Bundle Performance, Finance & Information Governance Committee 22 December 2022

1 09:00 - PF22/176 Apologies

Sue Green - Lesley Hall in attendance
Phil Orwin

2 PF22/177 Declaration of Interest

3 09:01 - PF22/178 Draft Minutes of the previous meeting held on 27.10.22 for approval

PF22.178 Minutes PFIGC 27.10.22 v.03 draft_public session.docx

4 09:02 - PF22/179 Matters arising and table of actions

PF22.179 Table of actions.docx

5 09:12 - PF22/180 Report of the Chair

John Cunliffe

6 09:13 - PF22/181 Report of the Lead Executive

7 RECOVERY PROGRAMME and FINANCE

8 09:16 - PF22/182 Finance report month 8

Rob Nolan in attendance
Recommendation
It is recommended that the report is noted.

PF22.182a Financial Cover sheet month 8.docx

PF22.182b Finance Report M8 V3.pdf

PF22.182c BCU M08 2022-23 MR Report.pdf

9 09:36 - PF22/183 Presentation : Recovery Programme: Savings 23/24 Summary

PF22.183 Presentation Recovery Programme_Savings 23-24 summary presentation.pptx

10 09:51 - PF22/184 Financial Control monitoring plan

Rob Nolan in attendance
Recommendation
It is recommended that the report is noted.

PF22.184a Financial Control Cover sheet month 8.docx

PF22.184b Financial Control Report month 8 (003).docx

11 09:56 - PF22/185 Presentation : Financial Planning and Budget setting: Allocation update

Rob Nolan in attendance

PF22.185 Presentation_PFIG Allocation update Dec22.pptx

12 TRANSFORMATION

13 10:06 - PF22/186 Transformation and Improvement report

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

PF22.186a T&IA Transformation Improvement Report - PFIG Committee Coversheet v2a.docx

PF22.186b T&IB Transformation Report December 22 v3a.1.pdf

14 PERFORMANCE

15 10:16 - PF22/187 Quality and Performance report

Rob Nolan
Recommendation
Members of the Performance, Finance & Information Governance Committee are asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.

PF22.187a QP Report PFIG Cover - December 2022 (November Position).docx

PF22.187b QaP report (data to Nov-22) - Final.pdf

16 10:26 - PF22/188 People (Workforce) report

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

PF22.188a Workforce Performance Report Cover Sheet v4.1_Final.pdf

PF22.188b Workforce Performance Report v4_Final.pdf

17 PF22/189 Date of next meeting

19.1.23

18 Exclusion of Press and Public

Draft minutes of the meeting of the Performance, Finance and Information Governance Committee held in public on 27.10.22 via Teams

Present:	
John Cunliffe	Independent Member / Committee Chair
Richard Micklewright	Independent Member
Linda Tomos	Independent Member
Neil Bradshaw	Assistant Director Finance – Capital (part meeting)
Geraint Farr	Acting Associate Director Emergency Care (part meeting)
Nikki Foulkes	Interim Insourcing and Outsourcing Manager (part meeting)
Sue Green	Executive Director of Workforce & OD
Gill Harris	Deputy CEO / Executive Director Integrated Clinical Delivery
Sue Hill	Executive Director of Finance (part meeting)
Andrew Kent	Interim Head of Planned Care Improvement (part meeting)
Chris Lynes	Deputy Director Nursing for Executive Director Nursing & Midwifery
Nick Lyons	Executive Medical Director
Molly Marcu	Interim Board Secretary
Phil Meakin	Director of Governance
Rob Nolan	Acting Executive Director Finance
Phil Orwin	Interim Director of Regional Delivery Director
Andy Oxby	Interim Outpatients Department (OPD) Programme Support Manager (part meeting)
Justine Parry	Assistant Director Information Governance for Digital Director
Chris Stockport	Executive Director Transformation, Strategic Planning and Commissioning
Tim Woodhead	Finance Director – Operational Finance
Diane Davies	Corporate Governance Manager / Committee Secretariat
Observing	
Dave Harries	Head of Internal Audit

Agenda Item Discussed	Action By
PF22/132 Apologies Apologies were received on behalf of Angela Wood for whom Chris Lynes deputised Dylan Roberts for whom Justine Parry deputised	
PF22/133 Declarations of Interest No declarations were received	
PF22/134 Draft minutes of the previous PFIG Committee meeting held on 25.8.22	

The minutes of the meetings held on 25.8.22 were approved *subject to deletion of PF22/105.2* "Information about the controls and the All Wales system would be circulated" as this was an erroneous recorded action.	MM
PF22/135 Matters arising and table of actions There were no matters arising from the minutes. The table of actions was updated and closed actions agreed.	
PF22/136 Report of the Chair **PF22/136.1** The Committee Chair advised that the agenda had been re-ordered in order to prioritise and lengthen discussion in regard to Finances. A number of items had been identified as for information only however members were welcome to raise questions if required. **PF22/136.2** The minutes reflect the order in which items were discussed.	
PF22/137 Report of the Lead Executive **PF22/137.1** The Executive Director of Finance joined the meeting in order to be present in discussion of the finance items. She advised that whilst the month 4 Finance plan had forecast a breakeven position it had been necessary to revise the current forecast position to £10m deficit. The Executive Director of Finance highlighted the risk profiles which had affected the deteriorating position. She stated that month 6 was a critical position and reaffirmed that Welsh Government (WG), whilst acknowledging the challenges, required the Health Board to deliver a break even position at year end. Discussion continued to take place with the involvement of BCU's Chair and CEO. **PF22/137.2** It was noted that deficit positions were currently being forecast by other Health Boards in Wales, with the exception of Swansea Bay . In respect of savings delivery, BCU's performance was in the middle of other Health Boards in Wales. The Committee Chair raised his concern regarding Savings performance, as it was his current opinion that the forecast might exceed £10m deficit. **PF22/137.3** The Executive Director of Finance advised that a presentation on BCU's Financial Recovery Plan would follow discussion of the Finance items.	
PF22/138 Annual Financial plan 2023/24 update **PF22/138.1** The Acting Executive Director of Finance presented this item. He stated that WG guidance had not as yet been received therefore the plan was based on assumptions. It was noted that cost pressures continued to be tested and local decisions would need to be undertaken at an integrated health care community level. The Acting Executive Director of Finance stated that a perfect storm was brewing for	

the NHS given the country's 10% inflation rate, the management of resources and growth would be extremely challenging. He stated that a paper, reflecting a realistic stance, was being prepared for discussion by the Executive Team the following week. **PF22/138.2** In response to the Committee, it was confirmed that the NHS pay award would be funded by WG and clarification was provided on how nurse staffing act costs were required to be met internally. The Acting Executive Director of Finance advised that there would be a focus on growth and cost pressures in managing the effects of inflation and consideration would be given to the Committee's suggestion to provide a central contingency fund for inflation. **PF22/138.3** The Committee also questioned the assumption of continued provison of Transformation, Performance and Strategic funding over the next 3 years. Re-assurance was given that this was a reasonable assumption at this stage. **PF22/138.4** In regard to the well invested transformation resource, the Committee questioned how quickly improvements would be delivered. The Acting Executive Director of Finance highlighted the expectation that 80% of next year's savings delivery would be transformational which would be challenging. Discussion ensued on the level of officers' confidence given that this had not been previously delivered. Increasing work in service redesign and the introduction of the new operating model to better meet WG's expectations will improve confidence. The potential to allocate resources based on the national formula using based on deprivation and need is a positive example on how we will be able to manage our resources in the future. However, it was acknowledged that there was a gap in corporate enablers. **PF22/138.5** A rich discussion ensued on the deliverability of savings in which it was questioned whether the approach needed to be amended to one of no savings targets being set and instead managing and delivering services against a set budget allocation, potentially better serving local needs. Challenges in respect of corporate services, cultural change, equity, profoundly difficult decision making and potential for comparative bid processes arose in the discussion. The Deputy CEO highlighted that continuing perception of 'Acute' and 'Area' pressures were unhelpful following the introduction of Integrated Healthcare Communities (IHC). **It was resolved that the Committee** noted the report	
PF22/139 BCU Finance Strategy update **PF22/139.1** The Acting Executive Director of Finance advised the document had been updated in line with discussion at the previous meeting and stated the importance of recognising the document as part of the enabling strategies of BCU's Integrated Medium Term Plan (IMTP). **PF22/139.2** The Committee Chair requested that page 2 'Financial history' be updated to reflect the current position. He also reflected that the work programme (page 4	RN

Transformation) would not necessarily mitigate against the risk – only delivery would achieve this. In regard to savings he questioned whether the annual pipeline should be changed to a continual approach and whether there was a dedicated role maintaining focus on it. The Acting Executive Director of Finance agreed to consider this approach further as the current response was disappointing. It was agreed that Page 8 'Decision making' would be expanded to explain how this would be progressed **PF22/139.3** The Committee questioned the Improvement Group role, it was noted that the programme methodology and focus would be explained in further depth at the upcoming Board Workshop. **It was resolved that the Committee** noted the strategy document	RN
PF22/144 Finance report month 6 **PF22/144.1** The Executive Director of Finance presented the report. She drew attention to pay pressures in the system, in particular premium costs of agency (£33m), overtime (£8m) and locum (£12m) which were related to vacancy rates and required focussed attention within BCU's workforce strategy. Continuing Health Care (CHC) (£4.5m) to meet BCU's most complex patients' needs and increasing prescribing medication, as well as general inflation, were highlighted as significant non-pay cost pressures. **PF22/144.2** In regard to the £35m savings target the Executive Director of Finance explained the profile had been weighted to delivery towards the year end in order to embed the new operating model and IHCs, the forecast was currently delivery of £15.2m against £35m. Attention was drawn to the expectation that WG would mandate only 5 days Annual leave accrual could be carried forward, as opposed to 10 days the previous year, which had the potential to release between £5m to £10m. She stated the organisation's ambition was to reduce the £10m deficit forecast to as close to zero as possible in order to meet the statutory duty to break even over 3 years, acknowledging the challenging spend decision that would need to be made. Also highlighted was the expectation that WG would not withdraw the £42m strategic support and £38m planned care recovery monies provision. **PF22/144.3** In response to the Committee Chair, the Executive Director of Finance and advised that she and the Acting Executive Director of Finance had undertaken a detailed review since month 4 to arrive at the £10m forecast and assessed that many of the previous assumptions had been too prudent. **PF22/144.4** The Executive Director of Workforce &OD reflected that the previous form of workforce/pay reporting in 2019/20 was more helpful than present, highlighting there was currently potential for not having clarity on core workforce spending due to funding associated with improvement programmes and provided examples of this eg Mental Health recovery. She also stated that work was being undertaken to schedule taking of annual leave across the last 2 quarters to avoid impact on winter resilience planning and potential requirement for additional premium rate cover.	

PF22/144.5 The Committee raised concern with the rate of overspending across the organisation. In response to the actions undertaken to date, the Acting Executive Director of Finance described the bottom up approach that had been undertaken with the organisation's divisions (including check and challenge) and advised further detail of the actions being undertaken would be addressed in the Financial Recovery presentation later in the agenda. In response to the Committee he confirmed that profiling of individual budget lines was undertaken. The Executive Director of Finance stated that instead of including savings targets, the control total number approach was a simpler and more manageable way for divisions to deliver within their budgets (rather than spending their allocation and failing to deliver on savings targets resulting in an overspend position). Clarity would be required on how this would be effected. **PF22/144.6** In respect of the high level risks indicated on page 13 the Finance Director – Operational Finance advised that WG had indicated these must be shown as risks, however high level discussions were being held and whilst WG had anticipated this would be available to BCU there was no indication of when a decision would be confirmed. It was confirmed that this assumption was reflected in current plans. In response to the Committee it was agreed that Divisional forecast outturns would be provided in future reports. Following a reflection that secondary care budgets were amongst the highest of the organisation, the Committee questioned the level of engagement of the hospital management teams at BCU's 3 District General Hospitals. The Deputy CEO stressed that performance responsibility was now shared as part of the IHC Leadership Team and engagement and mandatory processes were being embedded to ensure greater accountability. **It was resolved that the Committee** noted the report	RN
PF22/145 Savings report **PF22/145.1** The Acting Executive Director of Finance stated that discussion had arisen in the Finance report on Savings however, he highlighted that there was a high level of confidence that £17.5m of transactional savings would be achieved However £9.747m were recurrent. He drew attention to the shortfalls in savings delivery performance against the IHCs within the report however he recognised that Mental Health Services had delivered against their full savings target. **PF22/145.2** In discussion of a report circulated to members in response to a previous action, the Acting Executive Director of Finance advised that a level of more detailed reporting underpinned each of the savings identified however, he suggested that a separate meeting could be set up to share this granularity of detail should the member require. **PF22/145.3** A discussion ensued on transactional and transformational savings in which it was determined that the 'split' of targets had become unhelpful. The Executive Director of Finance suggested that focus on sustainable recurrent benefits was more useful, given the organisation was going through a process of service redesign. She would consider this further in planning for the next Integrated Medium Term Plan	

(IMTP). The Executive Director of Transformation and Strategic Planning commented on the need to do more work on reflecting benefits realisation, especially in drawing out the savings achieved, in order to also plan how any cash releasing savings could be utilised. The Executive Director of Finance stated that as the largest Health Board in Wales more focus should be placed on achieving better procurement rates through North Wales Shared Services. The Deputy CEO also stated that the Planned Care Recovery actions would avoid expenditure in other areas. **PF22/145.4** The Committee raised concern with the lack of pace in regard to workforce planning improvements, which was also a shared concern of the Partnerships, People and Population Health Committee (PPPHC) given that utilising agency and locum staff was a heavy cost pressure. The need for both Committees to actively focus on this area of delivery was emphasised. **It was resolved that the Committee** noted the report	
PF22/137 Continued – **Presentation Financial Recovery** **PF22/137.4** The Executive Director of Finance provided a powerpoint presentation which set out to deliver finance, quality and performance improvements in equal measure in order to drive for a break even position without negative impact. The presentation set out • Background • Closing the gap on delivering the 2022/23 savings • Financial control and governance actions • Performance actions • Quality actions • Governance structures from weekly reviews to Board • Action plan summary • Recovery focus areas : Planned Care,Unscheduled Care, Continuing Healthcare, Medicines Management, Workforce, Digital, Estates, Facilities and Procurement • Action plan to deliver other savings **PF22/137.5** The Committee welcomed the presentation and noted the Interim Director of Regional Delivery's comments regarding the potential for 'noise in the system' due to cultural changes arising in attaining grip. Due to the challenges ahead which would also continue into the next financial year. **PF22/137.6** Discussion ensued. It was agreed that audit input would be clarified in the governance structure. The Committee comments included the need for a greater sense of scale, financial data and prioritisation, it was noted that the presentation appeared to reflect a framework as opposed to a plan. The Interim Director of Regional Delivery provided an example of potential savings of £7m to £9m with successful reduction of front door admission – albeit without compromising quality.	SH

PF22/137.7 In response to the Committee the Executive Director of Finance advised that a revised document would be provided to the Committee between meetings and also submitted to the next Board meeting. The Deputy CEO also clarified that the recovery plan would be discussed at each fortnightly Leadership Team and Executive Team meeting. **PF22/137.8** The Executive Director of Finance stated that a subgroup was in the process of being set up and would be chaired by the Interim Regional Delivery Director. It was noted that he would temporarily attend PFIGC whilst the Deputy CEO was undertaking the Acting CEO role. **It was resolved that the Committee** noted the presentation	SH
PF22/148 Capital Programme monitoring report **PF22/148.1** The Director of Finance – Capital joined the meeting to present ths item. He highlighted increasing costs from £43m to £46m due to current economic instability of the Wrexham Business Continuity project which remained on track to submit a full business case. In regard to the discretionary programme cost pressures were highlighted and it was noted that Ward 6 tender costs had risen due to : a redesign request to introduce enhanced respiratory beds, ventilation issue and also inflation. This had resulted in an increase in excess of the delegated £150k limit (ie £384k) for which support was sought. He advised that the Capital Investment Group were seeking additional funding through WG slippage bids. **PF22/148.2** The Committee Chair questioned WG progress in regard to the Royal Alex, given that there was potential that BCU's needs may have altered, thereby questioning the continued viability of the scheme. The Finance Director – Capital confirmed that the project remained viable and was strongly supported by the Central IHC and partnership organisations. It was reported that a meeting with WG was scheduled the next day for further discussions on other sources of funding also. **PF22/148.3** In regard to an action arising from a previous meeting it was agreed that the Committee member and the Finance Director – Capital would discuss the detail of the schemes provided outside the meeting. **PF22/148.4** The Committee commended the volume of Green RAG ratings however, clarification was sought on Red ratings within the schemes. It was noted that a number of these were due to decisions taken within BCU to slow down schemes which might potentially be deferred to the next financial year. In response to the Committee the Finance Director –Capital advised that plans were in place to manage any slippage however, there would be potential consequences for the following year. WG had indicated a potentially increased Discretionary capital allocation however, it might be taken up in supporting the EFAB programme.	NB

PF22/148.5 In response to the Committee's question on uncommitted capital, it was clarified that the hypothetically 50% was contractually committed however BCU was required to deliver on its Capital Resource Limit (CRL). **It was resolved that the Committee** • noted the report • agreed the adjustments outlined to the capital programme	
PF22/156 Financial Control update **PF22/156.1** The Committee sought assurance that the report would be updated as recommendations were progressed. In response to Training needs that had been highlighted, the Finance Director – Operational Finance provided greater detail of the training being introduced and confirmed these would be targetted at all budget holders. The Commitee drew attention to the findings of a previous Internal Audit report which highlighted weakness in budget manager's accessing their appropriate finance reports. The Executive Director of Workforce & OD advised that capability would be strengthened as Leadership competencies had been modified to ensure a level of financial competency was attained for career progression and would be identified by managers and their teams. She also drew attention to further updates that would need to be incorporated following discussion by the Remuneration and Terms of Service Committee in relation to the annual report and controls relating to Senior Interim appointments as part of the Workforce Optimisation Programme. **PF22/156.2** The Committee sought assurance that meetings to discuss the recommendations were minuted and actions recorded. The Finance Director - Operational Finance confirmed that an action plan was currently being monitored, following an observation by the Head of Internal Audit it was agreed that minutes would be recorded for panel meetings going forward. **PF22/156.3** The Interim Board Secretary clarified that PFIGC would undertake financial monitoring of all the recommendations, including any audit reports, and actions on behalf of the Board. It was noted that an issues log was also being maintained. **It was resolved that the Committee** noted the report	TW
PF22/146 Divisional Operational report - East IHC This item was taken for information – no questions were raised by the Committee **It was resolved that the Committee** noted the report	
PF22/147 External Contracts assurance report **It was resolved that the Committee** • **ratified** 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 and **noted** • 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 3 • 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	
PF22/140 Integrated Medium Term Plan process update This item was taken for information – no questions were raised by the Committee **It was resolved that the Committee** noted the report	
PF22/149 Operational Plan 2022/23 monitoring report This item was taken for information – no questions were raised by the Committee **It was resolved that the Committee** noted the report	
PF22/150 Quality and Performance report This item was taken for information – no questions were raised by the Committee **It was resolved that the Committee** noted the report	
PF22/143 Transformation report **PF22/143.1** The Executive Director of Transformation Strategic Planning and Commissioning presented this item stating that Transformation was scheduled for discussion at the next Board workshop. He highlighted that the Executive Team had identified the requirement for a more consistent approach across the Health Board and benefits realisation needed to be an integral part of the process to improve decision making. Whilst there were Red RAG ratings applied in some schemes he was not pessimistic in regard to overall progress as it reflected that more robust systems had been embedded to ensure delivery and he expressed confidence in reducing some Amber RAG ratings to Green.	

PF22/143.2 The Committee expressed frustration in the pace taken to embed the processes and therefore delay in delivering outcomes. The Executive Director of Transformation, Strategic Planning and Commissioning agreed that the process should be viewed in a continuous cycle rather than an annual approach and advised that the pace of change would be explored further in the Board workshop. **PF22/143.3** In response to the Committee it was noted that a more detailed RAG status report would be provided at each meeting going forward. **It was resolved that the Committee** noted the report	CS
PF22/151 Planned Care report **PF22/151.1** The Interim Director Regional Delivery, Insourcing & Outsourcing Manager and Interim OPD Programme Lead joined the meeting for this item. The Interim Director Regional Delivery stated the importance of ensuring the right capacity was available whilst ensuring patients were treated in the right way. He drew attention to changes made with the partial booking system to ensure longest waiting patients were addressed and improvements made to waiting times, Did Not Attend (DNAs) and complaints. The Insourcing & Outsourcing Manager enlarged on these areas and the Interim OPD Programme Lead provided a more operational view of the processes taking place highlighting additional work on the DNAs to improve waiting times for patients. **PF22/151.2** The Committee questioned whether BCU would achieve the Ministerial targets set and were advised that a revised realistic plan had been prepared and stretch targets were now also being applied to move forwards with an achievable plan for the future which contained mitigating actions. He stated that the team were moving in the right direction to achieve this. The Deputy CEO requested that the Team lock down early what capacity opportunity existed in order to ensure going forward that clear and owned trajectories were in each of the IHC systems. The Interim Director of Regional Delivery advised of other opportunities to also reduce the waiting times eg Straight to Test which were being progressed with digital support. The Committee commented that there appeared to be grip in this long standing issue however there remained concern in the pace to digital delivery. The Interim OPD Programme Lead advised on the technical issues which needed to be addressed in order to ensure that the system was built on strong and accurate foundations however, he gave assurance that digital path development was in sight. Discussion ensued on the digital solution in which it was confirmed that the Interim OPD Programme Lead was linked in with ensuring integration with the development of a Digital Health Care Wales (DHCW) booking App. The Committee emphasised the need to also ensure equality for patients who were unable to engage with a digital solution. **PF22/151.3** The Committee questioned whether the forecast Winter issues might derail the current plans. The Interim OPD Prgramme Lead outlined the mitigating actions that	PO

had been put in place however, the Deputy CEO advised that there remained some potential issues eg power outages and industrial action. **PF22/151.4** The Executive Director of Workforce & OD suggested that future Planned Care and USC reports build in workforce and expenditure implications to their future reports which would include additional premium rate spend incurred as a result of direct involvement and in a planned and purposeful way supporting planned care recovery and also the risks associated with workforce. She welcomed the opportunity to be involved, along with her team, in order to provide a composite report. **PF22/151.5** The partial assurance highlighted in the paper was discussed and noted given the potential for an extremely challenging Winter period ahead. **It was resolved that the Committee** noted • the partial assurance of the Planned Care 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. • the PC recovery program • the requirement to ensure clean and accurate data would be presented in a manner approprate for the intended audience	SG/PO
PF22/151.1 Regional Treatment Centre report **PF22/151.1.1** The Interim Head of Planned Care Improvement joined to present the report, he undertook to circulate the gateway Review report to members following the meeting. He reflected on the dissappointing Red RAG status applied however, a robust action plan had been put in place which had progressed all the recommendations from Red to Amber or Green. **PF22/151.1.2** The Committee was keen to be provided with assurance that lessons had been learned in order that any future planning would not incur similar findings. **PF22/151.1.3** The Interim Head of Planned Care Improvement advised significant delays had been incurred due to changes which were no longer able to be applied to the scheme as the NHS moved out of temporary Covid fast tracking processes and significant project management recruitment issues had also occured. **PF22/151.1.4** The Interim Board Secretary requested that the next report to the Committee contained an extended version of the plan indicating the mitigating actions undertaken to provide a greater level of assurance. The Deputy CEO agreed that this would be undertaken by the newly appointed Project Director who would also look back through the project's development to provide a lessons learned report. **PF22/151.1.5** In response to the Committee's concern the Head of Internal Audit confirmed that Project Management was part of IA's scheduled work programme during	AK PO/AK

quarters 3 and 4. The Gateway Review would form part of this work and he assured that the Delivery Service Unit was regularly sighted on this area. **It was resolved that the Committee** noted the content of this report and action plan	
PF22/152 Unscheduled Care report **PF22/152.1** The Acting Associate Director Emergency Care joined the Interim Director Regional Delivery to present this item. It was noted that the Winter Resilience Plan provided would not be considered as it was incomplete. The Deputy CEO stated that, on receipt of WG guidance, a revised and complete report would be provided to the PPPH Committee meeting on 8.11.22. **PF22/152.2** The Interim Director Regional Delivery provided highlights of the report including details of the newly appointed Programme Manager Medwyn Jones and the activities he was moving forward across sites. It was noted that whilst Ysbyty Glan Clwyd improvements were being progressed, more consistency was required. He stated that should a twin-demic occur there would be a 152 bed pressure on top of 454 residential home bed pressure across North Wales. He advised the worst case scenario was believed to be 837 bed alternatives required in extreme pressure. **PF22/152.3** The newly appointed Acting Associate Director Emergency Care outlined his focus on delivering grip and control using the 6 goal programme, this included forming a Task and Finish Group to plan around the recent reduction to a single bridge crossing from the Isle of Anglesey to the mainland and the area's main DGH. Further detail was also provided on deteriorating performance in the West, increasing Medically Fit for discharge patients and updates on 111 and MIU. Interim appointments were also noted in the East IHC. **PF22/152.4** The Committee questioned capacity and capability in Emergency Care especially given that there was only one functioning MIU in the Meirionydd region of the West. The Acting Associate Director Emergency Care provided examples of alternative practices being developed and implemented eg paramedic practitioners, nurse practitioners and rotational models. The Committee requested that assurance be provided in future reports on all the solutions being implemented and developed to meet the gap in provision as concern remained on how patients in this particular rural area of North Wales were being supported with emergency care needs. **PF22/152.5** The Deputy CEO commented on Urgent Primary Care centres, GPOOH and cluster developments. The Interim Director of Regional Delivery was pleased to share details of the successful recruitment to 6 wte clinical roles at the Wrexham Maelor hospital site which would move it forward in terms of sustainability and also improve waiting times and quality of servce for patients. **It was resolved that the Committee**	PO

noted the update provided on the actions being taken within the Unscheduled Care improvement programme.	
PF22/141 Board Assurance Framework In response to time constraints, the Committee members agreed to address any questions directly with the Interim Board Secretary outside the meeting. **It was resolved that the Committee** noted the BAF risks that fall within the remit of the Performance, Finance and Information Governance Committee	
PF22/142 Corporate Risk Register In response to time constraints, the Committee members agreed to address any questions directly with the Director of Governance outside the meeting. **It was resolved that the Committee** noted the report	
PF22/153 Information Governance KPI report The Assistant Director Information Governance highlighted a number of areas in the report including improved workforce response times, progress of tenders in respect of a new FOI subject access system, work being undertaken to address the slight increase in inappropriate access to systems and 82% compliance in regard to Information Governance mandatory training. The Assistant Director Information Governance also advised that a risk assessment process was currently with the Executive Director of Finance to consider mitigations as Senior Responsible Officer regarding the Welsh Health Circular on Cyber Security. **It was resolved that the Committee** noted the report, including assurance provided on compliance with the Data Protection and Freedom of Information legislation.	
PF22/154 Workforce report **PF22/154.1** The Executive Director of Workforce & OD presented the item. She referred to a recent Community Health Council briefing in which she had highlighted the need to understand the connectivity between the growth that is supported through planning and business case processes and the requirement for savings and meeting control totals. It was the intention that the workforce optimisation programme outlined in the report would aim to maintain focus on this joined up thinking. The Executive Director of Workforce & OD stated that, as originally agreed, a meeting would take place with the Chairs of PFIGC and PPPHC in November to discuss the report format going forward as she raised concern that it did not currently provide adequate	SG/JC/LT

assurance in discussion of unscheduled care, planned care finance and savings. The Executive Director of Workforce & OD highlighted the increased establishment to 16140, whole time equivalents and recruitment of an additional 1700 people since 2019. Work needed to be undertaken to focus on recruitment at a more granular level in planning for 2023/24 against Finance and Performance targets based on performance against workforce growth. The Executive Director of Workforce stated that permanent recruitment against Planned Recovery was not planned due to the nature of non-recurrent funding and future needs when the backlog was dealt with. It was agreed that the Workforce report required further development work to enable a greater level of understanding and linkage with the IMTP. It was agreed that Committee members would receive a briefing to provide assurance on the funded establishment detail, as briefly outlined, prior to the workforce report meeting taking place. The Deputy CEO requested that consideration also be given to drawing out staff consequences around IMTP investment and disinvestment decisions. **PF22/154.2** A discussion ensued on the increased level of Admin and Clerical (A&C) posts and adequacy of nurse staffing levels. It was noted that A&C posts had increased during the pandemic to release more nursing staff time to provide clinical care. These were agreed as part of the IMTP in supporting various essential clinical services. The Executive Director of Workforce & OD assured that robust processes were in place to ensure compliance with the nurse staffing act however, she acknowledged challenges, which included retention, and undertook to provide further detail of this in the next Workforce report. Progress with successful nurse recruitment was noted. The Deputy Director of Nursing emphasised concern with nursing retention, stating that many nurses who might previously have taken a decision to retire and return were further considering their options due to the effect of the Covid pandemic. It would be important to ensure attractive, flexible, options were available to retain more of their key skills. **It was resolved that the Committee** noted the current performance position provided and provided feedback for future reporting	SG SG
Learning from - the Past	
PF22/155 Recruitment Process Rapid Deep-Dive Feedback The Committee welcomed the report and noted that it would be presented to PPPHC on 8.11.22 for further discussion. **It was resolved that the Committee** noted the current performance position provided	
Closing business	
PF22/157 item withdrawn	
PF22/158 Agree Items for referral to Board / Other Committees	

None	
PF22/159 Review of risks highlighted in the meeting for referral to Risk Management Group No comments were received	
PF22/160 Agree items for Chairs Assurance report To be agreed outside the meeting	
PF22/161 Review of meeting effectiveness The Committee commended the chairing of the meeting given the volume of business to consider in the time allocated.	
PF22/162 Summary of private business to be reported in public **It was resolved that the Committee** noted the report	
PF22/163 Date of next meeting 22.12.22	
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 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 27.10.22 Recirculate documents to members	
4	SH (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 9.11.22 (NB) Estates colleagues are planning to undertake further works to	25.8.22 Keep open – briefing requested from Neil Bradshaw	

				address a number of immediate issues. 12.12.22 (NB) The proposed development of Orthopaedic Services and the RTCs present the opportunity to re-locate clinical services in the medium term. It is, however, recognised that existing services will need to be maintained in the short term. Additional funding has been made available this year to address immediate risks with a further allocation proposed in 2023/24.		
6	SH (NB)	**PF22/79.7 Capital Programme Monitoring Report.** Regarding conversations held with Welsh Government with regards to 'do minimum' and assistance towards fees for the specialist technical advice required, once WG response received, Sue Hill agreed to report back to the Committee.	26.8.22	Welsh Government have requested further clarification on a number of points but have also indicated that, subject to satisfactory responses, they are 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. 9.11.22 (NB) Further update provided. Response has been sent to Welsh Government clarifying outstanding issues.	18 October	

				12.12.22 (NB) A detailed written response was submitted to Welsh Government in October addressing all of the issues raised. We are awaiting a reply.		
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 via Phil Meakin email sent 22.8.22 25.8.22 Request for Accountability meeting dates to be circulated 8.11.22 Dates circulated to members via emailed member briefing	Action to be closed 14.10.22 Suggest action to be closed	
Actions from 27 October PFIGC						
1	MM	**PF22/134 Draft minutes of the previous PFIG Committee meeting held on 25.8.22** *deletion* "Information about the controls and the All Wales system would be circulated" as this was an erroneous recorded action.	8.11.22	8.11.22 OBS Completed action	Suggest action to be closed	
2	RN	**PF22/139 BCU Finance Strategy update** **PF22/139.2** The Committee Chair requested that page 2 'Financial	8.11.22	15.12.22 The suggested changes will be incorporated into the Financial Strategy section of the IMTP for 2022-23	Suggest to be closed	

	RN	history' be updated to reflect the current position. He also reflected that the work programme (page 4 Transformation) would not necessarily mitigate against the risk – only delivery would achieve this. In regard to savings he questioned whether the annual pipeline should be changed to a continual approach and whether there was a dedicated role maintaining focus on it. The Acting Executive Director of Finance agreed to consider this approach further as the current response was disappointing. It was agreed that Page 8 'Decision making' would be expanded to explain how this would be progressed				
3	RN (TW)	**PF22/144 Finance report month 6** Committee it was agreed that Divisional forecast outturns would be provided in future reports.	1.12.22	This is now included in the report	Suggest action to be closed	
4	SH SH	**PF22/137 Continued – Presentation Financial Recovery** It was agreed that audit input would be clarified in the governance structure. The Committee comments included the need for a greater sense of scale, financial data and prioritisation, it was noted that the presentation appeared to reflect a framework as opposed to a plan. **PF22/137.7** In response to the Committee the Executive Director of	11.11.22 30.11.22	Audit input underpins the reporting of savings and will be included within the terms of reference of future audit reports		

		Finance advised that a revised document would be provided to the Committee between meetings and also submitted to the next Board meeting		Updates are provided on Financial Recovery to the Executive Team and HBLT		
5	RN (NB)	**PF22/148.3** In regard to an action arising from a previous meeting it was agreed that the Committee member (RM) and the Finance Director –Capital would discuss the detail of the schemes provided outside the meeting.	11.11.22	9.11.22 (NB) Contact has been made with committee member to arrange meeting as requested.	Suggest action to be closed	
6	RN (TW)	**PF22/156 Financial Control update** **PF22/156.2** The Committee sought assurance that meetings to discuss the recommendations were minuted and actions recorded. The Finance Director - Operational Finance confirmed that an action plan was currently being monitored, following an observation by the Head of Internal Audit it was agreed that minutes would be recorded for panel meetings going forward.	1.11.22	Minutes will be recorded for panel meetings going forward.	Suggest action to be closed	
7	CS	**PF22/143 Transformation report** **PF22/143.3** In response to the Committee it was noted that a more detailed RAG status report would be provided at each meeting going forward.	1.12.22	Update 9/11/22 - this will be covered by the new portfolio office assurance report format that we intend to have in place for next PFIG.		
8	PO	**PF22/151 Planned Care** **PF22/151.2** The Deputy CEO requested that the Team lock down	11.11.22			

		early what capacity opportunity existed in order to ensure going forward that clear and owned trajectories were in each of the IHC systems.				
9	SG/PO	**PF22/151 Planned Care** **PF22/151.4** The Executive Director of Workforce & OD suggested that future Planned Care and USC reports build in workforce and expenditure implications to their future reports which would include additional premium rate spend incurred as a result of direct involvement and in a planned and purposeful way supporting planned care recovery and also the risks associated with workforce. She welcomed the opportunity to be involved along with her team in order to provide a composite report	30.11.22	Update 13.12.22 (SG) – Support available to enable inclusion of workforce implications in future reporting by operational teams.		
10	GH (AK)	**PF22/151.1 Regional Treatment Centre report** **PF22/151.1.1** The Interim Head of Planned Care Improvement undertook to circulate the gateway Review report to members following the meeting.	27.10.22	Received and circulated via email 27.10.22	Suggest action to be closed	
11	PO/AK	**PF22/151.1 Regional Treatment Centre report** **PF22/151.1.4** The Interim Board Secretary requested that the next report to the Committee contained an extended version of the plan indicating the mitigating actions	12.12.22			

		undertaken to provide a greater level of assurance. The Deputy CEO agreed that this would be undertaken by the newly appointed Project Director who would also look back through the project's development to provide a lessons learned report				
12	PO	**PF22/152 USC** **PF22/152.4** The Committee questioned capacity and capability in Emergency Care especially given that there was only one functioning MIU in the Meirionydd region of the West. The Acting Associate Director Emergency Care provided examples of alternative practices being developed and implemented eg paramedic practitioners, nurse practitioners and rotational models. The Committee requested that assurance be provided in future reports on all the solutions being implemented and developed to meet the gap in provision as concern remained on how patients in this particular rural area of North Wales were being supported with emergency care needs	12.12.22			
13	SG (JC/LT)	**PF22/154 Workforce report** • **PF22/154.1** The Executive Director of Workforce & OD stated that, as originally agreed, a meeting would take place with the Chairs of PFIGC and	14.11.22	SG Update 13.12.22 – Meeting held with Committee Chair and Chair of PPPH to agree revised format and content of the workforce performance report together with defining what is		

		PPPHC in November to discuss the report format going forward as she raised concern that it did not currently provide		reported and to which committee.		
	SG	• It was agreed that Committee members would receive a briefing to provide assurance on the funded establishment detail, as briefly outlined, prior to the workforce report meeting taking place. The Deputy CEO requested that consideration also be given to drawing out staff consequences around IMTP investment and disinvestment decisions.	11.11.22	Following this meeting, a proposed schedule was provided to the Chairs of PFIG/PPPH and RTS.		
	SG	• The Executive Director of Workforce & OD assured that robust processes were in place to ensure compliance with the nurse staffing act however, she acknowledged challenges, which included retention, and undertook to provide further detail of this in the next Workforce report.	12.12.22	Workforce Performance Report on agenda for 22.12.22 moves towards revised format and content with comments to be incorporated for the next report in 2023		

Teitl adroddiad: ***Report title:***	Finance Report for Month 8
Adrodd i: ***Report to:***	Performance, Finance and Information Governance
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 December 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 eight months from 1st April 2022 to 30th November 2022. The cumulative position for the year is a deficit against plan of £6.3m, (0.33% 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 eight months to November 2022 was £20.2m against a plan of £17.5m, an overachievement of £2.7m. The savings forecast is £25.3m, which is £9.7m below the target of £35m for the year. Of the £25.3m forecast, £14.5m are non recurring.
Argymhellion: ***Recommendations:***	It is recommended that the report is noted.
Arweinydd Gweithredol: ***Executive Lead:***	
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* ☐	Derbyniol *Acceptable* ☐	Rhannol *Partial* ☐	Dim Sicrwydd *No Assurance* ☒
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	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 14. The risks have four themes;- continuation of increasing unfunded pressures £14.5m; Potential of not receiving funding from WG, where WG recognised the pressure but have yet to identified the funding streams within NHS Wales funds £16.0m; non delivery of the recovery plan £10m; and claw back of slippage on ring-fenced funds £15.6m.
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)	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.

Links to BAF risks: *(or links to the Corporate Risk Register)*	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations Not Applicable.***	
Rhestr o Atodiadau: ***List of Appendices: Appendix 1: Finance Report November 2022 – M8*** ***Appendix 2: Month 8 Monitoring Return submitted to Welsh Govt.***	

Finance Report
November 2022 – M8

Rob Nolan

Finance Director – Commissioning and Strategic Financial Planning

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Betsi Cadwalar University Health Board

Executive Summary

Objective

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

Positives & Key Assurances

- ✓ 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 £1.9m and cumulative deficit of £6.3m as at end of November.
- ➢ The Health Board has set a savings target of £35m for 2022/23. Full year forecast for Saving Schemes identified as Green total £25.3m against a target of £35m. Including red schemes, for which assurance reviews must be completed, the full year forecast totals £25.4m.
- ➢ The forecast outturn deficit of £10.0m is based upon a number of assumptions which carry some risks. These equate to £56.1m as per the Risks Table (Slide 13).
- ➢ The review of forecast outturn has resulted in the development of a Recovery Plan.
- ➢ Should the industrial action proceed, this is expected to result in a reduction in non pay expenditure due to reduced activity, but may also impact on other expenditure categories.

Key Messages

- ❖ The November position is reporting a deficit of £1.9m and year to date deficit of £6.3m.
- ❖ 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.
- ❖ Further to the deep dive review of forecast outturn, the Health Board has developed a Recovery Plan. Weekly meetings are being held to monitor progress and will be reported to the Performance and Quality Recovery Group. The savings delivered through this plan are expected to be circa £10.0m. The recovery plan is being led by Interim Director of Regional Delivery.
- ❖ Full year forecast for Saving Schemes identified as Green total £25.3m against a target of £35m. Including red schemes, for which assurance reviews must be completed, the full year forecast totals £25.4m. The Transactional savings target of £17.5 will be met in terms of total savings delivered. Transformational savings have not been identified and are profiled towards the final quarter; therefore the risk on delivery will cause an increasingly adverse variance. As part of the of the recovery plan a further stretch on transactional schemes, which equates to 0.75% of the projected expenditure has been introduced further to the deep dive review.

Summary of Key Numbers

Month 8 Position

In Month £160.8m against plan of £158.9m.
£1.9m adverse

YTD £1,274.4m against plan of £1,268.1m
£6.3 adverse

Forecast

Projected Position but this is subject to inflationary risk.

