

## Bundle Health Board 30 March 2023

- 1.0 OPENING ADMINISTRATION
- 1.1 09:30 - 23/54 Welcome, introductions and apologies for absence  
*Chairman*
- 1.2 09:32 - 23/55 Report of the Chairman - Dyfed Edwards  
*Chairman - verbal report*
- 1.3 09:47 - 23/56 Declarations of Interest on current agenda  
*Chairman/ all Board Members*
- 1.4 09:50 - 23/57 Draft Minutes of the Health Board Meeting held in public on 26 January for accuracy  
*Chairman*  
23.57 Health Board Minutes 26 1 23.docx
- 1.5 09:55 - 23/58 Matters Arising and Summary Action Log  
*Chairman*  
23.58 - Action Tracker 26 January 2023 public v2.docx
- 1.6 10:00 - 23/59 Patient Story  
*Angela Wood, Executive Director of Nursing & Midwifery*  
23/59 HB - Patient Story - Mar 2023.docx
- 1.7 10:15 - 23/60 Report of the Interim Chief Executive Officer  
*Gill Harris*  
23.60 CE Report Cover March final bilingual.docx  
23.60A - CEO report - March final.docx
- 1.8 10:25 - 23/61 Special Measures Report  
*Head of Performance and Delivery Welsh Government*  
23/61 Special Measures Framework -30 March 2023.docx  
23/61 Special Measures on three pages - BCU Board Paper - 30 March 2023.pdf
- 1.9 10:40 - 23/62 Board Effectiveness – Audit Wales  
*Audit Wales*  
AW Board effectiveness review cover 22032023 final SW.docx  
23.62 Betsi\_Cadwaladr\_University\_Health\_Board\_Review\_of\_Board\_Effectiveness.pdf
- 2.0 QUALITY & SAFETY
- 2.1 10:45 - 23/63 Integrated Performance Report  
*Steve Webster, Interim Executive Director of Finance*  
23.63 Performance Report for IQPR - Month 11 performance 2023 cover sheet.docx  
23.63 Appendix 1 Quality and Performance Report - March 2023.pdf
- 2.2 10:55 - 23/64 Quality & Patient Safety Report  
*Mandy Jones, Deputy Director of Nursing & Midwifery*  
*Supplementary report attached.*  
23.64 - HB - Quality and Patient Safety Report V3 - Mar 2023.docx  
Update following publication of original paper.docx
- 2.3 11:05 - 23/65 Vascular Report  
*Nick Lyons, Executive Medical Director*  
23/65 BOARD Vascular March 2023 Final
- 2.4 11:20 - 23/66 Well-being Plan for Flintshire and Wrexham  
*Chris Stockport Executive Director of Transformation and Planning*  
23/66 Well-being Plans flintshire wrexham 300323 v3.docx
- 2.5 11:30 - 23/67 Update of Register of Approved Clinicians and of Section 12(2) Doctors  
*Nick Lyons, Executive Medical Director*  
23.67 All Wales AC Section 12 Board Report FV - March 2023 - V0.4.docx
- 3.0 STRATEGY & RISK

- 3.1 11:35 - 23/68 Approach to Annual Plan 2023/24  
*Chris Stockport, Executive Director of Transformation and Strategic Planning*  
23.68 Annual Plan development 30 March 2023 Final.docx
- 3.2 11:45 - 23/69 Budget 2023/24 and Capital Programme  
*Steve Webster, Interim Executive Director of Finance*  
23.69 Initial budget 2023-24 HB March 2023 - coversheet.docx  
23.69 Initial budget 2023-24 HB March 2023 sw v5.docx  
23.69 Board March 23 - Financial Plan 2023-24 v2.pdf  
23.69c Draft capital programme v0.2 23 March HB.docx  
23.69d Capital Programme 2023-2028 Feb 23 v0.3.pdf
- 3.3 12:00 - 23/70 Finance Report M11  
*Steve Webster, Interim Executive Director of Finance*  
23.70 Financial Cover sheet Month 11 Final incl SW amendments.docx  
23.70a Report M11 Final incl SW amendments V2.pdf  
23.70b BCU M11 2022-23 MR Report Final.docx
- 3.4 12:15 - 23/71 Strategic Outline Case - Nursing and Residential Care Home at Penyberth, Penrhos a Public Sector Partnership in Gwynedd  
*Steve Webster, Interim Executive Director of Finance*  
23.71 SW FINAL Board Committee Coversheet - SOC Penrhos Care Home Public Sector Partnership 30 March 23.docx  
23.71a FINAL version Penrhos SOC v0.10.docx  
23.71b Appendix A - Penrhos Risk Register.pdf  
23.71c Appendix D - FINAL EQIA Screening Template - Penrhos Care Home 10 Feb 23.docx
- 3.5 12:25 - 23/72 Capital Funding Bid for the Amethyst Sexual Assault Referral Centre (SARC), Colwyn Bay  
*Steve Webster, Interim Executive Director of Finance*  
23.72 SARC Board Committee Coversheet.docx  
23.72a Amethyst SARC North Wales Business Case Final.docx
- 3.6 12:35 - LUNCH BREAK
- 4.0 GOVERNANCE
- 4.1 13:20 - 23/73 Reports of Board Committees  
*Quality, Safety and Experience - 20 January*  
*Mental Health and Capacity Compliance - 9 February*  
*Performance, Finance and Information Governance - 19 January and 23 February*  
*Targeted Intervention Steering Group - 22 February and 6 March*  
23.73a Committee Report QSE 20.01.23 - V0.1.docx  
23.73b Committee Report MHCCC 09.02.23 v1.0.docx  
23.73c Committee Report PFIGC Jan\_Feb 2023 v1.01.docx  
23.73d Chair's Assurance Report TIIF Steering Group 22.02.23 v1.00 Final.docx  
23.73e Chair's Assurance Report TIIF Steering Group 06.03.23 v1.00 Final.docx
- 5.0 CLOSING BUSINESS
- 5.1 13:30 - 23/74 Items to Refer to Committees  
*Chairman*
- 5.2 13:35 - 23/75 Review of Risks Highlighted within the Board meeting  
*Chairman*
- 5.3 13:40 - 23/76 Summary of Private Board Business - 26 January 2023  
*Molly Marcu, Interim Board Secretary*  
Summary of private board business from 26 January.docx
- 6.4 13:45 - 23/77 Date of Next Meeting – 25 May 2023  
*Chairman*
- 6.5 13:50 - 23/78 Questions from the Public  
*Questions must be received in advance no later than three working days prior to the meeting.*
- 6.6 23/79 Exclusion of Press and Public

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

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Draft minutes of the Health Board meeting held in public**  
**on 26 January 2023 via Zoom**

**Board Members Present:**

<b>Name</b>	<b>Title</b>
Mark Polin	Chairman
Lucy Reid	Vice Chair
Claire Budden	Independent Member
Nichola Callow	Independent Member
Cllr Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Gareth Evans	Executive Director of Therapies and Health Sciences
John Gallanders	Independent Member
Gill Harris	Interim CEO
Jacqueline Hughes	Independent Member
Cllr Medwyn Hughes	Independent Member
Dr Nick Lyons	Executive Medical Director/Deputy Chief Executive
Molly Marcu	Board Secretary (Interim)
Richard Micklewright	Independent Member
Linda Tomos	Independent Member
Steve Webster	Interim Director of Finance
Angela Wood	Executive Director of Nursing and Midwifery
Jane Wild	Associate Independent Member

**In Attendance:**

Robert Atenstaedt	Consultant In Public Health Medicine (for Teresa Owen)
Jason Brannan	Deputy Director of Workforce & Organisational Development
Lowri Gwyn	For Translation
David Seabrooke	Interim Assistant Head of Corporate Governance
Matthew Joyes	Acting Associate Director of Quality, Patient Safety and Experience
Dylan Roberts	Chief Digital Information Officer
Helen Stevens-Jones	Director of Partnerships and Stakeholder Engagement
Neil Bradshaw	Assistant Director of Finance – Capital Finance
Rod Taylor	Director of Estates

Nicki Foulkes	Outsourcing and Insourcing Manager
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Agenda Item	Action
23/000 OPENING BUSINESS	
<p><b>23/001 Welcome and Apologies</b></p> <p><b>23/001.1</b> The Chairman reminded the Board that they were welcome to make their contributions in either Welsh or English.</p> <p><b>23/001.2</b> Apologies were received from:</p> <p>Sue Green, Executive Director of Workforce and Organisational Development Chris Stockport, Executive Director Transformation, Strategic Planning and Commissioning Teresa Owen, Executive Director of Public Health</p>	
<p><b>23/002 Declarations of Interest</b></p> <p><b>22/002.1</b> Claire Budden declared her interest in the Estate Strategy as there was a relationship between the university and the Health Board on estates matters.</p> <p>She declared an interest in relation to Unscheduled Care as a housing association she was connected with had submitted a proposal to provide services to the Health board.</p>	
<p><b>23/003 Draft Minutes of the Health Board meeting held on 24 November 2022</b></p> <p><b>23/003.1</b> The draft minutes of the Health Board held on 24 November 2022 were received and agreed as an accurate record, subject to the addition of Hugh Evans.</p>	
<p><b>23/004 Matters Arising and Summary Action Log</b></p> <p><b>23/004.1</b> The Board reviewed the action log.</p>	
<p><b>23/005 Patient Story</b></p> <p><b>23/005.1</b> The Executive Director of Nursing and Midwifery introduced the patient story, which was then presented by the Acting Associate Director of Quality, Patient Safety and Experience.</p> <p><b>23/005.2</b> Jack's story concerned a young patient with a long-term condition who had needle phobia. The video described the individual patient-centred care provided by hospital staff to help manage this. The story showed effective patient communication and compassion. The story would be used to promote learning.</p>	

<p><b>23/005.3</b> It was resolved that the patient story be received.</p>	
<p><b>23/006 Chairman’s Assurance Report</b></p> <p>23/006.1 The Chairman had no matters to report that were not covered elsewhere.</p>	
<p><b>23/007 Interim Chief Executive’s Report</b></p> <p><b>23/007.1</b> The Board received the report which featured the following principal points:</p> <ul style="list-style-type: none"> <li>• Emergency Ambulance Services Committee (EASC) – Air Ambulance</li> <li>• Joint Executive Team Meeting with Digital Health and Care Wales (DHCW)</li> <li>• Memorandum of Understanding with the Welsh Ambulance Service – 111 press 2 around mental health</li> <li>• WHSSC de-escalation of North Wales Adolescent Services (NWAS) - CAMHS</li> <li>• Industrial Action affecting the Health Board</li> <li>• Winter pressures – vaccinations against flu and covid were still available</li> <li>• Recognition for Veteran Aware Hospitals</li> </ul> <p><b>23/007.2</b> The Interim CEO highlighted the work to keep services safe during recent periods of industrial action. Further, co-ordinated industrial action was expected in February affecting ambulance, nursing and physiotherapy services. Planned care in this period of have to be reduced to focus on urgent care. The Deputy Chief Executive apologised for cancelled appointments.</p> <p><b>23/007.3</b> The Health Board was working with Welsh Ambulance to promote the new service. The full/All Wales campaign would start when all the Welsh Health Boards were providing the service full time.</p> <p><b>23/007.4</b> The strategic review of the Air Ambulance Service’s operations with a view to maximising the use of the charity’s assets in order to reach as many patients as possible and the involvement of the Health Board’s engagement team was highlighted.</p> <p>It was noted that the Vascular Quality Review was expected at the March Health Board meeting.</p> <p>Independent Members welcomed the joint working with DCHW.</p>	

<p><b>23/007.5</b> The Health Board’s three acute hospitals Wrexham Maelor, Ysbyty Glan Clwyd and Ysbyty Gwynedd recently received accreditation as Veteran Aware hospitals. This recognises work to raise veteran awareness, identify veterans being referred for treatment, and striving to improve the recruitment and retention of veterans across the Health Board’s workforce.</p> <p>The Board Received the report.</p>	
<p><b>23/008 STRATEGY AND PLANNING</b></p>	
<p><b>23/009 Board Assurance Framework</b></p> <p><b>23/009.1</b> The Board received the Board Assurance Framework, which had been reviewed by the PPPH Committee. Three increased risks, which had deviated from trajectory and were outside the agreed appetite were highlighted by the Interim Board Secretary - these were the subject of agenda items today:</p> <p><i>Risk 1.3: Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience (from 16 to 20)</i></p> <p><i>Risk 1.5: Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm (from 16 to 20)</i></p> <p><i>Risk 2.7: Failure to achieve 2022/23 savings target of £35m, resulting in a breach of our statutory financial duty</i></p> <p><b>23/009.2</b> PFIG had discussed the finance risk and its mitigations – the risk was around the duty to break even and to deliver savings. There was concern about the number of red-rated risks and how realistic the timescales to reduce risks were. The Board Secretary suggested the Health Board should review its risk appetite at year-end. An update would be provided to the 30 March Board meeting in this regard and an update would be provided on controls.</p> <p><b>23/009.3</b> An impending All Wales review of Board Assurance Frameworks format was highlighted. The need to ensure a local flavour was emphasised. The Chairman requested that a decision about risks overseen by Cabinet should be made urgently.</p> <p><b>23/009.4</b> The Chairman requested an update on mental health leadership recruitment urgently. It was noted that a interviews for a Director were in diaries.</p>	<p style="text-align: right;">GH/SG</p>

<p><b>23/009.5</b> The Board received the Board Assurance Framework and noted the escalated risks detailed above.</p>	
<p><b>23/010 Estates Strategy</b></p> <p><b>23/010.1</b> The Board received the draft Estates Strategy, which had been reviewed and supported by PPPH. Leading on from the 2019-2022 Estate Strategy the new document provided a blueprint for future development of the estate.</p> <p><b>23/010.2</b> The following points were emphasised:</p> <ul style="list-style-type: none"> <li>• The contribution available from Section 106 money, mainly for primary care</li> <li>• The need to join the Estate Strategy up with the IMTP and financial plans</li> <li>• The challenge and risk presented by the Health Board’s maintenance backlog</li> </ul> <p><b>23/010.3</b> There was concern about the £35m maintenance backlog which had arisen from lack of capital and the risks this posed including the below average level of compliance with fire and other requirements. The available discretionary capital was spread across buildings, IT and medical equipment. All Wales capital schemes were subject to Welsh Government approval.</p> <p><b>23/010.4</b> The Estate Strategy articulated the extent of this issue and formed the basis of continuing discussions with the Welsh government. It was confirmed by the Interim Chief Executive that the situation had been discussed with the Welsh Government and that this will be followed up in writing, The Health Board would also ensure that stakeholders were briefed on the situation.</p> <p><b>23/010.5</b> Specifications for residential accommodation would be considered by committee this month to commence the procurement process.</p> <p><b>23/010.6</b> The Remuneration &amp; Terms of Service Committee would discuss senior staffing changes and leadership in Estates. It was noted that recruitment had been initiated.</p> <p>The Board approved the Estate Strategy and the investment priorities.</p>	
<p><b>23/011 QUALITY, SAFETY AND SIGNIFICANT REPORTING</b></p>	
<p><b>23/012 Unscheduled Care</b></p> <p><b>23/012.1</b> The Board received the report of the Executive Medical Director. The report described pressures in unscheduled care continue across Wales with a worsening position nationally for the Emergency Department (ED) performance</p>	

<p>across 4 hour, 12 hour and Ambulance handovers hour delays. Internal incidents had been declared. There had been an increase in acuity patients self-presenting at ED. The quality of care had been impacted by wait times.</p> <p><b>23/012.2</b> There were ongoing challenges in the ability to discharge the number of Medically fit for Discharge (MFFD) patients, which continued to impact on flow. The Executive Medical Director highlighted the winter learning events and de-briefs from six days of industrial action. It was acknowledged there were opportunities to implement identified 'quick wins' in primary and community care settings.</p> <p><b>23/012.3</b> The signposting to the range of health services available including 111 press 2 was highlighted and communications with the public more broadly.</p> <p><b>23/012.4</b> There had been a good response to the industrial action; in addition, the pattern of patient attendance had changed. Under the primary care strategy the Integrated Care Communities were increasingly looking across the overall system landscape. Service planning had change to recognise daytime and out of hours requirements. The role of unpaid carers in supporting discharge was acknowledged.</p> <p><b>23/012.5</b> The Chairman highlighted the opportunities available to engage with local authorities. The Executive Medical Director undertook to provide an update on the 1,000 beds campaign and to keep the Board informed on progress with placements.</p>	
<p><b>23/013 Scheduled care</b></p> <p><b>23/013.1</b> The Board received the report; the Interim Chief Executive noted the harm caused to patients awaiting treatment. Work was ongoing to improve efficiency, such as in outpatients and theatres and treating patients in turn. In terms of the ministerial target position, the organisation will be reporting 20,968 patients waiting over 52 weeks at the end of December 2022, against a ministerial target of zero. This performance is close to our forecast but was exacerbated by delays in the insourcing contract, which were outside our control and loss of activity due to operational pressures.</p> <p><b>23/013.2</b> The Chairman invited Nikki Foulkes to provide an overview of the scheduled care programme. The Chairman requested information about capacity key management and clinical appointments in urology. In terms of cancer care, progress had been impacted by industrial action; there were also team capacity constraints, which were partially mitigated. In terms of Orthopaedics, proposals were in place if supported to develop capacity. The Interim Chief Executive would provide a further update when more was known.</p>	

<p><b>23/013.3</b> Clinical pathways were being reviewed with support from the transformation and GIRFT team based on the greatest impact on capacity.</p> <p><b>23/013.4</b> The Board Secretary commented on the risk relating to waiting lists shown in the report continued to be reviewed.</p> <p><b>23/013.4</b> The Chairman asked about the co-ordination of job planning. The Executive Medical Director advised that the first round of job planning since Covid was getting underway and would be reported to PPPH. There was also a requirement to update the corporate policy.</p>	<b>NL</b>
<p><b>23/014 Winter resilience</b></p> <p><b>23/014.1</b> The Board received the report providing further assurance on current progress of the winter and resilience plan for BCUHB for the winter period for 2022-2023. It was agreed that the points in the report had been covered by other reports.</p> <p><b>23/014.2</b> It was noted that no national winter plan had been issued, so there was no formal sign-off. The Health Board’s own winter plan would be presented to the September 2023 meeting of the Board.</p> <p><b>23/014.3</b> The Board noted the ongoing work with an awareness of a national steer from Welsh Government in relation to the Health and Social Care Plan.</p>	
<p><b>23/015 Quality &amp; Patient Safety Report</b></p> <p><b>23/015.1</b> The Board received the report of the Executive Director of Nursing &amp; Midwifery.</p> <p><b>23/015.2</b> The Executive Director of Nursing &amp; Midwifery described changes made to the management of patient safety under the leadership of a Deputy Chief Nurse. A new Learning Forum was being put in place. Quality leadership within the IHCs and divisions was being reviewed, to improve incident and complaint responses.</p> <p><b>23/015.3</b> She noted the introduction of the Duty of Candour in Wales from April for which preparations were underway.</p> <p><b>23/015.4</b> The Chair of the Quality Safety and Experience Committee highlighted the Committee’s discussions around the delivery of results, using the example of Falls. There was a deep dive planned on surgical safety, following Never events reported over the past two years.</p>	

**23/015.5** It was noted that the electronic Welsh Health Nursing Care Record was being implemented at present across the IHCs.

**23/015.6** The Chairman highlighted the overdue alert described in the report. The subject matter sat across primary and secondary and had been complex to complete. He asked also about Ombudsman cases – the report indicated that about 100 cases were live and that there was a trend for more cases to be referred back for re-investigation. The Executive Director of Nursing & Midwifery confirmed that process changes and ongoing discussions with the Ombudsman would see reductions in this.

**23/016 Vascular Network Update**

**23/016.1** The Board received the report from the Executive Medical Director updating the Board on progress to improve the sustainability, quality and experience of Vascular Service and describing the improvement work via the development of specific pathways for key conditions, and the longer-term transformation work.

**23/016.2** The paper set out progress against the actions arising from the Royal College of Surgeons review, and the Vascular Quality Review Panel.

**23/016.3** The Executive Medical Director highlighted progress being made on developing and approving pathways within vascular and staffing changes to improve the working of the hub/spoke model. The workforce model continued to be reviewed.

He confirmed that the final report of the Vascular Quality Panel had just been received and would be published in the near future. The Health Inspectorate Wales report was awaited.

**23/016.4** The Health Board would continue to work with partner hospitals particularly for more complex patients; multi-disciplinary team support was especially valuable. In terms of the work around the National Vascular Register, he apologised for presenting this as work in progress – data entry had been fully completed. It was noted there were patients on the Vascular Steering Group and that there had been inpatient surveys in this area.

**23/016.5** The Executive Medical Director acknowledged there was scope to improve clinical representation and participation at the Vascular Steering Group.

**23/016.7** The Executive Medical Director undertook to provide further assurance about the completion of actions and delivery of improvement. The

Chairman requested that full detail of trajectories associated with actions be set out.	<b>NL</b>
<p><b>23/017 Mental Health Act 1983 (as amended by the Mental Health Act 2007)</b></p> <p><b>23/017.1</b> The report from the Executive Medical Director detailed an update of the Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales for 5th November 2022 – 21st December 2022.</p> <p><b>23/017.2</b> The Board ratified the updates for this period.</p>	
<p><b>23/018 Corporate Risk register</b></p> <p><b>23/018.1</b> The Board received the report from the Executive Medical Director, who introduced it as follows:</p> <ul style="list-style-type: none"> <li>• Highlighted the role of the Risk Management Group (RMG) in undertaking deep dives</li> <li>• Clinical and financial risks needed to be more clearly defined on the register</li> <li>• Work continued to moderate risk scores</li> <li>• The risk on vascular in particular had not received sufficient scrutiny as RMG had been stood down because of operational pressures</li> <li>• QSE had discussed the effect of mitigations on risks</li> <li>• He highlighted the growing role in local management of risk by the IHCs</li> </ul> <p><b>23/018.2</b> In relation to the proposed splitting of CRR20-06 patient records, he acknowledged a concern about the loss of impact of the risk as conveyed by the Register.</p> <p><b>23/018.3</b> In relation to the risk on vascular this had been put forward as down-graded in recognition of an improved staffing situation within the terms of the description.</p> <p><b>23/018.4</b> The register had been reviewed at QSE including speaking to a risk owner; the committee was concerned about the relative scoring of risks. The HBLT had been reviewing risks as well as the Risk Management Group. The Chairman stated that the Board expected the process issues to be resolved by the time of the next review.</p>	<b>NL/MM</b>
<b>23/019 GOVERNANCE</b>	
<p><b>23/020 Targeted Intervention Report</b></p> <p><b>23/020.1</b> The Board received the report from the Deputy Chief Executive. The Deputy Chief Executive stressed that this work needed to be embedded in the</p>	

<p>work of the Health Board and highlighted the plan on a page included in the report.</p> <p><b>23/020.2</b> In relation to a question about escalation of potentially missed targets, priorities and focus on actions would be discussed with the IHCs. He agreed that any actions going off track would be reported to the Board.</p>	<b>NL</b>
<p><b>23/021 Chair’s Actions Report</b></p> <p><b>23/021.1</b> There were no matters to report.</p>	
<p><b>23/022 Committee and Advisory Group Chair's Assurance Reports</b></p> <p><b>23/022.1</b> The Board received reports and escalations from the following meetings:</p> <p>Cabinet (Mark Polin)  Audit Committee (Medwyn Hughes)  Performance, Finance &amp; Information Governance Committee (John Cunliffe)  Partnerships People &amp; Population Health Committee (Linda Tomos)  Healthcare Professionals Forum (Gareth Evans)  Stakeholder Reference Group (Clare Budden)  Charitable Funds Committee (Jackie Hughes)</p> <p>The Chairman invited the leads from these meetings to highlight significant points to the Board:</p> <p><b>23/023</b> - Cabinet Report – one matter raised as described under PPPH below.</p> <p><b>23/024</b> - Audit Committee – five limited assurance audit reports had been received and discussed with management as follows:</p> <ul style="list-style-type: none"> <li>• Welsh Language Commissioner: Documents on the Website</li> <li>• Effective Governance – Ysbyty Gwynedd</li> <li>• Effective Governance – Ysbyty Wrexham Maelor</li> <li>• Board and Committee Reporting</li> <li>• Charitable Funds</li> </ul> <p>The Committee was also concerned about the reported rate of compliance with the target on management responses to completed audit reports. The Chairman sought confirmation about the position on preparation of papers and the provision of assurance. The Board Secretary and Interim Chief Executive highlighted the implementation of the three lines of defence and the alignment of board preparation with executive meetings.</p>	

<p>There was also an audit on savings plans and interim appointments.</p> <p><b>23/025</b> - Performance, Finance and Information Governance Committee - 22 December 2022 – the Chairman reminded the Board that there was an escalation position around the delivery of savings. Committee meetings in December and January had had to be adjusted due to operational pressures.</p> <p><b>23/026</b> - Partnerships, People and Population Health Committee - 17 January</p> <p>People Strategy: it was noted that there had not been enough detailed information made available at the meeting and this would be revisited at the next meeting.</p> <p>The Committee continued to discuss asset management in relation to the Estate Strategy.</p> <p>The Committee recommended the approved of the Conwy &amp; Denbighshire Public Services Board Well-being Plan, which was approved by the Board.</p> <p><b>23/027</b> - 23/27 Targeted Intervention Improvement Steering Group – 21 November, 19 December</p> <p><b>23/028</b> - Health Care Professionals Forum – 22 December 2022</p> <p><b>23/029</b> - Stakeholder Reference Group – 5 December 2022</p> <p>The Chair highlighted the positive discussion around the Digital Strategy.</p> <p><b>23/030</b> - Charitable Funds Committee - 18 October 2022</p> <p>The Chair reported that the Charity’s General Fund was in deficit at present. The Committee was addressing the recommendations of the recent audit report. It was noted that the Charitable Trustee had delegated some decisions around investment policy to the committee. In reviewing actions around the audit, the delegations would be revisited.</p>	<p><b>SG</b></p>
<p><b>23.031 PERFORMANCE AND DELIVERY</b></p>	
<p><b>23/032 Integrated Quality &amp; Performance Report – to 30 November.</b></p> <p>The Board received the Integrated Quality &amp; Performance Report from the Interim Director of Finance. Specific questions were raised as follows and Executive Directors agreed to provide responses to the Board.</p>	<p><b>SW</b></p>

<b>IQPR metric</b>	<b>Question</b>
Percentage of GP practices that have achieved all standards set out in the National Access	What is the 2021/22 position?
Standards for In-hours (page 10)	Commentary on numbers of contacts
GP Out of Hours (page 12)	When will data feed become active?
Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission (page 25)	
Patient Flow & Discharge (page 26)	Commentary on decline in discharges in September What is the chart on the lower left saying?
Physiotherapy waits (pages 45 & 46)	What is the mix between face to face and virtual ?
Rate of GP sickness (managed and GMS) – impact on access	
Elective planned care (page 30)	Confirmation of the forecast for reducing patients waiting 104 weeks
<b>23/032A Annual Plan Monitoring Report</b>	
This item was deferred.	
<b>23/033 PEOPLE AND RESOURCES</b>	
<b>23/034 Finance Report – M8</b>	
<b>23/034.1</b> The report confirmed that the cumulative position for the year is a deficit against plan of £6.3m, (0.33% of allocation). The Health Board is forecasting a £10m deficit by the end of the financial year which the Interim Executive Director of Finance considered this to be realistic. This was driven by cost pressures on pay and non-achievement of savings. The Health Board had the highest rate of pay increase in Wales.	
<b>23/034.2</b> The Executive team had set up a Financial Recovery Group in order to oversee improvements in the financial position.	

<p><b>23/034.3</b> Savings delivered in the eight months to November 2022 was £20.2m against a plan of £17.5m, an overachievement of £2.7m. The savings forecast is £25.3m, which is £9.7m below the target of £35m for the year. Of the £25.3m forecast, £14.5m were non-recurring – the Interim Finance Director believed this was low risk and was therefore deliverable. He did not believe this would change significantly. PFIG Committee members emphasised the need for planning transformational savings and requested a timetable to come to PFIG.</p> <p><b>23/034.4</b> Slippage against transformation and performance programme was increasing and was in part offsetting the cost pressures. There was an increase in primary care prescribing costs as some generic drugs were not available.</p> <p><b>23/034.5</b> The Interim Executive Director of Finance felt that the capital spending was tilting towards estates matters in relation to IT and medical equipment.</p> <p><b>23/034.6</b> The change to the balance sheet cash position at year end was thought to be due to the profiling of savings plans. He undertook to revert to PFIG on this and balance sheet issues. In terms of the M9 position, the net deficit was £0.5m largely due to slippage.</p> <p><b>23/034.7</b> The £8m spend on agency was a combination service requirements and sickness. All such requests were reviewed within Workforce &amp; OD. The spend was also linked to rates of absences.</p> <p><b>23/034.8</b> The Interim Executive Director of Finance undertook to continue to report to PFIG on the financial situation including on cost pressures. The Interim Chief Executive confirmed that Executives were continuing to discuss savings opportunities with the IHCs and suggested there would be more to discuss at the end of February.</p>	<p><b>SW</b> <b>GH</b></p>
<p><b>23/035 Savings Report</b></p> <p>The Board received the report from the Interim Executive Director of Finance which was considered to have been fully discussed under 22/034 above.</p>	
<p><b>23/036 CLOSING BUSINESS</b></p>	
<p><b>23/037 Review of Risks Highlighted within the Meeting</b></p> <p>There was nothing to note.</p>	
<p><b>23/038 Review of Meeting Effectiveness</b></p>	
<p><b>23/039 Summary of Private Board Business to be reported in Public</b></p>	

<p><b>23/039.1</b> The Health Board had considered the following matters in private session on 24 November 2022:</p> <p><b>It was resolved that</b> the report be noted.</p>	
<p><b>23/040 Date of Next Board Meeting</b></p> <ul style="list-style-type: none"> <li>• 30 March 2023</li> </ul>	
<p><b>23/041 Exclusion of Press and Public</b></p> <p><b>22/167.1 It was resolved that</b> representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	

## Health Board meeting (Public) Action Log

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status	
						P	Complete
<b>Actions from Health Board 4.8.22</b>							
1	Board Secretary	<p><b>21.189.1 Review of Meeting Effectiveness</b> Reflect and follow up comments regarding duplication in some papers already having been through the Committee structure and being presented to Board in the same format when perhaps a summary would have sufficed.</p> <p>There were also comments made that information in some papers was out of date by the time it reached Board.</p>	<p>29.9.22 Continue to discuss through the board development program. Actions in place for September /October round of committees</p>	<p>Review progress on this at the next Committee Effectiveness Group (Executive Board Development scheduled for 15/6/22)</p> <p>This meeting has been postponed and will be arranged as soon as possible</p> <p>4.8.22 – action kept open</p>	<p><b>Update 9/3/23 :</b></p> <p>On agenda 30/3/23</p> <p>Audit Wales review published. Welsh Government have returned the Board to Special Measures escalation status. Issues of Board effectiveness will be addressed as part of the Special Measures response.</p>	Closed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
						P Complete
						G On track
						A Slippage on d
						R Delivery not d
<b>Actions from 24 November 2022 Public Meeting</b>						
2	Executive Director of Nursing	<b>22/247 Patient / Staff Story</b>  Review the range of toilet and changing facilities provided at the acute hospitals	January 2023	<b>Update 26/1/23</b> - This is underway and will be reported at the March 2023 meeting.	<b>Update 20/03/23 –</b> The provision of disabled facilities within each building reflects the building regulations and requirements at the time they were installed or upgraded. As facilities are reviewed through the capital programme, then the facilities will be upgraded where this is needed. This applies to Changing Places facilities where YGC, as the most recently refurbished hospital, has the only such facility. The inclusion of a Changing Places facility is considered as part of capital schemes as they arise, reflecting the significant cost involved in creating these facilities.  The cleanliness and condition of disabled and accessible facilities is monitored via the Credit for Cleaning (C4C) inspection programme. These inspections and the actions arising from them are monitored by the Facilities Service and by local infection prevention and control groups.	Closed

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status		
						<table border="1"> <tr><td>P</td><td>Complete</td></tr> <tr><td>G</td><td>On track</td></tr> <tr><td>A</td><td>Slippage on c</td></tr> <tr><td>R</td><td>Delivery not c</td></tr> </table>	P	Complete
P	Complete							
G	On track							
A	Slippage on c							
R	Delivery not c							
3	Executive Director Transformation, Strategic Planning, and Commissioning	<p><b>22/275 Annual Plan Monitoring Report</b></p> <p>CS &amp; SH's teams to meet with the committee Chairs to discuss the population of the APMR.</p>	January 2023	<p><b>Update 10/1/23</b> – Meeting arranged for 19<sup>th</sup> January with Committee Chairs. Further update to be given at the meeting</p> <p><b>Update 9/3/23 :</b></p> <p>CS has met with the Committee Chairs and agreed an approach to revise the format of the report. This will be adopted for 2023/34</p>	Meeting cancelled and is being re-arranged	Closed		
<b>26 January 2023</b>								
4	<p>Director of Partnerships Communications and Engagement</p> <p>Interim Director of Finance</p>	<p><b>Estate Strategy</b></p> <p>Prepare stakeholder briefing around estates strategy and maintenance backlog</p> <p>Write to the Welsh Government setting out the</p>	February 2023	<p><b>Update 9/3/23 -</b></p> <p>The Strategy has been submitted to Welsh Government with an accompanying letter which sets out the risks associated with each priority scheme, including backlog issues.</p>		Closed		

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
						<div style="display: flex; justify-content: space-between; font-size: 8px;"> <span style="width: 15px; height: 10px; background-color: purple; border: 1px solid black;"></span> Complete           <span style="width: 15px; height: 10px; background-color: green; border: 1px solid black;"></span> On track           <span style="width: 15px; height: 10px; background-color: yellow; border: 1px solid black;"></span> Slippage on c           <span style="width: 15px; height: 10px; background-color: red; border: 1px solid black;"></span> Delivery not c         </div>
		risks described in the strategy				
5	Deputy Chief Executive	<b>Unscheduled Care</b>  Provide information about progress on the 1,000 beds initiative	February 2023	<b>Update 21/3/23 :</b> Update circulated to members		Closed
6	<b>Board Secretary / Medical Director</b>	<b>Risk Register</b>  Resolve issues around consistency of scoring and risk management process	April 2023	<b>Update 9/3/23 :</b> Quality assurance process introduced to ensure consistent approach to scoring. Bi-monthly review of the CRR by Health Board Leadership Team introduced, including risk scoring .		Closed
7	Executive Medical Director	<b>Scheduled Care</b> Review the risk relating to the waiting list	February 2023	<b>Update 20/3/23 –</b> Risks associated with waiting lists are being reviewed collectively. They will be reviewed by the Risk Management Group in April with any recommendations for change presented to the Board in May.		
8	Interim Executive	<b>Integrated Quality and</b>				Closed

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
						<div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>P Complete</span> <span>G On track</span> <span>A Slippage on c</span> <span>R Delivery not c</span> </div>
	Director of Finance	<b>Performance Report</b>  Individual executives to respond to questions put at the meeting.	February 2023	Response circulated		
9	Executive Medical Director	<b>Vascular report</b> Provide update on outstanding actions and availability of data	March 2023	Update provided within the report to the Board – March '23	Closed	Closed
10	Deputy Executive Director of Workforce and OD	<b>Cabinet Report</b> Discuss requirements for further agenda item on People Strategy at March meeting	February 2023		Update 9/3/23 : Future Committee meetings under review in light of Special Measures	
11	Interim Executive Director of Finance	<b>Annual Plan Monitoring Report</b> Advise when this report will be brought to the Board	February 2023	Report to be presented to 25 <sup>th</sup> May Board, following extension of timescale		Closed

<b>Teitl adroddiad:</b> <i>Report title:</i>	Patient Story			
<b>Adrodd i:</b> <i>Report to:</i>	Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 30 March 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	A patient or carer story is presented to Board to bring the voice of the people we serve directly into the meeting. The digital story will be played at the meeting. A short summary is included in the attached paper.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Board is asked to note this report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Matthew Joyes, Deputy Director of Quality Mandy Jones, Deputy Executive Director of Nursing Rachel Wright, Patient and Carer Experience Lead Manager			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b> <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
In line with best practice, a patient or carer story is presented to the Board to bring the voice of the people we serve directly into the meeting, but it is not presented as an assurance item. However, the accompanying paper describes some of the learning and actions undertaken in response to the story.				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b><i>Link to Strategic Objective(s):</i></b>	Quality			
<b>Goblygiadau rheoleiddio a lleol:</b> <b><i>Regulatory and legal implications:</i></b>	N/A			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	N/A			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	N/A			

<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	BAF21-10 - Listening and Learning
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <i>Financial implications as a result of implementing the recommendations</i></p>	N/A
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <i>Workforce implications as a result of implementing the recommendations</i></p>	N/A
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <i>Feedback, response, and follow up summary following consultation</i></p>	N/A
<p><b>Cysylltiadau â risgiau BAF:</b>  (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b>  <i>(or links to the Corporate Risk Register)</i></p>	BAF21-10 - Listening and Learning
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <i>Reason for submission of report to confidential board (where relevant)</i></p>	N/A
<p><b>Camau Nesaf: Gweithredu argymhellion</b>  <b>Next Steps: Implementation of recommendations</b>  N/A</p>	
<p><b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b>  Appendix A - Patient Story Summary</p>	



## **Patient Story: Antoni's Story**

### ***A patient's experience of the Prehabilitation Programme***

*A video story told by Antoni will be played at the meeting.*

#### **Overview of the Patient Story**

Antoni is a patient who was offered the opportunity to participate in the new Prehabilitation Service at the Wrexham Maelor Hospital. Antoni shares his experience of accessing this service and encourages any patients who find themselves in a similar position to “grasp the opportunity with both hands and go for it” to help get into better shape.

The Specialist Prehabilitation Service at the Health Board provides support to cancer patients who are waiting for major surgery. The service aims to prepare patients for their upcoming surgical procedure by delivering a 4-week optimisation programme consisting of increasing physical activity, eating well, mental health and wellbeing support and strengthening lung function. This will help to ensure patients have the best possible recovery post-operatively.

#### **Key Messages**

There are several patient reported benefits of the Prehabilitation Service outlined in the patient story:

- The patient felt that he could help himself in the situation to be able to present to the medical team in the best shape possible.
- The patient met with other people who were in similar situations to himself, providing peer-support.
- The patient felt that the sessions facilitated a continued link with the hospital and the surgical team between appointments, which was reassuring while waiting for surgery.
- The patient praises a well-informed, supportive, knowledgeable and professional Prehabilitation Team who were able to effectively support the patient's condition and treatment plan.
- The patient reports an enjoyable experience with the service.

## **Summary of Learning and Improvement**

The patient story was shared with the Health Board Pathways Redesign Team for transforming cancer services for learning and improvement. Feedback included:

- Following a successful pilot of the prehabilitation service at the Wrexham Maelor Hospital, the service is now well established and plans are in place to roll this service out across North Wales to provide equity of access for all North Wales patients.
- A virtual service is also being explored for those patients unable to commit to the face-to-face programme.
- The service is currently offered to patients undergoing both colorectal & upper GI cancer surgery; however, urology and gynaecology cancer patients undergoing surgery are soon to be offered this hugely beneficial optimisation programme.
- Patients successfully completing the programme prior to their surgery have had improved post-op outcomes including positive patient experience.
- The Patient and Carer Experience Team are in the process of supporting further patient feedback in the service through the real-time feedback system.

The Patient and Carer Experience Team will share this feedback across Health Board departments.

The Patient and Carer Experience Team extend their gratitude and appreciation to Antoni for sharing his story.



<b>Teitl yr adroddiad:</b>	Adroddiad y Prif Weithredwr Chief Executive's Report
<b>Report title:</b>	
<b>Adrodd i:</b>	Bwrdd Iechyd Health Board
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	30 Mawrth 2023 30 <sup>th</sup> March 2023
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>Mae'r adroddiad hwn yn darparu diweddariad i Aelodau'r Bwrdd ar faterion allweddol o fewn y sefydliad, gwaith allanol gyda phartneriaid a gwasanaethau a gydnabyddir drwy enwebiadau a gwobrau. Mae'r materion yn cynnwys:</p> <ul style="list-style-type: none"><li>• Cyhoeddiad Mesurau Arbennig</li><li>• Pwyllgor Gwasanaethau Ambiwllans Brys (EASC) – Ambiwllans Awyr</li><li>• Cymru Iachach : Adolygiad o Swyddogaethau Comisiynu Cenedlaethol</li><li>• Gwella Gofal wedi'i gynllunio: Ymgysylltu â phobl Gogledd Cymru</li><li>• Cyngor Iechyd Cymuned Gogledd Cymru (NWCHC)</li><li>• Siarter y Plant</li><li>• Estyniad Cytundeb Cynnal yr Academi Ddelweddu Genedlaethol</li><li>• Gweithredu Diwydiannol</li><li>• Gwasanaethau Fasgwlaidd</li><li>• Sefydlu Gwasanaeth Diogelu Iechyd</li><li>• Cydnabod Staff – Achredu Meddyg Teulu i hyfforddi cydweithwyr</li></ul> <p>This report provides an update for Board Members on key issues within the organisation, external work with partners and services recognised through nominations and awards. Topics include :</p> <ul style="list-style-type: none"><li>• Special Measures Announcement</li><li>• Emergency Ambulance Services Committee (EASC) – Air Ambulance</li><li>• A Healthier Wales : Review of National Commissioning Functions</li><li>• Improving planned care: Engaging with the people of North Wales</li><li>• North Wales Community Health Council (NWCHC)</li><li>• Children's Charter</li><li>• National Imaging Academy Hosting Agreement Extension</li><li>• Industrial Action</li></ul>

	<ul style="list-style-type: none"> <li>• Vascular Services</li> <li>• Establishing a Health Protection Service</li> <li>• Staff Recognition - GP Accredited to train colleagues</li> </ul>			
<b>Argymhellion:</b> <b>Recommendations:</b>	<p>Bod y Bwrdd yn nodi cynnwys yr adroddiad a'r estyniad i Gytundeb Cynnal yr Academi Ddelweddu Genedlaethol.</p> <p>That the Board notes the content of the report and the extension to the National Imaging Academy Hosting Agreement.</p>			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Prif Weithredwr Dros Dro Interim Chief Executive			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Prif Weithredwr Dros Dro Interim Chief Executive			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Ar gyfer sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <b>Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <b>Acceptable</b> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <b>Partial</b> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <b>No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	Mae'r cyfarfodydd yn ymdrin ag amrywiaeth o flaenoriaethau strategol. Meetings cover a range of strategic priorities.			
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	Nid oes unrhyw oblygiadau penodol yn deillio o'r adroddiad hwn. There are no specific implications arising from this report.			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	Amherthnasol ar hyn o bryd. Not applicable at this stage.			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>	Amherthnasol ar hyn o bryd. Not applicable at this stage.			

<b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	Mae'r materion a godir yn dylanwadu ar draws ystod o risgiau. The issues raised impact across a range of risks.
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Financial implications as a result of implementing the recommendations</i></b>	Nid oes unrhyw oblygiadau penodol yn deillio o'r adroddiad hwn. There are no specific implications arising from this report.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Workforce implications as a result of implementing the recommendations</i></b>	Nid oes unrhyw oblygiadau penodol yn deillio o'r adroddiad hwn. There are no specific implications arising from this report.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b><i>Feedback, response, and follow up summary following consultation</i></b>	Amherthnasol. Not applicable.
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol)  <b><i>Links to BAF risks:</i></b> ( <i>or links to the Corporate Risk Register</i> )	Mae'r materion a godir yn dylanwadu ar draws ystod o risgiau. The issues raised impact across a range of risks.
<b>Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)</b>  <b><i>Reason for submission of report to confidential Committee (where relevant)</i></b>	Amherthnasol. Not applicable.
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b>  Amherthnasol i'r adroddiad hwn. Not applicable to this report.	
<b>Rhestr o Atodiadau:</b>  <b><i>List of Appendices:</i></b>	



**Health Board – 30<sup>th</sup> March 2023**

**Report Title: Interim Chief Executive’s report**

## **Situation**

The purpose of the report is to keep Board Members updated with regard to issues affecting the organisation and highlight topical issues which are of interest to the Board.

Some issues raised in this report feature more prominently within reports of the Executive Directors as part of the Board’s public business.

## **Background**

This report provides an update for Board Members on issues affecting the organisation, external work with partners and services recognised through nominations and awards.

There are specific papers on the Health Board meeting agenda which address other priority issues and therefore these issues are not referred to in this report.

## **Assessment and Analysis**

### **External / Partnership Activities**

#### **Special Measures Announcement**

On 27<sup>th</sup> February the Minister for Health and Social Care announced that the Health Board would be escalated into Special Measures, the highest level of intervention in the escalation framework. This announcement followed the publication of a report from Audit Wales presenting the findings from their Review of Board Effectiveness. This report identified significant deficiencies in the cohesiveness of the Board and its ability to effectively tackle the considerable challenges the organisation faces.

In announcing Special Measures, the Minister emphasised that the issues which have driven this decision sit firmly with the Board. It is not a reflection of the commitment and dedication of the many staff who deliver care and support services in the Health Board.

The Minister has appointed a new Chairman to the Board, along with a number of new Independent Members. Immediately following his appointment, the Chairman and I have undertaken visits to various sites across the Health Board to meet staff, to emphasise our appreciation for the work they do and to address concerns that they may have regarding the implications of Special Measures. These visits have been positively received and staff have been engaging and open in sharing their views. We will continue to build on this engagement in the coming weeks and months.

Further detail as to the implications of Special Measures and some of the immediate actions to be taken are covered in separate reports for today's meeting.

### **Emergency Ambulance Services Committee (EASC) – Air Ambulance**

Previous reports have referenced the work ongoing through EASC to undertake a strategic review of the Air Ambulance Service's operations with a view to maximising the use of the charity's assets in order to reach as many patients as possible. As part of this review a proposal emerged that the Welshpool base be merged with the North Wales base to form a single North Wales resource.

In a recent announcement the Welsh Air Ambulance confirmed that they have now renewed their aviation contract and this has secured the provision of services from Welshpool and Caernarfon, until at least 2026. The new contract can adapt to potential future service delivery changes if required, such as revised base locations, revised operational hours or enhanced after-dark flying. These issues will be considered in the EASC review, led by the Chief Ambulance Services Commissioner. This latest development supports the intended full engagement process and consideration of the optimal service model for the future.

Preparations are ongoing within EASC to provide materials to support the engagement process and confirm details of the various channels through which members of the public and stakeholders can provide their feedback. It is anticipated that the formal engagement process will commence prior to the end of March. Arrangements have been made locally to allow people to connect with the engagement process via the Health Board's website using the following link - [Have your say - engagement opportunities - Betsi Cadwaladr University Health Board \(nhs.wales\)](https://www.nhs.uk/health-board/engagement).

### **A Healthier Wales : Review of National Commissioning Functions**

The Welsh Government has commenced a review of national commissioning functions, which was a commitment set out in *A Healthier Wales* (2018) alongside the establishment of the NHS Executive. The NHS Executive will be established from April 2023.

The current national commissioning arrangements are established as joint committees of the seven health boards and undertake commissioning activities on their behalf. These include the Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services (EASC), which also hosts the National Collaborative Commissioning Unit.

The Review will be led by an Independent Chair and its Terms of Reference indicate that it will :

- Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps.
- Horizon scan future national (and regional) commissioning requirements
- Describe the current governance and accountability arrangements and the interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive
- Describe the potential national commissioning functions to be undertaken ('function')
- Describe the different options for delivery of those function ('form')
- Describe the different options for future governance, accountability and decision making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive
- Make recommendations on a preferred way forward
- Set out processes and timelines for implementation

The review recommendations will be founded on the following principles:

- Improving outcomes and reducing inequalities
- Adding further value to the NHS system in Wales
- Strengthening and streamlining of commissioning functions, and associated decision making
- Building on evidence of good practice
- Supporting the development of commissioning expertise within the NHS in Wales
- Maximisation of national commissioning capacity and capabilities
- Minimal disruption to the system
- Minimal disruption to the existing workforce within WHSSC and EASC/ NCCU
- Any changes to be implemented will maximise the value delivered by current commissioning arrangements and exploit where possible economies of scale.

There will be opportunities for the Health Board to provide input to the Review via stakeholder sessions with Chairs, Chief Executives and Executive Director peer groups. The Review is expected to report to the Minister for Health and Social Services by April 2023. The outcome of the Review will be reported to the Board in full once it is published.

### **Improving planned care: Engaging with the people of North Wales**

Reducing waiting times for orthopaedic surgery has been a challenge for a number of years, however due to the disruption caused by the pandemic, the waiting list for some

procedures has grown significantly. The Health Board requires a robust recovery plan to ensure that waiting times are reduced.

We are urgently working on potential solutions that will improve access to planned care for the people of North Wales, which in the short term includes proposals to create more capacity at our main hospitals and exploring the use of mobile theatres on hospital sites. In the longer term, we think that we need to create a hub for orthopaedic care and treatment and Regional Treatment Centres (RTCs) where people could be seen, diagnosed and potentially treated on the same day.

To help inform the planning for these proposals, a number of engagement activities are being set up that will explore the short and long term solutions with patients, staff, partners and the public so that we can hear about what matters to them and what we need to take account of as those plans start to take shape. To support this work, the North Wales Community Health Council (NWCHC) is holding face to face and online events throughout March, inviting patients, their carers and their families to talk about their experiences of waiting for operations. The findings from this conversation will be an important contribution to our thinking and development of our proposals.

### **North Wales Community Health Council (NWCHC)**

The 31<sup>st</sup> March, 2023 marks the formal dissolution of Community Health Councils in Wales and from April 2023, Llais, the Citizen Voice Body (CVB) will represent the voices and opinions of the people of Wales in respect of health and social care services.

I would like to place on record my thanks to the Chairs, Officers and Members of the North Wales Community Health Council who have provided a strong voice for the patients and public of North Wales over the last 49 years. Their advocacy and support to patients and the public has ensured that the Health Board has been aware of patient and public views on key issues and been able to consider these views when making decisions about services.

The Chair and I will be formally writing to the NWCHC team to express our sincere thanks for their contribution to the health service in North Wales. We look forward to working with Llais in the coming weeks and months and building an effective working relationship.

### **Children's Charter**

On the 26<sup>th</sup> April 2023 we will be hosting an event to launch the BUILD IT RIGHT Recipe Book and Children's Charter. This follows some incredible partnership working across North Wales where around 2500 children and young people gave us their views on what truly matters to them. The BUILD IT RIGHT approach is a multi-agency collaboration involving health, social care, education and the 3<sup>rd</sup> sector, working with children and young people across North Wales. The launch event will involve key speakers, presentations and promises for the future. We will be joined at this event by the Children's Commissioner for Wales.

The Charter sets out the Health Board's commitment to ensuring that Children and Young people feel empowered and supported by their health services. It is an undertaking to respect children's rights and what matters to them .

### **National Imaging Academy Hosting Agreement Extension**

In 2016, NHS Wales Chief Executives confirmed their intention to establish an NHS Wales National Imaging Academy, primarily to increase the number of Radiology trainees in NHS Wales. The Academy provides increased classroom training within a dedicated and appropriately equipped facility, significantly enhancing the training capacity, with an economy of scale for required trainer time.

The Agreement is to enable and facilitate the hosting of the NHS Wales National Imaging Academy Wales on behalf of NHS Wales Chief Executives. In April 2017 Cwm Taf University Health Board was formally requested to host the National Imaging Academy Wales, its Director and staff. This agreement has been continued by Cwm Taf Morgannwg University Health Board since its formation in April 2020. The current hosting agreement expires on 31<sup>st</sup> March 2023.

The National Imaging Academy Wales' annual work plan and performance management arrangements are agreed between the Director of the National Imaging Academy Wales and the Collaborative Executive Group, prior to final sign off by the Collaborative Leadership Forum. Resources to fund the Academy are top-sliced nationally.

The agreement will be reviewed in the fourth quarter of each year by all parties to ensure that it is operating effectively and amendments will be agreed as required.

The Chief Executive will sign the extension to the agreement on behalf of the Board for a 3 year period.

### **Internal Activities**

#### **Industrial Action**

Industrial action has continued in the period since the last Board meeting. Strike action was taken on 20<sup>th</sup> to 22<sup>nd</sup> February which impacted upon the ambulance service. This coincided with the half term break for schools and therefore added extra pressure on services due to staff leave. Staff once again worked flexibly to meet the demand presenting and keep ambulance vehicles available to respond. As in previous episodes of disruption to ambulance service provision, the number of people self-presenting to the Emergency Departments with significant acuity of illness rose, creating particular challenges with regard to triage and safe delivery of care. As a result of flexible planning and learning from previous action days, the impact upon planned care was kept to an absolute minimum. Planned industrial action from the RCN was stood down in the light of progress being made in further pay negotiations.

The Welsh Government has made an improved pay offer to staff, which has been accepted by some groups, but not all. Critically, members of the Royal College of Nursing and the Royal College of Midwifery, along with those have been taking action in the ambulance service have not accepted the offer. Negotiations continue with unions to seek to address this position. Notification of potential further industrial action on 20<sup>th</sup> March has been received from the GMB and Unite which would again impact upon ambulance services if it were to progress. Negotiations between the Welsh Government and the BMA are also ongoing.

In light of the above the Health Board maintains its readiness to respond to potential further industrial action.

## **Vascular Services**

We received the report of the Vascular Quality Review Panel at the end of January. Since that time we have been engaging with staff regarding the issues raised and our response to the recommendations. We have also commenced engagement patients and families, including fulfilling our duty of candour. The Report of the Panel and our response, including the action plan is presented in full to the Board as a separate item at this meeting.

In addition, we have recently received the workforce sustainability assessment for the vascular surgery service, which was commissioned by the Health Board. The contents of this report are currently being reviewed by the Medical Director and his team and will be used alongside other information we have regarding the service to inform the Board's thinking in relation to the model for service delivery in the medium to long term. Further reports will be brought to the Board as this work progresses.

## **Establishing a Health Protection Service**

As part of the response to the COVID-19 pandemic the Health Board worked with Local Authority partners to establish the Test, Trace and Protect (TTP) service. This has played a significant part in the pandemic response. Welsh Government have now signalled an intention to maintain some of the key benefits offered by TTP but to place them in a wider Health Protection Service. As a result, the existing North Wales TTP service will be stood down at the end of March and a new Health Protection Service will be established. I would wish to express thanks to all of the staff who have supported this critical service through the pandemic.

Dialogue is ongoing with Welsh Government regarding the requirements for the Health Protection Service and this work is being led by the Director of Public Health. The new service will need to have the capability to respond to a wider range of health protection issues. Collaboration with Local Authority partners and the Public Health Wales specialist

health protection team will continue to be a critical element of the service. It is expected to evolve to become a service that can respond flexibly to health protection issues in the community across North Wales.

Arrangements are in hand to ensure that capacity and skills are retained to enable a service response from 1<sup>st</sup> April 2023. Further details regarding the full scope and nature of the Health Protection Service will be provided as they are confirmed.

### **Staff Recognition - GP Accredited to train colleagues**

A North Wales GP with a keen interest in treating skin cancer is now supporting other clinicians to diagnose and sometimes treat the condition in their practices. Dr Jonathan Bertalot, who is a partner at Coed y Glyn Surgery in Llangefni, is the first in Wales to become a British Association of Dermatology (BAD) accredited GP with Extended Role (GPwER) in Skin Lesion Management. This means he can now act as a supervisor to other GPs who wish to apply for the same accreditation. He has extensive experience of skin cancer and has worked in Australia for a period of time working alongside other clinicians to learn more about the disease.

Dr Bertalot has worked as a Speciality Doctor within Dermatology over the last six years. He has a keen interest in skin cancer and has been providing a Health Education Improvement Wales (HEIW) accredited teaching surgical course for local GPs to help them towards providing surgical services within their own practices. This is not only helping to develop skills of GPs in the area but also helping to see more people closer to home.

Developing primary care capacity in this way has the potential to enhance the experience for patients and reduce waiting times for diagnosis and treatment. We congratulate Dr Bertalot and wish him every success in his work.

### **Recommendation**

That the Board notes the content of the report and the extension to the National Imaging Academy Hosting Agreement.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Special Measures Framework and Approach			
<b>Adrodd i:</b> <i>Report to:</i>	BCUHB Board Meeting – 30 March 2023			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 30 March 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This paper sets out the rationale for the Health Board escalation to Special Measures. The proposed framework and priorities for action.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Board is asked to agree this approach			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Nick Lyons and Gill Harris			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Olivia Shorrocks – Welsh Government			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i></small>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>				
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	NHS Wales Escalation and Assurance Framework			

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	No
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	No
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	These will need to be considered
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	These will need to be considered
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Paper and framework has been developed by Welsh Government in consultation with the Board
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p><b>Camau Nesaf:</b> Gweithredu argymhellion</p> <p><i>Next Steps:</i> <i>Implementation of recommendations</i></p>	
<p><b>Rhestr o Atodiadau:</b> Dim</p> <p><b>List of Appendices:</b> Annex A – Special Measures Framework</p>	

**SPECIAL MEASURES FRAMEWORK**

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**Background**

On the 27 February 2023, the Minister for Health and Social Services announced that she was escalating the intervention status of Betsi Cadwaladr University Health Board to special measures with immediate effect. This significant decision followed the tripartite group of Healthcare Inspectorate Wales, Audit Wales and Welsh Government officials' meetings in November 2022 and January 2023 to specifically discuss concerns about the service delivery, quality and safety of care and organisational effectiveness at Betsi Cadwaladr University Health Board. This decision reflects serious and outstanding concerns about board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership and financial management.

**1. Introduction**

Over the last 12 months, Welsh Government has been made aware of a number of concerns encompassing board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership and financial management within the board. Welsh Government felt that there was sufficient evidence to indicate that significant and timely improvement was not happening under targeted intervention and further escalation was considered necessary and appropriate in these circumstances. A major consideration was concern about the unitary board's effectiveness to develop and implement change and improvement.

The Minister for Health and Social Services took a decision to invoke the NHS Escalation and Intervention Arrangements (2014) which sets out the process for taking action on serious concerns (annex 1) and raised the escalation level of the Health Board to Special Measures.

**2. Special Measures**

Special measures are the highest level of escalation in the NHS Wales escalation and intervention framework. There are a number of areas of concern that resulted in the special measures status of the organisation. Each of these will receive directed intervention, support and de-escalation planning. The intervention plan for each domain will report into the overarching special measures process, this will incorporate areas previously subject to the targeted intervention status.

The domains are:

- Governance and board effectiveness.
- Workforce and organisational development
- Finance and audit
- Compassionate leadership and culture
- Clinical governance, patient experience and safety
- Operational delivery
- Planning and service transformation

There will be ongoing oversight from Welsh Government of priorities set out in the planning framework, performance framework and outcomes framework through the performance management arrangements of integrated quality, planning and delivery meetings (IQPD). The monitoring and governance of special measures is a separate, but related monitoring process.

The complexity and scope of work in the domains is such that there will be three levels of the process to support de-escalation.

- Stabilisation – First 9 months covered in this document.
- Standardisation
- Sustainability

The mandated support and special measures intervention is led by Welsh Government's Escalation and Intervention Team, supported by the NHS Executive.

### **3. Independent Advisors**

A number of Independent Advisors have been appointed to form a health board improvement and support team. More will follow if required. This team will, subject to their own individual skills, backgrounds and experience, undertake the following:

- Provide advice about board governance and board effectiveness.
- Offer mentoring and support to the board and as agreed individual board members
- Provide specialist HR support to the new chair and the board to review the organisational structure, the associated size and content of portfolios and relevant delegated arrangements supporting these portfolios; while helping quality assure the underpinning systems and processes.
- Provide advice and support in helping the board to understand where an increase in capacity and expertise for clinical service planning within the organisation is required to ensure the development, implementation and embedding of the clinical plan.
- Provide support to help improve operational performance and deliver the agreed transformational change needed. There are operational and delivery priorities, governance processes to improve and manage, estate risks to mitigate and a recovery/turnaround plan to develop.

### **4. Special Measures Framework**

Annex A sets out the proposed framework for special measures for consideration by the Board.

## BETSI CADWALADR UNIVERSITY HEALTH BOARD: SPECIAL MEASURES 2023

The provision of oversight, support and advice to enable BCUHB to respond to the requirements of special measures in a timely, open and transparent manner.

### Areas of Concern

- Governance and board effectiveness.
- Workforce and organisational development
- Finance and audit
- Compassionate leadership and culture
- Clinical governance, patient experience and safety
- Operational delivery
- Planning and service transformation

### Guiding Principles

1. Patients first – everyone using services should expect to receive consistently high standards of care and treatment
2. Staff empowerment – ensuring that they have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible and sharing of best practice
3. A quality and safety ethos that drives everything
4. Delivers services that improve the health of the population and works to reduce health inequalities in collaboration with partners based on trust and respect, learning,
5. Has strong, compassionate leadership supported by robust and effective governance systems
6. Provides safe, high quality urgent and emergency and planned care services

### Outputs

- Terms of reference
- Monthly reports
- First 6 months reflections and achievements
- Individual reviews (To be determined)
- Regular reporting to Board

### Terms of Reference

Targeted Intervention – Learning and building upon previous intervention and support

Oversight of improvement plans - Establish arrangements to seek active and robust assurance that recommendations of Special Measures improvement plans and those from other reviews are being implemented; set milestones and track progress against them.

Clinical reviews - Agree a process to undertake a review into patient safety concerns and other appropriate clinical reviews. Ensure any emerging actions and/or learning is acted upon

Public and patient engagement - Ensure effective public and patient involvement and engagement in all aspects of the improvements needed and to rebuild public trust and confidence;

Escalate wider concerns - Escalate any wider governance issues or concerns, should they emerge

Advice to Ministers - Advise the Minister on any further action required to support improvement through monthly reports

### Values and Behaviours

- **Patient focused** – decisions, recommendations and actions will be driven primarily by safety, quality and patient experience considerations;
- **Valuing people** – a well led, highly motivated and appropriately engaged workforce is a fundamental requirement for the delivery of safe, high quality, patient centred services;
- **Open and transparent** - subject to the constraints of patient confidentiality and data protection, work will be conducted and decisions will be made in an open and transparent manner
- **Inclusive** - engage with staff, patients and stakeholders involving them actively in the oversight and improvement process
- **Collaborative** - within an environment of robust scrutiny and challenge, to work collaboratively with BCUHB to optimise the improvement process and avoid unnecessary bureaucracy, duplication of effort and resource

### Learning from other interventions

Learning from previous interventions highlights the benefits of investing time at the outset of any intervention process to establish and jointly agree solid foundations. This includes:

- Adopting a 'whole systems' approach (i.e. one which considers service failings in the context of organisational leadership, governance, culture, capacity and resource)
- Being clear about the underlying causes of the problem and tackling those rather than the symptoms which resulted in the intervention
- Clearly defining the standards to be met and the mechanism by which the change which is necessary to meet those standards will be brought about
- Providing the qualities, capabilities and capacity to deliver the equation of change
- Establishing clear timescales, progress measures and milestones
- Developing an explicit strategy for escalation and de-escalation
- Setting out clear lines of governance and accountability

## BETSI CADWALADR UNIVERSITY HEALTH BOARD: SPECIAL MEASURES 2023

The provision of oversight, support and advice to enable BCUHB to respond to the requirements of special measures in a timely, open and transparent manner.

### Independent Advisors

- Support the board to make decisions based upon sound governance principles, clinical assessment and the empowerment of the board.
- Provide appropriate challenge in examining the current health board systems.
- Provide advice, subject to their own individual skills, backgrounds and experience.
- Support board members while they undertake their duties.
- Support and mentor board members in the form of active listening, provide encouragement and offer feedback.
- Advise on alternative mechanisms that could be applied from a strategic or operational basis.
- Provide support to help improve operational performance and deliver the agreed transformational change needed
- Provide specialist HR support

### Key Stakeholders

Patients and staff	Local Authorities
BCUHB	Regional and Public
Minister for HSS	Service Boards
Welsh Government	Members of the Senedd
NHS Executive	Members of Parliament
Independent Advisers	Unions
Llais	HEIW / Deanery
Healthcare Inspectorate	Royal Colleges
Wales	NMC, GMC and HCPC
Audit Wales	Third Sector
Health and Safety	HM Coroner
Executive	Local Health Boards, NHS
Improvement Cymru	Trusts and DHCW

### Working with Regulators

- Inspection work and independent reviews will take place during the period of Special Measures.
- Important that within the ethical and constitutional bounds of the relevant regulatory frameworks there is a two-way flow of information
- Regulators will be provided with the opportunity to comment upon and where appropriate contribute to the formal progress reports prior to finalisation

### Performance Monitoring and Assessment Strategy

- Performance incorporates quality, safety, governance and sustainability
- Agreeing milestones, targets and measures
- Optimising reporting processes
- Monitoring and evaluation process;
- Assessment criteria;
- Escalation and de-escalation process
- Reporting methodology.

### Engagement and Communication Strategy

- Statement of principles
- Clarity of responsibilities
- Engagement methods and tools (targeted to audience)
- Regular stakeholder briefings: staff engagement and internal communications
- Public communication – building trust and confidence
- Political briefings (who does what and when);
- Media handling (who does what and when)
- Social media and/or web presence

### Information Sharing and Data Protection Policy

- Information sharing agreement
- Data ownership
- Patient confidentiality and informed consent
- Data handling and security
- Ensuring consistency of information
- Information flows

### Clinical Review Strategy

- Scope and terms of reference
- Data handling and information sharing;
- Patient and family engagement and communication
- Staff engagement and feedback
- Learning from evidence and best practice
- Resourcing
- Review methodology;
- Reporting format and process (emerging issues)
- Putting things right, redress and civil litigation
- Referral policy (professional bodies, coroners, etc.).

### Working Together

- Opportunity to engage in designing Special Measures process;
- Independent Advisors to support and advise
- Monthly oversight meetings
- Quarterly Special Measures review meeting
- Weekly check ins
- Scheduled monthly meetings with Chair and CEO
- Monthly progress updates
- Emerging issues shared
- Board briefings as required
- Nomination of individuals/specialists to support/contribute to development of key strategies
- Joint approach to engagement with stakeholders
- Opportunities to sense check progress
- No surprises

## BETSI CADWALADR UNIVERSITY HEALTH BOARD: SPECIAL MEASURES 2023

The provision of oversight, support and advice to enable BCUHB to respond to the requirements of special measures in a timely, open and transparent manner.

### Three phases

Stabilisation    Standardisation    Sustainability

### Stabilisation

- Stabilise the Board
- Review and strengthen executive leadership
- Accountability and Governance Review
- Review of patient safety and care
- Response to Audit Wales
- Leadership and culture diagnostics
- Finance and planning
- Operational grip and control

Delivery model for this stage will be led by a small team of

- Independent Member / Executive Directors
- Independent Advisor
- Welsh Government / NHS Executive

Programme and project provided by the health board and supported by the transformation team

### Governance, board effectiveness and audit

- Accountability and governance review
- Audit Wales and Kings Fund actions
- Office of Board Secretary Board Committees and Governance process
- Ensure appropriate governance is in place, particularly with regards to providing appropriate scrutiny of risk, performance, leadership style and practice

### Clinical governance, patient experience and safety

- Clinical leadership
- Clinical services – vascular, urology, mental health and dermatology
- Clinical behaviours and medical practice
- Regional delivery models
- Clinical network arrangements
- Clinical job planning
- Quality management systems and duty of candour assessment
- Review into patient safety concerns
- Oversight of the PTR process
- Review patient experience

### Workforce and organisational development

- Values and behaviours
- Stronger Together review and refresh
- Review executive structure and portfolios
- Support and stabilise HR Team
- arrangements for handling the Ernst and Young review of year end and counter fraud investigation
- Respond to grievances and related issues
- Staff well-being and support
- CEO recruitment
- Staff engagement and communications

### Operational delivery

- Improved planned care performance
- Improved adult mental health, CAMHS and neurodevelopment delivery
- Consistency in urgent and emergency care over the next six months
- Evidence of actions implemented from identified within the speciality reviews
- Clear plans to reduce backlog and increase efficiency
- Strategies for orthopaedics, general surgery and ophthalmology

### Planning and service transformation

- A rapid peer review of integrated planning capacity and capability within BCUHB both in terms of IMTP strategic and operational planning
- A rapid peer review of the organisation's approach to developing their IMTP and the associated decision-making mechanisms
- An assessment of whether the health board has access to sufficient planning capacity and capability for strategic planning
- IMTP development process including the triangulation of plans to operational, workforce and financial inputs
- IMTP development stakeholder engagement and input
- IMTP development decision making process and governance

### Financial Governance and Management

- Financial Governance
- Resource Allocation and Utilisation
- The Financial Control Environment
- Maturity of the Finance Function

### Compassionate Leadership and Culture

- Cultural diagnostics
- Leadership development

### Learning from TI Concerns

- Ysbyty Glan Clwyd – clinical safety, governance and leadership
- Ysbyty Glan Clwyd – A+E
- Mental health– all ages



<b>Report title:</b>	Audit Wales Board Effectiveness Review Report			
<b>Report to:</b>	BCUHB Board Meeting			
<b>Date of Meeting:</b>	Thursday, 30 March 2023			
<b>Executive Summary:</b>	The purpose of this report is to enable the Board to receive the Audit Wales Board Effectiveness report 22 <sup>nd</sup> February 2023			
<b>Recommendations:</b>	The Board is asked to : Receive the Auditor General's report in the public interest on board effectiveness			
<b>Executive Lead:</b>	Molly Marcu, Interim Board Secretary			
<b>Report Author:</b>	Molly Marcu, Interim Board Secretary			
<b>Purpose of report:</b>	For Noting <input type="checkbox"/>	For Decision <input checked="" type="checkbox"/>		For Assurance <input type="checkbox"/>
<b>Assurance level:</b>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  High level of confidence/evidence in delivery of existing mechanisms / objectives	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  General confidence/evidence in delivery of existing mechanisms / objectives	Rhannol Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  Some confidence/evidence in delivery of existing mechanisms / objectives	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  No confidence/evidence in delivery
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b> <b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>				
This paper has a partial assurance rating due to the concerns raised around the dysfunctionality of the Board, and its consequent adverse impact on Committee and Board effectiveness, and the consequent adverse impact on performance and delivery.				
<b>Link to Strategic Objective(s):</b>	All			

<b>Regulatory and legal implications</b>	
<b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	N/A
<b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	N/A
<b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	None
<b>Financial implications as a result of implementing the recommendations</b>	None
<b>Workforce implications as a result of implementing the recommendations</b>	None
<b>Feedback, response, and follow up summary following consultation</b>	None
<b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	All
<b>Reason for submission of report to confidential session (where relevant)</b>	Not applicable
<b>Next Steps:</b> The Board will receive a further update on progress against the action plan in May 2023.	
<b>List of Appendices:</b>  Appendix 1 – Audit Wales Board Effectiveness review report	

## 1. Introduction

The Auditor General's report, which is attached at Appendix 1, set out a number of areas for immediate action for the Health Board. Section 3 of this report sets out a progress update on the areas for action identified by the Auditor General .

Welsh Government placed the organisation in special measures on the 28<sup>th</sup> of February 2023.

This decision also took into account lack of traction in addressing significant concerns, some longstanding in nature, with key examples such as the vascular services and YGC ED, which have both been designated as a service requiring significant improvement status, as well as the qualification of the 2021/22 financial statements on a true and fair basis in August 2022.

## 2. Special Measures and impact on response to recommendations

The response to the Auditor General's report will be aligned as necessary with actions identified through the special measures framework.

The Special Measures Framework is part of the Board agenda as a separate item today.

The Health Board is proactively progressing actions whilst working collaboratively with Welsh Government to address areas identified within the special measures framework.

### **3.0 UPDATE ON RECOMMENDATIONS**

The Auditor General's report set out a number actions under three broad themes.

#### **3.1 Responding to independent reviews and investigations**

A Financial Control Action Plan was agreed in November 2022 in response to the Audit Wales ISA260 Report, and progress against this has been reported to the PFIG Committee meetings since then. Now that the EY report has been finalised, the Financial Control Action Plan is being extended to cover the EY report recommendations alongside relevant Internal Audit recommendations and other issues identified by the Interim Executive Director of Finance. This is due to be submitted at the next Audit Committee for assurance.

Elements of the initial action plan have also been reviewed by the Head of Internal Audit in order to inform the structure of the internal audit plan for the 2023/24 period, as part of the three lines of defence assurance structure.

The NHS Counter Fraud Wales investigation has determined that the areas of concern highlighted in the EY Report are more appropriate to being investigated as part of a professional and internal disciplinary process, which will shortly be commencing. At this stage, NHS Counter Fraud Service Wales will not undertake any further investigative work but will maintain a watching brief.

#### **3.2 Rebuilding and strengthening senior leadership capacity**

The main recommendation in this area of the action plan is that pertaining to the recruitment of the Chief Executive, which commenced in late February. The second area is in relation to concerns in relation to the capacity of the finance team.

Since the completion of the Audit Wales review, the Interim Executive Director of Finance has put in place one interim post in order to partially cover lost capacity and provide support for the 2022/23 accounts and audit process as well as proactive work to bolster internal financial controls. Further cover will also be in place in quarter 1 of 2023/24.

The Auditor General's report also called for the use of interim arrangements to cover senior roles in the Health Board to be the subject of critical review. Enhanced financial controls have also been introduced to monitor and maintain oversight in relation to the

appointment of interims, and a process is underway to ensure sustainable resources are put in place.

### **3.3 Building a more cohesive and effective board and the Executive Team**

Whilst specifically not identified as an action, progress is being made to devise a revised Board development plan to foster a more cohesive and conducive unitary Board environment, whilst enhancing skills and capability of the Board.

It is anticipated that the Board development plan will be agreed by the end of April, with a plan in place to commence delivery in the first quarter of the 2023/24 period.

# Betsi Cadwaladr University Health Board – Review of Board Effectiveness

Audit year: 2022-23

Date issued: February 2023

Document reference: 3370A2023

I have prepared this report in accordance with Paragraph 19 of Schedule 8 to the Government of Wales Act 2006, which provides that if I think that it would be in the public interest to bring to the public's attention a matter coming to my notice in the course of an examination of auditable accounts, I may prepare a report on that matter. I am required, as soon as practicable after preparing such a report to lay the report before the National Assembly. In the course of undertaking my audit work at Betsi Cadwaladr University Health Board, I identified certain matters which I think are in the public interest and I am now bringing these to the public's attention through this report.

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at [infoofficer@audit.wales](mailto:infoofficer@audit.wales).

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

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# Summary report

## Introduction

- 1 Through the delivery of our routine audit work at Betsi Cadwaladr University Health Board (the Health Board) we became aware of growing concerns regarding the cohesiveness of the board<sup>1</sup> and working relationships at a senior level. The nature and extent of the concerns have led the Auditor General to undertake an urgent and focused review of the collective effectiveness of the board at Betsi Cadwaladr University Health Board.
- 2 This work was undertaken during December 2022 and January 2023, and drew appropriately on evidence that had already been collected as part of the Auditor General's 2022 structured assessment work at the Health Board. The work was undertaken to help the Auditor General discharge his statutory duty under Section 61 of the Public Audit Wales Act 2004 to satisfy himself that NHS bodies have proper arrangements in place to secure economy, efficiency, and effectiveness in the use of their resources. This report has been prepared solely for the purposes of discharging the Auditor General's statutory functions.
- 3 The focus of the review was to determine the extent to which the board is working effectively and cohesively as a team to discharge its role and functions, including providing the collective leadership that is required to grip the numerous challenges the Health Board is facing.
- 4 This report sets out the findings from our review and identifies the immediate actions we think are necessary to address the concerns our work has identified.
- 5 The report is aimed at those charged with governance at the Health Board but should also be used to inform interventions and support work organised by the Welsh Government as part of the NHS Wales Escalation and Intervention Framework.

## Acknowledgements

- 6 We are grateful to the Health Board for supporting the rapid set up of the review and to the individuals who have made themselves available to speak to our reviewers at what we acknowledge to be a very challenging time for the Health Board.

<sup>1</sup> The term 'Board Members' includes Independent, associate and Executive Team members. The term 'board' represents the collective group of Board members. The term 'Health Board' relates to the entire organisation. 'Executive Team' is a group of the most senior Executive Directors within the Health Board.

## Background

- 7 Whilst the Health Board was de-escalated from Special Measures in November 2020, it remains in Targeted Intervention<sup>2</sup> in five areas:
- Mental Health Services;
  - Strategy, Planning & Performance;
  - Ysbyty Glan Clwyd;
  - Leadership; and
  - Engagement.
- 8 Ysbyty Glan Clwyd was added to these Targeted Intervention areas in June 2022 following significant concerns regarding the hospital's Emergency Department and vascular services. More generally the Health Board has significant performance challenges around aspects of planned care performance and unscheduled care. In addition, the ability to produce an approvable Integrated Medium-Term Plan and a clinical services strategy with detailed underpinning clinical plans remain long-standing challenges for the Health Board.
- 9 In August 2022, the Auditor General's audit of the Health Board's 2021-22 accounts identified significant errors within those accounts. The Health Board was unable to provide sufficient audit evidence to demonstrate the existence of £72 million of expenditure recorded to have been incurred within the accounts but not paid in the year. There was also insufficient evidence to confirm that expenditure of £122 million recorded in the accounts related to the 2021-22 accounting period. The Auditor General therefore placed a "limitation of scope" qualification on the Health Board's accounts. The Auditor General also qualified his regularity opinion on the accounts as a result of the Health Board's inability to demonstrate financial balance over a three-year period, and expenditure and funding in respect of clinicians' pension tax liabilities.
- 10 The Health Board commissioned Ernst and Young to undertake an external review to further explore the cause of the inaccuracies identified in the audit of the Health Board's accounts. As a result of that work, further investigations are now being carried out by NHS Wales Counter Fraud Service.
- 11 The Health Board's substantive Chief Executive left the organisation at the end of October 2022 creating some immediate challenges for the organisation in terms of continuity and stability of Executive Team leadership. Interim Chief Executive arrangements have been put in place ahead of a process to recruit a substantive replacement.
- 12 During November and December 2022, a significant number of disclosures have emanated from within the Health Board raising various concerns about the culture

<sup>2</sup> Targeted Intervention forms part of the NHS Wales Escalation and Intervention Arrangements - [Escalation and Intervention Arrangements for handling serious issues facing NHS Wales \(gov.wales\)](#)

at the top of the organisation and business processes including those associated with the use of interim senior appointments. The disclosures are the subject of an ongoing independent investigation, organised by the Welsh Government.

