

Bundle Finance & Performance Committee 22 August 2019

AGENDA

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

- 1 09:30 - FP19/179 Apologies for absence
Gary Doherty (annual leave), Sue Hill (annual leave)- Tony Uttley to deputise, Dr David Fearnley(annual leave)
- 2 09:30 - FP19/180 Declaration of Interests
- 3 09:30 - FP19/181 Draft minutes of the previous meeting held in public on 29.7.19 and summary action log
FP19.181a Minutes FPC 29.7.19 v.03 Public session.docx
FP19.181b Summary Action Log Public.doc
- 4 09:40 - Planning and Performance
- 4.1 09:40 - FP19/182 Integrated Quality and Performance report - for assurance
Mr Mark Wilkinson

Recommendation:
The Finance & Performance Committee is asked to note the report and to assist in addressing the governance issues raised.
FP19.182a IQPR coversheet.DOCX
FP19.182b IQPR v0.6.pdf
- 4.2 10:00 - FP19/183 Annual Plan 2019/20 : Monitoring of Progress against Actions - for assurance
Mr Mark Wilkinson

FP19.183 Annual Plan Progress Monitoring Report - June 2019 FINALa.pdf
- 4.3 10:20 - FP19/184 Completed Planning Profiles Supporting July Board 2019/20 Annual Plan - for assurance
Mr Mark Wilkinson

Recommendation:
It is recommended that Finance and Performance Committee receive this report and approve the refreshed planning profiles for 2019/20.
FP19.184a Planning profiles coversheet.docx
FP19.184b Planning profiles 2019-20 v0.05.docx
- 4.4 10:45 - FP19/185 Unscheduled Care and Building Better Care update - for assurance
Mrs Deborah Carter

Recommendations:
It recommended that the Committee:
1. Note the unscheduled care performance for July across BCUHB and for each health economy
2. Note the update from the Building Better Care programme and ongoing work within phase 3

FP19.185b USC and Building Better Care.docx
- 4.5 10:55 - FP19/186 Capital Programme Report Month 4 - for assurance
Mr Mark Wilkinson
Mr Neil Bradshaw in attendance

Recommendation:
The Committee is asked to receive this report.
FP19.186a Capital Programme M4_coversheet.docx
FP19.186b Capital Programme M4 Report.docx
FP19.186c Capital Programme M4_Appendix 2 YG ED.docx
FP19.186d Capital Programme M4_Appendix 3.pdf
- 4.6 11:10 - Comfort break
- 4.7 11:20 - FP19/187 Estates / Capital Business Cases for approval prior to Board ratification
- 4.7.1 11:20 - FP19/187.1 Re-location of Services from Mount Street Clinic, Ruthin – Business Justification Case - for approval

Mr Mark Wilkinson
Mr Gareth Evans in attendance

Recommendation:

The Finance and Performance Committee is asked to approve the progress of the Business Case to the September meeting of the Health Board.

FP19.187.1a Ruthin BJC_coversheet.docx

FP19.187.1b Ruthin Business Justification Case final 14.8.19 @ 0105.docx

FP19.187.1c Ruthin BJC_Appendix 1 EQIA.doc

FP19.187.1d Ruthin BJC_Appendix 2 HIA Evaluation Results.docx

FP19.187.1e Ruthin BJC_Appendix 3 Questionnaire.pdf

FP19.187.1f Ruthin BJC_Appendix 4 Third Sector Feedback from 17 04 19.docx

FP19.187.1g Ruthin BJC_Appendix 5 Benefits & Investment Objectives V.0.10.docx

4.7.2 11:35 - FP19/187.2 Wrexham Maelor Hospital Continuity Programme Business case - for approval

Mr Mark Wilkinson

Recommendation:

The Committee is asked to endorse the Continuity Programme Business Case, which will then be submitted to the Health Board for approval for submission to Welsh Government.

FP19.187.2a Continuity Programme Business Case Wrexham_coversheet.docx

FP19.187.2b Continuity Programme Business Case Wrexham V1.7.docx

FP19.187.2c Continuity Programme Business Case Appendix E Survey Work.xlsx

FP19.187.2d Continuity Programme Business Case Appendix F Risk Workbook.xlsx

FP19.187.2e Continuity Programme Business Case Appendix G Pipeline Projects.xlsx

4.7.3 11:50 - FP19/187.3 Redevelopment of the Ablett Unit at Ysbyty Glan Clwyd – Procurement of External Support

Mr Mark Wilkinson

Recommendation:

The Committee is asked to support the tenders recommended for acceptance.

FP19.187.3 Redevelopment of Ablett Unit procurement of external support.docx

4.7.4 11:55 - FP19/187.4 Development of New Isolation Facilities – Critical Care Unit Wrexham Maelor Hospital - for approval

Mr Mark Wilkinson

Recommendation:

To approve the preferred option which is the provision of 2 isolation suites which meet modern standards in terms of layout and ventilation systems and thus avoid any restriction on the type of patients who can be cared for within that environment.

FP19.187.4a Isolation critical care_coversheet.docx

FP19.187.4b Critical care integrated business case 9.8.19 (003).docx

FP19.187.4c Critical care integrated business case_Appendix 1.xlsx

FP19.187.4d Critical care integrated business case_Appendix 2.pdf

4.8 FP19/188 No item

Mr Adrian Thomas

Recommendation:

5 12:10 - Comfort break / lunch (not provided)

6 12:30 - Finance

6.1 12:30 - FP19/189 Finance Report Month 4 - for assurance

Mr Tony Uttley

Recommendation:

It is asked that the report is noted, including the forecast position of £35.0m deficit.

FP19.189 Finance Report Month 4 Final.docx

6.2 12:50 - FP19/190 Financial Recovery Action Plan - for information

Mr Tony Uttley

Recommendation:

It is asked that progress developing the Financial Recovery Action Plan is noted.

FP19.190a Financial Recovery action plan.doc

- 6.3 13:00 - FP19/191 Financial Recovery Group report Month 4 2019/20 - for assurance
Mr Tony Uttley

Mr Phillip Burns, Interim Recovery Director in attendance

Recommendation:

The committee are asked to note the contents of the report.

FP19.191a Financial Recovery Update_coversheet.docx

FP19.191b Financial Recovery Update M4.pdf

- 6.4 13:30 - FP19/192 External Contracts Update - for information

Mr Tony Uttley

Gillian Milne and Tracy Pope in attendance

Recommendations:

The Committee are asked to:

- 1. note the introduction of a clinical quality update to QSG*
- 2. note the financial position on the main external contracts at June 2019 and anticipated pressures*
- 3. note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity*
- 4. note the challenges faced due to staff turnover.*

FP19.192 External Contracts Update.pdf

- 6.5 13:35 - FP19/193 Presentation : Value Based Healthcare - for information

Mr Tony Uttley

Mr Geoff Lang in attendance

FP19.193 Value Based Healthcare presentation.pptx

- 7 13:40 - Workforce

- 7.1 13:40 - FP19/194 Workforce Quarter 1 2019/20 Performance Report - for assurance

Mrs Sue Green

Recommendation:

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

FP19.194a Workforce Q1 report_coversheet.docx

FP19.194b Workforce Q1 report.pptx

- 7.2 13:45 - FP19/195 Retention Update

Mrs Sue Green

Recommendation:

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

FP19.195 Retention Report v2.docx

- 7.3 No agenda items for FP19/96 to FP19/98

- 8 13:55 - For information

- 8.1 14:00 - FP19/199 Welsh Government Monthly Monitoring Return

Mr Tony Uttley

Recommendation:

Note the contents of the report that has been made to the Welsh Government about the Health Board's financial position for the fourth month of 2019-20

FP19.199a Monthly Monitoring Return Month 4_coversheet.docx

FP19.199b Monthly Monitoring Return Month 4.pdf

- 8.2 14:00 - FP19/200 Summary of InCommittee business to be reported in public

Mr Tony Uttley

Recommendation:

The Committee is asked to note the report

FP19.200 In Committee items reported in public.docx

- 8.3 14:00 - FP19/201 Issues of significance to inform the Chair's assurance report

- 8.4 14:00 - FP19/202 Date of next meeting 30.9.19 9.30am Boardroom, Carlton Court

- 8.5 14:00 - FP19/203 Exclusion of the Press and Public

Resolution to Exclude the Press and Public

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



Finance & Performance Committee
Draft minutes of the meeting held in public on 29.7.19
in Carlton Court, St Asaph

Present:

Mr Mark Polin	BCUHB Chairman (<i>part meeting</i>)
Mr John Cunliffe	Independent Member / Committee Vice Chair
Mrs Lyn Meadows	Independent Member
Ms Helen Wilkinson	Independent Member

In Attendance:

Ms Deborah Carter	Acting Executive Director Nursing and Midwifery (<i>part meeting</i>)
Ms Fflur Jones	Wales Audit Office (<i>observer</i>)
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mr Michael Hearty	Independent Finance Adviser
Ms Sue Hill	Acting Executive Director of Finance Director
Mr Phillip Burns	Interim Recovery Director
Dr Jill Newman	Director of Performance (<i>part meeting</i>)
Mr Andrew Sallows	Delivery Programme Director, Welsh Government (WG)
Mr Tony Uttley	Interim Financial Director – Operational Finance
Mr Mark Wilkinson	Executive Director of Planning & Performance
Ms Emma Wilkins	Deputy Director, Financial Delivery Unit, WG
Ms Diane Davies	Corporate Governance Manager

Agenda Item Discussed	Action By
<i>The Vice Chair initially chaired the meeting</i>	
FP19/149 Declaration of Interests None received	
FP19/150 Apologies for absence Apologies were provided by Mr Gary Doherty, Mr Neil Bradshaw and Dr Evan Moore.	
FP19/151 Draft minutes of the previous meeting held on 25.6.19 and summary action plan FP19/151.1 The minutes were approved as an accurate record. FP19/151.2 Updates were provided to the summary action log.	

