

Bundle Finance & Performance Committee 27 February 2020

AGENDA

9.30am Boardroom, Carlton Court, St Asaph Business Park LL17 0JG

- 1 FP20/21 Apologies for absence
Michael Hearty, Eifion Jones, Gill Harris (Deborah Carter to deputise & Andrew Kent to attend for RTT item)
- 2 FP20/22 Declaration of Interests
- 3 09:30 - FP20/23 Draft minutes of the previous meeting held on 23.1.20 and summary action plan
FP20.23a Minutes FPC 23.1.20 Public v.04 draft.docx
FP20.23b Summary Action Log_public session.doc
- 4 09:45 - FP20/24 2019/20 Annual Plan: Monitoring of progress against actions for F&P Committee
Mr Mark Wilkinson
Recommendation:
The Finance & Performance Committee is asked to scrutinise progress reported.
FP20.24a Annual Plan monitoring report.docx
FP20.24b Annual Plan Progress Monitoring Report - January 2020.pdf
- 5 10:00 - FP20/25 Integrated Quality and Performance report
Mr Mark Wilkinson
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.

FP20.25a IQPR.docx
FP20.25b IQPR report.pdf
- 6 10:40 - FP20/26 RTT Update
Mr Andrew Kent in attendance
The Finance and Performance Committee is asked to note:
the focus on achieving the year-end over 36-week position of 13,195.
the slowing of the deterioration in the over 36-week and the over 52 week position.
the progress to date on the building of the capacity plan.
the deterioration in the 15% reduction in follow up position
FP20.26 RTT update.docx
- 7 11:00 - FP20/27 Unscheduled Care and Building Better Care update
Mrs Deborah Carter
Recommendation:
That the Committee note the updates for
The unscheduled care performance for January across BCUHB and for each health community
The building better care programme and ongoing work within phase 4
FP20.27 USC and building better care.docx
- 9 11:20 - Comfort break
- 10 11:30 - FP20/28 Finance Report Month 10
Ms Sue Hill
Recommendation:
It is asked that the report is noted. The Committee is asked to note that the forecast deficit has been increased to £41m. The Committee is asked to note the request to Welsh Government for an additional £4m Strategic Cash Assistance.
FP20.28 Finance report Month 10.docx
- 11 12:00 - FP20/29 Financial Recovery Group report
Mr Phillip Burns
Recommendation:
The Committee is asked to note the report
FP20.29 FRG report - Month 10.pdf
- 12 12:20 - FP20/30 Capital Programme Month 10
Mr Mark Wilkinson
Recommendation:
The Committee is asked to receive this report and note the reported exceptions
FP20.30 Capital Programme Report - Month 10.docx

- 13 12:25 - FP20/31 The procurement of local frameworks for construction works
Mr Mark Wilkinson
Recommendation:
The Committee is asked to support the establishment of contractor frameworks and the proposed procurement methodology for the delivery of estates capital projects.
- FP20.31 Procurement of Contractor Frameworks.docx
- 14 12:30 - FP20/32 External Contracts Update
Ms Sue Hill
The Committee is asked to note:
the financial position on the main external contracts at December 2019 and anticipated pressures
the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity
the work underway in relation to RTT
- FP20.32 External Contracts Update February 2020 Final version.docx
- 15 12:40 - Lunch break
- 16 13:10 - FP20/33 Update on delivery of PWC recommendations
Ms Sue Hill
Recommendation:
It is recommended that the Committee –
Confirm the status of progress against the recommendations as set out in this paper.
Consider any further actions required to finalise or accelerate the implementation of the recommendations, in order that were practical, actions are completed by the end of March 2020.
- FP20.33 Update on delivery of PWC Recommendations.docx
- 18 13:20 - FP20/34 Workforce performance quarterly report - Q3
Mrs Sue Green
Recommendation:
The Committee is asked to receive and note the information.
- FP20.34a Workforce quarterly performance report _Q3.docx
- FP20.34b Workforce quarterly performance report _Q3.docx.pptx
- 25 For information
- 26 13:40 - FP20/35 Monthly monitoring report
Mrs Sue Hill
Recommendation:
Note the contents of the report that has been made to the Welsh Government about the Health Board's financial position for Month 10 of 2019/20
- FP20.35a Monitoring Return Month 10.docx
- FP20.35b Monitoring Return month 10.pdf
- 27 13:40 - FP20/36 Summary of InCommittee business to be reported in public
Mrs Sue Hill
Recommendation:
The Committee is asked to note the report
- FP20.36 Private session items reported in public v1.0.docx
- 28 FP20/37 Issues of significance to inform the Chair's assurance report
- 29 FP20/38 Date of next meeting Tuesday 24.3.20 9.30am Boardroom, Carlton Court
- 30 FP20/39 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 on 23.1.20
in Neuadd Reichel, Bangor University

Present:

Mr Mark Polin	BCUHB Chairman
Mr John Cunliffe	Independent Member
Mr Eifion Jones	Independent Member
Ms Helen Wilkinson	Independent Member (<i>part meeting</i>)

In Attendance:

Mr Phillip Burns	Interim Recovery Director
Mrs Deborah Carter	Acting Operations Director
Dr David Fearnley	Executive Medical Director (<i>part meeting</i>)
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mr Andrew Kent	Planned Care Lead (<i>part meeting</i>)
Mrs Gill Harris	Deputy Chief Executive / Executive Director Nursing & Midwifery (<i>part meeting</i>)
Mr Michael Hearty	Independent Finance Advisor
Ms Sue Hill	Acting Executive Director of Finance
Mrs Jill Newman	Performance Director
Mr Andrew Sallows	Delivery Programme Director, Welsh Government (WG)
Mr Mark Wilkinson	Executive Director Planning and Performance
Ms Diane Davies	Corporate Governance Manager (Committee Secretariat)

Agenda item	Action by
<p>Opening remarks</p> <p>The Chairman advised the Committee of a discussion held with the Minister and NHS Chief Executive the previous day in relation to BCUHB Performance and Finance. This had focussed on the revised forecast provided on RTT, drawing particular attention to orthopaedic provision. He stated that £7m had been provided to address this area to year end, which would require the development of a comprehensive cost and activity plan. It was acknowledged that the deteriorated unscheduled care performance would have been worse had recent improvement work not been undertaken. The Chairman requested that the Executive Team meet to form a blended, flexible support package which would also reflect what service improvements could be achieved and take advantage of advice from FDU and WG officers in order to provide a proposal to the Board. The need to drive improvement on the deficit, focus on RTT performance (including the additional £7m WG funding) and unscheduled care was clarified. He also stated that the next plan should be fit for purpose to ensure greater</p>	

<p>engagement and support of BCU's employees. The Executive Director of Workforce & OD confirmed that the Executive Team would progress this work during the next week.</p>	
<p>FP20/1 Apologies for absence</p> <p>Mr Gary Doherty ~ Chief Executive, Mr Hywel Jones ~ Director, Financial Delivery Unit (FDU) and Ms Emma Wilkins Deputy Director, FDU.</p>	
<p>FP20/2 Declarations of Interest</p> <p>None were received.</p>	
<p>FP20/3 Draft minutes of the previous meeting held on 19.12.19 and summary action plan</p> <p>The minutes were agreed as an accurate record subject to an amendment that the meeting took place in 'public' session and updates were provided to the summary action log.</p>	
<p>FP20/4 Corporate risk register and assurance framework report</p> <p>FP20/4.1 Ms Sue Hill presented this item. Attention was drawn to the following that was agreed as part of the corporate risk review at the Audit Committee on the 12th December 2019:</p> <p>CRR06 Financial Stability</p> <p>Concerns were raised regarding the inappropriate initial risk score. Therefore in line with the feedback received the initial risk score had been updated from 12 to 20. Further actions to mitigate the risk to support achieving the target risk score had also been incorporated which included continuously scrutinising recovery and savings delivery as the financial year elapses, and also the executives discussing and agreeing potential additional escalatory grip and control measures. However, despite these additional actions and given the current financial position, it was recommended that current risk score was increased from 16 to 20.</p> <p>The increased risk score was agreed</p> <p>It was reported that as part of the feedback from the Audit Committee, work was also currently progressing to develop a new financial sustainability risk and this would be presented at the 30.4.20 Finance and Performance Committee meeting for review and approval.</p> <p>This risk under development was noted</p> <p>CRR11a Unscheduled Care (USC) Access</p> <p>Controls were updated as reflected within the paper. There had been no change to the current risk scoring, however the target risk date was amended to take into account the implementation of the further actions to support the</p>	SH

achievement of the target risk score. The Committee discussed the controls, pointing out that reallocation of resources was not listed, disappointment was expressed in the lack of improvement given that 2 years had elapsed since the controls were put in place. The Interim Recovery Director also pointed out that capability and capacity within the USC change programme was being addressed within the Financial Recovery Group as this was a significant financial risk.

No change to the score and also the amendment of the target date were **noted**.

CRR11b Planned Care Access

Controls had been updated along with further actions as outlined in the paper. The target risk date was amended to take into account the implementation of the further actions to support the achievement of the target risk score.

No change to the score and amendment of the target date were **noted**.

CRR12 Estates and Environment

The current risk score had been increased from 12 to 16 to reflect the current position of the Health Board. Risk controls had been strengthened to include reporting arrangements and further actions had been identified to support the achievement of the target risk score as outlined in the paper. The Committee questioned the significant score increase. The Executive Director of Planning and Performance advised that the Estates Strategy would be discussed at the April Board meeting and would include plans for improvements within Wrexham and Ysbyty Gwynedd within the new financial year. He also advised that as part of savings plans, vacancies within property management were currently on hold. The Executive Director of Workforce & OD also advised that health and safety improvements had also been planned.

It was agreed that the Executive Director Planning and Performance would provide the Chairman with an update on the Estates Strategy within 2 weeks which was understood to be subject to discussion at the Strategy, Partnerships and Population Health Committee before presentation to the Board in May/June.

The increased risk was **noted**.

It was resolved that the Committee reviewed the risks and agreed the revised scores as above.

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FP20/5 2019/20 Annual Plan Progress Monitoring Report

FP20/5.1 The Executive Director Planning and Performance presented the item. He drew attention to 4 specialty areas of concern ie Urology, Orthopaedics, Ophthalmology and Stroke. It was noted that the Orthopaedics business case was being presented at the Board later that day, emphasising the need for progress within this area as it accounted for over 50% of long waiting patients. The need for focussed progress on the Endoscopy plan was also highlighted. In discussion of Urology it was noted that, whilst a supporting business case was to be submitted to the Committee in March, there was a £0.25m affordability gap and clinical engagement was recognised as challenging. Discussion ensued on demand and capacity alignment work along with progress in appointing a clinical

lead to drive through change. The Executive Medical Director also pointed out that BCU's focus on whole system pathways could allieviate secondary care services pressures through consideration of enabling alternative services within the community, as had been the case with eyecare services.

FP20/5.2 Unscheduled care improvements were noted, however continued challenges in stroke services was of concern. A discussion ensued on possible improvements within the community being developed regarding stroke services. The Chairman requested that the Executive Director of Primary and Community Services prepare a briefing on GP resilience in order to consider whether WG support might be sought to invest in primary & community services should additional funding become available from across the border. In discussion of barriers to interfaces between secondary and community services, the Executive Medical Director advised that digital improvements were required, most significantly the introduction of a patient digital record.

FP20/5.3 The Independent Finance Advisor questioned whether the executives could provide assurance to the Board that the transition to the new financial year was being planned for in terms of completion by year end; whether financial consequences would be built into next year's plan and whether work would be stopped and moved forward into the next financial year's plan. The Chairman advised that these points would be addressed at the Board workshop to be held on 6/2/20.

FP20/5.4 The Chairman commented that there shoudn't be any surprise changes to progress, given the monthly update reviewed in the monitoring report. The Committee encouraged more ambition to be included within future plans and the Executive Director of Planning and Performance concurred that a three year plan would need to be in place next year. In conclusion, the Chairman commented that the document format provided a greater level of assurance than previously.

It was resolved that the Committee noted the report.

SH>CS

FP20/6 Integrated Quality and Performance report

FP20/6.1 The Chairman reminded members that as the Health Board was meeting later that day, it was important to ensure that due diligence was undertaken within the Committee meeting in order that a brief summary could be reported at the Board in the interest of effective time management.

FP20/6.2 The Executive Director of Planning and Performance reported that performance within A&E had been the worst recorded across all areas of Wales and the UK with the highest level of demand and acuity ever seen. BCU was the worst reported in Wales drawing particular attention to ambulance handover performance. He also reported that Planned Care had deteriorated across the year, with a patient followup waiting list that had risen significantly from 83k to 92k. Attention was also drawn to diagnostic stability, financial pressures incurred due to addressing endoscopy service issues and an increased level of sickness

absence within BCU. On a positive note, PADR completion had improved dramatically with good staff engagement reported.

FP20/6.3 The Chairman stated that the Board had noted the scale of deterioration which could not continue and that fundamental change needed to be undertaken. He clarified that the Executive Team needed to realistically assess the plan for the coming year, taking the opportunity to modify expectations for the change programme needed that would encompass important areas eg the ED review and RTT.

FP20/6.4 The Executive Director of Planning and Performance also emphasised the importance of focussing on implementation of the plan and providing clarity on accountability, especially in terms of financial decision making. He commented that a balance was also required between financial accountability and financial recovery.

FP20/6.5 Work undertaken to address deterioration in respect of ambulance handover was clarified, as well as the role of the joint committee with WAST.

FP20/6.6 The Independent Finance Advisor commented on the improvement made to the report format, and wondered whether for those performance items with a long time lag to delivery, it would help if the Committee could see some evidence of the actions that were required in the short to medium term to deliver the longer term outcome. The Executive Director of Planning and Performance advised that work was underway to provide assurance that actions reported in the IQPR were completed in the timescales stated, partially addressing this point.

FP20/6.7 In discussion of the changes required to address complex areas within the organisation, the Chairman emphasised that organisation design needed to address resistance to change and accountability across the Health Board. It would also be necessary to understand and articulate how executives worked across portfolios to deliver improvements. He emphasised the need for pace to be stepped up in the coming year and ensure delivery, drawing attention to addressing fragility within current arrangements, eg RTT, and understanding issues arising due to lack of continuity in senior roles. The Interim Recovery Director added that an improved understanding was required of the effect on other areas of the organisation when deterioration occurred.

FP20/6.8 The Acting Operations Director emphasised the assurance that the Committee had been provided with in respect of significant improvements that had been made on quality and harm reduction. She acknowledged that it was important to address culture and operating environment to make improvements.

FP20/6.9 In further discussion it was noted that BCU's commissioning and provider relationship would be an important area for Executive Team consideration. The Executive Director of Workforce & OD advised that the ED Review and USC improvement plan were dovetailing and concurred on the need to emphasise that BCU was not Secondary Care focussed – but an integrated

<p>organisation -which needed to be driven through in other areas of BCU, stressing a need for accountability.</p> <p>FP20/6.10 In response to the Committee, the Acting Operations Director was unable to provide a definitive date when improvement would be achieved within USC due to the complexities involved.</p> <p>FP20/6.11 It was agreed that a briefing be provided to the members outside the meeting in respect of deteriorating performance in Diagnostics and also provide details of the 8 breaches which had occurred in Therapy services. The Executive Director of Planning and Performance agreed to liaise with the Executive Director of Therapies and Health Sciences to provide this. The Chairman reminded that he had requested that where performance had deteriorated within an executive's portfolio whom was not usually in attendance at the Committee that arrangements should be put in place, in advance, to ensure the presence of the relevant executive or ensure that a nominated executive would be suitably briefed on the issues that had affected performance.</p> <p>FP20/6.12 The Regional Director advised that he would share work undertaken with other Health Boards. He also acknowledged the acuity increase and RTT position, noting the significant increase in follow up appointments. The Deputy Chief Executive emphasised the need to focus on the target and ensure transparency going forward, whilst improving clinical ownership. She stated that HMRC rates had created significant issues in relation to clinician availability. In response to the Committee she advised on actions that would be undertaken to address the follow up backlog, emphasising that a strategic solution needed to be developed, which the Executive Medical Director also supported. It was agreed that a comprehensive Follow up briefing would be provided at the next meeting to include validation and provide assurance that a plan was in place to address the issues and realign performance to the target which had been deteriorating since July.</p> <p>It was resolved that the Committee noted the report</p>	<p>MW>AT</p> <p>GH</p>
<p>FP20/7 Unscheduled Care and building better care update</p> <p>FP20/7.1 The Acting Operations Director presented this item. In response to the Committee she advised that a rise in respiratory conditions (including flu) had occurred during the previous month. The Committee sought assurance on whether reasons for the increase were understood and whether prevention work was being promoted to address the issues. Alternative triaging arrangements and services introduced within community pharmacies were outlined. On a positive note the Committee enquired whether the 'Tuag adref' project within the West would be rolled out to other areas, given that 200+ bed days had been saved within the month at West hospitals.</p> <p>FP20/7.2 The Independent Finance Advisor opened up discussion on how effective winter planning could be achieved. It was acknowledged that whilst a contingency was inbuilt for surge planning there was inadequate resource to</p>	

address the unprecedented surge that staff had dealt with over the winter period. The Executive Director of Workforce & OD acknowledged that further work on a system plan that addressed additional surge resourcing needed to be developed, which also took into account additional financial resource provided by WG. The Committee acknowledged that without the improvements that had been undertaken within EDs and across unscheduled care over the previous months, performance might have been worse. Following an observation by the Interim Recovery Director on the difficulties of providing flexibility to apportion contingency due to the tight financial planning introduced, it would be important for the Executive Team to understand the need to address 'reserve' planning. The Acting Executive Director of Finance undertook to reflect on this in respect of the resource allocation letter advised. The Chairman advised that All Wales Chairs noted the difficulties presented in respect of winter planning due to the late advice received from WG on winter resource allocation. This had caused difficulties in workforce planning and ensuring formulation of forward plans for particularly challenging days.

FP20/7.3 The Chairman questioned the ability to achieve zero patients waiting in respect of over 12 and 24 hour waits in ED, given the circumstances which the organisation was presented with and current performance.

It was resolved that the Committee noted the report

FP20/8 Financial Recovery Group report

FP20/8.1 The Interim Recovery Director presented the report. He highlighted that £37m of schemes were reporting at green ie on track to deliver. He highlighted actions on Grip and Control and affirmed that £37m of savings would be delivered by financial year end. He voiced his concern regarding whether further savings were possible to address the share of Welsh Risk Pool (WRP) cost pressure apportioned to BCU. Whilst moderate improvements had been achieved in some areas he stated that there was difficulty envisaged for one area to deliver by financial year end. He advised that whilst Improvement Groups' (IGs) delivery was generally deteriorating there had been success within the Procurement and Medicines Management IGs. The Interim Recovery Director also emphasised the need to address transformation which had not been achieved within the current year.

FP20/8.2 The Independent Finance Advisor concurred that apportionment in respect of WRP had been unhelpful however, he questioned the Chief Finance Officer's (CFO) role within the accountability framework – particularly in respect of clarification of decision making. The adequacy of Improvement Groups resourcing was raised as, not only as an opportunity, but also as a potential risk if insufficiently planned for. It was felt that further assurance was needed to understand the fit with the financial recovery programme.

FP20/8.3 The Chairman questioned the potential deterioration from £35m deficit to £41m which was addressed by the Interim Recovery Director, he also outlined the inability to convert some of the 'red' schemes outlined but advised that

replacement schemes were coming forward eg VAT and annual leave proposed schemes.

FP20/8.4 In response to the Chairman the Interim Recovery Director affirmed that £37m savings was confidently achievable given that there were additional financial controls and the vacancy control panel in place and new schemes were moving forward. The Chairman sought affirmation that the IGs would function effectively which was confirmed. The Deputy Chief Executive affirmed that planned care would remain pressured but confirmed that controls were in place. The Executive Director Workforce & OD advised that, whilst other Health Boards had planned adequate contingency to meet additional demand, BCU had not adequately done so and this would need to be addressed in future years.

FP20/8.5 The Chairman emphasised that whilst the WG Accountability letter response advised that BCU planned to deliver a £41m deficit position, it would be highly problematic should the organisation deliver a year end total in excess of last year's £42m deficit. The Acting Executive Director of Finance confirmed that the criticality of the position was understood.

FP20/8.6 The Committee sought assurance as to whether BCU had sufficient capacity and capability to support delivery in 2020/21. The Interim Recovery Director commented on the need for greater organisational understanding of the Improvement Group model, the scale of savings required and the transformation work needed. He stated that delivery would be a significant challenge in which focus would be required on affordability, appetite for change and incorporating in-year flexibility. The Executive Director of Workforce & OD added that accountability needed to be addressed. In conclusion, the Deputy Chief Executive stated that the challenges in delivering savings and transformation were well understood.

It was resolved that the Committee noted the report

FP20/9 Finance Report Month 9

FP20/9.1 The Acting Executive Director of Finance presented the report advising that following the £0.5m deterioration in the run rate in Month 8, there had subsequently been a further £0.7m increase in the run rate in Month 9. The primary reason being a continued increase in prescribing which had significantly increased by £1.6m. The in-month position was £2.3m in excess of the control total plan. It was noted that BCU was overspent by £31.1m, £11.1m higher than control total plan and £4.8m over the original plan. The Health Board's forecast deficit of £35m was currently in line with the initial plan but behind the £25m control total plan. The actual position for Month 9 was £1.7m worse than the Month 8 forecast position for the month (£2.2m), however there were savings pipeline schemes that were forecast to deliver in the final quarter of the year. In respect of savings delivery it was noted that £23.5m had been achieved to date against a year to date plan of £24.2m. She advised that £4.6m/month was required to be delivered for the remaining months which she was confident of, provided the Health Board delivered against the savings forecast and the

additional financial controls contained emerging cost pressures. In addition, further mitigations totalling £1.8m were required to offset the impact of the Health Board's share of the additional contribution to the Welsh Risk Pool.

FP20/9.2 The Committee noted the risk of increased spending on medical and nursing agency staff and were assured that plans were in place to address this. In respect of RTT, the Acting Executive Director of Finance acknowledged with thanks WG RTT funding of £13.5m for the full year, of which £10.2m had been spent to date. The Health Board had fully committed all of this funding and was currently assessing the impact and risk on the achievement of treatment targets and continued to commit RTT expenditure at risk during January in order to improve RTT performance.

FP20/9.3 In respect of the financial risks and opportunities set out within the paper, the Acting Executive Director of Finance advised that going forward a more prudent approach to forecasting would be undertaken. In the discussion which followed the Interim Recovery Director advised on 3 significant areas which had affected potential savings. In response to the Chairman, the Executive Director of Workforce & OD updated the Committee on positive progress with workforce optimisation.

FP20/9.4 In response to the Independent Finance Advisor's question on whether responsibility for undertaking minimisation of cost pressures was clearly identified and if this lay with Chief Finance Officers, the Acting Executive Finance Director advised of the ongoing discussions with the CFOs and work to improve the accuracy of the the forecasting process. In regard to whether there was potential scope within cost pressures to worsen the deficit forecast to £41m, she outlined potential challenging areas which were subject to weekly discussion eg secondary care. In discussion of 2020/21 budget balance and achievement of savings in secondary care, especially at YGC, she advised of work being addressed with the management team.

FP20/9.5 The Independent Finance Advisor sought assurance that grip and control methodology was embedded which was confirmed, it was also confirmed to the Chairman that executives had clarity on the additional grip and control required.

It was resolved that the Committee

noted the report

noted the potential for a maximum of £6m risks advised and the revised forecast was to deliver £41m maximum deficit at year end.

The Deputy Chief Executive and Executive Medical Director left the meeting to address urgent operational need. The Interim Lead Planned Care joined the meeting.

<p>FP20/10 Financial Plan update 2020/21</p> <p>FP20/10.1 The Acting Executive Director of Finance presented the item advising that the feedback provided by the Committee at the December meeting had been taken on board in progressing the financial plan. It was noted that the Health Board allocation for 2020/21 was £1,516,587 million which included a core uplift of £25.18 million. The revised draft financial plan was submitted to Welsh Government on 3.1.20.</p> <p>FP20/10.2 The Acting Executive Director of Finance advised that the paper set out the current planning assumption of a deficit for 2020/21 of £25 million after savings of £45m. The development of the financial plan was work in progress, and feedback from the Finance Delivery Unit would be used to validate BCU's current growth and inflation assumptions. In respect of 2020/21 savings plans, development was taking place following a workshop held with senior leaders from across the Health Board in December 2019, and submissions were received with proposals that total £14.6m. The full value of the savings target was expected to be identified before 1.4.20.</p> <p>FP20/10.3 The Chairman requested that the outputs from the workshop to support the development of the financial plan and Divisional budgets between Health Board Directors and Divisional Directors be shared with the Committee. It was understood that the commensurate work would lead to the setting of budgets for 2020/21 and an Accountability Framework for budgetary control within Divisions and across Health Communities and encompass:</p> <ul style="list-style-type: none"> • The 2020/21 Welsh Government Allocation • Additional resources available to the Health Board in 2020/21 • The new budget setting methodology based on the resource allocation model • The transition period for when we move from the current budgets to the resource allocation model split • An agreed approach to accountability and budgetary control for 2020/21 <p>FP20/10.4 In the discussion which ensued the RTT and orthopaedic funding plans were highlighted as subject to further conversations with WG. The Independent Finance Advisor welcomed the improved internal methodology approach undertaken in respect of resource allocation which ensured better understanding of resources and impacts within other areas of the Health Board and varying population needs across BCU's geographical area. He highlighted the importance of ensuring the effective use of benchmarking data.</p> <p>It was resolved that the Committee</p> <p>noted the report</p>	SH
<p>FP20/11 Capital Programme report month 9</p> <p>It was noted that the report format had been abbreviated following discussion at the previous Committee Business Management Group meeting, with the intention of incorporating the information in the finance report moving forward as the capital programme budget was significantly smaller than previously.</p>	MW

<p>It was resolved that the Committee noted the report</p>	
<p>FP20/12 2019/20 monthly monitoring report</p> <p>It was resolved that the Committee noted the report on the Health Board's financial position for month 9 2019/20 submitted to Welsh Government</p>	
<p>FP20/13 Summary of private business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP20/14 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside the meeting</p>	
<p>FP20/15 Date of next meeting</p> <p>27.2.20 9.30 Boardroom, Carlton Court</p>	
<p>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."</p>	

BCUHB FINANCE & PERFORMANCE COMMITTEE				
Summary Action Log – arising from meetings held in public				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Actions from 22.8.19 meeting:				
Phillip Burns / Sue Hill	FP19/191 Financial Recovery Group (FRG) report Month 4 2019/20 FP19/191.2 In relation to the exit transition from PWC and remaining capability within the organisation...re availability of senior programme managers... work being undertaken to address this issue within PMO and DMO. An update would be provided at the next meeting.	20.9.19	<p>A BCU wide review of programme management capacity has been completed that suggests we may have a group of staff currently not aligned to the recovery programme. This group are now being assessed to establish what capacity could be released and re-aligned to the recovery programme, this process should be completed in the next two weeks. The size and structure of the PMO and Improvement Team is now better understood but there remains a high number of current vacancies and roles that are being supported by PWC. The vacancies are approved and awaiting final approval to advertise, if approved it will take approx 3-4 months before any additional capacity arrives.</p> <p>30.9.19 Agreed to keep action open.</p> <p>16.10.19 A project plan is being drafted that will be submitted to the next FRG meeting on 29.10.19.</p> <p>24.10.19 Circulate updated plan to members as discussed at FRG</p> <p>27.11.19 The PMO has now transferred from an external PWC team to an experienced interim capability and the next stage will be substantive recruitment. Committed costs were presented to the FRG meetings in October and November and the capability and capacity required is under review and a proposal will be presented to FRG on 11th December and circulated to F & P members.</p> <p>4.12.19 Discussion ensued on the third phase of the programme and recruitment to substantive posts. It was noted that the transition from Recovery resource to transformation was also subject to Executive discussion. It was agreed to provide a</p>	<p>21.11.19 Outstanding</p> <p>December Outstanding</p> <p>11.12.19</p>


			<p>programme cost update to F&P Committee 19.12.19</p> <p>11.12.19 The Recovery Programme cost paper is on the in-committee agenda for December F&P and a paper on the proposed PMO and SI team structure will be reviewed by the Executive team in January and will be brought to the F&P Committee in February.</p> <p>19.2.20 The capacity and capability required for the PMO and SI team is being progressed as a key element of the Plan for 2020/21 and will be brought to the Board Workshop on 12.3.20.</p>	Feb 2020
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	<p>Moved to January agenda due to short December meeting</p> <p>Deferred to February 2020 agenda due to timing of January meeting</p> <p>10.2.19 Deferred to March 2020 agenda</p>	<p>Jan 2020 February 2020</p> <p>March 2020</p>
Sue Hill	FP19/238 Resource Allocation Provide to members when formula finalised	11.12.19	<p>20.11.19 Update - The resource allocation has not been finalised</p> <p>11.12.19 This should have been issued in time to be brought to F&P in January</p> <p>The paper has been drafted and will be brought to F&P in February due to timing.</p> <p>19.2.20 Paper to be circulated to members on 21.2.20</p>	<p>Jan 2020 February 2020</p>
Sue Green	FP19/240.1 IQPR Provide briefing on potential impact on sickness in respect of changes to unsocial hours payments	19.2.20	<p>Briefing to be included within the F&P report which includes January 2020 data and Q3 report. Working with colleagues nationally to work through calculation of impact</p> <p>11.2.20 Provided in agenda item Workforce report</p>	<p>February 2020</p> <p>Item to be closed</p>
Actions from 4.12.19 meeting:				
Andrew	FP19/272.4 IQPR – Process	15.1.20	The IQPR has a number of different slides that we believe start to	February 2020

Kent	Control Include further context highlighted by Andrew Sallows to ensure reporting addresses WG requirements and concerns within report to be presented at January meeting.		address the issues raised by Andrew Sallows. The first set of those (improved forecasting) are in the January report. We are also looking at waiting list size with informatics and discussing what should and should not be included. This will be concluded for the February report 12.2.20 AK advised that the Performance Team had confirmed that the waiting list size will be included within the February IQPR report	Action to be closed
Andrew Kent	FP19/273.5 RTT Ensure report to January meeting addresses: Demand and Capacity – resources, waiting list additions and improved understanding re HMRC implications	15.1.20	The January report includes the HMRC data April-December. It discusses the Demand and capacity work with timelines to develop a planned care capacity plan for 20/21. The waiting list additions is part of the slide set (272.2) being addressed over January and February 12.2.20 AK advised that an update was included within the RTT paper being presented to the February meeting	February 2020 Action to be closed
Actions from 19.12.19 meeting:				
Deborah Carter	FP19/297.4 IQPR <ul style="list-style-type: none"> Share DToC discussion with Chairman 		Information re DToC shared 23.1.20 Chairman requested further understanding of 'stranded patients' 19.2.20 The 'stranded patient metric' is defined as the number of beds occupied by patients who have been in hospital 7 days or more . A proportion of these will have a truly catastrophic illness and will rightly need to be in hospital that long. The 'super stranded patient metric' is the number of beds occupied by patients who have been in hospital for 21 days or more . Each acute and community hospital have commenced processes to review patients who can be defined in the two metrics above. These have involved a multi-disciplinary/agency approach and have delivered a range of improvements and reductions in lengths	Action to be closed

			of stay. Informatics teams have been involved in developing the reports which support the processes.	
Actions from 23.1.20 meeting:				
Sue Hill	FP20/4.1 CRR Ensure a new financial sustainability risk is developed and presented to the Committee at 30.4.20 meeting	22.4.20	Action not due until April	
Mark Wilkinson	FP20/4 CRR12 Estates and Environment Provide the Chairman with an update on the Estates Strategy within 2 weeks	6.2.20	Progress briefing shared with Chairman. Comments received back. The briefing will be presented at the March SPPH Committee.	Action to be closed
Sue Hill > Chris Stockport	FP20/5 APPMR Request Chris Stockport to prepare a briefing on GP Resilience in order to consider whether WG support might be sought to invest in primary & community services should additional funding become available from across the border.	6.2.20	19.2.20 A Business Case to support the development of the Primary & Community Care Academy has been drafted and is currently being finalised for consideration by the Executive Team. This also includes primary care workforce priorities and options that would support the implementation of the Primary Care Model at a greater pace, which in turn strengthens the resilience of this sector. In addition, WG has allocated a further £2.236m to support cluster led developments, from 2020/21. A framework to ensure that these also reflect the national model priorities will be implemented.	April 2020 (21.4.20)
Mark Wilkinson > Adrian Thomas	FP20/6.11 IQPR The Executive Director of Planning and Performance agreed to liaise with the Executive Director of Therapies and Health Sciences to provide a briefing to the members outside the meeting in respect of deteriorating performance in	14.2.20	11.2.20 MW confirmed AT had been advised of Committee request 19.2.20 Briefing circulated to members	Action to be closed

	Diagnostics and also provide details of the 8 breaches which had occurred in Therapy services.			
Gill Harris	FP20/6.12 IQPR It was agreed that a comprehensive Follow up briefing would be provided at the next meeting to include validation and provide assurance that a plan was in place to address the issues and realign performance to the target	19.2.20	Included within agenda item FP20/26 RTT update 27.2.20	Action to be closed
Sue Hill	FP20/10.3 Financial Plan update 2020/21 The Chairman requested that the outputs from the workshop to support the development of the financial plan and Divisional budgets between Health Board Directors and Divisional Directors be shared with the Committee.	11.2.20	19.2.20 Paper to be circulated to members on 21.2.20	
Mark Wilkinson	FP20/11 Capital Programme M9 It was noted that the report format had been abbreviated following discussion at the previous Committee Business Management Group meeting, with the intention of incorporating the information in the finance report moving forward as the capital programme budget was significantly smaller than previously.	19.2.20	Agreed that Capital Programme report would remain separate; in part as a result of the current scrutiny on the YGC refurbishment and capital more generally.	Action to be closed



Cyfarfod a dyddiad: Meeting and date:		Finance and Performance Committee 27.2.20					
Cyhoeddus neu Breifat: Public or Private:		Public					
Teitl yr Adroddiad Report Title:		Annual Plan Monitoring Report (APMR)					
Cyfarwyddwr Cyfrifol: Responsible Director:		Mr Mark Wilkinson Executive Director of Planning & Performance					
Awdur yr Adroddiad Report Author:		Dr Jill Newman, Director of Performance					
Craffu blaenorol: Prior Scrutiny:		This paper has been scrutinised and approved by the Executive Team and the Executive Director of Planning and Performance.					
Atodiadau Appendices:		None					
Argymhelliad / Recommendation:							
The Finance & Performance Committee is asked to scrutinise progress reported.							
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 2019/20 Operational plan.							
Cefndir / Background:							
The operational plan has a number of key actions required to be delivered during 2019/20. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Where an action is complete this is RAG rated purple, where on course to deliver the year end position the rating is green. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery is no longer likely to be achieved. For Amber and Red rated actions a short narrative is provided.							
Asesiad / Assessment							
<p>Strategy Implications Delivery of the operational plan actions is key to implementation of the Boards strategy</p> <p>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.</p> <p>Risk Analysis The RAG-rating reflects the risk to delivery of key actions</p> <p>Impact Assessment The operational plan has been Equality Impact Assessed.</p>							



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January 2020

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This report presents performance as at the end of January 2020 against the 2019/20 Annual Plan actions, and is presented in the same order as the plan i.e. health improvement and health inequalities, care closer to home, planned care, unscheduled care, workforce, digital, estates and finance.

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the lead executive.

Where a red or amber rating is applied in any month, a short narrative is provided to explain the reasons for this and actions being taken to address.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk. Future milestone markers are included as M in the matrix to indicate when elements of actions contained in the report were due for completion. Many of the actions have multiple milestones to support delivery of the year end position. Only when all milestones are complete can the action be achieved.

Feedback is welcomed on this report and how it can be strengthened. Please email Jill.Newman@Wales.NHS.UK.

RAG	Every month end	By year end	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why and what is being done to get back on track
Amber	Some risks being managed	N/A	Where RAG is Amber: Please provide some short bullet points explaining why and what is being done to get back on track
Green	On track, no real concerns	Achieved	Where RAG is Green: No additional Information required
Purple	Achieved	N/A	Where RAG is Purple: No additional Information required

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				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G		M
AP002	Healthy weight services increased	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	A	A		
AP003	Explore community pharmacy to deliver new lifestyle change opportunities	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G		M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G		M
AP005	Implement the Together for Children and Young People Change Programme	Executive Director of Primary and Community Care	Quality, Safety & Experience	A	A	G	G	G	M	G	G	G	G		M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	Quality, Safety & Experience	G	G	G	G	G	G	G	G	M	G		M
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities	Executive Director of Public Health.	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	M	G		M
AP008	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Executive Director Primary and Community Care	Quality, Safety & Experience		R	A	A	A	A	A	A	A	G		M

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Programme

Health Improvement & Health Inequalities Exception

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AP002 – Improve access to Children’s weight management specialist services – The tier 3 Business case originally due by Qtr.1 2020/21 is delayed due to review of delivery models elsewhere to better inform the business case development.

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				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Executive Director Primary & Community Care	Quality, Safety & Experience	G	G	A	A	A	M	G	G	G	G		M
AP010	Put in place Community Resource Team maturity matrix and support to progress each CRT	Executive Director Primary & Community Care	Quality, Safety & Experience	G	G	G	G	G	G	G	G	M	G		M
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	G		M
AP012	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Executive Director of Primary and Community Care	Quality, Safety & Experience	A	A	G	G	G	M	G	G	G	G		M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care	Strategic Partnership & Population Health		G	G	G	G	G	A	G	M	A		M
AP014	Model for health & well-being centres created with partners, based around a 'home first' ethos	Executive Director of Primary and Community Care	Strategic Partnership & Population Health	A	A	A	A	A	M	A	A	A	A		M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD	Strategic Partnership & Population Health		G	G	G	G	G	G	G	G	G		M
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	Digital & Information Governance	G	G	A	A	A	A	A	A	G	A		M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	G		M
AP018	Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Executive Director of MH & LD	Quality, Safety & Experience	G	G	P									
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	Quality, Safety & Experience	A	A	A	A	A	A	G	G	M	P		

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AP013 Develop & Implement plans to support Primary Care sustainability

A Business Case has been drafted, and is currently being completed, to further develop the Primary & Community Care Academy (PACCA). This will be presented in line with the health board planning considerations for 2020/21. The Business Case for the PACCA includes workforce plans.

A plan and business case has been developed for Clinical Triage by phone. Initial local work on this has been completed, and a business case paused due to the need to align with similar work underway nationally, and greater BCU coordination of managed practices. Clinical triage of calls in primary care is being tested in some managed and independent practices to inform further planning.

AP014 Model for Health & Wellbeing Centres

This work is progressing but is not as far progressed as was originally intended. Work is ongoing to make up lost time, linking to the development of future operational plans in the Areas.

AP016 Plan and deliver digitally enabled transformation of community care

This work is being progressed with partners as part of the Community Transformation plans, including the development of Welsh Community Care Information System (WCCIS). The Malinko Scheduling System has been commissioned as a pilot with 2 CRTs in Central Area, to trial a system to support workload allocation and optimise management of caseloads in a more effective and efficient use of staffing resource (nursing, therapists and social services)..

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Programme Planned Care Matrix

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				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP020	Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Executive Director of Nursing & Midwifery	Finance & Performance	P											
AP021	Implement preferred service model for acute urology services	Executive Director of Nursing & Midwifery	Finance & Performance	G	G	A	R	R	M	R	R	R	A		M
AP022	Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	Executive Director of Nursing & Midwifery	Finance & Performance	G	G	A	A	A	M	A	A	A	R		
AP023	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Executive Director of Nursing & Midwifery	Finance & Performance	A	A	A	R	R	M	R	A	A	A		
AP024	Rheumatology service review	Executive Director of Primary & Community Care	Finance & Performance	G	G	A	A	A	A	A	A	M	G		
AP025	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	Executive Director of Nursing and Midwifery	Finance & Performance	G	G	A	A	A	M	A	A	A	A		
AP025	Implement year one plans for Endoscopy	Executive Director of Therapies & Health Sciences	Finance & Performance	G	G	A	R	R	R	R	A	A	A		
AP025	Systematic review and plans developed to address diagnostic service sustainability	Executive Director of Therapies & Health Sciences	Finance & Performance	G	G	A	R	R	A	A	A	A	R		M
AP025	Systematic review and plans developed to address service sustainability	Executive Director Nursing & Midwifery	Strategic Partnership & Population Health	G	G	A	A	A	A	A	G	A	A		M
AP026	Fully realise the benefits of the newly established SURNICC service	Executive Director Primary and Community Care	Finance & Performance		G	A	G	G	G	G	G	M	P		
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	Finance & Performance	A	R	A	G	G	G	G	G	G	G		
AP028	Develop Rehabilitation model for people with Mental Health or Learning Disability	Executive Director of Mental Health & Learning Disabilities	Quality, Safety & Experience		G	G	G	A	A	G	G	G	P		M

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AP021 - Implement preferred service model for acute urology services - Work is on-going to finalise the business case. It is expected this will be presented during March 2020.

AP022 - Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan) - work is continuing on the orthopaedic plan. The outline Business Case was submitted to Board in January 2020. The appointment of the orthopaedic network manager completed and appointee is now in post.

AP023 – Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists - Draft business case is complete and has been submitted to the business case scrutiny group. 6 optometry practices have been appointed to develop share care glaucoma pathway.

AP025 – Systematic review and plans developed to address service sustainability for planned care specialties (RTT) – Systematic review and plans developed to address service sustainability for planned care specialties (RTT)– Now shared with finance to be costed.

AP025 – Implement one year plans for endoscopy - We are progressing with our work in Endoscopy linking in with the National Endoscopy Group and each DGH site had a pre JAG assessment visit at the end of November arranged by them. The Health Board has also prepared an Endoscopy Action Plan for the National Endoscopy Group with three phases - Immediate, Stabilisation and Sustainability. We are working closely with the NHS Collaborative and are in the process of appointing an individual who will be an interim network manager dedicated to supporting Endoscopy.

AP025 – Systematic review and plans developed to address diagnostic service sustainability - Radiology are procuring additional capacity needed for the year end. They are working on their sustainability plan with the findings from the Kendall Bluck report.

AP025 - Systematic Review and plans developed to address sustainability - A number of streams are being worked upon for 2020/21 within the planned care improvement group; these include work on referral management and contracting for insourcing and outsourcing. Work is also continuing to improve OPD utilisation. The anticipated impact is to increase efficiency and utilisation.

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				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP029	Demand Improved Urgent care out of hours / 111 service	Executive Director Nursing and Midwifery	Finance & Performance	G	G	G	G	G	G	G	G	M	G		
AP030	Demand Enhanced care closer to home / pathways	Executive Director Primary and Community Care	Finance & Performance	G	G	G	A	A	M	A	A	M	A		M
AP031	Demand Workforce shift to improve care closer to home	Executive Director Nursing and Midwifery	Finance & Performance	G	G	G	A	R	M	R	R	A	A		
AP032	Demand Improved Mental Health crisis response	Executive Director of MH & LD	Finance & Performance	G	A	A	A	A	M	G	G	G	G		M
AP033	Demand Improved Crisis intervention services for children	Executive Director Primary and Community Care	Finance & Performance	A	A	G	A	A	A	A	A	A	G		M
AP034	Flow Emergency Medical Model	Executive Director Nursing and Midwifery	Finance & Performance	G	G	A	G	A	M	A	A	A	A		
AP034	Flow Management of Outliers	Executive Director Nursing and Midwifery	Finance & Performance	Grey	Grey	Grey	G	A	M	A	A	A	A		
AP035	Flow SAFER implementation	Executive Director Nursing and Midwifery	Finance & Performance	G	A	A	A	A	M	A	G	M	P		
AP036	Flow PICU for Mental Health	Executive Director of MH & LD	Finance & Performance	G	A	A	A	A	G	G	G	G	A		M
AP037	Flow Early Pregnancy Service (emergency Gynaecology)	Executive Director of Public Health	Finance & Performance	G	G	G	G	G	M	G	G	M	G		
AP038	Discharge Integrated health and social care	Executive Director Nursing and Midwifery	Finance & Performance	A	A	A	A	A	M	A	A	A	A		M
AP039	Stroke Services	Executive Medical Director	Finance & Performance	A	A	R	A	R	R	R	R	R	R		

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AP030 Demand: Enhanced Care Closer to Home Pathways - Improvements are being made in Emergency Departments (EDs) to provide timely care although progress is slower than planned. New ED escalation triggers and action cards implemented across all sites. Targeted gold level command and control work has commenced across all three EDs to improve patients access to timely ED care. Individuals in post are progressing well on training programmes. Rated as amber as should not be described as 'embedded' yet, although it is progressing well.

AP031 Demand: Workforce shift to improve Care Closer to Home - 31a Kendall Bluck workforce review was completed at the end of December with recommendations for ED workforce changes – including at ANP level. A task and finish group has been established to work through the staffing recommendations and associated recruitment

AP034 Flow: Emergency Medical Model - Milestone hit at Ysbyty Glan Clwyd (YGC) and Ysbyty Wrecsam Maelor (YMH). Ysbyty Gwynedd (YG) has opened the new ED unit but models of care are still being finalised to fully operationalise the space. Plans for these were implemented in December 2019.

AP034 Flow: Management of Outliers - Work to reduce outliers in Wrexham has been successful through achievement of new acute floor. Part of the gold level command and control has been focused on ensuring the patient is in the right bed, first time and supporting teams through making bed allocation decisions. Strategic plans in place to look at how we can use the Christmas period to re-balance patients in the Hospital as we are likely to be the lowest occupied on Christmas Eve.

AP036 – PICU for Mental Health - Psychiatric Intensive Care Unit (PICU) Programme work is under consultation and implementation will be dependent on the outcome. Working with corporate engagement team to undertake further engagement on PICU in line with community health council request. To be completed end of June 2020.

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AP038a Discharge Integrated Health & Social Care – Winter pressures money is being used to support our Home First model which includes intermediate care to address shortage in provision of packages of care

AP038b Discharge Integrated Health & Social Care –AP038c Discharge Integrated Health & Social Care - Winter pressures money is being used to further support the Home First models. Work commenced in West in November and in the East and Central in January. Impact in the West has been 808 bed days saved with 126 directly from YG, 627 from community hospitals and 55 from admission avoidance. Impact from East and Central will be available for next month.

AP038d Discharge Integrated Health & Social Care – “What Matters” conversations are happening but not consistently within 24 hours and further work is needed on discharge planning.

AP039 Stroke Services – This action remains red rated as it has not been possible to find a route to resource the business case in 2019/20. However, progress has been made in implementing aspects of year 1 of the business case. The thrombectomy service (clot retrieval) has been expanded to provide a seven day per week service from November 2019. The health board has been successful in its bid for rehabilitation assistants and is moving forward to recruit 2 whole time equivalent assistants for each acute site, to increase the acute therapeutic time patients receive and support optimal recovery and early discharge. The consultants’ home-based technology has been improved to support prompt decision-making in relation to opportunities for thrombolysis. Work is continuing to include the implementation of the early supportive discharge and rehabilitation model within the health community plans for 2020/2021. In addition, the stroke pathway is a priority for the 20/21 plan, and will include adopting a value based health care approach to redesign the pathway. This will form part of the clinical strategy’s integrated pathway programme, and also will be informed by the national clinical framework which is likely to prioritise stroke pathways. Details of the Health Board methodology will be developed during the next couple of months for the clinical strategy programme, with a document prepared by July aligning the work. The anticipated outcomes from the implementation of the pathway include timely access and diagnostics, reduced admissions, improved discharge and reduction in bed days. National evidence shows improvement in survival and reduced disability post-stroke from full implementation of the pathway.

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				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director Workforce & Organisational Development	Finance & Performance	G	G	G	G	G	M	G	G	G	G			
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director Workforce & Organisational Development	Quality, Safety & Experience	G	G	G	G	G	M	G	G	G	G		M	
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director Workforce & Organisational Development	Finance & Performance	A	A	A	A	A	M	A	A	A	A		M	
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Executive Director Workforce & Organisational Development	Quality, Safety & Experience	G	A	A	A	A	M	A	A	M	A		M	
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	G	G	G	G	M	G	G	M	G			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	G	G	A	G	G	M	G	G	G	G			
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director Workforce & Organisational Development	Finance & Performance	G	A	A	A	A	M	G	G	M	G		M	
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	G	G	G	A	A	G	G	G	M	G		M	
AP049	Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	A	A	A	A	M	A	A	A	A		M	
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	G	G	G	G	M	G	G	M	G		M	
AP081	Staff (Clinical Rostering)	Executive Director Workforce & Organisational Development	Finance & Performance	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	A			

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AP043 Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds - Progress has been achieved in areas such as; the Retention Improvement Plan, which is in place and actions are progressing, Nurse and Midwife bank capacity increased through revised rates and auto-enrolment, Establishment Control (EC) system via electronic portal enabling effective establishment control. Workforce Optimisation Programmes and associated Project Initiation Documents (PID) are in place and overseen by the Workforce Improvement Group (WIG). However this objective remains Amber as whilst work programmes are all being vigorously pursued and some schemes are green there are still programmes in early stages of development. Next Steps: Continued oversight and delivery of all Workforce Optimisation programmes including: Medical Productivity & Efficiency, Nursing; Midwifery and AHP Productivity & Efficiency, Non Clinical Productivity & Efficiency and Overarching / T&Cs Application.

AP044 - Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture - The Qtr. 3 2019 / 20 report updated on work underway to address the gaps in compliance in Health & Safety legislation, the risk remains amber, however a comprehensive set of action plans is being implemented and monitored to address the shortfalls in key areas of concern. The most significant risks are now on tier 1 risk register which include asbestos, legionella, contractor management and control, fire safety and electrical safety. There are a number of groups now established to focus on the risks identified above and these will be monitored by the Strategic Occupational Health & Safety Group. The Occupational Health Service are developing the Safe Effective Occupational Health Standards (SEQOSH), this will be implemented in July 2020. A comprehensive set of policies will form the basis of the next 12 months work that are realistic and clear on roles and responsibilities. Action plans are being completed as scheduled and Q3 report has been provided to QSE in January 2020 to track progress.

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AP049 - Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services - A number of aspects of this objective have been achieved e.g. further developing guidance to assist managers to take ownership of actions, increasing organisational capacity in regards to Equality Impact Assessment knowledge and understanding. However, this objective remains amber as whilst teams across W&OD have deployed a multi-team intervention model in support reconfiguration/ workforce redesign in areas such as sickness management and in support of various workforce PIDS this model has not been formalised and publicised. Next Steps: W&OD will continue multi-team support to Workforce Optimisation programmes and will document this approach in order to develop this into an 'offer' which can be publicised to areas planning significant change.

AP081 – Staff (Clinical Rostering). The roster alignment project aspect of this milestone is outstanding as the shift consultation remains ongoing and consequently the staff bandings haven't been built into the roster templates. The consultation within MH & LD has also been paused. In terms of the support and challenge meetings these have been established across secondary care with YGC and YG holding weekly meetings and WMH holding monthly meetings, all of which are supported by the rostering team, WOD and finance colleagues. Within the other divisions if the meetings are being held they have not requested rostering support / attendance at these.

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Plan Ref	Actions	Executive Strategic Lead	Scrutiny Committee of the Board	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP051	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	M	G	G	G	G		M
AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Executive Medical Director	Digital & Information Governance	A	A	R	R	R	M	R	R	Moved to 2021/22			
AP053	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	M	G	G	G	G		M
AP054	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	M	G	G	G	G		
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	Digital & Information Governance	A	A	A	A	A	M	G	G	G	G		
AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	Digital & Information Governance	G	G	A	A	A	A	A	A	A	A		M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	Digital & Information Governance	A	A	G	G	G	M	G	G	G	G		M
AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Executive Medical Director	Digital & Information Governance	G	G	A	A	A	A	A	A	A	A		M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	Digital & Information Governance	A	A	A	A	A	A	A	A	A	A		M
AP060	Support Eye Care Transformation	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	G	G	G	G	P		M
AP061	Implement Tracker 7 cancer module in Central and East.	Executive Medical Director	Digital & Information Governance	A	A	G	G	A	M	A	A	A	A		

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AP056 Transition program to review the management arrangements for ensuring good record keeping across all patient record types - Funding has been secured via the HASCAS and Ockenden Board for the recruitment of a Project Manager. The delay lies currently with the translation of the recruitment papers. The project will start a 12 month plan from the date of recruitment.

AP058 Rolling programmes of work to maintain / improve the digital infrastructure - The discretionary Capital programme allocation for 2019/20 has been reduced from £3 million to £2.7million following formal change control. Circa £957k of the allocation was spent at the end of Period 9. The majority of outstanding purchases will be made in January 2020 with the exception of Computer Hardware, which will be made as scheduled in February 2020. Going forward some slippage against schemes is likely as a result of pressures born through the allocation of Digital Priorities funding in November 2019. Full outturn will be prioritised.

AP059 Provision of infrastructure and access to support care closer to home - Project Brief presented to Regional Integrated Services Digital Transformation Board 9/1/20 and scope approved. Outline Business Case now in development to bid for capital and revenue funding identified

AP061 Implement Tracker 7 cancer module in Central and East - WPAS Upgrade v19.2 has been completed as scheduled but it does not support service needs. The Service have identified issues with functionality, which increases workload and lengthens processes. A SharePoint site fulfils current requirements. When identified developments are delivered it will be implemented to the Service for User Acceptance Testing and Implementation.

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Programme Estates Strategy Matrix

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Plan Ref	Actions	Executive Strategic Lead	Scrutiny Committee of the Board	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019							
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP062	Statutory Compliance / Estate Maintenance	Executive Director Planning and Performance	Finance & Performance	G	G	G	G	G	G	G	G	G	G		M
AP063	Primary Care Project Pipeline	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	G		M
AP064	Well-being Hubs	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	A	A	A	A	A	A	A	A		M
AP066	Ruthin Hospital	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	P							M
AP067	Vale of Clwyd	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	G	G	R	Removed				
AP068	Orthopaedic Services	Executive Director Planning and Performance	Finance & Performance	G	G	G	G	G	G	G	G	G	G		M
AP069	Ablett Mental Health Unit	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	R	R	G	G	Moved to 2021/22		
AP070	Wrexham Maelor Infrastructure	Executive Director Planning and Performance	Strategic Partnership & Population Health	R	R	R	R	P	M						
AP071	Hospital Redevelopments	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	A	A	A	A	G		M
AP072	Central Medical Records	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	A	R	G	G	R		M
AP073	Residencies	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	G	G	A	A	R	R		M
AP074	Integrated Care Fund (ICF) Schemes	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	G	G	G	G	G		

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AP064 Wellbeing Hubs - A wellbeing hub will not be complete in 2019/20 despite some progress being made, hence the change in score to red. The developing understanding of the needs of the emerging integrated health and social care localities has instigated a review of the primary care pipelines and the future configuration of health and well-being hubs. Problems have been encountered in identifying a suitable, cost effective site for Pen y Groes, and the complexity of delivering through a third party has impacted on the programme for Bangor.

AP072 Central Medical Records - This scheme to reprovide medical records storage was originally prioritised as a result of the proposed redevelopment of the Ablett Unit at YGC - medical records are currently partly stored in Tawel Fan. The change to the likely preferred option for Ablett business case to a new build elsewhere on the YGC site has reduced some of the urgency. Current progress with a digital health record means the need for physical storage may be lessened - albeit over the long term.

AP073 Residencies - A draft business case has been shared with potential housing partners. Discussions are needed with Welsh Government on the potential availability of public sector capital. Further meetings are scheduled for March.

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				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP075	Governance	EDN&M & Deputy CEO	Finance & Performance	Grey	Grey	M	A	A	M	A	A	A	A		
AP076	Grip and Control	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	G	M	A	A	A	A		
AP077	Planning	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	A	M	A	A	A	A		
AP078	Procurement	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	G	M	A	A	A	A		
AP079	Risk Management	Deputy CEO	Audit Committee	Grey	Grey	Grey	Grey	Grey	M	G	G	G	G		

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AP075 Governance - Work is continuing on developing the Governance framework of the Health Board. The revised draft Clinical Risk Strategy is on target for implementation in April 2020. The work to date has highlighted a number of issues to be addressed and posed 6 emergent risk management themes, which need to be considered in order to align with the work on the overall governance framework.

AP076 Grip and control - Progress is being made against the Financial Recovery Action Plan, but this has not delivered a reduction in the expenditure run rate to allow progress towards the control total of £25m deficit. The Health Board has identified further areas to scrutinise discretionary expenditure for the last quarter of the year, and to increase the levels of financial governance and control within the organisation.

AP077 Planning - Performance against in-year financial plan (including savings programme) is being tracked. Accurate forecasting and delivery of financial recovery actions are critical in driving the required reduction in expenditure by divisions over the last quarter of the year. Planning cycle for future years is underway. We are learning lessons from current year planning, in-year performance to date, and from the Financial Recovery programme to better inform future planning.

AP078 Procurement - Efficiency framework and other opportunities are being scoped and accessed. Conformance with procurement requirements is being monitored and any deviations reported. Lessons from this year show that utilising national frameworks and All-Wales approaches via NWSSP is not sufficient to guarantee meeting the Health Board's financial targets. Engagement with NWSSP on All-Wales approaches has begun between the Director of Finance and new Director of Procurement, to identify any potential opportunities which can deliver at scale.

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The Annual Plan is included on page 423 of the March 2019 Health Board papers.

The link to these papers is shown below:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2028.3.19%20%20V2.0%20updated%2022.3.19-min.pdf>

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Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Finance & Performance Committee				
	27.2.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Integrated Quality & Performance Report (IQPR)				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson Executive Director of Planning & Performance				
Awdur yr Adroddiad Report Author:	Dr Jill Newman, Director of Performance				
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.				
Atodiadau Appendices:	None				
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.					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*	Er gwybodaeth For Information*
Sefyllfa / Situation:					
Please refer to Executive Summary contained within the IQPR					
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 IQPR and demonstrates the areas that are challenged in relation to delivery of the expected standards of performance, together with the actions being taken to address the performance.					
The Financial Balance is discussed in detail in the Finance Report.					
Asesiad / Assessment					

Strategy Implications

The performance measures within the IQPR are aligned with the Annual Plan and identified as the key performance indicators in monitoring and managing the Health Board's strategy.

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. Our operational plan is aligned to our resource allocation for delivery

Risk Analysis

The RAG-rating reflects the performance against the Plan. Where there aren't Plan Profiles, the performance is measured against the national target.

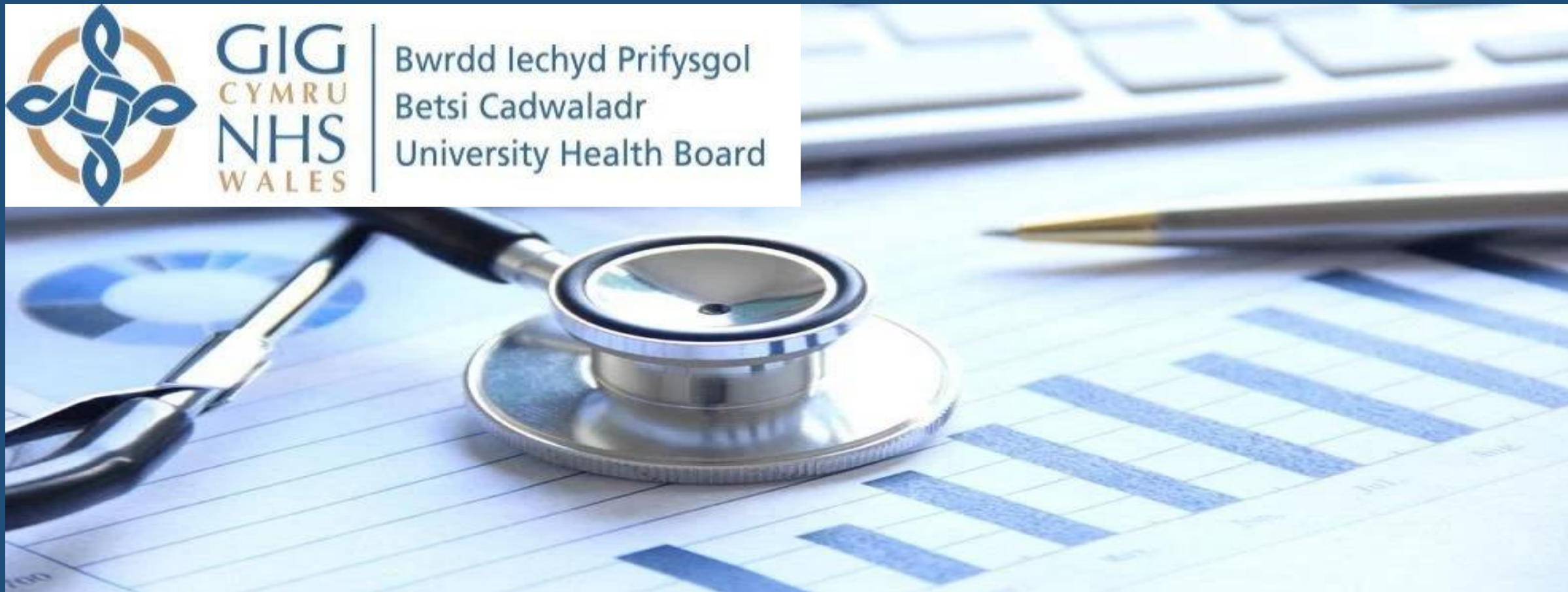
Impact Assessment

The operational plan has been Equality Impact Assessed. 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.



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This Integrated Quality & Performance Report (IQPR) provides a clear view of current performance against a selected number of Key Performance Indicators (KPI) that have been grouped together to triangulate information. This report should be used to inform decisions such as escalation and de-escalation of measures and areas of focus. Actions for escalation should be captured in the Chair's report for the Board and minutes of the committee.

The measure code relates to the code applied within the NHS Wales Annual Delivery Framework, which Welsh Government hold the Board accountable for delivering. A key difference in the structure of the IQPR for 2019/20, in comparison to 2018/19 is that the report reflects the organisational priorities as set out in the Annual Plan approved by the Board. The report maps each of the measures included against the corresponding work programme within the Annual Plan for 2019/20. This is done via a reference number in the 4th column of the Measure Component Bar.

The actual performance reported is compared to the BCU plan in the first instance, with the background colour used to depict whether the performance is better or worse than planned. The national target is shown so that performance can be compared against expected national standards and locally agreed plans. Performance from April 2019 to date is also shown in the Measure Component Bar together with the position reported for the same reporting period in the previous year. This gives a view of performance during the current year which can be compared against plan and enables a comparison to be made against the same period in the previous year and enables readers to see a high level performance trend. The Executive summary provides performance against plan for the key Unscheduled and Planned Care indicators. The Wales Benchmark position is acquired from the Chief Executive Officer Papers published by Welsh Government and is usually at least one month in arrears.

Status Key:



Performance has improved since last reported



Performance as got worse since last reported



Performance remains the same as last reported



Profiles

For each key performance indicator the accountable Executive Director has confirmed the profile of performance expected to be delivered during the year based on the actions and resourcing set out in the Annual Plan. The report tracks performance against this profile and as such the Red Amber Green (RAG) rating applied are for performance against the Plan. Where a local plan profile is not available the RAG rating will relate to the National target, which is presented alongside each indicator on the chapter Summary pages. AP (Awaiting Plan) is shown in the plan target column against indicators where a local profile is not confirmed. The frequency of reporting of indicators is set out in the NHS Annual Delivery issued by Welsh Government and this frequency is reflected in the reporting with some indicators annual, others bi-annual, quarterly, bi-monthly or monthly.

Escalated Exception Reports

When performance on a measure is worse than expected, the Lead for that measure is asked to provide an exception report to assure the relevant Committee that a) the reason for the under-performance is understood, b) that a plan and set of actions in place to improve performance, c) that there are measurable outcomes aligned to those actions and d) that they have a defined timeline/ deadline for when performance will be 'back on track'. Although the exception reports are scrutinised by Finance & Performance Committees, there may be instances where they need to be 'escalated' to the Board via the Committee Chair.

Longitudinal view of performance

Where possible the committee is provided with a longitudinal view of performance against each indicator. Run charts and Statistical Process Control (SPC) charts are used to assist with the visualisation of performance overtime and to provide an understanding of normal variation within the month to month performance. This will assist with tracking performance over time, identifying unwarranted trends and outliers and fostering objective discussions rather than reacting to 'point-in-time' data.

Cycle of business

This report attempts to set out the actions in the operational plan and the associated measures which come under the terms of reference for this committee to scrutinise during 2019/20. Key performance indicators were reviewed during October 2019 and the amendments ratified by the November Board. These profiles replace the previous key performance indicators and are being used to track and RAG rate performance. Where monthly measures are reportable to this committee the January data is included in this report. For other measures the data provided relates to the latest validated and submitted reporting period. Where data is not currently available the measure is greyed out in the report.



The executive team would draw the attention of the committee to three main performance themes contained in the report: timely access to planned care, unscheduled care and the use of our resources.

Planned Care

The RTT performance has continued to deteriorate in January 2020, although the rate of deterioration has slowed slightly. Additional financial support has been received from Welsh Government to assist the year end position. Additional activity is being undertaken internally, although the level of this is lower than in previous year due to workforce challenges. Additional tenders are underway for outsourcing and insourcing activity during the remaining weeks in February and March. Given the lead in time for setting up these initiatives the impact is likely to be mainly in March. End of year forecast remains a significant deterioration on 2019/20 despite the resource invested and is not at an acceptable level to address the needs of our patients.

Planning for 2020/21 has progressed with Robert Jones and Agnes Hunt starting to take long waiting patients for treatment from April as part of their normal annual contracted activity.

The work on the overall planned care activity for 2020/21 progressed to a check and challenge review for all specialties on the 17th February 2020. This included RTT, elective non-RTT and follow up activity. The next steps in development of the plan include development of the diagnostic service plan and costing of the solutions proposed to deliver 36 week improvement in 2020/21.

The diagnostic position deteriorated slightly in January 2020. Improvement in endoscopy was noted. The greatest improvement is in YG where the forecast is to deliver 0 breaches in March 2020 including 8 week waits and surveillance patients. The delays in Wrexham are the longest and the Hospital Director is leading on pan-BCU work to address this. The Vanguard unit based at YGC continues in February but will be removed from site at the end of the month. Additional insourcing in Wrexham is enabling the third suite to be used which together with the Vanguard is enabling c30 additional lists to be undertaken each week.

Echocardiogram breaches were seen in YG due to staffing absences. The staff are now back in work and a tender is underway to support additional activity to year end.

Neurophysiology tender has closed and it is expected this will result in an award to support delivery of end of year performance by clearing the present backlog.

Therapies saw breaches in OT in the West for the second month in a row. A locum has now been appointed to enable staff with specialist skills in rheumatology address these waits.

Cancer Services delivered the 31 day non-urgent suspected cancer target and improved on the new single cancer pathway performance. The urgent suspected cancer 62 day performance remains below expected standard and the backlog of patients remains a concern. Tumour sites with the greatest challenge to delivery include: breast services and urological surgery. For breast services a locum breast radiologist has taken up post with the aim of improving access times to the rapid access breast clinic. Individual patient funding approval is being used to commission services for patients requiring cystectomy and positive discussions indicate immediate reduction can be delivered for patients waiting for prostatectomy, with the likelihood that a longer term contract can be in place from April 2020 with a large urological pelvic surgery centre in England.

Eye Care Services have delivered and sustained the 98% target for all outpatients having a Health Risk Factor (HRF), BCU being one of the two health boards achieving this.

Eye Care has also achieved the end of year target reduction of 15% on patients overdue their follow up by more than 100%.

Overall follow up access has not improved inline with two of the 5 national targets set. BCU has been able to commence reporting of see on symptoms as an alternative to time-based follow up. This empowers patients to be seen when their condition and symptoms warrants review. However the volume of patients on the follow up waiting list continues to increase and the proportion overdue by more than 100% presents increased clinical risk. Validation of the follow up waiting list is underway. Issues with the creation of the waiting list via WPAS is being further explored to improve the accuracy of the list and ensure resources are effectively used to schedule patients in clinical need of review. The governance of the follow-up steering group is being addressed to bring this work under the governance of the planned care improvement programme. Meridian are undertaking a 20 week programme to improve productivity and utilisation of outpatient clinic capacity. It is noted that there is a risk of claw back due to non-delivery of the improvement expected.

