Bundle Finance & Performance Committee 25 February 2021

AGENDA

Unfortunately BCU Committee meetings are being held via a virtual platform at present due to Covid19 regulations. Minutes of meetings will be available on the website in due course.

1 09:30 - FP21/25 Chairs welcome and apologies for absence

2 FP21/26 Declaration of Interests

3 09:30 - FP21/27 Draft minutes of the previous meeting held on 28.1.21 and summary action plan

FP21.27a Minutes FPC 28.1.21 public session v.03.docx

FP21.27b Summary Action Log.doc

3.1 09:40 - FP21/28 Committee Board Assurance Framework Principal and Corporate Risk Report

Sue Hill
Recommendation:
The Committee is asked to:
1. Review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF); and
2. Consider whether there is a need for the Board to review the Risk Appetite Statement in the light of some of the existing target risk scores.

FP21.28a BAF and Corporate Risk Report_approved.docx

FP21.28b BAF App1 _approvedl.pdf

4 for assurance

5 09:55 - FP21/29 Quarters 3 & 4 Operational plan monitoring report

Mark Wilkinson
Recommendation:
The Committee is asked to note the report.

FP21.29a Q3.4 Annual plan monitoring report.docx

FP21.29b Q3.4 Annual plan monitoring report.pdf

6 10:05 - FP21/30 Quality and Performance report

Mark Wilkinson
Recommendation:
The Committee is asked to scrutinise the report and to consider whether any area needs further escalation to be considered by the Board.

FP21.30a Quality_Performance report approved.docx

FP21.30b QP Report FP - January 2021 FINAL.approved.pdf

7 10:20 - FP21/31 Planned Care Update

Gill Harris
Andrew Kent
Recommendation:
The Committee is asked to note
1. the deployment of the £1million single tender waiver as of 5.2.21 with approval of Welsh government and the Executive team
2. the progress to date of on-going plan and activities for the new financial year 21/22
3. the continual pause of stage 4 activity and the end of year over 52 week forecast

FP21.31 Planned Care report approved.docx

8 10:40 - FP21/32 Unscheduled Care update

Gill Harris
Gavin MacDonald
Recommendation:
The Committee is asked to note the Unscheduled Care performance for January 2021 across BCUHB and for each Health Community

FP21.32 USC report approved.docx

9 11:00 - Comfort break

10 11:10 - FP21/33 Capital Programme report Month 9

Mark Wilkinson
Recommendation:
The Committee is asked to receive and scrutinise this report.

FP21.33a Capital Programme Report - Month 9 approved.docx

FP21.33b Appendix 1 Capital Monitoring Programme Mnth 9 approved.pdf

11 11:15 - FP21/34 Finance Report Month Months 9 and 10

Sue Hill
Recommendation:
The Committee is asked to note the reports

FP21.34a FP Report -M09approved.docx

FP21.34b Finance report -M09 App1 approved.pptx

FP21.34c FP Report -M10approved.docx

FP21.34d FP Report -M10 App1 Reporting pack approved.pptx

11.1 11:35 - FP21/34.1 Forecasting update

Sue Hill
Recommendation:
The Committee is asked to note the report

FP21.34.1 Forecasting update approved.docx

12 11:40 - FP21/35 Savings Programme Update – Month 10 20/21

Sue Hill
Recommendation:
The Committee is asked to note:
• the increase in savings programme value to £14.6m, with £14m (95%) assessed as amber or green risk.
• savings delivered to date of £13.7m with a full year forecast of £17.3m
• the forecast shortfall of £27.7m against the Board's target of £45m savings in year, with a recurrent shortfall of £34m
• the ongoing work to develop the initial tranche of 2021/22 savings proposals, totalling £5.7m , submitted by Divisions and the methodology and timescale for the allocation of further savings requirements, as outlined in the Financial Plan.

FP21.35 Savings Plan Update - Month 10_approved.docx

13 11:50 - FP21/36 Workforce Performance report

Sue Green
Recommendation:
The Committee is asked to note the report

FP21.36 Workforce Performance Report v2 approved.docx

14 12:00 - FP21/37 Presentation : Planning for 2021/2

Sue Hill and Mark Wilkinson

FP21.37 Presentation_Planning 2021.24 approved.pptx

18 12:20 - For information

19 FP21/38 Monthly monitoring report Months 9 and 10

Recommendation:
The Committee is asked to note completion of monthly reporting to Welsh Government for Months 9 and 10 of 2020/21.

FP21.38a MR Coversheet M09 approved.docx

FP21.38b MR Report M09 approved.pdf

FP21.38c MR Coversheet M10 approved.docx

FP21.38d MR Report M10 approved.pdf

20 FP21/39 Shared Services Partnership Committee quarterly assurance report

Recommendation:
The Committee is asked to note the report.

FP21.39 NWSSP Q3 report approved.docx

21 FP21/40 Documents circulated to Members between meetings

25.1. 21 Internal Audit limited assurance reports - Delivery of Savings – Ysbyty Glan Clwyd Hospital and Recruitment – Medical and Dental staff

22 FP21/41 Summary of Private business to be reported in public

Recommendation:
The Committee is asked to note the report.

FP21.41 Private session items reported in public.docx

23 FP21/42 Issues of significance to inform the Chair's assurance report

24 12:20 - FP21/43 Date of next meeting 25.3.21

25 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 28.1.21
via Webex

Present:

Mark Polin	BCUHB Chairman / Committee Chair *(part meeting)*
John Cunliffe	Independent Member / Committee Vice Chair
Eifion Jones	Independent Member
Linda Tomos	Independent Member

In Attendance:

Louise Brereton	Board Secretary
Alyson Constantine	Acute Site Director Ysbyty Gwynedd (YG) *(part meeting)*
Andrew Doughton	Wales Audit representative – to observe *(part meeting)*
Simon Evans-Evans	Interim Director of Governance
Sue Green	Executive Director Workforce and Organisational Development (OD)
Arpan Guha	Acting Executive Medical Director
Dave Harries	Head of Internal Audit – to observe *(part meeting)*
Gill Harris	Acting Executive Director Nursing & Midwifery *(part meeting)*
Sue Hill	Executive Director of Finance
Andrew Kent	Interim Head of Planned Care Improvement *(part meeting)*
Rob Nolan	Finance Director - Commissioning and Strategy *(part meeting)*
Emma Wilkins	Deputy Director, Financial Delivery Unit (FDU)
Mark Wilkinson	Executive Director Planning and Performance
Diane Davies	Corporate Governance Manager (Committee Secretariat)

Agenda item	Action by
FP21/1 Welcome and Chair's introductory remarks	
FP21/2 Apologies for absence Apologies were received from Jo Whitehead and Gavin Macdonald	
FP21/3 Declarations of Interest None received in public session	
FP21/4 Draft minutes of the previous meeting held on 21.12.20 and summary action log **FP21/4.1** It was agreed that the minutes were an accurate record and the summary action log was updated.	

FP21/4.2 The Chairman had requested that a workforce briefing be prepared for members to provide a picture of the challenges faced as BCU was moving through the third wave of the pandemic. This included base vacancy rates, turnover, sickness absence and other unavailability, Covid19 staff cases, vaccination position and vaccination staffing model and position. The Chairman questioned what actions were being undertaken to address staff absence due to Covid19 which the Executive Director Workforce and OD shared with the Committee. This included additional clinical support through Healthcare Support Workers, introduction of asymptomatic staff testing, reinforcing social distancing, strengthening staff safety and the reintroduction of the Staff Wellbeing Service (SWS) for staff to access. The Executive Director Workforce and OD acknowledged the tremendous impact on staff including fatigue and pressures on mental health. The Committee recognised the huge amount of work being done in moving forward support for staff.	
FP21/5 Quarter 3&4 2020/21 monitoring report **FP21/5.1** The Executive Director of Planning and Performance highlighted the revised format improvements which included additional narrative in respect of Red and Amber assessments. It was also noted that the process included Chief Executive sign off. Of the assessments this month, there were: ➢ 23 purple ratings (completed within the timescale) ➢ 12 green (on target) ➢ 9 amber ratings (some risks to delivery but these are being managed) ➢ 14 red ratings (off target or not completed within the timescale) Of the 14 red rated actions, it could be seen that Covid19 had an effect upon the ability to meet the timescales. In some cases additional resources (financial or workforce) had been secured to ensure delivery (but not in the previously agreed timescale). Nevertheless, even during the pandemic very good progress had been made to complete 23 actions. **FP21/5.2** In response to the Committee he confirmed that end of quarter actions would be 'rolled in' going forward through the introduction of the revised process. The Committee highlighted the importance of prioritising consideration of BCU's Estate, especially in light of current strategic developments such as the Diagnostic Treatment Centres (DTCs) going forward. The Executive Director of Planning and Performance reflected on BCU's previous share of the All Wales Capital allocation which he perceived to be less than expected. **FP21/5.3** In relation to the Red status of Theme 20.3 'Safe secure and Healthy environment for our Staff' the Executive Director of Workforce &OD advised that whilst capacity issues had affected availability of the staff wellbeing service (SWS), plans were in place to reintroduce the service. **It was resolved that** the Committee **noted** the report **agreed** that • narrative would be provided when theme moves from Red direct to Purple to explain prompt completion in future reports	MW

• briefing be provided to members on those pertaining to the F&P Committee to provide assurance that the actions had been fulfilled as agreed and not modified to enable completion	MW
FP21/6 Quality and Performance report The Executive Director of Planning and Performance highlighted the performance issues that had been caused by the Covid19 pandemic, notably pressure in Unscheduled Care and the dip in Planned Care which would be explored further in the respective reports later in the agenda. The Committee was pleased to note stronger performance in relation to Cancer services and improvements within Diagnostics. The Committee acknowledged the positive performances advised within the report given the Covid19 pressures that the organisation was being subjected to. **It was resolved that** the Committee **noted** the report	
The Finance Director - Commissioning and Strategy joined the meeting for this item **FP21/7 Health Board Revenue and Discretionary Capital Allocation for 2021-22** **FP21/7.1** The Health Board's revenue allocation for 2021-22 was noted as £1,637.9 million. Particular attention was drawn to ring fenced monies including the Strategic Support Funding of £82 million which has been provided to meet core priorities over four financial years (starting in year during 2020-21). It was noted that the allocation did not include funding for the ongoing NHS response to Covid19 in 2021-22. Resource planning assumptions for Covid19 funding would be shared separately. An update on budget setting was also included within the report. It was noted that overall the BCU had received an uplift of 2%. **FP21/7.2** The Committee was pleased that an uplift had been provided and particularly welcomed additional ring fenced Mental Health monies. In response to the Committee it was noted that any nationally agreed salary uplift above 1% would be funded by WG. The Executive Director of Finance confirmed that ring fenced monies would be reported separately to provide clarity for the Committee. **FP21/7.3** The Chairman requested that the Executive Director of Finance set out a clear timeline of the governance path from Committee to Board for the 2021/22 annual plan. He stressed the importance of ensuring that BCU provided a robust plan to WG prior to commencement of the new financial year. **It was resolved that** the Committee **noted** the report **agreed** that a timeline for review and approval of the 2021/22 Annual Plan be shared with F&P and SPPH Committee members	SH
FP21/8 Developing the 2021-24 annual plan The Executive Director of Planning and Performance introduced the PowerPoint presentation which encompassed	

➢ Planning for 2021/24 ➢ 2021/2024 Outcomes BCU wishes to achieve - based on a Healthier Wales design principals ➢ Strategic Transformation ➢ Building on Board approved Q3/4 core priorities ➢ Current draft strategic priorities for 2021/2022 and beyond ➢ Progress to date ➢ Risks and Mitigation ➢ Next steps **FP21/8.2** Whilst the Executive Director of Planning and Performance highlighted the struggle to release time for operational team leads as they were currently delivering services, he stated that he was confident the plan would be delivered in March 2021. **FP21/8.3** A discussion ensued in which it was observed that greater clarity was required in relation to strategies and plans. In addition, the explanation of assumptions would assist to provide clarification and context that could improve setting the planning process. It was suggested that a Business as Usual (BAU) plan would be a helpful and it was understood that other Health Boards were also exploring planning for alternative modelling scenarios. **FP21/8.4** The Committee questioned whether reference needed to be made to the Living Well Staying Healthy Strategy as well as progress of the Digital Strategy which was expected by the end of March. The inclusion of references to enabling strategies was suggested especially in relation to Communications and Engagement which were of great interest to WG. The challenges within Mental Health, Covid19, Vaccination programme and workforce were all acknowledged, however the Committee stated that Recruitment and Training needed to be of higher priority. **FP21/85** A discussion ensued on when Board members would be provided with the opportunity to consider the plan in development. The Chairman emphasised that he wanted the organisation to be successful in preparing the 3 year plan on time. **It was resolved that** the Committee **noted** the presentation **agreed** that the Executive Director of Planning and Performance would work with the Board Secretary to timetable into next week's Board workshop agenda and ensure that Leadership and Governance topics were also included.	MW/LB
The following items were taken out of sequence for operational requirements	
FP21/11 Unscheduled Care (USC) update **FP21/11.1** The Executive Director of Nursing and Midwifery presented this item highlighting the pressures currently being experienced. This included 83 closed beds due to infection prevention and control (IPC) measures and a significant number of other inaccessible beds. She highlighted critical care issues and use of beds at Ysbyty Enfys Deeside. A meeting with ED clinical leads to discuss the improvement programme reviewing clinical pathways was also progressing. The Executive Director of Nursing and Midwifery stressed that the pressure at the front door, which was also exacerbated by the reduction in beds (relating to infection prevention control	

measures) was reaching a critical point. She also highlighted issues with reduced access to community beds, staff availability and the positive impact of the phone first programme. **It was resolved that** the Committee **noted** the unscheduled care performance for December 2020 across BCUHB and for each health community **agreed** • to follow up on progress with the ED Clinical Leads that the Chairman met with • to provide data on Phone first referrals and ensure inclusion within future USC reports	 GH GH
The Interim Head of Planned Care Improvement joined for this item **FP21/9 Planned Care update** **FP21/9.1** The Interim Head of Planned Care Improvement presented this item, highlighting that the report indicated growing numbers of long waiters that were currently paused for their treatment during the pandemic, with a potential year-end forecast of 50,000 over 52 week waiters. In respect of the benchmarking detail requested by the Committee he advised that the Delivery Unit considered that BCU was 'holding our own' and it was noted that when reviewing performance across Wales, it was worth noting that BCU has the largest population of the Health Boards, , and that the other Health Boards also had deteriorating positions. **FP21/9.2** The Committee questioned how patients within BCU were being kept informed of this difficult position. The Interim Head of Planned Care Improvement described the work being done to address the situation within the 6 point plan that included patient demand management and communication. He also advised that, whilst the position was unpredictable due to the pandemic, long waiters could be in the region of 30-35k next year. Reduced productivity within Theatres was also highlighted due to infection prevention control (IPC) measures introduced, however lifesaving cancer emergency treatment was taking place which also included providing procedures for patients from the East within the West in a pan North Wales approach. In terms of post Covid recovery for planned care a tender specification and procurement process was being discussed to provide additional resilience. **FP21/9.3** A discussion ensued on Point 5 of the 6 point plan which related to Waiting Initiatives and insourcing patients, the Executive Medical Director stated that this had led to widespread clinical engagement in which working across previous boundaries allowed for better provision to the population of north Wales. **FP21/9.4** The Committee was very supportive of moving forward in this area to ensure support funding was utilised effectively and capacity engaged. The Committee sought the Executive Team and Board to prioritise this urgently. Following discussion on conflicting views of whether capital expenditure could be used for revenue purposes it was agreed that definitive clarity be sought from WG. The Committee was also keen to ensure improvements at pace. **It was resolved that** the Committee **noted** the organisation's planned care Referral to Treatment (RTT) position	

agreed • support for point five of the six-point plan so that the procurement and clinical engagement work could be progressed and included within the 21/22 activity plan. • to ensure future benchmark data is provided data per 100k population to enable a more effective comparison with other Health Boards • seek definitive clarity on whether capital expenditure could be converted to revenue expenditure.	AK SH SH
The Acute Site Director YG joined the meeting for this item only **FP21/10 Planned care update: Option 5 Ophthalmology – Eye Care Collaborative Programme update** **FP21/10.1** The Acute Site Director YG advised that the Eye Care Programme had been in progress for circa 2 years and was halted throughout the majority of 2020 due to Covid19 being the focus of time and input. This had now been re-startedsed with the re-launch of the collaborative and a focused approach to prioritisation of the various work streams in order to maximise progress against both clinical concerns and the opportunities being made available through the All Wales Digital programme. She highlighted the transformative progress that would take place to improve eye care for the population of North Wales. Priorities to take forward, risks and the next steps were also outlined within the report. **FP21/10.2** The Committee raised concern regarding the 'Open Eyes' application's inability to integrate with WPAS or the Electronic Patient Record, however it was noted that a solution was being explored by BCU's Digital Group. In response to the Committee's offer of support, the Acute Site Director YG drew attention to potential for the introduction of weekend working, utilisation of outsourcing along with a suitable base. **FP21/10.3** The Committee was supportive of this approach but questioned how improvements to recruitment and vacancies could be achieved. The Acute Site Director YG commented that improved facilities and the introduction of more complex and challenging procedures could attract skilled professionals and encourage Optometrists to undertake work at the top of their permitted licences which would lead to further improvements. The Committee looked forward to receiving the business case at the next meeting. **It was resolved that** the Committee **noted** progress of the programme and the anticipated timescales for submission to Executive Team and F&PC as a Business Case (BC) proposal	
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."	

The Committee discussed item FP21/22 Diagnostic Treatment Centre progress update - Model of Care in private session due to the availability of key attendees and then resumed in public session.	
The Executive Director of Nursing and Midwifery left the meeting **FP21/12 Capital Programme report Month 8** **FP21/12.1** The Executive Director of Planning and Performance presented this item. The Committee questioned the cessation of the Ablett Unit redevelopment and was informed that the scheme was paused due to a WG gateway review, further detail of the planning permission decision would be provided at the next meeting. A discussion ensued regarding how lessons learned from the YGC redevelopment scheme were being effected in current business cases processes. The Executive Director of Planning and Performance confirmed that learning had been incorporated to provide more robust processes and the latest audit capital governance reports had provided significant assurance. **FP21/12.2** It was reported that following Board approval of the full business case for the Royal Alexandra Hospital in November, WG had completed their initial review which had led to a series of questions/requests for additional information. These were being responded to and the information would be presented to the Executive Team prior to submission to WG. **It was resolved that** the Committee **noted** the report **agreed** • an explanatory briefing regarding Ablett planning permission refusal be included within the next meeting report • that Audit Committee IA / WA Capital Governance reports to provide assurance on learning from YGC redevelopment be shared with members	MW MW
FP21/13 Finance report month 8 **FP21/13.1** The Executive Director of Finance presented and advised the key assurances to be: ✓ Current month nil deficit reported and YTD small surplus position. ✓ Nil deficit position forecast for the year. ✓ Key financial targets for cash, capital and PSPP all being met. ✓ In month increase in savings forecast of £0.9m. ✓ Review of forecasts for the cost impact of COVID-19 undertaken, in line with the revised and evolving plans for managing the pandemic. Forecast reduced and WG notified that full funding available is not required. and areas for action as: ➢ Conversion of £2.4m of savings schemes in pipeline into green/amber schemes. ➢ Urgently progress delivery of plans awarded funding by WG, to ensure outcomes are achieved this financial year. ➢ Review cost of annual leave carry over liability following Christmas period.	

- Continue discussions with English NHS providers on potential benefit from contract changes.

FP21/13.2 The Month 8 position was £3.3m favourable variance to the £3.3m deficit plan, the year to date position was £26.9m favourable to the £26.7m deficit plan and the year-end forecast was to deliver a favourable balanced total against a £40m deficit plan. The Executive Director of Finance highlighted Income at a £5.8m adverse position against the budget of £90m and also drew particular attention to the increased £20.9m shortfall against £9.1m year to date savings target. It was noted that there were issues in the areas of prescribing and CHC which were affecting Divisional positions.

FP21/13.3 In relation to Covid19 costs the total forecast cost of Covid19 was advised to be £141.5m, £14.2m less than last month. The cost for the carry forward of annual leave by AfC staff was included in forecasts at £10.1m. A reduction in forecast COVID-19 spend included TTP (£2.4m) and PPE (£0.9m), whilst Field Hospital set up costs reduced by £8.7m, but decommissioning costs forecast increased by £5.7m to £7.9m. Elective underspends and slippage in planned investments forecasts had increased. Rising Covid19 rates following the October firebreak, which were expected to continue after Christmas, had resulted in business as usual being delayed

FP21/13.4 The report also provided detail on Savings, Income, Expenditure, Pay & Non-Pay costs as well as Risks & Opportunities

FP21/13.5 A discussion ensued on plans to ensure that all allocations provided would be spent during the current financial year to avoid any risk of potential payback, this included bringing forward work that had been scheduled to be undertaken during the next financial year. The Committee reflected on the considerable challenge to bring the organisation to financial balance within 3 years and sought to explore opportunities to do so. The additional 4 year support provided by Welsh Government would support the Health Board to drive improvement towards this target.

FP21/13.6 The Committee questioned whether an audit of Savings methodology into the next financial year was likely to take place, however it was understood that there was more likely to be focus on Covid19 expenditure, benchmarking activities, transformation schemes and financial sustainability.

FP21/13.7 In discussion of the granularity of the breakeven forecast, the Chairman questioned whether there was potential to improve on this however, it was noted that there was concern over the delivery of savings during the pandemic.

It was resolved that the Committee
noted the report
agreed that

- sensitivity modelling would be provided in future Finance reports re Covid19 volatility — SH
- greater granularity on breakeven/positive variance forecast would be provided in future reports — SH

FP21/15 Transfer of Flint Community Hospital Site to Flintshire County Council **FP21/15.1** The Executive Director of Planning and Performance presented this item. It was noted that in 2015 the Health Board approved a programme of changes to services in Flint. This decision confirmed that the Flint Community Hospital site was surplus to requirements and as a result, approval was granted by Welsh Government to dispose of the site in accordance with guidance. The site remained on the Health Board's disposal list following a number of unsuccessful community interests in the site and buildings. The current vacant site had been subject to extensive vandalism and arson over recent weeks. North Wales Fire and Rescue Service and Flintshire County Council (under Dangerous Structures Notice) had raised concerns with the Health Board in regard to making the site safe. Whilst additional security and actions contained within the structural engineers reports had been implemented, the buildings still exposed the Health Board to potential litigation and prosecution should there be further incidents on site. The Executive Team had agreed the immediate demolition of all buildings on the site to mitigate the Health Board's exposure to litigation and prosecution. In addition it supported the recommendation to transfer Flint Community Hospital site to Flintshire County Council at Nil Value in line with Welsh Government guidance, at its meeting on 13.1.21. **FP21/15.2** The Committee discussed potential conditional options regarding the transfer of land however it was noted that the land incurred costs of £25k/annum whilst not being utilised. The Committee also questioned whether the property was listed on BCU's estate disposal register. In response to questioning why the site had not been disposed of earlier, given that it hadn't been in use for 8 years, it was noted that the organisation had been working with partners to identify other potential suitable uses during the period. **It was resolved that** the Committee **approved** the transfer of Flint Community Hospital site to Flintshire County Council at Nil Value. This is in line with Welsh Government, NHS Wales Infrastructure Investment Guidance and Land Transfer Protocol **agreed** that the Executive Director of Planning and Performance advise of current properties awaiting disposal and their timeline	MW
FP21/16a Committee Chair The Chairman advised members present that having considered governance advice, he would be standing down as Committee Chair and that he had appointed John Cunliffe to be the Chair of the Finance and Performance Committee. *Post meeting note* – this would take effect from April 2021. As the Chairman had an urgent operational matter to attend to he requested that John Cunliffe chair the meeting from this point. *The Chairman left the meeting.*	

FP21/16 Monthly monitoring reports - Month 9 **It was resolved that** the Committee **noted** the contents of the report submitted to Welsh Government about the Health Board's financial position at Month 9 2020/21.	
FP21/17 External Contracts Update **It was resolved that** the Committee **noted** • the financial position on the main external contracts as reported at Quarter 3 2020/21. • the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity. • the impact of Covid-19 on external healthcare contracts and the work of the Health Care Contracting Team. • the impact and risk posed as a result of Covid-19 revised contracting arrangements adopted for contracts with NHS Providers. • the deadline for the approval and transfer of the management of Non-Emergency Patient Transport Service.	
FP21/18 Summary of private business to be reported in public **It was resolved that** the Committee **noted** the report	
FP21/19 Issues of significance to inform the Chair's assurance report To be agreed outside the meeting	
FP21/20 Date of next meeting 25.2.21	

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 Deferred to February 2020 agenda due to timing of January meeting 10.2.19 Deferred to March 2020 agenda 27.2.20 The Chairman requested that the item be addressed at the next meeting 18.5.20 – Deferred to July 2020 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 Deferred to February meeting Agenda item 25.2.21	~~Jan 2020~~ February 2020 March 2020 22.4.20 25.6.20 19.10.20 15.2.21 Action to be closed
Actions from 21.12.20 meeting:				
~~Gill Harris~~ Arpan Guha	**FP20/154 Quarter 2&3 Operational plan monitoring report** 17.7 Digital Health: Phase 3 of Welsh Patient Administration System re-focus on West implementation 17.8 Digital Health : Pending	18.1.21	21.1.21 The Acting Deputy Medical Director will be providing a briefing to be circulated to members. 28.1.21 – Chairman requested this action be followed up by the Executive Medical Director 18.2.21 Briefing note circulated to members	

	approval of the business case – deploy WEDS Arrange for the Acting Deputy Medical Director to provide a follow up briefing on the necessary resourcing to address the issue.			
~~Gill Harris /~~ Louise Brereton	**FP20/154 Quarter 2&3 Operational plan monitoring report** **FP20/154.3** Address report quality issues with the Executive Director of Planning and Performance including the provision of narrative to explain why delivery was not attained and what was required to enable an action to be delivered with a timescale. **FP20/155 Quality and Performance report** **FP20/155.2** The Chairman reiterated the issues he outlined at FP20/154.3	4.1.21	21.1.21 Quality assurance processes have been stepped up. In support of this greater clarity has been agreed across the Executive Team as to the required content of report narratives. Proposed narratives that don't meet the requirements will be more speedily returned and potentially escalated. Chief Executive review of all board and committee papers provides an additional layer of 'check and challenge'. A broader piece of work is underway to review the format and content of all board papers. We need to decide whether this subsumes the work planned before Christmas on possible new format performance reports. 28.1.28 Board Secretary to timetable discussion of revised formats through Board workshop in order that performance report formats are agreed by the Board ahead of next performance year commencement.	31.3.21
Sue Green	**FP20/155 Quality and Performance report** **FP20/155.3** Re: Accuracy and reflections on trends within sickness absence reporting, ensure the sickness matter is corrected and that data in respect of homeworking also be included in the next report to enable the Committee to monitor any potential	18.1.21	The sickness report has been updated to reflect the concerns regarding rolling and in month figures. Staff Availability is updated on a weekly basis through the Executive Incident Management Team and can be provided to members of the committee. 28.1.21 – Chairman requested this action be followed up 17.2.21 – The Quality and Performance Report has been amended to ensure clearer description of trends. The Workforce Briefing provided to Committee members and Board in January	Action to be closed

	impacts.		set out unavailability by category. The Workforce Performance Report on the agenda 25.2.21 includes this information together with comparator across NHS Wales.	
Sue Hill	**FP20/157 Planned Care update** The Executive Director of Finance would follow up on previous business case submissions feedback within Ophthalmology to Eoin Guerin	15.2.21 15.3.21	19.1.21 The Executive Director of Finance had a meeting with Eoin Guerin on 22.12.20. The EDoF agreed to provide him with follow up information in due course. 28.1.21 – The EDoF advised the business cases referred to in the meeting were Charitable Funds Committee submissions. A meeting had been scheduled for further discussion following which a progress update would be provided. 17.2.21 An update will be provided at the March meeting	15.3.21
Gill Harris	**FP20/157/1 Robotic Surgery business case update** **FP20/157/1.2** The Chairman requested that the Acting Chief Executive provide an explanatory briefing on why the Board's publicised decision had been changed.	29.12.20	21.1.21 An investigation into the robotic decision making took place and a report was produced 28.1.21 It was agreed that the report discussed at Executive Team on 27.1.21 regarding lessons learned would be shared with Committee members.	
~~Ian Howard~~ Mark Wilkinson	**FP20/160 Combined post project evaluation of the Integrated Health, Social care and Third Sector centres in Blaenau Ffestiniog, Flint and Llangollen** The Assistant Director Strategic & Business Analysis agreed to provide the Committee members with further detail of the NWIS response in relation to the ICT issues raised.	18.1.21	18.1.21 The following briefing has been provided by Dylan Williams, Chief Informatics Officer: One of the biggest challenges we face in BCU is the ability to provide consistent digital solutions across various stakeholders including such as social and primary care. The failure to agree clear business models and responsibilities and general lack of understanding of digital services often lead to frustration and perception of technology and compatibility problems. Recent initiatives such as the integrated Health & Social Care centres together and Community Resource Team (CRT) work have shown that the technical integration is a complex problem which is dependent on multiple factors including agreeing locations, technology and ways of working across service teams. Good progress has been made in this area in the last year and a	Action to be closed

			business case has been drafted to develop CRT working further. The challenge of local authorities, primary care and health boards using different infrastructure continues and the need to maintain strong cyber and information security control for each organisation does mean that this is not a simple challenge to overcome. However, the recent National Architecture Review recognised the need to address the ability to share data and digital services effectively across Wales and WG have commission a National Infrastructure Review to look at long term sustainable solutions. In addition, a new Strategic Health Authority for digital will be set up in April 2021 – Digital Health Care Wales. This peer organisation will include NWIS (which currently report to Velindre) and the new organisation will need to work closely with health organisation to implement the architecture and infrastructure review recommendations. 28.1.21 Follow up Committee request for NWIS response MW Update 03/02/21 - Ian Howard has followed this up with John Cunliffe, and John is having further discussions with Dylan Williams.	
Sue Hill	**FP20/161 Finance report month 7 FP20/161.4** • Provide VBH resource update in due course	15.3.21		
Actions from 28.1.21 meeting:				
Mark Wilkinson	**FP21/5 Qtr 3&4 2020/21 monitoring report** • Provide narrative when theme moves from Red direct to Purple to explain prompt completion in future reports • Circulate briefing to members on those pertaining to the	15.2.21 1.2.21	All reports now include narrative on any RAG that has moved from Red to purple – this can be seen in the January 2021 OPMR Q3/Q4 As above	

<table>
<tr><td></td><td>Committee following the meeting to provide assurance that action has been fulfilled as agreed and not modified to enable completion</td><td></td><td></td><td></td></tr>
<tr><td>Sue Hill</td><td>FP21/7 Health Board Revenue and Discretionary Capital Allocation for 2021-22
Share the timeline for review and approval of the 2021/22 Annual Plan</td><td>29.1.21</td><td>Circulated to SPPH and F&P Committee members via email 29.1.21

<u>Timeline for review and approval of 2021/22 Annual operational and financial plan</u>

The following table shows Committee and Board sessions in February and March 2021:

<table>
<tr><th>Dates</th><th>EMG</th><th>Board Workshop</th><th>Board Development</th><th>SSPH</th><th>F&P</th><th>Health Board</th><th>WG submission</th></tr>
<tr><td>February</td><td>03-Feb</td><td>04-Feb</td><td>10-Feb</td><td>23-Feb</td><td>25-Feb</td><td>11-Mar</td><td></td></tr>
<tr><td>March</td><td>03-Mar</td><td></td><td>08-Mar</td><td></td><td>25-Mar</td><td>30-Mar</td><td>31-Mar</td></tr>
</table>

A draft of the plan will be presented to SSPH and F & P in February, prior to approval at F &P and Health Board meeting in March, before submission to WG on 31st March 2021.

It is expected that there will be a presentation and discussion at one of the Board workshop / development sessions in February / March.</td><td>Action to be closed</td></tr>
<tr><td>Louise Brereton / Mark Wilkinson</td><td>FP21/8 Developing the 2021-24 annual plan
Work together to timetable into next week’s Board workshop agenda</td><td>29.1.21</td><td>Completed</td><td>Action to be closed</td></tr>
<tr><td>Gill Harris</td><td>FP21/11 Unscheduled Care (USC) update</td><td></td><td>To addressed on presentation of the USC report on agenda</td><td>Action to be closed</td></tr>
</table>

	Follow up on progress with the ED Clinical Leads that the Chairman met with	1.2.21		
Gill Harris	**FP21/11 Unscheduled Care (USC) update** • Provide data on Phone first referrals • Ensure included within future USC reports	5.2.21 15.2.21	Phone First update provided within USC report on agenda	Action to be closed
Andrew Kent	**FP21/9 Planned Care update** Ensure future benchmark data is provided per 100k population to enable a better comparison with other Health Boards.	15.2.21	17.2.21 This has now been handed over to Jonathan Lloyd in the performance department who will incorporate the report going forward	Action to be closed
Sue Hill	**FP21/9 Planned Care update** Liaise with Deputy FDU to clarify conflicting WG messaging regarding potential utilisation of Capital/Revenue expenditure	1.2.21	It has been confirmed that capital cannot be converted to revenue expenditure	Action to be closed
Mark Wilkinson	**FP21/12 Capital Programme report Month 8** • Ensure explanatory briefing regarding Ablett planning permission refusal included in next meeting report • Share with members Audit Committee IA / WA Capital Governance reports to provide assurance on learning from YGC redevelopment	15.2.21 1.2.21	This is provided in the Capital Programme report Month 9 17.2.21 a briefing note has been circulated to committee members evidencing increasing assurance.	Actions to be closed
Sue Hill	**FP21/13 Finance report month 8** • Provide sensitivity modelling in future Finance reports re	15.2.21	To be built into forecast for 2021/22	Action to be closed

	Covid19 volatility • Provide greater granularity on breakeven/positive variance forecast in future reports		The EDoF is reviewing forecasting and will provide a verbal update at the meeting	
Mark Wilkinson	**FP21/15 Transfer of Flint Community Hospital Site to Flintshire County Council** Advise of current properties awaiting disposal and their timeline	15.2.21	The Health Board has agreed previously that the following properties/land are surplus to operational requirements and are therefore available for disposal. • Pwllheli – Ala Road (Jan 20 - currently working through the approval to dispose process and disposal strategy for the site.) • Porthmadog – Model Farm Land (April 2019 Land held by Awyr las – option to purchase agreed subject to obtaining planning permission) • Plas Madoc – Surplus Land (April 2019 – small parcel of land, currently trying to add value through outline planning permission with WCBC) The Health Board is currently working through NHS Wales (Specialist Estates Service) Property Services and local commercial agents to market surplus sites. The proposal, subject to market interest/demand is to complete disposal in 2021/22. Estates Property are currently working with Secondary Care/ Area Teams and MH&LD to identify surplus property and to agree where possible further opportunities for disposals based on changes to clinical service requirements and corporate staff working from home. This includes leased premises where break clauses and/or end of tenancy dates permits in 2021/22. This forms part of the Estates and Facilities cost saving plans for 2021/22. Since 2016/17 we have realised £1.7m through site disposals.	To be closed

17.2.21

Cyfarfod a dyddiad: Meeting and date:	**Finance and Performance Committee Report 25.2.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**F&PC Board Assurance Framework Principal and Corporate Risk Report**
Cyfarwyddwr Cyfrifol: Responsible Director:	Simon Evans-Evans, Interim Director of Governance Louise Brereton, Board Secretary
Awdur yr Adroddiad Report Author:	Dawn Sharp – Assistant Director / Deputy Board Secretary Justine Parry - Assistant Director of Information Governance & Risk
Craffu blaenorol: Prior Scrutiny:	Executive Team – 11 February 2021
Atodiadau Appendices:	Appendix 1 – F&P BAF Principal Risk Report

Argymhelliad / Recommendation:

Recommendation:
The F&P Committee is asked to:

1. Review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF); and
2. Consider whether there is a need for the Board to review the Risk Appetite Statement in the light of some of the existing target risk scores.

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:

Following on from the previous work undertaken nationally between the All Wales Audit Committee Chairs and the Board Secretaries Network, it is essential that the Health Board has an effective system in place in which identifying and managing risk is a continuous process.

The revised Risk Management Strategy and Policy was implemented on the 1st October 2020, and on the 21st January 2021, the Board approved the implementation of the revised Board Assurance Framework (BAF) template reporting arrangements.

This new design captures the work undertaken by the Board on the identification of its Priority Areas to support the effective management of the agreed Principal Risks that could affect the achievement of its agreed Priorities. This has led to streamlining and re-design of the Corporate Risk Register (CRR), which more effectively demonstrates how the Health Board is robustly mitigating and managing extreme risks to the achievement of its operational objectives.

Each Principal Risk has since been reviewed and updated to take effect of any changes or completion of actions to support the mitigation of the risk and to reflect the impact of the next wave of the COVID Pandemic.

Appendix 1 highlights the Board Assurance Framework Principal Risks associated with the F&P Committee, which has been reviewed by the Executive Team. There are currently no escalated Corporate Tier 1 Risks for the F&P Committee.

This paper endeavours to provide assurance that risks which could compromise the achievement of the Health Board`s Priority Areas are being robustly, efficiently and effectively mitigated and managed to expected standards and in line with best practice.

Cefndir / Background:

The implementation of the Board Assurance Framework and the revised Risk Management Strategy underlines the Health Board's commitment to placing effective risk management at the heart of everything it does while embedding a risk-based approach into its core business processes, objective setting, strategy design and better decision making. The design of both the new BAF and CRR emphasises their distinctive roles in underpinning the effective management of both strategic and operational risks respectively as well as underlining their symbiotic relationship as both mechanisms have been designed to inform and feed-off each other. This includes the evaluation, monitoring and review of progress, accountability and oversight of the Principal Risks and also the high level operational risks which could affect the achievement of the Health Board's agreed Priorities. These are being monitored as part of an annual improvement plan with oversight by the Risk Management Group, with scrutiny and approval by the Executive Team.

Board Assurance Framework

During November 2020, once the Principal Risks had been agreed by the Executive Team, a series of meetings took place with all Principal Risk Lead Officers to populate each risk template. Support was provided by the Corporate Risk Management Team and each risk was quality assured and required Executive approval prior to inclusion onto the full report.

The BAF was presented and approved by the Board on the 21st January 2021, the intention is for the Principal Risks to be regularly reviewed the Executive Team with oversight at each Board Committee on a bi-monthly basis and then twice yearly to the Board. Oversight of the system and process will remain with the Audit Committee, who will receive an update twice a year and a copy of the full BAF.

The future management of the BAF has transferred back to the Office of the Board Secretary from the Corporate Risk Management Team, with the risk management system and process continuing to be managed by the Corporate Risk Team.

In line with the presentation of the Corporate Risks, all reports will include a detailed analysis of any changes to the Principal Risks within the body of this report, with the full F&P Principal Risks included within Appendix 1.

The Executive Team reviewed the BAF risks for F&P Committee at their meeting on 11th February. The Board Secretary reported that she intends to condense the suite of papers going forward. The Executive Team noted that there had been good engagement with risk leads. The work will be finessed as part of its evolution, noting that the number of risks should reduce once the strategic BAF risks are clearly defined and the development of the Health Board's overarching strategy will aid this. It was considered that some risks are too operational currently. It is intended to include an overview of all BAF risks within future iterations of this paper.

It is recognised that in a number of risks the target risk score is above the current risk appetite. Taking account of the current environment given the pandemic. Risk Leads have been very clear on what they believe can realistically be achieved in relation to the target risk. Whilst the leads recognised the need to bring the target risk score in line with the appetite, there view was that this would not be achievable under the current conditions.

Taking this into account the Board may wish to re-examine its risk appetite with regard to certain risks or consider what additional actions, funding or resources will need to be assigned to bring the target risk score within its existing appetite. Key progress on the specific F&P BAF risk is detailed below:-

- **BAF20-01 – Surge / Winter Plan**
  Key progress since submission to the Board: Review of scoring with an increase in the current likelihood score has taken place, with controls and mitigations updated following the feedback from the Risk Management Group, with extension to action timeframes agreed with the Executive Director.

- **BAF20-05 – Timely Access to Planned Care**
  Key progress since submission to the Board: Revised deadlines following review at Risk Management Group with updated Control and mitigation.

  Due to the patient safety impact of this risk, the Executive Director of Nursing and Midwifery has requested that oversight of this risk is transferred to the Quality, Safety and Experience Committee for future oversight.

- **BAF20-17 – Value Based Improvement Programme**
  Key progress since submission to the Board: Extensions to action timeframes have been agreed with the Executive Director of Finance. Additional action inserted in respect of establishing the relationship between the VBHC IP and the HB's transformational approach. Executive leadership identified for Medical Director and Finance Director endorsed by the F&P Committee which strengthens the mitigation arrangements.

- **BAF20-19 – Estates and Assets**
  Key progress since submission to the Board: This risk has been archived and a new risk BAF20-28 has been created.

- **BAF20-20 – Estates and Asset Development**
  Key progress since submission to the Board: Changes to mitigation, actions and review dates. Changes to mitigation arise from recognition of collaboration opportunities across North Wales, within the public sector to develop corporate/shared accommodation.

- **BAF20-27 – New Risk – Delivery of a Planned Annual Budget**
  New Risk: There is a risk the Health Board spends in excess of its planned annual budget. Any financial deterioration against the financial plan may result in the Health Board breaching its statutory duties. This could affect the provision of healthcare across North Wales, potentially leading to Welsh Government intervention and reputational damage, impacting on the Health Board's ability to remain sustainable.

- **BAF20-28 – New Risk - Estates and Assets**
  New Risk: There is a risk that the Health Board fails to provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding. This could impact on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patient, staff, public, reputational damage and litigation.

Corporate Risk Register:
It is important to note that the Health Board`s new CRR has been updated following feedback received on the previous version. Changes have been made to the terminology used for example the “Initial Risk Score” has now changed to Inherent and the continued use of the “Action Plan Module” as a key driver to capture and monitor the completion of actions is proving beneficial for all leads as regular reminders are issued once the completion date has expired. The use of this module is planned to be rolled out across the remaining Tiers, with anticipated completion by March 2021. However, this date is subject to change depending on the future management of the Pandemic and redeployment of staff.

The Corporate Risk Management Team Staff continue to explore engagement, training, capacity building and understanding as drivers for embedding the new CRR and a positive risk-aware culture across the Health Board. For example, an external risk management delivered six bespoke risk management training sessions to senior staff across the Health Board during which 100 staff were trained. Trainees were issued certificates of completion of course and they provided very positive feedback, which have in turn enabled us to improve and tailor the training resources to the needs of our staff and organisation.

Further risk management training commensurate with the roles and responsibilities of staff across the Health Board will be delivered as part of the campaign to achieve 1000 staff trained in risk management in 2021/22. Another strand of this drive will be to deliver risk management training to medical Doctors and Consultants through existing meetings and networks e.g. Junior Doctor`s meetings or Consultant`s meetings.

In summary, a close look at the CRR currently indicates no escalated Tier 1 risks for the F&P Committee at this time. Below is a heat map representation of the F&P Principal current risk scores:

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5				BAF 20-01	BAF 20-05
	Likely - 4					
	Possible - 3			BAF 20-19 BAF 20-20	BAF 20-17	BAF 20-27 BAF 20-28
	Unlikely - 2					
	Rare - 1					

Asesiad / Assessment & Analysis

Strategy Implications
The implementation of the Board Assurance Framework and the revised Risk Management Strategy and Policy aligns with the Health Board`s strategy to embed effective risk management in fostering its culture of safety, learning to prevent recurrence and continuous improvements in patient, quality and enhanced experience.

Options considered
Not applicable.

Financial Implications
Depending on the agreement of reporting arrangements, the management of the BAF is resource intensive and so additional resources may be required once the regularity of reporting has been agreed.

Risk Analysis
See the individual risks for details of the related risk implications.

Legal and Compliance
There are no legal and compliance issues associated with the delivery of the Board Assurance Framework or the Risk Management Strategy and Policy.

Impact Assessment
No specific or separate EqIA has been done for this report, as a full EqIA has been completed in relation to the new Risk Management Strategy and Policy to which the BAF and CRR reports are aligned.

Board Assurance Framework 2020/21

Strategic Priority 1: Safe Unscheduled Care

Risk Reference: BAF20-01		Risk Rating	Impact		Likelihood		Score		Appetite	
Surge Plan / Winter Plan										
There is a risk that the Health Board may not be able to deliver the winter plan due to the appropriate availability of capacity and capability of its resources and external collaboration. This could negatively impact on the quality of planned patient care services and the reputation of the organisation.		Inherent Risk	5		5		25		Low 1 - 6	
		Current Risk	4	↔	5	↑	20	↑		
		Target Risk	4		3		12			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps *(actions to achieve target risk score)*	Date
BCUHB Winter Resilience plan approved by Board underpinned by Local Health Community plans which includes acute surge plans for increased capacity.	2	Programme of check and challenge meetings in completed to review and prioritise winter schemes including prioritisation of the workforce elements. Schemes prioritised based on most impact, most achievable. Schemes closely linked to agreed funding streams are in progress.	2	Identify improvement and project support for delivery of some of the schemes. Improvement trajectories developed and incorporated into the Winter/Q3/4 plan. Identify recruitment requirements and related workforce processes - Workforce requirements identified as part of the check and challenge process. Some posts have been recruited to in order to progress, however process of recruitment still remains outstanding due to the funding structures of the posts i.e. non recurring and short period of a maximum 6 months which is proving to be difficult to attract staff. Fully implement across NWales the following to require maximising impact Same Day Emergency Care (SDEC) - currently in place in YG - but further work required in Centre and East D2R&A - in progress; Phone First - 111 - on track to implement by June 2021 Primary Care Urgent Treatment Centres.Implemented in East and Centre - ongoing work in West.	31 March 2021 Complete Complete 31 March 2021 30 September 2021 30 June 2021 30 June 2021
Established surge plans in place to manage Covid-19 demand which are regularly reported to Finance and Performance (F&P) Committee.	2	i) Intelligence cells in place, regularly tracking against Swansea University modelling work and now reporting into the Executive Incident Management Team (EIMT) and reviewed weekly. ii) Ysbyty Enfys Deeside opened (4/11) to accept up to 30 recovering Covid positive patients. on 9.1.21 admission criteria reviewed and amended along with increased capacity to 45 patients in response to the projected demand identified through the modelling. Amendments approved by EMIT, CAG.	2	Finalisation of nursing workforce capacity to staff the current model (up to 30 patients) and any expansion of future model at Ysbyty Enfys Deeside. Post implementation review of the suitability of the acute to community pathways is underway, including staffing model and patient cohort to ensure fit for purpose.	Completed 30 June 2021
Critical Care Surge plans in place and enacted, monitored through the BCUHB Critical Care Group, reported to EIMT, and the National Critical Care Network.	3	Surge plans for each site with an overarching total BCUHB capacity, transfer pathway established which safely allows patients to be transferred across the Health Board to the best possible capacity where a site becomes overwhelmed. BCUHB continue to link into the National Transfer and Mutual Aid Arrangements, coordinated by the National Critical Care Network. Commissioned a dedicated critical care transfer vehhicle from WAST to support the timely transfer of patients when required.	3		

Review comments since last report: Review of scoring (with an increase in the current likelihood score), controls and mitigations has taken place following the feedback from the Risk Management Group, with extension to action timeframes agreed with the Executive Director.

Executive Lead:	**Board / Committee:**	**Review Date:**
Mark Wilkinson, Executive Director of Planning and Performance	Finance and Performance Committee	3 February 2021

Linked to Operational Corporate Risks:

Board Assurance Framework 2020/21

Strategic Priority 2: Essential Services and Planned Care

Risk Reference: BAF20-05		Risk Rating	Impact		Likelihood		Score		Appetite	
Timely Access to Planned Care										
There is a risk that the Health Board may be unable to deliver timely access to Planned Care due a mismatch between demand and capacity and Covid-19, which could result in a significant backlog and potential clinical deterioration in some patient conditions.		Inherent Risk	5		5		25		Low 1 - 6	
		Current Risk	5	↔	5	↔	25	↔		
		Target Risk	5		3		15			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps *(actions to achieve target risk score)*	Date
Q3 and Q4 Plan in place and agreed by the Board, with regular monitoring and updates provided to Planned Care Performance Group and Finance and Performance Committee.	2	Revised Monthly meetings to focus solely on planned care performance chaired by the Director of Performance, aligns to Finance and Performance Committee	2	Introduction of further validation staff in Q3/4 non recurring. Scoping of Artificial Intelligence approach to validation.	31 March 2021
Implemented risk stratification system and process for stage 4 patients providing clinical priority with regular monitoring by local Primary targeting list (PTL) and access group.	1	Ensure the waiting list size is continually validated and patients appropriately communicated with.	1	Waiting list initiatives introduced in Q3/4, Business case for Insourcing to support Q3/4 plan and long waiting patients is awaiting approval. Introduce a system that allows patients to "opt in" for treatment. allowing a communication strategy to support the q3/4 plan.	28 February 2021
Head of Planned Care overseeing the Q3/4 plan and variance to the plan with monthly reporting to the Chief Operating Officer and bi-monthly reporting to the Finance and Performance Committee.	2	Bi-monthly report to Finance and Performance Committee to provide assurance on planned care strategic and tactical developments.	2	Introduce substantive post into the organisation, currently covered on an interim solution. Thus providing continuity and sustained leadership for planned care.	31 July 2021
Once for North Wales approach introduced to standardise and ensure consistent delivery of general surgery, orthopaedics, Ophthalmology (Stage 4), Urology and Endoscopy to reduce health inequalities.	2	Weekly operational group with Divisional general Managers (DGM's) to ensure operational co-ordination of the once for north wales approach.	1	Introduction of insourcing into the organisation to undertake activity that supports P2-3 activity and over 52 week waiters, therefore reducing the overall waiting times .Scoping of new strategic model of care known as the diagnostic and treatment centre approach for planned care. Strategic outline case to be presented to Board and Welsh Government.	30 April 2021 31 May 2021
				Agree a strategy for planned care over the next 3 years that will improve the business process and reduce long waiting patients.	31 May 2021

Review comments since last report: Revised deadlines following review at Risk Management Group with updated Control and mitigation. Due to the patient safety impact of this risk, the Executive Director of Nursing and Midwiferty has requested that oversight of this risk is transferred to the Quality, Safety and Experience Committee for future oversight.

Executive Lead:	**Board / Committee:**	**Review Date:**
Mark Wilkinson, Executive Director of Planning and Performance	Finance and Performance Committee	8 February 2021

Linked to Operational Corporate Risks:

Board Assurance Framework 2020/21

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-17		Risk Rating	Impact		Likelihood		Score		Appetite	
Value Based Improvement Programme										
There is a risk that the Health Board doesn't understand or use it's resources effectively and efficiently due to a lack of implementing an appropriately resourced value based improvement programme. This could impact on the quality of outcomes for the services it delivers.		Inherent Risk	4		4		16		Moderate 8 - 10	
		Current Risk	4	↔	3	↔	12	↔		
		Target Risk	4		2		8			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps *(actions to achieve target risk score)*	Date
Finance & Performance (F&P) Committee oversight via standard reporting of opportunities and savings delivered.	2	Contribution to national benchmarking programmes, providing detailed analysis of service areas and opportunities.	3	Articulate the relationship between the VBHC Improvement Programme and the Health Board's transformational approach to ensure alignment	31st March 2021
F&P Committee oversight of benchmarking data & follow up work e.g. Mental Health.	2	Drivers of the Deficit analysis used to inform Q3/Q4 planning and to identify priorities for tackling efficiency opportunities.	1	Resources to facilitate and support the VBHC programme to be secured, with recruitment commenced.	31st March 2021
Lessons Learnt analysis from COVID reported to Executive Team, with action to mainstream innovation and value opportunities. Reporting of progress to delivering opportunities to F&P Committee.	2	National efficiency framework analysis to identify opportunities and cascade to Improvement Groups and Divisions.	1	Planning and business case approach to be reviewed to capture VBHC principles.	28 February 2021
Clinical Effectiveness Group re-established with oversight of Value Based Healthcare within its brief.	1	Executive leadership confirmed as for Medical Director and Finance Director - endorsed by the F&P Committee.	2	Register of current VBHC projects and interventions to be established.	31 March 2021
Executive Team reviewing the opportunities analysis produced for Improvement Groups to identify potential areas of inefficiency to be addressed.	2			Steering group to be established to drive the programme of work, supported by the VBHC structure. Progress reports to be provided to the Clinical Effectiveness Group.	30 April 2021
				Priority interventions to be identified within the Board's draft VBHC delivery plan.	31 March 2021
				Initial data capture and reporting systems for VBHC to be developed.	31 May 2021
				Programme reporting established to Finance and Performance Committee	31 July 2021

Review comments since last report: . Extensions to action timeframes have been agreed with the Executive Finance Director. Additional action inserted in respect of establishing the relationship between the VBHC IP and the HB's transformational approach. Executive leadership identified for Medical Director and Finance Director endorsed by the F&P Committee which strengthens the mitigation arrangements.

Executive Lead:	**Board / Committee:**	**Review Date:**
Sue Hill, Executive Finance Director	Finance and Performance Committee	**9 February 2021**

Linked to Operational Corporate Risks:

Board Assurance Framework 2020/21

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-19		Risk Rating	Impact		Likelihood		Score		Appetite	
Estates and Assets										
There is a risk that the Health Board does not understand its equipment, assets or digital landscape due to no clear leadership, oversight of agreed capital funding at the Board. This could impact on the Board's ability to implement safe and sustainable services through an appropriate refresh programme.		Inherent Risk	4		4		20		Moderate 8 - 10	
		Current Risk	3	↔	3	↔	9	↔		
		Target Risk	3		2		6			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps *(actions to achieve target risk score)*	Date
Estates Strategy in place and approved by the Board in January 2019 with updates provided to the Strategy, Partnership and Population Health Committee.	2	Development for business case for key projects identified in key strategies.	1	Secure WG funding to support Business Cases (short and long term).	31 March 2022
Annual Capital Programme in place and approved by the Finance and Performance Committee with bi-monthly reports provided to the committee.	2	Capital Investment Group with representation from all divisions with regular updates to the Executive Team in place.	2	Rationalisation of the Health Board Estate.	31 March 2022
		Capital Programme based on priorities as identified by divisions, Core Areas (Estates, Informatics and medical devices) feeding into the Capital Investment Group and onward to the Finance and Performance Committee.	2	Review and identify capacity to deliver all the projects.	31 March 2021
		Selection criteria signed off by the Executive Team which links back to risk, service continuity, service transformation and sustainability.	2	Development of revised Informatics Strategy.	31 March 2021
		Project Teams in place to deliver the business case and projects.	1		

Review comments since last report: It is proposed that this risk be archieved on the basis of the creation of a revised risk relating to Estates and Assets - ref BAF 20-28 .

Executive Lead:	**Board / Committee:**	**Review Date:**
Mark Wilkinson, Executive Director of Planning and Performance	Finance and Performance Committee	3 February 2021

Linked to Operational Corporate Risks:
CRR20-06 - Informatics - Patient Records pan BCU
CRR20-07 - Informatics infrastructure capacity, resource and demand

Board Assurance Framework 2020/21

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-20		Risk Rating	Impact		Likelihood		Score		Appetite	
Estates and Assets Development										
There is a risk that the Health Board does not systematically review and capitalise on the opportunity to develop its estates and assets due to changes in working practices (for example agile working) which could impact on recruitment, financial balance and the reputation of the Health Board.		Inherent Risk	3		4		12		Moderate 8 - 10	
		Current Risk	3	↔	3	↔	9	↔		
		Target Risk	3		2		6			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps *(actions to achieve target risk score)*	Date
Estates Strategy, monitored by Capital Investment Group with oversight at Finance and Performance, and Strategy Partnerships and Population Health Committees and Health Board.	2	Disposal or acquisition of assets are signed off by the Board and Welsh Government in line with the BCUHB Scheme of Reservation and Delegation (SoRD).	3	Health Board through the Workforce Strategy to agree the standards for workforce accommodation and changes in working practices through modern ways of working (e.g. Agile).	31 March 2022
Workforce Strategy monitored by the Health Board.	2	Business Case process in place with oversight by the Executive Team, Capital Investment Group, Finance and Performance Committee and onto Welsh Government.	3	Financial Planning to be agreed and secured to support the change in working practices and a digitally enabled workforce.	31 March 2022
		Collaboration on public sector assets/corporate hubs, and regional working across North Wales.	3	Additional Resources for Asset Management function have been identified through the Health and Safety Business Care to be approved by Finance and Performance Committee.	31 March 2022
				Health Board agreed Estate rationalisation programme over three years 2021 to 2023. 2021-22 overview through Finance and Performance Committee and oversite through the Capital Investment Group.	01 June 2021
				Opportunities to progress corporate accommodation hubs in partnership with North Wales Regional Public Service Providers and Local Authorities.	31 March 2022
				Update Estates Strategy to reflect demands for flexible accommodation hubs and review current and future needs for Office accommodation.	01 June 2021

Review comments since last report: Changes to mitigation, actions and review dates. Changes to mitigation arise from recognition of collaboration opportunities across North Wales, within the public sector to develop corporate/shared accommodation.

Executive Lead:	**Board / Committee:**	**Review Date:**
Mark Wilkinson, Executive Director of Planning and Performance	Finance and Performance Committee	5 February 2021

Linked to Operational Corporate Risks:
CRR20-07 Informatics infrastructure capacity, resource and demand.

Board Assurance Framework 2020/21

Strategic Priority: Operational

Risk Reference: BAF 20-27		Risk Rating	Impact		Likelihood		Score		Appetite	
Delivery of a Planned Annual Budget										
There is a risk the Health Board spends in excess of its planned annual budget. Any financial deterioration against the financial plan may result in the Health Board breaching it's statutory duties. This could affect the provision of healthcare across North Wales, potentially leading to Welsh Government intervention and reputational damage, impacting on the Health Board's ability to remain sustainable.		Inherent Risk	5		4		20		Moderate 8-10	
		Current Risk	5		3		15			
		Target Risk	5		2		10			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps *(actions to achieve target risk score)*	Date
Board led annual operational plan, developed and approved in conjunction with Welsh Government, setting out the Health Board's key priorities	2	1. Focused financial modelling and forecasting to deliver efficiency and achieve set Welsh Government targets. 2. A structured programme to demonstrate engagement with all stakeholders to agree a realistic and achievable savings plan 3. Financial and business partnering strategy, offering clear and reliable leadership from senior management team 4. Savings Opportunities and Benchmarking shared with Budget Holders		1. Consistent approach to be adopted acros Divisions, in line with best practice, from April '21 2. Strategic Support agreed with WG to support transformational change programme to be agreed with Board in March 2021 3. Finance led analytical review of the Underlying Deficit and Cost Pressures by Division to establish how much real new money is available to cover pay and inflation 4. Finance led evaluation of the recurrent Forecast Outturn; compare with recurrent budget including the impact of COVID-19 on our spend 6. Finance Team stategy includes as a key outcome to develop our approach to business partnering, to maximise the finance functions contribution to divisional management teams 7. Co-produce 2021/24 Planning principles, timetable and key deliverables with ET, EMG and SPPH Committees	25/02/2021 01/04/2021 25/02/2021 25/02/2021 31/03/2021 31/03/2021
Oversight of financial position and controls through Health Board Committees. Scrutiny through reporting to Welsh Government and the annual statutory Audit	2	1. Formal finance meetings and communication between senior colleagues in the Health Board and Welsh Government 2. Oversight arrangements in place through the Finance & Performance Committee and the Board. 3. Annual assurance of financial position by Audit Wales. 4. Annual financial programmes monitored through the Finance and Performance Committee.		1. Finance report format revised to provide clearer position on financial position and risks. Consistent reporting across all Divisions from April '21. 2. Embed ownership of savings by Divisional managers supported by finance 3. Evaluate finance capacity and capability to support Divisions in delivering timely financial plans that link to activity and workforce impacts. Undertake a gap analysis in conjunction with Divisions to assess what skills they need from finance, to ensure the structure of the team meets the needs of the senior managers	25/02/2021 25/02/2021 31/03/2021

Review comments since last report: New risk approved by the Executive Director of Finance

Executive Lead:	**Board / Committee:**	**Review Date:**
Executive Director of Finance, Sue Hill	Finance and Performance Committee	**New risk - 9 February 2021**

Linked to Operational Corporate Risks:

Board Assurance Framework 2020/21

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-28		Risk Rating	Impact		Likelihood		Score		Appetite	
Estates and Assets										
There is a risk that the Health Board fails to provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding. This could impact on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patient, staff, public, reputational damage and litigation.		Inherent Risk	5		4		20		Moderate 8 - 10	
		Current Risk	5		3		15			
		Target Risk	5		2		10			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps *(actions to achieve target risk score)*	Date
Estates Strategy in place and approved by the Board in January 2019 with updates provided to the Strategy, Partnership and Population Health Committee.	2	Development for business case for key projects identified in key strategies.	1	Secure WG funding to support Business Cases (short and long term).	31 March 2022
Annual Capital Programme in place and approved by the Finance and Performance Committee with regular reports provided to the committee.	2	Capital Investment Group with representation from all divisions with monthly updates to the Executive Team in place.	2	Rationalisation of the Health Board Estate.	31 March 2022
		Capital Programme based on priorities as identified by divisions, Core Areas (Estates, Informatics and medical devices) feeding into the Capital Investment Group and onward to the Finance and Performance Committee.	2	Review and identify capacity to deliver all the projects.	31 March 2021
		Selection criteria signed off by the Executive Team which links back to risk, service continuity, service transformation and sustainability.	2	Development of revised Informatics Strategy.	31 March 2021
		Project Teams in place to deliver the business case and projects.	1	Develop and approve a 3 year Capital Programme with regular reporting to the F&P Committee.	31 March 2021

Review comments since last report: New Risk created, following feedback from the Risk Management Group (former Risk 20-19 has been archived)

Executive Lead:	**Board / Committee:**	**Review Date:**
Mark Wilkinson, Executive Director of Planning and Performance	Finance and Performance Committee	3 February 2021

Linked to Operational Corporate Risks:
CRR20-06 - Informatics - Patient Records pan BCU
CRR20-07 - Informatics infrastructure capacity, resource and demand

Cyfarfod a dyddiad: Meeting and date:	**Finance & Performance Committee 25.2.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Quarters 3 and 4 Operational Plan Monitoring Report to 31 January 2021**
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director of Planning & Performance
Awdur yr Adroddiad Report Author:	Jonathan Lloyd, Interim Director of Performance Edward Williams, Head of Performance Assurance
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance and reviewed by the Executives at their meeting held on 18 February 2021
Atodiadau Appendices:	None

Argymhelliad / Recommendation:

The Finance & 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 and 4 of 2020/21. The Executive Lead reviews on a monthly basis their actions and indicates the relevant RAG-rating. Where an action is complete, this RAG rating is purple. Amber and red ratings are used for actions where there is a risk to delivery, or where delivery was being achieved. For red rated actions, a short narrative is provided. In cases where there was a previous red narrative, and within one month this has been rated as purple, a narrative is also provided. It should be noted for January 2021 there are 12 red, 6 amber, 13 green and 4 purple ratings this month.

Asesiad / Assessment & Analysis

Strategy Implications
Delivery of the operational plan actions is key to implementation of the Boards strategy.