£10.0m deficit

Divisional Performance Mth 8

West IHC	£8.8m adverse
Central IHC	£10.5m adverse
East IHC	£6.9m adverse
Womens	£0.3m adverse
MH & LD	£2.4m adverse
Commissioning Contracts	£3.6m favourable
ICD Primary Care	£0.5m favourable
ICD Regional Services	£1.8m adverse
Support Functions & Other Budgets	£20.4m favourable

Savings

In-month: £9m against target of £2.4m
£6.6m favourable

YTD: £20.2m against target of £13.6m
£6.6m favourable

Savings Forecast

£25.4m, including pipeline savings, against target of £35.0m

£9.6m adverse

COVID-19 Impact

£28.8m cost YTD

£41.2m forecast cost.
Funded by Welsh Government (with risk)
£NIL impact

Income

£95.0m against budget of £92.5m

£2.5m favourable

Pay

£631.8m against budget of £623.8m

£8m adverse

Non-Pay

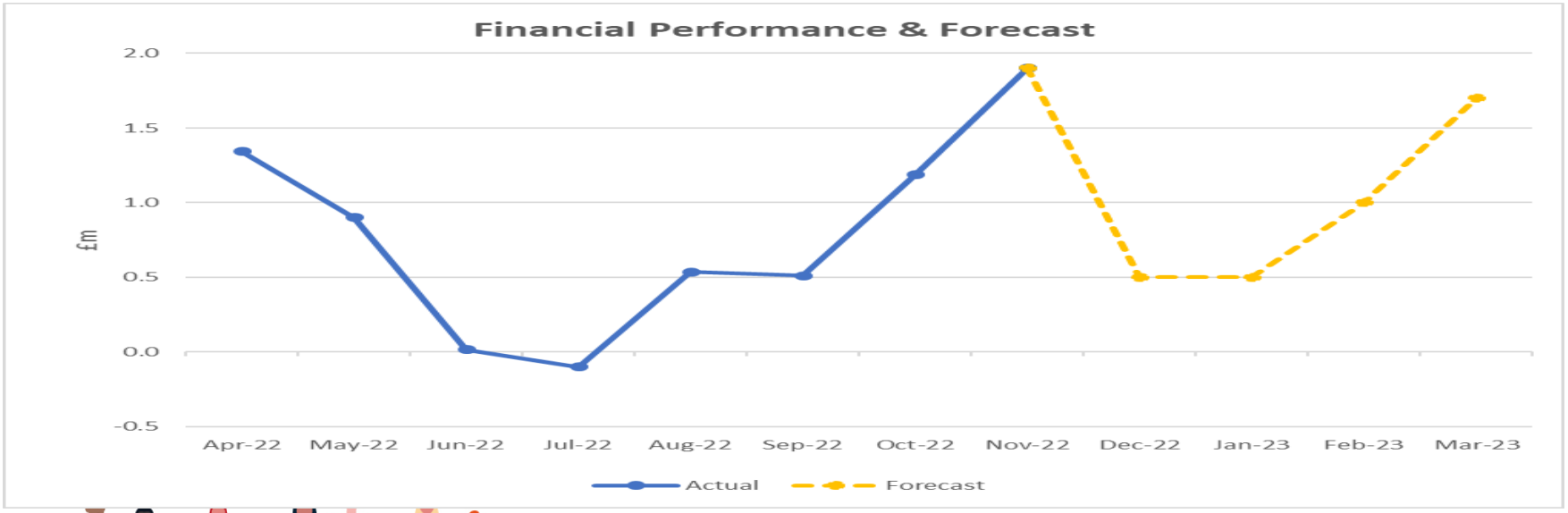
£737.7m against budget of £736.8m

£0.9m adverse

Revenue Position

- The in month position is reporting a deficit of £1.9m and a cumulative deficit of £6.3m as at the end of November.
- The total cost of COVID-19 in November is £3.5m (£28.8m year to date), an increase of £0.6m from October. Total year forecast cost of COVID-19 is £41.2m for which Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.
- As at Month 8 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 £m	Actual M2 £m	Actual M3 £m	Actual M4 £m	Actual M5 £m	Actual M6 £m	Actual M7 £m	Actual M8 £m	2022/23 Cumulative Budget £m	Actual £m	Variance £m	Variance %	Forecast Actual £m
Revenue Resource Limit	(152.9)	(151.6)	(152.4)	(159.6)	(158.9)	(175.0)	(158.9)	(158.9)	(1,268.1)	(1,268.1)	**0.0**	0.0%	(1,897.3)
Miscellaneous Income	(11.3)	(10.8)	(11.4)	(11.1)	(13.9)	(12.1)	(12.0)	(12.4)	(92.5)	(95.0)	**-2.6**	2.8%	(142.0)
Health Board Pay Expenditure	76.6	73.4	75.4	76.3	75.1	95.8	79.4	79.7	623.8	631.8	**8.0**	1.3%	954.4
Non-Pay Expenditure	88.9	89.9	88.5	94.3	98.2	91.8	92.7	93.5	736.8	737.7	**0.9**	0.1%	1,094.9
Total Deficit	**1.3**	**0.9**	**0.0**	(0.1)	**0.5**	**0.5**	**1.2**	**1.9**	**(0.0)**	**6.3**	**6.3**		**10.0**



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.

- Further to the deep dive review of the forecast outturn position in Month 6, The Health Board's forecast position is reporting a deficit of £10.0m. The forecast position is 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.

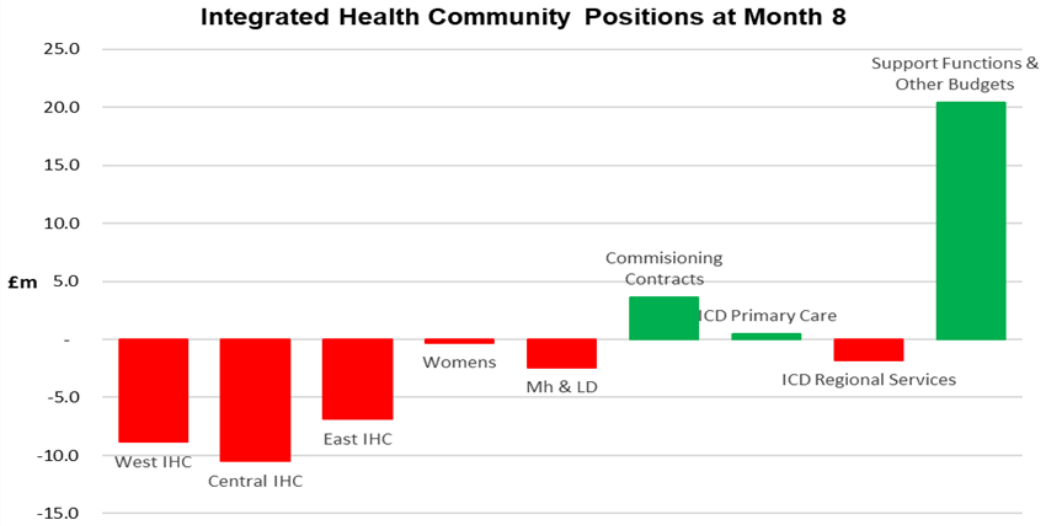
- The below Table summarises the Forecast Outturn position of £45.0m, and the £40.0m mitigations actions required bring the forecast position down to a forecast deficit of £10.0m.

- In response to the deterioration in the forecast outturn, the Health Board has developed a Recovery Plan, which was approved by the PFIG Committee in October. Weekly meetings will be held to monitor progress which will be reported to the Performance and Quality Recovery Group. The savings delivered through this plan are expected to be circa £10.0m. The recovery plan is being led by Interim Director of Regional Delivery.

	2022/23 Planned Forecast	
	£'m	£'m
Financial Risk (Worst Case)		(45)
Less:		
Improvement in savings delivery	10	
Reduction in Expenditure Forecast	7	
Release of Annual leave Accrual	10	
		27
Review commitments against Ring Fenced		8
Total 22/23 Forecast Deficit		**-10**

Divisional Positions

	In Month			Cumulative			Forecast Year End Variance
	Budget £000	Actual £000	Variance to Plan £000	Budget £000	Actual £000	Variance to Plan £000	£000
WG RESOURCE ALLOCATION	**-158,923**	**-158,923**	**0**	**-1,268,131**	**-1,268,131**	**0**	0
WEST INTEGRATED HEALTH COMMUNITY							
Management	217	77	-141	217	133	-85	-4
West Area	15,105	15,629	524	117,601	120,757	3,156	-5,700
Ysbyty Gwynnedd	9,319	10,489	1,170	75,687	81,044	5,357	-10,180
Facilities	1,034	1,036	2	7,808	8,213	405	-826
Total West	**25,676**	**27,231**	**1,555**	**201,313**	**210,148**	**8,834**	**-16,710**
CENTRAL INTEGRATED HEALTH COMMUNITY							
Management	218	62	-156	218	73	-145	0
Central Area	20,133	20,717	584	155,863	155,871	8	-3,300
Ysbyty Glan Clwyd	11,722	13,775	2,052	94,626	104,399	9,773	-18,641
Facilities	1,142	1,292	150	9,152	10,006	853	-1,438
Total Central	**33,216**	**35,846**	**2,630**	**259,860**	**270,349**	**10,489**	**-23,379**
EAST INTEGRATED HEALTH COMMUNITY							
Management	272	138	-135	272	167	-106	50
East Area	23,284	23,854	570	177,007	179,312	2,305	-5,400
Ysbyty Wrexham Maelor	10,251	11,178	927	82,487	86,588	4,101	-9,204
Facilities	996	1,196	199	8,098	8,672	574	-925
Total East	**34,803**	**36,365**	**1,562**	**267,864**	**274,739**	**6,875**	**-15,479**
Total Midwifery and Women's Services	**3,537**	**3,546**	**10**	**28,711**	**29,019**	**308**	**-1,181**
Total Mental Health and LDS	**12,398**	**12,647**	**249**	**98,375**	**100,802**	**2,427**	**-3,981**
Total Commissioning Contracts	**20,549**	**17,030**	**-3,519**	**167,400**	**163,784**	**-3,616**	**2,808**
INTEGRATED CLINICAL DELIVERY PRIMARY CARE							
Covid Programmes	1,784	1,784	-0	12,761	12,761	0	1
Dental North Wales	3,525	3,578	53	22,904	22,904	0	0
Community Dental Services	534	468	-66	4,088	3,485	-603	750
ICD Primary Care Management	51	23	-28	51	23	-28	28
Other Primary Care	440	481	41	-1,017	-839	178	-369
Total Integrated Clinical Delivery Primary care	**6,334**	**6,334**	**-0**	**38,788**	**38,334**	**-453**	**410**
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES							
Provider Income	-1,774	-1,807	-33	-14,134	-13,587	547	-675
Diagnostic and Specialist Clinical Support	5,919	6,308	389	46,649	47,679	1,030	-3,155
Cancer Services	4,684	4,549	-135	36,366	36,586	220	-1,202
Total Integrated Clinical Delivery	**8,829**	**9,050**	**221**	**68,881**	**70,677**	**1,797**	**-5,032**
Total Service Support Functions and Other Budgets	**14**	**13**	**-1**	**137**	**117**	**-20**	**52,544**
TOTAL INCOME AND EXPENDITURE	**0**	**1,881**	**1,881**	**0**	**6,279**	**6,279**	**-10,000**



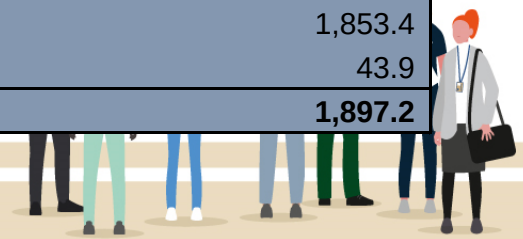
- Key impacts affecting divisional positions include additional pay costs which are due to variable pay costs, particularly Agency costs.
- Non Pay pressures continue within CHC, due to more complex packages driving an increase in costs, prescribing costs and a number of general non pay inflationary costs.
- Non delivery of CRES is also having an impact.
- Other Budgets & Reserves includes Performance, Transformation and Sustainability schemes funding, for which some costs have been reported within the Divisions, but have yet to have funding released from reserves. The reserves profile has been adjusted to account for these costs, which is resulting in an underspend in other budgets.

Income

Description	£m
Allocations Received	1,853.4
Total Allocations Received	**1,853.4**

Description	£m
Allocations anticipated	
Capital	0.7
COVID-19	25.1
Energy (Price Increase)	11.5
Real Living Wage	2.5
IM&T Refresh Prorgamme	1.9
Urgent Primary Care Centres	1.0
MSK Orthopaedic Services	1.2
SDEC	1.6
WPAS	0.8
Annual Leave Overtime (Flowers Case)	0.2
All Wales Robotics Partnership	0.5
Real Living Wage B1 & B2 - from April 22	0.6
Service transfer for local public health team to HBs	0.9
Removal of IFRS-16 Leases (Revenue)	- 6.1
Other	1.4
Total Allocations Anticipated	**43.9**

	£m
Total Allocations Received	1,853.4
Total Allocations Anticipated	43.9
Total Welsh Government Income	**1,897.2**



- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL is currently £1,897.2m for the year, of which £1,268.1m has been profiled into the cumulative position which is £3.2m more than 8/12ths of the allocation.
- The RRL includes confirmed allocations to date of £1,853.4m, with further anticipated allocations in year of £43.9m.
- The anticipated allocations includes £25.1m for COVID-19 income, as £16.1m of COVID-19 funding has now been received within the allocation. £25.1m of COVID-19 funding has been profiled into the cumulative position to match expenditure.
- Also, within the allocations received includes £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition, £38M has also been received for Planned and Unscheduled Care Sustainability Fund.

COVID -19 Funding	£m
Total COVID-19 costs in 2022/23	41.2
Total Covid -19 funding	**41.2**

Received	16.1
Anticipated	25.1

Expenditure

Pay Costs	M1	M2	M3	M4	M5	M6	M7	M8	Cumulative YTD Budget	Cumulative YTD Actual	Cumulative YTD Variance	Full Year Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	11.4	10.0	11.0	10.8	11.0	14.1	11.5	9.9	91.9	89.6	2.3	140.2
Medical & Dental	17.6	17.3	17.9	18.2	18.0	21.7	18.6	19.7	138.6	149.0	(10.4)	221.6
Nursing & Midwifery Registered	23.7	22.9	23.4	23.3	22.8	28.8	24.3	25.0	199.3	194.2	5.1	288.5
Additional Clinical Services	11.2	10.6	10.7	11.0	10.6	15.0	11.6	11.7	84.2	92.2	(8.0)	36.0
Add Prof Scientific & Technical	2.9	2.9	2.9	3.0	3.0	3.5	3.1	3.2	27.5	24.6	2.9	136.8
Allied Health Professionals	5.0	4.7	4.7	5.0	4.9	6.1	5.3	5.4	39.8	41.2	(1.5)	65.2
Healthcare Scientists	1.3	1.2	1.3	1.3	1.3	1.5	1.3	1.4	11.1	10.6	0.5	15.5
Estates & Ancillary	3.5	3.7	3.5	3.6	3.5	5.0	3.8	3.3	30.9	29.8	1.1	45.1
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.6	0.6	0.0	0.5
Health Board Total	**76.6**	**73.4**	**75.5**	**76.3**	**75.1**	**95.8**	**79.4**	**79.7**	**623.8**	**631.8**	**(8.0)**	**949.4**
Other Services (Incl. Primary Care)	2.0	2.4	2.2	2.3	2.5	2.8	2.9	2.8	16.1	19.8	(3.7)	29.2
Total Pay	**78.7**	**75.8**	**77.6**	**78.5**	**77.6**	**98.6**	**82.3**	**82.5**	**639.9**	**651.6**	**(11.7)**	**978.6**

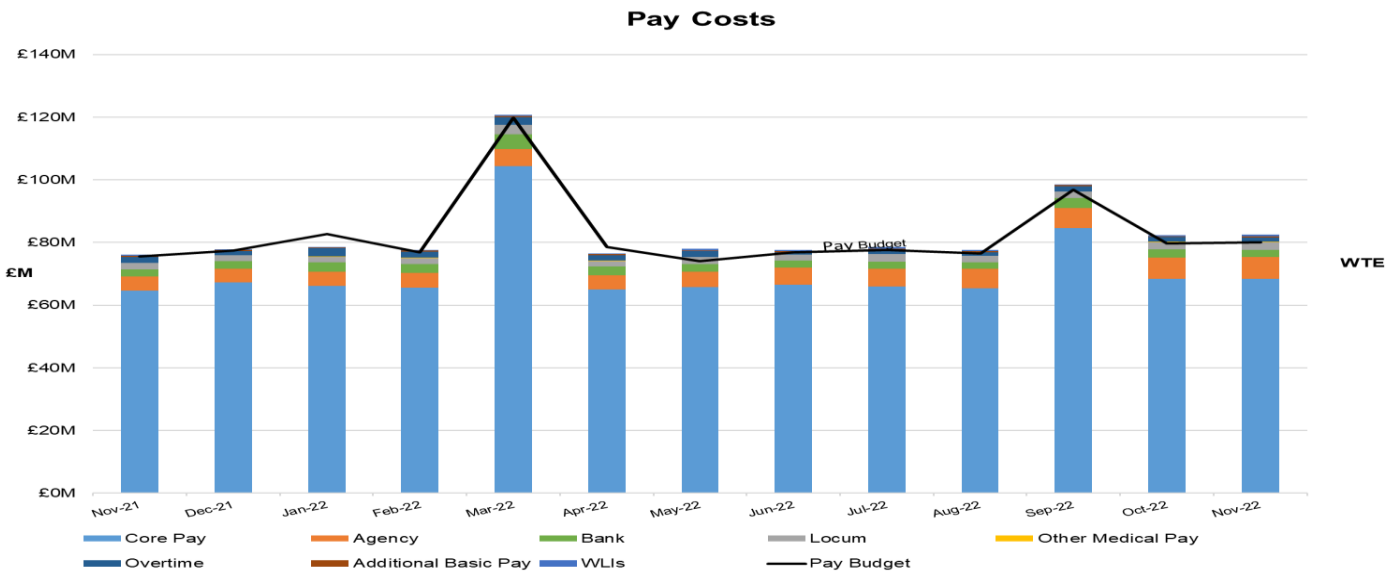
Non-Pay Costs	2022-23 M1	M2	M3	M4	M5	M6	M7	M8	Cumulative YTD Budget	Cumulative YTD Actual	Cumulative YTD Variance	Full Year Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractors	18.1	18.1	16.8	18.2	17.6	18.3	19.1	22.3	151.0	148.6	2.4	223.3
Primary Care Drugs	8.7	8.8	9.9	10.1	10.3	10.5	9.9	9.9	70.5	78.2	(7.7)	118.1
Secondary Care Drugs	7.0	7.3	5.4	6.7	7.2	7.2	7.0	7.4	52.2	55.1	(2.9)	82.9
Clinical Supplies	6.1	6.8	6.7	5.9	5.9	6.1	6.8	7.8	47.7	52.1	(4.4)	75.0
General Supplies	4.2	3.9	4.7	1.5	5.8	5.3	4.4	0.1	28.2	29.9	(1.8)	43.0
HC Services Provided by Other NHS	25.1	24.3	26.2	27.9	24.7	25.7	24.6	21.5	203.2	200.0	3.2	302.3
Continuing Care and FNC	9.4	9.4	9.4	10.2	9.6	5.5	8.7	8.8	65.5	71.0	(5.5)	105.0
Other	7.8	9.0	7.1	8.1	13.9	10.2	9.1	10.1	89.5	75.2	14.4	108.2
Non-pay costs	**86.4**	**87.5**	**86.1**	**88.6**	**95.0**	**88.7**	**89.6**	**88.1**	**707.8**	**710.1**	**(2.3)**	**1,057.8**
Cost of Capital	2.5	2.5	2.5	5.9	3.3	3.3	3.3	5.6	29.0	29.0	(0.0)	37.1
Total non-pay	**88.9**	**90.0**	**88.6**	**94.5**	**98.4**	**92.1**	**92.9**	**93.7**	**736.8**	**739.1**	**(2.3)**	**1,094.9**

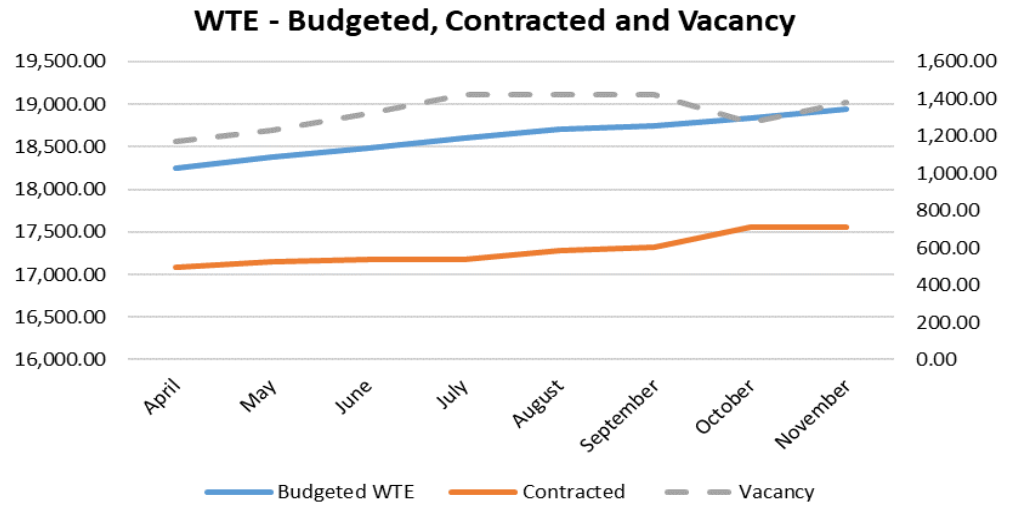
Variable Pay	2022-23 M1	M2	M3	M4	M5	M6	M7	M8	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Agency	4.6	5.0	5.5	5.5	6.2	6.4	6.8	6.9	46.9
Overtime	1.8	1.8	0.9	1.3	1.1	1.6	1.5	1.3	11.2
Locum	1.7	2.1	1.8	2.5	2.0	2.0	2.2	2.5	16.8
WLIs	0.3	0.4	0.4	0.5	0.4	0.3	0.5	0.6	3.4
Bank	2.8	2.5	2.3	2.3	2.0	3.2	2.6	2.4	20.1
Other Non Core	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.1	0.6
Additional Hours	0.3	0.3	0.4	0.3	0.4	0.3	0.2	0.4	2.6
Total	**11.7**	**12.2**	**11.2**	**12.5**	**12.1**	**13.9**	**13.9**	**14.1**	**101.6**

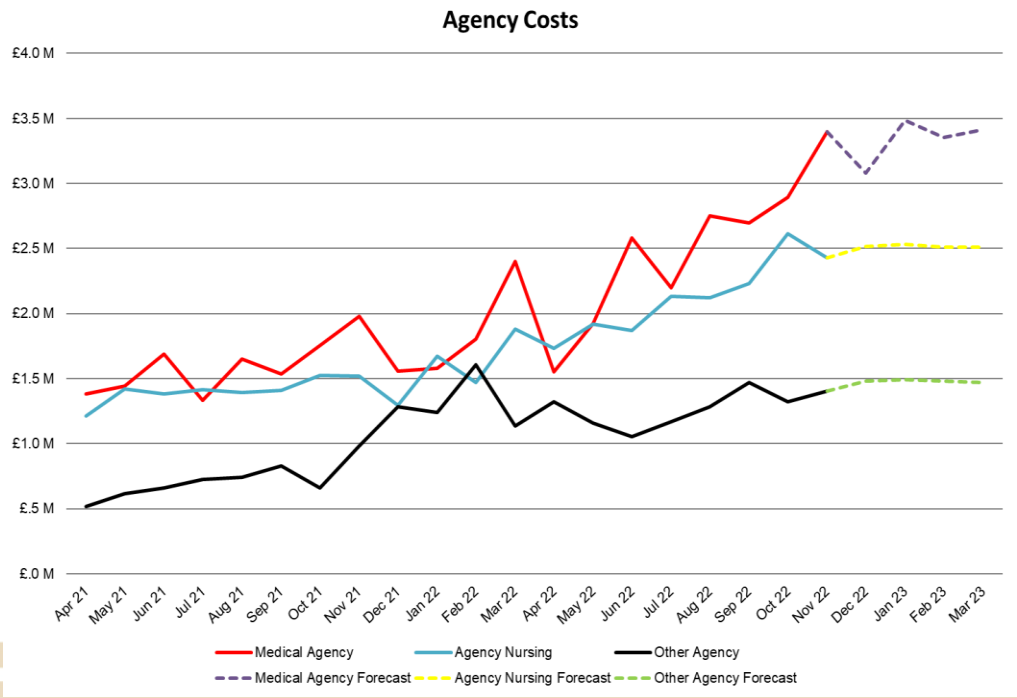
- Total Pay costs are £82.5m in November, an increase of £0.2m from October, and £1.5m above forecast. The Annual Leave accrual released in Month 8 is £1.6m with total year to date released is £3.3m, of which £2.8m is reported as an Accountancy Gain.
- The 22/23 NHS Pay Award total year forecast cost is £40.1m, however the 22/23 Pay Award funding allocation received from WG is £38.3m, therefore leaving a pressure of £1.8m. It is currently assumed this will not impact on the forecast deficit of £10m, but this remains a risk.
- Total Variable Pay is £14.1m, an increase of £0.2m from Month 7. Month 8 Variable Pay includes Agency spend of £6.9m, Bank £2.4m and Overtime £1.3m. Agency costs have increased by £0.1m from previous month and is £1.2m higher than previous monthly average.
- A total of £1.8m pay costs were directly related to COVID-19 in November, which is £0.1m less than October spend.
- Non Pay expenditure is £88.1m, an reduction of £1.5m from October. Year to date Non Pay is reporting an adverse variance of £2.3m.

Pay Costs

- Total Pay costs are £82.5m in November, an increase of £0.2m from October. The Annual Leave accrual released in Month 8 is £1.6m with total year to date released is £3.3m, of which £2.8m is reported as an Accountancy Gain.
- Total Variable Pay is £14.1m, of which Agency is £6.9m, Bank £2.4m and Overtime £1.3m. Agency costs have increased by £0.1m from October and is £1.2m higher than previous monthly average. Of the £6.9m, the 3 hospital sites accounted for £3.7m of the costs.
- The below graphs summarises monthly Pay costs and WTE trend, including WTE Vacancies.



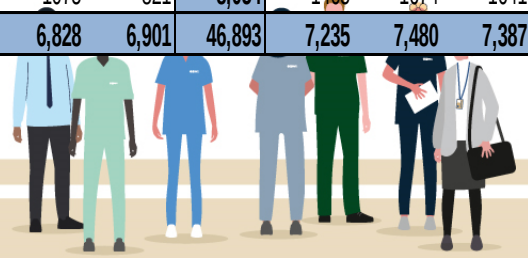




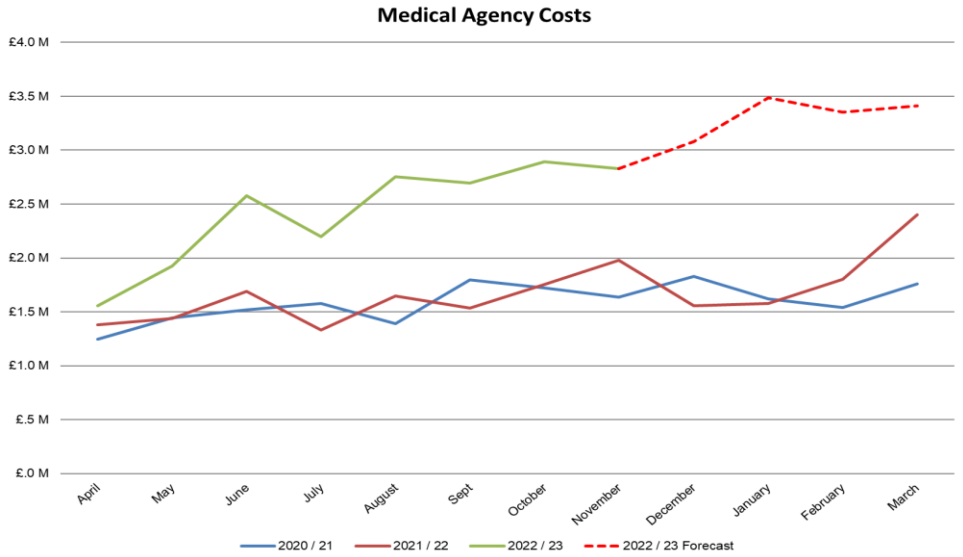
Pay Costs - Agency

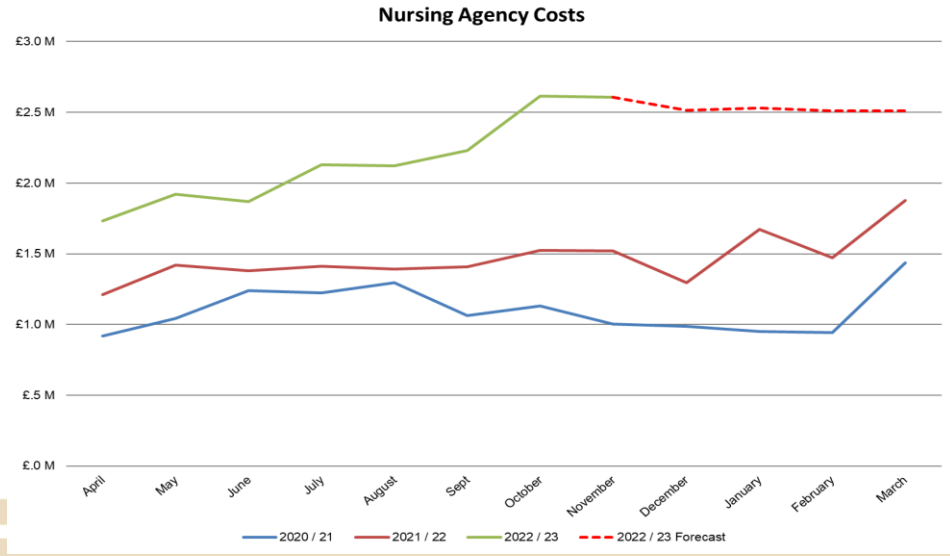
- Total agency costs were £6.9m for November which have increased by £0.1m from October, and is £1.2m higher than the previous monthly average, although less than the £7.2m forecast for November. Of the £6.9m, the 3 hospital sites accounted for £3.7m of the costs. Total Forecast Agency spend is £76.4m, an increase of £27.6m from 2021/22 Agency outturn position.
- November Agency costs is 8.4% of total pay and is projected to increase to 9.0% of total pay in March 23. Total 22/23 Agency costs is forecast to be 8.9% of total pay costs in 22/23 (5.2% in 21/22).
- Medical agency spend is £2.8m which is £0.4m more than the monthly average in 2022-23.
- Agency nursing spend is £2.6m in November, £0.5m more than the 2022-23 monthly average

	22-23 Actual													
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Total Year to Date	Dec-22	Jan-23	Feb-23	Mar-23	Total Full Year Forecast
West Area	118	155	156	191	195	127	384	205	**1,531**	65	65	65	65	**1,791**
Ysbyty Gwynedd	570	564	565	568	651	710	779	785	**5,193**	744	744	744	744	**8,169**
Central Area	234	351	155	294	553	487	543	420	**3,037**	438	438	438	438	**4,789**
Ysbyty Glan Clwyd	914	1,110	1,261	1,376	1,238	1,613	1,542	1,805	**10,859**	2190	2190	2190	2190	**19,617**
East Area	576	574	1,042	357	939	758	886	975	**6,107**	721	765	725	737	**9,056**
Ysbyty Maelor Wrexham	760	812	808	1,005	923	1,062	1,084	1,072	**7,525**	1069	1062	1042	1017	**11,714**
Mental Health & LDS	446	436	505	598	680	570	535	819	**4,587**	543	543	543	543	**6,757**
Other	992	1,003	1008	1,108	980	1,067	1075	821	**8,054**	1465	1674	1641	1631	**14,464**
Total Agency	**4,609**	**5,004**	**5,502**	**5,497**	**6,159**	**6,394**	**6,828**	**6,901**	**46,893**	**7,235**	**7,480**	**7,387**	**7,364**	**76,358**

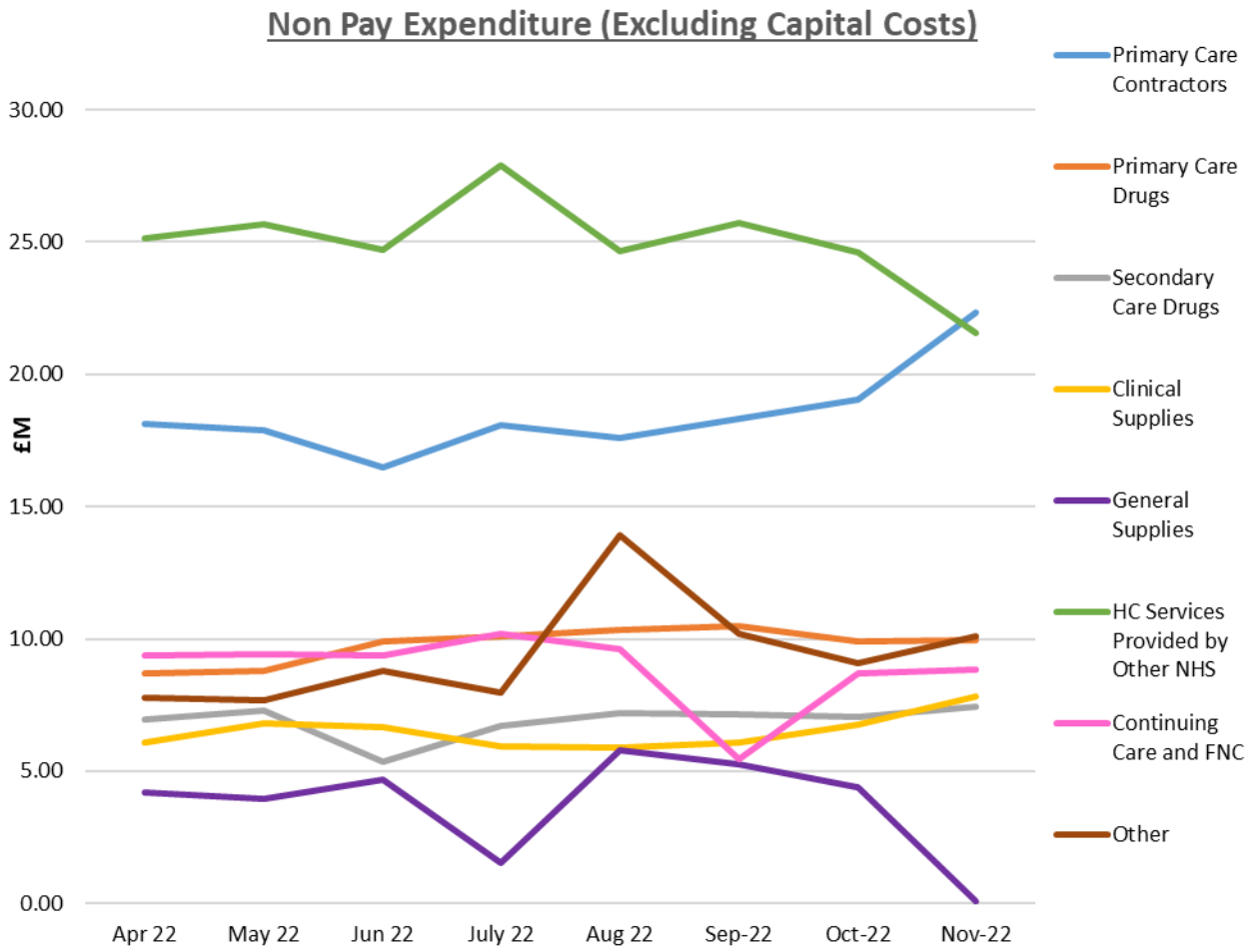


- The below graphs shows increases in both Medical & Agency Nursing costs from 2020/21 and 2021/22.





Non-Pay Costs



Total Non-Pay Expenditure: November spend is £88.1m (excluding capital charges), which is £1.5m less than October Non Pay spend, but £0.2m more than the forecast spend. The main areas of changes in month are included below:

Primary Care Contractor: November expenditure is £22.3m and £3.4m (18.1%) higher than previous month spend. The movement from last month is due to the increase in GMS and GDS Pay Award uplift. Pressures also remain within GMS Dispensing costs and increase in Winter Pressures Access Schemes.

Primary Care Drugs: Spend is in line with October expenditure.

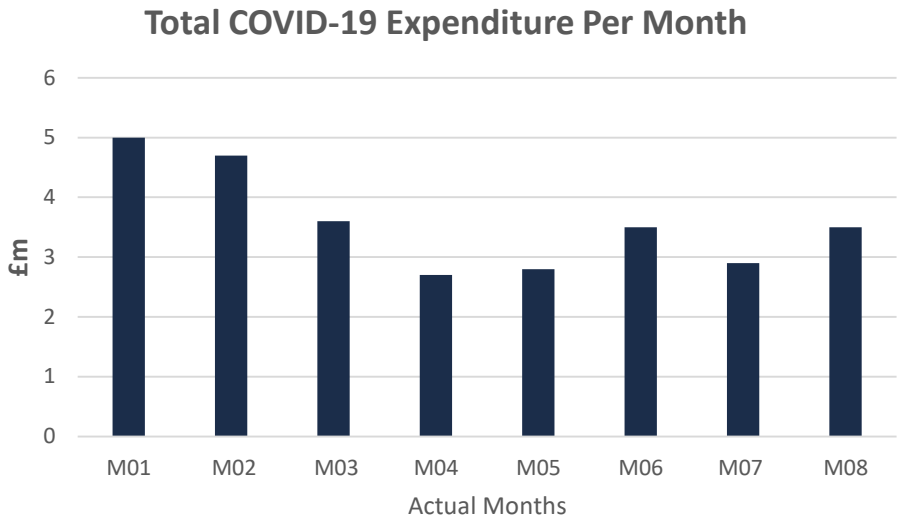
Healthcare Services provided by Other NHS Bodies: Spend has decreased by £3.1m (12.5%) on previous month. The in month favourable movement in English Provider performance is due to greater clarity around the contract agreements and assurance provided that the English Non Contracted Activity (NCA's) accrual can be reduced, of which £3.4m has been reported as an accountancy gain in Month 8.

Continuing Health Care (CHC) and Funded Nursing Care (FNC): Expenditure in November is £0.1m higher than October.

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

Impact of COVID-19

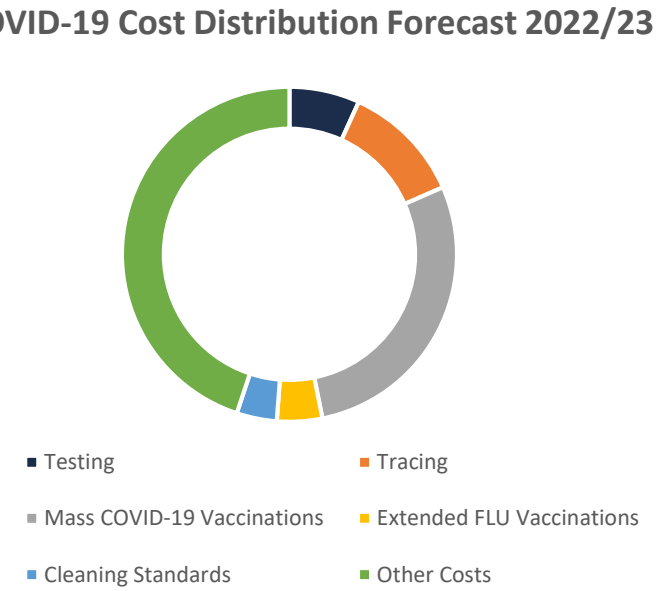
	Actual M01 £m	Actual M02 £m	Actual M03 £m	Actual M04 £m	Actual M05 £m	Actual M06 £m	Actual M07 £m	Actual M08 £m	Total YTD 2022/23 £m	Forecast 2022/23 £m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	1.9	2.8
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	0.2	0.3	3.8	4.8
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	1.4	1.4	8.1	11.7
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.3	0.6	1.8
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.0	0.2	0.9	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	1.0	1.1	13.4	18.5
Total COVID-19 expenditure	**5.0**	**4.7**	**3.6**	**2.7**	**2.8**	**3.5**	**2.9**	**3.5**	**28.7**	**41.2**
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(2.9)	(3.5)	(28.7)	(41.2)
Impact of COVID-19 on Position	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**



- COVID-19 expenditure in November is £3.5m, which is £0.6m higher than in October. Total forecast cost of COVID-19 is currently £41.2m, a reduction of £0.3m 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.

- A further review will be undertaken to ensure that all relevant costs have been correctly charged to Covid, as in comparison to other Health Boards, BCU is charging much lower Discharge support costs and Additional Bed Capacity costs to Covid.

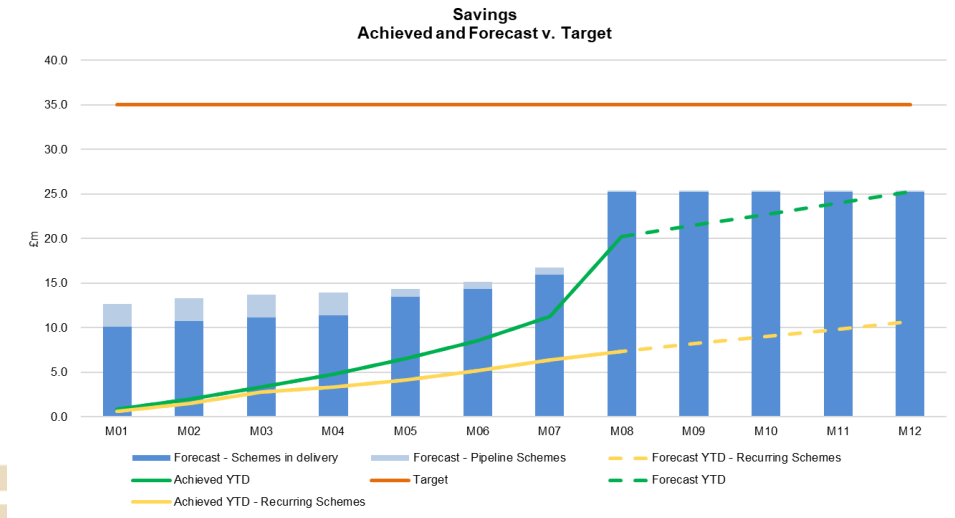
- COVID-19 Other Costs is £1.1m for November which includes costs for Long COVID, additional staffing and PPE due to COVID Surge, Investigation and learning from Nosocomial Case and Patient Charge Income Target (Loss of Dental income).



