3.1.2	10:50 - PF22/50 External Contracts assurance report

Sue Hill
Recommendation
The Committee is asked to:
note
• the financial position on the main external contracts as reported at Quarter 4 2021/22
• the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity
• the revised contracting arrangements with NHS Providers and Commissioners for 2022/23 and the work underway to finalise these contracts by the end of June 2022.
• the work underway in respect of increasing planned care capacity
• the identification of risks associated with Joint Funded Lead Commissioner arrangements and escalation to the Regional Commissioning Board
• the risks associated with the current contractual arrangements with independent care home providers and actions being taken
the work underway to review capacity within the team and develop robust governance and scrutiny arrangements

PF22.50 External contracts April report Final.docx

3.1.3	11:00 - Comfort break
3.1.4	11:10 - PF22/51 Capital Programme monitoring report month 12

Sue Hill
Neil Bradshaw in attendance
Recommendation
The Committee is asked to receive and scrutinise this report.

PF22.51 Capital Report Month 12.docx

3.2.1	11:20 - PF22/52 Operational Plan Monitoring Report Month 12 Year End

Sue Hill
Recommendation
The Performance, Finance & Information Governance Committee is asked to scrutinise the report.

PF22.52a OPMR Month 12.docx

PF22.52b Operational Plan Monitoring Report - Position 31st March 2022 V2 PDF.pdf

3.2.2	11:35 - PF22/53 Quality and Performance report month 12

Sue Hill
Amanda Lonsdale Performance Director
Recommendation
The Performance, Finance & Information Governance Committee is asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.

PF22.53a QaP.docx

PF22.53b QaP Report PFIG April 2022 (March 2022 Position) FINAL.pdf

3.2.3	11:55 - PF22/54 Developing Performance reporting 2022/23

Sue Hill
Amanda Lonsdale Performance Director
Recommendation
The Committee is asked to
• approve the performance measures to be included in the first phase introduction of the Health Board's Integrated Quality and Performance Report (IQPR) (Appendix 1);
• approve the recommendation that no changes to performance measures in the IQPR will be introduced until three committee cycles have taken place;
• note the requirements upon Integrated Health Community Leadership Teams for ensuring real-time validation of data in order to support the IQPR along with timely submission of narrative against performance measures.
• note the opportunity for an interactive demonstration of the IQPR in a Board Workshop arena

PF22.54a Developing Performance reporting 22.23.docx

PF22.54b Appendix 1 Priority Measures for Inclusion in IQPR phase One.pdf

PF22.54c Appendix 2 Original HB Measures v2.pdf

3.3.1	12:10 - PF22/55 Planned Care

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

PF22.55 Planned Care - PFIG Update Apr 22.docx

3.3.2	12:30 - PF22/56 Unscheduled Care

Gill Harris
The Committee is asked to note the update provided on the actions being taken within the Unscheduled Care (USC) improvement programme to support the delivery of improvements across the unscheduled care system and ensure the provision of safe, effective, high quality care.

PF22.56a USC report v1.0.docx

PF22.56b USC Report Appendix 1_ED Business Case Gateway Framework.pptx

3.3.3	12:50 - Lunch
3.3.4	13:10 - PF22/57 Business tracker

Chris Stockport
Recommendation
The Committee is asked to note the contents of the business case trackers.

PF22.57a Business Case Trackers.docx

PF22.57b App1 Estates Tracker 19.04.2022 Final.pdf

PF22.57c App2 Revenue Tracker 19.04.2022 Final.pdf

4.0	Learning from - the Past
4.0.1	13:20 - PF22/58 Structured assessment ~ Financial aspect

Sue Hill
Recommendation
The Committee is asked to note the report

PF22.58 Structured Assessment - financial PFIG.docx

5	13:30 - CLOSING BUSINESS
5.0.1	PF22/59 Agree Items for referral to Board / Other Committees
5.0.2	PF22/60 Review of risks highlighted in the meeting for referral to Risk Management Group
5.0.3	PF22/61 Agree items for Chairs Assurance report
5.0.4	PF22/62 Review of meeting effectiveness
5.0.5	PF22/63 Summary of private business to be reported in public

The Committee is asked to note the report

PF22.63 Previous private session items reported in public report.docx

5.0.6	PF22/64 Date of next meeting 30.6.22
6	13:35 - Exclusion of the Press and Public

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

**DRAFT minutes of the meeting of the
Performance, Finance and Information Governance Committee
held in public on 24.2.22 via Teams**

Present:	
John Cunliffe	Independent Member / Committee Chair
Linda Tomos	Independent Member
Richard Micklewright	Independent Member
In Attendance:	
Neil Bradshaw	Assistant Director Capital Strategy (part meeting)
Louise Brereton	Board Secretary
Keith Dibble	Interim Head of Planned Care (part meeting)
Simon Evans Evans	Interim Director of Governance (part meeting)
Sue Green	Executive Director of Workforce & OD
Gavin Halligan-Davis	Interim Director of Performance (part meeting)
Gill Harris	Executive Director Nursing & Midwifery / Deputy Chief Executive
Sue Hill	Executive Director of Finance
Carol Johnson	Head of Information Governance (part meeting)
Amanda Lonsdale	Deputy Director of Mental Health and Learning Disabilities (part meeting)
Rob Nolan	Finance Director Commissioning and Strategy (part meeting)
Phil Orwin	Interim Director Unscheduled Care (part meeting)
Geraint Roberts	Divisional General Manager Cancer (part meeting)
Chris Stockport	Executive Director of Primary Care and Community Services
Conrad Waring	Interim Deputy Executive Medical Director
To observe:	
Dave Harris	Head of Internal Audit
John Gallanders	Independent Member

Agenda Item Discussed	Action By
PF22/4 Apologies for absence Apologies were received from Jo Whitehead and Nick Lyons (for whom Conrad Waring deputised).	
PF22/5 Declaration of Interests None were received.	
PF22/6 Draft minutes of the previous PFIG Committee meeting held on 23.12.21, matters arising and table of actions The minutes of the meeting were approved. There were no matters arising from the minutes.	

The table of actions was updated.	
PF22/7 Chair's report The Committee Chair advised that Chair's action had been undertaken to approve the business case for the Ysbyty Maelor CT 1 replacement and associated infrastructure and commended it to the Health Board for approval.	
PF22/8 Lead Director's report The Executive Director of Finance advised that her team were working hard to ensure that the Health Board achieved financial balance at year end. She stated that there were risks which would be advised in the Finance report update and assured that any risks raised within the meeting would be updated on the risk register if appropriate following the meeting. She drew the Committee's attention to a potential Chair's action which might need to be undertaken of approximately £2m to approve expenditure prior to year end.	
PF22/9 Integrated Medium Term Plan 2022-25 **PF22/9.1** The Executive Director of Primary Care and Community Services stated that the Board remained focussed on delivering a 3 year IMTP, detailed discussion of which would take place in the private session as the papers were currently in working draft form. He reported that the Accountable Officer letter to be forwarded to Welsh Government (WG) the following week would need to specify the degree of risk undertaken in the planning process in order to achieve a balanced financial position. **PF22/9.2** It was noted that there had been some late guidance issued by Welsh Governement around requiremnets for 2022/23 planning and also very recent ministerial and NHS Wales senior leadership changes. All of which had neccesitated late changes to drafts, especially in regard to planned care recovery and financial risk. He was confident that the final draft version would be provided to the Board on 30.3.22. **It was resolved that the Committee** noted the draft plan would be discussed in further detail in private session at the end of the meeting.	
PF22/10 Presentation : Integrated Medium Term Plan (IMTP) - financial focus **PF22/10.1** The Executive Director of Finance introduced the paper which set out to achieve the balance between transformational and mandatory goals whilst delivering a balanced position in each of the next 3 financial years of the IMTP within the funding available from WG. It was noted that, unlike previous years, explicit surge funding would no longer become available, thereby moving the risk to BCU. She advised that the Health Board had £42m allocation for transformation and £38m of Covid recovery funding for planned care recovery. The Executive Director of Finance advised that work was currently focussing on triangulating plans to ensure the changes required by the latest WG guidance had not created gaps elsewhere. In addition, work was ongoing with WG to ensure appropriate procurement and funding in relation to the Regional Treatment Centres development. She stated that ringfenced monies were set out within the £1.8billion annual allocation. Exceptional cost pressures were included including	

global energy costs, national insurance and living wage rises. In relation to Covid funding WG had stated that, other than Test, Trace and Trace, Mass Vaccination, PPE and long covid, no additional funding would be made available should further waves occur in May and September 2022 – therefore this was a risk to the Health Board.

PF22/10.2 The Executive Director of Finance stated that work was being undertaken with the transformation programme to provide additional detail and deliverable plans on savings to present to the Health Board on 30.3.22. In regard to financial governance, previous PwC recommendations and Deloittes work would be re-examined to inform learning and best practice. It was noted that currently £10m of the £35m annual target had been identified with concerted effort taking place to identify more before the new financial year commenced. She noted that a higher savings value had been delivered by BCU during the Covid pandemic than other Health Boards in Wales, albeit of a transactional nature. It was noted that Independent Member assistance and support had been offered in relation to moving forward governance processes. She stated that reduction of the underlying deficit would be challenging given the covid risks however, she anticipated that we would identify further savings of £25m through close monitoring and effective spending control.

PF22/10.3 The Executive Director of Finance stated that of the £32m mitigations, circa £21m was recognised by WG to be needed. Therefore, with effect from 1.4.22, she anticipated including this within the risk register for 2022/23. The Financial Strategy would be presented to the Committee for final approval. She warned that challenging conversations might need to be held in regard to disinvestment in order to meet the financial pressures ahead.

SH

SH

PF22/10.4 In response to the Committee the Executive Director of Nursing and Midwifery explained that there were ongoing discussions with WG in regard to compliance with the Nurse Staffing Act and how it functions across a multidisciplinary workforce, however an assessment had been undertaken in the meantime. In regard to the prescribing savings outlined within the report it was clarified that these related to acquiring similar products at a cheaper price and delivering a reduced effective level of prescribing within primary care.

PF22/10.5 The Committee expressed concern over the lack of precision around the savings targets and timelines provided and sought greater detail of the proposed savings and action plan to deliver them. The Executive Director of Finance outlined her intentions in managing a regular pipeline of savings and acknowledged that this could have commenced earlier.

PF22/10.6 The Committee also discussed how non-financial managment managers would be supported to ensure a cultural shift took place to manage their delegated finances more effectively.

PF22/10.7 In response to the Committee, the Executive Director of Finance explained which benchmarking data was utilised in order to ensure realistic comparisons were drawn. However, it was acknowledged that some of the benchmarking work

undertaken pre-covid would be effected by current operational restrictions due to Covid.	
PF22/10.8 A discussion ensued in regard to the difference in percentages between transactional and recurrent savings, in which the need to focus on tranformational changes at pace was emphasised. The Executive Director of Primary Care and Community Services stated that there was absolute clarity that business cases must include a return on investment.	
PF22/10.9 Concern was raised on the non-availability of surge funding and the potential effect on BCU's financial stability, although it was noted that £17m and £10m had been returned to WG in the previous 2 years relating to Covid. It was agreed that the next iteration of the report would provide a brief appendix to explain golden metrics with examples. The Executive Director of Finance also agreed to consider further how the savings data was presented to ensure greater clarity along with demonstrating financial return on investments.	SH
PF22/10.10 The Committee noted the concern with current trends in global energy pricing and its potential effect. In conclusion the Committee was pleased to understand that the Executive Team had undertaken a Star Chamber of all investment proposals across the Health Board in February to inform the prioritisation process across the following financial year. However, it was acknowledged that WG policy introductions in year could form an unplanned cost pressure in year which would be subject to discussion with WG if not supported with additional funding. The Executive Director of Finance agreed to consider with the Executive Team whether a central contingency needed to be factored in to address this. In addition, it was agreed that the long list of schemes which were considered against the shortlist provided to Board be included within the IMTP debrief. The Committee also discussed how savings expectations and delivery would be monitored within future business cases.	SH
It was resolved that the Committee noted the financial update on the draft IMTP financial plan.	
PF22/12 Transformation update **PF22/12.1** The Executive Director of Primary Care and Community Services presented this item which had been reformatted and sought member feedback on the level of detail provided. He set out that transformation within the organisation was at the storming and forming stage and was therefore a product in progress. The report covered the 5 major transformation areas of planned care, unscheduled care, adult mental health, Children and Adolescent Mental Health (CAMHS) and Cancer. He outlined the governance and scrutiny route and clarified the Executive Team's role in tracking progress. He explained that the existing programmes' approaches were being worked on to form a unified BCU format which future programmes would also adopt from inception. The Executive Director of Primary Care and Community Services invited comments on the layout/size of the report and drew attention to the introduction	

of milestones, whilst clarifying that future versions would contain more detail on outputs.	
PF22/12.2 The Committee was supportive of the focussed approach introduced. Suggestions were put forward in regard to page numbers, programme titles and concurred the format could benefit from being slightly lengthened. The Executive Director of Primary Care and Community Services agreed to reopen the purple critical milestone delivery Q3/4 trajectory for planned care as a revision was taking place and also clarify the accuracy of the statement "six weeks capacity will add six months on the recovery process". In response to the Committee Chair, he clarified that a short recruitment pause had been taken in order to consider how medicalised some of the pathways would be to ensure staffing at the appropriate skill level.	CS >PT
PF22/12.3 The Committee raised their concern with pace and the number of recruitment delays, seeking assurance that there were no issues which required escalation and also questioned how programmes which moved into significant slippage would be dealt with. The Executive Director of Primary Care and Community Services agreed to include decision escalations within future executive summaries. The Executive Director of Workforce & OD reported that adult mental health recruitment had not commenced and spoke of potential tactical and targeted campaigns to assist in moving this forward more successfully.	CS>PT
PF22/10.3 The Committee questioned how actions continuing to be reported at 'Red' did not contain Executive Team (ET) outputs which were clarified by the Executive Director Primary Care and Community Services, including an example of optimism bias. He also agreed that the wording would be considered in order to ensure there was no ambiguity e.g. where an action had been considered by ET and decision taken to carry out more work and bring back in a realistic time frame this should be reflected.	CS>PT
PF22/10.4 The Committee sought further clarity within the report on how estate risks affected adult mental health services. As the Interim Deputy MH Director was present at the meeting she reported that work was being taking forward in the short term and confirmed this was captured within the divisional risk register.	
It was resolved that the Committee noted the update provided on the actions being taken within the area of Transformation and specific improvement programmes	
PF22/13 Information Governance Strategy The Interim Director of Governance presented the reviewed strategy. The Committee discussed the document and agreed that the strategy be updated with • the new operating model in regard to roles and responsibilities	

• delete sentence "8.1 The Information Governance Team should have sufficient resource in order to ensure the Health Board remains compliant against its legislative requirements and timescales. " • provide robust detail of non-compliance escalation process within the document • completion of an Equality Impact Assessment **It was resolved that the Committee** requested the IG Strategy be amended in line with the discussion and resubmitted for approval at the May meeting.	SEE/CJ
PF22/14 Information Governance 2021/22 Key Performance Indicators (KPI) Report **PF22/14.1** The Interim Director of Governance presented this item. He highlighted positive areas such as HMP Berwyn, GP managed practices and additional resources which executives had enabled. **PF22/14.2** The Committee Chair requested that more clarity in graph format be provided in future reports to enable trend monitoring of historical and current compliance data across areas of the organisation to be more easily identified. **PF22/14.3** The Executive Director of Workforce and OD advised the actions she had put in place to improve her division's performance with Freedom of Information requests, which would be an area of focus going forward for her newly appointed deputy. In response to the Committee's concern regarding Estates and Facilities poor compliance, she described historical IT access issues for the majority of these roles and assured that the delivery of more manual training programmes were being explored which she was confident would result in an improved position next year. The Interim Director of Governance stated that whilst more resource had been provided a good deal of organisational change was taking place which might affect overall compliance rates. Accordingly, the Committee requested that future reports highlighted this area within the Executive Summary in order to ensure that a watching brief was maintained. In relation to this highlighted risk, the Executive Director of Workforce & OD advised that risks across a number of areas had been captured against the implementation of the new operating model. **It was resolved that the Committee** noted the Information Governance KPI reports.	SEE/CJ SEE/CJ
PF22/15 Finance report month 10 **PF22/15.1** The Executive Director of Finance presented the report. She referred the Committee to the dashboard information, reporting that the Health Board remained forecast to report a balanced position at year end. On a positive note the savings programme was due to deliver in excess of £1.6m over the £17m target, albeit on a non-recurrent basis. She highlighted specific elements of the Covid-19 budget and	

areas of pay and non-pay expenditure which would be supported by WG. It was noted that approximately £3.3m would be required to facilitate the Cystic Fibrosis (CF) contract with Vertex.

PF22/15.2 The Committee Chair was given reassurance that the forecast was accurate and was being monitored on a daily basis, in response to questioning an exact break even position, given the £1.8b budget. The Executive Director of Finance reported that she was targeting the delivery of a small surplus, as in the previous year. She undertook to clarify whether there were comments of significance contained within the excel spreadsheet provided which should have been transferred to the narrative.

SH

PF22/15.3 In discussion of the performance monies tracker provided, the Committee Chair referred to the recent tripartite letter received. The Executive Director of Finance clarified that a proforma template was being agreed with WG to report on strategic support funding going forward in order to effectively track expenditure and quantify the benefits realised. In regard to slippage she clarified that work had been undertaken to ensure a clear read across with the key objectives around planned care, unscheduled care, financial sustainability, and patient experience. She agreed to provide members with the detail of the year end position for information when it was finalised.

SH

PF22/15.4 The Committee raised concern regarding higher agency and bank costs and the continuing financial planning risks associated with the inability to recruit to various areas due to market availability. The Executive Director of Workforce and OD acknowledged the recruitment issue, however there had also been significant impact due to the additional activity required to deal with the pandemic and surge.

PF22/15.5 Discussion ensued on the relative difference in performance across the 3 District General Hospitals i.e. £1.4m positive and negative variances. It was noted that the biggest pressure was in relation to nurse recruitment and ED pressures. In regard to the £1m adverse Corporate position, the Executive Director of Finance reported that in addition to the CF (Vertex) contract, there was had been £2m catch up on utilities and rates to be addressed.

It was resolved that the Committee noted the Finance report for month 10

PF22/15.1 Divisional Operational Finance report - Mental Health and Learning Disabilities (MHLD) Division

PF22/15.1.1 The Interim Deputy MHLD Director presented the report highlighting the Division's forecast to deliver a break even position at year end despite £1.5m negative variance at month 10. However, she acknowledged that there had been slippage on recruitment transformation plans and elaborated on the significant £600k investment with the voluntary sector undertaken with robust expenditure governance to meet this challenge. A recruitment tracker was in place to monitor this challenging aspect and she reported on the outcomes of the recent third virtual recruitment drive in which

further lessons had been learned. Also noted were the Mental Health measure slipped targets and actions undertaken to address them as well as CHC cost pressures. She stated that the Division was on target to deliver the savings required and a plan in place to deliver £1m savings in the next financial year. In regard to non-pay costs, market forces affecting care packages was challenging along with supporting Learning Disability highly complex cases, however a joint approach with Local Authority partners was at an early stage of high level discussion. The Interim Deputy MHLD Director also drew attention to work being undertaken to address drug expenditure and Primary Care linkage with clinician involvement. Attention was also drawn to the SWOT analysis provided within the paper.

PF22/15.1.2 The Committee was concerned regarding the recurring theme of workforce challenges within BCU. In addition, whilst strong leadership was perceived, the element of stability was questioned given the interim nature of the current appointments. In questioning the Division's forecast savings regarding travel reduction it was clarified that whilst £100k had been targeted, £279k was forecast to be delivered due to increased virtual meetings and patient consultations. However, assurance was provided that the manner of patient consultation was assessed on an individual basis. She also highlighted the various positive benefits that agile working, introduced extensively in response to the Covid19 pandemic, had realised eg less travelling, less administration staff in offices, less staff time lost to travel. The Executive Director of Finance was asked whether BCU's reduction in travel costs could be analysed in order to ascertain potential organisational savings, noting with interest that WG was looking into agile working policy moving forward. The Committee was assured that capital expenditure budget was in place to meet strategic development of the MH estate by the Assistant Director Capital Strategy.

PF22/15.1.3 In regard to the variance in Out of Area costs, which had been a significant cost burden in the past, the Interim Deputy MH Director assured that SITREP reports were being monitored on a weekly basis against BCU bed availability and there was recognition within the Division that this high cost area required stringent focus. CHC decision making processes and GP prescribing were also discussed.

It was resolved that the Committee noted the report

	SH

PF22/16 Capital report month 10

PF22/16.1 The Assistant Director Capital Strategy presented the report highlighting the Capital Resource Limit (CRL) had increased by a further £8.25m (totalling an additional £16.8m in year) which had presented challenges in ensuring achievement of the CRL by 31.3.22. However, confidence remained that this would be met and the areas of additional spending were provided. Pressures within the local construction market had also affected schemes within the discretionary programme but this was being managed on a daily basis with a small over commitment to deal with slippages, especially in regard to those caused by response to the third wave of the pandemic.

PF22/16.2 The Committee was disappointed that progress was delayed on redevelopment of the Royal Alex hospital due to external factors. In response to the Committee, the Assistant Director Capital Strategy clarified that 'tenders declined' meant that there had been no submissions as the local market was busy with other work that had become available from the public sector and did not have sufficient capacity to tender. **PF22/16.3** Discussion ensued on the level of detail required by the Committee on Capital expenditure and budgets, which was agreed to be explored further outside the meeting. It was noted that a Capital monitoring tool was examined monthly by the Capital Programme Management Team and Capital Investment Group and that the Committee had previously agreed Capital would be reported by exception. **It was resolved that the Committee** noted the report	JC/RM
PF22/17 Operational Plan Monitoring Report 2021-22 position at 31.12.21 **PF22/17.1** The Interim Performance Director presented the item advising that overall, 70% of the programs were on track or complete. There were 19 new 'Red's in the quarter, nine of which were within mental health which were mainly attributed to staffing issues. Performance had improved across 38 of the programmes. He advised this to be a positive report given the circumstances under which BCU was operating. **PF22/17.2** The Committee questioned stroke strategy progress and plan implementation reporting in which the Executive Director of Workforce and OD clarified the 'Red' rating only applied to the delays in moving forward the stroke business case whereas other areas eg stroke recruitment were reporting at 'Green'. Discussion ensued on pace, risk and realistic expectations of this important area. The Interim Performance Director commented that performance improvements would take some time to demonstrate real impact. **PF22/17.3** A discussion ensued on the effectiveness of narrative provided to explain actions at 'Red'. It was acknowledged that 'snapshot' explanations were provided however more overall detail was also required to understand the actions being taken overall to deal with longstanding delays as opposed to positive reporting of snapshot gains. The Executive Director of Finance clarified the position regarding the Orthopaedic specification delay which had been highlighted as an example by the Committee. In addition, she agreed to take on board the Committee's comments, including milestone achievement and addressing connectivity issues in future reporting. Specific concerns were raised regarding 1.7 WPAS – why the Red status was not impacting overall delivery, 2.7 Endoscopy – when the 6 month delay would be delivered and 3.7 Lack of narrative regarding the Cancer pathway. **PF22/17.4** The Committee also questioned how reporting of incomplete actions would transfer to the next year's monitoring report of the IMTP. It was noted that the 'new'	SH

format, which had involved Committee members in its development would be provided on commencement of the new financial year report.

It was resolved that the Committee noted the report

PF22/18 Quality and Performance report **PF22.18.1** The Interim Performance Director presented the report highlighting in regard to Planned Care that the total number of patients in follow up continued to improve and was following the same trajectory as in the previous 3 years, which whilst slow, was a significant improvement. However, stroke admissions at 15% was very low, as discussed within the OPMR item, and involved recruitment issues in that area. In regard to Cancer performance, BCU remained the best in Wales and was seen as a best practice area by WG in maintaining performance in this area. **PF22/18.2** The Committee Chair drew attention to a recent Ministerial letter which raised significant concern over ambulance handover delays, he questioned what remedial actions were being undertaken, and to what timescales, within BCU Emergency Departments (ED) and flow through to address the deteriorating performance. The newly appointed Interim Delivery Director stated that the Unscheduled Care paper following addressed a number of areas however, he would undertake to provide a more detailed paper addressing this at the next meeting which would include linkages with the ED business case. The Committee also acknowledged its responsibilities to work with colleagues in the Health Board to turn this issue around at pace constructively. **PF22/18.3** In regard to performance detail the Interim Performance Director undertook to clarify the position on percentage of stroke patients whom receive a six month follow up assessment. The Committee was very disappointed regarding the low (59%) "percentage of staff who would be happy with care provided by their organization if a friend or relative needed treatment". The Executive Director of Workforce & OD advised this to be a snapshot linked to the annual National Staff Survey and was now included on a BCU programme which was being monitored on a more regular basis. However, she agreed this statistic was of concern even though it was in line with other Health Boards in Wales. The Committee concurred that it would require successful implementation of the IMTP to ensure finances were spent in all the right areas to improve staff confidence in BCU. **It was resolved that the Committee** noted the report.	PO SH>GHD
PF22/19 Planned Care Update **PF22/19.1** The Interim Director of Delivery introduced the report stating that BCU was in a mid-ranking position in relation to Welsh Health Boards recommencing elective activity. He pointed out that, like all other Health Boards, the growing size of the waiting	

list was concerning. It was noted that in moving this work forward, harms reviews were taking place and patients were to be considered in chronological order where possible whilst micromanaging the process. Significant challenges would lie ahead as the list of patients waiting over 104 weeks had grown to 15.5k which would require medium and long term plans to address.

PF22/19.2 The Interim Head of Planned Care pointed out that plans which would outline work to be undertaken over 3 years to address all specialties and sites were nearing finalisation. He stated that whilst Cancer performance was good, there was room for improvement and he drew attention to the impact on activity in supporting the vaccination programme which commenced in December 2021. It was noted that whilst the target was to achieve 80% of 2019 activity, this would still result in 1700 patients per month being added to the waiting list. It was BCU's objective to return to 100% during the next financial year. He provided greater detail of progress made as highlighted within the report which included orthopaedics, day care surgery, outpatient clinics and a variety of mitigation and safety processes which had been introduced. Outsourcing capacity had been maximised in orthopaedics and ophthalmology, and would expand in the new financial year along with some other specialities in order to address the increasing waiting lists.

PF22/19.3 The Interim Head of Planned Care also advised planned care recovery would require transformational changes in working practices and outlined some of these initiatives. There were very high and tough targets to achieve including ensuring there were no outpatients waiting more than 104 weeks per WG. Whilst many could be achieved he advised that the position might worsen before improvement was delivered and that three to five year recovery on some of the most hard pressed specialties was realistic.

PF22/19.4 In response to the Committee, the Interim Head of Planned Care assured that should a patient not accept an appointment by a cross border provider, commissioned by BCU, they would not be disadvantaged on the waiting list should their preference be to have an intervention closer to home.

It was resolved that the Committee
noted the report as a high level reflection of the status of the Planned Care Recovery plan.
supported the ongoing programme of work, which combines transactional recovery processes with a range of transformational initiatives.

PF22/20 Unscheduled Care Update

PF22/20.1 The Interim Director of Delivery invited questions regarding the paper provided. In response to the Committee he outlined some of the actions being undertaken to address the throughput from ambulance to ED and pilots which were

commencing at Llandudno General Hospital and then rolling out to other community hospitals, whilst local solutions were also evolving to include acute hospital site. He stated that there was much less risk in treating patients in the hospital environment than in the ambulance once having arrived at the site. He drew attention to the paper which outlined practical actions being undertaken. He advised he would be working with the soon to be appointed Associate Director of Unscheduled Care to move this work forward under the leadership of the Deputy CEO, along with the acute care directors and USC Project Director. In order to improve clinical engagement, 3 clinical leads would be appointed and there would be a clear grip and focus on quantifying improvement within performance management.

PF22/20.1 In response to the Committee Chair's question, the Interim Director of Delivery assured that the 'Halo' concept, utilised by WAST, would be reintroduced as it had a significant impact and would be reported to the Committee in future programme reports.

It was resolved that the Committee noted the report

PF22.21 North Wales Cancer Treatment Centre - Radiotherapy Replacement Linear Accelerator, Software and Hardware Replacement

Following discussion on the software maintenance contract and revenue cost fulfilment outlined within the paper, the Committee was satisfied that due diligence had taken place, taking on board the Executive Team's scrutiny which was outlined by the Executive Director of Primary and Community Services.

It was resolved that the Committee approved the Business Case for consideration by the Health Board prior to submission to Welsh Government.

PF22/22 Strategic Outline Case (SOC) for Bangor Health and Wellbeing Centre

PF22/22.1 The Committee was pleased to receive this innovative SOC being developed in partnership. It was understood to be included in the IMTP and had WG support, particularly in terms of urban regeneration although there was further work to be moved forward to clarify the level of funding available in regard to the potential costs. The Executive Director of Finance emphasised the project was at an early stage and this would be explored further, including the revenue implications. It was understood that services provided would be clarified as the business case was developed. In response to the Committee, she stated that it would be preferable to choose an option which saved the most recurrent revenue going forward, in weighing up whether to pursue purchase or lease options due to BCU's financial position and ascertaining availability of WG funding.

PF22/22.2 It was noted that engagement would be undertaken at a later stage of business case development along with all risks. **It was resolved that the Committee** approved the Strategic Outline Case.	
PF22/23 Emergency Department (ED) Business Case Gateway Review **PF22/23.1** The Interim Director of Delivery presented this item. He clarified that the purpose of the paper was to demonstrate a different methodology in approaching business case monitoring from inception through to operational deliver with performance metrics, whilst also indicating resource release. It was acknowledged that this case had commenced retrospectively and included amendments eg ambulance handover focus and increased targets. He guided the Committee through the four key areas and six goals set out by WG, with particular reference to recruitment. The Interim Director of Delivery emphasised that this was work in progress and was provided to demonstrate the direction of travel. **PF22/23.2** The Executive Director of Primary and Community Services explained the need to develop gateway reviews in respect of transformational business cases in order to assess delivery and return on investment in agreed stages to ensure the anticipated benefits were being realised or consider whether a decision needed to be taken to discontinue the development. The Committee questioned how external gateway reviews were triggered, the established process was clarified within larger capital projects. The Committee was supportive of the opportunity that gateway reviews would bring to internal processes. **It was resolved that the Committee** noted the update provided on the actions being taken to assure the delivery of the ED Business Case	
Learning from - the Past	
PF22/24 Sub Regional Neonatal Intensive Care Centre (SuRNICC) post project evaluation **PF22/24.1** The Assistant Chief Executive joined the meeting for this item providing background and context to the SuRNICC project. It was noted that the final Gateway (5) review had been delayed due to the pandemic onset however, he drew attention to the ambitious service change which had been undertaken in order to improve quality and meet staffing resilience risks. There were some lessons learned in regard to design and construction however, the review was positive in that the project was delivered as set out. It was noted that the organisation had reflected on their own practice, updated procedures and shared guidance with the rest of Wales on this achievement.	

PF22/24.2 The Committee congratulated all concerned with the project which had been delivered successfully and to budget. The Assistant Chief Executive undertook to feedback to the team and the Committee Chair agreed to highlight this to the Board through his Committee Chair Assurance report to the next Board meeting. **It was resolved that the Committee** noted • the significant delivery of benefits aligned to the original investment objectives for the SuRNICC and the positive feedback received in two external reviews of the project. • the work ongoing to address outstanding benefit areas and recommendations made by the Gateway Review. • the commissioning of external support to document lessons learned and develop a guide to inform future business cases and project delivery.	JC
PF22/25 Chair Assurance reports for assurance **It was resolved that** the Committee noted the following Chairs assurance reports **PF22/25.1 Information Governance Group - February 2022** **PF22/25.2 Information Governance Group - December 2021**	
PF22/26 Agree Items for referral to Board / Other Committees None	
PF22/27 Review of risks highlighted in the meeting for referral to Risk Management Group	
PF22/28 Agree items for Chairs Assurance report	
PF22/29 Review of meeting effectiveness The Committee reflected that there had been fruitful discussion, albeit that the length of the agenda had been long. The Executive Director of Finance stated that consideration should be given to longer breaks within the agenda moving forward.	
PF22/30 Summary of private business to be reported in public The Committee noted the report.	
PF22/31 Date of next meeting 24.3.22	
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.	

BCUHB Performance, Finance and Information Governance Committee Table of Actions arising from meetings held in public				
Responsible Executive	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Actions from PFIGC 28.10.21 meeting				
Sue Hill	**PF21/20.2 Conwy / Llandudno Junction SOC** Provide update on current estate plans in this area.	23.12.21	Member briefing circulated 16.12.21 23.12.21 The Committee requested the action be reopened to provide more detail on the actions being taken to address current condition in this locality. 16.2.22 A briefing is being prepared by the Centre Area Team and will be provided to Committee members ahead of the Committee meeting in March. Member Briefing circulated 21.4.21	23.12.21 Action reopened 14.3.22 Action to be closed
Actions from PFIGC 23.12.21 meeting				
Sue Hill	**PF21/45 Chair's report** Introduce a revised business case template to ensure areas highlighted were addressed at pace.	February meeting	The revised business case process and templates will be piloted in April 2022 and will go live in June 2022.	
Actions from PFIGC 22.2.22				
Sue Hill	**PF22/10 Presentation : Integrated Medium Term Plan (IMTP) - financial focus** The Financial Strategy would be presented to the Committee for final approval	19.3.22	Financial Strategy will be presented to the Committee in June for approval by PFIG	20.6.22

SH	**PF22/10.9** It was agreed that the next iteration of the report would provide a brief appendix to explain golden metrics with examples.	19.4.22	The paper submitted to February will be re-circulated to members before 28.4.22	
SH	**PF22/10 Presentation : Integrated Medium Term Plan (IMTP) - financial focus** The Executive Director of Finance agreed to consider with the Executive Team and Finance Team whether a central contigency needed to be factored in to address this. In addition, it was agreed that the long list of schemes which were considered against the shortlist provided to Board be included within the IMTP debrief.	19.3.22	The senior finance team are reviewing options to create a contingency as part of the finalisation of the 2022/23 budget. The action relating to investment schemes will be discussed as part of the IMTP debrief and a briefing paper will be shared with the Committee.	Action to be closed
CS>PT	**PF22/12 Transformation update** **PF22/12.2** The Committee was supportive of the focussed approach introduced. Suggestions were put forward in regard to page numbers, programme titles and concurred the format could benefit from being slightly lengthened. The Executive Director of Primary Care and Community Services agreed to reopen the purple critical milestone delivery Q3/4 trajectory for planned care as a revision was taking place and also clarify the accuracy of the statement "six weeks capacity will add six months on the recovery process	19.4.22	22/12.2 Amendments have been as requested. Q3/4 milestone for Planned Care was reopened and subsequently amended and reclosed 22/12.3 Programme Leads have been requested to review and reconfirm required escalations. Details around escalation in Planned Care Highlight Report is pending Programme Design Workshop 21.04.22 22/10.3 Revised Delivery Date added to report in order to reflect realistic delivery time frames of Red RAG actions and Programme Leads asked to confirm mitigating actions in Update	Actions to be closed

	PF22/12.3 The Committee raised their concern with pace and the number of recruitment delays, seeking assurance that there were no issues which required escalation and also questioned how programmes which moved into significant slippage would be dealt with. The Executive Director of Primary Care and Community Services agreed to include decision escalations within future executive summaries. **PF22/10.3** The Committee questioned how actions continuing to be reported at 'Red' did not contain Executive Team (ET) outputs which were clarified by the Executive Director Primary Care and Community Services, including an example of optimism bias. He also agreed that the wording would be considered in order to ensure there was no ambiguity e.g. where an action had been considered by ET and decision taken to carry out more work and bring back in a realistic time frame this should be reflected.			
SEE/CJ	**PF22/13 Information Governance Strategy** The Interim Director of Governance	19.4.22	IG Strategy revised – agenda item 28.4.22	Action to be closed

	presented the reviewed strategy. The Committee discussed the document and agreed that the strategy be updated with • the new operating model in regard to roles and responsibilities • delete sentence "8.1 The Information Governance Team should have sufficient resource in order to ensure the Health Board remains compliant against its legislative requirements and timescales. " • provide robust detail of non-compliance escalation process within the document • completion of an Equality Impact Assessment		

SEE/CJ	**PF22/14 Information Governance 2021/22 Key Performance Indicators (KPI) Report** • Providemore clarity in graph format in future reports to enable trend monitoring of historical and current compliance data across areas of the organisation to be more easily identified. • Highlight Mandatory Training within the Executive Summary in order to ensure that a watching brief was maintained.	June	KPI's reports and graph formats are currently under review to enable better trend monitoring. Q1 onwards will be in the new format with Q4 being in the current format. Added to Executive Summary from Q4.	Actions to be closed
SH	**PF22/15 Finance report month 10** **PF22/15.2** The EDOF undertook to clarify whether there were comments of significance contained within the excel spreadsheet provided which should have been transferred to the narrative. **PF22/15.3** ...... In regard to slippage she clarified that work had been undertaken to ensure a clear read across with the key objectives around planned care, unscheduled care, financial sustainability, and patient experience. She agreed to provide members with the previous detailed year end spreadsheet for information.	19.4.22	All comments relate to working draft notes and any comments of significance have been transferred to the narrative of the report. See table below for the analysis of how the slippage has been utilised by Health Board objectives for 2021/22. {table below}	Actions to be closed

	Patient experience £000's	Covid Recovery £000's	USC £000's	Planned Care £000's	MH LD £000's	Sustainability £000's	TOTAL £000's
West	0	0	0	0	0	0	0
Centre	0	0	0	70	0	350	420
East	93	189	0	629	0	620	1,531
YG	95	0	0	0	0	680	775
YGC	70	0	460	706	0	0	1,236
YWM	154	0	195	200	0	56	605
NWCS	2,500	0	0	41	0	0	2,541
Women's	0	0	0	0	0	0	0
MHL	0	0	0	0	0	0	0
Corporate	0	0	0	0	0	3,039	3,039
	2,912	189	655	1,646	0	4,745	10,147

SH	The Executive Director of Finance was asked whether BCU's reduction in travel costs could be analysed in order to ascertain potential organisational savings,	19.4.22	The total expenditure on travel across the Health Board has reduced by c£1m when comparing 2021/22 expenditure to 2019/20 expenditure and this has contributed to the draft financial position for the year. We will review budgets for 2022/23 against the latest guidance as Covid restrictions are lifted to determine the level of recurrent savings.	Action to be closed
JC/RM	**PF22/16 Capital report month 10** **PF22/16.3** Discussion ensued on the level of detail required by the Committee on Capital expenditure and budgets, which was agreed to be explored further outside the meeting.	19.4.22	JC advises initial discussion started with previous reporting examples shared. Further discussion to progress will take place and then engage with SH to enhance reporting. SH and NB are meeting with RM to discuss capital programme reporting: Meeting scheduled for early May 2022.	Action to be closed
SH	**PF22/17 Operational Plan Monitoring Report 2021-22 position at 31.12.2** Reflect Committee comments, including milestone achievement and addressing connectivity issues in future reporting	19.6.22	The OPMR will be developed in the same way as the IQPR, i.e. through PowerBI, and will be linked through to the IQPR where appropriate. We will also be adopting the same risk-based assurance methodology in the OPMR going forward. The concept report will be available in late May with a view to having the first report published in July (reporting on Q1 position).	Action to be closed
PO	**PF22/18 Quality and Performance report** **PF22/18.2** The Committee Chairman drew attention to a recent Ministerial letter which raised significant concern over ambulance handover delays, he questioned what remedial actions were being undertaken, and to what timescales, within BCU Emergency Departments (ED) and flow through to address the deteriorating performance. The newly appointed	19.4.22	A number of immediate improvement actions have been identified that includes a focus on the reduction in ambulance delays and audit of suitability of Fit to Sit patients being held in the vehicles in response to the ambulance delays as well as improvement in time to see clinician. Specific outcome measures have been identified within the phased gateway review for the ED business case which is included in the main agenda A review and refresh of the current USC programme is being undertaken to consider the outcomes from actions within Phase 1 ahead of the transition to Phase 2 as it moves into a transformation phase with revised priorities. This will be informed by learning to date including from the WG reset, feedback from the recent HIW visits to ED and the priorities and deliverables identified within the WG 6 Goals	Action to be closed

	Interim Delivery Director stated that the Unscheduled Care paper following addressed a number of areas however, he would undertake to provide a more detailed paper addressing this at the next meeting which would include linkages with the ED business case.		Programme. A new Programme Director has been appointed to lead on the delivery of the USC programme and further operational and clinical posts are being recruited to strengthen the USC programme structure. Improvement focus will remain on rapidly and sustainably creating improved inpatient flow to optimise availability of acute inpatient beds, and thus to contribute to de-crowding of our EDs, which in turn will actively reduce ambulance handover delays	
~~GHD~~ Amanda Lonsdale	**PF22/18.3** In regard to performance detail the Interim Performance Director undertook to clarify the position on percentage of stroke patients whom receive a six month follow up assessment.	31.3.22	Please see slide below for narrative	Action to be closed
JC	PF22.24 SURNICC **PF22/24.2** The Committee congratulated all concerned with the project which had been delivered successfully and to budget. The Assistant Chief Executive undertook to feedback to the team and the Committee Chair agreed to highlight this to the Board through his Committee Chair Assurance report to the next Board meeting.	10.3.22	Submitted to Board meeting and reported verbally at the meeting.	Action to be closed

Quadruple Aim 2: Stroke Services

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

The sites remain in Covid Challenged position with numerous closed wards, lack of flow and this has included the stroke wards, this has impacted on movement out of EDs. Work hads taken place to understand key drivers with Kendal Bluck, including meetings with WAST around the Thrombectomy service with Walton, stroke is classified as an Amber Call, Amber response is impacted by the CSP level of WAST at the time.

- Site bed pressures and outbreak challenges
- Lack of space in ED to carry out inreach reviews by CBNS at YGC
- Workforce challenges, particularly for nurse staffing
- Gaps in patient pathway created by Covid related pressures, Ward 14 (ASU/SRU) has been used for escalation to meet USC pressures
- Although posts have been recruited to, staff have not commenced in posts and will require significant training
- High number of MFD patients on Acute site places additional pressure on site capacity to maintain ring fenced stroke beds

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

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

- Early Supported Discharge (ESD) service in Quarter 4 of 2021/22
- Inpatient Rehabilitation at 3 community sites
    - Eryri, West, end March 2022
    - East and Central sites by September 2022 (paper drafted for February Executive Management Group (EMG) to confirm sites)
- Roll out of improved Atrial Fibrillation (AF) management and detection, speedily initiated anticoagulation and robust monitoring
- Improved Acute service response through additional Specialist Stroke Nurse roles Sites have appointed Band 6s currently undertaking recruitment checks and closing
- Exploration of straight to test CT in East with a further meeting scheduled 22/4/22
- Monthly breach analysis reports continue to be shared with the MDT, with review of actions at the monthly East Local Stroke Improvement Group
- Site bed escalation policy will be reviewed to highlight introduction of ring-fenced capacity (YG)
- Matrons will continue to recruit to vacancies and provide on going support to retain qualified staff all sites
- Continue with weekly deep dive meeting and identify gaps within the patient pathway, jointly with ED team, including operational focus from, HMT
- A Stroke Improvement Meeting to look at the 4 hour ASU target commenced 11th April 2022, chaired by Director of Ops. To be held monthly, YG, in place at YGC and Wxm
- New processes instigated to improve pre-alert from ED to Stroke team and or reinforced across sites.
- Continued focus on retaining 2 empty Stroke assessment beds across each site part of all site meetings and daily challenges

When performance is going to improve by and by how much

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

What are the mitigations in place for those risks?

Performance improvement in SSNAP scores is expected to start in April the ESD service will be building up across the 3 Areas, enabling a managed return home and rehab support at home for people following Stroke, and the West Rehabilitation unit will be live. East and Central Rehabilitation units will be ready by end Quarter 2 and the full ESD team and acute nursing team will be in place by end Quarter 1.

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

Cyfarfod a dyddiad: Meeting and date:	**Finance, Performance and Information Governance Committee 28.4.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Committee Annual Workplan 2022/23
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill Executive Director of Finance
Awdur yr Adroddiad Report Author:	Diane Davies Corporate Governance Manager
Craffu blaenorol: Prior Scrutiny:	Executive Director of Finance Committee Chair
Atodiadau Appendices:	Appendix 1 Draft Committee Workplan 2022/23 Appendix 2 Committee Terms of Reference

Argymhelliad / Recommendation:
The Committee is asked to • review and provide feedback on the workplan • approve the draft Workplan 2022/23 subject to any amendments agreed at the meeting • review the Committee Terms of Reference

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	✓	Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	

Sefyllfa / Situation:
At the commencement of the financial year a workplan is required to be agreed and may be updated according to business arising in-year. The 2021/22 Cycle of Business information is provided for reference. The Terms of Reference is provided for annual review, drawing particular attention to Committee membership.

Cefndir / Background:
Each year a workplan (previously referred to as Cycle of Business) is agreed for each Commttee of the Board at the commencement of the new financial year.

Asesu a Dadansoddi / Assessment & Analysis

| **Goblygiadau Strategol / Strategy Implications** |
| Strategic items pertinent to the Committee's remit may be agreed and scheduled. |
| **Opsiynau a ystyriwyd / Options considered** |
| None – it is an agreed governance process shared by all Committees of the Board |
| **Goblygiadau Ariannol / Financial Implications**

Not applicable |
| **Dadansoddiad Risk / Risk Analysis**

The Committee reduces risk of overlooking business within its remit |
| **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

The Committee complies with the Board's standing orders |
| **Asesiad Effaith / Impact Assessment**

Not applicable for a paper of this nature. |

Performance, Finance and Information Governance Committee Workplan 22/23   draft for discussion 28.4.22

Agenda item	Apr	Jun	Aug	Oct	Dec	Jan 2022 Restricted Agenda	Feb	Mar Restricted Agenda	Apr	Jun	Aug	Oct	Dec	Jan 2023 Restricted Agenda	Feb	Mar Restricted Agenda
Governance																
Apologies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declaration of Interests	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matters Arising & Table of Actions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Report of the Chair • Chair's Action • Feedback from Board	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓	✓	✓	✓	✓	✓	✓	✓
Report of the Lead Executive	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Notification of Matters referred from other Board Committees on this or future agendas	#	#	#	#	#		#		#	#	#	#	#		#	
Strategic Items for Decision – The Future																
Developing New Strategies or Plans																
Annual Financial Plan	ToR				✓	✓	✓	✓								
Corporate Strategy - Financial		✓								✓						

Agenda item	Apr	Jun	Aug	Oct	Dec	Jan 2022 Restricted Agenda	Feb	Mar Restricted Agenda	Apr	Jun	Aug	Oct	Dec	Jan 2023 Restricted Agenda	Feb	Mar Restricted Agenda
Tier 1 Strategies for Board Approval – to be defined in the corporate strategy (Living Healthier, Staying Well) • Financial / Sustainability Strategy • Information Governance Strategy annual review					✓		✓						✓		✓	
Tier 2 Strategies for committee approval – to be defined in the corporate strategy (Living Healthier, Staying Well) • Estates • Environmental • Performance Management Framework • Decarbonisation Strategy			✓								✓					
Business continuity BC										✓						
Other																
Endorse relevant policies reserved for Board approval	#	#	#	#	#		#		#	#	#	#	#		#	
Agree relevant polices reserved for committee approval	#	#	#	#	#		#		#	#	#	#	#		#	
Financial Instructions							✓								✓	
Annual Capital Programme							✓								✓	
Transformation Programme	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	
Primary Care Panel - new GP practices recommendations	#	#	#	#	#		#		#	#	#	#	#		#	

Agenda item	Apr	Jun	Aug	Oct	Dec	Jan 2022 Restricted Agenda	Feb	Mar Restricted Agenda	Apr	Jun	Aug	Oct	Dec	Jan 2023 Restricted Agenda	Feb	Mar Restricted Agenda
The Present (for Assurance)																
Board Assurance Framework		✓			✓					✓			✓			
Corporate Risk Register		✓			✓					✓			✓			
Finance Report (including workforce cost report)	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	
Divisional Finance Reports	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	
Integrated Performance Report	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	✓
Financial Planning process Budget Setting (BS)			BS	✓	✓						BS	✓	✓			
Capital Programme Monitoring Report	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	
External Contracts Assurance Report	✓			✓					✓			✓				
Information Governance KPI report				✓			✓			✓		✓			✓	
Business Tracker					✓		✓			✓			✓		✓	
Shared Services Partnership Assurance Report		✓			✓					✓			✓			
Assurance reports on Particular Areas of Concern – time limited	#	#	#	#	#		#		#	#	#	#	#		#	
Welsh Government Monthly Monitoring Return	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	
Capital and Estates Business Cases (See below)	#	#	#	#	#		#		#	#	#	#	#		#	
Benefits Realisation Gateway Reviews	#	#	#	#	#		#		#	#	#	#	#		#	
Learning from The Past																

Agenda item	Apr	Jun	Aug	Oct	Dec	Jan 2022 Restricted Agenda	Feb	Mar Restricted Agenda	Apr	Jun	Aug	Oct	Dec	Jan 2023 Restricted Agenda	Feb	Mar Restricted Agenda
Information Governance Annual report				✓							✓					
Information Governance Toolkit Assessment										✓						
Independent Assurance Reviews				#	#		#									
Internal Assurance Reviews				#	#		#									
Relevant Ombudsman reports				#	#		#									
Chairs Assurance Reports / Lead Executive Triple A Report																
Chairs Assurance Reports (for assurance) - Executive Delivery Group – Transformation and Finance - Capital Investment Group - Quarterly Performance Oversight Group	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	
Other																
Annual Work plan (COB)	✓								✓							
Closing Business																
Agree Items for referral to Board / Other committees	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	
Review of Risks highlighted in the meeting for referral to Risk Management Group	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	

Agenda item	Apr	Jun	Aug	Oct	Dec	Jan 2022 Restricted Agenda	Feb	Mar Restricted Agenda	Apr	Jun	Aug	Oct	Dec	Jan 2023 Restricted Agenda	Feb	Mar Restricted Agenda
Agree items for Chairs Assurance Report	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	
Review of Meeting Effectiveness	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓	

Performance, Finance and Information Governance Committee

Terms of Reference and Operating Arrangements

1. INTRODUCTION

1.1. The Board shall establish a committee to be known as Performance, Finance and Information Governance Committee (PFIG). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

2.1. The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position, performance and delivery, and information governance. This includes the Board's Capital Programme and Workforce activity costs.

3. DELEGATED POWERS

3.1. The Performance, Finance and Information Governance Committee is required by the Board, within the remit of the Committee to:

3.1.1. Provide evidenced based assurance that there is compliance with The Equalities Act 2010.

- In discharging its duty the Committee will have 'due regard' to the Public Sector Equality Duty, to eliminate discrimination, to advance equality of opportunities and foster good relations when carrying out all functions and day-to-day activities.

- In discharging its duty the Committee will have 'due regard' to the Socio-economic Duty, to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage.

3.1.2. Provide evidenced based assurance that BCUHB Policies are compliant with relevant legislation.

3.1.3. Provide evidence based and timely advice to the Board on developing strategies.

3.1.4. Provide evidence based and timely advice to the Board on the delivery of strategies including those relating to finance, performance and information governance.

3.1.5. Oversee and provide evidence based and timely advice to the Board on relevant risks and concerns.

3.1.6. Provide relevant evidence based and timely advice to the Board on:

3.1.6.1. The financial performance of the Health Board and developing the IMTP

3.1.6.2. The operational performance of the Hearth Board and associated Impact Improvement Plans.

3.1.6.3. Evidence based assurance on the financial position, forecasting, and the capital programme.

3.1.6.4. Evidence based assurance to the Board and accountable officer on whether effective arrangements are in place through the operation of the governance framework for data processing and information management

3.1.6.5. Development and oversight of finance and performance related strategies

3.1.7. Receive the results of relevant audits (clinical and non-clinical) and any other relevant investigations and provide the Board with evidence based impact assessment of the implementation of the recommendations.

3.2. The Performance, Finance and Information Governance Committee is authorised by the Board to:

Financial Management

3.2.1. Seek assurance on the Financial Planning process and consider Financial Plan proposals.

3.2.2. Monitor financial performance and cash management against revenue budgets and statutory duties.

3.2.3. Consider submissions to be made in respect of revenue or capital funding and the service implications of such changes including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions.

3.2.4. Monitor turnaround and transformation programmes' progress and impact/pace of implementation of organisational savings plans.

3.2.5. Receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual directorates, divisions and sites.

3.2.6. To determine any new awards in respect of Primary Care contracts

Performance Management and accountability

3.2.7. Approve the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).

3.2.8. Ensure detailed scrutiny of the performance and resources dimensions of the Quality and Performance Report (QAP);

3.2.9. Monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets;

3.2.10. Review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP);

3.2.11. Review and monitor performance against external contracts

3.2.12. Receive assurance reports arising from Performance and Accountability Reviews of individual teams.

3.2.13. Receive assurance reports in respect of the Shared Services Partnership.

3.3. Capital Expenditure and Working Capital

3.3.1. Approve and monitor progress of the Capital Programme.

3.4. Workforce

3.4.1. Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.

3.4.2. To consider and determine any proposals from the Primary Care Panel (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices.

3.5. Information Governance

3.5.1. Oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;

3.5.2. Oversee the direction and delivery of the Health Board's information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation using information and technology.

3.5.3. Consider the information governance implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;

3.5.4. Consider the information governance implications for the Health Board of internal and external reviews and reports;

3.5.5. Oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation);

3.5.6. Oversee the direction and delivery of the Health Board's Cyber security policy (details of which will be taken in private session of the committee);

3.5.7. Oversee the direction and delivery of the Health Board's Patient records management;

3.5.8. Oversee the direction and delivery of the Health Board's National systems and programs.

AUTHORITY

3.6. The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any::

3.6.1. Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and,

3.6.2. Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

3.7. It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

3.8. It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business.

3.9. It will review risks from the Board Assurance Framework and Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

4. SUB-COMMITTEES

4.1.   The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee Business.

5. MEMBERSHIP

5.1. **Members**

5.1.1. A minimum of three Independent Members of the Board.

5.2. **In attendance**

- Executive Director of Finance / Senior Information Risk Owner (SIRO) (Lead Director).
- Executive Medical Director / Caldicott Guardian
- Executive Director Nursing and Midwifery.
- Lead Director of Information Governance Department.
- Assistant Director Information Governance & Assurance/ Data Protection Officer (DPO).

5.3. Right of Attendance

5.3.1. Upon giving notice to the Committee Chair the following have the right to attend any meeting as an observer:

- Chair of the Board.
- Chair of the Audit Committee.
- Board Secretary.

5.4. **By Invitation**

- A patient representative.
- Chair of Stakeholder Reference Group
- A staff representative.

5.4.1.   Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

5.4.2.   Trade Union Partners are welcome to attend the public session of the Committee

5.5. Member Appointments

5.5.1.   The membership of the Committee shall be determined by the Chair of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This

includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

5.5.2. Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chair of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

5.6. Secretariat

5.6.1. The Secretariat will be determined by the Board Secretary.

5.7. Support to Group Members

5.7.1. The Board Secretary, on behalf of the Committee Chair, shall arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role and ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

6. COMMITTEE MEETINGS

6.1. Quorum

6.1.1. At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also attend.

6.2. Frequency of Meetings

6.2.1. Meetings shall normally be held bi-monthly, but may be convened at short notice if requested by the Chair.

6.3. Withdrawal of individuals in attendance

6.3.1. The Committee may ask any or all non-board members who would normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6.4. Conduct of Meetings

6.4.1. Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.

7. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

7.1. Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

7.2. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

7.3. The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

7.3.1.1. Joint planning and co-ordination of Board and Committee business; and

7.3.1.2. Sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

7.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

7.5. Receive assurance and exception reports from

7.5.1.1. Executive Delivery Group Transformation and Finance.
7.5.1.2. Executive Delivery Group People and Culture
7.5.1.3. Capital Investment Group
7.5.1.4. Estates Group
7.5.1.5. Information Governance Group
7.5.1.6. Caldicott Guardian.

8. REPORTING AND ASSURANCE ARRANGEMENTS

8.1. The Committee Chair shall:

8.1.1. Report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report and an annual report.

8.1.2. Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

8.1.3. The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

9.1. The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

10. REVIEW

10.1. These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Version number 1.03	
Committee	**Date of approval**
PFIG	
Audit Committee	
Health Board	

Cyfarfod a dyddiad: **Meeting and date:**	**Performance, Finance and Information Governance Committee 28.4.22**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	**Information Governance Strategy review**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Simon Evans-Evans, Interim Director of Governance
Awdur yr Adroddiad **Report Author:**	Carol Johnson, Head of Information Governance
Craffu blaenorol: **Prior Scrutiny:**	Reviewed and approved by the Interim Director of Risk The Information Governance Group (IGG) Data Protection Officer (DPO)
Atodiadau **Appendices:**	Appendix 1 – Information Governance Strategy Appendix 2 - Equality Impact Assessment 2022

Argymhelliad / Recommendation:

The Committee is asked to
 	
receive and accept the updated changes to the Information Governance Strategy as requested at the meeting held 24th February 2022.
 	
    6.13 – Removal of Executive Director/Secondary Care Director/Area Director and updated in line with the new operating model. Removal of "This role may be subject to change in 2022 as a result of the new operating model and will be updated to reflect any changes to responsibility".
    7.4 – Inclusion of non-compliance escalation process.
    8.1 – Removal of "The Information Governance Team should have sufficient resource in order to ensure the Health Board remains compliant against its legislative requirements and timescales. "
 	
    Appendix 2 – Inclusion of the existing EQIA which has been reviewed.
 	
approve the revised Information Governance Strategy (IG1)

Ar gyfer penderfyniad /cymeradwyaeth **For Decision/ Approval**	√	**Ar gyfer Trafodaeth** **For Discussion**	√	**Ar gyfer sicrwydd** **For Assurance**	√	**Er gwybodaeth** **For Information**	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol **Y/N to indicate whether the Equality/SED duty is applicable**						**N**	
An equality impact assessment has been undertaken.							

Sefyllfa / Situation:
This strategy outlines the continuing development, implementation and embedding of a robust information governance framework. The information governance arrangements will underpin the

requirements set out by the Wellbeing and Future Generations Act and the Health Board's strategic objectives by ensuring the integrity, availability and confidentiality of the information needed to support and deliver its services.

Cefndir / Background:

The strategic aims and purpose of this strategy is to describe the governance arrangements that will deliver Information Governance and assurance within BCUHB and will set out the overall principles that will promote a culture of best practice around the processing of information and the use of information and systems.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The arrangements set out in this document will underpin the Health Board's strategic objectives and ensure that the information needed to support and deliver their implementation is available, accurate and easy to understand.

- Improve health and wellbeing for all and reduce health inequalities
- Work in partnership to design and deliver more care closer to home
- Improve the safety and outcomes of care to match the NHS's best
- Respect individuals and maintain dignity and care
- Listen to and learn from the experiences of individuals
- Support, train and develop our staff to excel
- Use resources wisely, transforming services through innovation and research

Opsiynau a ystyriwyd / Options considered

No other options have been considered as compliance is a legal requirement.

Goblygiadau Ariannol / Financial Implications

Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.

Dadansoddiad Risk / Risk Analysis

Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation.

Asesiad Effaith / Impact Assessment

Due regard of any potential equality/quality and data governance issues have been addressed during the production of this report.

Y:\Board & Committees\Governance\Forms and Templates\Board and Committee Report Template V5.0_May 2021.docx

Appendix 1.

INFORMATION GOVERNANCE STRATEGY

Author & Title	Carol Johnson, Head of Information Governance
Responsible Dept / director:	Interim Director of Governance
Approved by:	Performance, Finance and Information Governance Committee
Date approved:	18/12/2020
Date activated (live):	17/11/2014
Documents to be read alongside this document:	Risk Management Strategy, Policy and Procedures Information Governance Policies and Procedures Estates Strategy Workforce Strategy (2019/2022) Digital Strategy (2021/2024)
Date of next review:	April 2023

First operational:	17/11/2014

Previously reviewed:	April 2015	April 2016	Sept 2017	Jan 2018	May 2019	December 2020	December 2021
Changes made yes/no:	Yes	Yes	Yes	Yes	Yes	Yes	Yes

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Contents

1.   INTRODUCTION

1.1   This Strategy sets out the Strategic approach that Betsi Cadwaladr Health Board (BCUHB) will adopt to provide a robust Information Governance framework for the management of information.

1.2   Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management. This Strategy links into all these aspects and sets out the approach to be taken across BCUHB to provide a robust information governance framework. It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures and management accountability and structures are in place to provide a robust governance framework for information management, both now and in the future.