<p>In discussion of FP19/104.4, the Deputy Director FDU questioned whether the reduction in Mental Health management had been achieved - given previous concern with the level of middle management provided. It was agreed that the Executive Director Workforce and OD would provide her with further detail on the anticipated amendments.</p> <p><i>The Chairman joined and chaired the meeting during discussion of the summary action plan.</i></p>	SG
<p>FP19/148 Chair's opening remarks</p> <p>It was noted that a WAO representative was present to observe the meeting as part of the annual WAO structured assessment. The Deputy Director, Financial Delivery Unit, Welsh Government (WG) and Delivery Programme Director, WG were present to observe the meeting. The Chair welcomed the Interim Recovery Director to his first meeting.</p>	
<p>FP19/153 Capital Programme report Month 3</p> <p>The Executive Director of Planning and Performance presented this item. The Committee noted the significant £127k shortfall indicated in respect of the Ysbyty Penrhos Stanley development and, whilst being supportive of the scheme, requested further detail on what the decision making process had been. Information was also sought on why the actual monthly Capital Resource Limit had been underspending across the previous 3 months. The Committee requested further narrative be provided in respect of the Wrexham Maelor redevelopment scheme in the following month's report.</p> <p>It was resolved that the Committee received the report.</p>	MW
<p><i>The Executive Director of Therapies and Health Science joined the meeting</i></p> <p>FP19/154 Integrated Quality and Performance report (IQPR)</p> <p>FP19/154.1 The Chairman advised that the report had received scrutiny at the Board meeting held on 25.7.19. He requested that the following month's IQPR include detail on RTT trajectories by gross numbers and specialty and also provide clarity on to what extent BCU was addressing the issue by internal sustainable productivity and efficiency improvements rather than outsourcing alone.</p> <p>FP19/154.2 Following a recent meeting at Ysbyty Gwynedd, the Chairman questioned whether there were pathway issues in respect of vascular services. He also highlighted urology issues and requested that vulnerabilities in these areas be advised within the next Planned Care report. The Executive Director of Workforce & OD reminded the Committee of a heatmap previously provided which had highlighted these areas however she undertook to circulate a paper being considered at the next Executive Management Group on the Services Strategy which would provide further detail. She assured that risk mitigation and escalation were being addressed. The Executive Director</p>	<p>MW</p> <p>DC</p> <p>SG</p>

<p>of Planning and Performance commented that it was essential that the business cases contained in the annual plan were delivered in these areas.</p> <p>FP19/154.3 Discussion ensued on whether current practices hindered RTT improvements. The Committee noted potential improvements in patient booking processes and other examples of process changes. The Interim Recovery Director stated that he would be holding the Interim Managing Directors at the District General Hospitals to account in respect of changes required when decisions had been agreed.</p> <p>FP19/154.4 The Chairman requested that a number of reports be prepared for the next meeting which included:</p> <ul style="list-style-type: none"> • Provide proposition for the Committee to agree on how progress against trajectories may be reported • Include detail on activity of Planned Care Group within next month's RTT report • Provide greater granularity in next month's Unscheduled Care report • Chief Executive to provide report on actions that will be undertaken before September on RTT, Unscheduled Care and Finance to the Committee. • Provide within the thematic reports agreed information on trajectories, greater detail and activity of improvement groups. <p>FP19/154.5 The Committee expressed concern on the number of patients on planned care waiting lists, which was the highest in 2 years, with particular concern that the report did not sufficiently address the issue for members. It was agreed that further narrative would be provided in the August IQPR and that the Acting Executive Director of Nursing and Midwifery would provide a report on follow up waiting lists and actions taken to the September meeting, ensuring there was read across to the Quality, Safety and Experience Committee regarding clinical risk.</p> <p>FP19/154.6 A member questioned whether the Executive Summary graph could be improved to demonstrate sustained improvement. In the discussion which followed the Executive Director of Planning and Performance commented that not all the targets were of the same value, and should BCU manage to reduce 36 week waiting times, deliver on 4 hour Emergency Department waits and attain financial control then the organisation would be in a very different position. A discussion ensued on improved ways to demonstrate trends within the report and it was agreed that the performance team would migrate to suitable SPC charts by September.</p> <p>FP19/154.7 In discussion of the RTT financial resource, the Chairman emphasised that the Health Board was not solely relying on WG funding for the RTT activity but were also expecting productivity improvements. The Executive Director of Therapies and Health Science emphasised the unpredictability of dealing with cancer presentations. He highlighted that changes to the small numbers involved would sometimes be reflected as large variances. The Performance Director also advised that there had been staffing and capacity issues within urology and endoscopy which affected diagnostic capacity and capability.</p>	<p>MW</p> <p>DC</p> <p>DC MW>CEO</p> <p>DC/MW</p> <p>MW DC</p> <p>MW</p>
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<p>FP19/154.8 The Independent Finance Adviser reflected that the IQPR provided an effective detailed report for the benefit of Executives, albeit that he felt the actions were too passive. He suggested that a report needed to be produced which provided the Committee with assurance that the Executives were aware of performance and issues, demonstrated proactive trends to make improvements and also highlighted issues to the Committee.</p> <p>FP19/154.9 The Chairman questioned the timeline for Endoscopy improvement and noted that Infection Control issues were being addressed. He requested that an assurance report be provided regarding Wrexham Maelor performance for discussion at the next meeting's in-committee session.</p> <p>FP19/154.10 Following an invitation by the Chairman the Delivery Programme Director, WG advised that WG sought more assurance on how BCU would deliver improvement on RTT differently as BCU's current plans were not on the size or scale required and also demonstrate a change in the decision making process. He added that BCU also needed to demonstrate how it was mitigating against deterioration. The Chairman directed that this information be included within the August report.</p> <p>FP19/154.11 The Interim Recovery Director agreed to include within his report to the next meeting how the recently created improvement groups would make a contribution to improvement in RTT and finance. He assured the Committee that he was in discussion with these groups currently on the need to focus on delivery.</p> <p>It was resolved that the Committee noted the report agreed to develop the IQPR and provide an additional report that included further detail on issues.</p> <p><i>The Executive Director of Therapies and Health Science left and the Acting Executive Director Nursing and Midwifery joined the meeting</i></p>	<p>DC</p> <p>MW</p> <p>PB</p>
<p>FP19/156 Annual Plan 2019/20 progress monitoring report</p> <p>FP19/156.1 The Committee discussed the effectiveness of the amber ratings provided within the report, questioning the level of concern required. The Executive Director of Planning and Performance provided further detail on business plans which had been progressed thereby providing greater assurance on some of the amber ratings. Whilst the Committee suggested that issues be highlighted in future reports, the Executive Director of Workforce and OD reminded that improvement groups supported each of the areas within the plan.</p> <p>FP19/156.2 The Chairman highlighted that Planned Care, Unscheduled Care and Finance would all impact on RTT delivery. The Committee commented that weighting areas of particular importance might be helpful within the report. It was also suggested that consideration be given to provide clarification in the next report on how areas reporting at amber over a period</p>	<p>MW</p>

<p>would be managed. In discussion of peer review, the Independent Finance Adviser suggested more formal challenge could be provided in September by the Executives.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the report • agreed that a closure report on CHC mental health be provided • noted that future reports be provided on a quarterly basis 	MW
<p>FP19/157 Developing our Plan for 2020/23 - Draft Planning Principles and Outline Timetable</p> <p>FP19/157.1 The Executive Director of Planning and Performance drew attention to the significant shift in moving to health economies and also the shortened timescale for presentation to WG by 31.12.19. The Acting Executive Director of Finance emphasised the need for the plan to include an appropriately detailed financial plan. Discussion ensued which included operating within a financial envelope, improvement group oversight, enabling areas and the financial position required to produce an Integrated Medium Term Plan.</p> <p>FP19/157.2 The Interim Recovery Director commented that he had identified confusion on the end of year success required. He urged that the 3 year plan provide clarity on the success targets required. The Chairman reflected on BCU's development journey emphasising the need to move from stabilisation to a focus on transformation in the coming year along with financial recovery. He stated that more effort was required in identifying the actions required to address these. He also commented that clarity was required in setting out BCU's ambitions.</p> <p>FP19/157.3 The Committee questioned whether involvement of the Independent Members was planned in at a sufficiently early stage, although it was clarified that discussions would be held at workshops and meetings of the Strategy, Partnerships and Population Health going forward. The Executive Director of Planning and Performance agreed to consider inclusion of a stage whereby the Board and Finance and Performance Committee would be involved in setting ambitions.</p> <p>FP19/157.4 In response to the Chairman's question on whether Health Economies would function as a collegiate way of working, the Executive Director of Planning and Performance confirmed this to be the correct way forward. He advised that whilst functionality had been variable, there was ongoing work to set up Health Economy leadership and governance. The Executive Director of Workforce and OD stated that there was strong evidence referenced in respect of moving forward integration. It was agreed that the Interim Recovery Director and Executive Director of Workforce and OD consider end of year success measures further outside the meeting. The Executive Director of Workforce and OD agreed that the Board's concept of 1 hospital over 3 sites had not been driven through across the organisation in</p>	<p>MW</p> <p>SG/PB</p>

response to the Chairman's observation at a recent consultants meeting. He suggested that the structural permutations required further discussion with the workforce.

It was resolved that the Committee

approved the draft planning principles and outline timetable for 2020/23

FP19/132 Finance Report Month 3

FP19/132.1 The Acting Executive Director of Finance presented the report which highlighted that at the end of Month 3, the Health Board was overspent by £11.3m being £2.2m adverse variance to plan which extrapolated to a £44.m deficit year end position without mitigating actions. She reported that whilst pay expenditure was £0.5m better than plan, with the inclusion of Primary Care there was an overspend year to date of £0.5m. The Acting Executive Director of Finance highlighted the key points provided in relation to medical agency, nurse agency, other agency and locum spending, noting that there had been small decreases on May expenditure.

FP19/132.2 In respect of Non-Pay it was reported that there had been a year to date overspend of £3.7m against the planned budget. The Acting Executive Director of Finance drew attention to the key points provided in relation to primary care, primary care drugs, secondary care drugs, clinical supplies, general supplies, healthcare services provided by other NHS bodies, continuing healthcare & funded nursing care, other costs and capital. She also reported in year to date £3.3m delivery of cash releasing savings and £1.1m cost avoidance savings which resulted in the organisation being £2.9m behind the savings target. The Acting Executive Director of Finance advised that £4.8m savings schemes related to transactional savings, however £1.6m were 'grip and control' schemes which had made a difference.

FP19/132.3 It was noted that area teams' financial performance was in a broadly break even position, however, secondary care remained overspent, some of which was due to decisions taken by the areas on where work was to be undertaken. The Acting Executive Director of Finance expressed particular concern in relation to Ysbyty Glan Clwyd which required support. Attention was drawn to the risks in prescribing (£2.25m), CHC (£1.8m) and underperformance on savings plans (£9.6m - £3.8m at red and £5.8m which had not yet been allocated to divisions). The Acting Director of Nursing and Midwifery drew the Committee's attention to the provision of MH beds which was creating cost pressures within secondary care.

FP19/132.4 It was noted that whilst the Capital Resource Limit was £21.7m, the year to date expenditure was £2.4m against a plan of £4m, however the year to date slippage would be recovered throughout the remainder of the year.

FP19/132.5 The Acting Executive Director of Finance tabled a monthly profile which she explained was achievable if the grip and control actions agreed were delivered. The Chairman was disappointed to be presented with run rate

profiles which compared delivery expectation against both £35m deficit target and also £25m WG set control target. He was concerned that there was priority around the £35m target and emphasised that the organisation needed to focus on delivering against the £25m WG set control target only. The Interim Recovery Director stated that absolute clarity was required on the target goal and that delivery of £25m deficit would be heavily based on grip and control actions whilst reporting that there was concern regarding savings achievements. He advised there would be unhappiness in the systems to achieve delivery and refocus the business, highlighting the need to address grip and control actions in both workforce and non-pay areas.

FP19/132.5 The Chairman expressed concern in respect of delivery confidence as the run-rate continued to run hot, moreover there were grip and control issues from a broader perspective than the £1.6m expected. He stated that a potential forecast of £44m deficit was completely unacceptable and would need to be addressed immediately.

FP19/132.6 The Independent Finance Adviser advised that overspending within the organisation needed to cease and the Primary Care/Secondary Care activity issue needed to be addressed. He emphasised that the planned savings would need to be delivered and expressed concern on when the sense of urgency within the organisation would activate. The Committee questioned how middle managers, clinicians and other BCU staff perceived the financial recovery position. The Executive Director of Workforce and OD appraised the Committee of wider staff communication plans, highlighting that Ward Managers 'owned' actions significantly more than previously.