Savings

	Savings Target	SCHEMES IN DELIVERY									PIPELINE SCHEMES				PROGRAMME	
		Year to Date				Forecast										
	Savings Target	Savings Target	Recurring Savings Delivered	Variance in Recurring Savings	Non-Recurring Savings Delivered	Recurring Forecast	Variance	Non-Recurring Forecast	Total Forecast	Forecast FYE	Recurring Plan	Non-Recurring Plan	Total Plan	Plan FYE	Total Forecast	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
West Integrated Health Community																
Area - West	2,940	1,127	908	(219)	684	1,166	(1,774)	1,066	2,233	1,518	0	0	0	0	2,233	(707)
Ysbyty Gwynedd	3,124	1,198	134	(1,063)	51	280	(2,844)	68	349	463	0	0	0	0	349	(2,775)
Facilities	304	116	0	(116)	0		(304)								0	(304)
Total West	**6,368**	**2,441**	**1,042**	**(1,399)**	**735**	**1,447**	**(4,921)**	**1,135**	**2,581**	**1,981**	**0**	**0**	**0**	**0**	**2,581**	**(3,787)**
Central Integrated Health Community																
Area - Centre	4,942	1,895	1,590	(304)	1,214	2,339	(2,603)	1,224	3,563	2,564	0	0	0	0	3,563	(1,379)
Ysbyty Glan Clwyd	3,951	1,515	105	(1,409)	122	249	(3,702)	364	613	325	50	0	50	100	663	(3,288)
Facilities	341	131		(131)			(341)								0	(341)
Total West	**9,235**	**3,540**	**1,696**	**(1,844)**	**1,336**	**2,588**	**(6,647)**	**1,588**	**4,176**	**2,889**	**50**	**0**	**50**	**100**	**4,226**	**(5,009)**
East Integrated Health Community																
Area - East	5,080	1,947	1,294	(653)	1,007	1,593	(3,487)	1,338	2,931	1,697	0	0	0	0	2,931	(2,149)
Ysbyty Wrexham Maelor	3,171	1,216	402	(813)	1,214	814	(2,357)	1,659	2,472	1,346	0	0	0	0	2,472	(699)
Facilities	316	121		(121)			(316)								0	(316)
Total East	**8,567**	**3,284**	**1,696**	**(1,588)**	**2,221**	**2,407**	**(6,161)**	**2,997**	**5,404**	**3,044**	**0**	**0**	**0**	**0**	**5,404**	**(3,164)**
PAN North Wales Services																
MHLD	613	235	1,403	1,168	161	1,878	1,265	216	2,094	1,893	0	0	0	0	2,094	1,481
Womens Services	1,375	672	109	(563)	1,411	115	(1,260)	1,544	1,659	158	0	0	0	0	1,659	284
Diagnostic and Specialist Clinical Support	2,044	784	165	(618)	394	249	(1,795)	412	660	291	0	0	0	0	660	(1,384)
Cancer Services	1,542	591	910	318	0	1,469	(73)	0	1,469	1,469	0	0	0	0	1,469	(73)
Area - Other	235	90	118	27	0	235	0	0	235	235	0	0	0	0	235	0
Contracts	1,500	575	0	(575)	3,488	0	(1,500)	3,488	3,488	0	0	0	0	0	3,488	1,988
Provider Income	304	117	0	(117)	0	0	(304)	0	0	0	0	0	0	0	0	(304)
Total PAN North Wales	**7,613**	**3,063**	**2,705**	**(358)**	**5,454**	**3,945**	**(3,668)**	**5,661**	**9,606**	**4,047**	**0**	**0**	**0**	**0**	**9,606**	**1,993**
Corporate	3,217	1,233	219	(1,014)	3,131	339	(2,878)	3,145	3,484	562	110	0	110	110	3,594	377
Total	**35,000**	**13,561**	**7,358**	**(6,203)**	**12,877**	**10,726**	**(24,274)**	**14,526**	**25,251**	**12,523**	**160**	**0**	**160**	**210**	**25,411**	**(9,589)**

- Savings delivered in Month 8 total £9.0m against plans of £8.7m and a target of £2.4m.
- Year to date savings total £20.2m against plans of £17.5m and a target of £13.6m.
- The target in the ledger is based on early projections, and is profiled differently to submitted plans.
- The transactional target of £17.5m has therefore been met in terms of total actual savings delivered. However, recurring savings delivered is £7.4m.
- Full Year Forecast, an increase of £9.4m, totals £25.3m for Green and Amber schemes, indicating that a further £5.1m will be delivered this year, less than the required £14.8m.
- The ongoing reliance on smaller scale savings initiatives remains a concern and as Transformational savings are profiled towards the final quarter; the lack of plans and delivery will cause an increasingly adverse variance.
- £8.1m of the Month 8 increase relates to 8 new schemes, being the submission of schemes reflected in the ledger previously. These do not improve the overall position.



Risks and Opportunities (not included in position)

	RISKS	£m	Level	Explanation
1	Introduction of PAAR's rate of pay as per national agreement	£4.0m	High	The PAAR is applicable to all staff categories and with winter pressures could be a significant risk to the Health Board.
2	Anticipated Income for Exceptional costs – (Energy & RLW)	£14.0m	High	Anticipated income for Exceptional costs not being funded.
3	Potential of not receiving the MSK funding	£1.2m	High	
4	Ring fenced funds requirement to return any slippage	£15.6m	High	
5	Pay Pressures anticipated but may not be funded	£0.8m	High	(Flowers and Band 1 & 2 2022/23)
6	Risk of not receiving funding for COVID GDS loss of dental income over original allocation	£0.5m	Medium	
7	Non delivery of Recovery Plan	£10.0m	Medium	
8	Continued increased in Cost Pressures	£10.0m	Medium	Driven by Inflation, activity volumes and Agency costs and shortfall of funding for National agreed pay increases.
	Total Risks	**£56.1m**		

	OPPORTUNITIES	£m	Level	Explanation
1	Technical Adjustment	£5.0m	Medium	Potential of further opportunities relating to technical adjustments such as annual leave.
	Total Opportunities	**£5.0m**		
	NET RISK	**£61.1m**		

Balance Sheet

Non-Current Assets	Opening Balance Beginning of Apr 22 £'m	Closing Balance End of Nov-22 £'m	Forecast Closing Balance End of Mar 23 £'m
Property, plant and equipment	617.7	599.8	655.6
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	663.5	719.7
Current Assets			
Inventories	19.1	19.2	19.1
Trade and other receivables	105.8	121.5	113.1
Cash and cash equivalents	6.7	7.8	-32.5
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	131.6	148.5	99.8
TOTAL ASSETS	813.4	811.9	819.5
Current Liabilities			
Trade and other payables	257.1	237.4	235.1
Provisions	52.0	63.6	64.4
Current Liabilities sub total	309.2	301.0	299.5
NET ASSETS LESS CURRENT LIABILITIES	504.2	510.9	520.0
Non-Current Liabilities			
Trade and other payables	0.8	0.8	31.4
Provisions	62.0	62.0	62.0
Non-Current Liabilities sub total	62.8	62.8	93.4
TOTAL ASSETS EMPLOYED	441.3	448.1	426.6
FINANCED BY:			
Taxpayers' Equity			
General Fund	298.0	304.7	273.6
Revaluation Reserve	143.3	143.3	153.0
Total Taxpayers' Equity	441.3	448.1	426.6

Capital

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

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
	Gross expenditure						
	All Wales Capital Programme: Schemes:						
1	Imaging	914	513	(401)	4,483	4,607	124
2	Wrexham Redevelopment	1,321	959	(362)	2,399	1,860	(539)
3	Nuclear Medicine	1	12	11	425	425	0
4	Substance Misuse-Holyhead	0	(1)	(1)	0	0	0
5	Digital Medicine	0	0	0	10	10	0
6	Ablett Unit	259	0	(259)	1,423	1,423	0
7	Linacs	133	136	3	1,922	1,916	(6)
8	Emergency Departments	84	3	(81)	418	418	0
9	Energy Saving Schemes	0	(2)	(2)	250	250	0
10	Enli Ward	0	23	23	0	500	500
	Sub Total	**2,712**	**1,643**	**(1,069)**	**11,080**	**10,659**	**(421)**
	Discretionary:						
43	I.T.	765	877	112	1,713	1,713	0
44	Equipment	986	1,299	313	1,379	1,379	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	3,959	2,827	(1,132)	7,879	7,800	(79)
47	Other	0	0	0	0	0	0
48	**Sub Total**	**5,710**	**5,003**	**(707)**	**10,971**	**10,892**	**(79)**
	Other (Including IFRS 16 Leases) Schemes:						
49	Donated	249	249	0	358	358	0
50	Internally Generated	0	0	0	0	0	0
69	**Sub Total**	**249**	**249**	**0**	**358**	**358**	**0**
70	**Total Expenditure**	**8,671**	**6,895**	**(1,776)**	**22,409**	**21,909**	**(500)**
	Donations:						
77	Donations:	249	249	0	358	358	0
78	**Sub Total**	**249**	**249**	**0**	**358**	**358**	**0**
92	**CHARGE AGAINST CRL / CEL**	**8,422**	**6,646**	**(1,776)**	**22,301**	**22,301**	**0**
93	**PERFORMANCE AGAINST CRL / CEL (Under)/Over**		**(15,655)**			**0**	

Annex 1

Savings M8

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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

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

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

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

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

The ongoing reliance on smaller scale savings initiatives also remains a concern. Savings plans from major programmes have not been delivered at this time.

FY Plan and Forecast – Update Month 8

Total target £35m

Red, Amber and Green Schemes:

- FY Plan M1 £12.6 m
- FY Plan M8 £22.8m:
  - increase of £8.1m this month relating to 8 new schemes, reflects outputs of deep dives and review of Forecast
  - decrease of £0.6m relating to the removal of red schemes
- FY Forecast has increased from £16.7m in M7 **to £25.4m**

Green and Amber Schemes:

- FY Plan M1 £10.1m
- FY Plan M8 £22.6m (£8.1m for eight new schemes)
- FY Forecast has increased from £15.9m in M7 to **£25.3m**
  - 3 Areas forecast up £0.3m to £8.7m
    Maintaining savings over their transactional target
    CHC remains a significant contributor
  - 3 Providers forecast up £1.4m to £3.4m
    Now £1.7m below transactional target
    Agency costs remain a significant pressure

- £8.1m of the Month 8 increase relates to 8 new schemes, being the submission of schemes reflected in the ledger previously. These do not improve the overall position.

£'000's	Target	FY Plan	Gap	FY Forecast	Gap
Transformation Savings	17,500	-	(17,500)	-	(17,500)
Divisional Savings (Amber & Green)	17,500	22,642	**5,142**	25,251	**7,751**
Total	**35,000**	**22,642**	(12,358)	**25,251**	(9,749)

	FY FORECAST (M8)		
£'000's	Recurring	Non Recurring	Total
Amber and Green Schemes			
Cash Releasing	10,229	6,868	17,097
Cost Avoidance	261	98	360
Accountancy Gains	235	7,008	7,243
Income Generation		551	551
	10,726	**14,526**	**25,251**
Red Schemes			
Cash Releasing	160	-	160
Cost Avoidance	-	-	-
Income Generation	-	-	-
	160	**-**	**160**
Total - Red, Amber and Green Schemes	**10,886**	**14,526**	**25,411**

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Divisional Savings – FY Plan vs FY Forecast vs Actual – Month 8

1) Transformation Savings

- FY Target 17.5m
- FY Plan nil
- YTD delivered nil

2) Transactional (Divisional) savings:

Green and Amber schemes:

- FY Target £17.5m Transactional target
- FY Plan M8 £22.6m – increased
- FY Forecast M8 £25.3m, up £9.3m on M7
- FY Forecast M8 recurring savings £10.7m

- YTD Target £11.8m – flat profile
- YTD Plan £17.5m
- YTD Actuals £20.2m:
  - £2.7m favourable variance against YTD Plan* Increase on favourable variance reported last month (£0.3m)
  - £8.4m above YTD Target
- Month Only:
  - Achieved £9.0m vs £8.7m Plan and £1.4m transactional Target – flat (1/12) Target profile to be adjusted in line with savings plan profiles

£'000's	FY			YTD M8			
Total Plans	**Target**	**Plan***	**Forecast**	**Target**	**Plan***	**Actual**	**Variance to Plan**
Transformation Savings	17,500	-	-	1,750	-	-	0
Divisional Savings	17,500	22,642	25,251	11,811	17,521	20,235	2,714
	35,000	**22,642**	**25,251**	**13,561**	**17,521**	**20,235**	**2,714**
Divisional Plans	**Target**	**Plan***	**Forecast**	**Target**	**Plan***	**Actual**	**Variance to Plan**
Recurring	17,500	9,756	10,726	11,811	6,244	7,358	1,114
Non Recurring		12,887	14,526		11,278	12,877	1,599
Total	**17,500**	**22,642**	**25,251**	**11,811**	**17,521**	**20,235**	**2,714**

- YTD actual savings total £20.2m
- The transactional target has been met in terms of total actual savings delivered. However, the proportion of recurring savings remains a challenge – recurring total £7.4m
- FY Forecast (green & amber) increased by £9.3m to £25.3m for Green and Amber schemes. Of this, recurring savings total £10.7m. This leaves an estimated £24.3m carry over into 23/24 (before actuals M9-12 considered).
- The FY Forecast also indicates that a further £5 m will be delivered this year, significantly less than the required £14.8m. The ongoing reliance on smaller scale savings initiatives remains a concern.
- £8.1m of the £9.0 delivered in month relates to 8 new schemes, which relate to movements already reflected in ledger so these do not improve the overall position.
- Red schemes have been reduced by £0.6m in Estates.
- Capacity remains an issue given current portfolio of change and the need to focus on Recovery and planning for next year.

*variance analysis provided

Divisional Savings – FY Plan vs FY Forecast – Month 8
Movement in Recurring/ Non Recurring

	FY PLAN			FY FORECAST(M8)			VARIANCE		
£'000's	Recurring	Non Recurring	Total	Recurring	Non Recurring	Total	Recurring	Non Recurring	Total
Amber and Green Schemes									
Cash Releasing	9,286	5,549	14,836	10,229	6,868	17,097	943	1,319	2,262
Cost Avoidance	234	98	333	261	98	360	27	0	27
Accountancy Gains	235	6,688	6,923	235	7,008	7,243	0	320	320
Income Generation		551	551		551	551	0	0	0
	9,756	**12,887**	**22,642**	**10,726**	**14,526**	**25,251**	**970**	**1,639**	**2,609**
Red Schemes									
Cash Releasing	160		160	160	-	160	0	0	0
Cost Avoidance			-	-	-	-	0	0	0
Income Generation			-	-	-	-	0	0	0
	160	**-**	**160**	**160**	**-**	**160**	**0**	**0**	**0**
Total - Red, Amber and Green Schemes	**9,916**	**12,887**	**22,802**	**10,886**	**14,526**	**25,411**	**970**	**1,639**	**2,609**

Green and Amber schemes:

- FY Forecast has increased from £15.9m in M7 to **£25.3m** – gap £9.7m
  - Up £9.4m on Forecast at M7 (£15.9m)
  - Favourable variance against FY Plan M8: £2.6m (variance analysis provided)
  - Favourable variance against FY Transactional Target - £7.9m
- 3 Areas forecast variance is £1.4m favourable.
- 3 Providers forecast £850k adverse. Now £1.7m below transactional target.
- FY Forecast M8 recurring savings £10.7m

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Divisional Savings – FY Forecast Month 8 against Target

The full year forecast for transactional savings plans totals £25.4m including Red, Amber and Green Schemes and income generation. This exceeds the original transactional target and contributes to the target for major programmes, for which plans to be confirmed.

		Forecast	Plan			
Total Improvement	Divisional Plans	Amber & Green	Red	Total YTD	Cash Releasing Target (Divisonal Transactional)	
1,455	Ysbyty Gwynedd	349	-	**349**	1,562	(1,213)
921	Ysbyty Glan Clwyd	613	50	**663**	1,976	(1,312)
2,721	Ysbyty Wrexham Maelor	2,472	-	**2,472**	1,586	887
5,097	**Hospital Sites**	**3,434**	**50**	**3,484**	**5,123**	(1,639)
1,182	North Wales Managed Services	2,129	-	**2,129**	1,793	336
1,430	Womens Services	1,659	-	**1,659**	688	972
7,709	**Secondary Care**	**7,223**	**50**	**7,273**	**7,604**	(331)
1,513	Area - West	2,233	-	**2,233**	1,470	763
3,208	Area - Centre	3,563	-	**3,563**	2,471	1,092
2,805	Area - East	2,931	-	**2,931**	2,540	391
235	Area - Other	235	-	**235**	118	118
3,488	Contracts & Provider Income	3,488	-	**3,488**	902	2,586
11,249	**Area Teams**	**12,450**	**-**	**12,450**	**7,501**	4,949
1,182	MHLD	2,094	-	**2,094**	307	1,788
3,649	Corporate	3,484	110	**3,594**	2,089	1,505
4,831	**Other**	**5,579**	**110**	**5,689**	**2,396**	3,293
-		-		**-**		0
23,789	**Total**	**25,251**	**160**	**25,411**	**17,500**	7,911

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Divisional Savings – FY Forecast Month 8 – IHC View

The full year forecast for transactional savings plans totals £25.4m including Red, Amber and Green Schemes and income generation. This exceeds the original transactional target and contributes to the target for major programmes, for which plans to be confirmed.

	Forecast	Plan			
Divisional Plans	**Amber & Green**	**Red**	**Total YTD**	**Cash Releasing Target (Divisonal Transactional)**	
IHC East					
Ysbyty Wrexham Maelor	2,472	-	2,472	1,586	887
Area - East	2,931	-	2,931	2,540	391
	5,404	**-**	**5,404**	**4,126**	1,278
IHC Centre					
Ysbyty Glan Clwyd	613	50	663	1,976	(1,312)
Area - Centre	3,563	-	3,563	2,471	1,092
	4,176	**50**	**4,226**	**4,447**	(221)
IHC West					
Ysbyty Gwynedd	349	-	349	1,562	(1,213)
Area - West	2,233	-	2,233	1,470	763
	2,581	**-**	**2,581**	**3,032**	(451)
North Wales Managed Services	2,129	-	2,129	1,793	336
Womens Services	1,659	-	1,659	688	972
MHLD	2,094	-	2,094	307	1,788
Area - Other	235	-	235	118	118
Contracts & Provider Income	3,488	-	3,488	902	2,586
	9,606	**-**	**9,606**	**3,807**	5,799
Corporate	3,484	110	3,594	2,089	1,505
Total	**25,251**	**160**	**25,411**	**17,500**	7,911

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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)

	Delivered				Plan	Target	Delivered as a % of Transactional Target				Plan
£'000's	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

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MONITORING RETURN

Month 8 2022/23

Rob Nolan
Finance Director – Commissioning and Strategic Financial Planning

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial plan

- The Health Board's financial plan for 2022/23 was to deliver a balanced position, which includes the £82.0m strategic support funding from Welsh Government. In addition, £38.4m Sustainability funding has been received to support planned and unscheduled care.

- Further to the deep dive review of the forecast outturn in Month 6, the Health Board's forecast position is reporting a deficit of £10.0m. The review of forecast outturn has resulted in the development of a Recovery Plan for consideration by the Board, which was detailed in the Accountable Officer (AO) Letter. A Quality, Performance and Finance Recovery Group has been set up by the Executive, which will meet weekly to oversee the Recovery Plan.

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

- The £42m Strategic Support was included as recurrent in the MDS. Prior to the submission of the financial plan for 2022-25, the Health Board started the discussion with Welsh Government on the continuation of the Strategic Support. The three-year financial plan included in the BCU IMTP submission also assumed that funding for Performance and Transformation would continue beyond 2023-24. The Health Board has been clear that it is committing recurrently against this funding (as agreed with the previous NHS Chief executive Andrew Goodall) in order to be able to deliver the required outcomes.

- As per request from Welsh Government, the Health Board has been requested to reflect the £42m as non-recurrent, which will consequently revise the underlying carried forward deficit to £82m. The Health Board will continue discussions with NHS Wales executive team with regards to this funding.

1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £1.9m, which gives a cumulative deficit of £6.3m as at the end of November.

- The total cost of COVID-19 in November is £3.5m (£28.8m year to date), an increase of £0.6m from October expenditure. Welsh Government income has been anticipated to fully fund these costs, giving a nil impact on the financial position.

1. FINANCIAL POSITION & FORECAST

1.3 Forecast Position

- Further to the deep dive review of the forecast outturn in Month 6, the Health Board's forecast position is reporting a deficit of £10.0m. The forecast position is dependent on Welsh Government fully funding all anticipated income, delivering the recovery actions of 0.75% additional reductions in spend, and not clawing back any allocations received to date including ring-fenced allocations.

- A full review of expenditure is being undertaken to ensure the relevant expenditure is correctly charged to the ring-fenced allocations. It also assumes any benefits gained from release of the annual leave accrual will be retained.

- The below table summarises the movement in the underlying forecast deficit of £45.0m, including non-delivery of the Transformation savings and the mitigating actions required to bring the forecast position down to a forecast deficit of £10.0m.

	2022/23 Planned Forecast Outturn	
	£'m	**£'m**
Financial Risk (Worst Case)		(45)
Less:		
Improvement in savings delivery	10	
Reduction in Expenditure Forecast	7	
Release of Annual leave Accrual	10	
		27
Review commitments against Ring Fenced		**8**
Total 22/23 Forecast Deficit		**(10)**

1.4 Income (Table B)

- Income totals £171.3m for November, an increase of £0.4m from October. Further details are included in Section 7.

1.5 Actual Expenditure (Table B)

1. FINANCIAL POSITION & FORECAST

- Expenditure totals £173.2m for November, which is £1.1m higher than total expenditure in October.

- The areas of significant increases in spend include Primary Care Contractor (£3.4m) and Provider Services Non Pay (£1.7m), Secondary Care Drugs (£0.4m) and Provided Services Pay (£0.3m). Offsetting these are decreases in Healthcare Services Provided by Other NHS Bodies (£3.1m) and DEL Depreciation (£1.8m).

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

- Costs of £3.5m are directly related to COVID-19 in November, of which £1.8m is Pay and £1.7m is Non Pay.

Primary care Contractor	• Spend is £3.4m (18.1%) higher than previous month due to GMS uplift in the Global Sum for GP Contractors for increase in Practice Staff Pay and miscellaneous expenses (circa 4.5%). Global Sum has increased to £111.40 for the weighted population of each GP Surgery. There has also been the 4.5% DDRB pay uplift payable to Dental Contractors. • Pressures remain within GMS Dispensing costs and increase in Winter Pressures Access Schemes. • Annual forecast movement is £5.4m higher than previous month due to the Pay Award uplift as above.
Primary care – Drugs & Appliances	• Month 8 spend is in line with October expenditure. Annual forecast cost has increased by £0.1m from previous month. • Following receipt of the September prescribing data, the average cost per Prescribing Day has decreased by 1.9%, September was £0486.m compared to 0.495m for August. • The three-month average cost per prescribing day in September has decreased by 0.4%. • The average cost per item prescribed in September has however increased by 1.8%; September was £7.26 compared to £7.13 in August. • The 3-month average cost per item has also increased from £7.03 to £7.15 (+1.7%). • The overall number of items prescribed per prescribing day has reduced by 3.6%; September had 66,944 items prescribed compared to 69,457 in August.
Provided Services - Pay	• Provided Services pay costs are £79.7m, an increase of £0.3m from previous month and is £1.1m higher than forecast for the month.

1. FINANCIAL POSITION & FORECAST

	• Annual Leave accrual released in Month 8 is £1.6m with total year to date released is £3.3m, of which £2.8m is reported as an Accountancy Gain. • Total Variable Pay is £10.6m (Agency £6.9m, Bank £2.4m and Overtime £1.3m), a reduction of £0.3m from October. Agency costs continue to increase and have increased by £0.1m from previous month and is £1.2m higher than previous monthly average. Bank spend has decreased by £0.2m and Overtime has also decreased by £0.2m. Further detail on Agency spend is included in Section 5.1. • All three sites are experiencing staffing pressures due to vacancies and reduction in the availability of Bank staff, which is increasing the demand on agency staff to backfill. • A total of £1.8m pay costs were directly related to COVID-19 in November, which is £0.1m less than previous month spend. • Total Pay Annual Forecast has increased by £4.9m due to the additional cost of PAAR (Planned Additional Activity Rates) and WLI's and forecast increased staffing costs both in A & C and Ancillary services, some of which may be non-clinical costs associated with WLI's.
Provider Services Non-Pay	• Spend in November is £1.7m (9.6%) higher than October. • Implants and patient appliances spend has increased by £0.5m in Month 8 of which £0.2m is increase in Pacemakers spend, which is all driven by increased theatre activity. • Energy costs have increased by £0.5m in month to reflect the latest year to date costs as per forecast data received via NWSSP from British Gas. • Other Non Pay increases are reported across a range of non pay subjective codes including Provisions (£0.1m), Travel costs (£0.1m), and Training Expenses (£0.2m) and backdated Premises Security costs (£0.4m). • Provider Services Non Pay total annual forecast has decreased by £7.2m due to £6.1m transferred to Capital further to the IFRS adjustments and £0.4m energy reduction in annual forecast. • COVID-19 Provider Services Non Pay costs is £1.0m, which is in line with previous month expenditure.
Secondary care Drugs	• Month 8 expenditure is £0.4m (5.6%) higher than Month 7 and is £0.2m higher than forecast for the month being primarily driven due to price and activity. • Secondary Care Drugs Annual forecast cost has decreased by £0.4m from Month 7.

1. FINANCIAL POSITION & FORECAST

Healthcare Services provided by other NHS Bodies	• Spend has decreased by £3.1m (12.5%) on previous month and is £0.3m less than forecast for the month. The in month favourable movement in English Provider performance is due to greater clarity around the contract agreements and assurance provided that the English Non Contracted Activity (NCA's) accrual can be reduced, of which £3.4m has been reported as an accountancy gain in Month 8. • Annual forecast spend has decreased by £1.7m due to a review of what activity can be provided by other Health Bodies. • 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 November is £0.1m (1.7%) higher than previous month and is line with forecast for the month. Annual forecast has decreased by £0.9m as a result of some projected accountancy gains. • Mental Health CHC costs continue to be a pressure due to increased cost of Out of Area placements.
Other Private and Voluntary Sector	• Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers. • Spend has decreased by £0.2m (8.7%) from previous month and is £0.2m less than forecast for the month.
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 is £0.1m higher than previous month spend and £0.1m higher than forecast for the month.
Losses, Special Payments and Irrecoverable Debts	• Includes Redress, Clinical Negligence, Personal Injury and loss of property. • Expenditure is £0.1m higher than previous month spend.
Capital	• Includes depreciation and impairment costs that are fully funded. • Capital costs are £1.8m less than previous month following the November Non-cash submission. • The IFRS-16 Lease changes have not been actioned in the ledger to date.

1. FINANCIAL POSITION & FORECAST

1.6 Forecast Expenditure (Table B)

- The forecast position is reporting a deficit of £10.0m, which is dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring-fenced allocations and any benefits gained from the Annual Leave accrual.

- The 22/23 NHS Pay Award total year forecast cost is £40.1m, however the 22/23 Pay Award funding received from WG is £38.3m leaving a pressure of £1.8m.

- The Forecast expenditure also accounts for the changes in future NI costs following the decision that the 22/23 ENIC increase (Levy) will cease from 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 (Line 30).

- 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 8/12ths has been factored into the year to date position.

- Energy forecast costs are currently very volatile and have been updated in line with WG advice and the latest forecast data received via NWSSP from British Gas. The updated British Gas energy cost forecast takes into account the Energy price cap and the revised energy forecast outturn at Month 8 is £26.3m. The data isn't always received in time to be reflected in the ledger position, therefore there is unfortunately an element of risk. In addition to the market volatility, the forecast model has also been adjusted to reflect the impact of the Government's energy support package, and the forecast data is being reviewed to ensure it is as accurate as possible, which has delayed it being issued to health boards. The Health Board is awaiting further British Gas Energy forecasts before making further adjustments.

- The forecast expenditure also includes the Microsoft renewal license cost of £4.4m, of which £1.1m is a cost pressure for the Health Board as highlighted in Line 31 of Table A. 1/12ths of the £1.1m cost pressure is being phased into the position on a monthly basis.

- The brought forward opening Annual Leave accrual value from 2021/22 is £27.2m. All staff that were due payment for selling annual leave from 2021/22 have now been paid via BCUHB Payroll, reducing the baseline provision to £25.7m. Further to this, £3.3m of the accrual has been released into the position to date, with £2.8m being reported as an accountancy gain under Section 1.7 (Table B). The Annual Leave accrual balance at Month 8 is £22.4m, with a further £6.7m to be released into the position from Month 9 - 12. The accountancy gain calculation is based upon an assumption of no backfill costs for A & C staff and Estates and Ancillary staff in 2022/23, and further work is ongoing to establish if the future year's liability can also be released for these staff.

1. FINANCIAL POSITION & FORECAST

- The below table summarises the forecast expenditure relating to the £30.0m Performance Fund and £12.0m transformation Fund. The forecast for the utilisation of Performance and Transformation funding is now £32.8m, therefore reporting a forecast slippage of £9.2m, which will need to be kept to achieve the forecast deficit of £10.0m.

- Some schemes that are supported by this funding have not yet commenced and in the main, we are not now expecting them to commence this financial year. However, most of the schemes are underway and the forecast monthly spend for Months 9 to 12 is in line with actual spend in Months 7 and 8.

	Actual								Forecast				
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	0.6	2.0	1.4	1.3	1.8	1.6	1.9	0.9	1.9	2.1	2.3	2.4	**20.2**
Non-Pay	0.2	0.8	0.4	0.7	1.0	1.2	1.4	2.8	0.9	1.0	1.0	1.2	**12.6**
Total	**0.8**	**2.8**	**1.8**	**2.0**	**2.8**	**2.8**	**3.3**	**3.7**	**2.8**	**3.1**	**3.3**	**3.6**	**32.8**

- The 3-year financial plan assumed funding for Performance and Transformation was to continue on a recurrent basis, which was also reflected in the submitted MDS tables. However, as per request from Welsh Government this has been reported as non-recurrent within Table A as from Month 4. The Health Board has been clear with Welsh Government that it is committing recurrently against this funding, as it relates to substantive recruitment of specific staff posts to ensure delivery of the required outcomes.

1.7 Accountancy Gains (Table B)

- The Health Board is reporting £6.5m Accountancy Gains in November, of which £2.8m is release of the Annual Leave accrual Accountancy Gain and £3.4m due to improvement and greater clarity around the contract agreements and assurance provided that the English Non Contracted Activity (NCA's) accrual can be reduced.

- £7.1m of Year to Date Accountancy Gains have been reported up to end of November and the full year forecast is £7.2m.

1.8 COVID-19 (Table B3)

- The total impact of COVID-19 spend in November is £3.4m, an increase of £0.5m from October spend. Welsh Government funding is anticipated to fully offset the impact of COVID-19. The below table summarises actual spend by COVID-19 category.

	Actual M01 £m	Actual M02 £m	Actual M03 £m	Actual M04 £m	Actual M05 £m	Actual M06 £m	Actual M07 £m	Actual M08 £m	Total YTD 2022/23 £m	Forecast 2022/23 £m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	1.9	2.8
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	0.2	0.3	3.8	4.8
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	1.4	1.4	8.1	11.7
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.3	0.6	1.8
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.0	0.2	0.9	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	1.0	1.1	13.4	18.5
Total COVID-19 expenditure	**5.0**	**4.7**	**3.6**	**2.7**	**2.8**	**3.5**	**2.9**	**3.5**	**28.7**	**41.2**
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(2.9)	(3.5)	(28.7)	(41.2)
Impact of COVID-19 on Position	**0.0**	**0.0**	**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 £41.2m, a net reduction of £14.5m from the MDS submission. The forecast is based on the assumption that COVID-19 costs will continue to have an impact for the whole year. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.

- Total COVID-19 Annual Forecast has reduced by £0.3m from previous month's annual 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:

	Forecast at Month 7 £m	Forecast at Month 8 £m	Change £m
Testing	2.9	2.8	(0.1)
Tracing	5.0	4.8	(0.2)
Mass COVID-19 Vaccinations	11.6	11.7	0.1
Extended Flu Vaccinations	1.8	1.8	0.0
Cleaning Standards	1.6	1.6	0.0
Other Costs	18.6	18.5	(0.1)
Total COVID-19 costs	**41.5**	41.2	**(0.3)**
Welsh Gov COVID-19 income	-41.5	-41.2	0.3
Total Impact of COVID-19	**0.0**	**0.0**	**(0.0)**

1. FINANCIAL POSITION & FORECAST

- Testing costs forecast has decreased by £0.1m, Tracing forecast has reduced by £0.2m and Mass COVID-19 Vaccination costs forecast has increased by £0.1m.

- Monkey pox forecast costs are reported under Mass Vaccination costs, however costs reported to date are minimal. Refuge and asylum seekers costs are also included in Testing Covid costs, and these make up approximately 60% of recent testing activity but does pose a risk if Covid rates should start to peak again.

- Total forecast spend within the PPE, Long COVID and Other section (A6) on Table B3 is £18.5m, a reduction of £0.1m from Month 7 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 £0.2m. COVID costs and forecasts are reviewed monthly. The £0.4m increase in Other Capacity & Facilities costs have increased by £0.4m due to costs coming through the Field Hospitals for the additional cost of the re-instatement of the Deeside Leisure Centre Contract. The below table provides a breakdown of the change in COVID Surge Forecast costs.

Covid Surge	Month 7 Forecast £ m	Month 8 Forecast £ m	Change £ m
A2. Increased bed capacity specifically related to COVID-19	0.60	0.70	0.1
A3. Other Capacity & facilities costs (exclude contract cleaning)	0.90	1.30	0.4
B1. Prescribing charges directly related to COVID symptoms	0.20	0.10	(0.1)
C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	9.60	9.50	(0.1)
D1. Discharge Support	0.00	0.00	0.0
D5. Other Services that support the ongoing COVID response	1.60	1.50	(0.1)
TOTAL	**12.90**	**13.10**	**0.2**

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

2. UNDERLYING POSITION

2.1 Movement from financial plan (Table A)

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

- As per the MDS, the underlying position carried forward into 2023/24 was £40.0m, however from Month 4 the £40.0m strategic funding has been amended to non-recurrent in Table A as per request from Welsh Government. Following this amendment, the Health Board's revised underlying position has been revised to reflect a carried forward underlying deficit of £82.0m.

- New in year pressures included within Table A are:

    - Line 29 – £32.0m Cost pressures in Prescribing, CHC, Agency and COVID Loss of income for Private Patients
    - Line 34 – GMS overspend of £1.0m overspend.

- The forecast outturn is reporting a deficit of £10.0m after taking into account the following mitigations:

    - Line 27 - £15.6m Retained slippage on Ring-fenced Funding.
    - Line 28 - £10.0m In year savings plans / cost reductions of £10.0m (0.75% of spend at deep dive) are being sought as part of the Recovery Plan.
    - Line 30 - £7.2m Release of Annual Leave Accrual (Excluding Accountancy Gain)

3. RISK MANAGEMENT

3.1 Risk Management (Table A2)

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

	£m	Level	Explanation
Risks			
Introduction of PAAR's rate of pay as per national agreement	£4.0m	High	The PAAR is applicable to all staff categories and with winter pressures could be a significant risk to the Health Board.
Anticipated Income for Exceptional costs – (Energy & RLW)	£14.0m	High	Anticipated income for Exceptional costs not being funded.
Potential of not receiving the MSK funding	£1.2m	High	
Ring fenced funds requirement to return any slippage	£15.6m	High	
Pay Pressures anticipated but may not be funded	£0.8m	High	(Flowers and Band 1 & 2 2022/23)
Risk of not receiving funding for COVID GDS loss of dental income over original allocation	£0.5m	Medium	
Non delivery of Recovery Plan	£10.0m	Medium	
Continued increased in Cost Pressures	£10.0m	Medium	Driven by Inflation, activity volumes and Agency costs
Total Risks	**£56.1m**		

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

3. RISK MANAGEMENT

	£m	Level	Explanation
Opportunity			
Technical Adjustment	£5.0m	Medium	Potential of further opportunities relating to technical adjustments such as annual leave.
Total Opportunities	**£5.0m**		

4. RING FENCED ALLOCATIONS

4.1 GMS (Table N)

- Not required this month.

4.2 GDS (Table O)

- Not required this month.

5. AGENCY/LOCUM EXPENDITURE

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

- Agency Month 8 are £6.9m, representing 8.4% of total pay. Agency costs are increasing on a monthly basis with Month 8 Agency costs having increased by £1.2m against previous average monthly cost profile. November Agency spend includes £0.3m that related to COVID-19, which is £0.1m higher than 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 cover increased vacancies. In addition, all Sites are having to pay increased rates for Agency cover.

- Nurse agency costs totalled £2.6m for the month, representing no change from the previous month. Acute sites continue to carry a high level of nursing vacancies and the availability of Bank Nurses has reduced which has led to further demand on the use of Agency Nursing. COVID-19 Nurse Agency costs were £0.1m in November, which is £0.1m lower than previous month spend.

- Other agency costs totalled £1.4m in November which is £0.1m higher than previous month due to increase in Admin & Clerical and Allied Health Professionals 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 Plan for Month 8 is £8.7m and savings delivery in month totalled £9.0m, resulting in a favourable variance of £0.3m. The year to date savings are £20.2m and the full year forecast has increased by £9.4m and now totals £25.3m for Green and Amber schemes, indicating a further £5.1m will be delivered this year. The proportion of green recurring savings are £10.7m and £15.5m non recurrent.

- The increase in month is a result of catch up in paperwork and won't impact on the overall forecast.

- Including red schemes, for which assurance reviews must be completed, the Full Year Forecast totals £25.4m. Income Generation is not included within this total, the red scheme having been delayed. The value of red schemes have been reduced by the removal of delayed Estates schemes totalling £0.6m.

- The Transactional savings target of £17.5m has therefore been met in terms of total savings delivered. The ongoing reliance on smaller scale savings initiatives remains a concern and as Transformational savings are profiled towards the final quarter; the risk on delivery will cause an increasingly adverse variance.

- The Health Board has developed a Recovery Plan, which was approved by the PFIG Committee in October. Weekly meetings are being held to monitor progress and will be reported to the Performance and Quality Recovery Group. The savings delivered through this plan are expected to be circa £10.0m. The recovery plan is being led by Interim Director of Regional Delivery.

7. INCOME ASSUMPTIONS

7.1 Income/Expenditure Assumptions (Table D)

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

7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) for the year is £1,897.3m. £1,268.1m of the RRL has been profiled into the cumulative position, which is £3.2m more than an equal twelfth. The profile of the RRL is linked to planned expenditure including developments funded by the Performance and transformation allocation.

- Confirmed allocations to date is £1,853.4m, with further anticipated allocations in year of £43.9m.

- The anticipated allocation includes £25.1m for COVID-19 funding. Total COVID-19 allocation received to date is £16.1m, of which is Nosocomial £0.9m, Loss of Dental Income £2.5m, Extended Flu £1.8m, PPE £0.9m, Mass Vaccination £5.3m, Tracing £3.4m and Testing £1.4m). £28.7m of COVID-19 funding has been profiled into the cumulative position to match expenditure.

- Further to the revised energy forecast, the anticipated income included for Energy costs has reduced from £16.1m in Month 7 down to £11.5m in Month 8.

- The estimated cost for Annual Leave Overtime (Flower Case) for the Health Board was £2.4m, however funding allocation received to date is £2.2m, therefore the £0.2m shortfall remains as anticipated income in Table E.

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

8. HEALTH CARE ARGEEMENTS & MAJOR CONTRACTS

8.1 Welsh NHS Contracts

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

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

9.1 Statement of financial position (Table F)

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

Movements at Month 8 2022-23

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

  Trade and other receivables increased by £15.686m to Month 8 of which £12.885m relates to increases in amounts recoverable from the Welsh Risk Pool subject to the outcome of on-going litigation claims. This was offset by reductions in the Accounts Receivable system balance and reimbursements received from the Welsh Risk Pool during 2022-23.

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

  Cash and cash equivalents have increased by £1.150m to £7.828m during the year, made up of an increase of £2.465m in revenue cash and a decrease of £1.315m in capital cash.

  The closing cash balance of £7.828m at Month 8 consisted of £3.595m revenue cash and £4.233m cash for capital projects. Capital cash was higher than previously anticipated due to delays in purchase orders over various capital projects.

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

  Trade and other payables decreased by £19.731m to Month 8 made up of a reduction in revenue payables of £12.062m and a reduction in capital payables of £7.669m.

  The decrease in payables is mainly as a result of reductions of £12.320m in the year-end Accounts Payable and Purchase Orders balances, alongside reductions in accruals for annual leave (£4.776m) and VERS (£1.524m).

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

  Increases of £11.593m 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 £12.869m relating to clinical negligence claims mainly offset by reductions in Continuing Care and Funded Nursing Care provisions.

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

Full year forecast movements

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

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

  The Health Board is anticipating that the balance due from the Welsh Risk Pool will reduce during the remainder of the year as costs incurred on litigation cases are reimbursed following approval at Advisory Board meetings.

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

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

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

Capital trade and other payables

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

The forecast balance sheet at 31st March 2023 now includes, for the first time, the impact of IFRS16 transitioning and in –year entries. These include an initial adjustment of £42.639m in current and non –current payables with a reduction of £6.063m in capital payables during the year.

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

Revenue trade and other payables

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

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

The table below details forecast movements in all trade and other payables at Month 8 2022-23. These movements in trade and other payables will also result in a cash pressure which is reflected in Table G and the associated narrative.

Forecast reduction in current trade and other payables	£m
Balance B/F 1st April 2022	257.982
Revenue - reduction in annual leave accrual	(11.500)
Revenue – reduction in payables as per annual accounts	(9.100)
Revenue – reduction in VERS accrual	(2.000)
Capital – IFRS16 transitioning payables	42.639
Capital – reduction in opening payables	(5.500)
Capital – reduction in IFRS16 payables	(6.063)
Forecast Balance C/F 31st March 2023	**266.458**

- **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 remain stable for the remainder of the year but that any movements will be matched by receivables with the Welsh Risk Pool.

9.2 Welsh NHS Debtors (Table M)

- **Aged Debtors (Table M)**

  At the end of Month 8 2022-23 the Health Board held two outstanding NHS Wales invoices totalling £929 that were over eleven weeks old and which had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. Both of these invoices were paid in full before the Monitoring Return submission date.

10. CASH

10.1 Cash Flow Forecast (Table G)

- The closing cash balance as at 30th November 2022 was £7.828m, which included £3.595m cash held for revenue expenditure and £4.233m 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 £32.485m, including the impact of IFRS16 on capital working balances. It is current estimated that £31.063m working balances cash will be requested (£24.000m revenue and £7.063m capital) along with a strategic cash support request of £5.000m.

- If approved, these cash support requests would result in a closing cash balance for 2022-23 of £3.578m (revenue £2.530m and capital £1.048m)

Revenue cash requirements 2022-23	**£m**
Opening revenue balance	1.130
Forecast movement in revenue payables as per narrative for Table F	(22.600)
Forecast cash impact of 2022-23 outturn position (£5.0m to be managed internally)	(5.000)
Forecast closing revenue cash balance	**(26.470)**
Capital cash requirements 2022-23	**£m**
Opening capital balance	5.548
Forecast movement in opening capital payables	(5.500)
Forecast movement in IFRS16 capital payables	(6.063)
Forecast closing capital cash balance	**(6.015)**
Total cash requirement 2022-23	
Opening cash balance	6.678
Forecast movement in revenue and capital payables as per Table F	(22.600)
Forecast cash impact of 2022-23 outturn position	(5.000)
Forecast reductions in opening capital payables as per Table F	(5.500)
Forecast reductions in IFRS16 capital payables as per Table F	(6.063)
Total forecast closing balance	**(32.485)**

10. CASH

Forecast cash support requests	**£m**
Revenue working balances support	24.000
Revenue strategic cash support	5.00
Capital working balance support – opening balances	1.000
Capital working balances support - IFRS16	6.063
Total forecast cash support requests	**36.063**

11. PUBLIC SECTOR PAYMENT POLICY PSPP

11.1 Public Sector Payment Policy PSPP (Table H)

- Not required this month

12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

12.1 Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2022/23 is £22.3m.

- The IFRS-16 Lease transitional changes have been actioned within the Month 8 Tables and working capital cash request accordingly.

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.

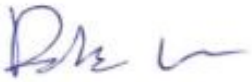
- Disposals (Table K) contains no data to date, as the paper including proposals will be submitted to the Performance, Finance and Information Governance Committee to seek Executive support. In relation to future years, the Health Board is working on a rationalisation list that includes potential disposals;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

13. OTHER ISSUES

13.1 Summary

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

- The Month 8 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee members at the December meeting.



