk in My Shoes scheme
- **Medicines Optimisation** – medicines management in care homes; MDT care home reviews; supporting adherence for patients living in their own home

Discharge Medicine Review Consultations by month of discharge and discharging hospital

Independent prescribing in acute conditions and contraception consultations by month and provider site

Month of Consultation Date

Emergency Medicine consulations by month and reason for supply

Known As
- Boots, Caernarfon
- Boots, Mold
- Caerwys Pharmacy
- Camella, Penmaenmawr
- Coedpoeth Pharmacy
- Fferyllwyr Llyn, Abersoch (HH Parry)
- Fferyllwyr Llyn, Blaenau (D Powys Davies)
- Fferyllwyr Llyn, Criccieth, (E R Hughes)
- Fferyllwyr Llyn, Llanbedrog
- Fferyllwyr Llyn, Nefyn (R J Jones)
- Griffiths Pharmacy
- Hughes, Mold
- Lloyds, Rhyl
- Moelwyn Pharmacy
- Pritchards, Meliden
- Pritchards, Prestatyn
- Rhosneigr Pharmacy
- Rowlands, Bodowen, Holywell
- Rowlands, Chapel Street,
- Rowlands, Corwen
- Rowlands, Garden Village
- Rowlands, Queensferry
- Rowlands, Ruabon

Reason For Supply
- On holiday and medication forgotten
- Not ordered in time
- Not available in GP
- Not able to collect from usual pharmacy
- Lost or misplaced

Independent Prescribing Service data updated to 31 August 2022 (Interactive chart) – NOTE owing to the business continuity issues with Adastra, data from the Five Fferyllwyr Llyn pharmacies are excluded in July 2022

Emergency Medicines Service data updated to 31 August 2022 (Interactive chart)

Community Pharmacy Enhanced Services Activity and Discharge Medicines Reviews
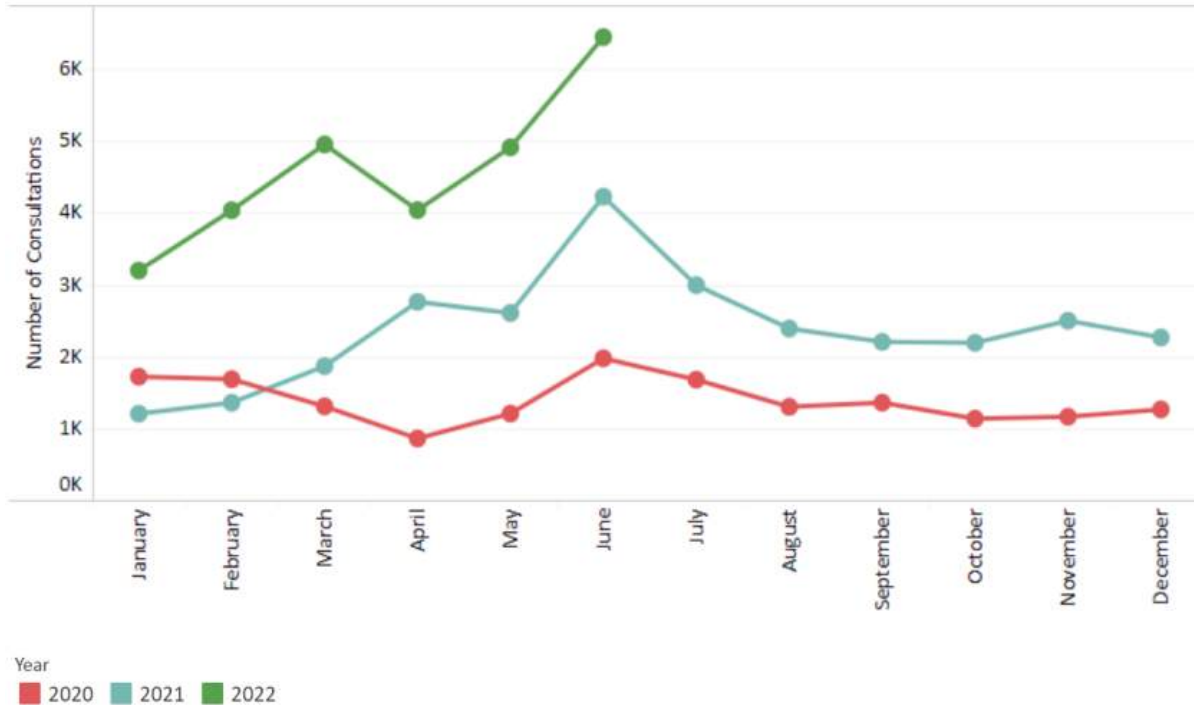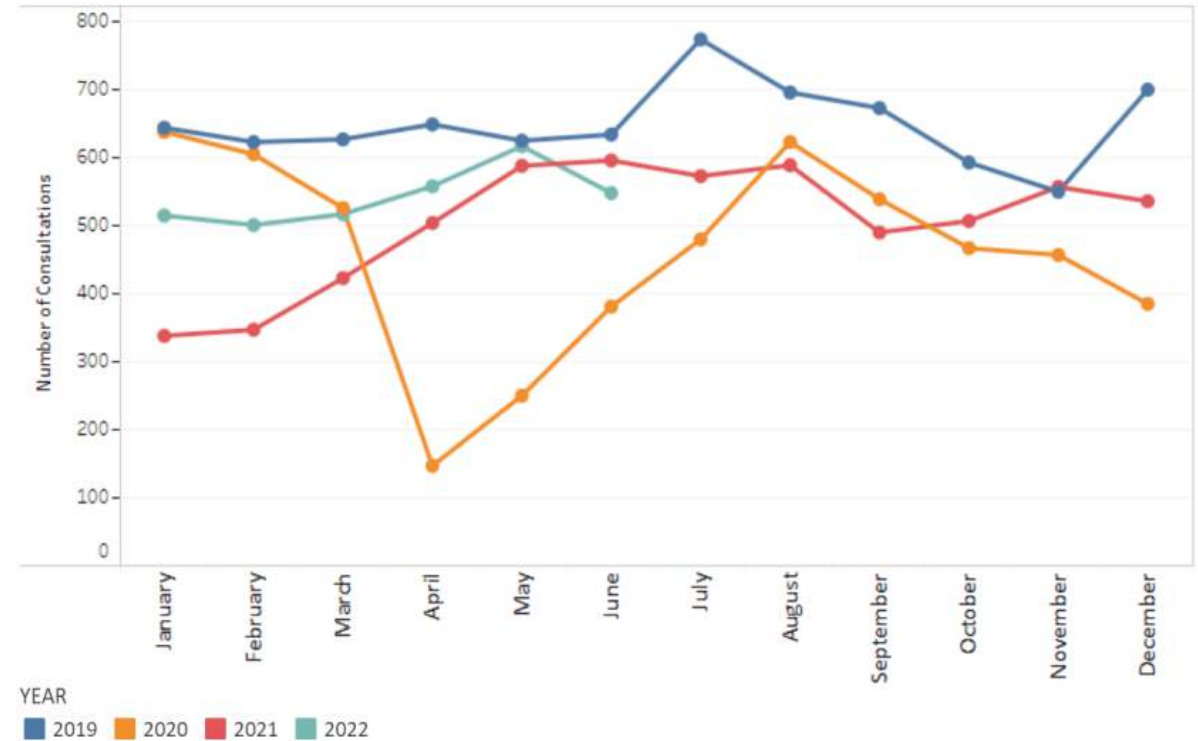
Chapter 2b: Urgent & Emergency Care

Measures: Urgent & Emergency Care Page 2

Committee	Period	Measure	Target	Actual	Trend
					O N D J F M A M J J A S
PFIG	Sep 22	Median time from arrival at an emergency department to triage by a clinician	12 month reduction	28	At Aug 22, BCU ranked 3rd of 6 Health Boards 30 28 27 25 34 38 43 37 34 34 27 28
PFIG	Sep 22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction	143	At Aug 22, BCU ranked 6th of 6 Health Boards 150 147 151 129 158 179 188 177 154 175 166 143
PFIG	Jul 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	68.7%	74.3% 74.0% 74.0% 73.3% 73.3% 72.3% 72.4% 71.1% 69.3% 68.7%
PFIG	Aug 22	Percentage of stroke patients who receive mechanical thrombectomy	10%	0.3%	At Aug 22, BCU ranked 2nd of 7 Health… 1.4% 2.0% 1.3% 1.4% 1.5% 0.5% 0.8% 2.0% 1.6% 1.2% 0.3%
PFIG	Sep 22	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	>= 65%	45.5%	At Sep 22, BCU ranked 5th of 7 Health 47.3% 49.7% 48.0% 49.7% 51.0% 45.3% 46.2% 49.7% 45.6% 42.9% 46.2% 45.5%
PFIG	Sep 22	Number of ambulance patient handovers over 1 hour	0	1908	At Sep 22, BCU ranked 6th of 6 Health Boards 1891 1735 1743 1998 1958 2003 1749 1884 1932 2037 1898 1908

Charts: Emergency Department Attendances
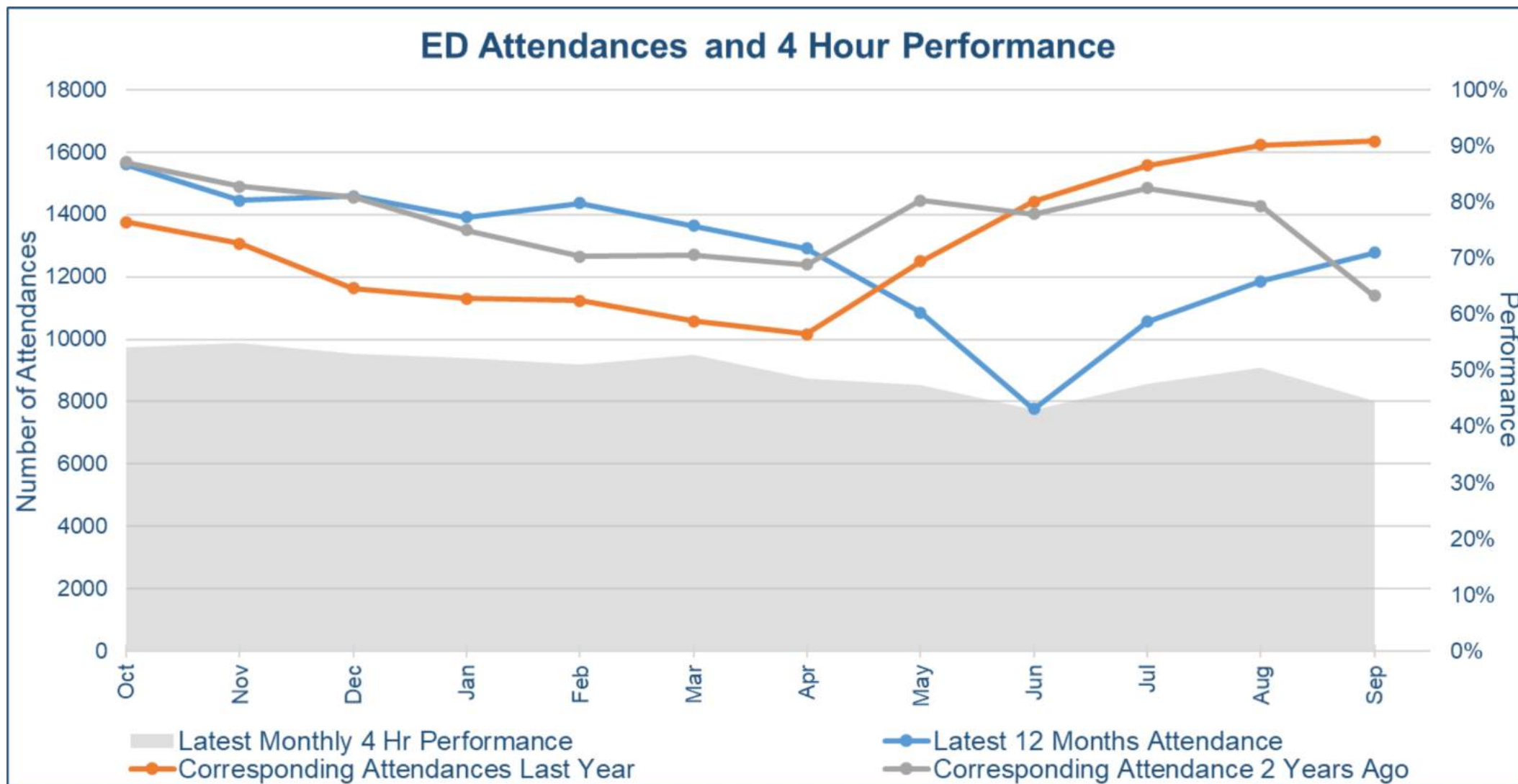
ED Attendances and 4 Hour Performance

BCU Level - Percentage of Emergency Responses to Red Calls Arriving within (up to and including) 8 Minutes
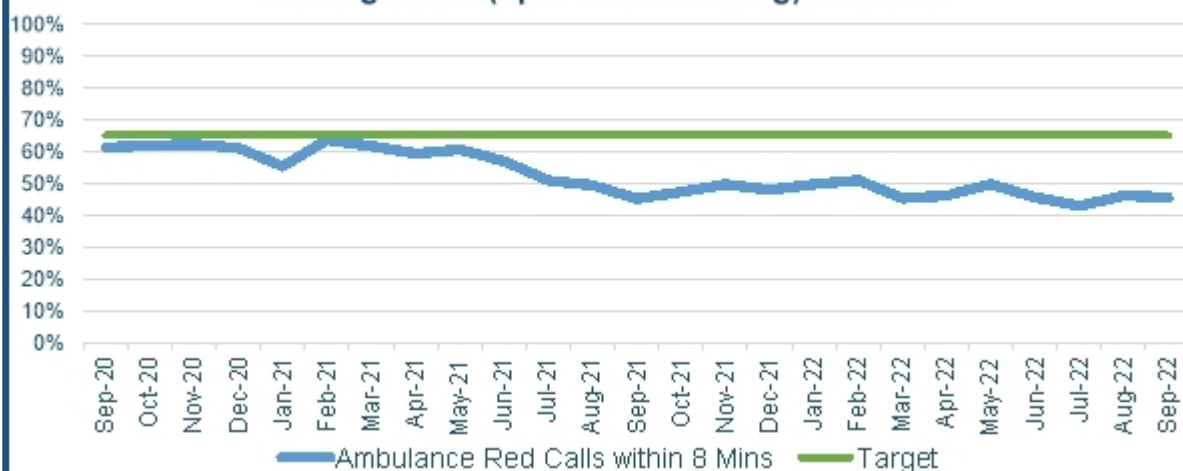
BCU Level - Emergency Department (inc MIU) 4 Hour Waits: September 2022

BCU Level - Emergency Department 12 Hour Waits: September 2022

BCU Level - Ambulance Handovers over 1 Hour: September 2022

Why we are where we are
The ability to reach the required targets for Emergency care remain a challenge, including the targets for the 4-hour target, ambulance delays, patient harm, low staff morale and increased number of complaints. Flow and bottlenecks remain the constant challenge not just locally but nationally too.

What we're doing about it
In response to the inability to achieve the National Targets for Emergency care focus remains on the following areas to improve the performance, standards of care and staff morale. • Recruitment against the ED business case was scheduled to be completed in January 2023, has been brought forwards to November 2022. • Increased communication with key stakeholders and national agencies to support an improved focus on care closer to home in line with the national 6 goals for urgent and Emergency care. • Appointed into the senior tier to support taking this work forwards. • Continued joint working with Welsh Ambulance Service NHS Trust (WAST) to improve the care needs of patients when delays occur along with supporting the immediate release requests safely. • Refreshing the former USC Programme Board into the Six Goals for Urgent And Emergency Care Board to ensure consistent approach across all sites and strengthening accountability for performance.

When we expect to be back on track
Emergency Care trajectories have been agreed but are determined by many external factors, however there are improvements expected which include: • Substantial reduction in 24hr delays. • 20% improvement on ambulance handovers over the next quarter. • Identification and implementation of an IT system to support SDEC and improve KPI's

What are the risks and mitigations to this (getting back on track)?
Key risks remain in situ regarding the inability to discharge patients that are medically fit for Discharge (MFFD), which impacts on flow through the sites for planned and unscheduled care. Additional funding to support the increased hours for SDEC alongside returning to normal planned care activity.

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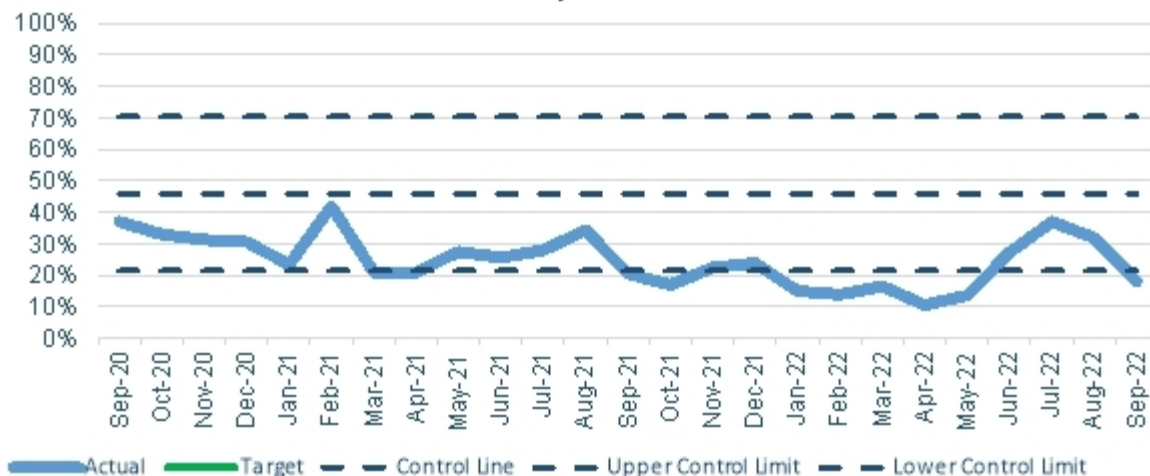
BCU Level - Stroke Care - Consultant Assessed within 24 Hours - September 2022
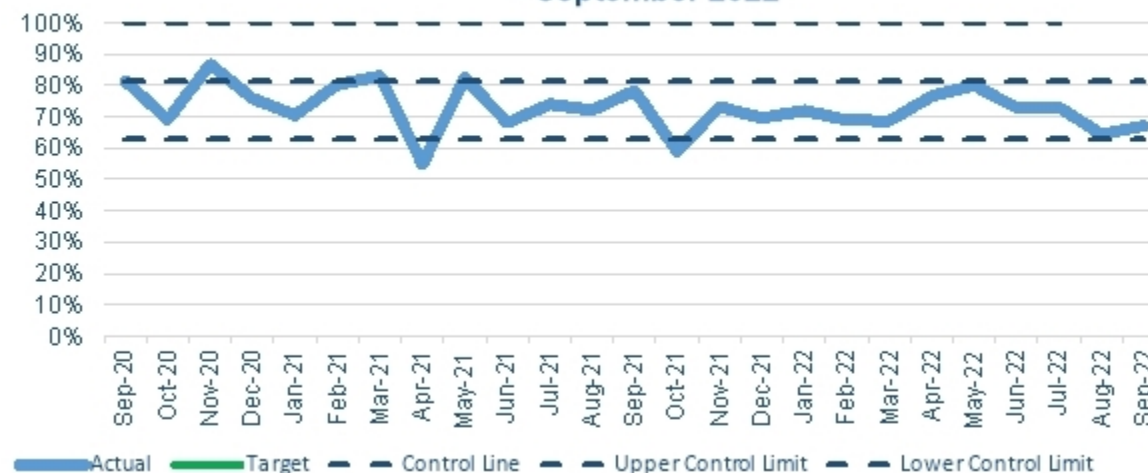
Why we are where we are

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 O	N	D	J	F	M	A	M	J	J	A	S
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	Sep 22	Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	>= 50%	43.5%	53.8%	44.8%	49.1%	54.1%	64.8%	70.9%	67.3%	51.7%	51.6%	48.0%	43.5%	43.5%

Month	April		May		June		July		August		September		Total	
Hospital / Specialty	Average LOS	Discharges	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	4,753	3.9	4,377	3.8	4,643	3.9	4,595	3.6	963	3.8	23,447
⊞ Ysbyty Glan Clwyd	2.7	4,734	2.6	5,301	2.6	4,935	2.5	4,940	2.7	5,268	2.3	1,156	2.6	26,334
⊞ Ysbyty Gwynedd	2.7	4,399	2.8	4,862	2.7	4,571	2.5	4,556	3.0	4,489	2.9	997	2.7	23,874
Total	3.0	13,249	3.0	14,916	3.1	13,883	2.9	14,139	3.2	14,352	2.9	3,116	3.0	73,655

Total LOS by Hospital and Month

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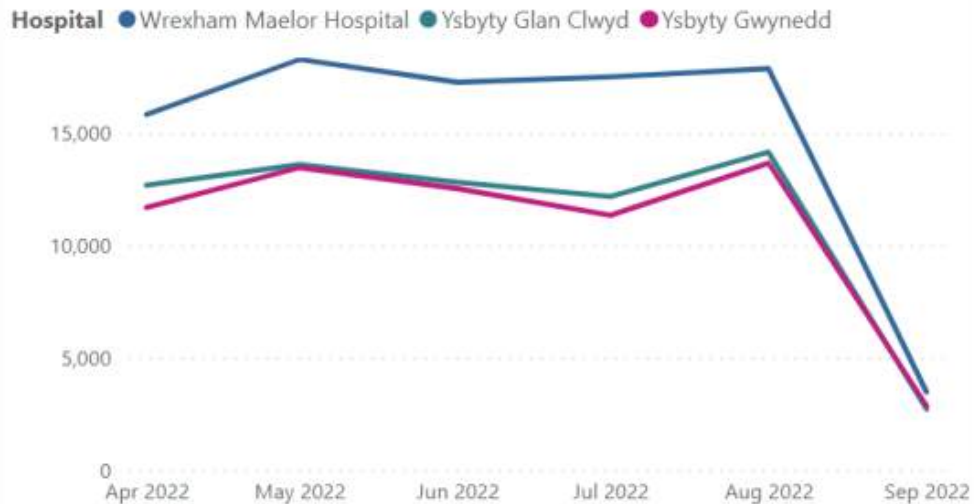
Average LOS by Hospital

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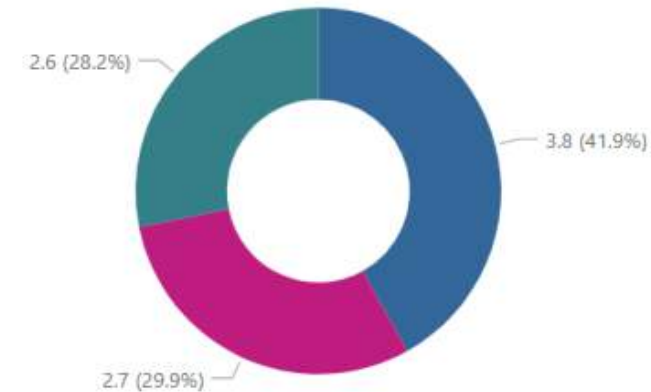
Why we are where we are

The continued high proportion of patients that are considered medically fit for discharge (MFD) across the 3 Integrated Health communities remains high. This is significantly impacting on the overall patient flow, ability to improve the unscheduled care metrics and also impacting on planned care activity. This is resulting in an increased HARM profile not just within the Integrated Health Communities but wider community due to the inability to release ambulances to attend 999 calls. There is an need for an educational development programme to support the discharge process for all staff that encourages the home first care approach in line with Goal 5 and Goal 6 of the Six goals for Urgent and Emergency care programme. Work is ongoing at a national level to implement revised discharge policy to replace the current Covid-19 discharge policy following the standing down of the pandemic.

What we're doing about it

- Participating in the 6 Goals workshops, as well as attending the expert groups led by the national Delivery Unit (DU) to support an all Wales approach with shared learning.
- Continued discharge reviews in order to identify key themes and trends to empower improvements.
- Instigating a 48hr notice for booking transport to support a "Thinking ahead" approach when planning discharges.
- Joint working with Key stakeholders and partners to progress schemes to support the implementation of the "1000 beds" all Wales Campaign and implement pathways in line with the six goals for urgent and emergency care.

When we expect to be back on track

There are multiple factors that may determine the improvement trajectory that are both internal and external along with seasonal issues. There are improvements that are expected in line with the Six Goals for Urgent and Emergency care;
Goal 1 – Coordination and planning, supporting those that are frail and complex in managing their care closer to home when appropriate.
Goal 3 – Safe alternative to hospital admission, the ability to sport purchase (Step up) services to support the patient in their own environment.
Goal 6 – Home first approach, ensuring patient when discharged have clear care plans in place and they are communicated with primary care.

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

Key risks to improving patient flow remain the same in the inability to provide community support, along with the challenges faced in care homes over the coming months. Staffing across all sectors in line with the ongoing social economic crisis.

Chapter 2d: Elective Planned Care

Committee	Period	Measure	Target	Actual	Trend											
					O	N	D	J	F	M	A	M	J	J	A	S
PFIG	Aug 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	61.7%	65.7%	69.7%	69.0%	66.6%	67.4%	61.4%	69.3%	69.3%	67.2%	62.3%	63.3%	
PFIG	Sep 22	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Reduce to 0 by 31.3.24	2250	2967	3025	3329	3482	3156	2719	2667	2563	2463	2306	2260	2250
PFIG	Sep 22	Number of patients waiting more than 8 weeks for a specified diagnostic	Reduce to 0 by 31.3.24	9464	6991	6288	7287	7694	7145	6829	8168	8761	8848	9078	9776	9464
PFIG	Sep 22	Number of patients waiting more than 14 weeks for a specified therapy	Reduce to 0 by 31.3.24	5450	3669	3937	5089	5776	6171	6486	6364	6682	6602	6151	5837	5450
PFIG	Aug 22	Number of patients waiting over 52 weeks for a new outpatient appointment	Reduce to 0 by 31.12.22	26515	24464	24123	23756	23076	23407	23809	24223	24405	24641	25379	26515	

Charts: Referral to Treatment (RTT)
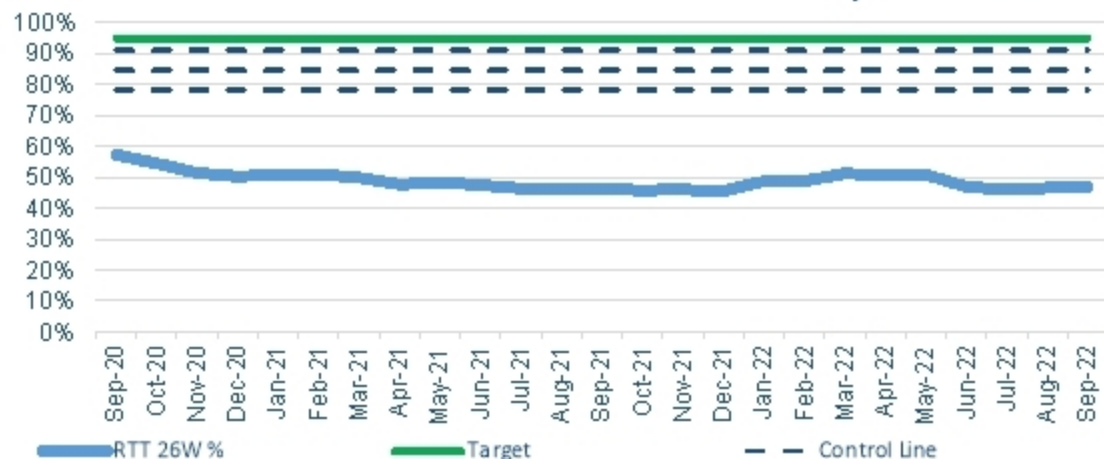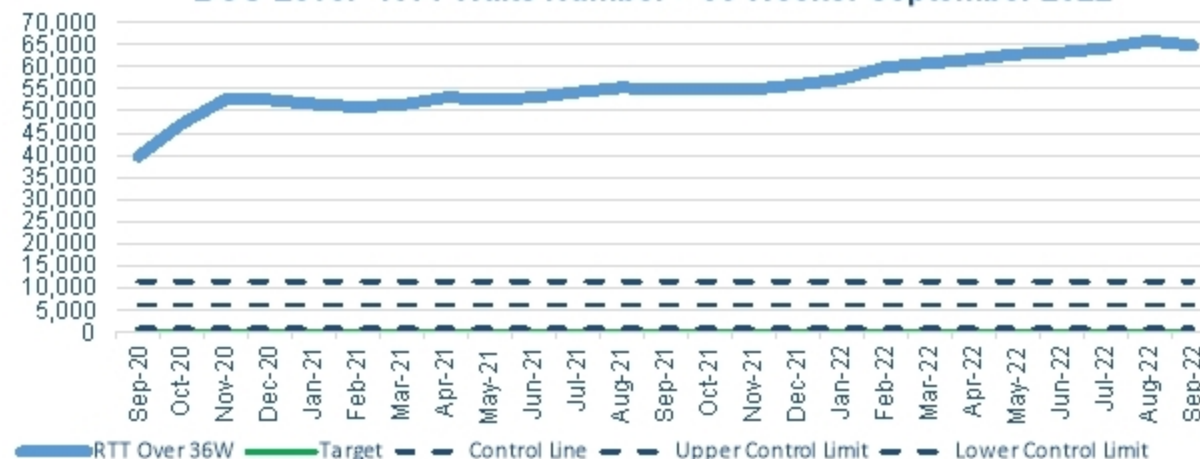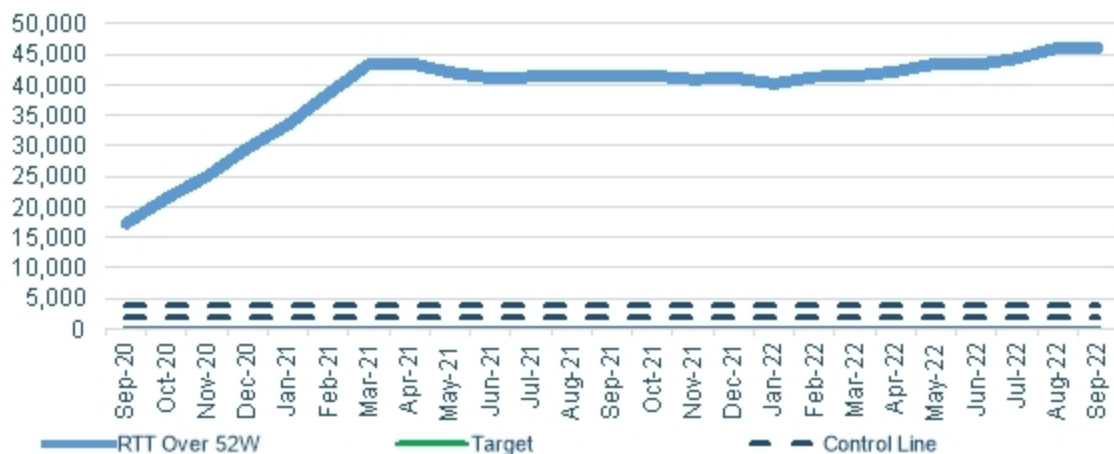
Data as at, 9th October 2022

BCU Waiting List

Legend: 0-25 wks, 26-31 wks, 32-35 wks, 36-51 wks, 52+ wks
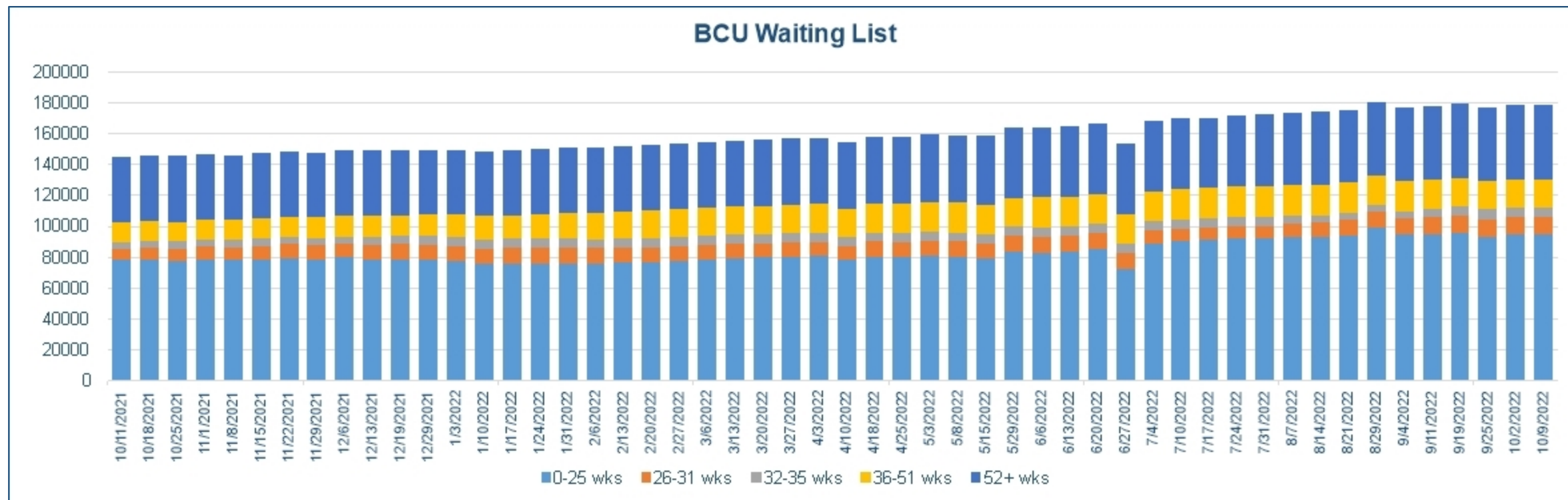
Why we are where we are

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 - August 2022
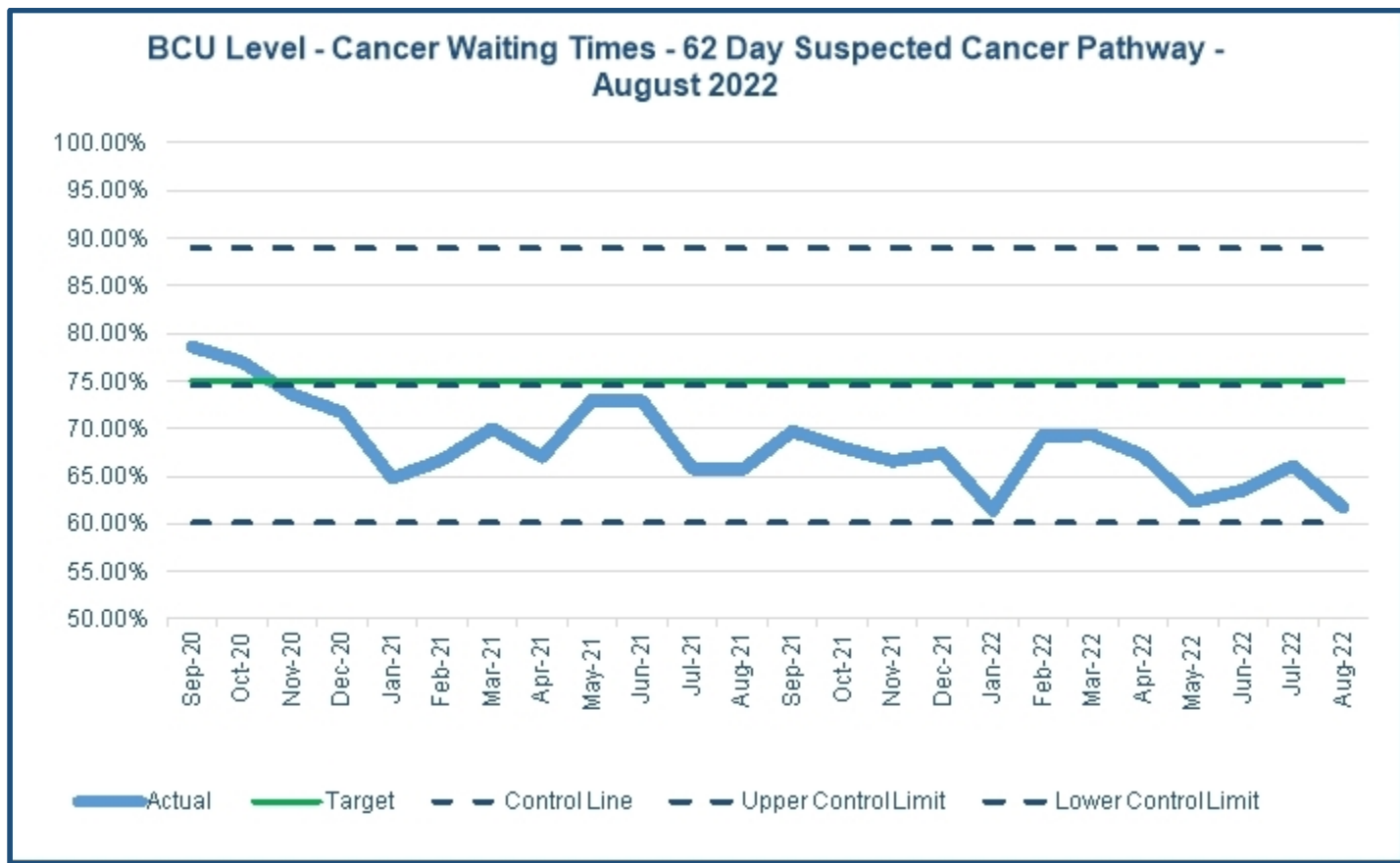
Note: Cancer Data is reported 1 month in arrears

Cancer Performance Reported 1 month in arrears – as at 31st August 2022

Treatment within 62 Days - Actual Patient Numbers

Tumour Site	1. Within 62 Days	2. Over 62 Days	Total
Brain/CNS	1		1
Breast	42	13	55
Gynaecological	10	11	21
Haematologica	17	4	21
Head & Neck	10	11	21
Lower GI	21	28	49
Lung	29	15	44
Other	6	2	8
Sarcoma	1		1
Skin	57	13	70
Upper GI	14	14	28
Urological	37	41	78
Total	**245**	**152**	**397**
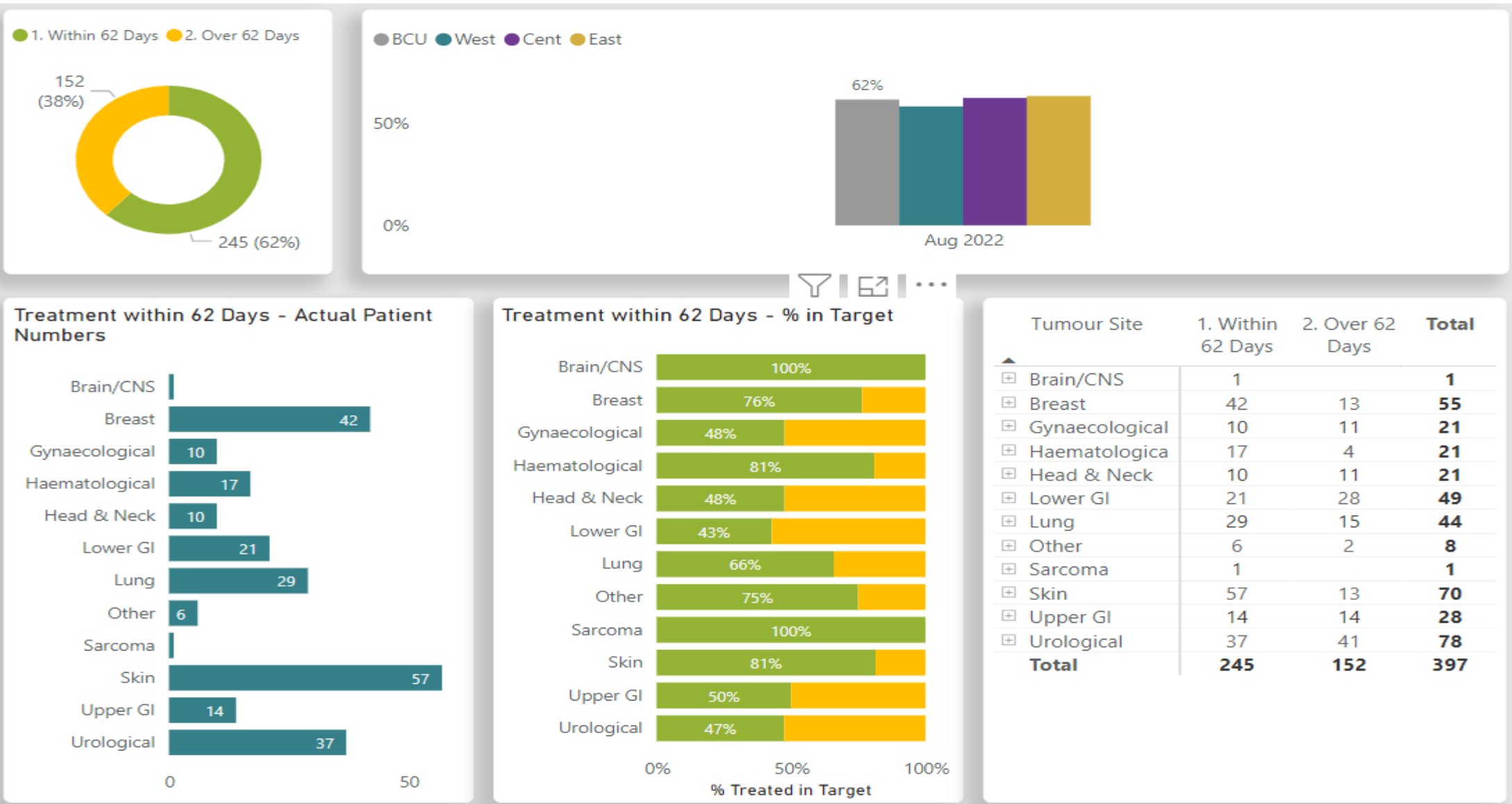
Why we are where we are

In August 2022 BCU reported 61.7% of patient (245 out of 397) treated in target. Main breach reasons detailed below:
- **Diagnostic -** 48 patients were reported with the primary breach reason being logged as diagnostic. These patients include those waiting for Endoscopy 20.8%, wait for biopsy/FIT tests 41.3% and radiology 27%
- **Treatment -** Surgery date breaches remain the largest factor with 42.8% Treatment breaches related to a delay for surgery. Oncology treatments represent a smaller factor among treatment breaches with 12.1% patients breaching due to wait for chemotherapy and 6.1% for radiotherapy.