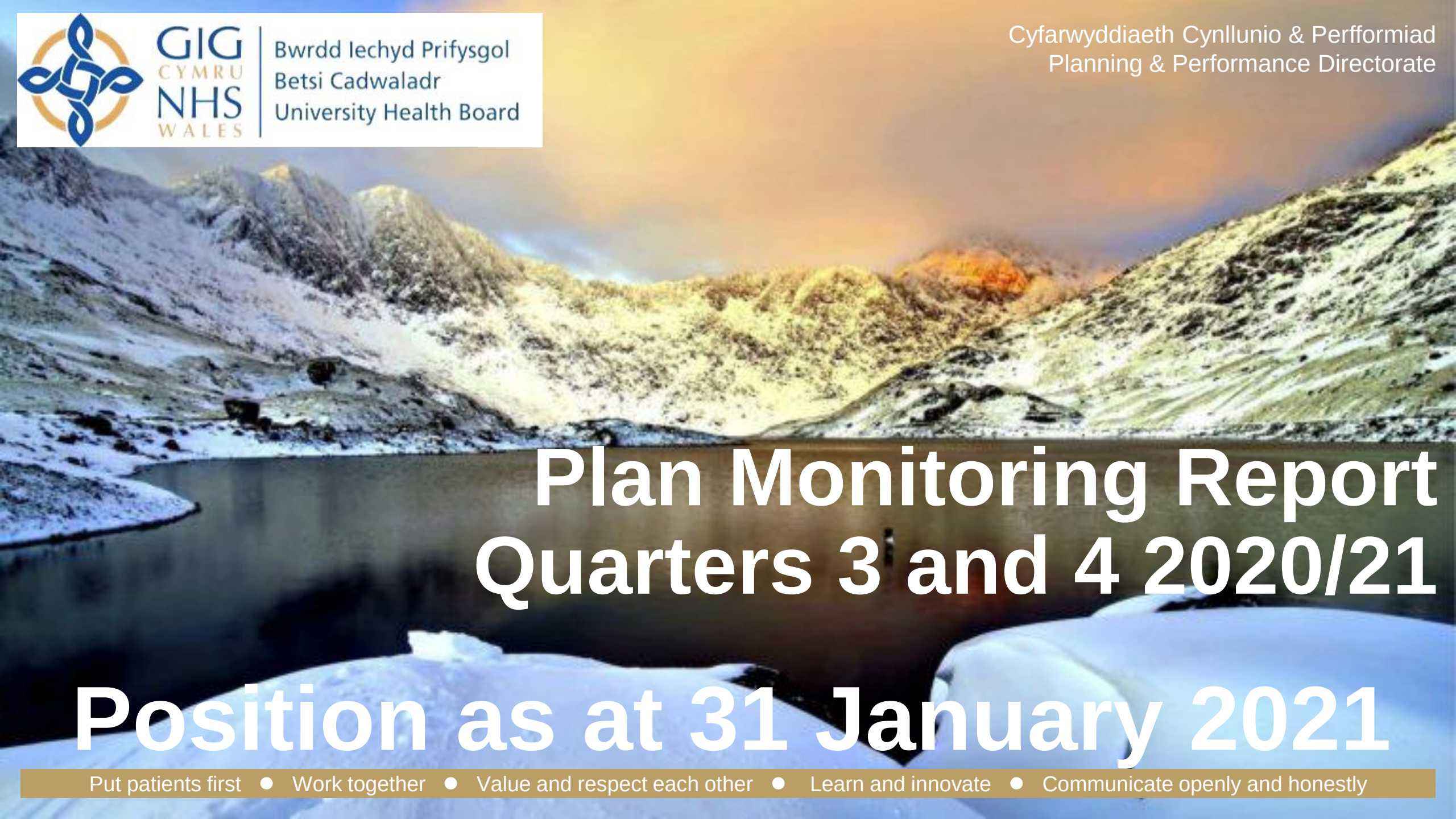
Options considered
N/A

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

Impact Assessment
The operational plan has been Equality Impact Assessed.



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

Cyfarwyddiaeth Cynllunio & Perfformiad
Planning & Performance Directorate

Plan Monitoring Report Quarters 3 and 4 2020/21

Position as at 31 January 2021

Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate openly and honestly

About this Report

- The Quarter 3 and 4 Plan has been agreed by the Health Board
- The Plan recognises that the disruptive nature of the pandemic has shortened planning horizons
- The Quarter 3 and 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 details the assessment by the Executive Director responsible for each of the work streams to have delivered the actions set out in the plan by the 31 March 2021, with supporting narrative where delivery has not been achieved. This report provides an update from each Executive Director for the position as at 31 January 2021. The complete report has been reviewed and approved by the Executive Team.
- Work is underway in developing the plan for 2021/22 which will 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 given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Action within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: A concise narrative explaining the level of risk to successful delivery of the Action within the agreed timescale is provided.
Purple	Achieved	Achieved	Where RAG is Purple: Evidence that the Action has been achieved may be requested

Table of Contents

Chapter 1: Test, Trace and Protect

Test, Trace, Protect									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	P	

Chapter 2: Promoting Health & Wellbeing

Promoting Health & Well-being									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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			

Continuation of Restart									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
2.3	Essential services & safe planned care	F&P	Deliver monthly planned care re-start activity plan	Chief Operating Officer	30/11/20	G	P		

DEMAND AND CAPACITY									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
2.4	Essential services & safe planned care	F&P	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 exits.	Chief Operating Officer	31/10/20	P			
2.5	Essential services & safe planned care	F&P	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	F&P	Review of external capacity for key providers			R	R	P	
2.7	Essential services & safe planned care	F&P	Develop and implement plans to support patients to actively manage symptoms/ optimise their health whilst waiting for treatment.		31/12/20	A	A	R	R

RISK STRATIFICATION

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
2.8	Essential services & safe planned care	F&P	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	F&P	Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate.			R	R	P	

OUTPATIENTS

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
3.00	Essential services & safe planned care	F&P	Provide virtual outpatient appointments wherever possible.	Chief Operating Officer	31/03/21	A	A	G	G
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	P	
3.20	Essential services & safe planned care	F&P	Develop and implement plans to address backlog of overdue follow up patients			G	G	P	

PROTECTING ELECTIVE CAPACITY - DIAGNOSTIC TREATMENT CENTRE

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	P		

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	Dec-20	Jan-21
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	P	
4.20	Essential services & safe planned care	QSE	Ensure PREMs are included in the development of pathways where feasible and appropriate.		31/03/21	A	A	A	A
4.30	Essential services & safe planned care	SPPH	Develop the process to arrive at a Digitally Enabled Clinical Services Strategy			A	A	A	A

PLANNED CARE SPECIALTY SPECIFIC PLANS									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	R	R	R
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	P		
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	R	P
4.9	Essential services & safe planned care	F&P	Insourcing Diagnostic Capacity. (Subject to market availability)		31/12/20	G	G	P	
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	P	
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	P	
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	P	

SERVICE SUSTAINABILITY									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	R	R	P
6.20	Essential services & safe planned care	F&P	Review and refresh priority business cases relating to service sustainability		31/03/21	G	G	G	G

MANAGING CAPACITY – WINTER/COVID									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
6.60	Essential services & safe planned care	F&P	Ensure surge and escalation plans are aligned to Planned Care activity needs	Chief Operating Officer	02/11/20	G	P		

Action 2.7: Develop and implement plans to support patients to actively manage symptoms/optimise their health whilst waiting for treatment.

- Proposals for digital applications in (initially orthopaedics) are being delayed due to IT capacity, discussions are on-going on how this can be taken forward with IT and clinical leads are to agree and implement plans for their respective specialties
- This work aligns to the 6 point plan for planned care which focusses on effective clinical risk stratification, care pathway development and the interface with value based healthcare
- Work on the overall planning for planned care is progressing and it is expected that this specific action will be completed by 31 March 2021

Action 4.20: Ensure PREMs are included in the development of pathways where feasible and appropriate.

- PREMS work is fully aligned with Value Based Health Care, which has been slow to start due to COVID-19. The anticipated resources of recruitment of personnel with Value Based Healthcare Commissioning (VBHC) expertise has not progressed as previously planned. The work however it is now being considered as an integral part of the overall improvement and transformation strategy
- Negotiations with Welsh Government (WG) have now resulted in agreement where central VBHC resources will be made available for a number of sessions per week. The anticipated start date for a senior colleague to join BCU is March 2021. This will enable us to start the process for some selected and key pathways
- The Executive Director of Finance and Executive Medical Director are working jointly as Executive leads to take this work forward. Geoff Lang has been identified as the Programme Lead (Finance) and we anticipate that the feasible and appropriate pathways will include PREMS by 31 March 2021

Action 4.30: Develop the process to arrive at a Digitally Enabled Clinical Services Strategy

- Following discussions with the Chair and Independent Members, a fresh approach is being discussed at Board after which progress will be made. A clearer way forward is forming after a recent Board workshop, and the Executive Team will be discussing next steps with an aim to provide internal alignment of thoughts and then to agree a process
- The above approach will be based on a refresh of the LHSW and The Executive Director of Planning and Performance and the Executive Medical Director are working together on a plan to present to Executive Team in March 2021
- The Executive Medical Director is the Executive lead for action with very close working with Executive Director of Planning and Performance and progress will be reviewed at the next Executive Team in February 2021

Action 4.40: Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists

- The business case to support the delivery of this action has been reviewed internally and feedback provided (engaging the relevant leads and clinical support)
- The case will be presented to the Executive Team in March 2021
- Progress to date has been delayed due to the pressures on the services
- Action to date will be reviewed at the Planned Care Performance Review Meeting to be held on 23 February 2021

Chapter 4: Unscheduled Care – Page 1 of 2

Unscheduled Care									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	P		

Surge Plans									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	P		
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	P		
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	P		
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	P		

Phone First									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	P	
9.20	Safe unscheduled care	F&P	Phone First discussion paper drafted		01/10/20	G	P		

Emergency Department Quality Delivery Framework (EDQDF)									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	31/03/21	G	G	P	

Chapter 5: Primary & Community Care – Page 1 of 2

Primary Care									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	31/03/21	G	G	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	Dec-20	Jan-21
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	31/03/21	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			

Implement General Medical Services Recovery Plan									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	Dec-20	Jan-21
12.30	Essential services & safe planned care	SPPH	Implement Welsh Government Dental Recovery Plan	Executive Director Primary & Community Care	31/03/21	G	G	G	G

Implement Community Optometry Recovery Plan									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
12.90	Essential services & safe planned care	SPPH	Implement Welsh Government Optometry Recovery Plan	Executive Director Primary & Community Care	31/10/20	G	P		

Community Health & Social Care									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
13.70	Safe unscheduled care	F&P	Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation	Executive Medical Director	31/01/21	A	A	A	R

Support Care Homes and reintroduce CHC									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	P	
14.00	Safe unscheduled care	SPPH	BCU wide Continuing Health Care (CHC) Recovery Plan in operation			A	A	R	R

Action 13.70: Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation

- The previous stroke draft business case has been produced and is currently undergoing revision. Due to colleagues being heavily committed to the COVID response the 31 January 2021 deadline has not been met. However, a draft business case is being checked through for impact (week commending 8 February 2021)
- The Programme Lead for the Business Case development has been identified as Rob Smith, Area Director
- It is anticipated that a revised business case will be submitted on 15 February 2021

Action 14:00: BCU wide Continuing Health Care (CHC) Recovery Plan in operation

- The Area Teams were initially unable to fully implement their recovery plans due to COVID pressures. However, Area Teams are now re-basing their recovery plans for the Audit Wales reporting in February 2021
- The care home resident and staff vaccination programme, alongside wider public measures and lockdown effectiveness, is anticipated to result in the realignment of wider care home plans in Quarter 2 of 2021/22
- All areas have been requested to provide an update on progress to date; and the rebased recovery plans will be reviewed by the CHC and Performance Team in February 2021

Deliver Safe & Effective CAMHS Services									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	P	
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	P	

Neuro-Development									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	R	R

16.00: Work towards providing Assessments and improve performance against the 26 week target

- Lost activity/capacity during the pandemic has increased the waiting list as well as impacting on previous improvements. A new external supplier was appointed and commenced in January 2021 focussing work on the historical waiting list

- Planning submission, including cost of waiting list recovery, has also been submitted for consideration . In addition, there is a continuous recruitment drive to support the full establishment of the teams and an increase in external supplier through repeated tender once funding has been established and agreed. The lead for this action has been identified as Andrew Gralton, Assistant Area Director for Children's Services East Area

- A new supplier projection is for initial 600 cases in the first 12 months increasing to over 250 per quarter afterwards. The first review will take place at the end of February 2021 with aim to increase the growth of projection. Finance requests have now been submitted (January 2021). As indicated recruitment drives are ongoing. Direct contact is now being made with university career teams to establish and strengthen relationships (review July 2021) coupled with an increase in supplier via tender by June 2021

Mental Health & Learning Disabilities									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	31/03/21	G	G	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	G	G
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	G	G
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	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	A	A

Chapter 7: Mental Health & Learning Disabilities - Narrative

17.00: 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.

- The informatics team has produced initial data reporting the number of admissions to Intensive Care Units (ICUs). This data requires further analysis to explore the demand and capacity requirements going forward. The work is being led by the Divisional Medical Director, via a task & finish group (which has now met to explore, consider and plan for this work)
- The Divisional Medical Director will link with the Executive Director Of Therapies & Health Sciences to join a BCU wide group and the action will be reviewed in March 2021

17.10: Additional Community Psychiatric Nurse (CPN) support to care home sector to avoid admission to acute setting and support early discharge

- There has been delays in progressing this action due to COVID. However, funding has been secured and recruitment is progressing.
- Anticipated recruitment Q1 2021/22 with a review taking place June 2021

Covid 19 Oversight									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
17.20	Covid-19 prevention & readiness	QSE	Establish a Coronavirus Coordination Unit (CCU)	Executive Director Primary & Community Care	09/10/20	P			
17.30	Covid-19 prevention & readiness	QSE	Full operation of a Coronavirus Coordination Unit (CCU)		01/11/20	A	R	P	
17.40	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with increased analytics capacity and focus to establish a framework		09/10/20	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		01/11/20	A	R	P	

Chapter 9: Digital Health

Digital Health Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
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	30/06/21	R	R	R	R
17.80	Effective use of resources	D&IG	Pending approval of the business case – deploy WEDS		30/11/20	R	R	R	P
17.90	Effective use of resources	D&IG	Development of the digital health record		31/03/21	G	G	G	G
18.00	Effective use of resources	D&IG	Implementation of Baseline pan-BCU Health Records Project		31/12/20	G	G	R	P
18.10	Effective use of resources	D&IG	Implementation of Digital dictation project		31/12/20	G	G	R	R
18.20	Effective use of resources	D&IG	Development of priority business cases for sustainability of services		31/10/20	G	P		
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	P	

Chapter 9: Digital Health - Narrative

Action 17.70: Phase 3 of Welsh Patient Administration System (WPAS) re-focus on West implementation

- There has been a delay in delivery as NHS Wales Informatics Service (NWIS) have had to prioritise their delivery of WPAS at BCUHB due to a higher priority of having to move the Blaenavon Data Centre
- Option 1, provided by NWIS, is to restart fully in September 2021 with the approach of West into Central; this should be completed by May 2022
- Due to the change of approach, informatics are undertaking an integration impact assessment to pre-empt any issues
- The Senior Responsible officer (SRO) has been identified as Kate Clark, Deputy Medical Director, a Situation, Background, Assessment, Recommendation (SBAR) report has been taken to Finance & Performance Committee in January 2021

Action 17.80: Pending approval of the business case – deploy WEDS

- The date indicated in the plan was for the approval of the Business Case and not delivery of WEDS. The Business Case has now been approved by the Finance & Performance Committee (28 October 2020). The Project delivery is on target
- Rollout to the remaining areas in Phase 1 is planned for the end March 2021

Action 18.00: Implementation of Baseline pan-BCU Health Records Project

- Appointment of health records roles to undertake a baseline review is now complete (This is the action was due for completion by 31 December 2020) The baseline exercise is expected to be completed by 31 March 2021

Action 18.10: Implementation of Digital dictation project

- Upgrade is now complete
- Due to the complexity of the integration messaging from Patient Information Management System (PiMS) and its unexpected behaviour within electronic reported patient outcome (EPRO) the project is experiencing a delay in West Area
- Whilst these issues are being resolved we are taking the opportunity to accelerate the roll out in the Central Area. We have a plan in place with the supplier to have West roll out back on track for February 2021. A revised end date for West is now 31 March 2021 (West Area roll out)

Chapter 10: Estates & Capital

Estates/ Capital									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
18.40	Effective use of resources	SPPH	Ablett Mental Health Unit Outline Business Case	Executive Director of Public Health	31/01/21	A	A	A	R
18.50	Effective use of resources	SPPH	Residencies: Outline Business Case	Executive Director of Planning & Performance	31/12/20	G	G	P	
18.60	Effective use of resources	SPPH	North Denbighshire Community Hospital		30/11/20	G	P		
18.70	Effective use of resources	SPPH	Ysbyty Gwynedd compliance		31/12/20	G	G	R	R
18.80	Effective use of resources	SPPH	Wrexham Maelor Hospital		31/03/21	G	G	R	R

Chapter 10: Estates and Capital - Narrative

18.40: Ablett Mental Health Unit Outline Business Case

- The outline planning decision was discussed on 12 December 2020,. It was agreed to pause to enable the Divisional Senior Leadership Team (DSLT) to review the business case to ensure alignment with the divisional strategy. Jill Timmins, Programme Director is leading this work
- The supply chain partners are reviewing costings of an alternative Ysbyty Glan Clwyd site option
- A formal timeline is yet to be agreed, but the Programme Board will meet on 18 February 2021 to discuss next steps. Discussions also remain on-going with Welsh Government colleagues

18.70: Ysbyty Gwynedd Compliance

- The final draft business case was presented and noted by the Capital Investment Group in January 2021. It is now being finalised for presentation and support by the Executive Team and Finance and Performance Committee, subject to Executive Team support, it will reach the Finance and Performance Committee in March 2021

18.80: Wrexham Maelor Hospital

- The project team have reviewed timescales for an outline business case; the firm timescale is end of June 2021.
- Further delays have been encountered in appointing a supply chain partner, project manager and cost advisor; although all are now in place. COVID-19 has also created problems in undertaking the surveys due to access restrictions and operational imperatives; the surveys have now been completed.
- As progress has now been made means we remain confident in the delivery of the revised timescale (June 2021)

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	Dec-20	Jan-21
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	P	
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	P	
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	R	R
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		31/03/21	A	A	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	Dec-20	Jan-21
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	31/3/21	A	A	R	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		31/03/21	A	A	A	G
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.		31/01/21	A	G	G	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	31/03/21	A	A	G	G

Chapter 11: Workforce & Organisational Development – Narrative

20.00: 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.

- Agile working guidance has been now been produced along with self assessment and teams support for staff requiring an ergonomic assessment of their workplace
- A wider piece of work on the infrastructure Estates/Facilities strategy is required to develop longer term solutions to agile work practices
- This work will be reviewed in February 2021

20.20: 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.

- A review of the Health & Safety (H&S) Strategy has been undertaken in year 2 to further identify gaps in compliance and reduce risks
- Risks associated with COVID-19 are addressed by Health and Safety Team through investigation of incidents, Risk assessment support for vulnerable staff, social distancing reviews and Make is Safe (MIS) reviews
- Additional support is being utilised to review specific estates risks and escalation through internal audit and the Strategic Health and Safety Group to provides assurance of plans and actions being implemented to mitigate risks
- The significant risks, identified in the Board Assurance Framework, have a completion date of September 2021

20.30: Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff

- An external resource has been secured to support the development and implementation of the infrastructure in the medium term
- Funding has been secured to get an immediate short term solution in place and this is being worked up and being looked to be implemented by 15 February 2021

20.50: 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.

- Support has been established, through an external partner working closely with the Organisational Development (OD) team, and additional internal strategic support to develop a procurement specification for securing an external partner to work with the organisation. The objective is to realise our ambition for sustainable improvement and strengthen our strategic organisational development infrastructure
- A draft specification has been discussed with the Chief Executive Officer, amendments have been made following feedback and is now ready for further review.
- The specification details a route map to support a strategic OD programme and sustainable improvement approach and identification of infrastructure required to support the programme to facilitate commencement in April 2021/22

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	Dec-20	Jan-21
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	P	

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	Dec-20	Jan-21
22.01	Effective use of resources	F&P	Budget Setting Process 2021/2022	Executive Director of Finance	31/03/21	G	G	G	G
22.02	Effective use of resources	F&P	Financial plan using sustainability funding to support IMTP		31/03/21	G	G	G	G
22.03	Effective use of resources	F&P	VBHC implementation		31/03/21	G	A	A	R

22.03: Value Based Healthcare Commissioning (VBHC) implementation

- Work on the Value Based Healthcare Plan has been delayed whilst arrangements for the Health Board's overall transformation and improvement programme are finalised. This work is to ensure that VBHC is fully aligned with this approach.
- Implementation will now progress in Quarter 1 of 2021/22

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 & Performance Committee 25.2.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Quality and Performance Report**
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning & Performance
Awdur yr Adroddiad Report Author:	Mr Jonathan Lloyd, Director of Performance Mr Ed Williams, Head of Performance Assurance
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance
Atodiadau Appendices:	None

Argymhelliad / Recommendation:

The Finance & Performance Committee is asked to scrutinise the report and to consider whether any area needs further escalation to be considered by the Board.

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:

We have now recommenced with performance reporting of the national indicators which were stood down to enable the Health Board to focus on the mobilisation phase of the pandemic.

This report includes indicators from the National Delivery Framework, together with a section on covid-19 and essential services delivery.

At the time of writing over half a million tests have been carried out, of which just over thirty-one and a half thousand were positive for COVID-19. The turnaround from 'Test to Result' is the last 7 days is an average of four hours with 97% completed within 24 Hours.

The COVID-19 vaccination programme continues apace, with over nearly hundred and seventy thousand vaccinations already given across North Wales, the highest number of all the Health Boards in Wales (this should be commended).

Whilst routine referrals remain low in comparison to pre-COVID-19 rates, urgent, suspected cancer referrals have recovered. Whilst some improvements in planned care continue, the increase of admissions of patients with COVID-19 infections is adding pressure on maintaining essential services.

Pressures upon the unscheduled care system continues in light of the COVID-19 pandemic. Performance has been in decline since April 2021. However, there was an improvement in performance between December 2020 and January 2021 with65.80% of patients being seen within 4

hours compared to 64.28% in December 2020. In January 2021, over 1,510 patients waited over 12 hours to be seen in our Emergency Departments (1,520 in December 2020). The number of patients experiencing ambulance handover delays of an hour or more fell from 1,332 in December to 1,028 in January 2021.

There was a reduction in the number of non-mental health patients experiencing Delayed Transfers of Care (DToC) in January at 2021. Consequently the number of bed days lost to DToCs also fell in January 2021 to 835.

Performance against the stroke care measures deteriorated in January 2021 with 23.4% of patients being admitted to a Stroke Assessment Unit within 4 Hours. The rate of patients being reviewed by a Stroke Consultant within 24 hours also fell to 70.5%.

As in the rest of the UK, COVID-19 continues to severely impact upon our capacity to deliver planned care services at the pre-COVID-19 rates, and as a result, waiting times are increasing. However, the Health Board has seen the number of people waiting over 36 weeks fall for the third time in January 2021 at 51,595. Although the number waiting over 52 weeks has risen to 33,498. The number of patients waiting over 8 weeks for diagnostic tests at 11,937, and the number waiting for therapy, 1,379 continued to fall in January 2021

Performance against the 31 day cancer target remains strong at 98.1%. However, capacity issues in both radiology and endoscopy are continuing to impact upon performance against the 62 day measure, performance was 71.8% in December 2020. From January 2021 onwards, Cancer performance will be measured via the Single Cancer Pathway. For December 2020, 71.1% of patients started treatment within 62 days of suspicion. This was the best performance in Wales against this measure.

At 180,878, the total number of patients waiting on the ‘Follow Up’ waiting list, together with the number of those patients that are more than 100% overdue their follow up date at 57,269, continued to fall in January 2021.

Performance against the eye care measure continues to deteriorate at 41.5%. However, this performance is also reflected across the other Health Boards in Wales.

The staff sickness rate rose slightly in January 2021 at 5.54%, but remained lower than at the same period in 2020. COVID-19 related sickness continued to increase, but is now lower than during the peak of the first wave in May 2020.

Reducing the spend on agency and locum staff continues to be a priority for the Health Board and this month remains at 7.5% of our staffing budget being spent on agency and locum staff.

The Financial Report is presented separately.

Cefndir / Background:

Our 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 are aligned 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 is reported together with the interdependencies between ensuring safe re-start of elective care and balancing the risk of covid-19 for patients, staff and 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

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

Quality & Performance

Finance & Performance Committee

January 2021

About this Report

COVID-19 Pandemic

It should be noted that all services continue to be impacted upon 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 recommended that the performance reported herein is not compared as 'like-for-like' to previous year's performance or to current and previous targets.

Report Structure

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

Additional sections are added to reflect the 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.

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

Performance Monitoring

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

- Performance has improved over the last 6 months
- Performance has got worse over the last 6 months
- Performance remains the same

Operational Plan Monitoring

The operational planning for 2020-21 has been impacted by the pandemic with planning cycles re-defined essentially into quarterly plans.

The Quarter 3 and 4 Operational Plan has been approved by the Board and submitted to Welsh Government. The likelihood of delivery of the actions contained within this plan are reported in the Q3/Q4 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 limited.

Ongoing development of the Report

The intention for future reports is to continue to align the reporting of COVID-19 related pandemic indicators with the essential services service status and the National Delivery Framework while developing the reporting against the actions in the operational plan.

As patient and staff safety permit, we will recommence the development of profiles for delivery for activity taking place in short-term cycles, reporting on referrals, new ways of working, emergency and elective activity and waiting lists.

Highlights and Table of Contents

Key Messages

- Second wave of the COVID-19 pandemic continues with increased number of confirmed new variant infections reported across North Wales
- Increase admissions of COVID-19 positive patients impacting on acute sites and pressure at the Emergency Department front doors
- Essential services are largely maintained. However, activity has reduced and capacity challenges are emerging

Executive Summary

The committee are asked to note the following:

COVID-19 Update

At the time of writing over half a million tests have been carried out, of which just over thirty-one and a half thousand were positive for COVID-19. The turnaround from 'Test to Result' is now an average of four hours with 97% completed within 24 Hours.

The COVID-19 vaccination programme continues apace, with over nearly hundred and seventy thousand vaccinations already given across North Wales, the highest number of all the Health Boards in Wales (this should be commended).

Essential services

Whilst routine referrals remain low in comparison to pre-COVID-19 rates, urgent, suspected cancer referrals have recovered. Whilst some improvements in planned care continue, the increase of admissions of patients with COVID-19 infections is adding pressure on maintaining essential services.

Quadruple Aim 2: Unscheduled Care

Pressures upon the unscheduled care system continues in light of the COVID-19 pandemic.

Performance has been in decline since April 2021. However, there was an improvement in performance between December 2020 and January 2021 with 65.80% of patients being seen within 4 hours compared to 64.28% in December 2020. In January 2021, over 1,510 patients waited over 12 hours to be seen in our Emergency Departments (1,520 in December 2020) The number of patients experiencing ambulance handover delays of an hour or more fell from 1,332 in December to 1,028 in January 2021.

There was a reduction in the number of non-mental health patients experiencing Delayed Transfers of Care (DToC) in January at 2021. Consequently, the number of bed days lost to DToCs also fell in January 2021 to 835.

Performance against the stroke care measures deteriorated in January 2021 with 23.4% of patients being admitted to a Stroke Assessment Unit within 4 Hours. The rate of patients being reviewed by a Stroke Consultant within 24 hours also fell to 70.5%.

Quadruple Aim 2: Planned Care

As in the rest of the UK, COVID-19 continues to severely impact upon our capacity to deliver planned care services at the pre-COVID-19 rates, and as a result, waiting times are increasing. However, the Health Board has seen the number of people waiting over 36 weeks fall for the third time in January 2021 at 51,595. Although the number waiting over 52 weeks has risen to 33,498 the number of patients waiting over 8 weeks for diagnostic tests at 11,937, and the number waiting for therapy, 1,379 continued to fall in January 2021.

Performance against the 31 day cancer target remains strong at 98.1%. However, capacity issues in both radiology and endoscopy are continuing to impact upon performance against the 62 day measure, performance was 71.8% in December 2020. From January 2021 onwards, Cancer performance will be measured via the Single Cancer Pathway. For December 2020, 71.1% of patients started treatment within 62 days of suspicion. This was the best performance in Wales against this measure.

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Performance against the eye care measure continues to deteriorate at 41.5%. However, this performance is also reflected across the other Health Boards in Wales.

Quadruple Aim 3: Workforce

The staff sickness rate rose slightly in January 2021 at 5.54%, but remained lower than at the same period in 2020. COVID-19 related sickness continued to increase, but is now lower than during the peak of the first wave in May 2020.

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 remains at 7.5% 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 and delivering
- COVID-19 contingency and surge plans are being put into action

Measure	at 14th February 2021
Total number COVID-19 Vaccinations given BCU HB**	**169,465**
Total number of tests for COVID-19 (cumulative)	**580,628**
% Tests turned around within 24 Hours (Last 7 days)	**97%**
Average turnaround time (Last 7 days)	**4 Hours**
Number of results: Positive (cumulative)	**31,508**
% Prevelence of Positive Tests (cumulative since 30th January 2020)	**7.3%**
Rate of positive cases per 100,000*	**4,524.6**
Number of (PHW) Deaths - Confirmed COVID-19**	**832**

Source: BCU IRIS Coronavirus Dashboard, accessed 15th February 2021
** PHW Coronavirus Dashboard Accessed 15th February 2021*
*** PHW as at 14th February 2021*

COVID-19: Narrative

Community levels:

- Following an initial increase in population mobility, despite ongoing Tier 4 restrictions, COVID-19 rates overall appear to be stable. There has been a decrease in the COVID-19 incidence rates in four of the Local Authorities in North Wales in the last 7 days compared to the prior 7 days; rates in Anglesey and Conwy have however increased. These numbers have been driven, in part, by significant outbreaks in large care homes in the areas
- Wrexham and Flintshire UAs have the highest and second incidence rates in Wales, however their rates continue to decline. Anglesey has the third highest rate in Wales and has increased over the past 7 days (there is small population in Anglesey that therefore impacts on the overall rate). We have also placed a mobile testing unit on Anglesey and we have identified more asymptomatic patients
- Over the last 7 days, COVID-19 cases have largely been in 20-29 year olds on the Isle of Anglesey and Gwynedd; 40-49 year olds in Wrexham; and 50-59 year olds in Conwy, Denbighshire and Flintshire

Admissions:

- Community onset admissions are reducing in all areas. However, occupancy remains a challenge particularly in Ysbyty Gwynedd (YG) where lack of flexibility due to red wards, contacts and suspected cases has been flagged
- Hospital outbreaks are contributing to COVID-19 inpatient numbers at all three acute sites and some community sites, although the position is improving in central area community hospitals
- All outbreaks are now defined as stable or improving. Critical care is under less pressure at all three sites and there has been some availability of beds albeit within surge capacity

Care homes:

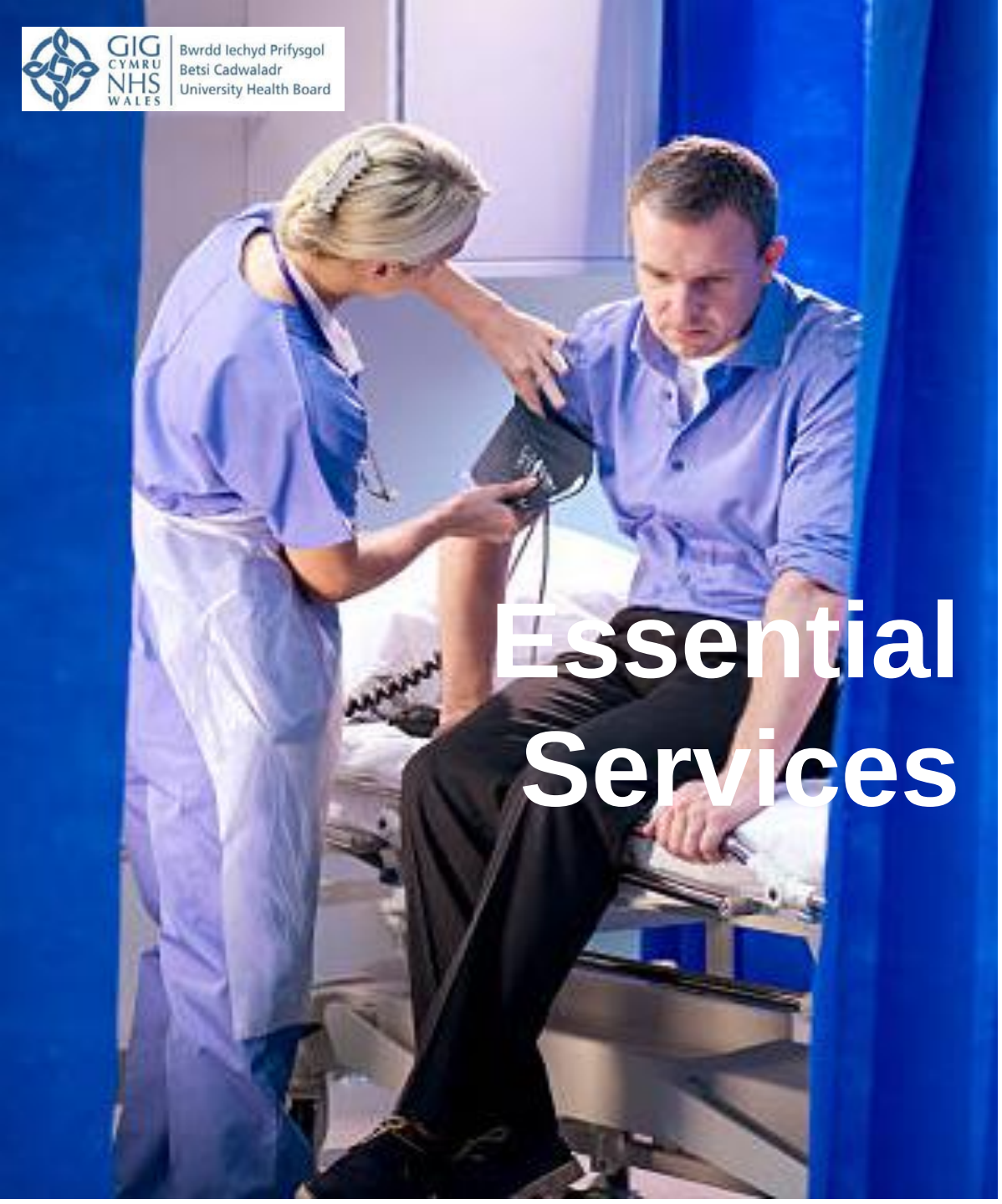
- Care home numbers closed to admissions remain high (currently 73 care homes are in their first 14 day quarantine and closed, we have 20 in the 15 to 20 day retest period (these may reopen) and 46 in the 21 to 28 day period (these may reopen but under public health review) and we have 140 care homes COVID-19 free particularly in the east, and as noted above, there are a couple of larger scale outbreaks in the West and Centre. To note the number previously recorded as currently closed was 119 and this is now 73 (we are consistently having less homes in isolation)

Primary Care:

- Overall GP consultations appear to be continuing to stabilise for suspected COVID-19

Vaccination programme:

- Further increases in vaccine deployment and numbers vaccinated. Of care homes, only red care homes and/or COVID-19 positive or recovering remain outstanding.
- The Health Board is on plan to deliver all the vaccines targets and is successfully progressing through priority groups 3 and 4
- There are still issues with booking, call centres and scaling which are being actively addressed



Essential Services

Key Messages

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

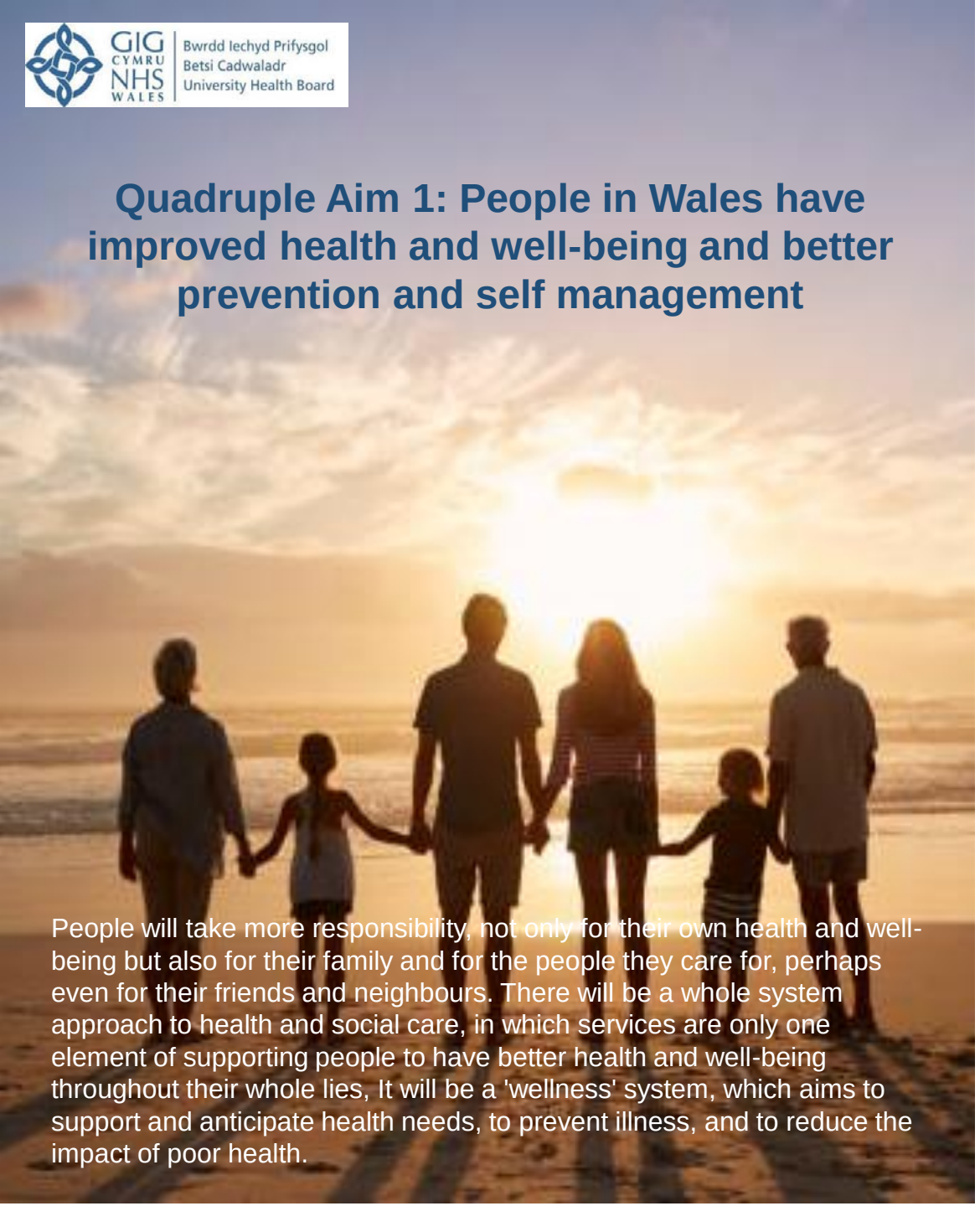
Essential services covers a wide range of primary, community, secondary and tertiary care pathways

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 7th February	4,982	3,619
Referrals Urgent, suspected Cancer (average per week) w/e 7th February 2021	577	493
New Outpatient Attendances (Year to Date includes Virtual) April to January	220,011	140,256
Follow Up Outpatient Attendances (Year to Date includes Virtual) April to January	455,720	311,627
Diagnostic 8 Weeks Breaches (Per Month) - January 2021	2,583	11,923
Elective Inpatient/ Daycase Procedures (Year to Date campared to same period 19/20) to 31st January 2021	39,652	21,091

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



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

Key Messages

- Bowel and breast screening services restarted in July/ January 2021
- Diabetic eye screening and abdominal aortic aneurism screening recommenced in January 2021
- Work is being done to identify capacity for additional sessions are required to deliver the bowel screening recovery programme

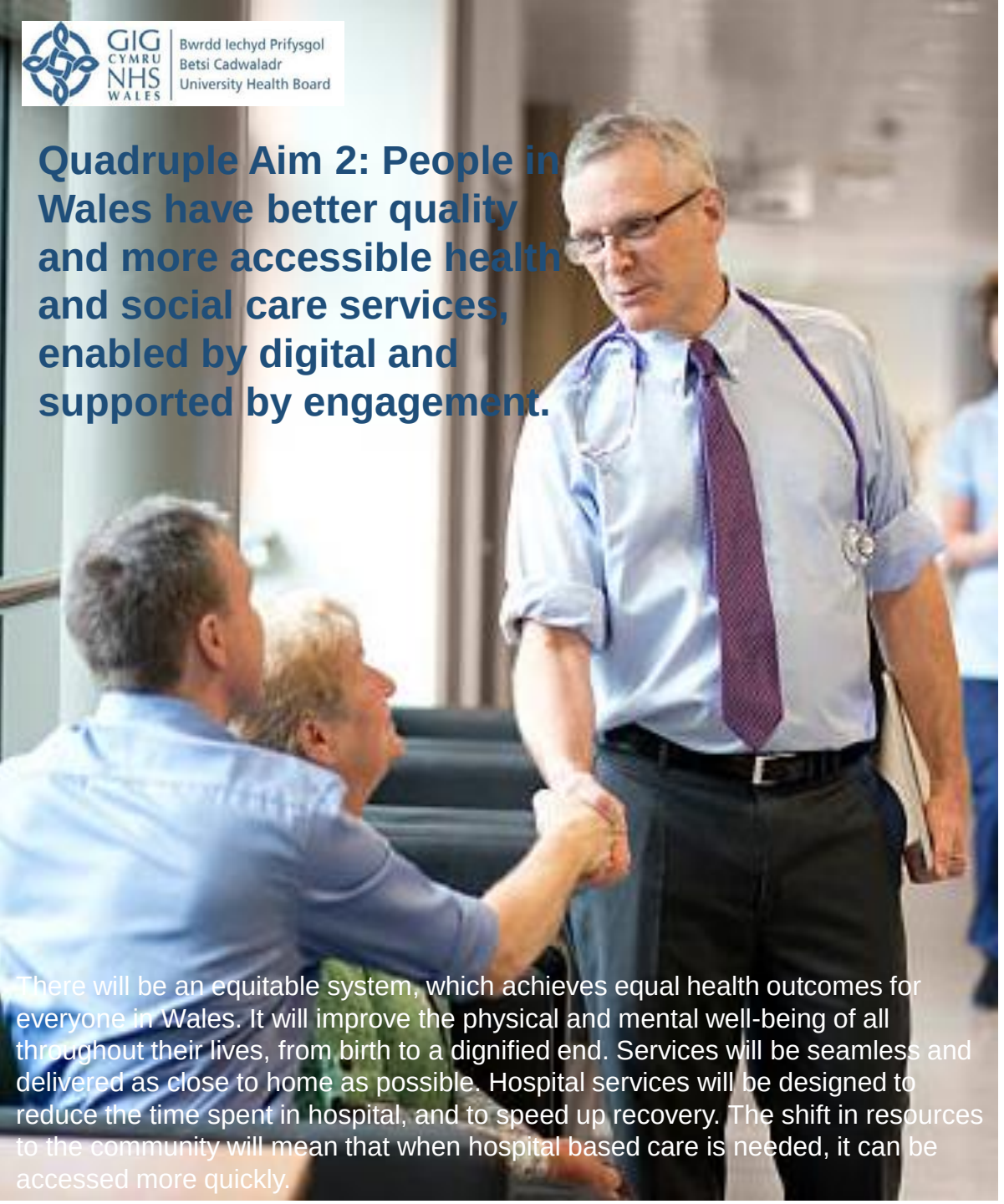
Measures

Following a cessation of breast, bowel and aortic aneurysm screening services in March 2020, breast and bowel screening have now recommenced. Diabetic retinopathy screening recommenced in September 2020, at a smaller number of locations than previously. Cervical screening has continued across the Health Board throughout the pandemic.
Service restarts continue, on a limited basis, 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 a proportion of patients have converted to endoscopy since January 2021.

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.

The 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 being impacted by rise in patients with COVID-19 being admitted
- Bed occupancy on acute sites is high and COVID-19 positive admissions increasing
- Significant performance challenges across the system

Top 5 Measures (based on movement up or down)

Period	Measure	Target	Actual	Trend
Jan 21	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.	>95%	23.40%	↓
Jan 21	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	0	55.30%	↓
Jan 21	Number of Ambulance Handovers over 1 Hour	0	1,332	↓
Jan 21	Number of patients waiting more than 8 weeks for diagnostic test	0	11,937	↑
Jan 21	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	0	57,269	↑

Quadruple Aim 2: Unscheduled Care Measures

Period	Measure	Target	Actual	Trend
Dec 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%	**97.50%**	↑
Jan-21	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	>= 65%	**55.30%**	↓
Jan-21	Number of Ambulance Handovers over 1 Hour	0	**1,028**	↓
Jan-21	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%	**65.80%**	↓
Jan-21	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	**1,510**	↓
Oct 20	Percentage of survival within 30 days of emergency admission for a hip fracture*	>= 80%	**79.80%**	↓

Hip fracture survival reported 3 months in arrears

Period	Measure	Target	Actual	Trend
Jan 21	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time.	>= 59%	**23.40%**	↓
Jan 21	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	>= 85%	**70.50%**	↓
Jan 21	Percentage compliance against the therapy target of an average of 16.1 minutes of Speech and Language Therapist input per stroke patient	>= 64%	**42.90%**	↓
Q2 20/21	Percentage of stroke patients who receive a 6 month follow up assessment*	TBA	**41.10%**	↑
Jan 21	Number of health board patients non mental health delayed transfer of care	> 30	**20**	↑
Jan 21	Number of health board beddays non mental health delayed transfer of care		**835**	↑

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

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

Emergency Departments and Minor Injuries Units Graphs on Pages 30 & 31

Key Drivers of performance

1. Pre-hospital demand –

- High ambulance conveyance rates across North Wales (adjusted to per 100,000 population)
    - Disproportionate demand for patients arriving by ambulance
    - Protracted length and number of ambulances delayed at handover
    - Increased risk to our communities due to limited availability of ambulances to respond to calls.

2. Demand and Capacity in ED –

- Variance in green v's red patients presenting to ED – challenge to sustain flow through both pathways which results in:
    - Delays in ambulance handover
    - Lengthy waits for patients in our EDs
    - Poor patient experience and outcomes

3. Flow and discharge –

- Overcrowding in EDs due to upstream capacity challenges, impacted further by red v's green capacity. This results in:
    - Risk of nosocomial transmission
    - Increased stress and anxiety to staff
    - Long waiting times to be seen by an ED doctor
    - Poor patient experience and outcomes

Actions being taken

Key action - Collaborative work is underway between the National Director of Unscheduled Care and clinical teams across the Health Board to develop a programme of improvement around a series of work streams. This includes options for the future structure and governance of USC.

1. Pre-hospital demand –

- Increase the capacity in the Single Integrated Clinical Assessment and Treatment service (SICAT) to maximise all opportunities for conveyance and admission avoidance – this also supports the wider rollout of Phone First leading to 111 implementation.
- Pathways group established with speciality involvement to increase ambulatory pathways and rapid access to specialties.
- Whole system rollout of Same Day Emergency Care (SDEC) services and acute medical model of care
- Working in partnership with the Welsh Ambulance Services NHS Trust (WAST) and Emergency Ambulance Services Committee (EASC) to identify opportunities to safely reduce deployment and conveyance of ambulances to our EDs

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

Emergency Departments and Minor Injuries Units - continued

2. Demand and capacity –

- Forward planning introduced in early February with revised data based on the Swansea model. Projections adjusted to BCUHB with the support of an external analyst. Support is provided to sites to pre-plan the capacity needed for COVID-19 and non COVID-19 demand through our EDs
- Increased rapid swabbing capacity to 2 of the 3 sites and cross HB working which offers available swabbing capacity for sites with greatest demand.
- 'Focus on' approach to reduce ambulance handover delays (number and length of time)

3. Flow and discharge –

- Use of revised capacity and demand data from in-patient bed modelling linked to surge planning. Enhanced intelligence data designed to help teams to plan surge capacity days in advance (acute and community sites), and offer opportunity to better mitigate unexpected outbreaks or staffing challenges which results in reduced bed availability
- Work continues to deliver the recommendations in the Kendall Bluck staffing review of EDs. This will address, in part the current challenges in staffing number and skill mix across 2 of the 3 EDs
- Mobilising surge capacity across North Wales with criteria that meets the current clinical needs of patients 'waiting' to return to Care Homes or needing packages of care.
- Ongoing work with partners and Care Home sector to support key homes and services experiencing difficulty as a result of COVID-19

Time lines to delivery of Improvements:

- Practical use of demand and capacity data and projections – February 2021
- Reduction in number and length of ambulance handover delays – April 2021
- Implementation of Kendall Bluck recommendations – June 2021
- Partnership working with the Welsh Ambulance Service NHS Trust (WAST), Local Authorities and Care Homes is ongoing
- Delivery of Phone First/111 – June 2021
- Implementation of enhanced pathways (inc. SDEC and acute care models) – April 2021

Risks to delivery:

- Workforce – inability to recruit to implement the full recommendations of the Kendall Bluck ED Review
- Inability to recruit to deliver Phone First/111
- Financial – insufficient funding to deliver the 2021/22 Urgent Secondary Care (USC) plans
- Technology - inability to mobilise the digital technology to deliver Phone First/111; improvements to symphony and delivery of WPAS across all sites
- USC structure and governance - inability to deliver a USC structure and governance framework that is fit for purpose and in line with the work currently ongoing nationally

Quadruple Aim 2: Narrative - Unscheduled Care (page 3)

Stroke Care Performance – Graphs on Page 32

Key Drivers of performance

- Access to stroke co-ordinators due to staff shortages, Stroke coordinators in the East have been included in the ward numbers recently and are unavailable to respond to the bleep
- Timeliness of referrals for computerised tomography (CT) scan – impacted by access to stroke co-ordinators, not a capacity issue
- 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 results in Emergency Department if a side room on the Acute Stroke Unit is not available)
- Swabbing delays are creating further pressure

Actions being taken

- Continue with pathway work with Emergency Department (ED) to raise awareness on targets which include timeliness to CT scan, thrombolysis, swallow assessments (ensuring all ED nursing staff are trained when stroke co-ordinators are not available)
- Work with site management regarding adherence to retaining beds on ASU which is a key element of daily safety Huddles
- Presenting business plan for funding to support service improvement and early supported discharge to support ASU
- Refresh of local Stroke Governance meeting and supported by BCU level meeting
- New stroke ward sister appointed in Ysbyty Glan Clwyd (YGC)
- Work on referral pathways, when stroke co-ordinators not available, continues with junior medical staff
- 'Progress Chaser ' has been appointed to help with discharge planning and referrals
- Funding to support service improvement (SAFER) and Early Supported Discharge to support ASU/RSU is critically needed to mitigate 6 lost ASU/SRU inpatient beds
- Programme Lead for the Business Case development has been identified as Rob Smith, Area Director and revised business case submitted on 15th February 2021

Action to be completed by

- Work is underway to review the operational framework to restore reporting arrangements across the 3 sites
- Site leads for stroke care are supported by Medical, Nursing and Therapy teams and ex-Directorate General Manager appointed for stroke care for 3 months to manage revised business plan

Risk

- Lack of stroke co-ordinators to cover in the week and weekends, impacted more so by sickness within the team and co-ordinators being allocated to ward numbers due to nursing staff shortages
- Stroke consultant support due to COVID-19 rota, reduced ASU/Stroke Rehabilitation Unit beds in YGC, no Early Supported Discharge service, COVID-19 pathways affecting flow, swabbing delays

Quadruple Aim 2: Narrative - Unscheduled Care (page 4)

Delayed Transfers of Care (DToC) Graphs on Page 33

Key Drivers of performance

1. Nursing & Residential Homes

- Inability to accept patients due to turning Red as a result of COVID-19
- Nursing Homes requesting negative COVID-19 swab 10 days apart resulting in delays in accepting patients returning or new placements
- No Elderly Mental Health nursing beds in Wrexham/Flintshire due to closure as a result of COVID-19

2. Staffing / Resources

- Staff sickness / absence due to episodes of COVID-19 or shielding across a range of services attributing to delays
- Reduced resources within Home First Bureau limiting support for community hospital discharges
- Delays in acceptance from placements due to availability of managers to accept

3. Local Authorities

- Delays in allocation of social workers
- Lack of availability of packages of care
- Lack of surge capacity beds in Local Authorities

Actions being taken

- Regular review processes are established for scrutinising all DTOCs, Length of Stay (LoS) and Medically Fit for Discharge (MFfD) with escalation processes of delays to senior management in BCUHB and Local Authorities.

1. Nursing & Residential Homes

- Continuing Health Care (CHC) teams providing support to find alternative placements, including out of area.
- DToC continue to be regularly reviewed and scrutinised with the wards and escalated as required on an ongoing basis
- CART (Crisis and Re-ablement Team) – additional capacity has been put in place and improvements were being realised

2. Staffing / Resources

- Business case submitted for review of Home First Bureau staff (West)
- Community resource team working on the front line in Emergency Departments (ED) to support admission avoidance and care closer to home
- District Nursing teams supporting Red domiciliary care
- Increased capacity of Healthcare Support Workers

Quadruple Aim 2: Narrative - Unscheduled Care (page 5)

Delayed Transfers of Care (DToC) – continued

3. Local Authorities

- Weekly DTOC/Length of Stay (LoS) meetings ongoing with health, social care, mental health and CHC involvement to improve communication and remove blockages
- Local Authority (East), have commissioned contracts with two care agencies to pick up domiciliary care packages in a temporary capacity to expedite discharge from hospital, and also provide care for admission avoidance to hospital
- Home First Bureaus review patients awaiting packages of care to identify those suitable for step down beds.
- Discharge to Recover and Access (D2RA) model in place with Home First Bureaus with Acute, Community and Community Resource Teams (CRTs) working together and identify patients who are on D2RA pathway three aiming to support to D2RA pathway two.

Timelines

- A number of the actions are taken place on an ongoing basis through regular daily, weekly/twice weekly meetings
- Home First Bureau business case is to be reviewed by 17th February 2021

Risk

- Risk of increased staff sickness across care agencies and ability for Home First Bureaus to provide a 7 day service
- COVID-19 discharge guidance being challenged by placements and domiciliary care agencies
- Impact of patients and staff testing COVID-19 positive
- Risk of increased or prolonged closure of care homes with COVID-19

What is being done to try and resolve the lack of Red capacity in domiciliary care

- BCUHB and Local Authorities are working collaboratively to review patients waiting for packages of care
- Resources are being used across disciplines including in-house LA capacity, CRT and Home First, and 'Hospice at Home' to provide required care. Subsequently, a patient may have care provision from two different sources that meets their needs
- Close communication through the Home First Bureaus ensures robust governance arrangements
- District Nurses are also supporting red domiciliary care and the West Tuag Adref team are increasing the capacity of Healthcare Support Workers

What are the outcomes / actions from meetings with Local Authority re choice policy and surge capacity?

- Weekly joint escalation meetings with Local Authorities are established to review capacity across all areas and actions to are put in place to support the facilitation of safe discharges with a home first approach.
- As required, any specific issues are escalated and discussed by managers from BCUHB and Local Authority with agreement that patients will have to be placed outside their preferred areas if no capacity there to support flow

Quadruple Aim 2: Planned Care Measures

Period	Measure	Target	Actual	Trend
Dec-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%	**98.10%**	↓
Dec-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	>= 95%	**71.80%**	↓
Dec-20	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	TBA	**71.10%**	↓
Jan-21	Number of patients waiting more than 8 weeks for a specified diagnostic	0	**11,937**	↑
Jan-21	Number of patients waiting more than 14 weeks for a specified therapy	0	**1,379**	↑
Jan 21	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%	**41.47%**	↓

Period	Measure	Target	Actual	Trend
Jan-21	Percentage of patients waiting less than 26 weeks for treatment	>= 95%	**50.91%**	↓
Jan-21	Number of patients waiting more than 36 weeks for treatment	0	**51,595**	↓
Jan-21	Number of patients waiting more than 52 weeks for treatment	0	**33,498**	↓
Jan-21	Number of patients waiting for a follow-up outpatient appointment	Reduce	**180,878**	↑
Jan-21	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	34,721*	**57,269**	↑
Q3 20/21	Percentage children regularly accessing NHS Primary Dental Care	Improve	**55.70%**	↓

Quadruple Aim 2: Planned Care – Referral to Treatment

Referral to Treatment (RTT) Performance - Graphs on page 34 with Graph for Risk Stratified Waiting List on Page 35

Key Drivers of performance
- Long waiters continue to be paused with 33,498 patients now waiting over 52 weeks from referral to treatment
- There is an urgency to reducing harm and improve patient satisfaction

Actions being taken to manage risk and address the >52 week waits
- 6 point plan has been developed for planned care and outpatients
- Single Tender Waiver (STW) allocated on 5th February 2021 has commenced and is focused on treating long waiters
- Essential services continued to be maintained across all 3 sites despite COVID-19 surge
- Cataract surgery continues to be delivered via Insourcing over weekends at Centre and West
- We are continuing to explore additional capacity at Spire and Robert Jones & Agnes Hunt (RJAH)
- Backlog clearance capacity planning has commenced in February 2021
- A post COVID-19 plan is being developed to ensure that the Health Board is best placed to address elective activity post March 2021 – this plan is being discussed with Welsh Government
- Additional support has been acquired to support effective demand and capacity modelling – supporting surge planning
- Specification being undertaken for modular ward and theatres that will then focus on long wait specialties
- There is a high degree of clinical engagement and support across the planned care programme

Timelines
- Mobilisation of STW from 14th February 2021 for key specialties focusing on bringing down the waits
- Impact upon performance should be visible from 31st March 2021
- Capacity plan should be available by early March 2021
- Specification for insourcing and modular theatres and wards by 28th February 2021

Risk
- COVID-19 pandemic
- Escalation of surge areas meaning planned care is difficult to maintain or re-start
- Staffing due to sickness and/or vacancies
- Competition across the UK for access to modular ward and theatres

Quadruple Aim 2: Narrative - Planned Care - Cancer

Cancer Performance Graphs on Page 38

Key Drivers of performance

- The Single Cancer Pathway measure has replaced the 62 day USC (urgent suspected cancer) and 31 day non-USC targets. 75% of patients suspected of having cancer need to be treated within 62 days of suspicion of cancer. Other changes include the removal of suspensions for patient unavailability and the inclusion of patients referred by secondary care to England for treatment
- Current areas of pressure include waits for first appointment (breast cancer), waits for endoscopy and waits for major urology surgery

Actions being taken

- Additional rapid access breast cancer clinics held on all three sites in order to reduce waits; business case for additional permanent funding for these clinics being prepared
- Insourced endoscopy capacity has been secured
- Outsourced robotic surgery capacity in London secured for urology cancer patients although currently some procedures suspended due to COVID-19 pandemic pressures in London

Timelines

- Rapid access breast cancer clinic waits reduced to three weeks East and West by February 2021 with aim to reduce to three weeks for Central by March 2021
- All urology surgery cases reviewed and clinically prioritised to ensure appropriately treated despite loss of external capacity; external providers aim to treat deferred patients within four to six weeks of restart

Risk

- GP urgent suspected cancer referrals are currently 4000 less (March 2020-January 2021) compared to 2019/20; referral levels have returned to pre-pandemic levels but may risk above pre-pandemic levels
- Cancer diagnoses currently 400 less (April 2020-January 2021) compared to 2019/20; half of these related to the temporary cessation of screening services although these have resumed
- Increase in patients still active on a cancer pathway over day 62 due to loss of planned care capacity due to COVID-19 pressures
- Increase in patients presenting at later stage may place pressure on oncology services; currently seeing expected numbers of stage four cancer presentations but reduction in stage one presentations

Quadruple Aim 2: Planned Care – Diagnostic Waits - Endoscopy

Key Drivers of performance

- Lack of capacity to meet the demand, resulting in long waiting times for patients. Current waiting times show that 65% of Diagnostics waits and 33.71% of our surveillance patients are overdue. This equated to 2,540 and 1,880 patients respectively. BCU has the longest wait for Bowel Screening Wales patients.
- Impact of COVID-19, reducing capacity to approximately 60%, resulting from downtime requirements through enhanced infection control policies. Procedures have been limited to Urgent Suspected Cancer and urgent patients due to available capacity
- Recruitment challenges resulting in vacancies and staff that do not have the required competencies
- Poor estate and IT infrastructure, resulting in inefficiencies. i.e. labour intensive processes due to poor IT, limitations in capacity, high risk processes i.e. decontamination

Actions being taken

- Demand and capacity modelling has been undertaken and as a result a review of the estates with options to resolve capacity constraints have been submitted to the North Wales Endoscopy Group (NWEG). Further work is required on this and a further paper is planned for March 2021
- Insourcing has been procured until March 2021. A business case is being prepared to extend this to include Quarter 2, 2021, which will see backlog issues resolved. The case will ask for the recruitment of substantive staffing to enable some of the additional insourcing capacity to be retained to balance the equation of capacity and demand. This should be presented to the NWEG in March 2021
- A review of the endoscopy ventilation systems is being undertaken to establish if it is possible to increase air changes so that downtime can be reduced, resulting in a potential increase in productivity. There are central funds which BCU can claim against should this be a possibility.
- The Workforce work-stream is developing a recruitment strategy which will include a training and development and competency framework. This will be presented at the NWEG in May 2021
- An digital IT system dedicated to endoscopy has been agreed by the planned care board and executive team, which will contribute to the resolution of some of the inefficiencies. Timelines are to be agreed

Timelines

- Timelines are identified above
- Insourcing is showing positive results but will need to continue to include Quarter 2 and substantive recruitment will need to be agreed to enable backlog to be resolved by 31 October 2021

Risk

- Issues with the pandemic
- IT capacity to support the implementation of an endoscopy IT system and the capital funding required (Capital funding for estate improvement for endoscopy and decontamination

Quadruple Aim 2: Planned Care – Follow Up Waiting List

Follow-up backlog performance – Graph on Page 37

Key Drivers of performance
- Administration validation
- Clinical validation
- Virtual consultations

Actions being taken
- Administration validation
- Clinical validation
- Virtual consultations
- Pathways (SOS/PIFU) current having 6,269 on this pathway with a mass move of historic patients being migrated before end March 2021
- Outpatients Efficiency Programme
- Overall there has been a reduction in the follow-up waiting list by 18.2% since October and this trend is continuing

Timelines
- Administration Validation – Ongoing
- Clinical Validation– Ongoing
- Virtual Consultations – Ongoing (rollout of Attend Anywhere)
- Pathways (SOS/PIFU) – Ongoing
- Outpatients Efficiency Programme – foundations set, re-advertising support needed for implementation
- Review of planned care follow up delivery is taking place at the Planned Care Performance Review Meeting being held on 25th February 2021

Risk
- Data and reporting support/accuracy
- Securing resource for delivery of the Outpatient Efficiency Programme

Quadruple Aim 2: Planned Care – Eye Care

Key Drivers:

- Glaucoma Pathway (Integrated delivery between Primary and Secondary Care):
- Diabetic Retinopathy Pathway (Integrated delivery between Primary and Secondary Care)
- Coronavirus Cataract Pathway(COVID-19 related pause of elective activity/surgery on two sites. (Key enabler is National Digital Electronic Record & E-Referral Programme)

Benchmarking

- National/ BCU benchmarking/learning inbuilt into Multidisciplinary Team (MDT)/pan-organisation engagement/pathways/performance reports: via: Webinars/ ECCG/ Local Eye Groups (LEGs)
- Waiting times is main concern-trend (historic/ongoing) Pan BCU stratification has been established

Actions:

- Identify delivery targets with clinicians/sites for high risk specialities (glaucoma/diabetic retinopathy/age related macular degeneration (AMD). Achieved April/September 2020.
- AMD to be set following release of National pathway) (Achieved April/September 2020)
- Coronavirus Cataract pathway to be implemented pan BCU from September 2020. (Partial achievement: significant improvement in Post-operative discharge to primary care.
- Sites to confirm/deliver local implementation plans
- Governance mechanism for Engagement/Implementation Planning/Actions agreement/Monitoring through ECCG

Key Risks/Opportunities for change

- Engagement constraints/conflicting priorities in COVID-19 context (Clinical & Operational Senior Leadership) impacts on meetings re: implementation/monitoring/risk redress
  - Redress: Reset of Governance/communication framework. Terms of Reference (ToR) of Eye Care Collaborative Group (ECCG) - (Achieved December 2020)
  - Reset of ECCG meetings achieved December 2020. LEGs reset by DGM/sites: Outstanding from September 2020 pan BCU.
- Significant KPI/KQI Data Quality and Dashboard/"live report" gaps: adversely impact on establishing Demand & Capacity/Trajectories/ recovery planning/KPI monitoring
  - Redress: Pan BCU Data input standard operating procedure (Achieved/distributed/West customising to PiMS). Review of progress/performance February 2021
- Delay in sites to formulating/delivering local implementation plans
  - Redress: Escalated to senior leaders and now progressing.
- Significant opportunities to reduce Inequity of wait times. Cataract PTL (Patient Treatment List) is sole pan BCU example, with reduced transfer of patients
  - Redress: Exploring with senior clinicians/operational leads (review February 2021)
- Significant under performance against High risk (R1 risk stratification) patient pathway targets.
  - Redress. Escalated to DGMs/senior clinicians: achieving performance improvement in 2:3 sites.