Gill Harris
Interim Chief Executive Officer

Rob Nolan
Finance Director – Commissioning and Strategic Financial Planning

MONTH 7 MONITORING RETURN RESPONSES

Monitoring Return Review – Action Point 7.1

The Health Board continues to forecast an outturn deficit of £10.000m. As you are aware, this position remains unacceptable and is not supportable within the overall Health budget. It is noted that a number of the contributing factors for this outturn deficit have been amended since your Month 6 submission (although the deficit remains unchanged). The Health Board is expected to identify further actions, to deliver a balanced outturn in 22/23. (Action Point 7.1)

Response

The Health Board is aware of the statutory requirement to break even over a 3 year period and takes this duty very seriously. The changes that occurred between Month 6 and Month 7 were a review of the Sustainability funding potential slippage, which identified this as being £5m less than previously anticipated and changes to the forecast with regards to Contracts with other Healthcare bodies (including WHSSC) with expenditure in this area being £5m less than previously forecast. This has been reviewed further in month 8.

The overall forecast of a £10m deficit remains the same. The Health Board will continue to look for further opportunities to reduce expenditure, particularly although not exclusively through recurrent savings, and therefore achieve its breakeven duty.

Monitoring Return Review – Action Point 7.2

The deficit outturn assumes delivery of non-finalised savings at Month 7 (£9.852m) with c. £7.400m profiled into the final quarter of the financial year. The recently submitted AO Letter and narrative refers to a Recovery Plan; I assume this will be finalised by Month 8 (as delivery is forecast to commence in December) and that a copy will be provided with your MMR submission. (Action Point 7.2)

Response

Please see Table in Section 1.3 for the Recovery Plan Summary.

Monitoring Return Review – Action Point 7.3

The forecast deficit position includes the assumption that the following slippage totalling £14.400m can be retained from ring-fenced allocations:
1) Performance / Transformation support - £9.300m
2) Recovery funding - £5.000m
3) Dental - £0.100m
You are aware of the continued and consistent message to Health Boards, that slippage on ring-fenced funding will be recovered. Therefore, for the Month 8 submission any assessed surplus (please ensure that your spend forecasts for these areas is robust and all eligible spend is correctly assigned to the funding streams that have been made available) will need to recognised as a return of RRL funding in Table E. (Action Point 7.3)

Response

The dental slippage is now forecast as balanced, subject to the provision of funding of £500K loss of patient dental income, due to reduced patient numbers as a result of Covid.

As agreed in the meeting of the 7th of December with WG colleagues, a full review of expenditure is being undertaken for the other funds to ensure expenditure is correctly aligned.

Monitoring Return Review – Action Point 7.4

I acknowledge your reduced (c. £1.350m) Covid expenditure forecasts at Month 7.
Please continue to review and refine (as appropriate) these forecasts going forward. I acknowledge that you continue to have no 'Discharge support' costs and that you have very low "additional bed capacity" costs. (Action Point 7.4)

Response

Covid expenditure will continue to be reviewed and revised monthly. However, as part of the review of expenditure been undertaken, we may find that some additional costs relating to both Discharge support and additional bed capacity have not been correctly charged.

Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 7.5

As displayed below, the key drivers for the year end deficit are not wholly aligned between Table A and the AO Letter.

	Table A	AO letter	Difference
	£m	£m	£m
Shortfall in Savings delivery (Net Income generation and Accountancy Gains)	-19.0	-17.0	2.0
Retained Slippage on ring fenced funding	14.3	14.0	-0.3
Savings plans still to be finalised (0.75% of spend at deep dive)	9.8	10.0	0.2
Cost Pressures in prescribing, CHC & Agency less reduction in expenditure forecast in AO Letter	-12.8	-32.0	-19.2
Benefit of CUF ENIC - England contracts	0.3	0.0	-0.3
Microsoft Licence pressures, with VAT ruling playing in from month 7	-1.0	0.0	1.0
Welsh Risk Pool including additional element shown in WRPC 04-02	-0.2	0.0	0.2
Lost Income for Private Patients	-0.5	0.0	0.5
General Medical Service	-1.0	0.0	1.0
General Dental Services	0.1	0.0	-0.1
Review of Contract NCA	0.0	5.0	5.0
Release of accrual of annual leave	0.0	10.0	10.0
Deficit	**-10.0**	**-10.0**	**0.0**

Please ensure there is full alignment at Month 8 or explain if the values have been amended further to this. (Action point 7.5)

Response

MONTH 7 MONITORING RETURN RESPONSES

Table A has been aligned to the Accountable Officer letter.

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

Following your response to Action Point 6.5, I trust that a review of the recurring FYE impact of new emerging cost pressures will be undertaken prior to month 8 to ensure that a robust c/f underlying position is reported. (Action Point 6.5)

Response

The FYE underlying position has been considered and increased. The FYE impact of new and emerging cost pressures remains under review as part of the planning process.

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

I note the forecast GMS year end overspend will reduce by c. £0.500m in comparison to the YTD GMS position (£1.548m overspend), please provide a supporting explanation for this projected improvement. (Action Point 7.6)

Response

The GMS position has been reviewed and adjusted for following the recent allocation of inflation funding. The forecast is now £1m overspent.

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

Following further clarity received from your colleagues, after the submission, it has been confirmed that an element (up to £4.5m) of the £10.000m Annual Leave Accrual release is a financial 'benefit' (i.e., no backfill costs will be required for A&C staff). I trust that the quantification of this benefit will be finalised at Month 8, when it should be recorded as an Accountancy Gain via your Tracker (Table C3). Please note that once assessed as an Accountancy Gain it should be released fully into the YTD position. (Action Point 7.7a)

Response

The accountancy gain for 22/23 has been calculated, using the assumption that the majority of A & C staff and Estates staff will not have any backfill. This has released an accountancy gain of £2.816m which has been accounted for on the savings tracker.

The review of annual leave is ongoing, and an assessment is being made as to if we can release further accruals relating to 23/24 to support the position.

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

It is also noted that £1.700m of the £10.000m Annual Leave Accrual release is factored into the year-to-date position. I assume this is not to do with any assessed element that would be treated as an Accountancy Gain but is the release to offset backfill costs. (Action Point 7.7b)

Response

Of the £3.332m release of annual leave, £2.816m has been treated as an accountancy gain, the remaining leave will be factored in at £1.666m per month (or at a higher value if the continued assessment allows). If further accountancy gains are identified relating to future years these will be treated as accountancy gains.

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

The narrative highlights that the current forecast closing Annual Leave Accrual value will be £15.700m. I trust that the methodology used to calculate this value, maximises the correct release this year and that you have considered an accrual value reflecting the probable backfill costs. (Action Point 7.7c)

Response

As above the release of further accountancy gains is under review.

Risks / Opportunities (Table A2) – Action Point 7.8

I note that Table A2 highlights risks that forecast Exceptional Energy costs included in the position at Month 7 were understated by £1.200m due to the timing of latest information. I refer you to the email from Eiddig Morgan dated 24th November and trust that an updated position is reported at Month 8. (Action Point 7.8)

Response

The MMR Energy template reflects the latest forecast data received via NWSSP from British Gas. The data isn't always received in time to be reflected in the ledger position, therefore there is unfortunately an element of risk. In addition to the market volatility, the forecast model has also been adjusted to reflect the impact of the Government's energy support package, and the forecast data is being reviewed to ensure it is as accurate as possible, which has delayed it being issued to health boards.
Regarding the email from Eiddig Morgan dated 24th November, this did not provide a revised forecast, but used Month 6 data to inform the allocation of resource.

Risks / Opportunities (Table A2) – Action Point 7.9

You have indicated a potential opportunity of £5m, described as possible technical adjustments once MfA is issued. Please provide further details of what you expect will result in a technical benefit amounting to £5m. (Action Point 7.9)

Response

This related to the way some of the more technical accruals were to be treated, but in particular related to the Annual Leave guidance.

MONTH 7 MONITORING RETURN RESPONSES

Monthly Positions (Table B) – Action Point 7.10

Please provide a supporting explanation for the forecast c.£3.000m nonrecurring reduction in Healthcare Services Provided by Other NHS Bodies spend within November and was this linked to the slippage now being reported for Recovery. (Action Point 7.10)

Response

The forecast reduction in the Healthcare Services provided by other NHS bodies is due to anticipated movements in the English Provider performance due to greater clarity around the contract agreements that have been delayed by England's introduction of the ICB's, planned care recovery slippage and WHSCC. This was linked to slippage but as per action point 7.3 a full review of expenditure is to be undertaken.

Monthly Positions (Table B) – Action Point 7.11

I note that the future month spend profile of the £42m Transformational Funding, indicates a step up in Pay, particularly during January to March. I trust that this profile is robust and that access to that staff resources is considered low risk (likely to be available). (Action Point 7.11)

Response

The forecasts for Performance and Transformation Fund spend are reviewed on a scheme by scheme basis every month and updated with the latest available information. The current forecasts are therefore our most likely position. Spend on pay is lower in Month 8 due to some adjustments relating to prior months and would otherwise have been in line with Month 7 spend. There is a small increase in forecast pay spend in the last 3 months of the year, which primarily relates to the Stroke Services scheme.

Pay Expenditure Analysis (Table B2) – Action Point 7.12

I note that you are forecasting that £0.212m of forecast annual agency spend (£76.687m) is attributable to backfill of Annual Leave. Acknowledging the Annual Leave Accrual release amount (up to £10.000m, although an element is an Accountancy Gain), this would suggest the backfill costs are Agency, but overtime and back. Please can you clarify is this is a correct assumption. (Action Point 7.12)

Response

The systems in place do not support detail of how the additional annual leave has been covered. The reality is that the cover has been a mix of agency, overtime and additional hours worked, and the increase in agency expenditure in this financial year seems to indicate that a higher level of Agency is being used to cover the annual leave than what is reported in the tables.

The method we have for identifying the reasons for agency costs are linked to the Medical staff from the Medacs system, so we do know it is not fully reflective of reasons for Agency.

In the past when we have reached out to our WFOD colleagues to try to find a way to a more accurate methodology as to the reasons for agency we have not been successful.

MONTH 7 MONITORING RETURN RESPONSES

Ringfenced Return – Action 7.13 I note that you are reporting the c.£5.000m Recovery funding slippage as 'uncommitted' spend within the ringfenced return. I assume this will be removed at Month 8, if this is now finalised as slippage and shown in Table E as a return of RRL Funding. (Action Point 7.13)
Response As per the action point 7.3 a full review of expenditure is being undertaken, and this figure will be finalised as soon as possible.
Ringfenced Return – Action 6.12 As requested previously, please ensure the narrative discusses each individual ring-fenced category within the template, providing assurance that the reported investment profiles are robust. (Action Point 6.12)
Response The Sustainability ringfenced category reconciles to the Month 7 FDU Sustainability return.
Covid-19 Expenditure Analysis (Table B3) – Action Point 7.14 It would be helpful to receive a supporting explanation for the reduced annual spend of c. £0.800m, since Month 6, relating to 'Other Services that support the ongoing COVID response'. (Action Point 7.14)
Response The Majority of the £0.800m is due to a double count on the vaccination sites security costs in the first half of the financial year. This was corrected in October which resulted in a significant reduction in the forecast costs.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
	£	£	£	£	£	£	£	£	£	£	£	£	£
CORPORATE - Month 6 Forecast	61,998	56,696	94,176	142,963	231,547	380,506	192,000	192,000	192,000	217,000	217,000	217,000	2,194,886
CORPORATE - Month 7 Forecast	61,998	56,696	94,176	142,963	231,547	380,506	-253,258	130,000	130,000	145,000	145,000	145,000	1,409,628
CORPORATE Month 7 v Month 6 Forecast	**0**	**0**	**0**	**0**	**0**	**0**	**-445,258**	**-62,000**	**-62,000**	**-72,000**	**-72,000**	**-72,000**	**-785,258**

Corporate figures broken down into Non pay and Noscomial:

Noscomial P06	45,000	45,000	45,000	70,000	70,000	70,000	345,000
Non-pay P06	147,000	147,000	147,000	147,000	147,000	147,000	882,000
	192,000	192,000	192,000	217,000	217,000	217,000	1,227,000
Noscomial P07	50,484	55,000	55,000	70,000	70,000	70,000	370,484
Non-pay P07	- 303,742	75,000	75,000	75,000	75,000	75,000	71,258
	- 253,258	130,000	130,000	145,000	145,000	145,000	441,742
Noscomial P07 v P06 Forecast	5,484	10,000	10,000	-	-	-	25,484
Non Pay P07 v P06 Forecast	- 450,742	- 72,000	- 72,000	- 72,000	- 72,000	- 72,000	- 810,742
	- 445,258	- 62,000	- 62,000	- 72,000	- 72,000	- 72,000	- 785,258

Covid-19 Expenditure Analysis (Table B3) – Action Point 7.15

In addition, please explain that £0.289m negative PPE charge reported in October. (Action Point 7.15)

Response

The negative £0.289m is on the Non pay line not PPE. This is mainly due to the double count correction in October on the security cost as described in action point 7.14.

Resources Limits (Table E) – Action Point 7.16

I note that are anticipating funding for the Loss of Dental Income, above that already provided. You are also reporting a forecast surplus of £0.100m against total Dental Services. I would expect this surplus to be offset against the cost pressure on the loss of income. I can also confirm that there is no further funding available for Additional Loss of Dental Income. If you choose to submit a specific case (to HSS Finance) for additional Local Covid pressure funding, then it must provide assurance that your forecast assessment is robust, and it must set out the reason why the pressure exceeds the funding provided and why your HB is not able to manage this within the overall total Dental Funding. (Action Point 7.16)

Response

The Dental forecast has been reviewed and refined, and subject to £500K of the £800K of lost patient dental income, as a result of reduced patient numbers due to Covid, the Dental budgets are forecast to balance. This forecast will continue to be reviewed on a regular basis.

Resources Limits (Table E) – Action Point 7.17

MONTH 7 MONITORING RETURN RESPONSES

I can confirm that no further funding for the 22/23 pay award will be issued, above that already confirmed by my colleagues. Therefore, the £2.3m additional anticipated income item needs to be removed from Table E. My colleague, Gwen Kohler, has been trying to contact Rob Nolan to discuss this issue; therefore, if you have any concerns please speak with Gwen. (Action Point 7.17)

Response

This has now been removed off table E, but has impacted on the in month position, and resulted in a further pressure for the Health Board to absorb. The Flowers shortfall remains as this is costs of the decision are not fully funded and this can be clearly evidenced.

Resources Limits (Table E) – Action Point 5.12

I have agreed with your colleagues, the revised IFRS 16 values for your Transitioning Leases (£5.403m DEL Depreciation and £5.736m Revenue Recovery). The Capital Working Balances request, that I have noted for your organisation, is £6.063m (£5.826m Transitioning plus £0.327m New/Renewals awaiting approval). Please can you update the applicable MMR tables, with the revised Transitioning values for Month 8. The HB can anticipate the IFRS 16 Capital Working Balances cash in your Table E (free text line – Capital Drawling Limit only). (Action Point 5.12)

Response

This has now been updated in the Month 8 MMR Tables.

Cash Flow (Table G) – Action Point 7.18

The return includes a strategic cash assistance request of £5.000m, with the narrative confirming that the AO letter will explain how the remaining £5.000m will be managed. I assume you are referring to the Strategic Cash AO Letter that is due to be submitted by the 8th December. Please provide the details of the corresponding mitigating actions within your Month 8 narrative. (Action Point 7.18)

Response

The Health Board has considered a range of possible actions to manage cash and minimise the level of support to be requested whilst continuing to make payments to staff, SME's, other NHS bodies and essential service suppliers. This has included ensuring that appropriate payment terms are being taken on all suppliers' invoices and that robust arrangements are in place for the escalation and collection of monies due to the Health Board.

Monthly Positions (Table B) – Action Point 7.19

I trust that Table B Section D (DEL/AME Depreciation & Impairments) will be updated at Month 8 to reflect your November Non-cash submission. (Action Point 7.19)

Response

This has been updated in the Month 8 Tables.

MONTH 7 MONITORING RETURN RESPONSES

Savings 2022- 23 and 2023-24

Update

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

Transactional Pipeline Opportunities – Short Term

Opportunity Area	Focus for 2022-23
Forecast review including new schemes	In progress
	Includes reviewing the schemes in the plan that require more staff when they haven't filled the roles they have now
Technical accounting adjustments	In progress
Underspends	Reviews in progress of Strategic Support
	Vacancy slippage
Improved Contracting Health Contracts	
Procurement	Short term opportunities
Estates	Energy consumption – deliver energy consumption reduction plans for 3 Acute sites in time for Winter
CHC	Additional transactional schemes
Medicines Mgt	Additional transactional schemes delivered
Workforce	Vacancy review – reduce posts
	Agency Spend
	Interims

Ring Fenced Allocations – Funds Allocated and Current Slippage in 22-23

	Funds Allocated £000	Forecast Slippage to Allocation 2022/23 £000
PERFORMANCE FUND	30,000	(5,534)
TRANSFORMATION FUND	12,000	(3,674)
Total Strategic Support	**42,000**	**(9,207)**
SUSTAINABILTY	38,394	(17)
Total Strategic & Recovery	**80,394**	**(9,224)**

Savings Plan 2023-24 - DRAFT

The size of the challenge for next year

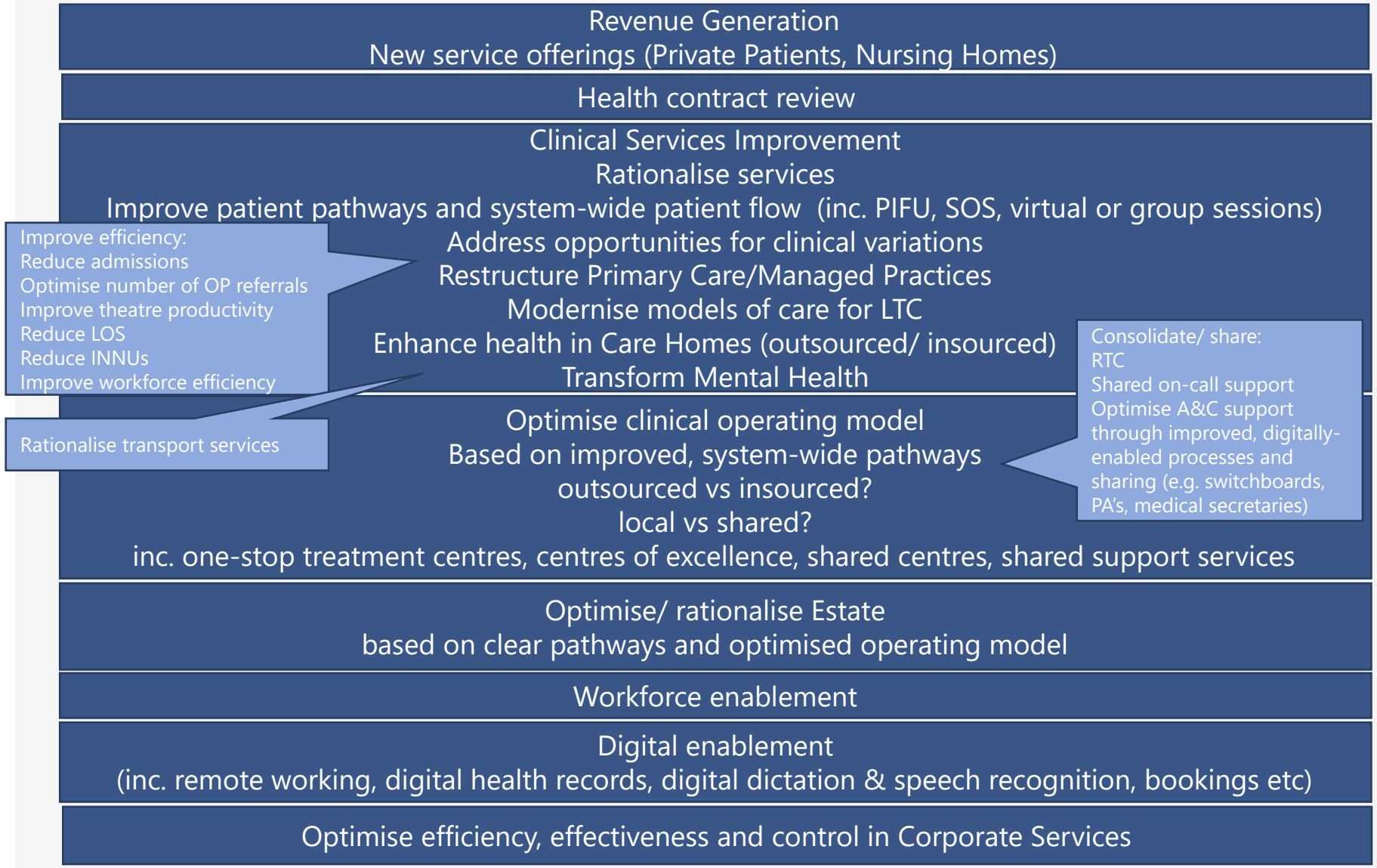
	2022-23 Recurrent £m	2022-23 Non Recurrent £m	2022-23 Total £m	2023-24 Recurrent £m	2023-24 Non Recurrent £m	2023-24 Total £m
Brought forward from previous year	0	0	0	25.40		25.40
Additional Savings to be made		10.00	10.00	35.00		35.00
Savings made to date	9.60	7.90	17.50			0.00
	9.60	17.90	27.50	60.40	0.00	60.40
Slippage on Investments		7.50	7.50			0.00
Total	**9.60**	**25.40**	**35.00**	**60.40**	**0.00**	**60.40**

delivered £9m of recurrent savings in 22-23 with no transformation savings

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

Transformational Savings

There is no shortage of improvement ideas – cash or other…



- Ideas have been offered by Deloitte, PWC, benchmarking and others ..
- But ideas and benchmarks form only *inputs* to design
- **Where do these ideas fit in the 'Future State? Do they figure?**
- Recommended approach outlined to PFIG in March - need a vehicle for stakeholders to co-develop a clear and shared solution and optimal roadmap from Recover to Transform & Save.
- T&I focused on Planned Care recovery
- Improvement Groups created but:
  - not progressed
  - may not deliver this year
  - do not address other outcomes required
- Savings plans and schemes need to be confirmed

Teitl adroddiad: ***Report title:***	Financial Control Update			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 December 2022			
Crynodeb Gweithredol: ***Executive Summary:***	Following the issues raised by Audit Wales in relation to the Annual Accounts 2021-2022, this paper is to update the Committee into the actions underway in order to improve the Financial Control environment to ensure that these issues do not re-occur.			
Argymhellion: ***Recommendations:***	It is recommended that the report is noted.			
Arweinydd Gweithredol: ***Executive Lead:***				
Awdur yr Adroddiad: ***Report Author:***	Rob Nolan, Finance Director – Commissioning & 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:***	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) 22nd December 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 to M4-8 is

scheduled to be undertaken in December and the process to be discussed with the Systems team to see if this can be automated, to identify transactions over £5,000 in specific revenue codes to allow systematic checking for likely errors and highlighting to CFOs.

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 centralisation of the Management Accounting function has been delayed and the implementation date needs to be agreed.

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 a list of further more detailed recommendations from Audit Wales on 12th September 2022. In total there were 37 issues raised, of which 27 have been resolved, 9 will be actioned in the 2022-23 accounts and 1 is on-going.

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	Two meetings have already taken place and regular meetings are scheduled with Audit Wales for the remainder of the year.
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. Second review to be undertaken December and then quarterly.
We will create a centralised management accounts teams which will allow clear standardisation of policies and procedures and consistency of their application	SH	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, reviewed monthly

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. An additional member of staff was recruited to undertake further work on the expenditure residual value during November and this work is now progressing.	SW/CFOs	Due to the high volume of transactions in the residual population this work is unlikely to be completed before February 2023. Progress is being monitored and reviewed on an on-going basis.

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

2023-24 Allocation Briefing

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Betsi Cadwalar
University Health Board

WG Planning Principles & Approach 2023-24

- Macro economic outlook – WG budgetary process = “a budget in hard times”
- NHS organisations face difficult decisions
- 2022-23 is a transitional year – 2023-24 is now normalised
- The pandemic has changed our service provision and cost base, with variability in impact, benefit and sustainability
- Investment and cost growth in 2022-23 has not demonstrated sufficient return or benefits – disinvesting is a key requirement for 2023-24
- We have failed to deliver the level of recurrent savings in 2022-23, which needs to be carried forward into 2023-24
- Inflationary pressures bring known challenges, but yet to be quantified and understood in terms of what can be mitigated, or what solutions need to be developed
- We need to deliver on financial sustainability in the short term, and improve how we spend the overall allocation of resource to improve outputs and outcomes and improved efficiencies

2023-24 Allocation

- £250m additional as part of the 2022-23 settlement
- Additional £165m announced through the 2023-24 WG budget
- £25 Mental Health over and above 2022-23 level
- £10m Social Care over and above 2022-23 level
- Settlement covers a 2 year period. 2023-24 funding is recurrent, with a further £200m in 2024-25
- Cost of pay award is circa £200m, therefore 2024-25 pay award is funded with no further additional uplift

2023-24 Allocation

- **2023-24 pay award – assumed will be fully funded**
- **Minimal core uplift for 2023-24**
- Consideration is being given to system solutions to deliver improvements in pathways and transfer of care
- Planned care recovery requires a strengthened approach - £170m allocation will be split:
  - £120m core
  - £50m regional solutions
- £150m retained for COVID Programme costs

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Expectations from WG

- Allocations are designed to:
    - Support inflationary pressures
    - Deliver improvements in system wide issues including outputs and outcomes
    - Protect front line services as much as possible
- **Energy – no additional funding** - need for short term and long term measures to reduce energy consumption
- **No funding for COVID Surge costs -** On-going COVID costs to reduce significantly
- Inflationary assessment are clear and robust in terms of unavoidable inflationary pressures only
- Strengthened clarity required on baseline position, activity delivery and improvements achieved through 2023-24 plans
- Expectation all organisations take action to reduce underlying deficits

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Expectations from WG

- Planned care recovery to align with planning principles with a focus on increasing productivity
- Strengthened clarity required on baseline position, activity delivery and improvements achieved through 2023-24 plans
- Planned care recovery to align with planning principles with a focus on increasing productivity
- Step change in savings delivery required including recovery of 2022-23 savings non delivery
- All organisations to deliver a minimum of 2.5% excluding pandemic response cost or underlying position reduction
- Benefits of 2022-23 investments and cost growth demonstrated, or translated into disinvestment plans
- Organisations to demonstrate effective cost control and decision making on any increasing costs, or dis-investment
- Focus on maximising cost reductions

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Teitl adroddiad: ***Report title:***	Transformation and Improvement Update			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance (PFIG) Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 December 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 and Planning			
Awdur yr Adroddiad: ***Report Author:***	Neil Windsor, Deputy 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:				

Regulatory and legal implications:	
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA 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 & Improvement update presentation	

MEETING IN PUBLIC

22nd December 2022

Transformation and Improvement Update

1. Introduction/Background

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

2. Body of Report

The Transformation and Improvement team has continued to make positive progress across all functions and is supporting a wide portfolio of work at both a local and national level. The presentation within the appendices provides a high level synopsis of our key focus over the past two months, however particular areas to draw to the committee's attention include: -

Portfolio Office

The Transformation & Improvement Office has transitioned at pace into a more formal Organisational Portfolio Office, as per P3O (Portfolio, Programme & Project Management Office) best practice. This is an important component of our plans to employ Axelos 'Best Management Guidance' across Portfolio, Programme and Project Management, with further details shared and discussed as part of the recent Transformation & Improvement Board Development Workshop.

Change Forum & Portfolio Direction Group

In the immediate term, further focussed work is required to ensure that the organisation's change portfolio has sufficient coverage of the Health Board's strategic priorities and that all future requests for resource are prioritised appropriately. In order to achieve this, we have begun developing a two-step assessment process, commencing with the introduction of a weekly multidisciplinary change forum, to review requests for new programme/project initiation and resourcing (recent requests include areas such as Decarbonisation, Agile Working, Getting It Right First Time (GIRFT) and Telehealth-based projects supporting attendance avoidance as part of the national Urgent & Emergency Care (UEC) Six Goals programme). In addition, a new Portfolio Direction Group is in development and will be operational in January, with a remit to collate and translate key organisational priorities into a formal portfolio of delivery, developed against a range of key metrics. It will also assess requests from the Change Forum, based on alignment with agreed strategic priorities and available resources, to ensure that we have our resources concentrated on the areas of highest priority. The existing Executive Delivery Group (EDG) structure will provide oversight of subsequent portfolio delivery.

Programme Health Check

The Organisational Portfolio Office has developed and operationalised a monthly programme health check, conducted with operational and programme leads, in order to provide independent, objective and transparent portfolio delivery assurance, across the range of programmes within the Health Board's change portfolio. The Health Check assesses monthly progress around three fundamental questions

1) are the programmes set up for success?
2) do they have robust plans with clearly quantified and profiled benefits?
3) Are they on track for delivery and for benefits realisation?

RAG scores are automated, based on the value of their answers across x40 key questions and results are shared with leads and the appropriate Senior Responsible Officer (SRO), with guidance as to how future scores can be improved.

Portfolio Assurance Report (PAR)

The Portfolio Assurance Report (PAR) has been developed by the Organisational Portfolio Office to provide a more rigorous framework of assurance, providing details on overall portfolio composition and delivery (incl Health Check reporting). The report is built within Power BI and is automatically populated from information within our Portfolio, Programme and Project-level workbooks, providing a 'single source of the truth' for multiple reports. This report will become a standard submission at PFIG and EDG. Whilst in its infancy, data quality will improve as the use of the workbooks become standard management practice, but is dependent on each programme having the requisite level of programme/project resource, to support its collation.

3. Budgetary / Financial Implications

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

4. Risk Management

There primary risks continue to revolve around sufficient organisational capacity and capability to support the amount of transformational change requested. This continues to be mitigated by a combination of prioritisation, staff development and additional external recruitment (i.e. additional resource invested into Regional Treatment Centre (RTC).

5. Equality and Diversity Implications

n/a

Performance, Finance & Information Governance (PFIG)
Transformation & Improvement Update

22nd December 2022

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

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

Overview

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

Portfolio Office Assurance Report & Health Checks

Programme Deep Dives

Update on Transformation Function & Resource Allocation

Portfolio Assurance Report

Subportfolio: All

Last Updated: 13 December 2022

Key Messages:

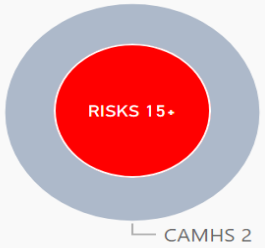
Programme Health Checks in Dec identified several common themes, including delays in quantifying, profiling and tracking key benefits (at both a financial and non-financial level), the need to review pre-existing SRO arrangements and the need for appropriate resourcing at programme and project management-level (see disparities in Sub-Portfolio Resource graph). Issues and risks relate predominantly to aforementioned resource gaps and delays in recruitment.

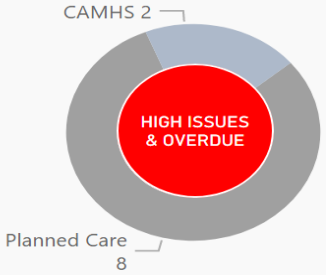
Total Milestones	Open Milestones	Milestones Overdue
98	63	7

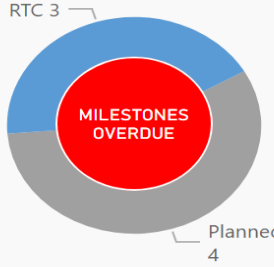
HEALTH CHECK

SET UP	CAMHS	MHLD	PL CARE	RTC	USC
PLAN	CAMHS	MHLD	PL CARE	RTC	USC
DELIVERY	CAMHS	MHLD	PL CARE	RTC	USC

DELIVERY







YTD Savings

Forecast

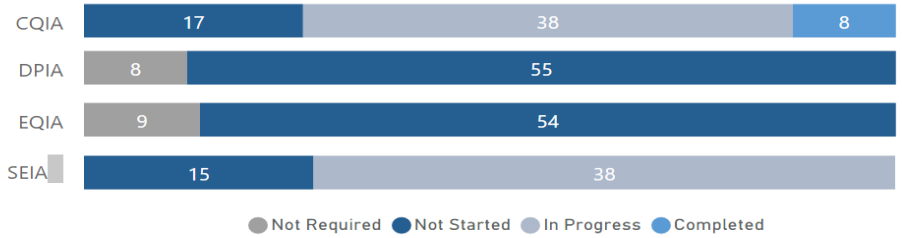
Actual

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

Cash Releasing · Cost Avoidance · Efficiency Gain · Income Generation

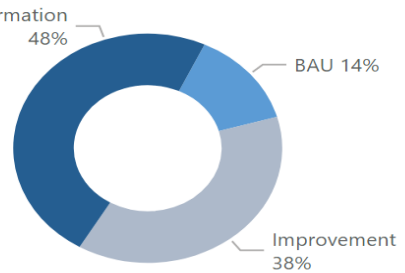
COMPOSITION

Full Impact Assessment Compliance

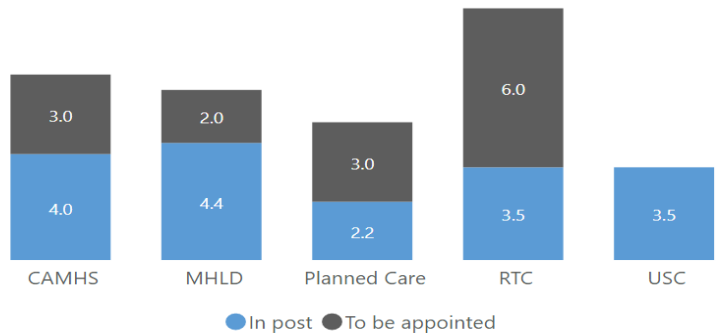


Sub-Portfolio Count	Live Projects	Pipeline Projects	New Projects	Recently Closed Projects
5	61	13	3	0

Projects by Type



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



*** Further narrative around the individual health checks is provided on slide 4**

Portfolio Assurance Report & Health Checks

Programme Deep Dives

Update on Transformation Function & Resource Allocation

Programme	Is the Programme Set-Up for Success?	Does it have a Clear Plan?	Is it On-Track to Deliver?
Unscheduled Care	Further resources required at project-level, particularly in response to the WG-launch of Goals 5/6 (SAFER, Discharge to Recover & Assess (D2RA). Portfolio workbooks need completing.	Needs a clear programme mandate, formally signed off at Senior Responsible Officer (SRO)-level detailing overall ambition and quantified outcomes and benefits (non financial and financial).	Tracking of delivery dependant on clear plan, to assure progress against milestones, outcome measures and benefits.
Planned Care	Programme Triumvirate incomplete, incl Clinical Lead and Programme Director roles. SRO arrangements currently being reviewed.	Needs a clear programme mandate, formally signed off at SRO-level detailing overall ambition and quantified outcomes and benefits (non financial and financial).	Tracking of delivery dependant on clear plan, to assure progress against milestones, outcome measures and benefits.
RTC (Regional Treatment Centre)	Case for change still in development as part of Outline Business Case (OBC). Senior programme resources now in place with additional interviews planned in-month.	More detailed plans required with further clarity regarding outcomes and benefits.	Delivery dependant on the recruitment of additional project management resource, with interviews scheduled for Dec-22.
MHLD (Mental Health & Learning Disabilities)	Requires alignment of the outcomes with strategic objectives which will be addressed over the next month. Further work required in quantifying resource requirements.	Further work required to finalise benefits and outcomes profiling and sub-portfolio workbook needs finalising.	Requires a review of outcomes and benefits to ensure tracking is robust.
CAMHS (Child & Adolescent Mental Health Services)	Difficulties in recruiting programme resource with interim/agency solutions proposed. (SRO) arrangements currently being reviewed.	Further work required to finalise benefits and outcomes profiling and sub-portfolio workbook needs finalising.	Tracking of delivery dependant on clear plan, to assure progress against milestones, outcome measures and benefits.

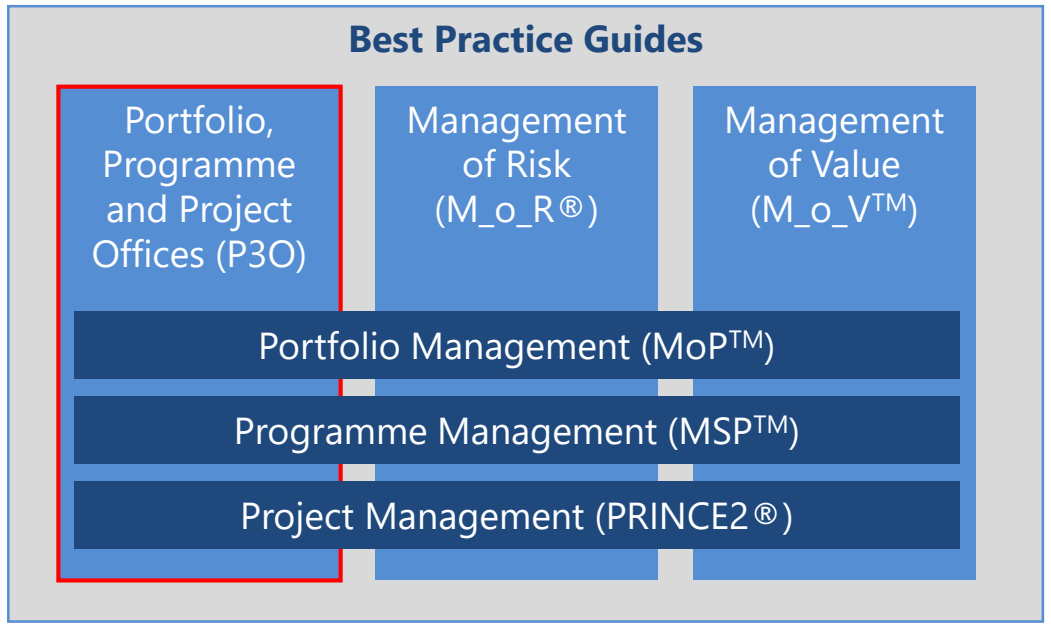
RAG RATINGS

- Meetings take place with Operational Leads and Programme Director/Managers on a monthly basis
- Assessment based on x40 individual
- Answers are given a value based on whether the requirement is **Essential**, **Important** or **Good Practice**
- Total answers in each category are aggregated and Red, Amber, Green (RAG) rated accordingly based on a set criteria
- Results are shared with Ops/Programme Leads and SRO's, with clear identification of current gaps

Programme	24.02.22	24.03.22	28.04.22	30.06.22	25.08.22	27.10.22	22.12.22	19.01.23 *	23.02.23	23.03.23 *
Unscheduled Care	✓		✓	✓	✓	✓	✓		✓	
Planned Care	✓		✓	✓	✓	✓	✓		✓	
RTC		✓				✓				
MHLD **	✓								✓	
CAMHs							✓			

* Agenda around Integrated Medium Term Plan (IMTP)
** Reports directly to Quality & Safety Experience (QSE)

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



- We have published our 'Axelos Best Practice Management Approach', which was presented to Exec Team (ET) 23.11.22.
- We are currently reviewing existing SRO arrangements, moving to an approach that ensures they have the capacity to execute their SRO responsibilities fully
- We have accelerated the shift towards independent, objective and transparent portfolio assurance, through monthly programme 'health checks' monitoring adherence with best practice delivery principles. This is supplemented by the Portfolio Assurance Report, which provides high-quality assurance information for governance bodies Executive Delivery Group (EDG) to provide effective oversight and delivery.
- We have introduced a new Change Forum, to act as a 'funnel', receiving, assessing and agreeing support requirements to deliver new change ideas.
- Following discussions at ET & Board Workshop, we are developing a new Portfolio Direction Group to be operational Jan-23

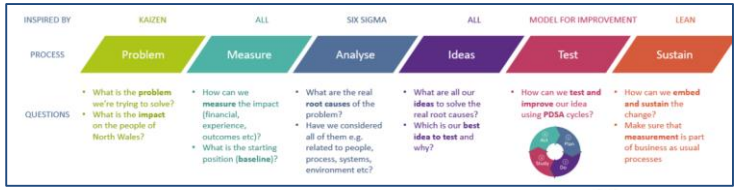
Transformation Team Leads:

- 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

Institute for Healthcare Improvement

AIRBUS



The Improvement team provides improvement resource to programmes, pathways and services. These currently include:

- Journey to Excellence – Central Integrated Health Community (IHC)
- QI Theatre Fellow supporting with improving engagement with World Health Organisation (WHO) Checklist
- Vascular – Diabetic Foot, Urgent Ischaemic Limb
- Planned Care
- Pathways – Carpel Tunnel Syndrome
- Unscheduled Care
- Inpatient Nutrition East IHC

As well as active improvement support, the team also

- Co-deliver training Improvement In Practice (IIP) with Improvement Cymru (IC)
- Partner Workforce and Organisational Development (OD) in developing internal training programmes for leadership and coaching
- Provide coaching, advice and facilitation to services/teams
- Provide co-ordination support to Improvement Cymru/Institute Health Improvement (IHI) programmes, which currently include:
  - Safe Care Collaborative and
  - Intensive support offer to the central IHC including the Leading for Improvement programme and Real-time Demand & Capacity.

The Improvement Team promote the use of 'The Betsi Way' both internally (through its use with service improvement initiatives and service engagement) and externally through presentations at national events.

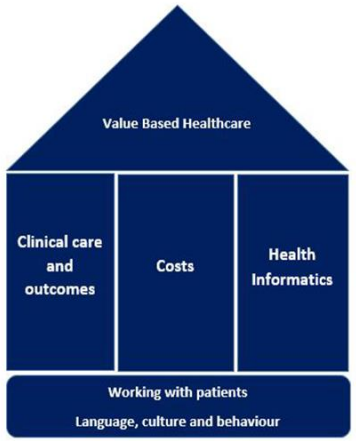
Transformation Team Lead:

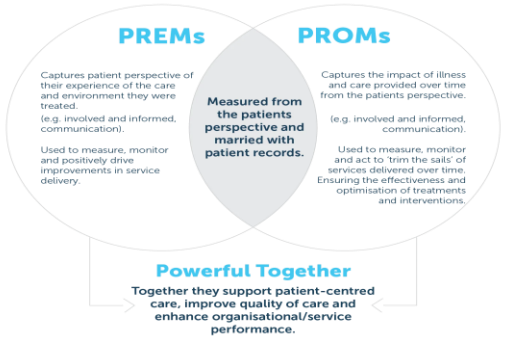
- Julie Ward-Jones

- 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"





BCU VBC team has agreed to participate in the National Person-Centred Value Based Health Care Programme and will utilise redesign of the Dementia Pathway as a pilot project.

