

Bundle Finance & Performance Committee 21 December 2020

AGENDA

Draft minutes will be made available on the website prior to the next meeting. Unfortunately members of the public are unable to attend at present due to Covid 19 restrictions.

- 1 FP20/151 Apologies for absence
Mr Mark Wilkinson
- 2 FP20/152 Declaration of Interests
- 3 09:30 - FP20/153 Draft minutes of the previous meeting held on 29.10.20 and summary action plan
FP20.153a Minutes FPC 29.10.20 v.03 draft_public session.docx
FP20.153b Summary Action Log.doc
- 5 for assurance
- 6 09:35 - FP20/154 Quarters 3 & 4 Operational plan monitoring
Kamala Williams in attendance
Recommendation
The Finance and Performance Committee is asked to note the report.
FP20.154a Q3_4 Plan monitoring.docx
FP20.154b Quarter 3-4 Plan Monitoring Report - November 2020 Final.pdf
- 7 09:50 - FP20/155 Quality and Performance report
Kamala Williams in attendance
Recommendation
The Finance & Performance Committee is asked to review the report and identify and agree those performance areas to escalate to the Health Board.
FP20.155a QaP report.docx
FP20.155b QP Report FP - November 2020 FINALv2.pdf
- 8 10:05 - FP20/156 Revised Performance Management Framework and update on accountability reviews
Kamala Williams in attendance
Recommendation
The Finance and Performance Committee is asked to note the implementation of the Performance Accountability Framework the themes emerging from the meetings held on 26 November 2020 the next steps
Fp20.156a Performance and Accountability framework.docx
FP20.156b Performance and Accountability framework FINAL 14.12.20.pdf
- 9 10:15 - FP20/157 Planned Care update
Gill Harris
In attendance :
Andrew Kent Interim Head of Planned Care Improvement
Ramesh Balasundaram (Clinical Director YGC Orthopaedics & Trauma) and Alyson Constantine (Acute Site Director in respect of Ophthalmology services)
Recommendation
The Committee is asked to note the progress to date
FP20.157 Planned Care update_December 2020.docx
- 10 10:35 - FP20/158 Unscheduled Care update
Gill Harris
Gavin Macdonald Interim Chief Operating Officer in attendance
Recommendation
The Committee note the Unscheduled Care performance for November 2020 across BCUHB and for each Health Community
FP20.158 USC REPORT v1.0 MW.docx
- 11 10:55 - FP20/159 Capital Programme report Month 7
Neil Bradshaw Assistant Director Capital in attendance
Recommendation
The committee is asked to receive this report and note progress to date, the amendments to the programme and confirmation of agreed revisions to the capital governance arrangements
FP20.159a Capital Programme Report - Month 7.docx
FP20.159b Appendix 1 Capital Monitoring Programme Oct 20.pdf
FP20.159c Appendix 2 Ablett Report Nov 20.doc

- 12 11:10 - FP20/160 Combined Post Project Evaluation of the Integrated Health, Social Care and Third Sector Centres in Blaenau Ffestiniog, Flint and Llangollen
Ian Howard, Assistant Director Strategic & Business Analysis in attendance
Recommendation
The Finance and Performance Committee is asked to note the contents of this report, including the specific actions arising from the workshop:
Periodic formal reviews of each of the centres to ensure that they continue to develop as integrated facilities
A review of the organisation's methodology for estimating the running costs of new developments.
FP20.160a Post Project Evaluation Dec 20 final.docx
FP20.160b Post Project Evaluation report final.docx
FP20.160c Appendix 1 gateway summary BLF.docx
FP20.160d Appendix 2 Llangollen Post Project Evaluation.docx
FP20.160e Appendix 3 Blaenau Post Project Evaluation.docx
FP20.160f Appendix 4 Flint Post Project Evaluation.docx
- 13 11:20 - Comfort break
- 14 11:30 - FP20/161 Finance Report Month 7
Sue Hill
Recommendation
The Committee is asked to note the report
FP20.161a Finance Report M07.docx
FP20.161c Report -M07.pdf
- 15 11:50 - FP20/162 Savings report Month 8
Sue Hill
Recommendation
The Committee is asked to note –
The increase in savings programme value to £14.151m
The risk status of the programme, with £3.11m (22%) assessed as red risk at month 8
Savings delivered to date of £9.1m with a full year forecast, including pipeline, of £16.6m
The forecast shortfall of £28.4m against the Board's target of £45m savings in year
The proposed establishment of the Financial recovery PMO and the resources to be allocated to this function
FP20.162 Savings Plan Update - Month 8.docx
- 17 12:05 - FP20/163 Development of the 2021/24 Plan
Sue Hill
John Darlington in attendance
Recommendation
It is recommended that the Committee:
1\ *Receive this report*
2\ *Review the proposed approach and timetable for the development of our Plan for 2021/24*
FP20.163 Development of the 2021_24 Plan.docx
- 25 12:25 - FP20/164 Business Case tracker for Revenue and Capital business cases
Ian Howard, Assistant Director Strategic & Business Analysis in attendance
Recommendation
The Committee is asked to note the contents of the tracker, and provide any feedback about how it can be improved
FP20.164a Tracker Business Case v4.docx
FP20.164b Tracker 14.12.2020 V0.12.pdf
- 26 12:40 - Comfort break
- 28 12:55 - For information
- 29 FP20/165 Transparency in supply chains consultation Government response.
Sue Hill
Recommendation
To note the report
FP20.165 Transparency in supply chains consultation.docx
- 30 FP20/166 Monthly monitoring report Month 8
Sue Hill
Recommendation
To note the report
FP20.166a Monitoring Return Month 8.docx
FP20.166c MR Report M08.pdf
- 31 FP20/167 External Contracts Update

Sue Hill

Recommendation

The Committee is asked to:

note the financial position on the main external contracts as reported at the end of quarter 2

note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity

note the impact of Covid-19 on external healthcare contracts and the work of the Healthcare Contracts Team (HCCT)

note the impact and risk posed as a result of Covid-19 updated contracting arrangements adopted for contracts with NHS Providers

FP20.167 External Contracts Report FP December 2020 v2.0.docx

33 FP20/168 Summary of Private business to be reported in public

Recommendation

To note the report

FP20.168 Private session items reported in public v1.0.docx

34 FP20/169 Issues of significance to inform the Chair's assurance report

35 FP20/170 Date of next meeting 9.30am 28.1.21

36 Exclusion of the Press and Public

Resolution to Exclude the Press and Public

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



Finance & Performance Committee
DRAFT Minutes of the meeting held in public on 29.10.20
via Webex

Present:

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| Mark Polin | BCUHB Chairman / Committee Chair (<i>part meeting</i>) |
| John Cunliffe | Independent Member / Committee Vice Chair (<i>part Chairing</i>) |
| Eifion Jones | Independent Member |

In Attendance:

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| Andrew Doughton | Wales Audit representative – to observe |
| Arpan Guha | Acting Executive Medical Director |
| Sue Green | Executive Director Workforce and Organisational Development (OD) (<i>part meeting</i>) |
| Dave Harries | Head of Internal Audit – to observe |
| Gill Harris | Acting Chief Executive |
| Stephen Harrhys | Board Director/ Chief Ambulance Service Commissioner, Cwm Taf Morgannwg University Health Board (CTMUHB) (<i>part meeting</i>) |
| Sue Hill | Acting Executive Director of Finance |
| Andrew Kent | Interim Head of Planned Care Improvement (<i>part meeting</i>) |
| Gavin Macdonald (GH) | Interim Chief Operating Officer (<i>part meeting</i>) |
| Fiona Mash | Project Manager IT (West) (<i>part meeting</i>) |
| Llinos Roberts | Executive Business Manager to Chairman (<i>part meeting</i>) |
| Andrew Sallows | Regional Programme Director, Welsh Government (<i>part meeting</i>) |
| Chris Stockport | Executive Director Primary and Community Services (<i>part meeting</i>) |
| Adrian Thomas | Executive Director Therapies and Health Sciences (<i>part meeting</i>) |
| Emma Wilkins | Deputy Director, Financial Delivery Unit (FDU) |
| Mark Wilkinson (MW) | Executive Director Planning and Performance (<i>part meeting</i>) |
| Diane Davies | Corporate Governance Manager (Committee Secretariat) |

| Agenda item | Action by |
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| Welcome The Chairman advised that as he needed to attend an important meeting for part of the session, the Vice Chair would chair the meeting from commencement until his return. | |
| FP20/121 Apologies for absence Received from Helen Wilkinson and it was noted that Sue Green would join the meeting later due to an operational matter. | |

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| <p>FP20/122 Declarations of Interest</p> <p>None received</p> | |
| <p>FP20/123 Draft minutes of the previous meeting held on 30.9.20 and summary action log</p> <p>It was agreed that the minutes were an accurate record and the summary action log was updated.</p> | |
| <p>FP20/124 Diagnostic and Treatment Centre pre-Strategic Outline Case</p> <p>FP20/124.1 The Acting Chief Executive introduced this item emphasising that the development would assist in addressing the longevity of waiting times and the potential harm consequences which could arise whilst patients were awaiting diagnosis or treatment. She also highlighted the positive impact for BCU's developing clinical strategy. The Interim Head of Planned Care Improvement presented the report which set out:</p> <ul style="list-style-type: none"> • The Strategic Case - setting out the strategic fit and case for change, together with the supporting investment objectives for the scheme; • The Economic Case - exploring the suggested way forward – or how best to deliver the objectives of the scheme; • The Commercial Case - assessing the ability of the market place to deliver the required goods and services, and summarised the organisation's commercial strategy; • The Financial Case - providing outline estimates of the capital and revenue implications of the scheme, and a view of affordability. <p>FP20/124.2 The Interim Head of Planned Care Improvement outlined the significant challenges for the Health Board in addressing planned care waiting times which were increasing in excess of 4,500 per month and were being complicated further by the second wave which was estimated to be for a longer and lower level extending to Spring 2021. He emphasised the potential for significant harm which was also being experienced nationally. He referred the members to the briefing paper circulated following the previous meeting which described current internal discussions with Hospital Directors regarding available WG funding and the provision of a roadmap. The Interim Head of Planned Care Improvement advised that there was general consensus with WG planners on the realistic 30 month timeline outlined which had been extended due to consideration of building work. He pointed out the growing backlog of P4 patients and that there would be a surge in cancer referrals during Quarter (Q) 3/4.</p> <p>FP20/124.3 The Interim Head of Planned Care Improvement drew attention to the new ways of working the development of a diagnostic and treatment centre (DTC) could provide, including examples such as ambulatory cases and patients with cancer. He emphasised that the past history of pandemics had shown that the disease remains in circulation for a long time and the provision of a low burden covid</p> | |

facility would fit with this model. He stressed the significant investment required to provide a generational leap in ambulatory care for the people of North Wales and the need to future proof the elective and diagnostic services required. 11 key investment objectives were outlined.

FP20/124.4 The Interim Head of Planned Care Improvement drew the Committee's attention to the initial findings of the 6 options outlined within the report, advising that 3 and 6 were preferred options that also addressed backlog clearance and a potential orthopaedic ringfencing option. It was noted that the orthopaedic business case currently being developed would also consider DTC modelling. Capacity options were also included within the report.

FP20/124.5 The Chairman stated that addressing planned care was a high priority for the Board which required resourcing and moving forward at pace. He emphasised the need to view the development as a moment of ambition and was very supportive. The solutions outlined also addressed moving forward orthopaedic treatment and providing care closer to home instead of reliance on cross border facilities. The Chairman emphasised that a critical success factor would be the speed of delivery in order to address increasing waiting lists. He requested that, whilst this development outlined medium to long term plans, interim solutions needed to be set out within the update to the next meeting. In addition, the Chairman highlighted the potential to spend at risk in order to move forward an endoscopy suite and have mobility within theatre capacity. He stressed the need for ambition and conviction to address the development at pace and ensure a suitably qualified workforce was available.

AK

FP20/124.6 The Committee discussed the options outlined. Details of interim solutions were also commented on, which included comparison with English healthcare providers. Theatre capacity, availability and mobilisation were also considered. The Committee stated the need to ensure excellent communication support throughout the development.

FP20/124.7 The Acting Chief Executive advised that the Executive Team supported DTC development, noting that workforce planning would be blended in and that insourcing would form part of the interim solution. She stated that the newly developing Medical School at Bangor University would also support development.

FP20/124.8 In response to the Committee, it was confirmed that the Orthopaedic business case timetable would not be delayed by the DTC development. The Interim Head of Planned Care Improvement advised that return on investment, including harm and acuity considerations, would be explored during the business case benefits realisation process.

FP20/124.9 The WG Regional Programme Director welcomed the clear and concise paper which provided a consistent message and important commitment to the population of North Wales and was an aspiration shared with WG, although there was some concern in respect of the longevity of the situation. Further work would be required to understand deliverability within BCU's finances however, WG would be keen to continue working alongside BCU to describe and test models to support and enable the proposal. The Acting Chief Executive emphasised the real opportunity for transformation the development provided and welcomed working with WG on short

term solutions especially within endoscopy which BCU was keen to move forward strategically in order to develop the service and ensure sustainability.

FP20/124.10 The Chairman welcomed the Regional Programme Director's comments and reflected that BCU's special measures position in respect of planned care could be improved with the support of WG in providing assistance with this innovation.

FP20/124.11 The Acting Executive Medical Director commented that DTC provision would require different clinical pathways that would be linked to BCU's developing clinical strategy and also provide potential opportunities in respect of consultant recruitment.

It was resolved that the Committee

reviewed the presented options and agreed to progress the development of a strategic outline case and development of a DTC business case project

FP20125 Robotic Surgery business case

FP20125.1 The Executive Director of Planning and Performance introduced this item. In order to develop a safe and sustainable North Wales urology service, the recruitment and retention of high caliber clinical staff was noted to be essential. Since June 2020 one high caliber urology cancer surgeon, who had successfully re-introduced cystectomy surgery into North Wales and a further 2 high caliber surgeons, both skilled in cancer surgery and robotic assisted surgery (RAS) had been recruited therefore access to RAS technology in North Wales was essential. The business case described how RAS could be introduced quickly and cost effectively, avoiding the high risk strategy of reliance on NHS England provision and also locum services. It was understood that it would not compromise the Board's commitment and engagement with the All Wales RAS Procurement Programme. He advised that the proposal set out a 7 year lease with a 3 year break clause and provided an opportunity to deliver cost savings in years 4 -7. Whilst the equipment would support urology services and pelvic cancer in Ysbyty Gwynedd (YG) there were also other benefits for Wrexham and Glan Clwyd day cases. In addition, there was potential for robotic surgery to be utilised in other specialisms however, these would be subject to other business cases going forward. The Executive Director of Planning and Performance advised that capital funding in excess of £1m would be required which the Acting Executive Director of Finance was addressing with WG.

The Chairman confirmed his support for the proposal *and left the meeting*

FP20125.2 The Committee was very supportive of capital expenditure for the regional proposal which would be sited at Ysbyty Gwynedd. Following consideration and approval by the Board, the Committee suggested that a press release be made available to celebrate this good news with the public.

It was resolved that the Committee

supported the plans as set out

endorsed the business case for submission to the Health Board to consider on

12.11.20

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| noted the Health Board's ongoing commitment to the All Wales RAS Programme | |
| <p>FP20/126 Winter Plan 2020/21</p> <p>FP20/126.1 The Interim Chief Operating Officer presented this item. He stated that winter planning would need to factor in the unprecedented pressures that the Covid19 pandemic would create, however delivering safe unscheduled care was a key priority for the Health Board's Q3/4 plan. He advised that partner organisations and the third sector had been involved in the draft version provided which would be further developed ahead of presentation to the Board on 3.11.20. It was noted that 3 supporting area plans underpinned the Winter Resilience Plan 2020/21.</p> <p>FP20/126.2 The presentation outlined that winter resilience planning had taken account of a review of the previous winter and performance along with the impact of Covid19, responses to bed modelling, utilised SITREP and site escalation plans, bed escalation numbers and informed that a number of priority costed schemes had also been set out. Surge planning assumptions and position were set out, acknowledging a bed gap. In addition, it was noted that whilst the Health Board had set out to continue 90% of elective procedures, he advised that this might not be possible. He reported that the Executive Team would discuss field hospital operational utilisation the following week - which would include commissioning and decommissioning options, a clinically agreed model, site and Health Board trigger points and workforce models. The presentation set out the costings and performance impacts of a variety of individual surge schemes which amounted to £3.79m. <i>The Regional Programme Director left the meeting</i></p> <p>FP20/126.3 A discussion ensued. The Committee questioned how BCU's workforce compared to the previous Winter period and requested that clear lines of responsibility be provided within the next iteration. In discussion of staffing escalation, which was confirmed to be in place, it was suggested that the plan include a flow chart to reflect this. It was acknowledged that workforce plans required further development and would be moved forward in Executive Team discussion. The Acting Chief Executive clarified that plans in relation to commissioning/decommissioning field hospitals would need to be endorsed by the Board.</p> <p>It was resolved that the Committee noted the work being done to strengthen delivery over Winter 2020-21, alongside the Covid19 pandemic response, which included bed capacity modelling, and potential schemes developed by the health communities, in partnership with local authorities in order to support delivery over Winter.</p> | GM |
| <p>FP20/127 Quarter 2 monitoring report</p> <p>FP20/127.1 The Executive Director Planning and Performance presented the report which provided performance self-assessments on Q2 workstreams to the end of September 2020. He drew attention to areas which required further work including psychology, MHLD, ophthalmology and stroke which he confirmed would be followed through into Q3/4 plans. In respect of Capital actions he advised that the workplan A33.8 Health Economy programme business case review/relocation of services from Abergele/ rationalisation of Bryn Y Neuadd would not be prioritised for the Q3/4 plan</p> | |

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| <p>but would be part of the work plan for the newly established Capital Investment Group. However, the North Denbighshire Community Hospital and Ablett Redevelopments were under discussion.</p> <p>FP20/127.2 Following discussion it was agreed that the Executive Director of Planning and Performance would provide greater clarity on the narrative provided in respect of AN11.2 Support the delivery of reinstated secondary care pathways eg glaucoma, wet age-related macular degeneration, optometric diagnostic and treatment centres. Discussion ensued on formatting and consistency in relation to RAG status, it was agreed that the Executive Director of Planning and Performance would discuss this further outside the meeting with IM John Cunliffe. The Acting Chief Executive took onboard comments relating to MHL D and advised these were being addressed through the Quality, Safety and Experience Committee and Health Board given that a new leadership team was now in place.</p> <p>It was resolved that the Committee noted the report</p> | MW |
| <p>FP20/127.1 Q3/4 Plan ‘Annex D’ supporting Minimum Data Set</p> <p>It was resolved that the Committee received the report and the assurance that BCU’s Q3/4 plan was underpinned by a completed ‘Annex D’ - being a supporting technical Minimum Data Set (MDS) to accompany BCU’s plan noted the summary narrative and action plan was to be submitted to the Board in November for approval.</p> | |
| <p>FP20/128 Quality and Performance report</p> <p>It was resolved that the Committee noted the report</p> | |
| <p>FP20/129 Orthopaedics business case update</p> <p>FP20/129.1 The Committee briefing paper provided an update around the development of a long-term clinical model for orthopaedic delivery across North Wales and the timescales for the subsequent translation of the proposed model into a formal orthopaedic business case. The paper referenced the approach undertaken to ensure appropriate levels of clinical engagement, options reviewed as part of the appraisal process and also the subsequent emerging clinical preference.</p> <p>FP20/129.2 The Executive Director of Planning and Performance reported that a formal option appraisal had taken place in Autumn 2017, in which the “Delivering Sustainable Orthopaedic & Musculoskeletal (MSK) Services, a Pathway Approach” business case proposed the continuation of a three-site District General Hospital (DGH)-led long-term orthopaedic model, which would repatriate activity from Abergele and Llandudno back onto the acute sites. The plan assumed significant ability to ring-fence elective orthopaedic capacity, making it immune from unscheduled care bed demand. Consequently, the Health Board had been in discussion with Welsh Government around long-term financial support and to date, £1.7m had been released, largely to</p> | |

support the recruitment of an additional six orthopaedic consultants, providing recurrent revenue support for additional core capacity. However, in the intervening period, winter pressures and the Covid19 pandemic had challenged whether the original model remained fit for purpose and the framework for an alternative model had been proposed. Following a series of clinical engagement meetings to test the clinical appetite for an alternative hot/cold split approach, in conjunction with the full consideration of the Health Board's emerging Diagnostic & Treatment Centre model, four options were emerging.

FP20/129.3 The Committee questioned the length of time of time taken since Autumn 2017 to arrive at the current position of dealing with this 'Achilles Heel' problem that had resulted in North Wales' orthopaedic patients waiting too long for treatment along with the prospect of further delays. The Committee was keen to ensure that the timeline outlined would be adhered to.

FP20/129.4 The Acting Chief Executive emphasised the difference that the DTC and robotic surgery developments had effected along with learning from the Covid19 pandemic. She stated that it would be important to ensure that a strategic outline case and business case were delivered as outlined. In the discussion which followed, the Committee agreed the direction of travel to be correct however greater pace was needed. The Acting Chief Executive requested that the Interim Head of Planned Care Improvement meet with the Orthopaedic Network Delivery Manager to consider whether arrangements could be moved forward at a faster pace alongside clinicians, and, if necessary, discussed at an extraordinary meeting of the Committee.

It was resolved that the Committee noted
the rationale for the potential revision of the current orthopaedic case, including the contextual drivers for change.
the engagement strategy undertaken with the clinical teams and the subsequent option appraisal conducted.
the alternative model clinically agreed and proposed following full consideration of the emerging Diagnostic & Treatment Centre (DTC) model.
the proposed timescale for the completion of a revised orthopaedic business case and potential to explore moving this forward at an increased pace.

FP20/130 Unscheduled Care (USC) and Building Better Care update

FP20/130.1 The Interim Chief Operating Officer presented this item which provided an update against unscheduled care performance at the end of September 2020. He reported that there were increasing pressures on USC and whilst attendance numbers had decreased at each site, admissions were at normal levels. Ambulance activity had returned to what would be expected at this time of year. Patients were waiting longer in EDs, and he reminded that patients who wait longer have a less positive experience. In addition, there had been 111 hours lost as a result of ambulance handovers in September. It was noted that much of this was driven by the central area however, work had been undertaken to refresh USC improvement programmes for each of the three health communities. He advised that there was a gap of 40 beds at YGC in comparison to the previous year and work had been progressed with the leadership team at this site. SITREP and escalation plans had been worked on across secondary care to be clear on responsibilities in terms of escalation. He

advised that Winter plans were a key component to this recovery. Furthermore, twice daily calls were taking place with WAST.

FP20/130.2 The Committee questioned why improved ambulance handover at the Centre had slipped back recently. The Interim Chief Operating Officer advised that this was a symptom of other issues which included poor flow across the system, a capacity deficit on site whereby there was consistently 25 patients waiting for beds every morning and there were also impacts related to the complexity of Covid and non-Covid pathways. He advised that whilst the team did what they could to flex space, they were dealing with a difficult situation. Much work had also been undertaken on grip and control on site whilst escalation work was improving matters. He also responded that more could be done to redirect patients to MIU. The Interim Chief Operating Officer agreed to provide clarity on the additional bed requirements for Wrexham Maelor and Ysbyty Gwynedd relating to the current requirements to test patients prior to discharge to care homes (noting this to be 112 beds at YGC).

GM

FP20/130.3 Mr Stephen Harrhy provided a presentation on the review he undertook at the YGC site to look at processes. He advised that the team had been cooperative, positive and very supportive. His feedback outlined:

- You have the basis of a good plan but...
- You have already identified some opportunities within YGC
- Celebrate good practice as well as demanding better delivery
- Stability and support
- Understanding the “DGH plus” nature of YGC
- Demand management is as important as additional capacity and better flow
- Key principle and goal improving quality and patient safety and reduce harm
- Tactical approach
- Offer of support
- Report will be shared with officers first

He suggested quick wins could be achieved in the following areas:

- Support the work on “tempo of the day”, reduce bureaucracy to strengthen governance, move the day forward
- The EDQ plan will work, but prioritise and focus on a couple of key priorities
- Support the Site Management “Directorate”
- Push the introduction of the Acute Physician Model
- Work on reduced conveyance into YGC
- Agree with WAST their key actions
- The targets in your winter plan are the right ones what is your transition plan
- Recruitment plan
- Management and leadership development plan

FP20/130.4 In the discussion which followed Mr Harrhy agreed to work with BCU to explore Patient Offload Departments (PODs) further, which had been introduced successfully in other areas of Wales to help with leeway at pressured times. The Acting Chief Executive expressed appreciation at the offer of help in this area along with exploring the possibility of WAST personnel involvement.

It was resolved that the Committee noted the unscheduled care performance for September 2020 across BCUHB and for each Health Community

FP20/131 Finance Report Month 6

FP20/131.1 The Acting Executive Director of Finance advised the Health Board's position at 30.9.20 to be at £24.6m surplus in month, being a £27.9m favourable variance. The year to date position was reported as £19.8m deficit, being £0.2m favourable variance to plan and the year end was forecast to be a balanced plan position of £40m deficit.

FP20/131.2 The key points were noted to be

- During September, Welsh Government notified the Health Board of additional funding for Covid19. This included £83.1m to support the impact of Covid19, plus specific funding to cover the costs of PPE, the extended flu vaccination programme, the Covid19 vaccination programme, Covid19 testing, Field Hospital decommissioning costs, consequential losses arising from the Field Hospitals and the cost of using the independent sector to support activity. In total, an additional £106.2m of Covid19 funding had been included in the forecast position in Month 6. Of this additional income, £27.6m had been brought into the position in Month 6 to fund Covid19 costs incurred in Months 1 to 5 and additionally Month 6 had been funded. This resulted in a significant improvement in the financial position and the forecast this month.
- It was anticipated that the additional Welsh Government income would fully cover the costs of Covid19 this year therefore the Health Board forecast had been amended to £40.0m deficit, in line with the financial plan.
- Savings schemes had delivered £1.2m in month, increasing total delivery to £5.5m for 2020/21. The overall forecast for savings, including those schemes in the pipeline, had increased by £0.1m to £15.0m. Undelivered savings were included in the costs of Covid19, so the development and implementation of further schemes would provide an opportunity for 2020/21 and reduce the underlying deficit carried forward into 2021/22.

FP20/131.3 The Acting Executive Director of Finance drew the Committee's attention to Appendix 2 which demonstrated Covid19 costs and income which was not impacting the Health Board's financial year to date position. She confirmed that whilst there was a cash balance shortfall forecast, mitigating actions had been put in place to address this. The Capital Resource Limit for 2020/21 was £27.6m. However actual expenditure to the end of September was £8.4m, against a plan of £11.1m. The Acting Executive Director of Finance advised that the year to date slippage of £2.7m would be recovered during the remainder of the year. The appendices were noted. In respect of Savings scheme development during Month 6 the overall value of the programme had reduced by £0.09m to £13.81m and the risk profile had improved significantly with 72% of programme value in the amber and green categories compared with 53% in Month 5. Savings of £1.2m were reported, increasing the overall year to date delivery to £5.5m however, the year to date delivery amounted to a £16.5m shortfall against target. It was noted that the Value Based Healthcare

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| <p>briefing had been provided within the report which the Acting Executive Medical Director was now leading – a further update would be provided at the next meeting.</p> <p>FP20/131.4 The Committee questioned whether Welsh Legal Services had been contacted to advise on potential field hospital consequential losses. A discussion ensued on the complex reasoning behind the choice of field hospital utilisation which was understood to be the subject of ongoing Executive Team discussion.</p> <p><i>The Executive Director Workforce and OD joined the meeting</i></p> <p>FP20/131.5 The Committee noted poor financial performance within the Areas and questioned whether there were underlying issues. The Acting Executive Director of Finance clarified that savings targets were causing local difficulties.</p> <p>FP20/131.6 The Deputy FDU Director observed that the introduction of separating Covid19 expenditure by division had been a helpful in ascertaining variances and looked forward to teasing out why expenditure in the second part of the year was forecast to be greater than the first part at a meeting to be held the following week.</p> <p>It was resolved that the Committee noted the report</p> | AG/SH |
| <p>FP20/132 Financial Governance Cell – Update on Controlled Self-Assessment</p> <p>FP20/132.1 The Acting Executive Director of Finance acknowledged the work of the Internal Audit Team in undertaking the Covid19 Financial Governance self-assessment checklist report. The paper outlined what went well and was regarded as good financial governance, what could be strengthened in any future emergency need, what could be strengthened as part of business as usual and additional points from the All Wales Directors of Finance (DoF) not already identified. The Acting Director of Finance reflected on the draft action plan provided at Appendix D and timescales. These included a review of controls and emergency plans, formal agreement of an Emergency Scheme of Delegation (SoRD), centralised control of PPE/Asset tracking/Adhoc Pay, departmental reviews of business continuity plans including agile working, a review of significant investments to ensure value for money, undertaking a critical review of skills, capacity and capability (especially analytical), a review of field hospital recommendations and a review of collaboration and joint working.</p> <p>FP20/132.2 The Committee concurred on the All Wales DoF findings but questioned whether the timescales outlined in respect of business continuity were reasonable given that many were not in place. The Acting Executive Director of Finance advised that the process would need to be managed effectively.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the collaborative work undertaken through the Financial Governance Cell • noted the areas of good practice and the lessons learned suggestions from the Governance Cell. • noted the next steps (Draft Action Plan) and the future role of the Governance Cell. | |

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| <p>FP20/133 No item</p> | |
| <p>FP20/134 Q3/4 finance update – affordability assumptions</p> <p>FP20/134.1 The Acting Executive Director of Finance presented this item which provided an update on the financial impact of the agreed revisions to the operational plan submitted to Welsh Government on 19.10.20 and clarity on affordability along with any funding risk. She referred the Committee to the summary of financial commitments and anticipated funding sources within Table 2, along with new service development bids in Table 3 which had been submitted for funding but had not yet been confirmed. These included DTC development, Orthopaedic business case and Robotics business case. Attention was also drawn to North Wales Regional Partnership Board part funding of the Home First Project which was part of the Winter Resilience Surge Plan.</p> <p>FP20/134.2 In discussion of the forecast £20.2m deficit in months 7-12 the Acting Executive Director of Finance confirmed that divisional scrutiny was in place and agreed to provide greater detail within the next finance report. In discussion of the amber commitments, she advised that these were without risk - as without funding they would not proceed.</p> <p>FP20/134.3 The Chairman questioned what BCU's position would be if it delivered £40m deficit position – which the Acting Executive Director of Finance confirmed to be break even.</p> <p>It was resolved that the Committee noted the financial impact of the agreed revisions to the operational plan submitted to WG on 19th October and the affordability of the plan and the funding risk</p> | <p>SH</p> |
| <p>FP20/135 Financial Plan and budget setting 2021/22</p> <p>FP20/135.1 The Chair voiced his concern in respect of potential divisional overspending and sought assurance that this was being monitored at an early stage. The Acting Executive Director of Finance confirmed that Chief Finance Officers were addressing this however greater clarity was required across the Health Board. The Committee also raised concern in respect of savings plans and called for greater grip in this area ahead of finalising budgets. It was suggested that renegotiation of block contracts could be considered in the new year.</p> <p>FP20/135.2 The Committee questioned how digital investment was factored into budgets, which the Acting Executive Director of Finance agreed to address with Executive Team members following the meeting. In response to the Chairman, she confirmed that the draft financial plan would be submitted to WG in January 2021, whilst the final version would be provided in March 2021. The Deputy Director FDU agreed to provide greater clarity on the deadlines to WG in order that the Committee could ensure the meeting schedule enabled prior scrutiny ahead of submission. The WG Regional Programme Director advised that details of bids would be expected shortly as assessment panels were currently running.</p> | <p>SH</p> <p>EW</p> |

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|---|---------------------|
| <p>It was resolved that the Committee noted the approach to budget setting for 2021/22</p> | |
| <p>FP20/136 Capital Programme report Month 6</p> <p>FP20/136.1 The Executive Director of Planning and Performance presented this item. The report advised that Welsh Government had undertaken a review of the capital programme to seek to identify additional funds to support the on-going cost of the pandemic. All Health Boards and Trusts were requested to review their expected expenditure on major capital schemes to 31st March 2021. As previously reported, progress on Ruthin Hospital, the Substance Misuse Units at Holyhead and Shotton and the Integrated Dementia unit at Bryn Beryl hospital had been delayed as a consequence of the pandemic. BCU assessed the impact of these delays to be a reduction in the total planned expenditure of £2.058m. As a consequence WG had reduced the CRL for each of these schemes but also provided an additional allocation of funding for COVID19 of £2.590m resulting in a net increase of £532k overall.</p> <p>FP20/136.2 It was noted that an update on progress of the Ablett Redevelopment scheme was provided, indicating that a preferred high level option (approximately £63m) which included development of a multi-storey car park, had not yet been reviewed by the Capital Investment Group or Executive Team. The Committee was concerned about potential delay and reliance on WG funding.</p> <p>FP20/136.2 Discussion ensued on capital governance and the omission of references to BCU's Estates Strategy. The Committee requested that the Executive Director of Planning and Performance address this omission and arrange to include references to the F&P Committee and Board within the Capital Governance Structure provided at Appendix 1. The Committee also requested a timeline of submissions in relation to developments at Bryn Beryl, Shotton and Holyhead, especially within the current financial year.</p> <p>It was resolved that the Committee received the report and noted the reported exceptions.</p> <p><i>The Project Manager IT and Executive Director of Primary and Community Services joined the meeting</i></p> | <p>MW</p> <p>MW</p> |
| <p>FP20/137.1 BCU Symphony / National WEDS (Welsh Emergency Department System) revenue business case</p> <p>FP20/137.1.1 The Executive Director of Primary and Community Services advised that the development was part of a complex jigsaw which would provide a unified system across the 3 EDs at DGH sites to enable greater efficiency and effectiveness replacing paper heavy systems and improving patient triaging. In addition, clinical protocols could be better used along with providing improved patient flow, transfers and reporting of waiting times. It was noted that there were currently procurement delays to a national solution. The Executive Director of Primary and Community Services confirmed that the financial envelope was covered. He advised that other advantages would be captured in the benefits realisation plan of the Project Board going forward.</p> | |

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| <p>FP20/137.1.2 The Committee discussed the importance of ensuring that benefits realisation were provided in all business case submissions and monitored to ensure value for money. The Chairman requested that an F&P Committee tracker tool was created and updated moving forward to ensure the Committee was sighted on its investment decisions. It was also agreed that a briefing note on benefits realisation be provided and the business case updated accordingly.</p> <p>FP20/137.1.3 The Committee was very supportive of the development, as it was necessary to ensure a single shared patient administration system to move forward transformation and the effect of the national procurement delay was recognised. The Committee endorsed the Executive Director of Primary and Community Services' proposal and his affirmation that clinical risk was being managed. The Acting Chief Executive requested that the Executive Director of Planning and Performance shared progress of the business case with the Executive Management Group.</p> <p>FP20/137.1.4 The Chairman questioned whether there were potential further costs to be addressed in the Centre, which the Executive Director of Primary and Community Services confirmed he would explore and advised that should any potential uplift to BCU costs arise through hosting, the Committee would be notified.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • approved the BCU Symphony / National WEDS Revenue Business Case for submission to the Health Board to allow a phased implementation of the BCU Symphony in West and East Emergency Departments and all Minor Injury Units (MIU) in BCU, in readiness for the fully integrated WEDS solution (which includes Central Emergency Department). • agreed that the tracker would be provided at future meetings into 2021. • agreed that an update on benefits realisation be provided to the next meeting <p><i>The IT Manager left the meeting</i></p> | <p>FM</p> <p>MW</p> |
| <p>FP20/137.2 North Denbighshire Community Hospital Full Business Case</p> <p>FP20/137.2.1 The Executive Director of Planning and Performance highlighted the current challenges of the Royal Alexandra Hospital estate. He advised that there had been an increase in cost to £64m due to revised WG guidance and changes to fire protection, environmental factors, CADW requirements and additional survey work however, the scope had not changed. The site would deliver a range of expanded and redesigned services which affected individuals in many vulnerable groups and would also provide a Minor Injury Unit function to assist in the summer visitor swell. He stated that there was currently £0.5m funding gap.</p> <p>FP20/137.2.2 A discussion ensued. The Committee were informed that clinical staff had been involved in discussion of office space following the move towards an agile working culture. The Executive Director of Planning and Performance agreed to report back to members on the contingency allocated given the Committee's concern on whether this was sufficiently adequate and previous experience with redevelopment projects. The Executive Director of Primary and Community Services explained how the cash releasing savings of £700k per annum had been derived and confirmed that the hospital team were aware of savings requirements. In response to the Chairman,</p> | <p>MW</p> |

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| <p>he confirmed that escalation beds were funded and that he would explore potential shared partnership working costs further.</p> <p>It was resolved that the Committee approved the Business Case for submission to the Board.</p> | |
| FP20/137.3 Item taken in private session | |
| <p>FP20/138 Shared Services Partnership Committee quarterly assurance report (1st July 2020 – 30th September 2020)</p> <p>It was resolved that the Committee noted the report</p> | |
| <p>FP20/139 Cross Border Block Contracts Update</p> <p>It was resolved that the Committee noted the level of delivery within the Health Board managed Cross Border Block Contract arrangements up to Month 5 the year on year activity reductions within the Health Board managed Cross Border Block Contract arrangements up to Month 5 the level of delivery within the material WHSSC managed Cross Border Block Contract arrangements up to Month 5 the latest position regarding Block Contract arrangements for the period months 7 to 12</p> | |
| <p>FP20/140 Monthly monitoring reports - Month 6 and 5</p> <p>It was resolved that the Committee noted the contents of the report submitted to Welsh Government about the Health Board's financial position at Months 5 and 6 2020/21.</p> | |
| <p>FP20/141 Summary of Private business to be reported in public</p> <p>It was resolved that the Committee noted the report</p> | |
| <p>FP20/142 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside the meeting</p> | |
| <p>FP20/143 Date of next meeting</p> <p>29.10.20</p> | |

| BCUHB FINANCE & PERFORMANCE COMMITTEE | | | | |
|---|---|--|---|---------------------------|
| Summary Action Log – arising from meetings held in public | | | | |
| Officer | Minute Reference and Action Agreed | Original Timescale | Latest Update Position | Revised Timescale |
| Actions from 24.10.19 meeting: | | | | |
| Sue Hill | FP19/236 Finance Academy Forecasting Best Practice Guide A plan to implement the guidance would be provided In December | December meeting (11.12.19) January meeting | Moved to January agenda due to short December meeting | Jan-2020 February 2020 |
| | | | Deferred to February 2020 agenda due to timing of January meeting | |
| | | | 10.2.19 Deferred to March 2020 agenda | March 2020 |
| | | | 27.2.20 The Chairman requested that the item be addressed at the next meeting | 22.4.20 |
| | | | 18.5.20 – Deferred to July 2020 | 25.6.20 |
| | | | 23.6.20 Given the current planning guidance from Welsh government requiring the submission of quarterly operational plans, this item was deferred until 29.10.20 meeting | 19.10.20 |
| | | Deferred to January meeting | 18.1.21 | |
| Actions from 27.8.20 meeting: | | | | |
| Sue Green / Neil Bradshaw | FP20/98 Capital Programme FP20/98.5 Discuss proposals to address electric charging point commuting cost recovery for staff | 14.9.20 | 11.09.20 – Meeting between Sue Green and Neil Bradshaw scheduled 23.9.20 1.11.20 The meeting outlined the proposed electric vehicle charging points, mechanisms for setting charging cost, method of charging and administration. It was noted that the new installation would not be commissioned at the new Royal Alexandra Hospital until 2023 and agreed that we would review the process of engagement with staff and agree the procurement of an appropriate company to administer the system. Contact has | Action to be closed |

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| | | | been made with Finance and Procurement to review available frameworks and develop the procurement strategy. This approach will also serve to allow the installation of charging points as part of other major capital schemes eg Ablett and Wrexham Maelor Continuity. | |
| Actions from 29.9.20 meeting: | | | | |
| Sue Hill | FP20/118.4 Savings report Include update on PMO capacity and capability resource within next report | 19.10.20 | It was agreed that the Savings report is taken bimonthly therefore it will be on the next F&P Committee agenda (22.12.20). Confirmed to be included in report 22.12.20 | Action to be closed |
| Actions from 29.10.20 meeting: | | | | |
| Andrew Kent | FP20/124.5 DTC Set out interim solutions within the next report | 10.12.20 | The paper for F&P on planned care sets out the six-point recovery plan which describes the interim solutions | Action to be closed |
| Gavin Macdonald | FP20/126.3 Winter Plan Include clear lines of responsibility within next iteration and include escalation flowchart | 10.12.20 | The Winter Plan includes a section on standardised site escalation processes that clearly set out the lead(s) for each of the 4 levels of escalation The escalation flowchart was included in the version provided to the November Board meeting. | Action to be closed |
| Mark Wilkinson | FP20/127.2 Q2 Monitoring Provide greater narrative clarity re AN11.2 | 1.12.20 | 14.12.20 the plan action related to the reinstatement of secondary care ophthalmology pathways, and the development of optometric diagnostic and treatment centres, and was red rated at the end of Q2 on the basis that the diabetic retinopathy pathway had been planned to go to CAG, and R1 patients to be transferred to primary care for data gathering and subsequent ophthalmology virtual review. The latest position is that there has been significant improvement in many of our Eye Care Measures, but there remains improvement to be made in the use of Primary Care for Glaucoma and Diabetic Retinopathy pathways with regards to data collections to support treatment need and so our focus continues to be on the utilisation of the ODTs going forward. Alyson Constantine, the new ophthalmology lead is due | Action to be closed |

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| | | | to attend the committee. | |
| Gavin Macdonald | FP20/130.2 USC Provide briefing note re additional bed requirements at YG and WXM | 1.12.20 | Circulated to members 26.11.20 | Action to be closed |
| Sue Hill/ Geoff Lang | FP20/131.3 Finance report Provide report on VBHC within next Finance report | 10.12.20 | Provided within Finance report 22.12.20 | Action to be closed |
| Sue Hill | FP20/134.2 Affordability assumptions Provide greater detail of divisional scrutiny in next finance report | 10.12.20 | Provided within Finance report 22.12.20 | Action to be closed |
| Sue Hill | FP20/135.2 Financial plan and budget setting 2021/22 Advise how Digital investment to be budgeted for | 10.12.20 | Provided within Financial plan and Budget setting 21/22 report 22.12.20 | Action to be closed |
| Mark Wilkinson | FP20/136 Capital Include reference to Estate Strategy in capital governance paper and FPC & Board in structure diagram | 10.12.20 | 14.12.20 the guiding role of the estate strategy has been reinforced in terms of reference for the Capital Investment Group which have now been approved by the Executive Team and issue to the Group. | Action to be closed |
| Fiona Mash | FP20/137.1.2 WEDS Provide briefing note on benefits realisation to circulate to members and update the business case. | 10.12.20 | Circulated 14.12.20 | Action to be closed |
| Mark Wilkinson | FP20/137.1.3 WEDS Share WEDS business case with EMG | 10.12.20 | 14.12.20 the action relates to sharing the progress of the business case with EMG. This has been completed. | Action to be closed |
| Mark Wilkinson | FP20/137.2.2 NDenbsCH Advise on contingency | 10.12.20 | Circulated to members 26.11.20 | Action to be closed |

14.12.20



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|---|---|---|--|--|--|--|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.21 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Quarters 3 & 4 Operational Plan Monitoring Report | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Mark Wilkinson Executive Director of Planning & Performance | | | | | |
| Awdur yr Adroddiad Report Author: | Jonathan Lloyd, Interim Director of Performance | | | | | |
| Craffu blaenorol: Prior Scrutiny: | This paper has been scrutinised and approved by the Executive Director of Planning and Performance. | | | | | |
| Atodiadau Appendices: | None | | | | | |
| Argymhelliaid / Recommendation: | | | | | | |
| The Finance and Performance Committee is asked to note the report. | | | | | | |
| Please tick as appropriate | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | | Er gwybodaeth For Information |
| | | | | | | |
| Sefyllfa / Situation: | | | | | | |
| This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2020/21 Operational Plan for Quarters 3 & 4. | | | | | | |
| Cefndir / Background: | | | | | | |
| The operational plan has a number of key actions required to be delivered during Quarters 3 & 4 of 2020/21. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Where an action is complete this is RAG rated purple. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery was not achieved. For Red rated actions a short narrative is provided. This report was received by SPPH on 10.12.20 aligned to a paper that reconciled the outstanding actions for the 20/21 Q2 plan (to support assurance and demonstrate completeness). | | | | | | |

Asesiad / Assessment & Analysis

Strategy and assurance implications

This is the first monitoring report of our progress against the quarter three and four plan. The intention had been to assess our performance at the end of October, however a number of scores have been included relating to performance at the end of November.

With the plan only being approved in mid-October, as you would expect most of the actions are rated as on track or with few risks that are being managed.

There are a couple of red rated actions in the digital health section (page 19). The business case for the Welsh emergency department system (WEDS) has now been approved, supporting the completion of this action, if not within the agreed timescale. The implementation of WPAS in the West remains uncertain, reliant on agreement of funding implications, and is also key to unlocking a number of essential improvements in consistency, and timeliness of business intelligence across the Health Board.

Neurodevelopment (page 6) and neurophysiology (page 8) both describe the same service issue. This was discussed at recent performance review meetings, and the procurement has now been completed which should allow additional capacity to begin to reduce delays.

Mental Health and Learning Disabilities (page 16) details the difficulties with the service to meet the target of 26 weeks of referral to assessment. This was considered at the recent performance review. The service is in the process of developing a sustainability and improvement plan which will start to address this issue (in the medium and longer term)

Options considered

N/A

Financial Implications

Delivery of the operational plan within the budget set by the Health Board is part of ensuring resources are well-managed and care effectively provided within the allocated resources.

Risk Analysis

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

Legal and Compliance

N/A

Impact Assessment

The operational plan has been Equality Impact Assessed.

Plan Monitoring Report Quarters 3 & 4 2020/21

November 2020

Overview and Purpose of this Report

- The Quarter 3 & 4 Plan of the Health Board has been agreed by the Board
- The Plan recognises that the disruptive nature of the pandemic has shortened planning horizons, resulting in plans being time limited to quarterly plans for 2020-21
- The Quarter 3 & 4 plan relates to the need to maintain essential non Covid-19 services to minimise risk of harm for life-saving or life-impacting treatments whilst meeting the additional demands of winter pressures.
- This report is a self-assessment by the Executive Director responsible for each of the work streams to have delivered the actions set out in the plan by the 31st March 2021, with supporting narrative where delivery has not been achieved. This report provides an update from each Executive Director for the end of November 2020 actual position. The entire report is reviewed and approved by the Executive Team.
- Work is underway in developing the plan for 2020/21 which will also reflect the shift in phasing of response to the pandemic from mobilisation towards parallel running of the pandemic and re-activation of some business as usual activities where it is safe to do so. This reflects transition to sustainable service delivery phase of the plan.

| RAG | Every month end | by expected delivery date | Actions depending on RAG rating given |
|--------|---|---------------------------|--|
| Red | Off track, serious risk of, or will not be achieved | Not achieved | Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Action within the agreed timescale is provided. |
| Amber | Some risks being managed | Not Applicable | Where RAG is Amber: No additional Information required |
| Green | On track, no real concerns | Not Applicable | Where RAG is Green: No additional Information required |
| Purple | Achieved | Achieved | Where RAG is Purple: No additional Information required |

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Chapter 1: Test, Trace and Protect

| Test, Trace, Protect | | | | | | | |
|----------------------|---|-----------------|--|-------------------------------------|-------------|--------|--------|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 |
| 1.00 | safe, secure and healthy environment for our people | SPPH | Test, Trace, Protect (TTP) service established across North Wales to minimise the spread | Executive Director of Public Health | 30/11/20 | P | |
| 1.20 | safe, secure and healthy environment for our people | SPPH | Antigen Testing service established with ability to effectively respond to surges | | 31/10/20 | P | |
| 1.30 | safe, secure and healthy environment for our people | SPPH | Tracing service established and key performance indicators achieved | | 30/11/20 | P | |
| 1.40 | safe, secure and healthy environment for our people | SPPH | Protect plan established | | 20/12/20 | A | G |

Chapter 2: Promoting Health & Wellbeing

| Promoting Health & Well-being | | | | | | | |
|-------------------------------|---|-----------------|---|-------------------------------------|---|--------|--------|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 |
| 1.60 | safe, secure and healthy environment for our people | SPPH | Lead cross-sector North Wales COVID-19 Vaccination Tactical Delivery Group to plan and oversee the implementation of the COVID-19 vaccination programme for North Wales | Executive Director of Public Health | In line with national policy and guidance | P | |

Chapter 3: Planned Care – Page 1 of 5

Continuation of Restart

| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 |
|----------|--|--------------------|---|-------------------------|-------------|--------|--------|
| 2.3 | Essential services & safe planned care | Planned Care Group | Deliver monthly planned care re-start activity plan | Chief Operating Officer | 30/11/20 | G | G |

DEMAND AND CAPACITY

| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 |
|----------|--|--------------------|--|-------------------------|-------------|--------|--------|
| 2.4 | Essential services & safe planned care | Planned Care Group | Develop and implement a 'Once for North Wales' solution to address specialties where local resource do not meet needs for P1 and P2 demand and where significant variance in waiting times between sites exists. | Chief Operating Officer | 31/10/20 | P | |
| 2.5 | Essential services & safe planned care | Planned Care Group | Identify specialities where the 'Once for North Wales' approach is not able to provide the required level of access to services. | | | P | |
| 2.6 | Essential services & safe planned care | Planned Care Group | Review of external capacity for key providers | | | R | A |
| 2.7 | Essential services & safe planned care | Planned Care Group | Develop and implement plans to support patients to actively manage symptoms/ optimise their health whilst waiting for treatment. | | 31/12/20 | A | A |

Chapter 3: Planned Care – Page 2 of 5

| RISK STRATIFICATION | | | | | | | | |
|---------------------|--|--------------------|--|-------------------------|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 2.8 | Essential services & safe planned care | Planned Care Group | Introduce specialty specific risk stratification using P1- P4 categorisation as per Essential Services Framework. | Chief Operating Officer | 19/10/20 | P | | |
| 2.9 | Essential services & safe planned care | Planned Care Group | Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate. | | | R | A | |

| OUTPATIENTS | | | | | | | | |
|-------------|--|-----------------|--|-------------------------|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 3.00 | Essential services & safe planned care | F&P | Provide virtual outpatient appointments wherever possible. | Chief Operating Officer | 31/3/21 | A | A | |
| 3.10 | Essential services & safe planned care | F&P | Identify community facilities where face to face consultations could be delivered and appointments and treatments offered to improve local/equity of access. | | 31/12/20 | A | A | |
| 3.20 | Essential services & safe planned care | F&P | Develop and implement plans to address backlog of overdue follow up patients | | | G | G | |

| PROTECTING ELECTIVE CAPACITY - DIAGNOSTIC TREATMENT CENTRE | | | | | | | | |
|--|--|-----------------|---|-------------------------|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 3.40 | Essential services & safe planned care | F&P | Undertake feasibility study into a Diagnostic and Treatment Centre to reduce long waiters in the health economy | Chief Operating Officer | 31/10/20 | G | G | |

Chapter 3: Planned Care – Page 3 of 5

PATHWAY DEVELOPMENT

| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 |
|----------|--|-----------------|--|----------------------------|-------------|--------|--------|
| 4.10 | Essential services & safe planned care | QSE | Clinical Advisory Group to co-ordinate a programme and timetable for pathway development and review in line with clinical strategy | Executive Medical Director | 31/12/20 | A | A |
| 4.20 | Essential services & safe planned care | QSE | Ensure PREMs are included in the development of pathways where feasible and appropriate. | | 31/3/21 | A | A |
| 4.30 | Essential services & safe planned care | SPPH | Develop the process to arrive at a Digitally Enabled Clinical Services Strategy | | | A | A |

SERVICE SUSTAINABILITY

| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 |
|----------|--|-----------------|--|-------------------------|-------------|--------|--------|
| 6.10 | Essential services & safe planned care | F&P | Systematic review and development of plans to address service sustainability for planned care specialties, in order of highest risk. | Chief Operating Officer | 30/11/20 | A | G |
| 6.20 | Essential services & safe planned care | F&P | Review and refresh priority business cases relating to service sustainability | | 31/3/21 | G | G |

Chapter 3: Planned Care – Page 4 of 5

| PLANNED CARE SPECIALTY SPECIFIC PLANS | | | | | | | | |
|---------------------------------------|--|-----------------|---|--|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 4.4 | Essential services & safe planned care | F&P | Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists | Chief Operating Officer | 30/11/20 | A | A | |
| 4.5 | Essential services & safe planned care | F&P | Undertake a total review of the orthopaedic case for North Wales, in light of the COVID-19 pandemic | Executive Director of Planning & Performance | 30/11/20 | A | A | |
| 4.6 | Essential services & safe planned care | F&P | Review of Orthopaedic business case in light of DTC feasibility work. | Chief Operating Officer | 31/12/20 | G | G | |
| 4.9 | Essential services & safe planned care | F&P | Insourcing Diagnostic Capacity. (Subject to market availability) | | 31/12/20 | G | G | |
| 5.10 | Essential services & safe planned care | F&P | Implementation of insourcing solutions for CT, MRI and ultrasound to reduce backlog of routine referrals. | | 31/12/20 | G | G | |
| 5.20 | Essential services & safe planned care | F&P | Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals. | | 31/10/20 | R | R | |
| 5.30 | Essential services & safe planned care | F&P | Review of phlebotomy service model in light of covid-19 | | 31/10/20 | P | | |
| 5.40 | Essential services & safe planned care | F&P | Implement year one (2020/21) plans for Endoscopy | | 30/11/20 | G | G | |

Chapter 3: Planned Care – Page 5 of 5

| SERVICE SUSTAINABILITY | | | | | | | | |
|------------------------|--|-----------------|--|-------------------------|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 6.10 | Essential services & safe planned care | F&P | Systematic review and development of plans to address service sustainability for planned care specialties, in order of highest risk. | Chief Operating Officer | 30/11/20 | A | G | |
| 6.20 | Essential services & safe planned care | F&P | Review and refresh priority business cases relating to service sustainability | | 31/3/21 | G | G | |

| MANAGING CAPACITY – WINTER/COVID | | | | | | | | |
|----------------------------------|--|--------------------|--|-------------------------|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 6.60 | Essential services & safe planned care | Planned care group | Ensure surge and escalation plans are aligned to Planned Care activity needs | Chief Operating Officer | 2/11/20 | G | G | |

2.6: Review of external capacity for key providers

Single Tender Waiver has been signed off to provide additional capacity to the service – this action is progressing well.

2.9: Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate.

Full MDTs take place for all cancer patients. Clinical reviews take place of all other patients, the team are working with clinicians to establish whether a full MDT is required for all patients.

5.20: Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals.

Plans are being finalised to agree mid term solutions for this service. Expected data of receipt of plans is in December 2020

Chapter 4: Unscheduled Care – Page 1 of 3

| Unscheduled Care | | | | | | | | |
|------------------|-----------------------|-----------------|--|-------------------------|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 6.70 | Safe unscheduled care | F&P | Develop Winter Resilience Plans for each local Health and Social Care Community as well as a pan BCUHB overarching Winter Resilience Plan for 2020-21 | Chief Operating Officer | 31/10/20 | G | G | |
| 6.80 | Safe unscheduled care | F&P | <p>Engagement of the Community Services Transformation Programme with the NHS Delivery Unit's 'Right-Sizing Community Services for Discharge' programme, to map current capacity within community health and social care services, to facilitate a timely discharge from hospital.</p> <p>When completed, the programme will be in a position to use the findings to evaluate current and future service models and develop a programme of change to respond to areas of identified gaps within the community. This will include ensuring that there is sufficient capacity within the community to support people to Discharge 2 Assess and Recover.</p> <p>Workforce: work being undertaken as part of the Community Services Transformation programme to understand the skill mix and competencies required to deliver effective and integrated health and social care in the community, is critical to this programme of work.</p> | | 31/3/21 | A | A | |

Chapter 4: Unscheduled Care – Page 2 of 3

| Surge Plans | | | | | | | | |
|-------------|-----------------------|-----------------|---|-------------------------|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 7.40 | Safe unscheduled care | F&P | Develop surge plans for secondary care, community and primary care services, including the development of specific schemes | Chief Operating Officer | 31/10/20 | G | G | |
| 7.50 | Safe unscheduled care | F&P | Surge plans are based on data, which describes COVID and non-COVID (USC) predicted demand for Q3&4. | | | G | G | |
| 7.60 | Safe unscheduled care | F&P | Site specific plans to include community based actions that will support Acute sites to maintain flow, avoid admissions wherever safe to do so and link community services designed to facilitate timely discharge e.g. Home First schemes. | | | G | G | |
| 7.71 | Safe unscheduled care | F&P | Temporary hospitals incorporated into the surge plans where triggers indicate the system is close to being overwhelmed. | | | G | G | |

Chapter 4: Unscheduled Care – Page 3 of 3

| Phone First | | | | | | | | |
|-------------|-----------------------|-----------------|---|-------------------------|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 9.00 | Safe unscheduled care | F&P | Develop and implement a 'Phone First' service building on the learning from the Cardiff & Vale pathfinder model – CAV 24/7. This will incorporate GP OOH call handling, SICAT, NHS Direct/ 111, primary care triage | Chief Operating Officer | 31/12/20 | A | A | |
| 9.20 | Safe unscheduled care | F&P | Phone First discussion paper drafted | | 1/10/20 | G | G | |

| Emergency Department Quality Delivery Framework (EDQDF) | | | | | | | | |
|---|-----------------------|-----------------|--|-------------------------|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 9.70 | Safe unscheduled care | F&P | Implementation of the Emergency Department Quality Delivery Framework (EDQDF) programme to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments and which will be informed by the Welsh Access Model (WAM) | Chief Operating Officer | 31/3/21 | G | G | |

Chapter 5: Primary & Community Care – Page 1 of 3

| Primary Care | | | | | | | | |
|---|---|-----------------|---|---|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 9.90 | safe, secure and healthy environment for our people | SPPH | Review the requirements of the all Wales Primary Care Operating Framework (not yet published), including the delivery of the WHO framework for essential healthcare services. | Executive Director Primary & Community Care | 31/3/21 | G | G | |
| Capture and embed proven technologies in primary care | | | | | | | | |
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 10.40 | safe, secure and healthy environment for our people | SPPH | Reflecting on the good practice and learning collated in Q2, support more primary care providers to implement e-Consult and video consultation platforms including the coordination of: | Executive Director Primary & Community Care | 31/3/21 | P | | |
| 10.50 | safe, secure and healthy environment for our people | SPPH | Implementation of the on line platforms | | | P | | |
| 10.60 | safe, secure and healthy environment for our people | SPPH | Roll out of New Technology Training /support | | | P | | |
| 10.70 | safe, secure and healthy environment for our people | SPPH | Undertake patient satisfaction surveys | | | P | | |

Chapter 5: Primary & Community Care – Page 2 of 3

| Efficient and effective immunisation and screening activities | | | | | | | | |
|---|-----------------------|-----------------|--|---|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 11.10 | Safe unscheduled care | F&P | Development and implementation of actions at a cluster level to deliver improved update in flu immunisation rates. | Executive Director Primary & Community Care | 31/12/20 | G | G | |

| Implement General Medical Services Recovery Plan | | | | | | | | |
|--|--|-----------------|--|---|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 11.70 | Essential services & safe planned care | SPPH | Implement Welsh Government GMS Recovery Plan | Executive Director Primary & Community Care | 31/10/20 | P | | |

| Implement Dental Services Recovery Plan | | | | | | | | |
|---|--|-----------------|---|---|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 12.30 | Essential services & safe planned care | SPPH | Implement Welsh Government Dental Recovery Plan | Executive Director Primary & Community Care | 31/3/21 | G | G | |

| Implement Community Optometry Recovery Plan | | | | | | | | |
|---|--|-----------------|--|---|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 12.90 | Essential services & safe planned care | SPPH | Implement Welsh Government Optometry Recovery Plan | Executive Director Primary & Community Care | 31/10/20 | G | G | |

Chapter 5: Primary & Community Care – Page 3 of 3

| Community Health & Social Care | | | | | | | | |
|--------------------------------|-----------------------|-----------------|--|----------------------------|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 13.70 | Safe unscheduled care | F&P | Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation | Executive Medical Director | 31/1/21 | A | A | |

| Support Care Homes and reintroduce CHC | | | | | | | | |
|--|-----------------------|-----------------|--|---|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 13.90 | Safe unscheduled care | RPB/ SPPH | Regional Care Home Action Plan developed. (Building from good practice introduced in Q2 and legacy actions.) | Executive Director Primary & Community Care | 31/12/20 | G | G | |
| 14.00 | Safe unscheduled care | SPPH | BCU wide Continuing Health Care (CHC) Recovery Plan in operation | | | A | A | |

Chapter 6: Children's Services (Including CAMHS)

| Deliver Safe & Effective CAMHS Services | | | | | | | | |
|---|---------------------------------------|-----------------|--|---|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 15.40 | Improvement of Mental Health Services | QSE | CAMHS – Continue to deliver remote consultations via Attend Anywhere | Executive Director Primary & Community Care | 31/12/20 | G | G | |
| 15.50 | Improvement of Mental Health Services | QSE | Restart face to face planned care assessment and intervention work in CAMHS (once approved to start) | | | G | G | |

| Neuro-Development | | | | | | | | |
|-------------------|---------------------------------------|-----------------|---|---|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 16.00 | Improvement of Mental Health Services | QSE | Work towards providing Assessments and improve performance against the 26 week target | Executive Director Primary & Community Care | 31/12/20 | R | R | |

Action 16.00 – Neurodevelopment:

The waiting list for neurodevelopment is significant. The MH&LD Division are working hard to identify sustainable improvements; however, the realistic assessment at present is that it may take approximately two years, using external suppliers, to reduce the waiting list position in line with the 26 week target.

Chapter 7: Mental Health & Learning Disabilities

| Mental Health & Learning Disabilities | | | | Lead Director | Target Date | Oct-20 | Nov-20 |
|---------------------------------------|---------------------------------------|-----------------|--|-------------------------------------|-------------|--------|--------|
| Plan Ref | Board Themes | Board Committee | Action | | | | |
| 16.40 | Improvement of Mental Health Services | QSE | Develop stronger and consistent divisional management and clinical governance arrangements which align with those of the Health Board. | Executive Director of Public Health | 31/3/21 | G | G |
| 16.80 | Improvement of Mental Health Services | QSE | The Mental Health Division in partnership with the Primary Care and Community work stream seeks to implement a number of support mechanisms including investing in the roll out of the Mental Health practitioner model and community connector role to Clusters in order to improve Primary care resilience. | | | A | A |
| 16.90 | Improvement of Mental Health Services | QSE | The model is based on providing 14 mental health practitioners working within GP Clusters supported with 14 community connectors. The tier 0 model would provide additional support within the primary care setting releasing GP time. | | | A | A |
| 17.00 | Improvement of Mental Health Services | QSE | The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for Covid-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected. | | | A | A |
| 17.10 | Improvement of Mental Health Services | QSE | Additional CPN support to care home sector to avoid admission to acute setting and support early discharge | | | A | A |

Chapter 8: Covid-19 Oversight

| Covid 19 Oversight | | | | | | | |
|--------------------|---------------------------------|-----------------|---|---|-------------|--------|--------|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 |
| 17.20 | Covid-19 prevention & readiness | QSE | Establish a Coronavirus Coordination Unit (CCU) | Executive Director Primary & Community Care | 9/10/20 | P | |
| 17.30 | Covid-19 prevention & readiness | QSE | Full operation of a Coronavirus Coordination Unit (CCU) | | 1/11/20 | A | A |
| 17.40 | Covid-19 prevention & readiness | QSE | Business Intelligence Unit phase 1 established with increased analytics capacity and focus to establish a framework | | 9/10/20 | P | |
| 17.50 | Covid-19 prevention & readiness | QSE | Business Intelligence Unit phase 1 established with revised dashboard and reporting schedule for board and partners regarding covid-19 activity | | 1/11/20 | A | A |

Chapter 9: Digital Health

| Digital Health | | | | | | | | |
|----------------|----------------------------|-----------------|--|---|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 17.70 | Effective use of resources | D&IG | Phase 3 of Welsh Patient Administration System re-focus on West implementation | Executive Director Primary & Community Care | 30/6/21 | R | R | |
| 17.80 | Effective use of resources | D&IG | Pending approval of the business case – deploy WEDS | | 30/11/20 | R | R | |
| 17.90 | Effective use of resources | D&IG | Development of the digital health record | | 31/3/21 | G | G | |
| 18.00 | Effective use of resources | D&IG | Implementation of Health Records Project | | 31/12/20 | G | G | |
| 18.10 | Effective use of resources | D&IG | Implementation of Digital dictation project | | 31/12/20 | G | G | |
| 18.20 | Effective use of resources | D&IG | Development of priority business cases for sustainability of services | | 31/10/20 | G | G | |
| 18.30 | Effective use of resources | D&IG | Produce a proposed implementation plan for the development of a strengthened business intelligence and analytics team. | | 31/12/20 | G | G | |

17.60: Phase 3 of the Welsh Patient Administration System re-focus on West implementation

The implementation of WPAS has been put on hold by NWIS which will result in a 7 month delay. The approach to future implementation is being agreed. NWIS have indicated a possible re-start date of May 21.

17.80: Pending approval of the Business Case, deploy WEDS

The WEDS Business Case was approved by F&P on the 29th October 2020. Deployment has started. This is a red risk because delivery is behind schedule. Further work is being undertaken on the benefits and will be presented to F&P Committee on the 22nd December 2020.

Chapter 10: Estates & Capital

| Estates/ Capital | | | | | | | |
|------------------|----------------------------|-----------------|---|--|-------------|--------|--------|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 |
| 18.40 | Effective use of resources | SPPH | Ablett Mental Health Unit Outline Business Case | Executive Director of Public Health | 31/1/21 | A | A |
| 18.50 | Effective use of resources | SPPH | Residencies: Outline Business Case | Executive Director of Planning & Performance | 31/12/20 | G | G |
| 18.60 | Effective use of resources | SPPH | North Denbighshire Community Hospital | | 30/11/20 | G | G |
| 18.70 | Effective use of resources | SPPH | Ysbyty Gwynedd compliance | | 31/12/20 | G | G |
| 18.80 | Effective use of resources | SPPH | Wrexham Maelor Hospital | | 31/3/21 | G | G |

Chapter 11: Workforce & Organisational Development - Page 1 of 2

| Workforce and Organisational Development - Part 1 | | | | | | | | |
|---|---|-----------------|---|--|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 19.80 | safe, secure and healthy environment for our people Effective Use of Resources | F&P | Ensure workforce optimisation plans are in place and ready to mobilise to support the delivery of safe care and mitigate the impact of COVID-19, the TTP programme and the Vaccination programme on staff and they support the Health Boards adjusted surge capacity plans for Q3 & Q4. | Executive Director of Workforce & Organisational Development | 31/12/20 | G | G | |
| 19.90 | safe, secure and healthy environment for our people Effective Use of Resources | F&P | Ensure all key workforce indicators are in place, utilised and embedded robustly to support all surge and essential services delivery | | 31/12/20 | G | G | |
| 20.00 | safe, secure and healthy environment for our people Effective Use of Resources | F&P | Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded. | | 31/12/20 | A | A | |
| 20.20 | safe, secure and healthy environment for our people | QSE | Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including BAME, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with | | 31/02/21 | A | A | |

Chapter 11: Workforce & Organisational Development – Page 2 of 2

| Workforce and Organisational Development - Part 2 | | | | | | | | |
|---|---|-----------------|---|--|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 20.30 | safe, secure and healthy environment for our people | QSE | Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff | Executive Director of Workforce & Organisational Development | 31/12/20 | A | A | |
| 20.50 | safe, secure and healthy environment for our people | QSE | Strategic organisational development programme in place to support and enable the health board to build upon work undertaken to date to ensure our plans and people are aligned to our purpose | | 31/1/21 | A | A | |
| 20.70 | safe, secure and healthy environment for our people | QSE | Review and improve mechanism for raising concerns to ensure concerns can be raised at all levels of the organisation with confidence they will be considered, acted upon and used to inform learning for improvement. | | 31/1/21 | A | G | |
| 20.80 | Effective use of resources | SPPH | Subject to approval from Welsh government develop a full business case for submission in support of the creation of a medical school for North Wales in association with Bangor University. | Executive Medical Director | 31/03/2021 | A | A | |

Chapter 13: Performance & Accountability – Integrated Governance

| Performance & Accountability: Integrated Governance | | | | | | | | |
|---|---------------------------------|-----------------|---|--|-------------|--------|--------|--|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 | |
| 20.90 | Integrated governance structure | F&P | To develop a performance and accountability framework for 2021/22, demonstrably strengthening accountability at all levels of the organisation and underpinned by improved performance reporting against agreed and quantified plans. | Executive Director of Workforce & Organisational Development | 31/12/20 | G | G | |

Chapter 14: Finance: Effective Use of Resources

| Finance: Effective use of resources | | | | | | | |
|-------------------------------------|----------------------------|-----------------|---|-------------------------------|-------------|--------|--------|
| Plan Ref | Board Themes | Board Committee | Action | Lead Director | Target Date | Oct-20 | Nov-20 |
| 22.01 | Effective use of resources | F&P | Budget Setting Process 2021/2022 | Executive Director of Finance | 31/03/2021 | G | G |
| 22.02 | Effective use of resources | F&P | Financial plan using sustainability funding to support IMTP | | 31/03/2021 | G | G |
| 22.03 | Effective use of resources | F&P | VBHC implementation | | 31/03/2021 | G | A |

Further Information

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

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website www.pbc.cymru.nhs.uk
www.bcu.wales.nhs.uk
- Stats Wales www.statswales.wales.gov.uk

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

follow @bcuhb
<http://www.facebook.com/bcuhealthboard>

| | | | | | | |
|--|--|---|--|--|-------------------------------------|--|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Quality & Performance Report | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Mark Wilkinson, Executive Director of Planning & Performance | | | | | |
| Awdur yr Adroddiad Report Author: | Edward Williams, Head of Performance Assurance Jonathan Lloyd, Director of Performance | | | | | |
| Craffu blaenorol: Prior Scrutiny: | This paper has been scrutinised and approved by the Executive Director of Performance and Planning | | | | | |
| Atodiadau Appendices: | None | | | | | |
| Argymhelliad / Recommendation: | | | | | | |
| The Finance & Performance Committee is asked to review the report and identify and agree those performance areas to escalate to the Health Board. | | | | | | |
| Please tick as appropriate | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | <input checked="" type="checkbox"/> | Er gwybodaeth For Information |
| Sefyllfa / Situation: | | | | | | |
| We have now recommenced with performance reporting of the national indicators, which were stopped to enable the Health Board to focus on the mobilisation phase in response to the Covid pandemic. | | | | | | |
| This report includes indicators from the National Delivery Framework, together with a section on Covid-19 and Essential Services Delivery. | | | | | | |
| Of note, the Health Board has seen over 390,000 Covid-19 tests to date, with 13,924 being positive. 100% of Tests are turned around within 24 hrs. | | | | | | |
| With the second wave of the pandemic underway, Essential Services remain available, nevertheless it should be noted that there is increasing pressure on the system. | | | | | | |
| Screening services have all recommence, and this is now beginning to translate into referrals into the system. | | | | | | |
| Demands upon unscheduled care continue, as the combination of winter pressures and the second wave of Covid-19 begin to increase. However, both the number of 1 hour ambulance handover delays and 12 hour delays within our Emergency Departments fell for the first time in November 2020. Furthermore, the number of Delayed Transfers of Care and subsequent lost bed-days have also fallen. | | | | | | |

In Planned Care, there is continuing concern over the increasing number of patients experiencing waits of over 36 and 52 weeks for treatment. However, the number of patients experiencing delays of over 8 weeks for a diagnostic test, or 14 weeks for therapy, have fallen for the first time since April 2020.