Escalation: Risks/opportunities and Monthly reports shared/escalated to Senior Managers/Clinical Lead

Quadruple Aim 2: Planned Care – Eye Care

Key Drivers
- Delivery of National Digital Programme (Key Enabler of National Pathways - (see previous slide)
- -Electronic patient Record (EPR) implementation
- -E-Referral Implementation

Benchmarking
- National Programme: Multidisciplinary Teams (MDT)/Cross organisational engagement events held in September 2019/ ongoing webinars available to MDT/cross-organisation teams/colleagues

Actions
- Deliver standardised supplier feedback to Welsh Government: via establishing BCU supplier/key requirement evaluation (Achieved September 2019)
- Scope/End of Life (EoL) equipment/network capability and report Welsh Government National team to maximise funding Achieved £1.3M Capital (February 2021)
    - Establish Electronic Patient Record (EPR)/E-Referral Implementation team/delivery plan (February 2021)
    - Deliver revised business case submission to Executives* to resource BCU digital implementation/sustainability (February 2021)

Key Risks/Opportunities for change
- Engagement constraints/conflicting priorities (Clinical & Operational Senior Leadership) impacts on implementation/monitoring/risk redress
    - Redress: Reset of Governance/communication framework. Digital Programme Sub-group of ECCG (Achieved January 2021)
- Delay in National/Welsh Government funding sign-off/transfer resulting in abbreviated delivery timescales (go live roll-out February 2021)
    - Redress: Funding now approved, recruitment to progress with support of BC for Programme Manager
- Delay in BCU sign-off of BCU Business Case: with staff resourcing impacts
    - Redress: Revised business case submission to Executive Team initially

Key Barrier Trends
- Further Demand & Capacity work required to support appropriate resource in place
- Long term planning to incorporate Regional Cataract Centres (RCCs) and Diagnostic & Treatment Centres (DTCs)
- Recruitment of additional staff to support business case, but opportunities to utilise primary care to support transformation

Escalation
- Escalation of risks/opportunities and monthly reports shared/escalated to Senior Managers/Clinical Lead (via monthly ECCG Meeting)

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
Jan 21	Personal Appraisal and Development Review (PADR)	>= 85%	**68.70%**	↓
Jan 21	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	>= 85%	**83.80%**	↑
Jan 21	Percentage of sickness absence rate of staff	< 5%	**5.54%**	↓

Quadruple Aim 3: Narrative – Workforce

Sickness Absence Graphs on page 39

Key Drivers of performance

- COVID-19 related sickness absence has risen to 1% in January from 0.6% in December, the highest rate since June 2020 and reflects the increase in cases reported through the regular COVID -19 briefing and in the workforce briefing provided to the Committee in January
- Non COVID-19 related sickness absence rose slightly to 5.54% but is 0.5% lower than January 2020. Stress related absence is the biggest cause of absence, with approximately 3 times more days lost than the 2nd largest cause of absence (chest/respiratory problems) it is noticeable that chest /respiratory days lost are significantly lower than in a previous winters. Further analysis will be required to understand the detail of this, however, it does match the national picture o flu cases.
- The highest levels of sickness are in nursing and midwifery, additional clinical services and estates/facilities

Actions being taken

- In addition to the IPC/biosecurity measures introduced previously, additional work is underway to strengthen/tighten control of transmission. These include ensuring changing and storage facilities on sites are fit for purpose, behavioural change sessions, reinforcing message re work for home/reduce footfall
- The vaccination programme for staff in priority groups 1 – 4 should be completed by mid March (2 doses)
- Work is underway to increase emotional health and wellbeing support to staff, building on the success of the Staff Support and Wellbeing Service (SSWS) which was in place for the 1st wave of COVID-19
- Workforce and OD continue to support hotspot areas

Timelines

- 2nd dose vaccination for priority groups 1–4 to be completed by mid March 2021 in Hospital Vaccination Centres (HVCs) and Mass Vaccination Centres as appropriate
- SSWS in place from w/c 22nd February 2021 (in the meantime counselling and support services available)

Risk

- Prevalence of COVID-19 in community could result in future spikes in sickness
- Fatigue and burn out of staff across both clinical and non clinical areas both in the event the pressure continues and as pressure reduces
- Impact of Long COVID-19 on resilience of the workforce

Quadruple Aim 3: Narrative – Workforce

Personal Appraisal & Development Review (PADR) Graphs on Page 39

Key Drivers of performance

- An increase in COVID-19 related activity across the organisation together with the normal seasonal pressure has contributed towards a decrease in organisational PADR compliance to less than 70% for the first time since October 2020
- The majority of services have seen a small reduction in compliance which when set against the increase in pressure/activity and cases is to some extent expected

Actions being taken

- Workforce & Organisational Development lined with services with offer of bespoke support depending on their specific needs

Timelines

- Support and work ongoing and additional links completed by 19th February 2021

Risk

- COVID-19 related activity continuing to put pressure on divisions leading to any work that is not 'COVID-19 essential' being cancelled

Quadruple Aim 3: Narrative – Workforce

Mandatory Training Graphs on page 39

Key Drivers of performance

- Mandatory training compliance at level 1 has maintained at 83.81% even though the organisation has seen an increased activity regarding implementing short term contracts for COVID-19 essential work particularly around the recruitment of staff for the vaccination programme
- Mental capacity training although maintained this month remains 6% below its figure reported in September 2020

Actions being taken

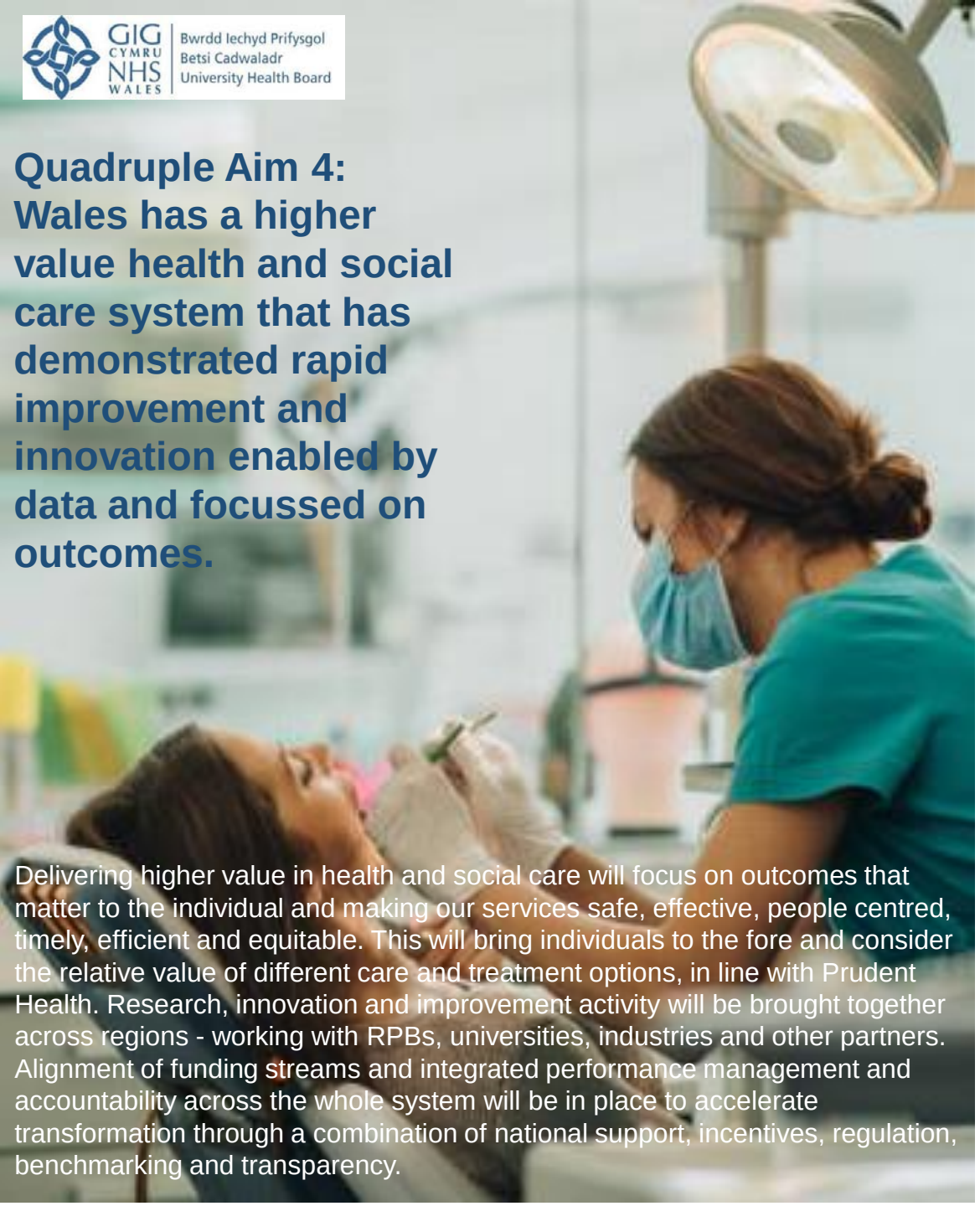
- A review of divisions compliance to identify areas where compliance is low.
- All divisions to be contacted again to communicate the requirement to increase compliance with Mental Capacity training.
- We continue developing virtual training opportunities for Subject matter experts. Review the need to look at workbooks for particular subject areas

Timelines

- All measures above in place
- Further review of virtual training complete and revisions made by 31st March 2021

Risk

- COVID-19 related work impacts upon training delivery
- Social distancing restrictions affects delivery of training within existing training facilities.



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

Most dental services remain closed due to ongoing Pandemic

Measures

Period	Measure	Target	Actual	Trend
Dec-20	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	TBA	0.28%	↓
Q1 20/21	Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)	Reduce	5.60%	↑
Jan 21	Agency spend as a percentage of total pay bill	Reduce	7.50%	↓

* 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

Agency & Locum Spend Graphs on Page 40

Key Drivers of performance

- Non core agency, bank and overtime pay spend reduced slightly in January from £8,748,000 to £8,610,000.
- Agency spend is up by £38k at £3,425,271 (4.8% of total pay); Locum spend is up by £27k at £1,905,579; WLI spend is static at £127,043. However, this is being validated as is likely to be a lag in claim process; Bank spend is now down by £78k at £2,069,505.
- Medical Agency spend is down from £1.8 to £1.6m with a small corresponding increase in locum and bank spend. Nursing agency is down slightly as is bank.

Actions being taken

- Additional temporary support is in place to support proactive recruitment for Medical and Dental staff, freeing up resource for an increased focus on nursing recruitment.
- Recruitment of overseas nurses is underway
- Additional temporary support is in place to support increased scope and recruitment to the bank

Timelines

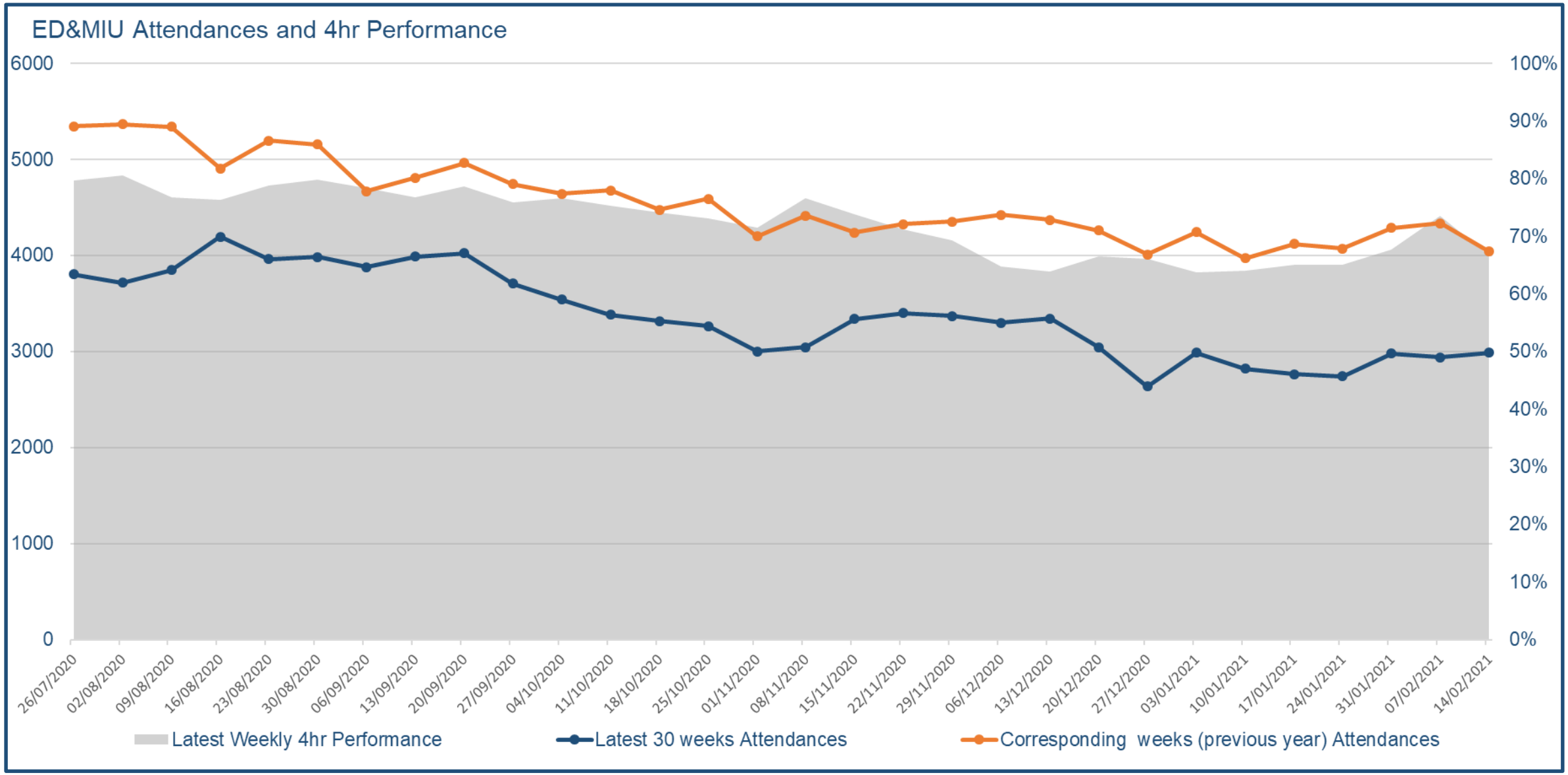
- Refreshed clear medical and nursing recruitment plans in place with key performance indicators by 31st March 2021
- Enhanced temporary staffing service model in place by 31st March 2021

Risk

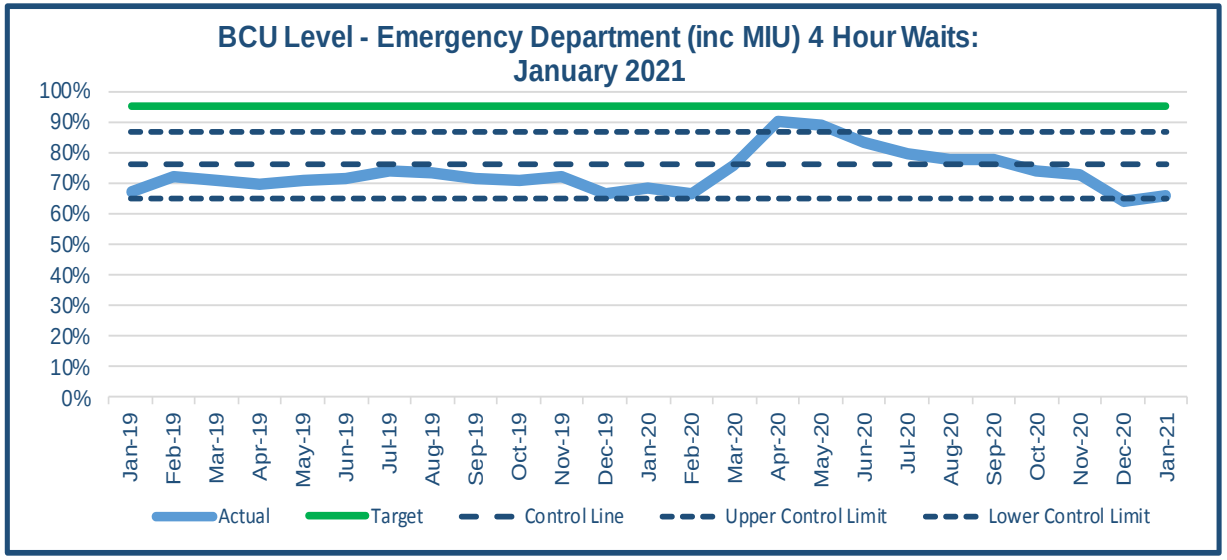
- It is acknowledged that there is a UK shortage of nurses (band 5 in particular), therefore recruitment campaigns will reduce rather than eradicate the vacancy levels Quarantine rules for overseas travel may reduce the run rate of overseas nurses commencing employment

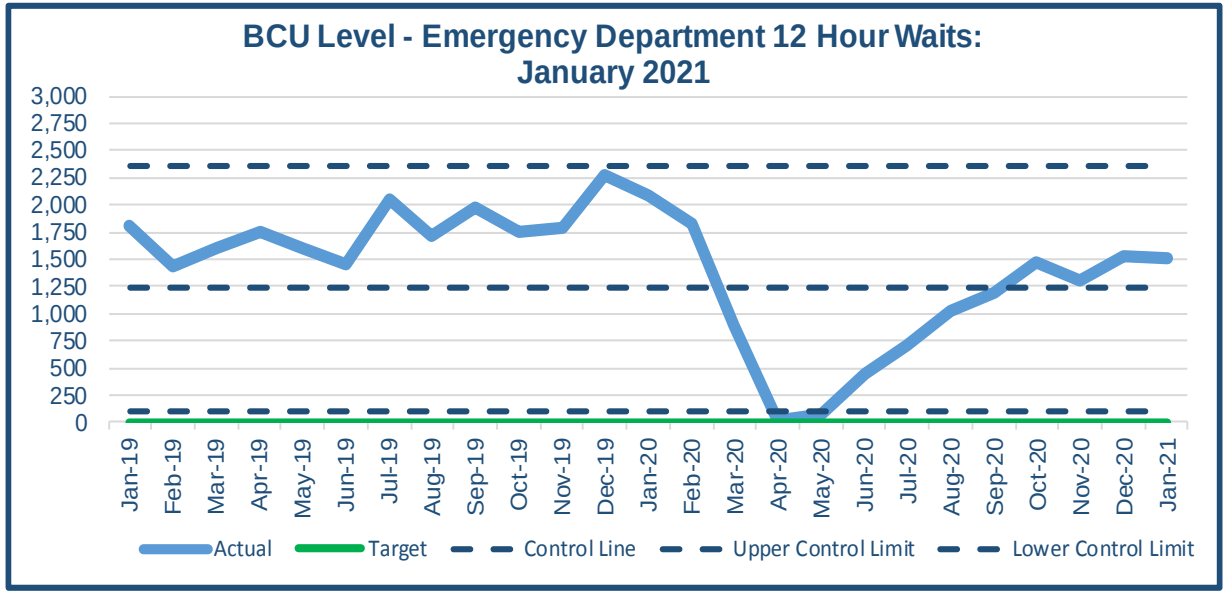
Additional Information

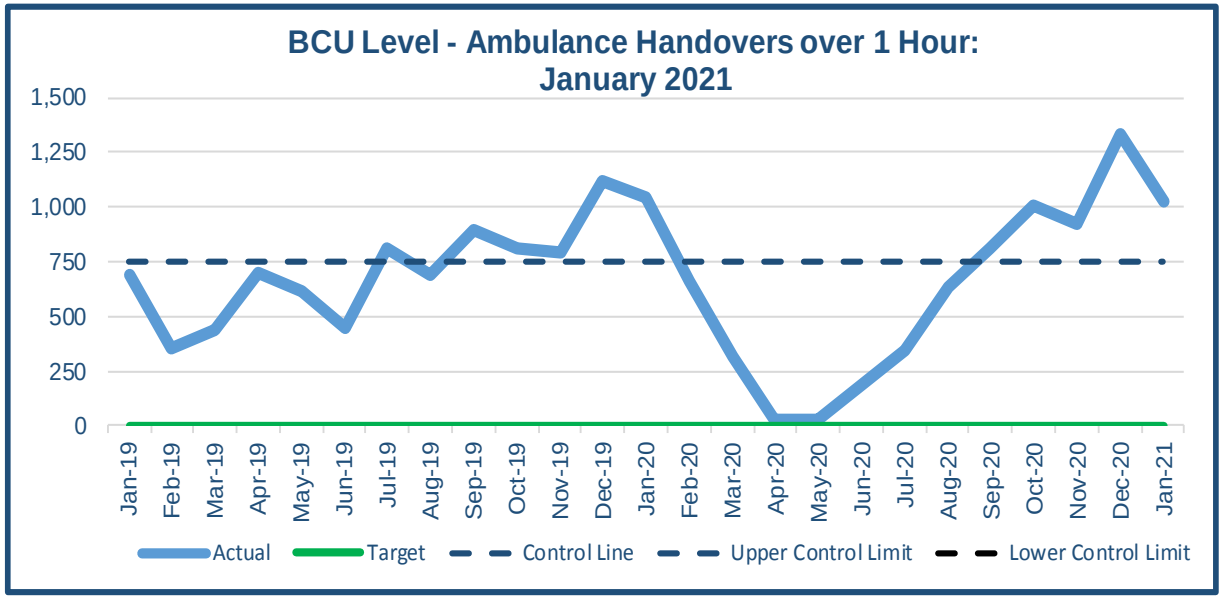
Quadruple Aim 2: Unscheduled Care: Attendances



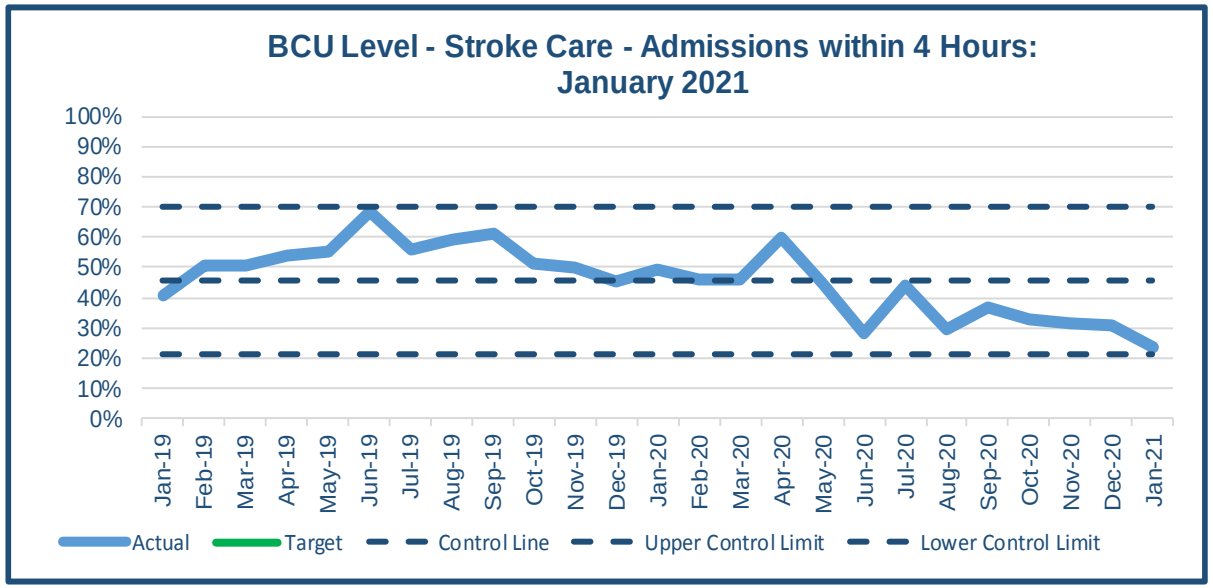
Quadruple Aim 2: Charts Unscheduled Care Page 1

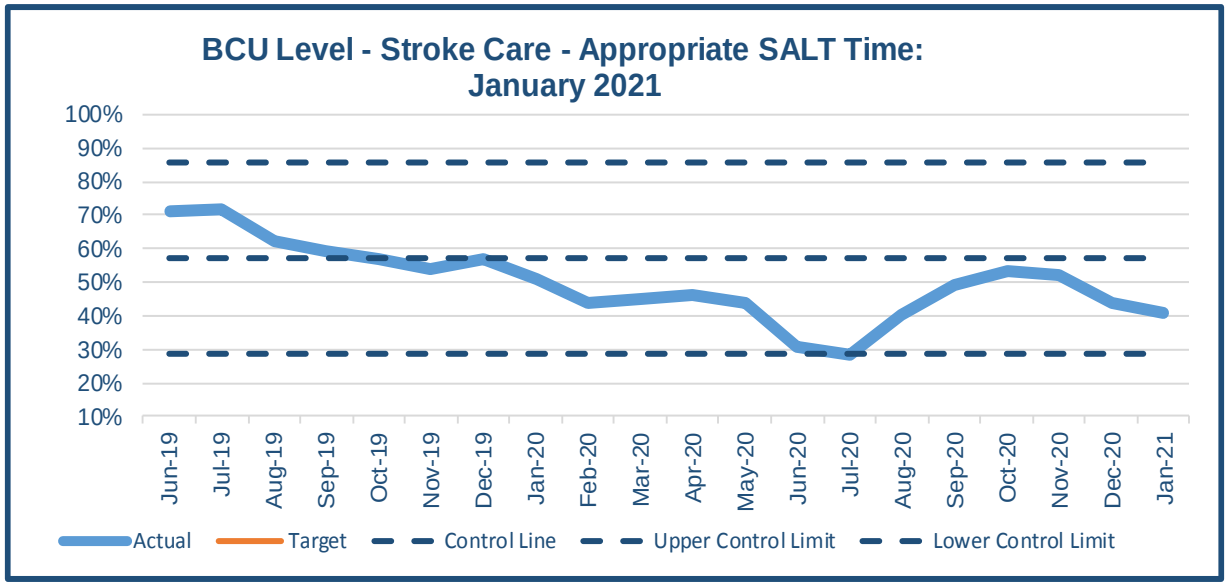


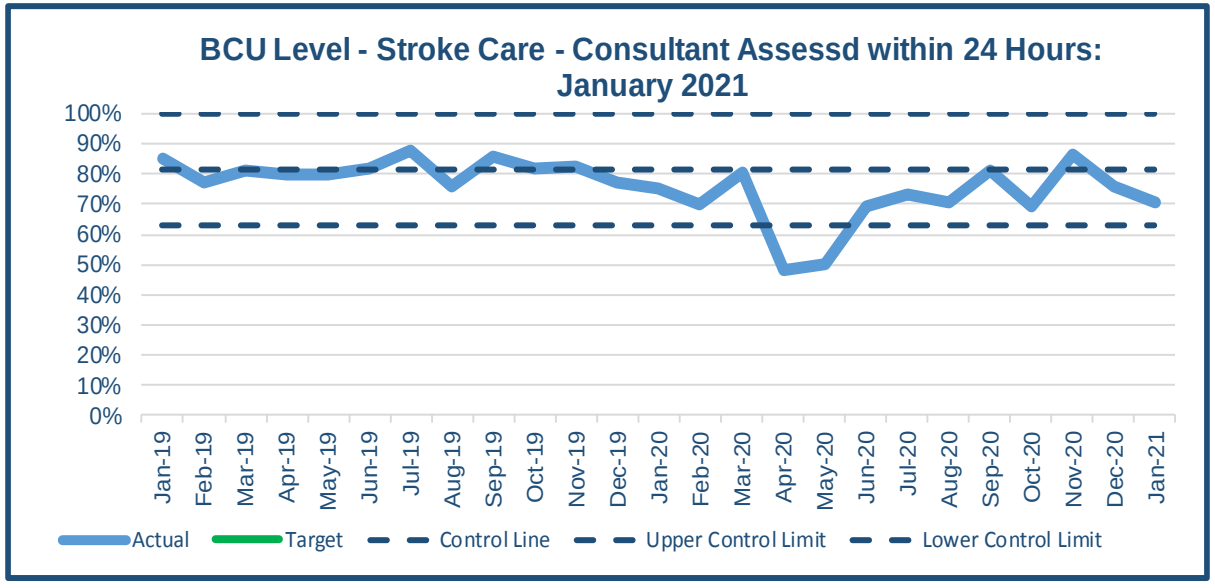


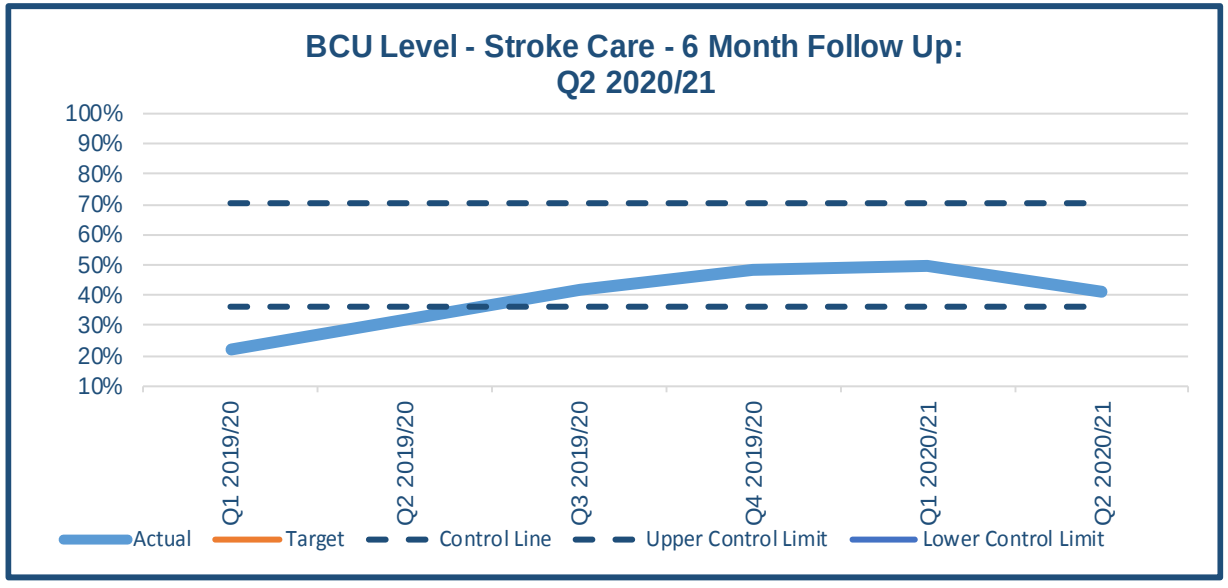


Quadruple Aim 2: Charts Unscheduled Care Page 2



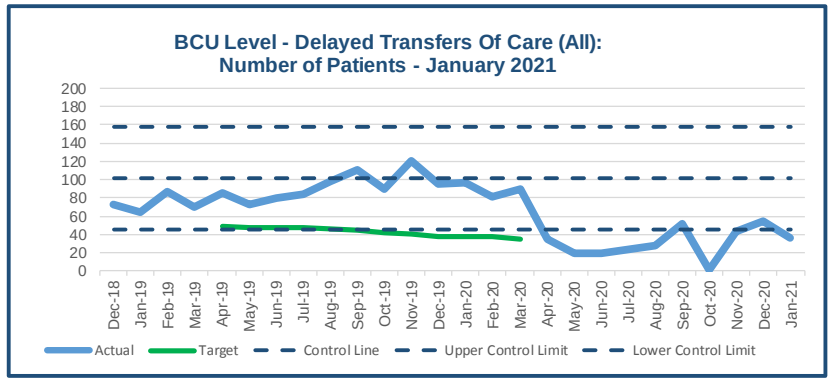


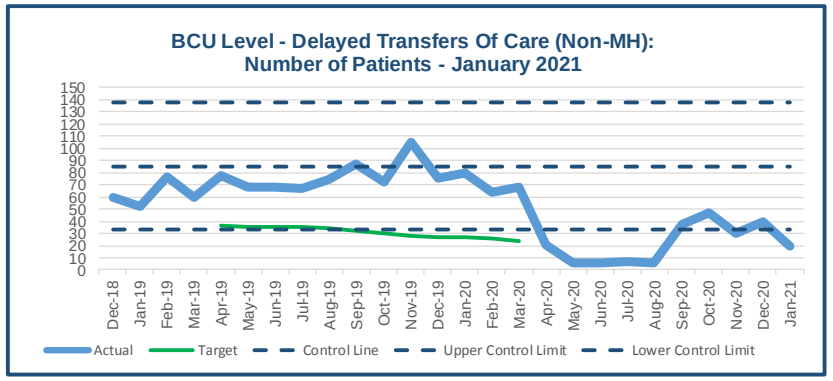


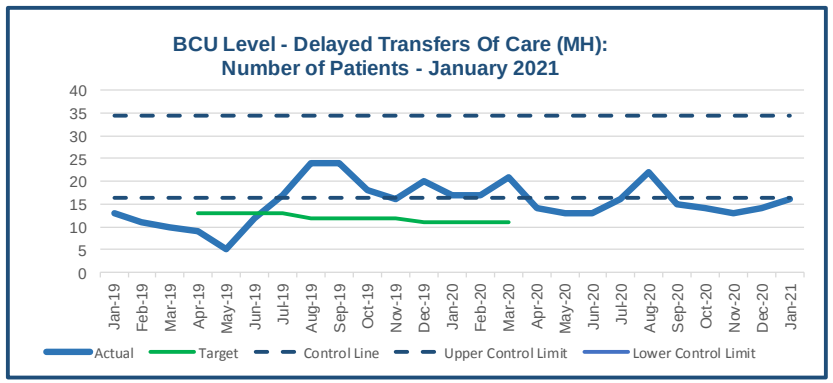


Quadruple Aim 2: Charts Unscheduled Care page 3

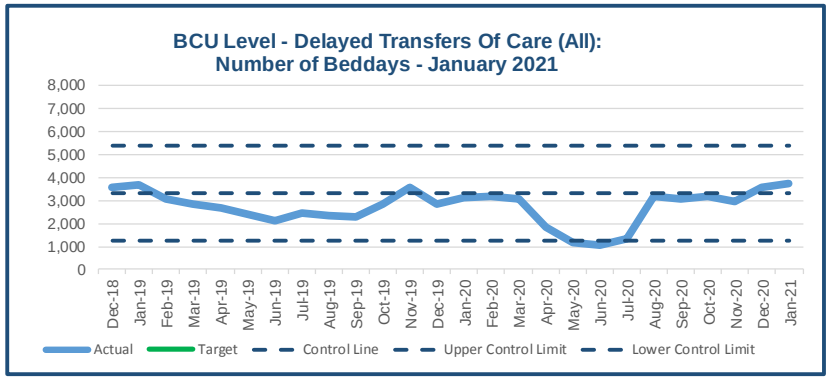
Delayed Transfers of Care (DToC) Number of Patients

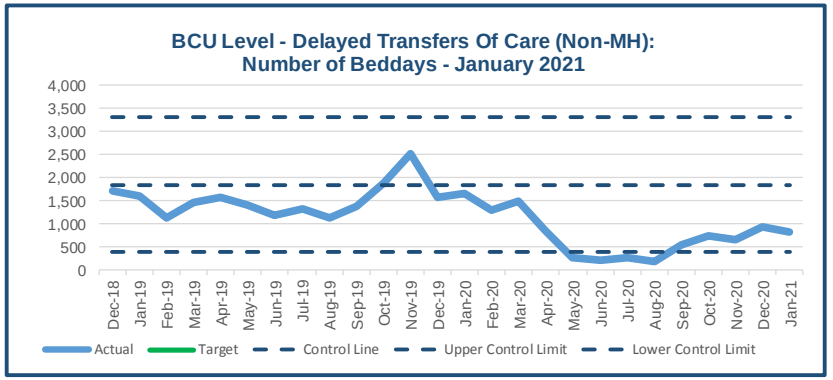


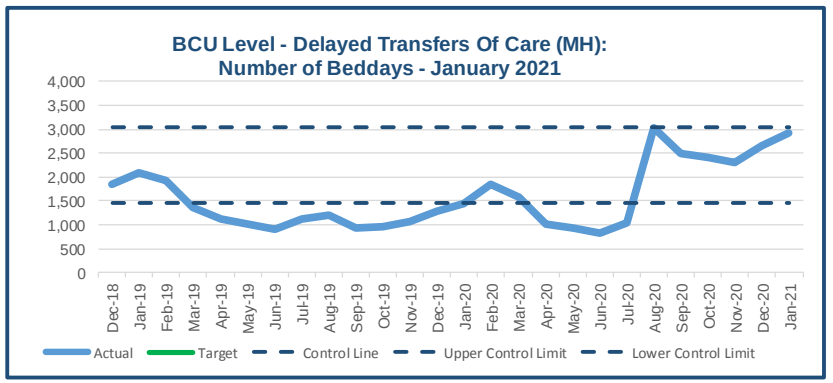




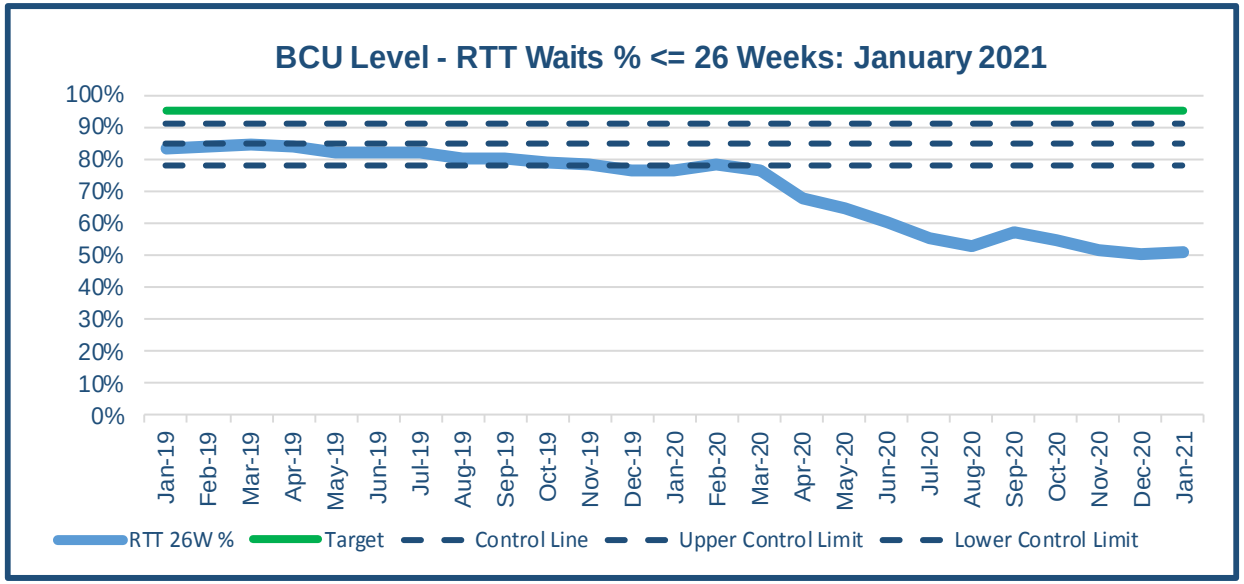
Delayed Transfers of Care (DToC) Number of Beddays

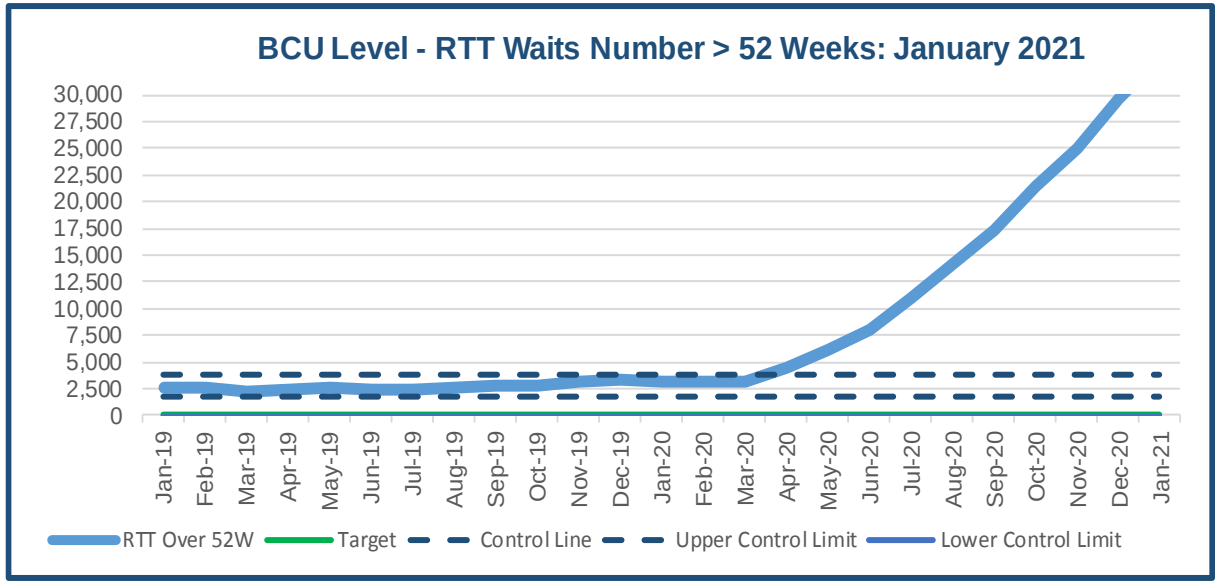


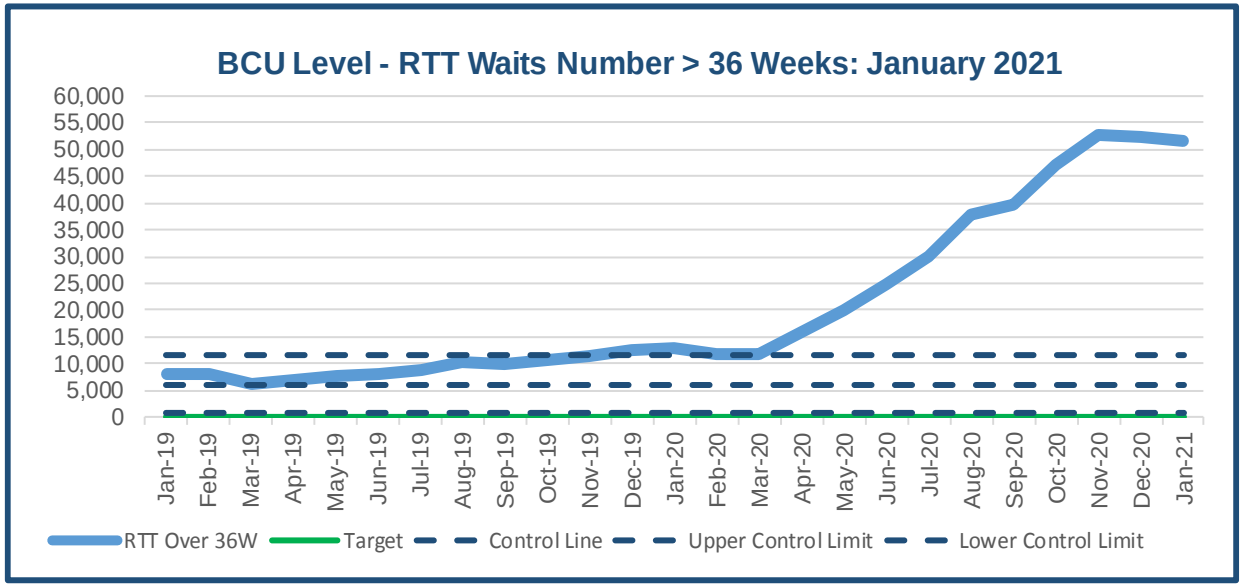


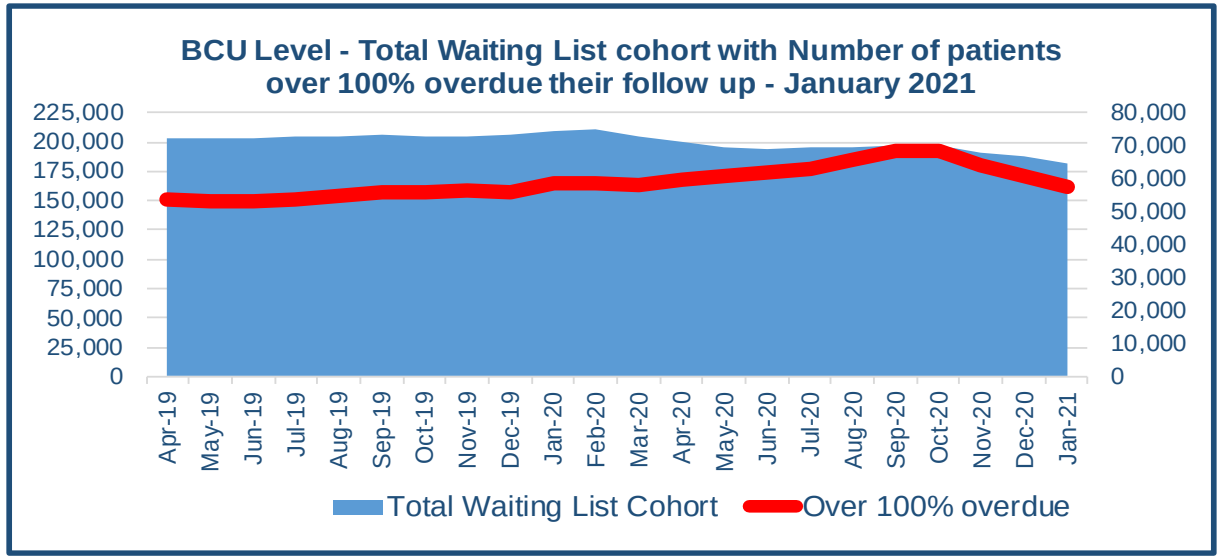


Quadruple Aim 2: Charts Planned Care page1



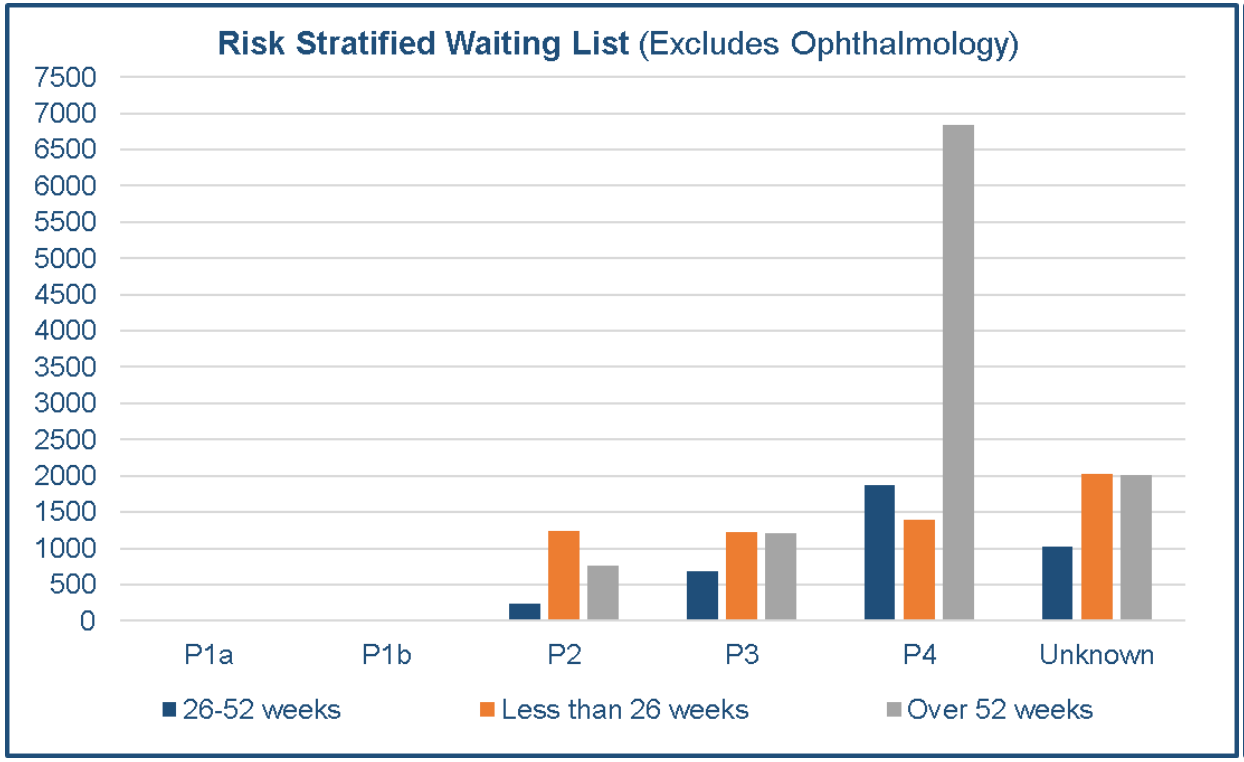




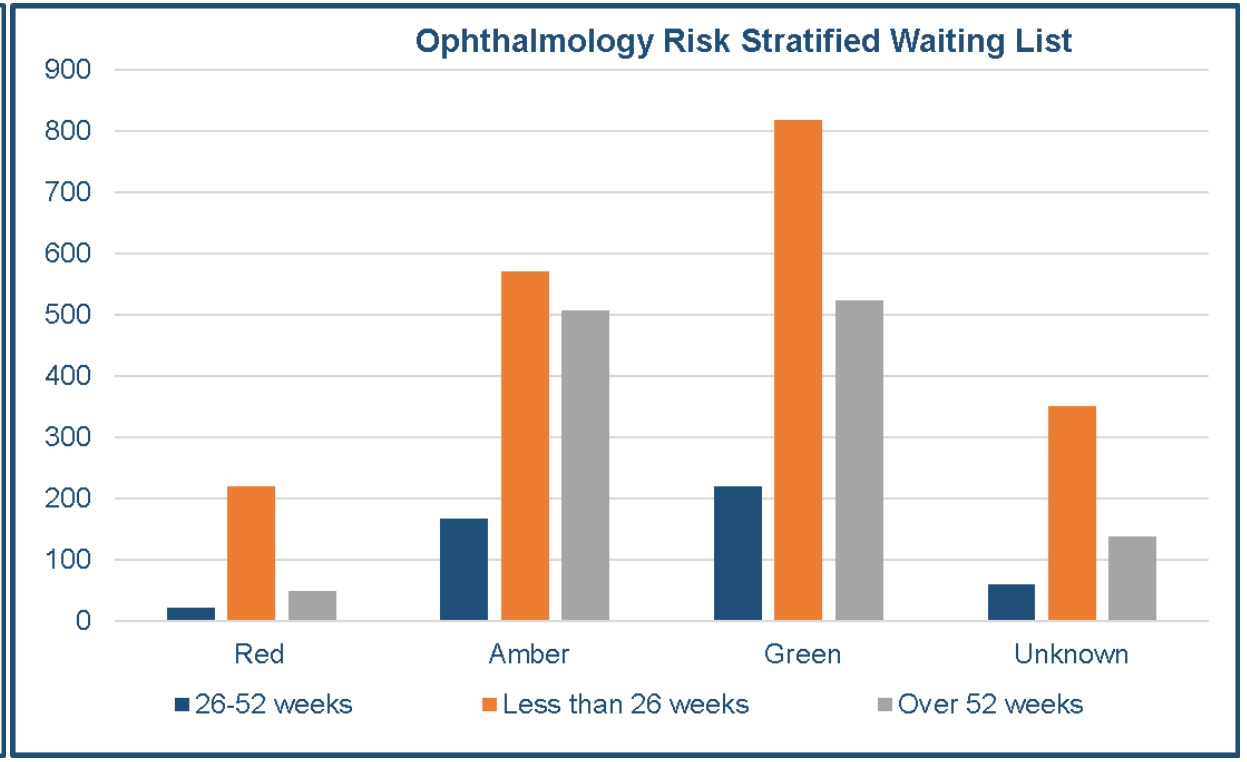


Quadruple Aim 2: Charts Planned Care

Waiting List by Risk Stratification

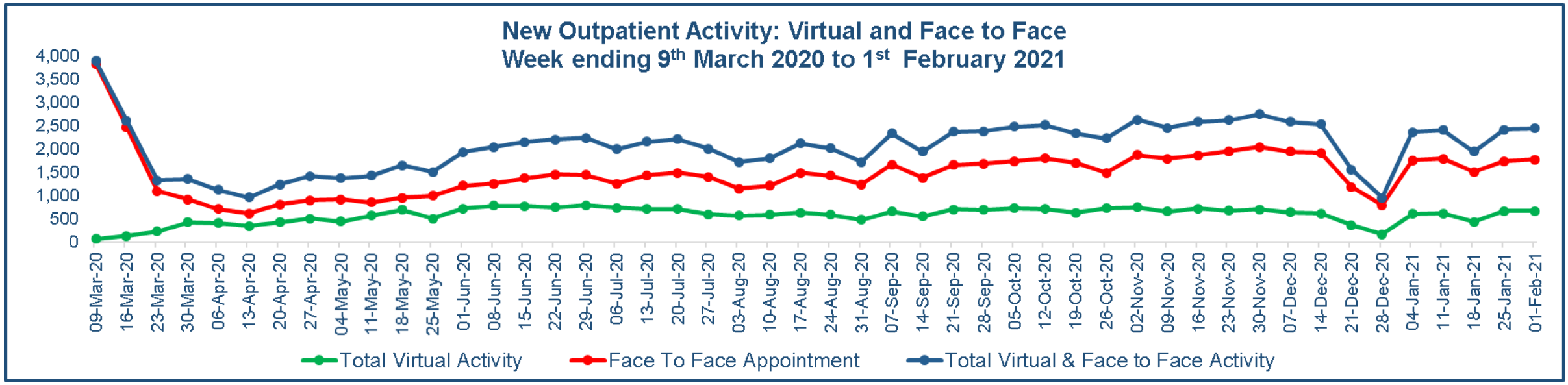


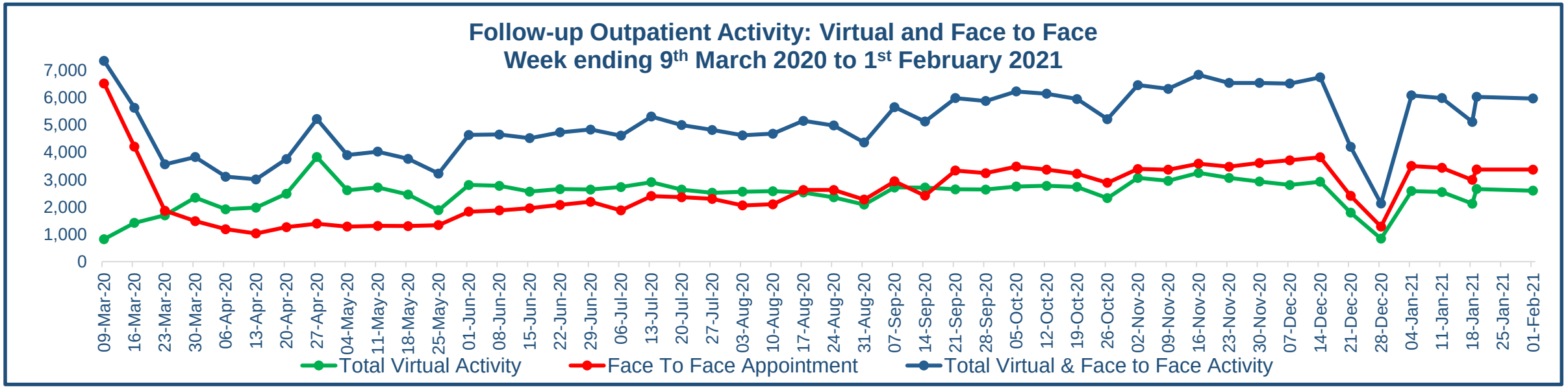
Source BCU HB IRIS: Accessed 16:46pm 15th February 2021
Data includes Admissions Waiting List for all specialties and excludes Endoscopy



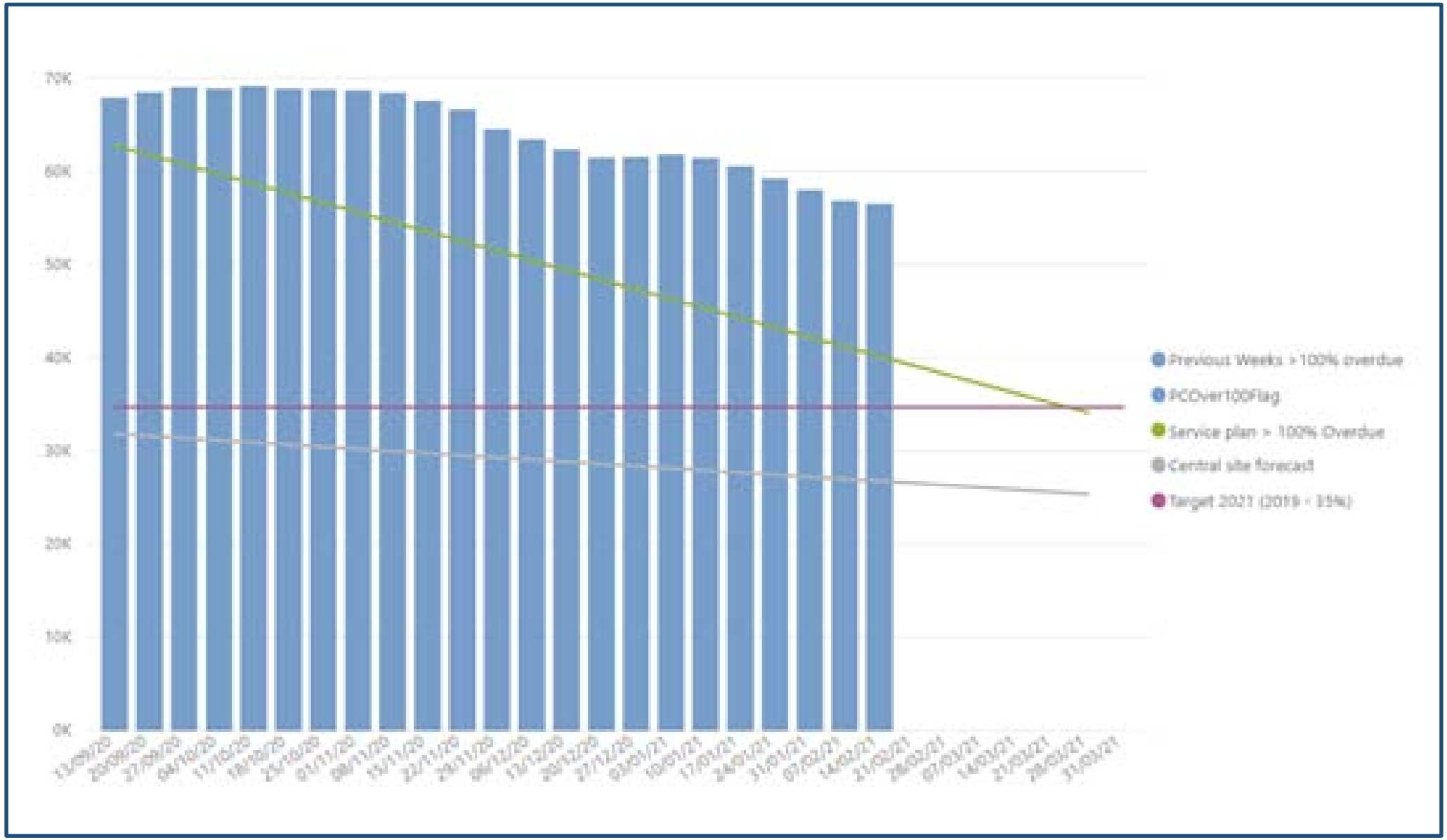
Source BCU HB IRIS: Accessed 16:46pm 15th February 2021
Data includes Waiting List for Ophthalmology Only

Quadruple Aim 2: Charts Planned Care page 3

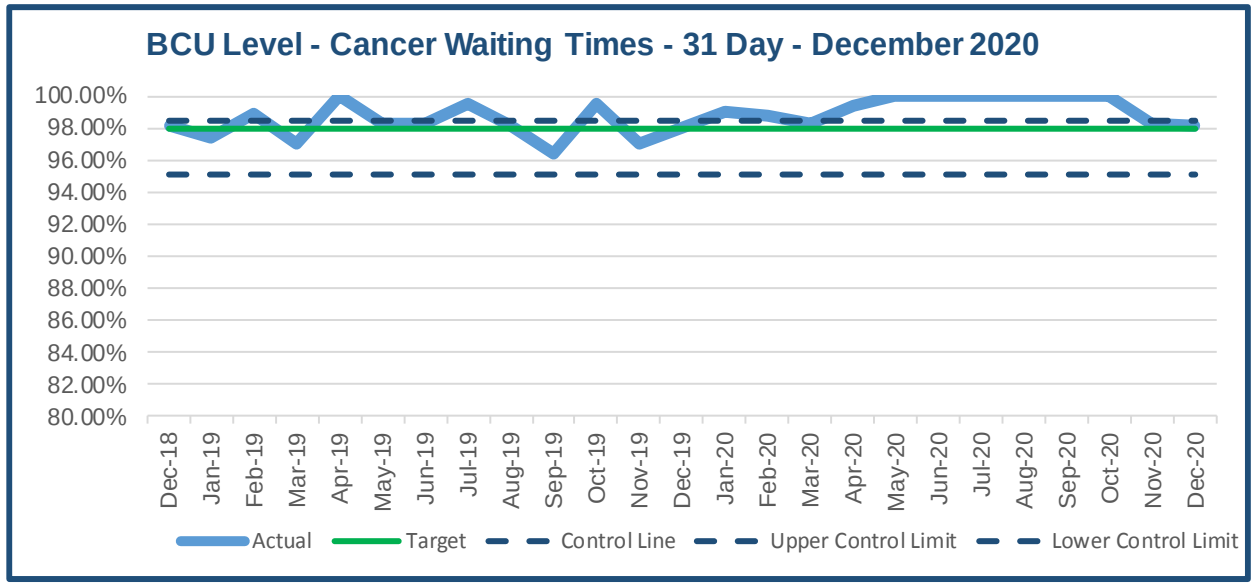


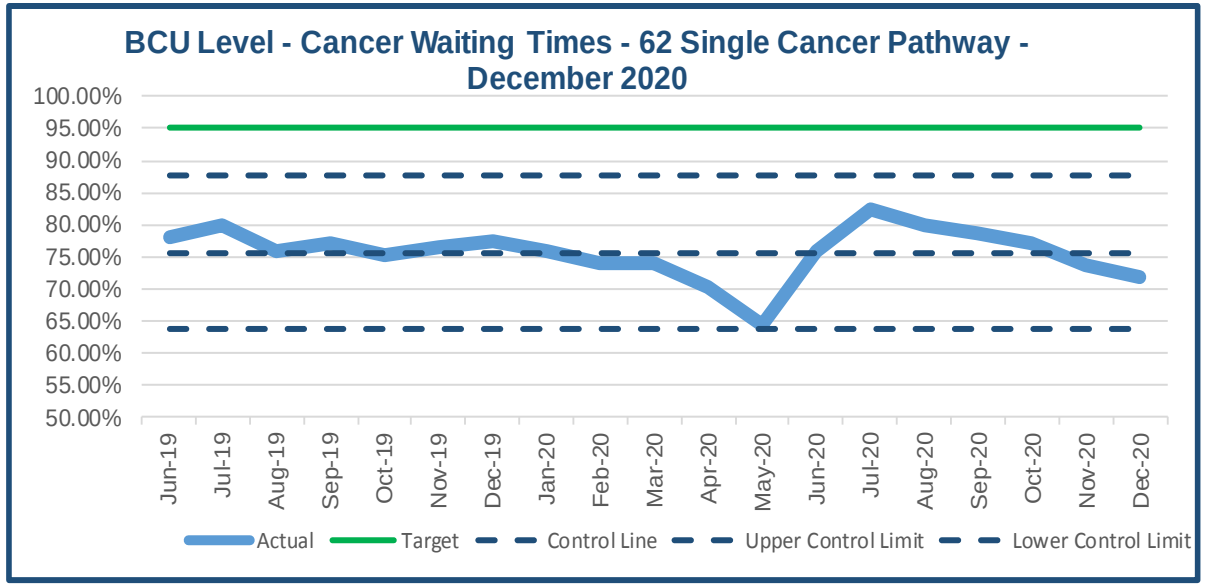


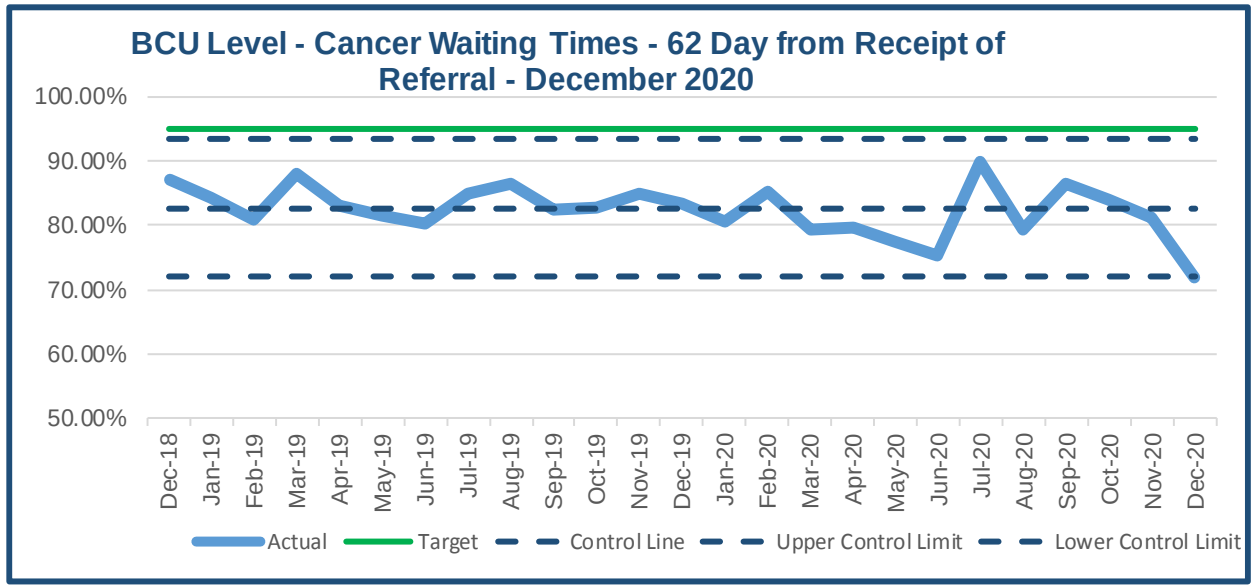
Quadruple Aim 2: Charts Planned Care page 4