FP19/132.7 Significant discussion ensued on how the Executive Team members were addressing the run rate and how consideration would be given to ceasing expenditure in certain areas to ensure budgets would be effectively managed. The Chairman emphasised the need to identify prioritisation and achieve discipline in managing budgets.

FP19/132.8 The Interim Recovery Director outlined the structure which he had put forward and the role of the overarching Financial Recovery Group, stating that improvement groups would be vital to achieve delivery in year and reduce the current hot run rate and budgetary position. He emphasised that clarity would be provided on the expectation that delivery must be achieved. He stated that whilst the organisation was not currently in a position to understand that it was in a financial recovery position, it soon would be.

FP19/132.9 Further discussion ensued on prioritisation, in which the Chairman expressed his concern regarding financial housekeeping and he sought assurance that these types of budgets would be managed effectively. A Committee member questioned whether a list of potential areas to cease activity, which had been alluded to by Executives at previous Committee meetings, might be considered.

FP19/132.10 The Interim Finance Director ~ Operational Finance clarified the reasons for the journal errors reported within the non-pay sections of the

<p>report in response to the Deputy Director FDU's question. The Executive Director of Workforce and OD described work being done in the community to address secondary care activity/expenditure whilst the Interim Financial Recovery Director also advised that work was being progressed with DTOC, admittance avoidance and agency to address the issue.</p> <p>It was resolved that the Committee</p> <p>agreed</p> <ul style="list-style-type: none"> the Executives address communication within the organisation relating to the current run-rate a monthly Financial Recovery report be prepared by the Interim Recovery Director with effect from the next meeting adherence to planning to achieve the organisation's year end control target of £25m deficit (not £35m) and that this be clearly communicated to divisions the report be noted 	<p>SG</p> <p>PB</p> <p>SH</p>
<p>FP19/159 Financial review action plan</p> <p>The Acting Executive Director of Finance highlighted the actions taken to address those with 'Red' RAG status. In discussion, it was agreed that the Grip and Control action plan, previously overseen by the Savings Programme Group, and the Financial Review action plan would be combined. The Committee also considered the efficacy and consistency of the RAG ratings applied. The Acting Executive Director of Finance undertook to update the document accordingly and circulate to members.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted the report and progress against the timeline of the financial review agreed the submission of a combined Grip and Control/Financial Review action plan to future Committee meetings 	<p>SH (RAG)</p> <p>SH</p>
<p>FP19/160 Savings Programme Group meeting 29.7.19</p> <p>The SPG did not meet on 29.7.19 as alternative financial recovery arrangements had been implemented and the SPG was no longer part of the governance structure.</p>	
<p>FP19/161-163 no items</p>	
<p>FP19/164 WHC 2019/013 2019/20 Monthly monitoring report</p> <p>Following an observation by the Deputy Director FDU, the Acting Executive Director of Finance agreed to circulate a note to explain the difference in reported figures in relation to RTT year to date spend in comparison to figures reported in the IQPR of £3.6m/£3.4m.</p> <p>It was resolved that the Committee</p>	<p>SH</p>

noted the report	
FP19/165 Shared Services Partnership Committee quarterly assurance report It was resolved that the Committee noted the report	
FP19/166 Financial Policies and Processes It was resolved that the Committee noted the report including the actions to: <ul style="list-style-type: none"> • continuously update the Health Board's Financial Policies and related procedures; and • make these accessible to relevant Health Board staff 	
FP19/167 Presentation: Value Based Healthcare It was resolved that the Committee Deferred the item for consideration at the next meeting	TU
FP19/168 Summary of InCommittee business to be reported in public It was resolved that the Committee noted the report	
FP19/169 Issues of significance to inform the Chair's assurance report To be agreed with Chair	
FP19/170 Date of next meeting It was noted that the Committee would next meet on 22.8.19 at 9.30am in the Boardroom, Carlton Court	
FP19/171 Chair's Action The Chairman advised that he had taken Chair's action to enter into a lease for Longford Road Surgery, Holyhead on 27.6.19.	
Exclusion of the Press and Public It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would	

be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.	
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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 23.5.19 meeting:				
Executive s [Sue Hill]	FP19/101.4 Finance M1 Provide assurance that budget holders were being challenged appropriately regarding overspends	25.6.19	5.6.19 Sample of Finance meeting minutes to be shared with Committee members. 14.8.19 Example of minutes circulated.	Action to be closed
Sue Hill → Andy Reach	FP19/104.4 Consider with the Director MH whether the Division's investment in leadership across the Division had worked given the additional costs and continued overspend.	17.7.19	<p>The Division implemented a new management structure as part of Special Measures framework in April 2018, which was supported and funded by Welsh Government. The revised structure included additional Director posts for Operations and Delivery and Partnerships and Transformation and each area received funding for three posts; Head of Operations and Delivery; Heads of Nursing and Clinical Director sessions. The Clinical and managerial leadership structure has seen significant quality improvements across all areas with recent very positive and significantly improved HIW reports, including very positive feedback from the Welsh Government advisor for the Mental Health Special Measures framework. An element of this year's savings programme includes £370k which will be delivered through a reduction in the numbers of first line and middle management posts in the current structure which was built into the Divisional leadership structure.</p> <p>Financial performance improved over the last quarter of 2018/19 with a sustained reduction in run rate and management of variable pay costs and non pay as a result of the grip and control actions put in place by Divisional area leadership teams. There was an overspend in Month 1 of 2019/20, but MHL D budgets have delivered a small underspend in months 2 and 3, but still continue to have significant cost pressure from CHC.</p>	Action to be closed

Sue Green			Director of MHLDS will liaise with FDU to discuss background to restructuring.	
Actions from 25.6.19 meeting:				
Mark Wilkinson	FP19/126.2 Advise Chairman if Specialty level recovery plan could be reported to July Health Board meeting FP19/126.4 Liaise with Adrian Thomas to provide a briefing on remedial actions being undertaken regarding the above	9.7.19	Site and specialty level planning profiles will be presented to the August Finance and Performance Committee.	Action to be closed
			Matter was raised with AT. A draft business case has been considered by the Executive Team and the further work requested is underway which is subject to ongoing scrutiny by the Executive Team. 29.7.19 Chairman requested that the Committee be provided with a briefing note on the remedial actions undertaken 14.8.19 Briefing note circulated.	Action to be closed
Mark Wilkinson (Jill Newman)	FP19/126.5 Ensure future reports are consistent in reporting format of each section	17.7.19	22.7.19 The importance of consistent formatting is emphasised in the training being delivered to narrative writers and is evident in this month's report	September
Mark Wilkinson	FP19/127.4 Planned Care Provide Planned Care update to July Board to include target profiles and trajectories which can be monitored.	9.7.19	The revised 3 year outlook and 2019/20 Annual Plan includes planned care target profiles and these are underpinned by detailed demand and capacity modelling. Detailed site and specialty trajectories will be shared with August Finance and Performance Committee	Action to be closed

/ Tony Uttley	FP19/132.11 Finance report M2 Reverse red typeface utilised within the Financial Performance by Division data table going forward	17.7.19 14.8.19	To be carried forward to Month 4. We have been unable to address the reports in Month 3 due to systems issues and system downtime.	Action to be closed
Deborah Carter	CRR07 – Planned Care Access Recalibrate risk	9.7.19	13.8.19 SH confirmed that this risk has now been updated.	Action to be closed
Sue Green	FP19/133 Corporate Risks CRR12 – Estates and Environment Meet to discuss and agree risk rating	9.7.19	15.8.19 SG advised that this is subject to assessment following review of the Health and Safety Gap Analysis which will be undertaken between MW as Executive responsible for Estates and the risk and SG after the SOHSG on 29th August	September
Sue Green	FP19/135 Strategic recruitment position and plans Prepare briefing note on retention	14.8.19	15.8.19 Paper on retention included with F&P agenda 22.8.19	Action to be closed

Actions from 29.7.19 meeting:

Mark Wilkinson	FP19/153 Capital Programme report Month 3 (1) Provide further detail on what the decision making process had been re Ysbyty Penrhos Stanley development (2) Clarify why the actual monthly Capital Resource Limit had been underspending across the previous 3 months. (3) Provide further narrative in respect of the Wrexham Maelor development scheme in the following month's report.	14.8.19	14.8.19 (1) The proposed development of a satellite hospice facility at Ysbyty Penrhos Stanley was subject to a formal business case and approved by BCU. (2) Variances in the cost of projects are reported as follows: <ul style="list-style-type: none"> • Minor variances in cost are reported to the committee via the capital programme report and the associated monitoring report. • For small value projects (<£200k) and lower value multi-project programmes, eg medical devices, are reported on a programme basis. The key consideration is that the programme total does not exceed the agreed allocation and any variance is highlighted as an exception report within the monthly capital report • For larger value projects (>£200k) significant variances in cost are reported on a project specific basis and highlighted as an 	Action to be closed
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			<p>exception report within the monthly capital report. This is dependent upon the quantum of the variance relative to the project value and an assessment of the risk to BCU.</p> <ul style="list-style-type: none"> • Broadly an exception report will be provided if the variance exceeds £50k or 5% of project/programme value whichever is the greater. • A number of changes to the priorities within the discretionary programme, together with the problems with the SCP for North Denbighshire and the resolution of planning matters for the substance misuse projects at Holyhead and Shotton have had an adverse impact on the expenditure profile in the first quarter. These variations are not considered a risk to delivery of the CRL at this stage. However, the expenditure profile has been reviewed and adjusted for Mnth 4. The programme will be subject to an in-depth review at Mnth 6 following which the CRL will be “frozen” by Welsh Government. <p>(3) A paper on Wrexham Maelor Business Continuity is on the agenda for F&P 22.8.19</p>	
Mark Wilkinson	FP19/154.1 IQPR He requested that the following month's IQPR include detail on RTT trajectories by gross numbers and specialty and also provide clarity on what extent BCU was addressing the issue by internal sustainable productivity and efficiency improvements rather than outsourcing.	14.8.19	14.8.19 MW confirmed that this information is provided within the RTT plans as part of the agenda for 22.8.19	Action to be closed
Deborah Carter	FP19/154.2 IQPR Following a recent meeting at Ysbyty Gwynedd, the Chairman questioned whether there were pathway issues in respect of	14.8.19	13.8.19 DC confirmed that this has been actioned and will be included in the next report.	Action to be closed


	vascular services. He also highlighted Urology issues and requested that vulnerabilities in these areas be advised within the next Planned Care report.			
Sue Green	FP19/154.2 IQPR Circulate paper being considered at the next Executive Management Group on the Services Strategy to members	14.8.19	15.8.19 Copy of slides from EMG circulated to members	Action to be closed
Mark Wilkinson	FP19/154.4 IQPR <ul style="list-style-type: none"> Provide proposition for the Committee to agree on how progress against trajectories may be reported Liaise with Chief Executive to provide report on actions that will be undertaken before September on RTT, Unscheduled Care and Finance to the Committee 	14.8.19	14.8.19 Trajectories were included in the April IQPR and these are tracked already in the report each month via comparison of the actual with the planned column in the report. However following revision of the Operational Plan at the July Board the revised Annex C profiles are included in this month's report. These profiles will be used to track the performance delivery each month using the plan value in the header bar for each indicator. The presentation of longitudinal graphical data is also being enhanced and where run charts are being used the aim will be to include the plan line on these run charts.	
Mark Wilkinson / Deborah Carter	FP19/154.4 IQPR <ul style="list-style-type: none"> Provide within the thematic reports agreed information on trajectories, greater detail and activity of improvement groups. 	14.8.19	14.8.19 Thematic reports for Unscheduled Care and RTT are intended to be provided bimonthly with greater detail of the activity of the improvement groups and information on trajectories. For Unscheduled Care the August report will include additional information in relation to the three acute sites and a thematic report on Wrexham is included as an in committee paper, a thematic report is included on RTT separate to the IQPR	Action to be closed
Deborah Carter	FP19/154.4 IQPR <ul style="list-style-type: none"> Include detail on activity of Planned Care Group within next month's RTT report Provide greater granularity in next month's Unscheduled Care 	14.8.19	13.8.19 DC confirmed that this has been actioned and will be included in the next report. 13.8.19 DC confirmed that greater granularity has been provided in addition to slides.	Action to be closed