What we're 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 in order to equalise waiting times, West may now offer support in order for Central and East to regain previous position
- Clinician sickness within Breast team in East and Central will likely require West team to pick up patients and prevent pathway delays.
- New process of Access Escalations meetings currently under implementation (including trial of smaller, focused escalations meetings in West) to address and resolve urgent concerns
- FIT testing used to triage referrals appropriately (straight to test vs outpatients). Data now received from bowel cancer screening laboratories regarding number of referrals by GP practice allowing us to identify GP practices who are fully implanting FIT process.

When we expect to be back on track

The Health Board continues to work towards 75% target performance by the end of 2022.

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

Volume of Referrals – GP USC Referrals continue to remain above average in comparison to pre Covid-19 levels at 138% (3256 referrals received in August 2022)
Oncology Staffing – Oncology staffing remains and ongoing priority with agreement now in place with Clatterbridge patients with regards to both Head and Neck and Dermatology oncology patients with locums already in post covering both neurological malignancies and Lower GI patients.

BCU Level - Diagnostic Waits Number of Breaches: September 2022

BCU Level - Diagnostic Cardiology; Number of Breaches September 2022

BCU Level - Diagnostic Endoscopy; Number of Breaches September 2022

BCU Level - Diagnostic Radiology (Total); Number of Breaches September 2022
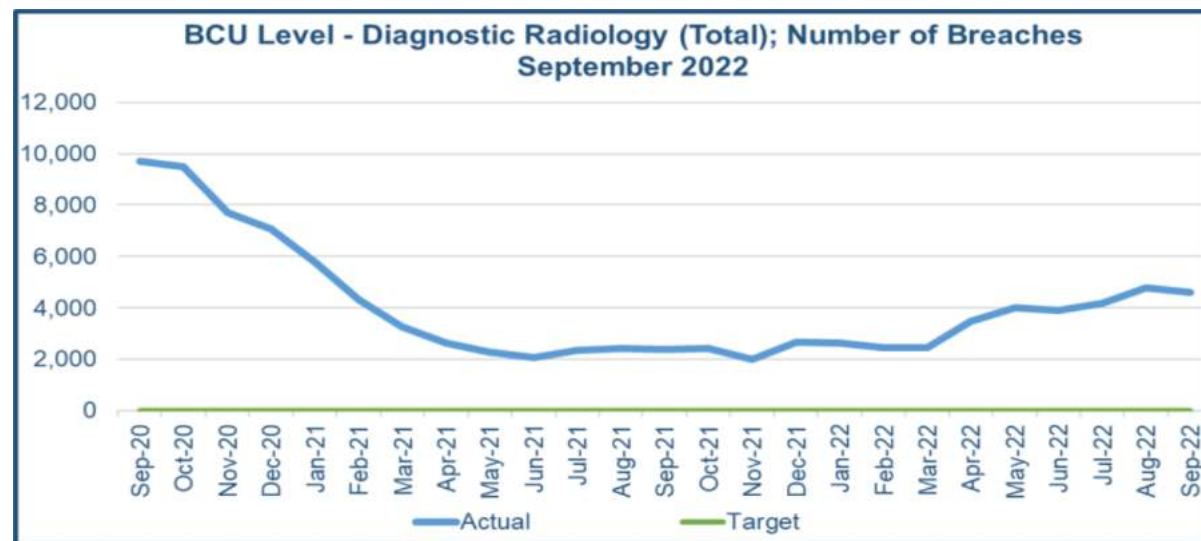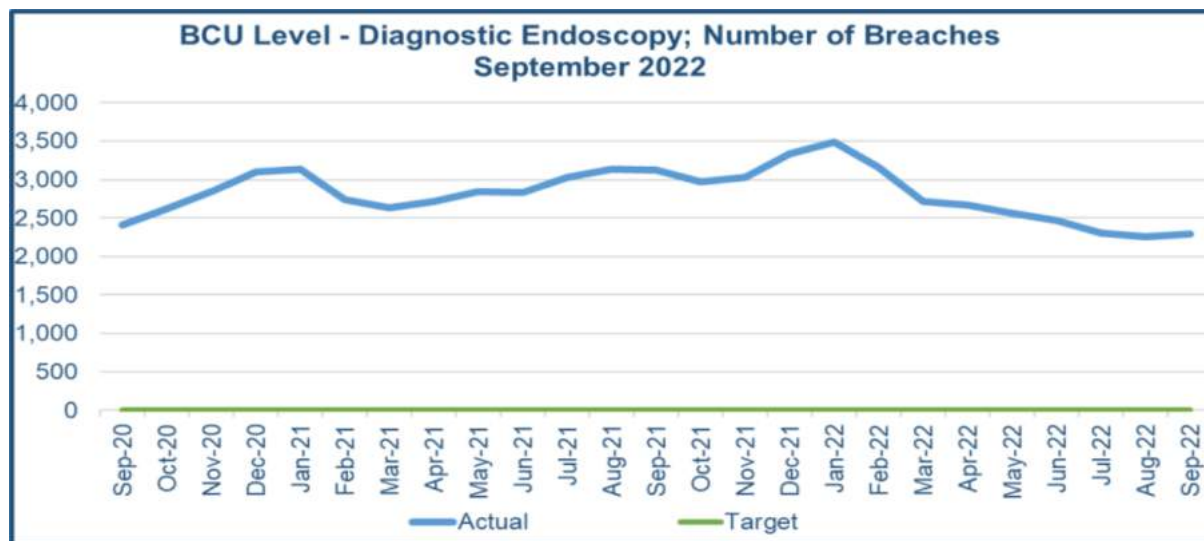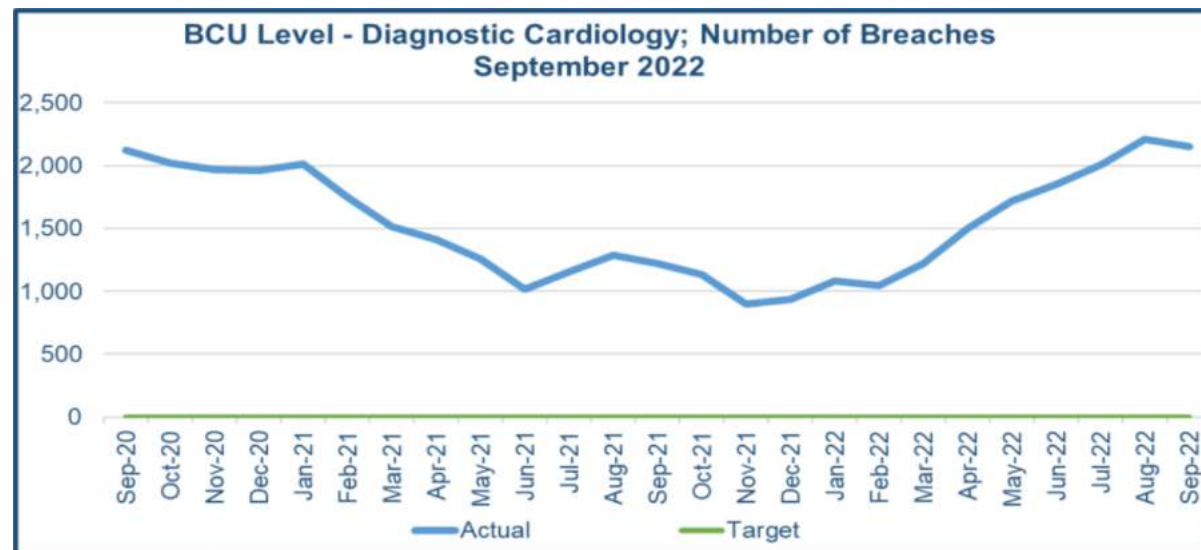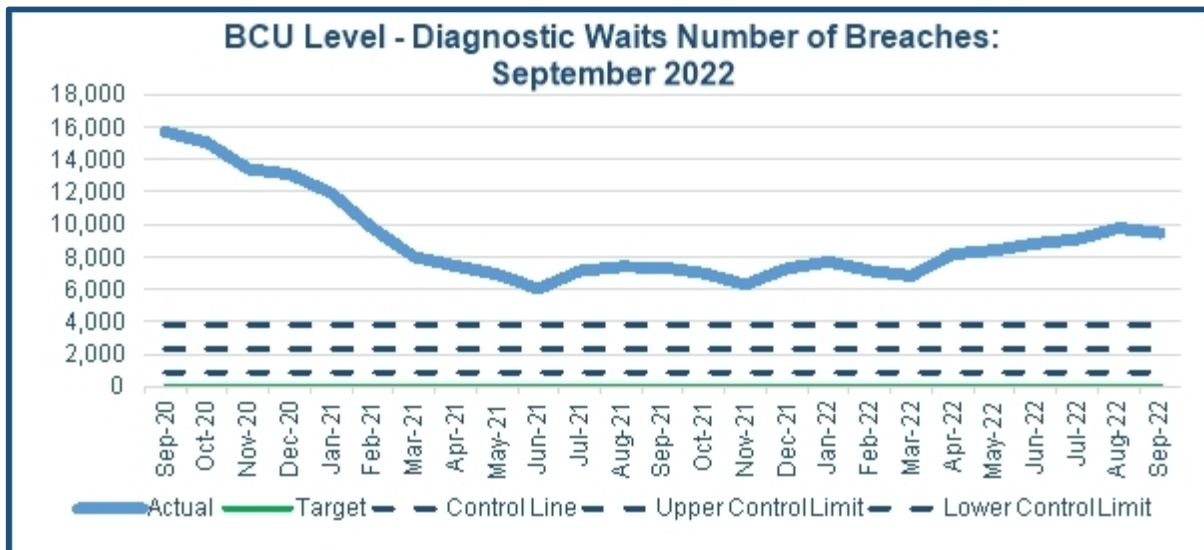
Narrative: Diagnostic Waits – Radiology and Neurophysiology

Why we are where we are

Radiology: The number of patients waiting over 8 weeks for radiology diagnostics at 30.09.22 is 4605, an increase of 414 on the end of July 2022 position. The breakdown comprises a stable position in CT (94 breaches) offset by a reduction of 270 in MRI (1431 breaches) and an increase of 663 patients waiting over 8 weeks for an ultrasound scan (2966 breaches). Increased demand for period April-August is CT +24%; MRI +9%; Ultrasound +4.2% (vs 2019-2020). All three modalities have delivered record activity in this period, with demand increases limiting the ability to reduce breaches. MRI demand is now mitigated by the additional Wrexham modular scanner in place since August increasing capacity.

Neurophysiology: The number of patients waiting over 8 weeks is 551, an increase of 182 from the end of July 2022 position. There are 442 EMG (consultant-led) breaches and 109 NCS (physiologist-led) breaches. Annual leave plus physiologist leaver in August, with replacement post still being sought. Expect to secure dedicated Wrexham accommodation in October with short term locum cover / insourcing then sought to reduce backlog in Q3/Q4.

What we're 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, with modular scanner for MRI and an additional X-Ray trailer in the East to meet demand whilst building and equipment replacement works are progressing. A new Nuclear Medicine scanner capable of doing some CT which brings additional functionality to provide a better service to patients. Urgent work is ongoing to address the deterioration in ultrasound position.

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 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 USC patients we expect to see the routine waiting lists grow before seeing an improvement in areas as new technology comes online.

Why we are where we are

In recent years there has been insufficient core capacity available to meet the demands for endoscopy, which continue to grow. Whilst good progress was made pre Covid, the impact of the pandemic has seen significant growth in waiting lists, this was due to closure of the service for a number of weeks and the impact on productivity due to the revised infection prevention measures and the need for social distancing. The majority of the existing capacity available is used for our USC cohort, whilst the diagnostics and surveillance patients are delayed further due to the demand and capacity mismatch.

What we're doing about it

A nationally directed programme was set up in 2019 (NEP) and BCUHB mirrors this NEP structure in terms of work streams.
For a number of years we have been reliant on insourcing to support the capacity gap however the Endoscopy business case describes the requirements to build a sustainable seven day endoscopy service across North Wales.
To date, we have opened a third procedure room in East which increases the capacity by 10 lists mid week and an additional 4 lists per weekend.
The need to recruit substantively is essential, baseline modelling has been undertaken to determine the staffing requirements to support the additional sessions required. The first phase of this recruitment plan is underway.
All sites continue to monitor utilisation, productivity and efficiency and ensure validation of waiting lists.

When we expect to be back on track

The demand & capacity modelling is currently underway and will be completed by 14th of October, this will give us the refreshed position to ensure our workforce and estates plans are aligned.
Current trajectories demonstrate backlogs will be cleared towards the end of 2024.

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

The recruitment model relies on a flexible model of continuing with insourcing to maintain capacity whilst recruitment is undertaken.
Within the business case the requirement for refurbishment for East and relocation for Centre is acknowledged and will remain a risk without investment.
Much of the endoscopy equipment in particular within Decontamination requires replacement and is at risk of failing, these have been submitted via the capital equipment bids.
There has been a significant shortage of gastroenterologists and therefore consideration for clinical/nurse endoscopist posts has been agreed as mitigation.

Narrative: Diagnostics – Cardiology

Why we are where we are

We continue to see the waiting list grow and are unable to achieve the national 8 weeks diagnostic target. This is a known area of challenge nationally due to workforce shortages, and has meant we have held vacancies across North Wales.

Nationally it is recognised the demand for cardiac physiology diagnostics is increasing. Inpatient demand on the service continues to grow; supporting rapid diagnosis, treatment and facilitate timely discharge. Across North Wales, the departments are balancing inpatients, outpatients and pre-operative diagnostics based on patients clinical need. The longest waits are for echocardiograms and we have 77 patients waiting over 52 weeks .

What we're doing about it

- The service is undergoing demand and capacity modelling for future service provision
- Efficiency improvement work is ongoing
- We have appointed two new Cardiac Physiologists in the West, one above budget
- Additional waiting lists sessions have been agreed across North Wales

When we expect to be back on track

Fully clear the patients waiting over 52 weeks by March 2023.

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

Risk-   Mitigation-
Business case is not funded in 2022/23   Ongoing additional waiting lists
Workforce sickness and recruitment   Pan BCU operational group monitoring and support

Eye Care Measure Dashboard | Welsh Government Submission

Area

West	Central	East

Reporting Month

September 2022

Open Pathways

Health Risk Factor	No Target Date	Not Overdue	0 - 25%	26 - 50%	51 - 100%	Over 100%	Total
R1	154	10,246	1,929	1,698	3,148	16,681	**33,856**
R2	23	1,467	498	551	797	3,849	**7,185**
R3	6	339	61	87	122	961	**1,576**
No HRF	907	317	33	30	48	88	**1,423**
Total	**1,090**	**12,369**	**2,521**	**2,366**	**4,115**	**21,579**	**44,040**

Attendances

Health Risk Factor	No Target Date	Not Overdue	0 - 25%	26 - 50%	51 - 100%	Over 100%	Total
R1	327	1,113	1,282	332	435	1,099	**4,588**
R2	40	44	16	12	13	132	**257**
R3	3	59	19	5		41	**127**
No HRF	165	57	71	15	11	30	**349**
Total	**535**	**1,273**	**1,388**	**364**	**459**	**1,302**	**5,321**

R1 Attendances < 25% Overdue

52.2%
Current Reporting Month

Did Not Attend

Health Risk Factor	Total Did Not Attend
R1	356
R2	21
R3	11
No HRF	26
Total	**414**

Patient Cancellations

Health Risk Factor	Not Overdue	Overdue	Total
R1	235	891	**1126**
R2	4	61	**65**
R3	17	24	**41**
No HRF	11	69	**80**
Total	**267**	**1045**	**1312**

Source: IRIS. Accessed 13.10.2022 Position for end of September 2022

Narrative: Eye Care

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.
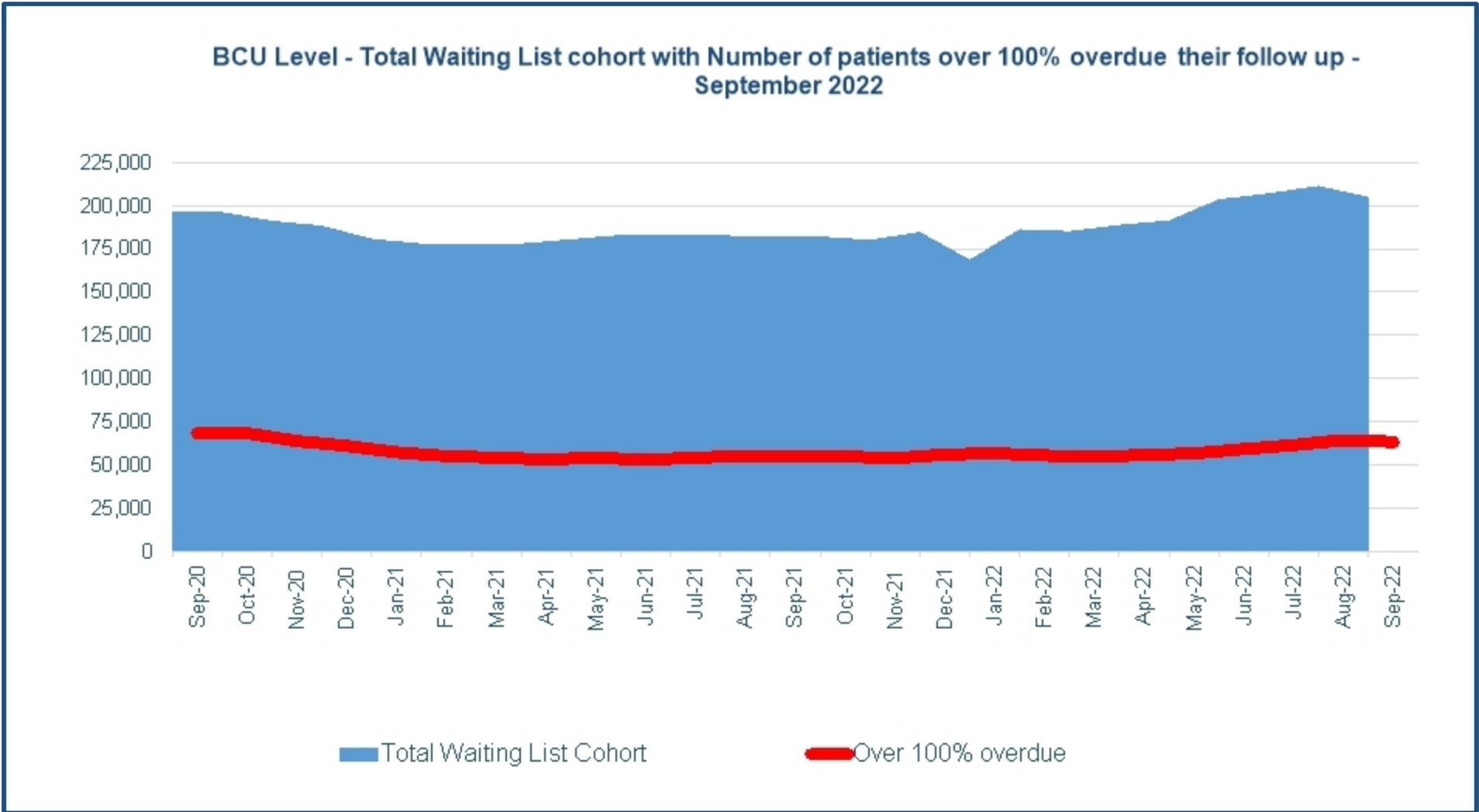
BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - September 2022

Legend: Total Waiting List Cohort — Over 100% overdue

Why we are where we are

The outcome of the Covid pandemic had a detrimental impact on the waiting times, whilst the reduced capacity in the system added further pressures in secondary care. DNAs and not discharging patients that had not attended their New outpatient appointment increased from 51.1% in 2019/20 to 64% currently for 2022/23, therefore we are rescheduling 13% more Stage 1 / New patients than in 2019/20.

Over the past 12 months we have had 2,119 patients booked for an appointments more than 3 times due to their non-attendance (4 or more DNAs). At an average 12 patient attendance per outpatient clinic, this equates to 177 clinics or 89 days worth of clinics lost due to patients' repeated (4 or more DNAs) non attendance.

What we're doing about it

We have put in place plans that: i) treat our patients in turn ii) reduce the backlog, and ensuring that we have a clear and acute picture of the demand on the service. This is done by validating our records, enhancing and following policies and procedures, and ensuing that we use our capacity in the most efficient manner.

We are investigating technology and pathways to support an ever evolving health care service that moves with innovation, thus making it easier to move into provision of health care that may not be in a patient's immediate locality, but supporting the provision of care equality and the care for the patient at that time. For our Stage 1 >52 week waits we have plans in place to reduce this by 70% (from a September baseline) over the coming 4 months with plans being drawn to further improve this position in the aim of meeting the ministerial targets.

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 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)?

We are conscious of the pressures on the health service and its clinical and managerial staff, and the retention and recruitment of staff is a risk, with plans to attract [recruit] more support to deliver the services.

Narrative: Follow Up Outpatient Waiting List

Why we are where we are

The outcome of the Covid pandemic had a detrimental impact on the waiting times, whilst the reduced capacity in the system added further pressures in secondary care. The Follow-up appointment demand is further compounded as we increase activity at the front of the pathway (to reduce the backlog of New appointment requests)

What we're doing about it

As we increase the attendance of New appointments, we need to match and then manage more effectively the follow-ups to keep aligned to the new demand whilst reducing the follow-up backlog. To manage this we are validating our records, enhancing and following policies and procedures, and ensuing that we use our capacity in the most efficient manner. We are also on boarding new clinically approved pathways across many specialties, such as See on Symptoms and Patient Initiated Follow-up. Current uptake across BCU is 5.4% - this is an increase from 2.4% in January 2022, and increasing the virtual follow-ups (telephone/ video) with 23,117 patients attending a video consultation with 42 different specialties, with some 757 consultants – all this whilst reviewing pathways so that only those patients that are clinically in need of a follow-up are scheduled (this clinically guided).

When we expect to be back on track

BCU has met the 10 ministerial priority specialty pathways for SOS and PIFU, and will be operating as BAU by March 2023. Usage is now dependent on clinical adoption. All SOS and PIFU pathways in place are to be standardised pan-BCU by March 2024.

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

We are conscious of the pressures on the health service and its clinical and managerial staff, and the retention and recruitment of staff is a risk, with plans to attract [recruit] more support to deliver the services.
The adoption of virtual and pathway changes (e.g. SoS and PIFU) are also an integral part of supporting a reduction in the follow-up waiting lists.
Clinical Engagement is vital and requires frequent senior level encouragement of spread and adoption for utilisation of the pathways.
Project Management and Information Analyst support is vital to the delivery, currently under recruitment.

Therapies - Over 14 Week Waits, by Specialty and Month

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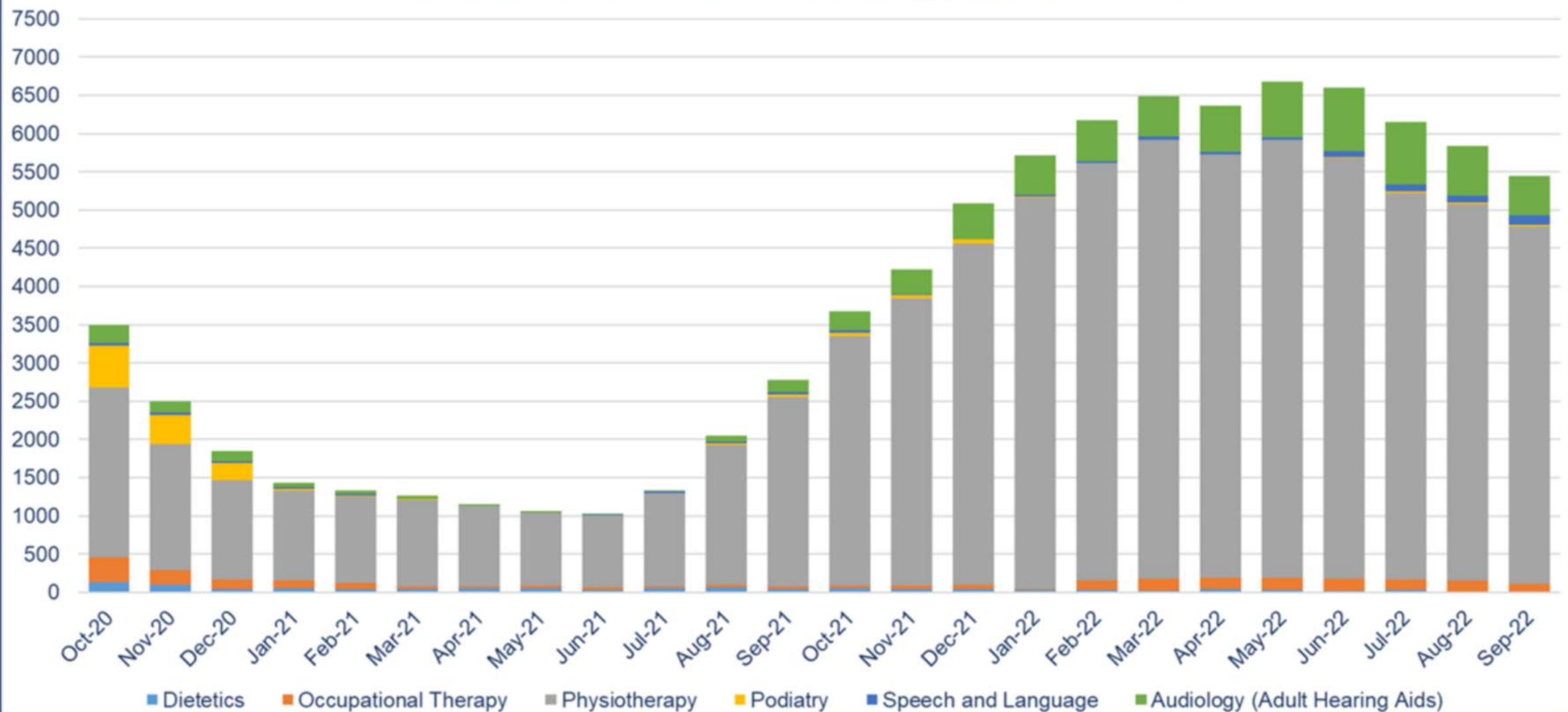
Why we are where we are

East IHC Physio waiting times have been significantly affected by two matters – the cancellation of the routine caseload work during the COVID pandemic and the loss of physiotherapy departmental accommodation in Wrexham due to the reconfiguration of the Maelor hospital from Autumn 2020. Increased orthopaedic activity results in additional patients being added to the waiting list as urgent priorities lengthening the wait for routine patients.
Centre – there are a number of patients over 52 weeks that require managing ahead of end of December 2022
West – will meet the 52 target by December 2022

What we're doing about it

Validating the waiting list, applying partial booking rules, applying caseload management, signposting to support services. Specifically in East IHC Plas yn Rhos will be available for 1/3 of lost accommodation capacity from October 2022 and Plas Gororau for 100% lost accommodation capacity from September 2023. Locums are in place, community venues are being hired and remote working is being used where appropriate
Centre – Staff are available, we have additional hours being worked in an evening and at a weekend.
Ensuring that diaries are templated correctly for the correct number of new patient appointments. We continue to seek offers from staff for additional hours.
We have recruited to some bank band 4 positions and are about to set up training so that we can have some additional weekend clinics running. We have interviews next week to recruit additional Bank Band 4's.
We continue to go out to recruitment for MSK physios and have interviews set up next week. 6 of the 7 shortlisted have trained abroad and 4 of which do not have current work visas.
Where possible we utilise groups/classes with assistants/students. There is an active training programme to support the newly qualified band 5's who are working within MSK and have not had the usual MSK experience as a student due to Covid and are requiring additional support within this work area to then be able to take on the caseloads.
We continue to actively recruit locums. One commenced 2 weeks ago at RAH. Validation letters are being sent to those on the waiting lists.

When we expect to be back on track

East Physio IHC expect to be below 52 weeks by December 2022. Achieving the under 14 week wait target is not predicated in this financial year.
Centre aim to be back below 52weeks by December 2022

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

Further slip in the timelines for Plas yn Rhos and Plas Gororau. Recruitment and retention of staff. Increase in orthopaedic activity.

Narrative: Therapy Waits (CMATS)

Why we are where we are

During the COVID pandemic routine appointments were cancelled. Post COVID pandemic there was a significant backlog of patients waiting. There was a significant period of reduced capacity due to social distancing; some clinic capacity has not returned
There is an increasing trend in the number of referrals to the service –trend of 4%
Finally, there have been vacant posts within the service, together with staff sickness (some Covid related)
East IHC also acquired the ECSWT patients who were previously outsourced – this caseload was not accompanied by additional resource.
West IHC has recently transferred onto WPAS – new ways of booking and reviewing clinic spaces to allow for CAN etc.

What we're doing about it

Validating the waiting list, offering additional hours and over time, actively recruiting (including into development posts).
Closed the ECSWT waiting list with these patients being referred into the previous outsourced arrangements.
Resetting clinic templates to pre Covid –additional time was factored into templates to allow for virtual clinics

When we expect to be back on track

All IHC CMATS expects to achieve the target of no waits over 52 weeks by December 2022.

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

Recruitment and retention – mitigated buy seeking opportunities to develop staff.
Clinical accommodation

Chapter 3: Motivated & Sustainable Workforce

Measures: Motivated & Sustainable Workforce

Committee	Period	Measure	Target	Actual	Trend											
					O	N	D	J	F	M	A	M	J	J	A	S
PFIG	Sep 22	Agency spend as a percentage of the total pay bill	12 Month Reduction	6.5%	5.6%	5.9%	5.5%	7.9%	6.3%	7.5%	6.1%	6.8%	7.1%	7.2%	6.8%	6.5%
PFIG	Sep 22	Percentage of sickness absence rate of staff	12 Month Reduction	5.6%	7.0%	6.9%	7.0%	7.2%	6.3%	6.9%	6.8%	5.7%	6.4%	7.2%	6.1%	5.6%
PFIG	Sep 22	Percentage of compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	>= 85%	86.2%	84.0%	84.2%	84.4%	84.5%	84.6%	84.9%	85.0%	84.7%	84.8%	84.8%	85.5%	86.2%
PFIG	Sep 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%	67.7%	67.1%	67.9%	67.8%	67.3%	67.1%	66.7%	65.5%	65.3%	66.2%	65.3%	66.5%	67.7%

Charts: Motivated & Sustainable Workforce

Sickness absence Rates

Sickness Absence Rate

	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Sickness Absence Covid Related	0.8%	0.6%	0.6%	0.9%	1.7%	1.1%	1.6%	1.7%	0.8%	1.0%	1.5%	0.8%	0.6%
Sickness Absence Non Covid Related	5.9%	6.2%	6.2%	6.1%	5.5%	5.3%	5.3%	5.1%	4.9%	5.3%	5.7%	5.3%	5.1%
BCU Rolling Rate	5.56%	5.73%	5.82%	5.95%	6.05%	6.13%	6.30%	6.46%	6.48%	6.56%	6.68%	6.69%	6.61%

Staff Positive Cases by Week
PCR Positives Only ● PCR and LFD Positives
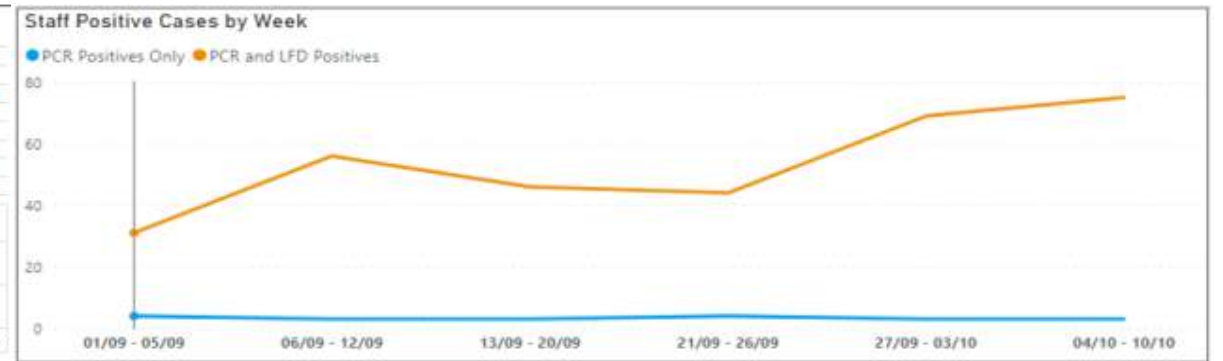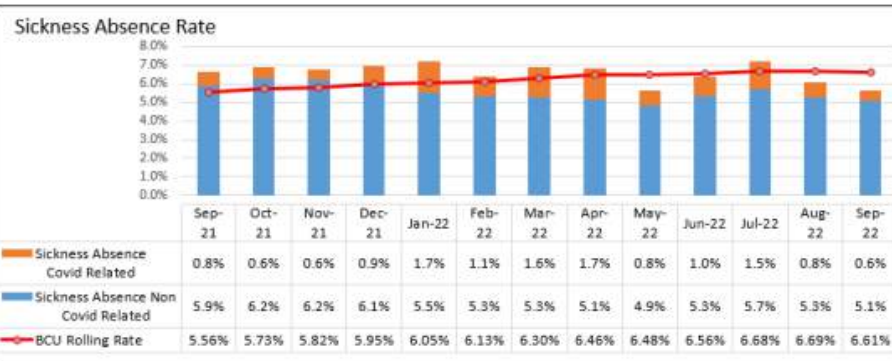
Core Mandatory Training Rate

Training Compliance September 2022

	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Level 1	84.2%	84.0%	84.2%	84.4%	84.5%	84.6%	84.9%	85.0%	84.7%	84.8%	84.8%	85.5%	86.1%
Level 2	68.1%	67.0%	73.0%	73.7%	74.3%	74.8%	75.6%	76.3%	76.7%	76.9%	76.9%	77.6%	78.3%
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
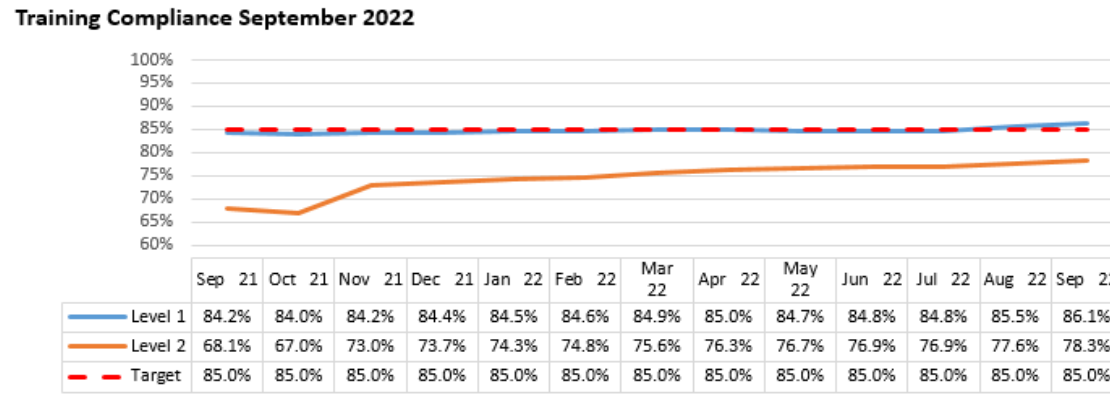
Level 1 Training Compliance by Division September 2022

Division	%
Health Community Centre	83%
Health Community West	86%
Health Community East	86%
Integrated Clinical Delivery - Regional Care	86%
Corporate Services	87%
Midwifery and Womens Services	89%
Integrated Clinical Delivery - Primary Care	90%
Mental Health & LDS	91%

PADR

PADR % 30 September 2022

	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Actual	67.8%	67.0%	67.9%	67.8%	67.3%	67.1%	66.7%	65.5%	65.3%	66.2%	65.3%	66.4%	67.7%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

PADR % Compliance 1 October 2021 to 30 September 2022

Midwifery and Womens Services (WXXX) L4 · Mental Health & LDS (MX00) L4 · Health Community East (HCEX) L4 · Health Community West (HCWX) L4 · Health Community Centre (HCCX) L4 · Integrated Clinical Delivery - Regional Care (ICDR) L4 · Corporate Services · Integrated Clinical Delivery - Primary Care (ICDP) L4

■ In Date ■ Within 4 Months of Expiry ■ Out of Date 12-24 Months ■ 24+ Months ■ Never had a PADR ■ Never had a PADR - Starter (12 Months)

Narrative: Sickness Absence

Why we are where we are

- Rolling sickness absence performance is at 6.61% a decrease of 0.7% (Sept 22). There has been a downward trend for the last 2 months (August & Sept).
- COVID19 related sickness absence has decreased by 0.9% to 0.6% from 1.5% (July 22) the lowest rate since November 2021.
- Non COVID19 related sickness absence has decreased by 0.6% from 5.7% (July 22) to 5.1% (Sept 22).
- Stress related absence remains the biggest cause of absence followed by infectious diseases. The highest levels of sickness absence are in Additional Clinical Services, Estate and Ancillary and Nursing and Midwifery. Additional Clinical Services rates are highest across the organisation but have decreased by 1.64% to 7.93% (sept 22) from 9.57% in July 22. Estates and Ancillary sickness rates have decreased by 2.7% to 7.34% (Sept 22) from 10.04% in June 22. Nursing and Midwifery levels have decreased by 1.75% to 5.77% (sept 22) from 7.52% in July 22.

What we're doing about it

- Continuing to support long term sickness and ill health retirements.
- Recruitment drives for staff vacancies.
- Managing long covid related absence in line with all Wales guidance.
- Coaching of managers.
- SWSS – increase in online services around wellness and support as well as signposting to relevant services, reviewing sickness hotspots/trends and teams across BCU.

When we expect to be back on track

- Current target is 4.2% at current levels and trends it will take approx. 18 months to 2 years get back on track

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

- Potential remains for winter sickness levels to increase beyond 8% given the high summer levels which are traditionally the lowest, and the potential increase in Covid levels. Assumption that the vaccination programmes will maintain some resistance for covid, flu and other respiratory illnesses.
- Possibility of vulnerable staff going off as covid levels increase, continue to support staff in line with Welsh Government guidelines for Covid.
- Lack of ability to recruit staff may also impact on stress level and sickness of remaining staff.
- Impact of the rising cost of living may impact on staff ability to travel to work and stress related absence remains. (Cost of living group set up in partnership with TU colleagues.)

Why we are where we are

- PADR Compliance saw an increase of over 1% from July to August from 65.32% to 66.45% and another increase of 1.28% in September taking compliance to 67.73%. This is a significant increase in PADR organisational compliance that we have not seen for quite some time. The intrinsic link PADR has to Pay Progression, (as progression through increments is not approved unless a PADR conversation has taken place)has undoubtedly had an impact on this significant increase.

What we're doing about it

- The local BCU group which has been set up to monitor progress and local implementation of the National Pay Progression standards continues to meet bi-weekly with various actions taking place. Communication throughout the health board has continued in various and diverse forms ranging from our standard internal communications channels to messages on all staff payslips in September, to direct communications with all those managers and staff affected in October and communications with Exec Directors and Senior managers of those affected. HR Teams continue to work with managers locally to support implementation of Pay Progression standards.
- To date 10 PADR / Pay Progression workshops have taken place since July, with over 470 staff members attending. Further sessions have also been scheduled in until the end of the year. The workshops are a great opportunity to raise the awareness of the importance of PADR conversations with both staff and managers.

When we expect to be back on track

- An increase in organisational compliance suggests that the implementation of Pay Progression is contributing to ensure that PADR's are being conducted effectively and recorded accurately in ESR .

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

- Due to the Integrated Health communities being newly formed and not all posts yet being filled, line management structures and hierarchies may not be fully operational which will impact PADR conversations being recorded on ESR.
- Continued operational pressures may also impact on the capacity of line managers and staff to complete PADRs. We will continue to support managers and staff to highlight the importance of PADR conversations.

Why we are where we are

- Mandatory Training compliance at level 1 has increased in all Mandatory subjects. This month reports compliance of **86.15%** which places BCUHB above the national target of 85%.

- Level 2 training has increased in four of the five subjects and is currently reported at **78.28%** .

What we're doing about it

- From 1st October 2022 Managers must enter pay progression appraisal meeting details into Manager/Supervisor Self-Service, to confirm that pay progression should go ahead for employee's due pay-affecting increments. Standards for pay progression include the completion of statutory/mandatory training.