Performance against the cancer targets remain positive with 100% of patients on the 31 day pathway being treated within the 31 days and 84% (1% off the 85% target) of patients on the 62 day pathway being treated within the 62 days.

Despite a small rise in the number of staff with Covid-19 related illness, the overall sickness absence rate fell for the 4th consecutive month in November 2020.

The Financial Report is presented separately from this report.

Cefndir / Background:

This report outlines the key performance and quality issues that are delegated to the Finance & Performance Committee. The summary of the report is now included within the Executive Summary pages of the QAP and demonstrates the work related to Covid-19, essential service delivery as well as the key measures contained within the 2020-21 National Delivery Framework. This framework has been revised to provide performance measures under the Quadruple Aims set out in 'A Healthier Wales'.

Strategy Implications

The performance measures within the report align with the National Delivery Framework.

Options considered

Not Applicable

Financial Implications

The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on the financial recovery plan of the Board.

Risk Analysis

The present pandemic has produced a number of risks to the delivery of care across the healthcare system. The paper highlights the risks arising directly from Covid-19 and the need to maintain essential non-Covid-19 services. The impact of Covid-19 on non-Covid-19 planned care delivery is reported together with the associated interdependences which relate to the re-start of elective care. These include the need to balance delivery against the risk of Covid-19 for patients, staff and the overall system capacity.

Legal and Compliance

This report will be available to the public once published for Finance & Performance Committee

Impact Assessment

The Report has not been Equality Impact Assessed

Quality & Performance Report



Finance & Performance Committee

November 2020

Covid-19 Pandemic

It should be noted that all services have been impacted by the Covid-19 Pandemic, and/or the measures put in place to combat the spread of Covid-19. Although, it is important, that we continue to monitor and manage performance, it is therefore important that the performance reported in November 2020 is not compared as 'like-for-like' to previous months/ years performance. National reporting of performance has recommenced. However, all Health Boards are not being actively performance managed on certain measures such as referral to treatment or diagnostic waits.

The format of the report reflects the published National Delivery Framework for 2020-21 which aligns to the quadruple aims contained within the statutory framework of 'A Healthier Wales'. Sections are added to reflect Covid-19 key performance indicators and the work on maintaining essential services. The report is structured so that measures complementary to one another are grouped together. Narratives on the 'group' of measures are provided as opposed to looking at measures in isolation.

The operational planning for 2020-21 has been impacted by the pandemic with planning cycles re-defined into quarterly plans. The Quarter 3&4 operational plan was submitted to Welsh Government in November 2020. The progress against the actions contained within this plan are reported in the accompanying Q3&4 Operational Plan Monitoring Report.

As a consequence of the changes in the planning cycle for 2020-21 and the uncertainty around the future levels of Covid-19 the ability to produce month on month profiles to monitor performance against is severely limited. Therefore the report contains factual information on performance indicators.

Where monthly data is provided this is submitted as of 30th November 2020 position, unless stated otherwise.



Performance has improved since last reported



Performance has got worse since last reported



Performance remains the same as last reported



Key Messages

Second wave of Covid-19 pandemic has begun with Wales in a 2 week fire-break lockdown

Unscheduled Care attendances falling, however increase in admissions of Covid-19 positive patients impacting on acute sites and pressure at the ED front doors

Essential Services largely maintained, however activity significantly reduced and capacity challenges emerging

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The committee are asked to note the following:

Covid-19 Update

At the time of writing, to date over 390,000 tests have been carried out, of which 13,924 were positive for Covid-19. The turnaround from 'Test to Result' is now averaging at 100% completed within 24 Hours.

The Covid-19 vaccination programme has commenced in the East and will be rolled out across North Wales in coming weeks and into the new year.

Essential Services

Whilst routine referrals remain low, in comparison to pre-Covid-19 rates, the numbers of urgent suspected cancer referrals have recovered. There have been improvements across areas of planned care; however, as the prevalence of Covid-19 infections rises, there is increasing pressure on maintaining essential services.

Quadruple Aim 1: Screening Services

All the national screening programmes have now recommenced and it expected that referrals from the screening services

will begin to rise in coming weeks.

Quadruple Aim 2: Unscheduled Care

Whilst the rate of patients seen within 4 hours in our Emergency Departments have fallen again this month, there have been improvements, with less patients waiting over 12 hours in November. The number of patients experiencing ambulance handover delays of over one hour fell for the first time since April 2020.

Work to reduce the number of non-mental health delayed transfers of care (DToC) continues to deliver a reduction in the number of patients and the length of time those patients remain in hospital beyond their planned discharge dates.

Performance against three of the four national measures for Stroke Care has improved for the 3rd consecutive month in November. However, performance against the admitted within 4 hours measure has fallen

Quadruple Aim 2: Planned Care

In North Wales, like all the other Health Boards in Wales, Covid-19 continues to severely impact upon our capacity to

safely deliver planned care services at the pre-Covid-19 rates; therefore, waiting times are increasing. However, the Health Board has seen the number of people waiting over 8 weeks for diagnostic tests, and the number waiting for therapy fall considerably in November.

Performance against the 31 Day cancer target remains strong at 100%. Despite the capacity issues leading to delays in radiology and endoscopy continuing to impact upon performance against the 62 day measure, performance improved to 84% in October 2020, 1% below the 85% target.

The total number of patients waiting on the 'Follow Up' waiting list fell for the first time in November. Also falling for the first time is the number of those patients that are more than 100% overdue their follow up date.

Unfortunately, performance against the Eye Care Measure continues to deteriorate and details of the issues and resolutions for improving performance on this measure can be seen on page 15.

Quadruple Aim 3: Workforce

Staff sickness rates continued to fall for the fourth consecutive month in November. The second wave of the pandemic has now begun and as predicted in the previous report, Covid-19 related sickness has begun to increase but is still much lower than during the peak of the first wave in May 2020.

PADR Rates remain high and the Health Board remains the second best performing Health Board in Wales in terms this measure.

Quadruple Aim 4: Agency /Locum Spend

Reducing the spend on agency and locum staff continues to be a priority for the Health Board and this month sees a reduction to 6.89% of our staffing budget being spent on agency and locum staff.

Covid-19

Key Messages

Covid-19
infection rates
continue to rise
across Wales

Covid-19
Vaccination
Programme is
underway

Covid-19
contingency
and surge plans
are being put
into action

Measures

Measure

at 10th December 2020

| | |
|---|---------|
| Total number of tests for Covid-19 | 391,150 |
| % Tests turned around within 24 Hours (Last 7 days) | 100% |
| Number of results: Positive | 13,924 |
| Number of results: Negative | 377,226 |
| % Prevalence of Positive Tests* (cumulative since 30th January 2020) | 6.4% |
| Rate of positive cases per 100,000* | 3,165.0 |



Essential Services

Key Messages

Essential Services are those which need to continue throughout the pandemic to reduce risk of harm

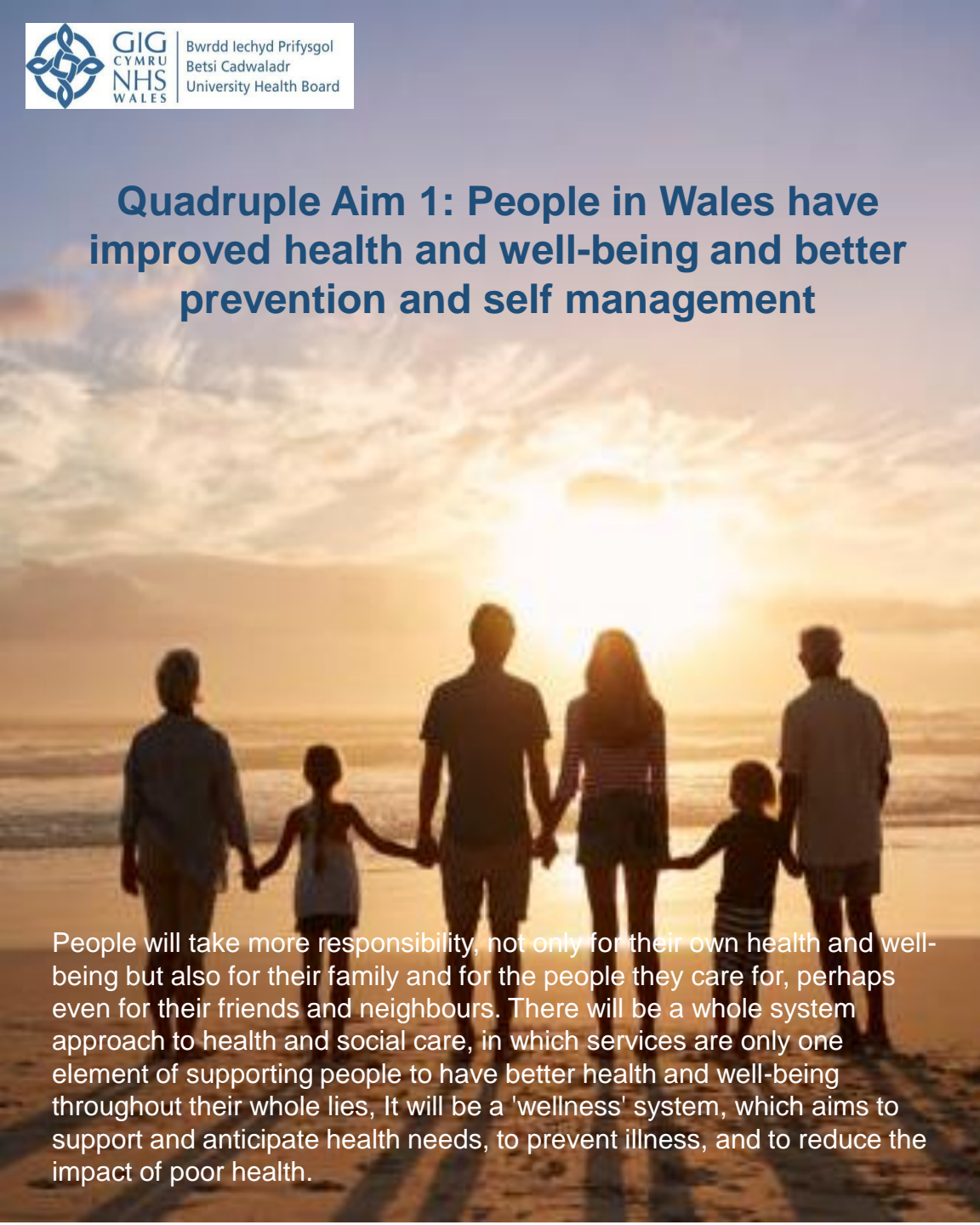
Essential services covers a wide range of primary, community, secondary and tertiary care pathways

Ability to increase capacity for safe planned care being hampered by continued rise in Covid-19 cases

Measures

| Average Number comparison: | Pre Covid-19 | Post Covid-19 |
|---|--------------|---------------|
| Referrals into Secondary Care (average per week) w/e 6th December | 5,022 | 3,988 |
| Referrals Urgent, suspected Cancer (average per week) w/e 6th December | 542 | 523 |
| New Outpatient Attendances (Year to Date includes Virtual) April to November | 177,087 | 110,337 |
| Follow Up Outpatient Attendances (Year to Date includes Virtual) April to November | 367,867 | 244,555 |
| Diagnostic 8 Weeks Breaches (Per Month) - November 2020 | 2,233 | 13,418 |
| Patients over 62 Days open on Urgent, suspected cancer pathway (at 10th December 2020) | 103 | 254 |
| Elective Inpatient/ Daycase Procedures (Year to Date compared to same period 2019) to 30th November 2020 | 31,653 | 16,463 |

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



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

Key Messages

Bowel and breast screening services restarted in July/ November 2020

Diabetic eye screening and abdominal aortic aneurysm screening restarted in November 2020

Work is being done to identify capacity for additional sessions are required to deliver the bowel screening recovery programme

Measures

Following a cessation of breast, bowel and aortic aneurysm screening services in March, breast and bowel screening have recommenced. Diabetic retinopathy screening recommenced in September on a smaller number of locations than previously. Cervical Screening has continued across BCU throughout the pandemic.

The service restarts continue on a limited basis at present due to staffing, equipment and environmental factors. The assessment centres at Llandudno and Wrexham are being used for breast screening, until the mobile units can be modified to support social distancing.

The bowel screening programme is re-inviting patients previously undergoing testing and it a proportion of patients have converted to endoscopy since November 2020. Nationally the programmes continue working to assess how they can move to recovery and removal of backlogs by the end of March 2021. BCU is working with Public Health Wales to assess the impact of this backlog reduction on demand for secondary care services.

Additional capacity required for endoscopy is being planned, with tenders progressing to support the additional service requirements.

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

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

Key Messages

Planned care delivery developed a new approach to clinical risk and service capacity

Bed occupancy on acute sites is high and Covid-19 positive admissions increasing

Significant challenges becoming evident with ambulance handovers delays and 12 hour waits

Top 5 Measures (based on movement up or down)

| Period | Measure | Target | Actual | Trend |
|--------|--|--------|--------|-------|
| Nov 20 | Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge | >95% | 72.73% | ↓ |
| Nov 20 | Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge | 0 | 1,302 | ↓ |
| Nov 20 | Number of Ambulance Handovers over 1 Hour | 0 | 925 | ↓ |
| Nov 20 | Number of patients waiting more than 8 weeks for diagnostic test | 0 | 13,418 | ↑ |
| Nov 20 | Number of patients waiting more than 14weeks for therapy | 0 | 2,493 | ↑ |

Quadruple Aim 2: Unscheduled Care Measures

| Period | Measure | Target | Actual | Trend | Period | Measure | Target | Actual | Trend |
|--------|---|--------|--------|-------|----------|---|--------|--------|-------|
| Nov-20 | Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered | 90% | 98.40% | ↑ | Nov-20 | Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time. | >= 50% | 30.60% | ↑ |
| Nov-20 | Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes | >= 65% | 62.30% | ↑ | Nov-20 | Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time | >= 85% | 86.70% | ↑ |
| Nov-20 | Number of Ambulance Handovers over 1 Hour | 0 | 925 | ↓ | Nov-20 | Percentage compliance against the therapy target of an average of 16.1 minutes of Speech and Language Therapist input per stroke patient | TBA | 52.20% | ↑ |
| Nov-20 | Percentage of patients who spend less than 4 hours in all major and minor | >95% | 72.73% | ↓ | Q2 20/21 | Percentage of stroke patients who receive a 6 month follow up assessment* | TBA | 41.10% | ↑ |
| Nov-20 | Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge | 0 | 1,302 | ↓ | Nov-20 | Number of health board patients non mental health delayed transfer of care | > 30 | 30 | ↑ |
| Sep 20 | Percentage of survival within 30 days of emergency admission for a hip fracture* | >= 80% | 86.70% | ↓ | Nov-20 | Number of health board beddays non mental health delayed transfer of care | | 666 | ↑ |

**Hip fracture survival reported 2 months in arrears*

**Stroke 6 month follow up Time is reported 6 months in arrears*

Emergency Department (ED) Performance

BCUHB combined ED performance for November 2020 was 72.8% (comprising 88.8% West, 65.9% East, 66.3% Centre). This is a slight reduction compared to 73.6% in October. ED only performance in November was 66.2% comparable with 67.2% in October. There was reduction in the total number of delays for both >12 and >24 hours during November of 1,302 and 388 respectively. However, the delays are largely attributable to the Central and East sites with West reporting considerably lower delays for these two targets. There was a slight reduction in the number of attendances overall for BCUHB from 11,629 in October to 11,299 in November, with YG and YWM seeing slight reductions and YGC a slight increase. Ambulance handover performance for >60 minute delays reported an improved position of 925 reported in November compared to 1,002 in October. YGC is reporting the highest number of these delays (585) followed by YWM, (249) and YG (91).

Key drivers for performance include; lack of flow out to base wards; high ED occupancy; ED crowding and capacity issues; and, at Wrexham there are long doctor waits, largely due to lack of available capacity to review and treat patients quickly and high locum reliance. Challenges with 'emerging positive' patients identified in 'green' patient areas creating 'contact' issues that require cohorting. YG have made good progress with 'Medically Fit For Discharge (MFFD)', and a reduction in lost days supporting flow and the site are also seeing a reduction in lost ambulance hours for the month compared to last year.

Actions identified – across all sites include: ambulance handover improvement plans & escalation processes; working with WAST to explore intelligent conveyancing; continue to develop Same Day Emergency Discharge (SDEC) models; continued monitoring of revised site escalation processes/action cards; rapid swabs for admissions leading to earlier decision making in the pathway; implementation of phase 1 of Phone First model to book appointment slots in ED/MIU for appropriate clinically assessed patients from Single Integrated Clinical Assessment and Triage (SiCAT).

Site specific actions include: (YWM) focus on maintaining operational communications between ED and WAST Operational Delivery Unit (ODU) and ensuring HAS screens are operational (to address software/hardware issues) and installation of additional screens; responding to cessation of paediatric streaming; reduction in hours available for Minor Injuries/Fracture Clinic; responding to revised Infection Prevention & Control guidance which has prevented egress from the department until a Covid-19 status is confirmed. Stabilisation of Medical (SHO) workforce with a number of new starters coming off supernumerary status and decisions awaited for further investment. (YGC) – continued implementation of SAFER Framework & Red2Green principles – lead appointed; refurbishment of void areas on wards 6 & 10; Embed Ambulance Triage Nurse role and handover Standard Operating Procedure (SOP); implement Patient Flow Co-ordinator across Emergency Quadrant (EQ) to co-ordinate access to beds and more timely pull of patients. Review findings of a joint WAST audit to identify alternative care pathways. Further strengthen focus on patients with long lengths of stay (YG) Ongoing development of MFFD reviews with Multi Disciplinary Teams (MDT) communication to support patient flow; development of single front door to ensure patients are swabbed/managed prior to coming into the hospital footprint; Additionally, and potentially the ability to utilise the whole system in the West to support ED demand through the re-consolidation of Out of Hours (dispersed during Covid-19) and take forward the introduction of EDOU (space utilised as a priority for Same Day Emergency Care (SDEC)) if capital slippage presents.

Stroke Care Performance

Key drivers for Stroke performance:

- Access to Stroke Co-ordinators – due to staff shortages Stroke coordinators (East) have been included in the ward numbers and therefore unavailable to respond to the stroke bleep.
- Timeliness of referrals for CT scan – impacted by access to stroke co-ordinators
- Availability of beds on Acute Stroke Unit (ASU) – due to site pressures driving bed capacity and usage protection is undermined (this is a problem due to site pressures for general medical beds and having to wait for Covid-19 result in Emergency Department (ED) if a side room on ASU not available)
- Swabbing delays increasing pressure

Actions being taken:

- Pathway work with ED to raise awareness on targets which include timeliness to CT scan, thrombolysis, swallow assessments (ensuring all ED nursing staff are trained) and time to ASU
- Work on referral pathways when Stroke Co-ordinators not available, this includes working with wards to raise awareness of importance of the targets
- Work with Site Management on adherence to retaining beds on ASU – 2 vacant beds required to support stroke targets
- Recruitment to Band 5 vacancy in Speech & Language Therapy (SALT) (East) in September should see an improved performance once fully trained.
- Presentation of the Stroke Service Business Plan on 11.12.20 to Strategy, Partnership & Population Health Committee for funding to support service improvement and early supported discharge to support ASU

Delayed Transfers of Care Performance (DToC)

As at 18 November census date 30 non-Mental Health DTOCs were reported which decreased from 47 at October Census date. Mental Health DTOCs position maintained at 13, comparable to the previous 2 months.

Key drivers for DToC performance: Impact of Covid-19 is a significant challenge across the acute sites and communities including;

- Increase in delays for social work allocation and assessment due to staffing;
- Medically Fit For Discharge (MFFD) patients with a positive Covid -19 status and require care and support at home, as there is no Red capacity in domiciliary care;
- Covid-19 recovering patients returning or patients requiring new placement;
- Patients who are negative but the home is classified as 'Red' or are unable to support their isolation on return to the placement in line with Covid-19 discharge requirements (mainly Elderly Mentally Infirm (EMI) wandering patients)

Actions being taken:

- Escalation of barriers to discharge
- Weekly review of all patients in acute and community with a Length of Stay (LoS) 7+ days and for Community Health Council (CHC) complex cases
- Daily review of all MFFD patients to review any alternative pathways with Community Services/Community Resource Team (CRT) in-reach
- Scrutiny at weekly meetings with actions reviewed daily by the Home First Bureau
- Increased focus on Discharge to Recover and Assess pathways with Local Authority (LA) colleagues

Quadruple Aim 2: Planned Care Measures

| Period | Measure | Target | Actual | Trend | Period | Measure | Target | Actual | Trend |
|--------|--|--------|--------|-------|----------|--|---------|---------|-------|
| Oct-20 | Percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route) | >= 98% | 100% | ➡ | Nov-20 | Percentage of patients waiting less than 26 weeks for treatment | >= 95% | 51.38% | ⬆ |
| Oct-20 | Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days of receipt of referral | >= 85% | 84.00% | ⬆ | Nov-20 | Number of patients waiting more than 36 weeks for treatment | 0 | 52,719 | ⬇ |
| Oct-20 | Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion | TBA | 79.80% | ⬆ | Nov-20 | Number of patients waiting more than 52 weeks for treatment | 0 | 25,026 | ⬇ |
| Nov-20 | Number of patients waiting more than 8 weeks for a specified diagnostic | 0 | 13,418 | ⬆ | Sep-20 | Number of patients waiting for a follow-up outpatient appointment | Reduce | 196,480 | ⬇ |
| Nov-20 | Number of patients waiting more than 14 weeks for a specified therapy | 0 | 2,493 | ⬆ | Sep-20 | Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | 34,721* | 68,214 | ⬇ |
| Nov-20 | Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments | >= 95% | 43.70% | ⬇ | Q2 20/21 | Percentage children regularly accessing NHS Primary Dental Care | Improve | 60.20% | ⬆ |

Quadruple Aim 2: Narrative - Planned Care (page 1)

Referral to Treatment (RTT) Performance

Overall waiting list size stands at 114,472, compared to 109,567 last month.

Long waiters continues to rise with 52,719 over 36 week waiters, The over 52 week waiters has increased to 25,026, showing a continuing worsening position, we should expect the length of wait for P4 patients to continue to increase due to the limited capacity available.

The Q3/Q4 plan is indicating approximately 63% of the pre-Covid-19 activity will be delivered.

Theatre activity on all sites has increased in September, but the average case per session is approximately 1 case lower than in pre-Covid-19 and is currently 1.67 cases per list. Work is on-going to identify solutions to these issues.

The P risk stratification is continuing to be a risk for the organisation despite the upgrades of the PAS system and is being mitigated by manual counts and reconciliation. It is difficult to implement the Once for North Wales approach whilst this is on-going.

Diagnostics Performance

Radiology: The number of patients waiting for radiology diagnostics is currently 9,479, that is a slight improvement from last month. Further imaging capacity is now on-line and we are continuing to use a combination of additional hours and insourcing to help address the capacity gap. The additional capacity in ultrasound; although, future referral rates are uncertain, we anticipate the upward trend in waiting list size to continue through November but hope to see reductions commencing thereafter, as the radiology recovery plans are delivered.

Endoscopy waiting list size is 2,625 and the Once for North Wales approach continues. The insourcing tender is now complete and the Endoscopy Department are now planning the mobilisation of the Insourcing

Cancer Performance*

October 2020 performance against targets:

- 84% of patients referred as urgent suspected cancer (USC) treated within 62 days of referral (target 95%)
- 100% of patients not referred as USC treated within 31 days of decision to treat (target 98%)
- 77% of patients treated within 62 days of suspicion of cancer (single cancer pathway measure – no target)

October activity v pre-COVID levels:

- GP USC referrals – 100%
- New diagnoses – 92%
- First treatments – 96%

Issues:

- GP USC referrals have returned to pre-Covid-19 levels but cumulatively remain approximately 4,000 lower than last year to end of October
- Cumulatively new diagnoses are approximately 400 lower than last year with a reduction in early stage diagnoses due to the temporary cessation of screening services
- Screening services and diagnostic services are now back up and running

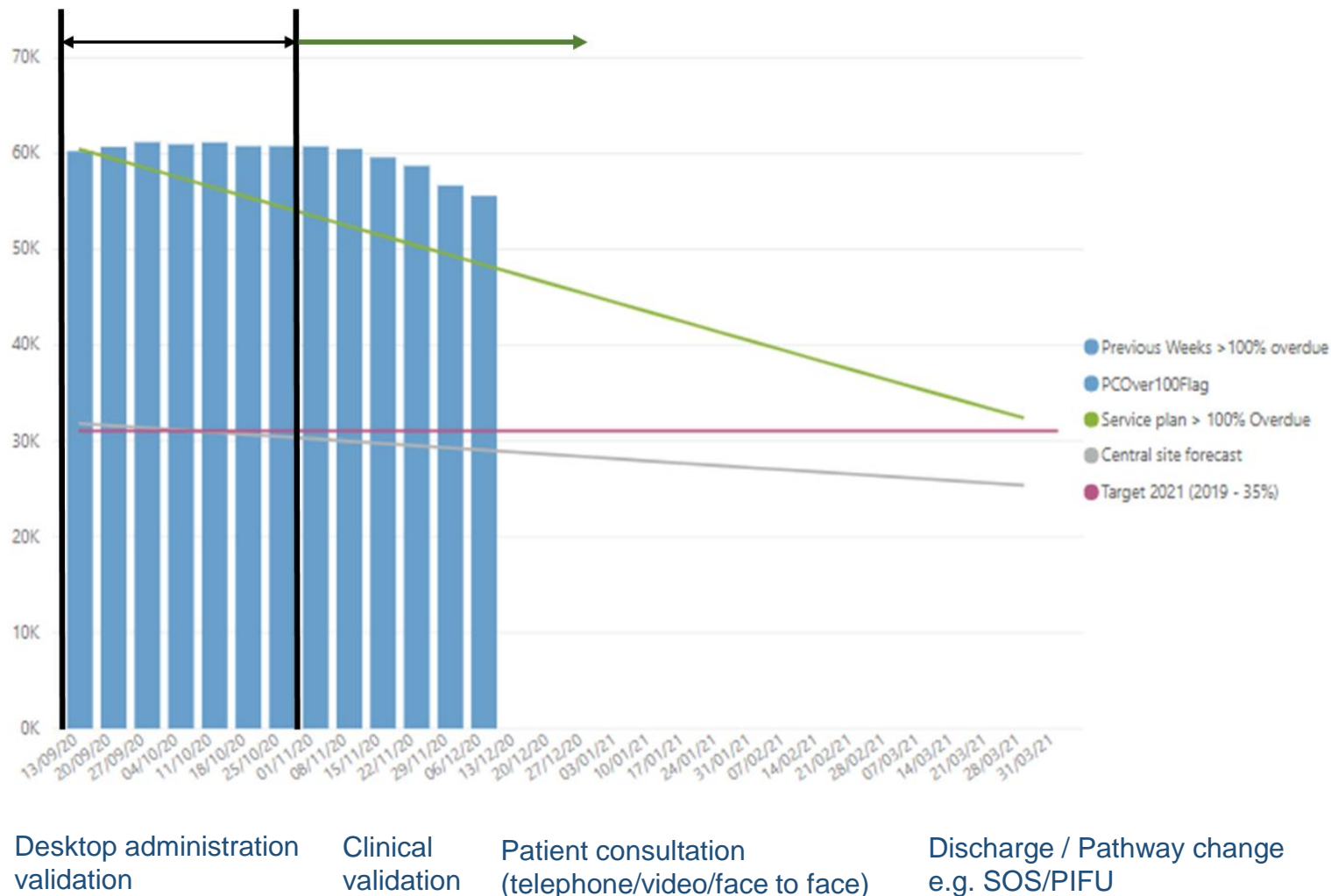
*Cancer performance is reported 1 month in arrears

Quadruple Aim 2: Narrative - Planned Care (page 2)

Follow-up Backlog Performance

The Follow-up backlog has been translated into a new dashboard. This dashboard splits the backlog dividing it by directors that manage the specialties so they can see the performance for those specialties they manage. The directors were then asked to provide a commitment of reduction of the >100% overdue and the ask was to meet the 2019/2021 Welsh Government target of reduction. This commitment is then displayed as a reduction trajectory and this (Backlog Actual v Trajectory) being discussed weekly in the Planned Care Performance Review Meetings where the Directors are invited to discuss their delivery performance, providing assurance of delivery in line with their proposed commitment (trajectory) where any slippage is supported by recovery plans that are also discussed.

The outcome of this impacts all follow-up backlogs as not only do the services need to meet their reduction target but also in order to achieve this need to manage the follow-ups that will tip into an overdue status, therefore, the challenge being reducing the flow of follow-up backlogs into an overdue status while reducing the already overdue. Since the implementation of this approach with the OP Project Manager and the Performance Team, there has been a week on week trend of reduction, and as said this being a reduction as well as managing the follow-ups that are at risk of falling into an overdue status preventing the growth of overdue follow-ups.



Ophthalmology Performance

- Eye care (secondary care component) continues to contribute to long waits within the organisation, with currently 7,844 patients above 36 weeks and 4,176 of that number waiting over 52 weeks.
- At stage one - 5,266 patients are waiting over 36 and 2,349 at stage 4.
- The Managing Director of West has been asked to take over the leadership and progression of eye care by the Planned Care Transformation Group and to report on a regular basis.
- The Optometry Advisor has now commenced in post, and the Eye Care Collaborative governance structure is back in place. The eye collaborative recommences on the 14 December 2020 with robust reporting across North Wales, with commentary into Access and the Planned Care Group. Challenges in many of the pathways regarding waiting times, especially cataract, diabetic retinopathy and glaucoma pathways due to Covid-19 continues. Risk stratification is in place and insourcing for Ophthalmology commences in late December.
- Opportunities to improve utilisation of Ophthalmic Diagnostic Treatment Centres (ODTCs), recently picked up again after Covid-19 issues and being initiated across North Wales with the 6 Optometry practices
- Ophthalmology stage 4 is still being worked on a Once for North Wales approach and an audit is being undertaken to establish its impact from a quality and activity perspective.

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals. Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnerships will support this with education providers and learning academies focussed on professional capability and leadership.

Key Messages

Staff health and well-being remains a key priority for the health board

Staff have responded well to the demands placed upon them

Continued reduction in Agency/ locum spending in a challenging environment

Measures

| Period | Measure | Target | Actual | Trend |
|--------|--|--------|--------|-------|
| Nov-20 | Personal Appraisal and Development Review (PADR) | >= 85% | 70.53% | ↑ |
| Nov-20 | Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation | >= 85% | 83.56% | ↑ |
| Nov-20 | Percentage of sickness absence rate of staff | < 5% | 5.45% | ↓ |

Quadruple Aim 3: Narrative – Workforce

PADR

PADR compliance has sustained over 70% during November. Support offered to North Wales wide hospital services during October and November has had a positive impact as the division has seen an increase of 5.1%. Further support sessions around conducting PADRs are also being arranged with managers within the division.

Managers from 2 cohorts who are enrolled onto A Step Into Management (ASIM) programme attended the PADR module during November. The virtual space provided them with the opportunity to reflect on the PADR process, to discuss any barriers or issues they encounter and to share best practice with other delegates.

Support has also been offered to the Pharmacy Department in Area West as a direct impact of feedback from the local Workforce Improvement Group.

Sickness Absence

The BCU overall total sickness absence rate (12 month rolling) has fallen for the fourth consecutive month to 5.51%.

Non-Covid-19 related sickness absence has increased marginally this month, however the November 2020 figure of 4.9% is nearly ¾ of a percent better than the same period last year (5.7% November 2019).

Covid-19 related sickness has increased by 0.1% from last month but is still low compared to the high of 2% in May and now stands at 0.5% in November 2020. Workforce and OD teams continue to focus support to hotspot areas with staff testing.

The Staff Flu vaccination programme has seen 71.45% of direct patient contact staff and 69.61% of all staff take up as at end of November.

The Staff Wellbeing Support Service (SWSS) amongst other service continues to support wellbeing throughout the Covid-19 period.

Mandatory Training

Mandatory training compliance this month saw an increase in every subject at level 1 with an overall compliance increase reported at 83.5%.

Following communication sent to all staff reminding them about the requirement to complete Mental Capacity training, we have seen an increase of 1.5%.

Compliance within all staff groups is also reporting an increase on the previous month. The biggest increase of 1% is reported within Nursing and Midwifery.

Reports detailing projected compliance timelines have been forwarded to all Subject Matter Experts (SME's). This will update all SME's on particular months where non-compliance projections will increase.

Quadruple Aim 4:
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation enabled by data and focussed on outcomes.

Delivering higher value in health and social care will focus on outcomes that matter to the individual and making our services safe, effective, people centred, timely, efficient and equitable. This will bring individuals to the fore and consider the relative value of different care and treatment options, in line with Prudent Health. Research, innovation and improvement activity will be brought together across regions - working with RPBs, universities, industries and other partners. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

Key Messages

Patients and families supported stay in touch via innovation and technology while in hospital

Consultant Connect initial feedback and utilisation received

Funding released for Digital Eye Care programme

Measures

| Period | Measure | Target | Actual | Trend |
|----------|--|--------|--------|-------|
| Nov-20 | Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months | TBA | 21.60% | ↓ |
| Q1 20/21 | Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition) | Reduce | 5.60% | ↑ |
| Nov-20 | Agency spend as a percentage of total pay bill | Reduce | 6.89% | ↑ |

* Dental surgeries remain closed for non-urgent treatment therefore figure provided should not be compared with pre-covid-19 figures.

Quadruple Aim 4: Narrative – Agency Spend

Key points are:

Agency spend has reduced slightly in November compared to October and the majority of months since April 2020. M&D agency and locum/bank spend has remained static for the last few months at around £3.2m, Nursing & Midwifery (N&M) agency, bank and overtime has remained static again this month at around £2.2m.

- Overall agency spend as a percentage of total spend has decreased overall by 0.3% with bank spend percentage also decreasing by 0.1% this month.
- Overall agency spend percentage is 0.3% lower than the comparable period last year.
- Agency spend on Medical & Dentist (M&D) is up by 0.2% on last month which is second highest month in the previous 5 months. Most divisions have seen increases in agency spend, in particular East area and Wrexham Maelor Hospital (WMH), with the exception of Ysbyty Gwynedd (YG) and West area.
- N&M bank percentage spend has remained static this month which has seen a corresponding decrease in N&M Agency percentage spend.

Actions to address:

a) Filling substantive vacancies

BCU overall vacancy rate has reduced again this month to 7.7% (reduced by 0.1%); however, there are still shortages in key staff groups. Most significantly BCU has 56fte consultant vacancies. The COVID vaccination campaign is taking priority with over 100 vaccinator applications being processed in December. Action taken to speed M&D recruitment has seen time to hire reducing over the last five months. Support is being focussed on hard to fill vacancies including wide reaching social media campaigns. N&M vacancies are still of concern with 459fte Band 5 vacancies. A dedicated N&M Recruitment and Retention working group is now operating a comprehensive work plan, sub-groups are supporting this with progress being reported monthly to the steering group.

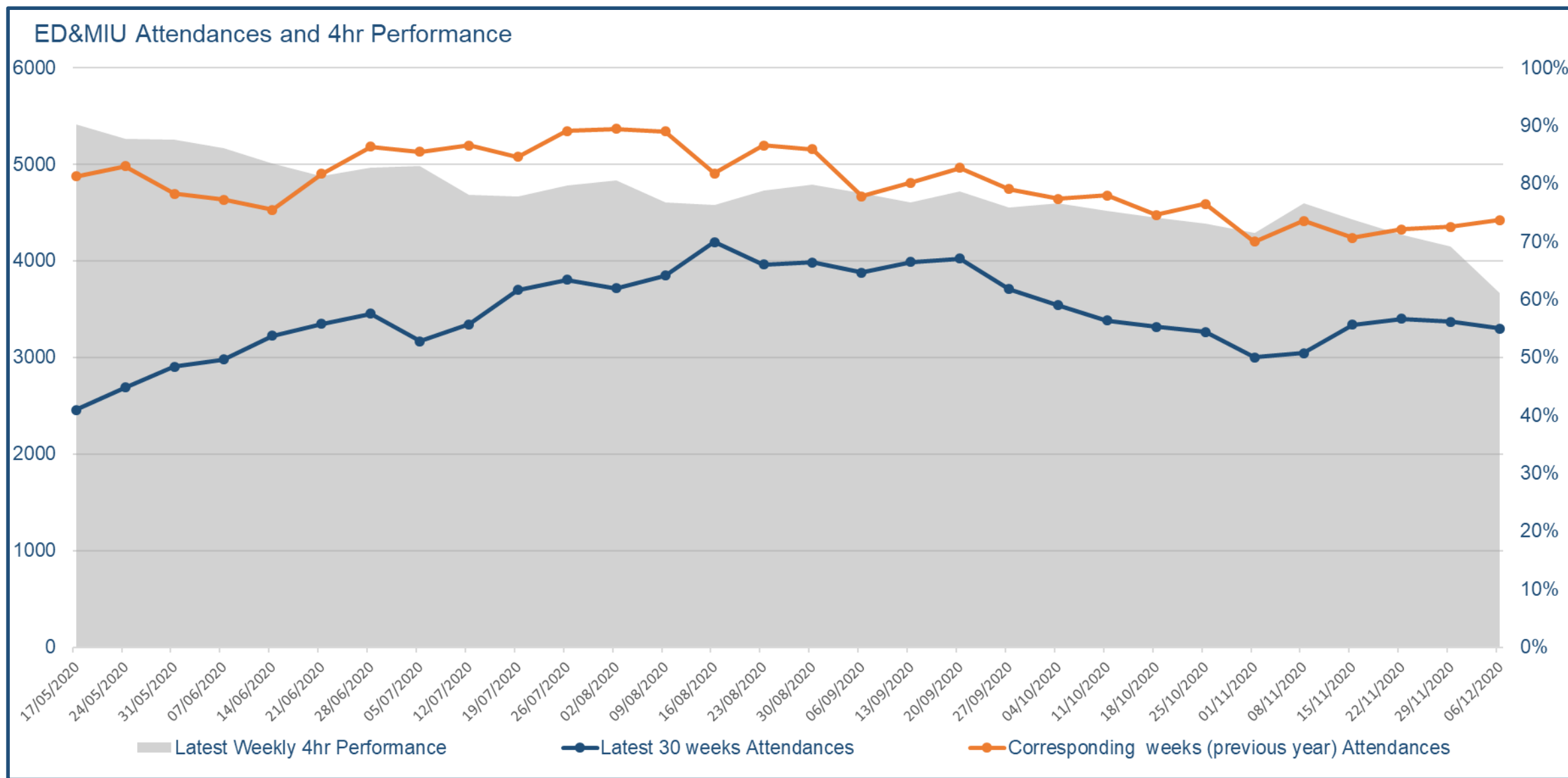
a) Reducing sickness absence

BCU sickness rate (12 month rolling) fallen for the third month. Non-Covid-19 sickness absence (November 2020) at 4.9% is better than the same period last year. Covid-19 related absence is 0.5% which is considerably lower than the peak of 2% in May 2020. Workforce & OD teams including HR managers continue to focus on hotspot areas and on complex cases. Staff Wellbeing Support Service (SWSS) is in place to support mental wellbeing throughout the Covid-19 period

a) Increasing supply of internal temporary staff

Particularly in nursing and medical & dental staff groups to provide a more cost effective alternative to Agency. N&M - focussed recruitment of N&M staff this year has seen large increase in 'bank only' workers with 416 'bank only' N&M registered staff now registered to internal bank, up from 307 in March. Recruitment to Medical Staff Bank (MSB) has seen increases in 'bank only' workers with 246 'bank only' Medical staff bank registered staff, up from 138 in March. Although in November 2020 MSB reported the highest overall fill rate since introduced last year (99.9%), the bank fill reduced compared to agency; in terms of the reasons for booking M&D shifts, annual leave appeared to be a larger factor this month compared to summer months during the Covid-19 first phase.

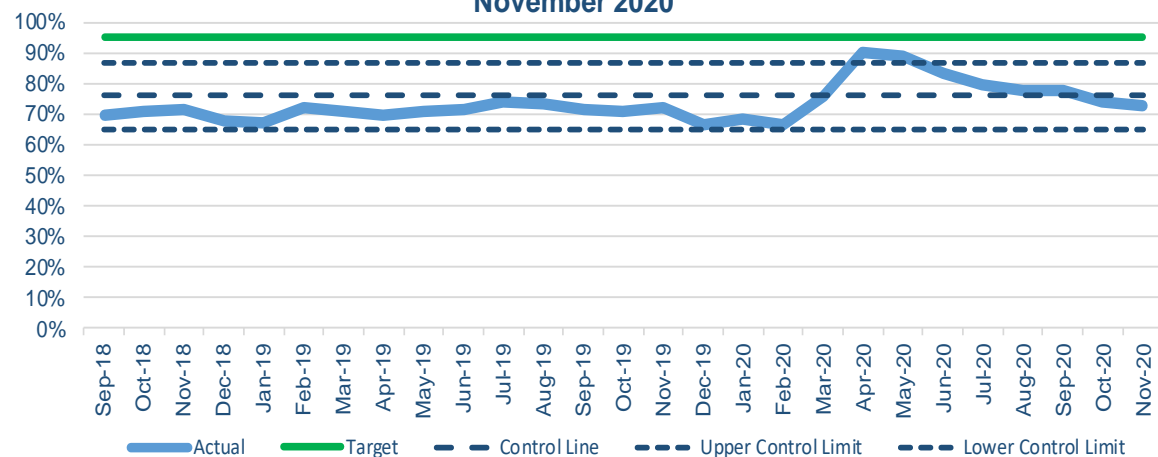
Quadruple Aim 2: Unscheduled Care: Attendances



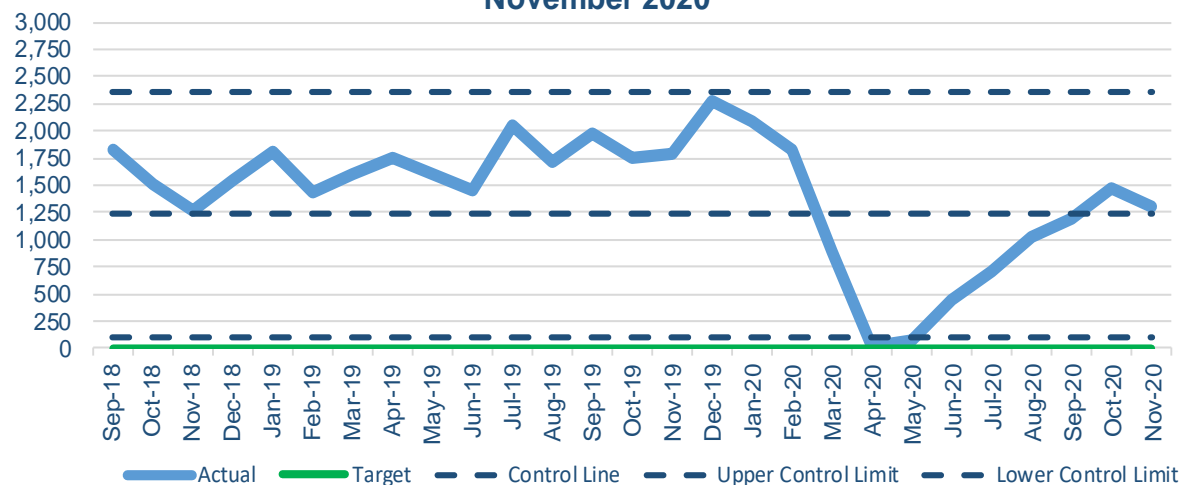


Quadruple Aim 2: Charts Unscheduled Care Page 1

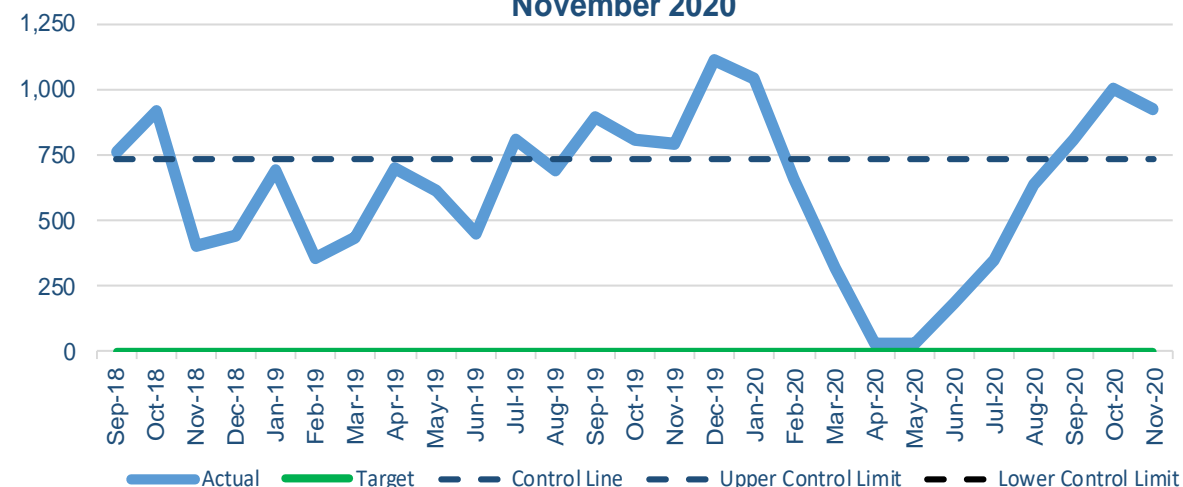
BCU Level - Emergency Department (inc MIU) 4 Hour Waits:
November 2020



BCU Level - Emergency Department 12 Hour Waits:
November 2020

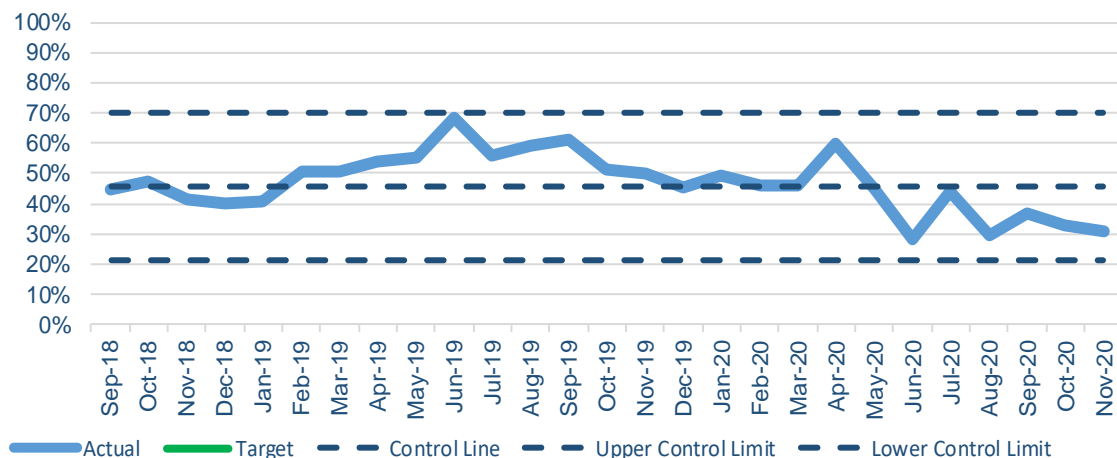


BCU Level - Ambulance Handovers over 1 Hour:
November 2020

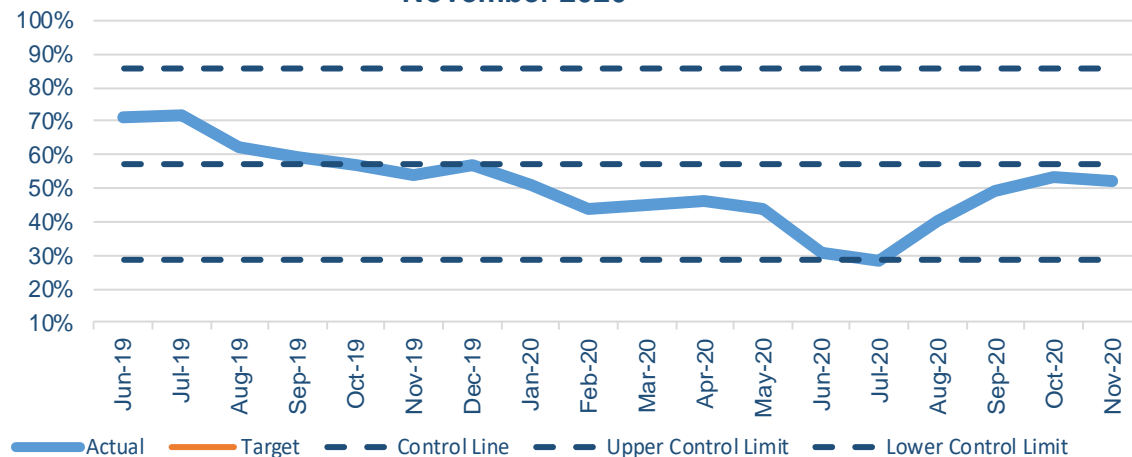


Quadruple Aim 2: Charts Unscheduled Care Page 2

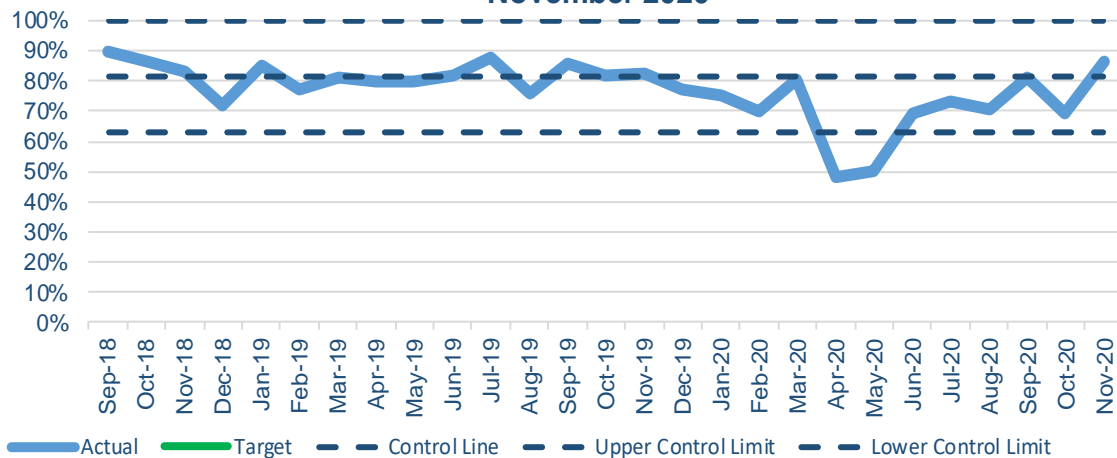
BCU Level - Stroke Care - Admissions within 4 Hours:
November 2020



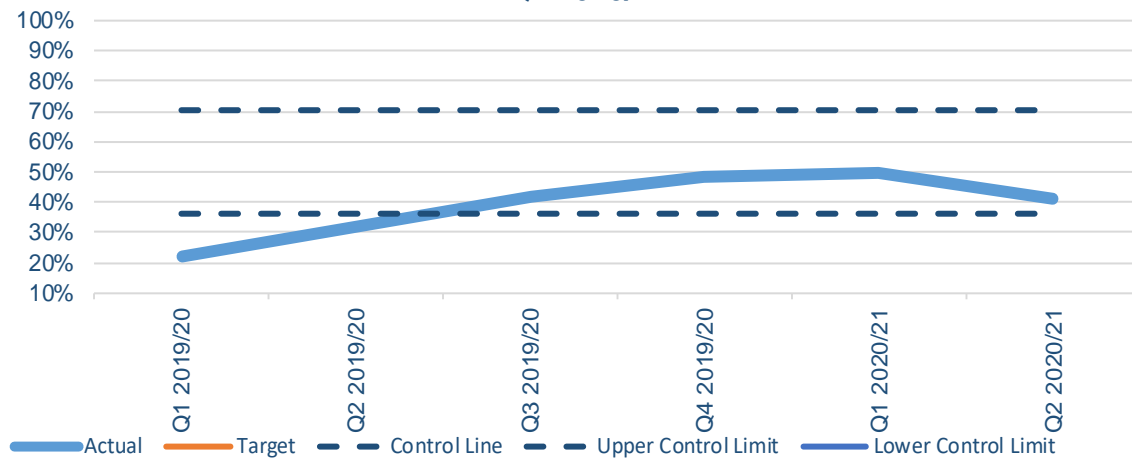
BCU Level - Stroke Care - Appropriate SALT Time:
November 2020



BCU Level - Stroke Care - Consultant Assessed within 24 Hours:
November 2020

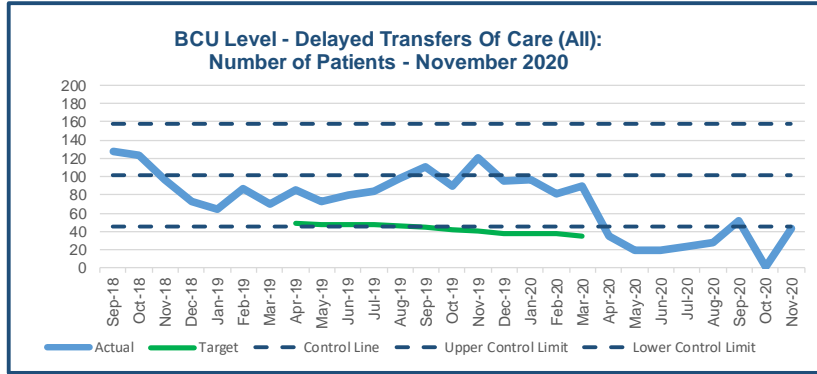


BCU Level - Stroke Care - 6 Month Follow Up:
Q2 2020/21

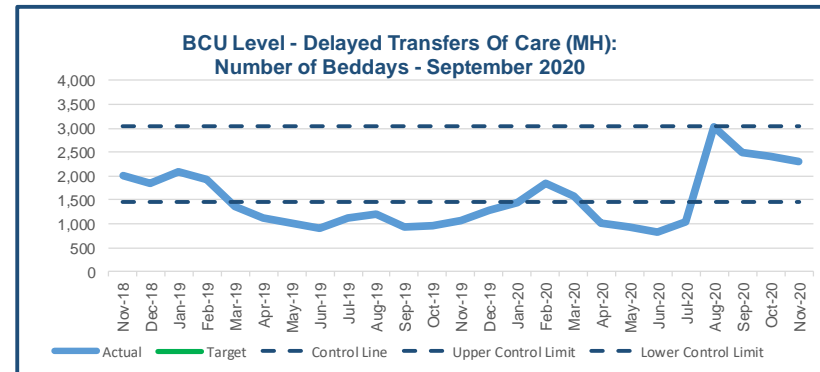
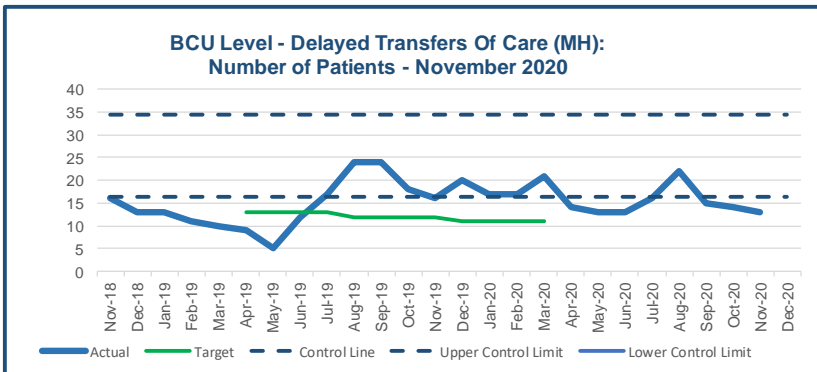
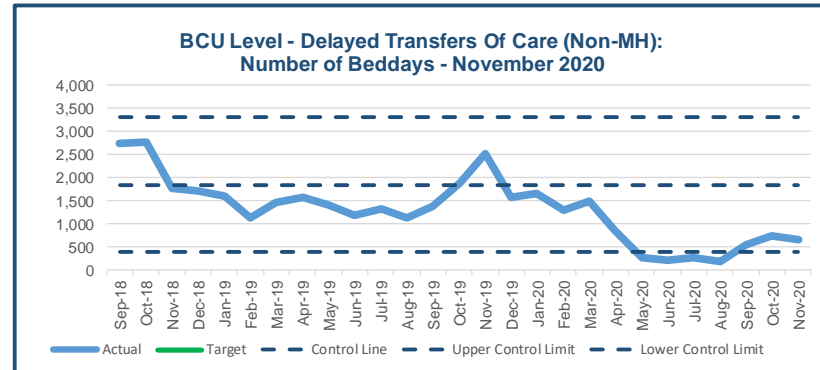
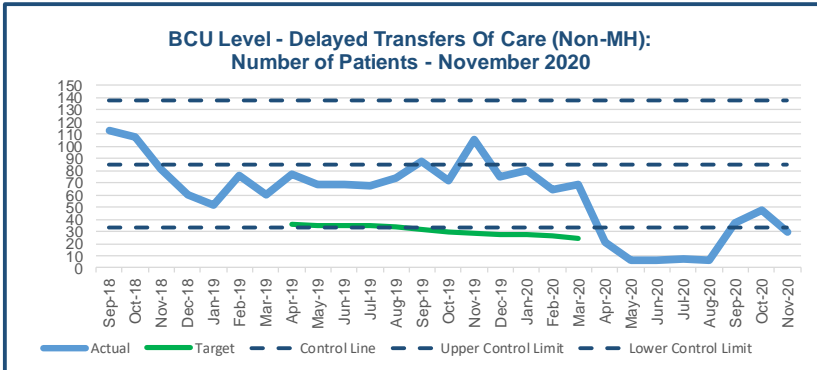
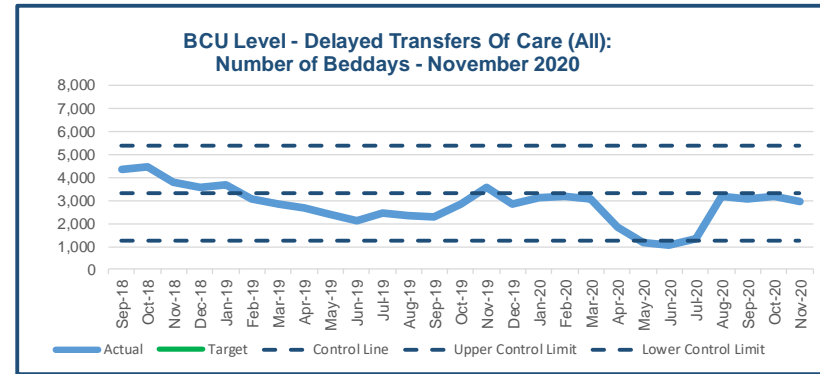


Quadruple Aim 2: Charts Unscheduled Care page 3

Delayed Transfers of Care (DToc) Number of Patients

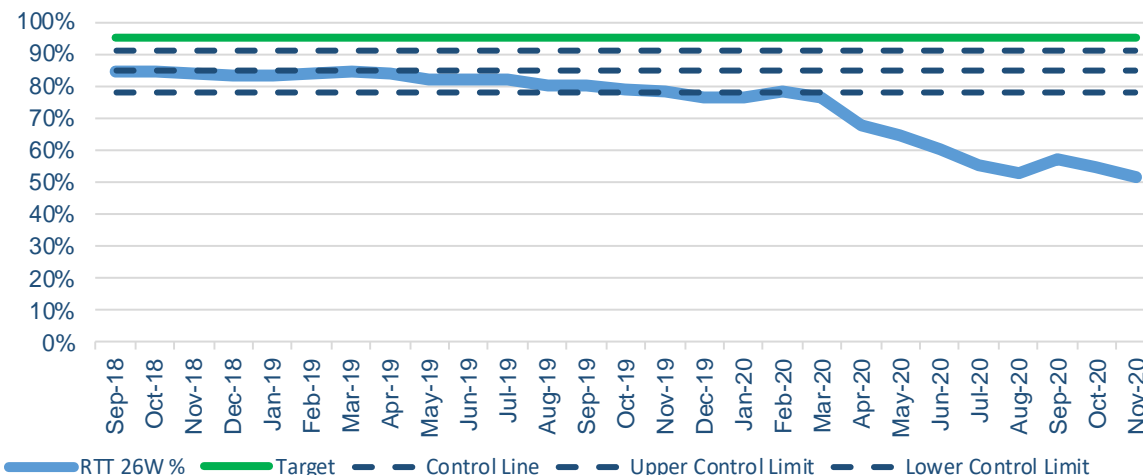


Delayed Transfers of Care (DToc) Number of Beddays

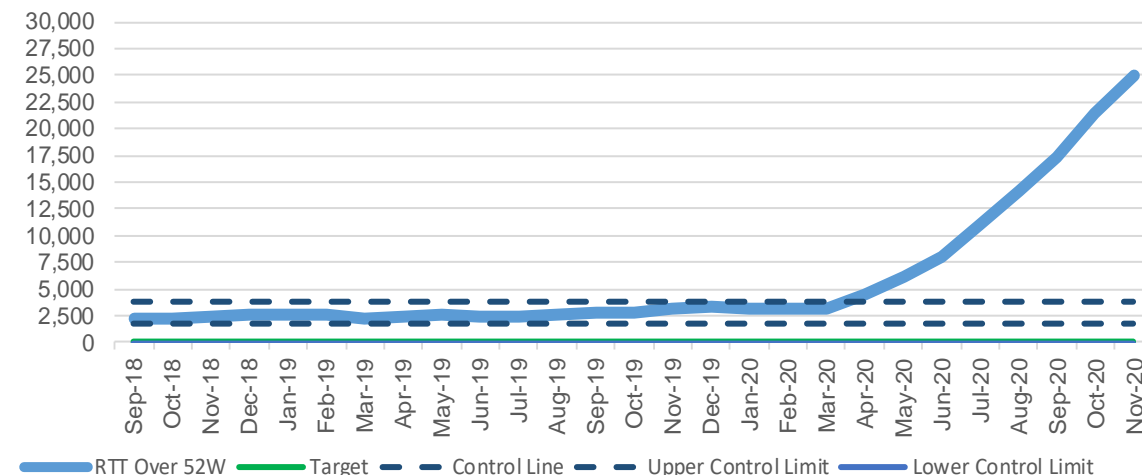


Quadruple Aim 2: Charts Planned Care page 4

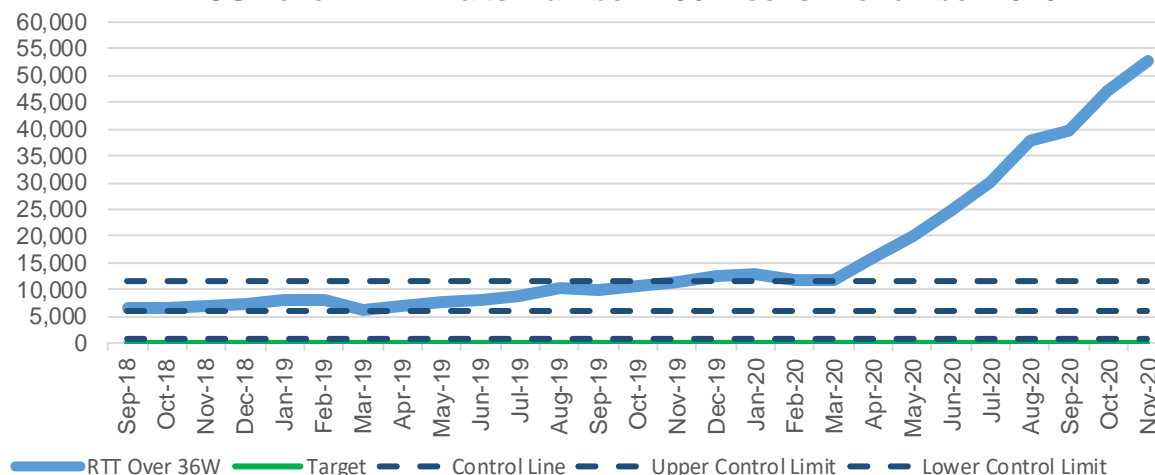
BCU Level - RTT Waits % <= 26 Weeks: November 2020



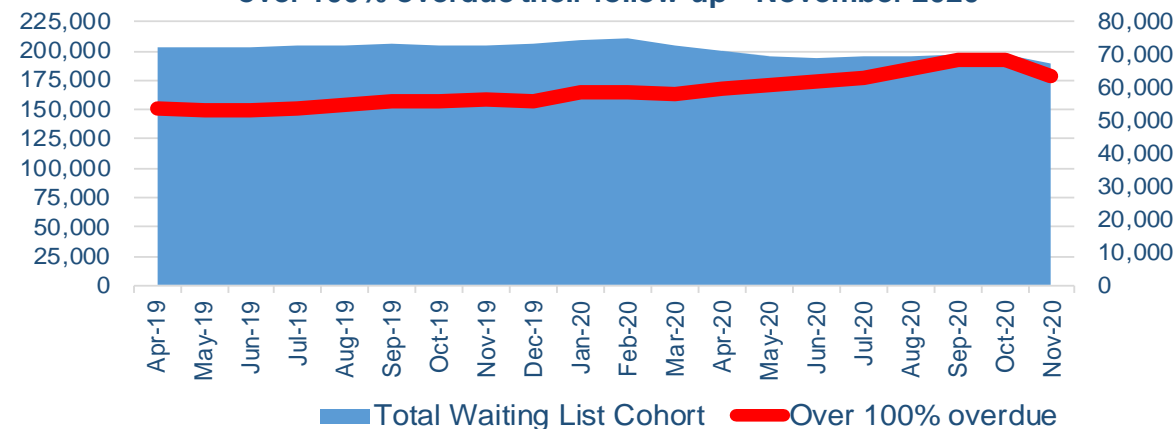
BCU Level - RTT Waits Number > 52 Weeks: November 2020