Planned Care Performance against Plan - 12 months summary view to 31st January 2020

BCU HB		Target	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
RTT over 36 wks	Plan	0			5,714	6,838	7,465	7,961	8,846	8,021	7,227	7,683	AP	AP	AP
	Actual		8,034	7,826	6,004	6,870	7,499	7,998	8,900	10,167	10,052	10,768	11,525	12,378	12,792
Diagnostics 8wks	Actual	0	2,116	2,123	2,277	2,548	2,857	2,827	2,793	2,957	2,816	2,443	2,233	2,502	2,583
Followup Overdue	Plan	0	72,000	71,000	70,000				87,712	86,835	85,967	83,903	81,890	79,924	78,006
	Actual		83,473	82,483	87,712	88,210	88,079	88,511	88,648	91,288	90,569	89,909	89,235	92,810	93,324
Cancer 31 Day	Plan	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	
	Actual		97.40%	98.90%	97.20%	100%	98.30%	98.30%	99.50%	98.10%	96.40%	99.50%	97.08%	98.00%	
Cancer 62 Day	Plan	95%				82.00%	83.00%	84.00%	84.00%	84.00%	84.00%	85.00%	86.00%	87.00%	
	Actual		84.42%	80.80%	88.00%	82.20%	81.50%	80.40%	84.90%	86.00%	82.60%	82.90%	85.40%	83.30%	
Single Cancer Pathway								78.00%	80.00%	76.00%	77.00%	75.10%	76.60%	77.50%	

Amber is used where performance is within 3% of Plan

There is no set target for Single Cancer Pathway

Cancer is reported 1 month in arrears

Integrated Quality and Performance Report
Finance & Performance Committee Version

January 2020

Unscheduled Care

Unscheduled care performance remains below expected standards and below the profile of improvement set by the health board. The present performance is not acceptable for our population needs and is being addressed through work led by the Unscheduled Care Improvement Group chaired by the Director of Operations. The exception reports reflect the additional work being taken across the whole system to manage demand, support flow through the system and improve discharge processes. It is noted that the community resource teams initiatives are having a small but important contribution to support patients to remain in their normal place of residence and to facilitate home first, avoiding admission and shortening length of stay for these patients. The primary care indicators show improvement in average length of stay for both acute and community hospitals. Despite this work the reported performance indicators are not demonstrating improvement.

The ambulance handover delay improvement is being supported at YGC, where performance is most challenged, by the creation of a Halo area where patients can be offloaded to release ambulances which a small number of patients are looked after by one ambulance crew. This work is being evaluated and is not reflected in handover delays reported.

Important to improvement work is the work on the sustainable Emergency Department workforce. This is being supported by the Kendal Bluck review of medical staffing and expanded to include the wider clinical team.

Financial Delivery – the health board remains financially challenged. Full details of the savings plans, financial recovery and year end forecast are included in the Financial papers being discussed in the Finance and Performance committee.

Unscheduled Care Performance against Plan - 12 months summary view to 31st January 2020

BCU HB		Target	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
4 Hour	Plan	95%	85.0%	85.0%	85.0%	>= 74%	>= 75%	>= 76%	74.0%	75.0%	76.0%	77.0%	72.0%	72.0%	72.0%
	Actual		66.94%	72.50%	71.11%	69.48%	71.21%	71.49%	73.72%	73.04%	71.68%	71.15%	72.12%	66.32%	68.60%
12 Hour	Plan	0	1,000	1,000	900	1,500	1,395	1,290	1,209	1,085	990	961	1,320	1,364	1,364
	Actual		1,989	1,430	1,635	1,743	1,660	1,444	2,044	1,786	1,977	1,757	1,786	2,272	2,096
1 Hour Ambulance Handover	Plan	0	1,080	1,092	900	540	341	270	248	186	120	404	600	620	620
	Actual		691	358	438	700	616	447	811	694	896	809	792	1,114	1,042
Cat A 8 Minutes	Plan	65%	71.0%	73.0%	75.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%
	Actual		72.2%	75.0%	70.4%	70.0%	70.2%	69.0%	68.0%	69.6%	69.0%	68.9%	62.9%	59.9%	68.0%

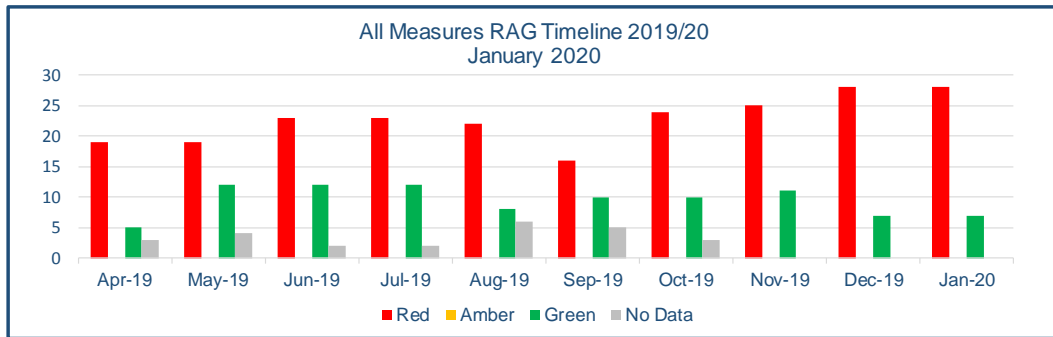
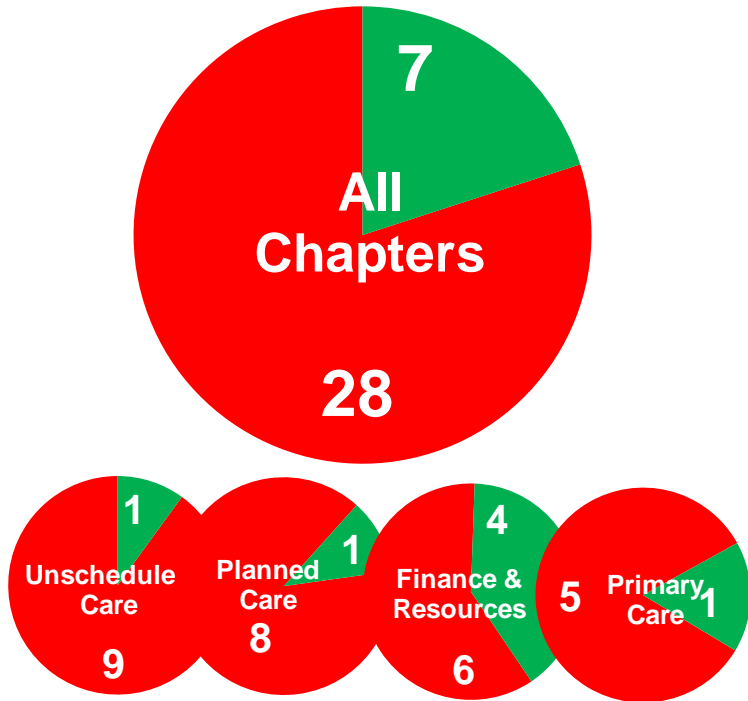
Note: Amber has been applied where performance is within 3% of Plan.

Integrated Quality and Performance Report
Finance & Performance Committee Version

January 2020

Overall Summary

8



AP = Awaiting Profile

Integrated Quality and Performance Report
Finance & Performance Committee Version

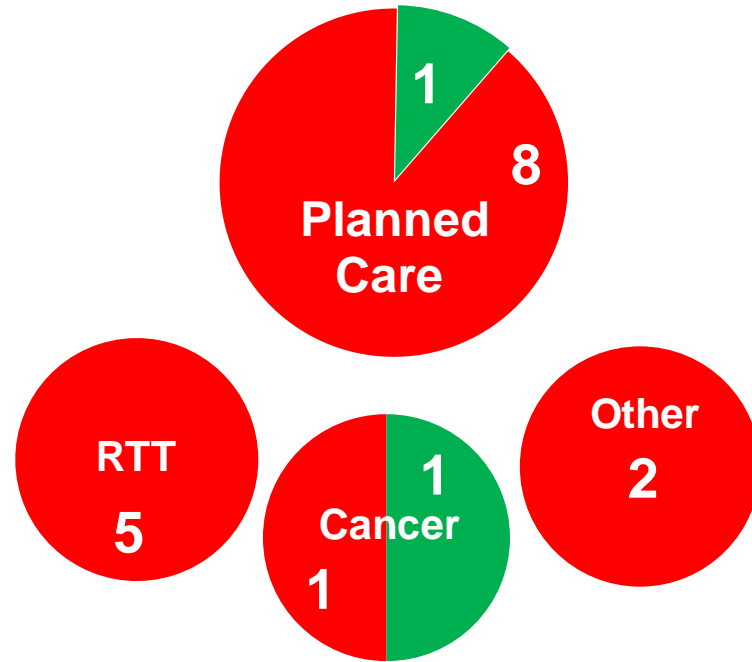
Improved

Code	Measure	Status	Annual Plan Profile	National Target
DFM090	Mandatory Training (Level 1) Rate (%)	85.61% ↑	>= 85%	>= 85%
DFM049	OOH Assessment within 1 Hour	93.70% ↑	AP	>= 90%
DFM070	Ambulance Response within 8 minutes	68.04% ↑	>= 65%	>= 65%
DFM063	Cancer: 31 Days (non USC Route)	98.0% ↑	>= 98%	>= 98%
DFM092	Staff happy for BCU to treat Friends/Relatives	67.0% ↑	N/A	Improve

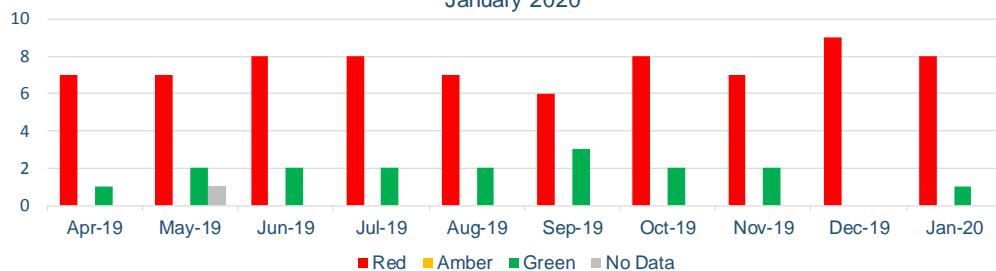
Of Most Concern

Code	Measure	Status	Annual Plan Profile	National Target
DFM053	Referral to Treatment (RTT): > 36 Weeks	12,792 ↓	AP	0
DFM052	Referral to Treatment (RTT): < 26 Weeks	76.54% ↓	AP	>= 95%
DFM054	Diagnostic Waits: > 8 Weeks	2,583 ↓	AP	0
DFM055	Therapy Waits: <= 14 Weeks	22 ↓	0	0
LM002F	Finance: Position against Financial Balance	£34.3m ↓	<= £29.2m	<= £25m

January 2020



Chapter 1 - Planned Care RAG Timeline 2019/20
January 2020



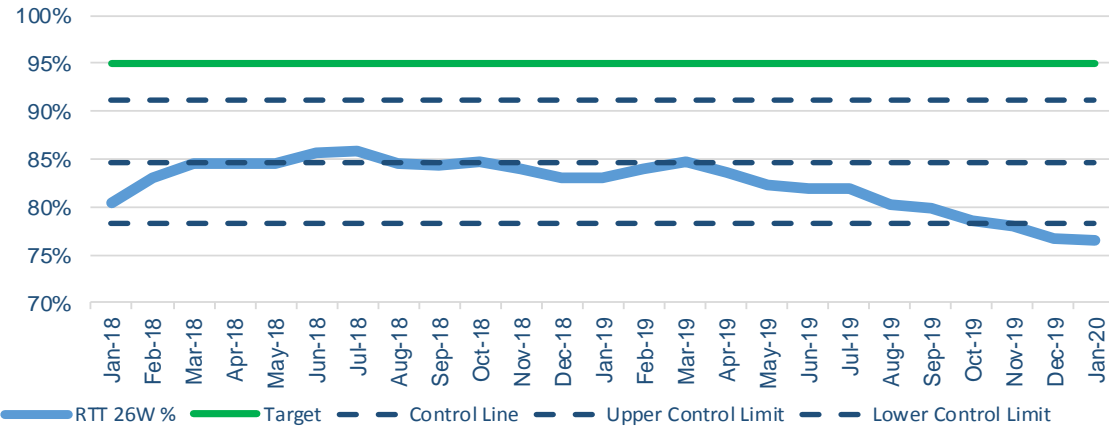
AP = Awaiting Profile

Code	Measure	Status	Annual Plan Profile	National Target
DFM052	Referral to Treatment (RTT): < 26 Weeks	76.54%	↓	AP >= 95%
DFM053	Referral to Treatment (RTT): > 36 Weeks	12,792	↓	AP 0
LM053a	Referral to Treatment (RTT): > 52 Weeks	3,203	↑	AP 0
DFM054	Diagnostic Waits: > 8 Weeks	2,583	↓	AP 0
DFM055	Therapy Waits: <= 14 Weeks	22	↓	0 0
DFM056	Follow-up Waiting List Backlog	93,324	↓	<= 78,006 <= 74,555
DFM057	Ophthalmology R1	64.44%	↑	AP >= 95%
DFM063	Cancer: 31 Days (non USC Route)	98.00%	↑	>= 98% >= 98%
DFM064	Cancer: 62 Days (USC Route)	83.30%	↓	>= 87% >= 95%
DFM065	Cancer: 62 Day Single Pathway (inc Suspensions)	77.50%	↑	AP Improve

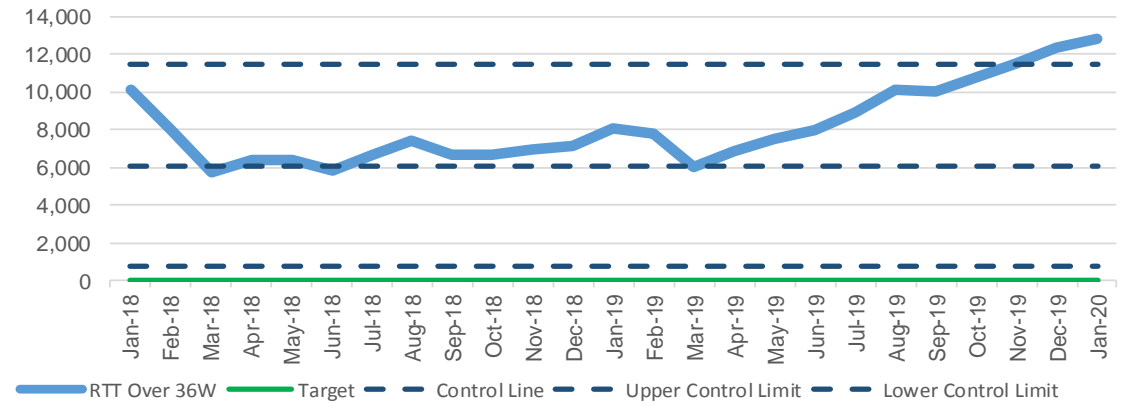
DFM065 Single Cancer Pathway Measure is new for 2019/20 and does not have an associated target, thus it is omitted from RAG rating.

Code	Measure Description	Responsible Executive Officer	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM052	The percentage of patients waiting less than 26 weeks for treatment	Gill Harris	>= 95%	AP024	AP	Jan-20	76.54%	↓	7th	82.98%	83.21%	82.22%	83.00%		82.00%	80.24%	79.94%		78.65%	78.08%	76.74%		76.54%			
DFM053	The number of patients waiting more than 36 weeks for treatment	Gill Harris	0	AP024	AP	Jan-20	12,792	↓	7th	8,057	6,768	7,396	7,886		8,900	10,167	10,052		10,768	11,525	12,378		12,792			
LM053a	The number of patients waiting more than 52 weeks for treatment	Gill Harris	0	AP024	AP	Jan-20	3,203	↑	N/A	2,629	2,369	2,540	2,506		2,496	2,621	2,730		2,880	3,177	3,391		3,203			

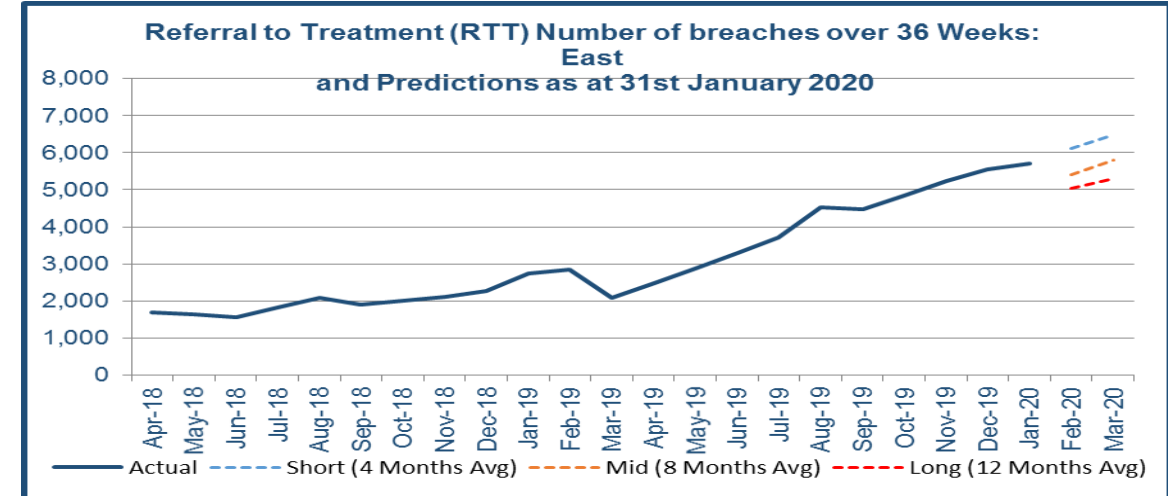
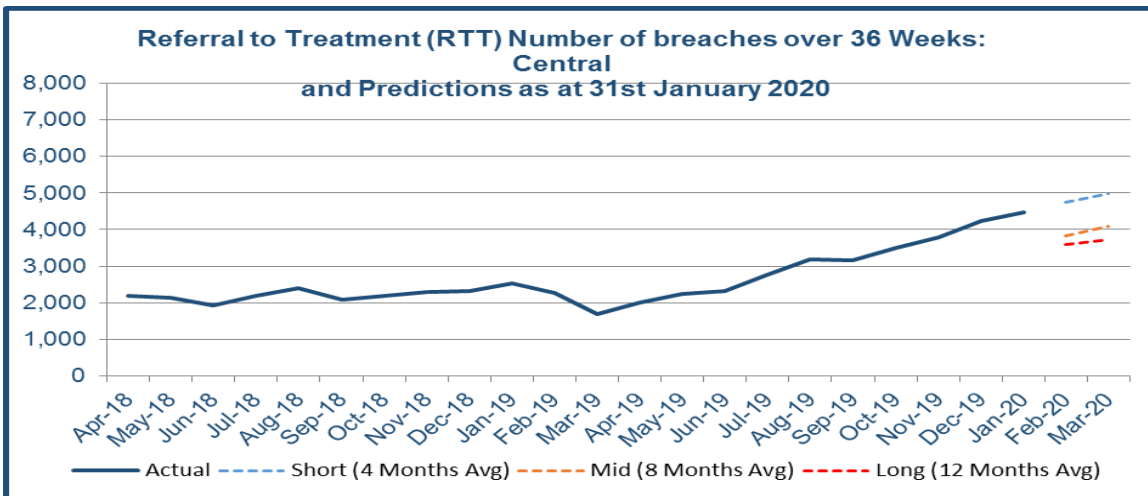
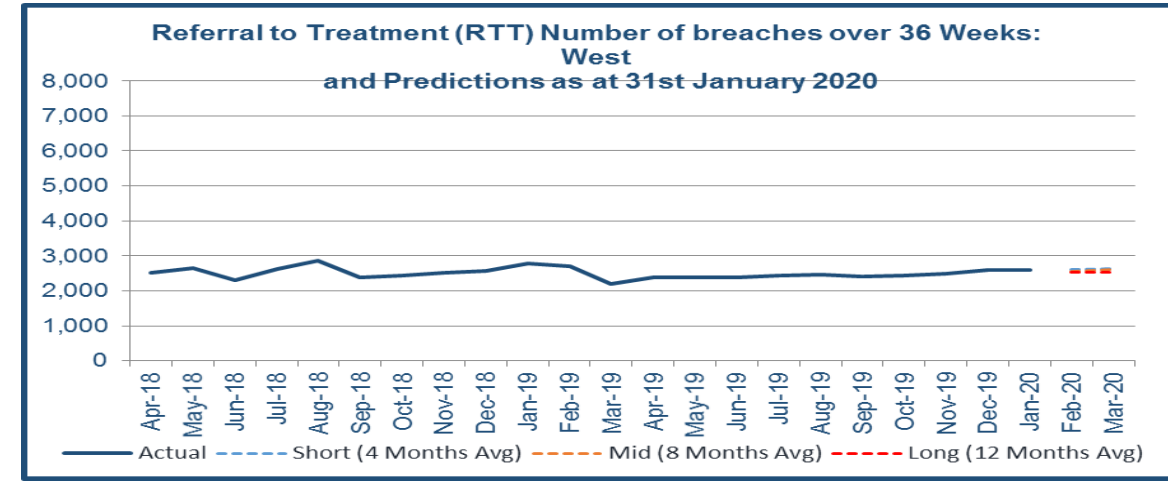
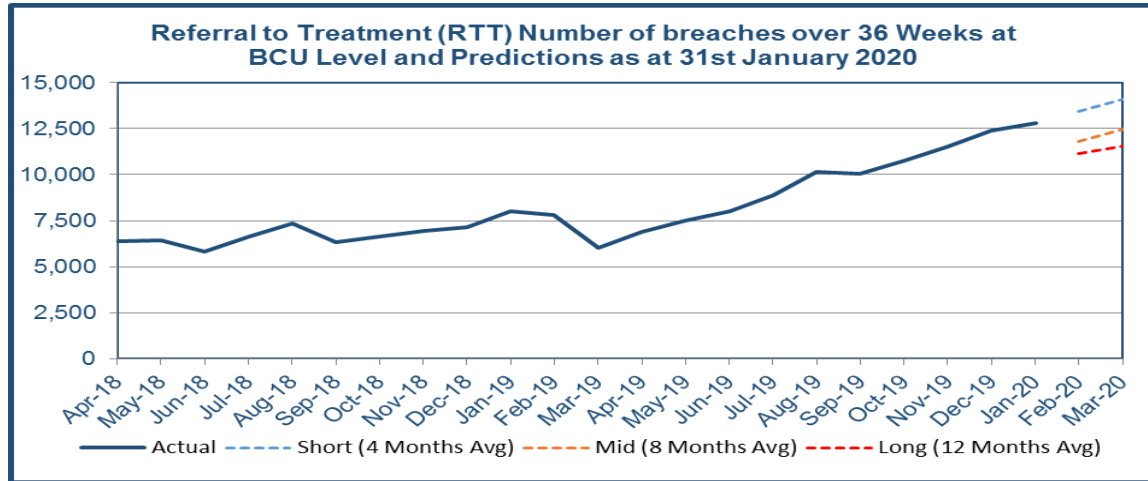
BCU Level - RTT Waits % <= 26 Weeks: January 2020



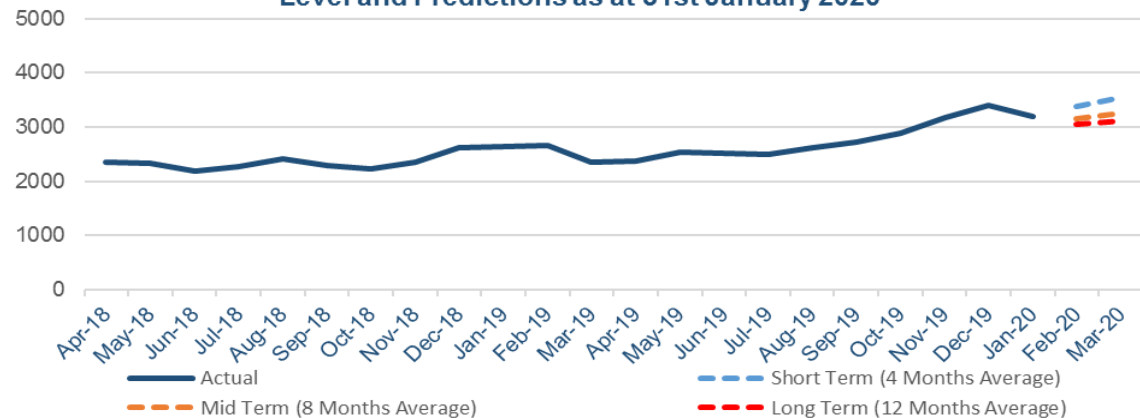
BCU Level - RTT Waits Number > 36 Weeks: January 2020



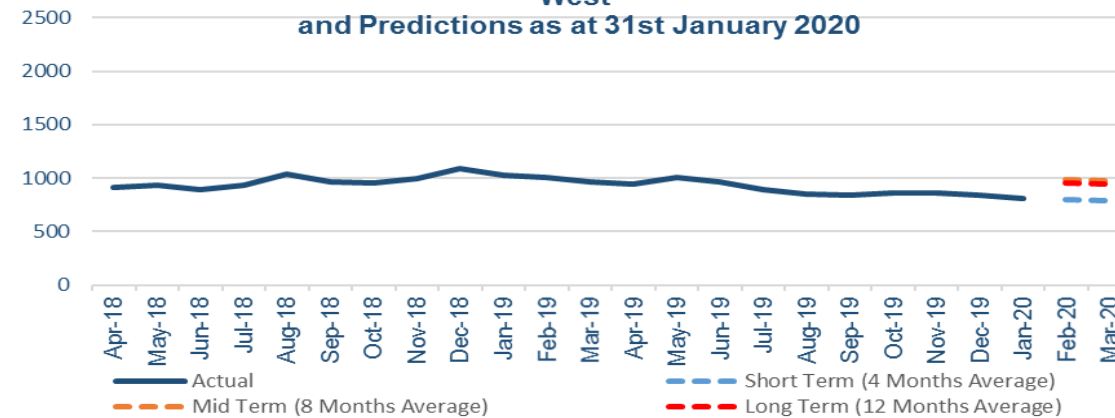
Actions	Outcomes	Timeline
1. Referral to treatment RTT cross site validation of stage 1 patients.	Improved data quality. Reduction in waiting list by 5%.	31 st January 2020 – work is currently on-going now standing at 4.3%.
2. Development of forecasting tools.	Operational tools in place to monitor out turn and forecast.	31 st January 2020 – complete.
3. Outsourcing of activity as per plan.	To reduce waiting list, improve patients waiting times.	March 31 st . 2020 – ongoing.
4. Use of further Insourcing and Outsourcing.	To reduce waiting list, improve patients waiting times.	March 31 st 2020 – ongoing.
5. Review of Access policy and implementation of training programme.	To improve Data quality and waiting list management.	31 st March 2020.
6. Implementation of schemes to increase OPD capacity both for new and follow up.	To improve efficiency in OPD clinics, Efficiency saving being calculated in January 2020.	31 st March 2020.
7. External resource to validate Follow-up OPD.	Reduction of follow up by 15%.	31st March 2020.
8. Access meeting moved to weekly to monitor performance.	Improved governance of RTT plan.	31 st January 2020 – complete.



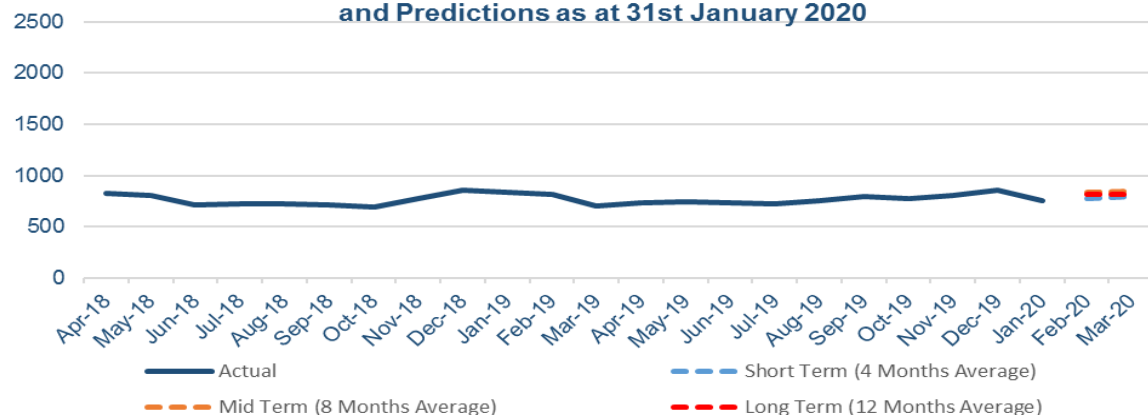
Referral to Treatment (RTT) Number of breaches over 52 Weeks at BCU Level and Predictions as at 31st January 2020



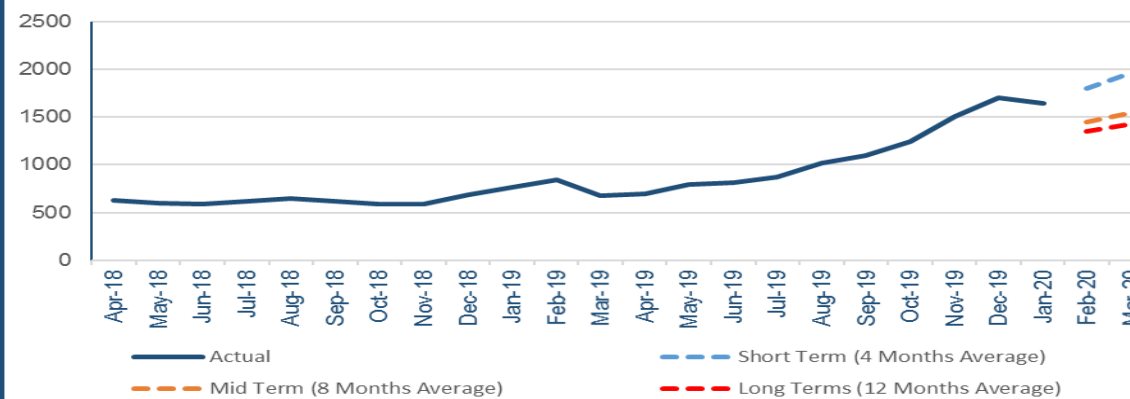
Referral to Treatment (RTT) Number of breaches over 52 Weeks: West and Predictions as at 31st January 2020

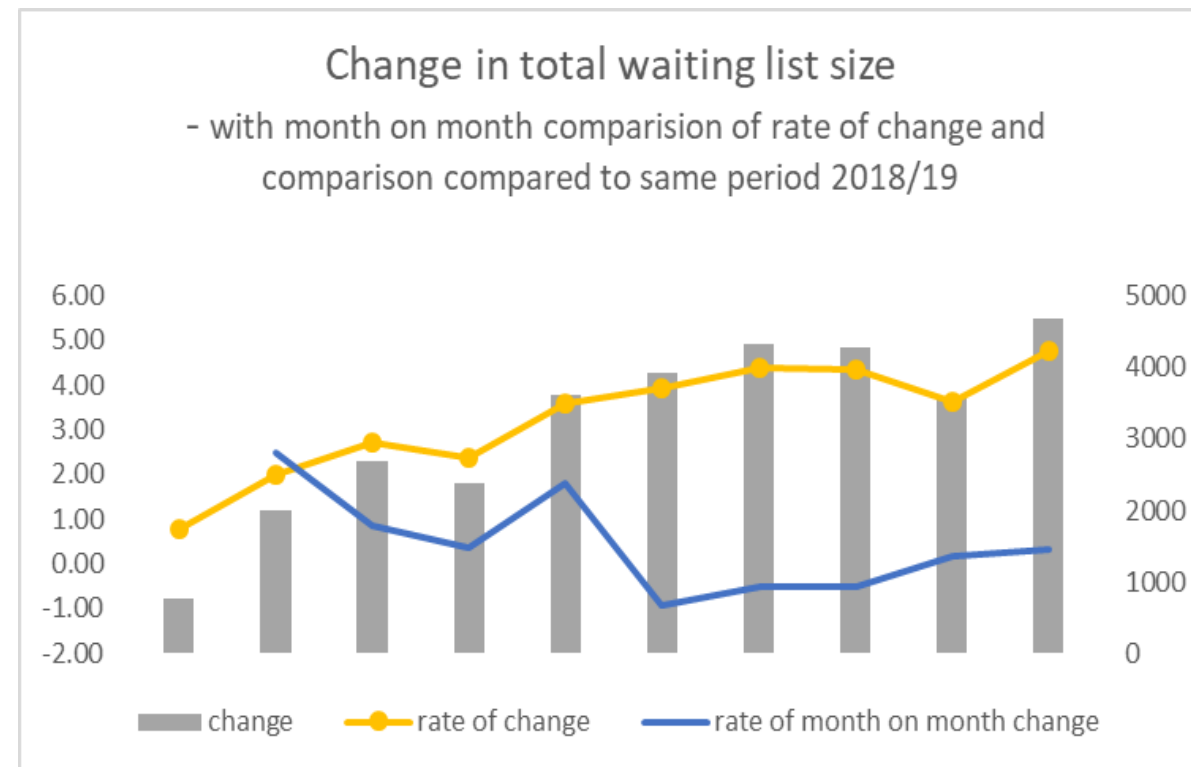
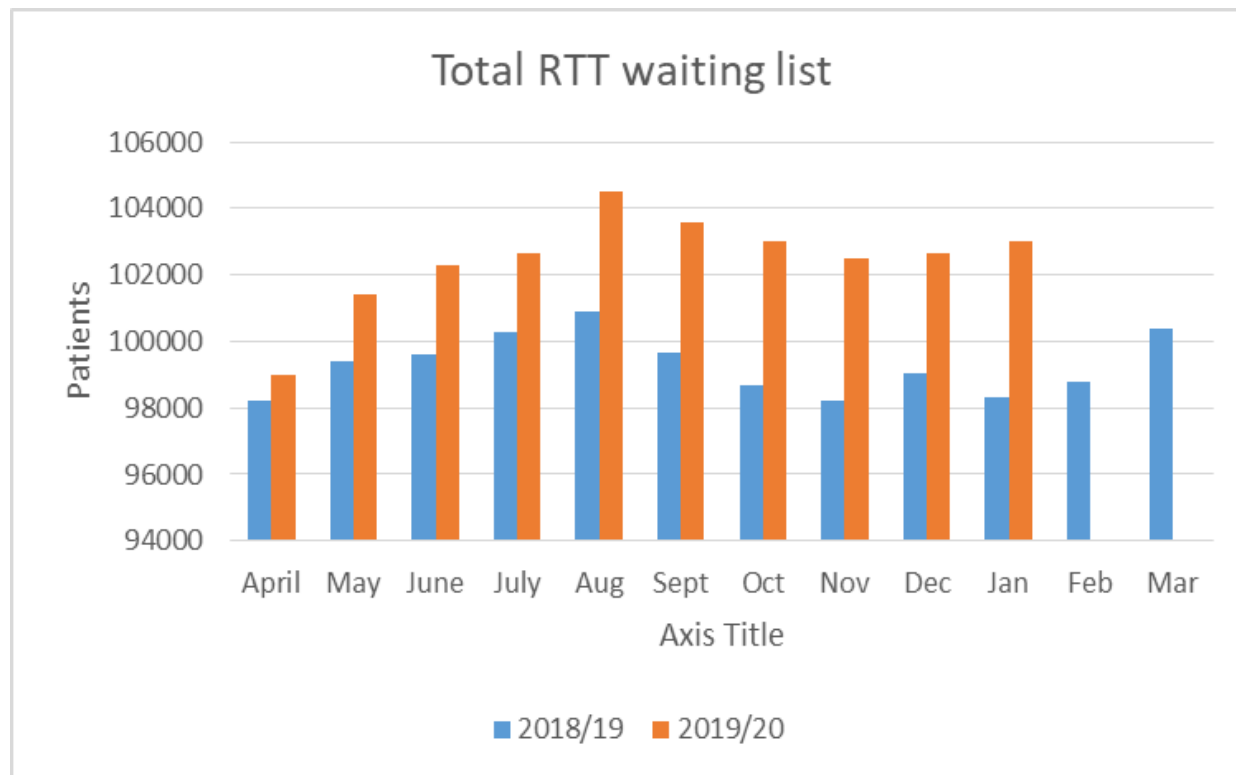


Referral to Treatment (RTT) Number of breaches over 52 Weeks: Central and Predictions as at 31st January 2020



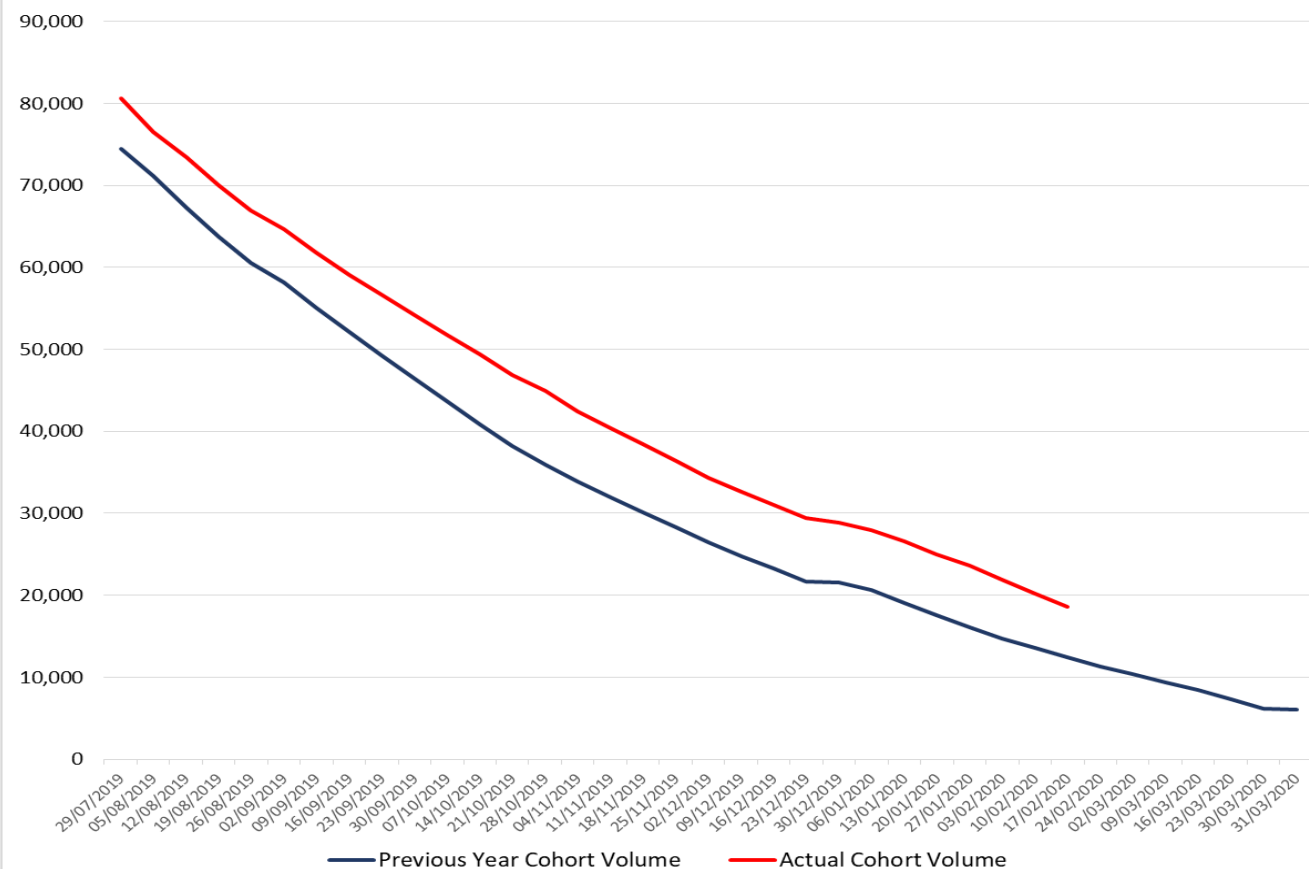
Referral to Treatment (RTT) Number of breaches over 52 Weeks: East and Predictions as at 31st January 2020





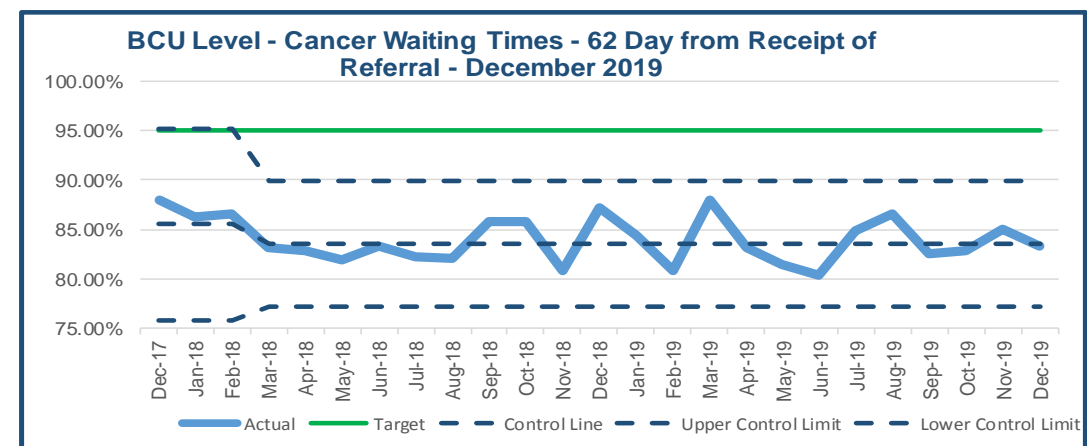
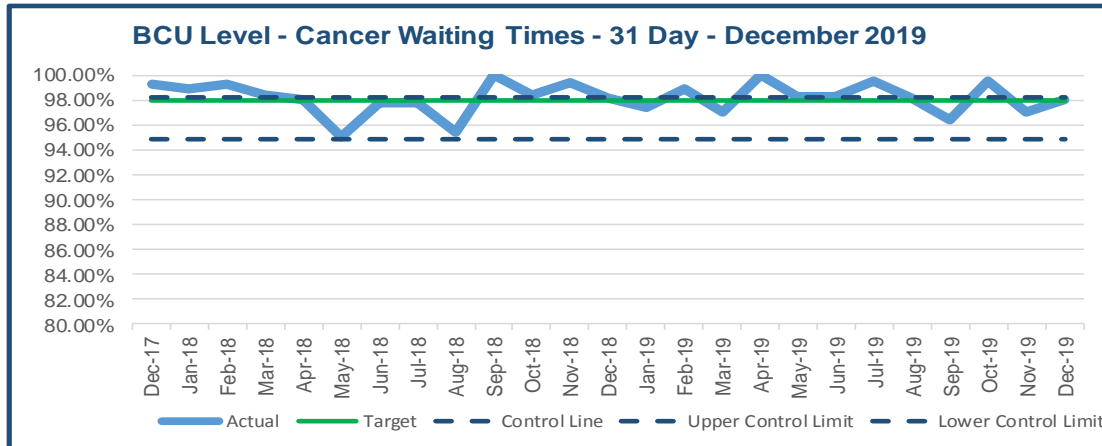
The total waiting list size has remained fairly steady over the last 4 -5 months at c 103,000, however this position is a deterioration of over 4,600 from the same period in 2018-19 with the deterioration between years continuing to be over 4%.

Betsi Cadwaladr 36 Week Cohort Reduction Projection
Cohort Date: 31/03/2020 - Comparison to Same Quarter Last Year
All Specialties (All Stages)



The cohort of patients requiring treating before the year end to deliver the 36 week national target is 18,553 Welsh residents. This cohort remains consistently above the volume of patients at the same period last year, with 6,123 more patients being within the cohort as of 17.2.20.. The operational teams are working to deliver the revised year end position reported through the RTT paper in December 2020.

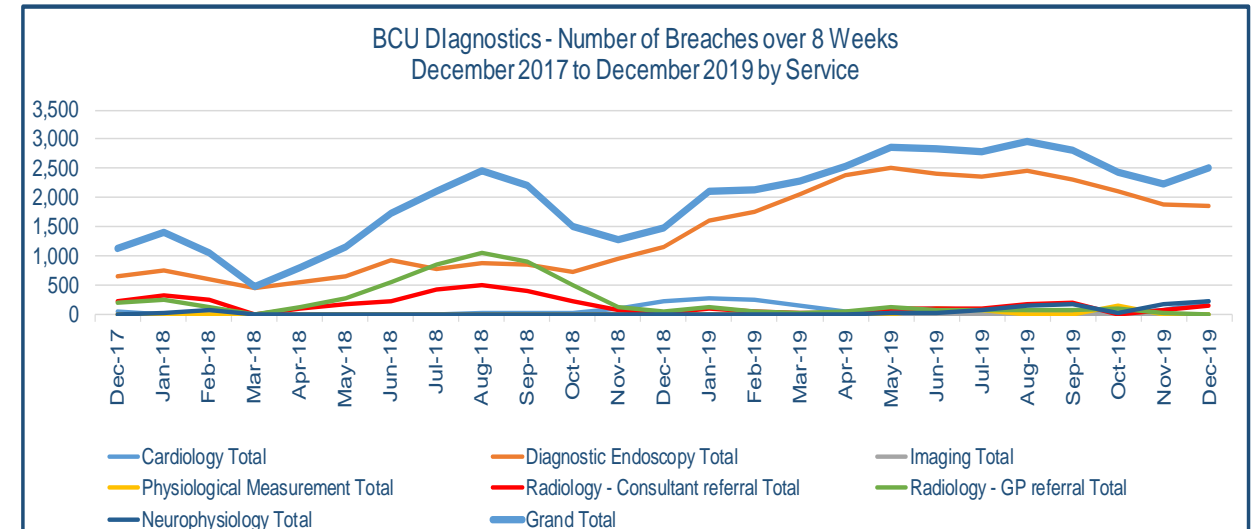
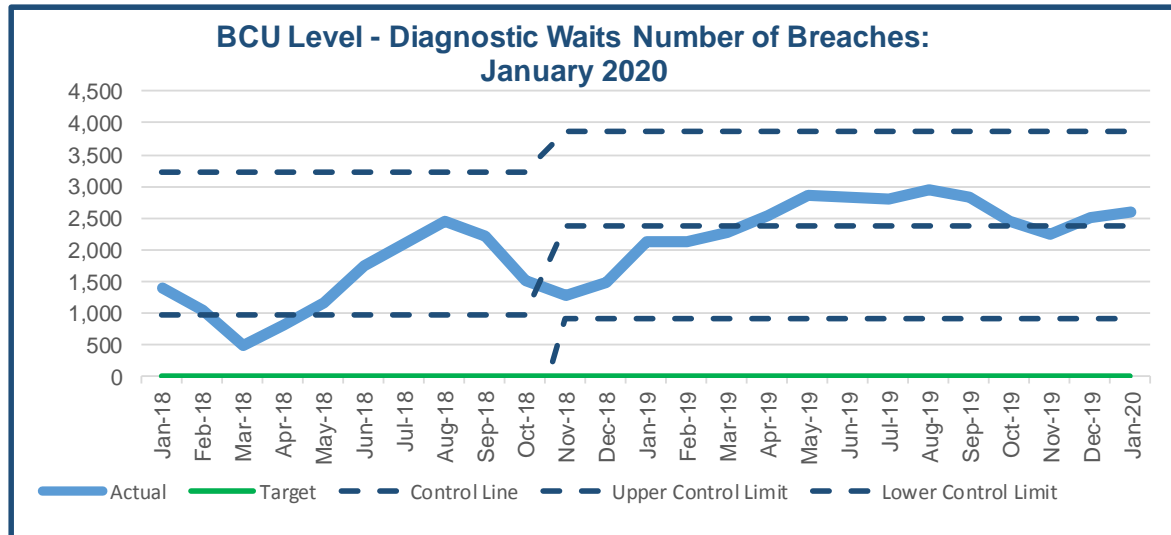
Code	Measure Description	Responsible Executive Officer	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM063	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	Adrian Thomas	>= 98%	AP026	>= 98%	Dec-19	98.00%	⬆️	2nd	98.10%	100%	98.44%	98.33%		99.49%	98.15%	96.40%		99.48%	97.08%	98%					
DFM064	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Adrian Thomas	>= 95%	AP026	>= 87%	Dec-19	83.30%	⬇️	3rd	87.20%	83.23%	81.55%	81.05%		84.88%	86.62%	82.60%		82.90%	85.40%	83.30%					
DFM065	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Adrian Thomas	Improve	AP026	AP	Dec-19	77.50%	⬆️	2nd	New 19/20	77.10%	79.00%	78.00%		77.00%	76.00%	77.00%		75.10%	76.60%	77.50%					



Why we are where we are: Delays to first appointment were the principle reason for not meeting the 62 day USC target; in particular delays to breast clinics due to reduced capacity due to consultant radiology vacancies and delay to dermatology clinic due to increasing referrals and dermatologist vacancies. Shortage of urological surgical capacity remains a high risk with considerable work underway to secure additional capacity in England and via private sector providers.

Actions	Outcomes	Timeline
1. Prioritise endoscopy capacity for Urgent Suspected Cancer (USC) and other clinically urgent patients; provide additional capacity via insourcing (contracts agreed and to provide additional sessions from end November)	All USCs to be booked within 2 weeks	USC waits have reduced to under 2 weeks for majority of cases although some patients requiring therapeutic procedures not provided via external capacity are still waiting longer than 2 weeks
2. Hold additional breast rapid access clinics; ensure patients offered transfer to alternative site if shorter wait to ensure equalised waiting times; continue recruitment process for consultant breast radiologists and consider insourcing option. Locum Breast Radiologist started in YGC on 10 th Feb 2020..	All USCs to be seen within 3 weeks	Timeline amended to March as additional capacity will not be in place until February. Current waits up to 6 weeks
3. Agree urology surgery capacity plan for major surgery and to recover urology haematuria clinic waiting times position	All surgery within 31 days of decision to treat All USCs to be seen within 3 weeks	On target to achieve reduction in haematuria clinic waiting times by end of Feb. Surgical waiting times remain a concern due to lack of capacity – additional external capacity being sought by surgery and remains high risk.
4. Track all patients on a USC pathway in order to ensure all delays are escalated and remedial action taken as appropriate	Continuation of backlog reduction to under 75 Improve 62 day performance to 90%	Aiming for 75 by end of February 2020
5. Appoint tracking staff to ensure all patients tracked from point of suspicion	Improved single cancer pathway performance	Recruitment ongoing with 2 recruited and 4 more to be in post by April 2020

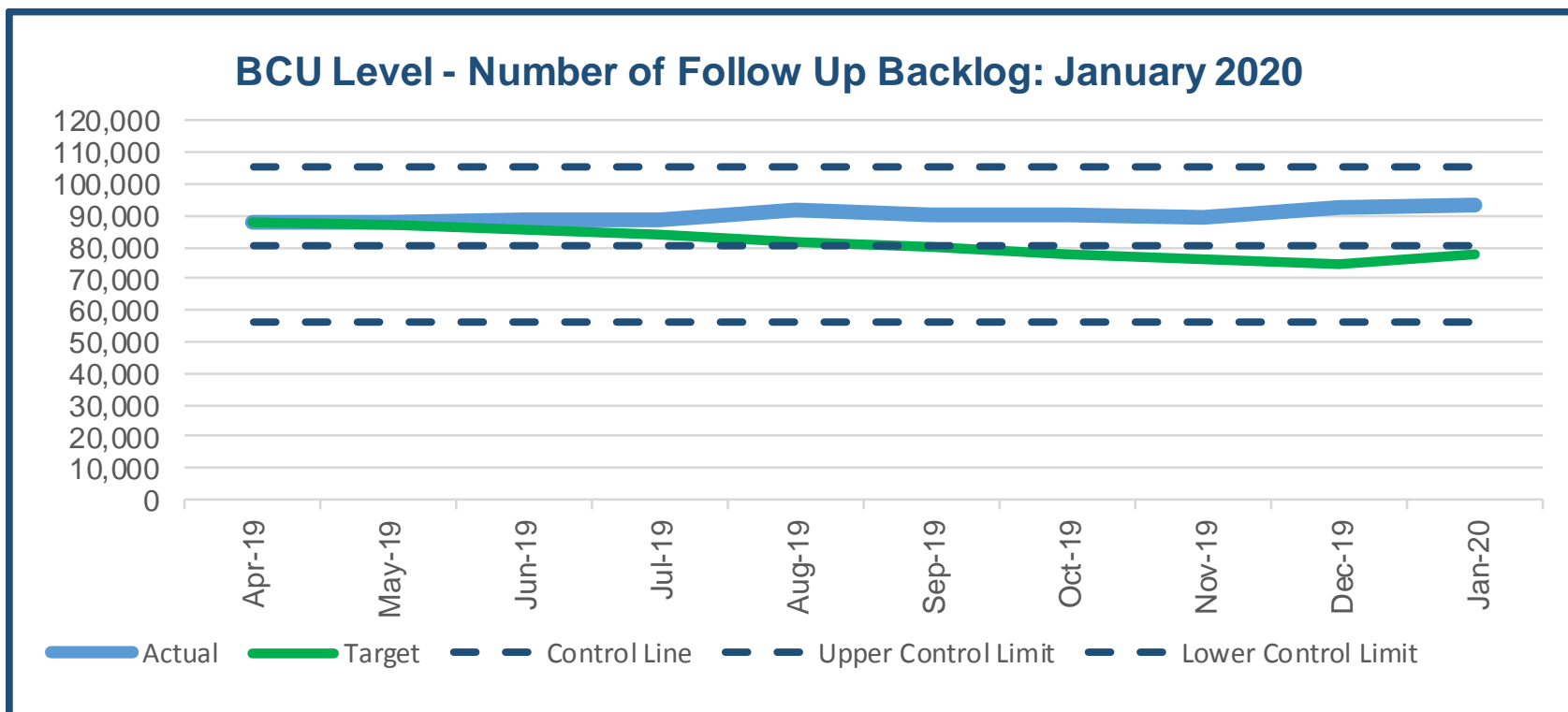
Code	Measure Description	Responsible Executive Officer	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM054	The number of patients waiting more than 8 weeks for a specified diagnostic test	Adrian Thomas	0	AP024	AP	Jan-20	2,583	↓	7th	2,149	2,548	2,857	2,827		2,793	2,957	2,816		2,443	2,233	2,502		2,583			



Why we are where we are: 1,871 of the diagnostic waits relate to endoscopy a reduction of 25.4% since the peak in May 2019. There are a high number of surveillance patients awaiting a follow up scope which is impacting on the capacity available for Diagnostic scopes, as patients have been seen according to risk and clinical priority. The waits for cardiology, radiology and neurophysiology increased this month in part due to the holiday period, some sickness within the Echocardiography team, equipment and increased referrals.

Actions	Outcomes	Timeline
Endoscopy		
1. Vanguard facilities now operational and being monitored	Reduce waiting list size for routine and surveillance patients	31 st March 2020
2. Complete speciality Demand and Capacity for Endoscopy to understand sustainable solutions	To ensure sustainability of service and share capacity	31 st January 2020
3. Pooling of surveillance patients from East to entre and West – work is on-going for rest of financial year	To achieve surveillance target, share available capacity	31 st of March 2020
4. Insourcing solutions for all 3 sites, now in progress will continue till end of year	To achieve surveillance target and routine position	31 st March 2020
Radiology		
1. Continue insourcing contract through to year end	To achieve diagnostic waiting times, maintain capacity for CT, MRI and US scanning	31st March 2020
2. Continue with consultant mammographer sessions at Centre	Additional breast US capacity	31st March 2020
3. Locum Consultant Radiologist started in Centre 10 th Feb	Additional RABC capacity	Commenced
4. Commissioning meeting to produce activity plan for 2020/21	To identify capacity gaps and provide a sustainable plan going forward	28th February 2020
5. Completion of proposal for sustainable radiology service	Develop a sustainable staffing/activity model	28th February 2020
Neurophysiology		
1. Extend clinic estate	Increase capacity	31 st January 2020
2. Procure and commission insourcing capacity	Recover backlog of 240 patients	31 st March 2020
Echocardiography		
1. Procure and commission insourcing capacity and additional internal sessions	Reduce backlog	31 st March 2020

Code	Measure Description	Responsible Executive Officer	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM056	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities	Gill Harris	<= 74,555	AP024	<= 78,006	Jan-20	93,324	↓	6th	83,473	88,210	88,079	88,511		88,648	92,067	90,569		89,909	89,235	92,810		93,324			



Actions	Outcomes	Timeline
1. “De-construction” of follow up- waiting list	The Tender process-phase 1 will provide the organisation with a format to improve the validation process	28 th February 2020
2. Validation of waiting list following de-construction	Validation of the OPD follow up has commenced at speciality level	28 th February
3. Follow up steering group has been formed	A Follow up steering group has been established to change and transform follow up care for our patients	31 st March 2020
4. Ophthalmology follow up eye care measures have been implemented	The follow up eye care measures have been implemented –end of year 15% reduction of 100% overdue achieved at end of January 2020, the total waiting list reduction work is ongoing and due by end of March 2020.	31 st March 2020
5.External resource to validate Follow up OPD	Reduction of follow up by 15%	31st March 2020

Code	Measure Description	Responsible Executive Officer	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM057	95% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for care or treatments	Gill Harris	>= 95%	AP022	AP	Jan-20	64.44%	↑	5th	New 19/20					63.40%	65.00%	63.07%		64.30%	64.01%	63.45%		64.44%			

Actions	Outcomes	Timeline
1. West Area Super Weekend Sessions – Glaucoma Validation	Commenced sessions that will be undertaken through to March 2020 Ophthalmologist; nurse and Optometrists working in partnership to: 1. Clinical face to face validation with patients discharging those who no longer required active treatment (Optom ongoing monitoring), discharge no longer requiring either treatment or partnership monitoring. 2. Table top paper validation identified the same and including patients who may be discharged following face to face clinical consultation	January – March 2020
2. Tender for Community Optometry ODTs	6 Optometry Practices selected 2 in Wrexham (Smellie Opticians; Schwartz Opticians), 1 in Broughton (Specsavers), 1 in Llandudno (Specsavers), 2 in Caernarfon (Specsavers, Barnet Pepper)	Initial contract January – March 2020
3. Cataract one stop clinics	Cataract one stop clinics are being increased at all sites to reduce unnecessary outpatient appointments and ensure priority outpatient capacity for R1 patients	January – ongoing (embed)
4. Booking Rules for Eye Care Measures/ Training pack	An eye care measures booking standard operating procedures (SOP) document in being drafted along with a training/ induction pack. The SOP will demonstrate how referral to treatment and eye care measures can work together with a sustainable waiting list. BCU are leading the way across Wales and welsh government will host a booking shared learning network in March 2020 on BCU request.	January – March 2020
5. Analysis of theatre capacity and procedures	Analysis of the duration on procedures on theatre lists and allocation of 'cataract equivalent' timings is being developed to aid scheduling of theatre lists to maximise capacity and enable the 90% capacity utilisation. Will be included in the SOP	January – March 2020
6. Digitalisation event 31 st January 2020	BCU hosted a digitalisation event with clinicians, managers from across all 3 HES units and the Optometrists from the 6 Optometry ODTs to consider the capability of Ophthalmic equipment in connecting with the EPR and data transfer for virtual consultant review to enable the Glaucoma and shared care pathways. The event was crucial in aiding the BCU decision on standardised equipment purchase required by Welsh Government.	January – February 2020

BCU Activity versus Plan 2019/20 Year to Date - 31st January 2020

	West				Central				East				BCU Total			
	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff
Emergency Inpatients	22,611	22,932	321	1%	27,718	29,172	1,454	5%	31,290	31,020	-270	-1%	81,619	83,124	1,505	2%
Elective Daycases	9,053	9,644	591	7%	10,410	12,024	1,614	16%	7,033	5,973	-1,060	-15%	26,496	27,641	1,145	4%
Elective Inpatients	4,829	4,563	-266	-6%	3,378	4,415	1,037	31%	3,552	3,710	158	4%	11,759	12,688	929	8%
Endoscopies	5,770	9,230	3,460	60%	2,961	3,119	158	5%	4,683	5,010	327	7%	13,414	17,359	3,945	29%
MOPS (Cleansed DC)	970	1,012	42	4%	762	403	-359	-47%	283	293	10	4%	2,015	1,708	-307	-15%
Regular Day Attenders	8,632	8,901	269	3%	13,960	13,609	-351	-3%	18,106	16,439	-1,667	-9%	40,698	38,949	-1,749	-4%
Well Baby	1,516	1,403	-113	-7%	1,317	1,209	-108	-8%	1,599	1,574	-25	-2%	4,432	4,186	-246	-6%
New Outpatients	59,620	62,852	3,232	5%	85,732	84,549	-1,183	-1%	77,012	80,184	3,172	4%	222,365	227,585	5,220	2%
Review Outpatients	119,515	121,330	1,815	2%	144,564	148,518	3,954	3%	175,527	183,435	7,908	5%	439,606	453,283	13,677	3%
Pre-Op Assessment	8,113	7,735	-378	-5%	8,382	7,998	-384	-5%	11,569	11,330	-239	-2%	28,064	27,063	-1,001	-4%
New ED Attendances	61,334	64,752	3,418	6%	76,182	78,179	1,997	3%	56,174	56,102	-72	0%	193,690	199,033	5,343	3%
Review ED Attendances	825	845	20	2%	1,112	1,150	38	3%	3,473	3,378	-95	-3%	5,410	5,373	-37	-1%
Grand Total	302,788	315,199	12,411	4%	376,478	384,345	7,867	2%	390,301	398,448	8,147	2%	1,069,568	1,097,992	28,424	3%

This table shows all internal delivered activity in the categories and so includes activity delivered by non-medical staff in clinic setting. This activity includes activity that is undertaken without being on an elective waiting list and so does not match to the high level RTT monitoring report. For instance within outpatients new attendances include patients for whom an appointment is arranged on the day by the GP (known as walk-in patients). This activity is included in the above data but is not waiting list activity and is not included in the planned capacity to deliver RTT new outpatient requirements.

Activity Contracted to NHS England Providers - Year to Date - 31st December 2019

Provider	Activity up to and including:*	Elective Inpatient & Daycase (<i>inc. Endoscopy</i>)		Emergency Inpatient (<i>inc. Maternity</i>)		New Outpatient		Follow Up Outpatient	
		Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Countess of Chester NHS Foundation Trust	Dec	5,511	5,001	5,468	5,205	15,143	12,908	33,727	31,124
Robert Jones & Agnes Hunt NHS Foundation Trust	Dec	1,952	1,862	29	34	5,024	5,371	13,532	12,954
Hywel Dda LHB	Dec	753	854	793	785	909	931	1,804	1,865
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Nov	781	528	125	89	1,117	798	4,396	3,255
Wirral University Teaching Hospital NHS Trust	Dec	688	444	143	132	350	325	1,146	1,099
Shrewsbury & Telford Hospitals NHS Trust	Dec	140	121	108	103	1,327	1,146	1,599	1,413
Aintree University Hospital NHS Foundation Trust	IP - Nov OP - Dec	293	312	76	64	522	497	1,527	1,446
The Clatterbridge Cancer Centre NHS Foundation Trust	IP - Nov OP - Dec	151	217	33	26	260	222	5,771	5,335
University Hospital of North Midlands NHS Trust	Dec	51	59	176	211	276	354	389	410
Liverpool Women's NHS Foundation Trust	Dec	31	25	81	63	357	433	952	1,030
Shropshire Community Health NHS Trust	Dec	9	0			30	20	17	29
Total		10,359	9,423	7,031	6,712	25,314	23,005	64,859	59,960

Source: Informatics 18th February 2020. Data for External contracted activity is 1 month in arrears

RTT Core Activity V Plan - 1st April 2019 to 16th January 2020

Stage 1 (New Outpatient) Core Activity Against Plan

Specialty	Plan YTD	Actual YTD	Difference from Plan
General Surgery	15,850	16,722	872
Urology	6,640	6,130	-510
Trauma & Orthopaedics	11,284	8,694	-2,590
ENT	12,247	12,211	-36
Maxillo-Facial Surgery	5,150	5,164	14
Restorative Dentistry	291	184	-107
Orthodontics	1,042	673	-369
Pain Management	1,721	1,235	-486
General Medicine	1,087	1,759	672
Gastroenterology	3,827	4,884	1,057
Endocrinology	1,940	1,999	59
Cardiology	6,548	7,183	635
Dermatology	9,149	10,024	875
Respiratory Medicine	2,669	3,001	332
Nephrology	1,037	912	-125
Rheumatology	2,656	1,443	-1,213
Paediatrics	7,303	7,792	489
Geriatric Medicine	2,996	1,977	-1,019
Gynaecology	8,116	7,813	-303
Total	101,553	99,800	-1,753

* Excludes Ophthalmology until data issues have been resolved.

Stage 4 (Inpatient / Daycase) Core Activity Against Plan

Specialty	Plan YTD	RTT Admissions Achieved	Difference
General Surgery	5,042	4,913	-129
Urology	2,773	2,711	-62
Trauma & Orthopaedics	4,768	4,919	151
ENT	2,765	2,881	116
Maxillo-Facial Surgery	1,288	1,186	-102
Pain Management	603	735	132
Gynaecology	2,101	2,047	-54
Total	19,340	19,392	52

* Excludes Ophthalmology until data issues have been resolved.

Summary: Overall the variance of both new outpatient and inpatient and day case activity v plan is low for the key RTT specialties. Outpatient is around 1.7% below plan . However the variation between specialties is significant and it is noticeable that surgical specialties, where the pathway length is longer for patients have the highest volume of under-performance which then contributes to the length of wait for access. Rheumatology under-performance relates to the acute staff shortage in this specialty and is reflected in the Rheumatology review. In patient and day case activity is virtually balanced against the plan, with variation between specialties noted.

Chapter 3a – Planned Care

RTT additional activity and cost Summary totals 26

RTT Additional Activity and Cost per Stage - April to January 2020

Specialty	Stage 1	Stages 2&3	Stage 4
	New OPD	Investigations etc.	IP & DC
General Surgery	439	90	255
Urology	928	350	308
Orthopaedics	11	0	903
ENT	665	0	221
Ophthalmology	2404	0	1,074
Max Fax / Oral Surgery	470	0	131
Cardiology	0	144	0
Dermatology	0	0	1
Gastro	1890	0	0
Endoscopy	32	7,664	0
Pain	0	0	20
Total Activity	6839	8,302	2,914

General Surgery	£37,391	£19,120	£388,989
Urology	£82,121	£48,824	£717,321
Orthopaedics	£1,034	£0	£3,699,671
ENT	£60,305	£0	£187,103
Ophthalmology	£234,392	£0	£669,647
Max Fax / Oral Surgery	£40,487	£0	£132,177
Cardiology	£0	£13,993	£0
Dermatology	£0	£0	£113
Gastro	£272,061	£0	£0
Endoscopy	£0	£3,240,939	£0
Pain	£0	£0	£6,782
Total Spend	£734,197	£3,334,019	£5,812,358

Hospital / Site	M01 £'000	M02 £'000	M03 £'000	M04 £'000	M05 £'000	M06 £'000	M07 £'000	M08 £'000	M09 £'000	M10 £'000	TOTAL
YG	416	466	425	342	333	238	376	395	277	318	3,585
YGC	220	265	340	234	461	254	272	183	170	344	2,743
YMW	133	122	37	76	21	72	95	110	237	365	1,269
North Wales	180	228	178	233	229	239	235	241	230	234	2,227
Area	-	17	176	-4							189
Outsource	141	118	165	68	101	72	169	321	342	894	2,390
Total	1,090	1,216	1,321	949	1,144	874	1,147	1,250	1,256	2,155	12,402

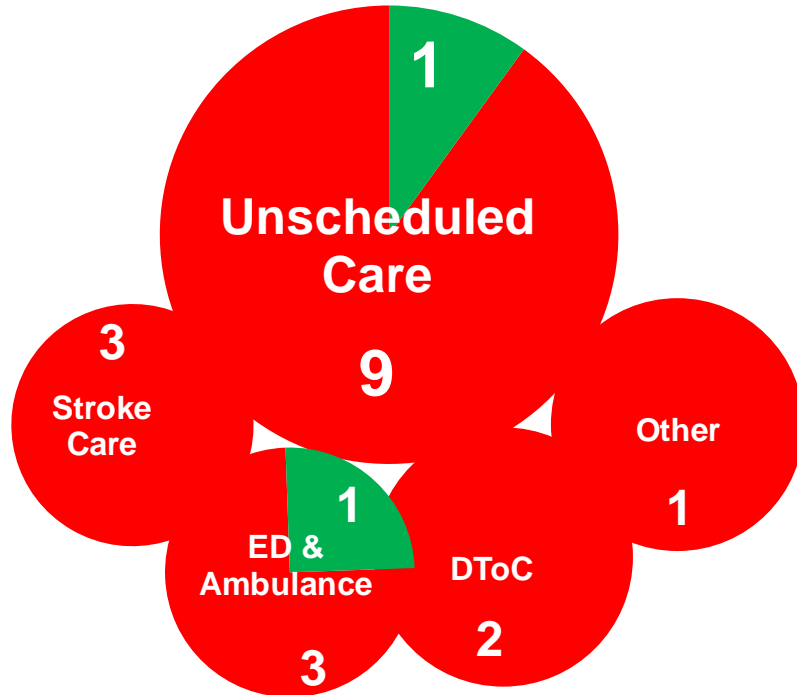
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	FYTD
Validation (YGC)	£7,249	£7,249	£7,249	£7,249	£7,249	£7,249	-	-	-	-	£43,494
Gastro Vanguard	-	£7,227	-	-	-	-	-	-	-	£11,950	£7,227
Other Diagnostics (Pathology / Radiology)	£180,200	£227,599	£177,522	£233,019	£228,718	£238,516	£235,419	£242,125	£230,239	£233,596	£2,226,953
Physio	-	-	£132,806	-	-	-	-	-	-	-	£132,806
Optometry	-	£16,493	£40,174	-	-	-	-	-	-	-	£56,667
Dietetics	-	-	£3,781	-£3,781	-	-	-	-	-	-	£0
Transport	-	-		£3,846	£1,942	£4,471	£2,000	£6,000	£4,000	£20,000	£42,259
Total	£187,449	£258,568	£361,532	£240,333	£237,909	£250,236	£237,419	£248,125	£234,239	£245,546	£2,509,406

Total Cost £	£1,089,995	£1,215,292	£1,321,415	£948,633	£1,143,642	£874,230	£1,146,538	£1,251,590	£1,255,858	£2,154,737	£12,401,930
Total patients	1,149	1,522	1,790	1,743	2,568	1,501	1,927	1,417	1,688	2,750	18,055

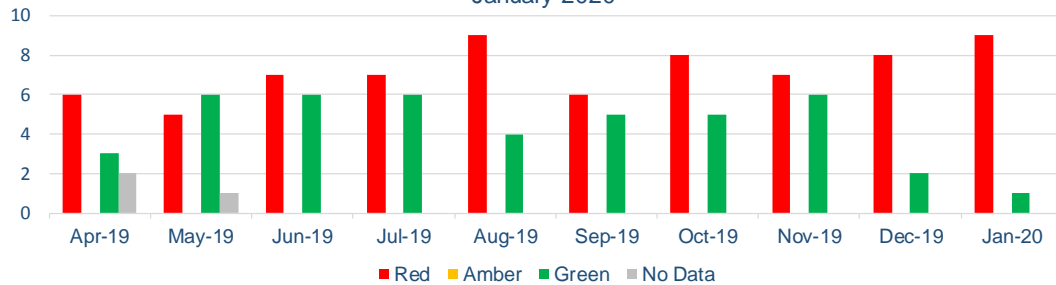
Summary: At month 10 the health board has utilised £12.4m of the additional allocated resource to improve diagnostic and RTT performance. This has supported c18,000 additional patient appointments to have been undertaken at OPD, Diagnostic and Inpatient and day case. The greatest volume of the increased activity has been in endoscopy which has been directed to reduce the surveillance backlog, and improve access for cancer patients in the first instance. The endoscopy cost equates to 26% of the total additional expenditure.