- Safeguarding training teams are putting 'face to face' training sessions back into their training delivery along with the development of workbooks and teams training whilst continuing to offer e-learning sessions.

When we expect to be back on track

- We anticipate that we will maintain the national target during the forthcoming months whilst identifying and targeting the areas/staff groups with lower compliance to identify possible methodologies that could support a further increase in compliance.

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

- There is a risk that the current Compliance dashboard is unable to sustain the vast amount of compliance data needing to be pulled from ESR. This is currently under review to identify suitable alternatives to ensure the data is still available.

Charts: Agency & Locum Spend
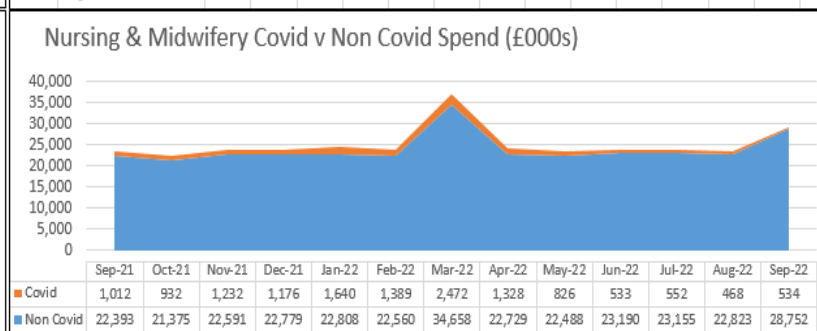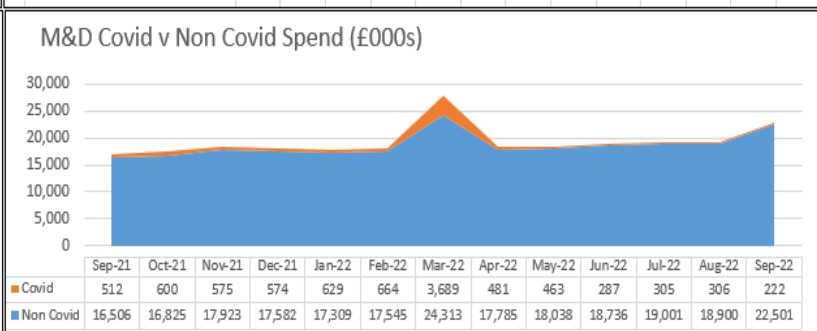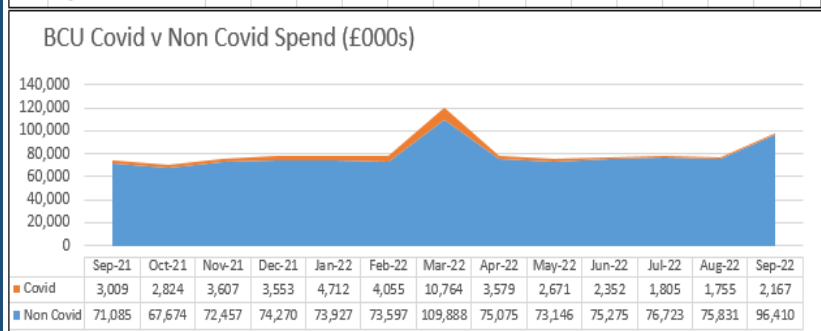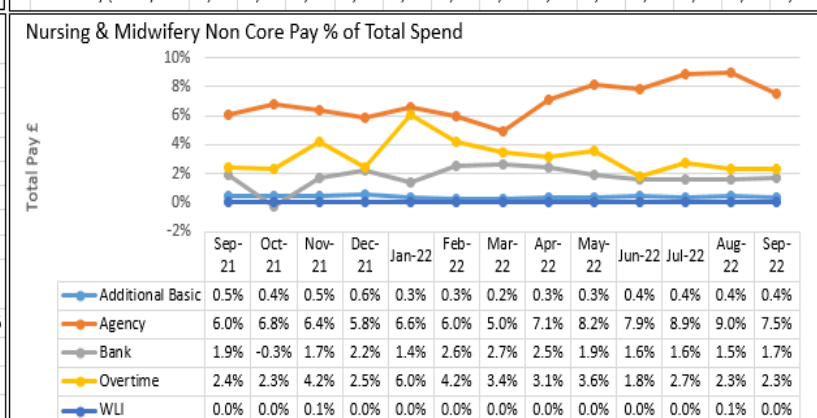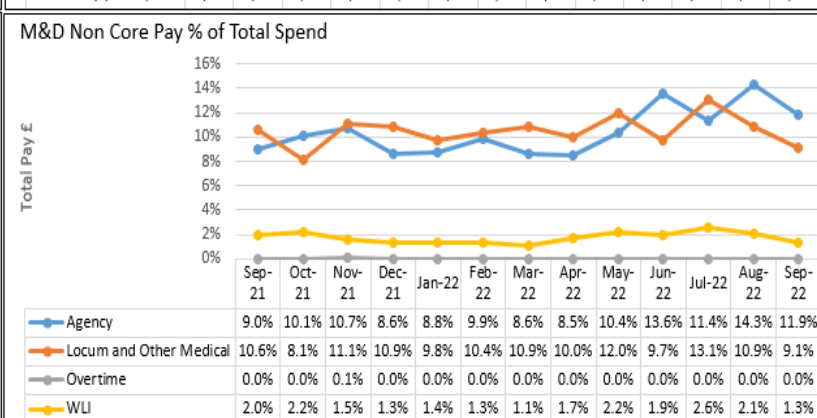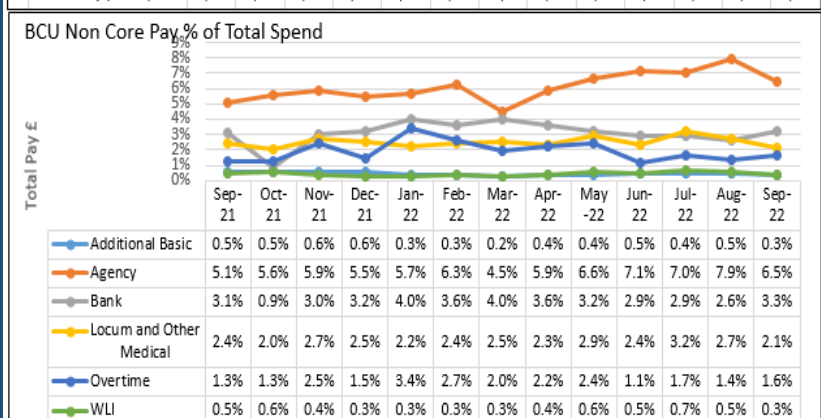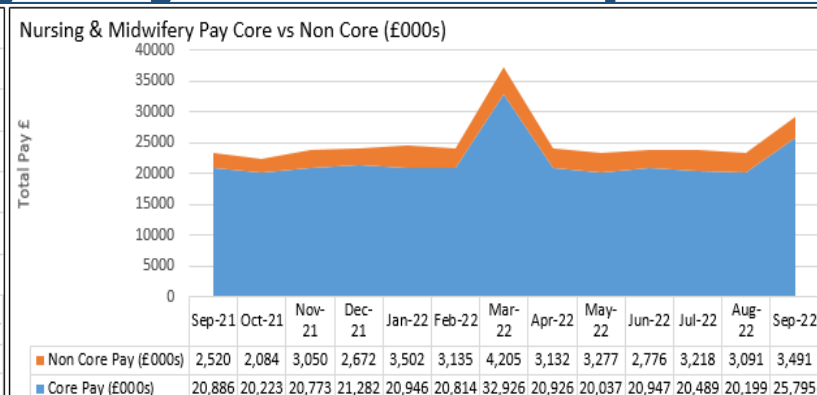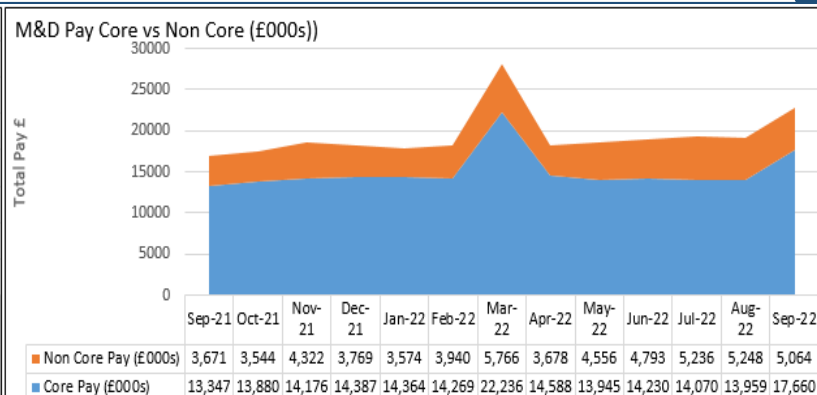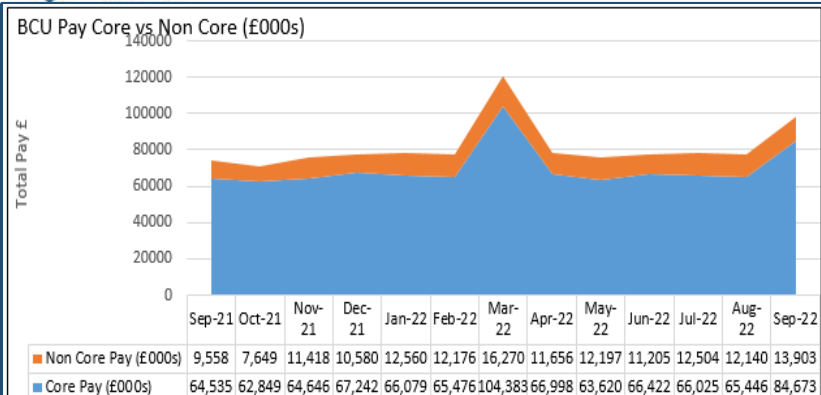
Narrative: Agency & Locum Spend

Why we are where we are

- Non-core pay spend overall has increased by £1.76m from £12,140,000 in August 22 to £13,903,000 in September 22. This increase is seen across Agency, Bank and Overtime usage with a decrease across other non-core pay elements. Drivers behind the ongoing high levels of staff usage across all areas of the Health Board are the ongoing pressure on unscheduled care, and more activity across the Planned Care Recovery programme in terms of a higher usage across the nursing staff group.
- Medical non-core spend is down by £184k this month to £5.06m. There has been a decrease all elements of nor-core pay across Agency Medical Locum and WLI spend. This small decrease in actual medical spend is encouraging but we are still seeing ongoing activity across Planned Care Recovery and the ongoing pressures on Unscheduled Care across the Health Board.
- Nursing non-core spend is up by £401k this to £3.49m. This increase is driven by an increased usage across all non-core elements and in particular supports the increased pressures on Unscheduled Care nursing across the Health Board where short notice cover is required.

What we're doing about it

- Targeted recruitment campaigns for Medical and Dental consultants are active and showing progress across the targeted specialities. The BAPIO initiative to attract overseas doctors from India to the Health Board is on track. Alongside this a plan to recruit doctors from across the Middle East with a planned rollout in Q3.
- The ongoing focus on Nursing recruitment is showing progress with the overseas nurse recruitment delivering success. The targeted open days for nursing across the IHCs in Q3 should see nursing recruitment in a more 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 workforce capacity 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

Committee	Period	Measure	Target	Actual	Trend												
					O	N	D	J	F	M	A	M	J	J	A	S
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	Improve ment													
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	Improve ment													
PFIG		Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Embeddi ng													
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													

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.

Committee	Period	Measure	Target	Actual	Trend
PFIG	May 22	Percentage of episodes clinically coded within one reporting month post episode discharge end date	>= 95%	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 & Out Patient Activity

Theatre Procedures (Inpatient and Daycase): Completed Elective Cases in Planned Elective Lists by Week
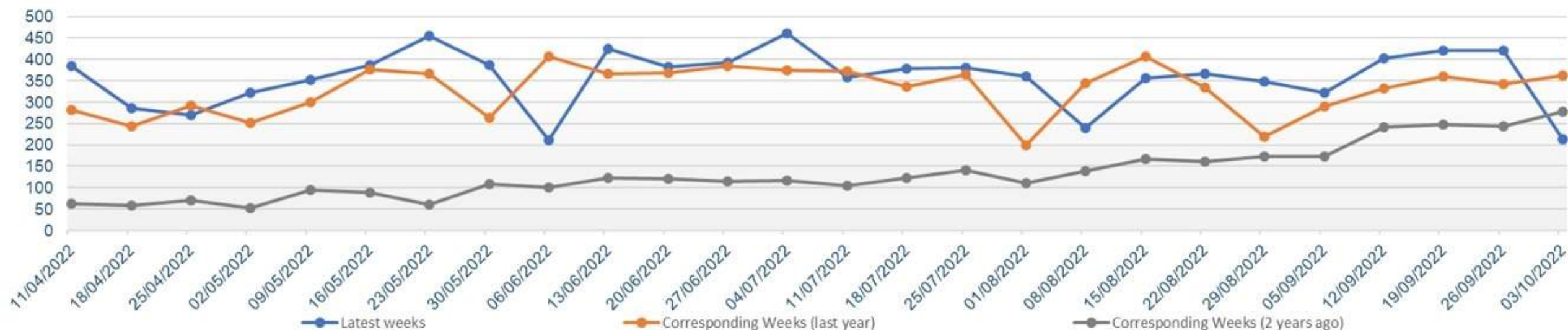
Diagnostic Waits (3 major wait categories)
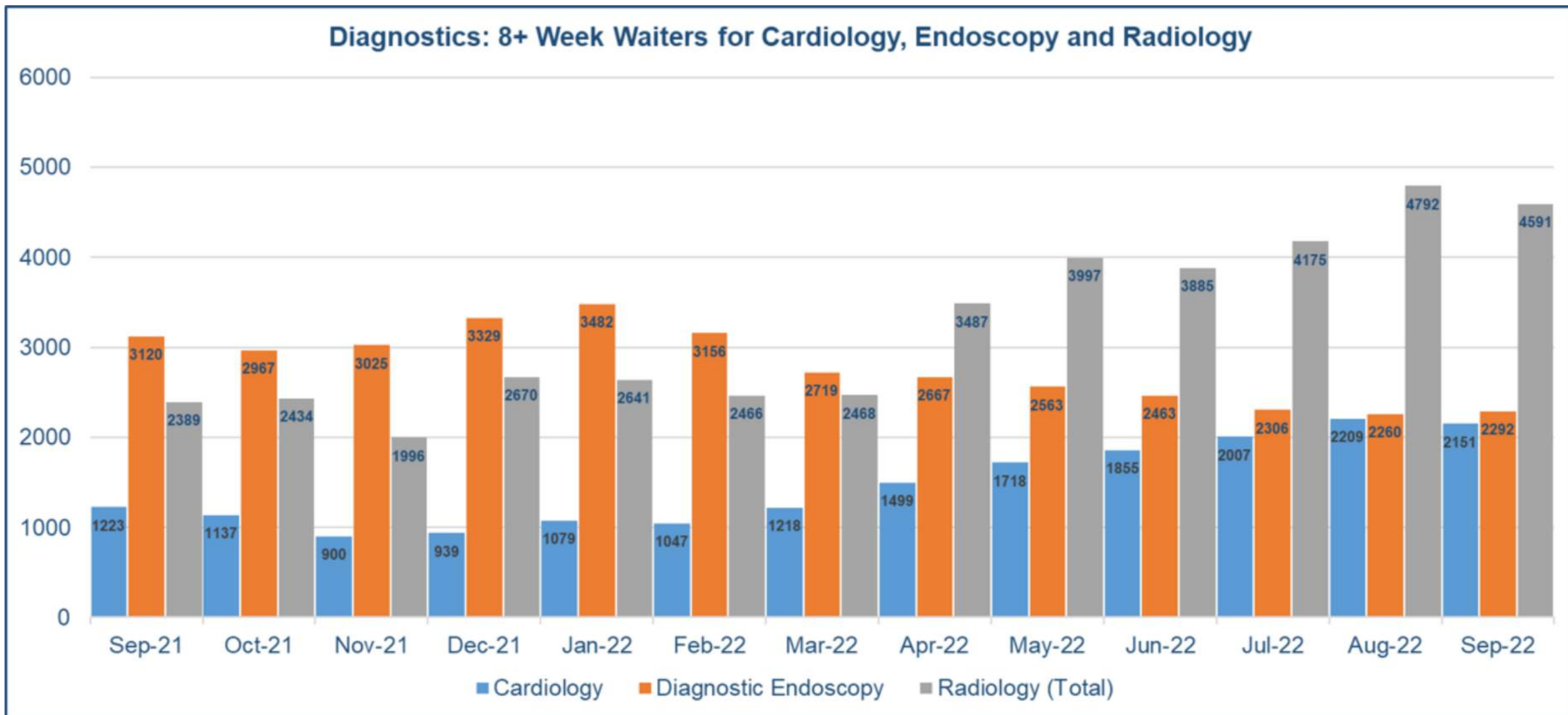
Quality & Performance Report
Betsi Cadwaladr University Performance, Finance & Information Governance Committee

Further information is available from the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website   www.bcu.wales.nhs.uk

- 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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Teitl adroddiad: *Report title:*	Planned Care Status Report
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 27 October 2022
Crynodeb Gweithredol: *Executive Summary:*	The purpose of this paper is to provide partial assurance to the Health Board (HB) with the progress of the Planned Care (PC) programme in line with Welsh Governments' programme to modernise PC services and decrease waiting lists. Previous updates to PFIG have described the challenges facing BCUHB in relation to the delivery of Planned Care (PC) services, and specifically the large number of patients waiting for a new outpatient appointment, or a planned intervention/treatment, many of whom have been waiting in excess of 52 weeks and some more than 104. The origins of this precede Covid, but the pandemic has exacerbated the position significantly. After several months, where the total waiting list rose, we have seen it plateau in the last few weeks. The validated position stands in excess of 170,000, as of 17th October 2022, with 46,582 waiting over 52 weeks and 14,500 waiting over 104 weeks. The focus from Welsh Government (WG) is on the transformation of PC across Wales to drive down waiting times for our patients and reduce the number of patients waiting in excess of 52 and 104 weeks. With plans to transform PC services, WG 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. This paper details the Planned Care Programme's actions to date, with next steps for the programme inclusive of the governance framework established, rigour and accountability put in within the performance arm of the programme with the performance team, its transformation agenda and the commencement of planning for next financial year's IMTP.
Argymhellion: *Recommendations:*	PFIGC is asked to note the partial assurance of the PC programme recognising that the delivery of this programme is vast and will take time in delivering the key objectives - reduction in waiting lists expected due to the volume of patients waiting and in transforming PC services. In supporting the PC recovery program is it important that all stakeholders have clear visibility of the challenge and their progression of meeting the challenges, this with the tools e.g.

	dashboards to facilitate service delivery. It is important not to under recognise or under estimate the importance of clean and accurate data that is presented in a way that fits its need and the audience its intended for.
Arweinydd Gweithredol: *Executive Lead:*	Gill Harris - Deputy Chief Executive/Executive Director of Integrated Clinical Services
Awdur yr Adroddiad: *Report Author:*	Co Authors: Nikki Foulkes, Acting Associate Director Planned Care/Andrew Kent, Interim Subject Matter Expert: Planned Care/Andrew Oxby, Interim Subject Matter Expert: Outpatients

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	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
	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*	

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 Boards strategic goal of reducing the number of patients waiting.
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?*	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?*	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)*	BAF Risk 1.5 - Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm

Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Please refer to detail in report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Please refer to detail in report.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Planned Care programme is reported at the Planned Care Recovery and Transformation Group (PCRTG), Executive Delivery Group (EDG): Transformation and Performance, Finance, and Information Governance Committee (PFIGC).
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	BAF Risk 1.5 - Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm
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*
Rhestr o Atodiadau: Dim *List of Appendices:* *None*

Planned Care Programme Update

1. Introduction/Background

1.1. Previous updates to PFIG have described the challenges facing BCUHB in relation to the delivery of Planned Care (PC) services, and specifically the large number of patients waiting for a new outpatient appointment, or a planned intervention/treatment, many of whom have been waiting in excess of 52 weeks and some more than 104. The origins of this precede Covid, but the pandemic has exacerbated the position significantly.

After several months, where the total waiting list rose, we have seen it plateau in the last few weeks. The validated position stands in excess of 170,000, as of 17th October 2022, with 46,582 waiting over 52 weeks and 14,500 waiting over 104 weeks. The focus from Welsh Government (WG) is on the transformation of PC across Wales to drive down waiting times for our patients and reduce the number of patients waiting in excess of 52 and 104 weeks. With plans to transform PC services, WG 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 further and begin to reduce.

The Planned Care Programme has been designed to support operational teams in meeting the underlying deficit between demand and capacity and the secondary Covid related backlog, 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 clinical sessions must start on time.
- Future job planning will be aligned to service demand

- 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.

Planned Care should not be seen in isolation from the Unscheduled Care agenda, together with the exeptional winter pressures that are anticipating mean that progress in reducing the waiting list backlog will continue to be a risk.

2. Body of report

2.1 Strategy Implications

PC service delivery is a key business and safety objective for BCUHB.

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
- Validation and data cleansing of our Patient Tracking List (PTL)
- Prioritising diagnostics and outpatients
- Transformation (pathway redesign) for key identified patient pathways
- Communicating Effectively with our patients and stakeholders
- Develop and implement sustainability initiatives to support/improve BAU

To support the National programme, PC's strategic direction has involved a number of steps to date. These include:

1. Revised our weekly Performance led Corporate Access Membership to ensure accountability and delivery against the Key Performance Indicators (KPI)s. This revision was implemented 22.09.2022, with the Director and Deputy Director of Performance, Deputy Director of Integrated Clinical Delivery – Regional Services and the Integrated Health Community, Director of Operations.

2. Developed and implemented a Business Intelligent (BI) dashboard that demonstrates our performance against agreed trajectories together with views of the various cohorts at BCU, IHC, and specialty levels. This dashboard is utilised in the meetings described above.

3. Having visibility of patients which we are treating out of turn, in the form of our BI dashboard. We have worked with WG delivery unit (WGDU) colleagues to determine methodology for demonstrating this cohort of patients.

4. Developed an action plan that we will be using to measure ourselves against these actions, these actions will be reported in via PCRTG, and the performance framework.

5. Developed the Planned Care Improvement Group to reflect the patient's pathway, with four work streams, outpatients (two) being the most developed with a work stream (WS) lead and projects progressed for e.g. projects specific to outpatients

inclusive of See on Symptoms (SOS)/Patient Initiated Follow Up (PFIU) and Validation.

6. We have a primary care lead for Work Stream one with a therapies lead chairing Work Stream 3. The next steps include reviewing the initial benefits and efficiencies proposed to ensure these are realistic and deliverable.

7. Within Work Stream 2, the focus is on outpatients with projects on;

   a. 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 to request NON urgent advice.

   b. Validation – Internal and External (HBSUK) 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. 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.

   c. Outpatient Efficiencies – booking to clinic capacity, booking patients in clinical priority and chronologically. These principles are being embedded, supported with Outpatient 6,4,2 meetings that are operation, with the agenda reflecting these principles and visibility demonstrated by the dashboard created.

   d. 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 project is gathering pace, currently only at 5.4%. Highest specialty users are:

   - Diabetes and Endocrinology = 33.4%
   - ENT = 11.2%.

   We have identified all ten, seven of which have signed off pathways to date. These are:
   - Uro-Gynae (SOS),
   - Epistaxis (SOS),
   - Cancer after 5 years (PIFU),
   - Carpal Tunnel Syndrome (SOS),
   - Total Hip replacement (SOS),
   - Total Knee Replacement (SOS)
   - Stable Rheumatology (PIFU).

   e. Virtual consultation; We have a deployment plan for Attend Anywhere to support video consultations, and understand the volumes to date. In order to calculate the trajectory we need to understand the art of the possible, this providing the trajectory (meeting the art of the possible for those current, and those that will be enabled in-line with the rollout plan). The art of the possible is being created byTech Cymru giving a national picture of video consultation volumes by speciality, this (we are told) will be available in December 2022.

8. DNA – Not discharge. We have created a view that provides the Health Board with an understanding of patients that DNA and are not discharged. We have shared this information and dashboard at a National meeting where some Health Boards have asked to join this journey, this creating a national picture (this is not available via CHKS benchmarking as the data is not captured at a national level) thus looking at what would be an 'average' DNA not discharge level, this determined clinically.

   When booking policies evidenced these [DNA and discharge] enacted, thus reducing re-work, reducing waste and scheduling patients that 'want and willing to' attend an appointment.

Outpatient DNA | Discharges	2019 / 2020	2021 / 2022	2022 / 2023
Total Number of DNAs	66,641	42,594	25,982
All DNAs Not Discharged	41,153	31,633	18,941
All DNAs Not Discharged as % Total DNAs	61.75%	74.27%	72.90%
New DNAs Not Discharged	10,087	9,969	5,845
New DNAs Not Discharged as % New DNAs	51.16%	67.35%	64.05%
Review DNAs Not Discharged	29,766	20,640	12,428
Review DNAs Not Discharged as % Review DNAs	65.55%	79.17%	78.26%

9. My Planned Care, this is a national initiative similar to the one that is already available in England. This is set to launch in October/November, and enables patients to look up the waiting times for their speciality, this is based on the number of patients waiting for a service.

10. 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 approved at Board. We are still on trajectory to mobilise insourcing in December 2022.

11. Effective use of waiting list initiatives and locums to support core capacity to deliver 19/20 baseline activity, supported by a standard operating procedure (SOP), which in collaboration with HR..

2.2 GiRFT/Clinical Pathways

GIRFT programme is now being actively managed. 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 Urology on 3rd November, with Ophthalmology anticipated in December and General Surgery to be decided.

2.3 Modular Theatres

A new development is being explored which has the potential to reduce the lead time for RTC construction by using mobile modular units for orthopaedics. Site visits are being undertaken with the relative teams and the business case has been adjusted to reflect these developments.

2.4 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 1 and 3 demonstrate our position at these two key dates;
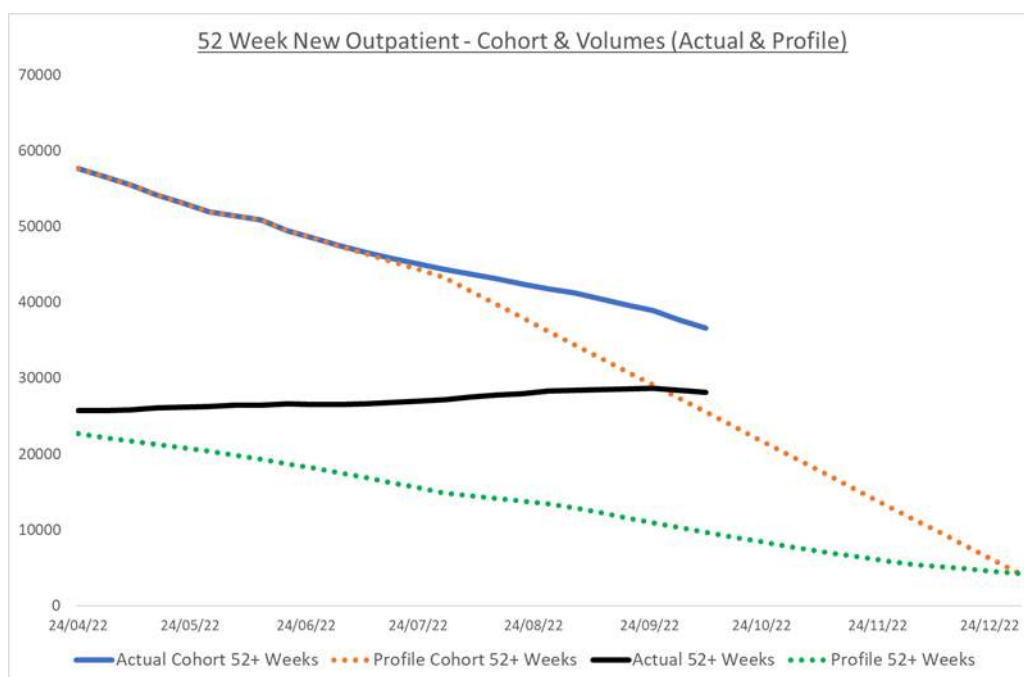
Figure 1

Figure 1 highlights the position against the 52 week target (December 2022). We recognise our performance is not on trajectory. It is beginning to slowly improve, the performance demonstrated by the blue and black continual lines do not take into account any efficiency gains, i.e. clinic utilisation improvements, validation exercise and additional capacity. However, we have devised with operational teams, forecasts which are available at a BCU Speciality level, and site speciality level. First draft of these were available 30th September, but these will be refreshed monthly and be utilised as part of the performance framework, to monitor delivery. Figure 2

demonstrates our weekly actual position (Blue bar), against our trajectory (blue line) and our forecast position (purple line).
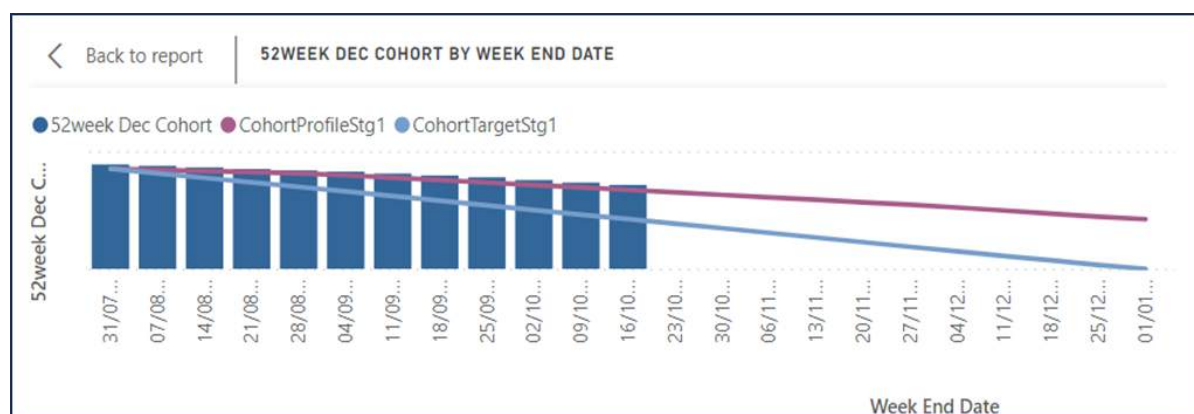
Figure 2

Figure 2 highlights the position we are just under our forecasted position. However, we are expecting this to improve as the outpatient principles, validation exercise gather pace. Within these trajectories, there continues to be 2 specialities whom we are expecting to breach this priority; Urology and Orthodontics. As at 17/10 the landing forecast (31st December 2022) for the HB is forecasted at 21,080 with Centre 8,527 East 7,718 and West 5,258.
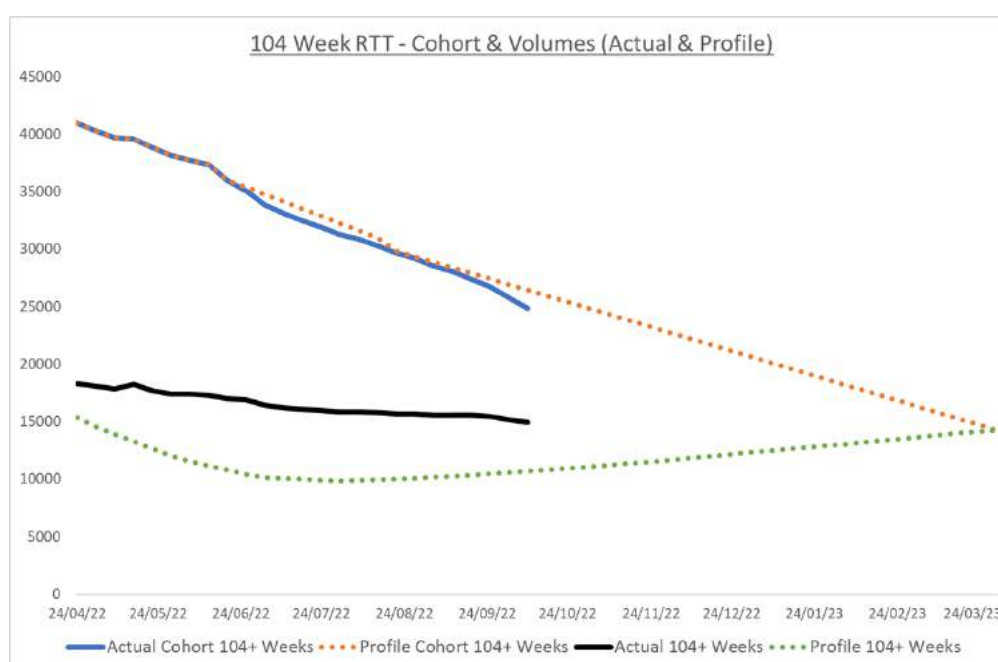
Figure 3

Figure 3 shows that whilst we are behind plan, it is beginning to improve, we are expecting this to improve further. Figure 4 highlights the position against our forecasted position, however as indicated we are expecting this to improve with an increase in Outsourcing which came on line in September – Ophthalmology and Orthopaedics, Theatre principles to be further 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. In addition to this we are doing a deep dive into ophthalmology, the report will be available at the end of October.
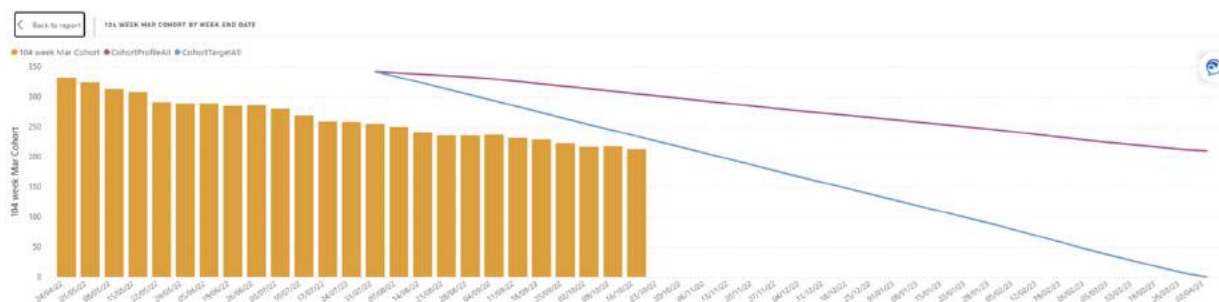
Figure 4 demonstrates our weekly actual position (Amber bar), against our trajectory (blue line) and our forecast position (purple line). Whilst it is expected that most specialties' will breach this target, there is further work to do on revising our forecasts.

2.5 Cancer

The Cancer Partnership Group, now established, is developing the cancer strategy for the HB which is aligned with the Welsh cancer plan. The group are developing programmes of work for the next 3-5 years, with 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.

Priority areas to improve performance

• Urology – piloted straight to mpMRI; aim to sign off new model at October prostate pathway workshop; undertake prostate biopsy capacity and demand modelling exercise to support model; commence robot assisted surgery (October 2022)
• Colorectal – aim to increase uptake of straight to test pathway with publication of new national FIT pathway; continue implementation of endoscopy business case to increase capacity and reduce waits – currently all 8 rooms staffed 5 days per week with recruitment continuing to provide 7 day per week cover.

All – focus on over 62 day backlog reduction; focus on oncology recruitment and capacity (*see workforce slide*)

2.6 IMTP 2023/24

The next steps include the IHC corporate D&C Confirm and Challenge which is inclusive of Planning, Finance, Performance, Informatics, HR and PC. These are due to take place over the next two weeks. It is expected that the IMTP schemes that have been submitted will form part of the team's mitigations and solutions to address any potential gap in capacity or to transform services.

3. Risk Management

3.1 The underlying risk score associated with the backlog of patients on the waiting list remains unchanged currently at 25, but the current score is based on actions to date and has been revised to 20. The various actions are designed to mitigate and reduce the risk, but it needs to be recognised that none of these will provide immediate

solutions, and despite best endeavours, operational pressures may still affect progress. This risk will be reviewed in October.

4. Equality and Diversity Implications

4.1 The PC programme is designed to address health inequalities and facilitate the Board's socio-economic duty by stream-lining process, transforming services and reducing waiting lists

Teitl adroddiad: *Report title:*	Regional Treatment Centre (RTC) – Response to Gateway Review
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 27 October 2022
Crynodeb Gweithredol: *Executive Summary:*	This is a stand alone item to provide PFIG with a summary update of the work being undertaken within the RTC Programme to respond to the recommendations of the relevant Gateway Review published in July 2022.
Argymhellion: *Recommendations:*	The Committee is asked to review and note the content of this report and action plan
Arweinydd Gweithredol: *Executive Lead:*	Gill Harris Deputy CEO
Awdur yr Adroddiad: *Report Author:*	Andrew Kent/Chris Linward

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):*	RTC Programme

Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	The Gateway Review process provides a "Delivery Confidence Assessment" of the RTC Programme processes.
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
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
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)*	Failure to implement the recommendations of the Gateway Review creates a significant risk to the successful completion of the RTC Programme. It creates additional risks to successful completion of further Gateway Reviews of the RTC Programme. There is also the risk of reputational damage to the BCUHB.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Risk to successful completion of the RTC Programme, including resources already committed to Programme.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Not direct, but implications for the future development of transformed pathways within the RTC developments.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Paper has been reviwed and endorsed by RTC SRO and RTC Programme Director. SRO comment was that paper needed to reference ongoing engagement with Welsh Government to keep them appraised of progress.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* (or links to the Corporate Risk Register)	Risk Register being populated (see comments in attached report).
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 - PFIG approved paper will be shared formally with the Welsh Government.

Rhestr o Atodiadau:
Dim

List of Appendices:
Appendix A – RTC Gateway Review Action Plan

Regional Treatment Centre – Response to Gateway Review

1. Introduction

This paper sets out a summary of the action being undertaken to respond to the recommendations of the Gateway Review of the RTC Programme. The review, issued in July 2020 set out a range of recommendations for the RTC Programme.

The key elements of the response to the review and the plan to address each recommendation is covered in this paper. The details are provided to the members of PFIG to provide an update on the progress being made and to give assurance that tasks are being completed in line with Gateway Review recommendations.

2. Context – RTC Strategic Outline Case

The Gateway Review document has been shared with the BCUHB Executive Team and has been reviewed by the RTC SRO. The report provided a "Delivery Confidence Assessment" of the Programme. The rating for the RTC programme was classed as "red", with that rating defined as follows:

> "Successful delivery of the project appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The project may need re-baselining and/or overall viability re-assessed."[1]

The report set out 12 recommendations to address the issues identified as part of the Gateway Review. The 12 recommendations were categorised as follows, "Critical" (7 items); "Essential" (4 items); and "Recommended" (1 item).

The subsequent formal response from the RTC SRO (on behalf of the Health Board) was to accept the findings of the report in full. In order to respond to the findings of the report, an action plan was developed to confirm the action taken against each of the 12 recommendations. The action plan assigned leads for each task and progress is reviewed regularly within the RTC Programme team, and is a standing item for report at the monthly RTC Programme Board meetings.

The recommendations of the report (along with their categorisation) are set out in full at Appendix A. They are presented in the form of a summary action plan, with corresponding actions and updates for each item. All components are rated based on progress towards completion (Red/Amber/Green) and relevant milestones are highlighted. The progress summaries presented are up to date as at 13 October 2022, and are amended on an ongoing basis to reflect progress.

The next section of this paper highlights key elements of the Gateway Review Summary Action Plan by exception. Members of PFIG are invited to review the document at Appendix for the details of action being taken against each recommendation.

3. Gateway Review Action Plan

The document at Appendix A provides details of the 12 Gateway Review recommendations and the corresponding actions being taken by the RTC Programme team against each item.

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[1] OGC Gateway™ Review 1: Business Justification, RTC Programme, July 2022

Each item has been "RAG" rated on progress and it should be noted that the majority of items are now rated "Green" or "Green/Amber" (based on their relative movement) with no items rated "Red".

Progress towards completion is in line with Gateway Review report recommendations or is highlighted with mitigating action to achieve amended timelines. It should be noted that whilst the current team has benefited from confirmation of recent additions (e.g. additional project management and administrative support), a number of key roles within the team have still to be filled. The attached plan provides details of awaited appointments, where it is hoped that successful appointments in the will increase the capacity of the team.

With the above in mind, the following sections highlight key areas of progress against selected Gateway Review recommendations.

Recommendation 1: Set out a plan to deliver and fully resource the development of an OBC, with all of the main deliverables needed from the workstreams.

This item was rated critical to the success of the RTC Programme. Development of the action plan confirmed that additional external expertise would be required to produce a robust Outline Business Case document, due to the identified lack of internal capacity and capability. Following engagement with members of the procurement team, a route to market was confirmed, which provided the basis for the preparation of appropriate tender documentation.

With documentation finalised during week commencing 10 October 2022, the invitation for expressions of interest to tender will be issued week commencing 17 October 2022. The composition of the assessment panel has been confirmed and the timescale of the process is in line with the milestones identified within the agreed Programme Plan. This process is consistent with the objective within the RTC Programme Plan to deliver a completed Outline Business Case document by August 2023.

Recommendation 2: Develop the framework for definition of Options and apply the Green Book methodology for assessment.