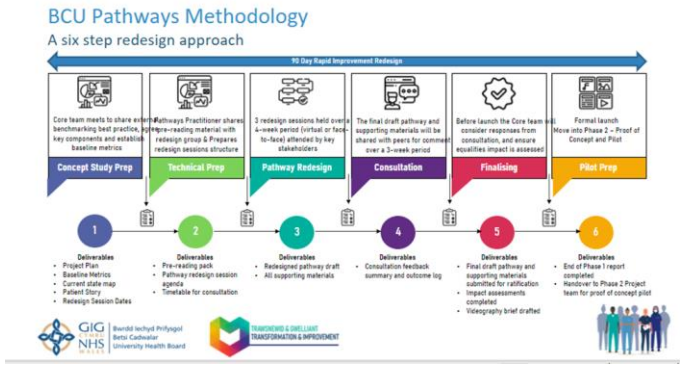
Progress made includes:
- Coordinated with local finance and network managers to produce a virtual VBC programme linking with national priorities;
- Aligning Betsi Pathways to Value Based Care, reflecting PROMS (Patient Reported Outcome Measures) and PREMS (Patient Reported Experience Measures) synergies and person-centred health care;
- Hosting Sustainability Fellows to contribute to the wider agenda:
- Supporting the procurement of a new national PROMs platform;
- Programme managing the Decarbonisation Plan as of the value agenda.

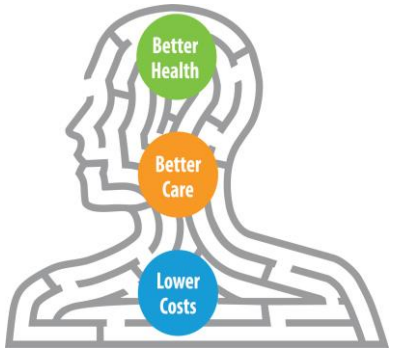
Work is taking place to show case projects delivered as part the value agenda with industry partner e.g. Anticoagulation project. Similar opportunities as being explored in partnership with the Welsh Value in Health team.

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





Completed pathways

- **Carpel Tunnel Syndrome:** Pathway agreed and approved. Work on piloting/operationalising the pathway initialised, which includes setting up a one-stop clinic in Llandudno to start in December 2022.

Seven pathways are currently in process:

- **Hip & Knee Replacement:** Pathways are being finalised and will be available for December CEG.
- **Prostate, Colorectal and Anal Cancer:** Engagement workshops have been undertaken. Stakeholders agreed to align the pathways to best practice/National Optimum Pathways. This has resulted in many task and finish groups to help streamline process to improve/speed up the patient journey. The consultation stage will start in December with the aim to seek approval/finalise at the February CEG.
- **Dementia pathway:** Engagement workshops arranged.
- **Heart Failure pathway:** Current state mapping is underway

Betsi Pathways website

- Introducing the development of the Betsi Pathway website. This website is for both health care professionals and our patients and public. The Carpel Tunnel Syndrome pathway has been used to populate the website once fully operational will be replicated for all pathways.

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

Transformation Team Lead:

- Denise Roberts

RESOURCE ALLOCATION

THE BETSI WAY IMPROVEMENT SYSTEM

Problem	Measure	Analyse	Ideas	Test	Sustain
Decarbonisation & Sustainability – Marie Lewis-Smith, Stuart Firth, Sarah Hodgson, Wendy Scrase	• **Dementia Pathway** – Julie Ryley • **Heart Failure Pathway** – Helen Britton • **Journey to Excellence analysis** – Jackie Sayle, Bethan Wilkes	• **Prostate Cancer Pathway** – Joanne Hussein • **Colorectal Cancer Pathway** – Jonathan Evans • **Anal Cancer Pathway** – Jonathan Evans • **RTC Programme** – Julie Parry	• **Orthopaedic Hip Pathway** – Sam Davies • **Orthopaedic Knee Pathway** – Sam Davies • **Planned Care Programme** – Beth Bailey, Tegid Williams • **Unscheduled Care Programme** – Medwyn Jones, Siwan Mathias, Claire Manuel, Bethan Jones • **MHLD –** Gill Gale + 3 WTE (funded within MHLD) • **Journey to Excellence Programme** – Geraint Parry, Melissa Owen, Caroline Williams	• **Carpal Tunnel Pathway** – Sarah Lawrence • **Safe Clean Care Programme** – Stephen Bird, Lisa Bennett • **Virtual Group Clinics** – Sophie Blackstone • **WHO Checklist Engagement** – Emma Lloyd

Pathways management and clinical oversight – Vicky Freeman, Bethan Jones

Value Based Care – Denise Roberts

Innovation & Analytics – Rob Ellis

Continuous Improvement – Julie Ward-Jones, Lou Waters, Laura Davies, Lucy Francis

Portfolio Office – Neil Windsor, Claire Waddicor-Evans, Andrea Rimmer, Luke Macdonald, Mitch Richardson, Jane Brailsford

Leadership Walkabouts – Nia Williams

Teitl adroddiad: ***Report title:***	Quality & Performance Report to 30th November 2022			
Adrodd i: ***Report to:***	Performance, Finance & Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 December 2022			
Crynodeb Gweithredol: ***Executive Summary:***	This report outlines the key performance and quality issues which fall under the delegated powers of the Performance, Finance & Information Governance Committee. The summary of the report is now included within the Executive Summary pages of the Quality and Performance Report and demonstrates the work related to the key measures contained within the 2022-23 National Performance Framework. This framework has been revised to provide performance measures including Ministerial Priority Measures under the Quadruple Aims set out in A Healthier Wales. The structure of the report follows the sub-chapter headings within the Quadruple Aims.			
Argymhellion: ***Recommendations:***	Members of the Performance, Finance & Information Governance Committee are asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.			
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* ☐ 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: 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 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***	
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) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations:***	
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 November 2022
Presented on 22nd December 2022

Performance, Finance & Information Governance Committee

Table of Contents

About this Report

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.

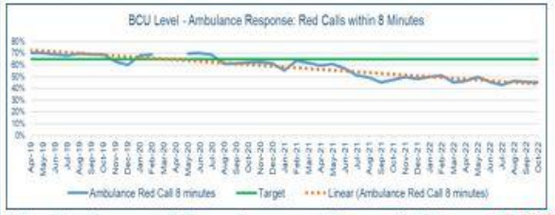
In the meantime, following feedback from Board members, some changes have been made to the Q&P Report. These are as follows:-

- 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.

Summary Dashboard

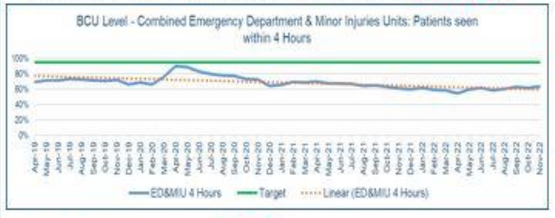
Unscheduled Care Measures

Ambulance Red Calls 8 Minutes: *45.0%

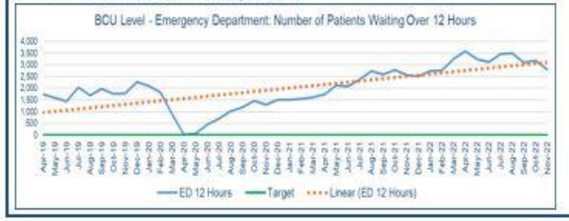


Ambulance Handovers Over 1 Hour: 1,871

Combined ED&MIU 4 Hours: 63.66%



ED 12 Hours: 2,802



ED 24 Hours: 1,057 *Latest Data October 2022

Stroke Admission 4 Hours: 27.50%

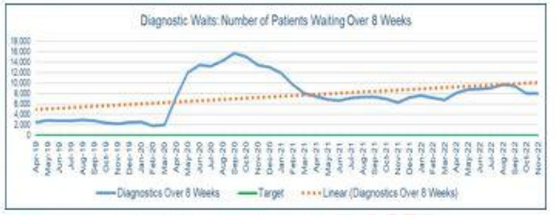
Stroke Consultant 24 Hours: 77.70%

Sickness Absence Rate: 6.16%

Planned Care Measures

*Latest Data October 2022

Diagnostic Waits 8 Weeks: 8,034

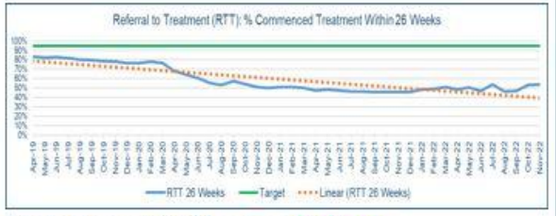


Therapy Waits 14 Weeks: 4,271

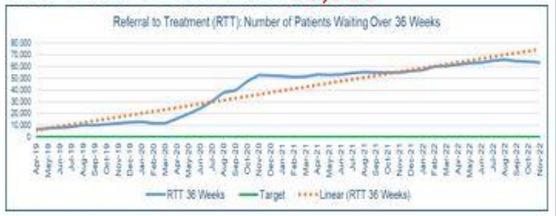
Total Follow Up Backlog: 210,840

Follow Up Over 100%: 65,834

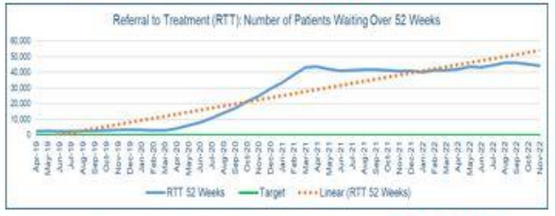
RTT within 26 Weeks 53.69%



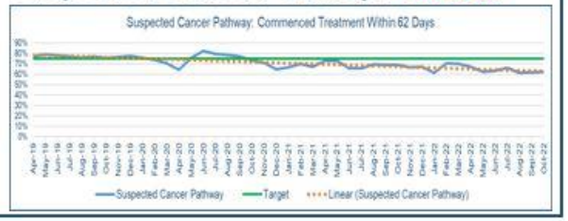
RTT Over 36 Weeks: 63,356



RTT Over 52 Weeks: 44,119



Suspected Cancer Pathway: *62.33%



Executive Summary

Improving Position

- Number of patients waiting across Cardiology and Endoscopy continue to reduce, as does Diagnostics over 8 weeks
- Dental access for both new children and adult patients, plus existing patients shows a promising trend upwards
- Number of patients waiting more that 104 weeks for referral to treatment has been reducing since March 2022 (18,475) to November 2020 (12,947)
- Number of patients waiting more than 36 weeks for referral to treatment has also started to show a gradual reduction over the last 3 months (65,959 to 63,356)
- Number of patients waiting more than 14 weeks for a specified therapy continues to reduce (6 month trend now) and stands at 4,271)
- Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by the Health Board has now been above target for 4 consecutive months and is currently at 86.7% (national target is 85%)
- Percentage headcount by the Health Boad who have had a PADR/medical appraisal in the previous 12 months (including doctors and dentists in training) has improved each month for the past 4 - and stands at 71% (target is 85%)

Static Position

- Important metrics within Emergency Department, such as 4 and 12 hour waits remain fairly static over the past three months as does median time to triage and assessment by a senior clinical decision maker
- Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes remains fairly static, which is could be viewed as a positive considering current pressures
- Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) has remained fairly static from August to October (latest data) at around 62%
- Percentage of patients waiting less that 26 weeks for referral to treatment remained constant for the last 2 months (and an improvement on the 2 months prior to that)
- Sickness absence has remained stable for October and November 2022 at 6.2%

Declining Position

- Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed continues to decline - currently at 50.8% (November 2022), compared to 84% in December 2021
- Diagnostic Radiology (Total) waits increased from 3787 (October) to 4317 (November) after reducing in October from September (4591).
- Percentage of ophthalmology R1 appointments attended which were within their clinical target date has shown a slight decline over the last 6 months - from 54% in June to 51% in November
- Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% has been steadily declining over the last few months (but this decline appears to be slowing) - currently standing at 65,834 (November 2022)
- Agency spend has increased in October and November

Chapter 1

Quadruple Aim 1:

People in Wales have improved health and well-being with better prevention and self-management

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1a: Screening

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Measures: Screening

Committee	Period	Measure	Target	Actual	Trend 2017/18	2018/19	2019/20	2020/21
PFIG	2020/21	Cancer screening coverage for: Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years	80%	70.5%	76.4%	74.1%	74.2%	70.5%
PFIG	2020/21	Cancer screening coverage for: Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years	60%	66.6%	53.4%	55.3%	56.9%	66.6%
PFIG	2020/21	Cancer screening coverage for: Percentage of women resident and eligible for breast screening at a particular point in time will have been screened in the previous three years	70%	72.2%	71.0%	72.5%	73.0%	72.2%

Chapter 2

Quadruple Aim 2:

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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2a: Primary & Community Care

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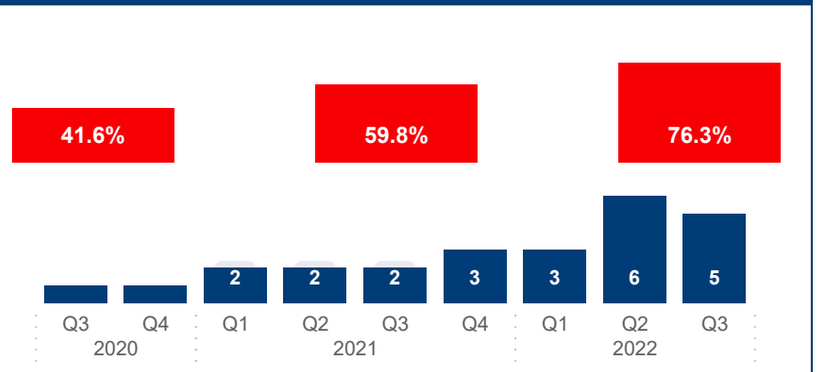
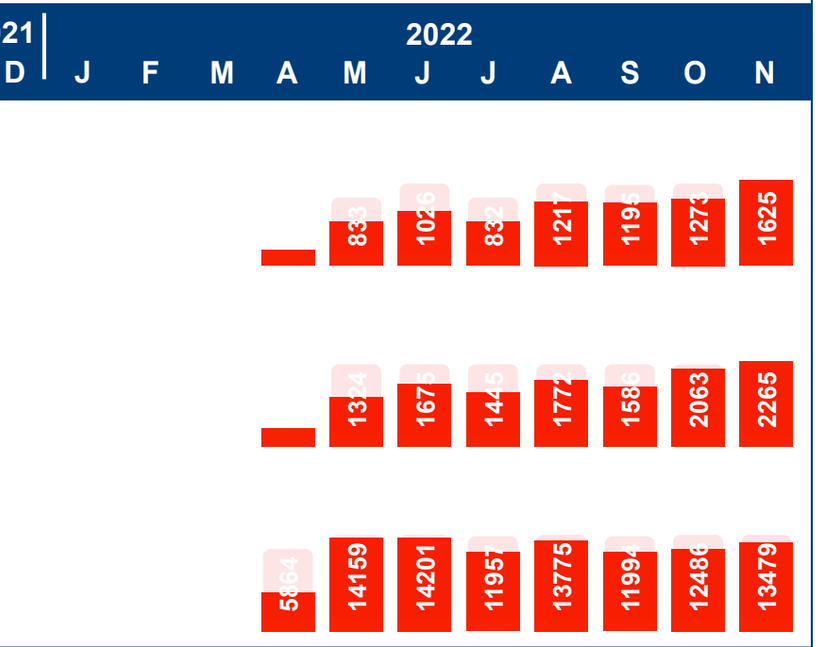
Betsi Cadwalar
University Health Board

Measures: Primary & Community Care

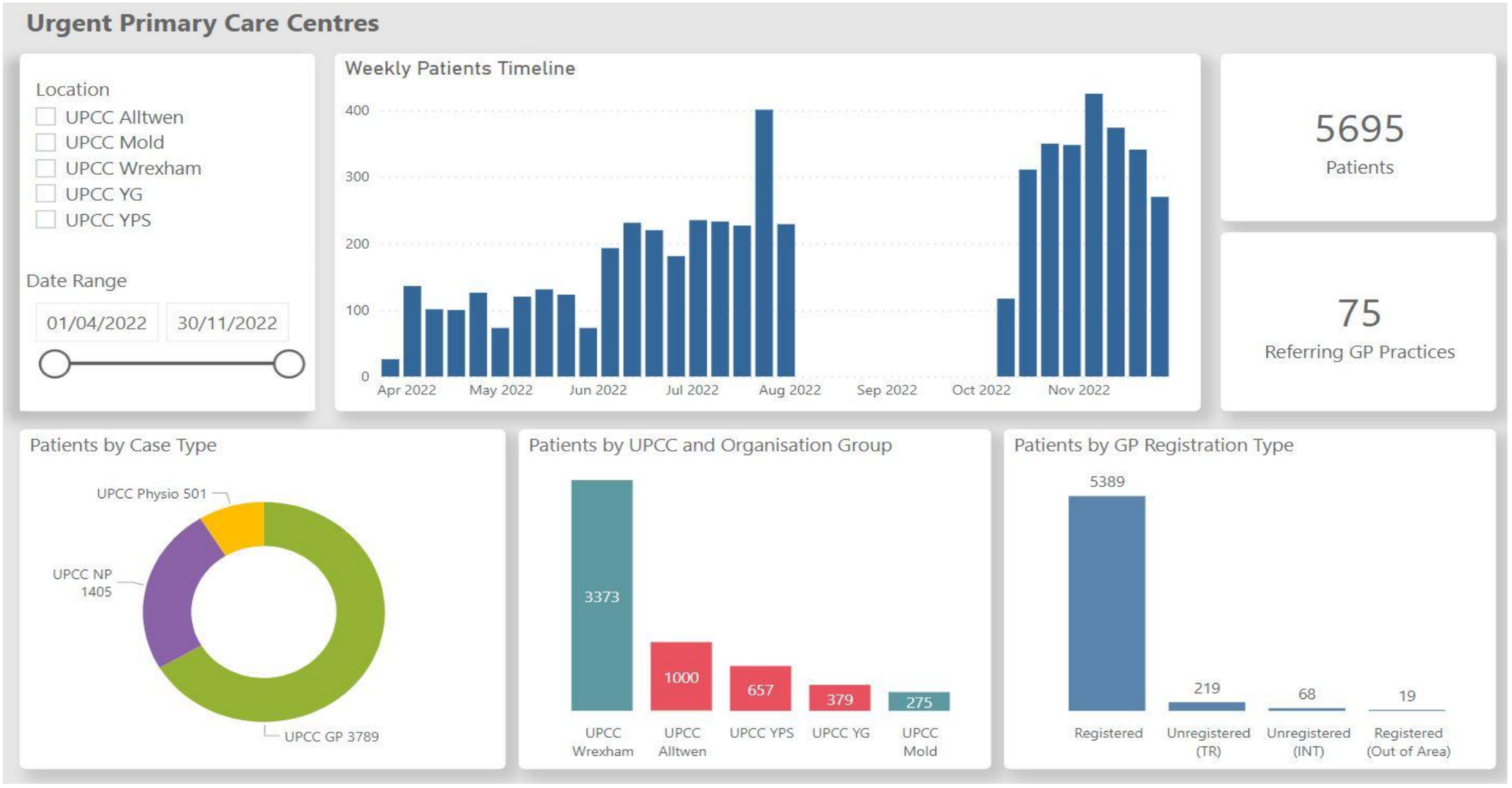
Committee	Period	Measure	Target	Actual
PFIG	2021/22	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	76.3%
PFIG	2021/22	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	As outlined in Health Board's Six Goals Programme Plan	5



Committee	Period	Measure	Target	Actual
PFIG	Nov	Number of new patients (children aged under 18 years) accessing NHS dental services	4 quarter improvement trend	1625
PFIG	Nov	Number of new patients (adults aged 18 years and over) accessing NHS dental services	4 quarter improvement trend	2265
PFIG	Nov	Number of existing patients accessing NHS dental services	4 quarter improvement trend	13.5K



Urgent Primary Care Centres (UPCC)



GP Out of Hours

MUC REPORT - April 2019 to July 2022
All Contacts (excludes NHSD Advice, Pharmacy Appointments/Walk Ins and UPCCs)

Select Area

All | All Reg. Pts. | West | Centre | East

Select Financial Year

Select all | 2019/2020 | 2020/2021 | 2021/2022 | 2022/2023

All Contacts by Month

Total Contacts to Date

355,235

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019				12,499	12,052	11,076	10,201	11,254	10,281	10,459	11,126	12,938
2020	10,608	9,789	9,681	8,314	9,269	7,772	8,006	9,734	8,441	8,282	7,504	9,305
2021	9,916	7,136	7,866	9,206	11,071	9,169	6,882	7,368	6,177	7,236	6,495	7,003
2022	7,003	5,758	6,500	8,243	8,022	7,824	7,769					

Community Pharmacy Enhanced Services Activity and Discharge Medicines Reviews

Situation Report (Overview)

Pressure Level	Number	Percentage
1	75	50%
2	59	40%
3	13	9%
4	2	1%

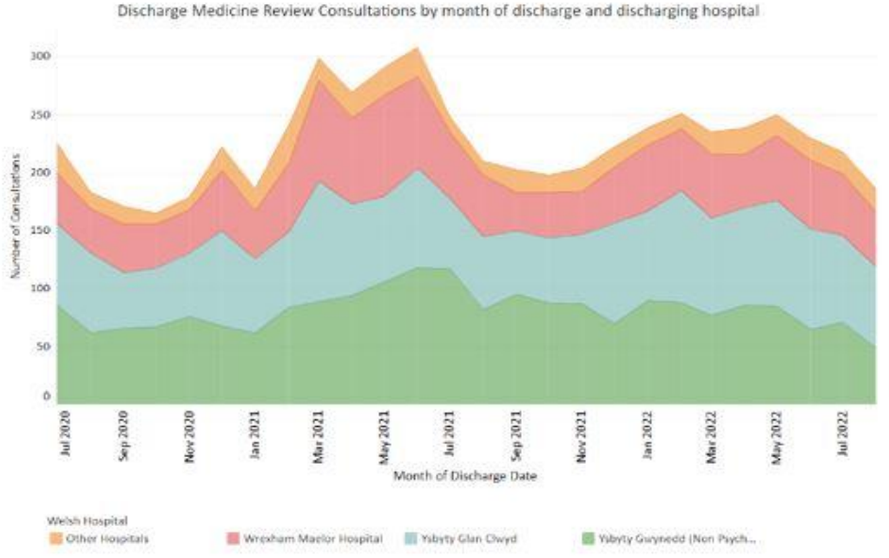
- **Pressure levels:** stable with significant pressure spread across North Wales
- **Temporary suspension of services:** Significant fall in early Nov (cf. 2021). Ongoing workforce issues reported by contractors. New process from 1 Nov
- **Support to care homes** – Plan being drafted to ensure full offer made to homes in Q4
- **PIPS –** 22 sites live. Peak of c.1,000 consultation in August, 752 carried out in Oct 2022
- **CCPS** – Sore Throat Test and Treat & Bridging now in CAS element of CCPS, but still rolling out. Bridging Contraception likely to be available from Dec onwards; CAS conditions review underway
- **Adherence support** – Two sites live in Blaenau Ffestiniog, with view to add up to 10 sites in Dwyfor cluster over the next 8-10 weeks.
- **Clusters & Collaboratives –** Working with Pharmacy Collaborative Leads to establish new structure and move to unified ToR for collaboratives; some issues around admin support to collaboratives
- **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

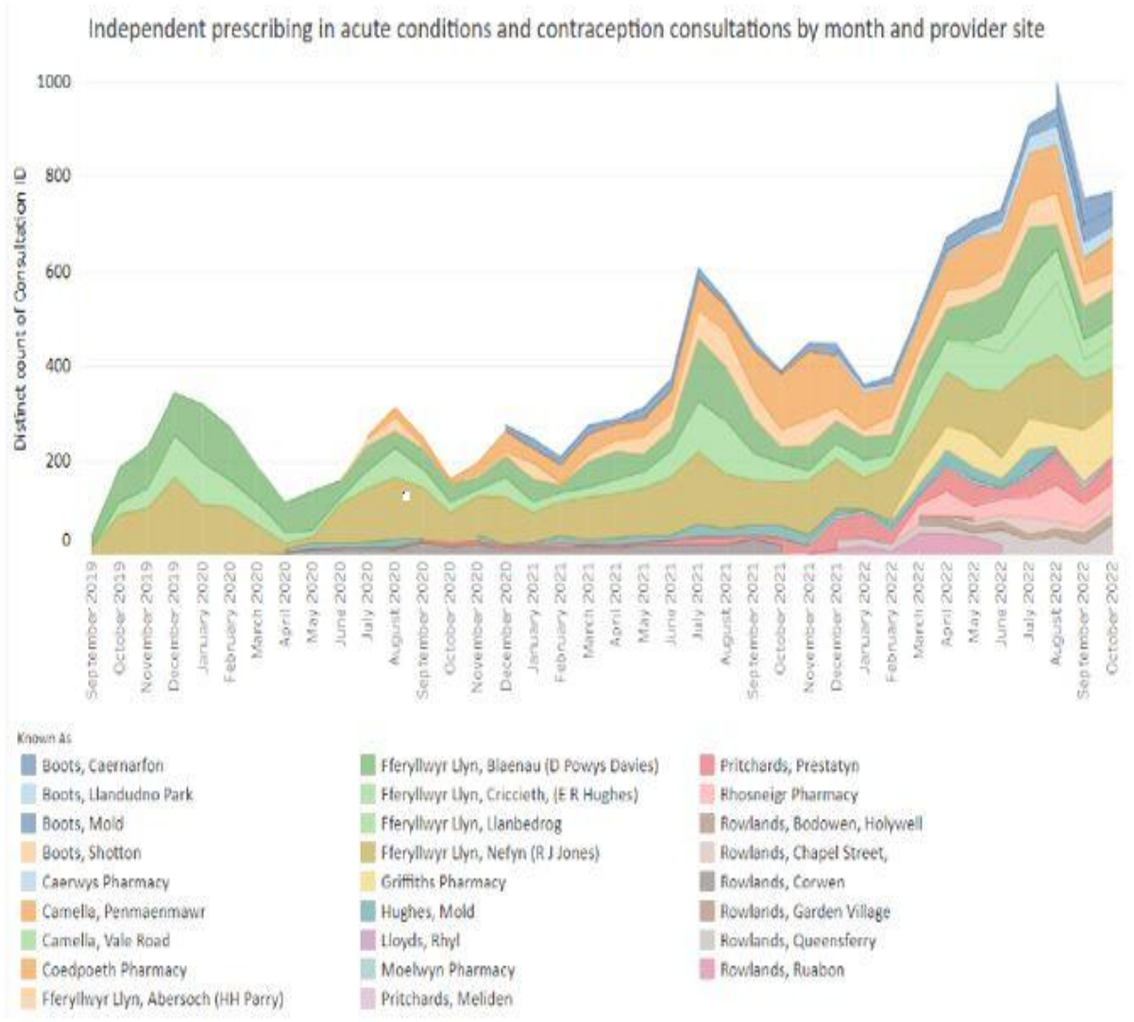
- **Urgent Primary Care –** Service rollout; service delivery and availability tools; integrating urgent care services into wider primary care offer
- **Medicines Optimisation** – Repeat Dispensing, MHOL & Periods of Treatment; support to care homes; MDT care home reviews; adherence support programme; National MAR chart service
- **Population Health** – Campaign to relaunch HMQ@ Pharmacy service; Flu programme delivery & quality
- **Network efficiency and effectiveness** – promoting healthcare professional lines & NHS emails over fax; Walk in My Shoes scheme; supporting recruitment; escalation tool; CPLPT support; Encouraging lunch breaks; Education & training strategy

Key risks and mitigation

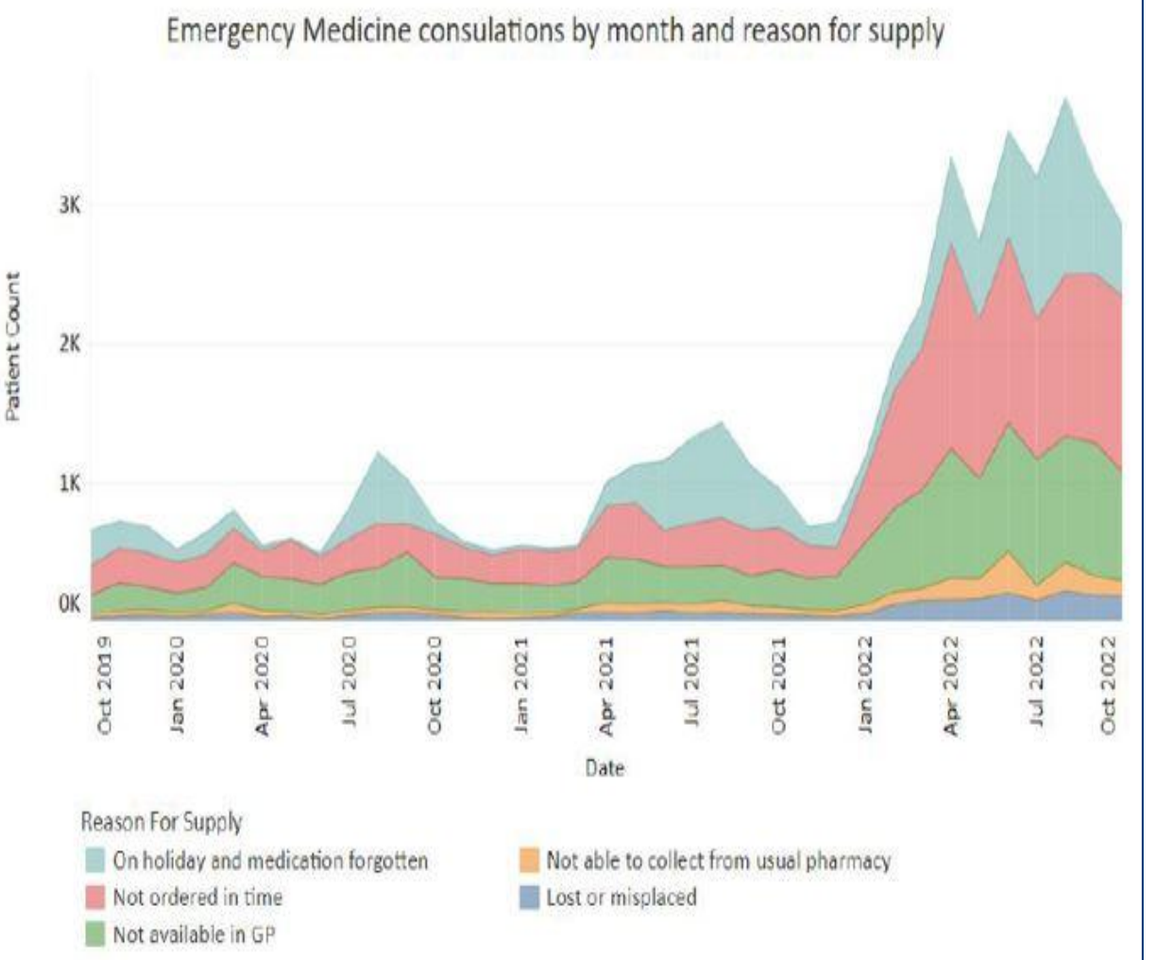
Risk	Mitigation
Workforce shortages and pressure on teams > reducing OOH cover	Monitoring closures & pressure; CPLPT support to staff; aiding recruitment (Just 9 programme); Temporary suspension processes; supporting mitigating action to minimise impact on patients
Shortage of DPPs limiting IP training opportunities	Continuing to link pharmacists up with potential trainers and supporting pharmacists to become DPP-ready; HEIW to fund DPPs in 2023/24
Periods of treatment	Working with GP practices where possible to support move to increased PoT; escalated to WG regarding issues in dispensing practices moving to longer PoT



Community Pharmacy Enhanced Services Activity and Discharge Medicines Reviews

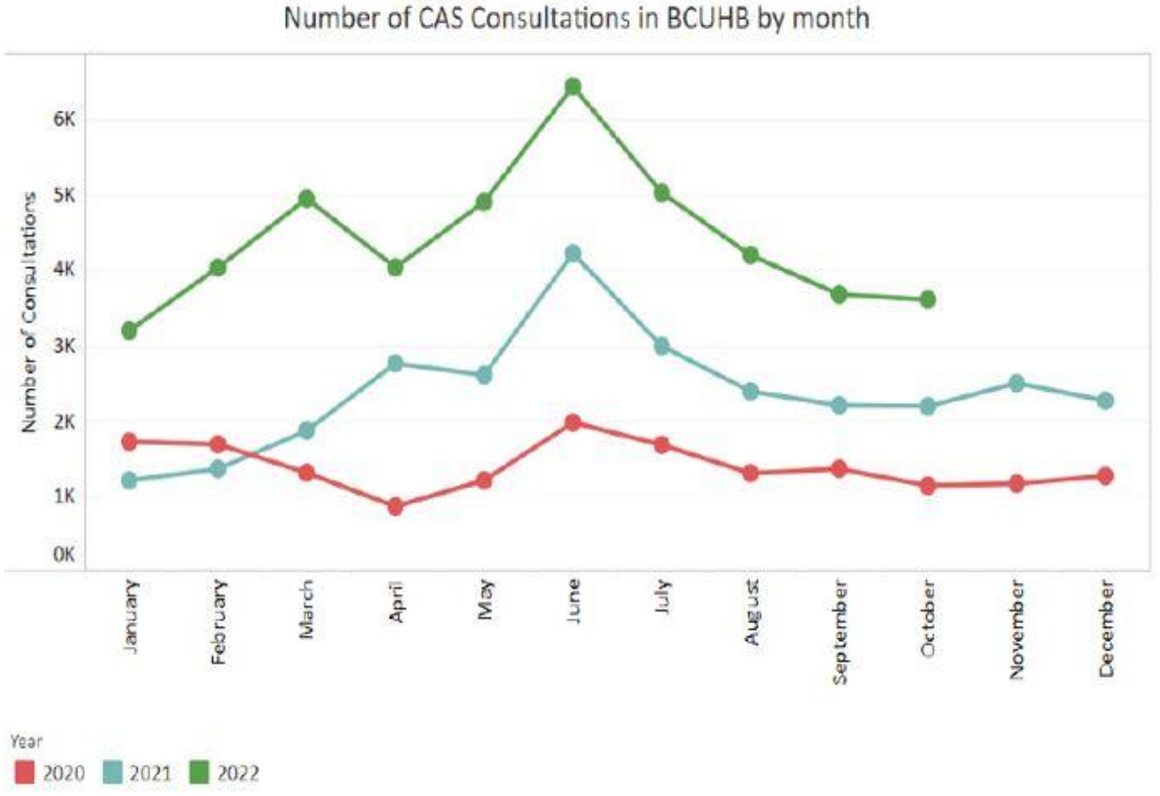


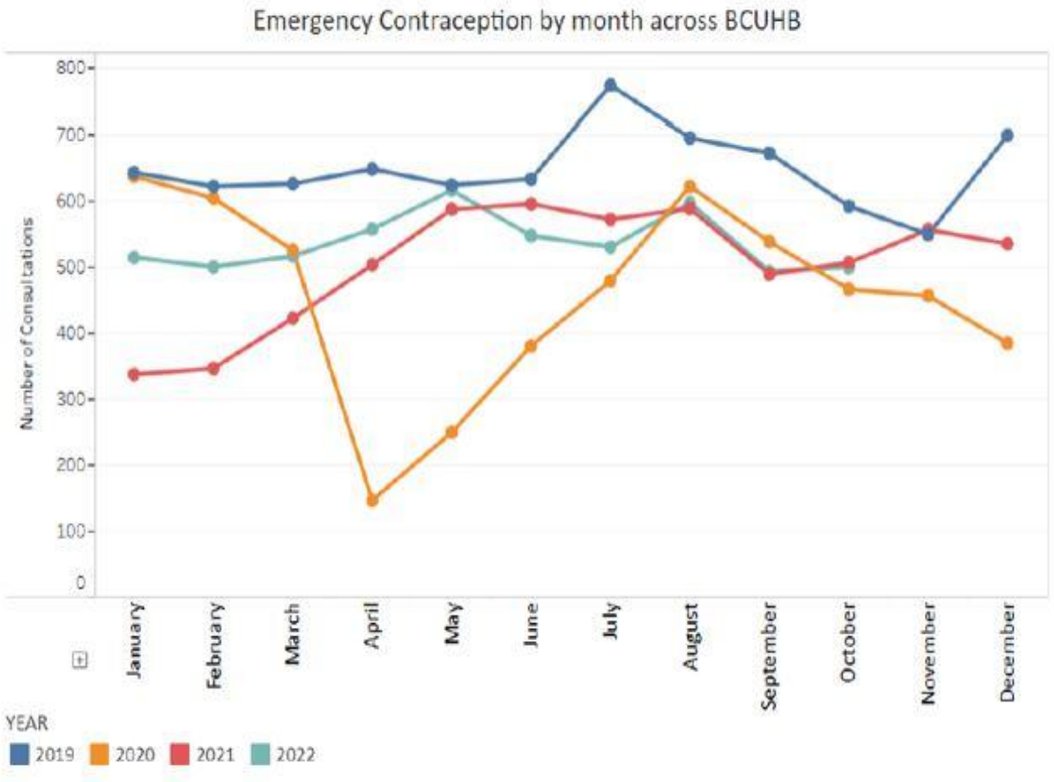
Independent Prescribing Service data updated to 31 October 2022 (Interactive chart)



Emergency Medicines Service data updated to 31 October 2022 (Interactive chart)

Community Pharmacy Enhanced Services Activity and Discharge Medicines Reviews





2b: Urgent & Emergency Care

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University Health Board

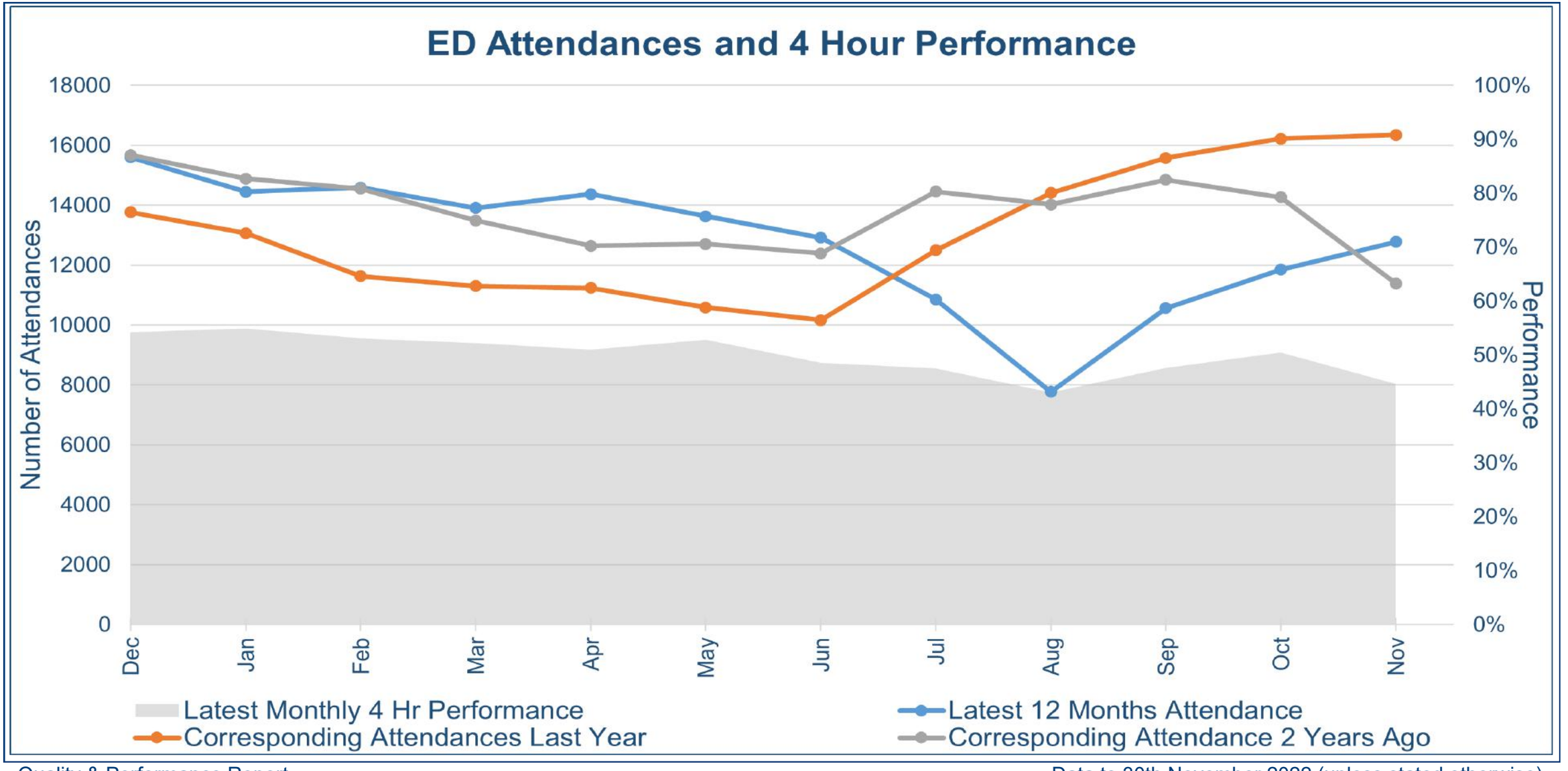
Measures: Urgent & Emergency Care Page 1

Committee	Period	Measure	Target	Actual	2021 D	2022 J	F	M	A	M	J	J	A	S	O	N
PFIG	Nov	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	63.7%	60.2%	62.1%	58.7%	58.5%	54.9%	59.8%	61.8%	58.4%	60.7%	62.9%	61.9%	63.7%
PFIG	Nov	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	0	2802	2502	2728	2763	3245	3584	3249	3124	3462	3507	3106	3178	2802
PFIG	Nov	Median time (minutes) from arrival at an emergency department to triage by a clinician	12 month reduction trend	26	27	25	34	38	43	37	34	34	27	28	27	26
PFIG	Nov	Median time (minutes) from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend	135	151	129	158	179	188	177	154	175	166	143	142	135
PFIG	Nov	Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%	50.8%	84.0%	85.2%	85.3%	83.2%	68.7%	69.1%	72.8%	64.5%	Data not available (system issues)			50.8%

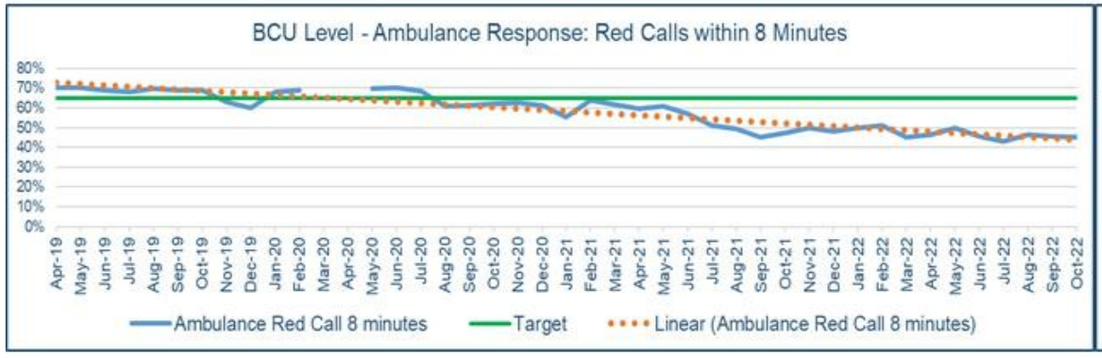
Measures: Urgent & Emergency Care Page 2

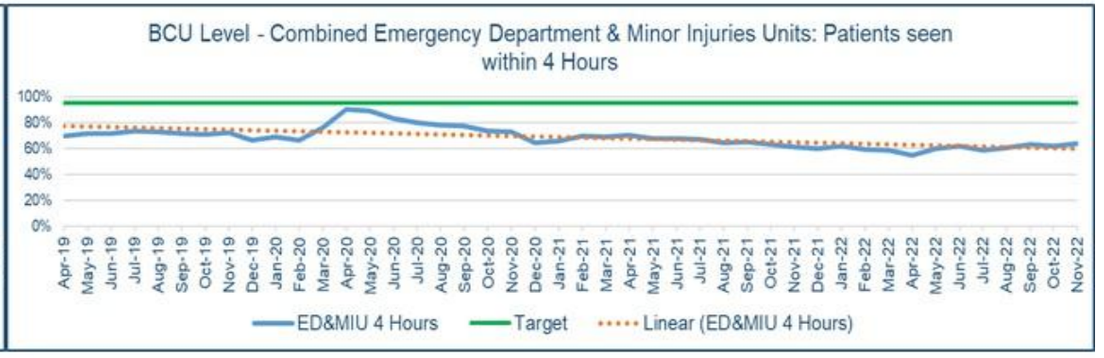
Committee	Period	Measure	Target	Actual	2021 D	2022 J	F	M	A	M	J	J	A	S	O	N
PFIG	Nov	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patients clock start time	SSNAP UK national quart ave	27.5%	23.6%	15.0%	14.1%	16.7%	10.6%	13.6%	27.2%	38.3%	32.4%	21.9%	14.7%	27.5%
PFIG	Nov	Percentage of stroke patients who receive mechanical thrombectomy	10%	0.0%	2.2%	1.7%	1.4%	0.0%	0.0%	5.9%	1.9%	0.0%	0.0%	3.0%	2.5%	0.0%
PFIG	Aug	Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 month reduction trend	67.2%	74.0%	73.3%	73.3%	72.3%	72.4%	71.1%	69.3%	68.7%	67.2%	Awaiting Data		
PFIG	Oct	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	45.0%	48.1%	49.7%	51.0%	45.3%	46.2%	49.7%	45.6%	42.9%	46.2%	45.5%	45.0%	Await Data
PFIG	Nov	Number of ambulance patient handovers over 1 hour	0	1871	1743	1998	1958	2003	1749	1884	1932	2037	1898	1908	2027	1871
PFIG	Oct	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	2.1%	2.1%	2.2%	2.1%	2.2%	2.1%	2.5%	2.2%	2.4%	3.0%	2.8%	2.1%	Await Data

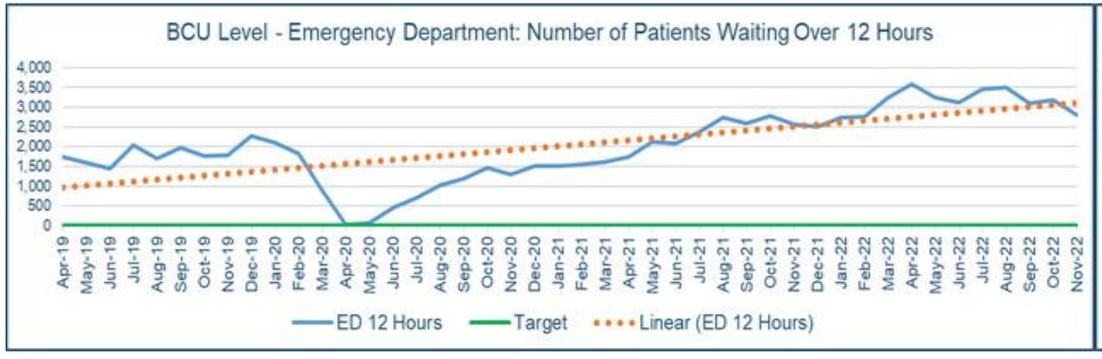
Charts: Emergency Department Attendances & Performance

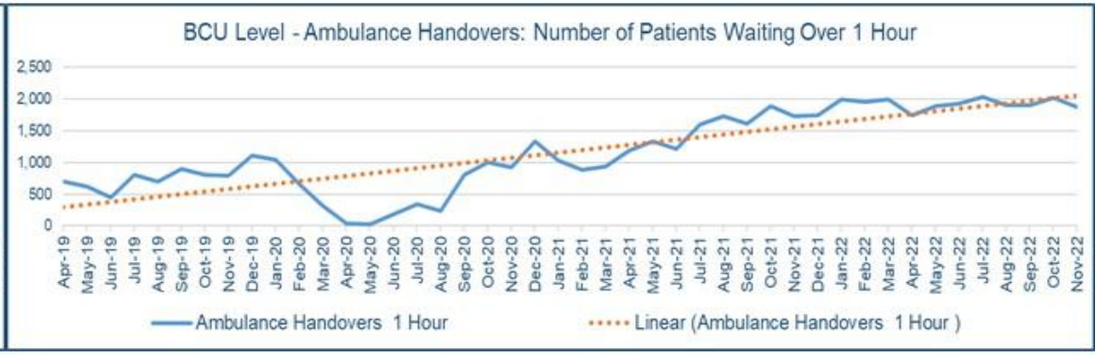


Charts: Unscheduled Care









Narrative: Emergency Care

Why we are where we are

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. Flow through the hospitals and Integrated health community remain the main contributory factor that results in gridlock within the emergency departments and hamper the ability to off load ambulances in a timely fashion due to capacity. Attendances to the emergency department remain constant with hourly occupancy rates continue to rise.