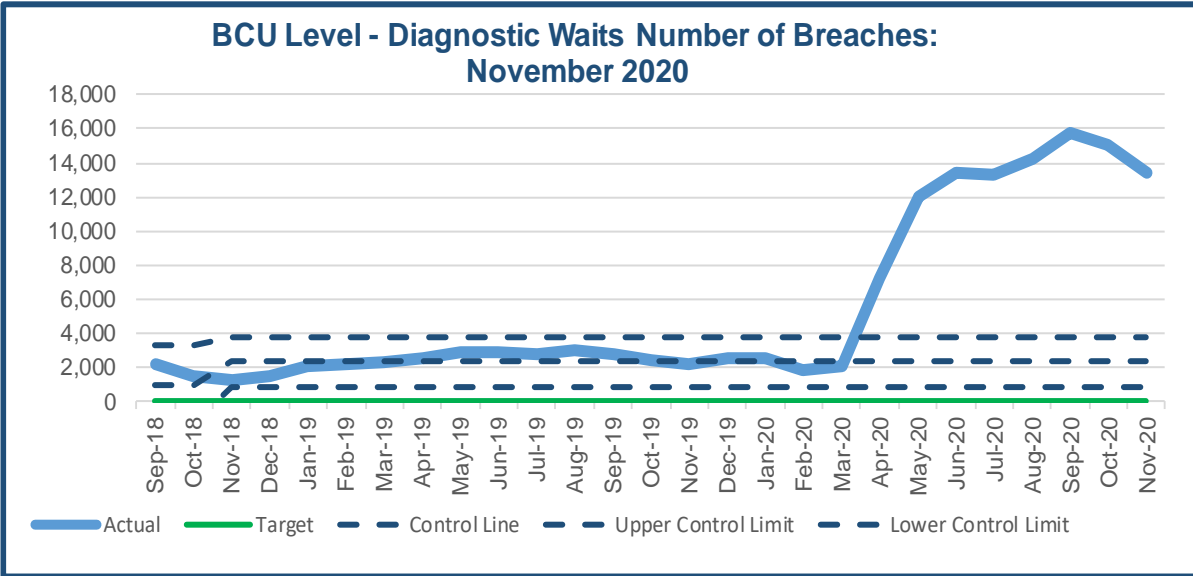
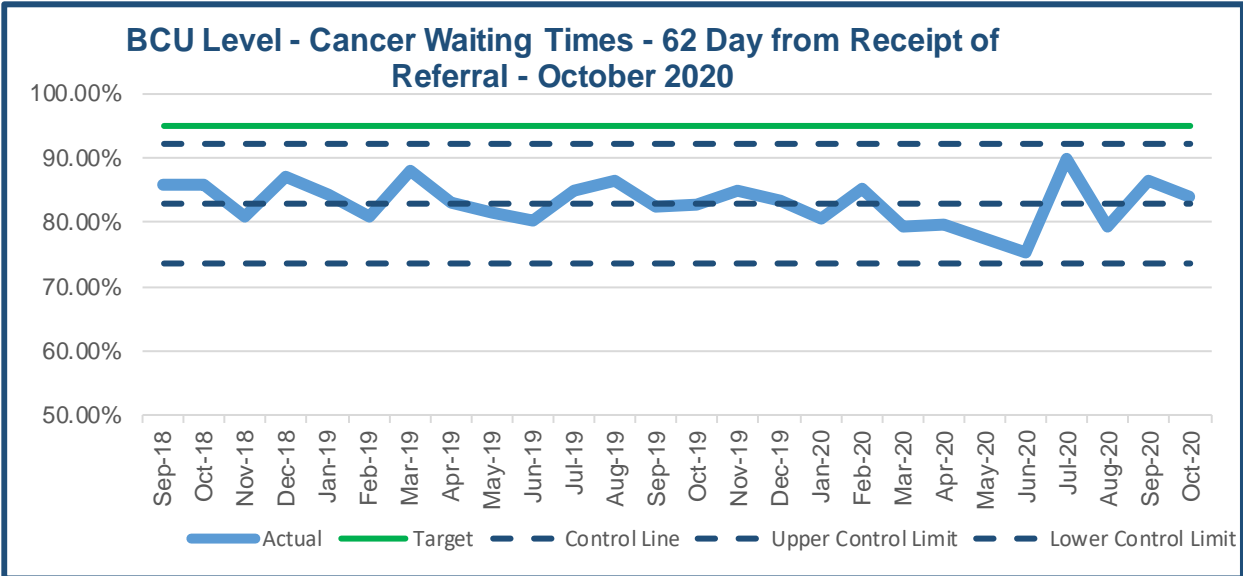
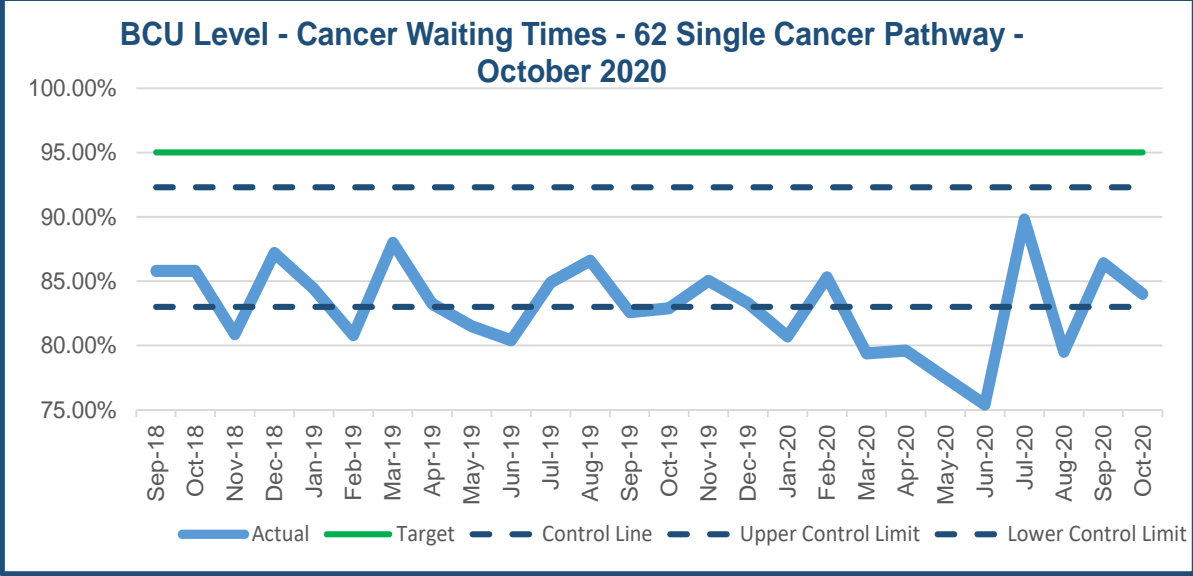
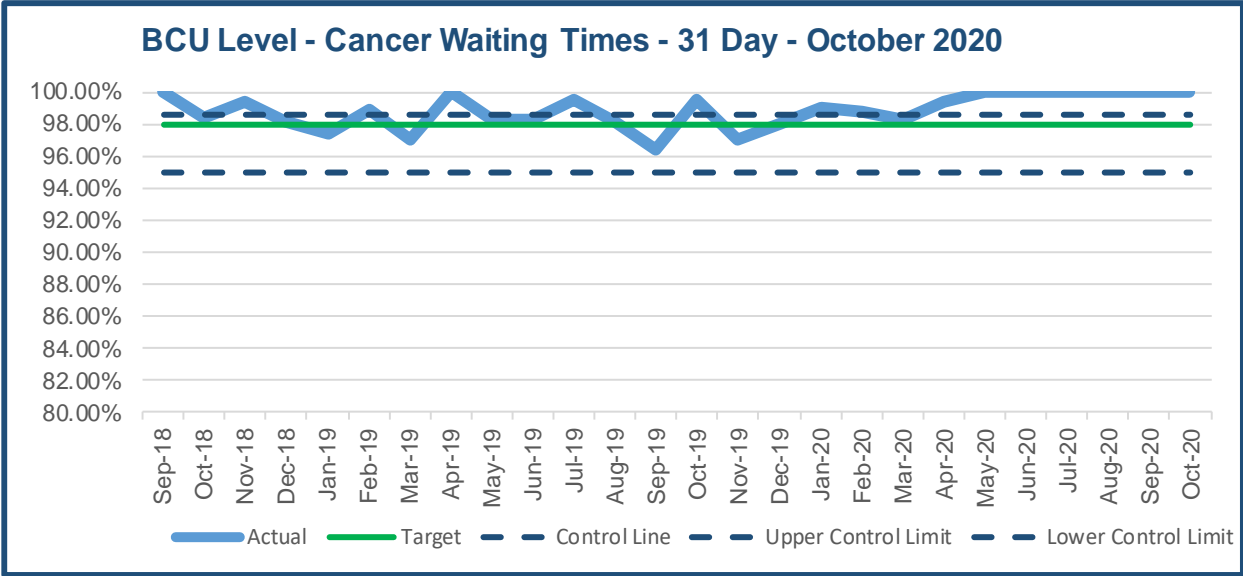
BCU Level - RTT Waits Number > 36 Weeks: November 2020



BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - November 2020

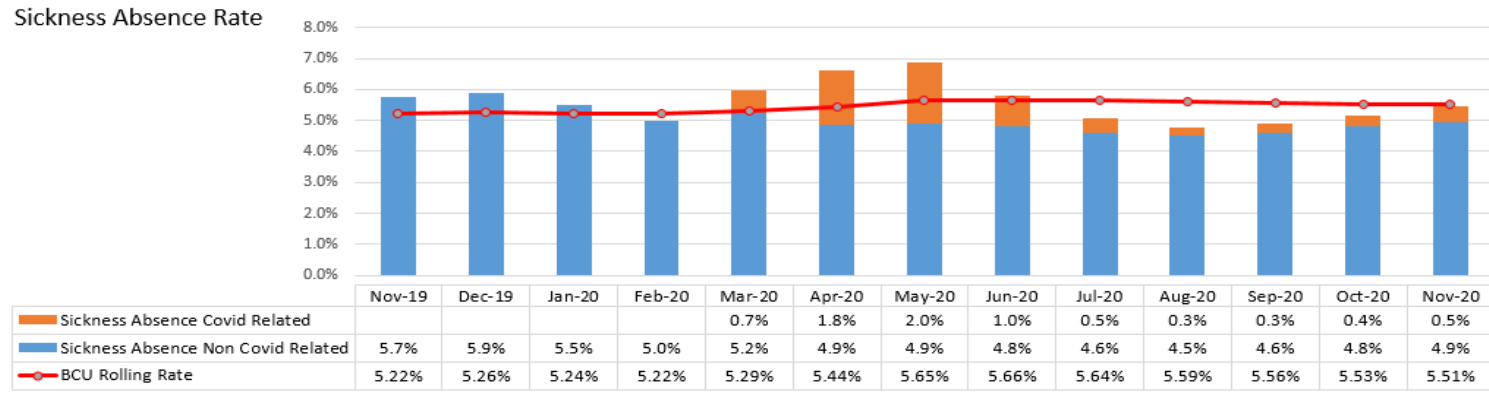


Quadruple Aim 2: Charts Planned Care page 6

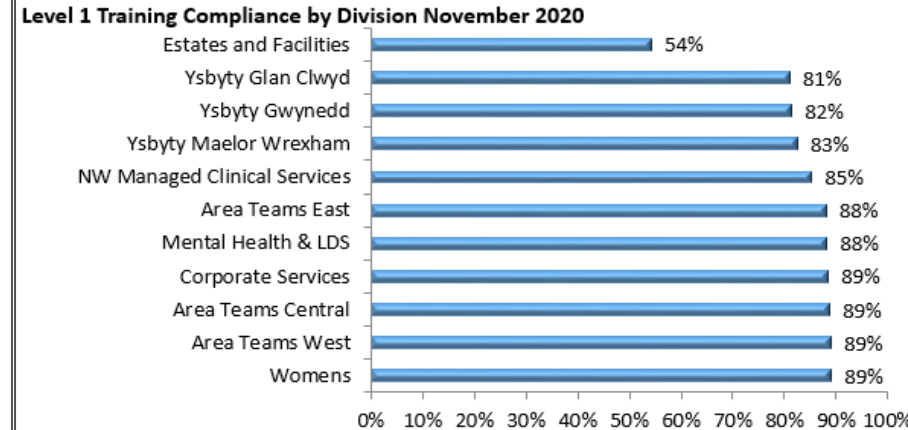
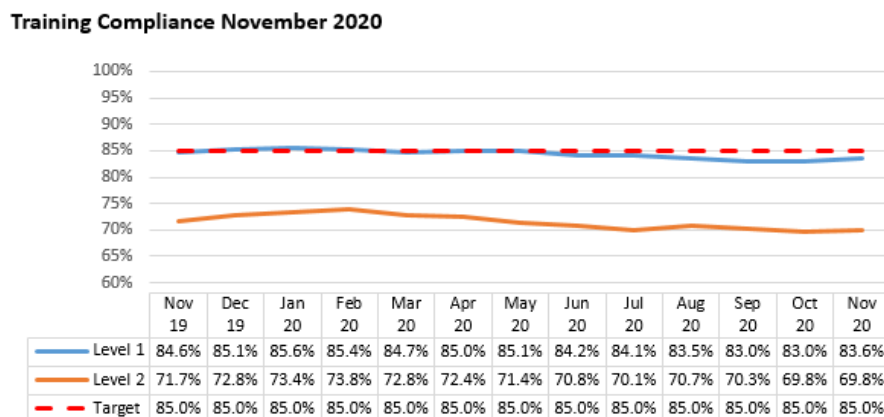




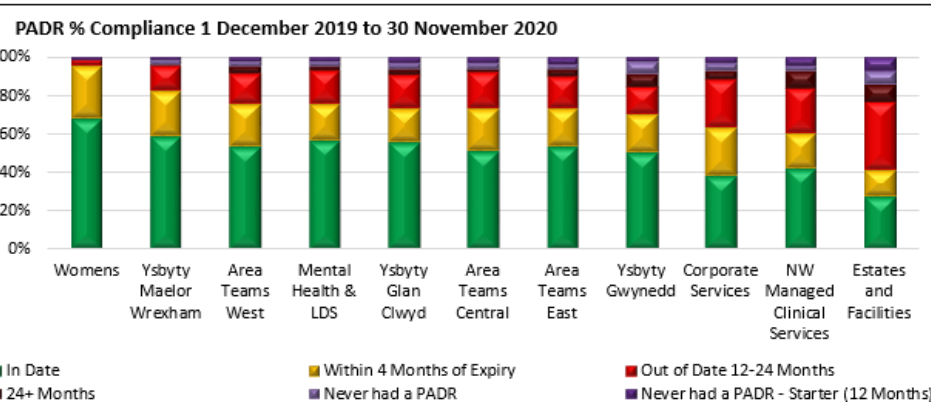
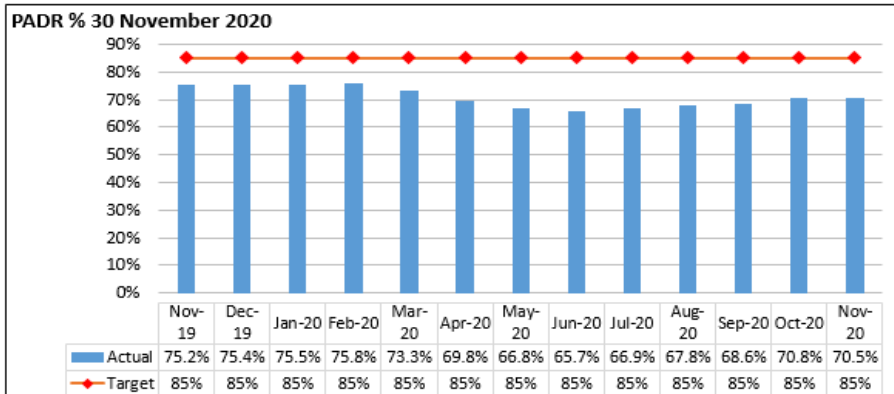
Sickness absence Rates



Core Mandatory Training Rate



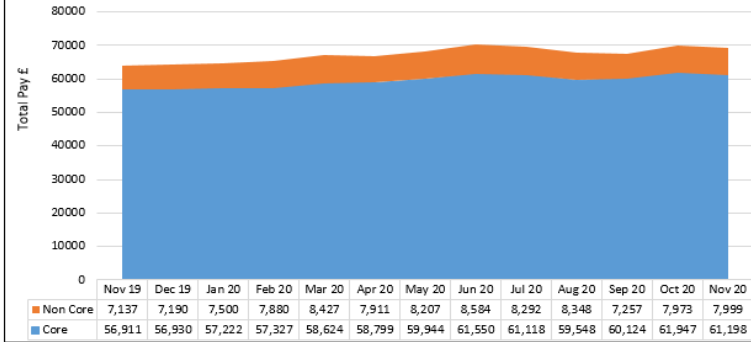
PADR



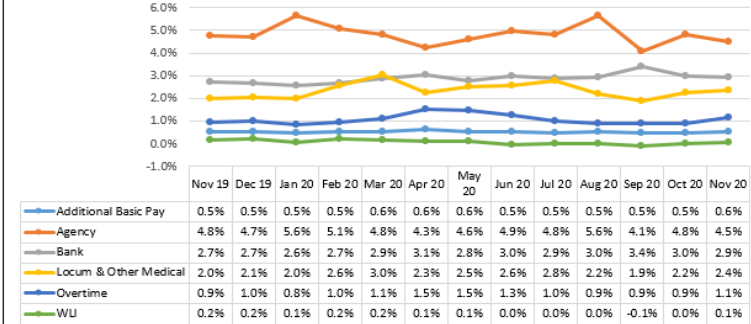
November
2020

Quadruple Aim 4: Narrative – Agency Spend

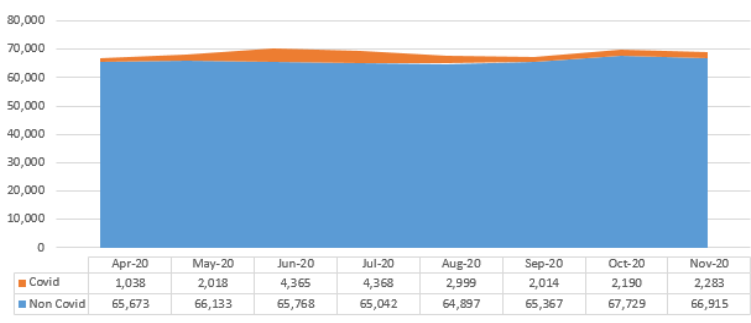
BCUHB Pay Core vs Non Core (£000s)



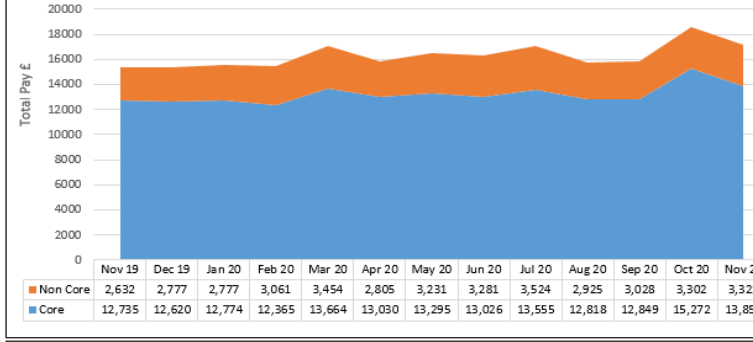
BCU Non Core Pay % of Total Spend



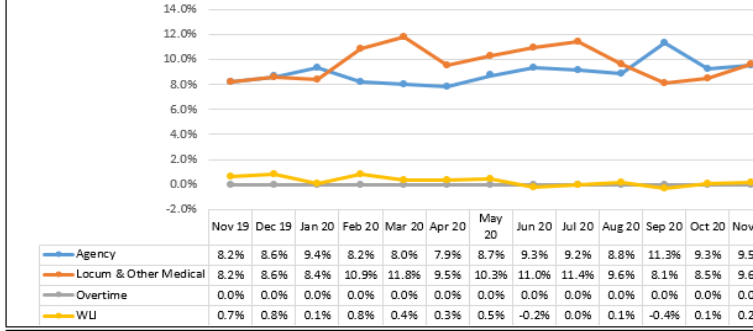
BCUHB Covid v Non Covid Spend (£000s)



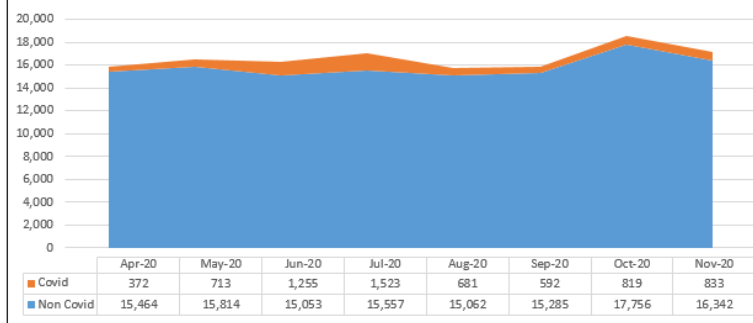
Medical & Dental Pay Core vs Non Core (£000s)



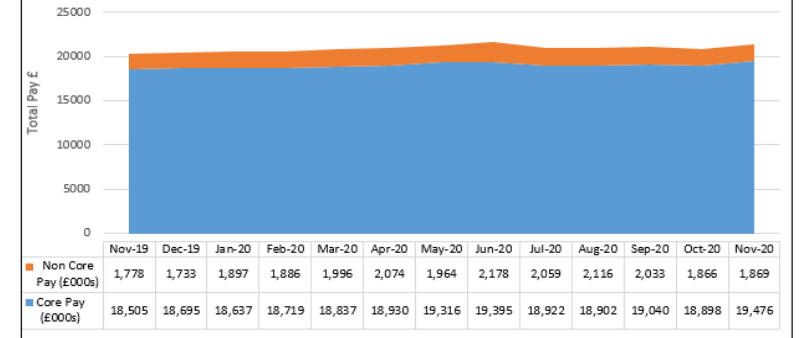
M&D Non Core Pay % of Total Spend



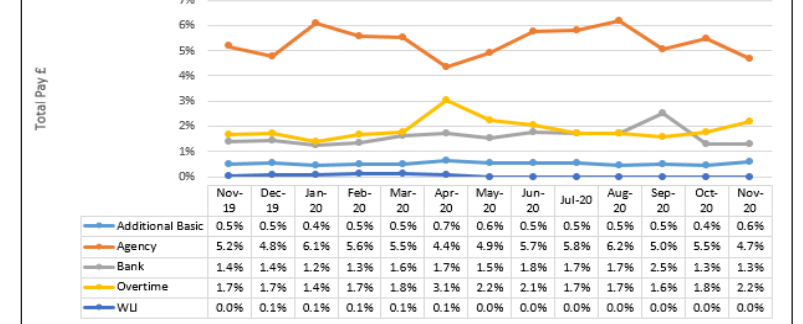
Medical & Dental Covid v Non Covid Spend (£000s)



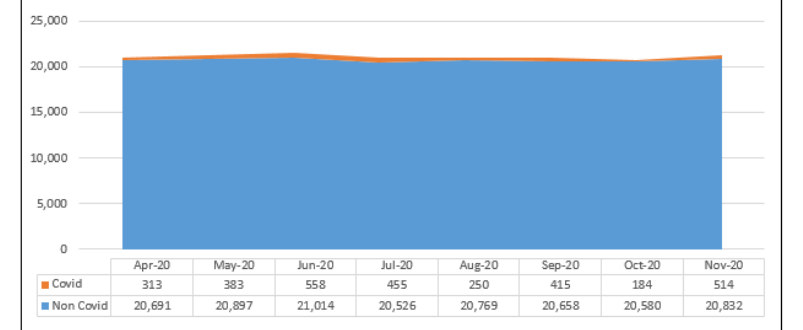
Nursing & Midwifery Pay Core vs Non Core (£000s)



% Total Pay Spend for Nursing & Midwifery



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



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

- performance reference tables
- tolerances for red, amber and green


Further information on our performance can be found online at:

- Our website www.pbc.cymru.nhs.uk
www.bcu.wales.nhs.uk
- Stats Wales www.statswales.wales.gov.uk

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

 follow @bcuhb

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

| | | | | | | |
|--|---|---|--|--|--|---|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Performance and Accountability Framework - update on Accountability Reviews | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Mark Wilkinson Executive Director of Planning & Performance | | | | | |
| Awdur yr Adroddiad Report Author: | Jonathan Lloyd, Interim Director of Performance | | | | | |
| Craffu blaenorol: Prior Scrutiny: | This paper has been scrutinised and approved by the Executive Director of Planning and Performance. | | | | | |
| Atodiadau Appendices: | 1: Supplementary Report | | | | | |
| Argymhelliad / Recommendation: | | | | | | |
| <p>The Finance and Performance Committee is asked to note</p> <ul style="list-style-type: none"> the implementation of the Performance Accountability Framework the themes emerging from the meetings held on 26 November 2020 the next steps | | | | | | |
| Please tick as appropriate | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | | Er gwybodaeth For Information |
| | | | | | |  |
| Sefyllfa / Situation: | | | | | | |
| <p>The purpose of this report is to</p> <ol style="list-style-type: none"> Provide the Finance and Performance Committee with an update on the progress of the implementation of the Performance and Accountability Framework Provide an update on the Accountability Reviews that took place on 26 November 2020. | | | | | | |
| Cefndir / Background: | | | | | | |
| <p>The Performance and Accountability Framework (PAF) has been developed and shared with Independent Members on 30 October 2020 and agreed by the Executive Team on 11 November 2020. The Framework was also considered by the Audit Committee on 17 December 2020. This new approach is based on clear lines of accountability from the Board to the service and part of this process involved the review of the four Divisions of the Health Board</p> | | | | | | |
| Asesiad / Assessment & Analysis | | | | | | |

Strategy Implications

Supporting the delivery of the organisation's strategic aims and the alignment of delivery with the Operational Plan, all of which are key to implementation of the Board's strategy

Options considered

N/A

Financial Implications

None

Risk Analysis

N/A

Legal and Compliance

N/A

Impact Assessment

N/A

Performance and Accountability Framework - update on Accountability Reviews

1. Purpose

The purpose of this report is to

- a) Provide the Finance and Performance Committee with an update on the progress of the implementation of the Performance and Accountability Framework
- b) Provide an update on the Accountability Reviews that took place on 26 November 2020.

2. Background

The Performance and Accountability Framework (PAF) has been developed and shared with Independent Members on 30 October 2020 and agreed by the Executive Team on 11 November 2020. The Framework was also considered by the Audit Committee on 17 December 2020.

This new approach is based on clear lines of accountability from the Board to the service and part of this process involved the review of the four Divisions of the Health Board:

- Primary and Community Care
- Secondary Care (incorporating women's services)
- Mental Health and Learning Disabilities
- North Wales Managed Clinical Services (incorporating cancer and diagnostic services)

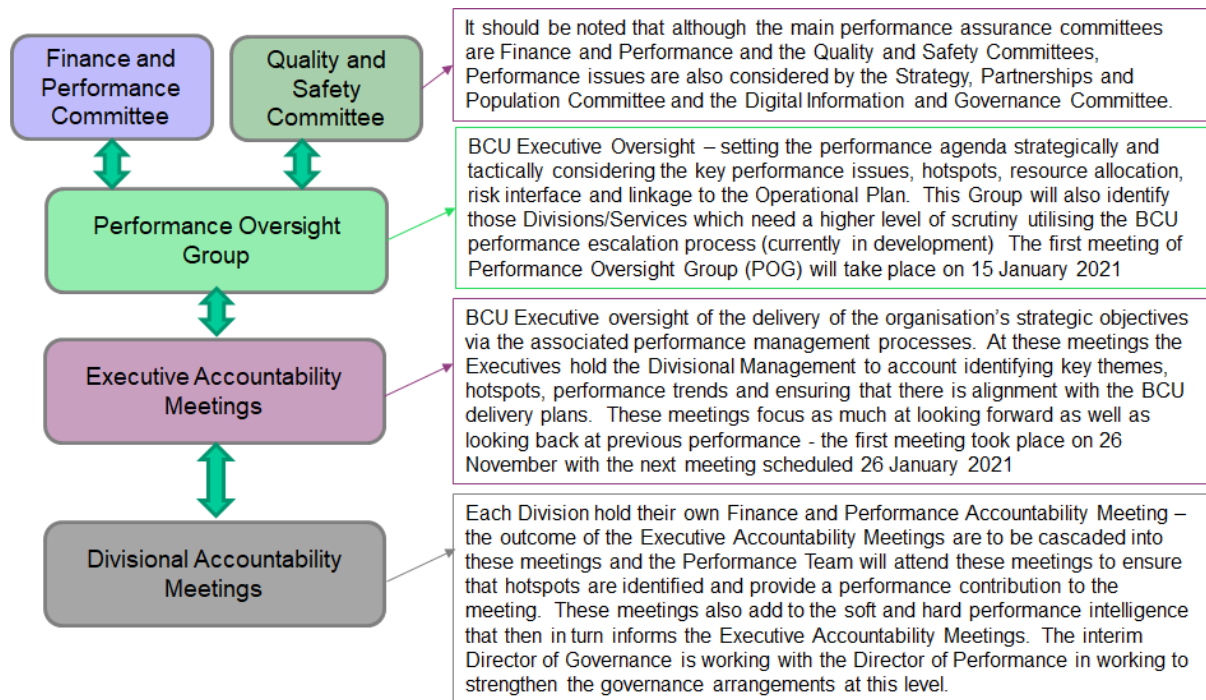
The first meeting utilising the new format took place on 26 November 2020.

3. Process – performance cascade

The reviews reflected the agreed approach as set out in the Performance and Accountability Framework.

Fig 1 overleaf details the performance cascade process to support the implementation of the Performance Assessment Framework

Fig 1 – Performance Cascade



4. Process – Executive Accountability Review Meeting – 26 November 2020

The approach being adopted is one of transparency. At the meeting held on 26 November 2020 each of the Divisions were asked to present the following:

- Top 3 learning from incidents or other learning to share
- Top 3 patient safety concerns – and support required (if any)
- Top 3 performance concerns – and support required (if any)
- Top 3 Workforce concerns – and support required (if any)
- Top 3 Finance concerns
- Top 3 contributions to corporate priorities
- Top 3 risks – in terms of most challenging to manage
- Top 3 things we are proud of - celebrating excellence

The agenda focussed on the following:

Table 1 – standard agenda for the Executive Accountability Meetings

| Item | | Lead | Time |
|------|---|-----------------------------|------------|
| 1.0 | Introduction | ExecDoP&P | 5 minutes |
| 2.0 | Presentation by the Services – areas to be covered are included in slide 3 | | 20 minutes |
| 3.0 | Performance | | |
| 3.1 | Operational Performance <i>Utilise the packs produced for the Divisions to assess the key performance risks and priorities aligned to the Health Board objectives. Divisional heatmaps will be developed further over the coming months to take account of feedback from the Services and the Execs and key line of enquiry circulated to the Services prior to all meetings</i> | COO/ExecDoN | 20 minutes |
| 3.2 | Quality and Safety M7 – actions required by M12 prioritised | ExecMD & ExecDoN | 20 minutes |
| 3.3 | Workforce M7 – actions required by M12 prioritised | ExecW&OD | 10 minutes |
| 3.4 | Finance and planning – actions required by M12 prioritised including OBC development and broader estate implications | Exec DoF | 20 minutes |
| 3.5 | Assurance and risk M7 – actions required in relation to the alignment of corporate and operational risk (golden thread) | All | 10 minutes |
| 4.0 | Summary and Conclusion (confirmation of priorities to M12) | ExecDoP&P | 5 minutes |
| 5.0 | Date of next Monthly Review Meeting (26 January 2021) | | |

5. Themes considered by the Executive Accountability Reviews

Key actions have been collated and are in the process of agreement with those who attended the meeting. These will be reviewed before the next meeting on 26 January 2021 and cascaded into the Divisional Accountability Meetings. Work is also ongoing to ensure that these fully align with the corporate risk management work currently being undertaken across the organisation. A two way process of evaluation and feedback will also take place to ensure that the key priorities as set out in the Operational Plan are considered (all of which supports the organisation's key strategic aims)

The emergent themes from the first meeting are set out overleaf:

Fig 2 Secondary Care Division

- Planned care – development of a strategic blueprint for planned care
- Review of discharge protocols joint work with primary and community care
- Development of the clinical model across all the three hospital sites
- Roll out of the AMU model (Wrexham) across all sites
- Focus on ambulance waits and the frailty front door

Fig 3 Primary and Community Care Division

- CAMHS – focus on waits to treatment, delivery of service transformation projects and interface between adult mental health services
- Community services – development of the 'homeward bound' scheme and IT/Tech support to district nursing to support care at home
- Primary care – development and access to dental care
- Focus on falls prevention
- Focus on stroke services and development of next steps
- Integrated care delivery and how we can develop new roles and skills to support this

Fig 3 Mental Health and Learning Disabilities Division

- Development and review of the MH&LD improvement plan – aligned to reducing the waits for treatment
- Address the high number of vacancies (nursing)
- Developing the MH&LD workforce
- Development of internal and external partnership working
- Improving the LD Estate

Fig 4 North Wales Managed Clinical Services

- Focus on reducing the backlog in radiology and endoscopy waits
- Implications of the new cancer target
- Plan for the oncology workforce and recruitment
- Review of Stage 4 cancer activity pre and post COVID
- New/replacement equipment (Radiology)

Fig 5 Cross cutting themes

- Workforce development, vacancies and the development of new roles to support care integration
- Learning from COVID
- Consistency of approach across sites
- Sustaining funding recurrently – development of the efficiency programme
- Risk management and the alignment of risks to performance concerns

The above themes give a flavour of the discussion; there was, as you would expect a detailed discussion in the area of quality, as well as operational performance and finance.

Achieving the right balance of the discussion will nevertheless take time, and it is envisaged that the Performance Team will be working more closely with the Divisions in preparation for future meetings and actions post meetings. This will then facilitate a more detailed discussion on the more tactical and strategic performance issues at future meetings.

6. Next steps

As indicated, the next meeting (Fig1) will take place on 26 January 2021. All staff involved in the first meeting have been asked for their feedback on the reviews and areas where they could be improved. The arrangements for the next reviews (including the learning from the 26 November reviews) will be considered at the Performance Oversight Group to be held on 15 January 2021.

7. Recommendations

Members of the Finance and Performance Committee are invited to:

- a) Note the implementation of the Performance Accountability Framework
- b) Note the themes emerging from the meetings held on 26 November 2020
- c) Note the next steps

JL 10.12.20

| | | | | | | |
|---|--|---|--|--|--|---|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Planned care update | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Gavin McDonald – Interim Chief Operating Officer | | | | | |
| Awdur yr Adroddiad Report Author: | Andrew Kent- Interim head of planned care transformation | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Gavin McDonald – Interim Chief Operating Officer | | | | | |
| Atodiadau Appendices: | Appendix 1- the six point recovery plan | | | | | |
| Argymhelliad / Recommendation: | | | | | | |
| The Committee is asked to note the progress to date. | | | | | | |
| Please tick as appropriate | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | | Er gwybodaeth For Information x |
| Sefyllfa / Situation: | | | | | | |
| The covid situation continues to cause disruption to planned care due to the limitations of activity imposed in the pandemic. Further, the increasing winter pressures continues to threaten planned care activity, resulting in the need to constantly review service provision due to the real or potential disruption. | | | | | | |
| Cefndir / Background: | | | | | | |
| Planned care activity continues to suffer from winter and the pandemic situation, this paper gives a continuing update on the actions being taken to deliver the Q3/4 plan and other actions to improve the mid and long term recovery. | | | | | | |
| Asesiad / Assessment & Analysis | | | | | | |

Strategy Implications

The six point recovery plan incorporates the ambition for diagnostic and treatment centres across North Wales

Six point plan

- Once for North Wales and Validation
- Demand management
- Roll out of virtual capacity
- Non-surgical treatment of long waiters
- Extra activity in existing capacity (WLIs and Insourcing)
- Providing ring fenced modular ward and theatres on each site to deliver backlog clearance using WLI or insourcing

Financial Implications

£6 million of schemes have been identified to improve the baseline activity plan.

Risk Analysis

Long waiters for both stage 1 and 4 and its potential to cause clinical harm,

Legal and Compliance

We would need to comply with procurement operating procedures and financial regulations.

Impact Assessment

Not yet undertaken

Introduction

The covid situation continues to cause disruption to planned care due to the limitations of activity imposed in the pandemic. Further, the increasing winter pressures continues to threaten planned care activity, resulting in the need to constantly review service provision due to the real or potential disruption.

Context

The waiting list currently stands at 115,097, with over 36-week waiters at 26,946. Over 52 weeks stands at 26,643, as illustrated in the table below:

| BCU HB Waiting List by cohorts of Weeks Waiting as at 29th November 2020 | | | | | | |
|--|--------|-------|-------|--------|--------|-------------|
| Weeks Waiting | 0-25 | 26-31 | 32-35 | 36-51 | 52+ | Total on WL |
| Number on WL | 55,447 | 3,258 | 2,809 | 26,946 | 26,643 | 115,097 |

Patients waiting over 36 weeks who are “routine” are still being paused both at stage 1 and 4, giving concerns of potential harm at both stages and recognising that if this continues until in March, then the early forecast is suggesting 50,000- patients will have been waiting over 52 weeks. The table below illustrate the number of patients currently unbooked at stage 1, 3 and 4.

| Unbooked patents as of November 30 th 2020 | Stage 1-OPD | Stage 3 - diagnostics | Stage 4- treatment | Total patients waiting (unbooked) |
|---|---------------|-----------------------|--------------------|-----------------------------------|
| 36 weeks to 51 weeks | 15,685 | 2,047 | 4,697 | 22,429 |
| Over 52 weeks | 13,390 | 2,157 | 9,029 | 24,576 |
| Total | 29,075 | 4204 | 13,726 | 47,005 |

We can see from the table above that we have approximately five month’s worth of outpatient activity and 10 month’s worth of stage 4 activity not yet been seen.

It is recognised, that 4-5% of stage one may have a malignancy not yet recognised upon referral, therefore we may have 1,163 patients awaiting to be seen who may have some form of harm.

Stage 1 - Activity in November

In November the organisation planned 5,974 outpatients and delivered 9,375, this is still significantly below previous year’s activity but does demonstrate the improving uptake of outpatient appointments in the pandemic. Work is ongoing on how further this will be improved by looking at Hub and spoke models with community and primary care facilities, the most progress being made at the West location.

Stage 4 - Activity in November

In November, the organisation planned 1,329 inpatients and delivered 1,366, a positive variance of 37. Two key specialties have fallen behind plan. These being

Orthopaedics (-56) and Ophthalmology (-11). The drivers with Orthopaedics is the reduced activity at Spire and the need to undertake in-patient work compared to daycase. Other specialties improved their activity levels in particular General surgery (+51).

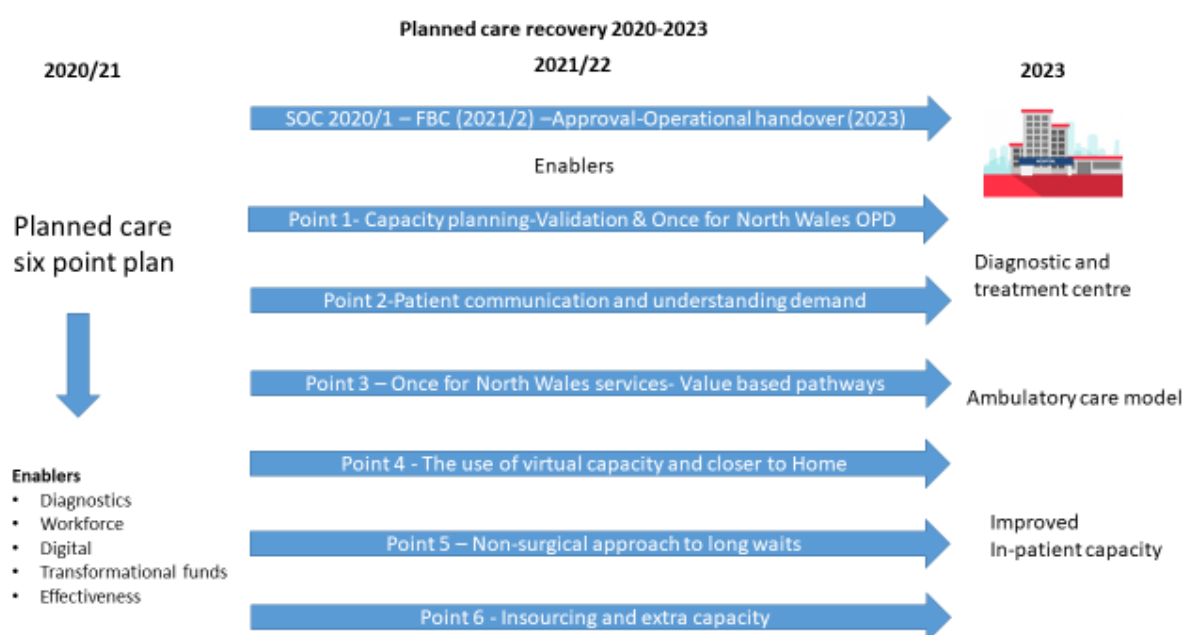
WLI's and Insourcing

To support the Q3/4 plan, work has commenced on introducing WLI's in the eight theatres available across North Wales at the weekends, but due to the operational pressures the uptake has not been at the same level of previous years in the pre-xmas period.

Planned care have therefore commenced insourcing, initially in Ophthalmology, in December at the West site. Work is underway to see if insourcing can commence in the East, but is looking more likely to commence in January due to the operational pressures.

The head of planned care is also exploring with procurement further activity across key specialties in January to support the Q3/4 plan to commence treating the long waiters.

As previously reported, the recovery will now be measured in years rather than quarters and the planned care transformation group are endorsing a six-point recovery plan which is illustrated in the info graphic below.



The detailed explanation of each scheme can be found in **Appendix 1**.

The six-point plan provides a road map to the diagnostic and treatment centre(s) over the next 3 years. The plan improves current planned care business processes, such as outpatients and validation, as well as an opportunity to reduce the backlog numbers from early next year using theatres at weekends by the use of insourcing companies and "drop in wards" to focus on In-patient activity. The plan can therefore

also be “stand alone” if the Diagnostic and Treatment Centre is found not to be a viable option.

Diagnostic and Treatment centre

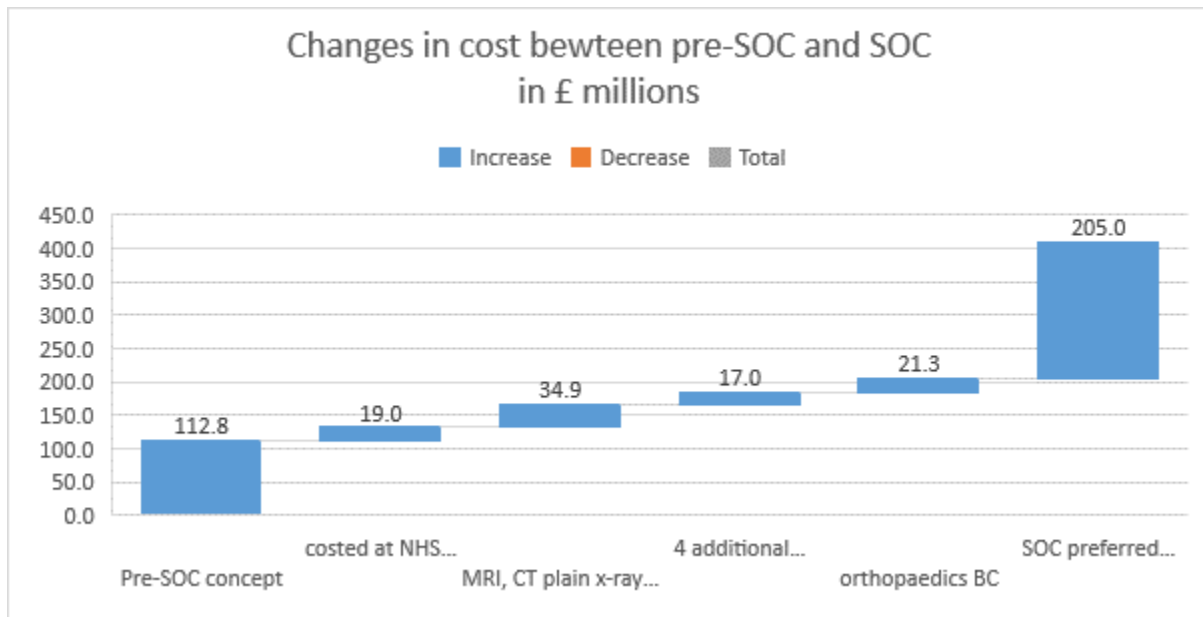
Planned care have worked on the strategic outline case from last month’s Finance and Performance committee, where feedback on the pre-case was given. The key areas of further development has been the clinical specification of the preferred option, the workforce strategy including the potential numbers of staff that would be affected and the increase of staff required if the unit was to work at three session days.

Furthermore, a high-level understanding of the revenue costs has been described, as well as a specification for the tender process to undertake a capacity model to understand the footprint of the build. To support this work, the Executive Director of planning and performance is nominated as the senior responsible officer. The substantive appointment for the Head of planned care has been approved by the Executive team and will shortly go out to advert.

Discussions with the Orthopaedic Consultants has progressed, with agreement with the Orthopaedic clinical lead, to include an option which moves In-patient Orthopaedic activity into the diagnostic and treatment centre, where previously partial daycase activity was only included. This will now be added into the strategic outline case, recognising this gives the case a further level of opportunity and complexity to work through over the coming months.

Dialogue has also being held regarding the inclusion of the full Ophthalmology service being accommodated into the treatment centre. In the pre-case presented last month only the outpatient and treatment room activity were included, this month there is a clinical recognition that all secondary activity could be delivered from the centre(s). This will again be included as a short-listed option.

The work on the proposal is fluid with more opportunities for the new model of care being identified. This will be described as six short-listed options in the strategic outline case, ranging from a standalone outpatient and diagnostic centre to a high volume ambulatory elective centre. The preferred option of the Finance and Performance committee is the centre with theatres and orthopaedics. Further high-level work has been undertaken on this option in particular the capital costs. The waterfall diagram below illustrates the shift from the pre-strategic to the current version of the outline case.



The committee can see the changes are:

- Adding the orthopaedic case £21.34m
- Increasing diagnostics to support the orthopaedic business case and other activity £34.86m, including MRI
- The need to change from modular to NHS building costs as advised by capital finance £19.03m
- 4 more theatres to support further activity, including In-patient orthopaedic theatres £16.968m

We now believe the strategic outline case will be ready for submission in the near future.

Conclusion

Significant work is ongoing to ensure delivery of the Q3/4 plan in what can only be described as a high-risk disruptive environment due to winter pressures and covid. The delivery of the plan will require support from short-term WLI's and mid-term insourcing, across key specialties. A focus is on improving our outpatient activity going forward, recognising the cause and effect of conversion rates.

The planned care group have endorsed a six point plan put forward by the head of planned care and has now commenced components of that plan to give immediate support and mid to long term resilience.

Recommendations

The committee is asked to note the progress to date.

Appendix 1

Point 1 Capacity planning- Once for North Wales out-patient and validation

The planned care group recognise the need for a waiting list of this magnitude to have robust and constant validation. A validation process that can provide a consistent, safe and quality based approach and provides validation across all patients who may be on a waiting list, either via a Primary targeting list or not.

By introducing this thinking and approach, it is now recognised digital systems can now provide validation that is currently undertaken by individuals and “excel spreadsheets”. The planned care group are currently scoping systems that can give assurance to the organisation on delivering an artificial intelligent approach to validation. Combining this work with the need to understand how the referral and booking systems can ensure health equity to the population of North Wales by delivering the capacity required, rather than being based on the patient’s postcode.

Point 2 -Patient communication and understanding patient demand

We have introduced “Consultant connect” to support primary care with Advice and Guidance, this take up has been successful, and we believe will grow in importance. We are also developing “The Opt in” approach for all our patients on the waiting lists. This has been successful in Wales and the North West of England, by understanding, which patients are still requiring treatment by contacting them through text, digital and letter, once captured we will have the capability of continually updating patients and introduce further information and dialogue regarding their procedures. We expect this programme of work to be rolled out in early January.

Point 3 -Once for North Wales approach

We have introduced the once for North Wales approach in a number of key specialties, this gives patients a choice of treatment based on shortest waiting time rather than postcode. In the key specialties, we are seeing the levelling off, of our waiting times across North Wales, reducing any health inequalities in wait. This is allowing the organisation to be thinking and delivering in a system wide, rather than site approach. We are building resilience by expanding on this thinking with the possibility during this winter to move services across North Wales as part of our plan, in particular using the West site as a potential elective site during covid peaks. In the midterm, we will be using these principles to review all pathways in readiness for the treatment centre, looking at the specialty pathway from primary referral to discharge.

Point 4 -Roll out of virtual capacity and closer to home

Attend Anywhere has been introduced in pilot form; we are now embarking on a full roll out of this platform over the coming months. This will provide extra virtual capacity for our clinicians.

We are also reviewing our current outpatient facilities and understanding how we can introduce outpatient hubs away from the acute sites providing a lower covid burden. This will provide further capacity.

Point 5 -Non-surgical treatment of long waiters

We are adopting digital applications to support, particularly in orthopaedics, patients who will not be receiving treatments due to the Covid pandemic. This “digital app” is progressing well and has recently being presented at the national orthopaedic group meeting. We are also introducing programmes such as “escape from pain” for orthopaedic patients. The “opt in” approach will also be connected to this work and will allow us to deliver specific communications via letter and/or via a patient hub, keeping the patients informed and in optimum health.

Point 6 - Insourcing and extra capacity

For those patients continuing to require treatment, we are undertaking Waiting list initiatives (WLI's) to support our Q3/4 plan. For the long waiting patients we are introducing an “Insourcing model” in eight of our theatres over the weekend period with an aim to support high-risk services such as Ophthalmology, to reduce harm, but also long waiting patients who require local anaesthetic or day case procedures over the next quarter. Our mid-term ambition is to continue to use this approach in 2021 in preparation for the Diagnostic centres.

In March 2021, we wish to continue this approach with In-patient activity, by either supporting the introduction of mobile/modular theatre or wards to allow further covid low areas on each of the acute sites, targeting long waiters and to support of next year's activity plan. We are also hopeful that the vaccine at some stage next year and the revision of PPE requirements in our theatres will increase our theatre productivity in the first quarters of next year.

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|--|---|---|--|--|----------|--|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Unscheduled Care Report | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Gill Harris Acting Chief Executive | | | | | |
| Awdur yr Adroddiad Report Author: | Meinir Williams, Director of Unscheduled Care Claire Brennan, Head of Office | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Reviewed by Gavin MacDonald Interim Chief Operating Officer | | | | | |
| Atodiadau Appendices: | None | | | | | |
| Argymhelliad / Recommendation: | | | | | | |
| The Committee note the Unscheduled Care performance for November 2020 across BCUHB and for each Health Community | | | | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | X | Er gwybodaeth For Information |
| Sefyllfa / Situation: | | | | | | |
| <p>This report is provided to the Health Board's Finance and Performance Committee on key Unscheduled care performance measures. It reflects the position for the month of November 2020.</p> <p>In order to provide the Committee with performance comparators, data for October 2020 and November 2019 are included in an attempt to describe the improvement or otherwise of the quality indicators:</p> <ul style="list-style-type: none"> • <i>4 hour combined ED/MIU</i> performance set against a back drop of demand growth/decline • <i>12 hour ED delays</i> set in the context of operational pressures and impact on patient outcomes and experience • <i>Ambulance demand</i> reflecting local v's national trends • <i>Ambulance handover</i> describing system risk <p>The report will also provide an update to the Committee on 2 areas of work relating to:</p> <ul style="list-style-type: none"> • Effective use of resources – SDEC, Phone First • Surge capacity – Ysbytai Enfys | | | | | | |

Cefndir / Background:

The Health Board has seen broadly the same number of people attending its EDs and MIUs in the month of November compared to October 2020 (463 fewer patients presented in November v's October but off set against a 30 day month v's 31 day month in October). It does not appear likely that the Welsh Firebreak in place during November, had any impact on the Health Boards USC trends and has been no way comparable to that experienced during the National Lockdown in March.

Demand, as yet has not returned to pre-Covid levels (4,566 fewer people presented to ED/MIUs in November 2020 v's November 2019)

The EDs and MIUs continue to provide 'Red' and 'Green' pathway and carve out separation in order to reduce the risk of cross infection. The impact of this pathway separation means that the overall ED/MIU capacity available to care for patients in a safe environment is reduced by almost 40%. The same is seen on our wards and in-patient areas where social distancing requirements for bed spacing has reduced the Health Boards bed numbers by c80 beds.

The need to adopt robust infection prevention measures is of no doubt, and the Health Board continues to be cognisant of the impact this has on the number and speed by which the teams can process patients through their care. The impact of these constraints is reflected in the performance against some of the key Unscheduled Care measures.

It is important to note that should we see a rapid return to pre-Covid levels through December to March there is a risk that the Health Boards ability to deliver timely care will be further compromised. The evidence of a deteriorating position across Wales in terms of 'R' rate, with SAGE reporting a continued growth in infection numbers across Wales is of concern. However, North Wales system pressure - though high, does appear less than in others parts of Wales. This may be attributable to the lower community infection rates seen in Denbighshire, Conwy, Gwynedd and Ynys Mon.

December run rate is of concern. Attendance figures are broadly the same avg. 466 per day across North Wales. WAST demand is up but the key issue is acuity of patients. We've seen an increased proportion of patients attending ED triaged into P1, P2 and P3 – this means we have a lesser proportion in the walk in's and minors. In turn we've seen increased demand for admitted patients.

Community demand is high with WAST escalating twice this month to REAP level 5 the highest level possible and the stack coupled, with hospital delays is compromising community safety.

We have increased prevalence of Covid outbreak in Centre (community hospitals), and the OCT at Wrexham remains to impact with 49 beds closed. Patients falling into Field hospital recovery remain not clinical fit for discharge so flow is compromised.

Asesiad / Assessment & Analysis:

4 hour Combined ED/MIU Performance:

The combined 4 hour ED/MIU performance for November 2020 was 72.8%, which was a marginal deterioration compared to 73.6% in October 2020 and improved from 72.2% for November 2019. ED only performance was 66.3% in November 2020 and is broadly maintaining the same position as October at 67.2%. This is an improvement on November 2019 reported at 63.1%.

The number of ED/MIU attendances remain the same for October and November 2020 -14,000 in November v's 14,463 in October, with the increase in October mainly due to it being a 31 day month;

average daily attendances remained at 466 for October and November. However, when compared to November last year, where the daily average attendances were reported at 619, it is clear that the operational constraints as a result of Covid is broadly offsetting any benefit of lower attendance rates.

12 hour ED delays:

The number of patients who waited in our EDs for more than 12 hours is reporting an improved position with 175 fewer people being delayed in ED for >12hrs in November compared to October (1302 in November v's 1,477 in October). This improvement is significant when compared to November 2019 where our EDs held a total of 1,786 patients for 12 hours or more.

When we consider our patient outcomes and experience it's important that we monitor not just the number of patients delayed, but the length of time they were delayed for. Though we have seen a few exceptionally long delays at both Ysbyty Glan Clwyd and Ysbyty Wrexham Maelor over recent months, in November we did see fewer patients being delayed for 24 hours or more in our EDs (388 in November compared to 420 in October). This is broadly comparable to 391 delays >24 hours in November 2019.

Ambulance Demand:

Ambulance CAT A performance

The 8 minute red performance target relates to ambulance response to red calls (very urgent). This is reporting a slight improvement from 61.91% in October 2020 to 62.28%, but remains below the 65% performance target.

Though BCUHB have seen a marginal improvement on the Cat A response target in November, this has not been replicated across Wales (and Nationally). During November – and continuing into December; the Welsh Ambulances Services Trust (WAST) experienced significant increase in demand, so extraordinary that WAST have escalated to their highest Regional Escalation Levels and enacted their REAP level 4/5 plans several times over preceding weeks.

The importance of timely ambulance handover in this challenging pre-hospital operational context is pivotal in keeping our population and communities' safe. In this regard the EDs have felt the added pressure to release ambulances quickly to allow them to respond to life threatening calls in our communities. Our performance against the ambulance handover measures are described below.

Ambulance handovers >60 minutes & >180 minutes

The pre-hospital pressures experienced by WAST in recent weeks and months is reflected in both the ambulance handover performance and in patient acuity. Though the number of ambulances presenting to the doors of the EDs is lower in November than October (4,131 v's 4414 respectively), the demand is surprisingly higher than in November 2019 (4025 November 2019).

What we do know is that the acuity of the patients being brought by ambulance is higher which, in turn, increases the demand for 'majors' spaces in our EDs. High acuity limits the options to offload into lower acuity patient clinical spaces such as the waiting room or minors areas. The added pressure of patients requiring 'red' and 'green' pathway separation, further compounds safe, timely offload.

Despite the growing pressure the Health Board saw a net reduction in the number of patients delayed at ambulance handover for >60 minutes. 77 fewer WAST crews were delayed in November compared

to October (925 v's 1002 respectively). However, this is an increase in the number of delays compared to 792 reported in November 2019.

Ambulance handover delays are of such significance when we consider whole system risk and population safety. The importance is not only the number of patients who are delayed at the point of handover, but the length of time they are delayed. To this end, the Health Board now monitors and reports all handovers of >180mins. The concerted efforts of the teams across North Wales in November resulted in a reduction of the number of patients delayed for > 180 mins (252 in October reduced to 201 in November). Ysbyty Glan Clwyd remains the site with the greatest number of delays >180 minutes and the site improvement plans reflect the ongoing work being done by the team there to improve this with pace. Some of this work includes delivering safe pathways to support patient cohort areas to allow timely offload at times of peak pressure – this work is subject to National focus and is in operation at other Health Boards.

Effective use of resources – SDEC, Phone First

As part of the Health Boards Winter Resilience and Q3/4 Plan, funding has been secured from Welsh Government in support of enhanced development of the *Same Day Emergency Care (SDEC)* services on each of the three acute sites. The Health Boards Clinical Lead for SDEC is providing the clinical input into the newly formed National group. He is also a Bevan Exemplar and a subject expert on SDEC and has extended support to his colleagues in Centre and East as required in an attempt to rollout through a once for North Wales approach.

The Health Boards *Phone First* service delivered a soft launch on 8th of December as planned. The service includes extended support from the existing SICAT service working alongside the three EDs, all MIUs and the newly launched Primary Care Urgent Care Centre in East. The intention of the service is to manage urgent care demand into a more scheduled way, reduce the variance in demand and avoiding congestion in our EDs, MIUs and UCC. The service model reflects the Cardiff and Vale CAV24/7 service, but due to workforce and technology constraints we are unable to offer public access at this stage. However, the BCUHB model continues its support to WAST and managing 999/urgent calls waiting on the ambulance stack.

Surge capacity – Ysbytai Enfys:

As the Health Board continues to plan and respond for second Covid wave, modelling confirms that the Health Board has the potential to require up to an additional 200 beds across North Wales in order to safely manage the anticipated increase in demand for hospital beds.

Following detailed planning and implementation Ysbyty Enfys Deeside was opened on 4th November 2020 and received its first patient on Monday 9th of November.

The site currently provides care for up to 30 patients as part of its phase 1 plan, with a potential to increase the bed base in increments of 15 patients but is dependent on being able to staff the beds with nursing and medical staff.



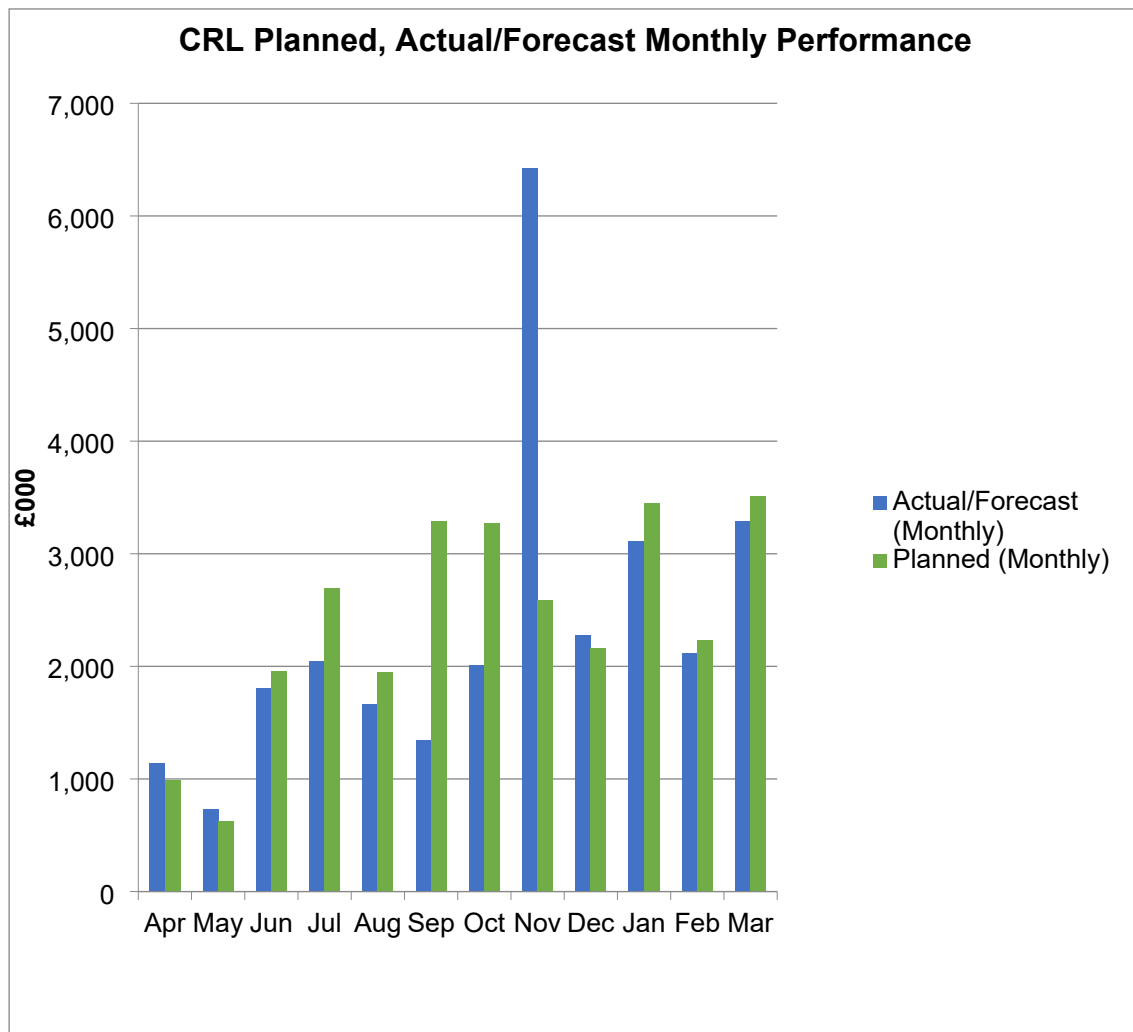
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|--|---|--|--|---|---------------|---------------------------------------|---|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Capital Programme Report Month 7 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Mark Wilkinson, Executive Director of Planning and Performance | | | | | | |
| Awdur yr Adroddiad Report Author: | Neil Bradshaw – Assistant Director – Capital Denise Roberts – Financial Accountant Tax & Capital | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Capital Investment Group and Executive Leadership Team | | | | | | |
| Atodiadau Appendices: | 2 | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The committee is asked to receive this report and note progress to date, the amendments to the programme and confirmation of agreed revisions to the capital governance arrangements. | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval * | | Ar gyfer Trafodaeth For Discussion* | | Ar gyfer sicrwydd For Assurance* | X | Er gwybodaeth For Information* | X |
| Sefyllfa / Situation: | | | | | | | |
| The purpose of this report is to brief the Finance and Performance committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. | | | | | | | |
| The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL). | | | | | | | |
| Cefndir / Background: | | | | | | | |
| The agreed capital funding from all sources may be summarised as follows: | | | | | | | |
| Capital Programme | | | | | £ '000 | | |
| All Wales Capital Programme | | | | | 13,877 | | |
| Discretionary Capital | | | | | 12,921 | | |
| Total Welsh Government CRL | | | | | 26.798 | | |
| Capital Receipts | | | | | 150 | | |
| Donated Funding | | | | | 1,027 | | |
| TOTAL | | | | | 27.975 | | |

The Welsh Government (WG) have undertaken a review of the capital programme to seek to identify additional funds to support the on-going cost of the pandemic. All Health Boards and Trusts were requested to review their expected expenditure of major capital schemes to 31st March 2021. As previously reported, progress on Ruthin Hospital, the Substance Misuse units at Holyhead & Shotton and the Integrated Dementia unit at Bryn Beryl hospital have been delayed as a consequence of the pandemic. We assessed the impact of this delay to be a reduction in the total planned expenditure of £2.058m. As a consequence WG have reduced the CRL for each of these schemes (and have confirmed that the funding will be provided next year) and has also provided an additional allocation of funding for COVID-19 of £3.836m and confirmed ICF funding of £2.249m.

Asesiad / Assessment

Expenditure Planned/Actual (Projected from November)

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



Appendix 1 provides details of all schemes supported by the Executive Team. The following provides reports, by exception, where schemes are at variance with the planned programme.

Major Capital Schemes (>£1m)

Royal Alexandra Hospital, Rhyl

The Full Business Case for the new community hospital and refurbishment and extension of the existing Royal Alexandra Hospital has been supported by the Health Board. The case has been received by Welsh Government and their review of it has commenced.

Ablett Redevelopment, Ysbyty Glan Clwyd (YGC)

See separate report at Appendix 2

Isolation Facilities to Critical Care, Wrexham Maelor Hospital

Following approval of the revised business case the Unit Hospital Management Team (UMT) have requested that the programme of the works is phased to avoid any loss of capacity during the winter/covid second wave period. As a consequence the majority of the works will now not commence until the end of March 2021, with a resulting slippage of expenditure of approximately £1m. The UMT have also submitted an addendum to the original business case seeking additional funding to expand the current planned capacity, increase ventilation (air change rates) and enhance resilience. Following an initial assessment by the Capital Investment Group (CIG), the Secondary Care division are now considering the relative priority of this additional investment for further review by the CIG in December as part of the overall development of the capital programme for 2021/22 and beyond.

Discretionary Capital Programmes (Individual schemes <£1m)

Following approval of the discretionary capital programme progress has been made in implementing the approved schemes. The increasing incidence in COVID infections and the Health Boards response has led to a request to delay the works to Ward 14 and the Aseptic Unit at YGC due to their potential impact upon capacity.

Welsh Government have confirmed their intention to fund the additional ventilators previously allocated against the Health Board's discretionary capital programme.

As a consequence of the delay to the schemes outlined above, together with the anticipated additional funding from Welsh Government, the expected expenditure to March 2021 has been reviewed. This has identified £2.417m of slippage available as at 30th October 2020.

The Capital Investment Group (CIG) have identified a number of cost pressures with respect to approved schemes and at the same time a number of requests have been submitted for additional works in support of identified risks. The CIG have reviewed all these requests for additional funding and the Executive Team have approved the following including additional expenditure against the identified slippage:

| | £m |
|---|--------------|
| Additional works to Enlli Ward, YG | 0.397 |
| Accommodation units YGC | 0.160 |
| Anti-ligature risks Heddfan Unit | 0.098 |
| Anti-ligature risks, NWAS | 0.230 |
| Works to Wrexham Childrens Centre | 0.152 |
| Minor additional works to Wrexham | 0.080 |
| Capital support – surgical robot lease* | 0.180 |
| IT support Rapid Access Breast Clinics | 0.050 |
| Ventilators – respiratory wards, YGC | 0.027 |
| Additional IT devices | 0.200 |
| Health and Safety compliance - CCTV | 0.250 |
| | 1.824 |

* Subject to clarity and agreement of the revenue business case

The slippage of £2.417m equates to 20% of the discretionary programme and, with 4 months of the financial year remaining, represents a risk to the Health Board delivering it's statutory CRL target. The additional investments identified in the above table have been confirmed as priorities by the divisions/departments and supported by the CPMT and CIG and approved by the Executive Team. If these works are not addressed in this year they are expected to be a priority for next years' programme. The relevant programme lead/project managers have confirmed that the expenditure will be completed within this financial year.

It should be noted that £0.593m remains unallocated. The secondary care division has identified potential further requirements with respect to segregation to mitigate the risk of covid cross infection. It is therefore recommended that the unallocated funding is retained as a contingency pending completion of the review.

If this contingency is not required and/or further slippage is identified, the following priority schemes have been identified that could be progressed in within this year:

| | £m |
|---|--------------|
| Works to Mesan Fach | 0.153 |
| Minor works to Mold Hospital (information governance) | 0.030 |
| Works to ALAC – Relocation of Out of Hours service | 0.027 |
| Replace ventilation – Posture mobility workshop | 0.027 |
| Enabling works, YGC PACU | 0.052 |
| | 0.289 |

In order to fully meet the CRL any remaining balance will be used to support additional IT devices and bring forward medical devices for 2021/22.

Governance

A review has commenced of the role of the Senior Responsible Officer (SRO) and Project Director for major capital schemes together with associated thresholds of financial delegation in accordance with the Health Boards Scheme of Delegation.

All Project Directors are required to prepare a monthly Highlight Report detailing performance against the projects parameters of quality, cost, time, risks and benefits realisation. These reports will be submitted to the Project Board, SRO and CIG (summarised within the Capital Programme Control Plan) and variances will be reported by exception. A Capital Report, summarising progress on all major capital schemes (>£1m) and programmes, will be submitted to the CIG and Executive Team on a monthly basis and reported to this committee.