The confirmation of the approach defined within the Gateway Review provided a stimulus to the initial local work which had been developed around option appraisal. Working with the support of external consultants (Lexica), the approach to the definition of options and appraisal has been structured to be compliant with the Green Book approach. This includes the finalisation of a paper on the RTC model of care, which has been approved by the RTC Programme Board and is due to go the Health Board's Leadership Team for ratification on 19th October. This is obviously an ongoing approach which also informed the stakeholder event on 27th September 2022 and will be incorporated into the continuing work to deliver the RTC Outline Business Case (which will include significant input by the supplier identified as part of the OBC tender process).

Recommendation 4: Develop a project specific communication and engagement plan.

This was previously an under developed component of the RTC Programme. However, structured engagement with the Health Board's communication team has confirmed the approach to establish communication and engagement as a specific workstream within the RTC programme. This is particularly important given the scope and scale of the RTC development and the impact that it will have on North Wales residents. Additional project management support has been assigned to work with the communication and engagement team to develop the specifics of this workstream's project plan, which will integrate with the milestones and activities of the established RTC programme.

Additional input has also been secured from the Consultation Institute, which will run a half day risk workshop event for core members of the RTC programme team at the end of October 2022. This event will benchmark the current position and identify potential gaps and opportunities within current plans. This event will assist the completion of a robust communication and engagement plan. Details of the plan will be captured within established project documentation. The progress of the plan will be reported regularly to the RTC Programme Board, in line with arrangements for other key workstreams.

Recommendation 8: Develop a more detailed project plan that sets out the key deliverables across the workstreams and identifies the critical path.

This element has been the subject of priority work to define and agreed project plans and milestones across workstreams. This was accomplished with additional project manager input (secured through internal secondment) to engage with workstream leads to capture details of tasks and key outputs. The summary product of this work was presented to and approved by the RTC Programme board on 20th September 2022, and subsequently shared with members of the Welsh Government team (who have been meeting regularly with RTC programme team representatives).

Continued project manager support will enable the production of update reports to a standard format so that progress can be reported to the RTC Programme Board. It is envisaged that, once appointed, the additional project manager posts will be assigned to selected workstreams to assist with effective reporting and capture of project risks and issues.

Recommendation 9: Recruit to the core project team especially in areas that support effective project delivery.

The initial attempt to appoint additional Project Managers (in August 2022) failed to identify suitable candidates (drawn from external interim candidates). Since then the project team structure has been reviewed and re-shaped to include additional project manager roles. Following formal confirmation of the budget for the RTC Programme Team, arrangements are now in place to go out to advert for Project Manager roles (6 wte) which will be offered as Fixed Term appointments or secondments for an 18-month period. The aim is to provide a sustainable core of project management which will support the workstreams during the crucial first phases of the programme. Depending on the success of recruitment a parallel approach will be made to the interim market to secure project management resource (within available budgets).

Recommendation 12: Hold a risk workshop conducted by a suitable qualified Risk Practitioner and develop a project risk register.

Progress of this work was hampered by internal process delays (in terms of approvals for access to Datix). However, this issue has been resolved and current identified programme risks (reported to the RTC Programme Board) will be recorded onto the Datix system during week commencing 17th of October 2022. Once complete, standard risk reports can be generated and submitted to the RTC programme board for oversight and review. The programme team now benefits from the support of a designated member of the Health Board's risk team, who will help facilitate a risk workshop (to be held week commencing 24 October) with core RTC programme team members.

4. Summary

The selected elements described above, along with the summary plan presented as Appendix A is intended to provide further information and assurance on the work being undertaken to respond to the recommendations of the Gateway Review.

The completion of tasks will be reported to the RTC Programme Board and will form the basis for further updates to the Health Board as required. The details and evidence of the action taken to respond to the recommendations will also form part of further formal responses to the Gateway Review Team in advance of further review events.

Members of the RTC Programme met formally with representatives of the Welsh Government. An earlier iteration of the Gateway Review action plan (and the Gateway Review Report) has been shared as part of those meetings. There are ongoing fortnightly meetings established with Welsh Government leads, and it is recommended that this report is shared with them to provide further evidence of progress.

5. Recommendation

Members of the PFIG are requested to:

(i)   Review and note the content of this report and the accompanying Action Plan.

(ii)   Agree that this report can be shared with Welsh Government as evidence of the progress being made to implement the recommendations of the Gateway Review.

RTC Programme – Response to Gateway Review Recommendations (Update 13/10/22)

	GATEWAY REVIEW RECOMMENDATIONS			BCUHB RTC PROGRAMME ACTION		
Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Lead	Key Tasks and Progress Updates	Completion date(s) and comments
1.	Set out a plan to deliver and fully resource the development of an OBC, with all of the main deliverables needed from the workstreams.	C- Critical	As soon as resources allow	Ian Howard	Produce a specification for external support to draft the OBC for agreement by the Project Team. Project Team to agree the responsibility and timelines for the production of key inputs into the OBC. Updated timeline elements now included in regular reports to Executive Delivery Group.	Specification Completed. Expect tender documentation to be issued by 17 October. Tender assessment panel confirmed, date for review meeting tbc. **RAG = Amber/Green** Version 7 of the project plan confirmed at RTC Board on 20 September 2022. Updated timeline signed off by SRO on 22 September 2022

	GATEWAY REVIEW RECOMMENDATIONS			BCUHB RTC PROGRAMME ACTION		
Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Lead	Key Tasks and Progress Updates	Completion date(s) and comments
					Produce and agree with the Project Team a project plan for the delivery of the OBC, as an integral part of the overall project plan described in recommendation 8.	Additional programme management input in place from 3 October 2022 to support progress reporting on workstream plans. **RAG = Green** Completed. Timeline and key milestones shared with WG on 26 September 2022 **RAG = Green**
2.	Develop the framework for definition of Options and apply the Green Book methodology for assessment.	C- Critical	As soon as resources allow	Ian Howard	This will be incorporated into the plan for the development of the OBC.	End of September 2022 Green book methodology incorporated into process being delivered by Lexica. First event (Longlist to

	GATEWAY REVIEW RECOMMENDATIONS			BCUHB RTC PROGRAMME ACTION		
Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Lead	Key Tasks and Progress Updates	Completion date(s) and comments
						Shortlist held on 27 September 2022) **RAG = Green**
3.	Secure resources to commence work on the Benefits Realisation Plan to accompany the OBC.	E- Essential	Three months	Ian Howard	Resources to be secured as part of the external resource to deliver the OBC.	See comments at point 1 above. Date dependent on confirmation of preferred supplier. **RAG = Amber**
4.	Develop a project specific communication and engagement plan.	E- Essential	Three months	Comms Team	Initial discussions between RTC Programme Director and Kathryn Cummings to agree approach and action needed.	31 October 2022 Meeting with Comms team on 14 September 2022. Comms lead confirmed. RTC information shared. Half day workshop with external input to be held by 28 October to highlight key issues to form basis of forward comms plan around

	GATEWAY REVIEW RECOMMENDATIONS			BCUHB RTC PROGRAMME ACTION		
Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Lead	Key Tasks and Progress Updates	Completion date(s) and comments
						public engagement and possible consultation. Project management support identified to ensure development of workstream as specific component of RTC Programme Plan. **RAG = Amber/Green**
5.	Set out a plan and apply the increased resources to deliver the clinical and workforce models so that the workforce implications can be fully understood and risks mitigated.	C- Critical	As soon as resources allow	Nick Graham (with Andrew Kent and Caroline Usborne)	Workforce scope produced, timelines for delivery being finalised	31 August 2022 (then ongoing review) External support in place (Kendall Bluck) to define workforce efficiency potential, utilising outputs from the completed Demand and Capacity model. Milestones incorporated into agreed Programme Plan. **RAG = Green**

	GATEWAY REVIEW RECOMMENDATIONS			BCUHB RTC PROGRAMME ACTION		
Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Lead	Key Tasks and Progress Updates	Completion date(s) and comments
6.	Start to investigate potential site options for viability with Specialised Estates Services Support.	C- Critical	As soon as resources allow	Neil Bradshaw	Determine additional scope required to support "stand alone" RTC.

Commission NWSSP to provide an update review of potential sites.

Review viability | Delivery Group – Oct-Nov 22
RAG = Green

NWSSP- Sept 22 (3month site search)
RAG = Green

Design Team – from Dec 22
RAG = Green |
| 7. | Continue to meet with Welsh Government to ensure that the affordability (window and type) and the procurement decision are fully aligned. | R - Recommended | | Angela Mulholland-Wells | Continue weekly 'core team' meetings with WG and NWSSP. Next meeting: Mon 8th August (at which the revised Programme Plan is due to be discussed).
WG (CB) recently confirmed that they are consulting with HM Treasury considering the funding options, who are expected to further advise in Sept 22.
Direct contact will be sought, as required in support of critical information, timeframes and decision-making. | On-going throughout project duration, in line with updated Programme Plan / timescales to facilitate OBC, FBC and commercial decisions.

New schedule of fortnightly meetings arranged with WG, commencing 26th September 2022. Programme plan overview and |

	GATEWAY REVIEW RECOMMENDATIONS			BCUHB RTC PROGRAMME ACTION		
Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Lead	Key Tasks and Progress Updates	Completion date(s) and comments
					External advice and support will also be sought, as required.	milestones shared with WG. Also details of Gateway Review and supporting plan. Further information shared with WG on 10 October detailing options for approaches to construction phase and funding sources. Feedback awaited from WG. **RAG = Green**
8.	Develop a more detailed project plan that sets out the key deliverables across the workstreams and identifies the critical path.	C- Critical	As soon as resources allow	Chris Linward	Expanded programme plan developed following meeting on 28 July. This will be reviewed by the Core Delivery Team on 2 August and submitted to the RTC Programme Delivery Board in August. A detailed project plan has now been signed off with workstream leads (underpinned with standardised project documentation). Workstream leads will report monthly on progress to RTC programme board. Overall	31 August 2022 (then ongoing review) Check and challenge process completed by leads on 16 September 2022. Updated plan endorsed by RTC Programme Board on 20 September 2022.

	GATEWAY REVIEW RECOMMENDATIONS			BCUHB RTC PROGRAMME ACTION		
Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Lead	Key Tasks and Progress Updates	Completion date(s) and comments
					programme progress is reported monthly to Executive Delivery Group.	Details of plan milestones shared with WG on 26 September. **RAG = Green**
9.	Recruit to the core project team especially in areas that support effective project delivery.	C- Critical	As soon as resources allow	Programme Director / Senior Clinical Lead	Recruitment process underway to identify 2 project Manager roles, and admin support (x1). Review of RTC Programme team completed following confirmation of RTC budget in September 2022. Structure revised to allow for additional project management support. These will be assigned across portfolio of workstreams. Project Manager posts (6wte) now being re-advertised as 18 month opportunities, with further approach via agencies. Admin support post recruited. Start date in October 2022.	Expect process to be completed end October 2022. (No appointments made following interview panels in August) Additional project management support identified (1wte) to maintain progress whilst other recruitment takes place. **RAG = Amber**
10.	Consider bringing in a suitable person in a key leadership role who is full time and who has the	C- Critical	As soon as resources allow	Gill Harris	BCUHB will identify a candidate for a full time leadership role. Key requirements for the selected	Interim arrangement confirmed.

	GATEWAY REVIEW RECOMMENDATIONS			BCUHB RTC PROGRAMME ACTION		
Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Lead	Key Tasks and Progress Updates	Completion date(s) and comments
	necessary knowledge and experience.				individual will be knowledge and experience of organisational change, complex strategic change programmes including related finance and estates elements.	Interviews for Programme Director (interim to March 2023) to take place on 18 and 19 October. **RAG = Amber**
11.	Develop an Integrated Approvals and Assurance Plan (IAAP) following the delivery of a robust project plan.	E- Essential	Three months	Chris Linward	Work with BCUHB governance and assurance team to develop, confirm and approve an IAAP. Initial meeting with Phil Meakin held on 1 August 2022.	31 October 2022 Expect work to be completed early November 2022. **RAG = Amber**
12.	Hold a risk workshop conducted by a suitable qualified Risk Practitioner and develop a project risk register.	E- Essential	Two months	Phil Meakin	Initial discussion with Phil Meakin on 1 August 2022. Support from risk team identified. Datix access confirmed. All current risks to be loaded onto Datix w/c 17 October. Risk workshop planned with support from BCUHB risk team for w/c 24 October.	Identified risks to be entered onto BCUHB risk register (via Datix) to regular review to support risk mitigation and escalation as required. **RAG = Amber**

Critical (Do Now) – To increase the likelihood of a successful outcome it is of the greatest importance that the programme should take action immediately

Essential (Do By) – To increase the likelihood of a successful outcome the programme/ project should take action in the near future.

Recommended – The programme should benefit from the uptake of this recommendation.

Teitl adroddiad: *Report title:*	Unscheduled Care and Winter Plan Update
Adrodd i: *Report to:*	Performance, Finance and Information Governance (PFIG)
Dyddiad y Cyfarfod: *Date of Meeting:*	Wednesday, 26 October 2022
Crynodeb Gweithredol: *Executive Summary:*	*Scheduled agenda update in relaiton to the unschedulded care plan in line with the Six goals for Urgent and Emergency care 2021-2026* The paper sets out an update from the previous 12 months for unscheduled care and identifies areas of progression over the next 6 months for assurance.
Argymhellion: *Recommendations:*	The Committee is asked to note the update provided on the actions being taken within the Unscheduled Care improvement programme and plans for winter
Arweinydd Gweithredol: *Executive Lead:*	Gill Harris
Awdur yr Adroddiad: *Report Author:*	Geraint Farr – (Interim) Associate Director For Emergency Care. Chris Subbe – Clinical Lead for Six Goals Programme, Medwyn Jones – Six Goals Programme Board 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* ☐	Derbyniol *Acceptable* ☐	Rhannol *Partial* ☒	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
	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*	

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):*	Six Goals for Urgent and Emergency care 2021-2026
Goblygiadau rheoleiddio a lleol:	Health and Safety Executive

	Quality and Safety Executive
Regulatory and legal implications: **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 *Y/N* Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn *berthnasol* *If no please provide an explanation as to why the duty does not apply* Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7 *WP7 Procedure for Equality Impact Assessments*
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?*	Do/Naddo *Y/N* Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn *berthnasol* *If no please provide an explanation as to why the duty does not apply* Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol. *WP68 Procedure for Socio-economic Impact Assessment.*
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)* **Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith** *Financial implications as a result of implementing the recommendations* **Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith** *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*	Inability to provide safe timely care for those requiring unscheduled care. £417k per annum Increased operational structure to support the clinical lead USC programme and allow health economy development into the wider USC programme board. Discussed with regional director of delivery for support.

Cysylltiadau â risgiau BAF:
(neu gysylltiadau â'r Gofrestr Risg
Gorfforaethol)

Links to BAF risks:
(or links to the Corporate Risk Register)
**Rheswm dros gyflwyno adroddiad i fwrdd
cyfrinachol (lle bo'n berthnasol)**   Amherthnasol

Reason for submission of report to   Not applicable
confidential board (where relevant)
Camau Nesaf:
Gweithredu argymhellion

   Next Steps:

Implementation of recommendations:

Rhestr o Atodiadau:
1 – Cynllun gaeaf BCUHB

List of Appendices:
1 – BCUHB Winter plan

Guidance:

Unscheduled Care performance

Significant pressures continue to be experienced across NHS Wales due to a number of attributing factors that are impacting on unscheduled and emergency care services, including an ongoing increase in attendances to ED's across North Wales, along with ongoing inability to discharge the Medically fit for discharge (MFFD's) with 1/3 of BCUHB hospital beds being occupied by medically fit patients.

The ongoing effects from the COVID pandemic remain and we are still experiencing:

i)   Higher call demand on WAST/Hospital delays, that will result in patients being advised to attend ED in light of the clinical safety plan.

ii) Reduction in direct GP admissions to assessment units and instead sending patients to ED;

iii) Impact of patients being postponed / not able to see another healthcare professional during the pandemic period and have now clinically deteriorated resulting in them now attending EDs for urgent treatment of their condition, which impacts on ED demand and WAST demand for conveyances.

Performance Metrics:
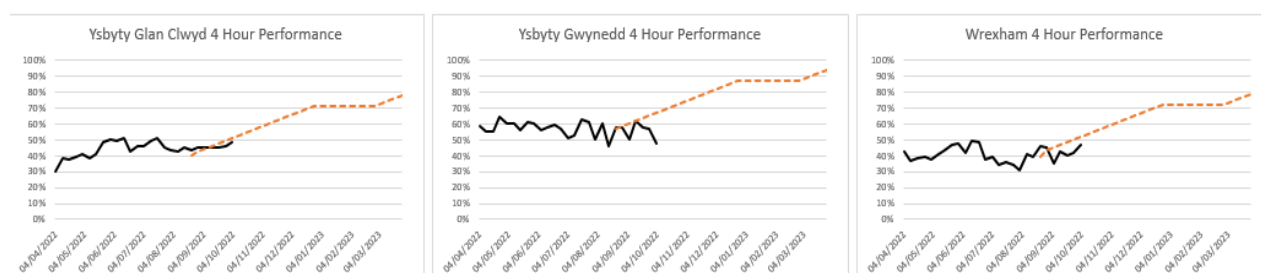
Figure 1: BCUHB 4 Hour performance

The 4 Hour performance (Fig 1) is outcome effected by multiple factors and flow is not a singular reason, but is the main contributory factor. We continue to see an increase in arrivals out of hours and during the weekends due to a reduction in community services. The 4 hour performance for patients who are discharged continues to be low due to the capacity within the emergency departments along with inability to re-direct to other services that may of better suited the patients.

A review of options is being developed to identify better utilisation of MIU's / UPCC's, Pharmacies and 111 as an example. Part of the six Goals for Urgent and Emergency care – Goal 2 (Signposting) will be to look at the disposition coding of those that have called 111 and outcomes predominantly looking at the utilisation ration of MIU's to support which is being

Current data shows the need to increase the availability of the services to support the demand.

		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Grand Total
BCU: Minor Injury Unit Calls														
Number of NHS 111	Gwynedd & Isle of Anglesey	17	20	11	8	7	11	11	21	19	36	23	10	194
calls where MIU is the	Conwy & Denbighshire	12	8	13	12	22	15	21	20	26	20	27	17	213
top disposition	Flintshire & Wrexham	22	19	11	19	9	17	14	28	34	32	23	17	245
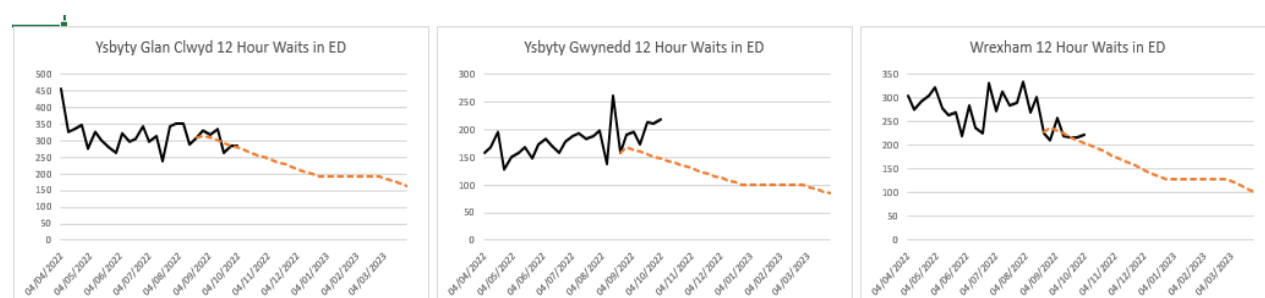
Figure 2: BCUHB 12 Hour performance

The 12 Hour performance (Fig2) shows a varied change in centrally we are now seeing the improvements in line with Targeted intervention (TI) but a concerning deteriorating picture in the West, contributory factors of that include the increasing of bedding down into SDEC, the persistence high number of MFFDs that are impacting on flow.

A MADE event is scheduled later this month in the West to support a multi-disciplinary approach to reducing the MFFD numbers with all key stakeholders.
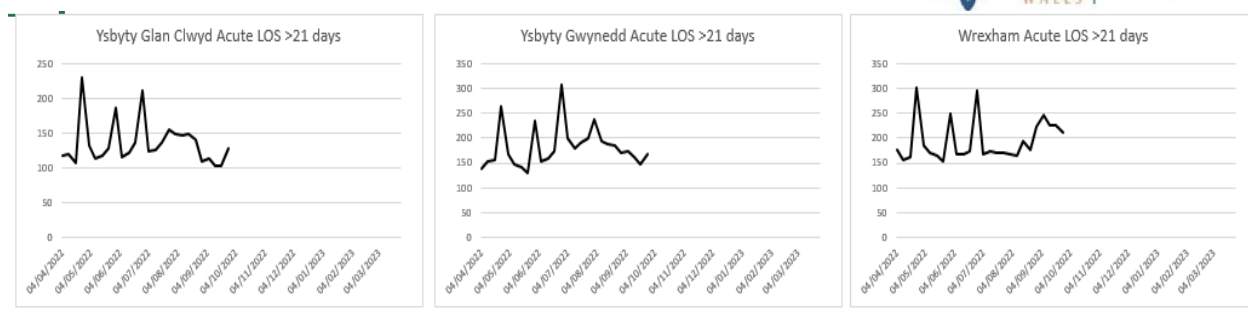
Figure 3: Average Length of stay (AvLos)

Average length of stay remains >21 days remains consistent over previous months which correlates against the MFFD coding (Fig 4)

Date	Pathway 0 Voluntary sector support	Pathway 2 Discharge own home	Pathway 3 Discharge step down bed	Pathway 3a stepdown / step up (covid +)	Pathway 4 Existing Care Home placement	Court of Protection delays	No awtg packages of care (D2RA)	No of people awaiting permanent Care Home placement	No awaiting equipment/ adaptations	No awaiting packages of care	No of patients awaiting permanent Care Home placement	Other	Total
05/07/2022	0	19	55	2	4	0	79	46	6	8	11	2	232
13/07/2022	0	19	55	0	3	0	84	58	3	12	19	1	254
19/07/2022	0	18	66	2	9	0	87	52	4	7	14	0	259
26/07/2022	0	27	78	0	10	1	98	60	1	8	23	0	306
02/08/2022	0	30	82	0	10	4	101	60	2	9	33	2	333
09/08/2022	0	31	70	0	11	1	99	54	2	11	28	2	309
16/08/2022	0	29	70	0	10	2	99	58	3	11	36	4	322
23/08/2022	0	24	58	0	16	2	97	42	1	14	31	2	287
30/08/2022	0	22	39	0	11	3	92	41	2	17	30	1	258
06/09/2022	0	21	44	0	11	1	105	44	1	13	37	2	279
13/09/2022	0	20	50	1	11	2	97	42	0	14	33	0	270
20/09/2022	0	15	34	0	1	0	96	43	0	4	30	0	223
27/09/2022	0	28	43	0	9	0	91	37	5	13	36	2	264
04/10/2022	0	29	39	0	17	0	82	47	6	7	38	0	265
11/10/2022	1	27	31	2	5	0	100	53	4	14	28	0	265

Figure 4: Medically fit for Discharge (MFFD) coding
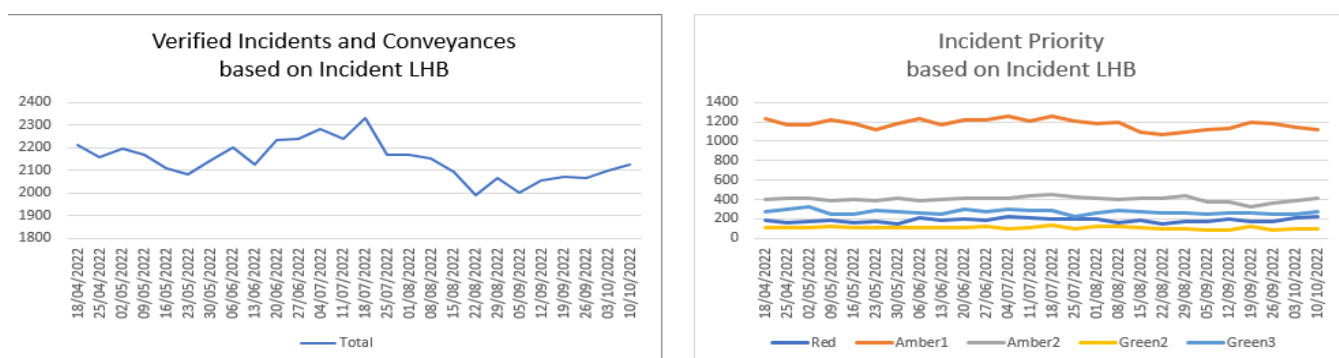
Figure 5: Ambulance Conveyances and Incidents pan BCUHB.

Ambulance demand (Fig 5) is starting to increase pan BCU over the previous weeks along with a continuing increase in conveyance rates like previous months reported the triage category on arrival has not increase as majority of arrivals are triaged category 3 (Urgent) which confirms the acuity of those arriving are not as high as previous months a comparison of the data is reviewing the ambulance arrivals v self-presenters and acuity.
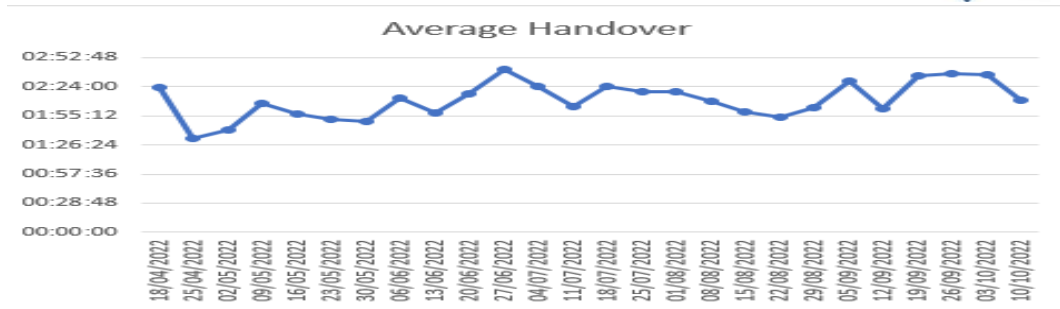
Figure 6: Average WAST Handover

Ambulance delays continue to be a concern and site actions around the ability to de-escalate to prevent delays is being reviewed there has been a slight decrease in the average lost hours/vehicle mainly identified centrally.
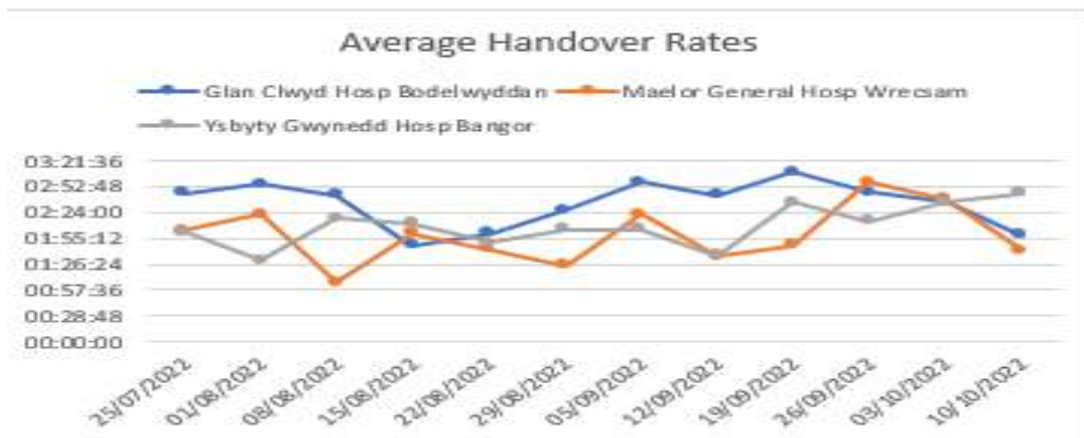
Figure 7: Average handover rates per site.

Performance per site has shown an improved performance Centrally and East along with a deterioration in the West. Lost hours peak during the out of hours and weekends with a rapid improvement in the mornings from 0800hrs.

There is a task and finish group in place with support from the NCCU to develop an urgent improvement programme utilising current services in post that will report to the Regional Delivery Director on weekly basis via a plan on a page programme.

Figure 8 – Waits over 4 hours per Site.

An overall improved picture is developing for >4hr delays in offloading with a continuation in the West this will be addressed via the task and finish group.

1. Corff yr adroddiad / *Body of report*

6 Goals Programme Update

The Unscheduled Care programme within BCU has stalled due to a number of issues relating to staffing.

A clear and concise message from Welsh Government has been received that all Health Boards need to align the previous USC programme with the Welsh Government 6 Goals Programme for improving Urgent and Emergency Care along with a scheduled plan to support all Six goals of the programme.

BCU has now recruited Medwyn Jones as the Programme Director for the 6 Goals Programme, Chris Subbe remains as the clinical lead for the programme and Geraint Farr is acting as the Associate Director for Emergency Care BCUHB

The restart of the USC programme will now be called 'The 6 Goals Programme' and this coincides with the timely restructure of the Integrated Health Communities and their associated Director leads.

The programme team will focus on some of the immediate action plans but with an emphasis on developing projects to support the medium and long-term aspirations for BCU for Urgent and Emergency Care over the coming years.

After an initial review by the programme team, the following are the immediate plans to begin undertaken by the team:

1. Establish BCU 6 Goals Programme Board, with clear ToR's, membership and objective – first meeting on 20th October. Meetings will initially be fortnightly.

2. Re-establish reporting framework and accountability with IHC teams and associated stakeholders. Plan is to:
    a. Support a small number of high impact interventions to affect patient experience and organisational performance
    b. Complete an assessment of IHC initiatives based on impact and timescales for delivery.

3. Work with IHC teams to support initiatives for UEC trajectory improvement in line with the Six Goal Programme.

4. Support Welsh Government funding opportunities for high-risk patients.

5. Continue to drive technology support for the programme.

6. Engage with all key stakeholders, examples include primary care, Local Authorities, WAST, Mental Health, 3rd Sector and Regional Partnership Board in preparation for winter via the EPRR planning team.

Alongside the 6 goals work stream and as part of the operational focus on the unscheduled and Emergency care framework:

- Demand Management – Creation of an electronic dashboard for surge escalation (OPEL/ED levels) that update electronically via informatics in line with WPAS/Symphony that are robust and accurate.
  Additional work outside of OPEL triggers (Actions) that are managed locally for escalation in that have we utilised all opportunities prior to escalating.
  Robust process when sites are in escalated opel status to ensure clear actions to support de-escalation to support WG/DU.

- Joint work with WAST – Continuing on the improvement journey for ambulance handover reductions whilst utilising alternative pathways.

- Joint reviews of any Appendix B's to support joint working along the improvement programme.

- Re-commencing of local engagement at each site with WAST localities to ensure local development plans are shared.

- National review of triggers and planning for Clinical Safety Planning and actions for sites on escalating.

- Emergency care - ED – Completion of recruitment programme for ED staffing in line with funding uplift.

  Site review of trajectories of 4hr / 12 hr performance now staff are in situ and embedded.
  Review of Majors v Minors attendances to identify themes to support alternative pathways ie: Minors increase during the OOH periods along with a formal review

- Capacity management – Review of hospital full protocols and setting of a benchmark of acceptance ie: 90% with local escalation and demand management, 95% occupied then enactment of hospital full protocol, but need formal review process on de-escalating to identify any missed opportunities.

- Review of local bed modelling post pandemic.

- Developing a 7 days discharge lounge in line with 7 day NHS services, and reviewing capacity of discharge lounges to reduce restriction.

  Joint work with Local Authorities to support :
  i)   Better utilisation of step down capacity;
  ii) Develop joint solutions for additional capacity e.g. NHS funded care home / step down as part of the 1000 beds programme;

iii) To progress an integrated workforce to ensure sustainable care workforce; iv) Work together to improve communication and engagement.

Winter plans

A number of proposed winter schemes have been identified by each Health Community for 2022-23 separate to IMTP bids, with an agreed joint communication between planned care/Unscheduled care and planning to prevent duplication and supporting realistic expectation.

Whilst we have not received any specific guidance from WG on any USC funding, it is their expectation that we do not have a separate winter plan this year and that the schemes are aligned to the USC improvement programme as part of the 6 goals programme for urgent and emergency care in conjunction with IMPT bids going forwards

Opsiynau a ystyriwyd / Options considered

N/A

2. Goblygiadau Cyllidebol / Ariannol / *Budgetary / Financial Implications*

The Funding to support projects against the Welsh Government £25m for Urgent and Emergency care in line with the 4 key deliverables: Contact First, Urgent Primary Care Centres, Same Day Emergency Care models and Remote clinical support and optimising conveyance as well as funding for programme management support have had been received in the financial year 2021-2022. A further review is ongoing to identify any additional costs aligned to developing Urgent and Emergency care in line with planned care structure.

3. Rheoli Risg / Risk Management

Board Assurance Framework (BAF) 20-02 for Safe and Effective Management of Unscheduled Care within strategic priority 1 for Safe Unscheduled Care, describes the risk that "…*the Health Board may not be able to deliver safe and effective care due to being unable to commit support processes. This could negatively impact on the quality of patient care provided*". Mitigating actions to reduce harm, improve patient outcomes and better patient and staff experience across the urgent and emergency care system are in the process of being confirmed in line with the improvement programme of work and revised governance and reporting arrangements.

4. Goblygiadau Cydraddoldeb ac Amrywiaeth / *Equality and Diversity*

   Implications

N/A

Betsi Cadwaladr University Health Board Winter &Resilience Plan 2022-23 Draft v 0.01

Reporting Arrangements

> *Executive Team*
> *BCUHB Health Board public meeting*

Contents

1. Executive Summary

Whilst Winter typically results in increased demand from seasonally affected conditions, increased risk connected to infection prevention and control outbreaks and the potential risk of influenza. Learning from our pandemic experience it is necessary for the Health Board to have a strong resilience plan allowing us to surge to respond to pressures, which can occur at any time. We have been experiencing health services challenges caused by the ongoing impact of Covid-19 and are now in the phase of recovering from the Covid -19 impact and returning to business as usual.

We have developed the Betsi Cadwaladr University Health Board (BCUHB) Resilience Plan (the Plan) built on work developed through the Urgent and Emergency Care improvement programme. The Plan is in line with the Unscheduled Care Improvement Plan and is aligned to the six goals for urgent and emergency care. It also responds to the eight priorities in the Welsh Government Health and Social Care Winter Plan 2021-22, which has a clear focus on prevention against the five main areas of harm from Covid-19.

Further initiatives are also being developed through the Regional Partnership Board (RPB) with partners in Local Authorities, the third sector and other public services to address the broader winter resilience issues for our population.

The purpose of the Winter Resilience Plan is to ensure the overall effectiveness of winter planning, alongside the additional challenges of Covid-19 and the whole system ability to meet forecast activity during the winter period whilst maintaining patient safety at all times.

The plan confirms the allocation of resources provided by WG to BCUHB to support winter pressures aligned with the Six Goals for Urgent and Emergency care. (Appendix 1)

The Plan includes critical operational triggers that will be reported through the daily Tactical Control Centre (TCC) to the System Lead or Silver On-Call, along with normal metrics such as SITREP levels, risk and SaPhte scores for the Health Board. The triggers will identify local system pressures and what local actions have been taken, and inform sister sites and services of additional surge / contingency plans that need to be considered to reduce harm and maintain operational effectiveness in line with the all Wales Whole System Escalation Framework for Urgent and Emergency care.

The triggers compliment local winter contingency plans developed by each service. They include delivery of SAFER and SORT actions (methodologies which ensure the mitigation of risk and maximisation of a positive clinical outcome and experience) in acute and community hospital settings. The aim is to maximise operational discharge planning to mitigate winter unscheduled care pressures, Covid-19/Flu demands and support the delivery of surge options for critical care, inpatient beds or the redeployment of resources to mitigate system pressures.

Command and Control will be co-ordinated through existing operational structures within the TCC, On Call Rotas and with additional operational resilience from Operational Control Centres and Senior Manager of the Day rotas that will report to the Gold-Silver

Command Operational Resilience structure. The TCC includes reports from acute, community, mental health, Welsh Ambulance service and women's services.

2. Introduction

Winter pressure is a well-recognised issue for the NHS and presents significant challenge for the health and social care system typically with an increase in unplanned presentations to primary care, Emergency Departments (EDs) and admissions to hospital, which subsequently affects system capacity and flow. There are significant pressures on the social care and independent sector also as needs increase and capacity to respond is challenged.

When flow across a hospital slows EDs become overcrowded, breaches occur with the potential for poorer patient outcomes and experience. Patients may not receive the most appropriate care resulting in longer lengths of stay, the need to open escalation beds and ambulance delays, which adversely affect response times to emergencies in our local communities.

We know that overcrowding in EDs is unsafe and affects quality of care and patient experience; it is a gauge of whole-system capacity and resilience and as such, whole-system planning and action is required to mitigate the impact. ED capacity has been further reduced with the implementation of Covid-19 safety measures including social distancing, screening, and cohorting of patients.

This Resilience Plan describes the arrangements to manage the anticipated increased demand across Health Board services. The Plan builds upon the Unscheduled Care Improvement Plan as well as further learning from the Covid-19 pandemic that will inform system changes to ensure resilience across the health and social care system over the winter months. This includes new ways of working within the Health Board and with partners to avoid admissions where possible and reduce the number of prolonged admissions. The Plan is aligned with the six NHS Wales goals of urgent and emergency care, see fig 1 below as well as the eight key priorities in the WG Health and Social Care Winter Plan 2021/22, see section 3.

Fig 1: 6 Goals for urgent and emergency care

The Plan is our response to the escalated levels of need during the winter period, with the proposals in the plan representing a stepping up of the scale and pace of the initiatives already in place to address ongoing challenges on the urgent and emergency care system.

Throughout 2021/22, we have continued to work in partnership with Welsh Ambulance Service Trust (WAST), Local Authorities and third sector organisations, and our Plan should be read in conjunction with the winter plans developed by our partner organisations.

3. Principles and Priorities

In line with the WG Health and Social Care Winter Plan 2021/22, the intent of the Health Board Plan is to prevent harm, as set out in the five areas below:

Harm from COVID itself:

- Maintain infection prevention and control measures to keep you safe
- Protect the public through delivery of COVID booster, and Test Trace Protect

Harm from an overwhelmed health and social care system:

- Protect the public through flu vaccination
- Utilise hospital care only for those in need of hospital care
- Ensure urgent and emergency care services are there for those who need them
- Ensuring social care has the resources to support care delivery

Harm from reduced non-COVID activity:

- Maintain essential services across primary, community and secondary care
- Protect cancer services to maintain lifesaving diagnosis and treatment
- Maintain planned care where it is safe to do so
- Protect children's services maintaining them throughout winter

Harm from wider societal actions/ lockdown:

- Ensure mental health crisis services are available
- Maximise the available mental and emotional wellbeing support services
- Keep people informed through a Winter Communications Plan

Harm from new or existing inequalities:

- Ensure vulnerable groups are prioritised for COVID-19 and flu vaccination

The Plan also seeks to address the eight priorities in the WG Health and Social Care Winter Plan 2021/22:

1. Protecting us from COVID
2. Keeping people well
3. Maintaining safe health services

4. Maintaining our social care services
5. Supporting out health and social care workforce
6. Supporting unpaid carers
7. Keeping everyone informed
8. Working together across Wales

4. Protecting us from COVID

Together with our partners in the RPB, we have been working to manage Covid-19 since the onset of the pandemic. In addition to ongoing work through the RPB and supporting programmes, we currently are working formally through a Strategic Winter Pressures Group, which was established to share awareness of and respond to pressures in the whole system, particularly affecting health and social care. The Group is intended to provide a route for the RPB's leadership group to be able to seek swift senior action to presenting issues. The purpose of the group is to:

- Create shared situational analysis;
- Prioritise issues and appropriate escalation; and
- Agree and deliver the actions which will address blockages in the system and provide solutions which can often be across organisations

A regular data pack updating on key metrics is presented including on system pressures in health, social care and independent sector.

The need to address the balance of harms is clearly identified and decisions taken through this group will be informed by assessment of risk, taking into account the potential impact in terms of the wider harms associated with measures to respond to Covid-19 as well as the direct harm of Covid.

The Group also receives input from the Prevention & Surveillance Groups / incident Management Teams across North Wales, where partners are working at county level to identify hotspots, trends and respond to significant issues, working closely with the local and regional contact tracing teams. The Prevention & Surveillance Group chairs' forum are responsible for reviewing and updating the Prevention and Response Plan actions for the region, which respond to the Coronavirus Control Plan. Regional responses include working with education, the care sector, and other risk settings to respond to incidents and outbreaks.

Our BCUHB plans are consistent with the guidance in the WG 'Coronavirus Control Plan' and the Public Health 'Response to Respiratory Illness Winter 2021.' New guidance will be addressed and implemented as it is updated – for example, the revised Infection prevention and Control Guidance issued in November 2021.

4.1 Monitoring and Modelling

The Health Board informatics service undertakes a weekly refresh of the demand and capacity modelling in USC, based on the current trends. The output shows that the demand for emergency admission beds outstrips capacity at many points in the winter.

Covid-19 modelling is well established in the Health Board and reported on a regular

basis to the Executive Team and Board. The BCUHB Business Intelligence Unit has also constructed its own predictive model for influenza, based on available data.

At the time of updating of this Plan (as at 04.01.22), following the identification of the Omicron variant our Business Intelligence Unit is working with the national planning and policy assumptions are being developed by the Technical Advisory Cell to identify the likely impact of a wave of Omicron on the Health Board in January 2022 It is likely our response will need to be further amended in response to the predicted wave.