The ability to reach the required targets for Emergency care remains a challenge, including the 4-hour target, ambulance delays, patient harm, low staff morale and increased number of complaints

What we are doing about it

Ambulance handovers, following on from the ministerial briefing it has been identified that a zero tolerance to delays greater than two hours with a review of all IHC ED escalation process to support the ability to maintain flow and capacity within the emergency departments. Access to Physician triage assessment and streaming (PTAS) to support early interaction with 999 calls that can be supported with care closer to home. Implementation of a pan North Wales Paramedic pathfinder direct access to Same day emergency care (SDEC) to reduce the need for access to the emergency departments (Goals 2 of the six goals for urgent and emergency care)

Streaming of minor category patients that can be managed through the urgent treatment centres (UTC's) or minor injury units (MIU's) to support improving 4 hours performance for those patient that have a lower triage category that are clinically stable for streaming.

The six goals for Urgent and Emergency care programme has identified working groups that cover all elements of the six goals programme, to support improvement on the clinical journey for all patients by utilising staff experience on service development.

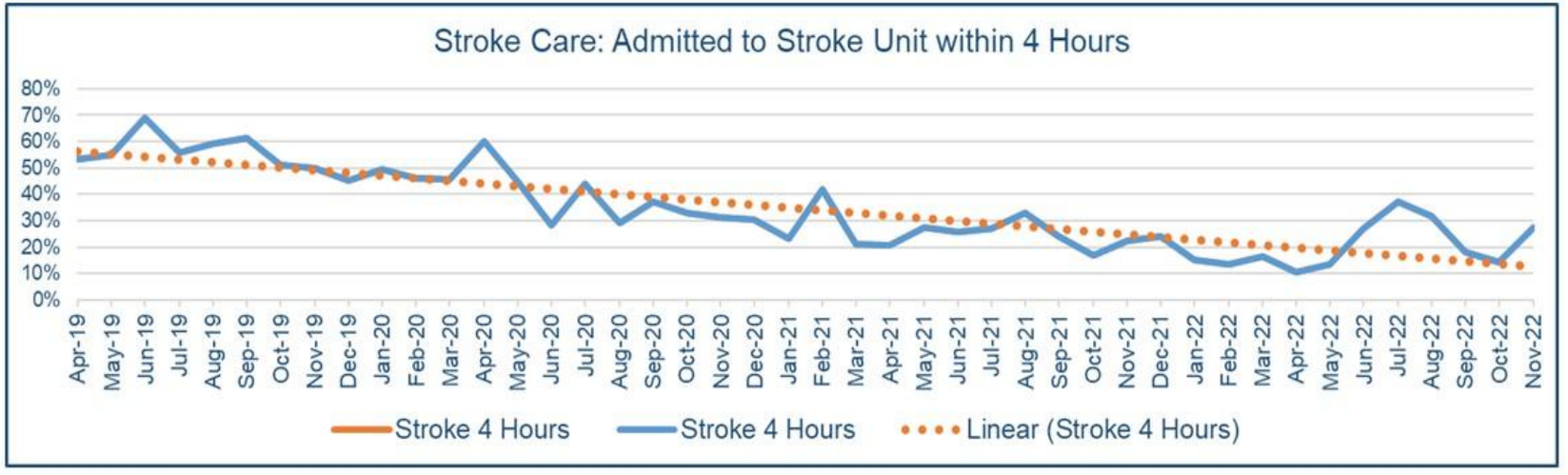
When we expect to be back on track

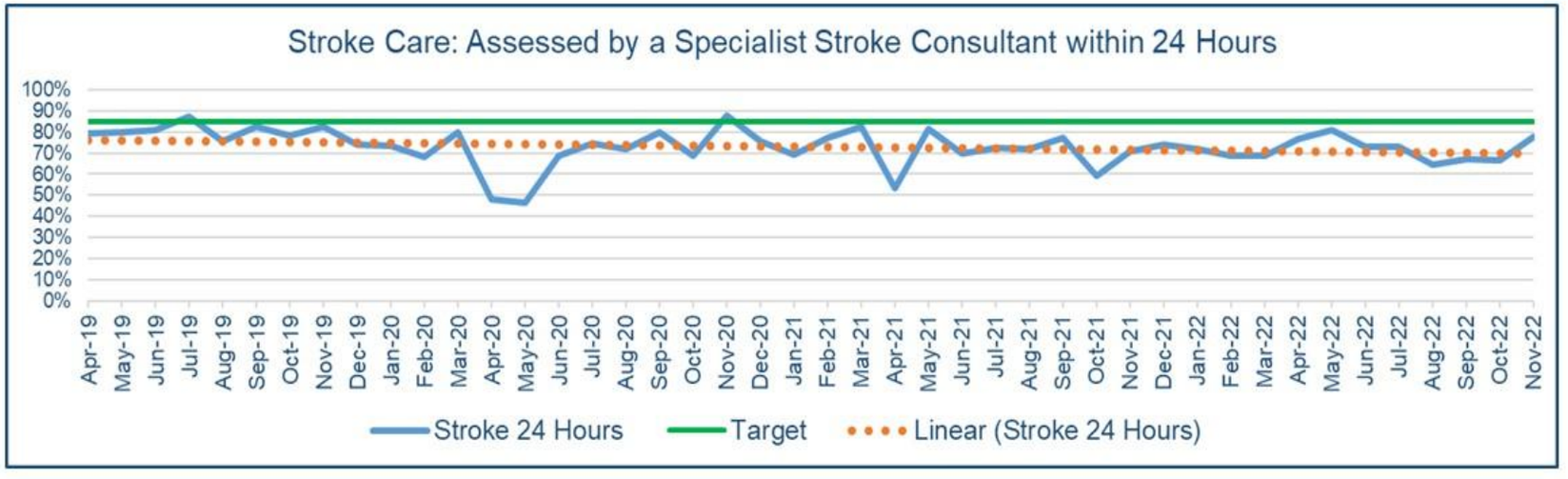
Trajectories have been agreed along with the most recent ambulance handover performance, over the next 3 months with the agreed trajectories there should be a marked improvement on performance with a reduction in lost hours, along with minors attendances to the emergency departments and an increase in attendances to the MIU's/UTC'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 - Initial mitigation is being created by utilising the MIU/UTC's to reduce the attendances to the emergency departments.

Charts: Stroke Care





Narrative: Stroke

Why we are where we are

YGC - The Stroke Awareness and Formal Swallow training package - Refresher and new team member sessions have been arranged for Emergency Department (ED) nursing staff in November and December.
Daily links with the Site team to re-patriate stroke patients not on the ASU. Continue to develop the use of 'Right Patient, Right Place' to be identified via stream patients allocated in-patient beds in the incorrect destination/ward. Recruitment of the 4th Acute Stroke CNS to extend CNS cover hours has been completed with training now completed. SRU move planned for end of Nov / early Dec.
YG - Site pressures – regularly at level 3 or above which impact on flow. Lack of pre-alert by WAST, awaiting responses from Walton Hospital, Medical team not responding to stroke bleep, Medical team not clerking patients in a timely manner. Covid outbreak on ward making it difficult to outlie and discharge to peripheral hospitals, residential/ nursing homes and to POCs.
WXM - Non availability of beds when the ward is full, lack of dedicated ASU. Workforce training is now in place, ESD ward not complete, limited on ESD movement. Site team required to continue supporting provision for a Thrombolysis bed on ASU 24/7.

What we are doing about it

YGC - Non availability of beds when the ward is full, lack of dedicated Acute Stroke Unit (ASU). Workforce training is now in place, Early Supported Discharge (ESD) ward not complete, limited on ESD movement. Site team required to continue supporting provision for a Thrombolysis bed on ASU 24/7.
YG - Use of pre-alerts by WAST and stroke bleep with location and type of potential stroke in ED. Met with WAST agreed to continue with staff training, ED activating stroke bleep through switchboard. Agreed with Stroke Consultant that Patients can be admitted to ASU whilst awaiting response from Walton. Emails sent to medical doctors to remind need to attend to stroke bleeps and ensure clerking completed in timely manner.
WXM - Straight to test CT pathway meeting with WAST (23rd Nov meeting). Deeside and ESD phasing of patients will commence from January. ASU January to support all strokes, TIAs, pull from ED rather than push. Protected rehab beds along the pathway, training for staff in ED on Swallow screening continuing. New stroke staff started in November, training commenced.
ALL - Breach validation and cases reviewed by each site for lessons learnt. Doctor cover remains a challenge within the centre, no cover at weekends.

When we expect to be back on track

All 3 sites development of the pathways to ESD sites when complete will see the delivery of the Phase 1 stroke programme. We will see improvements from this stage. Work with WAST / Radiology / ESD to discuss direct to CT pathways and then from CT to ASU on each site has commenced. ASUs improvements linked to ESD will shift improvement of 4 hrs time to ASU. Improvements across each measure will fluctuate, but continue to improve. Each site has an improvement plan. Performance improvement in SNAP scores is expected to start in April when the West Rehabilitation unit will be live and ESD service will be building up across the 3 areas, enabling a managed return home and rehab support at home for people following a stroke. East and Central Rehabilitation units will be ready by end Quarter 2 and the full ESD team and acute nursing team will be in place by end Quarter 1. 6 month review clinics have recommenced in East at the beginning of May 2022 (the backlog was 12 months in April 22 due to Stroke Coordinator shortage). Waits are at 7 months as of mid October 2022 and are expected to return nearer to 6 months by the end of the calendar year.

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

YGC - To link daily with the Site Teams to support Stroke patients not on ASU, ensuring Stroke Multi-Disciplinary Team (MDT) are aware of the patients. On-going training and awareness supporting board rounds, next destination on stream and use of Right Patient, Right Place Dashboard operationally.
YG - . 2 beds ring fenced, staff on ASU ensuring outliers are identified, and that the Stroke nurses liaise closely with ward manager, CSM and ED are highlighting when there is a confirmed stroke in ED and the need for a bed, Stroke Nurses now fully recruited with 1 x Band 7 and 3 x Band 6 in place. Out Of Hours (OOH) working hours will be finalised once all are fully trained.

2c: Patient Flow & Discharge

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Betsi Cadwalar
University Health Board

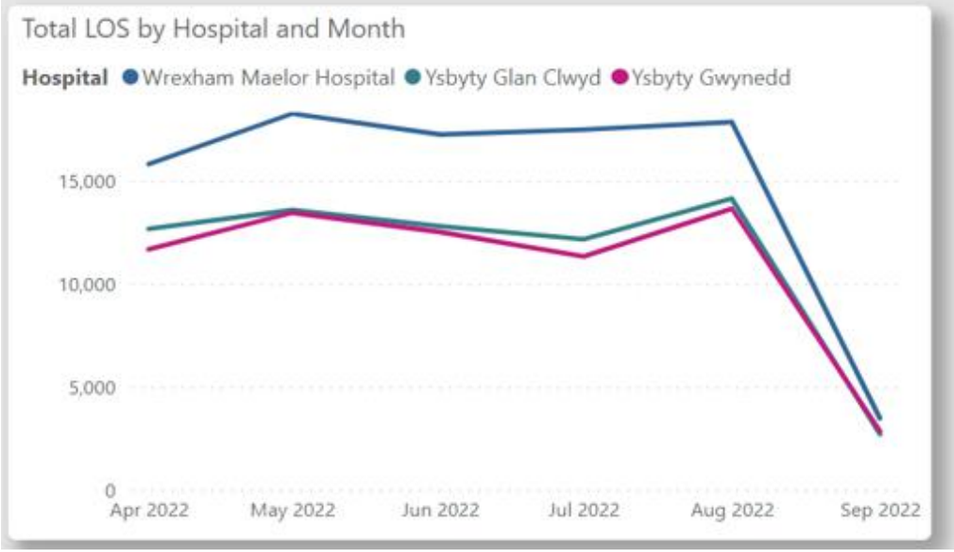
Measures: Patient Flow & Discharge

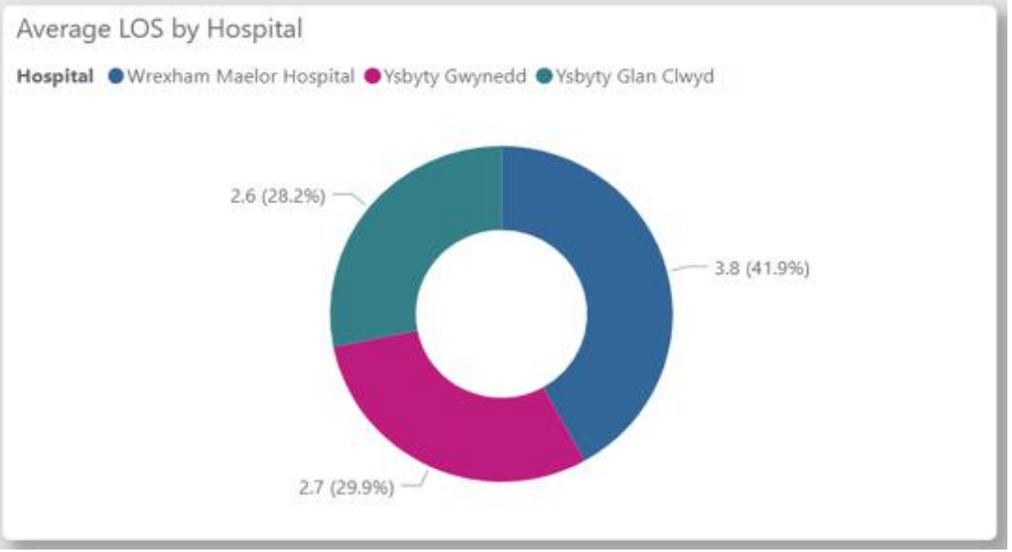
Committee	Period	Measure	Target	Actual	2021 D	2022 J	F	M	A	M	J	J	A	S	O	N
PFIG	Nov	Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days	50%	37.7%		54.1%	52.0%	64.0%	70.0%	66.3%	54.6%	45.0%	56.9%	49.0%	53.2%	44.8%	37.7%
PFIG		Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	12 month reduction trend	New Measure - Awaiting Data													
PFIG		Percentage of total emergency bed days accrued by people with a length of stay over 21 days	12 month reduction trend	New Measure - Awaiting Data													
PFIG		Percentage of people assigned a D2RA pathway within 48 hours of admission	4 Qtr Improve trend (target 100%)	New Measure - Awaiting Data													
PFIG		Percentage of people leaving hospital on a D2RA pathway	4 quarter improvement trend	New Measure - Awaiting Data													

Charts: Patient Flow & Discharge

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

Latest data has clear errors, which are being clarified. Will update once resolved





Narrative: Patient Flow and Discharge

Why we are where we are

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. The ongoing inability to discharge patients who are Medically fit for discharge (MFD) and no longer require an acute or community hospital bed continues to be a significant barrier to patient flow, with 1/3 of BCUHB hospital beds occupied by medically fit patients. This impacts on the capacity within Emergency Departments (ED) which are experiencing high numbers of attendances of very poorly patients who are presenting with high acuity and the ability to admit patients onto appropriate wards from ED efficiently as well as effectively handover patients from ambulances.

What we are doing about it

Work has commenced collaboratively with Health & Social Care colleagues to implement Pathways of Care delays reporting within an initial 3 month pilot (Nov – Jan), to meet the ministerial requirement to conduct a monthly snapshot census of delayed transfers of care on the third Wednesday of each month. Data for all delays which meet the criteria set out in national guidance (any adult patient post 48 hours, clinically optimised, who has not been discharged and is still occupying an acute or community hospital bed) are entered onto the national reporting database to enable census reporting. Robust validation processes between health and social care are in place to ensure validation and agreement of Social Care delays by Local Authority colleagues prior to submission.
A number of schemes across Health and Social Care are in place to provide additional community capacity as part of the All Wales 1000 additional placements initiation for Winter with regular review and monitoring processes in place locally and nationally.

When we expect to be back on track

Pathways of care reporting pilot will conclude end of January 2023 following which Health Boards will be required to fully implement and embed Pathways of Care Delays reporting processes with agreed milestones for 2023-24 and monitor the progress of safe and timely discharge of patients in line with the NHS planning framework. Ministerial launch on 6th December for the Optimising Hospital Patient Flow Framework, will focus on tools and processes to be activated for patients admitted to a hospital bed, including SAFER principles; revised Discharge to Re-Assess (D2RA) pathways; preventing deconditioning and discharge planning, which is expected to be implemented in the New Year. Revised all Wales discharge guidance is being finalised by Welsh Government (WG) for implementation by Health Boards early 2023.

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

Inability to recruit to sufficient health and social care workforce to provide the necessary support services in the community to enable patients to be discharged to the most appropriate setting as well as support individuals to remain at home and avoid unnecessary admissions.
Competing priorities and ongoing pressures within teams that are already stretched to capacity, resulting in a lack of engagement to effectively implement the patient flow framework. Fragility of the independent sector due to staffing and inflation, and challenges to the HB on the current level of fees.

2d: Elective Planned Care

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Betsi Cadwalar
University Health Board

Measures: Elective Planned Care Page 1

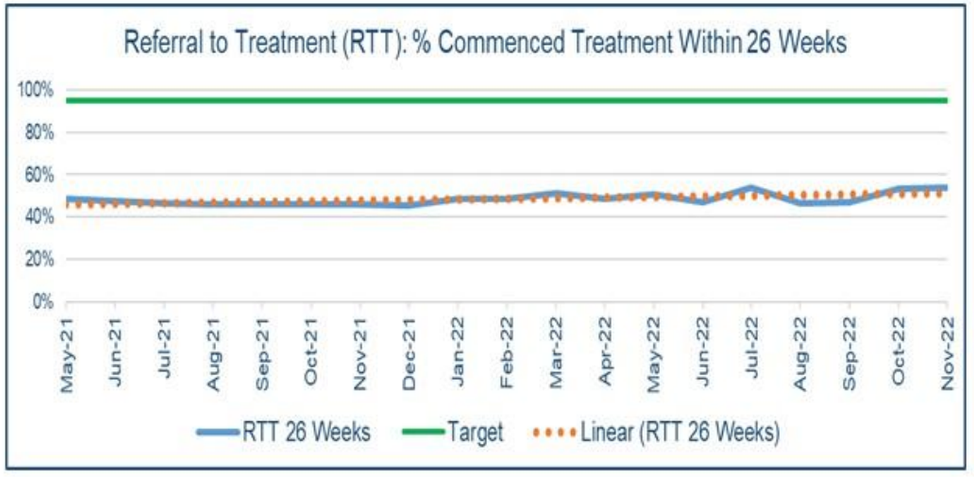
Committee	Period	Measure	Target	Actual	2021 D	2022 J	F	M	A	M	J	J	A	S	O	N
															Month in Arrears	
PFIG	Oct	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Target of 80% by 2026	62.3%	67.4%	61.4%	69.3%	69.3%	67.2%	62.3%	63.3%	66.1%	61.7%	61.8%	62.3%	
PFIG	Nov	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	=>95%	51.0%	50.4%	44.6%	43.5%	49.3%	47.4%	50.0%	54.0%	54.0%	54.5%	52.2%	52.5%	51.0%
PFIG	Nov	Percentage of patients waiting less than 26 weeks for referral to treatment	Target of 95% by 2026	53.7%	47.6%	48.8%	48.8%	51.2%	50.5%	50.8%	47.0%	54.0%	46.6%	46.9%	53.4%	53.7%
PFIG	Nov	Number of patients waiting more than 36 weeks for referral to treatment	Target of 0 by 2026	63.4K	55953	57190	59330	60281	61685	62866	63273	64871	65959	64788	64070	63356
PFIG	Nov	Number of patients waiting more than 104 weeks for referral to treatment	Target of 0 by 2024	12.9K	13829	15120	16950	18475	17795	16824	15943	15301	15392	14677	13922	12947

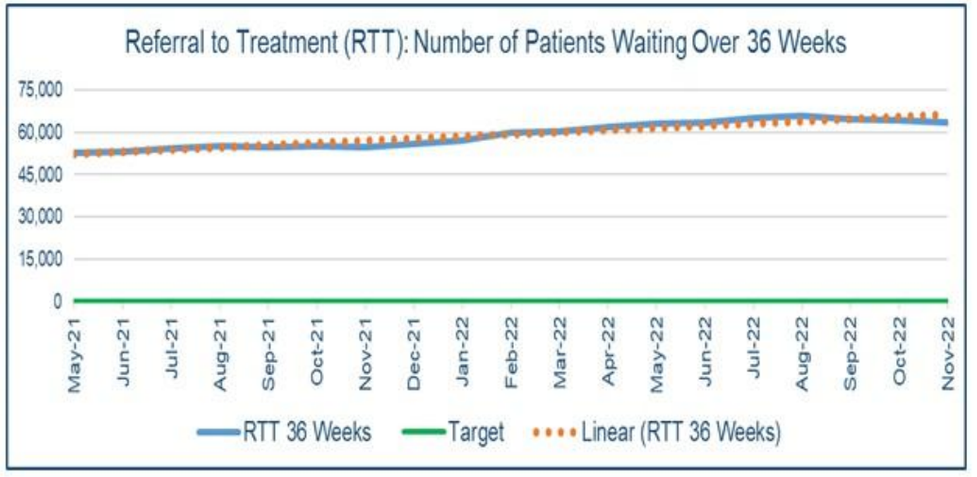
Measures: Elective Planned Care Page 2

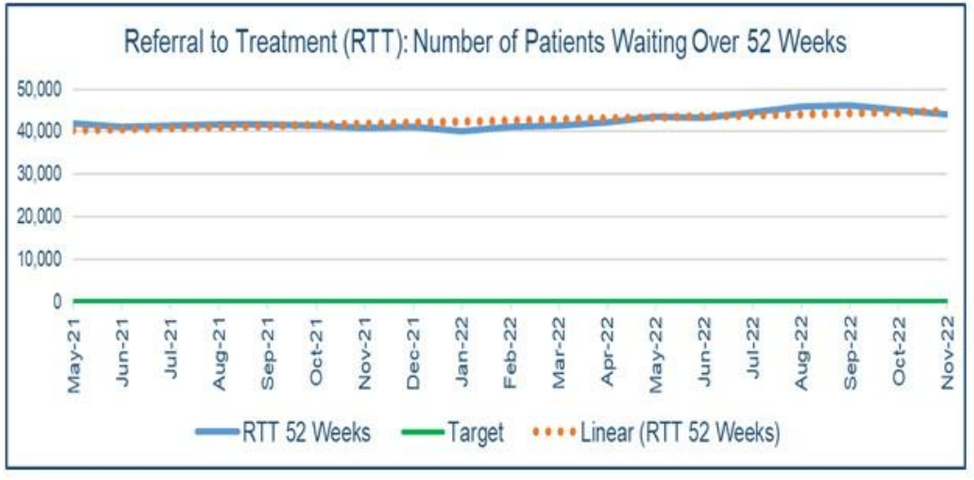
Committee	Period	Measure	Target	Actual	2021 D	2022 J	F	M	A	M	J	J	A	S	O	N
PFIG	Oct	Number of patients waiting over 52 weeks for a new outpatient appointment	Target of 0 by 2023	25.4K	23756	23076	23407	23809	24223	24405	24641	25379	26515	26475	25419	
PFIG	Nov	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Target 30% reduction by Apr 2023	65.8K	56026	56693	55442	54815	55708	55714	59128	61480	64371	63286	64927	65834
PFIG	Nov	Number of patients waiting more than 8 weeks for a specified diagnostic	Target of 0 Apr 2024	8034	7287	7694	7145	6829	8168	8761	8848	9078	9776	9464	8068	8034
PFIG	Nov	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Target of 0 Apr 2024	1745	3329	3482	3156	2719	2667	2563	2463	2306	2260	2250	1964	1745
PFIG	Nov	Number of patients waiting more than 14 weeks for a specified therapy	Target of 0 Apr 2024	4271	5089	5776	6171	6486	6364	6682	6602	6151	5837	5450	5087	4271

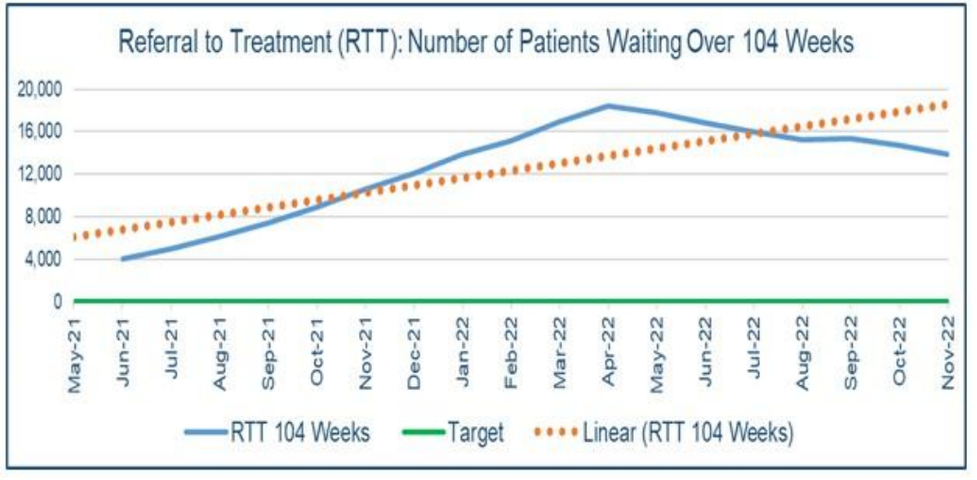
Month in Arrears

Charts: Referral to Treatment



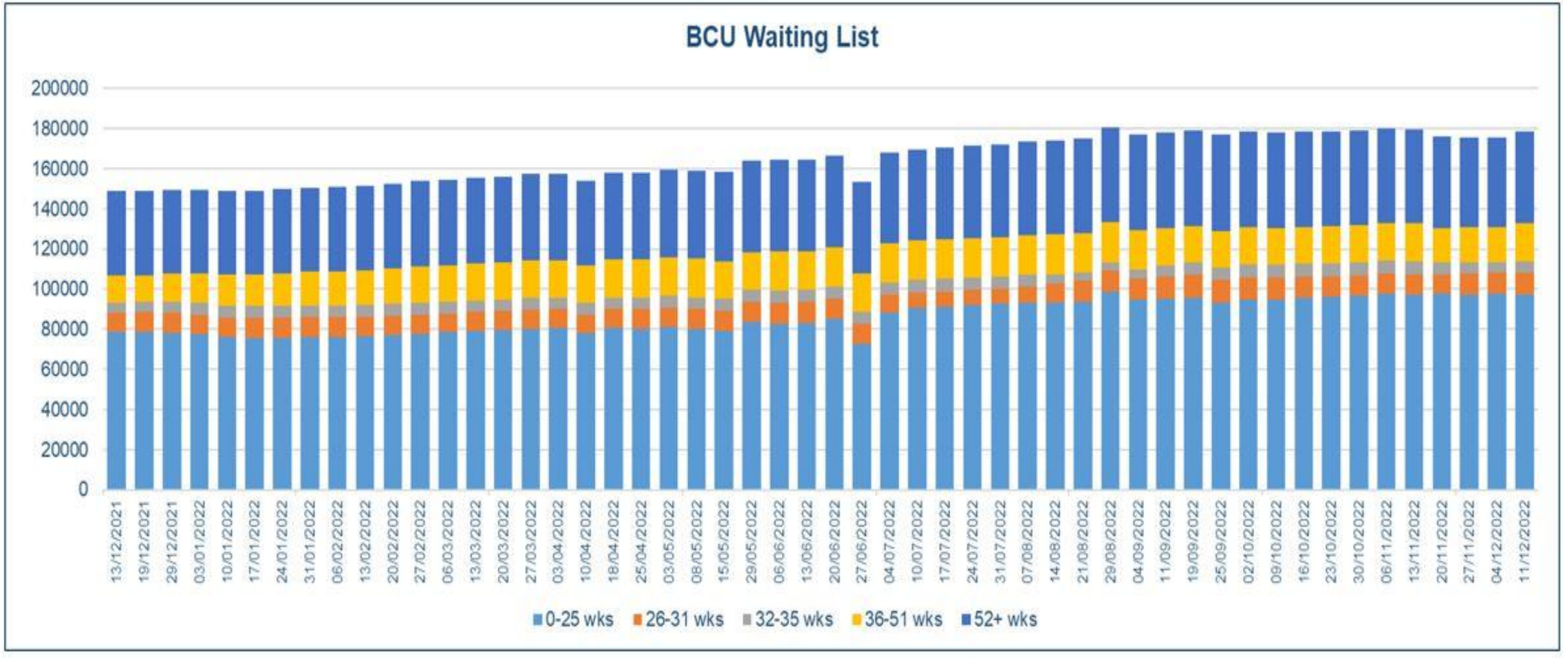






Charts: Planned Care Waiting List

Data as at, 11th December 2022



Narrative: Referral to Treatment

Why we are where we are

The outcome of the Covid pandemic had a detrimental impact on the waiting times, this with the reduced capacity in the system further added to the pressures in secondary care.
In addition to our Did Not Attends (DNA) and not discharging patients that had not attended their new outpatient appointment, resulting in increases from 51.1% in 2019/20 to 64% currently for 2022/23. This means we are rescheduling 13% more (Stage 1 / New) patients than 2019/20.
Over the past 12 months we have had 3,862 patients booked for appointments more than 3 times due to their non-attendance (4 or more DNA's). At an average 12 patient attendance per outpatient clinic this equates to (at least) 322 clinics or 161 days' worth of clinics lost due to patients repeated (4 or more DNA's) non-attendance.

What we are doing about it

We have put in place plans that; i) treat our patients in turn ii) reduce the backlog and ensure that we have a clear and acute picture of the demand on the service. And by validating our records, enhancing and following policies and procedure ensuing that we use our capacity in the most efficient manor.
We are investigating technology and pathways to support an ever-evolving health care service that moves with innovation, thus making it easier to move into patient provision of health care that may not be in their immediate locality, but to support the provision of care equality and the care for the patient at that time. For our Stage 1 >52 week waits we have plans in place to reduce this by 70% (from a September baseline), which we are on track to achieve (subject to the impact of strike action) with plans being drawn to further improve this position with the aim of meeting the ministerial targets.

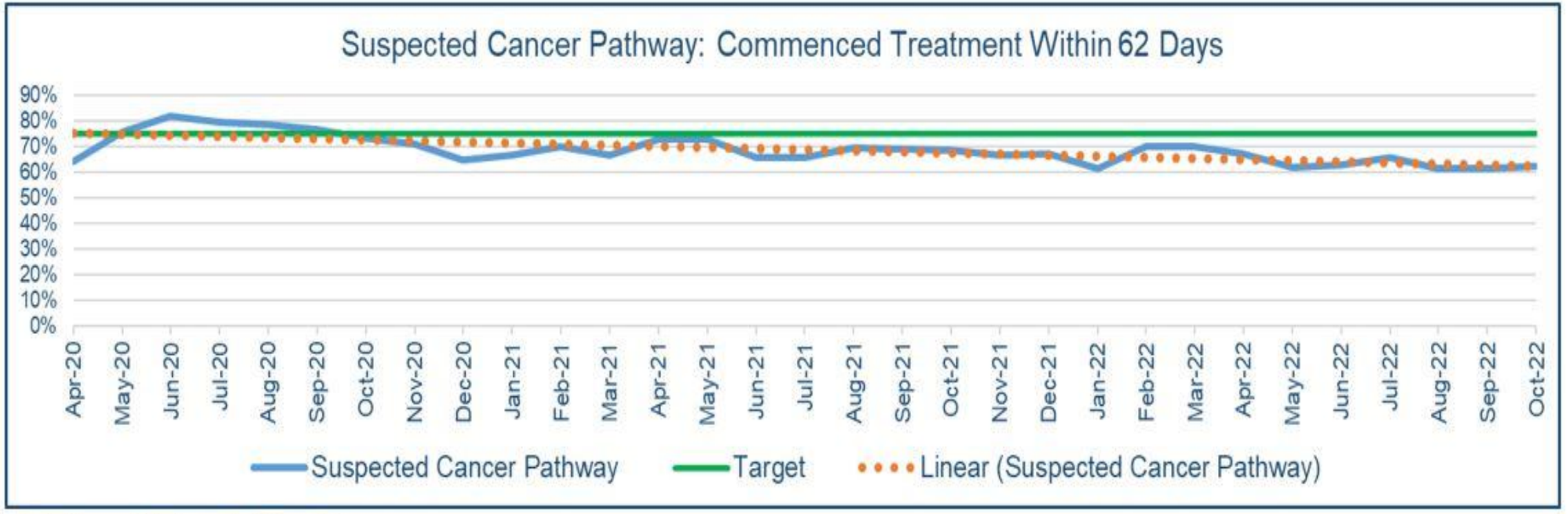
When we expect to be back on track

We are working to the ministerial priorities of;
- No patients waiting >52 weeks for their first outpatient appointments at the end of the year, in most specialities
- No patients waiting >104 weeks for any stage of their pathway at the end of March 2023, in most specialities.

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

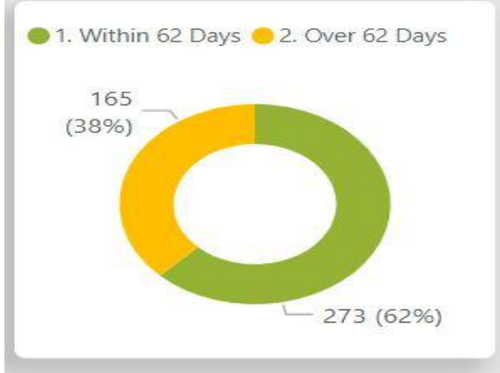
We are conscious of the pressures in the health service and the pressures on our staff (both clinical and managerial) that they are working under. Thus, the retention of a healthy workforce is a risk this with attracting [recruiting] more support to deliver the services we deliver and with this retention and recruitment are a risk.

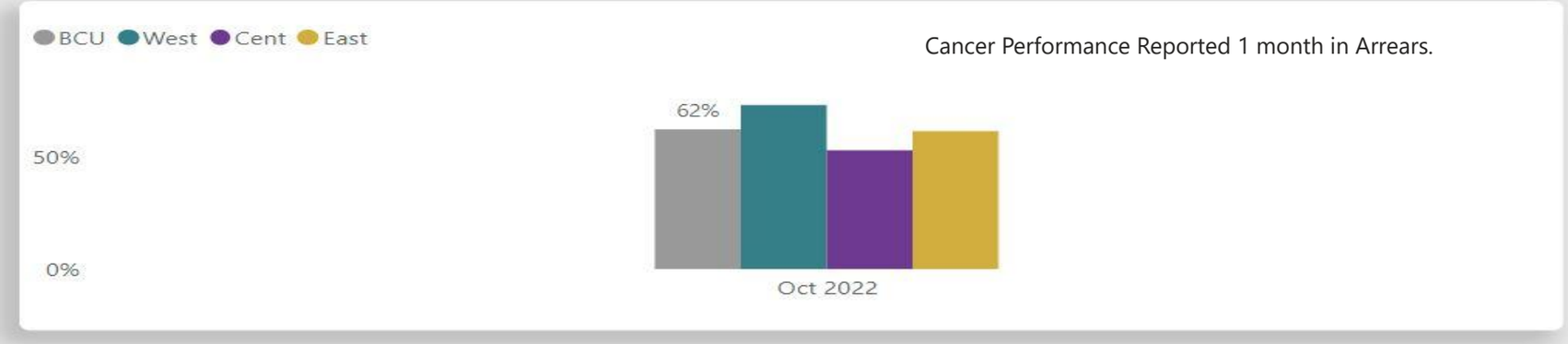
Charts: Cancer



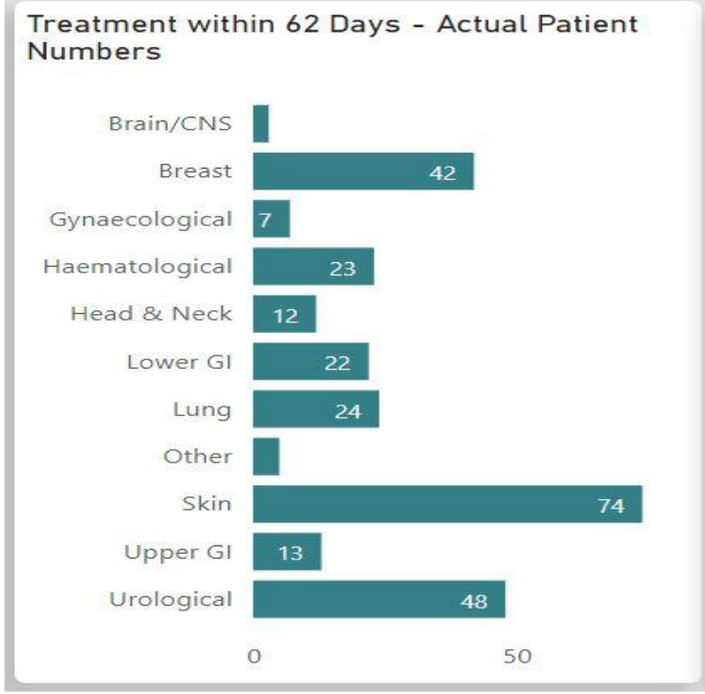
Note: Cancer Data is reported 1 month in arrears

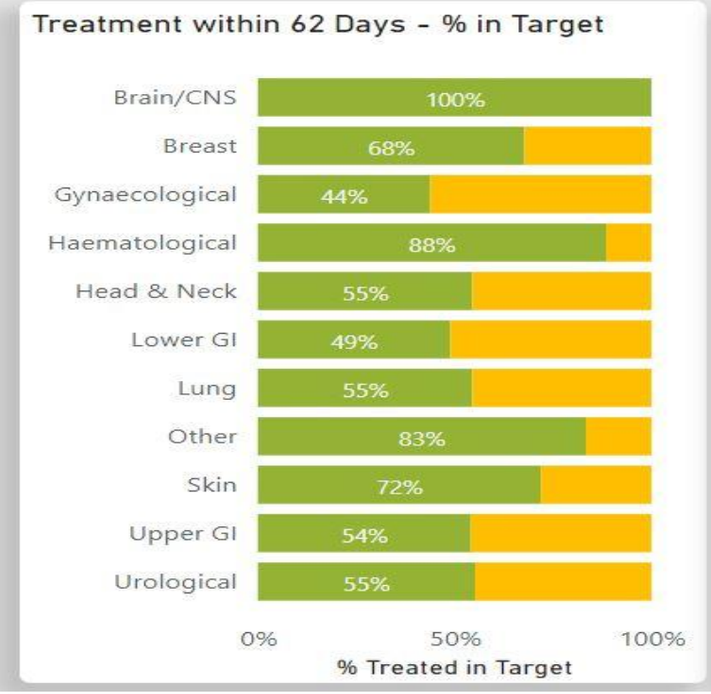
Charts: Cancer





Cancer Performance Reported 1 month in Arrears.