## Overall conclusions

- 13 Overall, our work has identified a number of concerns which in combination are fundamentally compromising the ability of the board to work effectively and in an integrated manner to address the significant challenges the Health Board faces.
- 14 Central to our concerns are the clear and deep-seated factions that exist within the Executive Team and, to an extent, the wider board. The dysfunctionality within the Executive Team is clearly visible to the Independent Members on the board. This, along with concerns about Executive Team grip on operational challenges and the quality of assurances, has eroded Independent Member trust and confidence in the Executive Team.
- 15 In the face of growing concerns about the inability to address long-standing service performance, quality, and safety challenges there have been examples of very challenging public scrutiny of the executive by some Independent Members. These have adversely affected working relationships and functionality within the board, further embedding divisions between the Executive Team and Independent Members. Board development activities have largely failed to resolve these and other tensions and facilitate more integrated and effective board working.
- 16 Disclosures have been made by members of staff setting out various concerns about business processes and the behaviours of some board members on both the executive and Independent Member side. These are subject to separate ongoing investigations which will need to conclude quickly and clearly given the destabilising effect the disclosures are having on the Executive Team and wider board.
- 17 Continuity of leadership and pace of change has been affected by turnover and portfolio changes within the Executive Team. The organisation again finds itself without a substantive Chief Executive and with a number of other executive posts also currently being occupied on an interim basis. A heavy reliance on interim posts within the wider senior management structure is still evident and points to ongoing difficulties securing the senior leadership capacity that the Health Board needs.
- 18 Urgent action is needed to tackle the concerns set out in this report and to create a board and Executive Team environment that is more cohesive and unified around the significant challenges the organisation faces.
- 19 The findings underpinning the above conclusions and key messages are set out under the following headings.

## Findings

### Working relationships within the Executive Team and wider board

**We found clear and deep-seated fractures within the Executive Team that are preventing that team from working effectively. Concerns about the pace of improvement and quality of assurance from executives have also led some Independent Members, on occasion, to resort to very challenging scrutiny of some executives in public meetings. This has adversely affected working relationships between some Independent Members and some of the Executive Team and is compromising the board's ability to work in a cohesive and collective manner to effectively tackle the considerable challenges the organisation faces.**

**Urgent action is needed to address this and create a board culture that is based on trust, candour, and respectful relationships between the Executive Team and Independent Members.**

- 20 During November and December 2022, Audit Wales, Healthcare Inspectorate Wales, and Welsh Government received in total around 20 disclosures raising workplace concerns from Health Board staff, including some senior members of staff. In the main these focus on concerns around some business processes and the behaviours of some senior leaders within the Health Board. The volume and nature of disclosures point to significant problems with working relationships within the Executive Team and between certain Executive Directors and Independent Members.
- 21 As the disclosures relate to the behaviours of individuals, it is not appropriate for the Auditor General to investigate them directly. A separate process to examine the concerns has been established with the assistance of the Welsh Government, which remains ongoing.
- 22 Our interviews did, however, identify clear and deep-seated fractures within the Health Board's Executive Team. The evidence presented to us points to dysfunctionality and factions within the team, and that the whole team is not united around the interim Chief Executive to collectively tackle the significant challenges facing the Health Board. From what we heard at interviews and have seen in the content of some of the disclosures, we have significant doubt as to whether working relationships within the current team are repairable.
- 23 This dysfunctionality has become increasingly apparent in the way weekly Executive Team meetings are operating. Despite the Health Board having a significant and growing number of challenges to deal with, the scope of Executive Team meeting agendas substantially reduced between October 2022 and mid-January 2023, with varying degrees of engagement from Executive Team members. Meeting agendas have since improved to be more reflective of the challenges the organisation faces, although attendance levels remain patchy. This situation is likely to limit the ability of the Executive Team to provide the unified and

agreed direction which is so urgently required to respond to the challenges the organisation currently faces.

- 24 Whilst there is a clear recognition amongst the board as a whole that urgent action is needed to resolve the challenges the organisation faces, Independent Members in particular have expressed frustration that progress in addressing these has been slow, and also at misleadingly positive assurances they feel they have received from some members of the Executive Team in certain areas.
- 25 The fractures within the Executive Team are clearly visible to Independent Members on the board, which raises concern about the Executive Team's ability to collectively grip the challenges at hand. In contrast, we noted a more obvious cohesiveness within the Independent Member cadre of the board.
- 26 The concerns and frustrations experienced by Independent Members have resulted in some very challenging public scrutiny of Executive Directors by Independent Members. Whilst such challenge is viewed as necessary by some, for others it represents an unhelpful move towards a hostile and inquisitorial board culture with "public shaming" of individuals at board and committee meetings.
- 27 As a consequence of the disclosures made in relation to culture and behaviour, some Independent Members have indicated to us that they now feel wary about challenging poor performance because of the consequences that might follow.
- 28 Given the extent of the problems, it is understandable that several board members we interviewed showed visible signs of emotional distress, giving us concern about their well-being. Urgent action is needed to address this situation.

## **Conduct of business at board and committee meetings, quality of assurances and support for governance arrangements**

**While there is reasonable ongoing administration of meetings, there is an urgent need to address some long-standing concerns around assurance arrangements at board and committee meetings, including ensuring an agreed position on the level of risk the board is prepared to tolerate within the services it delivers. There is also a need to strengthen and stabilise arrangements around the Office of the Board Secretary.**

- 29 The Health Board's board and committee meetings typically demonstrate appropriate "administrative governance" arrangements. Agendas and papers are largely published on time, meetings are routinely quorate and include key administrative tasks such as the review and approval of minutes, review and discussion of actions and matters arising and there is reasonable use of public and private sessions of the committees and the board.
- 30 The Health Board has recently reinstated its 'Chair's Group', which enables cross referral of issues between committees and avoids duplication of work. Whilst committee chairs provide good assurance reports to the board, when committees escalate issues to the board, they need to be clearer on the actions they expect the board to take.

- 31 In the previous section we highlighted some significant concerns about the working relationships within the board including those between independent members and some members of the Executive Team. A number of factors appear to be driving Independent Members' behaviours and their style of scrutiny and challenge:
- Quality of papers presented to the board and its committees:** Independent Members have publicly and repeatedly expressed frustrations about the quality of papers and the fact that the Executive has not been able to rectify this. Through our work we have seen that papers are often too long, sometimes not well summarised, do not always highlight issues clearly enough or what needs to change as a result. The Health Board has now introduced a standard operating procedure to strengthen arrangements but needs to ensure that the necessary improvements are properly implemented and sustained.
- The nature of assurances provided:** We have been made aware of several instances where Independent Members feel that responses and assurances provided by the Executive have either failed to acknowledge the gravity of the issue under scrutiny, have incorrectly provided positive assurance, or have failed to deliver on actions previously agreed at board and committee meetings.
- Executives' knowledge of issues under examination:** Some Independent Members told us that Executive Directors are sometimes under-prepared or under-briefed for meetings and indicated that they gain greater assurance when service representatives also attend meetings. We note that committee meetings are now seeing increasing attendance from service level senior managers, which should help provide direct assurance and, over time, would also enable the senior managers who prepare reports to understand better the expectations of committee members.
- An agreed position on risk tolerance:** Our fieldwork has highlighted concerns around differing levels of tolerance for organisational risks between some of the Executive Team and Independent Members. In a unified and cohesive board there would be a common and agreed approach to risk appetite and the level of service and clinical risks that the board is prepared to tolerate. However, at interviews we heard that in some quarters, the Executive are prepared to 'run with' higher levels of service and clinical risk than Independent Members are prepared to accept.
- 32 Collectively these issues appear to have eroded Independent Members' trust and confidence in the Executive Team's ability to demonstrate the required operational grip on the key challenges facing the organisation. As noted in the previous section such concerns are driving Independent Members to resort at times to very challenging and direct scrutiny of Executive Team members and to also seek increasingly detailed information on operational issues at the expense of devoting time to more strategic discussions.
- 33 The need for Independent Members to receive the assurances they are seeking on key operational challenges is also resulting in additional layers of scrutiny being created in the case of concerns relating to Ysbyty Glan Clwyd (YGC). A "cabinet" arrangement has been put in place to provide assurance to the board on progress

of the work to address Targeted Intervention issues at YGC. This allows direct challenge on the progress being made on the problems at YGC from the Chair and Vice Chair via frequent cabinet meetings. Given the nature of the concerns, close scrutiny is clearly needed. However, the fact that an additional layer of governance over and above the existing Targeted Intervention monitoring arrangements, and board and committee meetings has been deemed necessary demonstrates where the Health Board currently stands in respect of gaining assurance on key operational challenges.

- 34 Another consideration is the medium through which board and committee meetings are currently held. These have been largely undertaken virtually. However, this may not be the most conducive medium in which to tackle difficult and challenging discussions. It also limits opportunities for informal networking and relationship building that would otherwise occur with in-person meetings.
- 35 Positively, the board and its committees routinely receive information on patients' experiences which can help focus or centre discussion around what matters to the people receiving the Health Board's services. However, the board does not routinely hear staff stories, which can provide equally powerful feedback, particularly when there is such significant strain currently on services and staff. Board member walkarounds have now restarted which can be a useful tool to understand how well services are operating and what staff think. Our structured assessment work found that Independent Members welcome the walkaround approach, but they have differing ideas about their purpose, and some felt that some visits had been 'managed' to provide a more positive picture of services and staff views.
- 36 The Office of the Board Secretary has a key role to play in helping the Executive Team and Independent Members navigate their way through the challenges outlined above and elsewhere in this report. However, there have been capacity constraints within that Office over the last twelve months with vacancies and a long-term reliance on interim leadership arrangements. This needs resolving as a matter of urgency and in that regard it is positive to note that a paper setting out new arrangements around the Office of the Board Secretary was approved by the Remuneration and Terms of Service Committee in December 2022.

## **The use of board development activities to support a positive and cohesive board culture.**

**The board has not been able to fully use the most recent programme of board development work to develop the more integrated and effective approach to board working that is urgently needed.**

- 37 The worrying issues flagged in this report appear to have been a long time in the making and the Health Board has sought to use board development activities to help address some of the specific challenges it has faced at board level. The most recent programme of board development work has seen the Health Board engage the King's Fund to deliver a programme of work comprising two contracts undertaken between 2019 and 2022<sup>3</sup>. In November 2022, the King's Fund produced an end of programme review of the board development work setting out its reflections on the programme and the extent to which it had been successful.
- 38 It is interesting to note that the Health Board initially commissioned the King's Fund to run separate workstreams for Independent Member and Executive Team development. The King's Fund themselves noted this was a departure from more traditional approaches to board development that are based more on a whole board approach, and the nature of the King's Fund brief is indicative of the specific challenges that have existed at the board.
- 39 The Executive Team workstream focussed on a need to build a cohesive team and address emerging factions within the team. For Independent Members, the King's Fund focussed on exploring the working relationships with the Executive Team, improving their approaches for holding to account and focusing on collective and individual development. Each phase of the King's Fund work also included whole board workshop sessions alongside the separate Independent Member and Executive Team workstreams.
- 40 As an overall assessment, the King's Fund noted that the board development programme had only been partially successful in promoting effective and integrated working within the board. The Independent Member group presented as cohesive, willing to engage in development and open to reflecting on behaviours and approaches. In contrast, the King's Fund described the Executive Team's engagement as more hesitant, with the Team presenting as 'relatively divided' and trust within the team was generally low.
- 41 It is important to recognise that the board's work with the King's Fund coincided with the significant and unavoidable challenges and pressures brought by the COVID-19 pandemic. This resulted in Executive Team development sessions being necessarily postponed several times. The move to virtual working also created specific challenges for board development working. Nevertheless, other challenges also impacted on the programme's success such as churn and

<sup>3</sup> Contract 1 commenced July 2019 and ended December 2020. Contract 2 commenced July 2021 and ended July 2022.

fractured working relationships within the Executive Team and discontinuity in the Board Secretary role with the latter hampering the board's ability to consolidate agreed actions and align the board development work with other relevant improvement activities.

- 42 Given the investment the Health Board had made in board development, it is both concerning and disappointing that the desired aims of more integrated and effective board working have not been achieved. Interviewees told us that some aspects of the board development work were helpful and informative. But we also heard that some sessions didn't significantly help the board move forward. In addition, we heard that whilst there were good commitments made in some sessions, behaviours returned to type in-between sessions and agreed actions weren't progressed effectively outside of the board development sessions.
- 43 Our current work has shown that many of the concerns that prompted the Health Board to engage the King's Fund are still evident, and in some ways have been further entrenched, indicating that much work is still needed in this space. The King's Fund end of programme reflections, while not perhaps reflecting the views of all participants, are informed and insightful and it is important they are used to guide any further board development that is undertaken.

## **Executive Team and senior management capacity**

**Churn within the Executive Team has been a constant feature in recent years and the Health Board continues to have an over-reliance on interim roles for key posts in the senior management structure. Urgent action is needed to move to a more stable and sustainable senior staffing model, which must include expediting plans to recruit a new substantive Chief Executive and ensuring the necessary backfill arrangements are in place to support the current interim arrangements.**

- 44 Churn within the Executive Team has been a feature in the senior leadership landscape at the Health Board for some considerable time. Since 2019 four different individuals have occupied the Chief Executive role on either a substantive or interim basis, with the current post holder stepping into the interim role for the second time. In the same period there have been four different Medical Directors, five other changes in Executive Team personnel, changes in the role of the Board Secretary and changes to operational portfolios of individual Executive Directors. In addition, the Health Board has recently needed to secure the services of an interim Director of Finance in the wake of the substantive post holder taking leave of absence whilst concerns associated with the 2021-22 accounts are fully investigated.
- 45 The significant churn noted above has created challenges in respect of capacity and continuity of executive leadership and pace of change. It has also, in part, contributed to the Health Board's continued reliance on interim roles within its senior management structure. Whilst this has previously been raised as a cause for concern, the Health Board's use of such posts has grown, linked in part to the

implementation of the Health Board's new operating model. In respect of the latter, we heard concerns about the length of time it has taken to move to implementation and the associated loss of experience and knowledge following staff departures through the voluntary early release scheme and retirement.

- 46 The departure of the substantive Chief Executive, and the interim appointments this has necessitated are creating further immediate challenges in respect of leadership stability and continuity. Some members of the Executive Team who have stepped up into interim roles alongside their substantive roles, are also holding unsustainably large portfolios of responsibilities, which creates risks for the quality and safety of services.
- 47 Currently, the roles of Chief Executive, Deputy Chief Executive, Executive Director of Finance<sup>4</sup> and Executive Director of Therapies and Health Science are all subject to interim arrangements. There is also substantial use of senior agency interims in nearly all service areas where there are substantial ongoing concerns including:
- Chief Operating Officer/Regional Delivery Director (of which there have been several interim appointments over the past three years)
  - Planned care programme improvement
  - Unscheduled care programme improvement
  - Senior posts in the new integrated health community structure
  - Vascular services
  - Mental health services.
- 48 For some of the above roles, the Health Board has sought to bring in specific management consultant type expertise to provide a knowledge and skill set that it may otherwise struggle to attract through substantive recruitment exercises. Bringing temporary specialist expertise in areas such as vascular services is clearly part of a necessary programme of targeted intervention and service recovery. However, the Health Board urgently needs to move to a situation where it is less reliant on interim roles in key organisational leadership posts. During our fieldwork we heard concerns that recruitment is not timely enough and that succession planning and leadership development is not currently effective enough to build the necessary skills from within.
- 49 We were also concerned to hear that the appointment process for some very senior interim appointments has not been fully compliant with Health Board policy. Whilst it is beyond the scope of this review to examine these concerns in detail, the board will need assurance that arrangements covering the appointment of interim posts fully comply with the necessary policy and procurement requirements and that the roles, responsibilities and authorities of such post holders are clearly understood by all parties.

<sup>4</sup> The Health Board appointed an interim Executive Director of Finance in December 2022.

- 50 The recruitment of a substantive Chief Executive with the right skill set to help turn the organisation around is clearly now crucial. However, the Health Board has been slow to set up the recruitment process. Even though the previous substantive Chief Executive announced her intention to depart the organisation at the beginning of September 2022. The final shortlisting for contracting a recruitment partner only occurred in December 2022, and the actual recruitment process will not start in earnest until February 2023. Even allowing for the Christmas period, it is surprising that there was not more urgency in setting up the recruitment process considering that there is typically a lengthy lead in process in getting a new Chief Executive on board. The Health Board must now expedite plans to recruit a substantive Chief Executive as a matter of urgency and we understand that progress is being made on that front.
- 51 We are also concerned about the stability within the Finance Directorate. As a result of our financial audit and the subsequent review by Ernst Young, a number of senior staff in the Finance Directorate have taken a leave of absence. Further work is currently underway by NHS Counter Fraud Service Wales, and this may take time to complete, leaving the senior leadership within the finance team significantly diminished. The Health Board has recently appointed an Interim Executive Director of Finance. The Health Board must act urgently to bolster other senior staff capacity in the Finance Team to mitigate the impact on business continuity. In addition, the Health Board needs to ensure that it effectively responds to the issues arising in our Audit of Accounts report for 2021-22 as part of preparation of the 2022-23 accounts, the findings from the Ernst Young review, and findings from any potential related counter fraud reporting.

## **Performance accountability arrangements**

### **On-going action is needed to ensure accountability arrangements are resulting in the necessary improvements to services and corporate arrangements**

- 52 Our review established that the Health Board's Remuneration and Terms of Service Committee had raised concerns about the setting of objectives for Executive Team members, noting that there was an imbalance of objectives across the team, insufficient focus on outcomes and insufficient links between Executive objectives and corporate priorities. There was also concern around whether the objectives could be used effectively to performance manage under-delivery.
- 53 We understand that progress has been made to address these concerns. Notwithstanding that, this is an area that will need to be kept in close view given that the last 12 months has seen a deterioration in the financial position, deteriorating organisational performance and on-going concerns around quality of services in some specific areas<sup>5</sup>. Accepting that many factors will be contributing to

<sup>5</sup> Noting that the Health Board is currently receiving additional Welsh Government allocation of £82 million per annum as part of targeted intervention funding.

these challenges, the board needs to have assurance that executive level performance accountability approaches, both collectively and individually, are effectively driving the required improvements.

- 54 More broadly, our structured assessment work has indicated that organisational performance accountability arrangements also require strengthening. The Health Board uses accountability meetings as part of its performance management arrangements to oversee progress and provide challenge on performance. There has been inconsistency in the approach and frequency of these meetings over the last 18 months with accountability meetings stood down from November 2021 and, we understand, not reintroduced until June 2022.

## Closing comments and immediate areas for action

- 55 This high-level report describes a deeply worrying degree of dysfunctionality within the board and senior leadership of Betsi Cadwaladr University Health Board. It comes at a time when the Health Board faces unprecedented challenges in relation to demands on its services at the same time as long-standing concerns about the performance, quality and safety of a number of specific services.
- 56 In the context of such challenges the Health Board needs senior leaders on its board and in particular its Executive Team members, to demonstrate a unified and cohesive approach that drives the immediate and longer-term actions that are necessary. This will be essential if the Health Board is to make effective use of the significant sums of strategic funding assistance it has received from Welsh Government as part of a Targeted Intervention framework. Working relationships between Independent Members and the Executive Team need to be built on respect, trust, candour, clear accountability and constructive challenge. They also need to be rooted in clear agreement on the level of risk that the board is prepared to tolerate in respect of the quality and safety of services.
- 57 Currently the board has a long way to go before it can demonstrate the attributes outlined above. Deep seated fractures within the Executive Team need to be resolved and trust rebuilt between the Independent Members and the Executive Team. The recruitment of a substantial Chief Executive with the right skill set and experience is going to be crucial and needs to be expedited along with an approach to senior workforce planning which places much less reliance on interim roles.
- 58 It is doubtful that the Health Board can make the necessary improvements without external intervention and the Welsh Government will need to use the current Escalation and Intervention Framework to support the urgent improvements which are necessary. In doing so, the findings from this review will need to be considered alongside those of other reviews in response to serious concerns, and which may lead to specific actions in their own right.

59 In the section below we set out the key areas where urgent action is needed to address some of the fundamental challenges our work has identified.

## Immediate areas for action

60 A number of immediate areas for action are identified below in **Exhibit 1**.

### Exhibit 1: immediate areas for action

#### Responding to independent reviews and investigations

- Take the necessary action in response to the findings from the investigations into whistleblowing disclosures that relate to Executive Directors and senior management (noting that any actions in respect of concerns about Independent Members would be matters for the Minister).
- Resolve quickly any issues arising from the Ernst Young review.
- Fully support any investigations the National Counter Fraud Service need to undertake in response to the Auditor General's audit of the 2021-22 accounts and the subsequent Ernst Young review.

#### Rebuilding and strengthening senior leadership capacity

- Expedite plans to recruit a substantive Chief Executive Officer as a matter of urgency.
- Critically review the use of interim senior appointments and management consultants with a view to reducing reliance on such appointments within the senior leadership structures.
- Act urgently to bolster senior staff capacity in the Finance Team to mitigate the impact on business continuity.

#### Building a more cohesive and effective board and Executive Team

Take urgent action to create a more collegiate and unified approach to leadership of the organisation, which involves:

- Repairing / addressing the working relationships within the Executive Team.
- Ensuring the Executive Team understand the concerns held by Independent Members over performance and assurances received, including issues relating to the quality of papers presented to the board and its committees.
- Ensuring that Independent Members understand Executive team concerns about the impact of overly robust challenge, with the aim of moving to a 'high support and high challenge' leadership approach.
- Establishing an agreed level of risk appetite and tolerance between Executives and Independent Members.
- Establishing a working environment and culture at board and its committees that promotes transparency and maintains the correct balance between scrutiny,

challenge and support, reflecting the organisation's expected values and behaviours.

- Using appropriate external facilitators and mediators to work through the above issues as part of a wider board development programme which is informed by the King's Fund's reflections on the previous board development programme.
- Aligning Independent Member portfolios to Executive Director portfolios to support information and knowledge sharing.

# Appendix 1

## Audit approach

Exhibit 2 sets out the approach we adopted for delivering our board effectiveness review at the Health Board.

### Exhibit 2: audit approach

Element of audit approach	Description
Observations	<p>We observed meetings of the following:</p> <ul style="list-style-type: none"><li>• The Board, August 2022, November 2022, January 2023.</li><li>• Performance, Finance and Information Governance committee, December 2022, January 2023.</li><li>• Partnerships, People and Population Health committee, January 2023.</li><li>• Quality, Safety and Experience committee, January 2023.</li><li>• Audit Committee, January 2023.</li></ul>
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"><li>• Board and Committee agendas, papers, and minutes.</li><li>• Executive Management Team agendas.</li><li>• King's Fund end of programme review.</li><li>• Reports prepared by the Internal Audit Service, Healthcare Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.</li></ul>

Element of audit approach	Description
Interviews	<p>We interviewed each member of the board individually. This included every Independent Member and Executive Director.</p> <p>In addition, we interviewed the Integrated Health Community Directors for the three regions: east, centre and west.</p>
Structured assessment 2022	<p>We drew appropriately on work already undertaken as part of the Auditor General's 2022 structured assessment at the Health Board.</p>



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We welcome correspondence and telephone calls in Welsh and English.  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Performance Report – Month 11, 2022/23			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 30 March 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>This Report relates to the Month 11, 2022/23.</p> <p>This paper provides Board members with an update of performance against the Board’s Key Performance metrics, the key measures contained within the 2022-23 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in “A Healthier Wales”.</p> <p>Key areas of improvement are identified with actions and mitigations being taken by operational teams detailed in the ‘Exception Reports’ contained within Appendix 1 (IQPR Report) of this paper.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p><i>The Board is asked to:</i></p> <p><i>Review the contents of the report and confirm agreement to any actions proposed, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.</i></p>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Steve Webster, Executive Director of Finance and Performance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Barbara Cummings, Interim Director of Performance			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I’w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				

<b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	The performance measures included in this report are from the NHS Wales Performance Framework 2022-23.
<b>Link to Strategic Objective(s):</b>	
<b>Goblygiadau rheoleiddio a lleol:</b>	
<b>Regulatory and legal implications:</b>	
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>	Do/Naddo N The Report has not been Equality Impact Assessed as it is reporting on actual performance.
<b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>	Do/Naddo N The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance
<b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>	The pandemic has produced a number of risks to the delivery of care across the healthcare system
<b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>	The delivery of the performance indicators contained within the annual plan will have direct and indirect impact on the financial recovery plan of the Board.
<b>Financial implications as a result of implementing the recommendations</b>	
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>	The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on our current and future workforce.
<b>Workforce implications as a result of implementing the recommendations</b>	
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>	This report has been reviewed in parts (narratives) by senior leads across the Health Board and relevant Directors. And the full report has been reviewed by the report author.
<b>Feedback, response, and follow up summary following consultation</b>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	This QP report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement.
<b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	Amherthnasol
<b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>	

**Next Steps:****Implementation of recommendations**

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

**Rhestr o Atodiadau:****List of Appendices:**

Appendix 1 Quality and Performance Report

**HEALTH BOARD  
30 MARCH 2023  
PERFORMANCE REPORT, MONTH 11 – 2022/23**

## **1 Introduction/Background**

This paper provides Board members with a summary of the Board's Performance against the key measures contained within the 2022-23 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in "A Healthier Wales".

The paper will identify areas of performance:

- Subject to enhanced performance recovery or escalation meeting with colleagues in Welsh Government or NHS Wales Delivery Unit.
- Key adverse performance improvement metrics, supplemented by Exception Reports provided by operational management teams and included in the respective sections of the Integrated Quality and Performance Report, provided at Appendix 1 for reference.
- A summary overview of Board performance comparative to overall NHS Wales' performance.

Board members are asked to note the contents of this report and confirm agreement to any actions proposed, or identify any additional assurance work or actions it would request Executive colleagues to take.

For note:

Existing Integrated Performance Reporting arrangements to the Board are subject to current review and work is underway to provide a refreshed approach in line with reporting against 2023/24 operating targets and metrics.

## **2 Monitoring Board Performance**

On 27 February 2023 the Health Minister announced BCUHB would return to Special Measures.

### **2.1 Adverse Performance Concerns**

#### **a) Planned Care**

## ***Elective Care / Waiting List Reduction***

BCUHB undertakes Planned Care Improvement and Recovery Meetings monthly with NHS Wales' Delivery Unit colleagues. These meetings are to review the overall waiting list of the Board and the actions and subsequent progress the Board is making in reducing patient waits in excess of 52 weeks, 104 weeks and 156 weeks wait for appointment or treatment. This is following earlier progress against delivery and recovery milestones failing to be achieved.

The Board did not achieve its revised recovery trajectories for all reduction targets at the end of December 2022. Further revised trajectories were submitted in January 2023.

Against those trajectories the end of March 2023 position is as follows:

Forecasts	End of March 2023				
	>156 Weeks All	>156 Stage 1	>104 Weeks All	>52 Stage 1	>52 Stage All
	Team Forecast	Team Forecast	Team Forecast	Team Forecast	Team Forecast
West	1113	10	2464	3128	9352
Centre	1417	114	3648	4001	13658
East	1523	232	4268	5150	11928
Women's Services	116	0	300	201	1390
<b>Total</b>	<b>4169</b>	<b>356</b>	<b>10680</b>	<b>12480</b>	<b>36328</b>

At the end of February 2023:

- The number of patients waiting in excess of 52 weeks for their 1st OP appointment was 16,413 the lowest number year to date, a reduction of 5,896 since April 2022. BCUHB's waiting list reported 27% of the total number of patients waiting against this measure in Wales in January 2023 (as compared to the BCU population share of 22%).
- The number of patients waiting more than 104 weeks for referral to treatment was 11,011, the lowest number year to date, a reduction of 6,784 since the reported position in April 2022. BCUHB's waiting list reported 28% of the total number of patients waiting in Wales against this measure in January 2023 (again versus 22% of total population).
- The Board is forecast to report circa 356 patients who have waited in excess of 156 weeks for their first OP appointment at the end of March 2023. Specialties in this number include orthodontics, dermatology and ENT. The initial requirement for 2022/23 was the elimination of 156 weeks waits for 1st OP was December 2022 and then extended to March 2023.

### **b) Unscheduled Care**

BCUHB representatives meet fortnightly (individual A&E site separate meetings) with NHS Wales Delivery Unit colleagues in performance recovery meetings.

Performance in February 2023 against the 4 hour AE/MIU target was 72%. April 2021 was the last time the BCUHB delivered performance against this metric of over 70%. Latest benchmarking (Feb 23) places BCUHB 4th in terms of relative performance across all Wales Health Boards.

4 hour performance for those not admitted following A&E attendance continues to improve following improvement work undertaken. However, 4 hour performance for patients who are subsequently admitted continues to require further improvement.

Other key performance metrics:

- Ambulance handovers in excess of 12 hours continue at high levels – with 2,064 being reported in February 2023, the number being 27% of the total number reported across all Wales.
- Patients experiencing an ambulance handover wait of over an hour in February 2023 was 1,646. The average monthly number reported varies from a high of 2,125 in December 2022 to the number reported in February 2023 (1,646)
- Median times from arrival to triage by a clinician are on a downward trend – the reported position for February 2023 being 24 minutes, the 2<sup>nd</sup> lowest median in 2022/23 YTD. The highest reported monthly median was 43 minutes in April 2022.
- Median times from arrival to assessment by a senior clinical decision maker is on a downward trend – the reported position for February being 109 minutes, the second lowest median in 2022/23 to date. The highest reported performance was 188 minutes for April 2022.

### c) Stroke Services

The percentage of stroke patients directly admitted to an Acute Stroke Unit within 4 hours of clock start remains consistent for the past quarter at 29.3% - the target is 40%. This is an improvement on the same period 12 months ago when performance was as low as 14%.

Current challenges include:

- Winter pressures – Emergency Departments were at capacity affecting diverse specialisms including stroke;
- Staffing was challenged due to the level of sickness, winter pressures and the impact of industrial action. In addition, there are ongoing challenges in recruiting to some specialist posts, particularly in speech and language therapy. This reflects a national trend;
- Infection Prevention Control (IPC) and closure of areas across all sites.
- Thrombectomy levels are low
- Decision-making and transfer of patients (6 hour window) to Walton is being missed due to Ambulance pressure (Amber 1) and long waits in EDs;
- There is a greater challenge in West IHC, (geography).

A pan BCUHB wide Stroke Improvement Programme – supported in 2022/23 via business case approved funding – is in place with phase 2 improvement work scheduled to commence in 2023/24.

### d) Diagnostic Waits

At the end of February 2023:

- The total number of patients in excess of the 8 week target waiting for their specified diagnostic is 8,057, a slight improvement (-111) on the position reported in April 2022. Performance against the 8 week target by diagnostic service type is provided below:
  - Endoscopy is not currently meeting the 8 week target. However, the overall over 8 week diagnostic endoscopy position continues to improve and has reduced by 640 patients since the beginning of the year (April 22), now reporting at 1,683. Competing challenges to this continue due to surveillance patients and an increase in urgent suspected cancer (USC) demand. Additionally, there are Estate risks to decontamination services that need to be addressed.

- The total number of patients waiting in excess of 8 weeks for a radiological diagnostic test (MRI/CT/Non-Obstetric Ultrasound) is 4,231. Significant insourcing resources (scanners and staff) on all DGH sites are operating at close to maximum levels to meet the increasing demand on the service, along with flexing staff between modalities wherever possible. Similarly, patients are offered appointments across DGH sites to minimise individual waiting times.
- Waits for cardiology diagnostic tests - the longest waits are for echocardiograms, and we have 1,095 patients breaching 8 weeks, with the longest wait being 42 weeks.

#### **e) Cancer**

BCUHB representatives meet monthly in Performance and Escalation Meetings with Welsh Government representatives.

Performance has been consistent at approximately 60% to 62% of patients treated within 62 days of suspicion of cancer for 5 of the last 6 months. This compares with all Wales performance of 52% to 55% for the same period. The national recovery target is 80% by 2026. Key specialties with significant challenges are urology, skin and UGI/LGI.

The number of patients joining the suspected cancer pathway remains significantly higher than pre-COVID levels with an average of 3,466 USC (urgent suspected cancer) GP referrals per month in 2022 compared with a pre-COVID average of 2,352 per month. As a result, less than half of USC patients are seen within 10 days of referral. Diagnostic capacity pressures remain, specifically for endoscopy and prostate biopsies

#### **f) Out-Patient Follow-Up Appointments**

At the end of February 2023 there were 77,334 patients whose follow-up appointment had been delayed since their clinical due date by 100%. Latest benchmarking information (Jan 23) indicates BCUHB numbers are 32% of the total volume of such waits across Wales.

A programme of work on redesign of OP pathways to introduce Patient Initiated Follow-Up and other initiatives is underway.

#### **g) Ophthalmology**

The % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date for February 2023 is 50.6% against a national target of 95%. The highest in year performance was 54.5% in August 2022. Latest benchmarking (Jan 23) reports the Trust's performance as 7<sup>th</sup> across all Wales Health Boards.

Redesign of current pathways and outsourcing of activity are actions being taken to mitigate clinical risk.

#### **h) Mental Health & Learning Disability (Adult) Services**

BCUHB representatives meet Welsh Government colleagues monthly in Enhanced Performance Support meetings. Recovery trajectories are in place for 4 metrics, to achieve 80% for each metric.

The latest performance for January 2023:

- The percentage of mental health assessments undertaken within 28 days of receipt of referral - whilst performance is down in month to 65.48% it is in line with the recovery trajectory (clearing backlog of longer waits will result in expected poorer performance figures).
- The percentage of therapeutic interventions started within 28 days following an assessment – performance has dropped slightly below trajectory at 72.4%.
- The percentage of patients waiting less than 26 weeks to start psychological therapy remains above the target level at 80.3%
- The percentage of health board residents in receipt of secondary care services who have a valid care and treatment plan remains above target level at 83.6%.

#### **i) Children and Adolescent Mental Health Services (CAMHS)**

BCUHB representatives meet monthly Welsh Government colleagues in Enhanced Performance Support meetings.

Latest performance for January 2023:

- The percentage of mental health assessment undertaken within 28 days of receipt of referral – 41.7% slightly below the expected improvement trajectory. Additional capacity was put in place during February to recover the position and meet the improvement trajectory for full compliance with Part 1a by end of March 2023. There is a reduction in overall numbers waiting over 28 days by 37% from previous month, with an ongoing reduction trend.
- The percentage of therapeutic interventions started within 28 days following an assessment in January was 17.9% which is slightly below the expected improvement trajectory. This is still on track for delivery end September 2023. There is a reduction in overall numbers waiting over 28 days by 35% from the previous month.

#### **j) Children’s Neurodevelopment Service(ND Service)**

The overall waiting list stands at 2,820, with 1,951 waiting over 26 weeks. Since October 2022 we have seen a decline in performance within the ND Service. The service has had a 41% year to date increase in referrals and demand significantly outweighs capacity. Similar pressures have been seen pan Wales.

The percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment reported in January 2023 is 31% against an 80% target.

The service is working to develop a recovery plan which includes service pathway redesign. However there are significant workforce and provider (external contractor) challenges as well as increased service spatial requirement.

### **3 Benchmarking Information (All Wales)**

Latest data indicating the Board’s relative performance when compared to other Health Boards within Wales can be found against the metrics contained within *Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.*

Aim 2 has **40** indicators where the latest data – either January 2023 (28 indicators) or February 2023 (12 indicators) is currently available.

Of the **40** indicators ranked against all Welsh Health Board's, BCUHB ranked in the 'top 3' for 23%, and ranked in the 'bottom 2' for 42% of metrics assessed.

<b>Rank 1</b>	4 measures
<b>Rank 2</b>	1 measure
<b>Rank 3</b>	4 measures
<b>Rank 4</b>	7 measures
<b>Rank 5</b>	7 measures
<b>Rank 6</b>	7 measures
<b>Rank 7</b>	10 measures

#### **4 Recommendation**

Board members are asked to note the contents of this report and confirm agreement to actions proposed (including within the Exception /reports in Appendix 1), and identify any additional assurance work or actions it would like Executive colleagues to take.



# Quality and Performance Report Health Board



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Betsi Cadwaladr  
University Health Board

Performance to February 28<sup>th</sup>  
2023  
Presented on 30<sup>th</sup> March  
2023



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# Chapter 1

## Quadruple Aim 2:

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



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- 1a: Primary and Community Care



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# Measures: Primary & Community Care

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	
QA 2	Primary & Community Care	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Quarterly	As outlined in Health Board's Six Goals Programme Plan	6		1	1	2	2	2	3	3	6	6	Await Data		
QA 2	Primary & Community Care	Number of new patients (children aged under 18 years) accessing NHS dental services	Quarterly	4 quarter improvement trend	3,934	New Measure for 2022-23									2,154	3,244	3,934	
QA 2	Primary & Community Care	Number of new patients (adults aged 18 years and over) accessing NHS dental services	Quarterly	4 quarter improvement trend	6,065	New Measure for 2022-23									3,481	4,803	6,065	
QA 2	Primary & Community Care	Number of existing patients accessing NHS dental services	Quarterly	4 quarter improvement trend	35,057	New Measure for 2022-23									34,224	37,726	35,057	

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	2019-20	2020-21	2021-22	2022-23	2023-24
QA 2	Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	Annually	100%	77.1%	41.6%	59.8%	77.1%		

- 1b: Urgent and  
Emergency Care



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# Measures: Urgent & Emergency Care Page

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
QA 2	Urgent & Emergency Care	Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	Monthly	90%	72.0%	68.7%	69.1%	72.8%	64.5%	Data not available			66.0%	59.0%	72.0%	Await Data	
QA 2	Urgent & Emergency Care	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patients clock start time	Monthly	Most recent SSNAP UK Qtr mean (40.9%)	29.3%	10.6%	13.6%	27.2%	38.3%	32.4%	21.9%	14.7%	27.5%	25.9%	29.3%	Await Data	
QA 2	Urgent & Emergency Care	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	Monthly	95%	72.0%	54.9%	59.8%	61.8%	58.4%	60.7%	62.9%	61.9%	64.1%	58.8%	68.5%	72.0%	
QA 2	Urgent & Emergency Care	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Monthly	0	2064	3,584	3,249	3,124	3,462	3,507	3,106	3,178	2,802	3,384	2,302	2,064	
QA 2	Urgent & Emergency Care	Median time (minutes) from arrival at an emergency department to triage by a clinician	Monthly	12 month reduction trend	24	43	37	34	34	27	28	27	26	32	22	24	
QA 2	Urgent & Emergency Care	Median time (minutes) from arrival at an emergency department to assessment by a senior clinical decision maker	Monthly	12 month reduction trend	109	188	177	154	175	166	143	142	135	155	93	109	
QA 2	Urgent & Emergency Care	Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	Monthly	12 month improvement trend	65.8%	72.4%	71.1%	69.3%	68.7%	67.2%	66.2%	65.8%	Awaiting Data				
QA 2	Urgent & Emergency Care	Percentage of stroke patients who receive mechanical thrombectomy	Monthly	10%	0.0%	0.0%	5.9%	1.9%	0.0%	0.0%	3.0%	2.5%	1.0%	0.0%	0.0%	Await Data	
QA 2	Urgent & Emergency Care	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Monthly	65%	53.2%	46.2%	49.7%	45.6%	42.9%	46.2%	45.5%	45.0%	44.8%	37.7%	53.2%	Await Data	
QA 2	Urgent & Emergency Care	Number of ambulance patient handovers over 1 hour	Monthly	0	1646	1749	1884	1932	2037	1898	1908	2027	1871	2125	1646	Await Data	
QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23
QA 2	Urgent & Emergency Care	Percentage of total conveyances taken to a service other than a Type One Emergency Department	Quarterly	4 quarter improvement trend	1.96%	2.08%	2.56%	2.10%	1.95%	2.20%	2.20%	2.04%	2.15%	2.28%	2.70%	1.96%	

## Performance

Demonstrate that you understand the trend in activity and performance.

The 4 hour performance has remained on trajectory in line with agreed Delivery Unit requirements when the benchmarking was completed. April 2021 was the last month BCUHB met >70%. The 4 hour performance for those not admitted continues to improve which is supporting the improvement.

Ambulance lost hours remain excessive and are clearly linked to demand outstripping capacity, along with clinical safety plan escalation resulting in vehicles being off loaded out of order to support immediate releases.

An increase in infectious conditions has resulted in numerous bed closures pan BCUHB that is impacting on flow that is reducing performance improvement.

## Actions to address under performance

These need to be intelligent and believable, e.g. provide supporting evidence (attach evidence) or at least reference other work and documents that contain the plan and details that support your actions. Please include a forecast – even if this has margins of error and/or is a work in progress.

4 hr Performance – On going work through the 6 goals for urgent and emergency care programme will be supporting a continuous improvement on 4hr and 12hr performance over the next 18 months. Goal 1-3 will support a reduction in ED attendances by utilizing care closer to home, and alternative pathways. Goal 4 will be supporting actions on escalation through ED full protocols and Hospital full protocols, alongside utilising an electronic Opel dashboard that supports de-escalation, Goals 5 and 6 will support an improvement on LoS/ MFFD that in turn will improve flow. These in turn will assist with 4hr / 12hr and ambulance lost hours over the next 12-18 months.

Ambulance handovers – Integrated Commissioning action plan (ICAP) is being developed in conjunction with WAST to support an improved trajectory for ambulance handover delays to develop an achievable trajectory for improvement

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

#### Measure: ED/MIU 4 Hour Waits

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
95%	54.9%	59.8%	61.8%	58.4%	60.7%	62.9%	61.9%	64.1%	58.8%	68.5%	72.0%	

#### Measure: Patient ambulance handovers over 1 hour

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0	1749	1884	1932	2037	1898	1908	2027	1871	2125	1646	Await Data	

## Risks and Mitigations

- 1) Risks – Medically fit for discharge delays (MFFD) increasing.
- 2) Increased infectious conditions resulting in loss of beds.
- 3) Reduction in care home capacity.
- 4) Ineffective sign posting for patients.

- 1) Mitigation - Daily check and challenge through BCUHB Conference calls and local IHC
- 2) Mitigation - Ongoing daily reviews of IPC
- 3) Mitigation – HSSG / RPB discussions ongoing.
- 4) Mitigation – Goal 2 Signposting commenced.

## Performance

Percentage of patients directly admitted to ASU within 4 hours of clock start remains consistent for the past quarter, the expected target is 40%. The incidence reflects an improvement on the same period 12 months ago, 14%, during the summer we achieved 39% by comparison. Current challenges:

- Winter pressures – Emergency Departments (EDs) were at capacity affecting diverse specialisms including stroke;
- Staffing was challenged due to the level of sickness, the winter pressures and the impact of industrial action. In addition, there are ongoing challenges in recruiting some specialist posts, particularly in speech and language therapy, this reflects a national trend;
- Infection Prevention Control (IPC) and closure of areas across all sites.

Thrombectomy levels are low and remains consistent.

- Decision-making and transfer of patients (6 hour window) to Walton is being missed due to Ambulance pressure (Amber 1) and long waits in EDs,. Greater challenge with West IHC, (geography).

## Actions to address under performance

1. Phase 1 of the Stroke Service Improvement programme is drawing to a close.:

- Stroke Inpatient Rehabilitation centre and an Early Supported Discharge service in each IHC, embedding and are operational as of February.
- Staffing challenges in the new service all specialities,
- staff morale has been positive, training, refurbished accommodation and newly approved SOPs and Pathway (CEG, Feb. '23) for the services are being adopted across the region.
- The Business Case (BC), approved in May 2021, forecast an improvement in the rate of patients admitted to ASU within 4 hours, rising to a projected 56% in Year 1 of implementation, i.e. by end of 2023/24.
- A Preventative workstream has undertaken pilots to identify and respond to cases of Atrial Fibrillation in Primary care. Additional specialist nurses are being recruited per IHC to provide education and support to roll out improved screening and treatment regimes for these patients. The business case posited a reduction of 5% in the incidence of stroke.

2. Performance review by IHC (accountability) and regionally (SRO);

- Daily huddles including assessment of thrombolysis capacity and ring-fencing of stroke beds; reiteration of Pathways including the Thrombectomy Pathway with clinical teams. Direct to CT pathway work continuing
- Radiology action planning is in progress, building on a Delivery Unit review across Wales
- Artificial Intelligence using **Brainomix** software will be implemented by Q2 to improve decision-making for Radiology and Stroke Clinicians, and is an enabler for decision-making on Thrombectomy referral in particular.

3. Phase 2 Stroke programme started

Although not included in this report, the implementation of Early Supported Discharge will automatically influence improvements in Quality Improvement Measures (QIMs) for Wales.

## Supporting very high-level Data

(see appendix for all related NHS PF Measures)

### Measure: Stroke unit 4 hour direct admissions

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Most recent SSNAP UK Qtr mean (40.9%)	10.6%	13.6%	27.2%	38.3%	32.4%	21.9%	14.7%	27.5%	25.9%	29.3%	Await data	

### Measure: % of stroke patients who receive mechanical thrombectomy

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
10%	0.0%	5.9%	1.9%	0.0%	0.0%	3.0%	2.5%	1.0%	0.0%	0.0%	Await data	

## Risks and Mitigations

1. Recruitment of the full team, ongoing. The risk that services will not achieve the forecast improvements in the critical measures if the Therapy Services teams cannot be at full capacity. Mitigation is ongoing as the 3 IHC Therapy Directors and their teams continue to work closely with Recruitment to progress this
2. The BC for stroke did not include funding for Pharmacy or Nursing to meet national NICE and CNO staffing standards for stroke rehabilitation. This formed a 2022 IMTP submission and was subject of a paper to EMG meeting of 3<sup>rd</sup>. August 2022. Whilst it is recognised that resources are challenging and must be prioritised, the lack of funding for these skilled staff could have implications for patient outcomes. This will be progressed as part of the "Phase 2" business case. In the interim, IHCs have been asked to call out their respective staffing risks as Phase 1 of the programme is closed.
3. Continued risk to performance due to site pressures and IPC

- 1c: Elective and Planned Care



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University Health Board



# Measures: Elective Planned Care page

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
QA 2	Elective & Planned Care	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Monthly	Improvement trajectory towards a national target of 80% by 2026	59.8%	67.2%	62.3%	63.3%	66.1%	61.7%	61.8%	62.3%	59.6%	64.8%	59.8%	Await Data	
QA 2	Elective & Planned Care	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Monthly	Improvement trajectory towards a national target of zero by Spring 2024	2,136	2,667	2,563	2,463	2,306	2,260	2,250	1,964	1,745	1,995	2,093	2,136	
QA 2	Elective & Planned Care	Number of patients waiting more than 8 weeks for a specified diagnostic	Monthly	0	8,057	8,168	8,761	8,848	9,078	9,776	9,464	8,068	8,034	9,377	9,333	8,057	
QA 2	Elective & Planned Care	Number of patients waiting more than 14 weeks for a specified therapy	Monthly	12 month reduction trend towards zero by spring 2024	2,663	6,364	6,682	6,602	6,151	5,837	5,450	5,087	4,271	3,651	2,387	2,663	
QA 2	Elective & Planned Care	Number of patients waiting over 52 weeks for a new outpatient appointment	Monthly	Improvement trajectory towards eliminating over 52 weeks by 31.12.22	15,423	24,223	24,405	24,641	25,379	26,515	26,475	25,419	23,704	21,606	18,327	15,423	
QA 2	Elective & Planned Care	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Monthly	Improvement trajectory towards a reduction of 30% by 31.03.23 against a baseline of 31.03.21	77,334	55,708	56,714	59,128	61,480	64,371	63,286	64,927	65,834	70,082	75,926	77,334	
QA 2	Elective & Planned Care	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Monthly	95%	50.6%	47.4%	50.0%	54.0%	54.0%	54.5%	52.2%	52.5%	51.0%	55.2%	49.4%	50.6%	
QA 2	Elective & Planned Care	Number of patients waiting more than 104 weeks for referral to treatment	Monthly	Improvement trajectory towards a national target of zero by 2024	11,011	17,795	16,824	15,943	15,301	15,392	14,677	13,922	12,947	12,667	12,012	11,011	
QA 2	Elective & Planned Care	Number of patients waiting more than 36 weeks for referral to treatment	Monthly	Improvement trajectory towards a national target of zero by 2026	62,045	61,685	62,866	63,273	64,871	65,959	64,788	64,070	63,356	62,626	62,728	62,045	
QA 2	Elective & Planned Care	Percentage of patients waiting less than 26 weeks for referral to treatment	Monthly	Improvement trajectory towards a national target of 95% by 2026	54.8%	50.5%	50.8%	47.0%	54.0%	46.6%	46.9%	53.4%	53.7%	52.7%	53.0%	54.8%	

## Performance

Against the RTT standards, Planned Care has been focusing on the longest waiting patients on an Open pathway and monitoring this trend against the ministerial priorities. The number of patients waiting have reduced to the current position – early March 2023, unvalidated)

Stage 1 >52 Weeks position is 16,667 (April 2022 – 53,439)

All Stages >104 Weeks position is 13,113 (April 2022 - 40,971)

All Stages >156 Weeks position is 5,241 (April 2022 – 17,934)

## Actions to address under performance

An initial trajectory against the above ministerial priorities was completed, with forecasts developed. Planned Care have been monitored against these forecasts by Welsh Government and NHS Wales on a monthly basis.

Continued Actions include;

- Outpatient Programme
- Additional Capacity through internal mechanisms and working with alternative providers.
- Robust Performance Management linked to the Accountability framework.
- Forecasted position against the ministerial priorities;

Stage 1 >52 Weeks position is 13,480

All Stages >104 Weeks position is 10,379

## Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** No. of patients waiting more than 36 wks for referral to treatment

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Improvement trajectory towards a national target of zero by 2026	61685	62866	63273	64871	65959	64788	64070	63356	62626	62728	62045	

## Risks and Mitigations

- Risk: Patients – Continue to wait, whilst their condition deteriorates, mitigation – additional capacity being secured for patients to be seen and treated
- Risk: Staffing – PAAR Rate continuing post 1<sup>st</sup> April, mitigation – Insourcing/Outsourcing

## Performance

As of end of February 23, the current uptake of these pathways in the 10 priority pathways across BCU has increased from 5.8% (in November 22) to now 9%. This is a significant increase from 2.4% in January 2022

However due to winter pressures, industrial action and staffing issues and less progress made against the Outpatient transformation programme of work in introducing Patient Initiated Follow-ups and See on Symptoms the overdue patients has increased in year from circa 55k to over 77k in February 2023.

## Actions to address under performance

We are on boarding pathways across many specialties such as See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU). Planned Care have presented the use of SOS/PIFU pathways at BCU Regional Treatment Centre workshops to support with spread and adoption. Planned care is also increasing the virtual follow-up's (telephone/video consultations) with 23,117 patients attended a video consultation with 42 different specialties having this available with more coming on-board towards the end of the Financial Year. Video Group Clinics are also being implemented and rolled out across 10 specialty areas as per Welsh Government.

Dashboards have been created to work in collaboration with specialties so performance and uptake can be reviewed on a daily basis.

Internal and external updates are now live on the Betsi Internet and Intranet pages to support patients and staff with learning more about these initiatives.

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** No. of patients waiting over 52 wks for a new outpatient appointment

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Improvement trajectory towards eliminating over 52 weeks by 31.12.22	24223	24405	24641	25379	26515	26475	25419	23704	21606	18327	Await Data	

**Measure:** No. of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Improvement trajectory towards a reduction of 30% May 2023 as required in direction of 3.10.23-24	55708	56714	59128	61480	64371	63286	64927	65834	70082	75926	77334	

## Risks and Mitigations

Risks include: Engagement from a clinical and patient perspective. For example, will clinicians utilise SOS and PIFU pathway, will clinicians utilise the virtual means of appointments effectively to support with FUP waiting lists.

We have a robust communications strategy for spread and adoption for this programme of work.

## Performance

Performance has been consistent at approximately 60 to 62% of patients treated within 62 days of suspicion of cancer for 5 of the last 6 months. This compares with all Wales performance of 52 to 55% for the same period

The number of patients joining the suspected cancer pathway remains significantly higher than pre-COVID levels with an average of 3,466 USC (urgent suspected cancer) GP referrals per month in 2022 compared with a pre-COVID average of 2,352 per month. As a result less than half of USC patients are seen within 10 days of referral.

Diagnostic capacity pressures remain, specifically for endoscopy and prostate biopsies

## Actions to address under performance

Rebalancing of capacity to increase the percentage of USC patients seen within 10 days of referral – performance against this internal measure is reviewed each week at the corporate Performance and Access meeting

Increased diagnostic capacity through implementation of the endoscopy business case (see separate endoscopy report) and increased prostate biopsy capacity. Capacity for 87 additional prostate biopsies created in February and March 2023 and a new nurse led list will commence in East from April 2023

Improvement work to streamline cancer pathways continues including:

- One stop neck lump clinic in Central has reduced time to diagnosis by 14 days; to be extended to East and West in Q1 2023/24 dependent upon securing ENT surgeon capacity
- Straight to scan pathway to be implemented on prostate pathway in Q1 2023/24 following recruitment to co-ordinator posts

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** % of patients starting their first definitive cancer treatment within 62 days from point of suspicion

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Improvement trajectory towards a national target of 80% by 2026	67.2%	62.3%	63.3%	66.1%	61.7%	61.8%	62.3%	59.6%	64.8%	59.8%	Await data	

## Risks and Mitigations

Cancer Partnership Board (clinical lead posts) remains unfunded from April 2023 onwards leading to a risk of losing momentum on pathway improvement work. Funding bid submitted as part of annual planning process

Clinical oncology consultant vacancies partially mitigated with locums and new substantive consultant to commence in Q2 2023/24. Discussions ongoing with external providers in North West England to ensure continuity of service.

## Performance

Radiology: Health Board weekend insourcing (through SHS) has led to total increase in demand of 1482 requests since late December 2022 as follows: CT 222; MRI 242; Ultrasound 499; X-ray 507; Others 112. In spite of this, the performance trend for Radiology waiting times has improved in February 2023. The number of patients waiting over 8 weeks for radiology diagnostics has reduced in the three main modalities as follows: CT 122 (-38); MRI 1343 (-363); Ultrasound 2766 (-735).

The performance trend for Neurophysiology waiting times has slightly deteriorated in February 2023. : The number of patients waiting over 8 weeks is 791, an increase of 40 from the end of January 2023 position. There are 594 consultant-led EMG breaches (+40) and 197 physiologist-led NCS breaches (no change).

### Radiology waiting times @ 27.02.2023

Modality	Time Bands					Grand Total
	0-7	8-15	16-23	24-32	>32	
CT	1584	79	32	9	2	1706
MRI	2104	929	361	35	18	3447
Non-Obstetric Ultrasound	5634	1972	751	25	18	8400
<b>Grand Total</b>	<b>9322</b>	<b>2980</b>	<b>1144</b>	<b>69</b>	<b>38</b>	<b>13553</b>

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

Measure: No. of patients waiting over 8 weeks for a diagnostic

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0	8168	8761	8848	9078	9776	9464	8068	8034	9377	9333	8057	

## Actions to address under performance

Radiology is managed entirely as a pan-North Wales service. Significant insourcing resources (scanners and staff) on all DGH sites are operating at close to maximum levels to meet the increasing demand on the service, along with flexing staff between modalities wherever possible. Similarly, patients are offered appointments across DGH sites to minimise individual waiting times. Modelling / forecasting indicates that these additional insourcing resources as a minimum will need to be maintained throughout 2023-24 (along with likely further mitigations) to meet increasing demand and reduce waiting times to 8 weeks by the end of March 2024. Accordingly, an IMTP proposal has been submitted, with renewal of insourcing contracts the immediate priority.

Neurophysiology: Physiologist staffing levels remain the primary concern. A locum has recently been secured, with recruitment to the two vacant posts progressing. Wrexham accommodation works have been completed with handover of dedicated clinical space to neurophysiology during March 2023. With space secured, a tender for insourced staffing support will now commence. Coupled with locum and likely new appointments, these actions will create additional capacity to clear the backlog in 2023-24 and meet likely pent up demand.

## Risks and Mitigations

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

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

## Performance

Endoscopy are not currently meeting the 8 week target however, the overall over 8 week diagnostic endoscopy position continues to improve and has reduced by 640 patients since the beginning of the year (April 22), now reporting at 2,136.

Competing challenges to this continues due to surveillance patients and an increase in urgent suspected cancer (USC) demand.

## Actions to address under performance

- Insourcing continues as a short/medium term solution to provide weekend activity, this will be phased out as substantive appointments are made to provide a sustainable 7 day endoscopy service.
- The business case for a new endoscopy management system was approved and work is well underway with a go live date of 5<sup>th</sup> April 2023, this system will provide a single BCU endoscopy waiting list, with a dedicated booking process. An improved level of performance reporting will be available as part of this system.
- Productivity and efficiency measures are being captured in support of our start and finish times, utilisation of lists, cancellation rates and our booked number versus what was achieved.
- Validation of waiting lists continues.
- Work ongoing to improve pathways and referral criteria.
- Demand and capacity modelling

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

#### Measure: No. of patients waiting over 8 weeks for a diagnostic

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0	8168	8761	8848	9078	9776	9464	8068	8034	9377	9333	8057	

#### Measure: No. of patients waiting over 8 weeks for a diagnostic endoscopy

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Improvement trajectory towards a national target of zero by Spring 2024	2667	2563	2463	2306	2260	2250	1964	1745	1996	2097	2136	

## Risks and Mitigations

### Risks

- There are estates risks in relation to decontamination facilities on two of our sites.
- Remaining posts as part of the endoscopy business case need final approval to ensure a 7 day in-house model can be achieved.

### Mitigations

- Solutions identified for decontamination services, capital investment required.
- Continuation of insourcing required as a phased approach to ensure weekend activity continues until substantive recruitment is completed.

## Performance

We are unable to achieve the eight-week diagnostic target based on the current mismatch in capacity and demand. Cardiac Physiology is a known area of challenge nationally due to workforce shortages, which means we have held vacancies and have long-term sickness. In the last 12-months across North Wales we have been reducing the post-COVID backlog through additional lists and pan BCU working capacity.

Outsourcing of heart rhythm monitoring ended in April 2022, which was capacity releasing to free up cardiac physiologists to deliver other diagnostics. The longest waits are for echocardiograms, and we have 1095 patients breaching, with the longest wait being 42 weeks. This is a highly specialised diagnostic and requires additional accreditation.

## Actions to address under performance

- The service is undergoing demand and capacity modelling for future service provision
- We are expanding our Physiologist led pathways in both community and secondary care
- Additional waiting lists sessions are ongoing across all sites
- Short-term utilisation of locum staff
- The implementation of the heart failure business case will support several areas of the pathway
- Ongoing education with colleagues on appropriate diagnostics usage for patients pathways

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

#### Measure: tbc

No national measure here – being developed locally

## Risks and Mitigations

### Risk-

- A continued increase in referrals for cardiac diagnostics and this delays timely assessment
- Known national workforce recruitment challenges and no funding agreed to over recruit to fill all-Wales cardiac physiology plan

### Mitigation-

- Ongoing pathway work with the introduction of NT-proBNP blood test to ensure appropriate ordering of echocardiograms
- Ongoing additional lists to meet the demand continue till end of March 2023
- Booking guided by clinical need

## Performance

- A. Capacity-Gaps (Unplanned Leave and Vacancies) trends BCU and Primary partners (↓ ≤20%)
- B. Data Completeness and quality modelling/forecasting/planning/delivery and performance modelling impacts.
- C. ↓ Resources (staffing and estates) impact on capacity to deliver performance.
- D. National Digital programme “Go Live” delay. (Key enabler of performance improvement) delay.
- E. Clinical and Operational Leadership impact on leadership for change planning and delivery of pathways that deliver performance improvement

## Actions to address under performance

- A. Ophthalmology Teams progressing 100% Pre-Covid capacity delivery plans. Integrated Teams progressing Transformational pathway delivery.
- B. Ophthalmology Area Teams to redress Clinical Condition data gaps to tolerance of ≤300 null entries by close of November 2022. Target reset to April 2023 due to Administration capacity gaps. (Report attached)
- C. Capacity recovery from Cataract Outsourcing (600 Routine Patients/month) and site action to deliver of ≥5 complex patients/theatre session “initial phase” target
- D. Expand BCU Digital pre-mobilisation to include Glaucoma and Cataract: to ensure Go Live readiness when National Programme functional. BCU Digital Team to test concept/implement “interim” Local Solution for Optometry Diagnostic Integrated Pathways
- E. BCU Medical Directors Office progressing Clinical Lead recruitment and role review solutions.

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
95%	47.4%	50.0%	54.0%	54.0%	54.5%	52.2%	52.5%	51.0%	55.2%	49.4%	50.6%	

## Risks and Mitigations

### Organisational and Service User Risks from delayed access to care from:-

- A. Clinician capacity gaps. **Mitigation:** \*Expanded number of Primary Care partners to close of March 2023. Network Gap Analysis against National Pathways to inform options.
- B. Admin capacity impact on data redress and Pathway delivery. Mitigation: Fixed term posts pending option-appraisal.
- C. Estates impact on theatre utilisation. Mitigation: Longer-term Regional Treatment Centres (2028). Interim: Outsourcing
- D. Delayed Integrated Pathway delivery with Primary Care Optometry. Mitigation: Interim local Digital solutions Q4, 2022
- E. Reduced engagement and delivery. Mitigation: Interim clinical leadership support from Office of Medical Director

## Performance

The number of patients waiting beyond 14 weeks for Therapy (Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Speech & Language) continues to decrease (1999 patients at the end of February, 1879 of these patients are waiting for Physiotherapy).

There are no patients waiting beyond 52 weeks for Therapy.

## Actions to address under performance

- Use of locums and bank staff to support vacant posts
- Overtime and weekend working by clinicians and admin
- Virtual (telephone/video) appointments are being carried out
- Therapies 'recruitment drive' in consultation
- Thorough validation of waiting lists
- Permanent solution for Physiotherapy accommodation East (Plas Gororau) continues to be pursued
- Capacity planning carried out and ensuring templating of diaries to make best use clinical time
- Use of groups/classes to see multiple patients
- Use of assistants/student Therapists with active training programmes

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** Number of patients waiting more than 14 weeks for a specified therapy

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
12 month reduction trend towards zero by spring 2024	6364	6682	6602	6151	5837	5450	5087	4271	3651	2387	2663	

## Risks and Mitigations

Risk that locums could be withdraw due to financial reasons. Ongoing recruitment/retention of staff. Impact of ongoing industrial action, within own professions and other professions. Wider system pressures impacting on planned care. Further delay in the timelines for Plas Gororau (Physio East solution) . Increased insourcing and additional internal activity without additional capacity to manage this demand.

## Performance

The end of February 2023 CMATS position is not yet available.

At the end of January 47 patients were waiting beyond 52 weeks which is reduction compared to previous months, however CMATS may not get back to pre pandemic levels by the end of the 23-24 year due to recruitment challenges

## Actions to address under performance

- Meeting arranged with Informatics April 2023 to review accuracy of CMATS waiting list/performance reporting
- Continuing to actively pursue recruitment, including development posts
- CMATS will be included in Therapies BCU 'recruitment drive'
- Thorough waiting list validation
- Overtime/evening and weekend working by clinicians and admin
- Reviewing templates to return to pre-pandemic activity levels
- East IHC requesting to move to the Welsh Patient Administration System (WPAS) in line with other CMATS services and to create efficiencies around referral inputting and triage via Welsh Clinical Referral System (WPRS)

## Risks and Mitigations

- Accurate reporting
- Opportunity to implement WPAS for CMATS East
- Recruitment and retention
- Impact of industrial action
- Access to clinical accommodation

- 1d: Child and Adolescent Mental Health Services (CAMHS)



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# Measures: Children and Adolescent Mental Health Services

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
QA 2	CAMHS	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	Monthly	80%	50.0%	100.0%	50.0%	66.7%	100.0%	100.0%	100.0%	50.0%	80.0%	100.0%	50.0%	Await Data	
QA 2	CAMHS	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Monthly	80%	41.7%	25.0%	26.1%	24.3%	35.1%	39.8%	26.1%	38.5%	47.0%	52.3%	41.7%	Await Data	
QA 2	CAMHS	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years	Monthly	80%	17.9%	18.2%	30.8%	20.1%	46.3%	26.5%	22.9%	26.9%	20.5%	29.0%	17.9%	Await Data	
QA 2	CAMHS	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Monthly	90%	92.4%	93.3%	94.6%	89.2%	94.1%	93.0%	95.0%	93.3%	94.6%	91.8%	92.4%	Await Data	
QA 2	CAMHS	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Monthly	80%	30.8%	43.0%	45.8%	46.3%	44.2%	41.2%	40.1%	39.6%	36.7%	33.4%	30.8%	Await Data	

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	2019-20	2020-21	2021-22	2022-23
QA 2	CAMHS	Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population	Annually	Annual reduction	6	5	5	6	

## Performance

January position for delivery of Mental Health Measure Part 1a for assessment slightly below expected improvement trajectory. Additional capacity during February to recover position and meet the improvement trajectory for full compliance with Part 1a by end of March 2023. Reduction in overall numbers waiting over 28 days by 37% from previous month with ongoing reduction trend.

Mental Health Measure Part 1b on track for deliver end September 2023. Reduction in overall numbers waiting over 28 days by 35% from previous month.

Trend in compliance for SCAMHS variable due to reduction in staffing for allocation of care coordination due to staff vacancies.

MHM Part 2 compliance remains above target.

## Actions to address under performance

Enhanced performance monitoring meetings at Integrated Health Care (IHC) level continue at a senior level with DU support fortnightly

Review of efficiencies across the service to reduce DNA / late notice cancellations / N:R rates and implementation of patient initiated follow up to support improved throughput across teams.

Outsourcing to external provider continues with additional revised offer for face to face activity for complex cases supporting increased allocation.

Trajectories and further improvement planning for delivery of all target measures 2023/24 are under continuous review in IHC's for further assurance

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** % of MH assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
80%	25%	26%	24%	35%	40%	26%	39%	47%	52%	42%	Await data	

**Measure:** % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
80%	18%	31%	20%	46%	27%	23%	27%	21%	29%	18%	Await data	

## Risks and Mitigations

Workforce challenges with further reduced capacity due to 20% vacancy factor and difficulties in recruiting. Recruitment campaign ongoing supported by W&OD. Development of CAMHS workforce plan for sustainable workforce, working with BCUHB W&OD Associate Director and Mental Health Workforce Leads and service linked with HEIW around Workforce Development and Strategy Implementation.

Risk of further increase in demand, along with higher acuity and complexity of patients seen within caseloads. Risk that private provider face to face capacity does not meet demand of required services. Pathway development ongoing in early intervention and prevention, including review of Multi-Agency working across to support universal services.

## Performance

The overall waiting list stands at 2820, with 1951 waiting over 26 weeks. Since October 2022 we have seen a decline in performance within the ND Service. The service has had a 41% Year to date increase in referrals and demand significantly outweighs capacity. The core capacity gap within the ND Service is over 1400 assessments per annum (over 120 per month). The decline since September 2022, is reflective of the current provider contracts own capacity issues.

The service is largely reliant on external provider contracts, to go some way towards meeting the demand. The current provider contract is in a recovery/monitoring position, and has under-delivered by circa 800 cases, with some cases being returned to BCUHB. This has been carefully managed via an agreed communication strategy. BCUHB waiting lists therefore continue to grow. This is largely due to historical staffing levels, recruitment/retention of skilled staff, accommodation availability and the requirement to modernise the service. The current provider contract ends 31.3.23, an initial 6 week addendum to contract, has been agreed; this is to complete outstanding cases (up to 50 cases in this time period).

## Actions to address under performance

IHCs are developing service improvement plans and trajectories for 23/24. These plans will be agreed by mid April, delayed slight due to the work coming back into the service from our external provider. These will be limited in effectiveness due to historic staffing levels, and lack of identified funding. The plans will be monitored locally, and within a Regional ND Performance Meeting.

A new tender process is due to commence shortly and is expected to be in place in Autumn 2023. The new tender will help deliver assessments, it will only address a small portion of children on the waiting list (dependant upon cost of assessment circa 400-500 children). The contracts would also require additional administrative support for each IHC, and delivery will be at risk if funding for these posts is not identified.

A Service improvement and development plan is in place. Significant funding for key posts will be essential to enable this, along with investment to modernise the service. The interim Programme Manager is prioritising workstreams, and a 3-5 year Recruitment and Retention Plan will be developed to support the building of sustainable teams across the region and a service fit for the future needs of the population.

A new model of care for the service is in development, this is anticipated to take up to 2 years, due to lack of resources/funding, key posts such as a permanent programme manager and clinical lead will be essential to drive this forward, however, there is no funding identified for the posts at present. This work will also link with the work we are undertaking with WG around Demand & Capacity for ND Services. From this the Service received £150k funding in December 22, to be spent by March 23 – this years focus was increasing access to service and waiting times for assessments and ADHD medication initiation.

## Risks and Mitigations

There is an issue that the Team are unable to meet the rising demands on the service (41% increase YTD) due to internal capacity. Ministerial approval has been granted for an external tender to partially address this issue and IHC's are currently working on improvement plans. The service requires funding for key posts to ensure that we create a sustainable, fit for purpose service which is needs led.

Appropriate accommodation is required by the Teams (central and west) for Admin staff and clinical assessments. A proposal has been forwarded to Central Capital Planning Team to support this request. West team have identified space for a new build.

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** % of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
80%	43%	46%	46%	44%	41%	40%	40%	37%	33%	31%	Await data	

- 1e: Adult Mental Health Services



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# Measures: Adults Mental Health Services

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
QA 2	Adult MHS	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	Monthly	95%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	Awaiting Data			
QA 2	Adult MHS	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Monthly	100%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	Awaiting Data			
QA 2	Adult MHS	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Monthly	80%	65.5%	54.5%	62.5%	69.5%	75.2%	77.1%	66.8%	72.2%	70.8%	71.9%	65.5%	Await Data	
QA 2	Adult MHS	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years and over	Monthly	80%	72.5%	77.8%	78.5%	82.2%	81.2%	72.9%	71.8%	73.4%	76.3%	80.9%	72.5%	Await Data	
QA 2	Adult MHS	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Monthly	80%	80.3%	69.6%	64.4%	74.6%	79.4%	88.0%	93.7%	94.4%	89.8%	93.8%	80.3%	Await Data	
QA 2	Adult MHS	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Monthly	90%	83.6%	86.5%	86.7%	83.2%	81.7%	84.3%	84.2%	84.7%	83.8%	82.0%	83.6%	Await Data	

## Performance

Our performance trend is the consequence of a number of impacting and contributing factors and we monitor these routinely as part of our service level delivery and most significantly to support our current service redesign work. Our demand into Mental Health Measure (MHM) part 1 although relatively static in terms of overall numbers, is subject to a number of peaks in year (Quarter 1 and Quarter 3) and in relation to levels of acuity. Our staffing issues mean that we have not had the capacity and flexibility within our system to ensure we can respond to this demand variation as effectively and timely as we would wish to. We also take into consideration that our demand through MHM is not the entirety of demand through our Community Mental Health Teams (CMHT) therefore as part of our work we look at the entire demand across services. Over the last 2 years we have received on average 1107 referrals per month coming through out MHM routes but the number of referrals dealt with by our CMHTs is an average of 3138 for the same period. We are currently looking at the level of acuity and the impact this has on conversion into treatment pathways.

## Actions to address under performance

As part of our response to the ministerial priorities for 24/25 we are looking at service change and redesign of our Local Primary Mental Health Support Services (LPMHSS). Feedback from recent workshops and engagement events demonstrate the need to improve access and reduce waiting times is supporting the work. There is a workshop in March with key leads across the division including Team managers, our Deputy Medical Director and team members from our Partnership, Planning and Strategy team to look at short term interim solutions along with the longer term service redesign options/models. When a shortlist of options is agreed we will work with our partners to refine options and then work with colleagues from our Equalities department to ensure we have a robust Equality Impact Assessment (EqIA) in place to drive the engagement and direction. This work will link in with existing work streams for the delivery of crisis care services including 111/2 to ensure we have a whole system approach. Work has begun to rationalise existing administrative processes across the CMHTs to ensure we have removed where possible any variation in practice. Standard Operating Procedures are being agreed for the division as a whole. Data cleansing and rationalisation of processes within the SharePoint system has begun and this will support the introduction of Welsh Community Care Information System when the pilot is agreed and ready.

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** % of MH assessments undertaken within (up to & including) 28 days from the date of receipt of referral for adults aged 18 and over

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
80%	54.5%	62.5%	69.5%	75.2%	77.1%	66.8%	72.2%	70.8%	71.9%	65.5%	Await data	

**Measure:** % of therapeutic interventions started (up to & including) 28 days following an assessment by LPMHSS for adults aged 18 years and over

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
80%	77.8%	78.5%	82.2%	81.2%	72.9%	71.8%	73.4%	76.3%	80.9%	72.5%	Await data	

## Risks and Mitigations

Staffing remains our biggest risk for the delivery of effective and timely care to our service users. Whilst there is risk across our teams the level of risk varies and at present Denbighshire, Anglesey and Conwy are experiencing the greater pressures. We continue to pursue the vacancies within our current establishment but as noted above the work being undertaken to look at service redesign will impact on how our current staffing is used and utilised. We will alongside our internal service redesign be reviewing our commissioned services to ensure have robust contractual agreements that compliment and enhance our core services and work with our partners to ensure they form part of our whole system approach.

# Chapter 2

## Quadruple Aim 3:

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



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- 2a: Workforce



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# Measures: Motivated & Sustainable Workforce

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
QA 3	Motivated and Sustainable Workforce	Agency spend as a percentage of the total pay bill	Monthly	12 month reduction trend	6.7%	6.1%	6.8%	7.1%	7.2%	6.8%	6.5%	8.3%	8.4%	8.4%	8.0%	6.7%	
QA 3	Motivated and Sustainable Workforce	Percentage of sickness absence rate of staff	Monthly	12 month reduction trend	5.5%	6.8%	5.7%	6.4%	7.2%	6.1%	5.6%	6.3%	6.2%	7.3%	6.2%	5.5%	
QA 3	Motivated and Sustainable Workforce	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	Monthly	85%	87.3%	85.0%	84.7%	84.8%	84.8%	85.5%	86.2%	86.7%	86.7%	86.6%	87.1%	87.3%	
QA 3	Motivated and Sustainable Workforce	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	Monthly	85%	73.0%	65.5%	65.3%	66.2%	65.3%	66.5%	67.7%	69.7%	71.0%	71.6%	72.5%	73.0%	

## Performance

The agency pay bill has reduced by £1.03M from January 23 to February 23. Medical agency spend has reduced by £266k and Nursing agency spend has reduced by £61k. The major reduction has been across other staff groups to a total of £700k

Non-core pay spend overall increased by £121k from £13,016,000 in January 23 to £13,137,000 in February 23, The month-on-month increase is primarily driven by an increase Bank and overtime usage. Drivers behind the ongoing high levels of temporary staff usage across all areas of the Health Board are the ongoing industrial action alongside the ongoing pressure on unscheduled care in terms of a higher usage across the nursing staff group via bank and overtime.

Medical non-core spend is has remained static this month at £5.3m. There has been a decrease seen across Agency usage, but a rise in Medical Locum and WLI spend. As noted, we are still seeing ongoing pressures on Unscheduled Care across the Health Board but an increase in Planned Care activity is noted with the increase in WLI spend. Nursing non-core spend is up to £3.85m. This is driven by a significant increase in bank and overtime and supports the increased pressures on Unscheduled Care nursing across the Health Board.

## Actions to address under performance

The overseas recruitment initiatives to attract 46 FTE doctors from India and 25 FTE doctors from across the Middle East to the Health Board is on ongoing and are being rolled out in Q1 of 23/24. The ongoing focus on Nursing recruitment is showing progress with the overseas nurse recruitment delivering success. There has been a significant development in this area with the All-Wales programme resuming. Routine open days for nursing across the IHCs are scheduled to run bi-monthly for the rest of 2023. These initiatives across nursing recruitment should lead to increased capacity across the nursing workforce. This work is being undertaken by Nursing with support from WOD.

The sustained expected impact for medical and nursing recruitment activity should be seen through Q1/Q2 23/24.

## Risks and Mitigations

The service delivery model and replication of predominantly bed-based services continues to result in challenges in respect of rotas for both medical and nursing staffing. The Clinical Workforce Service reviews alongside new recruitment initiatives ensure wherever possible pathways are aligned and aware of existing and future workforce challenges .

It is acknowledged that there is a UK shortage of nurses (band 5 in particular), therefore recruitment campaigns will reduce rather than eradicate the vacancy levels. Increased focus on retention and recruitment across identified hotspots with the implementation of the workforce capacity health check dashboard will enable teams to target resources where they will have greatest impact to ensure service continuity.

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** Agency spend as a percentage of the total pay bill

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
12 month reduction trend	6.1%	6.8%	7.1%	7.2%	6.8%	6.5%	8.3%	8.4%	8.4%	8.0%	6.7%	

## Performance

Rolling sickness absence is at 6.36% a decrease of 0.06% from January 2023. As at the end of February there were 1177 (1193 end of January 23) staff recorded as absent, 532 (540 end of January 23) had been off work for more than 28 days.

The average length of absence in February was 14.1 days (14.3 January 23).