4.2 COVID-19 Vaccination Programme

Vaccination is a key mitigation for this winter in the ongoing response to protect against the harms of Covid-19. BCUHB has operated an extremely successful vaccination campaign with high vaccination rates, across all age groups, and stands up to comparison with achievements across Wales.

The Health Board was the first to commence the booster programme, and is continuing to deliver this alongside the third doses for immunosuppressed people and initial doses for young people. The parameters for the booster programme have been amended rapidly in response to the Omicron variant and the programme team have worked through the plan to ensure that the delivery of a booster vaccination to all eligible   adults   is   completed   by   the   end   of   December   2021.

Monitoring of the current Covid-19 vaccination position is weekly through the Executive Team. As at 31st December 2021, all eligible adults have been offered a booster vaccine.
Complementary to the Covid-19 vaccination programme, influenza vaccination for staff has commenced and at day 68, 10,687 doses had been delivered against the target level of 14,907 (this target represents 80% of staff members).

4.3 Test Trace and Protect (TTP)

The TTP programme is continuing, and plays an essential role in the management of Covid-19.

Testing will be provided at the Community Testing Units (CTUs), Regional Testing Sites (RTSs) and Local Testing Sites (LTSs.) Mobile Testing Units are also in use and are deployed to support identified need. MTUs were deployed in Pwllheli, Dolgellau, Caernarfon, Llanfairfechan, Denbigh, Holyhead and Mold. The Testing service has plans to test travellers returning to the UK from red list countries, in response to the emergence of the new Omicron variant as and when required. As community transmission spreads it is expected demand for testing will increase and the services will be seeking to identify surge capacity to respond.

Contact tracing is provided by the six Local Authority Contact Tracing Teams and the Regional Hub. Again, it is expected that demand will increase as community incidence grows. The Omicron variant has been classified as very high priority for the purposes of case management and it is expected case numbers for Omicron infection will rise over coming weeks.

The Protect programme has established six Community Support Hubs, one in each county across North Wales. The Hubs provide LFD kits for the public, but also offer support and advice in relation to money, housing, mental health and other areas of concern for the local community. The hubs are a partnership development with Local Authorities, third sector and other public services. Partnership work is continuing to develop additional hubs in Blaenau Ffestiniog and Pwllheli, and Local Authorities currently have the opportunity to seek additional funding from WG to establish new hubs. The Protect service has offered support for prompt mobilisation and linkages with the current BCU HB hub network.

4.4 Infection Prevention and Control

The Health Board is working to ensure consistency with the Public Health 'Response to Respiratory Illness Winter 2021.' New guidance will be addressed and implemented as it is updated – for example, the revised Infection Prevention and Control Guidance issued in November 2021. Safe Clean Care – Zero Harm continues to work on a large-scale programme of activity aimed at changing behaviours to prevent healthcare acquired infections. Three work streams are in operation: Safe Place; Safe Space and Safe Action. Under the programme, more than 100 staff have been trained as Infection Prevention and Control champions, and positive action is being taken to prevent nosocomial infection. All visitors to inpatient wards are now required to provide a negative lateral flow test result before their appointment to visit, and to undertake screening including temperature check. Inpatients are being tested on admission and twice a week to ensure effective management of any patients who are Covid-positive.

5. Keeping people well

The Health Board continues to work in partnership with Local Authorities, third sector and other colleagues to enable and support people to stay well, to manage their own conditions and adopt a healthy lifestyle. There are many initiatives already in place across North Wales which facilitate this approach including work with Public Services Boards, the Regional Partnership Board and the Health Board's work on Building a Healthier Wales. The Health Improvement and Reducing Inequalities Group has been managing a programme of evidence-based initiatives designed to promote healthier lifestyles for three years and is building on successful outcomes achieved to date.

There are some specific initiatives now in place, which will augment these and help people stay well over the winter period and in the current environment with rapidly spreading Covid-19. The Protect programme, as referenced above, has established six Community Support Hubs to support people to stay well and access a wide range of support.

Our winter proposals include enhancing the capacity of community connectors who can signpost and support people to resources and services that will help them stay well and prevent deterioration.

5.1 Self-care

Our existing Expert Patient Programme has been supporting self-care and the approach is now being enhanced to support people who are experiencing symptoms of long-Covid.

The Multi-Disciplinary Team approach for the long Covid programme utilises a bio-psychosocial model to undertake a comprehensive assessment and collaborative development of a formulation of needs. The teams will also provide guided self-management support and case management to follow up the progress of secondary care referrals and/or contact with community support. An Expert Patient Programme for people with long-Covid symptoms has been running successfully.

A business case is in development to extend the long-Covid service and bring ongoing sustainable improvements and benefits into existing therapies for long-term conditions and persistent post-viral conditions resulting from a wider range of conditions.

5.2 Seasonal influenza

The 2021/22 flu vaccination programme to combat seasonal influenza is underway. As in previous years the Health Board is working with primary care – GPs and pharmacists – to deliver the flu vaccination programme.

A Flu Campaign Hub has been established for BCUHB staff to make information and resources available to promote the campaign. Staff can receive their flu jab at work from a local roaming flu vaccinator; at a drop-in session in their department or workplace; or by booking a place at a nearby staff clinic.

The potential impact of a spike in seasonal flu has been taken into account in the forward modelling work being undertaken by the informatics team. Currently flu is not circulating at significant levels, but the situation is being monitored through Public Health surveillance alongside monitoring of and response to other seasonal pressures.

5.3 Respiratory and long-term conditions

It is recognised that there are capacity challenges within respiratory teams across BCUHB as they are involved in running the NIV services for Covid-19 patients. A post-Covid clinic has been set up in the West which is consultant led and other two areas are seeing patients on an ad hoc basis. With regards to community respiratory services, there are some services for supported discharge and pulmonary rehab (which is just beginning to restart following Wave 3 of Covid).

The BCUHB community pharmacy / acute conditions scheme has been identified as a winter scheme again this year, where independent prescribers support acute conditions for a range of issues including respiratory disorders, including COPD and asthma exacerbations, suspected upper respiratory tract infections and sore throats. Similarly, patients can be supported by the Choose Pharmacy, common ailments scheme.

6. Maintaining safe health services

6.1 Health inequalities and vulnerable groups

It is well recognised that health inequalities have been exacerbated as a result of the Covid-19 pandemic and the impact of the Covid-related harms has been greater on specific groups. As a result, the Community Support Hubs were established to provide direct access to support and advice for people from specific groups. Details are included earlier in this document. In addition, equality impact assessment (and where required, socio-economic duty impact assessment) is being undertaken on key service response areas to ensure support to address inequalities in access for specific groups.

The Covid vaccination programme has established an equity group which is supporting the identification of specific needs, making connections with seldom heard groups and gathering feedback through stakeholder groups on any areas of concern in order that the operational response is geared towards promoting uptake amongst the underserved groups.

6.2 Mental health and wellbeing

In keeping with WG guidance our response to the mental health impact of the pandemic continue to be focused on three key areas:

• Maintaining mental health services as 'essential' services and responding to immediate mental health needs.

• Strengthening protective factors and reducing the socioeconomic impacts of the pandemic on mental health and wellbeing, recognising that many of the levers for mental health protection and prevention sit outside of the health system.

• Supporting the NHS to meet the changing mental health needs in their areas and ensuring mental health services can stabilise and recover for the long term.

Action taken via the USC Improvement Programme includes establishment of a Crisis Care Steering Group with system-wide representation, to oversee all elements of the crisis care programme, including 111 Mental Health practitioner service, Mental Health Assessment Unit, Sanctuary, and Older Person's Crisis Care.

A mapping exercise is underway to define the functions of all elements in the current and proposed crisis response system, to identify any gaps or overlaps in service provision and document the possible impact across the system. This will help define and unify the direction of travel for the crisis care system and ensure that each service's roles and responsibilities align.

An options appraisal for the 111 Mental Health Practitioner service is in development.

6.3 Primary and community services

Primary Care

Primary care services are currently facing a range of challenges including catching up with a large backlog of routine work suspended to support the Covid-19 response, unprecedented new demands for care, national recruitment difficulties, continued Covid-19 restrictions and the ongoing vaccination programme.

Despite these challenges, the pandemic has presented opportunities to fast track a number of developments, which will help to address winter pressures these include:

- Enhanced remote triage and access, e.g. accuRx, e-Consult
- Consultant Connect
- Cluster business continuity planning
- End of Life medicines hubs
- Access questionnaire: to seek assurance from GP Practices regarding their access arrangements and current demand, as well as identify solutions.
- Encouraging GP practices and community pharmacies to report their escalation levels, with Area teams taking action to provide support where necessary
- Review of online platforms
- Enhancement or replacement of telephone systems in managed practices
- Enhancement of websites for managed practices
- Support to address Planned Care backlog
- Continue to develop and evaluate Urgent Primary Care Centres

Working with the GP practices, clusters and the Local Medical Committee (LMC), a number of further actions are being taken to address the current challenges facing GP practices over winter months when demand is expected to be even greater, and in the longer term. These include:

- Further development of the urgent primary care centres, contributing to a whole system model of unscheduled care, as well as working closely with the national Strategic Programme for primary care, sharing learning and evaluation.
- Relaunch of the escalation framework, encouraging all practices to record their levels to inform local intelligence and response, as well as the all Wales understanding of pressures.
- Completion of a 'deep dive' access survey by GP practices the week commencing 1st November to provide a better understanding of the current capacity and also with the aim of commissioning additional clinical sessions over and above those currently being provided via the GMS contract and regulations.
- Implementation of thirty primary and community transformation schemes, where clusters were invited to prepare proposals to test innovative ways of working. These schemes are supported from internal non-recurring funding as well as an additional allocation of £226K from Welsh Government to provide health checks for patients with chronic conditions. The total additional investment over the winter months will be between £2-2.8million. Further detail has been requested in relation to two of the schemes approved in principle which may increase the estimated spend.
- Introduction of the High-Level Primary and Community Care Escalation Framework to support general practice to consistently report and monitor pressures within the system and mitigating actions to address the risks has been implemented and reported daily.
- Through the autumn and winter period maintain a range of contractual relaxations intended to alleviate the increased demand on community pharmacies that were introduced during the Covid-19 pandemic.

The proposals approved (or pending approval) can be categorised as follows:

Categories	Number of Proposals	Total Estimated Cost (non-recurring)
Access	8	£469,264
Digital Support	2	£106,183
Health Improvement	5	£198,874
Long Term Conditions	10	£1,281,860
Medicines Management	1	£23,940
Quality & Sustainability	1	£316,542
Unscheduled Care	3	£398,895
TOTAL	**30**	**£2,795,558**

In addition, the WG has allocated a further £2m across all health boards to support the winter plan in relation to the ongoing development of a social model of care, with a stronger focus on wellbeing and prevention and understanding the opportunities that exist across health, social care and the third sector in order to really understand what matters to people and make every contact count. This funding has been made available to clusters that can put in place and deliver this social model of care particularly working with the third sector. Whilst this funding is specific to clusters it is complementary to the wider package of support in relation to winter plans provided through Regional Partnership Boards, Health Boards, Local Authorities and the third sector. The allocation for north Wales clusters is £452K and cluster leads have been working with their Area teams to develop additional support.

6.4 Post-COVID syndrome (Long COVID)

The Health Board has developed an extensive on line resource to support individuals who suffer ongoing post COVID symptoms.

https://bcuhb.nhs.wales/covid-19/long-covid/long-covid-rehabilitation/

BCUHB secured £1.19million of Welsh Government Adferiad Funding 2021/22 and have used this funding to establish a Long-Covid Recovery Programme working with regional partners and expert patients by experience with the aim of providing the required levels of care and support for our patients and staff to address the longer-term effects of Covid-19. The first objective of the programme is to develop the patient pathways as required to support the local population manage the longer-term health conditions resulting from Long-Covid and improve their outcomes.

The Long-Covid Programme is using WG Adferiad Funding to prototype a MDT Long-Covid Service from Llangollen Health Centre in the East, and plans are in place to scale-up at pace across all BCUHB regions to ensure equity of service.

6.5 Children and young people's services

Children's services leads are working in close collaboration with colleagues in Local Authorities and third sector to ensure sustainability of essential children's services during the winter period.

BCUHB have been proactivity involved in the All Wales preparedness for the possible respiratory surge, by joining daily SitRep calls developing the electronic paediatric SitRep and implementing the use of Opal levels. We also participate in the task group for the care of critically ill children.

There is close collaboration with the North West paediatric network as well and information regarding SitReps is shared through this route.

6.6 Essential services

BCUHB is maintaining essential and urgent services in line with local and national priorities. Urgent cancer and urgent elective P2 operating are continuing. The three acute sites will operate as a network to prioritise available capacity for patients as required, as was undertaken during previous waves. Additional diagnostic centres are being developed to address demand and identify potential urgent cancer. Radiology and endoscopy services are being maintained to support all services.

The System Resilience reporting through the Local Options Framework is completed weekly following review at the Gold Command Operational Resilience meeting.

6.7 Planned care

BCUHB has a significant number of patients waiting for a planned intervention/treatment, many of whom are waiting in excess of 52 weeks. This situation is not unique to BCUHB and mirrors experience across Wales and the wider NHS, however, the number and length of time patients are required to wait for treatment is of concern.

While the pandemic has effectively led to the relinquishment of the 26-week referral to treatment (RTT) target, an increasing number of elective patients are requiring urgent elective treatment and need to be assessed, diagnosed and treated as soon as possible after referral and as close to the 26-week target as possible.

The Board has developing a six point Planned Care Recovery Plan to address the elective waiting list backlog, further work is ongoing to finalise the action plans, which will underpin the plan for the remainder of 2021/22, and 2022/23. The aspiration to achieve 80% of the 2019/20 i.e. pre-Covid activity levels is unlikely to be achieved this financial year and it is recognised that the recovery timetable will last for up to five years.

Unscheduled care pressures have a direct impact on planned care and represent a risk to maintaining the capacity required to meet the needs of planned care patients. Conversely, lengthening elective waiting times also mean that patients are increasingly likely to require treatment via an unscheduled care pathway emphasising the need to have effective urgent and emergency care plans in place for winter 2021/22.

6.8 Urgent and emergency care

The Health Board has an established the USC Improvement Programme, the structure for which is set out in the diagram below.
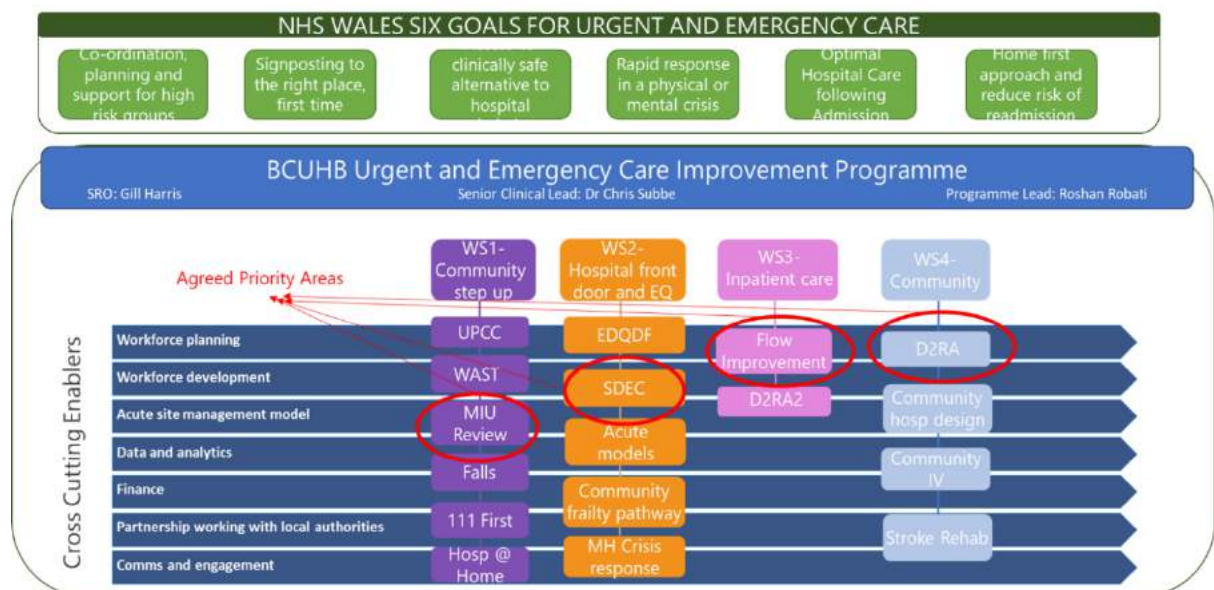
The programme has four current work streams, and management is through the Senior Responsible Officer (SRO) and the Executive Team.

Operational teams have developed proposals to mitigate the anticipated Winter Pressures, see section 12 – Schemes to support delivery over winter. In addition, the Health Board has been working on joint proposals regarding social care with the six local authorities in North Wales see section 11 – Working together across Wales.

The Health Board held a System Resilience and Contingency Planning Meeting with a team from WG on 8th October 2021. A challenge was set to the Board to undertake actions that would solve the issue of congestion and poor patient flow without relying on the interventions of external partners. Following this meeting, BCUHB produced a 10-point response comprising operational and transformational actions, which is available on request.

Community Services

Area Teams continue to work closely with colleagues in Social Care and Acute Hospitals to increase capacity and capability within the community to respond to population need and deliver care closer to home.

Priority for the Community Services during winter months are:

- Expansion and enhancement of Community resource Teams that provide both planned and urgent care. This is to ensure:
  - CRTs can work closely with Primary Care colleagues to for patients with long-term conditions and people who require immediate assessment, including routine reviews for patients with long-term health conditions.

- CRTs have appropriate range and number of allied health professionals embedded.
- Expansion of D2RA:
  - Increased therapy input into Home First
  - Increase step down bed capacity to support winter
  - Increase HCSWs to undertake a dual role in supporting patient discharges and ensure further support is in place for patients who need it to prevent 'revolving door' admissions
  - Utilise "Ready for home beds"
  - Implement Choice Policy
  - Work with Local Authority colleagues to have joint recruitment
  - Additional nursing home beds staffed by NHS staff.
- Better utilisation of MIUs
  - Upskilling MIU workforce
  - Develop SOP for pathway from MIU into x-ray and speciality
  - A robust and updated directory of services at Health board level.
- Expansion of UPPC in East and its development is West and Centre
- Falls response and management in community to achieve a safe reduction in conveyance of people who had a fall by ambulance to Emergency Departments.

Acute Services

Acute Hospitals continue to work closely with colleagues in Area Team and Social Care to increase capacity and capability within the acute sites to respond to population need and deliver optimal hospital care.

Priority for the Acute Services during winter months are:

- Working closely with WAST to focus on safe and timely ambulance patient handover and the triage of patients in EDs.
- Clinical criteria for managing patients waiting in an ambulance
- Utilising single integrated clinical assessment and triage (SICAT) to review of 999 patients to triage, advice, discharge or stream to alternative services if clinically appropriate
- Expansion of SDEC so that patients are assessed, receive diagnosis and start treatment on the same day, resulting in improved patient experience and outcomes and reducing unplanned hospital admissions and where possible with the intent to safely reduce transport to hospital or to bypass the Emergency Department.
- Development and instigation of Hospital Full Protocol.
- Outcome focused Board Rounds with senior decision makers involved with patient discharge from day of admission
- Adoption and expansion of Criteria Led Discharge to all wards.
- Creation of medically optimized wards.

In addition to the winter schemes described in section 12 below, other developments arising from the Urgent Care Improvement programme include:

- **Additional physical capacity**

BCUHB has brought an additional 19 beds into operation at Aberconwy ward, Llandudno Hospital (LLGH) in Centre area as an alternative to the use of Enfys Deeside hospital. The model of care for these beds is to support the needs of our medically fit for discharge patients with a focus on nurse led discharge and therapy support. East and West areas have developed plans to use Residential Home capacity for patients who can "step-down" from hospital care.

The option to commission a Temporary Hospital facility in the previous location of the Enfys Deeside hospital is also being developed.

- **Surge Capacity**
  All acute and community hospital sites have reviewed possible inpatient surge capacity in their existing hospital locations. This includes a range of options that will allow additional acute and community bed spaces to be opened in response to increasing demand. Potential Surge capacity is detailed in Appendix 3.

- **Escalation plans**
  Escalation plans are in place for RSV (children's services), adult Critical Care (under review, due to anticipated requirement for high dependency care) and general acute capacity in community and acute hospitals.

- **Military support and critical friend**
  Building on the success of the "check-and-challenge" process undertaken during the early pandemic period; the HB is actively engaging with the military (commissioned by WG to support WAST) to test the developing Winter plans. This assistance is on an All Wales basis, and there is the opportunity to share good practice through this process.

7. Maintaining our social care services

The Health Board and Local Authorities continue to work in collaboration and regional meetings are regularly held through the NW Regional Partnership Board and NW Leadership Group. Locally, Area Integrated Service Boards are established comprising membership from health and social care representatives.

With regards to winter planning, several 'combined' health and social schemes were submitted from the Health Board to the Regional Partnership Board on 16th September 2021 for review and consideration prior to national WG guidance and funding clarification. A letter dated 26th October 2021 confirmed funding allocation of £2.216m for North Wales Regional Partnership Board to assist in delivery of winter planning at a regional level which set out that this was required to be led by the Partnership. The Health Board supported the monies be allocated to Local Authorities with the expectation that this would also eliminate placement delays.

A WG letter dated 3rd November 2021 from Albert Heaney, Chief Social Care Officer and Alex Slade, Interim Director of Primary Care confirmed BCUHB funding allocation of £452,000 from an all Wales allocation of £2m to support the social model of care component of the Primary Care Model for Wales. This funding is therefore available to use with immediate effect between now and 31st March 2022.

8. Supporting unpaid carers

Welsh Government is continuing to fund national carers' organisations through the Third Sector Social Services Grant Scheme 2020/23, to provide a range of support and information services. WG has released funding to local health boards and their carer partnerships to target and adapt projects supporting carers of all.

9. Keeping everyone informed

The WG 'Keep Wales Safe' campaign, which commenced in Winter 2020/21, is due continue throughout the autumn / winter and is aimed at encouraging the behaviours required to stop further spread and harm from Covid-19 and other respiratory infections.

These include promotion of the vaccine programme, testing and self-isolation, and the personal behaviours required of people, as outlined in the Covid Code.

In addition, the WG 'Help Us Help You' campaign, which covers access to the NHS in Wales, self-care, and wellbeing, will also increase activity during autumn / winter.

The Health Board recognises the importance of public messaging to enable individuals to know which service is the right one to meet their needs, particularly in the case of urgent need. We are working in collaboration with partner organisations to ensure consistent messaging and a shared position on current issues. The communications team is supporting the Gold and Silver command structure and proactive messaging is being developed to inform our population of current issues. The website is updating details of booster vaccination availability daily.

The option to commission a Temporary Hospital facility in the previous location of the Enfys Deeside Hospital is also being developed.

- **Surge Capacity**
  All acute and community hospital sites have reviewed possible inpatient surge capacity in their existing hospital locations. This includes a range of options that will allow additional acute and community bed spaces to be opened in response to increasing demand. Potential Surge capacity is detailed in Appendix 3.

- **Escalation Plans**
  Escalation plans are in place for RSV (Children's Services), Adult Critical Care (under review, due to anticipated requirement for high dependency care) and general acute capacity in community and acute hospitals.

- **Military Support and Critical Friend**
  Building on the success of the "check-and-challenge" process undertaken during the early pandemic period; the HB is actively engaging with the military (commissioned by WG to support WAST) to test the developing Winger plans. This assistance is on an ALL Wales basis, and there is the opportunity to share good practice through this process.

10. Working together across North Wales

As has been described throughout this plan, we are working closely with partners through a variety of mechanisms to ensure that we have a consistent approach and utilise our shared resources to best effect.

The 2021/22 WG Health and Social Care Winter plan tasked Regional Partnership Boards (RPBs) to collate a single high-level plan for the integrated health and social care response to seasonal pressures which considered the wider partnership working necessary to support longer-term transformation and address system pressures.

The North Wales RPB Winter Plan for 2021/22 is included as Appendix 1. The plan details the new and existing actions of each statutory partner and provides a whole system overview of the North Wales regional health and social care response to winter pressures.

11. Schemes to support delivery over winter

Schemes were developed in line with guidance from WG, which confirmed the importance of working in partnership with WAST, primary care, local authorities and third sector and housing partners and specified the requirement for 'winter schemes' to align to the HB's USC improvement programme.

Potential schemes were reviewed using the following criteria and as per matrix below:

1. Do the proposals align directly with the ambition of the USC plan?

2. Have we implemented the scheme before and if so, what metric demonstrated that it was successful?

3. Is there a realistic chance to recruit the staff against the timeline?

Criteria 2- Evidence of success if done previously

Criteria 1-Align directly with the ambition of the USC plan

Criteria 3- Realistic chance to be in place by winter

Should be funded by winter monies if funding is available

Should be funded by winter monies if all green schemes are funded and additional is funding available

Lowest priority for winter monies
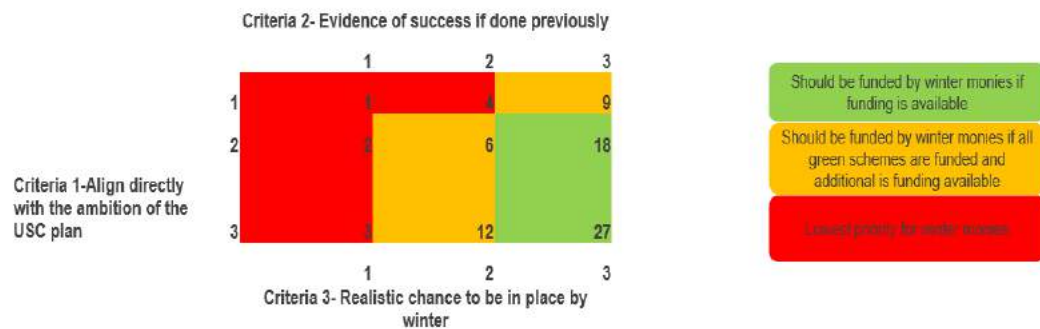
Monitoring of successful scheme is via the USC dashboard.

In addition to the winter schemes, the following immediate actions are agreed:

- Clinical criteria for managing patients waiting in an ambulance.
- Development and instigation of Hospital Full Protocol.
- Expand SDEC to convert urgent and emergency-bedded care to same day ambulatory care at every opportunity.
- Outcome focused Board Rounds with senior decision makers involved with patient discharge from day of admission, with the view to move to 7 days a week.
- Adoption and expansion of Criteria Led Discharge to all wards.
- Creation of medically optimized wards.
- A single integrated clinical assessment and triage.
- Additional nursing home beds staffed by NHS staff.
- Expansion of D2RA.

The following table provides details of the schemes that have been identified by each local health community to support increased demand over winter and are aligned to the 6 goals for urgent and emergency care.

Schemes to support delivery over Winter

	Goals	Outcome	Projects	Proposed Key Deliverables 2021-22	Relevant Winter Scheme Ref No:	Quantify Impact
1.	Co-ordination, planning and support for high risk groups	Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care	• Multi Agency Discharge Event (MADE) • Falls prevention and management in community • Advanced Care Planning	• SBAR for Enhanced Falls response service utilising an Occupational Therapist with WAST to manage patient falls in situ completed and OT secondment • Increasing falls team capacity develop phase 1 of the Hospital at Home model • East pilot to inform wider rollout to other areas • All >65s with 2 or more long term health conditions will have an ACP	13. 26. 30. 32.	• Reduce the number of patients requiring treatment in ED following a fall • Increased number of patients being treated closer to home or at scene following a fall • Avoiding unnecessary hospital admissions
2.	Signposting, information and assistance for all	Information, advice or assistance to signpost people who want – or need - urgent support or treatment to the right place, first time.	• 111 First / SICAT / healthcare professionals' line – clinical assessment to signpost patients	• Extend service to care homes following initial pilot of top 10 homes • Collocate Mental health support in	5. 11. 21. 22. 23. 44.	• Reduced ED attendances through signposting to alternative services

Goals	Outcome	Projects	Proposed Key Deliverables 2021-22	Relevant Winter Scheme Ref No:	Quantify Impact
		to most appropriate pathway of care • MIU Review to ensure maximum utilisation of MIUs to address the shift in flow to EDs and challenges in capability and capacity	SICAT (initial pilot over weekends) • Discuss options for reviewing 111 calls with ED or 999 disposition for alternative reassigning where possible • Develop ENP training programme • Review and update Directory of Services to accurately reflect MIU service provision	17.	• Better patient experience and shorter patient journey
3. Access to clinically safe alternatives to hospital admission	Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.	• Development of UPCCs in each health community • Enhanced care at home (Hospital at Home) • WAST pathways • Further develop SDEC models on each acute site • Community frailty pathway	• Expand existing UPCC models (Centre & East) – develop West model • Develop detailed business case for NW H@H model • Review WAST APP to support UPCC • Review proposal for direct paramedic referrals to SDEC • Recruit to additional SDEC workforce	19. 20. 24. 29. 30. 33. 36. 46. 47. 54.	• Support for acute admission avoidance, rapid response in the community and discharge pull. • Increased proportion of patients who can be treated in their own home / community

Goals	Outcome	Projects	Proposed Key Deliverables 2021-22	Relevant Winter Scheme Ref No:	Quantify Impact
			• Develop and implement process driven SDEC model		
4. Rapid response in a physical or mental health Crisis	The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.	Crisis response – mental health	• Develop an all age community-based 24/7 mental health crisis care pathway directly accessible to all professionals, service users and carers.		
5. Optimal Hospital Care following admission	Optimal hospital-based care for people who need short term, or ongoing, assessment/treatment for as long as it adds benefit	• EDQDF / WAM • Flow programme • Acute medical and surgical specialty models including in reach to EQ D2RA home first hub to link flow work with LA / 3rd sector relationships	• Agreed care standards, a uniform approach to measuring activity and a nationally agreed model of care for EDs. • In line with WAM, maximise SICAT service for healthcare professionals to 'book' appointments for care (ED / MIU / UPCC / SDEC) where possible and appropriate for	7. 8. 9. 10. 16. 28. 34. 37. 38. 39. 40. 41. 42. 43. 45. 48. 49.	• Efficient internal hospital processes • Improved journey of patients from admission to discharge • Optimal Hospital Care following admission • Timely discharges where patient returns home when MfD and avoiding unnecessary stay in hospital • Reduced waits for treatment / diagnostics

Goals	Outcome	Projects	Proposed Key Deliverables 2021-22	Relevant Winter Scheme Ref No:	Quantify Impact
			urgent but non-life-threatening care • Implement effective board rounds across acute and comm hosp wards as well • Implement Criteria Led Discharge • Develop Internal Professional Standards • New acute site management model Review and revise D2RA documentation	50. 51. 53.	
6. Home First approach and reduce risk of readmission	A home from hospital when ready approach, with proactive support to reduce chance of readmission	• Community hospital design to realign capacity to required demand • D2RA 3&4 and joint working with LA and 3rd Sector. • Deliver effective Community IV therapy services at / as close to home as possible • Community Frailty	• Review and redefine role of community hospital • Develop SOP for MFD • Expand HFB following approval of business case Develop MDT response for patients identified as frail to assess and support appropriate decision for patient to be	18. 4. 12. 14. 15. 25. 27. 31. 35.	• Facilitate timely discharge where assessment is done in the right place to ensure patient in right place at the right time. • Support for patients to stay at home • Reduced length of stay

Goals	Outcome	Projects	Proposed Key Deliverables 2021-22	Relevant Winter Scheme Ref No:	Quantify Impact
			treated in most appropriate place		• Avoid unnecessary stay in hospital

12. Triggers to Determine Mitigation and Surge Plans

The critical service areas have had surge plans in place throughout the Covid-19 pandemic in readiness to respond should the situation escalate and to ensure general resilience. These have been informed by the weekly tracking of capacity and demand, which assists in identifying growing pressures in the system.

The surge plans are currently being updated and are attached as Appendix 2. The plans cover:

- Health communities – acute and area teams
- Critical care
- Mental health
- Children's services / RSV

The plans are being reviewed through the Gold and Silver command structure and will be stepped up as required.

Additional surge plans for the acute and community bed base include opening of surge areas that will add further inpatient bed capacity subject to staffing.

The acute and community surge inpatient capacity will also be strengthened by a Temporary Field Hospital in Deeside. This has the potential to deliver up to 80 additional beds and will be used for step down care.

The Health Community Plans include operational triggers to support local decision making in order to meet winter and Covid-19 surge capacity and inform the Silver and Gold Command structures of operational trends that might require further internal and external support.

There are also specific Divisional Plans for Women's, Paediatrics and Mental Health.

The triggers below will be reported by each Health Community at the daily Tactical Control Centre meetings in order to determine if further pan-secondary care / community support is required to address any critical shortfall in core service provision. At all times aiming to reduce risk and harm within the wider health community and with critical partners.

Local plans in acute and community hospital settings to maintain operational effectiveness with admission avoidance and discharge planning will have already taken place following SAFER and SORT principles.

Each Health Community will report the following additional triggers, and further develop linked mitigating actions. The triggers are linked to an escalation status colour 'Green' through to 'Black'::

<mark>Current - Green</mark>
- Daily Covid admissions < 4
- Wards Covid Patients <15
- Covid in ITU/HDU <5, total <13
- Paeds Covid and Non Covid < 10

- Covid CPAP < 3
- NIV <5
- Total bed gap <25
- Front line staffing gaps <10%
- Outbreak level 0

<mark>Trigger 1 - Amber</mark>
- Daily Covid admissions > 4
- Ward Covid Patients > 15
- Covid in ITU/HDU >5, total <16
- Paeds Covid and Non Covid > 10
- Covid CPAP > 3
- NIV > 5
- Total bed gap >25
- Front line staffing gaps <15%
- Outbreak level 1

<mark>Trigger 2 – Red</mark>
- Daily Covid admissions > 6
- Ward Covid patients >30
- Overall ITU/HDU > 16 <24
- Paeds Covid and Non Covid > 10
- Covid CPAP > 6 <8
- NIV >10
- Total bed gap >35
- Front line staffing gaps <20%
- Outbreak level 2

<mark>Trigger 3 – Black</mark>
- Daily Covid admissions > 10
- 2 Covid wards full plus all side rooms deployed.
- Overall ITU/HDU > 24
- Paeds Covid and Non Covid > 10
- Covid CPAP > 8
- NIV >12
- Total bed gap >50
- Front line staffing gaps >20%
- Outbreak level 3

In addition, each Health Community and the system is developing additional triggers and associated actions in relation to the following indicators:

1. OMFD (patients who are optimised and medically fit for discharge)
2. Total numbers waiting in the ED departments (by category)
3. Total number of Covid inpatients (admission due to Covid and admission due to other physical health need with Covid)
4. Ambulances waiting (and length of wait)
5. Additional beds in operation as a result of the instigation of the surge plans
6. Capacity in primary care reduction in GP appointments based on baseline 19/20

7. Availability of next day GP surgery slots by area
8. Overall bed availability in community, acute, mental health and women's and children's services

Each Health Community and Acute Winter and Covid-19 Surge Capacity Plan includes actions that will be undertaken to mitigate operational pressures locally subject to the local assessment by Senior Management Teams and as a result of the escalation states as defined above. See Appendices.

The impact of winter pressures and Covid-19 effects on Primary Care and Community Services is captured in the daily Primary and Community Escalation Framework. Through the Gold and Silver Command Operational Resilience structure Level 4 Extreme Pressure (very high risk) triggers will be monitored daily to provide system alerts to operational risks that require Health Board support and mitigation and also to track operational consequence on other services, so that they can prepare for any impacts.

13. Command and control

The Senior Manager of the Day (SMOD) Command and Control framework has been implemented with effect from 08:00hrs on Tuesday 4th January 2022. This operates 12 hours per day, seven days per week and will provide the operational decision making to enact local plans within acute hospitals and community hospitals and act as the communication and decision making framework to enable Area Health Community decision that support patient flow, decompression of services and integrated planning of resources to enable plans to be delivered.

14. Potential ideas for further consideration

As part of the ongoing resilience planning the following ideas are currently being considered as a potential assistance to those plans already in place, particularly in view of the potential pressures the system will face in 2021/2022, any which are taken forward will be evaluated and/or included in the Health Board's Resilience Plan 2022/2023:

1. 24 hour discharge where it is safe to do so and patients can be provided with a volunteer house sitter, or similar
2. Separate facility to take all minor injuries/illness from ED, established permanently or separately in an ED department
3. All routine checks stopped in primary care to free up capacity, where appropriate
4. 24/7 in-house transport to complete transfers and discharges
5. 24/7 Medicine Registrar based in EDs
6. General introduction of annualised contracts to provide workforce flexibility and attract those who may not otherwise work for the Health Board
7. Access for senior member of ED staff to book patients to direct access diagnostics/virtual caseload in community or into outpatient slot
8. Relocation of ED Paeds units to ward areas to free up staffing and space for ED
9. Everyone waiting a test where clinically appropriate to be discharged but with monitoring (volunteer or access to the ward via phone)
10. Boosting admin staff into all clinical areas remaining open to free up clinical staff from non-clinical tasks

11. All day emergency list operating (replacing elective) and to clear emergency surgical patients quickly and reduce pressure on beds
12. Zero tolerance of OMFFD and reduction to 10% of current level
13. Bringing community staff in to review patients known to them in ED and take them out
14. All psyche patients without a physical health need to be transferred immediately
15. Inter hospital transfer to use the bed base community/acute/women's and children's/mental health as one pool
16. One single bed management/capacity function as part of escalation
17. Consultant only admission from ED 24/7
18. Ambulance handover area and zero tolerance of waits
19. Closure of beds as patients are discharged to prepare for surge
20. Right of admission only as a last resort, not as a standard option, consultant admission should assist with this
21. Taxi transport attached to ED/discharge facility
22. Discharge facility to be used 24/7
23. Runners/porters/volunteers in ED and wards to expedite test and patient movement
24. Two ward rounds a day, attended by a senior manager as well as clinical team members to ensure non clinical issues are unblocked
25. Senior presence director level/senior manager supporting ED/ESDEC/AMU/SAU 24/7
26. Rotation of ward staff through ED to increase understanding of issues
27. AHP clinics in primary care seeing those patients specific to them eg back pain/physio, bowel patients/nurse specialists
28. Nurse specialist and all other clinical staff returned to wards where appropriate, including all staff with registration who work in non-clinical facing roles
29. All community staff being trained in administering vaccine to cover all patients they come into contact with, with a focus on nursing home patients
30. Discharge packs, food, PJs etc to mitigate some social reasons as for why patients may not be able to go home

15. Risks

The Winter Resilience Plan risks fall into the following categories:
- Increase in Covid-19 transmission, infection, and other seasonal illnesses.
- Workforce capacity and recruitment of additional resource required to deliver winter schemes
- Environment - existing infrastructure and social distancing
- Bed spacing restrictions
- Unscheduled Care attendances
- Optimised Medically Fit for Discharge (OMFD) patients
- Planned Care – Essential and Elective Services

Covid-19 continues to be a factor, albeit at a lower level than Waves 1 and 2. In addition, there is the potential for increased prevalence of RSV (Respiratory Syncytial Virus) in children and a high risk of influenza across the whole population resulting from increased social interaction and the relaxation of Covid measures in the community.

The workforce capacity and availability risks relate to potential Covid-19 pressures, surge requirements and increased workload in both acute and community settings, compounded by the need for some staff to self-isolate and increased levels of staff sickness.

There has already been an impact on clinical and non-clinical areas due to a combination of environmental constraints and the associated requirement for social distancing, this has and will continue to impact upon our ability to meet inpatient, day case and outpatient demand.

Although ED and MIU attendances remain below pre Covid levels, there are risks in relation to the Health Board's ability to deal with an increase in attendances due to sub optimal patient flow. Modelling indicates increases are likely due to influenza and other seasonal illnesses, Covid-19 patients, as well as those who present with life-threatening conditions. Without improvements to flow this will result in longer lengths of stay within the ED, putting patients at risk of harm and more likely to have a poor experience of care.

Due to pressures elsewhere in the Health and Social Care system, particularly in social care, the Health Board has seen an increase in the number of patients who are medically fit for discharge who remain in hospital whilst arrangements for their post discharge care are finalised. For example, at the end of October 2021 the Health Board's acute and community hospitals were hosting around 300 patients designated as Medically Fit for Discharge. Around half of these patients were awaiting further care, of which the largest group were those awaiting a package of care in their own homes.

The risks associated with planned care relate to restricted capacity arising from the Covid measures still in place, limited opportunities to secure additional internal or external non-recurrent capacity and the challenge of protecting elective capacity in the face of increasing pressure from unscheduled and emergency care and capacity constraints in the social care system.