Integrated Quality and Performance Report
Finance & Performance Committee Version

January 2020



Chapter 2 - Unscheduled Care RAG Timeline 2019/20
January 2020



Please note: Timeline graphs based on when Out of Hours was under Unscheduled Care Chapter. Will be reviewed for next month.

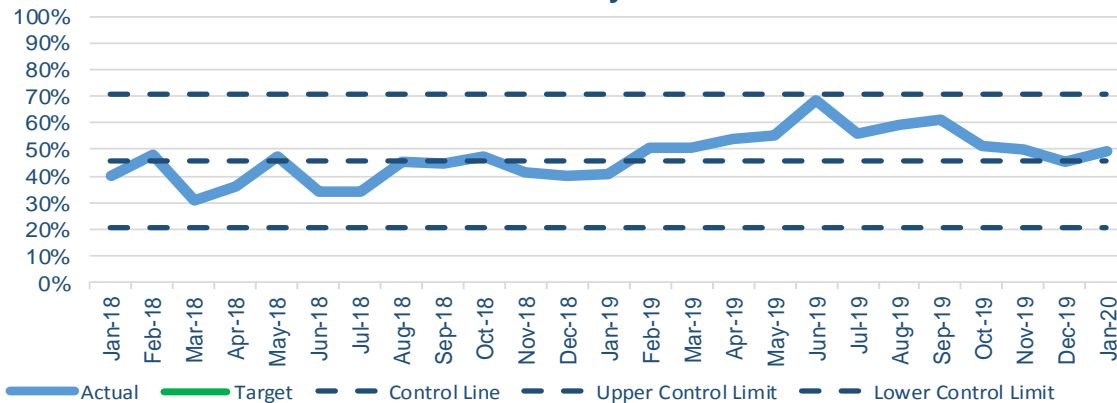
Integrated Quality and Performance Report
Finance & Performance Committee Version

January 2020

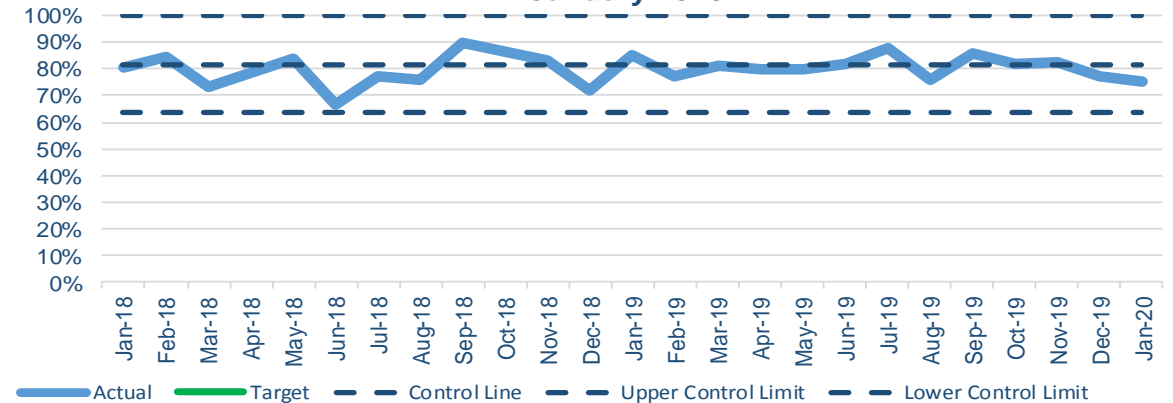
Code	Measure	Status	Annual Plan Profile	National Target
DFM066	Stroke Care: Admission within 4 Hours	49.50%	↑	>= 50% >= 55.5%
DFM067	Stroke Care: Review by consultant 24 Hours	75.30%	↓	>= 85% >= 84%
DFM068	Stroke Care: Access to Speech Therapy	50.90%	↓	AP Improve
DFM069	Stroke Care: 6 Month Follow up Assessment	31.00%	N/A	#N/A Improve
DFM070	Ambulance Response within 8 minutes	68.04%	↑	>= 65% >= 65%
DFM071	Ambulance Handovers within 1 Hour	1,042	↑	<= 691 0
DFM072	Emergency Department 4 Hour Waits (inc MIU)	68.60%	↑	>= 72% >= 95%
DFM073	Emergency Department 12 Hour Waits	2,096	↑	<= 1,364 0
DFM074	Hip Fracture Survival 30 days	89.30%	↓	AP Improve
DFM025	Delayed Transfers of Care (DToc): MH	17	↑	<= 11 Reduce
DFM026	Delayed Transfers of Care (DToc): non-MH	80	↓	<= 27 Reduce

Code	Measure Description	Responsible Executive Officer	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM066	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours of the patient's clock start time	Deborah Carter	>= 55.5%	AP038	>= 50%	Jan-20	49.50%	⬆️	3rd	41.00%	53.20%	55.00%	69.00%		56.00%	59.30%	61.40%		51.20%	50.00%	45.30%		49.50%			
DFM067	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	Deborah Carter	>= 84%	AP038	>= 85%	Jan-20	75.30%	⬇️	4th	84.31%	79.80%	80.40%	81.00%		88.00%	75.90%	85.70%		82.10%	82.60%	77.30%		75.30%			
DFM068	Percentage of stroke patients receiving the required minutes for speech and language therapy	Deborah Carter	Improve	AP038	AP	Jan-20	50.90%	⬇️	2nd		65.00%	70.00%	69.00%		70.00%	62.30%	59.00%		56.70%	53.90%	56.90%		50.90%			
DFM069	Percentage of stroke patients who receive a 6 month follow up assessment	Deborah Carter	Improve	AP038	#N/A	Qtr2 19/20	31.00%	N/A	5th	#N/A				22.30%				31.90%								

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



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



Why we are where we are and outcomes of the recent National Stroke Audit:

DFM066 Performance to the Acute Stroke Units has seen a marginal improvement across BCU in January with Wrexham seeing a 17% improvement from the poor December performance and YGC and YG showing deterioration. The deterioration in YG and YGC is aligned to an increase in the use of the Stroke beds for non Stroke patients which has reduced the ability to achieve the target. In Wrexham there has been a greater movement back to retaining the ring fenced beds which has resulted in the improvement. Ongoing challenges with discharge of patients requiring support at home or to placements continues to impact. Additionally the sickness in the Stroke Coordinator Team in Wrexham has continued, with just one available in January, which has also impacted on performance.

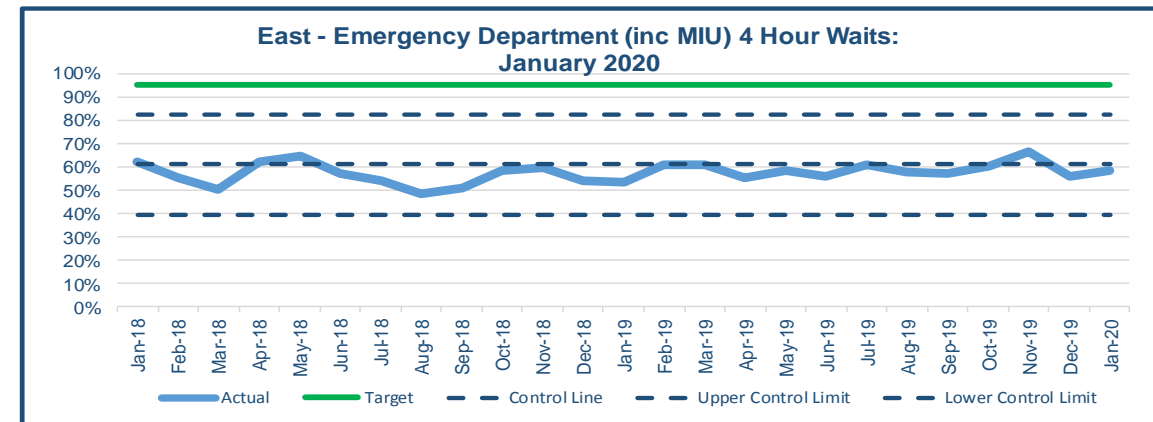
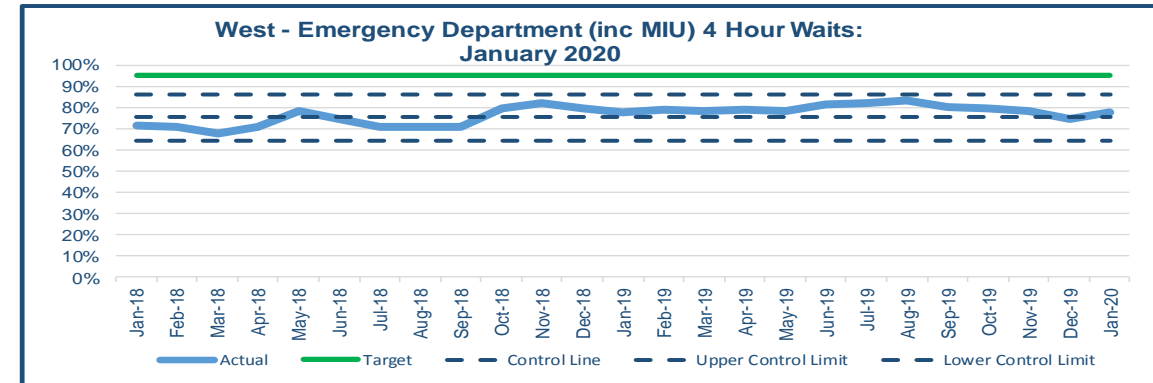
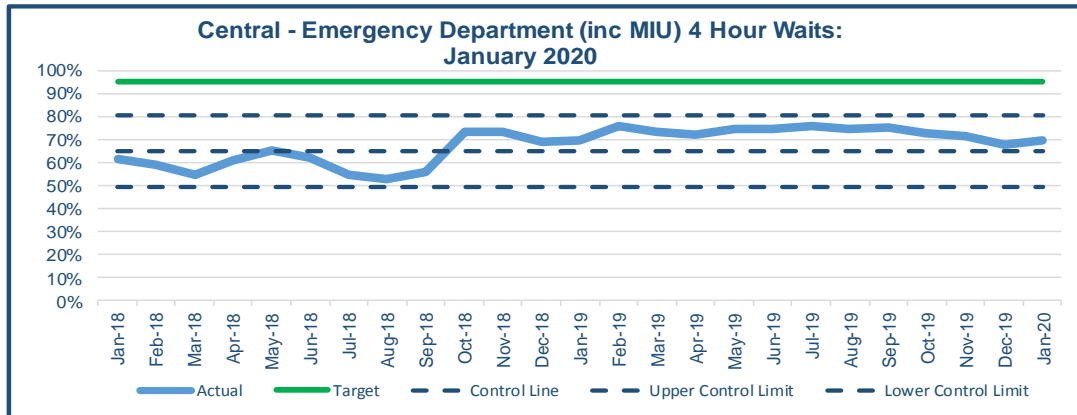
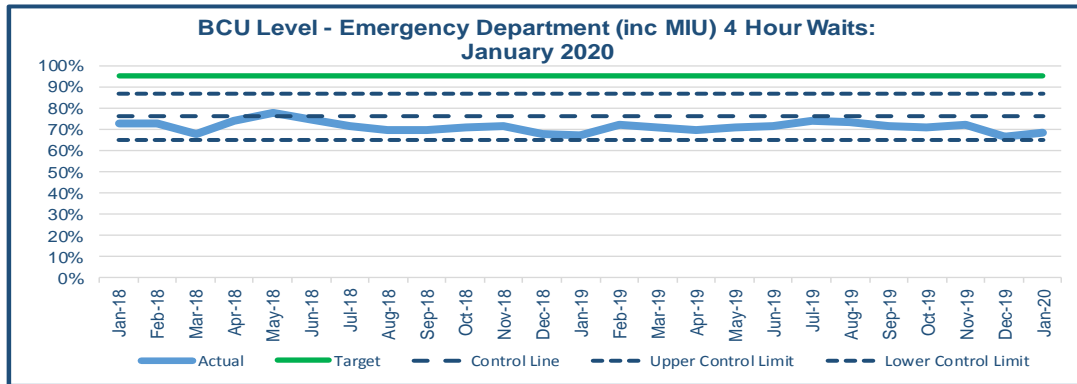
DFM067 Assessment by a Stroke Specialist Consultant in 24 hours has seen a minor deterioration overall in BCU with YGC having the greatest deterioration. As always, this relates to weekend assessments and depends on whether the Stroke Consultants are On Call for General Medicine at their Site over a weekend and will then do the assessment. If they are not On Call then the standard is breached for anyone who is admitted from a Friday evening to late on Sunday, who are managed by the on call general medicine team.

DFM068 The % of patients receiving the required Minutes for Speech and Language Therapy data for January showed a deterioration due to lack of therapists. Overall BCU performs relatively well compared to elsewhere in Wales, however the shortage of stroke specialist speech and language therapists is recognised as a national challenge.

DFM069 The % of patient who receive six month reviews improved by over 9% to 31.9% for Quarter 2 of 2019/20 (the latest available data as published).

Actions	Outcomes	Timeline
1. DFM066 - Continue to highlight need to retain 2 ring fenced beds at Safety Huddles/bed meetings and with Site Management Teams. All wards to agree list of patients at daily Board rounds appropriate to out-lie if required to create Stroke beds and Ward Sisters/Matron/Stroke Coordinators/Ops Teams to focus on ensuring beds available. Awareness sessions in Emergency Department (ED) to continue to highlight need for early referral to Stroke Team. Issue with ring fenced beds escalated to Secondary Care Medical Director on 2 nd Jan 2020.	Improved compliance against the 4 hour Standard and the Sentinel Stroke National Audit Programme (SSNAP) Scores	Immediate with daily Safety Huddles and bed meetings. ED awareness ongoing month on month.
2. DFM067 - Options paper for implementation of virtual weekend ward rounds has been submitted to Secondary Care and Area Teams for discussion but this is not achievable without an increase in the number of Consultants on the Stroke Out of Hours (OOH) rota and an adjustment to their commitment to the General Medicine On Call rotas. Adjustment has been made in East but not agreed in West and Centre. Remote access for reviewing of patients and images from home is now being funded by Area Teams. Issue with rota conflict escalated to Secondary Care Medical Director on 2 nd Jan 2020.	Greater compliance with the Standard if adjustments made to GIM rotas and remote access in place. Without agreement, rota is not sustainable. Short Term agreement for October rota but there will be no or significantly reduced OOH Service from November unless solution is reached	Options paper submitted, discussions continue in February 2020
3. DFM068 - Deep dive of Speech & Language Therapy (SALT) performance for East in September and October 2019 has been done. Comparison of staffing and processes across BCU September and investigating possibility of independent review of processes in North Wales. Meeting in December 2019 to ensure parity in application of Eligibility. Delivery Unit (DU) undertook mapping review of Therapy Standards 13 th and 14 th January 2020, outcome awaited.	Understanding of reasons for low performance in East and options for improvement. Parity of Eligibility.	29 th February 2020
4. DFM069 - Additional clinics that were due to be run from September in East to support clearance of backlog which was due to vacancies have not happened due to sickness. Stroke Association have undertaken additional weekly clinic to support from September for 3 months and extended on month by month basis. Stroke Association are now working to same model in West and Centre supporting the reviews as in East	Reduction in backlog and greater compliance with standard, improvement noted from the actions taken.	Additional clinics from September. In East Process review for West and Centre in September

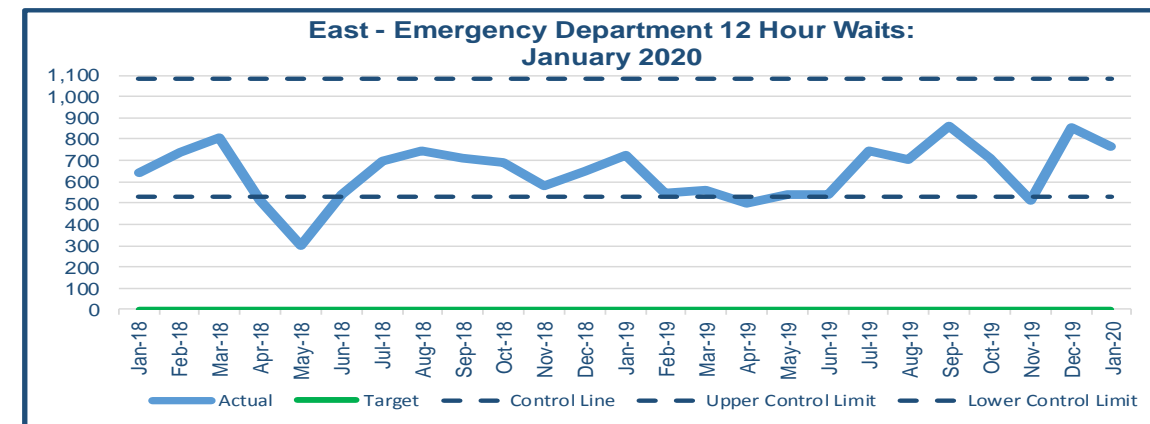
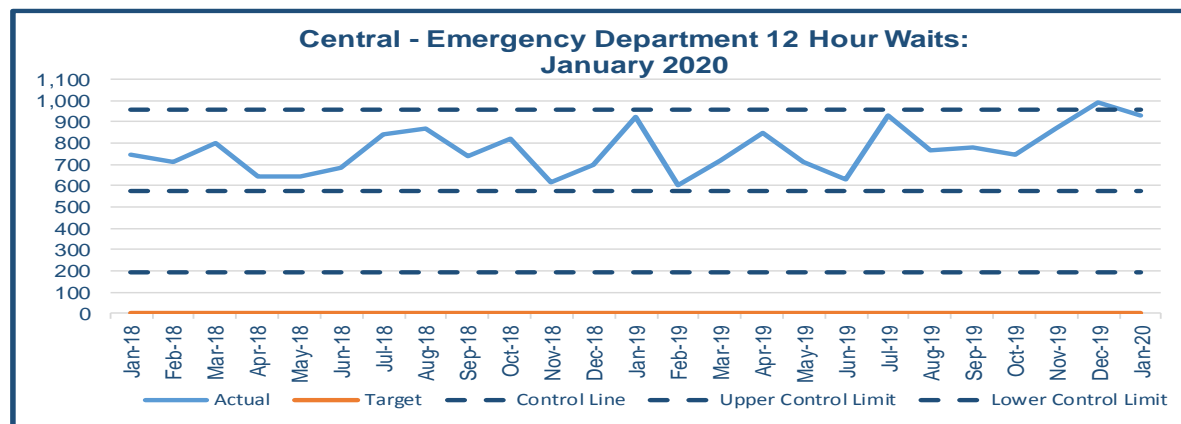
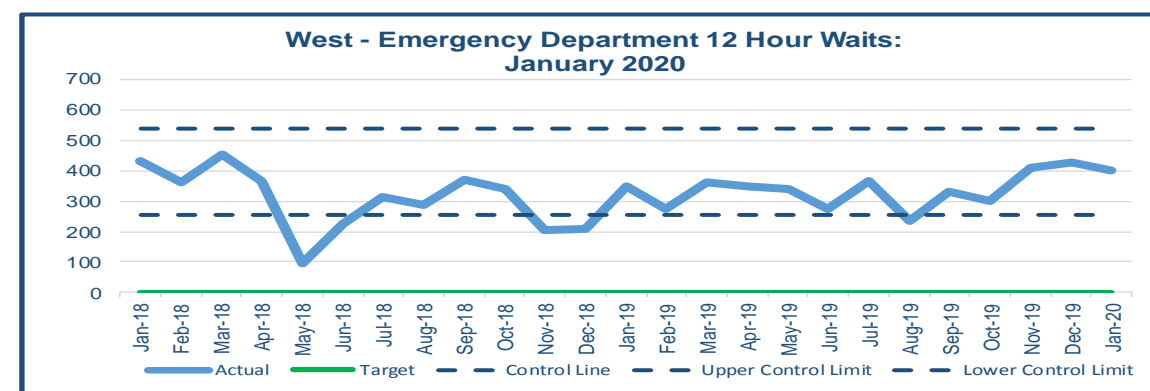
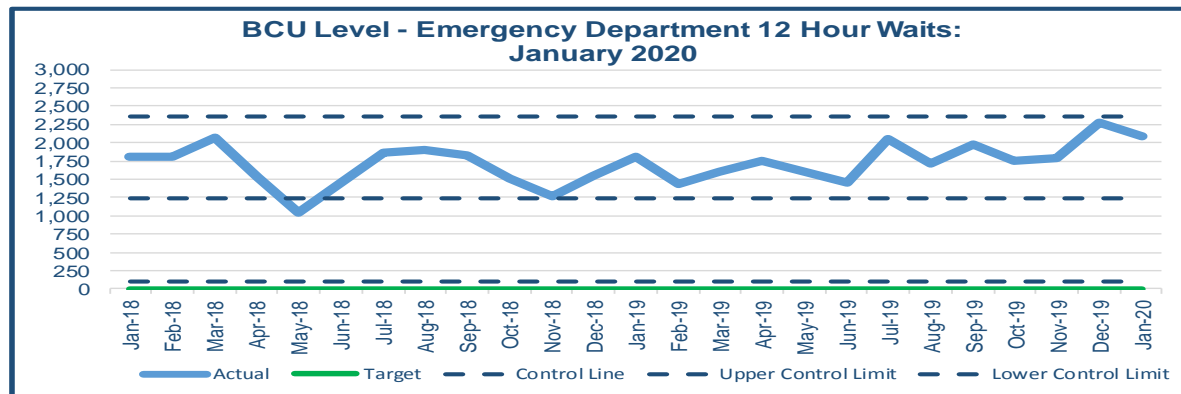
Code	Measure Description	Responsible Executive Officer	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM072	The 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 BCU	Deborah Carter	>= 95%	AP033	>= 72%	Jan-20	68.60%	↑	7th	66.94%	69.44%	71.21%	71.38%		73.72%	73.04%	71.63%		71.15%	72.13%	66.32%		68.60%			



Actions	Outcomes	Timeline
Ysbyty Glan Clwyd		
<ul style="list-style-type: none"> Kendal Bluck review is being implemented to increase nursing and doctor resources, including 2 additional middle grade doctors appointed in February. A review of the acute medical model to maximise ambulatory care and prioritise emergency patients began in December 2019. 	<ul style="list-style-type: none"> Reduced breaches overnight and at weekends due to Dr waits 	April 2020
<ul style="list-style-type: none"> An in-depth breach analysis of non-admitted breaches is underway, supplementing the existing processes already in place 	<ul style="list-style-type: none"> Improved understanding of the root causes for non admitted breaches - Improved non admitted breach performance. 	March 2020
<ul style="list-style-type: none"> A Manager of the day rota has been implemented within ED / EQ to act as focal point for escalation of key issues, and continued presence in the department at times of his escalation and pressure. 	<ul style="list-style-type: none"> Increased management control for resolution of issues in real time, and improved communication and escalation across teams for when ED requires site response. Reduction in delays and improved performance focus. 	March 2020
YSBYTY GWYNEDD		
<ul style="list-style-type: none"> Creation of escalation capacity within Emergency department footprint until end of March to support patient flow within hospital 	<ul style="list-style-type: none"> Improved 4 hour performance from until end of March 2020. Performance improved from 74.93% in December to 77.60% in January. 	31/3/2020
<ul style="list-style-type: none"> General Practitioner sessions at front door being progressed through establishment control. 	<ul style="list-style-type: none"> Improve performance of non-admitted breaches to maximum of 15 per day (last 30 days average of 22 per day) 	31/3/2020
<ul style="list-style-type: none"> Emergency department observation unit fully operational alongside escalation capacity 	<ul style="list-style-type: none"> Reduce admitted breaches to a maximum of 18 per day 	28/2/2020
Ysbyty Wrexham Maelor		
<ul style="list-style-type: none"> Ensure daily compliance against the 2 hourly safety huddle process with clear outcomes documented by the shift leadership team. ED escalation manager to monitor daily completion and address any variations in practice 	<ul style="list-style-type: none"> Timely responsiveness maintaining doctor waits to under 2 hours with an average of an hour 	31/3/2020
<ul style="list-style-type: none"> Put in place additional capacity for progress tracking against the emergency care access times ensuring the management of non-admitted patients within 4 hours 	<ul style="list-style-type: none"> 50% reduction of non-admitted breaches 20% reduction of admitted breaches 	31/3/2020
<ul style="list-style-type: none"> Implement the interim solution for 3 doctors on nights whilst finalising the delivery plan for Kendall Bluck recommendations. This is a key intervention for ED safety and reduction in the non-admitted breaches 	<ul style="list-style-type: none"> 50% reduction of non-admitted breaches 20% reduction of admitted breaches 	31/3/2020

Chapter 2 – Unscheduled Care ED 12 Hour Breaches: Graphs 33

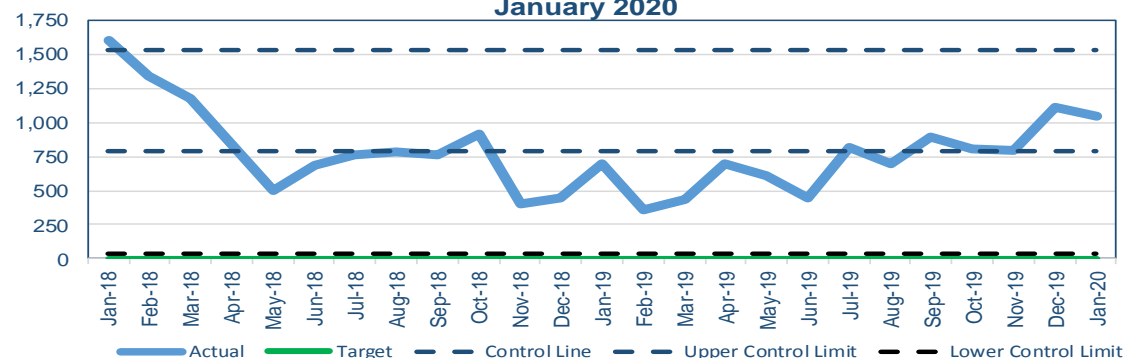
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DFM073	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge BCU	Deborah Carter	0	AP037	<= 1,364	Jan-20	2,096	↑	7th	1,808	1,743	1,594	1,445		2,044	1,708	1,977		1,757	1,786	2,272		2,096			



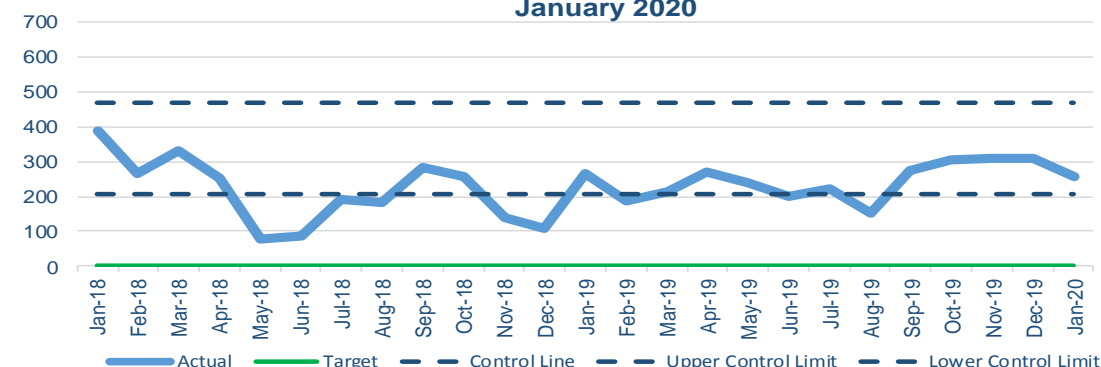
Actions	Outcomes	Timeline
Ysbyty Glan Clwyd		
<ul style="list-style-type: none"> A review of Board Rounds has been undertaken to ensure treatment and discharge plans are clear with greater consistency across wards. 	<ul style="list-style-type: none"> Earlier discharge / reduced LOS. Improvement in exit block from ED and in turn greater capacity offload ambulances. 	28/02/2020
<ul style="list-style-type: none"> A Manager of the day rota has been implemented within ED / EQ to act as focal point for escalation of key issues, and continued presence in the department at times of his escalation and pressure. 	<ul style="list-style-type: none"> Increased management control for resolution of issues in real time, and improved communication and escalation across teams for when ED requires site response. Reduction in delays and improved performance focus. 	28/02/2020
<ul style="list-style-type: none"> Long Length of Stay review outcomes are escalated to a multidisciplinary senior group each Friday, and outcomes from the reviews are now fed into operational meetings 	<ul style="list-style-type: none"> Earlier discharge / reduced LOS. Improvement in exit block from ED and in turn greater capacity offload ambulances. 	28/02/2020
YSBYTY GWYNEDD		
<ul style="list-style-type: none"> Introduction of outlier clinical management team for cohort ward to support timely senior decision making (delayed from December due to consultant recruitment) Improved site escalation model fully embedded and implemented on site 	<ul style="list-style-type: none"> Support delivery of maximum 6 > 12 hour breaches per day Increased number of morning discharges from wards improving flow from Emergency department and Acute medical admissions unit 	28/2/2020
<ul style="list-style-type: none"> Embedding of community length of stay reduction model (TUAG Adref) 	<ul style="list-style-type: none"> Reduce number of Medically fit for discharge patients by 50% in Ysbyty Gwynedd. 	31/3/2020
<ul style="list-style-type: none"> Front door model development allocated project management support Clinical team identified to support development and first meeting has taken place 	<ul style="list-style-type: none"> To implement front door model from 1.4.20 	31/3/2020
Ysbyty Wrexham Maelor		
<ul style="list-style-type: none"> Re-enforce and check daily compliance against the clinically agreed YMW/WMH Patient Flow Standards 	<ul style="list-style-type: none"> Improved flows to admitted areas ensuring a 50% reduction in 12 hour waits AMU short stay LoS <72 hours 	31/3/2020
<ul style="list-style-type: none"> Continued re-enforcement and implementation of SAFER to include the Wales DU on site team support 	<ul style="list-style-type: none"> Improved flows to admitted areas ensuring a 50% reduction in 12 hour waits AMU short stay LoS <72 hours 	31/3/2020
<ul style="list-style-type: none"> De-escalation of additional bed capacity and reduction in medical outliers 	<ul style="list-style-type: none"> De-escalate beds down to 7 Zero IP beds on arrivals Medical outliers <8 	31/3/2020

Code	Measure Description	Responsible Executive Officer	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM071	Number of ambulance handovers over one hour BCU	Deborah Carter	0	AP029	<= 691	Jan-20	1,042	↑	6th	691	696	614	447		811	694	896		809	792	1,114		1,042			

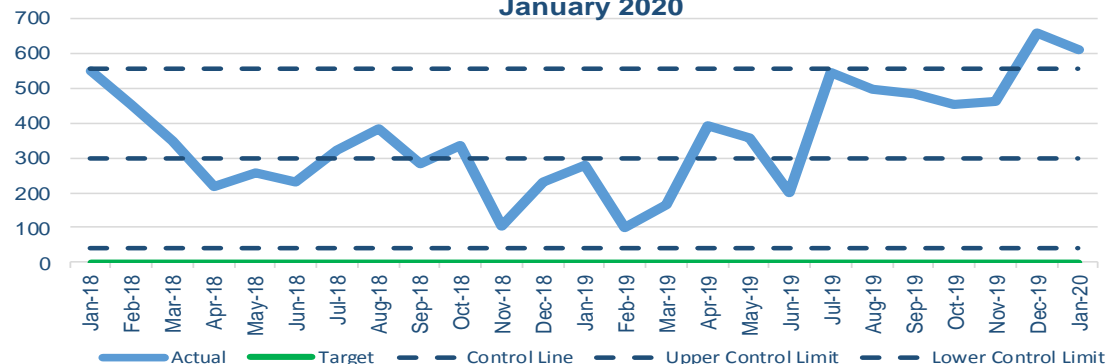
BCU Level - Ambulance Handovers over 1 Hour: January 2020



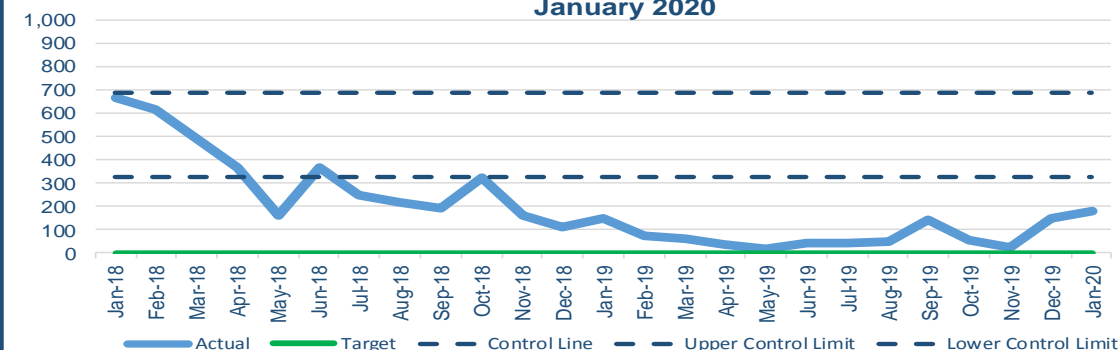
West - Ambulance Handovers over 1 Hour: January 2020



Central - Ambulance Handovers over 1 Hour: January 2020



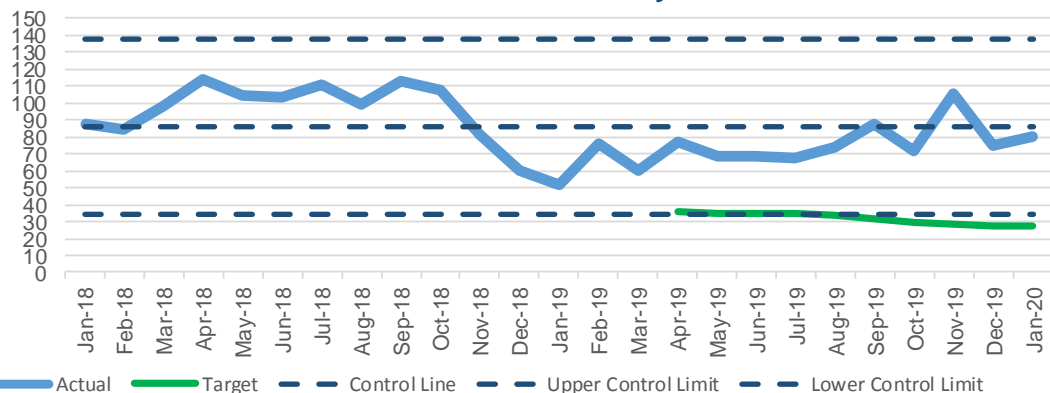
East - Ambulance Handovers over 1 Hour: January 2020



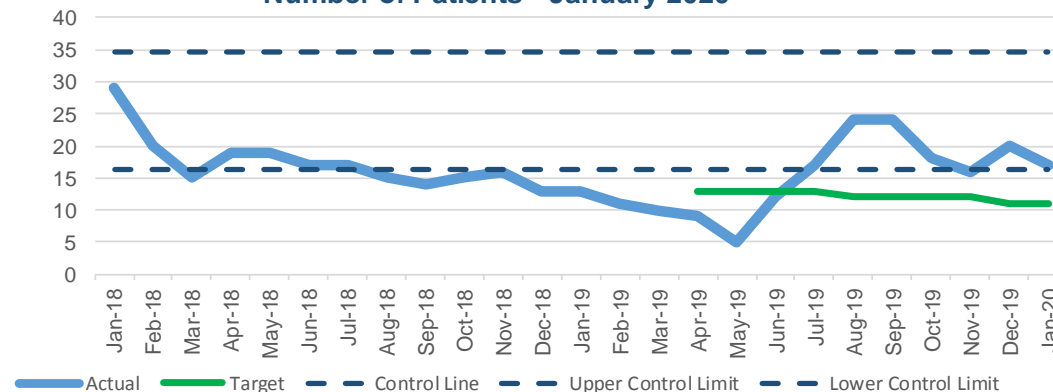
Actions	Outcomes	Timeline
Ysbyty Glan Clwyd		
<ul style="list-style-type: none"> A new process was implemented in December with WAST support to cohort ambulance patients in ED under the care of a HALO, releasing up to 4 crews. 	<ul style="list-style-type: none"> Ambulance crews released, although the performance improvement is not apparent as performance continues to be based on dual pin entry when HALO patients are handed over to ED. 	February 2020
<ul style="list-style-type: none"> A review of Board Rounds has been undertaken with a view to improving focus around discharge planning and greater consistency across wards. 	<ul style="list-style-type: none"> Earlier discharge / reduced LOS. Improvement in exit block from ED and in turn greater capacity offload ambulances. 	March 2020
<ul style="list-style-type: none"> The ambulance handover process is under constant review with WAST colleagues in a weekly meeting, developing a zero tolerance culture through the development of a jointly agreed SOP. This is supplemented by the escalation framework for ED. 	<ul style="list-style-type: none"> Improved ambulance handover times 	February 2020
YSBYTY GWYNEDD		
<ul style="list-style-type: none"> Emergency department staffing assessment to support implementation of ambulance handover standard operating procedure (in line with East) and senior individual allocated on a daily basis to support departmental focus Escalation capacity currently within Emergency department supporting release of majors capacity and decrease ambulance handover delays 	<ul style="list-style-type: none"> > 60 minute handover a never event 	31/3/2020
<ul style="list-style-type: none"> Continued focus on ensuring compliance with dual pin entry 	<ul style="list-style-type: none"> Eliminate reported delays due to dual pin entry being incomplete 	31/1/2020
Ysbyty Wrexham Maelor		
<ul style="list-style-type: none"> Sustain the current ambulance handover times and strengthen performance 	<ul style="list-style-type: none"> Nil 60 minute delays 	31/3/2020

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DFM025	Number of health board mental health delayed transfer of care	Andy Roach	Reduce	AP031	<= 11	Jan-20	17	↑	6th	13	9	5	12		17	24	24		18	16	20		17			
DFM026	Number of health board non mental health delayed transfer of care	Deborah Carter	Reduce	AP037	<= 27	Jan-20	80	↓	7th	52	77	68	68		67	74	87		72	105	75		80			

BCU Level - Delayed Transfers Of Care (Non-MH):
Number of Patients - January 2020

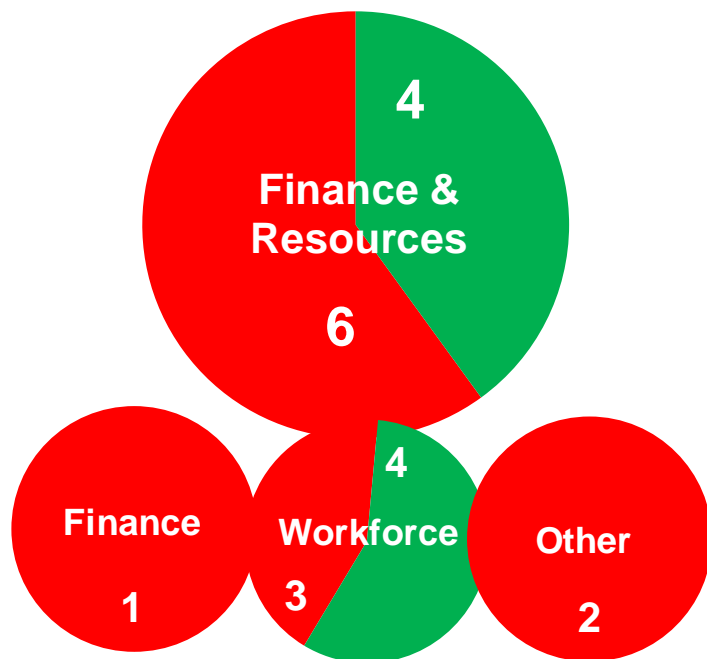


BCU Level - Delayed Transfers Of Care (MH):
Number of Patients - January 2020

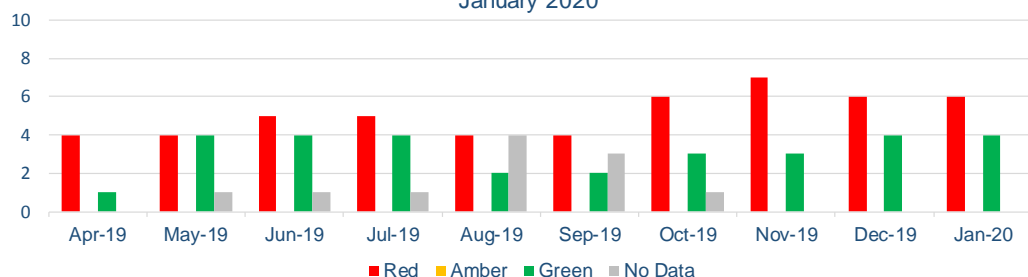


Why we are where we are: We have seen a slightly improving position in January in terms of numbers of patients waiting to be discharged with early impact of the Home First projects. However we have experienced a continued reduced provision of EMI placements which is impacting on our DTOC position. Delays experienced with recruitment for East Home First Team which has reduced the project impact the initiative was planned to have. Due to top up fees that home are charging there is an impact on increasing the number of days delayed. Local authorities are struggling to secure provision of packages of care especially with Double handed care and care in rural areas. Therapy teams in all areas reviewing alternative equipment to support Single handed care packages.

Actions	Outcomes	Timeline
Weekly MDT stranded meetings taking place on all sites with senior leadership teams	<ul style="list-style-type: none"> To reduce number of stranded patients; Improve communication across acute, area and local authority partners; Ensure appropriate escalation to senior management within respective Local Authorities. 	Weekly
Long length of stay review of all patients within community hospitals	<ul style="list-style-type: none"> To reduce the number of stranded patients with community hospitals 	Process undertaken on a weekly basis
Daily safety brief attended by all departments to identify problems relating to patient flow	<ul style="list-style-type: none"> Integrated working between acute and area in co-ordination of discharges 	
Additional escalation beds in Deeside have been implemented (from 2 nd December 2019) and their utilization is monitored on a daily basis	<ul style="list-style-type: none"> Increased capacity to support transfer to community setting 	Utilization monitored on a daily basis
Implementation of 9 th CRT based in YG Hospital	<ul style="list-style-type: none"> Tuag Adref Project will support patients awaiting care packages 	Weekly monitoring of impact
Support wards to re-inforce Home First principles and What Matters conversation	<ul style="list-style-type: none"> Focus on early and safe discharge 	Weekly monitoring
Engagement with CHC teams to ensure funding decisions are shared with ward staff at earliest opportunity	<ul style="list-style-type: none"> Reduction in DTOCs relating to funding issues 	Weekly
Training and education on effective What Matters Conversations	<ul style="list-style-type: none"> Improved referrals to local authorities Reduction of referrals returned to wards for additional information 	Weekly



Chapter 3 - Finance & Resources RAG Timeline 2019/20
January 2020



AP = Awaiting Profile N/A A = Not Applicable - Annual

Integrated Quality and Performance Report
Finance & Performance Committee Version

Code	Measure	Status	Annual Plan Profile	National Target
DFM084	Quantity of Biosimilar medicines prescribed	73.30% ↑	ND	Improve
DFM085	Critical Care Bed days Lost to DToC	18.20%	N/A	Improve
DFM087	PADR Rate (%)	75.5% ↑	>= 81%	>= 85%
DFM088	Staff agreed PADR helps improve	54.0%	N/A	Improve
DFM089	Staff engagement Score	3.76	N/A	Improve
DFM090	Mandatory Training (Level 1) Rate (%)	85.61% ↑	>= 85%	>= 85%
DFM091	Sickness absence rates (% Rolling 12 months)	5.24% ↑	<= 4.33%	<= 4.31%
DFM092	Staff happy for BCU to treat Friends/Relatives	67.00% ↑	N/A	Improve
LM001F	Finance: Agency & Locum Spend	£4.78m ↓	AP	TBA
LM002F	Finance: Position against Financial Balance	£34.3m ↓	<= £29.2m	<= £25m

January 2020

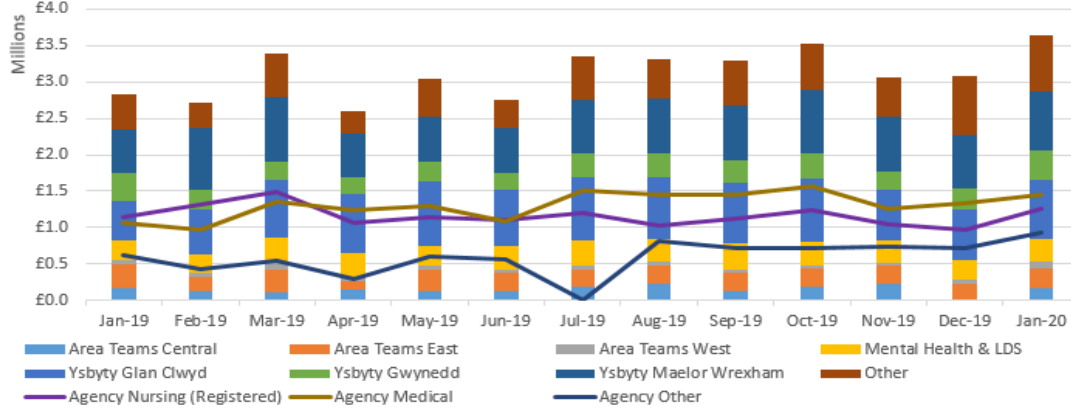


Chapter 3 – Finance & Workforce

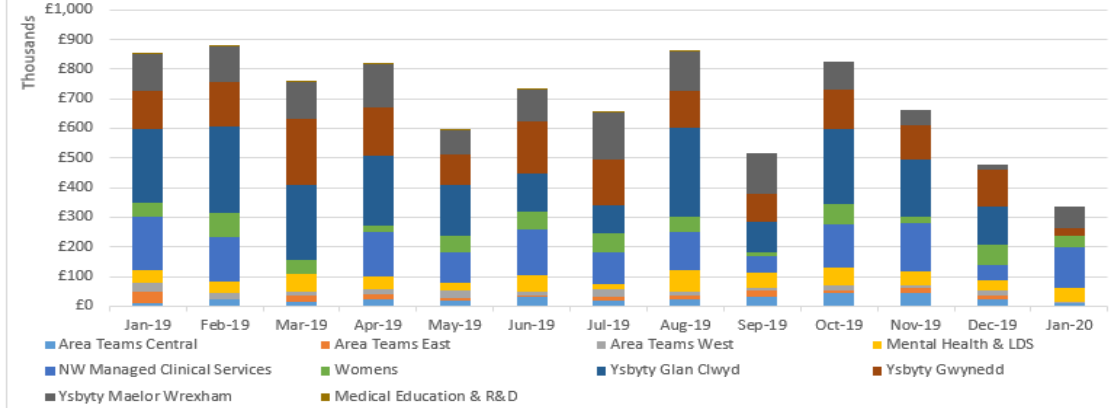
Agency and Locum Spend Graphs 1 40

Code	Measure Description	Responsible Executive Officer	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
LM001F	Cost of Agency & Locum spend within Month	Sue Green	TBA	NIP	AP	Jan-20	£4.78m	↓	N/A	£2.7m	£2.6m	£3m	£3.7m		£4.1m	£4.2m	£3.96m		£4.34m	£3.66m	£3.86m		£4.78m			

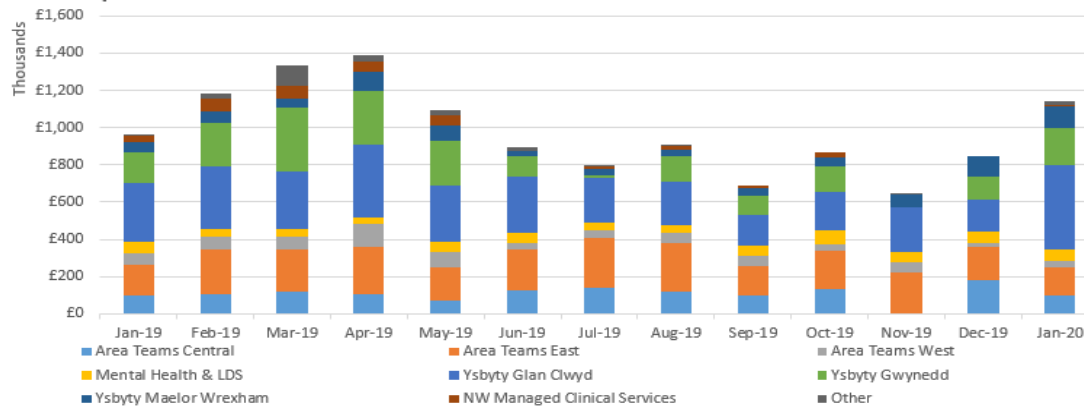
Agency Spend



Other M&D Pay (i.e. Cover Colleague)

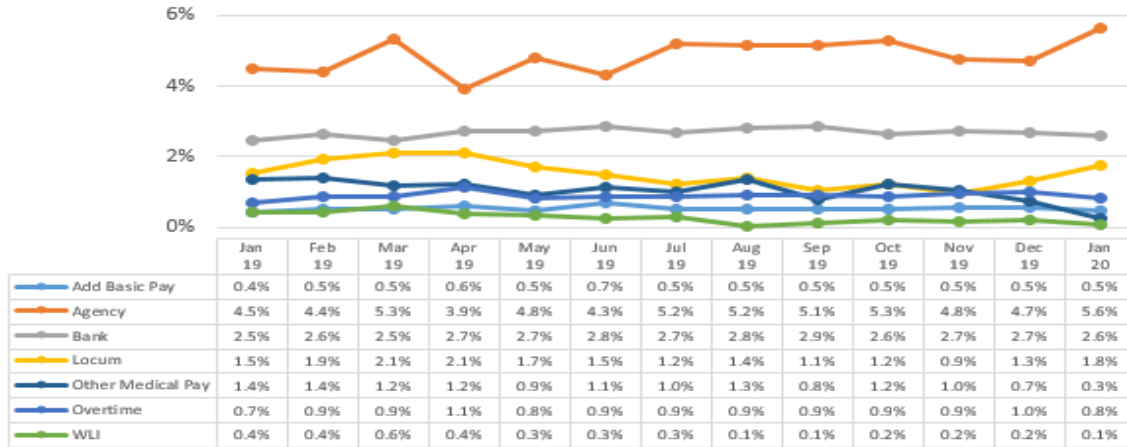


Locum Spend

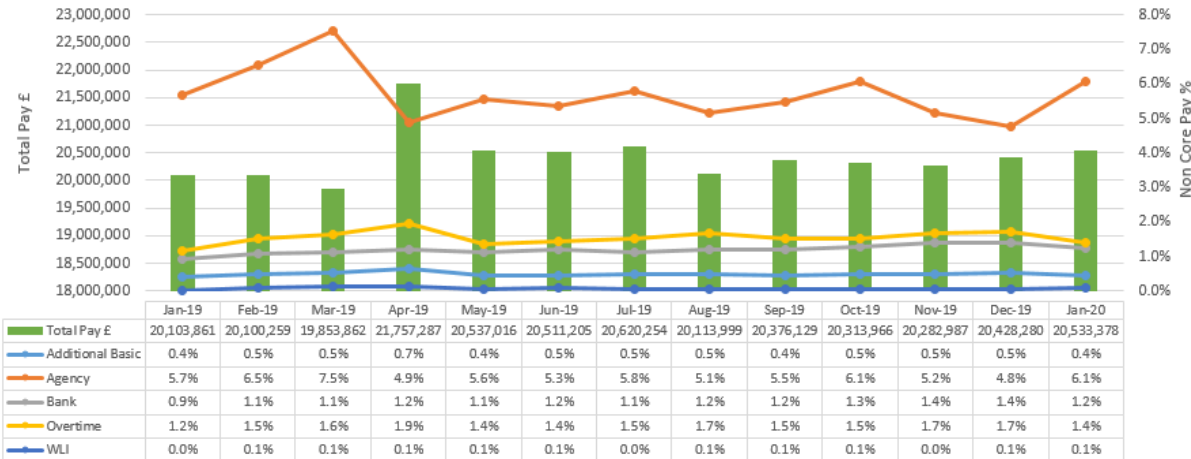




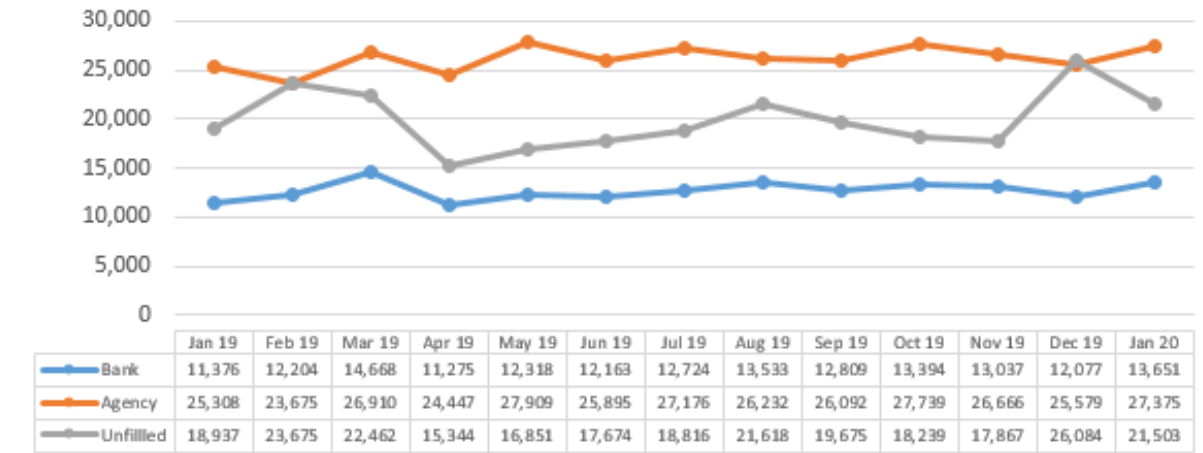
BCU % of Total Spend



Nursing & Midwifery Pay (Total Pay Primary Axis vs Non Core Pay Secondary Axis)

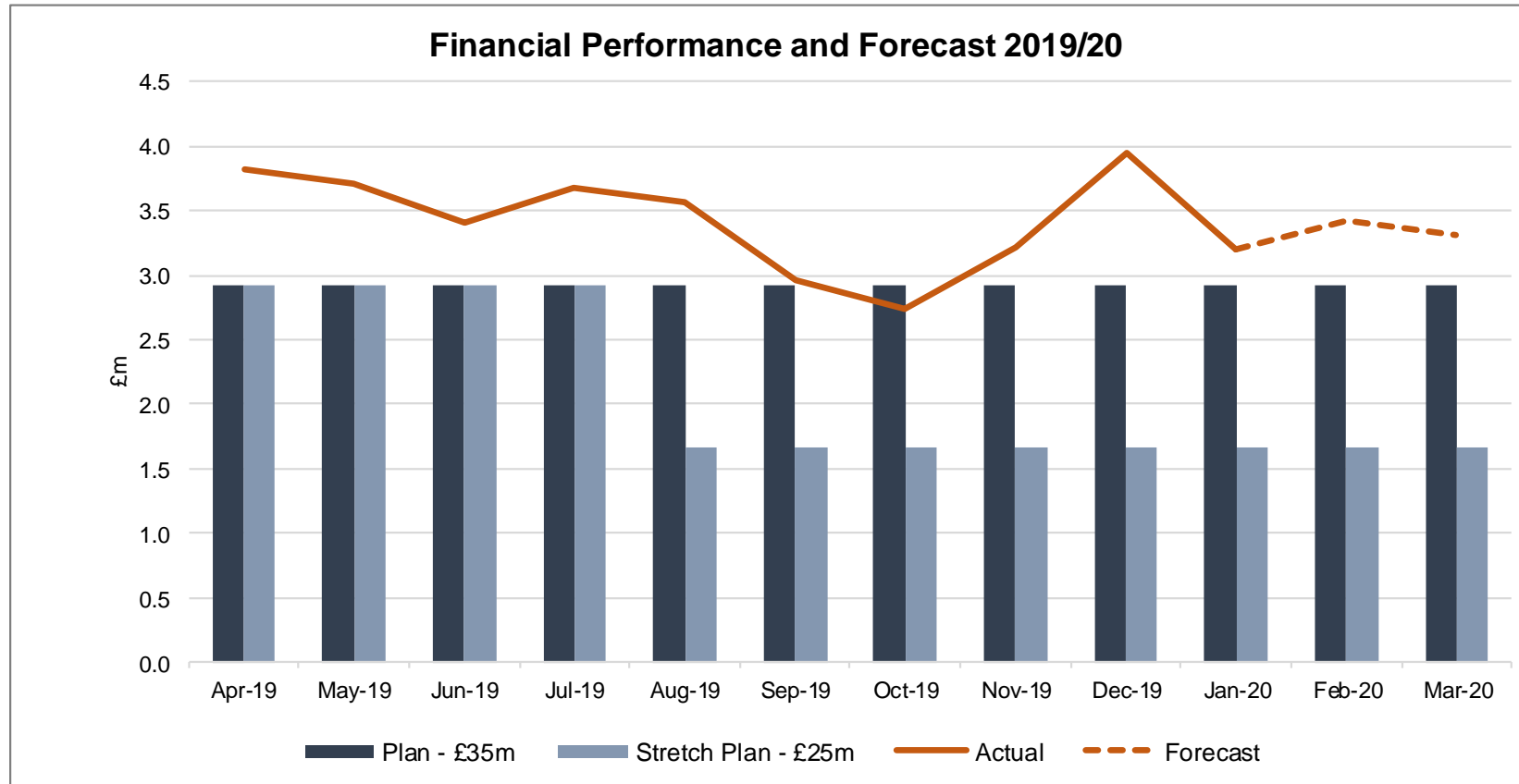


Registered Nursing Shifts Filled v Unfilled (Hours)



Actions	Outcomes	Timeline
<p>1. Focus remains on filling substantive vacancies, reducing sickness absence and increasing pools of internal temporary staff, particularly in nursing, medical and dental, A&C.</p> <p>The Workforce Optimisation Portfolio is the overarching mechanism to ensure delivery of BCU wide workforce initiatives. This is managed by the Workforce Improvement Group (WIG) and consists of : Medical Productivity, Nursing, Midwifery & AHP Productivity, Non-Clinical Productivity and Terms & Conditions Application Productivity.</p>	<p>Agency as a percentage of total pay bill has spiked in January (5.6% Jan 20, 4.7% Dec 19). Agency spend for Jan 20 was £3,641,365, which is circa £600,000 higher than the previous month. YMW agency was £814k, YGC was £799k. Month on month largest increases in agency were Area Teams Central (+£238k), YGC (+£113k), YG (+£108k) & YMW (+£93k). Locum spend for Jan 20 at £1,139,928, has increased month on month by +£294k. The majority of the increase was at YGC (+£276k) and YG (+£82k)</p> <p>Sickness absence rate has decreased (5.24% Jan 20, 5.26% Dec 19). BCU vacancy rate has increased by 0.4% (9.5% Jan 20, 9.1% Dec 19).</p> <p>The largest increase is M&D of 1.2%, driven mostly by a 3.8% increase in the YG site; notably East and Central areas have either stayed the same or reduced since last month. N&M has increased marginally by 0.4% with most areas reporting similar to last month, the exception of West area with a 1.7% increase since last month. For M&D the Medical recruitment panel (MRP) meets weekly to expedite vacancies. For N&M recruitment are working with HoN to ensure all vacancies are actively recruited to and not relying on the generic adverts, targeted support on a ward by ward basis has started with YMW.</p>	<p>Detailed timelines are contained in the Workforce optimisation portfolio and accompanying PIDs.</p> <p>Revised attendance improvement plan has detailed actions / timelines around themes of Data Analysis, Sickness Administration, Active Absence Support and Preventative Action.</p> <p>Medical Recruitment Panel has been introduced to give focus on quickly filling M&D vacancies, reducing the M&D vacancy rate and associated Agency spend. Site by site (& ward by ward) review of vacancies and targeted recruitment is taking place for N&M staff starting with YMW.</p>
<p>2. Work is on-going to increase the capacity of BCU internal temporary staffing as an alternative to Agency.</p> <p>N&M - auto enrolment to the bank, revised pay rates weekly pay pilot.</p> <p>A&C - bank has been set up and is being expanded (over 100 staff)</p> <p>M&D - To move temporary staffing spend from Agency to cheaper alternatives a Medical Staff Bank (MSB) went live on 11 Nov 2019 from a zero start this has grown to delivering 11,682 hours in January.</p>	<p>Increased N&M Bank Usage - The 13,651 N&M hours delivered in Jan 2020 was circa 2250 more bank hours than the same period last year mitigating agency costs and improving safety.</p> <p>Growing the Medical Staff Bank will reduce M&D agency, the MSB went live part way through November 19. Impact on Agency will build as the MSB expands and as outlier areas in terms of rates are addressed via the Rate Review task and finish group.</p>	<p>Weekly pay will be introduced for N&M bank only staff with first pay run 1st March 2020 to incentivise take up of shifts reducing agency.</p> <p>Auto enrolment, promotion of revised pay.</p> <p>A&C staff bank programme to conclude before year end. Continued expansion of the Medical Staff Bank. Rate review task and finish group to conclude by March 2020.</p>
<p>3. External consultancy services are analysing Medical spend and advising areas of improvement e.g. review of medical rotas, review of job planning, introduction of medical and dental bank, external specialist M&D recruitment.</p>	<p>Anticipated reduction of M&D vacancies in key specialisms via implementation of Kendal- Bluck recommendations, use of external recruitment to source substantive M&D staff, speedier recruitment via MRP.</p>	<p>M&D programmes plan to deliver savings. Including external agencies sourcing M&D staff. Impacts on run rates defined in PIDs to deliver prior to year end.</p>

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LM002F	Cumulative Deficit Position against the planned Financial Balance (£'s)	Sue Hill	<= £25m	NIP	<= £29.2m	Jan-20	£34.3m	↓	N/A		£3.83m	£7.54m	£10.96m		£14.64m	£18.20m	£21.16m		£23.9m	£27.1m	£31.1m		£34.3m			

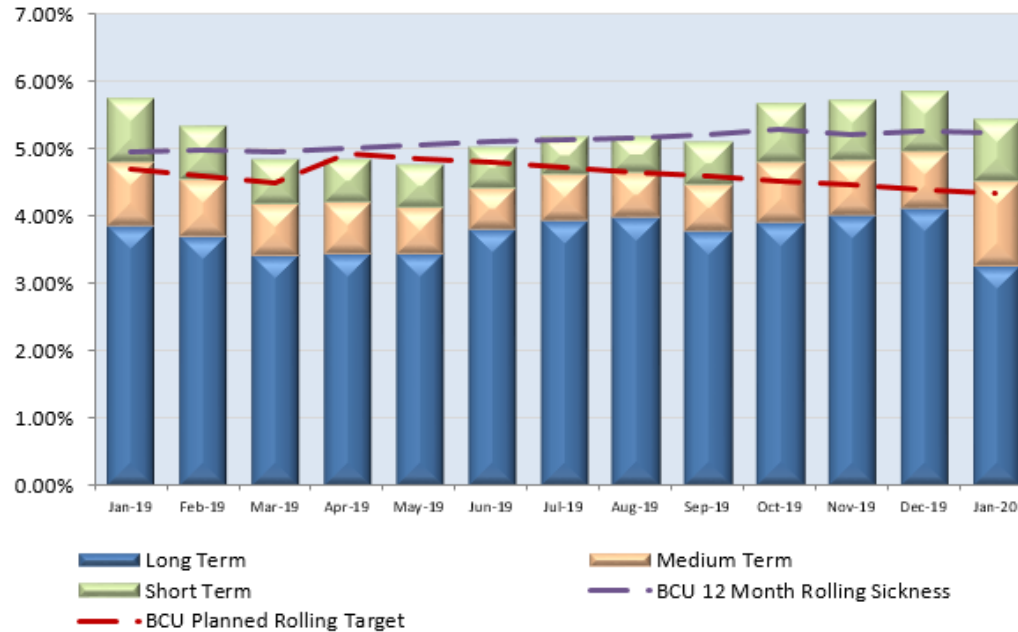


Actions	Outcomes	Timeline
1. Identify the full savings programme to meet the planned savings requirement.	The savings programme continues to remain a key focus area. In month the value of green and amber schemes increased by c£1m, however the overall value of the 2019/20 programme has reduced by £2.5m due to the reassessment of the in-year delivery of some schemes. The revised deficit of £41m is achievable if the Health Board can control expenditure run rates through the conversion of 26% of the red schemes, delivery of green and amber schemes at their forecast values while maintaining current financial controls.	28 th February 2020
2. Ensure the Health Board implements the full suite of Grip and Control actions to ensure all expenditure is necessary and is effectively supporting clinical services.	A comprehensive financial recovery action plan (FRAP) programme has been in place since July and is monitored through the Financial Recovery Group to ensure timely progression of any incomplete actions and scrutiny of the complete actions. This will be reviewed at the Finance & Performance Committee in February.	31 st March 2020
3. Ensure the recovery programme progresses at pace.	Progress against plan is being monitored at both divisional and board level. The Committee and Board reports continue to be reviewed to ensure reporting of progress is clear and areas of priority are highlighted to support the necessary decision making process. The Health Board is working to further strengthen financial controls across the wider organisation. All discretionary spend is being challenged and additional controls have been implemented around the use of temporary staffing costs.	31 st March 2020
4. Identify emerging expenditure pressures to ensure informed decisions are taken.	Both internal and external factors are being reviewed to support both financial delivery in the current year and to inform the 2020/21 integrated planning process.	31 st March 2020
5. Focus on delivery of savings for schemes already identified.	There is a gap of £2.9m between the green and amber planned savings and the forecast delivery of these schemes. Where forecast of schemes has slipped from the plan, work needs to be done to increase delivery or identify additional schemes to make up the shortfall. Full delivery of green and amber schemes is critical to achieving the forecast.	31 st March 2020