The Procedure Manual for Managing Capital Projects is being updated to reflect the revised capital governance structure, roles of the SRO and Project Director and revised delegated authority. Details of the amendments will be brought to the next committee meeting.

Financial Implications

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

Risk Analysis

There is a risk that failure to implement the agreed projects and discretionary programme may result in the Health Board being unable to meet its' defined operational objectives. Furthermore, if the additional schemes identified are not implemented to address the slippage in expenditure there is a risk that the Health Board will not meet its' CRL.

Legal Compliance

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

TODAY'S DATE:

[illegible]

[illegible]

Appendix 3

Redevelopment of the Ablett Unit

1. Purpose of report

The purpose of this report is to provide an update on the progress of the project to redevelop the Ablett Unit at Ysbyty Glan Clwyd (YGC).

2. Introduction

The strategic outline case (SOC) was approved by Welsh Government in May 2019. The case included the findings from several external reports and inspections of both the Ablett unit and Bryn Hesketh Unit in Colwyn Bay highlighting the significant limitations of the estate and ongoing risks to the Health Board.

The detail of this report is drawn from the Project Director and Cost Advisors reports as reported to the Project Board.

3. Progress to Date

The outline business case (OBC) programme commenced in September 2020 and wider engagement commenced, as part of the OBC development, in October 2019 through to January 2020. As a result of the engagement a number of wider issues emerged in relation to future proofing the unit which are highlighted in the attached report.

As part of the OBC development a multi-stakeholder options appraisal event was facilitated in January 2020 the outcome of that event was that a new build option on the Ysbyty Glan Clwyd site was the preferred option. The recommendation was made to project board at the end of January and the judgement of the project board, reflected in the economic appraisal, is that the benefits of the new build option justify the additional costs. The design has been developed in support of the OBC and includes the re-provision of 400 car parking spaces within a three story structure located on the existing “north end” front car park adjacent to Sarn Lane (to replace the spaces lost as a result of the proposed location of the new facility). The preferred option has resulted in the estimated total capital cost increasing above the SOC to £63.234m (as at August 2020).

Concerns have been expressed with respect to the communication of the change in the Project Board’s preferred option and the proposal to develop a new facility on the YGC site, together with the associated multi-storey car park. A separate report is to be submitted to the Audit committee on learning from this project.

In October 2020 the project team requested a gateway review with Welsh Government which was undertaken by three external reviewers on the 16th - 18th November where a range of stakeholders were interviewed. The review team recommendations have now been received as follows:

| Ref. No. | Recommendation | Urgency (C/E/R) | Target date for completion |
|----------|--|-----------------|----------------------------|
| 1. | The SRO should seek a name for new facility and for the project. | R - Recommended | OBC Submission |
| 2. | The SRO should provide a time out before taking the OBC to the Health Board. | C- Critical | Now |
| 3. | The SRO should ensure that benefit realisation is considered more widely and deeply and that it is a standing item on the Project Board agenda | E- Essential | Before OBC submission |
| 4. | The current SRO should consider how best to ensure that strategic leadership and the role of the SRO role is taken forward. | E- Essential | By Christmas 2020 |

In accordance with recommendation 2 the Senior Responsible Owner (SRO) is currently reviewing the OBC programme with a view to bringing a revised programme to the Executive Team for the submission and scrutiny of the OBC.

4. Recommendations

It is recommended that the Committee scrutinise and note the contents of this report.



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| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 |
| Cyhoeddus neu Breifat: Public or Private: | Public |
| Teitl yr Adroddiad Report Title: | Combined Post Project Evaluation of the Integrated Health, Social Care and Third Sector Centres in Blaenau Ffestiniog, Flint and Llangollen |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Mark Wilkinson Executive Director Planning and Performance |
| Awdur yr Adroddiad Report Author: | Ian Howard Director Assistant Director Strategic and Business Analysis |
| Craffu blaenorol: Prior Scrutiny: | N/A |
| Atodiadau Appendices: | Attached are: The Combined Post Project Evaluation of the Integrated Health, Social Care and Third Sector Centres in Blaenau Ffestiniog, Flint and Llangollen Appendix 1 – summary findings of the Gateway Reviews Appendix 2 – Llangollen post project evaluation Appendix 3 – Blaenau Ffestiniog post project evaluation Appendix 4 - Flint post project evaluation |

Argymhelliad / Recommendation:

The Finance and Performance Committee is asked to note the contents of this report, including the specific actions arising from the workshop:

- Periodic formal reviews of each of the centres to ensure that they continue to develop as integrated facilities
- A review of the organisation's methodology for estimating the running costs of new developments.

Please tick as appropriate

| | | | | | | | |
|--|--|---|--|--|---|--|---|
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | ✓ | Er gwybodaeth For Information | ✓ |
|--|--|---|--|--|---|--|---|

Sefyllfa / Situation:

The purpose of this paper is to present post-project evaluations of the three developments in Blaenau Ffestiniog, Flint and Llangollen. There is a particular focus on the lessons learned from the three similar projects, which will inform future developments.

Cefndir / Background:

In 2018 the Finance and Performance Committee agreed the organisation's approach to the identification and delivery of benefits derived from major capital projects. This included a commitment that post-project evaluations would be submitted to the F&P Committee.

The review of the Llangollen project was presented to the F&P Committee in November 2018. As part of the discussion, it was agreed that a report should be prepared combining the lessons learned from similar projects in Flint and Blaenau Ffestiniog. All three projects arose from the 2013 strategy (Healthcare in North Wales is Changing) and involved the development of integrated health, social care and third sector services, either in brand new premises (Llangollen and Flint), or through the extensive refurbishment and extension of an existing facility (Blaenau Ffestiniog).

All of the projects have now been completed - Llangollen in 2016, Blaenau Ffestiniog in 2017 and Flint in 2018 - and post project evaluations have been undertaken. They have also been the subject of Gateway Reviews. Gateway reviews are independent peer reviews carried out at key stages of a project. The review teams are made up of independent experienced practitioners who bring their prior knowledge and skills to bear to identify the key issues that need to be addressed for the project to succeed. These reviews are Gateway 5s - Operations Review and Benefits Realisation. In addition an on-line workshop has been held, which brought together members of the three project teams to discuss their experiences and any lessons learned that will be valuable for future projects.

The attached report and appendices: summarise the findings of the Gateway Reviews and the internal post project evaluations; and outline the key themes that emerged from the workshop.

Asesiad / Assessment & Analysis**Strategy Implications**

The report analyses how far the projects have delivered the proposed benefits, and therefore to what extent they have contributed to delivering the Health Board's overall strategy.

Options considered

-

Financial Implications

The report outlines the extent to which the capital and revenue expenditure and savings plans in the project were achieved.

Risk Analysis

The business cases on which the projects were based included the appropriate risk assessments.

Legal and Compliance

The report fulfils the F&P Committee's commitment to reviewing the post-project evaluations of major capital schemes.

Impact Assessment

The business cases on which the projects were based included the appropriate impact assessments.

Combined Post Project Evaluation of the Integrated Health, Social Care and Third Sector Centres in Blaenau Ffestiniog, Flint and Llangollen

Purpose

The purpose of this paper is to present post-project evaluations of the three developments in Blaenau Ffestiniog, Flint and Llangollen. There is a particular focus on the lessons learned from the three similar projects, which will inform future developments.

Background

In 2018 the Finance and Performance Committee agreed the organisation's approach to the identification and delivery of benefits derived from major capital projects. This included a commitment that post-project evaluations would be submitted to the F&P Committee.

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All of the projects have now been completed - Llangollen in 2016, Blaenau Ffestiniog in 2017 and Flint in 2018 - and post project evaluations have been undertaken. They have also been the subject of Gateway Reviews. Gateway reviews are independent peer reviews carried out at key stages of a project. The review teams are made up of independent experienced practitioners who bring their prior knowledge and skills to bear to identify the key issues that need to be addressed for the project to succeed. These reviews are Gateway 5s - Operations Review and Benefits Realisation. In addition an on-line workshop has been held, which brought together members of the three project teams to discuss their experiences and any lessons learned that will be valuable for future projects.

Post project evaluations and Gateway Reviews of the three schemes

Enclosed as appendices are: the summary findings of the Gateway Reviews, including the recommendations made in the reviews and the actions that have been taken as a result of those recommendations (Appendix 1); and the three internal reviews of the projects (Appendices 2-4). Between them, they give an in-depth picture of the three projects. It should be noted that the Llangollen information is as presented to the Committee in 2018, with a minor update to the actions taken as a result of the recommendations in the Gateway Review.

In summary, the projects overall have been successful in delivering vast majority of the intended benefits. In terms of the Gateway Reviews, both Llangollen and Blaenau Ffestiniog received a Green delivery confidence assessment. In Llangollen the conclusion is that "the project overall has been very successful", and in Blaenau Ffestiniog "the project has been a success...with overall excellent performance". In Flint the delivery confidence assessment is Amber, with the conclusion that "significant issues already exist requiring management attention. These appear resolvable, but much hangs on the replacement of the larger of the two GP surgeries with a team who wish to work with the health board and other partners to proactively pursue the original vision of the centre, and for the health board to provide ... strategic leadership." Since the production of the Gateway Review the

Health Board has taken over the management of the practice, which has meant that the Health Board can further align services to the building ethos and provide a stronger focus on delivering a health and wellbeing experience from the building.

Key themes from the three projects

The individual post project evaluations contain a lot of specific information that will be valuable for future projects. In addition, at the workshop the following key themes emerged:

Leadership/ownership of the building: it was felt that having senior leadership physically present in the building was important in developing and sustaining practical service integration. In Blaenau Ffestiniog the practice is directly managed, and there is a single manager for the whole facility. In Llangollen - where there is a single independent practice - the practice manager provides strong site-based leadership, working closely with colleagues from the East Area team. This has proved more difficult in Flint where there are two practices, and it is more challenging to co-ordinate the use of the Centre.

Sustained community engagement and periodic review: all of the projects commented on the importance of sustained engagement with the local community and service partners in making the projects successful. All three projects put considerable effort into this from the outset, which was particularly important given that the projects were closely associated with difficult decisions involving the closure of hospital beds. Sustaining this engagement is key to the continued development of integrated services, and it was suggested that there should be periodic (possibly annual) reviews with stakeholders to ensure that the centres continue to evolve. This is particularly important in Flint, in the context of the Gateway Review and the changes related to one of the GP practices.

A single reception, and the importance of agreeing a way of working at the outset of a project: both Llangollen and Blaenau Ffestiniog have a single reception. In Flint, despite extensive negotiation, it was not possible to get agreement to a shared reception. The experience in Llangollen and Blaenau Ffestiniog is that a single reception provides a focal point for the facility, and encourages joint working. More generally this illustrates the importance of agreeing expectations and designing ways of working during the planning phase of a project.

Telemedicine/Telehealth: none of the projects achieved their ambitions in terms of the use of telemedicine/telehealth. This is an area where service delivery models have changed significantly, particularly during covid which stimulated a rapid growth in remote consultations. Technology has also moved on, with a lot of remote working no longer requiring the separate dedicated room or VC facilities that were included in the projects. The continued evolution of remote working is a key element to the digital strategy which is currently being developed by the Health Board.

Estimation of running costs: the actual running costs of the buildings have proved to be materially different from the estimates in the business cases – some higher and some lower. Operational Estates are reviewing the methodology used to ensure that more accurate estimates can be provided for future projects.

Conclusion and recommendation

The lessons learned from the delivery of these projects will be disseminated through the organisation. F&P are asked to note the contents of this report, including the specific actions arising from the workshop:

- Periodic formal reviews of each of the centres to ensure that they continue to develop as integrated facilities
- A review of the organisation's methodology for estimating the running costs of new developments.

Gateway Reviews Llangollen, Blaenau Ffestiniog and Flint Summary Findings, Recommendations and Actions Taken

This paper contains the summary findings of the Gateway Reviews, the recommendations made by the review teams, and updates from the project teams on the implementation of those recommendations.

Llangollen: OGC Gateway Review 5: Review Dates: 25.07.2018 to 27.07.2018

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| Delivery Confidence Assessment: | GREEN |
| <p>The Review Team finds that the project has overall been very successful. Save for two delivery areas and one operational area the expected benefits are being delivered and in some cases exceeded. The USP of this Health centre is the high level of cooperation between the various organisations, WG, local council, BCUHB and third sector which share the building. This perception is largely, but not wholly, justified. Specific areas where anticipated benefits were, or are not being met are discussed later in this report.</p> <p>The Benefits Realisation work which has been carried out is at an appropriate level for this value of project and it identifies most of the issues we would consider in a Gate 5 review. As is the nature of such reviews we highlight a number of shortfalls and issues which need to be taken forward, but these are minor in comparison with the overall excellent performance and should not detract from the achievements.</p> <p>The building is light, spacious and airy and a pleasure to work in despite the very hot and humid climate during the review. It was delivered to time, quality and well under budget. Initial operations were delayed for a few weeks because not everything was in place to enable the building to be occupied by BCUHB staff and the GP team. We understand that the operations team did not form sufficiently early but that this lesson has been successfully applied in the two later Health Centre projects at Blaenau Ffestiniog and Flint. Full operations were achieved only recently with the delayed transfer of the Pharmacy from a previous site in Llangollen. This service is operating well and already appears well integrated with the other partners. Indeed cooperation between all those working or based in the centre appears to be excellent, with interviewees praising the look and feel of the centre and the friendly working relationship that has been established.</p> | |

| Ref. No. | Recommendation | Update as at 03.12.2020 |
|----------|--|---|
| 1 | The concerns over inadequate heating should be investigated swiftly and a rectification plan agreed and implemented before the autumn. | The issue has been investigated and rectified. |
| 2 | Wi-Fi should be installed throughout the building and ICT infrastructure rationalised. | This has been achieved. |
| 3 | The patient call forward system should be available to all clinicians | An additional call screen has been installed to ensure visibility in all patient areas. |

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| | using the centre to provide services to patients, and call forward screens should be visible in all patient areas. | In terms of the patient call forward system, the GP and Health Board systems are not compatible. Having discussed this further with the staff this is not regarded as a significant problem – the Health Centre is relatively small and it takes very little time for the Health Board's staff to fetch patients from the waiting room. |
| 4 | There are a number of minor works which should be considered | These have been carried out. |
| 5 | The SRO should raise the issue of the pharmacy licensing process with the relevant authority. | This was raised with Welsh Government, and assurances were given that the approvals process will be simplified and streamlined. |

Blaenau Ffestiniog: OGC Gateway Review 5: Review Dates: 07.10.2019 to 09.10.2019

| Delivery Confidence Assessment: | Green |
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| <p>The Review Team finds that the project has been a success. As is the nature of such reviews we highlight a small number of issues which need to be taken forward, but these are minor in comparison with the overall excellent performance and should not detract from the achievements. The Benefits Realisation work which has been carried out aligns with our experiences during the review that the centre is making a positive contribution to health care provision in Blaenau Ffestiniog. A small minority in the local community, who appear fixated on the loss of beds for end of life care, may not recognise this. However, there is strong evidence that the extension of the range of services provided and the enhancement to others (made possible by the new centre) has led to measurable improvements in healthcare. There is evidence of less admissions to hospital through a better management of chronic disease and enhanced care at home for palliative patients.</p> <p>At the core of the reconstructed building is the old hospital and some features that are important to local history have been preserved. It has been extended on either side to maximise use of the site and to all intents and purposes this is a new contemporary building designed for an integrated approach to health and care. We understand that after construction commenced there were issues with the substrate and post design changes to the lift which caused delay and additional expense. The building appears to be costing much more to run than anticipated. We discussed some ideas for investigation with the team.</p> <p>Service problems with the previous overworked practice have now been resolved with a full set of salaried GPs supported by highly qualified clinicians. The nursing teams have been increased in size to reflect the move from hospital to a more integrated community-based model of care as set out in '<i>A Healthier Wales</i>'. In the transition period there was an indication that the benefit indicators deteriorated but are now improving steadily with reduced numbers of people being admitted to hospital. Discussions with staff representatives suggest that they expected this to continue to improve.</p> <p>When entering the centre, it is obvious that this is a good place to work and that the staff are happy and supportive of each other. This is confirmed by the staff survey. We were informed by patients that this, coupled with the modern, well maintained facility, created a calm and welcoming mood (in contrast to the previous unwelcoming hospital setting). It is apparent from the reception staff onward that cooperation between the GP and Health Board teams is strong with integrated</p> | |

working evidenced throughout. The only limitation to integration is the ICT incompatibility created by recent NWIS upgrades to GP ICT which currently requires a paper-based workaround to enable diaries to be synchronised with those using BCUHB systems.

Morale is exceptionally high with interviewees praising the look and feel of the centre and the friendly working relationship that has been established. There is an exemplary cooperation between GPs, district and school nurses, health visitors, and the centre pharmacist, and with many others who are based permanently in the offices. Colocation of staff is not necessary for some local government staff and third sector individuals who use the building primarily as a convenient local base or to provide a drop-in centre. Now that the office space is approaching full capacity, we suggest thought be given to prioritising office space to those teams (such as Flying Start) most likely to benefit from colocation with the core centre teams.

The Centre is increasingly well connected with the two community pharmacies in town. Both pharmacists are independent and operate the 'Choose Pharmacy' system being involved in the successful pilots of new services. The centre has contributed to the upskilling of these pharmacists which will continue to reduce pressure on other professionals operating within the centre.

| Ref. No. | Recommendation | Update as at 03.12.2020 | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|--|----------------------|------------------------------|--|--|--|--|---------------------------|----------------------|------------------------------|-----------------------------|--------|--------|--------|--------|-------------------------------|--------|--------|--------|-------|----------------------------|--------|--------|-----|--------|
| 1. | The SRO should address concerns over running costs swiftly. | <p>Operational Estates have gone through the utilities and maintenance cost information relating to Canolfan Goffa Ffestiniog for 2018/2019 in some detail. A summary table of the former Blaenau Health buildings' average running costs, the new Centre running costs, the Aggregated BCU sites running costs and the projected running costs included in the business case is set out below for quick comparison:</p> <table><tr><th></th><th>Former 3 Blaenau Health building sites</th><th>Canolfan Goffa Ffestiniog</th><th>Aggregated BCU Sites</th><th>Projected Business Case cost</th></tr><tr><td>Utilities Average Cost / m2</td><td>£17.71</td><td>£28.08</td><td>£22.44</td><td>£11.58</td></tr><tr><td>Maintenance Average cost / m2</td><td>£11.53</td><td>£18.08</td><td>£29.20</td><td>£6.51</td></tr><tr><td>Cleaning Average cost / m2</td><td>£19.44</td><td>£54.20</td><td>N/A</td><td>£18.32</td></tr></table> <p>Utilities Costs</p> <ul style="list-style-type: none">- With regard to Utilities costs, the Department looked at the actual bills for the new Centre for the 2018/19 period and using the 863m2 (confirmed occupied floor area), the average Utilities cost equated to £28.08/m2.- For comparison, looking at performance data from the 2018/2019 EFPMS submission where the new Blaenau Centre is included in the Aggregated sites, it is evident that it is performing much worse for Utilities costs than the average costs for the Aggregated sites (£22.44). This clearly requires further investigation. | | | | | | Former 3 Blaenau Health building sites | Canolfan Goffa Ffestiniog | Aggregated BCU Sites | Projected Business Case cost | Utilities Average Cost / m2 | £17.71 | £28.08 | £22.44 | £11.58 | Maintenance Average cost / m2 | £11.53 | £18.08 | £29.20 | £6.51 | Cleaning Average cost / m2 | £19.44 | £54.20 | N/A | £18.32 |
| | Former 3 Blaenau Health building sites | Canolfan Goffa Ffestiniog | Aggregated BCU Sites | Projected Business Case cost | | | | | | | | | | | | | | | | | | | | | | |
| Utilities Average Cost / m2 | £17.71 | £28.08 | £22.44 | £11.58 | | | | | | | | | | | | | | | | | | | | | | |
| Maintenance Average cost / m2 | £11.53 | £18.08 | £29.20 | £6.51 | | | | | | | | | | | | | | | | | | | | | | |
| Cleaning Average cost / m2 | £19.44 | £54.20 | N/A | £18.32 | | | | | | | | | | | | | | | | | | | | | | |

- The average Utilities' cost per square metre (£28.08) for Canolfan Goffa is higher than the previous average cost (for the combined former health sites in Blaenau) £17.71/m2, and significantly higher than the projected new average utilities cost in the business case of £11.58/m2.

Maintenance Costs

- The same exercise was undertaken with regard to maintenance costs for the new Centre. For the same period, the non-pay costs were taken from the value of orders raised against the Estates revenue cost centre and were checked to ensure that all costs were appropriate. The pay costs were based on the hours worked on site by Estates staff and included the apportioned overheads for the department. Average maintenance costs for Canolfan Goffa for 2018/19 were calculated at **£18.08/m2**.
- For comparison, looking at performance data once again from the 2018/2019 EFPMS submission, it is evident that Canolfan Goffa is performing better than the average maintenance costs for the Aggregated sites (£29.20).
- The average Maintenance cost per square metre (£18.08) for Canolfan Goffa is higher than the previous average cost (for the combined former health sites in Blaenau) £11.53/m2, and significantly higher than the projected new cost in the business case of £6.51/m2.

Cleaning Costs: In terms of cleaning costs, the new Centre average costs are significantly higher than the former average cleaning costs for the three buildings and the projected new average cleaning costs included in the business case. A comparison analysis of cleaning costs with BCUHB Aggregated sites in the EFPMS submission is not available from Operational Estates. This needs to be done as a matter of urgency to understand the breakdown of the current costs.

Conclusion / Learning:

1. Further work might be required to evaluate in more detail both the original and forecast costing methodology for business cases in relation to building running costs to provide assurance of accuracy. Estates need to be fully involved with the business case process but often timescales do not allow a full assessment and then average benchmarking information may have to be used as a default. This should always be made explicit in assumptions within the business case supporting document though and is normally imbedded within appendices.

Sometimes the time between the drafting of the business case and the evaluation of the building's running costs (as part of the post project evaluation) can be long (more than 5 years) and the impact of inflation would need to be taken into account.

2. The Gateway Review suggests that in considering metrics it would aid comparison if appropriate units of measurement were used instead of financial proxies. For example, when measuring building and operational performance, energy targets could be set in kWh and cleaning targets in staff hours. They make the point that price changes due to the wholesale market for energy or, the faster than inflation impact of the living wage, are not within the project or operational teams' gift, whereas energy usage and cleaning hours are.

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| 2. | The SRO should ensure that the lesson regarding the placement of services which demand special provision (such as large lifts) is learned by the Health Board. | <p>The Health Board always takes on board lessons learnt from each project for future schemes. In this situation, there was insufficient space within the ground floor footprint of the building to accommodate all clinical services. Therefore, one service needed to be identified to move upstairs – with the choice being between Dental and Older People Mental Health / dementia services. Ultimately Dental was chosen as it routinely operates as a stand-alone / self-contained facility with its own reception and waiting area. The disadvantage was that this resulted in an increase in costs related to the need for a stretcher sized lift rather than a standard lift.</p> <p>This will be borne in mind for future similar developments and has already happened in terms of a similar scheme at early design stage (Dyffryn Nantlle Health & Wellbeing Centre), where the initial layout / design plans placed Community Dental on the first floor. We have provided feedback to the Design Team that the preference is to place Community Dental on the ground floor if possible and to explore which other services might be better placed to be located upstairs.</p> <p>Pharmacy Dispensing facility: The Report states whilst the decision to future proof the pharmacy provision by providing a dispensing facility was well intended, with two thriving pharmacies in the town currently, this provision has not yet been required. Critically the room design was not felt to be conducive to the work of the pharmacist in the required role and instead this required a GP style consultation room.</p> <p>Conclusion / Learning: The learning is that we will not include dispensaries in future Primary Care projects without a clear need having been identified and as part of future designs we will take on the space and functionality required by pharmacists as part of the overall room sizing.</p> |
| 3. | The SRO should address the incompatibility between GP and Health Board ICT systems. | The issue behind the incompatibility between the Primary Care and Health Board IT systems was explained to the Gateway Review Team at the time of the evaluation. The segregation between Primary Care IT and BCU IT is a national level issue. There are no clear signs that this will change in the medium term; however, there are workarounds in place that enable BCU staff to access some NWIS/Primary Care applications. GovRoam is being rolled out, but again will have limitations due to the sensitivity of the information in the Primary Care domain. |
| 4. | The SRO should consider (with other agencies) the best candidates for the use of office space in the centre. | There is a regular Building User Group meeting within Canolfan Goffa which is chaired by the Centre Manager. Any issues relating to the utilisation of space (clinical and office) can be discussed at this meeting which includes representatives across the teams based within the Centre, including the Fire Officer and Estates. A hot desk office facility has been established for ad hoc usage by visiting health / social care professionals. Usage of other space is monitored and can be re-allocated as the need arises. |

Flint: OGC Gateway Review 5: Review Dates: 27.11.2019 to 29.11.2019

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| Delivery Confidence Assessment: | AMBER |
| <p>The Review Team finds that significant issues already exist requiring management attention. These appear resolvable, but much hangs on the replacement of the larger of the two GP surgeries with a team who wish to work with the health board and other partners to proactively pursue the original vision of the centre, and for the health board to provide the strategic leadership which is lacking currently. The Health Centre is seen locally as a new (and expensive) building which has been built primarily to house two pre-existing surgeries for existing patients in better accommodation. It is not seen as a Health and Well Being Centre offering a comprehensive service to local residents as well as a GP service to practice patients.</p> <p>None of the GPs spoke to the team and the drop-in sessions were not well attended. We do not consider that this had a significant impact on our findings, but is perhaps reflective of the situation and their relationship with the Health Board. We were able to speak to staff in most functional areas in both formal interview sessions and when walking around the centre.</p> <p>The uncertainty created by the larger GP Practice's resignation will pose a risk to the centre's dynamics and will be difficult for the GP practice staff directly involved who will look to the Health Board for reassurance and support. The challenge provides a timely opportunity for the Health Board to set a new tone, providing the needed strong leadership, to re-state and champion their expectations for the Centre as a resources for Flint, and appoint a GP Practice who share that ethos and will encourage the adoption of the vision for a healthier Flint.</p> | |

| Ref. No. | Recommendation | Update as at 03.12.2020 |
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| 1 | The SRO should address the concerns raised regarding heating and airflow in the Flint Health and Well Being Centre. | Heating and Airflow resolution: Work was being undertaken to cost the inclusion of blinds and shutters for the windows and sky lights. In addition to this work to regulate the temperature on site has continued. Due to a milder winter and the better regulation of the temperature and heating on site this has been less of a problem. Final options were being compiled in January 2020 unfortunately the use of the site due to Covid has stopped any current changes on site. Plans are still in place to address solutions for the temperature issues of the building and this can now be led by the managed practice. |
| 2 | The Health Board could consider capturing benchmarking and patient facing issues through the regular local inspections of Health Centres throughout North Wales. | This is being implemented, with Community Health Councils providing patient viewpoints and assessments of the buildings in an impartial capacity. The reports are provided to the area team to action and respond too on a regular basis. One of the main issues identified last time was confidentiality concerns which are prominent in any large building however both practices came together to discuss various options to address this. |
| 3 | The SRO should work with local authority colleagues to remove ICT as a barrier to inter service | This has been addressed on site with Local Authority colleagues regaining access to the site shortly after the Gateway review. Social services were back fully operational prior to Covid -19. |

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| | collaboration within the Flint Health Centre. | |
| 4. | The SRO should consider (with other agencies) the best candidates for the use of office space in the centre to maximise opportunities for joint working. | This is currently being done and has most recently been reviewed in light of the Covid-19 Pandemic. The site has had spaces use changed to allow the delivery of the most appropriate and important services for the current health need. The last review of site space was undertaken in October 2020. |
| 5 | The SRO should consider how best to ensure that Healthier Wales concept is championed at Flint Health and Well Being Centre. | The ethos of the site continues to be focussed around the concept of Healthier Wales and the focus on bringing services closer to home so that engagement and access for patients can be improved. This has now further been supported by systems implemented to deal with Covid -19 such as virtual clinics and consultations and access to things such as the local assessment centre that was based within the centre for potential Covid-19 sufferers. |

**Development of the Primary Care Resource Centre on the River Lodge site in
Llangollen**

Post Project Evaluation of Benefits Realisation 2018

Introduction

This paper is a post-project evaluation of the development of the Primary Care Resource Centre on the River Lodge site in Llangollen.

Post-project evaluation is a key element of the delivery of a project. It evaluates whether the project has delivered the benefits that were intended at the outset; highlights any further action that needs to be taken; and provides valuable learning for future projects.

In terms of governance, the requirement for a post-project evaluation is outlined in the Health Board's Procedure Manual for Managing Capital Projects. It is produced for the Project Board. For major capital projects such as this one, the evaluation is also presented to the Finance and Performance Committee.

This post-project evaluation was signed off by the project board in July 2018. There have been minor amendments to update on progress on some small issues (e.g. the fitting of an additional screen in the waiting area).

Background

In 2013, following formal public consultation, the Health Board agreed a number of changes to health provision in North Wales as part of its "Healthcare in North Wales is Changing" strategy. One of the themes of the strategy was to provide safe, high quality services as locally as possible. In terms of Llangollen, the strategy noted that "the ability of the health service, Denbighshire County Council and other agencies to improve services in Llangollen has been limited by existing health and social care facilities and the lack of suitable, accessible sites for new development that would bring services together". The strategy proposed the creation of "a shared development which brings together primary, community, social care and voluntary sector services, in an extended primary care centre", and the closure of both Llangollen Hospital and the existing Health Centre.

Llangollen Hospital was closed in 2013. The Business Case for the scheme was approved by Welsh Government in 2014. The new facility opened in September 2015, at which point the existing Health Centre was closed. Both the Hospital and the Health Centre have been sold. The hospital site was sold to a housing association to develop social housing. The Health Centre is now a private residence with an art gallery due to open shortly. The Senior Responsible Owner for the project is Geoff Lang. The Project Director is Ian Howard.

Structure of the Review

The review is structured around answering the following six questions:

1. Whether the expected benefits of the Project as identified within the Business Case have been realised
2. Whether there have been any additional unexpected benefits achieved by the Project
3. Whether there have been any unexpected problems or issues experienced by the Project
4. Whether the Project was delivered to time, quality and cost
5. Whether the Project has received end user reaction e.g. complaints or positive testimonials
6. Whether there are any lessons learned from the Project

The findings are based on discussions and evidence provided by members of the Project Team and the Project Board, and on questionnaires completed by patients and the staff based at the new Llangollen Health Centre.

Review of the Project

The evaluation of the project, in terms of the six questions outlined above, is as follows:

1. Achievement of Expected Benefits - what were the stated benefits to be achieved and how well have they been achieved?

The main objectives and benefits of the scheme are articulated in the Benefits Realisation Plan for the project, which was agreed by the Project Board and Welsh Government as part of the approval of the Business Case. The benefits plan describes six overall objectives and the specific elements that measure whether these objectives have been achieved. The overall objectives are as follows:

- a. Improve the service to the local community by expanding both the scale and range of health services provided in Llangollen, in line with policy of treating patients closer to home;
- b. Improve the services to the local community by expanding the scale and range of voluntary services provided in Llangollen and/or providing them in more suitable accommodation;
- c. Improve the integration of community, primary care, social services and third sector services, promoting independence and well-being in line with Welsh Government policy;
- d. Achieve statutory and regulatory compliance by providing services in modern, fit for purpose accommodation;
- e. Deliver a recurrent balance of savings available for reinvestment in community services of £743,000;

- f. Improve staff morale, effectiveness and the likelihood of recruitment and retention, through the provision of appropriate facilities.

The following table describes the specific measurables under each of these objectives, and outlines whether they have been delivered.

- a. Improve the service to the local community by expanding both the scale and range of health services provided in Llangollen, in line with policy of treating patients closer to home.

| No | Specific Measurement | Timescale | Status | RAG rating |
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| a.1 | All services currently provided in the existing Health Centre are transferred to the new facility | On opening | Services were successfully transferred when the new facility opened in September 2015. | |
| a. 2 | <p>Immediately expand the range of services provided in Llangollen, including the following:</p> <ul style="list-style-type: none"> ▪ Physiotherapy group sessions – 3 sessions per week; ▪ Dietetics group education – type 2 diabetes group every other month, transferring from Chirk; ▪ Health visitor led parenting and health promotion group sessions; ▪ Talking Walk In clinic lead by Speech and Language Therapy supporting links with other services, especially Health Visitors for children – bi-monthly session for children, transferred from a community centre; transfer of adult sessions from Wrexham (numbers to be determined) ▪ Occupational Therapy – ad hoc appointments – demand to be measured; ▪ Clozapine clinics and blood testing by the Community Mental Health Team; ▪ Tier 1 Mental health clinics; | Within 3 months of opening | <p>This expanded range of services is provided at the Health Centre – with the exception of Physiotherapy group sessions and the Talking Walk In clinic for speech therapy.</p> <p>In terms of Physiotherapy, the room is not suitable for most group work, which would require dedicated and bulky or fixed equipment such as parallel bars, wall bars and treadmills.</p> <p>In terms of speech therapy, the main reason these services have not been developed is staff shortages. It remains the intention to provide the services when these issues have been resolved.</p> | |

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| | <ul style="list-style-type: none"> ▪ a base for the Community Mental Health Team; ▪ Diabetic Retinopathy Services; | | | |
| a. 3 | <p>Achieve the long-term expansion of services, increasing the utilisation of the building by appropriate local services as follows:</p> <ul style="list-style-type: none"> ▪ Consulting rooms from 70% to 80% ▪ Treatment rooms from 50% to 80% ▪ Multifunctional group session room from 60% to 80% | Within 2 years of opening | <p>Current levels of utilisation are as follows: Consulting rooms 69% Treatment rooms 78% Multifunctional group session room ranges between 20% and 40%.</p> <p>The main concern here is the low level of utilisation of the group room. In part this is due to the issues with therapy services outlined in (a.2), above. Also the criteria for booking the room have been relatively strict, prioritising services that have a health focus. It has been agreed that this should be broadened. Also an on-line calendar is being developed that will allow both the GP practice and the Health Board to book the room.</p> | |
| a.4 | Introduce Telemedicine to improve access to services, through the installation and utilisation of telemedicine facilities in 1 consulting room and 1 treatment room | Within 3 months of opening | <p>This service has not been developed in Llangollen.</p> <p>The intention when the business case was produced was to develop telehealth and telemedicine extensively throughout the Health Board as part of delivering care closer to home. In the East Area over the last few years this service has not developed. The East Area is currently running a pilot scheme in one care home in the Wrexham area with positive feedback received and plans to roll out to a further care home shortly.</p> | |
| a.5 | Improve the local population's access to information on health and well-being, by ensuring that healthy living information is displayed prominently in the area adjacent to the main waiting area | Within 3 months of opening | Screens and leaflets are readily available in the waiting area. This has been commented on positively in the patient questionnaire (see section 5 of the report.) | |

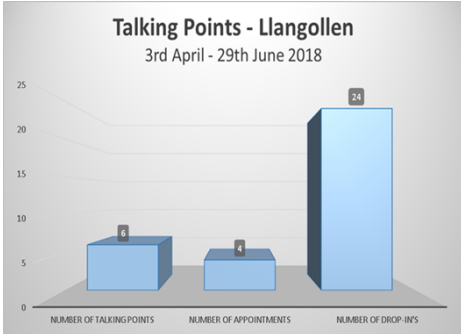
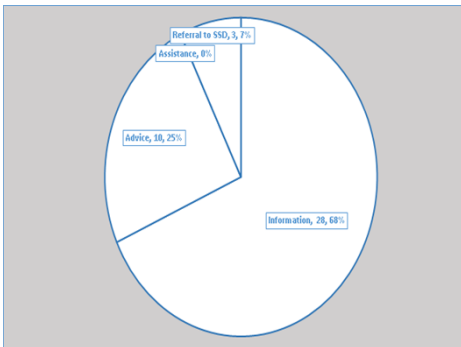
- b. Improve the services to the local community by expanding the scale and range of voluntary services provided in Llangollen and/or providing them in more suitable accommodation

| No | Specific Measurement | Timescale | Status | RAG rating |
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| b.1 | <p>Provide group sessions and individual clinics in the resource centre, run by voluntary groups. The specific list of initial services will be finalised by February 2015. Based on current expressions of interest and discussions it is likely to include:</p> <ul style="list-style-type: none"> ▪ CAIS Counselling Service (drug and alcohol counselling and support) ▪ Parable Service (support for mental health patients) ▪ Mindfulness Groups ▪ North Wales Women's Centre ▪ Alzheimer's Society Denbighshire (running of a Memory Café) ▪ Care and Repair (support hospital discharge) ▪ Citizen's Advice Bureau ▪ Jigsaw (provide family support workers to support families in the area) ▪ MS Support Centre carers sessions (manual handling/relaxation techniques and fatigue management sessions) ▪ Shine Cymru (clinics for spina bifida and hydrocephalus patients) ▪ Stop Smoking Wales behavioural support sessions ▪ Tenovus (outreach centre sessions for cancer patients, families and carers providing | <p>Third sector use to begin within 3 months of opening. A more detailed timetable to be developed by the end of February 2015.</p> | <p>Numerous voluntary groups are running services from Llangollen. The following groups hold regular sessions:</p> <ul style="list-style-type: none"> ▪ CAIS Counselling Service (drug and alcohol counselling and support) - ▪ Parable Service (support for mental health patients) ▪ North Wales Women's Centre ▪ Stop Smoking Wales behavioural support sessions ▪ Tenovus (outreach centre sessions for cancer patients, families and carers providing advice, counselling and bereavement support) ▪ JobCentre Plus <p>Also additional one-off sessions are held within the centre, these include the X-PERT diabetes programme.</p> | |

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| | <p>advice, counselling and bereavement support)</p> <ul style="list-style-type: none"> Vale of Clwyd Mind talking therapies service | | | |
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- c. Improve the integration of community, primary care, social services and third sector services, promoting independence and well-being in line with Welsh Government policy

| No | Specific Measurement | Timescale | Status | RAG rating |
|-----|---|--|--|------------|
| c.1 | <p>The continued development of the Enhanced Care at Home service, providing integrated care for people who might otherwise need to go into hospital. The patient's GP practice decides with the patient and their family whether they can be safely cared for at home with extra help from nurses, therapists, social workers and voluntary organisations. The measurable benefits are:</p> <ul style="list-style-type: none"> Patient and carer satisfaction with local services Better access to specialist opinion and clinicians out of hospital settings Clarity of community service provision and opening times Safety and quality indicators Reduction in the use of secondary care facilities and visible shift of care into the community | Roll-out by locality in accordance with the Enhanced Care project timetable. | The Enhanced Care at Home service has been incorporated within the Community Resource Team. This service has been developed and in place. It provides support to patients which allows them to stay in their home and where applicable to be able to be discharged home safely and within a timely manner. | |
| c.2 | Supporting the delivery of integrated health and social care for older people with complex needs, as outlined in the North Wales Statement of Intent. This will include the use of Llangollen as a communication hub for "pods" of small multi-agency groups of professionals and | To be developed as outlined in the North Wales Statement of Intent Action Plan | Talking Points sessions are held in the Centre. They were fortnightly but are now held every week. Talking Points are a series of drop in sessions set up to provide people with health and well-being support and information in their own community. They are held in the county's main towns and direct people to support available locally through organisations and | |

| | <p>vocational workers, and the use of video-conferencing in Llangollen to support Single Point of Access (SPOA).</p> | | <p>initiatives - this has resulted in fewer people accessing the more traditional route of accessing health and social care services for formal, planned support.</p> <p>From April to June 2018 activity was as follows:</p> <div><p>Talking Points - Llangollen 3rd April - 29th June 2018</p><table border="1"><thead><tr><th>Category</th><th>Count</th></tr></thead><tbody><tr><td>NUMBER OF TALKING POINTS</td><td>6</td></tr><tr><td>NUMBER OF APPOINTMENTS</td><td>4</td></tr><tr><td>NUMBER OF DROP-INS</td><td>24</td></tr></tbody></table></div> <div><table border="1"><thead><tr><th>Service Type</th><th>Count</th><th>Percentage</th></tr></thead><tbody><tr><td>Information</td><td>28</td><td>68%</td></tr><tr><td>Advice</td><td>18</td><td>25%</td></tr><tr><td>Assistance</td><td>8</td><td>20%</td></tr><tr><td>Referral to SSD</td><td>3</td><td>7%</td></tr></tbody></table></div> | Category | Count | NUMBER OF TALKING POINTS | 6 | NUMBER OF APPOINTMENTS | 4 | NUMBER OF DROP-INS | 24 | Service Type | Count | Percentage | Information | 28 | 68% | Advice | 18 | 25% | Assistance | 8 | 20% | Referral to SSD | 3 | 7% |
|--------------------------|---|-------------------|---|----------|-------|--------------------------|---|------------------------|---|--------------------|----|--------------|-------|------------|-------------|----|-----|--------|----|-----|------------|---|-----|-----------------|---|----|
| Category | Count | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF TALKING POINTS | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF APPOINTMENTS | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF DROP-INS | 24 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Type | Count | Percentage | | | | | | | | | | | | | | | | | | | | | | | | |
| Information | 28 | 68% | | | | | | | | | | | | | | | | | | | | | | | | |
| Advice | 18 | 25% | | | | | | | | | | | | | | | | | | | | | | | | |
| Assistance | 8 | 20% | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral to SSD | 3 | 7% | | | | | | | | | | | | | | | | | | | | | | | | |
| c.3 | <p>The provision of local Social Services in Llangollen, where there is currently no base. This will include: the provision and utilisation of a dedicated room to allow discussion with adults, children or families in a quiet location away from their own homes when required; and access to hot desk facilities to support Social Services' 'agile working' philosophy</p> | <p>On opening</p> | <p>Social services take an active role in the Denbighshire Community Navigator and Social Prescribing Service, as outlined above. They have access to a hot desk, which is sufficient for the level of service currently provided. They are also able to access an interview room when confidentiality is required.</p> <p>The lack of access to Wi-Fi in part of the building is a factor in limiting use by social services. There are now plans to address this issue by the end of the financial year.</p> | | | | | | | | | | | | | | | | | | | | | | | |
| c.4 | <p>The provision and utilisation of shared facilities including a staff room, meeting rooms and study space. This is in line with the evidence that a culture of joint working can</p> | <p>On opening</p> | <p>These facilities have been provided and are well utilized. They have been commented on favourably in the staff survey.</p> | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|-----|--|-------------------------|--|--|
| | be supported through sharing facilities. | | | |
| c.5 | Achieve the “soft” benefits of integration | 12 months after opening | <p>Staff have generally commented favourably on this element of the project in the staff survey – e.g.</p> <p>“wrap around services, improved access to people, improved inter-professional relationships”</p> <p>“more sociable and relationship building”</p> <p>The scale of the new development compared to the previous Health Centre has provided some challenges for staff working in the GP practice:</p> <p>“No, we are separated across the building now”</p> <p>“Not all working in the same area now so having to use different methods of communications – doing this effectively.”</p> | |

d. Achieve statutory and regulatory compliance by providing services in modern, fit for purpose accommodation

| No | Specific Measurement | Timescale | Status | RAG rating |
|-----|--|------------|---|------------|
| d.1 | Achieve best practice in sustainable building design – BREEAM excellent | On opening | BREEAM (Building Research Establishment Environmental Assessment Method), first published by the Building Research Establishment (BRE) in 1990, is the world's longest established method of assessing, rating, and certifying the sustainability of buildings. A BREEAM score of 72.8% (excellent) was achieved on this project. | |
| d.2 | Meet the objectives of the estates condition and performance survey in regard to national performance indicators for physical condition, statutory | On opening | Achieved. | |

| | | | | |
|-----|---|---------------------------------------|---|--|
| | compliance, fire safety compliance, functional suitability, space utilisation and energy performance - achieve category B in the Estates condition and performance report | | | |
| d.3 | Provide a building which is fully accessible with adequately sized corridors, automated doors, correctly graded ramps | On opening | Achieved – the building was designed and built to current standards. | |
| d.4 | Provide a building which meets key HTM and HBN requirements, including those related to infection control | On opening | Achieved – the building was designed and built to current standards. | |
| d.5 | <p>Ensure adequate access to the site as follows:</p> <ul style="list-style-type: none"> Improve the pedestrian access to the site from the town centre by adding traffic calming measures in accordance with the planning consent through the relocation of the 30mph speed limit and associated vehicle activate speed site eastwards along the A539 to beyond the new health centre car park along with road markings to form a speed calming 'gateway' along with the required additional street lighting. Improve the public transport facilities through the provision of 2 bus stop shelters for the existing eastward and westward bus stops adjacent to the health centre Improve access by car by the provision of adequate car parking spaces | On opening and review after 12 months | <p>Accessibility to the site is not ideal, in that it is slightly out of town and pavement access is poor. This was recognised as part of the site selection process and in public engagement. It was agreed that the measures outlined were sufficient to mitigate this limitation, particularly given that there was no prospect of a better site becoming available.</p> <p>The specific measures have all been delivered. In addition a Puffin crossing was provided as part of the project to improve access.</p> <p>Parking availability and public transport availability were commented on favourably in the staff and patient surveys. However there was a comment that "access on foot from town end still poor as pathways narrow and not maintained." It was also suggested that there should be a footbridge over the river – this was explored as part of the project but ruled out on cost grounds. Planning permission would also be a challenge.</p> | |
| d.6 | Provide a building which meets key dementia design criteria including provision | On opening | A Dementia Friendly Design Assessment Action Plan was produced and implemented as part | |

| | | | | |
|-----|--|------------|---|--|
| | of contrasting WC seats and colour coded doors. | | of the project. This includes the provision of contrasting WC seats and colour coded doors. | |
| d.7 | Reduce energy and utilities cost per sqm from £22.15 (Hospital and Health Centre) to £10.56 per sqm (PCRC) | On opening | Cost of energy and utilities is £6.33 per sqm, based on 2017/18. | |
| d.8 | Reduce cleaning cost per sqm from £34.26 per sqm (Hospital and Health Centre) to £16.71 per sqm (PCRC) | On opening | Cost of cleaning is £23.58 per sqm, based on 2017/18. | |

- e. Deliver a recurrent balance of savings available for reinvestment in community services of £743,000

| No | Specific Measurement | Timescale | Status | RAG rating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---|-----------|-----------------------|------------|--|---|--|-------|-----|--|-------------|----|--|-------|----|--|-----------|----|--|-----------|----|--|----------|----|--|-----------|----|--|-------|---|--|-------------|---|--|--------------|------------|--|---------------------------------------|--|--|
| e.1 | <div>Deliver the specific levels of savings and expenditure outlined in the financial section of the business case, phased as follows:</div> <table><tr><td></td><td>Savings Target</td><td></td></tr><tr><td></td><td>£</td><td></td></tr><tr><td>Wards</td><td>594</td><td></td></tr><tr><td>GP Payments</td><td>55</td><td></td></tr><tr><td>Admin</td><td>22</td><td></td></tr><tr><td>Portering</td><td>14</td><td></td></tr><tr><td>Domestics</td><td>44</td><td></td></tr><tr><td>Catering</td><td>29</td><td></td></tr><tr><td>Utilities</td><td>25</td><td></td></tr><tr><td>Rates</td><td>6</td><td></td></tr><tr><td>Maintenance</td><td>6</td><td></td></tr><tr><td>Total</td><td>795</td><td></td></tr></table> <div>Reinvestment GMS allocation (27) Investment in Clinic (25) Total reinvestment (52)</div> <div>Net savings 743</div> | | Savings Target | | | £ | | Wards | 594 | | GP Payments | 55 | | Admin | 22 | | Portering | 14 | | Domestics | 44 | | Catering | 29 | | Utilities | 25 | | Rates | 6 | | Maintenance | 6 | | Total | 795 | | On opening and review after 12 months | <div>Achieved.</div> <div>The savings from closing Llangollen Hospital were delivered in advance of the submission of the Business Case.</div> <div>The contribution from the GMS allocation is £27,220 per annum.</div> <div>The total Estates cost of running the building was estimated in the business case to be £104,000. The actual cost of running the building is £83,000 – a reduction of £21,000.</div> | |
| | Savings Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | £ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wards | 594 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GP Payments | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Admin | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Portering | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domestics | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Catering | 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utilities | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rates | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maintenance | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 795 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- f. Improve staff morale, effectiveness and the likelihood of recruitment and retention, through the provision of appropriate facilities

| No | Specific Measurement | Timescale | Status | RAG rating |
|-----|---|---------------------------------------|---|------------|
| f.1 | Access to, and utilisation of, dedicated training space | On opening and review after 12 months | The multifunctional group room is used for training, and provides sufficient capacity. | |
| f.2 | The potential to offer increased training placements to GP trainees as a result of the provision of sufficient clinical rooms | Review after 2 years | The increased space has facilitated an increase in the clinical training provided. This has included GP trainees, student counsellors, and school students. | |
| f.3 | The provision of a light, modern, spacious environment as defined in the relevant Health Building Note guidance | On opening | Achieved. The staff and patient survey feedback is very positive about this element of the building [see section 5]. | |
| f.4 | Overall improvement in staff morale | Review after 12 months | Staff feedback is very positive in this area. Comments include: “Environment – patients in lighter spirit, community ownership, shared space and see more of each other” “Amazing views” “Focus on work without distractions” “More control over work environment” “More room, storage excellent, bright, clean and tidy” “Positive environment, proud to work, staff access, improved communications, feel supported” “Happy environment” | |

2. Whether there have been any additional unexpected benefits achieved by the Project

The view of the Project Board is that the original benefits plan fully captures the benefits of the project.

3. Whether there have been any unexpected problems or issues experienced by the Project

The two main problems experienced by the project were: the failure to implement Telemedicine/Telehealth, and delays in transferring the Pharmacy to the new building. The Telemedicine/Telehealth issue is explored in section a.4, on page 4 of this report.

In terms of the Pharmacy, the intention was that the existing pharmacy, provided by Rowlands, would transfer from separate premises in the centre of Llangollen to the Health Centre at the same time as the GP practice and the services provided by the Health Board.

In fact the Pharmacy only transferred in March 2018, two-and-a-half years after the Health Centre opened. This resulted in a separation between the Health Centre and the pharmacy for that period, as well as a loss of rental income for the Health Board.

The primary reason for the delay was the prolonged approvals process related to applications for both new Pharmacies and minor relocations. The process includes the right to appeal decisions of the Health Board to Welsh Government. The first decision of the Health Board, to reject the application by three companies to open a second Pharmacy in Llangollen, was made in June 2014. This decision was appealed to Welsh Government, and the appeal was dismissed 16 months later (October 2015). The subsequent decision of the Health Board, to grant Rowlands a minor relocation, was made in February 2016. This too was appealed to Welsh Government by the other companies, and the dismissal of this appeal also took 16 months (June 2017).

Rowlands has stated that this prolonged appeal decision process is common across Wales and is a barrier to the timely development of pharmaceutical services. This process is due to change. As part of the Public Health Act, Health Boards will be required to produce a Pharmaceutical Needs Assessment. This will alter the way health boards make decisions about NHS dispensing contracts, by making sure decisions about pharmaceutical services are based on an assessment of pharmaceutical need. It is also intended to simplify and streamline the approvals process.

A small part of the delay was also due to a prolonged process for finalising the lease agreement. The Health Board is reviewing its processes to ensure that this does not occur in the future.

In terms of the service that has now been established, this is working well. The issue of the slight remoteness of the pharmacy from the centre of Llangollen has been mitigated by the installation of a drop off box in the library in town so that repeat prescription requests can be deposited in town. These prescriptions are collected daily and delivered by the pharmacy driver to the main pharmacy daily.

4. Whether the Project was delivered to time, quality and cost

Timescales

Performance against the original timescales was as follows:

| Milestones | Key Target Dates | Actual Dates |
|--|-------------------------|---------------------|
| BCUHB approval of Business Case | November 2013 | November 2013 |
| Submit Business Case to Welsh Government | November 2013 | November 2013 |

| | | |
|--|--------------|----------------|
| Approval Business Case by Welsh Government | January 2014 | May 2014 |
| Commence work on site | March 2014 | June 2014 |
| Handover/Commissioning | March 2015 | September 2015 |
| Primary Care Resource Centre open | April 2015 | September 2015 |
| Project Closure | March 2016 | September 2016 |

The project was delivered approximately 5 months later than the original target date. The main cause of the delay was that it took longer than planned to gain approval from Welsh Government. This was due to issues with the quality of the original business case, particularly in terms of identifying the measurable benefits of the project, which required the case to be re-written. In part as a result of this experience, the organisation now places much greater emphasis on the process of business case development, and on the quality of the cases produced.

Quality

The building was delivered to the appropriate quality. The completion certificate was signed on the 24th of July 2015. The final defects certificate, which confirms that the building is free of defects, was signed in February 2017.

Cost

The project budget was £5.2m and it was delivered 12% (603,000) under budget.

5. Whether the Project has received end user reaction e.g. complaints or positive testimonials

Two questionnaires were completed following the opening of the Centre, one for patients and the other for staff. The questionnaires were used to analyse views on the new build in comparison to the old facilities and for any further suggestions to be taken on board for lessons learnt.

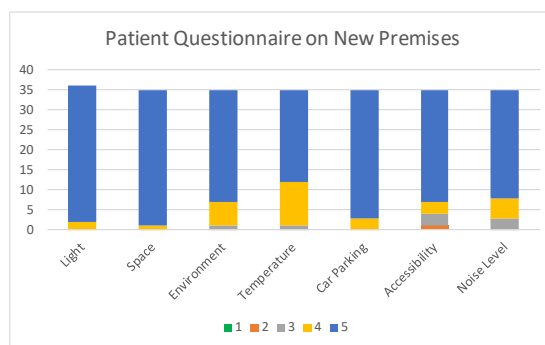
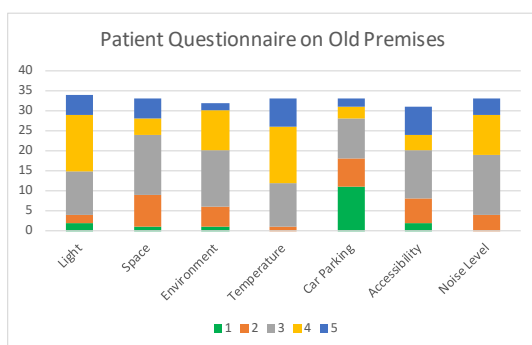
There were 23 staff questionnaires received and 39 patient questionnaires received.

Both staff and patients were asked to rate different aspects of the old and new buildings on a scale of 1 to 5, 1 being poor and 5 being excellent. The following tables detail the ratings received, which are very positive for all aspects.

Patients

| | Previous Facility | | | | |
|---------------|-------------------|---|----|----|---|
| Score | 1 | 2 | 3 | 4 | 5 |
| Light | 2 | 2 | 11 | 14 | 5 |
| Space | 1 | 8 | 15 | 4 | 5 |
| Environment | 1 | 5 | 14 | 10 | 2 |
| Temperature | 0 | 1 | 11 | 14 | 7 |
| Car Parking | 11 | 7 | 10 | 3 | 2 |
| Accessibility | 2 | 6 | 12 | 4 | 7 |
| Noise Level | 0 | 4 | 15 | 10 | 4 |

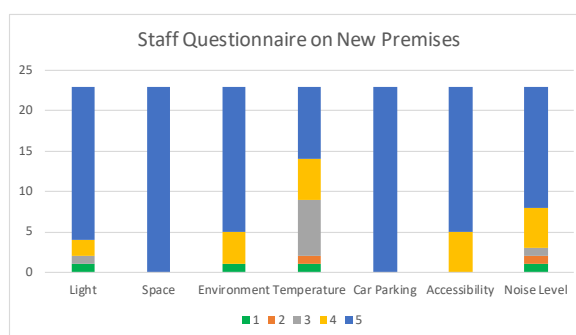
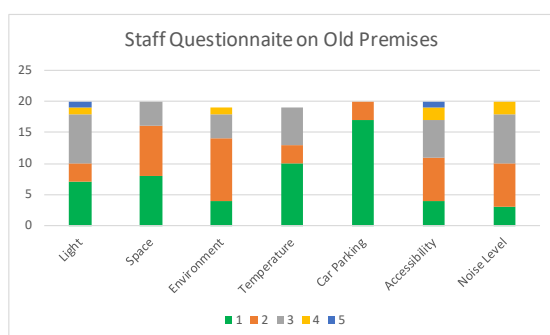
| | New Facility | | | | |
|---------------|--------------|---|---|----|----|
| Score | 1 | 2 | 3 | 4 | 5 |
| Light | 0 | 0 | 0 | 2 | 34 |
| Space | 0 | 0 | 0 | 1 | 34 |
| Environment | 0 | 0 | 1 | 6 | 28 |
| Temperature | 0 | 0 | 1 | 11 | 23 |
| Car Parking | 0 | 0 | 0 | 3 | 32 |
| Accessibility | 0 | 1 | 3 | 3 | 28 |
| Noise Level | 0 | 0 | 3 | 5 | 27 |



Staff

| | Previous Facility | | | | |
|---------------|-------------------|----|---|---|---|
| Score | 1 | 2 | 3 | 4 | 5 |
| Light | 7 | 3 | 8 | 1 | 1 |
| Space | 8 | 8 | 4 | 0 | 0 |
| Environment | 4 | 10 | 4 | 1 | 0 |
| Temperature | 10 | 3 | 6 | 0 | 0 |
| Car Parking | 17 | 3 | 0 | 0 | 0 |
| Accessibility | 4 | 7 | 6 | 2 | 1 |
| Noise Level | 3 | 7 | 8 | 2 | 0 |

| | New Facility | | | | |
|---------------|--------------|---|---|---|----|
| Score | 1 | 2 | 3 | 4 | 5 |
| Light | 1 | 0 | 1 | 2 | 19 |
| Space | 0 | 0 | 0 | 0 | 23 |
| Environment | 1 | 0 | 0 | 4 | 18 |
| Temperature | 1 | 1 | 7 | 5 | 9 |
| Car Parking | 0 | 0 | 0 | 0 | 23 |
| Accessibility | 0 | 0 | 0 | 5 | 18 |
| Noise Level | 1 | 1 | 1 | 5 | 15 |



The patients were asked what they liked most about the Primary Care Resource Centre, if they would change anything, and a free text box for any further comments.

General feedback included that the environment is very open, spacious and welcoming, a significant improvement on the old building. They highlighted the additional parking as being positive for the Health Centre and the café, run by the Friends of Llangollen Health Centre as a nice facility.

The negative comments centred on there being no screen calling patients through to the GP being visible when sitting in the café and there being no pharmacy on site. Since the

questionnaires have been completed, a pharmacy has now opened, as outlined earlier in this paper, and an additional screen has been installed.

The staff questionnaire centred around whether they felt the new Health Centre enables closer working between different teams, along with the general questions of what they liked most about working in the Health Centre, anything they would change and a free text box for any further comments they wanted to share.

Overall there was very positive feedback from the staff with the majority agreeing that the new centre had allowed for closer working across all the teams in the Primary Care Resource Centre. The positive feedback on the premises included: light and spacious work environment; light and airy spacious building; good parking; and additional storage leading to clean and tidy work environment. The consensus was that there were no direct changes required however, they would have liked a larger meeting room. It was also suggested that air conditioning would be beneficial as the premises gets very hot in the summer and can be cold in the winter. As is standard across the Health Board, this was not included in the design due to the high revenue costs. A review has now been undertaken as to whether the heating and ventilation arrangements in the building are working properly, and the position has improved.

6. Whether there are any lessons learned from the Project

Several practical lessons about delivering the project were learned, and have been applied to the delivery of the Health Centre in Flint which opened in May 2018.

- Earlier involvement for all staff who are to be based within the centre to ensure any operational issues are discussed prior to staff moving into the new build. A regular operational meeting would then feed up into the Project Board for decision making.
- Informatics and Domestic department to be included during the planning phase to review the design and ensure that problems are identified and resolved in planning.
- Operational Estates representation is required earlier in the project to ensure smoother completion of fire check and transition into being able to open the Primary Care Resource Centre. Alongside this, earlier involvement is also required from Infection Control.

Scheduling regular communications with the public to keep them informed worked well. Also the open day for the public to look around prior to the opening of the building was well received, and was adopted in Flint.

Conclusion

Overall, this project has been successful. The vast majority of benefits identified in the Business Case have been delivered. The main unexpected problem, with the transfer of the Pharmacy, has now been resolved. The project was delivered to time, quality and below cost and has received very positive end user reaction. The lessons learned have been applied to similar developments in Flint and Blaenau Ffestiniog.

Development of the Integrated Health & Wellbeing Care Centre 'Canolfan Goffa' in Blaenau Ffestiniog

Post Project Evaluation of Benefits Realisation

Introduction

This paper is a post-project evaluation of the development of the Integrated Health & Wellbeing Care Centre called Canolfan Goffa Ffestiniog on the Ffestiniog Memorial Hospital site in Blaenau Ffestiniog.

Post-project evaluation is a key element of the delivery of a project. It evaluates whether the project has delivered the benefits that were intended at the outset; highlights any further action that needs to be taken; and provides valuable learning for future projects.

In terms of governance, the requirement for a post-project evaluation is outlined in the Health Board's Procedure Manual for Managing Capital Projects. It is produced for the Project Board. For major capital projects such as this one, the evaluation is also presented to the Finance and Performance Committee.

Background

In 2013, following formal public consultation, the Health Board agreed a number of changes to health provision in North Wales as part of its "Healthcare in North Wales is Changing" Strategy. One of the themes of the Strategy was to provide safe, high quality services as locally as possible. In terms of Blaenau Ffestiniog, the Strategy noted that "the ability of the health service, Gwynedd County Council and other agencies to improve services in Blaenau has been limited by existing health and social care facilities and the lack of suitable, accessible sites for new development that would bring services together". The strategy proposed the creation of "a shared development which brings together primary, community, social care and voluntary sector services, in an extended primary care centre", and the closure of both Ffestiniog Memorial Hospital and the existing Health Centre.

Ffestiniog Memorial Hospital inpatient beds and Minor Injury Unit were closed in 2013. The business case for the new integrated Centre scheme was approved by Welsh Government in December 2015 and demolition / construction work commenced on the existing Hospital site in March 2016. At this point, the remaining services and staff accommodated in the Hospital were transferred to the nearby Blaenau Health Centre for the duration of the building works. The new integrated Health & Wellbeing facility opened in November 2017. At this point all community outpatient services including the GP Practice housed within the existing Health Centre, as well as Child Health / Midwifery services located in another nearby building were moved to the new Centre and both buildings were closed. Both the former Health Centre site and the former Child Health building are in the process of being sold. The Senior Responsible Owner for the project is Ffion Johnstone. The Project Director is Wyn Thomas.

Structure of the Review

The review is structured around answering the following six questions:

1. Whether the expected benefits of the Project as identified within the Business Case have been realised
2. Whether there have been any additional unexpected benefits achieved by the Project
3. Whether there have been any unexpected problems or issues experienced by the Project
4. Whether the Project was delivered to time, quality and cost
5. Whether the Project has received end user reaction e.g. complaints or positive testimonials
6. Whether there are any lessons learned from the Project

The findings are based on discussions and evidence provided by members of the Project Team and the Project Board, and on questionnaires completed by patients and the staff based at the new Canolfan Goffa Ffestiniog.

Review of the Project

The evaluation of the project, in terms of the six questions outlined above, is as follows:

1. Achievement of Expected Benefits - what were the stated benefits to be achieved and how well have they been achieved?

The main objectives and benefits of the scheme are articulated in the Benefits Realisation Plan for the project, which was agreed by the Project Board and Welsh Government as part of the approval of the Business Case. The benefits plan describes six overall objectives and the specific elements that measure whether these objectives have been achieved. The overall objectives are as follows:

- a. Improve the service to the local community by expanding the scale and range of health services provided in Blaenau, in line with the policy of treating patients closer to home;
- b. Establish a Locality education / training hub within the new Centre;
- c. Improve the integration of community, primary care, social services and third sector services, promoting independence and well-being in line with Welsh Government policy;
- d. Achieve statutory and regulatory compliance by providing services in modern, fit for purpose accommodation;
- e. Deliver a recurrent balance of savings available for reinvestment in community services of £720,000;

- f. Improve staff morale, effectiveness and the likelihood of recruitment and retention, through the provision of appropriate facilities.

The following table describes the specific measurables under each of these objectives, and outlines whether they have been delivered.