Anxiety, stress or depression equated for 25. 2% of all sickness absence an increase of 2.8% on January 23.

Estates and Ancillary had the highest sickness levels at 8.14% (down from 8.91% in January 23).

There has been a downward trend in both Covid and non-Covid related sickness absence for the last 3 months.

## Actions to address under performance

Psychological, Emotional and well-being support is available and promoted to staff

HR teams work with managers so support sickness management, all long term cases have dedicated support for managers.

MDT meetings in place to support complex cases (staff, managers, occupational health, Trade Union's).

Refresher training for managers on the attendance at work policy.

Cost of living advice is available to staff on where to access practical support.

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

#### Measure: % sickness absence rate of staff

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
12 month reduction trend	6.8%	5.7%	6.4%	7.2%	6.1%	5.6%	6.3%	6.2%	7.3%	6.2%	5.5%	

## Risks and Mitigations

Staffing levels, demand and acuity of patients remain a high a risk to staff in terms of burn out and sickness absence. Winter pressures and strikes have added to those pressures. Mitigation has included enhanced support to staff through Staff Wellbeing Support Service, occupational health and other support services and higher use of agency & bank staff to make wards safe. Longer term planning includes the addition of overseas nurses, re-introduction of the Cadet nursing scheme and the creation of the medical school in Bangor.

## Performance

Mandatory training at level 1 currently illustrates a compliance of 87.42%, although a decrease of 0.1% on last months figure this still remains above the national target of 85% and this has continued to rise by 0.1% to 0.2% above the national target for seven consecutive months.

Training at level 2 is currently showing a compliance figure of 73.9% illustrating an increase from last month of 1.5%. This has continued to increase by 0.3% to 0.4% each month through both quarter 3 and quarter 4.

## Actions to address under performance

There is still a requirement for a review of Manual Handling training as currently there is a significant waiting list for people handling courses for Bank and student nurses. Manual Handling compliance along with "Did not attend" figures continues to be closely monitored [weekly] and this month did report an increase of 1%.

Following a review of the Induction programme all new starters from April 1st 2023 are offered Manual Handling/Violence and Aggression training at level 1 & 2 within their first week of commencing their roles within the health board and we will continue to monitor the effectiveness of both compliance and 'did not attend' data.

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** % compliance for all completed L1 competencies of the Core skills and Training Framework by Organisation

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
85%	85.0%	84.7%	84.8%	84.8%	85.5%	86.2%	86.7%	86.7%	86.6%	87.1%	87.3%	

## Risks and Mitigations

We may notice a marginal decrease in compliance for Mandatory training in March 2023 as the organisation has recently mandated the Welsh Language Standards requirement for all staff to complete the Welsh Language Awareness module which has been attached as a competency to all staff.

Level 2 of Manual handling is currently reported at 54%.

## Performance

Compliance is improving month on month, the improvement is mainly driven by the Pay Progression policy which requires staff to have an appraisal in order to move through gateways within pay bands.

## Actions to address under performance

We are reviewing our Performance and Development Review (PADR) processes under the workstream Personal Contribution within the Stronger Together Programme.

The Personal Contribution project aims to ensure that team and individual performance monitoring, measurement & learning are reviewed and evaluated. This will identify improvements/adaptations which can be incorporated into the appraisal process. The Pay Progression Policy together with our BCUHB PADR process encourages and reward all Agenda for Change staff to give their best contribution whatever their job is, be it in delivering care, services, advice or support functions and that increments are awarded as a reward for performance not because of time in employment.

## Risks and Mitigations

Continued operational pressures may impact negatively on the capacity of line managers and staff to complete PADR. We will continue to support managers and staff to highlight the importance of PADR conversations. Each Integrated Health Community governance structures monitor PADR compliance.

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** % headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including Doctors and dentist in training)

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
12 month reduction trend	65.5%	65.3%	66.2%	65.3%	66.5%	67.7%	69.7%	71.0%	71.6%	72.5%	73.0%	

# Chapter 3

## Operational and Local Measures



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- 3a: Incidents and Complaints



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# Measures: Incidents & Complaints

QA	Theme	Target	Latest Position	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
LM	Incidents	0	8	6	10	11	11	14	12	13	35	14	14	8	
LM	Complaints	0	151	181	220	223	145	195	169	159	159	136	136	151	

## Performance

The overall trend remains consistent and the exceptional data point in November 2022 has been summarised in the reports to the QSE Committee; this largely relates to a high number of falls and pressure ulcers with pressure ulcer investigations being reported on conclusion of the investigation rather than the date of the incident. Of note, the number of overdue investigations remains high at 37 . The main themes arising from nationally reportable incidents remain patient falls, healthcare acquired pressure ulcers and recognition and management of the deteriorating patient. Further detail is included in the patient safety report to the QSE Committee.

## Actions to address under performance

Work is underway to address the issue of overdue investigation reports – this includes a weekly improvement and scrutiny meeting with all IHCs and Regional Divisions to support an improved position. In relation to the three themes, improvement groups and projects are in place led by senior clinical leaders. Further detail is included in the patient safety report to the QSE Committee.

## Risks and Mitigations

Capacity remains the greatest impact within services to address both the overdue investigation position, and also the ability of services to embed and sustain improvement activity. This is being mitigated as far as possible through active engagement of IHCs and Regional Divisions in the work. A review of the improvement projects is underway as part of the development of a wider patient safety improvement programme.

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

#### Measure: DU reportable Incidents (falls, HAPU and Never Events)

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0	6	10	11	11	14	12	13	35	14	14	8	

## Performance

The overall trend of formal complaints remains consistent. Of note, the number of overdue investigations and responses remains high at 278. However, this is down from 359 at the start of the calendar year with significant focus on addressing this position. The overdue position directly impacts on the response rate within target – 75% of complaints should be responded to within 30 working days and performance is currently at 26%. The majority of complaints relate to Secondary Care Services. The themes relate to clinical treatment and appointments, assessments, poor communication, staff attitude and behaviour. Other recurring themes include issues relating to patient discharge from hospitals, prescribing and treatments not providing the expected outcomes, which is consistent with previous reports. Further detail is included in the patient experience report to the QSE Committee. During December 2022, 98.5% of complaints were acknowledged within PTR timescales, and during January 2023, 99.3% of complaints were acknowledged within 2 working days, both in accordance with the PTR timescales.

## Actions to address under performance

To support the achievement of the key performance indicators, each Integrated Health Community (IHC) has adopted weekly meetings to manage the progress of complaints received. In addition a new weekly improvement and scrutiny meeting to manage the overdue complaints backlog has been established chaired by the Deputy Executive Director of Nursing. The Patient and Carer Experience Team will instil a pro-active de-escalation process to resolve low-level concerns as they are received; this includes raising awareness on the concern escalation process and empowering staff to feel confident in resolving concerns on the front line. Further training will be implemented and available to each service area. The Patient and Carer Experience Department are proactively engaging with services to establish how PALS enquiries can be resolved at the earliest opportunity.

### Supporting very high-level Data

(see appendix for all related NHS PF Measures)

**Measure:** Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0	181	220	223	145	195	169	159	159	136	136	151	

## Risks and Mitigations

Capacity remains the greatest impact within services to address both the overdue complaint investigation/response position, and also the ability of services to embed and sustain improvement activity arising from complaints. This is being mitigated as far as possible through active engagement of IHCs and Regional Divisions in the work.

# Appendix

All NHS Performance Framework Measures Reported to Welsh Government  
2022-23

<https://hduhb.nhs.wales/about-us/performance-targets/performance-documents/nhs-performance-framework-2022-2023-framework-and-guidance/>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



Heatmaps are a useful visual guide to quickly compare data and see which is relatively better and also to see trends, e.g. increasing/decreasing shades.

Blues have been used for the NHS Performance Framework Measures as follows:





GIG  
CYMRU  
NHS  
WALES

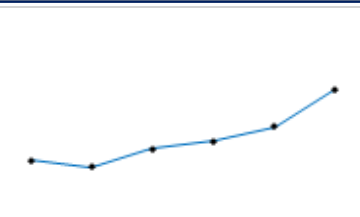
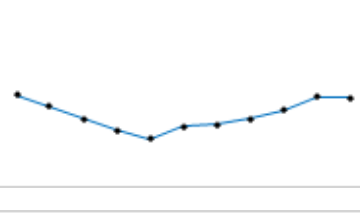


Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board





## Weight Management

Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway	Awaiting data	Target	2019-20	2020-21	2021-22	2022-23	
		Annual Improvement	New Measure 2022-23 (awaiting data)				
Percentage of babies who are exclusively breastfed at 10 days old		Target	2019-20	2020-21	2021-22	2022-23	
		Annual Improvement	34.7%	36.1%	35.4%		
Qualitative Report	Reason for RAG Status (31.08.22)	Target	RAG		Areas Done Well (31.08.22)	Areas for Improvement (31.08.22)	
<i>Qualitative report detailing progress against the Health Board's plans to deliver the NHS Wales Weight Management Pathway</i>	BCUHB have made fantastic progress in their pathway development and should be highly commended for being a front runner amongst their peers. Their whole systems approach is evident throughout each stage of the pathway, with integrated pathways in level 2 and 3 being used effectively.	<b>Target</b>	Aug-22	Mar-23	Embedding the Strategy throughout their work, which is very clearly demonstrated, a focus on early years and prevention as well evidence of consideration of the most effective support for their population.	No comments	
				Not due yet			



Smoking														
Percentage of adult smokers who make a quit attempt via smoking cessation services		Target	Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23
		5% Annual Target						1.2%	2.2%	3.3%	4.4%	1.1%	2.0%	
	<b>Reason for RAG Status (31.08.22)</b>		<b>RAG</b>		<b>Areas Done Well (31.08.22)</b>				<b>Areas for Improvement (31.08.22)</b>					
<i>Qualitative Report: Implementing Help Me Quit in Hospital smoking cessation services</i>	The health board has made solid progress and demonstrated a good understanding of the actions required to deliver the Help Me Quit in hospital model. It is positive to see that leadership, systems and structures are in place and we recognise that a lot of this work is dependent on national objectives being progressed.	<b>Target</b>	Aug-22	Mar-23	The organisation has a robust integrated Help Me Quit service which they are seeking to expand with service plans in place. Provision of very brief advice training for all staff is welcome as is the health board's commitment to joint working.				For the next return we would like the organisation to provide further details and broader narrative around how the Help Me Quit in hospital model is being implemented in the health board, including plans for governance and clinical leadership. An agreed implementation plan for delivery as well as evidence of the integration of the model into the wider health board systems would support a green rating. The health board's involvement in the Help Me Quit in hospital programme board will be essential to aid the 'Once for Wales' collaboration and aid effective communication.					
	<b>Reason for RAG Status (31.08.22)</b>		<b>RAG</b>		<b>Areas Done Well (31.08.22)</b>				<b>Areas for Improvement (31.08.22)</b>					
<i>Qualitative Report: Reduce smoking during pregnancy</i>	The health board has demonstrated clear evidence of understanding the agenda and we look forward to seeing further progress in the next return.	<b>Target</b>	Aug-22	Mar-23	We recognise that there has been a drive to improve maternal smoking rates with the establishment of the HMQ for baby service and welcome collaborative working between HMQ and midwifery services. Positive work is being undertaken to understand the barriers identified by priority groups in accessing HMQ Services by developing insight work and undertaking a pilot incentive scheme with pregnant smokers in Q3 and Q4.				Further details are needed on how maternity services are supporting reducing smoking in pregnancy and how the HMQ for baby service is integrated with wider maternity services. We welcome the health board's commitment to reducing maternal smoking and willingness to participate in the national work that will look at maternal smoking across Wales, being led by Welsh Government and Public Health Wales.					

Diabetes														
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes		<b>Target</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		A quarterly improvement of 2.5% against a baseline of 2020-21						14.20%	12.50%	17.10%	18.90%	22.60%	31.8%	Await Data
Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months:	Insufficient data points for trend chart	<b>Target</b>	2019-20	2020-21	2021-22	2022-23	2023-24							
		1% annual increase from baseline data of 2020-21		29.10%	25.70%									
Blood pressure reading is 140/80 mmHg or less		<b>Target</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		1% annual increase from baseline data of 2020-21	54.04%	49.60%	44.38%	39.85%	36.36%	41.53%	42.37%	44.60%	48.07%	53.29%	53.04%	
Cholesterol values is less than 5 mmol/l (<5)		<b>Target</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		1% annual increase from baseline data of 2020-21	49.25%	45.97%	44.45%	42.55%	41.48%	45.76%	45.87%	47.42%	49.28%	51.09%	52.07%	
HbA1c equal to 58 mmol/mol or less		<b>Target</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		1% annual increase from baseline data of 2020-21	50.72%	49.34%	48.58%	45.66%	44.44%	47.98%	48.54%	49.37%	50.10%	52.34%	53.85%	




## Substance Misuse

European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)		Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		4 quarter reduction trend			400	358	419	380	382	393	404	390	Await Data	
Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse		Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		4 quarter improvement trend			65.70%	82.30%	68.20%	74.50%	74.30%	74.10%	68.70%	76.30%	Await Data	


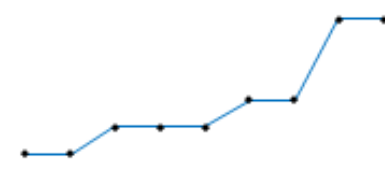


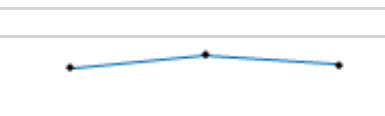
## Vaccinations

Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		95%			95.50%	95.40%	94.80%	94.70%	95.30%	94.60%	94.00%	94.40%	Await Data	
Percentage of children who received 2 doses of the MMR vaccine by age 5		Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		95%			93.50%	95.20%	94.10%	93.40%	92.50%	92.60%	92.90%	91.40%	Await Data	
Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccinations in all eligible Wales residents by health board (SEE NOTES)		Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		75%	New measure for 2022-23 - still awaiting data											
Percentage uptake of 2022-23 influenza vaccination in all eligible Wales residents by health board (SEE NOTES)		Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		75%	New measure for 2022-23 - still awaiting data											

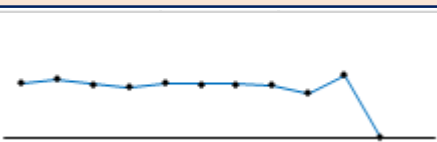
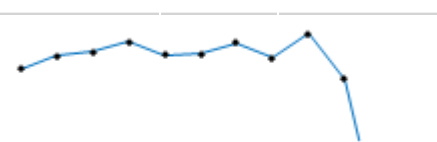

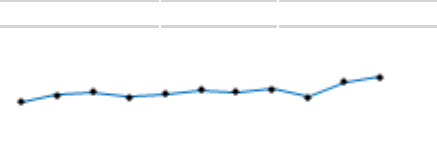
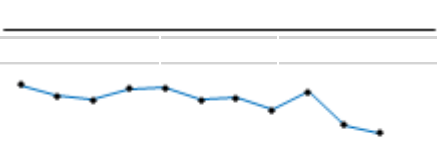

## Screening

Cancer screening coverage for: Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years		<b>Target</b>	2019-20	2020-21	2021-22	2022-23	2023-24
		80%	74.10%	74.20%	70.50%		
Cancer screening coverage for: Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years		<b>Target</b>	2019-20	2020-21	2021-22	2022-23	2023-24
		60%	55.30%	56.90%	66.60%		
Cancer screening coverage for: Percentage of women resident and eligible for breast screening at a particular point in time will have been screened in the previous three years		<b>Target</b>	2019-20	2020-21	2021-22	2022-23	2023-24
		70%	72.50%	73.00%	72.20%		

## Primary & Community Care

Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours		<b>Target</b>	2019-20	2020-21	2021-22	2022-23	2023-24							
		100%		41.60%	59.80%	77.10%								
Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPCC models)		<b>Target</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		As outlines in Health Board's Six Goals Programme Plan		1	1	2	2	2	3	3	6	6	Await Data	
Number of new patients (children aged under 18 years) accessing NHS dental services		<b>Target</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		4 quarter improvement trend	New Measure for 2022-23									2154	3244	3934
Number of new patients (adults aged 18 years and over) accessing NHS dental services		<b>Target</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		4 quarter improvement trend	New Measure for 2022-23									3481	4803	6065
Number of existing patients accessing NHS dental services		<b>Target</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		4 quarter improvement trend	New Measure for 2022-23									34224	37726	35057

## Urgent & Emergency Care


Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		65%	46.2%	49.7%	45.6%	42.9%	46.2%	45.5%	45.0%	44.8%	37.7%	53.2%	Await Data	
Number of ambulance patient handovers over 1 hour		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		0	1749	1884	1932	2037	1898	1908	2027	1871	2125	1646	Await Data	
Percentage of total conveyances taken to a service other than a Type One Emergency Department		<b>Target</b>	Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23
		4 quarter improvement trend	1.96%	2.56%	2.10%	1.95%	2.20%	2.20%	2.04%	2.15%	2.28%	2.70%	1.96%	
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		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		95%	54.9%	59.8%	61.8%	58.4%	60.7%	62.9%	61.9%	64.1%	58.8%	68.5%	72.0%	
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		0	3584	3249	3124	3462	3507	3106	3178	2802	3384	2302	2064	
Median time (minutes) from arrival at an emergency department to triage by a clinician		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		12 month reduction trend	43	37	34	34	27	28	27	26	32	22	24	

# Appendix 2: Quadruple Aim 2

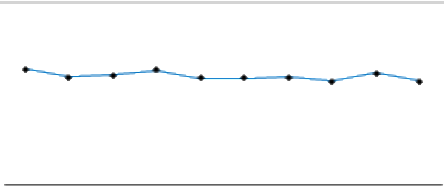
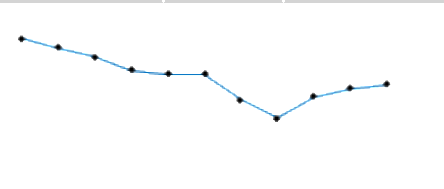
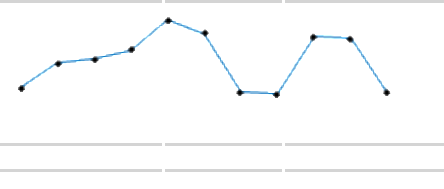
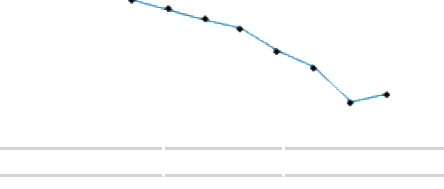
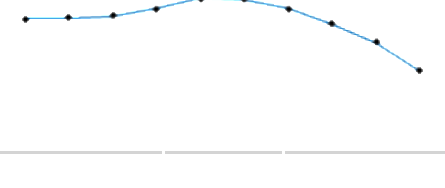
## Urgent & Emergency Care

Median time (minutes) from arrival at an emergency department to assessment by a senior clinical decision maker		<b>Target</b> 12 month reduction trend	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
			188	177	154	175	166	143	142	135	155	93	109	
Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patients clock start time		<b>Target</b> Most recent SSNAP UK Qtr mean (40.9%)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
			10.6%	13.6%	27.2%	38.3%	32.4%	21.9%	14.7%	27.5%	25.9%	29.3%	Await data	
Percentage of stroke patients who receive mechanical thrombectomy		<b>Target</b> 10%	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
			0.0%	5.9%	1.9%	0.0%	0.0%	3.0%	2.5%	1.0%	0.0%	0.0%	Await data	
Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours		<b>Target</b> 12 month improvement trend	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
			72.4%	71.1%	69.3%	68.7%	67.2%	66.2%	65.8%	Awaiting Data				
Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		<b>Target</b> 90%	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
			68.7%	69.1%	72.8%	64.5%	Data unavailable			66.0%	59.0%	72.0%	Await Data	
<b>Qualitative Report</b>	<b>Reason for RAG Status (31.08.22)</b>		<b>RAG</b>		<b>Areas Done Well (31.08.22)</b>					<b>Areas for Improvement (31.08.22)</b>				
<i>Qualitative report detailing progress against the Health Boards plans to deliver a Same Day Emergency Care Service (12 hours a day, 7 days a week) across all acute sites</i>	SDEC operating across all three acute sites and dedicated lead overseeing SDEC across the HB.	<b>Target</b>	Aug-22	Mar-23	Medical and Surgical SDEC operating 12hrs Monday - Friday across all three acute sites; plus 12hr acute frailty SDEC at Ysbyty Glan Clwyd. Dedicated lead overseeing SDEC across HB patch.					Reports of SDEC space being breached overnight and at times of increased demand.				
				Not due yet										

## Patent Flow & Discharge

Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	Insufficient data points for trend chart	<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		12 month reduction trend	New Measure 2022-23, no data						4180	1171	Awaiting data			
Percentage of total emergency bed days accrued by people with a length of stay over 21 days	Insufficient data points for trend chart	<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		12 month reduction trend	New Measure 2022-23, no data						51.3	56.50%	Awaiting data			
Percentage of people assigned a D2RA pathway within 48 hours of admission		<b>Target</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		4 quarter improvement trend (working)	A new measure for 2022-23 and still awaiting data											
Percentage of people leaving hospital on a D2RA pathway		<b>Target</b>	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		4 quarter improvement trend	A new measure for 2022-23 and still awaiting data											
Percentage of Stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		50%	66.30%	54.60%	45.00%	56.90%	49.00%	53.20%	44.80%	42.20%	36.00%	34.70%	Await Data	

## Elective Planned Care

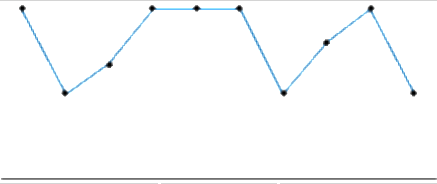
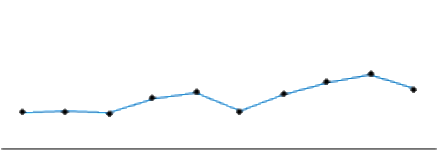
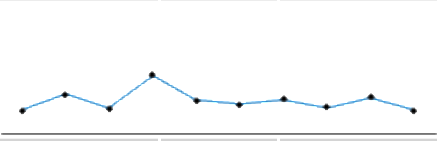
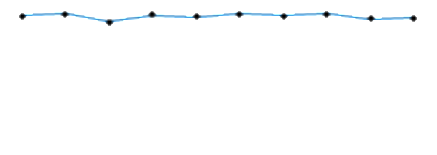
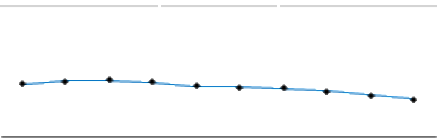

		Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)		Improvement trajectory towards a national target of 80% by 2026	67.2%	62.3%	63.3%	66.1%	61.7%	61.8%	62.3%	59.6%	64.8%	59.8%	Await data	
Number of patients waiting over 8 weeks for a diagnostic endoscopy		Improvement trajectory towards a national target of zero by Spring 2024	2667	2563	2463	2306	2260	2250	1964	1745	1995	2093	2136	
Number of patients waiting more than 8 weeks for a specified diagnostic		0	8168	8761	8848	9078	9776	9464	8068	8034	9377	9333	8057	
Number of patients waiting more than 14 weeks for a specified therapy		12 month reduction trend towards zero by spring 2024	6364	6682	6602	6151	5837	5450	5087	4271	3651	2387	2663	
Number of patients waiting over 52 weeks for a new outpatient appointment		Improvement trajectory towards eliminating over 52 weeks by 31.12.22	24223	24405	24641	25379	26515	26475	25419	23704	21606	18327	Await Data	

# Appendix 2: Quadruple Aim 2

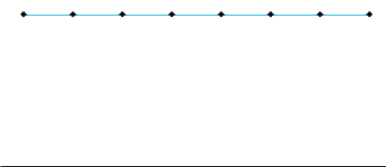
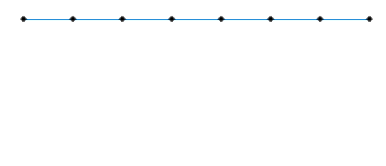
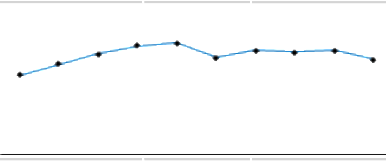
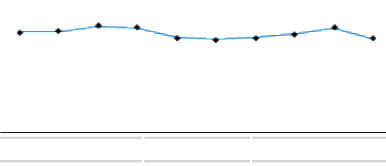
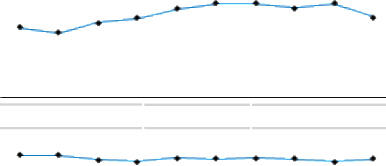
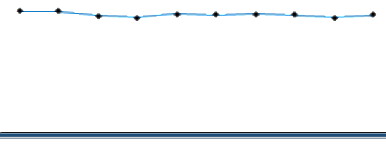
## Elective Planned Care

		Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%		Improvement trajectory towards a reduction of 30% by 31.03.23 against a baseline of 31.03.21	55708	56714	59128	61480	64371	63286	64927	65834	70082	75926	77334	
Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date		Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		95%	47.4%	50.0%	54.0%	54.0%	54.5%	52.2%	52.5%	51.0%	55.2%	49.4%	50.6%	
Number of patients waiting more than 104 weeks for referral to treatment		Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		Improvement trajectory towards a national target of zero by 2024	17795	16824	15943	15301	15392	14677	13922	12947	12667	12012	11011	
Number of patients waiting more than 36 weeks for referral to treatment		Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		Improvement trajectory towards a national target of zero by 2026	61685	62866	63273	64871	65959	64788	64070	63356	62626	62728	62045	
Percentage of patients waiting less than 26 weeks for referral to treatment		Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		Improvement trajectory towards a national target of 95% by 2026	50.5%	50.8%	47.0%	54.0%	46.6%	46.9%	53.4%	53.7%	52.7%	53.0%	54.8%	

## Mental Health

Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	80%	100%	50%	67%	100%	100%	100%	50%	80%	100%	50%	Await data		
Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	80%	25%	26%	24%	35%	40%	26%	39%	47%	52%	42%	Await data		
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	80%	18%	31%	20%	46%	27%	23%	27%	21%	29%	18%	Await data		
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	90%	93%	95%	89%	94%	93%	95%	93%	95%	92%	92%	Await data		
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	80%	43%	46%	46%	44%	41%	40%	40%	37%	33%	31%	Await data		
Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population		<b>Target</b>	2019-20	2020-21	2021-22	2022-23	2023-24							
	Annual reduction	5	5	6										

## Mental Health

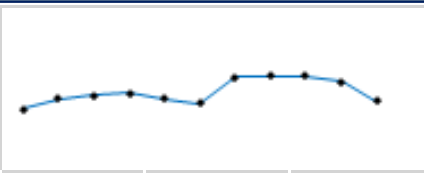
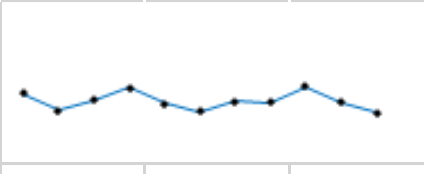
		Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission		95%	100%	100%	100%	100%	100%	100%	100%	100%	Awaiting Data			
Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission		100%	100%	100%	100%	100%	100%	100%	100%	100%	Awaiting Data			
Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over		80%	54.5%	62.5%	69.5%	75.2%	77.1%	66.8%	72.2%	70.8%	71.9%	65.5%	Await data	
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years and over		80%	77.8%	78.5%	82.2%	81.2%	72.9%	71.8%	73.4%	76.3%	80.9%	72.5%	Await data	
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		80%	69.6%	64.4%	74.6%	79.4%	88.0%	93.7%	94.4%	89.8%	93.8%	80.3%	Await data	
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over		90%	86.5%	86.7%	83.2%	81.7%	84.3%	84.2%	84.7%	83.8%	82.0%	83.6%	Await data	

Mental Health						
Qualitative Report	Reason for RAG Status (31.08.22)	Target	RAG		Areas Done Well (31.08.22)	Areas for Improvement (31.08.22)
			Aug-22	Mar-23		
<i>Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services</i>	Overall development of the service is positive. There are areas that require more time to provide evidence.	Target		Not due yet	Promoting the Welsh language. Multi agency/departmental collaboration.	No comments
Qualitative Report	Reason for RAG Status (31.08.22)	Target	RAG		Areas Done Well (31.08.22)	Areas for Improvement (31.08.22)
			Aug-22	Mar-23		
<i>Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work - Dementia Learning and Development Framework) and increasing access to timely diagnosis</i>	Lack of training that has taken place at skilled and influencer level. No evidence of delivery of integrated learning and development, particularly with social care.	Target		Not due yet	"Training at an informed level has progressed relatively well, but is just short of their 85% target. There are detailed actions to support the timely diagnosis of dementia however this has unfortunately been impacted by prolonged staff sickness and absence of MAS review author. A corrective action is currently in place to address this."	No training has taken place at skilled or influencer level. No detail provided on any delivery of integrated learning and development, particularly with social care.
Qualitative Report	Reason for RAG Status (31.08.22)	Target	RAG		Areas Done Well (31.08.22)	Areas for Improvement (31.08.22)
			Aug-22	Mar-23		
<i>Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities</i>	Delivery of the HB & RPB plans for LD services has been impacted significantly by the pandemic and is therefore still in an early delivery phase.	Target		Not due yet	Systematic approach to reducing restrictive practice. Partnership approach across the RPB footprint to improve step-down community based provision and the work being done to overcome the challenges. Increased access to health checks.	Continued focus on delivering against the priority areas of increasing community based crisis prevention services & step down provision – as a RPB partner. Review of patients regarding medication & discharge planning. Implementing the Paul Ridd Foundation Training.



## Hospital Infection Control

Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
			8	19	29	42	59	65	89	101	116	126	133	
Cumulative number of laboratory confirmed bacteraemia cases: Aeruginosa		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
			1	7	7	7	14	14	21	25	27	30	35	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
			0.0	68	67	74	75	78	76	75	73	71	72	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemias (MRSA and MSSA)		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
			0.0	31	36	33	31	30	30	27	27	28	25	
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
			0.0	37	37	43	46	44	43	42	41	41	42	
Percentage of confirmed COVID-19 cases within hospital which has a definite hospital onset of COVID-19		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		Reduction against the same month in 2021-22	40.50%	28.60%	45.80%	33.80%	36.70%	47.90%	Checking data	35.00%	45.00%	42.70%	Await data	
Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		Reduction against the same month in 2021-22	15.30%	18.10%	13.90%	16.90%	24.50%	19.00%	Checking data	17.10%	17.00%	18.20%	Await data	


## Staff Resources

		Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Agency spend as a percentage of the total pay bill		12 month reduction trend	6.1%	6.8%	7.1%	7.2%	6.8%	6.5%	8.3%	8.4%	8.4%	8.0%	6.7%	
Percentage of sickness absence rate of staff		12 month reduction	6.8%	5.7%	6.4%	7.2%	6.1%	5.6%	6.3%	6.2%	7.3%	6.2%	5.5%	
Percentage of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above	Insufficient data points for trend chart	Target	Apr-Sep 20-21	Oct-Mar 20-21	Apr-Sep 21-22	Oct-Mar 21-22	Apr-Sep 22-23	Oct-Mar 22-23						
		Bi-annually improvement	New Measure for 2022-23			33.93	34.38							

## Training & Development

Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		85%	85.0%	84.7%	84.8%	84.8%	85.5%	86.2%	86.7%	86.7%	86.6%	87.1%	87.3%	
Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)		<b>Target</b>	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
		12 month reduction trend	65.5%	65.3%	66.2%	65.3%	66.5%	67.7%	69.7%	71.0%	71.6%	72.5%	73.0%	

## Staff Engagement

Overall staff engagement score		<b>Target</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
		Annual Improvement	71.00%	75.00%	73.00%		
Percentage of staff who report that their line manager takes a positive interest in their health and well-being	Insufficient data points for trend chart	<b>Target</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
		Annual Improvement	68.00%	62.80%	Await Data		

## Decarbonisation

Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	Insufficient data points for trend chart	Target	2019-20	2020-21	2021-22	2022-23	2023-24
		16% reduction in carbon emissions by 2025	New measure	156.13			


  

Qualitative Report	Reason for RAG Status	Target	RAG		Areas Done Well (31.08.22)	Areas for Improvement (31.08.22)
			Aug-22	Mar-23		
<i>Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan</i>	Robust plans and governance have been established. More evidence of progress against these plans is needed to provide delivery assurance, along with clarity on how the risks identified are being addressed.			Not due yet	Clear governance arrangements, ownership of responsibilities and plan for action – Decarbonisation Programme Board led by an Executive Director, recognition of the need to integrate DAP with other plans/strategies, attempted costings of the savings, investment and carbon reduction potential of their plan. Proactively promoting the climate emergency and decarbonisation plans to staff and public, including stimulating low carbon behaviours with the Introduction of Turning Red Tape Green: Sustainable Transformation Fellowships. Purchasing electrical vehicles for grey fleet use and installation of electrical charging points.	Ensure the step-change in pace that they acknowledge is delivered and seek and embrace opportunities to act. More clarity needed on how BCUHB intends to address the risks identified. Strengthen evidence of progress to provide assurance.

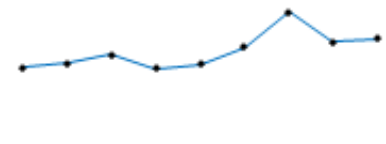



## Foundational Economy

Qualitative Report	Reason for RAG Status (31.08.22)	Target	RAG		Areas Done Well (31.08.22)	Areas for Improvement (31.08.22)
			Aug-22	Mar-23		
<i>Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme</i>	Difficult to evaluate without clear narrative, and relying on interpreting embedded presentations. Clear evidence in some aspects of FE principles but need to understand aspiration and initiatives across the breadth of the FE Programme (Procurement, People and Place).			Not due yet	Committed to developing a FE Strategy for BCUHB and held early discussion at Board level. Leadership of FE within Finance, including with A4S.	Developing a strategy that focusses across the breadth of the FE programme (Procurement, People and Place). Set out strategic intent in IMTP 23/24, understanding where BCUHB have greatest opportunities and how this will be embedded.

## New Ways of Working

Qualitative Report	Reason for RAG Status	Target	RAG			Areas Done Well (31.08.22)						Areas for Improvement (31.08.22)			
			Aug-22	Mar-23											
<i>Qualitative Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes</i>	Value Based Health and Care (VBHC) is still in its infancy. Betsi Cadwaladr UHB has demonstrated that it understands the work that is done nationally on VBHC and is taking some steps towards Value Based Health and Care VBHC, but work is needed to consider what the organisation needs to do to become a VBHC organisation.			Not due yet		Betsi Cadwaladr UHB have demonstrated an understanding of VBHC and what is happening nationally as well as an enthusiasm for collaboration and for “weaving it into everything they do”.						Work needs to be done to plan how Betsi Cadwaladr UHB is going to work towards being a VBHC organisation and to move swiftly towards actions on the Health Board level. The organisation may benefit from learning from other HBs and the Welsh Value in Health Centre.			
Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	Insufficient data points for trend chart	<b>Target</b> 4 quarter improvement trend	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	
			New measure for 2022-23								61008	134233	Awaiting data		
Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust	Insufficient data points for trend chart	<b>Target</b> 4 quarter improvement trend	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	
			New measure for 2022-23								24	26	Awaiting data		
Percentage of episodes clinically coded within one reporting month post episode discharge end date		<b>Target</b> Monthly	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
			95.6%	95.2%	94.7%	87.9%	94.3%	93.7%	Awaiting data						

## Clinically Effective Prescribing

		Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Total antibacterial items per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PU)		Qrtly reduction of 5% against 19-20	218	222.5	234.2	215.4	221.8	243.8	289.81	250.08	255	Awaiting Data		
Percentage of secondary care antibiotic usage within the WHO Access category		Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		N/A		57.50%	59.90%	60.80%	61.70%	61.80%	Measure removed until further notice due to data issues					
Number of patients aged 65 years or over prescribed an antipsychotic		Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		Quarter on quarter reduction	2,353	2,429	2,469	2,419	2,451	2,451	2462	2420	2343	Awaiting Data		
Opioid average daily quantities per 1,000 patients		Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
		4 quarter reduction trend	4,541.2	4,534.3	4,943.8	4,666.0	4,801.7	4,821.8	4,910.8	4,644.9	4646.9	Awaiting Data		

# Further Information



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



## Quality & Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance for further details regarding this report. And further information on our performance can be found online at:

- Our website [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

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



follow @bcuhb



<http://www.facebook.com/bcuhealthboard>

<b>Teitl adroddiad:</b> <i>Report title:</i>	Quality and Patient Safety Report: December 2022 – January 2023			
<b>Adrodd i:</b> <i>Report to:</i>	Public Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 30 March 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on significant quality and patient safety issues arising during the prior two month period, alongside longer-term trend data, and information on the improvements underway.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Health Board is asked to receive this report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Matthew Joyes, Deputy Director of Quality			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>  <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/>  <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/>  <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>  <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small>  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<p>There is confidence in the data provided in the report however, the strength of learning and improvement remains an area of concern and is a key focus of work. This is being addressed through a range of measures including the actions aligned to the BAF risk for quality (1.2), the Patient Safety Improvement Programme and the Quality Strategy currently being finalised.</p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Quality			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Instances of harm to patients may indicate failures to comply with the NHS Wales Health and Care Standards or safety legislation.			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N/A			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A			

<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	BAF 1.2 – Quality
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <i>Financial implications as a result of implementing the recommendations</i></p>	N/A
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <i>Workforce implications as a result of implementing the recommendations</i></p>	N/A
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <i>Feedback, response, and follow up summary following consultation</i></p>	N/A
<p><b>Cysylltiadau â risgiau BAF:</b>  (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b>  <i>(or links to the Corporate Risk Register)</i></p>	BAF 1.2 – Quality
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <i>Reason for submission of report to confidential board (where relevant)</i></p>	N/A
<p><b>Camau Nesaf: Gweithredu argymhellion</b>  <b>Next Steps: Implementation of recommendations</b>  N/A</p>	
<p><b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b>  Quality and Patient Safety Report</p>	



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Quality and Patient Safety Report December 2022 – January 2023

### INTRODUCTION

Within the NHS in Wales, quality is defined in statute as having three dimensions: patient safety, clinical effectiveness and patient (and carer) experience.

This report provides the Health Board with a summary of key quality related information from the months of December 2022 and January 2023. The aim of this report is to provide the Health Board with key quality highlights at each meeting.

Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee in the Patient Safety Report and Patient and Carer Experience Report.

### NATIONALLY REPORTABLE INCIDENTS (NRI)

During December 2022 and January 2023, 49 nationally reportable incidents were reported to the Delivery Unit.

There has been an increase in the number of nationally reportable incidents since the previous report for October and November 2022 (25). This is due to an increase in reporting during December of HAPU incidents (11) and Falls (10) incidents, with Health Community West accounting for 10 of the 35 reportable incidents, followed by 7 aligned to Health Community East. The increase is also higher than the same period in the prior year (33); however it is believed to be an exceptional occurrence and the overall long term rate remains constant.

In addition to the above mentioned nationally reportable incidents, there were 20 Early Warning Notifications (EWN) reported, 11 of which were in relation to healthcare associated infections (Clostridium difficile, Covid-19 outbreaks & Norovirus). The other notifications relate to incidents that may attract media attention.

At the time of writing, the total number of national reportable incidents open is 74 of which 40 are overdue.

Recognising the delays to full investigations, the Patient Safety Team continue to place particular focus on ensuring Make it Safe Rapid Reviews are completed so that early learning to improve safety is identified and implemented. The Deputy Executive Directors of Nursing have started weekly improvement meetings to support health communities/services address their overdue position.

The NRIs recorded during this period can be broken down as follows

Grade 3 or above Health Acquired Pressure Ulcer =18

Falls =13

Unexpected death = 6

Patient injury (not fall) = 3

Treatment or procedure issues = 2

Clinical assessment, clinical diagnosis = 2

Assessing and recognising patient/service user deterioration = 4

Staffing = 1

All NRIs are subject to a Make it Safe Rapid Review, potentially a Rapid Learning Panel and further investigation and review. The learning and actions from each are recorded on the Datix Cymru incident management system. Learning forms are drafted for each investigation and are submitted nationally to the NHS Wales Delivery unit to provide assurance of learning and actions.

Currently, the following are the identified themes:

- Recognition and escalation of deteriorating patient
- Falls
- Healthcare acquired pressure ulcers (HAPU)

These three theme areas are underpinned by a recurring issue of record keeping, that whilst not directly causal to an incident occurring is contributory to the circumstances that create unsafe conditions.

Never Events, whilst being a sub-set of Nationally Reportable Incidents, are detailed separately in the section below.

## **NEVER EVENTS**

In the current financial year, April to November 2022/23, five never events have been reported, compared to ten in the same timescale in 2021/22.

Within the current reporting period, one Never Events was reported in dermatology in Ysbyty Glan Clwyd where a skin lesion was removed from the wrong side of the body.

The primary theme is surgical safety.

## **PATIENT SAFETY ALERTS AND NOTICES**

There are no overdue safety alerts.

## **SAFEGUARDING AND PUBLIC PROTECTION**

The Safeguarding and Public Protection Team handled 257 adult at risk reports, and 653 child at risk reports. The team are involved in 1 adult practice review, 7 child practice reviews and 9 domestic homicide reviews. The team also dealt with 367 Deprivation of Liberty Safeguard cases.

## **LITIGATION**

During this bi-monthly period of December and January 2023, 40 claims or potential claims were received against the Health Board. Of these, 34 related to clinical negligence and six related to personal injury.

During the bi-monthly period, 10 claims were closed. Of these, nine related to clinical negligence and one related to personal injury. The total costs for the total closed claims in this period amounted to £2,343,121.15 before reimbursement from the Welsh Risk Pool.

As expected, the largest number of open claims relate to Surgery, Specialist Medicine, Women and Maternal Care. This is not an unusual profile of specialities within the NHS. The themes remain similar.

Between December 2022 and January 2023, 13 cases were concluded which involved Redress:

- 1 offer of financial compensation as redress was made totalling £500

- 4 apologies as redress were offered
- 4 offers of financial redress were accepted totalling £14,200

4 were advised to pursue a clinical negligence claim, as any offer of financial compensation made would exceed the £25,000 limit allowed under Putting Things Right.

## **INQUESTS**

During the reporting period, 73 new inquests or requests for information were received from the Coroners in North Wales.

54 inquests were concluded during the reporting period. The distribution of the inquest conclusions is in line with previous findings, and there are no unusual or unexpected findings to be taken from this.

In the period of this report, there were no new Regulation 28 (PFD) reports issued by HM Coroner to the Health Board.

## **HEALTHCARE INSPECTORATE WALES (HIW)**

An inspection took place of Hillcrest Medical Centre in Wrexham on 11 January 2023. No immediate issues were raised with the Health Board.

A JIPCA (Joint Inspectorate Review of Child Protection Arrangements) is taking place in February 2023. HIW are reviewing six deep dive files and ten front door files to identify any gaps in communication and care pathways between the multi-agencies. At the time of writing, HIW had been onsite in Ysbyty Glan Clwyd during week commencing 06 February 2023 and have interviewed a broad range of staff. An informal feedback session took place on 08 February 2023 which highlighted no immediate issues, overall feedback was very positive.

## **COMPLAINTS**

During the months of December 2022 to January 2023, 373 complaints were received by the Health Board, of those 273 were complaints managed under the Putting Things Right Regulations (PTR). One hundred were initially classified as Early Resolutions, and of these 10 cases were upgraded to 'managed under PTR' due to services involved not managing resolution within 2 working days.

The majority of the complaints relate to Secondary Care Services. The themes relate to clinical treatment and appointments, assessments, poor communication, staff attitude and behaviour. Other recurring themes include issues relating to patient discharge from hospitals, prescribing and treatments not providing the expected outcomes, which is consistent with previous reports.

Performance remained below the All Wales target of 75% for complaints closed within 30 working days. The number of complaints closed within the timeframe was 26% during the months of December 2022 and January 2023. This performance level is a slight improvement in comparison to previous reporting months.

There was a significant decrease in the number of overdue complaints during December 2022, particularly pre the festive holidays and the industrial action. A decrease from 340 overdue complaints at the beginning of the month to 308 overdue at the end of December 2022. However, there was an increase in the number of overdue complaints at the end of January 2023, with 348 complaints overdue. The numbers have increased due to the impact industrial action and the capacity within services, in addition, the absence of staff during the festive period (annual leave).

## **PUBLIC SERVICES OMBUDSMAN FOR WALES (PSOW)**

Monthly meetings are scheduled with the Ombudsman's Head of Complaints Standards to promote partnership working between the Health Board and PSOW, and to discuss and share compliance data and review the Health Board's current position.

No Public Interest Reports were received by the Health Board during December 2022 and January 2023.

Detailed information on key cases investigated by the Ombudsman is included in the Patient and Carer Experience Report to the QSE Committee.

## **PATIENT FEEDBACK**

Patient feedback and listening to the voices of patients, carers and service users is key to ensure effective service improvement. The Patient and Carer Experience Team continue to collect service user feedback through various in house methods including; both paper and digital questionnaires, capturing patient stories, Care 2 Share in depth interviews, enquiries via the Patient Advice Liaison Service (PALS) and analysis of social media.

During December 2022 to January 2023, PALS dealt with 899 enquiries. Below are the top three enquiry themes:

- Delay in appointment (negative)
- Clinical treatment and assessment (negative)
- Communication (negative)

During December 2022 to January 2023, 3185 patient feedback surveys were completed. Overall 89% of patients who completed the survey were satisfied and felt listened to. The Patient and Carer Experience Team are supporting wards to understand their patient and carer feedback data, empowering them to pull their own data reports to help inform learning.

## **INFECTION PREVENTION AND CONTROL**

An increase has been noted in healthcare acquired infections from the prior year (23 cases of CDI, 2 cases of MRSA, 32 cases of e.coli and 10 cases of klebsiella) in the reporting period, with slightly fewer cases of MSSA (18). The national benchmarking places the Health Board around average.

Patients with respiratory infections increased significantly in December and January with a peak at new year and several associated outbreaks on the inpatient wards. There were a number of Norovirus cases and some outbreaks creating additional pressure on patient flow.

## **CONCLUSION**

This report provides the Health Board with information and analysis on quality and patient safety matters including Nationally Reportable incidents, Never Events and HIW activity occurring in the last two months.

The key points of note are:

- The overall rate of Nationally Reportable Incidents (NRIs) remains constant however in this period there was a notable increase during December 2022 – the main themes remain falls, healthcare acquired pressure ulcers, and the recognition and action on deteriorating patients. Improvement work for all these areas has been reinvigorated under the leadership of senior clinical staff.

- The rate of surgical safety NRIs (specifically Never Events) has reduced and whilst it is too early to draw a definitive conclusion, the learning from previous incidents and the intensive improvement work which is ongoing is likely to be making a difference.
- The number of overdue incident investigations, and consequently closure within the target timeframe is below expectation. Services report clinical and operational pressure as being the main cause. Support is being provided.
- One overdue Safety Alert remains. Whilst this is the best overall position in Wales, the actions required are being actively chased and have been escalated to Executive Directors.
- The number of overdue complaints remains unacceptably high, with an impact on the closure target compliance. As with incidents, services report pressures as being the cause. Support is being provided to all divisions from the corporate teams and a recovery plan has been developed. It is likely to take several months to address the backlog position and the risk of ongoing or greater pressure on services is a risk to success.

The Health Board will continue to submit more detailed information to the QSE Committee through the bi-monthly Patient Safety Report and triannual Patient and Carer Experience Report.

The Health Board is asked to note the report.

## Appendix 1 – Definitions

### Nationally Reportable Incident (NRI)

The following definition of a nationally reportable incident applies:

*“A patient safety incident which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.”*

The timescale for reporting such incidents is within seven working days.

### Never Events

Never Events are defined as “patient safety incidents that are wholly preventable because guidance or safety recommendations are available at a national level and should have been implemented by all healthcare providers.” The Welsh Government issues a list of incidents that are deemed to be Never Events. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event.

### Patient Safety Alert/Notice

The Welsh Government (WG), supported by the NHS Wales Delivery Unit, leads on identifying significant national patient safety risks and concerns that would require a Patient Safety Solution at a national level for issue to the NHS in Wales. There are two types of solutions issued:

- ALERT (PSA): This requires prompt action with a specified implementation date to address high risks/significant safety problems.
- NOTICE (PSN): This is issued to ensure that organisations and all relevant healthcare staff are made aware of the potential patient safety issues at the earliest opportunity. A Notice allows organisations to assess the potential for similar patient safety risks in their own areas and take immediate action. This stage ‘warns’ organisations of emerging risk. It can be issued in a timely manner, once a new risk has been identified to allow rapid dissemination of information for action.

Organisations are required to confirm that they have achieved compliance by the date stated.

### Inquest

An inquest is an inquiry into the circumstances surrounding a death. The purpose of the inquest is to find out who the deceased person was and how, when and where they died and to provide the details needed for their death to be registered. It is not a trial.

### Redress

The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 state if at any time during the investigation of a complaint or patient safety incident it is considered that a qualifying liability exists or may exist, that would attract financial compensation of £25,000 or less, it must be determined whether or not an offer of redress should be made.

Redress can include one or more of the following:

- A full explanation of what happened;
- An apology;
- An offer to provide care or treatment (where appropriate); and
- A report on action which has been, or will be taken to prevent similar cases arising; and/or
- Financial compensation.

## **Addendum following publication of original paper**

**Date of addendum: 27 March 2023**

A number of incidents have occurred since the writing and publication of the Quality and Patient Safety Report and some of these have been widely reported in the media. Investigations have commenced and, where appropriate, immediate actions taken.

Whilst it would not be appropriate to report to Board on the specifics of those incidents, Betsi Cadwaladr University Health Board apologies for the distress caused and can assure patients, families and carers that the conclusions of those investigations will be shared as quickly as possible.

This includes one Never Event where at Ysbyty Gwynedd where a guidewire was inadvertently retained following insertion of central venous catheter. The patient suffered no long-term impact as the guidewire was successfully removed.

The Board should be aware of actions arising from a Pre-Inquest Hearing that took place on 21 March 2023 relating to the tragic death of a patient in December 2020. His Majesty's Assistant Coroner for North Wales (East and Central) expressed concern that information required to inform the investigation had not been provided in a timely fashion. The outstanding information has now been provided and the Health Board apologises to both the Coroner and the family of the patient for the delays in provision of this information.

Further, the Coroner found matters of concern relating to progress in completion of the action plan resulting from the death in 2020 and the learning arising from the action plan, finding that there is a "risk that deaths will continue in the interim". The lack of "overall strategic direction to investigations and learning" led the Coroner to issue a Regulation 28 Report to Prevent Future Deaths. The Health Board recognises the seriousness of this report, not only in relation to this patient's death, but also in relation to wider learning in the organisation. The Health Board is therefore prioritising the response to the Coroner which will highlight the changes made in process since 2020, but will also ensure that this report leads to further significant changes in the way we respond to, and learn from, incidents.

Additionally, Health Board has also received three further Regulation 28 Reports to Prevent Future Deaths since the date period referenced in the Quality and Patient Safety Report. The first relates to the provision of support to patients on waiting lists for counselling, the second relates to ambulance handover delays and the impact on patients in the community, and the third relates to the transfer of radiology reports to tertiary specialist hospitals. The Health Board takes all these reports seriously and responses to the Coroner are being prepared for all.

Finally, the Health Board has been involved in a number of pre-inquest hearings which have also attracted media interest. A pre-inquest hearing is an administrative hearing that is typically held where an inquest is complex or involve a number of interested persons. The coroner will use this hearing make decisions about the practical arrangements of the inquest. The Health Board has been fully engaged in all these hearings and will ensure all directions from the coroner are complied with.

The Board is also advised that further information on themes, learning, and improvement is contained in the detailed papers to the Quality, Safety and Experience Committee. The Quality and Patient Safety Report provides a high level summary of important issues only.



<b>Teitl adroddiad:</b> <b>Report Title:</b>	Vascular Network Update
<b>Adrodd i:</b> <b>Report to:</b>	Public Board
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	30 March 2023
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>The purpose of this paper is to update the Board on progress to improve the sustainability, quality and the patient experience of vascular services in Betsi Cadwaladr University Health Board (BCUHB).</p> <p>The paper sets out the approach in response to the Vascular Quality Panel's recommendations. The paper lists the transformational work relating to the following clinical vascular pathways: emergency ischemic limb, renal vascular access, diabetic foot, amputee rehabilitation.</p> <p>The key risks relating to the vascular service are summarised within the paper.</p> <p>The National Vascular Registry (vascular annual audit) report is discussed, with next steps summarised.</p> <p>The paper reports that the vascular service sustainability report has been received by BCUHB.</p> <p><b>The vascular improvement plan ongoing actions are highlighted and will report in detail through the Vascular Steering Group to Quality, Safety and Experience (QSE) Committee.</b></p>
<b>Argymhellion:</b> <b>Recommendations :</b>	The Board is asked to note the content of the report.
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Dr Nick Lyons – Executive Medical Director
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Jenny Farley – Vascular Network Director

<b>Pwrpas yr adroddiad:</b> <b>Purpose of Report:</b>	<b>I'w Nodi For Noting</b> <input type="checkbox"/>	<b>I Benderfynu arno For Decision</b> <input type="checkbox"/>		<b>Am sicrwydd For Assurance</b> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b> <b>Assurance Level:</b>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> <b>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</b>  High level of confidence / evidence in delivery of existing mechanisms / objectives	<b>Derbyniol Acceptable</b> <input type="checkbox"/> <b>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</b>  General confidence / evidence in delivery of mechanisms / objectives	<b>Rhannol Partial</b> <input checked="" type="checkbox"/> <b>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</b>  Some confidence / evidence in delivery of existing mechanisms / objectives	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> <b>Dim hyder/tystiolaeth o ran y ddarpariaeth</b>  No confidence / evidence in delivery
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>		The provision of safe and high-quality services is a primary duty of the Health Board.		
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>		None		
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>		Not applicable – This paper does not reflect a change in service		
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>		Not applicable – This paper does not reflect a change in service		

<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</b></p>	<p>CRR22-25 There is a proposal to downgrade this risk and this is following due process through the appropriate committees  CRR22-26 – There is a proposal to down grade this risk as with the above and this is following due process through the appropriate committees  CRR 22-27 Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping - Vascular services</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Financial implications as a result of implementing the recommendations</b></p>	<p>The contingency measures of a second on call consultant to support dual consultant operating out of hours have been stood down and that rota is now supported by a middle grade on call rota.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Workforce implications as a result of implementing the recommendations</b></p>	<p>Not applicable currently</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b>Feedback, response, and follow-up summary following consultation</b></p>	<p>Not applicable currently</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>BAF21-02: Recovering access to timely planned care pathways</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Next Steps:</b></p>	<p>Continuation of the transformation programme</p>
<p><b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b></p>	

# VASCULAR SERVICES UPDATE

## Introduction

Betsi Cadwaladr University Health (BCUHB) vascular services were reconfigured into a hub and spoke model in 2019, with centralisation of arterial and endovascular surgical services at Ysbyty Glan Clwyd (YGC). The redesign of vascular services was completed in line with guidance from the Vascular Society of Great Britain and Ireland, 'The Provision of Services for Patients with Vascular Disease 2018'.

Following a Board request, the Royal College of Surgeons England (RCSE) undertook a review of the reconfigured vascular service in July 2019. The review took the form of a retrospective examination of forty-four clinical records of patients treated by the vascular service. The first stage of the report was produced in March 2021 and the second stage published in January 2022, setting out a number of findings and recommendations. A specific recommendation within the second report was that BCUHB should review the clinical records of a number of patients highlighted within the RSCE report. The RCSE recommended that the BCUHB review should use local knowledge not available to the RSCE, as well as the data within the clinical records to determine if the clinical records contain the expected information recorded for the patient's episodes of care. The RSCE also recommended that the BCUHB review should scrutinise whether the necessary appropriate follow up and aftercare plans were in place for patients.

In response to the RCSE report, BCUHB convened a Vascular Quality Review Panel (VQRP), with an external chair. The VQRP reviewed the case notes highlighted by the RCSE, with the intention of addressing specific concerns raised by the RCSE. The Vascular Quality Review Panel final report was received by BCUHB and published on the 30<sup>th</sup> January 2023.

The improvement and clinical governance of the vascular service is overseen by the Vascular Steering Group (VSG), which was established in November 2021. The VSG chaired by the Executive Medical Director, it includes lay representatives and Community Health Council input.

## Vascular Quality Panel Report and Recommendations

The report highlighted twenty-seven recommendations to BCUHB, with seven overarching themes:

- Clinical pathway effectiveness.
- Clinical governance including, consent and decision-making.
- Accountability, professional practice and person-centred care.
- Team working, including the multi-disciplinary team.
- Complex pain management and palliative care.
- Education and learning.
- Discharge, necessary and appropriate follow up and aftercare plans.

Many of the VQP recommendations were shared with the Health Board during the panel's work, so that improvement work could commence before publication.

An action plan to address the recommendations of the VQP report has been written. For each action the plan records who within BCUHB is responsible for each individual action, the current progress status of the action and the start and due dates of the actions. The action plan is designed to be clinically lead and this ensures clinical ownership of the actions, with delivery of the actions supported by the vascular network team.

The vascular network team will work with the clinical lead for vascular services and oversee progress against the agreed timescales through regular meetings with the leads.

The Integrated Health Care (IHC) leadership team at YGC is in the process of developing a delivery group which will report progress against actions from the Targeted Intervention Vascular Improvement Plan and the more recent plan in response to the VQRP.

The two plans will be integrated into a single improvement plan in April 2023.

### **Pathways Update**

Effective clinical pathways underpin the delivery of any clinical service. Vascular service pathways being prioritised for update are:

- Emergency ischemic limb management
- Renal vascular access
- Diabetic foot ( Lower limb ischaemia)
- Post amputation discharge and amputee rehabilitation pathways.

### **External Support to Vascular Services: MDT support and specialised vascular surgical arrangements**

All patients potentially requiring Abdominal Aortic Aneurysm (AAA) surgery continue to be discussed between the BCUHB MDT and the MDT at the University Hospitals of the North Midlands NHS Trust (UHNM). These discussions generate an additional level of assurance around clinical decision making and pre-operative work-up of patients.

Liverpool University Hospitals Foundation Trust (LUHFT) continue to provide tertiary vascular surgery for the patients who need more complex interventions that cannot be delivered at the BCUHB hub surgical site.

### **Risks Associated with Vascular Services**

The current reported risks associated with the vascular services do not include any additional risks highlighted by the recent Vascular Quality Panel Report (VQPR). The VQPR is being reviewed in detail in March, any newly identified risks will be added to the risk register.

The three most significant risks are currently the risk of

- Failure to provide full vascular services due to lack of medical workforce.
- Significant patient harm as a consequence of sustainability of the acute vascular service (workforce related)
- Potential non-compliance with regulatory standards for documentation due to poor record keeping.

The medical workforce risks have been partially mitigated by a fully staffed consultant vascular surgeon rota and a new middle grade doctor rota. These risks are being reviewed with a view to downgrading their severity rating.

### **National Vascular Registry (NVR) report**

The NVR is a resource which collates quality and outcome data for each NHS vascular unit in the UK. It is administered by the Vascular Society of Great Britain and Ireland. As with all such databases it is limited in the range of data it can collect and relies upon voluntary entry of all cases. Nevertheless, it is nationally highly regarded by the vascular community and the broader NHS.

The NVR issues an annual report and the following information is a summary of the 2022 BCUHB report. The report presents 2021 data, apart from AAA repair which is presented as 3-year time periods because of the smaller number of patients undergoing this procedure.

#### **Areas of Good Performance**

- Mortality and case load (rate of death and type of operation) for lower limb revascularisation (bypass operation to improve blood supply in the leg) is on a par with other UK vascular services.
- Post-operative mortality (risk of dying after the operation) or risk of a stroke as a recognised complication after the operation of carotid endarterectomy (an operation to clear out a narrowing in the blood vessel in the neck which supplies the brain) is on a par with other UK vascular services.
- Delays to surgery for carotid endarterectomy is on a par with other UK vascular services.
- High proportion of patients with AAA:
  - Have a formal clinical discussion between all the necessary specialists about how their condition should be treated
  - Have appropriate scans prior to the operation
  - See an anaesthetist prior to the multi-speciality meeting to assess all the potential risks.

#### **Next steps**

- There is a need to reduce the delays for patients needing a lower limb urgent bypass surgery. Work will commence in May 2023 to understand the current delays, reasons for those delays such as access to theatre, diagnostics or out patients.
- Although the lower limb revascularisation postoperative mortality rate is on a par with other UK vascular services, the vascular clinical team will work towards reducing the rate further over the next 12 months.
- There is a need to reduce delays for patient needing AAA repair by identifying the root cause of delays and addressing them over the next 12 months.
- There is a need to examine the possibility of provision of a 24/7 emergency endo-vascular aneurysm repair (EVAR) service to increase proportion burst AAA cases

treated by EVAR. This review will be done with the Interventional Radiologists by the end of June 2023. There are major challenges in terms of recruitment and funding for 24/7 EVAR cover, it is not a service provided by every vascular unit in the UK.

- There is a need to reduce the delays for patients needing amputation and to provide surgery within 9 days (in line with national vascular peers). This is challenging due to vascular ward and intensive care unit (ICU) bed capacity. All deaths are discussed at clinical governance meetings to understand key learning for future patients and to identify any common themes.
- After the NVR reporting period closed, dual consultant operating has now started for planned AAA repair. This brings the vascular unit in line with many other UK vascular units. All AAA cases are now discussed in the local and UHNM MDTs.

### **NVR Data Issues**

The report to the last Board (31 January 2023) highlighted gaps in the data submitted to the NVR. BCUHB has appointed a clinical lead who has taken ownership of the NVR data process.

### **Sustainability**

BCUHB received in March 23 a report describing options to enhance the sustainability of the current hub and spoke models for the vascular service in north Wales. This report is being considered in detail and an update will be provided in due course.

### **Vascular Improvement Plan Ongoing Actions**

The following areas of the vascular improvement plan have key actions to be completed:

- Clinical Audit
- Pathways and protocols
- Bed Capacity and capacity within the hub and spoke model
- Workforce

These actions will continue to be monitored through the Vascular Steering Group.



<b>Teitl adroddiad:</b>	Flintshire and Wrexham Public Services Board Well-being Plan
<b>Report title:</b>	
<b>Adrodd i:</b>	Health Board
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Thursday, 30 March 2023
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	Flintshire and Wrexham Public Services Board (PSB) draft Well-being Plan 2023 – 2028 is presented to the Board for approval.
<b>Executive Summary:</b>	<p>The Plan has been developed to respond to the updated Well-being Assessments for the Flintshire and Wrexham area produced in 2022. It seeks to address the key areas which pose the greatest need or challenge for communities and where the PSB can make the greatest contribution towards social, environmental, cultural and economic well-being, adding value to existing partnerships and core services.</p> <p>The production and implementation of the Well-being Plan is a key task of the PSB and part of the Health Board's statutory duty under the Well-being of Future Generations (Wales) Act 2015. The Plan supports:</p> <ul style="list-style-type: none"><li>• our strategic well-being goal of improving health and well-being</li><li>• delivery against the relevant priority areas described within the NHS Planning Framework and ministerial priorities</li><li>• a joined-up, partnership approach to maximise our contribution to the wider well-being agenda</li></ul> <p>The Well-being Plan is a high level document providing a description of the well-being objectives and the high level themes that will be addressed to support delivery of those objectives.</p> <p>A further, more detailed Action Plan will be produced in the near future and updates on this will be provided.</p>
<b>Argymhellion:</b>	The Board is asked to:
<b>Recommendations:</b>	<ul style="list-style-type: none"><li>• Receive the Well-being Plan for 2023 – 2028</li><li>• Approve the Plan as part of the partner scrutiny and approval process, prior to formal sign off by the PSB and publication by 5<sup>th</sup> May 2023</li></ul>
<b>Arweinydd Gweithredol:</b>	Gill Harris, Interim Chief Executive Chris Stockport, Executive Director, Transformation and Strategic Planning
<b>Executive Lead:</b>	
<b>Awdur yr Adroddiad:</b>	Report Authors: Flintshire and Wrexham PSB Officer Team

<b>Report Author:</b>	Cover sheet: Wendy Hooson - Acting Head of Health Strategy and Planning and Kamala Williams - Head of Health Strategy and Planning			
<b>Pwrpas yr adroddiad: Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd: Assurance level:</b>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):</b>	The production and implementation of the Well-being Plan is part of the Health Board's duties under the Well-being of Future Generations (Wales) Act 2015 and supports the strategic goal of improving health and well-being			
<b>Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:</b>	Production of the Well-being Assessment and the Well-being Plan is a key task of the PSB for which the Health Board is a named participant. The Health Board has a statutory duty as a designated public services body to fulfil the requirements of the Well-being of Future Generations Act.			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	Y An Impact Assessment has been undertaken in support of the Plan which encompasses equality			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	Y An Impact Assessment has been undertaken in support of the Plan which encompasses socio-economic impact			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan</b>	Risks identified by the PSB include: • Risk that the PSB lacks influence or control to deliver against the objectives			

<p><b>gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<ul style="list-style-type: none"> <li>• Risk of duplication with work ongoing in other organisations</li> <li>• Risk of over-ambitious objectives unable to be delivered</li> <li>• Risk of not achieving approval in line with the statutory deadline of final sign-off and publication by 5<sup>th</sup> May 2023</li> </ul>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no immediate financial implications arising from the Plan, although further assessment of any resource or capacity required will be undertaken when taking forward steps in the Plan.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>No immediate workforce implications are identified arising from the Plan.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Engagement and consultation has been undertaken by the PSB to capture views on what is working well and what needs to be focused on for the benefit of future generations. Consultation on a short version of the Flintshire and Wrexham Plan concluded on the 5<sup>th</sup> February 2023.</p> <p>Internally, the draft Well-being Plan 2023 – 2028 has been circulated to the Executive Team for comment and sign-off prior to submission to Board for formal approval.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>N/A</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>- Consultation on draft short version of the plan closed February 5<sup>th</sup> 2023.</li> <li>- PSB stakeholder workshop held on February 2<sup>nd</sup> 2023.</li> <li>- Final draft Well-being plan 7<sup>th</sup> March 2023</li> <li>- Partner/stakeholder ratification March to April 2023.</li> <li>- Final plan to PSB for formal sign off and publication by May 5<sup>th</sup> 2023.</li> </ul>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <p>Appendix 1 - Wrexham and Flintshire Public Services Board (Draft) Well-being Plan 2023 - 2028</p>	

## **FLINTSHIRE AND WREXHAM PSB WELL-BEING PLAN 2023 - 2028**

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

In April 2016, the Well-being of Future Generations (Wales) Act 2015 (the WFG Act) established a statutory board, known as a Public Services Board (PSB), in each local authority area in Wales. The PSB is a collaboration of public bodies working together to improve the well-being of their county – to improve economic, social, environmental and cultural well-being by working towards the seven national Well-being goals:

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of cohesive communities
- A Wales of vibrant culture and thriving Welsh language
- A globally responsible Wales

PSBs are the key partnerships collectively responsible for improving the well-being of communities across Wales. Membership consists of senior representatives from partner organisations including the Integrated Health Community (IHC) Directors participating in support of their role as senior community leaders. The PSBs work collaboratively as partner organisations to ensure that our strategic plans and corporate objectives are aligned with, and support achievement of, local well-being objectives and vice versa; but also to ensure that the contribution of the PSB adds value over and above statutory organisations' own plans.

The WFG Act places a statutory requirement on each PSB to produce a Local Well-being Plan for their area to set out how the PSB intends to improve the economic, social, environmental and cultural well-being of its area. The Local Well-being Plan should be published no later than one year after the publication of its Well-being Assessment.

Flintshire and Wrexham PSBs produced separate well-being assessments but, capitalising on the close collaboration undertaken during the Covid pandemic, came together in January 2023 as a single Public Services Board and agreed to produce a single Well-being Assessment for their two counties. They are now therefore working towards a proposed deadline of May 2023 for publishing their first joint Local Well-being Plan.

### **2. Corff yr adroddiad / Body of report**

The 2023-28 Well-being Plan, attached to this report, sets out Flintshire and Wrexham PSB's well-being objectives for the next 5 years.

In early 2022 the findings of the Well-being Assessments were reviewed in detail, and strategic issues where the PSB could collectively make a difference as a group of partners were identified. This work was supported by the Co-Production Network for Wales. From this analysis, the Board came up with a long list of strategic issues.

The PSB used a range of resources to shape thinking about the Well-being plan including the Future Generations Commissioner for Wales' Future Generations Report, Welsh

Government’s Well-being of Wales and Future Trends Reports, and Natural Resources Wales’ North East Wales Area Statement.

The plan recognises that across the four intertwined pillars of well-being – environment, culture, society, and economy - there are common challenges of inequalities and social determinants of health. It also acknowledges that partners need to commit to tackle these common challenges across all four pillars to avoid a decline in well-being. The 2023-28 Well-being plan is the latest milestone towards the PSB’s long-term ambition for a fairer and greener place.

Based on learning over the last few years throughout the Covid-19 pandemic along with evidence and data, PSB partners have developed two broad well-being objectives and associated outcomes - see table below:

<b>OBJECTIVES</b>	<b>Build flourishing communities by reducing inequalities across environment, education, employment, income and housing</b>	<b>Flintshire and Wrexham PSB</b>	<b>Improve community well-being by enabling people of all ages to live healthy and independent lives</b>
<b>OUTCOMES</b>	Ensure children and young people will thrive through making the most of new skills, training and learning opportunities.	<b>Children and Young People</b>	Ensure there is a joined up approach across the public sector to prevention and early intervention for all children and families.
	Mobilise everyone’s skills and talents to tackle climate change and the nature emergency and build a strong, fair sustainable local economy.	<b>Our Communities</b>	Innovate with communities to build good mental health and wellbeing
	Strengthen the connection between PSB organisations and their staff who work and live in our communities.	<b>Where we work</b>	Ensure that the PSB deeply understands the needs and resources of our communities

The PSB will use three key themes to structure these objectives: ‘Children and Young People’, ‘Our communities’ and ‘Where we work’.

In addition, the PSB confirms it is important to note that Welsh language and culture connects everything that the PSB does.

### **3. Gobygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications**

There are no immediate financial implications arising from the Plan, although further assessment of any resource or capacity required will be undertaken when taking forward the next steps in the Plan.

### **4. Rheoli Risg / Risk Management**

Risks related to the publication and implementation of the plan have been identified by the PSB and will be mitigated and monitored by the PSB.

There is a risk to the Health Board and other North Wales organisations which are members of the PSB that priorities in the Flintshire and Wrexham PSB differ from priorities in other areas. The Plan is however a local plan built on local needs assessment and co-production. The PSB Officers across North Wales work together as a network to share best practice and utilise resources effectively where possible.

#### **5. Goblygiadau Cydraddoldeb ac Amrywiaeth / *Equality and Diversity Implications***

An Impact Assessment has been undertaken in support of the Plan and encompasses equality and socio-economic impact.

## **APPENDIX 1**

### **Flintshire and Wrexham Public Services Board**

*Our well-being plan 2023 – 2028*

*Croeso!*

*Who are we?*

*What is the secret to our PSB magic?*

*What have we learned?*

*What are we going to do?*

*How it all comes together*

*How will this plan change things?*

*Our Public Services Board actions*

## Croeso!

Welcome to our journey to help improve local well-being across Flintshire and Wrexham. For a few years now, public sector organisations across our area have been working more closely with the third sector, businesses and communities.

There are four pillars of well-being – environment, culture, society, and economy. These are intertwined, they are not separate. Across these pillars, there are common challenges of inequalities and social determinants of health. Unless we commit as a society to confronting these common challenges in a joined up way, we will continue to risk a decline in our well-being.

It is only by working together that we will be flexible enough to deal with the most pressing current issues, such as the cost of living and the energy crisis, whilst also building our momentum to reduce the impact of inequality and the climate and nature emergency.

When we talk about our communities, we mean the rich mix of voices we work with, from places, ages, around beliefs or on-line. We all have a stake in a better place to live, both now and for the future that we want to see. This means our natural resources, nature and our communities exist in balance and we focus on building the local economy we need to support our next steps.

This five year plan shows how we believe that if we lift up our sights to think about how our life can be in 2050 and enable everyone to get involved in whatever way they can, then we can build our resilience and well-being.

We want our plan to be useful to our communities, partners and stakeholders – to set out a direction that will inform their plans – whether they are a large organisation or a local area. To provide a consistent knowledge base to inform our bus stop discussions and our pub arguments. And to point us in the right direction on our journey towards a fairer and greener place.

## Who are we?

The Public Services Board is where public sector organisations across Flintshire and Wrexham come together. We are working with our communities to change how we do things, to make sure we will be able to face the challenges ahead such as the climate and nature emergency, and how we ensure good mental health and wellbeing for all.

After working in partnership throughout COVID, the Public Services Boards of Flintshire and Wrexham have now come together as a single body. We are committed to working with energy and enthusiasm and listening to others. This means involving our communities, so they are always at the heart of our service design and the delivery of our services. This way, everyone can benefit fairly from our resources, our assets and accessible services. We are stronger together.

We have a strategic partnership with a strong focus on taking a shared approach to learning, decision-making and action. Together, our organisations employ lots of local people. Every member of the PSB is an anchor institution, here for the long term and working for our area, looking at how we use our resources better to build a fairer, healthier place. And how we can actively use our spending power to power the local economy and build well-being.

It is crucial that this plan listens to local people because they understand our history and our communities better than anyone. And so for this plan to work we need to build trust, add value and transform people's lives. From our roaring industry on Deeside to the roaring terraces of Y Cae Ras, we truly believe that working together is the key to unleashing our true aspirations.

## Get Involved

In the future we will continue to use and share our evidence, intelligence and insight to inform how we work. If you'd like to join us then contact:

[sustainability@wrexham.gov.uk](mailto:sustainability@wrexham.gov.uk)

[corporatebusiness@flintshire.gov.uk](mailto:corporatebusiness@flintshire.gov.uk)

## What is the secret to our PSB magic?

When we work together we can achieve so much more. We have been building a systems leadership approach for a number of years, and it really is magic. This means everyone committing to real change, and joining the movement to improve things, one person at a time. Everyone will have something to give. Everyone's voice is powerful, and working together will unlock that energy.

Our approach to shared planning and equal decision-making with the PSB, wider partners and communities all working together and at the same time, is called co-production. We are focusing on how we involve our communities in service design and delivery through a growing network of practitioners, trainers and facilitators at the Co-production Network for Wales.

Working with the other Public Services Boards across North Wales, this plan has been shaped through different involvement programmes with partner organisations and community groups. This work will grow over the next five years, and services may change, as communities needs change.

### **Our magic formula means we will always:**

- Always seek to build value as anchor institutions and community leaders
- Take a joined up approach to what we do
- Be bold and brave and not afraid to fail
- Use and share evidence, intelligence and insight to inform how we shape long term well-being.
- Be honest with our communities and stakeholders
- Ensure our PSB partner organisations are quick to act.
- Actively use our spending power to unleash community benefits and social value
- Be guided by the question 'So, what difference is this making?'

## What have we learned?

To deliver sustainable change for Flintshire and Wrexham we will need to be bold. We will need to think about what will need to change in 5, 10, 15, 20, and 25 years to minimise the impact of inequality and the climate and nature emergency. We have to leave our home, our place and our world better than we found it.

A key aspect of our well-being assessment was to understand the big trends and drivers that are likely to shape the future in Flintshire and Wrexham. The assessment provided insight into how we can best prepare for the future, around people and population, planetary health and limits, inequalities and technology. We used a range of resources to shape our thinking, including the Future Generations Commissioner for Wales' [Future Generations Report](#), Welsh Government's [Well-being of Wales](#) and [Future Trends Reports](#), and Natural Resources Wales' [North East Wales Area Statement](#).

The Flintshire and Wrexham PSB difference is the rich evidence we are building up through stories, narratives and experiences. By sharing conversations we learn about each other and how we can build a fairer place to live together. Our TrACE Community of Practice is bringing together people and organisations across North Wales engaging in 'trauma informed practice' to learn, share and innovate. It will help build strategic capacity and capability across the region and allow PSBs to understand many types of lived experience and actively enable community resilience.

Our Community Narratives programme is already building creative methods such as storytelling to record diverse voices and experiences of our communities. And in a Future Leaders workshop, young people from Ysgol Clywedog told us that decisions made today, on their behalf in this plan will shape their lives.

Young people from across Flintshire and Wrexham came together with GwE (the North Wales regional school improvement service) in November 2021 to deliver TEDx climate change talks. By being given space, they were able to talk about what issues that matter to them. We will continue to build on this with more events, co-creating ways to address the issues that our young people identify.

We can't create, deliver and measure the success of our wellbeing plan, without working with our communities, and learning from their rich stories and lived experience. This is why the Flintshire and Wrexham Public Services Board has committed to work with communities to co-create our actions.

## What are we going to do?

Based on what we have learned over the last few years, from the COVID-19 pandemic and using evidence and data to guide us, we have produced two broad well-being objectives, which will help us all to work together to tackle inequality and improve well-being:

- Build flourishing communities by reducing inequalities across environment, education, employment, income and housing.
- Improve community well-being by enabling people of all ages to live healthy and independent lives.

Our well-being objectives have then allowed us to identify six outcomes where we really want to improve well-being. We will then bring it all together around three key themes: Children and Young People, Our communities and Where we work.

When we work with each other, we always start with a focus to build fairness and equalities into what we do from the very start. We will understand each other better through honest conversations, which discuss how the impacts of our actions may be vary across our communities.

Our Welsh language and culture connects us. It is not enough for us simply to set a target for using our language. We will do much more to build on our history, our welcome and our passion. By being curious we will build confident communities and make change happen.

It will be the job of the PSB to join the dots. That's the secret to our magic in Flintshire and Wrexham.