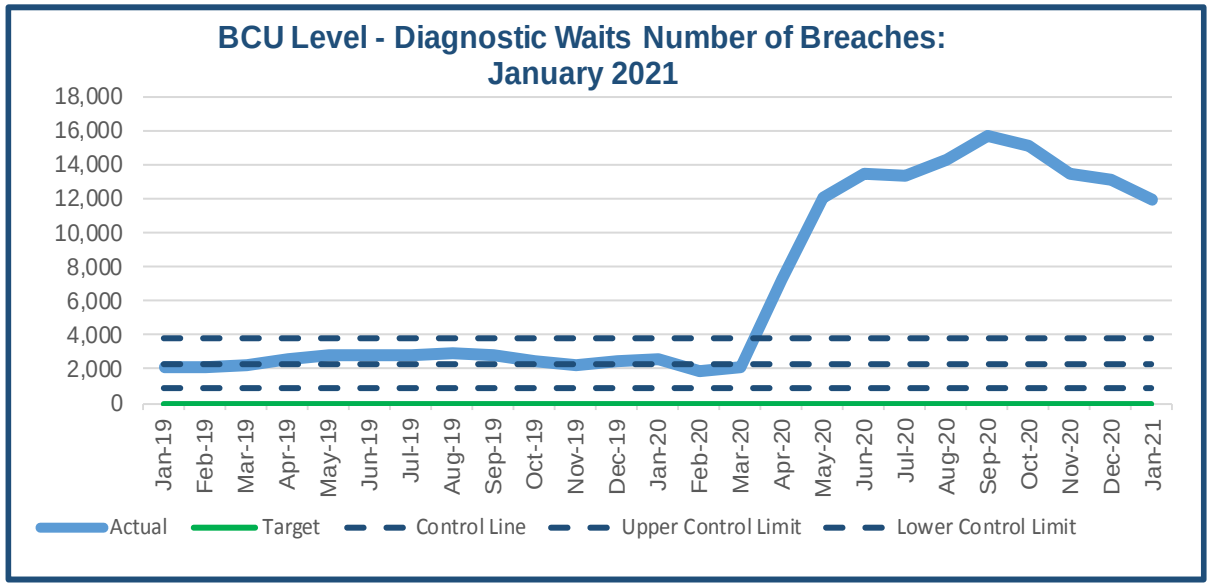


Quadruple Aim 2: Charts Planned Care page 2



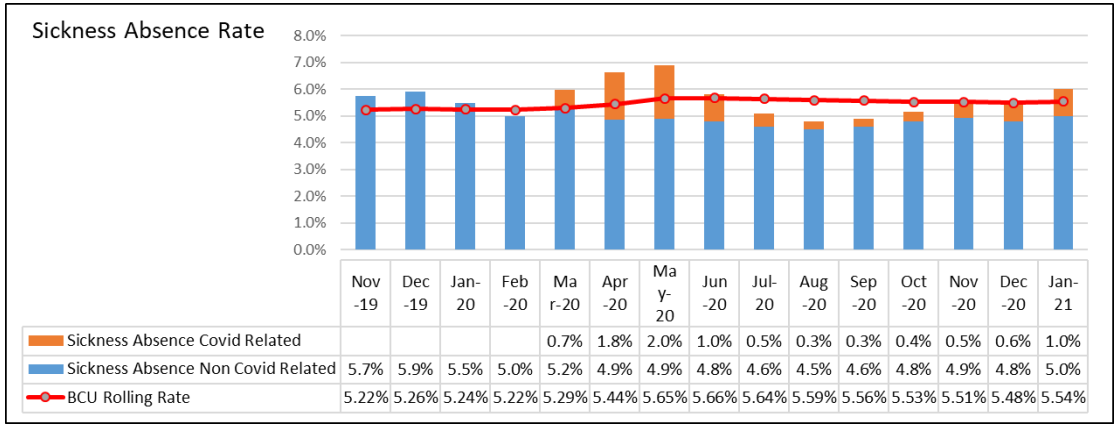






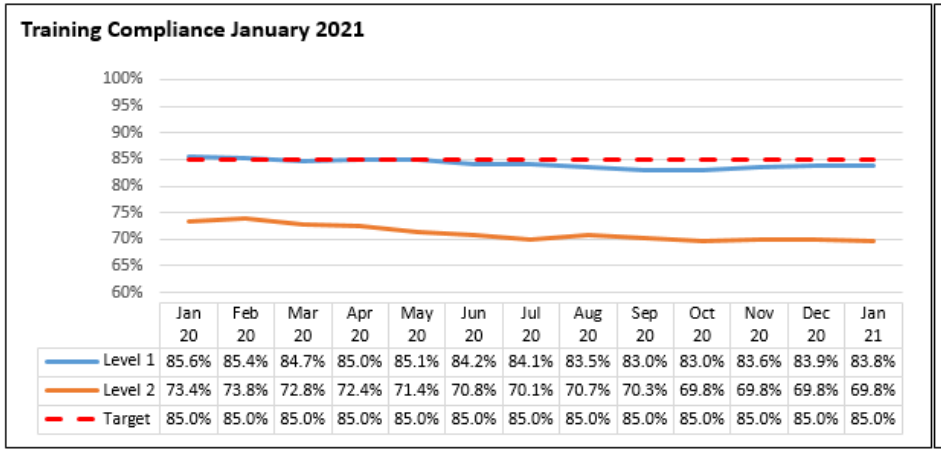
Quadruple Aim 3: Charts

Sickness absence Rates

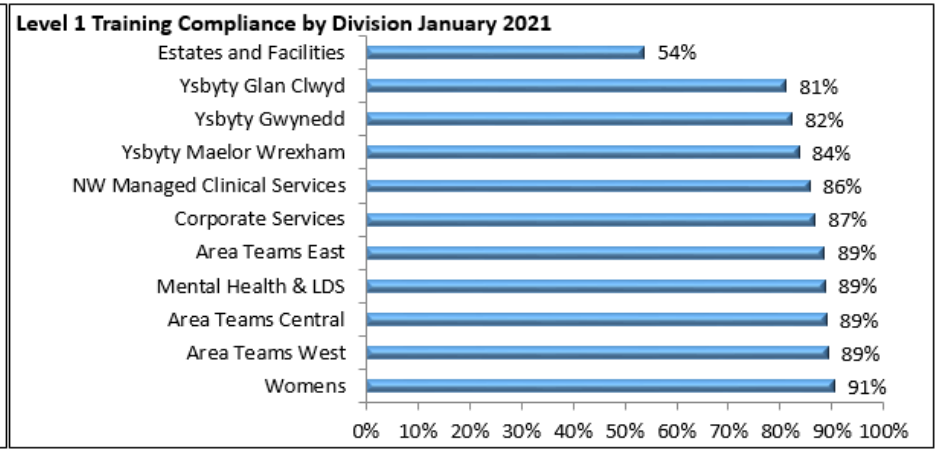


	Nov -19	Dec -19	Jan-20	Feb -20	Mar-20	Apr -20	May-20	Jun -20	Jul-20	Aug -20	Sep -20	Oct -20	Nov -20	Dec -20	Jan-21
Sickness Absence Covid Related					0.7%	1.8%	2.0%	1.0%	0.5%	0.3%	0.3%	0.4%	0.5%	0.6%	1.0%
Sickness Absence Non Covid Related	5.7%	5.9%	5.5%	5.0%	5.2%	4.9%	4.9%	4.8%	4.6%	4.5%	4.6%	4.8%	4.9%	4.8%	5.0%
BCU Rolling Rate	5.22%	5.26%	5.24%	5.22%	5.29%	5.44%	5.65%	5.66%	5.64%	5.59%	5.56%	5.53%	5.51%	5.48%	5.54%

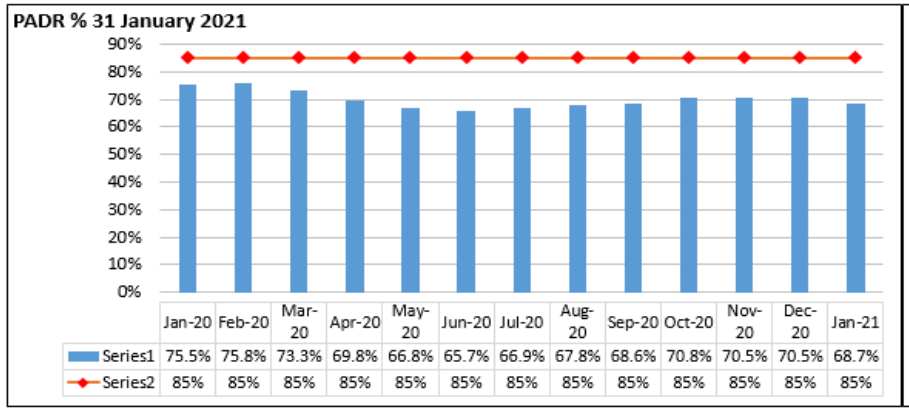
Core Mandatory Training Rate



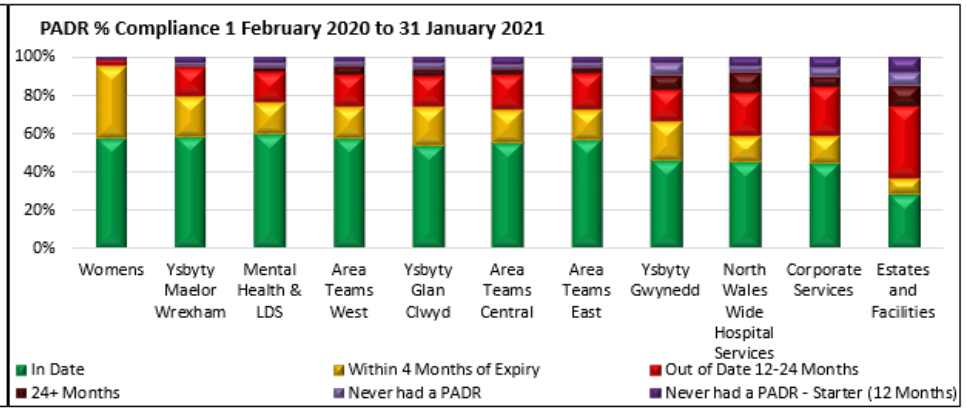
	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21
Level 1	85.6%	85.4%	84.7%	85.0%	85.1%	84.2%	84.1%	83.5%	83.0%	83.0%	83.6%	83.9%	83.8%
Level 2	73.4%	73.8%	72.8%	72.4%	71.4%	70.8%	70.1%	70.7%	70.3%	69.8%	69.8%	69.8%	69.8%
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



PADR

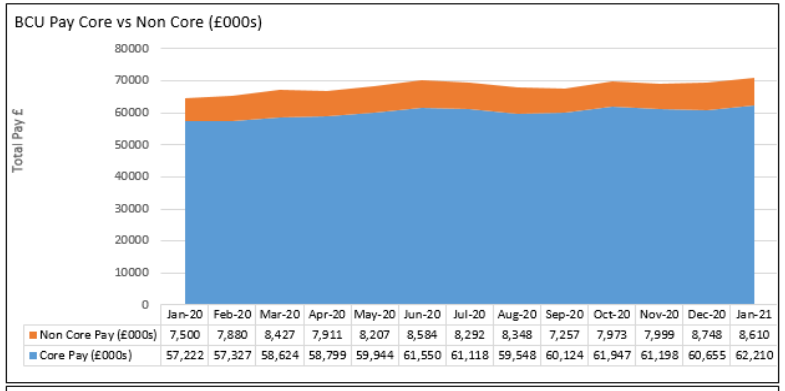


	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Series1	75.5%	75.8%	73.3%	69.8%	66.8%	65.7%	66.9%	67.8%	68.6%	70.8%	70.5%	70.5%	68.7%
Series2	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%



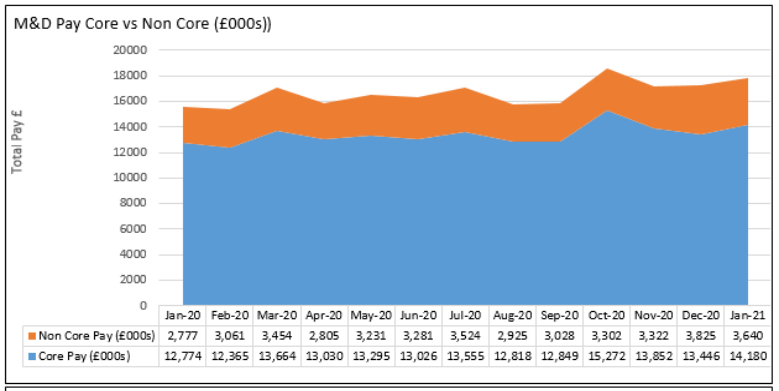
Quadruple Aim 4: Narrative – Agency Spend

BCU Pay Core vs Non Core (£000s)



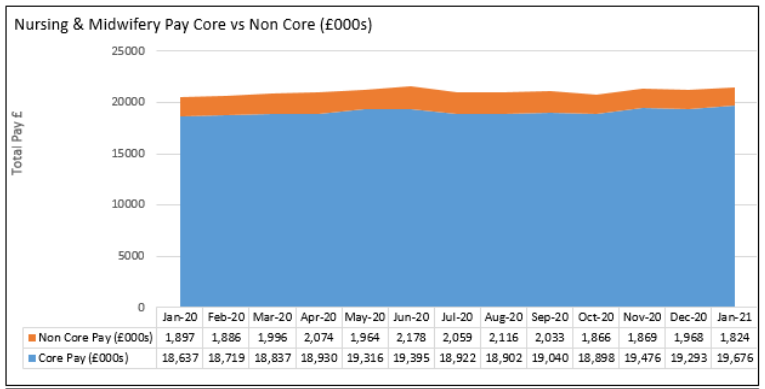
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Non Core Pay (£000s)	7,500	7,880	8,427	7,911	8,207	8,584	8,292	8,348	7,257	7,973	7,999	8,748	8,610
Core Pay (£000s)	57,222	57,327	58,624	58,799	59,944	61,550	61,118	59,548	60,124	61,947	61,198	60,655	62,210

M&D Pay Core vs Non Core (£000s))



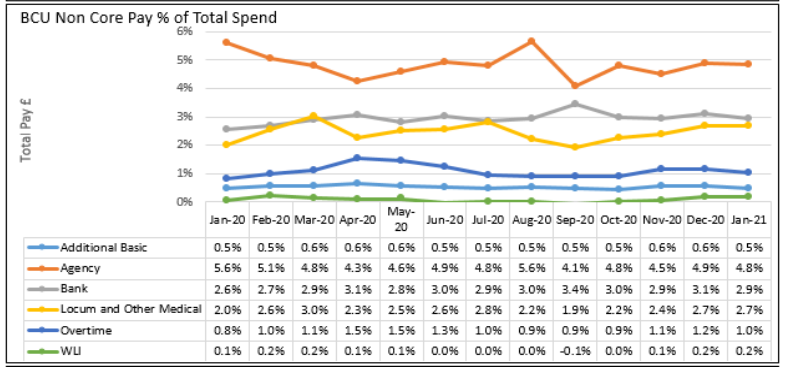
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Non Core Pay (£000s)	2,777	3,061	3,454	2,805	3,231	3,281	3,524	2,925	3,028	3,302	3,322	3,825	3,640
Core Pay (£000s)	12,774	12,365	13,664	13,030	13,295	13,026	13,555	12,818	12,849	15,272	13,852	13,446	14,180

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



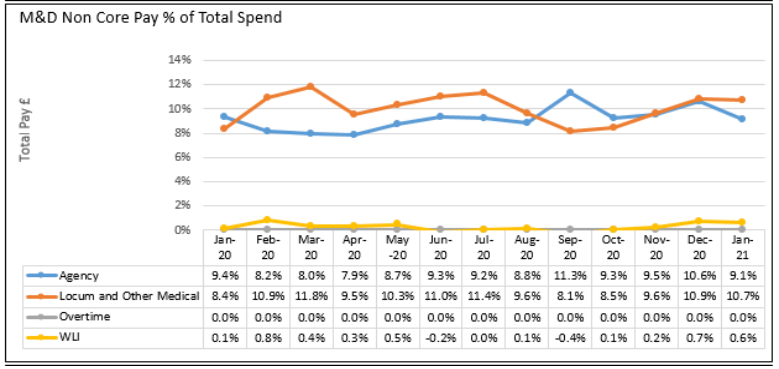
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Non Core Pay (£000s)	1,897	1,886	1,996	2,074	1,964	2,178	2,059	2,116	2,033	1,866	1,869	1,968	1,824
Core Pay (£000s)	18,637	18,719	18,837	18,930	19,316	19,395	18,922	18,902	19,040	18,898	19,476	19,293	19,676

BCU Non Core Pay % of Total Spend



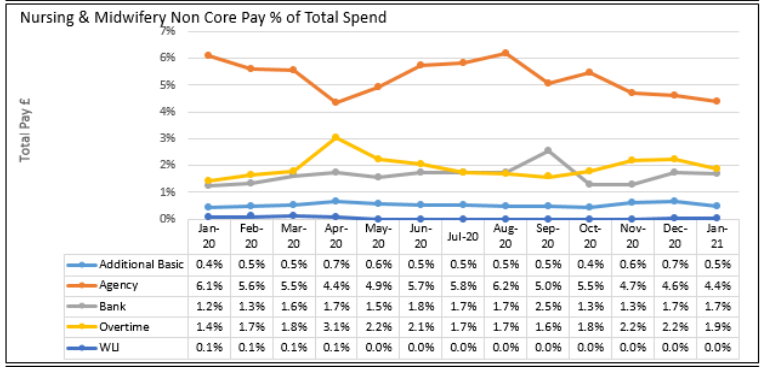
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Additional Basic	0.5%	0.5%	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%	0.6%	0.6%	0.5%
Agency	5.6%	5.1%	4.8%	4.3%	4.6%	4.9%	4.8%	5.6%	4.1%	4.8%	4.5%	4.9%	4.8%
Bank	2.6%	2.7%	2.9%	3.1%	2.8%	3.0%	2.9%	3.0%	3.4%	3.0%	2.9%	3.1%	2.9%
Locum and Other Medical	2.0%	2.6%	3.0%	2.3%	2.5%	2.6%	2.8%	2.2%	1.9%	2.2%	2.4%	2.7%	2.7%
Overtime	0.8%	1.0%	1.1%	1.5%	1.5%	1.3%	1.0%	0.9%	0.9%	0.9%	1.1%	1.2%	1.0%
WLI	0.1%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	-0.1%	0.0%	0.1%	0.2%	0.2%

M&D Non Core Pay % of Total Spend



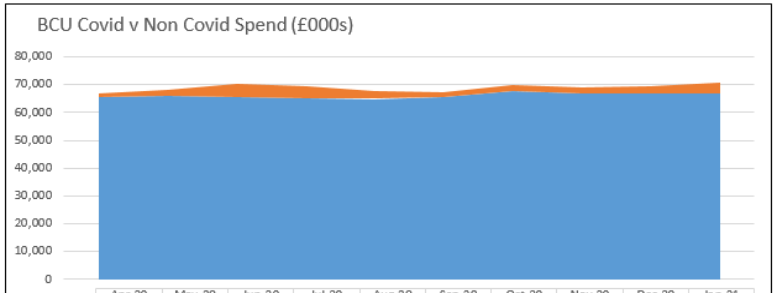
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Agency	9.4%	8.2%	8.0%	7.9%	8.7%	9.3%	9.2%	8.8%	11.3%	9.3%	9.5%	10.6%	9.1%
Locum and Other Medical	8.4%	10.9%	11.8%	9.5%	10.3%	11.0%	11.4%	9.6%	8.1%	8.5%	9.6%	10.9%	10.7%
Overtime	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
WLI	0.1%	0.8%	0.4%	0.3%	0.5%	-0.2%	0.0%	0.1%	-0.4%	0.1%	0.2%	0.7%	0.6%

Nursing & Midwifery Non Core Pay % of Total Spend



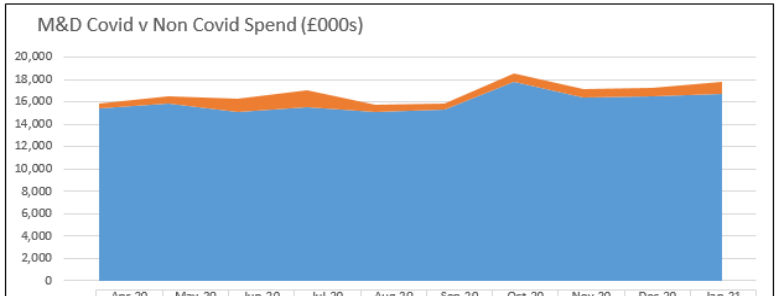
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Additional Basic	0.4%	0.5%	0.5%	0.7%	0.6%	0.5%	0.5%	0.5%	0.5%	0.4%	0.6%	0.7%	0.5%
Agency	6.1%	5.6%	5.5%	4.4%	4.9%	5.7%	5.8%	6.2%	5.0%	5.5%	4.7%	4.6%	4.4%
Bank	1.2%	1.3%	1.6%	1.7%	1.5%	1.8%	1.7%	1.7%	2.5%	1.3%	1.3%	1.7%	1.7%
Overtime	1.4%	1.7%	1.8%	3.1%	2.2%	2.1%	1.7%	1.7%	1.6%	1.8%	2.2%	2.2%	1.9%
WLI	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

BCU Covid v Non Covid Spend (£000s)



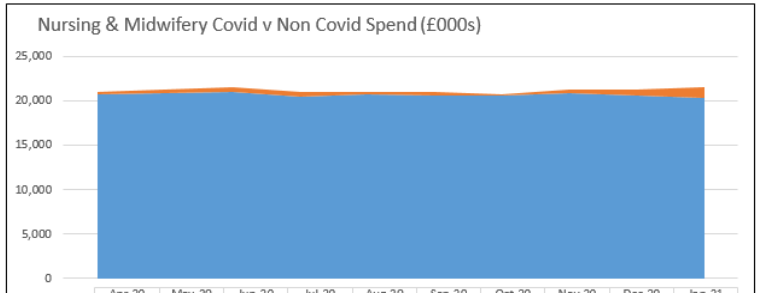
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Covid	1,038	2,018	4,365	4,368	2,999	2,014	2,190	2,210	2,377	3,943
Non Covid	65,673	66,133	65,768	65,042	64,897	65,367	67,729	66,988	67,026	66,877

M&D Covid v Non Covid Spend (£000s)



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Covid	372	713	1,255	1,523	681	592	819	761	765	1,065
Non Covid	15,464	15,814	15,053	15,557	15,062	15,285	17,756	16,413	16,506	16,755

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



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Covid	313	383	558	455	250	415	184	512	644	1,159
Non Covid	20,691	20,897	21,014	20,526	20,769	20,658	20,580	20,833	20,617	20,342

Further Information

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 25.2.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Planned care update**
Cyfarwyddwr Cyfrifol: Responsible Director:	Gavin MacDonald – Interim Chief Operating Officer
Awdur yr Adroddiad Report Author:	Andrew Kent- Interim head of planned care transformation
Craffu blaenorol: Prior Scrutiny:	Gavin MacDonald – Interim Chief Operating Officer
Atodiadau Appendices:	Appendix 1- The six point plan

Argymhelliad / Recommendation:

1. To note the deployment of the £1million single tender waiver as of 5.2.21 with approval of Welsh government and the Executive team
2. To note the progress to date of on-going plan and activities for the new financial year 21/22
3. To note the continual pause of stage 4 activity and the end of year over 52 week forecast

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 paper continues to update the Finance and Performance Committee of the continued disruption to planned care activity during the covid pandemic and contributing winter pressures as of the proposals to mitigate

Cefndir / Background:

The covid pandemic has significantly disrupted planned care activity in 20/21, with a significant increase in over 36-week waits and 52 week waits for the public awaiting treatments. Although still delivering essential services, all P4/routine activity remains paused

Asesiad / Assessment & Analysis

Strategy Implications

The Six-point recovery (Appendix 1) plan incorporates the ambition for diagnostic and treatment centres across North Wales.

Financial Implications

£1million Single tender waiver (STW) has been deployed from the performance funds of £10.3m with permission from Welsh government to undertake end of financial year activity. Both stage 1 (outpatient activity and daycase activity will be planned). Executives signed this off in December. The volume of activity is up to the sum of £1million and an analysis of numbers that we will be able to deliver is currently with the operational teams and the Insourcing companies. This is currently being planned due to the covid situation and the challenges in planning activity around the restricted capacity.

Risk Analysis

Potential to cause harm to patients who are waiting longer than their expected treatment date at all stages across the planned care pathway. A number of mitigations are under way, including risk stratification, The once for North wales approach to moving services across Wales to ensure all high risk patients are treated as early as possible, escape form pain programme for longer waiters in orthopaedics as an example and the planning to introduce digital applications to monitor patients who are waiting

Although we have deployed the STW, there is a risk that due to Covid activity and the reduced amount of capacity available that we might not be able to utilise the STW operationally.

Legal and Compliance

We have complied with procurement operating procedures and financial regulations.

Impact Assessment

Not yet undertaken

Introduction

The paper continues to update the Finance and Performance Committee of the continued disruption to planned care activity during the covid pandemic and contributing winter pressures. As the organisation moves towards year-end, the paper describes the potential year-end position and the continued activities to deliver essential services and the preparation for the recovery of planned care.

Context

The current waiting list size is tabled below:

BCU HB Waiting List by cohorts of Weeks Waiting as at 7th February 2021						
Weeks Waiting	0-25	26-31	32-35	36-51	52+	Total on WL
Number on WL	57,158	5,490	2,453	14,915	36,565	**116,581**

As previously reported the pausing of P4/routine activity is continuing to cause the over 36-week waiters to wait longer. This month we have seen a shift of 4,972 from over 36 into the over 52-week waits. This continues the previous monthly trend.

As of end of January, this gives an indicative end of year position of 46,500 over 52 week waiters as a forecast, which is an improvement of the previously reported 50,000.

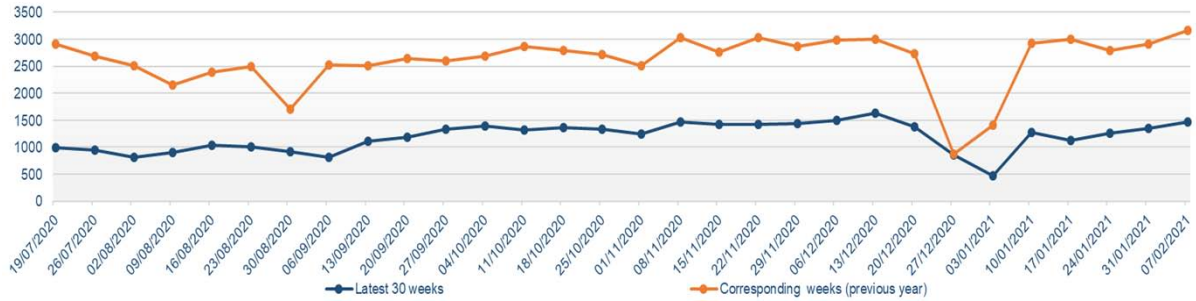
The table below illustrates this forecast position by stage:

Count of Health Board	
New DSU stage	**52 and over**
1	26442
2	3111
3	3987
4	13162
Grand Total	**46702**

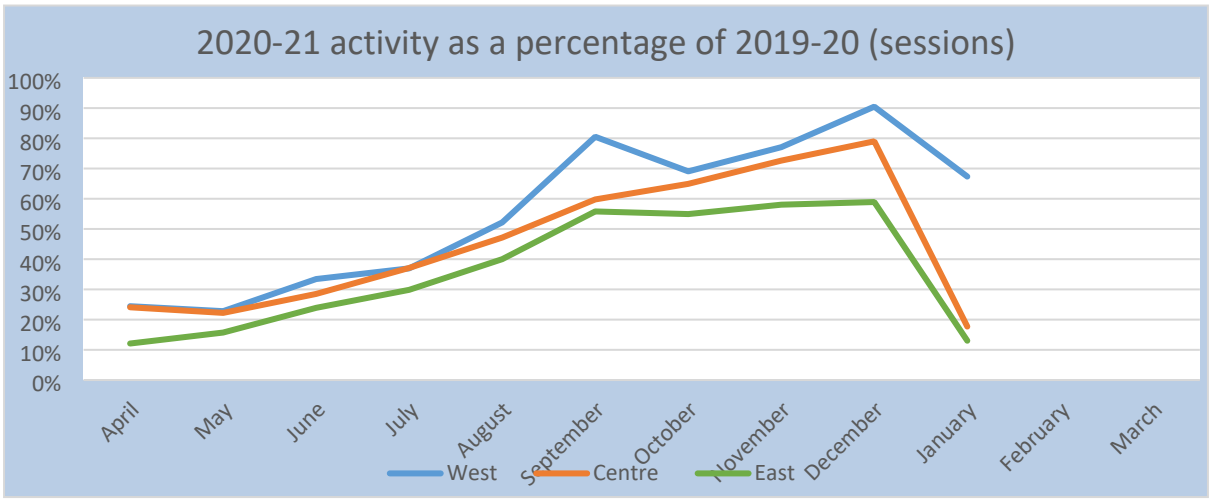
The table above illustrates the number of patients waiting both at 52 weeks and longer, which is stretching to over 100 weeks

Outpatient and Theatre activity

As reported last month, we had seen a sustained level of outpatient activity, but is still approximately 50% less that the pre-covid period. It does demonstrate that we are still able to undertake Outpatient activity despite the covid surges, but given the reduced levels, this still presents a risk. A business case to continue to expand the 'Attend Anywhere' system is due to be reviewed by the Executive Team in March.



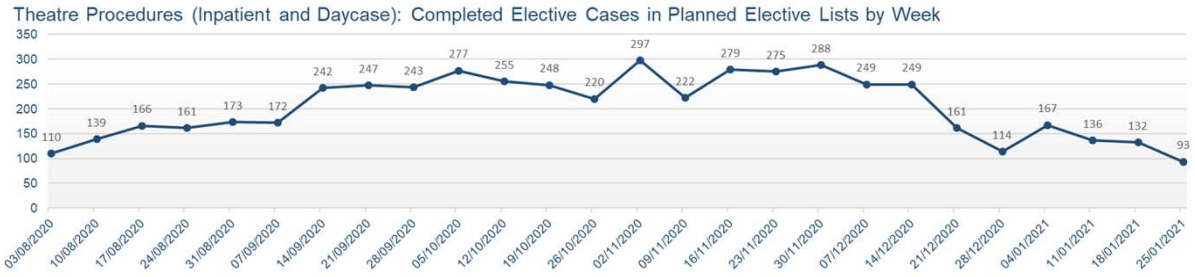
Theatre activity however has seen a significant decline in January, as a comparison of the previous year; this is due to the increase in covid incidence and the corresponding surge escalation within both East and Centre. The planned care transformation group are closely monitoring the situation and working closely with the operational teams to identify the appropriate time for de-escalation to allow safe commencement of activity.



As reported previously, part of the contingency plan during this covid wave has been to move patients across North Wales. To date we have transferred 65 patients with significant cancer risk to the West site for their surgery. We are currently planning for this to continue until March 11th or until East can safely de-escalate. This situation is monitored and reported to EIMT on a weekly basis.

Specialty	Procedures undertaken up until 06/02/2020
Urology	28
Colorectal	4
Breast	16
ENT	17
Total	65

The chart below demonstrates the decline in actual activity in both in-patient and day case surgery during this covid period but also illustrates the maintenance of Essential surgery



At the recent North Wales cancer summit earlier in February, national analysts where indicating that it will take 3 years to recover the levels of cancer activity across Wales to reflect that of the pre-covid era.

Planned care recovery- Point 6 (See Appendix 1)

During January, the Insourcing for Ophthalmology continues at both the West and Centre site. We are averaging 20 patients on an all-day list.

The single tender waiver (STW) agreed with Welsh Government and Executives was activated on February the 5th, following full compliance to the organisations financial standing orders with two companies, mobilisation conversations have now begun and it is looking likely outpatient activity will commence in mid-February. The focus will be on long waiting stage 1 patients, either via blended model of staff (orthopaedics) or via the insourcing company. The approach for the STW is one of maximum financial value rather than volume. Both companies have now signed the contract and the primary targeting list (PTL) has been shared. The Insourcing companies will then inform us of the activity and procedures they can undertake and cost. The organisation will then understand the capacity required due to the covid situation and whether that cost is acceptable. This activity will then be capped at the £1m. This approach has been chosen due to the limited capacity available during the pandemic. A performance framework including governance, pathways and KPI's are being established to monitor all aspects of this work.

The planned care group continue conversations with the Spire Hospital and the Robert Jones (RJAH), to establish if it is feasible to utilise their capacity with our blended workforce model, which may allow stage 4 activity to begin. A verbal update will be given at the committee on this subject.

The next stage is continuing the contract past March 31st utilising the procurement framework and a paper is going to Executives mid-February describing this approach. The utilisation of modular theatres and wards on each site has been assessed and we believe it would be most suitable to deliver orthopaedic in-patient and daycase activity.

The financial estimates from estates and the modular companies have now been received and will be the subject of the Executive paper and further committee updates.

Conclusion

The planned care transformation group are moving at pace on this issue and building the recovery plan during the covid pandemic and vaccination programme. The treating of long waiters is beginning which we anticipate will begin to reduce patient anxiety and demonstrate confidence that our recovery plan is taking shape.

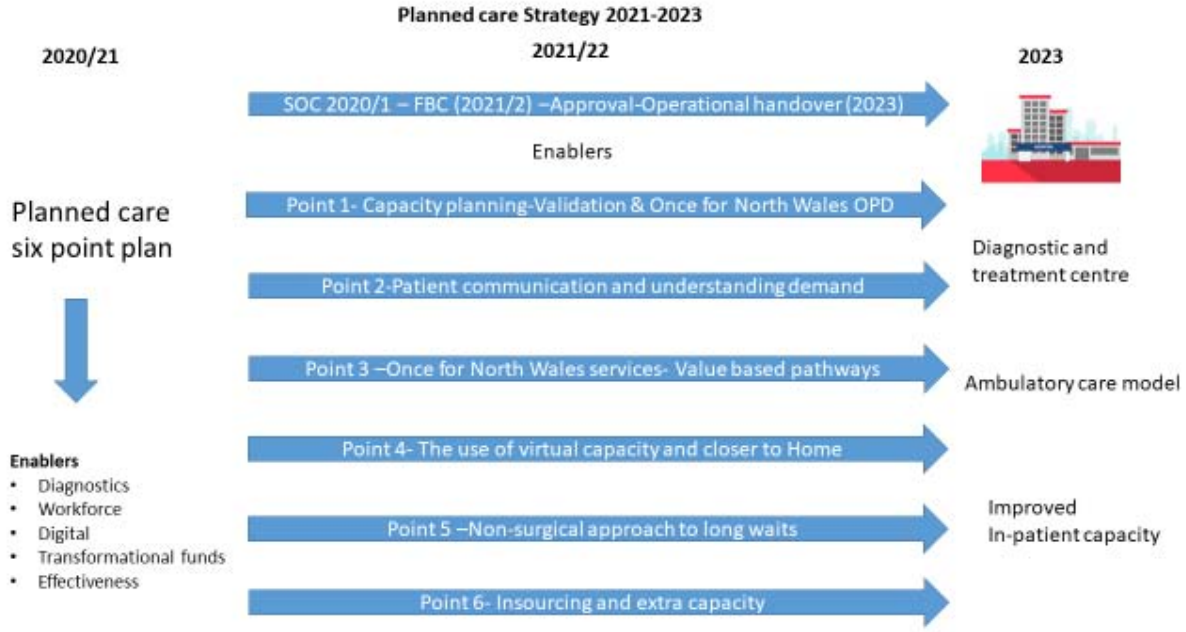
Recommendations

4. To note the deployment of the £1million single tender waiver as of 5.2.21 with approval of Welsh government and the Executive team
5. To note the progress to date of on-going plan and activities for the new financial year 21/22
6. To note the continual pause of stage 4 activity and the end of year over 52 week forecast

Written by Andrew Kent

16/02/2021 v3

Appendix 1- The six point recovery plan



Cyfarfod a dyddiad: **Meeting and date:**	**Finance and Performance Committee** **25.2.21**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	**Unscheduled Care Report**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Gavin MacDonald Interim Chief Operating Officer (COO)
Awdur yr Adroddiad **Report Author:**	Meinir Williams, Director of Unscheduled Care Claire Brennan, Head of Office, Executive Director of Nursing
Craffu blaenorol: **Prior Scrutiny:**	Review by Interim COO
Atodiadau **Appendices:**	None

Argymhelliad / Recommendation:

The Committee note the Unscheduled Care performance for January 2021 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:

This report is provided to the Health Board's Finance and Performance Committee on key Unscheduled Care performance for the month of January 2021.

The paper will describe the key drivers that influence the HB performance reflecting 3 areas - pre-hospital demand, demand and capacity in ED, flow and discharge.

The report will also provide an update to the Committee on two areas of work relating to:

- Effective use of resources – Same Day Emergency Care (SDEC),
- Phone First/111

Cefndir / Background:

1. Pre-hospital demand –

Ambulance conveyance rates across North Wales (adjusted to per 100,000 population) remains high when compared to other HBs. This means that our ED experience:

- Disproportionate demand of patients arriving by ambulance
- Protracted length and number of ambulances delayed at handover
- Increased risk to our communities due to limited availability of ambulances to respond to calls.

The pre-hospital pressures experienced by WAST in recent weeks and months is reflected in both the ambulance handover performance and inpatient acuity. There were 4,257 ambulances presenting to the doors of the EDs in January 2021 which is broadly comparable to 4,254 in January 2020 and indicates that the rates of pre-hospital demand has returned to pre-Covid levels.

It is important to note that the acuity of the patients being brought by ambulance has remained higher in November, December and through to January. High acuity limits the options to offload into lower acuity patient clinical spaces such as the waiting room or minors area This means that those patients delayed in ambulances tend to be more frail, sicker and/or have complex care needs. The added pressure of patients requiring 'red' and 'green' pathway separation further compounds safe, timely offload.

The number of patients delayed at ambulance handover for >60 minutes in January 2021 was 1,316, which is comparable to 1,332 in December 2020 but an improved position when compared to 1,534 delays in January 2020.

2. Demand and Capacity in ED–

EDs are experiencing increasing challenge due to the unpredictable shifts in green v's red patients presenting to the departments. Often hourly variances provides a challenge to sustain flow through both pathways. This results in:

- Delays in ambulance handover
- Lengthy waits for patients in our EDs
- Poor patient experience and outcomes

Despite the Covid pathway challenges the combined ***4 hour ED/MIU*** performance for January 2021 (77.2%) was an improvement compared to December 2020 (65.8%); and compared to January 2020 (64.3%). However, this remains a significant shortfall against the current National 95% combined 4hr performance target.

Where EDs have delivered an improvement against the 4hr performance, the number of patients who waited in our EDs for ***more than 12 hours*** deteriorated in January 2021 compared both to December 2020 and January 2020. 128 more people were delayed in the HB EDs for >12hrs in January 2021 compared to December 2020 (1,879 in January v's 1,751 in December). However, this is an improvement compared to January 2020 where our EDs held a total of 2,223 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. There remains an unacceptable number of exceptionally long delays at both Ysbyty Glan Clwyd and Ysbyty Wrexham Maelor over recent months. December saw a total of 454 patients ***delayed for 24 hours*** or more in our EDs which was a deterioration on November 2020. This performance deteriorated further in January 2021 with 524 patients delayed in two of our three EDs, and will be a key focus for the teams as we progress through February and March.

3. Flow and discharge –

ED overcrowding has been on the increasing since November 2020. Periods where our EDs have been full due to high ambulance conveyance, failing direct access pathways and upstream capacity challenges, impacted further by red v's green capacity results in:

- Risk of nosocomial transmission
- Increased stress and anxiety to staff

- Long waiting times to be seen by an ED doctor
- Poor patient experience and outcomes

The Health Board has seen an increase in the number of people attending its EDs and MIUs in the month of January compared to December 2020 with an additional 897 attendances across the HB in January.

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 variation within these pathways means that the overall ED/MIU capacity available to care for patients in a safe environment is reduced by almost 40% and is attributing to delays in the department and for timely ambulance handover. The same is seen on our wards and in-patient areas where social distancing requirements for bed spacing has reduced the Health Board's 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.

Asesiad / Assessment & Analysis:

1. ***Pre-hospital demand –***
   Actions being taken to reduce the conveyance rate across North Wales:

- Increase the capacity in the Single Integrated Clinical Assessment and Treatment service (SICAT) to maximise all opportunities for conveyance and admission avoidance – this also supports the wider rollout of Phone First leading to 111 implementation.
- Pathways group established with speciality involvement to increase ambulatory pathways and rapid access to specialties.
- Whole system rollout of Same Day Emergency Care (SDEC) services and acute medical model of care
- Working in partnership with WAST and EASC to identify opportunities to safely reduce deployment and conveyance of ambulances to our EDs

2. ***Demand and Capacity in ED–***
   Actions being taken to improve:

- Forward planning introduced in early February with revised data based on the Swansea model. Projections adjusted to BCUHB with the support of Matthew Bluck. This supports sites to pre-plan the capacity needed for Covid and non Covid demand through our EDs.
- Increased rapid swabbing capacity to 2 of the 3 sites and cross HB working which offers available swabbing capacity for sites with greatest demand.
- 'Focus on' approach to reduce ambulance handover delays (number and length of time)
- Work continues to deliver the recommendations in the Kendall Bluck staffing review of EDs. This will address, in part the current challenges in staffing number and skill mix across 2 of the 3 EDs

3. ***Flow and discharge –***
   Actions being taken to improve:

- Working with Stephen Harrhy, National Unscheduled Care Director on the development of an improvement plan for unscheduled care covering hospital front door, inpatient hospital care (acute and community), early supported discharge which cross cuts partner agency (health and social care), community, primary care and acute services.
- Commissioning some demand and capacity work across the unscheduled care pathway
- Use of revised capacity and demand data from in-patient bed modelling linked to HB surge planning. Enhanced intelligence data designed to help teams to plan surge capacity days in advance (acute and community sites), and offer opportunity to better mitigate unexpected outbreaks or staffing challenges which results in reduced bed availability.
- Mobilising surge capacity across North Wales with criteria that meets the current clinical needs of patients 'waiting' to return to Care Homes or needing packages of care.
- Ongoing work with partners and Care Home sector to support key homes and services experiencing difficulty as a result of Covid.
- Discharge to Rehabilitate and Assess (D2R&A) being progressed across the three regions.
- Further embed Same Day Emergency Care (SDEC) at all three acute sites

Phone First and 111 implementation

The Health Board's ***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 Urgent Primary Care Centre (UPCC) 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. Developments since December has been the combining of the HBs 'Phone First' (Nationally now termed as Contact First) rollout programme with the ***111 implementation*** plan. To date the contact first service is working with two of the Health Board's three EDs, and the Urgent Treatment Centres in the East. Though the numbers of 'scheduled' attendances has been low, the learning and clinical engagement has allowed the teams to modify the model i.e. moved from set appointment slots to direct liaison with EDs to schedule an optimal time for attendance based on the ED demand in real time. This ensures that patient expectation is best met and EDs are in a better position to deliver care as close to the scheduled appointment as possible. The greatest impact of the service thus far has been the admission avoidance work with WAST as the SICAT service has increased capacity to manage more cases. Additional pathways are being developed in line with the 111 roll out and these are being led by the clinical teams in GPOOH and Primary Care. Full impact of the contact first work will be maximised when the service becomes public facing in June 2021 in line with 111 rollout.

Following confirmation by the National 111 team and WG of the revised timeline to fully implement 111 in North Wales (revised to June 2021 from June 2022); the BCUHB 111 implementation board reviewed the key deliverables of both Contact First and 111 programmes and determined that the work plans and outcomes are fully aligned. This offers a pragmatic opportunity to combine the two work programmes, sharing resources and strengthen knowledge and skills. The 111 National Team have confirmed this combined approach has been adopted by Aneurin Bevan UHB who are planned to go live with 111 only months ahead of BCUHB. This offers a unique opportunity for BCU to benefit from lessons learnt, and to this end BCU Implementation Board will maintain close contact with the ABUHB team.

The 111 model for BCUHB is currently being developed in partnership with WAST and the National 111 programme team. The aspiration is to provide simple, direct public access 24/7, 365 days a year to a safe, well governed, triage, clinical assessment, signpost and treatment service for any demand which is not planned. Reduce 'hand off' between in hours and out of hours primary care and ensure

access to the HB's urgent care services (including, but not limited to MIU, ED, UTCs) is seamless regardless of post code, time of day or day of the week.

The Implementation Board is progressing well against the June timeline. Focus on workforce (recruitment and retention) is soon to be underway, and identification of suitable premises is being led by the National and WAST teams.

Progress against this key programme for the HB will be provided to F&P Committee via the USC reports as requested by the Board.

Stephen Harrhy Report on USC

Following a HB visit by Stephen Harrhy (National Director for Unscheduled Care and EASC commissioner) in December 2020 who carried out a review of the UHB's USC structures, pathways and governance. The UHB received his draft report in February 2021. This approach builds on the conversation with ED leads and the necessity to 'shift the risk' from the Emergency Departments towards 'whole system' ownership.

The report has been shared with HB clinical teams, members of the USC Improvement Group and the Executive. It has been well received, with feedback that there should be a strengthening of the input from Mental Health and the need for an inclusive partnership approach across areas of health and social care. It is recognised that it needs to align with work already undertaken including the Kendall Bluck workforce analysis and inform the transformational funding allocation for unscheduled care performance.

The report is intended to inform the HBs strategy on improving USC, and will be supported by a robust action and implementation plan covering organisational structure, governance and accountability. The work will be supported by a National team where the team members have been chosen due to their expertise and knowledge of USC systems and pathways, and likely best fit for the HB. Stephen Harrhy will continue his support as a 'critical friend' to help guide progress to improvement. It is further intended that the work incorporates the new National Measures being developed for emergency care.

Follow up discussions with Stephen and his team are planned for later this month, and progress will be reported through the USC Improvement Group and to F&P.

Cyfarfod a dyddiad: **Meeting and date:**	**Finance and Performance Committee 25.2.21**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	**Capital Programme Report – to 31 December 20**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Mark Wilkinson, 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 of 19th January 2021
Atodiadau **Appendices:**	1

Argymhelliad / Recommendation:

The Committee is asked to receive and scrutinise this report.

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		**Ar gyfer Trafodaeth For Discussion***	**X**	**Ar gyfer sicrwydd For Assurance***	**X**	**Er gwybodaeth For Information***	

Sefyllfa / Situation:

The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes.

The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).

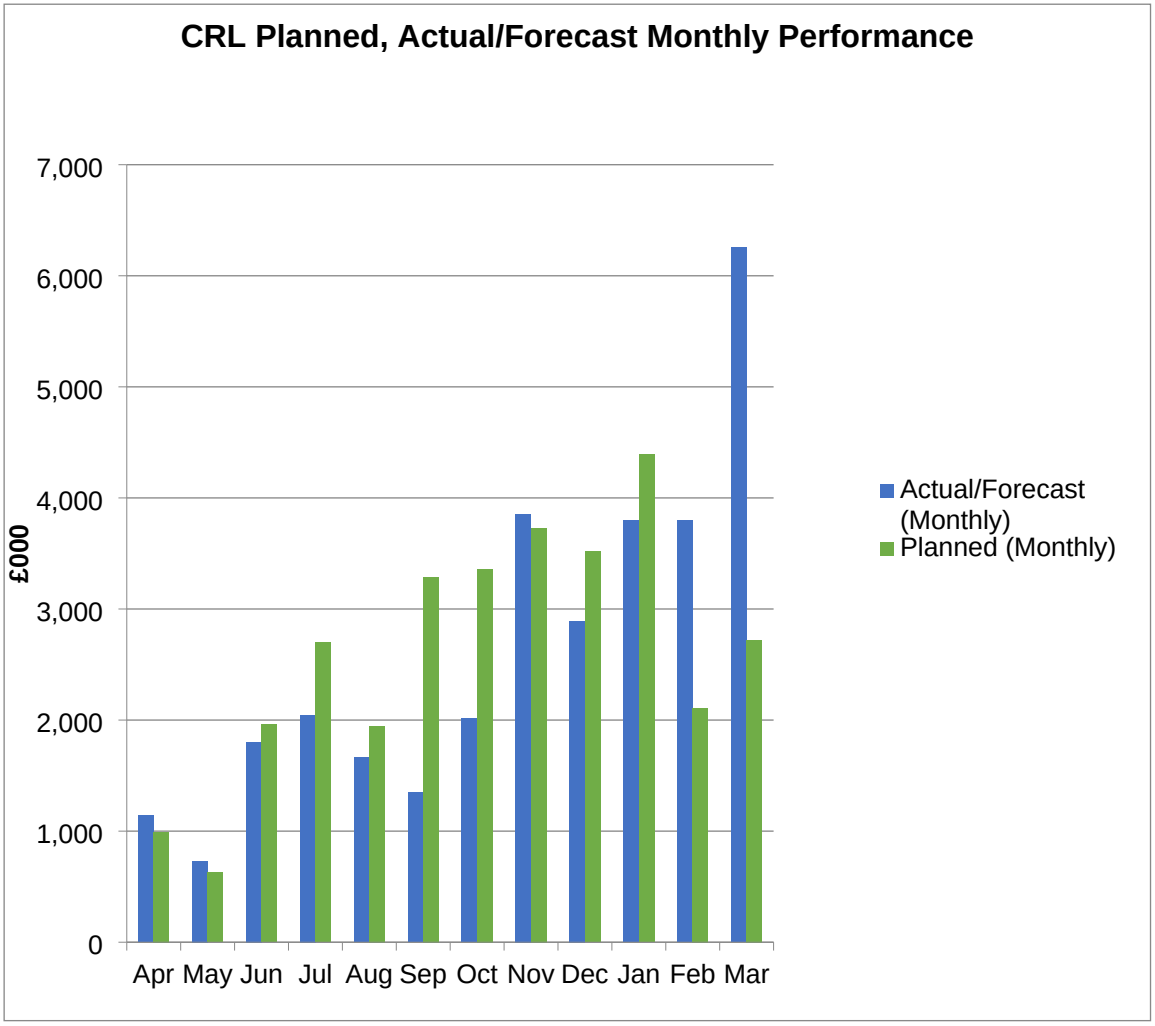
Cefndir / Background:

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

Capital Programme	**£ '000**
All Wales Capital Programme	17,330
Discretionary Capital	12,921
Total Welsh Government CRL	**30,251**
Capital Receipts	65
Donated Funding	1,027
TOTAL	**31,343**

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 the approved programmes/schemes.

The following provides reports, by exception, where schemes are at variance with the planned programme.

Programme leads have confirmed that works have commenced, purchase orders are in place or tenders have been received to progress the planned works and that the Health Board is expected to meet it's CRL. The principal remaining risk relates to the segregation works recently confirmed by the Hospital Management Teams for Ysbyty Gwynedd and Ysbyty Glan Clywd (further details are provided within this report).

Major Capital Schemes (>£1m)

Royal Alexandra Hospital, Rhyl

As previously reported the Health Board has received correspondence from the Welsh Government requesting additional information. Further information with respect to the capital cost and design was submitted prior to Christmas. Following a meeting with Welsh Government at the beginning of February we have now received the formal scrutiny document. The Project Board expect to provide an updated Full Business Case, responding to all of the items raised by Welsh Government, by the end of February 2021. The responses to the Welsh Government will not materially change the FBC as approved by the Health Board. However for good governance, and in order to accommodate the political cycle and achieve approval prior to the "purdah" period, consideration is being given to "chairs action" to "sign off" the updated FBC.

We have also now agreed with Welsh Government the treatment of inflation for the project going forward. We have been asked to update the capital cost from the Business Case Reporting index (PUBSEC 250) to the index current at the time of receipt of the Supply Chain Partners Target Cost (PUBSEC 263). The baseline Target Cost has therefore now been confirmed as £67.30m. As the programme exceeds 24 months inflation will be determined on a monthly basis and the funding increased accordingly. BCU's Cost Advisors have been asked to estimate the inflation to the end of the project and this will inform the provision to be made by Welsh Government.

A Gateway Review has been commissioned in support of the FBC and the outcome of this review will be provided to the Executive Team.

Ablett Redevelopment, Ysbyty Glan Clwyd (YGC)

Following receipt of the Gateway recommendations the ET supported a pause to the project and the Senior Responsible Owner (SRO) is currently reviewing the Outline Business Case (OBC) programme with a view to bringing a revised programme to the Executive Team for the submission and scrutiny of the OBC.

The application for outline planning approval was not supported by the Denbighshire planning committee. The committee judged that the "*height of the building and the proximity to neighbouring boundaries has been judged as resulting in an unacceptable impact on residential amenity*". This is very disappointing and unexpected as our planning submission was supported by the Denbighshire Planning Officers who recommended acceptance.

A number of local residents had voiced their concerns and we met with them during the pre-planning engagement period. During the meeting reference was made to the height of the development but it was clear that it was the proximity to their properties and the nature of the unit and patient group that were influencing their perception. Clinicians at the meeting sought to re-assure them and it was a positive meeting. However we now understand that 10 residents subsequently submitted formal objections. The local MP, Dr James Davies, wrote in support in principle of the development but reiterated the concerns of the adjacent residents. We had previously engaged with Dr Davies during the pre-application period.

With respect to the committees decision, impact on residential amenity, the planning officers report recommending acceptance noted that "*Whilst Members will undoubtedly have sympathy for the adjacent occupiers as the part of the site closest to their dwellings has changed over time, Officers consider that in relation to the physical relationship with nearby dwellings, at the distances and scale involved it is not considered there would be significant adverse impacts from overlooking or overshadowing to resist the grant of outline permission*

for the proposal. As a rule of thumb albeit for dwellings, Supplementary Planning Guidance Note states that where there are habitable room windows facing windows on an adjacent property, elevation to elevation distances should be at least 21metres. This spacing has been achieved with the siting shown indicatively. On the basis of the outline application and indicative plans Officers consider it would be difficult to resist the application on the basis of residential amenity grounds."

The application was only for outline planning and we therefore now have three potential options:

1. To appeal the decision
2. To review the location/design and resubmit for outline planning
3. To review the location/design and resubmit for full planning following approval of the outline business case (this would require Welsh Government support).

The choice of location, Pathology Car Park, was on the advice of our design team based upon space available to accommodate the development and limiting the impact on the site and infrastructure (minimising the disruption). In the light of the planning committee's decision we have requested that the design team review their original advice and re-consider potential alternative locations. We have also requested they review what further mitigation measures may be possible to minimise the impact of the current proposed location. Welsh Government have confirmed that they require the OBC to be supported by outline planning consent and have indicated that they would consider a request for additional funding to support the cost of a further outline planning application. The Project Board are now reviewing the location/design and determining the estimated cost to submit a further planning application.

Discretionary Capital Programmes (Individual schemes <£1m)

The relevant Hospital Management Teams (HMTs) have confirmed the segregation works now required at Ysbyty Gwynedd (YG) and Ysbyty Glan Clwyd (YGC). A number of areas have been deemed a priority to deliver before 31st March the cost of which are as follows:

YG – Therapies, ACU, Trolley Bay Gogarth – temporary solution £180k

YGC – ED (majors and Resus) - permanent installation £340k.

The HMTs have given a commitment to allow access to ensure these works are completed by 31st March 2021. However there is a risk that a further worsening of the impact of the pandemic may limit access or adversely impact on the availability of labour. It should also be noted that the urgency of the works will require procurement to be undertaken via single tender waiver. A contingency has been allowed for these works.

A number of approved schemes are experiencing additional cost pressures:

- Ruthin Community Hospital – the scheme includes the provision of additional dental suites. Learning from the pandemic has indicated that the current provision of ventilation to existing community dental suites is not adequate to address infection prevention risks. The Health Board are therefore required to install additional ventilation. The cost has been estimated to be circa £400k and there is an opportunity to bring forward an element of this expenditure to this financial year.
- The pandemic and UK exit from the EU, have had an impact on the construction market including limiting capacity and increasing costs. The following tenders have been adversely effected:

  YGC Special Products Unit – total increase £77k
  YGC Paediatric ward – total increase £109k (includes addition of baby tagging)

  The Cost Advisor has confirmed the costs are reasonable and NWSSP-Procurement have supported the procurement and confirmed the tenders are valid and represent the most economic solution for the Health Board.

Funding is available this year to support these pressures although it is noted that the additional works for the Ruthin project are also likely to result in an additional cost pressure next year.

In order to ensure that we deliver the CRL the CIG have identified a number of medical devices priorities that can be brought forward from next year. We have currently over-committed the programme to mitigate the risk of any further slippage. The programme is monitored continuously.

Capital Programme 2021/22 to 2023/24

Division and core compliance leads have been requested to review their capital proposals as discussed last month and revised programmes were submitted by 29th January 2021.

As indicated by the Executive Team, next years programme will focus on:

- Mitigating risk (and addressing compliance)
- Supporting patient safety
- Recovering (and learning) from Covid
- Service recovery (planned care)

Divisional and core compliance programmes have initially be reviewed by a sub-group (including Planning, Finance and corporate Health and Safety) and a draft programme developed in accordance with the above criteria for further subsequent discussion at the CIG and Executive Team.

Welsh Government have confirmed the Health Boards discretionary allocation for 2021/22 is £12.921m. They have also confirmed that the Minister has supported the following national programmes:

- Infrastructure
- Mental Health
- Decarbonisation
- Fire Safety

An Estate Funding Advisory Board has been established to support Welsh Government in prioritising investments. BCU have been invited to be a member of this advisory board. We are currently finalising our bids in accordance with the stated criteria and ensuring that they align with the Health Boards priorities and draft three year capital programme. Details of the bids will be submitted to the Executive Team for review and subsequently reported to this committee as part of the endorsement of the capital programme.

National programmes are also to be established for radiotherapy and imaging and consideration is being given to establishing an Informatics programme. The Welsh Government also have commissioned external support to develop the primary care pipeline.

In conjunction with Welsh Government we have confirmed that our priorities for 2021/22 are:

Radiotherapy Programme: Replacement of Cancer Centre CT simulator (£2.072m)

Imaging Programme:
Ysbyty Wrecsam Maelor – Replacement Gamma Camera (£0.922m)
Ysbyty Wrecsam Maelor – Interventional Radiology Suite (£2.327m)

The business cases for the above have been submitted to this committee for consideration as separate agenda items.

Current indications are that these programmes are non-recurrent.

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:

Betsi Cadwaladr University Health Board
(From: April 2020)

CAPITAL PROGRAMME 2020/21 - CONTROL PLAN

Scheme	RAG Rating					Budget			Scheme Duration		Programme
	Q	T	C	R	B	Approved Budget £m	Estimated Outturn £m	Variance £m	Start Date	End Date	B = Business Case D = Design P = Procurement I = Implementation C = Project Close
CAPITAL SCHEMES >£1m											**Planned/Actual Prog**
SOC/PBC											
Ysbyty Gwynedd Compliance	G	G	G	G	G	177.000					
Conwy/Llandudno jnct PCC	G	G	G	G	G	8.000	8.000	**0.000**			
Dinerth Road	G	G	G	G	G	REVENUE					
Wrexham Redevelopment						?					**Planned** / ACTUAL
Diagnostic and Treatment Centres	G	G	G	G	G	200+					**Planned** / ACTUAL
Residential Accommodation	G	G	G	G	G	55.800	55.800	**0.000**			**Planned** / ACTUAL
Nuclear Medicine	G	G	G	G	G	10.000	10.000	**0.000**			**Planned** / ACTUAL
Radiotherapy Programme	G	G	G	G	G	14.000	14.000	**0.000**			
OBC											
Ablett Redevelopment OBC	G	A	A	A	G	24.749	63.684	**-38.935**			**Planned** / ACTUAL
Wrexham Continuity OBC	G	G	G	G	G	55.586	55.586	**0.000**			**Planned** / ACTUAL
FBC											
Royal Alexander Hospital FBC	G	G	A	G	G	51.594	63.975	**-12.381**			**Planned** / ACTUAL
IMPLEMENTATION											
Ruthin	G	A	A	A	G	3.158	3.558	**-0.400**		Mar 22	**Planned** / ACTUAL
SMAF - Holyhead	G	A	A	G	G	1.337	1.337	**0.000**		May 21	**Planned** / ACTUAL
SMAF - Shotton	G	A	A	G	G	2.369	2.369	**0.000**		Jun 21	**Planned** / ACTUAL
Wrexham Isolation	G	A	A	G	G	1.630	0.300	**1.330**		Nov 21	**Planned** / ACTUAL
OPMH Bryn Beryl	G	A	A	G	G	1.363	1.363	**0.000**		Mar 21	**Planned** / ACTUAL
CAPITAL PROGRAMMES (Individual schemes <£1m)											
Capital Development	G	A	A	G	G	2.931	1.688	**1.243**			**Planned**

2020/21

Scheme	Programme	1 - 3 April	6-10 April	13 - 17 April	20 - 24 April	27 Apr - 1 May	4 - 8 May	11 - 15 May	18 - 22 May	25 - 29 May	1 - 5 June	8 - 12 June	15 - 19 June	22 - 26 June	29 Jun - 3 Jul	6 - 10 July	13- 17 July	20 - 24 July	27 - 31 July	3 - 7 Aug	10 - 14 Aug	17 - 21 Aug	24 - 28 Aug	31 Aug - 4 Sept	7 - 11 Sept	14 - 18 Sept	21 - 25 Sept	28 Sept - 2 Oct	5 - 9th Oct	12 - 16 Oct	19 - 23 Oct	26 - 30 Oct	2 - 6 Nov	9 - 13 Nov	16 - 20 Nov	23 - 27 Nov	30 Nov - 4 Dec	7 - 11 Dec	14 - 18 Dec	21 - 25 Dec	28 Dec - 1 Jan	4 - 8 Jan	11 - 15 Jan	18 - 22 Jan	25- 29 Jan	1 - 5 Feb	8 - 12 Feb	15 - 19 Feb	22 - 26 Feb	1 - 5 Mar	8 - 12 Mar	15 - 19 Mar	22 - 26 Mar	29 - 31 Mar
		April					May				June				July					Aug				Sept					Oct				Nov				Dec					Jan				Feb				Mar				
Ysbyty Gwynedd Compliance		B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B											
Conwy/Llandudno jnct PCC		B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B											
Dinerth Road		B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B											
Diagnostic and Treatment Centres	Planned	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	
Residential Accommodation	Planned	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B													
Nuclear Medicine	Planned	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B												X														
Radiotherapy Programme		B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
Ablett Redevelopment OBC	Planned	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B									
Ablett Redevelopment OBC	ACTUAL	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	A	A	A	A	A	A	A	A													
Wrexham Continuity OBC	Planned	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
Wrexham Continuity OBC	ACTUAL	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G													
Royal Alexander Hospital FBC	Planned	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B										X							
Royal Alexander Hospital FBC	ACTUAL	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	A	A	A	A													
Ruthin	Planned	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Ruthin	ACTUAL	R	R	R	R	R	R	R	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G													
SMAF - Holyhead	Planned	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
SMAF - Holyhead	ACTUAL	R	R	R	R	R	R	R	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G													
SMAF - Shotton	Planned	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
SMAF - Shotton	ACTUAL	R	R	R	R	R	R	R	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G													
Wrexham Isolation	Planned	S	D	D	D	D	D	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	I	I	I	I	I	I																									
Wrexham Isolation	ACTUAL	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	G	G	G	G	G	G	G	G	G	G																									
OPMH Bryn Beryl	Planned	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	C
OPMH Bryn Beryl	ACTUAL	R	R	R	R	R	R	R	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G													
Capital Development	Planned	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	C

											ACTUAL	
Estates Environment	G	G	A	G	G	2.182	2.182	**0.000**			**Planned**	
											ACTUAL	
COVID	G	G	G	G	G	2.009	2.090	**-0.081**			**Planned**	
											ACTUAL	
Medical Devices	G	G	G	G	G	1.869	2.369	**-0.500**			**Planned**	
											ACTUAL	
Informatics	G	G	G	G	G	1.500	1.700	**-0.200**			**Planned**	
											ACTUAL	

Cyfarfod a dyddiad: **Meeting and date:**	**Finance and Performance Committee** **25.2.21**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	**Finance Report Month 9 2020/21**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad **Report Author:**	Eric Gardiner, Finance Director - Provider Services
Craffu blaenorol: **Prior Scrutiny:**	Executive Director of Finance
Atodiadau **Appendices:**	Appendix 1: Finance Report Pack

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**	✓	**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 31st December 2020 and reflects the financial impact of the continuing response to the COVID-19 pandemic.