1.3   Information Governance (IG) is about setting high standards for the handling of information and giving organisations the tools to achieve those standards. The ultimate aim is to demonstrate that an organisation can be trusted to maintain and demonstrate that personal information is being handled legally, securely, efficiently and effectively, in order to deliver the best possible care.   It additionally enables organisations to put in place procedures and processes for their corporate information that support the efficient location and retrieval of corporate records where and when needed, in particular to meet requests for information and assist compliance with contractual and regulatory requirements.

1.4   The Welsh Information Governance Toolkit is a self-assessment tool which enables organisations to measure their level of compliance against national Information Governance standards and legislation. It aims to deliver a greater level of transparency and provide the public with confidence in how their information is being used, shared and protected. The annual self-assessment and reporting tool allows the Health Board to identify where improvements are required and to put the appropriate measures in place to meet the standards. This will lead to 'year on year' improvements.

1.5   This strategy includes the continuing development, implementation and embedding of a robust information governance framework. The information governance arrangements will underpin the requirements set out by the Wellbeing and Future Generations Act and the Health Board's strategic objectives by ensuring the integrity, availability and confidentiality of the information needed to support and deliver its services.

1.6   BCUHB is committed to securing the best quality health care for the population of North Wales. In doing so, it acknowledges that this can only be achieved through the skills and continuing commitment of its staff and those of its partner organisations.

1.7   BCUHB will support its employees by providing the skills and knowledge to deliver the organisations' strategic objectives and priorities, thus giving them the confidence to make the right choices at the right time.

2.   STRATEGY STATEMENT

2.1   This strategy outlines the Health Boards aims and objectives to enable and maintain compliance with its Information Governance responsibilities and duties. The Health Board understands how important accurate, timely and relevant information is vital to support day to day clinical and business operations and the effective management of the Board's services and resources to deliver high quality health care and to operate effectively.

The Health Board will therefore ensure that:

- Information is valued as an asset of the Board which plays a critical part in corporate and clinical governance, and in strategic risk, service planning and performance management.
- Accurate timely and relevant information is available at the time and place where it is needed.
- All staff understand their respective responsibility to ensure that information is complete and up to date and that it is used proactively to support the business of the organisation.

2.2   The Board has put in place an Information Governance Framework and a series of best practice guidelines and principles in relation to the handling of information. This shall apply to all personal information, including sensitive information, of both employees and patients and to the management of the Board's corporate information.

2.3   The Information Governance Framework sets out the Board's approach within which accountability, standards, policies and procedures are developed and implemented.

3.   STRATEGIC AIM

3.1   The strategic aim of this strategy is to describe the governance arrangements in place that will deliver Information Governance and assurance within BCUHB and will set out the overall principles that will promote a culture of best practice around the processing of information and the use of information and systems.

The strategy has been developed from:

- General Data Protection Regulation (GDPR) 2016;
- Data Protection Act 2018 (DPA 2018);
- UK GDPR following the UK exit from the European Union;
- The All Wales Information Governance Toolkit;
- Caldicott Principles.

3.2 **All Wales Information Governance Toolkit**
The Health Board will complete a self-assessment against the objectives for the toolkit by the 31st March of each year. Completing the toolkit will identify the gaps in the Health Boards Information Governance systems and an action plan will be drawn up with proposed solutions and timescales. The information Governance Group will monitor these actions plans to ensure continual improvement and reported through to the Performance, Finance and Information Governance (PFIG) for assurance.

The Welsh Information Governance Toolkit is formed of several assessments, each assessment is reflective of an area of information governance responsibility as set out in legislation and /or national information governance standards.

An overview of each of the areas included within the IG Toolkit can be found at [Information Governance Fundamentals - Digital Health and Care Wales](#)

3.3 **Data Protection legislation**
Data protection legislation is the most fundamental piece of legislation that underpins Information Governance. BCUHB is registered with the Information Commissioners Office (ICO) and will seek to fully comply with all legal requirements of this legislation. A Data Protection Officer has been appointed to support the fulfilment of this requirement under the legislation.

BCUHB has in place an Information Asset Register and a process has been adopted to ensure that a review of all current and new information assets and systems will be carried out. Where there is a requirement to process personal data the impact of this will be assessed via a Data Protection Impact Assessment. All the elements of this assessment with actions will be completed and captured within the lifecycle of that asset on the Register.

3.4 **Risk Management**
Information plays a key part in corporate governance, strategic risk, clinical governance, service planning and performance management. This Strategy links into all these aspects and sets out the approach to be taken across BCUHB to provide a robust information governance framework.

Information Governance risks have been identified in the BCUHB Corporate Risk Management Framework and in local department risk registers. The implementation of this strategy will facilitate and maintain a reduction in the level of current identified risks.

3.5 **Incident Management**
Information Governance related incidents must be reported via the Incident Management Procedures. These incidents will have active involvement from the IG Team who will risk assess the incident to establish whether it reaches the severity rating as reportable to the ICO and Welsh Government using the adopted Health & Social Care Information Centre (HSCIC) risk scoring matrix and the NHS Wales Guidance for the Categorisation and Notification of

Personal Data Breaches. Any such reporting must be done within 72 hours of knowledge of the incident in line with legislative requirements. Significant incidents will be subject to a full Root Cause Analysis (RCA) investigation and reporting actions.

IG incidents may include, but is not limited to, breaches of policy, breaches of confidentiality and issues related to IT security.

3.6 **Accountability Framework Structure**

An Information Governance Group (IGG) has been established which provides assurance to the Performance, Finance and Information Governance Committee (PFIG) of the Health Board. This Group has delegated authority to oversee information governance issues, operational information risk management and the management of information governance work plans and associated responsibilities.

4. OBJECTIVES

4.1 The arrangements set out in this document will underpin the Health Board's strategic objectives and ensure that the information needed to support and deliver their implementation is available, accurate and easy to understand.

- Improve health and wellbeing for all and reduce health inequalities
- Work in partnership to design and deliver more care closer to home
- Improve the safety and outcomes of care to match the NHS's best
- Respect individuals and maintain dignity and care
- Listen to and learn from the experiences of individuals
- Support, train and develop our staff to excel
- Use resources wisely, transforming services through innovation and research

4.2 The Health Board will continue to build on previous strategies and to have in place the ability, flexibility and skillset to adapt to the ever changing Information Governance landscape and the challenges it brings.

4.3 The Health Board will continue to work closely with local authorities, partner organisations and third party providers to enable the safe sharing of information and continue to work collaboratively to make improvements for the benefit of our patients and service users.

4.4 The Information Governance Strategy is aligned to the Health Boards strategic goals. The supporting information governance objectives will be achieved by ensuring there is an effective Information Governance framework in place by:

- Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016;

- Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation;
- Improve overall compliance with Freedom of Information and Subject Access request response times in line with legislative requirements by supporting governance leads, and raising awareness and improving overall availability and publication of information to enable improved transparency to the public;
- Ensuring that privacy by design and default is considered at all stages of service design, system procurement and partnership working;
- Improve IG Training Compliance from 82% to the national target of 85% to raise staff understanding and awareness;
- Work with ICT and responsible owners across the Health Board to support the delivery of an improved Information Asset Register;
- Support the Health Boards move towards a 'Digital Future' by working with the Digital Health Records Program Board and ICT Department;
- Work across the Health Board to deliver new ways of working and new pathways following Covid and beyond;
- Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence;
- Increase service user and Regulator confidence in the Health Board and its staff;
- Implementation of Welsh Government advice and associated Programmes of work to be rolled out across Wales.

5.   SCOPE

5.1   This strategy applies to all employees, contractors, volunteers and students working for, or supplying services for the Health Board.

5.2   Any GP Managed Practices that fall within the responsibility of the Health Board will be subject to Information Governance audits to ensure the principles within this strategy are being applied.

5.3   Primary Care Contractors are independent to the Health Board; however it is recognised and acknowledged that the principles and legal obligations within this strategy will be reflected in their own working practices in line with regulatory and legal requirements.

6.   ROLES AND RESPONSIBILITIES

6.1   **Chief Executive** - The Chief Executive takes overall responsibility for the Health Boards information governance performance and in particular is required to ensure that:
- the Health Board can demonstrate accountability against the requirements within the Data Protection Act;
- decision-making is in line with the Boards policy and procedure for information governance and any statutory provisions set out in legislation;
- the information risks are assessed and mitigated to an acceptable level and information governance performance is continually reviewed;

- suitable action plans for improving information governance are developed and implemented;
- ensure IG training is mandated for all staff and is provided at a level relevant to their role.

To satisfy the above, the Chief Executive has delegated this responsibility to the Deputy CEO who will be accountable for the Boards overall information governance arrangements.

6.2 **The Deputy Chief Executive Officer** (CEO) has responsibility for ensuring that the Board corporately meets its legal responsibilities, and for the adoption of internal and external information governance requirements. They will act as the conscience for information governance on the Board and advises on the effectiveness of information governance management across the organisation.

6.3 **Caldicott Guardian** - The Executive Medical Director has been nominated as the Board's Caldicott Guardian and is responsible for protecting the confidentiality and reflecting patients' interests regarding the use of patient identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate, ethical and secure manner. The Caldicott Guardian is the Chair of the Information Governance Group.

6.4 **Executive Medical Director** - The Executive Medical Director has been nominated by the Board and has overall responsibility for the management of all patient record types.

6.5 **Executive Lead for Corporate Records** - This role is responsible for the overall management and performance of the Corporate Records Management function within BCUHB. This role currently sits with the Executive Director of Primary & Community Care.

6.6 **Senior Information Risk Owner (SIRO)** - The current SIRO is the Director of Finance and has been in the role since November 2019. This is noted in the revised Scheme of Reservation and Delegation ratified by the Board in January 2020. The SIRO has overall ownership of the information risks and plays a key role in successfully raising the profile of information risks and embedding information risk management into the Health Board's culture. The SIRO has undertaken additional training specific to the role

6.7 **Data Protection Officer (DPO)** - The Assistant Director of Information Governance and Risk undertakes the designated role of the Health Board's Data Protection Officer. They are responsible for providing the Health Board with independent risk-based advice to support its decision-making in the appropriateness of processing 'personal and Special Categories of Data' as laid down in the General Data Protection Regulation (GDPR) and the UK Data

Protection Act. The DPO is required to provide advice and guidance on all data protection legislation queries to staff, patients and the board. The Health Board recognises its obligations and accountability responsibilities with the GDPR and Data Protection Laws.

The Information Governance structure sits within this area.

6.8 **Information Governance Team** - The Head of Information Governance will be responsible for the development, communication and monitoring of policies, procedures and action plans ensuring the Board adopts information governance best practice and standards. This role will report to the Assistant Director of Information Governance and Risk and will be supported by the Information Governance Team who will also work in collaboration with the Information Governance Leads and Information Asset Owners.

6.9 **Chief Information Officer** - The Chief Information Officer has overall responsibility for the technical infrastructure to ensure the security and data quality of the information assets and systems held within the Board.

6.10 **Head of ICT Services** – Leads on all matters relating to the Health Boards ICT infrastructure security and regulatory compliance. Furthermore, provides strategic direction and expert advice on all technical matters relating to sustained compliance and conformance against the NHS Wales Code of Connection and NIS Directive.

6.11 **Cyber Security and Compliance Manager** - acts as the Health Board's expert on cyber security protection, detection, response, and recovery. The Cyber Security and Compliance Manager is responsible for the strategic approach to cyber threat management and leads the strategic planning of current and future IT security solutions. The Cyber Security and Compliance Manager leads and advises on compliance with the NIS Directive and Cyber Essentials certification.

6. 12 **Head of Patient Records & Digital Integration** – This role is responsible for the overall management and performance of the Health Records Service within BCUHB including the provision of organisation-wide access to health records and providing assurance against record management standards across all patient record types both paper and digital.

6.13 **Executive Directors/ Directors/Health Community Directors -** Each Director is responsible for the information within their area and therefore must take responsibility for information governance matters. In particular they must appoint an Information Governance lead/champion.

6.14 **Information Governance Leads** – The IG Leads work with the IG Team to ensure compliance with corporate IG policies, procedures, standards, legislation and to promote best practice within their areas.

6.15 **Information Asset Owners (IAO) -** their role is to understand what information is processed by their department i.e. what information is held, added, removed, how it is moved, who has access to it and why. As a result, they are able to understand and address risks to the information, to ensure that information is processed within legislative requirements.

6.16 **Information Asset Administrator (IAA) -** will recognise actual or potential security incidents, consult with their IAO on appropriate incident management and ensure that information asset registers are accurate and up to date.

6.17 **System Owners –** will be responsible for identifying and managing system risks; understand procurement requirements around contracts and licencing; put in place and test business continuity and disaster recovery plans, control access permissions and ensure the system asset record is regularly reviewed and updated on the asset register.

6.18 **All Staff** - All employees, contractors, volunteers and students working for or supplying services for the Health Board are responsible for any records or data they create and what they do with information they use.

All staff have a responsibility to adhere to information governance policies and procedures and standards which are written into the terms and conditions of their contracts of employment and the organisations Staff Code of Conduct.

6.19 **Third Party Contractors** – appropriate contracts and confidentiality agreements shall be in place with third parties where potential or actual access to the Health Boards confidential information assets is identified.

7. **IMPLEMENTATION AND MONITORING**

7.1 BCUHB have implemented a number of Information Governance policies and procedures which are regularly reviewed and updated. These are published in line with the Corporate Policy on Policies and awareness is raised via communication channels such as the Corporate Bulletin, IG Bulletin, staff alerts and IG training which are all included in the IG Communications plan.

The key policies relate to:

- Information Governance (Data Protection & Confidentiality)
- Information Management and Technology (IM&T) Security (incl. incident management)
- Access to Information (including Freedom of Information and Subject Access Requests)
- Records Management (corporate and personal records)

All Information Governance policies can be accessed on the Information Governance pages of the intranet.

7.2 All staff will have access to a programme of training and awareness to enable them to comply with these policies.

7.3   Robust controls and auditing processes have been put in place to monitor compliance and manage any incidents with regard to data security breaches.

7.4   Non-compliance with Data Protection and Freedom of Information legislation is robustly monitored by the Information Governance department and reported in the first instance to the service leads to enable improvements to be made. In the event there is continued non-compliance the Information Governance team will escalate to the Senior Leadership Teams, and where necessary escalate to the Executive Leadership Teams.   Improvement plans are implemented which are closely monitored by the Information Governance Department.

7.5   Quarterly KPI reports are presented to the IG Group with issues of significance reported to the PFIG.

7.6   The IG operational plan will be managed by the IG Team, monitored via the IG Group and issues of significant escalated to the PFIG.

7.7   Annual self-assessment against the Welsh IG Toolkit will be carried out and presented to the PFIG.

7.8   An IG Annual report will be presented to the PFIG to demonstrate assurance against the IG Framework and its associated policies.

8.   RESOURCES

8.1   Departments should ensure that their appointed Information Governance Leads, Information Asset Owners and System Owners have sufficient time and resource in order to execute the requirements within these job roles.

9.   TRAINING

9.1   All staff within BCUHB are mandated to undertake Information Governance training. This training must be renewed every two years.

9.2   In addition to induction and mandatory training requirements, there are certain posts/job roles which require specialised IG training in order to fulfill their duties, for example: Caldicott Guardian, DPO, SIRO, IG Team, IAO, IAA, System Owners and staff who handle subject access requests.

9.3   The Information Governance Team are responsible for developing and delivering the IG training programme which is supported by a 3 year IG Training Strategy and action plan.

9.4   In 2018 NHS Wales has put in place a national compliance target of 85% for Information Governance training. The 3 year IG Training Strategy will be reviewed and updated in order to achieve and maintain compliance of this target.

10.   IMPACT ANALYSES

10.1   **Equality**
In accordance with equality duties, an Equality Impact Assessment has been carried out on this Strategy. There is no evidence to suggest that the Strategy would have an adverse impact in relation to race, disability, gender, age, sexual

orientation, religion and belief or infringe individuals' human rights. However, this Strategy can demonstrate that it will have a positive impact on the enhanced protection of 'special category' data as required under the new data protection legislation.

10.2 **Welsh Language**

The Information Governance Team have responded to the requirements within the Welsh Language Standards document by ensuring that:

- All correspondence received from the public will be responded to in the language in which it was received;
- All telephone calls will be answered bilingually. If an individual wishes to continue in Welsh the call can either be put through to the IG Manager in the West or the Welsh Translation Team;
- Out of hours, all phones will be transferred to an answering machine with a bilingual message;
- All information developed specifically for the public is available bilingually;
- All offices will have bilingual door signs on entry;
- All staff members have bilingual ID badges;
- All staff members have fully bilingual email signatures for internal and external emails;
- Any new policies and procedures developed will use the new BCUHB template which ensures that welsh language is considered;
- All staff can request access to Cysgair and Cysillt software which can assist with informal translation;
- The IG training handout for staff is available in Welsh.

10.3 **Well-being of future generations**

The five ways of working have been interwoven within this Strategy, those being:

- **Long term** – balancing short-term needs with long-term needs.
- **Prevention** – stopping problems happening or getting worse.
- **Integration** – thinking about how this strategy works with other plans.
- **Collaboration** – working together with other services to meet our goals.
- **Involvement** – involving people so they have a say in decisions.

10.4 **Environmental**

A new confidential waste contract was put in place in April 2021. The successful bidder is working with the Health Board to improve its carbon footprint by locally sourcing, recycling and a strong respect for conservation. In addition they provide a secure confidential waste service which complies with data protection obligations.

11. AUDIT

11.1 Internal Audit will provide an independent and objective opinion on Information Governance risk management, control and governance arrangements by measuring and evaluating their effectiveness.

11.2 The Health Board will continue to work with the ICO to progress any recommendations and to appropriately plan and engage with any future audits that may be required.

11.3 The IG Team will carry out audits to:
   a) review IG compliance across departments and teams within BCUHB;
   b) review and risk assess the IG elements of the Information asset register submissions;
   c) assess the data protection impact of all new or revised system, service or pathway developments;

11.4 The System Owners Group, led by Informatics, will take over the responsibility of auditing and monitoring the system asset element of the Asset Register and will put in place a programme of training for System Owners. IG are represented as part of the membership of this Group.

12. REVIEW

This Strategy will be reviewed in one year. An earlier review may be required in response to exceptional circumstances, organisational change or changes to legislation / guidance.

13. LEGISLATION AND COMPLIANCE WITH STANDARDS

13.1 The legislation and guidance supporting this strategy includes:
   • Freedom of Information Act 2000
   • Environmental Information Regulation 2004
   • Data Protection Act 2018
   • General Data Protection Regulation 2016
   • UK General Data Protection Regulation 2020
   • Human Rights Act 1998
   • Access to Health Records Act 1990
   • Common Law – duty of confidence
   • Computer Misuse Act 2000
   • Copyright, designs and Patents Act 1988 (as amended by the Copyright Computer programs regulations 1992)
   • Network and Information Systems (NIS) Directive
   • Crime and Disorder Act 1998
   • Electronic Communications Act 2000
   • Regulation and Investigatory Powers Act 2000

13.2 **References**
   • Lord Chancellor's Code of Practice on the Management of Records Under Section 46 of the FOI Act 2000
   • Records Management: NHS Code of Practice
   • Caldicott Report
   • Caldicott: Principles into Practice (C-PIP) Foundation Manual for Caldicott Guardians
   • National Data Guardian Standards

- Information Security ISO/IEC 27001:2005; ISO/IEC 27001:2013
- Confidentiality: Code of Practice for Health & Social Care in Wales
- Wales Accord for Sharing Personal Information (WASPI)

EQUALITY IMPACT ASSESSMENT FORMS
PARTS A and B: SCREENING AND OUTCOME REPORT

Introduction:
These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:
- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

This is not optional: Equality Impact Assessment is a specific legal requirement on public sector organisations under equalities legislation and failure to comply could result in a legal challenge to a decision or strategy. More importantly, equality impact assessment helps to inform better decision-making and policy development leading to improved services for patients. **This form should not be completed by an individual alone, but should form part of a working group approach.**

The Forms:
You must complete:
- **Part A** – this is the Initial Screening that is always undertaken and consists of Forms 1 to 3; these forms are designed to enable you to make an initial assessment of the potential impact of what you are doing, and decide whether or not you will need to proceed to a Full Impact Assessment (Part C);
    AND
- **Part B** – this is the Outcome Report and Action Plan (Form 4) you will need to complete whether or not you proceed to a Full Impact Assessment;

Together, these forms will help to provide evidence of your Impact Assessment and how you have shown "due regard" to the duties.

You may also need to complete **Part C** (see separate Form) – if parts A and B indicate you need to undertake a Full Impact Assessment. This enables you to fully consider all the evidence that is available (including engagement with the people affected by your document or proposals) to tell you whether your document or proposal will affect people differently. It also gives you the opportunity to consider what changes you may need to make to eliminate or mitigate any adverse or negative impact you have identified.

Remember that these forms may be subject to external scrutiny e.g. under a Freedom of Information request.

To enter text, click on the grey box in the part of the form you are completing. Help text will appear in the status bar at the foot of the page. Some boxes have drop-down lists from which you can select options. Others may simply be a box to answer a question. Once completed, the EqIA Forms should accompany your document or proposal when it is submitted to the appropriate body for approval.

Part A

Form 1: Preparation

1.	What are you equality impact assessing? What is the title of the document you are writing or the service review you are undertaking?	Information Governance Strategy
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The Health Board aims to achieve a high level of excellence in information governance by ensuring information is dealt with legally, securely, efficiently and effectively in the course of its business, in order to support high quality patient care. The strategy supports the Board to deliver a positive culture of information governance management and ensures that all staff recognise "information governance as everyone's business". It supports decision making in a way in which contributes to the achievement of the organisation's purpose, values and corporate objectives.
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Simon Evans-Evans

		Name	Title/Role
4.	Who is Involved in undertaking this EqIA? Include the names of all the people in your sub-group.	Justine Parry	Assistant Director of Information Governance & Risk
		Carol Johnson	Head of Information Governance

5.	Is the Policy related to, or influenced by, other Policies/areas of work?	Risk Management Strategy, Policy and Procedures Information Governance Policies and Procedures Estates Strategy Workforce Strategy (2019/2022) Digital Strategy (2021/2024)
6.	Who are the key Stakeholders i.e who will be affected by your document or proposals?	The Board and all employees.

7.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	Information Governance training is a mandatory requirement for all staff however it is difficult for managers to find time to release staff from clinical duties to attend the training

Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights

Characteristic or other factor to be considered	Potential Impact by Group. Is it:-		Please detail here, for each characteristic listed on the left:- (1) any Reports, Statistics, Websites, links etc. that are relevant to your document/proposal and have been used to inform your assessment; and/or (2) any information gained during engagement with service users or staff; and/or (3) any other information that has informed your assessment of Potential Impact.
	Positive (**+**) Negative (**-**) Neutral (**N**) No Impact/Not applicable (**N/a**)	Scale (see Table A on next page)	
Age	(N/a)	No impact/Not applicable (N/a)	
Disability	(N/a)	No impact/Not applicable (N/a)	
Gender Reassignment	(N/a)	No impact/Not applicable (N/a)	
Pregnancy & Maternity	(N/a)	No impact/Not applicable (N/a)	
Race / Ethnicity	(N/a)	No impact/Not applicable (N/a)	
Religion or Belief	(N/a)	No impact/Not applicable (N/a)	
Sex	(N/a)	No impact/Not applicable (N/a)	
Sexual Orientation	(N/a)	No impact/Not applicable (N/a)	
Welsh Language	(N/a)	No impact/Not applicable (N/a)	
Human Rights	(N/a)	No impact/Not applicable (N/a)	

Guidance on completing Form 2: For each of the characteristics listed, and considering the aims and objectives you detailed in Q2 on Form 1, you need to consider whether your document or proposal likely to affect people differently, and if so, will this be in a positive or negative way? For example, you need to decide:

- will it affect men and women differently?
- will it affect disabled and non-disabled people differently?
- will it affect people in different age groups differently? - and so on covering all the protected characteristics.

Use the table below to indicate the scale of any impact identified. The factors used to determine an overall assessment for each characteristic should include consideration of scale and proportionality as well as potential impact.

Table A

High negative	Note: It is important to understand that we will be required to demonstrate what we have considered and/or done in order to mitigate or eliminate any negative impact on protected groups identified within the assessment. Details should be recorded in sections 3a/3b in the Action Plan in Form 4.
Medium negative	
Low negative	
Neutral	
Low positive	
Medium positive	
High positive	
No impact/Not applicable	

Form 3: Assessing Impact Against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the "General Duty". This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-
- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity; and
- Foster good relations between different groups

1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	The Information Governance Strategy is aligned to the Standing Orders which include the development of a robust governance framework to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for it's citizens, in a manner that promotes human rights.
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	N/A

3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	N/A

Part B:

Form 4 (i): Outcome Report

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD

1. What is being assessed?	Information Governance Strategy

| 2. Brief Aims and Objectives: | The aim of this document is to set out the commitment of the Health Board to ensure the effective management of information and identify how this will be achieved. It will specify who is responsible at each stage of the process. The Health Board considers that its approach to information governance is integral to achieving its strategic objectives and corporate priorities. The Health Board aims to achieve a high level of excellence in information governance by ensuring information is dealt with legally, securely, efficiently and effectively in the course of its business, in order to support high quality patient care.

All information processing will be undertaken in accordance with relevant legislation, standards and best practice.

The Health Board will set policies and procedures to ensure that appropriate standards are defined, implemented and maintained.

The Health Board aims to reduce the risks arising from information handling processes, these being:
•   Legal action due to non-compliance with statutory and regulatory requirements
•   Loss of public confidence in the Health Board
•   Contribution to clinical or corporate negligence |
|---|---|

	• Damage or stress to individuals. The Health Board aims to provide support to its staff to be consistent in the way they handle information and to avoid duplication of effort. This will lead to: • Improvements in information handling activities; • Improving patient confidence in the Health Board; • Increasing staff knowledge and awareness in information governance to empower them to make appropriate decisions; • Embed a culture of good information governance practice across the Health Board.

3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes ☐	No ☒
3b. Could any of the protected groups be negatively affected?	Yes ☐	No ☒
3c. Is your decision or policy of high significance – consider the scale and potential impact across BCUHB including costs/savings, the numbers of people affected and any other factors?	Yes ☒	No ☐

4. Did the assessment of potential impact on Form 2, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes ☐	No ☒	
	Record Reasons for Decision i.e. what did the assessment of scale on Form 2 indicate in terms of positive and negative impact for each characteristic? N/A		
5. If you answered 'no' above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?	Yes ☐	No ☒	Not applicable ☐
	Record Details:		

6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your document or proposal?	Yes ☒	No ☐
	How is it being monitored?	Information Governance Team and Information Governance Group
	Who is responsible?	
	What information is being used?	E.g. will you be using existing reports/data or do you need to gather your own information? i) An annual self-assessment is carried out against the Information Governance Toolkit with the results presented to the Performance, Finance and Information Governance Committee ii) IG operational plan is actioned and updated by the IG Team and monitored by the IGG with issues of significance escalated to the IGI Committee. ii) Information Governance Team produce quarterly IG KPI reports which are submitted to the Information Governance Group with issues of significance reported to the IGI Committee.
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	Every year.

7. Where will your decision or policy be forwarded for approval?	Performance,Finance and Information Governance Committee

8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	Engagement has taken place with the Assistant Director Of Information Governance & Risk and the IG Team to help inform the assessment.

	Name	Title/Role

9. Name/role of person responsible for this Impact Assessment	Carol Johnson	Head of Information Governance
10. Name/role of person approving this Impact Assessment	Simon Evans - Evans	Interim Director of Goverance
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Form 4 (ii): Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/A		
2. What changes are you proposing to make (or have already made) to your document or proposal as a result of the EqIA?	N/A		
3a. Where negative impact(s) on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?	N/A		

	Proposed Actions	Who is responsible for this action?	When will this be done by?
3b. Where negative impact(s) on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.	N/A		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	N/A		

NOTE: If your decision recorded above is that you will need to proceed to a Full Equality Impact Assessment, then you should refer to the Full Impact Assessment Forms (Part C)

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Cyfarfod a dyddiad: Meeting and date:	Performance, Finance & Information Governance Committee 24.2.22
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Transformation update**
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport, Executive Director of Primary Care and Community Services
Awdur yr Adroddiad Report Author:	Neil Windsor, Deputy Director of Transformation and Improvement Claire Brennan, Programme Manager, Unscheduled Care Keith Dibble, Planned Care Programme Lead Llinos Edwards, Service Improvement Programme Manager Caroline Williams, Cancer Performance Lead Brian Laing, Programme Manager Fiona Wright, CAMHS Programme Management Business Lead Alyson Constantine – RTC Lead
Craffu blaenorol: Prior Scrutiny:	Reviewed by Executive Director of Primary Care and Community Services
Atodiadau Appendices:	Appendix 1 Monthly Programmes Highlight Report
Argymhelliad / Recommendation:	
The Committee is asked to note the update provided on the actions being taken within the area of Transformation and specific improvement programmes	

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable					N		
Sefyllfa / Situation:							

The Transformation and Improvement Office has started collating a high-level portfolio report detailing the transformation and improvement work on-going within the Health Board. Whilst previously the report focussed on the five main Transformation programmes which feed into the Transformation Executive Delivery Group (Planned Care, Unscheduled Care, Adult Mental Health, Child & Adolescent Mental Health and Cancer), since the last meeting the Diagnostic & Treatment Centre has also been included for assurance.

A BCUHB Transformation and Improvement Programme Management methodology has now been finalised, bringing together a range of tools and approaches from across Lean, Six Sigma, PRINCE and IHI (Institute of Healthcare Improvement), amongst others. The expectation is that this Programmes will be coordinated and reported through the Transformation Office with assurance reporting provided alongside.

Since the last update the coordination of the Unscheduled Care Programme has been brought into this approach. Additional support from the Transformation team has been made available for Planned Care and Mental Health to progress their use of this methodology and approach.

Work is now being focussed around quantifying key programme outcomes, based on a suite of metrics such as patient outcomes & experience, safety, productivity & efficiency, financial etc.

Cefndir / Background:

The slides in the appendix seeks to provide an executive summary update against the six programmes, covering their benefits, costs, status updates, decisions required and critical milestones.

A more detailed version of this is reviewed monthly at the Transformation Group, feeding in to the Executive Delivery Group for Transformation and Finance, with this higher level summarised version being brought to PFIG.

Work continues to refine the content, for example to include more defined and quantifiable benefits and outcomes, which include clear profiles and trajectories for improvement.

Asesu a Dadansoddi / Assessment & Analysis

See appendix

Opsiynau a ystyriwyd / Options considered

N/A

Goblygiadau Ariannol / Financial Implications

N/A

Dadansoddiad Risk / Risk Analysis

N/A

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

N/A

Asesiad Effaith / Impact Assessment

N/A

Unscheduled Care

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

Programme detail

RAG	**Overall RAG: Amber**

Quantifiable Outcomes:

Benchmarking and development of KPIs to be agreed to support programme delivery to:

- Improve BCU 4 hour ED wait time metric, with trajectories for each site to be determined.
- Proposed 20% improvement each quarter to the BCU ambulance handover performance with local site trajectories developed to a zero tolerance of 60min delays by Mar 2024.
- Increase in MIU attendances with triage categories 4 and 5 redirected from Eds.
- Reduction of Medically Fit for Discharge (MFD) patients on each site.
- Increased number of ambulatory attendances through SDEC units.

Cost (Cap/Rev)

- c£7.4m approved by Execs to develop new workforce model in the Emergency Depts
- C£1.6m revenue and £160K capital funding from WG to further develop SDEC across HB
- £1.012m revenue for UPCC developments (East & Centre). BCUHB funding for West UPCC
- 111 WG funding to be confirmed 2022-23 onwards and WG approved costs incurred 2021-22)

Exec summary

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

- Revised USC programme structure being implemented; new Programme Director appointed. Commenced 11 Apr. Additional clinical, operational and project management resources to be identified to support improvement.
- Review of the first year of Phase 1 will be undertaken and refreshed priorities identified for Phase 2.
- Learning from MADE events and the WG reset which focused on internal delays will also inform Phase 2.
- Work ongoing with transformation team to develop robust KPIs, benefits outcomes, and impact monitoring via a USC dashboard and programme tracker
- Work to define consistent and robust data capturing processes for SDEC attendances to address variability across each site data and ensure data is captured through data warehouse.

Decisions / Escalations required

- Approval required from execs regarding Home First Bureau Funding Business Case.
- WG Funding for x3 B6 EDQDF PM ceased end Mar22. BCUHB funding required internally to reinstate.
- Roll out of STREAM to all sites including community hospitals is required to support effective board rounds.

Milestone Key:

- 🟣 Complete
- 🔴 Delayed
- 🟡 On Track with minor issues
- 🟢 On Track
- ⚪ Not Due to Start

Critical milestones

	Key Milestones	Completion Date (PRAGG)	Revised Completion Date	Owner	Update
USC	WS1 - ENP educational programme to deliver consistent MIU services	Dec-22 (On Track)		Gilly Scott MIU Clinical Lead (Central)	KPIs in development. Marked increase in appropriate MIU attendances and decrease in referrals to DGH.
	WS2 – Expansion of SDEC across 3 sites. Monitoring activity & impact following model development	Jun 22 (On Track with minor issues)		Oliver Blocker, BCU SDEC Clinical Lead	Consistency in data capturing issues being addressed. Results from Kendal Bluck review to be shared to inform the potential increase of SDEC demand
	WS3 – Roll out of Criteria Led discharge	Apr-22 (On Track with minor issues)		Acute Site Directors	Ongoing roll out of CLD training for staff, some delays and challenges due to Covid impact
	WS4 - Electronic referral Transfer of Care for pathways 2 & 3. Electronic Whiteboards	Apr-22 (On Track with minor issues)		David Allison, AAD Intermediate Care Central Area	E-TOC referral being finalised by end of financial year. Pilot electronic whiteboard (pending STREAM) in Central prior to roll out

Transformation Group Programme (PFIG)

Monthly Programme Highlight Report – 28th April 2022

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

Planned Care

Programme detail

RAG	**Overall RAG: Amber**

Quantifiable Outcomes:

Improved patient experience and the provision of a comprehensive communication strategy, with the following key quantifiable benefits:
- Reduced waiting times for assessment, diagnosis and treatment
- Reductions in the numbers of patients waiting

Cost (Cap/Rev)

- £53m revenue funding available from WG in 2022/23 (excluding RTC costs)

Exec summary

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

- The Planned Care element of the IMTP is now complete, having restarted activity following the pause. Board approval is expected this month, and detailed action planning has begun.
- Cautious approach taken to continue Covid restrictions, given the current surge. Planning assumptions are based on achieving 90% of 2019/20 baseline. Infection Prevention and Control will review this on 12/4/22.
- All funding for 2022/23 has been allocated and departments are progressing plans to recruit staff etc.
- Key focus is on reducing waiting times and numbers noting the risk of causing patient harm. The first milestone is to ensure no waits more than 104 weeks for first outpatient appointment by 31/7/22. Targets, plans and trajectories to achieve are being devised with a new milestone plan contained within the IMTP (reflected in April's update).

Decisions / Escalations required

Programme resources are required.

Critical milestones

Milestone Key: 🟣 Complete 🔴 Delayed 🟡 On Track with minor issues 🟢 On Track ⚪ Not Due to Start

Planned Care	Key Milestones	Completion Date (PRAGG)	Revised Completion Date	Owner	Update
	Delivery of Q3/4 trajectory	Mar-22		Keith Dibble - Planned Care Programme Lead	Built into IMTP with formal review in April once month 12 figures available
	Agreement to 2022/23 plan including business case etc.	Dec-21		Executive Team	IMTP in final draft, approved by PFIG going to Board 31/3/22. Document endorsed by PCRTG on 25/3/22
	Completion of tendering process for RTC	Mar-22	Jul-22	Gill Harris - Exec Lead for Planned Care	Tender documents to go out end of Apr22. Supplier selection by end of Jul22. The duration of the tender process may shorten.
	Award of Insourcing and Outsourcing Contracts	Jan-22	Aug-22	Keith Dibble - Planned Care Programme Lead	Outsourcing complete. ET decision on Insourcing delayed. Going out to market for surgical specialities incl. orthopaedics to be in place by end Aug22.
	Completion of recovery plan	Jan-22		Keith Dibble - Planned Care Programme Lead	Submitted as part of the IMTP

Transformation Group Programme (PFIG)

Monthly Programme Highlight Report – 28th April 2022

Cancer

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

Programme detail

RAG	**Overall RAG: Amber**

Quantifiable Outcomes: Achieve the Suspected Cancer Pathway target of 75% patients treated within 62 days of suspicion of cancer.

Cost (Cap/Rev): £1.5 million from Performance Fund in 2021/22 (forecast spend £1.1M); £2 million from Performance Fund 2022/23. All business cases within this programme now approved

Exec summary

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

- 7 individual schemes with separate business cases, all 7 of which are now approved by Execs
- 3 schemes implemented: cancer pathway tracking staff, lung pathway co-ordinators and rapid access breast clinics
- 1 scheme partially implemented: rapid diagnosis clinics (vague symptoms) on 2 sites with 3rd to go live next month
- 2 schemes out to recruitment: additional clinical nurse specialists and pathway implementation team
- 1 scheme approved this month: one stop neck lump clinic; project team to plan implementation by Jun 22

Decisions / Escalations required

- RTC: Procurement route approval by 30/3/2022 (including WG support)
- Source of Funding of £11m
- Approval of programme team funding use (£1.5m pending formal approval albeit allocated to RTC budget) to be on Executive Meeting agenda

Critical milestones

Milestone Key: 🟣 Complete   🔴 Delayed   🟡 On Track with minor issues   🟢 On Track   ⚪ Not Due to Start

	Key Milestones	Completion Date (PRAGG)	Revised Completion Date	Owner	Update
Cancer Services	Recruit additional patient tracking staff and implement straight to test pathway in lung	Jun-2021		Caroline Williams, Performance Lead	Completed
	Recruit radiologists to enable additional rapid access breast clinics	Mar-22		Elaine Hodgson, Directorate General Manager	Completed
	Commence rapid diagnosis clinics for patients with vague symptoms	Mar-22	Apr-22	Elaine Hampton, Clinical Lead	Glan Clwyd and Wrexham went live March 2022. Slight delay due to operational issues in West
	Recruit to CNS and pathway implementation posts	Apr-22		Beryl Roberts, Head Of Nursing- Cancer; Neil Windsor, Deputy Director Of Transformation & Improvement	Recruitment ongoing
	One stop neck lump clinics	Jun-22		Caroline Williams, Performance Lead	Delay to approval of business case has delayed implementation; funding now in place and project progressing

Transformation Group Programme (PFIG)
Monthly Programme Highlight Report – 28th April 2022

Regional Treatment Centre

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

Programme detail

RAG	**Overall RAG: Amber**

Quantifiable Outcomes:

- D&C modelling first draft 31 Mar 22 and modelling clinical critique 30 Apr 22
- Procurement route recommended and approved Phase 1
- Programme Team approved – 6 Apr 22, Design Team contracts awarded Apr 22
- Clinical service transformation plan developed (GIRFT) Apr 22
- Final updated governance structure in place 30 Apr 22
- Programme team in place Sept 22 and RTC design to RIBA Oct 22
- Costed design to RIBA Oct 22 (incl. indicative cost per case for benchmarking)
- Clinical service transformation plan dates, Workforce modelling, Comms and Engagement plan and Digital plan tbc (with sub groups in progress)

Cost (Cap/Rev)

Total Revenue spend circa £12.56m (2022/23)

Exec summary

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

Critical element for this month (Mar 22) is the achievement of the Procurement process for Phase 1 Design Team
Key milestones:
- Executive Approval – Completed
- PFIG approval – Completed
- Board Approval – Completed
- WG Approval - 31st March 2022
- This is required to achieve the initial deadline of procurement completion March / April

Decisions / Escalations required

- RTC: Procurement route approval by 30/3/2022 (including WG support)
- Source of Funding of £11m
- Approval of programme team funding use (£1.5m pending formal approval albeit allocated to RTC budget) to be on Executive Meeting agenda

Critical milestones

Milestone Key: 🟣 Complete 🔴 Delayed 🟡 On Track with minor issues 🟢 On Track ⚪ Not Due to Start

	Key Milestones	Completion Date (PRAGG)	Revised Completion Date	Owner	Update
RTC	D&C modelling clinical critique	Apr-22		Keith Dibble, Planned Care Programme Lead	Already progressing based on final draft with assumptions to now go through 'check and challenge' process
	Programme Team approval – on Exec meeting agenda	Apr-22		Alyson Constantine, Programme Lead, RTC	N/A
	Design Team contracts awarded	Apr-22		Alyson Constantine, Programme Lead, RTC	Board approved phase 1 procurement route, awaiting WG and in parallel progressing, without prejudice, sharing of SoDs to support conversation
	Finalise GIRFT Transformation plan	Apr-22		Neil Windsor, Deputy Director Of Transformation & Head Of Clinical Pathways, Transformation and Improvement	Ongoing
	Governance structure finalised and in place	Apr-22		Gill Harris, Executive Lead	N/A

Transformation Group Programme (PFIG)

Monthly Programme Highlight Report – 28th April 2022

Mental Health (Adult)

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

RAG	**Overall RAG: Amber**

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

Programme detail

Quantifiable Outcomes:

Mental Health: Improved access to early intervention and prevention, improved patient experience and co-produced management plans, Greater quality of care.
- Achievement of EIP, Perinatal and Eating disorder services Royal College standards.
- Access to 24/7 Crisis Care Support.
- % increase in access to Mental Health intervention at Primary Care (Current baseline for improvement being established)
- Increase Crisis Support to Care Homes (Quantifiable baseline being established)
- Create workforce model to meet Psychiatric Liaison Accreditation Standards

Cost (Cap/Rev)

Mental Health: £5.8m plus £1.7 m WG Transformation funding

Exec summary

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

- Progress continues with some additional delays due to availability of staff due to increased Covid19 restrictions and no project management capacity.
- Hergest QSE Action plan completed 77 out of 80 actions.
- MH&LD Ward Accreditation. 21 Wards accredited, 2 going for Gold, two white wards due to be reviewed Mar 22.
- Recruitment of ICAN Primary Care delayed due to developing a generic Job description for additional roles and agreeing the governance arrangements.
- Financial Risks: delays resulting in significant slippage and underspend, lack of project management capacity.
- Estates: capacity and condition to accommodate additional staff related to programmes of work.
- Reputational risk due to the delay in implementing the 111 Single Point of Contact initiative.

Decisions / Escalations required

Critical milestones

Mental Health (Adult)

Key Milestones	Completion Date (PRAGG)	Revised Completion Date	Owner	Update
EIP, Perinatal and Eating Disorders	May-22		Alberto Salmoiraghi/ Mike Smith/Carole Evanson	Recruitment progressing with some delays. Estates risk to service dev.
All age 24/7 Crisis	Mar-22	Jul-22	Alberto Salmoiraghi/ Mike Smith/Carole Evanson	Divisional leads progressing interim plan with recruitment prior to full scale 24/7 Single Point of Contact implementation through 111. Potentially need alternative models rather than upscaling.
ICAN Primary Care	Mar-22	Jul-22	Alberto Salmoiraghi/ Carole Evanson/Mike Smith	Clinical pathway, governance arrangements and job descriptions being reviewed and progressed. Job evaluation with Occupational Therapy and partners prior to signoff and recruitment.
OPMH	Jun-22		Iain Wilkie –Interim Director MHLD	Recruitment of 9 occupation therapy posts to support care home ongoing.
Psychiatric Liaison	May-22		Alberto Salmoiraghi/ Carole Evanson/Mike Smith	Further scoping of future model commenced. Recruitment of fixed term posts progressing

Transformation Group Programme (PFIG)

Monthly Programme Highlight Report – 28th April 2022

CAMHS

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

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

Programme detail

RAG	Overall RAG - Amber

Quantifiable Outcomes:

Programme has 183 Improvement measures outlined in a 5 level Maturity Matrix agreed with Welsh Government.

- To date 33/183 measures met - level 1 achieved at Nov 21
- High level 2 targeted for May 22 with 39 further evidence measures submitted & all 10 Mental Health Outcomes evidenced Mar 22 – on track with minor risks

Cost (Cap/Rev)

£5m annual revenue funded by BCUHB & Welsh Government,

Exec summary

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

- 12 programme work streams identified to cover 1) Service Improvement & Transformation 2) Leadership & Governance 3) Workforce 4) Training, Recruitment & Retention 5) Crisis Care 6) Eating Disorders 7) Early Intervention & Prevention 8) Access – Outpatient & Community 9) Access – Specialist Inpatient 10) Involvement & Participation 11) Psychological Therapies & 12) Transition
- Key Programme Management Office roles recruited – Transformation Lead and Workforce leads now in post
- Implementation of 'No Wrong Door' and Children's Sub-Group of the RPB providing oversight & governance
- Key risks identified in respect of recruitment and clinical resources (particularly psychiatry posts) being mitigated through the Workforce work stream

Decisions / Escalations required

There are clear interdependencies between the CAMHS Crisis work stream and the Adult MH Crisis work stream. The Crisis Care Steering Group led by the MHLD division continues to be stood down which impacts ability to develop an all age 24/7 crisis model.

Critical milestones

	Key Milestones	Completion Date (PRAGG)	Revised Completion Date	Owner	Update
CAMHS	Workforce recruitment 171 vacancies & new posts	July 2022		Workforce Manager – in post from 01.04.22	National recruitment campaign. 123 interested in first 2 months. 79 posts recruited (46%) and 92 still in progress
	Children's Charter and Children's Rights based approach	July 2022		Wendy Pinder – East Area Service Manager Jane Berry-CAMHS Service Exp Lead	Series of participation & engagement events planned across North Wales to engage with 900 young people
	Crisis Care Dedicated Regional CAMHS USC Manager in post from 28.03.22	Mar 2023		Marilyn Wells – CAMHS Clinical Lead	'Blue Ice' app piloted (early interventions/self-harm reduction). Care Home pilot training & support young people escalating emotional distress
	Access Scheduled Care / Community CAMHS	Mar 2023		Fiona Wright – Business Lead	Tender for CAMHS activity has been awarded and approval to proceed
	Innovation Fund 21/22 - opportunities for regional partners and 3rd sector orgs	Mar 2023		Brian Laing – Programme Manager CAMHS	12 pilot schemes. Working with Bevan Commission to establish mechanisms to evaluate suitability, scalability & sustainability

Cyfarfod a dyddiad: Meeting and date:	Performance, Finance and Information Governance Committee 28.4.22						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	**Finance Report Month 12 2021/22**						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Tim Woodhead, Operational Finance Director						
Craffu blaenorol: Prior Scrutiny:	Executive Director of Finance						
Atodiadau Appendices:	<u>Appendix 1</u>: Finance Report Pack						
Argymhelliad / Recommendation:							
It is asked that the report is noted.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad/cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.							

Sefyllfa / Situation:

The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board for the twelve month up until 31 March 2022. The audit of these accounts is due to start 2 May 2022 and are required to be presented to the Welsh Government on 15 June 2022.

Cefndir / Background:

In line with all NHS organisations in Wales, the draft plan was revised in Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans, while maintaining the focus on the six key objectives described in the draft plan. The revised financial plan submitted to Welsh Government in June anticipated ensuring the Health Board achieved a balanced position at the year end.

The Health Board's plans for 2021/22 include the £82m strategic support funding notified by Welsh Government last year (£40m to cover the deficit and £42m strategic support) and £19.9m COVID-19 Recovery Plan funding. Together, these have been used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.

Due to the continued COVID-19 pandemic and particular the new Omicron variant the original schemes have not been delivered as originally anticipated and new schemes, which could be delivered within this financial year were identified and have been delivered.

Asesiad / Assessment:

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

Opsiynau a ystyriwyd / Options considered
Not applicable – report is for assurance only

Goblygiadau Ariannol / Financial Implications

	Month 12 £m	Full Year £m
Actual Position	0.3	0.3
Planned Position	0	0
Variance	0.3	0.3

The in-month position is a small surplus, which also brings the cumulative position to a small surplus (0.02% of allocation).

The cost of COVID-19 for March is £15.3m (£101.9m for the year to date) with an increase seen in vaccination costs over the last 4 months of the year. Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

Dadansoddiad Risk / Risk Analysis

There are currently no known risks to the position, and we await the review of the annual accounts by Audit Wales.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance
Not applicable.

Asesiad Effaith / Impact Assessment
Not applicable.

Interim Finance Report
March 2022: M12 2021/22

Sue Hill

Executive Director of Finance

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	Issues & Actions
✓ Year end revenue position achieved a surplus of £0.3m which is based on anticipated Welsh Government funding allocations and is pending Welsh Government final allocations. ✓ Key financial targets for cash, capital and PSPP were all met. ✓ Total Savings achieved in 2021/22 were £19.2m (£8.9m recurrent savings).	➤ Month 12 Monitoring Return to be finalised and submitted to Welsh Government on 25 April. ➤ 2021/22 Draft annual accounts are currently being completed and will be submitted to Welsh Government and Audit Wales on 29 April. Audit Wales will file the audited accounts with Welsh Government on 15 June.

Key Messages

❖ The draft year end position for 2021/22 is reporting a year end surplus of £0.3m.

❖ The Health Board received additional funding of £32.7m to cover the impact of the undelivered savings from 2020/21.

❖ Additional funding of £42.0m for Performance and Strategic Support, plus the £19.9m COVID-19 Recovery Plan funding has been utilised to improve performance and delivery of increased activity in the longer term.

❖ All figures reported throughout this report are subject to the audit by Wales Audit Office and closure and submission to Welsh Government of the final accounts for 2021/22.

Executive Summary - Month 12 Key issues to note

Key Messages

❖ All figures presented in this report are draft Month 12 figures which are based on Welsh Government Anticipated Income allocations, pending agreement of Welsh Government final allocations.

❖ Month 12 Monitoring Return is yet to be finalised and submitted to Welsh Government on 25th April.

❖ All figures reported throughout this report are subject to final closure and audit by Wales Audit Office, and submission of 2021/22 final accounts to Welsh Government.

Summary of Key Numbers – Month 12 Draft

Month 12 Position - Draft	2021/22 Position	Divisional Performance - M12
In month: £0.3m surplus *((Draft pending final allocations and Audit.)*	Year to Date: £0.3m surplus *((Draft pending final allocations and Audit.)*	Area Teams — £0.6m adverse Secondary Care — £5.3m adverse Mental Health — £1.0m adverse Corporate and Other — £7.2m favourable
Savings In-month: £2.1m against plan of £1.4m **£0.7m favourable** YTD: £19.2m against plan of £17.0m **£2.2m favourable**	**Balance Sheet** **Cash**: TBC **Capital**: Achieved CRL **PSPP**: Non-NHS invoice target achieved (as at Quarter 3)	**COVID-19 Impact** £101.9m cost YTD Funded by Welsh Government **£NIL impact**
Income £151.2m against budget of £143.4m **£7.8m favourable**	**Pay** £913.2m against budget of £921.7m **£8.5m favourable**	**Non-Pay** £1,112.0m against budget of £1,096.1m **£15.9m adverse**

Revenue Position – Month 12 Draft

	Actual						Cumulative			
	M01-M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	%
Revenue Resource Limit	-1,024,573	-151,121	-159,069	-165,539	-161,708	-212,371	-1,874,382	-1,874,382	0	0.0%
Miscellaneous Income	-86,032	-12,816	-12,752	-12,587	-11,625	-15,369	-143,409	-151,181	7,772	(5.4)%
Health Board Pay Expenditure	493,709	74,009	75,450	76,663	75,265	118,120	921,701	913,217	8,484	0.9%
Non-Pay Expenditure	616,896	89,928	96,371	101,463	98,068	109,332	1,096,090	1,112,058	(15,968)	(1.5)%
Total	0	0	0	0	0	-288	0	-288	288	

- The draft Month 12 in-month and full year position is a surplus of £0.3m.
- Total cost of COVID-19 in March is £15.3m (Total Year Cost is £101.9m), which is has been fully funded giving a nil impact on the financial position.
- An additional £35.6m has been received in Month 12 to cover the impact of the 6.3% additional superannuation cost.

Financial Performance & Forecast

- The Health Board's plans for 2021/22 included the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit and £42.0m strategic support) and the £19.9m plus £1.3m COVID-19 Recovery Plan funding.

- The delivery of the original plans for the £42.0m strategic support has been impacted by the continued waves of COVID-19. The original plans have changed and the Health Board has been implementing alternative investments supporting the delivery of increased activity in the longer term.

Divisional Positions – Draft Month 12

	In Month			Cumulative		
	Budget	**Actual**	**Variance to Plan**	**Budget**	**Actual**	**Variance to Plan**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
WG RESOURCE ALLOCATION	(212,371)	(212,371)	0	(1,874,382)	(1,874,382)	0
AREA TEAMS						
West Area	14,843	15,381	(538)	172,478	173,365	(887)
Central Area	20,962	20,577	385	229,904	228,734	1,171
East Area	23,490	23,281	209	263,107	260,448	2,659
Other North Wales	6,312	6,967	(656)	49,990	50,702	(711)
Field Hospitals	(575)	(575)	(0)	(348)	(348)	0
Track,Trace,Protect & Vaccination	3,171	3,170	0	27,759	27,758	0
Commissioner Contracts	22,108	23,398	(1,290)	231,680	234,773	(3,093)
Provider Income	(1,423)	(1,482)	59	(20,453)	(20,709)	255
Total Area Teams	88,888	90,719	(1,831)	954,117	954,723	(605)
SECONDARY CARE	0	0	0	0	0	0
Ysbyty Gwynedd	10,447	11,515	(1,068)	112,707	115,261	(2,554)
Ysbyty Glan Clwyd	12,344	13,209	(865)	141,132	140,382	750
Ysbyty Maelor Wrexham	10,575	11,443	(868)	119,138	121,586	(2,448)
North Wales Hospital Services	10,200	10,545	(344)	118,082	119,607	(1,526)
Womens	3,635	3,999	(364)	42,806	42,354	452
Total Secondary Care	47,202	50,711	(3,509)	533,865	539,190	(5,325)
Total Mental Health & LDS	13,278	13,343	(65)	144,156	145,184	(1,028)
Total Corporate and Other	63,003	57,310	5,694	242,244	234,997	7,247
TOTAL	0	(288)	288	0	(288)	288

Divisional Positions at Month 12

Legend:
- Area Teams
- Secondary Care
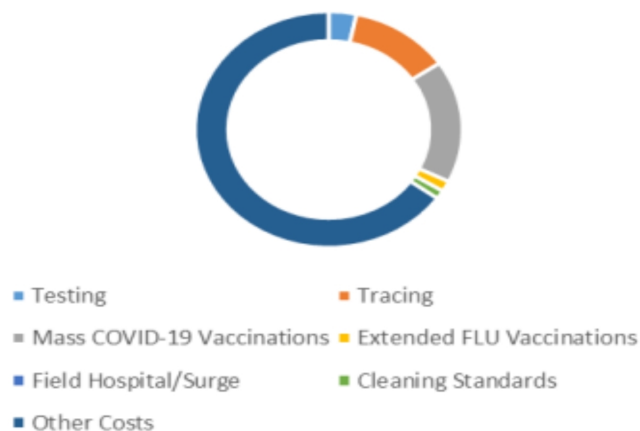- Mental Health
- Corporate and Other Budgets

- Key impacts affecting divisional positions include additional costs in Secondary Care due to Medical and Nursing Agency premium covering vacancies and sickness.
- Commissioner Contracts overspend is due to additional costs against WHSSC Commissioner Contracts.

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	Actual M09 £m	Actual M10 £m	Actual M11 £m	Actual M12 £m	Total 2021/22 £m
Testing	0.1	0.2	0.2	0.3	0.4	0.4	0.4	0.3	0.2	0.3	0.2	0.4	3.4
Tracing	1.1	1.0	1.0	0.9	1.1	1.1	1.0	1.0	0.5	1.1	1.0	1.6	12.4
Mass COVID-19 Vaccinations	1.7	1.5	2.0	0.8	1.0	0.9	1.0	1.7	1.9	2.6	0.8	1.1	17.1
Extended Flu Vaccinations	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.4	0.6	0.2	1.5
Field Hospital/Surge	0.3	0.7	0.2	0.5	(0.3)	0.0	0.3	(2.2)	0.4	0.2	0.4	(0.5)	0.0
Cleaning Standards	0.0	0.0	0.0	0.0	0.5	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.2
Other Costs	4.5	3.6	4.5	6.3	4.0	4.6	1.5	5.3	7.2	5.6	6.8	12.4	66.3
Total COVID-19 expenditure	**7.7**	**7.0**	**7.9**	**8.8**	**6.7**	**7.1**	**4.3**	**6.4**	**10.4**	**10.3**	**9.9**	**15.3**	**101.9**
Welsh Gov COVID-19 income	(7.7)	(7.0)	(7.9)	(8.8)	(6.7)	(7.1)	(4.3)	(6.4)	(10.4)	(10.3)	(9.9)	(15.3)	(101.9)
Other COVID-19 Support:													
Operational expenditure reductions	(0.2)	(0.7)	(0.8)	0.1	(0.6)	(0.1)	(0.7)	(0.2)	0.1	0.0	(0.2)	(0.1)	(3.5)
Funding for non delivery of savings in 20/21	(0.6)	(4.9)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(2.9)	(2.7)	(2.7)	(2.7)	(32.7)
Impact of COVID-19 on Position	**(0.8)**	**(5.6)**	**(3.5)**	**(2.6)**	**(3.3)**	**(2.8)**	**(3.4)**	**(2.9)**	**(2.8)**	**(2.7)**	**(2.9)**	**(2.8)**	**(36.2)**

2021/22 COVID-19 Cost Distribution

Legend:
- Testing
- Tracing
- Mass COVID-19 Vaccinations
- Extended FLU Vaccinations
- Field Hospital/Surge
- Cleaning Standards
- Other Costs

- Total cost of COVID-19 in March was £15.3m, which was £5.4m higher than in February. The increase in March is due to the additional £5.4m annual leave accrual reported under COVID-19 Other costs.

- The 2021/22 full year cost of COVID-19 was £101.9m.

- Welsh Government funding has been received to fully fund these costs, so there is no impact on the overall Health Board position.

Savings

	Savings Target £000	SCHEMES IN DELIVERY				TOTAL PROGRAMME	
		Year to Date					
		Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Total 2021/22 £000	Variance £000
Ysbyty Gwynedd	1,833	1,833	349	(1,484)	77	426	(1,407)
Ysbyty Glan Clwyd	2,155	2,155	104	(2,051)	260	364	(1,791)
Ysbyty Wrexham Maelor	1,922	1,922	246	(1,676)	909	1,155	(767)
Total of hospitals	**5,910**	**5,910**	**699**	**(5,211)**	**1,246**	**1,945**	**(3,965)**
North Wales Managed Services	1,399	1,399	858	(541)	417	1,274	(125)
Womens Services	584	584	294	(290)	321	614	30
Secondary Care	**7,893**	**7,893**	**1,850**	**(6,043)**	**1,983**	**3,833**	**(4,060)**
Area - West	1,387	1,387	1,228	(159)	1,387	2,615	1,228
Area - Centre	1,900	1,900	2,132	232	2,023	4,155	2,255
Area - East	1,861	1,861	1,481	(380)	3,154	4,635	2,774
Area - Other	234	234	138	(96)	188	326	92
Contracts	980	980	0	(980)	0	0	(980)
Area Teams	**6,362**	**6,362**	**4,979**	**(1,383)**	**6,752**	**11,731**	**5,369**
MHLD	840	840	1,674	834	110	1,784	944
Corporate	1,910	1,910	363	(1,547)	1,449	1,812	(98)
Divisional Total	**17,005**	**17,005**	**8,866**	**(8,139)**	**10,295**	**19,161**	**2,156**
Improvement Group Total						**0**	**0**
Total Programme	**17,005**	**17,005**	**8,866**	**(8,139)**	**10,295**	**19,161**	**2,156**

Savings
Achieved and Forecast v. Target
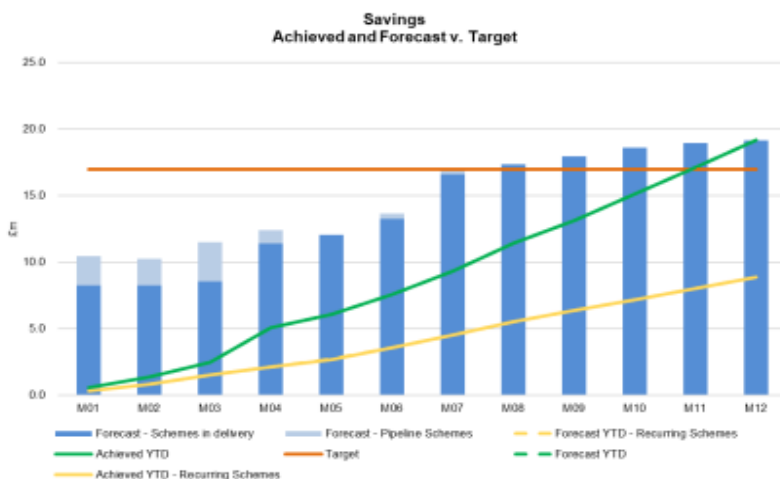
- Savings of £2.1m have been achieved in Month 12 against a target of £1.4m, increasing the total delivery for 2021/22 to £19.2m against a plan of £17.0m

- The 2021/22 savings target of £17m has been over achieved by £2.1m. Area Teams have over achieved against savings by £5.4m mainly due to overachievement against CHC schemes, whilst this has been offset by an underachievement of £4.1m against Secondary Care schemes.