## How it all comes together

Flintshire and Wrexham Public Services Board				
Build flourishing communities by reducing inequalities across environment, education, employment, income and housing.		Improve community well-being by enabling people of all ages to live safe, healthy and independent lives.		OBJECTIVES
Ensure children and young people will thrive through making the most of new skills, training and learning opportunities.	Children and Young People	Ensure there is a joined up approach across the public sector to prevention and early intervention for all children and families.	OUTCOMES	
Mobilise everyone's skills and talents to tackle climate change and the nature emergency and build a strong, fair sustainable local economy.	Our Communities	Innovate with communities to build good mental health and wellbeing		
Strengthen the connection between PSB organisations and their staff who work and live in our communities.	Where we work	Ensure that the PSB deeply understands the needs and resources of our communities		

### 1. Build flourishing communities by reducing inequalities across environment, education, employment, income and housing.

#### Children and Young People

***Ensure children and young people will thrive through making the most of new skills, training and learning opportunities.***

Through our well-being assessment we found that for some key social determinants (employment, education, community safety and health) outcomes were poorer for people living in a low-income area. Whilst the overall qualification profile is increasing, inequality in educational attainment remains and households with a disabled person in the household, and people from Black, Asian and minority ethnic groups are at risk of income poverty. It is critical that we invest and innovate in how we prepare young people for their future, through learning, apprenticeships and building new experiences and life skills, learning to think and question and build resilience.

We have a real opportunity to redesign how we build and share spaces, services and ideas in our communities to build a sense of local pride.

## **Our Communities**

***Mobilise everyone's skills and talents to tackle climate change and the nature emergency and build a strong, fair sustainable local economy.***

Climate change and the nature emergency **is the defining issue of our time**. We have a real opportunity to work together to engage with our natural environment to build positive health outcomes, including improved physical and mental health, and reduced risk of cardiovascular disease and other chronic conditions.

The effects of climate change are already here, from wilder winters to hotter summers. We must seize the opportunity to build a sustainable local economy, working across our region and across the border to grow local business, improve biodiversity and focus on developing green skills and infrastructure. This will help to mitigate the effects of climate change, adapt our communities to the impacts of a changing climate and support improved well-being outcomes.

Green skills will be a significant proportion of the future jobs market and so we need to provide the opportunity for everyone in our communities to get involved with the huge and varied opportunities in this sector. We will make clearer connections to local and regional partners across a range of areas such as energy, the economy and skills and work with these partnerships to take a fairer approach to measuring economic success, and to share our long term thinking.

In our future we see low carbon forms of active travel as being key to accessing a good range and quantity of well-paid, stable employment opportunities available, and we will promote the idea of the 20 minute neighbourhood where jobs, facilities and shops are easier to reach without sitting in congestion.

There is a need to ensure that a just transition to a net zero Wales is carefully managed to be both equitable and fair, so that we all share the load. The need to decarbonise our economy and communities will have impacts on industries, sectors of the workforce and socio-economic groups in different ways, depending on the pathways, policies, and actions we choose.

Whilst current environmental, conservation and management actions are having positive impacts on environmental well-being, this is being overwhelmed by the growing pressures on biodiversity. Often, even in rural areas, getting out into nature might be difficult, because of access or poor transport links.

There is clear evidence that greener communities have healthier residents with residents who are more active and have improved mental health, and our poorer areas are often characterised by an absence of green, natural spaces. Walks through green space have been shown to reduce blood pressure, improve mental acuity, boost memory recall, and reduce feelings of anxiety. *The Japanese have a name for this type of experience: shinrin-yoku*

## **Where we work**

### ***Strengthen the connection between PSB organisations and their staff who work and live in our communities.***

Our assessment identified the key role that the public sector has to build strong communities, through its spending power, and our role as anchor institutions. Collectively we are a large and diverse employer, from hospital porters to firefighters to our army of carers.

Co-producing projects with communities and stakeholders will encourage a diversity of voices from our communities and means we identify what's important to local areas and prevent little problems from growing. Employees who work for PSB organisations already invest their time in their communities, as school governors, sports coaches or organising local Eisteddfodau. By working together, the PSB organisations will do much more to co-ordinate and support colleagues to develop a sense of belonging for all communities, reinforcing our Welsh culture and providing a warm welcome to asylum seekers, refugees. and migrants.

## **2. Improve community well-being by enabling people of all ages to live healthy, safe and independent lives.**

### **Children and Young People**

#### ***Ensure there is a joined up approach across the public sector to prevention and early intervention for all children and families.***

Preventing the need for people to require health and social care support, and intervening early when help and support is required, is the most effective way to improve the wellbeing of our population. Taking this approach is particularly important at a time when NHS and social care services are overwhelmed with demand. We can ensure that we respond to the changing profile of Wrexham and Flintshire, areas where the age profile of the population is growing increasingly older. Keeping active and busy can stop people from feeling lonely - the wisdom, experience and time of our older people is one of our best kept secrets.

Adverse Childhood Experiences are stressful experiences that children can be directly or indirectly exposed to while growing up, and these are connected to all the social determinants of health (well-being). Our assessment has identified that we need to focus on reducing these negative experiences otherwise they will continue to affect our population throughout their lives, leading to poor health, social problems and early death.

All PSB members will need to work together to ensure that prevention is embedded across everything they do, with a strong focus on early years, where we know investment will achieve the biggest return in long-term health and wellbeing outcomes. This will also complement the needs of our older population, creating an environment for healthy ageing.

## **Our Communities**

### ***Innovate with communities to build good mental health and well-being***

For North Wales, there is a higher rate of mental health problems than for the rest of Wales, and this is without us fully understanding the long term impacts of COVID-19. We know from Wrexham's population needs assessment that there are further opportunities to co-produce community based and accessible mental health services to positively change the model of mental health service delivery in Wrexham. A community of practice approach will share best practice and help us to make the most of opportunities for upstream prevention. And there is a real opportunity for us to have healthy green spaces and accessible, integrated, and well-designed services that work for everyone across Flintshire and Wrexham.

### **Where we work**

#### ***Ensure that the PSB deeply understands the needs and resources of our communities***

Our assessment found a mixed picture of engagement with our communities and stakeholders. This is especially true for disabled people. We found that by committing to better, ongoing conversations and actively seeking out seldom heard voices, that the PSB must work with communities and services users on the design, delivery and ownership of the services that they need.

Our Diverse Together Community Chats programme is enabling engagement with a diverse range of community groups around safety, equality and wellbeing. We know that our older population is increasing and we need to work with other partnerships to ensure our approach benefits all parts of our communities.

The PSB has committed to work with communities to enable these conversations and often, it will be our Town and Community Councils who will be a close ally on the ground through their local plans.

We are looking into how a Citizens' Jury for North Wales could work. This is where a group of people come together to assess evidence and deliberate on an issue such as climate change and the nature emergency, and these solutions could help us to deliver things differently in the future.

### **How will this plan change things?**

Research, evidence, community stories, techniques and training for community engagement are shared at the **North Wales Insight Partnership (NWIP)** which is a collaborative working space for the PSBs, partners and community voices across the region. We're proud that we routinely use the five ways of working (prevention, long term, collaboration, integration and involvement) to shape how we work.

We will work with our communities and stakeholders to gather their thoughts and their experiences, so that we can celebrate and share our success, learn from how we are working and provide a way to get everyone involved so that we push each other to be our best selves.

We include Welsh Government and the Office of the Future Generations Commissioner in our discussions at NWIP. This means that we can work collaboratively at different levels, ensuring that our national policymakers understand the voices and ideas from our communities.

So showing impact and sharing what we do will be more than just an annual report or a set of performance measures. We will use our two connected well-being objectives as a means to frame conversations that will explore how we can best share stories and keep our poetry and our songs thriving.

## **Our Public Service Board actions**

From the stillness of Moel Famau to the gentle Ceiriog Valley, we need to work together to protect our most distinct and precious things, which are the places we call home. Through our shared commitment, by testing ideas, challenging impacts, and enabling co-production with our communities we will keep changing things for the better and the long term.

We will set up three Boards responsible for delivering real improvements in well-being for children and young people, our communities and our workforces and they will co-ordinate our delivery teams. Some of the projects that we will work on first are shown below. But these are just the beginning of our shared task.

These Boards will join the dots, act as a focus point for anyone who wants to get involved and help to share the impact of how we are doing things.

Each of our projects will have clear plans that focus on what we want to achieve. Doing this means there will be a consistency across what we do, and we will be able to identify cross cutting measures and where there are multiple benefits from working together (and unintended consequences if we don't.)

### **Children and Young People**

- Expand the Children's University for Wrexham and Flintshire programme
- Create an programme of engagement and co-creation
- Develop our joined up approach to prevention and early intervention
- Support the community based Healthy Weight programme

### **Our Communities**

- Expand our community based climate change action
- Increase active travel through the North Wales Healthy Travel Charter
- Develop a programme to make sure that good quality and healthy food is affordable and accessible
- Co-ordinate a programme to build future skills and green opportunities
- Support the TrACE community of practice
- Promote health and biodiversity opportunities through local social prescribing and enhancing green infrastructure.

### **Where we work**

- Develop better ways to communicate between organisations and our communities.
- Ensure organisations manage their premises and working practices to address the climate and nature emergencies
- Use our spending power to build community well-being benefits
- Commit to a volunteering policy that supports local communities.
- Identify where organisations can use their recruitment practices to enable diverse and thriving workplaces.
- Highlight the barriers to using public services faced by disabled people
- Become foster friendly organisations



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Board Meeting 30 March 2023					
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public					
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. <b>Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.</b>					
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Dr Nick Lyons, Executive Medical Director.					
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Meryl Roberts, All Wales Approval Manager for Approved Clinicians and Section 12(2) Doctors.					
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Not applicable					
<b>Atodiadau</b> <b>Appendices:</b>	<p><b>Appendix 1:</b> Mental Health Act 1983 as amended by the Mental Health Act 2007:- Approved Clinician (Wales) Directions 2018. - <u>Update of Register of Approved Clinicians for Wales.</u></p> <p><b>Appendix 2:</b> Mental Health Act 1983 as amended by the Mental Health Act 2007:- - <u>Update of Register of Section 12(2) Approved Doctors for Wales.</u></p>					
<b>Argymhelliad/Recommendation:</b>						
<p>1. The Board is asked to ratify the approvals in line with the Welsh Government Guidance Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians and the Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals as detailed in Part A of Appendix 1.</p> <p>2. The Board is asked to delegate to the Executive Medical Director the ratification step of the approval process in order for approvals to be streamlined.</p> <p>3. The Board is asked to ratify the cases shown in part B of Appendix 1.</p> <p>The approvals will be reported to the Board at each meeting on this basis for information or by exception.</p>						
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>						
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	✓	<b>Er gwybodaeth For Information</b>

<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>	<b>N</b>
<b>Sefyllfa/Situation:</b>	
<p>The Approval Process is part of the legislative process relating to the Mental Health Act 1983 (as amended 2007). The detail presented to the Board in this Report is a summary of the approvals which have already received ratification for Approved Clinicians and Section 12(2) Doctor approvals across the Principality.</p>	
<p>Betsi Cadwaladr University Health Board (BCUHB) undertakes the delegated function of the Welsh Ministers for the approval of Approved Clinicians and Section 12(2) doctors on behalf of all the Health Boards in Wales.</p>	
<p>The Health Board ensures an effective approval, re-approval, suspension and termination of approval processes for Approved Clinicians and Section 12(2) doctors in Wales.</p>	
<b>Cefndir/Background:</b>	
<b>About the Approval Process</b>	
<p>This report provides a governance record of compliance with legislative requirements under the Mental Health Act 1983 (as amended 2007) of the approvals and ratification process.</p>	
<p>The Welsh Government Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018, Approved Clinician Procedural Arrangements (July 2018) and All Wales Section 12(2) Process and Criteria Document (September 2021) set out the eligibility criteria for approval and reapproval for Doctors and non-medical Clinicians who wish to become approved under the Mental Health Act 1983. These documents are used by the Approvals Team and All Wales AC and S12 Panel who scrutinise applications for approval which have been received from Clinicians across the Principality. Applications are received either for Approved Clinician or Section 12(2) applications from Psychiatrists, General Practitioners and other registered professionals who are eligible to apply for approval status under the Mental Health Act (1983) (as amended 2007).</p>	
<p>Applications are scrutinised by the approval team for completeness and compliance and then submitted to Panel members for their scrutiny, assessment and recommendation.</p>	
<p>Following Panel assessment, any recommendation for approval must receive formal ratification from the Approving Board, for the process of approval to be lawful and to ensure compliance with legislative requirements.</p>	
<b>Previous Procedure for ratification of Approving Board decisions</b>	
<p>Ratification is sought via a written Chair's Action letter and submitted to the Office of the Board Secretary for co-ordination and completion.</p>	
<p>Approval is then received in writing from the Board Chairman, Chief Executive Officer, Board Secretary and two Independent Members then returned to the Approvals Team.</p>	

The Clinician is then informed that they have received approval and this is confirmed in writing in a signed Chief Executive Officer approval letter.

The Health Board then formally ratifies decisions through this paper which is submitted on a bi-monthly basis – as detailed in Appendix 1.

### **Asesu a Dadansoddi/Assessment & Analysis**

The Board continues to exercise this function effectively and to work with Welsh Government to further develop the Directions that underpin this important function.

### **Opsiynau a ystyriwyd/Options considered**

This is a factual report for assurance purposes.

### **Goblygiadau Ariannol/Financial Implications**

None

### **Dadansoddiad Risk/Risk Analysis**

To ensure that all Clinicians are approved and reapproved within the agreed timescales, the All Wales Approval Panel assesses applications according to the Procedural Arrangements agreed with Welsh Government.

If Clinicians do not apply for re-approval according to the agreed timescales, their approval could expire and this could have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in the Principality.

Under The Mental Health (Mutual Recognition) Regulations 2008, a Section 12(2) approved Doctor in England is also approved in Wales and vice versa. Due to a current lack of Section 12 Directions for Wales, there is a risk that a Section 12(2) approved Doctor in Wales may not be lawful in England.

### **Cyfreithiol a Chydymffurfiaeth/Legal and Compliance**

The Approval Process meets the legislative requirements of the Mental Health Act 1983 (as amended 2007) and the Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018.

The Board is asked to note that Wales does not currently have Section 12 Directions for the approval, re-approval and ending of Section 12(2) Doctor approval. Welsh Government met with the Approvals Team on 20<sup>th</sup> October 2021 and it was agreed that Section 12 Directions will be made. Welsh Government Legal Team reviewed draft Section 12 Directions for compliance and further meetings between the Approvals Team and Welsh Government took place on 8<sup>th</sup> December 2021, 4<sup>th</sup> and 11<sup>th</sup> February 2022, 11<sup>th</sup> March 2022 and 20<sup>th</sup> May 2022 to review and agree the contents. Further meetings will be scheduled to ensure the draft Section 12 Directions are reviewed, agreed and enacted by the Welsh Ministers.

### **Asesiad Effaith/Impact Assessment**

None.

**Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors  
for Wales**

**22<sup>nd</sup> December 2022- 6<sup>th</sup> March 2023**

	<b>AC</b>	<b>S12 (2)</b>
<b>Approvals and Re-approvals</b>	17	3
<b>Approvals suspended</b>	0	0
<b>Approvals re-instated/ returned to work in Wales</b>	0	0
<b>Removed</b>	0	0
<b>Retired</b>	0	0
<b>Registered without a licence to practise and retired</b>	3	1
<b>Transferred from AC register (to S12 Register)</b>	0	0
<b>Transferred/Removed from S12 – Became AC approved</b>	0	0
<b>No longer working in Wales and Approval Expired</b>	0	0
<b>No longer working in Wales</b>	1	0
<b>Approval Ended</b>	2	2
<b>RIP</b>	0	

## APPENDIX 1

### Mental Health Act 1983 as amended by the Mental Health Act 2007

### Mental Health Act 1983 Approved Clinician (Wales) Directions 2018

### Update of Register of Approved Clinicians for Wales

22<sup>nd</sup> December – 23<sup>rd</sup> March 2023

#### Approvals and Re-approvals: 17

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
<b>Part A - Approved under previous procedure</b>				
Aziz	Victor	Swansea Bay University Health Board, Tonna Hospital site, Tonna, Neath. SA11 3LX	22 <sup>nd</sup> May 2024	Yes
Rahuja	Saika Parveen	Cygnnet Delfryn House, Argoed Hall Lane, Mold, Flintshire, CH7 6FQ	4 <sup>th</sup> February 2025	Yes
Hussain	Shahid	Elysium Healthcare, Ty Grosvenor, 16 Grosvenor Road, Wrexham, LL11 1BU.	4 <sup>th</sup> August 2025	Yes
Davey	Isobel	Cwm Taf Morgannwg UHB, CAMHS Clinic, The Childrens Centre, Neath Port Talbot Hospital, Baglan Way, Port Talbot SA12 7BX	21 <sup>st</sup> December 2027	Yes
Basa	Fouad	Betsi Cadwaladr UHB, Ty Llywelyn, Bryn y Neuadd Hospital, Aber Road, Llanfairfechan, Conwy LL33 0HH	27 <sup>th</sup> December 2027	Yes
Singh	Devender	Ludlow Street Healthcare, Heatherwood Court Hospital, 1 Penycoedcae, Llantrisant Road, Pontypridd CF37 1PL	3 <sup>rd</sup> January 2028	Yes
Jebadurai	Jeshoor	Hywel Dda University Health Board, Enlli Ward, Bronyglais Hospital, Aberystwyth, SY23 1ER	9 <sup>th</sup> January 2028	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Elbadrmany	Ibrahim	Aneurin Bevan University Health Board, Gwent Specialist Substance Misuse Service, 139 Lower Dock Street, Newport, NP20 1EE.	11 <sup>th</sup> January 2028	Yes
Govan	Catherine	Hywel Dda University Health Board, Elizabeth Williams Clinic, Mill Lane, Llanelli SA15 3SE	12 <sup>th</sup> January 2028	Yes
Emeghara	Francis	Cwm Taf Morgannwg University Health Board, CAMHS Offices, Block D Neath Port Talbot Hospital, Baglan Way, Neath Port Talbot SA12 7BX	18 <sup>th</sup> January 2028	Yes
Tanti	Geoffrey John	Coed Du Hall Independent Hospital, Nant Alyn Road, Rhydymwyn, Flintshire, CH7 5HA.	22 <sup>nd</sup> January 2028	Yes
Kumar	Sugandha	Cardiff and Vale University Health Board, MHSOP, Llanfair Unit, University Hospital Llandough, Penlan Road, Llandough, Cardiff, CF64 2XX.	22 <sup>nd</sup> January 2028	Yes
Baker	Catherine	Betsi Cadwaladr University Health Board, Ty Derbyn, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD	16 <sup>th</sup> February 2028	Yes
Athithan	Thiagarajah	Hywel Dda University Health Board, Admin Suite, Bro Cerwyn Centre, Fishguard Road. Haverfordwest, Pembrokeshire, SA61 2PG	20 <sup>th</sup> February 2028	Yes
<b>Part B - For approval on 30 March 2023</b>				
Fitzpatrick	Helen	Betsi Cadwaladr University Health Board, Bangor CAMHS, Talarfon, Holyhead Road, Bangor, LL57 2EE	23 <sup>rd</sup> February 2028	
Jones	Gaynor	Elysium Healthcare, Aderyn, Penperlleni, Pontypool NP4 0AH.	27 <sup>th</sup> February 2028	
Joseph	Sunil	Cwm Taf Morgannwg University Health Board, Dewi Sant Health Park, Albert Road, Pontypridd CF37 1LB	28 <sup>th</sup> February 2028	
Bates	Gordon	Betsi Cadwaladr University Health Board, NWAS		
Evans	Ceri Gwynfryn	Cwm Taf Morgannwg University Health Board, Taff-Ely locality Older Persons CMHT – Maritime Resource centre, woodland Terrace, Pontypridd CF37 1DZ	19 <sup>th</sup> March 2028	
Pratyush	Pranay	Aneurin Bevan University Health Board, Adferiad Ward, St Cadock's Hospital Lodge Road, Caerleon, NP183XQ	21 <sup>st</sup> March 2028	

**Approvals Suspended: 0**

Surname	First Name	Workplace	Date Approval Expires

**Approvals re-instated/or Returned to Wales: 0**

Surname	First Name	Workplace	Date Approval Expires	Previous Chair's Action

**Removed (Left Wales) and Approval Expired: 0**

Surname	First Name	Workplace	Date Approval Expired

**Retired: 0**

Surname	First Name	Workplace	Date Approval Expired

**No longer Registered & Retired: 3**

<b>Surname</b>	<b>First Name</b>	<b>Workplace</b>	<b>Date Approval Expired</b>
Singh	Amrit Bir	Elysium Healthcare, Phoenix House Hospital, Little Henfaes Drive, Welshpool, Powys SY21 7BG.	23 <sup>rd</sup> December 2022
Harborne	Giles Christopher	Betsi Cadwaladr University Health Board, Conwy Mental Health Resource Centre, 10 Nant y Glyn Road, Colwyn Bay, LL29 7PU.	23 <sup>rd</sup> January 2023
Winter	Susan	Betsi Cadwaladr University Health Board, Conwy Mental Health Resource Centre, 10 Nant y Glyn Road, Colwyn Bay LL29 7PU.	1 <sup>st</sup> February 2023

**Transferred from AC Register to S12 Register: 0**

<b>Surname</b>	<b>First Name</b>	<b>Workplace</b>	<b>Date Approval Expires</b>

**No longer working in Wales: 1**

<b>Surname</b>	<b>First Name</b>	<b>Workplace</b>	<b>Date Approval Expires</b>
Jones	Clair	Betsi Cadwaladr University Health Board, Bryn Y Neuadd Hospital, Aber Road, Llanfairfechan, LL33 0HH.	12 <sup>th</sup> October 2025

**Approval Ended: 2\***

Surname	First Name	Workplace	Date Approval Expired
Jebadurai	Jeshoor* ( <i>later reapproved</i> )	Hywel Dda University Health Board, Enlli Ward, Bronglais Hospital, Aberystwyth, SY23 1ER	26 <sup>th</sup> December 2022
Fitzpatrick	Helen* ( <i>later reapproved</i> )	Betsi Cadwaladr University Health Board, Bangor CAMHS, Talarfon, Holyhead Road, Bangor, LL57 2EE.	17 <sup>th</sup> January 2023

**RIP: 0**

Surname	First Name	Workplace	Date Approval Expired

## APPENDIX 2

### Mental Health Act 1983

#### Update of Register of Section 12(2) Approved Doctors for Wales

22<sup>nd</sup> December – 6<sup>th</sup> March 2023

#### S12 Approvals and Re-approvals: 3

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Wilson	Rowan	Independent S12(2) Doctor, c/o Home Address.	28 <sup>th</sup> December 2027	Yes
Chen	Nelson	GP, Aneurin Bevan University Health Board, Urgent Primary Care 24/7, Vantage Point House, Ty Coch Way, Cwmbran, NP44 7HF.	23 <sup>rd</sup> January 2028	Yes
Domagala	Hanna Monika	Betsi Cadwaladr University Health Board, Uned Hergest, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, LL57 2PW.	16 <sup>th</sup> February 2028	Yes

#### S12 suspended: 0

Surname	First Name	Workplace	Date Approval Expires

**S12 Approvals reinstated or Returned to Wales: 0**

Surname	First Name	Workplace	Date Approval Expires

**S12 Removed – Approval Expired: 1**

Surname	First Name	Workplace	Date Approval Expired
Williams	Susan Elizabeth	GP, Powys Teaching Health Board, Llandrindod Wells Medical Practice, Spa Road East, Llandrindod Wells, Powys LD1 5ES.	10 <sup>th</sup> January 2023

**Registered Without a Licence and Retired: 1**

Surname	First Name	Workplace	Date Approval Expires
Pyves	Catherine Ann	Cwm Taf Morgannwg University Health Board, Angleton Clinic, Ward 3, Glanrhyd Hospital, Tondu Road, Bridgend CF31 4LN	11 <sup>th</sup> January 2023

**Transferred from AC Register & Became S12 approved: 0**

Surname	First Name	Workplace	Date S12(2) Approval Expires

**Transferred from S12 Register & Became AC approved: 0**

Surname	First Name	Workplace	Date Approval Expired

**S12 No longer working in Wales: 0**

Surname	First Name	Workplace	Date Approval Expires

**S12 Approval Ended: 1**

Surname	First Name	Workplace	Date Approval Expired
Thilakan	Murugesh	Cardiff and Vale University Health Board, Mental Health Services – Older People, Llandough Hospital, Penarth, CF64 2XX.	17 <sup>th</sup> January 2023

**RIP: 0**

Surname	First Name	Workplace	Date Approval Expires



<b>Teitl adroddiad:</b> <i>Report title:</i>	Annual Plan development			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 30 March 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this paper is to submit to the Board an update on the development of the Annual Plan for 2023/24.</p> <p>The Health Board has confirmed it is not in a position to submit a balanced and approvable IMTP and therefore will instead be submitting an Annual Plan for Welsh Government, whilst retaining a three year focus on planning for the Health Board. This position was laid out in the form of an Accountable Officer letter sent to Welsh Government in February 2023.</p> <p>A second Accountable Officer letter has since been submitted to Welsh Government confirming the need for additional time to finalise key elements of the Plan, including the inclusion of actions relating to Special Measures, and to allow the new Chair and Independent Members of the Board to set the ambition and ensure appropriate scrutiny of the Plan.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>Note the update provided on the development of the three year Plan for BCU HB including the impact of the financial position</li> <li>Confirm the extension of the previously agreed planning timeline to reflect submission of a draft plan to Welsh Government by end of March 2023 as work in progress, which would allow WG team to support in the final stages of development</li> <li>Agree the extension of the deadline for submission of the final plan to June 2023, in line with recent discussions with Welsh Government.</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation and Strategic Planning			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Sally Baxter, Assistant Director – Health Strategy			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p>	<p>Rhannol <i>Partial</i></p> <p><input checked="" type="checkbox"/></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p>

	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p> <p>Partial assurance is noted, in light of the current challenging position of the Health Board and the delay to submission of the Annual Plan. The planning, workforce and finance directorates will be working together to seek to mitigate risks and impact of the delay over the next weeks.</p>				
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>		<p>The draft Plan sets out the Health Board response to national strategic objectives, including <b>A Healthier Wales</b> and the updated Ministerial priorities, as well as addressing local priorities and strategic objectives as described within the HB's long term strategy, Living Healthier, Staying Well and the clinical Services Strategy. The Plan is also required to respond to requirements following the escalation into Special Measures in March 2023.</p> <p>The Plan also reflects work underway to confirm shared priorities within the Regional Partnership Board area plan and the Public Services Boards' well-being plans, which are due for publication later in 2023.</p>		
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>		<p>There is a statutory duty to develop an IMTP under the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The HB must prepare a plan which sets out its strategy for securing financial balance whilst improving the health of the population and providing healthcare to meet needs.</p> <p>As the Board is unable to submit an approvable IMTP, an accountable officer letter was submitted on 28 February 2023 to confirm the intention to submit instead an annual plan. The statutory duty to submit an IMTP has therefore been breached.</p> <p>A further Accountable Officer letter was submitted on 16 March 2023 confirming that a draft plan would be submitted at the end of March and seeking an extension to end of June 2023 for submission of the final plan.</p>		

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>An EqIA is necessary, and the gathering of information to support the assessment has commenced. This will be completed prior to finalisation of the Plan.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>A SEIA is also likely to be necessary and information is being gathered to support this. The assessment will be completed prior to finalisation of the Plan.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>Failure to fulfil the statutory duties as described above. This links to BAF risk 2.4 (see below.)</p> <p>As the Health Board will be working to an annual plan, there will be further correspondence from WG confirming the conditions to be adhered to by the Accountable Officer in delivery of the Plan following its completion. It is understood that in the interim we will continue to operate to the current (22/23) accountability conditions.</p>

<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The financial implications of the Planning process are being worked through alongside financial and recovery plans. The impact of the decisions and the limited service developments set out within the Plan are reflected in the organisation's Financial Plan.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The workforce impact of decisions and initiatives within the Plan are subject to final assessment, including workforce availability and confidence in delivery.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The approach to the development of the IMTP has been presented and discussed previously at PFIG Committee, PPPH Committee, and Board workshops in December and January, all of which have shaped the approach.</p> <p>The initial outline priorities were shared with the Healthcare Professional Forum and the Clinical Senedd.</p> <p>There is a need for further engagement with the Committee and Board scrutiny process to add value to the work undertaken to date, set the ambition and direction, and ensure opportunities to stabilise the Board's position are maximised.</p>

<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>BAF risk 2.4 – Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government (to ensure statutory duties are met) resulting in a regulatory audit opinion.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>This report is submitted to confidential Board session to allow for discussion of the current position and the challenges in the finalisation of the Plan.</p>
<p><b>Next Steps:</b> Development and approval process to include the following: Submission of draft (work in progress) plan to WG by 31 March 2023 to allow for scrutiny and support by WG Submission of final plan and Minimum Data Set to WG by end of June 2023 Confirmation of accountability conditions will be communicated by WG following review of the final draft submission.</p>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <p>N/A</p>	

**BETSI CADWALADR UNIVERSITY HEALTH BOARD  
MEETING IN PUBLIC  
30 MARCH 2023**

**ANNUAL PLAN DEVELOPMENT**

**1. Introduction/Background**

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

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

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

Where an NHS organisation is unable to deliver a Plan that meets the requirements for approval as an IMTP, an Annual Plan must be developed and agreed to ensure that there is a clear set of delivery objectives supported by finance, workforce and operational plans (including planned care and unscheduled care).

**2. Body of report**

As part of a continual planning process work to develop a revised IMTP for 2023-2026 was progressed whilst waiting for confirmation of Ministerial priorities and Welsh Government (WG) requirements of the NHS Wales Planning Framework for the coming year. The updated Planning Framework guidance was published on 28 November 2022 and confirmed the need to focus on a smaller number of priorities over the coming year, in light of the challenging and volatile planning context, so that resources and capacity could be used effectively. The Planning Framework also confirmed that WG required submission of IMTPs by 31 March 2023.

The financial allocation letter, received on 23 December 2022, confirmed the overall uplift to the Health Board and presented an extremely challenging position. There is an expectation from WG of improved performance, set against the financial constraints, increasing inflationary costs and workforce recruitment and retention shortfalls.

In light of the financial position and projected performance against Ministerial targets, an Accountable Officer letter was sent to Welsh Government on 27 February 2023 confirming that the Health Board would be unable to submit a balanced IMTP and would instead be finalising an Annual Plan by the end of March 2023. The Health Board is not alone amongst Health Boards in Wales in being unable to achieve production of a balanced IMTP, reflective of the unprecedented financial context for the NHS.

Since submission of this initial Accountable Officer letter, and in the light of increasing concerns relating to leadership and governance, the Health Board was placed into Special Measures in March 2023 by Welsh Government and the Chair and Independent Members of the Board stood down. The appointment of a new Chair and Independent Members will allow the Board to address current challenges and take forward the improvements to be required by the special measures intervention. At the time of writing this report, further detail of the requirements under special measures are awaited and the Health Board response will need to be detailed in the final version of the annual plan.

As a result of these interventions the Health Board submitted a second Accountable Officer letter on 15 March 2023 confirming that, regrettably, the Health Board is unable to submit a full Annual Plan for 2023/24 by 31 March 2023. The main factors contributing to this are:

- Ongoing work between the Finance team and the Financial Delivery Unit to address the challenging financial position and the need to balance financial delivery with quality and performance as part of this process.
- The need for further work to be undertaken to complete the organisation's response to the Ministerial priorities around planned care and some aspects of unscheduled care, to ensure we agree a plan which is deliverable and realistic within the wider context of organisational pressures.
- Following the confirmation that the level of escalation for the Board has been increased to Special Measures, the essential requirement for the Annual Plan to reflect the new requirements of this escalation and our response to these.
- Following appointment of the new Chair and Independent Members to the Board, the opportunity for adequate time and space for the Board to set out the ambition for the organisation and to scrutinise the draft plan.

At the time of writing this paper, the assessment of planned care delivery against Ministerial priorities is being finalised, along with the level of in-year (23/24) performance against targets and year-end trajectories given the available resource. Confirmation of key elements of the spend against the £27m allocation for planned care recovery and sustainability is included within the financial plan, together with detail of the relevant contractual arrangements requiring approval to support these.

There will be little scope for new developments to be supported through additional resource beyond these recovery monies, and we will be seeking to progress priority areas through transformation of existing service and substitution of resource to enable delivery. Ongoing discussions are taking place with health communities regarding the level of substitution achievable.

It has been agreed with Welsh Government that a draft "work in progress" plan will be submitted at the end of March 2023 to allow WG officers and policy leads the opportunity to also support us in refining the objectives and delivery milestones prior to completing the Plan and to give the organisation a working plan to follow in quarter 1 whilst a final plan is developed. A maximum timeline of June 2023 has been proposed to allow for work to be completed and for workshops sessions to be undertaken with Board members to confirm the level of ambition to be confirmed within the Plan and to provide appropriate scrutiny and challenge to ensure a robust output which is deliverable.

The Board is therefore asked to

- Note the update provided on the development of the Annual Plan for BCU HB including the impact of the financial position
- Note the agreement to submit a draft Plan as 'work in progress' to WG by the end of March 2023 to maximise opportunities for support from WG officers and policy leads
- Confirm the extension of the previously agreed planning timeline to allow for further refinement, engagement and scrutiny to work towards submission of the Annual Plan in June 2023

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

The draft Financial Plan will be submitted as a separate report to the Board. The detailed implications of the financial position for delivery objectives in 2023/24 will be finalised with engagement of the Board leading to submission of the final draft plan in June 2023.

### **4. Risk Management**

There is one BAF risk directly related to the production of an approvable IMTP (BAF risk 2.4.) It has been confirmed that the Health Board is unable to address all the requirements needed for an approvable IMTP to be achieved. There will be risks associated with working to an Annual Plan which will be confirmed over the next weeks as work is progressed, with possible mitigations being defined to address any such risks.

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

Equality Impact Assessment and Socioeconomic Impact Assessment were undertaken to support the 2022 – 2025 IMTP (subsequently accepted as the Annual Plan for 2022/23) prior to submission to the Committee and subsequently the Board for approval. These assessments are being updated alongside the development of the 2023/24 Annual Plan. Further consideration will be given to new factors such as the Anti-Racist Action plan, the foundational economy requirements and the impact of the cost of living crisis.



<b>Teitl adroddiad:</b>	Initial Financial Plan 2023/24			
<b>Report title:</b>				
<b>Adrodd i:</b>	Health Board			
<b>Report to:</b>				
<b>Dyddiad y Cyfarfod:</b>	Thursday, 30 March 2023			
<b>Date of Meeting:</b>				
<b>Crynodeb Gweithredol:</b>	The purpose of this report is to provide a briefing on the initial financial plan for 2023/24.			
<b>Executive Summary:</b>	<p>The report attached sets out the resources delegated to the Health Board by Welsh Government, and, based upon the current service configuration, the anticipated commitments against these resources alongside the expected savings and other financial improvements that will be delivered over the year.</p> <p>Looking after taxpayers' money properly and within the resources delegated by the Welsh Government means getting two things right at the same time: delivering outcomes sought by Ministers and living up to the values demanded in the public service. As part of this, financial discipline is an essential part of the organisation's governance and control framework, and as such setting a budget for the financial year is critical. The Health Board's Standing Orders require that a budget must be approved in advance of the start of a financial year.</p> <p>The attached report presents an initial financial plan for 2023/24, as it reflects a significant deficit financial position and will therefore not be acceptable to Welsh Government. There is a requirement for ongoing work through the financial year to improve the financial position.</p>			
<b>Argymhellion:</b>	The Board is recommended to approve the 2023/24 initial financial plan and the next steps proposed in this paper.			
<b>Recommendations:</b>	Delegated authority is requested for the Interim CEO to make interim CHC fee uplifts within the budgeted uplift, if necessary, in advance of formal proposals for 2023/24 CHC rates being brought to a subsequent Board meeting.			
<b>Arweinydd Gweithredol:</b>	Steve Webster Interim Executive Director of Finance			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>				
<b>Report Author:</b>				
<b>Pwrpas yr adroddiad:</b>	<b>Purpose of report:</b>	<b>I'w Nodi For Noting</b>	<b>I Benderfynu arno For Decision</b>	<b>Am sicrwydd For Assurance</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<b>Arwyddocaol</b> <b>Significant</b>  <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <b>Acceptable</b>  <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <b>Partial</b>  <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <b>No Assurance</b>  <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	A three-year Financial Plan would be required to meet the Health Board's obligation under its Standing Financial Instructions (SFIs) and under section 175(2) of the National Health Service (Wales) Act 2006. This one-year plan does not meet that obligation.			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	Not applicable  This will be completed for the overall Annual Plan, which the Financial Plan will form part of.			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	Not applicable  This will be completed for the overall Annual Plan, which the Financial Plan will form part of.			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	There are several risks to the initial financial plan and these are detailed in Section 8 of the attached report.			
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Financial implications as a result of implementing the recommendations</i></b>	See attached report.			
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>	Not applicable			

<b>Workforce implications as a result of implementing the recommendations</b>	
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	Not applicable
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> See attached report.	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b> 1. Summary of the 2023/24 initial financial plan 2. Summary of recurrent and non-recurrent variances from budget in 2022/23 3. 2019/20 to 2022/23 comparison of activity/capacity, workforce & cost 4. Impact of inflation and growth 5. Unavoidable cost pressures 6. Other service developments 7. Covid related costs 8. Value-Based healthcare 9. Savings targets 10. Savings and cost pressure reduction plans submitted on 3 March 11. Reducing further investment from limiting spend to Q4 22/23 run rates 12. Revised use of performance and transformation funds 13. Impact of mandating divisions to hold a proportion of 2022/23 non-recurrent underspends again in 2023/24 14. Proposals for cross-cutting savings themes 15. Proposals for review of existing investment spend 16. Proposals for other savings/improvement projects 17. Oversight through a financial scrutiny group	

## Health Board Meeting 30 March 2023

### Initial Financial Plan for 2023/24

#### 1. Introduction and context

Under the Health Board's Standing Orders, a budget must be approved by the Board before the start of the financial year. This report sets out an initial budget for 2023/24. I have described it in this way because it is a budget that reflects a significant deficit against the resources which WG has allocated to the Health Board. As such, it will not be acceptable to the Welsh Government (WG), and there is a requirement for ongoing work through the financial year to improve the financial position. Nevertheless, this deficit position does represent an assessment at the current time of the 2023/24 financial position which is considered to be deliverable by the Health Board.

#### 2. Context for 2023/24 financial planning

The allocation of core funding to the Health Board is £48m (2.7%) in excess of the "fair shares" allocation under the fair shares formula developed by WG. The actual allocation is 22.8% of total all Wales allocation whereas the fair shares formula share would be 22.2%. Each year, WG allocates increases in funding in line with the fair shares formula, but the baseline has never been rebased.

In addition, supplementary funding of £82m in addition to the core allocation was allocated to BCU from 2021/22, of which:

- £40m was to address a level of ongoing deficits incurred in prior years; these deficits being a £42m deficit in 2018/19 and a £41m deficit in 2019/20.
- £42m was to support performance and transformation, including exit from targeted intervention status.

This funding was committed on a non-recurrent basis for each of the 3 years from 2021/22 to 2023/24. It was not confirmed to continue from 2024/25 onwards. However, WG did support the Health Board in committing it recurrently.

While it is possible that WG will agree that some or all of this funding may continue after 2023/24, it is clear that the WG allocation for 2023/24 is significantly in excess of the potential long run funding under the fair shares formula.

The Health Board is now forecasting to break even in 2022/23, as it did in 2020/21 and 2021/22. However, it is clear from a significant level of analysis undertaken in January, that this breakeven forecast masks a very significant underlying recurrent deficit of £196.2m, offset by non-recurring underspends of £118m. The £196.2m recurrent deficit represents the £82m non-recurrent WG funding committed recurrently as

explained above, plus a further £114.2m resulting from shortfalls in recurrent savings and from recurrent cost pressures and service developments over budget. The basis of these numbers is explained in section 4 of this report.

The picture of financial performance in BCU over recent years is not dissimilar to other Health Boards, and to NHS organisations across the UK and internationally, and can be summarised as follows:

- A significant level of planned service developments and cost pressures has developed during the years since the Covid outbreak in Spring 2020, alongside below average levels of recurrent savings
- These have been offset by significant non-recurring sources of funding and slippage of actual expenditure against these
- Breakeven has been achieved over the last three years but overwhelmingly as a result of the scale of non-recurrent funding.
- There has understandably been a reduced focus on savings and cost control during this period of more reactive decision making – initially due to Covid alone, and subsequently due to Covid alongside unscheduled care pressures and planned care recovery. Together with chronic recruitment and retention difficulties contributing to increased agency costs

### **3. Summary financial position in 2023/24**

Looking forward to 2023/24, the recurrent deficit is increasing, non-recurring sources of funding are reducing further and growth in recurrent funding allocations is very low compared with inflation and demand growth pressures. This presents a very challenging financial situation in 2023/24 for all Health Boards, and certainly for BCU.

The three key components making up the 2023/24 financial position are as follows:

- The underlying deficit brought forward from 2022/23
- PLUS - demand growth and inflation in 2023/24 only partially offset by relatively low funding growth (before funding for pay awards)
- LESS - financial improvement from savings and dis-investment

Table 1 below provides a high level summary of the overall financial position for 2023/24. The component elements of this are described in sections 4, 5, and 6 of this report. Appendix 1 provides a more detailed picture of the overall position. The overall position is a £134.2m deficit.

Table 1: High-level summary financial position 2023/24

	Recurrent £m	Non- recurrent £m	Total £m
Recurrent deficit brought forward from 2022/23	196.2	0.0	196.2
Demand growth & inflation - income (including strategic support)	-26.2	-128.0	-154.2
Demand growth & inflation – expenditure	70.7	60.2	130.9
Total demand growth & inflation	44.5	-67.8	-23.3
Financial improvement	-38.7	0.0	-38.7
<b>Net 2023/24 position before major decisions</b>	<b>202.0</b>	<b>-67.8</b>	<b>134.2</b>
Note: demand growth & inflation excluding impact of strategic support	44.5	14.2	58.7

#### 4. Assessment of the underlying deficit in 2022/23

The organisation has not had a clear view of its recurrent financial position. The previously assessed recurrent deficit as at December 2022 was circa £107m (£82m non-recurring WG funding plus £24m savings shortfall plus minor other items). Around £69m of individual higher value (over £250k) cost pressures had been identified as 2023/24 cost pressures, but were actually current year recurrent overspends. Therefore, a possible total recurrent deficit of circa £176m was initially identified in early January (£94m excluding non-recurrent WG funding), but with a large margin of error.

Work was then undertaken to build up a comprehensive assessment of the recurrent deficit in order to reduce the margin of error in the initial assessment described. Analyses of 2022/23 recurrent positions were drawn up on a division by division basis, reconciled to their forecast outturns. These were reviewed and summarised to create a consolidated view of the recurrent underlying deficit and the elements of it. This reveals a significantly worse underlying deficit than the £176m identified in January.

The underlying deficit has now been assessed through this process at £196.2m. This is larger in value than the initial assessment in early January, but it does give us a much clearer view of where the deficit is and what the drivers for it are.

Appendix 2 provides a summary of the recurrent and non-recurrent variances from budget in 2022/23, which feed into the underlying deficit shown in Appendix 1. It should be noted that the “recurrent” deficit is actually net of an assessment of potentially continuing, but non-recurring, underspends. This is described further in section 6.2, and shown in Appendix 1 and Appendix 13.

To provide some additional context around the underlying deficit, Appendix 3 shows a comparison of activity/capacity, workforce and cost increases over the period in which much of it was built up, between 2019/20 and 2022/23. While the activity measures are hospital based, and thus do not capture changes in activity outside hospitals, such as hugely increased vaccination activity for example, it does indicate a reduction in productivity and efficiency. More analysis will be undertaken to build up our understanding of the extent of this and the reasons for it, and how it compares with other Health Boards and healthcare organisations.

## **5. Demand growth and inflation in 2023/24 only partially offset by much lower funding growth**

This section describes the elements of the £58.7m net increase from cost increases offset by funding increases shown in Table 1, and is further detailed in Appendix 1.

### **5.1 General allocation increase**

The Welsh Government allocation increase for 2023/24 was 1.5%, which equates to £22.3m for BCU.

### **5.2 Inflation and growth**

Inflation and growth estimates have been assessed using a range of information.

- An All-Wales agreed assessment of 4.9% developed with support from the procurement arm of shared services has been used for general supplies and services non-pay inflation.
- The CHC inflation is assumed at 10%, and this takes account of increases to Local Authority care home rates, which are used to set part of our CHC rate, of at least that level. The information needed to set BCU CHC rates will not be available in time for the Board on 30 March. A proposal regarding 2023/24 rates will need to follow to a subsequent Board meeting, but in the meantime delegated authority for the Interim CEO to make interim uplifts within the budgeted uplift, is requested.

- Primary Care prescribing increases are based on detailed modelling by Medicines Management, together with estimates within the finance team, with a very high level of congruence between the two approaches.
- Secondary Care drug inflation is modelled in a similar way, taking account of new NICE drugs, increases in cancer medications and demand, and forecasts around other aspects of secondary care prescribing.
- External provider commissioning cost increases are based on WHSCC and EASC plans, with the WG advised inflation funding uplift applied to local contracts.

The total estimated inflation is £34.4m and total estimated growth is £11.7m. Appendix 4 provides the build-up of the figures from the individual components.

In addition to the assessment of cost increases from inflation and growth in 2023/24, an assessment has also been made of the value of energy costs in 2023/24 over 2022/23 recurrent budgets. The increases in 2022/23 were funded on a non-recurring basis by WG, but this funding will not be provided in 2023/24. Forecast of the excess cost in 2023/24 have been made for each Health Board and Trust on a consistent basis, taking account of the latest energy prices at February 2023. This forecast in respect of BCU, based on 2022/23 usage, is £13.7m.

### **5.3 Pay rises**

WG has committed to fully fund pay rises during the year. The value of these is not known, but this should therefore not have a material net impact on the overall plan, although there is a risk that the actual cost increases are greater or less than the funding.

### **5.4 General unavoidable cost pressures**

These are new known cost pressures for 2023/24 that BCU cannot avoid. Many of these relate to all-Wales schemes and business cases for which commitments have already been made. The total cost is £5.6m and a breakdown is shown in Appendix 5.

### **5.5 Nurse Staffing Act**

To date, no provision has been made in BCU budgets for the cost of implementing the Nurse staffing act (NSA). This was partly a reflection of difficulties in being able to recruit and roster the additional nurses required. Nevertheless, it is important that the budget aligns with the statutory responsibilities of the Health Board. This cost is in the process of being re-assessed, but was assessed at £9.9m in 2022/23. The recurrent deficit already includes £4.1m of NSA “overspends” against the zero budget provision. A further £3m has been included in the 2023/24 financial plan to allow for a further progression in securing additional nurses to meet the NSA requirements, leaving an expectation of a further £2.8m increase in future years to fully align staffing with NSA requirements, dependent on the updated assessment currently being made.

## **5.6 Provision for service development**

A significant level of planned investments has developed during the last 2 to 3 years and the proposals put forward for 2023/24 are very large overall. However, given the scale of the overall deficit, a small sum of £1.5m only has been set aside to enable some progress on critical items. Prioritisation has taken place to get to a list of investments that totals £14.8m, but we have not identified yet how the £1.5m could be allocated against these. Appendix 6 shows the list of prioritised service developments. Going forward, further work is needed to increase the understanding of divisions regarding the overall level of resources available, and the importance of getting better value from the current envelope of expenditure to contribute to service development.

## **5.7 Income and expenditure on Covid**

The financial plan includes £15.8m for Covid related costs that will be funded by Welsh Government. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid. A further £13.3m of Covid 'Business as Usual' cost pressures which were funded by WG in 2022/23, but will no longer be funded by WG in 2023/24, are included in the underlying deficit. Appendix 7 provides the detail of both categories of Covid costs, both those continuing to be funded and those no longer funded by WG. One of the areas of action for 2023/24 is to review these now unfunded Covid costs and reduce them wherever possible.

## **5.8 Income and expenditure on planned care recovery**

A separate paper is on the private section of the agenda that details the plans for utilising the £27.1m planned care recovery /sustainability funding from Welsh Government in 2023/24 (reduced from £38m in 2022/23). This is only an initial plan, and will need significant further work through the year.

During 2022/23 a level of shortfall between recurrent demand in planned care and core capacity has been funded from WG sustainability funding. This is estimated at £12.0m across oncology, radiology mobile insourcing, and endoscopy insourcing and internal staff increases. The guidance from WG around the use of sustainability funding in 2022/23 was reasonably broad and this approach was not outside the guidance. However, given that initial sustainability funding from WG has reduced in 2023/24 to £27.1m, if BCU continues in 2023/24 to commit a large proportion of this reduced resource on shoring up core capacity to meet recurrent demand, the resource available for waiting list reductions will be extremely limited. In order to avoid this, then this recurrent demand shortfall should appropriately be met from the core budget. It is not in reality a new cost pressure in 2023/24, but moving from funding it from non-recurrent sustainability allocations to funding it from the core allocation effectively creates a new cost pressure in the year. This recurrent cost pressure has been taken account of in assessing the 2023/24 planned care proposals referred to above.

## 5.9 Income and expenditure on Value-Based healthcare

Value-Based healthcare (VBHC) is focussed on the improvement of outcomes for patients, and maximising Value, defined as patient outcomes relative to cost. This includes improving our reporting and understanding of outcomes (especially patient reported outcomes), improving how patients are involved in decision making, avoiding unnecessary variation in care and becoming more creative to determine where the resources we have are best spent for improved patient outcomes. Welsh Government has allocated BCU £3.1m to spend on VBHC in 2023/24 and the summary plans to utilise this funding are included in Appendix 8.

## 6. Financial improvement plans for 2023/24

### 6.1 Efficiency savings and cost pressure reductions

Savings targets of £30m, equating to 2% of controllable budgets, have been allocated to divisions, based on £15.6m of core savings (1.25% of controllable budgets) and £14.4m relating to cross cutting themes (0.75% overall). The aim is for the cross-cutting themes to support and enable delivery of savings by divisions. The divisions (and directorates) will ultimately be accountable for delivery against the targets. But the cross-cutting themes will also be held accountable for their contribution to delivery, through both putting enablers for delivery in place, and through the actual divisional delivery against the respective themes. The divisional split of these targets, and the targets for the contribution of the individual cross-cutting themes, are shown in Appendix 9. The cross-cutting theme targets are likely to be iterated up and down as opportunity assessments are done and the work develops. Appendix 14 shows the scope and leadership of the individual cross-cutting themes.

Other specific transformational improvement/savings projects have been identified in Appendix 16. These are for executive prioritisation.

As at the 3<sup>rd</sup> March, submitted savings and cost pressure reduction plans totalled £18.2, as shown in Appendix 10. The schemes have not yet been subject to detailed review. This leaves a variance to target of £11.8m, which still needs to be worked through and additional schemes developed. There is moderate confidence that the savings schemes identified to date can be achieved, as they have been identified by divisions on a bottom-up basis, but not yet fully validated.

The Health Board recognises that it needs stronger programme management and performance management arrangements for savings schemes. Two elements of this being put in place for 2023/24 are as follows:

- Oversight of financial improvement planning and delivery through a financial scrutiny group. Details are shown in Appendix 17

- A new performance and accountability framework is under development by the Director of Performance (addressing all aspects of performance and delivery, not just finance).

## **6.2 Holding non-recurrent 2022/23 underspends in 2023/24.**

The financial plan includes a £22.3m reduction in the underlying deficit for the impact of mandating divisions to hold a proportion of 2022/23 non-recurrent underspends again in 2023/24. The calculation of this is shown in Appendix 13. A large element of this is likely to occur naturally, but divisions will be tasked to ensure its delivery.

## **6.3 Reducing further development spend from limiting spend to Quarter 4 22/23 expenditure run rates**

A review of developments, including those within the performance and transformation fund, has been completed and a number of reductions identified, based on limiting spend for many schemes to their Quarter 4 2022/23 run rates. The impact of limiting further spend on service developments on this basis totals £13.5m as detailed in Appendix 11. In the case of some of the schemes this is subject to a Quality Impact Assessment, under a process to be led by the Medical Director.

The largest reduction relates to removing provision in the budget for pre-construction (scheme development) costs of the planned Regional Treatment Centres. This is on the basis that given these costs are essentially capital scheme development costs, they would more appropriately be funded through either WG strategic capital funding, or through WG retained planned care funding for strategic planned care developments (£50m across Wales). There is a risk that WG will not agree to provide such funding, which would be a risk to the continuation of work on the scheme. At the same time, the currently identified costs of progressing the scheme are being reviewed, as there would appear to be alternative more cost-effective sequencing options for the development work required.

## **6.3 Resultant revision to planned use of performance and transformation funds**

Some of the reduced developments outlined in section 6.3 are currently funded from performance and transformation funds. Elements of this are aligned with delivery of actions to address targeted intervention. The proposal is to “backfill” this reduced development expenditure with other areas of development which are considered to be priorities but are outside the recurrent budget. The Health Board will need to assure WG that this re-allocation of the financial support it has provided to BCU is aligned with the aims of the funding, addressing targeted intervention. Appendix 12 shows the proposed revised use of the performance and transformation funds in 2023/24.

No specific provision has been made with the budget for the potential costs of actions to address special measures

## 6.4 Review of expenditure on developments already within current expenditure run rates

Having limited most further development schemes to their current 2023/24 expenditure run rates, a key next step is to review the need for residual level of expenditure on developments which is already in the run rate, totalling approximately £56m. This review will initially be undertaken by the responsible Executive Directors, for subsequent review by the Executive Team collectively. The development sums involved has been grouped into the categories shown in Appendix 15, with the responsibilities for initial review as shown in the Appendix.

In addition, a process of critically reviewing the need to continue with the now unfunded Covid costs of £13.3m (as described above in section 5.3) will be set in place.

## 6.5 Overall planned financial improvement

This section describes the plans for financial improvement totalling £38.7m. The current position and suggested aim for these plans is summarised in Table 2 below.

Table 2: Financial improvement plans

Current status (estimated)	Recurrent £m	Non-recurrent £m	Total £m	Status
Savings and cost pressure reduction	-18.2		-18.2	Put forward by divisions but not but not yet fully validated
Disinvestment identified	-13.5		-13.5	Identified subject to potential QIA
Non-recurring under-spends managed to continue		-22.3	-22.3	Assessed as realistic
Stretch target for further financial improvement	-7.0		-7.0	Not identified
<b>Total</b>	<b>-38.7</b>	<b>-22.3</b>	<b>-61.0</b>	4.1% of controllable expenditure

It should be noted that the £22.3m non-recurring underspends in 2022/23 which will be managed to continue in 2023/24, are already netted off (i.e. deducted) in calculating the recurrent deficit of £196.2m taken as the starting point for 2023/24 planning.

In assessing the level of expectation within the budget of further savings beyond those already identified, a balance needs to be struck between ambition and deliverability. In the context of the relatively low level of recurrent savings delivered in recent years, and the other financial improvement plans outside savings plans, a stretch target for a further £7m of savings and/or dis-investment is included within the budget.

## 7. WG cash support to underpin for the initial income and expenditure plan

Cash support would be required to finance any deficit plan. This would need to be of a value close to the level of the income and expenditure deficit. This would be in the region of £134m for the current initial deficit plan.

## 8. Risks

Table 3 summaries the key risks and opportunities inherent in the initial plan.

Table 3: Key risks and opportunities

<b>Risks</b>	<b>£m</b>	<b>Likelihood</b>
<b>Quantifiable risks</b>		
Failure to deliver additional savings not yet identified (i.e. failure to deliver against the stretch target)	7.0	Medium
QIA reviews result in some planned limitations of developments not being confirmed	2.0	Medium
WG funding for RTC development is not agreed and BCU funds some level of work internally	2.0	Low
Critical elements of planned care recovery cannot be funded within the £27.1m funding	5.0	High
Costs of addressing special measures status are incurred and not funded by WG	1.0	Medium
<b>Total quantifiable risks</b>	<b>17.0</b>	
<b>Other non-quantified risks</b>		
Further critical planned care improvement cannot be delivered within the £27m funding		Medium
Failure to manage new cost pressures in 2023/24		Medium
Limited ability to deliver the clinical strategy and revised patient pathways within available resources		Medium
Inability to effectively manage cost and volume growth due to greater than anticipated inflationary pressures		Medium
WG cash support for an initial deficit plan is not available - this would not impact until later in the financial year		Medium

Ring around costs of new legislative requirements around hospital waste – this cannot be quantified at present		High
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<b>Opportunities / mitigations for the identified risks</b>		
Review/reduce current investments		Low
Achievement of greater savings through the plans and approach outlined in this report – capitalising on the undoubted opportunities for improvement and savings/efficiency		Low/Medium
Seek to deliver a greater level of non-recurring underspends		Medium
Potential for excess energy costs to be lower than the £13.7m included in the plan		Medium

## 9. Next steps

The proposed next steps are as follows:

- Actions to develop cross-cutting theme plans, prioritisation of other improvement projects, review of development/investment expenditure, and review of Covid related expenditure formerly funded by WG but now unfunded
- Report on available benchmarking to the organisation and the Board and develop active use of benchmarking to support improvement.
- Set up the Financial Scrutiny Group
- It is proposed that in the short term, until there is more stability around Executive portfolios and permanent appointments, and also a more stable senior finance structure, that an Improvement or Recovery Director is appointed, working to the CEO and working with the Interim DoF. This is outside the finance brief alone but is proposed to be discussed further with WG in the context of special measures.
- Develop a considered list of potential further cost reduction options, which would require WG support or could only be taken on a cross-Wales basis.
- Further development of planned care recovery plans
- Develop a process for deciding on use of the £1.5m set aside for investment (against distilled priorities of £14.8m).
- Seek WG cash support for the initial financial plan deficit
- Develop the detailed approach to divisional planning framework (including financial framework) and budget-setting process
- Develop and refine the existing financial strategy and delivery capability to address the current financial challenges and support the development of a medium-term financial plan.

## 10. Conclusions

Quality, performance, outcomes and finance all need to be weighed in the mix. Financial performance with disregard to quality is unthinkable and quality without proper regard to finance is unaffordable. In BCU, the priority given to finance has not been sufficient over the last 2 to 3 years, and this together with the pressures all NHS organisations are facing, has led to the large recurrent deficit that we have.

We do need to return to an appropriate balance between these objectives. This will require a greater focus on finance and involve some difficult decisions.

Given the initial financial plan provides for a £134m deficit, and without known cash support to finance it, it can only be regarded as just that; an initial financial plan, pending further work through the financial year to improve the financial position, while seeking WG cash support for what will inevitably be a significant income and expenditure deficit.

## 11. Recommendations

The Board is recommended to approve the 2023/24 initial financial plan and the next steps proposed in this paper. Delegated authority is requested for the Interim CEO to make interim CHC fee uplifts within the budgeted uplift, if necessary, in advance of formal proposals for 2023/24 CHC rates being brought to a subsequent Board meeting.

# Financial Plan 2023-24 - Appendices



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Appendix 1: Summary of 2023/24 Financial Plan

	Recurrent £m	Non-recurrent £m	Total £m
<b>Recurrent deficit b/f from 22/23</b>			
Brought forward from 21/22	40.0		40.0
Performance and transformation commitments	42.0		42.0
Undelivered recurrent savings in 22/23	22.7		22.7
Costs pressures in 2022/23 over recurrent budgets	100.5		100.5
Underspends & slippage which could potentially continue	-22.3		-22.3
Sub-total	182.9	0.0	182.9
Cost pressures - Covid BAU	13.3		13.3
<b>Total opening recurrent deficit</b>	<b>196.2</b>	<b>0.0</b>	<b>196.2</b>
<b>Demand growth &amp; inflation</b>			
<b>Income</b>			
Allocation growth	-22.3		-22.3
Strategic support		-82.0	-82.0
Pay awards - excluded from plan as per WG	0.0		0.0
Real Living Wage Care Home impact	-3.0		-3.0
Provider Income uplift	-0.9		-0.9
Covid programme costs (TTP, mass vacc, Long Covid & PPE)		-15.8	-15.8
Planned care recovery		-27.1	-27.1
Value Based Healthcare		-3.1	-3.1
<b>Total income changes</b>	<b>-26.2</b>	<b>-128.0</b>	<b>-154.2</b>
<b>Expenditure</b>			
Inflation:			
Energy inflation not funded externally		13.7	13.7
Other inflation	34.4		34.4
Pay awards - excluded from plan as per WG	0.0		0.0
Real Living Wage Care Home impact	3.0		3.0
Growth in demand	11.7		11.7
Unavoidable new cost pressures	5.1	0.5	5.6
New cost pressures - Nurse Staffing Act	3.0		3.0
New cost pressures - Planned Care	12.0		12.0
Service developments - TBC	1.5		1.5
Covid programme costs (TTP, mass vacc, Long Covid & PPE)		15.8	15.8
Planned care recovery		27.1	27.1
Value Based Healthcare		3.1	3.1
<b>Total expenditure changes</b>	<b>70.7</b>	<b>60.2</b>	<b>130.9</b>
<b>Total demand growth &amp; inflation</b>	<b>44.5</b>	<b>-67.8</b>	<b>-23.3</b>
<b>Total demand growth &amp; inflation excluding impact of strategic support</b>	<b>44.5</b>	<b>14.2</b>	<b>58.7</b>
<b>Financial improvement</b>			
Dis-investments identified	-13.5		-13.5
Savings identified	-18.2		-18.2
Savings and dis-investment stretch target	-7.0		-7.0
<b>Total financial improvement</b>	<b>-38.7</b>	<b>0.0</b>	<b>-38.7</b>
<b>Net 2023/24 position before major decisions</b>	<b>202.0</b>	<b>-67.8</b>	<b>134.2</b>



## Appendix 2: Summary of recurrent and non-recurrent variances from budget in 2022/23

	Recurrent variances to budget £m	Non-recurring variances to budget £m	Total forecast £m
<b>Pay pressures</b>			
Nursing overspends	10.2	5.6	15.8
Medical staff overspends	14.3	7.9	22.2
Other staff overspends	1.3	3.2	4.5
Managed practice overspends	5.3	0.0	5.3
Underspends from vacancies treated as recurrent	-2.0	-33.1	-35.1
	29.1	-16.4	12.7
<b>Non-pay and income</b>			
GP prescribing and community pharmacy	10.9	0.3	11.2
Secondary care prescribing	5.9	0.0	5.9
CHC	11.7	-0.9	10.8
Commissioning	2.1	-5.0	-2.9
RIF and cluster funds	0.0	-1.2	-1.2
Other non-pay expenditure	12.6	3.4	16.0
Income	-1.8	-2.8	-4.6
	41.4	-6.2	35.2
<b>Savings shortfalls</b>			
Pre 2022/23 savings unidentified	10.1	0.0	10.1
2022/23 recurrent savings shortfall	24.5	0.0	24.5
	34.6	0.0	34.6
<b>Slippage</b>	0.4	-52.0	-51.6
<b>Covid costs</b>	0.0	0.0	0.0
<b>Balance sheet release</b>	0.0	-45.4	-45.4
<b>Decisions to invest over recurrent budgets</b>	12.6	2.0	14.6
<b>Total</b>	<b>118.0</b>	<b>-118.0</b>	<b>0.0</b>
<b>Total including balance to FYE</b>	<b>123.2</b>		

<b>Reconciliation to underlying deficit</b>	
Total recurrent variances to budget	118.0
Loss of Covid income	13.3
FYE of recurrent cost pressures	7.0
FYE of recurrent savings	-1.8
Brought forward from 21/22	40.0
Performance and transformation commitments	42.0
Underspends & slippage which could potentially continue	-22.3
<b>Total opening recurrent deficit</b>	<b>196.2</b>



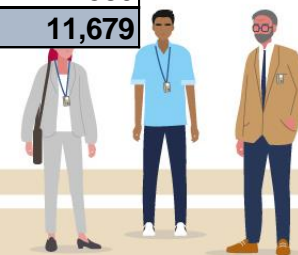
# Appendix 3: 2019/20 to 2022/23 comparison of activity/capacity, workforce & cost

	2019/20	2022/23 (M10 forecast/ Extrapolated)	Change	Percentage change
<b>Activity &amp; Capacity (This is not PEDU data and includes insourcing and visiting consultants and MH &amp; LD)</b>				
ED attendances	170,826	169,863	- 963	-1%
Emergency discharges	81,411	77,756	- 3,655	-4%
Elective discharges	87,997	76,647	- 11,350	-13%
Outpatient new attendances (includes Diagnostics unless specified)	212,688	285,222	72,534	34%
Outpatient follow-up attendances (Includes Diagnostics, unless specified)	486,049	513,945	27,896	6%
Theatre cases	35,508	31,468	- 4,040	-11%
Beddays	822,351	787,798	- 34,553	-4%
<b>Workforce (Establishment, Vacancy and spend include SLE, apart from Sickness and Turnover which excludes SLE)</b>				
Establishment (wtes)	17,181	18,686	1,505	9%
In post wtes (including bank)	16,447	18,261	1,814	11%
Vacancies	1,640	1,332	- 308	-19%
Employed and bank pay spend	747,187	876,737	129,550	17%
Agency spend	38,128	74,586	36,458	96%
Sickness rate	5.32%	6.42%	1.10%	21%
Turnover rate	8.50%	10.00%	1.50%	18%
<b>Financial</b>				
Total pay spend	785,315	951,323	166,008	21%
Prescribing spend	180,350	202,983	22,633	13%
CHC spend	97,042	102,485	5,443	6%
NHS healthcare commissioning spend	259,988	307,045	47,057	18%
Total non-pay spend (Excluding prescribing, CHC, HC commissioning)	479,992	404,859	- 75,133	-16%
Total expenditure	1,802,687	1,968,695	166,008	9%



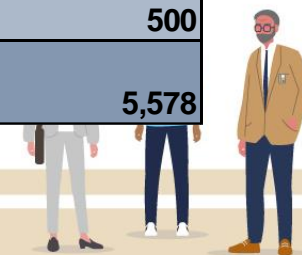
## Appendix 4: Impact of inflation & growth

	£000
<b>Inflation Cost Pressures</b>	
Non-Pay uplift 4.9%	9,513
Primary Care Prescribing @3%	4,800
Secondary Care Prescribing @2.4%	1,971
NICE FYE Impact of 2022/23 approved Drugs in 2023/24	3,107
Physical Health Packages of Care (CHC & FNC) @10%	6,436
Increased FNC cost due to pay award	378
MH Packages of Care @10%	4,098
CHC Premium uplift / Package / Week	0
External Providers – EASC @1.5%	870
External Providers – WHSSC @1.5%	2,134
External Providers – Local contracts @1.5%	1,140
<b>Total Inflation</b>	<b>34,447</b>
<b>Growth Cost Pressures</b>	
GP Prescribing @2.6% – growth in the number of drugs issued	3,365
Cancer Drugs Growth	1,917
Secondary Care Prescribing growth including Rheumatology, Dermatology @ 2.4%	1,878
MH Packages of Care - growth in the number of new packages	0
Physical Health Packages of Care (CHC & FNC)	850
External Providers – WHSSC new developments @1.5%	2,509
External Providers – EASC new developments @1%	580
External Providers – EASC contingency (1%)	580
<b>Total Growth</b>	<b>11,679</b>



## Appendix 5: Unavoidable cost pressures

<b>Unavoidable New Cost Pressures</b>	<b>£000</b>
<b>Recurrent</b>	
WRP additional contribution - 2023/24	425
RISP all-Wales business case	373
LINC all-Wales business case	965
Genomic Testing	75
Welsh Blood Products - price changes	309
Microsoft Licences - DHCW Scheme	577
Microsoft Centre of Excellence - DHCW Scheme	301
Digital intensive Care Unit - DHCW Scheme	276
Welsh Nursing Care Record - DHCW Scheme	241
Welsh Hospital Pharmacy Stock Management System - DHCW Scheme	91
Welsh Patient Administration System (WPAS) - DHCW Scheme	51
Digital - Digital Inflation/National Infrastructure & Networking Resilience - DHCW Scheme	215
Mental Health Network (NHS Collaborative into NHS Executive) - allocation adjustment	54
NHS Wales Shared Services adjustments - allocation adjustment	213
SPCC Adjustment for Programme Management office - allocation adjustment	20
NHS Executive Baseline Adjustment - allocation adjustment	252
Plas Gororau - Utilities & Estates Costs	640
<b>Total recurrent</b>	<b>5,078</b>
<b>Non-recurrent</b>	
Repayment to WG of previously received Invest to Save funding	500
<b>Total non-recurrent</b>	<b>500</b>
<b>Total Unavoidable New Cost Pressures</b>	<b>5,578</b>



## Appendix 6: Other service developments

Scheme	£000
Digitisation of Nursing Documentation using the Welsh Nursing Care Record	980
Transformation of Informatics into a modern Digital, Data and Technology Service	1,700
North Wales Medical & Health Sciences School	420
Physician's Associate placements	730
Establishment of the BCU HB Cancer Partnership Board	290
Suspected Cancer Pathway	270
Level 3 Adult Weight Management Service	720
Community Pharmacy Lifestyle Programme	200
Translation services net cost	10
SWAN model for End of Life care and bereavement care	50
DoLS / LPS business case – business case in development	500
Sustainable Resuscitation Service	640
UK Medical Device Regulations – statutory compliance	160
Frailty services – to be quantified	2,000
Falls response service – BCU HB / WAST	380
Frequent attenders and poor engagers Reducing demand on Primary Care	250
Critical Care – BCU wide business case	5,500
<b>Total</b>	<b>14,800</b>



# Appendix 7: Covid related costs

Cost pressures - Covid BAU		
Scheme	Lead Division	£000
nMABs service	Centre IHC - Area	58
Pay costs for escalated beds	Centre IHC - YGC	1,318
Non-pay costs for escalated beds	Centre IHC - YGC	341
Discharge costs	East IHC - Area	574
Discharge costs	East IHC - Facilities	81
Medical pay costs for escalated beds	East IHC - Maelor	1,800
Nursing pay costs for escalated beds	East IHC - Maelor	2,100
Discharge costs	West IHC - Area	275
Discharge costs	West IHC - Facilities	39
Nursing pay costs for escalated beds	West IHC - YG	540
Discharge costs	West IHC - YG	2,451
Cleaning Standards	Corporate	2,200
Security costs	Corporate	670
Pathology - TTP POCT	DSCS	228
Discharge costs	DSCS	463
EBME Maintenance	DSCS	150
Non-pay costs	Mental Health	60
<b>Total Covid BAU cost pressures</b>		<b>13,348</b>

Covid Funded Schemes	
Scheme	£000
COVID-19: TTP	3,400
COVID-19: Mass Vaccination	9,400
COVID-19: PPE	1,058
COVID-19: Long Covid	1,893
<b>Total Covid funded schemes</b>	<b>15,751</b>



## Appendix 8: Value-Based healthcare

Scheme	Lead Division	2023/24 Forecast Plan £000
Value Based Care Function	Corporate	877
PROMS Platform	Corporate	500
NEPTS 6 Day Service (Renal)	Commissioning	269
Lymphoedema	Corporate	340
Heart Failure - Phase 1	BCU Wide	829
Orthopaedic Optimisation	BCU Wide	200
Orthopaedic Prehab	BCU Wide	85
<b>Total of VBHC schemes</b>		<b>3,100</b>



# Appendix 9: Savings targets

	Savings Baseline (Recurrent Baseline less Ring Fence) £m	Core £m	Efficiency Programmes										Total £m	Total %
			CHC £m	Prescribing £m	Procurement £m	Managed Practice overspends £m	Nurse Workforce £m	Medical Workforce £m	Unscheduled Care £m	Planned Care £m	Corporate Review £m	Contingency £m		
		1.25%	2.50	3.00	1.20	1.00	2.00	4.00	1.00	0.50	1.20	-2.00	30.00	2.43%
<b>WG RESOURCE ALLOCATION</b>	<b>-1,232.88</b>													
WEST INTEGRATED HEALTH COMMUNITY	233.48	2.92	0.52	0.71		0.15	0.43	0.87	0.31	0.15			6.05	2.59%
CENTRAL INTEGRATED HEALTH COMMUNITY	305.94	3.82	0.56	1.03		0.30	0.53	1.15	0.38	0.19			7.95	2.60%
EAST INTEGRATED HEALTH COMMUNITY	295.21	3.69	0.49	1.26		0.55	0.56	1.03	0.32	0.16			8.07	2.73%
MIDWIFERY AND WOMEN'S SERVICES	42.40	0.53					0.15	0.24					0.92	2.16%
MENTAL HEALTH AND LDS	137.68	1.72	0.94				0.30	0.31					3.27	2.37%
OTHER CLINICAL SERVICES (incl Provider Income)	-14.21	-0.18						0.07		0.19			0.09	-0.61%
DIAGNOSTIC & SPECIALIST CLINICAL SUPPORT	63.70	0.80					0.00	0.21					1.01	1.59%
CANCER SERVICES	49.11	0.61					0.03	0.11					0.76	1.54%
CORPORATE SUPPORT FUNCTIONS	119.57	1.49									1.00		2.49	2.09%
OTHER BUDGETS	0.00	0.00									0.20		0.20	
PROCUREMENT	0.00				1.20								1.20	
RESERVES	0.00											-2.00	-2.00	
<b>TOTAL INCOME AND EXPENDITURE</b>	<b>0.00</b>	<b>15.41</b>	<b>2.50</b>	<b>3.00</b>	<b>1.20</b>	<b>1.00</b>	<b>2.00</b>	<b>4.00</b>	<b>1.00</b>	<b>0.50</b>	<b>1.39</b>	<b>-2.00</b>	<b>30.00</b>	<b>2.43%</b>



## Appendix 10: Savings and cost pressure reduction plans submitted on 3<sup>rd</sup> March

	Target	Plan			Variance to Target
		Recurring	Non Recurring	Total	
West IHC	6,046,523	3,601,397	488,989	4,090,386	-1,956,137
Central IHC	7,949,932	2,720,000	-	2,720,000	-5,229,932
East IHC	8,069,539	1,600,000	1,066,000	2,666,000	-5,403,539
Midwifery & Women's	915,028	100,000	550,000	650,000	-265,028
Mental Health and LD	3,266,835	1,000,000	2,102,000	3,102,000	-164,835
Other Clinical	87,288			-	-87,288
Primary Care	-			-	0
Provider Income	-			-	0
Diagnostics & Clinical Support	1,014,925	356,264	8,076	364,340	-650,585
Cancer	755,318	1,314,111	-	1,314,111	558,793
Corporate	2,494,612	1,000,000	202,000	1,202,000	-1,292,612
Procurement	1,200,000	1,358,785	731,653	2,090,438	890,438
<b>Sub Total</b>	<b>31,800,000</b>	<b>13,050,557</b>	<b>5,148,718</b>	<b>18,199,275</b>	<b>-13,600,725</b>
Other Budgets	200,000				
Contingency	-2,000,000				
<b>BCU Total</b>	<b>30,000,000</b>	<b>13,050,557</b>	<b>5,148,718</b>	<b>18,199,275</b>	<b>- 13,600,725</b>



# Appendix 11: Reducing further investment from limiting spend to Q4 2022/23 run rates

Scheme	Lead Division	2023/24 Original Forecast £000	2023/24 Proposed Spend £000	Disinvestment £000
<b>Performance &amp; Transformation Fund Schemes</b>				
Primary Care Academy	Corporate	1,894	900	-994
Advanced Audiologist / Ear Wax (Primary Care Audiology / pathway redesign)	DSCS	914	516	-398
Regional Treatment Centres pre construction costs (RTC)	RTC	4,757	0	-4,757
Vascular Access - pan BCU	Centre IHC - YGC	3,288	1,700	-1,588
ICAN Primary Care	Mental Health	1,726	948	-778
OD & Engagement programme, incl Head of OD (Stronger Together)	Corporate	1,300	528	-772
Information Governance Support	Corporate	116	0	-116
Acute Site Director	Corporate	184	0	-184
Health Community infrastructure (Operating Model)	Corporate	425	300	-125
Manual Handling	Corporate	284	88	-196
Pathology Sustainable plan - Blood sciences (phase 1 only)	DSCS	660	516	-144
Prehabilitation	East IHC - Area	900	368	-532
CAMHS - Additional developments	Centre IHC - Area	1,385	900	-485
Analytics PMO-substantive recruitment supporting VBIF	Corporate	650	410	-240
Value based Improvement faculty incl Head of Improvement	Corporate	1,000	702	-298
<b>Total Performance &amp; Transformation Fund Schemes</b>		<b>19,483</b>	<b>7,876</b>	<b>-11,607</b>
<b>2022/23 IMTP Schemes</b>				
WOD: Wellbeing Service	Corporate	600	268	-332
WOD: Workforce Operating Model	Corporate	600	359	-241
Atlas of Variation	Corporate	100	0	-100
Commissioning Unit	Corporate	100	0	-100
Estates & Facilities: 6 Facet Surveys	Corporate	1,100	480	-620
Results Management	Corporate	165	41	-124
<b>Total 2022/23 IMTP Schemes</b>		<b>2,665</b>	<b>1,148</b>	<b>-1,517</b>
<b>Other Schemes</b>				
Mental Health Ask Funded Slippage Schemes	Mental Health	357	0	-357
<b>Total Other Schemes</b>		<b>357</b>	<b>0</b>	<b>-357</b>
<b>Total Disinvestments</b>		<b>22,505</b>	<b>9,024</b>	<b>-13,481</b>