	report			
Mark Wilkinson	FP19/154.5 IQPR The Committee expressed concern on the performance relating to planned care waiting lists, which had been the highest in 2 years, with particular concern that the report did not sufficiently highlight the issue for members. It was agreed that further narrative would be provided in the August IQPR	14.8.19	14.8.19 A thematic RTT report is included on the agenda for the August meeting. The Executive summary of the IQPR has been reviewed and will ensure that members are directed to areas of greatest concern within the report.	Action to be closed
Deborah Carter	FP19/154.5 IQPR Provide a report on follow up waiting lists and actions taken to address to the September meeting, ensuring there was read across to the Quality, Safety and Experience Committee regarding clinical risk.	14.8.19	13.8.19 DC confirmed that a report will be provided to F&P in line with reporting to QSE.	September
Mark Wilkinson	FP19/154.6 IQPR A discussion ensued on improved ways to demonstrate trends within the report and it was agreed that the Performance team would review the basis of the inclusion of SPC charts by September.	19.9.19	14.8.19 Work is continuing on ensuring where appropriate longitudinal view of performance is provided either through run charts against target and plan or via SPCs. This action is due for completion for the September report.	September
Deborah Carter	FP19/154.9 IQPR Provide an assurance report regarding Wrexham Maelor performance for discussion at the next meeting's in-committee session.	14.8.19	13.8.19 DC confirmed that the paper is being prepared for the August meeting (in-committee)	Action to be closed

Phillip Burns	FP19/154.11 IQPR Include within his report to the next meeting how the recently created improvement groups would make a contribution to improvement in RTT and finance.	14.8.19	Included within Financial Recovery paper on agenda for 22.8.19	Action to be closed
Mark Wilkinson	FP19/156 Annual Plan 2019/20 progress monitoring report <ul style="list-style-type: none"> Consider clarification in the next report on how areas reporting at amber over a period would be managed. 	14.8.19	14.8.19 Executive Team review the RAGP applied to the Annual Plan progress report monthly and apply Peer Review scrutiny of the rating. The Executive lead is responsible for the management of each action to completion and management of risks associated with any action. Where an indicator is amber the Executive has recognised risks to delivery and is managing these with a view to recovery to green.	
Andy Roach	<ul style="list-style-type: none"> Provide a closure report on CHC mental health be provided 		The MHLDS directorate are to provide the closure report for the committee	
Sue Green	FP19/132 Finance Report M3 (1) the Executives address communication within the organisation relating to the current runrate	14.8.19	(1) This is being managed through the Financial recovery programme and meetings and will be incorporated into the Better Care, Spending Well campaign	Action to be closed
Phillip Burns	(2) provide a monthly Financial Recovery report with effect from the next meeting		(2) This is on the agenda for 22.8.19	
Sue Hill	(3) ensure adherence to planning to achieve the organisation's year end control target of £25m deficit (not £35m) and that this be clearly communicated to divisions		(3) The reporting has been amended to reference the £25m control total and the revised targets have been communicate to divisions	
Sue Hill	FP19/164 WHC 2019/013 2019/20 Monthly monitoring report Following an observation by the Deputy Director FDU, the Acting	14.8.19	15.8.19 Briefing note circulated to members	Action to be closed

	Executive Director of Finance agreed to circulate a note to explain the difference in reported figures in relation to RTT year to date spend in comparison to figures reported in the IQPR of £3.6m/£3.4m.			
Tony Uttley	FP19/167 Presentation: Value Based Healthcare Deferred the item for consideration at the next meeting	14.8.19	14.8.19 Presentation re-agendered for meeting 22.8.19	Action to be closed

15.8.19

Finance and Performance Committee	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
22.8.19	

Report Title:	Integrated Quality & Performance Report (IQPR)
Report Author:	Mr Ed Williams, Head of Performance Assurance Dr Jill Newman Director of Performance
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning & Performance
Public or In Committee	Public
Purpose of Report:	This report provides the committee with a summary of key quality, performance, financial and workforce indicators.
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised and approved by the Director of Performance.
Governance issues / risks:	<p>Key Performance Indicators:</p> <p>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 page 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.</p> <p>Governance</p> <p>Work has commenced in training exception report leads with a view to improving the quality of reporting. The board to ward reporting has been improved by using the same design and methodology for reporting in divisional performance reports. Work is underway to adopt the same methodology for the Health Economy performance reports.</p> <p>The Financial Balance is discussed in detail in the Finance Report.</p>
Financial Implications:	N/A
Recommendation:	The Finance & Performance Committee is asked to note the report and to assist in addressing the governance issues raised.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable</i>	√
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		<i>development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
This paper supports the revised governance arrangements at the Health Board and supports the Board Assurance Framework by presenting clear information on the quality and performance of the care the Health Board provides.			
Equality Impact Assessment			
The Health Board's Performance Team are establishing a rolling programme to evaluate the impact of targets across the Equality & Diversity agenda.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



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Betsi Cadwaladr
University Health Board



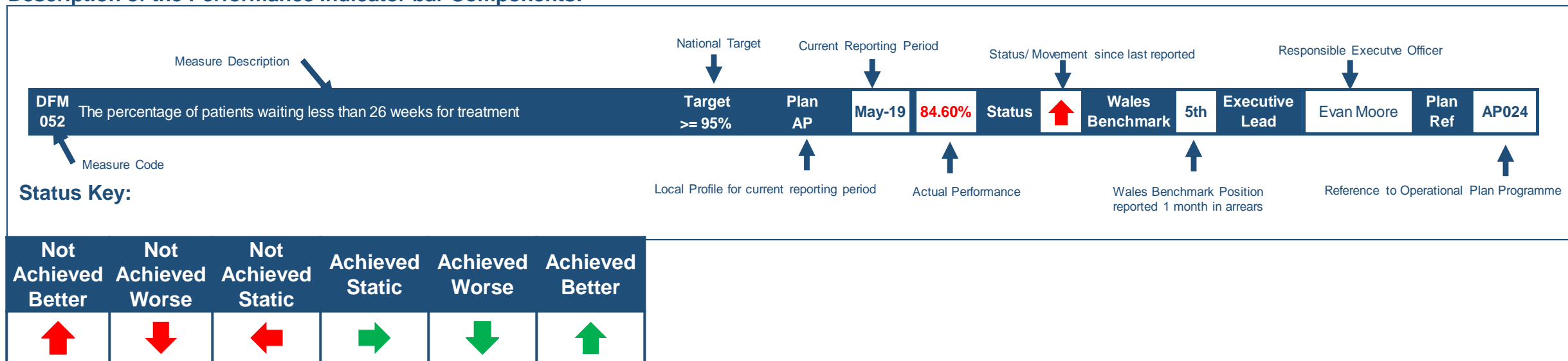
July 2019

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This Integrated Quality & Performance Report (IQPR) is intended to provide 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 Chairs 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 it is that the report reflects the organisational priorities as set out in the Annual Plan approved by the Board. The report maps each the measures included against the corresponding work programme within the Annual Plan for 2019/20. This is done via a reference number at the right hand side of the Measure Component Bar (shown below). The next page contains a list of all the Programmes in the Annual Plan in the order of the reference numbers The actual performance reported is compared to the National Target in the first instance, with the colour of the font used to depict whether the performance is better or worse than target. Where a local plan is in place to deliver improved performance overtime the actual performance should also be considered against this plan. To assist with this the national target and the BCU profile are shown on the summary pages.

Description of the Performance Indicator bar Components:





Profiles

For each key performance indicator the Executive sponsor has confirmed the profile of performance expected to be delivered during the year based on the actions and resourcing set out in the operational plan. The report tracks performance against this profile, in addition to performance against the national target using both the plan and the target cells for each indicator. 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 there associated measures which come under the TOR for this committee to scrutinise during 2019/20. The Interim Operational Plan was revised and presented to the July 2019 Board. As such the key performance indicators have been reviewed and are re-submitted to the committee as the basis of tracking performance against from this month's report. These profile replace the previous key performance indicators submitted in the April 2019 Finance and Performance Committee Integrated Quality and Performance Report.

Provide a report of performance against profile for July 2019 where the measure and profile is reportable monthly

Following updating of the Interim Annual Operational Plan at the July Board, the Finance and Performance Committee continues to be responsible for scrutinising the following areas within the plan.

Annual Plan No	Annual Plan Programme
AP022	Transform Eye Care Pathway to deliver more care closer to home, delivered in partnership with local optometrists
AP024	Systematic reviews and plans developed to address service sustainability for all planned care specialties. Implement Year One plans, for example Endoscopy, Rheumatology and Gynaecology
AP026	Implement new Single Cancer Pathway across North Wales
AP028	Demand: Improved Urgent Care Out of Hours / 111 Service
AP029	Demand: Enhanced Care Closer to Home Pathways
AP031	Demand: Improved Mental Health crisis response
AP033	Flow: Emergency Medical Model
AP037	Discharge: Integrated Health and Social care
AP038	Stroke Services
AP041	Build on Quality Improvement work to develop the BCU improvement system and delivery plan for efficient, value based health care
AP043	Deliver Year One of the 'Health & safety Improvement Programme' focussing on high risk/ high impact priorities whilst creating the environment for a safety culture
AP046	Deliver Year One 'Leadership Development Programme' to priority triumvirates
AP056	Delivery of information content to support flow/ efficiency
NIP	Not in Plan i.e. Measures are required by NHS Wales Delivery Framework, but are not linked to Actions in the Operational Plan

Some of the profiles for Measures within the Planned Care Chapter have been updated in July and are shown below.