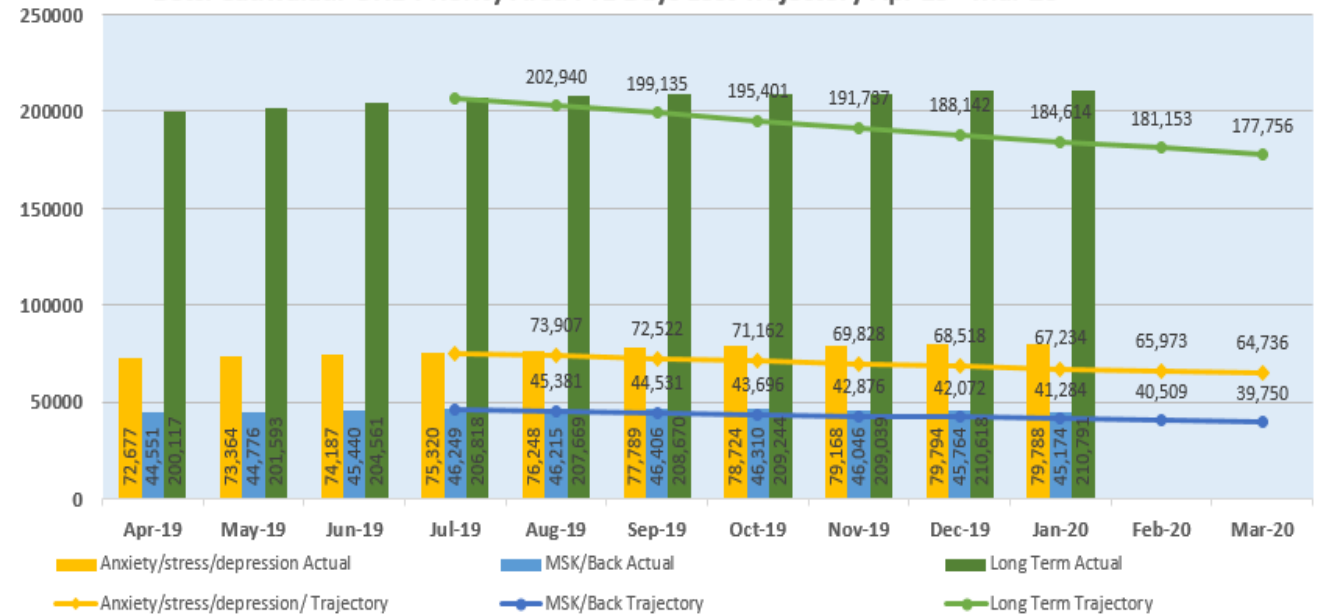


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DFM091	Percentage of sickness absence rate of staff	Sue Green	<= 4.31%	AP043	<= 4.33%	Jan-20	5.24%	↑	3rd	4.96%	4.92%	5.05%	5.10%		5.13%	5.16%	5.22%		5.29%	5.22%	5.26%		5.24%			

Monthly Absence Rate

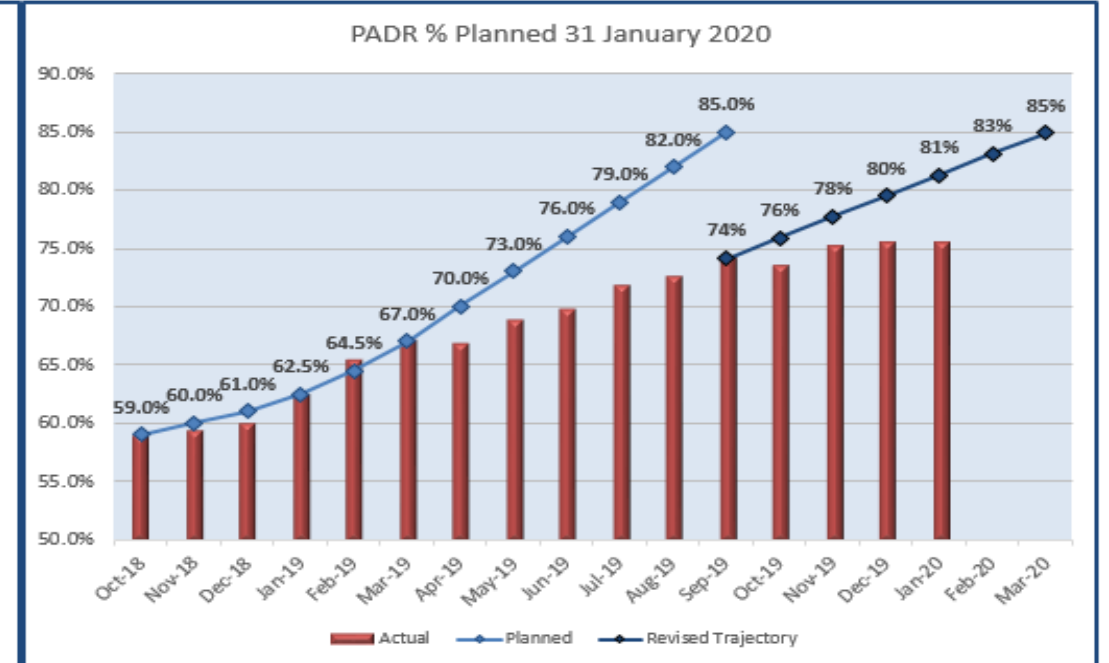
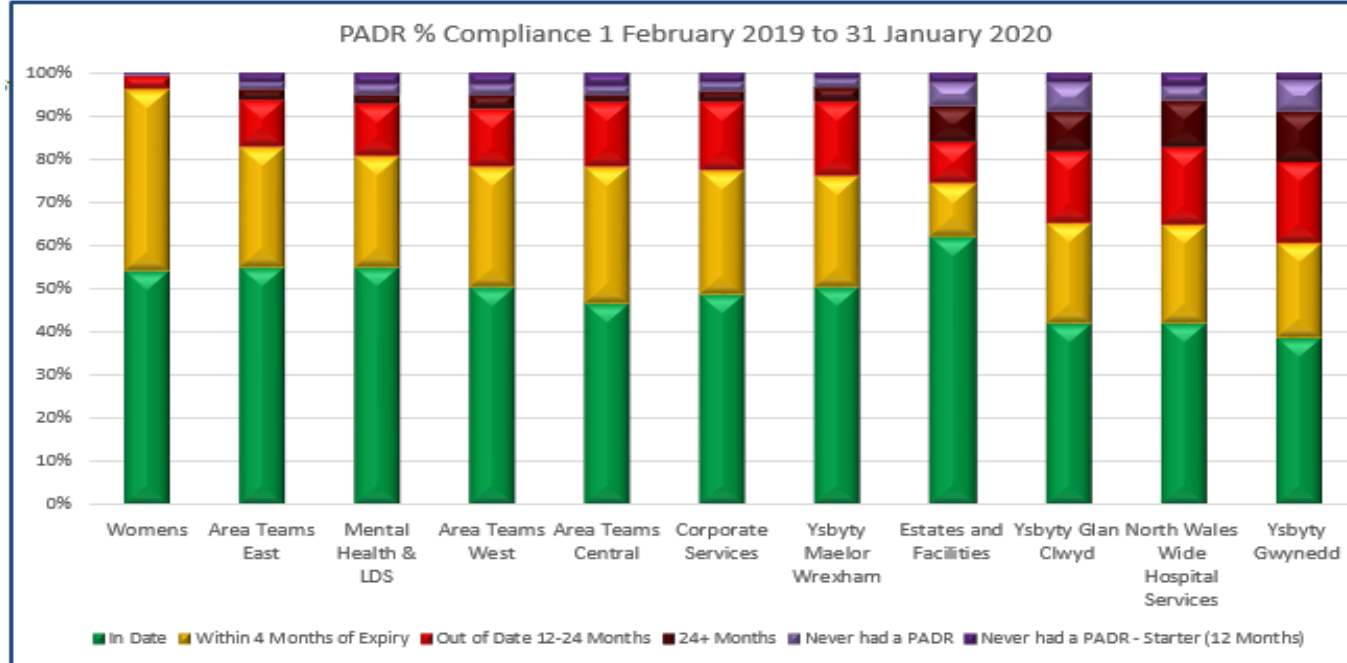


Betsi Cadwaladr UHB Priority Area FTE Days Lost Trajectory Apr 19 - Mar 20



Actions	Outcomes	Timeline
1. The focus is on reducing long term sickness absence and the priority areas of stress and MSK through supportive and preventative actions.	The BCU overall sickness absence rate (trend) has reduced (currently 5.26% Jan 20, Previously 5.24% Dec19). In month sickness fell from 5.84% in December 19 to 5.44% in Jan 20.	Support and trajectories remain in place to deliver 4.2% by the end of March 2020, however reaching this is not possible. Focus now is to build on reduction in month with a continued reduction to March 20.
2. Priorities of Long Term / Stress / MSK – remain in place, as does the support for hotspots and support for all absences over 4 weeks. ‘Wellbeing and you’ workshops for employees who struggle with stress, anxiety or depression symptoms have been set up. Three 3 hour sessions explore both mental and physical wellbeing and self care advice.	There has been particular focus on LT sickness, this has resulted in percentage off LT continuing to fall month on month to 3.25% (Jan 2020) from 3.94% (Nov 19). Long term has also improved year on year, in January 2019 it was 3.83%. Plans are in place for staff with sickness absence over 3 months. While the improvement trajectory for stress is not on target, it is showing a steady decline, with a reduction of 750 days lost in month.	Progress against trajectories is actively monitored. Further impact of interventions should be seen in Feb 2020.
3. Staff members who have had have reached and exceeded the agreed sickness absence prompts have been identified with active support being given to managers and staff to reduce absence levels and prevent reoccurrences of absence.	Short term and medium sickness absence rates are not reducing. Focus for the next month is on frequent short term absence	The impact of these interventions should be seen in March 2020.
4. Changes to Enhanced pay during sickness absence from 1 st October 2019 with payments for sickness absence paid as basic pay for absences of less than three months in length for all but lower pay points at band 2. National agreement which reverts back to the position prior to June 2018.	Sickness levels across the health board prior to the enhancements being reinstated were at 4.3%. 0.2% reduction was forecast last month as a result of these changes, the reduction has been greater at 0.4%. Particularly significant decreases are at band 3 from 6.53% Dec 19 to 5.81% and band 6 from 6.2% Dec 19 to 5.81% Jan 20.	Feb 2020 for further reduction of 0.2%
5. Rapid access referral pathways are in place for staff in the following disciplines: Mental Health, Counselling, Physiotherapy, CMATS – orthopaedics / pain clinic / rheumatology, Radiology (scans), Drug & Alcohol, Podiatry and Dermatology	Rapid access to services will enable staff to either remain in work for return to work sooner.	Occupational Health ‘fast track’ number referred available from Q3 and turnaround times available from Q4.

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DFM087	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Sue Green	>= 85%	AP046	>= 81%	Jan-20	75.49%	↑	2nd	62.50%	66.90%	68.80%	70.00%		72.00%	73.00%	74.10%		73.50%	75.20%	75.40%		75.49%			

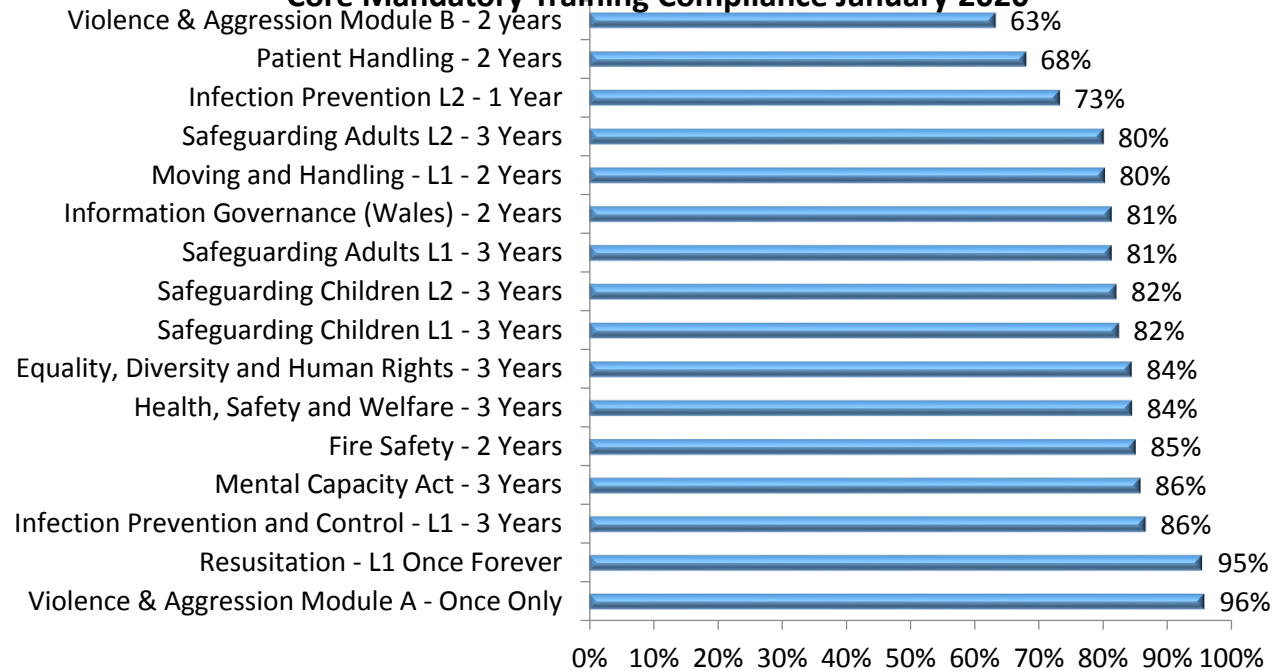


Why we are where we are: Despite winter pressures PADR compliance has increased slightly to 75.5% in January with some large divisions such as Estates & Facilities and area East continuing to increase by over 3%. Some smaller divisions such as Director of Turnaround saw a significant increase of 15%. 2 divisions remain over 85% complaint (Women's & Chief Executive)

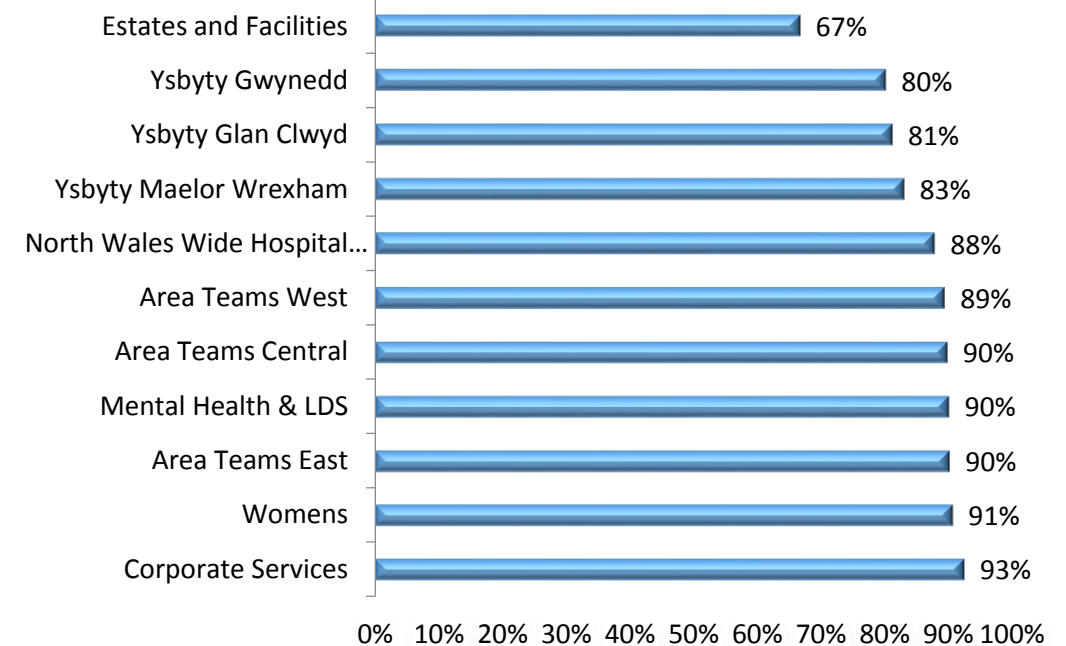
Actions	Outcomes	Timeline
<p>1. Monthly compliance information to drive improvements is provided to the organisation via 2 separate league tables to be comparable with similar sized divisions (RAG status also included)</p> <p>Scheduled meetings of OD staff with the Heads of Nursing to offer detailed support in achieving compliance.</p> <p>Providing all divisions with information on those staff within the 4 month expiry category and the impact not conducting these PADR's would have on the divisions compliance</p>	<p>Even though the overall organisational compliance has seen a slight increase, only 8 out of 23 divisions have seen an increase this month.</p> <p>Breakdown provided to all HON to share with Matrons and Ward Managers and develop improvement plans.</p> <p>Providing this information did not lead to a reduction in the within 4 month expiry category. The total has increased from 4329 in December to 4384 in January. Renewed communications to line managers and senior managers will be undertaken to avoid performance dipping in coming months.</p>	<p>All scheduled actions took place during January. February further communication highlighting those non-compliant and about to be non compliant. February / March communications regarding implications of new pay progression policy to go live 1st April 2020.</p>
<p>2. Due to a further decrease in compliance in Ysbyty Gwynedd (YG) OD staff attended ward managers meeting to support the development of improvement plans, understand the barriers they are facing and share best practice across the organisation. Also OD are scheduled to attend Matrons and Ward Managers meetings in Wrexham Maelor.</p>	<p>By attending the Ward Managers meeting support can be provided to develop the improvement plans based on the breakdown cascaded to Ward Managers by the Matrons and Heads of Nursing</p>	<p>Due to attend meeting on the 19th February in YG and 27th February in Wrexham</p>
<p>3. Integrate Pay Progression principles as part of local PADR paperwork</p>	<p>One of the five principles of Pay Progression stipulates that all line managers must complete PADR's for their staff in order for them to progress to the next pay step. This will drive up compliance.</p>	<p>Principles to be integrated into local documentation now that Pay Progression Policy has been finalised nationally.</p>

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DFM090	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Sue Green	>= 85%	AP046	>= 85%	Jan-20	85.61%	↑	3rd	84.00%	84.10%	85.00%	84.00%		85.00%	85.00%	85.00%		84.00%	84.58%	85.13%		85.61%			

Core Mandatory Training Compliance January 2020

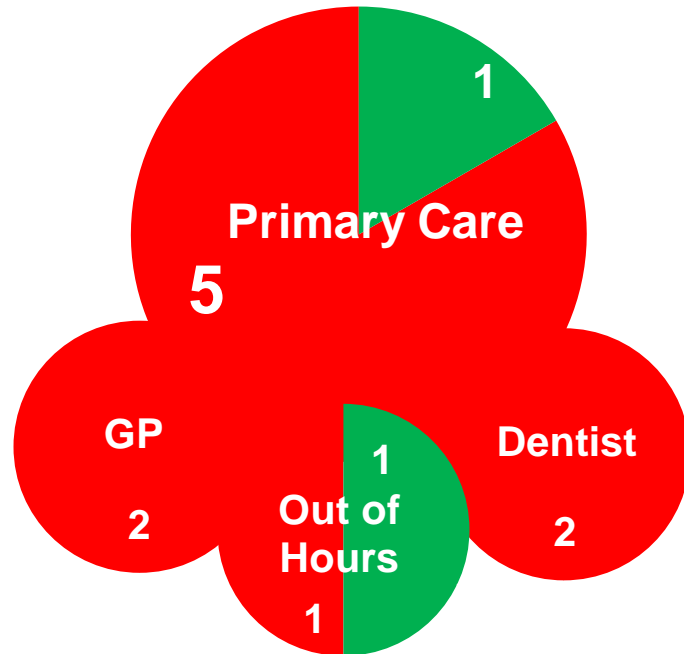


Overall January Compliance by Division

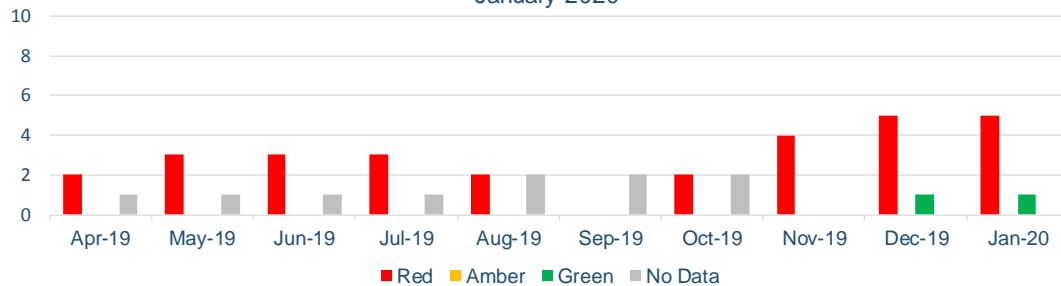


Why we are where we are: Targeted support has ensured that compliance has achieved the national compliance target of 85%, with compliance at the end of January at 85.6%. Benchmarking in header above puts BCNUB 1st in Wales

Actions	Outcomes	Timeline
<p>1. Compliance for January has again exceeded the national compliance target of 85%. Compliance is at its highest recorded level at 85.5% with this month reporting again an increase or maintenance in the various level 1 Mandatory training subjects.</p> <p>Work continues with producing timeline figures to avoid a reduction in overall compliance by continuing to target specific areas and staff groups where a projected drop in compliance is noted.</p>	<p>By identifying specific clinical areas and staff groups where compliance will fall will prevent the target dropping below the 85% national target rate. This will inform all SME's of the training schedules required to meet projected demand</p>	<p>We anticipate seeing an increase to 86% over the forthcoming months</p>
<p>2. A programme of random audit commenced to audit compliance against WP30 (Mandatory Training Policy), specifically the audit concentrates on non-compliance [section 6] of the policy. The random sample allocation chose staff across the Health Board with a compliance rate < 50%. December audit response reported a 33% increase in compliance, with January reporting a 46% increase from those staff identified within the audit. The Audit will continue over the following months to target staff who are below 50% compliance.</p>	<p>By Identifying to specific managers their staff who are non-compliant with section 6 of the policy along with offering relevant advice and support will maintain and increase the current compliance rate.</p>	<p>Audit commenced December 2019 with the remaining phases continuing over the next 6 months.</p>
<p>3. A revision of the Mandatory Training improvement plan has taken place to include additional support for hotspot areas such as Estates & Facilities and Medical & Dental staff. Work has continued to address concerns around the ESR user survey for Medical staff and ESR use for Estates & Facilities staff.</p>	<p>By developing a more robust plan with follow up reports will address the concern of no significant increase in compliance within these particular areas.</p>	<p>We anticipate continued increases in the following compliance figures over the next quarter.</p> <p>a) Estates & Facilities have increased 1% currently 67%</p> <p>b) Medical & Dental remains this month at 54%.</p>



Chapter 4 - Primary Care RAG Timeline 2019/20
January 2020



Please note: Timeline graphs based on when Out of Hours was under Unscheduled Care Chapter. Will be reviewed for next month.

Integrated Quality and Performance Report
Finance & Performance Committee Version

Code	Measure	Status	Plan this Period	National Target
DFM049	OOH Assessment within 1 Hour	93.70% ↑	AP	>= 90%
DFM050	OOH Very Urgent Seen within 1 Hour	50% →	AP	>= 90%
DFM047	Convenient GP Appointment	37.50% N/A	N/A	Reduce
DFM048	GP Practice Open 5pm to 6.30pm	85.60% ↓	AP	Improve
DFM051	Accessed NHS Dentist	49.47% ↑	AP	Improve
DFM086	Dentist Follow Up	34% ↓	AP	Reduce
LM101	Number of CHC & Joint funded Packages of Care	1,701 ↓		
LM102	Cumulative cost of CHC & Joint funded Packages of Care	£75.23m ↓		
LM103	Total number of Emergency Admissions	0 ↑		
LM104	Total Number of Emergency Admissions with an Average Length of Stay of 0	1,993 ↑		
LM105	Average Length of Stay (Days) for Emergency Admissions: Acute Sites	0.0 ↑		
LM106	Average Length of Stay (Days): Community	0.0 ↑		

January 2020

Code	Measure Description	Responsible Executive Officer	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM051	Percentage of the health board population regularly accessing NHS primary dental care	Chris Stockport	Improve	AP007	AP	Jan-20	49.47%	⬆️	6th	49.30%	49.30%	49.30%	49.30%		49.30%	49.30%	49.30%		49.23%	49.48%	49.39%		49.47%			
DFM086	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Chris Stockport	Reduce	AP007	AP	Qtr 3 19/20	34.40%	⬆️	7th	New 19/20								36.30%				34.40%				

Actions	Outcomes	Timeline
1. Conversations continue with Welsh Government Chief Dental Officer regarding replacement of Bangor activity by creation of a training unit. Dental Primary Care Contracting has arranged meetings with Deputy Chief Dental Officer and Health Education Improvement Wales representatives in early 2020 to progress this.	This work will address local demand, and also improve overall North Wales sustainability.	February 2020.
2. North Wales Dental Service Direction Document written and reviewed at Area Leadership Team (ALT) Central and North Wales Oral Health Strategy group.	Paper to be taken to Primary Care Panel (PCP). Direction agreed and an action plan in place to support delivery of change through all elements of service.	Ongoing.
3. Welsh Government Contract Reform Innovation funding has been assigned to qualifying practices to commission 8 scheduled access sessions liaising with Primary Care & Emergency Dental Service colleagues.	£157K programme funding for 5 years developed through a Service Level Agreement with the Health Board Contract Variations will be completed and COMPASS updated to reflect the increase in activity which will be delivered over the next five years	January 2020 (Completed).
4. An additional £100K has been identified for delivery up to March 2020. This has been commissioned in Buckley, Denbigh and Dolgellau.	Increased dental activity delivery in current financial year with a nominal impact on access across the geography. Contract variations have been drawn up.	January 2020 (To be completed).

Code	Measure Description	Responsible Executive Officer	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
LM101	Number of CHC & Joint funded Packages of Care	Chris Stockport				Jan-20	1,701	↓	N/A	1,902	1,830	1,841	1,849		1,839	1,844	1,825		1,811	1,785	1,738		1,701			
LM102	Cumulative cost of CHC & Joint funded Packages of Care	Chris Stockport				Jan-20	£75.23m	↓	N/A	£69.42m	£7.54m	£15.08m	£22.62m		£30.29m	£34.72m	£45.00m		£52.50m	£59.46m	£68.01m		£75.23m			
LM104	Total Number of Emergency Admissions with an Average Length of Stay of 0	Chris Stockport				Jan-20	1,993	↑	N/A	2,238	2,144	2,139	1,994		2,108	1,837	1,922		2,230	2,433	2,244		1,993			
LM105	Average Length of Stay (Days) for Emergency Admissions: Acute Sites	Chris Stockport				Jan-20	6.2	↓	N/A	5.2	5.6	5.4	5.2		5.4	5.3	5.6		5.8	5.5	6.0		6.2			
LM106	Average Length of Stay (Days): Community	Chris Stockport				Jan-20	29.5	↓	N/A	26.5	27.0	28.4	28.6		29.8	27.1	30.1		27.9	28.9	28.5		29.5			

Important: Performance is RAG rated against the Annual Plan Profile not against the National Target

* = Rated against same period previous year

The Health Board is a provider of integrated care across primary, community, mental health and secondary care parts of patients pathways. Much of the data within the organisation relates to hospital care. However, our strategic direction is to provide care closer to home for our population. National indicators for access to primary care are in development and will be included in IQPR reports from April 2020. However the above local indicators are included to reflect some of the work being undertaken through the care closer to home and unscheduled care improvement groups. The Continuing Health Care indicator is included to monitor the level and cost of provision for our population.

The level of emergency admissions reflects the whole system approach to unscheduled care, ability of primary and community services to manage patients close to home and effectiveness of admission avoidance schemes. The zero day length of stay acts as an indicator on the effectiveness of ambulatory care services and the ability of primary and community care to support patients return to their normal place of residence. The average length of stay data is useful in assessing the ability to support patient flow through the whole system and facilitate patients to return to their residence at the earliest opportunity. As this is an introductory report the data presented is for information in this report, with the expectation that future reports will include information on actions, expected outcome and timescales from the improvement groups in future reports.

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

- performance reference tables
- tolerances for red, amber and green
- the Welsh benchmark information which we have presented

Further information on our performance can be found online at:

- Our website www.pbc.cymru.nhs.uk
- Stats Wales www.bcu.wales.nhs.uk
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 27.2.20		
Cyhoeddus neu Breifat: Public or Private:	Public		
Teitl yr Adroddiad Report Title:	Update on Referral to Treatment (RTT) and planned care Improvement Group (IG)		
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris Executive Director Nursing and Midwifery		
Awdur yr Adroddiad Report Author:	Andrew Kent Interim Head of Planned Care / Gill Harris Executive Director Nursing and Midwifery		
Craffu blaenorol: Prior Scrutiny:	Executive group		
Atodiadau Appendices:	none		
Argymhelliaid / Recommendation:			
Recommendations: The Finance and Performance Committee is asked to note: <ul style="list-style-type: none"> the focus on achieving the year-end over 36-week position of 13,195. the slowing of the deterioration in the over 36-week and the over 52 week position. the progress to date on the building of the capacity plan. the deterioration in the 15% reduction in follow up position 			
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	x	Ar gyfer Trafodaeth For Discussion	Ar gyfer sicrwydd For Assurance
			Er gwybodaeth For Information
Sefyllfa / Situation:			
The organisation remains challenged in delivering a 36-week RTT position, the paper continues the story and reporting of the work on going to improve the waiting times.			
Cefndir / Background:			
This paper continues to inform the committee of the progress made to date to achieve this forecast. The paper describes the continuing improvement work being undertaken to advance performance by the end of the year in reducing long waits within the organisation.			
Asesiad / Assessment & Analysis			

Strategy Implications

The paper aligns to the referral to treatment national target, operational plan and financial balance.

Financial Implications

The paper gives a financial analysis of RTT funding to date and compares that with activity delivered or planned to be delivered. It also illustrates the potential overspend at month 10.

Risk Analysis

The planned care plan currently sits at a 20 on the risk register, the actions being taken to provide a long term sustainable plan going forward allows mitigation as we move to re-align the risk to 15 by Q1 2020/21

Legal and Compliance

RTT monitoring occurs each month through the IQPM process

Impact Assessment

N/A

Introduction

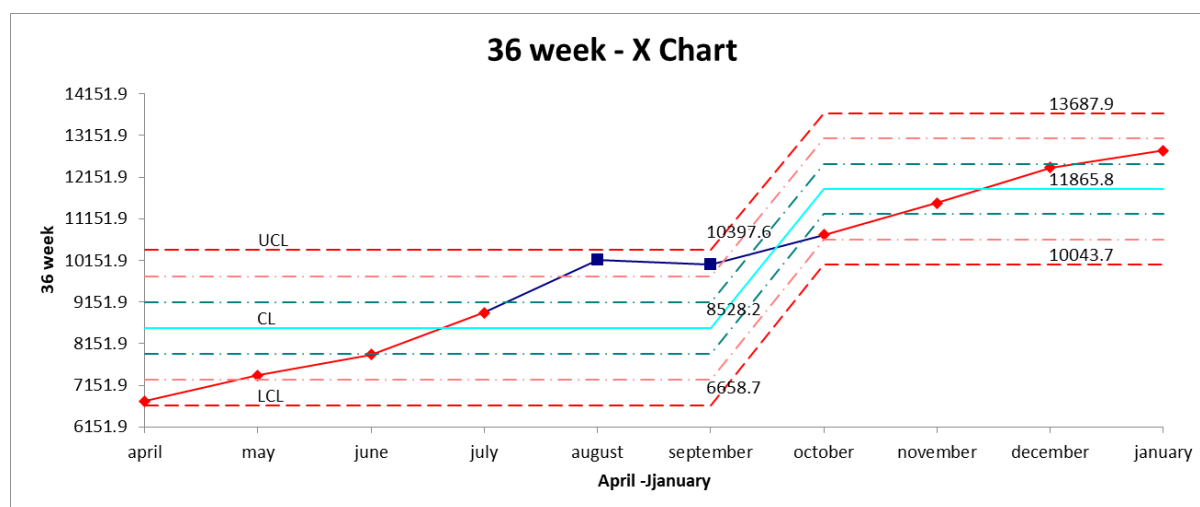
This paper continues to inform the committee of the progress made to date to achieve this forecast. It describes the continuing improvement work being undertaken to advance performance by the end of the year in reducing long waits within the organisation.

RTT forecast

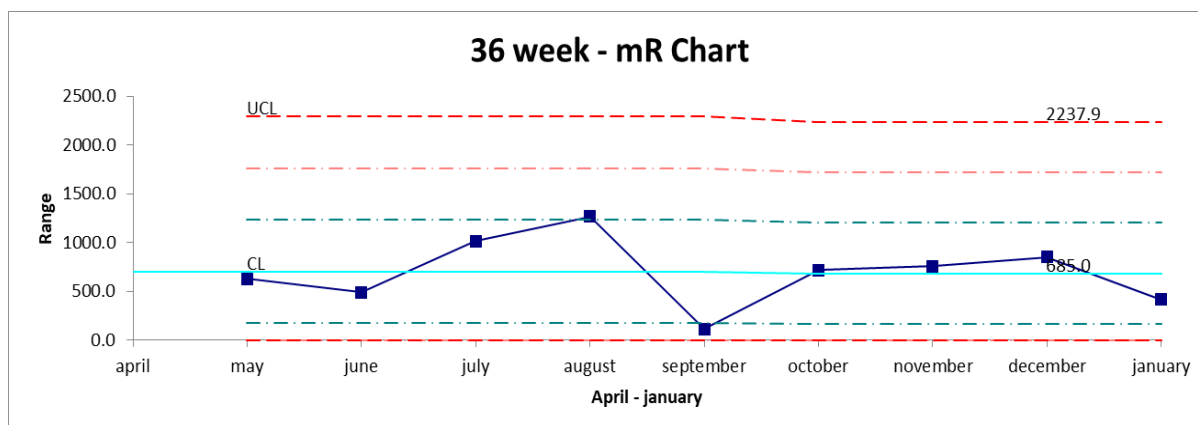
The predicted forecast for over 36 week's waiters in planned care is 13,195 by the end of March. However a further review has been undertaken with all sites and areas, including an evaluation of insourcing and outsourcings to date and there are some signals that the over 36 week position could improve by a further 500, taking the organisation to 12,657.

The drivers to this improving position are fewer cancellations due to no beds, validation, insourcing and outsourcing that are now with the external providers, with a commitment to treat this financial year.

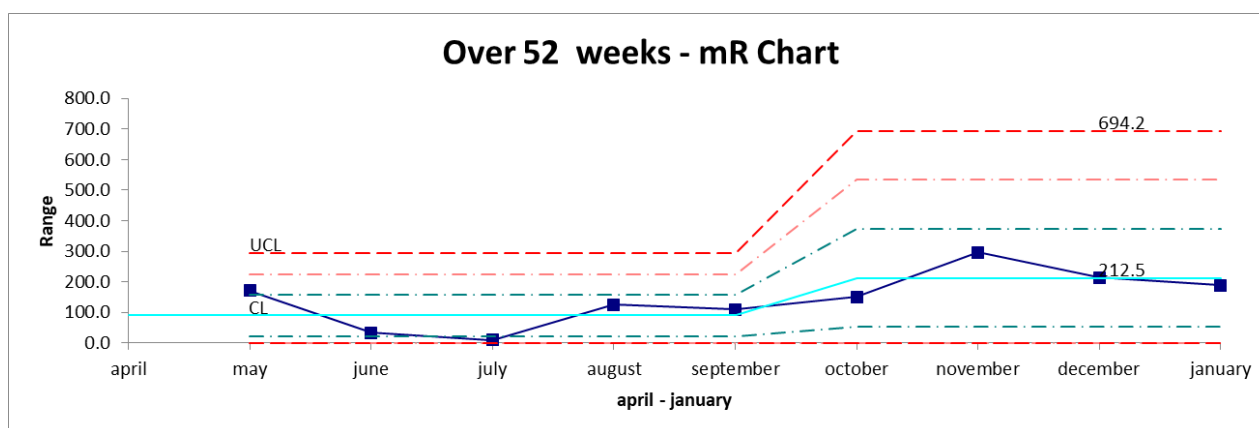
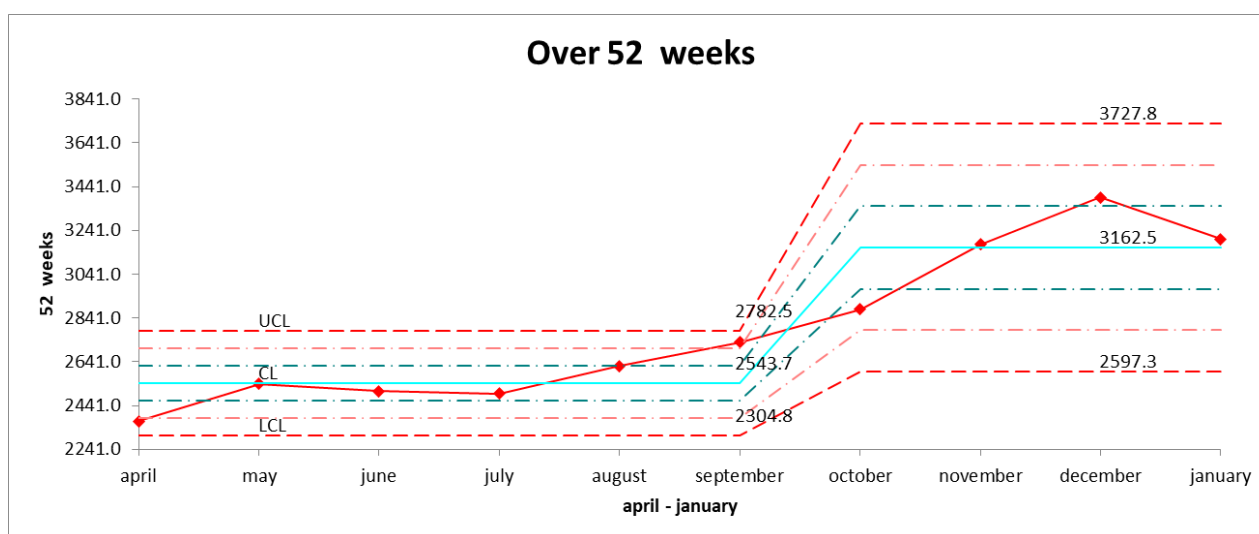
The SPC below shows the over 36 week waiters month by month, with an invalidated position for January. Although moving in the wrong direction, there is an indication that the rate of climb has reduced between December and January.



By looking at the moving range, below, we can observe the more subtle changes in the over 36-week waiters position. Again, there are early signals of the average change per month is plateauing.



When planned care IG have also evaluated the longest waiters (over 52 weeks), we can also see in January an improved position.



The moving range shows early but encouraging signs of improvement. These changes demonstrate the focus on patient pathways, the effect of the extra activity, validation and treating the longest waiters as a priority after urgent. In February and March, the focus on the longest waiters and their pathways is expected to improve the position further.

Further activity

A reconciliation of activity versus cost was requested at the last F&P Committee, this work has been undertaken and shows at month 10, the organisation has undertaken a mixture of 23,936 outpatient appointments and procedures at a forecast cost of £21.155m. The Health Board has received funding of £20.485m from WGO early this year, including the additional £7m. Currently this is over-committed by £670k, however finance are working alongside the operational teams to mitigate any risk of overspend and maximise impact.

T Forecast as at M10 - 2019/20

Scheme	Activity	Expenditure up to M10 £000	Forecast Activity	Forecast M11-12 £000	Total Activity	Total Cost £000	Funding £000	Comments
Internal RTT expenditure up to M10	Stage 1	6,838	734	1,444	155	8,282	889	18,850
	Stage 3	8,302	3,334	1,937	991	10,239	4,325	Includes Endoscopy
	Stage 4	2,480	3,466	784	1,095	3,264	4,561	
Other			251	-		251		Predominantly physio
Outsourcing	Stage 4	432	2,390	763	3,882	1,195	6,273	All patients now sent, some patients may actually be treated in 2020/2
Diagnostics - Radiology			2,227		642		2,869	
Outpatient Follow Ups					485		485	485 Ophthalmology and validation
MSK - CMATS					67		67	350 Significant slippage against plan
Orthopaedics - 6 consultants					242		242	800 Funding of new consultants and theatre instruments
Dermatology - new model of care					67		67	Stage 1 patients, East Area, started in January
Insourcing - Gastroenterology				402	270	402	270	Tender to be evaluated
Insourcing - Ophthalmology				290	387	290	387	Tender to be evaluated
Neurophysiology				240	38	240	38	
Urology Cancer Patients				24	250	24	250	Small number of high cost patients
Interim RTT Staffing					182		182	
Total		18,052	12,402	5,884	8,753	23,936	21,155	20,485
Overall Funding Position							(670)	Overspend

Patients who are not treated in 2019/2020 will not be invoiced within this financial year.

There is no further NHS capacity being offered between now and year-end, so our attention is focused on the private sector and pathway management of the long waiters.

The independent sector have been approached through a tendering process and the sites and areas have identified a further 700-1,000 patient who may fit the tendering criteria. At a cost of £500-£750k. An appraisal piece is underway on whether this will be feasible or affordable. It is anticipated this will be completed by 27.2.20 to allow decisions to be made.

February/March Improvements

During February and March, the focus remains on grip and control, by a review of the tools used during the Access meeting to ensure that we are continually measuring the now and forecasting the future. This includes a central monitoring of all patients on a cancer pathway for whom we are having difficulties completing their pathways due to vacancies. This is a particular area of concern within urology and

specifically with cystectomies, prostatectomies and nephrectomies. A weekly appraisal of each of these patients is conducted, ensuring progress is being made with a TCI date.

The other significant piece of work being undertaken is the 2020/2021 capacity plan, which is described later in this paper, alongside the work streams being established for the planned care improvement group to ensure they are aligned with the deliverables of the plan.

Validation

The validation of the RTT stages 1-4 long waiters continues and the table below demonstrates the success to date. The continuing piece of work with the long waiters now turns to the attention of the pathway themselves. In February, we have constructed an over 52 week PTL, which allows the planned care group and Access to scrutinise the actual pathway of all the long waiters, which will be monitored through the Access meeting. This will ensure that like the cancer patients, we can now easily review the reasons why these patients are waiting and what action can be taken to get them either booked or removed from the waiting list because they have already had treatment. This process begins the journey of chronological booking for the organisation.

Sub speciality	Site	Waiting times validated	Stage	Total validated	Clock stop	% clock stop
Ophthalmology	West, East	52+ Weeks	1,2,3,4	341	6	1.76
Urology	East, West	25 weeks and above	1,2,3,4	491	9	1.83
T&O	East	25 weeks and above	1,3,4	433	13	3.00
Rheumatology				13	0	
MaxFax	East	25 weeks and above	1,3,4	130	1	0.77
Pain Mgt				32	0	0.00
ENT	West	25 weeks and above	3,4	350	23	6.57
General Surgery	East	25 weeks and above	1,2,3,4	645	12	1.86
Dermatology	East	25 weeks and above	1,2,3,4	343	100	29.15
Dermatology	West	25 weeks and above	1,2,3,4	190	25	13.16
Endocrinology				5	1	20.00
Gastro	East, Central	25 weeks and above	1,2,3,4	348	24	6.90
Oral Surgery	West	25 weeks and above	1,2,3,4	160	0	0.00
Gynaecology	East, West	25 weeks and above	1,2,3,4	179	12	6.70
Nephrology	East	25 weeks and above	1,2,3,4	4	0	0.00
Cardiology	East	25 weeks and above	1,2,3,4	10	0	0.00
Respiratory	East	25 weeks and above	1,2,3,4	22	3	13.64
Clinical Haematology	East	25 weeks and above	1,2,3,4	12	0	0.00
Grand total				3708	229	6.18

The table above shows the validation rate of 6.18% on top of our continuous validation process within stages 1-4 of the RTT with a further 229 clock stops.

Follow up validation

The follow up reduction target of 15% by the end of March 2020, is being monitored through the access group on a weekly basis. Measures 4 & 5 are the two components that the organisation are behind on compared to our peer group in the rest of Wales. The national programme for follow-ups describes that all organisations in Wales have struggled with their validation and IT process in this area. We are finding the same; the validators who are now looking at the follow up are building error logs as they go, so that IT solutions can be implemented. One such glitch is the “asap” entry, which automatically allocates the patient as a 100% breach because the IT system uses the next day as the soon as possible date. We are currently working with IT to shut down this function.

The tender process to deconstruct our follow up waiting list was awarded last summer. There has been a number of difficulties from an internal IT perspective that has led to delays in delivering the work. This month, IT were able to hand over, to the company, the data so that the deconstruction can occur. The number of system

errors with WPS, puts at risk the sustainable reduction of numbers because as the patients are removed, the system can be generating further errors on a daily basis and adds them back into the follow up waiting list, often at a larger number than we can remove.

STAGE 1: PART A		Mar 2019 Baseline	Dec 2019 target	Dec 2019 performance	All Wales performance	Comments
Measure 1	All health boards to have allocated a clinical review date to 95% of all patients on a follow up waiting list by December 2019.		95%	100.0%	98.50%	Achieved
Measure 2	All health boards to have allocated a clinical risk factor to 98% of patients on the eye care waiting list by December 2019	N/A	98%	98.9%	95.70%	Achieved
Measure 3	All health boards to report accurately see on symptoms patient pathways by December 2019	N/A	Reporting SOS	Reporting SOS	Reporting SOS	Achieved
STAGE 1: PART A		Mar 2019 Baseline	Mar 2020 target	January 2019 performance	Required to achieve target	
Measure 4	The follow up waiting list to be reduced by at least 15% by March 2020, a further 20% by March 2021 and a further 20% by March 2022.	202,741	172,330	209,760	36,969	
Measure 5	Reduce the number of patients delayed by over 100% by at least 15% by March 2020, a further 20% by March 2021 and a further 20% by March 2022.	53,417	45,404	58,440	13,036	
STAGE 1: PART B		Mar 2019 Baseline	Mar 2020 target	Dec 2019 performance	Required to achieve target	
Reduce the Ophthalmology FU waiting list by at least 20% by March 2020 (reduction of 6,105)		30,527	24,442	28,262	Non-validated data 3,820	WIP
Reduce the number of Ophthalmology patients delayed over 100% by at least 20% by March 2020. (Reduction of 1,645)		8,223	6,578	6,498	6,578	Achieved

Significant effort is being put in to improve the year-end position. However this target remains high risk to achieve measures Part A – 4 & 5. Current attention is to achieve stage 1 Part B by end of year.

Capacity planning

Last month the planned care IG reported on the capacity planning being undertaken to provide a robust activity plan for next year, the plan will incorporate the following components.

- 36 and 52-week recovery plan (RTT cohort)
- OPD new and follow up capacity plan
- Planned care and non-elective capacity plan
- Cancer plan
- Diagnostic plan
- Endoscopy plan
- Clinical sign off

The first deadline was February 13th for the submission of the RTT, new, follow up and planned care activity/capacity plan. A confirm and challenge process was conducted on February 17th, where the first review of the capacity plan was scrutinised. With this scrutiny was a review of efficiencies that could improve potential capacity and opportunities to move towards a pan North Wales approach. There has been a significant amount of work put in by the operational teams to date and the work is now being collated, ready for the finance teams to cost. A paper for the executives will be delivered highlighting the options available for next year.

Simultaneously we are working on the diagnostic and endoscopy plans for the organisation. The plan should be completed by the end of the month and will be reported at next month's F&P Committee.

Dates	Tasks	Comments
3rd of January 2020	1 st round of commissioning meeting-planned care	Achieved
7 th January 2020	Diagnostic commissioning meeting	Achieved
13 th of February	Submission of capacity plan	Achieved
17 th of January 2020	Scrutiny of RTT plan	Achieved
Week commencing 20 th of January	Diagnostics plan	WIP
Week commencing 24 th of January	Therapy commissioning meeting	due
Week commencing 24 th of February	Financial assessment of RTT and capacity plans	due
Week commencing 24 th of February	Assessment of Insourcing outsourcing required for 20/21	WIP
Backlog trajectories established to remove 52 weeks	PTL over 52 week waiters constructed, week commencing 10 th of February	Achieved

Conclusion

The Planned care IG continues to focus on achieving the year-end forecast for the over 36-week position, along with significant work to improve further by validation and outsourcing in the last 2 months.

A substantial piece of work is being undertaken to achieve a realistic and achievable plan next year, which is currently on track against the milestones. It is acknowledged that some areas of the organisation have found the process easier than others; this indicates where significant support from the planned care IG will be required.

It is also recognised that the follow up backlog reduction is proving more difficult to gain impact and the organisation is at high risk of not achieving this 15% reduction by year-end.

Recommendations:

The Finance and Performance Committee is asked to note

- the focus on achieving the year-end over 36-week position of 13,195.
- the slowing of the deterioration in the over 36-week and the over 52 week position.
- the progress to date on the building of the capacity plan.
- the deterioration in the 15% reduction in follow up position

Cyfarfod a dyddiad: Meeting and date:	Finance & Performance Committee 27.2.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Unscheduled Care (USC) and Building Better Care update				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Deborah Carter, Director of Operations and Associate Director of Quality Assurance				
Awdur yr Adroddiad Report Author:	Miss Nicola Eatherington, Senior Programme Manager USC				
Craffu blaenorol: Prior Scrutiny:	Unscheduled Care Improvement Group				
Atodiadau Appendices:	Appendix 1: Unscheduled care updates for each health economy Appendix 2: Building Better Care phase 4 progress update				
Argymhelliad / Recommendation:					
That the committee note the updates for;					
<ul style="list-style-type: none"> The unscheduled care performance for January across BCUHB and for each health community The building better care programme and ongoing work within phase 4 					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>
Sefyllfa / Situation:					
To update the Finance & Performance Committee on the January Unscheduled Care performance, including winter pressures and provide an update on phase 4 of the Building Better Care Programme.					
Cefndir / Background:					
Executive Summary					
This report provides an update against both the unscheduled care performance of each acute site and the fourth 90 day cycle of the unscheduled care Building Better Care programme for the period of January 2020.					
January's combined 4 hour performance improved slightly, 68.6% against an internal trajectory of 72% and an improvement from 66.7% in December and 66.9% in January 2019.					
2,230 patients waited in the Emergency Department (ED)'s for more than 12 hours in January, which equates to a daily average of 72 patients which is a slight improvement against December. The number of patients in the ED for longer than 24 hours increased in January to an average of 13 per day, from 8 per day in December.					

Ambulance performance

Ambulance CAT A performance

The 8 minute red performance target relates to ambulance response to red calls (very urgent) which improved in January to 68.4%, which is above the 65% performance target and a significant improvement on December.

Ambulance handovers over 60 minutes

There was a slight improvement in ambulance handovers in January. There were 1,041 patients' handovers above 60 minute in January which equates to a daily average of 34.

Ysbyty Glan Clwyd (YGC) continues to perform the lowest on ambulance handovers. As part of the winter funding and in collaboration with Welsh Ambulance Service Trust (WAST) a cohort area has been established in YGC whereby patients with lower levels of acuity are handed over on arrival to ED from a WAST conveyance to additional WAST staff operating a cohort area in order to release WAST resources to respond to activity in the community. A review is currently underway of how this is reported as the patients are still being supported by WAST so not handed over. This means that whilst there will not be an improvement to ambulance handover performance metrics, vehicles are being released back into the Community and therefore the lost hours are reduced.

An agreement is being put in place with WAST to better manage immediate release requests and ensure that both WAST and the acute sites are doing everything they can to improve the process to accommodate the request appropriately.

Asesiad / Assessment & Analysis

Strategy Implications

This report relates directly to the Health Boards strategic and business plans to improve core services and improve outcomes for patients.

Financial Implications

Ongoing financial challenges exist in each of the Health Boards Emergency Departments. These predominantly relate to workforce and the need to establish this substantively in order to reduce the reliance on premium cost bank and agency workers.

Financial improvements will be delivered by optimising patient flow and improved discharge management to reduce the use of escalation beds on each site.

Risk Analysis

Governance issues relate to improving performance and improving the patient experience. There is a risk register in place for project deliverables against the milestones.

Legal and Compliance

There are no associated legal implications. Progress against internal trajectories for the key metrics for unscheduled care will continue to be reported to F&P committee and Health Board in line with the cycle of business.

Impact Assessment

No associated impact or specific assessments required.

West Health Community

4 hour performance

The combined 4 hour performance for January in the West Area was 77.7%, an improvement on December's performance of 74.9%. ED only performance was 69.6%.

Actions identified to deliver continued improvements include:

- Creation of escalation capacity within Emergency Department footprint until end of March to support patient flow within the hospital.
- General Practitioner sessions at front door being progressed through establishment control
- Emergency department observation unit fully operational alongside escalation capacity

12 hour performance

The number of patient delays over 12 hours within Ysbyty Gwynedd (YG) ED in January was 422, equating to a monthly average of 14 patients per day. The position for the number of delays over 24 hours in ED was 162 for the month.

Actions identified to deliver improvements include:

- Introduction of outlier clinical management team for cohort ward to support timely senior decision making (delayed from December due to Consultant recruitment)
- Improved site escalation model fully embedded and implemented on site
- Established escalation area in ED to support patient flow
- Embedding of community length of stay reduction model (Tuag Adref)
- Front door model development allocated project management support
- Clinical team identified to support development and first meeting has taken place

Ambulance 60 minute handover performance

Ambulance handover delays decreased in January to an average of 8 per day. In mid-January a further focus on ambulance delays escalation was implemented and has shown a positive impact on the reduction in lost hours which reduced to 537 from 672 in December.

Under 18 years of age breaches

The number of breaches for under 18 year olds fell from 101 to 54 in January, with the majority of these being young adults. Further work is ongoing to improve this.

Central Health Community

4 hour performance

The combined 4 hour performance for Central area in January was 69.8%, an increase from December (67.8%) ED only performance was 53.5%.

Key actions include:

- The service review is being implemented to increase nursing and doctor resources, including 2 additional middle grade doctors who will commence in February. A review of the acute medical model to maximise ambulatory care and prioritise emergency patients began in December 2019.

- An in-depth breach analysis of non-admitted breaches is underway, supplementing the existing processes already in place
- A manager of the day rota has been implemented within ED/Emergency Quadrant (EQ) to act as focal point for escalation of key issues, and continued presence in the department at times of escalation and pressure.

12 hour performance

The number of patient delays over 12 hours within YGC ED decreased slightly to 986 in January, which equates to a monthly average of 32 patients per day. The number of patient delays over 24 hours in ED was 254, which equates to an average of 8 per day.

Actions identified to deliver improvements include:

- A review of Board Rounds has been undertaken to ensure treatment and discharge plans are clear with greater consistency across wards.
- Long length of stay review outcomes are escalated to a multidisciplinary senior group each Friday, and outcomes from the reviews are being fed into operational meetings.

Ambulance 60 minute Handover performance

YGC is the most challenged site for ambulance handover delays. There was a slight decrease in the number of >60 minute handover delays in January at YGC with the site reporting 606 delays. The number of lost hours for December decreased slightly to 1,413 compared to 1,455 in December. Work is ongoing to review the reporting for the handover to WAST personnel in YGC, which will improve the lost hours and release vehicles and crews more expediently.

The ambulance handover process is under constant review with WAST colleagues in a weekly meeting, a jointly agreed Standard Operating Procedure has been developed. This is supplemented by the escalation framework for ED.

Under 18 years of age breaches

The number of breaches for under 18 year olds was 85 for the month of January which is a decrease from 116 in December, this equates to a daily average of 2 breaches per day.

East Health Community

4 hour performance

The combined 4 hour performance for East area was 58.4% in January versus 57.4% in December. ED only performance was 52.7%.

Further actions identified to deliver improvements include:

- Ensure daily compliance against the 2 hour safety huddle process with clear outcomes documented by the shift leadership team. ED escalation manager to monitor daily completion and address any variations in practice.
- Put in place additional capacity for progress tracking against the emergency care access times ensuring the management of non-admitted patients within 4 hours.

- Implement the interim solution for 3 doctors on nights whilst finalising the delivery plan for the service review (Kendall Bluck) recommendations. This is a key intervention for ED safety and reduction in the non-admitted breaches.

12 hour performance

The number of patient delays over 12 hours within Wrexham ED in January was 822, equating to a monthly average of 27 patients per day. The number of delays over 24 hours in ED was 388 for January, which equates to an average of 13 patients per day, a significant increase from December.

Actions identified to deliver improvements include:

- Re-enforce and monitor daily compliance against the clinically agreed patient flow standards.
- Continued re-enforcement and implementation of SAFER to include Wales Delivery Unit on site team support

Ambulance 60 minute Handover performance

The performance for >60 minute handover delays at Wrexham deteriorated further to 175 for the month of January which equates to an average of 6 per day. The number of lost hours for the month was 490 which is a worsening position on December. This has been due to the exit block pressure in ED and historic ED workforce pressures. The Kendall Bluck review in December confirmed the need for additional middle grade doctors and recruitment has commenced.

Under 18 years of age breaches

The number of breaches for under 18 year olds was 218 for the month of January, average of 8 per day, which is an improvement to December.

Building Better Care Programme Overview

The fourth cycle of the Unscheduled Care (USC) 90 day planning commenced on 1 October focusing on key priorities within each area.

Demand update

During January 2020 Single Integrated Clinical Assessment Triage (SICAT) was fully operational 12 hours a day, and took 716 ambulance calls and saved 434 ED attendances (61%), and 526 saved ambulances (73%). A cost benefits analysis is being undertaken by Executives to determine the future of the service into business as usual and work through the actions required to support the link to 111 expansion into Wales.

Health Visitors have been part of the SICAT team since July 2019 to provide further opportunities to test the future developments. Supported by GPs, the Health Visitors assess 999 calls where appropriate for children aged 5 and under. Phase 2 of this additional support is now underway with Health Visitors covering some evenings and weekends as well as taking some of the out of hours calls. Access to this resource continues to avoid attendances to hospital.

Since October a minor illness service has been established in the Wrexham Maelor ED for several shifts where an Advance Nurse Practitioner (ANP) and GPs are seeing patients. More shifts were covered during January and 90% of patients were discharged directly from review. A cost benefit analysis is being undertaken as the number of patients seen by the Primary care service was relatively small. The plan is to enhance this service in order to allow a better analysis of impact.

Flow update

The continuation of strengthening grip and control within our ED departments remains one of the key priorities across all the three sites. This also includes ensuring frontline clarity on roles and responsibilities supported by clear escalation and processes that are fit for purpose.

The Emergency Department Quality Delivery Framework (EDQDF) work of which all three of our Emergency Departments are early adopter sites has commenced. In January 'Happy or Not' patient feedback kiosks were placed in our EDs with an expected 'go-live' National reporting date in February. The second 'what does good like' for ambulance handovers and triage took place where 5 fast track solutions were identified. Working with National Collaborative Commissioning Unit (NCCU) and other Welsh health boards to develop these into workable solutions continues. The 5 are:

- Spare ambulance stretcher to support immediate release requests
- Replace and supply additional Hospital Administration Screens to improve dual pin
- Agreed fit to sit policy developed with WAST and the Health boards
- Red flag training for receptionists
- Dedicated 24/7 Health Care Support Worker (HCSW) for triage in all EDs

Additional KPIs, time to triage, time to ED clinician and time and destination of discharge will also be published as part of this work.

On the 4th November Wrexham Maelor opened its acute medical floor, incorporating ambulatory emergency care, trolley assessment area, acute frailty unit and a short stay area. Initially, this proved to deliver against the plan for improving ED flow, reducing length of stay for patients in ED and reducing the number of patients being placed in the wrong speciality. However, the ongoing issue around recruitment and workforce in Wrexham is proving challenging to protect this space and it is often compromised. A new locum acute physician is due to start in mid-February to replace one of the acute physicians who left.

In YG a clinical and improvement team are leading on the implementation of a front door model to be operational by 1st April 2020 and will include using newly built space as part of the ED development.

The same day emergency care (SDEC) unit in YGC has seen over 3,800 patients with 72% consistently being discharged in the same day. A wider piece of work has commenced at YGC to develop an acute floor model which will see reconfiguration of the EQ footprint and additional physician support to be operational in April 2020.

Discharge update

Improvements were maintained in the discharge profile during January. There was a reduction in the number of patients categorised as delayed transfer of care (DTOC), a slight increase in the number of patients with a length of stay over 21 days, and the number of medically fit for discharge patients was maintained.

The work on embedding the SAFER patient flow bundle continues across each site, this includes focus on long length of stay reviews, discharge to assess pathways and board rounds. It has been acknowledged that whilst the principles of SAFER are now understood across the acute and community hospitals, the impact on early discharge planning is not being realised. A review was undertaken in YGC to develop the plan for the next steps in improving the discharge planning.

Work is underway to embed the home first, discharge to assess / recover and community in-reach projects. Since it began in November, there has been 808 bed days saved with 126 directly from YG, 627 from community hospitals and 55 from admission avoidance. DTOC numbers for community Hospitals has also reduced since the commencement with a reduction from 451 bed days lost in the week prior to commencing the project to 225 in January. Patient experience has been positive on the whole. Teams are supporting a wide range of patients including palliative patients to support fast track applications. Similar initiatives have commenced in East and Central and the impact of these is being evaluated.

Gold level command and control

Following on from the improvements achieved in Wrexham following the gold level command intervention. The same process was carried out across YG and YGC for the month of December. Unfortunately, the improvements seen in Wrexham were not fully achieved in part due to additional pressures on services during that time. In addition the gold command team attempted to cover both sites at the same time, which diluted the level of impact. Following the intervention into the three

Emergency Departments the site management teams have been provided with recovery plans which are aimed at embedding improvements.

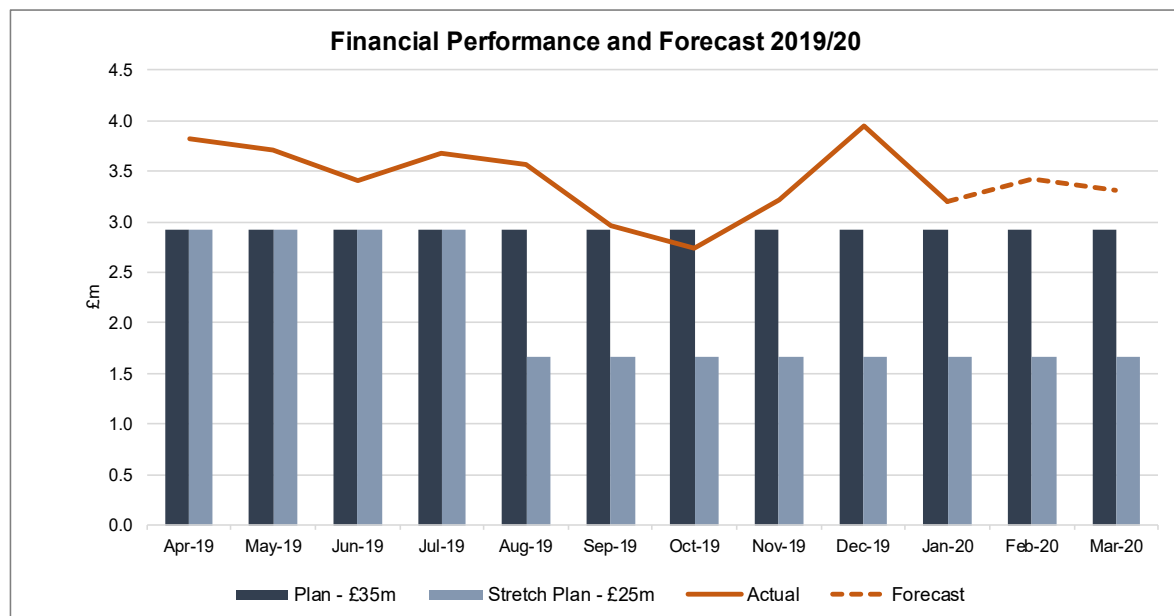


Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 27.2.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Finance Report Month 10 2019/20					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Acting Executive Director of Finance					
Awdur yr Adroddiad Report Author:	Sue Hill, Acting Executive Director of Finance					
Craffu blaenorol: Prior Scrutiny:	Acting Executive Director of Finance					
Atodiadau Appendices:	<u>Appendix 1:</u> Summary of Financial Performance <u>Appendix 2:</u> Forecast <u>Appendix 3:</u> Savings <u>Appendix 4:</u> Expenditure <u>Appendix 5:</u> Balance Sheet <u>Appendix 6:</u> Financial Risks and Opportunities					
Argymhelliad / Recommendation:						
It is asked that the report is noted. The Committee is asked to note that the forecast deficit has been increased to £41m. The Committee is asked to note the request to Welsh Government for an additional £4m Strategic Cash Assistance.						
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 January 2020, and on the actions being taken to manage the financial challenge and mitigate the identified risks.						
Cefndir / Background:						
The Health Board developed a draft 2019/20 annual deficit plan of £35m. The Financial Recovery programme is supporting delivery of a significant improvement, in line with the £25m Health Board's control total, and requiring delivery of a further £10m of savings. Reporting to Welsh Government continues to reflect the draft plan deficit of £35m, which has been agreed with WG.						
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 Financial Implications

2.1 Summary

Current Month		Year to Date		Full Year Forecast	
Original Plan	£2.9m Deficit	Original Plan	£29.2m Deficit	Original Plan	£35.0m Deficit
Control Total	£1.6m Deficit	Control Total	£21.7m Deficit	Control Total	£25.0m Deficit
Actual	£3.2m Deficit	Actual	£34.3m Deficit	Forecast	£41.0m Deficit
Plan Variance	£0.3m Adverse	Plan Variance	£5.1m Adverse	Plan Variance	£6.0m Adverse
Control Variance	£1.6m Adverse	Control Variance	£12.6m Adverse	Control Variance	£16.0m Adverse



Achievement Against Key Targets

Revenue Resource Limit	✗	Public Sector Payment Policy (PSPP)	✓
Savings & Recovery Plans	✗	Revenue Cash Balance	✓
Capital Resource Limit	✓	Medium Term Plan	✗

2.2 Overview

- In month:** There has been an improvement in the run rate of £0.7m in Month 10. Secondary Care, Commissioner Contacts and Mental Health have all performed well. However, Prescribing costs continue to increase and this has had a significant impact again in January. Prescribing costs for the month are £0.6m worse than expected, primarily due to the effect of National Prices and this is

offsetting some of the improvements seen elsewhere across the Health Board. The in-month position is £1.6m in excess of the control total plan and £0.3m above the initial plan.

- Year to date: The Health Board is overspent by £34.3m, £12.6m higher than control total plan and £5.1m over the original plan. Further details are included in Appendix 1, which includes an analysis of significant unplanned cost pressures that have increased the expenditure run rate.
- Forecast: The Health Board has incurred a number of unplanned cost pressures in 2019/20, which has prevented progress being made towards the control total. The most material relate to Prescribing, CHC and the additional Welsh Risk Pool charge. In previous forecasts, it had been anticipated that additional savings delivery would fund these pressures. However, given that a significant reduction in the run rate has not been delivered and that a number of the required savings schemes are still to be identified, it has been necessary to increase the forecast outturn position by £6m to a £41m deficit. Further analysis of the forecast is included in Appendix 2.
- The main areas of overspend, which have meant that the expected reduction in the expenditure run rate has not been seen are:
 - Secondary Care, which has incurred additional agency costs compared to 2018/19 and also seen an increase in prescribing costs.
 - Primary Care prescribing costs; the impact of national prices has a year to date value of £4.9m, of which £3.5m relates to increased prices, with the impact on the year end position being £5.9m (£4.2m price impact).
 - While the financial recovery programme has significantly improved the value of the savings pipeline, it has not delivered the planned profile across the year that was required to meet the £35m deficit.
- The Health Board is working to further strengthen financial controls across the wider organisation. All discretionary spend is being challenged and additional controls have been implemented around the use of temporary staffing costs.
- Savings: Cash releasing savings achieved to date, including run rate reduction, amount to £25.7m against a year to date plan of £27.8m giving a shortfall of £2.1m. Additional cost avoidance and efficiency savings of £2m have been delivered to date, which offset some cost pressures arising in-year. The planned deficit is only achievable if the Health Board can convert and deliver 26% of the red schemes (£1.046m required), continue to deliver green and amber schemes, and contain or offset new emerging cost pressures in the last 2 months. Further details are included in Appendix 3.

2.3 Income and Expenditure

- Income: Most of the Health Board's funding is Welsh Government allocation through the Revenue Resource Limit (RRL). Confirmed allocations to date total £1,531m, with further anticipated allocations in year of £54m, a total forecast of £1,585m for the year.