# Appendix 12: Revised use of performance & transformation funds

Scheme	Lead Division	2023/24 Original Forecast £000	Disinvestment £000	2023/24 Proposed Spend £000
<b>Original Schemes</b>				
Attend Anywhere	Corporate	379	0	379
Prehabilitation - Development of a cancer-specific and non-cancer elective rehabilitation programm	East IHC - Area	900	-532	368
Eye Care Services: transform eye care pathway	Centre IHC - YGC	2,590	0	2,590
Urgent Primary Care Centres (UPCC) West only	West IHC - Area	910	0	910
Single Cancer Pathway	Cancer	2,000	0	2,000
Stroke Services	Centre IHC - YGC	3,852	0	3,852
Urology Services Robot	West IHC - YG	480	0	480
Home First Bureau (HFB)	West IHC - Area	413	0	413
Home First Bureau (HFB)	Centre IHC - Area	586	0	586
Home First Bureau (HFB)	East IHC - Area	450	0	450
ED workforce	Centre IHC - YGC	598	0	598
ED workforce	West IHC - YG	68	0	68
ED workforce	East IHC - Maelor	534	0	534
Pathology Sustainable plan - Blood sciences (phase 1 only)	DSCS	660	-144	516
Cardiac Physiology Training Posts	Centre IHC - YGC	78	0	78
Cardiac Physiology Training Posts	East IHC - Maelor	97	0	97
Neurodevelopmental (waiting times - backlog) Recovery of lost activity	East IHC - Area	1,400	0	1,400
CAMHS training and recruitment	West IHC - Area	135	0	135
CAMHS training and recruitment	Centre IHC - Area	135	0	135
CAMHS training and recruitment	East IHC - Area	135	0	135
Primary Care Academy	Corporate	1,894	-994	900
Care Home Quality Nurses	Corporate	102	0	102
Advanced Audiologist / Ear Wax (Primary Care Audiology / pathway redesign)	DSCS	914	-398	516
Continuing Health Care infrastructure	West IHC - Area	208	0	208
Continuing Health Care infrastructure	Centre IHC - Area	176	0	176
Continuing Health Care infrastructure	East IHC - Area	88	0	88
Planned Care Team	Corporate	446	0	446
Regional Treatment Centres pre construction costs (RTC)	RTC	4,757	-4,757	0
Endometriosis Business Case - Minimal Access Surgery in Gynaecology	Womens	400	0	400
Vascular Access - pan BCU	Centre IHC - YGC	3,288	-1,588	1,700
VBHC - Diabetes	West IHC - Area	137	0	137
Older Persons Crisis Care	Mental Health	523	0	523
Eating Disorders	Mental Health	519	0	519
ICAN Primary Care	Mental Health	1,726	-778	948
Medicines Management	Mental Health	556	0	556
Occupational Therapy	Mental Health	400	0	400
Perinatal	Mental Health	196	0	196

## Appendix 12: Revised use of performance & transformation funds continued

Scheme	Lead Division	2023/24 Original Forecast £000	Disinvestment £000	2023/24 Proposed Spend £000
<b>Original Schemes</b>				
Early Intervention in Psychosis	Mental Health	253	0	253
Psychiatric liaison	Mental Health	254	0	254
Joint commissioning pot with AISBs	Mental Health	300	0	300
Wellness, Work and Us	Mental Health	206	0	206
CAMHS transition and joint working	West IHC - Area	852	0	852
Director of Nursing	Mental Health	133	0	133
Director of Transformation	Mental Health	110	0	110
Ablett Project Director	Mental Health	59	0	59
Central business Unit - interim management support	Mental Health	225	0	225
NWBIS Additional Staff	Mental Health	84	0	84
PICCS Team - Additional Staff	Mental Health	94	0	94
Acute Site Director - unfunded element	Corporate	184	-184	0
Analytics PMO-substantive recruitment supporting VBIF	Corporate	650	-240	410
Associate Director of Planned Care	Corporate	216	0	216
Associate Director of Unscheduled Care	Corporate	180	0	180
Deputy Director of Public Health	Corporate	133	0	133
Deputy Medical Director	Corporate	97	0	97
Digital Director	Corporate	133	0	133
Engagement capacity	Corporate	250	0	250
FIT testing - Coordinators	Corporate	136	0	136
FIT testing - H&S Officers	Corporate	29	0	29
FIT testing - Lead	Corporate	53	0	53
Head of Cancer & Diagnostics	Corporate	133	0	133
Head of Ambulatory Care	Corporate	133	0	133
Head of Financial improvement	Corporate	95	0	95
Head of Governance	Corporate	133	0	133
Health Community infrastructure (Operating Model)	Corporate	425	-125	300
Information Governance Support	Corporate	116	-116	0
Manual Handling - 6 x Band 6	Corporate	284	-196	88
OD & Engagement programme, incl Head of OD (Stronger Together)	Corporate	1,300	-772	528
Public Affairs function	Corporate	250	0	250
Strategic Dir of Communications	Corporate	133	0	133
Value based Improvement faculty incl Head of Improvement	Corporate	1,000	-298	702
CAMHS - Additional developments	Centre IHC - Area	1,385	-485	900
<b>Total of original schemes</b>		<b>42,746</b>	<b>-11,607</b>	<b>31,139</b>

## Appendix 12: Revised use of performance & transformation funds continued

Scheme	Lead Division	2023/24 Original Forecast £000	Disinvestment £000	2023/24 Proposed Spend £000
<b>New Schemes</b>				
Welsh Community Care Information System (WCCIS) Business Case & STREAM Business Case	Corporate			1,100
Inverse Care Law work	Corporate			500
Welsh Language team - 2022/23 cost plus FYE additional cost	Corporate			350
WOD: Wellbeing Service	Corporate			268
WOD: Speak Out Safely	Corporate			100
WOD: Workforce Operating Model	Corporate			359
Estates & Facilities: Health & Safety Statutory Compliance	Corporate			480
Results Management	Corporate			41
Building a Healthier Wales	Corporate			336
ED Chasers	Centre IHC - YGC			144
ED Chasers	West IHC - YG			144
ED Chasers	East IHC - Maelor			144
Diabetic Foot Pathway	Centre IHC - YGC			1,300
Frailty Unit	Centre IHC - Area			258
Home First Team (not inc Bureau)	East IHC - Area			950
SDEC & Asst Floor - pay	West IHC - YG			498
New Ward 10 & Acute Physician EQ Flow	Centre IHC - YGC			780
Targeted Intervention - Discharge Lounge	Centre IHC - YGC			663
Targeted Intervention - ED	Centre IHC - YGC			394
Targeted Intervention - SDEC 7 day working	Centre IHC - YGC			376
Digital Dictation	Corporate			434
IPC resourcing	Corporate			350
Acute medicine physicians	West IHC - YG			640
Emergency preparedness, resilience and response (EPRR)	Corporate			252
<b>Total of new schemes</b>		<b>0</b>	<b>0</b>	<b>10,861</b>
<b>Total Performance &amp; Transformation Fund</b>		<b>42,746</b>	<b>-11,607</b>	<b>42,000</b>

# Appendix 13: Impact of mandating divisions to hold a proportion of 2022/23 non-recurrent underspends again in 2023/24

Division	Net Cost Pressures £000	Net Pay Underspends £000	Net Income Underspends £000	Net Commissioning Underspends £000	Net Service Developments & Slippage Underspends £000	Total Expectation of Managed Underspends £000	Revised Net Cost Pressures £000
Cancer	2,154	0	-471	0	-46	-517	1,638
Centre IHC - Area	9,298	-2,125	0	0	0	-2,125	7,173
Centre IHC - Facilities	1,144	-106	0	0	0	-106	1,038
Centre IHC - Management	655	0	0	0	0	0	655
Centre IHC - YGC	14,961	0	-77	0	0	-77	14,884
Contracts	4,095	0	0	-2,947	0	-2,947	1,149
Corporate	6,320	-1,493	0	0	-1,439	-2,932	3,388
Dental N Wales	0	-87	0	0	-450	-537	-537
DSCS	2,548	-979	-353	0	-93	-1,425	1,123
East IHC - Area	13,300	0	-1,199	0	-728	-1,927	11,373
East IHC - Facilities	1,117	-489	0	0	0	-489	628
East IHC - Maelor	9,300	-1,070	0	0	-185	-1,255	8,045
East IHC - Management	12	-45	0	0	0	-45	-33
Med Ed	-219	0	0	0	-70	-70	-289
Mental Health	10,410	-338	0	0	-903	-1,241	9,169
Other Primary Care	325	0	0	0	-31	-31	294
West IHC - Area	9,939	-2,096	0	0	0	-2,096	7,843
West IHC - Facilities	558	-135	0	0	0	-135	423
West IHC - Management	38	-64	0	0	0	-64	-26
West IHC - YG	8,645	-2,527	0	0	-69	-2,596	6,049
Womens	1,204	-720	-49	0	0	-769	436
Income	0	0	0	0	0	0	0
Other Central	-120	0	0	0	0	0	-120
Holding Codes	0	0	0	0	0	0	0
Reserves	4,776	0	0	0	0	0	4,776
Community Dental	0	-931	0	0	-2	-933	-933
ICD Primary Care Management	0	0	0	0	-7	-7	-7
<b>Total</b>	<b>100,460</b>	<b>-13,205</b>	<b>-2,148</b>	<b>-2,947</b>	<b>-4,023</b>	<b>-22,322</b>	<b>78,138</b>

Percentage of 2022/23 non-recurrent underspend to be managed in 2023/24	80%	50%	50%	25%
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# Appendix 14: Proposals for cross-cutting savings themes

Themes	Recurrent deficit	Core target	Cross-cutting target	Exec Lead	Supporting Execs	Lead manager	Other managers	Finance support	Workforce support	Outline Brief
	£m	£m	£m							
Medical workforce	£14.5m over-spend		4.0	Nick Lyons	Jason Brannan, Steve Webster	James Risley		Paula Jones	Nick Graham	Rolling review of medical staffing overspends, supporting IHCs through a team of workforce and finance support. Methodology includes application of a checklist of opportunities to improve local value in resource use, modelling of potential financial benefits, and discussion with IHCs on feasibility and plans for delivery
Nursing workforce	£7.6m over-spend (but NSA unfunded £9.9m)		2.0	Angela Wood	Jason Brannan, Steve Webster	Alison Griffiths	?	Andy Whitfield	Nick Graham	Rolling review of nursing staff overspends, supporting IHCs through a team of workforce and finance support. Methodology includes application of a checklist of opportunities to improve local value in resource use, modelling of potential financial benefit, and discussion with IHCs on feasibility and plans for delivery. Includes and takes account of NSA assessments
Managed practice over-spends	£5.3m overspend		1.0	Karen Higgins	Nick Lyons, Steve Webster	Keith Amos	?	Paul Carter		Analysis of overspends against GMS income/budget in % terms, separating impact of extra staffing from impact of higher unit cost of staffing due to use of premium rates. Identify actions to improve value and feasibility and delivery plans.
Unscheduled care	£15.3m investment		1.0	Nick Lyons	Karen Higgins, Steve Webster, David Coyle	Geraint Farr, Jo Flannery, Alan Lawrie	Medwyn Jones		Rob Nolan	Review of schemes to improve outcomes across the whole USC system, assessing (a) what can be done to a greater impact from investment and whether this can be done at a lower overall cost, and (b) what impact this could deliver on patient outcomes and the current level of cost from unplanned avoidable demand
Planned care	£7.4m investment		0.5	Gill Harris	David Coyle, Steve Webster	Andrew Kent	Nikki Foulkes, Neil Windsor		Adrian Butlin	The key focus is on maximising the delivery of additional activity and reduced waiting times from the available resource for planned care outside core capacity - a small element of performance funding and the £27.1m PCR funding. But some cash releasing efficiencies may be achievable at the same time, albeit small.
CHC	£12.2m over-spend		2.5	Chris Stockport	Steve Webster	Jane Trowman	Kath Titchen	Viv Vandenberg		To identify and support IHCs to implement measures which can increase the value and reduce the net cost of CHC placements.
Prescribing	£10.4m prim care & £7.5m sec care overspends		3.0	Nick Lyons	Steve Webster, Jim McGuigan	Berwyn Owen	Heads of Pharmacy		Paul Carter	To identify and support IHCs to implement measures which can increase the value and reduce the net cost of primary and secondary prescribing.
Procurement	£7.7m non-pay overspend		1.2	Steve Webster	Nick Lyons	Simon Whitehead	?		Paula Dixon	To identify and support IHCs to implement measures which can increase the value and reduce the net cost of clinical and non-clinical consumables and service contracts.
Corporate functions	£6.3m over-spend	1.5	1.0	Gill Harris	Steve Webster	Individual Execs & their senior teams for each corporate Directorate			Rob Nolan, David Williams	Review of the current recurrent costs of each corporate directorate against budget, to identify areas of either efficiency or prioritisation to reduce overall costs. This work includes review of interims & consultancy - both whether the posts are priorities to be retained and if so phasing of a move to permanent recruitment
Review of interims outside corporate directorates			0.20	Jason Brannan	Steve Webster	Relevant divisional directors			Rob Nolan	Review of interims outside corporate directorates, working with IHCs to identify cost reductions through either stopping their input or replacing with permanent/employed staff.
Contingency			-2.0							
		1.5	14.4							

# Appendix 15: Proposals for review of existing investment spend

Areas of investment	Investment value	Exec Lead	Supporting Execs	Lead manager	Other managers	Finance support	Workforce support	Outline Brief
Unscheduled care	£15.3m	Nick Lyons	Karen Higgins, David Coyle, Steve Webster	Geraint Farr, Jo Flannery, Alan Lawrie	Medwyn Jones	Rob Nolan	Nick Graham	As previously outlined
Planned care	£7.4m	Gill Harris	David Coyle, Steve Webster	Andrew Kent	Nikki Foulkes, Neil Windsor	Adrian Butlin	Nick Graham	As previously outlined
Primary care	£1.3m	Karen Higgins	Steve Webster	Jo Flannery, Alan Lawrie	?	Paul Carter		Review fundamental case & priority for investing transformation funding into the prioritised PC schemes
Adult MH and CAMHS	£4.9m	Teresa Owen	Iain Wilkie(Adults), Louise Bell	MHLD division	?	Joanna Brannigan		Adult Mental Health benchmarks as generally average cost but with very high costs per bed for inpatient care. Review the rationale for making the planned recurrent cost investments into MH in that context and the potential to reduce it.
CAMHS & Neurodevelopmental	£3.6m	David Coyle	Louise Bell			?		As above. CAMHS in BCU benchmarks as a high cost service relative to population and activity delivered(ref NHSBN)
Workforce & OD	£2.6m	Jason Brannan				David Williams		Review the fundamental case and priority for investing the current level of transformation funding into the workforce and OD care schemes which have been prioritised, while still delivering on the key TI priorities.
Digital Investments & benefits realisation	£3.8m	Dylan Roberts				David Williams		Review the fundamental case and priority for investing transformation funding into the digital schemes which have been prioritised, while still delivering on the key TI priorities. Could investment be reduced? This needs to take account of comparative baseline spending on digital services and also the feasible financial and wider return on investment.
Improvement and Transformation	£2.7m	Chris Stockport				David Williams		Review the fundamental case and priority for investing transformation funding into the specific aspects of transformation capacity. Being clear on the specific requirements to deliver greater Value and VFM and whether these are being met. This needs to take account of comparative baseline spending on transformationa and change management and also the feasible financial and wider return on investment.
Comms & engagement	£0.7m	Helen Stevens-Jones				David Williams		Review the fundamental case and priority for investing transformation funding into the specific aspects of comms and engagement capacity. This needs to take account of comparative baseline spending on comms and engagement.
Prevention	£0.3m	Teresa Owen				David Williams		Review the fundamental case and priority for investing transformation funding into the specific aspects of prevention.
Other corporate infrastructure	£5.5m	tba						
Other items	£4.8m	tba				Various		N/A
Cost pressures	£3.5m	tba				Various		N/A
<b>Total</b>	<b>£56.2m</b>							

## Appendix 16: Proposals for other savings/improvement projects

Projects	Current cost	Exec Lead	Supporting Execs	Lead manager	Other managers	Finance support	Workforce support	Outline Brief
1 Review of the comparative resource use and role of community hospitals	Very large	Karen Higgins	Nick Lyons, Steve Webster	?	Alan Lawrie	tba	tba	To review the current state as regards community hospitals to identify opportunities for improved value and support IHCs to implement them.
2 Review of patient care administration in the context of digital enablers	Very large	David Coyle? Karen Higgins	?	?	?	tba	tba	To review current patient care administration processes and associated workforce. To design and implement processes utilising digital enablers to deliver a more efficient and effective service at lower cost.
3 Review of office accommodation - scope for rationalisation linked to home and agile working	Moderate	Steve Webster	Jason Brannan, Karen Higgins	?	?	David Williams	tba	To design rationalised office accommodation and associated technical and policy enablers, with the aim of providing appropriate accommodation at a lower carbon usage and cost.
4 Stocktake of staff structures and associated resource use resulting from the new operating model	Moderate	Gill Harris	Jason Brannan, Steve Webster	?	?	tba	tba	Undertake a short life review of the current management structures designed to manage and lead under the new operating model. To assess whether the new structures provide best value and whether lower cost models would provide better value. Consider benchmarking information
5 Review of non-patient transport	Moderate	David Coyle?	Steve Webster	?	?	David Williams	tba	Review the current arrangements for non patient transport, which are considered to be high cost.

## Appendix 17: Oversight through a financial scrutiny group

### Role

- Check and challenge
  - divisional & corporate savings – including specific review meetings
  - cross-cutting theme savings
  - dis-investment
  - holding non-recurring underspends
  - Financial performance outside financial improvement
- Reviewing existing benchmark information for opportunities and commissioning benchmarking where necessary
- Oversight of improved capability around financial management (training etc)
- Forward planning of financial improvement

High level issues will be brought into performance & accountability meetings with divisions

### Membership planned:

Steve Webster, Rob Nolan, David Coyle, Phil Orwin, Barbara Cummings, Others as necessary for specific items

A separate QIA group/process will be set up and led by the Medical Director





<b>Report title:</b>	Capital Programme 2023 - 2028		
<b>Report to:</b>	Health Board		
<b>Date of Meeting:</b>	Thursday, 30 March 2023	<b>Agenda Item number:</b>	
<b>Executive Summary:</b>	In accordance with the Standing Financial Instructions the Health Board is required to approve an annual capital plan prior to the commencement of the financial year. The purpose of this report is to present for support the draft five year capital programme for the period 2023/24 to 2027/28 and in particular the investments prioritised for 2023/24. The capital programme has been considered by the PFIG Committee, which recommended the Health Board to approve it.		
<b>Recommendations:</b>	The Health Board is asked to receive and approve the draft programme.		
<b>Executive Lead:</b>	Steve Webster, Executive Director of Finance		
<b>Report Author:</b>	Neil Bradshaw – Assistant Director – Capital		
<b>Purpose of report:</b>	For Noting <input type="checkbox"/>	For Decision <input checked="" type="checkbox"/>	For Assurance <input type="checkbox"/>
<b>Assurance level:</b>	<b>Significant</b> <input type="checkbox"/> High level of confidence/evidence in delivery of existing mechanisms / objectives	<b>Acceptable</b> <input checked="" type="checkbox"/> General confidence/evidence in delivery of existing mechanisms / objectives	<b>Partial</b> <input type="checkbox"/> Some confidence/evidence in delivery of existing mechanisms / objectives
			<b>No Assurance</b> <input type="checkbox"/> No confidence/evidence in delivery
<b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>			
The draft programme has been developed from the priorities identified by the IHCs, regional services and capital programme sub-groups and prioritised in accordance with the agreed criteria. It has been supported by PFIG.			
<b>Link to Strategic Objective(s):</b>	The capital programme is in accordance with the Integrated Medium Term Plan (IMTP) and Estate Strategy.		
<b>Regulatory and legal implications</b>	In accordance with the Standing Financial Instructions the Health Board is required to approve an annual capital plan prior to the commencement of the financial year. The purpose of this report is to present for support the draft five year capital programme for the period 2023/24 to 2027/28 and in particular the investments prioritised for 2023/24.		
<b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	Without an agreed capital programme there is a risk that the Health Board may be unable to meet its' defined operational objectives will not meet its' CRL.		



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

## Capital Investment Group

8<sup>th</sup> January 2023

### Capital Programme 2023 - 2028

#### 1. Introduction/Background

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

#### 2. Approved Funding

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

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

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

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

### 3. Development of the draft Capital Programme

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

All proposals were required to demonstrate that they will:

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

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

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

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

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

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

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

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

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

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

- Decarbonisation
- Fire
- Infrastructure
- MHLD

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

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

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

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

### **Board Assurance Framework**

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

### **Corporate Risk Register:**

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

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

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

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

## **4. Next steps**

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

**APPENDIX 1**

**Draft Capital Programme - 2023/24 to 2027/28**

Feb 23 v0.3

**Discretionary Capital**

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









<b>Teitl adroddiad:</b>	Finance Report for Month 11			
<b>Report title:</b>				
<b>Adrodd i:</b>	Performance, Finance and Information Governance			
<b>Report to:</b>				
<b>Dyddiad y Cyfarfod:</b>	Thursday, 23 March 2023			
<b>Date of Meeting:</b>				
<b>Crynodeb Gweithredol:</b>	The purpose of this report is to provide a briefing on the draft un-audited financial performance of the Health Board for the eleven months from 1 <sup>st</sup> April 2022 to 28 <sup>th</sup> of February 2023.			
<b>Executive Summary:</b>	<p>The cumulative position for the year is a deficit against plan of £8.2m, (0.42% of the allocation). The Health Board is forecasting a break even position by the end of the financial year. This is due to receiving additional funding of £4.3m for COVID Discharge Support, £1.7m for Dispensing Fees and £1.7m Queen's Funeral Bank Holiday funding allocation to cover retrospective costs. In addition, the balanced forecast outturn position is also based on retaining slippage of £4.7m against sustainability funding, £1.2m against Value Based Healthcare funding and £0.4m surplus on COVID costs.</p> <p>Savings delivered in the eleven months to February 2023 is £25.9m against a plan of £21.6m and a total target of £27.1m. The savings forecast is £27.1m, which is £7.9m below the original target of £35m for the year. Of the £27.1m forecast, £15.9m are non recurring.</p>			
<b>Argymhellion:</b>				
<b>Recommendations:</b>	It is recommended that the report is noted.			
<b>Arweinydd Gweithredol:</b>				
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>				
<b>Report Author:</b>				
<b>Pwrpas yr adroddiad:</b>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Purpose of report:</b>				
<b>Lefel sicrwydd:</b>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input checked="" type="checkbox"/>
<b>Assurance level:</b>	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

	High level of confidence/evidence in delivery of existing mechanisms/objectives	General confidence / evidence in delivery of existing mechanisms / objectives	Some confidence / evidence in delivery of existing mechanisms / objectives	
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<p>This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.</p>			
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>Not Applicable</p>			
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable</p>			
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable</p>			
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>There is a risk that the Health Board does not meet its statutory financial duty for 2022-23. BAF 2.3</p> <p>Current risks and mitigations are shown in Appendix 1, slide 14. The risks include – higher pay expenditure than forecast in Month 12 of £2.0m and the mitigations include £1.0m for potential of further slippage in Month 12 and potential for balance sheet release to be greater than forecast estimated to be around £5.0m.</p>			
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>Not applicable</p>			
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>Not applicable</p>			
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p>	<p>Not applicable</p>			

<b>Feedback, response, and follow up summary following consultation</b>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Amherthnasol  Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations Not Applicable.</b>	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices: Appendix 1: Finance Report February 2023 – M11</b> <b>Appendix 2: Month 11 Monitoring Return submitted to WG</b>	

# Finance Report February 2023 – M11

Steve Webster

Interim Executive Finance Director



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Executive Summary

## Objective

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

## Positives & Key Assurances

- ✓ Forecast outturn has been reviewed and revised to deliver a break even position. To report a break even position in 22/23 will ensure that the Health Board meet its statutory financial duty to breakeven over the 3 year period and all historic debts prior to achieving the breakeven duty will be cancelled. This was announced by the Minister for Health and Social Services in June 2020.
- ✓ Key financial targets for cash and capital all being met. The Health Board achieved the PSPP target to pay 95% of valid invoices within 30 days of receipt in three of the four measures of compliance during Quarter 3, with only NHS invoices by number being below target at 89.5%.

## Issues & Actions

- Current Month is reporting a deficit of £0.7m and cumulative deficit of £8.2m as at end of February.
- The Health Board has set a savings target of £35m for 2022/23. Full year forecast for Saving Schemes identified as Green and Amber totals £27.1m against a target of £35m. Recovery Board progress has been impacted by industrial action and winter pressures.

## Key Messages

- ❖ February position is reporting a deficit of £0.7m and year to date deficit of £8.2m.
- ❖ The Health Board has reviewed and revised its forecast to report a balanced forecast outturn position. This is due to receiving additional funding of £4.3m for COVID Discharge Support, £1.7m for Dispensing Fees and £1.7m Queen's Funeral Bank Holiday funding allocation to cover retrospective costs. In addition, the balanced forecast outturn position is also based on retaining slippage of £4.7m against sustainability funding, £1.2m against Value Based Healthcare funding and a £0.4m surplus on COVID costs.
- ❖ Year to date savings delivered total £25.9m against a year-to-date plan of £21.6m. Full year forecast for Saving Schemes identified as Green and Amber total £27.1m against a target of £35m, The ongoing reliance on smaller scale savings initiatives remains a concern. Transformation plans have not yet been delivered and as transformational savings are profiled towards the final quarter; there is an adverse variance of actual savings delivered against total target and this variance is set to increase in the quarter.

# Summary of Key Numbers

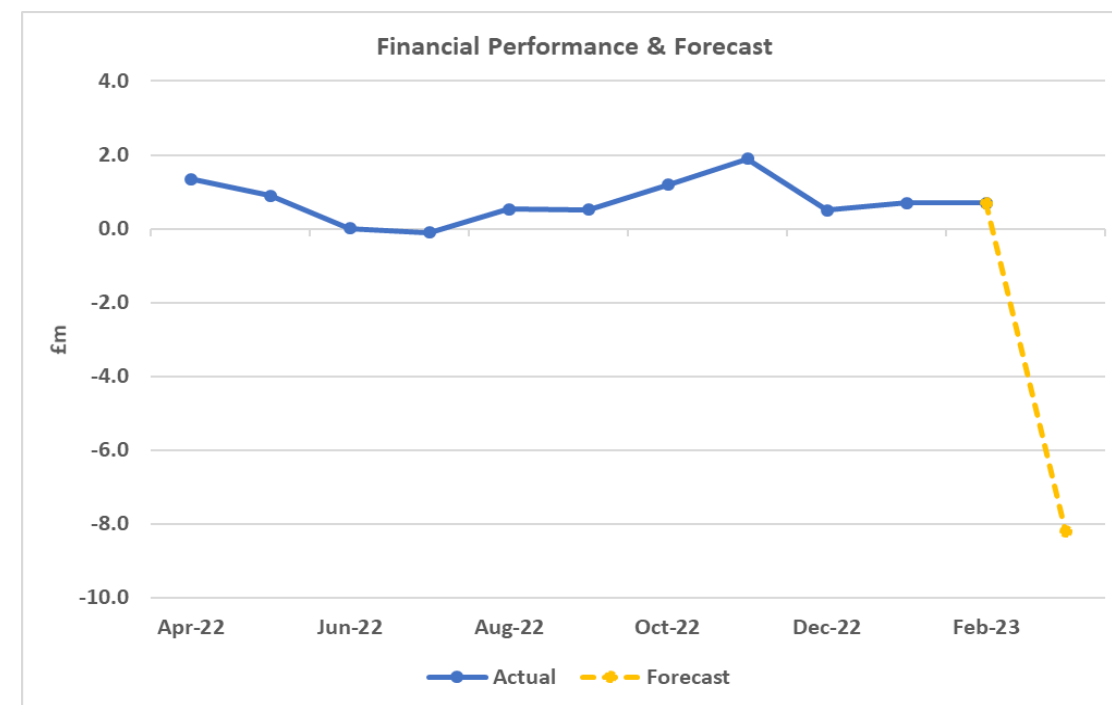
<p><b>Month 11 Position</b></p> <p>In Month £165.3m against plan of £164.7m <b>£0.6m adverse</b></p> <p>YTD £1,761.9m against plan of £1,753.8m <b>£8.2 adverse</b></p>	<p><b>Forecast</b></p> <p><b>Balanced</b></p>	<p><b>Divisional Performance Month 11</b></p> <table border="1"> <tr><td>West IHC</td><td>£10.3m adverse</td></tr> <tr><td>Central IHC</td><td>£1.3m adverse</td></tr> <tr><td>East IHC</td><td>£10.7m adverse</td></tr> <tr><td>Womens</td><td>£0.8m adverse</td></tr> <tr><td>MH &amp; LD</td><td>£2.4m adverse</td></tr> <tr><td>Commissioning Contracts</td><td>£5.6m favourable</td></tr> <tr><td>ICD Primary Care</td><td>£0.6m favourable</td></tr> <tr><td>ICD Regional Services</td><td>£1.6m adverse</td></tr> <tr><td>Support Functions &amp; Other Budgets</td><td>£24.3m favourable</td></tr> </table>	West IHC	£10.3m adverse	Central IHC	£1.3m adverse	East IHC	£10.7m adverse	Womens	£0.8m adverse	MH & LD	£2.4m adverse	Commissioning Contracts	£5.6m favourable	ICD Primary Care	£0.6m favourable	ICD Regional Services	£1.6m adverse	Support Functions & Other Budgets	£24.3m favourable
West IHC	£10.3m adverse																			
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Womens	£0.8m adverse																			
MH & LD	£2.4m adverse																			
Commissioning Contracts	£5.6m favourable																			
ICD Primary Care	£0.6m favourable																			
ICD Regional Services	£1.6m adverse																			
Support Functions & Other Budgets	£24.3m favourable																			
<p><b>Savings</b></p> <p>In-month: £2.2m against target of £5.9m <b>£3.7m adverse</b></p> <p>YTD: £25.9m against target of £27.1m <b>£1.2m adverse</b></p>	<p><b>Savings Forecast</b></p> <p>£27.1m, including pipeline savings, against target of £35.0m</p> <p><b>£7.9m adverse</b></p>	<p><b>COVID-19 Impact</b></p> <p>£41.4.m cost YTD</p> <p>£45.3m forecast cost. £45.7m Funded by Welsh Government</p> <p><b>£0.4m Surplus</b></p>																		
<p><b>Income</b></p> <p>£136.4m against budget of £128.2m</p> <p><b>£8.2m favourable</b></p>	<p><b>Pay</b></p> <p>£869.2m against budget of £865.5m</p> <p><b>£3.6m adverse</b></p>	<p><b>Non-Pay</b></p> <p>£1,029.2m against budget of £1,016.5m</p> <p><b>£12.7m adverse</b></p>																		



# Revenue Position

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	2022/23 Cumulative				Forecast
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	Budget	Actual	Variance	Variance	Actual
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	£m
Revenue Resource Limit	(152.9)	(151.6)	(152.4)	(159.6)	(158.9)	(175.0)	(158.9)	(158.9)	(160.1)	(160.8)	(164.7)	(1,753.8)	(1,753.8)	0.0	0.0%	(1,919.9)
Miscellaneous Income	(11.3)	(10.8)	(11.4)	(11.1)	(13.9)	(12.1)	(12.0)	(12.4)	(12.2)	(13.0)	(14.6)	(128.2)	(134.8)	-6.6	5.1%	(147.1)
Health Board Pay Expenditure	76.6	73.4	75.4	76.3	75.1	95.8	79.4	79.7	75.1	80.8	81.5	865.5	869.2	3.6	0.4%	947.6
Non-Pay Expenditure	88.9	89.9	88.5	94.3	98.2	91.8	92.7	93.5	97.7	93.7	98.6	1,016.5	1,027.7	11.2	1.1%	1,119.4
<b>Total Deficit</b>	<b>1.3</b>	<b>0.9</b>	<b>0.0</b>	<b>(0.1)</b>	<b>0.5</b>	<b>0.5</b>	<b>1.2</b>	<b>1.9</b>	<b>0.5</b>	<b>0.7</b>	<b>0.7</b>	<b>0.0</b>	<b>8.2</b>	<b>8.2</b>		<b>0.0</b>

- The in month position is reporting a deficit of £0.7m and a cumulative deficit of £8.2m as at the end of February.
- The total cost of COVID-19 in February is £6.7m (£41.4m year to date), an increase of £4.2m from January. Total COVID-19 Annual Forecast has also increased from £41.2m to £45.3m which also reflects the additional £4.3m Discharge Support costs for which funding has been received in Month 11.
- The Health Board's forecast outturn has been reviewed and revised to report a balanced forecast outturn position further to receiving additional funding of £4.3m COVID Discharge Support, £1.7m Dispensing Fees and £1.7m Queen's Funeral Bank Holiday funding allocation to cover retrospective costs. In addition, the balanced forecast outturn position is also based on retaining the slippage of £1.2m against Value Based Healthcare funding and £0.4m surplus on COVID-19 funding.



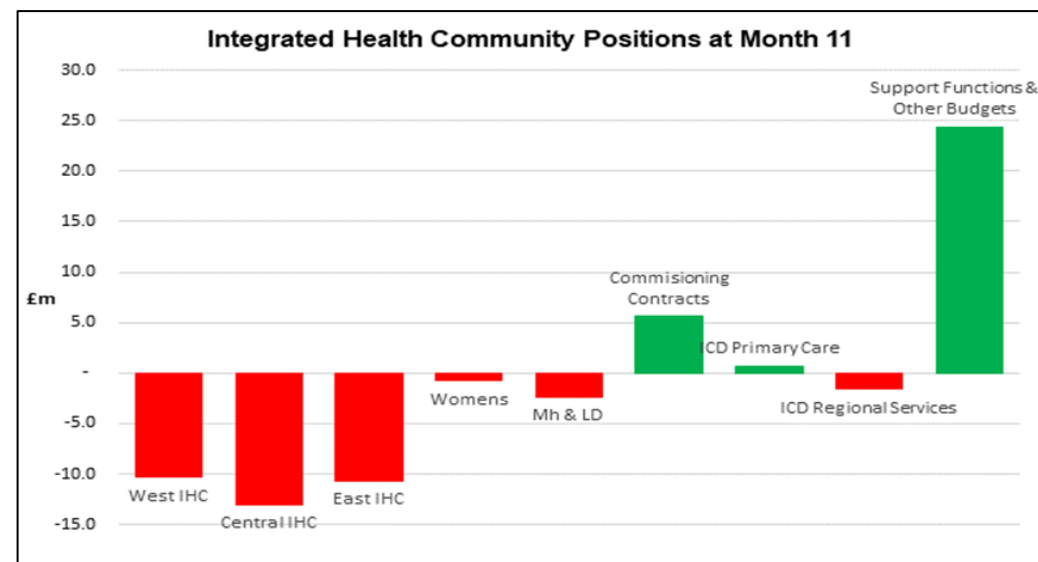
- The Health Board's financial plan for 2022/23 was to deliver a balanced position which includes the £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition, £38.4m Sustainability funding has been received to support planned and unscheduled care.
- The £42m Performance and transformation funding was included as recurrent in the Minimum Data Set. The three-year financial plan included in the BCU IMTP submission also assumed that funding for Performance and Transformation would continue beyond 2023-24. The Health Board has been clear that it is committing recurrently against this funding to deliver the required outcomes. As per request from Welsh Government, the Health Board has reflected the £42m as non-recurrent.
- The Health Board has faced a significant underlying deficit position, which is a consequence of our historic residual infrastructure and delivery inefficiencies. The underlying position brought forward from 2021/22 is £67.8m. The carried forward underlying deficit is £187.6m. This is net of a provisionally assumed continuation of non-recurrent underspends/slippage/vacancies of £28.2m.
- The basis of this position is the presentation shared with WG at the touch-point meeting on 9 February. The underlying deficit work is ongoing, and continually being refined.

- The Health Board's forecast outturn position has been reviewed and revised from reporting a deficit of £10.0m to reporting a balanced forecast outturn position further to receiving the following in month additional allocations to cover retrospective costs:
  - £4.3m COVID Discharge Support funding allocation
  - £1.7m Dispensing Fees funding allocation
  - £1.7m Queens Funeral Bank Holiday
- In addition to the above funding allocations received in Month 11, the forecast outturn position is also based on:
  - Retaining £4.7m slippage against sustainability funding
  - Retaining £1.2m slippage against Value Based Healthcare funding
  - £0.4m surplus on COVID-19 funding
  - Welsh Government fully funding all anticipated income
  - A further accountancy gain from review of Annual leave, VAT & PO Accruals. This will include the impact of a revised accounting procedure regarding PO accruals, which will require approval by the Audit Committee/Health Board.
- There are further opportunities and risks to the position which are outlined in the risk and opportunities section of the report (Slide 14).



# Divisional Positions

	In Month			Cumulative			Forecast Year End Variance £000
	Budget £000	Actual £000	Variance to Plan £000	Budget £000	Actual £000	Variance to Plan £000	
<b>WG RESOURCE ALLOCATION</b>	(164,687)	(164,687)	0	(1,753,780)	(1,753,780)	0	0
<b>WEST INTEGRATED HEALTH COMMUNITY</b>							
Management	54	54	0	381	316	65	65
West Area	15,586	15,509	77	161,749	165,536	(3,787)	(4,400)
Ysbyty Gwynedd	12,451	10,866	1,585	106,602	112,633	(6,031)	(7,486)
Facilities	1,036	1,056	(20)	10,790	11,353	(563)	(670)
<b>Total West</b>	<b>29,127</b>	<b>27,485</b>	<b>1,642</b>	<b>279,521</b>	<b>289,838</b>	<b>(10,316)</b>	<b>(12,491)</b>
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>							
Management	55	71	(17)	382	316	66	35
Central Area	19,519	18,254	1,264	214,465	214,198	266	750
Ysbyty Glan Clwyd	14,099	12,869	1,230	131,428	143,632	(12,204)	(14,716)
Facilities	1,176	1,251	(74)	12,614	13,720	(1,106)	(1,258)
<b>Total Central</b>	<b>34,849</b>	<b>32,446</b>	<b>2,403</b>	<b>358,888</b>	<b>371,866</b>	<b>(12,977)</b>	<b>(15,189)</b>
<b>EAST INTEGRATED HEALTH COMMUNITY</b>							
Management	68	72	(4)	477	357	120	50
East Area	22,691	22,194	497	243,738	247,521	(3,783)	(4,900)
Ysbyty Wrexham Maelor	10,189	10,789	(599)	112,680	118,949	(6,269)	(7,635)
Facilities	1,258	1,195	64	11,382	12,118	(736)	(849)
<b>Total East</b>	<b>34,206</b>	<b>34,249</b>	<b>(43)</b>	<b>368,276</b>	<b>378,945</b>	<b>(10,668)</b>	<b>(13,334)</b>
<b>Total Midwifery and Women's Services</b>	<b>3,637</b>	<b>3,793</b>	<b>(157)</b>	<b>39,516</b>	<b>40,276</b>	<b>(760)</b>	<b>(1,097)</b>
<b>Total Mental Health and LDS</b>	<b>12,867</b>	<b>12,127</b>	<b>740</b>	<b>136,984</b>	<b>139,365</b>	<b>(2,381)</b>	<b>(2,848)</b>
<b>Total Commissioning Contracts</b>	<b>28,470</b>	<b>26,696</b>	<b>1,775</b>	<b>241,190</b>	<b>235,616</b>	<b>5,574</b>	<b>4,970</b>
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>							
Covid Programmes	1,359	1,359	0	16,602	16,602	0	0
Dental North Wales	2,765	2,823	(58)	31,483	31,434	49	0
Community Dental Services	495	474	20	5,562	4,858	705	734
ICD Primary Care Management	13	8	5	90	47	43	48
Other Primary Care	(136)	(226)	90	(1,512)	(1,350)	(162)	(198)
<b>Total Integrated Clinical Delivery Primary care</b>	<b>4,495</b>	<b>4,438</b>	<b>57</b>	<b>52,225</b>	<b>51,590</b>	<b>635</b>	<b>584</b>
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>							
Provider Income	(1,804)	(1,917)	113	(19,509)	(19,716)	207	361
Diagnostic and Specialist Clinical Support	6,380	5,943	437	64,813	65,696	(883)	(1,300)
Cancer Services	4,570	4,730	(160)	49,910	50,829	(919)	(1,309)
<b>Total Integrated Clinical Delivery</b>	<b>9,146</b>	<b>8,756</b>	<b>389</b>	<b>95,214</b>	<b>96,808</b>	<b>(1,594)</b>	<b>(2,248)</b>
<b>Total Service Support Functions and Other Budgets</b>	<b>7,889</b>	<b>15,345</b>	<b>(7,456)</b>	<b>181,966</b>	<b>157,627</b>	<b>24,339</b>	<b>41,653</b>
<b>TOTAL INCOME AND EXPENDITURE</b>	<b>0</b>	<b>650</b>	<b>(650)</b>	<b>0</b>	<b>8,150</b>	<b>(8,150)</b>	<b>0</b>

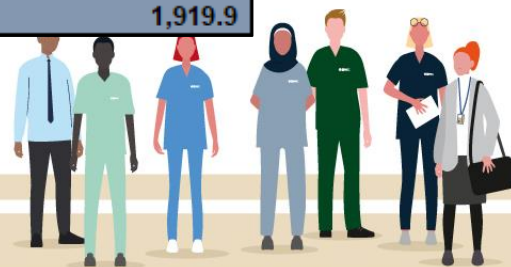


- Key impacts affecting divisional cumulative positions include additional pay costs which are due to variable pay costs, particularly Agency costs.
- Non Pay pressures continue within CHC, due to more complex packages driving an increase in costs and increasing out of area packages, prescribing costs and a number of general non pay inflationary costs.
- Non delivery of CRES continues to have an impact.
- Other Budgets include the release of £10m carried forward annual leave accrual of which some costs are being incurred within the IHC's.

Description	£m
Allocations Received	1,919.9
<b>Total Allocations Received</b>	<b>1,919.9</b>
Description	£m
<b>Allocations anticipated</b>	
Capital Depreciation Donated Assets	1.4
Capital Depreciation IFRS-16 Leases	5.7
Capital Depreciation - Impairment	- 6.4
Removal of Donated Assets / Government Grant Receipts	- 0.5
Removal of IFRS-16 Leases (Revenue)	- 6.0
COVID-19	0.5
Six Goals - UPPC, SDEC, Triumvite team and Extra posts	2.0
All Wales Robotics Partnership	0.5
Dispensing Fees increasing	1.7
SBRI - Quarter 4	0.3
I Can Work - oversight work - full year	0.2
Consultant clinical excellence awards	0.2
OH Service for Optometrists	0.1
AME - CHC adjustment	0.2
Other	0.1
<b>Total Allocations Anticipated</b>	<b>- 0.0</b>
	<b>£m</b>
Total Allocations Received	1,919.9
Total Allocations Anticipated	- 0.0
<b>Total Welsh Government Income</b>	<b>1,919.9</b>

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL for the year is currently £1,919.9m, of which £1,753.8m has been profiled into the cumulative position which is £6.1m less than 11/12ths of the allocation.
- The RRL includes confirmed allocations to date of £1,919.9m.
- Total COVID-19 allocation received to date is £45.2m and the anticipated allocation includes £0.5m for COVID-19 funding (Loss of Dental Income). To Month 11 £41.4m of COVID-19 funding has been profiled into the cumulative position to match expenditure.
- Also, within the allocations received includes £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition, £38M has also been received for Planned and Unscheduled Care Sustainability Fund.

COVID -19 Funding	£m
Total COVID-19 costs in 2022/23	45.7
<b>Total Covid -19 funding</b>	<b>45.7</b>
Received	45.2
Anticipated	0.5



# Expenditure

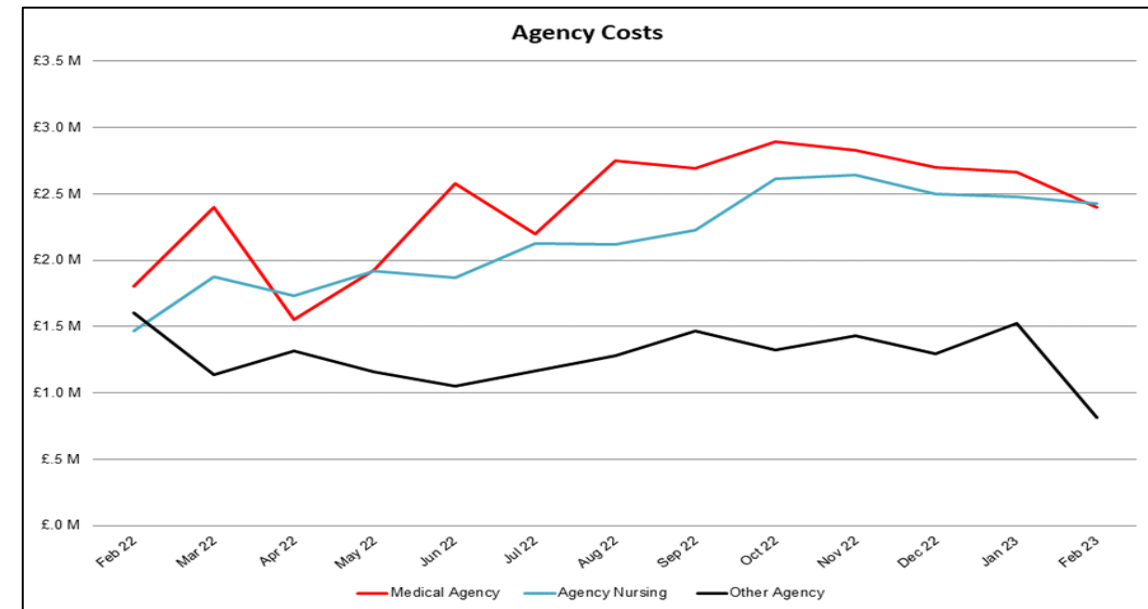
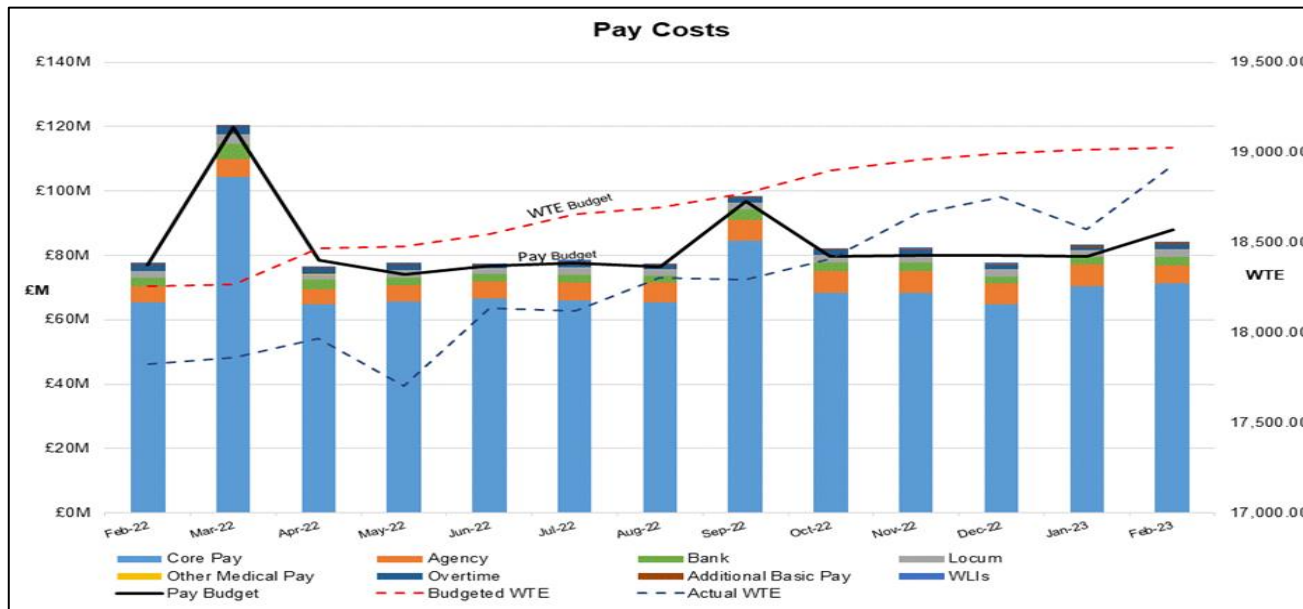
Pay Costs												Cumulative			Full Year
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	11.4	10.0	11.0	10.8	11.0	14.1	11.5	9.9	11.7	12.0	11.9	127.8	125.3	2.5	138.6
Medical & Dental	17.6	17.3	17.9	18.2	18.0	21.7	18.6	19.7	16.7	18.6	18.6	193.4	202.9	(9.5)	227.4
Nursing & Midwifery Registered	23.7	22.9	23.4	23.3	22.8	28.8	24.3	25.0	22.9	24.5	24.9	274.1	266.6	7.6	287.2
Additional Clinical Services	11.2	10.6	10.7	11.0	10.6	15.0	11.6	11.7	10.8	11.8	12.2	117.8	127.1	(9.3)	37.7
Add Prof Scientific & Technical	2.9	2.9	2.9	3.0	3.0	3.5	3.1	3.2	3.0	3.1	3.1	38.3	33.8	4.5	135.2
Allied Health Professionals	5.0	4.7	4.7	5.0	4.9	6.1	5.3	5.4	5.2	5.4	5.4	55.4	57.2	(1.8)	61.6
Healthcare Scientists	1.3	1.2	1.3	1.3	1.3	1.5	1.3	1.4	1.1	1.3	1.3	15.3	14.3	1.0	15.2
Estates & Ancillary	3.5	3.7	3.5	3.6	3.5	5.0	3.8	3.3	3.7	3.8	3.9	42.6	41.2	1.3	44.1
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.8	0.7	0.1	0.8
<b>Health Board Total</b>	<b>76.6</b>	<b>73.4</b>	<b>75.5</b>	<b>76.3</b>	<b>75.1</b>	<b>95.8</b>	<b>79.4</b>	<b>79.7</b>	<b>75.1</b>	<b>80.8</b>	<b>81.5</b>	<b>865.5</b>	<b>869.2</b>	<b>(3.6)</b>	<b>947.6</b>
Other Services (Incl. Primary Care)	2.0	2.4	2.2	2.3	2.5	2.8	2.9	2.8	2.6	2.6	2.9	22.2	27.9	(5.7)	30.5
<b>Total Pay</b>	<b>78.7</b>	<b>75.8</b>	<b>77.6</b>	<b>78.5</b>	<b>77.6</b>	<b>98.6</b>	<b>82.3</b>	<b>82.5</b>	<b>77.7</b>	<b>83.4</b>	<b>84.4</b>	<b>887.8</b>	<b>897.1</b>	<b>(9.3)</b>	<b>978.1</b>

Non-Pay Costs	2022-23											Cumulative			Full Year
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractors	18.1	18.1	16.8	18.2	17.6	18.3	19.1	22.3	18.9	19.7	19.0	209.5	206.1	3.3	224.3
Primary Care Drugs	8.7	8.8	9.9	10.1	10.3	10.5	9.9	9.9	10.2	10.4	10.3	96.8	109.0	(12.2)	119.5
Secondary Care Drugs	7.0	7.3	5.4	6.7	7.2	7.2	7.0	7.4	7.1	7.4	7.5	72.2	77.2	(4.9)	84.8
Clinical Supplies	6.1	6.8	6.7	5.9	5.9	6.1	6.8	7.8	6.7	6.0	6.0	66.1	70.8	(4.7)	75.9
General Supplies	4.2	3.9	4.7	1.5	5.8	5.3	4.4	4.2	6.1	2.9	4.8	44.8	47.7	(2.9)	51.1
HC Services Provided by Other NHS	25.1	24.3	26.2	27.9	24.7	25.7	24.6	21.5	27.9	27.2	31.1	290.8	286.2	4.6	313.2
Continuing Care and FNC	9.4	9.4	9.4	10.2	9.6	5.5	8.7	8.8	8.9	7.0	6.9	89.4	93.8	(4.4)	102.1
Other	7.8	9.0	7.1	8.1	13.9	10.2	9.1	10.1	9.0	10.2	9.8	108.5	104.2	4.3	111.8
<b>Non-pay costs</b>	<b>86.4</b>	<b>87.5</b>	<b>86.1</b>	<b>88.6</b>	<b>95.0</b>	<b>88.7</b>	<b>89.6</b>	<b>92.1</b>	<b>94.7</b>	<b>90.7</b>	<b>95.4</b>	<b>978.1</b>	<b>994.9</b>	<b>(16.8)</b>	<b>1,082.6</b>
Cost of Capital	2.5	2.5	2.5	5.9	3.3	3.3	3.3	1.5	3.1	3.1	3.1	38.4	34.3	4.1	36.8
<b>Total non-pay</b>	<b>88.9</b>	<b>90.0</b>	<b>88.6</b>	<b>94.5</b>	<b>98.4</b>	<b>92.1</b>	<b>92.9</b>	<b>93.6</b>	<b>97.8</b>	<b>93.8</b>	<b>98.5</b>	<b>1,016.5</b>	<b>1,029.2</b>	<b>(12.7)</b>	<b>1,119.4</b>

Variable Pay	2022-23											Total
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Agency	4.6	5.0	5.5	5.5	6.2	6.4	6.8	6.9	6.5	6.7	5.6	65.7
Overtime	1.8	1.8	0.9	1.3	1.1	1.6	1.5	1.3	1.2	0.9	1.5	14.8
Locum	1.7	2.1	1.8	2.5	2.0	2.0	2.2	2.5	2.2	2.1	2.3	23.4
WLLs	0.3	0.4	0.4	0.5	0.4	0.3	0.5	0.6	0.5	0.4	0.5	4.8
Bank	2.8	2.5	2.3	2.3	2.0	3.2	2.6	2.4	2.0	2.5	2.8	27.3
Other Non Core	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.8
Additional Hours	0.3	0.3	0.4	0.3	0.4	0.3	0.2	0.4	0.4	0.3	0.3	3.7
<b>Total</b>	<b>11.7</b>	<b>12.2</b>	<b>11.2</b>	<b>12.5</b>	<b>12.1</b>	<b>13.9</b>	<b>13.9</b>	<b>14.1</b>	<b>12.8</b>	<b>13.0</b>	<b>13.1</b>	<b>140.6</b>

- Total Pay costs are £84.4m in February, an increase of £1.0m from January.
- The brought forward opening Annual Leave accrual value from 2021/22 was £27.2m. All staff that were due payment for selling annual leave from 2021/22 have now been paid via BCUHB Payroll, reducing the baseline provision to £25.7m. Of the £10.0m Annual Leave accrual released into the position, we have released £2.816m Accountancy Gains into the position in previous months. The backfill value is estimated at £7.2m, of which £6.585m (11/12<sup>th</sup>) has been released into the position to date. This leaves £0.599m to be released in March which will give a final balance of £15.725m, before the year-end adjustment is actioned. This is being reviewed and further release is planned in March.
- Total Variable Pay is £13.1m, an increase of £0.1m from previous month. Agency costs have decreased by £1.0m, whilst Overtime has increased by £0.6m and Bank spend has also increased by £0.3m from previous month.
- All three sites continue to experience medical and nursing staffing pressures due to vacancies and the impact of strikes, which is reflected in the increase in both overtime and Bank spend.
- £1.7m Queen's additional bank holiday funding has been phased into the position in full.

# Pay Costs



- The latest pay award offer comprises an additional 3%, of which 1.5% is Consolidated Pay Award and 1.5% is Non-Consolidated. The 1.5% non-consolidated payment is non-pensionable based on contracted salary, which will be paid in March. However, the 1.5% consolidated pay award will not be paid until the new financial year, but will be accounted for in March. Funding methodology has not yet been confirmed by WG and costs have not been reflected in the position; however, the assumptions are that this will be fully funded and will not impact the position.

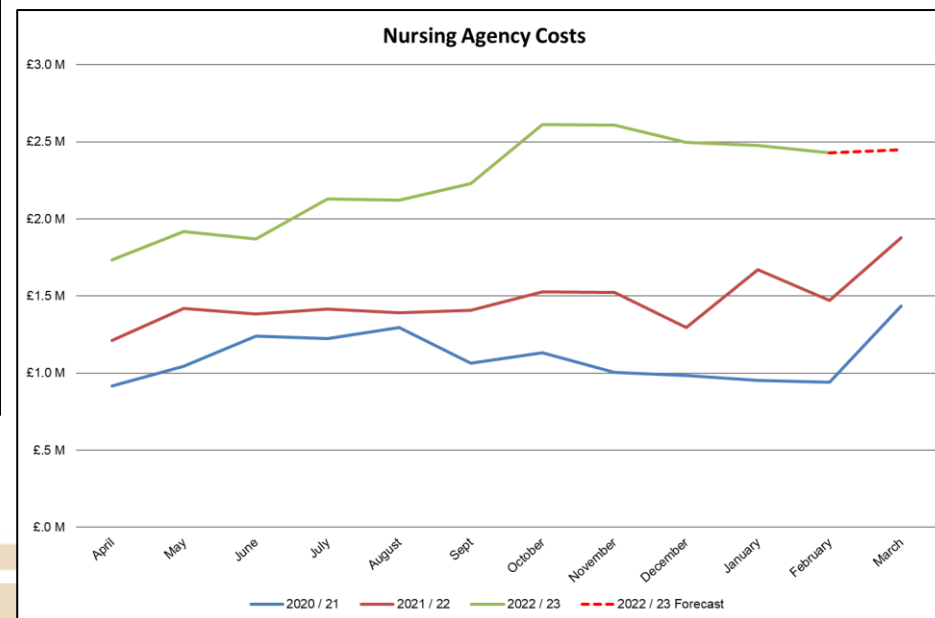
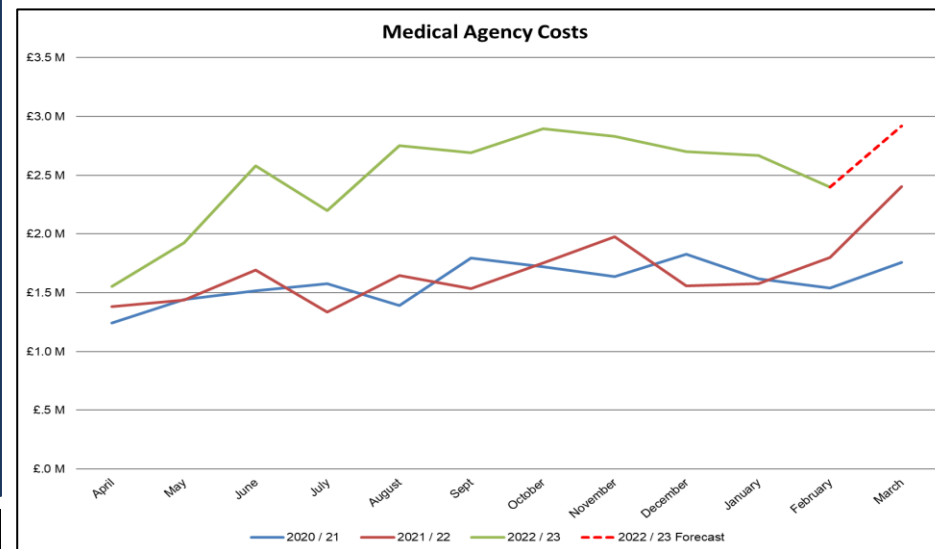
- Agency costs for February are £5.6m which is £0.3m below the average monthly expenditure in this financial year.
- Medical agency are £2.4m which is £0.1m below the monthly average in 2022-23.
- Agency nursing spend is £2.4m in February, which is £0.2m higher than the monthly average in this financial year.



# Pay Costs - Agency

- Total agency costs are £5.6m in February, having decreased by £1.1m from previous month, and is £0.2m lower than the average monthly expenditure in this financial year. Of the £5.6m, the 3 hospital sites accounted for £2.9m of the costs. The £1.0m reduction in agency costs mostly relates to £0.4m in Central Area due to the release of provisions and £0.5m in YGC relating to Medical Agency.
- Total Forecast Agency spend is £72.6m, an increase of £23.9m from 2021/22 Agency outturn position.
- February Agency spend is 6.7% of total pay and is projected to be 8.6% of total pay in March 23. Total 22/23 Agency costs is forecast to be 7.4% of total pay costs in 22/23 (5.2% in 21/22).
- Medical agency spend is £2.4m for the month, a decrease of £0.3m from January.
- Agency nursing spend is £2.4m for the month, which is in line with previous month.
- Other agency costs totalled £0.8m in February, a reduction of £0.7m from previous month.

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

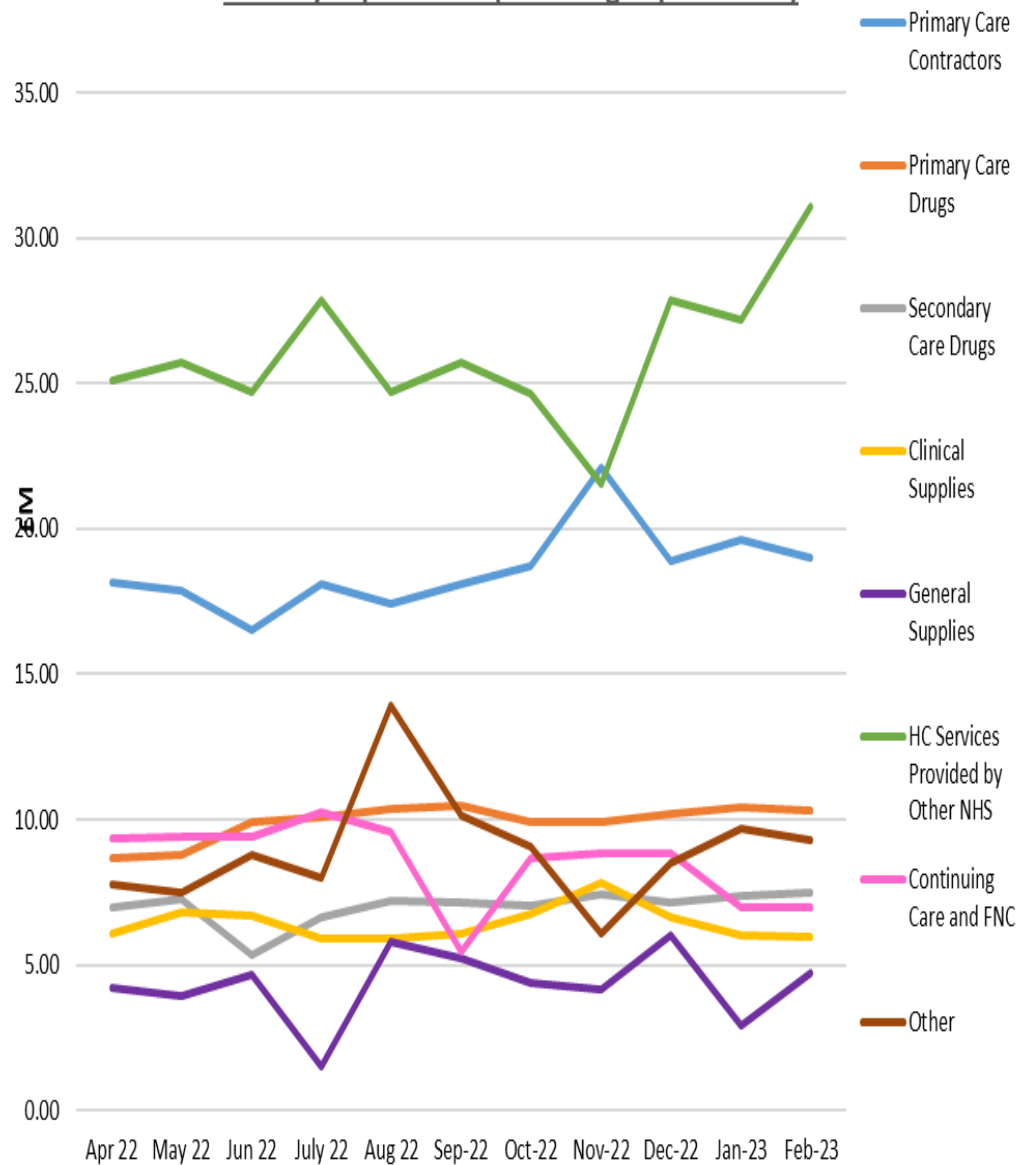


	22-23 Actual											Total Year to Date	Mar-23	Total Full Year Forecast
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23			
West Area	118	155	156	191	195	127	384	205	127	112	211	1,981	170	2,151
Central Area	234	351	155	294	553	487	543	420	508	561	154	4,261	420	4,681
East Area	576	574	1,042	357	939	758	886	975	879	814	893	8,693	862	9,555
Ysbyty Gwynedd	570	564	565	568	651	710	779	785	776	809	844	7,621	847	8,468
Ysbyty Glan Clwyd	914	1,110	1,261	1,376	1,238	1,613	1,542	1,805	1,365	1,552	1,066	14,841	1,746	16,587
Ysbyty Maelor Wrexham	760	812	808	1,005	923	1,062	1,084	1,072	1,000	1,105	1,029	10,659	955	11,614
Mental Health & LDS	446	436	505	598	680	570	535	819	774	740	665	6,766	665	7,431
Womens	117	136	128	197	249	231	318	168	336	245	265	2,389	253	2,642
Other	875	867	880	911	732	837	758	654	731	731	515	8,491	1,021	9,512
<b>Total Agency</b>	<b>4,609</b>	<b>5,004</b>	<b>5,502</b>	<b>5,497</b>	<b>6,159</b>	<b>6,394</b>	<b>6,828</b>	<b>6,903</b>	<b>6,495</b>	<b>6,669</b>	<b>5,642</b>	<b>65,702</b>	<b>6,939</b>	<b>72,641</b>



# Non-Pay Costs

Non Pay Expenditure (Excluding Capital Costs)



**Total Non-Pay Expenditure:** February spend is £95.4m (excluding capital charges), which is £4.0m less than previous month spend. The main areas of changes in month are included below:

**Primary Care Contractor:** Spend is £0.6m (3.3%) less than previous month. GMS has reported an in-month reduction against I&MT training maintenance costs, lower sickness/maternity claims and lower GP Cluster spend. However, pressures remain in General Medical Services (GMS) from increased costs of GMS Dispensing Fees for which £1.7m additional income has been anticipated in Month 11.

**Primary Care Drugs:** Expenditure has decreased by £0.1m (0.8%) from January and annual forecast has increased by £0.8m. Significant pressures remain due to high prescribing costs of No Cheaper Stock Obtainable (NCSO) items which will remain until Antibiotics come off NCSO supply. December activity has increased due to the impact of Strep and increased demand on supply of antibiotics. Following receipt of December prescribing data, the Average Cost per Prescribing Day has increased by 1.7%, December was £0.531m compared to £0.522m for November. The overall number of Items Prescribed per Prescribing Day has increased by 1.7%; December had 71,895 items prescribed compared to 70,702 in November.

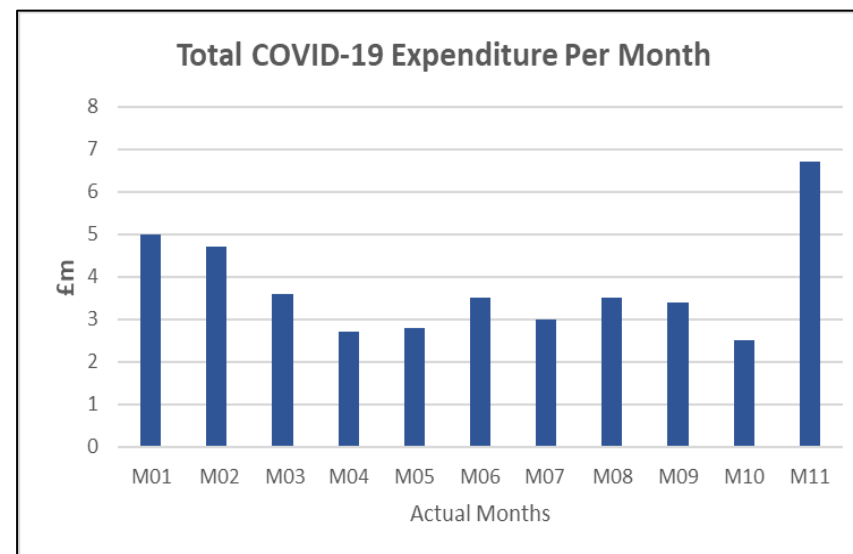
**Healthcare Services provided by Other NHS Bodies:** Spend has increased by £3.9m (14.4%) on previous month due to the increase in WHSCC Vertex costs, for which income allocation has been received in Month 11. Offsetting these additional costs is also an improvement of £0.8m following finalisation of the Stoke and Manchester contracts.

**Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is in line with previous month. However, Mental Health Out of Area Placements continues to be an area of increasing concern due to rising Out of Area placements. The closure of two care homes continues to increase pressures within this sector.

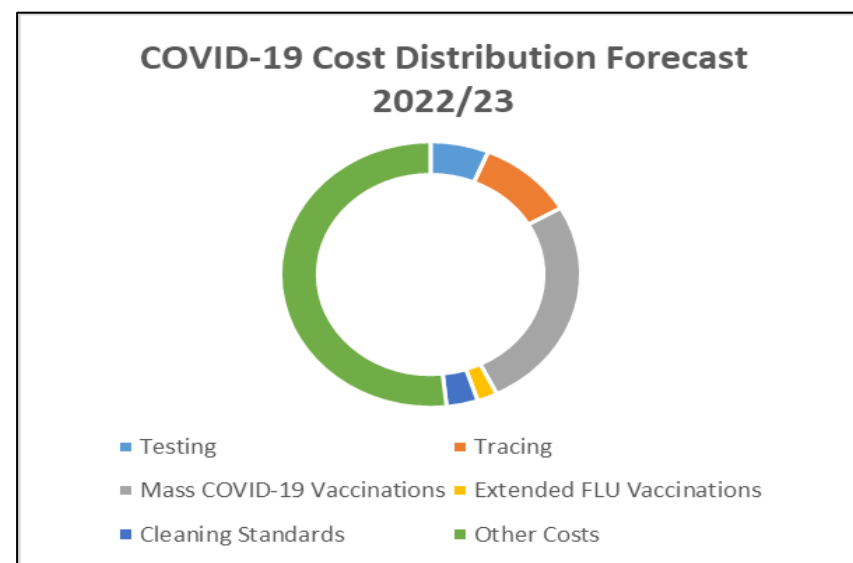
**General Supplies:** Expenditure has increased by £1.9m from previous month. As a result of the Microsoft VAT recovery decision not being resolved in 22/23, an additional £0.7m VAT has been accounted for in Month 11. Other increases in Month 11 Provider Services Non Pay include External Consultancy Fees (£0.8m) and Travel expenditure (£0.3m).

# Impact of COVID-19

	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	Actual M08	Actual M09	Actual M10	Actual M11	Total YTD 2022/23	Forecast 2022/23
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.3	2.6	2.5
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	0.2	0.3	0.2	0.1	0.2	4.3	4.6
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	1.4	1.4	1.1	0.8	0.8	10.8	11.7
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.3	0.3	(0.1)	0.1	0.9	1.6
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.2	1.4	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	1.0	1.1	1.5	1.4	5.1	21.4	23.3
<b>Total COVID-19 expenditure</b>	<b>5.0</b>	<b>4.7</b>	<b>3.6</b>	<b>2.7</b>	<b>2.8</b>	<b>3.5</b>	<b>3.0</b>	<b>3.5</b>	<b>3.4</b>	<b>2.5</b>	<b>6.7</b>	<b>41.4</b>	<b>45.3</b>
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(3.0)	(3.5)	(3.4)	(2.5)	(6.7)	(41.4)	(45.7)
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.4)</b>



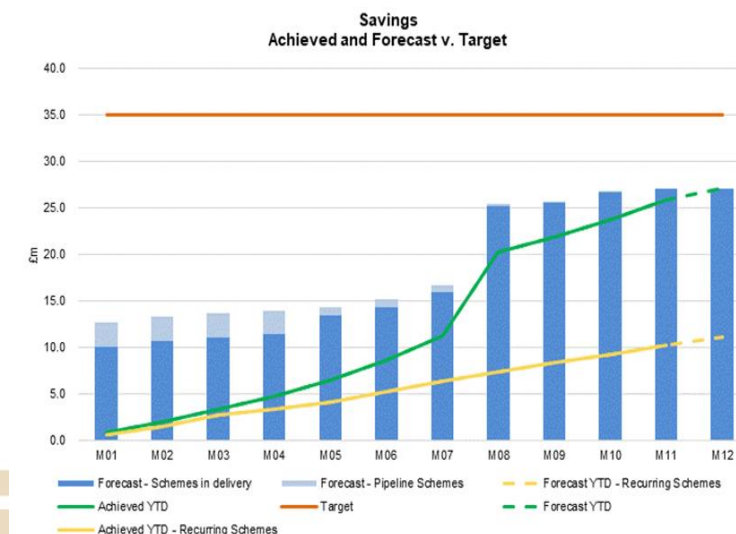
- The total impact of COVID-19 spend in February is £6.7m, an increase of £4.2m from January spend due to the retrospective categorisation of COVID-19 discharge support and additional bed capacity, to align with other Welsh NHS Bodies. Total COVID-19 Annual Forecast increased from £41.2m to £45.3m.
- The £4.3m COVID-19 Discharge Support costs consists of £2.9m for escalation beds and medically fit for discharge beds in Ysbyty Gwynedd, including Womens services, an additional £1.0m of therapies and support costs for the additional beds already claimed in Wrexham, and £0.4m for discharge to assess beds within private care homes.
- COVID-19 forecast is reporting a surplus of £0.4m, which is due to Welsh Government allowing surplus funding to be retained on Loss of dental income funding (£0.2m) and COVID Enhanced Flu (£0.2m).



# Savings

	Savings Target £000	SCHEMES IN DELIVERY							PIPELINE SCHEMES				TOTAL PROGRAMME			
		Year to Date Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Recurring Forecast £000	Variance £000	Forecast Non-Recurring Forecast £000	Total Forecast £000	Forecast FYE £000	Recurring Plan £000	Non-Recurring Plan £000	Total Plan £000	Plan FYE £000	Total Forecast £000	Variance £000
<b>West Integrated Health Community</b>																
Area - West	2,940	2,272	1,098	(1,173)	1,459	1,166	(1,774)	1,528	2,694	1,491	0	0	0	0	2,694	(246)
Ysbyty Gwynedd	3,124	2,414	196	(2,217)	97	216	(2,908)	97	313	256	0	0	0	0	313	(2,811)
Facilities	304	235	0	(235)	0		(304)				0	0	0	0	0	(304)
<b>Total West</b>	<b>6,368</b>	<b>4,920</b>	<b>1,295</b>	<b>(3,625)</b>	<b>1,556</b>	<b>1,382</b>	<b>(4,986)</b>	<b>1,625</b>	<b>3,007</b>	<b>1,747</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,007</b>	<b>(3,360)</b>
<b>Central Integrated Health Community</b>																
Area - Centre	4,942	3,819	2,115	(1,703)	1,658	2,296	(2,647)	1,658	3,954	2,502	0	0	0	0	3,954	(989)
Ysbyty Glan Clwyd	3,951	3,053	231	(2,821)	174	275	(3,676)	174	449	314	0	0	0	0	449	(3,502)
Facilities	341	264		(264)			(341)				0	0	0	0	0	(341)
<b>Total West</b>	<b>9,235</b>	<b>7,135</b>	<b>2,347</b>	<b>(4,788)</b>	<b>1,832</b>	<b>2,571</b>	<b>(6,664)</b>	<b>1,832</b>	<b>4,403</b>	<b>2,816</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,403</b>	<b>(4,832)</b>
<b>East Integrated Health Community</b>																
Area - East	5,080	3,925	1,483	(2,442)	1,273	1,552	(3,528)	1,329	2,881	1,641	0	0	0	0	2,881	(2,199)
Ysbyty Wrexham Maelor	3,171	2,450	572	(1,878)	1,598	639	(2,532)	1,688	2,327	937	0	0	0	0	2,327	(844)
Facilities	316	245		(245)			(316)				0	0	0	0	0	(316)
<b>Total East</b>	<b>8,567</b>	<b>6,619</b>	<b>2,055</b>	<b>(4,565)</b>	<b>2,871</b>	<b>2,190</b>	<b>(6,377)</b>	<b>3,017</b>	<b>5,208</b>	<b>2,577</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,208</b>	<b>(3,360)</b>
<b>PAN North Wales Services</b>																
MHLD	613	474	2,184	1,710	205	2,382	1,769	221	2,603	2,384	0	0	0	0	2,603	1,990
Womens Services	1,375	1,097	113	(984)	1,971	115	(1,260)	2,009	2,125	133	0	0	0	0	2,125	750
Diagnostic and Specialist Clinical Services	2,044	1,579	231	(1,348)	435	254	(1,790)	435	689	268	0	0	0	0	689	(1,355)
Cancer Services	1,542	1,191	1,524	333	0	1,719	177	0	1,719	1,845	0	0	0	0	1,719	177
Area - Other	235	182	206	24	0	235	0	0	235	235	0	0	0	0	235	0
Contracts	1,500	1,159	0	(1,159)	3,488	0	(1,500)	3,488	3,488	0	0	0	0	0	3,488	1,988
Provider Income	304	235	0	(235)	0	0	(304)	0	0	0	0	0	0	0	0	(304)
<b>Total PAN North Wales</b>	<b>7,613</b>	<b>5,917</b>	<b>4,259</b>	<b>(1,658)</b>	<b>6,100</b>	<b>4,705</b>	<b>(2,908)</b>	<b>6,154</b>	<b>10,859</b>	<b>4,864</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,859</b>	<b>3,246</b>
Corporate	3,217	2,485	303	(2,183)	3,297	331	(2,886)	3,298	3,628	335	0	0	0	0	3,628	411
<b>Total</b>	<b>35,000</b>	<b>27,077</b>	<b>10,257</b>	<b>(18,820)</b>	<b>15,655</b>	<b>11,179</b>	<b>(23,821)</b>	<b>15,926</b>	<b>27,105</b>	<b>12,340</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27,105</b>	<b>(7,895)</b>

- The Health Board has set a savings target of £35m for 2022/23 to be driven equally by both transaction and transformation led plans and program of work.
- Savings delivered in month total £2.2m against a plan of £1.4m, resulting in a favourable variance of £0.8m.
- Year to date savings delivered total £25.9m against a year-to-date plan of £21.6m and a total target of £27.1m. As all schemes are transactional, the transactional savings target of £17.5m has been met in terms of total savings delivered. However, the proportion of recurring savings delivered to date totals £10.3m, which remains a concern.
- Full year forecast increased by £0.3m and now totals £27.1m for Green and Amber schemes, indicating that a further £1.2m will be delivered this year. CHC remains a significant contributor, although impacted by the closure of 2 Care Homes in the East. The recurring element of the Forecast totals £11.2m.
- Full Year Forecast includes non-recurring Accountancy Gains of £7m.
- The ongoing reliance on smaller scale savings initiatives remains a concern. Transformation plans have not yet been delivered and as transformational savings are profiled towards the final quarter; there is an adverse variance of actual savings delivered against total target and this variance is set to increase in the quarter.
- Subsequent to the establishment of a Recovery Board, progress was impacted by industrial action and winter pressures; plans for the way forward are under review.