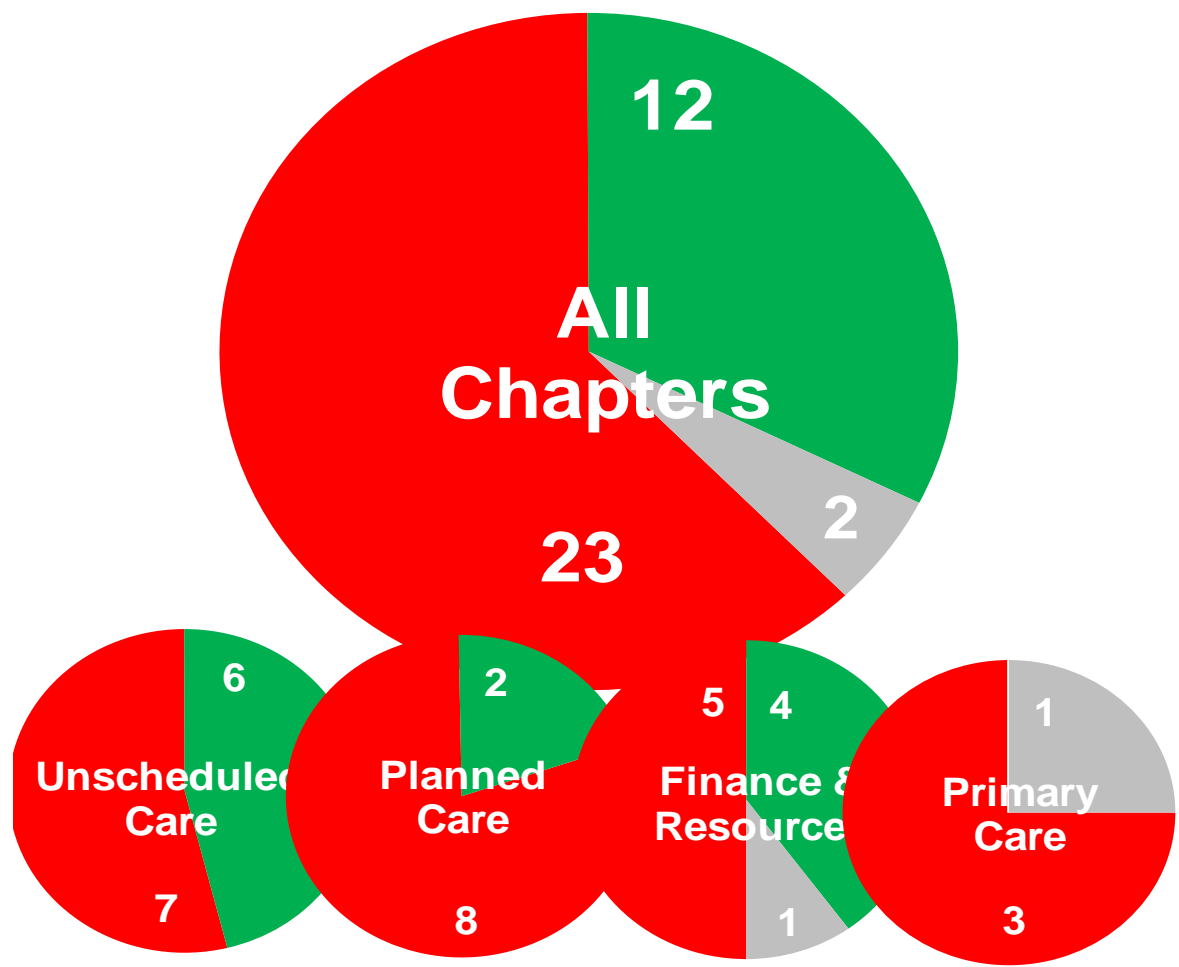
Measure Code	Delivery Framework Measure Description	Frequency	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
DFM052	The percentage of patients waiting less than 26 weeks for treatment	Monthly	>= 95%	AP	AP	AP	>= 82.4%	>= 81.7%	>= 81.2%	>= 81.8%	>= 81.9%	>= 80.8%	0.821291	>= 84.1%	>= 84.2%
DFM053	The number of patients waiting more than 36 weeks for treatment	Monthly	0	AP	AP	AP	<= 9,083	<= 9,580	<= 9,187	<= 8,049	<= 8,666	<= 9,363	<= 9,482	<= 6,830	<= 5,418
DFM054	The number of patients waiting more than 8 weeks for a specified diagnostic	Monthly	0	<= 2,600	<= 2,633	<= 2,666	<= 2,698	<= 2,731	<= 2,764	<= 2,796	<= 2,829	<= 2,862	<= 2,895	<= 2,928	<= 2,961
DFM055	The number of patients waiting more than 14 weeks for a specified therapy	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0
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	Monthly	TBC by WG	AP	AP	AP	<= 87,712	<= 86,835	<= 85,967	<= 83,903	<= 81,890	<= 79,924	<= 78,006	<= 76,134	<= 74,307
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)	Monthly	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 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	Monthly	>= 95%	>= 82%	>= 83%	>= 84%	>= 84%	>= 84%	>= 84%	>= 85%	>= 86%	>= 87%	>= 83.5%	>= 83.5%	>= 83.5%

Some of the profiles for Measures within the Unscheduled Care Chapter have been updated in July and are shown below.

Measure Code	Delivery Framework Measure Description	Frequency	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
DFM025	Number of health board mental health delayed transfer of care	Monthly	Reduce	<= 13	<= 13	<= 13	<= 13	<= 12	<= 12	<= 12	<= 12	<= 11	<= 11	<= 11	<= 11
DFM026	Number of health board non mental health delayed transfer of care	Monthly	Reduce	<= 36	<= 35	<= 35	<= 35	<= 34	<= 32	<= 30	<= 28	<= 27	<= 27	<= 26	<= 24
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	Monthly	>= 95%	>= 74%	>= 75%	>= 76%	>= 74%	>= 75%	>= 76%	>= 77%	>= 76%	>= 76%	>= 77%	>= 78%	>= 80%
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	Monthly	0	<= 1,500	<= 1,395	<= 1,290	<= 1209	<= 1,085	<= 990	<= 961	<= 960	<= 899	<= 899	<= 841	<= 837

Some of the profiles for Measures within the Finance and Resources Care Chapter have been updated in July and are shown below.

Measure Code	Delivery Framework Measure Description	Frequency	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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)	Monthly	>= 85%	>= 70%	>= 73%	>= 76%	>= 79%	>= 82%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%
DFM090	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Monthly	>= 85%	>= 84%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%



AP = Awaiting Profile

Integrated Quality and Performance Report
Finance & Performance Committee Version

July 2019

Most Improved

Measure	Status	Target	Plan
Mandatory Training Rate	85% ↑	>= 85%	>= 85%
PADR Rate	72.0% ↑	>= 85%	>= 79%
Stroke Care: Admission within 4 Hours	56.00% ↓	>= 55.5%	>= 50%
GP Out of Hours Assessment	94.0% ↑	>= 90%	AP

Of Most Concern

Measure	Status	Target	Plan
Emergency Department 4 Hour Waits (inc MIU)	73.72% ↑	>= 95%	>= 74%
Emergency Department 12 Hour Waits	1,445 ↑	0	<= 1209
RTT 36 Weeks	8,900 ↓	0	<= 9,083
Diagnostic Waits: Over 8 weeks	2,793 ↑	0	<= 2,698
Follow up Backlog	88,648 ↓	<= 74,555	<= 87,712
Financial Balance: Cumulative Deficit	£14.64m ↓	<= £25m	<= £11.7m

Overall summary of performance

The Finance and Performance committee are advised to consider the performance of three key areas within this report:

- Planned Care especially Referral to Treatment (RTT) and Diagnostics
- Unscheduled Care especially 4 hour combined Emergency Department (ED) and Minor Injuries Units (MIU) performance and 12 hour ED performance,
- Finance, noting that this is covered fully in other papers presented to the committee.

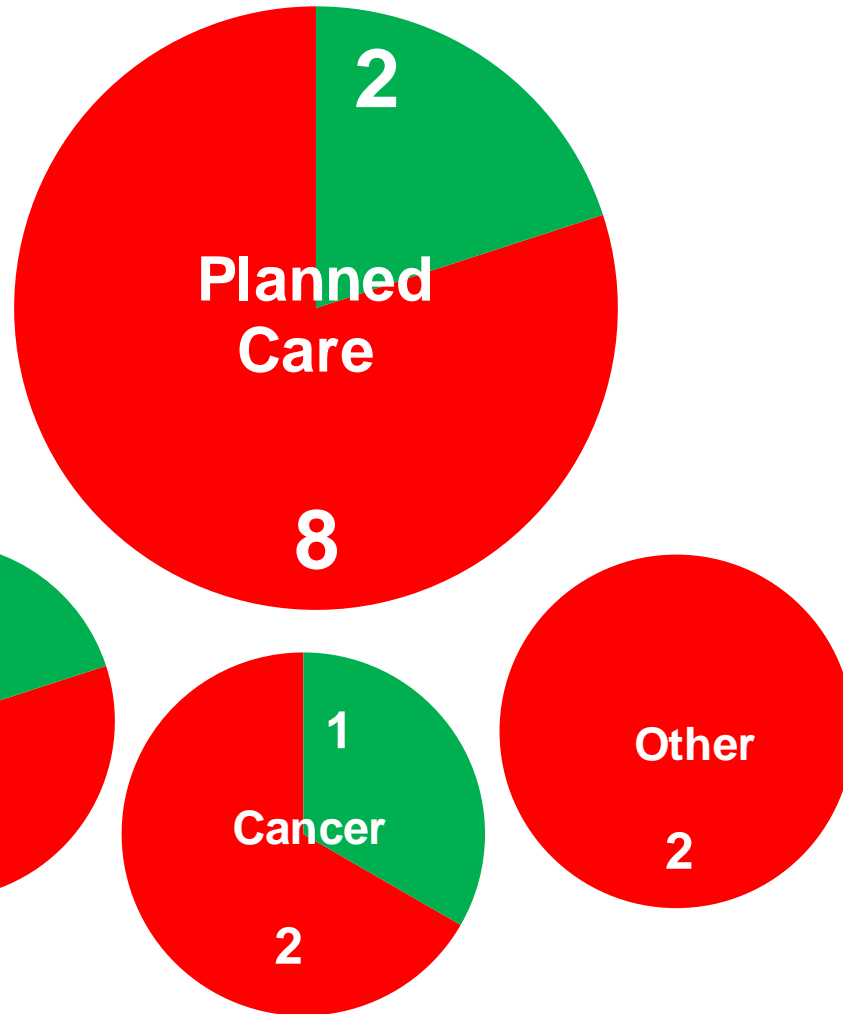
The performance on planned care is of particular concern with the volume of over 36 week waits continuing to increase and the rate of deterioration since the beginning of the year increasing month on month. The committee are advised that an additional £11.85m has been allocated by Welsh Government to improve the delivery of RTT and Diagnostics. The RTT improvement plan requires delivery of core activity, improved efficiency and productivity, changes in booking practices, additional internal and externally contracted activity and continuation of waiting list validation, within increased grip and control to ensure the available capacity is directed to the longest waiting patients. A more detailed report on the RTT plan is included within this month's committee papers. The specialty with the largest number of over 36 week patients is orthopaedics. Welsh Government have provided additional resource to direct to three aspects of the orthopaedic plan: Community musculo-skeletal assessment and treatment services, consultant expansion and design and procurement costs associated with additional capital investment. Providers in NHS England have been commissioned to undertake an additional 750 orthopaedic procedures this year and further additional capacity is being considered.

The diagnostic over 8 week breach position is mainly attributable to delays in accessing endoscopy. This service is required to deliver investigations for : cancer patients, routine surveillance patients, the bowel screening service and the 8 week diagnostic waits. Work has been undertaken to schedule capacity based on clinical urgency enabling the urgent suspected cancer waiting times to recover to the expected 2 week standard. However the demand and capacity analysis demonstrates investment is required to support a sustainable service model and therefore a business case has been produced. Short to medium term solutions have been put in place to reduce the immediate backlog through additional sessions provided in-house, via a mobile Vanguard unit which is expected to be operational following infection prevention clearance from September and through a proposed in-sourcing contract.