16. Glossary

ADT	Assessment, Diagnostic and Treatment
APP	Advanced Paramedic Practitioner
BCUHB	Betsi Cadwaladr University Health Board
CCC	Clinical Contact Centre
CRT	Community Resource Team
CPAP	Continuous Positive Airway Pressure
CTU	Community Testing Units
CYP	Children and Young People
ED	Emergency Department
FICM	Faculty of Intensive Care Medicine
GP	General Practitioner
HECC	Health Emergency Control Centre
HTK	Home Testing Kits
IPC(T)	Infection, Prevention and Control (Team)
ITU	Intensive Treatment Unit
ICU	Intensive Care Unit
LTU	Local Testing Units (LTUs
MTC	Mass Testing Centres

MTU   Mobile Testing Units
NIV   Non-Inventive Ventilation
NWCTC   Welsh Critical Care and Trauma Network
PPE   Personal Protective Equipment
RWC(S)   Reasonable Worst-Case Scenario
SiCAT   Single Integrated Clinical Assessment and Triage
TTP   Test, Trace, Protect
WAST   Welsh Ambulance Services Trust
WG   Welsh Government

APPENDIX 1 Assurance Statement

CYDWEITHREDFA GWELLA GWASANAETHAU
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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales RPB Winter Plan 2021/22
Statement of Assurance
This Statement of Assurance sets out how the £2.213m funding will assist North Wales RPB in the delivery of the Health and Social Care Winter Plan at a regional level. It outlines how the funding will be utilised to support 8 regional schemes to meet the national priorities. It describes the risks and challenges to delivering these schemes and how the RPB will mitigate against these. The full plan including costings and expected outcomes can be seen in Appendix A.
In addition, there has been considerable additional funding that has been made available and given directly to third sector organisations for Winter Pressures. The detail of the third sector schemes are still being determined and so are not included in the NWRPB winter plan document, however the additional resources will be utilised to support initiatives in both county and regional plans.
The North Wales regional winter plan schemes are:
NWAL 01   Provision of Additional Care Home and Domiciliary Care Capacity
The provision of additional short-term workforce capacity (agency and casual staff), bed places and equipment in residential and domiciliary care for older people to maintain and optimise capacity and manage pressures in the domiciliary sector.

NWAL 02   Keeping People Well at Home
Increase in Social Worker and Occupational Therapy resource for timely assessments to support independent living to keep people safe and well at home. To support Step Up / Step Down requirements and ensure timely provision of equipment. To support unpaid carers, reduce pressure on health and social care and support the workforce.

Increase in support for vulnerable individuals at home during times where they would usually attend day opportunities to avoid admission to care home / hospital

NWAL 03   Admission Prevention
Initiatives to prevent unnecessary hospital admission and facilitate timely discharge including Night Owl service. This broad and flexible scheme is intended to enable us to pursue all available initiatives to prevent unnecessary hospital admission and facilitate timely discharge. This includes, but is not limited to, deploying volunteers, recruiting additional in-house domiciliary care capacity, using residential provision where care packages can't be sourced and supporting providers with staff recruitment and retention.

NWAL 04   Discharge Support
Increasing capacity to meet the increased demand to support flow from hospital, contributing to CRTs 7 day working and provide additionality, increase OT resources and increased SUSD capacity. Provision of additional Income and Welfare Support to aid discharge and assist people to maintain their independence.

NWAL 05   Unpaid Carer Support

Work with voluntary care services to support the system to provide increased support / relief for carers including respite beds.

NWAL 06   Community Learning Disability Resource
Increase Community Social Worker and OT resources within the LD services enabling individuals' needs to be assessed on a regular basis ensuring their own and their carer's wellbeing is maintained.

NWAL 07   Community Mental Health Resource
Additional resources available to Adult Services working with individuals in their own homes including additional intervention workers, AMHP and Social Worker hours. A significant rise in demand for mental health support, necessitates an increase in resources to ensure we are able to support those with deteriorating mental health problems. Additional AMHP will ensure that assessments needing to be undertaken under the Mental Health Act can be executed timely, Social work and intervention workers will ensure people are supported to manage their mental health problems avoiding escalation to hospital admission.

NWAL 08   Community Children with Complex Needs Resource
Additional short-term workforce capacity to support vulnerable children with complex needs and provision of additional emergency CCN accommodation

Assurance of meeting the National Priorities

In line with the national priorities, these schemes will help to keep people well, maintain safe health services, maintain our social care services, support our health and social care workforce and support unpaid carers.

In line with the priorities identified by the North Wales Recovery Co-ordination Group, these schemes will support unpaid carers, enable flexible utilisation of grant funding to creatively respond to the current crisis and contribute to the enhanced recruitment campaign.

Identified risks, challenges and mitigation

Risks and Challenges	Mitigation
Demand for services rising higher than pre-Covid levels and reduced capacity arising from staff shortages	Flexible use of funding to respond to the highest priority needs will allow partners to pursue a range of initiatives so if one proves undeliverable or ineffective another can be deployed

Close monitoring and regular reviews of priority needs

Challenges in recruitment and retention	Rolling recruitment programmes and employment events
Dependency on temporarily increased support hours.	Employment of students with work experience in the services and newly retired staff to support for 6 months.
High demand for agency staff due to national pressures.	Use of approved agencies with previous good relationships
	Tapping into University contacts to access and offer recently qualified Social Workers
Seasonal high demand for care places that support short term and long-term residential care, including step up and step down.	Utilising volunteers and others by short-term residential care.
Increased dependency and inability to return home due to moving citizens to a community setting for a period of rehabilitation prior to returning home whilst packages of care are commissioned	Risk assessment to ensure minimal dependency
Increased pressure on unpaid carers due to covid-19	Voluntary and multi-agency alternative support options.
Resilience of the care home and domiciliary care sector.	
Unknown challenges if Covid-19 cases increase significantly.	

APPENDIX A to assurance statement. (Open below Link:)
Appendix A.xlsx

APPENDIX 2: Current Surge Plans

SUMMARY OF INPATIENT ACUTE AND COMMUNITY SURGE PLANS

Summary inpatient bed surge plans acu

EAST HEALTH COMMUNITY

east report.docx

CENTRAL HEALTH COMMUNITY

Central Area summary surge plan

WEST HEALTH COMMUNITY

Copy of West Surge Plans (15.12.21).xlsx

WOMENS SERVICE

Womens Directorate Winter

PAEDIATRICS

MENTAL HEALTH

APPENDIX 3 Surge Capacity
(Open below Link:)

Appendix 3.xlsx

Teitl adroddiad: *Report title:*	Information Governance Quarter 1 2022/23 Key Performance Indicators (KPI) Report.
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 27 October 2022
Crynodeb Gweithredol: *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.
Argymhellion: *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.
Arweinydd Gweithredol: *Executive Lead:*	Dylan Roberts - Chief Digital and Information Officer
Awdur yr Adroddiad: *Report Author:*	Carol Johnson – Head of Information Governance

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):*	· Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016; · Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation; · Improve overall compliance with Freedom of Information and Subject Access request response times in line with legislative requirements by supporting governance leads, and raising awareness and improving overall availability and publication of information to enable improved transparency to the public; · Ensuring that privacy by design and default is considered at all stages of service design, system procurement and partnership working; · Improve IG Training Compliance from 82% to the national target of 85% to raise staff understanding and awareness; · Work with ICT and responsible owners across the Health Board to support the delivery of an improved Information Asset Register; · Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence;
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	Data Protection Act and Freedom of Information Act
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	N/A

In accordance with WP7 has an EqIA been identified as necessary and undertaken?	
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?*	N/A
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)*	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 Chief Digital and Information Officer.

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

Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *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.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	N/A

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***	Reviewed and presented to the Information Governance Group – 26 August 2022 – No objections
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	- Failure to Implement Digital Solutions - CRR20-06 – Informatics Patient Records Pan BCUHB - CRR21-11 – Potential Exposure to RansomWare and Zero-day Cyber Risk Attacks - CRR22-27 – Potential non-compliance with regulatory standards for documentation due to poor record keeping – vascular services
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: ***Next Steps: Commence working with the Performance Team to seek ownership and accountability with Legislation from individual corporate functions, Pan BCUHB Services and Individual Health Communities as part of the Performance Monitoring meetings.***	
List of Appendices: Appendix 1 – Information Governance Quarter 1 2022/23 Key Performance Indicators (KPI) Report.	

FOI Compliance Q1
Compliant: 77% Non compliant: 23%

- Compliant: 92
- Non Compliant- Request delayed: 20
- Non Compliant and still open (breached legislation): 8
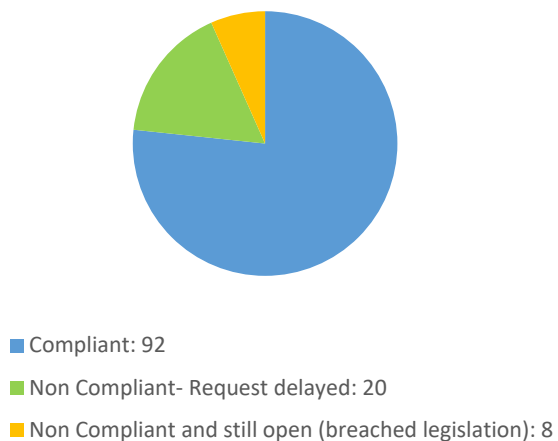
*Increase from 76% in quarter 4 2021/22.

Number of requests and their non-compliance

Q1 Total — Q1 Non Compliant
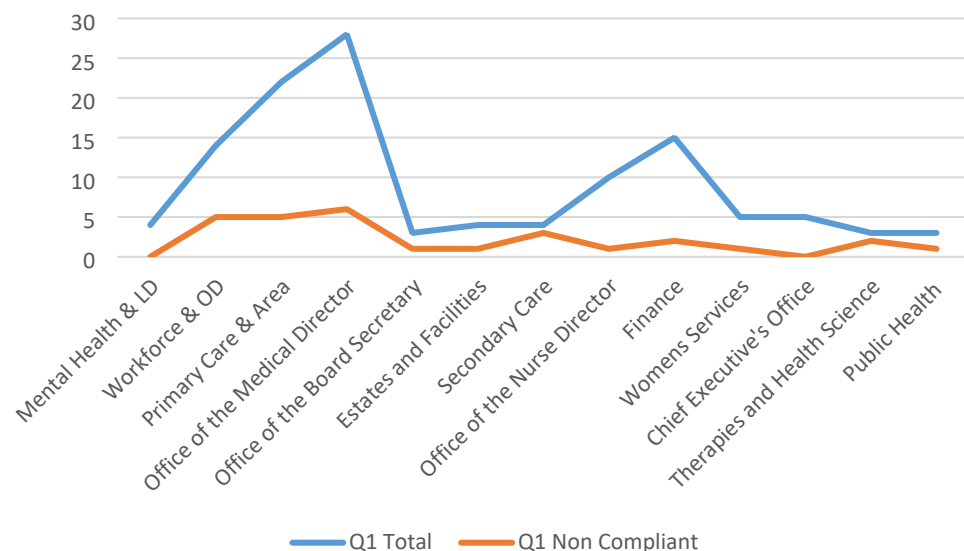
FOI Exemption and Internal Reviews- Please note due to the timeframe permitted under the Act for applicants to request an internal review, some reviews may not be captured in time for this report, however they will be captured within the Information Governance Annual Report.

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	7	0	N/A
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	1	0	N/A
Section 31 - Law Enforcement	Absolute – No Public Interest Test Required	2	0	N/A
Section 40 - Personal Information	Absolute – No Public Interest Test Required	6	0	N/A
Section 41 – Information provided in confidence	Absolute – No Public Interest Test Required	3	0	N/A
Section 43 – Commercially Sensitive	Public Interest Test applied	1	0	N/A
Total		20	0	N/A

5

FOI received by Requestor Q1

Previous FOI Quarterly Compliance

Total Received   Non Compliant
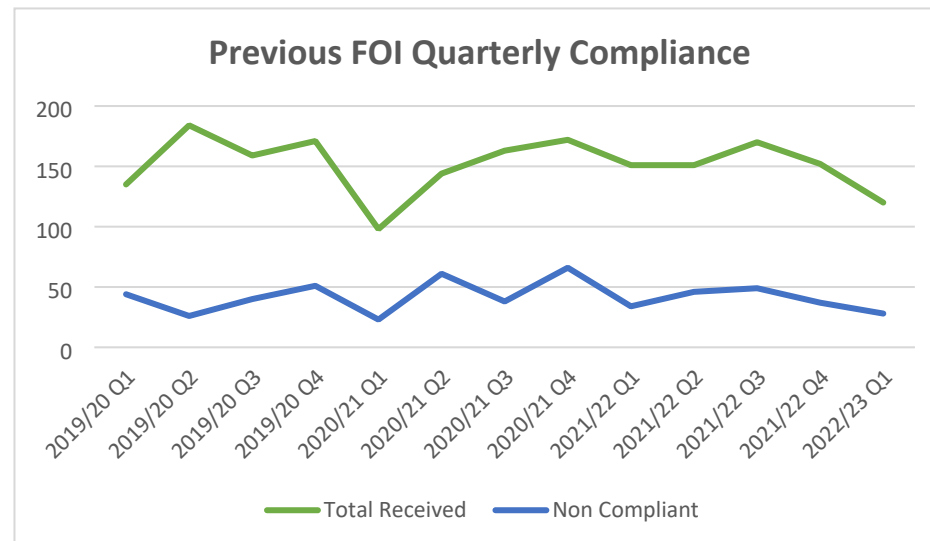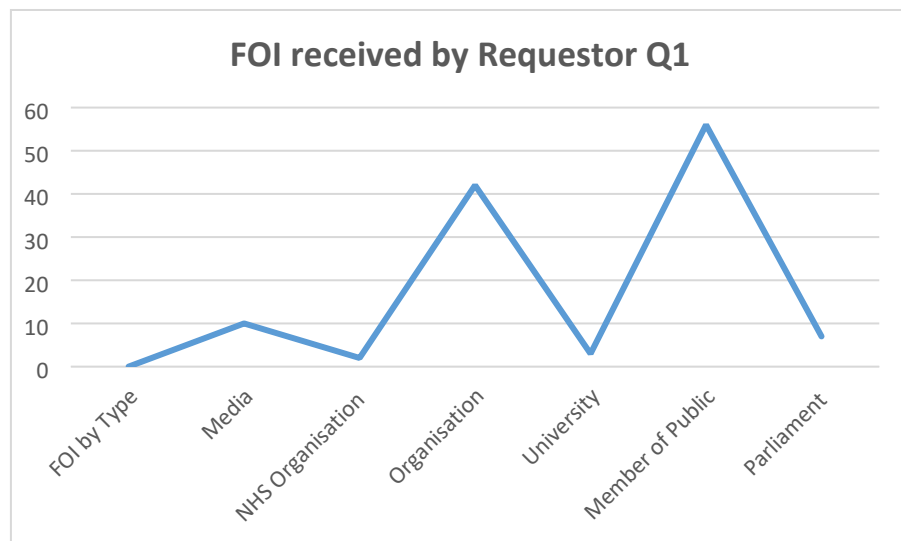
FOI: Reasons for delays/breaches
• 22 Delays in obtaining/receiving information from Freedom of Information Leads.
• 1 Delay due to formulation of the response by Information Governance due to complexity.
• 2 Late receipts of the request to Information Governance.
• 2 Delays due to the late approval by Executive Lead due to the number of complex requests and the validity of the data.
• 1 Delay due to consideration of applying an exemption.
The divisions with the highest amount of delays
• 6 for Office of the Executive Medical Director
• 5 for Workforce and Organisational Development.
• 5 for Primary Care and Community Services.
2022/23 Plans
• We are continuing to work with our divisional Information Governance FOI leads to look at ways to improve compliance, meetings will occur with pharmacy and cancer divisions to streamline the current processes.
• Work is continuing to procure a new FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records, during quarter 2 the tender exercise will be complete and a decision will be made in regards to the third party supplier and assurance checks will proceed.

Data Protection Subject Access Requests (SAR) for non-clinical information Q1

Total requests- 26 Total breaches- 1

- Subject access request: 13
- Verbal request: 0
- Third party request- Solicitors/ Local Authority: 1
- Third party request- Police: 12
- Third party request- Other: 0
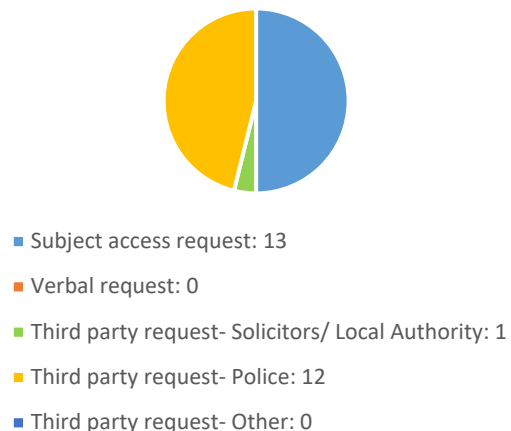
SAR: Reason for breaches Q1

During Quarter 1, we were 96% compliant, which is an increase from 86% in quarter 4. There was 1 subject access request, which breached the legislative deadline. This was due to the applicant requesting all information held by the Health Board including an email search, which did not quite meet the threshold of applying a time extension under the Data Protection Act, which resulted in the request breaching by 4 days.

2022/23 Plans

Work is continuing to procure a new FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records, during quarter 2 the tender exercise will be complete and a decision will be made in regards to the third party supplier and assurance checks will proceed.

Data Protection Subject Access Requests (DPASAR) for non-clinical information Q1

- Compliant: 96% Non-Compliant: 4%
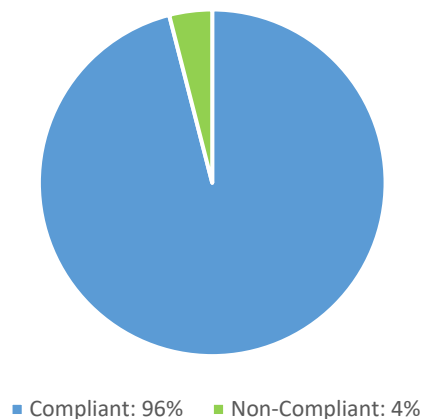
Previous DPA Quarterly Compliance

— Total Number — Non Compliance

7
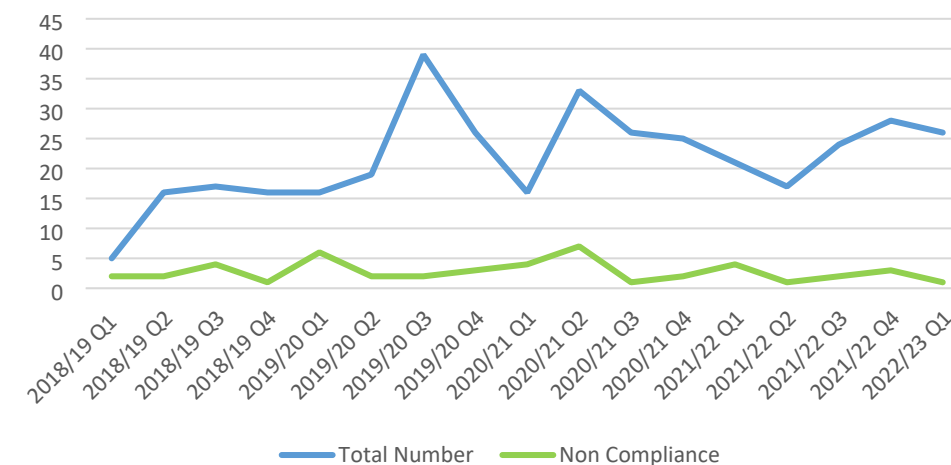
Access to Health Records (ATHR) Requests by type Q1
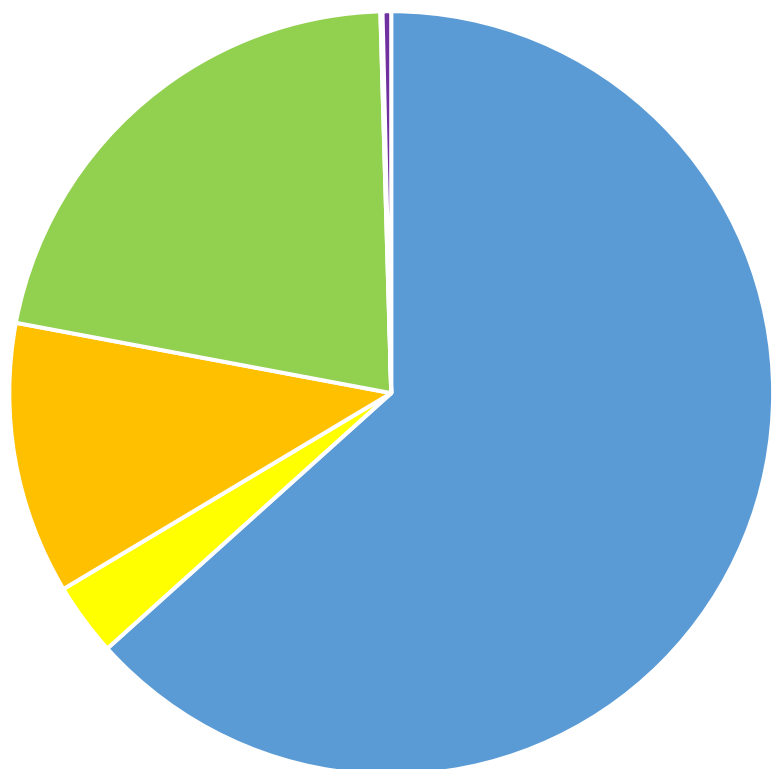
- Data Protection Act (Live Patients): 698
- Verbal Request: 0
- Access to Health Records Act (Deceased Patients): 34
- Third party request- Court: 127
- Third party request- Police: 238
- Third party request- Ministry Of Defence: 0
- Third party request- General Medical Council: 1
- Third party request- Chargeable Requests (Insurance Companies): 4

ATHR Subject Access Requests for clinical information and requests from third parties Q1
Total recieved-732 Total Breached-211
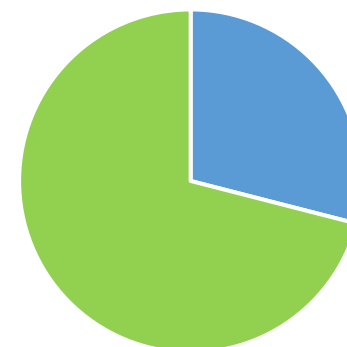
■ Non-Compliant: 29%   ■ Compliant: 71%

Previous ATHR Quarterly Compliance

—— Total received   —— Non Compliant

8
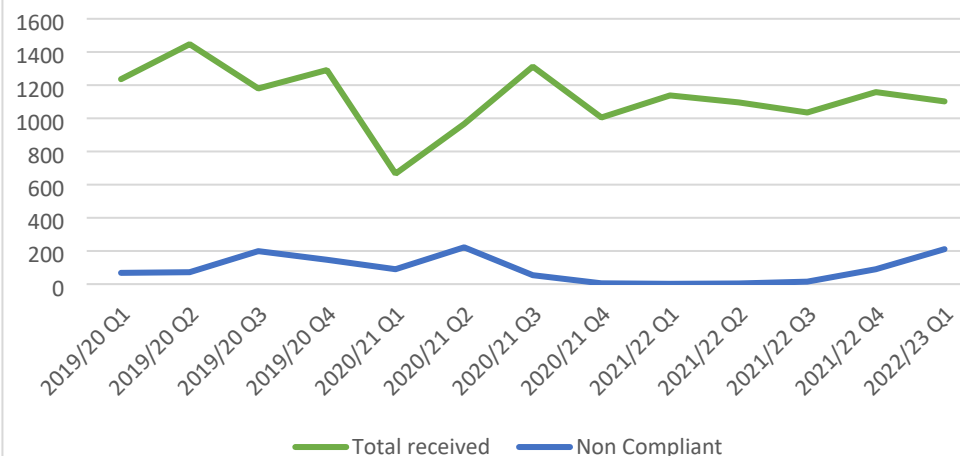
ATHR: Reason for delays
During Quarter 1, there were 195 breaches (Data Protection Legislation) and 16 breaches (Access to Health Records Act). With a decrease in compliance to 77% from 88% in quarter 4. The reasons for the delay in providing a response to these requests in line with the appropriate timescales include; (i) Late receipt of notes. This included from Therapy Services, X-ray and General Acute (ii) Delays in ATHR Service processing request; which is due to current staff shortages within the team (iii) Late receipt of application into ATHR service that had been sent to another department within the Health Board and (iv) Patients who were currently receiving treatment and therefore unable to access the notes. During Quarter 2 we hope to be back to a full complement of staff which should increase our compliance in future.
Co-mingled Information
There were 89 documents located in the incorrect patient records during quarter 1, which were located during the scanning and quality assurance processes. All these incidents are recorded on Datix and investigated accordingly.
Complaints and lessons learnt ATHR
During Quarter 1 there has been 5 concerns received into the ATHR Service. These included; • 1 x Breach of Confidentiality • 1 x Missing information from SAR • 3 x Rectification Request of personal data In all cases apologies were sent to the applicant for any distress caused and the need for raising a concern with the Health Board: (i) Where an individual feels there has been a breach of confidentiality in relation to their data is investigated and escalated to the Data Protection Officer as per escalation and investigation processes. (ii) HR1c - guidance on the management of missing records was instigated. (iii) In all cases where an individual would like their personal information rectified, the ATHR Service completes a thorough investigation and relevant healthcare professionals are contacted to undertake a review of the patient's request.

HMP Berwyn Compliance Q1
Total Received - 43 Non-compliant- 0
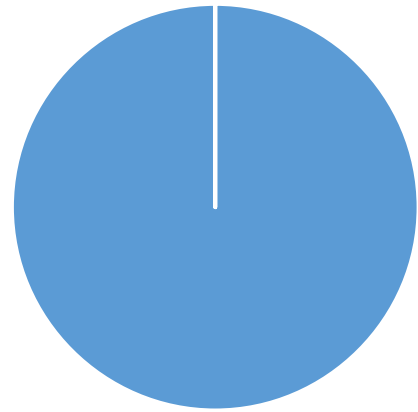
- Compliant: 100%
- Non-Compliant: 0%

* Increase from 40% in quarter 4

GP Practices Compliance Q1
Total Received 511 Non-compliant- 123
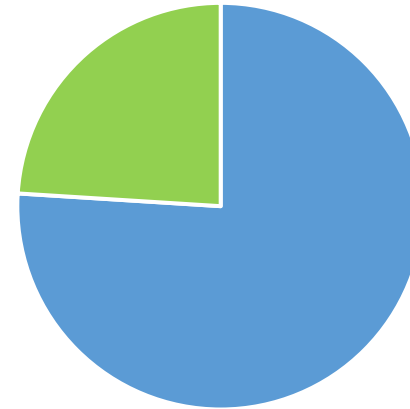
- Compliant- 76%
- Non-Compliant- 24%

* Decrease from 99% in quarter 4

Previous HMP Berwyn ATHR Quarterly Compliance

- Total received
- Non Compliant
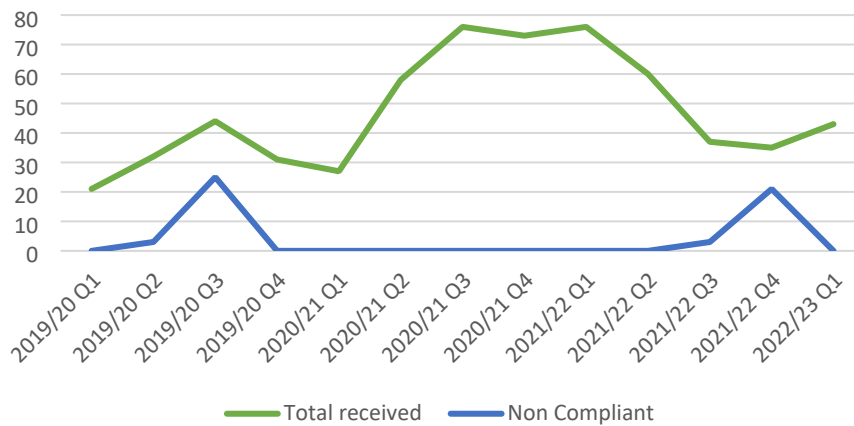
GP Managed Practices ATHR Quarterly Compliance

- Total Number Received
- Non Compliant

10
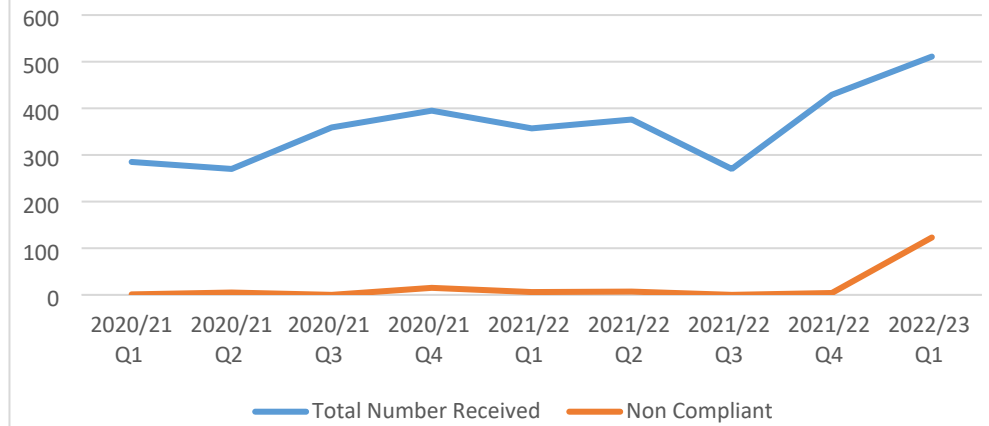
Incidents and Complaints Received Quarter 1

Incident Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Confidentiality Breach (External)	Data Loss	3	0	1
	Email	1	0	0
	External Mail	12	0	2
	Inappropriate Access	14	1	1
	Personal Information found in public place	1	0	2
	Records	3	1	3
Confidentiality Breach (Internal)	Data Loss	4	0	0
	Email	2	0	0
	Records	3	0	0
	Other	8	0	0
Information Management & Technical Security	Records	0	0	0
	Other	4	0	0
	Data Loss	0	0	0
Non Compliance	IG15 Safe storage & transport of Personal Data	7	0	0
	IG08 Email procedure	1	0	0
	IG11 Confidential waste	0	0	0
	IG14 IM&T Security procedure	4	0	0
	IG16 Disclosing Personal Information	0	0	2
	Other	10	0	0
Total		**77***	**2**	**11**

* Increase from 59 in quarter 4

Near Misses	Legal Claims
There were 0 near misses reported in quarter 1 of 2022/23.	There were 0 legal claims received in quarter 1 of 2022/23.

Complaints

11 data protection complaints were received during quarter 1 which is a slight increase in comparison to quarter 4. 4 complaints have been investigated and are now closed with the remaining 7 ongoing.

Closed Complaints

- Medication box had incorrect name on label.
- Phone call to arrange an appointment for the patient but staff member spoke to incorrect family member in error. Demographic labels for daughter in mother's notes in error.
- Patient was telephoned in error for an appointment for another patient.
- Received letter in the post that included a letter and prescription for another patient

On-Going complaints

- 2 x Alleged inappropriate access
- 1 x dissatisfied with SAR process
- 1 x Personal and sensitive details displayed in enveloped window
- 2 x Breach in confidentiality.
- 1 x Data Loss

Lessons Learnt/Actions Taken

- Incident shared to the nursing staff via the safety brief and a communication will be sent out to the ED doctors to prevent this type of incident occurring again.
- Labels removed, ensure notes are checked with correct details held and updated if incorrect.
- Incorrect letter & prescription destroyed by patient. Process for sending letters reviewed. Reviewing and implementing changes to the way prescriptions are sent to patients.

Information Commissioners Office (ICO) Complaints

Self-reported incidents to the ICO Q1

- Self-reported **2** incidents to the Information Commissioner's Office:
- Received another patients medical records as part of SAR. (Closed - ICO Satisfied with Health Board's actions)
- Inappropriate access of GP system by WAST employee as part of PaceSetter project (Closed - ICO Satisfied with Health Board's actions)

Complaints received from the ICO Q1

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

- 2 x Dissatisfied with response to SAR. (1 x Closed with no actions and 1 x On-going)
- 1 x Concerns over inaccurate information held on medical records. In particular covid vaccinations and NHS no. being linked with a third party. (On-going)

IG10- Process for requesting, approval and review of information systems accessed by an employee
Total: 19
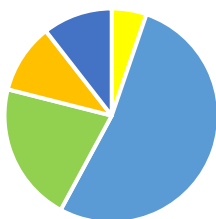
- Telephone Logs: 1
- CCTV: 10
- System Access: 4
- Outlook Access: 2
- Login Audit: 2

Q1 NIIAS Notifications by Type
Total: 70

- June
- May
- April
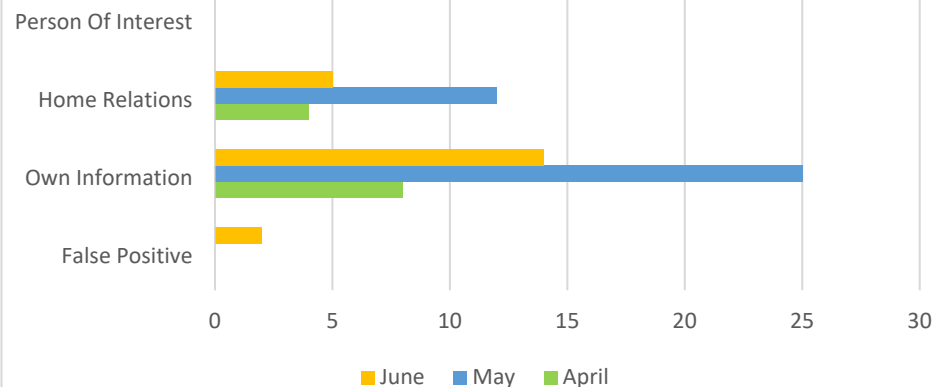
Service Desk Queries Q1
Total: 99

- April
- May
- June
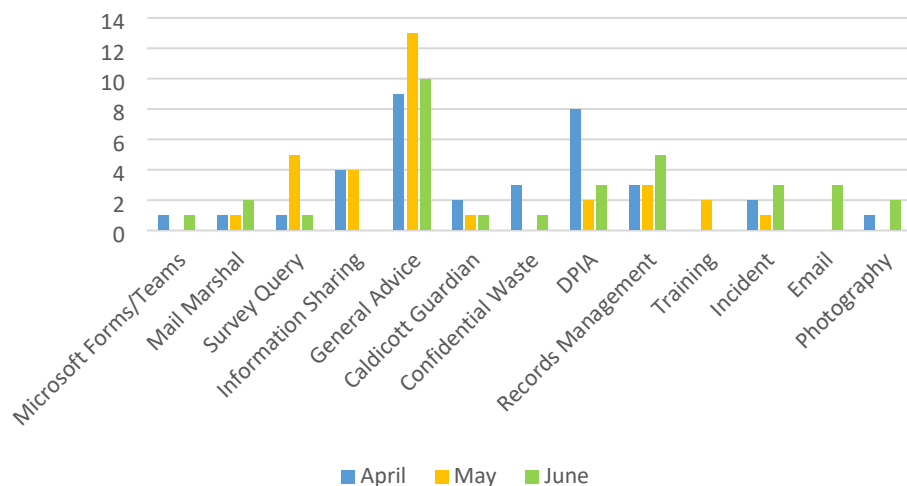
NIIAS (National Intelligent Integrated Auditing Solution)
During Quarter 1 of 2022/23 the number of NIIAS notifications received increased from 59 in quarter 4 to 70 this quarter. A reminder continues to be issued to all staff of the importance of appropriate access in our Information Governance Bulletin 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 support.

Service Desk – Information Governance Portal
During Quarter 1 the number of calls received into the Information Governance Service Desk has decreased to 99 from 136 in quarter 4.

IG Mandatory Training Compliance Q1: 82%
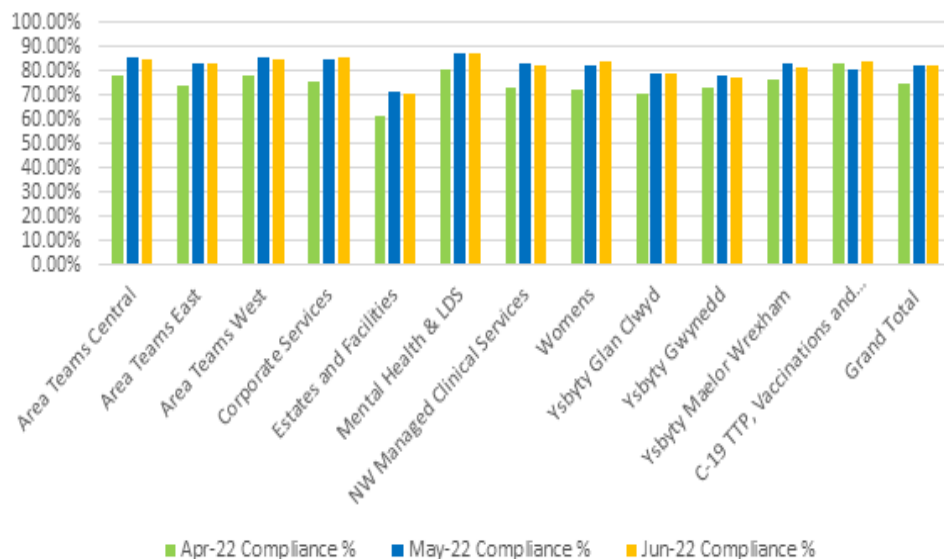
Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of June 2022	Year To Date Variance
T410	861,747 (increase)	135,965	Underspend 81,892

Please note that the reason for the underpsend this quarter was due to staff turnover and post vacancies.

IG Mandatory Training
We have continued with our virtual mandatory training sessions with 13 sessions taking place in quarter 1 with 159 staff attending. 2117 staff have completed their training via E-Learning this quarter. During quarter 1 we also carried out a training session for the Health Board's Matron's Leadership workshop. The current compliance of mandatory Information Governance training across BCUHB has remained at 82% for this quarter.

Data Protection Impact Assessments (DPIAs)
During Quarter 1, 8 DPIA's have been approved which is an increase from 1 in quarter 4. A further 13 have been received during quarter 1 which are currently ongoing through assurance processes and will be approved in the upcoming quarters.

Caldicott Guardian
Decisions/Authorisations on behalf of the Board
Total: 13
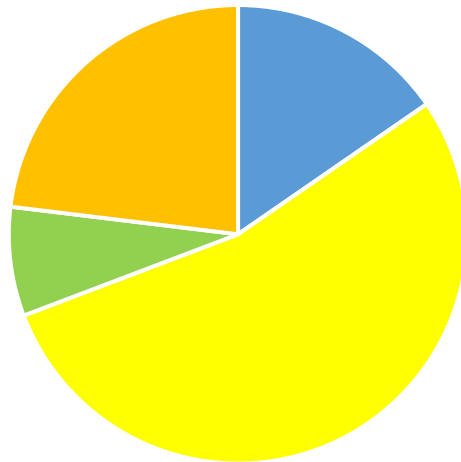
- Information Sharing Agreement
- Data Processing Contract
- Audits
- Data Disclosure Agreement

Asset Register

During Quarter 1, **2** Systems have been inputted into the asset register:

- Sysmex - Analysis of patient samples in order to produce pathology results.
- Helena V8 Nexus - Analyser screening for haemoglobinopathy

There are no significant risks to be reported as both systems have gove through the DPIA Assurance process.

19 Record types have been submitted during quarter 1, the majority being for Child Health. During quarter 2, we will be back to full resource within the Information Governance team and assurance of the asset register will re-commence.

Asset Register development work is still in process, a meeting with between IG, Informatics and Freshworks (managed bespoke solution provider) due to take place 07/07/2022 to enable Freshworks to carry out a scoping analysis, do a feasibility check and then quote for the time and cost for the possible solution.

Compliance Audits

During quarter 1, there were 4 compliance checks undertaken an increase from 0 in quarter 4. All compliance audits were conducted within GP Managed Practices; 1. Hwb Iechyd Cybi, 2. Hwb Iechyd Eifionydd, 3. Canolfan Goffa Ffestiniog and 4. Hillcrest Medical Practice. All visits were very engaging. All Practice Managers were informed of relevant BCUHB policies and procedures and were reminded of their responsibilities for the IG Toolkit. During the visits we became aware of a Subject Access Request software which was in use within the practices, this is being further investigating by the IG team to ensure the appropriate assurances in place for its use.

Report title:	People (Workforce) Performance Report
Report to:	Performance, Finance and Information Governance Committee
Date of Meeting:	27th October 2022
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. It also provides an update on the refresh of the Workforce Optimisation programme aligned to delivery of recovery.
Recommendations:	The Committee is asked to NOTE the current performance position provided and feedback any improvements on the content of this report for future reporting.
Executive Lead:	Sue Green , Executive Director of Workforce & Organisational Development (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:

Partial assurance level is due to continued gaps in information against a number schemes.

Link to Strategic Objective(s):	Living Healthier, Staying Well (LHSW)– Improve the safety and quality of all of our service Integrated Medium Term Plan (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 Children and Adolescent Mental Health Services (CAMHS) Out of Hours provision

	CRR22-18 Infection Prevention and Control (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: Expedite delivery against the Workforce Optimisation Programme 	
List of Appendices: Appendix 1. Workforce Optimisation Invest to Save proposal approved August 2022 Appendix 2: Workforce Plan – IMTP Q1 Delivery Detail	

**Performance, Finance and Information Governance Committee
27 October 2022**

Workforce Performance 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 Workforce Plan of the People Strategy are delivered.

The majority of this report is the same as that reported to Partnerships, People and Population Health Committee (PPPH) at its meeting in September 2022 as agreed with the Chairs of the two Committees.

However, in light of the need for the Committee to be updated on the work being lead and facilitated by the Workforce team on Workforce Optimisation, there is an additional section included.
In addition, following feedback from PPPH Committee, the element on the Recruitment Process Improvement Deep Dive has been extracted and is covered in a separate report on this agenda.