# Risks and Opportunities (not included in position)

	RISKS	£m	Level	Explanation
1	Higher pay expenditure than forecast in M12	£2.0m	Medium	
	<b>Total Risks</b>	<b>£2.0m</b>		

	OPPORTUNITIES	£m	Level	Explanation
1	Potential for further slippage in Month 12	£1.0m	Medium	
2	Potential for balance sheet release to be greater than forecast.	£5.0m	Medium	
	<b>Total Opportunities</b>	<b>£6.0m</b>		
	<b>Worst Case Outturn Scenario</b>	<b>£2.0m Deficit</b>		
	<b>Best Case Outturn Scenario</b>	<b>£6.0m Surplus</b>		



# Balance Sheet

## Cash Flow Forecast

- The closing cash balance as at 28<sup>th</sup> February 2023 was £5.538m, which included £1.653m cash held for revenue expenditure and £3.885m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2022-23 of £3.578m (revenue £2.530m and capital £1.048m) and requested all approved working balances support in the first week of March. This includes the movements in payables and a reduction in Welsh Risk Pool receivables.
- This forecast does not include the impact and any additional cash funding relating to pay settlements to be made during March 2023.

	Opening Balance Beginning of Apr 22 £'m	Closing Balance End of Feb-23 £'m	Forecast Closing Balance End of Mar 23 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	617.7	597.6	658.5
Intangible assets	1.0	0.8	1.0
Trade and other receivables	63.1	62.8	62.9
Non-Current Assets sub total	681.8	661.1	722.4
<b>Current Assets</b>			
Inventories	19.1	19.4	19.1
Trade and other receivables	105.8	98.2	102.9
Cash and cash equivalents	6.7	5.5	3.6
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	131.6	123.1	125.6
<b>TOTAL ASSETS</b>	813.4	784.3	847.9
<b>Current Liabilities</b>			
Trade and other payables	257.1	216.7	225.6
Provisions	52.0	54.8	55.3
Current Liabilities sub total	309.2	271.6	280.9
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	504.2	512.7	567.1
<b>Non-Current Liabilities</b>			
Trade and other payables	0.8	0.8	31.3
Provisions	62.0	60.7	60.7
Non-Current Liabilities sub total	62.8	61.5	92.0
<b>TOTAL ASSETS EMPLOYED</b>	441.3	451.2	475.1
<b>FINANCED BY:</b>			
Taxpayers' Equity			
General Fund	298.0	307.9	322.1
Revaluation Reserve	143.3	143.3	153.0
<b>Total Taxpayers' Equity</b>	441.3	451.2	475.1

# Capital

- The approved Capital Resource Limit (CRL) for 2022/23 is £24.377m.
- The capital programme for 2022/23 is fully committed, and the Health Board is on track to deliver the CRL.
- There has been delays in purchase orders within the system across various programmes, therefore there has been less spend against forecast in prior months but is on target to spend the full CRL in M12.

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
	<b>Gross expenditure</b>						
	<b>All Wales Capital Programme: Schemes:</b>						
1	Imaging	3,062	3,452	390	4,483	4,369	(114)
2	Wrexham Redevelopment	1,196	1,112	(84)	2,399	1,364	(1,035)
3	Nuclear Medicine	353	25	(328)	425	300	(125)
4	Substance Misuse-Holyhead	(1)	(1)	0	0	(1)	(1)
5	Digital Medicine	10	10	0	10	10	0
6	Ablett Unit	561	427	(134)	1,423	930	(493)
7	Linacs	292	388	96	1,922	1,627	(295)
8	Emergency Departments	171	4	(167)	418	418	0
9	Energy Saving Schemes	105	40	(65)	250	235	(15)
10	Year End Funding - Enli Ward	37	328	291	500	850	350
11	Year End Funding - Mortuary	0	72	72	346	144	(202)
12	Endoscopy Training	0	0	0	50	39	(11)
13	Year End Funding-Medical Devices	37	37	0	430	418	(12)
14	Year End Funding-Local Area Network	0	0	0	250	0	(250)
15	Eye Care	0	0	0	68	68	0
16	Ambulance	0	0	0	0	0	0
17	Digital Funding	0	0	0	0	0	0
	<b>Sub Total</b>	<b>5,823</b>	<b>5,894</b>	<b>71</b>	<b>12,974</b>	<b>10,771</b>	<b>(2,203)</b>
	<b>Discretionary:</b>						
43	I.T.	1,051	1,226	175	1,713	1,299	(414)
44	Equipment	1,488	1,657	169	1,379	2,078	699
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	5,831	4,890	(941)	7,879	9,797	1,918
47	Other	0	0	0	0	0	0
48	<b>Sub Total</b>	<b>8,370</b>	<b>7,773</b>	<b>(597)</b>	<b>10,971</b>	<b>13,174</b>	<b>2,203</b>
	<b>Other (Including IFRS 16 Leases) Schemes:</b>						
49	Donated	468	266	(202)	468	468	0
50	Internally Generated	0	0	0	0	0	0
51	IFRS16	432	0	(432)	432	432	0
69	<b>Sub Total</b>	<b>900</b>	<b>266</b>	<b>(634)</b>	<b>900</b>	<b>900</b>	<b>0</b>
70	<b>Total Expenditure</b>	<b>15,093</b>	<b>13,933</b>	<b>(1,160)</b>	<b>24,845</b>	<b>24,845</b>	<b>0</b>
	<b>Donations:</b>						
77	Donations:	468	249	(219)	468	468	0
78	<b>Sub Total</b>	<b>468</b>	<b>249</b>	<b>(219)</b>	<b>468</b>	<b>468</b>	<b>0</b>
92	<b>CHARGE AGAINST CRL / CEL</b>	<b>14,625</b>	<b>13,684</b>	<b>(941)</b>	<b>24,377</b>	<b>24,377</b>	<b>0</b>
93	<b>PERFORMANCE AGAINST CRL / CEL (Under)/Over</b>		<b>(10,693)</b>			<b>0</b>	



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# MONITORING RETURN

Month 11 2022/23

**Steve Webster**  
Interim Executive Director of Finance

**Betsi Cadwaladr University Health Board**





# 1. FINANCIAL POSITION & FORECAST

## 1.1 Financial plan

- The Health Board's financial plan for 2022/23 was to deliver a balanced position, which includes the £82.0m strategic support funding from Welsh Government. In addition, £38.4m Sustainability funding has been received to support planned and unscheduled care.
- Following the deep dive review of the forecast outturn at Month 6, the Health Board forecast reported a deficit position of £10.0m. However, further to receiving additional funding allocations in Month 11 and expenditure trends reducing, and the retention of slippage from the Value Based Healthcare funding, the Health Board's forecast outturn position has now been revised to reporting a balanced forecast outturn position. See Section 1.3 for further detail. An Accountable Officer (AO) Letter will also be submitted to Welsh Government confirming the change in the forecast outturn to break even.
- The £42m Strategic Support was included as recurrent in the MDS. Prior to the submission of the financial plan for 2022-25, the Health Board started discussions with Welsh Government on the continuation of the Strategic Support. The three-year financial plan included in the BCU IMTP submission also assumed that funding for Performance and Transformation would continue beyond 2023-24. The Health Board has been clear that it is committing recurrently against this funding (as agreed with the previous NHS Chief executive Andrew Goodall) in order to be able to deliver the required outcomes. As per request from Welsh Government, the Health Board has been requested to reflect the £42m as non-recurrent, which consequently increased the carried forward underlying deficit.

## 1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £0.7m. The cumulative position is reporting a deficit of £8.2m as at the end of February.
- The total cost of COVID-19 in February is £6.7m (£41.4m year to date), an increase of £4.2m from January. Welsh Government income has been received to fully fund these costs, leaving a £0.4m surplus, which is due to Welsh Government allowing surplus funding to be retained on Loss of dental income funding (£0.2m) and COVID Enhanced Flu (£0.2m).

## 1.3 Forecast Position

- Further to receiving additional funding allocations in Month 11, the Health Board's forecast outturn position has been reviewed and revised from reporting a deficit of £10.0m to reporting a balanced forecast outturn position further to the following in month additional allocations:



## 1. FINANCIAL POSITION & FORECAST

- £4.3m COVID Discharge Support funding allocation
- £1.7m Dispensing Fees funding allocation
- In addition to the above funding allocations received in Month 11, the forecast outturn position is also based on retaining the £1.2m slippage on Value Based Healthcare funding to achieve the balanced forecast outturn.
- The balanced forecast outturn position anticipates slippage against the Planned Care Sustainability funding allocation being retained.
- This revised forecast position is also dependent on Welsh Government fully funding all anticipated income, and a further review of additional accountancy gains (A/L, VAT & PO Accruals).

### 1.4 Income (Table B)

- Income totals £179.3m for February, an increase of £5.5m from January for which additional income has been received for WHSCC Vertex, Dispensing Fees, and COVID Discharge Support. Further details relating to the allocation are included in Section 7.
- The Total RRL Annual allocation has increased by £17.1m from January's allocation.

### 1.5 Actual Expenditure (Table B)

- Expenditure totals £180.0m for February, £5.5m higher than January expenditure which is offset by the £5.5m increase in Income in Month 11.
- Expenditure of £6.7m is directly related to COVID-19 in February, of which £4.9m is Pay and £1.8m is across Non-Pay expenditure categories. COVID-19 Month 11 expenditure is £4.7m higher than previous month due to the re-categorisation of £4.3m of COVID Discharge support costs which have been retrospectively funded.
- The areas of significant increases in Month 11 spend include Healthcare Services provided by Other NHS Bodies (£3.9m), Provider Services Non-Pay (£1.5m), Provided Services Pay (£0.7m) and Other Private & Voluntary Sector (£0.2m). Offsetting these are decreases in Primary Care Contractor (£0.6m) and Losses, Special Payments and Irrecoverable Debts (£0.2m).
- Further detail on key movements in spend is provided in the below table.



## 1. FINANCIAL POSITION & FORECAST

<b>Primary care Contractor</b>	<ul style="list-style-type: none"><li>• Expenditure in February is £0.6m (3.3%) less than previous month and £0.1m higher than forecast for the month. Annual Forecast has increased by £0.2m.</li><li>• GMS has reported an in-month reduction against I&amp;MT training maintenance costs, lower sickness/maternity claims and lower GP Cluster spend.</li><li>• However, pressures remain in General Medical Services (GMS) from increased costs of GMS Dispensing Fees for which £1.7m additional income has been anticipated in Month 11.</li></ul>
<b>Primary care – Drugs &amp; Appliances</b>	<ul style="list-style-type: none"><li>• Expenditure has decreased by £0.1m (0.8%) from January and annual forecast has increased by £0.8m.</li><li>• Significant pressures remain due to high prescribing costs of No Cheaper Stock Obtainable (NCSO) items which will remain until Antibiotics come off NCSO supply. December activity has increased due to the impact of Strep and increased demand on supply of antibiotics.</li><li>• Following receipt of December prescribing data, the Average Cost per Prescribing Day has increased by 1.7%, December was £0.531m compared to £0.522m for November.</li><li>• The 3-month Average Cost per Prescribing Day in December has also increased by 2.9%.</li><li>• The Average Cost per Item prescribed in December has remained unchanged; both December and November were £7.39 per item.</li><li>• The 3-month Average Cost per Item has however increased from £7.37 to £7.41 (+0.6%).</li><li>• The overall number of Items Prescribed per Prescribing Day has increased by 1.7%; December had 71,895 items prescribed compared to 70,702 in November.</li><li>• The 3-month Average Items Prescribed per Prescribing Day has also increased from 71,005 to 72,712 (+2.4%).</li></ul>
<b>Provided Services - Pay</b>	<ul style="list-style-type: none"><li>• Month 11 expenditure is £81.5m, which is £0.7m (0.9%) higher than previous month and £0.4m less than forecast for the month. Total annual forecast has decreased by £3.7m, of which £1.0m is reduction in Agency and £2.5m release of annual leave accrual.</li><li>• Total Pay costs directly related to COVID-19 in February is £4.9m.</li><li>• Total Variable Pay is £10.0m which is in line with previous month's costs, of which Agency is £5.8m, Bank £2.8m and Overtime £1.5m. Agency costs have decreased by £0.9m, whilst Bank spend has increased by £0.3m and overtime costs have also increased by £0.6m. The increase in M11 overtime costs is mainly due to M10 overtime costs</li></ul>



## 1. FINANCIAL POSITION & FORECAST

	<p>being £0.6m less than previous monthly average trend as a result of the introduction of Planned Additional Activity Rates being reported within Core Pay in Month 10.</p> <ul style="list-style-type: none"> <li>• Further detail on Agency spend is included in Section 5.1.</li> <li>• All three sites continue to experience Medical and Nursing staffing pressures due to vacancies and the impact of strikes, which is reflected in the increase in both Bank and overtime spend.</li> <li>• The latest pay award offer comprises an additional 3%, of which 1.5% is Consolidated Pay Award and 1.5% is non-Consolidated. This is not reflected within the position; however, the assumptions are that this will be fully funded and will not impact the position.</li> </ul>
<p><b>Provider Services Non-Pay</b></p>	<ul style="list-style-type: none"> <li>• Month 11 expenditure has increased by £1.5m (9.2%) from previous month and is £0.7m higher than previous months monthly average.</li> <li>• As a result of the Microsoft VAT recovery decision not being resolved in 22/23, an additional £0.7m VAT has been accounted for in Month 11. Other increases in Month 11 Provider Services Non Pay include External Consultancy Fees (£0.8m) and Travel expenditure (£0.3m).</li> <li>• COVID-19 Non-Pay is £0.2m higher than previous month, but £0.1m less than Month 9 costs.</li> <li>• Annual forecast cost has increased by £6.2m. The slippage in Sustainability fund is forecast within Provider Services Non Pay.</li> </ul>
<p><b>Secondary care Drugs</b></p>	<ul style="list-style-type: none"> <li>• Expenditure has increased by £0.1m (1.7%) from previous month and is £0.4m higher than forecast for the month. Drugs spend continues to increase due to high cost of drugs for new Haemophilia patient. Cancer Drugs costs are also volatile due to changing protocols, case mix start dates and NICE guidelines.</li> <li>• Annual forecast cost has increased by £0.5m from Month 10.</li> </ul>
<p><b>Healthcare Services provided by other NHS Bodies</b></p>	<ul style="list-style-type: none"> <li>• Spend has increased by £3.9m (14.4%) on previous month and is £5.1m higher than forecast for the month due to the increase in WHSCC Vertex costs, for which income allocation has been received in Month 11. Offsetting these additional costs is also an improvement of £0.8m following finalisation of the Stoke and Manchester contracts.</li> <li>• Annual forecast spend has increased by £6.1m.</li> <li>• Block contracts with English providers remain, however the contracts are subject to inflation risk, as well as inflation on Welsh contracts.</li> </ul>
<p><b>Continuing Health care (CHC) and</b></p>	<ul style="list-style-type: none"> <li>• Expenditure in February is in line with previous month and annual forecast has decreased by £0.4m.</li> </ul>



# 1. FINANCIAL POSITION & FORECAST

<b>Funded Nursing care (FNC)</b>	<ul style="list-style-type: none"> <li>• Mental Health Out of Area Placements continues to be an area of high concern with 15 Out of Area placements equating to 270 Bed Days. Significant pressures remain within patient flow with 25 Delayed Transfers of Care being reported. CHC Process needs to be reviewed as lack of both placements and speed of assessments is of significant concern.</li> <li>• Also, the closure of 2 Care Homes in the East is a risk, due to significantly higher costs as needed to go over border, although this has been partly offset by lower numbers. Concern has also been raised in the system around the value of CHC Fees, as local authority rates have increased in year in response to inflation pressures, but health board CHC rates have not.</li> </ul>
<b>Other Private and Voluntary Sector</b>	<ul style="list-style-type: none"> <li>• Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers.</li> <li>• Month 11 spend has increased by £0.2m from previous month and is £0.1m higher than the monthly average profile. However, Month 11 spend is £0.7m less than forecast for the month due to Non-NHS Outsourcing not progressing as well as planned.</li> <li>• Annual forecast has also decreased by 0.9m to reflect the reduction in outsourcing work and costs.</li> </ul>
<b>Joint Financing</b>	<ul style="list-style-type: none"> <li>• Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget and the Mass Vaccination Centres spend.</li> <li>• Spend is £0.1m higher than previous month and £0.1m less than forecast for the month.</li> <li>• Annual Forecast has also decreased by £0.1m from previous month.</li> </ul>
<b>Losses, Special Payments and Irrecoverable Debts</b>	<ul style="list-style-type: none"> <li>• Includes Redress, Clinical Negligence, Personal Injury and loss of property.</li> <li>• Expenditure is £0.2m less than previous month and £0.2m less than forecast for the month. Annual forecast has also decreased by £0.2m from previous month.</li> </ul>
<b>Capital</b>	<ul style="list-style-type: none"> <li>• Includes depreciation and impairment costs.</li> <li>• Capital costs are in line with previous month costs.</li> </ul>

## 1.6 Forecast Expenditure (Table B)



## 1. FINANCIAL POSITION & FORECAST

- Further to receiving additional funding allocations in Month 11, the Health Board's forecast outturn position has been reviewed and revised from reporting a deficit of £10.0m to reporting a balanced forecast outturn position. Further detail on the movement in the forecast position is outlined in Section 1.3. Movements in forecast expenditure are included in the above Table included under Section 1.5.
- £1.7m additional Bank Holiday funding has been received and fully phased into the Year-to-date position.
- The brought forward opening Annual Leave accrual value from 2021/22 was £27.2m. All staff that were due payment for selling annual leave from 2021/22 have now been paid via BCUHB Payroll, reducing the baseline provision to £25.7m. Of the £10.0m Annual Leave accrual released into the position, we have released £2.816m Accountancy Gains into the position in previous months. The backfill value is estimated at £7.2m, of which £6.585m (11/12<sup>th</sup>) has been released into the position to date. This leaves £0.599m to be released in March which will give a final balance of £15.725m, before the year-end adjustment is actioned. This is being reviewed and further release is planned in March.
- Energy forecast costs are volatile and have been updated in line with WG advice and forecast data received via NWSSP from British Gas. The forecast model also reflects the impact of the Government's energy support package and Energy price cap. The energy forecast outturn has reduced by £0.2m to £25.7m in Month 11. The funding exceeds the costs by £0.1m and agreement has been reached that this can be retained by the Health Board.
- The forecast expenditure also includes the Microsoft renewal license cost of £4.4m, of which £1.1m is a cost pressure for the Health Board. 1/12ths of the £1.1m cost pressure is being phased into the position on a monthly basis. As a result of the Microsoft VAT recovery decision not being resolved in 22/23, additional expenditure of £0.739m VAT has been accounted for within the Month 11 position.
- The 3-year financial plan assumed funding for Performance and Transformation was to continue on a recurrent basis, which was also reflected in the submitted MDS tables. However, as per request from Welsh Government this has been reported as non-recurrent within Table A as from Month 4. The Health Board has been clear with Welsh Government that it is committing recurrently against this funding, as it relates to substantive recruitment of specific staff posts to ensure delivery of the required outcomes.
- The Performance Fund £30.0m and Transformation Fund £12.0m is forecast to be spent in full.
- Slippage of £1.2m is reported against Value Based Healthcare funding, and the balanced forecast outturn anticipates that this slippage will be retained by the Health Board.



## 1. FINANCIAL POSITION & FORECAST

- The balanced forecast outturn position also includes slippage against the Planned Care Sustainability funding allocation to be retained.
- The latest additional pay award offer comprises an additional 3%, of which 1.5% is Consolidated Pay Award and 1.5% is non-consolidated. The 1.5% non-consolidated payment is non-pensionable based on contracted WTE, which will be paid in March. However, the 1.5% consolidated pay award is not likely to be paid until April. Funding methodology has not yet been confirmed by WG and costs have not been reflected in the position; however, the assumptions are that this will be fully funded and will not impact the position.
- Sickness enhancements will also change with immediate effect, although clarity is being sought on what date 'from immediate effect' is. Staff will receive enhancements from 21 days instead of 42 days. Estimated costs are circa. £0.38m prior to the 1.5% uplift but is not reflected in the position as the assumption is that this will also be fully funded by WG.

### 1.7 Accountancy Gains (Table B)

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

### 1.8 COVID-19 (Table B3)

- The total impact of COVID-19 spend in February is £6.7m, an increase of £4.2m from January spend due to the review of the categorisation of COVID-19 discharge support and additional bed capacity reflected in the COVID-19 Tables in Month 11. Total COVID-19 Annual Forecast has also increased from £41.2m to £45.3m which also reflects the additional £4.3m Discharge Support costs for which funding has been received in Month 11.
- The £4.3m COVID-19 Discharge Support costs consists of £2.9m for escalation beds and medically fit for discharge beds in Ysbyty Gwynedd, including Womens services, an additional £1.0m of therapies and support costs for the additional beds already claimed in Wrexham, and £0.4m for discharge to assess beds within private care homes.
- These costs have not previously been claimed under COVID-19, as the local interpretation of the original Welsh Government communication suggested that where possible COVID costs should be reduced, and absorbed as business as usual, unless these related to specific themes. As the financial year has progressed, and through the leadership report and



# 1. FINANCIAL POSITION & FORECAST

discussions with other Health Boards it became clear that this was a different approach to the claims being submitted by other Health Boards.

- We believe that this differential approach to COVID-19 cost identification is broader than just discharge support, and there are also additional costs in a range of areas which are being reported as COVID costs across Health Boards, particularly where USC blends with COVID as drivers for increased cost. Whilst we are only asking for additional funding in 2022/23 in relation to discharge support, for 2023/24 planning we will be estimating the element of the recurrent deficit which is driven by COVID in terms of this broader definition effectively employed elsewhere, to represent the BCU starting position for 2023/24 more consistently with other Health Boards.
- Welsh Government funding of £45.2m has been received up to Month 11, and £0.5m remains as anticipated income for costs as a result of lost GDS Income.
- The below table summarises actual monthly spend by COVID-19 category.

	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	Actual M08	Actual M09	Actual M10	Actual M11	Total YTD 2022/23	Forecast 2022/23
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.3	2.6	2.5
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	0.2	0.3	0.2	0.1	0.2	4.3	4.6
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	1.4	1.4	1.1	0.8	0.8	10.8	11.7
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.3	0.3	(0.1)	0.1	0.9	1.6
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.2	1.4	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	1.0	1.1	1.5	1.4	5.1	21.4	23.3
<b>Total COVID-19 expenditure</b>	<b>5.0</b>	<b>4.7</b>	<b>3.6</b>	<b>2.7</b>	<b>2.8</b>	<b>3.5</b>	<b>3.0</b>	<b>3.5</b>	<b>3.4</b>	<b>2.5</b>	<b>6.7</b>	<b>41.4</b>	<b>45.3</b>
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(3.0)	(3.5)	(3.4)	(2.5)	(6.7)	(41.4)	(45.7)
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.4)</b>

- The planned COVID-19 cost as per the MDS submission was £55.7m, however since the MDS was submitted the total forecast COVID-19 expenditure has reduced to £45.3m, a net reduction of £10.4m. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.



## 1. FINANCIAL POSITION & FORECAST

- Movements in the overall forecast from last month are as follows:

	Forecast at Month 10 £m	Forecast at Month 11 £m	Change £m
Testing	2.6	2.5	(0.1)
Tracing	4.6	4.6	0.0
Mass COVID-19 Vaccinations	11.8	11.7	(0.1)
Extended Flu Vaccinations	1.5	1.6	0.1
Cleaning Standards	1.6	1.6	0.0
Other Costs	19.1	23.3	4.2
<b>Total COVID-19 costs</b>	<b>41.2</b>	<b>45.3</b>	<b>4.1</b>
Welsh Gov COVID-19 income	(41.2)	(45.7)	(4.5)
<b>Total Impact of COVID-19</b>	<b>0.0</b>	<b>(0.4)</b>	<b>(0.4)</b>

- COVID-19 forecast is reporting a surplus of £0.4m, which is due to Welsh Government allowing surplus funding to be retained on Loss of dental income funding (£0.2m) and COVID Enhanced Flu (£0.2m).
- Testing costs forecast has decreased by £0.1m and Tracing is in line with previous month. COVID-19 Mass Vaccination costs forecast has decreased by £0.1m and Extended Flu Vaccinations forecast has increased by £0.1m.
- The estimate of Local Authority's decommissioning costs has been included in the Month 12 TTP forecasts; however, the Health Board's de-commissioning costs is minimal with costs of £8k included within the Month 12 forecast. Staff are being supported in finding other roles which reduces the risk of redundancy payments; however, we are still waiting for confirmation from Workforce.
- Monkey pox forecast costs are reported under Mass Vaccination costs, however costs reported to date are minimal. Refuge and asylum seekers costs are also included in Testing Covid costs, these make up approximately 60% of recent testing activity, and does pose a risk if Covid rates should start to peak again.
- Total forecast spend within the PPE (Personal Protective Equipment), Long COVID and Other section (A6) on Table B3 is £23.3m, an increase of £4.2m from Month 10 forecast. Costs of £0.5m as a result of lost GDS income is included as anticipated income in Table E.



## 1. FINANCIAL POSITION & FORECAST

- COVID Surge annual forecast has increased by £4.4m due to the re-categorisation of COVID-19 Discharge support costs. The below table provides a breakdown of the change in COVID Surge Forecast costs.

<b>Covid Surge</b>	<b>Month 10 Forecast £ m</b>	<b>Month 11 Forecast £ m</b>	<b>Change £ m</b>
A2. Increased bed capacity specifically related to COVID-19	0.7	0.7	0.0
A3. Other Capacity & facilities costs (exclude contract cleaning)	1.3	1.4	0.1
B1. Prescribing charges directly related to COVID symptoms	0.1	0.1	0.0
C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	9.8	9.7	(0.1)
D1. Discharge Support	0.0	4.3	4.3
D5. Other Services that support the ongoing COVID response	1.9	2.0	0.1
<b>TOTAL</b>	<b>13.8</b>	<b>18.2</b>	<b>4.4</b>

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



## 2. UNDERLYING POSITION

### 2.1 Movement from financial plan (Table A)

- The Health Board has faced a significant underlying deficit position, which is a consequence of our historic residual infrastructure and delivery inefficiencies. The underlying position brought forward from 2021/22 is £67.8m.
- As per the MDS, the underlying position carried forward into 2023/24 was £40.0m, however from Month 4 the £40.0m strategic funding has been amended to non-recurrent in Table A as per request from Welsh Government.
- The carried forward underlying deficit is £187.6m. This is net of a provisionally assumed continuation of non-recurrent underspends/slippage/vacancies of £28.2m. The basis of this position is the presentation shared with WG at the touch-point meeting on 9 February. This has been reflected in Table A as an adjusting line pending properly reflecting it in the MMR. This is reflecting as a validation error in the Tables. This work is ongoing and a further touchpoint meeting is being arranged to discuss the latest information.
- In year pressures included within Table A are:
  - Line 29 – £26.2m Cost pressures in Prescribing, CHC, Agency, Non Pay pressures and COVID Loss of income for Private Patients.
  - Line 34 – £0.007m GMS overspend.
- The forecast outturn has been revised to report a balanced forecast outturn position after taking into account the following mitigations:
  - Line 27 - £19.6m Underspends against Planned spend
  - Line 30 - £7.2m Release of Annual Leave Accrual (Excluding Accountancy Gain)
  - Line 32 - £6.7m Additional Accountancy Gains (Annual Leave, VAT & Purchase Order Accruals)



## 3. RISK MANAGEMENT

### 3.1 Risk Management (Table A2)

- The below are risks and opportunities to the Health Board's financial position for 2022/23. There is potential for further opportunities of £6.0m, with further risks of £2.0m as noted in below table.

	£m	Level	Explanation
<b>Risks</b>			
Higher pay expenditure than forecast in M12	£2.0m	Medium	
<b>Total Risks</b>	<b>£2.0m</b>		

	£m	Level	Explanation
<b>Opportunity</b>			
Potential for further slippage in Month 12	£1.0m	Medium	
Potential for balance sheet release to be greater than forecast.	£5.0m	Medium	
<b>Total Opportunities</b>	<b>£6.0m</b>		

<b>Worst Case Outturn Scenario</b>	<b>£2.0m</b>		
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<b>Best Case Outturn Scenario</b>	<b>£6.0m</b>		
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## 4. RING FENCED ALLOCATIONS

### 4.1 GMS (Table N)

- Table not required for this month.

### 4.2 GDS (Table O)

- Table not required for this month.



## 5. AGENCY/LOCUM EXPENDITURE

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

- Total Agency costs for February is £5.8m, having decreased by £0.9m from Month 10, and representing 6.9% of total pay. Month 11 Agency costs are also £0.2m less than previous months average monthly cost profile. Agency annual forecast has also decreased by £1.0m. The reduction in Agency is also consistent with the increased WTE reported in February (February 18,927WTE, an increase of 351WTE from January 18,576WTE). Sickness rates remain in line with previous month at 6.4%. February Agency spend includes £0.3m that is COVID-19 related spend, which is £0.1m less than reported in previous month.
- Month 11 Medical Agency costs is £2.6m and is £0.1m less than previous month. COVID-19 Medical Agency costs is £0.2m in month and is £0.1m less than previous month spend. Medical Agency costs were mainly down in Ysbyty Glan Clwyd (YGC), with 5.00wte Medical Agency down in ED and 4.5wte down in Surgery, as a result of very high Agency rates above the rate card not being approved.
- Nurse agency costs totalled £2.4m for the month and is £0.1m less than previous month. Acute sites continue to carry a high level of nursing vacancies and the availability of RGN's has been impacted due to strike days over recent months. COVID-19 Nurse Agency costs is £0.2m, which is in line with previous month spend.
- Other agency costs totalled £0.8m in February, a reduction of £0.7m from previous month.



## 6. SAVINGS

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

- The Health Board has set a savings target of £35m for 2022/23 to be driven equally by both transaction and transformation led plans and programmes of work.
- Savings delivered in month total £2.2m against a plan of £1.4m, resulting in a favourable variance of £0.8m.
- Year to date savings delivered total £25.9m against a year-to-date plan of £21.6m and a total target of £27.1m. As all schemes are transactional, the transactional savings target of £17.5m has been met in terms of total savings delivered. However, the proportion of recurring savings delivered to date totals £10.3m, which remains a concern.
- The full year forecast increased by £0.3m this month and now totals £27.1m for Green and Amber schemes, indicating that a further £1.2m will be delivered this year. CHC remains a significant contributor, although impacted by the closure of 2 Care Homes in the East. The recurring element of the Forecast totals £11.2m.
- The Full Year Forecast includes non-recurring Accountancy Gains of £7m.
- Two remaining red schemes with a plan value of £0.1m have been removed.
- Figures do not include a scheme relating to VERs, the review of which is in progress.
- The ongoing reliance on smaller scale savings initiatives remains a concern. Transformation plans have not yet been delivered and as transformational savings are profiled towards the final quarter; there is an adverse variance of actual savings delivered against total target and this variance is set to increase in the quarter.
- Subsequent to the establishment of a Recovery Board, progress was impacted by industrial action and winter pressures; plans for the way forward are under review.



## 7. INCOME ASSUMPTIONS

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

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

### 7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) for the year is £1,919.9m. Additional funding has been accounted for in month including Vertex (£6.0m), WHSCC (£2.3m), Dispensing (£1.7m) and COVID Discharge Support (£4.3m). £1,753.8m of the RRL has been profiled into the cumulative position, which is £6.1m less than an equal twelfth. The profile of the RRL is linked to planned expenditure including developments funded by the Performance and transformation allocation.
- Confirmed allocations to date is £1,919.9m.
- The return of £1.2m Value Based Healthcare slippage has now been removed from Table E, as slippage will be retained to deliver a forecast balanced position.
- The anticipated allocation includes £0.5m for COVID-19 funding (Loss of Dental Income). Total COVID-19 allocation received to date is £45.2m. To Month 11 £41.4m of COVID-19 funding has been profiled into the cumulative position to match expenditure.
- The All Wales Robotics Partnership anticipated income of £0.5m is currently excluding VAT.
- Anticipated income is included for Dispensing fees additional funding of £1.7m.



## 8. HEALTH CARE AGREEMENTS & MAJOR CONTRACTS

### 8.1 Welsh NHS Contracts

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



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

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

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

#### **Movements at Month 11 2022-23**

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

Trade and other receivables decreased by £7.626m to Month 11 of which £6.345m relates to decreases in amounts recoverable from the Welsh Risk Pool subject to the outcome of on-going litigation claims alongside a reduction of £1.284m in the Accounts Receivable system balance.

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

Cash and cash equivalents have decreased by £1.140m to £5.538m during the year, made up of an increase of £0.523m in revenue cash and a decrease of £1.663m in capital cash.

The closing cash balance of £5.538m at Month 11 consisted of £1.653m revenue cash and £3.885m cash for capital projects.

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

Trade and other payables decreased by £40.403m to Month 11 made up of a reduction in revenue payables of £34.405m and a reduction in capital payables of £5.998m.

The decrease in payables is mainly as a result of reductions of £13.722m in the year-end Accounts Payable and Purchase Orders balances, alongside reductions in accruals for annual leave (£10.845m), CHC and FNS (£4.512m), VERS (£1.796m), increases in payments on account to primary care contractors (£2.063m) and the impact of quarterly invoicing.

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

Increases of £2.796m in provisions mainly relate to on-going clinical negligence litigation claims, the majority of which will be recoverable from the Welsh Risk Pool in the event of cases being successful (see above). The increase includes £4.354m relating to litigation claims mainly offset by reductions of £1.644m in Continuing Care and Funded Nursing Care provisions.

#### **Full year forecast movements**



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

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

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

The Health Board is anticipating that the balance due from the Welsh Risk Pool will decrease by c.£5.0m during 2022-23 due to reimbursement of claims and this will be offset by additional quarterly invoicing and RIF agreements at year-end.

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

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

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

### **Capital trade and other payables**

Capital payables are expected to decrease by c£5.5m during 2022-23 with the associated cash requirement being met from utilisation of opening balances and £1.0m working balance support requested in early March 2023.

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

The working balance cash support for both opening capital payables and reductions in IFRS16 payables is included in Month 12 of Table G Cashflow forecast and has been requested in early March 2023.

### **Revenue trade and other payables**

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



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

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

The table below details forecast movements in all trade and other payables at Month 11 2022-23 with working balances support to meet the associated cash requirements being included in Month 12 of Table G Cashflow forecast.

<b>Forecast reduction in current and non-current trade and other payables</b>	<b>£m</b>
Balance B/F 1 <sup>st</sup> April 2022	257.982
Revenue - reduction in annual leave accrual	(11.500)
Revenue – reduction in payables as per annual accounts	(9.100)
Revenue - reduction in VERS accrual	(2.000)
Revenue – reduction in other Divisional payables	(10.000)
Capital – IFRS16 transitioning and in year payables	43.071
Capital – reduction in opening payables	(5.500)
Capital – reduction in IFRS16 payables	(6.047)
<b>Forecast Balance C/F 31<sup>st</sup> March 2023</b>	<b>256.906</b>

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

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

### 9.2 Welsh NHS Debtors (Table M)

#### Aged Debtors (Table M)

- At the end of Month 11 2022-23 the Health Board held seven outstanding NHS Wales invoices totalling £1,967.25 that were over eleven weeks old and had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. Four of these invoices totalling £630.00 were paid prior to the Monitoring return



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

submission date and the Health Board has not been made aware of any reason why the remaining three invoices will not be paid before their respective arbitration dates.



## 10. CASH

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

- The closing cash balance as at 28<sup>th</sup> February 2023 was £5.538m, which included £1.653m cash held for revenue expenditure and £3.885m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2022-23 of £3.578m (revenue £2.530m and capital £1.048m) and requested all approved working balances support in the first week of March. This includes the movements in payables and a reduction in Welsh Risk Pool receivables reported in Table F.
- This forecast does not include the impact and any additional cash funding relating to pay settlements to be made during March 2023.

<b>Revenue cash forecast 2022-23</b>	<b>£m</b>
Opening revenue balance	1.130
Forecast movement in revenue payables	(32.600)
Forecast reduction in Welsh Risk Pool receivables	5.000
Revenue working balances support	29.000
<b>Forecast closing revenue cash balance</b>	<b>2.530</b>
<b>Capital cash forecast 2022-23</b>	<b>£m</b>
Opening capital balance	5.548
Forecast movement in opening capital payables	(5.500)
Forecast movement in IFRS16 capital payables	(6.047)
Capital working balance support – IFRS16	7.047
<b>Forecast closing capital cash balance</b>	<b>1.048</b>
<b>Total cash forecast 2022-23</b>	<b>£m</b>
Opening cash balance	6.678
Forecast reductions in revenue payables	(32.600)
Forecast reductions in opening capital payables	(5.500)



## 10. CASH

Forecast reductions in IFRS16 capital payables	(6.047)
Forecast reduction in Welsh Risk Pool receivables	5.000
Revenue working balances support	29.000
Capital working balance support (including IFRS16)	7.047
<b>Total forecast closing balance</b>	<b>3.578</b>



## 11. PUBLIC SECTOR PAYMENT POLICY PSPP

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

- Not required this month.



## 12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

### 12.1 Capital Resource Limit (Table I)

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

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

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



## 13. OTHER ISSUES

### 13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 11 Monitoring Return will be received by the Health Board's Committee members at the March meeting.

**Nick Lyons**  
Acting Chief Executive Officer

**Steve Webster**  
Interim Executive Director of Finance



## MONTH 7 MONITORING RETURN RESPONSES

### **Monitoring Return Review – Action Point 10.1**

The Health Board continues to forecast an outturn deficit of £10.000m. It is reported that this position is dependent on the continued reduction in expenditure trends ('pessimism bias due to ongoing trend of slippage') of £5.000m, formerly described as the Recovery Plan. The submission describes a further review of accrual releases (PO) totalling c. £5.000m. It has been assumed that these are two separate items. I will look to your Month 11 submission for an update on the delivery of these two areas and a reduction in the associated 'Medium' risk assessment. (Action Point 10.1)

### **Response**

The forecast has been updated to reflect a balanced position, with a number of assumptions documented above.

### **Monitoring Return Review – Action Point 10.2**

At the recent meeting between myself and your colleagues on the 7th of February, and subsequently confirmed in this submission; there are a number of opportunities reported that could move the position towards financial balance. These include a further potential release of the Annual Leave Accrual c£6.000m, additional Covid Funding of £4.3m and the retention of the underspend on Value Based Healthcare £1.224m; offset by the risk relating to the Microsoft VAT recovery (c£700k).

The case put forward to WG in relation to Covid discharge support pressures has been approved and £4.3m of additional funding has now been issued.

Following discussions with colleagues, I can confirm that the Health Board can retain the Value Based Healthcare slippage of £1.2m if a balanced outturn is considered achievable by the Board; otherwise, these resources will be recovered. (Action Point 10.2)

### **Response**

The forecast has been updated to reflect a balanced position, with a number of assumptions documented above.

### **Monitoring Return Review – Action Point 10.3**

The final opportunity to declare a material improvement to the forecast, will be your Month 11 position. (Action Point 10.3)

### **Response**

The forecast has been updated to reflect a balanced position, with a number of assumptions documented above.

### **Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 10.4**



## MONTH 7 MONITORING RETURN RESPONSES

I refer to the treatment of the £5.000m additional accrual releases (PO) in your next submission, as these are not currently reflected in the MMR (Action Point 10.4):

- If these accruals were in your SoFP as at 31/3/22 and they are not required for their original intended purpose, then they will need to be recorded as Accountancy Gains in the Tracker (C3); these will offset any in-year movement in cost pressures that are also to be recorded on Table A.
- If these accruals are being released for their original intended purpose, these do not need to be recorded in Table A; they simply offset the costs coming through via the SoCNE. (Table B)
- If these are 22/23 in-year accruals that are no longer required, then they can be recorded on a free text line on Table A, offsetting any in-year movement in cost pressures that are also to be recorded on Table A.

### Response

The additional accountancy gains have been treated as described.

### Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 10.5

Please provide as supporting explanation for the GMS (Line 34) annual forecast pressure increasing by c.£1.000m. (Action Point 10.5)

### Response

Dispensing fees has increased by 28% on 1st October 2022 and the increase has been built into the M10 2022-23 GMS forecast. SFE adjustments have been issued to reflect the increase. The funding for this increase is now within anticipated income.

### Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 10.6

You have continued to anticipate further loss of dental income (due to Covid-19) of £0.500m. This has been verified by colleagues in the Dental Policy Team and has been funded (issued 4th February). It is noted however, that the position at Month 10 (Table A) reports a £0.100m surplus. I trust you are continuing to liaise with colleagues, to establish if formal approval is required to retain this minor underspend. (Action Point 10.6)

### Response

The original shortfall assumption for loss of PCR income was £0.5m, however costs have dropped, and the intention was to use the slippage to support some of this loss, however following further discussion with WG Colleagues the £0.5m is to be retained in full, giving a surplus of £0.1m.



## MONTH 7 MONITORING RETURN RESPONSES

### **Movement of Opening financial plan to Forecast Outturn (Table A) – Action Point 10.7**

The forecast c/f underlying deficit has materially increased to £187.600m, which aligns with the position shared at the recent IMTP 'Touch Point' meeting. I acknowledge that further work is being undertaken to validate this position alongside FDU colleagues; however, in the meantime it would be helpful to review the presentation of the key issues in Table A:

- The c/f underlying position is based on the non delivery of FYE recurring savings of £25.900m. Within Table A (Lines 15, 19 & 20) however, the FYE of non delivery of recurring savings has reduced to £23.500m which indicates a £2.400m improvement to the c/f - 3 - underlying position. The mismatch between £25.9m and £23.5m therefore needs to be reviewed. (Action Point 10.7a)
- The element relating to the assessment of the FYE of the in-year cost pressures (£32m), should be shown on line 29. (Action Point 10.7b)
- If there are in-year cost pressures above the £32m already reported, that are being mitigated by non-recurring benefits, then both the costs (including the FYE) and the mitigating actions need to be recorded on Table A for transparency. Sufficient supporting explanations will need to be provided in the narrative. (Action Point 10.7c)

### **Response**

The FYE recurrent savings figure will be updated in the plan for Month 11. However, the underlying deficit work is ongoing, and continually being refined. A further touchpoint meeting is planned with FDU shortly to discuss, and this will be reflected in the M12 MR

### **Risks / Opportunities (Table A2) – Action Point 10.8**

As discussed at the DDoFs meeting on the 17th February, the latest advice from DHCW is that the Microsoft VAT recovery decision will not be resolved in 22/23 and therefore the Health Boards will need to remove any assumed benefit from their forecast outturns. This was recorded as a risk in your Month 10 position; therefore, please clarify next month if the opportunities described at the start of this letter, have mitigated the impact of this risk crystallising. (Action Point 10.8)

### **Response**

As a result of the VAT recovery decision not being resolved in 22/23, the £0.739m VAT has been accounted for in Provider Non Pay expenditure in Month 11, and the risk has been mitigated.

### **Monthly Positions (Table B) – Action Point 10.9**

Please provide a supporting explanation for annual pay expenditure increasing by c.£2.500m. (Action Point 10.9)



## MONTH 7 MONITORING RETURN RESPONSES

### Response

Of the c.£2.5m increase in annual pay expenditure, £0.8m is increase in annual Agency costs (£0.4m Admin, £0.2m Medical & £0.2m Nursing). Annual Pay expenditure has also increased due to the increase in Nursing and Additional Clinical Services Pay costs in January, which was largely been driven by the higher rate PAAR (Planned Additional Activity Rates) payments supporting WLI's and winter additional shifts. Total cost of PAAR paid in January was £0.97m. In addition, there was also re-categorisation of RIF spend from Non-Pay to Pay in Month 10 which also attributed to the increase in annual pay expenditure.

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

As requested last month, please ensure that the monthly actual/forecast Performance/Transformation expenditure profile is reinstated into your narrative (under section 1.6). (Action Point 9.9)

### Response

Full details will be provided when finalised.

### Covid-19 Analysis (Table B3) - Action Point 10.10

I note that the Extended Flu Primary Care Contractor and Drugs (lines 97 & 98) expenditure is shown as a negative value totalling £0.109m. Please ensure your supporting narrative explain any unusual entries. (Action Point 10.10)

### Response

M10 Extended Flu expenditure is shown as a negative value incorrectly due to cost mapping issues between Extended Flu and normal Flu activities. This has been reviewed and corrected going forwards. Supporting narrative will explain unusual entries in the future.

### Income and Expenditure Assumptions – Action 10.11

As per the Month 10 inter organisation income and expenditure reconciliation, there is a material expenditure (£10.977m) variance with Velindre NHS Trust and an income variance with HEIW (£1.320m). I trust these material discrepancies have since been eliminated. (Action Point 10.11)

### Response

These discrepancies have been eliminated.

### IFRS16 (Table B & E) – Action 10.12

I note that the reported approved DEL IFRS16 depreciation charge of £5.715m is slightly higher than the agreed value of £5.706m (£5.617m transitional plus new/renewals £0.089m). Please review and if applicable, ensure that any amendments to the approved values are communicated at the earliest opportunity. (Action Point 10.12)



## MONTH 7 MONITORING RETURN RESPONSES

BCU	New/Renewal	Capital £m	Depreciation £000s	Recovery £000s	Approved
<b>Property</b>					
Seilo Chapel, Gyffin	Renewal	0.205	33	-33	Q1 & Q2
<b>Non Property</b>					
Lease Cars - April	New	0.109	30	-31	Q1 & Q2
Lease Cars - May	New	0.021	4	-4	Q1 & Q2
Lease Cars - June	New	0.044	11	-11	Q1 & Q2
Lease Cars - July	New	0.023	5	-5	Q1 & Q2
Lease Cars - August	New	0.030	6	-6	Q1 & Q2
<b>Totals</b>		0.432	89	-90	

### Response

The DEL IFRS16 depreciation charge should be £5.715m which will be communicated to WG. We will ensure that any amendment to the approved values are communicated at the earliest opportunity.



<b>Teitl adroddiad:</b> <b>Report title:</b>	<b>Strategic Outline Case - Nursing and Residential Care Home at Penyberth, Penrhos - a Public Sector Partnership in Gwynedd</b>
<b>Adrodd i:</b> <b>Report to:</b>	Health Board
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Thursday, 30 March 2023
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>This Strategic Outline Case (SOC) has been developed and led by Gwynedd Council in close partnership with the Health Board to address the current fragile care provider market in the wider Pwllheli / Llŷn peninsula area through an innovative and more sustainable public sector partnership model with regard to the provision of nursing care placements.</p> <p>This is a partnership bid with Gwynedd Council for £14.6m of Welsh Government IRCF capital funds to build a new 57 bed care home (led and run by Gwynedd Council) with nursing (provided by BCUHB) on the Penyberth, Penrhos site. The care home will accommodate 32 residential beds (of which 24 prioritised for residential dementia care), and 25 nursing beds (of which 15 would be prioritised for dementia nursing care).</p> <p>The affordability assessment will be carried out during Outline Business Case and Full Business Case development process. At this SOC stage, it is anticipated that the proposal will be revenue-neutral or better for the Local Authority and the Health Board, however the revenue affordability position is dependent on a number of assumptions (please see <i>Financial Implications</i> section below and Section 5.4 of the SOC - Affordability pages 47/48).</p> <p>The planned model (in terms of being a local authority and NHS run care home) is a new model within Wales and to a lesser extent also in England. As such, while it has the potential benefits highlighted in the case, there are also risks around whether it is a viable model. The OBC stage would enable these to be tested further, including by learning from similar schemes outside Wales. If it is successful, then subject to capital constraints it could be developed more broadly across North Wales over time.</p> <p>The closure of the former Penrhos Polish Care Home in 2020 due to financial viability reasons has exacerbated an already fragile nursing care provider situation not just on the Llŷn peninsula but across North Wales. There is a lack of residential, nursing and dementia specialist beds in the Llŷn, which means a waiting list for beds and local people having to travel to access care.</p> <p>We are seeing increasing care home closures, which together with the high numbers of care home related delayed discharges especially in the West and Gwynedd in particular (<b>43%</b> of all care home related delays across N Wales are in <b>Gwynedd</b>) - is negatively impacting the Health Board in terms of patient flow, timely discharge and patient choice.</p> <p>The aim of the project is to generate more market stability through the creation of a public sector partnership 'in-house' care home development</p>

	<p>with Gwynedd Council providing nursing placements (as part of a wider care home with residential care beds). This would be a new direction for both the Health Board and Council, one which is fully supported by Welsh Government as an innovative way forward and is seen as a key priority to urgently address the increasing strain on health and social care services.</p> <p>Following approval of the SOC by both the Health Board and Gwynedd Council Cabinet in March 2023, it will then be submitted to Welsh Government's May IRCF Scrutiny Panel.</p>			
<b>Argymhellion:</b>  <b>Recommendations:</b>	<p>The Board is asked to approve the <i>Strategic Outline Case - Nursing and Residential Care Home at Penyberth, Penrhos - a Public Sector Partnership in Gwynedd</i>.</p>			
<b>Arweinydd Gweithredol:</b>  <b>Executive Lead:</b>	<p>Gill Harris, Interim Chief Executive</p>			
<b>Awdur yr Adroddiad:</b>  <b>Report Author:</b>	<p>Meinir Owen (Gwynedd Council) / Christine Rudgley / Jane Trowman</p>			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>	<ul style="list-style-type: none"> <li>▪ <b>BCUHB Living Healthier Staying Well:</b> Care Closer to Home and Working in Partnership to Improve Health and Deliver Excellent Care across North Wales</li> <li>▪ <b>BCUHB IMTP 2022-25</b> - implement plans "co-designed and delivered in partnership" with our partners and population.</li> <li>▪ <b>WG White Paper – Rebalancing Care &amp; Support</b> – decreasing reliance on private sector and increasing provision by the not for profit sector</li> </ul>			
<b>Regulatory and legal implications:</b>	<p>Gwynedd Council and the Health Board sought formal legal advice 18 months ago as</p>			

	to whether local authorities and health boards are legally able to be nursing care providers (as they are not currently). This has now been established as possible - if we undertake as a public sector partnership.
<b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	Yes an Equality Impact Assessment and Health Impact Assessment have been completed and included as Appendices D & E
<b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	An SEIA has not been completed as the original decision to close the Penrhos Polish Home has already been taken (in 2020).
<b><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></b>	<p>The Penrhos Programme Board has completed an initial risk analysis and identified some high level mitigating actions that can be put in place to address these strategic risks (see page 38/39 in SOC). The full risk register is enclosed as <b>Appendix A</b> to this SOC. A summary of the key strategic risks is set out below:</p> <p><u>Workforce availability</u>  Recruiting the staff (numbers and skills / competencies) required to support this model in a rural area (including nursing, primary care, therapies) will be a significant challenge, so an innovative, sustainable and flexible approach is required which needs to ensure that further workforce problems are not exasperated in the home care sector.</p> <p><u>Capital Funding availability</u>  There is potential to access capital monies from WG funds for the care home - the Housing with Care Fund (HCF) and the Integration &amp; Rebalancing Capital Fund (IRCF), as well as the option for Gwynedd Council to take out a loan / part loan.</p> <p><u>Destabilisation of the Independent Market</u>  We need to fully understand the impact on local independent providers of nursing care of an intervention by a public sector partnership in terms of in-house nursing care provision and the potential for nursing home closures. However, by allowing this important provision to be delivered solely by the independent sector, it is creating a risk to the Health Board and the Council and fails to build upon new opportunities set out by WG.</p>

	<p><u>Revenue Funding availability</u>          Whilst a financial assessment has not been completed to date, the proposal will need to demonstrate efficiencies and value for money and in affordability terms will need to be either revenue neutral or have a clear indication of where additional funding will come from. This will include an evaluation of CHC and FNC costs.</p> <p><u>Location / site availability</u> - The Penrhos site is extensive and initial plans from Clwyd Alyn show the various phases of development for supported and independent living apartments, affordable local housing, as well as a specific location identified for the future care home.</p> <p><u>Viability</u> – it may be necessary to widen the catchment area for the proposed care home facility to ensure optimum occupancy levels and value for money.</p> <p>The corporate risk <i>Timely Access to Care Homes CRR20-05</i> incorporates the majority of the risks outlined above.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p><u>Capital costs</u>          The capital costs of the scheme will depend on the final decision of the scope of services and the physical solution/s, which will be determined as part of the OBC stage.          The estimated total cost of this solution is <b>£14.6 million</b> excluding VAT.</p> <p><u>Revenue Costs</u>          The affordability assessment will be conducted during the Outline Business Case and Full Business case development process. It is anticipated that the proposal will be revenue-neutral or better for the Local Authority and the Health Board. However, the revenue affordability position of the Health Board is dependent on the following:</p> <ul style="list-style-type: none"> <li>• Care home maintaining a 92% average occupancy level</li> <li>• delivering provision at or below current LA and CHC rates</li> <li>• Potential to mitigate / offset financial risks by releasing capacity in the hospital setting - improved patient flow and potential reduction in spend on escalation beds in BCU</li> </ul>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>Proposal would be for nursing / clinical staff (registrants and clinical assistants) for the 25 nursing beds to be employed by BCUHB and funded from our current expenditure for this cohort of patients (CHC and FNC).</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p>	<p>Significant communication and engagement work has taken place to date with current</p>

<p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>residents of the Penrhos site and their families and with partner stakeholders, led by Clwyd Alyn in partnership with Gwynedd Council and the Health Board. This has included regular newsletters, engagement events in Autumn 2021 regarding the first phase (supported housing) of the project, as well as open meetings, surveys and regular meetings with town and community councils on an ongoing basis.</p>
<p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>The corporate risk <i>Timely Access to Care Homes CRR20-05</i> incorporates the majority of the risks outlined above.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (Ile bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Gwynedd Council have agreed that Appendix B - Capital estimates and Appendix C - Revenue estimates, should remain private for commercial sensitivity reasons.</p>
<p><b>Next Steps:</b> The Board is asked to approve the Strategic Outline Case - <i>Nursing and Residential Care Home at Penyberth, Penrhos - a Public Sector Partnership in Gwynedd</i> for onward submission to the WG IRCF Scrutiny Panel in May 2023 as a bid for IRCF capital funds.</p> <p><b>Implementation of recommendations</b> Once approved the Project will progress to Outline Business Case stage.</p>	
<p><b>List of Appendices:</b> Appendix A - Risk Register Appendix B - Capital estimates (private) Appendix C - Revenue estimates (private) Appendix D - Equality Impact Assessment Appendix E - Health Impact Assessment</p>	



GIG  
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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Strategic Outline Business Case

Nursing and Residential Care Home at Penyberth, Penrhos  
a Public Sector Partnership in Gwynedd



Date: 17/03/2023

Version: 0.10

## Version Control

Version	Date issued	Notes	Issued to
0.1	12/08/2022	Comments from Hawis Jones and Alun Gwilym Williams, Gwynedd Council	Dafydd Gibbard, Aled Davies, Hawis Jones, Alun G Williams, Rhion Glyn
0.2		Updated to reflect comments from Maria Bell, WLGA	Maria Bell, WLGA
0.3		Updated to reflect comments BCUHB	Chris Rudgley, Viv Vandenblink, Jane Trowman
0.4		Updated to reflect comments BCUHB	Chris Rudgley, Jane Trowman, Ian Howard, Darren Smith
0.5		Updated to reflect comments RPB	Siobhan and Joseph, North Wales Regional Partnership Board
0.6	28/02/2023	Final drafft issued – updated to reflect financial analysis	
0.7	01/03/2023	Final version issued	Comments received from Huw Dylan Owen, Cyngor Gwynedd
0.8	08/03/2023		Comments received from Huw Dylan Owen, Cyngor Gwynedd and Director of Finance, BCUHB
0.9	10/03/2023		

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### Synopsis

Currently there is an under-provision of nursing home places in Gwynedd, which is more acute in the Llŷn area, which has no nursing provision. As commissioners, the Local Authority and the Health Board are therefore keen to explore how they can improve the current situation by themselves becoming providers of a care home with nursing.

The new model of partnership working between Cyngor Gwynedd and Besti Cadwalader University Health Board (BCUHB) will support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector focused on delivering person centred outcomes for all.

The Partnership would see a new care home with nursing being built on the Penyberth, Penrhos site to accommodate 32 residential dementia beds as well as 25 nursing beds of which 15 would be prioritised for nursing dementia care.

This Strategic Outline Case looks to bid for £14.6million of IRCF funding from the Welsh Government to build the new care home, which would then be run by Cyngor Gwynedd and BCUHB through current revenue funding streams.

The care home would be built on the Penyberth site which houses new housing with care developments undertaken by Clwyd Alyn Housing Association. Both projects will be interdependent.

The Penyberth, Penrhos Care Home with Nursing is a new kind of partnership that recognises the importance of cross sector collaboration to deliver the best outcomes for local residents and communities. The project will be undertaken as a Partnership between Cyngor Gwynedd and Betsi Cadwalader University Health Board.

A local, sustainable, and quality provision of care homes is an essential part of any health and care system. Without such a provision, individuals will not be able to secure the best health and wellbeing possible; and the health and care system as a whole will be inefficient and ineffective in delivering on the health outcomes of the wider population.

As commissioners of care provision, Local Authorities and Health Boards therefore need to ensure that they have the appropriate number of homes in the right location and providing the right level and quality of care.

For older people services in Gwynedd, in-house, public-sector provision has been a cornerstone of residential and residential dementia services within care homes. However, for nursing provision in care homes, all provision is currently provided within the independent sector.

Currently there is an under-provision of nursing home places in Gwynedd, which is worse in some parts of Gwynedd, namely Llŷn and Meirionnydd. As commissioners, the Local Authority and the Health Board are therefore keen to explore how they can improve the current situation by themselves becoming providers of a care home with nursing.

The vision, objectives and scope of the project are closely aligned with the strategic objectives of the Welsh Government:

- **The Well Being of Future Generations (Wales) Act (2015)** - the collaborative partnership project described in this SOC is particularly well aligned with the five ways of working, and this is reflected in the project's Investment Objectives which are described in this SOC
- **A Healthier Wales: Our Plan for Health and Social Care** – the partnership will address the key aims of working collaboratively and making the best use of resources to deliver the care closer to home
- **Social Services and Wellbeing (Wales) Act** – the act states the need to promote co-operation and partnership working to promote integration of care and support. The act also gives the powers to local authorities, with permission or working in partnership with the Health Board, to provide residential and nursing care
- **Rebalancing Care and Support** – this project addresses the issues raised in the government White paper to rebalance the care and support market away from cost to quality and from outputs to outcomes.

They are also in alignment with a number of strategic and policy documents referenced below, which have a significant impact and influence on the current and future direction and design of services in Wales and for this development including:

- NHS Wales Planning Framework 2022 – 2025
- Decarbonising Social Care in Wales
- Health and Social Care Integration and Rebalancing Capital Fund (IRCF) – Priority 2
- Living Healthier Staying Well: Working in Partnership to Improve Health and Deliver Excellent Care across North Wales.

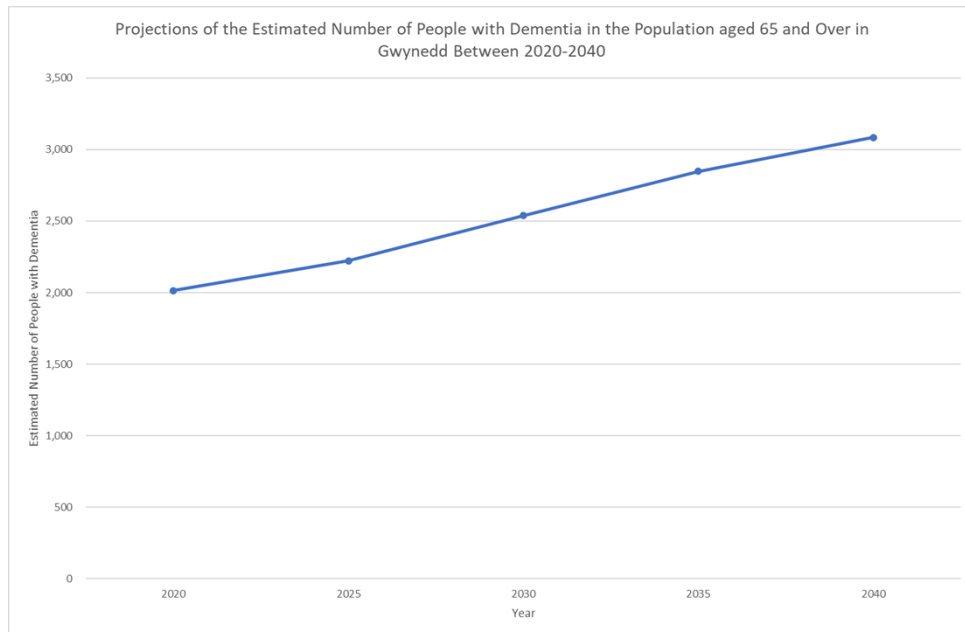
### Gwynedd Population Needs Assessment

There are a total of 130 residential beds in the Llŷn and Eifionydd area but following the closure of the Penrhos Nursing Home at the beginning of December 2020 there is no provision of nursing beds in the Llŷn area.

This means that people must travel to find suitable and qualified provision, increasing pressure on housing in the areas they would move to. We also know that some individuals must look for locations outside the county which creates difficulty in terms of visiting and maintaining contact with families and it can be more difficult to receive a service in Welsh.

75% of the Llŷn residential provision can be provided in the Dwyfor area, a figure which falls to 45.5% for nursing provision. In the County, 58.7% of nursing provision can be provided within the area, so a

greater number of Llŷn residents must travel out of their home to receive nursing care. It is also likely that they must travel further to gain access. Llŷn is able to meet 75% of residential provision within an area, which is comparable to the County average of 75%.



This Council continuously reviews the care home provision across Gwynedd and the impact of this development at Penyberth will be monitored in the surrounding area

### Workforce issues

It is acknowledged nationally that the care sector is facing huge challenges in staff recruitment and retention. This project will look at workforce best practice to ensure high quality staff in the Llŷn area.

Cyngor Gwynedd carries out recruitment campaigns regularly and uses various methods to do so. The campaigns are held locally by targeting specific areas and towns.

Alongside our partners Cyngor Gwynedd are constantly seeking to change the perception that exists in terms of jobs in the care sector. Cyngor Gwynedd take opportunities to seek to highlight the wide range of opportunities that exist, the flexibility of the contracts that are available and also the benefits for staff.

One aspect in particular that should be highlighted is the collaboration that is ongoing with partners to seek to further develop career pathways within the field. Cyngor Gwynedd appointed an officer in December 2021 to lead on this aspect and also to support the work programme in terms of holding events, various marketing methods, creating original and bespoke material, and identifying opportunities to improve work processes.

## The Vision

The Llŷn community is known for its resilience and independence borne out of the surrounding geography and rurality. Traditionally, children have settled as adults nearby close to family members which has meant families have been able to step in to provide care for older relatives when necessary. However, this trend is becoming less prevalent and is likely to continue. This element of unmet need has to be considered within the overall service model.

There is also wide recognition that the former Penrhos Polish Home model of care was very innovative in terms of keeping its residents well, independent, and out of care. It will be important to maintain and build on this ethos in terms of the future plans for the site.

The service model should:

- Maintain the current overall ethos - promoting quality of life, maintaining independence, ensuring wellbeing and reducing reliance on dependent care for as long as possible;
- Deliver a spectrum of supported care - from minimal dependence (independent living apartments) to assisted living, with access to step-up/down care, to residential care and to nursing and end of life care, as determined by an individual's needs;
- Promote a flexible approach to the care home beds allowing flexibility in bed usage where possible to meet local needs rather than fixed / designated bed provision, thereby improving efficiency;
- Recognise the importance of relationships (contracting) with the Third Sector to ensure service resilience (for example Mental Health);
- Future-proof the overall provision taking into account older people population projections and current unmet need.

The project's vision is for a new kind of partnership, which thinks differently about the relationship between services and the community for the future.

## Investment Objectives

The Investment Objectives for the project are:

Investment Objectives	
<b>One</b>	To support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector focused on delivering person centred outcomes for all.
<b>Two</b>	To support the provision of care closer to home by improving the accessibility of residential and nursing care, ensuring provision of services in the Welsh language.
<b>Three</b>	To support sustainability of local residential and nursing care provision through a collaborative, partnership approach which will integrate with the wider spectrum of care delivered from the Penyberth, Penrhos site.

<b>Four</b>	To develop an innovative workforce model that will support the long-term health and social care sector with the potential for application in other areas of North Wales and create opportunities for training through Welsh Language.
<b>Five</b>	To ensure purposefully designed accommodation which will meet the care needs of individuals both now and into the future.
<b>Six</b>	To deliver value for money through the efficient use of resources and delivery of environmentally sensitive accommodation that is carbon neutral.

### Key service requirements

Key service requirements are the service changes required to meet the investment objectives described above. The key service requirements for this business case are summarised in the table below.

The site should be designed with flexibility for the future in mind.

	Requirement	Desirable
<b>Residential requirements</b>	<ul style="list-style-type: none"> <li>▪ 32 beds for dementia care</li> <li>▪ 2 beds for respite care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Space on site to accommodate future needs.</li> <li>▪ Consideration given to Covid management, easy to isolate residents, air circulation, manage infection.</li> <li>▪ Consideration to RNIB requirements.</li> <li>▪ Toilet facilities close to communal areas but also private.</li> <li>▪ Proximity to nursing station and staffing.</li> <li>▪ Consideration given to planning for dementia residents, colour contrast etc</li> <li>▪ Safe outside space and visual interest.</li> </ul>
<b>Nursing care requirements</b>	<ul style="list-style-type: none"> <li>▪ 25 beds of which 15 would be prioritised for nursing dementia care</li> <li>▪ 2 beds for respite nursing care</li> </ul>	<ul style="list-style-type: none"> <li>▪ A modular design approach to allow for Single Rooms and to be Dementia friendly</li> <li>▪ Dedicated garden for walking and exercising / keeping fit</li> <li>▪ Robust design for challenging behaviour.</li> <li>▪ Generic design to meet requirements for Dementia and General Nursing to ensure flexibility in use, and to adapt in changes to demand and needs.</li> </ul>

This project does not address the need for extra care housing, step down flat, sheltered housing, Discharge to Recover then Assess (D2RA) beds as they form part of the Penyberth, Penrhos Redevelopment Project. End of life beds would be offered at Bryn Beryl hospital.

## The Benefits Criteria

The Benefits Criteria are aligned with the Investment Objectives and are shown below. These will be further developed at next stage business case.

Investment Objectives		Main Benefits Criteria
1	To support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector focused on delivering person centred outcomes for all.	<ul style="list-style-type: none"> <li>▪ Securing of nursing provision in local area within LA and CHC rates</li> <li>▪ Flexible health and care provision (“seamless care” as described in A Healthier Wales)</li> <li>▪ Partnership approach between Health and Local Authority may provide further opportunities for integrated approaches</li> </ul>
2	To support the provision of care closer to home by improving the accessibility of residential and nursing care, ensuring provision of services in the Welsh language.	<ul style="list-style-type: none"> <li>▪ No-one stays longer than they need to in acute inpatient care. There are no “delayed transfers of care” due to lack of provision of residential and nursing beds</li> </ul>
3	To support sustainability of local residential and nursing care provision through a collaborative, partnership approach which will integrate with the wider spectrum of care delivered from the Penyberth, Penrhos site.	<ul style="list-style-type: none"> <li>▪ By having public sector provision in nursing – ability to understand more acutely the pressures of sector and ability to support smaller providers</li> </ul>
4	To develop an innovative workforce model that will support the long-term health and social care sector with the potential for application in other areas of North Wales and create opportunities for training through Welsh Language.	<ul style="list-style-type: none"> <li>▪ Employment opportunities for local residents</li> <li>▪ Provide local residents with the right skills for long term employment</li> <li>▪ Provide school leavers with career aspirations meaningful and long-term employment</li> <li>▪ Local supply chain is supported and grown</li> <li>▪ Ability to train and develop medical, nursing and care staff through secondment and shadowing opportunities within the provision</li> <li>▪ Welsh language skills of all staff will be part of the recruitment policy of Council.</li> </ul>
5	To ensure purposefully designed accommodation which will meet the care needs of individuals both now and into the future.	<ul style="list-style-type: none"> <li>▪ Resilient and more appropriate buildings and infrastructure</li> <li>▪ The new development will be well integrated into the character of the surrounding area</li> <li>▪ Providing a modern, accessible working environment that motivates different professional groups to operate collaboratively</li> <li>▪ Provides a demonstrable vision for service integration</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Positive contribution towards decarbonisation / net zero agenda; Accommodation that meets current building recommendations (e.g. HBN / DDA / ventilation / infection prevention)</li> <li>▪ Meets BREEAM aspirations.</li> </ul>
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### Preferred way forward

The Economic Case sets out the details of the option development and option appraisal process completed by the Project partners. A preferred way forward has been identified.

We have engaged with Lovelock Mitchell and Wakemans to do the initial design, planning and estimation. The Table below provides our best estimates for the overall project development, excluding VAT.

Description of Component Cost	£'000
New Build Care Home with Nursing	9,655
Other Costs (Pre-construction, Preliminaries – 15% of Construction cost)	1,284
Fit out	250
15% contingency and Optimism Bias	1,708
15% Inflation Uplift and Risk Allowance	1,498
<b>OBC Development phase costs (Project Manager, Design, Planning, OBC development)</b>	<b>200</b>
<b>TOTAL COST</b>	<b>14,595</b>

#### Note:

- A. Including Inflation Uplift and Risk Allowance, allowance for OBC development phase the total cost estimate amounts to **£14.6 Million**
- B. Seek grant funding of **£200,000** in 2023-24 (highlighted in red font in the table above) to develop a fully detailed plan, estimate and a comprehensive Outline Business Case.

### Next steps and timescales

The next stage is for this Strategic Outline Case to be processed and submitted for approval and for the Outline Business Case to be developed which will examine the economic costs and benefits in more detail. In conjunction with this, detailed design and planning application processes will be instigated. A Full Business Case follows from this.

The following project timeline in terms of programme milestones is as follows:

#	Project Milestones	Indicative Dates
A	Partnership Approval of SOC	March 2023
B	WG review of SOC and approval to proceed	May 2023
C	Planning process commenced	August 2023
D	Outline Planning permission	May 2024
E	Completion of OBC inc. internal approval to proceed	July 2024
F	WG review of OBC and approval to proceed	September 2024
G	Formal Planning Application	September 2024
H	Completion of FBC inc. internal approval to proceed	March 2025
I	WG review of FBC and approval to proceed	April 2025
J	Construction, Completion and Handover	September 2025 – March 2027
K	Occupation	April 2027

## Governance

The partners have established a Project Board to oversee the Care Home with Nursing project, and provide progress reports to the Programme Board as well as the North Wales Regional Partnership Board as required.

Existing partner organisation Boards retain the power to sign off the business case, at each stage of the development process through their organisational governance arrangements.

There are three key stages in the development of the business case for the Penyberth, Penrhos Care Home with Nursing development in the Llŷn area.

With the above in mind, this Strategic Outline Case (SOC):

- Establishes the strategic context;
- Makes a robust case for change; and
- Provides a suggested way forward, rather than a definitive preferred option.

The Outline Business Case (OBC): will identify the option which optimises value for money; prepares the scheme for procurement; and puts in place the necessary funding and management arrangements for the successful delivery of the scheme.

The Full Business Case (FBC): will set out the negotiated commercial and contractual arrangements for the delivery of the project, including the engagement and management of the construction supplier(s); demonstrates that it is 'unequivocally' affordable in capital terms on the basis of a guaranteed maximum contract price from the supplier(s) and in terms of revenue costs; and puts in place the detailed management arrangements for the successful delivery of the scheme.

This SOC has been prepared using the agreed standards and format for business cases, as set out in the NHS Wales Infrastructure Investment Guidance. This approved format is the **Five Case Model**, and comprises the following:

- The **Strategic Case** - this sets out the strategic fit and case for change, together with the supporting investment objectives for the scheme;
- The **Economic Case** - this explores the suggested way forward – or how best to deliver the objectives of the scheme;
- The **Commercial Case** - this assesses the ability of the market place to deliver the required goods and services, and summarises the organisation's commercial strategy;
- The **Financial Case** - this gives outline estimates of the capital and revenue implications of the scheme, and a view of affordability
- The **Management Case** - this demonstrates that the scheme is achievable and can be delivered successfully in accordance with accepted best practice

At SOC stage the focus is on the Strategic and Economic Cases.

## 2. STRATEGIC CASE

### 2.1 ORGANISATION OVERVIEW

The Penyberth, Penrhos Care Home with Nursing is a new kind of partnership that recognises the importance of cross sector collaboration to deliver the best outcomes for local residents and communities.

The project has two key partners and they are briefly introduced below.



#### **Betsi Cadwaladr University Health Board**

The Betsi Cadwaladr University Health Board [BCUHB] is the largest health organisation in Wales, with a budget of £1.8 billion and a workforce of over 19,000 staff. It provides primary, community, mental health and acute hospital services for the population of North Wales.

As well as three main hospital sites at Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital, it is responsible for community hospitals, health centres, clinics, mental health units, community teams, GP practices and other NHS services provided by dentists, opticians and pharmacists.



#### **Cyngor Gwynedd**

Cyngor Gwynedd (CG) is the governing body for the principal area of Gwynedd, made up of the ancient counties of Caernarfonshire and Merionethshire. Aside from its political and local government role, the Council operates a wide range of services through more than 10 Departments. These include:

- Adults, Health and Well-being
- Children and Supporting Families
- Economy and Community
- Education
- Environment
- Housing & Property.

### 2.2 STRATEGIC AND ORGANISATIONAL CONTEXT

A local, sustainable, and quality provision of care homes is an essential part of any health and care system. Without such a provision, individuals will not be able to secure the best health and wellbeing possible; and the health and care system as a whole will be inefficient and ineffective in delivering on the health outcomes of the wider population.

As commissioners of care provision, Local Authorities and Health Boards therefore need to ensure that they have the appropriate number of homes in the right location and providing the right level and quality of care.

The providers of such care can be varied, and indeed there are great benefits to having a mixed economy of care providers. However, relying on independent providers wholly for certain parts of the provision can place commissioners in a difficult position if said providers are unable or unwilling to provide in an area.

For older people services in Gwynedd, in-house, public-sector provision has been a cornerstone of residential and residential dementia services within care homes. However, for nursing provision in care homes, all provision is currently provided within the independent sector.

Currently there is an under-provision of nursing home places in Gwynedd, which is worse in some parts of Gwynedd, namely Llŷn and Meirionnydd. As commissioners, the Local Authority and the Health Board are therefore keen to explore how they can improve the current situation by themselves becoming providers of a care home with nursing.

This Strategic Outline Business Case considers the case for change and how feasible it is for the Council in partnership with the Health Board to provide in house care home with nursing for the future. Given the current opportunity at the Penyberth, Penrhos Site in Gwynedd, this SOC looks at this specific site, but many of the assumptions and policy context will apply to more than this specific site.

#### [North Wales Market Stability Report \(draft 2022\)](#)

#### **Key Local Messages - Residential and nursing**

- The demand for placements in care homes and care homes with nursing is likely to increase with a growing older population
- We are continuing to develop dementia units in the Council's residential care homes
- There is a need for specialist dementia care; there is no nursing / dementia provision in Meirionnydd nor Llŷn
- There is a lack of specialist residential and nursing placements for older people with a learning disability who also have physical health and dementia needs
- There is a need for sustainable and sufficient (independent sector) care home fees
- There is a lack of community support workers in the learning disability field
- There is no specialist mental health provision including severe mental illness
- There is a gap in residential and nursing care for young people with physical and sensory needs.

[Adroddiad blaen.pdf \(llyw.cymru\)](#) – Item 9

## 2.3 NATIONAL POLICIES AND STRATEGIES

### 2.3.1 The Wellbeing of Future Generations (Wales) Act (2015)

The Well Being of Future Generations Act (Wales) set out seven connected well-being goals for Wales, supported by five ways of working. These are summarised in figure below. The collaborative partnership project described in this SOC is particularly well aligned with the five ways of working, and this is reflected in the project’s Investment Objectives which are described in section 2.5.5 of this SOC.