Cancer – The single cancer pathway is formally reported from June 2019 and demonstrates a performance level of 78%.The 31 day target continues to deliver the 98% target. The performance for 62 day target is at 80.4% reflecting the treatment of patients overdue. This, in turn reflects in an improvement in the volume of patients over 62 days awaiting commencement of treatment and recovery of access times for endoscopy.

Unscheduled care performance remains a concern. While improvement is noted in handover times for ambulances demonstrating improved community support for Cat A 8 minute response times through reduction in “lost” ambulance hours, the 4 hour and 12 hour performance shows variation in performance between sites. The committee are asked to note that performance in Wrexham continues to be lower than in YGC and YG for 4 hour waits and therefore additional focussed action to improve pre-hospital patient management, in ED and hospital flow and out of hospital discharge processes is underway. Wrexham underwent a HIW inspection this month.

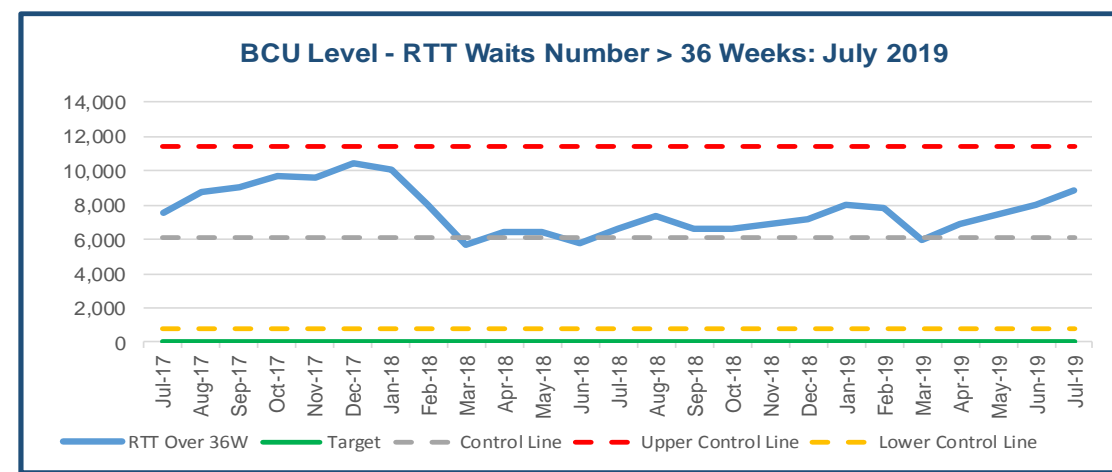
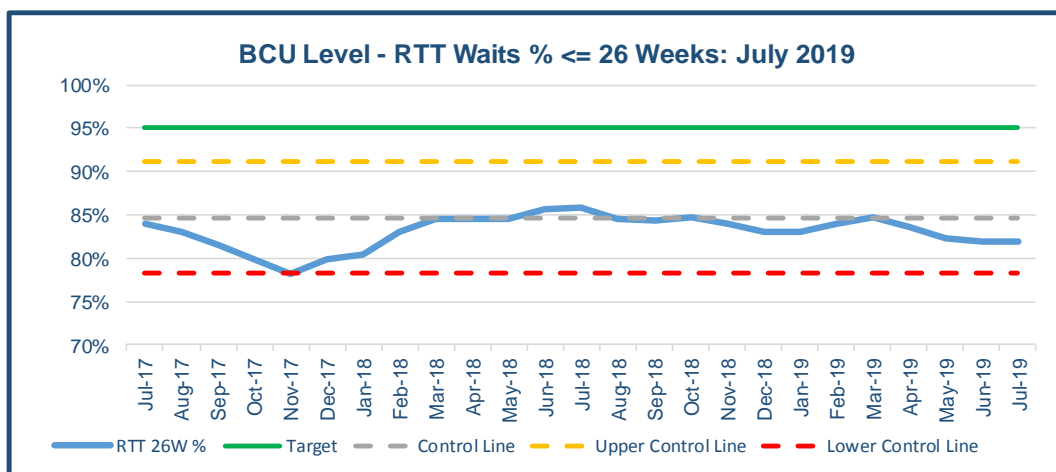
The risk to continuity of the stroke thrombolysis rota is noted and actions being taken to manage this risk are included in the report.



Measure	Status	Target	Plan
Referral to Treatment (RTT): < 26 Weeks	82.00%	>= 95%	>= 82.4%
Referral to Treatment (RTT): > 36 Weeks	8,900	0	<= 9,083
Referral to Treatment (RTT): > 52 Weeks	2,496	0	AP
Diagnostic Waits: > 8 Weeks	2,793	0	<= 2,698
Therapy Waits: <= 14 Weeks	0	0	0
Follow-up Waiting List Backlog	88,648	<= 74,555	<= 87,712
Ophthalmolgy R1	63.40%	>= 95%	AP
Cancer: 31 Days (non USC Route)	98.30%	>= 98%	>= 98%
Cancer: 62 Days (USC Route)	80.40%	>= 95%	>= 95%
Cancer: 62 Day Single Pathway (inc Suspensions)	78.00%	Improve	AP

AP = Awaiting Profile

DFM 052	The percentage of patients waiting less than 26 weeks for treatment	Target ≥ 95%	Plan ≥ 82.4%	Jul-19	82.00%	Status	←	Wales Benchmark	7th	Executive Lead	Deborah Carter	Plan Ref	AP024
DFM 053	The number of patients waiting more than 36 weeks for treatment	Target 0	Plan ≤ 9,083	Jul-19	8,900	Status	↓	Wales Benchmark	7th	Executive Lead	Deborah Carter	Plan Ref	AP024
LM05 3a	The number of patients waiting more than 52 weeks for treatment	Target 0	Plan AP	Jul-19	2,496	Status	↑	Wales Benchmark	N/A	Executive Lead	Deborah Carter	Plan Ref	AP024



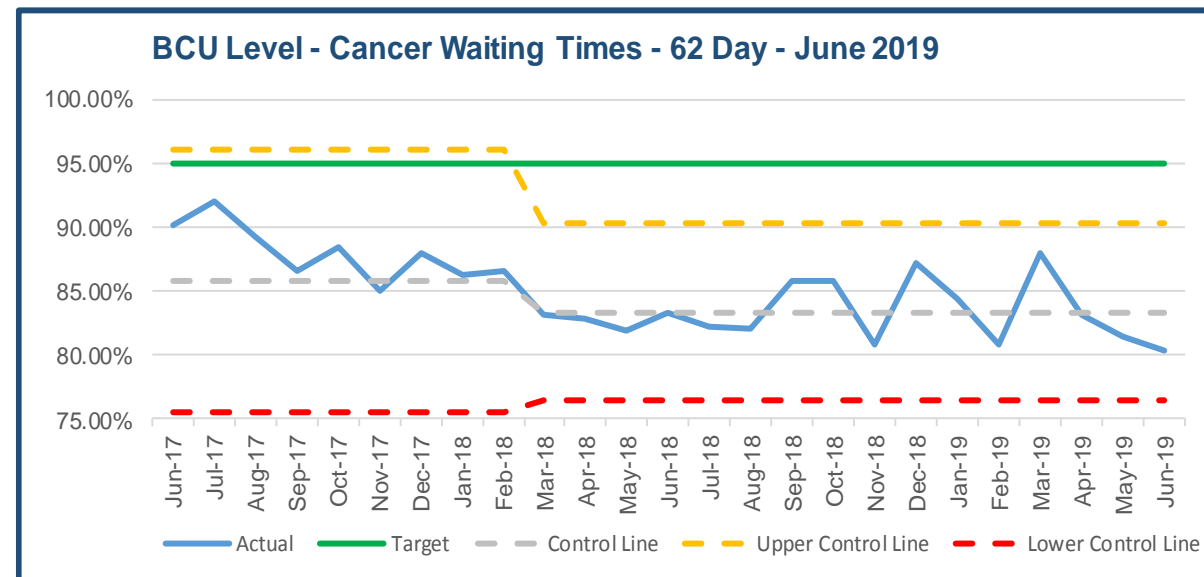
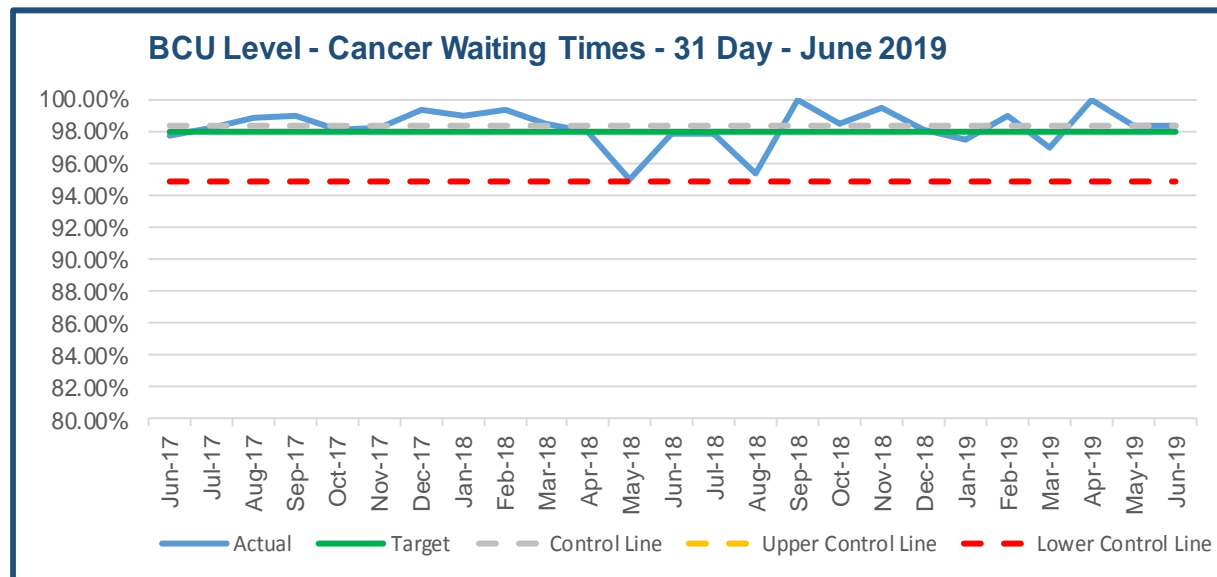
The RTT performance is below the expected level due to a number of factors including:

- Imbalance between the demand and capacity for elective services
- Reliance on non-recurrent solutions to waiting list management over a number of years
- Vacancies and Recruitment Challenges combined with changes in HMRC regulations impacting on Consultant willingness to continue to undertake additional activity in some areas
- Improvement needed in processes to gain the benefits of efficiency and productivity
- Unscheduled care pressures encroaching on elective capacity

Chapter 1 – Planned Care Referral to Treatment: Narrative 13

Actions	Outcomes	Timeline
1. Complete specialty level D&C to identify sustainable gap as well as gap for backlog clearance	Not yet complete. All data has been submitted for new outpatients. Still awaiting some data for endoscopy.	31st December 2019
2. Improve scheduling based on clinical urgency and waiting time chronology	Impact is expected to be in excess of 6,000 admissions re-directed to the longest waiting patients between August 2019 and March 2020	Ongoing
3. Use of insource and outsource capacity	and outsourcing additional 750 for T&O with estimated improvement of 150 per month to March 2020. Insourcing is possible for 1,067 cases in Ophthalmology and Maxillo Facial surgery. A further 1,076 cases could be outsourced subject to patient acceptance and resource availability	These schemes could commence during September 2019, delivering the waiting times reduction for this volume by March 2020.
4. Implementation of clinical harm review process for patient >52 week waits	Reduce Risk and provide assurance that patients waiting over 52 weeks are not exposed to harm because of the wait.	31st September 2019
5. Review and set up systematic and targeted validation per specialty across BCUHB	Expectation to gain 8% reduction of over 36 week waits	31st March 2019
6. Increased Grip and Control through use of performance management tools used at weekly site and specialty meetings to ensure plan is being delivered in accordance with monthly RTT trajectory	Delivery of performance in line with the plan	Monthly to March 2020

DFM 063	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)	Target ≥ 98%	Plan ≥ 98%	Jun-19	98.30%	Status →	Wales Benchmark 4th	Executive Lead	Adrian Thomas	Plan Ref	AP026
DFM 064	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	Target ≥ 95%	Plan ≥ 84%	Jun-19	80.40%	Status ↓	Wales Benchmark 3rd	Executive Lead	Adrian Thomas	Plan Ref	AP026
DFM 065	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Target Improve	Plan AP	Jun-19	78.00%	Status ↓	Wales Benchmark *	Executive Lead	Adrian Thomas	Plan Ref	AP026



Reasons for under-performance includes the backlog of patients over 62 days which are now being treated, pressures on Urological Surgical Capacity and absences of a consultant radiologist for the one-stop breast clinics with new appointee due to start in Sept/Oct. Note the delays caused by endoscopy are now working out of the system with only 3 breaches in June attributable to endoscopy delays.