- Total 2021/22 recurrent savings delivered is £8.9m and non recurrent savings delivered is £10.3m.

Expenditure – Draft Month 12

Pay Costs	M01-06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	Cumulative YTD Budget £m	YTD Actual £m	YTD Variance £m	Full Year Forecast £m
Administrative & Clerical	56.8	9.5	10.4	11.3	11.4	11.2	18.0	134.3	128.6	5.7	128.6
Medical & Dental	98.2	16.6	17.6	17.5	17.8	17.5	28.0	207.4	210.9	(3.5)	213.2
Nursing & Midwifery Registered	134.5	22.0	23.4	23.2	23.6	23.1	37.1	299.8	288.1	11.7	286.9
Additional Clinical Services	61.2	8.9	10.3	11.0	11.2	11.0	17.6	121.2	131.8	(10.6)	131.2
Add Prof Scientific & Technical	19.0	3.2	3.3	3.3	3.3	3.3	5.2	44.0	40.3	3.7	40.6
Allied Health Professionals	24.6	4.0	4.2	4.4	4.5	4.4	7.0	54.2	53.6	0.6	53.1
Healthcare Scientists	7.4	1.3	1.3	1.3	1.3	1.3	2.1	15.9	15.9	(0.0)	16.0
Estates & Ancillary	20.5	3.1	3.4	3.4	3.4	3.4	5.4	44.0	43.0	1.0	42.6
Students	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.9	1.0	(0.1)	0.9
Health Board Total	422.4	68.7	74.0	75.5	76.6	75.3	120.7	921.7	913.2	8.5	913.2
Other Services (Incl. Primary Care	11.5	2.0	2.1	2.4	2.0	2.4	2.5	21.7	24.9	(3.2)	24.9
Total Pay	433.9	70.7	76.1	77.9	78.6	77.7	123.2	943.4	938.1	5.3	938.1

Variable Pay	M01-06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	Total £m
Agency	21.4	3.9	4.5	4.3	4.5	4.9	5.4	48.8
Overtime	5.0	0.9	1.9	1.2	2.7	2.1	2.4	16.0
Locum	10.9	1.3	2.0	1.9	1.7	1.8	3.0	22.7
WLIs	1.5	0.4	0.3	0.2	0.2	0.3	0.3	3.2
Bank	12.4	0.6	2.3	2.5	3.1	2.8	4.8	28.6
Other Non Core	0.3	0.1	0.1	0.1	0.0	0.1	0.1	0.8
Additional Hours	2.4	0.4	0.4	0.4	0.3	0.3	0.3	4.4
Total	53.8	7.6	11.4	10.6	12.5	12.2	16.3	124.5

- Month 12 include draft figures as pending completion of Month 12 Monitoring Return.
- Health Board pay costs total £120.7m in March, an increase of £45.4m from February. The Month 12 position includes an additional £35.6m for which funding has been received from WG to cover the impact of the 6.3% additional superannuation cost.
- Variable Pay have increased by £4.1m
- Non Pay expenditure has increased by £14.5m in March.

Non-Pay Costs	Actual M1-6 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	Cumulative YTD Budget £m	YTD Actual £m	YTD Variance £m
Primary Care Contractor	112.3	18.9	18.9	20.9	20.3	18.3	18.8	228.5	228.5	0.0
Primary Care Drugs	55.9	8.8	9.1	10.3	9.4	8.9	9.9	109.1	112.3	(3.2)
Secondary Care Drugs	39.9	7.5	7.2	7.1	7.2	6.4	7.0	75.5	82.3	(6.8)
Healthcare Services Provided by Other NHS Bodies	140.4	23.5	24.5	23.5	27.4	24.1	28.0	289.7	291.4	(1.7)
Continuing Care and Funded Nursing Care	53.7	7.4	7.1	8.9	8.8	7.6	9.4	100.4	102.9	(2.5)
Other Non-Pay (incl. General & Clinical Supplies)	103.4	23.4	19.7	22.4	25.4	29.7	36.4	258.8	260.4	(1.6)
Non-pay costs	505.6	89.5	86.5	93.1	98.5	95.0	109.5	1,062.0	1,077.8	(15.8)
Cost of Capital	18.7	3.1	3.3	3.1	3.1	3.1	(0.2)	34.0	34.2	-0.2
Total non-pay	524.3	92.6	89.8	96.2	101.6	98.1	109.3	1,096.0	1,112.0	(16.0)

Pay Costs

- The below graphs summarise monthly Pay costs and Monthly WTE trend, including Budgeted WTE and ESR Contracted and vacancies WTE. Total Pay costs have increased by £45.4m in March, of which £35.6m funding has been received from WG to cover the impact of the 6.3% additional superannuation cost. Substantive pay has also increased due to contracted WTE increasing by 74 wte in March.
- Variable Pay costs have increased by £4.1m, of which Bank costs have increased by £2.0m, Agency spend increase of £0.5m, Locum spend increase of £1.2m and overtime spend increase of £0.3m.

Pay Costs

WTE - Budgeted, Contracted and Vacancy
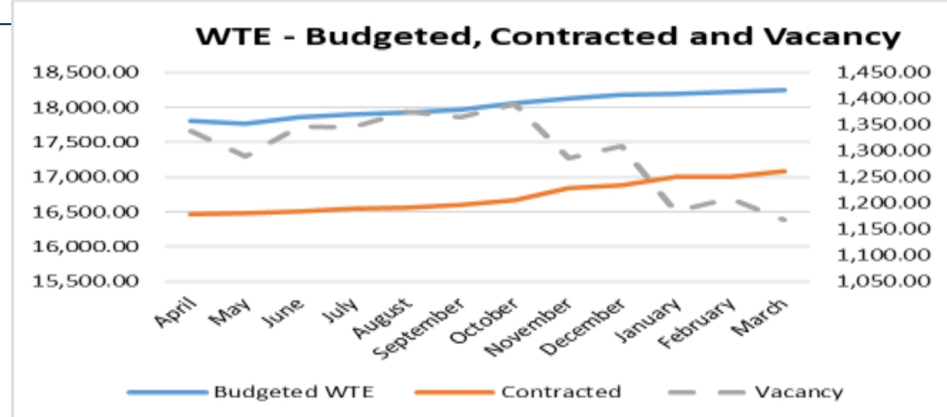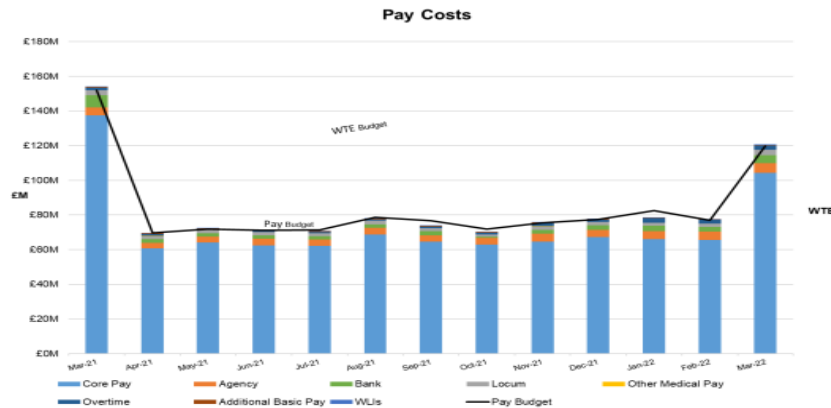
Total agency costs for March was £4.9m which is £1.5m above the average monthly expenditure in 2021-22. Of the £4.9m spend in March, the 3 hospital sites accounted for £2.5m of Agency expenditure. Agency spend related to COVID-19 was £0.9m, £0.2m higher than previous month.

Medical agency costs in March was £2.4m, an increase of £0.6m from February.
Agency nursing spend was £1.9m in March, an increase of £0.4m from February spend.
Other Agency costs have decreased by £0.5m, mainly being against Allied Health Professionals staffing group.
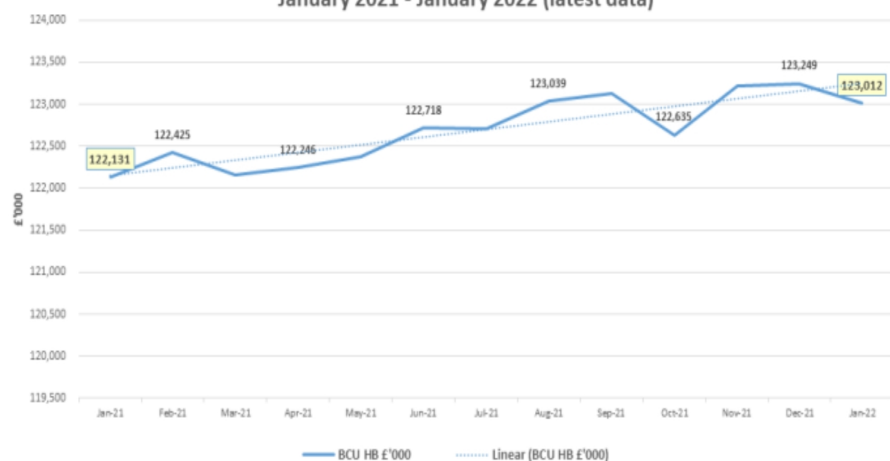

Agency Costs
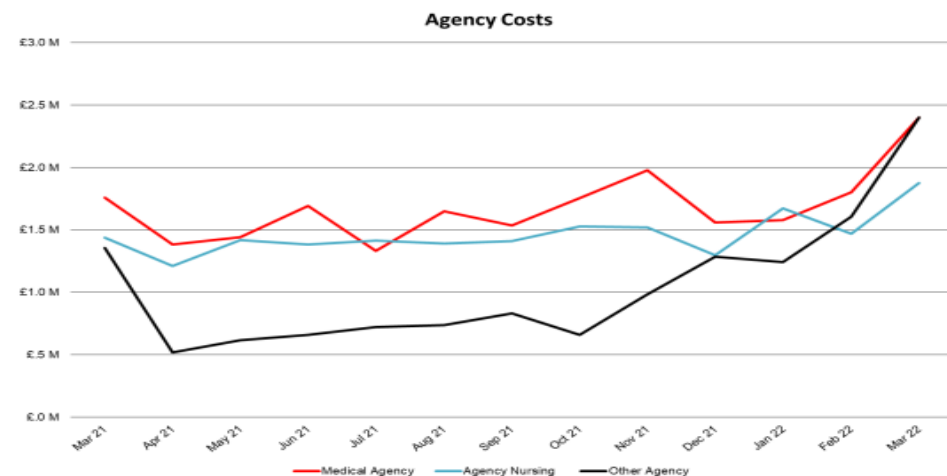
Non-Pay Costs

Non-Pay Expenditure
(Excluding Capital Costs)

— Actual £m

GP Prescribing Costs - Monthly annual cost run-rate
January 2021 - January 2022 (latest data)

— BCU HB £'000   ······ Linear (BCU HB £'000)

Total Non-Pay Expenditure for March is £109.5m excluding capital charges, an increase of £14.5m from February, of which £2.5m is in relation to Braun Contract.

- **Healthcare Services provided by Other NHS Bodies:** Increase in costs of £3.9m.

- **Continuing Care and Funded Nursing Care:** Total March spend is £9.4m, an increase of £1.8m from February due to increase in activity and backlog provision.

- **Secondary Care Drugs:** Total March spend is £7.0m, an increase of £0.6m from February due to increased activity in Secondary Care.

- **Primary Care Drugs:** The prescribing costs encompass both the Primary Care Drugs and the Dispensing Practices drugs. March expenditure has increased by £1.0m from February due to the number of items prescribed on a steady upward trend.

Income

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL is currently £1,874.4m for the year. The RRL includes confirmed allocations to date of £1,838.8m.

- The final Month 12 position is pending agreement of the anticipated allocations as per below table.

- The allocations include £134.6m for COVID-19.

Description	£m
Allocations Received	1838.8
Total Allocations Received	**1,838.8**

Description	£m
Allocations anticipated	
Capital	-0.3
IPS ICAN Work Phase 2	0.3
6.3% Pension Employers NHS Pension Costs	35.6
Total Allocations Anticipated	**35.6**

COVID -19 Funding	£m
Total COVID-19 costs in 2021/22	101.9
Impact of non delivery of savings in 2020/21	32.7
Total Covid -19 funding	**134.6**

	£m
Received	134.6
Anticipated	0.0

	£m
Total Allocations Received	1,838.8
Total Allocations Anticipated	35.6
Total Welsh Government Income	**1,874.4**

Capital

Capital Resource Limit

- The below table summarises 2021/22 full year capital expenditure. Total 2021/22 Capital spend is £45.4m.

Performance against CRL / CEL	Year To Date		
	Plan	**Actual**	**Variance**
	£'000	**£'000**	**£'000**
Capital Schemes Total	32,514	32,958	444
Discretionary Schemes Total	12,946	12,991	45
Donated & Internally Generated Total	1,441	1,221	(220)
Total Expenditure	**46,901**	**47,170**	**269**
Less Capital Grants Total	779	779	0
Donations Total	442	442	0
Asset Disposal Total	220	512	292
CHARGE AGAINST CRL / CEL	**45,460**	**45,437**	**(23)**

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

Cyfarfod a dyddiad: **Meeting and date:**	**Performance, Finance and Information Governance Committee** **28.4.22**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	**External Contracts Quarter 4 Update 2021/22**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Mrs Sue Hill, Executive Director of Finance
Awdur yr Adroddiad **Report Author:**	Tracy Pope, Head of Healthcare Contracts Gillian Milne, Head of Healthcare Contracts – Finance
Craffu blaenorol: **Prior Scrutiny:**	Rob Nolan, Director – Commissioning and Strategic Financial Planning
Atodiadau **Appendices:**	Appendix 1 – Quarterly External Healthcare Contracts -Update Quarter 4 2021/22
Argymhelliad / Recommendation:	

The Committee is asked to:
note

- the financial position on the main external contracts as reported at Quarter 4 2021/22
- the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity
- the revised contracting arrangements with NHS Providers and Commissioners for 2022/23 and the work underway to finalise these contracts by the end of June 2022.
- the work underway in respect of increasing planned care capacity
- the identification of risks associated with Joint Funded Lead Commissioner arrangements and escalation to the Regional Commissioning Board
- the risks associated with the current contractual arrangements with independent care home providers and actions being taken
- the work underway to review capacity within the team and develop robust governance and scrutiny arrangements

Ticiwch fel bo'n briodol / Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth **For Decision/ Approval**		**Ar gyfer Trafodaeth** **For Discussion**	**Ar gyfer sicrwydd** **For Assurance**	☞	**Er gwybodaeth** **For Information**	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol **Y/N to indicate whether the Equality/SED duty is applicable**					**N**	
Sefyllfa / Situation:						

The purpose of this report is to provide an update on the contractual position of external 'Health Care' contracts (excluding primary care contracts) and the headline successes and challenges each quarter, this update is for Quarter 4 of 2021/22.

Cefndir / Background:

The Health Board (HB) commissions healthcare with a range of providers, via circa 550 contracts, to a value of approximately £357 million. Currently circa 92% of expenditure is covered by a formal contract.

The financial position at the end of Quarter 4 2021/22 is a reported overspend of £3.1 million for healthcare expenditure contracts and an underspend of £0.3 million on the healthcare income contracts.

Key issues of note can be summarised as follows:

- The 2021/22 Welsh performance standards were issued in October 2021 and implemented in the second half of the year. It is anticipated that the 2022/23 delivery framework will be notified to HB's before the end of April 2022.

- The Healthcare Contracting Team (HCCT) are supporting the Planned Care lead and operational teams in increasing planned care capacity. Currently three endoscopy providers are on site with insourcing contracts until March 2023 and outsourced contracts for Orthopaedic, Ophthalmology and Dermatology activity with the private sector have been awarded and mobilised providing additional activity for varying contracted periods up to March 2024. As part of the 2022/23 planned care recovery programme the HCCT is currently working with the operational teams on further outsourcing and insourcing options across a range of specialties.

- The HCCT are currently undertaking a number of pieces of governance work.

- The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with HB Continuing Healthcare and Local Authority (LA) colleagues.

- The HCCT also support the Partnership working agenda working with LA colleagues and regulators to look at care home quality assurance moving forward.

- The detail of the regional contractual framework, Pre Placement Agreement (PPA) with Care Home providers is still under development and discussion between the HB, LA, Care Forum Wales (CFW), Provider representatives and legal teams. Regionally we will not have an updated agreement in place before the end of the financial year 2021/22 as planned. Legal implications of this are being considered, with the proposal to extend further existing agreements to the end of September 2022.

- HB increases to care home /domiciliary care fees are forecast in the region of an 8% to 9% increase in 2022/23, this includes applying the baseline regional fees methodology and the 3rd year premium for care homes. The Regional fees methodology recognises elements of the true cost of care and the Real Living Wage (RLW) commitment, higher Consumer Price Inflation (CPI) and pay inflation in market specific areas such as insurance.

- Regionally fees are later than usual being agreed due to delayed processes within the LAs. An interim paper was considered and approved by Exec's and ratified by the Board

- at its Extraordinary Meeting in March for an interim fee settlement in April and a final settlement in the autumn, pending HB approval.

- Representations have been made to the LAs and HB by Care Forum Wales (CFW) and UK Homecare Association (UKHCA) in relation to the LA settlement, to which the HB are linked and the extent of recognition of inflationary pressures and overall engagement. Consideration of the points raised have been responded to through the Regional Commissioning Board (RCB).

- During 2020/21 as part of the Covid-19 response 'Block' contracts were put in place with NHS Commissioners and Providers. This process remained in place in both Wales and England throughout 2021/22.

- In addition to the baseline block contracts, where the English organisations could demonstrate significant elective recovery, additional payments were made in line with the Elective Recovery Framework (ERF). The cost of this to the HB in 2021/22 for the locally managed English contracts is reported as £1.5 million, WG provided additional funding to the HB to cover the ERF costs incurred.

- The external contracts are reporting an adverse variance of £3.1 million, this is due cost pressures in Welsh Health Specialist Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) budgets.

- The principles of contracting arrangements to be applied for 2022/23 have been agreed for both the English and Welsh NHS contracts at a national level. The HCCT team is currently working with commissioners and providers to finalise the contracts by the end of Quarter 1 in line with Welsh Government (WG) requirements.

- The HB continues to engage fully with WHSSC and has been actively involved with the development of the Plan for 2022/23.

- To ensure the HCCT can meet the current and future demands placed on it as a result of the COVID recovery and the extensive planned care programme a review of the team structure is currently in progress. It is expected this will be completed and the outcomes implemented by the end of May.

- Following a review into the effectiveness of the current healthcare contracts governance and scrutiny structure that provides assurances to the Performance, Finance, and Information Governance (PFIG) committee the first meeting of the newly configured Healthcare Contracts Assurance Group took place in November with refreshed Terms of Reference. Stakeholder engagement continues to pose a challenge to the effectiveness of this group, which is being addressed with a series of stakeholder engagement events.

Asesiad / Assessment & Analysis

Strategy Implications

The Contracts Update supports the delivery of the HB's annual plan and is therefore aligned to the agreed strategic and business plans of the HB.

Options considered

Not applicable – report is for assurance only.

Financial Implications

The financial position at the end of Quarter 4 2021/22 is a reported overspend of £3.1 million for healthcare expenditure contracts and an underspend on the healthcare income contracts £0.3 million.

Risk Analysis

The HB manage contractual relationships which enables the HB to reduce risk, monitor and increase quality, take corrective action where required and closely monitor future costs, ensuring a cost effective approach to externally commissioned healthcare.

The report focuses on the performance of the main external healthcare contracts but also provides the PFIG Committee with an overview of the contractual developments of other external healthcare contracts. It also highlights key activity undertaken towards formalising and standardising all patient care contracts across the HB.

The Regional contractual framework, PPA with Care Home providers has expired. This carries a number of risks for the HB and the LA which are currently being considered.

North Wales LA Fees and the HB interim Fee Settlement for Care Home and Domiciliary Care Providers for 2022/23 has come under criticism by UKHCA and CFW. This carries a potential risk for the LA and HB which is currently being considered.

The implementation of the recommendations of the Section 16 Ombudsman Report has identified a number of risks associated with joint funded lead commissioner arrangements with LA's which have been escalated to the RCB.

Legal and Compliance

None
Impact Assessment
None

Quarterly External Healthcare Contracts – Update Quarter 4 2021/22

1   Introduction

This report provides a summary of activity by the HCCT and the headline successes and challenges in Quarter 4 of the 2021/22 financial year.

2   Analysis of current contracts position

2.1   There are currently 550 active healthcare expenditure contracts, this is an increase of 24 contracts since last reported in October.

Table 1 – Analysis of Contracts @ 31st March 2022

Type of Care	Total No.	Anticipated Value £000's
Ambulance / transport	5	5,585
Community Care	65	16,323
Diagnostic/testing	25	11,166
Domiciliary Care	83	8,592
General Healthcare	4	57
General support / signposting	34	2,380
Learning Disability	30	641
Mental Health	83	8,232
Nursing Home	126	47,135
Other	17	1,121
Product / Nursing Care	4	874
Residential Home	15	1,816
Secondary Care (Acute)	9	34,802
Secure Hospital / Wards	20	5,321
Specialist Hospital / unit	17	9,679
Tertiary Care	13	203,708
Grand Total	**550**	**357,432**

2.2   92% of commissioned healthcare (by value) continues to be covered by a signed contract, the remaining contracts are under development as part of a 3-year plan to ensure all commissioned healthcare is contracted effectively. The HCCT continue to work to formalise contractual arrangements for the remaining 8% of expenditure, this in the main relates to GP cover for community hospitals / minor injury units and a small number of nursing home providers.

2.3   All contracts are risk assessed annually to ensure that there is a prioritised workplan for contract stabilisation activity aimed at minimising risk for patients and the HB corporately.

2.4   The 2021/22 Welsh standards were issued in October 2021 and implemented in the second half of the year. It is anticipated that the 2022/23 delivery framework will be notified to HB's during April 2022 for implementation in Quarter 1.

2.5   During the quarter, endoscopy insourcing and orthopaedic and ophthalmology outsourcing has continued to support the delivery of the planned care recovery plan. The team conduct virtual contract monitoring meetings for all providers where operational issues are identified and addressed. The frequency is dependent on the maturity of the contract, with all insourcing contracts monitored weekly due to the interdependency on the HB site infrastructure.

2.6 The HCCT team are supporting the Planned Care lead and operational teams in a number of other service areas and looking at sourcing options and compliant routes to market with the development of detailed specifications.

Table 2 – Status of Planned Care Procurements

Sourcing Option	Stage					Contract Start	Contract End	Issues to Note
	Proposal/Planning	Specification	Expressions of Interest	Tender	Award			
PLANNED CARE RECOVERY								
Insourced Endoscopy	x	x		x	x	Apr-22	Mar-23	1 Year Contract extension approved by Exec's and ratified by Chair's Actions
Outsourced Orthopaedics	x	x		x	x	Sep-21	Mar-24	Contract with Spire Healthcare, possible extension to March 2026
Outsourced Orthopaedics	x	x						Been back out to the Market as Spire Healthcare cannot currently increase capacity above initial plan, this failed to identify any further capacity. Other collaborative opportunities are being explored.
Outsourced Ophthalmology	x	x	x	x	x	Oct-21	Oct-22	Possible extension to October 2023
Outsourced Dermatology	x	x	x	x		Mar-22	Mar-23	Contract Awarded to St Michaels Clinic, currently being mobilised, possible extension to March 2024.
Insourced Max fax	x	x	x	x				Stopped after evaluation stage and moved into overall insourcing programme.
Insourced Orthopaedics	x	x						Also within overall insourcing programme, however governance points under consideration should there be any further requirement to pursue this as an individual specialty.
Insourced Mixed Specialty	x	x						Governance points under consideration prior to tender being published
University College London Hospitals (UCLH) Orthopaedics	x	x		NA		Dec-21	Mar-22	Contract in place with UCLH until 31/3/22 for up to 5 patients a week. However issues with the mobilisation, patient numbers to date 36 (33 in March) sent, 2 have been treated. Further contract extension to the end of May 2022 to allow for the treatment of patients referred in March 2022.

2.7 The HCCT are currently undertaking a number of pieces of governance work, which include:

- continue to identify key areas for development of the strategic contracts register

- enhancements to supplier due diligence processes
- review of the Scheme of Reservation and Delegation (SORD) in relation to healthcare contracts to clarify approval routes and improve efficiency and timeliness.
- working with LA colleagues to implement agreed actions in respect of the recommendations made within the Ombudsman section 16 report.

The review of joint funded Lead Commissioner arrangements as part of the follow up of the Ombudsman Joint and Local action plans has raised a number of concerns that have been escalated through the Continuing Health Care Operational Group to the Regional Commissioning Board for consideration.

2.8 The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with HB Continuing Health Care (CHC) and LA colleagues. The detail on issues and associated risk and actions for homes in increasing/escalating concerns are reported to the CHC Operational Group and the Care Home Support Cell established as part of the HB's Covid-19 response. The HCCT are actively involved in monitoring 4 nursing homes and 4 residential care homes who are in increasing/escalating concerns.

2.9 The HCCT also support the Partnership working agenda working with LA colleagues and regulators to look at care home quality assurance moving forward.

2.10 **North Wales Pre Placement Agreement** – As previously reported the updated Regional contractual framework, PPA with Care Home providers, which has been under development since 2019, has failed to reach a satisfactory conclusion and existing contractual arrangements have expired. As part of risk mitigation measures the HB working with LA colleagues and the Regional Commissioning Board (RCB) have introduced interim contractual arrangements whilst PPA discussions are concluded and a final document agreed. Conwy Local Authority is leading on securing legal advice on behalf of the RCB and there have been a series of meetings with CFW and their legal team to work through the terms of the PPA, with the latest one in October, where significant progress was made.

Timeframes have slipped significantly and whilst regionally there have been a number of meetings since we last met with CFW, delays in sharing an updated copy of the PPA following the October meeting and receipt of CFW feedback has meant that we do not have an updated agreement in place by the end of the financial year 2021/22.

As a region, we have worked through the outstanding areas of query whilst we awaited CFW feedback which has now been received, with a follow up meeting scheduled in late April. Legal implications of this are being considered, with the proposal to extend further existing agreements to the end of September 2022 with provider agreement.

2.10.1 **True Cost of Care /Real Living Wage** - As part of the agreement of the revised PPA and as discussions continue nationally and regionally about the 'True Cost of Care and National Living Wales in the context of care fees and in the absence of a specification the HCCT are working with the Corporate team to develop an Individual Placement Agreement (IPA) to support the placement of individuals.

2.10.2 Regionally a specification is under development with LA partners and has been for many years. As an interim measure, the Health Board will commit to developing an assumed core service specification for a Health Board Individual placement agreement. From a quality perspective we have to develop a standardised system to support providers to clearly articulate enhanced care needs delivery for any assessed care needs above the core service specification, this was clearly evident in the recent dispute process with one provider. This will be built into the draft Individual Placement Agreements.

2.11 **Fee Setting 2022/23** – In addition to recognising elements of the true cost of care and the RLW commitment, higher CPI and pay inflation in market specific areas such as insurance have been recognised in the regional fee methodology for 2022/23.

HB increases to care home /domiciliary care fees are forecast in the region of an 8 to 9% increase in 2022/23, this includes applying the baseline regional fees methodology and the 3rd year premium for care homes.

As regional fees are being agreed later than usual due to delayed processes in the LAs it was recognised that as a consequence there will be delays in the HB confirming 2022/23 fees. Therefore an interim fee settlement paper was considered and agreed by the Executive team and approved by the Board at is extraordinary meeting on the 30th March to make an interim settlement in April with a final settlement in the Autumn. This will help to maintain market stability, by financially supporting the sector at a point when we are experiencing extraordinary commodity price increases.

However, it should be noted that Representations have been made to the LAs and HB by CFW and UKHCA in relation to the LA settlement, to which the HB are linked and the extent of recognition of inflationary pressures and overall engagement. Consideration of the points raised will be given through the RCB.

2.12 **Self-Declared Fees** - Since last reporting the HB continue to receive notifications of self-declared fee rates from a number of providers and have embarked on a formal open book accounting process with a significant Nursing Home provider in the West, supported by Gwynedd LA. Discussion between the HB and provider have reached an agreement to proceed with this approach avoiding at this time the escalation into a formal arbitration process.

The HB have engaged legal services to oversee the initial scoping of this review which commenced in March 2022, an update will be provided to a future meeting of the Committee.

A number of other requests from providers for significant increases are being considered regionally.

In the meantime, the HB core CHC fee remains the baseline, but taking the open book approach will allow us to easily identify the additionally. The results of the regional work will be updated through operational teams and reported to a future meeting of the Committee.

2.13 See Annex 1 for additional detail on Key Activity and Benefits in Quarter 4 2021/22.

3   Quarter 4 2021/22 Financial performance of the main external contracts

3.1   As outlined, the HB holds contracts with a range of English NHS Trusts, Welsh Health Boards and Welsh Trusts, to deliver care and patient services on its behalf. The value of the English locally managed contracts is £65 million, the HCCT administers all of these contracts. However, £57.3 million of this is reported in the HB Contracting reports the remainder relates to repatriated services and is reported by the appropriate division.

3.2   Table 3 shows the financial position on the HB external healthcare contracts at the end of Quarter 4 as £3.1 million overspent.

Table 3 – 2021/22 Quarter 4 Contract position (Health Board Contracting)

	19/20 Outturn £'m	20/21 Outturn £'m	21/22 Plan £'m	21/22 Actual £'m	21/22 Variance £'m
Locally Managed English	54.4	55.4	60.3	60.0	0.3
Welsh Contracts	10.3	10.6	11.5	11.5	0.0
WHSSC	177.0	189.6	205.6	203.5	(2.1)
WHSSC Provider Contracts	(40.6)	(42.9)	(44.2)	(43.8)	0.4
BCU divisional recharges/misc.	(4.1)	(2.5)	(7.5)	(4.0)	3.5
NCAs & IPFR	4.6	4.4	5.5	5.6	(0.1)
Outsourcing	4.1	1.0	2.1	2.1	0.0
Savings	(0.5)	0.0	(1.5)	0.0	1.5
Total	**205.2**	**215.6**	**231.8**	**234.9**	**3.1**

3.3   The reported overspend off £3.1 million is due to cost pressures in the Welsh Health Specialist Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) budgets.

3.4   The block contracting arrangements in place in 2020/21 have continued throughout 2021/22 for both the Welsh and English contracts.

3.5   In addition to the block payments, the English model included an ERF to incentivise the delivery of the highest possible elective activity. Through the ERF additional payments were made for elective activity where it exceeded the nationally set thresholds. WG provided additional funding to the HB to cover the ERF costs incurred. The cost of this for 2021/22 for the locally managed English contracts was £1.5 million, WG funded WHSSC directly for ERF in the specialist contracts.

3.6   For the Welsh contracts an All Wales task and finish group was established to consider how and when to move away from the block arrangements. It was agreed by the All Wales Directors of Finance group to maintain block contracts throughout 2022/23.

3.7   As the NHS is still coming out of the pandemic in 2022/23, it was agreed by the All Wales Directors of Finance group that interim arrangement for one year would be put in place. The agreed methodology for 2022/23 is to have a block contract for outpatients and cost and volume for the elective and non-elective activity with a 10% tolerance and a 70 % marginal rate for recovery activity. The task and

finish group will also to continue to work during 2022/23 on developing a longer term approach for 2023/24 onwards.

3.8 A meeting took place between NHS England and Welsh government in December 2021 where NHS England set out the contracting arrangements that they would be implementing in 2022/23. The proposal is a hybrid solution, with the majority of the contract remaining on block and a variable element around elective activity. This is aimed at continuing to support elective recovery whilst still recognising the on-going impact of the pandemic. It was agreed that where appropriate this would also be applied to the cross border contracts. Discussions are ongoing with local commissioners to have the contracts finalised by the end of Quarter 1 in line with WG requirements.

3.9 The HB continues to engage fully with WHSSC and has been actively involved with the development of the Plan for 2022/23. Quarterly Service Level Agreement meetings have been reinstated to monitor the contract for specialist services provided by the HB, the membership will be extended to include the service leads periodically.

4 Income Contracts

4.1 The HB holds income contracts with a range of English NHS commissioners and Welsh HBs to deliver care and patient services to their patients. The value of the healthcare contracts managed by the income team is £20.5 million, which is reported centrally. The section also manages a range of non-healthcare contracts where the income is reported by the appropriate division.

4.2 Table 4 shows the financial position on the HB income healthcare contracts at the end of Quarter 4 is a surplus of £0.3 million

Table 4 – 2021/22 Quarter 4 Income Contract position (Healthcare Income)

	19/20 Outturn £'m	20/21 Outturn £'m	21/22 Plan £'m	21/22 Actual £'m	21/22 Variance £'m
English CCG Contracts	(8.9)	(7.8)	(9.3)	(9.4)	(0.1)
Welsh HB Contracts	(2.8)	(2.8)	(3.1)	(2.9)	0.2
NHS England - Specialist	(0.7)	(1.2)	(1.2)	(1.2)	0
NCAs	(7.1)	(4.0)	(6.0)	(6.1)	(0.1)
Other (inc RTA & Overseas visitors)	(1.3)	(1.0)	(0.8)	(1.1)	(0.3)
Total	**(20.8)**	**(16.8)**	**(20.4)**	**(20.7)**	**(0.3)**

4.3 The same contracting arrangements apply to the income healthcare contracts as to the expenditure contracts (reported above). Fixed block contracts are in place with the Welsh Commissioners and modified block contracts with the English commissioners during 2021/22. Discussions are ongoing with local commissioners to have the contracts finalised by the end of Quarter 1 in line with WG requirements.

4.4 At the end of Quarter 4 the healthcare income section is reporting a surplus of £0.3 million. This is due to annual pay award on the English contracts received in the second half of the year, additional refugee resettlement funding and the recovery on NCA income to pre Covid-19 levels.

5   Contracts Structure and Governance Review

5.1   This paper has identified a number of significant areas where the HCCT are supporting the wider HB agenda around planned care and the transformation programme. In order to be able to respond to this effectively and ensure capacity exists to meet current and future demands a review of the team structure is in progress. There have been unforeseen delays in finalising the structural review, however this has now gathered pace and is nearing completion, with the outcomes expected to be implemented by the end of May.

5.2   As part of the review of the team structure, consideration has also been given to the effectiveness of the current healthcare contracts governance structure that provides assurances to the PFIG Committee. The revised membership of the revitalised contracts scrutiny group, Healthcare Contracts Assurance Group (HCAG), updated terms of reference and key stakeholders have been refreshed and will see a greater emphasis on partnership working across HB disciplines which will be driven through the development of detailed annual work plan and cycle of business.

5.3   The first meeting of the HCAG took place in November, where stakeholder engagement continued to present a challenge to the effectiveness of this group. The next meeting scheduled of the group is in May, before which a number of stakeholder engagement sessions will be undertaken to clarify membership and work through the Terms of Reference to improve its overall effectiveness.

6   Recommendation

6.1   The HCCT continues to influence a broad and expanding spectrum of healthcare contracting issues across the HB and despite the impact of Covid-19 on current contracting arrangements continues to build on the progress to stabilise traditional contractual arrangements. Current performance on a range of issues has been outlined within this paper.

6.2   The Performance, Finance and Information Governance Committee is asked to note:

- the financial position on the main external contracts as reported at Quarter 4 2021/22
- 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 these contracts by the end of June 2022.
- the work underway in respect of increasing planned care capacity
- the identification of risks associated with Joint Funded Lead Commissioner arrangements and escalation to the Regional Commissioning Board
- the risks associated with the current contractual arrangements with independent care home providers and actions being taken
- the work underway to review capacity within the team and develop robust governance and scrutiny arrangements

Tracy Pope, Head of Healthcare Contracting
Gillian Milne, Head of Healthcare Contracting - Finance

Annex 1

Key activity, Issues and benefits to date 2020/21

Response to Covid-19

During the year the HCCT and Finance Contracts Team have actively supported the HB response to Covid-19, which has included implementation of revised Contracting guidance and the challenge to independent providers, both Care Homes and Domiciliary Care providers. Elements of this support is still ongoing within the independent care sector and is reinstated on a Local Authority patch basis as required. The focus generally is now on how we maintain effectively and to mutual benefit those established communication links.

Endoscopy

Insourced endoscopy diagnostic services to support the delivery of planned care is in place on all three acute sites. The HCCT conduct weekly telephone contract monitoring meetings with all three insourcing providers after each weekend of service. To date there have been operational issues raised on all sites, however the scheduling of lists by the insourced provider in the East due to the availability of a HB link nurse and the ability of the provider in the West to meet the requirement for an additional weekday session have been the most challenging issues.

This is currently being addressed and assurances sought moving forward. The sites are working to increase the number of bowel screening lists to reduce waits, however the availability of HB specialist nurses continues to be a challenge.

Planned Care

In addition to the schemes set out in Table 2 in Appendix 1 the HCCT team are supporting the Planned Care lead and operational teams in a number of other areas, including:

- Sourcing of modular/mobile endoscopy suite
- Tendering for Dental cone beam computed tomography
- Re-tendering for Community Optometry Diagnostic and Treatment Centre's (ODTCs)
- Step Up/Step Down models in Areas, to support the discharge of 'medically fit for discharge' (MFD) patients.
- Ultrasound
- Off framework clinical staff
- Re-tendering for GP Services and Out of Hours GP Cover in HMP Berwyn

The HCCT are represented at monthly Access meetings that monitor the delivery of the HB activity plans, providing an update on the progress of ongoing schemes and offering advice on further procurement options and opportunities.

Governance Processes

The HCCT are currently undertaking a number of pieces of governance work, which includes:

- Reviewing the Scheme of Delegation in relation to the approval routes for Healthcare Contracts with the Board Secretary's Office.
- Reviewing its due diligence processes and links with the Board Secretary's Office where HB employees are identified as working for companies outside of the HB, due to the potential conflict of interest.
- Developing the Contracts database to produce an overarching Contracts Register
- Updating Standard Operating Procedures

Section 16 – Ombudsman Report Recommendations

The Ombudsman report identified a number of failings relating to joint commissioning and contracting arrangements, as well as care planning and risk assessments.

The HCCT have been working with LA colleagues to review Joint funded Lead Commissioner arrangements as part of the follow up of the Ombudsman Joint and Local action plans, which has raised a number of concerns that have been escalated through the CHC Operational Group to the RCB for consideration.

Quality monitoring and contract compliance

Whilst quality issues are referenced within this report for completeness, it should be noted that a summary update will also be reported through to the revised HB Quality and Safety committee structure.

Non Acute contracts

Ongoing contract monitoring is a key focus for healthcare / clinical service contracts and continues to increase, with many of the contracts well established and now in the active monitoring / compliance stage.

Nursing Home Monitoring Visits

The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with HB CHC and LA colleagues. Onsite visits were reinstated with LA partners and regulators based on a risk assessed approach in May 2021, with 21 visits carried out between May and March 2022. Outcomes are reported through CHC operational teams and joint action plans are developed, shared and monitored with care home providers.

Nursing Homes in Increased or Escalating Concerns

A significant amount of time is spent actively monitoring those homes that are in increased or escalating concerns, this has continued remotely throughout the pandemic and care home lockdown. The detail on issues and associated risk and actions for homes in increasing / escalating concerns is reported via the Area Teams monthly reports to Patient Quality, Safety and Experience Group, (PSQ), CHC Operational Group and the Care Home Support Cell established as part of the HB's Covid-19 response. The HCCT are actively involved in monitoring 4 nursing homes and 4 residential homes who are in increasing or escalating concerns.

Quarterly Quality Assurance

In addition to the formal contract monitoring, the HCCT continue to monitor the quality and assurance Key Performance Indicator (KPI) returns from care homes across the 6 LA areas.

As part of the 'Ask Once Principle' we have reviewed the Quarterly Assurance Return with Local Authorities to include additional elements required by Local Authority partners and other members of the Quality Assurance Team. The survey to support this has been updated, loaded to the survey platform and since last reporting the revised survey has been issued/piloted within Nursing Homes for the period Quarter 2 – (July – September 2021), before wider distribution to all care homes.

There have been a number of areas of clarification raised by care home providers and response rates have deteriorated compared to previous submissions. This has been reported back through the Group looking at assurance mapping and the development of the Quality Assurance Framework (QAF) for consideration and refinement before re-issue for Quarter 4.

The HCCT are currently working on the refinement of the Quarterly Assurance Returns and the development of the reporting pack, however there have been delays in re-establishing the group to re-look at the survey due to capacity issues within the HB and LAs. An update will be provided to a future meeting of the Committee.

Acute contracts

Within the Covid-19 pandemic national guidance it was recognised that local performance reporting requirements needed to be relaxed to focus resources on the response efforts. Consequently, normal contract monitoring was stepped down, providers entered into business continuity mode and performance is now only being reported by exception.

The HCCT have been linking with colleagues from WHSCC to obtain service updates from Cross Border Providers, which have been shared with Health Board colleagues. Relevant Service updates by Provider are shown in Annex 2.

Partnership Working

The HCCT also support the Partnership working agenda, this quarter has seen a number of key pieces of work being taken forward as we work with LA colleagues and regulators to look at care home quality assurance moving forward.

These include:

Assurance Mapping/Development of the Quality Assurance Framework - The HCCT are working in partnership with the HB Care Home Quality team and LA colleagues to develop the QAF. The aim being to develop a framework that enables and ensures provider services are safe, delivered under the "what matters" key principles, are needs led, effective and continuously improving. The HCCT are

represented on all associated Task and Finish Groups and the HCCT assurance mapping piece of work has been revisited to support the development of the QAF. Consideration is being given as to how information can be shared and assurances derived from a central depository of information to remove duplication and unnecessary bureaucracy for care homes.

New Home Care Model in Gwynedd – the team have been supporting the development of a new home care model in Gwynedd, which will be a partnership agreement between the Health Board and Local Authority. Successful bidders providing patch based care within Gwynedd for the provision of domiciliary care for adults with the exception of people with learning disabilities and younger adults facing mental health issues. It is for the provision of 'standard' community based services excluding the skills and expertise of a qualified nurse.

Following earlier delays in the project, it has now started to gather pace, with the finalisation of the specification, tendering process and latterly the contract documentation. The HB have sought legal advice on the contract which is currently being considered alongside the development of a Memorandum of Understanding between the LA and HB, which will be a key governance document going forward.

It is anticipated that tendering arrangements will commence in April, along with any TUPE considerations relating to current providers. Updates will be provided to the Committee as the procurement progresses to the tender and evaluation stage.

Domiciliary Care Model – Isle of Anglesey - The Isle of Anglesey County Council in partnership with the HB undertook a formal tender for domiciliary care services in January 2018. In June 2018 a contract was awarded and commenced using a patch based approach with one domiciliary care provider per patch. The contract awarded was for 3 years with the potential for annual extensions of up to 3 years. (1Year +1Year +1 Year). Despite the HCCT and Area team working with the Isle of Anglesey Council to produce an options appraisal and agreeing the continuation of existing contractual arrangements as the initial 3 year contract expired in June 2021, new contracts have not been put in place by the LA. The HCCT are currently working with the Isle of Anglesey County Council to ensure that as lead commissioner this is actioned to mitigate any potential risks of providers working under implied contractual terms.

Annex 2

Cross Border Provider Service Updates March 2022

NHS England Finance and Contracting Guidance: Signed 2021/22 contracts between NHS commissioners and NHS providers (NHS trusts and NHS foundation trusts) are not required for the 2021/22 financial year.

Where services continue to be provided, the nationally mandated terms of the NHS Standard Contract for 2021/222 will apply from 1 April 2021 onwards, and a contract incorporating those nationally mandated terms will be implied as being in place between the parties.

Provider	Service Update
Countess of Chester (COCH)	CoCH enacted their Serious Internal Escalation Policy from 10th-17th March 2022 due to operational pressures they were facing. The Contracting Team did not receive notification of this so it is unclear if this was cascaded through BCUHB at the time.
Clatterbridge Cancer Centre (CCC)	Clatterbridge are continuing to experience sustained significant increases in activity as more patients are continuing to come through the system via GP and secondary care. They've had their highest ever number of referrals in February 2022 and they were 10% higher than February 2020 (pre-COVID-19).

They haven't been able to meet their 62 day target in January and Feb and March is also looking difficult. Whilst they normally don't meet the target in January, due to patients choosing to delay starting treatment until after Christmas/New Year, it's very unusual for this to continue into February and March. The majority of breach reasons are due to patient choice and patients being medically unfit to start cancer treatment.

Clatterbridge have issues regarding consultant capacity in some tumour groups, which they are managing, with some locum support until they can recruit. Staff sickness has reduced from a Trust high of 7% in January to 6.2% in February which has caused some operational issues. |
| Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) | RJAH remain focused on delivery of elective activity and system plans try to protect their capacity. They are experiencing more impact recently from Covid outbreaks as staff are isolating and off sick, and this is also affecting patients as prevalence is very high in the community. RJAH continue to operate services as normal but this is having a circa 20-25% impact on capacity vs baseline. |
| Liverpool Women's | Liverpool Women's biggest challenge is around the number of 52 week breaches they have, and capacity to reduce this number. Of the 52 week breaches, 0.38% relate to Welsh patients. |

Cyfarfod a dyddiad: Meeting and date:	Performance Finance and Information Governance Committee (PFIGC) 28.4.22
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Capital Programme Report - Month 12**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad Report Author:	Neil Bradshaw – Assistant Director – Capital Denise Roberts – Financial Accountant Tax & Capital
Craffu blaenorol: Prior Scrutiny:	Capital Investment Group
Atodiadau Appendices:	0

Argymhelliad / Recommendation:

The Committee is asked to receive and scrutinise this report.

Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**	**x**	**Ar gyfer sicrwydd For Assurance**	**x**	**Er gwybodaeth For Information**	
If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.						**Y/N to indicate whether the Equality/SED duty is applicable**	**N**

Sefyllfa / Situation:

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

Cefndir / Background:

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

Capital Programme	£ '000
All Wales Capital Programme	32.514
Discretionary Capital	12,946
Total Welsh Government CRL	**45.460**
Capital Receipts	0.512
Donated Funding	1.221
TOTAL	**47.193**

Asesiad / Assessment & Analysis

Expenditure Planned/Actual

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

CRL Planned, Actual/Forecast Monthly Performance

CRL Planned and Actual Cumulative Performance
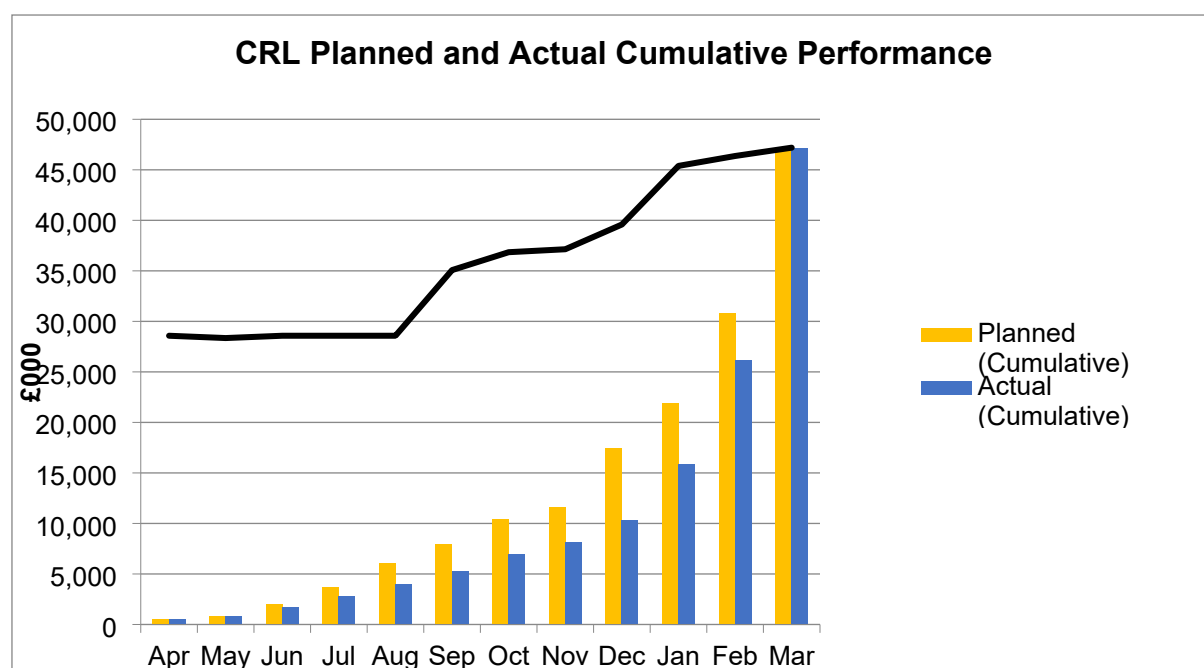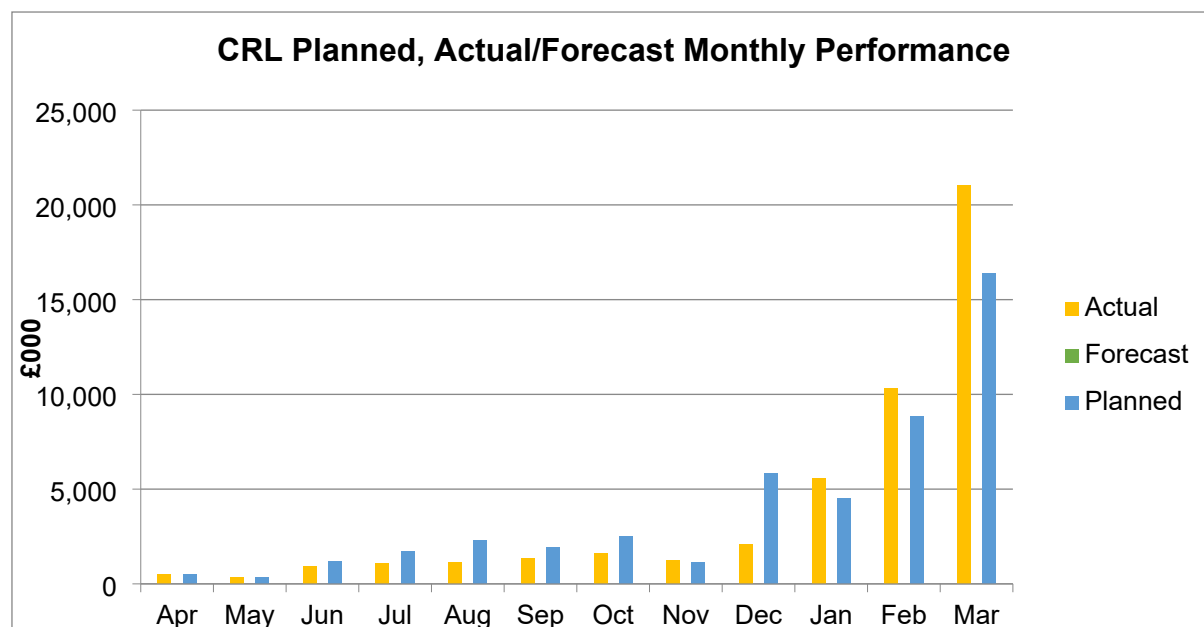
The revised profile takes account of further additional funding allocated by Welsh Government together within increases in donated assets and capital

Subject to audit the total capital expenditure for 2021/22 is £47.170m this is £0.023m below the agreed CRL but well within the statutory permitted tolerance of +/- £0.500m.

Major Capital Schemes (>£1m)

Royal Alexandra Hospital Redevelopment

Following the Health Board's approval of the Full Business Case in March 2021, and the subsequent scrutiny by Welsh Government (WG), WG have confirmed that our business case has been accepted, but that given the significant reduction in capital funding for the NHS over the next three years the scheme is currently under review. We have provided further information of the wider social and economic benefits of the scheme, particularly with respect to the re-generation of Rhyl, and are working with WG to explore options to make the scheme affordable within the current economic climate.

Adult and Older Persons Mental Health Unit

Following receipt of a number of supplementary written questions from Welsh Government we have provided further information/clarification as requested and are aware response from WG.

Ysbyty Gwynedd Infrastructure Compliance

Following submission of the Programme Business Case and subsequent external scrutiny, the Welsh Government have requested that we consider what is the "do minimum" option in order to make the project affordable within the current capital funding environment. This is a complex question as the programme is seeking to address a number of risks and is not limited to fire compliance. In support of developing our methodology to determine the scope of the works, and thus define the "do minimum", we have commissioned an external Gateway Review that is due to be concluded in April 2022.

Discretionary Capital Programme 2021/22

The Health Board has received significant additional funding in year with a 65% increase in our allocation from October 2021 including an additional £10m since January 2022. This has created an unprecedented challenging year and it is particularly pleasing to report that the Health Board has met the CRL target. This has been due to the commitment and hard work of the capital, estates, informatics and medical devices teams and the support and determination of capital accounting colleagues.

Strategic Implications
The capital programme is in accordance with the approved Operational Plan.

Financial Implications
The report sets out the capital investment required to deliver the agreed projects together with the progress, variances and mitigating actions to deliver the agreed discretionary programme and to meet the identified cost pressures and risks.

Risk Analysis
Subject to audit the risk of meeting our CRL has been mitigated.

Legal Compliance
The planned projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.

Impact Assessment
The capital programme is in accordance with the approved Operational Plan and the associated impact assessments. Major All Wales funded capital schemes are subject to specific impact assessments.

Cyfarfod a dyddiad: Meeting and date:	Performance, Finance & Information Governance Committee 28.4.22
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Operational Plan Monitoring Report 2021-22** **Position as at 31st March 2022**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill Executive Director of Finance
Awdur yr Adroddiad Report Author:	Ed Williams Deputy Director of Performance
Craffu blaenorol: Prior Scrutiny:	The Executive Team has reviewed this report. Changes made to the report since publication of Quarter 2 position are detailed in the version control page of the Report.
Atodiadau Appendices:	Appendix 1 – Annual Plan programme action plan.

Argymhelliad / Recommendation:
The Performance, Finance & Information Governance Committee is asked to scrutinise the report.

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information	x
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	

Sefyllfa / Situation:
This report provides a self-assessment by the Executive Leads of the progress being made in delivering the key priority actions contained in the 2021/22 Operational Plan, see appendix 1, as at 31st March 2022. It should be noted that there are several Actions where an update has not been provided in time for the submission of this report to this Committee. The Performance team are working hard to resolve these as soon as possible, and a refreshed report will be made available as soon as possible. The Performance Team are working with Independent Members, Executive Directors and the Planning Team in reviewing and strengthening the monitoring process and intend to have a new iteration of the Operational Plan Monitoring Report when we present the 2022-23 Quarter 1 position in July 2022.

Cefndir / Background:
Executive Leads review their assigned actions and RAG-rate progress at the end of each quarter. Where an action has been completed this is RAG rated purple. Amber and red ratings apply to actions where there are risks to delivery or where delivery was not achieved, a short narrative is provided for each red and amber rated action and where actions have changed from a red to purple rating between Q3 and Q4.

RAG	End of Quarter	By expected delivery date	Requirements depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional information required
Navy Blue	N/A	Actions that weren't reported in Q1 but are included from Q2 onwards following a review of the 2021/22 priority actions'	
N/A	Where the Programme or Action is not due to commence in the current reporting period.		
TBC	Where the RAG rating for the Programme or Action has not been signed off in time for publication of the report.		

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications
The operational plan actions underpin delivery of the 2021/22 Health Board Annual Plan, which has been developed in line with agreed local and national strategies – 'Living Healthier Staying Well' and 'A Healthier Wales'.

Opsiynau a ystyriwyd / Options considered
Not applicable

Goblygiadau Ariannol / Financial Implications
The Health Board has agreed a budget for delivery of the Annual Plan, performance against the budget is reported to Board and Committees via the Finance Report.

Dadansoddiad Risk / Risk Analysis

The RAG-rating reflects the risk to delivery of key actions.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance
This version of the report will be available to the public once published for the Health Board.

Asesiad Effaith / Impact Assessment
The Annual Plan has been subject to an Equality Impact and Socio Economic Duty Assessment.

Underpinning schemes and business cases referenced in the operational plan will take into account any potential equality/Welsh Language/quality/data governance/digital/children's rights implications that may require an impact assessment to be carried out.

About this Report

- The 2021-22 Annual Plan was approved by the Health Board on the 15th July 2021, this report details progress against the Programme level priority actions that underpin delivery of the Plan.

- The Annual Plan details our response to the priorities we have identified for the year ahead, specifically:

  - COVID19 response

  - Strengthen our well being focus

  - Recovering access to timely planned care pathways

  - Improved unscheduled care pathways

  - Integration and improvement of mental health services

- For each Programme the responsible Executive Director has provided a Purple or Red rated assessment of progress in delivering the actions as at 31st March 2022. Supporting narrative has been included for red rated actions and where actions have changed from red to purple between Q3 and Q4.