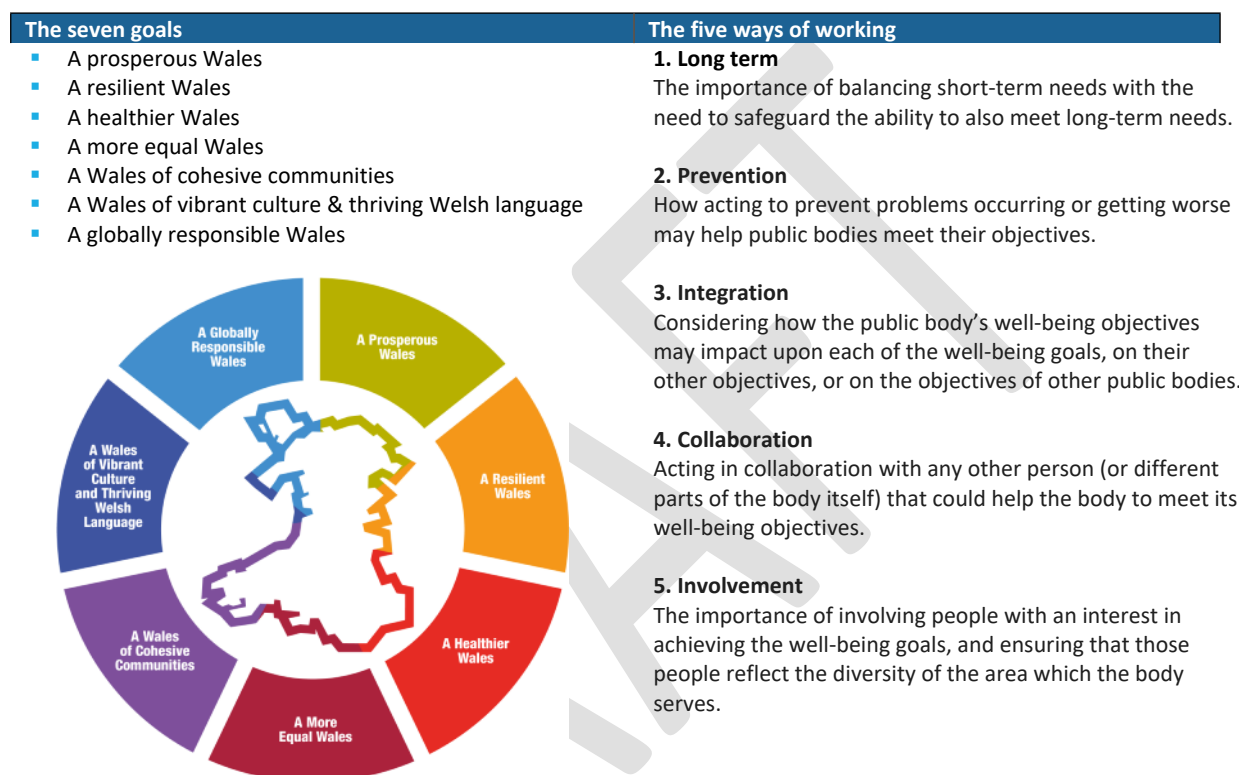





Figure xx: Summary of The Wellbeing of Future Generations Act (Wales) 2015

The goals		Alignment of the project to these goals
<ul style="list-style-type: none"> <li>• <b>Prosperous Wales</b></li> </ul>	✓	This project will contribute to the employment of local residents and aim for a zero carbon building.
<ul style="list-style-type: none"> <li>• <b>A Resilient Wales</b></li> </ul>	✓	Improving holistic wellbeing of the community including economic regeneration will contribute to building a more resilient local community in Llŷn.
<ul style="list-style-type: none"> <li>• <b>A more equal Wales</b></li> </ul>	✓	The project will provide education and employment opportunities within the rural area of Llŷn.
<ul style="list-style-type: none"> <li>• <b>A Healthier Wales</b></li> </ul>	✓	The care home will provide residents with access to care closer to home as well as involvement in a more engaged and involved community on the wider site.

<ul style="list-style-type: none"> <li>• <b>A Wales of Cohesive communities</b></li> </ul>		The project will focus on community well-being and work closely with community initiatives to ensure vulnerable people are not isolated.
<ul style="list-style-type: none"> <li>• <b>A Wales of vibrant culture and thriving Welsh Language</b></li> </ul>		The care home will provide a space to accommodate trainee Welsh speaking staff so that the care services can be offered in Welsh language by default in a sustainable way as well as promoting the Welsh and Polish heritage.
<ul style="list-style-type: none"> <li>• <b>A globally responsible Wales</b></li> </ul>		The project will ensure, through its procurement of services on site, that our supply chains are fair, ethical and sustainable whilst ensuring that financial decisions now enable future generations to thrive.

Alignment with the 5 ways of working are deeply embedded in the project right from its inception as a concept.

1. **Long Term** – The project by its very nature of being a community and care hub, is a long term investment, which will cater to the residents of Llŷn and Eifionydd for several years to come
2. **Prevention and Integration** – The project is driven by a partnership of the local Health Board and the Local Authority to ensure the provision of a robust, sustainable care facility in the Llŷn area to meet current and future local needs that meets the objectives of both partners
3. **Collaboration** – The project is a result of collaboration between the Local Authority and the local Health board over an extended period of time to ensure a local nursing and residential service fit for the future and meet the needs of local residents
4. **Involvement** – Public involvement through multiple engagements have shaped our views on the needs of the community. Our lived experiences of the challenges in our communities are also reflected in our vision and scope definition. The involvement of the Local Authority and the Health Board have further added to a sense of joint vision and ownership of this proposed development.

### 2.3.2 Social Services and Wellbeing (Wales) Act (2014)

The Social Services and Wellbeing (Wales) Act focuses on the need to enhance co-operation and partnership. The Act:

- Requires local authorities to make arrangements to promote co-operation with their relevant partners and others in relation to adults with needs for care and support, carers and children;
- Imposes a duty on the relevant partners to co-operate with, and provide information to, the local authorities for the purpose of their social services functions;
- Makes provision about promoting the integration of care and support with health services;
- Provides for partnership arrangements between local authorities and local Health Boards for the discharge of their functions;
- Makes provision for pooled funds which is made up of contributions by the authority and the relevant partner or partners concerned, and out of which payments may be made towards

expenditure incurred in the discharge of functions of the authority and functions of the relevant partner.

Section 47(6) of the Act states:

*“a local authority may, despite subsections (1), (2), (4) and (5), arrange for the provision of accommodation together with nursing care by a registered nurse-*

*a. if the authority has obtained consent for it to arrange the provision of the nursing care from*

*i. whichever Local Health Board regulations require in the case of accommodation in Wales..., or*

*b. in an urgent case and where arrangements are temporary.”*

Having received the legal advice, we have been given confirmation that the Council can provide Nursing care with the permission of the Health Board or by working in partnership with the Health Board. Therefore, it is considered possible, under the provisions of the Social Services and Wellbeing (Wales) Act 2015 to establish a collaborative procedure between the Council and the Health Board that will lead to a provision to include nursing care. Suitable and robust collaboration arrangements will need to be developed to support such arrangements. More detailed work will be part of the development of the Outline Business Case.

### **2.3.3 A Healthier Wales: our Plan for Health and Social Care (Welsh Government, 2018)**

Welsh Government has announced its plans to introduce a strategic National Framework for care and support, which will set standards for commissioning practice, reduce complexity, and rebalance commissioning to focus on quality and outcomes. What matters to people will be at the heart of the Framework, and it will encourage partnership working at a cluster, local, regional, and national level. It is anticipated that the existing Social Services and Wellbeing (Wales) Act, Part 9 statutory guidance for co-operation and partnership, will be revised as part of the Framework.

Welsh Government have stated that when all partners work effectively together it improves outcomes for people. It also means that resources are used in the most effective and efficient way. The key aims of partnership and integration they describe as follows:

- To improve care and support, ensuring people have more voice and control;
- To improve well-being outcomes;
- To provide co-ordinated, person centred care and support; and
- To make more effective use of resources, skills, and expertise.

Responding to the Parliamentary Review, this strategy aims to address the wider influences on health and wellbeing, tackling the wider social and economic influences such as housing, parenting, education, and employability. The strategy explains the overall Welsh Government vision:

“We will build on the philosophy of Prudent Healthcare, and on the close and effective relationships we have in Wales, to make an impact on health and wellbeing throughout life. We will have a greater

emphasis on preventing illness, on supporting people to manage their own health and wellbeing, and on enabling people to live independently for as long as they can, supported by new technologies and integrated health and social care services which are delivered closer to home.”

This plan sets out the Welsh Governments’ long-term vision of a ‘whole system approach to health and social care’, which is focussed on health and wellbeing, and on preventing illness. Of relevance to this business case:

- The health and social care system will work together so that people using them won’t notice when they are provided by different organisations. New ways of joined-up working will start locally and scale up to the whole of Wales.
- Shift services out of hospital to communities, with a greater focus on prevention, helping people manage their own health, and manage long term illnesses.

#### **2.3.4 NHS Wales Planning Framework 2022-2025**

Building on ‘Prosperity for All’, the cross-government national strategy, the NHS Wales Planning Framework 2021/22 reinforced the need for health organisations to focus on the populations for which they are responsible, with an emphasis on prevention and early interventions, reducing health inequalities and working with wider partners to deliver the best possible services for citizens in Wales. Integrated planning with partners that provides care closer to people’s communities and avoids admissions to hospital whenever possible should be the norm.

#### **2.3.5 Rebalancing Care and Support (Welsh Government White paper)**

There is growing need for care and support in all population groups. This relates to the biggest underlying challenge which is the sector’s funding position.

Social care in Wales is provided through a marketplace of over 1,000 providers, mostly from the independent sector, who often compete for the same contracts. People’s care and support is commissioned through Local Authorities, local Health Boards or directly by themselves. It is funded through national and local government and through fees and charges people may pay to their Local Authority or directly to a care provider. In this context of a fragmented system, partners working together is vital. There is evidence of good practice here, but equally there are concerns about the progress of integration. There is little space for social value organisations, and limited data sharing as a basis for system-wide learning. This is the system we have, rather than the system that would be designed by choice.

From the case for change, three critical areas emerge where focused action is needed to deliver improvement:

- refocusing the fundamentals of the care market – away from price towards quality and value;
- reorientation of commissioning practices – towards managing the market and focusing on outcomes; and
- evolution of integration mechanisms – simplifying joint planning and delivery.

Through action in these three areas, this White Paper seeks to rebalance the care and support market based on a clear national framework where services are organised regionally and delivered locally. In doing so we aim to rebalance social care so that there is neither an over reliance on the private sector, nor a monopoly in the other direction. This White paper defines ‘rebalancing’ broadly as a set of descriptions of the system change, we want to see.

**Rebalancing means...**

...Away from complexity. Towards simplification.

Away from price. Towards quality and social value.

Away from reactive commissioning. Towards managing the market.

Away from task-based practice. Towards an outcome-based practice.

Away from an organisational focus. Towards more effective partnership...

**... to co-produce better outcomes with people.**

### 2.3.6 Decarbonising Social Care in Wales

The UK Climate Change Act formally committed decarbonisation targets into law in 2008. This was later enacted within the Welsh legislation in the environment (Wales) Act in 2016.

The Welsh Government is committed to a carbon neutral public sector by 2030 and a 100% reduction in emission of greenhouse gases in Wales by 2050.

[Decarbonising Social Care in Wales | GOV.WALES](#)

Also, of note is the NHS Wales Decarbonisation Strategy Delivery Plan, which covers the period 2021 – 2030 and describes how the NHS will meet the net zero 2050 target in Wales

The strategic objectives of the sustainability strategy will be established at the next stage of the development and will include:

- Whole Life Approach;
- Decarbonisation;
- Reduction in Travel between Sites;
- Sustainable Procurement;
- Digital Integration;
- Workflow Optimisation;
- Agile Working.

This project offers an opportunity for embarking on a decarbonisation strategy. The design solution will seek to provide the optimum balance between the benefits in diminishing carbon emissions and the associated capital cost to ensure value for the public money invested.

[NHS Wales Decarbonisation Strategic Delivery Plan \(gov.wales\)](#)

#### BCUHB Decarbonisation Strategy and Action Plan

The Health Board has worked with the Carbon Trust and a Health Board wide stakeholder group to develop a five-year Decarbonisation Action Plan which proposes a list of actions and programmes of works to ensure that there is a robust and deliverable action plan in place to reduce carbon emissions by 2030 in compliance with Welsh Government's decarbonisation targets.

A decarbonisation programme board will lead the implementation of the action plan and will engage across BCUHB; spanning estates and facilities, planning, transport, procurement, clinical/nursing and other wider stakeholder groups. This will ensure that the actions and commitments contained within this Decarbonisation Action Plan are taken forward and implemented.

#### Cyngor Gwynedd Decarbonisation Strategy

Cyngor Gwynedd are currently working on their Decarbonisation Plan which will specifically address decarbonisation in the social care sector. New developments and refurbishments of social care buildings will be designed and built according to Net Zero Building standards.

### 2.3.7 Health and Social Care Integration and Rebalancing Capital Fund (IRCF)

The Health and Social Care Integration and Rebalancing Capital Fund (ICRF) is a new programme set up to directly support the Programme for Government (PfG) commitments of developing 50 integrated health and social care hubs and to support rebalancing the residential care market.

This project meets the second priority of the fund to:

**“rebalance the residential social care market”.**

#### Priority 2 - Rebalancing the residential care market

The White Paper to rebalance care and support sets out Ministerial ambitions to rebalance the sector away from cost to quality, from outputs to outcomes and from profit towards social value. Capital investment is available to support local authorities and not for profit organisations, including housing associations to make this shift in the following ways:-

- Investing in community settings/residential/nursing care premises to ensure they can meet individuals more complex needs closer to home i.e., nursing, allied health professional and intermediate care capacity. This could include Increasing access to NHS services, (such as community therapy, rehabilitation/ reablement and podiatry) for residents, recognising they remain members of the Health Board population

- Supporting and incentivising local authorities and not for profit providers to grow in house provision - which could include expansion of in-house care homes (additional beds), upgrades to facilities to bring them in line with regulation to enable them to be re-registered as a not for profit provision.
- Support for local authorities to bring failing provision back under local government management.
- Increasing residential and nursing care capacity where there are identified gaps/shortages of provision.
- Support for smaller independent care homes to borrow resources for investment (on a case by case basis - further advice to follow).

## 2.4 LOCAL POLICY AND STRATEGIES

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### 2.4.1 Living Healthier Staying Well: Working in Partnership to Improve Health and Deliver Excellent Care across North Wales

BCUHB sets out its strategy for North Wales in two key documents: the 10 Year Strategy for Future Health, Well-being and Healthcare – ‘Living Healthier, Staying Well’ and its three-year rolling Plan. At time of writing a review and update of the three-year plan is underway. However, until such time as this is completed and signed off the current three-year plan is used to set the context for this SOC.

#### Living Healthier, Staying Well

This strategy is structured around three main programmes to be delivered through working in partnership with people and organisations from across North Wales. These programmes are:

- **Health Improvement and Health Inequalities** – focusing on the broader aspects of health improvement and prevention and seeking to support those with the greatest health needs first.
- **Care Closer to Home** - when people need support or health care to stay healthy, providing as much of this as close to people’s homes as it is safe and effective to do so. Care will be developed around local areas, which will form the building block of future planning. An equitable range of services will be provided for all, although the way they are delivered will be tailored to meet local circumstances or geography. Some services will cover more than one area.
- **Care for More Serious Health Needs** - when health needs are more serious and people need hospital care, or care from more specialist teams working in the community. People want the safest and highest quality of care possible and a good experience. They will be treated by the right person, in the right place, at the right time and with the right facilities

## Three Year Plan

This Three-year Plan set out the challenges it faces in the coming years which will affect the way services are provided:

- People are living longer which is good.
- Health needs are changing and need to be responded to in a different way.
- People need support to make informed choices about a healthy lifestyle.
- More people have conditions like diabetes or heart disease.
- More people are experiencing mental health issues.
- More people are living with dementia.
- Waiting times are too long and patients need to be seen sooner.
- The workforce is changing and the Health Board face challenges in recruiting staff in a number of specialties and staff groups.
- Public money is tight, so the Health Board needs to be efficient and spend wisely.

There are other challenges which are affecting all public services - such as poverty, inequalities, jobs and economic growth, and climate change. These make the context in which the Health Board is working more difficult and make it more important that the Health Board understands the impact of its actions on other organisations as well as the population.

### 2.4.2 Integrated Medium Term Plan 2022-25

Health Board support for the Penyberth, Penrhos Public Sector Partnership scheme is set out within the current year's Welsh Government approved IMTP.

### 2.4.3 A thematic review by CIW, Prevention and promotion of independence for older people, in September 2020

Based on inspections and fieldwork undertaken during 2019, found that progress towards partnership and integrated service delivery for older people remains very mixed. Strategic commissioning through population assessments and area plans is still in its infancy and delivering limited impact. The report says that partners do not share a clear strategic vision of sustainable health and social care services, and leaders and senior managers are still focusing on service delivery within their own areas of control, rather than on people and outcomes.

### 2.4.4 National review of care homes for people living with dementia (Care Inspectorate Wales)

CIW looked at the care received by people living with dementia in care homes in Wales, and how they are supported in this important stage of their lives (164 inspections were carried out in a range of care homes). They wanted to make recommendations to improve people's lives. They spoke to commissioners and providers of care home services as well as people living with dementia and their families, and they saw the care they received.

## Recommendations

1. **Choice** – people need clearer information about the location and types of service available. People who arrange care in local authorities need to look at gaps in care home provision.
2. **Training** – people who provide care services, and those who arrange it in local authorities, need to make sure that training involves people living with dementia who receive care.
3. **Environment** – new care homes should be designed and built to give good care, based on information about what good care looks like.
4. **Welsh language** – there should be better information about how many staff speak Welsh in care homes; more staff should be able to speak Welsh.
5. **Antipsychotic medication** – groups who are involved with care for people should work together to improve the way that antipsychotic medication is given out and checked.
6. **Rights** – staff need better training around people’s rights when they receive care and support.
7. **Working together to provide support** – support from mental health services, and the way that people enter and leave hospital, should both be improved.

<https://careinspectorate.wales/our-reports/national-and-thematic-reports>

### 2.4.5 Review of healthcare support provided by BCUHB for older people living in care homes in North Wales (Joint Healthcare Inspectorate Wales and Care Inspectorate Wales review)

In response to “A Place to Call Home?”, Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW) decided to carry out a pilot project to review how they could work together to ensure the healthcare needs of older people living in care homes are met.

The aim of this work was to investigate:

- how Betsi Cadwaladr University Health Board (BCUHB) meets the healthcare needs of older people living in residential and nursing care homes, either directly through the provision of services, or through its contracting arrangements with primary care providers;
- the experience of care home managers in accessing healthcare support for people from the NHS;
- how CIW and HIW can work in a more integrated way to improve outcomes for people living in care homes.

This review has looked at the provision of healthcare support for care home residents from the perspectives of both health and social care providers. Feedback has been variable across most of the service areas considered, but some common issues have emerged across services which need to be addressed in order to provide seamless, good quality care, to individual residents and patients, specifically:

- **Clear roles and responsibilities:** the part that each organisation/ profession/ individual plays in the system of care and support needs to be clearly articulated and understood by all

- **Training:** training should be available to support everybody to play their part in the system effectively and every effort should be made to ensure that staff can be released to undertake that training
- **Access routes:** when additional advice or support is required in response to changing needs, access should be as easy as possible, and it should be clear to whoever requests the support the response they should expect
- **Feedback:** processes should be in place to enable ongoing feedback on issues and concerns in order that patterns can be identified, and matters resolved
- **Collaboration and partnership:** organisations should work together in the best interests of the populations they serve. When issues arise, they should be tackled collaboratively to achieve a practical and sustainable solution.

### Areas for improvement

- The Health Board should work with the care home sector to identify and support the training needed for care home workers to maintain their confidence and competence to manage the routine health needs of residents and know how and when to seek additional support.
- Care home managers should ensure staff are able to attend relevant training, for example in relation to continence care.
- The Health Board must ensure that sufficient resources are made available to meet the needs of people with dementia accommodated within care homes and that services are provided in a timely and consistent way across North Wales, in line with the Health Board's recently published dementia care strategy.

[Review of healthcare support for older people living in care homes in North Wales | Care Inspectorate Wales](#)

#### 2.4.6 Care Home Commissioning for Older People (Audit Wales report)

After recently completing a review of commissioning care-home placements for older people in North Wales, this report draws together issues of wider national significance and makes recommendations for the Welsh Government to consider.

The costs of care-home commissioning for older people in Wales run into several hundreds of millions of pounds each year and many thousands of people are affected.

Care-home commissioning is the result of assessing population need, planning, shaping, procuring, and sometimes providing care-home services. It should be undertaken with the aim of delivering good-quality care-home capacity to meet current and future need. It should focus on value for the taxpayer and outcomes for service users.

- Current arrangements for commissioning older people's care-home placements are not resolving some long-standing issues; the Welsh Government must assure itself that proposed policy reforms go far enough

- The Welsh Government expects Local Authorities and Health Boards to collaborate effectively as they deliver their care-home commissioning duties.

## [Audit Wales](#)

### 2.5 THE CASE FOR CHANGE

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#### 2.5.1 Gwynedd Population Needs Assessment

The proportion of people over the age of 75 in Wales is projected to increase by more than 53 per cent by 2040. Likewise, those over 65 will rise to one in four of the population before 2050. Although future demand for formal care cannot simply be linked to an ageing population, the projected growth in the numbers of older people with complex care needs (including severe dementia) is highly likely to result in increased pressure on formal care services – for example, the number of older adults living with severe dementia is predicted to double to 53,700 by 2040<sup>1</sup>.

Numbers of people with long term, life limiting, and chronic conditions are increasing, largely due to the ageing population. There will be a 57% increase in people age over 75 with life limiting long term illness by 2035. Older age is the leading cause of deaf/blindness, this is likely to increase as the over 85 population continues to grow. In the UK, 29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role<sup>1</sup>.

The population of Gwynedd is ageing, with the population over 65 years having increased by 28% in Gwynedd, and the population over 85 years having increased by 156% since the 1981 census.

It is a huge challenge to ensure that there is provision and support throughout the county for people to continue to live independently at home as the population ages, and we are aware of the significant problems that care providers face with barriers to recruiting high quality carers, which leads to gaps in provision. This is a big problem in Gwynedd and especially in the Llŷn area.

There is an aging population with implications for housing design and the support for people to live independently for as long as possible.

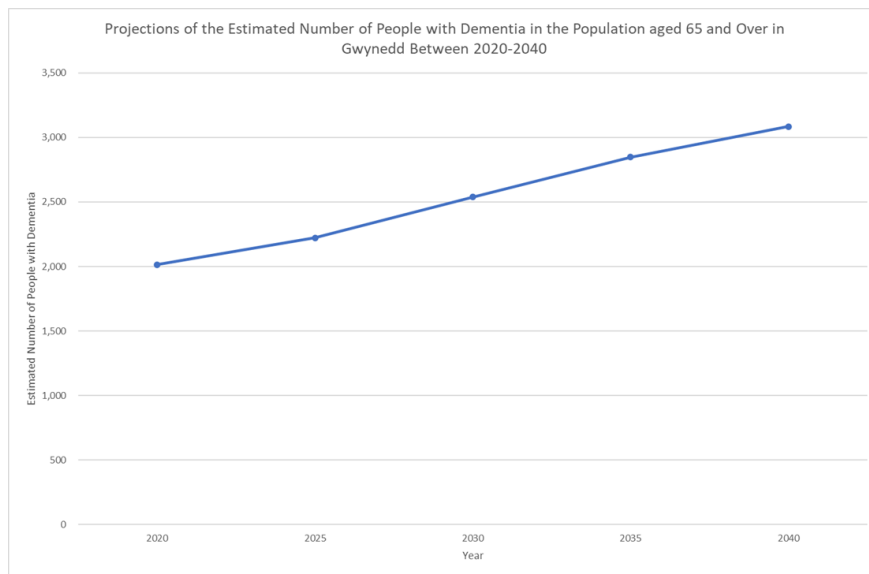
#### **Dementia**

Due to the nature of the condition (and the fact that symptoms manifest over time as the condition worsens, and a low rate of diagnosis) it is difficult to accurately calculate how many people live with the condition. There are national studies which estimate the proportion of the population of different age groups who have the condition and based on that and the age profile of Gwynedd, it can be estimated that there are 2,015 individuals with dementia in Gwynedd in 2020. The number of people with dementia aged over 65 years is expected to increase to 3,085 by 2040.

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<sup>1</sup> [Rebalancing Care and Support White Paper](#)

The graph below assumes the growth in the population living with Dementia in Gwynedd between 2020 up to 2040.



In the future, as the older population increases, the numbers suffering from dementia will increase alongside this. Dementia UK has estimated that the current number with dementia in Britain will rise from 850,000 to 1,683,000 by 2039. Assuming dementia rates (by age group) remain the same, we project that the number with dementia in Gwynedd will rise from 2,049 to 3,494 by 2039 - an increase of over 70%. The projection presented here is driven by demographic ageing.

This increase will not only affect the quality of life of those who suffer from dementia but will also affect the main streams such as carers, health care and community care.

This Council continuously reviews the care home provision across Gwynedd and the impact of this development at Penyberth will be monitored in the surrounding area.

### Key messages from the Gwynedd Population Assessment (2019)

#### Residential Care

- The number of people aged 65 and over in Gwynedd who receive residential services is expected to increase by 63% by 2035.
- Delays in the discharge of people aged over 65 from hospital lead to a loss of independence and cost the NHS significant sums. If they were released and had (short-term) care in a residential or nursing home, this would be beneficial.

#### Nursing Care

- There is a lack of care homes with nursing provision in some areas - and particularly in Llŷn.
- This means that people must move to other areas increasing the pressure and reducing provision in those areas.

- The average split of Continuous Health Care (CHC) to Funded Nursing Care (FNC) and Fast Track / end of life is: 50% CHC to 40% FNC to 10% Fast Track.

### **Dementia Care / Mental health**

- There are no specialist nursing respite locations available in Gwynedd, nor any specialist assessment units.
- There is a gap in the availability of male carers to meet specific needs such as the challenging behaviour associated with the condition.

The Health Service needs to support specialist nursing homes to maintain the placement of individuals with intense needs and foster the ability of Community Psychiatric Nurses to work in the community to support and maintain people in the community.

The joint CIW and HIW report: Review of healthcare support provided by Betsi Cadwaladr Health Board for older people living in care homes in North Wales stated that:

- Waiting times for Community Psychiatric Nurse support were generally considered to be a problem, although the standard of care when support was available was well regarded. Discussions with care home managers illustrated the potential impact of delays on residents and relatives and it is important that systems are in place to ensure ongoing communication with the Health Board on incidents and issues in order to support service improvement
- The Health Board must ensure that sufficient resources are made available to meet the needs of people with dementia accommodated within care homes and that services are provided in a timely and consistent way across North Wales, in line with the Health Board's recently published dementia care strategy
- CIW inspectors interviewed 18 care home managers about their experience of accessing healthcare support. The timeliness of support being provided remained an issue for some and overall, support for people with continence and/or mental health or dementia needs remained the areas of greatest concern.

### **2.5.2 Current arrangements**

There are a total of 130 Residential beds in the Llŷn and Eifionydd District but following the closure of the Penrhos Nursing Home at the beginning of December 2020 there is no provision of nursing beds in the Llŷn area.

This means that people must travel to find suitable and qualified provision, increasing pressure on housing in the areas they would move to. We also know that some individuals must look for locations outside the county which creates difficulty in terms of visiting and maintaining contact with families and it can be more difficult to receive a service in Welsh.

## Map of current residential care homes and care homes with nursing in the Llŷn and Eifionydd area

### Map yn Dangos Lleoliad Cartrefi Preswyl a Nyrzio yn Llŷn

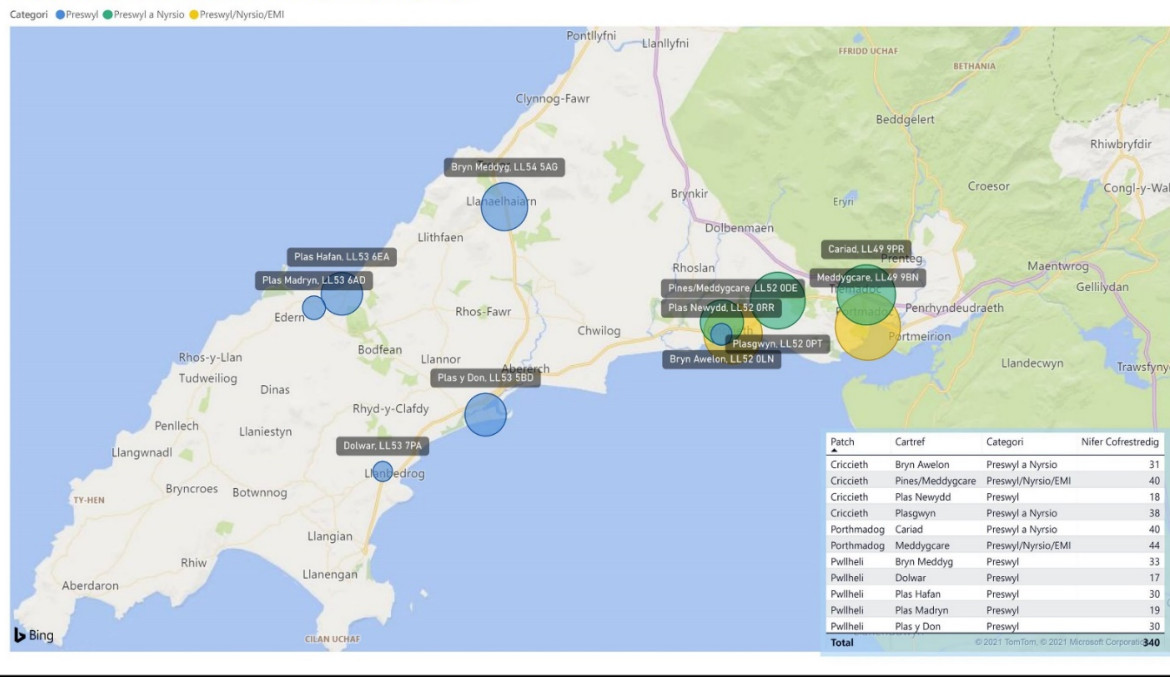


Figure xX :

75% of the Llŷn residential provision can be provided in the Dwyfor area, a figure which falls to 45.5% for nursing provision. In the County, 58.7% of nursing provision can be received within the area, so a greater number of Llŷn residents must travel out of their home to receive nursing care. It is also likely that they must travel further to gain access. Llŷn is able to meet 75% of residential provision within an area, which is comparable to the County average of 75%.

### Current barriers to service provision

#### Waiting lists

The data on 25 October 2022 shows that 50+ were on waiting lists for residential and nursing beds in the Llŷn and Eifionydd area (data is incomplete as we do not have the full picture for private nursing beds). The 50 broken down as follows:

Number on waiting list	Bed Type
24	Residential
5	Dementia Residential
21	Nursing

Table XX:

#### Delayed Transfers of Care (DTCO)

We see problems arising in finding suitable locations for individuals in the community after spending time in hospital.

The main reasons for delay are:

- Patients waiting for residential or nursing beds
- Hospital unable to discharge patients to a safe environment
- No suitable Home Care package in place.

The following table shows the delay in transfer of care from Ysbyty Gwynedd to the Llŷn and Eifionydd area:

<b>Waiting for a residential or nursing bed</b> Period – 1 January 2021 – 31 December 2021						<b>Waiting for a Home Care package</b>
	Residential	Dementia residential	Nursing	Dementia nursing	Total	
Number in Llŷn area	28	7	15	7	57	130
Number in Eifionydd area	8	4	23	10	45	130

Table XX:

Over the above periods we see that many of the delays are in trying to discharge patients from the hospital, because they are waiting for a bed in a residential or nursing home setting. In addition, high numbers of people had to wait for a care package to enable them to live at home.

- We know that some Gwynedd residents were struggling to return home following a hospital stay, due to a lack of home carers as well as waiting lists for equipment.
- Delays in the discharge of the over 65s from hospital result in independence being lost at a significant cost to public services. If they were discharged and had (short-term) care in a care home, this would be beneficial.
- There is no care home with nursing provision in Llŷn. So, there is pressure on care homes with nursing in the area that is closest, as everyone wants to stay as close to their community as possible.

The current fragility of the care home sector is well recognised across North Wales, with the loss of over 150 beds since January 1<sup>st</sup> this year. Although we have not seen home closures in the West, the Health Board and Cyngor Gwynedd are being challenged weekly in relation to care home fees for all levels of care. We are also seeing high numbers of in-patients who are clinically optimised who are delayed in hospital due to awaiting care home placements. Delays in the West account for more than 63% of North Wales care home related delays (February 2023 Census data).

### CARE HOME RELATED DELAYS (February 2023 Pathway of Care Delays Validated by LAs)

	Number of patients delayed	% of Care Home Delays	Number of Bed days lost	% of Delays
Anglesey	14	20%	337	
Gwynedd	30	43%	1052	
Conwy	7	10%	246	
Denbighshire	7	10%	281	
Flintshire	4	6%	101	
Wrexham	8	11%	450	
<b>Total North Wales Number &amp; %</b>	<b>70</b>	<b>33%</b>	<b>2467</b>	<b>35%</b>

In terms of delayed hospital discharges, the census shows that there were a total number of 214 Pathways of Care Delays (validated) for February 2023, with care home delays accounting for 70 patient delays and totalling 2,467 bed days lost. The table below shows clearly that Gwynedd has by far the highest % of care home delays.

#### 2.5.3 Workforce issues

##### Workforce sustainability - Rebalancing Care and Support (Welsh Government White paper)

The delivery of social care is rightly labour-intensive and the availability of a skilled workforce plays a key role in delivering high quality of care.

The social care workforce is typically ageing and gendered, with the vast majority of staff of commissioned care providers are female and over a half of the workforce is aged over 40.

The staff turnover rate for all of the adult social care workforce in Wales is reported by the ONS at 30 per cent in Wales. In addition to high turnover, current issues include high vacancy rates, costly recruitment and training of new staff, growing use of (more expensive) agency staff, and churn within the sector with staff frequently moving between employers often for financial incentives or improved working conditions. Recent research by the Welsh Institute for Health and Social Care noted there is competition from employers outside the social care sectors (e.g. retail). These employers are considered to provide similar or better pay, with roles carrying less responsibility. Competition within and between social care employers and the NHS was thought to contribute to retention problems in the social care workforce.

As part of the Fair Work Commission, the *Fair Work Wales* report noted that despite the sector being a core industry that contributes to individual and social well-being, it is a sector which displays various features associated with insecurity and poor working environment. In response to the recommendations of the report, the Welsh Government has recently convened a Social Care Forum which is considering how best to improve pay and other conditions of employment in the social care sector.

Research indicates that pay, terms and conditions are regarded as key factors that relate to job satisfaction, and there is an important link between job satisfaction, service quality and the achievement of outcomes. Improving pay, terms and conditions is considered to be an important part of attracting, recruiting and retaining workers in the sector.

The case for change underpinning the Project is based upon the need to firstly address the local challenges described in section 2.5 above, and secondly to support the delivery of the national and local strategies and wishes of local people described in the sections above.

#### 2021 Census data

The first census results published in August 2022 stated that *“The population of working age has decreased in the last ten years – there were 64,900 people aged 20-64 in 2021, which was 55.3% of all usual residents. This compares to 68,800 or 56.4% in 2011. The population aged 20-64 in Wales as a whole in 2021 = 56.5%; in England and Wales = 58.4%”*.

#### Cyngor Gwynedd

For some years, social care staff recruitment and retention has been problematic and challenging. A report was submitted to the Scrutiny Committee on recruitment difficulties back in June 2019. Since then, the pandemic has exacerbated the situation, and we see that the pressures that staff have been under and continue to face has led to people leaving the sector.

A subsequent report was recently presented to the Cyngor Gwynedd Care Scrutiny Committee highlighting the issues and the gaps, and reports on what Cyngor Gwynedd are doing in response in order to limit the impact as much as possible.

What is being done to respond to the situation?

Cyngor Gwynedd carries out recruitment campaigns regularly and uses various methods to do so. The campaigns are held locally by targeting specific areas and towns.

Alongside our partners Cyngor Gwynedd are constantly seeking to change the perception that exists in terms of jobs in the care sector. Cyngor Gwynedd take opportunities to seek to highlight the wide range of opportunities that exist, the flexibility of the contracts that are available and the benefits for staff.

One aspect in particular that should be highlighted is the collaboration that is ongoing with partners to seek to further develop career pathways within the field. Cyngor Gwynedd appointed an officer in

December 2021 to lead on this aspect and to support the work programme in terms of holding events, various marketing methods, creating original and bespoke material, and identifying opportunities to improve work processes.

There is a recognition nationally that staff shortage has now reached crisis point. Cyngor Gwynedd have recently seen efforts made nationally such as the commitment to increase the salary levels of all care workers to the Real Living Wage of £9.90 an hour as well as one-off financial contributions. On a promising note, the latest pay settlement agreed in October 2022 i.e an additional £1,925 per annum. We have not seen such an increase in salaries for some time.

It should be noted that salaries in this field are recognised as a matter that needs to be addressed on a Wales and UK level. The problem is therefore not unique to Gwynedd and it should highlight that there is collaboration on a national level in Wales to seek to address these matters.

There are differences in the way other Local Authorities provide care services, with some of them mainly reliant on commissioning the independent sector, however we can report from ongoing discussions and collaboration that other authorities are also experiencing increasing difficulties in recruiting and retaining staff.

The report highlights that the situation has deteriorated in recent years, and it appears that the situation is not likely to improve any time soon. There is now a need for national guidance and intervention on the matter.

#### Key Messages: Case for Change

- **Social Services and Wellbeing (Wales) Act** – the act states the need to promote co-operation and partnership working to promote integration of care and support. The act also gives the powers to Local Authorities, with permission or working in partnership with the Health Board, to provide residential and nursing care.
- **Rebalancing Care and Support** – this project addresses the issues raised in the government White Paper to rebalance the care and support market away from cost to quality and from outputs to outcomes.
- **Current arrangements** – there is currently no nursing or dementia care provision in the Llŷn area so people have to travel to receive the care they need. It is anticipated an increase in the proportion of people over the age of 75, as well as an increase in the number of people living with dementia. There are currently waiting lists for residential and nursing care services in Llŷn and Eifionydd of over 50 people. There is also a high number of people seeing delayed transfers from hospital due to lack of provision in the Llŷn and Eifionydd area.
- **Workforce issues** – it is acknowledged nationally that the care sector is facing huge challenges in staff recruitment and retention. This project will look at workforce best practice to ensure high quality staff in the Llŷn area.

#### 2.5.4 The vision

The Llŷn community is known for its resilience and independence borne out of the surrounding geography and rurality. Traditionally, adult children have settled nearby close to family members which has meant families have been able to step in to provide care for older relatives when necessary. However this trend is becoming less prevalent and is likely to continue. This element of unmet need has to be considered within the overall service model.

There is also wide recognition that the former Penrhos Polish Home model of care was very innovative in terms of keeping its residents well, independent and out of care. It will be important to maintain and build on this ethos in terms of the future plans for the site.

The service model should:

- Maintain the current overall ethos - promoting quality of life, maintaining independence, ensuring wellbeing and reducing reliance on dependent care for as long as possible;
- Deliver a spectrum of supported care - from minimal dependence (independent living apartments) to assisted living, with access to step-up/down care, to residential care and to nursing and end of life care, as determined by an individual's needs;
- Promote a flexible approach to the care home beds allowing flexibility in bed usage where possible to meet local needs rather than fixed / designated bed provision, thereby improving efficiency;
- Recognise the importance of relationships (contracting) with the Third Sector to ensure service resilience (for example Mental Health);
- Future-proof the overall provision taking into account older people population projections and current unmet need.

The project's vision is for a new kind of partnership, which thinks differently about the relationship between services and the community for the future.

Our vision can be summarised as follows:

#### **Penyberth, Penrhos Vision**

*To provide high quality, energy efficient (low carbon) homes and health and care services in a unique village setting. The development will mainly provide homes for people with care/ healthcare needs; but will also provide some affordable housing for local people and for people who will work on site in the new care home.*

#### 2.5.5 Investment Objectives

The Investment Objectives are the ‘targeted’ outcomes for the project. They reflect the rationale for the project and are used as part of the option appraisal process described in the Economic Case. The Investment objectives for this business case are set out in the figure, below. These objectives:

- Support the achievement of our vision
- Respond to the Case for Change described above.

Investment Objectives	
<b>One</b>	To support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector focused on delivering person centred outcomes for all.
<b>Two</b>	To support the provision of care closer to home by improving the accessibility of residential and nursing care, ensuring provision of services in the Welsh language.
<b>Three</b>	To support sustainability of local residential and nursing care provision through a collaborative, partnership approach which will integrate with the wider spectrum of care delivered from the Penyberth, Penrhos site.
<b>Four</b>	To develop an innovative workforce model that will support the long-term health and social care sector with the potential for application in other areas of North Wales and create opportunities for training through Welsh Language.
<b>Five</b>	To ensure purposefully designed accommodation which will meet the care needs of individuals both now and into the future.
<b>Six</b>	To deliver value for money through the efficient use of resources and delivery of environmentally sensitive accommodation that is carbon neutral.

Figure XX: Investment Objectives

These investment objectives have been used throughout the SOC development process:

- As the option evaluation criteria for the capital option appraisal process described in the Economic Case.
- To help us to define and identify the programme benefits, described below and in the Economic Case.

Further work will be completed at Outline Business Case stage to quantify the investment objectives.

## 2.8 SCOPE AND KEY SERVICE REQUIREMENTS

Key service requirements are the service changes required to meet the investment objectives described above. The key service requirements for this business case are summarised in the table below.

The site should be designed with flexibility for the future in mind.

	Requirement	Desirable
<b>Residential requirements</b>	<ul style="list-style-type: none"> <li>32 beds for dementia care</li> <li>2 beds for respite care</li> </ul>	<ul style="list-style-type: none"> <li>Space on site to accommodate future needs.</li> <li>Consideration given to Covid management, easy to isolate residents, air circulation, manage infection.</li> <li>Consideration to RNIB requirements.</li> <li>Toilet facilities close to communal areas but also private.</li> <li>Proximity to Nursing station and staffing.</li> <li>Consideration given to planning for dementia residents, colour contrast etc</li> <li>Safe outside space and visual interest.</li> </ul>
<b>Nursing care requirements</b>	<ul style="list-style-type: none"> <li>25 beds of which 15 would be prioritised for dementia care</li> <li>2 beds for respite nursing care</li> </ul>	<ul style="list-style-type: none"> <li>A modular design approach to allow for Single Rooms and to be Dementia friendly</li> <li>Dedicated garden for walking and exercising / keeping fit</li> <li>Robust design for challenging behaviour.</li> <li>Generic design to meet requirements for Dementia and General Nursing to ensure flexibility in use, and to adapt in changes to demand and needs.</li> </ul>

Naturally with such a need for the number of beds the design will also consider the communal and additional areas required.

Table XX: Scope and Key Service Requirements

This project does not address the need for extra care housing, step down flat, sheltered housing, Discharge to Recover then Assess (D2RA) beds as they form part of the Penyberth, Penrhos Redevelopment Project. End of life beds would be offered at Bryn Beryl hospital.

## 2.9 BENEFITS

The Benefits Criteria are aligned with the Investment Objectives and are shown below. These will be further developed at next stage business case.

Investment Objectives	Main Benefits Criteria
1 To support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector	<ul style="list-style-type: none"> <li>Securing of nursing provision in local area within LA and CHC rates</li> <li>Flexible health and care provision (“seamless care” as described in A Healthier Wales)</li> </ul>

	focused on delivering person centred outcomes for all.	<ul style="list-style-type: none"> <li>Partnership approach between Health and Local Authority may provide further opportunities for integrated approaches</li> </ul>
2	To support the provision of care closer to home by improving the accessibility of residential and nursing care, ensuring provision of services in the Welsh language.	<ul style="list-style-type: none"> <li>No-one stays longer than they need to in acute inpatient care. There are no “delayed transfers of care” due to lack of provision of residential and nursing beds</li> </ul>
3	To support sustainability of local residential and nursing care provision through a collaborative, partnership approach which will integrate with the wider spectrum of care delivered from the Penyberth, Penrhos site.	<ul style="list-style-type: none"> <li>By having public sector provision in nursing – ability to understand more acutely the pressures of sector and ability to support smaller providers</li> </ul>
4	To develop an innovative workforce model that will support the long-term health and social care sector with the potential for application in other areas of North Wales and create opportunities for training through Welsh Language.	<ul style="list-style-type: none"> <li>Employment opportunities for local residents</li> <li>Provide local residents with the right skills for long term employment</li> <li>Provide school leavers with career aspirations meaningful and long-term employment</li> <li>Local supply chain is supported and grown</li> <li>Ability to train and develop medical, nursing and care staff through secondment and shadowing opportunities within the provision</li> <li>Welsh language skills of all staff will be part of the recruitment policy of Council.</li> </ul>
5	To ensure purposefully designed accommodation which will meet the care needs of individuals both now and into the future.	<ul style="list-style-type: none"> <li>Resilient and more appropriate buildings and infrastructure</li> <li>The new development will be well integrated into the character of the surrounding area</li> <li>Providing a modern, accessible working environment that motivates different professional groups to operate collaboratively</li> <li>Provides a demonstrable vision for service integration</li> <li>Positive contribution towards decarbonisation / net zero agenda; Accommodation that meets current building recommendations (e.g. HBN / DDA / ventilation / infection prevention)</li> <li>Meets BREEAM aspirations.</li> </ul>

Table XX: Initial Benefits Analysis

## 2.10 RISKS, CONSTRAINTS AND DEPENDENCIES

As with any major project there are several strategic risks, which if they remain unmitigated might jeopardise the delivery of the project. The Project Group has completed an initial risk analysis and

identified some high level mitigating actions that can be put in place to address these strategic risks. The full risk register is enclosed as [Appendix A](#) to this SOC and a summary of key strategic risks is included in Table below.

DRAFT

Risk description	Impact	Likelihood	Score	Mitigation	Mitigated score
<u>Workforce availability</u> – recruiting the staff (numbers and skills / competencies) required to support this model in a rural area (including nursing, primary care, therapies) will be a significant challenge, so an innovative, sustainable, and flexible approach is required which needs to ensure that further workforce problems are not exasperated in the home care sector.	5	4	20	A workforce subgroup is currently exploring a potential model. There is an opportunity here to ensure that nursing placements within care homes become a more integral part of the career of nursing staff. By seconding nursing staff to the employment of the Council, whilst retaining oversight by the Health Board's clinical staff would be essential in terms of governance.	3
<u>Capital Funding availability</u> – There is potential to access capital monies from WG funds for the care home - the Housing with Care Fund (HCF) and the Integration & Rebalancing Capital Fund (IRCF), as well as the option for Cyngor Gwynedd to take out a loan / part loan.	5	3	15	The Penyberth, Penrhos project has been included on the regional funding requirement list as well as regular conversations with the Welsh Government highlighting the need.	1
<u>Destabilisation of the Independent Market</u> – we need to fully understand the impact on local independent providers of nursing care of an intervention by a public sector partnership in terms of in-house nursing care provision and the potential for nursing home closures. However, by allowing this important provision to be delivered solely by the independent sector, it is creating a risk to the Health Board and the Local Authority and fails to build upon new opportunities set out by Welsh Government.	4	2	8	Robust communication and engagement plan to ensure that local care home providers are fully engaged.  This is a new model of care providing a wider range of opportunities / choice for residents, families, staff.	2

Risk description	Impact	Likelihood	Score	Mitigation	Mitigated score
<u>Location / site availability</u> - The Penyberth, Penrhos site is extensive and initial plans from Clwyd Alyn show the various phases of development for supported and independent living apartments, affordable local housing, as well as a specific location identified for the future care home.	5	1	5	A site has already been identified for the Care Home, following an assessment of available land on the Penyberth, Penrhos site by Clwyd Alyn. The Penyberth, Penrhos site is now in the ownership of Clwyd Alyn and is of suitable size to meet the accommodation needs of the care home project. Heads of Terms agreed between Cyngor Gwynedd and Clwyd Alyn regarding the 2-acre site identified.	1
<u>Revenue Funding availability</u> – Whilst a financial assessment has not been completed to date, the proposal will need to demonstrate efficiencies and value for money and in affordability terms will need to be either revenue neutral or have a clear indication of where additional funding will come from. This will include an evaluation of CHC and FNC costs.  <u>Viability</u> – it may be necessary to widen the catchment area for the proposed care home facility to ensure optimum occupancy levels and value for money.	3	1	3	Risk appetite to make this work	2

Table Xx: Summary of Strategic Risks and Mitigations

## 3. ECONOMIC CASE

### 3.1 CRITICAL SUCCESS FACTORS

Critical Success Factors (CSFs) are the attributes essential for successful delivery of the project, against which the options for the delivery of the project should be appraised, alongside the investment objectives. We considered the following Critical Success Factors:

Critical Success Factor	Description
Strategic fit and business needs	Meets agreed spending objectives, related business needs and service requirements. Align with local and national strategic direction.
Potential Value for Money	Optimises public value (social, economic, and environmental) in terms of potential costs, benefits, efficiencies and risks.
Potential achievability	The ability of the Cyngor Gwynedd / BCUHB partnership to deliver the required services and deliverables.
Supply-side capacity and capability	The partnership's ability to innovate, adapt, introduce, support, and manage the required level of change, including the management of associated risks. The partnership's ability to further develop progressive and collaborative working within and across boundaries.
Potential affordability	The partnership's ability to fund the required level of expenditure – namely, the revenue consequences associated with the proposed investment and service delivery model.

Table XX: Initial Benefits Analysis

### 3.2 OPTIONS

This project is a response to explore the opportunity for Cyngor Gwynedd and BCUHB to work in partnership to establish and maintain a care home with nursing at Penyberth, Penrhos, Llanbedrog. This site in particular has been identified following the transfer of the 'Polish Village' to Clwyd Alyn and the closure of the care home on the site.

The following simple scoring systems was used to evaluate the options against the Critical Success Factors and the Investment Objectives.

Rating	Description
Not met	Not met
Partially met	Partially met
Fully met	Fully met

The following options have been considered in the context of the current market namely, that the Health Board does not directly provide residential care with nursing and the lack of private providers in the Llŷn area.

Key		Option 1: Business as usual	Option 2: Commission all beds from a private provider	Option 3: Re- purposing community hospitals	Option 4: 24/7 home care for nursing and residential provision	Option 5: LA provider only, HB provider only or LA, HB, Private Provider partnership	Option 6: Partnership with LA and HB
	Not met						
	Partially met						
	Fully met						
<b>Investment objectives</b>							
Rebalancing the residential and nursing care market							
Support the provision of care closer to home							
Support sustainability of local residential and nursing care provision							
Develop an innovative workforce model							
Ensure purposefully designed accommodation which will meet the care needs of individuals							
Deliver value for money through the efficient use of resources							
<b>Critical Success Factors</b>							
Strategic fit and business needs							
Potential VFM							
Potential achievability							
Supply-side capacity and capability							
Potential affordability							

The Board reviewed this long list of options in order to create a shortlist of the options believed to best deliver the project scope and Service Requirements. The outcome of these shortlisting discussions is set out in the Table below.

Option	Strengths & Opportunities	Weaknesses & Threats	Decision
Option 1: Business as usual	<ul style="list-style-type: none"> <li>Meets some of the service requirements</li> </ul>	<ul style="list-style-type: none"> <li>Does not meet service requirements or deliver associated benefits</li> </ul>	<b>Retain option for comparative purposes only</b>
Option 2: Commission all beds from a private provider	<ul style="list-style-type: none"> <li>Meets some of the service requirements</li> </ul>	<ul style="list-style-type: none"> <li>No private provision currently in place in the Llŷn area</li> <li>Does not meet service requirements</li> </ul>	<b>Ruled out</b>
Option 3: Re-purposing community Hospitals	<ul style="list-style-type: none"> <li>Meets some of the service requirements</li> </ul>	<ul style="list-style-type: none"> <li>The Bryn Beryl site would have to be repurposed to ensure care closer to home</li> </ul>	<b>Ruled out</b>
Option 4: 24/7 home care for nursing and residential provision	<ul style="list-style-type: none"> <li>Meets some of the service requirements</li> </ul>	<ul style="list-style-type: none"> <li>Availability of workforce in the area to meet demand</li> <li>Risk of people with high needs living alone</li> </ul>	<b>Ruled out</b>
Option 5: LA provider only, HB provider only or LA, HB, Private Provider partnership	<ul style="list-style-type: none"> <li>Meets some of the service requirements</li> </ul>	<ul style="list-style-type: none"> <li>Cannot provide nursing care without the partnership of the Health Board</li> </ul>	<b>Ruled out</b>
Option 6: Partnership with LA and HB	<ul style="list-style-type: none"> <li>Meets all of the service requirements</li> </ul>	<ul style="list-style-type: none"> <li>Availability of capital funds</li> <li>Availability of workforce</li> </ul>	<b>Explore further</b>

Table XX: Summary of options shortlist

It was concluded that Options 1 and 11 should be further developed for more detailed evaluation against the Investment Objectives described in the Strategic Case and the Critical Success Factors set out in 3.1.

The following simple scoring system was used to evaluate the shortlisted options against the Critical Success Factors and the Investment Objectives.

Rating	Description
<b>0</b>	Negative or no impact on criteria
<b>1</b>	Substantially meets criteria
<b>2</b>	Fully meets criteria

A summary of the shortlisting exercise is set out on **Table XX**, below. This shows that at SOC stage the preferred way forwards is Option 11. This is a balanced investment option, which meets each of the Service Requirements.

	Option 1: Business as usual	Option 11: Partnership with Local Authority and the Health Board
<b>Investment Objectives</b>		
Rebalancing the residential and nursing care market	0	2
Support the provision of care closer to home	0	2
Support sustainability of local residential and nursing care provision	0	2
Develop an innovative workforce model	0	2
Ensure purposefully designed accommodation which will meet the care needs of individuals	0	2
Deliver value for money through the efficient use of resources	0	2
<b>Critical Success Factors</b>		
Strategic fit and business needs	0	2
Potential VFM	0	2
Potential achievability	0	2
Supply-side capacity and capability	0	2
Potential affordability	0	2

Figure XX: Options shortlist review

## 4. COMMERCIAL

### 4.1 INTRODUCTION

This section of the SOC outlines the proposed deal in relation to the preferred way forward outlined in the economic case. It gives a high level, preliminary view. Detailed analysis will take place within the next stage business case.

### 4.2 REQUIRED SERVICES

Given the estimated levels of capital expenditure, the scheme will procure within the guidance set out in the Notice for Framework Agreements the Welsh Public Sector (2017) by the Welsh Government.

### 4.3 POTENTIAL FOR RISK TRANSFER

This section provides an initial assessment of how the associated risks might be apportioned between the Project Partners and the contractor. The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM). **Figure XX** below outlines the potential allocation of risk, which is the standard distribution at this stage in the development of a scheme.

#	Risk Categories	Potential Allocation		
		Public	Private	Shared
1	Design			✓
2	Construction & Development			✓
3	Transition & Implementation			✓
4	Availability and Performance			✓
5	Operating	✓		
6	Variability of Revenue	✓		
7	Termination	✓		
8	Technology and Obsolescence			✓
9	Control	✓		
10	Residual Value	✓		
11	Financing	✓		
12	Legislative	✓		
13	Other Project Risks	✓		

Figure XX, Potential risk allocation

### 4.4 PERSONNEL IMPLICATIONS (INCLUDING TUPE)

It is anticipated that the TUPE – (Transfer of Undertakings Protection of Employment) Regulations 1981 – will not apply to this investment.

## 4.5 PROCUREMENT STRATEGY AND IMPLEMENTATION TIMESCALES

As partners both Cyngor Gwynedd and Betsi Cadwaladr University Health Board will be in a position to actively support the Project with their expertise. The former through the auspices of the Gwynedd Planning Department to support the planning application and the Property Department with their construction expertise and the latter through the BCUHB Estates Department.

Procurement will be aligned with the [Wales Procurement Policy Statement](#).

During the OBC stage we will be aiming for the BREEAM Excellent standard and will use the Community Benefits Measurement Toolkit to capture the full range of Community Benefits from the project.

Within an indicative funding envelope of £14.6m under the lead of Cyngor Gwynedd the commercial case and development of the Project will draw on all the skillsets and technical expertise of the respective partners.

Subject to agreement of the SOC, and Welsh Government (WG) approval with an approved realistic timeline committed, the implementation milestones will be as set out in the table below.

#	Project Milestones	Indicative Dates
A	Partnership Approval of SOC	March 2023
B	WG review of SOC and approval to proceed	May 2023
C	Planning process commenced	August 2023
D	Outline Planning permission	May 2024
E	Completion of OBC inc. internal approval to proceed	July 2024
F	WG review of OBC and approval to proceed	September 2024
G	Formal Planning Application	September 2024
H	Completion of FBC inc. internal approval to proceed	March 2025
I	WG review of FBC and approval to proceed	April 2025
J	Construction, Completion and Handover	September 2025 – March 2027
K	Occupation	April 2027

Table XX: Predicted Project Timeline and Implementation Milestones

## 5. FINANCIAL

### 5.1 INTRODUCTION

The purpose of this section is to set out the indicative financial implications of the preferred option (as set out in the economic case section) and the proposed deal (as described in the commercial case). The detailed analysis of the financial case, including affordability, is part of the development of the OBC/FBC.

### 5.2 CAPITAL COSTS

As outlined in the Economic Case, the capital costs of the scheme will depend on the final decision of the scope of services and the solution/s, which will be determined as part of the OBC stage.

Indicative design work has been undertaken on what is believed to be the maximum potential scope of the scheme as outlined in the Economic Case – i.e. new build on the Penyberth, Penrhos site.

The estimated total cost of this solution is **£14.6 million** excluding VAT. It is emphasised that this is intended to give an estimate of the maximum capital expenditure - and should not be regarded as the cost of the preferred option, which is yet to be determined. Further details can be seen in **Appendix B**.

Description of Component Cost	£'000
New Build Care Home with Nursing	9,655
Other Costs (Pre-construction, Preliminaries – 15% of Construction cost)	1,284
Fit out	250
15% contingency and Optimism Bias	1,708
15% Inflation Uplift and Risk Allowance	1,498
OBC Development phase costs (Project Manager, Design, Planning, OBC development)	200
<b>TOTAL COST</b>	<b>14,595</b>

Table XX: Estimated Capital Costs

#### Note:

- A. Including Inflation Uplift and Risk Allowance, allowance for OBC development phase the total cost estimate amounts to **£14.6 Million**
- B. Seek grant funding of **£200,000** in 2023-24 (highlighted in red font in the table above) to develop a fully detailed plan, estimate and a comprehensive Outline Business Case.

### 5.3 FUNDING

There are several sources of funding available to the partners and the development will need to be met through a package of capital and revenue funding, including grants and other contributions, with match funding from partner organisations where appropriate. The following are the likely sources of funding available:

- Health and Social Care Integration and Rebalancing Capital (IRCF)
- Cyngor Gwynedd
- Besti Cadwalader University Health Board.

### 5.4 AFFORDABILITY: IMPACT ON FINANCIAL SUSTAINABILITY OF THE PROJECT AND ON PARTNER ORGANISATION'S REVENUE POSITIONS

The affordability assessment will be conducted during the Outline Business Case and Full Business Case development process. The assessment will focus on determining:

1. Financial Sustainability of the proposed Development for its entire estimated life
2. Financial Impact on partner organisations' revenue positions.

This will be underpinned by the development of a financial governance agreement between Cyngor Gwynedd and BCUHB, which will set out the roles, responsibilities, duties, reporting arrangements, funding protocols, etc. It is anticipated that the proposal will be revenue-neutral or better for the Local Authority and the Health Board. At this stage the costs outlined so far and the assumptions made comprise the following:

- Clwyd Alyn will transfer the 2-acre piece of land to Cyngor Gwynedd at a nominal fee / peppercorn rent.
- Current trends show that in-house residential service provision within Cyngor Gwynedd is currently at an average occupancy level of 92%, and the previous Polish Care Home had an average occupancy level of 90%. The occupancy levels within the independent sector in Gwynedd is higher, at 95%.

Type of bed	17/18	18/19	19/20	20/21	Average
Residential beds	13.3	15.3	11.3	12.7	<b>13.1</b>
Nursing beds	24.9	24.1	25.6	23.3	<b>24.5</b>
Average Occupancy %	91%	94%	88%	86%	<b>90%</b>

Table XX: Data provided by the Polish Care Home, 42 beds

- The revenue model assumes 92% occupancy levels for the care home with nursing at a small surplus of £6k. Further work at the OBC stage will further evaluate revenue estimates to bring this to a break even position as well as evaluate the phased approach of opening the care home with nursing. The mix of beds will be further investigated during the OBC stage.
- The following estimates are based on the current weekly rates paid to the independent sector in Gwynedd. Further details can be seen in [Appendix C](#).

	92% occupancy	90% occupancy	80% occupancy	70% occupancy
	£000	£000	£'000	£'000
Total expenditure	£2,831	£2,831	£2,831	£2,831
Health Board contribution	£1,052	£1,035	£0,953	£0,871
Cyngor Gwynedd contribution	£1,785	£1,749	£1,588	£1,405
<b>Surplus / Defecit</b>	<b>-£0,006</b>	<b>£0,047</b>	<b>£0,289</b>	<b>£0,554</b>

Table XX: Income and Expenditure estimates for the Care Home

- Should occupancy fall below 92% the above table shows the order of magnitude of the defecit at differing occupancy levels.
- The revenue affordability position of the Health Board is dependent on delivering provision at or below current Local Authority and CHC rates.
- Nothing has been included in the calculations at this stage for cash-releasing revenue savings through a reduction in the number of Acute and Community Hospital beds being blocked by patients who require nursing home care. This is because, given the current high levels of bed occupancy, this project is more likely to result in improved patient flow than in cash-releasing bed closures. However, it may allow a reduction in spend on escalation beds within the Health Board. This will be fully explored as part of the development of the OBC.
- Depreciation for the new build at a cost of £9.5m, is calculated at £237,500 per annum. It is assumed that this will be fully funded by the Welsh Government.
- The asset would be owned outright by Gwynedd Council, which has confirmed that neither depreciation costs nor capital charges would be passed on to the Health Board.

## 6. MANAGEMENT CASE

### 6.1 INTRODUCTION

This section of the SOC addresses the achievability of the scheme. Its purpose is to set out the actions that will be required to ensure successful delivery.

### 6.2 PROJECT MANAGEMENT AND GOVERNANCE ARRANGEMENTS

It was agreed following initial feasibility to put formal project arrangements in place to ensure clarity of roles and responsibilities of each partner from the outset. Below is an outline of the structure and responsibilities at each level.

#### **North Wales Regional Partnership Board**

Regional Partnership Boards (RPBs) are a statutory health and care partnership, established as part of the Social Services and Well Being Act in order to:

- improve the well-being of the population
- improve how health and care services are delivered.

The North Wales RPB has recently taken on responsibility for administering a significant amount of capital on behalf of the Welsh Government, including the Integration and Rebalancing Care Fund (IRCF), from which the Project is seeking support. The RPB is currently producing a Strategic Capital Plan. The RPB will form a part of the pathway of approval at each business case stage.

#### **Penrhos Programme Board**

- Provide strategic leadership and overview of the project from the primary partners in the project
- Membership includes senior officers / managers from each partner organisation and key stakeholders
- Manages risks and ensures the project works towards reaching the identified goal.

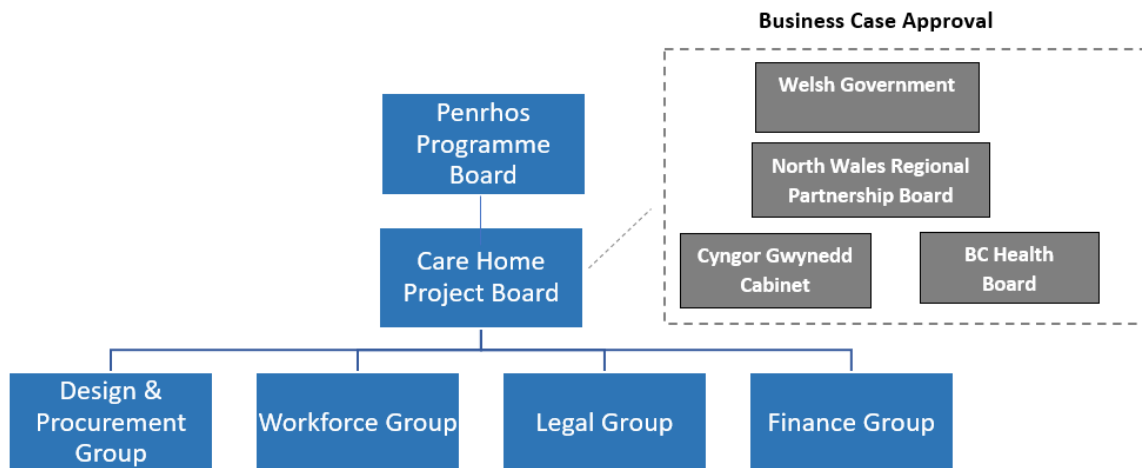
#### **Project Board (Gwynedd Council and BCUHB)**

- Led by Project Manager
- Co-ordinates and oversees the action plan led by individual work stream and its designated responsible officer
- Accountable to Penrhos Programme Board.

Existing partner organisation Boards retain the power to sign off the business case, at each stage of the development process through their organisational governance arrangements:

- Cyngor Gwynedd – Cabinet
- BCUHB – West IHC, Capital Investment Group, Executive Team, PFIG and Health Board.

The figure below sets out the Project Governance arrangements.



### 6.3 PROFESSIONAL ADVISORS

The Project Team is supported by a number of experienced external advisors. A list of current advisors and their role in supporting the project to date is summarised in the table below.

Provider	Responsibilities
Hugh James	Legal advice
Lovelock Mitchell	Architects
Wakemans	Cost Consultant

Table X: Project Advisors

### 6.5 RISK MANAGEMENT

A detailed risk register has been prepared, and is included in the appendices. The register identifies the likelihood of individual risks occurring, together with potential mitigation measures.

**Crynodeb o Risg / Summary of Risks**

Cyf Risg / Risk Ref	Risk	Risg	Risg Cynhenid / Inherent Risk	Risg Gweddilliol / Residual Risk
1	Transfer of land ownership	Transfer of land ownership	C1	C2
1	Is there sufficient scope within the local job market?	Is there sufficient scope within the local job market?	B2	C2
1	Poor communication	Cyfathrebu gwael	B2	C2
2	Developments at Bryn Awelon Care Home	Developments at Bryn Awelon Care Home	0	0
2	Failure to recruit and train staff ready for go-live	Failure to recruit and train staff ready for go-live	B2	C2
2	Delays in receiving confirmation / information regarding details of the scheme	Resulting in the delay of creating a communications plan, marketing activities and timeline.	C2	D3
3	SOC development, approval and affordability	No funds in place to continue with the build	0	0
3	Availability of Registered nurses in the area	Delays in opening the care home	B2	
3	Persons losing interest whilst the scheme is being built	increased costs) to attract new potential residents. i) Longer void periods and consequential impact of scheme	B2	B2
4	OBC development, approval and affordability	No funds in place to continue with the build	0	0
4	Availability of care staff in the area	Delays in opening the care home	B2	
4	Community Engagement, Publicity and Communications	Negative integration with Community	B3	E5
5	FBC development, approval and affordability	No funds in place to continue with the build	0	0
5	Availability of ancillary staff in the area e.g. maintenance, caretaker	Delays in opening the care home	B2	
5	Marketing activities delayed	Resulting in less time to fill occupancies, resulting in voids	D1	D1
6	Partnership agreement between CG & BCUHB to be agreed and signed	Partners not signed up to the arrangements therefore unable to progress with the project	0	0
6	Recruitment of Registered Care Manger for the site	Delays in opening the care home	B2	
6	Media channels being fully booked (due to the delays highlighted under 'high risks').	Marketing activities not being implemented in line with the timeline produced.	C3	C3
7	Delay to receipt of funding affecting design progression and submission of Planning application	Delay to start on site	D2	E5
7	Delay in signing off marketing communications / activities due to time constraints and resources.	Marketing activities not being implemented in line with the timeline produced.	D3	D3
8	Specific funding requirements affecting design / progression of design	Delay to start on site	E5	E5
8	Ensure appropriate Media Channels are used.	PR and Marketing activities delayed. Lengthy forms are	D3	D3
9	Marketing and Communication plan not produced in time or incomplete	Late Marketing could lead to underoccupancy and fill rate of scheme not being achieved.	0	0
9	Processes and agreements are not developed or adhered to	unsustainable model resulting in a scheme filled with people who do not have relevant care or support needs, Failure to fill the care home	C2	C3
10	Too many competing priorities within the programme	Failure to deliver efficiencies, Delays to the programme due to	B2	C2
11	Failure for Care provider to mobilize for start of contract	Delays in care provision thereby affecting mobilisation and financial model.	C2	C3
12	Failure to maintain steady state KPIs re occupancy levels and income collection	Financial loss to the Group and void financial impact on xxx to cover void loss periods	C2	C3
13	Legal Charge	legal charge not agreed and signed off by all parties.	B1	B2
14	Independent Sector Care Home Fees	0	0	0

Cyfeirnod Risg / Risk ID	Risk	Impact (Consequences)	Perchennog y Risg / Risk Owner	Risg Cynhenid / Inherent Risk			Rheolaethau Presennol / Existing Controls	Risg Gweddilliol / Residual Risk			Gweithred / Action	Gweithred Ychwanegol Sydd Eu Hangen / Additional Action Required		Amlder Adolygu / Review Frequency
				Tebygolrwydd / Likelihood	Effaith / Impact	Sgôr / Score		Tebygolrwydd / Likelihood	Effaith / Impact	Sgôr / Score		Swyddog Cyfrifol / Responsible Officer	Dyddiad Targed / Target Date	
1	Transfer of land ownership	No land in place to build the care home	Clwyd Alyn / CG	C	1	C1	CA to provide draft HOT to CG	C	2	C2	The land is in the ownership of Clwyd Alyn but needs to be transferred to CG	Clwyd Alyn		NA
2	Developments at Bryn Awelon Care Home	Business case no longer viable	CG / BCUHB									tba		
3	SOC development, approval and affordability	No funds in place to continue with the build	CG / BCUHB									tba		
4	OBC development, approval and affordability	No funds in place to continue with the build	CG / BCUHB									tba		
5	FBC development, approval and affordability	No funds in place to continue with the build	CG / BCUHB									tba		
6	Partnership agreement between CG & BCUHB to be agreed and signed	Partners not signed up to the arrangements therefore unable to progress with the project	CG / BCUHB									tba		
7	Delay to receipt of funding affecting design progression and submission of Planning application	Delay to start on site	CG / BCUHB	D	2	D2	Need to agree design and submit Planning Application	E	5	E5	Design Group to be established	CG / BCUHB		N/A
8	Specific funding requirements affecting design / progression of design	Delay to start on site	CG / BCUHB	E	5	E5	Requirements incorporated into the design	E	5	E5	Design Group to be established	CG / BCUHB		Misol / Monthly
9	Processes and agreements are not developed or adhered to	Unsustainable model resulting in a scheme filled with people who do not have relevant care or support needs, Failure to fill the care home	CG / BCUHB	C	2	C2	Need to ensure Management agreement, nominations agreement and eligibility criteria are in place.	C	3	C3	Ensure compliance with management agreement and eligibility criteria. All parties adhere to the agreemnt.	CG / BCUHB		Parhaus / Ongoing
10	Too many competing priorities within the programme	Failure to deliver efficiencies, Delays to the programme due to other priorities being taken forward resulting in delays in the opening of the scheme, Objectives not completed and benefits not realised	CG / BCUHB	B	2	B2	Programme Board meet on a monthly basis, comprising of Senior Officer from CG/CA/BCUHB. Further sub groups will be established to look at operational matters, communication, design and construction.	C	2	C2	Sub groups to be arranged and operational and project board meetings.	CG / BCUHB		Parhaus / Ongoing
11	Failure for Care provider to mobilize for start of contract	Delays in care provision thereby affecting mobilisation and financial model.	CG / BCUHB	C	2	C2	Authority to determine approach and timeframe aligned to scheme completion.	C	3	C3	tbc	CG / BCUHB		Misol / Monthly
12	Failure to maintain steady state KPIs re occupancy levels and income collection	Financial loss to the Group and void financial impact on xxx to cover void loss periods	CG / BCUHB	C	2	C2	KPI to be agreed and allocations criteria tba/Tenancy agreement tba & staffing structure tba	C	3	C3	operational delivery plan tba	tba		Misol / Monthly
13	Legal Charge	legal charge not agreed and signed off by all parties.	CG / BCUHB	B	1	B1	Legal charge to signed off by early March 2022 to ensure IRCF is paid	B	2	B2	This is in progress and monitored by Project Board. Legal charge in pace by end of March and IRCF has been paid.	tba		
14	Independent Sector Care Home Fees		CG / BCUHB									tba		





Cyfeirnod Risg / Risk ID	Risk	Impact (Consequences)	Perchennog y Risg / Risk Owner	Risg Cynhenid / Inherent Risk			Existing Controls	Risg Gweddilliol / Residual Risk			Gweithred Ychwanegol Sydd Eu Hangen / Additional Action			Amllder Adolygu / Review Frequency
				Tebygolrwydd / Likelihood	Effaith / Impact	Sgôr / Score		Tebygolrwydd / Likelihood	Effaith / Impact	Sgôr / Score	Action	Swyddog Cyfrifol / Responsible Officer	Dyddiad Targed / Target Date	
1	Is there sufficient scope within the local job market?	Delays in opening all beds within the care home	CG / BCUHB	B	2	B2	Early appointment of the Manager to take place. Recruitment process for Ancillary posts to commence in line with the construction completion date. HR to research job market in the catchment area and produce recruitment plan.	C	2	C2		tba		Misol / Monthly
2	Failure to recruit and train staff ready for go-live	Delays in opening the care home	CG / BCUHB	B	2	B2	CG & BCUHB staff recruitment and mobilisation plan prepared. establish recruitment / workforce strategy group which will consider new working models, increased numbers of people accessing 'specialist' training. Consider staffing model for phased opening of beds, Inclusion in West Integrated Health Community workforce plans	C	2	C2	To include kitchen staff, domestics and scheme Manager Noted that recruitment is an issue now, and look at possibility of developing own staff in advance.	tba		Misol / Monthly
3	Availability of Registered nurses in the area	Delays in opening the care home	CG / BCUHB	B	2	B2	Workforce Plan to include, Recruitment, training, professional opportunities. Opportunities for social and health staff to undertake additional training - Grow our own. Clinical Assistants, key worker accommodation. Opportunity to work across Health and social care. Explore Admiral Nurses to support EMI nursing beds. Phasing of opening of beds to ensure right staffing levels and model							
4	Availability of care staff in the area	Delays in opening the care home	CG / BCUHB	B	2	B2	Workforce Plan to include, Recruitment, training, professional opportunities. Opportunities for social and health staff to undertake additional training - Grow our own. Clinical Assistants, key worker accommodation. Opportunity to work across Health and social care. Phasing of opening of beds to ensure right staffing levels and model							
5	Availability of ancillary staff in the area e.g. maintenance, caretaker	Delays in opening the care home	CG / BCUHB	B	2	B2	Workforce Plan to include, Recruitment, training, professional opportunities. Opportunities for social and health staff to undertake additional training - Grow our own. Clinical Assistants, key worker accommodation. Opportunity to work across Health and social care. Explore Admiral Nurses to support EMI nursing beds. Phasing of opening of beds to ensure right staffing levels and model							
6	Recruitment of Registered Care Manager for the site	Delays in opening the care home	CG / BCUHB	B	2	B2	Workforce Plan to include, Recruitment, training, professional opportunities. Opportunities for social and health staff to undertake additional training - Grow our own. Clinical Assistants, key worker accommodation. Opportunity to work across Health and social care. Phasing of opening of beds to ensure right staffing levels and model							

Cyfeirnod Risg / Risk ID	Risk	Impact (Consequences)	Perchennog y Risg / Risk Owner	Risg Cynhenid /			Existing Controls	Risg Gweddilliol /			Action	Gweithred Ychwanegol Sydd		Amlder Adolygu / Review Frequency
				Tebygolrwydd / Likelihood	Effaith / Impact	Sgôr / Score		Tebygolrwydd / Likelihood	Effaith / Impact	Sgôr / Score		Swyddog Cyfrifol / Responsible Officer	Dyddiad Targed / Target Date	
1	Poor communication	Building not fit for purpose due to the relevant people not having contributed in the planning stages, Poor marketing and consultation resulting in the scheme not being full, Breakdown in relationship between the Council and BCUHB resulting in delays in the opening of the scheme and a bad reputation for the Council		B	2	B2	Regular Build and Design Group Meetings, Communications Group set up	C	2	C2	Communication Plan created, Marketing events and materials  Operations, communication and Technical meeting held on a monthly basis.	tba		Parhaus / Ongoing
2	Delays in receiving confirmation / information regarding details of the scheme	Resulting in the delay of creating a communications plan, marketing activities and timeline.		C	2	C2	Attend stakeholders meetings and challenge timescales and revise strategy accordingly	D	3	D3	Email setup for enquires. Expressions of interest register in place. Marketing and comms groups established.	tba		Chwarterol / Quarterly
3	Persons losing interest whilst the scheme is being built	Consequently further marketing may be required (resulting in increased costs) to attract new potential residents. i) Longer void periods and consequential impact of scheme financial viability as a result of loss of fee income and ii) reputational damage		B	2	B2	i) Attend stakeholders meetings and challenge timescales and revise strategy accordingly, ii) continued positive communication with potential residents, (those that have expressed an interest) appointed resident reps and other key stakeholders	B	2	B2	Comms groups established.	tba		Chwarterol / Quarterly
4	Community Engagement, Publicity and Communications	Negative integration with Community		B	3	B3	Regular meetings with Comms team / Design Team/Contractor to monitor progress.	E	5	E5	Discussions to be moved forward between CG / BCUHB & Main contractor	CG / BCUHB / Main Contractor		Misol / Monthly
5	Marketing activities delayed	Resulting in less time to fill occupancies, resulting in voids when the project is complete		D	1	D1	Attend stakeholders meetings and challenge timescales and revise strategy accordingly	D	1	D1	Comms Group to produce a Communications and Marketing plan	tba		Chwarterol / Quarterly
6	Media channels being fully booked (due to the delays highlighted under 'high risks').	Marketing activities not being implemented in line with the timeline produced.		C	3	C3	Ensure the most appropriate media channels are researched and provisionally booked well in advance of set timelines. Continuous review of the development timescales in line with the communications timescales.	C	3	C3	Nothing further at this moment in time	tba		Chwarterol / Quarterly

7	Delay in signing off marketing communications / activities due to time constraints and resources.	Marketing activities not being implemented in line with the timeline produced.		D	3	D3	Regular communication with key members of staff and ensure appropriate time management.	D	3	D3	Comms groups established.	tba		Chwarterol / Quarterly
8	Ensure appropriate Media Channels are used.	PR and Marketing activities delayed. Lengthy forms are required to complete, pre-payment etc		D	3	D3	Ensure the most appropriate media channels are researched and provisionally booked well in advance of set timelines. Continuous review of the development timescales in line with the marketing timescales.	D	3	D3	Comms groups established.	tba		Chwarterol / Quarterly
9	Marketing and Communication plan not produced in time or incomplete	Late Marketing could lead to underoccupancy and fill rate of scheme not being achieved.					Marketing and Comms plan to be produced and reviewed at Operational meeting				Draft to be produced asap	tba	asap	Chwarterol / Quarterly

TEBYGOLRWYDD / LIKELIHOOD	Digwyddiad bron yn sicr o ddigwydd yn y rhan fwyaf o amgylchiadau / Event is almost certain to occur in most circumstances	>70%	Bron Yn Sicr / Almost Certain	A					
	Digwyddiad debygol o ddigwydd yn y rhan fwyaf o amgylchiadau / Event likely to occur in most circumstances	30-70%	Tebygol / Likely	B					
	Bydd y digwyddiad o bosib yn digwydd ar ryw adeg / Event will possibly occur at some time	10-30%	Posib / Moderate	C					
	Digwyddiad annhebygol a all ddigwydd rhyw bryd / Event unlikely and may occur at some time	1-10%	Anhebygol / Unlikely	D					
	Digwyddiad prin fydd ond yn digwydd mewn amgylchiadau eithriadol / Event rare and may occur only in exceptional circumstances	<1%	Prin / Rare	E					
					5	4	3	2	1
					Dinod / Insignificant	Bychan / Minor	Cymedrol / Moderate	Sylweddol / Major	Trychinebus / Catastrophic
	Gwasanaeth / Service	Dim effaith ar ansawdd y gwasanaeth, tarfu gyfyngedig i weithrediadau / No impact to service quality, limited disruption to operations	Mân effaith ar ansawdd y gwasanaeth, nid yw safonau gwasanaeth mân yn cael eu bodloni, amhariad tymor byr i weithrediadau / Minor impact on service quality, minor service standards are not met, short term disruption to operations	Gostyngiad sylweddol yn ansawdd y gwasanaeth, amhariad difrifol i safonau gwasanaeth / Significant fall in service quality, serious disruption to service standards	Effaith sylweddol ar ansawdd gwasanaethau, safonau gwasanaeth lluosog heb eu bodloni, amhariad tymor hir i weithrediadau / Significant impact on service quality, multiple service standards not met, long term disruption to operations	Gostyngiad trychinebus yn ansawdd y gwasanaeth a safonau gwasanaeth allweddol ddim yn cael eu bodloni, ymyriad trychinebus hirdymor i weithrediadau / Catastrophic fall in service quality and key service standards are not met, long term catastrophic interruption to operations			
	Enw Da / Reputation	Pryder cyhoeddus wedi ei gyfyngu i gwynion lleol / Public concern restricted to local complaints	Mân sylw anffafriol lleol / cyhoeddus / cyfryngau a chwynion / Minor adverse local / public / media attention and complaints	Sylw andwyol lleol difrifol neu sylw andwyol mân yn y wasg rhanbarthol neu chenedlaethol / Serious adverse local or minor adverse regional or national media attention	Beirniadaeth rhanbarthol difrifol neu genedlaethol negyddol / Serious negative regional or national criticism	Condemiad rhanbarthol a chenedlaethol hir / Prolonged regional & national condemnation			
	Côst Ariannol / Financial Cost (£)	< £50k	£50k - £250k	£250k - £750k	£750k - £3m	>£3m			
<b>EFFAITH / IMPACT</b>									

**Allwedd Difrifoldeb Risg Corfforaethol / Corporate Risk Severity Key**

	Dinod / Minor	Risg a reolir yn hawdd yn lleol - dim angen i gynnwys rheolaeth / Risk easily managed locally – no need to involve management
	Cymedrol / Moderate	Risg gallu cael eu rheoli ar lefel gwasanaeth - efallai bydd angen rhoi gwybod i uwch reolwyr a'r UDA / Risk containable at service level -
	Sylweddol / Major	Ymyrraeth gan yr UDA a / neu gyfranogiad Pwyllgor Gwaith / Intervention by SLT and / or Executive Committee involvement
	Allweddol / Critical	Ymyrraeth sylweddol gan yr UDA a Pwyllgor Gwaith / Significant SLT and Executive Committee intervention



**PARTS A (Screening – Forms 1-4) and**  
**B (Key Findings and Actions – Form 5)**

<u>For:</u>	<i>New residential and nursing care home at Penyberth on the Penrhos site</i>
<u>Date form completed:</u>	<i>9<sup>th</sup> December 2022</i>



## **KEY FINDINGS AND ACTIONS**

### **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.

Remember, the term 'policy' is used in a very broad sense to include "...all the ways in which an organisation carries out its business" so can include any or all of the above.