- Pay expenditure: Pay costs in January are just above the average run rate for the year at £62.9m. Expenditure on agency staff for Month 10 is £3.6m, an increase of £0.6m on December. Locum costs increased by £0.3m, whilst other non-core spend reduced by £0.3m. Health Board pay costs are £3.0m under spent for the year to date, reflecting the significant number of vacancies across the organisation, particularly in nursing.
- Non- pay expenditure: Costs are above the average for the year at £81.5m in month, with a year to date over spend of £19.6m. Of this, £7.5m relates to the stretch target. The key area of pressure continues to be Prescribing, with a year to date adverse variance of £6.5m. Other areas of over spend are Secondary Care drugs and savings targets that have not been allocated to cost areas by the divisions. Expenditure has risen by £0.2m in month, which includes increases in Prescribing and Secondary Care drugs, offset by a reduction in CHC costs.
- Further details on expenditure are included in Appendix 4.

2.4 Balance Sheet

- Cash: Welsh Government has approved the Health Board's requests for £31m Strategic Cash Assistance and £12.975m for working balances cash support. Following the increase in the Health Board's forecast deficit to £41m, the Health Board has written to the Welsh Government requesting an additional £4m Strategic Cash Assistance for 2019/20. This is lower than the increase in the forecast deficit as the Health Board will internally manage £2m of pressures by undertaking a range of management actions.
- Capital: The Capital Resource Limit (CRL) at Month 10 £23.2m. Year to date expenditure is £9.5m against a plan of £12.1m. The year to date slippage of £2.6m will be recovered during the last two months of the year. Further details are included in the Capital Programme report
- A summary of the balance sheet is included in Appendix 5.

3.0 Risk Analysis

- There are seven risks to the financial position totalling £7.1m. These are detailed in Appendix 6.

4.0 Legal And Compliance

Not applicable.

5.0 Impact Assessment

Not applicable.

Appendix 1 – Summary of Financial Performance

Financial Performance 2019/20

	Month 1 ACTUAL £m	Month 2 ACTUAL £m	Month 3 ACTUAL £m	Month 4 ACTUAL £m	Month 5 ACTUAL £m	Month 6 ACTUAL £m	Month 7 ACTUAL £m	Month 8 ACTUAL £m	Month 9 ACTUAL £m	Month 10 ACTUAL £m	CUMULATIVE BUDGET	CUMULATIVE ACTUAL £m	VARIANCE £m
Revenue Resource Limit	(124.9)	(123.2)	(124.1)	(129.3)	(124.7)	(125.5)	(130.5)	(126.7)	(129.0)	(130.1)	(1,267.9)	(1,267.9)	0.0
Miscellaneous Income	(10.6)	(11.9)	(11.1)	(11.1)	(12.1)	(11.3)	(11.5)	(11.0)	(10.7)	(11.1)	(108.4)	(112.4)	(4.0)
Health Board Pay Expenditure	64.6	61.9	62.0	62.3	62.2	62.1	64.7	62.1	62.3	62.9	630.1	627.1	(3.0)
Non-Pay Expenditure	74.8	76.9	76.6	81.8	78.2	77.6	80.0	78.8	81.3	81.5	767.9	787.5	19.6
Total Against Stretch Plan	3.9	3.7	3.4	3.7	3.6	2.9	2.7	3.2	3.9	3.2	21.7	34.3	12.6
Stretch Target Offset											7.5	0.0	(7.5)
Total Against Original Plan											29.2	34.3	5.1

	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Month 5 £m	Month 6 £m	Month 7 £m	Month 8 £m	Month 9 £m	Month 10 £m	Year to Date £m	FOT £m
Planned position - stretch	2.9	2.9	2.9	2.9	1.7	1.7	1.7	1.7	1.7	1.7	21.7	
Planned position - original	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	29.2	
Actual position	3.9	3.7	3.4	3.7	3.6	2.9	2.7	3.2	3.9	3.2	34.3	
Difference to original plan	1.0	0.8	0.5	0.8	0.7	(0.0)	(0.2)	0.3	1.0	0.3	5.1	

Cost pressures												
Prescribing - price impact					0.3	0.4	0.4	0.3	1.2	0.9	3.5	
Prescribing - growth/activity impact					0.1	0.2	0.2	0.1	0.6	0.1	1.4	
Microsoft 365				0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.8	
Unfunded interims				0.1	0.1	0.1	0.1	0.1	0.1	0.4	0.9	
Costs of recovery				0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.5	
Total significant cost pressures	0.0	0.0	0.0	0.4	0.8	1.1	1.1	0.8	2.2	1.8	8.1	

Revised deficit (actual position less pressures)	3.9	3.7	3.4	3.3	2.8	1.8	1.6	2.4	1.8	1.5	26.2	
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Compensating one-off gains												
Commissioning contracts						(0.3)	(0.9)			(0.8)	(2.0)	
Drugs Treatment Fund						(0.4)					(0.4)	
Total significant gains	0.0	0.0	0.0	0.0	0.0	(0.7)	(0.9)	0.0	0.0	(0.8)	(2.4)	

Underlying run rate (actual position less pressures, plus gains)	3.9	3.7	3.4	3.3	2.8	2.5	2.5	2.4	1.8	2.3	28.6	
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Appendix 1 – Summary of Financial Performance

	Month 1 ACTUAL £000	Month 2 ACTUAL £000	Month 3 ACTUAL £000	Month 4 ACTUAL £000	Month 5 ACTUAL £000	Month 6 ACTUAL £000	Month 7 ACTUAL £000	Month 8 ACTUAL £000	Month 9 ACTUAL £000	Month 10 ACTUAL £000	CUMULATIVE BUDGET ACTUAL VARIANCE £000 £000 £000		
WG RESOURCE ALLOCATION	(124,954)	(123,186)	(124,111)	(129,295)	(124,695)	(125,453)	(130,519)	(126,714)	(128,936)	(130,125)	(1,267,986)	(1,267,986)	0
AREA TEAMS													
West Area	13,278	12,998	13,066	14,339	13,470	13,505	14,215	13,777	14,295	14,211	136,589	137,242	653
Central Area	17,294	17,075	17,051	18,030	17,448	17,475	18,178	18,092	18,428	18,260	175,895	177,426	1,531
East Area	19,050	18,928	18,905	20,129	19,420	19,251	20,216	20,062	20,584	20,639	195,302	197,445	2,143
Other North Wales	834	1,072	1,206	864	1,224	997	693	758	846	465	8,021	7,557	(464)
Commissioner Contracts	16,206	16,191	16,647	18,154	19,319	16,881	16,530	17,217	16,808	17,330	174,224	171,281	(2,943)
Provider Income	(1,601)	(1,768)	(1,859)	(2,268)	(2,154)	(2,170)	(1,528)	(1,626)	(1,517)	(1,329)	(16,627)	(17,820)	(1,193)
Total Area Teams	65,062	64,496	65,017	69,248	68,727	65,938	68,304	68,280	69,444	69,576	673,405	673,131	(273)
SECONDARY CARE													
Ysbyty Gwynedd	8,712	8,444	8,392	8,371	8,158	8,031	8,643	8,185	8,056	8,375	82,422	83,366	944
Ysbyty Glan Clwyd	10,392	10,281	10,259	10,469	10,285	10,258	10,971	10,284	10,287	10,374	98,945	103,860	4,915
Ysbyty Maelor Wrexham	8,908	8,700	8,530	8,773	8,650	8,702	9,080	8,676	8,928	9,238	86,646	88,185	1,540
North Wales Hospital Services	8,994	8,647	8,584	9,429	6,647	8,517	8,510	8,573	8,438	8,682	84,331	85,020	689
Womens	3,370	3,282	3,066	3,258	3,294	3,365	3,342	3,278	3,215	3,178	32,433	32,648	215
Total Secondary Care	40,375	39,354	38,831	40,301	37,034	38,873	40,546	38,997	38,923	39,846	384,777	393,079	8,303
Total Mental Health & LDS	10,682	10,156	10,145	10,088	10,268	10,969	10,892	10,283	10,660	10,204	104,917	105,303	386
CORPORATE													
Chief Executive	162	211	175	172	179	165	183	193	177	177	1,802	1,799	(3)
Estates & Facilities	4,445	4,216	4,119	4,161	3,967	4,029	4,203	4,140	4,087	4,090	41,300	41,456	156
Utilities & Rates	1,337	1,376	1,337	1,347	1,338	1,388	1,344	1,450	1,355	1,442	12,973	13,715	741
Executive Director of Finance	845	825	806	853	633	571	1,427	(956)	595	635	6,165	6,235	70
Executive Director of Nursing & Midwifery	835	1,021	935	1,029	944	946	891	922	1,097	1,080	8,883	9,698	815
Executive Medical Director	1,463	1,433	1,461	1,582	1,599	1,619	1,654	1,622	1,615	1,685	15,912	15,734	(179)
Executive Director of Workforce & OD	963	962	951	947	955	896	1,091	891	968	917	9,143	9,541	399
Director of Planning & Performance	178	157	169	170	160	128	201	251	174	163	1,972	1,752	(220)
Executive Director of Public Health	80	110	82	129	98	98	110	102	86	125	827	1,019	193
Director of Corporate Services	0	0	0	0	0	0	0	0	0	0	(409)	0	409
Office to the Board	202	195	127	179	185	152	190	188	172	203	1,739	1,792	53
Director of Therapies	34	31	31	31	29	28	26	25	267	46	637	548	(89)
Executive Director of Primary Care & Comm Services	75	75	92	68	55	64	64	77	114	63	839	747	(92)
Director of Turnaround	90	135	112	148	224	87	255	990	799	593	2,463	3,433	970
Total Corporate	10,709	10,747	10,397	10,816	10,366	10,171	11,639	9,895	11,506	11,219	104,246	107,469	3,223
Total Other Budgets incl. Reserves	1,951	2,149	3,135	2,523	1,866	2,459	1,878	2,483	2,350	2,481	22,309	23,276	967
TOTAL - STRETCH PLAN (£25.0m)	3,825	3,716	3,414	3,681	3,566	2,957	2,740	3,224	3,947	3,202	21,667	34,272	12,605
Stretch Target Offset											7,500	0	(7,500)
TOTAL - ORIGINAL PLAN (£35.0m)										3,202	29,167	34,272	5,105

Appendix 2 – Forecast

Forecast Scenarios

- The Health Board's current Monitoring Return forecast is shown below, alongside a forecast scenario based on performance to date.

Description	Month 9 Year to Date	Forecast/ Actual Month 10	Month 10 Year to Date	Forecast		Forecast 2019/20
	£'000	£'000	£'000	Month 11 £'000	Month 12 £'000	£'000
M9 Forecast	29,336	1,973	31,309	1,907	1,784	35,000
<u>Updated for M10</u>						
Year to date extrapolation	31,070	3,202	34,272	3,427	3,427	41,126
Current forecast	31,070	3,202	34,272	3,423	3,305	41,000

- The movement to a £41m forecast deficit is now broadly in line with an extrapolation of the year to date position. However, it still requires significant savings to be made during the last two months of the year and is subject to the risks detailed in Appendix 6.

Appendix 2 – Forecast

Divisional Forecast

Appendix 2 – Forecast

19/20 Forecast	YTD Ave	RoY Ave	RAG	YTD	M11	M12	RoY	FY	FOT	%
Resources	(126,799)	(158,486)		(1,267,988)	(132,844)	(184,127)	(316,971)	(1,584,959)		
West	13,724	14,331		137,241	13,843	14,819	28,662	165,903		
Centre	17,743	18,174		177,425	17,919	18,429	36,348	213,773		
East	19,745	20,909		197,446	20,833	20,985	41,818	239,264		
Other NW	756	697		7,556	696	698	1,394	8,950		
Contracts	17,128	16,980		171,281	17,004	16,956	33,960	205,241		
Provider Income	(1,782)	(1,330)		(17,820)	(1,304)	(1,356)	(2,660)	(20,480)		
Area Teams Total	67,313	69,761		673,129	68,991	70,531	139,522	812,651		
YG	8,337	7,351		83,366	7,265	7,437	14,702	98,068		
YGC	10,386	9,993		103,860	10,087	9,899	19,986	123,846		
YMW	8,819	7,982		88,185	7,909	8,055	15,964	104,149		
NWHS	8,502	8,380		85,021	8,381	8,378	16,759	101,780		
Womens	3,265	3,233		32,649	3,233	3,232	6,465	39,114		
Secondary Care Total	39,308	36,938		393,081	36,875	37,001	73,876	466,957		
MHLD	10,530	10,882		105,302	10,791	10,972	21,763	127,065		
Corporate	10,747	11,253		107,469	11,254	11,252	22,506	129,975		
Other (inc Capex)	2,328	32,971		23,280	9,207	56,735	65,941	89,221		
Welsh Risk Pool (WRP) cost pressure						1,792	1,792	1,792		
Total Expenditure	130,226	161,804		1,302,261	137,118	186,491	323,608	1,625,869		
Total	3,427	3,319		34,273	4,274	4,156	8,429	42,702		
Mitigating Actions:										
All divisions align Green & Amber forecast savings					(328)	(328)	(656)	(656)	(656)	0.2%
Red Savings and impact of additional financial controls					(523)	(523)	(1,046)	(1,046)	(1,702)	0.3%
Revised Forecast	3,427	1,682		34,273	3,423	3,305	6,727	41,000	41,000	
Planned Savings				(27,707)	(3,505)	(4,001)	(7,506)	(35,212)		
Additional Savings / expenditure controls					(523)	(523)	(1,046)	(1,046)		
Total Savings / expenditure controls				(27,707)	(4,028)	(4,524)	(8,552)	(36,258)		

Appendix 3 – Savings

Savings Plan and Forecast

- The savings programme is based on the planned delivery of schemes. The planned value of green and amber schemes has risen by £0.9m from £37.2m in Month 9 to £38.1m in Month 10. The overall value of the 2019/20 programme has however reduced by £2.5m in month, reflecting reductions as a result of a re-assessment by the Financial Recovery Group of the likely in year delivery of the pipeline savings for workforce, offset by the introduction of an additional bed utilisation scheme at divisional level and an accountancy gain.

Month 10 Position				
	Red £m	Amber £m	Green £m	Total £m
Cash Releasing - Budget	1.807	0.299	21.412	23.518
Cash Releasing - Run Rate	2.243	0.100	14.081	16.424
Subtotal - Cash Releasing Programme	4.050	0.399	35.493	39.942
Cost Avoidance	0.003	0.000	1.461	1.464
Efficiency	0.000	0.005	0.712	0.717
Subtotal - Cost Avoidance & Efficiency	0.003	0.005	2.174	2.182
Total Programme	4.053	0.404	37.667	42.124

- It should be noted that there is a gap between the green and amber planned savings, as recorded above, and the forecast delivery of savings. Where forecast of schemes has slipped from the plan, work needs to be done to increase delivery or identify additional schemes to make up the shortfall.

	Amber £m	Green £m	Total £m
Planned savings	0.404	37.667	38.071
Actual/forecast savings	0.197	35.015	35.212
Forecast under delivery against plan	0.207	2.652	2.859

Appendix 3 – Savings

- The revised deficit of £41m is achievable if the Health Board can convert and deliver 26% of the red schemes, plus deliver green and amber schemes, and contain or offset emerging cost pressures. It is critical that savings schemes led by Improvement Groups are fully delivered, as the £41m forecast is reliant on all green and amber schemes delivering to their forecast values.

Savings Actions

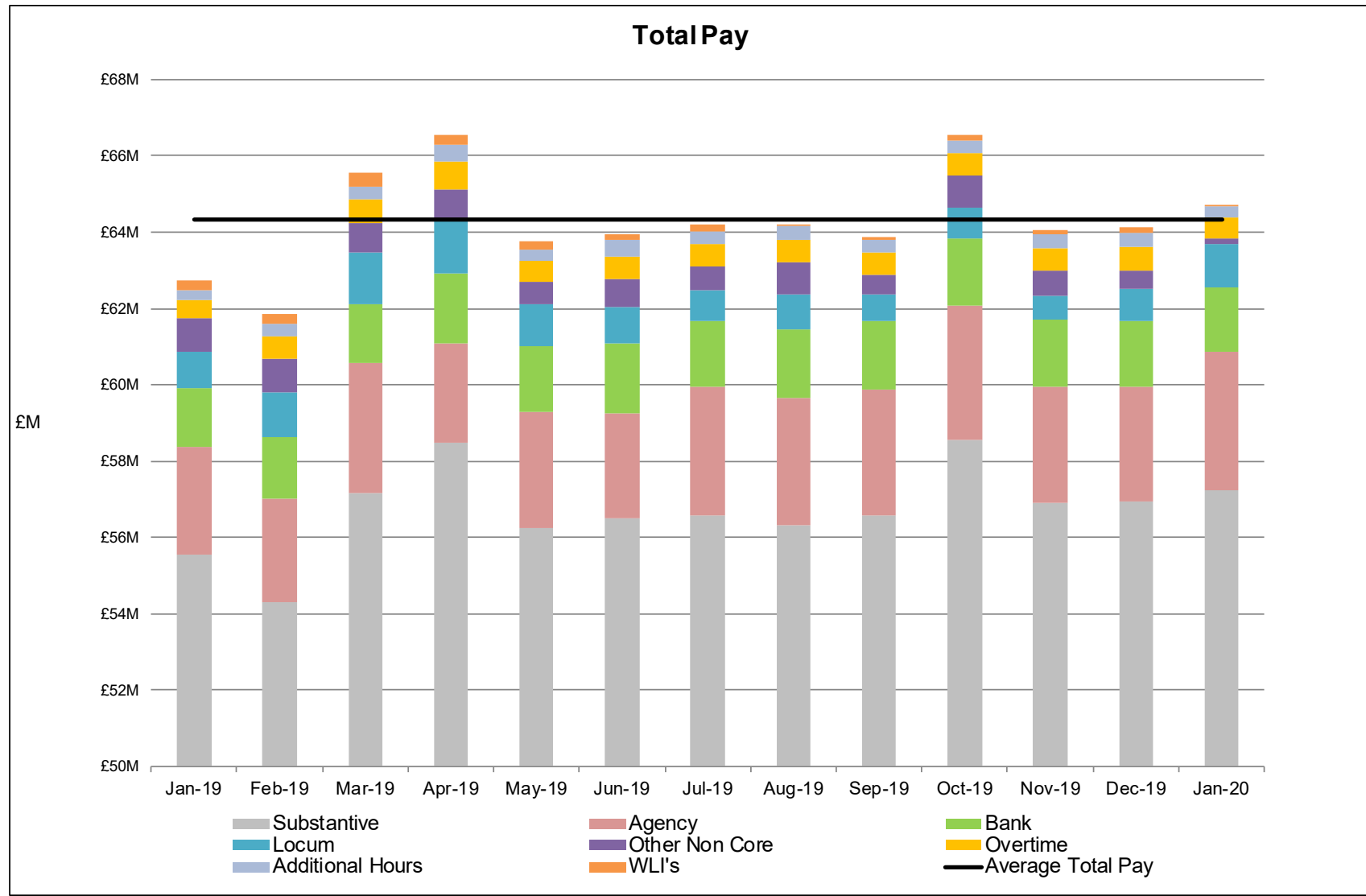
- The Recovery Programme continues to drive the identification and delivery of savings, alongside reduction in expenditure run rates. A key area of focus is to ensure delivery of the Improvement Group schemes that have progressed from amber to green, including procurement, workforce and continuing healthcare. It is vital that Improvement Groups, with the support of the PMO, take the divisions with them through the necessary rapid pace of change to secure delivery of these savings.
- Individual divisions continue to progress local schemes in response to the focus on these issues within the Divisional Recovery Meetings. Full delivery of their amber and green schemes is critical as we move to year end.
- The main areas of slippage on savings schemes at Month 10 continue to be medical rostering / agency staffing and divisional savings.
- Focus remains on the conversion of red schemes into green and amber and driving delivery across the rest of the programme, however the potential additional impact of new schemes on the in year financial position is reducing as we move closer to year end.

Underlying Position

- A key risk to the Health Board is its underlying deficit. The deficit brought forward from 2018/19 was £55.1m. The underlying position carried forward into 2020/21 is showing a reduction but is dependent on sufficient recurring savings opportunities being generated to positively impact on next year's position.

Appendix 4 – Expenditure

Pay Expenditure

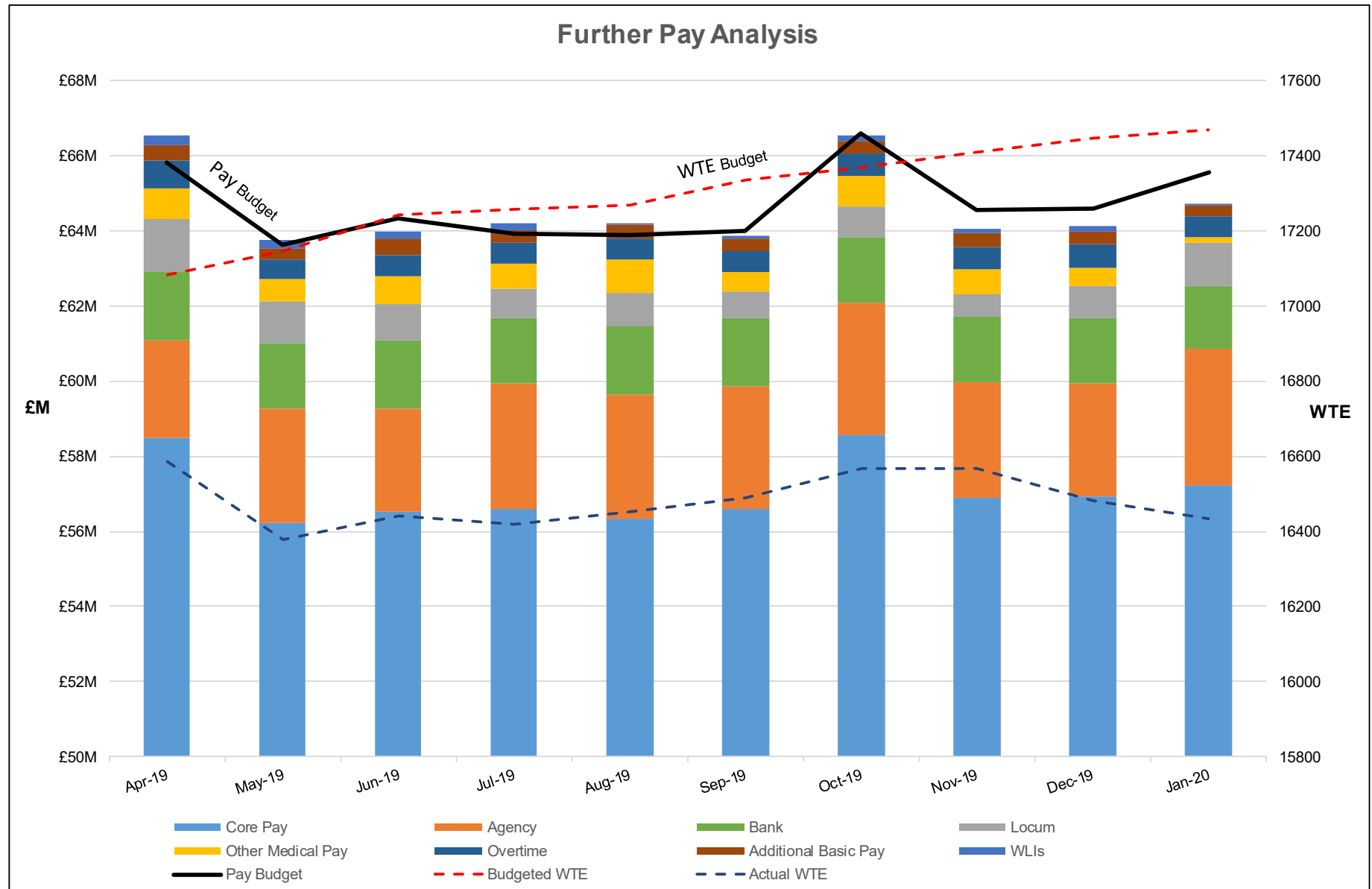


Appendix 4 – Expenditure

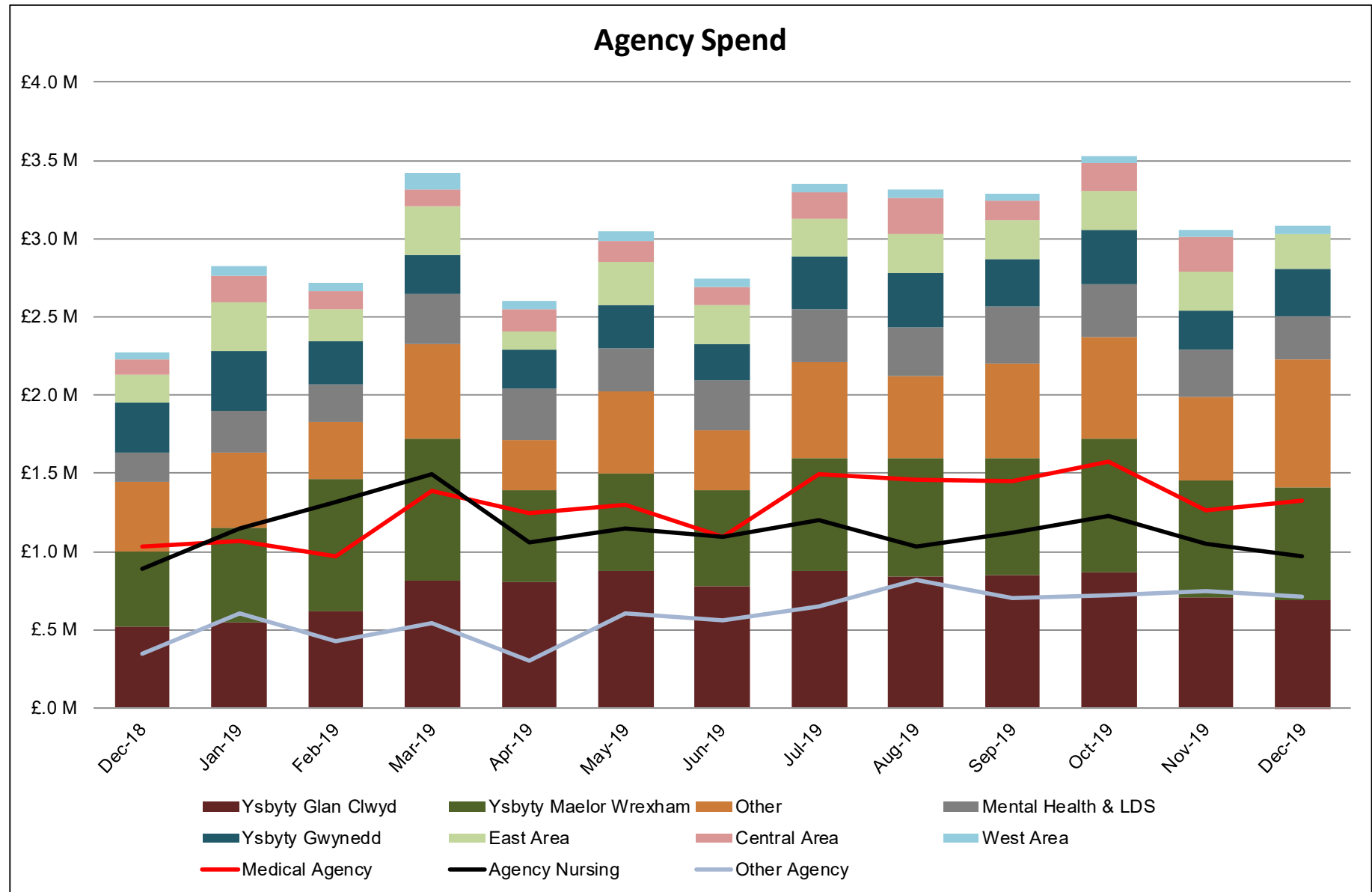
	Actuals										Cumulative			YTD RTT Costs Included in Actuals £m
	Month 1 2019/120	Month 2 2019/120	Month 3 2019/120	Month 4 2019/120	Month 5 2019/120	Month 6 2019/120	Month 7 2019/120	Month 8 2019/120	Month 9 2019/120	Month 10 2019/120	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	8.4	8.1	8.1	8.0	8.1	8.1	8.2	8.2	8.4	8.4	86.9	82.0	(4.9)	0.2
Medical & Dental	14.3	14.0	14.3	14.7	14.7	14.4	16.9	14.5	14.6	14.8	141.6	147.2	5.6	2.4
Nursing & Midwifery Registered	21.3	20.1	20.1	20.2	19.7	20.0	19.9	19.9	20.0	20.2	211.2	201.4	(9.8)	0.5
Additional Clinical Services	10.0	9.2	9.3	9.3	9.0	9.2	9.0	8.9	7.4	8.9	84.0	90.2	6.2	0.1
Add Prof Scientific & Technical	2.5	2.6	2.3	2.4	2.8	2.6	2.7	2.8	3.9	2.8	28.8	27.4	(1.4)	0.0
Allied Health Professionals	3.7	3.7	3.7	3.7	3.7	3.7	3.8	3.7	4.0	3.7	37.3	37.4	0.1	0.5
Healthcare Scientists	1.2	1.2	1.1	1.1	1.1	1.1	1.2	1.1	1.1	1.1	11.2	11.3	0.1	0.0
Estates & Ancillary	3.2	3.0	3.1	2.9	3.1	3.0	3.0	3.0	2.9	3.0	31.1	30.2	(0.9)	0.1
Savings to be allocated											(2.0)		2.0	
Health Board Total	64.6	61.9	62.0	62.3	62.2	62.1	64.7	62.1	62.3	62.9	630.1	627.1	(3.0)	3.8
Primary care	1.9	1.8	2.0	1.9	2.0	1.8	1.9	1.9	1.8	1.8	16.8	18.8	2.0	0.0
Total Pay	66.5	63.7	64.0	64.2	64.2	63.9	66.6	64.0	64.1	64.7	646.9	645.9	(1.0)	3.8

- 11.6% (£7.5m) of total in-month pay (11.7% / £75.6m year to date) related to variable pay; agency, bank, overtime, locum, WLI, other non-core and additional hours, which is £0.3m more than in December. Increases have been seen in costs for agency (by £0.6m) and locum (by £0.3m), partially offset by reductions in other non-core costs (by £0.3m), overtime (by £0.1m), WLIs (by £0.1m) and bank (by £0.1m).
- Expenditure on agency staff for Month 10 is £3.6m, representing 4.7% of total pay, an increase of £0.6m on last month. This is the highest monthly agency spend for the year to date. Medical agency costs have increased by £0.1m to an in-month spend of £1.5m. Nurse agency costs totalled £1.2m for the month, an increase of £0.3m from last month. Vacancies and increasing sickness absence rates remain the root cause of the majority of medical and nurse agency spend. Other agency costs increased by £0.2m to £0.9m in the month due to additional costs arising from unfunded interims and the costs of recovery.

Appendix 4 – Expenditure

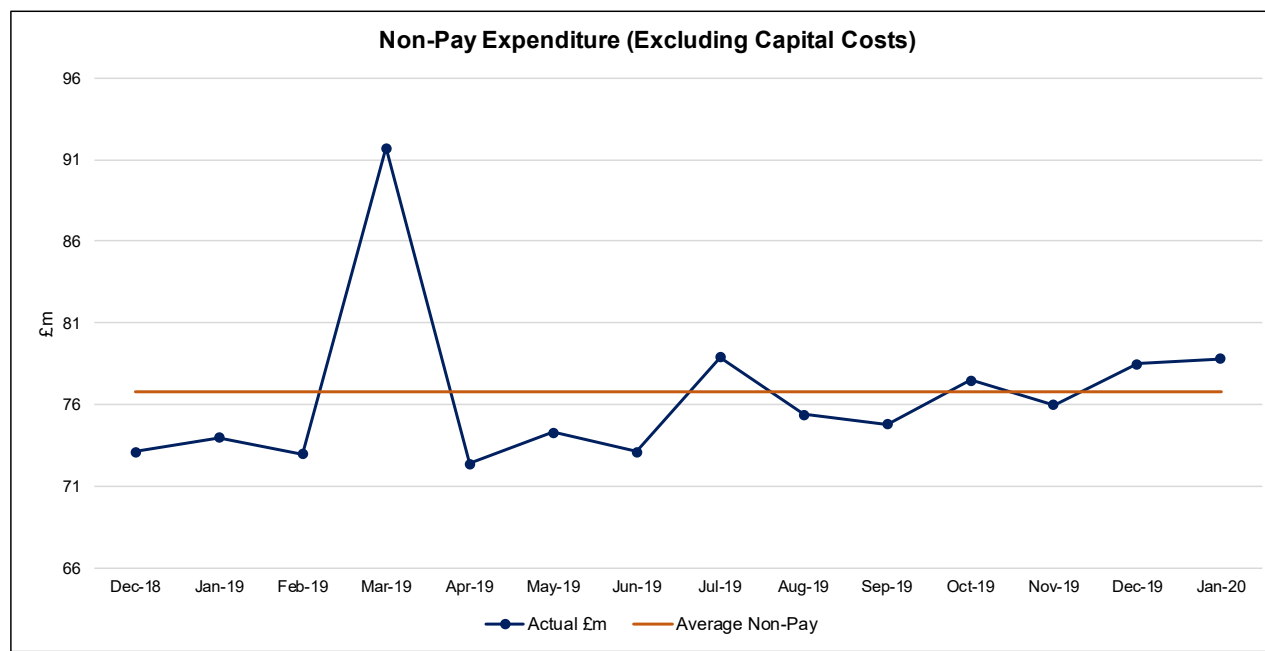


Appendix 4 – Expenditure



Appendix 4 – Expenditure

Non-Pay Expenditure



	Actuals										Cumulative		
	Month 1 2019/120 £m	Month 2 2019/120 £m	Month 3 2019/120 £m	Month 4 2019/120 £m	Month 5 2019/120 £m	Month 6 2019/120 £m	Month 7 2019/120 £m	Month 8 2019/120 £m	Month 9 2019/120 £m	Month 10 2019/120 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Primary Care	16.7	17.0	17.3	16.9	17.4	17.3	18.6	18.1	17.0	17.6	176.4	173.9	(2.5)
Primary Care Drugs	8.2	8.2	8.2	8.2	8.6	8.7	8.8	8.3	9.9	10.5	81.1	87.6	6.5
Secondary Care Drugs	5.9	6.0	5.6	6.3	5.8	5.9	6.0	6.1	6.0	6.6	57.3	60.2	2.9
Clinical Supplies	5.3	5.6	5.5	5.9	5.6	5.6	5.7	5.6	6.2	5.5	55.7	56.5	0.8
General Supplies	1.8	2.3	1.3	5.3	2.6	3.3	2.8	2.5	2.7	2.6	26.5	27.2	0.7
Healthcare Services Provided by Other NHS Bodies	21.1	21.0	21.5	23.1	22.2	21.5	20.6	21.8	21.6	22.3	220.3	216.7	(3.6)
Continuing Care and Funded Nursing Care	8.3	8.3	8.1	8.0	8.2	8.0	7.9	8.0	9.3	7.5	81.7	81.6	(0.1)
Other	5.1	5.9	5.6	5.2	5.0	4.5	7.1	5.6	5.8	6.2	41.1	56.0	14.9
Non-pay costs	72.4	74.3	73.1	78.9	75.4	74.8	77.5	76.0	78.5	78.8	740.1	759.7	19.6
Cost of Capital	2.4	2.6	3.5	2.9	2.8	2.8	2.5	2.8	2.8	2.7	27.8	27.8	0.0
Total non-pay including cost of capital	74.8	76.9	76.6	81.8	78.2	77.6	80.0	78.8	81.3	81.5	767.9	787.5	19.6

Appendix 4 – Expenditure

- Primary Care drugs: This remains one of the Health Board's key risks. There has been a further increase (£0.6m) in Prescribing costs in January, reflecting the price growth and risk that has been reported in previous months. The latest data available (November 2019) shows an increase in Prescribing of £3.4m compared to last year, a total increase of 5%. Extrapolating the November data to the end of January suggests that the year to date position includes price impacts (Category M drugs or No Cheaper Stock Obtainable (NCSO)) of £3.5m, with the current forecast impact of prices for 2019/20 being £4.2m. In addition, the impact of growth is forecast to be £1.7m (£1.4m year to date), giving an overall forecast pressure of £5.9m.

	Year to Date £m	Forecast £m
Impact of price	3.5	4.2
Impact of growth	1.4	1.7
Total impact of Prescribing	4.9	5.9

- For 2019/20, the forecasting methodologies are indicating a range of outturns for the Health Board from £114.4m to £116.1m. With the continued price increases in NCSO and Category M, the outturn could increase beyond £116m. Should the December Prescribing data indicate a further increase in the forecasting methodologies, then the Health Board will need to increase the £114.1m outturn that is currently in the forecast and identify further mitigating actions in order to avoid increasing the overall Health Board forecast.
- Secondary Care drugs: Costs have increased by £0.6m from December and are at the highest monthly cost for the year to date. There have been significant rises in Haematology drugs (£0.2m) and Cancer drugs (£0.4m) due to an increase in the usage of NICE drugs and also due to a number of 6 week treatment cycles falling in January. £0.4m of NICE funding was brought into the position from the drug reserve to mitigate some of this cost. Overall, Secondary Care drugs are causing a £2.9m pressure for the year to date.
- Healthcare Services Provided by Other NHS Bodies: Costs in Month 10 increased by £0.7m, of which £0.4m related to the WHSCC contract, primarily due to the genetic testing directory development. £0.2m of the increase was for outsourcing, which is expected to increase in the last quarter of the year as activity is stepped up. Budgets are profiled to match these increases and overall commissioner contracts performed well in January, increasing the under spend to £3.6m.
- Continuing Care and Funded Nursing Care: Expenditure has reduced by £1.8m in Month 10. Backdated CHC inflation was paid in December with an impact of increasing spend in Month 9 by £1.3m (all fully funded). During January, a review of CHC creditors from

Appendix 4 – Expenditure

previous years has allowed the Health Board to release a benefit of £0.5m, which has reduced the in-month spend and impacted favourably on the overall position.

- Other non-pay expenditure:
 - Unallocated and non-delivering savings schemes are contributing £12.2m to the over spend. These savings targets have all been apportioned to divisions, but the divisions have not allocated them to specific cost areas. This total includes savings from the 2019/20 original £25m target and savings targets brought forward from prior years that did not have recurrent schemes attached to them (total of £4.7m) plus the year to date share of the £10m additional savings for which schemes have not yet been confirmed (£7.5m).
 - In addition the 'Other' category includes year to date over spends on IT costs (£1.3m) and travel (£0.9m), with just under half of which arises from Non-Emergency Patient Transport Service (NEPTS).

RTT

- The Health Board has received additional RTT funding of £7m, bringing the total to £20.5m for the full year. £12.4m has been spent to date. The vast majority of the funding is committed and the Health Board is considering various other options to spend the remaining balance to improve the RTT position this year. No additional NHS outsourcing is available, but there may be an opportunity in increase Ophthalmology insourcing and the validation work is also being extended.

Appendix 4 – Expenditure

Expenditure Category		YG £000	YGC £000	YWM £000	Other £000	Support Services £000	Outsource £000	Total £000
Add Prof Scientific & Technical		36						37
Additional Clinical Services		124						124
Administrative & Clerical		12	146					158
Allied Health Professionals					132	367		499
Estates & Ancillary		79						79
Healthcare Scientists			33					33
Medical & Dental		946	942	222		280		2,390
Nursing & Midwifery Registered		275	142	38				455
Sub Total - Pay		1,471	1,263	260	132	647	-	3,774
Theatre Non Pay		262	214	114				590
Other Non Pay		686	789	176	57	1,580		3,288
Outsourced Activity							2,390	2,390
Insourcing		1,166	476	719				2,361
Sub Total - Non Pay		2,114	1,480	1,008	57	1,580	2,390	8,629
Total Expenditure		3,585	2,743	1,269	189	2,227	2,390	12,402
Diagnostics	Cardiology	-		14				14
	Gastro / Endoscopy	1,785	832	914				3,530
	Ophthalmology	71		-				71
	Radiology			-		2,227		2,227
	Urology			47				47
	Sub Total	1,855	832	975	-	2,227	-	5,889
Inpatients Daycases Outpatient	Anaesthetics	7		1	18			26
	ENT	44	204	-				247
	General Surgery	189	264	4			4	461
	Gen Med	2						2
	Max Fax		129	-			2	131
	Oral	53	358					411
	Ophthalmology	342		69			81	492
	Orthopaedics	969	682	164	114		1,923	3,852
	Other			-	57			57
	Urology	126	231	55			380	791
	WPAS Validators		43	-				43
	Sub Total	1,730	1,911	294	189	-	2,390	6,513
	Total Expenditure	3,585	2,743	1,269	189	2,227	2,390	12,402

Appendix 5 – Balance Sheet

Balance sheet as at Month 10 2019/20			
	Opening balance £000	M8 2019/20 £000	Movement £000
Non Current Assets:			
Fixed Assets	627,406	610,068	(17,338)
Other Non Current Assets	69,363	68,998	(365)
Current Assets:			0
Inventories	16,077	16,329	252
Trade and other receivables	66,441	36,249	(30,192)
Cash - Revenue	307	2,355	2,048
Cash - Capital	3,665	2,820	(845)
Total Assets	783,259	736,819	(46,440)
Liabilities:			
Trade and other payables	142,428	114,300	(28,128)
Provisions	110,432	112,892	2,460
Total Liabilities	252,860	227,192	(25,668)
	530,399	509,627	(20,772)
Financed by:			
General Fund	402,323	381,551	(20,772)
Revaluation Reserve	128,076	128,076	0
Total Funding	530,399	509,627	(20,772)

Appendix 6 – Financial Risks and Opportunities

	Issue	Description	£m	Key Decision Point & Summary Mitigation	Risk Owner
1	Risk: Welsh Risk Pool Pressure	<ul style="list-style-type: none"> NWSSP are forecasting that annual expenditure will exceed the 2019/20 budget by £9.718m. Welsh NHS organisations will need to take a share of this pressure – the BCU share is £1.792m and is included in the forecast. However there is a risk that the increased savings required to meet this pressure will not be delivered. 	(1.8)	<ul style="list-style-type: none"> Discussions continue around potential mitigations. 	Sue Hill, Executive Director of Finance
2	Risk: Prescribing	<ul style="list-style-type: none"> Lowest forecast methodology is used, giving rise to a possible financial risk. Actual costs to date in 2019/20 are showing a rising run-rate. Emerging issue is Category M price increases, which have been reflected in the risk. Does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSO) price list. 	(3.0)	<ul style="list-style-type: none"> The risk is reviewed and updated monthly. There are a wide range of Prescribing Savings Schemes in place to manage spend and growth. 	Berwyn Owen, Chief Pharmacist & Nigel McCann, CFO Prescribing Finance Lead
3	Risk: Continuing Healthcare (CHC)	<ul style="list-style-type: none"> The financial plan approved by the Board explicitly excluded providing growth funding for CHC. The risk on CHC is primarily in relation to Older People's Mental Health. 	(0.5)	<ul style="list-style-type: none"> Divisions are developing cost avoidance schemes to mitigate against this impact. 	Rob Nolan, Finance Director – Commissioning & Strategy
4	Risk: Savings	<ul style="list-style-type: none"> There is a risk that red rated schemes will not deliver to the required amount. There is also a risk that savings will not be identified that offset the cost of recovery. 	(1.4)	<ul style="list-style-type: none"> The Health Board is continuing to identify new schemes and move existing red schemes into amber and green. 	Sue Hill, Executive Director of Finance
5	Risk: SICAT	<ul style="list-style-type: none"> The Health Board's Single Integrated Clinical Assessment and Triage (SICAT) service was set up at the end of 2018/19 and fully funded by the 111 Programme. The service has a forecast cost for 2019/20 of £0.55m. It has been assumed to date that SICAT would be fully funded by the 111 Programme, but this is no longer the case. Slippage from the 111 Programme of £0.15m is available and an alternative funding source for the remaining £0.4m is being sought. 	(0.4)	<ul style="list-style-type: none"> An alternative funding source for SICAT is being sought. 	Eric Gardiner, Finance Director – Provider Services
6	Risk: Junior Doctor monitoring	<ul style="list-style-type: none"> There was a significant test legal case focusing on how NHS organisations should address monitoring for junior doctors. 		<ul style="list-style-type: none"> It has not yet been determined how this case will impact on the Health Board and what the financial implications may be. Further investigations are being undertaken to quantify any potential impact. 	Sue Green, Executive Director of Workforce & Organisational Development
7	Risk: Holiday pay	<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> The Health Board is monitoring the situation. 	Sue Green, Executive Director of Workforce & Organisational Development
Total			7.1		

Financial Recovery Group report to Finance & Performance Committee

Month 10

(data as at 11 February 2020)

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BCUHB recovery programme development summary as at Mth 10

Source: BCUHB PMO tracker

Cash releasing (including Run Rate) (£000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total	Target	Total variance to target	Green schemes variance to target
Last position (as at Mth 09)	3,056	5,070	538	33,557	42,221	35,000	7,221	(905)
Current position (as at Month 10)	3,219	1,230	0	35,493	39,942	35,000	4,942	493
Movement	163	(3,840)	(538)	1,936	(2,279)	0	(2,279)	1,398

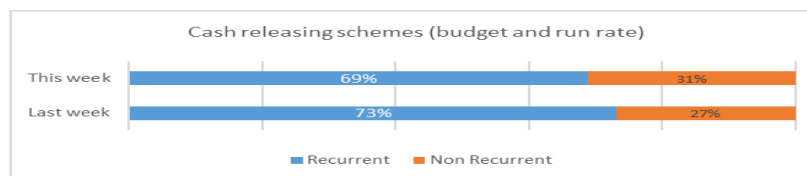
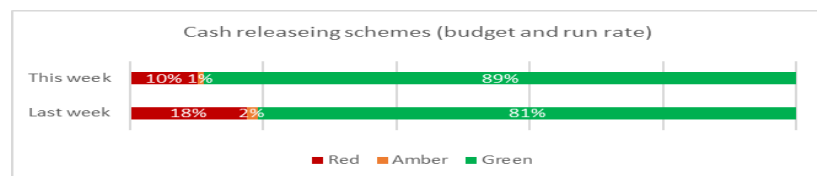
To be Determined (£'000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at Mth 09)	116	132	3	479	730
Current position (as at Month 10)	0	0	0	0	0
Movement	(116)	(132)	(3)	(479)	(730)

Total Programme (£'000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at Mth 09)	3,172	5,202	541	34,036	42,951
Current position (as at Month 10)	3,219	1,230	0	35,493	39,942
Movement	47	(3,972)	(541)	1,457	(3,009)

Cost Avoidance	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at Mth 09)	3	5	0	1,725	1,733
Current position (as at Month 10)	3	5	0	2,174	2,182
Movement	0	0	0	449	449

Definitions

- **Pipeline:** Idea in planning, values unverified
- **In development:** Workbook in progress, values being validated, QIA and EQIA in progress
- **Scheduled to deliver:** Workbook signed off by project lead, finance lead and SRO and has been suitably approved. Scheme not yet due to commence
- **In delivery / delivered:** As above with scheme in delivery or fully delivered



Mth 10 performance of cash releasing projects in delivery by Area *

Area (£000)	YTD Plan	YTD Actual	YTD variance	In Mth Plan	In Mth Actual	In mth variance	19/20 Plan	19/20 FOT	19/20 Target	19/20 Variance Plan to Target
Area - Centre	3,737	3,614	(123)	623	427	(196)	4,916	4,742	4,940	(24)
Area - East	4,375	4,840	465	577	547	(30)	5,687	5,924	4,920	767
Area - Other	628	628	0	517	517	0	680	680	320	360
Area - West	3,012	3,592	581	404	495	91	3,732	4,629	3,260	472
Contracts	193	299	105	48	100	52	369	475	510	(141)
Corporate	2,042	1,894	(148)	241	187	(54)	2,665	2,318	4,340	(1,675)
MHLD	4,512	4,733	221	621	596	(25)	5,778	5,778	3,630	2,148
Provider - NW	2,143	2,008	(135)	285	314	29	2,751	2,517	2,630	121
Provider - YG	2,453	1,889	(564)	509	360	(149)	3,467	2,706	2,940	527
Provider - YGC	2,382	1,658	(725)	576	326	(249)	3,534	2,333	3,810	(276)
Provider - YMW	1,813	1,236	(578)	422	215	(206)	2,724	1,834	2,640	84
Womens	1,292	1,177	(115)	238	109	(129)	1,767	1,278	1,060	707
Grand Total	28,583	27,567	(1,016)	5,060	4,194	(866)	38,071	35,212	35,000	3,071

*based on the full CIP Programme i.e. Cash Releasing and Cost Avoidance CIP Schemes with a RAG rating of Green/Amber

Recovery programme narrative

What have we done well

M10 Actuals

- In month delivery of £4.19m against a plan of £5.06m, a variance of £0.87m
- The YTD actual is £27.58m against a plan of £28.58m
- In month FOT has improved by £1.0m to £35.2m against a plan of £38.01m

19/20 Plan

- The total plan for the Recovery Programme is £42.12m, of which £39.94m is cash releasing and £2.18m is cost avoidance.
 - Green and Amber schemes total £37.57m; a positive movement of £1.02m in month
 - Total Red schemes has reduced by £3.4m
 - A reduction of £3.5m for the Workforce IG planned delivery value
 - Three new schemes added totalling nominal; VAT, SLAs, Urology
 - Schemes previously categorised as 'TBD' have been aligned the appropriate category; £449k to cost avoidance and £181k cash releasing
 - 70% of the plan is recurrent

20/21 Planning

- Enacted a lessons learned process on 19/20 to support 20/21 planning
- Commenced a review of resource requirements to deliver 20/21 plans
- Commenced a review of governance to support 20/21 planning and delivery; including Management Arrangements, FRG, DRM, IG
- Progressed development of IG and divisional PIDs to define 20/21 plan
- Defined ratio of IG to divisional split of £45m target for 20/21

Where we need to focus

Delivery of 19/20 Plan

- Whilst the M10 results demonstrate an improvement in the FOT position, the shortfall of in-month delivery continues to rise. Focus needs to continue on the delivery of all schemes to plan. PMO are supporting divisions to address schemes under performing against plan
- The reporting of BCU wide schemes in green has improved but further work is required to reflect the full value of the achievement in the forecast.
- Additional grip and control measures have been enacted and support the year end financial support position, particularly through the DRM, VAP/ WAP and non pay panel processes. These grip and control measures do not capture the full list of Q4 actions effective 1/1/20

20/21

Governance

- Lessons learned: report to FRG lessons and observations
- Full review of Recovery Programme governance in preparedness for sign off by FRG: Management Arrangements, FRG/ DRM/ IG ToRs, scheme documentation, detailed timetable for next six weeks

Planning/ preparedness

- Aligned Recovery Programme to drive divisions and IGs to progress plans for 20/21
- Enact the six week plan to develop preparedness for 20/21; RAG trajectories, milestones, outputs
- Ensure necessary communication and escalations are in place to Execs and FRG over the next six weeks and to the wider organisation as necessary

1b. Cost savings narrative

Support required

19/20

- Ensure Exec and SMT focus on delivery of all schemes in line with planned delivery for the remainder of the financial year

20/21

- With six weeks to 1st April:
 - Executives engagement to drive the process of milestones and outputs
 - SMT engagement to drive the process of milestones and outputs
 - Confirmation of control total, budget allocation and overall CIP target as soon as possible
 - Confirmation of which IGs have a financial target and which do not, as soon as possible
 - Confirm primacy of IGs in being able to transact opportunities in 20/21 once identified, as soon as possible
 - PMO to support Divisions and IGs with development of schemes

Key risks, issues and mitigations

19/20

- Conclude the process of including all the green BCU wide schemes within divisional forecasts. Mitigation: Finance and PMO continue to support CFOs with analysis and evidence.
- Risk that Divisions/Areas fail to deliver the green cash releasing schemes identified in the plan. Mitigation: Ensure existing plans deliver against plan, continue to monitor and develop additional pipeline schemes.

20/21

- There is a risk that adequate plans are not developed within the remaining six weeks of the financial year. Mitigation: A detailed six week plan is being enacted, with PMO support to Divisions and IGs to develop and finalise plans (clear trajectories, milestones and outputs)
- Confirmation required for which IGs are supporting the Recovery Programme to ensure targets are defined and aligned to relevant IGs and Divisions
- Capability and capacity to deliver large scale programmes. Mitigation: Each IG needs to have a capability and capacity assessment to support delivery.
- Clarity on the value of cost pressures being accepted in 20/21

Jan 2020 Improvement Groups update

<p>What have we done well</p> <p>19/20</p> <ul style="list-style-type: none"> The CHC IG PID moved through to green as expected and delivery is being closely monitored by the PMO. Planned Care IG co-developed an outpatient productivity plan with the support of specialists, which was supported by FRG to start in January. The project has progressed with the recommended and agreed changes being implemented in early February in the Centre and rolled out to the West and East by end of February. <p>20/21</p> <ul style="list-style-type: none"> A savings target of £45m was discussed at EMG where it was agreed that the IGs be responsible for the development of two thirds (£30m), with the Divisions & Areas responsible for the remainder. All IGs were tasked with providing detailed 2020/21 draft efficiency plans to the FRG 21st Jan. The FRG received feedback from 7 of the IGs with only 2 providing a preliminary target value with a combined value of £5.1m. No detailed PIDs were submitted so no assurance can be assumed as yet against the IG target of £30m. 	<p>Where we need to focus</p> <p>19/20</p> <ul style="list-style-type: none"> The Workforce, Procurement & CHC IGs will continue to receive support and focus in order to ensure the deliver of all 2019-20 schemes through the remainder of the financial year. OPD Productivity Project team will implement the plan throughout the remainder of the year, with oversight and scrutiny being provided by the Planned Care IG. <p>20/21</p> <ul style="list-style-type: none"> All IG chairs have been written to by the CEO in order to increase their focus on 2020/21 planning and to work closely with PMO programme support being targeted towards this work and expedite the development of efficiency plans with a view to have £30m in scope by end of February. The PMO team have circulated a detailed development plan and timeline to the IG chairs with progress to this being monitored weekly.
<p>Support required</p> <p>20/21</p> <ul style="list-style-type: none"> Significant focus from Exec SROs to ensure IGs maximise their potential and support the HB with the development of 2020/21 plans. Intensive support from PMO teams will continue to ensure that all of the IGs are contributing. 	<p>Key risks, issues and mitigations</p> <ul style="list-style-type: none"> Capability and capacity to deliver large scale programmes. Mitigation: Each IG needs to have a capability and capacity assessment to support delivery. Clarity of which IGs will contribute to the financial target 20/21 and which will not to ensure the relevant IGs and Divisions are defined.

Appendix

Savings classifications

- **Cash releasing (budget):** a scheme which delivers a reduction in spend where spend was budgeted.
- **Cash releasing (run rate):** a scheme which delivers a reduction in spend that is currently being incurred and is already above budget.
- **Cost avoidance:** a scheme which delivers a reduction in a future/forecast spend which would have resulted in the budget becoming overspent (and is not currently being incurred).
- **Impact on run rate to be confirmed :** Schemes that require finance validation to determine the impact.



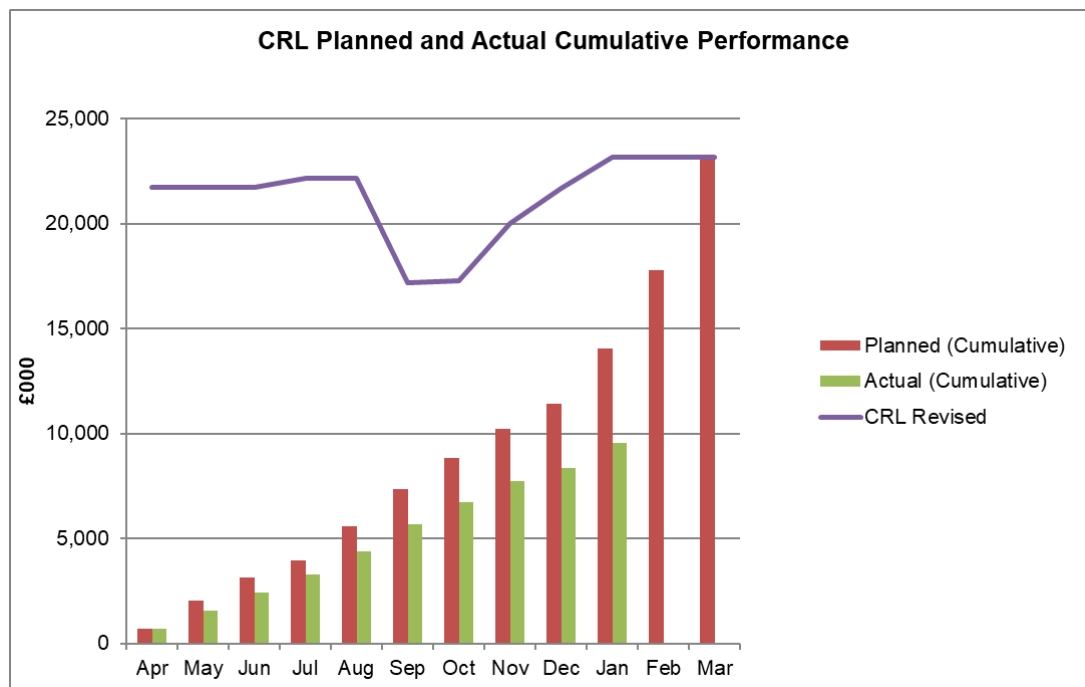
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 27.2.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Capital Programme Report Month 10						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Neil Bradshaw – Assistant Director – Capital Denise Roberts – Financial Accountant Tax & Capital						
Craffu blaenorol: Prior Scrutiny:	This paper is subject to scrutiny by the Capital Programme Management Team.						
Atodiadau Appendices:	0						
Argymhelliad / Recommendation:							
The Committee is asked to receive this report and note the reported exceptions.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*	X	Er gwybodaeth For Information*	
Sefyllfa / Situation:							
<p>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.</p> <p>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).</p>							
Cefndir / Background:							
The agreed capital funding from all sources may be summarised as follows:							
Capital Programme				£ '000			
All Wales Capital Programme				10,262			
Discretionary Capital				12,921			
Total Welsh Government CRL				23,183			
Capital Receipts				37			
Donated Funding				1,578			
TOTAL				24,798			

Asesiad / Assessment**Expenditure Planned/Actual**

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



Funding	Target (£'000)	Performance (£'000)	% Spend to date
All Wales	10,262	4,339	42%
Discretionary	12,921	5,188	40%
Subtotal CRL	23,183	9,527	41%
Capital Receipts	37	0	0%
Donated Capital	1,578	941	60%
Grant Capital	0	0	0%
Total	24,798	10,468	42%

The Health Board has received £1.479m additional funding. This has allowed us to bring forward the purchase of a number of medical device priorities planned for 2020/21.

The sales of Ala Road and former Brymbo health centre have been deferred to next year to support the management of the year end position and to increase the funding available for next year.

Although the actual expenditure remains behind profile, in part due to the additional funding received, the Capital Programme team are assured that all orders have been placed/schemes progressed, to ensure that the Health Board meets its CRL commitment.



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 27.2.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Procurement of Contractor Frameworks						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Neil Bradshaw – Assistant Director – Capital						
Craffu blaenorol: Prior Scrutiny:	This paper has been prepared in conjunction with NWSSP- Procurement Services						
Atodiadau Appendices:	0						
Argymhelliad / Recommendation:							
The Committee is asked to support the establishment of contractor frameworks and the proposed procurement methodology for the delivery of estates capital projects.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *	x	Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*		Er gwybodaeth For Information*	
Sefyllfa / Situation:							
<p>In line with recognised best practice over recent years, the Betsi Cadwaladr University Health Board (BCU) has established framework agreements for construction consultant services together with the work programmes for Safe Clean Care and Ant-ligature/Environment works. These frameworks have secured evidential benefits for BCU in respect of flexibility in meeting clinical needs, capital affordability and timely completion of the works. Consideration is now being given to further developing frameworks to support the majority of estate related capital investment.</p>							
Cefndir / Background:							
<p>Frameworks have been in common use for the last twenty years for the procurement of construction services and are supported by the Welsh Government, as demonstrated by the mandated national frameworks.</p> <p>The UK Government has identified the use of frameworks as one of the ways in which public sector bodies can deliver efficiency savings and improved outcomes in terms of quality, time and cost. Constructing Excellence Wales (a body founded by the Welsh Government) has identified evidence that collaborative working generates greater value for public sector clients and is delivering real benefits. It advises against a return to lowest price tendering which fails to deliver on cost and quality. It has recommended that frameworks with key performance indicators put quality first and benefit both Clients and Contractors.</p>							

Asesiad / Assessment

Review of procurement options

BCU currently procures contractor services for each scheme via a project specific competitive tender process. This requires a full tender procedure for every scheme over £25k in line with SFI's. It has been noted that:

- This process is time consuming, the current average procurement time from completion of design to award of tender is 12 weeks.
- The process does not facilitate the early input from the contractor in determining how the works are undertaken. This is a significant factor when working within "live environments" with consequential impacts on cost and time.
- On average the annual estates capital programme comprises 100 individual schemes with an average value of £70k. This places a considerable burden upon our current resources.
- The process is in-flexible in meeting request for urgent investment and addressing slippage within the overall programme. This inflexibility increase the risk of delivery of our capital programme and achievement of the CRL.

It has also been noted that the geographical location of projects is impacting upon the market with response to the more rural areas being very poor. This has led to a lack of competition with a potential adverse impact on cost.

Our experience further supports the establishment of frameworks and we have been exploring options for contractor frameworks with colleagues from NWSSP- Procurement Services and our external cost advisors.

We have reviewed the range of established contractor frameworks available to support public services in Wales. In common with the outcomes of the review undertaken to support the Design for Life programme we are concerned that the current contractor frameworks have not originally been established for health projects. Consequently, the current framework members have not been selected on the basis of their experience to deliver complex health schemes within operational hospital environments.

We have therefore concluded that the preferred option is for the Health Board to establish local contractor frameworks incorporating companies with proven experience or capable of successfully delivering health projects.

In order to gain assurance of the capacity in market to deliver the framework, a meet the buyer event will be held during April 2020, inviting local contractors to attend and provide feedback.

Proposed procurement

Following discussion and consultation with other Health Boards, Procurement services and our Cost Advisors it has been concluded that frameworks should be established to appoint suitable contractors for all construction projects with a value of less than £4million. In order to address the range of projects undertaken by BCU, and to optimise the balance of strategic co-ordination and local implementation, consideration should be given to establishing a range of frameworks base upon value and location.

The contracts will be split into three areas with a measured contract covering the value for £25-300k and an approved list of contractors providing a mini competition for the construction works £300k-£1m and £1m-£4m

A measured term contract is a standard industry form of contract used where the client has a regular programme of works to be undertaken by a single contractor over a specified period of time. They are used for minor works or for maintenance work. The contract will define the buildings that will be covered by the works, the term over which works may be required an estimate of the likely total value of the works that will be required over the term and an estimate of the likely size of individual orders. Appointment is based on an agreed schedule of rates related to the categories of work that are likely to form part of the programme. When individual works are required, the client issues an order to the contractor which may include a written description of the works, drawings if appropriate and a valuation agreed by the client and contractor. Payments are then calculated based on an agreed schedule of rates.

The frameworks will be for all estate related projects with the exception of specialist engineering installations where there is no or limited associated enabling works.

It is therefore proposed to establish the following frameworks:

East (Wrexham and Flintshire)

E1 Measured Term £25-300k

E2 £300k to £1m maximum five approved contractors providing mini competition

E3 £1k to £4m three – maximum five approved contractors providing mini competition.

Central (Denbighshire and Conwy)

C1 Measured Term £25-300k

C2 £300k to £1m maximum five approved contractors providing mini competition

C3 £1k to £4m maximum five approved contractors providing mini competition.

West (Gwynedd and Anglesey)

W1 Measured Term £25-300k

W2 £300k to £1m maximum five approved contractors providing mini competition

W3 £1k to £4m maximum five approved contractors providing mini competition.

Any one-contractor will only permitted to be one Measured Term Contract but can apply for any of the mini competitions subject.

The nine frameworks will be for an initial term of 3 years with the option to extend for a further year. Key performance indicators will be established to monitor performance with provisions made to terminate appointments if any supplier consistently fails to meet agreed performance standards.

The framework values are expected to exceed the OJEU threshold and an OJEU tender process will be undertaken using the Restricted Procedure. The Contract Notice will be advertised on www.sell2wales.gov.uk with the tender documents being simultaneously published on Bravo (E-Tender Wales).

Using the Restricted Procedure a Pre-Qualification Questionnaire (PQQ) will be issued to all interested Bidders to complete following which financial checks will be undertaken to eliminate any Bidders with a higher than average risk of business failure. Bidders will be scored on their ability to perform the requirements of the contract as well as their financial

capacity and references will be collected to shortlist a maximum of 5 Bidders with the highest overall scores to submit Invitation to Tender (ITT).

The tender for the **Measure Term Contract** frameworks, £25–300k will be evaluated on the basis of cost and quality. Quality will be determined by assessing both the tender submission and through interview and will be based on an assessment of the organisation, their experience of health projects and approach to the appointment including sustainability, ethical employment and support to the local economy.

Cost will be assessed on the basis of their pricing of a common “Schedule of Rates” as prepared by our Cost Advisors together with additions for geographical location, out of hours working, hourly labour rates, overheads and profit.

In accordance with the Health Board’s Standing Financial Instructions, the tender will be awarded on the basis of the Most Economically Advantageous Tender. In order to meet this mandate the award criteria for this tender will be based on 60% quality and 40% cost.

The tenders for the **“Approved Contractor List” for projects £300k to £1m and £1m to £4m**, will also be evaluated on the basis of cost and quality. As before quality will be determined by assessing both the tender submission and through interview and will be based on an assessment of the organisation, their experience of health projects and approach to the appointment including sustainability, ethical employment and support to the local economy.

With respect to cost selection to the framework will be based upon an initial assessment of their additions for overheads and profit together with their hourly labour rates. Selection for individual projects will then be via a specific mini-competition between framework members.

As for the measured term framework the tender will be awarded on the basis of the Most Economically Advantageous Tender. In this instance, as appointment to a specific project will be determined by further competitive tender, it is appropriate that a greater emphasis should be placed upon quality in the selection to the framework and the award criteria for this tender will be based on 70% quality and 30% cost.

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 27.2.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	External Contracts Update				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Hill, Acting Executive Director of Finance				
Awdur yr Adroddiad Report Author:	Rob Nolan, Finance Director - Commissioning & Strategy, Finance				
Craffu blaenorol: Prior Scrutiny:	The Executive Director of Finance has requested a quarterly update of performance to the Finance and Performance Committee. This paper has been approved for circulation by the Acting Executive Director of Finance				
Atodiadau Appendices:	4				
Argymhelliad / Recommendation:					
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> note the financial position on the main external contracts at December 2019 and anticipated pressures note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity note the work underway in relation to RTT 					
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 <input checked="" type="checkbox"/>
Sefyllfa / Situation:					
<p>The purpose of this report is to provide an update on the Contractual position of external 'Health Care' contracts (excluding primary care contracts) each quarter. The previous report providing the Quarter 2, 19/20 performance was presented to the November Committee and this update is for Quarter 3 of 2019/20</p>					
Cefndir / Background:					
<p>BCU commissions healthcare with a range of providers, via circa 518 contracts, to a value of approximately £342 million. Since the establishment of the new Health Care Contracting Team (HCCT) in 2016/17, work has been ongoing to ensure that all commissioned healthcare is supported by robust contracts which protect both the Health Board (HB) and more importantly, the patient. This report provides a summary of activity by the HCCT and the headline successes and challenges in Quarter 3 of the 19/20 financial year.</p>					

Asesiad / Assessment & Analysis

Strategy Implications

The Contracts Update supports the delivery of the Health Boards annual plan and is therefore aligned to the agreed strategic and business plans of the Health Board.

Financial Implications

The financial position on external healthcare contracts for 19/20 to Month 9 is a £2.19 million underspend against plan.

Risk Analysis

The Health Board is under scrutiny as a result of being in 'Special Measures', therefore, managing contractual relationships more closely is enabling the Health Board to reduce risk, monitor and increase quality, take corrective action where required and closely monitor future costs, ensuring a cost effective approach to externally commissioned healthcare.