RAG	Description
Purple	Actions **have been** completed by the 31st March 2022
Red	Actions **have not been** completed by the 31st March 2022

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Version Control

- This is the first version for Quarter 4 and is being presented at the PFIG on 28th April 2022.
  - Changes from the Quarter 3 2021/22 version of the report include:-
    - The RAG rating has been reduced to a binary choice between Purple = Completed and Red = Not Completed to reflect that this is the final monitoring report for the 2021/22 Plan.
  - Each Committee will receive a copy of the report, as follows:-
    - PFIG Committee – 28th April 2022 – For Information Only
    - QSE Committee – 3rd May 2022 – For Information Only
    - PPPH Committee –10th May 2022 – For Information Only
  - An overarching summary of the report will be produced for Health Board for 26th May 2022
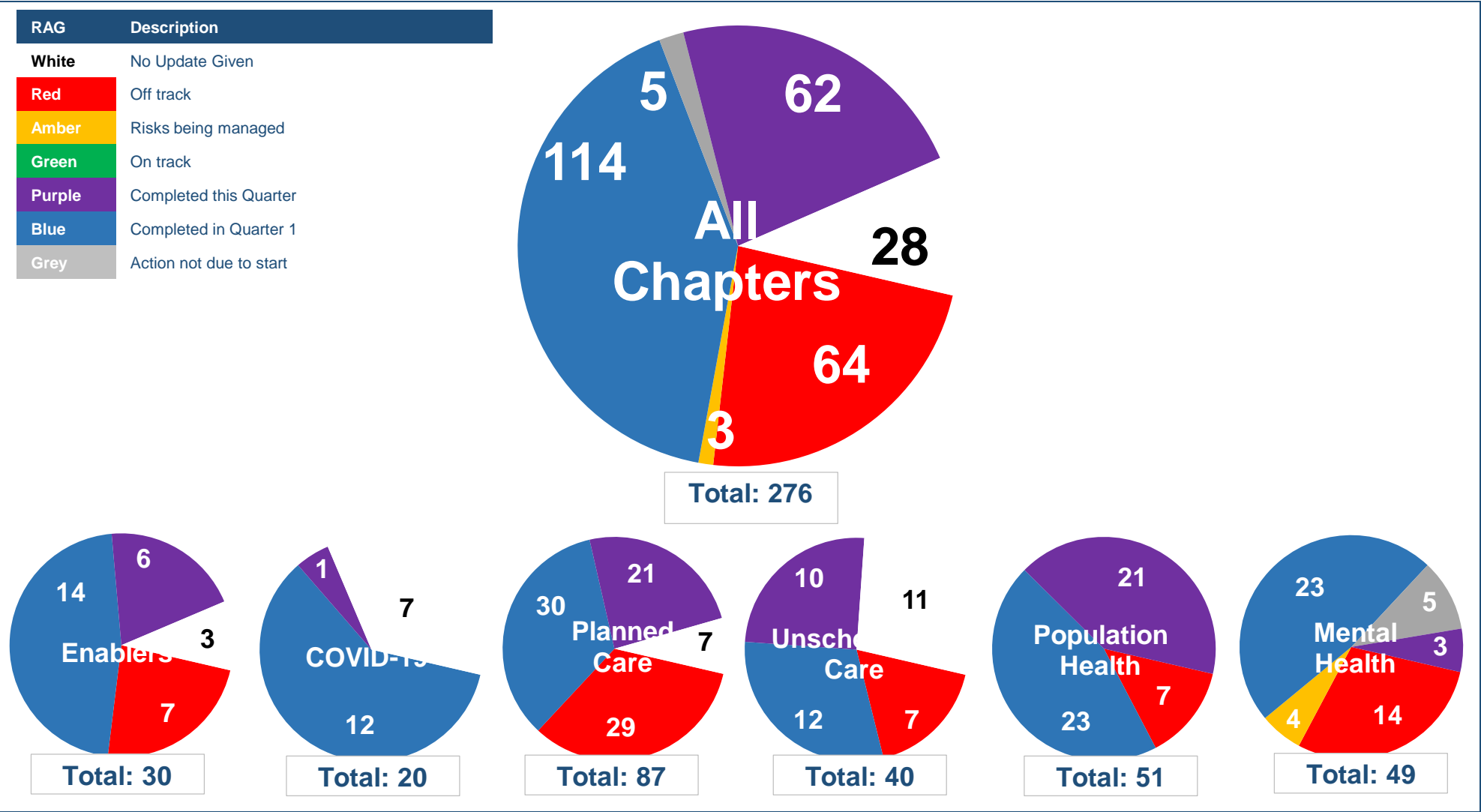
Enabler - Page 1 of 4 Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.1	Pan BCU Support Programmes - Targeted Intervention: The de-escalation for Betsi Cadwaladr University Health Board from Special Measures to Targeted Intervention (TI) outlining areas for further improvement Current priorities identified for improvement: mental health, engagement, leadership, strategy and planning, planned care and performance.	PPPH, PFIG & QSE	Director of Governance	Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis.	G	G	G	P
E1.2	Pan BCU Support Programmes - Stronger Together	QSE	Executive Director of Workforce & Organisational Development	30th June -30th September Discovery phase;	A	P	N/A	N/A
				31st December-31st March Design phase	N/A	P	G	P
E.3	Organisational and Leadership Development Strategy 2022-2025	QSE	Executive Director of Workforce & Organisational Development	31st December-31st March	N/A	N/A	G	N/A
E3.1	Develop and deploy a programme of work, as per the Strategic Equality Plan, to support the organisation in meeting its Socio-Economic Duty	QSE	Executive Director of Workforce & Organisational Development	30th June-31st March	A	P	G	P
E3.3	Implement Year 2 of the Health & Safety Improvement Plan to ensure staff and patients are proactively protected, supported and safe. This includes providing specific guidance, training and support on legislative compliance. There are specific training and improvements required with in patient falls and patient manual handling risk assessments. The programme to adequately provide manual handling training and support to staff is progressing. Investigation by the HSE into patient death is ongoing and initial outcome anticipated in April 2022. The fit test training, risk assessment advice and support staff ensuring environmental and social impacts are monitored and complied with is in place.	QSE	Executive Director of Workforce & Organisational Development	30th September	R	R	R	R

E3.3 - Red due to improvement notices current compliance and HSE investigations. The HSE will inspected BCUHB on Violence and Aggression and Manual Handling on the 16th -18th November 2021. They served 2 improvement notices and a number of letters of contraventions. The notices are complied with however the HSE will revisit and review in patient falls and manual handling patient risk assessments on the 18th May 2022.

E3.4 - Red due to improvement notices current compliance and HSE investigations. The HSE inspection on Violence and Aggression and Manual Handling on the 16th -18th November 2021. Identified a number of improvements required in these specific service areas including letters of contravention and improvement notices. The HSE has said the notices are complied with however BCUHB will be recieving a letter regarding ligature risks in mental health in April 2022.

E3.5 - A workplan has been implemented to review SEQOHS accreditation. This is likely to be completed in April. 2022. Health surveillance and immunisation are planned

Cyfarwyddiaeth Cyllid - Adran Perfformiad
Finance Directorate - Performance Department

Enabler - Page 2 of 4

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E3.4	Security, V&A Improvement Plan	QSE	Executive Director of Workforce & Organisational Development	31st March	R	R	A	R
E3.5	Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation	QSE	Executive Director of Workforce & Organisational Development	31st December	A	A	G	R
E3.6	Delivery of workforce optimisation programme encouraging reduction in temporary premium cost spend and workforce efficiency addressing the following issues: High levels of vacancies, High number of leavers, Aging workforce, High agency spend, Low levels of bank provision	PFIG	Executive Director of Workforce & Organisational Development	30th September - 31st December	N/A	N/A	R	N/A
E1.3	Pan BCU Support Programmes - Safe Clean Care (SCC) Harm Free	QSE	Shared responsibility for sections of SCC Strategy: Executive Medical Director - Executive Director Nursing & Midwifery Executive Director Workforce & Organisational Development	30th June - Divisions to identify Business case to address SCC Strategy.	R	R	R	
				30th September - Approve/engage/research business case and strategy	R	R	A	
				31st December - 31st March - Implement new ways of working	R	R	A	

Enabler - Page 3 of 4

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E.1.6	Creation of a Digital Strategy	PFIG	Executive Director of Primary & Community Care	31st May	P			
				30th September	G	P		
E1.7	Deliver Phase 3 of Welsh Patient Administration System implementation	PFIG	Executive Director of Primary & Community Care	30th June – Re-start the project.	R	P		
				30th September – System build and data migration.	R	R	R	R
				31st December – User acceptance testing and training (UAT).	A	G	R	R
				31st March – Lead to up to implementation in May 2022	A	G	A	R
E1.8	Deliver Symphony - Phase 1 2020/2021	PFIG	Executive Director of Primary & Community Care	30th June – Complete implementations in MIUs	P			
E1.9	Deliver Symphony - phase 2 2021/2022	PFIG	Executive Director of Primary & Community Care	30th June – Data migration testing	P			
E2				30th September – End user training, Go Live period (July), Phase closure	A	P		
E2.1	Deliver Symphony - Phase 3 2021/2022	PFIG	Executive Director of Primary & Community Care	30th September – Phase 3 planning	G	R	P	
				31st December - to be determined from 30th September planning	G	A	P	
				31st March- to be determined from 30th September planning	G	G	A	P

E1.7 Deliver Phase 3 of Welsh Patient Administration System implementation

The uptake of training is lower than anticipated and a risk that is being mitigated with several steps being taken to try to address this. There is also a risk around acceptable tolerances against the data migration outputs and the completion of UAT integration testing with plans in place to address the identified risks. However, the phase 3 West into Central instance remains on track for a May 2022 go live.

Staff Funding from September 2021 onwards has been provided by BCUHB with Welsh Government (WG) funding (£215k) for 2021-22 offered to BCU in January 2022. This was not accepted by BCU as funding has already been set aside to cover this financial period, however the funding request from WG for year 2022-23 (£818k) has been increased by the £215k (£1.033M) to allow acceleration of the Single Instance Plan if possible. This WG funding letter to support staffing in year 22/23 is expected early April.

E2.9 Strengthen cyber security

The Cyber Security & Compliance Manager was appointed in September, and a Cyber Security Specialist post has been appointed. 2 x remaining Cyber posts are currently being progressed through the recruitment process. A revised version of the Tier 1 Risk which has been re-focussed on RansomWare and Zero-Day Threats has been submitted to April's RMG for review.

E2.1 Deliver Symphony - Phase 3

The Go-live scheduled for 30th March 2022 in YGC ED went ahead. Whilst the original order for additional equipment will not be received until mid April, additional hardware devices have been sourced and installed to mitigate this. DHCW resources were made available to mitigate the data migration resource risk reported last quarter resulting in the successful completion of testing of demographic and activity data. Post Go-live resources from Estates and ICT have been secured to install the additional wall mounted devices after they have been received.

E2.3 Development of the acute digital health record (Cito DHR) pan-BCU

Current staffing 32% in post, 3 posts pending start dates, 5 posts experiencing significant issues in recruiting, currently exploring possibility of specialist agency staff.

Phase 2.0 – MVP & Early Adopters; v2.5.1.50727 upgrade has been accommodated and has passed testing. Version is ready for pan-BCU read only roll out and is sufficient for the initial needs of Early Adopters Vascular and Rheumatology West.

Phase 2.0 - Vascular; are now test pilot live with their MDT Pro-Forma. This is a form and process of 3 stages, Part A completed by individual Clinicians and submitted for discussion. Part B is completed by individual Clinician during and post a group Clinician MDT discussion. Allocations is in relation to booking patients based upon priority. This test pilot has been through multiple iterations to fine tune the eForm and accommodate new working practices. Engagement continues to progress use by all Clinicians.

Phase 2.0 - Rheumatology West; have been prioritised to receive Cito as they will loose key functionality when PIMS is disabled from 16/05/22. Bi-weekly meetings have taken place for 5 months to produce set of core eForms. Information Session is planned for all staff on 11/04/22 which will launch the commencements of their live implementation using their eForms. Usage will be closely monitored with corrective actions made ad-hoc to ensure confidence before PIMS removal.

Phase 2.0 - Medical Photography; has agreed to trial the use of an iPad together with a drawing box for the testing of a patient consent form. A successful consent form will provide the foundation for exploring other eForm functions. Also agreed to move forward with a trial for an eReferral. This will require both a referring and receiving department to both have Advanced User Cito access.

Phase 2.0 - Paediatrics; expected upgrade required will not be received from Supplier by March 2022. With experience now gained of accommodating several upgrades, we are now aware that after receipt 2 months are required for system testing. This will be planned once a new due date has been confirmed.

Phase 3 - Scanning & Upload; Contract Award has been approved and discussions with new Supplier, Store-tec in relation to creating a deliverable timetable for implementation and introducing new working practices. New Quality Assurance roles have been out to recruit and are awaiting shortlisting. These roles will be tasked with Compliance Assurance Work package and new working processes. Historical scanning is not able to proceed as resources have been removed to deliver WPAS Project, therefore those work packages are on hold.

Phase 4.0 - Third Party Interface; 2 of 3 epro Work packages have been successfully completed. epro is able to open from within Cito, in patient content without logging in. epro is uploading Clinic letters as they have been created. There are 750,000 historical epro letters to be ingested into Cito, this work has commenced and some content is showing. However, resources have been removed to deliver WPAS Project, therefore this Phase is on hold. Will be unable to progress with third epro Work Package or further 3rd Party Work Packages until such time technical resource is once again available.

Phase 5 - Read Only Roll Out Pan-BCU; Staffing's lists from WPAS/PIMS have been received and data cleansed. Bulletin communications have been planned. Suite of Training facilities have been established including manuals, training sessions, short videos with further bespoke videos underway. Access to Cito links are ready to be launched. Resources have been removed to deliver WPAS Project, therefore this Phase is on hold as although roll out is ready, there is no technical support available should an Issue arise.

Enabler - Page 4 of 4

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E2.3	Development of the acute digital health record (Cito DHR) pan-BCU	PFIG	Executive Director of Primary & Community Care	31st December – * Minimum Viable Product (MVP) & two Early Adopters * New scanning contract in place	G	G	G	P
				31st March – Phase Roll out programme established and underway	G	G	G	P
E2.9	Strengthen cyber security	PFIG	Executive Director of Primary & Community Care	30th June-31st March – (Funding to be confirmed)	R	A	G	R
E1.4	Pan BCU Support Programmes - Living Healthier & Staying Well (LHSW) & Clinical strategy review	PPPH	Executive Director of Primary & Community Care	30th June Review of current strategy plan developed	P			
				30th September Approval of refresh plan - Engagement plan developed	G	P		
				31st December/31st March - Engagement process initiated	A	G	P	

COVID-19 Response - Page 1 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.5	Enhanced recovery from critical illness The provision of robust and consistent staffing within traditional 'medical' critical care rotas to ensure patient safety	QSE	Executive Medical Director	30th June - 30th September Development of Business Case	G	P		
				31st December Business Case submitted for internal sign-off and approval	A	A	P	
				31st December / 31st March Development of a programme plan, recruitment ready for implementation 2022	A	A	G	
C1	Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy. * Lab Turnaround Times for swabs is a Public Health Wales (PHW) responsibility * Contracts for Regional, Local and Mobile testing units and Welsh Ambulance Service NHS Trust (WAST) are Welsh Government managed contracts) Testing capability located across the region to ensure the volume of testing slots are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive. Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy; currently manage the distribution across the Health Board and LFD collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh Government)	PPPH	Executive Director of Public Health	Measure through capacity and Turnaround Times. Immediate and to be continued through to 31st March – capacity to be reviewed on receipt of regional modelling from the national team and not expected to be reduced before 31/3/22.	G	G	G	

COVID-19 Response - Page 2 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
C1	Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy. * Lab Turnaround Times for swabs is a PHW responsibility * Contracts for Regional, Local and Mobile testing units and WAST are Welsh Government managed contracts)	PPPH	Executive Director of Public Health	30th September – capacity plans are in the progress of being built now with the planned care services. The target is to ensure there is adequate capacity to provide the required PCR testing within a 72 hour pre treatment period.	G	P		
	Testing capability located across the region to ensure the volume of testing slots are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive.			30th September evaluate 31st December devices implemented subject to effectiveness of evaluation	A	P		
	Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy; currently manage the distribution across the Health Board and LFD collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh Government)			Lateral flow testing devices deployed to BCU frontline staff c.17,000; managed through Shared Services for distribution and line managers for registration and replenishment. 31st May	P			
				30th June – in place by the end of 30th June and on-going until WG policy determines otherwise	G	G	G	
C1.1	Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves.	PPPH	Executive Director of Public Health	By 30th June and on-going through 2021-22	G A	A A	G G	
C1.2	Continue North Wales liaison on protect agenda coordinating multi-agency response	PPPH	Executive Director of Public Health	30th September and ongoing	A	G	G	

COVID-19 Response - Page 3 of 3								
Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
C1.3	Implement and deliver the BCUHB mass vaccination programme.	PPPH	Executive Director Nursing & Midwifery as Senior Responsible Officer (SRO) – Mass Vaccination Programme	Development of a sustainable delivery model as we move into an annual vaccination and booster programme, in line with evolving national clinical guidance and Welsh Government Strategy. This will ensure we have a strategy for future proofing the programme, transforming it into a 'business as usual' model.	P			
				Demonstrable equal access to the vaccination programme for all groups with special characteristics or other underserved groups as defined within the North Wales Vaccination Implementation Plan.	P			
				Ensure the mechanisms in place continue with the interpretation of clinical guidance, development of clinical pathways and maintain and review them as required.	P			
				Development of a workforce model which will deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.	P			
				Development of an estates plan which will provide the capacity to deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.	P			
				Develop an efficient contact process and self-service booking system under Welsh Government Guidance. Future milestones based on the next phase including the booster programme are expected in Quarter 2 via the Welsh Government (WG). This will also include guidance and criteria. By 31st December	G	G	G	
C1.5	COVID recovery - all Children's Services	PFIG	Executive Director Primary & Community Care	30th June – Baseline assessment.	P			
				30th September - Service Level plans to deliver agreed.	A	P		
				31st December-31st March - Ongoing performance monitoring via Regional Children's Services Group.	N/A	N/A	N/A	P

Recovering access to timely planned care pathways - Page 1 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1	Continuation of accuRx communication platform, to provide IT infrastructure to enable GPs and other health professionals working in primary care to undertake remote consultations, share information with patients and to update the patients' clinical records with the consultation event.	PFIG	Executive Director Primary & Community Care - Acting Executive Medical Director	Commission a fixed term contract on behalf of GP practices whilst awaiting an all Wales decision to support long term provision. 30th June	P			
				Interim contract in place for accuRx use by North Wales practices. 30th June	P			
				Work with DHCW to agree long term contract requirements 30th September	G	R	A	R
				All Wales contract in place for accuRx 31st December	G	A	R	R
R1.1	Review the uptake, requirements and patient satisfaction in relation to alternative/new technologies supporting patient access to GMS	QSE	Executive Director Primary & Community Care	Extend eConsult provision to participating practices. 30th June	P			
				Monitor eConsult activity including patient satisfaction 30th June	P			
				Monitor patient/clinical satisfaction in relation to video and telephone consultations 31st December	A	G	G	P
				Review access to virtual consultation training 30th September	G	G	G	P
				Review ongoing use and satisfaction with accuRx (and feed information into future contract requirements – see specific action above) 31st December	G	G	G	P
				Feed local learning into the national Strategic Programme to inform future strategies 31st March	G	G	G	P

R1: Additional funding and national management of IT platforms supporting virtual consultations and services is not being led by DHCW or WG at this present time. A local options appraisal of eConsult and accuRx has been undertaken with options for future procurement being reported to the Executive Team before the end of April 22. GP practices have been kept informed.

Cyfarwyddiaeth Cyllid - Adran Perfformiad
Finance Directorate - Performance Department

Recovering access to timely planned care pathways - Page 2 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.2	Delivery of all Wales access standards through GMS Contract (detailed in non-mandated Quality Assurance and Improvement Framework (QAIF)	PFIG	Executive Director Primary & Community Care	Review 2020/21 performance against standards (validated data released June 21) 30th June	P			
				Support provided to practice managers in interpreting and implementing the requirements of the standards by Primary Care Contract team 31st March Rolling contractual programme	P			
				Work undertaken with clusters/practices to identify and disseminate good practice via Access Standards forum 30th June-30th September	p			
				Performance reports provided at Board level in line with Access standards guidance requirements. 30th June-31st March	G	G	G	P
R1.4	Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)	PFIG	Executive Director Nursing & Midwifery	Development of timely and accurate information for current and new patients, and primary care clinicians, regarding care pathways and waiting times 30th June	R	G	G	R
				Ensure robust communication with primary care clinicians regarding waiting times and clinical review processes 30th June	R	P		
				Development of proposals to manage the backlog of planned care in the primary care sector 30th June	R	R	R	R
				Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement. 31st March	G	A	A	R

R1.4 – Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)

Work has commenced to better inform Primary Care Clinicians via BetsiNet, but remains work in progress, and therefore cannot be classified as complete.

Pathway workshops (via GIRFT for example) now include representation from Primary Care, but this approach is also embryonic, and not universally established.

Recovering access to timely planned care pathways - Page 3 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.6	Further development of the Primary and Community Care Academy	QSE	Executive Director Primary & Community Care	PACCA Business Case finalised 30th June	R	R	G	P
				Planning for all programmes, with the completion of the delivery plan 2021/22 (subject to funding), to include: 30th June	R	R	P	
				Training Hub established and posts advertised 30th September	N/A	R	R	R
				Level 7 Vocational Education Programme in place 30th September	N/A	R	P	
				Community Pharmacy training Programme - 30th September and 31st December due to timing of taught modules at University 31st December	N/A	P		
				Evaluation Lead and Research Development appointed 30th September	N/A	R	R	P
				Trainees in post and commencing education programmes / ongoing evaluation of training hub 31st December	N/A	P		
				New Cohort of Practitioners to join Vocational training Programme 31st December	N/A	P		
				Further development and testing of competency framework 31st December	N/A	G	G	P
				End of year report 31st March (published 22/23)	N/A	G	G	P

R1.6: Further development of the Primary and Community Care Academy. Training Hub established and posts advertised 30th September 2021.

Training Hub established and posts advertised 30th September – reporting Red – not completed at year end. Funding was not identified in 2021/2022. Training Hubs/Spokes will be established in 2022/2023, following the approval of the Academy Business Case, with appointment to training roles in the first instance in spoke sites.

Evaluation Lead and Research Development appointed 30th September – reporting Purple – completed. Post in ECR for approval, JD banded and waiting to advertise ahead of year end with appointment to post in Q1 2022/2023

Recovering access to timely planned care pathways - Page 4 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.7	Development of a North Wales Dental Academy, to include a training unit, General Dental Services (GDS) and Community Dental Services (CDS) provision	PPPH	Executive Director Primary & Community Care	Robust programme governance arrangements were established in 2020/21 30th June	P			
				Advertise the contract 30th June	P			
				Award to preferred provider 30th September	G	R	G	P
				Seek Board & WG approval to award preferred bidder 30th September	N/A	R	G	P
				Commission facility 31st March	N/A	G	G	P
R1.8	Implementation of the dental contract reform (as directed by Chief Dental Officer/Welsh Government)	PFIG	Executive Director Primary & Community Care	31st March	G	G	G	P
R1.9	Commission additional general dental provision	PFIG	Executive Director Primary & Community Care	31st December	G	P		
R2	Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.	PFIG	Executive Director Primary & Community Care	31st March	G	A	A	P
R2.3	Delivery of advanced practice audiology in primary care and provision of Ear Wax Management Services (subject to business case approval / additional funding)	PFIG	Executive Director of Primary & Community Care	31st March	A	G	G	P
R2.7	Delivery of agreed planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. endoscopy, laminar flow theatres and inpatient T&O bed provision (including relocation of outpatient therapy provision in Wrexham)	PFIG	Executive Director Nursing & Midwifery	30th June-Develop and agree a plan	G	R	R	R
				31st March- delivery of cohort 1 with exception of orthopaedics	G	R	R	R

R2.7: Delivery of agreed planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. endoscopy, laminar flow theatres and inpatient T&O bed provision (including relocation of outpatient therapy provision in Wrexham)

Planned Care Recovery Plans have now been submitted as part of the Integrated Medium Term Plan (IMTP).

Recovery during 2021/22 was disrupted by the Omicron surge and the pause of non-urgent activity to support the vaccination programme from December. Until that time, most specialities (except Orthopaedics) were on target to clear Cohort one. The loss of 8 weeks (or more) routine capacity changed that situation.
The Cohort approach has been abandoned for the new financial year.

Recovering access to timely planned care pathways - Page 5 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R2.8	Build additional capacity to deliver COVID-19 safe services, improve patient experience and waiting times.	PFIG	Executive Director Nursing & Midwifery	P1-and P2 risk stratified patients are treated in order, followed by re-introduction of P3-4 activity. Insourcing and weekend capacity plan. 31st December	A	A	A	R
				Continually review capacity of external providers to deliver more activity, to support more efficient services 30th September	A	R	A	P
				Introduce super green pathways to protect elective capacity 30th September	A	R	R	R
R2.9	Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps	PFIG	Executive Director Nursing & Midwifery	31st December	A	A	A	R
R3.2	Insourcing to support provision of service for cohort 1&2 Outsourcing specification for Orthopaedics	PFIG	Executive Director Nursing & Midwifery	30th June	R	R	R	P
R3.4	Develop the Outpatient transformation programme Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.	PFIG	Executive Director Nursing & Midwifery	Phased delivery over 12 months from point of recruitment, anticipated delivery by 31st March if recruitment and implementation successful	A	R	A	R
R3.5	To explore external capacity to support access to treatment	PFIG	Executive Director Nursing & Midwifery	30th June out to tender, insourcing early July- If these time frames work then outsourcing could be August insourcing September.	A	R	A	R
R3.6	Development of sustainable endoscopy services across North Wales	PFIG	Executive Director Nursing & Midwifery	31st March	A	A	A	R
R3.7	Deliver suspected cancer pathway	PFIG	Executive Director Nursing & Midwifery	30th June 69% 30th September 69% 30th December 71% 31st March 75%	A	R	R	R

R2.8: Build additional capacity to deliver COVID-19 safe services, improve patient experience and waiting times.
Omicron prevented weekend working, as many medical staff were involved in the vaccination programme.

The market was continually reviewed to assess Outsourcing options, and contracts were agreed for Orthopaedics and Ophthalmology.

It was not possible to identify super-green pathway options – USC pressures were too great.

R2.9: Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps.
Some work was undertaken on non-surgical treatment options, but comprehensively adopted/rolled out

R3.2: Insourcing to support provision of service for cohort 1&2 and Outsourcing specification for Orthopaedics
Orthopaedic patients were out-sourced to both the Independent Sector and NHS providers.

R3.4:Develop the Outpatient transformation programme. Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.
The Outpatient Transformation Plan has been developed, but not fully implemented as the Head of Ambulatory Care only commenced in post in December 2021,and support staff have yet to be appointed or have not commenced in post.

R3.5: To explore external capacity to support access to treatment
Outsourcing in place, but Insourcing model for surgical specialities authorised March 2022 for implementation in 2022/23.

R3.6: Development of sustainable endoscopy services across North Wales
Endoscopy Insourcing contract in place and extended, but the case for a modular expansion not yet complete.

R3.7: Deliver suspected cancer pathway
Cancer performance was the best in Wales, but did not achieve the 75% target. The end of year figure is likely be 67%.

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R3.7	Deliver suspected cancer pathway	PFIG	Executive Director Nursing & Midwifery	1. Increased rapid access breast cancer clinic capacity across the Health Board – business case approved by Executive Team June 2021; these clinics have been provided on an ad hoc basis since November 2020 and can now be established as part of core activity once new posts are recruited to. Recruitment complete and clinics in place March 2022		A	G	P
				2. Continuation of the early diagnosis lung cancer pathway which ensures patients with a suspicious chest X ray are directed straight to CT – funded in 2021/22 with a business case for ongoing funding approved. Service established on all 3 sites.		A	P	
				3. Development of one stop neck lump clinics – project team established and pathway agreed; business case approved and implementation planned for June 2022		A	G	R
				4. One stop rapid diagnosis clinic for patients with vague but concerning symptoms – project manager in post, project team established and pathway agreed; business case approved and first 2 sites opened clinics in March 2022; Bangor to follow		A	G	R
				5. Increase in Clinical Nurse Specialist and support roles to support patients with their diagnosis and provide direct clinical care as appropriate – business case approved and recruitment ongoing		A	G	R
				6. Patient navigators to track pathways and escalate delays – funded in 2021/22 with a business case for ongoing funding submitted and approved. Postholders in post.		G	P	
				7. Pathway improvement posts to work with clinical teams to introduce the National Optimal Pathways for cancer ensuring pathways are as streamlined, efficient and effective as possible – posts funded and recruitment underway.		A	G	R

Recovering access to timely planned care pathways - Page 6 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R4	Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals		Executive Director Nursing & Midwifery	Insourcing contract in place with external provider. Additional mobile scanners / staffing in place 30th September	A	R	R	R
R4.1	Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals		Executive Director Nursing & Midwifery	Insourcing contract in place with external provider. Additional clinic space / staffing in place 30th September	A	R	R	R
R4.2	Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)		Executive Director Nursing & Midwifery	Recruitment to medical, scientific / allied health professional, supporting and administrative posts and Identification of estates and equipment priorities 31st March	A	A	A	R
R4.5	Increase specialist cancer therapy staff to meet All Wales benchmark: Produce a business case to appoint specialist allied health professional (dietitians/speech and language therapist)		Executive Director Nursing & Midwifery	Development of referral pathways particularly for upper gastrointestinal and hepatobiliary and pancreatic cancer which are Wales cancer network priorities and the Health Boards strategic priority for pelvic cancer services 30th September	G	R	A	R
				Development of self-management information 30th September	G	R	R	R
				Implement timely interventions at all stages of the cancer journey for communication, eating and drinking, leading to faster progression to oral diet and fluids, reduction in the need to rely on radiologically inserted gastrostomy / percutaneous endoscopic gastrostomy enteral feeding, reduction in the costs of enteral feed and dietary supplements 30th September	G	R	R	R
				Use patient recorded outcome measures / holistic needs assessment and treatment summaries in line with person centred care philosophy across Wales 30th September	G	R	R	R
				Development of programmes of education to upskill generalist therapy staff, and multi professional teams supporting self- management; efficient use of resources and supporting increased numbers of patients and carers. 30th September	G	R	R	R
				Development of education programmes to upskill generalist therapy staff is required thus supporting increased numbers of patients and carers. 30th September	G	R	R	R

R4: Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals
Insourcing contracts in place for 21-22 and also for 22-23. Large reduction in CT breaches achieved. Gains in MRI achieved reduced in Q4 due to equipment unreliability and availability of staffing resources, overall picture remains fewer breaches than at start of year. Similar picture in ultrasound with staffing resources the main issue preventing further waiting list reduction. 21-22 activity saw a sharp increase which has also masked progress with breach reduction. Risks to progress in 22-23 due to extensive equipment replacement programme. Will almost certainly need to secure additional MRI scanning capacity to maintain progress.

R4.1 : Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals
Locum physiologist from Q3 achieved sharp reduction in NCS breaches at year end (6). Static picture for EMG consultant tests due to 1 WTE vacancy and inability to undertake insourcing (linked to COVID-19 restrictions and availability of space in East in particular). East accommodation coming on line from 22-23 Q2, together with new part time consultant post. Still need to recruit 1 WTE physiologist, but now have space to implement insourcing contract. Expect to be able to eliminate breaches in 22-23.

R4.2: Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)
Good progress made in respect of long term plans e.g. consultant recruitment in radiology and neurophysiology. East accommodation for neurophysiology secured for 22-23, along with new equipment to support new consultant in post. Further work required in next 12-24 months to eliminate all breaches.

Suspected Cancer Pathway
- 3 of the 7 schemes completed and services fully established
- Remaining 4 schemes progressing well but not yet fully established
    - Neck lump clinics were delayed due to delay to business case approval by Execs; currently aiming to commence in June
    - Rapid diagnosis clinics opened in Wrexham and Glan Clwyd in March; Bangor to follow in April
    - Recruitment ongoing to CNS and patient pathway posts with view to establishment in Q1 2022/23

R4.5: Increase specialist cancer therapy staff to meet All Wales benchmark: Produce a business case to appoint specialist allied health professional (dietitians/speech and language therapist)
A decision on the business case will be made within the next two weeks (before the end of April 2022)

Recovering access to timely planned care pathways - Page 8 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R4.6	Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care	PFIG	Executive Director Nursing & Midwifery	Initiated with pump priming 2020. Continuation secured through BC approved June 2021. Optometric Contractual Reform predicted to negate future re-tender requirements.	G	R	G	
R4.7	Enable work to progress on strategic service developments urology	PFIG	Executive Director Nursing & Midwifery	Delivery Robotic Assisted Surgery (RAS) 30th September Urology redesign and implementation along with RAS training 31st December/31st March 0 tbc by Urology review group July 2021	A	R	G	R
R4.8	Delivery of the Primary ODTC Glaucoma Integrated pathway	PFIG	Executive Director Nursing & Midwifery	31st March	A	A	G	
R4.9.	Delivery of the Diabetic Primary ODTC Integrated pathways	PFIG	Executive Director Nursing & Midwifery	31st March	R	A	G	
R4.10	Delivery of the Age-related macular degeneration/IVT pathways	PFIG	Executive Director Nursing & Midwifery	31st March	R	A	A	
R10.2	Ensure Safe and Effective Care	QSE	Executive Director of Public Health	1. Implement the recommendations of the HIW National Review of Maternity Services (November, 2020)Action 1: 31st December	A	G	G	
				2. Implement the National MiS solution for Wales (HIW, November 2020).Action 2: WG Initiative	R	A	A	
				3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy.Action 3: informed by WG timetable	A	A	A	
				4. Benchmarking exercise against NICE Quality Standards Action 4: 30th September	A	P		
				5. Demonstrate progress in using the Maternity Voice Group in co-producing the service model, Action 5: 30th June	P			
				6. Ongoing monitoring of safety equipment checks. Action 6: 30th June	P			

Recovering access to timely planned care pathways - Page 9 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R10.2	Ensure Safe and Effective Care	QSE	Executive Director of Public Health	7. Reflect workforce plans with national standards for maternity services.Action 7: 30th September	A	P		
				8. Implement 'Mothers and Babies Reducing Risk through Audits and Confidential Enquiries' (MBRRACE) recommended Local and National improvement initiatives to reduce stillbirth Action 8: 31st March	A	P		
				9. Implementation of the GAP/GROW I + II Action 9: 31st March	A	G	G	P
				10. Mortality and Morbidity multi-professional reviewed carried out to conform to MBBRACE and perinatal mortality review tool (PMRT) requirements. Action 10: 30th September	A	P		
				11. Promoting normality in first pregnancy, latent phase project in community. Action 11: 31st December	G	G	G	P
				12. Ensure compliance with the C-Section Tool Kit to maintain Elective C-Section rates under 10% by increasing external cephalic version (ECV) and maximising vaginal birth after caesarean (VBAC) opportunities. Action 12: 31st December	G	P		
				13. Implement the MBRRACE and Each Baby Counts (EBC) Recommendations. Action 13: 30th September	A	P		
R10.4	Implement Sustainable Quality Care	QSE	Executive Director of Public Health	1. Ensure staffing levels are birth rate plus and RCOG compliant Action 1: 30th June	P			
				2. Reduction of activity in contract agreement with CoCH services, Action 2: 31st December	A	G	G	P
				3. Implement the 21/22 Revenue Business Development Plans. Action 3: 31st March	G	P		
				4. Develop stronger governance systems, for performance and accountability. Action 4: 31st December	G	P		
				5. National CfSM Peer Review by WG and Clinical Supervision Resource Mapping. Action 5: 30th September	G	P		

Improved unscheduled care pathways - Page 1 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.3	Development of urgent primary care centres as pathfinders, feeding into the national programme of work for primary care.	PFIG	Executive Director Primary & Community Care	Presentation to WG of pathfinder proposals for 2021/22 to secure additional funding for current pathfinders (East & Central Areas).Further development of UPCC pathfinder in East Area covering 6 clusters. Commence UPCC pathfinder in North Denbighshire in partnership with mental health third sector. Development of proposals/business case for a UPCC pathfinder(s) in West Area 30th June	P			
				Implementation of UPCC(s) in West Area (subject to approval/funding) 31st December	G	A	G	R
				Participation in national evaluation of all pathfinder UPCCs, with recommendations for a future model of care. 31st March	G	P		
				Local review of UPCC pathfinders, including cost benefit analysis to determine future requirement for North Wales 31st March	G	A	G	P
I1.1	Implementation of Single Care Home Action Plan	PFIG	Executive Director Primary & Community Care	30th June. Secure Funding for additional Quality Posts. Questionnaire to partners. Hold two workshops to agree components of the Quality Assurance Framework (QAF). Draft QAF by end of 30th June. Recruit to Quality Posts.	G	P		
				30th September Conclude recruitment and undertake engagement with providers and key stakeholders.	G	P		
				31st December Refine QAF and commence Implementation.	G	G	P	
				31st March Full implementation	G	G	G	P

I1.1 Implementation of Single Care Home Action Plan

The Quality Assurance Framework has been developed in line with the agreed timescales despite challenges in engaging with partners during the pandemic. A summary of the QAF has been developed and signed off by the 6 LA and has been presented to the HB Senior Nurses and the Regional Commissioning Board. Providers have been involved in each of the workstreams. The QAF is a dynamic document but the sign up to the agreed principles will support the development of the priorities for years 2 and 3.   Excellent feedback has been received from the LAs and providers with regards to the Quality Tools developed for areas such as IPC, End of Live, Nutrition and hydration

Implementation of UPCC(s) in West Area (subject to approval/funding) 31st December
Not fully operational at the moment as we are going through the recruitment process.

4.7 Enable work to progress on strategic service developments urology

Delays experienced in training due to complications in the procurement process. This led to a delay in delivery to the Health Board. However, training is now scheduled for the team and the lead surgeon.

Improved unscheduled care pathways

Improved unscheduled care pathways - Page 2 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.2	Transformation of Community Services - Home First Bureau	PFIG	Executive Director Primary & Community Care	30th June – Baseline data being collected	P			
				30th June – Review of Home First Bureaus	P			
				30th September – Review of baseline data	G	R	G	P
				30th September – Home First Business Case approved and all posts recruited to.	G	R	R	R
				30th June – Training and education across system.	G	R	R	R
				30th September – Gap analysis and recruitment	G	R	R	R
				31st March – Ongoing monitoring	A	A	A	R

I1.2: Transformation of Community Services -Home First Bureau (HFB) Consolidation and mapping all of our resources to support discharges including CHC, HFB, Frailty, Discharge to Recover & Assess (D2RA), therapies and Community Resource Teams (CRTs). Fully implement Discharge to Assess capacity within the community.

A regional HFB Business Case has been written and is currently going through health board approvals process to secure recurrent funding. Although this has been rated as Red, each Area has already established HFBs and is currently operating those services with both temporary redeployed or bank staffing and at risk permanent recruitment and at a cost pressure within current services. Approval of the business case is required to enable HFBs to recruit substantively to the staffing model outlined in the business case and will secure recurrent funding for those services. Work is already underway to consolidate and map our resources to support discharges including CHC, HFB, Frailty, D2RA, therapies and CRT, and ultimately fully implement Discharge to Assess capacity within the community. D2RA ward resources developed and cascaded (to acute and community hospitals). Pan-BCUHB electronic Transfer of care (TOC) referral form has been developed. Pan-BCUHB patient flow and discharge new intranet site going live early in Q4 with D2RA resources. Recruitment adverts are live and are currently going through the system.

Data dashboards have been developed to support the service.

Improved unscheduled care pathways

Cyfarwyddiaeth Cyllid - Adran Perfformiad
Finance Directorate - Performance Department

Improved unscheduled care pathways - Page 3 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.3	Transformation of Community Services - Development of Frailty Pathways to deliver on the vison of Welsh Government for sustainable and integrated Community Health & Social Care.	PFIG	Executive Director Primary & Community Care	COTE linked to CRTs and MDTs at pre crisis point (West only). Ongoing	A	G	G	P
				Develop innovative workforce models to reduce risk of COTE consultant vacancies – eg nurse consultants; therapy consultants (East) 30th June – workforce review. 30th September/ 31st December – extend Multidisciplinary Team (MDT) model from South Wrexham to Central Wrexham and North West Wales	G	G	G	P
				YG & YGC Frailty units established and staff recruited Centre –30th June – design 30th September – Recruit 31st December – Implement 31st March – monitor YGC frailty unit operational 09/02/2022. Review outcomes 31/03/2022 and write business case for future provision April-June 2022	A	A	A	R
				Frailty model embedded into community services and intermediate care approach to utilise step-up beds from primary care more consistently. Partnership working with LAs for Marleyfield step down beds (East). East 30th June Marleyfield	A	A	G	P
				Inclusion of pharmacy requirements for frailty units /services, ED and SDEC (and all other clinical developments) in all three acute sites as part of the MDT team. West - Ysbyty Gwynedd (YG) Frailty unit – on hold, funding not confirmed. Led by acute. West Frailty model in place West - MDTs established in Ynys Mon and Arfon – roll out to remaining areas by 31st December	A	R	R	R

I1.3: Transformation of Community Services -Development of Frailty Pathways to deliver on the vison of Welsh Government for sustainable and integrated Community Health & Social Care.

Ysbyty Gwynedd (YG) Frailty unit established and some staff recruited. Rated red on the basis that although some funding has been provided, the frailty model has not been fully developed. A Frailty Business case is currently in development and once approved this will secure further additional funding to establish a permanent and embedded frailty model (unit in YG) as a priority – including COTE and other MDT staff. The COTE funding will also support the community frailty model linked to CRTs. As a health economy this is one of our top priorities moving forward. Joint working continues between Area and Acute teams, and local authority to support the ongoing development of the frailty unit mode in the West.

Ysbyty Glan Clwyd (YGC) Frailty unit became operational on 09/02/2022 with medical and therapy input. Nurse input initially has been bank/agency but there is a plan to recruit to 2 x band 6 posts to provide more secure staffing for the unit for 6 months. KPI's are being collated in terms of length of stay and impact, including patient stories. Approval has been given by the central area team to run the frailty unit for 6 months using some existing funds within area whilst working up the business case to secure on going substantive funding for the service. The business case will detail all staffing disciplines required going forward.

Ongoing review of referral criteria with therapies and social care. Inclusion of pharmacy requirements for frailty units /services, Emergency Departments (EDs) and Same Day Emergency Care (SDEC) (and all other clinical developments) in all three acute sites as part of the MDT team. No funding yet agreed due to business case approval requirements.

Improved unscheduled care pathways - Page 4 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.5	Community Services Transformation Programme: Continued implementation of regional and area-level transformation plans, aimed at developing place-based, integrated models of care and support increasing skills and capacity within primary care, community health and social care, to deliver care and support in people own homes and communities.	PFIG	Executive Director Primary & Community Care	30th June-31st March– ongoing implementation of regional and area-level programmes of work	G	G	G	P
				31st March – Sustainability planning for post programme continuation	G	G	G	P
I1.7	Increased capacity within Community Resource Teams (CRTs) to support patients to be cared for in their own homes.	PFIG	Executive Director Primary & Community Care	30th June: Staff recruited with Winter Planning monies to continue in post, linked to Community Resource Teams (CRTs). Data collection 30th September: Evaluation of service and business case to secure ongoing funding and contingency planning for exit strategy 31st December: subject to funding, recruit and deploy additional Healthcare Assistants (HCAs) to support care delivery outside hospital 31st March Secure permanent funding, subject to further evaluation	G	G	A	P
I1.7	Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme.	QSE	Executive Director Primary & Community Care	30th June – Baseline assessment	P			
				30th September - Developed Improvement Framework and structure	G	P		
				31st December -31st March & Ongoing Performance improvement monitored monthly at regional Performance Group and reported to Strategic CAMHS Improvement Group. Evidence of achievement of high level 2 on TI maturity matrix submitted for approval by HB and WG.	N/A	G	G	p

Improved unscheduled care pathways - Page 5 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I2.1	Emergency Department access and patient flow (Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)	PFIG	Executive Director Nursing & Midwifery	31st March implementation Welsh Access Model (WAM) – 31st March KPIs – Complete, although will be periodically published throughout 2021/22 – 30th June, 30th September, 31st December, 31st March	G	G	G	R
				NESIs PE – Ongoing through to 31st March SE – Ongoing through to 31st March	G	G	G	P
				PIPs: All to be in place by 31st March	G	G	G	P
I2.2	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	PFIG	Executive Director Nursing & Midwifery	Established acute and community surge plans 30th September	G	P		
				Specific winter schemes implemented to meet increased demand during Winter as well as COVID-19 demand 30th September	G	R	A	P
				Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22 30th September	A	P		
I2.3	Same Day Emergency Care (SDEC)	PFIG	Executive Director Nursing & Midwifery	Further develop and establish SDEC models across the 3 acute sites to better manage urgent care demand into a more scheduled way 30th September	A	R	A	P
I2.4	Developing the unscheduled care hub, 111 service	PFIG	Executive Director Nursing & Midwifery	Implementation of 111 in north Wales to integrate call handling and nurse assessment functions of GPOOH and NHSD into a single service. 111 will provide public facing access to urgent health information, advice and signposting for onward care. 30th June - Phase 1	P			

I1.2: Emergency Department access and patient flow
(Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)
Work is ongoing to fully embed the WAM (including implementation of Consultant Connect, direct access referrals, Internal Professional Standards) and will be picked up within Phase 2 of the USC Improvement Programme.
The NESIs that were identified and agreed for implementation on each site for last FY have been completed. Remaining NESI's are to be agreed going forward via the national team and the sites, part of forward planning hence why not all have been completed. Project support is also required following the cessation of funding for the Project Manager posts at end March 22.

The PIPs that were identified and agreed for implementation on each site for last FY have been completed however, sites are now to confirm the leads for PIP's going forwards and which PIPS each site will take forwards in 2022/23. As above Project support is required following cessation of funding for the Project Manager posts at end March 22.

I2.3: Same Day Emergency Care (SDEC)
As previously reported, the 30th Sept target date was inaccurate. Whilst reporting as completed for Q4, this project is a priority for the next phase of the USC programme. Phase 1 of the USC programme saw the further establishment and development of SDEC models on each site, including a new surgical SDEC in Wrexham is completed. Phase 2 of the programme will continue to expand the SDEC units / service as these are not yet fully resourced. Recruitment is in progress and will be a priority for Phase 2. Work is also ongoing to standardise the SDEC models across the Health Board, and this is a priority for Phase 2 of the USC programme and will be progressed in line with the WG 6 goals for U&EC planning and guidance for 2022-23.

Improved unscheduled care pathways - Page 6 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I2.6	Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area	PFIG	Executive Director Nursing & Midwifery	31st December	A	G	A	
I2.7	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	PFIG	Executive Director Nursing & Midwifery	Development of business case to improve stroke services across a whole system approach that will provide a "Once for North Wales" network approach to ensure consistency of clinical outcomes for Early Supported Discharge and Specialist Integrated Community In-patient Rehabilitation services.

Phase 1 service proposal focuses on: Prevention including improved AF detection
Stroke Prevention – 30th September | G | R | A | |
| | | | | Strengthening of acute services across 3 DGH sites; including improved OOH pathway for diagnosis; treatment and recovery
Acute services – 30th September | G | R | R | |
				Development of Early supported discharge (ESD) across the 3 areas ESD – 30th September 20% / 31st December 70% / 31st March 100%	G	A	G	
				Specialist community inpatient rehabilitation beds across the 3 areas Specialist Community inpatient beds – 30th September	G	R	G	
				A consistent approach to Stroke Rehabilitation across all sites in proportion of confirmed stroke patients receiving specialist rehabilitation and length of stay Consistent approach to rehabilitation – 31st March	G	G	G	

2.6 Stroke Services - Site bed pressures and outbreak challenges have impacted on delivery along with workforce challenges, particularly with nurse staffing
Staff vacancies have been recruited to, but individuals have not taken up post as yet and will require significant training

Performance improvements are expected to start by middle of 2022/23 and tracking is being put in place.

Strengthen our population health focus - Page 1 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R2.6	Neurodevelopment (ND)- improve access to services to meet WG 26 weeks assessment targets and further develop early intervention post diagnostic services.	QSE	Executive Director Primary & Community Care	30th June – Baseline assessment. 30th September - Improvement Plan and structure to deliver agreed. 31st December/4 - Ongoing performance monitoring via ND Regional Steering Group.	P A A	P G	G	P

Strengthen our population health focus - Page 2 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1	Building a Healthier North Wales: Implement smoke free sites with consideration to the implementation of Mental health smoke free action plan.	QSE	Executive Director of Public Health	Regulation of smoke free premises, working in conjunction with local authorities or delegate responsibilities established and operating consistently across all sites to be compliant with new legislation which comes into effect 31st March 30th - September 2021.		R	R	R
				Smoking cessation support and access to nicotine replacement therapy for patients and staff available and in place. 30th June 2021.		P		
				Mental health action plan agreed in response to cessation of exemption to smoke free regulations 31st December		A	P	
S1.1	Implement integrated smoking cessation service	QSE	Executive Director of Public Health	Cross cover and accessibility for evening and weekend, coverage is increased through: - alignment of job descriptions - shadowing - staff development. - job evaluation process complete for job roles 31st December		G	P	
				Provision of support for advisors and bank staff working out of hours is in place 31st March		G	P	
				Single service plan is developed with: - simplified referral system - Improved management and supervision processes implemented 31st December		A	R	R
				One system for maintenance and replacement of equipment (CO Monitoring) implemented 31st March		P		
				Dashboard is resumed to strengthen performance monitoring and data availability 30th September		P		
				Review Ottawa model in preparation for 2022/23 planning Identify primary care partners for targeted community engagement sessions 22/27 31st March		A	R	R

S1 – The Smoke Free Policy is currently undergoing approval and hospital directors are aware of the requirement to implement smoking regulations. Once approved, we will be progressing communication across all sites and to all stakeholders in relation to enforcement of the smoke free policy.
 Initial meetings have taken place with Local Authorities to discuss delegated responsibilities. There are capacity issues for consistent implementation across Local Authorities which are being addressed. Welsh Government are also expected to support Local Authorities during the first quarter of 22/23.

S1.1 - Single Service plan – Whilst most of the plan is already in place, COVID had caused some delays in the original schedule of meetings due to service pressures. A consultant lead within secondary care will be identified to further advance the work of the single service and meetings are scheduled in April for Maternity Services to agree actions for this particular element. The plan will be completed during May 2022.

S1.1 Ottawa model – The Ottawa model has been identified as a key priority in the tobacco control action plan for 22-24. We have already made significant progress towards establishing this model during 21/22, however discussions with Welsh Government have been delayed. The meeting for discussing implementation and national requirements is due to take place in April 2022. Our plans for 22/23 delivery have been submitted and approved by Welsh Government for funding - which will allow us to continue to establish and embed the Ottawa model as an evidence based means for supporting smoking cessation.
Whilst our Secondary Care Help me Quit Service has continued to deliver to the local plan, there have been delays with regards to progressing the community engagement events with GPs and Primary Care partners due to the significant pressures experienced recently. We are progressing this work as a priority and intend to complete this during Q2 2022.

Strengthen our population health focus - Page 3 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.2	Reducing food poverty initiatives are established	PPPH	Executive Director of Public Health	Deliver community education programmes to: - Llangefni - Plas Madoc 31st March		P		
				Finalise programme agreement with one further identified area. 31st December		G	G	P
				Develop Food Distribution plan 30th June		P		
				Post-COVID-19 revised strategy to be produced in Plas Madoc 30th September		A	A	P
				Increase number of partners and scheme members through engagement events/ membership scheme in Llangefni 30th September		P		
				Develop food poverty initiative proposals, in partnership with Bangor University, local authority and 3rd sector. 31st December		P		
				Scope and develop proposal for a food poverty/ food waste initiative in Denbighshire 31st December		A	G	P
S1.3	Homelessness initiatives are implemented	PPPH	Executive Director of Public Health	Co- Contribute to development of regional Lottery bid to address homelessness (in partnership with housing associations, third sector and local authorities). 31st December		P		
				Refresh with partners the Wrexham programme and Health Board contribution. 31st December		R	G	P
				Extended scope for Bangor and links to the food poverty/ training café. 31st December		G	P	P
				Post-COVID-19 Rhyl development and Health Board contribution. refreshed with partners 31st March		G	G	P

Strengthen our population health focus - Page 4 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.4	Implementation of the Infant feeding project (Wrexham)	QSE	Executive Director of Public Health	To support the Infant feeding (IF) strategy, the training sub group will deliver pre-registration standards of infant feeding training to allied services. eg health visiting, paediatrics. The group will progress the WHO baby friendly initiative through focus on IF training. 30th June-31st March -		G	G	P
				Targeted support following birth to increase numbers of women breastfeeding on discharge from hospital and at 10 days. The newly appointed IF support workers will give additional support one to one and telephone support up to day 10. 30th September-31st March		G	G	P
				Once Quality improvement project complete, evaluate programme, and report for review by Health Improvement and Reducing Inequalities Group 31st March-		G	G	P
				Issue Women/Mothers experience survey – questions specific to breastfeeding and experience during COVID to provide lessons learnt and valuable feedback to shape future service delivery 31st December -		G	P	
S1.5	Infant feeding strategy	QSE	Executive Director of Public Health	31st December - Appoint Strategic Breastfeeding Lead (awaiting National JD)		A	R	R
				30th June Response due from National team JD forthcoming:		A	R	R
				30th June JD developed		A	R	P
				30th September Post advertised or seconded		A	R	R
S1.6	Establish Children's Tier 3 obesity service	QSE	Executive Director of Public Health	Posts appointed
Referral mechanisms established
30th September		A	R	R

S1.5 The 21/22 Infant feeding project at Wrexham Maelor has now been evaluated. The evaluation report provides positive feedback and identifies that there has been improvement to infant feeding rates as a result of the project. The report will be used for discussion and to inform actions through the Healthy Weight Programme Group, the Population Health Group and the North Wales Strategic Infant Feeding Group.
Whilst the Job Description for the Strategic Infant Feeding Lead has been drafted locally (following the delay in receipt of a national Job Description), a review of infant feeding services alongside the Healthy Weight programme has commenced which will further inform the focus of the role. This post will now form part of a business case which considers the development of the whole service as part of 22/23 planning.

S1.6 & 1.7- We have successfully recruited to all Tier 3 Children's obesity service posts except the psychologist post. The service is now live with referral mechanisms in place. The first Multi-Disciplinary Team will take place week beginning the 4 April. We aim to have the psychologist post appointed to by Q2 22/23.

Strengthen our population health focus - Page 5 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.7	Establish Children's Tier 3 obesity service - Implement Service Plan	PPPH	Executive Director of Public Health	Implement Service plan: Appoint service Lead for the Level 3 paediatric weight management service Engage with the relevant services (Paediatrics, Psychology, Physiotherapy) about the recruitment of the staff for the service and agree with the relevant services where the service will be hosted Source a base for the service Complete procurement process of purchasing necessary equipment Implement service towards end of the summer, ensuring promoted widely as possible, using partners. 30th September-31st March		A	A	P
S1.8	Physical Literacy North Wales programme is established	PPPH	Executive Director of Public Health	Identified partners and relevant workforce trained 31st December		G	P	
				A range of examples of physical literacy informed practice shared with partners across the region 31st December		G	P	
				Resources and tools developed 31st December		G	P	
				Online training resource developed 31st March		G	G	P
S1.9	Elemental software is utilised by local authorities	PFIG	Executive Director of Public Health	Agreed activities at each local authority 30th June	P			
				Progress reporting structure established 30th September		P		
				Evaluation of annual usage shared with Health Improvement and Reducing Inequalities Group 31st March		G	G	P
S2	Inverse Care Law Commissioned report received	PPPH	Executive Director of Public Health	Programme manager appointed 30th September		P		
				Commissioning complete 30th September		P		
				Report from comissioning programme and recommendations received to inform scope of project 31st March		G	P	
				Plan developed 31st March		G	G	P

Strengthen our population health focus - Page 6 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S2.1	Implementation of Alcohol Insights Commissioned report	QSE	Executive Director of Public Health	Findings shared with Allied Planning Board Action plan developed and implemented 31st December		G	P	
S2.2	Increase level 1 activity particularly in target groups		Executive Director of Public Health	Early years dieticians and support workers appointed 30th June		R	R	P
				Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area) 30th September		R	R	P
				Come and cook with your child' programme commences in primary schools 31st December		A	A	P
				Boliau Bach/Tiny Tums programme expands to include food and drink provision for 0-1 years in early child care settings - Training Needs Analysis (TNA) planned and completed 31st December		A	A	P
		PPPH		Provision of accredited nutrition and practical cooking skills NS4L courses commences with families - focusing on supporting Flying Start - Meetings held with each Flying Start team in first 6 months to explore opportunities for greater integration and to establish FS priorities for delivery of parenting programmes/ family contacts etc. - Proposal(s) to extend and integrate our provision with FS teams is outlined in a document e.g .PiD and this is discussed and agreed with all parties within the first 9 months31st December		A	A	P
				Through meeting and establishing groups with childminders and play groups – access to digital and/or face to face training and participation Boliau Bach/Tiny Tums is increased. - Digital training resources completed and tested 31st December		A	G	P

Integration and improvement of mental health services - Page 1 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M1.1	Quality Improvement & Governance: Implementation of ward accreditation to improve fundamentals of care and leadership.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope programme of work	R	P		
				30th September, agree plan for roll-out	N/A	P		
				31st December/31st March implement	N/A	N/A	G	P
M1.2	Workforce Wellness & Organisational Development: We will enhance leadership within the Division and seek to actively support staff in their workplaces to maintain optimum wellbeing.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June agree scheme plan	P			
				30th September/31st December/31st March implementation	N/A	P		
M1.3	Ablett / YGC MH Inpatient Redesign: We will continue to work with Corporate Planning colleagues to design on the YGC site for the provision of Adult and Older People's Mental Health inpatient services in the Central Area.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	To provide services which meet the strategic direction outlined within Together for Mental Health in North Wales and deliver the model of care developed through the Quality & Workforce groups;30th June	P			
				31st March, dependent on planning permissions outcome	G	G	G	P
M1.5	CAMHS: We will develop an appropriate interface with child and adolescent mental health services to ensure the most effective transition for young people with mental health conditions into adult services.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, develop improvement plan	R	P		
				30th September, agree plan	N/A	P		
				31st December-31st March begin to implement improvements	N/A	N/A	G	P
M1.6	Safe & Timely Discharge: We will introduce a programme of work across the division to review long length of stay and delayed transfer of care.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, review work to date	P			
				30th September, agree plan and begin roll-out	N/A	P		
				31st December-31st March, on-going work with adjustments as required	N/A	N/A	P	
M1.7	Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme	A	P		
				31st December-31st March begin implementation	N/A	N/A	R	R

M1.7 Dementia Care: The review of Dementia Care within BCU continues.   A helpful vehicle for this process has been the Community Hospital Quality review in Summer 2021 and the subsequent action plan, which comprises numerous dementia-related actions led by the Consultant Nurses for Dementia. Most actions will be complete by end of June 2022 and are on track. Memory Assessment Services have been scoped extensively and a report is near completion that will dovetail with existing work in the Memory Assessment Service. The strategic lead for Dementia is continuing to make good progress with dementia pathways work through acute/general care from May 2022 working with the Transformation team pathways lead and linking into Older Persons Mental Health.

Consultant Nurses for Dementia have been leading work on training needs analysis processes that exist across BCU but has found these systems to be poor/insufficient. Whilst the mandatory Level 1 dementia awareness training is maintained across BCU, Levels 2 and 3 have not taken place since the start of the Covid-19 pandemic. The Consultant Nurses for Dementia have begun and will continue to develop relationships across BCU wards/departments/areas that will identify training needs and the support required to meet those needs. Regular meetings have been established across areas to meet ward managers and matrons and to provide updates and discuss issues. We are in the process of finalising the set-up of level 2/3 dementia training via an online provider. This training will be available to up to 4000 staff.

An evaluation of the Dementia Support Worker role in acute general and community hospitals has been designed and is about to start in partnership with Bangor University. This will identify issues to inform demand and capacity work and following the Community Hospital Review. The Nursing Director for West (Acute) is exploring extension of these valuable dementia support roles into evenings and weekends to enhance the service. The Consultant Nurses for Dementia are fully involved in Regional Partnership dementia work via the Dementia Steering group, which monitors the good progress being against the Dementia Action Plan/Standards. A further initiative to promote effective services has had funding secured to appoint Dementia Meeting Centre facilitators and a manager to set up 6 centres across North Wales. Tracey Williamson has been appointed to lead on dementia NICE standards across BCU and lead the Dementia Hospital Charter implementation group to be set up from April 2022.   Recruitment is also about to go live for a new Memory Assessment Service regional pathways manager post.

Dementia equipment needs across BCU to support patients has been quantified and ordering is underway. Furthermore, a project to digitalise Kings Fund Dementia Environment audit tools is currently being set up to commence by April 1st 2022, which will lead to further improvements in dementia friendly environments of care delivery pan-BCU.

A dementia public information film has been funded and is to start by end of March 2022 to help improve public knowledge of dementia, reducing risk, the importance of getting checked, support etc.

Integration and improvement of mental health services - Page 2 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M1.8	Older Persons (OPMH): Development of Crisis care support for older adults (over 70) with an acute mental illness over the age of 70 and people of any age living with dementia.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme with supporting SOPs	R	R	P	
				31st December-31st March begin implementation	N/A	N/A	R	R
M1.9	Early Intervention Psychosis: Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	A
				31st December, integrate in to local teams	N/A	N/A	R	R
				31st March, evaluate	N/A	N/A	N/A	N/A
M10	Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	R	R	R	R
				31st December Develop options appraisal	N/A	N/A	R	R
M10.1	Learning Disabilities: We will implement the strategy for learning disabilities services in partnership with people with lived experience, their families, health and social care organisations across North Wales and the voluntary sector.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	A	R	R	R
				31st December Develop future options appraisal	N/A	N/A	R	R
				31st March Evaluate work programme to date	N/A	N/A	N/A	N/A
M10.2	Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	A
				31st December, integrate in to local teams	N/A	N/A	R	R
				31st March, evaluate	N/A	N/A	N/A	N/A
M10.3	Primary Care & ICAN: To build on actions from within the Winter Plan and further develop the demand and capacity modelling to continue to review and improve patient flow between primary and secondary care. To work with Primary Care Services together with ICAN to offer direct and rapid access to wider ranging support supported by trauma informed approaches at cluster level.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June Engagement with primary care clusters	R	P		
				30th June Recruitment of OTs for model across North Wales	R	P		
				30th September Internal and external promotion of ICAN primary care model with GP Clusters and partner agencies	N/A	P		
				31st December-31st March evaluate impact	N/A	N/A	R	R

M1.8 Older Persons Mental Health: The Occupational Therapy clinical leads are ready to go with a pathway and had advertised and shortlisted in November 2021 with paused candidates. We are currently awaiting guidance from Senior Leadership within Mental Health and Therapy Services as to approval to proceed. Revised milestones for 2022/23 have been agreed by Divisional Senior Leadership Team and Corporate Planning in line with the BCU Integrated Medium Term Plan, merging the unscheduled crisis care programme and older person's crisis care into one overarching programme.

M1.9 Early Intervention Psychosis: We have recruited the care co-ordinators and the induction training will commence on the 4th April 2022.   Available and appropriate estates/accommodation remains the significant and outstanding issue. At the time of this report, we are not able to recruit to the remaining posts and therefore not able to become operational until these issues have been resolved. An accommodation request has been escalated to Divisional Senior Leadership Team for consideration and approval for exploring suitable accommodation outside of the division.