The report is set out into the following sections:

a) ***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.

b) ***Combined Workforce Plan and Workforce Optimisation Programme:*** update of the setup on the initialisation of the programme to identify support delivery of in year savings and develop a programme of work for 23/24 across the Health Board.

c) ***Three Year Workforce Profile:*** update against the initial forecasts & trends seen across the organisation.

d) ***In depth reviews:*** a risk based approach to look at areas across workforce that hold significant risk to the organisation. The risks will be mitigated by taking a collaborative approach with workforce, clinical and operational teams working closely together and as a result each team being clear on their roles and responsibilities to ensure success across the relevant areas of the organisation. In this report the section focuses on the key highlights from the Recruitment Deep Dive workshop that was held on 18th August 2022.

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. This section of the report provides progress against the relevant plans on a quarterly basis and cover 3 areas; Bridging the Gap, IMTP Priorities and Primary Care Resilience.

Combined Workforce Plan and Workforce Optimisation Programme

The Workforce Plan approved by the Board to deliver the IMTP and Plan for 2022/23 included a combined recruitment (and retention) requirement to deliver the improvement schemes and recovery priorities identified.
This plan confirmed, on the basis of the detailed information held at that point that, the overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 once commissioning activity is factored in was 928 WTE (Stretch) across all staff groups. This would mean a net increase in FTE in post of 1749.

Table 1 Combined Workforce Recruitment Plan

Workforce Plan Recruitment Activity Summary 22/23 (WTE)					
	Medical	Nursing	Other Clinical Registrants	Non-Registrants & Non-Clinical	Totals
Bridging the Gap	89	398	124	353	964
IMTP Consolidated Schemes	59	185	188	204	637
IMTP Commencing Schemes	15	5	9	22	50
IMTP Planned Care Recovery Initiatives	6	10	43	39	98
Totals	168	598	365	618	1749
Primary Care Resilience Plan	15	13	15	34	78
National & Local Commissioning 22/23	65	306	206	245	822
Recruitment Net Commisioning Activity Position	103	292	159	373	927
Deliverability	🟠	🟠	🟠	🟢	🟠

A proportion of this included recruiting and retaining against the existing budgeted establishment (i.e. bridging the gap between budgeted establishment) and a proportion was based upon investment in additional resources approved to deliver the improvement and recovery required. This was aligned with the financial plan for 2022/2023 as part of the integrated planning and submission. This was of course predicated upon the requirement to deliver the savings/efficiencies set out in order to deliver a balanced budget.

The deliverability of this in real terms was assessed prior to submission of the plan, taking into account the market, understanding of work required to improve processes and the attraction to specific services, together with the trend of year on year increase in FTE employed.

Workforce Optimisation

The term Workforce Optimisation is not new to the organisation and was introduced prior to the formal recovery programme in 2018/19. The original focus of the programme was ensuring that the organisation had effective workforce models in place to deliver improved performance, outcomes and value for money. The focus was then directed specifically on achieving financial savings as part of the Recovery programme.

The Workforce Optimisation Programme has been reviewed as part of delivery of our annual plans and has been updated to take into account the learning since 2019/20.
The Executive Team approved a non-recurrent invest to save proposal in August 2022 which included the establishment of a small dedicated team focussed solely on delivery of this programme. This has been discussed previously at PFIG but is attached for ease at Appendix 1.

In addition to the specifics set out within the proposal, we have identified the need to further develop the deliverability assessment of improvement schemes. Historically, when submitting schemes or cases, services have not been formally assessed on their current workforce performance in terms of whether they are have been able to recruit and retain up to their current budgeted establishment, but the focus has been on whether the additional resource requested could be recruited to in light of market/timescales etc.

As an illustrative example - X service submits a case for improvement which requires an additional 20 FTE across nursing, medical and AHP. The service currently has a budgeted establishment 60 FTE but has consistently had a vacancy level of 15 for the last 2 years, using overtime, bank and agency to cover the gap.
The case for investment is assessed and is supported by a strong evidence base that the staff described is reasonable given clinical performance to date. This increases the budgeted establishment, and in doing so increases the vacancy level and spend on overtime, bank and agency.
The purpose of the optimisation assessment will not be to suggest that the model proposed is incorrect, but more to identify the need to address the shortfall before profiling the increase in FTE and expenditure.

This method is being incorporated into the review of proposals for the 2023/24 plan but is also being used to assess schemes in the 2022/23 plan as part of the finance and savings work.

Bridging the Gap
The tables below outlines the initial position included in the plan for February 22 alongside June 22 actuals and a forecast for the end of quarter 2 which is to the end of September 22. (The position at the end of quarter 2 is being finalised at the time of writing for reporting to PPPH on 8th November)

Table 2: Bridging the Gap – Actuals & Forecast

Staff Group			Febuary 2022 FTE Actual	June 2022 FTE Actual	Q1 (June) Net Gain/Loss FTE Actual	Q2 Net Gain/Loss FTE Forecast	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
Add Prof Scientific and Technical			672.7	673.1	0.4	11.0	22.1	23.2
Additional Clinical Services			3534.5	3614.6	80.1	106.8	124.8	131.1
Administrative and Clerical			3335.5	3400.7	65.2	117.7	129.4	135.9
Allied Health Professionals			1109.4	1099.0	-10.4	19.9	68.4	71.8
Estates and Ancillary			1263.5	1304.5	41.0	52.4	-57.2	85.8
Healthcare Scientists			253.0	255.8	2.8	3.7	24.5	29.4
Medical and Dental			1524.9	1526.2	1.3	55.7	63.6	89.0
Nursing and Midwifery Registered			5265.0	5271.5	6.5	113.2	284.2	397.9
			16958.4	17145.4	187.0	480.5	659.9	964.1

Table 2 shows the position across all staff groups in terms of actual staff in post for February and June 22 and the net gain/loss between the two points. This provides a snapshot of additional FTE in post between two data points and enables us to see where greater focus is required in order to meet the improvement targets set.

The table shows that there has been an actual net gain across all staff groups except Allied Health Professionals (AHPs) and only a small gain across all other clinical staff groups. 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 Health Care Assistants (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 Q2. Where students have not captured enough clinical hours their start date has been pushed back to September 22 or January 23 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. This is being looked at in more detail with the development of a targeted recruitment plan across the AHP staff group being planned.

Table 3: 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 3 are RAG rated against the Q1 actual and the Q2 forecast 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 amber area being looked at more closely is Medical and Dental but with existing and new initiatives such as the BAPIO programme there is capacity in the plan to achieve the profile outlined by year end 22/23.

The ongoing realignment of Health Board priorities as we continue to 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 and other 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 monitored and reviewed on a monthly basis.

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.

There is now a reporting structure in place to monitor progress across the schemes held within the IMTP with identified leads reporting progress on a quarterly basis through the IMTP reporting structures aligned to Performance reporting across the Health Board. The more detailed tracking system linked to the EC system has been implemented and all schemes leads have been notified of the process going forward. This will allow us to track progress against the schemes at a more granular level and provide the intelligence required to 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 and the development of the IMTP for 23/24. It also takes into account the steady rise in

sickness/absence from 6.3% in March 22 to 6.7% as of July 22 and the increase in turnover from 9.9% in March 22 to 10.2% as of July 22.

Appendix 2 sets out the current position in terms of schemes and progress to date as at the end of Q1.

As shown in the attached, there are a number of schemes that have either not been commenced at the end of quarter 1 or and delayed in terms of the level of detailed plans available.

The workforce teams have been working with scheme leads where possible and have been fully engaged across the period with the primary focus on recruitment against the plans to support delivery around the consolidated schemes. Work is also ongoing with supporting the Operating Model recruitment plans to ensure continuity in the transition to the new operating model that commenced on 1st August 2022.

There has been a more detailed review of recruitment against the Emergency Department (ED) and Same Day Emergency Care (SDEC) business cases of the emergency departments across the Health Board in light of the ongoing pressures. Targeted interventions are being looked at where posts have been advertised but where recruitment to date has been unsuccessful.

Appendix 2 outlines the position at the end of August across all EDs against the business case. Recruitment against all posts currently sits at 88% but as the table shows there are a number of critical posts that are still to be recruited to.

At Wrexham there are gaps in consultant recruitment of 1 WTE and a across the Advanced Nurse Practitioners (ANPs) of 3 WTEs. At Bangor it is again across the consultant line of 1.7 WTEs and also a nurse consultant post of 1 WTE. With Glan Clwyd the picture is similar in terms of roles but there is a 5 WTE gap across consultants and a 1 WTE gap across Middle Grade/ANP line. Workforce teams are working with the departments to see what other recruitment initiatives can be utilised to address these gaps going forward.

The activity to support the IMTP has seen an overall increase in non-core pay spend from £12.2m in May 22 to £12.5m in July 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 rise in non-core spend across Medical & Dental from £4.5m in May 22 to £5.2m in July 22 with Nursing & Midwifery staying static but high at £3.2m. 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 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 is submitted as part of the Minimum Data Set alongside the IMTP. It profiles 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 Board's 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 but with current indicators showing that progress will be made across Q2 and the rest of the year against the majority of staff groups.

The current position 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 are ongoing delays in recruitment activity against new IMTP schemes due to changing priorities across the Health Board such as the targeted intervention at Ysbyty Glan Clwyd (YGC) and across the vascular services.

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 originally projected. This gives a forecast net positive position in resource being available to be utilised over the Q2 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 Board's current reliance on temporary staff be reduced over the next three years.

4.   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.

5.   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.

6.   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.

Workforce Optimisation 22/23 and Beyond

Invest to Save Proposal

24th August 2022

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

Overview

Invest to Save Proposal

The workforce optimisation portfolio would focus on the areas of opportunity that the original work started back in 19/20 prior to the Covid Pandemic. It would look to carry out a rapid appraisal of the programmes and schemes built into that portfolio to initially see what could be revised and saved in 22/23 with a full savings programme of work put in for 23/24. This would also support BAF21-18 – Workforce Optimisation risk to ensure delivery of the controls built into the risk

It would also focus on 2 key themes in 22/23 to establish immediate opportunities across the organisation and again build a mature and established programmes for 23/24. The areas of focus would be Interim Agency usage and reduction and medium to long term sickness absence reduction.

- **Key Themes - Optimisation Programmes**
  - Optimisation Savings
    - Analysis of 19/20 schemes and current opportunities identified for 22/23
    - Full programme of work developed and savings identified for 23/24
  - Interim Agency
    - Reduction in usage and length of contracts of agency interims across the Health Board covering vacancies
    - Focus on Non-clinical senior interims & medical agency staff covering vacancies
  - Sickness/Absence
    - Reduction in usage of temporary staffing resource to cover medium and long term sickness/absence
    - Focus on Hotspot areas across the Health Board

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Focus – Workforce Optimisation

Overview

- **Revisit 19/20 schemes to reassess opportunities that could deliver immediate savings in 22/23**
  - Temporary Staffing Contracts Review with current suppliers
  - Rates Revue – local and national
  - Agency Optimisation – Agency to Bank conversion
  - Service Review Benefits
- **Develop 23/24 Workforce Optimisation Plan**
  - Medical Programme
    - Job Planning, Rota Consistency, Out of Hours Optimisation
  - Nursing & AHP Programme
    - International Nurse Recruitment
    - Pan Health Board Nursing and HCA recruitment initiative
  - Temporary Workforce Programme
    - Integrated Agenda for Change Bank/Roster

Reduction in Senior Agency Interims

Overview

- **Reduction in the length of contracts issued to senior agency interims across the Health Board who are covering identified vacancies**

  - Targeted work against current senior agency interims to reduce length of contract and ensure aligned recruitment plan in place to fill the vacancy

  - Streamlined Process closely linked to identified leavers across the Health Board to ensure recruitment activity is aligned with leaver profiles

- **Reduction in high cost agency solutions across medical agency staff covering medium/long-term vacancies**

  - Conversion of long-term medical agency staff to bank

  - Fast track recruitment put in place across identified high agency usage specialties

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Reduction in Senior Agency Interims Savings – Worked Example

This example looks at the current position as of June 22 as to the number of non-clinical senior interims across the organisation covering vacancies which currently stands at **25**. It then looks at the average length of contract of those interims which is **9 months** and looks what savings would be made if the average length of contract was reduced to **3 months**.

The findings can be seen below:

Title	Permanent Staff	Agency Staff
Average Individual Monthly Cost	£8,249	£13,731
Gross Monthly Cost as per 25 Interims in June 22	£206,219	£343,272.00
Gross Cost over average months in role – 9 months	£1,855,969	£3,089,448

If the agency usage was reduced to the 3 months and the roles filled with permanent staff at month 4 then the savings over the 9 month period would be **£888,310** and annualised savings that would equate to **£1,184,412**.

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Targeted Reduction in Sickness/Absence (Hotspot Areas)

Overview

- **Reduction in usage of temporary staffing resource to cover medium and long term sickness/absence**

    - Pro-active management of sickness/absence by developing medium and long interventions to support staff before they go off sick

    - More intelligence led targeted interventions on hotspot areas from a dedicated absence prevention team

    - Targeted recruitment plans to support high sickness areas to reduce reliance on temporary staffing

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Targeted Reduction in Sickness/Absence Savings – Worked Example

This example looks at a hotspot area within the organisation and that has high sickness rates and high usage of bank and agency staff as of June 22. The area focused on in this example is Mental Health which had a monthly sickness rate of **7.69%**, an agency spend of **£505,200** and a bank spend of **£544,364** across June 22. It looks at the position in terms of whole time equivalents related to sickness, agency and bank usage alongside the associated costs and what a reduction in those whole time equivalents absent due to sickness by 20% would look like.

The findings can be seen below:

Title	WTE	£
Sickness Lost in Month	137.7	
Agency Cover in Month	35	505,200
Bank Cover in Month	191.8	544,364
Reduce WTE Sickness by 20%	27.6	
Agency Reduction	10	£144,343
Bank Reduction	17.6	£49,952

If the agency and bank usage was reduced due to the interventions outlined previously, this would equate to an in month saving of **£194,295** and annualised savings of **£2,331,559**.

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Team Structure

Optimisation Team: Put in place overarching programme structure and carry out the opportunities appraisal for 22/23 and develop full Workforce Optimisation Plan for 23/24

Agency Interim Team: Optimise the current agency usage across non-clinical senior interims and develop interventions and solutions to support reduction in medical agency usage to cover medium/long-term vacancies

Sickness/Absence Team: Develop pro-active solution for sickness prevention and optimise staff return to work with identified support packages across high sickness areas

AD Workforce Optimisation (Band 8d)

Workforce Optimisation Planner (Band 8a)

Workforce Optimisation Analyst (Band 7)

Agency Interim Lead (Band 8a) x 2

Sickness/Absence Lead (Band 8b)

Admin Support (Band 4) x 2

Absence Managers (Band 7) x 4

Admin Support (Band 4) x 2
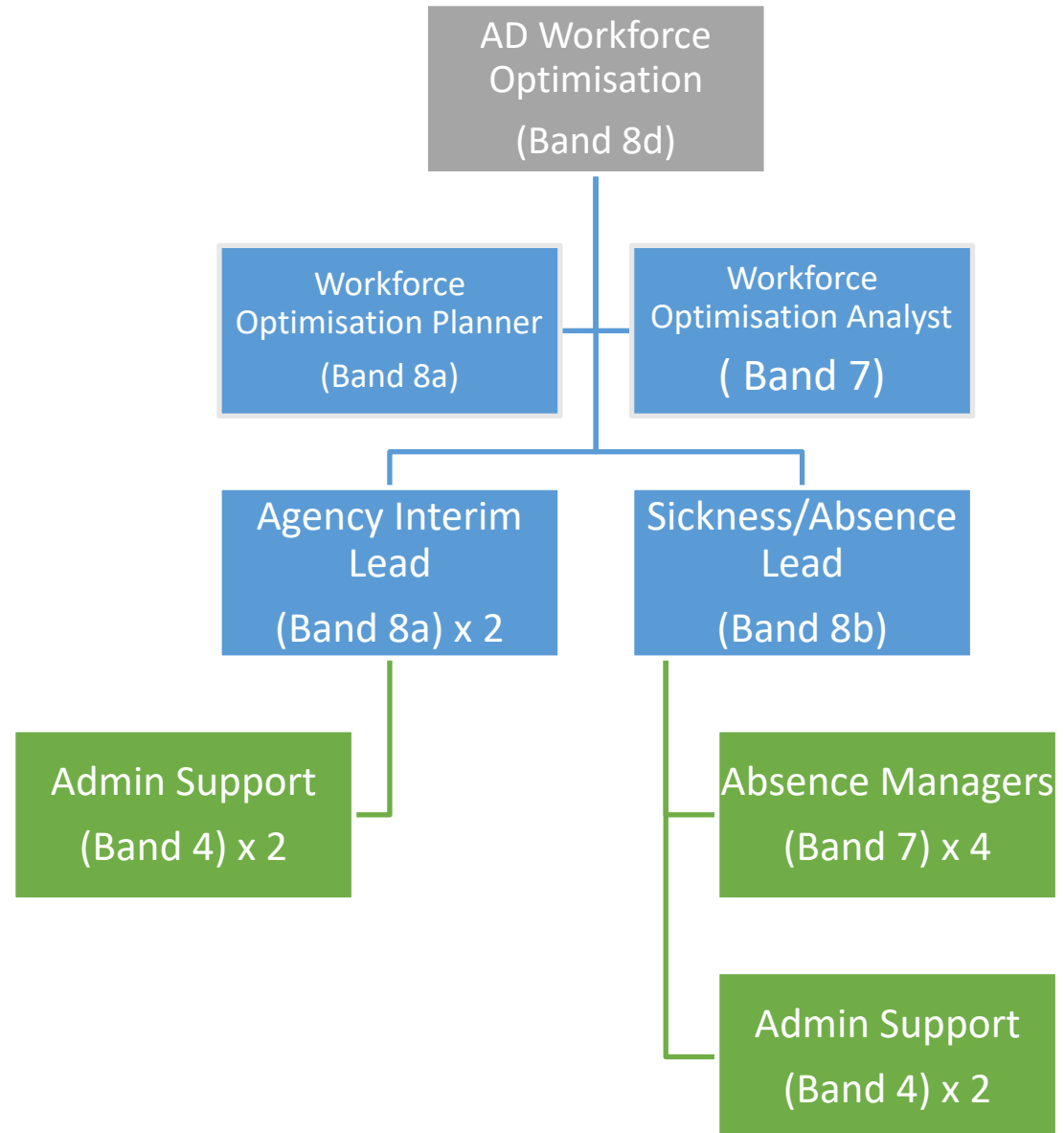
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Workforce Optimisation Team Structure - Costings

The table below outlines the costings related to the structure shown previously and it would be expected to require this team in the first instance to be in place on a 2 year fixed term basis.

Area	Role	Band	Number (WTE)	Cost @ mid point with On Costs	Total
Optimisation Team	AD Workforce Optimisation	8d	1	£114,638.00	£114,638.00
Optimisation Team	Workforce Optimisation Planner	8a	1	£69,996.00	£69,996.00
Optimisation Team	Workforce Optimisation Analyst	7	1	£57,537.00	£57,537.00
Agency Interim Team	Agency Interim Leads	8a	2	£69,996.00	£139,992.00
Agency Interim Team	Admin Support	4	2	£30,674.00	£61,348.00
Sickness/Absence Team	Sickness/Absence Lead	8b	1	£80,639.00	£80,639.00
Sickness/Absence Team	Absence Managers	7	4	£57,537.00	£230,148.00
Sickness/Absence Team	Admon Support	4	2	£30,674.00	£61,348.00
	Totals		14		£815,646.00

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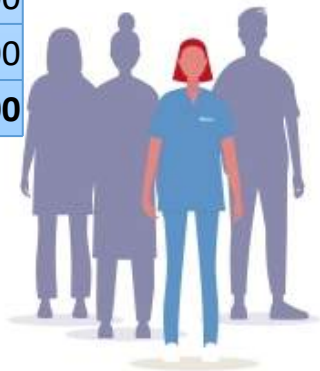
Summary

The worked examples across just two elements of the overall programme show annualised savings of:

- Agency Interims - **£1,184,412**
- Sickness Reduction - **£2,331,559**

The annualised cost of the team needed to delver these initiatives and develop and support delivery of further initiatives outlined in this proposal would cost:

- Team Costs - **£815,646**
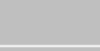
This would give an overall saving of £3,519,971 as against a outlay of £815,646 giving a return on investment of ratio of just over 4:1.
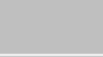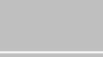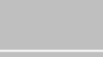
It is therefore asked that this proposal be supported by the Executive Team to be taken forward to support the setting up and development of a Workforce Optimisation Programme and Team to deliver the identified and further savings across 22/23 and 23/24.

IMTP Priorities Update Report

Schemes being consolidated during 22/23

Ref	Title	Initial Rating	Total (WTE)	Q1	Comments as required
a.2022.1	Care Home support	🟢	3.0	🟦	No update provided by the scheme
a.2022.3	Continuing Healthcare infrastructure	🟡	32.0	⬜	Not due to report in Q1
a.2022.5	Digitisation of Welsh Nursing Care Record	🟢	5.0	🟩	
a.2022.6	Eye Care	🟢	9.7	🟦	No update provided by the scheme
a.2022.7	Further development of the Academy	🟢	26.8	⬜	Not due to report in Q1
a.2022.8	Health & Safety Statutory Compliance	🟢	24.0	🟩	
a.2022.9	Home First Bureaus	🟡	25.6	🟦	No update provided by the scheme
a.2022.10	Implementation of Audiology pathway	🟡	14.8	🟧	There are some delays in recruitment due to unforeseen under delivery of the national streamlining scheme. Mitigating steps are being put in place including: strengthening of shared posts with secondary care audiology to provide more resilience in workforce and improved recruitment/retention; exploration of development posts for some B5 vacancies recruiting staff at band 3/4 and providing training and development to B5. Service delivery models will be adapted in some areas to accommodate this to ensure delivery of services during those training periods and to ensure appropriate clinical supervision.
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care	🟡	4.6	⬜	Not due to report in Q1
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	🟢		⬜	No Workforce Implications
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment	🟢	3.0	⬜	Not due to report in Q1
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working	🟢	5.0	🟦	No update provided by the scheme
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis	🟡	12.0	⬜	Not due to report in Q1
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development	🟡	9.2	⬜	Not due to report in Q1
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care	🟡	33.0	⬜	Not due to report in Q1
a.2022.20	Mental Health Improvement scheme - Medicines Management support	🟡	9.0	⬜	Not due to report in Q1

a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	🟢		⬜	No Worforce Implications
a.2022.22	Mental Health Improvement scheme - Occupational Therapy	🟡	9.0	⬜	Not due to report in Q1
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care	🟡	30.0	⬜	Not due to report in Q1
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services	🟡	5.5	⬜	Not due to report in Q1
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services	🟡	10.5	⬜	Not due to report in Q1
a.2022.27	North Wales Medical & Health Sciences School	🟢		⬜	No Workforce Implications
a.2022.28	Operating Model	🟢	9.0	🟩	
a.2022.29	People & OD Strategy – Stronger Together	🟢	8.0	🟩	
a.2022.30	Radiology sustainable plan	🟢		⬜	No Workforce Implications
a.2022.31	Regional Treatment Centres	🟢	9.0	🟩	
a.2022.32	Speak Out Safely	🟢	1.6	🟩	
a.2022.33	Staff Support and Wellbeing	🟢	7.0	🟩	
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	🟡	117.8	🟦	No update provided by the scheme
a.2022.35	Stroke services	🟢	29.1	🟦	No update provided by the scheme
a.2022.36	Suspected cancer pathway improvement	🟢	6.9	🟦	No update provided by the scheme
a.2022.37	Urgent Primary Care Centres	🟢	12.5	🟧	Queries raised re current staffing position alignment and the elements of the plan, this is being clarified with programme lead
a.2022.38	Urology - Robot Assisted Surgery	🟢		⬜	No Workforce Implications
a.2022.39	Vascular	🟡	53.2	🟦	No update provided by the scheme
a.2022.40	Video consultations	🟢		⬜	No Workforce Implications
a.2022.41	Welsh Community Care Information System (WCCIS)	🟢	28.9	🟧	Implementation has been delayed from April to September to to various issues. Recruitment of staff to now coincide with revised roll out date
a.2022.42	Welsh Language	🟢	3.5	🟩	
a.2022.43	Welsh Patient Administration System	🟢	9.0	🟩	
a.2022.44	Widening of Primary Care workforce	🟢	27.0	⬜	Not due to report in Q1
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)	🟢	10.0	🟧	This scheme has been delayed slightly and will now go live in Q2

Schemes being commenced during 22/23

Ref	Title	Initial Rating	Total (WTE)	Q1	Comments if Amber or Red
b2022.1	3rd sector strategy	🟢			No Workforce Implications
b2022.2	Accelerated Cluster Development	🟢			No Workforce Implications
b2022.3	Atlas of Variation	🟢	1.0		Not due to report in Q1
b2022.4	BCUPathways	🟢			No Workforce Implications
b2022.5	Building a Healthier Wales (BAHW)	🟢			No Workforce Implications
b2022.6	Commissioning unit	🟢	1.0		Not due to report in Q1
b2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	🟢			No Workforce Implications
b2022.8	Diabetic Foot pathway	🟠	42.4	🔵	No update provided by the scheme
b2022.9	Foundational Economy Strategy/Policy	🟢			No Workforce Implications
b2022.10	Golden Value Metrics	🟢			No Workforce Implications
b2022.11	Implementing the Quality Act	🟢			No Workforce Implications
b2022.12	Inverse Care Law work	🟢	1.0		Not due to report in Q1
b2022.13	LEAN Healthcare system	🟢			No Workforce Implications
b2022.14	Recovery of Primary Care chronic disease monitoring	🟢			No Workforce Implications
b2022.15	Results management	🟢	5.0	🟩	

Planned Care Recovery Schemes during 22/23

Ref	Title	Initial Rating	Total (WTE)	Q1	Comments if Amber or Red
Capacity – core and additional	Outsourcing	🟢 Green		Grey	No Workforce Implications
	Insourcing	🟡 Amber	0.0	Grey	Not due to report in Q1
	Partnerships	🟡 Amber	34.4	Blue	No update provided by the scheme
Lean, value-focused support infrastucture - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan	🟢 Green	0.0	Grey	Not due to report in Q1
	Oncology capacity	🟡 Amber	25.1	Blue	No update provided by the scheme
	Pathology	🟢 Green	16.0	Blue	No update provided by the scheme
Lean, value-focused support infrastucture - administrative	Validation programme	🟢 Green		Grey	No Workforce Implications
Pathway redesign	Betsi Pathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan	🟡 Amber	0.0	Grey	Not due to report in Q1
	GIRFT / National Programme in 5 specialities	🟢 Green		Grey	No Workforce Implications
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	🟢 Green		Grey	No Workforce Implications
	Pre-habilitation	🟡 Amber	22.6	Blue	No update provided by the scheme
	'Attend Anywhere'	🟢 Green	0.0	Grey	Not due to report in Q1
Modernisation	Urology Robot	🟢 Green	0.0	Grey	Not due to report in Q1
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan	🟢 Green	0.0	Grey	Not due to report in Q1
Communication	Launch a Communication Strategy	🟢 Green	0.0	Grey	Not due to report in Q1

Additional Schemes

Ref	Title	Initial Rating	Total (WTE)	Q1	Comments if Amber or Red
a.2022.2	Colwyn Bay Integrated services facility	🟢			No Workforce Implications
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	🟡			No Workforce Implications
a.2022.12	Long Covid	🟡	32.4	🟡	Project on track but not fully recruited due to lack of applicants.
a.2022.13	Lymphoedema	🟢			No Workforce Implications

Teitl adroddiad: *Report title:*	Recruitment Process Rapid Deep-Dive Feedback
Adrodd i: *Report to:*	Performance, Finance & Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 27 October 2022
Crynodeb Gweithredol: *Executive Summary:*	The purpose of this report is to feedback from the Recruitment Porcess Improvement Deep Dive held on 18th August and to take feedback from the Committee on specifc areas of focus in preparation of the final report to Partnerships People & Population Health in November and then to the Health Board in December.
Argymhellion: *Recommendations:*	The Committee is asked to NOTE the current performance position provided, and provide feedback on the content and format. Any further considerations given will be addressed in the revised report to PPPH and Health Board
Arweinydd Gweithredol: *Executive Lead:*	Sue Green, Executive Director of Workforce & OD
Awdur yr Adroddiad: *Report Author:*	Claire Wilkinson, Interim Deputy Director of Operational Workforce

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* ☐ *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ *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):*	People Strategy & Plan / IMTP employer of Choice
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	No direct implications arising from this report
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	N/A

In accordance with WP7 has an EqIA been identified as necessary and undertaken?	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? I n accordance with WP68, has an SEIA identified as necessary been undertaken?	N/A
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)*	CRR21-13 Nurse Staffing CRR21-17 CAMHS Out of Hours provision CRR22-18 IPC capacity CRR22-23 Unscheduled Care
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	No direct implications arising from this report
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Smarter processes with agreed responsibilities with an improved recruiting manager and candidate experience.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	First version of this report presented to PPPH in September. Feedback taken into account in the redrafting of this report
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* (or links to the Corporate Risk Register)	As above
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

This report, with amendments if required, will be tabled at the 1st December Board Workshop.

List of Appendices:
A – Full breakdown of recruitment review improvement cycles
B – Bug Board feedback
C – Parking Board feedback

D – Six Thinking Hats definition
E – Collective Six Thinking Hats feedback
F – Detailed update on current programme delivery
G – Feedback from Session 5 – What is missing from the four improvement themes?
H – Communication & Deployment Plan

Recruitment Review update – October 2022

1. **Introduction**

The purpose of this report is to provide an update on the outcomes agreed from the recent Recruitment Deep Dive event, including an outline of the areas of focus, what has been implemented to date, measures of success, and details of the next event.

The Committee are asked to note the current priorities and to inform of any areas that require further improvement or scrutiny. The appendices attached provide a deeper level of detail relating to the section that is being highlighted.

This report is scheduled to be presented at the Board Workshop on 1st December, and any refinements suggested from this Committee will be reflected in the final submission of the report.

2. **Recruitment Process Improvement Review**

In September 2021 Arana was commissioned by the Health Board to conduct an organisational recruitment process improvement review. The focus of the review was to develop a map of the end-to-end recruitment processes along with the identification of some "quick wins" that could be implemented immediately. Using process improvement methodology, it was agreed that in the first instance the immediate focus would be on "doing it better" rather than the examination of transformational change.

The recruitment process improvement reviews were conducted separately for Medical Recruitment and Agenda for Change recruitment. However both reviews followed the same theme design and methodology. Many of the improvement cycles in each review addressed the same areas and have therefore been incorporated within the themes described below.

The recruitment process improvement review divided the activities identified into four main themes, each theme representing stages of the recruitment process. Within each of the four themes a number of improvement cycles have been described based on the three-stage improvement methodology. Discovery, Design and Delivery.

Theme 1: Establishment Control – 5 Improvement Cycles
Theme 2: Creation and Verification of Vacancy – 6 Improvement Cycles
Theme 3: Advert to Offer – 7 Improvement Cycles
Theme 4: Offer Stages to On-boarding - 3 Improvement Cycles

See Appendix A - full breakdown of recruitment review improvement cycles.

In support of this process review, in August 2022, the transformation team in collaboration with the current Workforce & OD team hosted a rapid deep-dive workshop into the recruitment process to share recent successes, identify further areas for improvement that would help alleviate organisational frustrations, and further develop a more streamlined and robust recruitment process.

3. Recruitment Process Rapid Deep-Dive Workshop

On the 18th August 2022 the Recruitment Process Rapid Deep-Dive Workshop was held and focussed on a review of the recruitment process, an overview of the current state and the recruitment improvement review. There were 60 delegates in attendance including some online in a virtual room hosted on Microsoft Teams.

The atmosphere of the day was one of honesty, constructive challenge and feedback with the freedom to redesign processes and to creatively engage with others on new ways of working. It gave the recruiting managers the space to have conversations around the table that were more collaborative, informed and solutions focused. Each of the sessions demonstrated the groups willingness to see a more transformational change with regards to the recruitment process and the recognition that some good work had already been completed by the recruitment teams with a detailed presentation of the road map to follow over the coming months.

The rapid deep-dive workshop consisted of five sessions:

2.1   Session 1: Parking Board and Bug Board

A quick and responsive opportunity for delegates to share their frustrations that they were experiencing at that time that would require a quick resolution (Bug Board). In addition, areas that are important but out of scope of the session (Parking Board) were also discussed and captured.

See Appendix B - comprehensive bug board feedback

See Appendix C – comprehensive parking board feedback

Examples of actions taken from the Bug Board:
- Monthly communication updates to be circulated to stakeholders – to include supporting tools and templates.
- Create standardised Job Descriptions – we have already started with Nursing & Midwifery.

Example of a 'quick win' to be deployed from the Bug Board:
- Simplify position number reports for managers – this was completed by 10th October.

Examples of actions taken from Parking Board:
- Develop a paper for International Recruitment – to be considered at the Executive Delivery Group (EDG) for People & Culture and to be communicated across the Health Board once agreed.
- Simplify and streamline our internal appointment process – this went live in September.

Example of a 'quick win' to be deployed from the Parking Board:
- Design a 'Welcome Letter' for all new employees, signed by Executives and Independent Members to go out with starting letters – Draft template letter to go to next EDG for People & Culture for approval.

All ideas shared are now incorporated in the wider delivery plan.

2.2   Session 2: Six Thinking Hats

The Six Thinking Hats technique enabled the group to look at a problem scenario (our processes) in six different ways. It took the groups beyond any instinctive positions, so that they could explore a range of perspectives. That way, we were able to explore each one, without having to argue a case or make snap decisions about what is "right" or "wrong". Through a facilitated session, trying all six hats, gave us a rich collection of insights. It enabled us to step away from our default positions and approaches, and by comparing and combining different perspectives sparked some novel thoughts.

See Appendix D – Six Thinking Hats definition

See Appendix E – Collective Six Thinking Hats feedback

Examples of actions taken from the Six Thinking Hats session:
- To have a named person displayed on every advert – guidance will be provided to recruiting managers in the interim and then enforced by the recruitment team.
- To review delays in Occupational Health and implement mitigations – we have now introduced self-declaration forms that has considerably reduced the delays.
- To review whether we have improved the right process that will make a fundamental difference – we have a workshop on 20th October to do just this. Updates will follow.

Examples of 'quick wins' to be deployed from the Six Thinking Hats session:
- To circulate Health Board establishment figures – completed, and are now detailed on the Recruitment Improvement pages on Betsi.net.
- Develop and circulate an easy to understand list of Job Evaluation (CAJE) numbers for managers – completed, and are now detailed on the Recruitment Improvement pages on Betsi.net.

2.3   Session 3: You Said and Feedback Received thus far

The thematic analysis of the recruitment process improvement review undertaken in October 2021 was shared with the group.

225 responses were received from the survey out of approximately 2500 invites (Stronger Together community). Responses received were based on individual experiences in relation to permanent recruitment.
The opportunity was taken to share further feedback received through engagement sessions for user acceptance testing of recent improvement cycles, taken from the recruitment inbox and recent conversations with managers. The feedback given gave the perfect segway to the next session.

2.4   Session 4: Key Headlines from the Recruitment Improvement

A presentation through a data heavy slide deck took the delegates through the whole recruitment process improvement programme. They highlighted:

- Annual recruitment activity; what is the volume of vacancies, offer letters and employment checks conducted.
- A four-year view; to demonstrate the increase in the number of vacancies over the past four years that the recruitment team action alongside the pre-employment check and offer letters.
- Establishment Control Requests; the volume on a month-by-month basis of EC requests that are actioned.

A summary of the recruitment process improvement was given including the baseline KPI's for each of the four underlying themes (Table 1).

Table 1

Process Theme	Baseline Performance	Target KPI (Stretch)
Theme 1: Establishment Control	19 days	7 days
Theme 2: Creation and Verification of Vacancy	14 days	8 days
Theme 3: Advert to Offer	16 days	12 days
Theme 4: Offer Stage to On-boarding	27 days	22 days

Delegates were taken through each theme in more detail with each associated activity as well as where the programme is in terms of the delivery and the impact that the changes were having on the overall KPI's.

See appendix F - detailed update on programme delivery

Learning from this session for future sessions:
- There was a lot of information presented that could have been provided in advance to provide more time for improvement activity.
- This has been built into the planning for the two follow up Deep Dives.

2.5   Session 5: What is missing from the four improvement themes?

A data pack was given to each group containing all KPI's for each of the recruitment stages as well as detailed process maps for Medical, A4C, and Consultant recruitment.

The groups were asked to assess the information provided in session 4 alongside the process maps and focus on the following:

- Improvement vs redesign
- Delays/ waste/ touchpoints/handoffs
- Reduction in variability/ exploring standardisation
- End-to-end means that as delegates explore the next theme they may realise that by changing something earlier in the process it improves or minimises delays/errors in another theme
- What improvements will have the most impact on the overall process
- Ignore all of this and start with a blank piece of paper and tell us the process you think will work

See Appendix G - consolidated feedback from this session

Examples of actions taken from this session – what is missing from the four improvement themes?
- Introduction of electronic ID checking – as part of the NWSSP Recruitment Modernisation programme this was introduced at the end of September.
- Mandate provisional start dates – we went live with this from 19th September – communication to managers including supporting guidance have been issued.

Examples of 'quick wins' to be deployed from this session – what is missing from the four improvement themes:

- Introduce shortlisting and interview dates on adverts – this is part of the Recruitment Modernisation programme with NWSSP

See Appendix G - consolidated feedback from this session

2.6   Session 6: Workshop Review

An opportunity to summarise and collectively prioritise key initiatives from each from the three interactive sessions. This led to the request for further deep dive sessions to be developed.

2.7   Additional Improvements raised

There were a number of improvements that were discussed, that on the day did not fit neatly within the sessions above, but were considered important improvements that would benefit this programme. Examples include:

- Review of the EC process and implement radical changes to simplify and give responsibility back to the recruiting managers. As an outcome of this discussion, a SBAR has been developed that outlines two options that would create a sustainable process to eliminate the need for duplication and reduce the time it takes to bring new talent into the organisation.

    - Option 1: Direct creation of a vacancy request via Trac. This option would enable managers to input vacancies directly into Trac without the need for completing the establishment control form (EC) through the current portal. Trac already has an approval function that recruiting managers use, and is already a familiar concept.

    - Option 2: IHC/Pan Recruitment teams undertakes all advertising on behalf of the recruiting manager. This option would require additional resource of Recruitment Officers to support managers by creating shortlisting criteria, advising with interview preparation, contacting successful candidates, advising managers on candidate communications, and supporting through the pre-employment check process and on-boarding.   This would provide a more specialised recruittment service that would be more personalised to the ever-changing needs of the organisation, giving the service areas the opportunity and space to think differently about their approach to workforce and to the needs of patient care and population health.

    - The SBAR including the recommendations is being considered at the Best of Our Abilities Programme Group for consideration on the 25th October 2022.

- Review the Job Evaluation process – this review has commenced in partnership
- Increase the number of Welsh Language common phrases for managers to use – current managers training and guidance is being updated, and will be added to the Recruitment Improvement page on Betsi.net.
- To have standardised welsh translation for adverts, and to look at what can be produced and reused – frequently used Job Descriptions and Person Specifications will be highlighted on the JD/PS library for managers to use – this was completed in September.
- Value based recruitment and diverse panels – all recruiting managers will be required to attend training sessions that will include how we make the hiring process more inclusive. This will be delivered by end of March 2023.

2.8   Longer-term initiatives

There were a number of ideas and improvements that were discussed on the day that have a longer-term scope, but again still important improvements to enhance the scope of this project. Examples include:

- Develop plans for organisational succession planning – this work will form part of the Talent Management and Career Development project under the Best of our Abilities programme.
- Develop support and learning programme for Welsh Language – this work will form part of the BCU Education Academy project under the Best of our Abilities programme.
- Develop Health Clearance passport for new employees – this work will form part of the all Wales recruitment modernisation plans.

2.9   Communication & Engagement plans

Feedback regarding the communication of changes to the recruitment process and the recruitment programme in general need further improvement. To support this a communication and deployment plan has been developed.

See Appendix H – Communication and deployment plan

2.10   Our plans for delivering and improving service delivery

As more senior leaders in Betsi grow their teams, it is important that they know how their role in the hiring and recruitment process works in tandem with the resourcing teams.

The current Workforce & OD function is in the process of Organisational Change, and part of this is to align ourselves to the new Betsi Operating model of IHCs and Pan/Support functions. Our ambition through the improvements identified in this report is to work in partnership with our service areas, with clear guidelines and expectations for who is responsibile for recruitment, interview, co-ordination, communication and other aspects of the hiring process. By building a mutually beneficial relationship between recruiting managers and the resourcing teams with make the internal process and candidate exprience smoother and more effective.

2.11   Next Recruitment Deep Dive Workshops

The success of the recruitment process improvement deep dive has opened up further avenues for exploration, and it was agreed that further workshops should take place for the recruiting managers to collaborate for the resolution and generation of initiatives for key organisational issues within recruitment space.

Hiring has now become all about the candidate exprience. Developing a clear employer brand is what will set us apart from other hiring companies and will show candidates why they should work for BCUHB. The branding should reflect our culture and values. To think about such questions as:

- "Why would someone want to work for BCUHB?"
- "Do we support a diverse workforce?"
- "What percentage of our current employees would recommend us as a great place to work?"

Our next Recruitment Deep Dive will be focussing on just this, the first impression the candidate will have of us, and how do we ensure that we present ourselves as organised and professional while still embracing our brand and communicating our recruitment goals.