Cefndir / Background:

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, the substantial increase in COVID-19 infection rates across our population over the winter months is affecting delivery of the plan, with associated impact on activity and costs.

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

	Month 9 £m	Cumulative £m
Actual Position	0.0	(0.2)
Planned Position	3.4	30.0
Variance	3.4	30.2

The Month 9 position is an underspend of £3.4m against the plan with income and expenditure in balance. The cumulative year to date position is a £0.2m surplus, which is £30.2m less than the planned deficit of £30.0m.

There is a continual review of COVID-19 costs and the ability to undertake developments given the high and rising number of cases in North Wales. Forecasts have been amended in line with this review, resulting in an increase of £4.4m in the overall cost. This consists of a £10.1m increase in the annual leave accrual, which Welsh Government have agreed to fully fund, offset by a reduction of £5.7m in the other elements of COVID-19 costs.

The plan for 2020/21 was that the Health Board would end the year with a £40.0m deficit. However, during the year Welsh Government provided an additional £40.0m of funding to cover this planned deficit. Therefore, the forecast financial position is that the Health Board will now have a nil deficit at the end of the year.

4.0 Risk Analysis

There is a potential opportunity arising from the changes in the current block contract arrangement with NHS England, although a value cannot yet be determined. There are three risks to the financial position, but the value of these cannot be currently quantified. The opportunities and risks are detailed in the report pack.

5.0 Legal And Compliance

Not applicable.

6.0 Impact Assessment

Not applicable.

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

Finance Report
December 2020 – M09

Sue Hill

Executive Director of Finance

Executive Summary

Objective

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

Key Assurances

- ✓ Current month nil deficit reported and YTD small surplus position.
- ✓ Nil deficit position forecast for the year.
- ✓ Key financial targets for cash, capital and PSPP all being met.
- ✓ Almost all savings schemes previously in the pipeline have moved into delivery.
- ✓ Further review of forecasts for the cost impact of COVID-19 undertaken to ensure they reflect continually changing service plans.

Areas for Action

- ➢ Continual review of COVID-19 costs, to ensure forecasts are as accurate as possible.
- ➢ Firm up plans for Planned Care and Diagnostic performance funding.
- ➢ Estimate cost of the agreed enhanced overtime rates for nursing and HCSW staff.
- ➢ Continue discussions with English NHS providers on potential benefit from contract changes.

Summary of Key Numbers

Month 9 Position

Nil deficit reported against plan of £3.4m deficit

→ **£3.4m favourable**

Year to Date Position

£0.2m surplus against plan of £30.0m deficit

→ **£30.2m favourable**

Forecast

Nil deficit against plan of £40.0m deficit

→ **£40.0m favourable**

Savings Year to Date

£11.6m against plan of £33.7m

→ **£22.1m shortfall**

Savings Forecast

£16.6m against plan of £45.0m

→ **£28.4m shortfall**

COVID-19 Impact

£78.9m impact YTD
£145.9m forecast impact
Funded by Welsh Government

→ **£nil impact**

Income

£96.6m against budget of £106.6m

→ **£10.0m adverse**

Pay

£600.9m against budget of £611.2m

→ **£10.3m favourable**

Non-Pay

£753.8m against budget of £783.7m

→ **£29.9m favourable**

Divisional Performance

Area Teams	£1.4m adverse
Secondary Care	£4.0m adverse
Mental Health	£0.7m favourable
Corporate	£0.8m adverse
Other	£35.7m favourable

Key Risks

- Delivery of funded plans being delayed
- COVID-19 costs reducing further

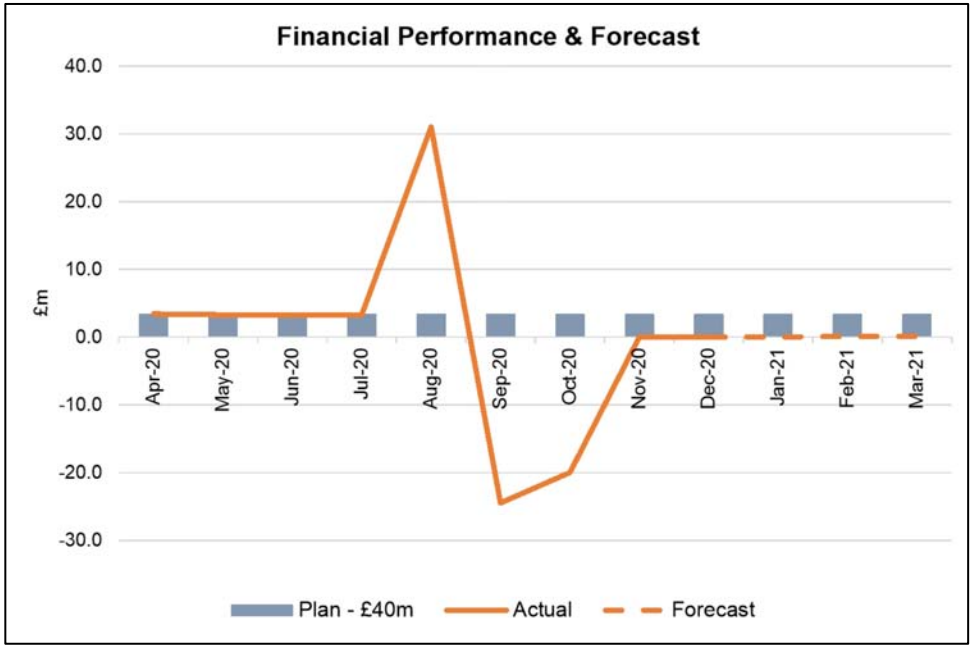
Balance Sheet

Cash: Within internal target.
Capital: Forecast to achieve CRL.
PSPP: Non-NHS invoice target achieved year to date.

Revenue Position

	Actual									Cumulative			Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	Budget	Actual	Variance	Actual
	£m	£m	£m	£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)	(132.9)	(143.6)	(1,258.3)	(1,258.3)	0.0	(1,752.7)
Miscellaneous Income	(9.7)	(9.8)	(9.3)	(9.6)	(12.1)	(11.1)	(12.1)	(10.5)	(12.4)	(106.6)	(96.6)	(10.0)	(127.0)
Health Board Pay Expenditure	65.0	66.1	68.1	67.3	66.0	65.6	68.1	67.2	67.5	611.2	600.9	10.3	836.1
Non-Pay Expenditure	102.8	75.5	77.7	85.7	80.8	82.2	84.4	76.2	88.5	783.7	753.8	29.9	1,043.6
Total	**3.4**	**3.3**	**3.3**	**3.3**	**31.0**	**(24.5)**	**(20.0)**	**0.0**	**0.0**	**30.0**	**(0.2)**	**30.2**	**0.0**

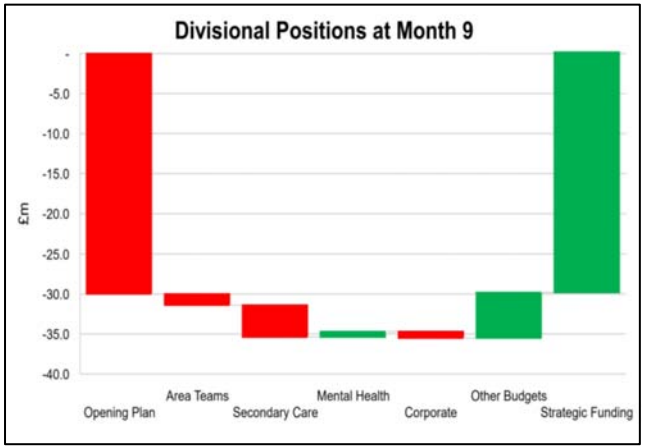
- In-month position shows a nil deficit, which is £3.4m under the planned deficit for Month 9.
- Year to date position of £0.2m surplus, which is £30.2m less than the planned deficit of 30.0m.

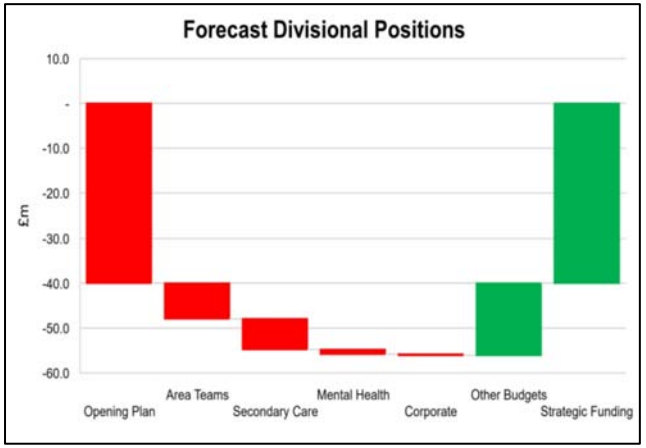


- COVID-19 costs and forecasts are continually reviewed in light of the ability to undertake developments given the high number of cases in North Wales. In December, the overall COVID-9 forecast increased by £4.4m. The key changes have been an increase of £10.1m in the annual leave accrual, offset by a reduction of £2.9m in pay costs, as staffing plans anticipated for Quarter 4 have been delayed.
- 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. Due to the increasing prevalence of COVID-19, plans have had to be revised and some schemes can no longer be undertaken. Of the £10.3m performance funding for Planned Care and Diagnostics, £4.4m no longer has agreed plans in place. It is imperative that these plans are urgently progressed, agreed and begin to deliver.

Divisional Positions

	In Month			Cumulative			Forecast
	Budget	Actual	Variance to Plan	Budget	Actual	Variance to Plan	Variance to Plan
	£000	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(143,593)	(143,593)	0	(1,258,312)	(1,258,312)	0	0
AREA TEAMS							
West Area	14,116	14,323	(207)	124,096	123,603	493	(870)
Central Area	18,276	18,851	(575)	160,165	161,622	(1,457)	(3,500)
East Area	20,514	20,541	(27)	178,962	178,762	200	(1,100)
Other North Wales	2,895	2,423	473	27,370	29,201	(1,831)	(3,560)
Field Hospitals	1,034	1,034	0	19,894	19,894	0	0
Track, Trace and Protect	1,039	1,039	0	3,594	3,594	0	0
Commissioner Contracts	18,213	17,384	829	163,918	158,316	5,601	7,001
Provider Income	(1,611)	(202)	(1,409)	(16,320)	(11,904)	(4,416)	(5,889)
Total Area Teams	74,477	75,393	(916)	661,680	663,090	(1,410)	(7,918)
SECONDARY CARE							
Ysbyty Gwynedd	8,682	8,818	(136)	75,981	77,406	(1,426)	(2,743)
Ysbyty Glan Clwyd	10,304	10,836	(532)	94,629	94,869	(240)	(1,264)
Ysbyty Maelor Wrexham	9,553	9,536	16	80,736	81,861	(1,125)	(1,154)
North Wales Hospital Services	9,192	9,454	(262)	78,386	78,996	(610)	(741)
Womens	3,458	3,402	56	30,098	30,693	(595)	(993)
Total Secondary Care	41,188	42,045	(857)	359,830	363,825	(3,995)	(6,896)
Total Mental Health & LDS	11,738	11,639	98	101,333	100,633	700	(983)
Total Corporate	12,141	11,270	871	104,986	105,763	(777)	(322)
Total Other Budgets incl. Reserves	4,051	3,214	837	30,483	24,771	5,712	16,119
Strategic Funding	3,333	0	3,333	30,000	0	30,000	40,000
TOTAL	3,333	(32)	3,366	30,000	(229)	30,229	40,000

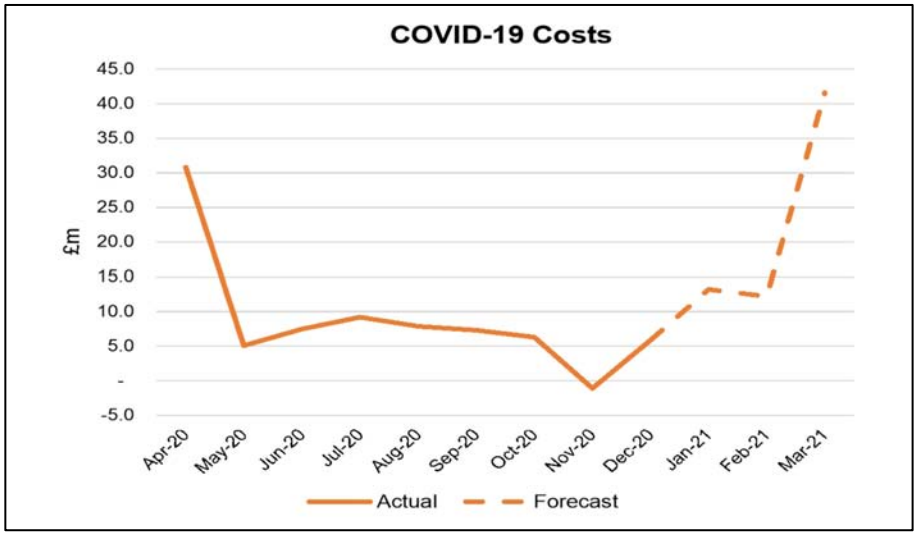




- Key impacts affecting divisional positions in the year to date continue to be overspends on Prescribing (£3.6m), undelivered savings (£21.9m) and lost income due to the pandemic (£10.5m).
- COVID-19 expenditure is funded in the divisions. The funding for all other impacts of COVID-19 is held in Reserves.
- Following receipt of the £40.0m Welsh Government funding to cover the planned deficit for 2020/21, the forecast financial position is that the Health Board will now have a nil deficit at the end of the year.

Impact of COVID-19

	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £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	(2.5)	6.5	68.9	132.2
Lost income	1.2	1.4	1.2	1.6	1.6	0.4	1.0	1.0	1.1	10.5	13.6
Non delivery of savings	3.7	3.6	2.0	2.7	2.3	3.9	0.5	2.3	0.9	21.9	28.4
Elective underspend	(2.4)	(2.8)	(2.2)	(2.6)	(1.9)	(1.5)	(1.7)	(1.5)	(1.8)	(18.4)	(22.4)
Slippage on planned investments	(0.2)	(0.1)	(0.5)	(0.5)	(0.2)	(0.2)	(0.5)	(0.3)	(0.8)	(3.3)	(5.2)
Cluster funding	0.0	0.0	(0.3)	(0.1)	0.0	(0.1)	(0.1)	(0.1)	0.0	(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	0.0
Total COVID-19 costs	**30.8**	**5.1**	**7.5**	**9.2**	**7.9**	**7.3**	**6.3**	**(1.1)**	**5.9**	**78.9**	**145.9**
Optimise Flow & Outcomes (ICF)	0.0	0.0	0.0	(1.6)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(2.1)	(2.5)
Mental Health Improvement Fund	0.0	0.0	0.0	(0.7)	0.0	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)	(0.2)
Welsh Government	(30.8)	(5.1)	(7.5)	(6.8)	19.8	(34.8)	(6.2)	1.2	(5.7)	(75.9)	(142.5)
Total COVID-19 income	**(30.8)**	**(5.1)**	**(7.5)**	**(9.2)**	**19.7**	**(34.9)**	**(6.3)**	**1.1**	**(5.9)**	**(78.9)**	**(145.9)**
Impact on position	**0.0**	**0.0**	**0.0**	**0.0**	**27.6**	**(27.6)**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

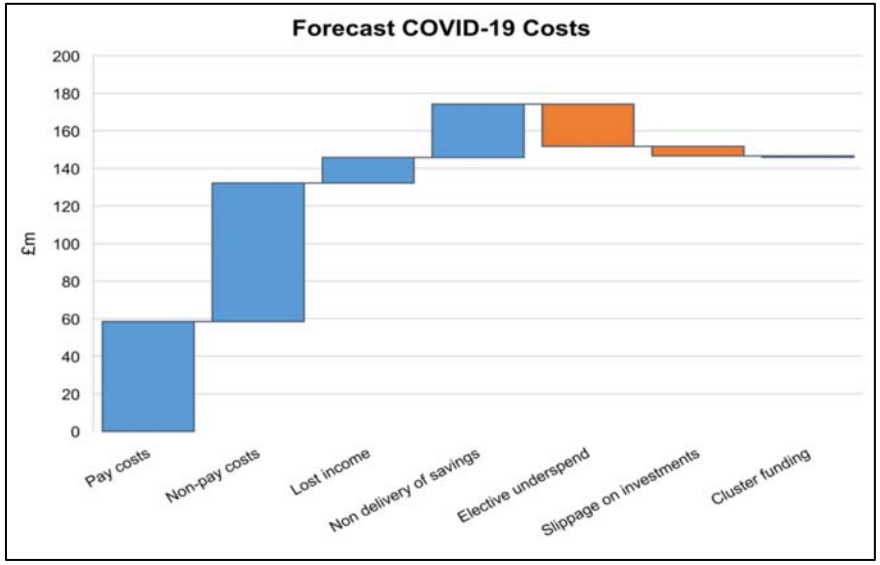


	Total Funding £m	Actual Expenditure to M09 £m	Forceast Expenditure M10 to M12 £m
Field Hospitals	30.8	19.9	10.9
Test Trace Protect (TTP)	10.1	3.3	6.8
COVID-19 Vaccinations	3.0	0.3	2.7
Area Teams	35.2	23.6	11.6
Contracts	3.6	2.6	1.0
Secondary Care	33.1	22.0	11.1
Mental Health	4.1	2.7	1.4
Corporate	9.0	7.2	1.8
Other Budgets	17.0	(2.7)	19.7
Total	**145.9**	**78.9**	**67.0**

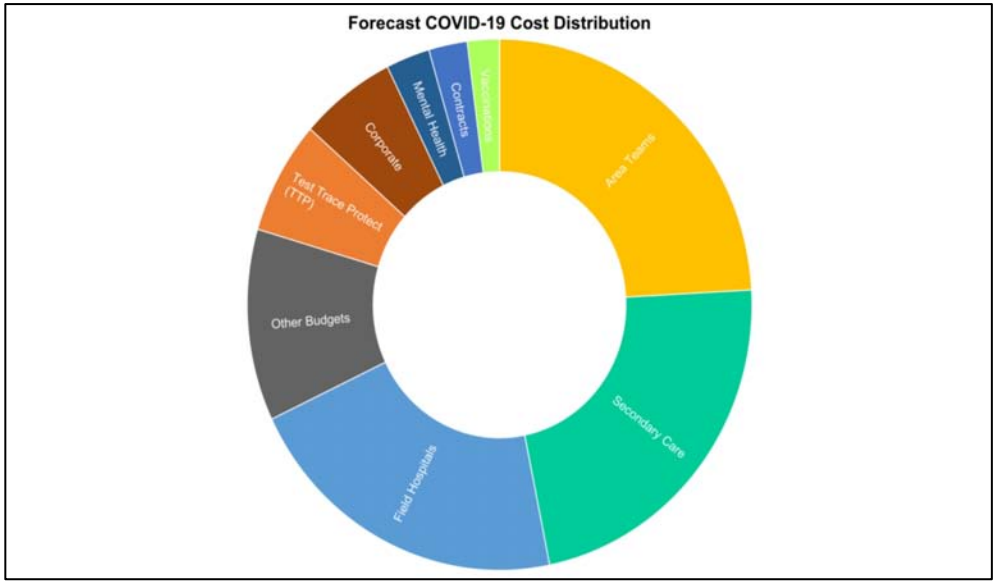
- Total cost of COVID-19 in December is £5.9m. Year to date cost is £78.9m. Welsh Government funding has fully covered these costs.

COVID-19 Forecast

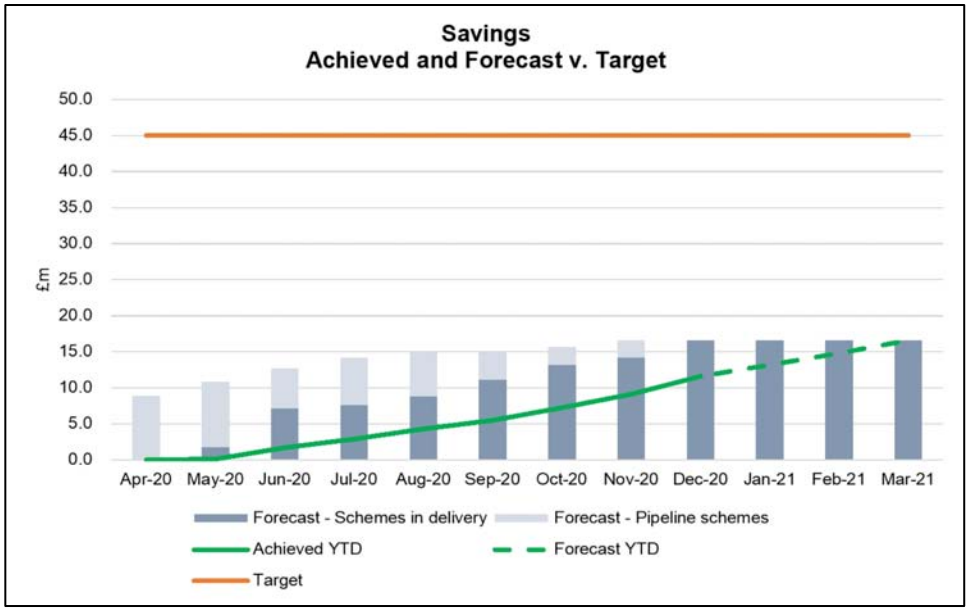
	Forecast at Month 8 £m	Forecast at Month 9 £m	Movement £m
COVID-19 spend	84.9	81.2	(3.7)
Field Hospitals	31.1	30.8	(0.3)
Annual leave accrual	10.1	20.2	10.1
Lost income	13.6	13.6	0.0
Non delivery of savings	30.8	28.4	(2.4)
Elective underspend	(23.3)	(22.4)	0.9
Slippage on planned investments	(5.0)	(5.2)	(0.2)
Cluster funding	(0.7)	(0.7)	0.0
Total	**141.5**	**145.9**	**4.4**



- Total forecast cost of COVID-19 is £145.9m, £4.4m more than last month.
- The annual leave accrual has been recalculated this month, based on an increase in the expected number of leave days to be carried forward from 5 to 10. This has increased the accrual, and corresponding funding, by £10.1m to £20.2m.
- The forecast for COVID-19 spend has decreased by a further £3.7m mainly due pay costs, which have reduced by £2.9m.
- Savings delivery forecasts have increased as pipeline plans have now moved into development.
- Forecast divisional operational under spends for elective work have been reassessed and reduced.



Savings



- Savings of £2.5m (including income generation and accountancy gains) are reported in Month 9, increasing the year to date delivery to £11.6m. Schemes currently in delivery have a forecast in-year value of £16.6m, an increase of £2.4m from last month. This leaves a shortfall of £28.4m against the savings target of £45.0m for the full year.
- Savings forecast delivery has been enhanced through the addition of new schemes and significant movements from pipeline. Schemes that remain in the pipeline now have a total forecast delivery of £0.03m.
- Movement of schemes into amber / green in Month 9 was £2.6m, of which £2.4m was from the pipeline and £0.2m related to new schemes or increases in plans for pipeline schemes.

		SCHEMES IN DELIVERY								PIPELINE SCHEMES				TOTAL PROGRAMME	
		Year to Date			Forecast										
	Savings Target	Savings Target	Savings Delivered	Variance	Recurring Forecast	Non-Recurring Forecast	Total Forecast	Variance	Forecast FYE	Recurring Forecast	Non-Recurring Forecast	Total Forecast	Forecast FYE	Total Forecast	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Ysbyty Gwynedd	4,167	3,125	829	(2,296)	381	715	1,095	(3,071)	902	0	0	0	0	1,095	(3,071)
Ysbyty Glan Clwyd	5,079	3,809	407	(3,402)	289	325	614	(4,465)	531	0	0	0	0	614	(4,465)
Ysbyty Wrexham Maelor	4,414	3,311	598	(2,713)	365	483	848	(3,567)	565	6	0	6	0	854	(3,561)
North Wales Managed Services	4,300	3,225	596	(2,629)	703	55	758	(3,542)	931	0	0	0	0	758	(3,542)
Womens Services	1,733	1,294	184	(1,110)	246	1	247	(1,486)	290	0	0	0	0	247	(1,486)
Secondary Care	**19,692**	**14,764**	**2,614**	**(12,150)**	**1,984**	**1,578**	**3,562**	**(16,131)**	**3,218**	**6**	**0**	**6**	**0**	**3,568**	**(16,125)**
Area - West	4,402	3,302	1,518	(1,783)	1,629	397	2,026	(2,376)	1,685	0	0	0	0	2,026	(2,376)
Area - Centre	6,408	4,806	2,342	(2,463)	3,088	127	3,215	(3,193)	3,143	0	0	0	0	3,215	(3,193)
Area - East	6,464	4,848	1,799	(3,049)	194	3,451	3,645	(2,819)	208	19	0	19	19	3,664	(2,800)
Area - Other	607	455	300	(155)	0	300	300	(307)	0	0	0	0	0	300	(307)
Contracts	1,000	750	0	(750)	0	0	0	(1,000)	0	0	0	0	0	0	(1,000)
Area Teams	**18,881**	**14,161**	**5,960**	**(8,201)**	**4,910**	**4,275**	**9,185**	**(9,696)**	**5,035**	**19**	**0**	**19**	**19**	**9,204**	**(9,677)**
MHLD	1,000	750	2,440	1,690	2,823	325	3,149	2,149	2,833	0	0	0	0	3,149	2,149
Corporate	5,426	4,070	564	(3,505)	221	471	692	(4,735)	526	0	0	0	0	692	(4,735)
Total Programme	**45,000**	**33,744**	**11,578**	**(22,166)**	**9,938**	**6,649**	**16,587**	**(28,413)**	**11,612**	**25**	**0**	**25**	**19**	**16,612**	**(28,388)**

Income

Description	£m
Allocations Received	
Opening allocation	1,516.6
COVID-19 Funding	113.7
Transformational Support	51.0
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
Vertex Funding Months	1.8
Mental Health Service Improvement Fund 2020/21	1.5
MSK Orthopaedic Services	1.2
GMS Contract Pay and Expenses 2020/21	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	1.5
Total Allocations Received	**1,712.0**

Description	£m
Allocations Anticipated	
COVID-19 Funding	29.4
IM&T Refresh Programme	1.9
Prevention and Early Year Funding for 2019/20	1.3
Invest to Save	0.6
Mental Health Individual Placement Support (IPS)	0.4
WAST Emergency Services Mobile Communications Programme	0.3
Outpatients Transformational Fund Bid	0.2
Consultant Clinical Excellence Awards	0.2
SpR Allocation	0.2
A Healthier Wales	0.2
IPS (I Can Work) Gap Funding	0.1
NHS Wales Health Collaborative Secondment	0.1
Augmentative and Alternative Communication (AAC) Pathway	0.1
CHC Provision Submission	-0.4
Capital Adjustment	6.2
Total Allocations Anticipated	**40.8**

	£m
Total Allocations Received	**1,712.0**
Total Allocations Anticipated	**40.8**
Total Welsh Government Income	**1,752.8**

- Most of the Health Board's funding is from the Welsh Government allocation through the Revenue Resource Limit (RRL). Confirmed allocations to date are £1,712.0m, with further anticipated allocations in year of £40.8m, a total forecast Revenue Resource Limit (RRL) of £1,752.8m for the year.
- Miscellaneous income totals £96.6m to Month 9, £10.0m below budget, which is a consequence of COVID-19. Additional Welsh Government funding has been received to support this, which is held in Reserves.

Expenditure

Pay Costs	Actual									Forecast			Cumulative			Full Year
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	Forecast
	£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	8.8	8.9	9.5	9.5	13.0	84.6	78.4	6.2	110.4
Medical & Dental	15.2	15.6	15.5	16.1	15.0	15.1	17.8	16.3	16.5	17.1	17.1	18.4	138.3	143.1	(4.8)	195.7
Nursing & Midwifery Registered	20.6	20.8	21.2	20.6	20.6	20.7	20.3	21.0	20.9	22.1	22.1	29.9	198.9	186.7	12.2	260.8
Additional Clinical Services	9.4	9.5	9.8	9.3	9.4	9.6	9.5	9.6	9.6	3.3	3.3	4.5	80.1	85.7	(5.6)	96.8
Add Prof Scientific & Technical	3.1	3.1	3.0	3.0	3.0	3.1	3.1	3.0	3.1	10.0	10.0	13.2	29.0	27.5	1.5	60.7
Allied Health Professionals	3.8	3.8	4.0	4.0	3.9	4.0	3.9	3.9	3.9	4.1	4.1	5.6	35.0	35.2	(0.2)	49.0
Healthcare Scientists	1.1	1.2	1.2	1.2	1.2	1.1	1.1	1.2	1.2	1.3	1.3	1.7	10.8	10.5	0.3	14.8
Estates & Ancillary	3.2	3.2	3.4	3.3	3.3	3.4	3.3	3.3	3.3	3.5	3.5	4.8	30.8	29.7	1.1	41.5
Students	0.0	0.1	1.2	1.2	0.5	0.6	0.3	0.1	0.1	0.7	0.7	0.9	3.7	4.1	(0.4)	6.4
Health Board Total	**65.0**	**66.1**	**68.1**	**67.3**	**66.0**	**65.6**	**68.1**	**67.2**	**67.5**	**71.6**	**71.6**	**92.0**	**611.2**	**600.9**	**10.3**	**836.1**
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	14.8	17.3	(2.5)	23.2
Total Pay	**66.7**	**68.2**	**70.1**	**69.4**	**67.9**	**67.4**	**70.0**	**69.1**	**69.4**	**73.5**	**73.6**	**94.0**	**626.0**	**618.2**	**7.8**	**859.3**

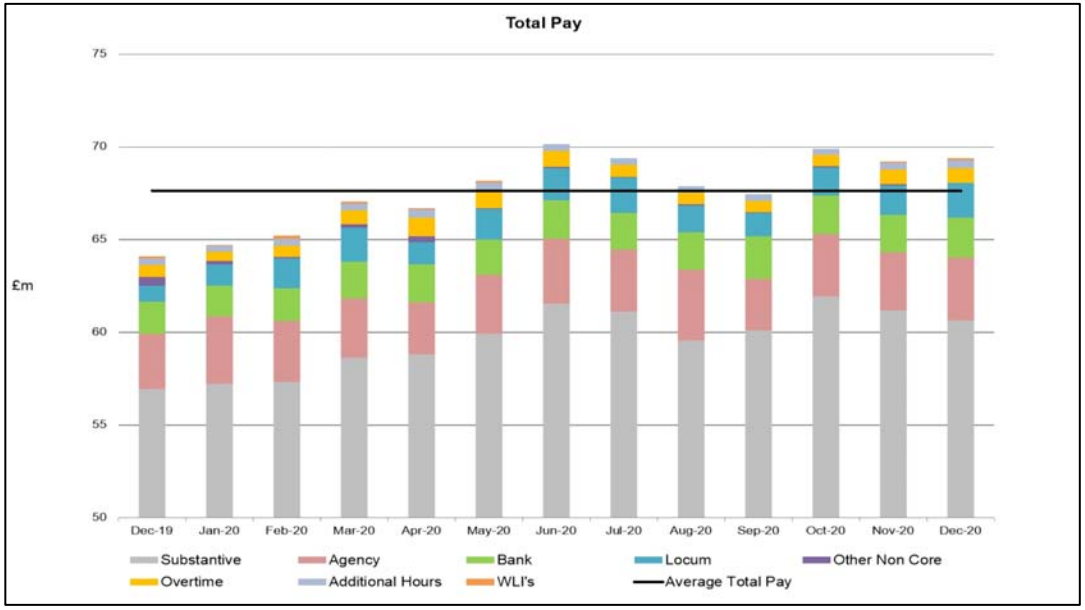
WTE	16,829	16,746	17,333	17,315	17,037	17,035	16,890	17,066	17,270

Variable Pay	M01	M02	M03	M04	M05	M06	M07	M08	M09	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Agency	2.8	3.1	3.5	3.3	3.8	2.8	3.4	3.1	3.4	29.2
Overtime	1.0	1.0	0.9	0.7	0.6	0.6	0.6	0.8	0.8	7.0
Locum	1.2	1.7	1.7	1.9	1.4	1.2	1.5	1.6	1.9	14.1
WLIs	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.3
Bank	2.1	1.9	2.1	2.0	2.0	2.3	2.1	2.0	2.1	18.6
Other Non Core	0.3	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.0	0.7
Additional Hours	0.4	0.4	0.3	0.4	0.4	0.4	0.3	0.4	0.4	3.4
Total	**7.9**	**8.2**	**8.6**	**8.3**	**8.3**	**7.3**	**8.0**	**8.0**	**8.7**	**73.3**

- Health Board pay costs total £67.5m in month, £600.9m YTD. Variable pay is £73.3m of this cost, equivalent to 12%.
- Non-pay costs total £88.5m in month, £753.8m YTD.
- Pay costs are further analysed on page 11 and non-pay costs on page 12.

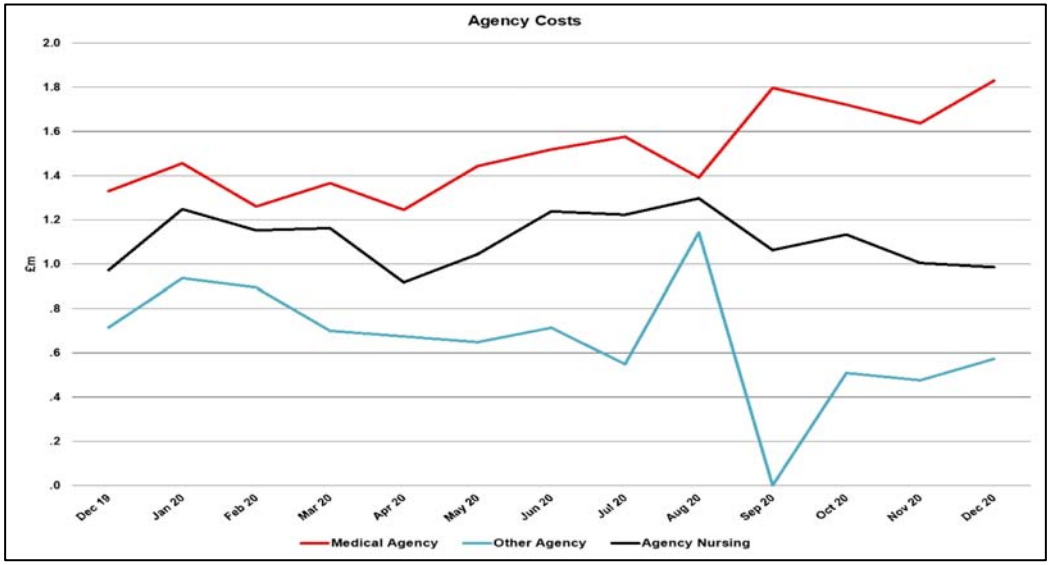
Non-Pay Costs	Actual									Forecast			Cumulative			Full Year
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care	17.2	17.5	15.9	17.6	17.2	16.8	17.2	18.0	18.0	18.4	18.2	18.6	159.6	155.4	4.2	210.6
Primary Care Drugs	8.9	8.6	10.5	11.0	8.7	9.0	9.4	8.7	9.8	10.4	9.4	9.9	81.0	84.6	(3.6)	114.3
Secondary Care Drugs	5.4	5.0	5.5	5.8	5.4	6.2	6.3	6.0	6.6	6.9	6.2	6.4	54.8	52.2	2.6	71.7
Clinical Supplies	4.8	3.6	4.2	4.6	4.3	5.4	4.4	5.2	5.7	7.2	8.0	9.6	49.7	42.2	7.5	67.0
General Supplies	2.7	2.6	2.1	4.7	3.0	3.5	4.3	6.5	8.1	5.2	5.8	6.9	38.0	37.5	0.5	55.4
Healthcare Services Provided by Other NHS Bodies	22.7	22.7	21.5	22.3	22.1	22.4	21.9	22.9	22.3	22.4	22.5	22.5	205.9	200.8	5.1	268.2
Continuing Care and Funded Nursing Care	8.4	8.2	9.1	9.0	9.0	9.6	9.9	9.8	8.0	9.6	11.3	10.6	84.2	81.0	3.2	112.5
Other	30.3	4.9	6.6	6.0	8.2	6.4	8.2	(3.8)	6.5	10.5	11.3	13.5	83.7	73.3	10.4	108.4
Non-pay costs	**100.4**	**73.1**	**75.4**	**81.0**	**77.9**	**79.3**	**81.6**	**73.3**	**85.0**	**90.6**	**92.7**	**98.0**	**756.9**	**727.0**	**29.9**	**1,008.1**
Cost of Capital	2.4	2.4	2.3	4.7	2.9	2.9	2.8	2.9	3.5	2.9	2.9	2.9	26.8	26.8	0.0	35.5
Total non-pay including cost of capital	**102.8**	**75.5**	**77.7**	**85.7**	**80.8**	**82.2**	**84.4**	**76.2**	**88.5**	**93.5**	**95.6**	**100.9**	**783.7**	**753.8**	**29.9**	**1,043.6**

Pay Costs

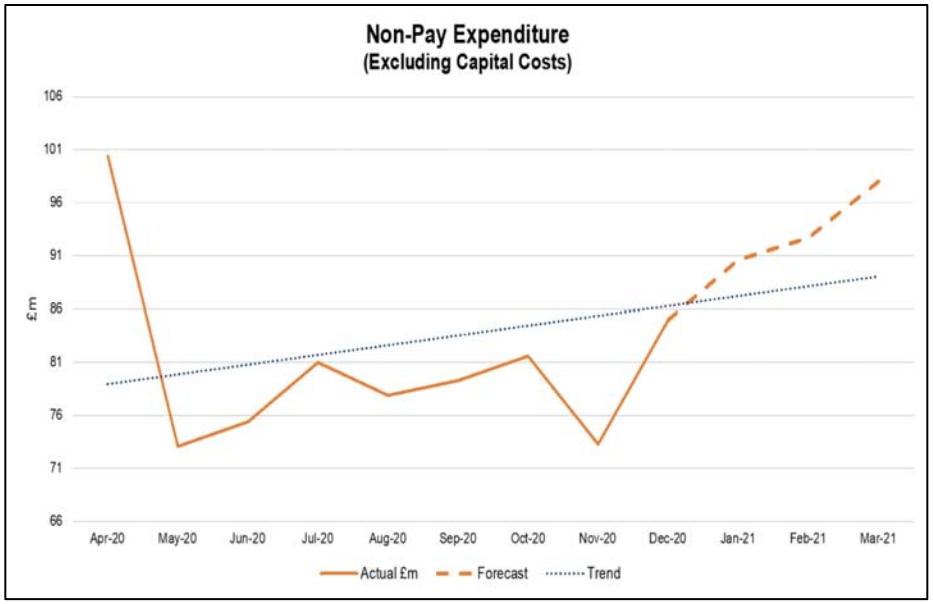


- **Pay** costs in December were stable when compared to the prior two months.
- Provided Services pay costs are £67.5m, £0.2m higher than in November. Primary Care pay costs at £1.9m are the same as last month. A total of £2.2m of pay costs were directly related to COVID-19.
- **Agency** costs for Month 9 are £3.4m, representing 4.9% of total pay, an increase of £0.3m on last month. This increase mainly relates to Medical agency, which increased by £0.2m on the prior month.
- Agency spend related to COVID-19 in December was £0.7m, £0.2m higher than last month.

- **Pay costs are forecast** to increase significantly in the remaining three months of the year. Costs are expected to rise by £4.1m next month and remain at that level for the remainder of the year.
- These forecasts include 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. However it is a significant increase and will be monitored closely to ensure plans are achievable.



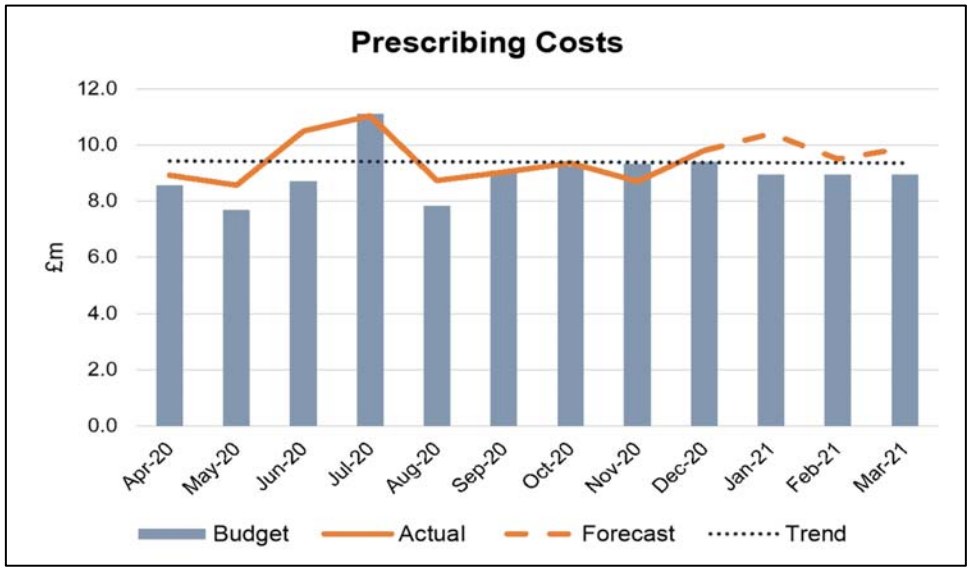
Non-Pay Costs



- **Secondary Care Drugs:** Month 9 is the highest monthly spend of the year to date. Primary reason is an increase in Oncology drugs following a rise in Cancer patients presenting later than they would normally as a result of the pandemic. This has led to higher cost drugs being required to treat them.
- **General Supplies:** The Intermediate Care Funds (ICF) capital list has now been agreed with the Local Authorities. The total cost for the year is £8.0m. In Month 9 accruals were adjusted to include 9/12ths of the full cost, and the corresponding income leading to increased ICF costs of £3.1m in the month.
- **Continuing Healthcare (CHC)**: The fall in expenditure relates to a correction to November costs. Actual spend remains in line with the average for the year.

Key Risk - Primary Care Drugs

- Spend has increased by £1.1m this month to £9.8m, which is £0.4m above the monthly average for the year to date. The year to date over spend is £3.6m, with a forecast overspend of £6.6m for the year.
- The data for October, received this month, showed an increase in the average cost per prescribing day. However, unlike earlier in the year where increases were driven by price, this month the increase is primarily as a result an increase in volume. The average cost per item has increased by 1%, whilst the number of items prescribed is up by 10%.
- The overall trend in costs continues to be a slight upward trajectory.



Risks and Opportunities (not included in position)

	Issue	Description	£m	Likelihood	Key Decision Point & Summary Mitigation	Risk Owner
1	Opportunity: 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.		Medium	Initial conversations with our main providers took place in December, at which time they were confident that the level of activity in the remaining months would be sufficient to meet the threshold to receive 100% of the block. Further discussions are taking place with providers to update the position based on the latest operating environment. Therefore, there may be an opportunity to reduce the contract expenditure, although this cannot currently be quantified with any degree of accuracy.	Sue Hill, Acting Executive Director of Finance
2	Risk: Savings Programme	There is a risk that the amber schemes within the savings programme will not deliver to their forecast values.		Medium	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
3	Risk: Junior Doctor Monitoring	There was a significant test legal case focusing on how NHS organisations should address monitoring for junior doctors.		Medium	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
4	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.		Medium	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** **25.2.21**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	**Finance Report Month 10 2020/21**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad **Report Author:**	Eric Gardiner, Finance Director - Provider Services
Craffu blaenorol: **Prior Scrutiny:**	Executive Director of Finance
Atodiadau **Appendices:**	Appendix 1: Finance Report Pack

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**	✓	**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 31st January 2021 and reflects the financial impact of the continuing response to the COVID-19 pandemic.

Cefndir / Background:

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, the sustained high level of COVID-19 infection rates across our population over the winter months is affecting delivery of the plan, with associated impact on activity and costs. The impact on planned care in January has been particularly significant, due to the immense pressure arising from the highest numbers of COVID-19 patients in our hospitals for the pandemic so far.

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

	Month 10 £m	Cumulative £m
Actual Position	0.0	(0.2)
Planned Position	3.3	33.3
Variance	3.3	33.5

The Month 10 position is an underspend of £3.3m against the plan with income and expenditure in balance. The cumulative year to date position is a £0.2m surplus, which is £33.5m less than the planned deficit of £33.3m.

There is a continual review of COVID-19 costs and the ability to undertake developments given the sustained high number of cases in North Wales. Forecasts have been amended in line with this review, resulting in an increase of £5.5m in the overall cost. However, £3.1m of COVID-19 funding and £6.0m of Planned Care and Diagnostic performance funding no longer have agreed plans in place.

The plan for 2020/21 was that the Health Board would end the year with a £40.0m deficit. However, during the year Welsh Government provided an additional £40.0m of funding to cover this planned deficit. Therefore, the forecast financial position is that the Health Board will have a nil deficit at the end of the year.

4.0 Risk Analysis

There is a potential opportunity arising from the changes in the current block contract arrangement with NHS England, although a value cannot yet be determined. There are three risks to the financial position, but the value of these cannot be currently quantified. The opportunities and risks are detailed in the report pack.

5.0 Legal And Compliance

Not applicable.

6.0 Impact Assessment

Not applicable.

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

Finance Report
January 2021 – Month 10 20/21

Sue Hill

Executive Director of Finance

Executive Summary

Objective

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

Key Assurances

- ✓ Current month nil deficit reported and YTD small surplus position.
- ✓ Nil deficit position forecast for the year.
- ✓ Key financial targets for cash, capital and PSPP all being met.
- ✓ Savings delivery forecast increased by £0.7m.
- ✓ Continual rigorous reviews of forecasts being undertaken.

Areas for Action

- ➢ Planned Care and Diagnostic performance activity has been delayed by the impact of Covid 19 activity in Q3/4 and requires an agreed plan in place.
- ➢ £3.1m of COVID-19 funding requires a detailed plan to be agreed, due to slippage on timing of the original forecast.
- ➢ Some English NHS providers are under performing on activity levels, which may result in contract clawbacks – activity levels are being closely monitored.

Summary of Key Numbers

Month 10 Position

Nil deficit reported against plan of £3.3m deficit

→ **£3.3m favourable**

Year to Date Position

£0.2m surplus against plan of £33.3m deficit

→ **£33.5m favourable**

Forecast

Nil deficit against plan of £40.0m deficit

→ **£40.0m favourable**

Savings Year to Date

£13.7m against plan of £37.5m

→ **£23.8m shortfall**

Savings Forecast

£17.3m against plan of £45.0m

→ **£27.7m shortfall**

COVID-19 Impact

£88.3m impact YTD
£151.4m forecast impact
Funded by Welsh Government

→ **£nil impact**

Income

£107.8m against budget of £118.4m

→ **£10.6m adverse**

Pay

£669.8m against budget of £681.7m

→ **£11.9m favourable**

Non-Pay

£837.7m against budget of £869.9m

→ **£32.2m favourable**

YTD Divisional Performance

Area Teams	£1.9m adverse
Secondary Care	£4.4m adverse
Mental Health	£0.1m favourable
Corporate	£0.7m adverse
Other	£40.4m favourable

Key Risks

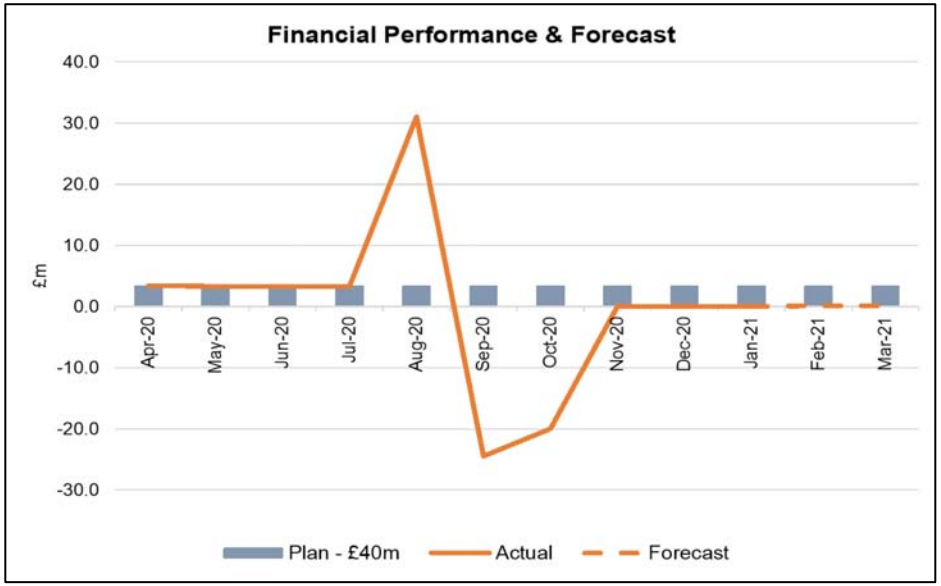
- Plans for WG funding not being identified.
- Funded COVID-19 costs reducing further.

Balance Sheet

Cash: Within internal target.
Capital: Forecast to achieve CRL.
PSPP: Non-NHS invoice target achieved year to date.

Revenue Position

	Actual										Cumulative			Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	Budget	Actual	Variance	Actual
	£m	£m	£m	£m	£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)	(132.9)	(143.6)	(141.6)	(1,399.9)	(1,399.9)	0.0	(1,755.0)
Miscellaneous Income	(9.7)	(9.8)	(9.3)	(9.6)	(12.1)	(11.1)	(12.1)	(10.8)	(12.4)	(10.9)	(118.4)	(107.8)	(10.6)	(128.7)
Health Board Pay Expenditure	65.0	66.1	68.1	67.3	66.0	65.6	68.1	67.3	67.5	68.8	681.7	669.8	11.9	831.4
Non-Pay Expenditure	102.8	75.5	77.7	85.7	80.8	82.2	84.4	76.4	88.5	83.7	869.9	837.7	32.2	1,052.3
Total	**3.4**	**3.3**	**3.3**	**3.3**	**31.0**	**(24.5)**	**(20.0)**	**0.0**	**0.0**	**0.0**	**33.3**	**(0.2)**	**33.5**	**0.0**

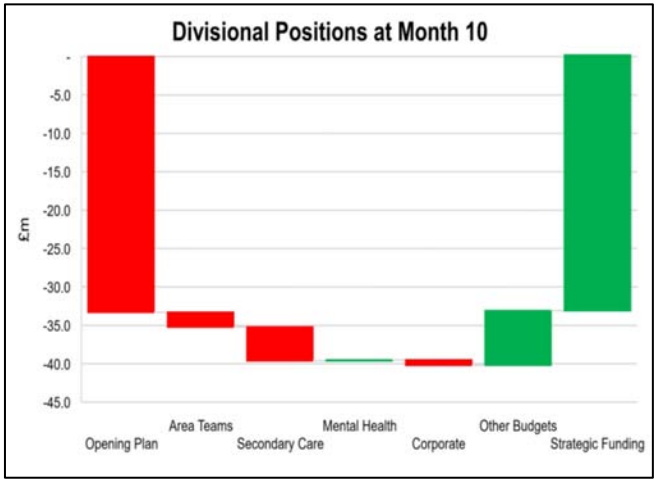


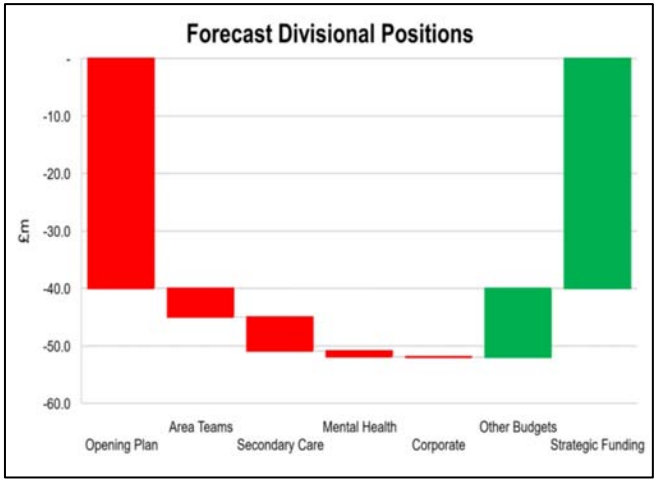
	Month 10 £m	Cumulative £m
Actual Position	0.0	(0.2)
Planned Position	3.3	33.3
Variance	3.3	33.5

- In-month position shows a nil deficit, which is £3.3m under the planned deficit for Month 10. Year to date position of £0.2m surplus, which is £33.5m less than the planned deficit of £33.3m.
- Following receipt of the £40.0m Welsh Government funding to cover the planned deficit for 2020/21, the forecast financial position is that the Health Board will have a nil deficit at the end of the year.
- There is a continual review of COVID-19 forecasts and the ability to undertake planned developments given the sustained high number of cases in North Wales. COVID -19 forecasts have been amended in line with this review, however they include £3.1m for plans that are still in development and these need immediate finalisation in order to achieve forecasts by the end of March.
- In addition, of the £10.3m performance funding received for Planned Care and Diagnostics, £6.0m no longer has agreed plans in place. This is an increase of £1.6m on the Month 9 position. Again, finalisation of plans is crucial to allow year end forecasts to be delivered.

Divisional Positions

	In Month			Cumulative			Forecast
	Budget	Actual	Variance to Plan	Budget	Actual	Variance to Plan	Variance to Plan
	£000	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(141,642)	(141,642)	0	(1,399,954)	(1,399,954)	0	0
AREA TEAMS							
West Area	14,494	14,545	(51)	138,590	138,148	442	0
Central Area	18,825	19,272	(447)	178,987	180,891	(1,904)	(2,952)
East Area	20,373	20,525	(152)	199,339	199,291	48	(750)
Other North Wales	3,994	4,632	(638)	31,364	33,833	(2,469)	(3,614)
Field Hospitals	10	10	0	19,904	19,904	0	0
Track, Trace and Protect	1,149	1,149	0	4,743	4,743	0	0
Commissioner Contracts	18,213	16,880	1,333	182,131	175,197	6,934	8,215
Provider Income	(1,378)	(887)	(491)	(17,698)	(12,791)	(4,907)	(5,889)
Total Area Teams	75,680	76,126	(446)	737,360	739,216	(1,856)	(4,990)
SECONDARY CARE							
Ysbyty Gwynedd	8,732	9,020	(288)	84,713	86,427	(1,714)	(2,444)
Ysbyty Glan Clwyd	10,935	10,756	179	105,564	105,625	(60)	(482)
Ysbyty Maelor Wrexham	9,762	9,736	26	90,498	91,597	(1,099)	(1,154)
North Wales Hospital Services	9,197	9,353	(156)	87,583	88,349	(765)	(747)
Womens	3,512	3,711	(199)	33,610	34,405	(794)	(1,120)
Total Secondary Care	42,139	42,577	(438)	401,969	406,402	(4,433)	(5,947)
Total Mental Health & LDS	11,277	11,796	(519)	111,896	111,761	135	(983)
Total Corporate	12,281	12,266	15	117,982	118,698	(716)	(129)
Total Other Budgets incl. Reserves	265	(1,063)	1,327	30,748	23,709	7,039	12,049
Strategic Funding	3,333	0	3,333	33,333	0	33,333	40,000
TOTAL	3,333	60	3,273	33,333	(169)	(33,502)	40,000





- Key impacts affecting divisional positions in the year to date continue to be overspends on Prescribing (£4.3m), undelivered savings (£23.6m) and lost income due to the pandemic (£11.4m).
- COVID-19 expenditure is funded in the divisions. The funding for all other impacts of COVID-19, including undelivered savings and lost income, is held in Reserves. As a result, the Reserves forecast is a large positive variance.

Commissioner Contracts

The agreement with English NHS providers is that for healthcare contracts exceeding £1m, the agreed block payment value for Months 7 to 12 will be adjusted in line with the thresholds shown below.

This is impacting on a number of contracts, particularly the contract with Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, where it is forecast that activity will fall below 70% and so be subject to a 15% (£1.1m) clawback.

Actual over/under performance for M07-12	Change in block contract value
0% to +/- 25%	0%
+/-25% to +/-30%	+/- 10%
+/-30% to +/- 50%	+/- 15%
Greater/less than +/- 50%	+/- 20%

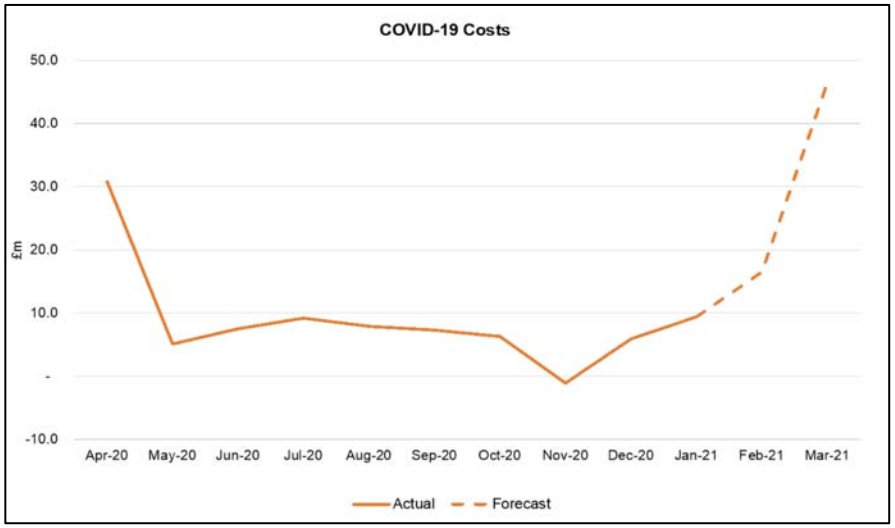
English Block Contract Update	Value of Work Done M01-M06 £000	Value of Work Done Compared to Block Payment M01-M06 %	Value of Work Done M07-M09 £000	Value of Work Done Compared to Block Payment M07-M09 %	Anticipated Clawback £000	Anticipated Clawback %	Notes
Countess of Chester	10,213	82%	7,092	114%	-	-	Revised data received up to M09 with costs included at the 2020/21 tariff and with all COVID-19 cases now costed. Currently below the threshold to receive an additional payment, but CoCH have been advising of high COVID-19 numbers in M10.
Robert Jones & Agnes Hunt	2,607	36%	2,662	73%	1,089	15%	RJAH stopped elective activity in mid January to allow staff to be redeployed to assist the COVID-19 response. They have recently advised that this has been extended to the 14th March. M10 reported position is recognising that they will fall below 75%, however in the year end forecast its is anticipated that this is likely to fall below 70%.
University Hospital North Midlands	2,055	73%	1,144	81%	-	-	
Clatterbridge	1,710	96%	817	91%	-	-	
Royal Liverpool	1,330	47%	926	65%	428	15%	
Wirral Hospitals	1,043	91%	582	102%	-	-	
Aintree Hospitals	1,035	58%	680	76%	-	-	
Shrewsbury & Telford	456	53%	312	73%	-	-	Currently below the threshold of 75% based on M09 data, but had been on an improving trajectory. Position will be reassessed when M10 data is received.
Manchester University Hospital	356	52%	340	99%	-	-	

Contracts Position	2019/20 Outturn £m	2020/21 Plan £m	Forecast Outturn £m	Forecast Variance £m	M10 Plan £m	M10 Actual £m	M10 Variance £m
Countess of Chester	21.5	22.5	21.9	0.6	18.8	18.3	0.5
Robert Jones & Agnes Hunt	13.0	14.4	13.3	1.1	12.1	11.6	0.5
Royal Liverpool	5.3	5.2	5.4	(0.2)	4.3	4.5	(0.2)
Other	14.6	15.0	14.8	0.2	12.4	12.3	0.1
Total English Contracts	54.4	57.1	55.4	1.7	47.6	46.7	0.9
Welsh Contracts	10.3	10.8	10.6	0.2	8.9	8.8	0.1
WHSSC	177.0	190.9	185.5	5.4	159.1	153.7	5.3
WHSSC Provider Contracts	(40.6)	(43.0)	(42.7)	(0.3)	(35.8)	(35.5)	(0.2)
BCU Divisional Recharges	(4.1)	(0.9)	(3.0)	2.1	(0.8)	(2.1)	1.3
NCAs	4.6	5.1	3.7	1.4	4.3	3.0	1.3
Outsourcing	4.1	0.0	0.8	(0.8)	0.0	0.6	(0.6)
Savings	(0.5)	(1.5)	0.0	(1.5)	(1.2)	0.0	(1.2)
Total	**205.2**	**218.5**	**210.3**	**8.2**	**182.1**	**175.2**	**6.9**

The impact of potential English NHS contract clawbacks is being monitored carefully. It is currently forecast that these will be £1.7m under spent. The WHSCC contract is also forecast to be significantly under spent this year (£5.4m), giving an overall forecast underspend of £8.2m for Commissioner Contracts.