M10 Forensic Services: An internal review of capacity and resource to undertake this key priority has informed milestones for this work in 2022/23. The progression of this work is dependent on the national review of secure services. This is now due for publication in August 2022 having been delayed from its original publication date of April 2022. Guidance from the national review will have a significant impact on how our forensic services look going forward, we will consider this against our existing model and undertake a gap analysis to inform a business case 6 months post the guidance publication. The revised milestones for 2022/23 have been take through our divisional governance process and agreed by Divisional Senior Leadership Team.

M10.1 Learning Disabilities: The Section 33 agreement for Pooled Budget Pilot has now been approved and governance arrangements approved by BCUHB. Pooled budget will commence from the 1st of April 2022 with a view of evaluation effectiveness at month 6. The Enhanced Community Residential Service (ECRS) right sizing project is complete, retendering of 1 Ynys Mon project in process and project group established. This programme also requires significant project management support to progress, which is not currently available, status therefore remains red.

M10.2 Maternal and Perinatal Services: Recruitment has been a significant barrier to the progression of this key priority for the division. We are pleased to have recently recruited to a number of posts including our third nursery nurse post, 0.5 WTE service manager post and Band 8a clinical psychology post all of whom should be in post in Qtr. 1 of 2022/23. We have a number of other post going through the recruitment process from approval to interview stage and progression of these is scrutinised and monitored within the division. Recruitment to our service is fundamental to achieving the Royal College of Psychiatrists Perinatal Mental Health Type 1 standard.

M10.3 Primary Care & ICAN: The scoping of our workforce model has been completed. Regional roll out ICAN Primary Care Practitioners will commence Qtr. 1 2022/23. Recruitment remains a pressure to the achievement of this key priority.

Integration and improvement of mental health services - Page 3 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M10.4	Psychological Therapies: To increase access to psychological therapies across both mental and physical health services.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	31st March	A	G	G	R
M10.5	Rehabilitation Services: To agree a long term model for rehab services and support whole system patient flow pathways.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September review and agree plan	A	P		
				31st December, seek Divisional approval and consider funding requirements	N/A	N/A	P	
				31st March finalise plan	N/A	N/A	N/A	R
M10.7	Unscheduled Care & Crisis Response: We will further develop an all age crisis response pathway.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G	P		
M10.8	Eating Disorders: To address the significant deficits in service provision for early intervention and treatment and to improve the clinical needs and challenges of current Eating Disorder (ED) service provision in North Wales and North Powys.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	A
				31st December, integrate in to local teams	N/A	N/A	R	R
				31st March, evaluate	N/A	N/A	N/A	N/A
M11	Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope requirements	R	P		
				30th September, develop and agree a plan	N/A	R	R	R
				31st December, agree proposals	N/A	N/A	R	R
				31st March, implement	N/A	N/A	N/A	N/A
M11.1	Partnership & Engagement: To deliver clinically led, safe and effective services in partnership with patients, their families, social care and third sector colleagues.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G	G	P	

M10.4 Psychological Therapies: We have undertaken work between the Interim Professional Lead/Head of Psychology Services and the Executive Director of Therapies to establish a formal constitution and governance arrangement for the Psychological Therapies Management Committee. This is the formal strategic and quality assurance group for psychological therapies/interventions within BCUHB child and adult services, mental and physical health and WOD Staff Wellbeing. Learning Disabilities Psychology Services has high levels of Clinical Psychologist vacancies meaning access to Psychological Therapies within Adult Learning Disability Services has significantly reduced. A business case is being submitted to the Divisional Senior Leadership Team in April 2022 that aims to address both the vacancy issues in the short and longer term, and also significantly improve our offer regarding mental health and psychological therapies.

Forensic (Medium Secure) and Rehabilitation Psychology Services have a draft strategy document has been prepared and submitted to and accepted by Divisional Senior Leadership Team highlighting the gaps and the need to develop psychology resources within the service including the Compassion Focused Therapy. The need to progress towards a more psychologically informed service and increase access to multi-disciplinary delivered psychological interventions at different levels of intensity has been accepted by the Divisional Senior Leadership Team and wider management team. A business case is now required, which will include an increase in qualified Clinical Psychologists and nurse therapist posts.

The current Rehabilitation Project Board is actively reviewing plans for increasing access to psychological therapies and creating more psychologically informed services. It is acknowledged that this is a key goal for the service and project groups are currently looking at how this will be achieved, the resources that will be required and the training that the workforce will need. Psychology representation on all project groups.

North Wales Brain Injury Service (NWBIS) & Neuropsychology has recruited to the new Stroke Psychology Service. This includes a Consultant Clinical Psychologist, two Clinical Psychologists and several Assistant Psychologists. Psychological therapy will be offered to stroke patients, as appropriate. In 2021, a gap analysis report (Project Athena) was presented to, and accepted by, the BCUHB Neurosciences Board. There are no, or little, psychological input to neurological conditions. There is a small amount to Motor Neurone Disease (via Health Psychology Services), but it is not a comprehensive service. Service provision is needed in Multiple Sclerosis, Functional Neurological Disorder, Epilepsy and Parkinson's, as well as developing the input to Motor Neurone Disease. It will be appropriate to offer psychological therapy to all these populations and provide a neurological conditions Psychology Service. A business case is in the very early stages of development with plans to progress this into 2022/23.

Adult Mental Health Services provision at Tier 0 and Tier 1 has been mapped, we are moving at pace to recruit a number of additional new posts. These new psychological staff will work embedded within existing multidisciplinary Primary Care Mental Health Services supporting improvements in lower step delivery in adult mental health services as per Matrics Cymru guidance. Improvement work for Tier 2 and above for support within multidisciplinary teams on the ground over the last 3 years via the Adult Mental Health Stepped Care Initiative has been sustained despite the Covid-19 pandemic. Current BCUHB compliance for Adult Mental Health Secondary Care Specialist Psychological Therapies /Interventions is 76.19%, demonstrating significant improvements have been sustained. There are some challenges due to vacancies and increase in demand, but these are being managed on a local basis. This month this improvement work has been recognised nationally, with BCUHB going from the worst in Wales (because of the Wrexham legacy lists) in 2017 to now the 3rd best Health Board in Wales.

M10.5 Rehabilitation Services: Progress has been made against this important work, the 5-10 year plan has been revised into a more appropriate 3-year transformational plan and this has been completed with the agreed objectives for Year 1 on trajectory. The business case for enhanced supported living scheme is in development.

M10.7 Unscheduled Care and Crisis Response: Mental Health Single Point of Contact (SPoC) weekend and Out of Hours model has been developed and approval to move to implementation was given by Clinical Strategy Group in February 2022. Delay in obtaining go live approval has resulted in issues with obtaining appropriate staffing for the weekend rota. St. John Mental Health Conveyance pilot is now live in East and has been expanded to the Central Area. The Sanctuary Model and subsequent tender specification has been developed. However, at the request of area teams, this was paused in order to explore further options. Crisis Steering Group was stood down during Gold Command which has contributed to the lack of progress against key milestones. All risks and issues relating to this workstream have been escalated to the Divisional Senior Leadership Team and Executive Delivery Group.

M10.8 Eating Disorders: Recruitment delays continue to affect service delivery and lack of appropriate accommodation is a significant limiting factor to recruitment and therefore service delivery. Various posts (e.g. administrators, dieticians, occupational therapists) cannot be advertised without a base. A summary of accommodation needed has been in circulation for some time but no solution found as yet. In the west, we have re-configured our existing base to accommodate as many new staff as possible, but this won't accommodate everyone in the West. Recruitment may need to go on hold until accommodation issues are resolved.

M11 Liaison : Local area Psychiatric Team Managers have reviewed current staffing establishments and identified where additional posts are required in order to stabilise current Psychiatric Liaison services. Psychiatric Liaison enhancement model proposals have been completed. Recruitment into temporary Band 6 posts is progressing well to support the current staffing establishment shortfall and will be completed by the end of Qtr. 4 2021/22. Work is ongoing around the Psychiatric Liaison Clinical Lead Model. Re-sign up to PLAN (Psychiatric Liaison Accreditation Network) has been approved for all areas and has been actioned by the Psychiatric Team Managers. Work is ongoing in line with PLAN requirements.

M11.1 Partnerships & Engagement: The Caniad contract for service user involvement has been extended to the end of September 2022. There has been a renewed focus on the settings and priorities for the involvement of people who have experience with our Mental Health & Learning Disabilities services, to feedback on, and influence service improvement. Agreements are now in place with each Local Authority to develop their own projects in partnership with local Mental Health & Learning Disabilities teams. There is an expectation that these projects will regularly report into the Integrated Service Boards, and opportunities to develop these projects jointly will be a priority. Projects include volunteer coordinating, the development of a wellbeing centre and increased provision of support through the iCAN hubs.

2021-22 Operational Plan Monitoring Report
Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website   www.bcu.wales.nhs.uk
- Stats Wales   https://statswales.gov.wales/Catalogue/Health-and-Social-Care

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

follow @bcuhb

http://www.facebook.com/bcuhealthboard

Cyfarfod a dyddiad: Meeting and date:	Performance, Finance & Information Governance Committee 28.4.22
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Quality & Performance Report to 31.03.2022
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill Executive Director of Finance
Awdur yr Adroddiad Report Author:	Edward Williams Deputy Director of Performance
Craffu blaenorol: Prior Scrutiny:	The data and information provided in this report has been scrutinised and signed off by the Executive Director of Finance.
Atodiadau Appendices:	None

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

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	↝	Ar gyfer sicrwydd For Assurance	↝	Er gwybodaeth For Information	↝
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	

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

Cefndir / Background:
Our report outlines the key performance and quality issues which fall under the delegated powers of the Performance, Finance & Information Governance Committee.   The summary of the report is now included within the Executive Summary pages of the QAP and demonstrates the work related to the key measures contained within the 2021-22 National Delivery Framework. This framework has been revised to provide performance measures under the Quadruple Aims set out in A Healthier Wales.

Asesu a Dadansoddi / Assessment & Analysis
Goblygiadau Strategol / Strategy Implications
The performance measures included in this report are from the NHS Wales Delivery Framework 2021-22.
Opsiynau a ystyriwyd / Options considered
Not Applicable

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

Quality and Performance Report

Performance, Finance & Information Governance Committee

Position as at 31st March 2022
Presented on 28th April 2022

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

Table of Contents

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

Report Structure

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

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

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

Performance Monitoring

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

Performance has improved over the last 6 months

Performance has got worse over the last 6 months

Performance remains the same

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

Ongoing development of the Report

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

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

Overall Summary Dashboard

Unscheduled Care Measures

Ambulance Red Calls 8 Minutes: **45.3%**
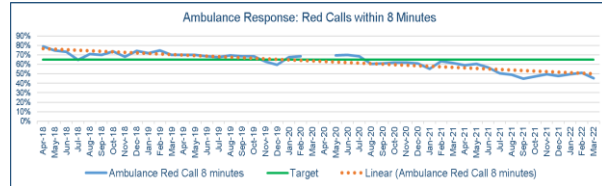
Ambulance Handovers Over 1 Hour: **2,002**
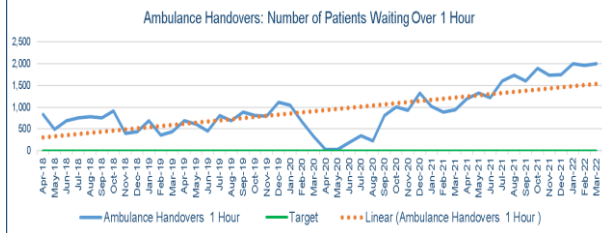
Combined ED&MIU 4 Hours: **58.53%**
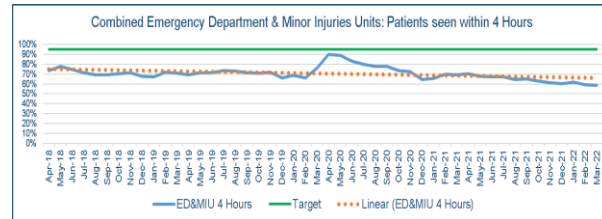
ED 12 Hours: **3,252**
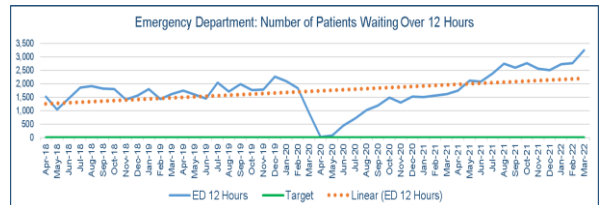
ED 24 Hours: **1,246**
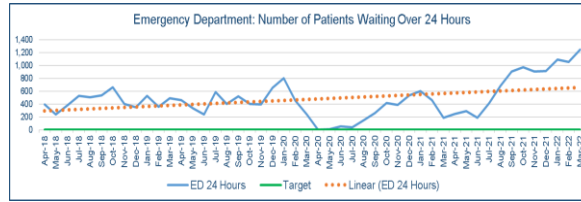
Stroke Admission 4 Hours: **16.5%**
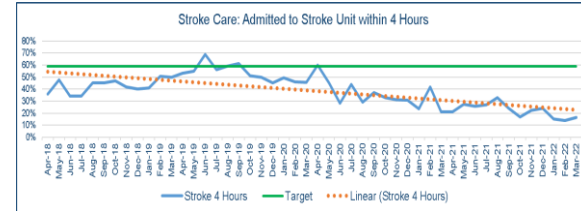
Stroke Consultant 24 Hours: **68.7%**
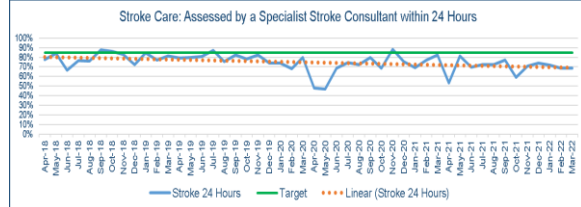
Sickness Absence

Sickness Absence Rate: **6.13%**
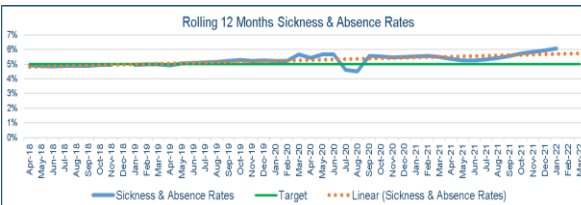
Planned Care Measures

Diagnostic Waits 8 Weeks: **6,829**
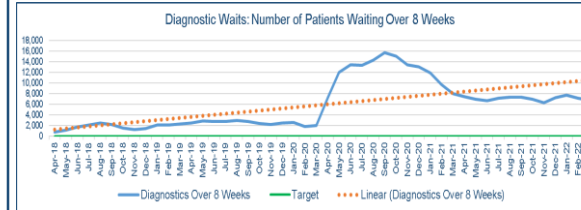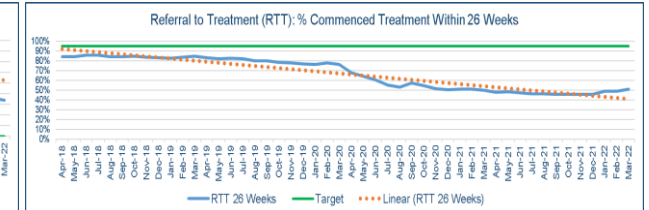
Therapy Waits 14 Weeks: **6,486**
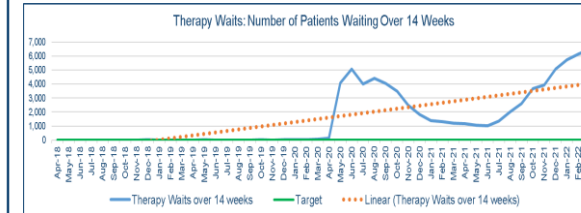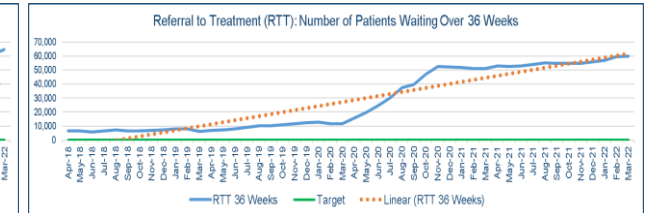
Total Follow Up Backlog: **185,293**

Follow Up Over 100%: **54,815**

RTT within 26 Weeks **51.22%**

RTT Over 36 Weeks: **60,821**
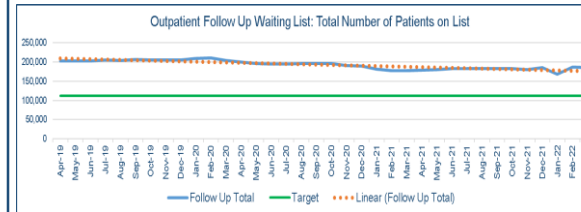
RTT Over 52 Weeks: **41,458**
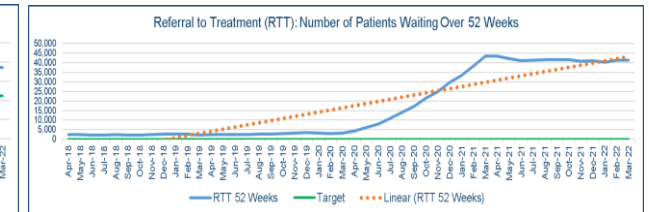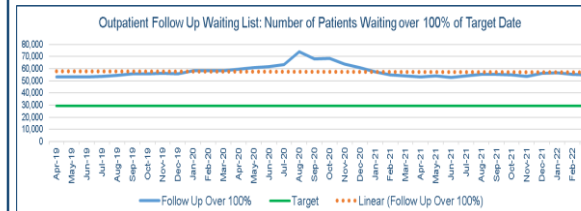
Suspected Cancer Pathway: **70.3%**

1# Executive Summary
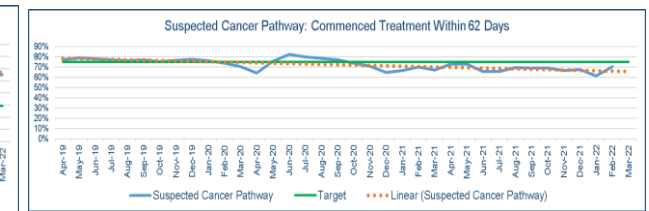
The Committee is asked to note the following:

Quadruple Aim 2: Unscheduled Care
During quarter 4 of 2021-22, pressures on the unscheduled care system remains and there has been a steady decline in performance with 58.53% of patients being seen within 4 hours (against a target of 95%). The number of patients waiting over 12 Hours in our Emergency Departments has continued to increase throughout the quarter at 3,252. The number of patients waiting over 24 hours also rose to 1,246. The number of patients experiencing ambulance handover delays of an hour or more also rose and breached the 2,000 mark for the first time ever at 2,002.

Quadruple Aim 2: Stroke Care
Performance against the stroke care measure continues to be poor throughout quarter 4 of 2021-22 ending with 16.5% of patients admitted to a Stroke Assessment Unit within 4 Hours (against a target of 59%). The rate of patients reviewed by a Stroke Consultant within 24 hours also fell to 68.7%.

Quadruple Aim 2: Planned Care
As in the rest of the UK, the disruption caused by the Omicron variant of COVID-19 continues to severely impact upon our capacity to deliver planned care services at the pre-COVID-19 rates result in increased waiting times.

At the end of quarter 4, 2021-22, the number of people waiting over 36 weeks increased to 60,281. The number of patients waiting over 52 weeks also rose to 41,458. However, the rate of growth of the number of patients waiting over 36 and 52 weeks has slowed down.

The number of patients waiting over 8 weeks for diagnostic tests fell to 6,829 at the end of quarter 4 of 2021-22. Endoscopy, Cardiology and Radiology remain the 3 specialties with the highest number of people waiting over 8 weeks.

The number of patients waiting over 14 weeks for therapy has continued to increase with 6,486 patients waiting over 14 weeks at the end of quarter 4 of 2021-22.

Whilst performance against the Suspected Cancer pathway target of 75% of patients starting treatment within 62 days of suspicion remains below target at 70.3% for February, compared to the 61.4% reported in January, BCU remains one of the best performing Health Boards in Wales in terms of the Suspected Cancer Pathway.

At 185,293 at the end of March 2022, the total number of patients waiting for a 'Follow Up' fell slightly at 185,293. The number of those patients that are more than 100% overdue their follow up date also fell at 54,815.

Performance against the eye care measure has continued to improve at 49.3% at the end of quarter 4 of 2021-22.

Quadruple Aim 3: Workforce
The trend for staff sickness rate over the last 8 months (July to March) has been one of increase with December at 6.30%. COVID-19 related sickness has continued to increase at 1.6% in March (from 1.1% in February).

Quadruple Aim 3: GP Practice Sickness Rates
The number of staff sickness absences in GP practices has increased over the last few weeks of Quarter 4, 2021-22 with 14% of GPs, 14% of Multidisciplinary Teams (MDTs) and 13% of Administration staff reported absent.

PADR rates have fallen in the last quarter of 2021-22 with 66.7% completed at the end of March 22.

Mandatory Training rates continue to improve and at 84.94% in March 2022, is just below the 85% target rate.

Quadruple Aim 4: Agency /Locum Spend
At the end of Quarter 4 of 2021-22, the combined Agency and Locum cost was at 7.0% (4.5% Agency and 2.5% Locum).

COVID-19

Measures

Measure	at 19th April 2022
Total number COVID-19 Vaccinations given BCU HB	1,582,582
Total Number who have received 3rd Booster dose of vaccine	448,317
Total number of completed tests for COVID-19 (last 7 days - between 12th and 18th April 2022)	2,579
% Tests turned around within 24 Hours (Last 7 days - between 12th and 18th April 2022)	100%
Average turnaround time (Last 7 days - between 12th and 18th February 2022)	Less than 1 Hour
COVID-19 incidence per 100,000 population (last rolling 7 days to 14th April 2022)	44.3
% Prevalence of Positive Tests (last rolling 7 days to 14th April 2022)	17.7%

Source: BCU IRIS Coronavirus Dashboard, accessed 19th April 2022
PHW COVID-19 Dashboard accessed 19th April 2022

and

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

People will take more responsibility, not only for their own health and well-being but also for their family and for the people they care for, perhaps even for their friends and neighbours. There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lies, It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

Most of the measures in the NHS Wales Delivery Framework for Quadruple Aim One fall within the remit of the Quality, Safety and Experience Committee.

Following cessation of screening services in April 2020 (due to the COVID-19 Pandemic) all screening services are up and running in Wales. Reduction of the backlog caused by the cessation of services remains a priority for the Health Board and for Public Health Wales.

At this time, data for uptake of screening services is not available as Public Health Wales are putting all their informatics resources into the reporting and monitoring of COVID-19.

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end. Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

Top 5 Measures (based on movement up or down)

Period	Measure	Target	Actual	Trend
Jan 22	Number of patients who spend 24 **hours** or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	1,246	⬇
Jan 22	Number of patients who spend **12 hours** or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	3,252	⬇
Jan 22	Percentage of patients waiting less than 26 weeks for treatment	>= 95%	51.22%	⬆
Jan 22	Number of patients waiting more than 8 weeks for a specified diagnostic	0	6,829	⬆
Jan 22	Number of patients waiting more than 14 weeks for therapy	Reduce	6,486	⬇

Quadruple Aim 2: Unscheduled Care Measures

Period	Measure	Target	Actual	Trend
Jun 21	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within **1 hour** of their initial call being answered***	90%	**90.72%**	⬇
Mar 22	Percentage of emergency responses to red calls arriving within (up to and including) **8 minutes**	>= 65%	**45.30%**	⬇
Mar 22	Number of Ambulance Handovers over **1 Hour**	0	**2,002**	⬇
Mar 22	Percentage of patients who spend less than **4 hours** in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	>95%	**58.38%**	⬇
Mar 22	Number of patients who spend **12 hours** or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	**3,252**	⬇
Mar 22	Number of patients who spend **24 hours** or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	**1,246**	⬇

Period	Measure	Target	Actual	Trend
Mar-22	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within **4 hours** of the patient's clock start time.	>= 59%	**16.50%**	⬇
Mar-22	Percentage of patients who are assessed by a stroke specialist consultant physician within **24 hours** of the patient's clock start time	>= 85%	**68.70%**	⬇
Mar-22	Percentage compliance against the therapy target of an average of **16.1 minutes** of Speech and Language Therapist input per stroke patient	>= 64%	**62.10%**	⬇
Q3 21/22	Percentage of stroke patients who receive a **6 month** follow up assessment*	TBA	**33.50%**	⬇
Dec 21	Percentage of survival within 30 days of emergency admission for a hip fracture**	>= 80%	**81.50%**	⬇

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

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

A surge in the number of confirmed COVID-19 cases during March 2022 continues to contribute to ongoing challenges within primary care, community and acute hospitals across all 3 health communities. The impact of staff shortages as a result of sickness / absences due to self isolation is being felt across also departments and whilst redeployed staff are now returning back to their original workplaces, sickness across the workforce within each of the three Health Communities remains an ongoing issue.

Significant pressures across the whole unscheduled care system continue to be experienced and numbers are returning to pre-pandemic levels with a rise of over 2,000 attendances to EDs seen during March compared to the previous month. The number of those patients attending EDs triaged as category 1 and 2 (very urgent and urgent) peaked over the summer months with a continued downward trend from June 2021, which supports the notion of a reduction in acuity, however, the numbers of triage categories 1 and 2 rose slightly in March for the first time since June and is expected to increase in coming months with the impending Easter and Summer holidays. The ambulance service has had periods of escalating into Clinical Safety plan (CSP) 2B and upwards, resulting in an increase in those self presenting with strokes/MI's which has impacted on the ability to off load ambulances across the Health board. Flow challenges remain within all the hospital sites and community sites, there is still an ongoing delays with accessing timely health and social care assessments as well as a lack of domiciliary care and delays in packages of care in the community causing further delays in discharges and significant challenges remain within the care home sector that impacts on delays in discharging patients back to care homes.

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

Command and control remains in place across the health board, co-ordinating through the current operational structures within the Tactical Control Centre (TCC), with sites still utilizing the Senior manager of the day (SMOD) rota to support local issues. The system lead rota supports overarching management of the North Wales Health economy and supports any overarching decision making and communication with external stakeholders and feedback accordingly via the TCC to executives..

A 2-week system reset was undertaken between 2nd and 16th March 2022 across the Health Board, to provide a focus on acute and community hospital discharges within each of the 3 Health Communities, including engagement with Local Authority and WAST partners as a result of the significant system risks and operational pressures across the entire health and social care system. Actions were identified by each Health Communities reduce the numbers of Medically Fit for Discharge to subsequently improve flow across the whole health and social care pathway. Multi Agency Discharge Events (MADE) have been held on each site to support effective discharge planning and processes and reduce the number of long waiters, improve escalation of internal delays as well as better communication and case studies for learning.

As Phase 1 of the USC Improvement Programme draws to an end for the first 12 months and following a change in the Programme Director role as well as the BCUHB executive structure, a review of the USC programme, including outcomes to date from each of the workstreams, will be undertaken and will inform Phase 2 of the programme which will align with the new planning and guidance for the WG 6 goals for urgent and emergency care received in March.

		Updates	Next steps
Workstream	WS1	• In-house educational programme for Emergency Practitioners (EPs) commenced in January, based on training needs analysis undertaken, to support standardisation and consistency for minor injuries service provision across BCU. A Microsoft TEAMS page for EPs set up to share resources and support comms. • UPCC development continues including ongoing recruitment. East UPCC and ED triage staff are reviewing appropriate referrals to help increase uptake in UPCC. Locations for West UPCC confirmed and start date scheduled for April. • MIUs continue to develop profiles on the directory of service with an increase in capacity, most notably the re-commencing of 24/7 MIU cover in the West to support the increase in local patient population ahead of half term. • 111 service continues to develop to support health care professionals and continues to have in-reach into referring care homes following the recent pilot.	Further to these current position updates for each of the four workstreams, the review and re-evaluation of the USC programme within the transition from Phase 1 to Phase 2 will assess the outcomes of the USC programmes to date and identify the required actions / next steps going forward including priorities and a focus on high impact deliverables.
	WS2	• Pan-BCU recruitment for ED and Acute Physicians ongoing with poor uptake on suitable medical consultant candidates. • YG Acute medical take relocated to SDEC and ED to oversee and assess all medical patients referred to facilitate appropriate same day discharges. • Internal Professional Standards workshop held which helped prioritise principles for allocation of patients between specialties / teams. Wide-spread consensus on a focus around patient needs and encouragement to use training curricula for specialties to identify the right specialty for patients admitted to hospital.	
	WS3	• Continued support to strengthen and develop board rounds across BCUHB. • Ongoing development of criteria led discharge (CLD) across all sites. • Review of discharge lounges to support earlier in the day discharges	
	WS4	• Delays in finalising electronic transfer of care form are being resolved with a revised roll out of end April • Pilot of Electronic whiteboard (alternative to STREAM) commenced in Central Area. • Roll out plan for STREAM whiteboards across BCUHB confirmed with funding agreed.	

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

The review and evaluation of Phase 1 of the USC Improvement Programme, will assess the outcomes to date from Phase 1 and identify the required actions going forward to include identification of priority areas and a focus on high impact deliverables which will inform the next steps for each workstream. This will also include identification of trajectories for KPIs that will be monitored through a programme tracker. Progress of the USC improvement programme continues to be monitored via the monthly USC Improvement Group.

What are the risks to this timeline?

1. Operational pressures across the whole system impacting on capacity to progress identified actions to deliver improvements
2. Existence of / access to SDEC pathways inconsistent across the sites with patients who could be managed on an ambulatory basis still likely to be admitted
3. Bedding down of SDEC overnight impacts on SDEC service following morning.
4. Inability to discharge MfD patients due to lack of capacity in the community impacting on the flow improvement once any acute interventions / delays are resolved.
5. Inability to recruit to various and competing workforce requirements will impact on ability to progress
6. Fragile workforce capacity as a result of sickness / isolation and other COVID-19 related activity on core service provision such as outpatients and elective inpatient care.

What are the mitigations in place for those risks?

1. Priority programmes were identified within Phase 1 of the USC Improvement programme plan in recognition of capacity and competing priorities across acute and area team these will be reviewed and confirmed for Phase 2 going forward.
2. Bedding down of SDEC to be managed as an SIR to ensure review / flow each day.
3. Sites continue to ringfence SDEC units and avoid bedding down, with some improvements are being seen in the number of times SDEC is bedded down on some sites.
4. Bridging services have been established in some community hospitals to support patients who are Medically Fit for Discharge (MfD) but whom require a package of care, to enable them to be stepped down as a transitional space between treatment and discharge, which will support patients to be in the right place and ease bed pressures.
5. BCUHB recruitment campaign ED, SDEC and acute medicine has been successful and recruitment process is ongoing led by workforce with weekly reviews at each site
6. To support staffing capacity issues approval of overtime has been confirmed for staff to undertake additional shifts and utilisation of bank and agency staff. Redeployment of staff from areas of lower acuity to more pressured areas of high acuity, Specialist and senior nurses undertaking additional shifts and Ward Managers included in numbers as well as admin staff requested to pick up Band 2 roles.
7. Creation of an ED Board pan BCU to support joint working ED's across North Wales.
8. Collaborative working with WAST to support plans/actions to improve performance.
9. Site reviews to be recommenced when a level 4 escalation has been hit to review actions managed prior to hitting a level 4, along with reviewing actions that have supported de-escalation.

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

The sites remain in COVID-19 Challenged position with numerous closed wards, lack of flow and this has included the stroke wards, this has impacted on movement out of EDs. Work has taken place to understand key drivers with Kendal Bluck, including meetings with Welsh Ambulance Service NHS Trust (WAST) around the Thrombectomy service with Walton, stroke is classified as an Amber Call, Amber response is impacted by the CSP level of WAST at the time.

- Site bed pressures and outbreak challenges
- Lack of space in ED to carry out in-reach reviews by CBNS at YGC
- Workforce challenges, particularly for nurse staffing
- Gaps in patient pathway created by COVID-19 related pressures, Ward 14 (ASU/SRU) has been used for escalation to meet unscheduled care pressures
- Although posts have been recruited to, staff have not commenced in posts and will require significant training
- High number of Medically Fit for Discharge (MFD) patients on Acute site places additional pressure on site capacity to maintain ring fenced stroke beds

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

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

- Early Supported Discharge (ESD) service in Quarter 4 of 2021/22
- Inpatient Rehabilitation at 3 community sites
    - Eryri, West, end March 2022
    - East and Central sites by September 2022 (paper drafted for February Executive Management Group (EMG) to confirm sites)
- Roll out of improved Atrial Fibrillation (AF) management and detection, speedily initiated anticoagulation and robust monitoring
- Improved Acute service response through additional Specialist Stroke Nurse roles Sites have appointed Band 6s currently undertaking recruitment checks and closing
- Exploration of straight to test CT in East with a further meeting scheduled 22/4/22
- Monthly breach analysis reports continue to be shared with the MDT, with review of actions at the monthly East Local Stroke Improvement Group
- Site bed escalation policy will be reviewed to highlight introduction of ring-fenced capacity (YG)
- Matrons will continue to recruit to vacancies and provide on going support to retain qualified staff all sites
- Continue with weekly deep dive meeting and identify gaps within the patient pathway, jointly with ED team, including operational focus from, HMT
- A Stroke Improvement Meeting to look at the 4 hour ASU target commenced 11th April 2022, chaired by Director of Ops. To be held monthly, YG, in place at YGC and YWM
- New processes instigated to improve pre-alert from ED to Stroke team and or reinforced across sites.
- Continued focus on retaining 2 empty Stroke assessment beds across each site part of all site meetings and daily challenges

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

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

What are the mitigations in place for those risks?

Performance improvement in Sentinel Stroke National Audit Programme (SSNAP) scores is expected to start in April the ESD service will be building up across the 3 Areas, enabling a managed return home and rehab support at home for people following Stroke, and the West Rehabilitation unit will be live. East and Central Rehabilitation units will be ready by end Quarter 2 and the full ESD team and acute nursing team will be in place by end Quarter 1.

- The UPCC in East Area has been operational since December 2020, with a further pathfinder in North Denbighshire at early stages of delivery and a development in West Area scheduled for April 2022. The current data therefore applies to East Area only.
- Referrals to the service continue on an upward trend, with the majority coming from GP practices and Minor Injuries Units (MIUs). Referrals from Emergency Departments (ED) are being actively encouraged as part of Work-stream 1 in the unscheduled care programme.
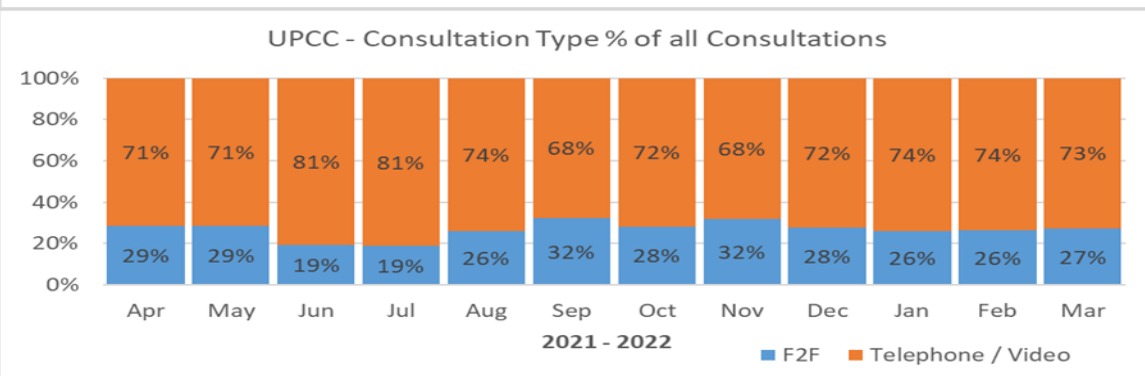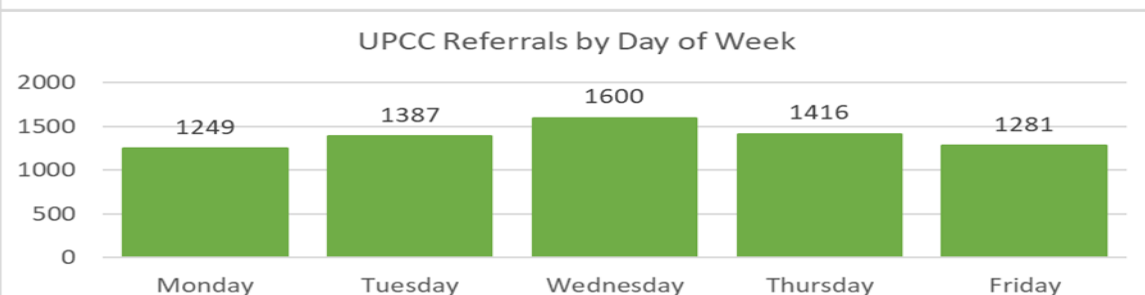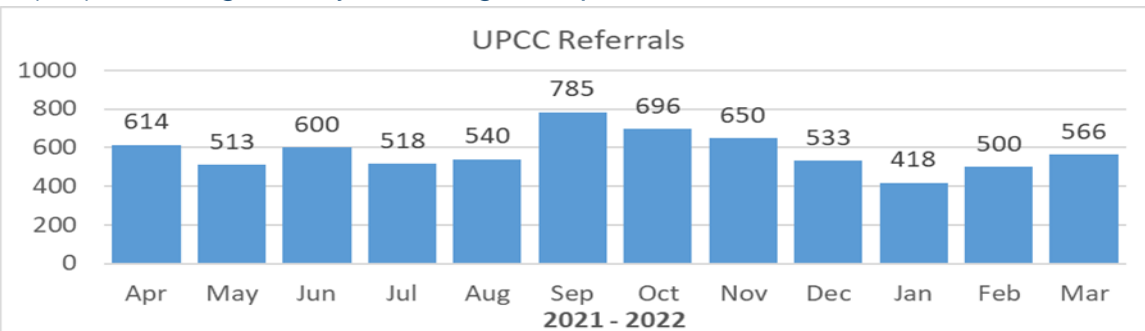
UPCC Referrals

6933	578	27
Total Referrals	Average Mthly Referrals	Average Daily Referrals

Outcome	2021/22
Medication & Self Care Advice	4009
Self Care Advice	1419
Inappropriate Referral - Returned	507
UPCC Unable to accept (Operational Issues)	275
DNA / No response from Pt	231
Referral to a Specialty	156
Dealt with by OGP / Issue Resolved / declined contact	154
Referral to UPCC Physio	90
Directed to ED	77
Directed to Community Based Service	7
Directed to MIU	5
Other	3
Total	**6933**

UPCC - Referring organisations

Other 0%
ED / SICAT 6%
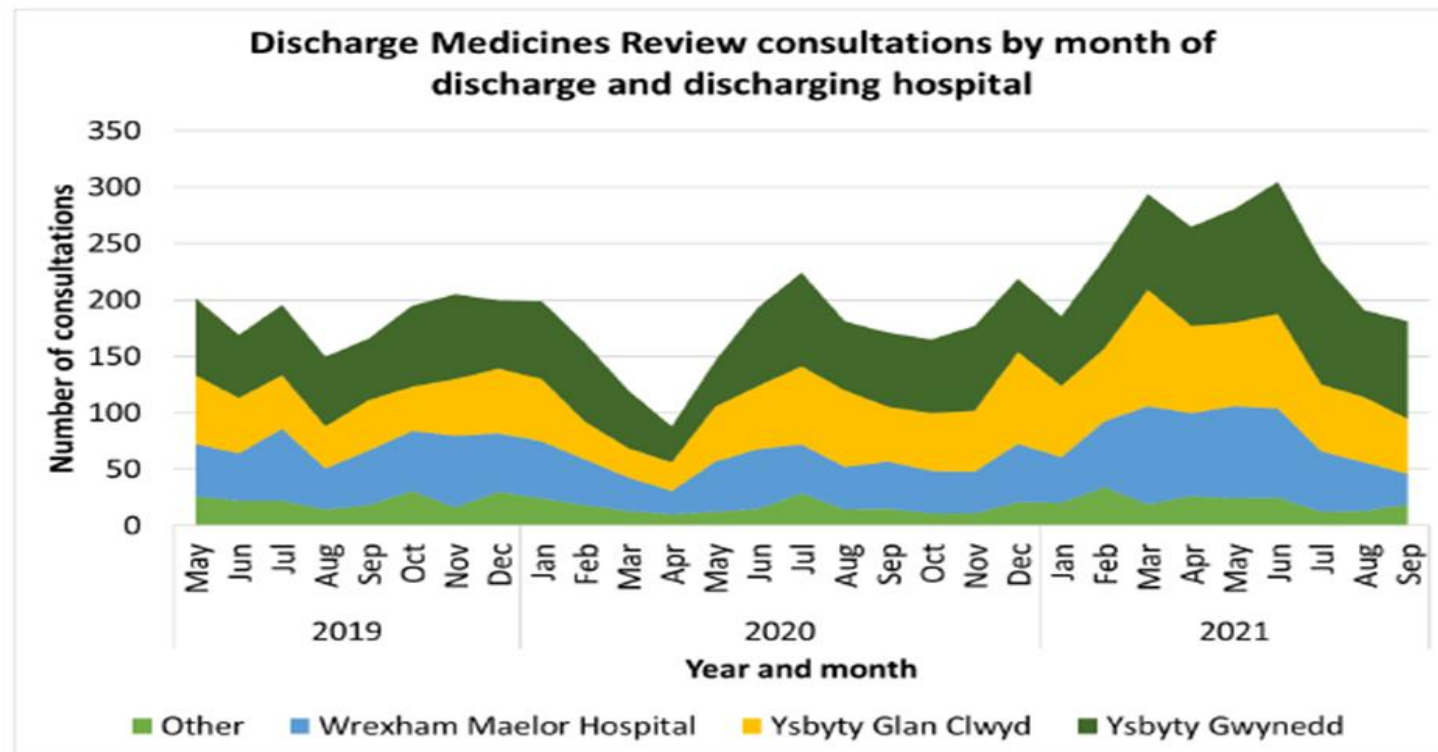F/Shire GP 21%
MIU 0%
OOH 0%
Wxm GP 73%
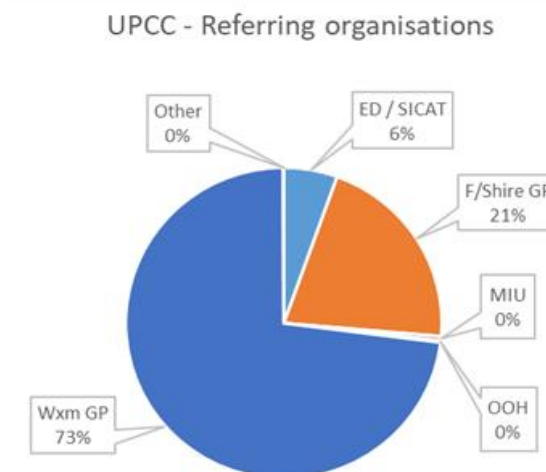
Quadruple Aim 2: GP Out of Hours

- The drop in total contacts from July 21 reflects the introduction of 111 to North Wales as call handling contacts are now managed by Welsh Ambulance Service NHS Trust (WAST), and therefore excluded.
- The number of contacts per month from there on is within predicted numbers and seasonal variation.
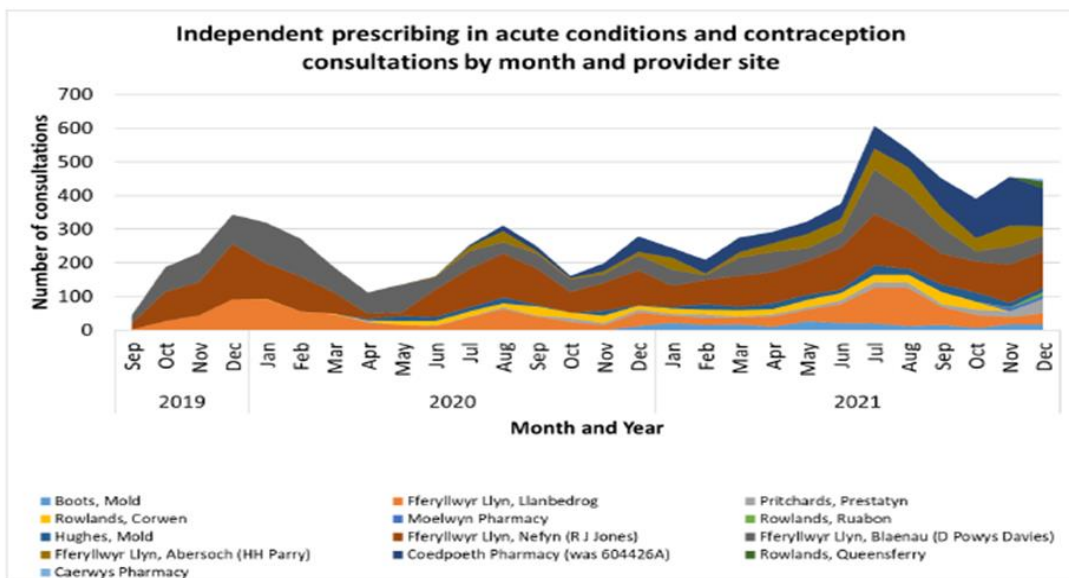- The trend is stable and on track with what we would expect to see.
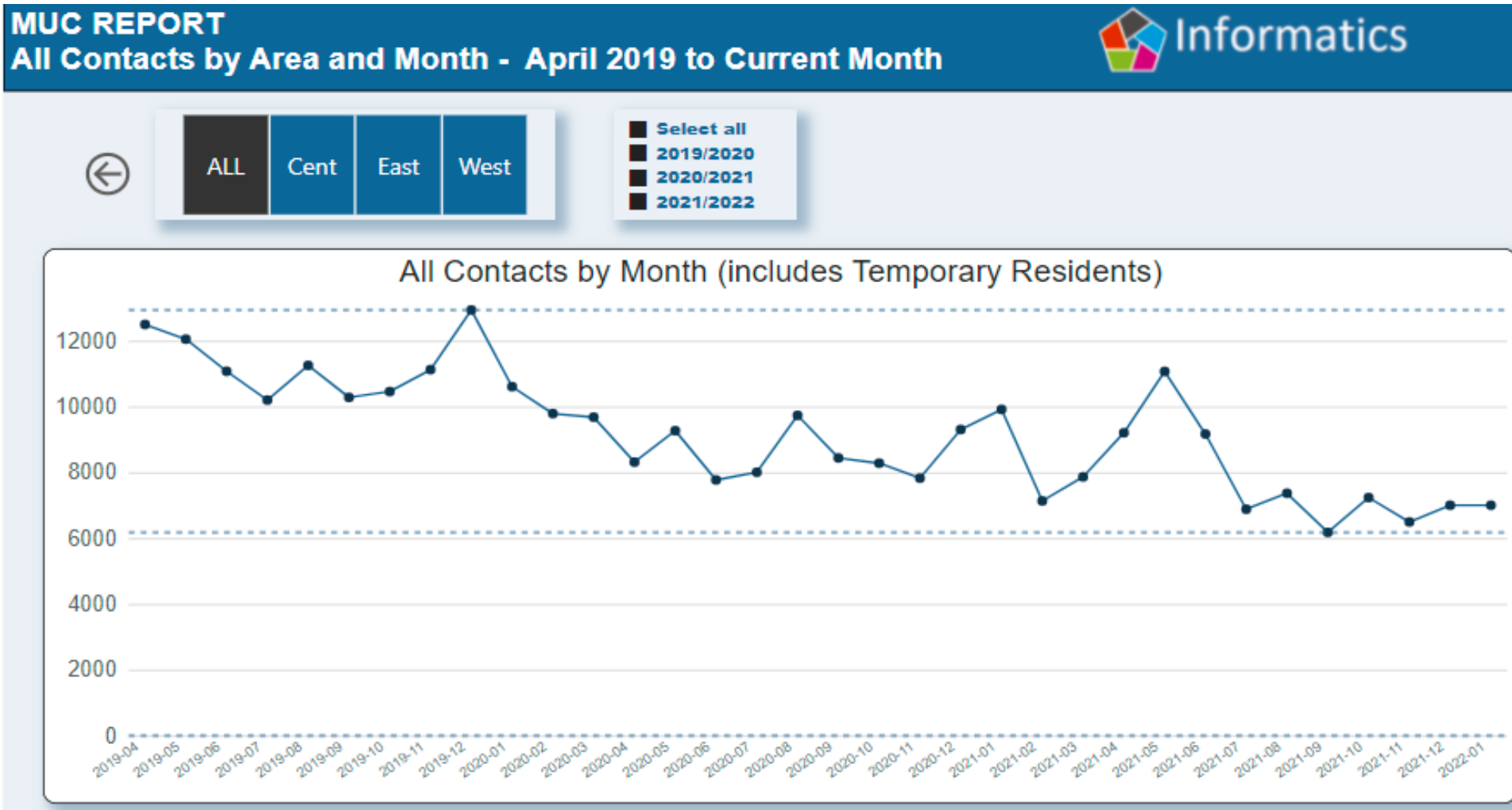
Quadruple Aim 2: Community Pharmacy enhanced services activity and Discharge Medicines Reviews

- The Help Us to Help You campaign encourages patients to visit their community pharmacy for common ailments and other enhanced services.
- The number of pharmacies and number of consultations per pharmacy continue to grow as the independent prescribing service is being established across BCUHB
- The numbers of Emergency Contraception service episodes are returning to pre-pandemic levels
- Common ailment consultations are now growing consistently year on year
- Emergency medicines service is a little higher than pre-pandemic levels, reflecting the additional pressures being experienced in general practice, which are impacting on repeat prescription management in some areas
- Provision of Discharge Medicines Reviews is a post-discharge medicines reconciliation in primary care. The pharmacist checks any changes that have been made to medication during the hospital stay and ensures that the patient understands what's changed and how to use the new regimen. This has resulted in a significant reduction in readmission at 30, 60, and 90 days post-discharge.
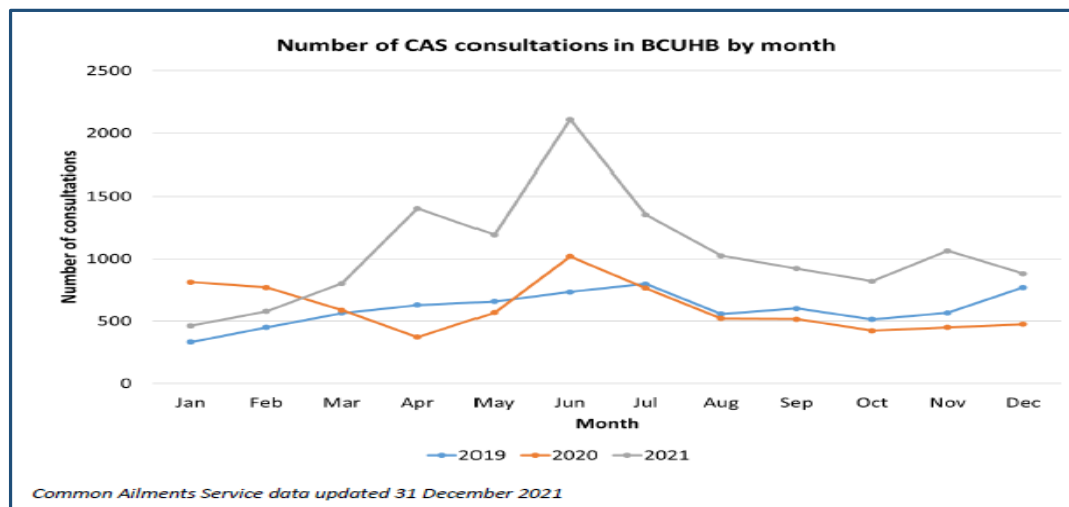

Discharge Medicines Review consultations by month of discharge and discharging hospital
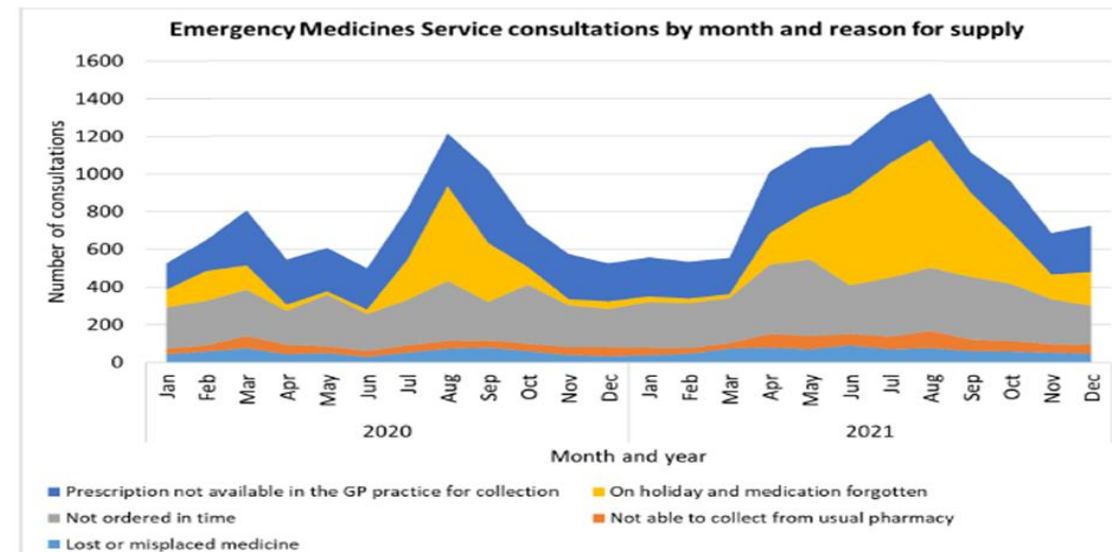
Legend: Other · Wrexham Maelor Hospital · Ysbyty Glan Clwyd · Ysbyty Gwynedd

Discharge Medicines Review data updated 31 December 2021

Independent prescribing in acute conditions and contraception consultations by month and provider site

Independent Prescribing Service data updated 31 December 2021

Emergency Medicines Service consultations by month and reason for supply

Emergency Medicines Service data updated 31 December 2021

Number of CAS consultations in BCUHB by month

Common Ailments Service data updated 31 December 2021

Emergency Contraception Consultations by month across BCUHB
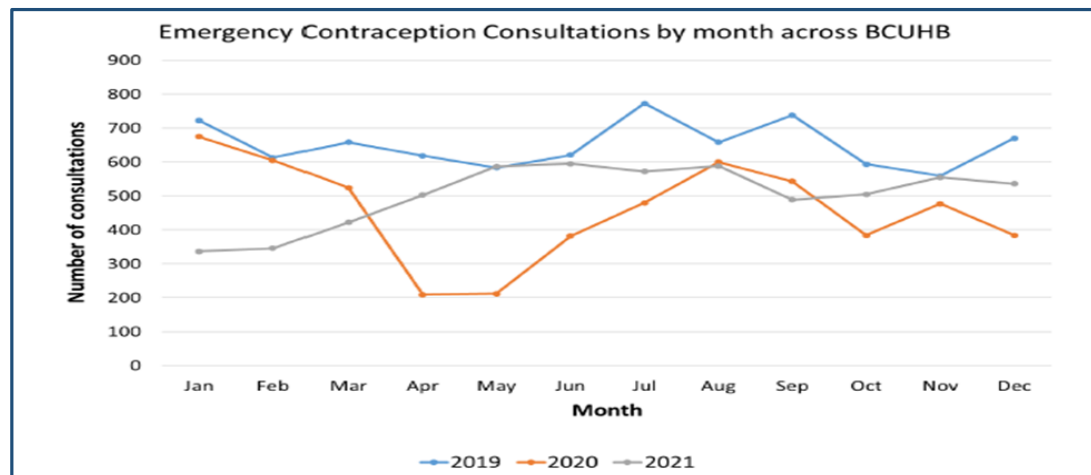
Emergency Contraception data updated 31 December 2021

Quadruple Aim 2: Planned Care Measures

Period	Measure	Target	Actual	Trend
Feb 22	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	75%	**70.30%**	⬆️
Mar 22	Number of patients waiting more than 8 weeks for a specified diagnostic	0	**6,829**	⬆️
Mar 22	Number of patients waiting more than 14 weeks for a specified therapy	0	**6,486**	⬇️
Mar 22	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	>= 95%	**49.30%**	⬆️
Mar-22	Percentage of patients waiting less than 26 weeks for treatment	>= 95%	**51.22%**	⬇️

Period	Measure	Target	Actual	Trend
Mar 22	Number of patients waiting more than 36 weeks for treatment	0	**60,281**	⬇️
Mar 22	Number of patients waiting more than 52 weeks for treatment	0	**41,458**	⬇️
Mar 22	Number of patients waiting for a follow-up outpatient appointment	Reduce	**185,293**	⬆️
Mar 22	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	24,038*	**54,815**	⬆️
Q2 21/22	Percentage of adults regularly accessing NHS primary dental care within 24 months	Improve	**34.40%**	⬇️
Q2 21/22	Percentage of children regularly accessing NHS primary dental care within 24 months	Improve	**45.40%**	⬇️

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

Update on validation of WLs:

There is now a team of 10 external validators working under the supervision of a Project Manager employed by BCUHB. The process involves direct contact with selected patients, and the removal from the waiting list where appropriate (and in accordance with strict criteria). There is a parallel internal exercise to address the issue of duplicate waiting list entries. An interim report is due in the next week, which will inform next steps. The programme of work is as indicated before.

A Project Manager has been re-purposed to deliver a work package to meet these expectations, reporting to the Head of Ambulatory Care who is ensuring the sites are engaged and prepared:

▪ Step 1 – *Internal* - Tidy up validation markers in Patient Administration Systems (PAS) post Stage 1 Tranche Validation Exercise

▪ Step 2 - *Internal* - Complete the post Stage 1 Tranche Validation Exercise work to clinically validate patients that requested to remain and provided a 'deterioration statement'

▪ Step 3 - *Internal* - Undertake cleanse of 'duplicates' on the waiting lists

▪ Step 4 – *External Validation Company* - Increased activity to validate the waiting lists (continuous activity to maintain progress following on from the 20k patients validated in the Stage 1 tranche validation exercise). This will incorporate 3 tasks: Task 1 – to run our Patient Treatment List (PTL) data through their validation software; Task 2 – patient validation of all patients >36wks and un-validated (all stages); and Task 3 – pathways validation to be defined based on the output from Task 1.

• Validation Manager post will be going out to recruitment imminently

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

The Integrated Medium Term Plan (IMTP) has been submitted, and this contains detailed plans by speciality and site to address the backlog, focussing initially on the 104 weeks and 52 weeks Stage 1 targets for 2022/23. The trajectories are currently being signed off, and dependant on COVID-19 (restrictions), plans are in place to achieve the 104 week objective in July, but currently, a number of specialities will struggle to achieve the October target for 52 weeks. However, all should reach that objective within the financial year. Actions include:

• Relaxation of social distancing regulations

• Outsourcing and Insourcing

• Validation

• Waiting list initiatives

• Adoption of See On symptoms (SOS) / Patient Initiated Follow Up (PIFU).

What are the risks to this timeline?

▪ Further COVID-19 spikes and/or staff sickness rates could limit capacity.

What are the mitigations in place for those risks?

▪ Risk assessment process complete - due to be considered by ISG 12/4/22

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

- In February 2022, 275 out of 391 (70.3%) of patients were treated in target. Main reasons for patients not being treated in target were:
  - Complex diagnostic pathways (9%) and patient related reasons e.g. patient unavailability for next stage of pathway (7%)
  - Delay to endoscopy (9%) and delays to other diagnostics, primarily urology biopsy (9%)
  - Delay to first outpatient appointment (16%) – primarily breast and skin
  - Delay to surgery (16%) – primarily urology and skin
- This performance is a significant improvement on December's 61.4% performance

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

- Additional rapid access breast cancer clinic capacity commenced in March following successful recruitment to breast radiologist post
- Dermatology teams have increased capacity across the Health Board with Central and East teams providing support to West in order to equalise waiting times
- All services are prioritising suspected cancer patients
- Endoscopy insourcing continues and capacity has increased with the opening of the 3rd room in East
- New rapid diagnosis clinics for patients with vague but concerning symptoms commenced in March 2022 in Central and East and will commence in West in April 2022
- Funding approved for development of one stop neck lump clinics – aiming for June start date

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

- The Health Board aims to achieve the 75% target by end of 2021/22

What are the risks to this timeline?

- Suspected cancer referrals are currently 120% of pre-COVID-19 levels which is placing pressure on all parts of the cancer pathways
- Cancer recovery funding from Welsh Government ran out at the end of March 2022

What are the mitigations in place for those risks?