- a. Improve the service to the local community by expanding both the scale and range of health services provided in Blaenau, in line with policy of treating patients closer to home.

| No | Specific Measurement | Timescale | Status | RAG rating |
|------|--|---|---|------------|
| a.1 | All services currently provided in the existing Health Centre, Hospital building and old Physio building are transferred to the new facility | On opening | Services were successfully transferred when the new facility opened in November 2017. | |
| a. 2 | <p>Immediately deliver an expanded range of services in Blaenau, as follows:</p> <ul style="list-style-type: none"> List services before and after Increased no.s of clinics (before and after) Increased no.s patients seen in clinics locally Reduction in patient travel (link to previous) | <p>On opening</p> <p>Within 6 months of opening</p> | <p>See Appendix 1.</p> <p>There were 20 services / clinics being delivered in the former Blaenau Health Centre.</p> <p>In addition to these, there are now 15 NEW health services / clinics and 5 services / clinics which have INCREASED sessions, being delivered from Canolfan Goffa Ffestiniog.</p> <p>In addition, there are also 13 NEW third sector / wellbeing / health education / prevention services being provided.</p> <p>Overall there were 40.25 sessions per week being delivered in the former Blaenau Health Centre. This has now increased to 87 health and wellbeing sessions in Canolfan Goffa. This significant increase (more than double) in local service provision means that the local population is travelling significantly less to access health, social care and wellbeing services.</p> <p>See below for lists (and see appendix 1 for detail of sessions):</p> <p>Services being delivered from former Blaenau Health Centre:</p> <ul style="list-style-type: none"> DN dressing / leg ulcer clinics, continence & Doppler clinics Antenatal clinics | |

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| | | <ul style="list-style-type: none"> • Community & Consultant Paediatrician clinics • Health Visitor drop-in clinic • CAMHS consultant & other clinics • Family Planning • Substance Misuse service user interviews • Dementia Day Assessment service • Adult Mental Health primary assessments clinic • Learning Disability Dialectic Behaviour Therapy Service • Community Dental • Physiotherapy • Orthotics / Podiatry clinic • Paediatric Speech & Language clinics • Dietetics • Consultant Rheumatology clinic • Specialist Nurse Diabetes clinic • Consultant ophthalmology clinic (temporarily stopped when consultant left) • Orthoptist clinic • Diabetic Eye Screening Wales <p>New services now being delivered from Canolfan Goffa in addition to those listed above:</p> <ul style="list-style-type: none"> • (Midwifery) Parent Education Group • Grwp Babi, Baby Massage Group & Incredible Years Parenting Course • CAMHS Group / Family sessions • Substance Misuse Doctor clinic • LD MDT Outpatient Clinic • LD DBT Group sessions • LD Drop-in service (users, parents, carers) • Perinatal clinic • Integrated Autism Review clinic • Falls Prevention class • Dietetics Group sessions • Specialist Nurse Heart Failure clinic • Specialist Nurse Respiratory clinic • Audiology Clinic | |
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| | | <ul style="list-style-type: none"> Pharmacist Medication Reviews clinic <p>We are hoping to re-instate a weekly Consultant ophthalmology clinic and a new Consultant Gastroenterology clinic shortly and are in the process of identifying local nurse support for these weekly clinics.</p> <p>New Voluntary Sector / Wellbeing Services:</p> <ul style="list-style-type: none"> Public Health Wales – ad hoc Stop Smoking Wales programmes & Making Every Contact Count training Tan y Maen Community Wellbeing project – counselling & group mindfulness courses Job Centre Plus & OPUS: Employment Support & Disability Employment Advisors Alzheimers Society Cyngor ar Bopeth / Citizens' Advice Gwynedd Hearing Aid / Support Group National Exercise Referral Scheme (NERS) run by Leisure CAIS Counselling (Drug & alcohol support) Parabl Mental Health support Ty Gobaith Children's Hospice - support Ynys Mon & Gwynedd MIND Veterans – North Wales X-PERT Diabetes & COPD Education sessions (run by BCUHB EPP Team) <p>Services which have increased their sessions in Canolfan Goffa:</p> <ul style="list-style-type: none"> HV Drop-in clinics Dementia day services Adult Mental Health primary assessment sessions LD Dialectic Behaviour Therapy service Paediatric Speech & Language clinics | |
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| | | | <p><u>Palliative care</u> is a key service we were hoping to develop in the new Centre, however due to staffing shortages over the last 18 months, it has not been possible to implement all their service plans (see Section 3, page 16). However the Specialist Palliative Care Team (SPCT) have benefited from the new office facilities in Canolfan Goffa as a base from which to make patient visits and manage patient and health care professional telephone calls, as well as benefiting from close interaction with the primary care team working within the same building.</p> <p>Plans have recently been confirmed jointly with St David's Hospice to establish twice monthly multi-disciplinary SPCT sessions and fortnightly complementary therapy clinics.</p> | |
| a. 3 | Introduce Telemedicine to improve access to services, through the installation and utilisation of telemedicine facilities in one or more consulting rooms and 1 multi purpose treatment room: | Within 2 years of opening | <p>The intention when the business case was produced was to develop telehealth and telemedicine extensively throughout the Health Board as part of delivering care closer to home. In the West Area (of BCUHB) over the last few years this service has developed but not as quickly as anticipated.</p> <p>There are virtual Care of the Elderly review clinics in operation from Ysbyty Bryn Beryl in Pwllheli and Ysbyty Alltwen, however demand is presently insufficient in the Blaenau area. We have extended nurse led specialty clinics (diabetes, respiratory, heart failure) in Canolfan Goffa which offer direct face to face contact with patients. This saves travel time to both Ysbyty Alltwen (13.3 miles, 23 mins) and Ysbyty Gwynedd (33.2 miles, 55 mins).</p> | |
| a.4 | Achieve the long term expansion of services, increasing the utilisation of the Centre by appropriate local services: | Within 2 years of opening | <p>Significant expansion of services has been achieved. We are now delivering just under <u>30 new health and third sector /wellbeing services / clinics</u> in</p> | |

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| | <ul style="list-style-type: none"> ▪ Multi purpose clinical and non-clinical consulting rooms up to 80% ▪ Teaching / Group / meeting room from 50% to 80% | | <p>Canolfan Goffa Ffestiniog, in addition to the 20 existing services / clinics. We have more than doubled the number of weekly sessions provided from 40 to 87.</p> <p>The primary care consulting rooms and multi-purpose clinical and non-clinical accommodation on the ground floor (including Community Dental on first floor) are utilised on average 72% of the time;</p> <p>In summary, this accommodation comprises 15 multi-purpose clinical and non-clinical consulting rooms, 3 treatment rooms and day service accommodation – used by the following services:</p> <p>GP practice – 8 clinical rooms for the 4 salaried GPs, 2 Practice Nurses, 1 Health Care Assistant, Pharmacist, Clinical Lead Nurse and Advanced Physiotherapist, with various specialised services visiting including Diabetes Specialist Nurse, Continence Specialist Nurse, Stoma Specialist Nurse and Dietitian.</p> <p>3 treatment rooms for use by GP Practice team, District Nursing and Outpatient clinics.</p> <p>7 multi-purpose consulting rooms & 1 interview room within the Out Patient Department for Consultant clinics, Mental Health interviews, speech and language, health visiting, midwifery, CAMHS & voluntary sector services etc as well as a Physiotherapy consulting room and gym.</p> <p>Day services room and dining room for Dementia day services and Learning Disabilities.</p> <p>All rooms within the Centre, when not being used by the services, are available for booking by other agencies via Outlook calendar schedules.</p> | |
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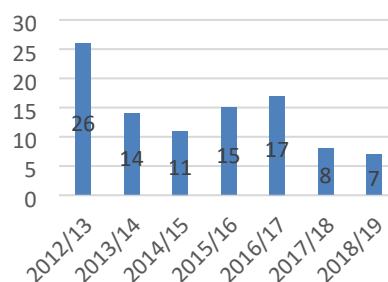
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| | | | With regard to the Teaching / Education / Group facilities, the large Group / Education room is being utilised on average 74% of the time and the Primary Care Conference room is currently being used 25% of the time. | |
| a.5 | <p>Improve the local population's access to voluntary sector services and information on health and wellbeing:</p> <ul style="list-style-type: none"> No.s voluntary sector organisations delivering services from Centre | Within 3 months of opening | <p>Numerous voluntary organisations are running services from Canolfan Goffa in Blaenau delivering a range of advisory citizen support and wellbeing services. The following groups hold regular sessions:</p> <ul style="list-style-type: none"> Job Centre Plus: Employment Support & Disability Employment Advisors (one day weekly) Cyngor ar Bopeth Gwynedd / Citizens Advice Tan y Maen Community Wellbeing project (counselling / group mindfulness sessions) Alzheimers Society Hearing Aid / Support Group Falls / NERS National Exercise Referral sessions CAIS Counselling Service (drug and alcohol support) Parabl Service (support for mental health patients) Veterans – North Wales Ynys Mon & Gwynedd MIND Ty Gobaith Children's Hospice support Stop Smoking Wales behavioural support sessions X-PERT Diabetes and COPD education sessions | |

b. Establish a Locality education / training hub within the new Centre –

| No | Specific Measurement | Timescale | Status | RAG rating |
|-----|---|--|--|------------|
| b.1 | Bring together knowledge, skills, values and attitudes from health, social care, leisure and the third sector to underpin high quality care in the community thus in the long term, reducing emergency admissions for | Long term – over 5-10 year period (by 2020-2025) | The closure of the 12 inpatient beds in Ffestiniog Hospital in March 2013 was mitigated by the opening of 6 inpatient beds in Ysbyty Alltwen and the investment in and roll out of enhanced care (higher acuity level district nursing care) by the District Nursing | |

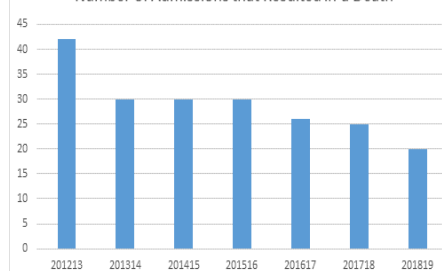
| <p>palliation (likely to be a levelling out given demographics) for Blaenau / North Meirionnydd residents:</p> <ul style="list-style-type: none">▪ Reduced / levelling out of the use of ED – in terms of emergency admissions▪ Reduced / levelling out of significant events in chronic illnesses, admissions for heart failure, COPD▪ Reduced / levelling out of acute admissions to DGH for palliation | <p>service across Meirionnydd in 2013/14.</p> <p>DN Workload</p> <p>The DN community team and Specialist Palliative Care Team as well as Hospice at Home have been caring for more and more end of life / palliative care patients in their own homes. Their workload has increased considerably over recent years. Snapshots of their case workload (as there is no computerised database yet for the service) show an almost doubling in workload between 2017 and 2019. There were 387 contacts for the Blaenau DN Team in one month period (mid Nov – mid Dec 2017), rising to 593 in mid Aug-mid Sept 2018 and then to 747 in mid July to mid Aug 2019.</p> <p>Reduced / Levelling Emergency Admission rate</p> <p>This is borne out by the statistics (see Appendix 3) which show Blaenau's decreasing emergency admission rate (for patients registered with the Blaenau Practice) – from 671 in 2012/13 to 450 in 2018/19 (33% decrease).</p> <div><p>Emergency Admissions - W94004 Health Service Centre</p><table border="1"><thead><tr><th>Year</th><th>Emergency Admissions</th></tr></thead><tbody><tr><td>2012/13</td><td>671</td></tr><tr><td>2013/14</td><td>540</td></tr><tr><td>2014/15</td><td>520</td></tr><tr><td>2015/16</td><td>590</td></tr><tr><td>2016/17</td><td>520</td></tr><tr><td>2017/18</td><td>470</td></tr><tr><td>2018/19</td><td>450</td></tr></tbody></table></div> <p>Referrals for Heart Failure / COPD from the Blaenau Practice population are also starting to show a decrease since the opening of the Centre in Dec 2017:</p> | Year | Emergency Admissions | 2012/13 | 671 | 2013/14 | 540 | 2014/15 | 520 | 2015/16 | 590 | 2016/17 | 520 | 2017/18 | 470 | 2018/19 | 450 |
|---|--|------|----------------------|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|
| Year | Emergency Admissions | | | | | | | | | | | | | | | | |
| 2012/13 | 671 | | | | | | | | | | | | | | | | |
| 2013/14 | 540 | | | | | | | | | | | | | | | | |
| 2014/15 | 520 | | | | | | | | | | | | | | | | |
| 2015/16 | 590 | | | | | | | | | | | | | | | | |
| 2016/17 | 520 | | | | | | | | | | | | | | | | |
| 2017/18 | 470 | | | | | | | | | | | | | | | | |
| 2018/19 | 450 | | | | | | | | | | | | | | | | |

Health Services Centre - GP Admissions with a Diagnosis (in any coded position) of COPD or Heart Failure



Whilst it has been difficult to collect data relating to acute admissions to a DGH for palliation, we have looked at the no. deaths in a DGH from the Blaenau Practice population and this has decreased markedly (by over 50%) since 2012/13 when the Blaenau Hospital beds were closed:

Number of Admissions that Resulted in a Death



Several factors are likely to be contributing to these changes such as an extended DN service (enhanced care investment in 2014 and the implementation in 2015/16 of an evening and overnight DN service based in Ysbyty Alltwen), who are caring for significantly more palliative care patients in their own homes; In addition, the introduction of new specialist nurse respiratory and heart failure clinics in the new Centre is likely to have impacted positively on (reduced) the number of COPD / heart failure admissions to DGH.

- c. Improve the integration of community, primary care, social services and third sector services, promoting independence and well-being in line with Welsh Government policy

| No | Specific Measurement | Timescale | Status | RAG rating |
|-----|---|-------------------------|--|------------|
| c.1 | <p>Improved joint care planning, communication and working relationships between primary care, community health and social care professionals leading to reduced fragmentation and duplication through the co-location of health, social care and third sector staff / sharing hot desk bases on a single site:</p> <ul style="list-style-type: none"> ▪ Staff satisfaction surveys ▪ No.s joint meetings | 12 months after opening | <p>The staff survey specifically asked about integration and whether the new Centre had enabled closer working between services. 100% of respondents answered positively:</p> <p>... “the new Centre has been excellent in providing opportunity to liaise and work closer with other agencies and services based in the new building”....</p> <p>... “The level of multi agency working and liaising with services has increased greatly and I feel this has helped to target services within the team better”....</p> <p>...”communication between the agencies/services is much easier as everyone is located on the same site”....</p> <p>... “good to have teams based in the same place”....</p> <p>... “There is an improvement in integration between services”....</p> <p>... “being integrated has made it a lot easier to discuss various treatments”....</p> <p>There are many joint meetings being held regularly in the new Centre:</p> <ul style="list-style-type: none"> • Community Resource Team meetings • Dental team meetings • GP Practice Palliative Care meetings • Safeguarding Children meetings • Practice Team meetings • Practice Protected Education Time sessions • Video conference meetings • School Nurse case conferences • Adult Social Service Team meetings • MDT meetings | |

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| c.2 | <p>Improved ease of access to primary care, community health, social care, third sector and wellbeing services, advice and information for the local population through co-location of these services in one centre (previously fragmented across buildings and across the locality)</p> <ul style="list-style-type: none"> Public survey with regard to the benefits of housing multi-agency services on a single site | 12 months after opening | <p>Almost 100% of the 53 respondents to the patient questionnaire confirmed that it was beneficial for all the services to be housed in one building and 96.2% were very satisfied / satisfied that all the services they needed to access were available in the Centre (3.8% did not respond). See Section 5, p 22 for more detail).</p> <p>Comments include: .. "very nice place to come for everything"... ... "much improved facilities at the centre"... ... "very welcoming and the staff are very good"...</p> | |
| c.3 | <p>The continued development of the Enhanced Care at Home service, providing integrated care for people who might otherwise need to go into hospital. The patient's GP practice decides with the patient and their family whether they can be safely cared for at home with extra help from nurses, therapists, social workers and voluntary organisations.</p> <ul style="list-style-type: none"> Increased no.s referrals to Enhanced Care in Meirionnydd & palliative care No.s emergency admissions as a result of EC Patient & carer satisfaction with local services (CHC questionnaires) | Continue roll-out and improvement by locality | <p>The Enhanced Care at Home service was rolled out in the Meirionnydd locality in 2013/14 and has now been incorporated within the wider District Nursing Team and into the Community Resource Team.</p> <p>It provides higher acuity care / support to patients to enable them to stay in their home wherever possible (avoiding admission) and where applicable to be able to be discharged home safely and within a timely manner.</p> <p>Separate enhanced care referrals / numbers are no longer collected by the Meirionnydd DN Service, as the team have now been incorporated into the wider DN service (due to sustainability issues). However, the DN caseload numbers which comprise both general including higher acuity DN and palliative care / end of life patients have increased markedly in recent years. Between 2017 (Nov/Dec) and 2019 (July / Aug), contacts have almost doubled from 387 in 2017 to 747 in 2019. This reflects the wishes of patients to be cared for at home wherever possible and the Care Closer to Home strategic direction of the Health Board.</p> | |

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| | | | <p>As stated in section b.1, the no. deaths in a DGH, as well as the emergency admissions for the Blaenau population, has decreased significantly in the last 5 years. A key contributing factor to this change would be the investment in district nursing services since 2014 (see below) enabling the DNs to care for more palliative and general patients in their own homes (avoiding admission) wherever possible.</p> <ul style="list-style-type: none"> • investment in DN service (enhanced care) in 2014; • establishment of evening and overnight DN service (based in Ysbyty Alltwn) covering Dwyfor / Meirionnydd in 2015/16; • New specialist nurse clinics in Canolfan Goffa – Respiratory / COPD, Heart Failure; | |
| c.4 | <p>Promote health prevention / promotion activities and self-management programmes and improve the local population's access to information on health & wellbeing:</p> <ul style="list-style-type: none"> ▪ Increase in regular programmes (Falls / NERS & Foodwise etc) run by Leisure / EPP ▪ Wellbeing & healthy living information is displayed prominently in the area adjacent to Reception and the main waiting area via 2 tv screens. | 12 months on opening | <p>A full range of health education and self management programmes are now being delivered to the local population from Canolfan Goffa, which were not able to be delivered from the former Health Centre / Hospital:</p> <p>Public Health Wales undertake ad hoc:</p> <ul style="list-style-type: none"> • Smoking Cessation sessions • Making Every Contact Count (MECC) training sessions for health / social care professionals <p>Expert Patient Programme (EPP) Team are undertaking:</p> <ul style="list-style-type: none"> • Regular X-PERT Diabetes & COPD patient education sessions <p>Gwynedd Council Leisure are undertaking:</p> <ul style="list-style-type: none"> • Regular NERS Falls Prevention & Tai Chi sessions <p>Tan y Maen Community Wellbeing Project are running:</p> | |

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| | | | <ul style="list-style-type: none"> Counselling and regular Mindfulness sessions <p>Wellbeing and healthy living information is displayed prominently on TV screens and in leaflets which are both readily available in the main waiting area. This has been commented on positively in the patient questionnaire.</p> | |
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d. Achieve statutory and regulatory compliance by providing services in modern, fit for purpose accommodation

| No | Specific Measurement | Timescale | Status | RAG rating |
|-----|--|------------|--|------------|
| d.1 | Achieve best practice in sustainable building design – BREEAM very good – within constraints of an extended / refurbished building | On opening | <p>Achieved</p> <p>The BREEAM Assessor has confirmed the building is on course to achieve 'the projected score of 56.05% which is within the 'very good' criteria. The final outstanding information is due to be collated to conclude the assessment.</p> | |
| d.2 | Meet the objectives of the estates condition and performance survey in regard to national performance indicators for physical condition, statutory compliance, fire safety compliance, functional suitability, space utilisation and energy performance - achieve category A in the Estates condition and performance report | On opening | <p>Achieved</p> <p>The building was constructed / refurbished in its entirety in accordance with the relevant Building Regulations, Health Building Notes and Technical Memorandums to meet the users' requirements and the agreed scope. The review of space utilisation has continued through the Building Management Group.</p> | |
| d.3 | Provide a building which is fully accessible with adequately sized corridors, automated doors where appropriate, correctly graded ramps | On opening | <p>Achieved</p> <p>The building has been constructed internally and externally in accordance with Document M, Building Regulations and Health Building Notes to ensure full accessibility of the building for wheelchair users or those with mobility conditions.</p> | |

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| d.4 | <p>Ensure adequate access to the site as follows:</p> <ul style="list-style-type: none"> ▪ Pavement and lighting improvements in the vicinity of the new centre ▪ Improved pedestrian access routes and wayfinding to the new centre ▪ Improve access by car by the provision of adequate car parking spaces | On opening and review after 12 months | <p>Achieved</p> <p>The building has been constructed with improved external access routes, a combination of high and low level lighting in the vicinity and car parking provision has increased with a number of disabled spaces provided adjacent to the main entrance.</p> | |
| d.5 | Provide a building which meets key dementia design criteria including provision of contrasting WC seats and colour coded doors | On opening | <p>Achieved</p> <p>The building has been built and finished in accordance with the guidance for Dementia Friendly design, which includes consideration to signage, colour coded doors etc. This has been led by the Dementia Friendly Design Action Plan that was produced as part of the project.</p> | |
| d.6 | <p>Rationalise estate in Blaenau Ffestiniog from three buildings to one thereby releasing the following savings:</p> <ul style="list-style-type: none"> ▪ Reduce energy and utilities cost per sqm from £17.71 (combined sites) to £11.58 per sqm (new Centre) ▪ Reduce maintenance cost per sqm from £11.53 (combined sites) to £6.51 per sqm ▪ Reduce cleaning cost per sqm from £19.44 per sqm (combined sites) to £18.32 per sqm (new Centre) | <p>On opening</p> <p>As above</p> <p>As above</p> | <p>Further work is required to evaluate in more detail both the original and forecast costing methodology in relation to building running costs to provide assurance of accuracy.</p> <p>Cost of energy and utilities is £28.08 per sqm, based on 2018/19 costs.</p> <p>Cost of maintenance is £18.08 per sqm, based on 2018/19 costs.</p> <p>Cost of cleaning is £54.20 per sqm, based on 2018/19 costs.</p> | |

e. Deliver a recurrent balance of savings available for reinvestment in community services of £720,000

| No | Specific Measurement | Timescale | Status | RAG rating |
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| e.1 | <p>Deliver the specific levels of savings and expenditure outlined in the financial section of the business case, phased as follows:</p> <table><tr><td></td><td>Savings Target</td></tr><tr><td></td><td>£</td></tr><tr><td>Wards</td><td>561</td></tr><tr><td>GP Payments</td><td>30</td></tr><tr><td>Admin</td><td>12</td></tr><tr><td>Portering</td><td>18</td></tr><tr><td>Domestics</td><td>19</td></tr><tr><td>Catering</td><td>80</td></tr><tr><td>Total</td><td>720</td></tr></table> <p>Reinvestment GMS allocation (21) Investment in Centre (52) Total reinvestment (73)</p> <p>Net savings 647</p> | | Savings Target | | £ | Wards | 561 | GP Payments | 30 | Admin | 12 | Portering | 18 | Domestics | 19 | Catering | 80 | Total | 720 | <p>On opening and review after 12 months</p> | <p>Achieved.</p> <p>The savings from closing the inpatient beds and MIU in Ffestiniog Memorial Hospital were delivered in line with the business case and in advance of the submission of the business case.</p> <p>The contribution from the GMS allocation is £21,000 per annum.</p> <p>The total Estates costs of running the 3 buildings in Blaenau were estimated in the business case to be £191,000. The actual cost of running the new Centre is £169,000 – a reduction of £22,000.</p> | |
| | Savings Target | | | | | | | | | | | | | | | | | | | | | |
| | £ | | | | | | | | | | | | | | | | | | | | | |
| Wards | 561 | | | | | | | | | | | | | | | | | | | | | |
| GP Payments | 30 | | | | | | | | | | | | | | | | | | | | | |
| Admin | 12 | | | | | | | | | | | | | | | | | | | | | |
| Portering | 18 | | | | | | | | | | | | | | | | | | | | | |
| Domestics | 19 | | | | | | | | | | | | | | | | | | | | | |
| Catering | 80 | | | | | | | | | | | | | | | | | | | | | |
| Total | 720 | | | | | | | | | | | | | | | | | | | | | |

f. Improve staff morale, effectiveness and the likelihood of recruitment and retention, through the provision of appropriate facilities

| No | Specific Measurement | Timescale | Status | RAG rating |
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| f.1 | <p>Provision of a fit for purpose, single integrated centre, co-locating primary care, community health, social care, third sector and wellbeing services</p> <ul style="list-style-type: none"> Success in recruiting new GPs within 2 years of opening | On opening and review after 2 years | <p>Achieved.</p> <p>In January 2013, Blaenau Ffestiniog had 1 GP and the Practice was becoming increasingly unsustainable. In February 2015, the Practice became wholly managed by the Health Board, however only since moving into the new Centre (Nov 2017) has it been possible to attract salaried GPs instead of working in the main with locums - which present their own issues around continuity of care. 4 Salaried GPs have been appointed since the Centre opened, including the appointment of a Clinical Lead GP.</p> | |

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| | | | <p>There is a full time Independent prescriber Pharmacist undertaking medication reviews and some of the chronic conditions management.</p> <p>S4C television series – <i>Helo Syrjeri</i> demonstrated the excellent team spirit of the Centre where staff enjoy their work and those that visit have been overwhelmed by the friendliness of the team and the excellent quality services and facilities available.</p> <p>The Department for Work and Pensions, Citizens Advice Bureau and OPUS/Adtrac run weekly sessions for their clients in the new Centre.</p> | |
| f.2 | <p>The potential to offer increased training placements to GP trainees as a result of the provision of sufficient clinical rooms</p> <ul style="list-style-type: none"> Success in securing GP Trainee placement within 2 years of opening | Review after 2 years | <p>Achieved</p> <p>The increased space has facilitated an increase in the clinical training provided. This has included GP trainees, student counsellors and school students.</p> <p>Now that the Practice GP team is secure, the aim is to set up the Centre with formal GP training status.</p> <p>The new Centre was recently able to support the Health Board GP experience scheme for A-level students. Following the successful work experience the individual was able to secure a place in Cardiff University to train to be a GP. This individual provided feedback to the Centre Manager that his experience at the Centre proved invaluable in securing a placement at Cardiff University to study medicine.</p> <p>The layout of the Centre has generated the opportunity to support work experience initiatives within the Health sector. Over the last two years various individuals and schemes have been supported including 1st year Nursing students, Pharmacy students, Access to Work individuals for experience of</p> | |

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| | | | administration and healthcare placements. | |
| f.3 | <p>Improving locality / cluster ownership of local training / education through access to and utilisation of locality education and training hub within the new centre:</p> <ul style="list-style-type: none"> ▪ Use of education of & training facilities by health & social care professionals ▪ Delivery of mandatory training sessions across staff groups / agencies ▪ Development of GP education programme | Review after 12 months | <p>Achieved</p> <p>It is a huge benefit to be able to deliver staff training and patient education locally in Meirionnydd. The new training hub in the Centre is being used regularly by health, social care and voluntary sector / wellbeing professionals, as well as by the general public. The facilities are used for training, education events, meetings and workshops.</p> <p>The Centre has two education / training / large group / meeting facilities on the first floor. There is a multifunctional Education / Group room capable of holding 36 people (which can be used as one larger room or divided into two smaller group rooms) and a Primary Care Conference Room which can accommodate 12 people. There is also an adjacent refreshments facility / kitchen and toilets to serve the needs of those using these facilities.</p> <p>Examples of the use includes:-</p> <p><u>Groups</u></p> <ul style="list-style-type: none"> • Memory Clinic CST Group • League of Friends • Audiology volunteers <p><u>Training Events inc Mandatory training</u></p> <ul style="list-style-type: none"> • Basic Life Support training • Information Governance training • Baby Weaning training • Breastfeeding Course • Baby Massage • Tai Chi – NERS • Falls Prevention Training • Diabetes Expert Patient Training • Violence & aggression breakaway training • COPD Expert Patient Training • Health Visiting first aid training • Nurse COPD training | |

| | | | | |
|-----|---|------------------------|--|--|
| | | | <ul style="list-style-type: none"> • Fire Marshall training • Audit plus training • Foodwise Dietitian Course • Food hygiene course <p><u>Internal groups</u></p> <ul style="list-style-type: none"> • Community Resource Team • Building Management Group • Dental team meetings • GP Practice Palliative Care meetings • Safeguarding Children meetings • Practice Team meetings • Practice PET sessions • VC meetings • School Nurse case conferences • Adult Social Service Team meetings • MDT meetings <p>The Practice and the Area Team have identified a number of salaried GPs suitably qualified to become GP Trainers and we are seeking to obtain accreditation to enable Blaenau to be a GP Training Hub to support the medical students coming into General Practice in an area that is identified as struggling to recruit suitably qualified Doctors.</p> | |
| f.4 | <p>Overall improvement in staff morale</p> <ul style="list-style-type: none"> ▪ Staff satisfaction surveys | Review after 12 months | <p>Staff feedback collected in the staff questionnaires is very positive in this area. Comments include:</p> <p>... "The move here from the previous health centre, has been fantastic for morale, and for sense of team"....</p> <p>... "the Centre is a great place to work closely with others and a happy environment"....</p> <p>.... "Office space, joint initiatives and working objectives. It has become an extended family feeling rather than them and us with better patient outcomes and MDT management"...</p> <p>... "The place is clean and light with magnificent scenery".....</p> <p>... "the consulting rooms are bright and spacious making it a lovely place to work in"...</p> | |

| | | | | |
|--|--|--|---|--|
| | | | ... "Easier to link up with other services" "Clean, new, feels fit for purpose from a professional perspective" "various different teams under one roof – it makes discussion of patients much easier" "every member of staff has taken integrated working to the next level" "service users have a wide range of facilities in their community" | |
|--|--|--|---|--|

2. Whether there have been any additional unexpected benefits achieved by the Project

The view of the Project Board is that the original benefits plan fully captures the benefits of the Project.

In terms of additional unexpected benefits, the centre has been working with y Dref Werdd and the Meirionnydd Cluster and was successful in securing cluster funding to develop a form of sensory garden that was in keeping with the surrounding area. The courtyard / lightwell within the Centre now benefits from an eye-catching slate and fern feature. In addition, a series of large wooden planters (at wheelchair height) are now situated around the Centre that have been filled with plants by the Older People/Dementia patients, who now tend their small gardens as part of their visits to the Centre. Staff have noted remarkable differences in some of the patients and have been emotional at the sight of their achievements.

The involvement of the Health Board's (Arts in Health) artist in this project has also had a very positive impact on the environment in the new Centre for dementia patients in particular. The artist worked both with dementia patients and the local community to produce photos of nostalgic objects as well as community art, which have been hung on the walls in the Centre. These have received favourable comments from the public.

3. Whether there have been any unexpected problems or issues experienced by the Project

The two main problems experienced by the Project were: the failure to implement to date the full delivery of the planned range of palliative care services in the new building and the failure to implement Telemedicine/Telehealth.

The specialist palliative care team (SPCT) had planned to start an extensive range of palliative care services in the new Centre including Consultant Palliative Care outpatient clinic, Macmillan nurse clinic, Hospice at Home drop-in clinic and combined services to support carers and relatives (complementary therapies, pharmacy reviews, benefits advice/ welfare rights etc), however recruitment and staffing difficulties have affected the ability to roll out these services.

On a positive note the SPCT have very much appreciated the new office facilities in Canolfan Goffa, using this as a base from which to make patient visits and manage patient and health care professional telephone calls. There is added benefit from close interaction with the primary care team working within the same building.

The team meet there regularly with the consultant in palliative medicine for education and training and, if necessary, see more complex patients together in the clinic facility.

More recently, working jointly with St David's Hospice, plans have been confirmed to establish twice monthly multi-disciplinary SPCT sessions using the clinic rooms and education room upstairs. Complementary therapy clinics will be held fortnightly, patients will have opportunity for specialist palliative medicine clinic review, with specialist nurse input. Carers and patients will be offered different services including a bereavement support group, welfare services signposting, pharmacy reviews and nurse specialist assessments and reviews. The team are discussing other services with St David's that require some investment and hope to have secured funding for this in the next few months.

It is planned that these new services will be up and running by October/ November and further information, including how to access these new services, will be circulated to local GPs, district nursing teams and other relevant colleagues.

The Telemedicine/Telehealth issue is explored in section a.3, on page 6 of this report.

4. Whether the Project was delivered to time, quality and cost

Performance against the original timescales was as follows:

| Milestones | Key Target Dates | Actual Dates |
|--|-------------------------|---------------------|
| BCUHB approval of Business Case | March 2014 | March 2014 |
| Submit Business Case to Welsh Government | March 2014 | March 2014 |
| Approval Business Case by Welsh Government | September 2014 | December 2015 |
| Commence work on site | March 2016 | March 2016 |
| Handover/Commissioning | March 2017 | November 2017 |
| Integrated Health & Wellbeing Centre open | May 2017 | November 2017 |
| Project Closure | September 2017 | November 2018 |

The project was delivered approximately 15 months later than the original target date. The main cause of the delay was that it took longer than planned to gain approval from Welsh Government. This was due to issues with the quality of the original business case, particularly in terms of identifying the measurable benefits of the project, which required a more detailed benefits realisation submission. The construction period (estimated at 12 months) was also delayed by around 6 months mainly due to the complexities of building two new extensions

around an existing core building (with historical interest) and retaining the original Clough Ellis design. The delay was predominantly related to the disconnection of electrical services, the installation of a larger lift and materials / slate deliveries.

Quality

The building was delivered to the appropriate quality. The completion certificate will be issued shortly as there have been some minor defect items for which resolution has been problematic.

Cost

The project budget was £3.99m and it was delivered to £4.223m leaving a £0.229m over spend (met from Health Board discretionary capital).

5. Whether the Project has received end user reaction e.g. complaints or positive testimonials

Two questionnaires were completed following the opening of the Centre, one for patients and the other for staff. The questionnaires were used to analyse views on the new build in comparison to the old facilities, the impact of integrating and co-locating services and for any further suggestions to be taken on board for lessons learnt.

There were 53 patient questionnaires received and 24 staff questionnaires received.

Patients

- ⅔ of the public who completed the questionnaire were aware of the full range of health and wellbeing services available in Canolfan Goffa, however ⅓ were not. We are working on ways to display more prominently the range of services available in the Centre.
- 40% of those surveyed have accessed NEW services in the Centre since it opened.
- Almost 100% of respondents agreed that it was beneficial for all the services to be housed in one location.
- 96.2% of those surveyed were very satisfied that all the services they needed to access were available in the Centre (3.8% did not answer the question).

The patients were asked to rate certain aspects of the new Health & Wellbeing Centre and a free text box was given for any further comments. The general environment in terms of access to the building, paths, doorways, as well as the waiting areas and consulting / treatment rooms were rated highly, as was the excellent welcome by staff.

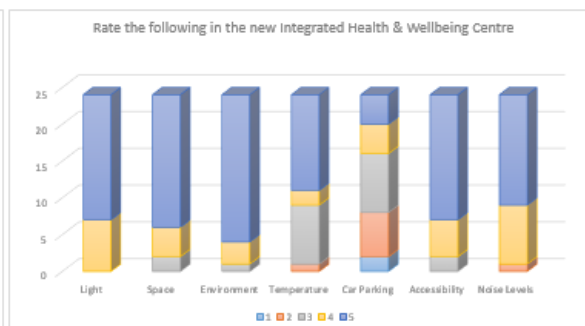
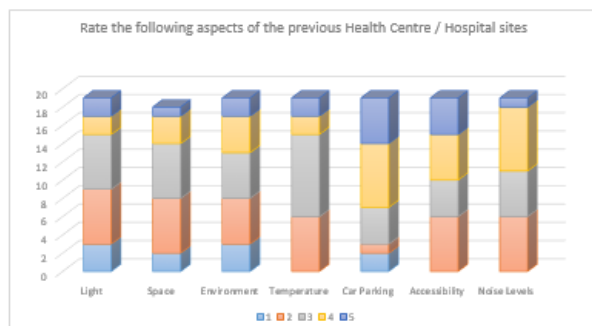
In terms of suggested improvements, these included: access to more GP appointments, X-ray department, a poster on the wall listing services, beds, better car parking, MIU, appointments available to book online etc

Staff

Staff were asked to rate different aspects of the old and new buildings on a scale of 1 to 5, 1 being poor and 5 being excellent. The following tables detail the ratings received, which are very positive for all aspects.

| Answer Choice | 1 | 2 | 3 | 4 | 5 | Response Total |
|---------------|---|---|---|---|----------|----------------|
| Light | 3 | 6 | 6 | 2 | 2 | 19 |
| Space | 2 | 6 | 6 | 3 | 1 | 18 |
| Environment | 3 | 5 | 5 | 4 | 2 | 19 |
| Temperature | 0 | 6 | 9 | 2 | 2 | 19 |
| Car Parking | 2 | 1 | 4 | 7 | 5 | 19 |
| Accessibility | 0 | 6 | 4 | 5 | 4 | 19 |
| Noise Levels | 0 | 6 | 5 | 7 | 1 | 19 |
| | | | | | Answered | 19 |
| | | | | | Skipped | 5 |

| Answer Choice | 1 | 2 | 3 | 4 | 5 | Response Total |
|---------------|---|---|---|---|----------|----------------|
| Light | 0 | 0 | 0 | 7 | 17 | 24 |
| Space | 0 | 0 | 2 | 4 | 18 | 24 |
| Environment | 0 | 0 | 1 | 3 | 20 | 24 |
| Temperature | 0 | 1 | 8 | 2 | 13 | 24 |
| Car Parking | 2 | 6 | 8 | 4 | 4 | 24 |
| Accessibility | 0 | 0 | 2 | 5 | 17 | 24 |
| Noise Levels | 0 | 1 | 0 | 8 | 15 | 24 |
| | | | | | Answered | 24 |
| | | | | | Skipped | 0 |



The positive feedback from Staff on the premises highly rated the light, spacious and accessible work environment with good noise levels; Staff comments on what they liked most about the new Centre focused on the cleanliness and light within the building which had retained some original features, as well as the magnificent views and scenery which were “very uplifting for health and wellbeing”. “The consulting rooms are bright and spacious making it a lovely place to work in”... “clean, new, feels fit for purpose from a professional perspective”. Staff also commented positively on the space to carry out groups and 1:1 contacts. One member of staff commented that.... “The move here from the previous health centre has been fantastic for morale and for sense of team”.

The few negative comments centred on there needing to be better car parking for staff members that required to come back and forth to the Centre during the day who struggle at times to park nearby. The consensus however was that there were few direct changes required. A few suggestions put forward included: a staff toilet for the ground floor, a larger group room on the ground floor (when education room not available) and a more private GP reception area.

The staff questionnaire centred around whether they felt the new Centre had enabled closer working between different services and teams. Overall there was extremely positive feedback from the staff with everyone agreeing that the new centre had allowed for closer working across all the teams in the Health & Wellbeing Centre. It was ... “easier to link up with other services”... and having various teams under one roof “makes discussion of patients much easier”. ... “every member of staff has taken integrated working to the next level”...

Another member of staff commented that the level of multi agency working and liaising with services had increased greatly and felt this had helped to target services within the team better. ... “Office space, joint initiatives and working objectives. It has become an extended family feeling rather than them and us with better patient outcomes and MDT management”...

“Whilst the Centre has enabled closer working with other services - the most notable enhancement for me is the overall improvement in attitudes of staff. The environment has created a more friendly and closer knit team of people who go above and beyond daily!”

6. Whether there are any lessons learned from the Project

Several practical lessons about delivering the project were learned, and have been applied to the delivery of other capital projects.

- Earlier involvement and input for all service leads whose staff are to be based within the centre to ensure any room use / design issues e.g. equipment positioning, light sources and sockets etc can be agreed. Before detailed design sign off, a meeting with end users needs to formally approve the plans.
- Whilst an Operational Service Group was established during the project planning stage, attendance from each service was not always robust. It is important that leads from Operational Estates, Facilities, Fire, Infection Control etc send a regular representative and sign off plans. Community Dental in particular need specific involvement from Operational Estates and Infection Control with regard to the planned surgery and decontamination plans.
- Informatics and Domestic department to be included during the planning phase to review the design and ensure that problems are identified and resolved in planning.

The Project Board worked closely with the Health Board's Communications Officer to provide regular communications with the public. This included press releases and updates not just on construction progress but bi-monthly newsletters (including the use of digital media) informing people about the new services planned and interviews with service leads / clinicians. This was important, as the timescale between closing the Hospital and opening the new Centre was longer than anticipated.

As with Llangollen, the open day for the public to look around prior to the opening of the building was well received.

Conclusion

Overall, this Project has been very successful. Almost all of the benefits identified in the Business Case have been delivered. Issues relating to the slow implementation of telemedicine and delayed roll out of palliative care services were down to insufficient demand in the case of telemedicine and staff recruitment difficulties in palliative care.

The project was delivered to the requisite quality but was over time by 6 months due to the complexities of constructing around an existing core building. This also impacted on the budget resulting in a small overspend met by the Health Board's discretionary capital allocation.

The new Health and Wellbeing Centre Canolfan Goffa has ultimately received very positive end user reaction.

At the outset of the project, there was strong local opposition as to whether the planned replacement of the original historic Hospital with an integrated health and wellbeing centre could meet expectations. However, the bringing together of primary care, community health, social care, voluntary sector and wellbeing services into one modern, sympathetically designed building incorporating the original core of the former Hospital has proved a solid success. It is

now a friendly, focal point for local people to access these services and has facilitated integration between services, agencies and teams which has ultimately benefited patient care. The recent television series by Darlun TV '*Helo Syrjeri*' based on the Blaenau Practice has helped to secure a positive image of the new Centre in local people's minds and a second series is now beckoning !

Appendix 1

List of Services / Sessions delivered in Canolfan Goffa (before and after)

| Service | Clinic | Before | Proposed Weekly Sessions | Actual Weekly Sessions | Comments |
|------------------------------|---|--------|--------------------------|-------------------------|---|
| District Nursing | Dressing & leg ulcer/Doppler clinic | 5 | 5 | 5 | Plan to hold parenting teenagers 'plain sailing' group sessions |
| | Continence clinic | 0.25 | 0.25 | 0.25 | |
| | Intravenous / day Therapies (& home treatments) | Ad Hoc | Ad Hoc | Ad Hoc (at home) | |
| Midwifery | Antenatal clinic | 3 | 4 | 4 | |
| | *Parent Education Group | 0 | Ad Hoc | Ad Hoc | |
| Community Paediatrician | Comm Paeds Consulting Clinic | 0.25 | 0.25 | 0.25 | |
| Consultant Paediatrician | Consultant Paediatric Clinic | 0.25 | 0.25 | 0.25 | |
| Health Visitors | HV Drop-in Clinic | 1 | 1 | 3 | |
| | *Grwp Babi | 0 | 2 | 2 | |
| | *Baby Massage Group | 0 | 2 | 2 | |
| | *Incredible Years Parenting Course | 0 | 2 | Part of the Baby Groups | |
| | Flying Start Initiative | | Part of the Baby Groups | Part of the Baby Groups | |
| CAMHS | CAMHS Consultant clinic | 0.25 | 0.25 | 0.25 | |
| | Other CAMHS Consulting Clinics | 2 | 2 | 2 | |
| | *CAMHS Group / Family sessions | 0 | Ad Hoc | Ad Hoc | |
| Family Planning / Well Woman | Family Planning clinic | 1 | 1 | 1 | |
| Substance Misuse Service | Service user interviews | 2 | 4 | 4 | |
| | *Doctor Clinic | 0 | 0 | 0.5 | |
| OPMH Specialised Day Service | Dementia day service | 2 | 4 | 4 | |
| Memory Service | *Memory Clinic | 0 | TBC | 0.5 | |

| | | | | | |
|--------------------------------------|---|------|------|------|---|
| Adult Mental Health | AMH primary assessments clinic | 4 | 6 | 4.5 | Locums covering at present Palliative Care Plan - Vacancies/Short Staffing |
| Learning Disability Services | Dialectic Behaviour Therapy Service | 0.5 | 4 | 4 | |
| | *LD MDT Outpatient Clinic | 0 | 1 | 1 | |
| | *LD DBT Group sessions | 0 | 1 | 1 | |
| | *LD Drop-in Service (users, parents, carers) | 0 | 1 | 1 | |
| | *Perinatal Clinic | 0 | 0 | 0.25 | |
| | *Integrated Autism Clinic | 0 | 0 | 0.5 | |
| Community Dental | Dental 2 Surgery Suite | 8 | 12 | 8 | |
| Palliative Care | *Consultant Palliative Care Outpatient Clinic | 0 | 0.25 | 0 | |
| | *Macmillan CNS Clinic | 0 | 0.25 | 0 | |
| | *Hospice at Home Nurse drop-in clinic | 0 | 0.25 | 0 | |
| | Combined service to support carers / relatives: | | | | |
| | - *Complementary Therapies | 0 | 0.5 | 0 | |
| | - *Patient & Family Support / signposting | 0 | 0.5 | 0 | |
| | - *Therapies review | 0 | 0.25 | 0 | |
| | - *Benefits Advice / Welfare Rights | 0 | 0.5 | 0 | |
| | - *Specialist Pharmacist clinical review | 0 | 0.25 | 0 | |
| Physio | Neuro rehab, rehab, musculo-skeletal outpats | 5 | 5 | 5 | |
| Falls Prevention | *Sessions | 0 | 0 | 1 | |
| Orthotics & Podiatry | Podiatry clinic | 2 | 2 | 2 | |
| Speech & Language Therapy | Paediatric SALT clinic | 1.25 | 4 | 10 | |

| | | | | | |
|---|--|------|--------------------|--------------------|---------------------------------|
| Dietetics | Dietetics clinic | 0.25 | 0.25 | 0.25 | Staffing issues, awaiting locum |
| | *Dietetics group sessions | 0 | 0.25 | 0.25 | |
| Rheumatology Outpatient Clinic | Consultant Rheum Clinic | 0.25 | 0.25 | 0.25 | |
| Specialist Nurse Diabetes Clinic | Spec Nurse Diabetes Clinic | 0.5 | 0.5 | 0 | |
| Ophthalmology Outpatient Clinic | Consultant Ophthalmol clinic | 0.5 | 0.5 | 0 | |
| Orthoptic Eye Clinic | Orthoptic clinic | 0.5 | 0.5 | 0.5 | |
| Heart Failure Clinic | *Specialist Nurse Heart Failure Clinic | 0 | 0.5 | 0.25 | |
| Specialist Nurse Respiratory Clinic | *Respiratory Clinic | 0 | 0.75 | 0.75 | |
| Audiology Clinic | *Audiology Clinic | 0 | 0.5 | 0.75 | |
| Diabetic Eye Screening Wales | Diabetic Eye Screening clinic | 0.5 | 0.5 | 0.5 | |
| Pharmacist Clinic | *Medication Reviews | 0 | 0 | 1 | |
| Virtual clinics using Technology Suite | *TBC – e.g. Respiratory, Acute medicine, Dermatology, Care of Elderly, Gastro, plus for education & training | 0 | 2 | Comment | |
| Public Health Wales | *Stop Smoking Wales Clinic | 0 | 10 Week Programmes | 10 Week Programmes | |
| | *Making Every Contact Count (MECC) Training | 0 | TBC | Ad Hoc | |
| Third Sector | *Tan y Maen Community Wellbeing Project : Group Mindfulness courses / Counselling | 0 | TBC | 5 | |
| | *Job Centre Plus: Employment Support & Disability Employment Advisors | 0 | 0 | 1 | |
| | *Alzheimers Society | 0 | 0 | Ad Hoc | |
| | *Cyngor ar Bopeth Gwynedd | 0 | 0 | 3 | |

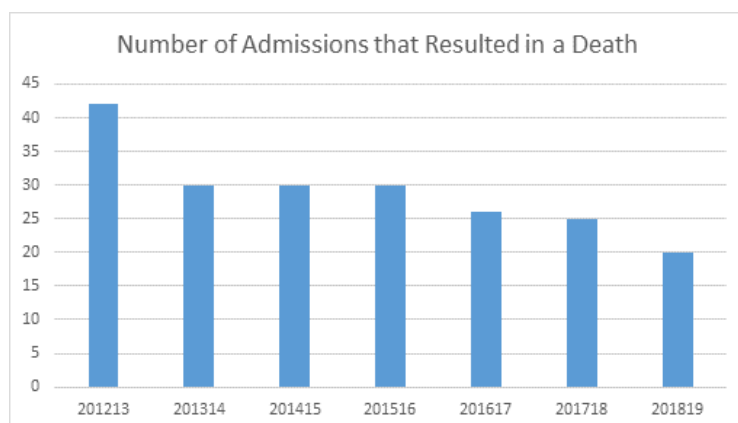
| | | | | |
|--------------------------|--|---------------|-----------------|---------------|
| | *Ynys Mon and Gwynedd MIND | 0 | 0 | 2 |
| | *Hearing Aid/Support Group | 0 | 0 | 0.25 |
| | *Parabl Mental Health Support | 0 | 0 | TBC |
| | *Veterans - North Wales | 0 | 0 | Ad Hoc |
| | *CAIS Counsellor (Drug and Alcohol) | 0 | 2 | 2 |
| | *Ty Gobaith - Childrens Hospice | 0 | 0 | Ad Hoc |
| Leisure | *Falls NERS Classes / consultations | 0 | TBC | 2 |
| Patient Education | *X-Pert Diabetes and COPD Education Sessions | 0 | 0 | Ad Hoc |
| | | Before | Proposed | Actual |
| Total Weekly Sessions | | 40.25 | 75.25 | 87 |

*=New Services

Appendix 2

Outcome of attendance / admission – Death

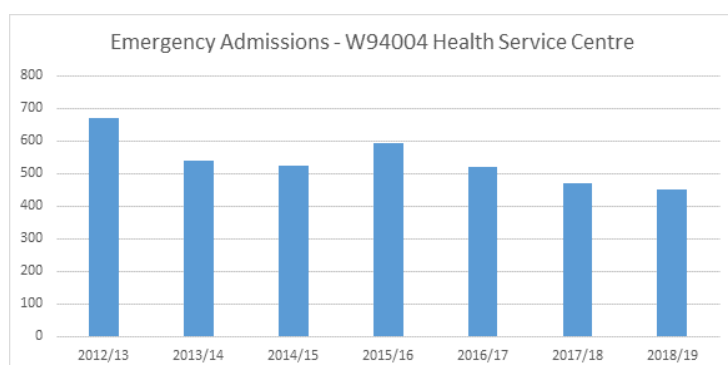
The below data is the number of admissions from patients that are registered in the Health Centre Practice that were admitted into hospital and had an outcome of 'patient died'. Since 2012/13 there has been a 55% reduction in the number of admissions that resulted in the patient dying.



| Year | No of Deaths |
|---------|--------------|
| 2012/13 | 42 |
| 2013/14 | 30 |
| 2014/15 | 30 |
| 2015/16 | 30 |
| 2016/17 | 26 |
| 2017/18 | 25 |
| 2018/19 | 20 |

Emergency Admissions

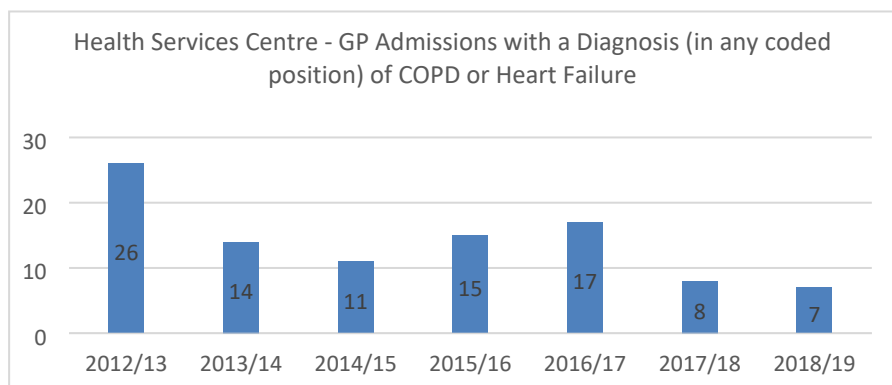
The data below details the number of emergency admissions from patients that are registered in the Health Centre Practice. Since 2012/13 there has been a 33% reduction in the number of emergency admissions.



| W94004 - Health Services Centre | | | |
|---------------------------------|----------------------|---------------------|----------------------------|
| Year | Emergency Admissions | Practice Population | Health Service Centre Rate |
| 2012/13 | 671 | 4938 | 0.14 |
| 2013/14 | 541 | 4938 | 0.11 |
| 2014/15 | 525 | 4938 | 0.11 |
| 2015/16 | 593 | 4814 | 0.12 |
| 2016/17 | 522 | 4778 | 0.11 |
| 2017/18 | 471 | 4783 | 0.10 |
| 2018/19 | 450 | 4757 | 0.09 |
| 2019/20 *part year | 243 | 4820 | 0.05 |

Admission with a Diagnosis of COPD / Heart Failure in any coded Position

The data below relates to the number of patients that are registered in the Health Centre Practice that were admitted into hospital with a diagnosis of COPD or Heart Failure, in any coded position. Since 2012/13 there has been a 73% reduction in the number of patients being admitted with a primary diagnosis of COPD or Heart Failure.



| Financial Yr | Total |
|--------------|-------|
| 2012/13 | 26 |
| 2013/14 | 14 |
| 2014/15 | 11 |
| 2015/16 | 15 |
| 2016/17 | 17 |
| 2017/18 | 8 |
| 2018/19 | 7 |



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Appendix 4

Benefits Realisation Flint Health and Wellbeing Centre





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Contents

Pg 3 – Introduction, Definition and Approach

Pg 4 –Review of the project

Pg 5- Benefits realisation review

Introduction

The Benefits Realisation Plan states the benefits of the project, the category of each benefit (in economic terms) how they will be measured and quantified, and who is responsible for their realisation. The benefits are as outlined in the relevant sections of the business case. This document focuses on the key benefits which the project is intended to deliver, rather than providing a comprehensive list of all benefits.

This plan is a management tool which addresses the specific benefits as a result of the development of Health and Wellbeing centre in Flint as part of Healthcare in North Wales is changing.

As outlined in Welsh Government guidance this evaluation will be undertaken to review and evaluate the success of the project against its original objectives and success criteria.

The benefits realisation plan for the project was articulated in the attached document and has set out the key areas of change and improvement which will be monitored:



Appendix Z Benefits
Realisation Plan.pdf

Definition & Approach

PRINCE2 defines a benefit as *'a measurable improvement resulting from an outcome that is perceived as an advantage by one or more stakeholders.'* Benefits can therefore accrue to:

- patients, visitors and staff in the clinical services (eg. patient experience and clinical outcomes);
- across the Health Board more broadly (eg. improved access and wayfinding to the retained estate);
- and
- across the wider health economy and/or society (eg. the evidence¹ that every £1 spent on construction output generates a total of £2.84 in total economic activity).

In line with NHSE and TDA guidance (and Drucker's 'management by objectives' concept), benefits are framed as 'SMART' (ie. Specific, Measurable, Assignable, Realistic, Time-related).

Review of the project

The main objectives and benefits of the scheme are articulated in the Benefits Realisation Plan for the project, which was agreed by the Project Board and Welsh Government as part of the approval of the Business Case. The benefits plan describes six overall objectives and the specific elements that measure whether these objectives have been achieved. The overall objectives are as follows:

1. Support implementation of the LHB's clinical strategy of prevention, self-management, increased care outside of hospitals, and appropriate use of technology (Health Gain & Affordability domains)
2. Support the integration and co-location of primary/community/social services (Clinical Sustainability, Health Gain, Value for Money Domains)
3. Increase the capacity and range of services offered locally (Health gain, Equity and Clinical Skills/Sustainability domains)
4. Improve accessibility of services (Equity, Value for Money domains)
5. To promote efficient utilisation of estate assets (Affordability, Value for Money domains)

| No. | Description of Benefit | Status | Method to Review | RAG |
|-----|--|--|---|-----|
| 1. | <p>Support the implementation of LHB's agreed clinical strategy</p> <p>1.1 The continued development of the Enhanced Care at Home service, providing integrated care for people who might otherwise need to go into hospital. The patient's GP Practices decides with the patient and their family whether they can be safely cared for at home with extra help from nurses, therapists, social workers and voluntary organisations. The measurable benefits are:</p> <ul style="list-style-type: none"> • Patient and carer satisfaction with local services • Better access to specialist opinion and clinicians out of hospital settings • Clarity of community service provision and opening times • Safety and quality indicators • Reduction in the use of secondary care facilities and visible shift of care into the community | <p>1.1 HEC's – The enhanced care at home service (Hecs) has been running since the closure of the Community Hospital in Flint in 2013 allowing patients to remain at home by supporting them with the management of conditions that may normally mean a hospital stay.</p> <p>A clear provision of service for the community has been developed which has clear referral pathways although the focus of the patients accessing the service has changed during the maturation of the service. Due to the capacity issues within the team a priority on supporting palliative patients has been applied ensuring they can be supported to have their final days at home where requested.</p> <p>In addition to the Hecs service there is a Community Resource Team that covers the area which also provides care and support at home, this focuses on therapy, nursing and social care support. The team works in line with the Hecs team and supports with Therapy needs and patients that do not fit the Hecs criteria or with the General District Nurses caseload. With all</p> | <p>Review of take-up and impact by locality by the Enhanced Care Project Board</p> <p>Qualitative review of timetable and range of partners in place.</p> | |

| | | | | |
|--|--|---|--|--|
| | | <p>these services in place and working together it is clear that the residents served by the Flint community hospital now receive robust coverage to support the management of their conditions at home where possible. Further work continues to happen across this strategic area with 24 hour coverage by the CRT and further work being done</p> <p>The patient and carer satisfaction linked to this service can be seen within the feedback of service users -</p> <p>The team have fast access to specialist nurses at all times and to their peers in CRT and community nursing, but have yet to have additional access to medical specialists. Plans are in place to host other medical specialists within the Health and Wellbeing centre based on local need. Since the opening of the centre a heart failure clinic has been established allowing community teams to access this specialist service.</p> <p>There is a clear programme of services for both within the community and within the new health and wellbeing centre. Attached is a complete timetable for the Health and Wellbeing centre which has specific clearly defined opening times between 8am and 6:30pm –</p> | | |
|--|--|---|--|--|



Flint H WBC Clinic
Timetable April '19 - N

Since 2013 there has been a visible shift in the provision of services from secondary care facilities to care in the community. This can be seen by the number of services which are now delivered from the Health Centre and within the community, the following services are now in operation which were delivered within secondary care or acute settings before 2013:

- Advanced Physiotherapy
- Secondary Care Audiology
- HECs
- CRT
- Clozapine testing for mental health clients
- Paediatric Outpatient appointments
- Mental health services

Work continues around developing community based services and is clearly evidenced in the latest strategy put forward by Betsi Cadwaladr University Health Board that will see a greater number of services delivered close to home where appropriate for the patient and the service.

| | | | | |
|--|--|---|--|--|
| | <p>1.2 Development of a valued community resource to support residents to lead healthier lives, as evidenced by the utilisation of the patient group space utilisation by a wide group of health promotion and patient support groups</p> | <p>1.2 As the focus of the NHS and the services it provides change to meet the needs of a changing population, preventing poor health is becoming as big an issue as the treatment of poor health. As part of the service plan for Flint Health and Wellbeing centre the development of a model for good health promotion and patient engagement has been implemented. This is made up of 2 strands; the full utilisation of the community group room by various groups focussed on the health and wellbeing of the community and the development of a dedicated health promotion team.</p> <p>The service model for the building has always focussed around a person centred model that included a central space that the community can access, visit and utilise to become more empowered within their community based around their health and wellbeing. Within the build design was a large meeting room that is multifunctional meaning that the use for the space can be adapted to meet the needs of the community.</p> | | |
|--|--|---|--|--|



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The community room was discussed as a central point from the early project meetings ensuring that the space was maintained for the purpose

| Monday | | | | | Tuesday | | | | | Wednesday | | | |
|------------------|-----------------------|---|-----------------------|----------------------|--|-----------------------|--|-----------------------|----------------------|---|-----------------------|--|-----------------------|
| AM 8.30-12.30 | Clinic Outco me | PM 1pm - 5pm | Clinic Outco me | Eve 5.30- 7.30 | AM 8.30-12.30 | Clinic Outco me | PM 1pm - 5pm | Clinic Outco me | Eve 5.30- 7.30 | AM 8.30-12.30 | Clinic Outco me | PM 1pm - 5pm | Clinic Outco me |
| WEEK 1 | | | | | | | | | | | | | |
| 3rd | | | | | 4th | | | | | 5th | | | |
| | | Living Life to the Full Robin Ranson 1pm-4pm | A | | Breastfeeding Group Ruth Parry 9.30-12.30pm | A | Health & Well Being Course Jane & Ann Williams 1pm-5pm | A | | OCCLow Self Esteem Course Ann & Jane Williams 9.30am - 12pm | | Stop Smoking Alex Johnstone 1pm - 3.30pm | A |

designed rather than being monopolised by services with other outcomes. It was decided

| Thursday | | | | | Friday | | | |
|---|-----------------------|---|-----------------------|----------------------|--|-----------------------|---|-----------------------|
| AM 8.30-12.30 | Clinic Outco me | PM 1pm - 5pm | Clinic Outco me | Eve 5.30- 7.30 | AM 8.30-12.30 | Clinic Outco me | PM 1pm - 5pm | Clinic Outco me |
| 6th | | | | | 7th | | | |
| New Mother & Baby Grp Jo Parish 9am - 12pm | CAN | Baby Yoga Non Cooper 12.45 pm - 2.15pm | A | | Mental Health Workshops June Lovell 9am - 12.30pm | A | Well Being Hub Mairead Fripps 1pm - 3pm | A |

that the original bookings for the room were to be monitored by the Flint Health Improvement Team to ensure that all services had a focus on health and wellbeing. Since the building of the project there is a 65% utilisation of this space and it is in the majority health and wellbeing activities suitable for access by the community.

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| 2. | <p>2.1 Supporting the delivery of integrated health and social care for older people with complex needs, as outlined in the North Wales Statement of Intent. This will include the use of Flint as a communication hub for “pods” of small multi-agency groups of professionals and vocational workers, and the use of video-conferencing in Flint to support Single Point of Access.</p> | <p>2.1 Since the opening of Flint Health and Wellbeing Centre, Flintshire Social Services and Flintshire Health services have been co-located within the building. The aim of the co-location was to improve the communication of services and the integration of care for older people with complex needs.</p> <p>The feedback on the co-location can be seen below:</p> <p>“Having Social Workers based alongside District Nurses, Nurse case managers and ancillary staff has given the opportunity for staff members build a strong positive working relationships in an informal and friendly environment. Sitting together to discuss citizens living in the Flint and Holywell community who benefit from social and health support has been invaluable. It has supported preventative work and case management of complex cases. This has resulted in frail and vulnerable people and their families having their outcome of living and dying at home realised.” (Social services)</p> <p>The response from the staff has been very positive about the co-location and additional benefits have been seen from the staff showing that the ability to visit each other within one venue allows them to further discuss patients when necessary aswell as identifying overlapping work to improve the care. This hub</p> | <p>Joint review between Flintshire Council and BCUHB as part of the integrated health and social care project</p> <p>Flintshire Council & Health Board to review utilisation 1st trends in year</p> | |
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| | <p>2.2 The provision of local Social Services in Flint Health Centre, where there is currently no base in existing health facilities. This will include: the provision and utilisation of a dedicated room to allow discussion with adults, children or families in a quiet location away from their own homes when required; and access to hot desk facilities to support Social Services’ ‘agile working’ philosophy</p> | <p>approach is being identified as good practice and further hubs being developed across further sites.</p> <p>2.2 This is now in place, with Flintshire County Council having a dedicated space within the health and wellbeing centre.</p> <p>“I think it is fair to say social service and health have developed excellent working relationship at the health centre and in particular with the Flint District Nurse Team. They now know they can come to us for advice & information, and believe they see the Social Workers as being approachable and helpful – this works both ways with the District Nurse Team and their colleagues, offering support and advice to our enquiries.</p> <p>There have been occasions where we overhear the name of a patient, and can:</p> <ul style="list-style-type: none"> • contribute to the conversation in a positive way, by providing additional information on known persons. • are able to look up information on PARIS – advise of current status in terms of assessments, services, family or provider contact details, keysafe numbers where urgent access is required, name of involved professionals, hospital admissions etc. | <p>Project Team to review</p> <p>Survey of staff and management to capture how far integration as</p> | |
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| | | <p>We also feel that one of the benefits is that the District Nurse are now familiar with our processes, and there is no longer a ‘them and us’ environment. This is evident from the positive feedback we received from, Manager of the district Nurse Team some time ago.”</p> <p>There is a dedicated room for Teams to meet with families in private which is utilised by lots of teams including social services. This provides a safe space for families to come and talk to services close to their home.</p> <p>From the opening of the health and wellbeing centre there have been dedicated areas for the staff to share spaces and to work together helping to improve integration. Within the plans for the build was a Shared staff room and a number of meeting rooms that can be used for internal as well as external meetings. This has seen lots of elements of joint working through sharing the facilities including:</p> <ul style="list-style-type: none"> • Joint working across reception • Easier access to patient discussions across disciplines • Utilisation of shared staff room allowing integration and relationship building <p>Joint working across reception – The fact that all 3 organisations sit alongside the same reception desk has meant that they have built</p> | <p>a whole has been achieved</p> | |
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| | <p>relationships and are willing to provide some additional basic support and cover for each other, whereas in other buildings organisations are not willing to provide much support for the other organisations.</p> <p>Easier access to patient discussions – with the practices and community services being co-located within the building it has been possible to improve communication across the teams and this in turn has enabled closer working relationships and for information around patients to be shared quicker and more effectively.</p> <p>2.3 The provision and utilisation of shared facilities including a staff room, meeting rooms and study space. This is in line with the evidence that a culture of joint working can be supported through sharing facilities.</p> <p>2.3 Utilisation of shared staff room allowing integration and relationship building – as the staff all share a number of spaces including the staff room it has been possible to see better relationships between different teams allowing an improvement in communication and knowledge of how to support patients with navigation.</p> <p>This has however also shown areas of improvement as one of the practices has felt that the larger space has meant less communication across their practice with a feel of separation.</p> <p>2.4 Achieve the “soft” benefits of integration</p> | | |
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| 3. | <p>3.1 All services currently provided in the existing Borough Grove Clinic, Laurels and Eyton Place GP Practices (as specified in the business case) are transferred to the new facility.</p> <p>3.2 Immediately expand the range of services provided in Flint, including the following:</p> <ul style="list-style-type: none"> • Musculoskeletal/Physiotherapy triage and assessment service • A base for the community adult mental health team • Community adult mental health clinics/counselling sessions • Clozapine clinics and blood testing by the Community Mental Health Team; • Expansion in the range of consultant outpatient clinics • Utilisation of telemedicine facilities to reduce travel to acute outpatient clinics | <p>3.1 All the services that were provided within the previous Flint Clinic (Borough Grove) and the 2 GP practices were agreed to be transitioned as part of the single stage business case. These services were transitioned in full during a phased process, with the community based services including community nursing services and community dental services coming to the new centre as part of Phase 1 in November 2018. The 2nd GP practice then moved in November 2018 due to issues with the sale of their building. All the original services were therefore relocated within 6 months of the completion of the building.</p> <p>3.2 following the opening of the building the business case clearly highlighted that there would be an increase in the services provided from the centre. These services were identified as:</p> <p>Musculoskeletal/Physiotherapy triage and assessment service – As of the opening of the centre a dedicated enhanced Physiotherapy resource was housed within the building as agreed within the original business case. The service provides secondary care knowledge and contact at the first contact point for patients. This ensures a quicker and smoother journey for patients and allows patients to take control of their condition where this can be managed at home.</p> | | |
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| | <ul style="list-style-type: none"> • Provision of follow up minor injury services – including an extended dressings service. • Extended opening hours for services – including evenings and weekends | <p>“The physiotherapists based in primary care act as first contact practitioners assessing patients in place of GPs for musculoskeletal conditions. Physiotherapists are then able to advise patients on self-management or offer immediate intervention such as injection therapy or onward referral to Out Patient Physiotherapy, Radiology, Orthopaedics or whichever service is most appropriate.”</p> <p>A base for the community adult mental health team - As from the initial opening of the building in November the Adult Mental Health team have had a base within the health centre, which is used by the Prescribed Medication Support Service and the Primary Care Mental Health Service. They are part of Adult Mental Health Services they have administration support and a duty team running from the office permanently five days a week.</p> <p>Community adult mental health clinics/counselling sessions - From day 1 of the opening of the new health and wellbeing centre, adult mental health have been delivering a regular counselling service from the defined counselling room. The service has enabled the people of Flint and the surrounding area to</p> | | |
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access mental health services much closer to home. This was a high requirement of the local community and business case due to the understanding of the mental health requirements of the area.