Actions	Outcomes	Timeline
1. Track all patients on a USC pathway in order to ensure all delays escalated and remedial action taken as appropriate	Reduction in over 62 day backlog to less than 100	Backlog reduced to less than 100 by July 2019, to be sustained month on month.
2. Hold additional breast rapid access clinics in West and East. Review opportunities for patients to be seen at other sites if appropriate in order to maximise available resource. Consultant radiologist recruited June 2019 and due to start in Sep/Oct for Central One Stop Clinic. Two Middle Grades appointed and due to take up post to improve service sustainability	All USC breast patients seen within 3 weeks in a one stop clinic.	October / November 2019 after new consultant is in post.
3. Urology – additional surgical lists have been allocated and increased outsourcing opportunities sought including time using a robot in Liverpool.	Increase urological surgery capacity for cancer patients	Month on Month
4. Single Cancer Pathway. Implementation of the three work-streams. Subject to outcome of resource application..	Improve performance from the baseline reported performance of June 2019	March 2020

DFM 054 The number of patients waiting more than 8 weeks for a specified diagnostic

Target
0

Plan
≤ 2,698

Jul-19

2,793

Status



Wales
Benchmark

7th

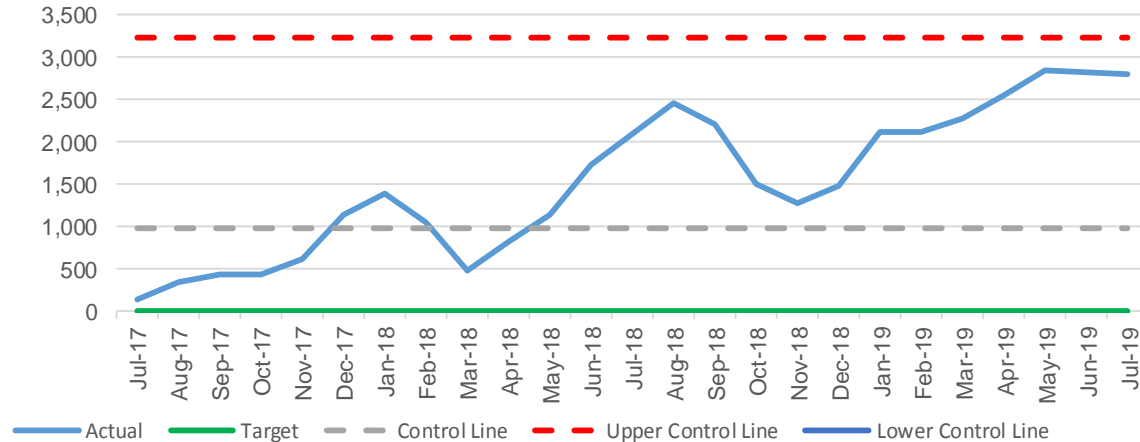
Executive
Lead

Adrian Thomas

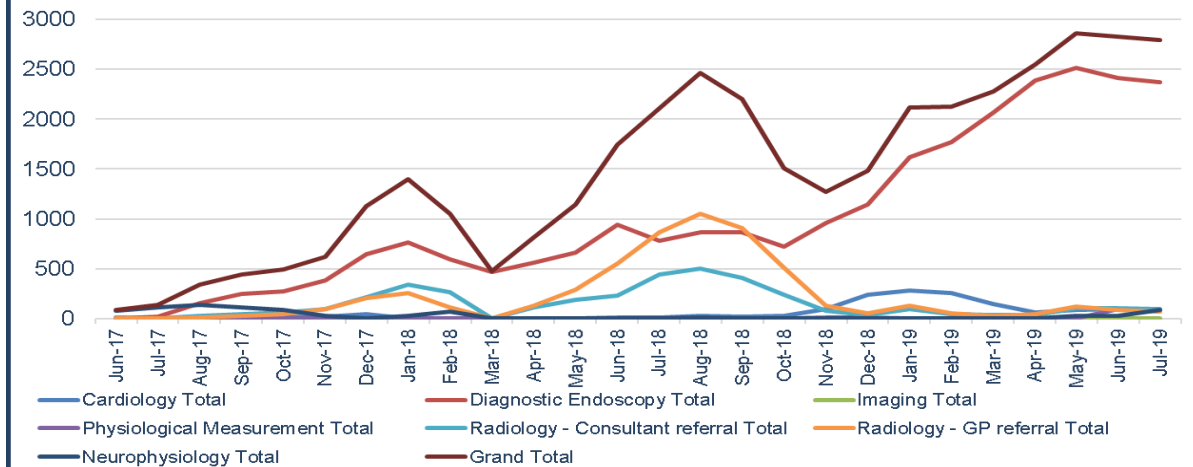
Plan
Ref

AP024

BCU Level - Diagnostic Waits Number of Breaches: July 2019



BCU Diagnostics - Number of Breaches over 8 Weeks
July 2017 to July 2019 by Service



Actions	Outcomes	Timeline
1. Tools being used to improve grip and control include use of weekly PTL and improved scheduling based on clinical urgency and chronological waits.	Reduction in backlog	Reduction in backlog of surveillance patients on 2 sites by October 2019 and on third site by 31 st December 2019
2. Complete specialty level D&C to identify sustainable gap as well as gap for backlog clearance	Sustainable service requirements quantified to inform the business case for a sustainable service.	31 st December 2019
3. Use of insource and outsource capacity	Vanguard to commence September 2019	2 nd September 2019
4. Training: assessment of organisational knowledge and Mainstream RTT training programme	To improve quality and effectiveness of waiting list management so as to ensure available capacity is used to reduce waiting times	31 st December 2019
5. Radiology completion of business case	Resourcing of additional capacity	September 2019
6. Increase capacity for head and neck ultrasound scans in West through appointment of a locum	Reduction of 8 week non-obstetric ultrasound waiters	September 2019
7. MRI recover capacity lost due to the quenching of the magnet in Ysbyty Glan Clwyd through insourcing additional capacity	Recover MRI to less than 8 week waits	September 2019
8. Neurophysiology to increase physical clinic space to facilitate consultant Electromyography (EMG) testing	Reduce waits to 8 weeks or less	November