- Additional capacity created where possible
- Cancer pathway practitioners recruited in order to review and streamline pathways

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

- Diagnostic waiting times
- Department growth has resulted in restrictive footprints creating infrastructure and estates difficulties
- Service capacity mismatch
- Lack of data and information on waiting lists for community services
- Two business cases with IMTP

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

- YGC supporting with additional Echo capacity to address long waiting patients
- Heart Failure business case and rhythm monitoring submitted to IMTP
- A business case to fund additional radiology diagnostic tests for cardiology patients in YG, YGC and WM is being completed, with ongoing work with PHW to address cardiology healthcare inequalities, which will increase capacity for CMRI, CTCA, CT FFR and amyloid. Notification of the business case has been submitted for preliminary consideration in the 2022–2025 IMTP
- A North Wales PTL is under development

When performance is going to improve by and by how much

- Individual sites working with planned care and the access group to agree timelines to address various backlogs

What are the mitigations in place for those risks?

- Plans for regional diagnostic and treatment centres for BCU will include some elements of cardiac diagnostics
- Workforce planning for challenged areas with business case is underdevelopment
- Planned Care recovery plan
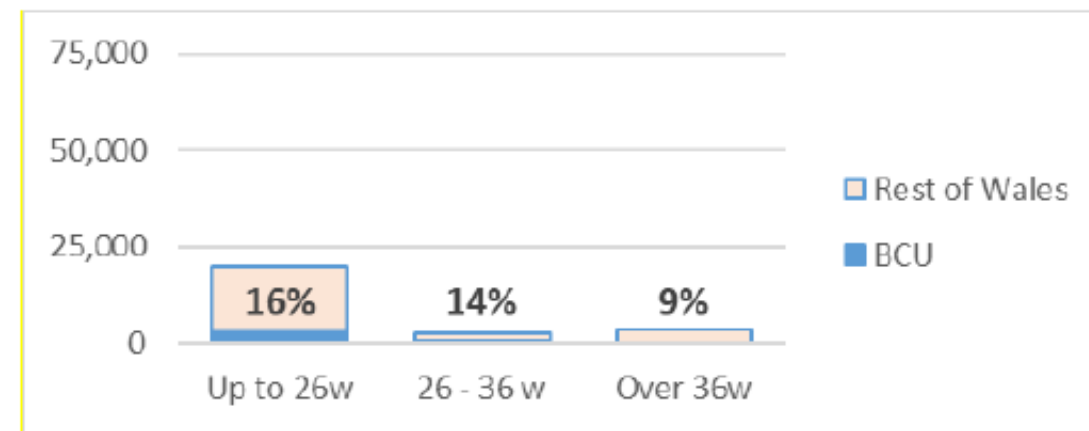
Proportion of waiting lists by length of wait, in BCUHB: Cardiology December 2021, Source: StatsWales

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

Radiology:
The number of patients waiting over 8 weeks on the 28th March for radiology diagnostics is currently 2500, a decrease of 353 on the end of February position. The breakdown comprises of a decrease in CT (total 48 breaches) and Ultrasound (total 1877 breaches) and an in crease of waiting over 8 weeks in MRI (total 575 breaches). CT demand in March 2022 is 6% higher than March 2021 and demand at year end is 30% higher than for year-end for 2020/21. Some planned MRI activity relating to insourcing was lost in month due to provider staffing issues and scanner breakdowns, impacting on total in month activity. Total year to date demand however, is above pre-pandemic levels. Ultrasound demand continues to increase with year-end totals at 19% higher than the previous year. IMTP plans have been submitted with timescales for 22-23 to address staffing levels and increase activity on a sustainable basis.

Neurophysiology:
The number of patients waiting over 8 weeks is 338. There are 332 EMG (Consultant led) breaches and 6 NCS (Physiology led) breaches. A vast decrease in NCS breaches with the return of Physiologist due to absence, along with Locum Physiologist provided until end of March

What actions are being taken to improve performance and by who?
- Project groups for both services, led by DGM in place. Range of actions being followed up to deliver sustainable service models.
- Permanent Consultant post has been interviewed and has accepted, awaiting start date, and will work on EMG waiting list, along with short term insourcing, led by DGM.

When performance is going to improve by and by how much
- Ultrasound, CT and MRI are all red in terms of 8 week breaches at end of year
- Estates currently working on permanent East base, hoping to complete in May, to start on delivery of EMG service, provided by new permanent Consultant and short term Locum insourcing, in a permanent base

What are the risks to this timeline?
- Ultrasound staffing levels, recruitment to vacant and new posts, ability to secure sufficient insourcing across all sites
- Any issues with Estates on completion of permanent base

What are the mitigations in place for those risks?
- Team focussed on all elements of plans i.e. contracting, recruitment, insourcing etc. to collectively manage risks.

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

Key Issue - Cessation of all routine Outpatient (OP) activity for end December/start January in response to the COVID-19 pandemic has exacerbated the waiting lists further building on the historical backlog and impeded progress on intervention actions.

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

- Social Distancing Limits – changes to 2 meters being considered again with YGC exploring risk based approach to decision to share with the Planned Care Operational Group
- See on Symptoms and Patient Initiated Follow Up – next National Project Meeting planned for the 25/04/2022 to include a showcase of SOS and PIFU developments. Oliver Blocker (T&O Consultant YG) to present on the Fracture Clinic SOS pathway he developed, and Endocrinology SpN's to share their PIFU pathway. Opportunities to move forward locally at a quicker pace being considered with early conversations at Planned Care Operational Group re:>104 waiters. Current month rate is 3.5% of all waiters, which is no change from last month but a slight increase from the previous month.
- Hospital Initiated Cancellations – requested the British Medical Association 8 weeks notice of clinical leave to be an agenda item on Planned Care Operational meeting when site pressures allow.. This issue is not limited to follow-up clinics, but is a factor in improving efficiency..
- Planned Care Communications Strategy has been drafted and reviewed by the Planned Care Transformation Group – capacity secured to start building the new BetsiNet pages, which will act as a springboard to design and share more timely and informative communications externally

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

- Data targets shown from Outpatients Surveillance Group were identified as being different from the National Framework Measures – confirmation received from Welsh Government these will be aligned to the framework baselines and target dates.
- Planned Care BetsiNet pages – development underway, and a further review is scheduled for this month.

What are the risks to this timeline?

- Securing the essential capacity to drive forward the Outpatient Strategy and Programme

What are the mitigations in place for those risks?

- Outpatients Programme Manager post has been appointed to and should be in post in late May, and some temporary project support has been provided by the Transformation Team.

Ref	Key Milestone Targets - News (S1)	Mar-19 Baseline	Mar-20	Mar-21	Last 3 Months Trend		
					Oct-21	Nov-21	Dec-21
N_MS_1	No patients classed as **urgent** to be waiting over 52 weeks – February 2022 (exc Ophthalmology R1)	4	39	1743	2172	2395	2621
	No patients classed as **R1 Ophthalmology** to be waiting over 52 weeks – February 2022	N/A	N/A	3,212	4,607	4,755	Not yet available
N_MS_2	No patient to be waiting over 104 weeks for a first appointment – March 2022	1	3	359	4155	5186	6090
N_MS_3	No patient (**routine, unknown & urgent**) to be waiting over 52 weeks for a first outpatient appointment - June 2022.	197	576	23767	24945	24590	24184
N_MS_4	No patient to be on a follow up waiting list who hasn't been reviewed/seen in last 2 years – June 2022	17775	29694	21856	27524	28820	30242

Ref	Key Milestone Targets			Sept-21 Baseline	Oct-21	Nov-21	Dec-21
N_MS_5	Reduce 100% delayed follow ups by 30% - March 2022 (Baseline confirmed as Sept 2021 - Target for March 2022 is 37,973)	N/A	N/A	54247	54567	53834	56026

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

One of the key impacts on performance has been that the Group Clinics and Video Group Clinic (VGC) activity has been affected temporarily due to staff being redeployed to other areas to support COVID-19 and winter pressures. This improved recently, but has stalled currently with the current COVID spike, but increased activity is expected over the coming months.

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

VGCs
- To ensure accuracy of data capture, continue to retrofit the activity with formal project management approach to ensure a clear baseline, governance and plan for scale up. Project Manager has drafted the Project Initiation Document (PID) and working with Outpatients leads, project objectives have been scoped. Membership of Steering Group to be agreed to support formalisation and governance of the Project.
- Continue with the roll out of the Virtual Joint School model across East and Centre to ensure equity of service options across the sites
- Resolve difficulty in reporting our activity accurately due to technical constraints within Patient Administration System and Therapy Manager (TM). Standardised naming conventions being added to TM, and specialty managers informed on how to record/book activity; Task and Finish Group agreed local solutions - being applied to Welsh Patient Administration System (WPAS) and Patient Information Management System (PiMS) to capture activity. Local solution shared with WG. A baseline of all Video activity continues to be established to ensure that all existing and new Video Group clinics and Video Educational Groups are recorded correctly on the PAS systems for reporting to WG.
- Working with WG to develop an Electronic patient survey for Video Group Clinics
- Heat map of travel time/miles to YG Joint School 2019/20 developed
- EQIA under development

Group Clinics
- Live and historic group activity being scrutinised to identify whether they fit with the 'group clinic' or 'education group' descriptor and will be provided with the correct naming convention in PAS as part of Task & Finish group actions. Mandatory monthly report to be shared with Head of Ambulatory Care prior to submission to Welsh Government.

Video Clinics - next priority following above VGCs focus
- Reinforce the requirement for services to request the correct clinic template in PIMS
- Review the project under the care of Informatics and formalise a roll out plan
- Review of all non-Attend Anywhere VCs activity to see how we can include these in the figures and how we ensure a shared standards rather than specific platform approach

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

- VGC - Video Group Clinic Project Stage 1 - Roll-out of Wrexham Joint School underway. On track for completion on all sites end of May.
- VC **–** project reviewed and roll out plan established, reporting accurate figures. Next priority following above VGCs focus

What are the risks to this timeline?

- Competing priorities; lack of longer-term project resource to scale up
- Any decision regarding telephone versus Face to Face is taken by the Clinician triaging the calls. Should they consider that Face to Face is essential then this will occur but the capacity to see patients in an Outpatient clinic remains reduced due to COVID-19 restrictions.

What are the mitigations in place for those risks?

- Developing strategy for Outpatients
- Short-term Project Manager provided from Corporate Transformation Team secured to end of Phase 1
- Longer-term model for Outpatient Transformation Programme within Ambulatory Care defined and seeking funding.

What are the key issues/for why performance is where it is?
- Capacity loss due to Covid-19 social distancing mitigation (circa -2 patients capacity per clinic versus Pre-Covid-19 capacity)
- Historic Data Quality and Completeness impacting on accurate representation of data: planning/performance reporting and monitoring/site confidence in data
- Conflicting priorities impacting on consistent Clinician and Operational Management engagement and realisation of quorate Local Eye Groups
- National Delay in Digital programme delivery. (Key enabler of Eye Care Measure sustainable/efficient pathways)
- Cataract Outpatient and theatre utility: Estate limitation/COVID-19 capacity impacting on waiting list/backlog/RTT v ECM relative priorities/Max fax West theatre usage

What actions are being taken to improve performance and by who? (RAG report shared/escalated to DGMs via ECCG group)
- Exploring National Learning regards Ophthalmology social distancing (clinics)
- Get it right first time (GIRFT) partnership
- WL DQ/completeness multi-actions: Site priority redress of clinical condition data gaps.(Operational Management- On track Pan BCU April resolution)
- ECM Pathway local delivery quorate groups* with ECM action logs. (Operational Management (West Achieved. Central On track, East partial).
- Deliver Coronavirus Cataract pathway: Regional Treatment Centre plan developed. Outsourcing & Pan BCU Patient Treatment List (Active Delivery/On track)
- Welsh Government Recovery Business case utilising integrated transformative Pathways (Operational Management: Partial achievement East & Central)

When performance is going to improve by and by how much?
Cataract: PTL in place/Outsourcing 400 Cataracts/month: Delivery targets on track March 22 (see chart)
GIRFT partnership with BCU (Actions/Outcomes to follow)
Achieved additional/sustainable Intra Vitreal Injecting capacity (70 additional injections by May 22)
East Recovery/Backlog reduction of Intra Vitreal Injecting patients (50 per month to April 22)

What are the risks to this timeline?
Clinical/Operational/Informatics conflicting priorities, leadership and key staff resource capacity gaps
Delivery impacted by inconsistent realisation of quorate Local Eye Groups: key enablers of Communication/Engagement/Action setting and monitoring.
Data quality (Clinical condition) assurance to maximise flow to Integrated services

What are the mitigations in place for those risks?
- Senior management support of untangling conflicting clinical priorities. Recruitment: Optometric advisor/Central and West Clinical Lead/Pan BCU leads.
- Escalation via Eye Care Collaborative Group

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals. Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnerships will support this with education providers and learning academies focussed on professional capability and leadership.

Measures

Period	Measure	Target	Actual	Trend
Mar-22	Personal Appraisal and Development Review (PADR)	>= 85%	66.70%	⬇
Mar-22	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	>= 85%	84.93%	⬆
Mar-22	Percentage of sickness absence rate of staff	< 5%	6.30%	⬇
2020	Staff Engagement Score*		73.00%	⬇
2020	Percentage of staff who would be happy with care by their organisation if friend/ relative needed treatment*		59.70%	⬇

Published July 2021

Data for March 2022 (unless stated otherwise)
Presented on 28th April 2022

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

Rolling sickness absence performance is at 6.30% an increased position and the highest level for over 12 months.

COVID-19 related sickness absence has increased by 0.5% to 1.6% (1.1% in February). This reflects an increase in COVID-19 within the North Wales community and lifting of some restrictions in the wider community.

Non COVID-19 related sickness absence has remained 5.3% the same as February.

Stress related absence remains the biggest cause of absence with approximately 60% more days lost than the 2nd largest cause (infectious diseases). The highest levels of sickness absence are in Additional Clinical services , Estate and Ancillary and Nursing and Midwifery. Estates and Ancillary sickness rates are the highest across the organisation at 9.96% an increase of 1.84% on February.   Additional Clinical services have increased slightly to 9.2% from 9.08% in February. Nursing levels have increased to 7.15% from 6.93% in February.

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

The reduction in isolation periods (7 to 5 days) and changes to Welsh Government advice on COVID-19 testing continues to support absence, however the increase in COVID-19 cases has impacted on sickness.

Other actions to improve performance remain in place:

A focus on long term sickness

Meetings between Well-being, HR and Occupational Health colleagues to look at hotspot areas and support options.

Monthly 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.

Promote the Staff wellbeing and support services including counselling and psychological therapies

When performance is going to improve by and by how much

Increase in COVID-19 rates and loosening of restrictions for the wider community has seen a rise on absence.

What are the risks to this timeline?

Recent All Wales decision to extend COVID-19 sickness pay until end June 2022 or for a period of 12 months for more recent diagnoses of long covid

An increase in COVID-19 infection rates within the community

Relaxation of COVID-19 safeguards within the community may see an increase in COVID-19 rates

Further increase in stress related absence
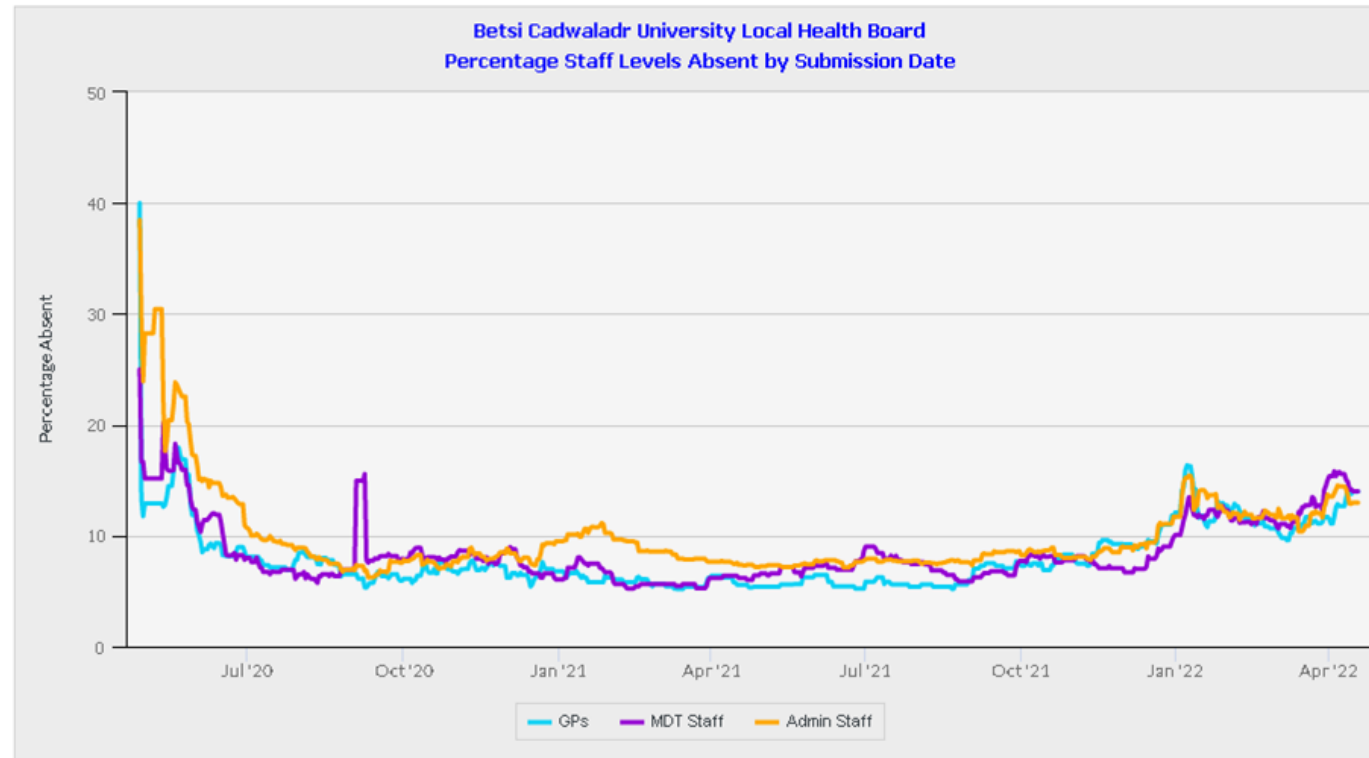
What are the mitigations in place for those risks?

Increased communications to further promote access to the Wellbeing Services available for staff

Training of managers to reinforce sickness processes

Focus on early intervention support

- GP Practices across Wales are encouraged to record their sickness levels (including self-isolation due to COVID-19), noting that this is not a contractual requirement
- This system was introduced around the beginning of the pandemic (March 2020) and figures at that time are not accurate.
- Since November 2021 to date rates across GPs, other clinicians and non clinical staff have steadily increased due to the impact of the Omicron Variant.
- Rates as at 18th April 2022, are for GPs – 14%, MDT – 14% and Admin – 13%. The rates for clinical staff are slightly lower than the all Wales average and admin staff is equivalent to the average for Wales.
- Practices also record their levels of escalation with workforce capacity one of the factors taken into consideration. Area teams contact all practices recording Levels 3 or 4 escalation to discuss actions of support.

Betsi Cadwaladr University Local Health Board
Percentage Staff Levels Absent by Submission Date

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

Non-core agency, bank and overtime pay spend overall increased from £12,176,000 in February 22 to £16,270,000 in March 22.

Agency spend is up by £538k at £5,416,049 (4.5% of total pay, 1.7% decrease month on month); Locum spend is up this month by £1.15m at £3,043,514 (2.5% of total pay, 0.09% increase month on month); WLI spend is up by £81k at £343,465 (0.3% of total pay, 0.05% decrease month on month); Bank spend is also up by £1.95m at £4,777,260 (4.0% of total pay, 0.32% increase month on month). There has been an increase in Overtime pay this month by £330k at £2,063,468 (2.0% of total pay, 0.67% decrease month on month). There is a significant increase in spend/pay across all non-core pay this month, this is reflected annually at this time of year due to end of year payments and accruals. A better measure of pay movement this month is the percentage of total pay which is also shown where there has been 2.19% decrease overall month on month. There is still high levels of staff usage across all areas of the Health Board with the ongoing pressure on unscheduled care, and more activity across Planned Care.

Medical Agency spend is up from £1.80m to £2.4m month on month (February- March) but has decreased by 1.32% as a percentage of total pay. There has been an increase in Locum spend of £1.2m month on month (February-March) but has only increased by 0.49% as a percentage of total pay which is lower than the previous month (January-February, 0.6%) . The increase in actual spend across both lines can be linked as above to end of year position but there has also still ongoing activity across Planned Care Recovery and the ongoing pressures on Unscheduled Care across the Health Board.

Nursing Agency spend is up from £1.44m to £1.84 month on month (February-March) but has decreased by 1.03% as a percentage of total pay. Bank spend has also seen an increase of a £379k month on month (February-March) but has only increased by 0.11% as a percentage of total pay. Overtime has also increased by £267k over the same period but again has seen a decrease of 0.78% as a percentage of total pay. The increase in actual spend across all non-core pay elements can be linked end of year positions but as with medical staffing there is still ongoing activity across Planned Care Recovery and the ongoing pressures on Unscheduled Care across the Health Board to be considered.

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

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

pipeline report, nursing workforce dashboard and medical consultant tracker.

When performance is going to improve by and by how much
The sustained expected impact for medical recruitment activity should be seen through Q1 and Q2 of 22/23.
The sustained expected impact for nursing recruitment activity should be seen through Q1 and Q2 of 22/23.

What are the risks to this timeline?
The service delivery model and replication of predominantly bed-based services will continue to result in challenges in respect of rotas for both medical and nursing staffing.
It is acknowledged that there is a UK shortage of nurses (band 5 in particular), therefore recruitment campaigns will reduce rather than eradicate the vacancy levels.
Quarantine rules for overseas travel may reduce the run rate of overseas nurses and medics commencing employment.
The lack of some CEV staff being able to return to clinical posts and the effects Long COVID-19 on staff could result in being unavailable to work for longer periods of time.

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

Quadruple Aim 3: Narrative – Mandatory Training

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

Mandatory Training compliance at level 1 has increased by 0.31% in March 2022 and is currently at 84.93%, therefore just 0.07% below the national target of 85%

Manual Handling training level 1 has increased by almost 1% in March to 75.86% with a further maintenance percentage of 49% for Patient Handling

Compliance has increased during March across all level 1 subjects with Equality & Diversity, Health and Safety, Violence & Aggression, & Resuscitation training all illustrating a compliance exceeding 85%. Safeguarding & Infection prevention are reporting a compliance of 84%, with Information Governance & Mental Capacity at 82.5% and Fire at 80%.

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

The Mandatory Training Manager will continue to work closely with the Manual Handling team to:
    a)Report and Monitor DNA [Did Not Attend] figures
    b)Identify and follow up on regular DNA data complying with guidance within the Mandatory Training policy [WP30]

Following discussion at the Orientation Steering group, places available at Orientation have been increased in order to mitigate against the DNA rates and ensure efficient use of facilitator time. The increase will be monitored to ensure the employee experience is still a high quality and engaging experience.

When performance is going to improve by and by how much

Considering the trend of increase during Quarter 4 2021/22, it is projected that compliance may reach the national target of 85% during Quarter 1

What are the risks to this timeline?

A further period of COVID–19 guidance limiting the classroom occupancy for Practical sessions pertaining to Manual Handling remains in place

What are the mitigations in place for those risks?

Blended training approaches are utilised wherever possible
Practical sessions are risk assessed with occupancy of rooms reduced to allow safe delivery
Monitoring of non-attendance remains in place for Patient Handling courses

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation enabled by data and focussed on outcomes.
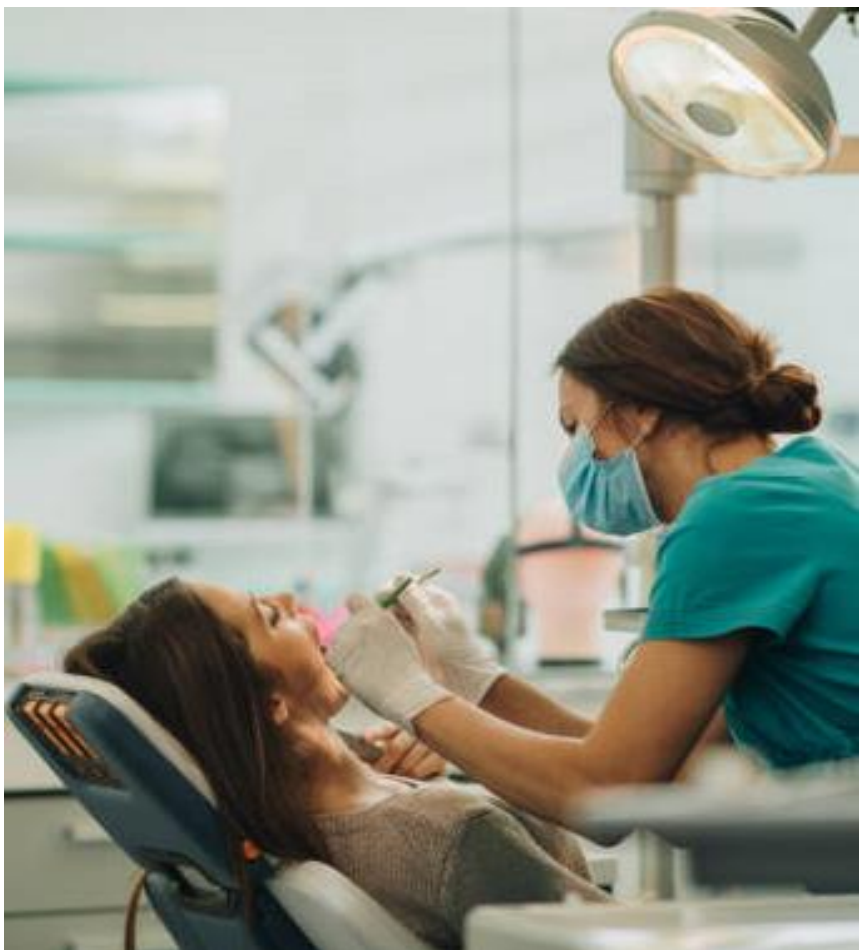
Measures

Period	Measure	Target	Actual	Trend
Q2 21/22	Percentage of critical care bed days lost to delayed transfer of care - Intensive Care National Audit & Research Centre (ICNARC) definition*	Reduce	9.50%	⬆
Mar-22	Agency and Locum spend as a percentage of total pay bill	Reduce	7.00%	⬇

Based on 12 month trend

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

- Non-core agency, bank and overtime pay spend overall increased from £12,176,000 in February 22 to £16,270,000 in March 22.
- Agency spend is up by £538k at £5,416,049 (4.5% of total pay, 1.7% decrease month on month); Locum spend is up this month by £1.15m at £3,043,514 (2.5% of total pay, 0.09% increase month on month); WLI spend is up by £81k at £343,465 (0.3% of total pay, 0.05% decrease month on month); Bank spend is also up by £1.95m at £4,777,260 (4.0% of total pay, 0.32% increase month on month). There has been an increase in Overtime pay this month by £330k at £2,063,468 (2.0% of total pay, 0.67% decrease month on month). There is a significant increase in spend/pay across all non-core pay this month, this is reflected annually at this time of year due to end of year payments and accruals. A better measure of pay movement this month is the percentage of total pay which is also shown where there has been 2.19% decrease overall month on month. There is still high levels of staff usage across all areas of the Health Board with the ongoing pressure on unscheduled care, and more activity across Planned Care.
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When performance is going to improve by and by how much

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

What are the risks to this timeline?

The service delivery model and replication of predominantly bed-based services will continue to result in challenges in respect of rotas for both medical and nursing staffing.

It is acknowledged that there is a UK shortage of nurses (band 5 in particular), therefore recruitment campaigns will reduce rather than eradicate the vacancy levels.

Quarantine rules for overseas travel may reduce the run rate of overseas nurses and medics commencing employment.

The lack of some CEV staff being able to return to clinical posts and the effects Long COVID-19 on staff could result in being unavailable to work for longer periods of time.

What are the mitigations in place for those risks?

The Clinical Workforce Service reviews alongside new recruitment initiatives ensure wherever possible pathways are aligned and aware of existing and future workforce challenges.

Targeted support for overseas clinicians is in place to focus on ensuring a fast-track settlement period to mitigate any impact prolonged delay due to COVID-19 restrictions.

Increased recruitment to identified hotspots with the implementation of the recruitment pipeline report, nursing workforce dashboard and medical consultant tracker.

Additional Information
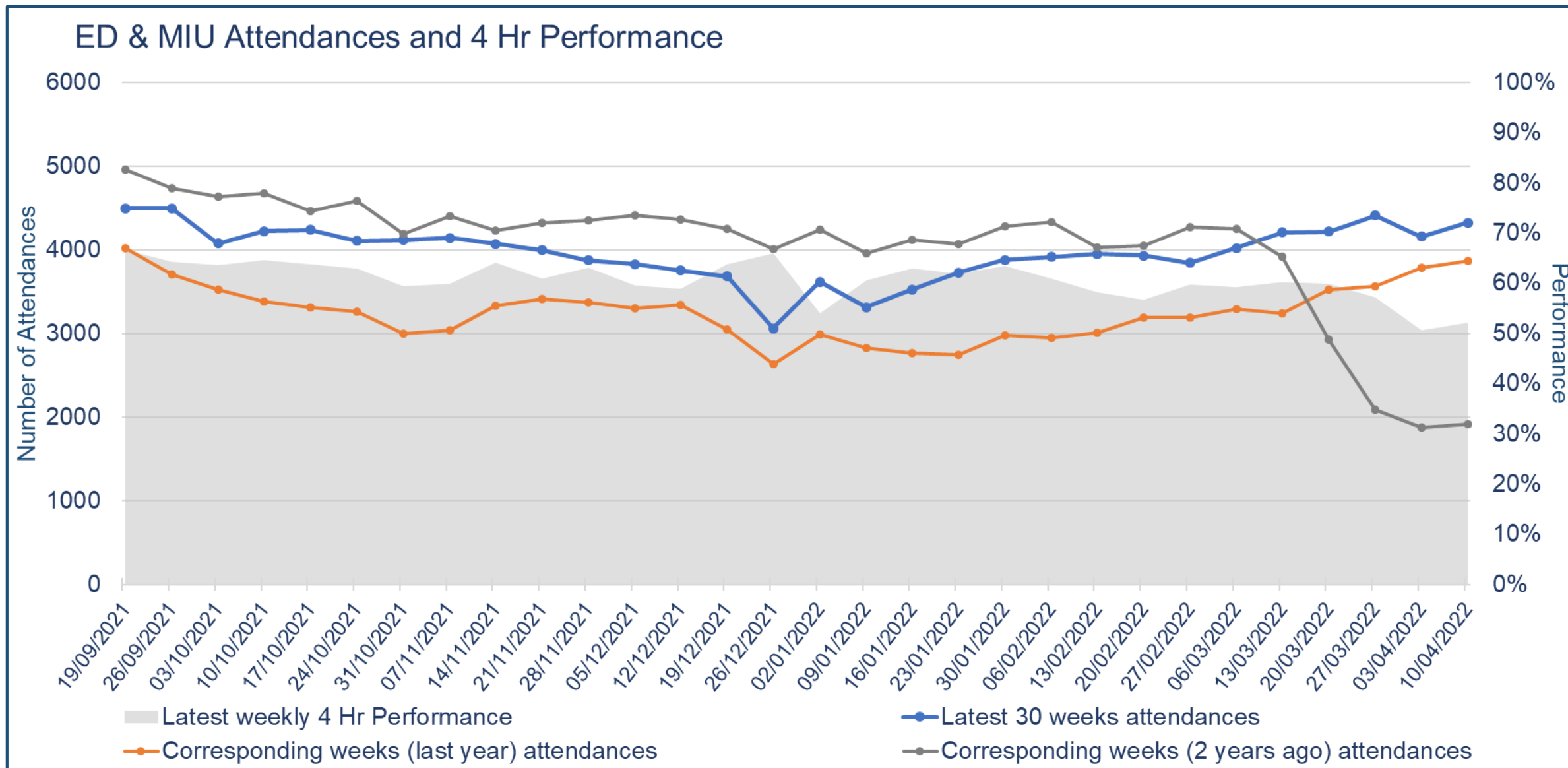
Quadruple Aim 2: Unscheduled Care (2)

Quality and Performance Report
Performance, Finance & Information Governance Committee

Data for March 2022 (unless stated otherwise)
Presented on 28th April 2022 **38**
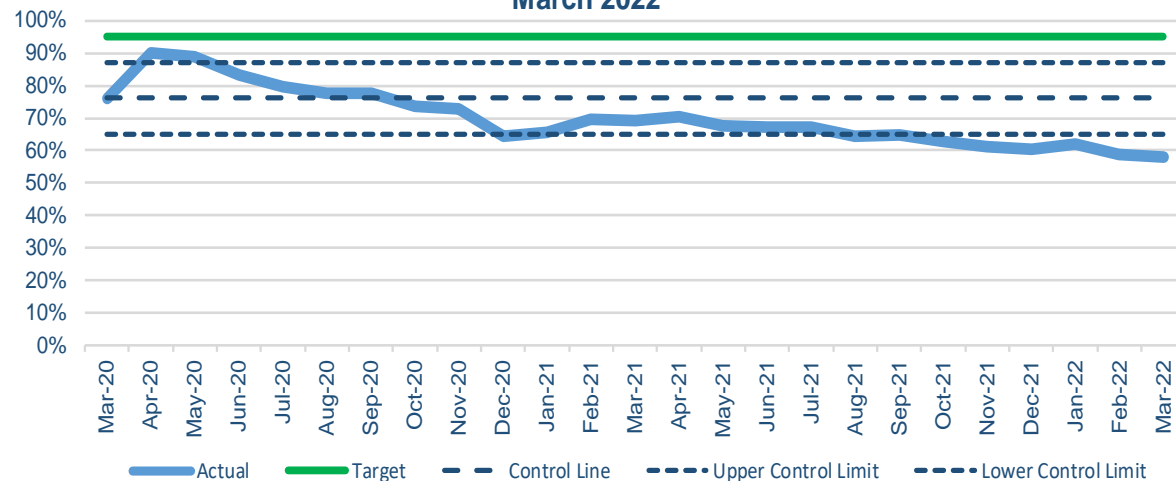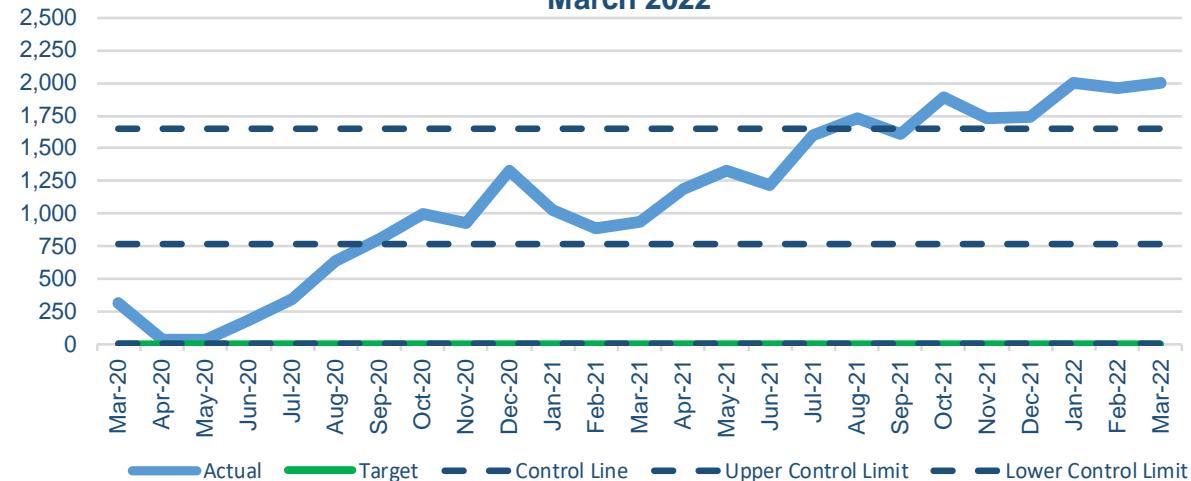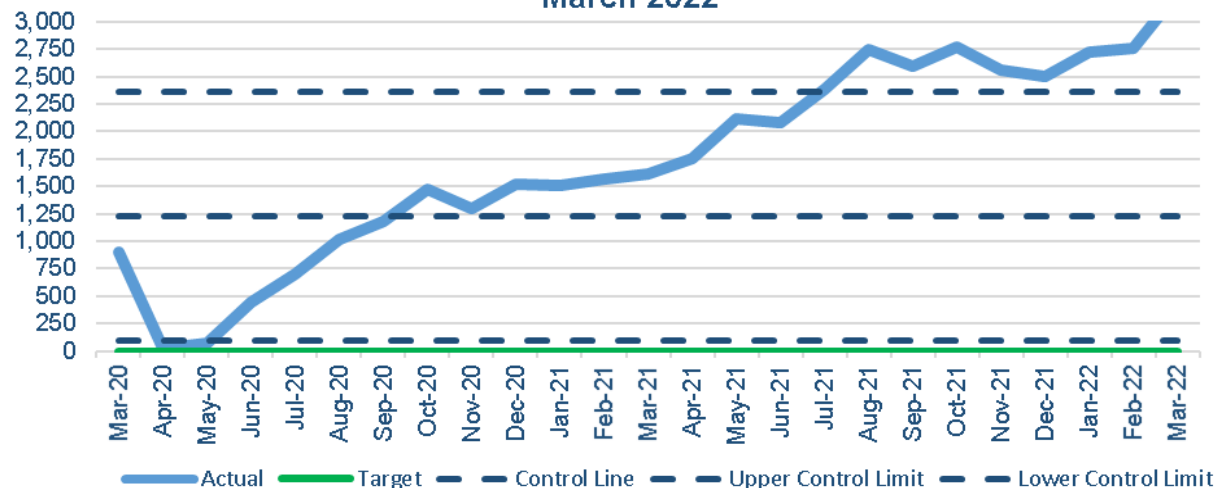
Quadruple Aim 2: Unscheduled Care (3)

BCU Level - Stroke Care - Admissions within 4 Hours: March 2022
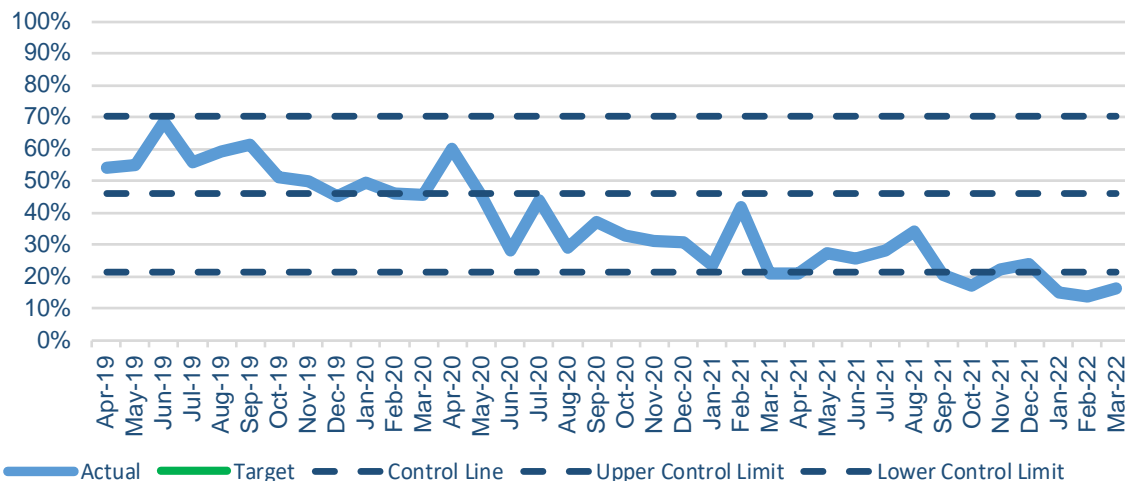
BCU Level - Stroke Care - Consultant Assessed within 24 Hours: March 2022
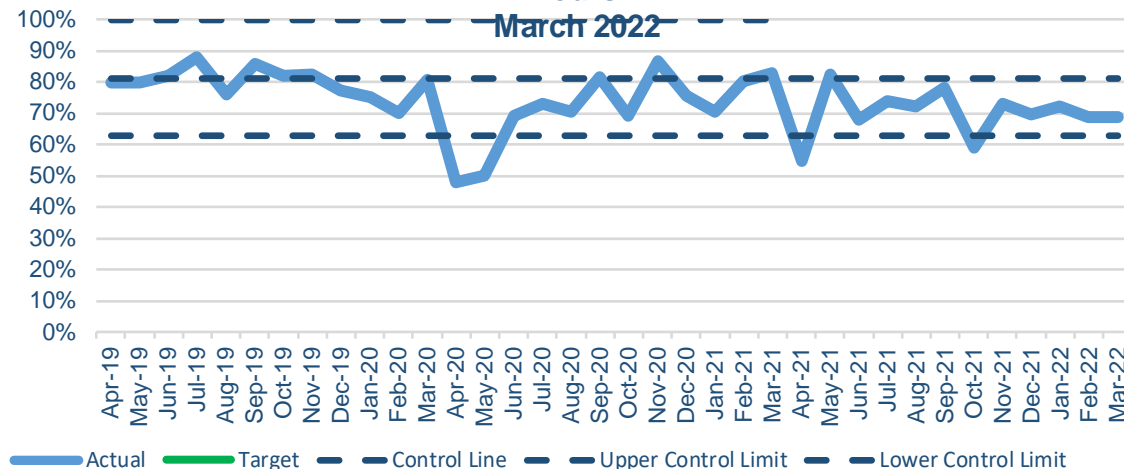
BCU Level - Stroke Care - Appropriate SALT Time: March 2022
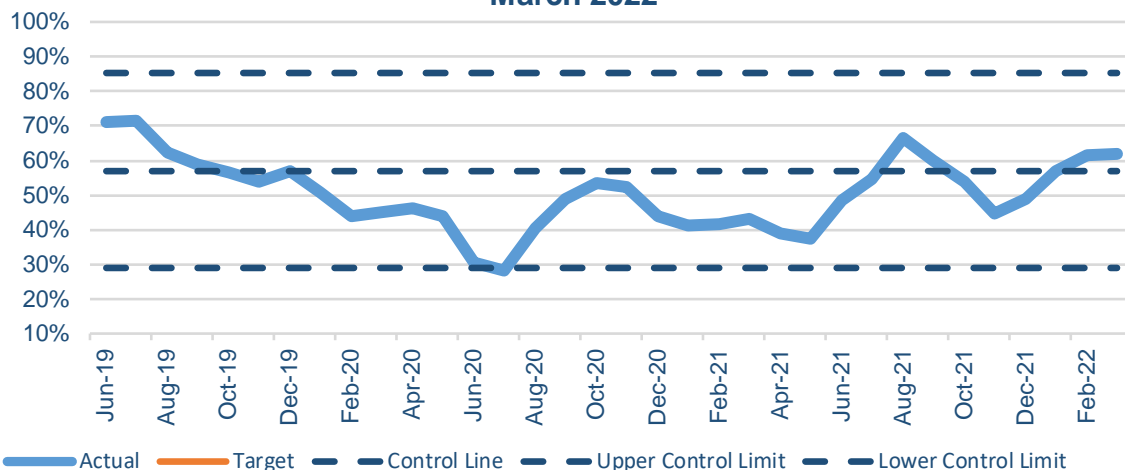
BCU Level - Stroke Care - 6 Month Follow Up: Q1 2021/22
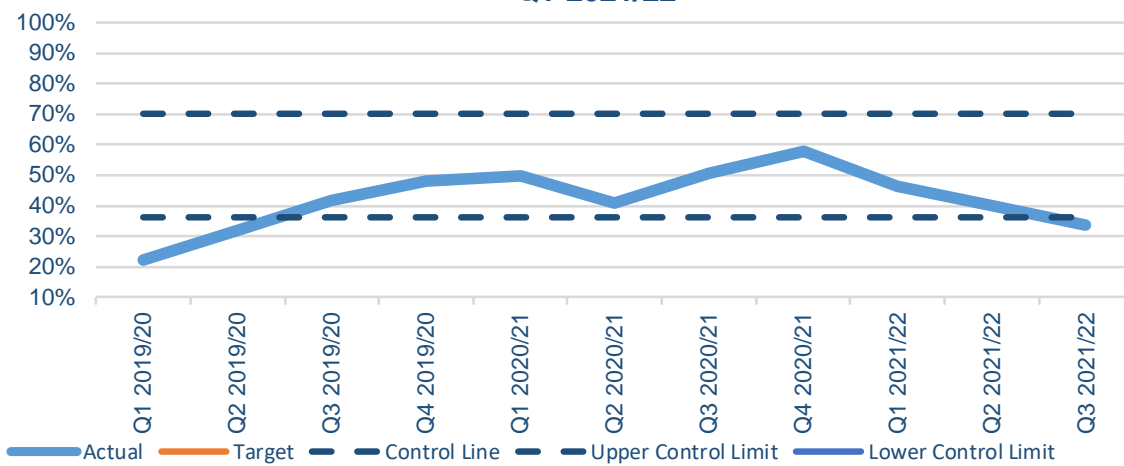
Quadruple Aim 2: Unscheduled Care (3)

Number of patients waiting for discharge on Pathway 2 (to own home) - BCUHB
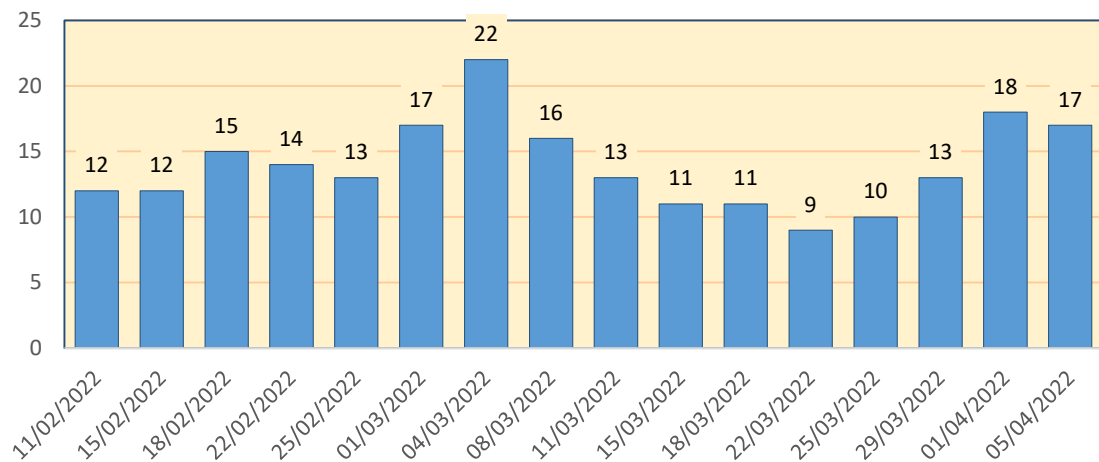
Number of patients waiting for discharge on Pathway 3 (step-down bed) - BCUHB
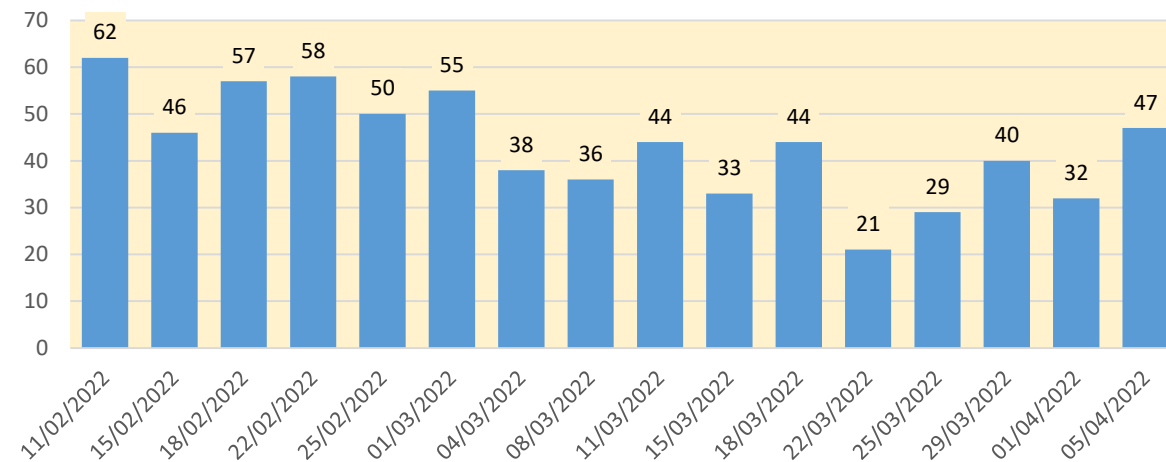
Number of patients waiting for discharge on Pathway 3a (step-down/step-up whilst COVID-19 +ve) - BCUHB

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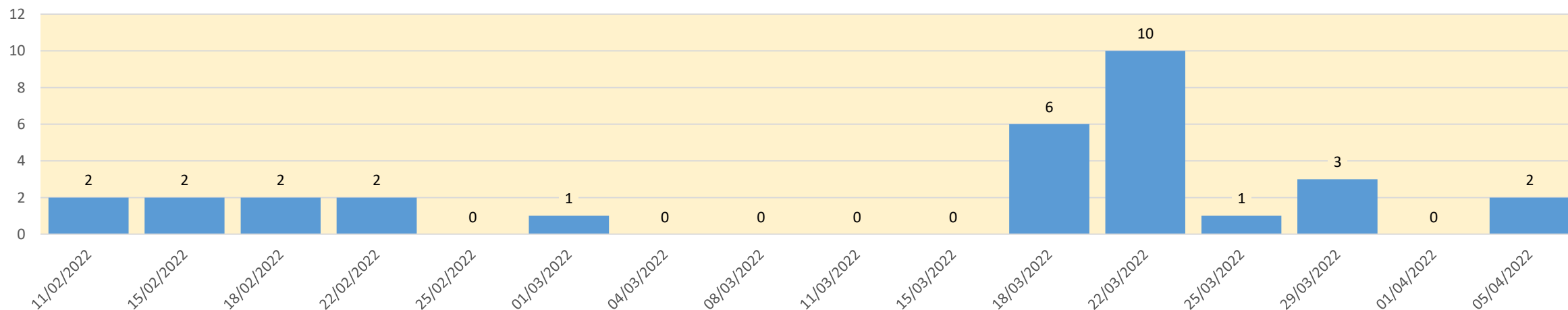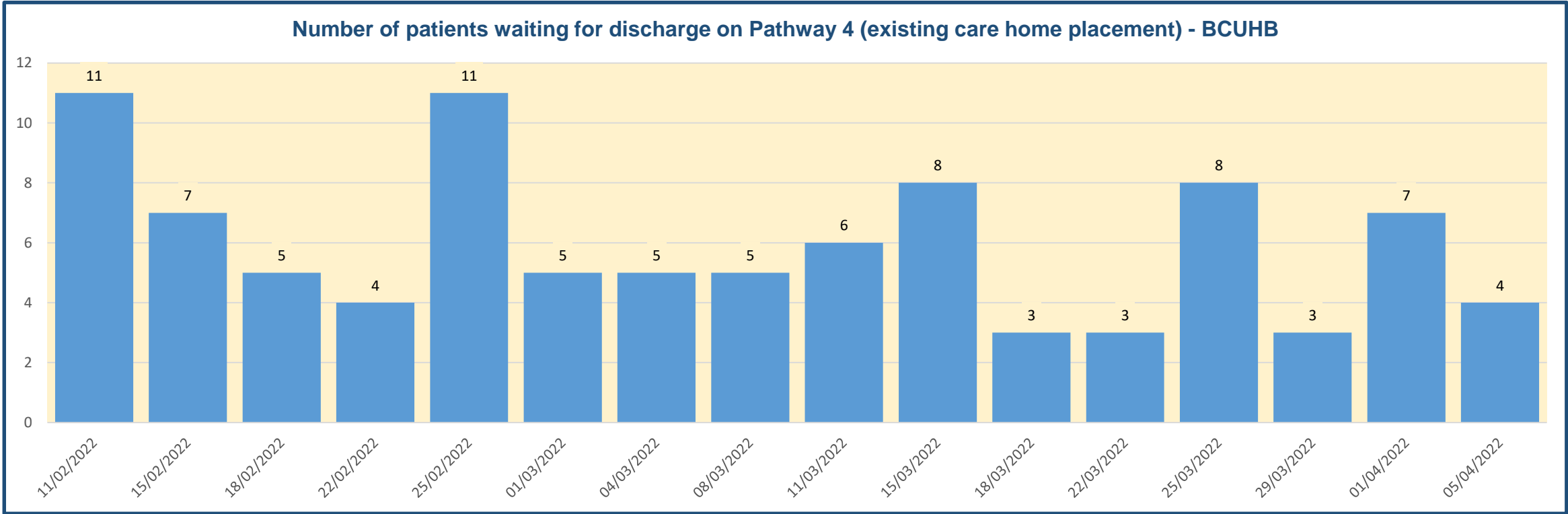
The Discharge and Flow slides demonstrate the numbers of patient delayed at the twice weekly census points (Tuesday & Friday) on Discharge to Recover then Assess (D2RA) Pathways 2, 3, 3a and 4. Further information on the D2RA process can be found at: Hospital discharge service requirements: COVID-19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

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

Quadruple Aim 2: Planned Care (1)

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

Legend: RTT 26W % — Target — Control Line — Upper Control Limit — Lower Control Limit
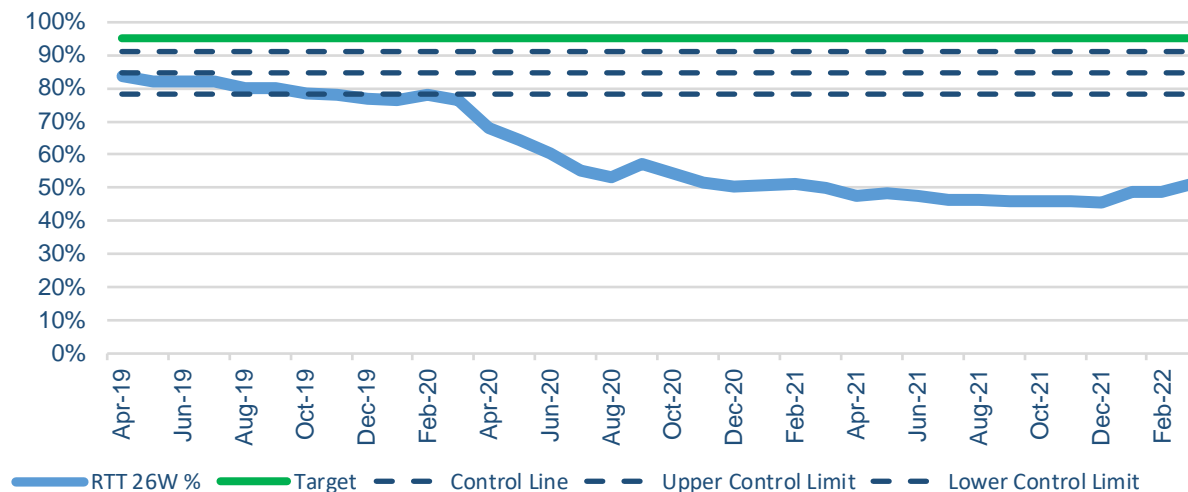
BCU Level - RTT Waits Number > 52 Weeks: March 2022

Legend: RTT Over 52W — Target — Control Line — Upper Control Limit — Lower Control Limit
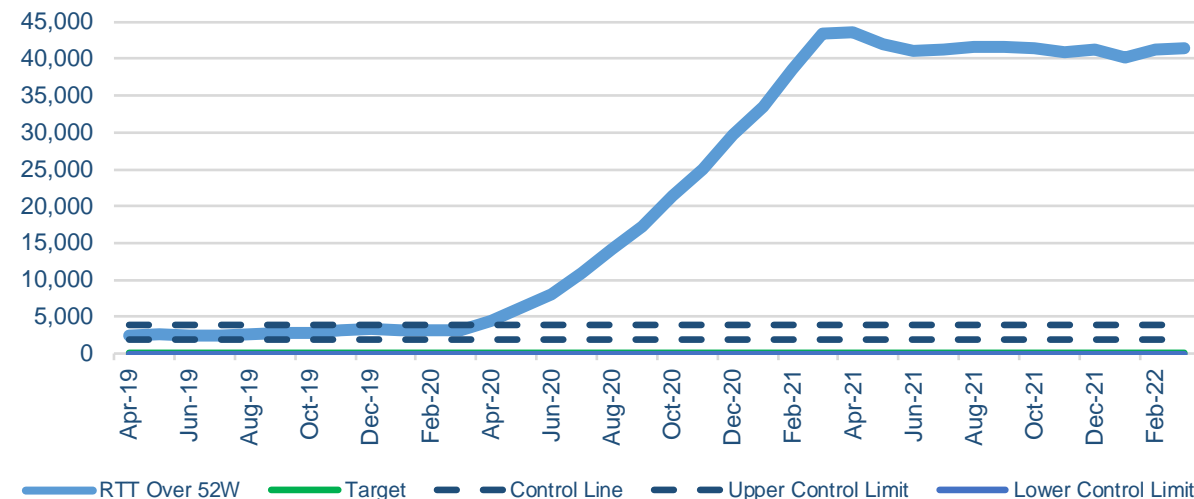
BCU Level - RTT Waits Number > 36 Weeks: March 2022

Legend: RTT Over 36W — Target — Control Line — Upper Control Limit — Lower Control Limit
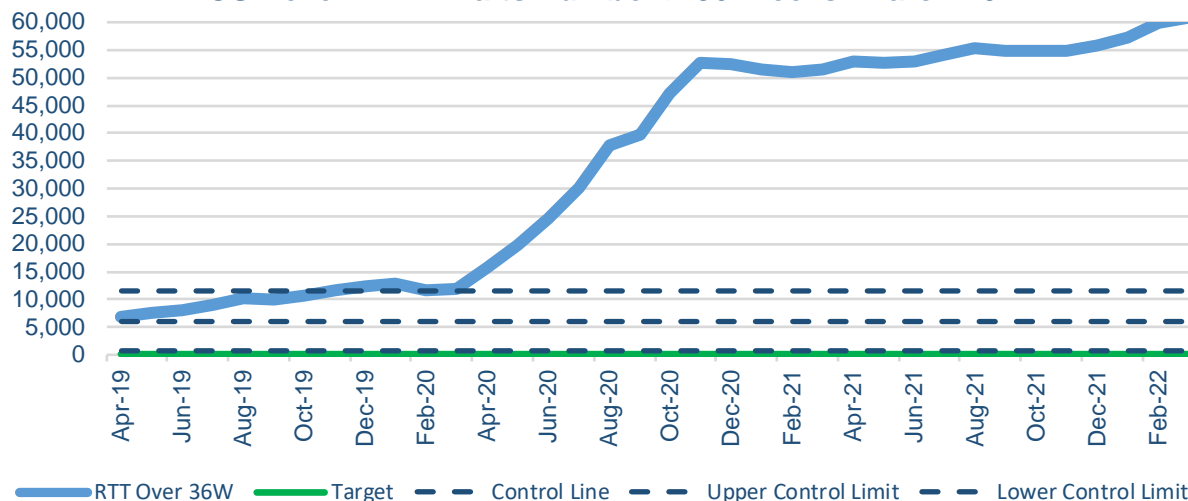
BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - March 2022
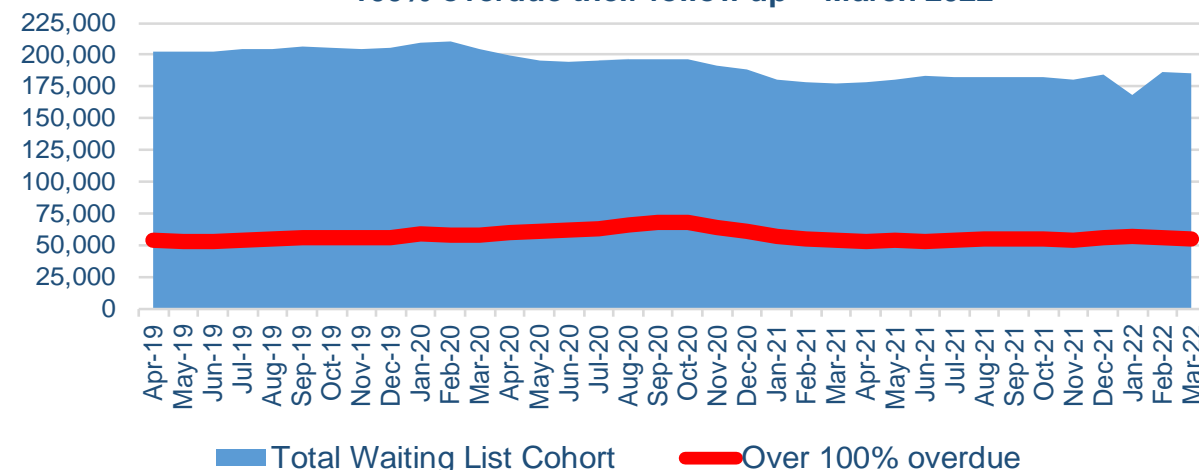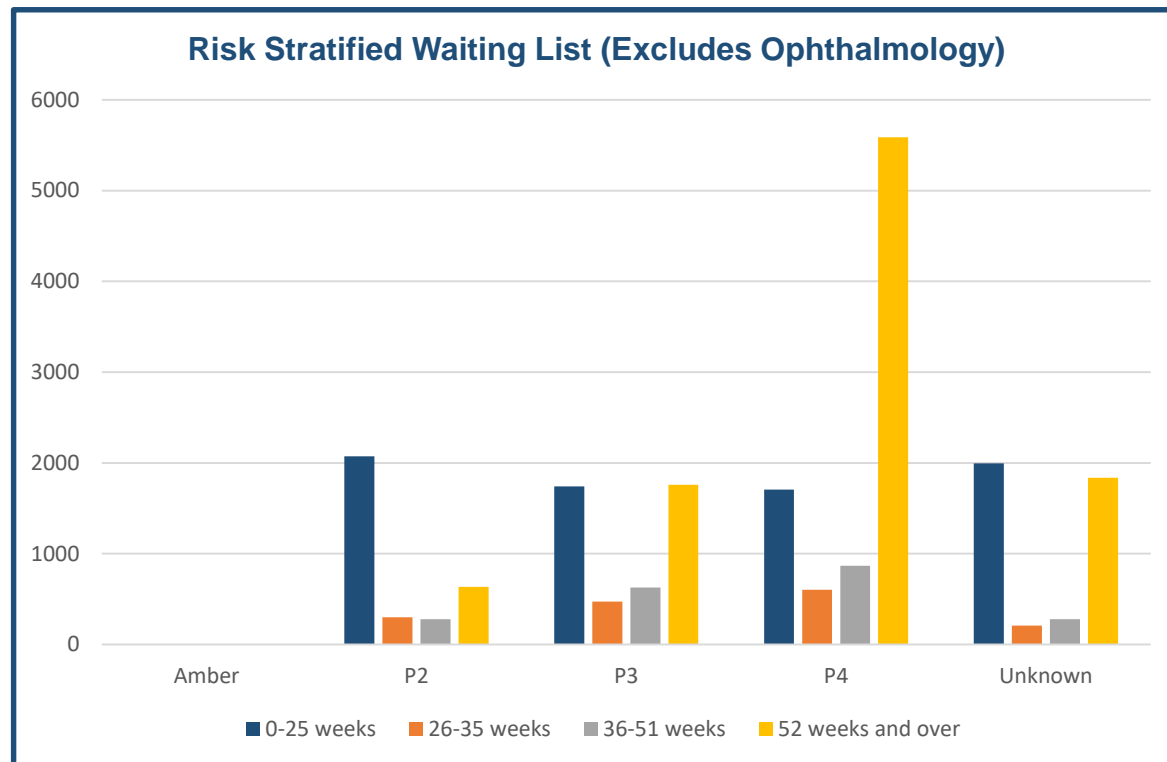
Legend: Total Waiting List Cohort — Over 100% overdue