Below is an example of the use of the counselling room by the mental health team located within the building and external teams.

| | | Flint Health & Wellbeing Centre Clinic Timetable | | | | | | | | | | | | | | | | Notes | |
|---------|--------------------------------------|--|-----------|------------|-----------|-------------------------|-----------|-------------------------|-----------|-------------------------|-----------|-------------------------|-----------|-------------------------|-----------|-------------------------|-----------|--------|--|
| | | Monday | | | | Tuesday | | | | Wednesday | | | | Thursday | | | | Friday | |
| | | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | | |
| | | 8.30-12.30 | 1.30-5.30 | 8.30-12.30 | 1.30-5.30 | 8.30-12.30 | 1.30-5.30 | 8.30-12.30 | 1.30-5.30 | 8.30-12.30 | 1.30-5.30 | 8.30-12.30 | 1.30-5.30 | 8.30-12.30 | 1.30-5.30 | 8.30-12.30 | 1.30-5.30 | | |
| Room No | Room Description | 20s | | | | 20s | | | | 20s | | | | 20s | | | | 20s | |
| B52 | Counselling Room | Psychiatric Medication D1 | 20s | | | Community Mental Health | 20s | Community Mental Health | 20s | Community Mental Health | 20s | Community Mental Health | 20s | Community Mental Health | 20s | Community Mental Health | 20s | | |
| B51 | Counselling Room (separate building) | Psychiatric Medication D1 | 20s | | | Community Mental Health | 20s | Community Mental Health | 20s | Community Mental Health | 20s | Community Mental Health | 20s | Community Mental Health | 20s | Community Mental Health | 20s | | |

Clozapine clinics and blood testing by the Community Mental Health Team – With the location of the Mental Health Team changing to the Health and Wellbeing centre it has been possible to develop the clozapine clinic for the local area. This has allowed Flint residents to access this service closer to home improving access. The clinic is run every 2 weeks on a Monday to support the demand of the service.

| Room No | Room Description | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
|---------|------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| B48 | Clozapine Clinic | | | | | | | | | | | | | | | | |

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| | | <p>Adult Mental Health Service provide the following information-</p> <p>“We have allocated a team base which is used by the Prescribed Medication Support Service and the Primary Care Mental Health Service, we are part of Adult Mental Health Services we have administration support and a duty team running from the office permanently five days a week.</p> <p>We have clinics running in the counselling rooms for;</p> <ul style="list-style-type: none"> • Primary Mental Health Counselling which runs four days a week. • Local Primary care has a nurse running clinic every week. • Psychiatrist Dr Martin Jones runs a secondary care mental health clinic twice a month. • A depot clinic is run twice a month by psychiatric nurses. • Groups on self- esteem and confidence building runs about three times a year. • Training sessions to support staff development every month. • Staff meetings, development meetings and supervision of staff is conducted weekly. | | |
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| | | <p>Every second Friday of the month the boardroom is used as a Health and Wellbeing Hub it is open access to everyone and has people from Womens aid, Housing, Benefits agency, Health and fitness advice ,Fire safety, Dietician and Hafel to support the public who drop in or who are advised by their GP or health care worker.</p> <p>Expansion in the range of consultant outpatient clinics – Following the opening of the Health and Wellbeing centre the range of outpatient clinics have increased and where appropriate others continue to be discussed and considered.</p> <p>Clinics that have been re-established in the area are:</p> <ul style="list-style-type: none"> • Paediatric outpatient clinic • Lymphodoema clinic <p>In addition the new clinics established are:</p> <ul style="list-style-type: none"> • Paediatric Medical Assessment • Cardiology clinic • Secondary Care Audiology clinics • Physical Health Clinics <p>Utilisation of telemedicine facilities to reduce travel to acute outpatient clinics – The building has been fitted with the ability to</p> | | |
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| | | <p>undertake telemedicine and videoconferencing and will be able to support this, as this area of work is developed and implemented within the BCUHB working landscape. At present the telemedicine work is not in a position within the East area to utilise the equipment but it is ready to do this at the appropriate point.</p> <p>Provision of follow up minor injury services – including an extended dressings service</p> <p>During the development of the building lots of work was undertaken to understand the business case requirements to ensure that an appropriate service was provided for the community. The community and current services were consulted to ensure that the service was suitable for the needs of the community. The end result was that an enhanced dressings service was set up from the facility increasing the amount of dressings support by half and increasing the scope of what could be supported. As there was no X-ray machine included within the plans for the building development it was not possible to provide a complete Minor Injuries department, however the nearest Minor Injuries department is 4.6 miles away and is on a well serviced bus route. The enhanced dressing service was set up to initially run for enhanced hours to run from 8am to 6pm Monday to Friday to support</p> | | |
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| | | <p>individuals needing dressings changes and a number of additional slots were left unallocated for community minor injury walk ins that could be managed.</p> <p>Extended opening hours for services – including evenings and weekends</p> <p>Work was undertaken during the development of the build to work out the need of patients out of hours, so that the building had the relevant specification to support this. The feedback was that the need for clinical services outside of the core working hours was minimal. This has been tested by putting on longer clinic times for the enhanced dressing clinic and seeing what the take up has been for the appointments outside of the core hours. The response has been generally poor with the demand coming for appointments within the day and very appointments being accessed out of the normal core hours. As services are governed centrally for the area and not by each venue there is need for the services to agree any extended working based on the whole service, however the building has the relevant infrastructure to allow it to be used safely out of the core hours if the services need the capacity.</p> <p>District nurses do use the building currently outside of Monday to Friday 9-6 and do see</p> | | |
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| | <p>3.3 Achieve the long-term expansion of services, increasing the utilisation of the building by appropriate local services as follows:</p> <ul style="list-style-type: none"> ▪ Consulting rooms from 70% to 80% ▪ Treatment rooms from 70% to 80% ▪ Multifunctional group session room from 50% to 80% | <p>patients on site providing a local place to access for some care needs.</p> <p>3.3 The utilisation of the building has been a high priority in the planning of the centre as It was essential that the building was able to meet further demand without having large areas of space with no activity.</p> <p>The utilisation figures for the building can be seen below:</p> <table border="1" data-bbox="835 683 1395 1002"> <thead> <tr> <th colspan="5">October 2019 Flint Health and wellbeing centre utilisation figures</th> </tr> <tr> <th></th><th>Slots available</th><th>Slots used</th><th>utilisation %</th><th>Target utilisation %</th></tr> </thead> <tbody> <tr> <td>Consultation Rooms</td><td>30</td><td>27</td><td>90</td><td>70-80</td></tr> <tr> <td>Treatment rooms</td><td>40</td><td>34</td><td>85</td><td>70-80</td></tr> <tr> <td>Multifunctional group rooms</td><td>10</td><td>9</td><td>90</td><td>50-80</td></tr> </tbody> </table> | October 2019 Flint Health and wellbeing centre utilisation figures | | | | | | Slots available | Slots used | utilisation % | Target utilisation % | Consultation Rooms | 30 | 27 | 90 | 70-80 | Treatment rooms | 40 | 34 | 85 | 70-80 | Multifunctional group rooms | 10 | 9 | 90 | 50-80 | | |
|--|---|---|--|----------------------|--|--|--|--|-----------------|------------|---------------|----------------------|--------------------|----|----|----|-------|-----------------|----|----|----|-------|-----------------------------|----|---|----|-------|--|--|
| October 2019 Flint Health and wellbeing centre utilisation figures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Slots available | Slots used | utilisation % | Target utilisation % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consultation Rooms | 30 | 27 | 90 | 70-80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment rooms | 40 | 34 | 85 | 70-80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multifunctional group rooms | 10 | 9 | 90 | 50-80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>3.4 Introduce Telemedicine to improve access to services, through the installation and utilisation of telemedicine facilities in 1 consulting room and 1 treatment room</p> | <p>3.4 Introduce Telemedicine to improve access to services, through the installation and utilisation of telemedicine facilities in 1 consulting room and 1 treatment room</p> <p>For Telemedicine to be implemented across the building a number of key things need to be in place:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | <p>Initially there has to be all the relevant equipment for the relevant individuals across the health economy for this to work. Although the desired equipment is mostly available through software such as skype and most clinicians have access to either a PC or laptop, not all are set up with the relevant access and software to make this a viable option at present.</p> <p>The clinicians have to have the infrastructure such as relevant time slots and I.G governance to support the clinical safety of undertaking tele-medicine appointments. As a health board this is not yet clinically adopted and therefore clinicians in East would be expected to be the exception to the rule to which the evidence and way of working has yet to be sanctioned by BCUHB.</p> <p>Once the Health Board has put in the provisions and mandate to undertake this from all parts of the system Flint Health and Wellbeing Centre will be able to respond to this and will be able to function from day 1.</p> | | |
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| | <p>3.5 Improve the local population's access to information on health and well-being, by ensuring that healthy living information is displayed prominently in the area adjacent to the main waiting area</p> | <p>3.5 Improve the local population's access to information on health and well-being, by ensuring that healthy living information is displayed prominently in the area adjacent to the main waiting area</p> <p>In the waiting area and the adjacent space information is displayed at all times about local services and health and wellbeing. 2 of the 3 screens have been programmed for patients to view whilst waiting for an appointment. The information provided is nationally evidenced health promotion information dispersed with local initiatives to support health and wellbeing.</p> <p>The adjacent space to the waiting room is mainly managed by the Flint health and wellbeing team who leave information about current health campaigns and health messages that can be utilised by the individuals attending the building.</p> | | |
| 4 | <p>4.1 Achieve best Practices in sustainable building design – BREEAM excellent for energy and Very Good in other areas.</p> | <p>4.1 The building received a Very good BREEAM report as can be seen in the attached.</p> <p></p> <p>BREEAM Pre-Assessment Rep</p> | | |

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| | 4.2 Meet the objectives of the estates condition and performance survey in regard to national performance indicators for physical condition, statutory compliance, fire safety compliance, functional suitability, space utilisation and energy performance - achieve category A in the Estates condition and performance report. See Annex EA 3.4 of the business case for performance indicators. | 4.2 The building was developed in accordance to meet national performance indicators as set out by Welsh government. | | |
| | 4.3 Provide a building which is fully accessible with adequately sized corridors, automated doors, correctly graded ramps | 4.3 The building was built to be compliant with all DDA regulations and current legislation. In addition to the legislation a wayfinding group was developed as part of the project. This ensured that various access issues were picked up by users of the health centre who were trained to identify access issues. A key one that was addressed was the mirrored finish in the lift which was a dementia hazard and the need for multi level reception desks to accommodate individuals with various access needs. | | |
| | 4.4 Provide a building which meets key HTM and HBN requirements, including those related to infection control | 4.4 The building was developed within HTM and HBN guidelines which the developer utilised to ensure that the building was fit for purpose. The building was signed off by internal infection prevention as meeting the necessary IPC standards. As part of this a room with correct air changes was included in the building to ensure that a room was suitable for dressing and minor injuries clinics. | | |

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| | <p>4.5 Provide a building which meets key dementia design criteria including provision of contrasting WC seats and colour coded doors</p> | <p>4.5 To ensure that this was achieved as appropriately as possible not only were contrasting WC seats installed with colour coded doors, but a full wayfinding group was established to understand various needs of dementia sufferers and individuals with other needs. This group reviewed the architectural plans and also did a tour of the building in a near completion stage. During this stage, information was provided to the build about design changes which would be beneficial to individuals. The following elements were picked up to be considered:</p> <ul style="list-style-type: none"> • The colour coding of the building to help with navigation • Removal of a mirrored surface within the lift as this agitates Dementia sufferers • Inclusion of artwork related to the community | | |
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| | <p>5.1 Deliver the specific levels of revenue savings and expenditure outlined in the financial section of the business case, as follows: Closure of Flint Cottage Hospital (Net savings – from April 2013): (£949k) Reinvestment in Community Services*: £853k Reinvestment in new Health Centre: £ 86k Net change £ 0k *These were the core clinical service changes arising from the Healthcare in North Wales is Changing programme – Enhanced Care at Home, spot purchasing palliative care bed, 4 additional community inpatient beds in Holywell hospital).</p> | <p>5.1 Financial Benefits Realisation - The closure of Flint Cottage Hospital enabled the Health Board to realise £950k worth of revenue monies to reinvest and develop new Community Services within the area. In addition, to the £860k investment in Community Services (staff & non-pay), a sum of £90k was earmarked for investment in the new Health Centre. Although originally, the PCSM CPG envisaged that the saving arising from the closure of Flint Cottage Hospital (£950k pa) would be an opportunity to contribute to CRES savings targets, the conclusion was that Community Services warranted the full sum reinvested into local services to meet growth demand.</p> | | |
| 6 | <p>6.1 Access to, and utilisation of, dedicated training space</p> | <p>6.1 A number of training rooms were included within the build to allow the practices and other services within the building to undertake more training. The rooms have been utilised for a number of staff training sessions</p> | | |

Flint Health and Wellbeing centre has now been operational since April 2018 and during the last 2 years a large amount of learning and development has been made on the site. The purpose of the build was to replace a community hospital with an up to date facility that could provide multiagency teams providing healthcare fit for changing health needs of the community.

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| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Finance Report Month 7 2020/21 | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill, Acting Executive Director of Finance | | | | | |
| Awdur yr Adroddiad Report Author: | Eric Gardiner, Finance Director - Provider Services | | | | | |
| Craffu blaenorol: Prior Scrutiny: | Acting Executive Director of Finance | | | | | |
| Atodiadau Appendices: | <u>Appendix 1</u> : Finance Report | | | | | |
| Argymhelliad / Recommendation: | | | | | | |
| It is asked that the report is noted. | | | | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | <input checked="" type="checkbox"/> | Er gwybodaeth For Information |
| Sefyllfa / Situation: | | | | | | |
| The purpose of this report is to provide a briefing on the financial performance of the Health Board as at 31 st October 2020 and reflects the financial impact of the continuing response to the COVID-19 pandemic. | | | | | | |
| Cefndir / Background: | | | | | | |
| <p>The financial plan for 2020/21, approved by the Board, is to deliver a deficit of £40m, based on achieving savings of £45m. The initial plan did not take into account the impact of COVID-19, and therefore has been refined throughout the year, in line with Welsh Government guidance. For the year to date, expenditure has been significantly different to that planned due to the pandemic response and as a consequence, savings delivery has continued to be considerably impacted as the Health Board prioritised the clinical and operational response to the pandemic.</p> <p>The Health Board's consolidated plan for the second half of the financial year was submitted in October and the expected clinical activity has been incorporated into the Month 7 return. The Quarter 3 / 4 plan focuses on increasing planned care and dealing with winter escalation plans. However, we anticipate that fluctuations in COVID-19 infection rates across our population over the winter months may impact on delivery of the plan, potentially reducing activity and increasing costs. This uncertainty about the potential resurgence of COVID-19 and the essential infection prevention measures that have been implemented will continue to affect expenditure forecasts and savings delivery will be significantly reduced for the remainder of the year.</p> | | | | | | |
| Asesiad / Assessment: | | | | | | |
| 1.0 Strategy Implications | | | | | | |
| This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need. | | | | | | |

2.0 Options considered

Not applicable – report is for assurance only.

3.0 Financial Implications

The in-month position is a £20.0m surplus, which is £23.4m under the plan for Month 7. This gives a cumulative year to date position of £0.2m surplus, which is £23.6m less than the planned deficit of £23.4m.

The impact of COVID-19 in October is £6.3m, with a year to date cost of £74.1m and a forecast of £155.7m. COVID-19 forecast expenditure will be fully reviewed during November, in line with the revised and evolving plans for managing the pandemic. The original forecasts were based upon the reasonable worst-case scenario for COVID-19 cases and these have been significantly improved by the Welsh Government and UK preventative actions.

In Month 6, the Health Board was forecasting to achieve a £40.0m deficit, in line with the financial plan for 2020/21. The transformation package of support notified to the Health Board by Welsh Government in October included £40.0m of funding to cover the planned deficit. Therefore, the forecast financial position at Month 7 has been amended to a balanced position to reflect this funding.

4.0 Risk Analysis (Appendix 8)

There are opportunities to improve the financial position by £2.5m, which relate to the savings schemes that are in the pipeline and are anticipated will move into green or amber in November. In addition, there is a potential opportunity if the current block contract arrangement with NHS England is changed, although a value cannot be determined until any changes are agreed. There are five risks to the financial position, but the value of these cannot be currently quantified.

5.0 Legal And Compliance

Not applicable.

6.0 Impact Assessment

Not applicable.

Finance Report

October 2020 – M07

Sue Hill

Acting Director of Finance

Executive Summary

Objective

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

Key Assurances

- ✓ Current month and YTD surplus positions reported against plan.
- ✓ Balanced position forecast for the year.
- ✓ Key financial targets for cash, capital and PSPP all being met.
- ✓ In month increase in savings forecast of £0.7m.
- ✓ Full cost impact of COVID-19 funded by WG.

Areas for Action

- Review of COVID-19 expenditure forecasts, in line with the revised and evolving plans for managing the pandemic
- Conversion of £2.5m of savings schemes in pipeline into green/amber schemes.
- Move into delivery plans for unscheduled care, planned care and schemes from the Quarter 3 / 4 plan.
- Continue discussions with WG on potential annual leave carry over and cost implications.

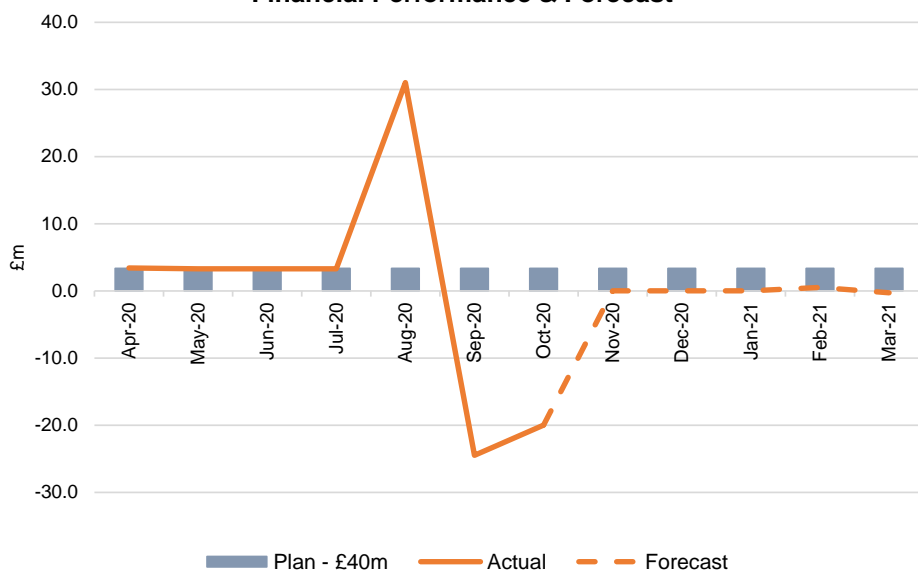
Summary of Key Numbers

| | | | | | | | | | | | | |
|---|--|--|----------------|---------------|---------------|------------------|-----------|---------------|-------|-------------------|--|---|
| <div>Month 7 Position</div> <div>£20.0m surplus against plan of £3.4m deficit</div> <div>➡️ £23.4m favourable</div> | <div>Year to Date Position</div> <div>£0.2m surplus against plan of £23.4m deficit</div> <div>➡️ £23.6m favourable</div> | <div>Forecast</div> <div>Balanced against plan of £40.0m deficit</div> <div>➡️ £40.0m favourable</div> | | | | | | | | | | |
| <div>Savings Year to Date</div> <div>£7.2m against plan of £25.8m</div> <div>➡️ £18.6m shortfall</div> | <div>Savings Forecast</div> <div>£15.7m against plan of £45.0m</div> <div>➡️ £29.3m shortfall</div> | <div>COVID-19 Impact</div> <div>£74.1m spend YTD £155.7m forecast Funded by Welsh Government</div> <div>➡️ £nil impact</div> | | | | | | | | | | |
| <div>Income</div> <div>£73.7m against budget of £80.7m</div> <div>➡️ £7.0m adverse</div> | <div>Pay</div> <div>£466.2m against budget of £474.2m</div> <div>➡️ £8.0m favourable</div> | <div>Non-Pay</div> <div>£589.1m against budget of £611.7m</div> <div>➡️ £22.6m favourable</div> | | | | | | | | | | |
| <div>Divisional Performance</div> <table><tr><td>Area Teams</td><td>£1.5m adverse</td></tr><tr><td>Secondary Care</td><td>£2.5m adverse</td></tr><tr><td>Mental Health</td><td>£0.3m favourable</td></tr><tr><td>Corporate</td><td>£1.3m adverse</td></tr><tr><td>Other</td><td>£28.6m favourable</td></tr></table> | Area Teams | £1.5m adverse | Secondary Care | £2.5m adverse | Mental Health | £0.3m favourable | Corporate | £1.3m adverse | Other | £28.6m favourable | <div>Key Risks</div> <div>Savings programme Flu / COVID-19 vaccinations Carry over of annual leave</div> | <div>Balance Sheet</div> <div>Cash: Within internal target. Capital: Forecast to achieve CRL. PSPP: Non-NHS invoice target achieved year to date.</div> |
| Area Teams | £1.5m adverse | | | | | | | | | | | |
| Secondary Care | £2.5m adverse | | | | | | | | | | | |
| Mental Health | £0.3m favourable | | | | | | | | | | | |
| Corporate | £1.3m adverse | | | | | | | | | | | |
| Other | £28.6m favourable | | | | | | | | | | | |

Revenue Position

| | Actual | | | | | | | Cumulative | | | Forecast |
|------------------------------|------------|------------|------------|------------|-------------|---------------|---------------|-------------|--------------|-------------|------------|
| | M01 | M02 | M03 | M04 | M05 | M06 | M07 | Budget | Actual | Variance | |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | |
| Revenue Resource Limit | (154.7) | (128.5) | (133.2) | (140.1) | (103.7) | (161.2) | (160.4) | (981.8) | (981.8) | 0.0 | (1,759.5) |
| Miscellaneous Income | (9.7) | (9.8) | (9.3) | (9.6) | (12.1) | (11.1) | (12.1) | (80.7) | (73.7) | (7.0) | (122.8) |
| Health Board Pay Expenditure | 65.0 | 66.1 | 68.1 | 67.3 | 66.0 | 65.6 | 68.1 | 474.2 | 466.2 | 8.0 | 838.3 |
| Non-Pay Expenditure | 102.8 | 75.5 | 77.7 | 85.7 | 80.8 | 82.2 | 84.4 | 611.7 | 589.1 | 22.6 | 1,044.0 |
| Total | 3.4 | 3.3 | 3.3 | 3.3 | 31.0 | (24.5) | (20.0) | 23.4 | (0.2) | 23.6 | 0.0 |

Financial Performance & Forecast

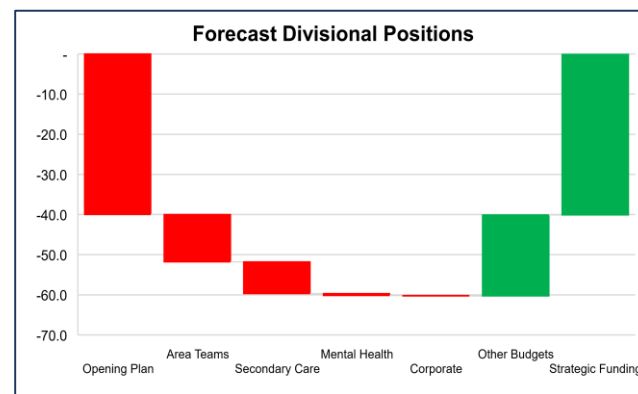
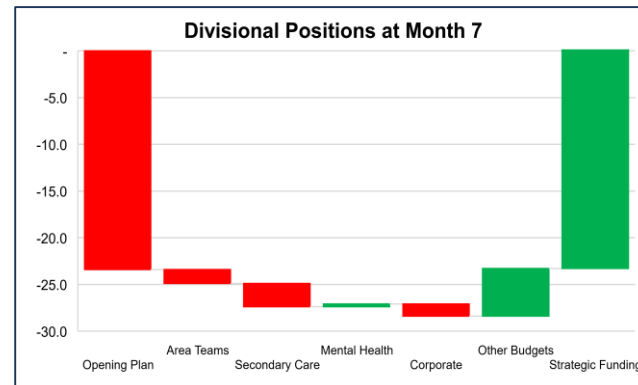


- In-month position is a £20.0m surplus, which is £23.4m under the plan for Month 7.
- Year to date position of £0.2m surplus, which is £23.6m less than the planned deficit of £23.4m.
- £51.0m additional transformational funding from Welsh Government received, including:
 - £40.0m to cover the planned deficit;
 - £10.3m for planned care and diagnostics; and
 - £0.7m to improve leadership within Mental Health, governance, delivery and OD support.
- £23.4m of this brought into the position in Month 7 to fund the planned deficit to date, resulting in a significant improvement in the financial position and a balanced forecast for the financial year.

- Forecast expenditure for the remainder of the year shows a significant increase in spend reflecting the cost of plans for unscheduled care, planned care and schemes from the Quarter 3 / 4 plan. The Workforce and Organisational Development team are supporting divisions with their recruitment plans, as it is critical to ensure that staff are in place to deliver these schemes.

Divisional Positions

| | In Month | | | Cumulative | | | Forecast Variance to Plan £000 |
|---|---------------|-----------------|---------------------|----------------|----------------|---------------------|---|
| | Budget | Actual | Variance to Plan | Budget | Actual | Variance to Plan | |
| | £000 | £000 | £000 | £000 | £000 | £000 | |
| WG RESOURCE ALLOCATION | (160,384) | (160,384) | 0 | (981,873) | (981,873) | 0 | 0 |
| AREA TEAMS | | | | | | | |
| West Area | 13,882 | 13,672 | 210 | 95,770 | 95,414 | 355 | (1,500) |
| Central Area | 17,650 | 17,449 | 201 | 123,312 | 124,321 | (1,009) | (3,449) |
| East Area | 20,172 | 19,369 | 803 | 137,588 | 137,824 | (236) | (3,200) |
| Other North Wales | 3,795 | 4,166 | (371) | 20,823 | 22,649 | (1,826) | (3,882) |
| Field Hospitals | 1,281 | 1,281 | 0 | 27,553 | 27,553 | (0) | (0) |
| Track, Trace and Protect | 688 | 688 | 0 | 1,755 | 1,755 | (0) | (0) |
| Commissioner Contracts | 18,087 | 17,400 | 687 | 126,611 | 122,774 | 3,838 | 4,748 |
| Provider Income | (1,611) | (1,575) | (37) | (13,098) | (10,448) | (2,650) | (4,395) |
| Total Area Teams | 73,943 | 72,450 | 1,493 | 520,314 | 521,841 | (1,528) | (11,678) |
| SECONDARY CARE | | | | | | | |
| Ysbyty Gwynedd | 8,886 | 9,282 | (397) | 59,097 | 60,039 | (942) | (2,296) |
| Ysbyty Glan Clwyd | 11,127 | 11,170 | (42) | 73,750 | 73,394 | 356 | (1,721) |
| Ysbyty Maelor Wrexham | 9,203 | 9,409 | (206) | 62,198 | 63,231 | (1,033) | (1,523) |
| North Wales Hospital Services | 8,954 | 9,192 | (238) | 60,265 | 60,659 | (394) | (1,227) |
| Womens | 3,474 | 3,524 | (50) | 23,397 | 23,877 | (481) | (1,085) |
| Total Secondary Care | 41,644 | 42,577 | (934) | 278,707 | 281,200 | (2,493) | (7,852) |
| Total Mental Health & LDS | 11,578 | 10,885 | 693 | 78,276 | 77,966 | 310 | (500) |
| Total Corporate | 12,607 | 12,044 | 563 | 81,310 | 82,619 | (1,309) | (152) |
| Total Other Budgets incl. Reserves | 23,946 | 2,399 | 21,547 | 46,599 | 18,019 | 28,580 | 60,182 |
| TOTAL | 3,333 | (20,029) | 23,362 | 23,333 | (227) | 23,560 | 40,000 |

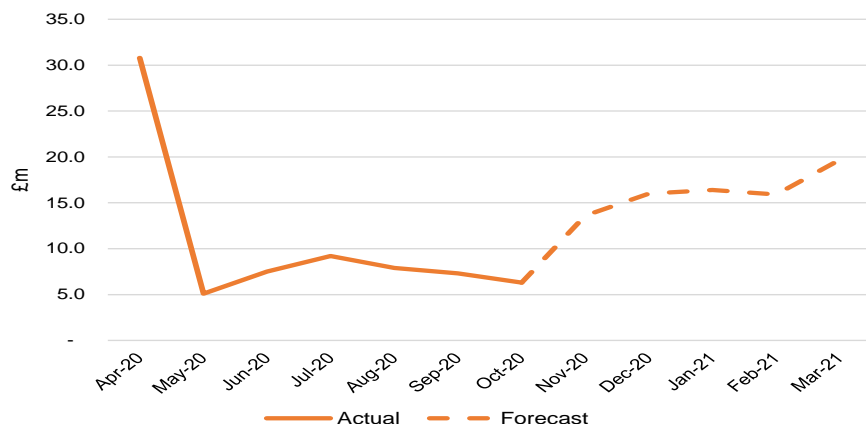


- In Month 6, the Health Board was forecasting to achieve a £40.0m deficit, in line with the financial plan for 2020/21.
- The transformation package of support notified to the Health Board by Welsh Government in October included £40.0m of funding to cover the planned deficit.
- Therefore, the forecast financial position at Month 7 has been amended to a balanced position to reflect this funding, which is a £40.0m favourable variance against plan.

Impact of COVID-19

| | M01 £m | M02 £m | M03 £m | M04 £m | M05 £m | M06 £m | M07 £m | YTD £m | Forecast £m |
|--|---------------|--------------|--------------|--------------|-------------|---------------|--------------|---------------|----------------|
| COVID-19 spend (incl. Field Hospitals) | 28.8 | 3.7 | 7.3 | 7.1 | 6.1 | 4.8 | 7.1 | 64.9 | 132.9 |
| Lost income | 1.2 | 1.4 | 1.2 | 1.6 | 1.6 | 0.4 | 1.0 | 8.4 | 13.6 |
| Non delivery of savings | 3.7 | 3.6 | 2.0 | 2.7 | 2.3 | 3.9 | 0.5 | 18.7 | 31.9 |
| Elective underspend | (2.4) | (2.8) | (2.2) | (2.6) | (1.9) | (1.5) | (1.7) | (15.1) | (19.7) |
| Slippage on planned investments | (0.2) | (0.1) | (0.5) | (0.5) | (0.2) | (0.2) | (0.5) | (2.2) | (2.3) |
| Cluster funding | 0.0 | 0.0 | (0.3) | (0.1) | 0.0 | (0.1) | (0.1) | (0.6) | (0.7) |
| ICF Funding | (0.3) | (0.7) | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total COVID-19 costs | 30.8 | 5.1 | 7.5 | 9.2 | 7.9 | 7.3 | 6.3 | 74.1 | 155.7 |
| Optimise Flow & Outcomes (ICF) | 0.0 | 0.0 | 0.0 | (1.6) | (0.1) | (0.1) | (0.1) | (1.9) | (2.5) |
| Mental Health Improvement Fund | 0.0 | 0.0 | 0.0 | (0.7) | 0.0 | 0.0 | 0.0 | (0.7) | (0.7) |
| GMS (DES) | 0.0 | 0.0 | 0.0 | (0.1) | 0.0 | 0.0 | 0.0 | (0.1) | (0.2) |
| Welsh Government | (30.8) | (5.1) | (7.5) | (6.8) | 19.8 | (34.8) | (6.2) | (71.4) | (152.3) |
| Total COVID-19 income | (30.8) | (5.1) | (7.5) | (9.2) | 19.7 | (34.9) | (6.3) | (74.1) | (155.7) |
| Impact on position | 0.0 | 0.0 | 0.0 | 0.0 | 27.6 | (27.6) | 0.0 | 0.0 | 0.0 |

COVID-19 Costs

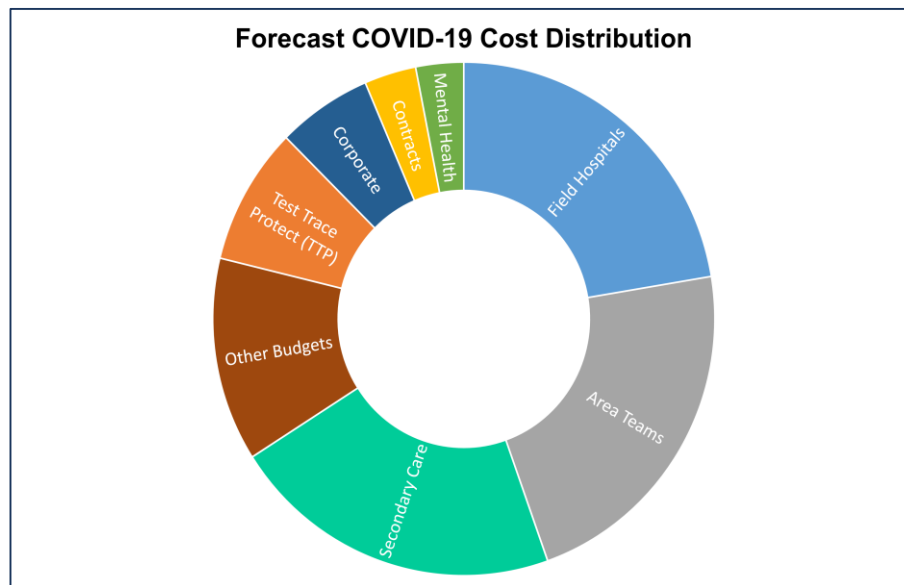
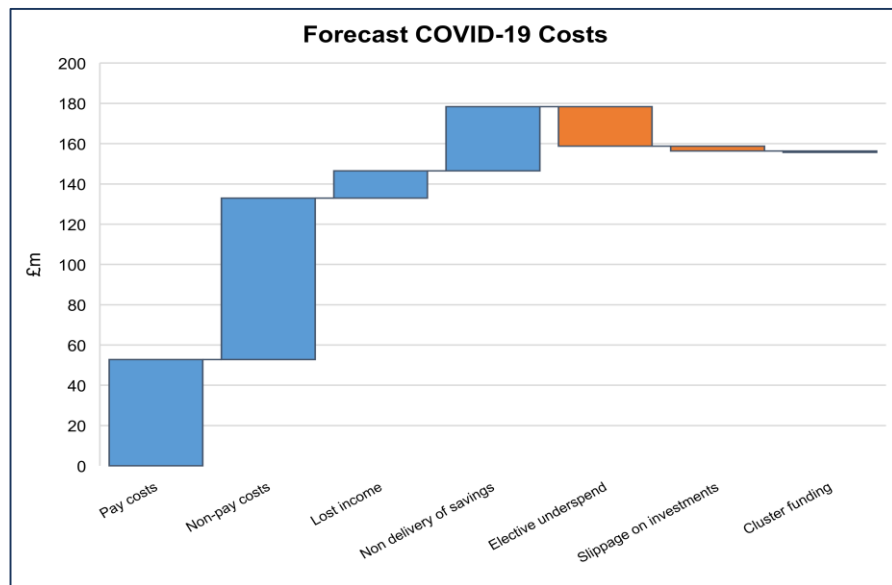


- Cost of COVID-19 in October is £6.3m. Year to date cost is £74.1m.
- Total forecast cost of COVID-19 is £155.7m.
- Welsh Government funding has been received to fully fund the year to date and forecast impact of COVID-19.
- Included in forecast costs are Ambulatory Care (£0.8m), the COVID-19 vaccination programme (£3.3m), the extended flu vaccination programme (£2.0m), Primary Care Centre Pathfinders (£0.5m) and winter pressures (£10.9m) (in Other Budgets).

Impact of COVID-19

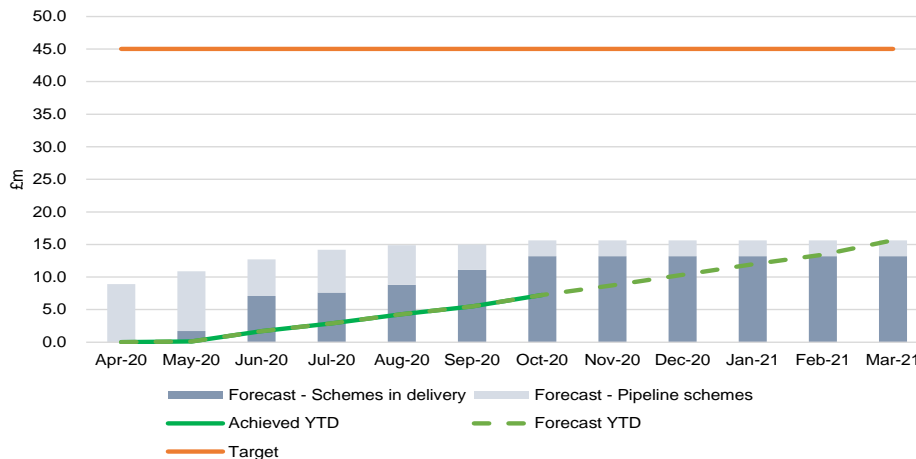
| | Total Funding £m | Actual Expenditure to M07 £m | Forcecast Expenditure M08 to M12 £m |
|--------------------------|---------------------------------|---|--|
| Field Hospitals | 34.8 | 27.6 | 7.2 |
| Test Trace Protect (TTP) | 13.5 | 1.7 | 11.8 |
| Area Teams | 34.6 | 18.6 | 16.0 |
| Commissioner Contracts | 5.2 | 2.0 | 3.2 |
| Secondary Care | 33.3 | 17.4 | 15.9 |
| Mental Health | 4.8 | 3.1 | 1.7 |
| Corporate | 9.5 | 6.2 | 3.3 |
| Other Budgets | 20.0 | (2.5) | 22.5 |
| Total | 155.7 | 74.1 | 81.6 |

- COVID-19 forecasts were based upon the reasonable worst-case scenario for COVID-19 cases and these have been significantly improved by the Welsh Government and UK preventative actions.
- Expenditure forecasts will be fully reviewed during November, in line with the revised and evolving plans for managing the pandemic.



Savings

**Savings
Achieved and Forecast v. Target**



- Savings of £1.7m (including income generation and accountancy gains) are reported in Month 7, increasing the year to date delivery to £7.2m. Schemes currently in delivery have a forecast in-year value of £13.2m, an increase of £2.1m from last month. This leaves a shortfall of £32.8m against the savings target of £45.0m for the full year.
- Schemes that remain in the 2020/21 pipeline have a forecast delivery of £2.5m. The total in-year forecast for savings including pipeline has increased to £15.7m, from the £15.0m reported in Month 6. This leaves a shortfall of £29.3m against the full year target.

| | Savings Target £000 | SCHEMES IN DELIVERY | | | | | | | | PIPELINE SCHEMES | | | | TOTAL PROGRAMME | |
|--------------------------------|------------------------|------------------------|---------------------------|------------------|----------------------------|--------------------------------|------------------------|------------------|----------------------|----------------------------|--------------------------------|------------------------|----------------------|------------------------|------------------|
| | | Year to Date | | | Forecast | | | | | | | | | | |
| | | Savings Target £000 | Savings Delivered £000 | Variance £000 | Recurring Forecast £000 | Non-Recurring Forecast £000 | Total Forecast £000 | Variance £000 | Forecast FYE £000 | Recurring Forecast £000 | Non-Recurring Forecast £000 | Total Forecast £000 | Forecast FYE £000 | Total Forecast £000 | Variance £000 |
| Ysbyty Gwynedd | 4,167 | 2,430 | 640 | (1,790) | 727 | 362 | 1,089 | (3,078) | 1,198 | 0 | 0 | 0 | 0 | 1,089 | (3,078) |
| Ysbyty Glan Clwyd | 5,079 | 2,962 | 277 | (2,686) | 346 | 276 | 621 | (4,457) | 461 | 0 | 0 | 0 | 0 | 621 | (4,457) |
| Ysbyty Wrexham Maelor | 4,414 | 2,575 | 407 | (2,168) | 307 | 456 | 763 | (3,651) | 381 | 25 | 0 | 25 | 120 | 788 | (3,626) |
| North Wales Managed Services | 4,300 | 2,508 | 312 | (2,196) | 475 | 10 | 485 | (3,815) | 593 | 0 | 0 | 0 | 0 | 485 | (3,815) |
| Womens Services | 1,733 | 1,011 | 78 | (933) | 152 | 0 | 152 | (1,581) | 174 | 0 | 0 | 0 | 0 | 152 | (1,581) |
| Secondary Care | 19,692 | 11,487 | 1,714 | (9,773) | 2,007 | 1,103 | 3,111 | (16,582) | 2,807 | 25 | 0 | 25 | 120 | 3,136 | (16,557) |
| Area - West | 4,402 | 2,568 | 1,117 | (1,451) | 1,540 | 395 | 1,935 | (2,468) | 1,642 | 0 | 0 | 0 | 0 | 1,935 | (2,468) |
| Area - Centre | 6,408 | 3,738 | 1,632 | (2,106) | 3,002 | 0 | 3,002 | (3,406) | 3,037 | 0 | 0 | 0 | 0 | 3,002 | (3,406) |
| Area - East | 6,464 | 3,770 | 1,097 | (2,673) | 158 | 1,435 | 1,594 | (4,870) | 158 | 19 | 15 | 34 | 33 | 1,628 | (4,836) |
| Area - Other | 607 | 354 | 0 | (354) | 0 | 0 | 0 | (607) | 0 | 0 | 0 | 0 | 0 | 0 | (607) |
| Contracts | 1,000 | 583 | 0 | (583) | 0 | 0 | 0 | (1,000) | 0 | 0 | 0 | 0 | 0 | 0 | (1,000) |
| Area Teams | 18,881 | 11,014 | 3,845 | (7,169) | 4,700 | 1,830 | 6,530 | (12,351) | 4,837 | 19 | 15 | 34 | 33 | 6,564 | (12,317) |
| MHLD | 1,000 | 167 | 1,524 | 1,357 | 2,612 | 0 | 2,612 | 1,612 | 2,612 | 0 | 0 | 0 | 0 | 2,612 | 1,612 |
| Corporate | 5,426 | 3,165 | 154 | (3,011) | 132 | 800 | 932 | (4,494) | 142 | 0 | 0 | 0 | 0 | 932 | (4,494) |
| Divisional Total | 45,000 | 25,833 | 7,237 | (18,596) | 9,451 | 3,734 | 13,185 | (31,815) | 10,399 | 44 | 15 | 59 | 153 | 13,244 | (31,756) |
| Continuing Healthcare | | | | | | | | | | 0 | 1,500 | 1,500 | 0 | 1,500 | 1,500 |
| Digital | | | | | | | | | | 0 | 60 | 60 | 0 | 60 | 60 |
| Procurement IG | | | | | | | | | | 750 | 0 | 750 | 891 | 750 | 750 |
| Workforce IG | | | | | | | | | | 84 | 0 | 84 | 202 | 84 | 84 |
| Improvement Group Total | | | | | | | | | | 834 | 1,560 | 2,394 | 1,093 | 2,394 | 2,394 |
| Total Programme | 45,000 | 25,833 | 7,237 | (18,596) | 9,451 | 3,734 | 13,185 | (31,815) | 10,399 | 878 | 1,575 | 2,453 | 1,247 | 15,638 | (29,361) |

Income

| Description | £m |
|---|----------------|
| Allocations Received | |
| Opening allocation | 1,516.6 |
| COVID-19 costs | 30.6 |
| Substance Misuse Funding 2020/21 | 5.5 |
| Treatment Fund | 3.6 |
| DDRB Pay Award 2020/21 | 2.9 |
| Transformation Fund - Financial Support to Optimise Flow & Outcomes | 2.4 |
| Dementia Action Plan ICF Bid | 2.2 |
| GMS Contract : In Hours Access Funding 2020/21 | 2.0 |
| Mental Health Service Improvement Fund 2020/21 | 1.5 |
| MSK Orthopaedic Services | 1.2 |
| Dental Contract Pay & Expenses Uplift | 0.8 |
| Single Cancer Pathway | 0.6 |
| A Healthier Wales | 0.6 |
| Primary Care Improvement Grant | 0.5 |
| Vocational Training | 0.4 |
| Wales Community Care Information System (WCCIS) - ICF Funding | 0.3 |
| ARRP | 0.3 |
| British Red Cross Funding | 0.3 |
| Outpatient Transformation Fund | 0.3 |
| Carers' Funding 2020/21 | 0.2 |
| GMS (DES) - Easter bank holiday | 0.2 |
| Consultant Clinical Excellence Awards | 0.2 |
| SpR Allocation | 0.2 |
| Other allocations | 1.1 |
| Total Allocations Received | 1,574.5 |

| Description | £m |
|--|--------------|
| Allocations Anticipated | |
| COVID-19 costs | 122.3 |
| Strategic funding | 40.0 |
| Planned Care and Diagnostics | 10.3 |
| IM&T Refresh Programme | 1.9 |
| Prevention and Early Year Funding for 2019/20 | 1.3 |
| Mental Health Leadership | 0.7 |
| Invest to Save | 0.6 |
| Vocational Training | 0.5 |
| Mental Health Individual Placement Support (IPS) | 0.4 |
| Outpatients Transformational Fund Bid | 0.3 |
| WAST Emergency Services Mobile Communications Programme | 0.3 |
| Consultant Clinical Excellence Awards | 0.2 |
| SpR Allocation | 0.2 |
| A Healthier Wales | 0.2 |
| NHS Wales Health Collaborative Secondment | 0.1 |
| Augmentative and Alternative Communication (AAC) Pathway | 0.1 |
| Capital Adjustment | 5.6 |
| Total Allocations Anticipated | 185.0 |

| | |
|--------------------------------------|----------------|
| | £m |
| Total Allocations Received | 1,574.5 |
| Total Allocations Anticipated | 185.0 |
| Total Welsh Government Income | 1,759.5 |

- Most of the Health Board's funding is from the Welsh Government allocation through the Revenue Resource Limit (RRL). Confirmed allocations to date are £1,574.5m, with further anticipated allocations in year of £185.0m, a total forecast Revenue Resource Limit (RRL) of £1,759.5m for the year.
- Miscellaneous income totals £73.7m to Month 7, £7.0m below budget, which is a consequence of COVID-19

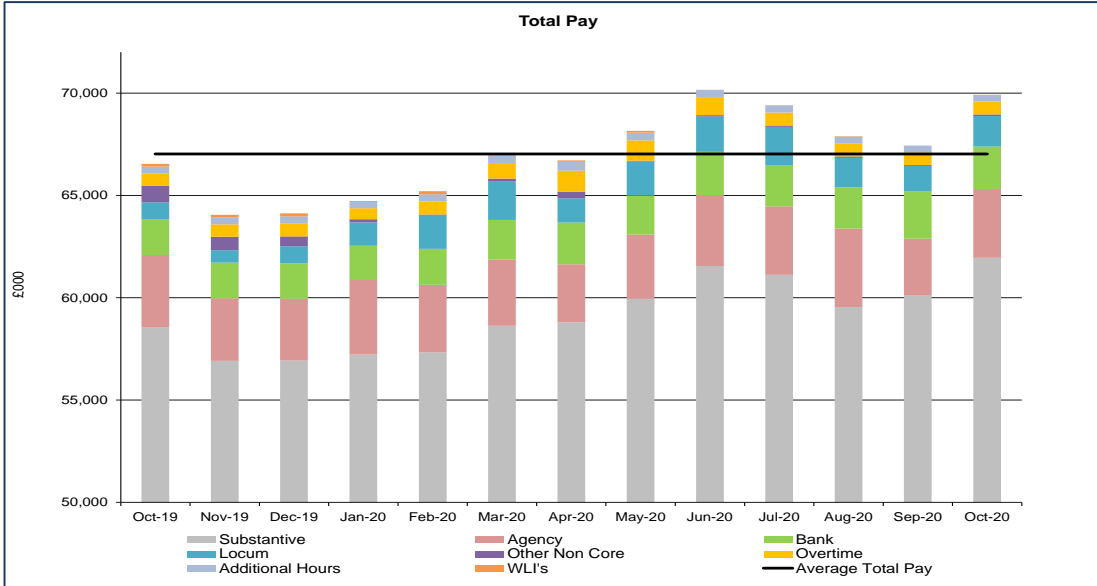
Expenditure

| Pay Costs | Actual | | | | | | | Forecast | | | | | Cumulative | | | Full Year Forecast |
|---------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------------|
| | M01 | M02 | M03 | M04 | M05 | M06 | M07 | M08 | M09 | M10 | M11 | M12 | YTD Budget | YTD Actual | YTD Variance | |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| Administrative & Clerical | 8.6 | 8.8 | 8.8 | 8.6 | 9.1 | 8.0 | 8.8 | 9.6 | 9.9 | 10.0 | 10.0 | 10.0 | 65.3 | 60.7 | 4.6 | 110.2 |
| Medical & Dental | 15.2 | 15.6 | 15.5 | 16.1 | 15.0 | 15.1 | 17.8 | 17.4 | 17.8 | 18.0 | 17.9 | 17.9 | 107.4 | 110.3 | (2.9) | 199.3 |
| Nursing & Midwifery Registered | 20.6 | 20.8 | 21.2 | 20.6 | 20.6 | 20.7 | 20.3 | 22.4 | 23.0 | 23.3 | 23.2 | 23.2 | 153.7 | 144.8 | 8.9 | 259.9 |
| Additional Clinical Services | 9.4 | 9.5 | 9.8 | 9.3 | 9.4 | 9.6 | 9.5 | 3.3 | 3.4 | 3.5 | 3.4 | 3.4 | 62.3 | 66.5 | (4.2) | 83.5 |
| Add Prof Scientific & Technical | 3.1 | 3.1 | 3.0 | 3.0 | 3.0 | 3.1 | 3.1 | 10.1 | 10.4 | 10.5 | 10.5 | 10.5 | 22.5 | 21.4 | 1.1 | 73.4 |
| Allied Health Professionals | 3.8 | 3.8 | 4.0 | 4.0 | 3.9 | 4.0 | 3.9 | 4.2 | 4.3 | 4.3 | 4.3 | 4.3 | 27.2 | 27.4 | (0.2) | 48.8 |
| Healthcare Scientists | 1.1 | 1.2 | 1.2 | 1.2 | 1.2 | 1.1 | 1.1 | 1.2 | 1.3 | 1.3 | 1.3 | 1.3 | 8.3 | 8.1 | 0.2 | 14.5 |
| Estates & Ancillary | 3.2 | 3.2 | 3.4 | 3.3 | 3.3 | 3.4 | 3.3 | 3.5 | 3.6 | 3.7 | 3.7 | 3.7 | 24.0 | 23.1 | 0.9 | 41.3 |
| Students | 0.0 | 0.1 | 1.2 | 1.2 | 0.5 | 0.6 | 0.3 | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 3.5 | 3.9 | (0.4) | 7.4 |
| Health Board Total | 65.0 | 66.1 | 68.1 | 67.3 | 66.0 | 65.6 | 68.1 | 72.4 | 74.4 | 75.3 | 75.0 | 75.0 | 474.2 | 466.2 | 8.0 | 838.3 |
| Primary care | 1.7 | 2.1 | 2.0 | 2.1 | 1.9 | 1.8 | 1.9 | 1.9 | 1.9 | 1.9 | 2.0 | 2.0 | 11.3 | 13.5 | (2.2) | 23.2 |
| Total Pay | 66.7 | 68.2 | 70.1 | 69.4 | 67.9 | 67.4 | 70.0 | 74.3 | 76.3 | 77.2 | 77.0 | 77.0 | 485.5 | 479.7 | 5.8 | 861.5 |

| Variable Pay | M01 | M02 | M03 | M04 | M05 | M06 | M07 | Total |
|------------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| | £m | £m | £m | £m | £m | £m | £m | £m |
| Agency | 2.8 | 3.1 | 3.5 | 3.3 | 3.8 | 2.8 | 3.4 | 22.7 |
| Overtime | 1.0 | 1.0 | 0.9 | 0.7 | 0.6 | 0.6 | 0.6 | 5.4 |
| Locum | 1.2 | 1.7 | 1.7 | 1.9 | 1.4 | 1.2 | 1.5 | 10.6 |
| WLIs | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 |
| Bank | 2.1 | 1.9 | 2.1 | 2.0 | 2.0 | 2.3 | 2.1 | 14.5 |
| Other Non Core | 0.3 | 0.0 | 0.1 | 0.0 | 0.1 | 0.0 | 0.1 | 0.6 |
| Additional Hours | 0.4 | 0.4 | 0.3 | 0.4 | 0.4 | 0.4 | 0.3 | 2.6 |
| Total | 7.9 | 8.2 | 8.6 | 8.3 | 8.3 | 7.3 | 8.0 | 56.6 |

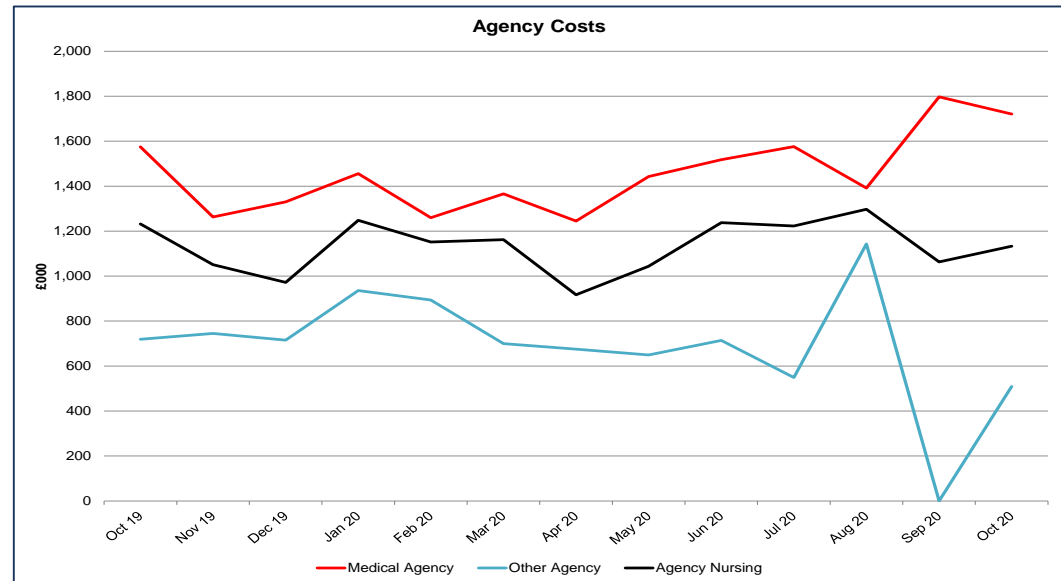
| Non-Pay Costs | Actual | | | | | | | Forecast | | | | | Cumulative | | | Full Year Forecast |
|--|--------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------------|
| | M01 | M02 | M03 | M04 | M05 | M06 | M07 | M08 | M09 | M10 | M11 | M12 | YTD Budget | YTD Actual | YTD Variance | |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| Primary Care | 17.2 | 17.5 | 15.9 | 17.6 | 17.2 | 16.8 | 17.2 | 18.6 | 17.7 | 18.0 | 17.8 | 18.1 | 123.0 | 119.4 | 3.6 | 209.6 |
| Primary Care Drugs | 8.9 | 8.6 | 10.5 | 11.0 | 8.7 | 9.0 | 9.4 | 9.6 | 10.2 | 10.3 | 10.2 | 10.6 | 62.2 | 66.1 | (3.9) | 117.0 |
| Secondary Care Drugs | 5.4 | 5.0 | 5.5 | 5.8 | 5.4 | 6.2 | 6.3 | 6.9 | 6.7 | 6.9 | 6.6 | 7.0 | 41.5 | 39.6 | 1.9 | 73.7 |
| Clinical Supplies | 4.8 | 3.6 | 4.2 | 4.6 | 4.3 | 5.4 | 4.4 | 4.4 | 4.7 | 4.6 | 4.6 | 5.4 | 38.4 | 31.3 | 7.1 | 55.0 |
| General Supplies | 2.7 | 2.6 | 2.1 | 4.7 | 3.0 | 3.5 | 4.3 | 3.3 | 3.4 | 3.4 | 3.4 | 4.0 | 23.5 | 22.9 | 0.6 | 40.4 |
| Healthcare Services Provided by Other NHS Bodies | 22.7 | 22.7 | 21.5 | 22.3 | 22.1 | 22.4 | 21.9 | 22.9 | 22.9 | 22.9 | 22.9 | 22.9 | 159.2 | 155.6 | 3.6 | 270.1 |
| Continuing Care and Funded Nursing Care | 8.4 | 8.2 | 9.1 | 9.0 | 9.0 | 9.6 | 9.9 | 9.7 | 9.8 | 9.8 | 9.7 | 9.6 | 65.0 | 63.2 | 1.8 | 111.8 |
| Other | 30.3 | 4.9 | 6.6 | 6.0 | 8.2 | 6.4 | 8.2 | 10.5 | 11.3 | 12.2 | 12.6 | 14.3 | 55.1 | 70.6 | (15.5) | 131.5 |
| Non-pay costs | 100.4 | 73.1 | 75.4 | 81.0 | 77.9 | 79.3 | 81.6 | 85.9 | 86.7 | 88.1 | 87.8 | 91.9 | 567.9 | 568.7 | (0.8) | 1,009.1 |
| Cost of Capital | 2.4 | 2.4 | 2.3 | 4.7 | 2.9 | 2.9 | 2.8 | 2.9 | 2.9 | 2.9 | 2.9 | 2.9 | 20.4 | 20.4 | 0.0 | 34.9 |
| Total non-pay including cost of capital | 102.8 | 75.5 | 77.7 | 85.7 | 80.8 | 82.2 | 84.4 | 88.8 | 89.6 | 91.0 | 90.7 | 94.8 | 588.3 | 589.1 | (0.8) | 1,044.0 |

Pay Costs



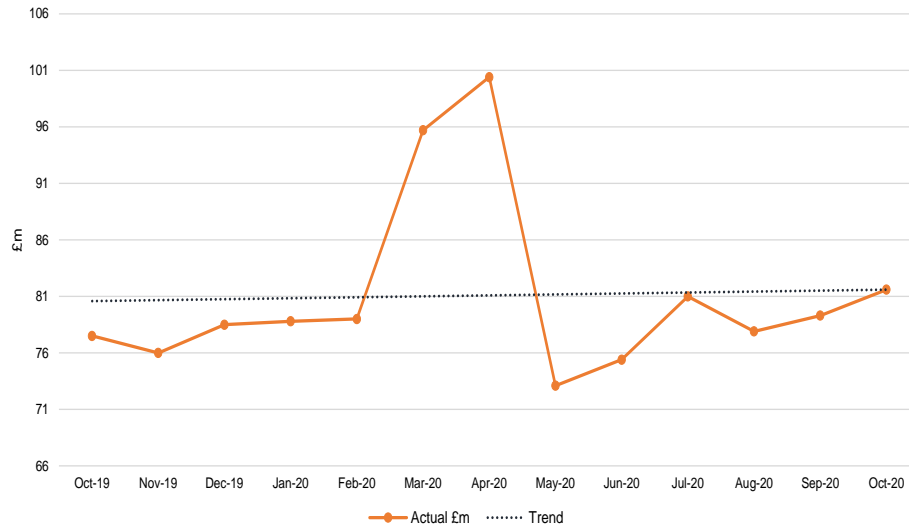
- **Admin and Clerical** pay increased by £0.8m, as previous month's figures were adjusted for Test, Trace, Protect (TTP) costs that were reallocated to other pay codes. Medical and Dental pay costs have increased by £2.7m, reflecting the backdated pay award paid in October.
- **Agency** costs are £3.4m, representing 4.8% of total pay, an increase of £0.6m on last month. Agency spend related to COVID-19 in October was £0.8m, £0.5m higher than last month.

- **Pay costs are forecast** to increase significantly in the remaining five months of the year.
- This includes the pay element of plans for unscheduled care, planned care, schemes from the Quarter 3 / 4 plan, the extended flu programme and the COVID-19 vaccination programme. In addition, forecasts reflect an increase in Medical pay costs for COVID-19 rotas and additional staff requirements for winter pressures.



Non-Pay Costs

Non-Pay Expenditure (Excluding Capital Costs)



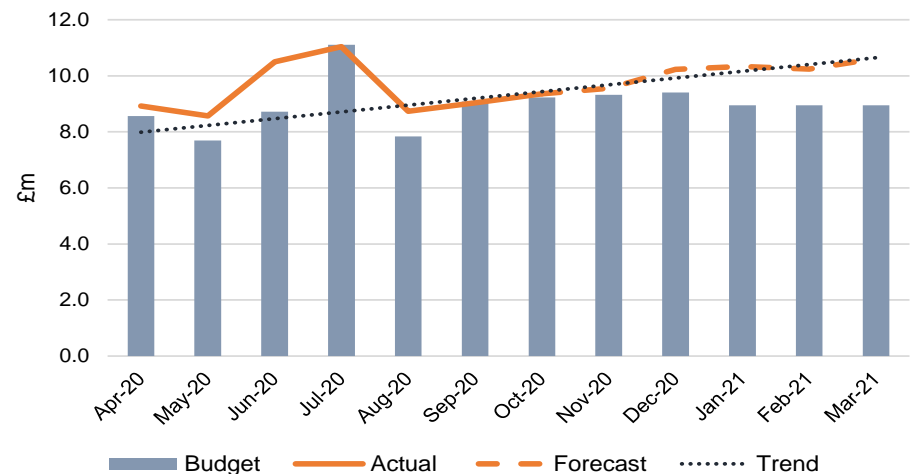
- **General Supplies:** Costs rising as activity levels increase. The rising cost of some elements of PPE, particularly gloves and masks, is still a concern. Usage of PPE has increased due to the pandemic, but in addition, the unit costs have increased significantly. The cost of PPE over and above normal levels has been included as a cost of COVID-19.
- **Continuing Healthcare (CHC):** Expenditure in October has increased by £0.3m. Mental Health CHC costs have decreased as patient numbers have reduced following reviews of continued eligibility. However there has been an increase in Children's CHC due to a small number of high cost cases.
- **Other:** The significant over spend relates to under delivery on savings schemes (£18.7m).

Key Risk - Primary Care Drugs

Spend has increased by a further £0.3m compared to last month. The year to date over spend is £3.9m, with a forecast overspend of £9.5m for the year.

The data for August, received this month, showed a small decrease in the average cost per prescribing day, due to a decrease in the average cost per item, although there was an increase in the number of items prescribed. On a rolling 12-month basis, the average cost per prescribing day has reduced by 1%. The prescribing forecast is based on the rolling average cost per prescribing day.

Prescribing Costs



Risks and Opportunities

| | Issue | Description | £m | Key Decision Point & Summary Mitigation | Risk Owner |
|---|---|--|-----|--|---|
| 1 | Opportunity: Red Pipeline Savings Schemes | – Red rated savings schemes that total £2.5m are currently held in pipeline and are due to start delivering over the next month. | 2.5 | – Work is progressing to move these schemes into amber / green. It is expected that all current schemes will be amber or green by the end of November: | Sue Hill, Acting Executive Director of Finance |
| 2 | Opportunity: Contracting benefit | – There is a possibility that the current block contract arrangement with NHSE will be revised to a reduced % value and this could result in a financial benefit to the Health Board. | | – Discussions with Welsh Government continue. | Sue Hill, Acting Executive Director of Finance |
| 3 | Risk: Vaccination Programme for Flu and COVID-19 | – An estimate for the cost of the extension of the flu vaccination programme and a potential COVID-19 vaccination programme have been included in the forecast. Welsh Government income to match these costs has also been included in the forecast. However, there is a risk that these costs will be higher than currently forecast. | | – The plan continues to be developed and an updated estimate for the cost of these two programmes has been included in the forecast this month, although this is still subject to further review. | Sue Hill, Acting Executive Director of Finance |
| 4 | Risk: Carry over of annual leave | – Discussions are currently taking place around potentially allowing non-medical and dental staff to carry over up to five days annual leave, due to workload pressures from COVID-19 that make taking leave difficult. If agreed, this would have cost implications for the Health Board's annual leave accrual. | | – Discussions with Welsh Government are ongoing. | Sue Green, Executive Director of Workforce & Organisational Development |
| 5 | Risk: Savings Programme | – There is a risk that the amber schemes within the savings programme will not deliver to their forecast values. | | – The Executive Team is currently considering options and capacity requirements for the savings delivery and PMO function to be re-established, which will provide dedicated capacity to drive forward the schemes currently identified. | Sue Hill, Acting Executive Director of Finance |
| 6 | Risk: Junior Doctor Monitoring | – There was a significant test legal case focusing on how NHS organisations should address monitoring for junior doctors. | | – It has not yet been determined how this case will impact on the Health Board and what the financial implications may be. Further investigations are being undertaken to quantify any potential impact. | Sue Green, Executive Director of Workforce & Organisational Development |
| 7 | Risk: Holiday Pay | – NWSSP Employment law team have confirmed that the holiday pay issues arising from the Flowers judgement are ongoing and the outcome of the Supreme Court appeal is awaited. | | – The Health Board is monitoring the situation and will respond appropriately to any legal decision. | Sue Green, Executive Director of Workforce & Organisational Development |



| | | | |
|--|---|---|---|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | |
| Teitl yr Adroddiad Report Title: | Savings Programme Update – Month 8 20/21 | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill, Acting Executive Director of Finance | | |
| Awdur yr Adroddiad Report Author: | Sue Hill, Acting Executive Director of Finance | | |
| Craffu blaenorol: Prior Scrutiny: | Acting Executive Director of Finance | | |
| Atodiadau Appendices: | None | | |
| Argymhelliad / Recommendation: | | | |
| <p>The Committee is asked to note –</p> <ul style="list-style-type: none"> • The increase in savings programme value to £14.151m • The risk status of the programme, with £3.11m (22%) assessed as red risk at month 8 • Savings delivered to date of £9.1m with a full year forecast, including pipeline, of £16.6m • The forecast shortfall of £28.4m against the Board's target of £45m savings in year • The proposed establishment of the Financial recovery PMO and the resources to be allocated to this function | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | ✓ |
| | | Ar gyfer sicrwydd For Assurance | |
| | | Er gwybodaeth For Information | |
| Sefyllfa / Situation: | | | |
| The purpose of this report is to provide an update on the savings programme for 20/21 and the proposed financial recovery PMO arrangements. | | | |
| Cefndir / Background: | | | |
| <p>The opening financial plan for 20/21 contained a cash releasing savings target of £45m, equating to 3.6% of budget. This savings requirement was set in order to support the delivery of a £40m in year deficit and a reduction in underlying deficit from £49m to £35m.</p> <p>As a result of the response to the pandemic, work on the savings programme was suspended in March 2020. A review of the programme was undertaken in June 2020 which identified deliverable savings plans of £12.2m. Work has continued since June to increase the number of schemes and the value of the programme and this report reflects the position as at Month 8.</p> | | | |

Asesiad / Assessment & Analysis

1. Strategy Implications

This paper aligns to the strategic goal of attaining financial balance and is linked to the effective use of resources through the adoption of a Value Based Healthcare approach.

2.1 Reviewing the Initial Savings Plan

The following table summarises the status of the savings programme at Month 8 and compares this to the original PMO programme and the position as at the June review.

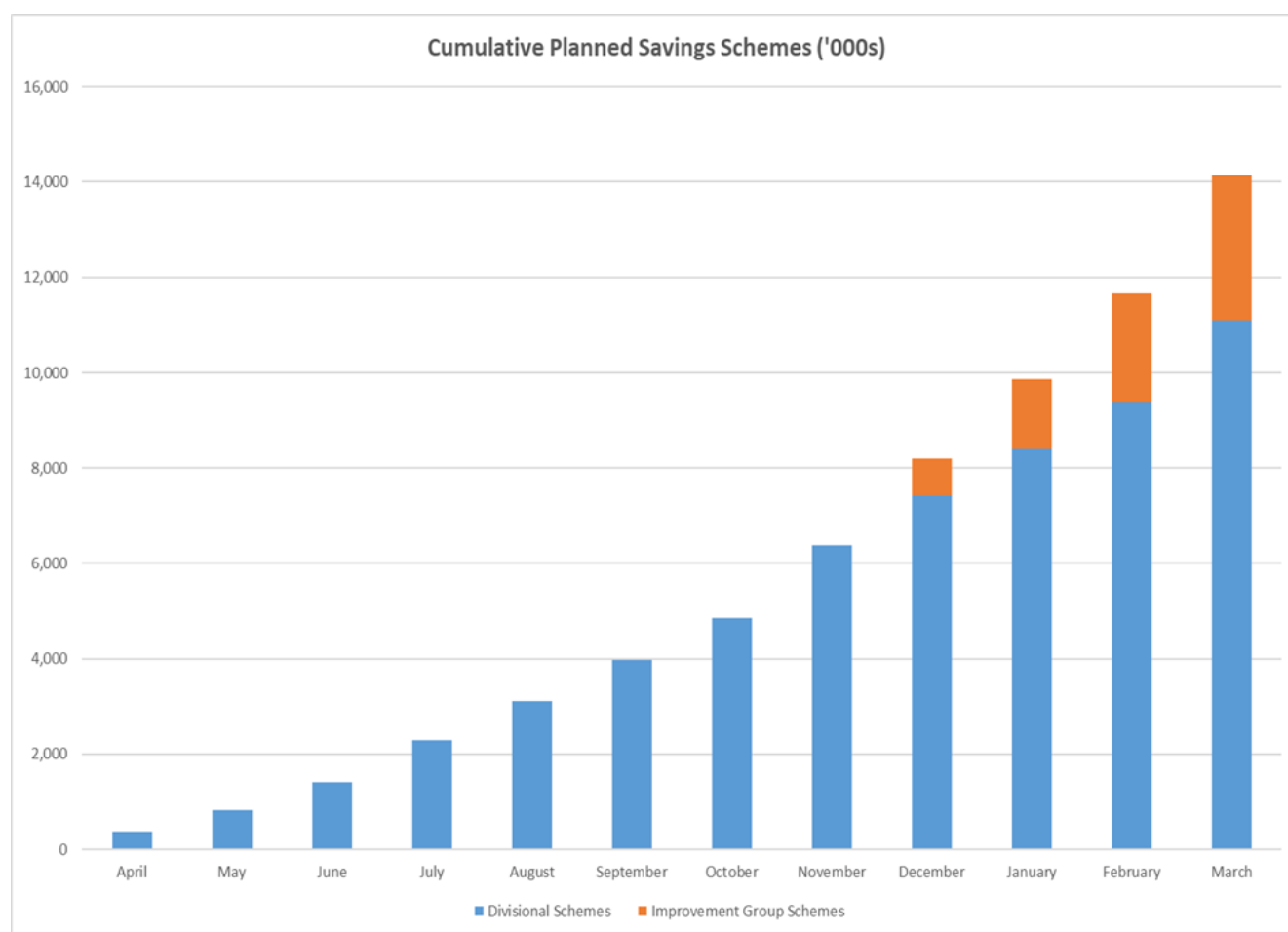
| Programme Area | | Original PMO Review - March 20 | | June 19th Review | | Month 8 Position | |
|--------------------|------------------------|--------------------------------|---------------|------------------|---------------|------------------|---------------|
| | | No | Value (£) | No | Value (£) | No | Value (£) |
| Division | Area - Centre | 13 | 1,235 | 8 | 1,320 | 12 | 2,837 |
| | Area - East | 11 | 976 | 5 | 784 | 9 | 1,343 |
| | Area - Other | - | - | - | - | - | - |
| | Area - West | 4 | 790 | 6 | 1,615 | 8 | 1,593 |
| | Contracts | - | - | - | - | - | - |
| | Corporate | - | - | - | - | 6 | 960 |
| | MHLD | - | - | 1 | 1,000 | 2 | 1,322 |
| | Provider - NW | 13 | 460 | 9 | 245 | 10 | 301 |
| | Provider - NW (Cancer) | 3 | - | 2 | 301 | 2 | 301 |
| | Provider - YG | 8 | 833 | 7 | 693 | 9 | 906 |
| | Provider - YGC | 9 | 1,043 | 3 | 280 | 7 | 590 |
| | Provider - YMW | 19 | 692 | 13 | 444 | 16 | 787 |
| | Womens | 8 | 421 | 2 | 152 | 4 | 154 |
| | Sub-Total | 88 | 6,450 | 56 | 6,835 | 85 | 11,093 |
| Improvement Group | CHC | 1 | 4,533 | - | - | 1 | 1,500 |
| | Procurement | 1 | 7,000 | 1 | 2,000 | 1 | 1,194 |
| | Unscheduled Care | 1 | - | - | - | - | - |
| | Care Closer to Home | 1 | - | - | - | - | - |
| | Workforce | 1 | 4,729 | 1 | 1,436 | 1 | 84 |
| | Quality | - | - | - | - | - | - |
| | MHL&D | 1 | 1,159 | - | - | - | - |
| | Planned care | 1 | - | - | - | - | - |
| | Medicines Management | 1 | 2,574 | 1 | 899 | - | - |
| | Estates | 6 | 1,050 | 6 | 1,039 | - | - |
| | Digital | 4 | 282 | 1 | 30 | - | - |
| | Transactional | - | - | - | - | 1 | 280 |
| | Sub-Total | 18 | 21,327 | 10 | 5,404 | 4 | 3,058 |
| GRAND TOTAL | | 106 | 27,776 | 66 | 12,239 | 89 | 14,151 |

The considerable reduction in the number and value of schemes between March and June has been noted in previous reports. Since June, the number of schemes has risen by 23 and the value of the programme has risen by £1.9m to £14.151m. This leaves a gap of £30.849m between the plans above and the savings target set out in the Board's financial plan.

Progress has been made in moving savings from pipeline into delivery. The residual pipeline schemes are expected to move into delivery in month 9, with project documentation currently being finalised. Delivery is expected to be in line with pipeline value with the exception of procurement where a shortfall in delivery of approximately £0.75m is anticipated.