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

Legal and Compliance

None

Impact Assessment

None

1. Purpose of the Report / Executive Summary

- 1.1 BCU commissions healthcare with a range of providers, via circa 518 contracts, to a value of approximately £342 million. Since the establishment of the new Health Care Contracting Team (HCCT) in 2016/17, work has been ongoing to ensure that all commissioned healthcare is supported by robust contracts which protect both the Health Board (HB) and more importantly, the patient. This report provides a summary of activity by the HCCT and the headline successes and challenges in Quarter 3 of the 19/20 financial year.
- 1.2 Currently circa 92% of expenditure is covered by a formal contract, the remaining contracts are under development as part of a 3 year plan to ensure all commissioned healthcare is contracted effectively, however the growth of new contracts has slowed progress.
- 1.3 Performance of the main hospital contracts continues to be monitored via the Contracts Review and Governance Group (CRGG) and there is also now a new regular 'External Contracts – Quality Update' to the Health Board's Quality and Safety Group.
- 1.4 A number of contract queries have been raised with English Providers regarding performance against Welsh standards and these are being progressed, with corrective action taken where necessary.
- 1.5 The financial position for external Cross Border contracts at the end of Quarter 3 2019/20 was an underspend of £2.19 million which includes the full impact of HRG4+ which was funded by Welsh Government. The current position is largely the result of some non-recurrent adjustments in the Welsh Health Specialised Services Committee (WHSSC) contracts. This underperformance is forecast to continue to year end.
- 1.6 There are some issues of note with the main external contracts and specifically for the Countess of Chester Hospital (CoCH) associated with the closure of their hospital to Welsh referrals from 01 April 2019. Additionally, there is pressure in a number of other external providers which is in part due to increasing numbers of major trauma patients, including an increase in semi specialist Neuro-rehabilitation which is required following an acquired brain injury.
- 1.7 The Health Board continues to engage fully in the WHSSC work and is actively involved in the development of the new Integrated Medium Term Plan for 20/21. The HCCT are working with WHSSC to further refine contracts to better control cost for non-specialised activity but is also working collaboratively to jointly manage those contracts in North West England where the HB has significant levels of activity.
- 1.8 The Contracting team continue to influence a wide range of activity from the implementation of new local and national framework contracts to a care home 'assurance mapping' pilot project with Conwy Local Authority.

2. Analysis of current contracts position

2.1 The current active Healthcare expenditure contracts can be analysed as follows:-

Table 1 – Analysis of contracts

Type of Care	Total	Anticipated Value £
Ambulance / transport	5	4,892
Community Care	79	16,914
Diagnostic/testing	31	6,272
Domiciliary Care	67	10,540
General Healthcare	7	109
General support / signposting	32	1,127
Learning Disability	6	617
Mental Health	62	6,488
Nursing Home	124	43,884
Other	10	843
Product / Nursing Care	4	4,116
Residential Home	22	991
Secondary Care (Acute)	16	35,186
Secure Hospital / Wards	22	7,675
Specialist Hospital / unit	15	3,783
Tertiary Care	16	198,924
Grand Total	518	342,361

- 2.2 In quarter 3 of 19/20, 25 new contracts have been developed, with 42 becoming inactive. At present, circa 92% of commissioned healthcare (by value) is covered by a signed contract and this is static from the previous quarter. The HCCT continue to work on putting formalised contractual arrangements in place for the remaining 8% of expenditure, which in the main relates to GP cover in community hospitals/minor injury units and a number of nursing home providers.
- 2.3 Additionally, before any new contracts are put in place, Providers continue to be assessed against a number of due diligence requirements and once contracts are in place, are held to account for contractual performance both from a financial and quality perspective. Additionally bi-annual checks on indemnity insurances are undertaken to ensure the Health Board services remain fully covered.
- 2.4 All contracts will be risk assessed annually to ensure that there is a prioritised work plan for contract stabilisation activity aimed at minimising risk for patients and the Health Board corporately.
- 2.5 See Annex 1 for Key Activity and Benefits in Quarter 3

3 Quarter 3 – 19/20 Financial performance of the main external cross border contracts

3.1 Financial summary

3.1.1 As outlined, the HB holds contracts with a range of English NHS Trusts, Welsh Health Boards and Welsh Trusts, to deliver care and patient services on its behalf. The value of the English locally managed contracts is £60.2 million, the HCCT administers all of these contracts. However £56.8 million of this is reported in the BCU Contracting reports the remainder relates to repatriated services and is reported by the appropriate division.

3.1.2 Table 2 provides the position on BCU Contracting based on activity to Month 9 (actual position for months 1 – 8 and forecast for month 9) which shows an underspend of £2.19 million to date and an underspend of £2.5 million forecast for the full year.

Table 2 – Month 9 Cross border contract position (BCU Contracting)

	18/19 Outturn	19/20 Budget / Plan	Forecast Outturn	Forecast Variance	Q3 Actual	Q3 Variance from plan
	£'000	£'000	£'000	£'000	£'000	£'000
Local English Contracts						
Countess of Chester	20,900	21,987	21,720	(267)	16,290	(200)
Robert Jones & Agnes Hunt	13,100	13,891	13,891	0	10,418	0
Royal Liverpool & Broadgreen	4,900	5,053	5,087	34	3,815	26
Other	11,600	12,999	13,467	468	10,101	350
Total English Contracts	50,500	53,930	54,165	235	40,624	176
Welsh Contracts	9,700	10,189	10,366	177	7,775	133
WHSSC	166,300	181,483	177,832	(3,651)	132,996	(3,116)
WHSSC Provider Contracts	(39,200)	(41,048)	(40,796)	252	(30,583)	203
BCU divisional recharges/misc.	(6,300)	(2,402)	(1,647)	755	(1,261)	541
NCA's	4,300	4,334	5,026	692	3,865	615
Other Misc. contracts*	300	0	0	0	0	0
Outsourcing	4,100	1496	1496	0	1496	0
Write backs/CIP	(1,400)	(507)	(1500)	(993)	(962)	(747)
Total	188,300	207,475	204,942	(2,533)	153,950	(2,195)

*relates to the Marie Curie contract budget which is now reported in the Area Teams position rather than centrally

3.1.3 See Annex 2 for issues of note for Locally Managed Contracts

3.2 Summary position on contractual financial pressures

3.2.1 The final Quarter 3 financial position for external contracts is an underspend of £2.19 million. However, it should be noted that there are emerging pressures in some contracts that affect performance later into 2019/20.

3.2.2 The HB senior team continue to work closely with WHSSC to address financial pressures.

4 Income Contracts

4.1.1 Welsh Commissioner / Provider LTAs for 19/20 were all signed before the deadline, with no disputes. The Health Board have been notified that the sign off deadline for 20/21 LTAs will be shortened, meaning that LTAs must be signed off before the start of the new financial year.

4.1.2 Good progress has been made on resolving the income disputes between the Health Board and Shropshire and West Cheshire Clinical Commissioners with the Shropshire settlement agreed in writing and the West Cheshire settlement verbally agreed. The basis of the 19/20 and 20/21 contract principles have also been agreed at the same time, giving the Health Board a greater degree of stability moving forward.

5 Staff changes

5.1 As previously reported the HCCT continue to carry two vacancies, including the Associate Director of Contracting who left the team in September. The recruitment for the permanent replacement for the Associate Director has been completed, with the newly appointed replacement due to commence on the 24th February. Further updates will be reported to the next Committee. In the interim, contingency plans are in place, with any resultant issues to be documented in future updates.

6 Recommendation

6.1 The HCCT continues to influence a broad and expanding spectrum of healthcare contracting issues across the Health Board and continues to make progress on stabilising the traditional contractual arrangements. Current performance on a range of issues has been outlined within this paper.

6.2 The F&PC are asked to:

- note the financial position on the main external contracts at December 2019 and anticipated pressures
- note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity
- note the work underway in respect of RTT
- note the challenges faced due to staff turnover.

Rob Nolan, Finance Director - Commissioning & Strategy, Finance

17/02/2020

Key activity and benefits in Quarter 3

Communication with the homes – This quarter, the HCCT have focussed on supporting providers to submit electronic quality assurance returns in order to streamline the workload in relation to data collection, and data sharing. The team continue to offer advice and guidance on submission and the return rate for the Quarter 3 quarterly assurance submissions has either been maintained or increased in 4 out of 6 geographies as a result.

Broadcare (CHC database) – The HCCT has now agreed formal standard operating procedures for use of the Broadcare system. Contract Officers input new providers into the Broadcare system, this should ensure that care packages cannot be put in place before a contract, as the package must be linked to a provider; thereby ensuring sound governance.

We continue to receive requests to set up new providers that are outside of Governance arrangements, where care packages have been put in place, before a new contract has been put in place or providers assessed against a number of due diligence requirements. In addition, the team receive poorly completed Provider Set Up forms, with missing information that requires follow up by the HCCT.

The establishment of contracts and due diligence checks protect both the Health Board (HB) and more importantly, the patient, and allows the HB to hold the provider to account for contractual performance both from a financial and quality perspective.

The breaches are reported through the CHC Operational Group and the Contracts Review and Governance Group (CRGG).

RTT / Waiting List - The HCCT continue to support the commissioning of additional services externally in order for the HB to meet waiting list targets.

A significant amount of team resource this month along with Acute Hospital Divisions has been supporting the commissioning of additional insourced activity in the last quarter of 19/20, updating service specifications and re-running mini competition's, for the following specialities:

- Cataracts
- Urology
- Gastroenterology
- Neurophysiology
- Maxillofacial
- Diagnostic Echocardiogram

The lead time for putting a contract in place is 6-8 weeks following submission of a completed final specification, given the urgency and recent confirmation of Welsh Government funding we are working with procurement to reduce this timeframe to maximise activity in the final quarter of the financial year.

The Endoscopy Vanguard unit, which was referenced in previous updates, remains on site, with activity re-commenced w/c 6th January after the Christmas and New Year period. The unit has now been fully operational for 6 weeks, with a contract extension agreed to secure the 8 week original contract, after initial water testing issues closed the unit in December after one week of operation. Despite discussions with Vanguard in relation to extending the contract to the end of the current financial year, Vanguard have notified the Health Board that they intend to remove the unit at the

end of the 8 week contract (21st February). De-commissioning meetings have taken place to manage the removal of the unit off site.

Endoscopy - The national procurement exercise to secure a long-term solution for the insourcing of endoscopy Diagnostic Services completed and contract awards have been made to 5 successful providers, 3 Site Weekend Providers, a provider for Weekday services and a fifth provider for the Vanguard Unit in November. With the providers mobilised the team hold weekly telephone contract monitoring meetings with providers after each weekend/completed week of service. This allows a review of lessons learned and for corrective action to be taken before any future weekend/weekday of service. The site clinical and operations managers are requested to bring feedback from the service to the meeting, including details of issues, incidents, concerns and compliments, to allow improved patient service for the following weekend/weeks service.

A number of concerns are being raised in relation to patient booking of lists for the Vanguard Unit and Wrexham weekend/weekday service due to capacity within the Patient Booking Team and the significant increase in patient lists, in addition to the limitations of the current procedures undertaken restricting the patient cohort. Issues have been escalated to senior site management and are being addressed.

The HCCT supports the transfer of patients to outsourced providers, and then subsequently the tracking of patient treatments. All of the additional 750 Orthopaedic cases for Robert Jones and Agnes Hunt (RJA) and CoCH agreed earlier in the year have been transferred.

Approval was received to proceed with all the offered capacity reported in the last Contracts update. Including the 750 Orthopaedic Plan cases 1,149 patients have been sent to date details in Table 3 below

Table 3 Number of Patients Outsourced 2019/2020

Specialty	Provider	Number Transferred
Oculoplastic	St Helens & Knowsley	8
Oculoplastic Total		8
Ophthalmology	Mid Cheshire	49
	St Helens & Knowsley	137
	Wirral University Teaching Hospitals	148
Ophthalmology Total		334
Orthopaedic	Countess of Chester	277
	Mid Cheshire	9
	Robert Jones & Agnes Hunt	511
	University Hospitals North Midlands	10
Orthopaedic Total		807
Grand Total		1,149

Private providers have also been approached by the HCCT and provisionally indicated that they could have capacity for a range of specialties, no volumes can be confirmed until a possible start date can be identified. In order to access this capacity procurement would need the final specification to share with providers on the framework this is being progressed with divisional teams with the support of the Access group in addition to finalising indicative activity numbers.

Quality monitoring and contract compliance

Whilst quality issues are referenced within this report for completeness, it should be noted that a summary update is now also reported to the HB Quality and Safety Group (QSG) and the Associate Director of Contracting is now a standing member of that group.

Non Acute contracts

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

The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with HB CHC and Local Authority (LA) colleagues. The HCCT continue to participate in care home monitoring visits and are actively involved in monitoring a number of homes who are in escalating concerns. In Quarter 3, the team undertook 22 full care home, on site, monitoring visits, which is a significant improvement on Quarter 2 visits. A significant amount of time is spent actively monitoring those homes that are in increased or escalating concerns. The detail on issues and associated risk and actions for homes in increasing / escalating concerns are reported via the Area Teams monthly reports to QSG.

Since last reporting the quarter ending December 2019 contract monitoring returns have been returned from Nursing Homes. The care home assurance return rate was 90%, a decrease on the previous quarter. In 3 LA areas, the return rate was 100% and whilst there has been an improved return rate in one of LA areas that had a poor return previously, unfortunately there has been a reduction in the East Area Homes that had previously been at 100%. The HCCT continue to work with the homes in this area to improve the return rate, through education and training support.

A graphical representation of the information relating to North Wales Homes is shown in Annex 3. The information for April to December 2019 (returns only received in late January) is going through validation processes and will be subject to further scrutiny and discussion with the homes and the Area Practice Development Nurses in order to identify opportunities for corrective action as a number of areas are showing concerning trends, including the use of Agency staff to cover shifts.

A number of issues, which are not significant enough to be concerns at this point, have been picked up with some homes as part of normal contract monitoring activity and the providers are working alongside the clinical and contracting team to resolve these issues before they escalate.

In addition to care home and other ongoing contract monitoring, during Quarter 3, the team continued to hold weekly telephone contract monitoring meetings for the all insourcing (currently only endoscopy) providers after each weekend of service. This allows a review of lessons learned and for corrective action to be taken before any future weekend of service. The site clinical and operations managers are requested to bring feedback from the weekends service to the meeting, including details of issues, incidents, concerns and compliments, to allow improved patient service for the following weekend.

Acute contracts

Acute contract performance continues to be monitored at the CRGG. Areas of concern identified via the monthly CRGG review process are detailed in Annex 4 and are reported through to the Health Board Quality and Safety Group (QSG).

Countess of Chester Hospitals (COCH) concerns – There is an emerging deterioration in a number of performance and quality indicators in the current financial year, an increase in waiting lists and a reduction in their income that has been reported through Contract monitoring meetings and escalated through to CRGG.

COCH are experiencing increases in delays to discharges that are being attributed to Flintshire Local Authority. The impact of this is additional costs in excess bed days and is likely to impact on waiting lists/access. The East Area team are leading discussions and actions to decrease delays.

There has been a decrease in activity levels at COCH compared to plan for 19/20, and this can be partly attributed to their closure of BCU referrals at the start of this financial year.

Further to the letter of intent issued to COCH on 29th September 2019, to advise of BCUHB intentions in relation to reducing orthopaedic waiting lists at COCH, 250 transfer patients were added to the 2019/20 contract.

COCH Maternity concerns - It has been previously reported that there have been ongoing concerns with regard to maternity performance at COCH as their performance levels are lower than those required within Wales e.g. C-section rates. Maternity remains an area of contention and discussions are continuing regarding the ability of the service to comply with Welsh standards for reporting.

Evidence of improvement has been provided and COCH issue the following reports: *The Saving Babies Lives Action plan* and *The Toolkit to Support Vaginal Birth and Reduce Primary Caesareans*, on a quarterly basis.

Robert Jones and Agnes Hunt (RJA) – Further to the letter of intent issued to RJA on 27th September 2019, to advise of BCUHB intentions in relation to reducing orthopaedic waiting times at RJA, 500 transfer patients were added to the 2019/20 contract.

There has been a sustained reduction in spinal and paediatric referrals and we will therefore be re-basing the contract in 2020/21 to support other areas, within the same financial envelope.

Shrewsbury and Telford - The HCCT continue to meet regularly with Shrewsbury and Telford Hospital (SATH) in order to monitor performance and receive updates on their improvement plans related to the CQC special measures enforcement action around quality of services in A&E and maternity care.

Ongoing performance management of other Acute contracts is in place with scheduled meetings depending on the size and complexity of the contract e.g. Bi Monthly, Quarterly or half yearly.

Clinical quality indicators – failure to agree

Every year, the HCCT update the standard cross border contract to reflect changes to the requirements of the Welsh Delivery Framework and incorporate new key performance indicators into the local reporting requirements.

As previously been reported some English NHS Trusts have refused to report against the specific Welsh requirements. The HCCT has established that there does not appear to be a uniform

approach to the cross border quality reporting requirements in Wales therefore, this will be highlighted to QSG, to consider what the minimum reporting requirements are for English Hospitals to try and move forward with agreement of contracts.

Partnership Working

The Contracts Team also support the Partnership working agenda, and as part of the various partnership groups, the team are currently supporting:-

Gwynedd Domiciliary Care – Significant input continues to be provided to the development of the proposed new Domiciliary Care framework agreement for the Gwynedd Local Authority (LA) area. A ‘patch based’ approach is being considered which would split the provision of care between the ‘in house’ provider service from the LA and open market competition for individual geographical ‘lots’.

Regional Domiciliary Framework – The framework has now concluded the previously reported ‘competition window’ for new providers to join. The Contract Officers from the HCCT are taking an active role in evaluating new provider submissions alongside their LA colleagues and a number of new providers were added which will allow greater flexibility of placements in future.

The HCCT are working closely with the Regional Collaboration Team supporting the DDQ process in respect of the new providers appointed to the framework.

Assurance Mapping - Following presentation of the Assurance Mapping document, the North Wales Quality Management Group have agreed a number of actions to take this project forward. The HCCT are currently working with Local Authority partners to go through a data validation exercise and identify any local variation, whilst work is ongoing to look at how information can be shared and assurances derived from a central depository of information.

North Wales Pre Placement Agreement - Review and finalisation of the North Wales PPA (Pre Placement Agreement)

Escalating Concerns procedures - Review of the North Wales Quality Management and Escalating Concerns procedures

National Collaborative Commissioning Unit (NCCU) - The HCCT are supporting the review of the Health Boards Continuing Healthcare processes by the National Collaborative Commissioning Unit (NCCU) by providing Contract data and frameworks.

The proposal is that they work in partnership with the Health Board to review the Health Board’s current Continuing Healthcare (CHC) process’, with the view to enhancing and streamlining arrangements to ensure that patients who meet the criteria for CHC funding are identified appropriately and that funding agreements of suitable placements are as robust and timely as possible.

The intention is that the Quality Assurance Improvement Service (QAIS) of the NCCU will work in partnership with the Health Board to review the CHC eligibility process, funding agreement process and CHC review process. The aim is that this programme of work will identify areas for improvement as well as identifying areas of good practice and will give the Health Board assurances in relation to application of eligibility criteria and review processes, which will include contractual arrangements

Wales Audit Office Review - The HCCT are supporting the review of the Health Boards Continuing Healthcare processes by the Wales Audit Office as part of their Governance Review.

Issues of note for Locally Managed Contracts

At present, based on the information available at month 9, the HCCT local contracts are reporting an overspend of £300k, the majority of the contracts are broadly balanced but there are a number of issues that are worthy of note:

Countess of Chester Hospital (COCH)

The COCH contract is being reported as underspent. The overall activity in COCH to date is low due to the closure to welsh patients in April and May, and from this non-recurrent savings have been identified and are reported on the savings line of approx. £500k. Whilst it is anticipated that they will accelerate treatments later this year in an effort to recover the overall contract position they are now forecasting the underspend will continue to increase so this is being reflected in reported position.

Other contracts

In the second quarter of 19/20 it was reported there is a significant cost pressure emerging in the major trauma contract. This trend has continued into Quarter 3, although the contract is volatile by nature so it is not unusual to get a spike in activity it is anticipated that the contract will materially overspend by year end this is driven by an increase in both the volume and complexity of the patients. .

The specialist rehabilitation costs continue to increase, particularly individual placements through IPFR with private providers. This growth in cost is forecast to continue due to the volume of major trauma patients this year and as a result of delays in BCU services stepping these patients down to more appropriate settings on a timely basis.

All other major cross border contracts have been broadly balanced in Quarter 3 with a slight over-performance in some contracts being offset by under-performance in others. However, activity and finance will be closely monitored throughout the year to ensure clear oversight of expenditure.

Issues of note for the WHSCC position

The WHSCC position in Quarter 3 as documented in Table 3, is an underspend of £3.1 million with a forecast year-end underspend of £3.56 million, it should be noted that this is the position, as reported centrally by WHSCC. This favourable position includes anticipated slippage from assessed Clinical Impact Assessment Group (CIAG) schemes (Genetics and PET new indications). However the majority of the underspend can be attributed to reserves released into the position relating to NHS England contract settlements and IPC provisions.

As previously reported several Manchester Trusts merged recently which held contracts with both BCU and WHSCC. The new organisation continues to have reporting issues which prevent them from providing separate reporting for specialist and non-specialist elements in line with the English reporting rules. BCU and WHSCC are working with them to resolve the issues to enable separate reporting in the final quarter. In anticipation of this WHSCC have agreed the transfer the funding for the non-specialist element to BCU to enable this to be reported locally.

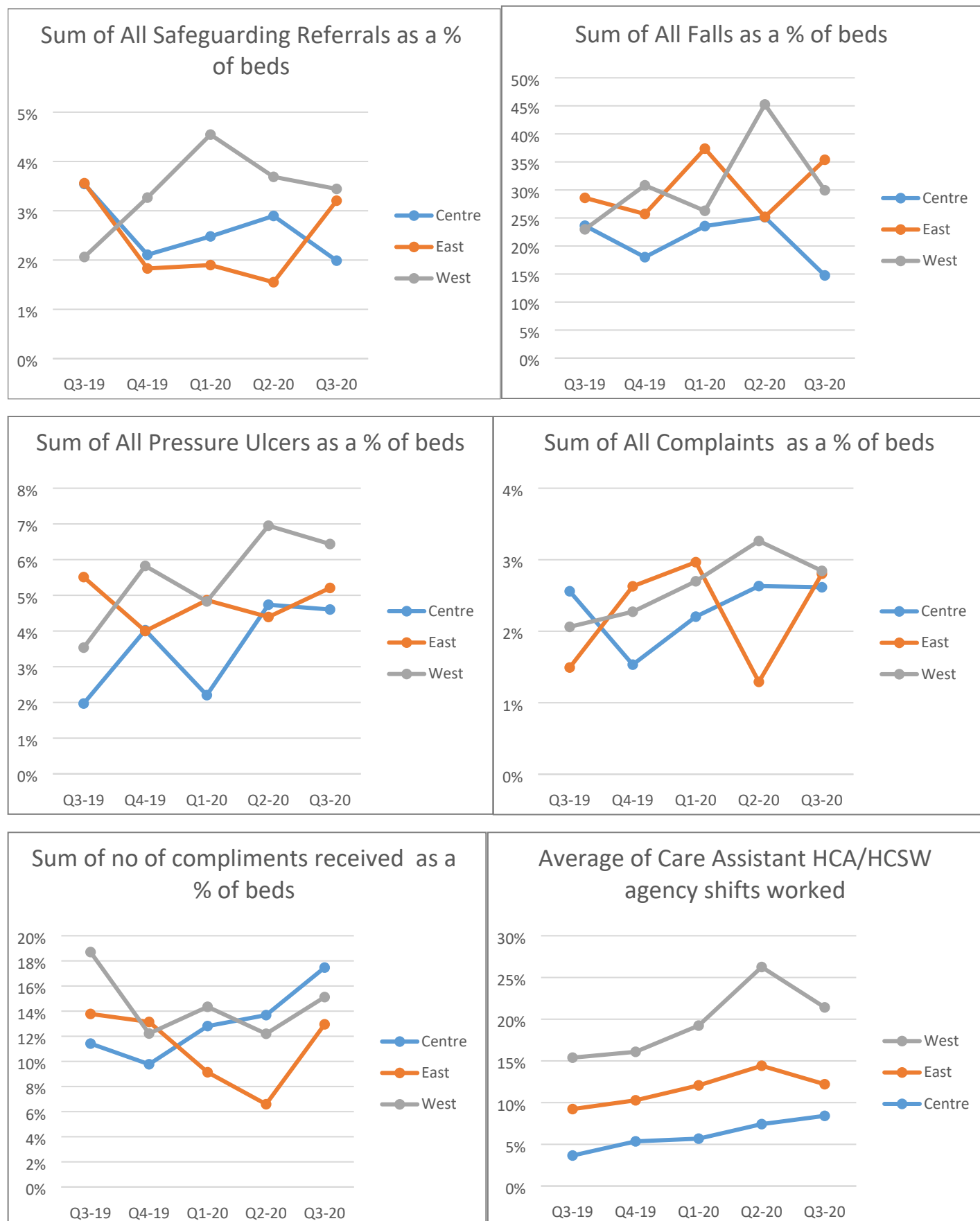
There are some pressures manifesting within the specialist English contracts, an extract of which is documented in Table 4 below.

Table 4: Extract of anticipated WHSCC English issues for main BCUHB providers.

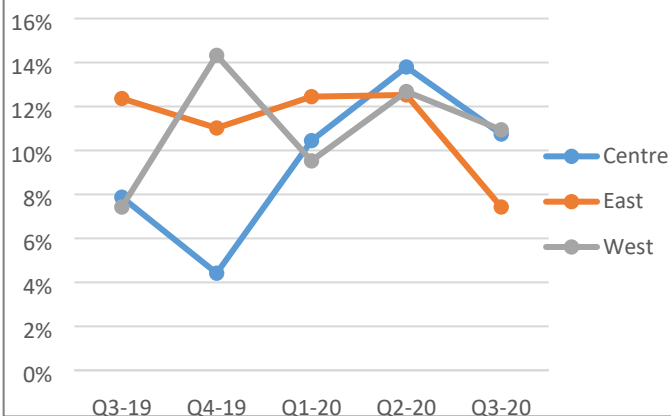
Extract of the anticipated issues / WHSCC Variances	Variance @ M9 £'000	Reason
Alder Hey Children's Hospital NHS Foundation Trust	632	Higher than average critical care costs and high cost PICU activity in Quarter three there has been increased pressures on Homecare drugs and increase in Spinal and Cardiac surgery.
St Helens and Knowsley Hospital NHS Foundation Trust (Whiston)	426	The overspend is due to an acute kidney injury patient costing £92k with £89k of critical care and a high cost sarcoma patient.
Liverpool Heart and Chest Hospital Foundation NHS Trust(LH&CH)	(1,766)	Overall activity in LH&CH has been reducing over the last few years. This has been masked by the issues around the tariff but is now being recognised in the reported position.
Walton Centre NHS Foundation Trust	216	Elective and Emergency Neurosurgery with high cost and high volume including a few patients with substantial critical care cost

The HCCT has continued to engage with the WHSCC management team to address areas of over performance. There have been a number of Provider specific meetings which they have participated in and there are plans in place to further refine specialised contracts in 2019/20 to split out the non-specialist element from some WHSCC contracts which will allow greater scrutiny of routine elective activity at HB level. The HB will then implement the cross border guidance which requires English providers of elective care to have 'prior approval'. Any invoices for activity that do not have prior approval will be rejected.

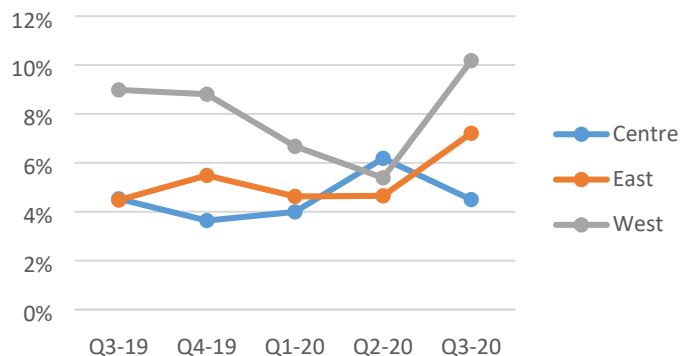
Q3: Self Declaration of Quality Assurance Indicators by Area - Nursing Homes – North Wales



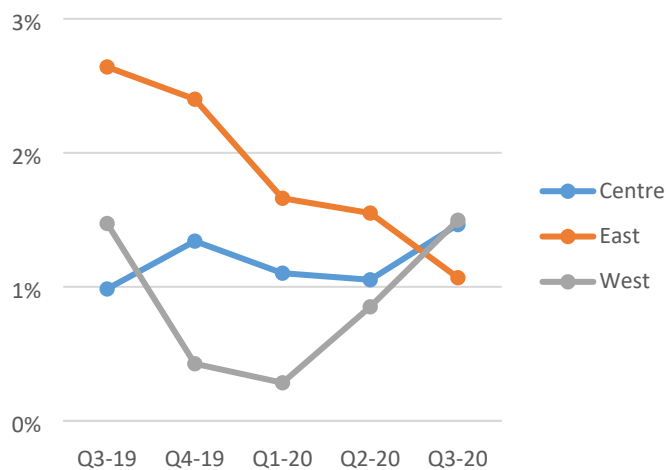
Average of RGN/RMN agency shifts worked as a % of total shifts worked



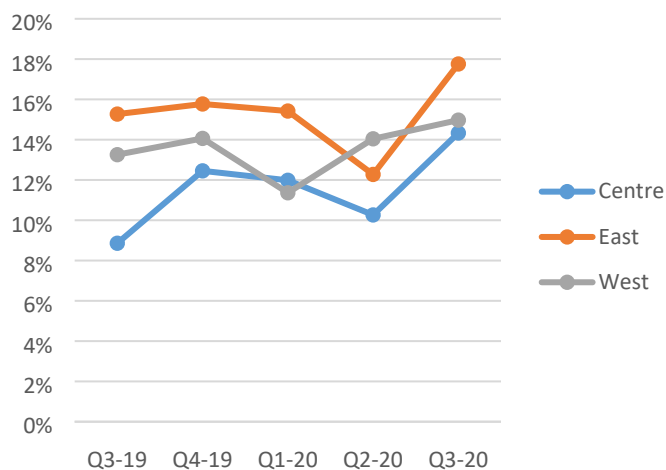
How many patients have a MUST score which has deteriorated in Quarter as a % of beds



Number of medication incidents/errors that have been identified as a % of beds



Sum of All Submissions to CIW as a % of beds



Recent contract queries raised, related to quality / performance issues in Acute contracts in the third quarter of 19/20 are:

Provider	Contract Query Q3	Provider response
Aintree	<p>Dec 19 A&E performance data: there were 481 patients who spent 12 hours or more in hospital until discharge, admission or transfer. We have asked for further information given this is a considerably higher number than previous quarter reporting.</p> <p>Cancer performance against the 62 day target is variable and below delivery standard. We have asked if there is an action plan in place to recover the target.</p>	Awaiting response.
COCH	<p>There was an MRSA case reported during October. There were 3 c-diff cases reported in October. Queried whether these relate to BCUHB patients.</p> <p>RTT 26 week waits</p>	<p>COCH confirmed that the MRSA case and 2 of the 3 c-diff cases relate to BCUHB patients.</p> <p>Further information was requested and received. This will be reported through QSG.</p> <p>The October wait was 76.6% but the position improved during November and December. COCH reported that their breach summary was increasing and more specialties are becoming problematic. There had been some improvement for RTT across admitted and non-admitted patients during December, and there was also a difference in the incomplete activity which was reported to be the same for English patients. Routine activity had not been suspended, but there had been bed pressures which resulted in some cancellations.</p>

Provider	Contract Query Q3	Provider response
	2 Serious incidents reported during October 19	COCH confirmed that BCU had been notified of the SI in line with contractual process.
Liverpool Women's Hospital (LWH)	Reduction in cancer figure for 31 day and 62 days across Quarters 1 and 2. (Quarter 3 information not available yet) We have asked for the cause of the decrease, and what action plans are in place to improve it?	Awaiting response.
Manchester University	The 62 day cancer waiting times have dropped during Quarter 3. We have asked if there is an action plan in place to improve performance against this target.	Awaiting response.
RJAH	There has been a deterioration in their RTT 26 week wait position between October and December 2019.	This is largely due to the additional 500 patient transfers booked with RJAH for 2019/20.
Royal Liverpool & Broadgreen University Hospitals NHS Trust (RLUH)	The RTT 26 weeks wait figures have been lower than threshold in October and December, dropping to 82.5% in December. We have asked for an indication of the reason for the decrease, and whether there are any action plans in place to improve performance. The 62 day cancer figure was at 75.2% in Quarter 2 which is below expected standards. Query whether there's been an improvement in Quarter 3. The Cdiff figures for Oct – Dec have been consistently higher than the monthly threshold. We have asked for background and if there are any action plans in place to improve the situation.	Awaiting response.
SATH	The 62 day cancer figure has been increasingly low for Quarter 3 2019/20 – please can you provide some background and indicate	A response has been received and will be reviewed by CRGG

Provider	Contract Query Q3	Provider response
	<p>what measures you have in place to improve the target?</p> <p>A&E wait target reduced to 66.27% in December against a threshold of 95% - we have enquired as to whether there was a specific reason for the decrease?</p>	
University Hospital of North Midlands (UHNM)	<p>The 62 day cancer figure reduced from 75.37% in August to 69.14% in October and 67.3 in November. Even though no Welsh patients have been treated for cancer at WUTH, we wanted an overview in case there is a recurring issue that we need to be aware of for the future</p> <p>The A&E less than 4 hour figure dropped to 73.34% in December.</p>	A response has been received and will be reviewed by CRGG
Wirral University Teaching Hospitals	<p>The RTT 26 week wait figure has been lower than 80% across Quarter 3. We have asked if there is an improvement plan in place to improve performance against the target</p> <p>The sickness absence rate is higher than threshold during Quarter 3. We have asked if there is a particular reason for the increase/recurring theme.</p>	Awaiting response.



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 27.2.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Update on delivery of PWC recommendations						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Hill Acting Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Mrs Sue Hill Acting Executive Director of Finance						
Craffu blaenorol: Prior Scrutiny:	Executive Team meeting						
Atodiadau Appendices:							
Argymhelliad / Recommendation:							
It is recommended that the Committee –							
Confirm the status of progress against the recommendations as set out in this paper. Consider any further actions required to finalise or accelerate the implementation of the recommendations, in order that where practical, actions are completed by the end of March 2020.							
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:							
PWC were commissioned to review the 2019/20 financial plan and produced two reports which had specific recommendations for the Health Board to progress, which have been incorporated into the Financial Recovery Action Plan (FRAP), monitored through the Financial Recovery Group. This paper summarises progress against those actions to date and is presented to provide assurance to the Committee.							
Cefndir / Background:							
As part of the support commissioned from PWC the Health Board received two reports which set out a series of recommendations for improving financial management and control within the organisation. The Review of Expenditure Controls (Grip and Control) Report was issued on 26th April 2019. The report identified 22 recommendations across pay and non pay, including procurement. The Financial Baseline Review was issued on 15th May 2019. The report identified 32 recommendations across a number of operational and financial management themes.							

The recommendations from both of these reports have been incorporated into the Health Board's Financial Recovery Action Plan (FRAP). The FRAP allocates Executive leadership for each recommendation and progress against the recommendations has been the subject of regular monitoring through the Financial Recovery Group which meets on a fortnightly basis.

Asesiad / Assessment & Analysis

Introduction

The FRAP monitors progress against both the PWC recommendations and the additional financial controls implemented during 2019/20, many of which originated from the NHSI financial recovery checklist; overall there are 334 individual actions being progressed and the following table illustrates the change since the FRAP was last presented at F & P Committee:

	Complete	Complete - subject to provision of evidence and sign off	In Progress	Not Started	Grand Total
Previous (M7)	223	16	95	0	334
Current (16/01)	271	14	49	0	334
<i>Movement</i>	48	(2)	(46)	0	0

Summary of Progress

The table below summarises progress against the PWC recommendations:

Report Reference	Number of Recommendations	Recommendations Completed	% Completion
Financial Baseline	32	24	75
Grip and Control - Pay	16	11	69
Grip and Control - Non Pay	6	6	100
Total	54	41	76

A summary of the status of each of the key recommendations within each of the reports follows.

Financial Baseline

The table below shows the status of each recommendation as reflected in the FRAP.

It should be noted that three of the FRAP actions (19, 26, 28) contain two of the PWC recommendations. Furthermore, two observations from the PWC report were considered significant enough to be added as additional actions in the FRAP (27 & 29) over and above the recommendations made:

Financial Baseline Recommendations				
FRAP Ref	Key Recommendation	Exec Lead	Ongoing?	FRAP Status
FB01	The Board should develop a multi-year recovery plan to address the underlying position and develop long-term, transformational recovery plans.	CEO / FINANCE	Y	In Progress
FB02	The Board needs a stronger focus on financial improvement and must take action to raise the focus and profile of the savings programme throughout the organisation. This must be driven by the Executive team and requires a definitive action plan.	CEO / RECOVERY	Y	Complete
FB03	The Board should obtain an understanding of the size and drivers of its deficit. Understanding the causes of the structural and operational deficit will also allow the development of strategies and solutions that address the deficit in a sustainable manner.	FINANCE	Y	In Progress
FB04	Accurate and transparent financial and other information is needed throughout the organisation to underpin proactive financial management from budget holder-level upwards to understand the financial position.	FINANCE	Y	In Progress
FB05	The Board should include reporting on: - the monthly run-rate and underlying performance; and - regular forecasting and business planning updates, including key allocation and budget movements	FINANCE	Y	Complete
FB06	The Board should obtain clarity and commitment from WG regarding funding, particularly for RTT costs, in FY19/20 and ensure the financial plan reflects all expected costs.	PLANNING	Y	Complete
FB07	The Board should review its core capacity requirements to manage waiting lists and determine what sustainable changes are required to manage performance targets. This should include developing a capacity plan to deliver its statutory performance obligations to the population to inform a Welsh Government decision on investment.	PLANNING	Y	In Progress
FB08	The Board should also carry out a formal exercise to understand how income received should be allocated, to align with the divisional structure. This would increase the level of transparency in regard to income and expenditure in each division, and provide a more accurate understanding of its financial position.	FINANCE	Y	In Progress
FB09	The accuracy of forecasting and accruals should be considered given the significant increase of non-pay expenditure in M12.	FINANCE	Y	Complete
FB10	Whilst there are specific reasons for this in a number of cases, the Board should be sure that any general increase in costs is understood in terms of the potential impact on FY19/20 going forwards.	FINANCE	Y	Complete
FB11	The budget setting process including approving and rejecting of cost pressures and savings plans should include operational engagement.	FINANCE	Y	In Progress
FB12	The Board should review the planning and budget setting process to ensure this is structured and integrated across the service. This could include identifying integrated control totals by area or type of care. The Board should ensure that it understands the true cost of delivering services and that financial plans fully and accurately reflect this.	PLANNING / FINANCE	Y	Complete
FB13	The Board should also make the planning process more transparent and consistent across the organisation. This should demonstrate how the financial plan is clearly linked to operational plans, health economy-wide plans and transformational plans. We recognise the Board recently appointed a Planning Director to focus on the planning requirements for the Board.	PLANNING / FINANCE	Y	Complete
FB14	The Board should review its accountability framework and be clear on how it holds budget holders to account for delivering under and overspends.	CEO / RECOVERY	Y	In Progress
FB15	The Board should consider areas of immediate cost control and improvement (with reference to the separate short report from PwC) to reduce and curtail expenditure.	RECOVERY	Y	Complete
FB16	The Board should prioritise improvements to its savings programme, including the governance and framework surrounding this (with reference to the work being undertaken by external support). The Board should set itself a clear timetable for development and implement measures to facilitate an ongoing, sustainable savings identification process.	CEO / RECOVERY	Y	Complete
FB17	Ensure the PMO function is resourced appropriately in order to focus on identifying additional FY19/20 saving schemes. This should include providing sufficient support to each of the divisional areas and to convert ideas into implementable opportunities which are then regularly monitored and tracked.	RECOVERY	Y	Complete
FB18	Build on WG guidance to provide further clarity to divisions on what is expected for a scheme to be rated as "Green" or "Amber".	RECOVERY	N	Complete
FB19	Ensure that PMO issued guidance recommends that any reviews or further analysis is conducted ahead of scheme submission. This should be linked to clear criteria for what can allow an 'Opportunity' to progress into the development tracking stages, with sufficient supporting financial information.	RECOVERY	Y	Complete
FB20	A formal communications plan for the Board-wide savings programme should be developed, specifically outlining key challenges along with periodic updates on performance against the savings plan. This will encourage staff engagement in the savings programme.	RECOVERY / COMMS	Y	Complete
FB21	Ensure that strategic initiatives are driven centrally and supported by a suitably resourced (and experienced) PMO function to drive scheme development and delivery within each of the divisions.	CEO / RECOVERY	Y	In Progress
FB22	Ensure that the executive team and PMO apply appropriate pressure to divisional management to continue to develop their savings pipeline and identify new schemes to fill the savings gap.	CEO / RECOVERY	Y	Complete
FB23	Produce a risk management framework for reporting savings delivery slippage, and ensure this is reflected within the savings tracker	RECOVERY	Y	Complete
FB24	The Board is reviewing the business case policy and approval process currently This should ensure the policy includes clear requirements for improvement to quality/services and financial viability, and ensure this is communicated and followed. This should include a clear process for holding project leads to account, clear viability criteria and routes for approval	PLANNING / FINANCE	Y	Complete
FB25	The Board should ensure attribution of ring fenced funding towards its intended requirement and making best use of project plans and milestones to understand the benefit delivery	FINANCE / PLANNING	Y	Complete
FB26	The Board should introduce a mechanism for retrospectively reviewing investments to ensure delivery of benefits in line with business case. This can inform disinvestment decisions. The Board should review all the investments suggested as part of the 19/20 plan to ensure that the Board has full business cases for	PLANNING / FINANCE	Y	Complete
FB27	Details of approval limits and appropriate delegation were not clear and do not appear to have been fully communicated amongst the team. This may lead to investments not being approved at the sufficient level resulting in a lack of joined-up understanding within the Board regarding the impact of investments.	FINANCE	Y	Complete
FB28	The Board would benefit from a blank template spreadsheet which has clearly outlined sections for mandatory completion. This should include a clear process for holding project leads to account, clear viability criteria and routes for approval. This is support agreement whether items have been appropriately included as investments or fit the requirements for 'Healthier Wales' funding.	FINANCE	Y	Complete
FB29	The Board should ensure it has appropriate mechanisms for holding external partners brought in to support financial recovery and transformation to properly account for: outputs and return on investment.	CEO / RECOVERY	Y	Complete
FB30	A specific review of Q4 FY18/19 should also be undertaken to provide further clarity regarding previous reporting and outturn.	CEO / FINANCE	N	Complete
FB31	Determine the role and required function of the PMO in the context of current financial challenges facing the Board and additional Service Improvement team.	CEO / PMO	Y	Complete

The following areas remain in progress –

Recovery Plan – The development of a multi-year recovery plan is linked with the overall service plan for the Health Board. Work is ongoing through the planning process for 2020/21 to build a robust plan which reflects the work ongoing to refresh the Board's clinical strategy.

- Drivers of the deficit – Initial work has progressed and the Finance & Performance Committee has received the first and the second of a series of three papers describing the key factors which are driving the deficit and the associated challenges and opportunities
- Financial reporting – Improvements have been made in Board and Committee reporting throughout 2019/20 and this will continue: work is continuing with Divisions to ensure consistency throughout the organisation and to scrutinise areas of unplanned expenditure in order to inform decision making
- Core Capacity – Work is ongoing as part of the 2020/21 planning round to define and agree capacity at specialty and site level, which will underpin our future plans for the delivery of planned care
- Income – A review of the income allocation for 2019/20 has been completed and this will be refreshed as part of the 2020/21 budget setting
- Budget Setting – The budget setting round is ongoing
 - There has been additional engagement with operational divisions. To drive a common understanding of funding availability, financial pressures and savings requirements which will then be reflected in the Board's budget
- Accountability – A revised accountability framework is being developed which will be available for the start of the new financial year
- PMO - short term capacity needs have been addressed and the long term requirements for PMO support are currently being reviewed by the Executive Team

A detailed status update against each of these actions is set out in Appendix A.

Grip and Control - Pay

The table below summarises progress against each of the 16 key recommendations within the grip and control report. In order to address these key recommendations 64 actions were identified within the FRAP.

The overall status for each of the 16 key recommendations has been determined by considering progress against each individual action. Where any action is outstanding an overall assessment of "In progress" has been allocated against the key recommendation:

Grip and Control - Pay Recommendations				
Staff Group	Area	FRAP Ref	Recommendation	FRAP Status
Nursing	Additional duties	GC 1-4	Enhance existing controls by expanding new approval levels (currently being trialled at two wards) to all wards across the Health Board, implementing controls on eRoster to prevent duties being rostered without the required approvals and ensuring Ward Managers are aware how to update eRoster for skill mix changes without requesting additional duties	Complete
Nursing	Bank	GC 5-11	Implement initiatives (such as auto-enrol policy for new joiners, weekly payments for bank shifts, referral bonus etc) to increase the existing bank pool and improve utilisation. These can support reduction of agency costs. In addition, escalate approval of B6/B7 shifts to site Associate director of Nursing (ADNS) in order to reduce bank costs relating to B6/B7 nurses filling B5 bank shifts.	In Progress
Nursing	Rostering	GC 12 - 17	Introduce periodic support and challenge meetings with Matrons and Ward Managers in the form of site-level "rostering sessions" chaired by the Associate Director of Nursing (ADNS) and supported by the eRoster team. These will aim to improve roster performance against existing KPIs by providing hands-on support to staff, thereby improving rosters and reducing temporary staff spend. In addition, integrate eRoster with ESR.	In Progress
Nursing	Agency	GC18-23	Enhance the approval process for agency block bookings, set a minimum threshold of ward vacancy levels before block bookings can be made and look to negotiate lower rates with agencies for them. In addition, formalise within a policy a threshold for when unfilled shifts can be sent out to agency, expedite the deduction of a full hour agency staff's lunch breaks and develop a guidance document summarising the most effective routes to filling roster gaps.	Complete
Nursing	Overtime	GC24-25	Look to reduce overtime usage by enhancing approval process for requests where staff's grade is higher than the shift they are filling and transition them to bank shifts wherever possible. This will reduce overtime costs and incentivise staff to do bank shifts instead, which are normally more cost-effective	In Progress
Nursing	Data / Reporting	GC26-28	A comprehensive nursing dashboard should be developed with KPIs to monitor roster and budget performance and exception reporting (relating to additional duties, agency usage etc.) at a ward level. In addition, the dashboard can also be aggregated to site and Health Board level. This can provide greater visibility over performance and inform support and challenge meetings for rostering and budgets while also driving accountability.	Complete
Medical	External locums / agency	GC29-34	Enhance the approval process by incorporating long-term locums (including for GPs) into the EC process, ensuring that they are covering for existing vacancies that are being recruited to or long-term absences. Increase approval level of out of hours bookings. In addition, ensure all agency bookings are made through Medacs.	Complete
Medical	Data / Reporting	GC35-38	A comprehensive dashboard should be developed outlining monthly medical pay into main areas of spend, KPIs to monitor performance and exception reporting at specialty level. In addition, the dashboard can also be aggregated to site and Health Board level. This can provide greater visibility over performance and inform support and challenge meetings for rota development and budgets whilst also driving accountability	Complete
Medical	WU	GC39-43	Implement a Health Board-wide policy and process on approval of WU sessions, ensuring that approvals are received from all key stakeholders. This could be done by incorporating WU approval within the MASDA system. This will maintain process consistency across the Health Board and ensure robust checks are in place before additional costs are incurred	Complete
Medical	Rota development	GC44-47	Introduce periodic site-level support and challenge meetings with rota managers chaired by the medical workforce team and supported by "super users". These will aim to improve rota performance against existing KPIs by providing hands-on support to staff, thereby improving rotas and reducing temporary staff spend. In addition, formalise within Health Board-wide policy when rotas are to be submitted for all staff grades and across all specialties.	Complete
Medical	Internal locums	GC48-52	Ensure all long-term locums are added onto MASDA to ensure a holistic view of staffing levels. In addition, enhance approval process for long-term internal locums by including them within the EC process. This will support triangulation of booking with other key stakeholders and could lead to a decrease in temporary staff spend.	Complete
Medical	Overtime	GC 53-54	Ensure a Health Board-wide policy and process is developed for overtime approval. This will maintain consistency across the Board and improve the robustness of controls, which could potentially reduce overtime costs.	Complete
Admin & Clerical	Bank	GC 56	Ensure there is oversight of staff doing bank shifts within sites, their usage and costs and enhance approval process by requiring sign-off from Directorate General Manager (DGM). This will be an interim measure to ensure control over banks spend until A&C bank is officially developed and incorporated within the Temporary Staffing team.	Complete
Admin & Clerical	Overtime	GC 57-59	Develop a formal Health Board-wide A&C overtime policy in order to maintain consistency in process across sites. In addition, enhance level of approval required and change the basis of overtime payments from band rate to shift rate. These measures can support the reduction in A&C overtime costs.	In Progress
Admin & Clerical	Agency	GC60-61	Implement a freeze on agency A&C usage, where no impact on clinical delivery and with an exceptions process in place. In addition, develop a Health Board-wide tracker of all interim management staff which includes defined start and finish dates and a clear outline of expected deliverables.	In Progress
All	Recruitment	GC 62-64	Change the mechanism of the Establishment Control (EC) process into site-level vacancy panels with representation from all required functions that need to approve a request. The recruitment team can also be used to support in completing job adverts. These initiatives can reduce time taken to hire substantive staff and potentially reduce agency costs.	Complete

The following areas remain in progress –

- **Nursing Bank –** Whilst the auto enrol and escalation of approval elements of this recommendation were accepted and are completed, the move to weekly pay for all bank staff was not. PWC were challenged to provide evidence of sustainable effectiveness and they did not provide this. In the direct experience of the Director and members of the team, this does not have the impact described in the recommendation and has in fact had a number of unintended consequences (including negatively impacting on partner organisations). Separate to the recommendation, the Health Board is piloting weekly pay for bank only staff from 1st

March and will evaluate the impact of this to the organisation and its partners before deciding whether to implement permanently.

- Nurse Rostering - There are two issues which impact upon this assessment:
 - The first is the delay to the implementation of the ESR GO system. The decision to delay the business case for the investment required for the licence was based upon the need to align with the Non pay controls and divisional recovery plan. This has now been progressed to commence from 1st April 2020.
 - The second issue relates to revised shift patterns which continue to be discussed with trade unions following the pause in implementation of the changes.
- Nurse Overtime – Delays to updating the roster system are impacting progress against these recommendations. This is also linked to the consultation over revised shift patterns. The decision has been taken to move forward with insertion of bands into the system separate from the shift changes. This action will then be completed.
- A&C Overtime – Overtime policies have been developed as set out in this recommendation and are subject to consultation through the agreed Trade Union partnership arrangements.
- All Staff Recruitment – A retire and return policy has been developed subject to consultation through the agreed Trade Union partnership arrangements. It is expected that both policies will be live in April.

Grip and Control – Non Pay

The table below shows the status of each of the recommendations set out in the report and all actions are complete:

Grip and Control - Non Pay Recommendations			
Area	Sub-area	FRAP Ref	Key Recommendation
Procurement	Stakeholder engagement	GC65	Look to improve engagement with site finance teams. Look to include clinical representation from all acute site in standardisation groups. Improve engagement with primary and community care.
Procurement	Centralising control activities	GC66	Stock management should be expanded to other areas Related activities should be centralised where relevant expertise lies
Procurement	Ordering	GC67	Address instances of users requesting retrospective POs Assess feasibility of aggregation of small orders.
Procurement	Invoicing	GC68	Progress opportunities for automatic two-matching and aggregation of orders with suppliers
Procurement	Discretionary Spend	GC69	Assess whether some budgets could be centralised. Enhance approval process by changing escalation routes e.g. using site CFOs. Assess potential centralisation of training requests.
Procurement	Requisitioning	GC70	Streamline and make consistent approval hierarchy with reduced number of thresholds/approvers on Oracle. Reduce number of requisitioners and consider de minimis limits where possible. Assess potential centralised requisitioning for non-clinical/non-urgent spend.

Strategy Implications

The actions developed from the PWC recommendations are wide ranging and are intended to drive improvement around quality and consistency of the Health Board's planning, processes and systems and to drive towards a multi-year, financially and operationally sustainable plan, which aligns with the Wellbeing of Future Generations Act sustainable development principles.

Financial Implications

The PWC recommendations have had a direct impact on the financial position of the Health Board as they supported the development of the current financial savings reporting matrix and resources leading the PMO and SI capability within the organisation.

Risk Analysis

The financial review of the annual plan is directly linked to the risk of Financial Stability - Health Board Financial achievement of the control total agreed with Welsh Government: CRR06.

Legal and Compliance

The progress on actions within the FRAP have been monitored in FRG and through the F & P Committee and updates will continue to be presented while there are any open actions.

Impact Assessment

Where applicable, impact assessment have been carried out and any savings schemes have been approved through EQIA and QIA processes.



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 27.2.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Workforce quarter 3 2019/20 performance report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green, Executive Director of Workforce & OD						
Awdur yr Adroddiad Report Author:	Mr Lawrence Osgood, Associate Director of Workforce Performance and Improvement						
Craffu blaenorol: Prior Scrutiny:	This report is subject to scrutiny by the Finance and Performance Committee on behalf of the Board.						
Atodiadau Appendices:	0						
Argymhelliad / Recommendation:							
The Committee is asked to receive and note the information.							
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 is to provide the current BCUHB position and trend analysis across a number of key workforce performance metrics, to assist in the monitoring of progress against local and national targets, where applicable. Accompanying the measure of latest performance is an account of remedial action being undertaken, including anticipated timelines, to areas of under performance.							
Cefndir / Background:							
The performance metrics within this report measure performance with regards to the capacity and utilisation of the workforce. Vacancy, turnover and sickness levels impact on the ability to deliver safe service within the financial envelope. Compliance with mandatory and statutory training and staff appraisal (PADR) requirements are integral to delivering a high standard of service.							
Asesiad / Assessment							

Strategy Implications

n/a this report is for information only

Financial Implications

This report is provided in addition to the regular Financial Analysis which details monthly and year-on-year workforce expenditure. The Quarterly report will inform progress of actions to support lower vacancy rates and sickness absence, optimal turnover, optimal deployment and skill mix and appropriate staff development which will result in reduced non-core spend.

Risk Analysis

This paper describes KPIs related to previously identified risks around vacancies, pay spend, turnover, sickness absence and staff development.

Legal and Compliance

n/a

Impact Assessment

n/a this report is for information only



Workforce Quarterly Performance

2019 / 20, Quarter 3, December 2019

1. Purpose of Report

To provide the current BCUHB position and trend analysis across a number of key workforce performance metrics, to assist in the monitoring of progress against local and national targets, where applicable. Accompanying the measure of latest performance is an account of remedial action being undertaken, including anticipated timelines, to areas of under performance.

2. Introduction/Context

The performance metrics within this report measure performance with regards to the capacity and utilisation of the workforce. Vacancy, turnover and sickness levels impact on the ability to deliver safe service within the financial envelope. Compliance with mandatory and statutory training and staff appraisal (PADR) requirements are integral to delivering a high standard of service.

3. Key Points in Quarter 3

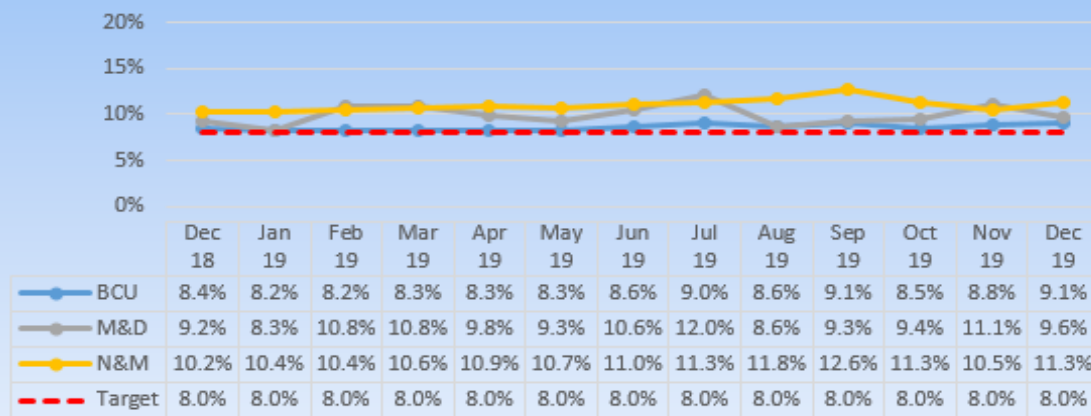
1. An **integrated Workforce Improvement infrastructure** was set up by W&OD during quarter three. Workforce Optimisation programmes have been set up to maximise efficiencies and service delivery under four focus areas: Medical Productivity & Efficiency, Nursing; Midwifery and AHP Productivity & Efficiency, Non Clinical Productivity & Efficiency and Overarching / T&Cs. The Workforce Optimisation Portfolio is overseen by the Workforce Improvement Group (WIG), detailed action planning is managed by the Workforce Operational Delivery Group (WODG). Terms of reference have been agreed for these groups and there is a wide membership of key stakeholders from Divisional Management, W&OD, Senior Nursing and Medical, Finance, PMO etc.
2. **Recruitment & Retention** of staff has remained a key focus. In line with the rest of Wales the number of staff employed at BCUHB has continued to increase in Q3. The establishment control process is providing appropriate challenge to additional posts and 'like for like' recruitment where there are more cost effective alternatives. W&OD are providing targeted N&M recruitment support to high vacancy areas. This involves supported training sessions per ward with highest vacancies, nominated by site DoNs, to expedite advertising posts with refreshed adverts and social media campaigns and open days planned for added impetus. In quarter three the initial plans for 2020 tender process for international N&M recruitment campaign were made with suppliers to be shortlisted in January 2020. For M&D, the Medical Recruitment Panel was introduced to speed up M&D recruitment and to source candidates either through traditional recruitment or supported recruitment with external agencies. Time to hire across all staff groups has reduced from 86.1 days at the beginning of Q3 to 75.5 days at the end of Q3. Turnover remains within acceptable range.
3. **Temporary Staffing** - Work is on-going to increase the capacity of BCU internal temporary staffing as an alternative to Agency. N&M - auto enrolment to the bank and revised pay rates were introduced, the 12,077 N&M hours delivered in Dec 2019 was circa 1500 more bank hours than the same period last year mitigating agency costs and improving safety. A&C - bank was set up in Q3 and is being expanded. M&D - In further efforts to move temporary staffing spend from Agency to cheaper alternatives a Medical Staff Bank (MSB) went live on 11 Nov 2019 in Q3 490 workers worked Medical bank shifts its first 2 months.
4. **M&D Job Planning** – A diagnostic for job plans across the Health Board was performed - reviewed 103 Departments; 524 Consultant Job Plans, RAG rating each specialty across a range of domains based on considered 'good practice'. High level summaries re job planning diagnostic and current contracted pay arrangements across the Consultant workforce completed. This is now moving to the implementation stage with a focus on the following specialties: Emergency Medicine, O&G, T&O, Anaesthesia & Critical Care, Urology, Acute Paediatrics.

3. Key Points in Quarter 3 (continued)

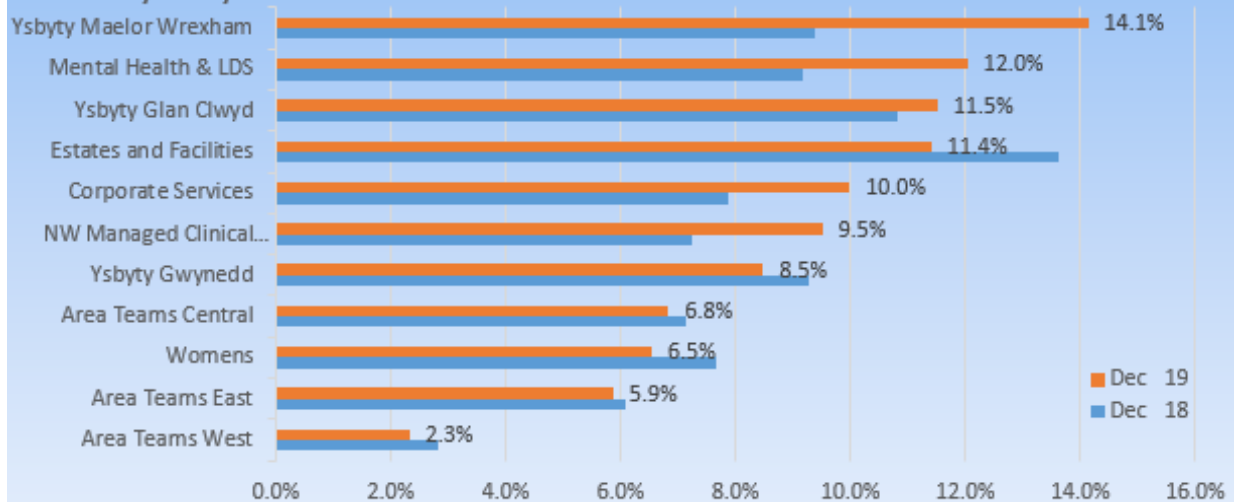
5. **Attendance Management**, the BCU overall sickness absence rate decreased in Q3 to 5.26% (Dec 19) from 5.29% at the end of Q2. There was a particular focus on LT sickness, that resulted in percentage off LT falling month on month to 3.57% (Dec 2019) from 3.87% at the end of Q2. Long term has also improved year on year, in December 2018 it was 4.10%. A revised attendance improvement plan was developed with detailed actions / timelines around themes of Data Analysis, Sickness Administration, Active Absence Support and Preventative Action. Priorities of Long Term / Stress / MSK – remain in place, as does the support for hotspots and support for all absences over 4 weeks. Occupational health introduced rapid access referral pathways for staff in the following disciplines: Mental Health, Counselling, Physiotherapy, CMATS – orthopaedics / pain clinic / rheumatology, Radiology (scans), Drug & Alcohol, Podiatry and Dermatology.
6. **Health and Safety**, in Q3 a comprehensive H&S action plan was developed with a number of Policies being re-written / introduced across key service areas. The Strategic OHS Group is effectively monitoring the plan with key risks being RAG rated and escalated to tier 1 risk register. Partnership working with Estates, H&S Leads and Trade Union partners has improved safety awareness and performance. A comprehensive compliance business case is being developed with the Estates Team to plan for 2020/2021 to ensure safety and security is part of the budget planning process. Monitoring of actions including accident/ incident investigation, legionella management, asbestos control, fire management and contractor management and control will be the focus of work during Q4.
7. **Equality** – In Q3 a Strategic Equality Plan for 2020-2024 was developed. The Strategic Equality Plan (SEP) and objectives were agreed at Board Dec 2019 and executive leads identified. The equality objectives have been aligned to Improvement Groups and reflected in TOR. Work is ongoing to align the SEP with the 3 year plan.
8. **OD** – In Q3 links with HEIW were strengthened and BCU contributed towards the development of a NHS Wales Learning and Development Framework which will include the definition, educational level and competence of the workforce from Support Worker to Consultant level practice. Apprentices in the organisation have increased over Q3 to 34, with several more in recruitment. Final amendments were made to the Talent Matrix . Senior Leadership Network was launched - first session held in December 2019 - including executive representation and leaders at band 8D and above - session well received and focused on developing key relationships and networks at senior level. The programme will continue in 2020 on a quarterly basis.
9. **Communications Strategy** continued in Q3 with the delivery of the new website. During the quarter we had over 208,000 visits to our English website homepage and over 8, 500 hits on our Welsh website homepage, totalling almost a quarter of a million hits. We posted 365 stories on Facebook which generated a reach of 1.3m accounts and resulted in over 70, 000 engagements. On Twitter, activity was 663 tweets reaching 1.1m people and leading to over 7, 000 engagements.

4. Detail of Key Metrics

Vacancy %



Vacancy % by Division



Where we are:

In Quarter 3:

There has been an overall increase in workforce of 92 FTEs during Q3, however this has failed to impact on the vacancy rates as budget establishment has also increased in period. Over Q3, N&M FTEs have grown by 85.8, A&C by 23.9 FTEs and M&D Other Grades by 10 FTEs with very little change amongst other staff groups.

Time to hire has reduced from 86.1 days at the beginning of Q3 to 75.5 days at the end of Q3

At 9.1%, the Q3 vacancy rate is 0.7% higher than it was for the same period last year, however, it is reflective of the Q2 position. Lower overall rates during October and November (8.5% and 8.9% respectively) occur largely as a result of increases in N&M (69.4 in October and 30.9 in November) as the latest cohort of student nurses complete training and take up substantive nursing posts. The M&D vacancy rate for December 2019 is 0.4% higher than the same period last year, however, at 9.6%, there is a 1.5% improvement on November 2019. Vacancy rates are high in particular Divisions, of the 3 acute sites, YMW and YGC have rates of 14.1% and 12% respectively whilst YG fares better with a rate of 8.5% which is a reduction in the rate for both Q2 and the same period last year. YMW is over 4% higher than it was for the same period last year and 1% higher than it was in Q2. The MHLD vacancy rate continues to grow and has increased by 1% from Q2 whilst Corporate Services and NWMCS have also seen an increase in vacancy rates. The E&F vacancy rate continues to fall and is 2% lower than this time last year and 1% lower than Q2.

What are we doing about it:

Starting in WMH, then moving to YGC a series of 1:1 sessions are being held with ward managers to ensure N&M adverts are live for all vacancies, this includes training on Trac and putting emphasis on bespoke advert text to attract applicants. Our initial target is to ensure that the number of N&M vacant WTE is matched by the number of WTE in the pipeline. As of February, there are circa 650 WTE vacancies, with 284 candidates in the pipeline, however, 190 of these are internal. To support this, the international recruitment tender is underway and on schedule to commence sourcing 200 WTE nurses from April 2020 onwards. For M&D the weekly OMRP panel continues to focus on fast tracking M&D posts which has seen a reduction in the time it takes for key stages in the recruitment process, from circa 60 days in September to 30 in January. We continue to work with external agencies to source candidates in hard to fill areas.