New Outpatient Activity: Virtual and Face to Face
Week ending 9th March 2020 to 4th April 2022

Follow-up Outpatient Activity: Virtual and Face to Face
Week ending 9th March 2020 to 4th April 2022

Total Virtual Activity — Face To Face Appointment — Total Virtual & Face to Face Activity
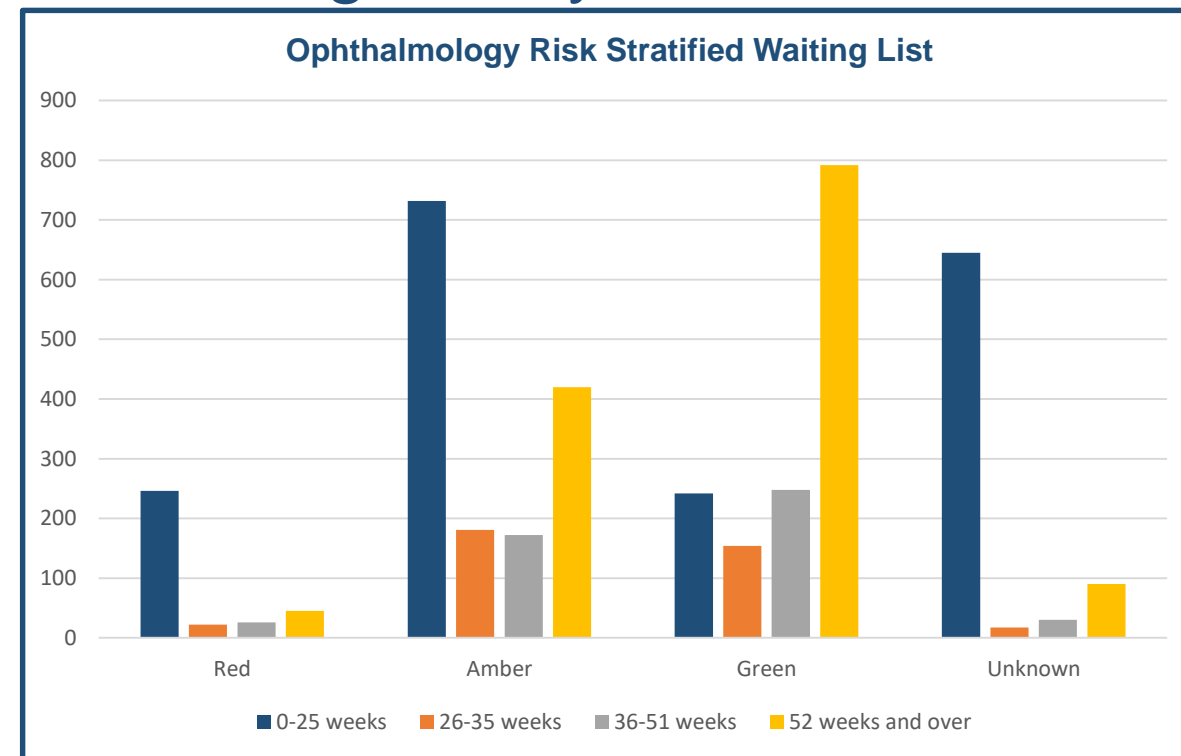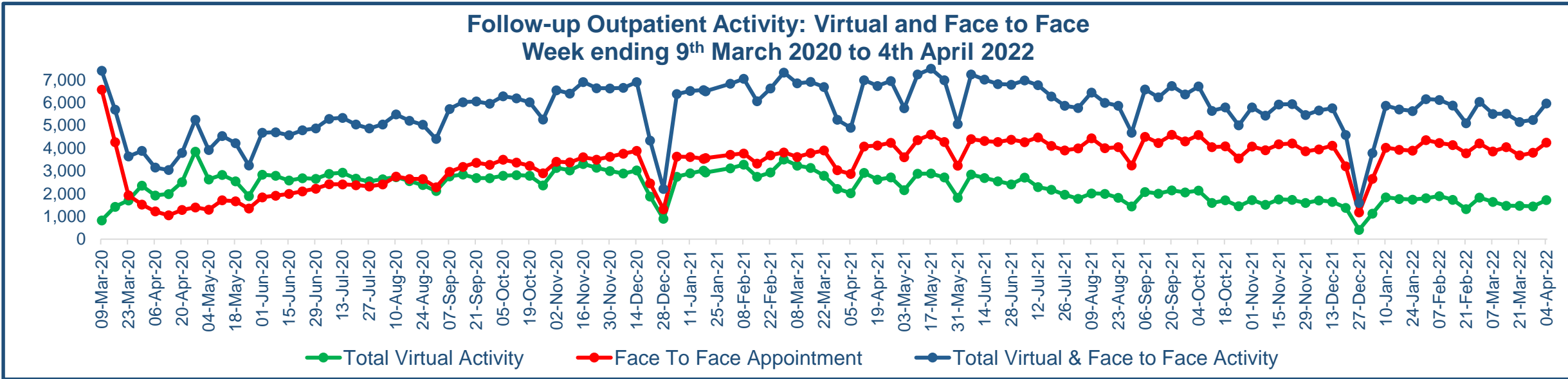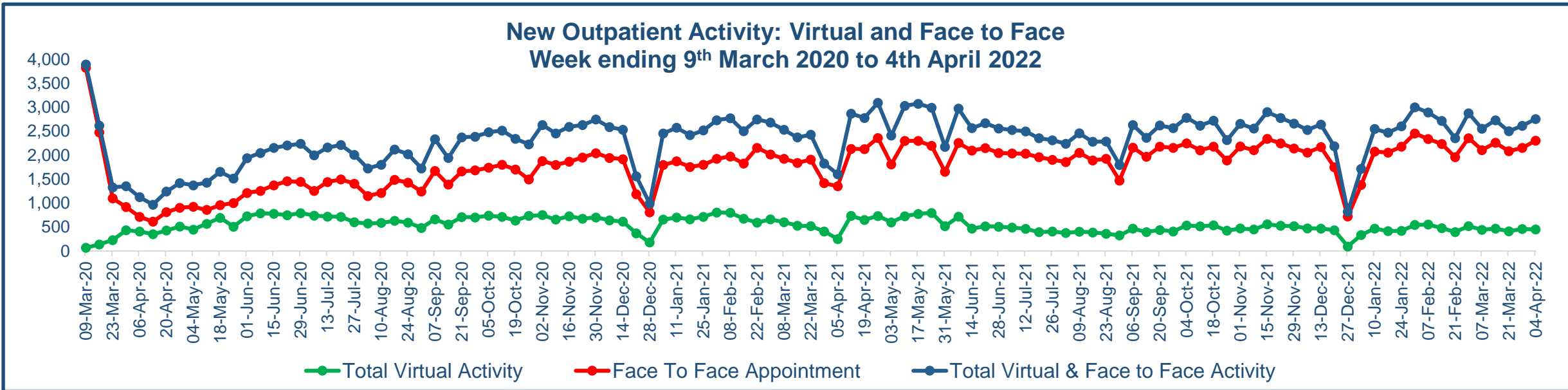
Quadruple Aim 2: Planned Care (5)

BCU Level - Diagnostic Waits Number of Breaches: March 2022
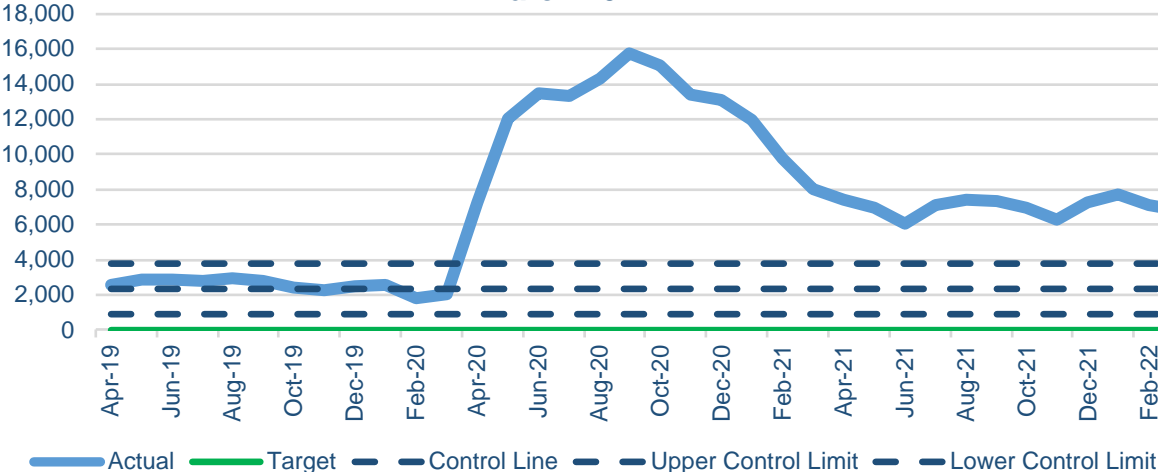
BCU Level - Cancer Waiting Times - 62 Day Suspected Cancer Pathway - February 2022
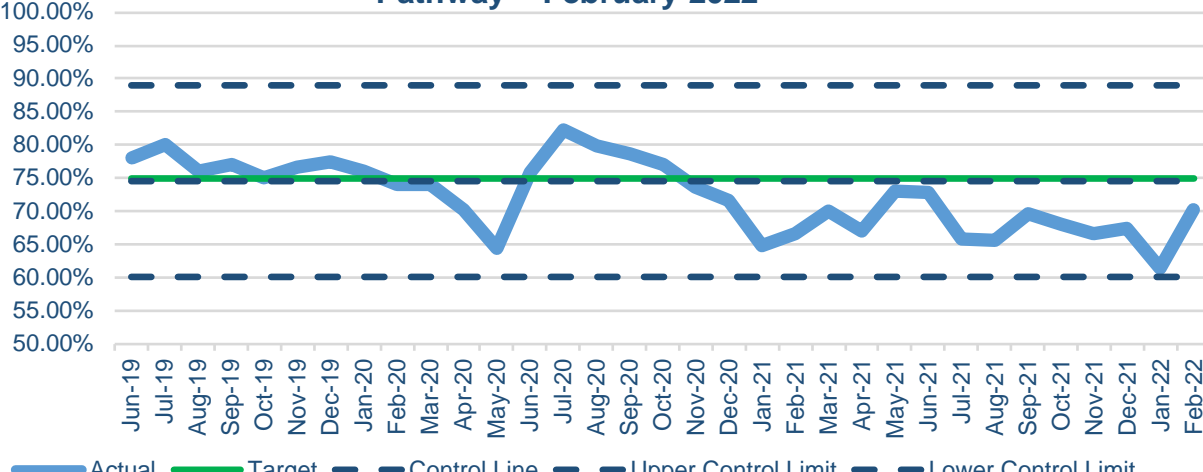
Diagnostics: 8+ Week Waiters for Cardiology, Endoscopy and Radiology

Therapies - Over 14 Week Waits, by Specialty and Month

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

Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website   www.bcu.wales.nhs.uk
- Stats Wales   https://statswales.gov.wales/Catalogue/Health-and-Social-Care

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

follow @bcuhb

http://www.facebook.com/bcuhealthboard

Cyfarfod a dyddiad: Meeting and date:	**Performance, Finance and Information Governance Committee 28.4.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Developing Performance reporting 2022/23**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad Report Author:	Amanda Lonsdale, Director of Performance Edward Williams, Deputy Director of Performance
Craffu blaenorol: Prior Scrutiny:	Health Board Executive Team
Atodiadau Appendices:	Appendix 1 – Proposed Phase 1 performance measures Appendix 2 – Current performance measures

Argymhelliad / Recommendation:

The Committee is asked to

- **approve** the performance measures to be included in the first phase introduction of the Health Board's Integrated Quality and Performance Report (IQPR) (Appendix 1);

- **approve** the recommendation that no changes to performance measures in the IQPR will be introduced until three committee cycles have taken place;

- **note** the requirements upon Integrated Health Community Leadership Teams for ensuring real-time validation of data in order to support the IQPR along with timely submission of narrative against performance measures.

- **note** the opportunity for an interactive demonstration of the IQPR in a Board Workshop arena.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	x	Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol **Y/N to indicate whether the Equality/SED duty is applicable**						**N**	

Sefyllfa / Situation:

This paper outlines the progress made in the development of the IQPR and explains the initial indicators that will be included.

Cefndir / Background:

The Health Board is required to meet the requirements set out in the National Delivery Framework and the Health Board's Quality and Performance (Q&P) report is the method for reviewing progress against these measures. Appendix 2 are the measures currently included in the Q&P report.

The format and measures included within the Q&P report have undergone several adjustments/iterations over recent years and the production of the report has been largely a manual time consuming process with the potential to introduce inaccuracies. This has resulted in limited time for appropriate scrutiny and assurance prior to review by Committees/ the Board. There has also been limited time available to ensure clear read across from the Health Board Integrated Medium Term plan (IMTP), milestones and the risk register.

The Business Intelligence (BI) Informatics and Performance Teams have jointly produced a first draft of an Integrated Quality and Performance Report (IQPR) using Power BI. The IQPR will provide a summary of performance across operational, quality, workforce and financial metrics and is intended to provide the right intelligence at the right time, and in the most appropriate format thereby supporting appropriate scrutiny and highlighting areas where further review of performance should be considered.

It is worth noting that there is functionality within Power BI to provide the IQPR in Welsh Language and this will be explored further along with options to provide the report via other presentation platforms (Tablet/Mobile/QR coding).

Figure 1 below is a screenshot of a typical dashboard within the IQPR. It would be opportunistic to have a time allotted within a forthcoming Board workshop session to demonstrate the IQPR with real-time data.
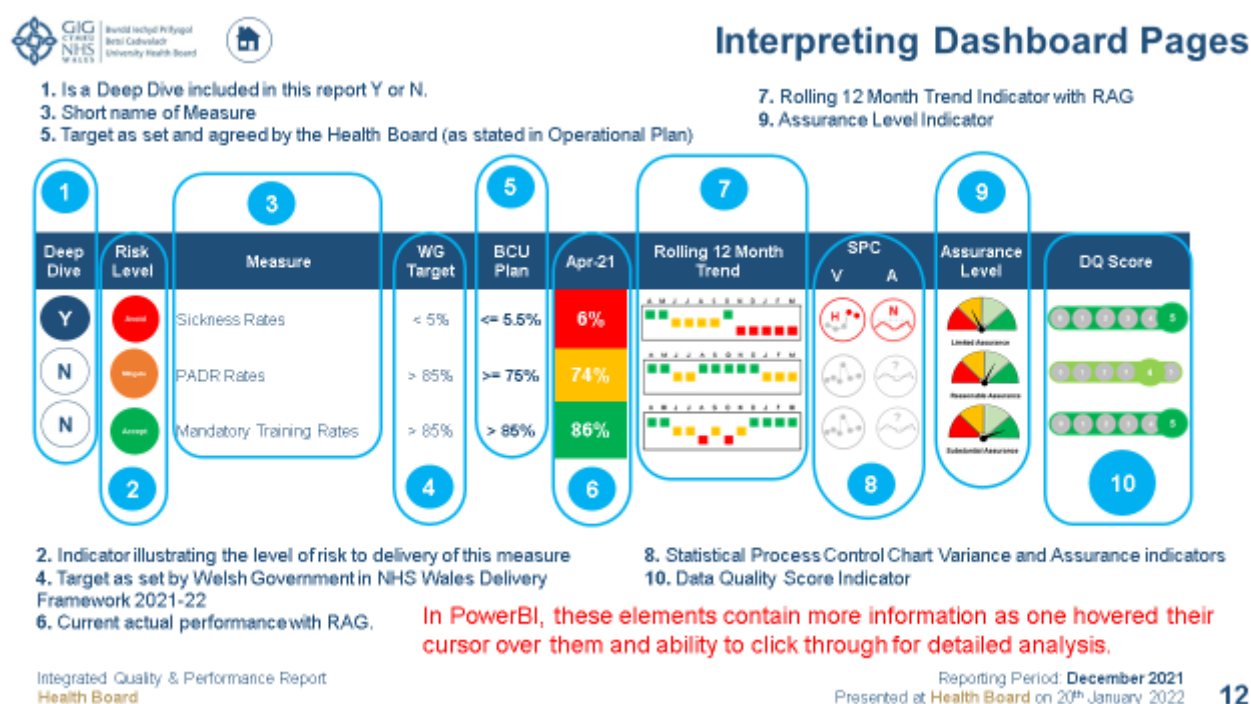
The recommended measures to be included in the first phase of the IQPR have been selected based on:

1.   Quadrant of highest priority;
2.   Availability of data in an appropriate format in the data warehouse;
3.   Timeframe and capacity available.

It is proposed that a cycle of review and impact on assurance of the measures will be undertaken during the first phase of introduction of the IQPR and no changes to the measures included in the IQPR will take place before a period of three committee cycles. This approach provides a period of stability and embedding of the measures along with familiarization with the reporting system.

It is important to note that the full suite of NHS Wales Delivery Measures will still be accessible via a hyperlink in the report. This includes comparative benchmarking data with all the Welsh Health Boards.

A review and assurance process will be introduced by the Performance Team prior to submission of the IQPR to committees to ensure data and corresponding narrative align. This process will also include read across checking with risk registers.

Moving forward, there is the opportunity to include the NHS Productivity Measures within the IQPR, which are focused on the measurement of inputs and outputs that are directly in the control of the organisation that produces them, rather than the outcomes that are not wholly within their control. For instance, a hospital can control the time a patient waits for an operation, but cannot fully control their long-term health.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The introduction of the IQPR will support integrated working of all elements of the Health Board in delivery of approved strategies and plans including Living Healthier, Staying Well; the Clinical Services Strategy/Plan, the Integrated Medium Term Plan (IMTP).

The IQPR will provide a systematic, transparent and consistent approach in triangulating data to identify issues of concerns which require further, more in depth review in order to provide assurance to the Board.

Opsiynau a ystyriwyd / Options considered

Review of IQPRs produced by other Health Boards in Wales have been considered and have helped form the production of the proposed IQPR for Betsi Cadwaladr Health Board.

Goblygiadau Ariannol / Financial Implications

In order to produce the current Power BI supported IQPR, additional expertise has been secured due to capacity issues within the BI Informatics Team who have existing commitments in supporting the introduction of a number of significant new systems across the Health Board.

Dadansoddiad Risk / Risk Analysis

Timely validated data by operational teams is crucial if we are to gain the benefits of the IQPR. Integrated Health Community Leadership Teams will be pivotal in ensuring their operational teams comply with timely data validation.

To mitigate against any potential risk in moving to a new reporting arrangement, the performance team will continue to produce and submit the current Quality & Performance Reports alongside the new IQPR for the first three committee cycles.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The Health Board is required to meet the requirements set out in the National Delivery Framework and as outlined above, a period of assessment and review of the measures will be overseen via PFIG, QSE and PPPH Committees.

Asesiad Effaith / Impact Assessment

Equalities and Socioeconomic Duties Impact Assessments to be completed following sign off of the proposed phase 1 measures and alignment with options of alternative presentation platforms.

Appendix 1 Priority Measures for inculsion in the IQPR - Phase One

Ref No	Measure Description	Chapter	Committee
001	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within **1 hour** of their initial call being answered	Unscheduled Care	PFIG
002	Percentage of emergency responses to red calls arriving within (up to and including) **8 minutes**	Unscheduled Care	PFIG
003	Number of Ambulance Handovers over **1 Hour**	Unscheduled Care	PFIG
004	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	Unscheduled Care	PFIG
005	Number of patients who spend **12 hours** or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Unscheduled Care	PFIG
006	Number of patients who spend **24 hours** or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Unscheduled Care	PFIG
007	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within **4 hours** of the patient's clock start time.	Unscheduled Care	PFIG
008	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (Suspected Cancer Pathway)	Planned Care	PFIG
009	Number of patients waiting more than 8 weeks for a specified diagnostic test	Planned Care	PFIG
010	Number of patients waiting more than 14 weeks for a specified therapy	Planned Care	PFIG
011	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	Planned Care	PFIG
012	Percentage of patients waiting less than 26 weeks for treatment	Planned Care	PFIG
013	Number of patients waiting more than 36 weeks for treatment	Planned Care	PFIG
014	Number of patients waiting more than 52 weeks for treatment	Planned Care	PFIG
015	Number of patients waiting more than 104 weeks for treatment	Planned Care	PFIG
016	Number of patients waiting for a follow-up outpatient appointment	Planned Care	PFIG
017	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Planned Care	PFIG
018	Personal Appraisal and Development Review (PADR)	Workforce	PFIG
019	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	Workforce	PFIG
020	Percentage of sickness absence rate of staff	Workforce	PFIG
021	Percentage of critical care bed days lost to delayed transfer of care - Intensive Care National Audit & Research Centre (ICNARC) definition*	Effective	PFIG
022	Percentage of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (aged 18 years & over)***	Adult MH	QSE
023	Percentage of mental health (Adult) assessments undertaken within 28 days of referral*	Adult MH	QSE
024	Percentage of therapeutic interventions (Adult) within 28 days of assessment*	Adult MH	QSE
025	Percentage of patients (Adult) waiting less than 26 weeks to start a psychological therapy	Adult MH	QSE
026	Percentage of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (aged under 18 years)***	CAMHS	QSE
027	Percentage of mental health (CAMHS) assessments undertaken within 28 days of referral*	CAMHS	QSE
028	Percentage of therapeutic interventions (CAMHS) within 28 days of assessment*	CAMHS	QSE
029	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening**	Effective	QSE
030	Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening**	Effective	QSE
031	Number of General Practices (GP) at Escalation Level of 3 or above	Primary Care	PFIG
032	Number of Pharmacies at Escalation Level of 3 or above	Primary Care	PFIG
033	Number of GP Referrals into Urgent Primary Care Centers (UPCC)	Primary Care	PFIG
034	Number of emergency Department (ED) Referrals into Urgent Primary Care Centers (UPCC)	Primary Care	PFIG
035	Rate of Pharmacy Enhanced Services accessed	Primary Care	PFIG
036	GP Practice Sickness Rates	Primary Care	PFIG
037	Number of Complaints Primary Care	Primary Care	QSE
038	Number of Incidents Primary Care	Primary Care	QSE
039	Number of Complaints BCU	Quality	QSE
040	Number of Serious Incidents (Reportable (BCU)	Quality	QSE
041	Number of Patient Safety Alerts Open (BCU)	Quality	QSE
042	Number of Patient Safety Alerts Overdue (BCU)	Quality	QSE
043	Finance and workforce - Fianancial Balance	Finance	PFIG
044	Number of never events (over a rolling 12 month period)	Quality	QSE

Appendix 2: Original HB Measures

Ref	Measure Description	In New	Rationale for exclusion
Old001	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1*	No	Performance is consistently on or around target rate
Old002	Percentage of children who received 2 doses of the MMR vaccine by age 5*	No	Performance is consistently on or around target rate
Old003	Uptake of the influenza vaccination among 65 and Over	No	Seasonal - Add as appendix in flu season
Old004	Uptake of the influenza vaccination among Under 65	No	Seasonal - Add as appendix in flu season
Old005	Uptake of the influenza vaccination among Pregnancy*	No	Seasonal - Add as appendix in flu season
Old006	Uptake of the influenza vaccination among Staff	No	Seasonal - Add as appendix in flu season
Old007	Cumulative rate of laboratory confirmed E-Coli cases per 100,000 population	No	Report by exception / escalation from QSE
Old008	Cumulative number of laboratory confirmed C.Difficile cases	No	Report by exception / escalation from QSE
Old009	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Yes	
Old010	Number of Ambulance Handovers over 1 Hour	Yes	
Old011	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	Yes	
Old012	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Yes	
Old013	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time.	Yes	
Old014	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Yes	
Old015	Number of patients waiting more than 8 weeks for a specified diagnostic	Yes	
Old016	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	Yes	

Old017	Number of patients waiting more than 36 weeks for treatment	Yes	
Old018	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Yes	
Old019	Percentage of children and young people waiting less than 26 weeks for neurodevelopment assessment	Yes	
Old020	Percentage of mental health (CAMHS) assessments undertaken within 28 days of referral*	Yes	
Old021	Percentage of therapeutic interventions (CAMHS) within 28 days of assessment*	Yes	
Old022	Percentage of mental health (Adult) assessments undertaken within 28 days of referral*	Yes	
Old023	Percentage of therapeutic interventions (Adult) within 28 days of assessment*	Yes	
Old024	Percentage of patients (Adult) waiting less than 26 weeks to start a psychological therapy	Yes	
Old025	Total Number of mental health delayed transfer of care (DToC) patients	No	Report by exception / escalation from QSE
Old026	Total Number of mental health delayed transfer of care (DToC) bed days	No	Report by exception / escalation from QSE
Old027	Number New Never Events	By Exception	Report by exception / escalation from QSE
Old028	Percentage of sickness absence rate of staff	Yes	
Old029	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	Yes	
Old030	Percentage of sickness absence rate of staff	Yes	
Old031	Agency spend as a percentage of total pay bill	TBA	Part of group of finance measures to be added
Old032	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening**	Yes	
Old033	Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening**	Yes	

Cyfarfod a dyddiad: Meeting and date:	**Performance, Finance and Information Committee (PFIG)** **28.4.22**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Planned Care Status Report
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Gill Harris Deputy Chief Executive/Executive Director of Integrated Clinical Services
Awdur yr Adroddiad **Report Author:**	Keith Dibble Interim Programme Lead – Planned Care
Craffu blaenorol: **Prior Scrutiny:**	Deputy Chief Executive/Executive Director of Integrated Clinical Services
Atodiadau **Appendices:**	

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

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth **For Decision/ Approval**		**Ar gyfer Trafodaeth** **For Discussion**		**Ar gyfer sicrwydd** **For Assurance**	**Y**	**Er gwybodaeth** **For Information**	**Y**
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol **Y/N to indicate whether the Equality/SED duty is applicable**						**N**	

Sefyllfa / Situation:

The previous update described the challenge facing BCUHB in relation to Planned Care, and specifically the large number of patients waiting for a planned intervention/treatment, many of whom have been waiting in excess of 52 weeks and some more than 104. The origins of this precede Covid, but the pandemic has clearly exacerbated the position significantly. The beginnings of recovery were further interrupted by the Omicron surge and the related vaccination programme, resulting in a prolonged pause in non-urgent planned care activity.

Therefore, the total waiting list has continued to increase, and now stands in excess of 157,000, growing at the expected rate of circa 1750 while we are unable to return to pre-Covid activity levels. However, the WG focus from the current financial year onwards is on Planned Care Recovery, in three distinct but inter-dependant stages – Restart, Stabilisation and Sustainability.

The first has commenced, with varying degrees of completeness, with some services impacted by the latest Covid, and the immediate objective across the Health Board and indeed Wales, is on creating

that stability, which will see the waiting list plateau and begin to reduce. Our Transformation Programme will underpin the long term solution.

Waiting List Growth
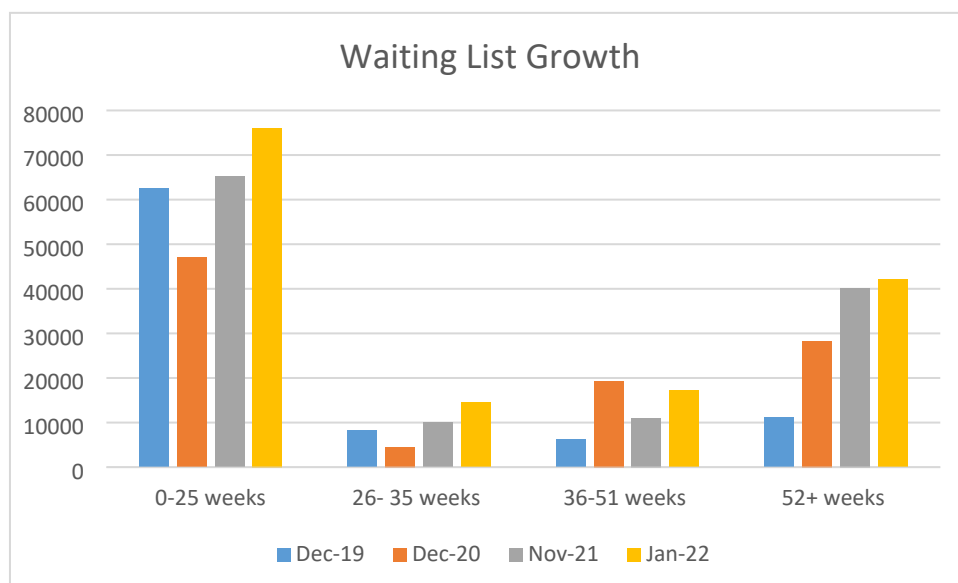
Cefndir / Background:

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

- As a minimum, volumes of activity need to reach 90% of that achieved in 2019/20, with the clearance of the backlog had to be achieved at the same time as – and in parallel with – ongoing treatment of new and urgent referrals – i.e. we must tackle the waiting list from both ends. The aspiration is to return to 100% of 2019/20 activity levels as soon as possible.
- The use of physical capacity must be optimised – e.g. all theatre sessions must start on time.
- Radical – but safe – approaches must be taken, and would include the expansion of initiatives trialled during the pandemic – such as virtual clinics, Seen on Symptoms and PIFU (patient initiated follow-ups). – To enable the review and treatment of those patients who absolutely need that care.
- There will be a longer term and sustainable programme of transformation, based on the Implementation of the GIRFT (Getting it Right First Time) pathways.

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

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

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

Opsiynau a ystyriwyd / Options considered

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

- Increased capacity (i.e. treating more patients)
- Prioritising diagnostics and outpatients
- Transformation (pathway redesign)
- Information and communication (including validation)

And these will be delivered via the infrastructure being developed below
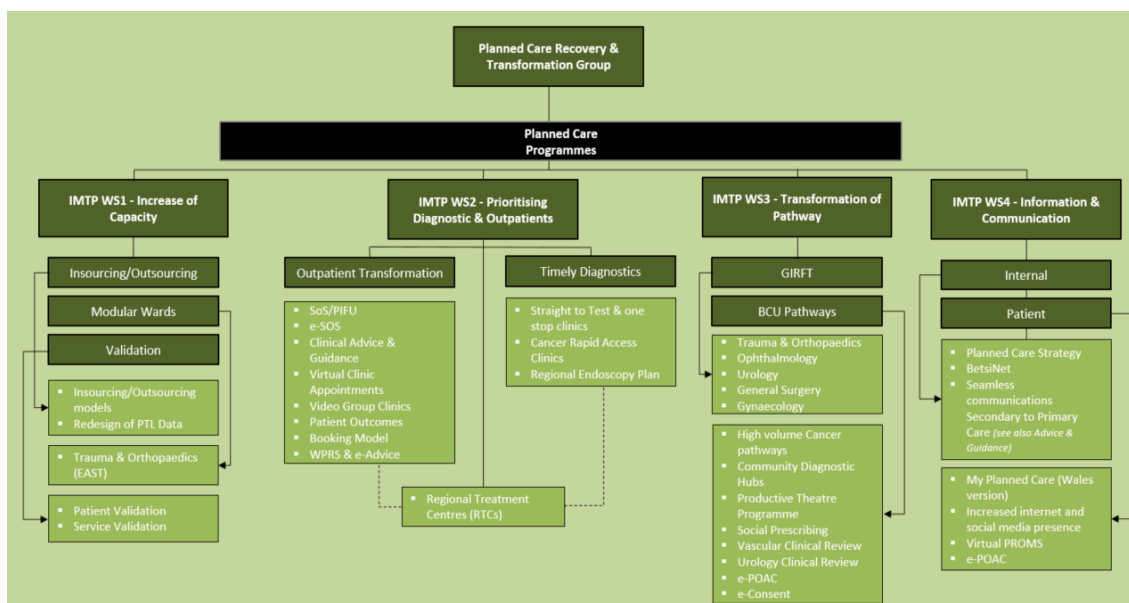
Numerically, there are a number key objectives set by WG for the next three years, but the focus for 2022/23 will be on Stage One, and the need to see all patients waiting in excess of 104 weeks for an initial outpatient appointment by the end of July, and over 52 weeks by the end of October. All planned actions are directed at these goals (while ensuring that those patients requiring priority interventions continue to receive them).

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

- The relaxation of social distancing regulations, subject to risk assessments to enable the rapid increase in core capacity back to at last 90% of the 2019/20 baseline. This action in itself would enable c3450 additional outpatients to be seen each month.
- A continuous validation exercise to ensure that only patients that need to be seen/treated are on the list. (This will reduce the number of duplicate entries, as well as those who have already been treated).
- Maximisation of outsourcing and insourcing opportunities, building on our arrangements for Orthopaedics, Ophthalmology, Dermatology and Endoscopy.
- Effective use of waiting list initiatives and locums
- Maximum utilisation of the Abergele site for Orthopaedics
- A concentrated roll-out of the SOS/PIFU initiatives. Whilst a conservative 20% "target" has been included in the ITMP plan, many specialities will be able to achieve higher figures.
- Improved theatre productivity and therefore throughput.

In addition, the GIRFT programme is now active, with the report from the deep dive analysis having just been received. A full action is now being devised. The process will then be repeated in General Surgery, Ophthalmology, Urology and Gynaecology.

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

Based on all of these actions, it is anticipated that our achievement against the first of the two initial targets will be:

Stage 1 >104 weeks

	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
100-General Surgery	🟥	🟩	🟩	🟩	🟩	🟩	🟩	🟩
101-Urology	🟥	🟩	🟩	🟩	🟩	🟩	🟩	🟩
110-T&O	🟥	🟥	🟩	🟩	🟩	🟩	🟩	🟩
120-ENT	🟥	🟩	🟩	🟩	🟩	🟩	🟩	🟩
130-Ophthalmology	🟥	🟥	🟩	🟩	🟩	🟩	🟩	🟩
140-MaxFax	🟥	🟩	🟩	🟩	🟩	🟩	🟩	🟩
141-Restorative Dentistry	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩
143-Orthodontics	🟥	🟥	🟩	🟩	🟩	🟩	🟩	🟩
191-Pain Management	🟥	🟩	🟩	🟩	🟩	🟩	🟩	🟩
300-General Medicine								
301-Gastroenterology	🟥	🟩	🟩	🟩	🟩	🟩	🟩	🟩
302-Endocrine	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩

Specialty								
320-Cardiology	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩
330-Dermatology	🟥	🟥	🟩	🟩	🟩	🟩	🟩	🟩
340-Thoracic Medicine	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩
361-Nephrology	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩
410-Rheumatology	🟥	🟩	🟩	🟩	🟩	🟩	🟩	🟩
420-Paediatrics	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩
430-COTE	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩
502-Gynaecology	🟥	🟩	🟩	🟩	🟩	🟩	🟩	🟩

The position is clearly more positive in relation to the 104 week objective, and more challenging for that of 52 weeks, but an achievement on both counts within the financial year would in itself be a significant achievement, and represent significant steps on the recovery journey, while not under-estimating the degree of challenge, as well as the timescale to meet the ultimate 26 week maximum wait objective.

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

Communication

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

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

Cancer

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

Goblygiadau Ariannol / Financial Implications

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

Dadansoddiad Risk / Risk Analysis

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

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

The planned care programme is designed to address health inequalities and facilitate the Board's socio-economic duty by stream-lining process, transforming services and reducing waiting lists.

Cyfarfod a dyddiad: Meeting and date:	Finance, Performance & Information Governance Committee 28.04.22
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Unscheduled Care (USC) update**
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris, Executive Director of Nursing & Midwifery / Deputy CEO
Awdur yr Adroddiad Report Author:	Claire Brennan, USC Programme Manager
Craffu blaenorol: Prior Scrutiny:	Reviewed by: David Allison, Interim Programme Director for USC Gill Harris Executive Director of Nursing & Midwifery / Deputy CEO
Atodiadau Appendices:	Appendix 1 PFIGC ED Business Case Gateway Framework Proposal

Argymhelliad / Recommendation:
The Committee is asked to note the update provided on the actions being taken within the Unscheduled Care (USC) improvement programme to support the delivery of improvements across the unscheduled care system and ensure the provision of safe, effective, high quality care.

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✔	Er gwybodaeth For Information	

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

Sefyllfa / Situation:
The following report provides an update on current progress of the Unscheduled Care (USC) Improvement Programme and identified actions during the month of March 2022. This focused programme of transformation is in recognition of the ongoing challenges on the urgent and emergency care system and the need to support and enable staff to effectively and safely deliver the necessary services and high quality care to meet the needs of our population. As we are approaching the last few months of the first year of the USC programme (Phase 1) and moving into a transformation programme, with the appointment of new programme team staff and alongside the Health Board restructuring, it is timely to now review the actions undertaken to date and re-evaluate priorities for Phase 2 of the USC programme going forward. A new Programme Director has been appointed and further clinical and operational appointments are being made to strengthen the structure for the Unscheduled Care improvement programme and to support the required engagement across medical and nursing teams to drive forward improvements. The USC programme management team are also working closely with the Transformation Team and additional project support is being identified to support developments.

Cefndir / Background:

Unscheduled Care performance

COVID-19 challenges are still omnipresent across the Health Communities, with another surge in the number of COVID-19 cases during the month of March. This continues to impact on services across primary care, community and acute hospitals as well as the ambulances services and social care. Staffing pressures as a result of sickness and absences due to self-isolation continue to be experienced across all departments and whilst redeployed staff are now returning back to their original workplaces, staffing shortages across the entire health social care workforce remains an issue. This is further exacerbated by lost bed capacity due to social distancing and the creation of additional segregation on assessment units. Healthcare Inspectorate Wales (HIW) reviews of Emergency Departments (EDs) have also recently highlighted concerns in delivery of care.

The Unscheduled Care system continues to face significant system pressures with the numbers of attendances to EDs returning to pre-pandemic levels and the 4 hour performance deteriorated further in March compared to previous month reporting at 58.4% across the Health Board. The number of attendances at the Emergency Departments (EDs) increased in March by over 2,000 compared to February 2022 (see figure 1 below). The number of patients attending EDs triaged as category 1 and 2 (very urgent and urgent), peaked over the summer months of 2021, followed by a continued downward trend for triage category 2 attendances from June 2021 to February 2022 which supported the notion of a more recent reduction in acuity, however, the numbers of triage categories 1 and 2 rose slightly in March for the first time since June and is expected to increase in coming months with the impending Easter and Summer holidays. High numbers of patients attending with a lower triage category 4 are still being reported, which rose slightly again in March and this cohort could be seen more appropriately in alternative treatment settings outside EDs, i.e. 111, Minor Injury Unit (MIU), Pharmacy, Urgent Primary Care Centre. There was a rise in the number of attendances at MIUs which saw approximately 1000 more patients in March compared to February 2022.

The ambulance service has had periods of escalating into Clinical Safety plan (CSP) 2B and upwards, resulting in a 'no send' to certain criteria of 999 calls. There was a subsequent increase in patients self-presenting to EDs with immediate and very urgent conditions i.e. strokes and heart attacks, which impacts on the ability to off load ambulances across the Health board due to the need to bring those critically ill patients from the waiting room due to clinical deterioration. There was a slight reduction in the number of ambulance arrivals in March compared to February.

Flow challenges remain within both the acute and the community hospital sites with ongoing delays as a result of delays in accessing timely health and social care assessments as well as a lack of domiciliary care and delays in accessing packages of care in the community, for medically optimised patients within community hospitals and the acute sites. Significant challenges also remain within the care home sector which also impact on delays in discharging patients back to care homes. There is recognition for the immediate need for more focused work to further implement and embed Discharge to Recover & Assess (D2RA) pathways to support discharges and enable assessments out of hospital.

As at 1st April, the number of patients deemed as Medically Fit for Discharge (MFD) but are unable to progress to the next place of care such as transfer to residential / nursing home, domiciliary care; awaiting internal or social assessment or equipment / adaptations was 365 compared to 323 the previous week, which is an increase of 42 from the previous week. Health Board site reports identify the number of MFD across the health economy which is shared during the daily national 11am call to support escalating and demonstrating areas of improvement with reduction of MFDs to create flow. The reports are shared internally, along with any site specific plans to support reducing

MFD i.e. red to green or releasing time to care. The number of patients waiting for care homes is static and following receipt of the new discharge guidance for Covid transfers to care homes, the Quality Care Home Team is working with Infection Prevention teams and providers to address ongoing concerns and issues. There has also been a slight increase in the number of patients awaiting social care assessment in the past week, from 33 to 37, as a result of challenges in recruiting social workers and occupational therapists. The number of homes experiencing incidents / outbreaks has stabilised and is within the low 40s, of which 26 are residential, 15 nursing and 2 mental health.

Figure 1 below shows the total Unscheduled Care Activity for both ED and Minor Injury Units (MIU) including ambulance arrivals from April 2019 to March 2022 which shows a steady reduction in the numbers for both attendances and admissions over 5 consecutive months between July and December 2021, with a notable increase in March 2022.
.
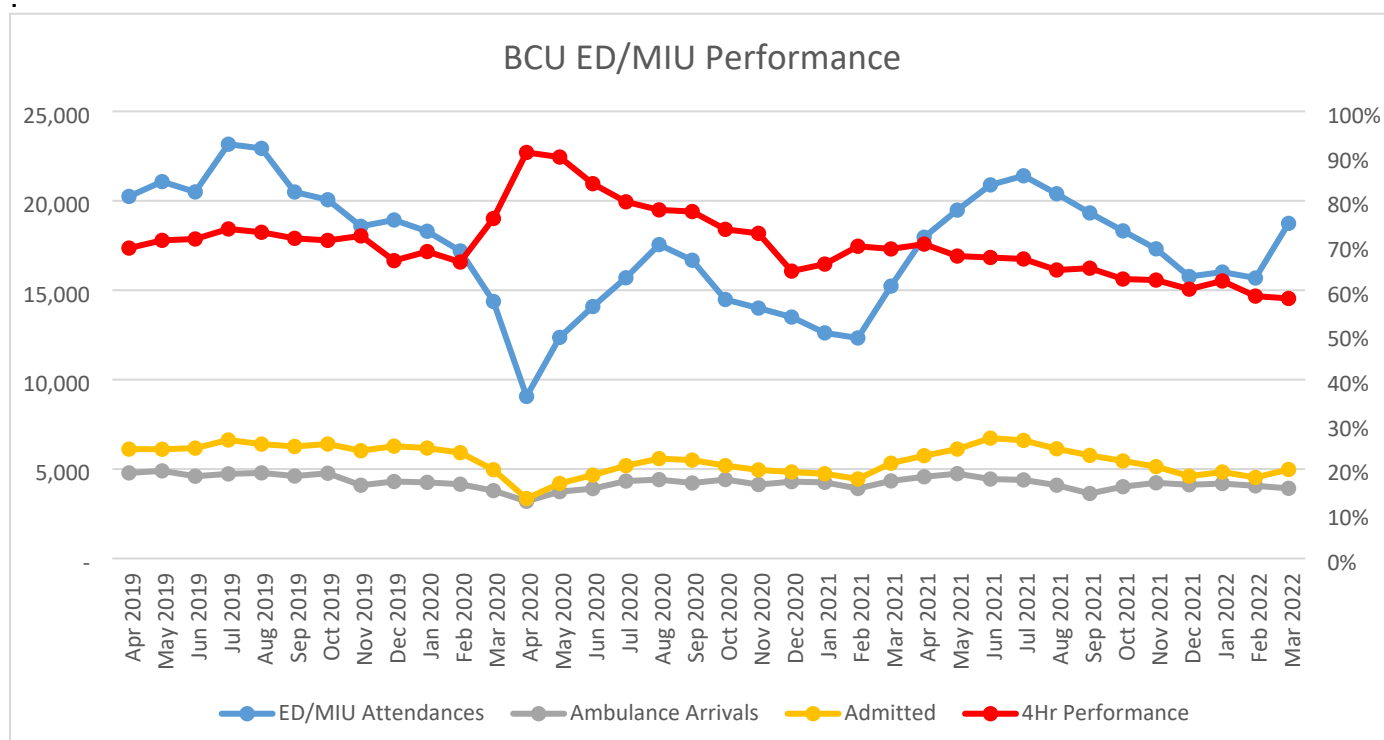
Figure 1: BCUHB ED / MIU performance

Whilst a number of actions are continuing to move forward, the overall pace and progress of the USC improvement programme in the last few months has been slower than anticipated and there is a recognised need for a shift in focus in particular for high impact deliverables, which will be considered as part of the USC programme review. This is largely as a result of system pressures and competing priorities for operational teams, engagement with medical and nursing teams as well as staff sickness within both clinical and non-clinical teams, which has impacted on the continuity of improvement work.

The review of the USC programme and priorities will be informed by feedback from the HIW reports and will also be aligned to the Welsh Government 6 Goals Programme, for which guidance has recently been received by all Health Boards. The WG 6 goals guidance sets out the expectations for an integrated urgent and emergency care model in terms of governance, delivery and priorities for 2022-23. Funding of £2.96m has been allocated to BCUHB on a recurring basis from 2022-23 to

2025-26, to support delivery of all six goals with specific priorities for Urgent Primary Care Centres (UPCC) and Same Day Emergency Care (SDEC) services.

As a result of the aforementioned structure changes, the fortnightly workshops for each of the four workstreams were stood down in March, whilst the USC programme review and re-evaluation takes place. This review will assess the outcomes to date from Phase 1 and identify the required actions going forward to include identification of priority areas including high impact deliverables which will inform the next steps for each workstream. The following updates are provided of progress to date and a full closure report is being prepared for Phase 1 of the programme since its inception in July 2021.

Workstream 1 update:
- An in-house educational programme for Minor Injury Unit (MIU) Emergency Practitioners (EPs) commenced in January, based on a training needs analysis undertaken previously, which will support standardisation and consistency for minor injuries service provision across BCU. A number of training sessions have been held and the programme continues to be developed with required skills and training.
- A Microsoft TEAMS page for EPs has also been set up to share resources and support communications, including training resources accessible for those unable to attend training sessions. There are now circa 70 EP members subscribed. A bi-monthly newsletter is also being produced and shared with this staff group to keep them informed of developments and training, the second edition is due to be circulated this month.
- The development of Urgent Primary Care Centres (UPCC) is continuing across all 3 health communities, with recruitment process underway for the required workforce. Developments in the East UPCC include ED triage staff reviewing appropriate referrals to help increase uptake to the UPCC. The locations for West UPCC have been confirmed, however, the implementation date has been rescheduled to June 2022.
- Working with the national team, MIUs profiles have been reviewed and updated onto the Directory of Service to support an increase in capacity, which is hosted by Welsh Ambulance Service Trust (WAST).
- The NW 111 First service continues to support health care professionals through the existing Single Integrated Clinical Assessment & Treatment (SICAT) service and continues to have in-reach into referring care homes.

Workstream 2 update:
- A focused workshop on developing Internal Professional Standards (IPS) was held in February which enabled discussions with clinicians to prioritise underlying principles for allocation of patients between teams.
- Pan-BCU recruitment for ED and Acute Physicians is ongoing with poor uptake on suitable candidates for consultant posts.
- YG Acute Medicine team has relocated from Acute Medical Unit to Same Day Emergency Care (SDEC) and ED to oversee and assess all medical patients referred to facilitate appropriate same day discharges. This has enabled different discussions around which patient requires admission and who can be treated on the same day.
- The YGC team has implemented a number of innovations with the use of a risk triage tool (AMB-Score) and a proactive daily in-reach into the ED. A frailty unit has opened on the YGC site to pull suitable patients from ED. The SDEC unit has continued to open 6 days a week. An audit will be undertaken on the patient pull from ED to SDEC units

- Emergency Physicians in Wrexham have started testing a Rapid Assessment and Treatment model to reduce the times that patients are waiting on ambulances and in the waiting areas. This will potentially provide a promising platform for link to other specialists.

Workstream 3 update:
- Board Rounds have been implemented in wards across the Health Board with further ongoing work required to strengthen and sustain these to ensure patient centred decision making is achieved with decisive actions that support progressing the patient journey in an efficient and timely manner and reduce the number of MFDs.
- The drive for implementing Criteria Led Discharge (CLD) is ongoing with challenges in clinical engagement in some areas. CLD staff training is progressing with 81% of staff completed in YG and 69% in YGC and competencies also being completed. Wrexham have commenced CLD pilot on a number of wards with good clinical engagement reported across all areas on their site.

Workstream 4 update:
- Electronic transfer of care form implementation rescheduled to May.
- Roll out plan for STREAM whiteboards across BCUHB confirmed with funding agreed.
- Pilot of alternative electronic whiteboards as an interim solution to STREAM boards commenced in Central Area.

Across the Health Board, Command and Control remains in place, co-ordinating through the current operational structures within the Tactical Control Centre (TCC), with sites still utilising the Senior Manager of the Day (SMOD) rota to support local issues. The system lead rota supports overarching management of the North Wales Health economy and supports any overarching decision making and communication with external stakeholders and feedback accordingly via the TCC to executives.

Emergency Department Business Case Workforce – gateway review

Further to the Health Board approval of the Emergency Department Workforce Business Case, a number of appointments have been recruited to for the required nursing workforce, which is now almost complete across all sites, with the exception of Consultant Nurse posts that are currently being progressed through the recruitment process. Appointments have also been secured to other staff groups including porters, housekeeping and progress chasers within the departments. Focused work remains on recruitment to the medical consultant workforce, which has been more challenging and a recruitment consultancy has been procured to support Medical Consultant recruitment with links to the UK and global market and the aim of recruiting a minimum of 4 consultants within 4 months.

A phased gateway review of the recruitment to the identified ED workforce is proposed and set out within Appendix 1. This includes measures, targets and milestones for improvement to clinical performance and outcomes (for Phase 1) that have been identified as being directly attributable to the impact of additional clinical, nursing and other healthcare workforce. Further work is ongoing to populate the data for Phases 2 and 3 and will presented through a further update. It is important to note the unprecedented challenges of Covid-19 and subsequent impact on both unscheduled and planned care and monitoring the impact of ED workforce will be done in conjunction with other enabling work within the USC programme as the focus and direction for this is being revised and refreshed and will be taken forward by the new Programme Director for USC.

Opsiynau a ystyriwyd / Options considered
N/A
Goblygiadau Ariannol / Financial Implications
Funding allocations have been agreed for 2021-22 following submission of bids to Welsh Government against the all Wales £25m for Urgent and Emergency care in line with the 4 key deliverables: Contact First, Urgent Primary Care Centres, (UPCC), Same Day Emergency Care (SDEC) models and Remote clinical support and optimising conveyance as well as funding for programme management support. Additional funding confirmed in line with the WG 6 Goals Programme of £2.96m to support delivery of the 6 goals.
Dadansoddiad Risk / Risk Analysis
Board Assurance Framework (BAF) 20-02 for Safe and Effective Management of Unscheduled Care within strategic priority 1 for Safe Unscheduled Care, describes the risk that "…*the Health Board may not be able to deliver safe and effective care due to being unable to commit support processes. This could negatively impact on the quality of patient care provided*". Mitigating actions to reduce harm, improve patient outcomes and better patient and staff experience across the urgent and emergency care system are in the process of being confirmed in line with the improvement programme of work and revised governance and reporting arrangements.
Cyfreithiol a Chydymffurfiaeth / Legal and Compliance
N/A
Asesiad Effaith / Impact Assessment
N/A

PFIG ED Business Case Gateway Framework Proposal

April 2022

ED STAFFING BUSINESS CASE
PHASE 1 GATE REVIEW

WTE Business Case Approval: Medical = 34.2 Nursing = 52 Non-Reg Nursing = 61
WTE appointed as at 1 April 2022 (WTE): Medical = 18.5 Nursing = 43.83 Non-Reg Nursing = 54.57
WTE to be appointed from April – June22: Medical = 15.7 (11.7 cons) Nursing = 8.17 Non-Reg Nursing = 6.43

Phase 1 Recruitment Objectives	Phase 1 Outcome Measures	Phase 1 Baseline (Aug-Dec 21)	Phase 1 Target	Phase 1 Progress as at: 31/3/22	Milestones Jan - Mar 22	Milestones Apr 22	Milestones May 22	Milestones Jun 22	Phase Gate Review Of:
Medical To appoint: 100% - 34.2wte	Improvement in % of the Time to clinical assessment month on month.	21%	TBC	16% ↓	*18.5 WTE Appointed *18.5 WTE In post	0 WTE Appointed 0 WTE In post	0 WTE Appointed 0 WTE In post	4 (e) WTE Appointed 0 WTE In post	By Each Site: **Process & Planning** • Ability to recruit successfully – advert/interview/offer/start/induction. • Impact of and response (plan B) to not recruiting successfully – reasons and what are mitigations. • Financial position/spend inc agency campaign costs. • Ratio of medical/nursing – impact on outcome measures. • Impact of training, mentoring by existing staff – effects of 'surge' recruitment. **Business Need** • ED activity position (overall demand) – degree offset by attrition/turnover. • Effects of developing integrated front door on ED activity - degree offset by attrition/turnover **Interdependencies** * SDEC * USC Improvement Plan * UPCCs *Acute Medical Model * EDQDF/WAM * Accurate data coding. **Benefits Realisation/Tracking** Impact on patient safety/quality/clinical outcomes/experience Impact on staff morale/retention
	4 hour performance (minors) >95%	53%	95%	47% ↓					
	Reduction in agency costs	62k (Q3 avg)	25k	31k ↑					
	Staff Turnover	18.52%	5%	17.28% ↑					
	Staff Vacancies	TBC	TBC	TBC					
	4 hour performance - reduction in % paediatric breaches & utilisation of alternative pathways (5% Improvement month on month)	74%	95%	70% ↓					
Nursing To appoint 100% (52wte)	Reduction in ED agency costs	£1.1m (M9)	TBC	Awaiting budgeted establishment	43.83 WTE Appointed 21.4 WTE In post	4.17 (e) WTE Appointed 11.21 WTE In post	4 (e) WTE Appointed 11.22 WTE In post	4.12 (e) WTE In post	
	Time to triage (15mins) – 100% compliance	27%	100%	22% ↓					
	5% improvement on ED nursing Quality & Safety metrics month on month	TBC	TBC	TBC					
	SDEC activity (based on 19/20 baseline data)	1%	30%	5% ↔					
	Staff Turnover	8.21%	5%	7.82% ↑					
	Staff Vacancies	6%	3%	7% ↓					
Non-Reg Nursing To appoint 100% (61wte)	25% improvement in Infection Prevention & Control (IPC) ED environment audit results	TBC	TBC	TBC	54.57 WTE Appointed 12.2 WTE In post	3.43 (e) WTE Appointed 21.18 WTE In post	3 (e) WTE Appointed 21.19 WTE In post	3.43 (e) WTE In post	
	Staff Turnover	2.36%	5%	2.65% ↔					
	Staff Vacancies	8%	3%	1% ↑					

PHASE 1 GATE REVIEW

Appointed = conditional offer in process
In Post = commenced

(e) = estimate/planned expectation - caveated
* = posts already filled but over the established WTE /existing recruitment activity

Investment direct impact – additional staff in ED will directly impact an area of performance / change / expenditure

- Medical - Reduction in EDDS Code 1 breach – Time to clinical assessment month on month.
- 4 hour performance (minors) – greater than 95%
- Medical - Reduction in agency costs.
- Staff Turnover
- Staff Vacancies
- Nursing - Reduction in agency costs.
- Nursing – Time to triage (15mins) – 100% compliant
- Medical & nursing - Reduction in % paediatric breaches and utilisation of alternative pathways - 5% Improvement month on month.
- Non-RN – 25% improvement in IPC ED environment (cleanliness) audit results
- Nursing – 5% improvement on ED nursing Q&S metrics month on month
- SDEC emergency workload (increase to 30%, on 19/20 baseline)

Where investment will not directly impact – there are other significant variables

ED 4 hr performance – too many variables, including those that are beyond the control of ED (eg: diagnostic delays post-referral, awaiting specialty assessment, decision to admit – bed not allocated)

Reduction in ambulance waiters – more staff in ED does not mean you can automatically and constantly offload ambulances. A crowded ED will at times lack 'flat assessment' space that even doing reverse boarding will not address. The ED outflow issue is largely related to high numbers of decision to admits as the same time as lack of available inpatient beds

SDEC emergency workload – Note this is also down to individual decision making and following agreed process around effective ED streaming and fit-for-purpose SDEC criteria and models – not totally attributable to more staff in ED

The unscheduled care improvement programme is currently being reviewed and refreshed (new Programme Director) to ensure all above elements are effectively incorporated and delivered

Cyfarfod a dyddiad: Meeting and date:	Performance Finance and Information Governance Committee 28.4.22
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Business Case Tracker**
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Transformation, Strategic Planning, and Commissioning
Awdur yr Adroddiad Report Author:	Ian Howard, Assistant Director Strategic and Business Analysis
Craffu blaenorol: Prior Scrutiny:	Not Applicable
Atodiadau Appendices:	Appendix 1: Estates Business Case Tracker Appendix 2: Revenue Business Case Tracker

Argymhelliad / Recommendation:
The Committee is asked to note the contents of the business case trackers.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	✔
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						**N**	

Sefyllfa / Situation:
The business case trackers are presented as part of the routine update on the implementation of the Health Board's plans.

Cefndir / Background:

The Business Case Tracker gives a summary of the progress of the major capital and revenue investments contained within the Integrated Medium term Plan (IMTP) 2022/25. This version is the updated tracker including details of new schemes approved by the Health Board through the IMTP process.

Estates Business Case Tracker
At the request of the Committee the major capital schemes have been RAG-rated in terms of their progress.

The schemes on the final page of the capital tracker have not been RAG-rated as they are still at the concept/early development stage.

Revenue Business Case Tracker

The revenue tracker is as per the IMTP and is split into IMTP consolidated schemes 2022/23 and IMTP schemes being commenced 2022/23. For information purposes WHSSC funded schemes 2022/23 are also detailed.