2.2 Profile of Savings Schemes

The following chart and table summarise the profile of delivery associated with the £14.151m savings programme –



| | April £'000s | May £'000s | June £'000s | July £'000s | August £'000s | September £'000s | October £'000s | November £'000s | December £'000s | January £'000s | February £'000s | March £'000s |
|-------------------------|--------------|------------|--------------|--------------|---------------|------------------|----------------|-----------------|-----------------|----------------|-----------------|---------------|
| Area - Centre | 52 | 104 | 206 | 408 | 665 | 922 | 1,198 | 1,608 | 1,940 | 2,247 | 2,554 | 2,837 |
| Area - East | 45 | 111 | 199 | 302 | 409 | 522 | 640 | 775 | 913 | 1,056 | 1,193 | 1,343 |
| Area - West | 55 | 153 | 296 | 439 | 582 | 726 | 869 | 1,016 | 1,160 | 1,304 | 1,449 | 1,593 |
| Corporate | 8 | 15 | 23 | 72 | 80 | 127 | 135 | 154 | 219 | 233 | 248 | 960 |
| MMLD | 83 | 167 | 250 | 333 | 417 | 500 | 583 | 989 | 1,072 | 1,155 | 1,239 | 1,322 |
| Provider - NW | 18 | 37 | 56 | 97 | 138 | 180 | 229 | 333 | 411 | 475 | 539 | 602 |
| Provider - YG | 52 | 104 | 156 | 257 | 322 | 386 | 450 | 547 | 614 | 687 | 795 | 906 |
| Provider - YGC | 29 | 58 | 88 | 154 | 193 | 231 | 282 | 370 | 425 | 480 | 535 | 590 |
| Provider - YMW | 32 | 64 | 123 | 183 | 248 | 314 | 381 | 484 | 556 | 633 | 710 | 787 |
| Womens | 5 | 9 | 24 | 38 | 51 | 64 | 78 | 93 | 110 | 124 | 139 | 154 |
| Divisional Total | 380 | 822 | 1,420 | 2,284 | 3,105 | 3,972 | 4,844 | 6,388 | 7,420 | 8,396 | 9,399 | 11,093 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | April £'000s | May £'000s | June £'000s | July £'000s | August £'000s | September £'000s | October £'000s | November £'000s | December £'000s | January £'000s | February £'000s | March £'000s |
| Continuing Health Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 375 | 750 | 1,125 | 1,500 |
| Procurement | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 94 | 394 | 794 | 1,194 |
| Transactional | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 280 | 280 | 280 | 280 |
| Workforce | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | 42 | 63 | 84 |
| IG Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 770 | 1,466 | 2,262 | 3,058 |
| Grandy Total | 380 | 822 | 1,420 | 2,284 | 3,105 | 3,972 | 4,844 | 6,388 | 8,190 | 9,862 | 11,661 | 14,151 |

The profile of savings submitted by Divisions indicates a steady increase in savings secured from month 3 onwards. The majority of these schemes are now in delivery and their performance is summarised in section 2.4. The profile for IGs has significant savings building in the final 4 months of the year and these must progress into delivery in month 9 if delivery confidence is to be maintained.

2.3 Risk Assessment of Schemes

All savings schemes are subject to a risk assessment process in line with the guidance issued by Welsh Government. The following table summarises the RAG status of schemes within the programme as at month 5 –

| Savings Area | Total | Green | Amber | Red |
|---------------------------|--------------|-------------|-------------|-------------|
| | £m | £m | £m | £m |
| Divisions | | | | |
| Area - Centre | 2.84 | 1.74 | 1.10 | 0.00 |
| Area - East | 1.34 | 1.29 | 0.02 | 0.03 |
| Area - West | 1.59 | 1.57 | 0.02 | 0.00 |
| Corporate | 0.96 | 0.03 | 0.93 | 0.00 |
| MHLD | 1.32 | 1.32 | 0.00 | 0.00 |
| Provider - NW | 0.60 | 0.49 | 0.11 | 0.00 |
| Provider - YG | 0.91 | 0.44 | 0.46 | 0.00 |
| Provider - YGC | 0.59 | 0.26 | 0.33 | 0.00 |
| Provider - YMW | 0.79 | 0.63 | 0.14 | 0.02 |
| Womens | 0.15 | 0.15 | 0.00 | 0.00 |
| Divisional Total | 11.09 | 7.92 | 3.12 | 0.05 |
| Improvement Groups | | | | |
| Continuing Health Care | 1.50 | | | 1.50 |
| Procurement | 1.19 | | | 1.19 |
| Transactional | 0.28 | | | 0.28 |
| Workforce | 0.08 | | | 0.08 |
| IG Total | 3.06 | 0.00 | 0.00 | 3.06 |
| | | | | |
| | | | | |
| Grand Total | 14.15 | 7.92 | 3.12 | 3.11 |
| | | | | |
| % Distribution | 100% | 56% | 22% | 22% |

As may be seen from the table above, £11.04m of the current programme is assessed as amber or green. This equates to 78% of the programme. Schemes which are classified as red and remain in the pipeline amount to £3.11m (22%). These require further work to ensure progression into delivery.

All pipeline schemes have been reviewed and it is anticipated that they can be moved into amber / green for month 9. This requires a focus upon this work to ensure that PIDs are fully developed and robust. The most significant risk within the pipeline relates to the Procurement Improvement Group scheme which has a value of £1.19m, with an anticipated shortfall against plan of approximately £0.75m.

2.4 Month 8 Savings Position and Forecast

Savings performance against the planned schemes is summarised below. For those schemes which are in delivery, the following table summarises the position at month 8 -

| Schemes In delivery | Target | | Savings Delivered YTD | | Forecast | | | | |
|---|---|-------------------|-----------------------|-----------------------|-----------------------------|-------------------------------------|----------------------------|-----------------------|--|
| | Cash Releasing Allocated Budget £'000 | YTD Plan £'000 | YTD Actual £'000 | YTD Variance £'000 | Recurring Forecast £'000 | Non- Recurring Forecast £'000 | Total Forecast £'000 | Forecast FYE £'000 | Variance to Allocated Budget £'000 |
| Includes savings delivered by schemes awaiting PIDs | | | | | | | | | |
| Ysbyty Gwynedd | 4,167 | 547 | 745 | 199 | 732 | 382 | 1,114 | 1,218 | (3,052) |
| Ysbyty Glan Clwyd | 5,079 | 370 | 351 | (19) | 293 | 304 | 597 | 510 | (4,482) |
| Ysbyty Wrexham Maelor | 4,414 | 484 | 508 | 24 | 339 | 473 | 813 | 428 | (3,602) |
| North Wales Managed Services | 4,300 | 353 | 421 | 69 | 580 | 15 | 595 | 829 | (3,705) |
| Womens Services | 1,733 | 93 | 93 | (0) | 153 | 0 | 154 | 176 | (1,579) |
| Secondary Care | 19,692 | 1,847 | 2,119 | 272 | 2,098 | 1,174 | 3,272 | 3,161 | (16,420) |
| Area - West | 4,402 | 1,016 | 1,318 | 302 | 1,611 | 396 | 2,006 | 1,664 | (2,396) |
| Area - Centre | 6,408 | 1,608 | 2,018 | 410 | 3,033 | 123 | 3,156 | 3,090 | (3,252) |
| Area - East | 6,464 | 775 | 1,277 | 502 | 185 | 1,502 | 1,687 | 196 | (4,777) |
| Area - Other | 607 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (607) |
| Contracts | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1,000) |
| Area Teams | 18,881 | 3,399 | 4,612 | 1,214 | 4,828 | 2,020 | 6,848 | 4,950 | (12,033) |
| MHLD | 1,000 | 989 | 2,162 | 1,173 | 2,759 | 322 | 3,081 | 2,759 | 2,081 |
| Corporate | 5,426 | 154 | 171 | 17 | 120 | 860 | 980 | 121 | (4,446) |
| Divisional Total | 45,000 | 6,388 | 9,064 | 2,675 | 9,805 | 4,377 | 14,182 | 10,992 | (30,818) |

Savings of £9.1m have been delivered to date against an expected plan value of £6.4m, based upon the PIDs submitted. This over-performance against the scheme plans is principally in prescribing and continuing healthcare / packages of care, particularly in mental health services.

The forecast full year savings for schemes in delivery amounts to £14.2m, with a full year effect of £11m. Set against the savings targets allocated to each Division in the financial plan, this shows a forecast shortfall of £30.8m.

In addition to the above, anticipated delivery in relation to schemes in pipeline is shown in the table below -

| Pipeline Schemes | Forecast | | | |
|-----------------------------------|-----------------------------|-------------------------------------|----------------------------|-----------------------|
| | Recurring Forecast £'000 | Non- Recurring Forecast £'000 | Total Forecast £'000 | Forecast FYE £'000 |
| Ysbyty Gwynedd | 0 | 0 | 0 | 0 |
| Ysbyty Glan Clwyd | 0 | 0 | 0 | 0 |
| Ysbyty Wrexham Maelor | 23 | 0 | 23 | 120 |
| North Wales Managed Services | 0 | 0 | 0 | 0 |
| Womens Services | 0 | 0 | 0 | 0 |
| Secondary Care | 23 | 0 | 23 | 120 |
| Area - West | 0 | 0 | 0 | 0 |
| Area - Centre | 0 | 0 | 0 | 0 |
| Area - East | 19 | 12 | 31 | 19 |
| Area - Other | 0 | 0 | 0 | 0 |
| Contracts | 0 | 0 | 0 | 0 |
| Area Teams | 19 | 12 | 31 | 19 |
| MHLD | 0 | 0 | 0 | 0 |
| Corporate | 0 | 0 | 0 | 0 |
| Divisional Total | 42 | 12 | 54 | 139 |
| CHC IG | 0 | 1,500 | 1,500 | 0 |
| Transactional | 0 | 280 | 280 | 0 |
| Procurement IG | 460 | 0 | 460 | 268 |
| Workforce IG | 84 | 0 | 84 | 202 |
| Improvement Group Holding Schemes | 544 | 1,780 | 2,324 | 471 |
| Total Pipeline | 586 | 1,792 | 2,378 | 610 |

The table above identifies a forecast delivery in year from pipeline schemes of £2.4m, with a full year effect of £0.6m. The combined forecast for schemes in delivery and pipeline amounts to £16.6m, which is £2.4m above the programme value in section 2.1, however it represents a shortfall of £28.4m against the savings target of £45m set out in the Board's financial plan.

2.5 Programme Management Office Capacity

The current level of savings in the programme and the status of the RAG assessments is a reflection of competing pressures arising through the COVID response, the standing down of the formal recovery programme processes and the re-deployment of the PMO resource. It is critical that these issues are addressed urgently to ensure that savings identification and delivery is enhanced.

The Executive Team have been considering the way forward in terms of how the transformation agenda is driven through dedicated improvement resource, whilst also maintaining a critical focus on financial recovery through an appropriately resourced PMO. It has now been agreed that the Improvement and transformation agenda will be managed through the Director of Nursing / Deputy CEO portfolio, whilst a separate financial recovery PMO will sit under the Director of Finance.

Consideration of the resource required to establish an appropriate PMO has been informed by work undertaken prior to COVID as part of the previous recovery programme. This has identified the following requirements –

| Financial Recovery PMO - Proposed Capacity | | | |
|--|-----------|-----------------|----------------|
| Role | WTE | Indicative band | £ |
| Head of PMO | 1 | 8c | 80,503 |
| Financial Recovery Accountant | 1 | 8b | 66,938 |
| PMO Manager / Assurance | 5 | 8a / 7 | 278,348 |
| PMO Analyst | 1 | 5 | 33,357 |
| PMO Systems Support / Admin | 2 | 4 | 60,716 |
| Total | 10 | | 519,862 |

The PMO will provide an assurance function within the Health Board in relation to the development and delivery of schemes identified as part of the financial recovery plan. Critical functions include –

- Ensuring robust governance underpins PID development, impact assessment, reporting and risk monitoring
- Review and approval of PIDs in accordance with local and national criteria
- Timely and robust reporting of programme delivery – programme milestones and financial performance
- Support and challenge to Divisions in scheme development and PID preparation
- Supporting accountability arrangements and financial recovery systems
- Escalation of issues of concern through the executive structure

The current budget for the PMO stands at £500k and therefore there is a small increase of £20k required to establish the proposed resourcing above. This can be taken from the Financial Recovery budget which was included in the 20/21 financial plan but has not been committed.

It should be noted that there are currently a number of substantive staff who will form part of the Financial Recovery PMO. They are, however currently deployed to support COVID work and therefore mobilising the PMO will be dependent upon agreement regarding the timescale in which staff can return to their substantive roles.

3. Risk Analysis

Non delivery of the savings programme presents a risk to the Health Board's financial position and its ability to achieve its planned deficit.

4. Legal and Compliance

Not applicable.

5. Impact Assessment

Impact assessments are undertaken on individual savings schemes as they are developed and considered prior to approval of schemes for inclusion in the savings programme.

6. Recommendations

That the Committee note –

- The increase in savings programme value to £14.151m
- The risk status of the programme, with £3.11m (22%) assessed as red risk at month 8
- Savings delivered to date of £9.1m with a full year forecast, including pipeline, of £16.6m
- The forecast shortfall of £28.4m against the Board's target of £45m savings in year
- The proposed establishment of the Financial recovery PMO and the resources to be allocated to this function



| | | | | | | | |
|---|--|---|--|--|--|--|--|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Development of the 2021/24 Plan | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill, Acting Executive Director of Finance Mr Mark Wilkinson, Executive Director of Planning and Performance | | | | | | |
| Awdur yr Adroddiad Report Author: | Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning Mr John Darlington, Assistant Director - Corporate Planning | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | The approach to developing the plan has been developed with the Planning workstream, Executive Team and EMG, and briefed / discussed at the Strategy Partnerships and Population Health Committee – 10 December 20 | | | | | | |
| Atodiadau Appendices: | | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| It is recommended that the Committee: | | | | | | | |
| <ol style="list-style-type: none"> 1. Receive this report 2. Review the proposed approach and timetable for the development of our Plan for 2021/24 | | | | | | | |
| Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | | Er gwybodaeth For Information | |
| Sefyllfa / Situation: | | | | | | | |
| <p>The purpose of this report is to update the Committee in respect to the approach and timetable for developing our 2021/22 Financial Plan, the Three Year Transformation Plan and specifically our Annual Plan for 2021/22.</p> <p>This report sets out the national context and expectations of this work together with progress and next steps required to ensure that a robust plan is developed for submission to the Health Board in March 2021.</p> | | | | | | | |
| Cefndir / Background: | | | | | | | |
| <p>The NHS Wales Planning Framework reinforces the requirement for every NHS organisation to have a clinical services strategy approved by their Boards. In addition, the introduction of Integrated Medium Term Plans across Wales signalled a move away from a focus on annual plans, towards a medium-term approach linked to organisational strategies.</p> | | | | | | | |

The IMTP planning arrangements for 2020/21 were paused in 2020 due to the pandemic. Planning framework / guidance for 2021/22 are expected from WG, and the Allocation letter for 2021/22 will be published on the 21st December 2020.

The approach for 2021/22 will be on financial recovery with some performance recovery, which will take longer, and the need to plan over a 3-year period to support our Transformation programme. Discussions continue with WG on our ambition for a 3-year transformational plan, which will cover the period 2021 to 2024.

Whilst we wish to recover our performance on areas such as planned care, we need to recognise the continued impact of the COVID Tracing and Vaccination Programmes.

A Healthier Wales is Welsh Government's long-term plan for health and social care services in Wales and sets the context of all our work for the forthcoming years. It sets out the vision of a 'whole system approach to health and social care', which is focused on health and wellbeing, and on preventing physical and mental illness.

The Primary Care Model for Wales is predicated on cluster level population needs assessment and planning the use of available resources, not just those of the NHS, to meet that need. In view of this, the Minister for Health and Social Services expects significant progress by health boards to support and empower the planning function at cluster level and to draw in local authorities and third and independent sector service providers. Optimal cluster working supports optimal regional partnerships and progress with 'A Healthier Wales'. Clusters will be asked to respond to BCU core priorities in developing their plans and a summary annual 'plan on a page'.

The Planning Timetable is below:

| | |
|----------------------|---|
| October 2020 | - Budget Setting Framework approved |
| November 2020 | - Submission Deadline for baseline budget, and inflation and growth assumptions - Commissioning Intentions approved by ET and issued to all divisions |
| December 2020 | - Savings Plan submitted to Execs for approval - Work Programmes to identify their Priority schemes for 2021/22 - Capacity and demand assumptions developed - Ongoing stakeholder engagement |
| January 2021 | - Draft Financial Plan submission to Welsh Government - Work Programme Action Plans developed - Cluster plans developed |
| February 2021 | - Service Change Decisions: Investment and Disinvestment schemes proposed financial impact of service changes developed and supported by approved business cases including outcomes, activity impacts and benefits realisation. |
| March 2021 | - Board level plan and Accountability Plan established outlining Executive, Programme and divisional / service leads / actions - Financial, Workforce, Estates and IM&T impacts |

Asesiad / Assessment & Analysis

Strategy Implications

Our approach to planning for 2021/22 through to 2023/24 is set out below:

- Future recovery and transition from operational response to integrated strategic planning – opportunity to step back
- Outlook for Covid19 uncertain - The four harms remain the context
- Build on the core priorities identified in Q3/Q4
- Rolling plan building on actions in 2020/21 (for completeness, Appendix 1 provides a summary of actions outstanding at end Q2 and how these have been taken forward)
- Strengthen accountability throughout the organisation

Options considered

The plan will consider options to deliver as part of the planning process.

Financial Implications

As an approach for next year and recognising the need to plan over a 3 year period will be against:

- Recovery (our tactical response next year to the impact the pandemic has had on the HB) and
- Transformation (the strategic transformation programme we need over the next 3 year)

The financial priority for 2021/22 is Recovery, and identifying within the plan the financial impact the Pandemic has had on the HB and taking the necessary steps to reverse that impact. Recovery will focus on:

- how we address the non-delivered savings from this year
- what is the balance of Divisional Deficits?
- what is a reasonable level of savings next year?
- what is the position of WG in providing support to HB for the cost of financial recovery
- what will be the cost of recovering our Elective performance?
-

Running parallel will be the strategic transformation programme over the next 3 years (and beyond because it needs to be a rolling programme). To support the robustness of proposed service investments a number of templates have been developed which will ensure the following key questions are addressed:

- Is this a Health Board Priority?
- What is the financial impact and when?
- What is the impact on our Workforce?
- What will be the impact on our activity from this investment?
- What will be the impact on our Outcomes from this investment?

Risk Analysis

Schemes will be required to identify any risks and how these will be managed.

Legal and Compliance

The development of an approvable Integrated Medium Term Plan is a critical organisational requirement, as a specific risk within the Board Assurance Framework. It is a statutory requirement to develop an approvable IMTP under the NHS Finance Act.

In line with the organisation's standing financial instructions and the Welsh Government's administrative target within the 3 year planning cycle, the Health Board is required to set an annual budget and financial plan in advance of the new financial year.

Impact Assessment

Plans will take into account any potential equality/Welsh Language/quality/data governance/digital/children's rights implications which may require an impact assessment to be carried out.

In addition, responding to the new Socio-economic Duty in Wales ("the duty") which will come into force from 31 March 2021. Commencing the duty is one of the few steps being taken to achieve a more equal Wales, further highlighting our commitment to safeguarding equality and human rights. The duty will require the Health Board when making strategic decisions such as 'deciding priorities and setting objectives', to consider how decisions might help to reduce the inequalities of outcome associated with socio-economic disadvantage. Through better decision making, the duty will improve outcomes for those who suffer socio-economic disadvantage, thus levelling the playing field. This has become increasingly important particularly in the context of Covid-19 and Brexit.



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| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Business Case Tracker for Revenue and Capital Business Cases | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Mark Wilkinson, Executive Director of Planning & Performance | | | | | | |
| Awdur yr Adroddiad Report Author: | Ian Howard, Assistant Director Strategic & Business Analysis | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | The tracker is presented regularly to the EMG and (capital cases only) the Capital Investment Group | | | | | | |
| Atodiadau Appendices: | The Business Case Tracker is attached | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| The Committee is asked to note the contents of the tracker, and provide any feedback about how it can be improved. | | | | | | | |
| Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | ✓ | Ar gyfer sicrwydd For Assurance | | Er gwybodaeth For Information | ✓ |
| Sefyllfa / Situation: | | | | | | | |
| This paper presents the organisation's current Revenue and Capital Business Case Tracker. The purpose is to inform the Committee about the status of the major revenue and capital investment proposals that are currently being developed in the organisation. | | | | | | | |
| Cefndir / Background: | | | | | | | |
| The Business Case Tracker has been developed to allow the organisation to track the progress of business cases that support major investment decisions. | | | | | | | |
| The tracker is updated monthly and is presented regularly to the Executive Management Team. The capital tracker is also now a standing item on the Capital Investment Group agenda. | | | | | | | |
| In terms of capital, the tracker contains the major schemes that will be submitted to Welsh Government for funding. The schemes are listed in order based on the current stage of their development, from Full Business Case to cases which are at the conceptual/developmental stage. | | | | | | | |
| The majority of both the capital and revenue schemes arise from the organisation's annual planning process. Work is being undertaken to strengthen this link, so that cases which are not referenced in the annual plan will only be considered in exceptional circumstances. The tracker will be fully refreshed as part of the 2021/22 plan. Also there will be 'broad order of magnitude' estimates of the costs of proposals even at the early stages, to inform longer-term planning. | | | | | | | |

Asesiad / Assessment & Analysis

Strategy Implications

Business cases require a clear explanation of the strategic implications of the proposals, and how they fit with the organisation's overall strategy and medium-term plans.

Options considered

All business cases should include an option appraisal, to ensure that the proposal represents the best value for money solution to the opportunity or issue being addressed by the case.

Financial Implications

Business cases are explicit about the capital and revenue consequences of the proposals.

Risk Analysis

The cases themselves are often developed to address the organisation's risks. Where this is the main driver of the case, it should explicitly refer to the impact on the Health Board's risk register of implementing the proposal. Business cases should also include a risk assessment of the options that are considered in the case.

Legal and Compliance

The use of business cases to justify significant investment decisions is a key element of the Health Board's governance arrangements, as outlined in the Revenue Business Case Policy and the Procedure Manual for Managing Major Capital Projects.

Individual business cases are often developed to address legal and compliance issues.

Impact Assessment

The business case guidance requires that the relevant impact assessments are used to inform key investment decisions.

BCUHB Capital Business Cases Tracker December 2020

| Business Case | Status: FBC, OBC, SOC, BJC, PBC, Scoping Document, Under review / consideration | Cash Value (Current estimate) £ millions | 2020/2021 Q3 / Q4 Ref | SRO & Project Director | Planned vs Actual | Business Case Governance | | | | Comments / Update |
|---|---|--|-----------------------|---|-------------------|--------------------------|---------------|---------------|----------------|---|
| | | | | | | CIG | Exec Team | F&P | HB | December 2020 |
| Royal Alexandra Hospital (North Denbighshire) | FBC - submitted to WG | 63.98 | 18.60 | Bethan Jones, Area Director Central Gareth Evans, Clinical Director Therapy Services | Planned | September 2020 | October 2020 | October 2020 | November 2020 | F&P Committee approved case 29.10.2020 Board approved 12.11.2020. Submitted to WG 20.11.2020. Initial feedback received. |
| | | | | | Actual | | October 2020 | October 2020 | November 2020 | |
| Ablett Unit | OBC stage | 68.7 | 18.40 | Teresa Owen, Executive Director Public Health Jill Timmins, Programme Director Ablett Redevelopment | Planned | March 2021 | March 2021 | March 2021 | April 2021 | Timeline currently under review following November's Gateway Review recommendation of a 2/3 month pause. Likely to be in Spring 2021. |
| | | | | | Actual | | | | | |
| Wrexham Maelor Continuity Programme Business Case | OBC Stage | 50 - 60 | 18.80 | Mark Wilkinson, Executive Director Planning & Performance Neil Bradshaw, Assistant Director Strategy: Capital | Planned | June 2021 | June 2021 | June 2021 | July 2021 | OBC submission to F&P planned for June 2021 |
| | | | | | Actual | | | | | |
| Diagnostic & Treatment Centre | SOC Stage | 124 - 219, depending on the option | 3.41 | Mark Wilkinson, Executive Director Planning & Performance Andrew Kent Interim Head of Planned Care Transformation | Planned | January 2021 | January 2021 | January 2021 | March 2021 | SOC submission to F&P planned for January 2021 |
| | | | | | Actual | | | | | |
| Nuclear Medicine Reconfiguration (including PET) | SOC submitted to WG | 10.5 | | Adrian Thomas, Executive Director of Therapies & Health Sciences David Fletcher, Directorate General Manager, NWMCS | Planned | February 2020 | August 2020 | August 2020 | September 2020 | SOC submitted to WG. Scrutiny grid received by HB 23.11.2020. Comments collated and returned to WG 02.12.2020, currently awaiting feedback. |
| | | | | | Actual | February 2020 | August 2020 | August 2020 | September 2020 | |
| Residential Accommodation (includes Revenue Implication) | SOC Stage | 55.8 | 18.50 | Mark Wilkinson, Executive Director Planning & Performance Rod Taylor, Director Estates & Facilities | Planned | | November 2020 | December 2020 | January 2021 | Residential Accommodation Strategic Outline Case complete supported by the Executive Team on the 11.11.2020. Submission to F&P - 21.12.2020. |
| | | | | | Actual | | November 2020 | December 2020 | January 2021 | |
| Wrexham Maelor Hospital: Shooting Star Redevelopment | BJC Stage | 5.3 | | Adrian Thomas, Executive Director of Therapies & Health Sciences Graham Alexander, Project Director | Planned | | | | | Draft Business case being prepared but further discussions ongoing as to submission timetable. Now likely to be WG capital, so a scoping document will be required. |
| | | | | | Actual | | | | | |
| Wrexham Redevelopment Business Case | PBC stage | TBA. Over 200 | 18.80 | Mark Wilkinson, Executive Director Planning & Performance Graham Alexander, Project Director | Planned | | February 2021 | February 2021 | March 2021 | Further work still progressing on Strategic Fit question. Whilst target date for PBC submission of March 2021 still remains a target, Programme Group meeting mid Dec will confirm or otherwise whether this is achievable |
| | | | | | Actual | | | | | |
| Ysbyty Gwynedd: Fire Safety and Infrastructure Compliance | PBC Stage | 140 - 180 | 18.70 | TBC Rod Taylor, Director Estates & Facilities | Planned | February 2021 | February 2021 | February 2021 | March 2021 | A Programme Business Case is currently being drafted to address Fire Precautions risks and Estate Infrastructure Obsolescence and Non - Compliance. The target date for completion is 30-12-2020 |
| | | | | | Actual | | | | | |
| Conwy/Llandudno Junction: Development of new integrated premises in the Conwy / Llandudno | Scoping Document stage | 14 - 8 | | Bethan Jones, Area Director Central | Planned | | | | | Scope submitted to Welsh Government 21/10 - awaiting feedback. Engagement planning progressing and governance being established. Initial group planning session and updates |

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|--|------------------------|-------|--|--|--------|--|--|--|--|--|---|
| integrated premises in the Conwy / Llandudno Junction area | Scoping Document stage | 7 - 8 | | Alison Kemp, Assistant Area Director, Community Services | Actual | | | | | | from Alison Kemp 26/11. New dates for business case approvals to be confirmed when WG feedback on scope document informs whether single BJC or 3 stage model. |
|--|------------------------|-------|--|--|--------|--|--|--|--|--|---|

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|--|------------------------|-------------|----------------|---|---------|--------------------------------|-------------------------------|---------------|------------|---|
| Neuro Rehabilitation Services: Llandudno General Hospital | Scoping Document stage | 5 - 8 | | Chris Stockport, Executive Director Primary & Community Care | Planned | December 2020 Scoping Document | January 2021 Scoping Document | | | Scoping document signed of by Central Area SLT on 03.11.2020 and also by 3 area team on 4 Nov 2020. On CIG agenda for December and thereafter will go to Exec Team. |
| | | | | Gareth Evans, Clinical Director Therapy Services | Actual | | | | | |
| NWCTC Radiotherapy Programme for Replacement Software, Hardware and Equipment 2021/22 – 2025/26 | Scoping Document Stage | 14.5 - 15.5 | | Adrian Thomas, Executive Director of Therapies & Health Sciences | Planned | | | | | Scoping document developed / finalised and submitted to WG - awaiting feedback |
| | | | | Dr. Garcia | Actual | | | | | |
| Breast Services; Llandudno General Hospital | Under review | | | Dylan Williams, Directorate General Manager: Surgery & Planned Care | Planned | | | | | No revised date yet agreed for submission. Additional commitment is required from stakeholders to finalise business case and align submission to revised timescales. NW Breast Team have requested dedicated project support to progress business case and unify NW vision. |
| | | | | | Actual | | | | | |
| Central Medical Records | Under review | | | Ellen Greer, Hospital Director YGC | Planned | | | | | Currently under review - dependent on outcome of Ablett business case as case note currently stored in Ablett Unit |
| | | | | | Actual | | | | | |
| Endoscopy Service. Sustainable Endoscopy services across North Wales. A capital Business Case for estates improvements that enables JAG accreditation at the three Acute Hospital sites that address clinical standardisation across pathways and meet JAG accreditation, workforce requirements and National Endoscopy programme recommendations. | Under review | | Linked to 5.40 | Adrian Thomas, Executive Director of Therapies & Health Sciences | Planned | | | | | Currently under review - potentially affected by the D&TC Programme. Timescales to be confirmed. |
| | | | | Monica Harris, Endoscopy Network Manager (Interim) | Actual | | | | | |
| Hanmer Health & Well-being Centre Model for Health & well-being centres created with partners based around a 'home first' ethos. Agree and finalise decisions on business case | Under Review | | | Rob Smith, Area Director - East | Planned | | | | | Currently under review |
| | | | | Simon Jones, Assistant Area Director, Primary Care, East | Actual | | | | | |
| Integrated Extra Care Housing & Re - ablement Unit: Denbigh Feasibility Study | Under Review | | 14.63 | TBC | Planned | | | | | Business case will not be produced this year. Included on plans for 2021/22 for a feasibility study to be informed by the engagement undertaken in Q4 of 2020/21. Dates to be included on 2021/22 planner |
| | | | | Clare Darlington, Assistant Area Director, Primary Care, Central | Actual | | | | | |
| Kinmel Bay Business Case | Under Review | | | TBC | Planned | March 2021 | March 2021 | April 2021 | May 2021 | Currently on hold - decision to be reached re: completion of Scoping Document |
| | | | | Clare Darlington, Assistant Area Director, Primary Care, Central | Actual | | | | | |
| Llay Health & Well-being Centre: CAPITAL & REVENUE Model for Health & well-being centres created with partners based around a 'home first' ethos. Finalise business case for first stage agreement regarding funding sources | Under Review | | | Rob Smith, Area Director - East | Planned | | | | | Currently under review |
| | | | | Simon Jones, Assistant Area Director, Primary Care, East | Actual | | | | | |
| Orthopaedic Services Programme Business Case | Under review | | 2.80 4.60 | Mark Wilkinson, Executive Director Planning & Performance | Planned | | January 2021 | February 2021 | March 2021 | Currently under review - potentially affected by the D&TC Programme |
| | | | | Neil Windsor North Wales Musculoskeletal Network Delivery Manager | Actual | | | | | |

| | | | | | | | | | | |
|---|--------------|--|-------|---|---------|--|--------------|---------------|------------|---|
| Outpatients: Llandudno General Hospital | Under review | | | Bethan Jones, Area Director Central TBC | Planned | | January 2021 | February 2021 | March 2021 | Currently under review awaiting further discussion with Area director re prioritisation. In light of regional work Treatment and Diagnostic centres will need to dovetail with that scheme. |
| | | | | | Actual | | | | | |
| Rhos / South Wrexham Health & Well-being Centre: CAPITAL & REVENUE Model for Health & well-being centres created with partners based around a 'home first' ethos. Continue development through programme board by drafting a business case | Under Review | | | Rob Smith, Area Director - East Simon Jones, Assistant Area Director, Primary Care, East | Planned | | | | | Currently under review |
| | | | | | Actual | | | | | |
| Stroke: ESD / Specialist Stroke In-patient Community Rehabilitation This is a substantial revenue and capital business case | Under Review | | 13.70 | Acting Executive Medical Director Arpan Guha Rob Smith, Area Director East | Planned | | | | | This is a substantial revenue and capital business case. |
| | | | | | Actual | | | | | |

BCUHB Revenue Business Cases Tracker December 2020

| Business Case Title | Business Case Cost Estimate £000s | 2020/2021 Q3 / Q4 Ref | Executive Lead & Project Director | Planned vs Actual | | | | | Comments / Update |
|--|-----------------------------------|-----------------------|--|-------------------|---------------|---------------|---------------|----|--|
| | | | | | HBRT Review | Exec. Team | F&P | HB | December 2020 |
| 3 year OHS Compliance Strategy and Security Review | 2,745 | 20.20 | Sue Green, Executive Director of Workforce Rod Taylor, Director Estates & Facilities | Planned | December 2020 | December 2020 | | | Reviewed by HBRT 01.12.2020 and feedback presented |
| | | | | Actual | December 2020 | | | | |
| Advanced Audiology Practitioner | 391 | 10.10 | Chris Stockport, Executive Director Primary & Community Care Clare Darlington, Assistant Area Director, Central | Planned | | | | | Case not approved at Exec Meeting held 02.12.2020 |
| | | | | Actual | November 2020 | December 2020 | | | |
| Bereavement Support Services | 107 | | Teresa Owen, Executive Director of Public Health Maureen Cain, Clinical Risk & Governance Womens | Planned | March 2021 | March 2021 | | | Update 03.12.2020: Business Case completed for third and final bereavement midwife, to be submitted to Secondary Care Development Group in December 2020 with an aim of completion by the end of Q4. |
| | | | | Actual | | | | | |
| Community Pharmacy Alcohol awareness submitted as per 3 Year programme plan / Lifestyles work stream: Increasing Alcohol Awareness and brief interventions | 150 | 1.80 | Teresa Owen, Executive Director Public Health Sue Murphy, Assistant Director, Head of Medicines Management, Pharmacy | Planned | March 2021 | March 2021 | | | Due for submission in Q4 - TBC |
| | | | | Actual | | | | | |
| Diabetes Service Review: Clinical Psychology | 150 | 4.70 | Chris Stockport, Executive Director Primary & Community Care | Planned | January 2021 | January 2021 | | | Business case to be presented to West F&P December 2020 |
| | | | | Actual | | | | | |
| Early Pregnancy Assessment Unit / Early Gynaecology Assessment Unit Business Case | 97 | | Teresa Owen, Executive Director of Public Health Fiona Giraud, Director of Midwifery & Womens Services, Maternity | Planned | | | | | Update 01.12.2020: This was submitted to Secondary Care Development Group (SCDG) in October 2020 and agreed in principle with an aim to test the service need initially across two sites (Central and West). The business case coincides with the Scanning Capacity business case which was agreed earlier this year. Awaiting recruitment to radiology in order to develop services over the weekend. A proof of concept will be undertaken for a period of 6 months and the evaluation of success reported back to SCDG by summer 2021. |
| | | | | Actual | | | | | |
| Eye Care Services Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists (eye care pathway and measures) | 1,971 | 4.40 | Alyson Constantine Hospital Director TBC | Planned | | | | | Business Case currently under review |
| | | | | Actual | | | | | |
| Investment in ED Clinical Capacity | 3,400 | | Sue Green, Executive Director of Workforce | Planned | | | | | |
| | | | | Actual | | | | | |
| Lymphedema / Tissue Viability | 340 | | Debra Hickman, Interim Executive Director Nursing & Midwifery | Planned | | | | | |
| | | | | Actual | | | | | |
| Primary and Community Care Academy (PACCA) | 800 | 11.30 | Chris Stockport, Executive Director Primary & Community Care Clare Darlington, Assistant Area Director, Primary Care, Central | Planned | January 2021 | January 2021 | February 2021 | | To be issued for HBRT review beginning January 2021 |
| | | | | Actual | | | | | |
| Sexual Health Cross Border | 117 | | | Planned | | | | | |
| | | | | Actual | | | | | |

| | | | | | | | | | | |
|--|--------------|-------|---|---------|--|--|--|--|--|---|
| Stroke Services | | | Arpan Guha, Acting Executive Medical Director | Planned | | | | | | High level indicative costs (overall budgetary impact) are as follows: Year 1 - £185k, Year 2, £1,745k, Year 3 £2,393 and Year 4 £2,473. Business case currently being reviewed |
| Confirm and agree the stroke service model and business case. Agree the priorities and phasing for current and future stroke services. | Circa: 7,500 | 13.70 | Rob Smith, Area Director - East | Actual | | | | | | |

| | | | | | | | | | |
|---|-------------------------|-------|---|---------|----------------|---------------|---------------|---------------|---|
| WOD Resource | | | Sue Green, Executive Director Workforce | Planned | August 2020 | | | | HBRT Comments collated and issued to WOD for progression to Exec Team |
| Resourcing Establishment Control Team | 270 | | TBC (was Lawrence Osgood) | Actual | September 2020 | | | | |
| Urology Services Redesigned | 2,439 (3 year total) | 6.20 | Gill Harris, Acting CEO | Planned | October 2020 | October 2020 | October 2020 | November 2020 | Revenue Case for robotic assisted surgery submitted / approved at F&P Committee: 29.10.2020. Submitted / approved at Health Board 12.11.2020 |
| Implement preferred service model for acute urology services. Finalise urology review. Linked to Robotic Assisted Surgery | | | Robyn Williams, Project Manager, Urology Implementation | Actual | October 2020 | October 2020 | October 2020 | November 2020 | Discussions still on going as to whether post recent HB approval of Robotics investment a separate business case is still required for the wider reconfiguration. |
| Infection Prevention & Control: Expand resource to meet demand and patient safety | 384 | | Debra Hickman, Interim Executive Director Nursing & Midwifery | Planned | | | | | Case reviewed by HBRT 05.11.2020 - and collated feedback issued |
| | | | | Actual | November 2020 | | | | |
| Corporate Safeguarding / Deprivation of Liberty Safeguards | 471 | | Debra Hickman, Interim Executive Director Nursing & Midwifery | Planned | | | | | |
| | | | | Actual | | | | | |
| Annual update Trauma Risk Management [TRiM] Training costs | 959 | | Debra Hickman, Interim Executive Director Nursing & Midwifery | Planned | | | | | |
| | | | | Actual | | | | | |
| Attend Anywhere | 501 | 18.20 | Dylan Williams, Chief Information Officer, Informatics | Planned | December 2020 | | | | Issued for HBRT review 07.12.2020 (feedback meeting 16.12.2020) |
| | | | | Actual | December 2020 | | | | |
| Digital Dictation / Speech Recognition | | 18.10 | Adrian Thomas, Executive Director Therapies & Health Sciences | Planned | | | | | |
| | | | Hospital Director TBC | Actual | | | | | |
| Medicine Transcription Electronic Discharge (MTED) | 127 reducing to 75 | 18.20 | Dylan Williams, Chief Information Officer, Informatics | Planned | December 2020 | December 2020 | | | Case reviewed by HBRT 01.12.2020. To be submitted to Exec Team Meeting - 09.12.2020 |
| | | | | Actual | December 2020 | | | | |
| Community Cardiology (Currently Heart Conditions Implementation Group - HCIG - Funded) | 208 | | Gill Harris, Acting CEO | Planned | January 2021 | | | | Under consideration by Secondary Care Development Group - anticipated case to be with HBRT January 2021 |
| Business Case - funding only assured until March 2021 | | | Helen Wilkinson, Strategic Manager Cardiac Services | Actual | | | | | |
| Cardiology Imaging | | | TBC | Planned | | | | | Joint Case with Radiology in development |
| Join Business Case with Radiology | | | Helen Wilkinson, Strategic Manager Cardiac Services | Actual | | | | | |
| Critical Care: Advanced Critical Care Practitioners in line with service needs at the three Acute Hospital sites | Circa: 250 | | Arpan Guha, Acting Executive Medical Director | Planned | May 2021 | | | | Business Case currently in development. Looking to complete the business case in Q1 of 2021 /22 - working on the assumption that the case is approved – the service would then be looking to make the ACCP appointments in Q3 of 2021/22. |
| | | | Richard Pugh, Clinical Lead for Critical Care | Actual | | | | | |
| Critical Care: Business Case to be developed for the shortfall in Allied Health Professional and Clinical Psychology workforce including Rehabilitation Co-ordinator and Rehabilitation Assistant posts at the three Acute Hospital sites | Circa: 700 | | Arpan Guha, Acting Executive Medical Director | Planned | January 2021 | February 2021 | February 2021 | March 2021 | Business case currently in development - anticipated completion January 2021. Working on the assumption that case is approved - service would be looking to make appointments in the 2021 / 22 financial year. |
| | | | Richard Pugh, Clinical Lead for Critical Care | Actual | | | | | |
| Former Flint Community Hospital | 339 | 14.60 | Rob Smith, Area Director - East | Planned | December 2020 | | | | Collaboration with Flint County Council (FCC). Case to be submitted to the Joint FFC Group. Case to be reviewed by HBRT in December 2020 |
| | | | | Actual | | | | | |
| Marleyfield Care Home Development | 340 | 14.60 | Rob Smith, Area Director - East | Planned | | | | | Joint strategic working with FCC and Health Board. |
| | | | | Actual | | | | | |
| Prehabilitation Business Case | Circa £1,000 | | Gareth Robinson, Managing Director, Wrexham Maelor Hospital | Planned | | | | | In development - Circa £1m |
| | | | | Actual | | | | | |

| | | | | | | | | | |
|--|--|--|--|---------|--|--|--|--|--|
| Radiology Business Case Capacity & demand exercise being undertaken / linked to Improved Access to Scanning | | | Adrian Thomas, Executive Director of Therapies & Health Sciences David Fletcher, Directorate General Manager, North Wales Managed Clinical Services | Planned | | | | | |
| | | | | Actual | | | | | |

| | | | | | | | | | |
|--|--|--|---|---------|--------------|--------------|---------------|--|---|
| Single Cancer Pathway | | | Adrian Thomas, Executive Director Therapies & Health Sciences | Planned | | | | | |
| Implement the new Single Cancer Pathway across North Wales | | | Geraint Roberts, General Manager, Cancer Services | Actual | | | | | |
| Welsh Nursing Care Record | | | Gill Harris, Acting CEO | Planned | January 2021 | January 2021 | February 2021 | | Case currently in draft form - comments received from Project Board currently being reviewed and case updated |
| | | | Jane Brady, Senior Lead Nursing Informatics Specialist | Actual | | | | | CFO: David Williams |
| Welsh Patient Administration System (WPAS) | | | Dylan Williams, Chief Information Officer, Informatics | Planned | | | | | Health Board / NWIS to submit joint bid to WG re: £2.888m funding gap for implementation (£1.615m HB / NWIS £1.273). Will be reviewed by the HBRT |
| Phase 4 Implementation | | | | Actual | | | | | |

WEST

| Business Case Title | Business Case Cost Estimate £000s | 2020/2021 Q3 / Q4 Ref | Executive Lead & Project Director | Planned vs Actual | | | | | Comments / Update |
|--|-----------------------------------|-----------------------|--|-------------------|-------------|------------|-----|----|--|
| | | | | | HBRT Review | Exec. Team | F&P | HB | November 2020 |
| Children's Continenence Services | | | Chris Stockport, Executive Director Primary & Community Care | Planned | | | | | Invest to Save proposal being re-visited |
| Business Case and PID development | | | Liz Fletcher, Assistant Area Director, Children's Services, West | Actual | | | | | |
| Criccieth and Porthmadog GP Practices | | | Chris Stockport, Executive Director Primary & Community Care | Planned | | | | | Delayed to 31.3.2021 until managed practice hosting arrangements completed to ensure consistent approach to roles and grades. |
| Primary Care Sustainability team in place | | | Wyn Thomas, Assistant Area Director of Primary Care, West | Actual | | | | | |
| Agree business case for merged service | | | | | | | | | |
| Generalist Pharmacist Practitioner | | | Chris Stockport, Executive Director Primary & Community Care | Planned | | | | | Sue Murphy to speak with Berwyn |
| Secure funding via a business case for pathfinder to develop a generalist pharmacist practitioner to support patient care in primary and community resulting in quality trained staff that are fully engaged in delivering excellent care and support. | | | Berwyn Owen, Chief Pharmacist | Actual | | | | | |
| Immunisation | | | Teresa Owen, Executive Director of Public Health | Planned | | | | | |
| Public protection through Immunisation | | | Liz Fletcher, Assistant Area Director, Children's Services, West | Actual | | | | | |
| Llanfair PG Health & Well-being Centre | | | Chris Stockport, Executive Director Primary & Community Care | Planned | | | | | Business case for original development proposal completed. Re-submission proposed for 21-22 programme |
| Model for Health & well-being centres created with partners based around a 'home first' ethos | | | TBC, Procurement & Homecare Lead Pharmacist | Actual | | | | | |
| Looked After Children | | | Chris Stockport, Executive Director Primary & Community Care | Planned | | | | | LAC post currently supported non-recurrently from ICF monies until end March 21. Business case to be drafted. |
| Business case / PID development | | | Liz Fletcher, Assistant Area Director, Children's Services, West | Actual | | | | | |
| Pharmacy & Medicines Management Mental Health Staffing | | | Berwyn Owen, Chief Pharmacist | Planned | | | | | Sue Murphy to speak with Berwyn |
| Development for OPMH for HASCAS group | | | Elizabeth Bond, Consultant Mental Health Pharmacist | Actual | | | | | |
| Penrhos Polich Nursing Home | | | Chris Stockport, Executive Director Primary & Community Care | Planned | | | | | A partnership project with Gwynedd Local Authority and Clwyd Alyn Housing Association. Timescales will be agreed shortly by the joint Project Board. |
| | | | Ffion Johnstone Area Director (West) | Actual | | | | | |

CENTRAL

| Business Case Title | Business Case Cost Estimate £000s | 2020/2021 Q3 / Q4 Ref | Executive Lead & Project Director | Planned vs Actual | | | | | Comments / Update |
|---|-----------------------------------|-----------------------|--|-------------------|--------------|--------------|---------------|------------|---|
| | | | | | HBRT Review | Exec. Team | F&P | HB | November 2020 |
| Project Paradise Integrated Extra Care Housing & Reablement Centre: Conwy County Borough Council / BCUHB Business Case Development | 1,800 | 14.62 | Bethan Jones, Area Director - Central Nicola Eatherington, Asst. Director Community Hospitals, Intermediate Care and Medical Specialities | Planned | January 2021 | January 2021 | February 2021 | March 2021 | Draft Benefits realisation plan produced, currently revising the business case based on feedback from Exec's on 30.09.20 |
| | | | | Actual | | | | | |
| North Wales Dental Training Unit | >250 | 12.60 | Chris Stockport, Executive Director Primary & Community Care Peter Greensmith, Assistant Business Support Manager | Planned | January 2021 | | | | At this stage project to determine if and when a revenue case would be required. There is funding to commission new service and additional funding of £250k from WG for the Training unit component. The project will aim to clarify for the January business case tracker. |
| | | | | Actual | | | | | |



| | | | | | |
|--|---|---|--|--|---|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | |
| Teitl yr Adroddiad Report Title: | Transparency in Supply Chains Consultation | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill, Acting Executive Director of Finance | | | | |
| Awdur yr Adroddiad Report Author: | Eric Gardiner, Finance Director - Provider Services | | | | |
| Craffu blaenorol: Prior Scrutiny: | None | | | | |
| Atodiadau Appendices: | None | | | | |
| Argymhelliad / Recommendation: | | | | | |
| The Committee is asked to note the contents of the report. | | | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | |
| | | | | Er gwybodaeth For Information | ✓ |
| Sefyllfa / Situation: | | | | | |
| To report to the Committee on the outcome of the UK Government's Transparency in Supply Chains consultation. | | | | | |
| Cefndir / Background: | | | | | |
| <p>On the 22nd September 2020, the UK Government published a document detailing their response to the Transparency in Supply Chains consultation. Section 3 of the consultation sought views on extending the transparency reporting requirement in the Modern Slavery Act to public bodies. This was proposed as a natural step towards increasing transparency and improving conditions for vulnerable workers.</p> <p>As a result of the consultation, the following will be implemented for public sector bodies:</p> <ul style="list-style-type: none"> • Extension of section 54 of the Modern Slavery Act 2015 to public bodies. • A budget threshold of £36m to determine which public bodies will be required to report. • Government will produce guidance to help public bodies establish whether they would be within this requirement. • Public bodies will be allowed to publish group statements. Government will publish guidance to help public bodies decide when and how to report as a group. • Public sector modern slavery statements must be signed off by the accounting officer, chief executive or equivalent role and approved by the senior management body. | | | | | |
| Asesiad / Assessment & Analysis | | | | | |

Strategy Implications:

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

Options considered

Not applicable – report is for information only.

Financial Implications:

Not applicable.

Risk Analysis:

The introduction of civil penalties means that non-compliance may be more likely to result in both loss of tenders and contract opportunities, and public and key stakeholder reputational challenges.

Legal and Compliance:

Key commitments are as follows:

- A mandate of the areas that modern slavery and human trafficking statements must cover will shortly be introduced to encourage effective action against modern slavery. If organisations have taken no steps within an area, they must state this clearly. They will also be encouraged to provide a reason for this.
- A new reporting service will be launched in early 2021 to allow organisations to publish their modern slavery and human trafficking statements on a government-run platform. This new service is being created to enhance transparency, making it easier to hold organisations accountable.

Transparency, compliance and enforcement

- Organisations will be required to report on the same twelve-month period (April to March): however, businesses will have six months to prepare their statements in time for a single reporting deadline of 30 September. This change makes it easier for external parties to monitor whether statements are up to date.
- Amended legislation will require organisations to name the entities covered in their modern slavery and human trafficking statement. It will also require the statements to state the date of the board approval and director sign-off.
- Civil penalties will be introduced for non-compliance, with the obligation to publish statements. A single enforcement body is also being developed in order to protect workers and ensure that employers are complying with the law.

Public sector supply chains

- Public bodies that have budgets of £36m or more will be required to publish slavery and human trafficking statements. Applicable public bodies will now need to report regularly on the steps they have taken to prevent modern slavery in their supply chains. Guidance will soon be published to help public bodies establish whether they are captured by this requirement.

Next steps

The Health Board is awaiting further direction and guidance from the Government before it can develop a local implementation plan. The outcome of the consultation was raised at the All Wales Board Secretaries meeting in October (attended by Welsh Government and NWSSP representatives). Discussions with NWSSP Procurement will be necessary to establish the process, responsibilities and

requirements which will help determine if a return is required by each Health Board or whether a single return is made for NHS Wales.

In the interim, the Health Board is reviewing and cross-referencing guidance already available to commercial organisations to ascertain whether there are any particular areas that may pose a risk in terms of meeting the requirements.

Impact Assessment:

Not applicable.



| | | | | | | | |
|--|--|---|--------------------------|--|--------------------------|--|-------------------------------------|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | | |
| Teitl yr Adroddiad Report Title: | Monthly Monitoring Report – Month 8 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Mrs Sue Hill, Acting Executive Director of Finance | | | | | | |
| Awdur yr Adroddiad Report Author: | Eric Gardiner, Finance Director, Provider Services | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | The submission made to Welsh Government required Chief Executive and Director of Finance sign off. | | | | | | |
| Atodiadau Appendices: | | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| Note the contents of the report that has been made to the Welsh Government about the Health Board's financial position for Month 8 of 2020/21. | | | | | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | <input type="checkbox"/> | Ar gyfer Trafodaeth For Discussion | <input type="checkbox"/> | Ar gyfer sicrwydd For Assurance | <input type="checkbox"/> | Er gwybodaeth For Information | <input checked="" type="checkbox"/> |
| Sefyllfa / Situation: | | | | | | | |
| To report to the Committee the completion of monthly reporting to the Welsh Government for Month 8 of 2020/21. | | | | | | | |
| Cefndir / Background: | | | | | | | |
| <p>The financial plan for 2020/21, approved by the Board, is to deliver a deficit of £40m and is based on delivering savings of £45m. The initial plan did not take into account the impact of COVID-19, and therefore has been refined throughout the year, in line with Welsh Government guidance.</p> <p>The Health Board's consolidated plan for the second half of the financial year was submitted in October and the expected clinical activity has been incorporated into this return. The Quarter 3 / 4 plan focuses on increasing planned care and dealing with winter escalation plans. However, we anticipate that fluctuations in COVID-19 infection rates across our population over the winter months may impact on delivery of the plan, potentially reducing activity and increasing costs.</p> | | | | | | | |
| Asesiad / Assessment & Analysis | | | | | | | |

Strategy Implications:

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

Options considered

Not applicable – report is for information only.

Financial Implications:

Financial position

- The in-month position is balanced, which is £3.3m under the plan for Month 8. This gives a cumulative year to date position of £0.2m surplus, which is a favourable variance of £26.9m against the planned deficit of £26.7m.
- The impact of COVID-19 in November is a surplus of £1.1m, with a year to date cost of £73.0m.

| | M01 | M02 | M03 | M04 | M05 | M06 | M07 | M08 | YTD | Forecast |
|--|---------------|--------------|--------------|--------------|-------------|---------------|--------------|--------------|---------------|----------------|
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| COVID-19 spend (incl. Field Hospitals) | 28.8 | 3.7 | 7.3 | 7.1 | 6.1 | 4.8 | 7.1 | (2.5) | 62.4 | 126.1 |
| Lost income | 1.2 | 1.4 | 1.2 | 1.6 | 1.6 | 0.4 | 1.0 | 1.0 | 9.4 | 13.6 |
| Non delivery of savings | 3.7 | 3.6 | 2.0 | 2.7 | 2.3 | 3.9 | 0.5 | 2.3 | 21.0 | 30.8 |
| Elective underspend | (2.4) | (2.8) | (2.2) | (2.6) | (1.9) | (1.5) | (1.7) | (1.5) | (16.6) | (23.3) |
| Slippage on planned investments | (0.2) | (0.1) | (0.5) | (0.5) | (0.2) | (0.2) | (0.5) | (0.3) | (2.5) | (5.0) |
| Cluster funding | 0.0 | 0.0 | (0.3) | (0.1) | 0.0 | (0.1) | (0.1) | (0.1) | (0.7) | (0.7) |
| ICF Funding | (0.3) | (0.7) | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total COVID-19 costs | 30.8 | 5.1 | 7.5 | 9.2 | 7.9 | 7.3 | 6.3 | (1.1) | 73.0 | 141.5 |
| Optimise Flow & Outcomes (ICF) | 0.0 | 0.0 | 0.0 | (1.6) | (0.1) | (0.1) | (0.1) | (0.1) | (2.0) | (2.5) |
| Mental Health Improvement Fund | 0.0 | 0.0 | 0.0 | (0.7) | 0.0 | 0.0 | 0.0 | 0.0 | (0.7) | (0.7) |
| GMS (DES) | 0.0 | 0.0 | 0.0 | (0.1) | 0.0 | 0.0 | 0.0 | 0.0 | (0.1) | (0.2) |
| Welsh Government | (30.8) | (5.1) | (7.5) | (6.8) | 19.8 | (34.8) | (6.2) | 1.2 | (70.2) | (138.1) |
| Total COVID-19 income | (30.8) | (5.1) | (7.5) | (9.2) | 19.7 | (34.9) | (6.3) | 1.1 | (73.0) | (141.5) |
| Impact on position | 0.0 | 0.0 | 0.0 | 0.0 | 27.6 | (27.6) | 0.0 | 0.0 | 0.0 | 0.0 |

- Cumulatively, specific funding sources totalling £2.8m have been redirected to COVID-19 to cover some of these costs. £70.2m of Welsh Government income has been received or notified to cover the remaining costs to date. Therefore, overall the costs of COVID-19 are not impacting on the year to date position or the forecast position. Total forecast cost of COVID-19 is £141.5m.
- The cost advisor has been reviewing the total setup costs for the Field Hospitals and is in the process of agreeing the final accounts. As a result, the costs have reduced by £8.7m this month and now reflect the actual costs with a small number of caveats. This reduction in cost has led to the overall surplus COVID-19 position in November.
- Forecasts for COVID-19 have been further refined this month, resulting in a reduction of £14.2m in the overall cost.

| | Forecast at Month 7 £m | Forecast at Month 8 £m | Movement £m |
|---------------------------------|------------------------------|------------------------------|----------------|
| COVID-19 spend | 98.1 | 95.0 | (3.1) |
| Field Hospitals | 34.8 | 31.1 | (3.7) |
| Lost income | 13.6 | 13.6 | 0.0 |
| Non delivery of savings | 31.9 | 30.8 | (1.1) |
| Elective underspend | (19.7) | (23.3) | (3.6) |
| Slippage on planned investments | (2.3) | (5.0) | (2.7) |
| Cluster funding | (0.7) | (0.7) | 0.0 |
| Total | 155.7 | 141.5 | (14.2) |

- There have been movements in several of the funding streams and as these forecasts have been reviewed and developed, and additional monies received for specific types of expenditure, it has been determined that not all of the £83.1m additional COVID-19 support is now required and so this has been reduced by £6.9m to £76.2m.
- The original forecast, which was prior to the COVID-19 funding notification, was based upon the reasonable worst-case scenario for COVID-19 cases and these have been significantly improved by the Welsh Government and UK preventative actions. The Health Board was also expecting to incur costs for the use of private sector capacity in Quarter 4 and this has not been possible, so the costs for staff and consumables related to this activity have not arisen.
- An Accountable Officer letter will be submitted to Welsh Government confirming the reduced COVID-19 funding requirements on the 14th December.

Forecast

- Following receipt of the £40.0m Welsh Government funding to cover the planned deficit, the forecast financial position at Month 8 continues to be a balanced position.

Risk Analysis:

- There are opportunities to improve the financial position by £2.4m, which relate to the savings schemes that are in the pipeline and are anticipated will move into green or amber. In addition, the current block contract arrangement with NHSE has been revised to a reduced % value. Depending on levels of activity, this could result in a financial benefit to the Health Board, but this cannot yet be determined and discussions with providers continue. There are three risks to the financial position, but the value of these cannot be currently quantified. These are detailed in Section 3 of the attached report.

Legal and Compliance:

Not applicable.

Impact Assessment:

Not applicable.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MONITORING RETURN

MONTH 8 2020/21

Sue Hill

Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial Plan

- The financial plan for 2020/21, approved by the Board, is to deliver a deficit of £40m, based on delivering savings of £45m.
- The initial plan did not take into account the impact of COVID-19, and therefore has been refined throughout the year, in line with Welsh Government guidance.
- The Health Board's consolidated plan for the second half of the financial year was submitted in October and the expected clinical activity has been incorporated into this return. The Quarter 3 / 4 plan focuses on increasing planned care and dealing with winter escalation plans. However, we anticipate that fluctuations in COVID-19 infection rates across our population over the winter months may impact on delivery of the plan, potentially reducing activity and increasing costs.

1.2 Financial Position

- The in-month position is balanced, which is £3.3m under the plan for Month 8. This gives a cumulative year to date position of £0.2m surplus, which is a favourable variance of £26.9m against the planned deficit of £26.7m.
- The impact of COVID-19 in November is a surplus of £1.1m, with a year to date cost of £73.0m.

| | M01 | M02 | M03 | M04 | M05 | M06 | M07 | M08 | YTD | Forecast |
|--|---------------|--------------|--------------|--------------|-------------|---------------|--------------|--------------|---------------|----------------|
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| COVID-19 spend (incl. Field Hospitals) | 28.8 | 3.7 | 7.3 | 7.1 | 6.1 | 4.8 | 7.1 | (2.5) | 62.4 | 126.1 |
| Lost income | 1.2 | 1.4 | 1.2 | 1.6 | 1.6 | 0.4 | 1.0 | 1.0 | 9.4 | 13.6 |
| Non delivery of savings | 3.7 | 3.6 | 2.0 | 2.7 | 2.3 | 3.9 | 0.5 | 2.3 | 21.0 | 30.8 |
| Elective underspend | (2.4) | (2.8) | (2.2) | (2.6) | (1.9) | (1.5) | (1.7) | (1.5) | (16.6) | (23.3) |
| Slippage on planned investments | (0.2) | (0.1) | (0.5) | (0.5) | (0.2) | (0.2) | (0.5) | (0.3) | (2.5) | (5.0) |
| Cluster funding | 0.0 | 0.0 | (0.3) | (0.1) | 0.0 | (0.1) | (0.1) | (0.1) | (0.7) | (0.7) |
| ICF Funding | (0.3) | (0.7) | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total COVID-19 costs | 30.8 | 5.1 | 7.5 | 9.2 | 7.9 | 7.3 | 6.3 | (1.1) | 73.0 | 141.5 |
| Optimise Flow & Outcomes (ICF) | 0.0 | 0.0 | 0.0 | (1.6) | (0.1) | (0.1) | (0.1) | (0.1) | (2.0) | (2.5) |
| Mental Health Improvement Fund | 0.0 | 0.0 | 0.0 | (0.7) | 0.0 | 0.0 | 0.0 | 0.0 | (0.7) | (0.7) |
| GMS (DES) | 0.0 | 0.0 | 0.0 | (0.1) | 0.0 | 0.0 | 0.0 | 0.0 | (0.1) | (0.2) |
| Welsh Government | (30.8) | (5.1) | (7.5) | (6.8) | 19.8 | (34.8) | (6.2) | 1.2 | (70.2) | (138.1) |
| Total COVID-19 income | (30.8) | (5.1) | (7.5) | (9.2) | 19.7 | (34.9) | (6.3) | 1.1 | (73.0) | (141.5) |
| Impact on position | 0.0 | 0.0 | 0.0 | 0.0 | 27.6 | (27.6) | 0.0 | 0.0 | 0.0 | 0.0 |

- Cumulatively, specific funding sources totalling £2.8m have been redirected to COVID-19 to cover some of these costs. £70.2m of Welsh Government income has been received or notified to cover the remaining costs to date. Therefore, overall the costs of COVID-19 are not impacting on the year to date position or the forecast position. Total forecast cost of COVID-19 is £141.5m.

1. FINANCIAL POSITION & FORECAST

- The cost advisor has been reviewing the total setup costs for the Field Hospitals and is in the process of agreeing the final accounts. As a result, the costs have reduced by £8.7m this month and now reflect the actual costs with a small number of caveats. This reduction in cost has led to the overall surplus COVID-19 position in November.
- Forecasts for COVID-19 have been further refined this month, resulting in a reduction of £14.2m in the overall cost. There have been movements in several of the funding streams and the detail of this is included in section 4.1. As these forecasts have been reviewed and developed, and additional monies received for specific types of expenditure, it has been determined that not all of the £83.1m additional COVID-19 support is now required and so this has been reduced by £6.9m to £76.2m.
- The original forecast, which was prior to the COVID-19 funding notification, was based upon the reasonable worst-case scenario for COVID-19 cases and these have been significantly improved by the Welsh Government and UK preventative actions. The Health Board was also expecting to incur costs for the use of private sector capacity in Quarter 4 and this has not been possible, so the costs for staff and consumables related to this activity have not arisen.
- An Accountable Officer letter will be submitted to Welsh Government confirming the reduced COVID-19 funding requirements on the 14th December.
- The table below shows the movement between forecast COVID-19 costs last month and this month:

| | Forecast at Month 7 £m | Forecast at Month 8 £m | Movement £m |
|---------------------------------|------------------------------|------------------------------|----------------|
| COVID-19 spend | 98.1 | 95.0 | (3.1) |
| Field Hospitals | 34.8 | 31.1 | (3.7) |
| Lost income | 13.6 | 13.6 | 0.0 |
| Non delivery of savings | 31.9 | 30.8 | (1.1) |
| Elective underspend | (19.7) | (23.3) | (3.6) |
| Slippage on planned investments | (2.3) | (5.0) | (2.7) |
| Cluster funding | (0.7) | (0.7) | 0.0 |
| Total | 155.7 | 141.5 | (14.2) |

- There is a continual review of COVID-19 costs and forecasts have been amended in line with this. In November, some of the key reductions are for TTP of £2.4m and PPE of £0.9m.
 - Field Hospital costs have reduced primarily as a result of review of set up and decommissioning costs by the cost advisors, as noted elsewhere in the report. In addition, running costs have reduced as only one hospital is currently open.
-

1. FINANCIAL POSITION & FORECAST

- Savings delivery forecasts have increased as pipeline plans are moved into development and new schemes are identified.
- Elective underspends and slippage in planned investments have increased. It was anticipated that business as usual would have started by now and even with the submission of the Quarter 3 / 4 plan, it was expected that we could begin to undertake some development work. However, increasing COVID-19 rates following the October firebreak mean that plans have had to be delayed. The Health Board is expecting COVID-19 infection rates to continue to increase post-Christmas and so we have needed to adapt and revise our plans in line with this.

1.3 Forecast

- Following receipt of the £40.0m Welsh Government funding to cover the planned deficit, the forecast financial position at Month 8 continues to be a balanced position.
-

2. UNDERLYING POSITION

2.1 Movement from Financial Plan (Table A)

- The underlying position brought forward from 2019/20 was a deficit of £57.7m, with an opening plan of £40m deficit.
-

3. RISK MANAGEMENT

3.1 Risk Management (Table A2)

- The below are risks to the Health Board's financial position for 2020/21.

| | £m | Level | Explanation |
|--|-----|-------|--|
| Opportunities | | | |
| Red Pipeline Savings Schemes | 2.4 | | Red rated savings schemes that total £2.4m are currently held in pipeline and are due to start delivering over the next month. |
| Contracting Benefit | | | The current block contract arrangement with NHSE has been revised to a reduced % value. Depending on levels of activity, this could result in a financial benefit to the Health Board. We are working with our providers to understand what this may mean for the Health Board and will provide an update each month. At present, we are unable to quantify what any potential benefit may be. |
| Risks | | | |
| Savings Programme | | | There is a risk that the amber schemes within the savings programme will not deliver to their forecast values. |
| Hallett v Derby Hospitals NHS Foundation Trust | | | It has not yet been determined how this case will impact on the Health Board and what the financial implications may be. Further investigations are being undertaken to quantify any potential impact. |
| Flowers Judgement | | | NWSSP Employment law team have confirmed that the holiday pay issues arising from the Flowers judgement is ongoing and the outcome of the Supreme Court appeal is awaited. |

4. INCOME & EXPENDITURE

4.1 Income (Table B)

- Income totals £143.4m for November.
- Confirmed allocations to date are £1,711.7m, with further anticipated allocations in year of £35.6m, a total forecast Revenue Resource Limit (RRL) of £1,747.3m for the year.
- £132.8m of the RRL has been profiled into November, which is £27.5m less than in September. This reflects the £23.4m of funding from the transformation package of support that was brought into the position last month to fund the year to date deficit.
- A reconciliation between the RRL phased into the position and an equal phasing is shown in the table below.

| | M08 £m |
|---|------------|
| RRL (Table E) | 1,747.3 |
| Less COVID-19 funding (Table A, line 22) | (141.5) |
| Less funding for specific purposes, e.g. drug treatment fund / medical pay etc. | (43.2) |
| Adjusted RRL | 1,562.6 |
| Equal 12ths phasing | 1,041.7 |
| Add YTD COVID-19 costs | 73.0 |
| Phased YTD RRL | 1,114.7 |
| Actual YTD RRL (Table B) | 1,114.7 |
| Variance | 0.0 |

- Total Welsh Government COVID-19 income is forecast at £141.5m for the year, of which £73.0m has been included in the year to date financial position. The remaining funding is forecast to be spent in the last four months of the financial year.