### **Assessing Impact**

As part of the preparation for your assessment of impact, consideration should be given to the questions below.

You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue.

It is increasingly recognised that discrimination can occur on the basis of more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and / or an impairment as well. The experience of black women, and the barriers they face, will be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about:-

- ✓ How does your policy or proposal promote equality for people with protected characteristics (Please see the General Equality Duties)?
- ✓ What are the possible negative impacts on people in protected groups and those living in low-income households and how will you put things in place to reduce or remove these?
- ✓ What barriers, if any, do people who share protected characteristics face as a result of your policy or proposal? Can these barriers be reduced or removed?
- ✓ Consider sharing your EqIA wider within BCUHB (and beyond), e.g. ask colleagues to consider unintended impacts.
- ✓ How have you/will you use the information you have obtained from any research or other sources to identify potential (positive or negative) impacts?

# Part A

## Form 1: Preparation

Please answer all questions

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	The capital business case for the development of a new build (replacement) residential care home and care home with nursing at Penyberth on the Penrhos site
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>The proposal is to provide permanent, modern, fit for purpose residential and nursing care accommodation on the Penrhos site.</p> <p>The investment objectives are:</p> <ul style="list-style-type: none"><li>• To support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector focused on delivering person centred outcomes for all.</li><li>• To support the provision of care closer to home by improving the accessibility of residential and nursing care, ensuring provision of services in the Welsh language.</li><li>• To support sustainability of local residential and nursing care provision through a collaborative, partnership approach which will integrate with the wider spectrum of care delivered from the Penrhos site.</li><li>• To develop an innovative workforce model that will support the long-term health and social care sector with the potential for application in other areas of North Wales and create opportunities for training through Welsh Language.</li><li>• To ensure purposefully designed accommodation which will meet the care needs of individuals both now and into the future.</li><li>• To deliver value for money through the efficient use of resources and delivery of environmentally sensitive accommodation that is carbon neutral.</li></ul> <p>The project benefits / outcomes are:</p> <ul style="list-style-type: none"><li>• Securing of nursing provision in local area</li><li>• Flexible health and care provision (“seamless care” as described in A Healthier Wales)</li></ul>

# Part A

## Form 1: Preparation

Please answer all questions

		<ul style="list-style-type: none"> <li>• Partnership approach between health and local authority may provide further opportunities for integrated approaches</li> <li>• No-one stays longer than they need to in acute inpatient care. There are no “delayed transfers of care” due to lack of provision of residential and nursing beds</li> <li>• By having public sector provision in nursing – ability to understand more acutely the pressures of sector and ability to support smaller providers</li> <li>• Employment opportunities for local residents</li> <li>• Provide local residents with the right skills for long term employment</li> <li>• Provide school leavers with career aspirations meaningful and long-term employment</li> <li>• Local supply chain is supported and grown</li> <li>• Ability to train and develop medical, nursing and care staff through secondment and shadowing opportunities within the provision</li> <li>• Welsh language skills of all staff will be part of the recruitment policy of Council.</li> <li>• Resilient and more appropriate buildings and infrastructure</li> <li>• The new development will be well integrated into the character of the surrounding area</li> <li>• Providing a modern, accessible working environment that motivates different professional groups to operate collaboratively</li> <li>• Provides a demonstrable vision for service integration</li> <li>• Positive contribution towards decarbonisation / net zero agenda; Accommodation that meets current building recommendations (e.g. HBN / DDA / ventilation / infection prevention)</li> <li>• Meets BREEAM aspirations.</li> </ul>
3.	<p>Who is responsible for whatever you are assessing – i.e. who has the authority to agree or approve any changes you identify are necessary?</p>	<p>This Board reports to the West Integrated Health Community (IHC). Any changes identified as part of the EQIA will be considered and agreed by the Project Board (ensuring within overall budget) or escalated to the SRO where appropriate.</p> <p>The Penrhos Project Board will oversee the development of this scheme and the wider Penrhos site. The Senior Reporting Officer is Dylan Owen, Corporate Director – Social Services, Gwynedd Council. Any changes identified as part of the EQIA will be considered and agreed by the Project Board (ensuring within overall budget) or escalated to the SRO where appropriate.</p>

# Part A

## Form 1: Preparation

Please answer all questions

		The EQIA will be submitted as part of the Strategic Outline Case (SOC) and will follow approval governance routes within Gwynedd Council and Betsi Cadwaladr University Health Board.
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	<p>The business case links with multiple local and national strategies and policies:</p> <ul style="list-style-type: none"><li>▪ <b>The Wellbeing and Future Generations (Wales) Act 2015.</b></li><li>▪ <b>Social Services and Wellbeing (Wales) Act 2014</b></li><li>▪ <b>A Healthier Wales, 2018</b> The plan encourages Health Boards to be 'fit for the future' and to respond quickly to challenges and opportunities. There is an opportunity to develop a new model, and a new service at Penrhos, with more space to expand on what is already provided.</li><li>▪ <b>BCUHB Three-year plan 2018/21 and 'Living healthier, staying well'</b> The new home in Penrhos will deliver the care closer to home agenda and expanding expertise and knowledge in the locality.</li><li>▪ <b>Rebalancing Care and Support (Welsh Government White paper)</b></li><li>▪ <b>Decarbonising Social Care in Wales</b></li></ul>
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	<p>The key stakeholders are:</p> <ul style="list-style-type: none"><li>• Older people and their families</li><li>• Carers</li><li>• Wider public</li><li>• Penrhos residents</li><li>• Polish community</li><li>• Social Care Wales</li><li>• HIW</li><li>• CIW</li><li>• Care Forum Wales</li><li>• Welsh Government</li><li>• GC Adult services leads, managers and staff</li></ul>

# Part A

## Form 1: Preparation

Please answer all questions

- BCU Community Services leads, managers and staff
- Continuing Healthcare Team
- Community Health Council
- Community and Town Council
- Local Members
- Welsh Ambulance Services Trust (WAST)
- Police
- Fire service
- Transport providers
- Voluntary sector
- Community Resource Team
- Gwynedd Planning Dept
- RPB
- PSB
- Older Peoples Commissioners Office
- Natural Resources Wales
- Public Health Wales
- Coleg Llandrillo Menai
- Byw'n Iach
- Dementia Go
- Alzheimer's
- Clwyd Alyn
- LGBTQ+

An Engagement Plan is currently being considered and drafted by the Stakeholder Sub-group.

# Part A

## Form 1: Preparation

Please answer all questions

6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	<p>If the project capital funding is not fully approved by WG this will hinder the progress of the scheme.</p> <p>If the build tenders are returned with a total cost much higher than the approved funding level this could also put the project at risk.</p> <p>Workforce recruitment will also be key to the success of the project. A specific sub-group is being set up to progress the nursing and carer workforce model and staff training needs to address potential recruitment difficulties (in a semi-rural area) and to ensure care can be offered and delivered as much as possible in the Welsh Language.</p> <p>Communication on a local and regional level will be crucial to raise awareness, engender support and help the success of the proposed care home on the Penrhos site. An engagement plan is being drafted by the Penrhos Stakeholder Comms &amp; Engagement Group. A communications campaign will be organised by Clwyd Alyn's Communications Department in conjunction with Gwynedd Council Communications Team and BCUHB Communications Team.</p>
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	<p>The provision of a care home providing both nursing and residential care in the Pwllheli area will improve local access to nursing and residential care for older people, preventing the need to travel a long way from home.</p> <p>The proposal is assessed to have a positive impact across all the protected characteristic groups and a significant positive impact on two protected characteristic groups, in particular:</p> <ul style="list-style-type: none"><li>- Age (Older People including those with dementia)</li><li>- Disability</li></ul> <p>The positive aspects of this business case that help to promote and advance equality are:</p>

# Part A

## Form 1: Preparation

Please answer all questions

- It will support the rebalancing of the residential and nursing care market in Gwynedd by increasing delivery from the public / not for profit sector focusing on delivering person centred outcomes for all.
- It will support the provision of care closer to home by improving the accessibility of residential and nursing care.
- To support sustainability of local residential and nursing care provision through a collaborative, partnership approach which will integrate with the wider spectrum of care delivered from the Penrhos site
- To develop an innovative workforce model that will support the long-term health and social care needs of older people with the potential for application in other areas of North Wales
- To ensure purposefully designed accommodation which will meet the care needs of older people / individuals both now and into the future

## Part A

### Form 2: Record of potential Impacts - protected characteristics and other groups

#### Please answer all questions

Please complete the next section to show how this policy / proposal could have an impact (positive or negative) on the protected groups listed in the Equality Act 2010. It is important to note any opportunities you have identified that could advance or promote equality of opportunity. This includes identifying what we can do to remove barriers and improve participation for people who are under-represented or suffer disproportionate disadvantage.

Lack of evidence is not a reason for *not assessing equality impacts*. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

**Remember to ask yourself this:** If we do what we are proposing to do, in the way we are proposing to do it, will people who belong to one or more of each of the following groups be affected differently, compared to people who don't belong to those groups? For example, will they experience different outcomes, simply by reason of belonging to that/those group(s). And if so, will any different outcome put them at a disadvantage?

The sort of information/evidence that may help you decide whether particular groups are affected, and if so whether it is likely to be a positive or negative impact, could include (but is not limited to) the following:-

- population data
- information from EqIAs completed in other organisations
- staff and service users data, as applicable
- needs assessments
- engagement and involvement findings and how stakeholders have engaged in the development stages
- research and other reports e.g. Equality & Human Rights Commission, Office for National Statistics
- concerns and incidents
- patient experience feedback
- good practice guidelines
- participant (you and your colleagues) knowledge

# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Protected characteristic or group	<p>Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)</p> <p><i>for further direction on how to complete this section please click <a href="#">here</a> training vid p13-18)</i></p>	<p>Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: <a href="#">"Is Wales Fairer (2018)?"</a></p> <p>You can also visit their website <a href="#">here</a></p>	<p>How will you reduce or remove any negative Impacts that you have identified?</p>
<p><i>Guidance for Completion</i></p> <p><i>In the columns to the left – and for each characteristic and each section here and below – make an assessment of how you believe people in this protected group may be affected by your policy or proposal, using information available to you and the views and expertise of those taking part in the assessment. This is your judgement based upon information available to you, including relevance and proportionality. If you answered ‘Yes’, you need to indicate if the potential impact will be positive or negative. <b>Please note it can be both e.g. a service moving to virtual clinics: disability (in the section below) re mobility issues could be positive, but for sensory issues a potential negative impact. Both would need to be considered and recorded.</b></i></p> <p><i>The information that helps to inform the assessment should be listed in this column. <b>Please provide evidence for all answers.</b></i></p>			

# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

<p><b>Hint/tip: do not say: “not applicable”, “no impact” or “regardless of...”. If you have identified ‘no impact’ please explain clearly how you came to this decision.</b></p> <p><b>NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect.</b></p> <p><b>For the definitions of each characteristic please click <a href="#">here</a></b></p>						
	Yes	No	(+ve)	(-ve)		
Age	✓		✓		<p>It is assessed that there will be a high positive impact from this development on older people and people with dementia. The new care home on the Penrhos site will provide purpose-built, dementia friendly facilities for older people with residential, nursing and dementia care needs.</p> <p>The purpose designed facilities will provide a homely environment, with care delivered by appropriately skilled and trained staff. This will ensure that local people and their families can access care close to home (reducing the need to travel).</p> <p><u>Evidence includes:</u></p> <p><i>8 essential features – Age Friendly Communities (WHO) – not sure what we need to include to cover this, stats from the benchmarking report?</i></p> <p><a href="#">benchmarking-the-situation-of-older-people-in-wales.pdf (gov.wales)</a></p>	No negative impacts have been identified

# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

<b>Population numbers and percentages, all persons by age groups, Gwynedd UA, 2017</b>					
%					
All ages	123,742				
0 to 15 years	20,820	16.8			
16 to 64 years	74,951	60.6			
65 years and over	27,971	22.6			
85 years and over	4,024	3.3			
Source: StatsWales (WG) using 2017 MYE (ONS)					
<b>Population projections, persons aged 18 years and over, by age group, Gwynedd, 2015 to 2035</b>					
	2015	2020	2025	2030	2035
18 to 24	15,070	14,370	14,070	14,430	13,820
25 to 34	13,480	16,500	18,110	17,110	17,210
35 to 44	12,820	11,870	12,960	15,940	17,550
45 to 54	16,100	14,820	12,680	11,750	12,840
55 to 64	14,980	15,930	16,220	15,020	12,980
65 to 69	8,180	6,870	7,280	7,830	7,630
70 to 74	6,520	7,450	6,280	6,690	7,240
75 to 79	4,880	5,700	6,580	5,580	6,000
80 to 84	3,860	3,980	4,760	5,550	4,760
85 and over	3,870	4,420	5,030	6,150	7,560
<b>Total population aged 18 and over</b>	<b>99,780</b>	<b>101,910</b>	<b>103,960</b>	<b>106,050</b>	<b>107,570</b>
Source: Welsh Government Statistical Unit (Daffodil) Figures may not sum due to rounding. Crown copyright 2014					

# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					<div data-bbox="719 272 1211 320" data-label="Section-Header"> <h3>Current Status for the population of Gwynedd</h3> </div> <div data-bbox="719 363 824 384" data-label="Section-Header"> <h4>Demography</h4> </div> <div data-bbox="719 405 1178 426" data-label="Text"> <p>In Gwynedd, 3% of the population are aged 85 years and over.</p> </div> <div data-bbox="719 469 1171 512" data-label="Text"> <p>The population of Gwynedd aged 65 to 84 years is expected to grow by 18% from 23,600 in 2016 to 25,700 in 2036.</p> </div> <div data-bbox="719 531 1198 574" data-label="Text"> <p>The population of Gwynedd aged 85 years and over is expected to increase by 118%, from 4,000 in 2016 to 7,600 in 2036.</p> </div>	<div data-bbox="1229 245 1727 667" data-label="Complex-Block"> <p>Source: Dafydd (WG)</p> <h3>Dementia</h3> <p>The number of people aged 65 years and over in Gwynedd with demetia is predicted to increase to just over 2,900 in 2035.</p> <div data-bbox="1240 347 1709 611" data-label="Figure"> <p>Number of people aged 65 years and over predicted to have dementia, Gwynedd UA, 2017 to 2035</p> <p>Source: Dafydd (WG)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Number of people</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>1,996</td> </tr> <tr> <td>2020</td> <td>2,115</td> </tr> <tr> <td>2025</td> <td>2,360</td> </tr> <tr> <td>2030</td> <td>2,664</td> </tr> <tr> <td>2035</td> <td>2,923</td> </tr> </tbody> </table> </div> <p>0.8% (202) of Dwyfor's practice population are registered as having dementia.</p> </div>	Year	Number of people	2017	1,996	2020	2,115	2025	2,360	2030	2,664	2035	2,923																																																																	
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# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Disability	✓		✓	<p>It is assessed that the new care home will have a high, positive impact on older people with disabilities, as it will meet all statutory and DDA regulations ensuring full accessibility. The improved, purpose built, dementia friendly environment and signage within the new care home will also impact people positively. Older people with a disability will have the same access to the new care home facilities as everyone else.</p> <p><u>Evidence includes:</u></p> <p><b>Number of people registered as having a learning disability, by age group, Gwynedd, 2018-19</b></p> <table border="1" data-bbox="712 715 1124 954"> <tr> <td>Under 16 years:</td> <td>81</td> </tr> <tr> <td>16-64 years:</td> <td>514</td> </tr> <tr> <td>65+:</td> <td>71</td> </tr> <tr> <td><b>Total:</b></td> <td><b>666</b></td> </tr> </table> <p><b>Number &amp; percentage of people of working age who report having a disability, Wales &amp; Betsi Cadwaladr UHB unitary authorities, 2013</b></p>	Under 16 years:	81	16-64 years:	514	65+:	71	<b>Total:</b>	<b>666</b>	No negative impacts have been identified
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# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

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Gender Reassignment	✓		✓	It is assessed that the proposal will have no differentiated impact on older people who have undergone a gender reassignment. The care home will be provided for people according to their individual needs and regardless of gender reassignment.	No negative impacts have been identified																																																																									

# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

				<p>All toilets and changing facilities will be gender neutral and will include a neutral (non-gender specific) colour scheme</p> <p><u>Evidence includes:</u></p> <p>Data on gender reassignment is not routinely collected. The section below is taken from a 2009 report from the Office of National Statistics, entitled '<u>Trans Data Position Paper</u>', which defines transgender as an 'umbrella term referring to individuals whose gender identity or gender expression falls outside of the stereotypical gender norms'.</p> <p>Currently, there are huge inconsistencies in population estimates of both transsexual people and the less clearly defined trans community. The Home Office '<u>Report of the interdepartmental working group on transsexual people</u>' based on research from the Netherlands and Scotland, estimates that there are between 1,300 and 2,000 male to female and between 250 and 400 female to male transsexual people in the UK. However, Press for Change estimate the figures at around 5,000 post-operative transsexual people. Further, GIRES claims there are 6,200 people who have transitioned to a new gender role via medical intervention and approximately 2,335 full Gender Recognition Certificates have been issued to February 2009.</p> <p>The figures are more diverse when looking at the trans community in the UK, where estimates range from 65,000 to 300,000. To put this in context, the former figure is close to the population of Inverness, while the latter is similar to the population of Cardiff (51,000 and 305,000 respectively). The variation above demonstrates that it is important to find accurate measures of the trans population at local and national levels. The absence of official estimates makes it difficult to ascertain the level of discrimination, inequality or social exclusion faced by the trans community.</p>	
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# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Pregnancy and maternity	✓		✓	<p>It is assessed that there will be a positive impact on this group as there will be a baby changing room available within the care home plus facilities to support those breastfeeding their babies (including for staff and visitors) and these will be fully accessible.</p> <p>The ethos of the care home – through staff and visitors - will be to promote intergenerational links wherever possible.</p> <p><u>Evidence includes:</u></p> <p><b>General fertility rate (GFR)*, Gwynedd and Wales, 2005-2014</b></p> <table border="1" data-bbox="712 671 1503 1182"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Gwynedd</th> <th colspan="2">Wales</th> </tr> <tr> <th>Number of live births</th> <th>GFR* (95% CI)</th> <th>Number of live births</th> <th>GFR* (95% CI)</th> </tr> </thead> <tbody> <tr><td>2005</td><td>1,263</td><td>56 (53 to 59)</td><td>32,590</td><td>56 (55 to 57)</td></tr> <tr><td>2006</td><td>1,332</td><td>59 (56 to 62)</td><td>33,623</td><td>57 (57 to 58)</td></tr> <tr><td>2007</td><td>1,254</td><td>56 (53 to 59)</td><td>34,392</td><td>59 (58 to 59)</td></tr> <tr><td>2008</td><td>1,276</td><td>57 (54 to 60)</td><td>35,644</td><td>61 (60 to 61)</td></tr> <tr><td>2009</td><td>1,338</td><td>60 (56 to 63)</td><td>34,938</td><td>60 (59 to 60)</td></tr> <tr><td>2010</td><td>1,272</td><td>57 (54 to 60)</td><td>35,945</td><td>62 (61 to 62)</td></tr> <tr><td>2011</td><td>1,319</td><td>60 (56 to 63)</td><td>35,604</td><td>61 (61 to 62)</td></tr> <tr><td>2012</td><td>1,327</td><td>60 (57 to 63)</td><td>35,238</td><td>61 (61 to 62)</td></tr> <tr><td>2013</td><td>1,229</td><td>56 (53 to 60)</td><td>33,742</td><td>59 (58 to 60)</td></tr> <tr><td>2014</td><td>1,175</td><td>54 (51 to 58)</td><td>33,541</td><td>59 (58 to 60)</td></tr> </tbody> </table> <p>Produced by Public Health Wales Observatory, using PHB &amp; MYE (ONS)            *GFR is the number of live births per 1,000 females aged 15-44            CI=Confidence Interval</p>		Gwynedd		Wales		Number of live births	GFR* (95% CI)	Number of live births	GFR* (95% CI)	2005	1,263	56 (53 to 59)	32,590	56 (55 to 57)	2006	1,332	59 (56 to 62)	33,623	57 (57 to 58)	2007	1,254	56 (53 to 59)	34,392	59 (58 to 59)	2008	1,276	57 (54 to 60)	35,644	61 (60 to 61)	2009	1,338	60 (56 to 63)	34,938	60 (59 to 60)	2010	1,272	57 (54 to 60)	35,945	62 (61 to 62)	2011	1,319	60 (56 to 63)	35,604	61 (61 to 62)	2012	1,327	60 (57 to 63)	35,238	61 (61 to 62)	2013	1,229	56 (53 to 60)	33,742	59 (58 to 60)	2014	1,175	54 (51 to 58)	33,541	59 (58 to 60)	No negative impacts identified
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## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Race	✓		✓	<p>It is assessed that the proposal will have no differentiated impact on the quality of services that older people from ethnic minorities are likely to receive. The care home will be provided for all older people based on and tailored to each individual's needs regardless of ethnic minority.</p> <p><u>Evidence includes:</u></p> <table border="1" data-bbox="712 491 1554 837"> <thead> <tr> <th></th> <th>People who say they are from a white background</th> <th>People who say they are from a non-white background</th> <th>Percentage of population from a non-white background</th> </tr> </thead> <tbody> <tr> <td>Isle of Anglesey</td> <td>68,700</td> <td>800</td> <td>1.1</td> </tr> <tr> <td>Gwynedd</td> <td>115,400</td> <td>5,700</td> <td>4.7</td> </tr> <tr> <td>Conwy</td> <td>112,300</td> <td>2,000</td> <td>1.8</td> </tr> <tr> <td>Denbighshire</td> <td>91,900</td> <td>2,200</td> <td>2.3</td> </tr> <tr> <td>Flintshire</td> <td>150,000</td> <td>3,900</td> <td>2.6</td> </tr> <tr> <td>Wrexham</td> <td>131,800</td> <td>4,100</td> <td>3.0</td> </tr> </tbody> </table> <p>Source: StatsWales (WG)</p>		People who say they are from a white background	People who say they are from a non-white background	Percentage of population from a non-white background	Isle of Anglesey	68,700	800	1.1	Gwynedd	115,400	5,700	4.7	Conwy	112,300	2,000	1.8	Denbighshire	91,900	2,200	2.3	Flintshire	150,000	3,900	2.6	Wrexham	131,800	4,100	3.0	No negative impacts identified
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Religion, belief and non-belief	✓		✓	<p>It is assessed that this proposal will have no differentiated impact on older people who are of different religions / beliefs / non-belief.</p> <p>The new care home is provided for all older people based on and tailored to each individual's needs.</p> <p>There will be access to a quiet room for reflection / prayer and this will be available for all including staff and families.</p> <p><u>Evidence includes:</u></p> <table border="1" data-bbox="712 1321 1848 1377"> <tr> <td colspan="4">Figure 17: Religious denominations, Betsi Cadwaladr UHB unitary authorities, 2011</td> </tr> </table>	Figure 17: Religious denominations, Betsi Cadwaladr UHB unitary authorities, 2011				No negative impacts have been identified																								
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# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

						<i>All categories: Religion</i>	<i>Christia n</i>	<i>Buddhis t</i>	<i>Hind u</i>	<i>Jewi sh</i>	<i>Muslim</i>	<i>Sik h</i>	<i>Other religio n</i>	<i>No religio n</i>	<i>Religion not stated</i>	
					Isle of											
					Anglesey	69,751	45,400	165	45	40	250	43	257	17,797	5,754	
					Gwynedd	121,874	72,503	426	238	55	1,378	39	637	36,163	10,435	
					Conwy	115,228	74,506	347	206	62	583	17	478	30,017	9,012	
					Denbighshire	93,734	60,129	266	167	32	469	8	345	25,132	7,186	
					Flintshire	152,506	101,298	344	158	70	482	29	362	38,726	11,037	
					Wrexham	134,844	85,576	351	504	58	860	87	310	36,927	10,171	
					Source: Census 2011 (ONS)											
Sex	✓		✓		<p>It is assessed that the proposal will have no differentiated impact on older people based on gender. The care home will be provided for all older people based on and tailored to each individual's needs. Where appropriate, consideration will be given to accommodating couples in double rooms, if this is requested.</p> <p>Both BCU and GC adhere to organisational policies regarding gender discrimination and pay to ensure equity.</p> <p><u>Evidence includes:</u></p>											No negative impacts have been identified

# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

				<p><b>Population numbers, males and females, by age groups, Gwynedd UA, 2017</b></p> <table border="1"> <thead> <tr> <th></th> <th>Males</th> <th>Females</th> </tr> </thead> <tbody> <tr> <td>All ages</td> <td>61,335</td> <td>62,407</td> </tr> <tr> <td>0 to 15 years</td> <td>10,657</td> <td>10,163</td> </tr> <tr> <td>16 to 64 years</td> <td>37,695</td> <td>37,256</td> </tr> <tr> <td>65 years and over</td> <td>12,983</td> <td>14,988</td> </tr> <tr> <td>85 years and over</td> <td>1,364</td> <td>2,660</td> </tr> </tbody> </table> <p>Source: StatsWales (WG) using 2017 MYE (ONS)</p>		Males	Females	All ages	61,335	62,407	0 to 15 years	10,657	10,163	16 to 64 years	37,695	37,256	65 years and over	12,983	14,988	85 years and over	1,364	2,660																									
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Sexual orientation	✓		✓	<p>It is assessed that there will be no differentiated impact on older people based on sexual orientation.</p> <p>The care home will be provided for all older people based on and tailored to each individual's needs. It strives to be a non-discriminatory service and is working towards the Children's Charter.</p> <p><u>Evidence includes:</u></p> <p><b>Sexual identity by status, UK, Wales and North Wales unitary authorities, 2014</b></p> <table border="1"> <thead> <tr> <th></th> <th>Heterosexual/ Straight</th> <th>Gay/Lesbian/ Bisexual</th> <th>Don't know/Refusal</th> <th>No response</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>United Kingdom</td> <td>92.8</td> <td>1.6</td> <td>3.9</td> <td>1.4</td> <td>0.3</td> </tr> <tr> <td>Wales</td> <td>93.9</td> <td>1.5</td> <td>3.0</td> <td>1.1</td> <td>0.4</td> </tr> <tr> <td>Isle of Anglesey</td> <td>96.6</td> <td>*</td> <td>1.7</td> <td>0.6</td> <td>*</td> </tr> <tr> <td>Gwynedd</td> <td>96.4</td> <td>*</td> <td>1.4</td> <td>1.3</td> <td>*</td> </tr> <tr> <td>Conwy and Denbighshire</td> <td>90.1</td> <td>1.3</td> <td>7.2</td> <td>1.1</td> <td>*</td> </tr> <tr> <td>Flintshire and Wrexham</td> <td>87.4</td> <td>1.0</td> <td>9.7</td> <td>1.5</td> <td>*</td> </tr> </tbody> </table> <p>Source: StatsWales (WG)</p>		Heterosexual/ Straight	Gay/Lesbian/ Bisexual	Don't know/Refusal	No response	Other	United Kingdom	92.8	1.6	3.9	1.4	0.3	Wales	93.9	1.5	3.0	1.1	0.4	Isle of Anglesey	96.6	*	1.7	0.6	*	Gwynedd	96.4	*	1.4	1.3	*	Conwy and Denbighshire	90.1	1.3	7.2	1.1	*	Flintshire and Wrexham	87.4	1.0	9.7	1.5	*	No negative impacts identified
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# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Marriage and civil Partnership (Marital status)	✓		✓	<p>It is assessed that there will be no differentiated impact on older people based on their marital status.</p> <p>The care home will be provided for all older people based on and tailored to each individual's needs. Access to the care home is open and transparent and equal to all without bias or judgement.</p> <p><u>Evidence includes:</u></p> <p>Census 2011 - Marital and civil partnership status, unitary authorities in North Wales – All usual residents aged 16 years and over</p> <table border="1" data-bbox="712 644 1848 1401"> <thead> <tr> <th></th> <th><i>All categories: Marital and civil partnership status</i></th> <th><i>Single (never married or never registered a same-sex civil partnership)</i></th> <th><i>Married</i></th> <th><i>In a registered same-sex civil partnership</i></th> <th><i>Separated (but still legally married or still legally in a same-sex civil partnership)</i></th> <th><i>Divorced or formerly in a same-sex civil partnership which is now legally dissolved</i></th> <th><i>Widowed or surviving partner from a same-sex civil partnership</i></th> </tr> </thead> <tbody> <tr> <td>Isle of Anglesey</td> <td>57,890</td> <td>17,245</td> <td>28,385</td> <td>90</td> <td>1,210</td> <td>5,694</td> <td>5,266</td> </tr> <tr> <td>Gwynedd</td> <td>100,923</td> <td>36,781</td> <td>44,330</td> <td>140</td> <td>1,906</td> <td>9,049</td> <td>8,717</td> </tr> <tr> <td>Conwy</td> <td>96,102</td> <td>27,729</td> <td>46,379</td> <td>197</td> <td>2,229</td> <td>10,215</td> <td>9,353</td> </tr> <tr> <td>Denbighshire</td> <td>76,781</td> <td>23,413</td> <td>36,950</td> <td>138</td> <td>1,790</td> <td>8,043</td> <td>6,447</td> </tr> <tr> <td>Flintshire</td> <td>123,862</td> <td>37,581</td> <td>62,308</td> <td>167</td> <td>2,770</td> <td>11,962</td> <td>9,074</td> </tr> <tr> <td>Wrexham</td> <td>109,026</td> <td>35,546</td> <td>52,154</td> <td>151</td> <td>2,179</td> <td>10,877</td> <td>8,119</td> </tr> </tbody> </table>		<i>All categories: Marital and civil partnership status</i>	<i>Single (never married or never registered a same-sex civil partnership)</i>	<i>Married</i>	<i>In a registered same-sex civil partnership</i>	<i>Separated (but still legally married or still legally in a same-sex civil partnership)</i>	<i>Divorced or formerly in a same-sex civil partnership which is now legally dissolved</i>	<i>Widowed or surviving partner from a same-sex civil partnership</i>	Isle of Anglesey	57,890	17,245	28,385	90	1,210	5,694	5,266	Gwynedd	100,923	36,781	44,330	140	1,906	9,049	8,717	Conwy	96,102	27,729	46,379	197	2,229	10,215	9,353	Denbighshire	76,781	23,413	36,950	138	1,790	8,043	6,447	Flintshire	123,862	37,581	62,308	167	2,770	11,962	9,074	Wrexham	109,026	35,546	52,154	151	2,179	10,877	8,119	No negative impacts have been identified
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# Part A

## Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Socio Economic Disadvantage	✓		✓	<p>It is assessed that the proposal will have a positive impact on those older people who are at a socio economic disadvantage. The care home will deliver residential and nursing care to older people and those with dementia who live locally, in purpose built, modern facilities. This will positively impact older people and their families in deprived areas by providing care closer to home, reducing the need for travel and therefore generating less expense.</p> <p><u>Evidence includes</u></p> <table border="1"> <thead> <tr> <th colspan="5">Employment and unemployment (Oct 2021-Sep 2022)</th> </tr> <tr> <th></th> <th>Gwynedd (Numbers)</th> <th>Gwynedd (%)</th> <th>Wales (%)</th> <th>Great Britain (%)</th> </tr> </thead> <tbody> <tr> <td colspan="5"><b>All People</b></td> </tr> <tr> <td>Economically Active†</td> <td>60,800</td> <td>77.9</td> <td>75.9</td> <td>78.4</td> </tr> <tr> <td>In Employment†</td> <td>59,900</td> <td>76.7</td> <td>73.4</td> <td>75.5</td> </tr> <tr> <td>Employees†</td> <td>50,400</td> <td>65.9</td> <td>64.5</td> <td>66.0</td> </tr> <tr> <td>Self Employed†</td> <td>8,800</td> <td>10.0</td> <td>8.5</td> <td>9.2</td> </tr> <tr> <td>Unemployed (Model-Based)§</td> <td>1,700</td> <td>2.8</td> <td>3.2</td> <td>3.7</td> </tr> <tr> <td colspan="5"><b>Males</b></td> </tr> <tr> <td>Economically Active†</td> <td>31,600</td> <td>76.4</td> <td>79.2</td> <td>82.2</td> </tr> <tr> <td>In Employment†</td> <td>31,200</td> <td>75.2</td> <td>76.3</td> <td>79.0</td> </tr> <tr> <td>Employees†</td> <td>25,000</td> <td>62.0</td> <td>64.4</td> <td>67.0</td> </tr> <tr> <td>Self Employed†</td> <td>5,800</td> <td>12.4</td> <td>11.6</td> <td>11.8</td> </tr> <tr> <td>Unemployed§</td> <td>!</td> <td>!</td> <td>3.6</td> <td>3.7</td> </tr> <tr> <td colspan="5"><b>Females</b></td> </tr> <tr> <td>Economically Active†</td> <td>29,200</td> <td>79.5</td> <td>72.6</td> <td>74.7</td> </tr> <tr> <td>In Employment†</td> <td>28,700</td> <td>78.3</td> <td>70.6</td> <td>72.0</td> </tr> <tr> <td>Employees†</td> <td>25,400</td> <td>70.2</td> <td>64.7</td> <td>65.0</td> </tr> <tr> <td>Self Employed†</td> <td>3,000</td> <td>7.3</td> <td>5.5</td> <td>6.7</td> </tr> <tr> <td>Unemployed§</td> <td>!</td> <td>!</td> <td>2.8</td> <td>3.6</td> </tr> </tbody> </table> <p>Source: ONS annual population survey  ! Estimate is not available since sample size is disclosive (see definitions)  † - numbers are for those aged 16 and over, % are for those aged 16-64  § - numbers and % are for those aged 16 and over, % is a proportion of economically active</p>	Employment and unemployment (Oct 2021-Sep 2022)						Gwynedd (Numbers)	Gwynedd (%)	Wales (%)	Great Britain (%)	<b>All People</b>					Economically Active†	60,800	77.9	75.9	78.4	In Employment†	59,900	76.7	73.4	75.5	Employees†	50,400	65.9	64.5	66.0	Self Employed†	8,800	10.0	8.5	9.2	Unemployed (Model-Based)§	1,700	2.8	3.2	3.7	<b>Males</b>					Economically Active†	31,600	76.4	79.2	82.2	In Employment†	31,200	75.2	76.3	79.0	Employees†	25,000	62.0	64.4	67.0	Self Employed†	5,800	12.4	11.6	11.8	Unemployed§	!	!	3.6	3.7	<b>Females</b>					Economically Active†	29,200	79.5	72.6	74.7	In Employment†	28,700	78.3	70.6	72.0	Employees†	25,400	70.2	64.7	65.0	Self Employed†	3,000	7.3	5.5	6.7	Unemployed§	!	!	2.8	3.6	
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## Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

### Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: <http://howis.wales.nhs.uk/sitesplus/861/page/42166> and for additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker <https://humanrightstracker.com>.

The Articles (Rights) that may be particularly relevant to consider are:-

- *Article 2*      *Right to life*
- *Article 3*      *Prohibition of inhuman or degrading treatment*
- *Article 5*      *Right to liberty and security*
- *Article 8*      *Right to respect for family & private life*
- *Article 9*      *Freedom of thought, conscience & religion*

Please also consider these United Nations Conventions:

[UN Convention on the Rights of the Child](#)

[UN Convention on the rights of people with disabilities.](#)

[UN Convention on the Elimination of All Forms of Discrimination against Women](#)

## Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
✓		✓		<i>Article 3 - Prohibition of inhuman or degrading treatment</i>	Providing new modern, purpose designed, dementia friendly care home accommodation with single rooms which are appropriately staffed with access to walking routes and an outdoor garden will ensure that older people with care needs and those with dementia are treated with dignity at all times.	Constantly strive to achieve full staffing with appropriate skills

## Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

### Welsh Language:

There are 2 key considerations to be made during the development of a policy, project, programme or service to ensure there are no adverse effects and / or a positive or increased positive effect on:

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language	-	√	√	-	<p>It is anticipated that the impact of this development will be positive in terms of the Welsh language.</p> <p>The care home will actively support the Welsh Language by increasing the 'active offer' of care delivery through the medium of Welsh within the new home. Most staff working in the care home are likely to be bilingual and older people and their families will have the opportunity to use the Welsh language, as they choose. In those instances where a Welsh speaking member of staff is not available, there will be opportunities to find another Welsh speaking member of staff where required.</p> <p>All signage within the new care home will be bilingual with Welsh first (on top / on the left).</p>	No negative impacts have been identified.

## Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

					<p>Documentation used in the care home will be provided in the family's language of choice. Braille signage, hearing loops will be available as well as easy read documentation.</p> <p>Evidence includes:</p> <p><b>Persons aged 16 years and over who speak Welsh, 2018-19</b></p> <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Wales</td> <td>463,670</td> <td>18</td> </tr> <tr> <td>Betsi Cadwaladr UHB</td> <td>187,960</td> <td>33</td> </tr> <tr> <td>Isle of Anglesey</td> <td>30,690</td> <td>53</td> </tr> <tr> <td>Gwynedd</td> <td>68,200</td> <td>66</td> </tr> <tr> <td>Conwy</td> <td>36,320</td> <td>37</td> </tr> <tr> <td>Denbighshire</td> <td>23,420</td> <td>30</td> </tr> <tr> <td>Flintshire</td> <td>13,950</td> <td>11</td> </tr> <tr> <td>Wrexham</td> <td>15,380</td> <td>14</td> </tr> </tbody> </table> <p>Source: StatsWales (WG) using National Survey for Wales</p>		Number	%	Wales	463,670	18	Betsi Cadwaladr UHB	187,960	33	Isle of Anglesey	30,690	53	Gwynedd	68,200	66	Conwy	36,320	37	Denbighshire	23,420	30	Flintshire	13,950	11	Wrexham	15,380	14	
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Flintshire	13,950	11																															
Wrexham	15,380	14																															
Treating the Welsh language no less favourably than the English language	-	√	√	-	<p>It is anticipated that the Welsh language will have equal parity with the English language and thus treated no less favourably.</p> <p>Both Gwynedd Council's Welsh Language policy and BCU's Welsh Language policy promote the importance and parity of the Welsh language.</p>	No negative impacts have been identified.																											

## Part A Form 4: Record of Engagement and Consultation

### Please answer all questions

Please record here details of any engagement and consultation you have undertaken. This may be with workplace colleagues or trade union representatives, or it may be with stakeholders and other members of the community including groups representing people with protected characteristics. They may have helped to develop your policy / proposal, or helped to identify ways of reducing or removing any negative impacts identified.

We have a legal duty to engage with people with protected characteristics under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could impact upon vulnerable and/or disadvantaged people.

<p>What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods.</p> <p><i>for further direction on how to complete this section please click <a href="#">here training vid p13-18</a></i></p>	<p>A project engagement plan is currently being drafted for consideration by the Stakeholder / Engagement &amp; Communications Sub-group. This will include a focus on people who share protected characteristics.</p> <p>In brief, the plan will comprise:</p> <ul style="list-style-type: none"> <li>• Gathering existing engagement info / data</li> <li>• Stakeholder mapping</li> <li>• Working in partnership sharing data</li> <li>• Developing a plan for communications</li> <li>• Devising an initial smart survey to gather views</li> <li>• Information events at regular intervals to share info and gather feedback with public / key stakeholders</li> <li>• Pull together themes from feedback into an engagement report to share with internal and external people</li> <li>• Identify / agree key changes to be made</li> </ul>
<p>Have any themes emerged? Describe them here.</p>	<p>Not undertaken yet – to be confirmed at later date</p>
<p>If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?</p>	<p>To be confirmed at later date</p>

For further information and help, please contact the Corporate Engagement Team – see their intranet page at:- <http://howis.wales.nhs.uk/sitesplus/861/page/44085>

## Part B Form 5: Summary of Key Findings and Actions

### Please answer all questions

<p>1. What has been assessed? (Copy from Form 1) <i>for further direction on how to complete this section please click <a href="#">here training vid p13-18</a></i></p>	<p>The capital business case for the development of a new build (replacement) residential care home and care home with nursing at Penyberth on the Penrhos site</p>
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<p>2. Brief Aims and Objectives: (Copy from Form 1)</p>	<p>The proposal is to provide permanent, modern, fit for purpose residential and nursing care accommodation on the Penrhos site.</p> <p>The investment objectives are:</p> <ul style="list-style-type: none"><li>• To support the rebalancing of the residential and nursing care market (for the Gwynedd area) by increasing delivery from the public / not for profit sector focused on delivering person centred outcomes for all.</li><li>• To support the provision of care closer to home by improving the accessibility of residential and nursing care, ensuring provision of services in the Welsh language.</li><li>• To support sustainability of local residential and nursing care provision through a collaborative, partnership approach which will integrate with the wider spectrum of care delivered from the Penrhos site.</li><li>• To develop an innovative workforce model that will support the long-term health and social care sector with the potential for application in other areas of North Wales and create opportunities for training through Welsh Language.</li><li>• To ensure purposefully designed accommodation which will meet the care needs of individuals both now and into the future.</li><li>• To deliver value for money through the efficient use of resources and delivery of environmentally sensitive accommodation that is carbon neutral.</li></ul>
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## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

From your assessment findings (Forms 2 and 3):

<p>3a. Could any of the protected groups be negatively affected by your policy or proposal? <b>Guidance: This is as indicated on form 2 and 3</b></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>3b. Could the impact of your policy or proposal be discriminatory under equality legislation? <b>Guidance: If you have completed this form correctly and reduced or mitigated any obstacles, you should be able to answer 'No' to this question.</b></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>3c. Is your policy or proposal of high significance? <b>For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?</b></p> <p>High significance may mean:</p> <ul style="list-style-type: none"> <li>- The policy requires approval by the Health Board or subcommittee of</li> <li>- The policy involves using additional resources or removing resources.</li> <li>- Is it about a new service or closing of a service?</li> <li>- Are jobs potentially affected?</li> <li>- Does the decision cover the whole of North Wales</li> <li>- Decisions of a strategic nature: In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its</li> </ul>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

<p>remit) over a significant period of time and will not include routine 'day to day' decisions.</p> <p>GUIDANCE: If you have identified that your policy is of high significance and you have not fully removed all identified negative impacts, you may wish to consider sending your EqIA to the Equality Impact Assessment Scrutiny Group via the Equalities Team/</p>			
<p>4. Did your assessment findings on Forms 2 &amp; 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>	
<p>5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>	
<p>6. Are monitoring arrangements in place so that you can measure what actually happens after you</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	
	<p>How is it being monitored?</p>	<p>Once the scheme has been completed and the care home will be operational, current Gwynedd Council monitoring arrangements for care homes will be adopted and adhered to.</p>	

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

implement your policy or proposal?		24 months after opening, a post project evaluation exercise will be undertaken by the Project Board to assess whether the Project's objectives and outcomes have been met.
	Who is responsible?	Dylan Owen, Corporate Director – Adult Services, Cyngor Gwynedd
	What information is being used?	The care home will collect its own activity / service data and Estates will record building related information in accordance with the Capital Manual. Satisfaction surveys will be conducted with users, their families and staff to gather feedback on the new facilities.
	When will the EqIA be reviewed?	The EQIA will be reviewed at a number of stages following submission of the strategic outline case (SOC) – at outline business case (OBC) stage and full business case (FBC) and then post project implementation (24 months);

7. Where will your policy or proposal be forwarded for approval?	Through internal governance within Gwynedd Council (Cabinet) and BCUHB (West IHC, Exec Team, PFIG, Board) and then Welsh Government.
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8. Names of all parties involved in undertaking this Equality Impact Assessment – <b>please note EqIA should be</b>	Name	Title/Role
	Christine Rudgley	BCUHB West Area Lead for Operational Improvement
	Meinir Owen	Cyngor Gwynedd Senior Projects Practitioner, Corporate Support Dept

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

<b>undertaken as a group activity</b>  Senior sign off prior to committee approval:	Karen Owen	BCUHB Engagement Officer (West)
	Jane Trowman	BCUHB Assistant Director Care Homes Support & CHC Commissioning
<b>Please Note: The Action Plan below forms an integral part of this Outcome Report</b>		

### 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?
	<b>Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.</b>		
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	None	NA	NA

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions <b>Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.</b>	Who is responsible for this action?	When will this be done by?
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	None	NA	NA
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	Not applicable	NA	NA
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	Not applicable	NA	NA
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	None		



<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>Capital Funding Bid for the Amethyst Sexual Assault Referral Centre (SARC), Colwyn Bay</b>
<b>Adrodd i:</b> <i>Report to:</i>	Health Board
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 30 March 2023
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The enclosed case requests that Welsh Government makes a capital investment of £619,100, to allow the Amethyst Sexual Assault Referral Centre (SARC) in Colwyn Bay to achieve accreditation to International Organisation for Standardisation (ISO) standard 15189 by October 2023.</p> <p>SARCs provide confidential, specialist support to anyone who has been raped, sexually assaulted, or abused. Amethyst SARC offers a range of services, including crisis care, medical and forensic examinations, emergency contraception, emotional support, and testing for sexually transmitted infections. Access to an Independent Sexual Violence Advisor (ISVA) can also be facilitated, as well as referrals to mental health support and voluntary sector sexual violence support services. The building where the facility is based was purpose built by North Wales Police. Similar facilities in South Wales are provided in NHS-owned accommodation and Welsh Government are supporting the costs of meeting the ISO standard. All staff based at the facility are employed by BCUHB but jointly funded.</p> <p>Refurbishment of the facility is required to achieve accreditation to ISO standard 15189 by October 2023. To not have an accredited facility within North Wales would mean victims would need to utilise services provided by SARC's in Merseyside, Manchester or South Wales (including paediatrics). This would be a significant step backwards and would have a detrimental impact on the public of North Wales.</p> <p>North Wales Police have developed a plan to achieve accreditation, as outlined in the enclosed case, and have gone out to tender and let a contract for the work. They are requesting funding from Welsh Government for £619,100, which is the element relating directly to ISO accreditation. The Health Board is being asked to approve the Capital Funding Bid for submission to Welsh Government.</p>
<b>Argymhellion:</b> <i>Recommendations:</i>	The Board is asked to approve the Capital Funding Bid for submission to Welsh Government.
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Steve Webster, Interim Executive Director of Finance
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Ian Howard, Assistant Director Strategic and Business Analysis

<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input checked="" type="checkbox"/>		<b>Am sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				
<b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>	The case supports the continuation of a key service delivered by the Health Board and partner organisations.			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	The investment is required to achieve accreditation to International Organisation for Standardisation (ISO) standard 15189, and so allow the continuation of the service.			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	No – the bid has been produced by the Police and does not include and Equality/SED evaluation.			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	No – this is not a strategic decision.			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	There is a risk to service continuity if this investment is not made.			
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Financial implications as a result of implementing the recommendations</i></b>	There are no capital or revenue implications for the Health Board. The required capital funding is being sought from Welsh Government.			
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>	Staff will be able to continue to deliver the existing service.			

<b><i>Workforce implications as a result of implementing the recommendations</i></b>	
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b><i>Feedback, response, and follow up summary following consultation</i></b>	<p>The case has been produced by North Wales Police, with appropriate input from BCUHB.</p> <p>The case has been endorsed by BCUHB's Capital Investment Group and Executive Team.</p>
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b><i>Links to BAF risks:</i></b> <i>(or links to the Corporate Risk Register)</i>	Not Applicable
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Not Applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b><i>Next Steps:</i></b> <b><i>Implementation of recommendations</i></b>  The case will be submitted to Welsh Government for consideration.	
<b>Rhestr o Atodiadau:</b> Dim  <b><i>List of Appendices:</i></b>  <i>Capital Funding Bid for the Amethyst Sexual Assault Referral Centre (SARC), Colwyn Bay</i>	



## **PURPOSE**

This report is to set out the funding support request to assist North Wales Police (NWP) in refurbishing the Amethyst Sexual Assault Referral Centre (SARC), Colwyn Bay. The refurbishment is required to support the ongoing collaborative project between NWP and Betsi Cadwaladr University Health Board (BCUHB) to achieve essential accreditation to International Organisation for standardisation (ISO) standard 15189 by October 2023 for Amethyst SARC.

## **BACKGROUND**

Amethyst SARC is based in Colwyn Bay North Wales and is set away from other Police and Health estates. The building where the facility is based was purpose built by NWP at the cost of almost £1m in 2008 on a plot of land where 2 houses stood prior to this, owned by NWP. The Chief Constable at the time felt strongly about improving the services and support available for victims of sexual assault and abuse and commissioned the project.

The facility was opened in 2009 in partnership with Betsi Cadwaladr Health Board and third sector Voluntary Service providers.

Sexual Assault Referral Centres (SARCs) provide confidential, specialist support to anyone who has been raped, sexually assaulted, or abused. Amethyst SARC offers a range of services, including crisis care, medical and forensic examinations, emergency contraception, emotional support, and testing for sexually transmitted infections. Access to an Independent Sexual Violence Advisor (ISVA) can also be facilitated, as well as referrals to mental health support and voluntary sector sexual violence support services.

Sexual offences are devastating crimes, and the impact of sexual violence can include significant consequences to the long-term health and well-being of victims. The timely collection of evidence can provide victims with the option to pursue a criminal prosecution.

The Forensic Science Regulator Act 2021 has determined that ISO 15189:2012 Medical Laboratories - Requirements for Quality and Competence is the appropriate international standard for the forensic medical examination services in England and Wales to be accredited to. Accreditation underpins confidence in the quality of medical laboratories through a process that verifies their integrity, impartiality, and competence. Assessments against standard 15189:2012 will be undertaken by the United Kingdom Accreditation Service (UKAS).

Both the adult and paediatric forensic suites are to be refurbished in line with the requirements, this will be undertaken in phases to enable the facility to remain operational during this time.

The forensic medical processes undertaken at Amethyst SARC must be completed in line with the Forensic Regulators Codes of Practice and Conduct (currently v7) & ISO 15189 from October 2023 or risk closure and complete outsourcing of care until the standard is achieved. If this occurred victims within North Wales would have to travel to out of area SARC's to seek forensic medical processes and support which would negatively impact their 'journey'.

## **CURRENT POSITION**

Due to growth in the number of ISVA's working with Amethyst SARC to support adults, young persons and children, funded by the North Wales PCC, all staff based at the facility are now employed by BCUHB but jointly funded.

There is no alternative facility identified within the NWP or BCUHB estate which could be considered to house Amethyst SARC.

To not have an accredited facility within North Wales would mean victims would need to utilise services provided by SARC's in Merseyside, Manchester or South Wales (including paediatrics). This would be a significant step backwards and would have a detrimental impact on the public of North Wales and the Welsh Sexual Assault Services (WSAS) project being undertaken by Health.

WSAS have approached Amethyst SARC in relation to supporting the all Wales model with forensic examinations from the mid Wales area, particularly paediatrics, as the only other locations in Wales where these will be offered post ISO accreditation will be Swansea and Cardiff.

Therefore, the only viable option for North Wales is to refurbish the current facility in Colwyn Bay.

ISO accreditation standards are prescriptive in nature which have meant limited design options within the small footprint of the current premises whilst being able to maintain space to provide wrap around high quality healthcare services for victims of sexual assault and abuse.

Amethyst SARC in North Wales is the only facility in Wales where the building is owned by the Police. The other SARC facilities in Mid and South Wales have been supported with health funding via Welsh Government to undertake renovation work / build new facilities to meet ISO accreditation standards. The full range of services and support provided by Amethyst SARC are run and funded jointly between NWP, The Office of the Police & Crime Commissioner North Wales, BCUHB and other voluntary and third sector agencies.

## **COSTINGS**

Below is a cost breakdown of the ISO related renovation work planned for the Amethyst SARC building:



ISO Works SARC Feb  
2023 Tender Return.p

The key cost for this project is the installation of a dedicated standalone positive pressure ventilation system to both forensic examination rooms as required in the ISO standards.

Support is requested for ISO related work totalling £619,100.

A tender process has been undertaken by North Wales Police via the North Wales Construction Partnership and design and consultancy services were awarded to local businesses in North Wales.

NWPS Construction Ltd have been awarded the contract for the renovation work at Amethyst SARC after assessment of the applications received.

There are no revenue consequences for BCUHB in relation to this renovation.

## **TIMELINE/NEXT STEPS**

Building work is currently scheduled to commence on Tuesday 11<sup>th</sup> April 2023 due to the tight accreditation timescales. We were unsuccessful in finding a temporary location for Amethyst SARC to

**Yn gwneud Gogledd Cymru'r lle mwyaf diogel i fyw, gweithio ac ymweld yn y DU**

Pencadlys yr Heddlu,  
Glan-y-Don, Bae Colwyn LL29 8AW  
[www.heddlu-gogledd-cymru.police.uk](http://www.heddlu-gogledd-cymru.police.uk)

Police Headquarters,  
Glan-y-Don, Colwyn Bay LL29 8AW  
[www.north-wales.police.uk](http://www.north-wales.police.uk)

relocate to during renovation so work will be undertaken in sequence working on one examination suite at a time.



SARC Contractor  
Procurement Progra

The programme of works will be governed through the NWP Estates and Facilities Board for oversight with wider governance as required within NWP & BCUHB. The achievement of ISO accreditation is being managed by the NWP Programme Management Office (PMO).

### **RECOMMENDATION / OUTCOME SOUGHT**

For financial support to be awarded to North Wales Police to support the refurbishment work required to achieve ISO accreditation of Amethyst SARC. The total cost of this element of the work being £619,100.

Submitted for consideration

#### **Author:**

Lisa Hargreaves, Business Manager

North Wales Police

23.02.23

Health Board  
30.03.23



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Betsi Cadwaladr  
University Health Board

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## Committee Report

<b>Name of Committee:</b>	Quality, Safety and Experience (QSE)
<b>Meeting date:</b>	20 January 2023
<b>Responsible Director:</b>	Angela Wood, Executive Director of Nursing
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"><li>• A Patient Story from a patient who shared her experience through diagnosis and treatment of Pulmonary Embolisms (PE) in Ysbyty Glan Clwyd. The Associate Director of Quality thanked Catrin for sharing her story and highlighted the leaning identified in the paper.</li><li>• The Corporate Risk Register discussing the Health and Safety Risks and an in-depth review of estates risks.</li><li>• The Consent to examine or treatment policy was received and approved.</li><li>• Mental Health Outcomes and Improvement paper was discussed the Committee noted that outstanding actions would be focused on and a risk assessment undertaken on the actions to report to the Committee if there were any concerns that deadlines would not be met.</li><li>• The YGC Improvement Plan was received the Committee noted that the detail had been scrutinised at Cabinet. The Committee discussed the closure of nursing homes and home support being provided and also the need to maximise community hospitals. Concern was raised around Local Authority budgets.</li><li>• The Committee received the Vascular Improvement Plan and clarification was sought on staffing. It was noted that the HIW report would likely be received in March.</li><li>• The Urology Improvement Plan was received, concern was raised around harm and waiting lists with reassurance being given that pathways and centres of excellence were being optimised. Robotic surgery was discussed and the response to HIW was taken outside of the meeting.</li><li>• The Health and Safety Report including the HSE Update was received with further work being undertaken around the analysis of falls given that improvement was not being seen.</li><li>• The following agenda items were taken as consent items:<ul style="list-style-type: none"><li>• Patient Safety Report</li><li>• Patient and Carer Experience Report</li><li>• HIW Update</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>• Nurse Staffing Act</li> <li>• Chair’s Assurance Reports</li> <li>• Infection Prevention Report</li> <li>• Quality and Performance Report</li> </ul>
<b>Key assurances provided at this meeting:</b>	Assurances are highlighted within the reports
<b>Key risks including mitigating actions and milestones</b>	Selected “clinical risks” and their controls and actions to be reviewed at a forthcoming QSE.
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>• Mental Health (adult and children)</li> <li>• Strategy, planning and performance</li> <li>• Leadership (including governance, transformation and culture)</li> <li>• Engagement (patients, public, staff and partners)</li> <li>• Vascular</li> <li>• YGC</li> </ul>
<b>Issues to be referred to another Committee</b>	Nothing to note
<b>Recommendation/ Matters requiring escalation to the Board:</b>	Nothing to note
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The Committee gave adequate consideration to the sustainable development principles:</p> <ol style="list-style-type: none"> <li>1. Balancing short term need with long term planning for the future;</li> <li>2. Working together with other partners to deliver objectives;</li> <li>3. Involving those with an interest and seeking their views;</li> <li>4. Putting resources into preventing problems occurring or getting worse; and</li> <li>5. Considering impact on all well-being goals together and on other bodies)</li> </ol>
<b>Planned business for the next meeting:</b>	Range of regular / standing items
<b>Date of next meeting:</b>	20.1.23

Health Board  
30.03.23



GIG  
CYMRU  
NHS  
WALES

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## Committee Report

<b>Name of Committee:</b>	Mental Health and Capacity Compliance Committee (MHCCC)
<b>Meeting date:</b>	9 February 2023
<b>Responsible Director:</b>	Teresa Owen, Executive Director of Public Health
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"><li>• Approval of All Wales Approved clinicians and Section 12 (2) Doctors</li><li>• Update on reforming the Mental Health Act</li><li>• Deprivation of Liberty Safeguards Quarterly Report</li><li>• Associate Hospital Managers' Update Report</li><li>• Mental Health Act Performance Report</li><li>• Mental Health Legislation Risk Register</li><li>• Criminal Justice Liaison Report</li><li>• Restraints Report</li><li>• Court of Protection Report</li><li>• Section 17 Leave Policy</li><li>• Quarterly Mental Health Act rolling Audit Report</li><li>• HIW Monitoring Report</li></ul>
<b>Key assurances provided at this meeting:</b>	Assurances are highlighted within the reports
<b>Key risks including mitigating actions and milestones</b>	<p>The Committee noted the risk in relation to the Safeguarding/DoLS Business Case not being supported and the impact that this would have on the business.</p> <p>The Committee noted that the New Mental Health Act implications had not yet made it onto the Corporate Risk Register but that discussions were ongoing to ensure it was included.</p>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"><li>• Mental Health</li></ul>
<b>Issues to be referred to another Committee</b>	Nothing to note

<b>Recommendation/ Matters requiring escalation to the Board:</b>	Nothing to note
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	The Committee gave due regard to the sustainable development principles of: 1. Balancing short term need with long term planning for the future; 3. Involving those with an interest and seeking their views; 4. Putting resources into preventing problems occurring or getting worse; 5. Considering impact on all well-being goals together and on other bodies)
<b>Planned business for the next meeting:</b>	Range of regular / standing items plus
<b>Date of next meeting:</b>	16.05.23

V1.0

Health Board  
30.3.23



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## Committee Report

<b>Name of Committee:</b>	<b>Performance, Finance and Information Governance Committee</b>
<b>Meeting dates:</b>	23.2.23 and 19.1.23
<b>Responsible Director:</b>	Steve Webster Interim Executive Director Finance
<b>Summary of business discussed:</b>	<p>The Committee supported the following items for submission to the Board to consider approval</p> <ul style="list-style-type: none"><li>• Draft Capital Programme 2023-2028</li><li>• Wrexham Maelor Hospital Continuity Programme Full Business Case</li></ul> <p>agreed the following to be submitted to the Audit Committee to agree on behalf of the Board</p> <ul style="list-style-type: none"><li>• Amendment of the Committee Terms of Reference</li><li>• Update of BCUHB's Scheme of Reservation and Delegation in relation to the Committee</li></ul> <p>discussed and noted the following items</p> <ul style="list-style-type: none"><li>• Finance report month 9 and 10</li><li>• Savings delivery report</li><li>• Internal Audit report : Delivery of Health Board Savings</li><li>• Financial Control monitoring plan update</li><li>• Agency controls report</li><li>• Capital programme monitoring reports months 9 and 10</li><li>• Business Case Tracker</li><li>• Transformation and Improvement update</li><li>• Operational Plan Monitoring report</li><li>• People (Workforce) report</li><li>• Integrated Quality and Performance report</li><li>• Unscheduled Care report</li><li>• Planned Care report</li><li>• Regional Treatment Centre update</li><li>• Information Governance quarter 2 2022/23 Key Performance Indicator report</li><li>• Board Assurance Framework</li><li>• Corporate Risk Register</li></ul>

	<p>noted the following chair assurance report for information</p> <ul style="list-style-type: none"> <li>• Transformation Executive Delivery Group</li> <li>• Information Governance Group</li> </ul> <p>A short agenda was considered on 19.1.23:</p> <ul style="list-style-type: none"> <li>• Business Case for a Long Covid service / Community Complex Conditions service which required further review and resubmission</li> <li>• Unscheduled Care report</li> <li>• Planned Care report</li> </ul> <p>The Committee considered the following in private session:</p> <p>23.2.23</p> <ul style="list-style-type: none"> <li>• Revised Energy governance and procurement arrangements in NHS Wales. These were endorsed and Health Board approval recommended.</li> <li>• Dental contractor request to novate contract was approved.</li> <li>• Draft IMTP update</li> <li>• A digital system progress update</li> </ul> <p>19.1.23</p> <ul style="list-style-type: none"> <li>• Strategic Outline Business Case for a Health and Wellbeing Hub development was endorsed for Board approval.</li> <li>• Histopathology reagents rental contract - approved the consent paper for ministerial approval to award the contract.</li> <li>• Financial planning 2023/24 update</li> </ul> <p>The Committee commended work undertaken by the Assistant Director Capital over a great number of years in the Health Service and wished him well in retirement.</p>
<p><b>Key assurances provided at this meeting:</b></p>	<ul style="list-style-type: none"> <li>• Work towards providing more effective performance reporting would be assisted by the work on Performance and Accountability framework by the newly appointed Interim Performance Director</li> <li>• Assurance was provided that an agency control process was in place however, the Committee requested a report be provided within 3 months which also outlined compliance.</li> <li>• Confidence was provided in meeting the Capital Resource Limit at year end.</li> <li>• New format of OPMR was on track to be delivered in new financial year.</li> <li>• Primary Care performance indicators would be provided in future IQPR reports.</li> <li>• During industrial action ambulance handover of patients had been undertaken within 15 minutes, along with a number of other positive improvements.</li> </ul>

**Key risks including mitigating actions and milestones**

- Assurance was not able to be provided on the level of pace required to improve Delayed Transfers of Care, which was also a concerning national issue across the NHS
- Concern was raised that Welsh Government had not provided financial clarity on support for the Long Covid BC therefore the Committee requested the business case be revised and resubmitted when clarity on the financial envelope be known, in order that the Committee could apply due diligence to their decision making. The risk of potential staff losses was acknowledged during the interim.
- Slippage on development of a Planned Care Strategy was noted. It was understood it would be submitted for consideration March 2023
- Internal financial review work had been undertaken and would shortly be shared with the Committee
- Concern with progress of savings plans was emphasised and the need to resurrect the pipeline to focus on longer term strategic programmes. No assurance was provided by the Internal Audit report on Health Board savings delivery
- Fire compliance was a concern which BCU was not sufficiently resourced to address however, a compliance programme extending to future years was in place based on risk and need.
- Concern was raised on level of data submission to inform the OPMR and IQPR reports which the Executive Director of Transformation and Planning would be addressing.
- Concern with the incorporating the cost of compliance with nurse staffing levels into the 2023/24 budget was to be explored further by the Interim Executive Director Finance
- Potential financial risk in development of the RTC

The Associate Director of Governance identified the following risks during the meeting:

- Risk on the operational risk register to reflect the Finance paper
- Risk that financial overview and performance management may not be optimal, which if not addressed will have the impact of worsening the BCUHB financial position
- Potential risk that Recovery Programmes and other Programmes and Performance related issues are not optimised and this would have an impact on the key objectives of the Health Board due to a potential misunderstanding of clear understanding of accountability
- Risk that a sub-optimal triangulation of performance information-Transformation-Financial information could have an impact on the ability to provide evidence that we are improving our Targeted Intervention Position and other important Corporate objectives
- Risk that performance reports are not aligned to requirements of BCUHB. Including the need to align to the TI Performance Maturity Matrix

	<ul style="list-style-type: none"> <li>• RTC risk of revenue pressure as a result of “double running” as we transform and the ability of the workforce to support these requirements. The impact of this could be to destabilise existing services</li> </ul>
<b>Issues to be referred to another Committee</b>	<p>Audit Committee:</p> <ul style="list-style-type: none"> <li>• PFIGC Terms of Reference amendment</li> <li>• SORD in relation to the Committee</li> <li>• Financial Control report</li> </ul>
<b>Matters requiring escalation to the Board:</b>	<ul style="list-style-type: none"> <li>• Savings plan and delivery of savings remains escalated to the Board</li> </ul>
<b>Planned business for the next meeting:</b>	To be agreed
<b>Date of next meeting:</b>	To be confirmed

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Betsi Cadwaladr  
University Health Board

## Chair's Report

<b>Name of Committee:</b>	Targeted Intervention Improvement Framework (TIIF) Steering Group
<b>Meeting date:</b>	22.02.23
<b>Name of Chair:</b>	Nick Lyons, Deputy Chief Executive / Executive Medical Director
<b>Responsible Director:</b>	Nick Lyons, Deputy Chief Executive / Executive Medical Director
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"><li>• Molly Marcu chaired the meeting as Vice Chair on behalf of Nick Lyons.</li><li>• It was confirmed that the TI Steering Group meetings due to take place 19.12.22 and 03.01.23 did not go ahead due to industrial action being held on those dates. The papers for those meetings were shared virtually with all members of the Steering Group and members were asked to review the content and provide feedback by set deadlines on the recommendations in the papers. The papers from these meetings were approved and endorsed by the Group.</li><li>• The Chair of the TI Evidence of Outcomes Group held 12.01.23 reported excellent engagement from the membership and the meeting discussed the focus and function of the Group going forward in terms of providing clarity on the milestones we need to achieve to make progress and the need to ensure evidence being submitted is robust and demonstrates that we are having an impact on the outcomes for patients and staff.</li><li>• A proposal was put forward to establish two review panels to lead a more in depth review into the evidence to provide clarity, scrutiny and assurance before it is discussed at the Evidence of Outcomes Group. One panel will focus on the clinical domains and will be chaired by Gareth Evans and the other will focus on the enabling domains and will be chaired by Dylan Roberts. Both panels will also include IHC representation to ensure the evidence is gaining appropriate sign off from the services where required.</li><li>• It was agreed that there is a need to do a deep dive into the evidence being provided and focus on the milestones to gain assurance around the journey to improvement. There is also a need to focus on the outcomes rather than the evidence and test whether this is having an impact.</li></ul>

	<ul style="list-style-type: none"> <li>The revised roadmaps were presented by each domain to highlight the key milestones to reach the next self-assessment in May 2023 where two domains are due to move up a level. Engagement had a Board approved target to move from a level 2 to a level 3 and YGC also had a Board approved target to move from a level 1 to a level 2 subject to the evidence of progress being reviewed.</li> <li>PM confirmed that a piece of work has been submitted as requested by WG to confirm the impact of the £42 million funding provided by WG. Going forward, PM proposed that the TI Steering Group is used to evaluate the impact of any transformation and performance funding received by WG as a quarterly basis. This will be managed by the Finance Team.</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>Governance arrangements are in place to monitor TI progress via Steering Group oversight.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>Staffing is an issue that is raised consistently, not just as an issue for TI but as an issue across the organisation which needs to be recognised as a risk.</li> </ul>
<b>TIIF Domain addressed</b>	<ul style="list-style-type: none"> <li>All</li> </ul>
<b>Issues to be referred to another Committee</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Matters requiring escalation to the Board:</b>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <ol style="list-style-type: none"> <li><i>Balancing short term need with long term planning for the future – covered by the strategy, planning and performance domain.</i></li> <li><i>Working together with other partners to deliver objectives – covered by the engagement work</i></li> <li><i>Involving those with an interest and seeking their views – covered by the engagement work;</i></li> <li><i>Putting resources into preventing problems occurring or getting worse – via WG funding allocation;</i></li> <li><i>Considering impact on all well-being goals together and on other bodies – covered by engagement work.</i></li> </ol>
<b>Planned business for the next meeting:</b>	<ul style="list-style-type: none"> <li>Follow up from TI Welsh Government meeting.</li> </ul>
<b>Date of next meeting:</b>	06.03.23



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## Chair's Report

<b>Name of Committee:</b>	Targeted Intervention Improvement Framework (TIIF) Steering Group
<b>Meeting date:</b>	06.03.23
<b>Name of Chair:</b>	Nick Lyons, Deputy Chief Executive / Executive Medical Director
<b>Responsible Director:</b>	Nick Lyons, Deputy Chief Executive / Executive Medical Director
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"><li>• The Chair highlighted that the business of Targeted Intervention (TI) is the business of the Board, it may start to look different in terms of Special Measures, however the drive for improvement remains.</li><li>• It was requested that any outstanding actions for the Group are not lost in the transition as we move forward from TI to Special Measures.</li><li>• As we are currently in a critical period of the TI process it was agreed to go ahead with the Steering Group meeting to allow it to agree actions to progress the work streams. This is in line with the agreement from the Welsh Government meeting on 28.02.23.</li><li>• The Group agreed the need to update the roadmaps and maturity matrices in light of the feedback from WG (at the meeting held 28.02.23) and the Audit Wales report which will include a fundamental reset of the Leadership, Governance and Culture domain.</li><li>• There is a need to clarify going forward on what will be included in the scope of this Group and how that will be monitored. There will also be a need to clarify the actions and confirm which domains will be included in this process to ensure we are consistent with Welsh Government.</li><li>• There is a need to learn and improve from when the Health Board was previously in Special Measures and a paper is being developed for the March Board meeting.</li><li>• There is a need to be cautious to ensure we do not lose the threads of improvement and governance from the Targeted Intervention process.</li><li>• The Group discussed the naming convention for TI governance, it was agreed to change the naming to Special Measures Improvement and this Group will become the Special Measures Improvement Steering Group along with the</li></ul>

	<p>need for caveat of wording. This would have the benefit of avoiding confusion for colleagues and stakeholders.</p> <ul style="list-style-type: none"> <li>The Group considered the initial summary review of risk themes related to the TI programme to meet the targets included in the roadmaps, this was developed by the TI Domain Leads and Programme Leads and will continue to be developed further as a risk for BCUHB.</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>Governance arrangements are in place to monitor TI progress via Steering Group oversight.</li> <li>The Group were sighted on a piece of work that is taking place around performance and transformation funding as a lot of investment that comes through this route also has a connection to TI.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>The Group discussed a summary review of key themes associated with delivery of domain roadmaps. Once all risks have been considered, a full risk descriptor will come back to the Group and will also be discussed at the Risk Management Group.</li> <li>The Group recognised the additional risk to the focus and delivery of the TI plans arising from the move into Special Measures status.</li> </ul>
<b>TIIF Domain addressed</b>	<ul style="list-style-type: none"> <li>All</li> </ul>
<b>Issues to be referred to another Committee</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Matters requiring escalation to the Board:</b>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <ol style="list-style-type: none"> <li><i>Balancing short term need with long term planning for the future – covered by the strategy, planning and performance domain.</i></li> <li><i>Working together with other partners to deliver objectives – covered by the engagement work</i></li> <li><i>Involving those with an interest and seeking their views – covered by the engagement work;</i></li> <li><i>Putting resources into preventing problems occurring or getting worse – via WG funding allocation;</i></li> <li><i>Considering impact on all well-being goals together and on other bodies – covered by engagement work.</i></li> </ol>
<b>Planned business for the next meeting:</b>	<ul style="list-style-type: none"> <li>Discuss the transition from Targeted Intervention into Special Measures.</li> </ul>

<b>Date of next meeting:</b>	11.04.23
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<b>Teitl adroddiad:</b> <i>Report title:</i>	Summary of Private Board Business – 26 January 2023			
<b>Adrodd i:</b> <i>Report to:</i>	Health Board - Public			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 30 March 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Board is asked to note the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Molly Marcu – Interim Board Secretary			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	David Seabrooke – Interim Assistant Director of Governance			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i></small>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	No - N/A/			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	No - N/A/			

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	No - N/A/
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	No - N/A/
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	No - N/A/
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	None
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	None
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	Not applicable
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b> <b>Implementation of recommendations</b></p> <p>The Health Board considered the following matters in private session on 26 January</p> <p>Vascular Quality Report Risk Register (Cyber risk) Isle of Anglesey County Council Domiciliary Care Scheme</p>	

Chair's Assurance Report from Remuneration and Terms of Service Committee – 22 December 2022  
Canolfan Lleu – Strategic Outline Business Case  
Plas Gororau – contract award

**Rhestr o Atodiadau:**

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***List of Appendices:***

*None*