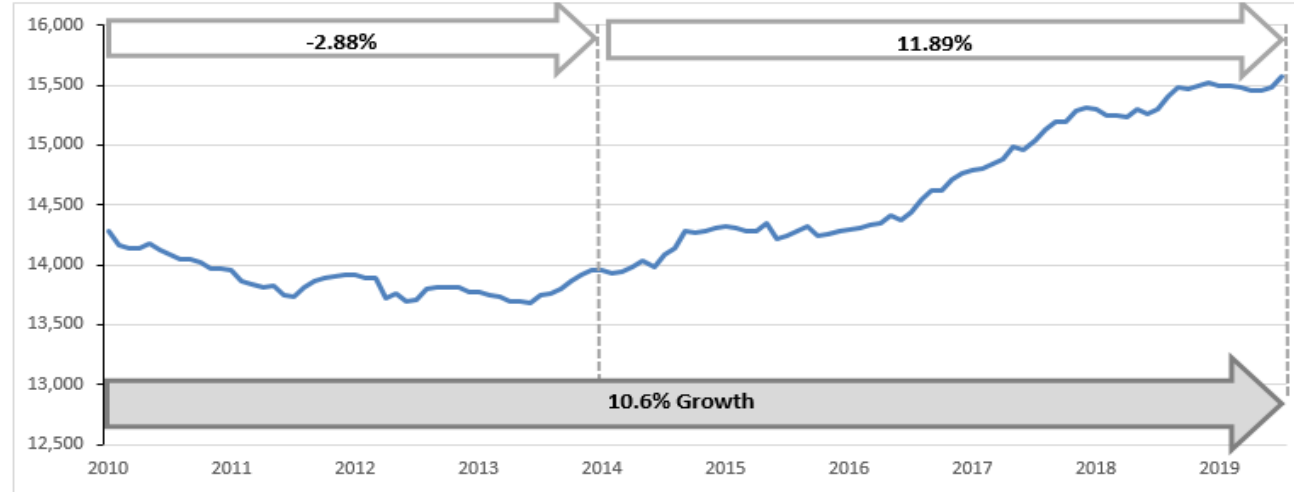
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University Health Board

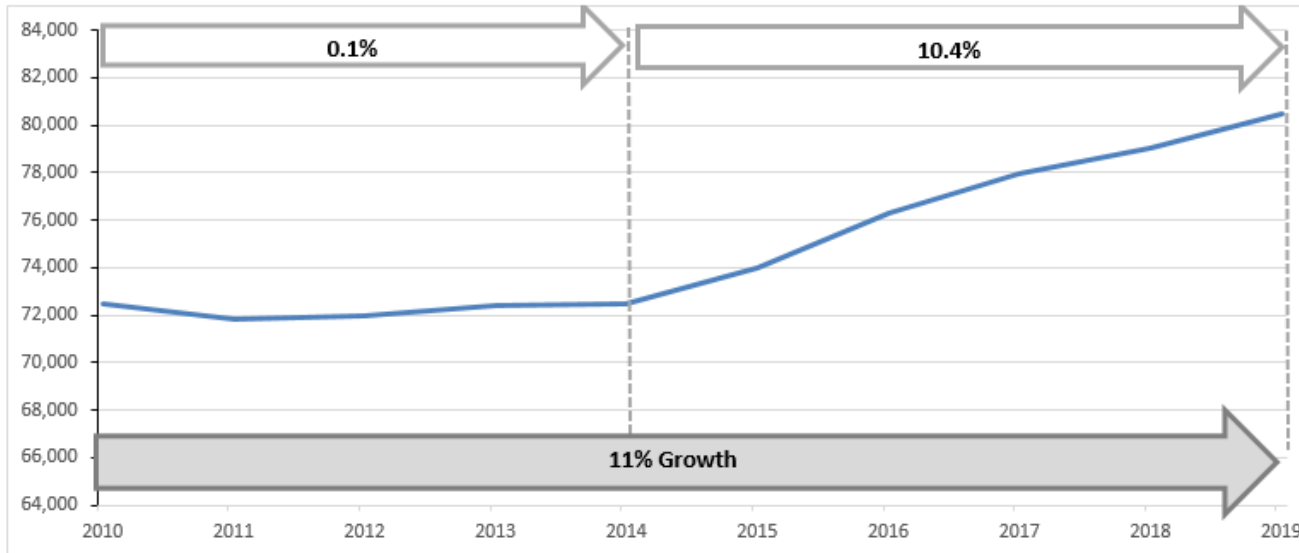
WORKFORCE QUARTERLY REPORT

Workforce Profile

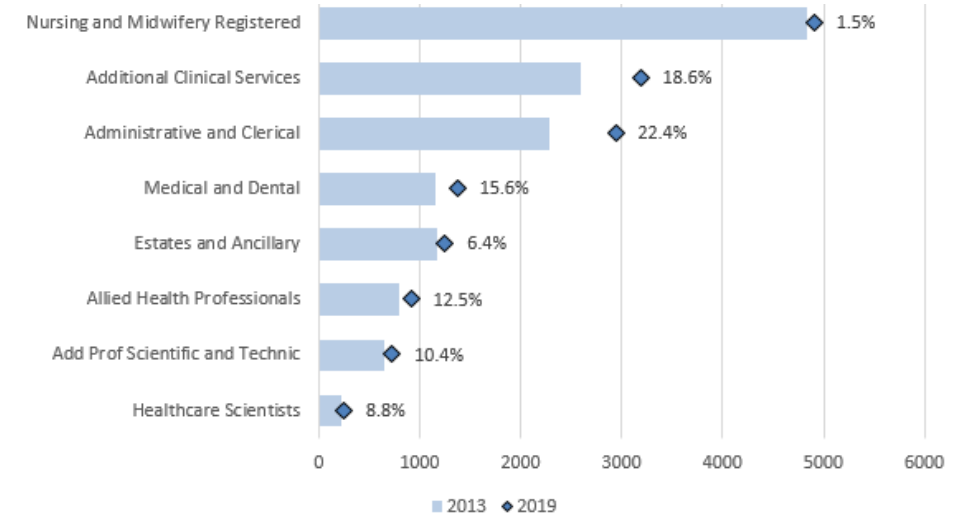
FTE Profile of the BCUHB workforce 2010 – 2019



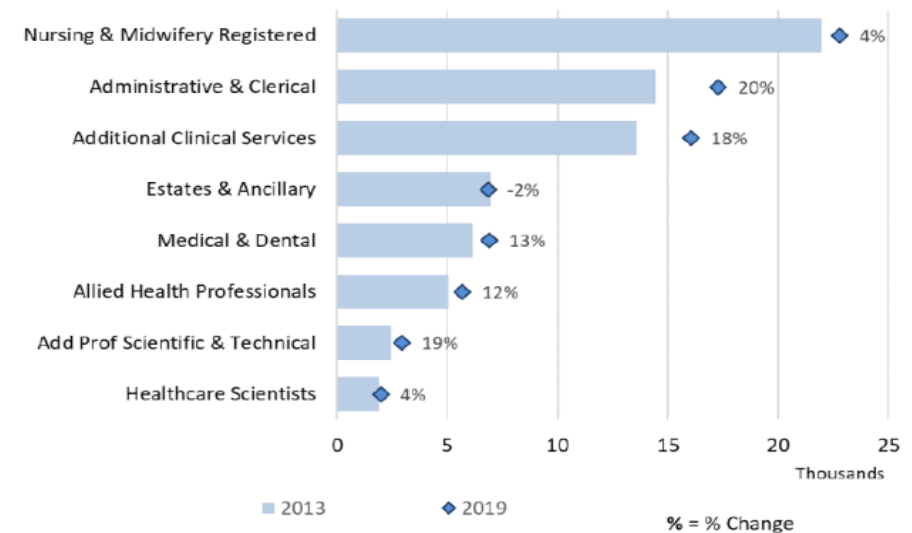
FTE Profile of the NHS Wales workforce 2010 – 2019



BCUHB Staff Group FTE 2013 vs 2019



NHS Wales Staff Group FTE 2013 vs 2019





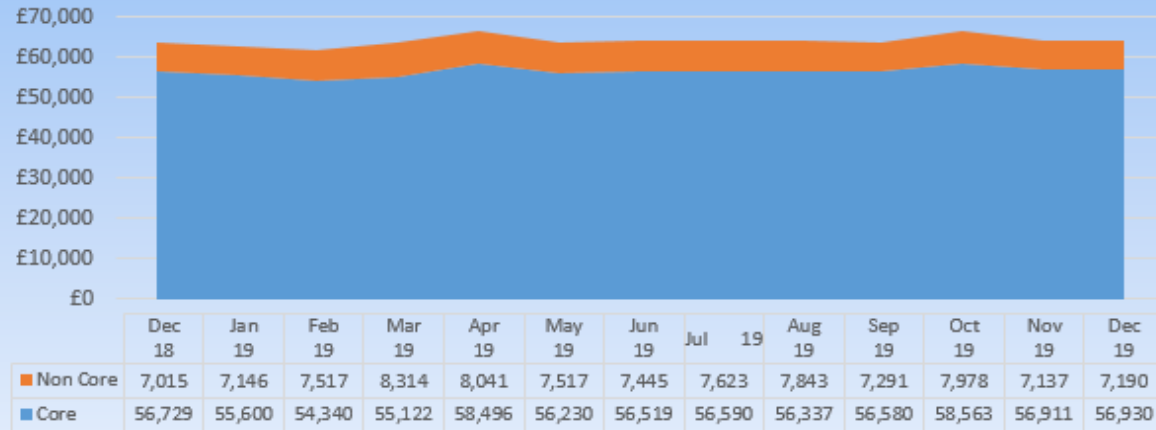
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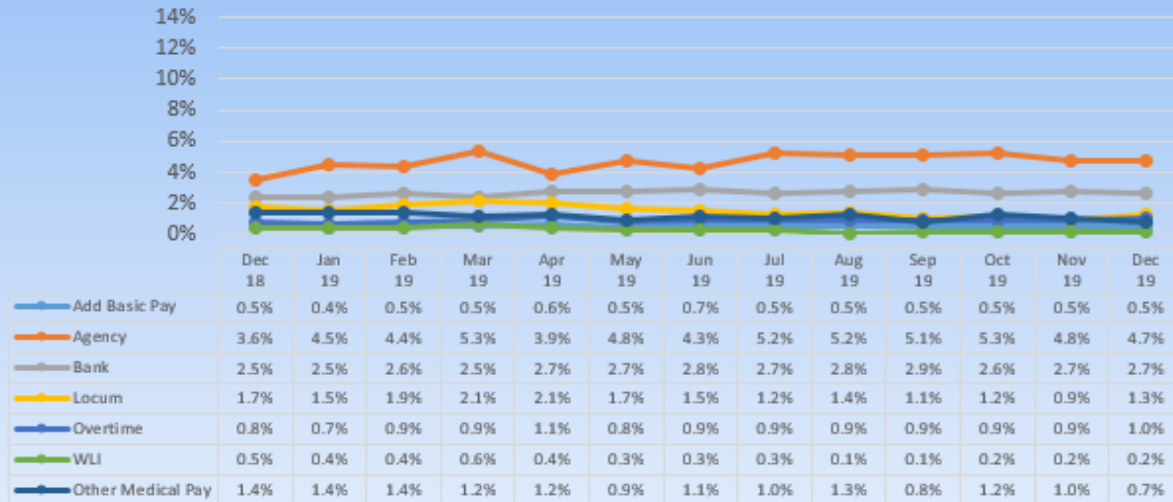
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Pay Spend

Pay Spends (£000's)



% of Total Spend



Where we are:

In Quarter 3: Core pay costs have increased between Q2 and Q3 by £350k whilst non core pay costs have decreased by £101k. Comparisons against the core vs non core position last year are not useful as internal locum costs were captured in core pay during the previous financial year but are correctly in non core costs in the current financial year. Non core pay costs are highest in YGC and YMW; N&M non core pay is highest in YWM and M&D is highest in YGC.

Agency as a percentage of total pay spend remains the largest non-core category but has fallen by 0.4%. Bank rates have fallen by 0.2% in Q3. Locum rates are up 0.2% and overtime and WLI 0.1%. Year to date agency rates are 9.9% in YMW and 9.5% in YGC. The rate in YG is much lower at 4.4%. YGC has the highest percentage of non-core spend at 20.1% of total spend.

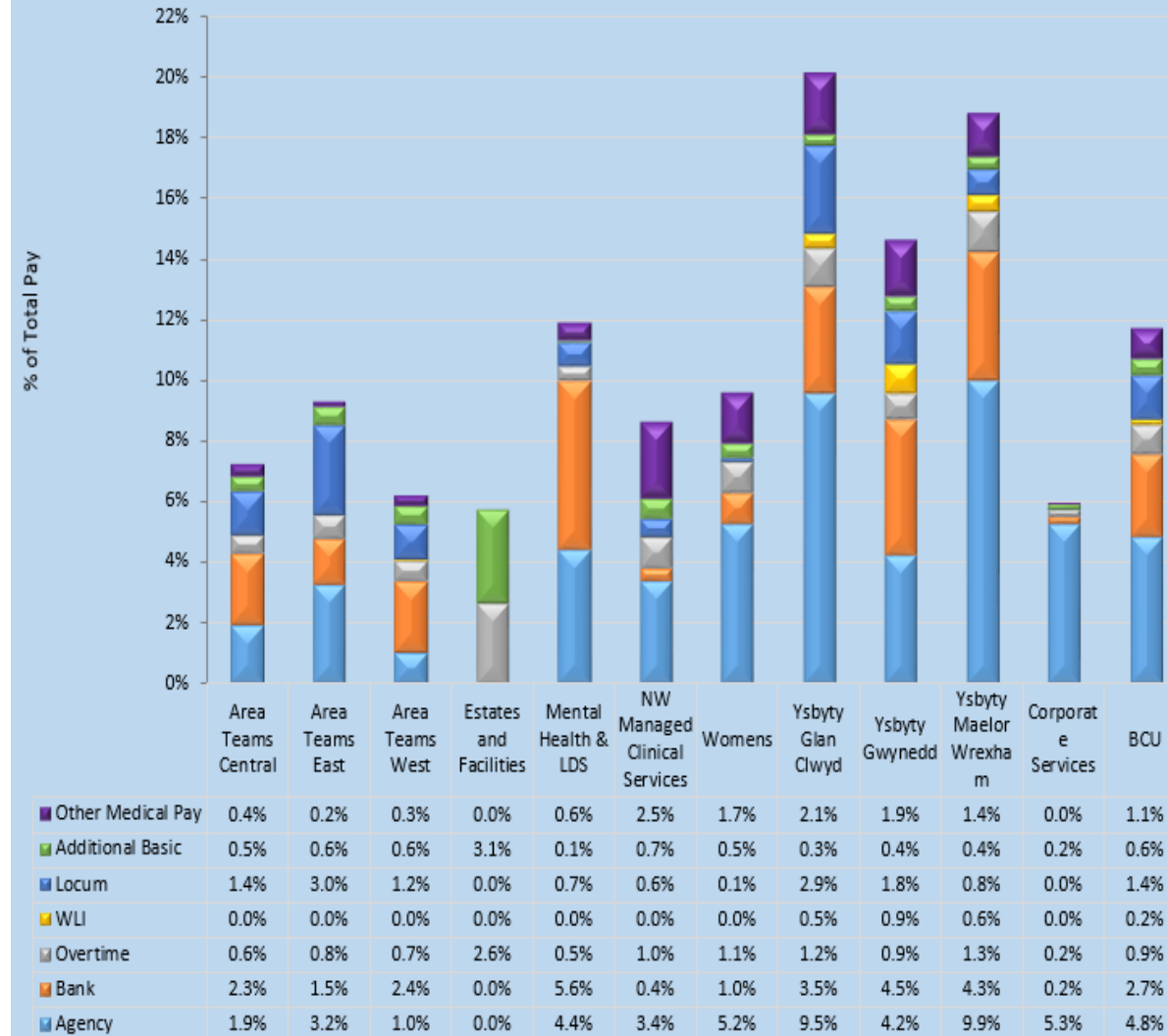
What are we doing about it:

The Workforce Optimisation Portfolio has 4 programmes which include actions to control pay spend (M&D, N&M, Non-Clinical and Terms & Conditions).

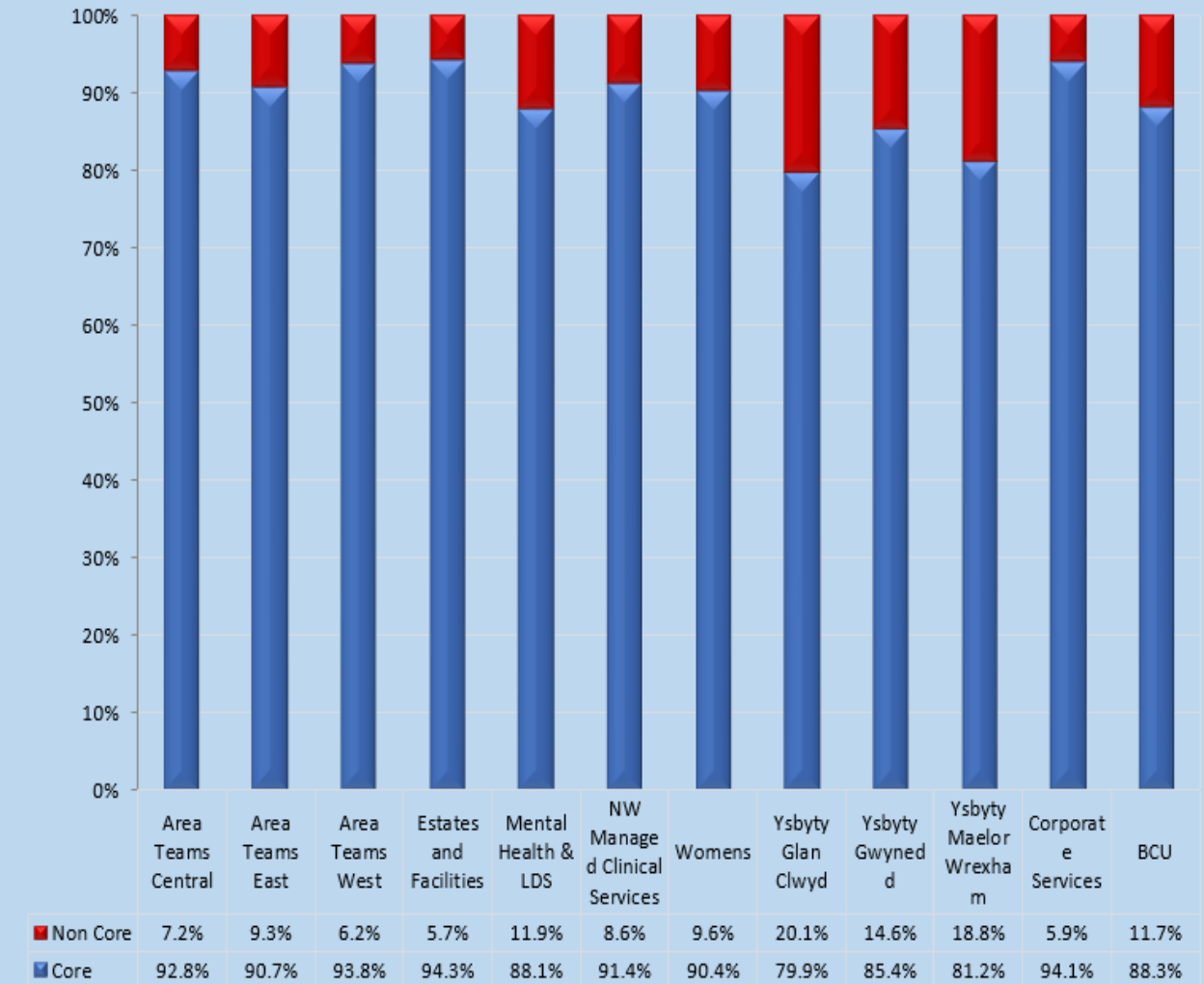
Detailed actions / timelines are contained in the relevant PIDs.

Actions in Q3 include: Medical Recruitment Panel started in Q3 in order to speed M&D recruitment reducing vacancies / agency, Medical rostering external experts have concluded reviews and recommendations are being implemented, Medical Staff bank went live in Q3 and continues to grow, phase 1 of A&C bank set up completed, Executive vacancy control panel continues to monitor and control establishments supported by electronic Establishment Control (EC) system. M&D Job Planning analysis has started in Q3 and recommendations continue on a speciality by speciality basis. N&M band 4 optimisation, outpatients and CNS reviews continue and recommendations have been enacted in secondary care sites. Focus on recruitment has delivered an overall increase in workforce of 92 FTEs during Q3, however this has failed to impact on the vacancy rates as budget establishment has also increased in period. Work continues to speed recruitment process and time to hire has reduced from 86.1 days at the beginning of Q3 to 75.5 days at the end of Q3.

Non Core Pay by Division (Year to Date Dec 19)



Core vs Non Core Pay by Division (YTD Dec 19)





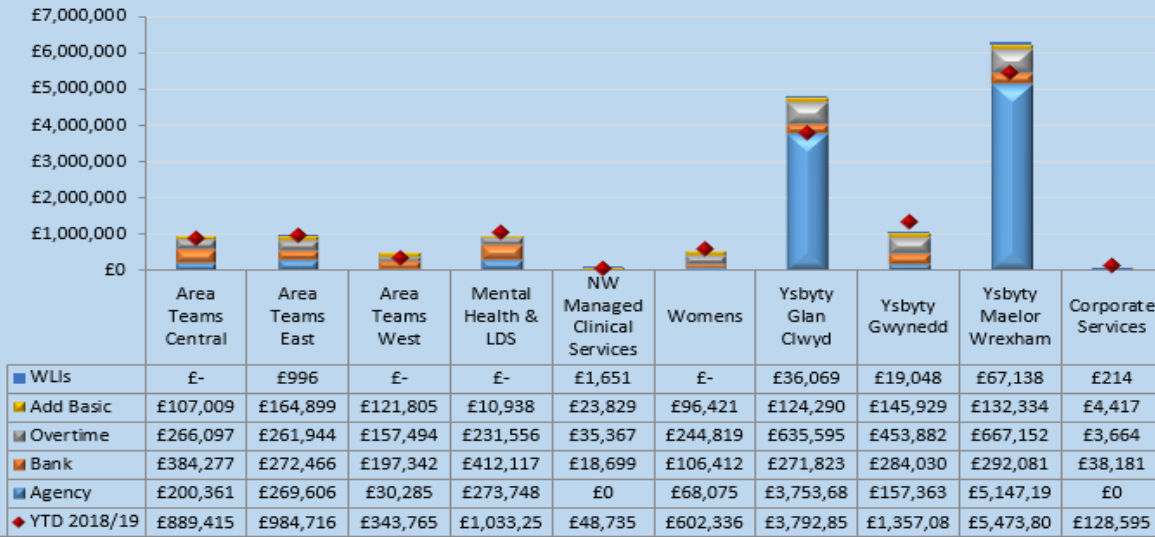
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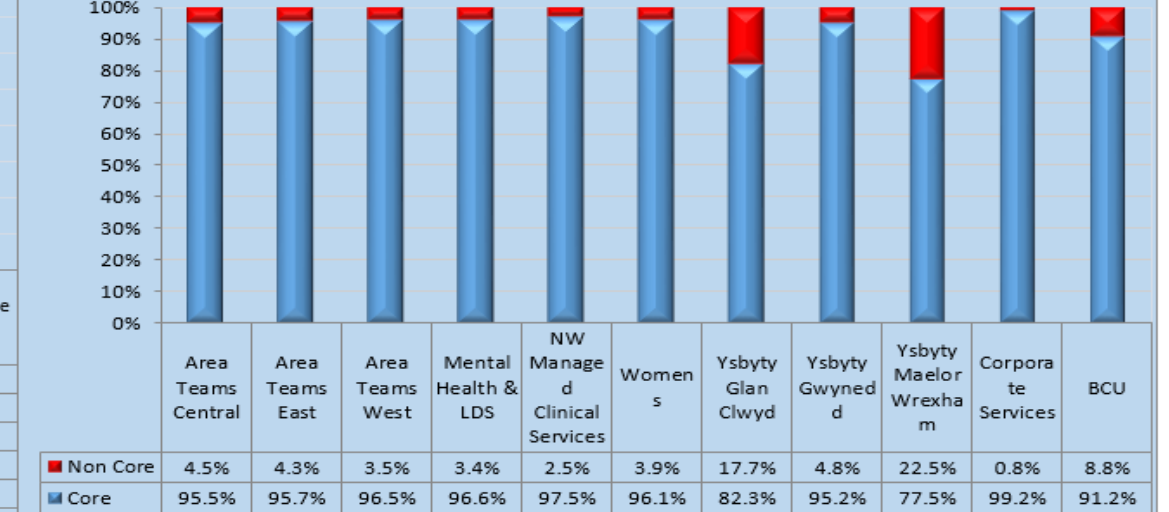
WORKFORCE QUARTERLY REPORT

Pay Spends Nursing Workforce

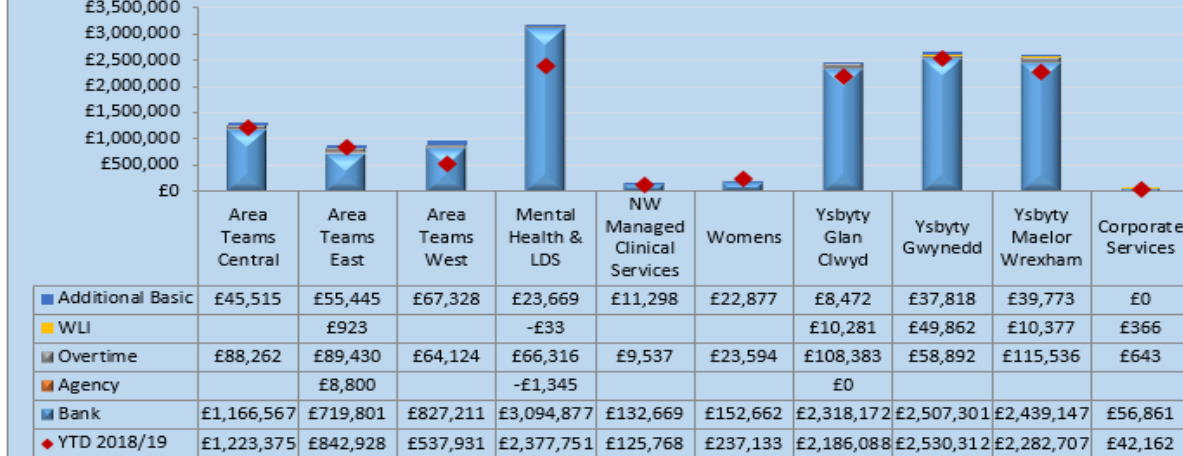
Nursing & Midwifery Non Core Costs by Division (Year to Date Dec 2019)



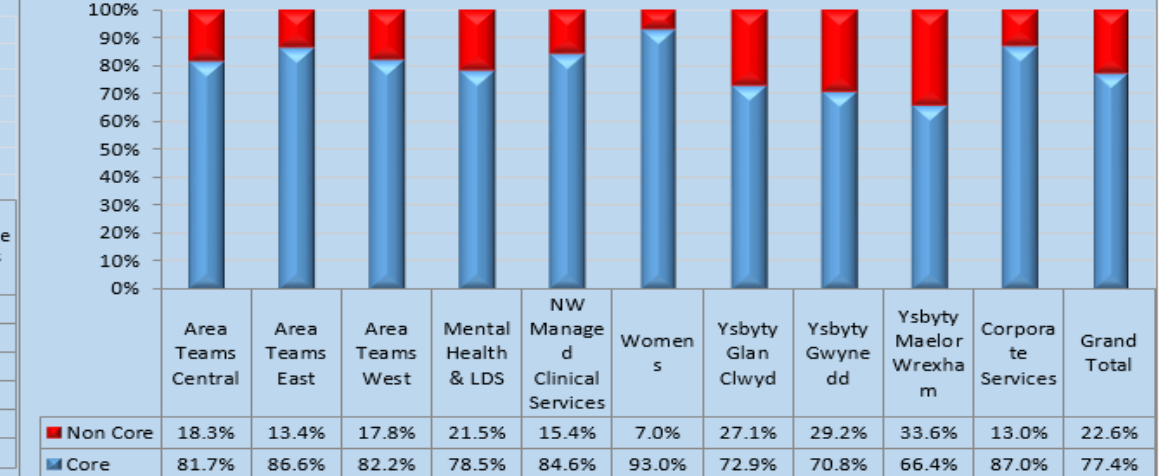
Nursing & Midwifery Core vs Non Core Pay by Division (YTD Dec 19)



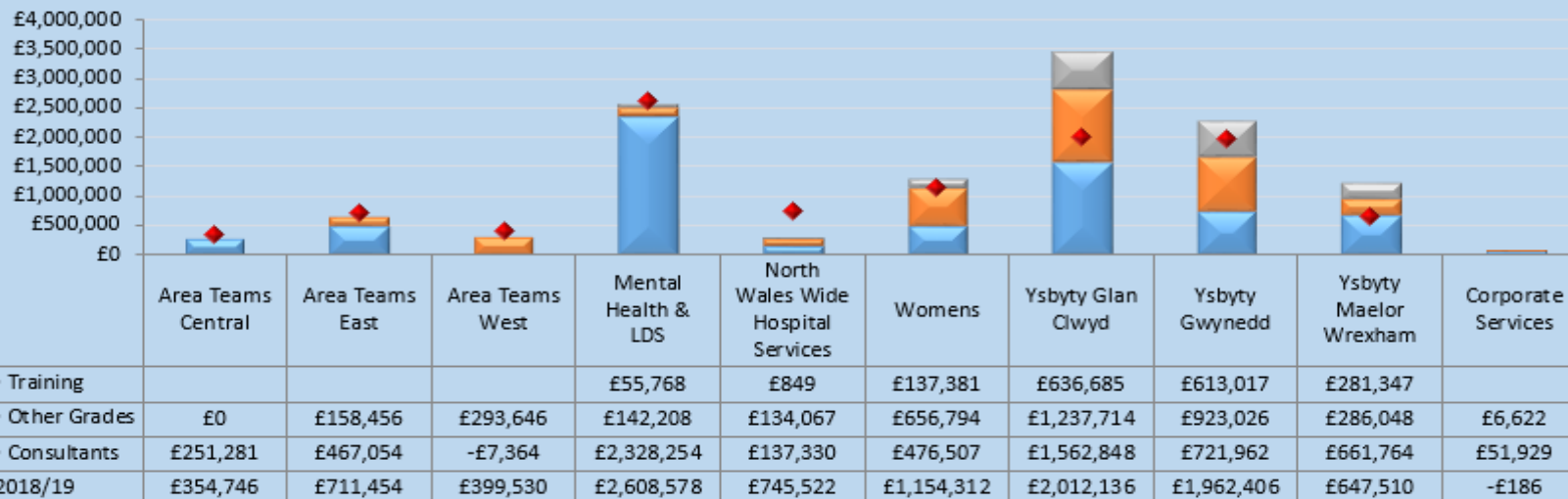
Additional Clinical Services (Nursing) Non Core Costs by Division (Year to Date Dec 2019)



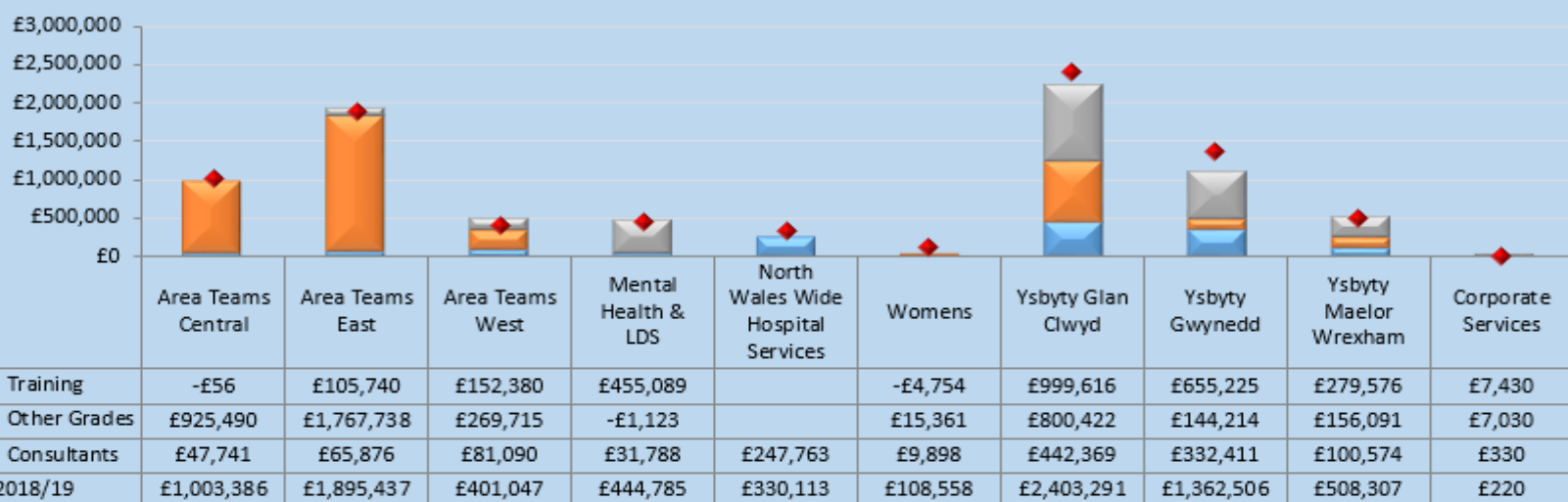
Additional Clinical Services (Nursing) Core vs Non Core Pay by Division (YTD Dec 19)



M&D Agency Costs by Division (Year to Date Dec 2019)



M&D Locum Costs by Division (Year to Date Dec 2019)



WORKFORCE QUARTERLY REPORT

Turnover

Where we are:

In Quarter 3:

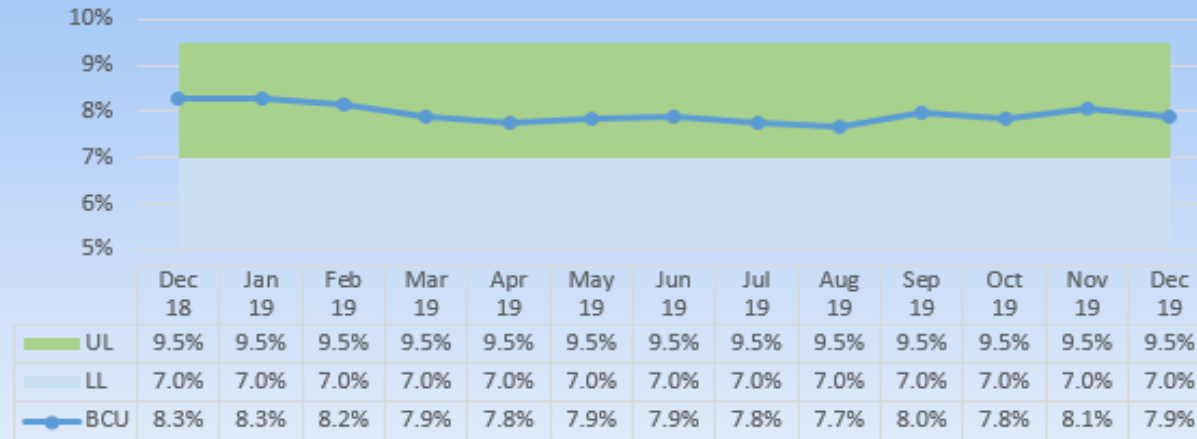
Overall, turnover falls within the acceptable levels of 7 - 9.5% at 7.9%, decreasing slightly on last month of Q2 and 0.4% lower than December 2018. (Acceptable boundaries have been set for turnover recognising that low turnover can also be a problem for organisations as: lack of natural wastage can make organisational change more difficult / costly; it can hamper succession planning and sickness can be higher amongst older staff.)

Voluntary resignations account for 60% of leavers over the last 12 months, up 2% from Q2. Of voluntary resignations leavers, 63.9 FTE cited Work Life Balance as the reason and 385.8 FTEs did not provide a reason. Turnover is high within Corporate, Area East and YMW; these are also the areas with the highest avoidable turnover. YG and East Area have the highest rates of avoidable turnover within 2 years of service. M&D and N&M staff groups have the highest turnover rates; M&D have higher rates of avoidable turnover whilst N&M have higher rates of unavoidable turnover.

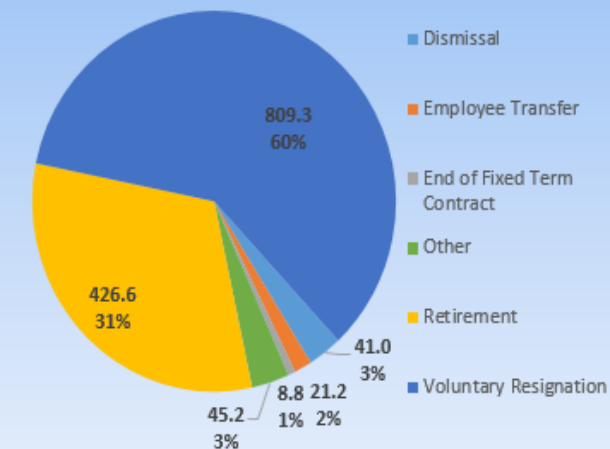
What are we doing about it:

The clear priority is to address the stability of the workforce which will support better rostering and work-life balance (cited above as significant factor), this will be achieved by increased focus on recruitment and temporary staffing provision. There is a focus on improved and speedier recruitment with M&D recruitment now monitored by a weekly panel and site by site (and ward by ward) support of N&M recruitment. There is also an emphasis on improving bank usage in N&M with weekly pay pilot and a bank recruitment campaign, and in M&D by introducing and expanding the medical staff bank. Plans are being enacted to develop centralised bank usage across other staff groups i.e. A&C, facilities and ancillary staff to monitor and control temporary provision relieving workforce pressures in these areas.

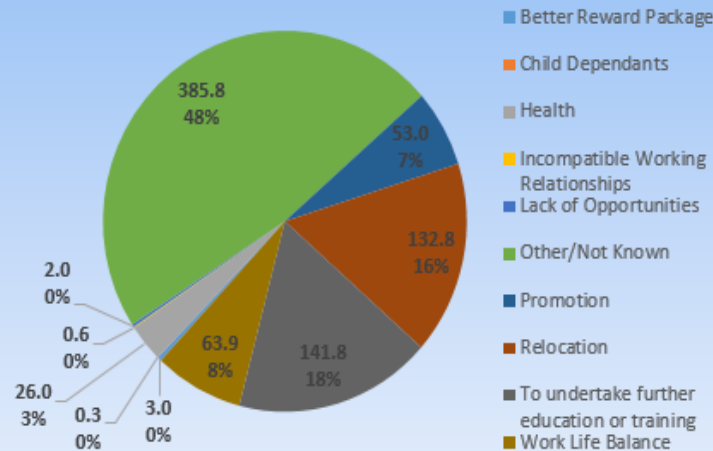
Turnover (excluding training grades)



Leavers FTE by Reason



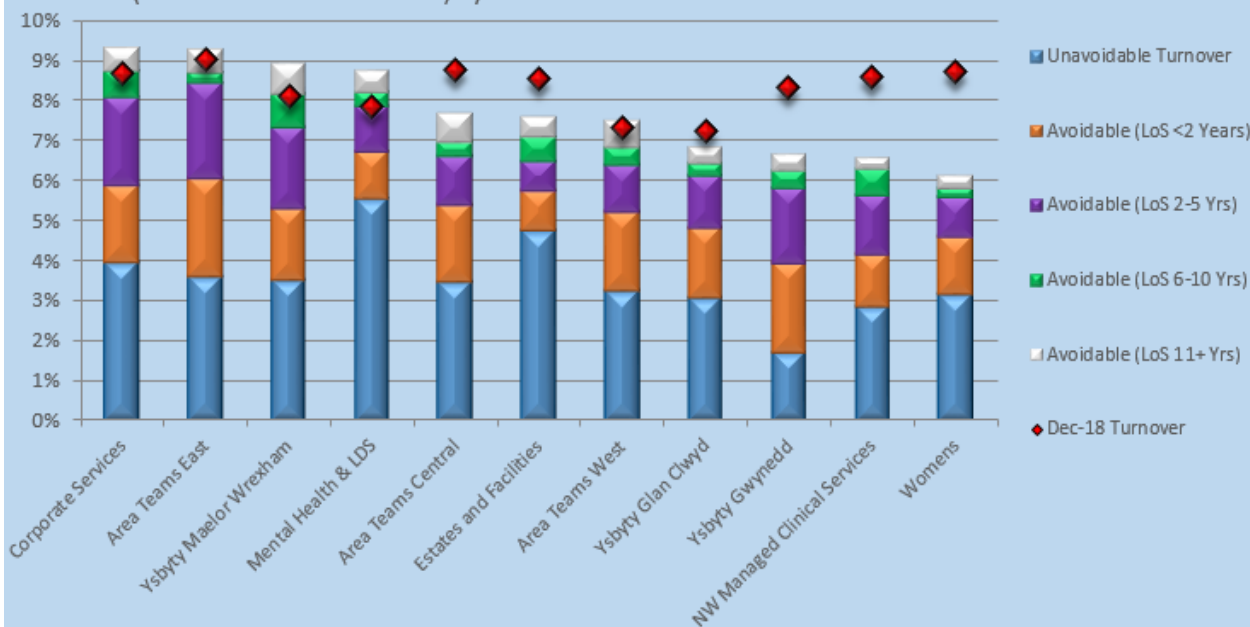
Voluntary Resignation FTE by Reason



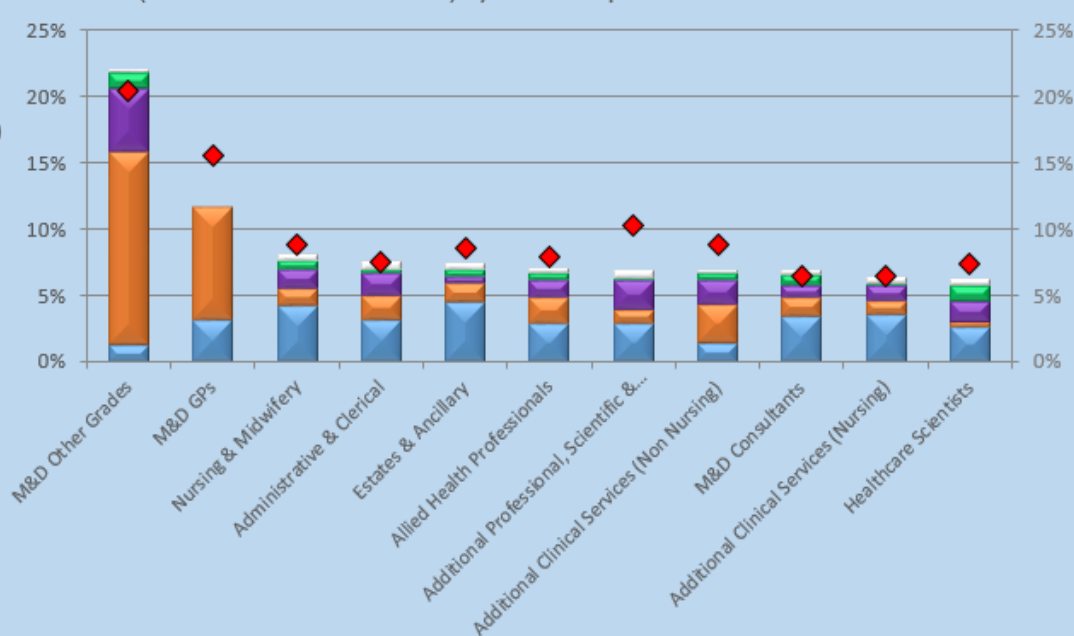
WORKFORCE QUARTERLY REPORT

Turnover

Turnover (Avoidable and Unavoidable) by Division



Turnover (Avoidable and Unavoidable) by Staff Group

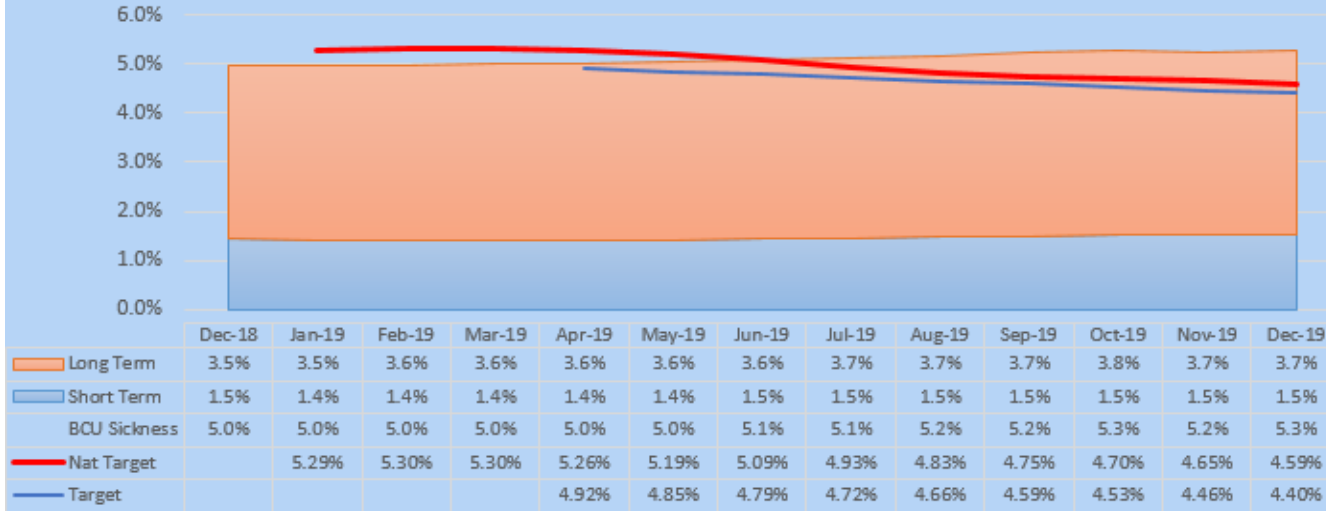


Division	Unavoidable Turnover	Avoidable Turnover				Dec-19 Turnover	Dec-18 Turnover
		(LoS <2 Years)	(LoS 2-5 Yrs)	(LoS 6-10 Yrs)	(LoS 11+ Yrs)		
Corporate Services	3.9%	2.0%	2.1%	0.7%	0.6%	9.3%	8.7%
Area Teams East	3.6%	2.5%	2.4%	0.3%	0.6%	9.3%	9.0%
Ysbyty Maelor Wrexham	3.5%	1.8%	2.0%	0.8%	0.7%	8.9%	8.1%
Mental Health & LDS	5.5%	1.2%	1.1%	0.3%	0.5%	8.7%	7.9%
Area Teams Central	3.5%	2.0%	1.2%	0.4%	0.7%	7.7%	8.8%
Estates and Facilities	4.7%	1.0%	0.7%	0.6%	0.5%	7.6%	8.6%
Area Teams West	3.3%	2.0%	1.1%	0.5%	0.7%	7.5%	7.3%
Ysbyty Glan Clwyd	3.1%	1.7%	1.3%	0.3%	0.4%	6.8%	7.3%
Ysbyty Gwynedd	1.7%	2.2%	1.9%	0.4%	0.4%	6.6%	8.3%
NW Managed Clinical Services	2.9%	1.3%	1.5%	0.7%	0.2%	6.6%	8.6%
Womens	3.2%	1.5%	1.0%	0.2%	0.3%	6.1%	8.7%

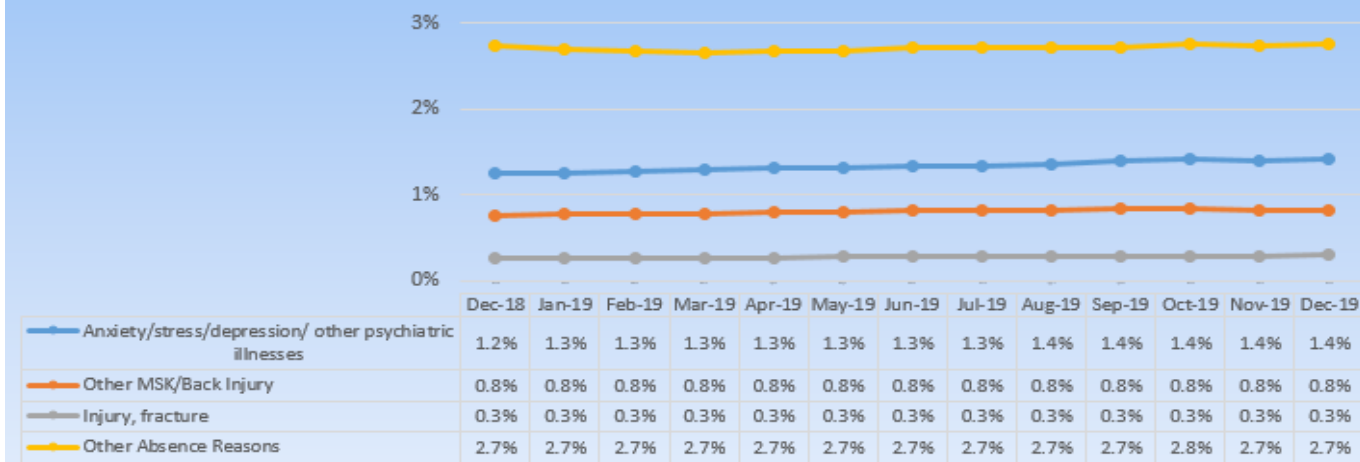
Staff Group	Unavoidable Turnover	Avoidable Turnover				Dec-19 Turnover	Dec-18 Turnover
		(LoS <2 Years)	(LoS 2-5 Yrs)	(LoS 6-10 Yrs)	(LoS 11+ Yrs)		
M&D Other Grades	1.3%	14.4%	4.8%	1.1%	0.3%	21.9%	20.4%
M&D GPs	3.2%	8.5%	0.0%	0.0%	0.0%	11.7%	15.5%
Nursing & Midwifery	4.3%	1.3%	1.5%	0.6%	0.6%	8.2%	8.8%
Administrative & Clerical	3.2%	1.8%	1.7%	0.3%	0.6%	7.7%	7.4%
Estates & Ancillary	4.6%	1.3%	0.6%	0.6%	0.5%	7.5%	8.5%
Allied Health Professionals	3.0%	1.9%	1.4%	0.5%	0.3%	7.1%	7.9%
Additional Professional, Scientific & Technica	3.0%	1.1%	2.3%	0.1%	0.7%	7.1%	10.2%
Additional Clinical Services (Non Nursing)	1.5%	2.9%	1.8%	0.6%	0.2%	7.0%	8.8%
M&D Consultants	3.5%	1.4%	0.9%	0.7%	0.4%	7.0%	6.4%
Additional Clinical Services (Nursing)	3.7%	1.0%	1.2%	0.2%	0.5%	6.5%	6.5%
Healthcare Scientists	2.6%	0.4%	1.6%	1.2%	0.5%	6.4%	7.4%

WORKFORCE QUARTERLY REPORT

Sickness Rate (Rolling 12 Month %)



Sickness Rate (Rolling 12 Month %) by Priority Stream



Sickness

Where we are:

The BCU overall sickness absence rate has increased (currently 5.26% Dec 19, Previously 5.22% Nov 19). There has been particular focus on LT sickness, this has resulted in percentage off LT falling month on month to 3.57% (Dec 2019) from 3.94% (Nov 19) . Long term has also improved year on year, in December 2018 it was 4.10%. However the impact on morale and health and wellbeing of high demand and high numbers of vacancies in key staff groups continues to impact

What are we doing about it: 1. Revised attendance improvement plan being enacted with detailed actions / timelines around themes of Data Analysis, Sickness Administration, Active Absence Support and Preventative Action.

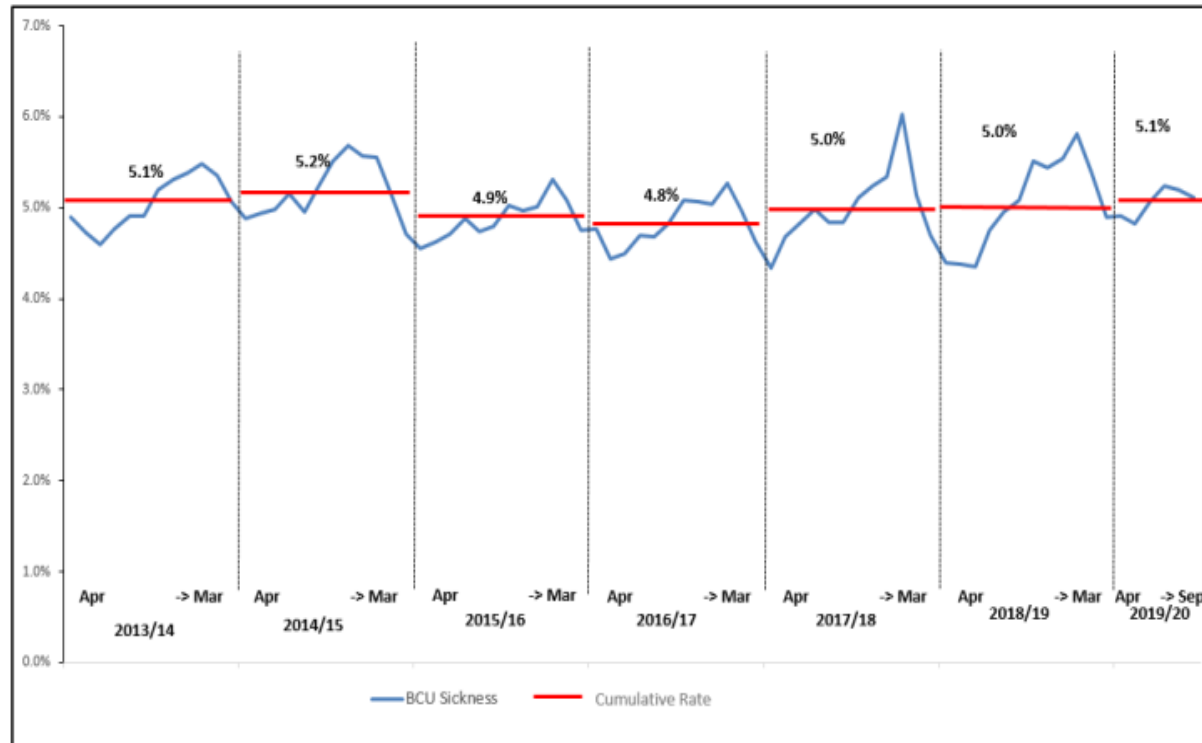
2. Priorities of Long Term / Stress / MSK – remain in place, as does the support for hotspots and support for all absences over 4 weeks. Active engagement from managers will be key any further reduction in sickness absence.

3. Staff members who have had have reached and exceeded the agreed sickness absence prompts have been identified with active support being given to managers and staff to reduce absence levels and prevent reoccurrences of absence.

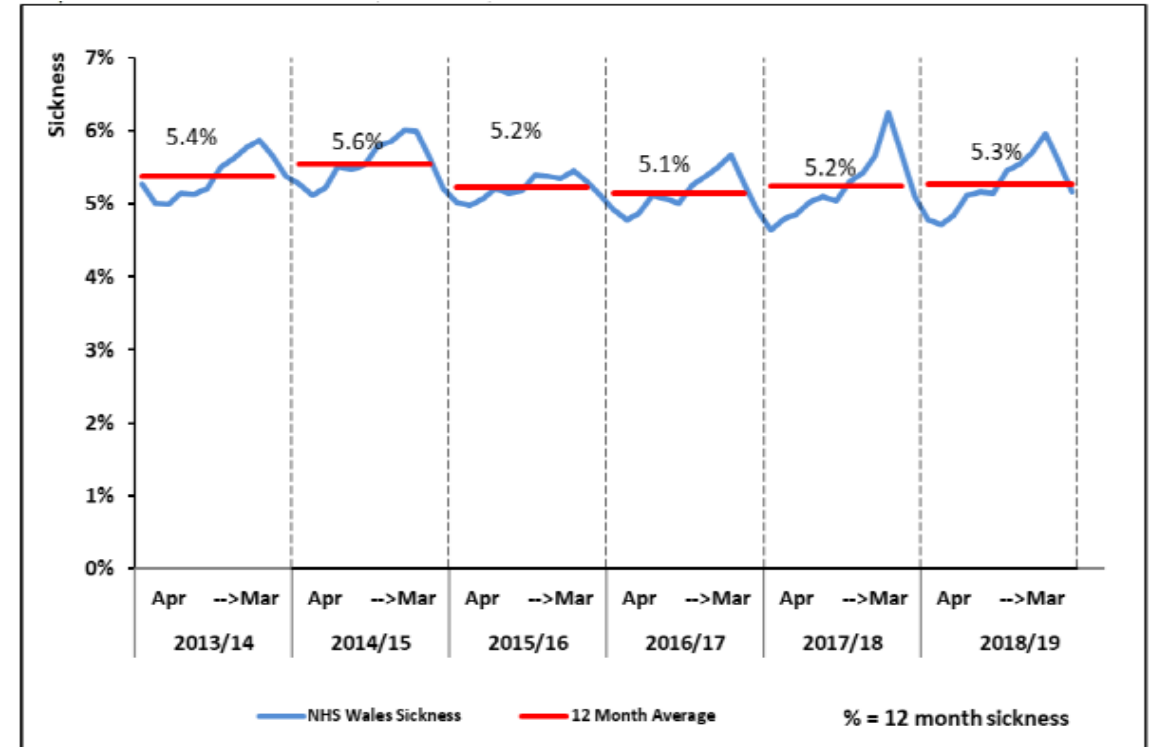
4. Changes to Enhanced pay during sickness absence from 1st October 2019 with payments for sickness absence paid as basic pay for absences of less than three months in length. National agreement which reverts back to the position prior to June 2018. This only impacted on pay in November 2019 and there was no impact on rates in the 1st 2 months. However the rate has dropped by 0.4% in January,

5. Occupational health have introduced rapid access referral pathways for staff in the following disciplines: Mental Health, Counselling, Physiotherapy, CMATS – orthopaedics / pain clinic / rheumatology, Radiology (scans), Drug & Alcohol, Podiatry and Dermatology

BCUHB Wales Sickness Rate



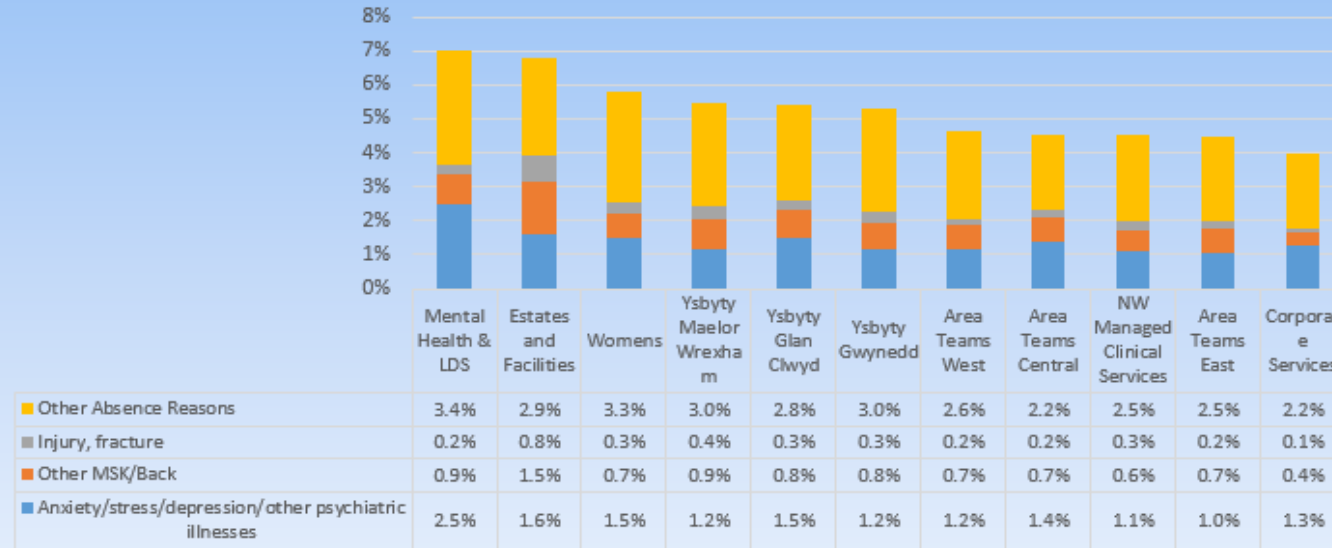
NHS Wales Sickness Rate



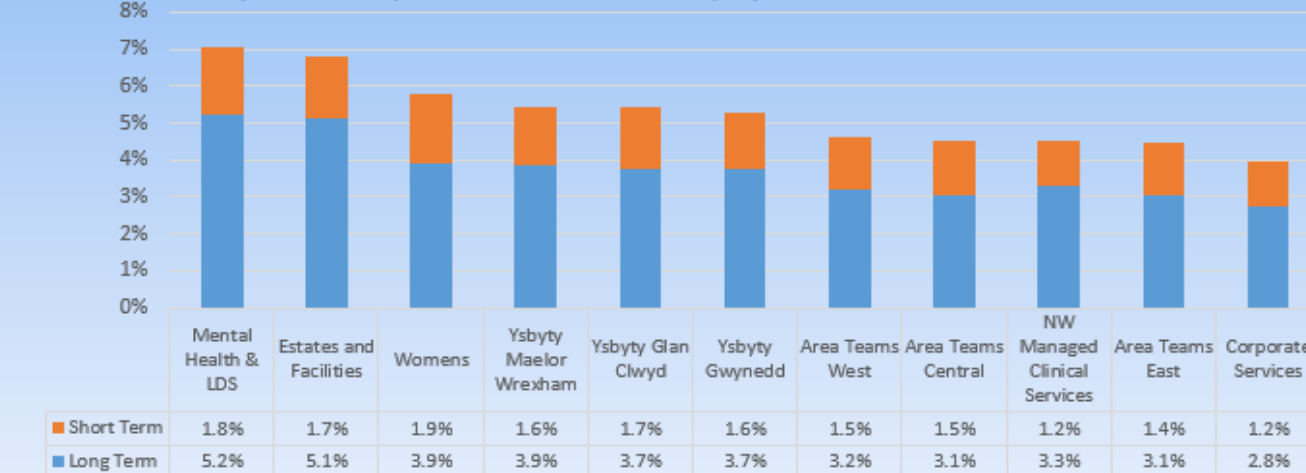
WORKFORCE QUARTERLY REPORT

Sickness

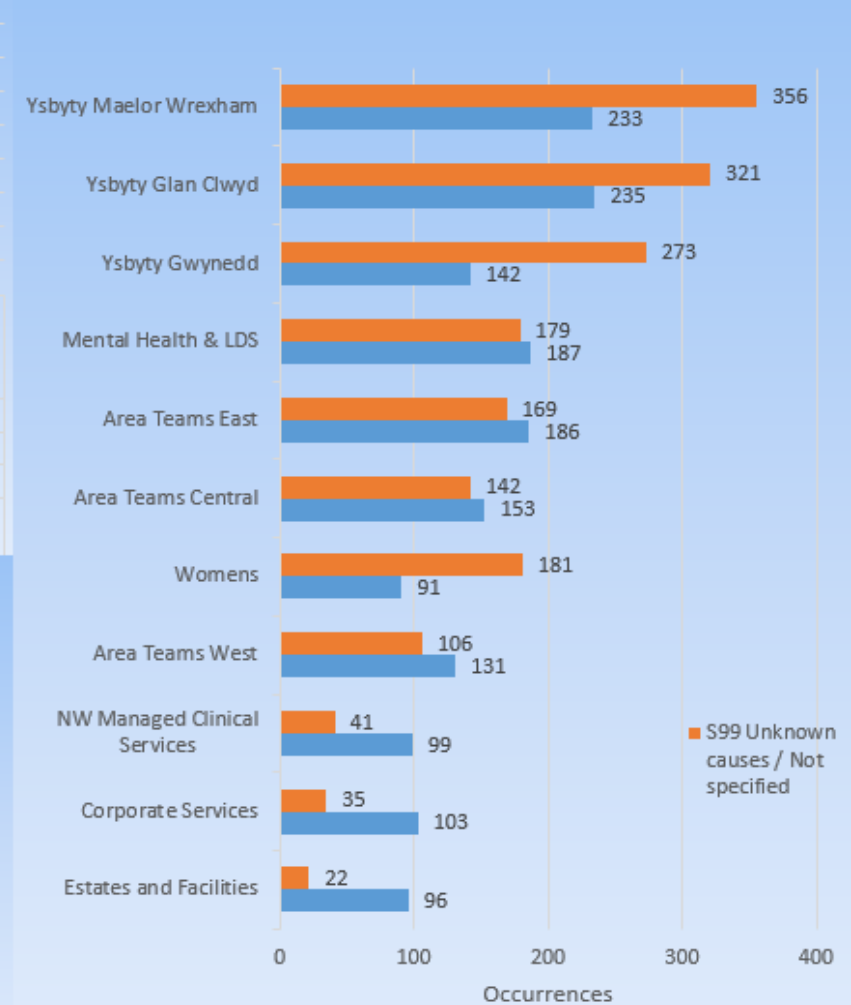
Sickness Priority Streams (12 month cumulative) by Division Dec 19



Sickness Priority Streams (12 month cumulative) by Division Dec 19

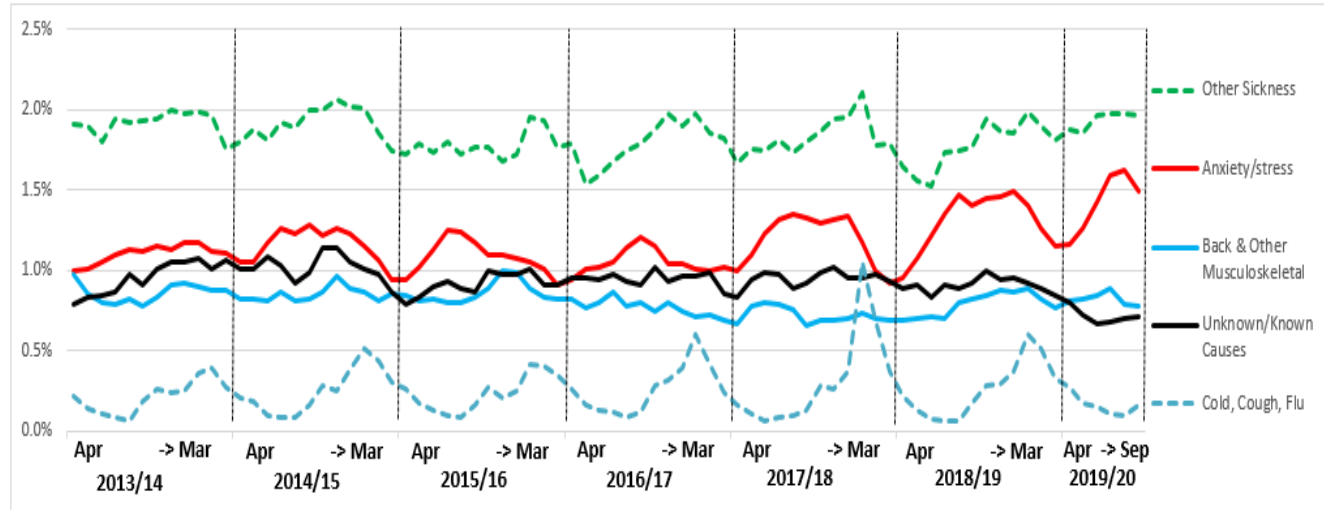


Sickness Reason Not Recorded Dec 19

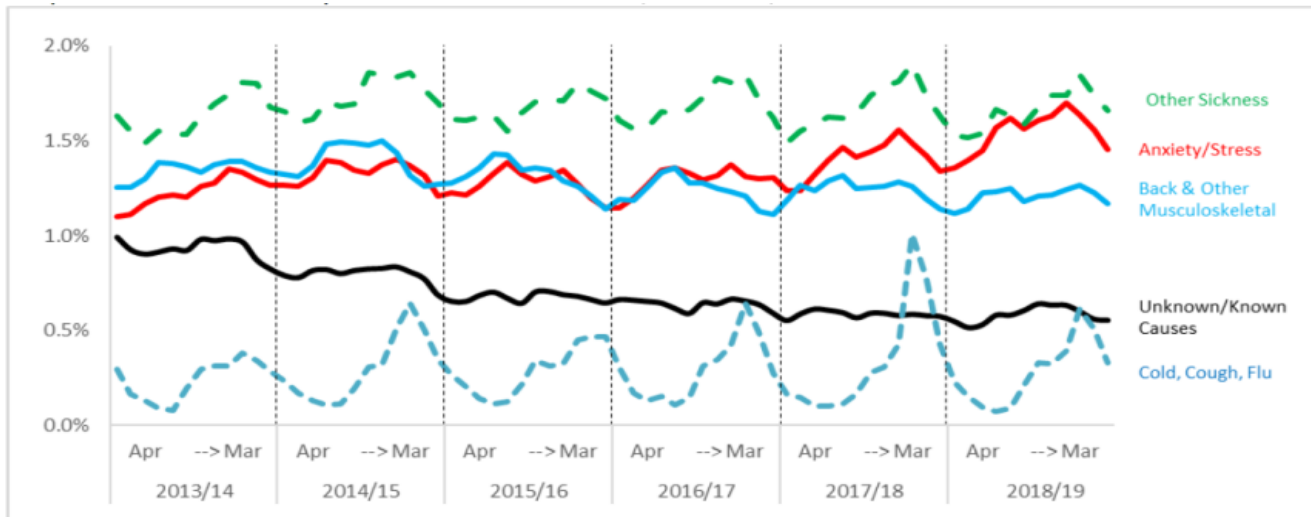


WORKFORCE QUARTERLY REPORT

BCUHB Wales Sickness Rate by Absence Reason



NHS Wales Sickness Rate by Absence Reason



Sickness

BCUHB Sickness Rate by Age Band and Pay Band Apr 18 to Mar 19

Agenda for Change Band / Medical & Dental	25 or Under	26-30	31-35	36-40	41-45	46-50	51-55	56-60	Over 60	All Age Bands
Band 1	1.8%	5.7%	10.6%	5.2%	5.4%	5.6%	7.4%	5.2%	7.0%	6.3%
Band 2	3.8%	6.4%	6.2%	7.2%	6.4%	6.4%	6.8%	6.8%	7.3%	6.5%
Band 3	4.2%	4.4%	5.2%	5.5%	6.5%	6.2%	6.8%	7.0%	7.4%	6.2%
Band 4	1.8%	3.5%	3.9%	4.7%	4.4%	4.9%	5.6%	5.8%	7.6%	4.9%
Band 5	2.6%	3.3%	4.4%	5.5%	5.5%	6.8%	5.6%	6.5%	9.4%	5.2%
Band 6	1.4%	2.9%	4.0%	4.3%	5.5%	4.5%	5.2%	5.9%	6.6%	4.7%
Band 7	0.3%	1.2%	2.8%	3.1%	4.4%	4.0%	5.7%	3.7%	9.1%	4.2%
Band 8a		0.4%	3.2%	1.4%	3.4%	3.3%	4.6%	4.4%	4.3%	3.5%
Band 8b		1.0%	0.2%	4.4%	4.5%	1.6%	3.9%	3.2%	10.6%	3.7%
Band 8c			11.8%	2.0%	2.2%	2.0%	2.8%	4.1%	1.2%	2.6%
Band 8d				1.1%	5.1%	1.0%	1.0%	0.0%	7.8%	1.5%
Band 9				0.0%		1.3%	2.0%	4.9%	0.0%	2.2%
Medical & Dental	0.5%	0.8%	1.7%	1.5%	2.0%	3.1%	2.4%	2.3%	4.5%	2.0%
Non AfC	2.4%	0.4%	5.3%	1.3%	0.5%	2.7%	5.3%	3.9%	2.0%	3.0%
All Pay Bands	2.7%	3.4%	4.3%	4.5%	5.1%	5.1%	5.6%	5.8%	7.3%	5.0%