Impact of COVID-19

	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	YTD	Forecast
	£m	£m	£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)	6.5	8.5	77.4	138.0
Lost income	1.2	1.4	1.2	1.6	1.6	0.4	1.0	1.0	1.1	0.9	11.4	13.4
Non delivery of savings	3.7	3.6	2.0	2.7	2.3	3.9	0.5	2.3	0.9	1.7	23.6	27.7
Elective underspend	(2.4)	(2.8)	(2.2)	(2.6)	(1.9)	(1.5)	(1.7)	(1.5)	(1.8)	(1.0)	(19.4)	(22.2)
Slippage on planned investments	(0.2)	(0.1)	(0.5)	(0.5)	(0.2)	(0.2)	(0.5)	(0.3)	(0.8)	(0.6)	(3.9)	(4.7)
Cluster funding	0.0	0.0	(0.3)	(0.1)	0.0	(0.1)	(0.1)	(0.1)	0.0	(0.1)	(0.8)	(0.8)
ICF Funding	(0.3)	(0.7)	0.0	1.0	0.0	0.0	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)**	**5.9**	**9.4**	**88.3**	**151.4**
Optimise Flow & Outcomes (ICF)	0.0	0.0	0.0	(1.6)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(2.2)	(2.5)
Mental Health Improvement Fund	0.0	0.0	0.0	(0.7)	0.0	0.0	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)	0.0	(0.2)	(0.2)
Welsh Government	(30.8)	(5.1)	(7.5)	(6.8)	19.8	(34.8)	(6.2)	1.2	(5.7)	(9.3)	(85.2)	(148.0)
Total COVID-19 income	**(30.8)**	**(5.1)**	**(7.5)**	**(9.2)**	**19.7**	**(34.9)**	**(6.3)**	**1.1**	**(5.9)**	**(9.4)**	**(88.3)**	**(151.4)**
Impact on position	**0.0**	**0.0**	**0.0**	**0.0**	**27.6**	**(27.6)**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

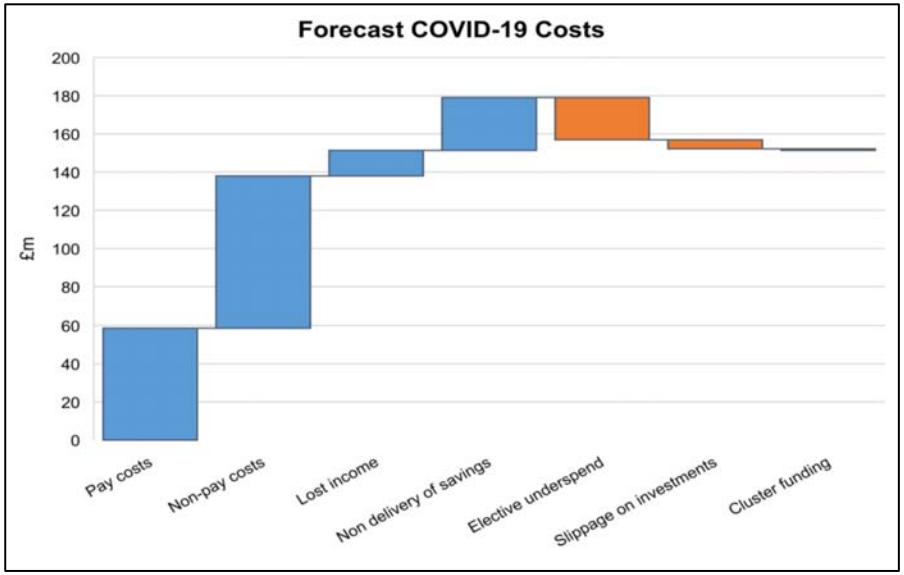


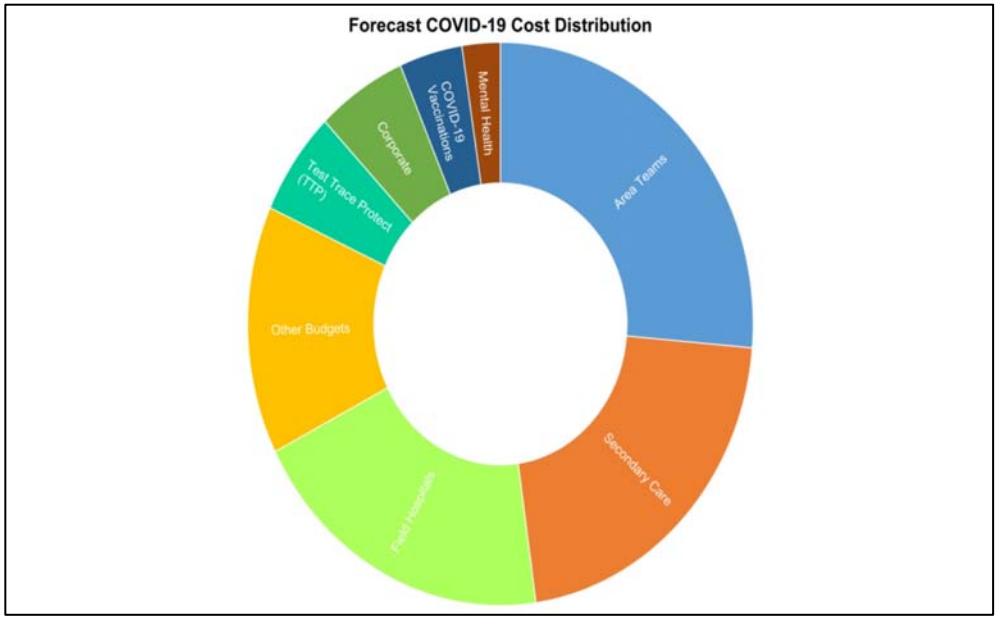
	Forecast at Month 9	Forecast at Month 10	Movement
	£m	£m	£m
COVID-19 spend	81.2	87.9	6.7
Field Hospitals	30.8	29.9	(0.9)
Annual leave accrual	20.2	20.2	0.0
Lost income	13.6	13.4	(0.2)
Non delivery of savings	28.4	27.7	(0.7)
Elective underspend	(22.4)	(22.2)	0.2
Slippage on planned investments	(5.2)	(4.7)	0.5
Cluster funding	(0.7)	(0.8)	(0.1)
Total	**145.9**	**151.4**	**5.5**

- Total cost of COVID-19 in January was £9.4m. Year to date cost is £88.3m. Welsh Government funding has fully covered these costs.

COVID-19 Forecast

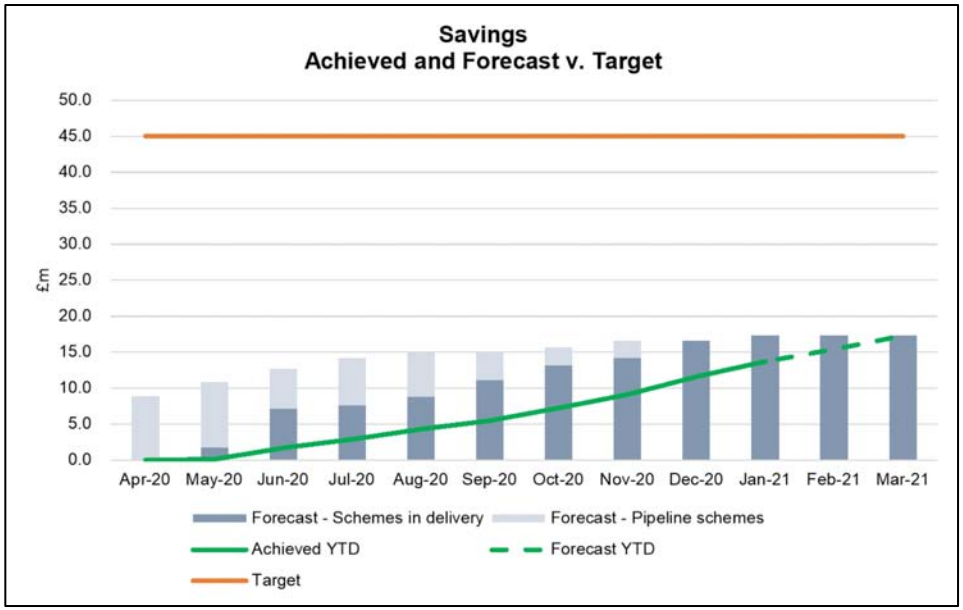
	Total Funding at M09 £m	Total Funding at M10 £m	Movement £m
Funding movements from M09			
Additional COVID-19 support	63.0	66.1	3.1
COVID-19 vaccination programme	3.0	6.1	3.1
Discharge to Recover and Assess	2.1	2.2	0.1
Field Hospital commissioning costs	14.9	14.0	(0.9)
Trace element of TTP (including IT)	8.5	7.8	(0.7)
Ambulatory care (Same Day Emergency Care)	0.6	0.5	(0.1)
Primary Care Centre Pathfinders	0.4	0.3	(0.1)
Ambulatory care	0.2	0.1	(0.1)
Sub-total	**92.7**	**97.1**	**4.4**
New funding in M10			
Pharmacy allocation	0.0	1.0	1.0
Dental allocation	0.0	0.1	0.1
Sub-total	**0.0**	**1.1**	**1.1**
Unchanged Funding	**53.2**	**53.2**	**0.0**
Total Welsh Government Funding	**145.9**	**151.4**	**5.5**





- Total forecast cost of COVID-19 is £151.4m, £5.5m more than last month. The key changes were:
  - additional forecast spend in line with the new funding for the Pharmacy and Dental allocations (total of £1.1m);
  - increase in the COVID-19 vaccination programme (£3.1m);
  - £3.1m forecast spend for plans that are in development;
  - reduction in the Track, Trace and Protect (TTP) programme (£0.7m);
  - Field Hospital set up cost reduction of £0.9m relating to Deeside due transfer of the hire of equipment from the contractor to the Health Board.

Savings



- Savings of £2.1m (including income generation and accountancy gains) are reported in Month 10, increasing the year to date delivery to £13.7m. Schemes currently in delivery have a forecast in-year value of £17.3m, an increase of £0.7m from last month. This leaves a shortfall of £27.7m against the savings target of £45.0m for the full year.
- Savings forecast delivery has been enhanced through the addition of new schemes and significant movements from pipeline. Schemes that remain in the pipeline now have a total forecast delivery of £0.02m.
- Movement of schemes into amber / green in Month 10 was £0.4m, of which £0.1m was from the pipeline and £0.3m related to new schemes.

	SCHEMES IN DELIVERY									PIPELINE SCHEMES				TOTAL PROGRAMME	
		Year to Date			Forecast										
	Savings Target	Savings Target	Savings Delivered	Variance	Recurring Forecast	Non-Recurring Forecast	Total Forecast	Variance	Forecast FYE	Recurring Forecast	Non-Recurring Forecast	Total Forecast	Forecast FYE	Total Forecast	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Ysbyty Gwynedd	4,167	3,472	904	(2,568)	381	714	1,095	(3,072)	902	0	0	0	0	1,095	(3,072)
Ysbyty Glan Clwyd	5,079	4,232	448	(3,784)	260	320	580	(4,499)	531	0	0	0	0	580	(4,499)
Ysbyty Wrexham Maelor	4,414	3,679	679	(2,999)	352	487	839	(3,575)	565	4	0	4	0	843	(3,571)
North Wales Managed Services	4,300	3,583	929	(2,655)	700	342	1,042	(3,258)	871	0	0	0	0	1,042	(3,258)
Womens Services	1,733	1,440	211	(1,229)	246	1	247	(1,485)	290	0	0	0	0	247	(1,485)
Secondary Care	**19,692**	**16,407**	**3,172**	**(13,235)**	**1,939**	**1,864**	**3,803**	**(15,890)**	**3,159**	**4**	**0**	**4**	**0**	**3,807**	**(15,886)**
Area - West	4,402	3,669	1,774	(1,895)	1,714	397	2,111	(2,291)	1,757	0	0	0	0	2,111	(2,291)
Area - Centre	6,408	5,340	2,675	(2,665)	3,101	128	3,229	(3,178)	3,162	0	0	0	0	3,229	(3,178)
Area - East	6,464	5,386	2,426	(2,960)	1,097	2,829	3,926	(2,538)	1,111	14	0	14	14	3,940	(2,524)
Area - Other	607	506	300	(206)	0	300	300	(307)	0	0	0	0	0	300	(307)
Contracts	1,000	833	0	(833)	0	0	0	(1,000)	0	0	0	0	0	0	(1,000)
Area Teams	**18,881**	**15,734**	**7,175**	**(8,560)**	**5,912**	**3,654**	**9,566**	**(9,314)**	**6,031**	**14**	**0**	**14**	**14**	**9,580**	**(9,300)**
MHLD	1,000	833	2,737	1,903	2,896	325	3,221	2,221	2,905	0	0	0	0	3,221	2,221
Corporate	5,426	4,522	644	(3,878)	243	507	750	(4,677)	467	0	0	0	0	750	(4,677)
Total Programme	**45,000**	**37,496**	**13,727**	**(23,769)**	**10,990**	**6,350**	**17,340**	**(27,660)**	**12,561**	**18**	**0**	**18**	**14**	**17,358**	**(27,642)**

Income

Description	£m
Allocations Received	
Opening allocation	1,516.6
COVID-19 Funding	106.7
Transformational Support	51.0
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
Vertex Funding Months	1.8
Mental Health Service Improvement Fund 2020/21	1.5
MSK Orthopaedic Services	1.2
GMS Contract Pay and Expenses 2020/21	1.2
Dental Contract Pay & Expenses Uplift	0.8
Single Cancer Pathway	0.6
A Healthier Wales	0.6
Invest to Save	0.6
Primary Care Improvement Grant	0.5
Vocational Training	0.4
Flu Programme	0.4
SpR Allocation	0.4
Other allocations	3.5
Total Allocations Received	**1,706.4**

Description	£m
Allocations Anticipated	
COVID-19 Funding	41.6
IM&T Refresh Programme	1.9
Prevention and Early Year Funding for 2019/20	1.3
Mental Health Individual Placement Support (IPS)	0.4
WAST Emergency Services Mobile Communications Programme	0.3
Mental Health Bid - C&YP Services	0.3
Outpatients Transformational Fund Bid	0.2
Consultant Clinical Excellence Awards	0.2
A Healthier Wales	0.2
IPS (I Can Work) Gap Funding	0.1
NHS Wales Health Collaborative Secondment	0.1
Augmentative and Alternative Communication (AAC) Pathway	0.1
CHC Provision Submission	-0.4
Capital Adjustment	2.4
Total Allocations Anticipated	**48.7**

	£m
Total Allocations Received	**1,706.4**
Total Allocations Anticipated	**48.7**
Total Welsh Government Income	**1,755.1**

- Most of the Health Board's funding is from the Welsh Government allocation through the Revenue Resource Limit (RRL). Confirmed allocations to date are £1,706.4m, with further anticipated allocations in year of £48.7m, a total forecast Revenue Resource Limit (RRL) of £1,755.1m for the year.
- Miscellaneous income totals £107.8m to Month 10, £10.6m below budget, which is a consequence of COVID-19. Additional Welsh Government funding has been received to support this, which is held in Reserves.

Expenditure

Pay Costs	Actual										Forecast		Cumulative			Full Year
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	Forecast
	£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	8.8	8.9	9.2	9.4	12.1	94.4	87.6	6.8	109.1
Medical & Dental	15.2	15.6	15.5	16.1	15.0	15.1	17.8	16.3	16.5	17.0	17.0	21.8	154.4	160.1	(5.7)	198.9
Nursing & Midwifery Registered	20.6	20.8	21.2	20.6	20.6	20.7	20.3	21.0	20.9	21.1	21.9	28.1	222.0	207.8	14.2	257.8
Additional Clinical Services	9.4	9.5	9.8	9.3	9.4	9.6	9.5	9.6	9.6	9.8	3.2	4.2	89.4	95.5	(6.1)	102.9
Add Prof Scientific & Technical	3.1	3.1	3.0	3.0	3.0	3.1	3.1	3.0	3.1	3.1	9.9	12.7	32.4	30.6	1.8	53.2
Allied Health Professionals	3.8	3.8	4.0	4.0	3.9	4.0	3.9	3.9	3.9	3.9	4.0	5.2	39.2	39.2	0.0	48.3
Healthcare Scientists	1.1	1.2	1.2	1.2	1.2	1.1	1.1	1.2	1.2	1.2	1.3	1.5	12.0	11.7	0.3	14.5
Estates & Ancillary	3.2	3.2	3.4	3.3	3.3	3.4	3.3	3.3	3.3	3.4	3.5	4.5	34.2	33.1	1.1	41.1
Students	0.0	0.1	1.2	1.2	0.5	0.6	0.3	0.1	0.1	0.1	0.6	0.8	3.7	4.2	(0.5)	5.6
Health Board Total	**65.0**	**66.1**	**68.1**	**67.3**	**66.0**	**65.6**	**68.1**	**67.2**	**67.5**	**68.8**	**70.8**	**90.9**	**681.7**	**669.8**	**11.9**	**831.4**
Primary care	1.7	2.1	2.0	2.1	1.9	1.8	1.9	1.9	1.9	2.0	2.0	2.0	16.4	19.3	(2.9)	23.3
Total Pay	**66.7**	**68.2**	**70.1**	**69.4**	**67.9**	**67.4**	**70.0**	**69.1**	**69.4**	**70.8**	**72.8**	**92.9**	**698.1**	**689.1**	**9.0**	**854.7**

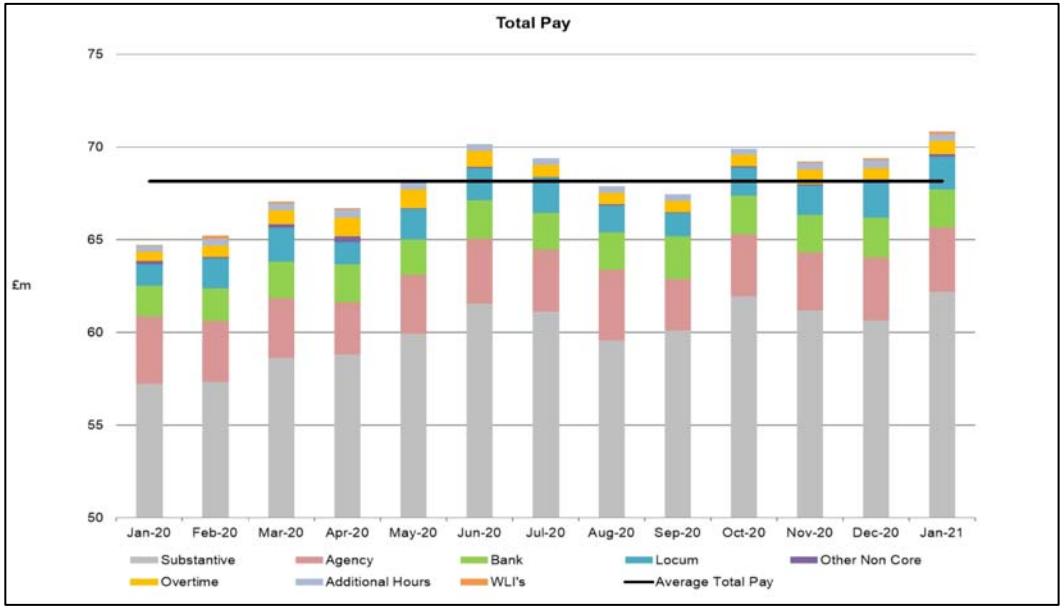
WTE	16,829	16,746	17,333	17,315	17,037	17,035	16,890	17,066	17,270	17,226

Variable Pay	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Agency	2.8	3.1	3.5	3.3	3.8	2.8	3.4	3.1	3.4	3.4	32.6
Overtime	1.0	1.0	0.9	0.7	0.6	0.6	0.6	0.8	0.8	0.7	7.7
Locum	1.2	1.7	1.7	1.9	1.4	1.2	1.5	1.6	1.9	1.8	15.9
WLIs	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.4
Bank	2.1	1.9	2.1	2.0	2.0	2.3	2.1	2.0	2.1	2.1	20.7
Other Non Core	0.3	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.0	0.1	0.8
Additional Hours	0.4	0.4	0.3	0.4	0.4	0.4	0.3	0.4	0.4	0.4	3.8
Total	**7.9**	**8.2**	**8.6**	**8.3**	**8.3**	**7.3**	**8.0**	**8.0**	**8.7**	**8.6**	**81.9**

- Health Board pay costs total £68.8m in month, £669.8m YTD. Variable pay is £81.9m of this cost, equivalent to 12%.
- Non-pay costs total £83.7m in month, £837.7m YTD.
- Pay costs are further analysed on page 12 and non-pay costs on page 13.

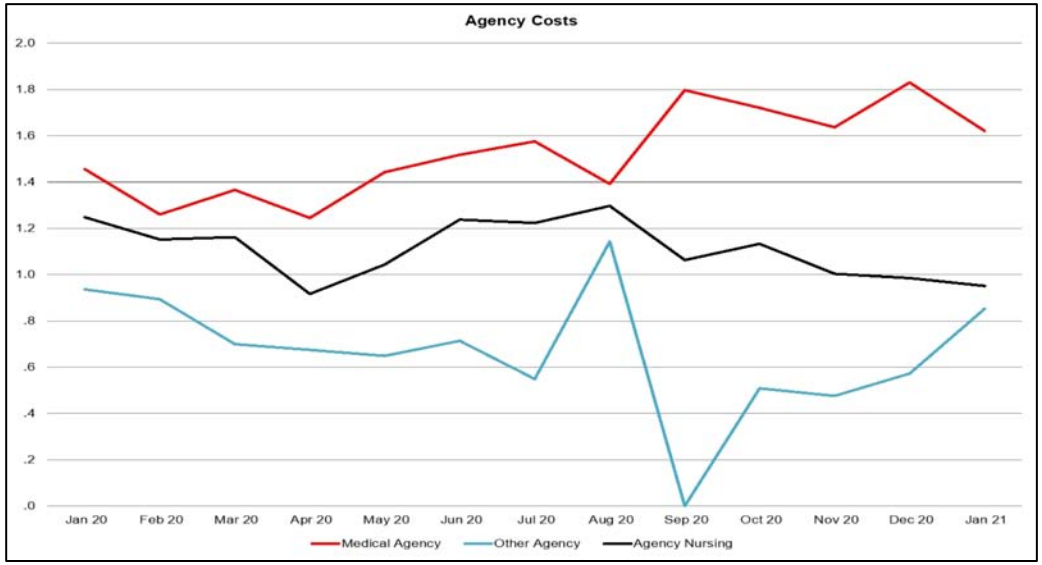
Non-Pay Costs	Actual										Forecast		Cumulative			Full Year
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care	17.2	17.5	15.9	17.6	17.2	16.8	17.2	18.0	18.0	18.7	21.8	20.4	178.3	174.1	4.2	216.3
Primary Care Drugs	8.9	8.6	10.5	11.0	8.7	9.0	9.4	8.7	9.8	9.5	9.2	9.4	89.8	94.1	(4.3)	112.7
Secondary Care Drugs	5.4	5.0	5.5	5.8	5.4	6.2	6.3	6.0	6.6	6.3	6.2	6.4	61.4	58.5	2.9	71.1
Clinical Supplies	4.8	3.6	4.2	4.6	4.3	5.4	4.4	5.2	5.7	5.6	8.6	14.3	55.9	47.8	8.1	70.7
General Supplies	2.7	2.6	2.1	4.7	3.0	3.5	4.3	6.5	8.1	5.1	6.2	10.3	43.3	42.6	0.7	59.1
Healthcare Services Provided by Other NHS Bodies	22.7	22.7	21.5	22.3	22.1	22.4	21.9	22.9	22.3	21.7	22.2	22.3	229.1	222.5	6.6	267.0
Continuing Care and Funded Nursing Care	8.4	8.2	9.1	9.0	9.0	9.6	9.9	9.8	8.0	11.1	10.3	11.1	94.7	92.1	2.6	113.5
Other	30.3	4.9	6.6	6.0	8.2	6.4	8.2	(3.6)	6.5	6.7	11.6	18.5	91.6	80.2	11.4	110.3
Non-pay costs	**100.4**	**73.1**	**75.4**	**81.0**	**77.9**	**79.3**	**81.6**	**73.5**	**85.0**	**84.7**	**96.1**	**112.7**	**844.1**	**811.9**	**32.2**	**1,020.7**
Cost of Capital	2.4	2.4	2.3	4.7	2.9	2.9	2.8	2.9	3.5	(1.0)	2.9	2.9	25.8	25.8	0.0	31.6
Total non-pay including cost of capital	**102.8**	**75.5**	**77.7**	**85.7**	**80.8**	**82.2**	**84.4**	**76.4**	**88.5**	**83.7**	**99.0**	**115.6**	**869.9**	**837.7**	**32.2**	**1,052.3**

Pay Costs

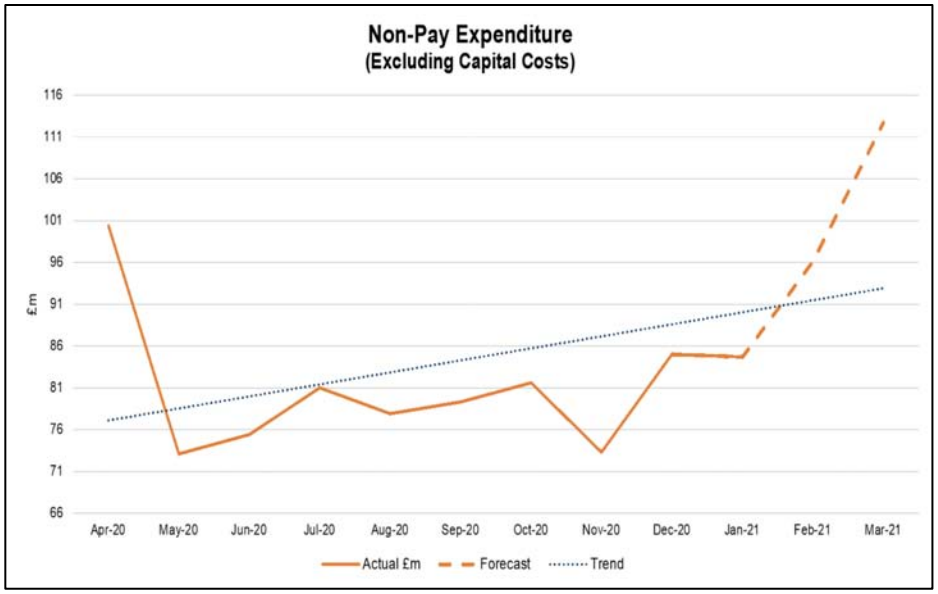


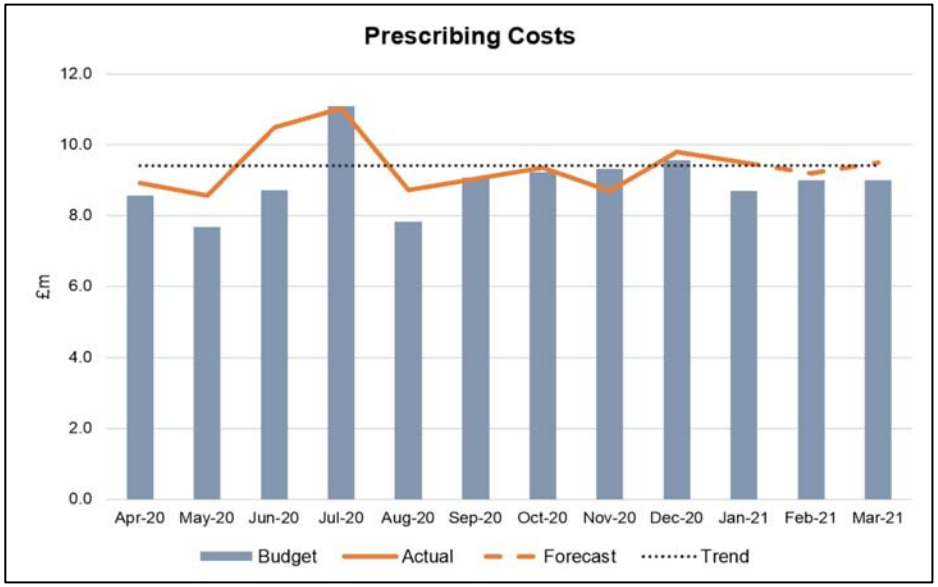
- **Total pay costs** in January are £70.8m. Provided Services pay costs are £68.8m, £1.3m higher than in December. Primary Care pay costs at £2.0m are £0.1m higher than last month.
- £4.5m of pay costs were directly related to COVID-19, £2.1m higher than in Month 9. This is the primary reason for the overall increase in pay costs this month.
- **Agency costs** for Month 10 are £3.4m, representing 4.8% of total pay, the same as last month.
- Agency spend related to COVID-19 in January was £1.2m, £0.5m higher than last month.

- **Pay costs are forecast** to increase significantly in the remaining two months of the year.
- Costs are expected to rise by £2.0m next month and a further £20.1m in March. This reflects anticipated increases in pay for the COVID-19 vaccination programme, enhanced overtime rates for nursing staff and the £20.2m annual leave accrual, the latter being in Month 12.



Non-Pay Costs





- **Primary Care:** Expenditure is £0.8m higher than last month and £1.3m above the average for the year. Pressures are arising from increased costs of drugs reported through General Medical Services (GMS) Dispensing and GP Prescribing.
- **General Supplies:** Costs have decreased by £3.0m due to Intermediate Care Funds (ICF) capital list costs that were included last month, inflating costs.
- **Healthcare Services**: There has been a £0.7m decrease in spend compared to Month 9 due to anticipated clawbacks on local English NHS contracts. Further detail is provided on page 6.
- **Continuing Healthcare (CHC)**: Expenditure in January is the highest for the year so far and £2.0m above the monthly average. Month 9 costs were low due to a £2.0m correction for Children's CHC and FNC costs. Of the remaining £1.2m increase, £0.8m relates Area teams and £0.6m to Mental Health CHC. There has been an upward trend in CHC costs over the last six months. In addition, a review of disputed CHC packages has led to an additional £0.7m accrual to reflect the potential risk.

Key Risk - Primary Care Drugs

- Spend has reduced by £0.3m this month, to £9.5m, which is just above the average for the year to date.
- The data for November, received this month, showed small decreases in the average cost per prescribing day and also in volume of prescriptions.
- The year to date over spend at Month 10 is £4.3m, with a forecast overspend of £5.0m for the year.

Risks and Opportunities (not included in position)

	Issue	Description	£m	Likelihood	Key Decision Point & Summary Mitigation	Risk Owner
1	Opportunity: Contracting benefit	The Health Board is monitoring the performance of local providers against the agreed thresholds for modifying NHS healthcare block contract payments and is anticipating recovery from some of the smaller contracts.		Medium	The Health Board is reporting that one of the main providers, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust will fall below the 75% activity threshold, resulting in a 10% clawback of the contract sum. The Health Board is also including a further potential 5% clawback in the year end forecast, which will be reviewed when the January performance data is received. The Health Board is monitoring all other contracts and there may be an opportunity to reduce the contract expenditure further, although this cannot currently be quantified with any degree of accuracy.	Sue Hill, Executive Director of Finance
2	Risk: Savings Programme	There is a risk that the amber schemes within the savings programme will not deliver to their forecast values.		Medium	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, Executive Director of Finance
3	Risk: Junior Doctor Monitoring	There was a significant test legal case focusing on how NHS organisations should address monitoring for junior doctors. Health Board systems have been amended to comply with the outcomes of the case.		Medium	It has not yet been determined if there will be any claims made against the Health Board and what the financial implications of those may be. Further investigations have been delayed due to COVID-19, but it is hoped that this will be resolved in the next few months.	Sue Green, Executive Director of Workforce & Organisational Development
4	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 a Supreme Court appeal is awaited.		Medium	The Supreme Court appeal is likely to take place in July. 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** **25.2.21**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	**Forecasting Update**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad **Report Author:**	Eric Gardiner, Finance Director - Provider Services
Craffu blaenorol: **Prior Scrutiny:**	Executive Director of Finance
Atodiadau **Appendices:**	Progress Against the Ten Forecasting Principles (from the Finance Academy Good Forecasting Guide)

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**		**Er gwybodaeth For Information**	✓

Sefyllfa / Situation:

The purpose of this report is to provide an update regarding the forecasting methodology employed in the Health Board and the progress the Finance Department have made in implementing the Finance Academy's Forecasting Principles.

Cefndir / Background:

From reviewing forecasting principles employed by the different Divisions across the Health Board, it is clear that there are a variety of forecasting techniques employed with different degrees of accuracy. These inconsistencies do not mean any methodology is more accurate than another but adopting a clear and consistent methodology across the Health Board will simplify the process and will be more efficient.

Progress has been made this year on refining the current forecasting methodology; Covid 19 has increased the complexity and value of the forecast and this has been facilitated through the adoption of revised systems and procedures.

The revised forecasting methodology will build upon the work initiated by the Finance Academy to improve the accuracy of the Health Board's forecasts and allow more time to model the impact of any proposals on the overall forecast.

Asesiad / Assessment:

1.0 Strategy Implications

This paper aligns to the strategic requirement to achieve 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 information only.

3.0 Financial Implications
A small working group was established to review current forecasting practices and to draft written guidance to be used by the Chief Finance Officers (CFOs) and their teams. The group started with the Finance Academy guidance and built upon this, methodically working through the largest areas of Health Board expenditure.

For each area, forecasting should be driven by the key cost drivers, and these vary depending on the cost category. For example, it may be appropriate to forecast Admin & Clerical staff on a 'straight line' basis as the costs should not vary by month unless there are significant amounts of overtime. However, nursing pay does vary per month depending on the number of working days in the payment period that will affect the number of enhancements paid. This will vary from month to month and therefore we should not see 'flat' forecasts for nursing areas that include enhancement payments.

Another example is Primary Care Prescribing with the key cost driver being prescribing days based on the latest cost per day prescribing information.

The outputs have been shared with the CFOs for them to provide any comments and feedback and the revised forecasting operating procedure will be implemented for the new financial year.

The procedure will be reviewed after three months and will be continue to be refined and developed with a bi-annual review.

Understanding cost drivers and the variability of expenditure from month to month, should also be reflected in the profile of budgets at the start of the year.

2020/21 has been a very challenging year regarding forecasts as there have been an increasing number of variables with numerous additional income streams notified to the Health Board throughout the year. Despite this, progress has been made against the Finance Academy's Ten Forecasting Principles. Progress against the principles is outlined in the appendix.

Triangulation of forecasts has improved significantly in the year ensuring that there is only one version of the numbers and that the same set of numbers are used consistently across the Health Board. This has been challenging, with the majority of staff working remotely and plans have developed and changed at a rapid pace throughout the year, so good communication has been essential for this to progress.

Progress has also been made reviewing divisional forecasts in more detail at the end of each month, with numerous discussions taking place to ensure there is no duplication and double counting of any costs. Information is gathered throughout the month to feed into updated forecasts each month, and these are then compared to the actual results the following month to learn what was right and how things can be improved.

The narrative regarding the forecast has improved during the year but further work is required to ensure the key messages from the finance report are not lost in the narrative. Most budget holders do sign off their forecasts each month, but it is more difficult with the Corporate budgets due to the multiple budget holders and the short timescales to agree them. Whilst there are improvements to be made in this area, the largest budget forecasts are all agreed with the managers each month.

Two areas that do need more work are scenario planning and using information and intelligence effectively. Basic scenario planning is undertaken at a high level, however, we are planning to develop a more sophisticated financial model that will enable a number of variables to be changed and give

instant results. The finance team make use of information available, however, this is not always used consistently and patient related data is not always available for some areas, and timing can also be an issue. This is an ongoing issue and progress will continue to be made, but it is very difficult to determine when this will be fully resolved.

4.0 Risk Analysis

By standardising the approach to forecasting, there should be less volatility in leading to a more robust forecast. It is recognised that this will not happen immediately and will take time for the team to adapt and refine their processes.

Best forecasting practice will continue to be reviewed and refined throughout the year.

5.0 Legal And Compliance

Not applicable.

6.0 Impact Assessment

Not applicable.

Appendix

	The Ten Forecasting Principles	RAG Rating	Comments	Timescale
1	Don't develop the forecast in isolation		Forecasts are discussed in numerous forums with the outputs triangulated with other sources of information.	
2	Don't wait for month end		We don't wait for month end to update forecasts.	
3	Do review prior forecasts for accuracy and to inform future learning and improvement opportunities		There is a continual review of forecasts and comparison of actual costs to previous forecasts.	
4	Do leverage information and intelligence effectively		There is more work to do to ensure key information is available on a timely basis.	Ongoing
5	Do review risk registers and undertake horizon scanning to identify potential risks and opportunities to the forecast		Risks and opportunities are reviewed on a monthly basis and compared with other Health Boards.	
6	Do consider scenario planning		Basic scenario planning is undertaken but this does require further development.	Jul-21
7	Do build time into the forecasting process to undertake quality checks and a reasonableness test		Forecasts are reviewed in detail at the end of each month by the senior finance team. Feeback and challenge CFO assumptions.	
8	Do focus on developing a clear narrative around the forecast		The narrative has improved during the year but it is recognised this can still be improved further.	Apr-21
9	Do use the forecasts to facilitate decision making, including actions to curtail costs or develop robust savings/spending plans		The forecasts are used to inform decision making and are used to inform future savings / spending plans.	
10	Do engage with budget holders to review and agree forecast accuracy as part of budget holder accountability		Forecasts are discussed with lead managers, this is more difficult in the Corporate Division due to the number of budget holders. The plan is to ensure all Budget Holders sign off their forecasts each month.	Apr-21

Cyfarfod a dyddiad: Meeting and date:	**Finance and Performance Committee 25.2.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Savings Programme Update – Month 10 20/21**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad Report Author:	Sue Hill, Executive Director of Finance
Craffu blaenorol: Prior Scrutiny:	Executive Director of Finance
Atodiadau Appendices:	None

Argymhelliad / Recommendation:

That the Committee note –

- The increase in savings programme value to £14.6m, with £14m (95%) assessed as amber or green risk.
- Savings delivered to date of £13.7m with a full year forecast of £17.3m
- The forecast shortfall of £27.7m against the Board's target of £45m savings in year, with a recurrent shortfall of £34m
- The ongoing work to develop the initial tranche of 2021/22 savings proposals, totalling £5.7m , submitted by Divisions and the methodology and timescale for the allocation of further savings requirements, as outlined in the Financial Plan.

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 initial work to develop the 2021/22 programme.

Cefndir / Background:

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.

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 10.

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 though 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 10 and movement since the last savings report in Month 8.

		Month 8 Position		Month 9 Position		Month 10 Position	
		No	Value (£)	No	Value (£)	No	Value (£)
Division	Area - Centre	12	2,837	12	2,847	12	2,848
	Area - East	9	1,343	9	2,939	9	2,939
	Area - Other			1	300	1	300
	Area - West	8	1,593	8	1,596	8	1,596
	Contracts						
	Corporate	6	960	9	1,292	8	1,348
	MHLD	2	1,322	4	1,339	4	1,339
	Provider - NW	10	301	10	439	12	725
	Provider - NW (Cancer)	2	301	2	301	2	301
	Provider - YG	9	906	9	921	9	922
	Provider - YGC	7	590	7	609	7	611
	Provider - YMW	16	787	16	805	16	805
	Womens	4	154	5	247	5	247
	Sub-Total	**85**	**11,093**	**92**	**13,636**	**93**	**13,982**
Improvement Group	CHC	1	1,500				
	Procurement	1	1,194	1	712	1	653
	Unscheduled Care						
	Care Closer to Home						
	Workforce	1	84				
	Quality						
	MHL&D						
	Planned care						
	Medicines Management						
	Estates						
	Digital						
	Transactional	1	280				
	Sub-Total	**4**	**3,058**	**1**	**712**	**1**	**653**
	GRAND TOTAL	**89**	**14,151**	**93**	**14,349**	**94**	**14,636**

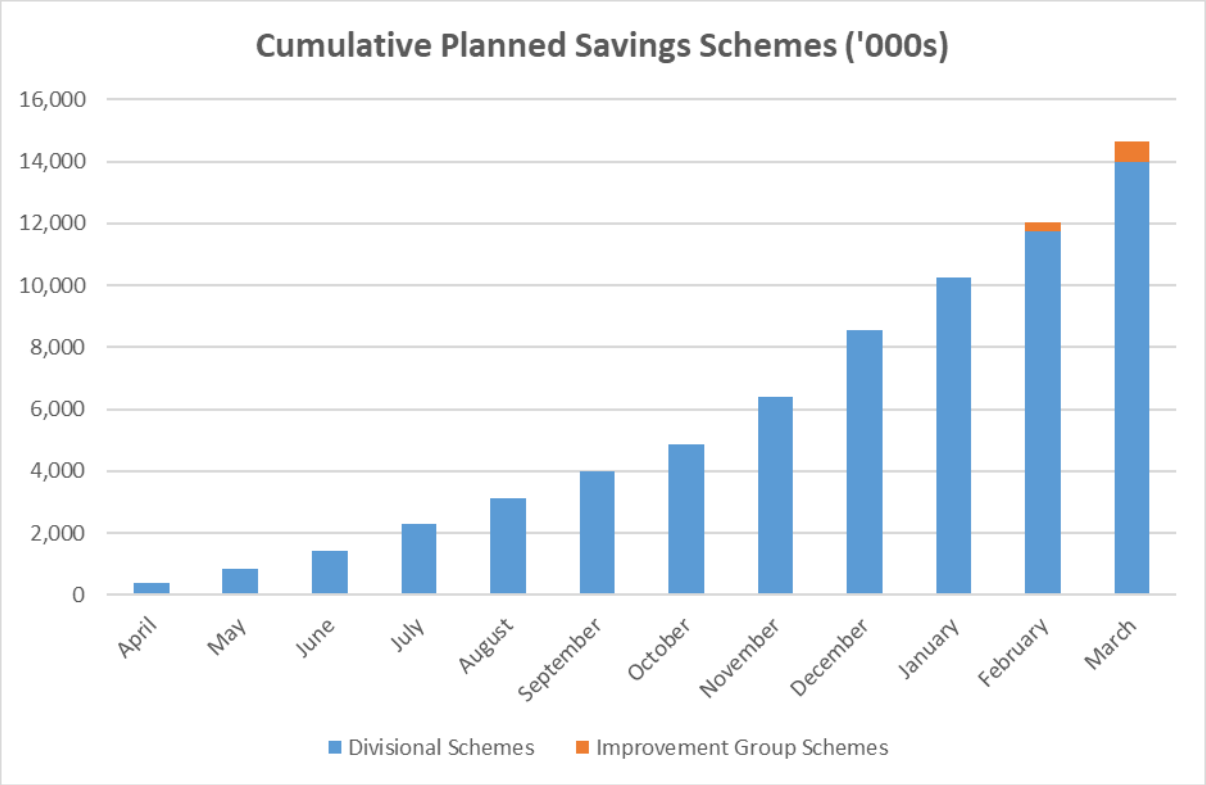
The overall value of the programme stands at £14.636m, a further increase of £0.287m over month 9. Of the total programme, £0.636m remains in pipeline. The reflects a consolidation of the

movement since month 8 with Divisional schemes having increased by £2.8m, largely due to movements from pipeline with some additional schemes introduced. Progression from pipeline in the remaining two months of the year is expected to be minimal, with procurement opportunities now focussing on the new financial year.

The programme value of £14.636m leaves a shortfall in scheme identification against the target set of £30.364m.

2.2 Profile of Savings Schemes

The following chart summarises the profile of delivery associated with the £14.636m savings programme –



The profile of savings submitted by Divisions indicates a steady increase in savings secured from month 3 onwards. These schemes are now in delivery and their performance against plan is summarised in section 2.4. The profile for IGs reflects the residual procurement savings which remain in pipeline and have not been allocated down to Divisional schemes.

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 10 –

	Total £m	Green £m	Amber £m	Red £m
Divisions				
Area - Centre	2.85	1.74	1.11	0.00
Area - East	2.94	1.29	1.63	0.01
Area - West	0.30	0.30	0.00	0.00
Area - Other	1.60	1.57	0.03	0.00
Corporate	1.35	0.03	1.32	0.00
MHLD	1.34	1.32	0.02	0.00
Provider - NW	1.03	0.49	0.54	0.00
Provider - YG	0.92	0.44	0.48	0.00
Provider - YGC	0.61	0.26	0.35	0.00
Provider - YMW	0.81	0.63	0.16	0.02
Womens	0.25	0.15	0.10	0.00
Divisional Total	13.98	8.22	5.73	0.03
Improvement Groups				
Procurement	0.65			0.65
IG Total	0.65	0.00	0.00	0.65
Grand Total	14.64	8.22	5.73	0.69
% Distribution	100%	56%	39%	5%

As may be seen from the table above, £13.95m of the current programme is assessed as amber or green. This equates to 95% of the programme. Schemes which are classified as red amount to £0.69m (5%). In month 10 there has been a movement into amber / green of £0.4m, reflecting £0.1m from pipeline and £0.3m of new schemes.

The schemes rated as red have been reviewed and it is not expected that there will be any significant further movement in the last two months of the financial year

2.4 Month 10 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 10 –

Schemes In delivery		Savings Delivered YTD				Forecast				
Includes savings delivered by schemes awaiting PIDs	Cash Releasing Allocated Budget £'000	YTD Budget Allocation £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance to plan £'000	Recurring Forecast £'000	Non-Recurring Forecast £'000	Total Forecast £'000	Forecast FYE £'000	Variance to Allocated Budget £'000
Ysbyty Gwynedd	4,167	3,472	701	904	204	381	714	1,095	902	(3,072)
Ysbyty Glan Clwyd	5,079	4,232	498	448	(49)	260	320	580	531	(4,499)
Ysbyty Wrexham Maelor	4,414	3,679	648	679	31	352	487	839	565	(3,575)
North Wales Managed Services	4,300	3,583	868	929	60	700	342	1,042	871	(3,258)
Womens Services	1,733	1,440	211	211	(0)	246	1	247	290	(1,485)
Secondary Care	**19,692**	**16,407**	**2,926**	**3,172**	**245**	**1,939**	**1,864**	**3,803**	**3,159**	**(15,890)**
Area - West	4,402	3,669	1,307	1,774	467	1,714	397	2,111	1,757	(2,291)
Area - Centre	6,408	5,340	2,256	2,675	418	3,101	128	3,229	3,162	(3,178)
Area - East	6,464	5,386	1,723	2,426	703	1,097	2,829	3,926	1,111	(2,538)
Area - Other	607	506	300	300	0	0	300	300	0	(307)
Contracts	1,000	833	0	0	0	0	0	0	0	(1,000)
Area Teams	**18,881**	**15,734**	**5,587**	**7,175**	**1,588**	**5,912**	**3,654**	**9,566**	**6,031**	**(9,314)**
MHLD	1,000	833	1,168	2,737	1,568	2,896	325	3,221	2,905	2,221
Corporate	5,426	4,522	570	644	73	243	507	750	407	(4,677)
Divisional Total	**45,000**	**37,496**	**10,252**	**13,727**	**3,475**	**10,990**	**6,350**	**17,340**	**12,501**	**(27,660)**

Savings of £2.1m have been reported in month 10, increasing the cumulative year to date delivery to £13.7m. The forecast full year delivery now stands at £17.3m, which is an increase of £0.7m over the month 9 forecast. The forecast of £17.3m is £3.3m over the plan values set out in section 2.1. This positive variance is driven by two key areas, namely medicines management (£1.3m) and CHC / Packages of care (£2.5m). Offsetting against this is an under-delivery of £0.6m on the rates review programme for major hospital sites, which has been delayed and is now expected to deliver in 2021/22.

This forecast out-turn highlights an in year under delivery of £27.7m against the £45m savings target which was set in the Health Board's budget. Recurrent savings are forecast at £11m, leaving a recurrent shortfall of £34m against the savings target.

2.5 Savings Proposals 2021/22

Work to identify savings proposals for 2021/22 is progressing. Divisions were required to submit their initial proposals by 1st February. In the absence of an agreed financial plan and budget scenario, Divisions were required to plan to recover the £34m recurrent shortfall in delivery identified above.

The following table shows the savings proposals returned as part of this initial exercise compared to the shortfall in 2020/21 recurrent savings delivery –

Divisional Savings Requirements and proposals Summary 21/22				
	Savings Target			Proposals
	20/21 Target	20/21 Forecast	Carry Fwd Target	Savings Proposals Received
Division	£,000	£,000	£,000	£,000
YG	4,167	381	3,786	309
YGC	5,079	260	4,819	458
YMW	4,414	352	4,062	323
North Wales Provider	4,300	700	3,600	52
Womens	1,733	246	1,486	378
Area West	4,402	1,714	2,688	900
Area Centre	6,408	3,101	3,307	1,100
Area East	6,464	1,097	5,367	-
Area Other	607	-	607	-
Contracts	1,000	-	1,000	-
MHLD *	1,000	2,896	- 1,896	1,100
Corporate	5,426	243	5,183	1,054
Total	45,000	10,990	34,010	5,674

Note - * MHLD - The MHLD budget is ringfenced, however a CRES target is agreed annually as the spend exceeds the ringfencd budget

Work is ongoing with Divisions to convert these proposals into formal project initiation documents by the end of February. This will allow sufficient time for quality, equality and data protection impact assessments to be completed prior to schemes commencing.

There remains a significant shortfall between the value of savings identified and the requirement identified in order to cover the 20/21 shortfall. Going forward, the proposal is to identify and validate opportunities by Division, by reference to national benchmarks and opportunity analyses, setting targets against this evidenced based approach. This will mean Divisions will have individual targets, which will be variable percentages of their non-ring fenced budgets, mapped against known opportunities.

Refreshed data will be provided to Divisions and budget holders by the end of February. Savings targets will be reviewed, approved by the Executive Team and discussed at EMG on the 3rd March 2021. Savings targets will be reviewed with Divisions and finalised by mid-March. Further detail regarding this approach is contained in the Financial Plan paper which is a separate agenda item for the Committee.

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 £14.6m, with £14m (95%) assessed as amber or green risk.
- Savings delivered to date of £13.7m with a full year forecast of £17.3m
- The forecast shortfall of £27.7m against the Board's target of £45m savings in year, with a recurrent shortfall of £34m
- The ongoing work to develop the initial tranche of 2021/22 savings proposals, totalling £5.7m , submitted by Divisions and the methodology and timescale for the allocation of further savings requirements, as outlined in the Financial Plan.

Cyfarfod a dyddiad: Meeting and date:	**Finance and Performance Committee 25.2.2021**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Workforce Performance Report
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green, Executive Director of Workforce & OD
Awdur yr Adroddiad Report Author:	Mrs Sue Green, Executive Director of Workforce & OD
Craffu blaenorol: Prior Scrutiny:	N/A
Atodiadau Appendices:	N/A

Argymhelliad / Recommendation:

The 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**	**X**

Sefyllfa / Situation:

This Report sets out the overall position in relation to workforce performance up to 31st January 2021. It bring together the position in terms of:

1. Budgeted Establishment
2. Vacancy rates
3. Sickness Absence and other “unavailability”
4. COVID19 Staff Cases
5. Staff vaccination position

Asesiad / Assessment & Analysis

1. Budgeted Establishment

Table 1 below sets out the total budgeted establishment and actual wte in post for January 2021 with Table 2 providing the position for February 2020.

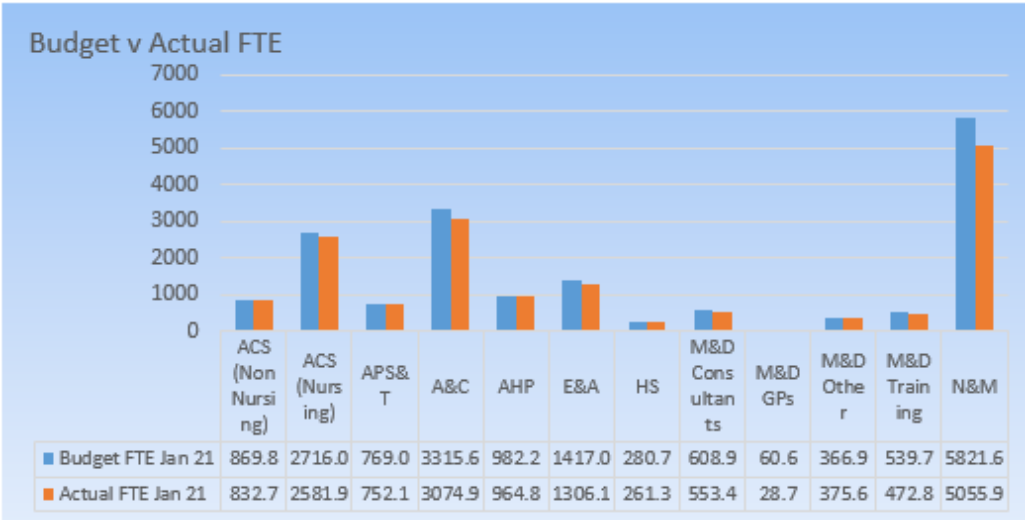
The budgeted establishment has increased overall by 551 whole time equivalent (wte) with the most material increases in Additional Clinical Services (nursing)(ACS) and Nursing and Midwifery N&M with 223 and 191 wte respectively.

Actuals in post has also increased by 489 wte, again with the most material increases in Additional Clinical Services and Nursing and Midwifery with 117 and 225 wte respectively. Other significant increases (in proportion terms) are Allied Health Professionals with 63 wte, Estates and Ancillary with 42 wte and Consultants with 15 wte.

The most material increases in budgeted establishment for ACS and N&M are across Corporate departments with 97 wte N&M and 87 ACS. The remainder are predominately within acute and small increases in area teams and mental health and learning disabilities.

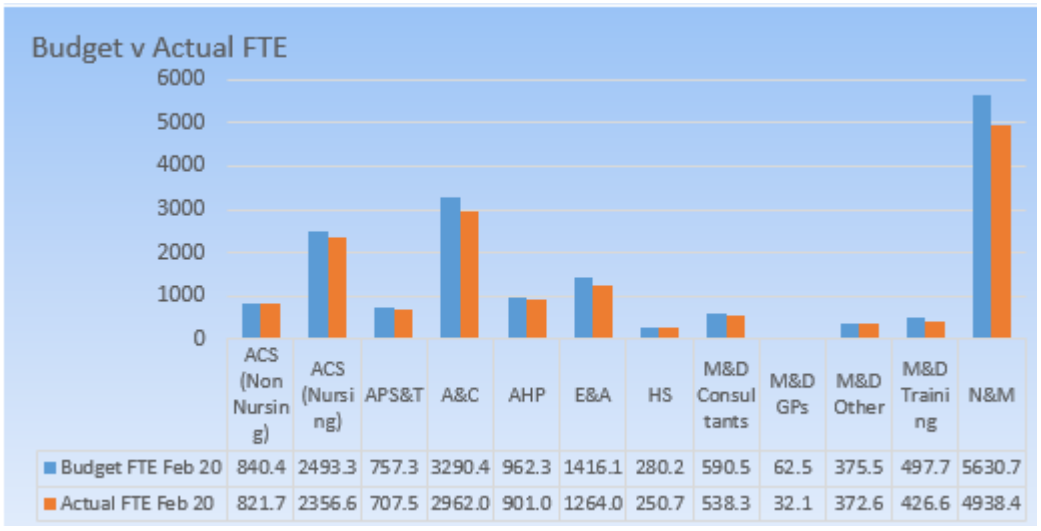
2. Vacancy Rates

Table 1 Budget V Actual WTE as at January 2021



	ACS (Non Nursing)	ACS (Nursing)	APS&T	A&C	AHP	E&A	HS	M&D Consultants	M&D GPs	M&D Other	M&D Training	N&M
Budget FTE Jan 21	869.8	2716.0	769.0	3315.6	982.2	1417.0	280.7	608.9	60.6	366.9	539.7	5821.6
Actual FTE Jan 21	832.7	2581.9	752.1	3074.9	964.8	1306.1	261.3	553.4	28.7	375.6	472.8	5055.9

Table 2 Budget V Actual WTE as at February 2020

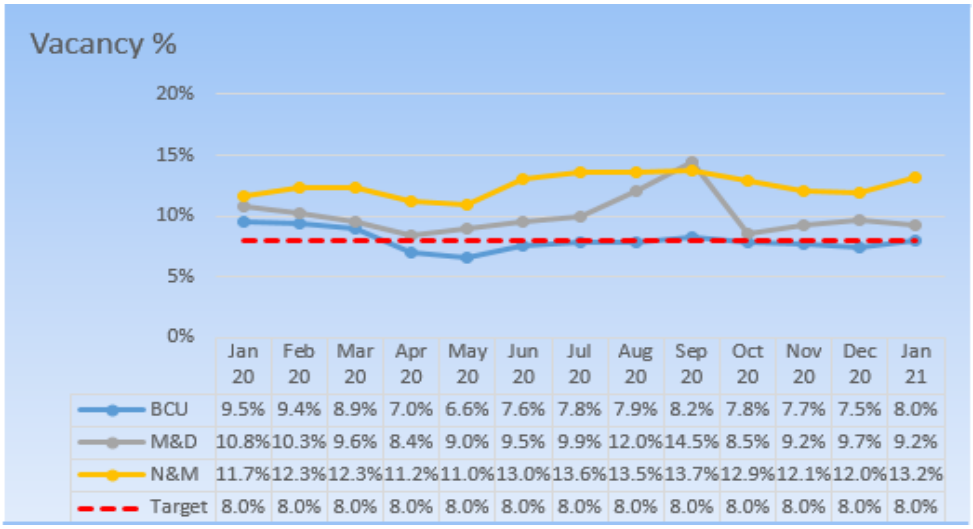


	ACS (Non Nursing)	ACS (Nursing)	APS&T	A&C	AHP	E&A	HS	M&D Consultants	M&D GPs	M&D Other	M&D Training	N&M
Budget FTE Feb 20	840.4	2493.3	757.3	3290.4	962.3	1416.1	280.2	590.5	62.5	375.5	497.7	5630.7
Actual FTE Feb 20	821.7	2356.6	707.5	2962.0	901.0	1264.0	250.7	538.3	32.1	372.6	426.6	4938.4

Table 3. sets out the vacancy rate for the Health Board and then split down into Medical and Dental, and Nursing and Midwifery. Whilst clearly there are other professional groups critical in the delivery of care and services, these two groups are fundamental in delivery of clinical services.

The organisational vacancy rate has been maintained below 8% for the majority of 2020, with a blip in September. This was due to two main factors: an adjustment in the employment model for trainee doctors and a lag in appointment of newly qualified and recruited nurses.

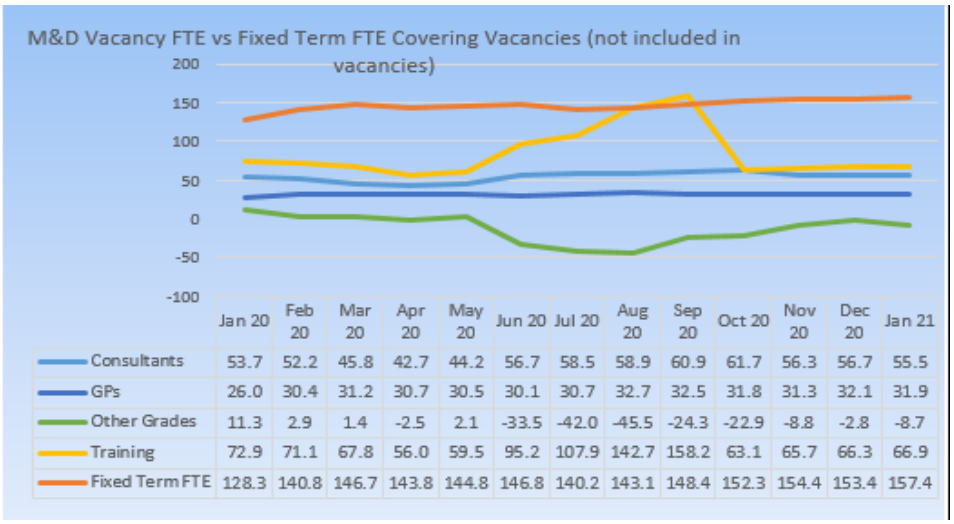
Table 3. Vacancy Rate at 31 January 2021



	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21
BCU	9.5%	9.4%	8.9%	7.0%	6.6%	7.6%	7.8%	7.9%	8.2%	7.8%	7.7%	7.5%	8.0%
M&D	10.8%	10.3%	9.6%	8.4%	9.0%	9.5%	9.9%	12.0%	14.5%	8.5%	9.2%	9.7%	9.2%
N&M	11.7%	12.3%	12.3%	11.2%	11.0%	13.0%	13.6%	13.5%	13.7%	12.9%	12.1%	12.0%	13.2%
Target	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%

The vacancy rate for medical and dental staff shown in Table 4, has remained around the 9.2% level (this includes all grades i.e. training vacancies). Consultant recruitment remains positive with appointments made to the majority of roles advertised. As reported in December, there is work continuing with a number of partner organisations as well as with teams across Acute, Community and Mental Health and Learning Disabilities to deliver against recruitment plans in place.

Table 4. – Medical Dental Rate and Fixed term cover

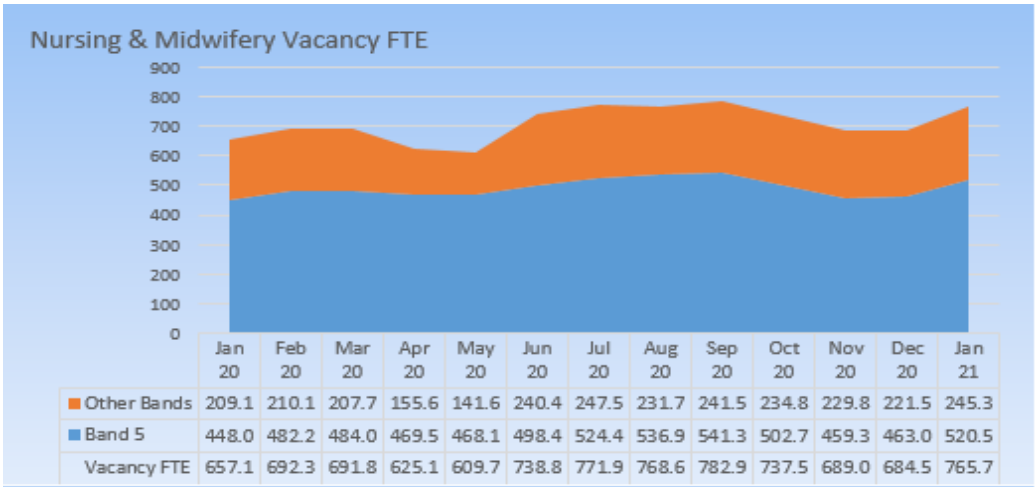


	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21
Consultants	53.7	52.2	45.8	42.7	44.2	56.7	58.5	58.9	60.9	61.7	56.3	56.7	55.5
GPs	26.0	30.4	31.2	30.7	30.5	30.1	30.7	32.7	32.5	31.8	31.3	32.1	31.9
Other Grades	11.3	2.9	1.4	-2.5	2.1	-33.5	-42.0	-45.5	-24.3	-22.9	-8.8	-2.8	-8.7
Training	72.9	71.1	67.8	56.0	59.5	95.2	107.9	142.7	158.2	63.1	65.7	66.3	66.9
Fixed Term FTE	128.3	140.8	146.7	143.8	144.8	146.8	140.2	143.1	148.4	152.3	154.4	153.4	157.4

Although an improvement from end of quarter two (13.7% June 2020) Table 5 shows, the rate in Nursing and Midwifery back up to 13.2% (765.7wte inc.520.5 wte band 5). This is an increase on the figures reported for December and the difference is, in the main due to increases in budgeted establishment linked to TTP/Vaccination/Winter and therefore sitting in Corporate teams. Whilst the model of delivery remains predominantly inpatient bed based across multiple locations this is likely to continue to be a challenge.

Conversely, the vacancy rate for Additional Clinical Services (nursing) has continued to reduce, despite increase to the establishments and currently stands at 4.9%.

Table 5. – Nursing and Midwifery Vacancy Rate



	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21
Other Bands	209.1	210.1	207.7	155.6	141.6	240.4	247.5	231.7	241.5	234.8	229.8	221.5	245.3
Band 5	448.0	482.2	484.0	469.5	468.1	498.4	524.4	536.9	541.3	502.7	459.3	463.0	520.5
Vacancy FTE	657.1	692.3	691.8	625.1	609.7	738.8	771.9	768.6	782.9	737.5	689.0	684.5	765.7

Whilst progress has been made in respect of student nurse conversion, recruitment and international recruitment, the levels in some teams remains very high with the highest being YGC running at 20.7% closely followed by YWM at 19.7%. Rates in Area Teams in Centre and East are lower at 10.2% and 10.7%. YWM has seen a reduction (improvement) in the vacancy rate from a position above 20% for the majority of 2020 (at its peak the rate was 22.4% July) and given that there has been no reduction in turnover rates this is likely to be as a result of the focussed work undertaken by the nursing team supported by workforce.
This is a useful “case study” particularly when set against the context at YWM in terms of COVID19. It will be important that we understand and learn from the key contributors to this position to inform work in the other patches.
The position in West in both YG and Area is in stark contrast to East and Centre with vacancy rates of 7.6% and 5.5% both an improvement on December’s figures. This will be multifactorial but is likely to be linked to location, recruitment “competitors” as well as environment and leadership.

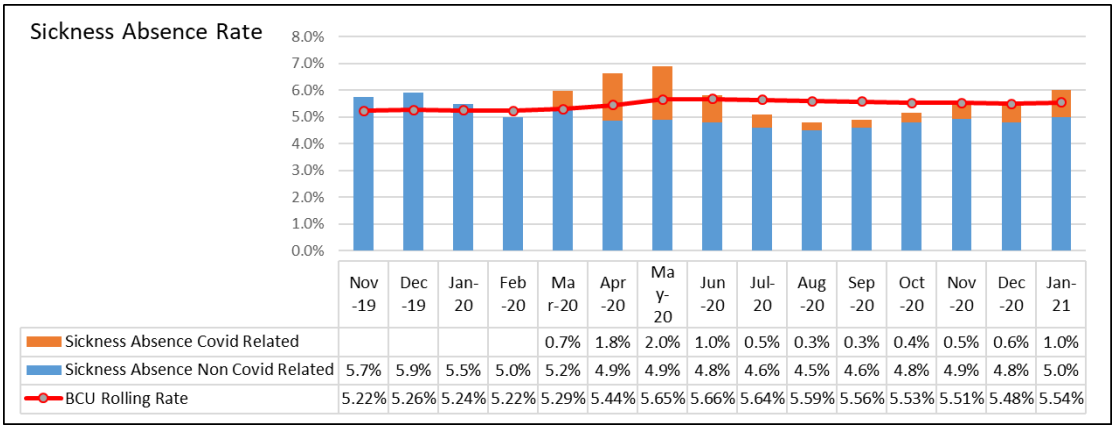
3. Sickness Absence and availability

Table 6 shows the sickness absence rate for the Health Board split by Non COVID19 related and COVID19 related as at 31 January 2021.