The tracker should be read in conjunction with the following caveats:

- Recognising the organisation is currently undergoing its transitional phase of implementing *Stronger Together* – Accountable Leads (Executive Lead and Project Director) are assigned as per current organisational structures and will be reviewed and updated following *Stronger Together* implementation.
- Requirement of scheme business case or A4 PID is based on the current threshold – any scheme with a value of £250k plus will require a full business case, as per the business case policy and schemes under £250k will require an A4 PID. A refresh of the current policy is currently underway and following agreement of new policy aims, the tracker will be updated accordingly.
- Where governance / case submission dates are unknown *TBC* has been applied. Submission dates are currently being reviewed against the SMART templates submitted as part of the IMTP prioritisation process.

Full information will be provided in the next iteration of the tracker.

For information purposes *WHSCC funded schemes 2022/23* are also detailed.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

Not Applicable.

Opsiynau a ystyriwyd / Options considered

Individual business cases will include option appraisals.

Goblygiadau Ariannol / Financial Implications

The tracker includes the current estimate of the capital and/or revenue implications of the business cases that are under development.

Dadansoddiad Risk / Risk Analysis

Individual business cases will contain assessments of risk.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

Appropriate impact assessments will be carried out as part of the development of individual cases.

BCUHB Estates Business Cases Tracker - IMTP 2022 / 2025

Full Business Case

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update — March 2022	Comments / Update — April 2022
Royal Alexandra Hospital (North Denbighshire)	Full Business Case - submitted to Welsh Government	67.3 plus inflation	All Wales Capital	Chris Stockport, Executive Director of Transformation and Planning	Capital Investment Group	September 2020		No further update	Following the health board's approval of the Full Business Case in March 2021, and the subsequent scrutiny by Welsh Government (WG), WG have confirmed that our business case has been accepted, but that given the significant reduction in capital funding for the NHS over the next three years the scheme is currently under review. We have provided further information of the wider social and economic benefits of the scheme, particularly with respect to the re-generation of Rhyl, and are working with WG to explore options to make the scheme affordable within the current economic climate.
				Gareth Evans, Interim Executive Director of Therapies & Health Sciences	Executive Team	October 2020	October 2020 March 2021		
					Performance, Finance & Information Governance Committee	October 2020	October 2020		
					Health Board Committee	November 2020	November 2020		
					Welsh Government Submission		March 2021		
					Welsh Government Approval (Received)				
Wrexham Maelor Continuity Phase 1	Combined Outline / Full Business Case Stage	Approved PBC Cost is 30 - 40	All Wales Capital	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery	Capital Investment Group	July 2022		Work continues to complete the draft business case by the beginning of July 2022 for internal scrutiny.	Work continues to complete the draft business case by the beginning of July 2022 for internal scrutiny.
				Neil Bradshaw, Assistant Director: Capital	Executive Team	July 2022			
					Performance, Finance & Information Governance Committee	August 2022			
					Health Board Committee	September 2022			
					Welsh Government Submission				
					Welsh Government Approval (Received)				

Outline Business Case

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update — March 2022	Comments / Update — April 2022
Adult and Older Person's Mental Health Unit Glan Clwyd Hospital	Outline Business Case stage	63.7	All Wales Capital	Teresa Owen, Executive Director Public Health	Capital Investment Group	August 2021	August 2021	The response to Welsh Government is being compiled, and will be submitted by mid-March.	Further information has been supplied to Welsh Government following the Infrastructure Investment Board presentation on 27 January 2022.
				Jill Timmins, Programme Director Ablett Redevelopment	Executive Team	August 2021	August 2021		
					Performance, Finance & Information Governance Committee	August 2021	August 2021		
					Health Board Committee	September 2021	September 2021		
					Welsh Government Submission	September 2021	September 2021		
					Welsh Government Approval (Received)				

Strategic Outline Case

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update — March 2022	Comments / Update — April 2022
Regional Treatment Centres (previously Diagnostic & Treatment Centres)	Strategic Outline Case Stage	154 - 252 depending on the option	Partnership Scheme - Revenue	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery	Capital Investment Group	TBA		The approach has been agreed by the Executive Team and a proposal will go to PFIG this month.	The approach to developing the next phase of the scheme has been approved by the Board.
				Alyson Constantine	Executive Team	TBA			
					Performance, Finance & Information Governance Committee	TBA			
					Health Board Committee	TBA			
					Welsh Government Submission				
					Welsh Government Approval (Received)				
Nuclear Medicine Reconfiguration (including PET)	Strategic Outline Case submitted to Welsh Government	11	All Wales Capital	Adrian Thomas, Executive Director of Therapies & Health Sciences	Capital Investment Group	TBA	TBA	No further update	The Minister has endorsed the Nuclear Medicine & PET SOC. Prior to formal approval letter being issued updated breakdown of fees to reach OBC stage to be issued to Welsh Government. These will be reviewed by NWSSP-SES and included in the formal approval letter.
				Gareth Evans, Interim Executive Director of Therapies & Health Sciences	Executive Team	TBA	TBA		
					Performance, Finance & Information Governance Committee	TBA	TBA		
				David Fletcher, Directorate General Manager, NWMCS	Health Board Committee	TBA	TBA		
					Welsh Government Submission				
					Welsh Government Approval (Received)				
Residential Accommodation (includes Revenue Implication)	Strategic Outline Case Stage	55.8	Partnership Scheme - Revenue	Sue Green, Executive Director, Workforce & Organisational Development	Capital Investment Group			A procurement is planned to identify an external partner to manage our existing stock of residential accommodation and over time develop new build accommodation. The PID was presented to Executive Team on 2 February 2022.	No further update
				Mark Wilkinson, Director Of Strategic Asset Management	Executive Team	TBA			
					Performance, Finance & Information Governance Committee				
					Health Board Committee	TBA			
					Welsh Government Submission				
					Welsh Government Approval (Received)				

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update March 2022	Comments / Update April 2022
Bangor Health & Wellbeing Centre	Scoping Document stage	Circa 32 -37 million	All Wales Capital	Sue Hill, Executive Director of Finance Mark Wilkinson, Director of Strategic Asset Management, Project Director	Capital Investment Group			Multi-agency project is being led by Mark Wilkinson. Strategic Outline Business Case has been approved by the Executive Team and PFIG in February 2022, and is scheduled to go the Health Board Committee in March 2022. It will go to Gwynedd Council internal cabinet on 14 March 2022 and potentially to Regional Partnership Board for approval. Discussion now ongoing with regard to taking forward to Outline Business Case stage.	The SOC has now been supported by Gwynedd's cabinet, as well as PFIG, and will be submitted to the Board. Further work required on health component of building.
					Executive Team	February 2022	February 2022		
					Performance, Finance & Information Governance Committee	March 2022	February 2022		
					Health Board Committee	March 2022			
					Welsh Government Submission				
					Welsh Government Approval (Received)				
Conwy/Llandudno Junction: Development of new integrated premises in the Conwy / Llandudno Junction area	Scoping Document stage	15 - 19 (previously 4 - 8)	All Wales Capital	Bethan Jones, Area Director Central Alison Kemp, Assistant Area Director, Community Services	Capital Investment Group	October 2021	October 2021	No further update	Awaiting scrutiny grid from Welsh Government on the SOC. Scheme placed on the integration and Rebalancing Care fund list for consideration by RPB.
					Executive Team	October 2021	October 2021		
					Performance, Finance & Information Governance Committee	October 2021	October 2021		
					Health Board Committee	November 2021	November 2021		
					Welsh Government Submission	November 2021	November 2021		
					Welsh Government Approval (Received)				

Business Justification Case

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update March 2022	Comments / Update April 2022
NWCTC Radiotherapy Software, Hardware and Linear Accelerator (Linac) Replacement	BJC	4.4 - 4.7	All Wales Capital	Adrian Thomas, Executive Director of Therapies & Health Sciences Gareth Evans, Interim Executive Director of Therapies & Health Sciences Geraint Roberts - Divisional General Manger Cancer	Capital Investment Group		November 2021	Welsh Government has approved funding of £4.477 million for the scheme, with £2.21 million being spent in this financial year. A Business Justification Case has been approved by the Health Board and will be submitted to Welsh Government.	Following approval the business case was approved via Chair's Action in November 2021 prior to submission to WG. Approval received from WG December 2021.
					Executive Team				
					Performance, Finance & Information Governance Committee				
					Health Board Committee		Chairs Action November 2021		
					Welsh Government Submission		November 2021		
					Welsh Government Approval (Received)		December 2021		

Programme Business Case

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update March 2022	Comments / Update April 2022
Wrexham Redevelopment Business Case	Programme Business Case stage	TBC Over 200	All Wales Capital	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery Graham Alexander, Project Director	Capital Investment Group	TBA		Relaunch workshop taking place on 17 March 2022. This is designed to ensure work streams will deliver all raw material needed to progress the PBC and agree timeline for submission.	Relaunch workshop successfully took place in mid March 2022. Further discussions are taking place on required work streams and specifically the data modelling work taking place at a BCU level. This is required to provide a baseline to then facilitate such modelling at an individual programme level and influence any PBC submission timeline.
					Executive Team	TBA			
					Performance, Finance & Information Governance Committee	TBA			
					Health Board Committee	TBA			
					Welsh Government Submission				
					Welsh Government Approval (Received)				
Ysbyty Gwynedd: Fire Safety and Infrastructure Compliance	Programme Business Case Stage	216	All Wales Capital	Sue Hill, Executive Director of Finance Rod Taylor, Director Estates & Facilities	Capital Investment Group	February 2021	March 2021	The response to Welsh Government is being compiled, and will be submitted by mid-March.	Following submission of the Programme Business Case and subsequent external scrutiny, the Welsh Government have requested that we consider what is the "do minimum" option in order to make the project affordable within the current capital funding environment. This is a complex question as the programme is seeking to address a number of risks and is not limited to fire compliance. In support of developing our methodology to determine the scope of the works, and thus define the "do minimum", we have commissioned an external Gateway Review that is due to be concluded in April 2022.
					Executive Team	February 2021	March 2021		
					Performance, Finance & Information Governance Committee	February 2021	March 2021		
					Health Board Committee	March 2021	May 2021		
					Welsh Government Submission				
					Welsh Government Approval (Received)				

Scoping Document Stage

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update March 2022	Comments / Update April 2022
Neuro Rehabilitation Services: Llandudno General Hospital	Scoping Document stage	5 - 8	All Wales Capital	Chris Stockport, Executive Director of Transformation and Planning Gareth Evans, Interim Executive Director of Therapies & Health Sciences	Capital Investment Group	December 2020 Scoping Document	December 2020	No further update	Scoping document submitted to Welsh government. Work commenced on the development of the service specification.
					Executive Team	February 2021 Scoping Document			
					Performance, Finance & Information Governance Committee				
					Health Board Committee				
					Welsh Government Submission				
					Welsh Government Approval (Received)				

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update March 2022	Comments / Update April 2022
Penygroes Health & Wellbeing Hub	Scoping Document stage	6 to 8	Partnership Scheme - Revenue	Ffion Johnstone, Area Director (West) / Wyn Thomas, Assistant Area Director Primary & Community Care	Capital Investment Group / Executive Team / Performance, Finance & Information Governance Committee / Health Board Committee / Welsh Government Submission / Welsh Government Approval (Received)	November 2021 Scoping Document	November 2021 Scoping Document	Meeting arranged in mid March 2022 with Welsh Government, Regional ICF Lead, Grŵp Cynefin Project Lead, Gwynedd County Council and Health to discuss funding plan for this scheme.	Grwp Cynefin have appointed design team and BCUHB officers linking in with our room and space requirements. Vision document published at the end of March and shared widely.
Penrhos Polish Nursing Home	Scoping Document stage	8	Partnership Scheme - Revenue	Chris Stockport, Executive Director of Transformation and Planning / Ffion Johnstone, Area Director (West)	Capital Investment Group / Executive Team / Performance, Finance & Information Governance Committee / Health Board Committee / Welsh Government Submission / Welsh Government Approval (Received)		December 2021	No further progress to update on the care home element of the overall Penrhos scheme. Focus is on Phase 1 at present which is the provision of accommodation for current residents of the Penrhos site.	Paper to go to Area team and Executive team in late April, early May.
Hwb Cybi (Holyhead) Primary Care Health & Wellbeing Hub	Scoping Document stage	In excess of 15m	All Wales Capital	Ffion Johnstone, Area Director (West) / Wyn Thomas, Assistant Area Director Primary & Community Care	Capital Investment Group / Executive Team / Performance, Finance & Information Governance Committee / Health Board Committee / Welsh Government Submission / Welsh Government Approval (Received)	April 2022 Scoping Document	April 2022	Work continuing on the project scoping. Discussions being held regarding early stakeholder engagement. Scoping document planned to go to Capital Investment Group April 2022.	Scoping document going to CIG April. Public engagement starting after council elections in May.
School of Medicine and Health Sciences	Scoping Document stage	TBA	All Wales Capital	Nick Lyons, Executive Medical Director / Lea Marsden, Programme Director - North Wales Medical & Health Sciences School	Capital Investment Group / Executive Team / Performance, Finance & Information Governance Committee / Health Board Committee / Welsh Government Submission / Welsh Government Approval (Received)			Work continuing on the project scoping. Discussions being held regarding early stakeholder engagement. Scoping document planned to go to Capital Investment Group April 2022.	Work continuing on the project scoping. Discussions being held regarding early stakeholder engagement.

In Development / Under Review

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update March 2022	Comments / Update April 2022
Hanmer Health & Well-being Centre — Model for Health & well-being centres created with partners based around a 'home first' ethos. Agree and finalise decisions on business case	Under Review	TBA	All Wales Capital	Rob Smith, Area Director - East / Shaun Taylor, Primary Care Planning & Commissioning Manager	Capital Investment Group — TBA / Executive Team — TBA / Performance, Finance & Information Governance Committee — TBA / Health Board Committee — TBA / Welsh Government Submission / Welsh Government Approval (Received)	TBA		Continuing to work up the revised business case	Continuing to work up the revised business case
Llay Health & Well-being Centre: CAPITAL & REVENUE — Model for Health & well-being centres created with partners based around a 'home first' ethos. Finalise business case for first stage agreement regarding funding sources	Under Review	TBA	All Wales Capital	Rob Smith, Area Director - East / Shaun Taylor, Primary Care Planning & Commissioning Manager	Capital Investment Group — July 2021 / Executive Team — August 2021 / Performance, Finance & Information Governance Committee — August 2021 / Health Board Committee — September 2021 / Welsh Government Submission / Welsh Government Approval (Received)			Not started the scoping work yet	Not started the scoping work yet
Cefn Mawr Health & Well-being Centre: CAPITAL & REVENUE — Feasibility study for the development of a new build	Under Review	TBA	All Wales Capital	Rob Smith, Area Director - East / Shaun Taylor, Primary Care Planning & Commissioning Manager	Capital Investment Group — August 2021 / Executive Team — November 2021 / Performance, Finance & Information Governance Committee — November 2021 / Health Board Committee — December 2021 / Welsh Government Submission / Welsh Government Approval (Received)			The strategic outline case development has been delayed due to staff sickness / absence. External support has been organised to finish this piece of work.	The strategic outline case development has been delayed due to staff sickness / absence. External support has been organised to finish this piece of work.

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update March 2022	Comments / Update April 2022
Denbigh Integrated Re-ablement	Under Review	TBA	Partnership Scheme - Revenue	Bethan Jones, Area Director Central; Alison Kemp, Assistant Area Director, Community Services	Capital Investment Group; Executive Team; Performance, Finance & Information Governance Committee; Health Board Committee; Welsh Government Submission; Welsh Government Approval (Received)				Put on the Integration and rebalancing capital fund (IRCF) list as a joint venture with Denbighshire county council for RPB consideration.
Kinmel Bay Business Case	Under Review	TBA	All Wales Capital	Bethan Jones, Area Director Central; Alison Kemp, Assistant Area Director, Community Services	Capital Investment Group; Executive Team; Performance, Finance & Information Governance Committee; Health Board Committee; Welsh Government Submission; Welsh Government Approval (Received)	January 2022 Scoping Document; January 2022 Scoping Document			Not yet commenced.
Maggie's Centre Ysbyty Glan Clwyd.	Exploratory Stage	TBA	Nil cost to Health Board	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery; Neil Rodgers, Acute Care Director	Capital Investment Group; Executive Team; Performance, Finance & Information Governance Committee; Health Board Committee; Welsh Government Submission; Welsh Government Approval (Received)			This scheme will be at no cost to the Health Board. Will be fully funded by the Steve Morgan Foundation. Location identified for development and agreed by all parties, Project Team established. Heads of Terms under development with input from Welsh Legal Services & Specialist Estates Services.	This scheme will be at no cost to the Health Board. Will be fully funded by the Steve Morgan Foundation. Location identified for development and agreed by all parties, Project Team established. Heads of Terms under development with input from Welsh Legal Services & Specialist Estates Services.
Colwyn Bay Integrated Health & Social Care Facility		2	Partnership Scheme - Revenue	Bethan Jones, Area Director - Central; Nicola Eatherington, Asst. Director Community Hospitals, Intermediate Care and Medical Specialities	Capital Investment Group; Executive Team; Performance, Finance & Information Governance Committee; Health Board Committee; Welsh Government Submission; Welsh Government Approval (Received)				Put on the Integration and Rebalancing Capital Fund (IRCF) list as a joint venture with Conwy county borough council for RPB consideration
Brymbo Primary Care Centre	Under Review	TBA	All Wales Capital	Rob Smith, Area Director - East; Shaun Taylor, Primary Care Planning & Commissioning Manager	Capital Investment Group; Executive Team; Performance, Finance & Information Governance Committee; Health Board Committee; Welsh Government Submission; Welsh Government Approval (Received)				Working up scoping document
Porthmadog Primary Care Centre	Under Review	TBA	All Wales Capital	Ffion Johnstone, Area Director (West); Wyn Thomas, Assistant Area Director Primary & Community Care	Capital Investment Group; Executive Team; Performance, Finance & Information Governance Committee; Health Board Committee; Welsh Government Submission; Welsh Government Approval (Received)				Working up scoping document

Additional Schemes / 10 Year Infrastructure Plan

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update March 2022	Comments / Update April 2022
Llanfair PG Health Wellbeing Centre - Primary Care extension	Under Review		All Wales Capital	Ffion Johnstone, Area Director (West); Wyn Thomas, Assistant Area Director Primary & Community Care	Capital Investment Group; Executive Team; Performance, Finance & Information Governance Committee; Health Board Committee; Welsh Government Submission; Welsh Government Approval (Received)			The CPMT have agreed in principal to the project with funding provisionally in 2023-24. A business case will be submitted closer to the time when funding and the project start date coincide.	No further update

Business Case	Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration	Cash Value (Current estimate) £ millions	Source of Funding	Senior Responsible Officer & Project Director	Governance Approval	Planned Business Case Submission	Actual Business Case Submission	Comments / Update March 2022	Comments / Update April 2022
Posture & Mobility Services Project for Premises currently at Bryn Y Neuadd Site, Llanfairfechan	Scoping Document stage	Estimated at £1.5 - 3 Million	All Wales Capital	Gareth Evans, Executive Director of Therapies and Health Sciences Nesta McCluskey, Project Director Stephen Jones, Head of Posture & Mobility	Capital Investment Group Executive Team Performance, Finance & Information Governance Committee Health Board Committee Welsh Government Submission Welsh Government Approval (Received)		February 2022		Scoping document presented to Central Area Strategic Leadership Team meeting (08/02/2022), Capital Investment Group (11/02/2022), East Area Management Group (14/02/2022). Scoping Document presented to Capital Investment Group on 11/02/2022, and approved for progressing to business case option appraisal. Business case develop group currently being created to progress the project.
Rhos / South Wrexham Model for Health & well-being centres created with partners based around a 'home first' ethos. Continue development through programme board by drafting a business case	Under Review	TBA	All Wales Capital	Rob Smith, Area Director - East Shaun Taylor, Primary Care Planning & Commissioning Manager	Capital Investment Group Executive Team Performance, Finance & Information Governance Committee Health Board Committee Welsh Government Submission Welsh Government Approval (Received)			Working with South Wrexham cluster where the focus is the development of an MDT base	Working with South Wrexham cluster where the focus is the development of an MDT base
Bryn Beryl site - Final phase redevelopment	Scoping Document stage	TBA	All Wales Capital	Ffion Johnstone, Area Director (West) Wyn Thomas, Assistant Area Director Primary & Community Care	Capital Investment Group Executive Team Performance, Finance & Information Governance Committee Health Board Committee Welsh Government Submission Welsh Government Approval (Received)	December 2021 Scoping Document		No further progress to report.	No further progress at present due to capacity / ongoing capital priorities in West.
Clinical Research Facility - Outpatients Wrexham	Feasibility Study - under way	2	Capital	Nick Lyons, Executive Medical Director Graham Alexander, Project Director	Capital Investment Group Executive Team Performance, Finance & Information Governance Committee Health Board Committee Welsh Government Submission Welsh Government Approval (Received)		December 2021	Confirmation now received of BCUHB purchase of former tax office building in Wrexham. It is proposed that a number of BCUHB services including any new CRF would be based in this new facility. Project team being formed to agree the specifics of any required adaptation to the building and timelines for occupation. CRF Clinical/Operational lead to be integral to this process.	Further discussions are taking place on the prioritisation process of services to be in the former tax office building in Wrexham recently acquired by BCU and that it is still envisaged the CRF will be located there.

IMTP Consolidated Schemes - 2022/2023

IMTP Ref. No	Business Case Title	Full Year Effect £m's	Part Year Effect £m's	Executive Lead	Project Director	Business Case Yes / No / Approved	A4 PID Yes / No / Approved	Governance Approval	Planned Case Submission	Actual Case Submission	Update: April 2022	RAG Status
a.2022.1	**Care Home Support** To support the care home sector to deliver safe effective care to our residents of North Wales and ensure a standardised programme of assurance and development	0.1	0.1	Chris Stockport, Executive Director of Transformation and Planning	Jane Trowman, Care Home Programme Lead, Planning	No	Approved	HBRT	N/A	N/A	Business case approved and implemented	
								Executive Team	April 2021	April 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.2	**Conwy Integrated Services Facility** Providing Extra Care Housing, 'intermediate' healthcare, and MDT working across services. Partnership project between Conwy County Borough Council, BCUHB and Grwp Llandrillo Menai	0.0	0.0	Bethan Jones, Area Director (Central)	Jacqui McDonald, Programme Manager Joanne Janes, Assistant Project Manager	Yes	No	HBRT	TBC	TBC	Included on the Capital Estates Tracker - Partnership Scheme with Conwy County Borough Council for RPB consideration	
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
a.2022.3	**Continuing Healthcare Infrastructure** That all North Wales residents are assessed for health funded care (CHC) in a timely way and receive safe, high quality, equitable care	0.6	0.5	Chris Stockport, Executive Director of Transformation and Planning	Jane Trowman, Care Home Programme Lead, Planning	Yes	No	HBRT	N/A	October 2021	Business Case continues to be developed	
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
a.2022.4	**COVID-19 Vaccination and Test, Trace and Protect (TTP)** Deliver a sustainable COVID-19 vaccination and tracing programme that meets the evolving requirements, developed plans to integrate the COVID 19 programme more closely within the overall BCU HB immunisation strategy.	35.8	35.8	Teresa Owen, Executive Director Of Public Health	Graham Rustom, Vaccination Programme Manager Glynne Roberts, TTP Programme Director	Yes - Business Case to WG	No	HBRT	N/A	N/A	Business case submission is direct to Welsh Government	
								Executive Team	N/A	N/A		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.5	**Digitisation of Welsh Nursing Care Record** Implementation of a digital nursing system to replace paper nursing documentation within adult hospital settings. In the longer term the DHR will enable access to WNCR and ensure interoperability	0.5	0.5	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery	Jane Brady, Senior Lead Nursing, Informatics	Approved	No	HBRT	N/A	July 2021	The Business case approved. WNCR went live in Chirk and Penley Community Hospitals on 01.03.2022 and in Mold and Deeside Community Hospitals 22.03.2022. The system has been very well received with colleagues. Evington and Onnen rehab wards in Wrexham Maelor to go live on 04.04.2022, and East acute site planned for May 2022.	
								Executive Team	N/A	October 2021		
								Performance, Finance & Information Governance Committee	December 2021			
								Health Board Committee				
a.2022.6	**Eye Care** Transform the provision of eye care services and deliver a sustainable service for the population of North Wales	2.6	2.6	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery	Alyson Constantine, SRO Eye Care Measure Jackie Forsythe, Eye Care Network Manager	Approved	No	HBRT	N/A	January 2021	**Wet AMD Pathway Recruitment and Non-Medic IVT Injector Training**: Non-Medic posts recruitment achieved/final stages. Nursing staff accredited training completed. Consultant posts recruitment continuing. Activity outcomes to be realised upon completion of recruitment and non medic training. Drug expenditure realisation at "Go Live". **Primary Care ODTC Data Gathering**: Integrated Pathways in place, with consistent delivery of target flow to Primary Care from Q4 of 2020. Covid-19 and ill-health of Primary Care contractors has led to temporary reduction in capacity with contractors, with mitigation/recovery mobilised and contingency expansion in progression. Further business case required for Primary ODTC progression and planned expansion. **Primary ODTC Partner Training**: Partial achievement of non medic training for ODTC contractors. Training of West contractor agreed for this financial year and progression of Central training in progress. Integrated training plan in development. **Open Eyes Implementation**: Welsh Government-funded "End of Life" (EoL) equipment Open Eyes enabler delivered March 2021, maintenance funding from transformation case to be applied this financial year. Digital systems posts recruited - recruitment, with Welsh Government funded Architect posts and EoL equipment mobilisation enabled BCU March 22 deadline readiness for Glaucoma pathway "Go Live" (*paused due to National Digital Programme delays.). **Eye Care Programme Recruitment**. Ophthalmology Network Manager recruited March 2022. Pathway delivery networks mobilised and in progression.	
								Executive Team	N/A	July 2021		
								Performance, Finance & Information Governance Committee	N/A	Chairs Action July 2021		
								Health Board Committee	N/A			
a.2022.7	**Further development of the Academy** Further development of the Academy to sustain, expand and further develop the Primary Care workforce, in line with the all Wales model for Primary Care, expanding beyond Primary Care as capacity and resource allow	1.9	1.2	Chris Stockport, Executive Director of Transformation and Planning	Clare Darlington, Acting Associate Director Primary Care (Strategy) Gemma Nosworthy, Primary & Community Care Academy Manager	Approved	No	HBRT	July 2021	July 2021	First & Second Training Hub site identified and work ongoing to develop optimum student /trainee model to meet future workforce planning requirements / educational commissioning and maximise income generation opportunities. Training Hub Project Manger, Evaluation & Research Lead, Coordinator and GP Recruitment Lead - appointments planed for Q1 GP Recruitment and Retention Strategy approved by AADs and being implemented Ongoing engagement with HEIW to maintain collaborative approach to developing Primary Care Academies across Wales Annual Skills, Education and Training Questionnaire distributed and Commissioning Plan to be developed Q1	
								Executive Team	August 2021	August 2021 December 2021		
								Performance, Finance & Information Governance Committee	December 2021	January 2022		
								Health Board Committee	January 2022	January 2022		
a.2022.8	**Health & Safety Statutory Compliance** Improve levels of the Health Board health and safety and statutory compliance	2.5	2.2	Sue Green, Executive Director Workforce	Rod Taylor, Director Estates & Facilities Peter Bohan, Associate Director of Health, Safety & Equality	OHS Business Cases Approved	No	HBRT	December 2020	December 2020	Posts continue to be appointed to for Fit Testing Programme; Security; Violence and Aggression Trainer / Advisors and Manual Handling. Further business cases within the Fit Testing Programme to be submitted for permanent positions. Security business case for permanent staffing with the Executive Director, this is circa £1.5 million spend with the Security Advisory Team and the Security Guarding provision	
								Executive Team	N/A	August 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.9	**Home First Bureaus** Resource the Home First Bureaus on a sustainable basis, with a consistent and standardised North Wales model in place to maintain the 'Home First' principles on a 7 day week basis	1.4	1.3	Chris Stockport, Executive Director of Transformation and Planning	David Allison, Assistant Area Director, Intermediate Care Services and Specialist Medicine	Yes	No	HBRT	N/A	March 2021	Previous version of business case rejected. Revised version of business case updated following feedback and resubmitted for approval - outcome awaited.	
								Executive Team	October 2021	December 2021		
								Performance, Finance & Information Governance Committee				
								Health Board Committee				
a.2022.10	**Implementation of Audiology Pathway** Advanced Practice Audiologist as first point of contact in Primary Care for people with hearing loss, tinnitus, earwax and specific balance difficulties, achieving better outcomes and releasing GP capacity	0.8	0.6	Chris Stockport, Executive Director of Transformation and Planning	John Day, Consultant Clinical Scientist & Clinical Director Of Audiology Jane Wild, Consultant Clinical Scientist & Head Of Adult Audiology,	Approved	No	HBRT	November 2020	November 2020	Business case approved and being implemented / posts being appointed to. New services are beginning to come on line as clinic locations are agreed. From 28/04/2022 Central Area will have >50% coverage. We are still on track to have >50% coverage across all areas by Sept 2022 (expected delay due to approval late in 21/22), >75% coverage by April 2023 and 100% coverage by April 2024.	
								Executive Team	December 2021	December 2020		
								Performance, Finance & Information Governance Committee	August 2021	August 2021		
								Health Board Committee	September 2021	September 2021		
a.2022.11	**Improving minimal access surgery in Gynaecology and North Wales Specialist Endometriosis Care** Commence implementing a 3-year strategy to open a North Wales Endometriosis centre, repatriating services to provide care closer to home	0.4	0.3	Teresa Owen, Executive Director Of Public Health	Maria Atkin, General Manager & Business Lead, Obstetrics & Gynaecology	Approved	No	HBRT	N/A	November 2021	Progressing to issue contracts for a start date of the 01.04.2022 to support the minimal access training. Inductions to take place at YG and WXH week commencing 04.04.2022, YGC planned for week commencing 11.04.2022 or 18.04.2022 (tbc). Leads identified across all sites to participate in the minimal access surgery training, mentor and support the endometriosis nurse and develop local services for a local endometriosis unit.	
								Executive Team	December 2021	December 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.12	**Long Covid** Develop the patient pathways required to support the population to manage the longer-term health conditions resulting from Long Covid, and improve their outcomes	1.3	1.3	Gareth Evans, Interim Executive Director Therapies & Health Sciences	Natasha Turner, Operations Manager, Long Covid Service	Yes	No	HBRT	April 2022	TBC		
								Executive Team	May 2022	TBC		
								Performance, Finance & Information Governance Committee	June 2022	TBC		
								Health Board Committee	TBC	TBC		

IMTP Ref. No	Business Case Title	Full Year Effect £m's	Part Year Effect £m's	Executive Lead	Project Director	Business Case Yes / No Approved	A4 PID Yes / No / Approved	Governance Approval	Planned Case Submission	Actual Case Submission	Update	RAG Status
a.2022.13	Lymphoedema	0.3	0.3	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery	Paula Lawrence, Clinical Nurse Manager - Lymphoedema / Tissue Viability	Approved	No	HBRT	N/A	N/A	Commencing 01.04.2022	Green
								Executive Team	N/A	January 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.14	Mental Health Improvement Scheme - AISB Joint Commissioning. Joint approach, through the Area Integrated Service Boards (AISB) to the commissioning of health and wellbeing services for local population via community localities	0.3	0.0	Teresa Owen, Executive Director Of Public Health	Iain Wilkie, General Manager, Mental Health & Learning Disabilities. Chris Lindop, Head Of Planning and Performance, Mental Health & Learning Disabilities	Yes	No	HBRT	TBC	TBC	No resource to progress in month - scheme paused	Amber
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
a.2022.15	Mental Health Improvement Scheme - CAMHS Training and Recruitment	0.3	0.1	Bethan Jones, Area Director (Central)	Louise Bell, Assistant Director CAMHS, Child & Adolescent Health	No	Approved	HBRT	N/A	N/A	Case approved and being implemented	Green
								Executive Team	N/A	July 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.16	Mental Health Improvement Scheme - CAMHS Transition and Joint Working. Transition from CAMHS to Adult services	0.8	0.8	Teresa Owen, Executive Director Of Public Health	Louise Bell, Assistant Director CAMHS, Child & Adolescent Health	Approved	No	HBRT	N/A	N/A	Case approved and being implemented	Green
								Executive Team	N/A	August 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.17	Mental Health Improvement Scheme - Early Intervention in Psychosis. Provide an early intervention service for people with a first episode of psychosis, supporting education, employment and life choices	1.0	0.6	Teresa Owen, Executive Director Of Public Health	Iain Wilkie, General Manager, Mental Health & Learning Disabilities. Chris Lindop, Head Of Planning and Performance, Mental Health & Learning Disabilities	Approved	No	HBRT	N/A	N/A	Case approved and being implemented	Green
								Executive Team	N/A	August 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service Development. Improve service provision for both early intervention and treatment at Tier 2 (Community Mental Health Teams) and improving provision of local inpatient services	0.5	0.5	Teresa Owen, Executive Director Of Public Health	Iain Wilkie, General Manager, Mental Health & Learning Disabilities. Chris Lindop, Head Of Planning and Performance, Mental Health & Learning Disabilities	Approved	No	HBRT	N/A	July 2021	Case approved and being implemented	Green
								Executive Team	N/A	August 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.19	Mental Health Improvement Scheme - ICAN Primary Care. Roll out of cluster based ICAN Occupational Therapists and Community Connectors providing real alternatives to avoidable medicalisation	1.7	1.2	Teresa Owen, Executive Director Of Public Health	Iain Wilkie, General Manager, Mental Health & Learning Disabilities. Chris Lindop, Head Of Planning and Performance, Mental Health & Learning Disabilities	Approved	No	HBRT	N/A	July 2021	Case approved and being implemented	Green
								Executive Team	N/A	August 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.20	Mental Health Improvement Scheme - Medicines Management Support. To provide dedicated medicines management across the division including inpatient units and CMHTs	0.6	0.4	Teresa Owen, Executive Director Of Public Health	Iain Wilkie, General Manager, Mental Health & Learning Disabilities. Chris Lindop, Head Of Planning and Performance, Mental Health & Learning Disabilities	Approved	No	HBRT	N/A	July 2021	Case approved and being implemented	Green
								Executive Team	N/A	August 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.21	Mental Health Improvement Scheme - Neurodevelopment Recovery. Recovering access to neurodevelopmental (ND) services	1.4	1.4	Chris Stockport, Executive Director of Transformation and Planning	Bethan Jones Area Director (Central). Liz Fletcher, Assistant Area Director - Children (West). Christina Billingham, Operations Manager, Children & Young Peoples Services, East Area	Approved	No	HBRT	N/A	N/A	Business Case approved - external provider contract extended until end June 2022.	Green
								Executive Team	N/A	N/A		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.22	Mental Health Improvement Scheme - Occupational Therapy. To provide on-going specialist occupational therapy support to community care settings, providing education and training	0.4	0.3	Teresa Owen, Executive Director Of Public Health	Iain Wilkie, General Manager, Mental Health & Learning Disabilities. Chris Lindop, Head Of Planning and Performance, Mental Health & Learning Disabilities	Approved	No	HBRT	N/A	N/A	Case approved and being implemented	Green
								Executive Team	N/A	August 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.23	Mental Health Improvement Scheme - Older Persons Crisis Care. Development of Crisis care support for older adults (over 70) with an acute mental illness and people of any age living with dementia	0.5	0.4	Teresa Owen, Executive Director Of Public Health	Iain Wilkie, General Manager, Mental Health & Learning Disabilities. Chris Lindop, Head Of Planning and Performance, Mental Health & Learning Disabilities	Approved	No	HBRT	N/A	July 2021	Case approved and being implemented	Green
								Executive Team	N/A	August 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.24	Mental Health Improvement Scheme - Perinatal Mental Health Services. Develop and expand the North Wales Perinatal Mental Health Service, aligned to Welsh Government guidance	0.3	0.2	Teresa Owen, Executive Director Of Public Health	Iain Wilkie, General Manager, Mental Health & Learning Disabilities. Chris Lindop, Head Of Planning and Performance, Mental Health & Learning Disabilities	Approved	No	HBRT	N/A	N/A	Case approved and being implemented	Green
								Executive Team	N/A	August 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.25	Mental Health Improvement Scheme - Psychiatric Liaison Services. Appropriate and consistent psychiatric liaison response across North Wales. Further development of pathways & workforce, and improve patient experience	0.3	0.3	Teresa Owen, Executive Director Of Public Health	Iain Wilkie, General Manager, Mental Health & Learning Disabilities. Chris Lindop, Head Of Planning and Performance, Mental Health & Learning Disabilities	Approved	No	HBRT	N/A	N/A	Case approved and being implemented	Green
								Executive Team	N/A	August 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		

IMTP Ref. No	Business Case Title	Full Year Effect £m's	Part Year Effect £m's	Executive Lead	Project Director	Business Case Yes / No / Approved	A4 PID Yes / No / Approved	Governance Approval	Planned Case Submission	Actual Case Submission	Update	RAG Status
a.2022.27	**North Wales Medical & Health Sciences School**	0.0	0.0	Nick Lyons, Executive Medical Director	Lea Marsden, Programme Director - North Wales Medical & Health Sciences School	Yes	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
a.2022.28	**Operating Model**	0.7	0.7	Sue Green, Executive Director Workforce	Nick Graham, Workforce Optimisation Advisor	Yes	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
a.2022.29	**People & OD Strategy – Stronger Together** Delivery of the 5 programmes of work following the Discovery phase of Stronger Together	1.3	0.6	Sue Green, Executive Director Workforce	Ellen Greer, Acting Associate Director Of Organisational Development	Yes	No	HBRT	TBC	TBC	Following completion of the Discovery phase and the feedback received from the extensive staff engagement undertaken - when the voices of 2000 staff were heard - 5 interconnected programmes of work will be taken forward, based on the themes to emerge from what staff told us during the Discovery phase. The delivery of the 5 programmes will be undertaken through the core principle of co-design. The overarching programme architecture for delivery has been identified with one of the programmes - Our way of Working - having commenced to implement the new Operating Model.	
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
a.2022.30	**Radiology Sustainable Plan** Develop a sustainable plan further to have an adequately resourced and responsive service, moving towards being able to meet the imaging demands for referral to report within two weeks	2.5	2.5	Gareth Evans, Interim Executive Director Therapies & Health Sciences	David Fletcher, Directorate General Manager, North Wales Managed Clinical Services	Yes	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
a.2022.32	**Speak Out Safely** To build on the rollout of Speak out Safely as part of creating an environment of psychological safety, learning and improvement	0.1	0.1	Sue Green, Executive Director Workforce	Nick Graham, Workforce Optimisation Advisor	No	Yes	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
a.2022.33	**Staff Support and Wellbeing** Sustain and embed the improvements made to the Staff Support & Wellbeing Service (SSWS) during 2021/22 – funded through short term monies – and further develop SSWS in a sustainable manner in 2022/23 and beyond to meet current and growing demand	0.6	0.6	Sue Green, Executive Director Workforce	Nick Graham, Workforce Optimisation Advisor	Yes	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
a.2022.34	**Strengthening Emergency Department (ED) & SDEC Workforce to improve patient flow.** Revise the current workforce establishment and skill mix across our 3 EDs and Same Day Emergency Care (SDEC) services in order to ensure high quality, safe care is achieved in line with local and national targets, as well as expand and enhance ambulatory care across the region	7.8	9.0	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery	David Allison, Assistant Area Director, Intermediate Care Services and Specialist Medicine

Claire Brennan, Programme Manager - Unscheduled Care | Approved | No | HBRT | N/A | N/A | Ongoing recruitment campaign (joint with SDEC) in place for identified workforce for ED and SDEC. Nursing recruitment approaching completion with minimal shortfalls to fill. Consultant nurse posts are still being advertised. Other staff groups (Portering/Housekeeping/Progress chasers) appointed to across the Health board. Challenges faced in recruiting to Medical workforce with 3 Months post initial recruitment and minimal applications, currently reviewing utilizing recruitment agency with assurances to recruit 2.0 wte internally and 2.0wte Overseas candidates into the workforce. Approaching the deanery training sessions for those due to be eligible to apply for consultant posts from May onwards. | |
								Executive Team	N/A	September 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	November 2021		
a.2022.35	**Stroke Services** Improve stroke outcomes across North Wales, addressing the breadth of stroke care and prevention, and by applying a consistent 'whole-pathway' approach	3.9	2.9	Rob Smith, Area Director (East)	Stephanie O'Donnell, Programme Manager	Approved	No	HBRT	March 2021	March 2021	Phase 1 in Progress: ESD teams in situ and working with acute services to offer ESD service to some individuals on discharge. Recruitment continues. Good progress with documenting the pathway and service guidelines for assessment, admission, referral and discharge for ESD and Rehabilitation. This is being widely engaged upon during April and May with staff and other key stakeholders. Conference planned for ESD and Rehabilitation in May 2022 to consolidate service guidelines and work through case studies to inform the SOP. Target July QSG for the new SOP. Some challenge in completing some areas of staff engagement and urgent need to consolidate nurse engagement activity. Performance monitoring for Phase 1 in development for Q1 2022/23. Some cost pressures additional to business case raised and initially reviewed by senior leads. Pressing need for decision on priorities and potential business case for any additional roles. Phase 1 review of staffing and service models planned for Q3 of 2022/23 – for IMTP in 2023/24. Phase 2: Kendall Bluck programme team has worked with clinicians to develop Hyper Acute Stroke Pathway and model staffing. Options and staffing models to be developed as Phase 2.	
								Executive Team	March 2021	March 2021		
								Performance, Finance & Information Governance Committee	March 2021	March 2021		
								Health Board Committee	May 2021	May 2021		
a.2022.36	**Suspected Cancer Pathway Improvement** Implementation of a range of suspected cancer pathways to reduce waiting time and variation across North Wales	2.0	2.0	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery	Geraint Roberts, General Manager, Cancer Services	Approved	Approved	HBRT	N/A	N/A	Business case approved and being implemented	
								Executive Team	July 2021	July 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
a.2022.37	**Urgent Primary Care Centres** Complete the establishment of Urgent Primary Care Centres in strategic locations to release capacity within Emergency Departments and GP practices	1.9	1.9	Chris Stockport, Executive Director of Transformation and Planning	Wyn Thomas, Assistant Area Director Of Primary Care, West	Approved	No	HBRT	October 2021	October 2021	East and Centre UPCC models established. Centre have a cluster based model (Denbigh) which is continuing to be operational 4 days a week which will increase following additional recruitment. The West Area business case approved for a hub and spoke model similar to East Area with locations identified. Work is ongoing towards a start date circa Summer 2022. Site visits undertaken and minor works on clinical spaces has been completed. Equipment and software can now be installed to ensure the service is up and running by the new expected start date of the 06.06.2022. Discussions continuing with GPOOH to align the service effectively across the three sites.	
								Executive Team	November 2021	November 2021		
								Performance, Finance & Information Governance Committee				
								Health Board Committee				
a.2022.38	**Urology – Robot Assisted Surgery** Commencement of robot-assisted surgery (RAS) in urology	0.9	0.3	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery	Meinir Williams, Acute Care Director, Ysbyty Gwynedd Glesni Driver, Head Of Tactical Control Centre	Yes	No	HBRT				
								Executive Team				
								Performance, Finance & Information Governance Committee				
								Health Board Committee				
a.2022.39	**Vascular** Continued development of a safe and effective vascular service across BCU	3.3	2.6	Nick Lyons, Executive Medical Director	Sally Morris, Vascular Implementation Plan Advisor (Interim)	Yes	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
a.2022.40	**Video Consultations (Including *Attend Anywhere*)** Optimising the use of consultation video technology with Pathway redesigns	0.4	0.4	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery	Clare Darlington, Acting Associate Director Primary Care (Strategy)	Approved	No	HBRT	N/A	December 2021	Funding agreed as part of the IMTP for 2022/23 to enable continuation of the programme of work. Formal evaluation due at the end of Quarter One.	
								Executive Team	February 2021	May 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		

IMTP Ref. No	Business Case Title	Full Year Effect £m's	Part Year Effect £m's	Executive Lead	Project Director	Business Case Yes / No / Approved	A4 PID Yes / No / Approved	Governance Approval		Planned Case Submission	Actual Case Submission	Update	RAG Status
a.2022.41	**Welsh Community Care Information System (WCCIS)** Implement a once for Wales solution to allow better-integrated working across health and social care over the next 3 years	1.1	1.1	Dylan Roberts, Chief Digital and Information Officer	Paul Marchant, Programme Manager, Informatics Tracey McGillivray, Project Manager, Informatics Liam Allsup, Business Planning And Improvement Manager, Informatics	Approved	No	HBRT		August 2021	August 2021	The prototype go-live is now envisaged to take place in June 2022 following delay in implementation at Aneurin Bevan UHB. Discussions have taken place between the National Team, Supplier and BCU to agree the terms of the Change Control Notice and the stable operations criteria. BCUHB are determining the functionality and integration requirements and the National Team are advised on performance criteria. It is hoped that the CCN will be available in the next 4 weeks for approval by the WCCIS Project Board.	
								Executive Team		August 2021	August 2021		
								Performance, Finance & Information Governance Committee		August 2021	August 2021		
								Health Board Committee		N/A	N/A		
a.2022.42	**Welsh Language** Achieving compliance with statutory requirements, and providing the conditions where people are assured that Welsh language needs and choices actively influence our planning of health care services.	0.3	0.2	Teresa Owen, Executive Director Of Public Health	Eleri Hughes-Jones, Head of Welsh Language Services	Yes	No	HBRT		TBC	TBC		
								Executive Team		TBC	TBC		
								Performance, Finance & Information Governance Committee		TBC	TBC		
								Health Board Committee		TBC	TBC		
a.2022.43	**Welsh Patient Administration System** Continue the phased implementation of the Welsh Patient Administration System across the Health Board	0.8	0.8	Dylan Roberts, Chief Digital and Information Officer	Andrea Williams, Head of Informatics Programmes Assurance and Improvement	Approved	No	HBRT		April 2021	April 2021	Training is a significant risk with uptake lower than anticipated, several steps being taken to try to address this. There is a risk around acceptable tolerances against the data migration outputs and the completion of UAT integration testing with plans in place to address the identified risks. However the phase 3 West into Central instance remains on track for a May 2022 go live. Staff Funding from September 2021 onwards has been provided by BCUHB with Welsh Government (WG) funding (£215k) for 2021-22 offered to BCU in January 2022. This was not accepted by BCU as funding has already been set aside to cover this financial period, however the funding request from WG for year 2022-23 (£818k) has been increased by the £215k (£1.033M) to allow acceleration of the Single Instance Plan if possible. This WG funding letter to support staffing in year 22/23 is expected early April.	
								Executive Team		October 2021	October 2021		
								Performance, Finance & Information Governance Committee		October 2021	October 2021		
								Health Board Committee					
a.2022.44	**Widening of Primary Care Workforce** As identified within respective cluster plans	0.0	0.0	Sue Green, Executive Director Workforce	Nick Graham, Workforce Optimisation Advisor	No	No	HBRT		TBC	TBC		
								Executive Team		TBC	TBC		
								Performance, Finance & Information Governance Committee		TBC	TBC		
								Health Board Committee		TBC	TBC		
a.2022.45	**Workforce Operating Model – (inc. recruitment etc.)** To build on the learning from the pandemic and the feedback from discovery in ensuring the organisation has a highly effective & efficient People & OD service delivered in a way that is aligned with the operating model of the organisation	0.6	0.6	Sue Green, Executive Director Workforce	Nick Graham, Workforce Optimisation Advisor	Yes	No	HBRT		TBC	TBC		
								Executive Team		TBC	TBC		
								Performance, Finance & Information Governance Committee		TBC	TBC		
								Health Board Committee		TBC	TBC		

IMTP Schemes being Commenced - 2022/2023

IMTP Ref. No	Business Case Title	Full Year Effect £m's	Part Year Effect £m's	Executive Lead	Project Director	Business Case Yes / No / Approved	A4 PID Yes / No / Approved	Governance Approval		Planned Case Submission	Actual Case Submission	Update	RAG Status
b.2022.1	**3rd Sector Partnership** We will work to develop a sustainable 3rd sector commissioning model, to get the greatest joint-working benefit with 3rd sector partners.	0.0	0.0	Chris Stockport, Executive Director of Transformation and Planning	Jo Flannery, Head of Health Strategy and Planning	No	No	HBRT		TBC	TBC		
								Executive Team		TBC	TBC		
								Performance, Finance & Information Governance Committee		TBC	TBC		
								Health Board Committee		TBC	TBC		
b.2022.2	**Accelerated Cluster Development** Implement the national Accelerated Cluster Development Programme across North Wales	0.0	0.0	Chris Stockport, Executive Director of Transformation and Planning	Clare Darlington, Acting Associate Director Primary Care (Strategy)	No	No	HBRT		TBC	TBC		
								Executive Team		TBC	TBC		
								Performance, Finance & Information Governance Committee		TBC	TBC		
								Health Board Committee		TBC	TBC		
b.2022.3	**Atlas of Variation** Establish a triangulated approach to considering (and addressing) variation in practice where an intervention would provide an opportunity to improve overall value	0.1	0.1	Chris Stockport, Executive Director of Transformation and Planning	Paolo Tardivel, Director Of Transformation & Improvement	No	Yes	HBRT		TBC	TBC		
								Executive Team		TBC	TBC		
								Performance, Finance & Information Governance Committee		TBC	TBC		
								Health Board Committee		TBC	TBC		
b.2022.4	**BCU Pathways** Deliver the BCU Pathways whole-system methodology across at least 20 priority pathways, including oncology and planned care pathways delayed due to the pandemic	0.0	0.0	Chris Stockport, Executive Director of Transformation and Planning	Paolo Tardivel, Director Of Transformation & Improvement	No	No	HBRT		TBC	TBC		
								Executive Team		TBC	TBC		
								Performance, Finance & Information Governance Committee		TBC	TBC		
								Health Board Committee		TBC	TBC		
b.2022.5	**Building a Healthier North Wales (BAHNW)** Strengthening the population health approach in the Health Board through targeted projects that prioritise prevention, early intervention and reducing health inequalities	0.3	0.3	Teresa Owen, Executive Director Of Public Health	Gwyneth Page, Public Health Assurance & Development Manager, Public Health	Yes	No	HBRT		TBC	TBC		
								Executive Team		TBC	TBC		
								Performance, Finance & Information Governance Committee		TBC	TBC		
								Health Board Committee		TBC	TBC		
b.2022.6	**Commissioning Unit** Establishment of Commissioning Unit and a review of our Commissioning Plan built upon quality and equity. Responding to population needs assessment to develop a commissioning programme that supports key population health challenges	0.1	0.1	Chris Stockport, Executive Director of Transformation and Planning	Paolo Tardivel, Director Of Transformation & Improvement	No	Yes	HBRT		TBC	TBC		
								Executive Team		TBC	TBC		
								Performance, Finance & Information Governance Committee		TBC	TBC		
								Health Board Committee		TBC	TBC		
b.2022.7	**Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses** The Enhanced Service will be commissioned with BCU Community Pharmacies. This delivers an evidence-based, proactive approach to increase access to screening, advice and guidance for these under-served groups	0.0	0.0	Teresa Owen, Executive Director Public Health	Sue Murphy, Assistant Director, Head of Medicines Management, Pharmacy Gwyneth Page, Public Health Assurance & Development Manager, Public Health Adam Mackridge, Strategic Lead For Community Pharmacy	Yes	No	HBRT		December 2021	December 2021	Business case had been approved by HIRIG during 2019/2020 with DoPH review following the refresh prior to submitting to the Business Case Review Group. It was also shared with Chief Pharmacist and finance following refresh. We have been advised that the business case is still undergoing consideration, but is not listed in the priority funding category at present - listed within the Priority 2 category	
								Executive Team					
								Performance, Finance & Information Governance Committee					
								Health Board Committee					

		Finance		Accountable Leads								
IMTP Ref. No	Business Case Title	Full Year Effect £m's	Part Year Effect £m's	Executive Lead	Project Director	Business Case Yes / No	A4 PID Yes / No	Governance Approval	Planned Case Submission	Actual Case Submission	Update	RAG Status
b.2022.8	**Diabetic Foot Pathway** Improve diabetic foot management and outcomes across BCUHB	2.5	1.7	Nick Lyons, Executive Medical Director	Sally Morris, Vascular Implementation Plan Advisor (Interim)	Yes	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
b.2022.9	**Foundational Economy Strategy / Policy** Implementation of BCU strategy and policy that maximises our contribution to the Foundational Economy	0.0	0.0	Sue Hill, Executive Director of Finance	Rob Nolan, Finance Director - Commissioning & Strategy	No	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
b.2022.10	**Golden Value Metrics** Create a Golden Value Metric Set, built upon patient reported experience and outcomes, with roll-out programme agreed	0.1	0.0	Chris Stockport, Executive Director of Transformation and Planning	Paolo Tardivel, Director Of Transformation & Improvement	No	Yes	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
b.2022.11	**Implementing the Quality Act** The Health and Social Care (Quality and Engagement) (Wales) Act 2020	0.0	0.0	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery	Matthew Joyes, Associate Director of Quality	No	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
b.2022.12	**Inverse Care Law Work** This programme will design the supporting infrastructure and frameworks through which Primary Care, in partnership with community, voluntary and local services can address the health inequality challenges facing their local populations	0.5	0.5	Teresa Owen, Executive Director Public Health	Helene Belmans, Programme Manager BAHNW, Public Health Gwyneth Page, Public Health Assurance & Development Manager, Public Health	Yes	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
b.2022.13	**LEAN Healthcare System** Implementation of a coordinated continuous improvement approach across BCU built upon the LEAN Healthcare methodology	0.0	0.0	Sue Green, Executive Director Workforce	Matthew Joyes, Associate Director of Quality	No	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
b.2022.14	**Recovery of Primary Care Chronic Disease Monitoring** Covered within respective cluster plans			Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Delivery	TBC	No	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
b.2022.15	**Results Management** Improve the assurance for the management of results across BCUHB by fully delivering a fit for purpose solution that will improve patient safety	0.2	0.2	Dylan Roberts, Chief Digital and Information Officer	Wendy Hardman, Deputy Head Of Patient Records & Digital Integration	Approved	No	HBRT	N/A	July 2021	The Project Manager commenced with the Project Team on the 07/02/2022. Full implementation remains on target.	
								Executive Team	N/A	November 2021		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
b.2022.16	**Valuing Carers** Working with partners across North Wales to develop and commission a range of support options, which ensure that the needs of informal carers are taken into account across Primary and Secondary care, and which recognise the valuable informal carers play in enabling care closer to home.	0.0	0.0	Chris Stockport, Executive Director of Transformation and Planning	Jo Flannery, Head of Health Strategy and Planning	No	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		

WHSSC Funded Schemes - 2022 / 2023

		Finance		Accountable Leads								
IMTP Ref. No	Business Case Title	Full Year Effect £m's	Part Year Effect £m's	Executive Lead	Project Director	Business Case Yes / No / Approved	A4 PID Yes / No / Approved	Governance Approval	Planned Case Submission	Actual Case Submission	Update	RAG Status
N/A	**Prosthetic Services**	0.0	0.0	Gareth Evans, Interim Executive Director Therapies & Health Sciences	Steven Jones, Head of Posture & Mobility	Yes	No	HBRT	N/A	N/A		
								Executive Team	N/A	April 2022		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		
N/A	**Children's Gastroenterology**	0.0	0.0			Yes	No	HBRT	TBC	TBC		
								Executive Team	TBC	TBC		
								Performance, Finance & Information Governance Committee	TBC	TBC		
								Health Board Committee	TBC	TBC		
N/A	**ALAC Psychology**	0.0	0.0	Gareth Evans, Interim Executive Director Therapies & Health Sciences	Steven Jones, Head of Posture & Mobility	Yes	No	HBRT	N/A	N/A		
								Executive Team	N/A	April 2022		
								Performance, Finance & Information Governance Committee	N/A	N/A		
								Health Board Committee	N/A	N/A		

Cyfarfod a dyddiad: Meeting and date:	**Performance, Finance and Information Governance Committee 28.4.22**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	**Audit Wales: Structured Assessment update – Managing Financial Resources**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad **Report Author:**	Tim Woodhead, Operational Finance Director
Craffu blaenorol: **Prior Scrutiny:**	Executive Director of Finance
Atodiadau **Appendices:**	

Argymhelliad / Recommendation:
It is asked that the report is noted.

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad/cymeradwyaeth **For Decision/ Approval**		**Ar gyfer Trafodaeth** **For Discussion**		**Ar gyfer sicrwydd** **For Assurance**	✓	**Er gwybodaeth** **For Information**	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol **Y/N to indicate whether the Equality/SED duty is applicable**						**N**	
Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.							

Sefyllfa / Situation:
The purpose of this report is to provide a briefing of the key issues raised by the Audit Wales Structured Assessment report (phase 2) issued in November 2021 and specifically relating to the findings regarding managing financial resources and the Health Board's actions in response to the report.

Cefndir / Background:
The Assessment considered achievement of financial objectives, financial plans, financial controls, monitoring and reporting. The report found that: - while the Health Board did not meet its two main statutory financial duties, strategic financial assistance from the Welsh Government has helped achieve financial balance for 2020-21 - additional income, alongside improved financial planning is strengthening the Health Board's financial outlook - financial planning is improving and the Health Board understands its financial risk - the Health Board is continuing to focus on improving its financial controls in relation to COVID-19 spend - financial reporting arrangements provide a sufficient overview on financial position, risks and forecasted outlook. There was one recommendation which was for the Health Board to:

"Ensure improved focus on financial efficiency of services within finance reports. This could be achieved through periodic or thematic deep dives on financial efficiency, reporting on value-based healthcare progress, or as part of routine financial reporting".

Therefore the key actions are as follows:

Action	Date for Achievement
The Health Board produces benchmark data on clinical services, being used to identify savings opportunities. This has been presented to the Performance, Finance and Information Governance Committee (PFIG)	December 2021
Transformation updates have been provided to PFIG (incorporating Value Based Healthcare and Service Improvement)	December 2021
Two deep dives into divisional performance are now regularly planned into the PFIG cycle of Business	February 2021 (delayed from December 2021 due to Omicron COVID-19 outbreak)
Inclusion of Activity and Efficiency data within Financial Reporting	May 2022

The Health Board's implementation of the operating model will move service delivery to an Integrated Health Communities model. This will support the Health Board in optimising the use of the annual resource allocation and driving the financial efficiency of the integrated service model.
The above actions will be amended to reflect the new operating model structure once it has been formally approved by the Board.

Asesiad / Assessment:
Goblygiadau Strategol / Strategy Implications This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.
Opsiynau a ystyriwyd / Options considered Not applicable – report is for assurance only
Goblygiadau Ariannol / Financial Implications None
Dadansoddiad Risk / Risk Analysis The assessment identified the risk that limited capital funding could inhibit the development of longer-term sustainable models of care.
Cyfreithiol a Chydymffurfiaeth / Legal and Compliance Not applicable.
Asesiad Effaith / Impact Assessment Not applicable.

Cyfarfod a dyddiad: **Meeting and date:**	**Performance, Finance and Information Governance Committee 24.2.22**
Cyhoeddus neu Breifat: **Public or Private:**	Public Session
Teitl yr Adroddiad **Report Title:**	**Summary of business considered in private session to be reported in public**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Sue Hill Executive Director of Finance
Awdur yr Adroddiad **Report Author:**	Diane Davies Corporate Governance Manager
Craffu blaenorol: **Prior Scrutiny:**	None
Atodiadau **Appendices:**	None
Argymhelliad / Recommendation:	
The Committee is asked to **note** the report	
Ticiwch fel bo'n briodol / Please tick as appropriate	

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	✓

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

Sefyllfa / Situation:

To report in public session on matters previously considered in private session

Cefndir / Background:

Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.

Asesu a Dadansoddi / Assessment & Analysis

The Finance, Performance and Information Governance Committee considered the following matters in private session at the meeting held on 24.2.22

- Approved extended lease to accommodation CAMHS TI team
- Approved Lease of rooms for the Neurodevelopment Service (West Area)
- Noted an update on Regional Treatment Centre development
- Provided feedback on the latest working iteration of the draft Integrated Medium Term Plan (IMTP) 2022-25

Goblygiadau Strategol / Strategy Implications
This is addressed within the private session documentation

Opsiynau a ystyriwyd / Options considered
This is addressed within the private session documentation

Goblygiadau Ariannol / Financial Implications
This is addressed within the private session documentation

Dadansoddiad Risk / Risk Analysis
This is addressed within the private session documentation

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance
This is addressed within the private session documentation

Asesiad Effaith / Impact Assessment
This is addressed within the private session documentation