Tumour Site	1. Within 62 Days	2. Over 62 Days	Total
Brain/CNS	3		**3**
Breast	42	20	**62**
Gynaecological	7	9	**16**
Haematologica	23	3	**26**
Head & Neck	12	10	**22**
Lower GI	22	23	**45**
Lung	24	20	**44**
Other	5	1	**6**
Skin	74	29	**103**
Upper GI	13	11	**24**
Urological	48	39	**87**
Total	**273**	**165**	**438**

Narrative: Cancer

Why we are where we are

In October 2022 BCU reported 62.5% of patients (273 out of 437) treated in target. Main breach reasons detailed below:
- Diagnostic - 46 patients were delayed to a diagnostic test, primarily endoscopy (32.6%) and wait for biopsy/faecal immunochemical test (FIT) tests (52.1%)
- Treatment- Delays to surgery remain the leading cause of breaches (42.8%). Delays were primarily within urology and skin
- Volume of Referrals: Volume of referrals continues to surpass pre Covid-19 average (2352 GP referrals per month); in October there were 3797 GP urgent suspected cancer referrals

What we are doing about it

- All services continue to prioritise suspected cancer patients with engagement from local and regional access meetings.
- New process Access Escalations meetings currently continue (including smaller, focussed escalations meetings to address and resolve urgent concerns and unresolved issues- significant impact on pathways noted). These include redirecting referrals to other hospital sites as required (primarily in breast)
- All clinic templates have been reviewed to ensure sufficient capacity to meet 80th percentile (and 95th where possible) weekly demand for suspected cancer patients
- FIT testing used to triage referrals appropriately (straight to test vs outpatients) on suspected colorectal cancer pathway. Data now received from Bowel Screening Wales laboratories regarding number of referrals by GP practice allowing us to identify GP practices who may not be fully utilising FIT testing
- Pathway review workshops completed for colorectal and prostate with changes agreed and task and finish sub-groups established to implement changes

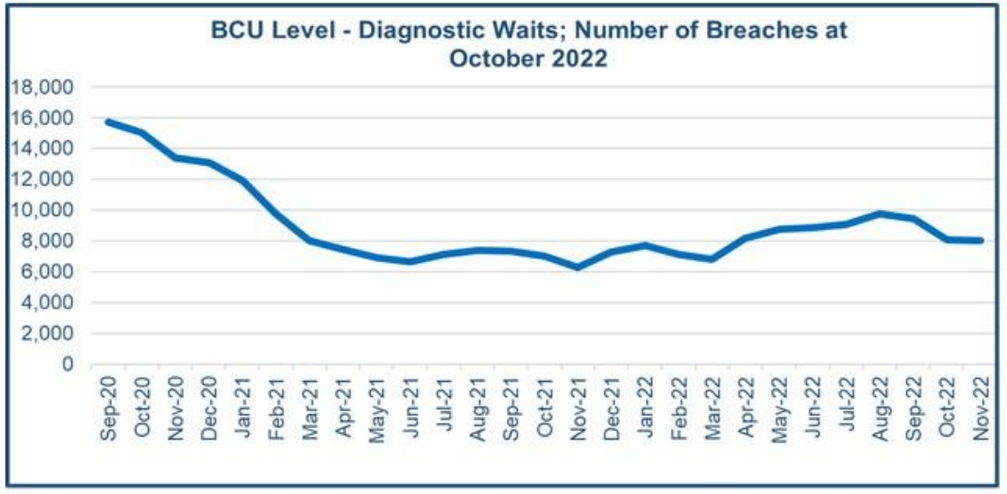
When we expect to be back on track

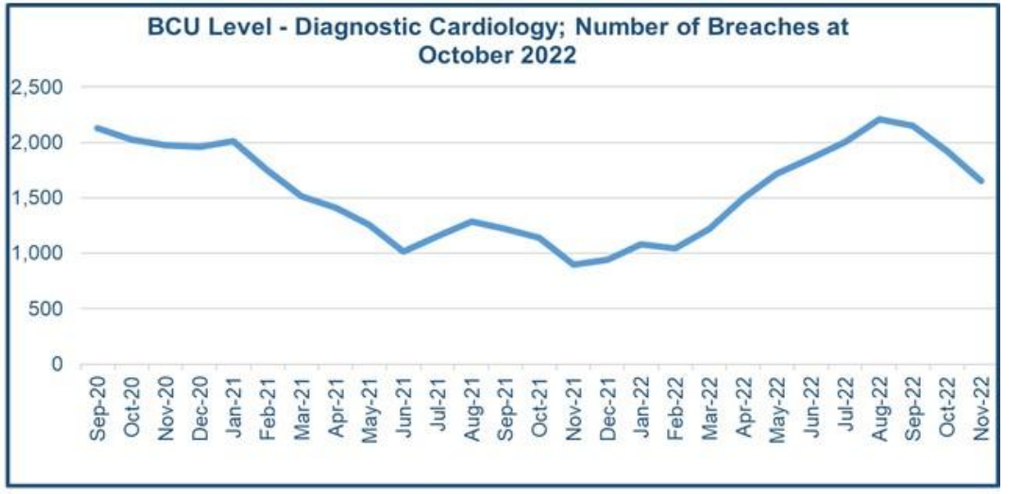
The Health Board continues to work towards 75% target performance by the end of 2022, although current pressures make the interim target from Welsh Government of 70% more likely. A trajectory dashboard re patients still active over day 62 is now in place for teams to monitor progress.

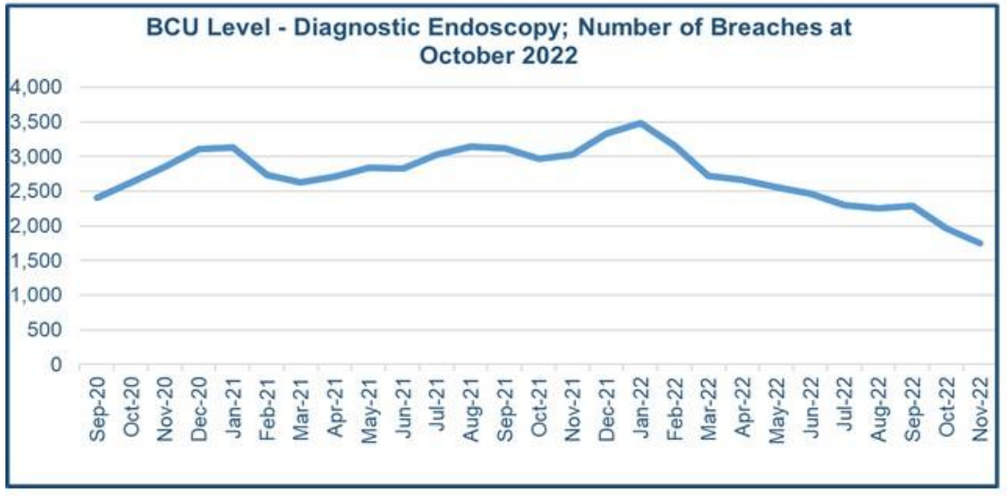
What are the risks and mitigations to this (getting back on track)

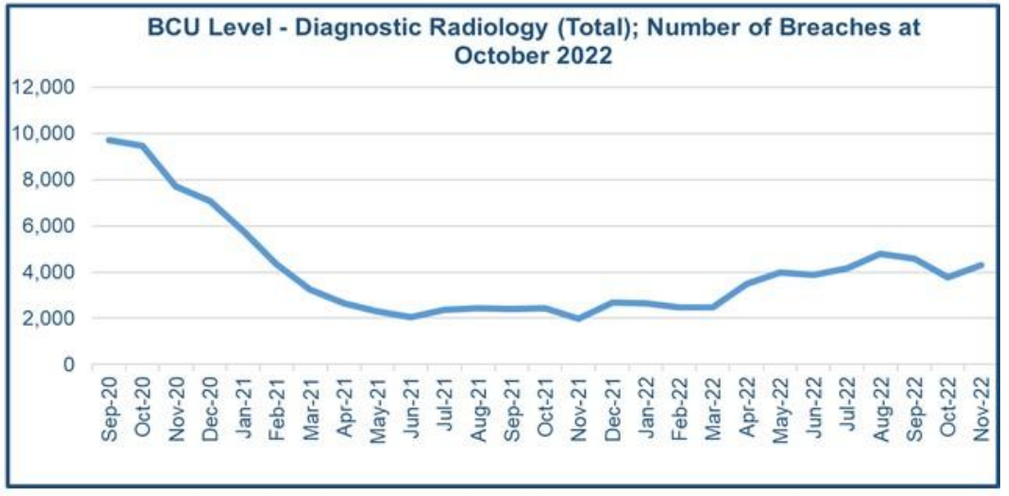
- Diagnostic Capacity – Prostate biopsy capacity currently being addressed by Urology teams
- Volume of Referrals – GP Urgent Suspected Cancer (USC) Referrals continue to remain above average in comparison to pre Covid-19 levels
- Oncology Staffing – Oncology staffing remains an ongoing priority with 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. Positive news with clinical oncologist previously planning to leave recently agreeing to stay within BCU.

Charts: Diagnostics









Narrative: Diagnostic Waits-Radiology & Neurophysiology

Why we are where we are

Radiology: The number of patients waiting over 8 weeks for radiology diagnostics end of October is 3856, a decrease of 749 on the end of September 2022 position. By modality: CT (138 breaches, +44); MRI (1234 breaches, -197); Ultrasound (2484 breaches, -482). Continuing high demand limiting the ability to reduce breaches further. The second mobile MRI scanner has contributed significantly to the reduction in the waiting time for these scans. Ultrasound staffing levels were higher in month with lower leave than the summer months, leading to the improvement seen here.

Neurophysiology: The number of patients waiting over 8 weeks is 643, an increase of 92 from the end of September 2022 position. There are 477 EMG (consultant-led) breaches and 166 NCS (physiologist-led) breaches.

What we are doing about it

Radiology: We are aligning resources to meet the demands of the service, recruiting to unfilled vacancies, flexing staff between CT/MRI. Planned Wrexham Maelor MRI scanner upgrade will reduce overall capacity for the next two months so unlikely progress will be maintained given demand levels.

Neurophysiology: Physiologist staffing levels remain the primary concern, with replacement locum still being sought. Recruitment to the two vacant posts is progressing. Completion of Wrexham accommodation works has been delayed until March 2023.

When we expect to be back on track

Radiology: Demand and capacity work has highlighted significant risk to waiting times due to expected growth in demand in 2023 across all areas of radiology, including the plain film service. Review of solutions for 2023-24 is ongoing with recommendations / cost estimates to follow. Forecast remains 0 breaches in Radiology by end 2023-24.

Neurophysiology: The delay in completion of the Wrexham Maelor service base limits the opportunity to progress backlog clearing sessions in Q4. Tender for insourcing will be aligned with handover for commencement in April, with expected backlog elimination by Q2 2023-24.

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

Radiology: In spite of record activity, the is a risk that overall capacity will be insufficient to meet demand in 2023-24. All current solutions needs to be maintained as a minimum with identification of additional capacity a priority for the team.

Neurophysiology: Recruitment to vacant posts remains the main risk, with other actions set to complete by the end of Q4.

Narrative: Diagnostic Waits-Endoscopy

Why we are where we are

The Covid-19 pandemic led to a short pause in non-emergency endoscopy activity in response to guidance from professional bodies. When activity re-started there were significant constraints on the volume of work which could be undertaken, influenced particularly by clinical guidelines regarding infection prevention and control. During the ongoing COVID-19 pandemic period, the limited number of gastrointestinal endoscopy procedures undertaken were prioritised based upon clinical and/or oncological indications was optimised due to the limited capacity available. As a result the waiting list grew significantly, even when services recommenced, due to continued staff absence and reduced productivity caused by enhanced infection prevention controls.

What we are doing about it

Given the backlog faced, continued insourcing is essential in the short to medium term. This provides increased capacity by 32 lists per week (approximately 190 procedures) to reduce the significant backlog and address the increasing demand, as the endoscopy service continues to recover post Covid-19. This use of insourcing will be phased out as we make substantive appointments across our workforce to deliver a health board led 7 day working service in line with the Endoscopy business case. The Health Board is also working to improve this position by ensuring robust systems are in place to monitor the productivity and efficiency measures as set out by the National Endoscopy programme to ensure fully utilised lists.

When we expect to be back on track

Our capacity and demand modelling demonstrates a recoverable position during 24/25 based on a number of assumptions, including insourcing, current staffing levels being maintained, recruitment and 3 list days.

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

Our main risks to delivery are around maintaining our existing workforce and recruitment of new staff in line with the endoscopy business case.
There are also estates investment requirements in particular around decontamination facilities in both Centre and East to ensure the service can continue.

Narrative: Cardiology

Why we are where we are

We continue to see the waiting list grow and are unable to achieve the eight-week diagnostic target. Cardiac Physiology is a known area of challenge nationally due to workforce shortages, which means we have held vacancies across North Wales.

There is increase demand for cardiac physiology diagnostics. We have returned to pre-COVID capacity; however, additional activity addressing the backlog has resulted in our waiting lists growing. 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 1468 patients breaching with patients waiting over 52 weeks.

What we are doing about it

-The service is undergoing demand and capacity modelling for future service provision
-We are recruiting across North Wales. We remain hopeful to fill the posts, as YG (Bangor Hospital) has recently appointed two skilled staff members
-We are expanding our Physiologist led pathways in both community and secondary care
-Additional waiting lists sessions are ongoing across all sites
-Short-term utilisation of locum staff
-Ongoing transfers of patients to support YG with the longest waiting patients
-The implementation of the heart failure business case will support several areas of the pathway

When we expect to be back on track

We are on track to be under 52 weeks by March 2023 and will be moving into the 36 weeks category.

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

Risks
- A continued increase in referrals for cardiac diagnostics.
- Workforce Recruitment
- No Funding agreed to support the national project

Mitigation
- Ongoing additional waiting lists
- Pan BCUHB operational group monitoring and support
- Introduction of NT-proBNP blood test

Charts: Eye Care

Eye Care Measure Dashboard | Welsh Government Submission

Area

West | Central | East

Reporting Month

November 2022

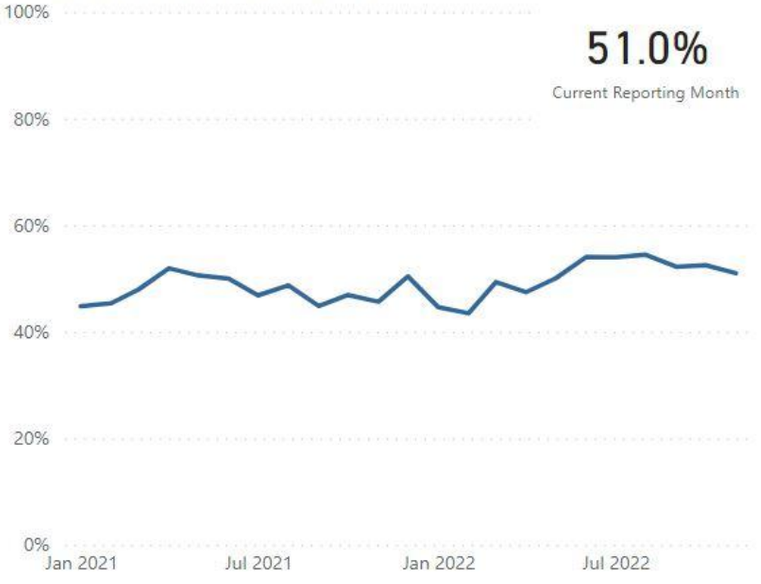
Open Pathways

Health Risk Factor	No Target Date	Not Overdue	0 - 25%	26 - 50%	51 - 100%	Over 100%	Total
R1	113	11,614	1,715	1,699	2,983	16,588	**34,712**
R2	8	1,914	364	464	804	3,076	**6,630**
R3	1	413	78	60	139	927	**1,618**
No HRF	766	198	29	61	147	209	**1,410**
Total	**888**	**14,139**	**2,186**	**2,284**	**4,073**	**20,800**	**44,370**

Attendances

Health Risk Factor	No Target Date	Not Overdue	0 - 25%	26 - 50%	51 - 100%	Over 100%	Total
R1	520	1,295	1,731	493	405	1,490	**5,934**
R2	39	52	13	10	15	265	**394**
R3	5	51	11	6	8	59	**140**
No HRF	241	67	101	13	5	22	**449**
Total	**805**	**1,465**	**1,856**	**522**	**433**	**1,836**	**6,917**

R1 Attendances < 25% Overdue



Did Not Attend

Health Risk Factor	Total Did Not Attend
R1	428
R2	67
R3	20
No HRF	25
Total	**540**

Patient Cancellations

Health Risk Factor	Not Overdue	Overdue	Total
R1	172	990	**1162**
R2	8	126	**134**
R3	12	19	**31**
No HRF	18	59	**77**
Total	**210**	**1194**	**1404**

Narrative: Eye Care

Why we are where we are

A. Sickness and staffing vacancies impact on core activity, recovery and Eye Care Measure (ECM) transformation capacity.
B. Historic Data Quality and Completeness impact on effective data availability for modelling/planning/sustainable delivery of equitable services
C. Reduced resources (staffing and estates) impact on capacity and transformational pathway delivery. I.e. Reduced Cataract Outpatient and theatre utility and reduced flow of Glaucoma and Diabetic Retinopathy patients to Integrated Pathways'.
D. Delay in National Digital programme delivery "Go Live". (Key enabler of Integrated Primary & Secondary Glaucoma and Retinopathy Services)
E. Continuity challenges with Clinical and Operational Leadership from prior/current/impending vacancies impacting on leadership for change.

What we are doing about it

A. Ophthalmology Teams progressing 100% Pre-Covid capacity delivery plans. Integrated Teams progressing Transformational pathway delivery
B. Ophthalmology Area Teams to deliver action plan to redress Clinical Condition data gaps by close of November 2022.
C. Capacity recovery from Cataract Outsourcing (400 Routine Patients/month rising to 600/month Sept 2022).
D. Expand BCUHB Digital pre-mobilisation to include Glaucoma and Cataract: to ensure Go Live readiness when National Programme functional.
E. BCU Clinical Lead recruitment and role review being led by Medical Director and current lead. Pan BCUHB posts v's long-term "local" vacancies.

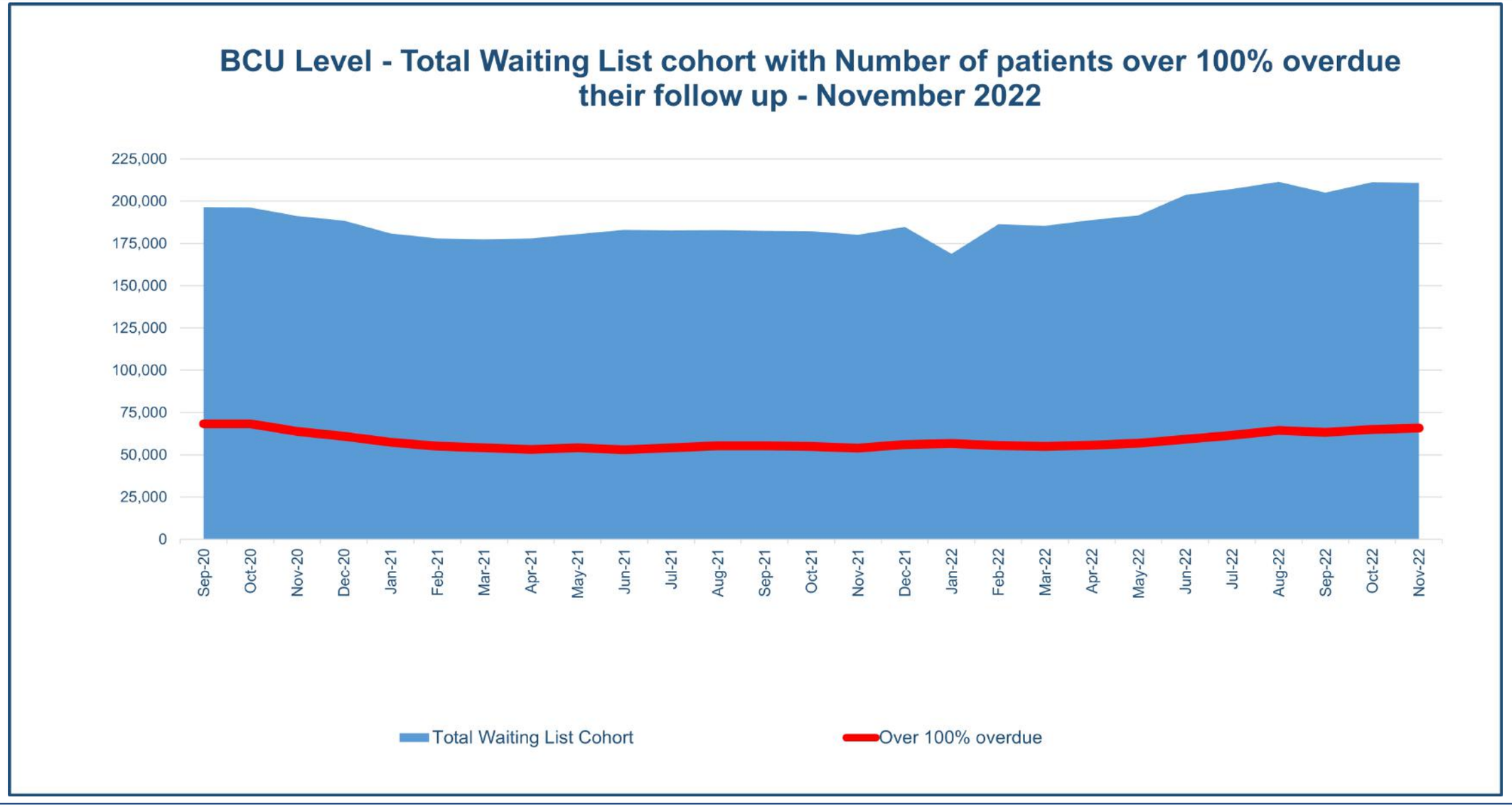
When we expect to be back on track

A. ECM Integrated Pathway 2022 activity reduced by 30% due to Primary and Secondary care unplanned leave. Optometry Contractual Reform in 2022 will expand Integrated workforce and provide mitigation from increased partner pool. Welsh Government (WG) to confirm Go Live date/roll-out.
B. August 2022 target for services to address historic Clinical Condition "null" entries reset to November 22. Target outstanding.
C. Outsourcing of appropriate patients consistently achieving Trajectory, reducing risk and waiting times. BCU readiness for Digitalisation Go Live Glaucoma Tests and Cataract mobilisation completed within deadline/on track. National programme delayed by 8 months.
E. Vacancy review completed. Pan BCUHB Clinical Lead retires December 22. Active recruitment and Pan-BCUHB posts' progression reviewed monthly.

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

A. Pandemic mitigation recurrence/unplanned leave impact on Primary Care partners. Mitigation: Expanding number of Primary Care partners, Q4
B. Admin capacity gaps (vacancies/sickness). Partial Mitigations: Operational Teams utilising overtime/recruitment to vacancies
C. Outsourcing short-term solution. Sustainable mitigations commenced. Increased Theatre Utility and efficiencies. Getting It Right First Time (GIRFT) Partnership (Q3)
D. Extended Digital lead time. Mitigation: Expanded BCU pre-mobilisation to include additional Pathway delivery
E. Delayed delivery of sustainable pathways. Mitigation: Monthly RAG rated report highlighting/escalating risks within Eye Care Collaborative

Charts: Follow Up Outpatient Waiting List



Narrative: Follow Up Outpatient Waiting List

First Why we are where we are

The outcome of the COVID pandemic had a detrimental impact on the waiting times, this while the reduced capacity in the system further added to the pressures in secondary care. The increase in Follow-up appointment demand is further added to as we increase activity as the front of the pathway (to reduce the backlog of New appointment requests) this also adding pressure to the demand of follow-up appointments.

What we are doing about it

We are on boarding new pathways across many specialties such as See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU). As of end of November 22, the current uptake of these pathways in the 10 priority pathways across BCUHB is 5.8% - this is an increase from 2.4% in Jan 2022. Planned Care have presented the use of SOS/PIFU pathways at BCUHB Regional Treatment Centres (RTC) workshops to support with spread and adoption. Planned care is also increasing the virtual follow-up's (telephone/video consultations) with 23,117 patients attended a video consultation with 42 different specialties having this available with more coming on-board towards the end of the Financial Year.

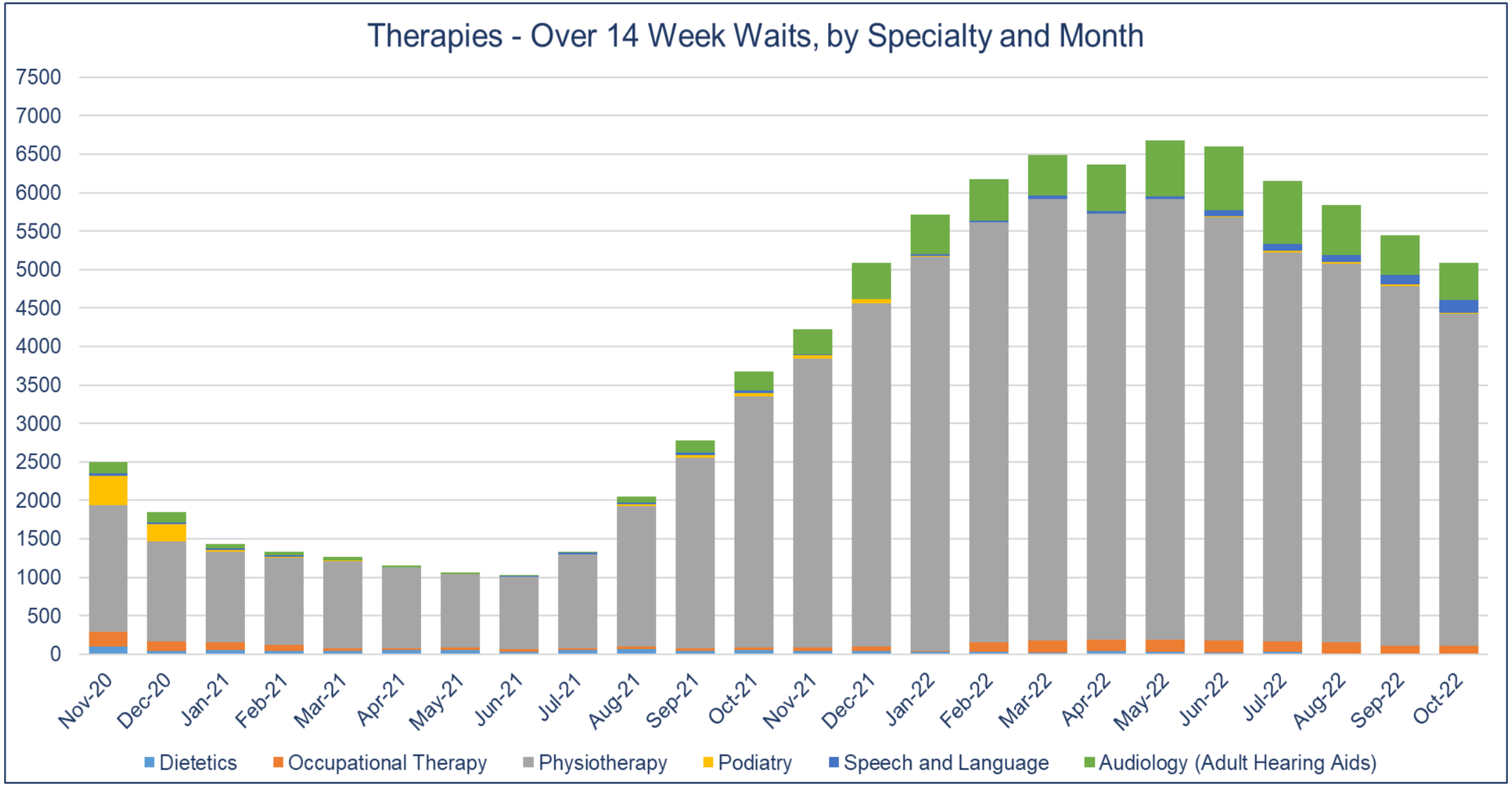
When we expect to be back on track

BCUHB has met the 10 ministerial priority specialty pathways for SOS & PIFU and operating as Business As Usual (BAU), by March 2023. Usage is now dependent on clinical adoption.
All appropriate SOS and PIFU pathways in place are standardised pan-BCUHB, by March 2024.

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

Clinical Engagement is vital and requires frequent senior level clinical leadership to encourage utilisation of new pathways and also for higher usage of virtual clinics.
Project Management and Information Analyst support is vital to the delivery and is currently under recruitment with start dates early 2023.
Outcomes – data is reliant on the correct outcome/usage of pathways being recorded accurately within the Patient Administration System (PAS).

Charts: Therapy Waits



Narrative: Therapy Waits

Why we are where we are

In all Integrated Health Communities (IHC) areas Therapies have faced post-COVID backlogs (for new and follow up patients) due to cancellation of routine activity and staff redeployment.
There are high numbers of staff vacancies/difficulty recruiting and a shortage of locums.
Waiting list validation was not prioritised due to service pressures.
East IHC Physio faced the loss of outpatient accommodation due to Maelor hospital reconfiguration from Autumn 2020.
Increased orthopaedic activity has an ongoing impact on waiting lists as post operative patients are seen urgently by Physiotherapy, impacting on the routine caseload.
Therapy Services is however pleased to report an improving position against the 52 week target.

What we are doing about it

Remote and face to face locums established.
Continuing to actively pursue recruitment with a Therapies pan BCUHB ‘recruitment drive’ planned.
Thorough waiting list validation.
Overtime/evening and weekend working by clinicians and admin.
Temporary outpatient accommodation for Physiotherapy IHC East now open.
Capacity planning and ensuring templating of diaries to make best use clinical time.
Where possible utilising groups/classes and remote activity and the use of assistants/student Therapists with active training programmes.

When we expect to be back on track

West IHC expects all services to be under the 52 week target by the end of December 2022.
Central IHC is working hard towards ensuring Physiotherapy patients are under the 52 week target by the end of December 2022, all other services are within the target.
East IHC expects all services to be under the 52 week target by the end of December 2022.

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

Recruitment/retention of staff. Impact of staff sickness/annual leave over Christmas period. Further delays in the timelines for Physiotherapy accommodation IHC East.
Increase in orthopaedic activity/ward pressures/staff pulled to cover ‘front door’ activity and support flow during winter pressures.

Narrative: Therapy Waits (CMATS)

Why we are where we are

In all Integrated Health Community (IHC) areas Clinical Musculoskeletal Assessment and Treatment Service (CMATS) has faced post-COVID due to cancellation of routine activity, creating a backlog of patients waiting.
There was reduced capacity as a result of social distancing - some clinic capacity has not returned post-pandemic.
There are high numbers of staff vacancies/difficulty recruiting.
There is an increasing trend in the number of referrals to the service –trend of 4%.
East IHC acquired Shock Wave Therapy (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 Not Attend (CNA) etc.

What we are doing about it

Continuing to actively pursue recruitment, including development posts, with a Therapies pan BCUHB 'recruitment drive' planned.
Thorough waiting list validation.
Overtime/evening and weekend working by clinicians and admin.
Closed the ECSW waiting lists with the patients being referred to previous outsourced arrangements.
Reviewing templates to return to pre-pandemic activity levels.
East IHC to pursue change to Welsh Patient Administration System (WPAS) to create efficiencies around referral inputting and triage.

When we expect to be back on track

In all IHC areas CMATS expects to achieve the 52 week target, with all services showing a reduction in the longest waiting times.

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

Recruitment and retention, Impact of staff sickness/annual leave over Christmas period. Access to clinical accommodation.

Chapter 3

Quadruple Aim 3:

The health and social care workforce in Wales is motivated and sustainable

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

3a: Motivated & Sustainable Workforce

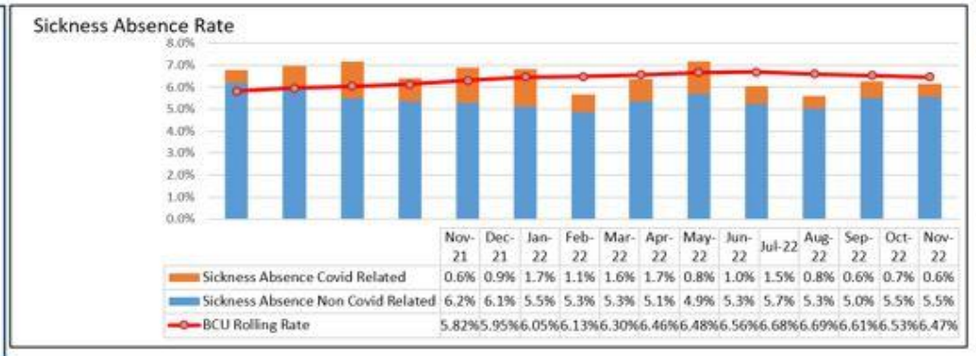
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Measures: Motivated & Sustainable Workforce

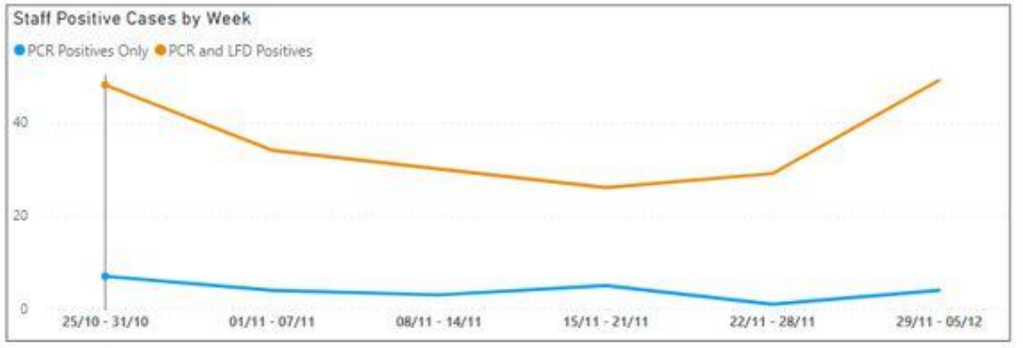
Committee	Period	Measure	Target	Actual	2021 D	2022 J	F	M	A	M	J	J	A	S	O	N
PFIG	Nov	Agency spend as a percentage of the total pay bill	12 month reduction trend	8.4%	5.3%	7.9%	6.3%	7.5%	6.1%	6.8%	7.1%	7.2%	6.8%	6.5%	8.3%	8.4%
PFIG	Nov	Percentage of sickness absence rate of staff	12 month reduction trend	6.2%	7.0%	7.2%	6.3%	6.9%	6.8%	5.7%	6.4%	7.2%	6.1%	5.6%	6.3%	6.2%
PFIG	Nov	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	86.7%	84.4%	84.5%	84.6%	84.9%	85.0%	84.7%	84.8%	84.8%	85.5%	86.2%	86.7%	86.7%
PFIG	Nov	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%	71.0%	67.8%	67.3%	67.1%	66.1%	65.5%	65.3%	66.2%	65.3%	66.3%	67.7%	69.7%	71.0%

Charts: Motivated & Sustainable Workforce

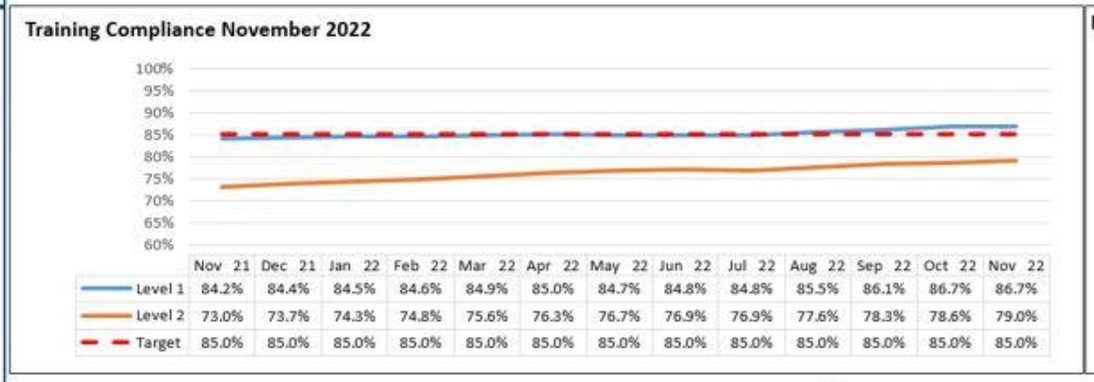
Sickness absence Rates



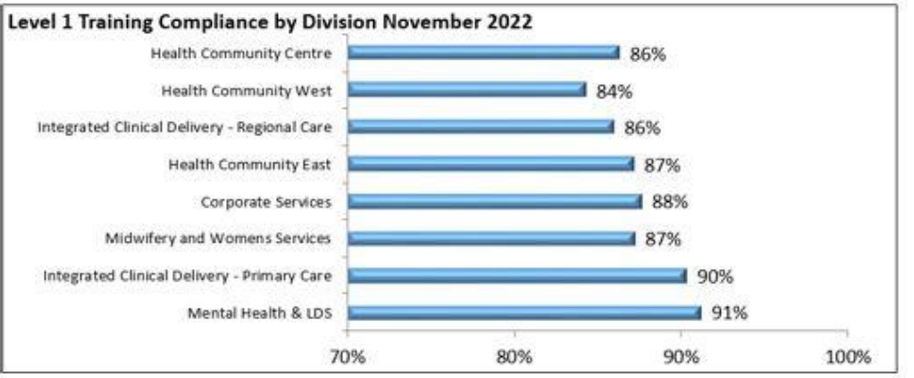
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Sickness Absence Covid Related	0.6%	0.9%	1.7%	1.1%	1.6%	1.7%	0.8%	1.0%	1.5%	0.8%	0.6%	0.7%	0.6%
Sickness Absence Non Covid Related	6.2%	6.1%	5.5%	5.3%	5.3%	5.1%	4.9%	5.3%	5.7%	5.3%	5.0%	5.5%	5.5%
BCU Rolling Rate	5.82%	5.95%	6.05%	6.13%	6.30%	6.46%	6.48%	6.56%	6.68%	6.69%	6.61%	6.53%	6.47%



Core Mandatory Training Rate

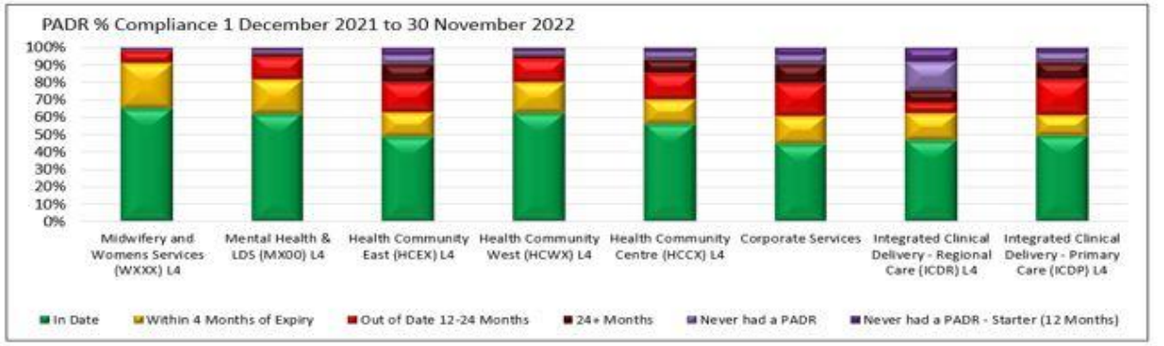


	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22
Level 1	84.2%	84.4%	84.5%	84.6%	84.9%	85.0%	84.7%	84.8%	84.8%	85.5%	86.1%	86.7%	86.7%
Level 2	73.0%	73.7%	74.3%	74.8%	75.6%	76.3%	76.7%	76.9%	76.9%	77.6%	78.3%	78.6%	79.0%
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



PADR

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Actual	67.9%	67.8%	67.3%	67.1%	66.7%	65.5%	65.3%	66.2%	65.3%	66.4%	67.7%	69.7%	71.0%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%



Narrative: Sickness Absence

Why we are where we are

Rolling sickness absence performance is at 6.47% a slight decrease from 6.53% in October, due to a decline in COVID absence. As at the end of November there were 1343 staff recorded as absent of which 562 had been off work for more than 28 days. The average length of absence is currently 15.1 days.
21.9% of all sickness absence is attributable to anxiety, stress or depression.
The staff groups that recorded the highest sickness levels are nursing Health Care Support Workers (HCSW) and band 2 staff both recording sickness rates of 8.8%.
The Trade Unions are reporting that the cost of living crisis is impacting upon the overall wellbeing of staff from a food and energy perspective.