As anticipated in the Briefing Report provided to Committee members last month, COVID19 related absence increased to 1% in January. In addition, Non COVID19 related absence increased slightly. Although the rate is lower than the same period in 2020, it is likely that this will continue to rise as the impact of the sustained pressure over 2020/21 starts to be felt. Work is underway both nationally and locally to put measures and further plans in place to address this and mitigate the risks associated with increased physical and mental ill health as well as the potential increase in turnover and subsequent pressure on remaining staff.
The capacity of managers, workforce and occupational health teams to support in “regular” sickness management has continued to be impacted by the continued pressure of the pandemic, winter and vaccination programme. Cases are being prioritised to ensure that those long-term cases requiring resolution and the highest risk cases are covered at the very least.

There is a strong belief that the need for “light at the end of the tunnel” and hope for the future are key factors in the resilience and continued commitment of our people. Discussions regarding the nature and timing of the commencement of the Strategic Organisational Development Route map form a key element of the work described above.

Table 6. – Sickness absence rate



	Nov -19	Dec -19	Jan-20	Feb -20	Mar-20	Apr -20	May-20	Jun -20	Jul-20	Aug -20	Sep -20	Oct -20	Nov -20	Dec -20	Jan-21
Sickness Absence Covid Related					0.7%	1.8%	2.0%	1.0%	0.5%	0.3%	0.3%	0.4%	0.5%	0.6%	1.0%
Sickness Absence Non Covid Related	5.7%	5.9%	5.5%	5.0%	5.2%	4.9%	4.9%	4.8%	4.6%	4.5%	4.6%	4.8%	4.9%	4.8%	5.0%
BCU Rolling Rate	5.22%	5.26%	5.24%	5.22%	5.29%	5.44%	5.65%	5.66%	5.64%	5.59%	5.56%	5.53%	5.51%	5.48%	5.54%

Tables 7, 8 and 9 below show non-COVID19 related absence by week since w/c 23 March 2020. This information, together with COVID19 related "open absence" is being used as part of the modelling being undertaken to underpin the plan for 2021/22. Drill down analysis will also be undertaken for Mental Health and Learning Disabilities, Women's, North Wales managed clinical services etc.

Table 7. – Total Non COVID19 Open absence by week

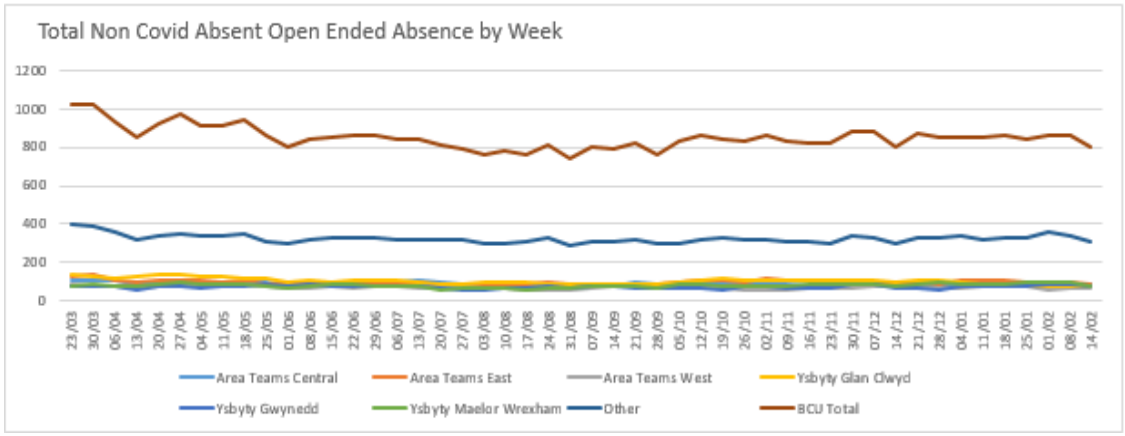


Table 8. – Area Teams Non COVID19 Open absence by week

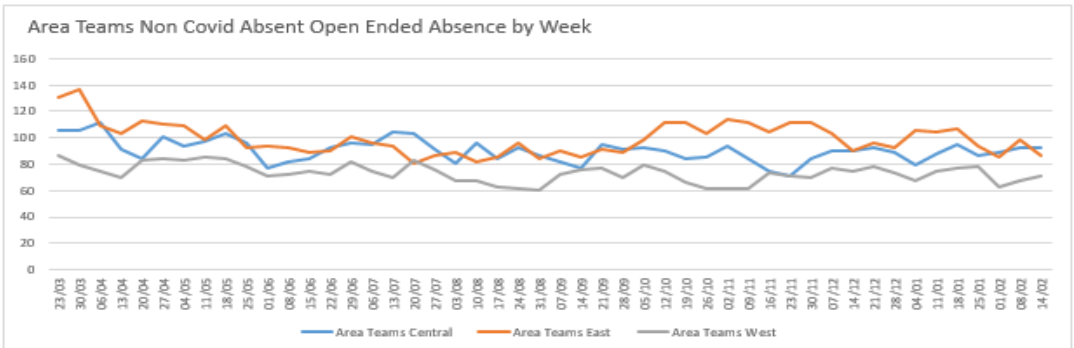
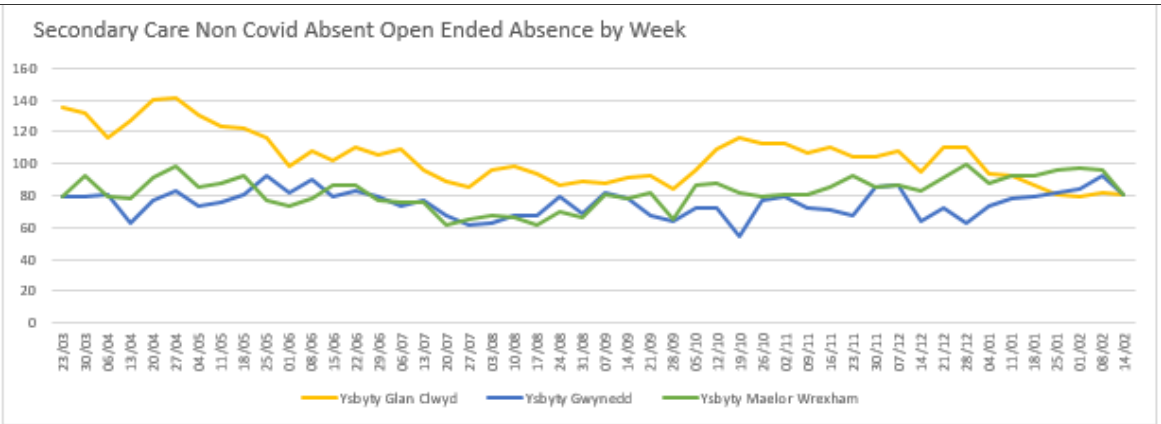
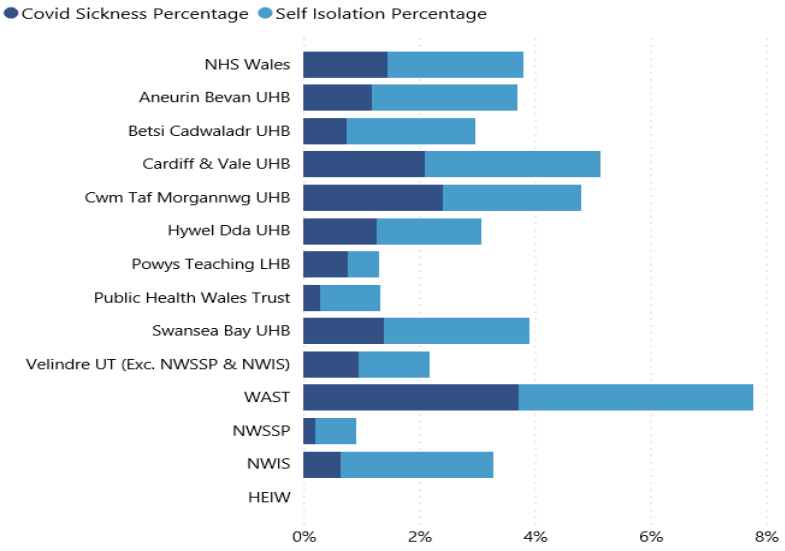


Table 9. – Secondary Care Non COVID19 Open absence by week



As previously reported COVID19 has brought a different dynamic to sickness reporting, as it is important to recognise that this sickness absence is only reported when an individual is COVID19 positive and unfit for work. In order to ensure that we are capturing unavailability i.e. self-isolation, shielding etc. we introduced a daily data collection process to enable reporting in the first wave and then through further waves. Whilst not perfect in that it relies on local reporting into ESR and E roster, supplemented by manual reports from huddles etc. It does provide a picture of the levels of unavailability and the reasons for this. This has and continues to be invaluable in informing decision making re prioritised deployment.

Table 10 – Comparison across NHS Wales at 25th January 2021



Organisation	Covid Sickness	Covid Sickness Percentage	Self Isolated	Self Isolation Percentage	Total Percentage of Staff Covid Related	Headcount
NHS Wales	1,460	1.5%	2,338	2.3%	3.8%	99,941
Aneurin Bevan UHB	175	1.2%	377	2.5%	3.7%	14,917
Betsi Cadwaladr UHB	141	0.8%	416	2.2%	3.0%	18,789
Cardiff & Vale UHB	317	2.1%	457	3.0%	5.1%	15,039
Cwm Taf Morgannwg UHB	304	2.4%	301	2.4%	4.8%	12,617
Hywel Dda UHB	134	1.3%	189	1.8%	3.1%	10,504
Powys Teaching LHB	18	0.8%	13	0.5%	1.3%	2,375
Public Health Wales Trust	6	0.3%	22	1.0%	1.3%	2,098
Swansea Bay UHB	186	1.4%	334	2.5%	3.9%	13,332
Velindre UT (Exc. NWSSP & NWIS)	15	1.0%	19	1.2%	2.2%	1,565
WAST	152	3.7%	165	4.0%	7.8%	4,075
NWSSP	7	0.2%	24	0.7%	0.9%	3,397
NWIS	5	0.6%	21	2.7%	3.3%	790

4. COVID19 Staff Cases

Between March 2020 and 31 January 2021, the Health Board had undertaken circa 30,000 staff tests and recorded 2,490 positive staff cases, and sadly lost three staff members during this period.

In the period 1st to 31 January, the number of tests undertaken was 5,108 and positive cases 498. As we move into February, the numbers have started to fall again but it is too early to say the reasons for this but it is likely to be more related to lockdown and recovery from the Christmas Day impact than vaccination at this point. Table 11 shows the profile of testing and all results and Table 12 shows positive cases split by Secondary Care and Area. This information is also being used to inform the modelling for planning purposes.

Table 11. – COVID19 Testing and case profile for BCU Staff

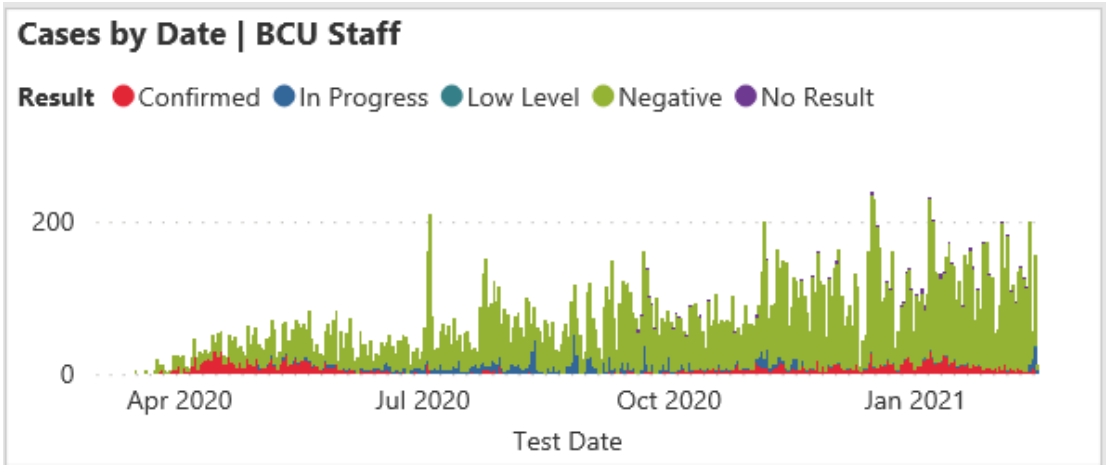
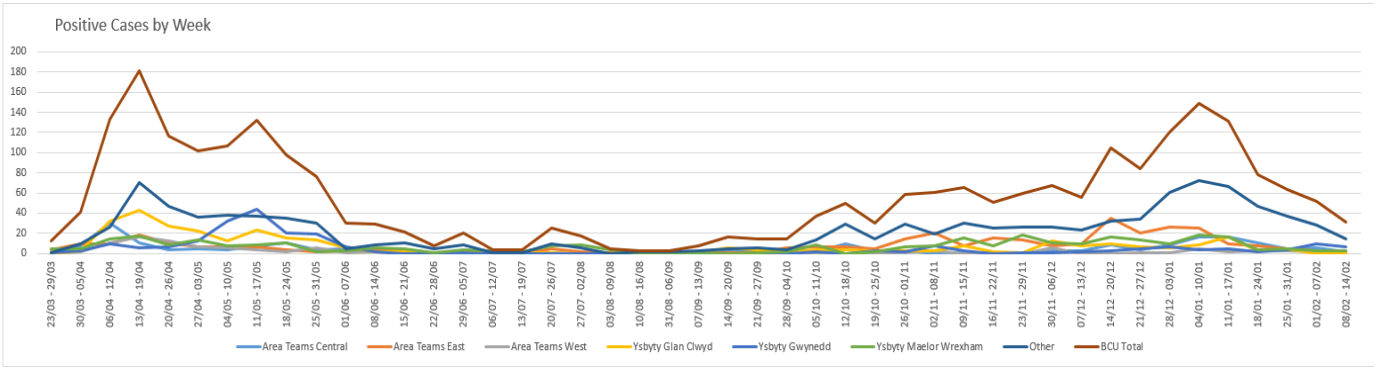


Table 12. – COVID19 Positive Cases by week for BCU Staff



It is worth noting that of the 498 staff tested positive in January 2021, 396 (79.5%) were aged 55 and below. This is slightly down from the previous trend of 82% of staff tested aged 55 and below.

5. Staff COVID19 Vaccination

The COVID-19 immunisation programme provisional recommendations for the use of the vaccine The objectives of the COVID-19 immunisation programme is to protect those who are at highest risk from serious illness or death. The Joint Committee of Vaccination and Immunisation (JCVI) have set out a prioritisation for persons at risk. JCVI ranked the eligible groups according to risk, largely based on prevention of COVID-19-specific mortality.

Evidence from the UK indicates that the risk of poorer outcomes from COVID-19 infection increases dramatically with age in both healthy adults and in adults with underlying health conditions. Those

over the age of 65 years have by far the highest risk, and the risk increases with age. Residents in care homes for older adults have been disproportionately affected by the COVID-19 pandemic. The objective of occupational immunisation of health and social care staff is to protect workers at high risk of exposure who provide care to vulnerable individuals. Although there is yet no evidence on whether vaccination leads to a reduction in transmission, a small effect may have major additional benefit for staff who could expose multiple vulnerable patients and other staff members. Potential exposure to COVID-19, and therefore the priority for vaccination, may vary from workplace to workplace.

For the Health Board staff, we have applied the Clinical Guidelines based on the Green Book and in line with national policy.

Direct Patient Contact used the criteria set out in the Green Book Chapter 19 for Influenza, plus Porters, Domestics, Ward clerks, reception, bank and locum staff working in DPC roles/areas in last 6 months and vaccination staff. Finally, we added in all DPC students on placement/due to be on placement, together with microbiology staff employed through Public Health Wales and Security staff employed by Samson.

The Health Board has:

Offered first dose vaccination to 100%:

- Group 2 BCU frontline workers
- Group 3 BCU non DPC staff 75 years and over
- Group 4 BCU non DPC staff 70 years and over and clinically extremely vulnerable

Administered first dose vaccination:

79% - Group 2 BCU Frontline workers
100% substantive alone/48% Inc. bank - Group 3 BCU non-DPC staff 75 years and over
78%- Group 4 BCU non DPC staff 70 years and over and clinically extremely vulnerable
43% Groups 5 and below (subject to continued validation as part of dose 2 plan.)

In total, 17,675 staff had received first dose vaccination. This included 2003 bank staff in groups 1-4 and 520 staff who work in BCUHB but are not employed by BCUHB.

In the region of 13,500 first dose vaccinations were undertaken at Hospital Vaccination Centres, 3,600 at Mass Vaccination Centres and 600 at various vaccination sites (Inc. GPs etc.)

Administration of the 2nd dose will be undertaken at the same venue as first dose and will be undertaken between 15 February and 12 March 2021.

6. Vaccination Staffing Model and Position

Workforce teams have worked closely together with Area Vaccination Leads and Occupational Health to develop a workforce plan to enable the delivery of the vaccination programme across North Wales. Initially a deployed workforce of existing registered staff were identified as vaccinators across the Health Board and are administering vaccines, Following the change in legislation to allow non registered staff to be trained as vaccinators, we are blending into a mixed workforce, administering the vaccine when the change in legislation allows through 2021.

We have a capability to upscale the delivery programme substantially per week if further increases of vaccines became available.

The workforce model for the vaccination centres is based on a maximum 12-hour 7-day provision together with the numbers of vaccination lanes required to deliver the vaccines required for the population.
The workforce plan has been developed taking a collaborative approach to maximise escalation and mitigate risk. Working together with Health Board Vaccination Leads, Occupational Health and partners a plan has been developed to enable the delivery of the vaccination programme across North Wales. Whilst we have an existing pool of over 600 vaccinators, many of these support direct clinical services and as such, the intention is not to utilise these staff unless the risk is assessed as appropriate.

As such, the plan is focussed upon deployment of:

1. External recruitment
2. External "volunteer" expression of interest
3. External/Partner organisation support
4. Internal clinical staff in non-clinical roles
5. Flexible "bank" workers
6. Occupational Health
7. Existing Vaccinators

This order of deployment has been further enabled by the approval of the two national documents relating to the COVID-19 vaccines been developed by Welsh Government:

1. The National Protocol for COVID-19 Astra Zeneca Vaccine
2. The National Protocol for COVID-19 Pfizer BioNTech Vaccine

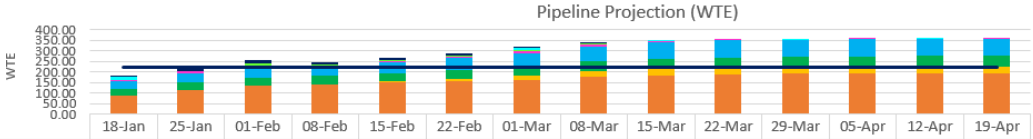
These documents have been devised to ensure that the COVID-19 vaccines can be administered to overcome the fact that initially the vaccines will not be licenced, although they will have been authorised for use under a Section 274A Regulation. This will enable health services to rapidly increase the workforce that is able to vaccinate in this emergency pandemic situation. It will also provide indemnity cover for staff working to the Protocols whether they are registered or unregistered.

This includes staff working within the framework employed by BCUHB (paid and/or volunteer) or within a third party partnership organisation, including agency, independent contractors, Universities, other Health Board's and trusts and the military.
For the purposes of this framework, non-registered professional persons involved in the vaccination pathway include:

- Health Care Support Care Workers with direct or indirect clinical experience
- Student Health Professionals on placement within BCUHB
- Military personnel with clinical experience

Deployment includes a comprehensive approach to training and competency assessment.

Table 13. Vaccination resourcing pipeline



	18-Jan	25-Jan	01-Feb	08-Feb	15-Feb	22-Feb	01-Mar	08-Mar	15-Mar	22-Mar	29-Mar	05-Apr	12-Apr	19-Apr
Trainee Vaccinator Administrator in Pipeline	0.17	9.20	16.13	10.53	7.53	7.53	7.53	7.53	0.00	0.00	0.00	0.00	0.00	0.00
Trainee Vaccinator Assistants in Pipeline	12.52	0.00	0.16	0.16	0.16	0.16	7.03	0.16	1.00	0.00	1.00	0.00	0.20	0.00
Trainee Unregistered Vaccinators in Pipeline	0.18	1.40	16.31	6.27	6.27	6.27	6.27	6.27	0.00	0.00	0.00	0.00	0.00	0.00
Trainee Registered Vaccinators in Pipeline	5.27	10.85	13.02	8.09	6.81	6.89	14.21	7.79	5.40	2.60	1.40	0.60	1.00	2.00
Vaccinator Administrator - Staff in Post	35.43	43.24	38.57	38.97	49.50	57.02	64.55	72.07	79.60	79.60	79.60	79.60	79.60	79.60
Vaccinator Assistant - Staff in Post	32.92	32.52	37.32	39.41	39.57	39.73	39.89	46.92	47.08	48.08	48.08	49.08	49.08	49.28
Unregistered Vaccinator - Staff in Post	0.00	0.00	0.00	0.00	6.27	12.53	18.80	25.07	31.33	31.33	31.33	31.33	31.33	31.33
Registered Vaccinator - Staff in Post	87.88	115.75	135.23	139.85	147.95	154.76	161.66	175.87	183.67	189.07	191.67	193.07	193.67	194.67
Target Workforce	222	222	222	222	222	222	222	222	222	222	222	222	222	222

The workforce team has revisited establishments with the site teams and revised those establishments accordingly in line with the revised clinical structure.

Workforce in conjunction with the Associate Director for Nursing Workforce are working with sites to ensure consistency in clinical assurance and delivery across the vaccinator cohort of both registrant and non-registrant roles.

The Workforce Programme group monitors and reviews the workforce pipeline to ensure consistency and delivery and to deal with any mobilisation issues as they arise.

Members of the Workforce team are working closely with the sites daily, liaising with operational leads to ensure all new starters are “on boarded” in a streamlined way, rosters are setup and shadow shifts are in place for them to carry out the role competency assessments.

Rosters are being monitored for performance across the sites.

Workforce teams and sites are now working to embed the next 4-week plan to ensure rosters are filled in a timely manner going forward to ensure the workforce capacity is in place to meet the ongoing demand.

Sitreps are in place and reported through the Vaccination Governance Structure

Strategy Implications

The effective management and deployment of our workforce is a critical enabler (as well as a driver) in the delivery of our strategic priorities. The alignment of our workforce with the core purpose of the Health Board is a foundation of the Workforce Strategy 2019-2022 and the Strategic Organisational Development Route Map referenced in the body of this report.

Financial Implications

The financial implications associated with the content of this report are reported within the Finance Report.

Risk Analysis

Workforce risks are set out within the Board Assurance Framework and Corporate Risk Register. There are no additional risks arising from the content of this report.

Legal and Compliance

The processes in place supporting the elements described in the body of this report are compliant with both legal and regulatory requirements.

Impact Assessment

Each element described in the body of this report is subject to review to identify and address the implications and opportunities to promote equality across staff with protected characteristics.

Planning for 2021/24

Annual plan in context of a three year transformation plan

Finance and Performance Committee

Date:25 February 21

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Our role

The principal role of a Health Board is to ensure the **effective planning** and **delivery** of healthcare for people for whom it is responsible, within a **robust governance** framework, to achieve the highest standards of **patient safety** and public service delivery, **improve health**, **reduce inequalities** and achieve the **best possible outcomes** for its citizens, and in a manner that **promotes human rights.**

Outcomes for 2021/22 to 2023/24

Population outcomes

- People in North Wales have **improved health and well-being with better prevention and self management.**
- **Better quality and accessible health and social care services** enabled by digital and supported by engagement.
- The health and social care **workforce is motivated and sustainable.**
- **Higher value health and social care system** that has demonstrated rapid improvement and innovation**.**
- **Improve health and reduce inequalities.**

Organisational outcomes

- **Service transformation**
- Progress against **targeted intervention** requirements
- **Long-term quality service and financial sustainability**

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Focused Priorities for 2021/22

Achieving the highest standards of patient safety and public service delivery, improve health, reduce inequalities and achieve the best possible outcomes for our citizens.

- ❑ **COVID-19 response**
- ❑ Strengthen our **population health** focus
- ❑ **Primary** and **Community** Care
- ❑ Recovering access to timely **planned** care pathways
- ❑ Improved **unscheduled** care pathways
- ❑ Integration and improvement of **mental health** services

Agile integrated delivery plans

Enabled by

- ❑ **Transformation** for improvement
- ❑ Effective **alignment of our people**
- ❑ Stronger **governance**
- ❑ Making **effective and sustainable use of resources**

Applying learning

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COVID-19 response

- ❑ Health service response
- ❑ Impact on operational capacity across primary, community and acute services
- ❑ Test Trace and Protect
- ❑ Mass vaccination
- ❑ Rainbow Hospitals / Ysbyty Enfys decommissioning

Strengthen our population health focus

- ❑ Starting with population needs assessment
- ❑ Prevention
- ❑ Partnership
- ❑ Early intervention
- ❑ Reaffirm commitment to tackling health inequalities including those worsened by the pandemic
- ❑ Post COVID

Agile integrated delivery plans

Primary and community care

- ❑ Management of covid-19 and recovery across primary care
- ❑ Work with community/therapy/mental health services in supporting patients with post covid syndrome
- ❑ Sustained learning from Covid-19 to support improved access
- ❑ Improve Primary Care Sustainability & Capacity; development of the Primary & Community Care Academy, including a Dental Training Unit)
- ❑ Development of pathways to deliver more care closer to home
- ❑ Delivery of Care Homes Action Plan & support for care sector
- ❑ Community Services Transformation Programme: continued roll out, with longer term strategic direction
- ❑ Children's Services Transformation Programme: continued roll out, with longer term strategic direction

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Recovering access to timely planned care pathways

- ❑ 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 capacity on each site to deliver backlog clearance using waiting list initiatives or insourcing
- ❑ Clear and owned understanding of demand and capacity within North Wales and externally commissioned services

Improved unscheduled care pathways

- ❑ Building on COVID-19 pathway improvements including speed of change
- ❑ Ysbyty Glan Clwyd – development of capacity and capability
- ❑ Frailty pathway
- ❑ Admission avoidance / Accelerated Discharge to assess / Minimising harm
- ❑ Acute medical model – agreement on and implementation of standards
- ❑ Care in the community
- ❑ Clarity on demand and capacity – are there enough beds in the right place?

Integration and improvement of mental health services

- ❑ Build on consistent divisional leadership, management, and clinical governance arrangements to ensure delivery of safe services.
- ❑ Be clinically led and seek to modernise our services.
- ❑ Develop our people and organisation.
- ❑ Re-invigorate our partnership work with key stakeholders in Together for Mental Health.
- ❑ Better integrated pathway based services for mental health and wellbeing across the organisation and with partners.

Transformation for improvement (driven by A Healthier Wales)

- ❑ Quality Improvement of patient experience
- ❑ Clinical strategy driving improvement
- ❑ Digitally enabled / digital strategy
- ❑ Effective use of our (people/financial) resources
- ❑ Innovation / research and development
- ❑ Ensure that all of our physical assets are safe and fit for purpose / maximise capital investment

Effective alignment of our people

- ❑ Investment in additional organisational capacity and capability
- ❑ Workforce and OD
- ❑ Learning culture and infrastructure including medical and health science school
- ❑ Reward and recognition

Stronger governance

- ❑ Making sure all our systems keen our public and staff safe
- ❑ Performance and accountability
- ❑ Co-worker involvement and engagement in decision making / social partnerships
- ❑ Transferring innovations into practice working with partners

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Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Making effective and sustainable use of resources

- ❑ Three year financial strategy
- ❑ Workforce optimisation
- ❑ Apply principles of value based healthcare: identify unwarranted variation ensuring transparency about why realistic decisions based on available resources are required, develop strategies to overcome barriers to implementation, build capacity and capability to implement the best available research evidence into effective action
- ❑ Decarbonisation

Planned Care Recovery

- Overseen by the Planned Care Transformation Group led by Interim COO
- Up to 50,000 patients waiting over 52 weeks by end March - lengthy diagnostic waits are compounding overall waits
- Q1 and Q2 will reflect similar levels of activity to Q3 and Q4 with a return to pre-covid activities from Q3 onwards.
- Before any additional activity solutions the end March 22 position is forecast at 32,000 over 52 week in patient and day case waiters
- An early recovery programme forms part of our Six Point Recovery Plan
- The longer-term strategy is to develop a stand-alone planned care diagnostic and treatment capacity
- Current Single Cancer Pathway performance falls short of the national target but is relatively comparable to previous year's
- Referrals into mental health services have returned to pre-covid levels and at present the service is compliant with the targets for MHM parts 1a and 1b.

Programme level plans and business cases

- Aligned to focused priorities identified by the Board –draft narrative plan attached within Appendix 1a
- Detailed plan actions developed across 15 programmes –working draft plans attached within Appendix 1b
- Capital and revenue business case tracker priorities are informing plan development.
- More rigour from scoping documents before business case development
- Working to fully assess deliverability including performance impacts alongside workforce and financial implications

Executive Team, Board and Committee Timescales

Board / Committee	Date	What
Executive Team	17th February	Executive team review of draft planned care delivery plan linked to performance fund.
Executive Team	26th February	Executive Team to finalise plan including priorities for investment and financial implications
Health Board	8 March	
Board Workshop	11 March	Draft integrated plan
Finance and Performance	25 March	Integrated Plan for approval
Health Board	30 March	Integrated Plan for approval
Submission to Welsh Government	31 March	Submissions as required

2021/22 Budget setting

- **Treatment of non delivery of 2020/21 savings (£34m)**
- **Underlying financial assessment**
- **Cost pressure review progressing**
- **Savings targets for 2021/2022:**
  - Benchmarking indicates range of opportunities
  - Differential percentage application
  - Limited sums identified by divisions so far (£6m)
- **Our goal is to set realistic budgets (given Covid 19 uncertainty), reflecting performance and delivery expectations and identifying the financial risk**

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

Underlying Financial Assessment

Underlying Financial Assessment	
	£'000
Opening Deficit Plan	40,000
3 Year Strategic Support of Deficit	(40,000)
2020/2021 Outturn Position	10,761
Recurrent impact of savings non-delivery	17,005
Recurrent baseline service change (estimate)	(500)
Other recurrent 2020/21 impact	987
Underlying Deficit Carry Forward 2021/22	**28,253**

Pay Award and Inflation

	£000
Pay Award Estimate (at 2% - WG fund above 1%)	7,876
Prescribing & Drugs Inflation estimate	6,197
CHC Inflation & Prices	4,691
External Providers & WHSSC	4,927
EASC & WHSSC Growth	4,880
	28,571

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

Cost Pressures

	New Cost Pressure 2021-22 £000
Operational Divisions	
ED Medical & Nursing	51
Out of Hours / 111	157
Other Nursing	110
Medical Staffing	457
EVARS	100
McMillan Nurses	98
Home Loans	60
Secondary Care Non Pay	50
Diagnostics	142
Total Operational	**1,225**
Corporate	
Nursing	854
Digital	1,429
W&OD	468
Total	**3,976**

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

Opportunities

Division	Low Range £m	High Range £m
YG	19.52	30.1
YGC	16.09	24.0
YMW	15.47	23.8
NW Provider	4.35	6.5
Womens	1.5	2.5
West	11.2	15.9
Centre	20.05	30.5
East	13.85	19.1
Other	0.1	0.1
MHLD	23.54	31.5
Corporate	14.48	21.6
Contracts	2.62	3.8
Health Board (to be allocated)	1.1	2.0
	143.87	211.4

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

Allocate the Core Uplift to divisions' recurrent budget including forecast outturn

Division	Recurrent Budget £000's	Forecast Variance £000's	2% Uplift £000's	Proposd Budget for 2021-22 £000's
WEST	158,747	0	2,485	**161,232**
CENTRE	204,930	2,952	3,586	**211,468**
EAST	228,093	750	3,686	**232,529**
ONW	33,255	0	117	**33,372**
MHL	126,445	983	2,957	**130,385**
YG	93,994	2,444	2,198	**98,636**
YGC	119,507	482	2,795	**122,784**
YWM	98,746	1,154	2,309	**102,209**
NWCS	102,838	747	2,405	**105,990**
WOMEN	38,608	1,120	903	**40,631**
CORPORATE	131,176	129	3,068	**134,373**
INCOME	-20,454	0	0	**(20,454)**
CONTRACTS	216,379	0	0	**216,379**
OTHERS	24,961	0	0	**24,961**
RESERVES	21,635	0	0	**21,635**
2021-22 Operational Variance	0	(10,761)		**(10,761)**
Sub-Total	**1,578,860**	**0**	**26,509**	**1,605,369**

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

Agree the forecast spend for 2021-22

		2021-22 PLANNING ASSUMPTIONS					
Division	2020-21 Forecast Recurrent Spend	50% COVID Savings	Divisional CRES for 2021-22 @ 50%	Pay Award	Inflation	Cost Pressures	2021-22 Revised Forecast Spend
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Sub-Total	1,633,058	(14,974)	(17,005)	7,876	20,691	3,976	1,633,622

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

Identify the financial risk

	£000	£000
2021-22 Recurrent Allocation	1,578,860	
2% Uplift	26,509	
Proposed Budget for 2021-22		**1,605,369**
2021-22 Baseline Forecast	1,601,079	
Pay Award	7,876	
Inflation	20,691	
Cost Pressures	3,976	
2021-22 Revised Forecast		**1,633,622**
2021-22 Revised Operational Variance		**28,253**

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

Additional three year non recurrent investment ('the ask')

	£m each year
Cover for deficit	40
Performance and access improvement	30
Capacity and capability including Mental Health	12

Decisions:

- **How much to commit recurrently based on return on investment?**
- **Development of transformation programme with capacity and capability to deliver – March F&P**

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

Risks

- Impact of Covid 19 response
- Planned care recovery - workforce constraints
- Service transformation
- Leadership capacity

Cyfarfod a dyddiad: **Meeting and date:**	**Finance and Performance Committee** **25.2.21**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	**Monthly Monitoring Report – Month 9**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Mrs Sue Hill, 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 of
Atodiadau **Appendices:**	Appendix 1: Month 9 Monitoring Return Narrative Report

Argymhelliad / Recommendation:

Note the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 9 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**		**Ar gyfer Trafodaeth** **For Discussion**		**Ar gyfer sicrwydd** **For Assurance**		**Er gwybodaeth** **For Information**	✓

Sefyllfa / Situation:

To report to the Committee the completion of monthly reporting to Welsh Government for Month 9 of 2020/21.

Cefndir / Background:

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.

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, the substantial increase in COVID-19 infection rates across our population over the winter months is affecting delivery of the plan, with associated impact on activity and costs.

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 a nil deficit, which is £3.4m under the plan for Month 9. This gives a cumulative year to date position of £0.2m surplus, which is a favourable variance of £30.2m against the planned deficit of £30.0m.

- The impact of COVID-19 in December is a cost of £5.9m, with a year to date cost of £78.9m.

	M01	M02	M03	M04	M05	M06	M07	M08	M09	YTD	Forecast
	£m	£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)	6.5	68.9	132.2
Lost income	1.2	1.4	1.2	1.6	1.6	0.4	1.0	1.0	1.1	10.5	13.6
Non delivery of savings	3.7	3.6	2.0	2.7	2.3	3.9	0.5	2.3	0.9	21.9	28.4
Elective underspend	(2.4)	(2.8)	(2.2)	(2.6)	(1.9)	(1.5)	(1.7)	(1.5)	(1.8)	(18.4)	(22.4)
Slippage on planned investments	(0.2)	(0.1)	(0.5)	(0.5)	(0.2)	(0.2)	(0.5)	(0.3)	(0.8)	(3.3)	(5.2)
Cluster funding	0.0	0.0	(0.3)	(0.1)	0.0	(0.1)	(0.1)	(0.1)	0.0	(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	0.0
Total COVID-19 costs	**30.8**	**5.1**	**7.5**	**9.2**	**7.9**	**7.3**	**6.3**	**(1.1)**	**5.9**	**78.9**	**145.9**
Optimise Flow & Outcomes (ICF)	0.0	0.0	0.0	(1.6)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(2.1)	(2.5)
Mental Health Improvement Fund	0.0	0.0	0.0	(0.7)	0.0	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)	(0.2)
Welsh Government	(30.8)	(5.1)	(7.5)	(6.8)	19.8	(34.8)	(6.2)	1.2	(5.7)	(75.9)	(142.5)
Total COVID-19 income	**(30.8)**	**(5.1)**	**(7.5)**	**(9.2)**	**19.7**	**(34.9)**	**(6.3)**	**1.1**	**(5.9)**	**(78.9)**	**(145.9)**
Impact on position	**0.0**	**0.0**	**0.0**	**0.0**	**27.6**	**(27.6)**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

- Cumulatively, specific funding sources totalling £3.0m have been redirected to COVID-19 to cover some of these costs. £75.9m of additional 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 £145.9m.

- Forecasts for COVID-19 have been further refined this month, resulting in an increase of £4.4m 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.

- The table below shows the movement between forecast COVID-19 costs last month and this month:

	Forecast at Month 8 £m	Forecast at Month 9 £m	Movement £m
COVID-19 spend	84.9	81.2	(3.7)
Field Hospitals	31.1	30.8	(0.3)
Annual leave accrual	10.1	20.2	10.1
Lost income	13.6	13.6	0.0
Non delivery of savings	30.8	28.4	(2.4)
Elective underspend	(23.3)	(22.4)	0.9
Slippage on planned investments	(5.0)	(5.2)	(0.2)
Cluster funding	(0.7)	(0.7)	0.0
Total	**141.5**	**145.9**	**4.4**

- There is a continual review of COVID-19 costs and the ability to undertake developments given the rising number of cases in North Wales. Forecasts have been amended in line with this review. In December, the key changes have been an increase of £10.1m in the annual leave accrual, offset by a reduction of £2.9m in relation to pay costs, as staffing plans anticipated for Quarter 4 have been delayed. Annual leave remains under discussion in the Health Board, but there is an expectation that less annual leave will be taken in Quarter 4 due to the increasing prevalence of COVID-19.

Forecast

- Following receipt of the £40.0m Welsh Government funding to cover the planned deficit, the forecast financial position for the end of the year continues to be a nil deficit.

Risk Analysis:

- The current block contract arrangement with NHSE has been revised to a reduced percentage 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. Risks and opportunities are detailed in Section 3 of the attached report.

Legal and Compliance:
Not applicable.

Impact Assessment:
Not applicable.

MONITORING RETURN

MONTH 9 2020/21

Sue Hill

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, the substantial increase in COVID-19 infection rates across our population over the winter months is affecting delivery of the plan, with associated impact on activity and costs.

1.2 Financial Position

- The in-month position is a nil deficit, which is £3.4m under the plan for Month 9. This gives a cumulative year to date surplus of £0.2m, which is a favourable variance of £30.2m against the planned deficit of £30.0m.

- The impact of COVID-19 in December is a cost of £5.9m, with a year to date cost of £78.9m.

	M01	M02	M03	M04	M05	M06	M07	M08	M09	YTD	Forecast
	£m	£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)	6.5	68.9	132.2
Lost income	1.2	1.4	1.2	1.6	1.6	0.4	1.0	1.0	1.1	10.5	13.6
Non delivery of savings	3.7	3.6	2.0	2.7	2.3	3.9	0.5	2.3	0.9	21.9	28.4
Elective underspend	(2.4)	(2.8)	(2.2)	(2.6)	(1.9)	(1.5)	(1.7)	(1.5)	(1.8)	(18.4)	(22.4)
Slippage on planned investments	(0.2)	(0.1)	(0.5)	(0.5)	(0.2)	(0.2)	(0.5)	(0.3)	(0.8)	(3.3)	(5.2)
Cluster funding	0.0	0.0	(0.3)	(0.1)	0.0	(0.1)	(0.1)	(0.1)	0.0	(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	0.0
Total COVID-19 costs	**30.8**	**5.1**	**7.5**	**9.2**	**7.9**	**7.3**	**6.3**	**(1.1)**	**5.9**	**78.9**	**145.9**
Optimise Flow & Outcomes (ICF)	0.0	0.0	0.0	(1.6)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(2.1)	(2.5)
Mental Health Improvement Fund	0.0	0.0	0.0	(0.7)	0.0	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)	(0.2)
Welsh Government	(30.8)	(5.1)	(7.5)	(6.8)	19.8	(34.8)	(6.2)	1.2	(5.7)	(75.9)	(142.5)
Total COVID-19 income	**(30.8)**	**(5.1)**	**(7.5)**	**(9.2)**	**19.7**	**(34.9)**	**(6.3)**	**1.1**	**(5.9)**	**(78.9)**	**(145.9)**
Impact on position	**0.0**	**0.0**	**0.0**	**0.0**	**27.6**	**(27.6)**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

- Cumulatively, specific funding sources totalling £3.0m have been redirected to COVID-19 to cover some of these costs. £75.9m of additional 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 £145.9m.

1. FINANCIAL POSITION & FORECAST

- Forecasts for COVID-19 have been further refined this month, resulting in an increase of £4.4m 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.

- The table below shows the movement between forecast COVID-19 costs last month and this month:

	Forecast at Month 8 £m	Forecast at Month 9 £m	Movement £m
COVID-19 spend	84.9	81.2	(3.7)
Field Hospitals	31.1	30.8	(0.3)
Annual leave accrual	10.1	20.2	10.1
Lost income	13.6	13.6	0.0
Non delivery of savings	30.8	28.4	(2.4)
Elective underspend	(23.3)	(22.4)	0.9
Slippage on planned investments	(5.0)	(5.2)	(0.2)
Cluster funding	(0.7)	(0.7)	0.0
Total	**141.5**	**145.9**	**4.4**

  - **COVID-19 spend**: There is a continual review of COVID-19 costs and the ability to undertake developments given the rising number of cases in North Wales. Forecasts have been amended in line with this review. In December, the key changes have been an increase of £10.1m in the annual leave accrual, offset by a reduction of £2.9m in relation to pay costs as staffing plans anticipated for Quarter 4 have been delayed. Annual leave remains under discussion in the Health Board, but there is an expectation that less annual leave will be taken in Quarter 4 due to the increasing prevalence of COVID-19.
  - **Non delivery of savings**: Savings delivery forecasts have increased as pipeline plans have now moved into development. These pipeline schemes were previously included as an opportunity in the Monitoring Return, but have moved into green/amber and so are included in the forecast for Month 9.
  - **Elective underspends**: Forecast divisional operational under spends for elective work have been reassessed and reduced.
  - **Slippage on planned investments**: 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 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, leading to further slippage on planned investments.

1. FINANCIAL POSITION & FORECAST

1.3 Forecast

- Following receipt of the £40.0m Welsh Government funding to cover the planned deficit, the forecast financial position for the end of the year continues to be a nil deficit.

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			
Contracting Benefit			The current block contract arrangement with NHSE has been revised to a reduced percentage value depending on levels of activity undertaken. This could result in a financial benefit to the Health Board. Initial conversations with our main providers took place in December, at which time they were confident that the level of activity in the remaining months would be sufficient to meet the threshold to receive 100% of the block. Further discussions are taking place with providers to update the position based on the latest operating environment. Therefore, there may be an opportunity to reduce the contract expenditure, although this cannot currently be quantified with any degree of accuracy. The Health Board is including in the forecast a small amount of underperformance against a couple of the smaller contracts, where performance to date has been particularity low.
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 £155.9m for December.

- Confirmed allocations to date are £1,712.0m, with further anticipated allocations in year of £40.8m, a total forecast Revenue Resource Limit (RRL) of £1,752.8m for the year.

- £143.6m of the RRL has been profiled into December, which is £10.7m more than in November. This reflects the £8.7m reduction in Field Hospital costs last month, which reduced COVID-19 funding. In addition, £3.1m of income for Intermediate Care Fund (ICF) capital schemes has been recognised this month to match accrued expenditure.

- A reconciliation between the RRL phased into the position and an equal phasing is shown in the table below.

	M09
	£m
RRL (Table E)	1,752.8
Less COVID-19 funding (Table A, line 22)	(145.9)
Less funding for specific purposes, e.g. drug treatment fund	(34.3)
Adjusted RRL	1,572.6
Equal 12ths phasing	1,179.5
Add YTD COVID-19 costs	78.9
Phased YTD RRL	1,258.4
Actual YTD RRL (Table B)	1,258.3
Variance	**0.0**

- Income includes £10.3m for Planned Care and Diagnostic performance funding. Due to the increasing prevalence of COVID-19, plans have had to be revised and some schemes can no longer be undertaken. Of this funding, £4.4m no longer has agreed plans in place and this is shown separately in Table A, on line 35. However, the Health Board has confirmed that this will be fully spent in 2020/21.

- Total Welsh Government COVID-19 income is forecast at £145.9m for the year, of which £78.9m has been included in the year to date financial position.

4. INCOME & EXPENDITURE

	Total Funding £m	Actual Expenditure to M09 £m	Forceast Expenditure M10 to M12 £m
Additional COVID-19 support	63.0	42.8	20.2
Annual leave accrual	20.2	0.0	20.2
Field Hospital commissioning costs	14.9	14.9	0.0
Trace element of TTP (including IT)	8.5	2.6	5.9
Field Hospital decommissioning cost	7.9	0.0	7.9
PPE	5.6	3.9	1.7
Quarter 1 Pay	5.4	5.4	0.0
Support for adult social care providers	5.0	2.9	2.1
COVID-19 vaccination programme	3.0	0.3	2.7
Discharge to Recover and Assess	2.1	0.2	1.9
COVID-19 testing	1.5	0.6	0.9
Extended flu vaccination programme	1.6	0.8	0.8
Consequential losses	1.8	0.9	0.9
Ambulatory care (Same Day Emergency Care)	0.6	0.0	0.6
Ambulatory care	0.2	0.1	0.1
Additional cross border costs 0.8%	0.5	0.4	0.1
Primary Care Centre Pathfinders	0.4	0.0	0.4
Voluntary Sector Mental Health Service Provision	0.2	0.0	0.2
MH Helpline	0.1	0.1	0.0
COVID-19 Specific Funding	**142.5**	**75.9**	**66.6**
Optimise Flow & Outcomes (ICF)	2.5	2.1	0.4
Mental Health Improvement Fund	0.7	0.7	0.0
GMS (DES)	0.2	0.2	0.0
Redirected Funding	**3.4**	**3.0**	**0.4**
Total Welsh Government Funding	**145.9**	**78.9**	**67.0**

- 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 9:

4. INCOME & EXPENDITURE

	Total Funding at M08 £m	Total Funding at M09 £m	Movement £m
Funding movements from M08			
Additional COVID-19 support	76.2	63.0	(13.2)
Trace element of TTP (including IT)	8.8	8.5	(0.3)
PPE	6.1	5.6	(0.5)
COVID-19 vaccination programme	2.7	3.0	0.3
Discharge to Recover and Assess	2.2	2.1	(0.1)
COVID-19 testing	1.9	1.5	(0.4)
Extended flu vaccination programme	1.8	1.6	(0.2)
Ambulatory care (Same Day Emergency Care)	1.3	0.6	(0.7)
Ambulatory care	0.8	0.2	(0.6)
Primary Care Centre Pathfinders	0.5	0.4	(0.1)
Sub-total	**102.3**	**86.5**	**(15.8)**
New funding in M09			
Annual leave accrual	0.0	20.2	20.2
Sub-total	**0.0**	**20.2**	**20.2**
Unchanged Funding	**39.2**	**39.2**	**0.0**
Total Welsh Government Funding	**141.5**	**145.9**	**4.4**

- The main adjustment relates to the funding of the increase in the annual leave accrual. In Month 8, the annual leave accrual was £10.1m and was funded from the Additional COVID-19 support (NHS stability funding). However, in accordance with the intended all-Wales approach, in Month 9 a new funding stream has been set up to fund this accrual. Therefore, Additional COVID-19 support funding has reduced by £10.1m and the annual leave accrual funding has been set up for a corresponding amount. In addition, the annual leave accrual has been recalculated this month, based on an increase in the number of leave days to be carried forward. This has increased the accrual, and corresponding funding, by £10.1m to £20.2m.

- Additional COVID-19 support funding has decreased by a further £3.1m due to decreases in other costs, notably forecast COVID-19 pay, which (excluding the annual leave accrual) has reduced by £2.9m.

- The impact of COVID-19 has resulted in lost income of £1.1m during December, which mainly relates to Non-Contracted Activity (NCAs) and General Dental Services (GDS) patient income. Included in 'Other' is income lost from private patients and training course fees.

4. INCOME & EXPENDITURE

Loss of Income	M09 £m
Dental Patient Charge Revenue	0.4
Non-contracted activity (NCAs)	0.5
Other	0.2
Total Income	**1.1**

4.2 Expenditure (Table B)

- Expenditure totals £155.8m for Month 9, £12.4m more than in Month 8.
- Expenditure of £6.5m is directly related to COVID-19 this month, of which £2.2m is included in pay and £4.3m across non-pay expenditure categories.
- The impact of COVID-19 on the savings programme has resulted in planned savings of £0.9m not being achieved this month and this shortfall is included within non-pay. Elective care activity during December remains below usual levels, giving a reduction in planned care non-pay spend of £1.8m. In addition, there is slippage on investments of £0.8m offsetting costs.

Primary Care	– Expenditure In December is the same as last month at £17.9m. – Pressures in General Medical Services (GMS) remain from increased 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. – Further details are included in Section 15.
Primary Care Drugs	– Spend has increased by £1.3m this month to £9.8m, which is £0.4m above the monthly average for the year to date. – The data for October, received this month, showed an increase in the average cost per prescribing day. However, unlike earlier in the year where increases were driven by price, this month the increase is primarily as a result an increase in volume. The average cost per item has increased by 1%, whilst the number of items prescribed is up by 10%. – The overall trend in costs continues to be on an upward trajectory and GP prescribing and dispensing costs remain a cost pressure in 2020/21. The year to date over spend at Month 9 is £3.6m, with a forecast overspend of £6.6m for the year.

4. INCOME & EXPENDITURE

Provided Services - Pay	- Details are provided in Section 5.
Provider Services Non-Pay	- There has been an increase of £12.5m in expenditure compared to Month 8, of which £9.8m relates to COVID-19. COVID-19 costs in Month 8 were reduced due to the £8.7m decrease in the set-up costs of the Field Hospitals. - This month the Intermediate Care Funds (ICF) capital list has been agreed with the Local Authorities. The total cost for the year is £8.0m. Some of this cost had been accrued previously, but in Month 9 accruals have been adjusted so that 9/12ths of the full cost, and the corresponding income, is included in the position. This has led to increased ICF costs of £3.1m in Month 9.
Secondary Care Drugs	- Costs have increased by £0.6m to total spend of £6.6m in the month, which is the highest monthly spend for the year so far. - £0.3m of the increase relates to Oncology drugs due to a rise in Cancer patients presenting later than they would normally as a result of the pandemic. This has led to higher cost drugs being required to treat them. - The remainder of the increase relates to higher spend across a number of Secondary Care specialties, including Gastro, Rheumatology and Respiratory.
Healthcare Services provided by other NHS Bodies	- There has been a £0.6m (equivalent to 3%) decrease in spend compared to Month 8. - Initial conversations with our main English providers indicate that the level of activity in the remaining months of the year will be sufficient to meet the threshold to receive 100% of the block payment. Therefore, most contract payments will remain at the level they have been for the year so far. Discussions with providers will continue to ensure that they are achieving this level of activity.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	- Expenditure in December has fallen by £1.8m to £8.0m, which is the lowest monthly expenditure for the year so far. - However, this is because of a journal correction in relation to Children's CHC and FNC costs, due to an error in Month 8. This has resulted in a reduction in spend of £2.0m in Month 9. - Mental Health has seen an increase in CHC cases this month, with costs rising by £0.2m.
Other Private and Voluntary Sector	- Expenditure relates to a variety of providers, including hospices and Mental Health organisations.

Joint Financing	- 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	- Includes Redress, Clinical Negligence, Personal Injury and loss of property. - There was a decrease in spend of £0.2m this month, which related to an adjustment to the bad debt provision.
Capital	- Includes depreciation and impairment costs, which are fully funded. - The AME forecast increased, with £0.083m due to the market valuation to support the disposal of Flint Community Hospital. The transactions have been actioned in Month 9.

4.3 Forecast (Table B)

- Forecast costs for the last quarter 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 an ongoing review of plans, but there are still some developments that are going ahead.

- Pay costs in Month 12 include the £20.2m annual leave accrual, as detailed in section 6.3.2. The pay costs for 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.

- Forecast pay costs also include additional costs for enhanced overtime rates, which have been agreed by the Health Board for a defined period, starting in Month 10, to support service demands. These rates will apply to specific designated staff groups (currently Nurses and Midwives and Health Care Support Workers) in bands 1-7 (including part time staff) and for COVID-19 related cover; for example to staff in the rainbow hospitals or COVID-19 wards, to undertake COVID-19 vaccinations, or to cover for staff who are absent for COVID-19 related reasons. The enhanced rates are x2.0 for nights/Saturdays and x2.25 for Sundays.

- Non-pay costs related to Test Trace Protect (TTP) started to increase in December and are forecast to rise further over the next three months. These are the payments to Local Authorities and are forecast to increase from £0.6m in Month 9 to £2.0m in Month 12. The £7.9m decommissioning costs of the Field Hospitals are included in non-pay costs in March.

- Non-pay costs in March also include the £4.4m of Planned Care and Diagnostic performance funding where plans are being reviewed.

- 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 9. This relates to a GMS rebate. A national contract was let by NWSSP for the Provision of Rating Consultants to undertake a review to seek rebates for 2017 Non-Domestic Rating Revaluations for the Primary Care Estate. The £0.3m is a one-off refund from a back-dated reduction in rateable value, which has been released against the GMS ring-fenced budget.

4.5 Committed Reserves and Contingencies (Table B)

- The Diagnostic Sustainability reserve is now being utilised. 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 December are £69.4m. Provided Services pay costs are £67.5m, which is £0.2m higher than in November. Primary Care pay costs at £1.9m are the same as last month. A total of £2.2m of pay costs were directly related to COVID-19.

- There have been no significant changes in pay cost by staff group this month.

5.2 Agency/Locum Expenditure (Table B2)

- Agency costs for Month 9 are £3.4m, representing 4.9% of total pay, an increase of £0.3m on last month. Agency spend related to COVID-19 in December was £0.7m, £0.2m higher than last month.

- Medical agency costs have increased by £0.2m to an in-month spend of £1.8m. Of this, £0.3m related to COVID-19 work, £0.1m higher than November.

- Nurse agency costs totalled £1.0m for the month, the same as last month. This cost includes £0.3m relating to COVID-19.

- Other agency costs total £0.6m this month, £0.1m higher than last month. £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 December is a cost of £5.9m. A total of £0.2m 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 this month is £5.7m.

- 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 8. Negotiations continue; this value remains subject to revision as discussions progress and if any if the rules on social contact change.

6.2 COVID-19 Forecast Costs (Table B3)

- The forecast expenditure relating to COVID-19 is reviewed and revised on a monthly basis, as the Health Board develops and adjusts plans. The current total cost of COVID-19 is forecast to be £145.9m. This is £4.4m higher than the forecast in Month 8.

- As noted in section 6.3.2, the forecast for the annual leave accrual has increased by £10.1m this month. Offsetting this is a reduction in other pay forecasts, which have decreased by £2.9m, due to delays in recruiting staff to meet plans. The surge in COVID-19 cases in December, anticipated to continue over the whole winter, is amplifying the issues with staff recruitment. There have been smaller movements in several other COVID-19 programmes as plans are further developed, with income adjusted to match, as noted in Section 4.1.

- Savings delivery for the year will be reduced against the plan of £45.0m and it is estimated that this will be £16.6m. Red rated schemes that were previously in the pipeline have now moved into green/amber and so are included in this figure.

- Costs for decommissioning the field hospitals are currently estimated at £7.9m, to be incurred in March. 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 £22.4m.

6.3 Key Areas (Table B3)

6.3.1 COVID-19 and extended flu vaccination programmes

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

COVID-19 Vaccination Programme	Table B3 Row	M07 £000	M08 £000	M09 £000	M10 £000	M11 £000	M12 £000	YTD £000	Total £000
Pay									
Establishment: Administrative & Clerical	3	0	7	30	215	265	265	37	782
Establishment: Nursing & Midwifery	5	0	2	26	425	507	645	28	1,605
Agency: Administrative & Clerical	13	58	21	40	40	40	40	119	239
Total Pay		58	30	96	680	812	950	184	2,626
Non-Pay									
Cleaning costs	64	0	0	0	15	15	15	0	45
Equipment costs - other	73	0	0	34	0	0	0	34	34
Estates\Security costs	74	0	0	24	0	0	0	24	24
IT Costs	77	13	6	0	0	10	0	19	29
Laundry costs	78	0	0	1	0	0	0	1	1
M&SE - consumables	80	0	0	0	25	75	75	0	175
PPE	82	0	0	8	0	0	0	8	8
Telephony	86	0	0	0	10	10	10	0	30
Transportation	89	0	0	4	10	0	0	4	14
Other costs	91	0	0	2	30	0	0	2	32
Total Non-Pay		13	6	73	90	110	100	92	392
Total		**71**	**36**	**169**	**770**	**922**	**1,050**	**276**	**3,018**

Extended Flu Vaccination Programme	Table B3 Row	M07 £000	M08 £000	M09 £000	M10 £000	M11 £000	M12 £000	YTD £000	Total £000
Pay									
Establishment: Nursing & Midwifery	5	0	47	11	0	0	0	58	58
Total Pay		0	47	11	0	0	0	58	58
Non-Pay									
Additional costs in Primary Care	59	0	614	108	733	0	0	722	1,455
Drugs inc Medical Gases	70	0	54	0	0	0	0	54	54
Total Non-Pay		0	668	108	733	0	0	776	1,509
Total		**0**	**715**	**119**	**733**	**0**	**0**	**834**	**1,567**

- There have been some small changes to the forecast cost of these programmes, as they progress and plans crystallise. The extended flu vaccination programme has reduced by £0.2m, whilst the COVID-19 vaccination programme has increased by £0.3m.

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 Medical and Dental staff 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 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 has confirmed that staff will be permitted to carry forward leave at the end of the financial year. The Health Board is currently estimating that staff will carry forward up to ten days leave. This has increased from the five days used in calculations last month, as discussions across Wales have progressed and the demand on local services due to rising COVID-19 cases has increased. The position does however remain under review.

- Using this approach, the Health Board is currently estimating a maximum increase of £20.2m to the annual leave accrual, based on an analysis of its Electronic Staff Record (ESR) at Month 9. This is an increase of £10.1m on the accrual in Month 8, reflecting the fact that the number of days carried forward has doubled. This forecast has been included in Table B3 on line 52, as an anticipated allocation on Table E and has been analysed over the following pay expenditure types in Table B2:

Pay expenditure type (Table B2)	£000
Administrative, Clerical and Board Members	3,422
Medical & Dental	1,200
Nursing & Midwifery Registered	7,734
Professional, Scientific and Technical	1,236
Additional Clinical Services	3,126
Allied Health Professionals	1,476
Healthcare Scientists	454
Estates and Ancillary	1,326
Students	226
Total	**20,200**

- The Health Board has funded the cost of this accrual from the annual leave accrual funding stream.

- The anticipated allocation reported in Table E of the Month 9 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.

6. COVID-19 ANALYSIS

- 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 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 £2.5m (including income generation and accountancy gains) are reported in Month 9, increasing the year to date delivery to £11.6m. Schemes currently in delivery have a forecast in-year value in Table A of £16.6m, an increase of £2.4m from the Month 8 position. Savings forecast delivery has been enhanced through the addition of new schemes and significant movements from pipeline.

- The total in-year forecast for savings (including income generation and accountancy gains) including pipeline remains at £16.6m, consistent with Month 8. Schemes that remain in the 2020/21 pipeline have reduced from £2.4m in Month 8 to £0.025m.

- 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 with a particular focus upon developing opportunities for 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 £29.4m for 2020/21, identified as follows:

WG Anticipated COVID-19 Income	£m
Additional COVID-19 support	(20.1)
Annual leave accrual	20.2
Field Hospital decommissioning costs	7.9
Test Trace Protect (TTP)	3.7
PPE	3.6
COVID-19 vaccination programme	3.0
Field Hospital commissioning costs	2.8
Discharge to Recover and Assess	2.1
Consequential losses	1.8
Extended flu vaccination programme	1.6
COVID-19 testing	1.6
Ambulatory care (Same Day Emergency Care)	0.6
Primary Care Centre Pathfinders	0.4
Ambulatory care	0.2
Total	**29.4**

10. STATEMENT OF FINANCIAL POSITION

10.1 Statement of Financial Position (Table F)

- Key movements in the SoFP during Month 9 are:

  - Fixed assets decrease of £0.7m due to newly capitalised assets in year less non-cash adjustments.
  - Trade and other receivables decrease of £13.3m, which primarily relates to the £15.5m reduction in the RRL.
  - Cash decrease of £6.2m as a Welsh Risk Pool reimbursement for £5.0m, which was expected in December, was received in November.
  - Trade and other payables increase of £21.6m due to additional pharmacists feed of £9.9m and £12.0m paid to HMRC on account of December deductions.
  - General Fund increase of £1.5m due to CRL drawn.

11. CASH

11.1 Cash Flow Forecast (Table G)

- The closing cash balance at the end of December was £5.7m, which included £5.6m cash held for revenue expenditure and £0.1m cash held for capital projects.

- 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, 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 £20.2m for the annual leave accrual as 31st March 2021 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 as below:

Trade and other payables	**£000**
Opening balance 1st April 2020	**(143,633)**
Increase in annual leave accruals – no-cash	(20,200)
Reduction in capital payables – opening balance	1,698
Reduction in capital payables – funding request	2,109
Forecast closing balance 31st March 2021	**(160,026)**

- The Health Board recognises that there will likely be further increases in payables balances by the end of the year, 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 currently 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 be manage these internally at year-end.

12. PUBLIC SECTOR PAYMENT COMPLIANCE

12.1 PSPP (Table H)

- The Health Board has achieved the PSPP target, to pay 95% of valid invoices within 30 days of receipt, in three of the four measures of compliance both during Quarter 3 and cumulatively for 2020/21. NHS invoices by number remained below target during Quarter 3 at 89.4% (89.4% year to date).

- A sub-group of the All Wales Technical Accounting Group has now been established to consider common problems being experienced with NHS PSPP performance across Wales. This has identified a number of themes, the main one being payments to NHS Fleet Solutions, which are processed on the Health Board's behalf by NWSSP. We understand however that these issues have now been resolved and this will result in improved performance going forward.

- Other issues around the timely authorisation of invoices for payment are being dealt with internally, although these are not expected to significantly improve cumulative performance until 2021/22.

13. CAPITAL

13.1 Capital Resource Limit (Table I)

- The Capital Resource Limit (CRL) for 2020/21 is £30.3m. Actual expenditure to the end of December was £16.8m, against a plan of £18.7m. The year to date slippage of £1.9m will be recovered during the remainder of the year and it is forecast that the CRL will be achieved. Each strategic group has provided assurances that works have commenced, purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet its CRL.

13.2 Capital Programme (Table J)

- The Capital Programme update is reported in Table J and an updated by scheme provided below.

All Wales Schemes	CRL / Planned £000	YTD Planned £000	Expenditure M09 £000	Narrative
Capital Projects Approved Funding				
PAS System	423	311	293	The WPAS project expenditure is on track this financial year and Phase 3 of the revised programme will Go-live in May 2021. Planning to commence Phase 4 will start in 2021.
Substance Misuse - Holyhead, Anglesey	497	350	310	The project has an agreed revised programme due to delays as a result of COVID-19. The completion date of the scheme is projected for the end of June 2021. The CRL has been reduced to reflect the delays.
Substance Misuse - Shotton, Flintshire	1,635	986	883	The project has an agreed revised programme due to delays as a result of COVID 19. The completion date of the scheme is projected for the end of May 2021. The CRL has been reduced to reflect the delays.
North Denbighshire Community Hospital	1,823	1,642	1,555	The scheme is currently in design stage and fees will be due this financial year.
Ablett SOC - OBC	435	557	501	The scheme is currently in design stage and fees will be due this financial year.
Emergency Department Systems	366	135	88	The Health Board is in the process of implementing a single instance standalone BCU Symphony system across all sites. BCU went live in the West area on the 2nd December 2020. The forecast spend will achieve in the financial year.
Slippage from 19/20 (Replacement CT Scanner - YGC) into 20/21	340	632	592	The scheme is complete.
Ruthin	1,431	1,042	902	The scheme is progressing and there has been delays reported on a number of phases due to COVID 19. However the spend profile and CRL has been revised to reflect the delays. The project is set to complete mid February 2022.
COVID - 19	8,162	8,162	8,162	All schemes are complete and equipment has been received.
COVID - 19 Digital Devices	842	-	-	The tender has been awarded and the project will completed by year end.
ICF	1,376	718	687	The Bryn Beryl abnd Prestatyn project are due to complete by year end. The forecast spend will be achieved by March 2021.
All Wales Total	**17,330**	**14,535**	**13,973**	
Discretionary Total	12,921	4,154	2,790	Programme leads have confirmed that works have commenced, purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet it's CRL.
Overall Total	**30,251**	**18,689**	**16,763**	

14. WELSH NHS DEBTORS

14.1 Welsh NHS Debtors (Table M)

- The Health Board held three NHS Wales invoices that were over eleven weeks old at the end of Month 9, which have been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales.