4. INCOME & EXPENDITURE

| | Total Funding £m | Actual Expenditure to M08 £m | Forecast Expenditure M09 to M12 £m |
|--|------------------------|---------------------------------------|---|
| Additional COVID-19 support | 76.2 | 39.6 | 36.6 |
| Field Hospital commissioning costs | 14.9 | 14.9 | 0.0 |
| Trace element of TTP (including IT) | 8.8 | 1.9 | 6.9 |
| Field Hospital decommissioning cost | 7.9 | 0.0 | 7.9 |
| PPE | 6.1 | 3.5 | 2.6 |
| Quarter 1 Pay | 5.4 | 5.4 | 0.0 |
| Support for adult social care providers | 5.0 | 2.2 | 2.8 |
| COVID-19 vaccination programme | 2.7 | 0.1 | 2.6 |
| Discharge to Recover and Assess | 2.2 | 0.1 | 2.1 |
| COVID-19 testing | 1.9 | 0.5 | 1.4 |
| Extended flu vaccination programme | 1.8 | 0.7 | 1.1 |
| Consequential losses | 1.8 | 0.9 | 0.9 |
| Ambulatory care (Same Day Emergency Care) | 1.3 | 0.0 | 1.3 |
| Ambulatory care | 0.8 | 0.0 | 0.8 |
| Additional cross border costs 0.8% | 0.5 | 0.3 | 0.2 |
| Primary Care Centre Pathfinders | 0.5 | 0.0 | 0.5 |
| Voluntary Sector Mental Health Service Provision | 0.2 | 0.0 | 0.2 |
| MH Helpline | 0.1 | 0.1 | 0.0 |
| COVID-19 Specific Funding | 138.1 | 70.2 | 67.9 |
| Optimise Flow & Outcomes (ICF) | 2.5 | 2.0 | 0.5 |
| Mental Health Improvement Fund | 0.7 | 0.7 | 0.0 |
| GMS (DES) | 0.2 | 0.1 | 0.1 |
| Redirected Funding | 3.4 | 2.8 | 0.6 |
| Total Welsh Government Funding | 141.5 | 73.0 | 68.5 |

- As estimates of COVID-19 expenditure are progressed and plans are further developed, forecast costs change. Where funding has been notified to specifically cover specific costs, this has been amended in line with the changes to forecast expenditure. The following changes to COVID-19 income have been made during Month 8:

4. INCOME & EXPENDITURE

| | Total Funding at M07 £m | Total Funding at M08 £m | Movement £m |
|---------------------------------------|----------------------------------|----------------------------------|----------------|
| Funding movements from M07 | | | |
| Additional COVID-19 support | 83.1 | 76.2 | (6.9) |
| Field Hospital commissioning costs | 23.6 | 14.9 | (8.7) |
| Trace element of TTP (including IT) | 11.2 | 8.8 | (2.4) |
| PPE | 7.0 | 6.1 | (0.9) |
| COVID-19 vaccination programme | 3.3 | 2.7 | (0.6) |
| Field Hospital decommissioning cost | 2.2 | 7.9 | 5.7 |
| COVID-19 testing | 2.1 | 1.9 | (0.2) |
| Extended flu vaccination programme | 2.0 | 1.8 | (0.2) |
| Sub-total | 134.5 | 120.3 | (14.2) |
| Unchanged Funding | 21.2 | 21.2 | 0.0 |
| Total Welsh Government Funding | 155.7 | 141.5 | (14.2) |

- The main adjustment relates to the overall additional COVID-19 support, where a review of forecast costs has determined that the full funding originally provided by Welsh Government is no longer required. This has therefore been reduced, in line with the lower forecast costs included in Table B3.
- As a result, additional funding for the annual leave liability, included in forecast costs at £10.1m, is not required and will be funded from the additional COVID-19 support monies.
- The set up costs for the Field Hospitals have been finalised this month and are £8.7m less than forecast. However, the forecast for the decommissioning of these hospitals has increased by £5.7m, so there is overall a net reduction of £3.0m related to Field Hospitals.
- The impact of COVID-19 has resulted in lost income of £1.0m during November, which mainly relates to General Dental Services (GDS) patient income. Included in 'Other' is income lost from private patients and training course fees.

| Loss of Income | M08 £m |
|--------------------------------|------------|
| Dental Patient Charge Revenue | 0.4 |
| Non-contracted activity (NCAs) | 0.3 |
| Injury Cost Recovery Scheme | 0.1 |
| Other | 0.2 |
| Total Income | 1.0 |

4. INCOME & EXPENDITURE

4.2 Expenditure (Table B)

- Expenditure totals £143.4 for Month 8, £9.0m less than in Month 7.
- A reduction of £2.5m in expenditure is directly related to COVID-19 this month, of which £2.3m is included in pay and an expenditure reduction of £4.8m across non-pay expenditure categories (due to the Field Hospital set up cost reduction).
- The impact of COVID-19 on the savings programme has resulted in planned savings of £2.3m not being achieved this month and this shortfall is included within non-pay. Elective care activity during November still remains below usual level, giving a reduction in planned care non-pay spend of £1.5m. In addition, there is slippage on investments of £0.3m cluster funding of £0.1m offsetting costs.

| | |
|---------------------------|--|
| Primary Care | <ul style="list-style-type: none">– Expenditure has increased by £0.7m in November.– In General Medical Services (GMS), there are increasing costs of drugs reported through GMS Dispensing and cost pressures within Managed Practices, particularly in relation to locum GP costs. However, this is partially offset by slippage on Partnership Premium / Seniority payments and Enhanced Services. There are also additional premium costs for the flu DES for October, with claims paid in November, estimated at £0.2m and additional dispensing costs of £0.3m.– Further details are awaited on a potential Christmas DES and QAIF reduction impact moving into the Global Sum from the Welsh Government allocation table. |
| Primary Care Drugs | <ul style="list-style-type: none">– Spend has decreased by £0.6m this month. The data for September, received this month, showed a decrease in the average cost per prescribing day, driven by a decrease in the number of items prescribed.– The prescribing forecast is based on the rolling average cost per prescribing day. The actual costs for September were £0.3m lower than had been accrued and the future forecast has been revised to rolling average, both of which led to the reduced spend this month.– Despite the reductions seen this month, the overall trend is on an upward trajectory and GP prescribing and dispensing costs continue to be a cost pressure in 2020/21. The year to date overspend at Month 8 is £3.3m, with a forecast overspend of £7.0m for the year. |

4. INCOME & EXPENDITURE

| | |
|---|--|
| Provided Services - Pay | <ul style="list-style-type: none"> – Details are provided in Section 5. |
| Provider Services Non-Pay | <ul style="list-style-type: none"> – There has been a decrease of £8.8m in expenditure compared to Month 7, which relates to decreased expenditure on COVID-19. – The main reason is a reduction in the set-up costs of the Field Hospitals, which has fallen by £8.7m this month as costs have been reviewed by the cost advisors and finalised. |
| Secondary Care Drugs | <ul style="list-style-type: none"> – Costs have decreased by £0.3m to spend of £6.0m in the month, which is still just above the run rate for the year. – The decrease this month is due to a fall in spend on Oncology drugs. It had been expected that Oncology drugs costs would rise following an increase in Cancer patients presenting later than they would normally due to the pandemic, but this had not yet been seen. |
| Healthcare Services provided by other NHS Bodies | <ul style="list-style-type: none"> – Due to the national agreement to maintain payments to other NHS organisations via block contracts, costs are generally fixed, despite those organisations only undertaking very low levels of activity on behalf of the Health Board. – There has been £1.1m (equivalent to 5%) increase in spend compared to Month 7, as there were a number of write backs and adjustments to the WHSCC contract last month that reduced spend. In addition, this month there has been a small increase in Non-Contracted Activity (NCA) costs. |
| Continuing Health Care (CHC) and Funded Nursing Care (FNC) | <ul style="list-style-type: none"> – Expenditure in November has remained the same as last month. – There continue to be to a small number of high cost cases in Children's CHC. |
| Other Private and Voluntary Sector | <ul style="list-style-type: none"> – Expenditure relates to a variety of providers, including hospices and Mental Health organisations. – Costs have returned to normal levels this month, following a coding error correction in the previous month. |
| Joint Financing | <ul style="list-style-type: none"> – Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget. |
| Losses, Special Payments and Irrecoverable Debts | <ul style="list-style-type: none"> – Includes Redress, Clinical Negligence, Personal Injury and loss of property. – There was an increase in spend of £0.3m this month, of which £0.2m related to an adjustment to the bad debt provision and |

4. INCOME & EXPENDITURE

| | |
|----------------|---|
| | £0.1m to the clinical negligence provision. |
| Capital | – Includes depreciation and impairment costs, which are fully funded. |

4.3 Forecast (Table B)

- Forecast costs for the remainder of the year include plans for unscheduled care, planned care and also schemes from the Quarter 3 / 4 plan, with a significant amount of these costs related to pay. Forecasts have been reduced from last month based on a review of plans, as noted earlier in the report, but there are still some developments that are going ahead.
- The pay costs of the COVID-19 vaccination programme are expected to increase from Month 10 onwards. Further detail on these costs, and those of the extended flu programme, are included in section 6.3.1. In addition, the annual leave liability estimated at £10.1m, is included in Month 12 pay costs, as detailed in section 6.3.2.
- Non-pay costs related to Test Trace Protect (TTP) are forecast to increase from December through to March. These are the payments to Local Authorities and are forecast to increase from £0.4m in Month 8 to £1.7m in Month 12. The £7.9m decommissioning costs of the Field Hospitals are also included in non-pay costs in March.
- Other Private and Voluntary sector costs are forecast to increase towards the end of the year due to additional outsourced CAHMS work to reduce waiting lists that have built up over the pandemic due to reduced activity.

4.4 Accountancy Gains (Table B)

The Health Board is reporting an accountancy gain of £0.3m in Month 8. This relates to Mental Health and has arisen from a responsible commissioner income claim. In the 2019/20 accounts, the income from invoices raised to another organisation for recharge of bed days for non BCUHB residents to the appropriate responsible commissioner was offset by a bad debt provision, as the invoices were in dispute. However, the Health Board has been successful in challenging the dispute and the income has now been received.

4.5 Committed Reserves and Contingencies (Table B)

- The Diagnostic Sustainability reserve has started to be spent in Month 8. There had been a delay in spending due to the implementation of solutions such as CT in a Box that arrived late. Radiology anticipate the current solutions will be maintained until March 2021.

5. PAY EXPENDITURE

5.1 Pay (Table B2)

- Total pay costs in November are £69.2m. Provided Services pay costs are £67.3m, which is £0.8m lower than in October. Primary Care pay costs at £1.9m are the same as last month. A total of £2.3m of pay costs were directly related to COVID-19.
- Medical and Dental costs have decreased by £1.4m. Month 7 included 7/12ths of the cost and funding for the back dated pay award, which inflated costs by £2.3m. Excluding the impact of this, spend has increased by £0.9m due to recruitment related to operational plans.
- Nursing and Additional Clinical Services costs have increased by £0.6m and £0.1m respectively. The Health Board has been unable to fill some nursing shifts using contracted agency providers. To maintain safe staffing levels, some areas this month have needed to use off-contract agency nurses and agency Healthcare Support Workers. The Health Board is monitoring the situation and ensuring that requests are escalated as per internal procedures.
- Student costs have reduced by a further £0.2m, reflecting the tail off in the use of student nurses to help with the pandemic response.

5.2 Agency/Locum Expenditure (Table B2)

- Agency costs for Month 8 are £3.1m, representing 4.5% of total pay, a decrease of £0.2m on last month. Agency spend related to COVID-19 in November was £0.5m, £0.3m lower than last month.
 - Medical agency costs have decreased by £0.1m to an in-month spend of £1.6m. Of this, £0.2m related to COVID-19 work, £0.2m lower than October.
 - Nurse agency costs totalled £1.0m for the month, £0.1m lower than last month. These costs include £0.2m relating to COVID-19.
 - Other agency costs total £0.5m this month, the same as in October. £0.1m relates to COVID-19, primarily Admin and Clerical staff working in TTP.
-

6. COVID-19 ANALYSIS

6.1 COVID-19 Actual Costs (Table B3)

- The total impact of COVID-19, including the Field Hospitals and TTP for November is a reduction of £1.1m. A total of £0.1m of specific funding has been redirected and used to offset the costs of COVID-19. Therefore, the Welsh Government funding required to offset the impact of COVID-19 to date has reduced by £1.2m this month.
- Included in Field Hospital costs are consequential losses totalling £0.9m for the year to date. The current assessment of consequential losses is estimated at £1.8m, which is the same as at Month 7. Negotiations continue; this value remains subject to revision as discussions progress and if any if the rules on social contact change.
- As noted previously, a review of the set up costs for the Field Hospitals had identified a reduction of £8.7m, to a revised cost of £14.9m. There has been a decrease in contract costs, non-works and contingency across all three Field Hospitals.

6.2 COVID-19 Forecast Costs (Table B3)

- The forecast costs and expenditure relating to COVID-19 will be reviewed and revised as the Health Board develops and adjusts the plan. The current total cost of COVID-19 is forecast to be £141.5m.
- Savings delivery for the year will be reduced against the plan of £45.0m and indicative estimates are that this will be £14.2m, although there are £2.4m of red rated schemes in the pipeline, which it is anticipated will increase savings delivery this year to £16.6m. Work is ongoing to increase the level of savings delivery during the year.
- Costs for decommissioning the field hospitals are currently estimated at £7.9m, to be incurred in March. This is a £5.7m increase on previous estimates, following an assessment by the cost advisors this month. This is split across the three hospitals as follows:

| | £m |
|-----------------------|------------|
| Ysbyty Enfy Bangor | 2.0 |
| Ysbyty Enfy Llandudno | 2.5 |
| Ysbyty Enfy Deeside | 3.4 |
| Total | 7.9 |

- Elective under spends will continue for the rest of the year. It is expected that full capacity will not be reached in 2020/21 due to the requirements of social distancing for staff and patients and the continued increase in COVID-19 patients in hospital beds. The forecast elective under spend for the year is £23.3m.
-

6. COVID-19 ANALYSIS

6.3 Key Areas (Table B3)

6.3.1 Extended flu and COVID-19 vaccination programmes

- Costs for the extended flu programme and the COVID-19 vaccination programme have been included in Table B3 as follows.

| Extended Flu Vaccination Programme | Table B3 Row | M08 £000 | M09 £000 | M10 £000 | M11 £000 | M12 £000 | YTD £000 | Total £000 |
|---|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------|
| <u>Pay</u> | | | | | | | | |
| Establishment: Nursing & Midwifery Registered | 5 | 47 | 5 | 0 | 0 | 0 | 47 | 52 |
| Total Pay | | 47 | 5 | 0 | 0 | 0 | 47 | 52 |
| <u>Non-Pay</u> | | | | | | | | |
| Additional costs in Primary Care | 59 | 614 | 567 | 480 | 0 | 0 | 614 | 1,661 |
| Drugs inc Medical Gases | 70 | 54 | 6 | 0 | 0 | 0 | 54 | 60 |
| Total Non-Pay | | 668 | 573 | 480 | 0 | 0 | 668 | 1,721 |
| Total | | 715 | 578 | 480 | 0 | 0 | 715 | 1,773 |

| COVID-19 Vaccination Programme | Table B3 Row | M07 £000 | M08 £000 | M09 £000 | M10 £000 | M11 £000 | M12 £000 | YTD £000 | Total £000 |
|---|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------|
| <u>Pay</u> | | | | | | | | | |
| Establishment: Administrative & Clerical | 3 | 0 | 7 | 27 | 200 | 250 | 250 | 7 | 734 |
| Establishment: Nursing & Midwifery Registered | 5 | 0 | 2 | 10 | 10 | 10 | 10 | 2 | 42 |
| Establishment: Additional Clinical Services | 7 | 0 | 0 | 20 | 433 | 483 | 584 | 0 | 1,520 |
| Agency: Administrative & Clerical | 13 | 58 | 21 | 21 | 21 | 21 | 21 | 79 | 163 |
| Total Pay | | 58 | 30 | 78 | 664 | 764 | 865 | 88 | 2,459 |
| <u>Non-Pay</u> | | | | | | | | | |
| IT Costs | 77 | 13 | 6 | 9 | 10 | 10 | 10 | 19 | 58 |
| M&SE - consumables | 80 | 0 | 0 | 10 | 30 | 50 | 75 | 0 | 165 |
| Transportation | 89 | 0 | 0 | 5 | 5 | 5 | 5 | 0 | 20 |
| Total Non-Pay | | 13 | 6 | 24 | 45 | 65 | 90 | 19 | 243 |
| Total | | 71 | 36 | 102 | 709 | 829 | 955 | 107 | 2,702 |

- There has been a small reduction (£0.2m) in the forecast cost of the extended flu programme. Costs started to be incurred from November as additional vaccines became available.
- Forecast costs for the COVID-19 vaccination programme have reduced by £0.6m from last month due to a later start than previously anticipated and a change in delivery model.

6.3.2 Annual leave liability

- The Health Board does not ordinarily permit the carry forward of annual leave from one year to another, except for staff on Medical and Dental contracts where the leave year differs from the accounting period and where staff have been prevented from taking their leave entitlement due to either long term sickness or maternity leave. This requirement was

6. COVID-19 ANALYSIS

relaxed at the end of the 2019/20 financial year for members of staff who were unable to take leave due to operational requirements resulting from the COVID-19 pandemic.

- Whilst discussions to ensure a consistent approach and calculation methodology for the carry forward of annual leave across NHS Wales are on-going, the Health Board's current forecasts are based on all staff being permitted to carry forward a maximum of five days leave at the end of the 2020/21 financial year.
- Using this approach, the Health Board is currently estimating a maximum increase of £10.1m in the annual leave accrual, based on an analysis of its Electronic Staff Record (ESR) at Month 8. This increase has been included in Table B3 - COVID-19 Analysis, analysed over the following pay expenditure types in Table B2:

| Pay Expenditure Type | £000 |
|--|---------------|
| Administrative, Clerical and Board Members | 1,711 |
| Medical & Dental | 600 |
| Nursing & Midwifery Registered | 3,867 |
| Professional, Scientific and Technical | 618 |
| Additional Clinical Services | 1,563 |
| Allied Health Professionals | 738 |
| Healthcare Scientists | 227 |
| Estates and Ancillary | 663 |
| Students | 113 |
| Total | 10,100 |

- The Health Board will fund the cost of this accrual from the additional COVID-19 support funding.
 - Staff continue to be encouraged to take annual leave entitlements as they fall due, to ensure adequate breaks from the workplace. The position on potential carry forward of leave will become clearer following the Christmas and New Year holiday period. This calculation exercise will be repeated and refined in early January, so that a fixed value can then be included in the Month 9 submission.
 - The anticipated allocation reported in Table E of the Month 8 submission has been included on a resource only basis, on the assumption that required cash support will be requested through working capital movements during 2021/22 when annual leave is taken and any additional costs are incurred to cover roles during periods of absence.
 - The Health Board is also currently assuming that the arrangements for carry forward of annual leave will revert to previous arrangements in 2021/22 and that this will result in a
-

6. COVID-19 ANALYSIS

negative resource adjustment to reflect the impact of the reduction in the annual leave accrual on the financial position next year.

7. SAVINGS

7.1 Savings (Tables C – C3)

- Development of the savings programme and delivery of savings continues to improve. Savings of £1.8m (including income generation and accountancy gains) are reported in Month 8, increasing the year to date delivery to £9.1m. Schemes currently in delivery have a forecast in-year value in Table A of £14.2m, an increase of £1.0m from the Month 7 position. Savings forecast delivery has been enhanced through the addition of new schemes and movements from pipeline, with further new schemes entering the pipeline.
 - The total in-year forecast for savings (including income generation and accountancy gains) including pipeline has increased to £16.6m, from the £15.7m reported last month. Schemes that remain in the 2020/21 pipeline amount to £2.4m and work is progressing to move these into amber / green during Month 9.
 - The Health Board is currently considering options and capacity requirements for the savings delivery and PMO function to be re-established. This will enable dedicated capacity to be re-instated to not only drive the schemes currently identified, but also to develop further opportunities for both in-year savings and the 2021/22 programme.
-

8. WELSH NHS ASSUMPTIONS

8.1 Income/Expenditure Assumptions (Table D)

- All Welsh NHS contracts have now been agreed and signed.
-

9. RESOURCE LIMITS

9.1 Resource Limits (Table E)

- Income for COVID-19 costs has only been anticipated from Welsh Government where it has been notified to the Health Board. This totals £25.0m for 2020/21, identified as follows:

| WG Anticipated COVID-19 Income | £m |
|---|-------------|
| Additional COVID-19 support | -6.9 |
| Field Hospital decommissioning costs | 7.9 |
| Test Trace Protect (TTP) | 4.1 |
| PPE | 4.1 |
| Field Hospital commissioning costs | 2.8 |
| COVID-19 vaccination programme | 2.7 |
| Discharge to Recover and Assess | 2.2 |
| COVID-19 testing | 1.9 |
| Extended flu vaccination programme | 1.8 |
| Consequential losses | 1.8 |
| Ambulatory care (Same Day Emergency Care) | 1.3 |
| Ambulatory care | 0.8 |
| Primary Care Centre Pathfinders | 0.5 |
| Total | 25.0 |

10. STATEMENT OF FINANCIAL POSITION

10.1 Statement of Financial Position (Table F)

- Key movements in the SoFP during Month 8 are:
 - Fixed assets increase of £0.9m due to newly capitalised assets in year less non-cash adjustments.
 - Cash increase of £8.1m as a Welsh Risk Pool reimbursement for £5.0m, which was not expected until December, was received before the end of the month.
 - Trade and other payables increase of £6.8m due to the November pharmacists' payments being made in October as the 1st fell on a weekend.
-

11. CASH

11.1 Cash Flow Forecast (Table G)

- The closing cash balance at the end of November was £11.9m, which included £9.6m cash held for revenue expenditure and £2.3m cash held for capital projects. This balance was higher than normal as a reimbursement from the Welsh Risk Pool that had been expected during December was received prior to the end of the month.
- Table G currently forecasts a closing revenue cash balance of £1.5m after receipt of £0.6m in respect of movements in CHC provisions balances. Closing capital cash is currently forecast as nil value after receipt of £2.1m working balances in respect of allocations that the Health Board did not draw during 2019/20.
- The Health Board is currently forecasting a potential increase of £10.1m in the annual leave accrual, but assumes that any funding during 2019/20 will be provided on a resource only basis.
- The forecast working capital movements detailed above are reflected in the current trade and other payables line of Table F – Statement of Financial Position for Monthly Period as below:

| Trade and other payables | £000 |
|--|------------------|
| Opening balance 1st April 2020 | (143,633) |
| Increase in annual leave accruals – no-cash | (10,100) |
| Reduction in capital payables – opening balance | 1,698 |
| Reduction in capital payables – funding request | 2,109 |
| Forecast closing balance 31st March 2021 | (149,926) |

- The Health Board recognises that there will likely be further increases in payable balances at the end of March, due to the timing of payments against COVID-19 resource allocations. The potential level of these new payables, and the subsequent impact on cash balances, is being worked through and will be updated in future month's submissions. The current expectation is that any cash surpluses will be short-term in nature and that the Health Board will be able to manage these internally at year-end.

12. PUBLIC SECTOR PAYMENT COMPLIANCE

12.1 PSPP (Table H)

- This table is not required in Month 8.

13. CAPITAL

13.1 Capital Resource Limit (Table I)

- The Capital Resource Limit (CRL) for 2020/21 is £28.9m. Actual expenditure to the end of November was £13.9m, against a plan of £16.4m. The year to date slippage of £2.5m will be recovered during the remainder of the year and it is forecast that the CRL will be achieved.

13.2 Capital Programme (Table J)

- The Capital Programme update is reported in Table J.
-

14. WELSH NHS DEBTORS

14.1 Welsh NHS Debtors (Table M)

- The Health Board held five NHS Wales invoices that were over eleven weeks old at the end of Month 8, which have been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales.
 - Three of these invoices have been paid in December.
-

15. GMS & GDS

15.1 GMS (Table N)

- This table is not required in Month 8.

15.2 GDS (Table O)

- This table is not required in Month 8.
-

16. SUMMARY

16.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 8 Monitoring Return will be received by the Health Board's Finance and Performance Committee members at the December meeting.

Gill Harris
Interim Chief Executive

Sue Hill
Acting Executive Director of Finance

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Month 7 Monitoring Return Responses

Overview – Action Point 7.1

You are currently reporting that all COVID-19 costs will be fully funded and that the WG Covid Stability Funding will be utilised in full to meet the impact of your response to the pandemic.

There is a concern however, that your submission includes significant levels of forecast spend, particularly within Pay, that are not supported by a realistic expectation on the actual delivery of the Workforce Plans that you confirm are in place. This issue was raised last month and spend within this area has further increased (this is discussed in greater detail below). It is vital that we understand if you have a formulated approach to assessing any material flexibility and if applicable, the timescale to report that to your Board and ultimately, writing to the Welsh Government, via the Accountable Officer process.

Response

The forecast cost of COVID-19 has been amended this month and details included in the report.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 6.1

Following discussions between our colleagues, Michelle Jones and Andy Lloyd-Williams, I understand that the scheme generating rates rebates, headed by Deloitte, does not relate to the release of 2019/20 SoFP accruals and as such should be classed as a cash releasing savings scheme in your Tracker, rather than an Accountancy Gain.

Response

The rates rebate scheme has been re categorised as a cash releasing savings scheme as requested.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 7.2

Also following those discussions, I understand the following issues are to be corrected at Month 8:

- The phasing of the £40m strategic funding should be on the same profile as your planned deficit
- The amount that is being charged to Covid-19 costs through “Non delivery of Savings Assumed but not finalised at M1” should be reconciled back to items on Table A, full year and profile, and should not include any operational items.
- The profile of the WG Covid Income should match the profile of “Net Expenditure due to COVID-19” reported on Table B3.

Response

The above have been actioned in the tables.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 7.3

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

I note you have incorporated the £51m Strategic and Scheduled Care Performance Funding into the Month 7 returns. For clarity, please report the £51m additional funding on Table A, Line 21, with the additional cost pressures associated with the £11m (performance and leadership) being analysed on the free text lines. Please either describe the cost pressure in such a way so that we can correlate this to the spend categories in your SoCNE or provide the details in your narrative on a monthly basis.

Response

The £51m has been moved in table A to Row 21, and the cost pressures shown in the free text.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 7.4

I note you have included an unquantified risk of the cost of the increase in Annual Leave accrual. I can confirm that the cost impact of any increase in the Annual Leave Accrual due to Covid-19, must be recorded in the Covid-19 Table (B3) on free text line 52 within the Pay section. A sufficiently detailed and quantified analysis must also be provided in the narrative to support the categories (lines) and profile of where these costs are recorded in Table B2 (Pay Analysis), along with confirmation of your methodology and when the value will be fixed (if not already). A corresponding anticipated Covid allocation may be included in Table A, line 22.

Response

The tables and anticipated income have been updated to include the Annual Leave estimated costs, and additional narrative has been included in the report.

Risks & Opportunities (Table A2) – Action Point 7.5

I note that you have been including an unquantified opportunity relating to the potential change in rules relating to block contracts. As this proposal has now been finalised, please detail any effect this has on your position in your next return.

Response

We are working through the impact of the WG and NHSE agreements, and will provide the detail of the impact in the narrative as and when these become clear.

Covid-19 (Table B3) – Action Point 6.4

Whilst I note your response *‘The Health Board’s Workforce and Organisational Development team are supporting divisions with their recruitment plans, to ensure staff are in place to deliver these schemes.’* to the issue raised last month that additional pay costs due to covid increased by c£20m, I remain concerned about the robustness of your assumptions.

The £2.8m forecast increase in October did not materialise and the shortfall has been added to Months 8 to 12. This new forecast suggests that Additional Pay cost due to COVID-19 will double in Month 8 (£5.1m) and triple by Month 10 (£7.4m). I also note that your Total Pay

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

costs (operational and covid combined) are forecast to increase from £67m in Month 7, to £77m by Month 10 (suggesting a further £5m per month increase is within Operational Pay from Month 10). Whilst, the picture presented is that these increases are supported by Workforce Plans, clearly those plans have already slipped at Month 7 and it would appear unrealistic to report that slippage will be incurred to future months. Please ensure that you thoroughly review the forecast pay costs in light of what is actually achievable in the current labour market and the timing of when those staff would be in place. This is linked to AP 7.1 above.

Response

The forecast cost of COVID-19 has been amended this month and details included in the report.

Covid-19 (Table B3) – Action Point 7.6

I note that the amount reported as total PPE costs is more than the total income (allocated plus anticipated) by £0.179m. Following helpful conversations with your colleague, this is due to the PPE costs incurred under Testing (Sampling), assumed to be funded through the TTP revenue stream rather than PPE. As this is a specific WG budget/funding area, we are requesting that you include all PPE costs on line 82 of Table B3 only. Please could you therefore remove these costs from the TTP Template at Month 8.

Response

The PPE has been removed from the TTP table and row 109 in full in Month 8, and future months, with corresponding adjustments to both anticipated income streams.

Covid-19 (Table B3) – Action Point 7.7

I note from your submission and a subsequent follow up conversation with your colleague, that the YTD costs (c£70k, although this is described as £0.100m in your narrative) of Mass COVID-19 Vaccination Programme represent salary costs of project management of the rollout. This appears high even if it relates to two months spend; therefore please provide further details at Month 8.

Response

The costs to date comprise of the project manager for three months up to Month 7, and the purchase of refrigeration equipment. The equipment had been incorrectly categorised on the B3, but has been restated on the correct lines in Month 8.

Covid-19 (Table B3) – Action Point 5.7

Please also ensure that the analysis of Flu and Mass Covid Vaccination spend, incorporated into your main narrative each month, agrees to the non rounded amounts in your tables and details are given of which lines (i.e. please do not simply state non pay as the level of spend in Primary Care for example is required) in Table B3 the values are reported on.

Response

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

The narrative for the extended flu and mass COVID-19 vaccination has been expanded to reflect the lines in which costs are included, and has not be rounded this month.

Covid-19 (Table B3) – Action Point 7.8

I note there is another negative in-month amount reported this month. As previously advised, if this is to move previously reported YTD spend onto one of the fixed text lines, still within the Non Pay section, please amend previous months' columns to give greater clarity. I also ask you to review any other previously reported negative entries and consider whether they could be moved to show the true profile on each line. If however, these negative amounts reflect to accrual adjustments instead, please confirm this in the narrative.

Response

This credit was to remove the WHSSC costs relating to the additional 0.8% income inflation, which you had requested we remove from the Covid income and expenditure.

An exercise has been undertaken this month to move as many costs as possible to lines with a fixed narrative.

Covid-19 (Table B3) – Action Point 7.9

Your narrative indicates that the cost of utilising the independent sector has been removed this month, as it is anticipated that there will not be capacity available in the local sector for this activity to be undertaken. Please confirm (and quantify) how this is reflected in your tables, as it is not possible to identify any specific reduction.

Response

In the Month 6 return, the cost included for utilising the independent sector amounted to £650k and related to using Spire and was reflected as below:-

Table B: Row 16. Other Private and Voluntary Sector – phased £216k Jan to March.

Table B3: Row 87 Temporary LTA phased £216k Jan to March.

Table E: Anticipated income £650k.

In Month 7, these entries were removed due to lack of capacity at Spire, and the corresponding reduction can be tracked through on the relevant lines of the B3 and Table E, to which the narrative referred.

The reduction is not as clear on table B, as the reduction is offset by significant insourcing and activity increases from providers other than Spire, which is funded from the additional £10.3m performance allocation.

Covid-19 (Table B3) – Action Point 7.10

Please provide a description for the £0.261m reported in Section D, Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19.

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Response

Apologies for omitting the narrative – this relates to the repurpose of internal ICF funding, outside of the £2.4m funding which is badged as 'TF Optimise flow and outcomes'.

Savings (Table C3) – Action Point 7.11

I note there is a scheme, AW20002 Continence Products Management, that is no longer forecast to deliver any in year savings but is still has a forecast FYE that improves the underlying position by £0.050m. Please review this scheme as no FYE can be recorded against schemes that deliver no in-year savings.

Response

This scheme has been removed from the tracker.

Capital (Table I/K/L) – Action Point 7.12

Please ensure that your supporting narrative provides details of your capital schemes. The profile of your discretionary capital spend is of particular concern, with 84% of the spend forecast to be incurred in the last 5 months.

Response

The Health Board has a fully committed discretionary programme in place and it is being monitored continuously.

It is acknowledged that due to covid the programme was delayed with implementation of schemes on initial on hold to ensure all capital funding was secured. The programme is discussed monthly at the WG Capital Review meeting.

Monthly Positions (Table B) – Action Point 7.13

Thank you for the November Non Cash submission. I note that you have not included the AME Impairment for indexation charge in the MMR, please included this in your next submission and ensure that any revisions to DEL and AME non-cash charges are reflected in the Tables (Table B and E) and explained within your supplementary narrative. Any material adjustment should also be notified by email as soon as they are known.

Response

The Month 8 position will reflect the impairment highlighted in the Non-cash Return. Any change to the forecast position will be communicated.

| | | | | | |
|---|---|---|--------------------------|--|-------------------------------------|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | |
| Teitl yr Adroddiad Report Title: | External Contracts Quarter 2 Update | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Mrs Sue Hill, Acting Executive Director of Finance | | | | |
| Awdur yr Adroddiad Report Author: | Adrian Tomkins, Associate Director of Healthcare Contracting | | | | |
| Craffu blaenorol: Prior Scrutiny: | This paper has been approved for circulation by the Acting Executive Director of Finance. | | | | |
| Atodiadau Appendices: | 4 | | | | |
| Argymhelliad / Recommendation: | | | | | |
| <p>The Committee are asked to:</p> <ul style="list-style-type: none"> • note the financial position on the main external contracts as reported at the end of quarter 2 • note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity • note the impact of Covid-19 on external healthcare contracts and the work of the Healthcare Contracts Team (HCCT) • note the impact and risk posed as a result of Covid-19 updated contracting arrangements adopted for contracts with NHS Providers | | | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | <input checked="" type="checkbox"/> | Ar gyfer Trafodaeth For Discussion | <input type="checkbox"/> | Ar gyfer sicrwydd For Assurance | <input type="checkbox"/> |
| | | | | Er gwybodaeth For Information | <input checked="" type="checkbox"/> |
| Sefyllfa / Situation: | | | | | |
| <p>The purpose of this report is to provide an update on the Contractual position of external 'Health Care' contracts (excluding primary care contracts) each quarter. The previous report providing the Quarter 4, 2019/20 performance was presented to the July Committee and this update is for both Quarter's 1 and 2 of 2020/21 and a position statement up to Month 7 2020/21. The report also provides an update as to the revised contracting arrangements within Wales and those now agreed with NHS England / Improvement being applied to all Cross Border contracts held by the Health Board for the rest of 2020/21.</p> | | | | | |
| Cefndir / Background: | | | | | |
| <p>BCU commissions healthcare with a range of providers, via circa 547 contracts, to a value of approximately £344 million. This report provides a summary of activity by the HCCT and the headline successes and challenges at Quarter 2 2020/21.</p> | | | | | |
| Asesiad / Assessment & Analysis | | | | | |

Strategy Implications

The Contracts Update supports the delivery of the Health Boards annual plan and is therefore aligned to the agreed strategic and business plans of the Health Board.

Financial Implications

The financial position on external healthcare contracts at the end of Quarter 2 2020/21 is an underspend of £3.15 million.

Risk Analysis

The Health Board remains under scrutiny despite no longer being in 'Special Measures', therefore, managing contractual relationships more closely enables the Health Board to reduce risk, monitor and increase quality, take corrective action where required and closely monitor future costs, ensuring a cost effective approach to externally commissioned healthcare.

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

Legal and Compliance

None

Impact Assessment

None

1. Purpose of the Report / Executive Summary

- 1.1 BCU commissions healthcare with a range of providers, via circa 547 contracts, to a value of approximately £344 million. This report provides a summary of activity by the HCCT and the headline successes and challenges in Quarter's 1 and 2 of 2020/21 financial year and the financial position up to Month 7 of 2020/21.
- 1.2 Currently circa 92% of expenditure is covered by a formal contract, the remaining contracts are under development as part of a 3 year plan to ensure all commissioned healthcare is contracted effectively.
- 1.3 A number of contract queries have been raised with English Providers regarding performance against Welsh standards and these continue to be progressed where possible, with corrective action taken as necessary. However as a result of revised contracting guidance now in place until the end of 2020/21 all contract performance management is on hold, the 2020/21 Welsh standards have been issued to Providers but these are currently not being applied due to Covid-19.
- 1.4 The financial position for external contracts at the end of Quarter 2 2020/21 is an underspend of £3.15 million. This underperformance is due the impact of the Covid-19 pandemic.
- 1.5 As part of the Covid-19 response 'Block' contracts were initially put in place until September 2020, these have now been extended to the end of March 2021 for the Welsh contracts and updated financial arrangements for English contracts in the second half of the year have now been agreed by Welsh Government and NHS England and whilst still based on the 'Block' values have been modified to share some of the risk if activity volumes continue to be low during the period.
- 1.6 The Health Board continues to engage fully with WHSSC and is actively involved with the development of the new Integrated Medium Term Plan for 2021/22. However, the work that the HCCT and WHSSC were progressing to further refine contracts to better control cost for non-specialised activity has been deferred whilst the Covid-19 response is ongoing.
- 1.7 The Contracting team continue to influence a wide range of activity from the implementation of new local and national framework contracts to a care home 'assurance mapping' pilot project with Local Authorities.

2. Analysis of current contracts position

- 2.1 The current active Healthcare expenditure contracts can be analysed as follows:-

Table 1 – Analysis of contracts

| Type of Care | Total | Anticipated Value £ |
|----------------------------|------------|------------------------|
| Ambulance / transport | 5 | 4,995 |
| Community Care | 78 | 17,283 |
| Diagnostic/testing | 31 | 6,643 |
| Domiciliary Care | 71 | 10,389 |
| General Healthcare | 7 | 115 |
| General support / signpos | 36 | 1,283 |
| Learning Disability | 18 | 709 |
| Mental Health | 71 | 6,399 |
| Nursing Home | 116 | 42,959 |
| Other | 18 | 903 |
| Product / Nursing Care | 4 | 4,116 |
| Residential Home | 23 | 1,048 |
| Secondary Care (Acute) | 14 | 35,625 |
| Secure Hospital / Wards | 22 | 8,655 |
| Specialist Hospital / unit | 17 | 3,818 |
| Tertiary Care | 16 | 198,924 |
| Grand Total | 547 | 343,864 |

- 2.2** Since last reporting, in the period April to September 2020 35 new contracts were developed, with 17 becoming inactive. Circa 92% of commissioned healthcare (by value) continues to be covered by a signed contract, static from the previous report. The HCCT continue to work to formalise contractual arrangements for the remaining 8% of expenditure, this in the main relates to GP cover for community hospitals/minor injury units and a small number of nursing home providers.
- 2.3** Before any new contracts are put in place, Providers continue to be assessed against a number of due diligence requirements, once contracts are in place they are then held to account for contractual performance both from a financial and quality perspective. Bi-annual checks on indemnity insurances are undertaken to ensure that Health Board services remain fully covered.
- 2.4** All contracts will be risk assessed annually to ensure that there is a prioritised work plan for contract stabilisation activity aimed at minimising risk for patients and the Health Board corporately.
- 2.5** See Annex 1 for Key Activity and Benefits in Quarters 1 and 2 2020/21.

3. Quarter 2 2020/21 Financial performance of the main external contracts

3.1 Financial summary

- 3.1.1** As outlined, the Health Board holds contracts with a range of English NHS Trusts, Welsh Health Boards and Welsh Trusts, to deliver care and patient services on its behalf. The value of the English locally managed contracts is £65 million, the HCCT administers all of these contracts. However, £57.1 million of this is reported in the BCU Contracting reports the remainder relates to repatriated services and is reported by the appropriate division.
- 3.1.2** In response to the COVID-19 global pandemic, 'Block' contracts were put in place until the end of September 2020, for all the acute healthcare contracts over £0.2 million, to ensure wider system sustainability. For the Welsh contracts this arrangement has been extended until the end of March 2021.

- 3.1.3 The new arrangement with the English providers is that all contracts with values below £1 million will remain unchanged for the remainder of the year, for the contracts that exceed £1 million the 'Block' value for Months 7 to 12 will be increased or decreased in line with the following thresholds:

Table 2 – Performance thresholds for English Contracts

| over/under performance for M7-12 | Increase / decrease in contract value compared to M1-6 value |
|----------------------------------|--|
| 0% to +/- 25% | 0% |
| +/-25% to +/-30% | +/- 10% |
| +/-30% to +/- 50% | +/- 15% |
| Greater/less than +/- 50% | +/- 20% |

- 3.1.4 Table 3 shows the financial position on BCU external healthcare contracts at the end of Quarter 2 as £3.1 million underspend, the trend has continued since the end of the quarter and it is currently forecast to be £6.3 million underspent at year end. The impact of the revised Cross Border agreement is still being assessed and the HCCT are working with Providers to understand this in line with their recovery plans, the impact will be reported in future months Finance reports once data is received.

Table 3 – Quarter 2 2020/21 Contract position (BCU Contracting)

| | 19/20 Outturn £'m | 20/21 Plan £'m | Quarter 2 Plan £'m | Quarter 2 Actual £'m | Quarter 2 Variance £'m |
|--|-------------------------|----------------------|--------------------------|----------------------------|------------------------------|
| Locally Managed English Contracts | | | | | |
| Countess of Chester | 21.5 | 22.5 | 11.3 | 11.0 | (0.3) |
| Robert Jones & Agnes Hunt | 13.0 | 14.4 | 7.2 | 7.2 | |
| Other | 19.9 | 20.2 | 10.0 | 10.2 | 0.2 |
| Total Locally Managed English Contracts | 54.4 | 57.1 | 28.5 | 28.4 | (0.1) |
| Welsh Contracts | 10.3 | 10.8 | 5.4 | 5.3 | (0.1) |
| WHSSC | 177.0 | 189.2 | 94.6 | 91.9 | (2.7) |
| WHSSC Provider Contracts | (40.6) | (43.0) | (21.5) | (21.4) | 0.1 |
| BCU divisional recharges/misc. | (4.1) | (0.7) | (0.4) | (0.3) | 0.1 |
| NCA's & IPFR | 4.6 | 5.1 | 2.6 | 1.5 | (1.1) |
| Outsourcing | 4.1 | | | | |
| Savings | (0.5) | (1.5) | (0.7) | | 0.7 |
| Total | 205.2 | 217.0 | 108.5 | 105.4 | (3.1) |

- 3.1.5 The reported position reflects the 'Block' contract arrangements instigated as a response to the Covid-19 pandemic. The financial position does not however reflect the levels of activity carried out by Providers during 2020/21, the 'Block' agreements were calculated using 2019/20 activity as the basis, the actual activity impact is demonstrated in Annex 2.
- 3.1.6 See Annex 2 for issues of note for Contracts position and the reported levels of activity delivered as at Quarter 2 in 2020/21.
- 3.1.7 From April 6th 2020 WHSSC have been managing a new all Wales contract that has been directly funded by the Welsh Government this has given the Health Board access to additional capacity in the Independent sector, for the Health Board this

capacity is Spire Hospital in Wrexham and has been utilised to deliver essential services activity. As a result of additional funding provided by Welsh Government the initial contract has been extended until 31st December, discussions were held to extend the agreement but unfortunately Spire were unable to offer ongoing capacity.

4. Income Contracts

4.1.1 In line with the revised NHS contracting adopted all Welsh LTA's have been managed on a 'Block' basis and this arrangement has now also been extended until the end of 2020/21.

4.1.2 The Health Board hold an Income budget of £7 million for NCA, the vast majority of which would be charged to English Commissioners. In line with the guidance the ability to charge for this activity remains, however due to National Covid travel restrictions and 'Lockdowns' the budgeted level of Income is currently not being achieved. The impact of this is being reported in the Health Boards monthly finance reporting and is currently forecast to achieve £3m in 2020/21 a £4m loss for the full year.

5. Staff changes

5.1 The Healthcare Contracts Team is now fully staffed up, including currently covering a maternity leave Contract Officer via an internal secondment until March. The Finance contracts team remains fully resourced. From August the Finance Income team fell under the responsibility of the Associate Director of Contracting, the Head of Income is retiring on 3rd January 2021, the recruitment for that role is currently under way alongside the role of Contracts Officer – Income.

6. Recommendation

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

6.2 The F&PC are asked to:

- note the financial position on the main external contracts as reported at Quarter 2 2020/21.
- note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity.
- note the impact of Covid-19 on external healthcare contracts and the work of the Healthcare Contracts Team.
- note the impact and risk posed as a result of Covid-19 revised contracting arrangements adopted for contracts with NHS Providers.

Adrian Tomkins, Associate Director Healthcare Contracting
10/12/2020

Annex 1

Key activity and benefits in Quarters 1 and 2 2020/21/to date

Response to Covid-19

The HCCT and Finance Contracting Team continue to actively support the Health Board response to Covid-19, which has included implementation of revised Contracting guidance and the challenge to independent providers, both Care Homes and Domiciliary Care providers. The response has included:

- Implementation of the updated NHS guidance for contract arrangements in response to Covid-19 and provided impact assessments to support discussions between Welsh Government and NHS England.
- Local implementation and support for the WHSSC managed national independent sector contract with Spire Hospital.
- Representation on and support to the Care Home Support Cell
- Established and maintaining a Communication portal for independent providers to raise any issues and concerns.
- Supported the distribution of a local provider brief fortnightly, addressing key areas of concern identified through the communication portal.

RTT / Waiting List

Prior to the COVID outbreak the HCCT supported the commissioning of additional services externally in order for the Health Board to meet waiting list targets until all non-urgent services were suspended in March, whilst these no longer are on hold the team are now working with Health Board colleagues and WHSSC to capture information from all contracted Providers in regards to their recovery plans in order to assess the impacts.

Endoscopy

As the Health Board enters the next phase of our COVID-19 response, and we start to increase the delivery of essential services whilst planning how we bring other services back on line, we have now been able to determine the shape of future service requirements that can accommodate the changes to service delivery as a consequence of COVID-19.

Therefore to ensure that we have enough capacity should we require it to meet those needs, we have worked with the Endoscopy Network Manager and operational leads to update the specification and a tender exercise has been conducted by procurement for the delivery of Endoscopy Diagnostic services. The contract award recommendations have been approved and contracts have been established with the successful bidders who are currently developing mobilisation plans on each of the 3 Acute sites. Activity is likely to commence in early January 2021.

Following consultation with NHS Supply Chain and an expression of interest exercise it has been determined that there is not a suitable mobile Endoscopy Theatre available to meet the timeframes and requirements of the Health Board due to National pressures for these units. Therefore, this option is no longer being pursued.

Ophthalmology

As future service requirements have now been determined, the contract with the incumbent provider SHS has been extended to the end of March 2021. SHS are currently working with the East and West Site teams to re-commence activity.

The team will conduct weekly telephone contract monitoring meetings for the all insourcing (endoscopy and ophthalmology) providers after each weekend of service once activity is commenced.

Outsourcing

The HCCT supported the transfer of patients to outsourced providers, and then subsequently the tracking of patient treatments during 2019/20, 1,093 procedures were sent, of which 766 had been completed before non-urgent services were suspended in mid-March, due to the impact of Covid-19, 327 procedures were not completed before the end of March these patients remain on the Provider waiting lists and are being managed accordingly, the HCCT team continues to track the progress of these patients through weekly tracker reports and liaising with the Providers.

Quality monitoring and contract compliance

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

Non Acute contracts

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

Nursing Home Monitoring Visits

The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with Health Board CHC and Local Authority (LA) colleagues. The HCCT continued to participate in care home monitoring visits until the pandemic locked down care home settings and visits were suspended. In July the HCCT undertook 2 pilot remote monitoring visits as part of escalating concerns procedures, whilst refinements were made throughout the process, the monitoring meetings were effective and assurances required were obtained. Remote monitoring visits continue with the team supporting a further 4 visits between August and November. There are ongoing discussions how onsite visits will be reinstated with Local Authority partners and regulators based on a risk assessed approach, in the interim the HCCT continue to undertake monitoring visits remotely.

Nursing Homes in Increased or Escalating Concerns

A significant amount of time is spent actively monitoring those homes that are in increased or escalating concerns, this has continued remotely throughout the pandemic and care home lockdown. The detail on issues and associated risk and actions for homes in increasing / escalating concerns are reported via the Area Teams monthly reports to QSG,

CHC Operational Group and the Care Home Support Cell established as part of the Health Board's Covid-19 response. The HCCT are actively involved in monitoring a number of homes who are in escalating concerns.

Quarterly Quality Assurance

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

Since last reporting Quarter 2 Assurance Returns (Period July – September 2020) have been returned from Nursing Homes. The care home assurance return rate was 95%, a significant improvement on the previous quarter which was 88%. The return rate in the East and West were at 100%, whilst Centre area is at 90% an improvement on previous submission rates. The HCCT will continue to work with the homes in the central area to improve the return rate, through education and training support. The current graphical representation is included at Annex 4.

A number of issues, which are not significant enough to be concerns at this point, have been picked up with some homes as part of normal contract monitoring activity and the providers are working alongside the clinical and contracting team to resolve these issues before they escalate.

Given the reduced level of monitoring and access to care homes currently these returns are a significant element of current assurance and escalation processes.

Challenges by a care home provider – A number of historic challenges, some dating back to 2016/17, have re-emerged. The issues have been responded to by the Health Board on a number of occasions, but it appears that the Provider is unhappy with the Health Board response and has informed the Health Board that they are intending to instigate formal dispute procedures and that process is ongoing with the HB and Provider working to jointly appoint an Independent Arbitrator to facilitate resolution.

Acute contracts

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

The Health Board have however continued to receive some service updates from providers, which have been shared with BCU colleagues.

Areas of concern identified up to and including Quarter 2 are detailed in Annex 3 and are reported through to the Health Board Quality and Safety Group (QSG).

Alongside colleagues from WHSSC we have also been linking in with providers regarding their recovery plans and trajectories, and holding meetings with selected providers to ensure we are fully briefed on the ever changing situation.

A summary of Quality / performance issues in Cross Border contracts in the first and second quarter of 20/21 are shown in Annex 3

Partnership Working

The Contracts Team also support the Partnership working agenda, however due to the pandemic, without exception these workstreams were suspended and a number are only recently being reinstated as we work with LA colleagues and regulators to look at care home quality assurance moving forward.

These include:

Assurance Mapping – The HCCT Assurance mapping piece of work has been revisited to support the current Health/LA workstream looking at how information can be shared and assurances derived from a central depository of information to remove duplication and unnecessary bureaucracy for care home

Escalating Concerns procedures - Review of the North Wales Quality Management and Escalating Concerns procedures, considering the need to retain an IPC bubble around Care Homes and reduce footfall across the Care Home threshold unless there is no other way to address issues. The Contracts Team have successfully completed 2 remote Contract Monitoring meetings, supporting care home escalations that have occurred through lockdown.

North Wales Pre Placement Agreement – The issue of the updated North Wales PPA (Pre Placement Agreement) was deferred due to the pressure on the sector through the pandemic. Discussions are currently ongoing between the Health Board and the LA's in relation to local preparedness and agreement of an implementation date. The HCCT is working with colleagues to finalise Health variations to the PPA, including the introduction of an IPA (Individual Patient Agreement), before taking through Health Board governance processes for final sign off

Annex 2

Issues of Note for Contracts

Locally Managed Healthcare Contracts

The Quarter 2 2020/21 reported position across the portfolio of contracts is £0.19 million underspent. In line with the nationally agreed guidance agreements were reached with Providers for 'Block Contracts' calculated using 2019/20 activity, and as a result are broadly in line with the budgeted position.

The agreement to the end of September is for a fixed monthly payment irrespective of the activity levels delivered in month with no retrospective reconciliation. The HCCT have however continued to monitor what the real cost would have been had payment under tariff still been in place.

Table 4 below shows the difference between the payments made to external NHS bodies and the value of the activity provided to month 6. In most cases the value of work done is significantly less than the payments made, the one exception to this is the Liverpool Women's Hospital where there has been considerably more monthly neonatal activity in 2020/21 than in 2019/20.

Table 4 Comparison of Block Value and Actual Performance @ Month 6

| | Payments | Actual | Variance | % Value of Work done |
|------------------------------------|------------------------------|-------------------|-------------------|----------------------|
| Countess of Chester | 12,477,901.98 | 9,676,158.00 | 2,801,743.98 | 78% |
| Robert Jones & AH | 7,261,640.52 | 2,598,249.00 | 4,663,391.52 | 36% |
| Royal Liverpool | 2,851,840.50 | 1,377,127.00 | 1,474,713.50 | 48% |
| Wirral Hospitals | 1,144,477.02 | 1,034,675.00 | 109,802.02 | 90% |
| Aintree Hospitals | 1,783,676.52 | 1,040,473.00 | 743,203.52 | 58% |
| Liverpool Women's | 415,036.98 | 533,641.00 | (118,604.02) | 129% |
| Wrightington, Wigan & Leigh | 115,500.00 | 28,641.00 | 86,859.00 | 25% |
| Shrewsbury & Telford | 859,584.00 | 455,147.00 | 404,437.00 | 53% |
| Uni Hospital North Midlands | 2,823,622.02 | 2,027,648.00 | 795,974.02 | 72% |
| South Manchester | 684,831.00 | 371,644.00 | 313,187.00 | 54% |
| Shropshire Community Health Trust | 109,903.02 | 57,668.00 | 52,235.02 | 52% |
| Clatterbridge | 1,786,284.48 | 1,321,416.00 | 464,868.48 | 74% |
| Sub-Total English Contracts | 32,314,298 | 20,522,487 | 11,791,811 | 64% |
| Powys | New year data not comparable | | | |
| Hywel Dda | 2,446,558.46 | 1,973,078.00 | 473,480.46 | 81% |
| Sub-Total Welsh Contracts | 2,446,558 | 1,973,078 | 473,480 | 81% |
| Total | 34,760,856 | 22,495,565 | 12,265,291 | 65% |

In summary for Quarter 2 the Health Board paid Trusts £34.7million which is broadly in line with the planned budget, however only received activity to the value of £22.5 million. This variation was raised in the discussions that took place between Welsh Government and NHS England and the agreement put in place for the remainder of the year aims to share the risk associated with lower activity values.

Other locally managed contracting areas

The Quarter 2 position in relation to Non Contract Activity (NCA) is an underspend of £0.86 million, this reduction in spend is due the travel restrictions throughout the UK in line with Covid-19 regulations.

Individual Patient Funding Requests (IPFR) are underspent by £0.2 million this as a result of treatment for approved external IPFR's being delayed through the suspension of non-urgent activity to focus resources towards Covid-19 responses in the first quarter. However, there continues to be a cost pressure from high cost rehabilitation placements where patients are not being stepped down into more appropriate settings on a timely basis.

Due to the adoption of Block contract arrangements in 2020/21 the Health Board is paying fixed sums to Providers, its ability to actively change the patient pathways and reduce activity flows paid under tariff has been negated, this has therefore impacted on delivery of the savings target set as part of the wider BCU budget strategy, at Quarter 2 the savings are showing an adverse variance of £0.75 million.

WHSSC position

In 2020/21 WHSSC have contracted on the basis of the guidance issued to the NHS and at Quarter 2 are reporting an underspend of £2.7 million, this mainly as a consequence of the Covid-19 response which has resulted in delayed investments and low pass through payments for high cost drugs and devices due to the reduction in elective activity.

The HCCT has continued to engage with the WHSSC management team and are currently working with WHSSC colleagues on the 2021/22 planning.

WHSSC Managed Contract – Independent Sector Capacity (Spire Hospital)

As a response to the Covid-19 pandemic Welsh Government have directly funded the purchase of additional capacity for Health Board's to utilise in the Independent Sector to help the continued delivery of essential services, this arrangement is being managed by WHSSC and has been agreed on an open book cost basis. KPMG have been engaged to provide independent validation of these costs. The initial arrangement was extended as a result of additional Welsh Government funding until 31st December 2020. Discussions have been held between WHSSC, the health Board and Spire but unfortunately Spire are unable to offer any further extension of the arrangement past 31st December.

Up to week commencing 23rd November which is week 34 of the contract the Health Board had delivered 32 inpatient spells, 581 day cases and 588 diagnostics at the Spire.

Annex 3

Quality / performance issues in Cross Border contracts in the first and second quarter of 20/21:

Wirral University Hospitals NHS Trust (WUTH):

WUTH have now restarted cataract surgery and are utilising Independent Sector Providers (ISP) to support their delivery. However, the 2nd wave of COVID-19 may have an impact on their ability to continue delivering elective activity and in particular cataract surgery. This is due in part to having to provide 150% Critical Care capacity and the impact on Ophthalmology theatres. The performance directorate continue to be updated to enable them to cease sending BCUHB patients to WUTH if they have continuing concerns.

The Shrewsbury & Telford Hospitals NHS Trust

Independent review into Maternity Services:

The HCCT was coordinating a response for the Health Board to a request for information relating to the care delivered for BCU patients by The Shrewsbury & Telford Hospitals NHS Trust as part of an Independent review currently being conducted. After receiving a request from the Chief Nurse for Wales this response continues to be on hold pending further advice.

Ockenden Report:

November 20 update: In relation to the Ockenden review, the Acting Associate Director of Patient Safety and Experience, received a letter from West Mercia police regarding the criminal investigation being undertaken. BCUHB have been asked not to delete any information that could be useful.

10th December 20: The Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust (SaTH) has published its first report outlining 27 local actions for learning which must be implemented at the Trust and wider maternity services across England. Led by Donna Ockenden, the review has considered more than 1,860 family cases, increased from the original 23 in 2017. The majority of incidents occurred between the years of 2000 and 2019. The report has outlined seven essential and immediate actions for implementation, not only at SaTH but for maternity services across England.

Due to the rise in the number of family cases for review, the team agreed to publish this first report which makes clear recommendations in the form of Local Actions for Learning and Immediate and Essential Actions for the Trust and maternity services across England in order to improve maternity safety.

The local actions that must be introduced include: greater consultant oversight of maternity care, the appointment of lead obstetricians and midwives with expertise in fetal monitoring and bereavement care to lead on significant improvements; multidisciplinary training and working, and ongoing risk assessment for all women.

They also include; enhanced multidisciplinary and family input into serious incident investigations, and greater involvement from obstetric anaesthetists when women are complex or become ill.

CQC Ranking 'Requires Improvement'

In response to the CQC report published on 14/08/20, stating that SATH received a rating of 'Requiring Improvement', the Acting Associate Director of Patient Safety and Experience issued a paper to the QSE committee on 28th August 20. The QSE Committee was asked to note the report and the Health Board's attendance at the contract meeting with Shrewsbury and Telford NHS Trust, and the committee were also informed that the contract meeting is reported to the Contract Review and Governance Group (CRGG) and upwards to the Finance and Performance (F&P) Committee of the Health Board. The Head of Quality Assurance attends the CRGG to ensure quality representation as well as the contract meeting with the Trust. A quarterly report on contracts is also provided to the Quality and Safety Group (QSG) from the CRGG, as well as to F&P Committee.

Countess of Chester Hospital Foundation NHS Trust (COCH):

August 20: There were 8 serious incidents at COCH. One related to a BCUHB patient. The patient had an unwitnessed fall and sustained a peri-prosthetic fracture to Left Hip. The patient is known to have previous falls with both Left and Right Hip surgery for joint prosthesis. All required processes have been followed and a full incident overview has been provided.

BCUHB Head of Quality has been notified and subsequently asked COCH for further assurance including action plans. ***Query open.***

Never Event: On 10th November 2020 BCU were notified of an SI/Never event at COCH.

The incident was notified to the Head of Quality, a query has been raised with COCH:

Query open

Neonatal Deaths: On the 10th November a Healthcare Professional who previously worked in the COCH maternity unit was arrested for the third time on suspicion of murder in relation to the deaths of 8 babies and attempted murder of 9 babies at COCH.

Robert Jones and Agnes Hunt Orthopaedic Hospital (RJA)

RTT

Performance against RTT figures has consistently failed to meet target and has dropped over the first half of 20/21 on monthly basis.

RJA confirmed that performance was affected by Covid capacity – particularly during June to end August due to RJA supporting SATH with delivery of the trauma service which essentially halted elective treatment. The service was repatriated on the 23rd August and as such elective capacity is being reinstated during September (there is a lead time) with the plan to get to 80% of pre-Covid levels. Patients are being treated in clinical priority order with a more complex case mix leading to a reduction in cases per session from pre-covid levels. Social distancing measures remain in place reducing pre-covid capacity.

Performance is driven by capacity reduction and patients moving across the x axis of waiting time. Performance will improve as capacity is re-instated but will continue to fall short of targets until pre-Covid capacity levels are reinstated and subsequent waiting list backlog is addressed. September performance has improved at 50%

Falls

June 20: 6 patient falls, 4 were with harm and 2 were Welsh falls, of these 1 was a BCU patient.

No injury reported, ***Query closed***

August 20: 6 patient falls, 3 of which were Welsh patients, 2 of these were BCU patients with one of these being a fall with harm.

1 patient had an unwitnessed fall. No injury reported

1 patient had a witnessed fall. No injury reported

Query closed

University Hospitals of North Midlands (UHNM):

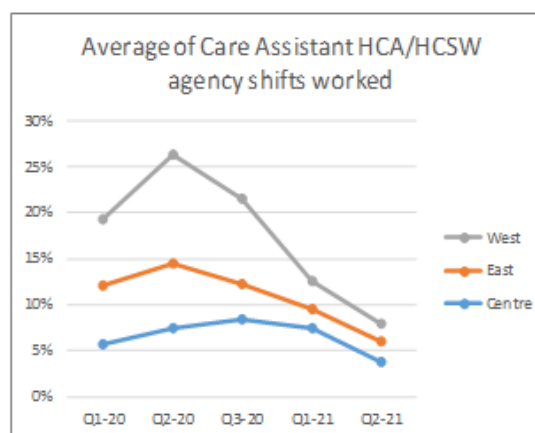
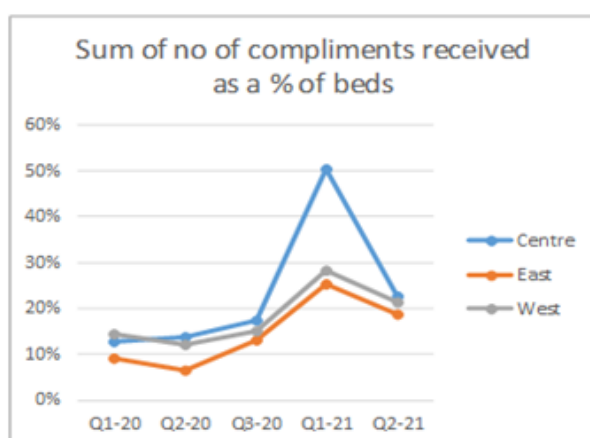
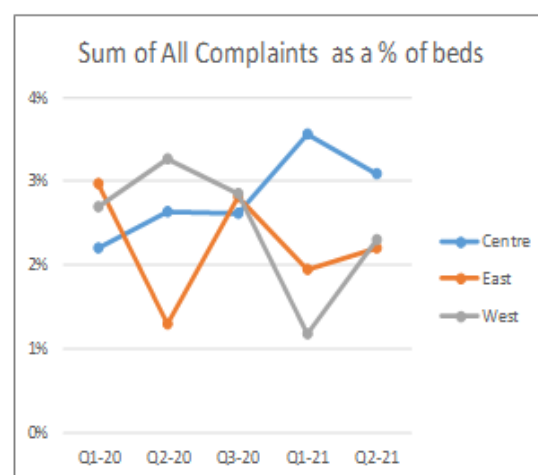
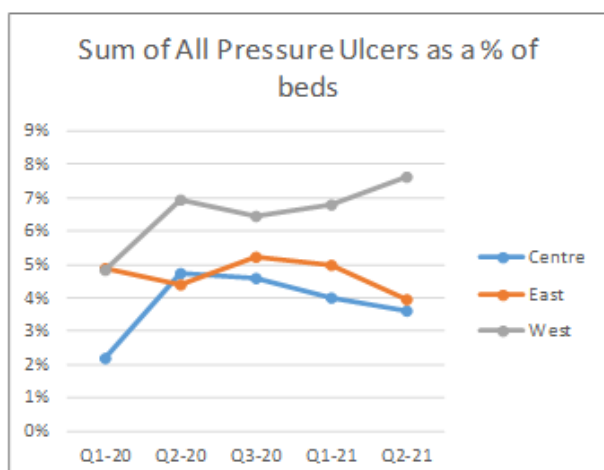
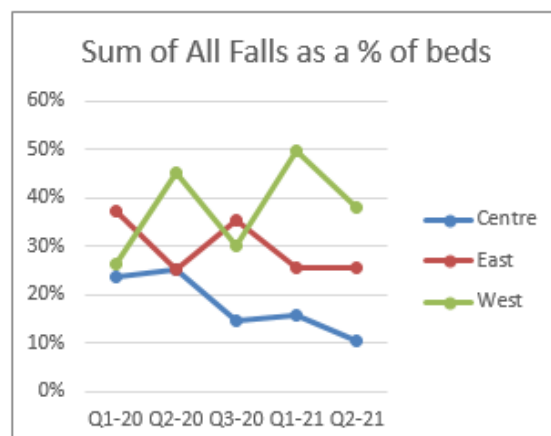
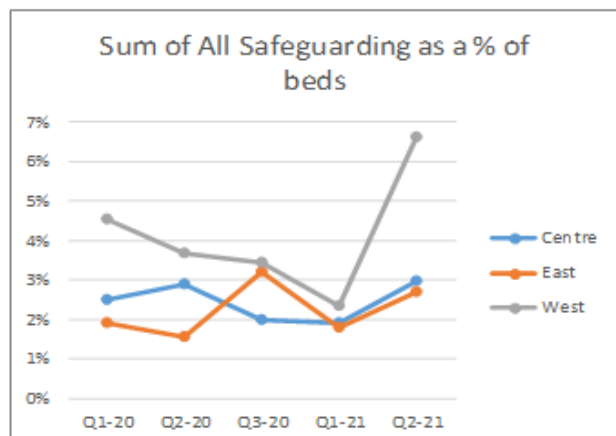
August 20: There was 1 Never Event reported relating to incorrect lens implant within Ophthalmology. This did not involve a BCUHB patient.

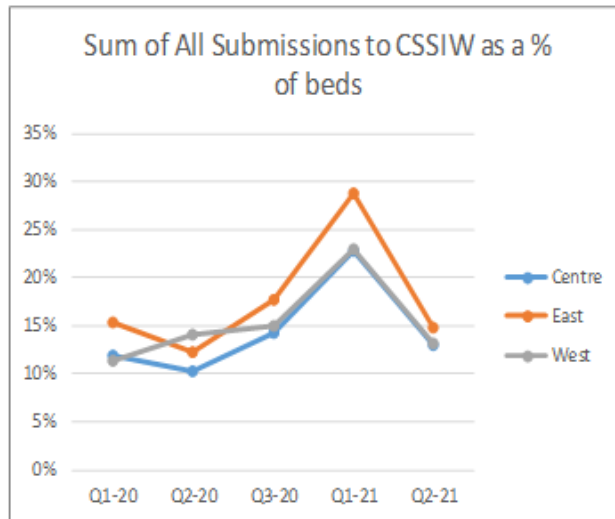
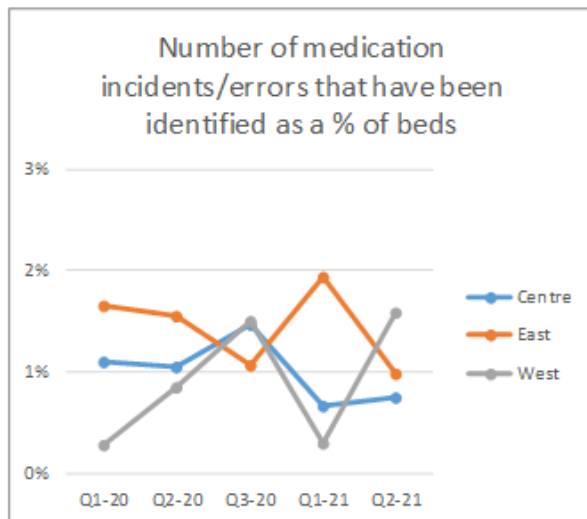
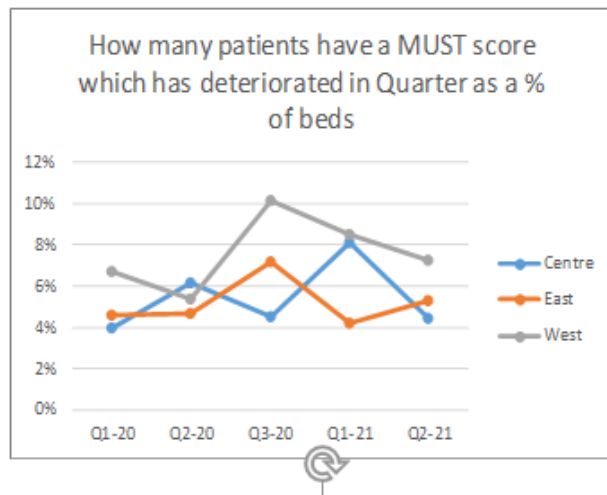
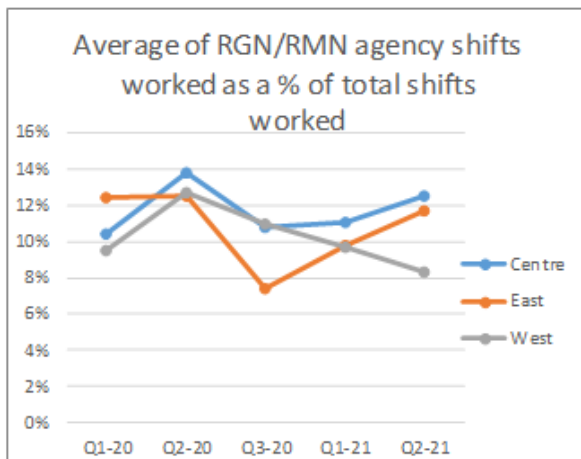
All Cross Border Providers

The majority of Cross Border providers, with the exception of Clatterbridge Hospital, have consistently failed to meet their Diagnostic targets during the first half of 20/21. Capacity has been severely affected by COVID, but all providers have recovery plans in place to improve performance against this target during the last half of 20/21.

Annex 4

Self-Declaration of Quality Assurance Indicators by Area – Nursing Homes – North Wales







GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

| | | | | | | |
|---|---|---|--|--|--|--|
| Cyfarfod a dyddiad: Meeting and date: | Finance and Performance Committee 21.12.20 | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Summary of business considered in private session to be reported in public | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Sue Hill, Acting Executive Director Finance | | | | | |
| Awdur yr Adroddiad Report Author: | Diane Davies, Corporate Governance Manager | | | | | |
| Craffu blaenorol: Prior Scrutiny: | None | | | | | |
| Atodiadau Appendices: | None | | | | | |
| Argymhelliad / Recommendation: | | | | | | |
| The Committee is asked to note the report | | | | | | |
| Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category) | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | | Er gwybodaeth For Information |
| | | | | | | ✓ |
| Sefyllfa / Situation: | | | | | | |
| To report in public session on matters previously considered in private session | | | | | | |
| Cefndir / Background: | | | | | | |
| Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings. | | | | | | |
| Asesiad / Assessment | | | | | | |
| The Finance and Performance Committee considered the following matters in private session on 29.10.20 | | | | | | |
| <ul style="list-style-type: none"> • GP practice contract award • Recovery Programme recommendations • Mobile telephony award • Automated Blood Sciences managed service contract • Pooled budgets • Medical and Dental Agency Locum monthly report | | | | | | |