What we are doing about it

HR teams are working with managers to focus on the management of both frequent absences and long-term sickness particularly stress
Meetings between Well-being, HR and Occupational Health colleagues to look at hotspot areas and support options.
Refresher training and coaching for managers on the Managing attendance at work policy
Monthly Multi-Disciplinary Team (MDT) Case management meetings are taking place to provide support for staff with more complex needs and include staff, managers, occupational health, H&S and well-being colleagues as needed. Sending out Health Matters newsletters to staff who are off with work due to stress
Promote the Staff wellbeing and support services including counselling and psychological therapies in addition to flu and COVID vaccines
A cost of living group has been established to provide advice to the organisation on where practical support can be sourced.

When we expect to be back on track

It is anticipated that over the winter there will be higher levels of respiratory illnesses such as flu due to lower levels of exposure in recent seasons.
Staff are also likely to be conflicted by involvement or non-involvement in industrial action potentially leading to stress and anxiety. It is therefore unlikely that absence levels will fall significantly before the spring.

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

Risks include increased level of winter respiratory viruses and stress due to industrial action.
Increased communications to further promote access to the Wellbeing Services available for staff.
Focus on early intervention support and supporting managers to have conversations with staff around wellbeing (from OH/HR).
Use of Healthy Working Relationships training and implementation of facilitated discussions to address breakdowns in working relationships.

Narrative: PADR

Why we are where we are

Personal Appraisal Development Review (PADR) compliance has once again seen a steady increase to 71% in November, this is a significant increase of 3.27% since September. We have not seen PADR compliance reach over 70% since June 2021. This reinforces the intrinsic link PADR has to Pay Progression, (as progression through increments is not approved unless a PADR conversation has taken place) as 370 staff have received Pay Progression since October. During the first month of Pay Progression being implemented (October) BCUHB were the only health board in Wales to declare 100% success rate where all staff who were due a pay progression conversation received one and these were entered onto ESR.

What we are doing about it

Over recent months the local Pay Progression group which has been set up to monitor local implementation and progression of the National standards has been meeting bi-weekly with numerous actions taking place. Some of the groups key achievements include:-
- Developing and facilitating PADR/Pay Progression workshops including live demonstration of entering a Pay Progression meeting into ESR to over 500 staff members
- Developing an on-line toolkit (including infographics, guides, process, FAQs etc) to ensure mechanisms are in place empowering staff to follow the process seamlessly
- Dealing with individual queries and supporting managers to ensure that 370 staff have received their Pay Progression since October.

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 Electronic Staff Record (ESR). We expect to see positive increase in compliance month on month.

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

Continued operational pressures as well as industrial action may impact on the capacity of line managers and staff to complete PADRs. To mitigate this, we will continue to communicate across the health board as a gentle reminder of the importance of conducting PADR conversations and its links to Pay Progression.

Narrative: Mandatory Training

Why we are where we are

Compliance for Mandatory Training increased again this month and continues to exceed the national target with level 1 training at 86.72% .
Level 2 training increased by 0.40% and is currently illustrated as 79%.
The rise in Personal Appraisal Development Review (PADR) rates has seen an increase also in Mandatory Training compliance across all staff groups.
November saw an increase across all level 1 and level 2 training with the exception of Manual Handling level 2 training which decreased by 0.23%.
Did not attend [DNA] figures for Manual Handling course remains a concern with DNA figures rising to 30% with some face to face practical [level 2] courses.

What we are doing about it

Following a detailed review with BCUHB Manual Handling lead there has been a requirement to review the Orientation schedule for new starters to include a more robust process to ensure Manual Handling training is included within the corporate orientation schedule, this will ensure attendance of new starters for Manual Handling training therefore reducing the waiting list for level 2 Manual Handling training.
An SBAR for a 'recruitment improvement review' has been submitted for Manual Handling to include a programme for improving compliance for Manual Handling training.

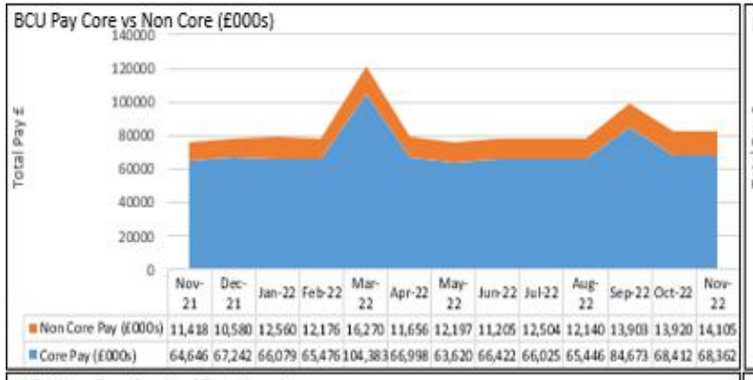
When we expect to be back on track

The orientation schedule amendment will take place for courses being delivered from January 2023 so it is expected to see an increase in Manual handling level 2 training from February 2023.

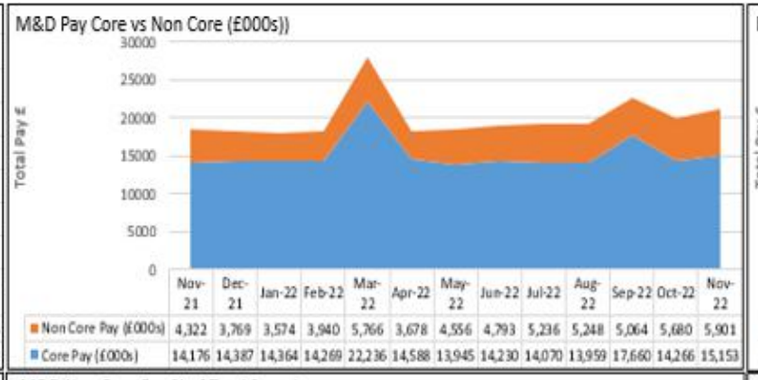
What are the risks and mitigations to this (getting back on track)

There is still a significant concern with the 'did not attend' figures particularly with classroom sessions which require a practical competence. This concern has been addressed within the 'Recruitment Improvement review' for Manual Handling.

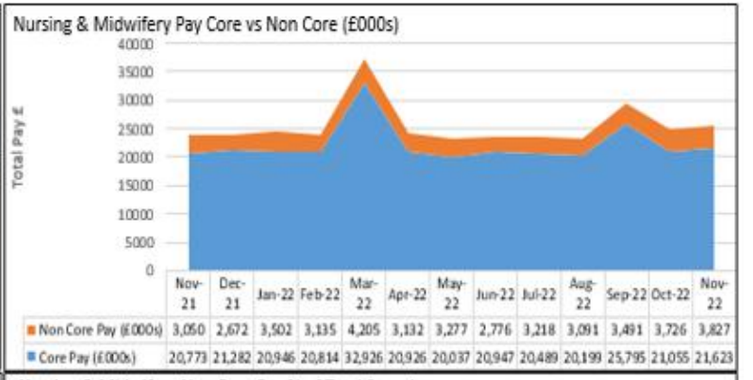
Charts: Agency & Locum Spend



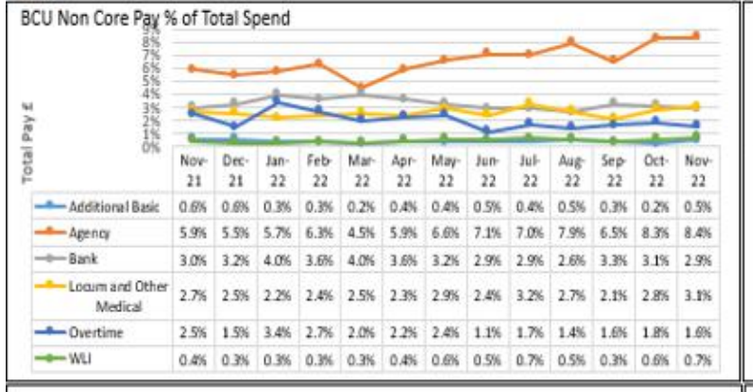
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Non Core Pay (£000s)	11,418	10,580	12,560	12,176	16,270	11,656	12,197	11,205	12,504	12,140	13,903	13,920	14,105
Core Pay (£000s)	64,646	67,242	66,079	65,476	104,383	66,998	63,620	66,422	66,025	65,446	84,673	68,412	68,362



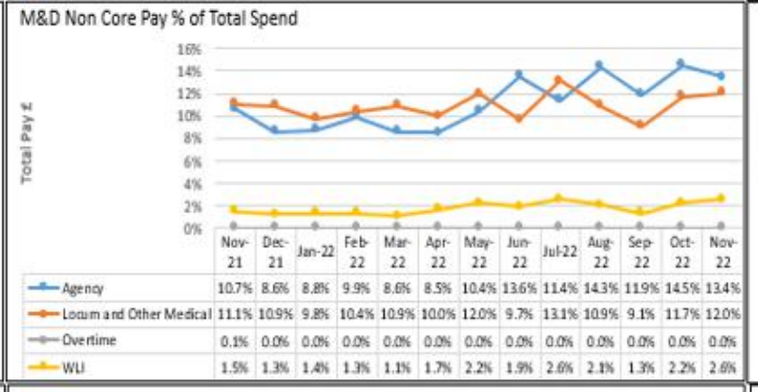
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Non Core Pay (£000s)	4,322	3,769	3,574	3,940	5,766	3,678	4,556	4,793	5,236	5,248	5,064	5,680	5,901
Core Pay (£000s)	14,176	14,387	14,364	14,269	22,236	14,588	13,945	14,230	14,070	13,959	17,660	14,266	15,153



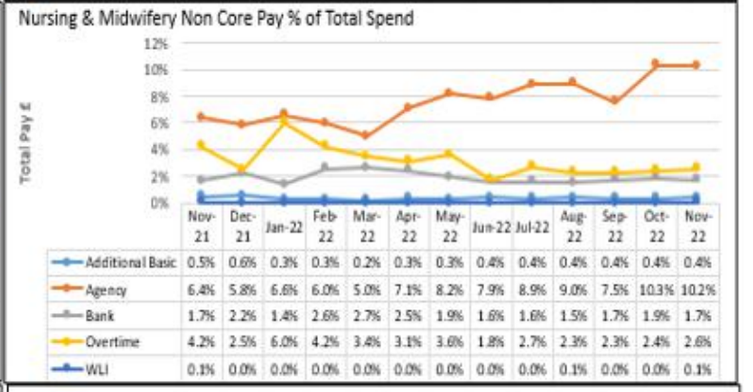
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Non Core Pay (£000s)	3,050	2,672	3,502	3,135	4,205	3,132	3,277	2,776	3,218	3,091	3,491	3,726	3,827
Core Pay (£000s)	20,773	21,282	20,946	20,814	32,926	20,926	20,037	20,947	20,489	20,199	25,795	21,055	21,623



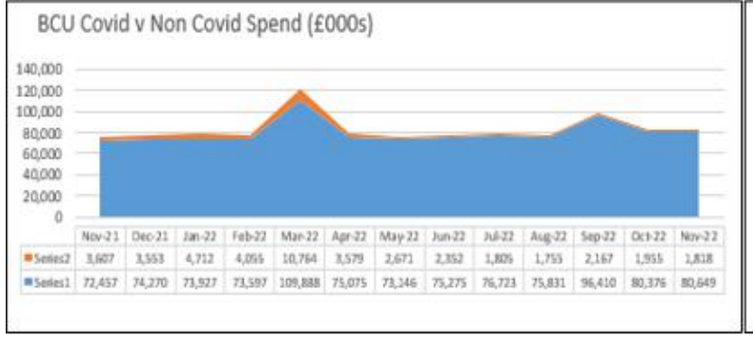
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Additional Basic	0.6%	0.6%	0.3%	0.3%	0.2%	0.4%	0.4%	0.5%	0.4%	0.5%	0.3%	0.2%	0.5%
Agency	5.9%	5.5%	5.7%	6.3%	4.5%	5.9%	6.6%	7.1%	7.0%	7.9%	6.5%	8.3%	8.4%
Bank	3.0%	3.2%	4.0%	3.6%	4.0%	3.6%	3.2%	2.9%	2.9%	2.6%	3.3%	3.1%	2.9%
Locum and Other Medical	2.7%	2.5%	2.2%	2.4%	2.5%	2.3%	2.9%	2.4%	3.2%	2.7%	2.1%	2.8%	3.1%
Overtime	2.5%	1.5%	3.4%	2.7%	2.0%	2.2%	2.4%	1.1%	1.7%	1.4%	1.6%	1.8%	1.6%
WLI	0.4%	0.3%	0.3%	0.3%	0.3%	0.4%	0.6%	0.5%	0.7%	0.5%	0.3%	0.6%	0.7%



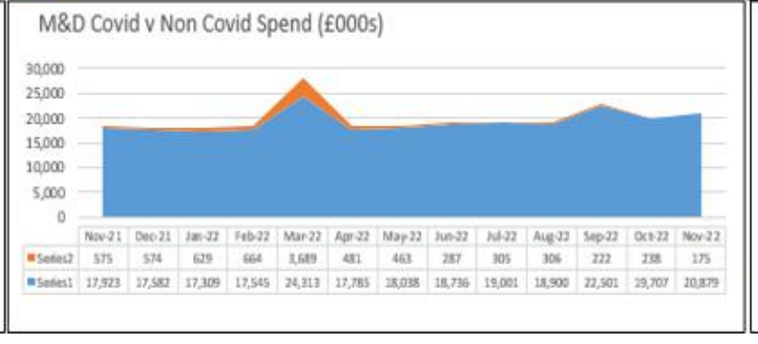
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Agency	10.7%	8.6%	8.8%	9.9%	8.6%	8.5%	10.4%	13.6%	11.4%	14.3%	11.9%	14.5%	13.4%
Locum and Other Medical	11.1%	10.9%	9.8%	10.4%	10.9%	10.0%	12.0%	9.7%	13.1%	10.9%	9.1%	11.7%	12.0%
Overtime	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
WLI	1.5%	1.3%	1.4%	1.3%	1.1%	1.7%	2.2%	1.9%	2.6%	2.1%	1.3%	2.2%	2.6%



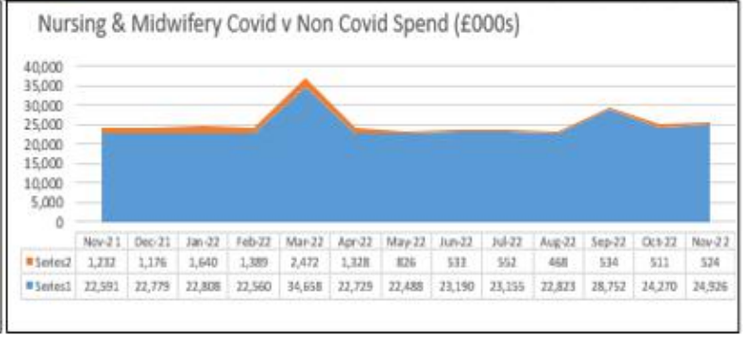
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Additional Basic	0.5%	0.6%	0.3%	0.3%	0.2%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
Agency	6.4%	5.8%	6.6%	6.0%	5.0%	7.1%	8.2%	7.9%	8.9%	9.0%	7.5%	10.3%	10.2%
Bank	1.7%	2.2%	1.4%	2.6%	2.7%	2.5%	1.9%	1.6%	1.6%	1.5%	1.7%	1.9%	1.7%
Overtime	4.2%	2.5%	6.0%	4.2%	3.4%	3.1%	3.6%	1.8%	2.7%	2.3%	2.3%	2.4%	2.6%
WLI	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%



	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Series2	3,607	3,553	4,712	4,055	10,764	3,579	2,671	2,352	1,805	1,755	2,167	1,955	1,818
Series1	72,457	74,270	73,927	73,597	109,888	75,075	73,146	75,275	76,723	75,831	96,410	80,376	80,649



	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Series2	575	574	629	664	3,689	481	463	287	305	306	222	238	175
Series1	17,923	17,582	17,309	17,545	24,313	17,785	18,038	18,736	19,001	18,900	22,501	19,707	20,879



	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Series2	1,232	1,176	1,640	1,389	2,472	1,328	826	533	552	468	534	511	524
Series1	22,591	22,779	22,808	22,560	34,658	22,729	22,488	23,190	23,155	22,823	28,752	24,270	24,926

Narrative: Agency & Locum Spend

Why we are where we are

Non-core pay spend overall has increased by £202k from £13,192,000 in October 22 to £14,105,000 in November 22. This increase is primarily driven by Medical Locum spend Overtime. 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 has increased by £220k this month to £5.9m. There increase is seen across all elements of nor-core pay across Agency Medical Locum and Waiting List Initiative (WLI) spend. As noted, 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 £101k this to £3.8m. 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 are doing about it

The British Association of Physicians of Indian Origin (BAPIO) initiative to attract overseas doctors from India to the Health Board is on track with 46 Full-Time Equivalent (FTE) vacancies identified for the campaign. Alongside this, a campaign to recruit doctors from across the Middle East with a planned rollout in Q4.
The ongoing focus on Nursing recruitment is showing progress with the overseas nurse recruitment delivering success. Routine open days for nursing across the Integrated Health Communities (IHCs) were held in December and will be scheduled to run bi-monthly for the following year. This corporate-led recruitment should put our 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 Workforce Organisational Development (WOD).

When we expect to be back on track

The sustained expected impact for medical and nursing recruitment activity should be seen through 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

Quadruple Aim 4:

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

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4a: High Value Outcomes Based System

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Measures: High Value Outcomes Based System

Committee	Period	Measure	Target	Actual	Trend
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		
PFIG	May 22	Percentage of episodes clinically coded within one reporting month post episode discharge end date	>= 95%	93.7%	

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.

Additional Information

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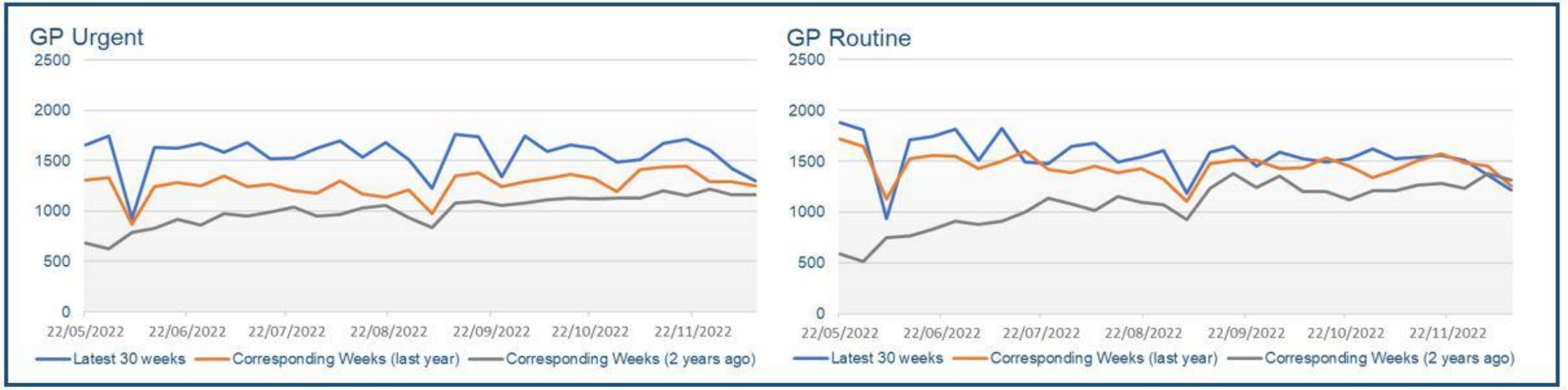
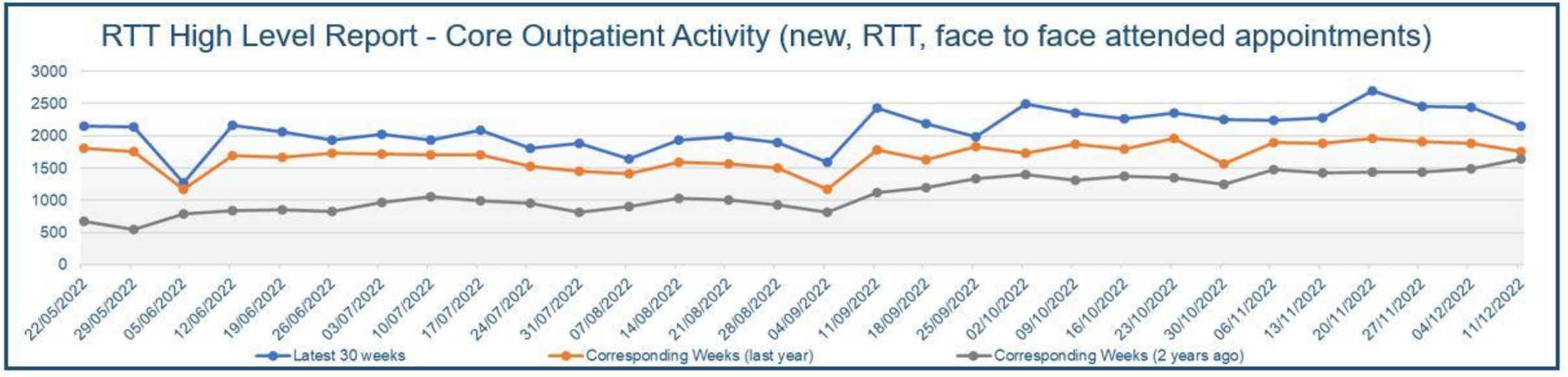
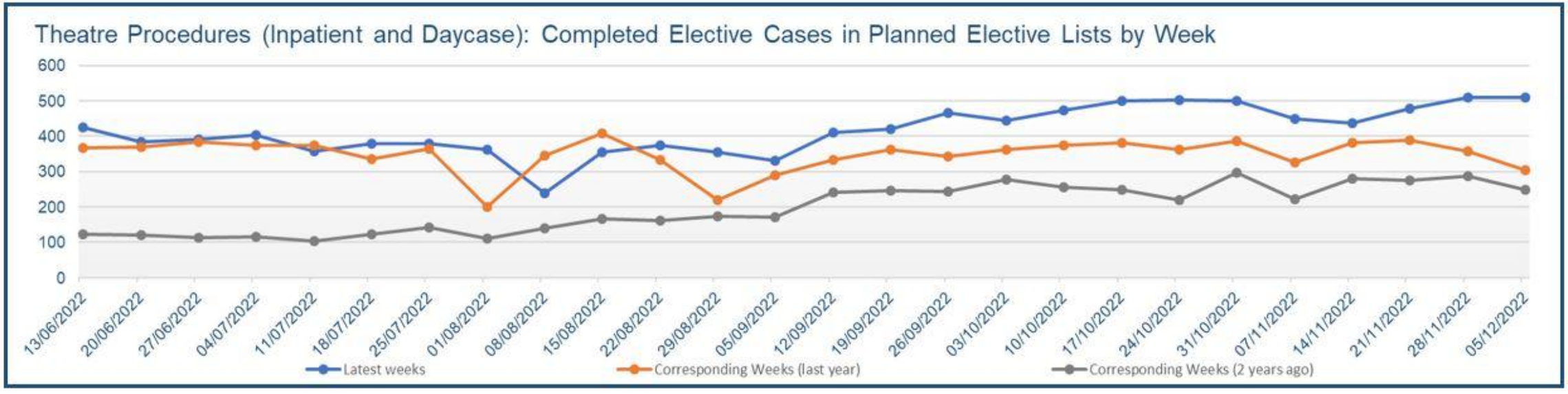
Charts: Planned Care Referrals & Outpatient Activity

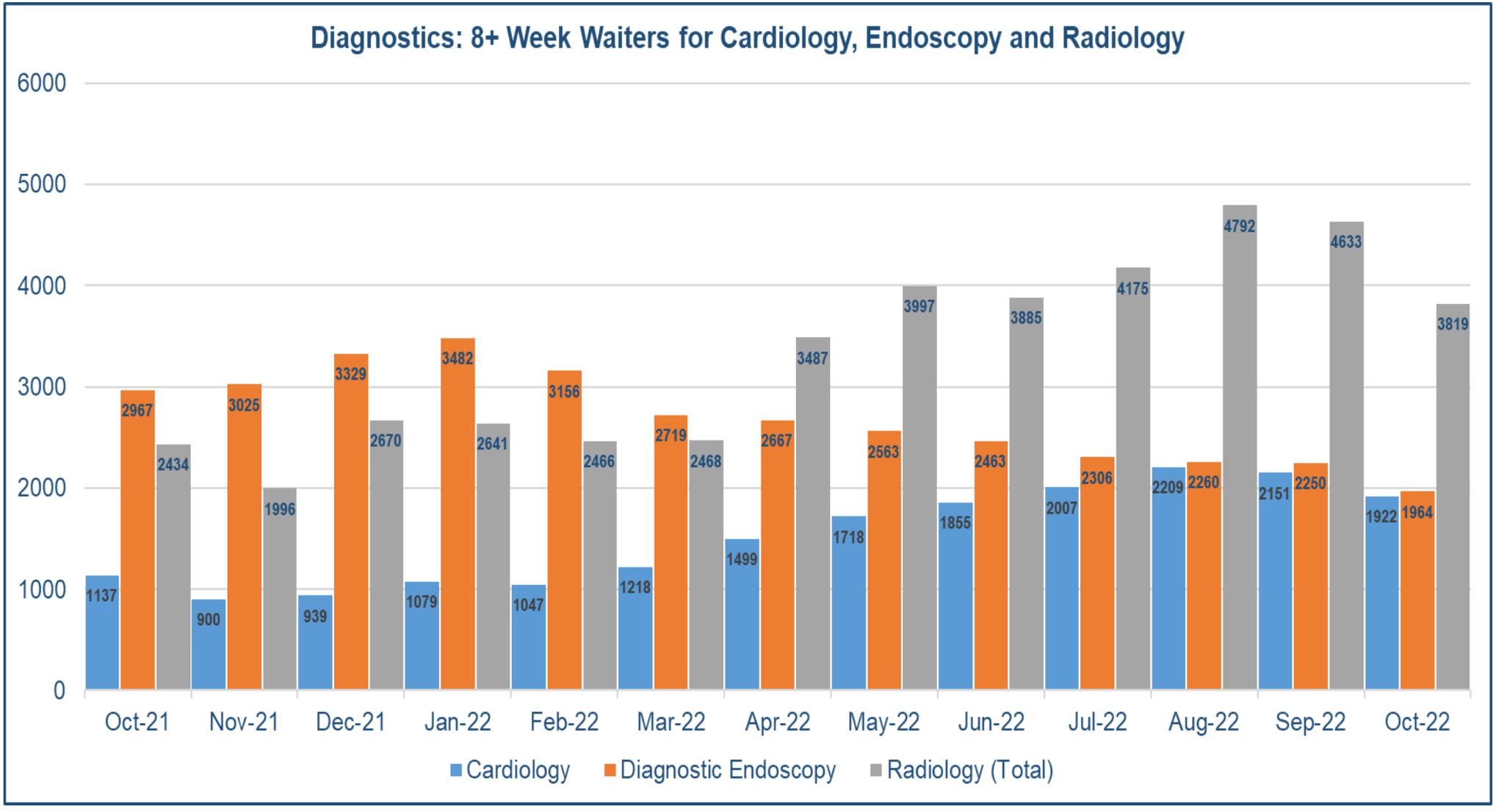




Charts: Planned Care Theatre Sessions



Charts: Diagnostic Waits (3 major wait categories)



Further Information

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

Teitl adroddiad: ***Report title:***	People (Workforce) Performance Report			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	22nd December 2022			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to provide an outline of the current workforce performance position as of November 2022. It also provides an update on the current position of Non-Clinical Senior Interims in terms of: Current Usage Position Revised Process Controls External Benchmarking Workforce Optimisation programme aligned to delivery of recovery The report presented to this meeting is a prototype for comments on the revised structure of the report and the level of detail required going forward.			
Argymhellion: ***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.			
Arweinydd Gweithredol: ***Executive Lead:***	Sue Green, Executive Director of Workforce & Organisational Development (OD)			
Awdur yr Adroddiad: ***Report Author:***	Nick Graham, Associate Director Workforce Planning & Performance			
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:**	
Partial assurance level is due to continued gaps in information against a number of schemes.	
Cyswllt ag Amcan/Amcanion Strategol: ***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
Goblygiadau rheoleiddio a lleol: ***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.
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?***	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
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?***	No direct implications arising from this report
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)***	No direct implications arising from this report.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no direct budgetary implications associated with this paper. Resources for maintaining compliance oversight are built into the workforce teams where collaborative working with finance, planning and transformation alongside service and scheme leads for the relevant outlined areas is taking place.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	BAF21-18 Effective Alignment of Our People

Workforce implications as a result of implementing the recommendations	
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: To agree to ongoing format of the report and finalise this for the next reporting cycle.	
List of Appendices: Appendix 1. Workforce Performance Report	

Workforce Performance Report – November 2022

Sue Green

Executive Director of Workforce & OD

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University Health Board

Workforce Metrics

Budget Establishment

Staff Group	Budgeted FTE	Actual FTE	Vacancy FTE
BCU Total	**18935.5**	**17554.8**	**1380.7**
Medical and Dental	1684.5	1546.9	137.5
Nursing and Midwifery Registered	6037.9	5252.9	785.0

In November 2022, actual staff in post FTE increased by 96.6 FTEs, however, an increase in budgeted FTE by 103.2 caused the vacancy FTE to grow by 6.6 FTEs.

IHC Centre increased actual FTEs by 26.3, however, budgeted FTE increased by 49.8 FTEs which in turn caused the vacancy FTE to grow by 23.6 FTEs.

Vacancy Rates

Staff Group	Vacancy Rate
BCU Total	**7.3%**
Medical and Dental	8.2%
Nursing and Midwifery Registered	13.0%

The vacancy rate remains unchanged between October 2022 at 7.3%. The Registered Nursing vacancy rate increased by 0.5% across this period whilst Medical and Dental vacancy rate decreased by 0.6%

The areas with the greatest reduction in vacancy rates was Midwifery and Womens (down 1.6%).

Sickness Absence

Staff Group	Average FTE Lost per Day	Monthly Sickness %	Rolling Sickness %
BCU Total	**1052**	**6.16%**	**6.47%**
Medical and Dental	32	2.93%	2.87%
Nursing and Midwifery Registered	341	6.47%	6.83%

The monthly sickness rate decreased by 0.16% in November 2022 which contributed to an increase of 0.6% in the rolling sickness rate. Average FTE days lost was 15 fewer than in October 2022.

The area with the greatest reduction in monthly sickness rates was IHC Centre (down 0.6%).

Staff Turnover

Staff Group	Turnover Rate %	External Leavers FTE
BCU Total	**10.04%**	**96.0**
Medical and Dental	12.41%	5.0
Nursing and Midwifery Registered	9.42%	33.4

There were 17 fewer external leavers during November 2022 and this led to a 0.02% drop in the turnover rate.

Medical and Dental Turnover has increased 0.14% whilst Nursing decreased by 0.16%.

Agency Usage

Staff Group	Agency Utilised FTE
BCU Total	**701.0**
Medical and Dental	100.1
Nursing and Midwifery Registered	346.1

Agency equivalent FTE utilised dropped by 16.4 FTEs during November 2022. M&D also decreased by 4.7 FTEs whilst Nursing increased by 1.9 FTEs.

IHC centre had the highest agency utilised FTE at 211.6 FTEs followed by IHC East at 205.9 FTEs, with IHC West agency utilised standing at 85.6 FTE in November 22.

Bank Usage

Staff Group	Bank Utilised FTE
BCU Total	**912.6**
Medical and Dental	117.1
Nursing and Midwifery Registered	126.1

Bank equivalent FTE utilised reduced by 63.6 FTEs during November 2022, M&D also decreased by 40.1 FTEs whilst Nursing increased by 9 FTEs.

IHC centre had the highest bank utilised FTE at 246.2 FTEs followed by IHC West at 211.7 FTEs and MHLD at 196.3 FTEs.

Workforce Plan Summary

Bridging the Gap - Recruitment Position

The tables below outlines the initial position included in the approved plan for February 22 alongside September 22 actuals and a forecast for the end of quarter 3 which is to the end of December 22. It shows the position across all staff groups in terms of actual staff in post for February and September 22 and the net gain/loss between the two points. This provides a snapshot of additional FTE in post between two data points and enables us to see where greater focus is required in order to meet the improvement targets set.

Staff Group	Febuary 2022 FTE Actual	Setember 2022 FTE Actual	Q1/2 Net Gain/Loss FTE Actual	Q3 Net Gain/Loss FTE Forecast	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
Add Prof Scientific and Technical	672.7	702.5	29.7	42.0	22.1	23.2
Additional Clinical Services	3534.5	3660.7	126.2	158.0	124.8	131.1
Administrative and Clerical	3342.7	3441.8	99.1	134.2	129.4	135.9
Allied Health Professionals	1109.4	1142.3	32.9	47.3	68.4	71.8
Estates and Ancillary	1265.3	1310.8	45.5	61.4	-57.2	85.8
Healthcare Scientists	253.0	260.9	8.0	8.0	24.5	29.4
Medical and Dental	1524.9	1537.9	13.0	16.9	63.6	89.0
Nursing and Midwifery Registered	5268.1	5251.3	-16.7	47.0	284.2	397.9
	16970.5	17308.3	337.8	514.9	659.9	964.1

The table shows that there has been an actual net gain across all staff groups except Nursing & Midwifery. This is primarily due to the reduced numbers of nursing students that have come through this year as a result of them either delaying their start date or not gaining enough clinical hours as they were working as Health Care Assistants (HCAs) across the Covid period to support the pandemic response.

Where students have not obtained enough clinical hours their start date has now been pushed back to March 23 and so we should see an influx at the end of the year which on the current trajectory would give us an increase of 245 wte nurses as against an trajectory of 284 wte that was set as the original forecast for 22/23.

The forecast column has been RAG rated based on the position in the first and second quarters and on the basis of average recruitment levels across that period and the assumption that we will continue recruiting at the same rate across the 3rd and 4th quarters of 22/23.
On this basis those indicated in green will meet the March 23 target or will have exceeded it if we recruit at the same rate across each quarter going forward.

Those in amber indicate where we are off track, but based on the current information regarding recruitment forecasts we are reasonably confident the trajectory profile target can be met.

Those indicated in red are for the following reasons: the student numbers expected through the Student Streamlining Process are delayed for nursing and lower than expected for HCS at this time. The medical position is partially but not wholly based on a delay in implementation of the overseas programme with Bapio due to the ongoing pressures and significant challenges the Health Board continues to face. A more in depth review with the impending development of a number of targeted recruitment campaign plans for medics both domestically and overseas are taking place to close the gap. A number of targeted recruitment open days for nurses are being organised and we are confident that this will support closing the gaps identified.

Senior Interims

Current Position

As of the 30th November there were 49 senior agency interims working across the organisation. Of these 20 were covering a vacancy and 3 were providing additional capacity above an existing budgeted establishment, the other 26 were providing additional project resource or specialist skills. The tables over the next two pages show the breakdown by title and to which executive role the interims are aligned to.

BCU Executive	Post Title
Executive Director of Nursing and Midwifery	Decontamination Advisor (TG)
Executive Director of Integrated Clinical Delivery	Senior Programme Advisor for Planned Care (previously interim Head of Planned Care and Improvement) (AK)
Executive Director of Integrated Clinical Delivery	Subject Matter Expert: Outpatients Programme (AO)
Executive Director of Integrated Clinical Delivery	Directorate General Manager, Emergency Quadrant, YGC (NR)
Executive Director of Integrated Clinical Delivery	IP Specialist (AP)
Executive Director of Integrated Clinical Delivery	North Wales Insourcing & Outsourcing Manager (MP)
Executive Director of Integrated Clinical Delivery	Assistant Director of Corporate Governance (DS)
Executive Director of Integrated Clinical Delivery	RTC Project manager (CL)
Executive Director of Integrated Clinical Delivery	Interim Risk PM (PR)
Executive Director of Integrated Clinical Delivery	Project Manager Transformation & Improvements (JP)
Executive Director of Integrated Clinical Delivery	Validation SME (SE)
Executive Director of Integrated Clinical Delivery	Nursing and governance lead (HK)
Executive Director of Integrated Clinical Delivery	Emergency Preparedness, Resilience and Response (EPRR) (DL)
Executive Director of Integrated Clinical Delivery	Elective Recovery Lead - Elective Access (VO)
Executive Director of Finance	Finance Support Officer (FK)
Executive Director of Finance	SENIOR ANALYST (JC)
Executive Director of Finance	SENIOR ANALYST (BE)
Chief Digital And Information Officer	Business Manager - Informatics (HT)
Chief Digital And Information Officer	SENIOR ANALYST (RO)
Chief Digital And Information Officer	Information Development Analyst (AA)
Chief Digital And Information Officer	Development Analyst– Lightfoot project - band 7 (OO)
Chief Digital And Information Officer	Business Case Writer/Project Manager (DC)

Senior Interims

Current Position

BCU Executive	Post Title
Interim CEO	Board Secretary (prevously Assistant Deputy Board Secretary). (MM)
Executive Medical Director	Expert Adviser Vascular (PH)
Executive Medical Director	Transformational / Change Management Lead (MA)
Executive Medical Director	Vascular programme Operational Delivery Manager (BO)
Executive Medical Director	Vascular Network Director (JF)
Executive Director Transformation and Planning	Workstream Implementation, Delivery & Oversight - Transformation and Improvement support (dg)
Executive Director Transformation and Planning	Mental Health Service Improvement (TP)
Executive Director Transformation and Planning	Workstream Implementation, Delivery & Oversight - Digital Technology Support (AMc)
Executive Director Transformation and Planning	Project manager (TH)
Executive Director Transformation and Planning	interim director of the regional treatment centre programme (HM)
Executive Director Transformation and Planning	HR Change Capability & Capacity Support (FE)
Executive Director Transformation and Planning	HR Change Capability & Capacity Support (NH)
Executive Director Transformation and Planning	Project manager transformation & Improvement (CP)
Executive Director of Workforce and OD	Operating Model Engagement & Communication Support (AF)
Executive Director of Workforce and OD	Workforce Program Advisor - Temporary Staffing (DA)
Executive Director of Workforce and OD	Workforce Programme Otimisation Advisor - (GS)
Executive Director of Workforce and OD	Specialist Power BI Report Builder (MB)
Executive Director of Public Health	Improvement Interim support (MS)
Executive Director of Public Health	Mental Health services Transformation - Recruitment (GR)
Executive Director of Public Health	Mental Health Services Transformation Support (PC)
Executive Director of Public Health	Local Public Health Programme Support (AF)
Executive Director of Public Health	Mental Health Services Transformation Support Estates (KH)
Executive Director of Public Health	MH&LD Divisional Programme Management Support (GG)
Executive Director of Public Health	Programme Support for MHLD (JW)
Executive Director of Public Health	Programme Support for MHLD (RR)
Executive Director of Public Health	Director of Nursing, MHLD (PL)
Executive Director of Public Health	Service Improvement Programme support (SI)

Senior Interims

Standard Operating Procedure

A new version of the SOP was introduced on 1st October which incorporated an increase in the information gathered in the approval stages and automated email reminders for managers when an interim's contract is due to expire.

As part of ongoing grip and control measures further amendments have been made to the approval process in order to tighten control over the new requests and extensions that are submitted. These include as per the request outlined in the financial audit response, the Executive Director of Workforce and OD and the Executive Director of Finance, now have to sign off and either approve or reject each request before any further action is taken by the recruitment team in processing the request for interim agency provision. It is now being amended to include the requirement for approval of RTS for any ESP level roles and for all engagements to have written, signed confirmation from the responsible executive of all discussions and agreements with agency workers regarding the nature and terms of the engagement.

Alongside this through the Workforce Optimisation programme there will be further amendments to the process that aim to reduce the use of senior agency interims, such as capping the number of months an interim can be booked or extended, to four months. Furthermore, details of establishment control, Trac reference numbers or equivalent are now required upon requesting an interim to cover a vacancy, as evidence that each department has a recruitment plan in place to fill their posts substantively.

The revised SOP will be updated by the end of December to go for sign off at the Executive Delivery Group: People & Culture in January 23 and the revised compliance report will be going to the Executive Team on a monthly basis from January 23. Whilst the above changes have been/are being made compliance reports were paused to enable the changes to be made and bedded in. They will resume in January 23.

Senior Interims

Benchmarking

As part of the ongoing Recovery work across the health board an external benchmarking exercise was initiated to better understand the current market position and the average daily rates across a range of positions we have used across the organisation previously. The team carried out desktop research and also approached a number of agencies we work with on a regular basis to correlate an over market position.

The benchmarking data below shows that across the sector the daily rates differ depending on a number of factors including but not exclusive to the type of function, portfolio of the role, size of area in terms of budget, and size of workforce under remit of the role.

The table below shows the external current low, high and average daily market rates for a range of senior interim roles across the Healthcare sector and the corresponding average daily rates paid by Health Board over the last 6 month period. Whilst organisational factors need to be taken into consideration regarding the rates paid by the Health Board, it is clear that the rates we pay need to be better aligned with the external market.

	Daily Rates - excluding VAT			
	External			Internal
Role Title	**Low (Daily)**	**High (Daily)**	**Average (Daily)**	**Average (Daily)**
Senior Operational roles such as Chief Operating Officer (COO)	£887	£1,183	**£1,035**	**£1,360**
Executive Roles (VSM)	£813	£1,150	**£981**	**£1,396**
Programme Directors (Transformation)	£675	£963	**£819**	**£771**

Senior Interims

Workforce Optimisation

To support the grip and control elements around the ongoing recovery work, a specific area under review as is the level and duration in time of the usage of non-clinical senior interims across the organisation. The key aim is to reduce the reliance on senior interims across the organisation and ensure where they are covering a vacancy or providing specialist skills the length of time they are utilised within the organisation is kept to a minimum. As part of the ongoing work analysis was carried out as to look the average contract length an interim is currently engaged within the organisation when covering a vacancy or providing specialist skills. The current average contract length is 312 days respectively. The programme of work being carried out under the Workforce Optimisation programme is looking to reduce this to 120 days and an action plan in being mobilised to ensure this happens going forward. An update against the plan will be presented at the next meeting.

The Workforce Optimisation programme as described in the last report has now been developed. The methodology behind the programme is one of building a solid foundation across services. This is around four key pillars of work. The programme focuses initially on short-term recovery whilst providing a baseline to ensure better utilisation of the services current resource whilst delivering a platform for improvement and transformation going forward. This enables a service to stabilise their current situation by reducing its reliance on temporary staffing solutions and then to look at fully utilising that resource to ensure success in any improvement/transformation initiatives going forward.

- Stability – Staff Resourcing
- Utilisation – Resource Management
- Improvement – Pathway Redesign
- Transformation – Service Redesign