Our ambition is to faciltate a similar style workshop in early January 2023, with invites to those that attended in August, and also extended to those Recruiting Managers that were previously unable to attend.

Running in parallel to this Deep Dive will be a focus upon the use of data as intelligence to support prioritisation, learning from activity and feedback and being able to qualityf the "so what". i.e. whilst there have been a number of improvements made and more in the plan, how can we demonstrate the impact of this to our services and Board. Ensuring there are baseline measures in place against the process and aligning this to delivery of the workforce plan (and increase in FTE required) is essential.

Checking whether the dashboards in place currently tell us what we need to know, are user friendly and use at key recruiter level as well as centrally, together with improving the undertsanding of our conversion rates from attraction to appointees to retained colleagues will be the focus of the third deep dive in the series.

4. Budgetary / Financial Implications

There are no budgetary implications associated with this paper.   Resources for an improvement with the Establishment Control process has been developed and is in early stages of discussion. This will be considered at the next EDG for People & Culture.

5. Risk Management

There are a number of risks on the risk register and board assurance framework linked to staff availability and capacity.

Risks to delivery of this improvement programme are being updated as part of the internal workshop on the 20th October event where we will be reviewing all actions and will be identifying any associated risks and mitigations.

This project is part of the Best of Our Abilities programme, where risks are monitored through the programme risk logs and are reported directly through to the EDG for People & Culture, and to the Risk Management Group dependant on where the risk lies.

6. Equality and Diversity Implications

The 'golden thread' of Equality and Diversity is an integral part of our improvement journey, that does not just relate to the processes that we use, but the candidate and manager experience during the entire end-to-end process.

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

Appendix A – Full breakdown of recruitment review improvement cycles:

Theme	Improvement Cycle	Owner
Theme 1 - Establishment Control (4 improvement cycles)	Remove the need for Divisional Management Team approval from specific vacancies	EC Team
	Streamlining of the process for Heads of Service (HoS), who initiate an Establishment Control (EC) form	EC Team
	HoS inputting check to ensure correct and unblock unnecessary delays	Recruiting Managers
	Shift Finance, EC Team and HoS to work concurrently rather than consecutively including software updates to unlock fields	EC Team
Theme 2 - Creation and verification of vacancy (6 improvement cycles)	Eliminate system duplication and EC Team to carry out granting checks	EC & Recruitment Teams
	Standardised Job Description and Person Specifications	Recruitment Team & Recruiting Managers
	Introduce Staff Group/Role Grouping	EC Team
	Test Staff Group Focus Days	Recruitment team and Recruiting Managers
	Official Job Evaluation reference numbers will be encouraged and also access to the JE main library will be granted to all recruiting managers	EC Team & Recruiting Managers
	Removing manual inputs for DBS	Recruitment Team
Theme 3 - Advert to offer (7 improvement cycles)	Remove HR approval for approving adverts for (3-6 months) and review all thresholds around re-advertising for permanent posts	NWSSP
	Extend adverts where appropriate rather than re-advertise them from scratch	NWSSP
	Streamline pre-employment checks process and removal of certain background checks for internal staff movements	Recruitment Team
	AFC: This will result in candidates being given a provisional start date detailed in the offer letter, alongside the offer letter candidates will receive a template of the AFC terms and conditions detailing key HR and employment policies. Medical: Removal of the conditional offer letter with the replacement of an unconditional offer inclusive of provisional start date based on the completion of pre-employment checks attached with a contract of employment.	NWSSP, Recruitment Team
	Removal of the requirement for references at interview for Medical Recruitment	Recruitment Team
	Standardised Medical JD's and Person Specifications	Recruitment Team
	Medical Recruitment Application Process; review the development of application questions for candidates	Recruitment Team
Theme 4 – offer stages to on-boarding (3 improvement cycles)	Widen Occupational Health (OH) self-declaration list to remove delays in hiring process	Recruitment Team, OH Team and NWSSP
	Equivalent qualification vs equivalent experience mapping document developed to allow easier checks against roles	NWSSP
	Improve applicant experience and give clear explanation that ID check is needed to progress the DBS check, as well as completed DBS forms –improvement to conditional offer letter	NWSSP

Frustration complex process with limited support	Online Application is difficult for some people	Where does EDI fit into our recruitment process?	EC process for posts that are within establishment and budget, do we not trust our managers?
New letters International – bilingual why	Uniform shortages for new staff	Understanding position reports is too difficult, there is too much info	Change the application form – NHS Scotland is much simpler
More rigour to be applied to job valuation – team need to consider wider implications	Preview of job evaluation proposed but JE team does not have the capacity – is not of a sufficient size	Why is CAJE Number ESSENTIAL?	Part Time hours in TRAC mandatory describe work patterns?
Is EC process even required?	Standardised JD'S & PS need to be updated with relevant qualifications	ESR exception forms on the intranet is not working because of the new betsinet site.	Welsh language is important
Pre populated fields in TRAC- more automation	Automation of fields in EC to trac why are we duplicating effort and wasting time	Budget holders sign an accountability agreement but often don't feel the that they have an autonomy to flex the use of the budget to address the changing needs of service	Job evaluation / AFC is not "our" process greater standardization of JD'S is problematic " a nurse is not just a nurse"
Non – recruitment aspects of EC – Why need approval for reduction in hours	Do we need to have an EC process is there not an easier alternative?	Manager Training for TRAC and refreshers	JD library is outdated and needs to be reviewed
EC forms are too lengthy especially if the position is in establishment	Something to aid for bulk recruitment, local support for campaigns	Better recruitment reporting so that I can understand where I am in the recruitment process	Is there not more parts of the process that can be automated ie Shortlisting criteria?
EC process needs to be simpler or cut out all together	Job evaluation and welsh translation take too long?	Better job descriptions, need standard versions and easy to navigate library	More training and communications and better understanding of responsibilities

Appendix C – Parking Board Feedback:

Attraction Retention Branding	Need to start with workforce planning.	Another deep dive on attraction, package & branding	International recruitment – including information for all services in terms of process / policy / approach
We need the be getting more people into the recruitment process in the first place – yes to the branding marketing & attraction	Workforce planning & information	Welsh essential – welsh to be learned. What happens when the candidate cannot achieve?	What happens when a candidate cannot produce a document? Do we have an alternative eg household bill?
This session is rightly about the process, but recruiting people to work here is much bigger than the process.	How do we develop an attractive HB to recruit to?	What do we do to retain our own staff?	JD's need to be standard – adverts to be focused- PADR should facilitate up to date / evolution of JD
Turnover + conversion rate data	Comparison of recruitment – Other sectors not just health	Why ECR'S – Rec vs Other (GAPS) Reduce hours	Breakdown figures – WF performance reports
Comparison –clinical vs non clinical reports	No of people part of ECR process & layers	Has fast track process worked? – Data useful	Standard JD'S, format – Translation – How presented on Trac – e.g Two documents, one document, Welsh first etc
Better Quality JD'S	Need for a retention programme	Automation wherever possible. Local support for the smaller changes and more autonomy	Talent Management – What do we offer employees?
Career Pathways	More about the people side, how do we attract talent	A letter from the executives and IM's signed welcoming new staff	Moving internal staff faster
Candidate Attraction Campaigns	How do we ensure that the employees we have feel safe at work and valued?	Data that is easy to understand at a glance and is meaningful to me	Better education on how to workforce plan for my service

Six Thinking Hats (Edward de Bono)

White = Information: consider only information that is available, what are the facts?

Red = Emotions: intuitive reactions or expressions of feelings (but no justification required).

Black = Judgement: logic applied to identification of mistakes or barriers, looking for a mismatch; cautious.

Yellow = Positive view: logic applied to the identification of opportunities, looking for harmony; benefits.

Green = Creativity: statements of provocation and investigation, hearing what an idea is about.

Blue = Thinking: thinking about thinking; process.

Appendix E – Collective Six Thinking Hats Feedback:

Facts

Low response rate – could you not have emailed recruiting manages that were / had recently gone through process for real feedback on recent activity?

Would be interesting to see on vacancy graph what it was pre + post est control process being introduced.

Visibility of data

-relevant to recruitment I am involved in, for my service.

- Regular access to overall performance data

How to contact EC team?

Find difficult

Performance standards on timelines for:

Adverts closing to shortlisting

Shortlisting to interview

Interview to offer

Review – Med + Dental

Who involved in review?

In the 21st century – we are still running manual processes – The organisation has the talent to develop more an understanding that corporate services don't overlook primary care when considering medical recruitment.

Pre-commencing recruitment process – do we know why managers don't start the process of recruitment earlier? (on Notice or conversation of intention to leave)

Benchmark against other complex organisations interim of process + timescale.

Internal EC'S – What are the current requirements e.g Occ Health

Welsh essential-

-How many in org?

-How many of the staff in the NHS are currently welsh speaking?

EC can't function without knowing what level of medical staff is needed to run a service vs what we currently have

Time 2 hire

Vs time 2 leave.

Is EC process approval the same all Wales and in England? Far too slow.

I need a breakdown of data to understand specifics for my services.

Welsh Ess vs Welsh to be learnt.

How many employees currently in system have a level 3 oral welsh proficiency?

How many candidates do we lose during the process?

Can we have a list of while existing CAJE numbers for heads of service?

Can they be listed in our budget reports, which cost code and position numbers?

The candidate experience.

Standardised JD'S how is that going to work?

What is our withdrawal rates / numbers once conditional offer gone out to start happens and do we set feedback why people drop out?

What is health board establishment figures?

-Medical

-All?

Process Map /Available recruitments

For new to recruitment + Management

What % of "challenges / checks occur & how many are significant level.

Feelings

Don't forget common sense and stop hiring behind barriers computer no

We seem to be making a simple process more complicated – not entirely sure why? Shoudn't the decision-making progress be held @ the earliest point.

That we are not doing anything different to get people to the recruitment process. There is a big gap in advance of all this.

Why is there a requirement for A Q&A check at the end of the PEC process?

Need ethnical interim recruitment – raiding developing countries / Africa is problematic.

Applicant experience

It issues

Shortlist + interview delays

Contact details being correct.

Improvement of wrong process adds no value.

Huge number of clinical vacancies impact on quality / patient experience.

Complex, what values does each step provide

Including welsh language letters to international

Welsh language JD – PS We must see welsh language as an opportunity not a problem. We are at risk of downgrading our national language within the services.

Frustration with process, ECR + Exception form each time.

Why can't we have rolling adverts?

Sinking feeling, I hear continue complaints above delays & process not working. Why is this still the case?

The process is so long it deters applicants in age of organisation

Vast complex Bureaucracy in EC Process

Cautions

Willingness to learn welsh language? How will we support + monitor this standard? Timescales, what proficiency level?

Timeout from role?

What happens if they don't achieve required standard?

Shared services paid for so what have we had back from saved time doing recruitment checks pre advertising stage?

How do you know CAJE number matches if approved JD? What's stopping manager using any CAJE numbers?

Don't think the changes have been communicated DMT'S are not aware so assume managers are not aware?

Need a named contact for each advert who manages the end to end problems.

Why EC?

Previously used Trac approvals to approve vacancies.

Practical issues – lack of uniform for appointed staff.

No succession planning opportunity for specialist service delivery (i.e train up opportunity for understood retirement profile at a cost pressure)

Mindful of overseas recruitments – proof of address etc. examples given are not relevant – E.G council tax, national insurance number, biometric proof of ID.

Concerned about resources needed to review JE Libarary, whole JE process + implement standard JD'S – only small JE team.

Do we provide interview-coaching support for internal candidates? May have a real "talent" but be poor at selling themselves.

Flexibility within funded establishment to allow for professional development / succession plans i.e agree threshold.

KPI Data does not reflect time of A/L within DMT – this can delay the process.

- No staff recruited
- Loose candidates
- Waste time
- Loose good candidates.

Deep dive required for retention- what is our offer? Needs to be equitable internally / competitive externally.

There seems to be a communication problem in terms of the process changes not being relayed across the organisation.

When are people going to get the time to do the training?

Knowledge of systems – often recruitment mangers do not use Trac or EC often so can add delay.

Time point of view – Central JD + PS bank may not be useful for new roles created, considering the need for full panel review (10-12 weeks)

Not enough people need dedicated to focus on hiring.

Need to invest to compare.

Lack of knowledge / experience in recruiting.

DBS is out of date within 24 hours of it's publication. Can we review the frequency necessary with within the law?

The number of JD'S advertised had increased yet translation capacity has declined in the same period, therefore cannot keep up with demand.

Lack of OH recurrent delays to starting , Enfys 2 years on the run.

BCU staff leaving to join agency.

You can't back change a tracked change JD – you have to go to the original which is a time consuming process.

Need to be able to nuance – can't be too generic – we need to be able to attract to specifics.

Medical and dental includes GP'S --- Not just secondary care + consultants.

Standard adverts will not work when trying to attract specific roles – a standard template would help though.

EC has no real idea on what each medical service should be vs actual currently is.

JD + PS in library are PDF which makes it difficult to track changes - Delay

Dwindling pool of clinical staff to recruit from. How are we capturing the patient experience?

Length of JD'S need to be taken into account – average from 3000, to 8000+

Inconsistency within job evaluation of JD'S – Should this not be an ALL WALES PROCESS and not unique to orgs?

Takes too long so risk of losing people.

Benefits

Why can't the majority of check be completed at point of interviews?

Promotion attractiveness of wide range of roles with BCU.

More support to all and simplifying process meals all focus on doing the right thing. I only do what only you could do.

Any changes that can improve recruitment process for managers over candidates with doing we have to improve process to attract more people. Nice to see changes so far are making a difference.

Proposed start date on offer letters running along side notice period will reduce the gap in recruitment & improve service. What would happen if employee fails checks?

Engagement

Need to align mandatory training availability to the approved recruitment process timescales to speed things up.

Correct implementation of generic JD'S would save both managers time + JE Time

Improving the JD library ensuring these are used for BD-6 adverts.

Happier workforce as more people to do the work

ECR Approval time has improved with concurrent checks – could improve further by reducing what requires EC approval. + also establishment control approval for hours change on ESR.

Lots of opportunities for improvement, through engagement.

Reduced overtime costs.

Changes are not being made quick enough + engagement needs to be improved.

Recruitment team do it all

Improve reputation

Useful to reduce bureaucracy for like for like replacements. Re-advertising reduction in delays.

Less candidates withdrawing, applications due to the length of time to recruit.

Changes 2 date has reduced times

Standard JD + PS Library.

Accept that one size does not fit all, we need more than one way of recruiting.

Creativity

Internal moves – fast track process.

Recruitment pools – admin & clerical, facilities.

More use of apprentices trainee posts

Need standardised welsh translation for adverts for frequently used places in band, contract notes etc. Translation software. Better applications forms like the support that could link to JD & PS.

Too much focus on the process. Not enough on the selling. That's what we need to do in order to attract people to BCU + Stay here.

Explain why standard JD'S are not being used.

Investment in attractive recruitment campaigns with a dedicated workforce support to make it happen.

Internal moves – initiatives to stay "try before you fly"

Regional job evaluation on an all Wales basis, national JD library.

EC requests are they required if for instance extending a fixed term contract for 2-3 months can we just extend in ESR? Duplication with ESR forms

Input into one system, ect Trac should talk to each other.

Can non- welsh speakers be supported to complete the Welsh version of the JD?

M&D contracts / adverts accept Welsh standards, what is the % of DRs GPS we employ from Welsh origin

Rolling adverts / extended for key vacancies.

Ensure this is the first of many engagement sessions.

JD + OCC Health checks on existing staff taking up a new post seem unnecessary

Empty cost codes – Advertise some vacancies across BCU.

Recruitment governed by quality process not finance driven.

Should EC not be radically scaled down to not include any replacement posts unless local manager thinks needed.

Could use hyperlinks in JD'S + PS.

Ensure all support elements (Translation, Job evaluation) are resourced sufficiently to support the process.

Would like to be able too clone existing ECR often they are time consuming,

Simplify JD & Roles Shorter closing dates Automatic shortlisting

Remove start date from Occ Health form & When reusing existing advert on Trac – Have OCC health forms in addition to JD, P Spec + KSF retained.

Job descriptions – Generic, appoint to HB/ Hospital need comms / pmo to support adverts campaigns.

Government to close all private nurse agency especially as all nurses are NHS trained.

Process does not allow for innovative + creative solutions to workforce developments – its one in one out approval.

Need a standardised set of adverts templates "branding".

Separate JD'S job evaluation + EC out of recruitment

Innovative roles need to go side by side with recruitment to attract the right people not do same old thing.

Occupational Health checks – records to patient recheck – transferrable checks.

Dedicated learning teams per 1HC. –Undertake all activity.

-Stop EC for increase/ decrease hours – managers own their budgets.

Need a better attraction piece

Approval process less duplication or transfer of details in ECR to exception form populate automatically.

Rolling adverts / extended for key vacancies.

Engage schools / local colleges in our process too further simplify.

Secondments --- Permanent positions. I.E does the secondee meet the ps currently filled JD? Yes / NO

Shared promotions – stopping centres BCU wide Roles / Opportunities.

Recruitment team to put roles on Trac for managers.

Basic training to be given to managers around JE process + writing JD'S

Set up specific specialist recruitment teams pan BCUHB.

Remove Trac approval after EC when posting as it's going through the same info. All approved JD'S going to JD library – save's chasing.

Conduct EC through TRAC.

Job descriptions too long – need to only use generic JD'S

Set a main ambitions target for timescale.

Support people who are not regular recruiters in using the systems. "super users" "support people"

There is an internal market that develops because of not having a nationwide approach to job banding. Have agreed national JD's would support this

Process

Service / professional lead understanding of service delivery not factored in.	Support for applications to complete electronic Trac applications is there a risk they are stuck + give up.	Regular involvement of service users as part of wider user group alongside colleagues from process /HR / Recruitment function.
How does approval link into Health community integrated workplace planning – if it does at all?	Agree regarding value based recruitment we need to employ right people to grow the right culture. We can educate + train new starters for many non-registered posts not come in to a certain level	Breakdown process to reflect work forces professional grade location. / Exit interview. Post – Keep in touch. Post leave
Need working group's reps from each area meet monthly?	Positive to see that there have been improvements since some changes initialized.	Applicant experience – IT literacy. Shortlist + interview delays. Contact details being correct. / DMT approval level for nursing + midwifery posts doesn't always have any director of nursing input – clinical / professional consideration.
Great but what difference has this made on the ground.	What value does each step add, Autonomy / earned targeted.	

Huge number of clinical

Consistently / quality of data.

Appendix F – Detailed update on current programme delivery:

Theme 1: Establishment Control

Improvement Cycle	What we have done and what is in progress	State
Remove the need for Divisional Management Team approval from specific vacancies (Fast Track)	Improvement results in a reduction of 5 days from the overall ECR approval timeframe Band 5 nurses used as a test bed for improvement review	Completed – April 2022
Streamlining of the process for Heads of Service (HoS), who initiate an Establishment Control (EC) form (Completed April 2022 KPI reduction 3 days)	A loop has been detected meaning a HoS initiating an EC form would be required to approve a second time at HoS Stage following approval by finance and EC team. Streamlining this process will support the reduction of delays.	Completed – April 2022
HoS approver inputting check to ensure correct and unblock unnecessary delays	Update the IT system which creates a drop-down box, or auto population for the ECR with the right HoS. This should eliminate errors from the manual input of the HoS by a requester, which causes delays within the approval cycle.	On HOLD – New EC Process
Alter Finance, EC Team and HoS to approve concurrently opposed to consecutively, including software updates to unlock fields	Finance, EC team and HoS to become an approver block. This will reduce loops and delays from the current 14 days given to these 3 approvers. Overall KPI for Finance, EC team and HoS will then reduce to 7 calendar days. To deliver this, the IT system will require an update to eliminate locked fields. To review and determine which fields need to be unlocked so the EC team can work on these at the same time. Aim – to reduce the 14 days significantly with a target of 7 days overall, excluding deferrals to DMT.	Completed – July 2022

Theme 2: Creation and Verification of Vacancy

Improvement Cycle	What we have done and what is in progress	State
Eliminate duplication between the teams involved in quality assuring vacancies prior to advert	Duplication in checks between EC system team and NWSSP (granting checks). By removing checks has streamlined the process. Aim to increase the amount of vacancies the EC team can process by reducing the current time of 50 minutes to 20-30 minutes each, with further improvement cycles.	Completed November 2021
Standardised Job Description and Person Specifications	To increase the utilisation of the Job Evaluation approved Job Description and Person Specification from the Job Evaluation Library from the BCU Intranet page. Focus on Band 5 Nurses, band 2/3 Healthcare Assistants and Administrative roles Band 2-4, as they are reported to be within the top 8 highest recruitment areas. Creation of a library of medical and dental bi-lingual job descriptions and person specifications. Start with s single grade – Consultant JD library and Person Spec JD Sign off process – workforce first then to RC Break down to speciality overview	Completed December 2021 AFC Nursing and HCA's complete. Admin and clerical underway In Progress – Completion set for October 2022 - Medical
EC team approval process in Trac – **Introduce Staff Group / Role Grouping /Test Staff Group Focus Days**	Grouping the approvals by staff group and role. Seek to introduce a rota so that each staff group is reviewed at least once a week by the oldest vacancy and not solely by priority order as it has been in the past. A dualistic approach for team members to spend their time in TRAC in the quality assurance stage – some team members working on priorities/oldest to newest, and other team members working on the vacancies for the focus days to ensure all staff groups are reviewed by the oldest to newest at least weekly.	Completed December 2021

Theme 2 continued..

Improvement Cycle	What we have done and what is in progress	State
Medical Recruitment Tracker	Creation of medical recruitment tracker to reduce duplication of effort for managers working on similar vacancies across BCUHB Internal Process Change: Recruitment providing campaign support. Starting at the EC process. Communications to managers.	Recruitment Tracker is in development September 2022
CAJE reference numbers will be mandated to ensure Job Descriptions are utilised from the Job Evaluation main library	Communicate with managers the importance of using the correct CAJE reference on the EC Portal and explain what will happen if there are any discrepancies. Provide the EC team with access to the main Job Evaluation Library. When the EC team are granting a vacancy instead of reading the JD/PS, they will be checking that the CAJE reference on the EC portal matches the number quoted on the JD/PS. Where it does not match, the EC team will access the library and replace with the JD/PS from the Job Evaluation Library. By eliminating the additional checks for the EC team and vacancies being advertised with an unapproved or JD/PS, this will help to increase the number of vacancies the EC team can process and strive to keep the average time at 20-30 minutes per check.	Completed December 2021
Removing manual inputs for Disclosure and Barring Service (DBS) (In Progress)	A DBS column to be added to the TRAC report. **(Completed January 2022)** The DBS level held within the position will be linked to the TRAC report to remove the need for manual updates, this will also help to identify differences to be corrected in ESR/TRAC to ensure consistency between position and TRAC. **(In Progress)** The NWSSP Recruitment team will continue to check the levels and report back on vacancies where they would change the level for review and where necessary to update the position. **(Completed November 2021)** The longer term aim is the DBS level is correctly set at position level, and the NWSSP team would no longer need to check as the organisation have determined the level. **(In Progress)**	Completed September 2022

Theme 3: Advert to Offer

Improvement Cycle	What we have done and what is in progress	State
Remove HR approval for approving adverts for (3-6 months) and review all thresholds around re-advertising for permanent posts	An examination and change in thresholds could help streamline the re-advertisement process for recruiting managers and eliminate steps within the process.	Completed January 2022
Extend adverts rather than re-advertise to avoid having to re-submit through the whole process again	Recruitment team to review adverts that are due to close and if there are insufficient applicants, phone the recruiting manager to discuss /agree if they would like to extend the closing date. This will minimise action for the manager and for the adverts team. Aim – to significantly reduce the number of re-advertisements. In November 2021 on average 42.5% of vacancies were re-advertised.	Completed September 2022
Streamline Internal Movers Process	Streamline pre-employment checks process and removal of certain background checks for internal staff movements	Completed September 2022
Interview Process	Removal of reference request at interview stage	Completed August 2022
Standardised JD's and PS's	Creation of Standard JD's, person specs and advert templates for managers to shape specificities around roles. Consultant template has been prepped

Obtain feedback on the Template feedback for the end of July
Coms early august around implementation | Template completed September 2022, template is out for review by peers |
| Application Process | Review Application questions developed in TRAC based on the JD and PS | Under review |
| Conditional Offer Stage | Phase 1: This will result in candidates being given a provisional start date detailed in the offer letter, along side the offer letter candidates will receive a template of the AFC terms and conditions detailing key HR and employment policies.

Medical: Removal of the conditional offer letter with the replacement of an unconditional offer inclusive of provisional start date based on the completion of pre-employment checks attached with a contract of employment. | Completed September 2022 |

Improvement Cycle	What we have done and what is in progress	State
OH Checks; AFC and Medics	Widen the list of candidates where it is appropriate for them to complete an Occupational Health (OH) self-declaration form, to remove delays in the hiring process. This will reduce the requirements for full OH forms which is a longer process.	Completed November 2021
Equivalent qualification vs equivalent experience mapping document developed to allow easier checks against roles.	To reduce delays in approving the qualification check and number of touchpoints from the NWSSP on-boarding team through to recruiting manager and teams.	Completed April 2022
Electronic ID Checking	As part of the NWSSP recruitment modernisation programme, we will be deploying electronic ID checking across BCU for all recruitment. This will result in a much faster pre-employment check process for candidates.	Engagement Sessions September 2022 Deployment October 2022

Appendix G – Feedback from Session 5 – 'What is missing from the four improvement themes?'

Breakout Theme 1: Establishment Control

Baseline KPI 19 calendar days	Current KPI 12 calendar days (7 calendar fast track process)	Stretch KPI 7 calendar days

What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this?
Taking established budgeted posts out of the approval process. Drop down for all funded position numbers whereby managers are able to pick the position that they are recruiting to from the position numbers and can then automatically go onto TRAC. Having a single system instead of multiple.	Possibility of going over budget. System may not be linked to ESR and Finance a link will need to be made between finance and ESR.	Time and duplication of effort for hiring managers, not losing staff due to long turn over times. Staff can be released to do their day job.	Workforce – Systems
Automation of TRAC, Finance and ESR and system interoperability	Linking systems and how they work together	Eliminating waste, saving managers time on duplication	Workforce to lead and IT and national team to support – Systems
No space for innovation in roles	No integrated budget/service/professional risks – cross boundary responsibility	Freedom for role design. Different in ways of working / supporting clinical pathways / transformation / efficiencies Value added outcome Link service, workplace / budget and most important quality	Service team – empowered to influence change/improvement Supported by workplace/enabler
Trust managers and give them autonomy to manage their own budgets Increase and decrease in levels should be made at local level	Financial control measures	Managers will feel trusted and that they have autonomy for their recruitment and process	EC team and workforce
Clarity on when recruiting managers (RM's) can commence establishment control (EC) process? Do they have to wait for resignations	If notice is not received, request can be withdrawn	Reduction in delays potential 4-8 weeks	EC Team

Breakout Theme 2: Creation and verification of vacancy

Baseline KPI 14 calendar days	Current KPI 14 calendar days	Stretch KPI 7 calendar days

What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this?
Singular job descriptions for roles and for welsh translation. To have variants of roles that have specific requirements that lie outside of the norm. Adopting national role profiles and job descriptions. Getting managers to use standardised process for all new hires and add the career frameworks to be added to the JD.	Trade unions may have issues with national profiles. They can be used for all new vacancies that go out. May lose potential flexibility for specialised roles.	Save manager time and eliminate frustration. Release manager time Largest impact	Partnership forum for the strategy to go forward • Workforce Teams • Hiring Mangers • Job Evaluation Team • Welsh language
Making TRAC easier and auto populating information for standard roles. Having an agreed pre-population for each speciality.	Technological and system constraints	Quick Wins	• Workforce Team • NWSSP • IT
The TRAC dropdown for Welsh is currently blank. Having prepopulated Welsh selections for managers to choose from to speed up administration time.	Technological and system constraints	Quick Wins	• Workforce • Shared Service • Welsh Language Team
Have a in-depth look at the job evaluation process. How can we make incremental improvements to the process.			Centrally co-ordinated function consisting of Hiring Managers, Workforce and JE Team.
Having a more engaged process for managers not just having TRAC, managers engaging with candidates about interview dates, start dates	Manager time constraints	Keep in touch with candidate How? Important Hiring manager to engage their new employee. - Build relationships - Quickly as possible - Want to join us? ……. - Engage to our EES	Recruitment Managers having more ownership Rec Team
Marketing – Facebook, LinkedIn, BCUHB template social media – corporate branding standardise		Better and easier candidate attraction and advertising for managers	Workforce for templates Managers for posting
Recruitment bureau – experts within BCUHB – 1 in each health board economy – overview in that locality	Costing and budgets	Better overall support for managers in the recruitment process, less silo working between sites and divisions overall more joined up approach	Workforce Finance Execs

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Breakout Theme 2: Creation and verification of vacancy

Baseline KPI 14 calenar days	Current KPI 14 calendar days	Stretch KPI 78calendar days

What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this?
Retention of core supporting documents in addition to adverts e.g. occupational health forms on new vacancies			
Technical issues with shortlisting on TRAC when passing on applications	Frustration and technology, the system is very clunky	Less time repeating tasks	Workforce NWSSP
Decision needed on what is a vacancy i.e. 37.5, 15 hours	Risk of challenge Equal opportunity	Manager autonomy	WOD
Additional detail needed on working patterns when advertising PT posts			Recruiting managers (RM's)
Location needed on TRAC		Less Manual inputting	Workforce NWSSP

Breakout Theme 3: Advert live to offer

Baseline KPI 196 calendar days	Current KPI 16 calendar days	Stretch KPI 12 calendar days

What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this?
Standardised Shortlisting criteria for each advert and having prepopulated fields for roles.	Process and Technology Constraints	Quicker Process and less frustration for managers	Hiring Teams, WL Teams and NWSSP
Use of a talent Pool, have candidates that came as a runner up in an interview in a talent pool accessible to managers	Technology and time Communications to managers about the candidate and communications to the candidate about the possibility of other positions	A pool of candidates that are a possible good fit for the position that you are recruiting to	Workforce Team NWSSP Hiring Managers
Value based Interviews and Debias recruitment panels	Managers knowledge and understanding of value based interviews	More inclusive process, hiring candidates that match the values of the organisation as well as being the right fit for the job. More positive interview process for candidates	Workforce Team
The need for continues recruitment i.e. rolling ads	Systems		TRAC
Availability of recruiting managers (RM's) for applicants to contact whilst job is live		Better communications with applicants and better engagement	Workforce Hiring managers
Better communications to applicants	Time constraints	Candidates will not be left in the dark about positions that they have been successful for. IA more positive experience for candidates, managers will be able to build key relationships and candidates should move through the system faster	Workforce Team NWSSP Managers
Mandate Provisional Start Dates and Mandating shortlist and interview date	System and process constraints	Candidates will know when they are starting so that they can resign from current position instead of waiting for all PEC's to be completed	Workforce Team NWSSP Managers

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Breakout Theme 3: Advert live to offer

Baseline KPI 196 calendar days	Current KPI 16 calendar days	Stretch KPI 12 calendar days

What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this? ◦ Workforce team ◦ NWSSP ◦ Key recruiting managers ◦ Job Evaluation Team ◦ Welsh Language Team ◦ Other (i.e. Organisational Approval Exec)
Electronic ID checks	Technology for those who do not have access	Quicker PEC's	Candidate NWSSP
Replacing other advertising options online websites/publications, Decent advert – BCU as attractive option – team presentation	Cost? Is this a lack of awareness/understanding What options are available		WOD/NWSSP/RM'S
Independent panel bureau – arrange interviews – one panel – nurse recruitment days	Finance	Central Control eliminating manager delays	Workforce
Recruitment days	Communication Location Facilities and staff	May have better opportunity for recruiting HCA's	
Interview as applications come in for large vacancy roles, not waiting for closing date, you can clone the vacancy and continue to advertise	Remuneration package/include in advertising	Over recruit, based on turnover rate	Workforce Managers

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Breakout Theme 4: Breakout Theme 4: Offer stage to on-boarding

Baseline KPI 27 calendar days	Current KPI 27 calendar days (7 calendar fast track process)		Stretch KPI 22 calendar days
What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this? ○ Workforce team ○ NWSSP ○ Key recruiting managers ○ Job Evaluation Team ○ Welsh Language Team ○ Other (i.e. Organisational Approval Exec)
ID checks – electronic instructions not always understood and support for external candidates who are not IT literate		Recruitment support roles – keep in touch with candidates Keep their interest	Senior teams meet with new employees once a month – understand any issues Know all of the team
Separation of checks from internal and external candidates		Speedier move of internal candidates	Separation of checks from internal and external candidates
Management involvement and ownership of the process	Educate recruiting managers on what is available The role they can play in applicant experience and reduce time to hire	Reduces time	Management involvement and ownership of the process
Do we really need conditional and unconditional offers		Faster recruitment process with a single starting letter. Candidates will be able to hand in resignation letter earlier	Workforce NWSSP
Communication/engagement with TRAC team need to chase	Delays in process to recruit	Dashboard – to review progress/stage	NWSSP

Appendix H – Communication & Deployment Plan

Group	Item	Format	Detail
Individual networks			
EDG People and Culture	Action Update and Programme Documentation	Paper and Programme Documentation	Action Update and Programme Documentation
Programme Board	Programme Board meeting and Follow Up	Email with attachments	Agenda, minutes, actions and papers Minutes and actions and useful discussion points
	Action Update and Programme Documentation	Email	Programme Plan, Risks, Issues and Achievements
	Recruitment Improvement KPI's	Paper	Recruitment KPI Tracking
Recruitment Improvement Group	Recruitment Group Meeting and Follow Up	Email with attachments	Agenda, minutes, actions and papers Minutes and actions and useful discussion points
	Project Updates, Achievements Risks and Issues	Email x 2	Agenda, minutes, actions and papers minutes and actions and useful discussion points
	Monthly Newsletter	SWAY	People Board Updates; WEG updates and programme updates
Recruitment and Retention Group	Programme Updates	Email Recruitment Updates Verbal	Programme Plan, Risks, Issues and Achievements
Medical Workforce Group	Programme Updates	Email Recruitment Updates Verbal	Programme Plan, Risks, Issues and Achievements
Local Partnership Forum	Programme Updates Recruitment Process Improvements	Email Recruitment Updates Verbal	Programme Plan, Risks, Issues and Achievements
Group communications			
Hiring Managers	Monthly Recruitment News Roles and Responsibilities Recruitment Process Changes	Email New BETSI.net Recruitment Improvement Page SWAY Newsletter	Recruitment Improvement Highlights, key process improvements, upcoming engagement sessions, roles and responsibilities, programme updates and programme plans. Risks and Issues and key achievements
Recruitment Improvement Stakeholders	Stakeholder Events Monthly Recruitment News Stakeholder Event Feedback and results	Online stakeholder groups	Feedback on proposed process and recruitment improvement changes, collaboration, user acceptance testing for process reviews and changes. Recruitment updates, issue resolution.
Engagement Sessions	Recruitment Process Changes	Online and Face-Face Sessions	Online and Face-to-face training for key recruitment process improvements

Left vertical label: Communications

The frequency of the communication and timeline is detailed below:

Communications	Group	Item	September 22	October 22	November 22	December 22	January 22	February 22	March 22
	Individual networks								
	EDG: People and Culture	Action Update and Programme Documentation							
	Programme Board	Programme Board meeting and Follow Up							
		Action Update and Programme Documentation							
		Recruitment Improvement KPI's							
	Recruitment Improvement Group	Project Updates, Achievements Risks and Issues							
		Monthly Newsletter							
	Recruitment and Retention Group	Programme Updates							
	Medical Workforce Group	Programme Updates							
	Local Partnership Forum	Programme Updates Recruitment Process Improvements							
	Group communications								
	Hiring Managers	Monthly Recruitment News Roles and Responsibilities Recruitment Process Changes							
	Recruitment Improvement Stakeholders	Stakeholder Events Monthly Recruitment News							
	Engagement Sessions	Recruitment Process Changes							
	Deep Dive Sessions	Deep Dive Feedback and Communications							

Teitl adroddiad: *Report title:*	Financial Control Update
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 27 October 2022
Crynodeb Gweithredol: *Executive Summary:*	Following the publication of the Audit Wales Audit Report on the Financial Statements -2021/22, this paper provides an update for the Committee into the actions underway in order to improve the Financial Control environment to ensure that the identified issues do not re-occur. There will be dual reporting lines on elements of the action plan with both this committee and the Audit Committee but this report covers all relevant issues and reporting lines will be confirmed with the Office of the Board Secretary.
Argymhellion: *Recommendations:*	It is recommended that the report is noted.
Arweinydd Gweithredol: *Executive Lead:*	Rob Nolan Acting 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)*	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)*	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *Implementation of recommendations Not Applicable.*	

Rhestr o Atodiadau:

List of Appendices:

Financial Control Report for Performance, Finance and Information Governance Committee (PFIG) 27th October 2022

Context/Background

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

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

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

Measures being Implemented

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

2. 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 SFI procurement limits compliance.

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

4. 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)

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

6. 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 P&F EDG.

7. We will streamline, automate and cleanse our systems

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

8. 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. The check in relation is currently being undertaken in relation to month 6 and the process is being automated to identify

transactions over £5,000 in specific revenue codes to allow systematic checking for likely errors.

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 the centralisation of the Management Accounting function is anticipated to be in place by 1st November 2022.

3. A detailed forecasting exercise has been undertaken to inform the position in month 6. This has been done using a standardised methodology and process, including a check and challenge from senior finance staff to ensure consistent methodology.

4. Over the last 12 months the number of open POs pre April 2021 has reduced from 22,443 to 3,355. This process of closing purchase orders will continued to be monitored on a monthly basis to ensure they are closed on a timely basis when no longer required and only those POs which are required are still open.

5. Surveys regarding how the finance department is performing and what can be improved have been sent to over 500 Budget holders. The key issues raised will be collated by the end of October for review. An action plan will then be drawn up to improve understanding and assistance given non-financial managers will be regarding financial control and performance.

6. A centralised process for Vesting Certificates is being developed to ensure these are consistent across the Health Board and meet the requirements of Welsh Audit. This process will be completed to meet the requirements for the statutory accounts of 2022-23.

7. The Health Board Executive Team has re-commenced Accountability Reviews with each area to ensure all areas of performance are reviewed regularly, including financial performance and financial control measures have been included within these Reviews.

8. In line with the New Operating Model arrangements the Scheme of Responsibility and Delegation (SoRD) has been amended and strengthened to ensure there is clear accountability at all levels of the organisation. This was approved by the Board on 29th July 2022.

Further Actions

The Health Board received list of further more detailed recommendations from Audit Wales on 12th September 2022. In total there were 37 issues raised. 24 have been resolved, 4 will be actioned in the 2022-23 accounts, 3 are progressing and the remaining 6 are currently outstanding.

In addition, an independent review in order to review to understand why these issues occurred and to strengthen its controls accordingly has commenced and expected to conclude 5th November 2022. Any recommendations from this review, will also be added to this action plan and implemented in line with the financial control requirements.

Appendix 1

Control Action	Action Owner	Date for Completion
BCUHB will establish an annual financial control workshop with colleagues from Internal Audit and Audit Wales, including findings from the 2 audit programmes.		Following completion of E&Y review.
BCUHB will arrange to meet regularly with Audit Wales update on progress on these controls.	SW & TW	First meeting has occurred.
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 SFI procurement limits compliance.	LW	First review was completed July. This will be undertaken quarterly
We will create a centralised management accounts teams which will allow clear standardisation of policies and procedures and consistency of their application	SH (RN as interim)	1st December 2022 following OCP process.
We will extend our budget manager training, both face to face, virtual and with further ESR e-learning Competencies (for example, procurement rules and payroll controls). The HFMA bitsize module licences have been purchased and is being rolled out to 200 budget holders.	CFOs	31st October 2022
We will implement an analytical review of our finance reports (including the monitoring return) to identify significant trends	TW	Month 6 Monitoring Return and reports
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 P&F EDG. Forecast for month 6 has been undertaken using a standard agreed methodology, which has been through senior financial management check and challenge.	RN	To inform month 6 Forecast for Welsh Government
We will streamline, automate and cleanse our systems and will review and close all open POs that relate to the previous year. 13,000 further POs have been closed with all POs under £50 pre April 2021 closed. Need to continue to	CFOs	All CFOs have reviewed open PO. Exercise to complete 15th October 2022
We will continue to regularly undertake formal budget managers' surveys, and using the feedback, we will develop strategies to address concerns and strengthen processes	TW	Action plan developed 30th September

Testing will be carried out on the residual population of expenditure not tested by Welsh Audit to gain assurance that there is no material misstatements. £10m of the residual population has been tested. No further errors have been identified. Further staff are currently being recruited to undertake further work on the expenditure residual value.	SW/CFOs	Action to be completed end of December

Action Owner Key:

SH – Sue Hill Executive Director of Finance

RN - Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning

TW – Tim Woodhead, Finance Director: Operational Finance

LW – Laura Williams, Financial Accountant, Capital and Tax

SW – Simon Weaver – Financial Controller.

CFO – Chief Financial Officer

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, 27 October 2022
Crynodeb Gweithredol: ***Executive Summary:***	The Finance, Performance and Information Governance Committee considered the following matters in private session at the meeting held on 25.8.22 • Gwynedd Domiciliary Care Scheme • Planned Care Insourcing
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*	