NHS Wales Sickness Rate by Age Band and Pay Band Apr 18 to Mar 19

Agenda for Change Band / Medical & Dental	Under 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 60	Over 60	All Age Bands
Band 1	7.8%	7.5%	7.6%	7.1%	7.9%	6.7%	8.7%	8.7%	8.5%	8.1%
Band 2	4.8%	6.3%	7.2%	7.0%	7.2%	7.3%	7.7%	8.2%	9.4%	7.5%
Band 3	3.4%	4.7%	5.5%	5.6%	6.4%	6.9%	7.4%	7.0%	8.9%	6.6%
Band 4	2.3%	3.1%	3.9%	4.3%	5.4%	5.6%	5.4%	7.0%	8.3%	5.4%
Band 5	2.2%	3.5%	4.7%	5.8%	5.9%	5.8%	6.8%	7.1%	8.6%	5.4%
Band 6	1.3%	2.8%	3.5%	4.3%	5.0%	5.3%	5.8%	6.3%	6.9%	4.9%
Band 7	0.0%	1.8%	2.2%	2.7%	3.3%	4.2%	4.6%	5.1%	5.4%	4.0%
Band 8a	0.0%	1.2%	1.7%	2.0%	1.9%	2.7%	3.4%	3.7%	2.6%	2.7%
Band 8b	0.0%	0.9%	1.4%	1.6%	2.4%	1.6%	2.5%	3.8%	3.7%	2.5%
Band 8c	0.0%	0.0%	0.1%	2.4%	1.4%	1.7%	2.1%	3.7%	3.0%	2.4%
Band 8d	0.0%	0.0%	0.0%	0.5%	1.5%	1.4%	1.0%	1.8%	1.5%	1.4%
Band 9	0.0%	0.0%	0.0%	0.3%	0.4%	0.4%	2.0%	3.3%	6.0%	2.2%
Medical & Dental	0.8%	0.8%	1.3%	1.6%	1.5%	2.0%	3.0%	1.9%	3.4%	1.7%
Non AfC	5.5%	2.0%	3.7%	4.1%	2.0%	2.9%	2.7%	4.3%	2.0%	3.3%
All Pay Bands	3.2%	3.5%	4.2%	4.5%	4.9%	5.3%	5.9%	6.5%	7.9%	5.3%



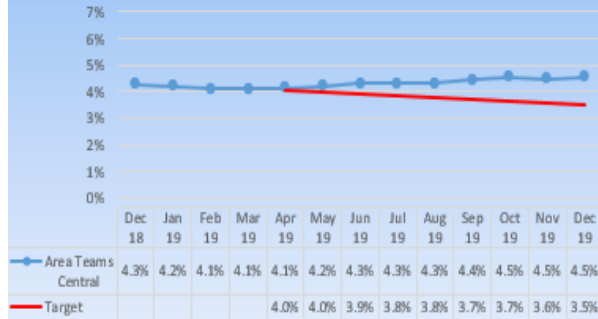
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

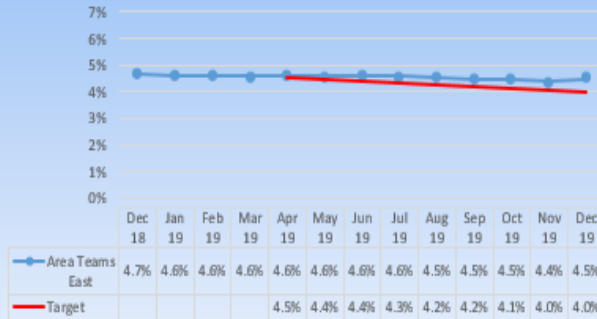
WORKFORCE QUARTERLY REPORT

Sickness

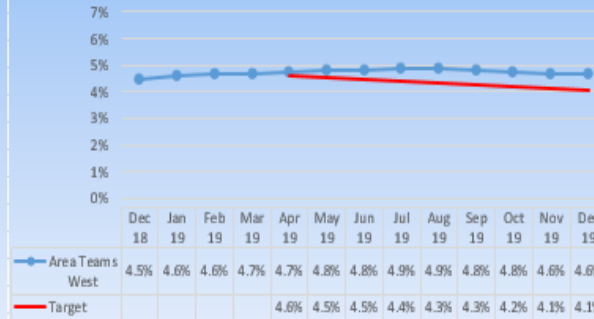
Area Teams Central (Rolling 12 Month %)



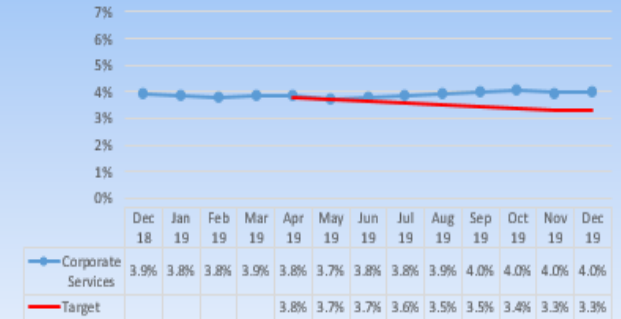
Area Teams East (Rolling 12 Month %)



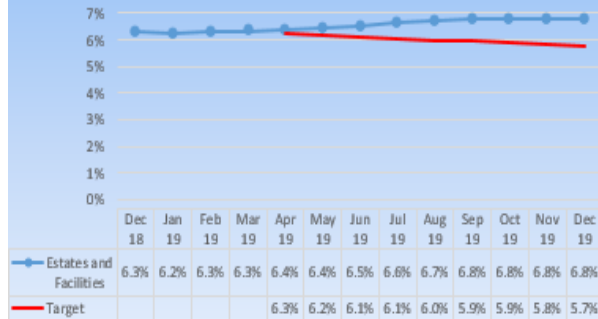
Area Teams West (Rolling 12 Month %)



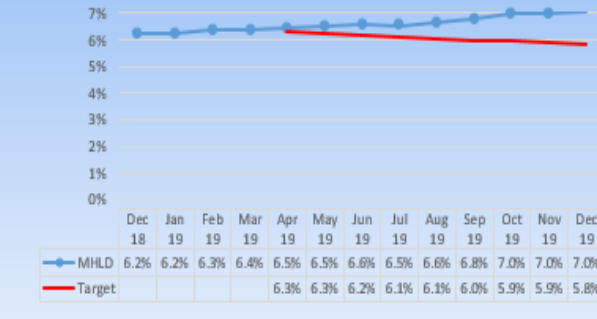
Corporate Services (Rolling 12 Month %)



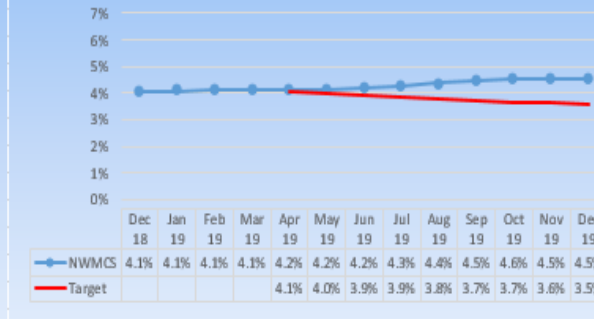
Estates & Facilities (Rolling 12 Month %)



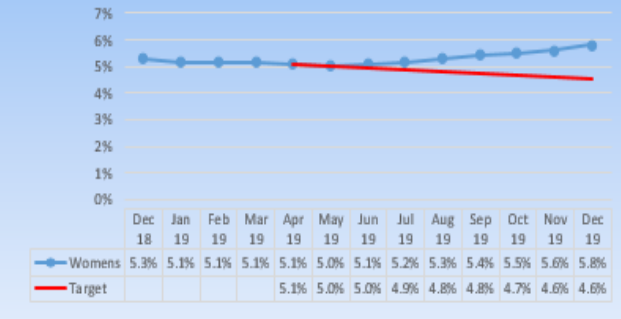
Mental Health & LDS (Rolling 12 Month %)



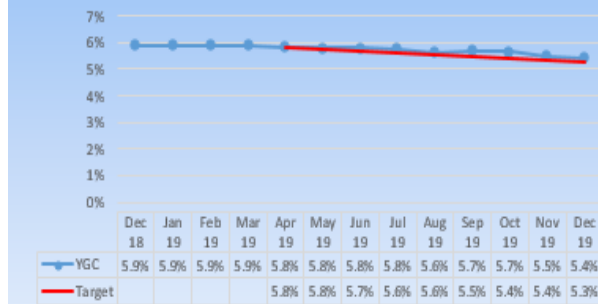
NW Managed Clinical Services (Rolling 12 Month %)



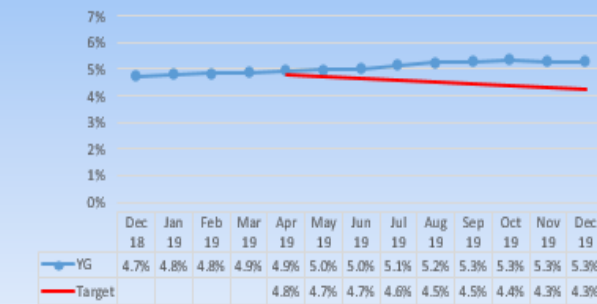
Womens (Rolling 12 Month %)



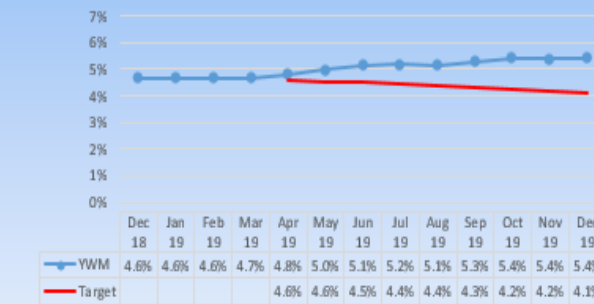
Ysbyty Glan Clwyd (Rolling 12 Month %)



Ysbyty Gwynedd (Rolling 12 Month %)

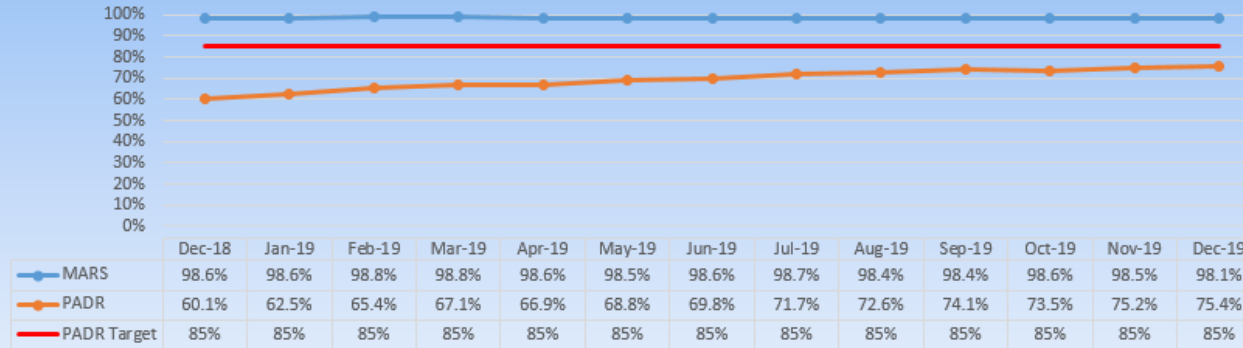


Ysbyty Maelor Wrexham (Rolling 12 Month %)

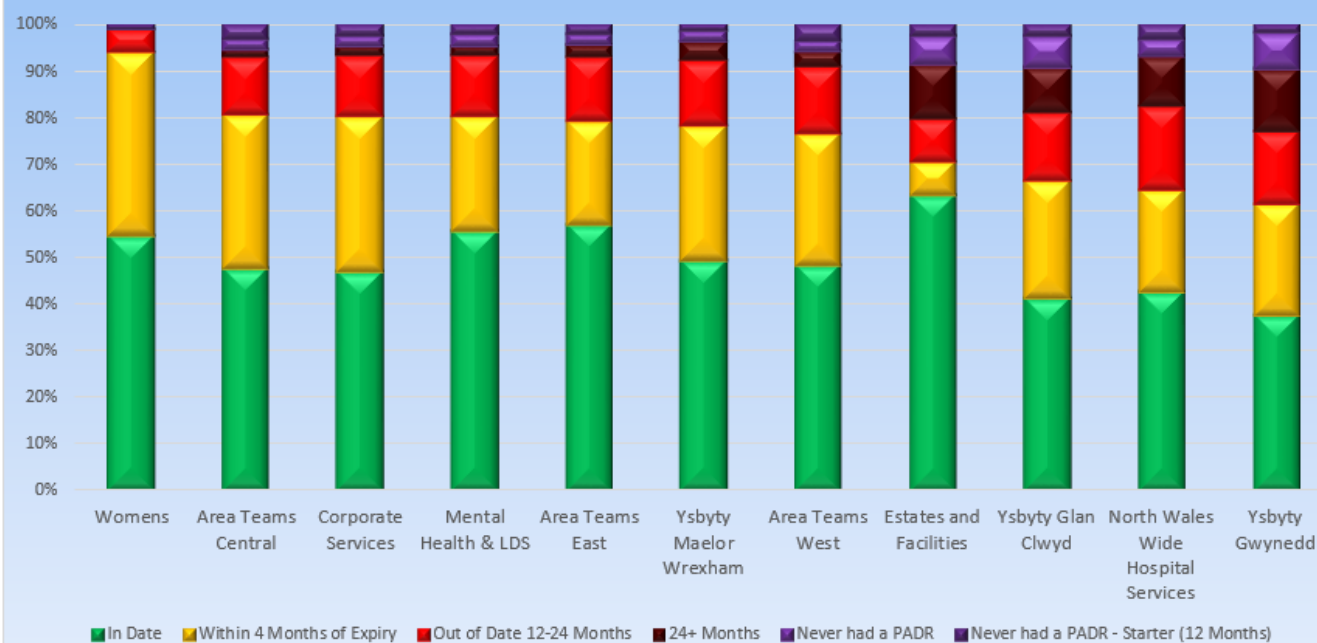


WORKFORCE QUARTERLY REPORT

Appraisal Compliance (PADR and MARS)



PADR % Compliance 1st January 2019 to 31st December 2019



Appraisals : PADR & MARS

Where we are:

In Quarter 3:

The overall PADR compliance rates continue to improve, 1.3% higher at the end of Q3 than at Q2. However only Women's comply with the 85% target and three areas are below 70%: NW Managed Clinical Services, Ysbyty Glan Clwyd and Ysbyty Gwynedd. All three acute sites have seen a slight fall in compliance between Q2 and Q3. Estates and Facilities have seen the biggest improvement in PADR rates since the last quarter rising from 64% in Q2 to 71% in Q3.

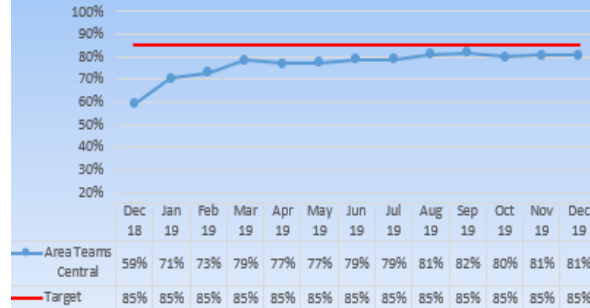
What are we doing about it:

Monthly compliance information is sent to the organisation via 2 separate league tables comparing similar sized Divisions. Red, amber, green (RAG) traffic light system has also been applied to the league tables. Divisions provided with full reports on PADR status to identify hotspot areas to prioritise support. Hot spot areas including Theatres YGC, and teams within Estates & Facilities received tailored sessions on ESR and PADR. Facilitated workshops held with managers attending Institute of Leadership & Management (ILM) Qualifications highlighting best practice and troubleshooting. PADR self-learning guide for appraisers also created including information on PADR principles, paperwork and best practice.

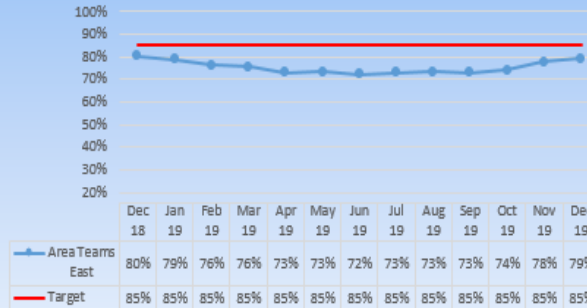
WORKFORCE QUARTERLY REPORT

PADR Compliance by Division

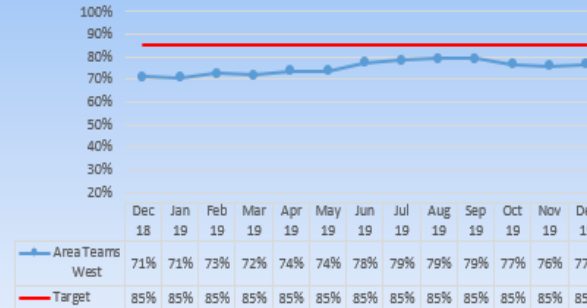
Area Teams Central PADR %



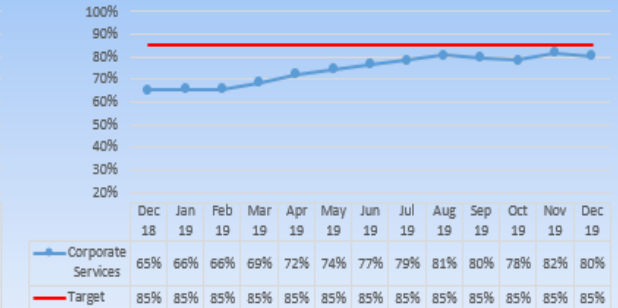
Area Teams East PADR %



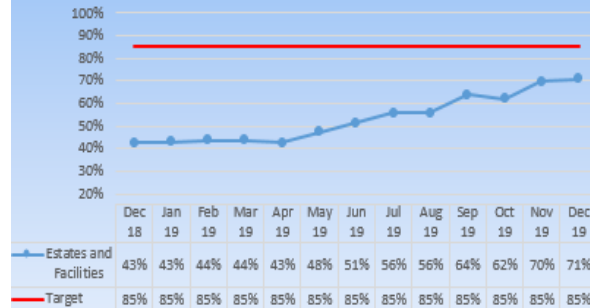
Area Teams West PADR %



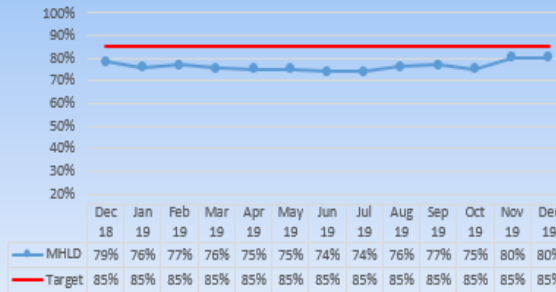
Corporate Services PADR %



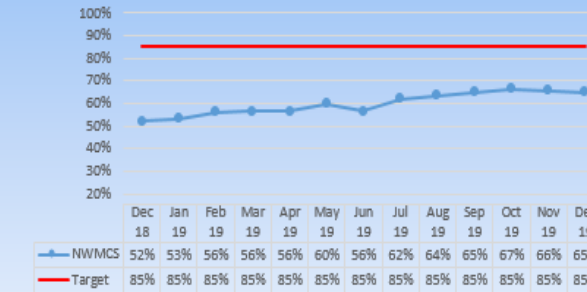
Estates and Facilities PADR %



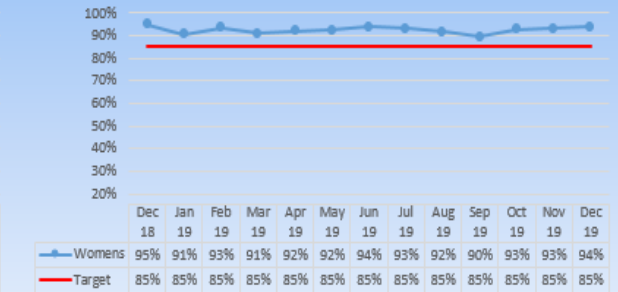
Mental Health & LDS PADR %



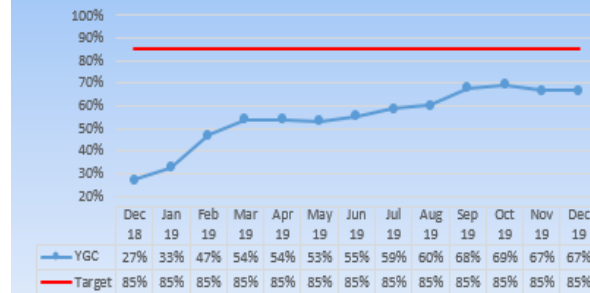
NW Managed Clinical Services PADR %



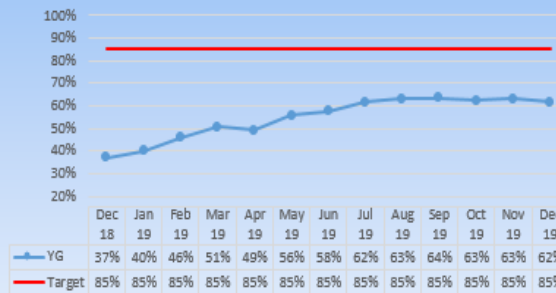
Womens PADR %



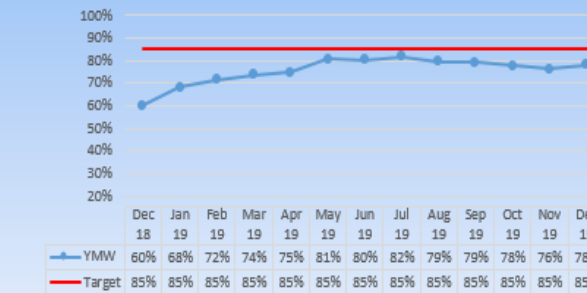
Ysbyty Glan Clwyd PADR %



Ysbyty Gwynedd PADR %

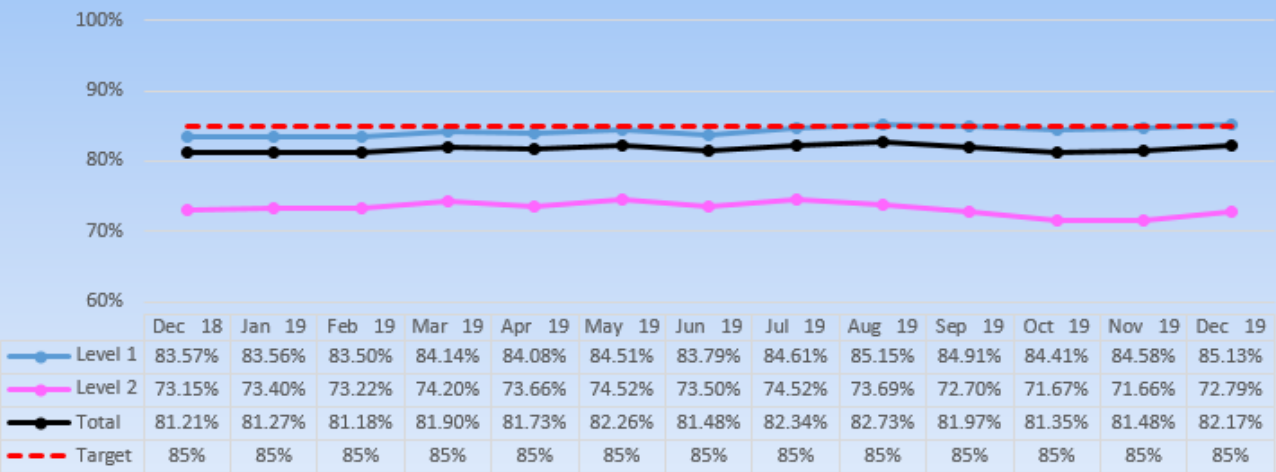


Ysbyty Maelor Wrexham PADR %

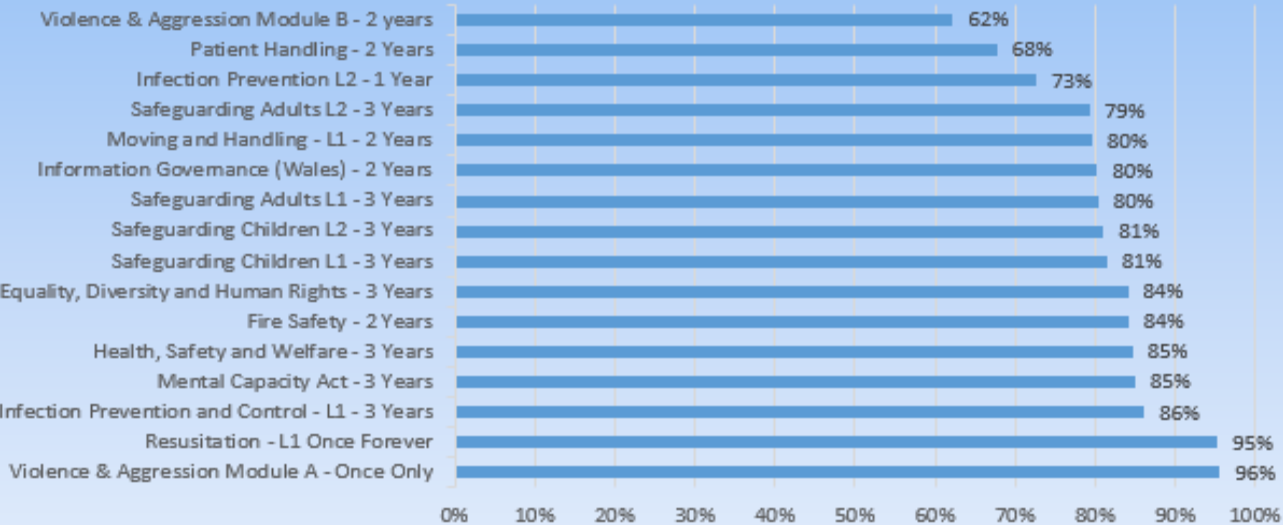


WORKFORCE QUARTERLY REPORT

Training Compliance



Mandatory Training Compliance by Competency December 19



Mandatory Training

Where we are:

In Quarter 3:

Overall Level 1 Mandatory Training Compliance meets the 85% target for the end of Q3, Estates remain 19% below the 85% target with a 1% improvement since Q2 for Mandatory training level 1. There has been no improvement in rates across the acute sites since Q2 and all remain within 6% of the 85% target. However, at competency level there is room for improvement with Safeguarding Children who are currently reporting a compliance of 82%, Safeguarding Adults reporting a compliance of 80%, Information Governance reporting a compliance of 81% and finally Load handling reporting a compliance of 80%, therefore all below the 85% target.

What are we doing about it:

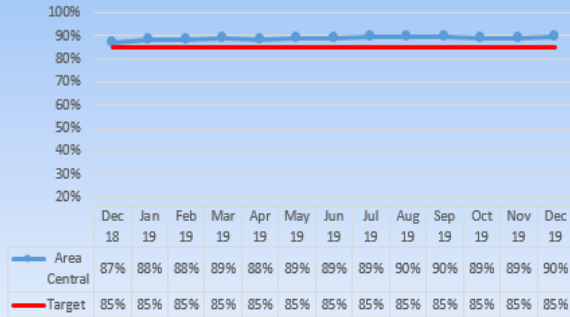
There is a Mandatory Training improvement plan which is regularly reviewed and updated. Detailed lists of staff/areas who remain non-compliant are forwarded to all SME's (Subject Matter Experts) with expectations that training is both monitored and provided. Additional support is being targeted at hotspot areas such as Estates & Facilities and Medical & Dental staff. During quarter 3 this was piloted with Infection Prevention team who have maintained an 86% figure. A programme of random audit commenced to audit compliance against WP30 (Mandatory Training Policy), specifically the audit concentrates on non-compliance [section 6] of the policy. The random sample allocation chose staff across the Health Board with a compliance rate < 50%, targeted actions have delivered an increase of compliance within that group.



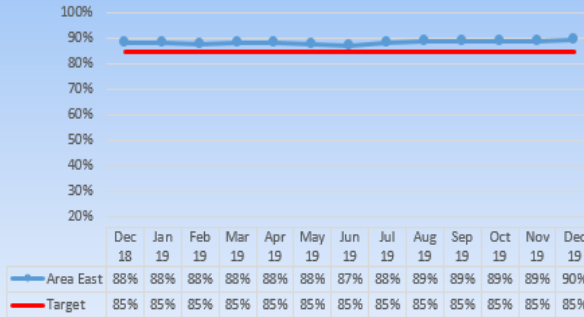
WORKFORCE QUARTERLY REPORT

Mandatory Training

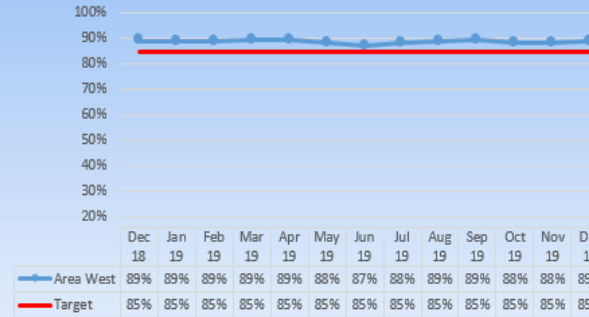
Area Teams Central Training Compliance %



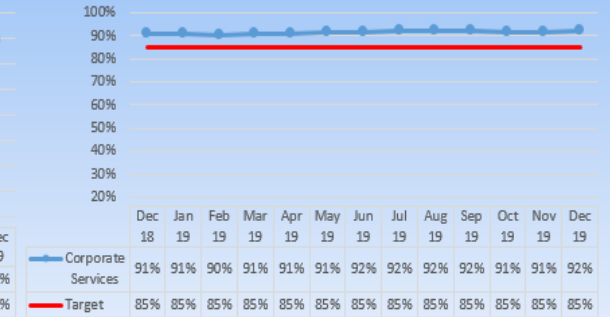
Area Teams East Training Compliance %



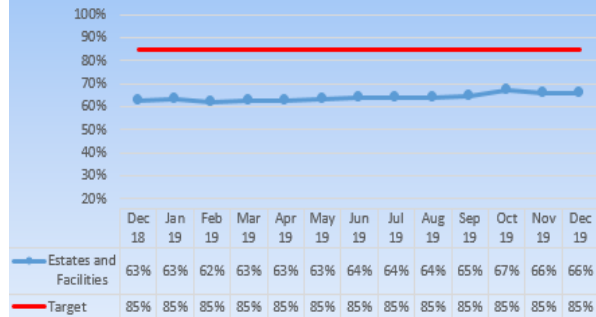
Area Teams West Training Compliance %



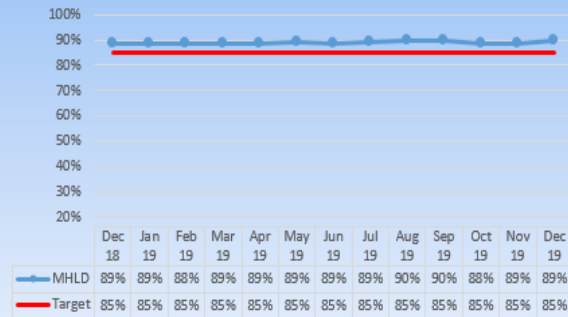
Corporate Services Training Compliance %



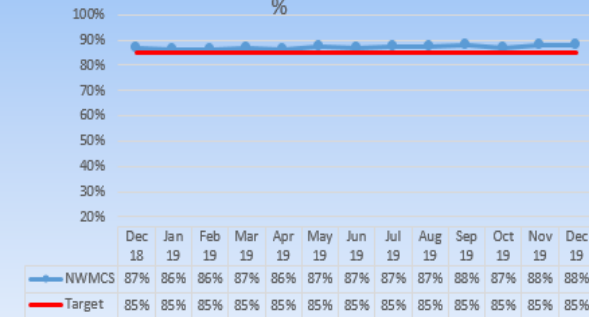
Estates & Facilities Training Compliance %



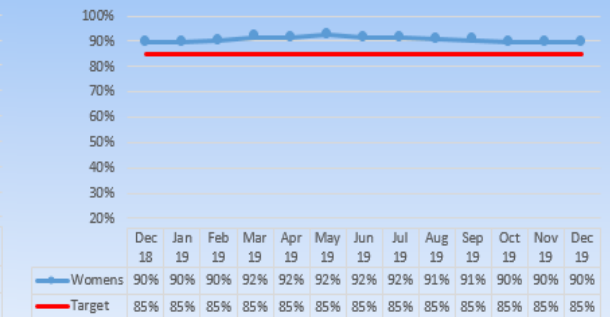
Mental Health & LDS Training Compliance %



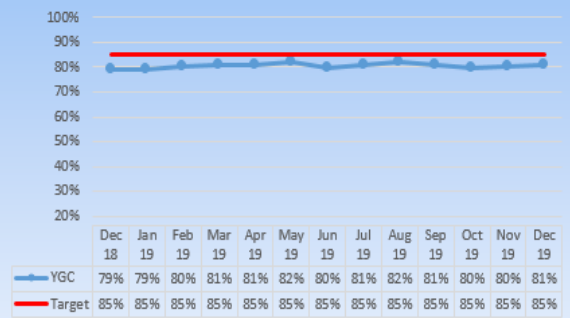
NW Managed Clinical Services Training Compliance %



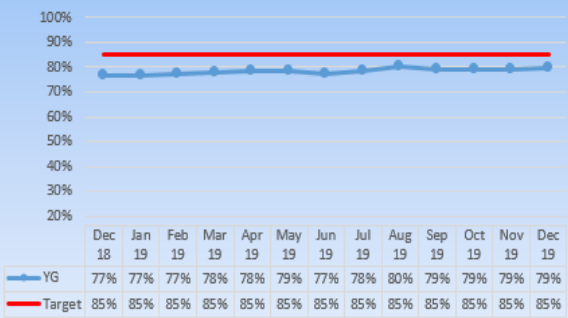
Womens Training Compliance %



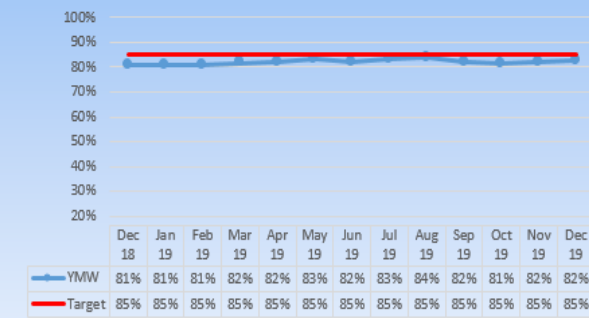
Ysbyty Glan Clwyd Training Compliance %



Ysbyty Gwynedd Training Compliance %



Ysbyty Maelor Wrexham Training Compliance %



Workforce & Organisational Development continue to support the Health Board with action plans that prioritise key areas of workforce performance and which are monitored via associated KPIs and Improvement Groups.

The Committee is asked to note the report for information and provide feedback if appropriate.



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 27.2.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Monthly Monitoring Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Acting Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Mrs Sue Hill, Acting Executive Director of Finance						
Craffu blaenorol: Prior Scrutiny:	The submission made to Welsh Government required Chief Executive and Director of Finance sign off.						
Atodiadau Appendices:							
Argymhelliad / Recommendation:							
Note the contents of the report that has been made to the Welsh Government about the Health Board's financial position for Month 10 of 2019/20.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
To report to the Committee the completion of monthly reporting to the Welsh Government for Month 10 of 2019-20.							
Cefndir / Background:							
The Health Board developed a draft 2019/20 annual deficit plan of £35m. The Financial Recovery programme is supporting delivery of a significant improvement, in line with the £25m Health Board's control total, and requiring delivery of a further £10m of savings. Welsh Government reporting continues to reflect the initial plan deficit of £35m, in line with their requirements.							
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.

Financial Implications:

- In month: There has been an improvement in the run rate of £0.7m in Month 10. Secondary Care, Commissioner Contacts and Mental Health have all performed well. However, Prescribing costs continue to increase and this has had a significant impact again in January. Prescribing costs for the month are £0.6m worse than expected, primarily due to the effect of National Prices and this is offsetting some of the improvements seen elsewhere across the Health Board. The in-month position is £1.6m in excess of the control total plan and £0.3m above the initial plan.
- Year to date: The Health Board is overspent by £34.3m, £12.6m higher than control total plan and £5.1m over the original plan. Further details are included in Appendix 1 of the report, which includes an analysis of significant unplanned cost pressures that have increased the expenditure run rate.
- Forecast: The Health Board has incurred a number of unplanned cost pressures in 2019/20, which has prevented progress being made towards the control total. The most material relate to Prescribing, CHC and the additional Welsh Risk Pool charge. In previous forecasts, it had been anticipated that additional savings delivery would fund these pressures. However, given that a significant reduction in the run rate has not been delivered and that a number of the required savings schemes are still to be identified, it has been necessary to increase the forecast outturn position by £6m to a £41m deficit. Further analysis of the forecast is included in Appendix 2 of the report.
- Savings: Cash releasing savings achieved to date, including run rate reduction, amount to £25.7m against a year to date plan of £27.8m giving a shortfall of £2.1m. Additional cost avoidance and efficiency savings of £2m have been delivered to date, which offset some cost pressures arising in-year. The planned deficit is only achievable if the Health Board can convert and deliver 26% of the red schemes (£1.046m required), continue to deliver green and amber schemes, and contain or offset new emerging cost pressures in the last 2 months. Further details are included in Appendix 3 of the report

Risk Analysis:

- There are seven risks to the financial position totalling £7.1m. These are detailed in Appendix 6 of the report.

Legal and Compliance:

N/A

Impact Assessment:

N/A



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MONITORING RETURN

MONTH 10 2019/20

Sue Hill

Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial Position

1.1.1 Plan position

- The initial plan for the year was set at a £35m deficit. The Health Board implemented a recovery programme with the aim of driving performance towards the control total of £25m deficit.
- The monitoring return continues to report performance against the draft planned deficit of £35m.

1.1.2 Year to date position

- At the end of Month 10 the Health Board is overspent by £34.3m, £5.1m in excess of the year to date deficit reflected in the initial plan.
- Analysis of the impact of Prescribing in the Month 10 year to date position is £4.9m, with a full year forecast pressure of £5.9m. In addition, forecasting methodologies indicate that there is a potential additional risk of up to £3m.

1.1.3 In-month position

- The initial plan for Month 10 was a £2.9m deficit. The actual deficit was £3.2m, £0.3m over this plan.
- Following the deterioration in the run rate in Months 8 and 9, there has been an improvement of £0.7m in Month 10. Secondary Care, Commissioner Contacts and Mental Health have all performed well in January. However Prescribing costs continue to increase and this has had a significant impact again this month. Prescribing costs for January are £0.7m worse than expected, primarily due to the effect of National Prices and this is offsetting some of the improvements seen elsewhere across the Health Board.

1.2 Forecast Position

- The Health Board has incurred a number of unplanned cost pressures in 2019/20, which has prevented progress being made towards the control total. The most material relate to Prescribing, CHC and the additional Welsh Risk Pool charge. In previous forecasts, it had been anticipated that additional savings delivery would fund these pressures. However, given that we have not delivered a significant reduction in the run rate and that a number of the required savings schemes are still to be identified, it has been necessary to increase the forecast outturn position by £6m to a £41m deficit.

1. FINANCIAL POSITION & FORECAST

- The Monitoring Return tables continue to show these unplanned cost pressures, but the savings requirement to fund them has been reduced, in line with the increased forecast.
- The main areas of overspend, which have meant that the expected reduction in the expenditure run rate has not been seen are:
 - Secondary Care, which has incurred £3.3m additional agency costs compared to 2018/19 and also seen a £2.4m increase in prescribing costs.
 - Primary Care prescribing costs; the impact of national prices has a year to date value of £4.9m, of which £3.5m relates to increased prices and the impact in the year end position is £5.9m (£4.2m price impact).
 - While the financial recovery programme has significantly improved the value of the Savings pipeline, it has not delivered the planned profile across the year, but the shortfall will be incorporated into the savings plan for next year.
- The Health Board is working to further strengthen the financial controls across the wider organisation. All discretionary spend is being challenged around its purpose and additional controls have been implemented around the use of temporary staffing costs.

1.3 Income (Table B)

- The Health Board has received additional RTT funding of £7m, bringing the total to £20.5m for the full year. £12.4m has been spent to date. The vast majority of the funding is committed and the Health Board is considering various other options to spend the remaining balance to improve the RTT position this year. No additional NHS outsourcing is available, but there may be an opportunity to increase Ophthalmology insourcing and the validation work is also being extended.
- Mental Health and CAMHS submitted detailed proposals against the Transformational Funding allocations for 2018/19 and 2019/20. Spend is being closely monitored to ensure only valid expenditure is being charged against the funding. There are plans for the utilisation of the recurrent funding available that have been approved by Welsh Government, in line with the identified priorities previously notified.

1.4 Non-pay (Table B)

- Non-pay costs total £788m, giving a year to date over spend of £12.1m against the planned budget. The key elements of the over spend are Prescribing (£6.5m), Secondary Care drugs (£2.9m) and unallocated and non-delivering savings schemes (£4.7m).

1. FINANCIAL POSITION & FORECAST

Primary Care

- At the end January, the Health Board reported a £0.05m overspend in month for General Dental Services (GDS), with a cumulative balanced position. The dental team are still progressing with the Dental Reform programme in North Wales with 20 practices now on the new contract. There remains the risk of potential further GDS contract handbacks, lower than expected performance and achieving sufficient patient charge revenue against the increased Welsh Government target.
- The General Medical Services (GMS) expenditure was £0.1m underspent in month. The Health Board continues to see cost pressures within Managed Practices, particularly in relation to locum GP costs and more recently an increase in dispensing cost of drugs. At the end of January, the Health Board is still managing 16 practices but is aware of two further resignations that will become effective in the next financial year.
- Primary Care Contractor expenditure has increased by £0.6m in Month 10. This primarily relates to Pacesetter costs that have been remapped from Provider non-pay.

Primary Care Drugs

- There has been another significant increase in Prescribing costs in the month (£0.7m more than in Month 9), reflecting the price growth and risk that has been reported in previous months.
- The latest data available (November 2019) shows an increase in prescribing costs for the Health Board of £3.4m compared to last year, a total increase of 5%. The volume and number of items prescribed has only increased by 1.44%, which equates to £1.0m, and therefore the remaining £2.4m is price driven.
- Extrapolating the November data to Month 10 suggests the Year to Date position includes price impacts (Category M drugs or No Cheaper Stock Obtainable (NCSO)) of £3.5m, with the current forecast impact of prices for 2019/20 being £4.2m (compared to an estimate of £3.4m based on the Month 9 data).
- For 2019/20, the forecasting methodologies are now indicating a range of outturns for the Health Board from £114.4m to £116.1m. With the continued price increases in NCSO and Category M, the outturn could increase beyond £116m. Should the December Prescribing data indicate a further increase in the forecasting methodologies, then the Health Board will need to increase the current £114.1m forecast and identify further mitigating actions in order to avoid increasing the overall Health Board forecast.

Provider Services Non-Pay

- Costs have decreased by £0.6m in Month 10. Medical & Surgical equipment costs have reduced by £0.2m and Orthopaedic implants

1. FINANCIAL POSITION & FORECAST

	by £0.1m, both due to reduced theatre activity in January. In addition, costs of £0.3m relating to Pacesetters have been remapped to Primary Care.
Secondary Care Drugs	<ul style="list-style-type: none"> - Costs have increased by £0.6m from December and are at the highest monthly cost for the year to date. There have been significant rises in Haematology drugs (£0.2m) and cycles which fell in January. £0.4m of NICE funding was brought into the position to mitigate some of this cost.
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none"> • The WHSCC contract performed well again in Month 10, with some write backs brought into the position. The local contracts for major trauma continued to deteriorate, but some RTT write backs offset this. • Costs in Month 10 increased by £0.7m, of which £0.4m related to the WHSCC contract, primarily due to the genetic testing directory development. £0.2m of the increase was for outsourcing, which is profiled to increase in the last quarter of the year and the trackers indicate that the activity has stepped up in the last month.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	<ul style="list-style-type: none"> • Expenditure has reduced by £1.8m in Month 10. • The inflation on CHC was paid in December with an impact of £1.3m in Month 9. In addition, a review of year end creditors from previous years has allowed the Health Board to release a benefit of £0.5m, which has reduced the in-month spend.
Other Private and Voluntary Sector	<ul style="list-style-type: none"> • Costs have decreased by £0.4m from Month 9, half of which relates to specialist rehab patients. The remainder of the reduction relates to outsourced ASD assessments which inflated costs in Month 9.
Joint Financing	<ul style="list-style-type: none"> • The £0.7m increase in expenditure relates to Losses. £0.3m has arisen from a technical adjustment due to a change in the discount factor used for calculating provisions. A further £0.2m is for a new Personal Injury Benefit claim.
Capital	<ul style="list-style-type: none"> • Capital costs include depreciation and impairment costs, which are fully funded. The 2019/20 DEL/AME non cash figures will be finalised by Month 11. There have been delays in finalising the valuations from the District Valuer and it has been agreed with Welsh Government that the non cash position will be reported as soon as the final reports have been received.

1. FINANCIAL POSITION & FORECAST

1.5 Reserves (Table B)

- All reserves and movements are identified in Table B, including the phasing patterns.

1.6 Accountancy Gains (Table B)

- An accountancy gain has been reported in Month 10 relating to a review of CHC creditors from previous years, which has allowed the Health Board to release a benefit of £0.5m into the position.
- The Health Board continues to assess the potential impact of the current year Manual for Accounts requirements and significant provisions/accruals (e.g. annual leave and debtor provisions) in the lead up to year-end as part of annual accounts preparation.

1.7 Pay (Table B2)

- Total Health Board pay (excluding Primary Care functions) is £627m, which is an under spend against plan of £3m. Total pay including Primary Care is £646m for the year to date, an under spend of £1m.
- The pay groups with significant over or under spends remain the same. Over spends continue in areas of high agency usage (Medical and Dental) and within Additional Clinical Services for Health Care Support Workers. The high level of nursing vacancies remains, leading to an under spend on Nursing and Midwifery. Admin & Clerical continues to under spend due to a significant number of vacancies across all areas and vacancy controls put in place and scrutinised through the Recovery Programme to limit non-essential appointments.
- Total Health Board pay costs have increased by £0.6m, with small increases across most pay groups. The increase in agency costs of £0.6m is the main factor behind the increase in total pay spend.

2. UNDERLYING POSITION

2.1 Underlying Position (Tables A and A1)

- The monitoring return includes an update on the analysis of the Health Board's underlying position, reflecting ongoing discussions with Welsh Government.
- As previously reported, there are additional cost pressures within the position over and above the potential cost pressures identified in the initial plan.
- Cost pressures of £7.3m in the opening plan classified as non-recurring have crystallised as recurring in year and so an adjustment has been made on Table A to reflect the movement from non-recurring to recurring.

3. RING FENCED ALLOCATIONS

3.1 Ring Fenced Allocations

- General Medical Services – GMS expenditure is forecast to marginally underspend by £0.04m against the ring-fenced allocation.
- General Dental Services - GDS expenditure is forecast to break-even against the ring-fenced allocation.
- All other ring-fenced allocations are forecast to be fully utilised.

4. NET EXPENDITURE PROFILE ANALYSIS

4.1 Expenditure Profile Analysis (Table B)

- Primary Care drugs costs have been forecast to reduce in Months 11 and 12 compared to Month 10, where additional costs have been brought into the position. The total cost for the year is based on the forecast methodologies, but there is a risk that these will increase when the December data is released at the end of this month.
- Pay costs and Provider services non-pay costs are forecast to increase in Months 11 and 12 due to the impact of using reserves to fund additional activity as part of RTT and the Winter Plan.
- The cost of healthcare services provided by other NHS bodies is expected to increase in Months 11 and 12 as outsourcing activity is profiled to increase in the final quarter of the year.

5. AGENCY/LOCUM EXPENDITURE

5.1 Agency/Locum Expenditure (Table B2)

- Expenditure on agency staff for Month 10 is £3.6m, representing 4.7% of total pay, an increase of £0.6m on last month. This is the highest monthly agency spend for the year to date.
- Medical agency costs have increased by £0.1m to an in-month spend of £1.5m. The main areas of spend are the three acute hospital sites and Mental Health, together accounting for 79% of the in-month cost.
- Nurse agency costs totalled £1.2m for the month, an increase of £0.3m from last month. Agency nurses continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care. The use of agency nurses is particularly an issue for Wrexham and Ysbyty Glan Clwyd, together accounting for 84% of these costs in January.
- Other agency costs increased by £0.2m to £0.9m in the month and mainly arise from Allied Health Professionals (£0.2m) and Admin and Clerical (£0.6m). The increase relates to additional costs arising from unfunded interims and the costs of recovery.

6. RECOVERY AND SAVINGS

6.1 Recovery Actions

- The Health Board has initiated a detailed recovery programme which continues to drive the identification and delivery of savings, alongside reduction in expenditure run rates. Key actions in the last quarter are:
 - Improving the delivery of green scheme actuals: the PMO is supporting divisions to address schemes under performing against plan.
 - Under forecasting: targeted work is being undertaken to address the green schemes that have not been reflected in forecasts to date.
 - External procurement report: plan of actions to be progressed.
 - 2020/21 planning: continue to work with divisions and Improvement Groups to progress plans.

6.2 Savings / Recovery Plan Requirement (Table C, C1, C2 & C3)

- To deliver the Health Board's initial plan of £35m required £25m of cash releasing savings, plus additional savings for mitigating actions to offset the cost of both cost pressures and the cost of the recovery programme.
- In addition, the Health Board's plan allows for cost avoidance savings to mitigate cost pressures arising during the year that were not included in the initial plan.
- The initial plan submitted identified savings schemes in the Month 1 Monitoring Return totalled £17.5m.

6.3 Identified Savings / Plans

- At Month 10, savings identified totalled £34.6m. This represents an increase of £1.5m over Month 9. The Health Board is continuing to review the way the definition of cash releasing and cost avoidance savings are being applied to savings schemes in practice.
- Cash releasing savings (including income generation) identified at Month 10 total £21.6m against the £25.0m target, a shortfall of £3.4m.
- Cost avoidance savings, including run rate reduction, identified at Month 10 total £13m, a surplus of £3.5m.
- Additional opportunities continue to be progressed, aimed at reducing the Health Board's deficit and recovering the year to date shortfall against the cash releasing plan. Red rated schemes which have the potential to close the gap have been identified and form the

6. RECOVERY AND SAVINGS

savings pipeline. Further work is required to convert these schemes into green and amber schemes, however the anticipated impact in 2019/20 is reducing as we move towards year end.

- Total savings included in the Health Board pipeline are £42.1m. This is higher than those recorded in the Monitoring Return tracker due to the inclusion of red rated schemes within the pipeline. Conversion of schemes from red to green and then delivery continues to be a focus of our recovery programme.
- The Health Board continues to review the forecast Full Year Effect of schemes as they move from pipeline into delivery.

6.4 Savings Delivered

- Total savings delivered by Month 10 are £27m. This includes £17.6m cash releasing savings and £9.4m cost avoidance.
- Cash releasing savings delivered of £17.6m show a shortfall of £2.7m against the expected budget profile savings of £20.3m required by Month 10 in order to deliver the £25m target.
- Where forecast of schemes has slipped from the plan, work needs to be done to increase delivery or identify additional schemes to make up the shortfall.
- The main areas where under-performance is forecast in Month 10 are summarised below, along with actions ongoing to address these:
 - Medical rostering / agency – additional schemes with a value of £1m were introduced in Month 7 to address shortfalls year to date. Savings delivery has improved in Month 10, however this remains below the level expected. Work is ongoing with divisions to address and recover this shortfall, particularly in relation to Junior Doctor rotas.
 - Discretionary non-pay – additional savings plans have been introduced for the remainder of the year which are yet to achieve their full impact in terms of delivery. Enhanced controls over catalogue use and scrutiny of all discretionary spend are in place to ensure increased delivery to year end.
 - Service reconfiguration (MHLD) – delays to implementing this scheme have caused under-recovery. This is being offset through additional savings from repatriation and complex care package reviews.
 - Sickness absence (MHLD) – alternative schemes were identified in Month 6 as part of the Division's recovery plan.
 - Divisional savings – Additions to programme and progression of schemes from red to amber / green continue to be secured through the Recovery Director's fortnightly recovery meetings to recover divisional shortfalls and ensure improved delivery against the savings programme.

7. INCOME ASSUMPTIONS

7.1 Income Assumptions (Tables D & E)

- At the end of January the Health Board has spent £12.4 m on additional activity to reduce the long waiting lists. Welsh Government RTT income received to fund this activity is included in the position.

8. RISK MANAGEMENT

8.1 Risk Management (Table F)

- The Recovery Programme is focused on addressing the Health Board's deficit position and actions include an increased grip and control plan, reduction of run rate expenditure and identification and conversion of savings and efficiency opportunities.
- The full year forecast is £35m, which aligns with the Health Board's initial plan deficit of £35m. The table below outlines the outstanding key risks relative to initial plan.

	£m	Level	Explanation
Risks			
Welsh Risk Pool – ability to identify mitigating actions	(1.8)		There is a potential risk in relation to the Welsh Risk Pool. NWSSP are forecasting that annual expenditure will exceed the 2019/20 budget by £9.718m. Welsh NHS organisations will need to take a share of this pressure. The Health Board's share of this cost is £1.792m and is included in the forecast. However there is a risk that the mitigating actions required to meet this pressure will not be delivered and also that the value of the pressure will change before the end of March.
Primary Care Prescribing	(3.0)		Prescribing data is received two months in arrears. There are a range of forecasting options used to estimate this two months accrual ranging from the all-Wales HSW Forecast to a BCU locally derived version. BCU uses the lowest forecast methodology in its monthly reported position, giving rise to a possible financial risk between the BCU model and the worst-case model. For 2019/20 the forecasting methodologies are now indicating a range of outturns for the Health Board from £114.4m to £116.1m. With the continued price increases in NCSO and Category M, the outturn could increase beyond the £116m. Should the December Prescribing data, which is available in March, indicate a further increase in the forecasting methodologies, then the Health Board will need to increase the current £114.1m forecast and identify further mitigating actions in order to avoid increasing the overall Health Board forecast.
Continuing Healthcare (CHC)	(0.5)		The financial plan approved by the Board explicitly excluded providing growth funding for CHC. The risk was primarily in relation to OPMH CHC and that still remains the case. The increase in growth/number of cases has levelled off within some areas in recent months, but additional low volume, high cost cases have a significant impact on the CHC budget, which is reflected in the level of risk highlighted. Divisions have focused on working to try to reduce the level of CHC risk, but it is recognised that the growing trend in dementia patients will continue to add pressure on available bed capacity.

8. RISK MANAGEMENT

	£m	Level	Explanation
Cost of recovery - ability to identify mitigating actions	(0.7)		The total costs of recovery for the year are forecast to be £1.9m. Welsh Government funding of £0.643m has been received and we are anticipating further funding of £0.6m, leaving a pressure of £0.657m. There is a risk that the mitigating actions required to meet this pressure will not be delivered.
Red risk savings	(0.7)		As at Month 10, the delivery of the £35m forecast requires £0.715m of schemes that are currently red risk rated. There is a risk that these schemes will not deliver. The Health Board is continuing to identify and develop new schemes, and to move existing red schemes into amber and green in order to close the gap to the target.
Single Integrated Clinical Assessment and Triage (SICAT) service	(0.4)		The Health Board's SICAT service was set up at the end of last year and fully funded by the 111 Programme. The service has a forecast cost for 2019/20 of £0.55m, which is lower than forecast last month due to reductions in pharmacy and system costs. It has been assumed to date that SICAT would be fully funded, however the 111 Programme have stated that they will not fund SICAT. Slippage from the 111 Programme of £0.15m is being used to fund some of this cost and an alternative funding source for the remaining £0.4m is being sought.
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.

9. STATEMENT OF FINANCIAL POSITION & WELSH NHS DEBTORS

9.1 Statement of Financial Position (Table G)

- Key movements during January 2020 included:
 - Property, plant and equipment have decreased by £1.3m due to the net impact of newly capitalised assets less non-cash adjustments.
 - Trade and other receivables have increased by £1.6m primarily due to Revenue Resource Limit (RRL) drawn ahead of profile for the deficit and working capital that will be requested later in the year.
 - Cash has increased by £2.8m, of which £0.9m relates to capital cash. The revenue cash balance at the end of December was lower than usual and has now returned to a more normal level.
 - Trade and other payables have increased by £2.5m primarily due to a rise in Commissioning and CHC balances.
 - Provisions increased by £0.9m primarily due to an increase in Medical Negligence (MN) provisions.
 - General Fund has decreased by £1.2m due to Capital drawdown (£2m) less the Month 10 deficit (£3.2m).

9.2 Welsh NHS Debtors (Table M)

- The Health Board held four invoices which were over eleven weeks old at the end of Month 10 and these have been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. The total outstanding value was £2,498. It has been confirmed that one of the invoices (for £1,710) will be paid.

10. CASH FLOW FORECAST

10.1 Cash Flow Forecast (Table H)

- The closing cash balance at the end of January was £5.175m, which included £2.820m cash held for capital expenditure. The revenue cash balance of £2.355m was within the internal target set by the Health Board.
- Welsh Government has approved the Health Board's requests for £31m Strategic Cash Assistance and £12.975m for working balances cash support. Following the increase in the Health Board's forecast deficit for 2019/20 to £41m the Interim Chief Executive wrote to Dr Andrew Goodall, Chief Executive, NHS Wales on 12th February 2020 formally requesting an additional £4m Strategic Cash Assistance for 2019/20. This is lower than the increase of £6m as the Health Board is forecasting that £2m of pressures can be managed internally by undertaking a range of management actions. Approval of this request will ensure that essential payments can continue through to the end of March.
- In making this cash request, the Health Board recognises that the Welsh Government does not receive any additional cash support for organisations in deficit and has already provided £114.694m strategic cash support between 2014/15 and 2018/19. Any additional opportunities to mitigate the level of the strategic cash support request will continue to be considered over the next two months and updated in the Month 11 Monitoring Return.
- Table H – Monthly Cash flow forecast currently forecasts a revenue cash balance as at 31st March 2020 of £0.307m. This assumes that the additional funding request for £4m Strategic Cash Assistance will be approved and received from Welsh Government before the end of the financial year. The forecast also assumes that both the opening capital cash balance of £3.665m and all in-year capital funding will be fully utilised.

Revenue cash requirements 2019-20	£m
Opening revenue balance	0.307
Original forecast revenue deficit	(35.000)
Original forecast revenue deficit to be managed internally	4.000
Additional forecast revenue deficit	(6.000)
Additional forecast revenue deficit to be managed internally	2.000
Forecast movement in working balances	(12.975)
Underlying forecast revenue cash shortfall	(47.668)
Funding requests	
Repayable Strategic Cash Assistance - confirmed	31.000
Repayable Strategic Cash Assistance – requested	4.000
Working balances support - confirmed	12.975
Forecast closing revenue cash balance	0.307

10. CASH FLOW FORECAST

Capital cash requirements 2019-20	£m
Forecast cash spend	
Opening capital balance	3.665
Forecast spend on approved Capital Resource limit	(23.183)
Forecast donated asset cash spend	(1.578)
Forecast disposal proceeds cash spend	(0.038)
Forecast reduction in capital working balances	(5.080)
Total cash requirements	(26.214)
Forecast cash funding	
Approved Capital Resource limit	23.183
Donated asset income	1.578
Disposal proceeds	0.038
Requested working capital balances support	1.415
Forecast capital cash funding	25.053
Forecast closing capital cash balance	0

- The current trade and other payables line of Table G Statement of Financial Position forecasts an in-year reduction of £15.080m (£141.415m to £126.335m) which assumes that the opening capital cash balance of £3.665m will be utilised during the year.

11. PUBLIC SECTOR PAYMENT COMPLIANCE

11.1 Non-NHS and NHS Invoices (Table I)

- Although the PSPP performance is only reported in the tables quarterly, the figures are reviewed by the Finance and Performance Committee on a monthly basis.
- At the end of January, 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. The cumulative performance against non-NHS invoices by number is 95.3%.
- The Health Board continues to work with Accounts Payable, NWSSP to consider any underlying reasons for late payment of invoices and to identify opportunities to improve the PSPP performance during the remainder of the financial year.

12. CAPITAL SCHEMES AND OTHER DEVELOPMENTS

12.1 Capital Resource Limit (Table J)

- The Capital Resource Limit at Month 10 is £23.2m. Year to date expenditure is £9.5m against a plan of £12.1m. The year to date slippage of £2.6m will be recovered during the last two months of the year.

12.2 Capital Programme (Table K)

- The Capital Programme update is reported in Table K.

13. SUMMARY

13.1 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 on the 27th February 2020.



Simon Dean
Interim Chief Executive



Sue Hill
Acting Executive Director of Finance

APPENDIX - MONTH 9 MONITORING RETURN RESPONSES

Month 9 Monitoring Return Responses

Action Point 9.1

I note the year to date deficit of £31.069m as at Month 9, being £4.819m above the straight line profile plan (£26.250m) of your current £35m forecast outturn, which is above the control total of £25m.

The in-month position of £3.946m has deteriorated by £1.733m from the previous forecast (£2.213m), with anticipated recovery now being included in Month 12 (small surplus of £0.025m forecast). Clearly the delivery of such a position raises significant concern, even if the deterioration in the run rate is halted in January.

Your forecast position remains reliant on actions yet to be finalised, namely: Pipeline Savings (£1.3m), Mitigating Actions required in relation to the WRP pressure (£1.792m) and a further £1.7m required in relation to the Cost of Recovery.

It is disappointing, despite the assurance received on a month basis that more than sufficient schemes to eliminate the savings gap were being progressed, that at Month 9 original plans are still not finalised (i.e. do not meet the Green or Amber criteria for inclusion within the Tracker). I again require you to ensure that this remaining gap (£1.3m) against your original requirement is finalised before your Month 10 submission.

Response

We are continually reviewing the delivery of our savings programme to achieve our plan. The latest position is reported in the narrative and has been updated in light of the increase in the forecast to £41m.

Movement (Table A) and Underlying Position (Table A1) – Action Point 9.2

Please clarify if the additional required savings\mitigating actions of £1.659m (line 35), which would offset the recovery costs, are net or gross of the anticipated income item described as 'Recovery Funding' totalling £0.600m. If confirmed as gross, then reduce the £1.659m by £0.600m and add this to the WG Funding line (19).

Response

The costs of recovery have increased to £1.9m in Month 10. Welsh Government funding of £0.643m has been received and we are anticipating further funding of £0.6m, leaving a pressure of £0.657m. The total cost of recovery at £1.9m has been included in Table A. The income received and anticipated is already included in our income position. We welcome further discussion as to how you would like this to be reported in the tables.

Movement (Table A) and Underlying Position (Table A1) – Action Point 8.4

In Month 8, the HB reported a new risk for SICAT, which has increased in Month 9 to £0.7m. You have confirmed, within your response to AP 8.4, that the amount is excluded from your position forecast at Month 9. However, as this service appears to be live and expenditure is being incurred, it would appear that the risk relates to either securing an income source or

APPENDIX - MONTH 9 MONITORING RETURN RESPONSES

identifying further mitigating actions to offset the costs. Please therefore consider including the cost pressure for SICAT in Table A offset by a line that states 'Further mitigating actions\Income to be finalised'. This will allow us to understand the R/NR analysis, FYE assessment and profile of YTD & future month costs and mitigating actions. The risk will remain in Table F until the costs are offset.

Response

This has now been included in Table A.

Movement (Table A) and Underlying Position (Table A1) – Action Point 9.3

I note from your narrative this month that you have experienced cost pressures in prescribing, being the impact of National Prices of £3.9m at Month 9 which are forecast to be £5.1m for the full year with a potential risk that this could increase by a further £3m. Whilst I acknowledge the risk element has been included in Table F, I would expect such a material unplanned cost pressure to have been recorded on Table A along with the corresponding mitigating actions (as these do not form part of your savings within the Tracker (Table C3). Please therefore consider including the £5.1m (or equivalent Month 10 value if revised) in Table A, along with a line to record the mitigating actions, in your next submission.

Response

This has now been included in Table A.

Movement (Table A) and Underlying Position (Table A1) – Action Point 9.4

The draft Annual Operating Plan submission of the 3rd January reported a brought forward u/l deficit from 19/20 of £42.333m. Please ensure that your Month 10 submission includes the latest position, which should include a comprehensive explanation for the deterioration from the Month 9 value of £28.474m deficit.

Response

Tables A and A1 have been updated to reflect cost pressures arising in year, the increased forecast outturn and an adjustment for cost pressures of £7.3m in the opening plan which were classified as non-recurring but have crystallised as recurring in year.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 9.5

On review of Table B1, I note a number of material variances (\geq £0.500m) within your forecast for the remaining months of the year:

- o Establishment Pay (Section A) – decreases by £1.724m from M9 to c£56.720m in M10, increases slightly in Month 11 before increasing to £56.894m in M12.
- o Non-Pay (Section B) – decreases by £0.846m from M9 to £13.245m.

Please explain such material monthly variations, as well as any material movements in forecast, in future submissions.

APPENDIX - MONTH 9 MONITORING RETURN RESPONSES

Response

The point is noted. Expenditure varies in line with funding. We are constantly reviewing our expenditure trends.

PSPP (Table I) - Action Point 9.6

It is pleasing to note that you are currently achieving the 95% PSPP for Non NHS invoices. The performance against NHS invoices has slightly deteriorated since Q2 to 92.8% (Q2 94.2%); although your performance is currently the highest in Wales. Please provide updated details of the actions being taken to improve performance for Q4.

Response

PSPP performance for NHS invoices during Quarter 3 was adversely affected by work being undertaken to resolve aged invoices with English NHS organisations, particularly relating to pathology testing and NCA activity.

Whilst this work is still on-going it is not expected that it will impact on the PSPP performance in the same way during Quarter 4 and that, once finalised, it will result in overall improved performance in future quarters.

Movement (Table A) & Underlying Position (Table A1) - Action Point 9.7

We have noticed that the items you have recorded on lines 30 to 36 on Table A have the incorrect sign i.e. cost pressures should be negatives and mitigating actions should be positives. Please correct this for Month 10.

Response

This has now been included in Table A.

Monthly Positions (Table B) – Action Point 9.8

In your Month 10 submission, please ensure your latest annual DEL non cash (depreciation, accelerated depreciation & impairments) position is reported with supporting explanations for any material movements provided in the narrative. Organisations will be advised in due course, of the date in early April for finalising the outturn position; however, these should be minor changes only, with the main update provided in the Month 10 submission.

Response

The Month 10 DEL/AME position has been discussed with colleagues in Welsh Government. The DEL depreciation has been updated to reflect the impairments received to date. However the Health Board is still waiting on the final DV revaluations for YG ED. Once received the final figures will be shared.

Risks (Table F) – Action Point 9.9

According to Table A there are three risk areas specifically relating to savings/mitigating actions

APPENDIX - MONTH 9 MONITORING RETURN RESPONSES

that are yet to be finalised: 1) £1.375m savings (shown on your Table A on lines 21 to 26 which include red schemes) 2) £1.792m savings\mitigating actions relating to the WRP pressure (line 31 on Table A) and 3) £1.659m (or £1.059m see AP 9.2) savings/mitigating actions relating to the Costs of Recovery (line 35 on Table A). The risk table clearly shows the £1.375m (line 14) and £1.792m (line 10); however, instead of £1.659m (or £1.059m) relating to the actions to mitigate Cost of Recovery, there is a £1.400m for unidentified savings. Please review this for Month 10.

Response

The point has been noted and the risk table has been updated in the Month 10 submission.

Capital Disposals (Table L) – Action Point 9.10

The date of disposal for Brymbo Health Centre and Ala Road, Pwllheli has changed from December 2019 to February 2019. Assuming this is a typographical error, please review and update to February 2020.

Response

The table has been updated to reflect the deferment of the proposed disposals. The dates have been revised and updated.



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 27.2.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Acting Executive Director Finance						
Awdur yr Adroddiad Report Author:	Diane Davies, Corporate Governance Manager						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to note the report							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
To report 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							
<p>The Finance and Performance Committee considered the following matters in private session on 23.1.20</p> <ul style="list-style-type: none"> • RTT update • Drivers of the Deficit • Medical and Dental Agency Locum monthly report 							