- The Health Board is in contact with the debtor organisations to ensure that they are resolved prior to arbitration dates. All three invoices were agreed as part of the Month 8 Agreement of Balances exercise.

15. GMS & GDS

15.1 GMS (Table N)

- At the end December, the Health Board reported a £0.6m over spend position against the ring fence GMS budget, plus additional BCU funding. The reason for the over spend at the end of Quarter 3 is still mainly due to increasing costs of drugs reported through GMS Dispensing and cost pressures within Managed Practices, particularly in relation to locum GP costs. However, this is offset by slippage on Partnership Premium/Seniority payments and Enhanced Services. As at the end of December, the Health Board is managing 13 practices and we are not aware of any further resignations at this stage in the financial year.

- Based on the Quarter 3 data the current year-end forecast for GMS is £1.0m over spent. This excludes any additional impact of the COVID-19 vaccination programme that Welsh Government determines should be chargeable to the GMS ring-fence.

15.2 GDS (Table O)

- At the end of December, the Health Board reported a £1.1m over spend position against the ring fence GDS budget. The reason for the over spend at the end of Quarter 3 is still due to loss of the Patient Charge Revenue (PCR) exceeding the 20% contract reduction (Quarter 1) and 10% contract reduction (Quarters 2 and 3) that were agreed across Wales.

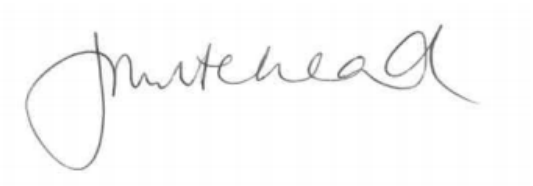
- BCU internally allocates an additional £0.8m of funding to GMS, on top of the Welsh Government ring-fenced allocation. Based on the Quarter 3 data the current year-end forecast for GMS is £1.0m over spent against the total budget. This would be a £1.8m forecast over spend against the Welsh Government allocation. The forecasts exclude any additional impact of the COVID-19 vaccination programme that Welsh Government determines should be chargeable to the GMS ring-fence.

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 9 Monitoring Return will be received by the Health Board's Finance and Performance Committee members at the January meeting.



Jo Whitehead
Chief Executive

Eric Gardiner
Finance Director – Provider Services

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Month 8 Monitoring Return Responses

Overview – Action Point 8.1

The Health Board's response to the challenge on the achievability of previously forecast expenditure, which was included at Month 6 when the WG Covid Stability Funding was confirmed in order to forecast a balanced Covid position at Month 6, is included in the Month 8 MMR tables and my understanding of the £6.950m return of funding is the net impact of the following changes from your Month 7 submission:

		£m
1	Reduction in total Additional Operational Pay Expenditure due to C-19	9.00
2	Reduction in total Additional Operational Non Pay Expenditure due to C-19	7.90
3	Reduction in Non Delivery of Savings due to C-19	1.06
4	Increase in Planned Operational Expenditure Cost Reduction due To C-19	3.63
5	Increase in Slippage on Planned Investments due to C-19	2.76
6	*Subtotal – Decrease in forecast Net Expenditure from Month 7*	24.35
7	Less inclusion of Annual Leave Accrual Costs	(10.10)
8	*Subtotal – Net decrease in forecast Net Expenditure from Month 7*	14.25
9	Less reduction in anticipated C-19 programme items	(7.30)
10	**Total Stability Funding to be Returned at Month 8**	6.95

It is disappointing however, that you have only explained the movements as being due to a 'review of plans' without identifying the changes to your methodology, which have resulted in the reduction of c£9m in Pay and c£7.9m in Non Pay, with the exception of £7.3m being explained by the change in Programme items such as Field Hospitals Set Up costs, Vaccinations and TTP set out in your narrative and Table and analysed by Pay and Non pay in the values below. It is important that this is provided in your next submission.

Response

Additional detail will be provided for any future material adjustments from Month 9 submission onwards.

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

Following discussions between our colleagues, Michelle Jones and Andy Lloyd-Williams, I understand that the majority of the £10.3m Performance Funding has been forecast to be spent on outsourcing to private providers. For clarity, please ensure the income is reported as additional funding on Table A, Line 21, along with the £40m Transformational Funding. Please also report 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 return has been updated and the income separately shown on Table A.

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 7.4 I note you have included the Annual Leave Accrual costs within the A4C categories in Table B3. As requested last month, please record these costs in the Covid-19 Table (B3) on free text line 52 within the Pay section and continue to include the table in your narrative to analyse the spend against the lines on B2 (Pay).
Response The Month 9 submission has been updated as requested with annual leave on row 52.
Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 8.2 In line with the intended All Wales approach currently being developed through the Deputy DoF group and TAG, please anticipate the specific programme funding for the costs of an increase in the Annual Leave Accrual.
Response The full cost of the annual leave accrual has been funded from a specific funding stream in Month 9.
Covid-19 (Table B3) – Action Point 8.3 I note there is an increase in forecast pay costs between Month 11 and 12 on line 34 but there is no change to the WTE between the two months. Please review and amend your next return as necessary. **(Action Point 8.3)**
Response The WTE has been reviewed and updated.
Covid-19 (Table B3) – Action Point 8.4 I note that the amount reported as total PPE costs are less than the total income (allocated plus anticipated) by £0.020m. Please review and amend your next return as necessary.
Response The PPE value has been reviewed and updated.
Covid-19 (Table B3) – Action Point 8.5 I have yet to receive your Mass Covid-19 Vaccination Programme Template, which was new from Month 8. Please submit this as soon as possible and ensure future months are submitted with the other templates on Day 9.
Response

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Apologies for the delay in submitting this template. Processes have now been put in place to ensure it will be sent in for day 9.
Covid-19 (Table B3) – Action Point 8.6 I note a total increase in "Reduction of non pay costs due to reduced elective activity" of £3.011m (line ref 116) compared to M7 (this forms the main element of line 4 in the table above AP 8.1). Please confirm that this is a release of baseline establishment costs and does not relate to any element of the £10.3m performance funding recently issued.
Response This reduction does relate to reduced baseline costs.
Covid-19 (Table B3) – Action Point 8.7 I note a total increase of £1.002m on "Financial Recovery" (line 130) (this forms an element of line 5 in the table above AP 8.1). In response to my previous queries on this item, you had described this as six months of the budget of the Financial Recovery Team as they had been redeployed to Covid-19 roles. Please confirm if this further release relates to the remaining six months and clarify what Financial Recovery work has been prioritised and explain how this is being delivered.
Response The formal financial recovery programme remains suspended however, there is a focus upon securing in year savings wherever possible through divisional reviews of expenditure to identify opportunities. This has been reflected in the growing savings forecast as we have progressed through the financial year.
Covid-19 (Table B3) – Action Point 8.8 I note a new amount of £1.703m (reported on line 132) with no description (this forms an element of line 5 in the table above AP 8.1) on the B3 table or in your narrative. Please review this and give full details in your next return.
Response The description has been included in the Month 9 return.
Capital (Table I/K/L) – Action Point 7.12 As requested last month, please ensure that your supporting narrative provides details of your capital schemes.
Response Please see table included in the narrative as requested.
Monthly Positions (Table B) - Action Point 7.13

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

As raised in my last letter, I note that you have not included the AME Impairment for indexation charge, in the MMR. I also note that you have not increased the Strategic requirement in the MMR for £0.164m (Covid–19 Funding requirements for 2020-21 – Tranche 4) that was included in the unapproved section of the November NCR, but has since been approved. Please include these items 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 adjustment for the DEL depreciation (£0.164m) has been actioned in month 9. In addition the Health has declared an additional impairment in relation to the disposal of Flint Hospital, £0.083k. All AME Impairment charges has been included on the month 9 return.

Inter Organisational Income and Expenditure (Table D) – Action Point 8.9

I refer to my colleague, Andy Lloyd-Williams', email of 13th December which highlighted a slight variance in assumptions with EASC. Please liaise with colleagues to ensure variances are eliminated in your next return.

Response

This has been actioned and adjusted.

Cyfarfod a dyddiad: **Meeting and date:**	**Finance and Performance Committee** **25.2.21**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	**Monthly Monitoring Report – Month 10**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Mrs Sue Hill, 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:**	Appendix 1: Month 10 Monitoring Return Narrative Report

Argymhelliad / Recommendation:

Note the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 10 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**		**Ar gyfer Trafodaeth** **For Discussion**		**Ar gyfer sicrwydd** **For Assurance**		**Er gwybodaeth** **For Information**	✓

Sefyllfa / Situation:

To report to the Committee the completion of monthly reporting to Welsh Government for Month 10 of 2020/21.

Cefndir / Background:

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, the sustained high level of COVID-19 infection rates across our population over the winter months is affecting delivery of the plan, with associated impact on activity and costs. The impact on planned care in January has been particularly significant, due to the immense pressure arising from the highest numbers of COVID-19 patients in our hospitals for the pandemic so far.

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 a nil deficit, which is £3.3m under the plan for Month 10. This gives a cumulative year to date position of £0.2m surplus, which is a favourable variance of £33.5m against the planned deficit of £33.3m.

- The impact of COVID-19 in January is a cost of £9.4m, with a year to date cost of £88.3m.

	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	YTD	Forecast
	£m	£m	£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)	6.5	8.5	77.4	138.0
Lost income	1.2	1.4	1.2	1.6	1.6	0.4	1.0	1.0	1.1	0.9	11.4	13.4
Non delivery of savings	3.7	3.6	2.0	2.7	2.3	3.9	0.5	2.3	0.9	1.7	23.6	27.7
Elective underspend	(2.4)	(2.8)	(2.2)	(2.6)	(1.9)	(1.5)	(1.7)	(1.5)	(1.8)	(1.0)	(19.4)	(22.2)
Slippage on planned investments	(0.2)	(0.1)	(0.5)	(0.5)	(0.2)	(0.2)	(0.5)	(0.3)	(0.8)	(0.6)	(3.9)	(4.7)
Cluster funding	0.0	0.0	(0.3)	(0.1)	0.0	(0.1)	(0.1)	(0.1)	0.0	(0.1)	(0.8)	(0.8)
ICF Funding	(0.3)	(0.7)	0.0	1.0	0.0	0.0	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)**	**5.9**	**9.4**	**88.3**	**151.4**
Optimise Flow & Outcomes (ICF)	0.0	0.0	0.0	(1.6)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(2.2)	(2.5)
Mental Health Improvement Fund	0.0	0.0	0.0	(0.7)	0.0	0.0	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)	0.0	(0.2)	(0.2)
Welsh Government	(30.8)	(5.1)	(7.5)	(6.8)	19.8	(34.8)	(6.2)	1.2	(5.7)	(9.3)	(85.2)	(148.0)
Total COVID-19 income	**(30.8)**	**(5.1)**	**(7.5)**	**(9.2)**	**19.7**	**(34.9)**	**(6.3)**	**1.1**	**(5.9)**	**(9.4)**	**(88.3)**	**(151.4)**
Impact on position	**0.0**	**0.0**	**0.0**	**0.0**	**27.6**	**(27.6)**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

- Cumulatively, specific funding sources totalling £3.1m have been redirected to COVID-19 to cover some of these costs. £85.2m of additional 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 £151.4m.

- Forecasts for COVID-19 have been further refined this month, resulting in an increase of £5.5m in the overall cost. The table below shows the movement between forecast COVID-19 costs last month and this month:

	Forecast at Month 9 £m	Forecast at Month 10 £m	Movement £m
COVID-19 spend	81.2	87.9	6.7
Field Hospitals	30.8	29.9	(0.9)
Annual leave accrual	20.2	20.2	0.0
Lost income	13.6	13.4	(0.2)
Non delivery of savings	28.4	27.7	(0.7)
Elective underspend	(22.4)	(22.2)	0.2
Slippage on planned investments	(5.2)	(4.7)	0.5
Cluster funding	(0.7)	(0.8)	(0.1)
Total	**145.9**	**151.4**	**5.5**

- There is a continual review of COVID-19 costs and the ability to undertake developments given the sustained high number of cases in North Wales. Forecasts have been amended in line with this review. In January, the key changes are additional forecast spend in line with the new funding for the Pharmacy and Dental allocations (total of £1.1m) plus an increase in the COVID-19 vaccination programme (£3.1m). In addition there are plans for £3.1m spend that are under development. This is offset by a reduction in the Track, Trace and Protect (TTP) programme (£0.7m). Field Hospital set up costs relating to the Deeside Field Hospital have reduced by £0.9m this month due to moving the hire of equipment from the contractor to the Health Board from the 1st February.

- Welsh Government income includes £10.3m for Planned Care and Diagnostic performance funding. Due to the increasing prevalence of COVID-19, plans have had to be revised and some schemes can no longer be undertaken. Of this funding, £6.0m no longer has agreed plans in place. In addition £3.1m of COVID-19 funding has not yet been allocated as plans are still under development

Forecast

- Following receipt of the £40.0m Welsh Government funding to cover the planned deficit, the forecast financial position for the end of the year continues to be a nil deficit.

Risk Analysis:

- As previously reported, the Health Board is monitoring the performance of local providers against the agreed thresholds for modifying the block contract payments and is anticipating recovery from a couple of the smaller contracts in the forecast. In addition, the Health Board is monitoring all other contracts and there may be an opportunity to reduce the contract expenditure further, although this cannot currently be quantified with any degree of accuracy. There are three risks to the financial position, but the value of these cannot be currently quantified. Risks and opportunities are detailed in Section 3 of the attached report.

Legal and Compliance:
Not applicable.

Impact Assessment:
Not applicable.

MONITORING RETURN

MONTH 10 2020/21

Sue Hill

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, the sustained high level of COVID-19 infection rates across our population over the winter months is affecting delivery of the plan, with associated impact on activity and costs. The impact on planned care in January has been particularly significant, due to the immense pressure arising from the highest numbers of COVID-19 patients in our hospitals for the pandemic so far.

1.2 Financial Position

- The in-month position is a nil deficit, which is £3.3m under the plan for Month 10. This gives a cumulative year to date surplus of £0.2m, which is a favourable variance of £33.5m against the planned deficit of £33.3m.

- The impact of COVID-19 in January is a cost of £9.4m, with a year to date cost of £88.3m.

	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	YTD	Forecast
	£m	£m	£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)	6.5	8.5	77.4	138.0
Lost income	1.2	1.4	1.2	1.6	1.6	0.4	1.0	1.0	1.1	0.9	11.4	13.4
Non delivery of savings	3.7	3.6	2.0	2.7	2.3	3.9	0.5	2.3	0.9	1.7	23.6	27.7
Elective underspend	(2.4)	(2.8)	(2.2)	(2.6)	(1.9)	(1.5)	(1.7)	(1.5)	(1.8)	(1.0)	(19.4)	(22.2)
Slippage on planned investments	(0.2)	(0.1)	(0.5)	(0.5)	(0.2)	(0.2)	(0.5)	(0.3)	(0.8)	(0.6)	(3.9)	(4.7)
Cluster funding	0.0	0.0	(0.3)	(0.1)	0.0	(0.1)	(0.1)	(0.1)	0.0	(0.1)	(0.8)	(0.8)
ICF Funding	(0.3)	(0.7)	0.0	1.0	0.0	0.0	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)**	**5.9**	**9.4**	**88.3**	**151.4**
Optimise Flow & Outcomes (ICF)	0.0	0.0	0.0	(1.6)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(2.2)	(2.5)
Mental Health Improvement Fund	0.0	0.0	0.0	(0.7)	0.0	0.0	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)	0.0	(0.2)	(0.2)
Welsh Government	(30.8)	(5.1)	(7.5)	(6.8)	19.8	(34.8)	(6.2)	1.2	(5.7)	(9.3)	(85.2)	(148.0)
Total COVID-19 income	**(30.8)**	**(5.1)**	**(7.5)**	**(9.2)**	**19.7**	**(34.9)**	**(6.3)**	**1.1**	**(5.9)**	**(9.4)**	**(88.3)**	**(151.4)**
Impact on position	**0.0**	**0.0**	**0.0**	**0.0**	**27.6**	**(27.6)**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

- Cumulatively, specific funding sources totalling £3.1m have been redirected to COVID-19 to cover some of these costs. £85.2m of additional 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 £151.4m.

1. FINANCIAL POSITION & FORECAST

- Forecasts for COVID-19 have been further refined this month, resulting in an increase of £5.5m 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. The table below shows the movement between forecast COVID-19 costs last month and this month:

	Forecast at Month 9 £m	Forecast at Month 10 £m	Movement £m
COVID-19 spend	81.2	87.9	6.7
Field Hospitals	30.8	29.9	(0.9)
Annual leave accrual	20.2	20.2	0.0
Lost income	13.6	13.4	(0.2)
Non delivery of savings	28.4	27.7	(0.7)
Elective underspend	(22.4)	(22.2)	0.2
Slippage on planned investments	(5.2)	(4.7)	0.5
Cluster funding	(0.7)	(0.8)	(0.1)
Total	**145.9**	**151.4**	**5.5**

  - **COVID-19 spend**: There is a continual review of COVID-19 costs and the ability to undertake developments given the sustained high number of cases in North Wales. Forecasts have been amended in line with this review. In January, the key changes are additional forecast spend in line with the new funding for the Pharmacy and Dental allocations (total of £1.1m) plus an increase in the COVID-19 vaccination programme (£3.1m). In addition there are plans for £3.1m spend that are under development. This is offset by a reduction in the Track, Trace and Protect (TTP) programme (£0.7m),
  - **Field Hospitals**: Set up costs relating to the Deeside Field Hospital have reduced this month due to moving the hire of equipment from the contractor to the Health Board from the 1st February.
  - **Non delivery of savings**: Savings forecasts have increased as schemes are performing well. In addition, there were two new schemes identified totalling £0.3m that have made a significant contribution to the increase in forecast.

1.3 Forecast

- Following receipt of the £40.0m Welsh Government funding to cover the planned deficit, the forecast financial position for the end of the year continues to be a nil deficit.

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			
Contracting Benefit			As previously reported, the Health Board is monitoring the performance of local providers against the agreed thresholds for modifying the block contract payments and is anticipating recovery from a couple of the smaller contracts. In the Month 10 position, we are reporting that one of our main providers, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust will fall below the 75% activity threshold, resulting in a 10% clawback. We are also including a further potential 5% clawback in the year end forecast, which will be reviewed when the January performance data is received. The Health Board is monitoring all other contracts and there may be an opportunity to reduce the contract expenditure further, although this cannot currently be quantified with any degree of accuracy.
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			Health Board systems have been amended to comply with the outcomes of the case. However it has not yet been determined if there will be any claims made against the Health Board and what the financial implications of those may be. Further investigations have been delayed due to COVID-19, but it is hoped that this will be resolved in the next few months.
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,, which is likely to take place in July.

4. INCOME & EXPENDITURE

4.1 Income (Table B)

- Income totals £152.6m for January.
- Confirmed allocations to date are £1,706.4m, with further anticipated allocations in year of £48.7m, a total forecast Revenue Resource Limit (RRL) of £1,755.1m for the year.
- £141.6m of the RRL has been profiled into January, which is £1.9m less than in December. This reflects the reductions in AME Capital (£4.2m), Field Hospital set up costs (£0.9m) and healthcare contracts (£0.7m), offset by increases in CHC (£3.2m) and pay costs (£1.3m).
- A reconciliation between the RRL phased into the position and an equal phasing is shown in the table below.

	M10 £m
RRL (Table E)	1,755.1
Less COVID-19 funding (Table A, line 22)	(151.4)
Less funding for specific purposes, e.g. drug treatment fund	(29.7)
Adjusted RRL	1,574.1
Equal 12ths phasing	1,311.7
Add YTD COVID-19 costs	88.3
Phased YTD RRL	1,400.0
Actual YTD RRL (Table B)	1,400.0
Variance	**0.0**

- Income includes £10.3m for Planned Care and Diagnostic performance funding. Due to the increasing prevalence of COVID-19, plans have had to be revised and some schemes can no longer be undertaken. Of this funding, £6.0m no longer has agreed plans in place and this is shown separately in Table A, on line 35. However, the Health Board has confirmed that this will be fully spent in 2020/21.
- Total Welsh Government COVID-19 income is forecast at £151.4m for the year, of which £88.3m has been included in the year to date financial position.

4. INCOME & EXPENDITURE

	Total Funding £m	Actual Expenditure to M10 £m	Forecast Expenditure M11 to M12 £m
Additional COVID-19 support	66.1	46.9	19.2
Annual leave accrual	20.2	0.0	20.2
Field Hospital commissioning costs	14.0	15.9	-1.9
Trace element of TTP (including IT)	7.8	3.4	4.4
Field Hospital decommissioning cost	7.9	0.0	7.9
PPE	5.6	4.4	1.2
Quarter 1 Pay	5.4	5.4	0.0
Support for adult social care providers	5.0	3.6	1.4
COVID-19 vaccination programme	6.1	0.5	5.6
Discharge to Recover and Assess	2.2	0.7	1.5
Consequential losses	1.8	1.2	0.6
Extended flu vaccination programme	1.6	0.9	0.7
COVID-19 testing	1.5	0.8	0.7
Pharmacy allocation	1.0	0.8	0.2
Ambulatory care (Same Day Emergency Care)	0.5	0.2	0.3
Additional cross border costs 0.8%	0.5	0.4	0.1
Primary Care Centre Pathfinders	0.3	0.0	0.3
Voluntary Sector Mental Health Service Provision	0.2	0.0	0.2
Ambulatory care	0.1	0.0	0.1
MH Helpline	0.1	0.1	0.0
Dental allocation	0.1	0.0	0.1
COVID-19 Specific Funding	**148.0**	**85.2**	**62.8**
Optimise Flow & Outcomes (ICF)	2.5	2.2	0.3
Mental Health Improvement Fund	0.7	0.7	0.0
GMS (DES)	0.2	0.2	0.0
Redirected Funding	**3.4**	**3.1**	**0.3**
Total Welsh Government Funding	**151.4**	**88.3**	**63.1**

- As estimates of COVID-19 expenditure are progressed and plans are further developed, forecast costs change. In Month 10, many of the COVID-19 funding streams have been fixed. The additional COVID-19 support funding was confirmed by Welsh Government at £66.1m, which is £3.1m higher than included in the Month 9 return. This funding has therefore been included in Month 10 at the agreed level.

- Where the level of funding has not yet been finalised, this has been amended in line with the changes to forecast expenditure. In addition, there have been two new funding streams

notified to the Health Board in Month 10, totalling £1.1m.The following changes to COVID-19 income have been made during Month 10:

	Total Funding at M09 £m	Total Funding at M10 £m	Movement £m
Funding movements from M09			
Additional COVID-19 support	63.0	66.1	3.1
COVID-19 vaccination programme	3.0	6.1	3.1
Discharge to Recover and Assess	2.1	2.2	0.1
Field Hospital commissioning costs	14.9	14.0	(0.9)
Trace element of TTP (including IT)	8.5	7.8	(0.7)
Ambulatory care (Same Day Emergency Care)	0.6	0.5	(0.1)
Primary Care Centre Pathfinders	0.4	0.3	(0.1)
Ambulatory care	0.2	0.1	(0.1)
Sub-total	**92.7**	**97.1**	**4.4**
New funding in M10			
Pharmacy allocation	0.0	1.0	1.0
Dental allocation	0.0	0.1	0.1
Sub-total	**0.0**	**1.1**	**1.1**
Unchanged Funding	**53.2**	**53.2**	**0.0**
Total Welsh Government Funding	**145.9**	**151.4**	**5.5**

- The impact of COVID-19 has resulted in lost income of £0.9m during January, which mainly relates to General Dental Services (GDS) patient income and Non-Contracted Activity (NCAs). Included in 'Other' is income lost from private patients and training course fees.

Loss of Income	M10 £m
Dental Patient Charge Revenue	0.4
Non-contracted activity (NCAs)	0.2
Injury Cost Recovery Scheme Income	0.1
Other	0.2
Total Income	**0.9**

4. INCOME & EXPENDITURE

4.2 Expenditure (Table B)

- Expenditure totals £152.7m for Month 10, £3.2m less than in Month 9. Of this reduction in expenditure, £4.2m relates to AME capital costs.

- Expenditure of £8.5m is directly related to COVID-19 this month, of which £4.5m is included in pay and £4.0m across non-pay expenditure categories. This is £2.0m more than in December.

- The impact of COVID-19 on the savings programme has resulted in planned savings of £1.7m not being achieved this month and this shortfall is included within non-pay. Elective care activity during January remains below usual levels, giving a reduction in planned care non-pay spend of £1.0m. In addition, there is slippage on investments of £0.7m (including £0.1m for clusters) offsetting costs.

Primary Care	– Expenditure in January is £0.8m higher than last month and £1.3m above the average for the year. – Pressures in General Medical Services (GMS) remain from increased costs of drugs reported through GMS Dispensing and GP Prescribing. Primary Care prescribing costs have increased by £0.8m this month, reflecting these pressures.
Primary Care Drugs	– Spend has reduced by £0.3m (4%) this month, to £9.5m, which is just above the average for the year to date. – The data for November, received this month, showed small decreases in the average cost per prescribing day and also in volume of prescriptions. However, despite this, the overall trend in costs continues to be on an upward trajectory and GP prescribing and dispensing costs remain a cost pressure in 2020/21. The year to date over spend at Month 10 is £4.3m, with a forecast overspend of £5.0m for the year.
Provided Services - Pay	- Details are provided in Section 5.
Provider Services Non-Pay	- There has been a decrease of £2.5m in expenditure compared to Month 9, of which £1.0m relates to COVID-19. - COVID-19 non-pay costs in Month 10 are reduced due to a £1.1m decrease in the set-up costs of the Field Hospitals, which is related to the equipment that has moved from the contractor to the Health Board. - Non-pay costs not related to COVID-19 have decreased by £1.5m. The main reason is the £3.0m for the Intermediate Care Funds (ICF) capital list that was included last month, inflating costs in December.

	Offsetting this are increases in training costs (up £0.3m, including £0.2m for the HCSW initiative), utilities (up £0.2m), blood services managed contract (up £0.2m) and security costs (up £0.1m).
Secondary Care Drugs	- Costs have reduced by £0.3m from the peak last month, but are still £0.5m higher than the average for the year to date. - This decrease represents small reductions in spend across many services, with no substantial changes of note in any one area.
Healthcare Services provided by other NHS Bodies	- There has been a £0.7m (equivalent to 3%) decrease in spend compared to Month 9. - At the time of Month 9 reporting, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust had notified us that they were ceasing all elective activity until the end of January 2021, in order to release staff to support acute hospitals. However, the level of activity in the remaining months would have been sufficient to meet the threshold to pay them 100% of the block contract. They have recently advised us that the staffing arrangements will now continue until at least the 14th March. Therefore in the Month 10 position, we are now reporting that the Trust will fall below the 75% value for the period, giving a 10% clawback on the contract (£0.8m pro rata). The Health Board is also including a further potential 5% clawback in the year end forecast, which will be reviewed when the January performance data is received.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	- Expenditure in January has increased by £3.2m to £11.2m, which is the highest monthly expenditure for the year so far and £2.0m above the monthly average for the year so far. - Month 9 costs were low due to a correction for Children's CHC and FNC costs, reducing spend by £2.0m. Of the remaining £1.2m increase, £0.8m relates Area teams and £0.6m to Mental Health CHC. There has been an upward trend in CHC costs over the last six months and this is a continuation of that. In addition, a review of disputed CHC packages has led to an additional £0.7m accrual to reflect the potential risk.
Other Private and Voluntary Sector	- Expenditure relates to a variety of providers, including hospices and Mental Health organisations.
Joint Financing	- 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	- Includes Redress, Clinical Negligence, Personal Injury and loss of property. - There was a decrease in spend of £0.3m this month, which related to an adjustment in the Personal Injury Benefit and Compensation Pension provisions for the change in the discount rate, as notified by Welsh Government.
Capital	- Includes depreciation and impairment costs, which are fully funded. - The AME Impairment for indexation charge, as pert the most recent Non Cash Submission, has been included at £3.661m.

4.3 Forecast (Table B)

- Forecast costs for the last two months 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 reviewed and reduced in line with plans and in light of continued COVID-19 pressures.

- Pay costs in Month 12 include the £20.2m annual leave accrual, as detailed in section 6.3.2. The pay costs for the COVID-19 vaccination programme are expected to increase from Month 11 onwards. Further detail on these costs, and those of the extended flu programme, are included in section 6.3.1.

- Forecast pay costs also include additional costs for enhanced overtime rates, which started in Month 10, to support service demands. These rates apply to specific designated staff groups (currently Nurses and Midwives and Health Care Support Workers) in bands 1-7 (including part time staff) and for COVID-19 related cover; for example to staff in the rainbow hospitals or COVID-19 wards, to undertake COVID-19 vaccinations, or to cover for staff who are absent for COVID-19 related reasons.

- Non-pay costs related to Test Trace Protect (TTP) have been increasing over the last six months and are forecast to rise further in the last two months of the year. These are mainly for the payments to Local Authorities and they are forecasting that these will increase from £0.6m in Month 10 to £2.1m by Month 12. COVID-19 vaccination programme non-pay costs are also significant in Months 11 and 12, totalling £4.7m over the two months, as analysed in section 6.3.2.

- The £7.9m decommissioning costs of the Field Hospitals are included in non-pay costs in March.

4. INCOME & EXPENDITURE

- Non-pay costs in March include the £6.0m of Planned Care and Diagnostic performance funding where plans are being reviewed and £3.1m for COVID-19 plans under development.

4.4 Accountancy Gains (Table B)

- The Health Board is not reporting any accountancy gains this month.

4.5 Committed Reserves and Contingencies (Table B)

- The Diagnostic Sustainability reserve is now being utilised. 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 January are £70.8m. Provided Services pay costs are £68.8m, which is £1.3m higher than in December. Primary Care pay costs at £2.0m are £0.1m higher than last month.

- A total of £4.5m of pay costs were directly related to COVID-19, which is £2.1m higher than in Month 9. This is the primary reason for the overall increase in pay costs this month.

- All staff group categories, except for students, have increased this month. The main changes have been as follows:

  - Admin & Clerical: Increase of £0.4m in total, which is wholly attributable to COVID-19. Of this, £0.2m is a correction of classification, where costs have been moved from External Project Management (line 75 in Table B3) to agency Admin & Clerical.

  - Medical & Dental: Increase of £0.6m from Month 9, with £0.3m relating to COVID-19. This reflects the pressures being seen in acute settings, along with £0.1m for back pay arising from pay claims.

  - Nursing & Midwifery: Increase of £0.2m in total, however this reflects an increase of £0.9m in COVID-19 related pay, offset by a reduction in core services pay of £0.7m. COVID-19 pressures have been at their highest during January, requiring additional nursing staff to manage patients and the vaccination programme has significantly increased, contributing £0.4m of these increased costs. In addition, additional costs for enhanced overtime rates, which have been agreed by the Health Board for a defined period to support service demands, began in Month 10. These rates apply to specific designated staff groups (currently Nurses and Midwives and Health Care Support Workers) in bands 1-7 and for COVID-19 related cover. In contrast, core services have been reduced, with much planned care cancelled, meaning there has been a reduction in nursing staff requirements for these services.

  - Additional Clinical Services: Increase of £0.2m, which relates to COVID-19 due to the introduction of enhanced overtime rates as a response to increased demand.

5.2 Agency/Locum Expenditure (Table B2)

- Agency costs for Month 10 are £3.4m, representing 4.8% of total pay, the same as last month. Agency spend related to COVID-19 in January was £1.2m, £0.5m higher than last month.

- Medical agency costs have decreased by £0.2m to an in-month spend of £1.6m. Of this, £0.4m related to COVID-19 work, £0.1m higher than December.

5. PAY EXPENDITURE

- Nurse agency costs totalled £1.0m for the month, the same as last month. This cost includes £0.4m relating to COVID-19.

- Other agency costs total £0.9m this month, £0.3m higher than last month. £0.4m relates to COVID-19, primarily Admin and Clerical. Of this, £0.2m is a correction of classification, where costs have been moved from External Project Management (line 75 in Table B3) to agency Admin & Clerical

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 January is a cost of £9.4m. 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 this month is £9.3m.

- Included in Field Hospital costs are consequential losses totalling £1.2m for the year to date. The current assessment of consequential losses is estimated at £1.8m, which is the same as at Month 9. Negotiations continue; this value remains subject to revision as discussions progress and if any if the rules on social contact change.

6.2 COVID-19 Forecast Costs (Table B3)

- The forecast expenditure relating to COVID-19 is reviewed and revised on a monthly basis, as the Health Board develops and adjusts plans. The current total cost of COVID-19 is forecast to be £151.4m. This is £5.5m higher than the forecast in Month 9.

- Plans for £3.1m of COVID-19 costs are still in development and so have been shown separately on Table B3 against line 94.

- Savings delivery for the year will be reduced against the plan of £45.0m and it is estimated that this will be £17.6m. Red rated schemes that were previously in the pipeline have now moved into green/amber and so are included in this figure.

- The Field Hospital set up costs reduced in Month 10 due to moving the hire of equipment from the contractor to the Health Board. The worst-case scenario has been used to estimate the total set up cost, as the final account has still not been agreed for Bangor and Deeside hospitals. The hire costs will be forecasted in the running costs from Month 11 onwards.

- Costs for decommissioning the field hospitals are currently estimated at £7.9m, to be incurred in March. 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 £22.2m.

6.3 Key Areas (Table B3)

6.3.1 COVID-19 and extended flu vaccination programmes

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

COVID-19 Vaccination Programme	Table B3 Row	M07 £000	M08 £000	M09 £000	M10 £000	M11 £000	M12 £000	YTD £000	Total £000
Pay									
Establishment: Administrative & Clerical	3	0	7	30	30	100	100	67	267
Establishment: Nursing & Midwifery	5	0	2	26	21	200	209	49	458
Agency: Administrative & Clerical	13	58	21	40	40	40	40	159	239
Total Pay		58	30	96	91	340	349	275	964
Non-Pay									
Additional costs in Primary Care	59	0	0	0	0	3,133	1,567	0	4,700
Cleaning costs	64	0	0	0	15	15	15	15	45
Equipment costs - other	73	0	0	34	0	0	0	34	34
Estates\Security costs	74	0	0	24	0	0	0	24	24
IT Costs	77	13	6	0	10	0	0	29	29
Laundry costs	78	0	0	1	0	0	0	1	1
M&SE - consumables	80	0	0	0	25	75	75	25	175
PPE	82	0	0	8	0	0	0	8	8
Telephony	86	0	0	0	10	10	10	10	30
Transportation	89	0	0	4	10	0	0	14	14
Other costs	91	0	0	2	30	0	0	32	32
Total Non-Pay		13	6	73	100	3,233	1,667	192	5,092
Total		**71**	**36**	**169**	**191**	**3,573**	**2,016**	**467**	**6,056**

Extended Flu Vaccination Programme	Table B3 Row	M07 £000	M08 £000	M09 £000	M10 £000	M11 £000	M12 £000	YTD £000	Total £000
Pay									
Establishment: Nursing & Midwifery	5	0	47	11	0	0	0	58	58
Total Pay		0	47	11	0	0	0	58	58
Non-Pay									
Additional costs in Primary Care	59	0	614	108	64	300	375	786	1,461
Drugs inc Medical Gases	70	0	54	0	0	0	0	54	54
Total Non-Pay		0	668	108	64	300	375	840	1,515
Total		**0**	**715**	**119**	**64**	**300**	**375**	**898**	**1,573**

6. COVID-19 ANALYSIS

- There has been a £3.1m increase in the forecast cost of the COVID-19 vaccination programme this month, as it progresses further and plans crystallise. The increase relates to the costs to Primary Care of the programme.

6.3.2 Annual leave liability

- The Health Board is currently estimating that staff will carry forward up to ten days leave. Using this approach, the Health Board has calculated a maximum increase of £20.2m to the annual leave accrual. This is the same as reported in Month 9.

- This forecast has been included in Table B3 on line 52. The resource allocation reported in Table E 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.

7. SAVINGS

7.1 Savings (Tables C – C3)

- Development of the savings programme and delivery of savings continues to improve. Savings of £2.1m (including income generation and accountancy gains) are reported in Month 10, increasing the year to date delivery to £13.7m. Schemes currently in delivery have a forecast in-year value in Table A of £17.3m, an increase of £0.7m from the Month 9 position. Savings forecast delivery has been enhanced through the addition of new schemes and an improving forecast for existing schemes.

- The total in-year forecast for savings (including income generation and accountancy gains) including pipeline stands at £17.3m, with schemes that remain in the 2020/21 pipeline having reduced further from Month 9 to £0.018m. The forecast full year effect of recurring schemes is £12.5m.

- 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 with a particular focus upon developing opportunities for 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 £41.6m for 2020/21, identified as follows:

WG Anticipated COVID-19 Income	£m
Annual leave accrual	20.2
Field Hospital decommissioning costs	7.9
COVID-19 vaccination programme	6.1
Discharge to Recover and Assess	2.2
Field Hospital commissioning costs	1.9
Consequential losses	1.8
Extended flu vaccination programme	1.2
Ambulatory care (Same Day Emergency Care)	0.5
Primary Care Centre Pathfinders	0.3
Ambulatory care	0.1
Test Trace Protect (TTP)	-0.6
Total	**41.6**

10. STATEMENT OF FINANCIAL POSITION

10.1 Statement of Financial Position (Table F)

- Key movements in the SoFP during Month 10 are:
  - Fixed assets increase of £3.3m due to newly capitalised assets in year less non-cash adjustments.
  - Trade and other receivables increase of £11.3m, which primarily relates to the £9.9m increase in the RRL.
  - Trade and other payables increase of £13.5m due to additional pharmacists feed of £9.9m paid early in December.
  - General Fund increase of £2.9m due to CRL drawn.

11. CASH

11.1 Cash Flow Forecast (Table G)

- The closing cash balance as at 31st January was £7.8m, which included £7.6m cash held for revenue expenditure and £0.2m cash held for capital projects.

- 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. Forecast 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 £20.2m in the annual leave accrual as 31st March 2021 and has received confirmation of funding 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	(20,200)
Reduction in capital payables – opening balance	1,698
Reduction in capital payables – funding request	2,109
Forecast closing balance 31st March 2021	**(160,026)**

- The Health Board recognises that there will likely be further increases in payables balances at the end of the year 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 currently being worked through and will be updated in the Month 11 submission.

12. PUBLIC SECTOR PAYMENT COMPLIANCE

12.1 PSPP (Table H)

- This table is not required in Month 10.

13. CAPITAL

13.1 Capital Resource Limit (Table I)

- The Capital Resource Limit (CRL) for 2020/21 is £30.6m. Actual expenditure to the end of January was £19.0m, against a plan of £21.9m. The year to date slippage of £1.9m will be recovered during the remainder of the year and it is forecast that the CRL will be achieved. Each strategic group has provided assurances that works have commenced, purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet its CRL.

13.2 Capital Programme (Table J)

- The Capital Programme update is reported in Table J and an updated by scheme provided below.

13. CAPITAL

All Wales Schemes	CRL/ Planned YTD £000	Expenditure M10 £000	YTD Planned £000	Narrative
Capital Projects Approved Funding				
PAS System	423	330	381	The WPAS project expenditure is on track this financial year and Phase 3 of the revised programme will go-live in May 2021. Planning to commence Phase 4 will start in 2021.
Substance Misuse - Holyhead, Anglesey	497	362	436	The project has an agreed revised programme due to delays as a result of COVID-19. The completion date of the scheme is projected for the end of June 2021. The CRL has been reduced to reflect the delays.
Substance Misuse - Shotton, Flintshire	1,635	1,041	1,123	The project has an agreed revised programme due to delays as a result of COVID-19. The completion date of the scheme is projected for the end of May 2021. The CRL has been reduced to reflect the delays.
North Denbighshire Community Hospital	1,823	1,588	1,595	The scheme is currently in design stage and fees will be due this financial year.
Ablett SOC - OBC	435	506	501	The scheme is currently in design stage and fees will be due this financial year.
Emergency Department Systems	366	318	146	The Health Board is in the process of implementing a single instance standalone BCU Symphony system across all sites. BCU went live in the West area on the 2nd December. The forecast spend will achieve in the financial year.
Slippage from 19/20 (Replacement CT Scanner - YGC) into 20/21	340	597	592	The scheme is complete.
Ruthin	1,431	959	1,083	The scheme is progressing and there has been delays reported on a number of phases due to COVID-19. However the spend profile and CRL has been revised to reflect the delays. The project is set to complete mid February.
COVID - 19	8,162	8,162	8,162	All schemes are complete and equipment has been received.
COVID - 19 Digital Devices	842	0	842	The tender has been awarded and the project will completed by year end.
ICF	1,376	643	1,010	The Bryn Beryl and Prestatyn project are due to complete by year end. The forecast spend will be achieved by March.
NDR Funding	30	0	0	The scheme is due to complete by the 31st March.
Eye Care Funding	274	0	0	The scheme is managed by Cardiff and Vale Health Board. The costs for the software will be recharged to BCU in Month 11.
All Wales Total	**17,634**	**14,506**	**15,871**	
Discretionary Total	12,921	4,497	6,010	Programme leads have confirmed that works have commenced, purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet it's CRL.
Overall Total	**30,555**	**19,003**	**21,881**	

14. WELSH NHS DEBTORS

14.1 Welsh NHS Debtors (Table M)

- The Health Board held one NHS Wales invoice that was over eleven weeks old at the end of Month 10, which had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. This invoice has been paid in full at the beginning of February.

15. GMS & GDS

15.1 GMS (Table N)

- This table is not required in Month 10.

15.2 GDS (Table O)

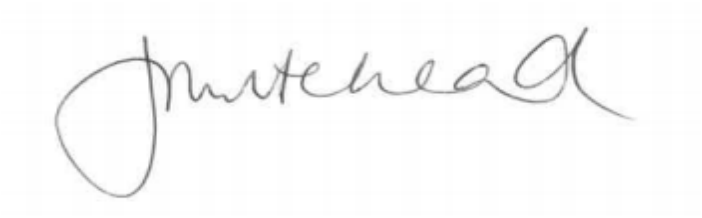
- This table is not required in Month 10.

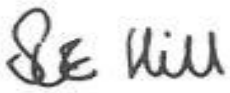
16. SUMMARY

16.1 Summary

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

- The Month 10 Monitoring Return will be received by the Health Board's Finance and Performance Committee members at the February meeting.





Jo Whitehead
Chief Executive

Sue Hill
Executive Director of Finance

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Month 9 Monitoring Return Responses

Overview – Action Point 9.1 I note your £0.228m YTD surplus and forecast breakeven outturn position. This position assumed an increased return of £20.136m of Covid Sustainability Funding, from £6.950m, due to recognising that the initial £10.1m for the Annual Leave Accrual costs will now be separately funded (this has since increased to £20.2m) and a net reduction of non programme Covid costs of c £3m (sections A & B). I have been instructed to confirm that we will recover £17.0m of the Covid Sustainability Funding, in line with the AO letter sent to WG in December (i.e. the £6.9m plus the adjustment of the £10.1m). This should now be considered the final position, in terms of the return of sustainability funding. The YTD surplus however, is as a result of YTD WG Covid funding being higher than YTD Covid costs. As you are forecasting that the Full Year Income will match Full Year Costs, I would expect the phasing to ensure there is no YTD variance. You are forecasting that this surplus will be recovered over quarter 4; going forward, if you report a Covid YTD surplus whilst also reporting a balanced Covid forecast, your narrative will need to fully explain your reasoning.
Response The phasing has been corrected in the Month 10 return.
Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 9.2 Thank you for the details you have provided in relation to the utilisation of the £10.3m Performance Funding. I note that you have yet to finalise spending plans for £4.423m of this funding. Please provide a further update in your next submission.
Response Slippage has increased to £6m at M10 due to increasing COVID-19 levels across the Health Board that have prevented some insourced and internal activity to be undertaken. Discussions continue regarding how the resource can be utilised.
Covid-19 (Table B3) – Action Point 9.3 At Month 10, please ensure that the 'Covid-19 additional pharmacy allocation' (Ref:HFS5) is reported on Line 22 of Table A with corresponding spend included within Table B3.
Response This has been included in Line 22 of Table A, and expenditure included in Table B3.

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Covid-19 (Table B3) – Action Point 9.4 I note the total PPE income (allocated plus anticipated) is £0.008m lower than the total PPE costs reported in Table B3. I understand that allocations are being issued this week for this area and this will have been based on your Anticipated Income submission.
Response This has been noted and amended in the Month 10 submission.
Covid-19 (Table B3) – Action Point 9.5 Please ensure that line 109 in the Major Projects section agrees to the values reported in the separate TTP template.
Response Apologies, this has been corrected for the Month 10 return.
PSPP (Table H) – Action Point 9.6 I acknowledge your performance of Non NHS invoices. The payment performance for NHS invoices however, is below 95% at 89.4% (YTD) with no improved performance during quarter 3. I will look to the Q4 submission for confirmation that the ongoing work alongside the all Wales Task and Finish Group improves current payment performance.
Response The Health Board can confirm that performance for NHS invoices improved during January 2021 to 91.5% and that over 90% has now been achieved in each of the last three months. The cumulative year to date performance is however still affected by significant delays in payments to NHS Fleet Solutions made on behalf of the Health Board during August and September 2020.
Monthly Positions (Table B) – Action point 7.13 As raised in my last letter, I note that you have not included the AME Impairment for indexation charge in the MMR. The most recent Non Cash Submission estimates this as £3.661m. Please review this and update as necessary in your next return.
Response The reversal of impairment value has been actioned in Month 10 and reflects the Non-Cash Submission estimate.
Other – Action Point 9.7 All organisations are being asked to confirm that a review has been undertaken of the forecast DEL and AME charges at Month 10 and, if applicable, explain any movements from your latest\November non cash submission in the narrative.

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Response

The DEL and AME charges have been reviewed in Month 10 and the DEL baseline depreciation has been revised, with a reduction of £0.288m, to reflect the most current position. Please note that the transfer of DOH assets may impact on the AME outturn for 2020/21.

Cyfarfod a dyddiad: Meeting and date:	**Finance & Performance Committee 25.2.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Shared Services Partnership Committee Quarterly Assurance Report (Period 1st October 2020 – 31st December 2020)**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad Report Author:	Alison Ramsey, Director of Planning, Performance & Informatics
Craffu blaenorol: Prior Scrutiny:	N/A
Atodiadau Appendices:	Appendix 1: Organisation specific KPIs January 2020 – December 2020 Appendix 2: All Wales KPIs January 2020 – December 2020 Appendix 3: All Health Organisation December 2020

Argymhelliad / Recommendation:

The 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:

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ending 31st December 2020.

The report provides end of quarter detail for the Health Board for the rolling twelve-month period to 31st December 2020 (Appendix 1/2) and further detail of the December 2020 position for all health organisations (Appendix 3).

Cefndir / Background:

In common with other health bodies, the past nine months have proved to be particularly challenging and have required many staff to work long hours to maintain business continuity and to meet the additional demands placed on NWSSP by the Service. Notwithstanding this, all core services have been delivered and quality has been maintained throughout. Staff have adapted well to the new ways of working which, in a number of cases, have led to improvements in productivity.

Reported performance for December 2020 was good, however, NWSSP will continue to work with BCU to continue to improve performance against recruitment targets, invoice turnaround within 4 days and Audit Plans.

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 assurance only.

Financial Implications

Performance Summary

Within NWSSP work has been undertaken to align the Key Performance Indicators to Key Focus Areas (KFA) to enable us to have a balanced view of the performance information we report.

Financial Information

NWSSP plans to return £2m direct savings to NHS Wales compared to an original plan of £750k. For BCU a distribution of £90k was planned for 20/21 and after reinvestment, an additional cash distribution of £150k is planned.

Health Board /Trust	%	PLANNED DISTRIBUTION £	ADDITIONAL DISTRIBUTION £	TOTAL DISTRIBUTION £	Agreed Recurrent Reinvestment £	TOTAL 2020/21 DISTRIBUTION £
BCU	11.98	**89,815**	**149,750**	**239,565**	**-89,815**	**149,750**

In addition, professional influence benefits generated for Wales totals £127m for the year to December. This was made up of:

- £12m Procurement Savings,
- £19m of savings relating to Specialist Estates Services and
- £96m of Legal and Risk savings.

Of the £127m, £16m can be attributed to BCU.

Employment Services – Payroll

The performance accuracy data produced for payroll services provides detail regarding the performance after accounting for the supplementary payroll. This reflects amendments and payments made in the period which would otherwise have been missed and represents benefits for organisations and employees. For BCU the reported payroll accuracy prior to the supplementary payroll was reported as 99.57%, this increased to 99.79% following the supplementary payroll. This was in line with the position reported in the previous quarter and represents continuing strong performance against the target of 99.6%.

Employment Services – Recruitment

For December, KPI performance driven by BCU showed the organisation missed the time to shortlist with 6.2 days reported against the target of 3 days. Time to approve vacancies achieved the target with 5.8 days reported against the 10-day target. Notification of outcome KPI achieved the target with 1.7 days reported against a target of 3 days.

The delay is due to Covid pressures on Recruiting managers. The Recruitment team continue to support Recruiting managers with training and advice on good practice in order that they can timely shortlist and reduce the time to hire.

For KPI performance driven by NWSSP recruitment team all of the 3 performance targets were met. For time to place adverts 1.8 days was reported and achieved the target of 2 days. For time to send applications to manager achieved the target with 1 day was reported against a target of 2 days and for time to send conditional offer letter achieved the target with 3.3 days was reported against a target of 4 days.

The Calls Answered percentage KPI was 89.96%, which failed to achieve the 95% target for the quarter. The helpdesk returned to full operating hours from 5th February 2021 which will give increased capacity to answer calls. This will allow customer a wider time span during the day to raise queries.

In the current year we are also reporting the recruitment KPIs as a percentage of the records that **achieved** the target timescales which are highlighted in the table below;

Organisation KPIs Recruitment		Target	Jun-20	Sept-20	Dec-20
Time to Approve Vacancies	10 days	70%	94%	93%	88%
Time to Shortlist by Managers	3 days	70%	47%	46%	58%
Time to notify Recruitment of Interview Outcome	3 days	90%	69%	72%	85%
NWSSP KPIs Recruitment					
Time to Place Adverts	2 days	98%	95%	100%	99%
Time to Send Applications to Manager	2 days	99%	99%	100%	100%
Time to send Conditional Offer Letter	4 days	98%	97%	97%	98%

Procurement Services

For the year to December 2020 procurement savings for Wales were reported as £12m, against a revised target of £8m. This included savings of £1.640m for BCU, compared to a revised target of £1.072m.

Accounts Payable

The volume of invoice lines on hold greater than 30 days increased from 2,073 in September 2020 to 2,582 in December 2020. Within this, the invoice lines on hold greater than 30 days marked as disputed was reported as 42%. The level of automated invoicing represents a key area for the efficiency of the Accounts Payable system, here performance for September for all Wales was reported as 97.3%.

The two main Increases of the Invoices on hold categories have been identified as:

Quantity Received Holds: These are PO invoices and there maybe delays in Health Organisations receipting them onto Oracle.

Awaiting Authorisation: These are invoices where a PO hasn't been raised and Accounts Payable have to obtain manual authorisation.

The Public Sector payment target of 95% was achieved for the Health Board with reported compliance of 96.2% for the year to date. Invoice Turnaround within 4 days is now split by whether it is under NWSSP control or Health org control. Invoice Turnaround under NWSSP control was reported as 61% against a 90% target. Invoice Turnaround under Health Org control was reported as 73% against a 90% target.

The Health Organisation delays have been identified as Pharmacy feeds or generic interface files (dataloads) of which are under the HB's control. For NWSSP an upgrade in the OCR database has caused a number of unforeseen issues, which has caused a delay in the processing of the OCR invoices. Improvements are likely to take place in March 2021.

Internal Audit

To the end of December 40% of audits were reported against the target of 56%, with 36% of further audits in progress. The Health Board indicator of 80% for management responses to draft report to be received within 15 days met the target with 86% reported. Report turnaround to draft response within 10 days is 100%.

Primary Care Services

The published KPIs for contractor services relate to services provided to contractors. For the quarter ending December 2020 the indicators provided for BCU demonstrated full achievement against all indicators.

The All Wales key performance indicator for Prescribing Services for keying accuracy rates has been consistently met with 99.60% reported for December, against the target of 99%. For the year to October 2020 a total of 48.12m prescriptions were processed. This represents a slight increase on the prescriptions processed in the same time frame in the previous year.

Legal and Risk Services/Welsh Risk Pool

The KPIs previously reported for Welsh Risk Pool relate to the management of claims processed through bimonthly committee meetings. These KPIs have been reviewed and a new suite of KPIs are to be reported going forward. The new KPIs are

- Time from submission to consideration by the Learning Advisory Panel: Target 95% cases submitted by the end of the month will be included in the papers for the LAP 2 months later, eg, cases submitted by 12:00 on 28th August 2020 will be presented to the October 2020 Learning Advisory Panel
- Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee: Target 100% of cases will be presented at the next available WRP committee meeting.
- Holding sufficient Learning Advisory Panel meetings (at least 10 per financial year): Target 90% (9 meetings)

The Legal & Risk KPIs for acknowledgement within 1 day and response to advice within 3 days are consistently reported as achieving the 90% target. Achievement of the KPI related to time to raise invoices for the 3rd quarter was reported at 79% failing to achieve the 90% target. The division are undertaking a review to understand why performance is below the target.

Risk Analysis
N/A

Legal and Compliance
N/A

Impact Assessment
N/A

Appendix 1

Organisation specific KPIs January 2020 – December 2020

BCU High Level - KPIs Dec 2020	KFA	Target	Health Org Position 31/03/2020	Health Org Position 30/06/2020	Health Org Position 30/09/2020	Health Org Position 31/12/2020
Financial Information						
Direct Savings Notified - YTD	Value for Money	£90k	£240k	£90k	£90k	£240k
Professional Influence Savings - YTD	Value for Money		£37.5m	£8.04m	£11.70m	£16.20m
Employment Services						
Payroll services						
Payroll accuracy rate prior to Supp	Excellence	99.6%	99.63%	99.34%	99.27%	99.57%
Payroll accuracy rate post Supp	Excellence	99.6%	99.81%	99.67%	99.64%	99.79%
Organisation KPIs Recruitment						
Resignation to Vacancy Approval date	Excellence	5 days	74.9 days	54.5 days	70.4 days	55.3 days
Time to Approve Vacancies	Excellence	10 days	4.9 days	3.1 days	4.8 days	5.8 days
Time to Shortlist by Managers	Excellence	3 days	7.5 days	8.5 days	8.6 days	6.2 days
Time to notify Recruitment of Interview Outcome	Excellence	3 days	2.8 days	3.6 days	3.0 days	1.7 days
NWSSP KPIs Recruitment						
Time to Place Adverts	Excellence	2 days	1.7 days	2.2 days	1.8 days	1.8 days
Time to Send Applications to Manager	Excellence	2 days	1.1 days	1.0 days	1.0 days	1.0 days
Time to send Conditional Offer Letter	Excellence	4 days	4.0 days	3.9 days	3.8 days	3.3 days
Calls Answered % Quarterly Average	Customers	95%	96.60%	89.90%	88.10%	89.96%
Procurement Services						
Procurement savings - YTD	Value for Money	£1.072m	£7.012m	£0.205m	£1.195m	£1.640m
Accounts Payable						
Invoices on Hold > 30 days	Customers		3,237	2,242	2,073	2,582
% Invoices as being in dispute >30 days	Customers		43%	54%	48%	42%
E Enablement invoices	Excellence	83%	95.3%	96.9%	97.7%	97.3%
Invoice Turnaround within 4 Days (NWSSP Control) Basware, GHX, Manual & OCR	Excellence	90%	92.7%	98.1%	92.9%	61%
Invoice Turnaround within 4 Days (Health Org Control) Generic Feeds & Pharmacy	Customers	90%	53.5%	68.4%	68.7%	73%
PSPP Compliance non NHS – YTD	Excellence	95%	95.3%	95.3%	96.2%	96.2%
Primary Care Services						
Primary Care payments made accurately and to timescale	Excellence	100%	99.5%	100%	100%	100%
Patient assignments actioned within 24 hours	Customers	100%	100%	100%	100%	100%
Medical record transfers to/from GPs and other primary care agencies within 6 weeks	Customers	95%	98%	91%	99%	96%
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	Customers	100%	100%	100%	100%	100%
Cascade Alerts issued within timescale	Customers	100%	100%	100%	100%	100%
Internal audit						
Audits reported % of planned audits - YTD	Excellence	56%	93%	6%	19%	40%
Report turnaround management response to Draft report - YTD	Excellence	80%	76%	n/a	60%	86%
Report turnaround draft response-final- YTD	Excellence	80%	100%	n/a	100%	100%

Appendix 2

All Wales KPIs January 2020 – December 2020

ALL WALES KPIs	KFA		31/03/2020	30/06/2020	30/09/2020	31/12/2020
Primary Care Services						
Prescription – Payment Month keying Accuracy rates	Excellence	99%	99.51%	99.85%	99.61%	99.60%
Prescriptions processed (Apr-Oct)	Excellence	46.79m	67.63m	81.63m	27.31m	48.12m
Welsh Risk Pool						
Acknowledgement of receipt of claim	Excellence	100%	100%	100%	100%	KPI due to be replaced with new measure
Valid claims processed in time for next WRP committee	Excellence	100%	100%	100%	100%	KPI due to be replaced with new measure
Claims agreed paid within 10 day	Excellence	100%	100%	100%	100%	KPI due to be replaced with new measure
Legal and risk						
Advice acknowledgement- 24 hrs - YTD	Excellence	90%	99%	99%	100%	100%
Advice response – within 3 days - YTD	Excellence	90%	99%	99%	100%	100%
Invoices requested within 21 day - YTD	Excellence	90%	95%	74%	80%	79%

All Health Organisation KPIs December 2020

KPIs Dec 2020	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW
HEALTH ORG KPIs													
Financial Information													
Direct Savings Notified - YTD	Value for Money		Target £66k Actual £176k	Target £74k Actual £197k	Target £90k Actual £240k	Target £79k Actual £210k	Target £80k Actual £212k	Target £58k Actual £155k	Target £6k Actual £17k	Target £14k Actual £39k	Target £9k Actual £23k	Target £9k Actual £26k	n/a
Professional Influence Savings- YTD	Value for Money	£110m	£19.55m	£18.01m	£16.20m	£13.00m	£12.59m	£25.57m	£0.36m	£0.38m	£0.54m	£1.05m	£0.004m
Employment Services													
Payroll services													
Payroll accuracy rate prior to Supp	Excellence	99.6%	99.39%	99.65%	99.57%	99.27%	99.20%	99.52%	99.34%	99.57%	99.05%	99.46%	99.79%
Payroll accuracy rate post Supp	Excellence	99.6%	99.69%	99.82%	99.79%	99.64%	99.60%	99.76%	99.67%	99.78%	99.52%	99.73%	99.90%
Organisation KPIs Recruitment													
Resignation to Vacancy Approval date	Excellence	10 days	61.2 days	50.6 days	55.3 days	43.6 days	39.1 days	28.2 days	79 days	64.2 days	n/a	17 days	10 days
Time to Approve Vacancies	Excellence	10 days	3.7 days	7.9 days	5.8 days	14.2 days	12.9 days	18.7 days	5.8 days	6.8 days	3.5 days	32.4 days	8.7 days
Time to Shortlist by Managers	Excellence	3 days	10.8 days	7.4 days	6.2 days	8.3 days	7.2 days	3.1 days	22.4 days	8.7days	5.4 days	3.6 days	3.0 days
Time to notify Recruitment of Interview Outcome	Excellence	3 days	3.2 days	2.6 days	1.7 days	2.9 days	2.2 days	1.4 days	3.1 days	2.3 days	13.5 days	5.0 days	26.5 days
NWSSP KPIs Recruitment													
Time to Place Adverts	Excellence	2 days	1.5 days	1.8 days	1.8 days	1.3 days	1.6 days	2 days	1.5 days	2.0 days	1.3 days	1.2 days	1.6 days
Time to Send Applications to Manager	Excellence	2 days	1.0 days	1.0 days	1.0 days	1.0 days	1.0 days	1.0 days	1.1 days	1.2 days	1.0 days	1.0 days	1.0 days
Time to send Conditional Offer Letter	Excellence	4 days	3.6 days	3.4 days	3.3days	3.5 days	3.6 days	3.8 days	3.8 days	3.9 days	4.0 days	3.3 days	4 days
Calls Answered % Quarterly Average	Customers	95%	89.96%										
Procurement Services													
Procurement savings- YTD	Value for Money		Target £1.108m Actual £1.105m	Target £1.136m Actual £3.809m	Target £1.072m Actual £1.640m	Target £2.234m Actual £2.014m	Target £1.765m Actual £1.009m	Target £0.526m Actual £1.698m	Target £0.083m Actual £0.019m	Target £0.026m Actual £0.121m	Target £0.061m Actual £0.402m	Target £0.043m Actual £0.098m	Target £0.000m Actual £0.004m
Accounts Payable													
Invoices on Hold > 30 days	Customers		3,328	3,087	2,582	5,448	4,176	1,220	778	609	1,382	417	41

KPIs Dec 2020	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW
% Invoices as being in dispute >30 days	Customers		43%	48%	42%	52%	38%	62%	28%	24%	49%	21%	39%
E Enablement invoices - in Month	Excellence	83%	97.30%										
Invoice Turnaround within 4 Days (NWSSP Control) Basware, GHX, Manual & OCR	Excellence	90%	85.00%	68.00%	61.00%	88.00%	66.00%	81.00%	84.00%	50.00%	96.00%	72.00%	75.00%
Invoice Turnaround within 4 Days (Health Org Control) Generic Feeds & Pharmacy	Excellence	90%	64.00%	50.00%	73.00%	99.00%	67.00%	30.00%	88.00%	100.00%	66.00%	100.00%	99.00%
Accounts Payable Call Handling %	Customers	95%	99.40%										
PSPP Compliance non NHS- YTD	Excellence	95%	93.1%	96.8%	96.20%	96.3%	93.0%	95.0%	96.3%	92.30%	97.00%	97.50%	94.50%
Internal audit													
Audits reported % of planned audits - YTD	Excellence		Target 42% Actual 42%	Target 42% Actual 42%	Target 56% Actual 40%	Target 56% Actual 37%	Target 42% Actual 39%	Target 67% Actual 60%	Target 58% Actual 50%	Target 41% Actual 41%	Target 47% Actual 47%	Target36% Actual 36%	Target 64% Actual 45%
Report turnaround (15 days) management response to Draft report - YTD	Excellence	80%	100%	100%	86%	71%	100%	88%	75%	83%	100%	80%	67.00%
Report turnaround (10 days) draft response-final- YTD	Excellence	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Primary Care Services													
Primary Care payments made accurately and to timescale	Excellence	100%	100%	100%	100%	100%	100%	100%	n/a	100%	n/a	n/a	n/a
Patient assignments actioned within 24 hours	Customers	100%	100%	100%	100%	100%	100%	100%	n/a	100%	n/a	n/a	n/a
Medical record transfers to/from GPs and other primary care agencies within 6 weeks	Customers	95%	90%	41%	96%	74%	74%	89%	n/a	89%	n/a	n/a	n/a
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	Customers	100%	100%	100%	100%	100%	100%	100%	n/a	100%	n/a	n/a	n/a
Cascade Alerts issued within timescale	Customers	100%	100%	100%	100%	100%	100%	100%	n/a	100%	n/a	n/a	n/a

Cyfarfod a dyddiad: **Meeting and date:**	**Finance and Performance Committee 25.2.21**
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 28.1.21

- Diagnostic Treatment Centre progress update - Model of Care
- Novation of Dentistry Services at two practices
- Medical and Dental Agency Locum monthly report