DFM 056 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

Target
≤ 74,555

Plan
≤ 87,712

Jul-19

88,648

Status



Wales Benchmark

7th

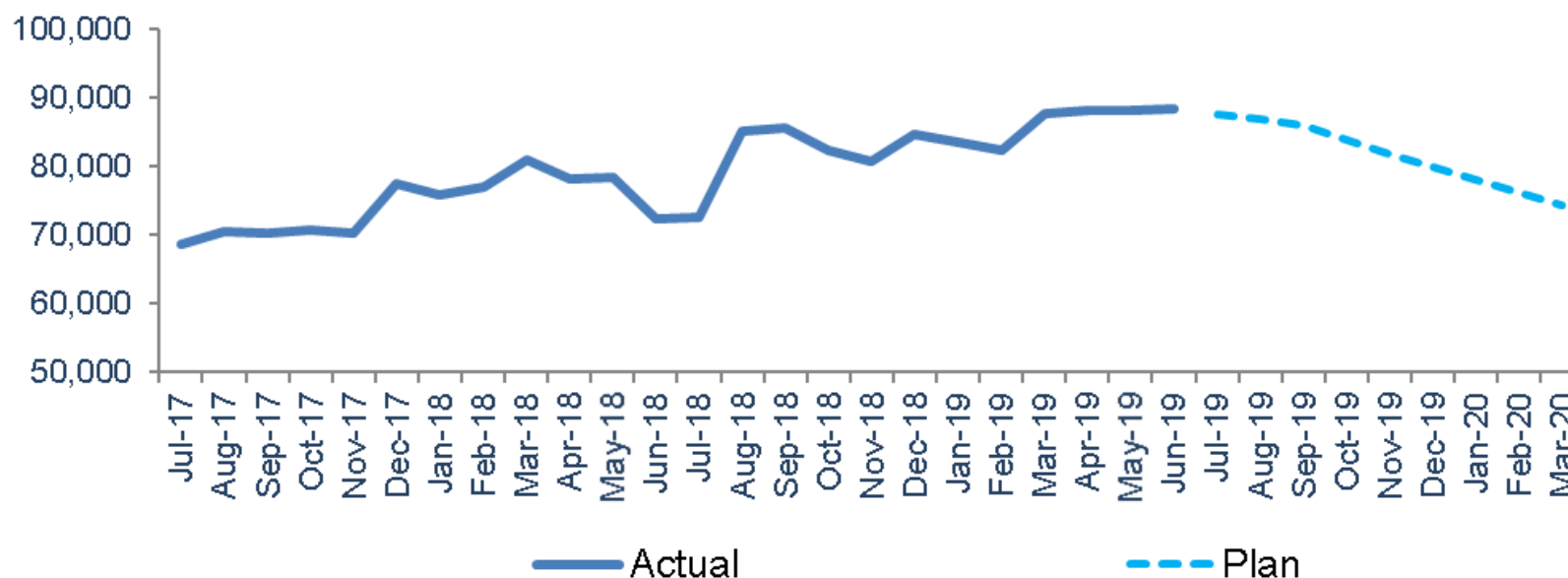
Executive Lead

Evan Moore

Plan Ref

AP024

All patients overdue their target date on the Follow Up Waiting List



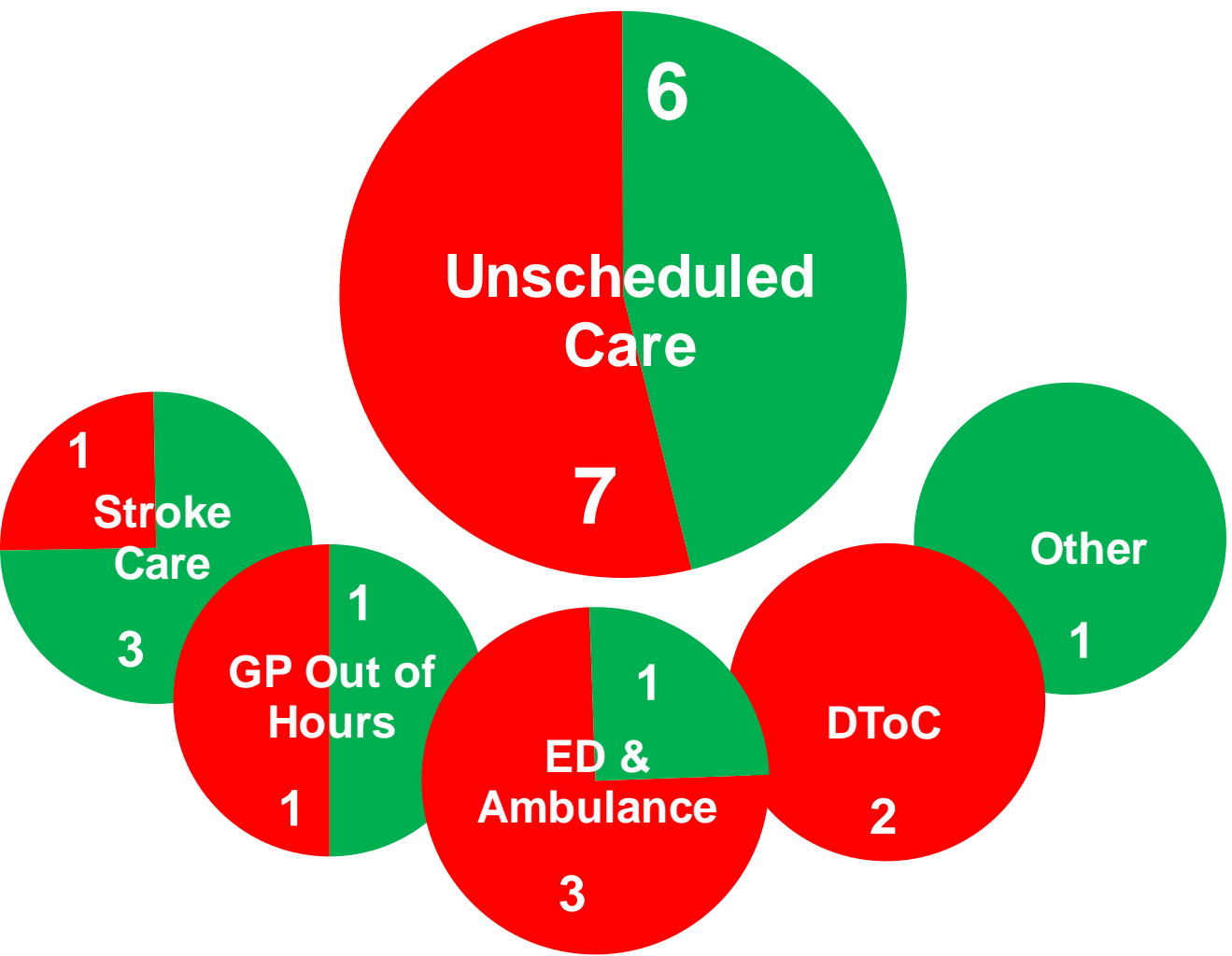
Actions	Outcomes	Timeline
1. PROMs Virtual Follow up in Orthopaedics	To release 1,400 outpatient appointment slots for overdue follow up patients	Starting in August 2019 in East and Central and West to follow
2. Development of weekly PTL at site and specialty level to focus on more proactive WL management and follow up management	Supporting delivery of the reduction in volume of follow up patients in accordance with the revised trajectory	Delivery of March 2020 trajectory
3. Training: assessment of organisational knowledge and Mainstream RTT training programme	Supporting delivery of the reduction in volume of follow up patients in accordance with the revised trajectory	31st December 2019
4. Implementation of schemes to free up follow up capacity for services, e.g. Supported Discharge, virtual results review clinics		31st March 2020
5. External Follow Up validation being commissioned together with targeted internal validation being undertaken	Expected reduction in overdue follow ups through validation	31st March 2020

DFM	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	Target	Plan	Jun-19	63.40%	Status		Wales Benchmark	6th	Executive Lead	Deborah Carter	Plan Ref	AP022
057		>= 95%	AP										

Understanding of current performance: The Eye Care measure combined all patients new (RTT) and follow up patients on a single waiting list spine. Given the historical volume of overdue patients in the follow up backlog, combined with the service capacity constraints in the current ways of working there are 10,723 patients with risk factor 1 who need to be managed through backlog reduction, scheduling by risk factor and pathway re-design.

Actions	Outcomes	Timeline
Scheduling by Risk Factor and Target Date	Reduction in volume of R1 patients overdue	March 2020
Pathway Re-design – Cataracts 4 step process	Increased OPD capacity created to see R1 overdue patients in clinic (1 appointment slot created for each cataract patients directly listed)	October 2019
Pathway Re-design - Cataract 2 nd eye	Further OPD clinic capacity created by reducing a further OPD slot between 1 st and 2 nd eye surgery releasing this capacity to follow up overdue R1 patients	December 2019
<ul style="list-style-type: none"> Pathway Redesign – Glaucoma and use of Multi-Disciplinary Team in an Ophthalmology Diagnostic and Treatment Centre (ODTC) or virtual ODTC Stakeholder workshops established for September 2019 with a view to producing business case in October for presentation to Executives in November 2019. Tests of change to be implemented using sustainable Eye Care Resource September 2019 – March 2020 	Improve ratio of times patient needs to attend hospital to a mean of 1 consultant attendance for 3 non-medical reviews	March 2020
Digital eye care and improved communication via e-referral and EPR for Glaucoma	Provide enabling support for shared-care patient management between eye care professionals	E-referral Dec. 2019 EPR March 2020

Chapter 2 – Summary



AP = Awaiting Profile

Integrated Quality and Performance Report
Finance & Performance Committee Version

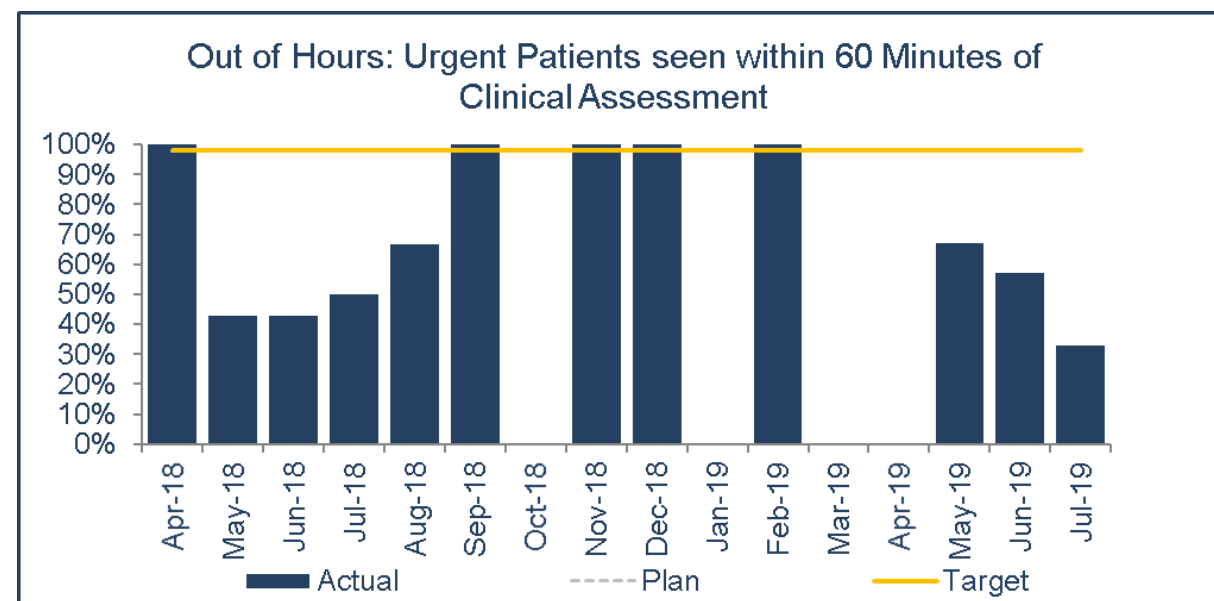
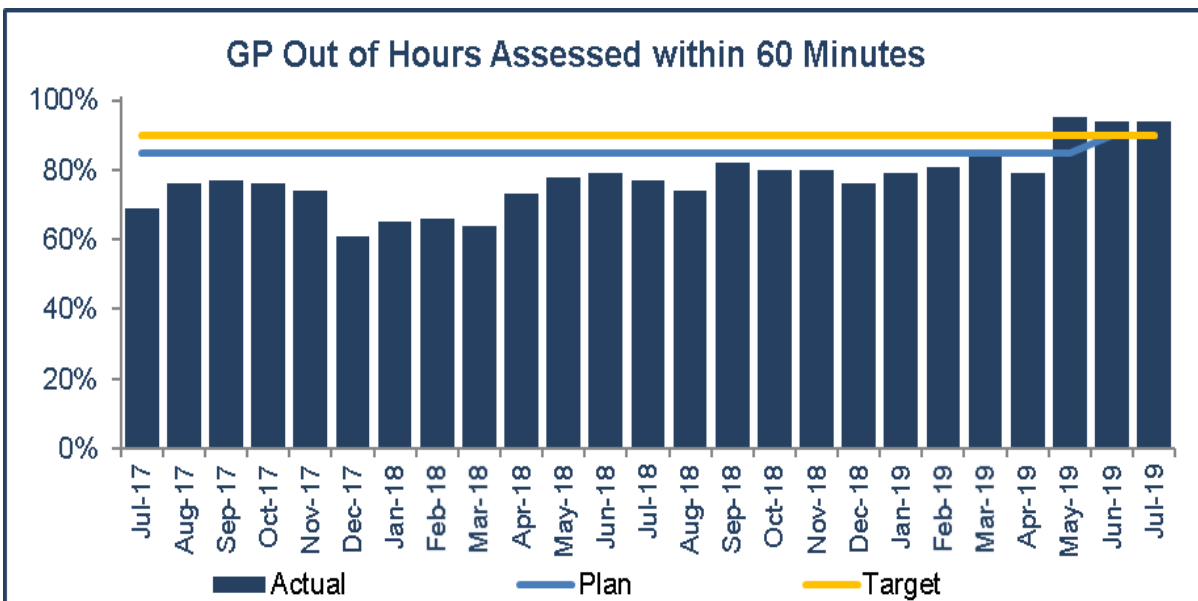
Unscheduled Care

21

Measure	Status	Target	Plan
Out of Hours: Assessment 60 Minutes	94.00% ↑	>= 90%	AP
Out of Hours: Very Urgent 60 Minutes	33% ↓	>= 90%	AP
Stroke Care: Admission within 4 Hours	56.00% ↓	>= 55.5%	>= 50%
Stroke Care: Review by consultant 24 Hours	88.40% ↑	>= 84%	>= 85%
Stroke Care: Access to Speech Therapy	72% ↑	Improve	AP
Stroke Care: 6 Month Follow up Assessment	20.00% N/A	Improve	N/A Q
Ambulance Response within 8 minutes	68.00% ↑	>= 65%	>= 65%
Ambulance Handovers within 1 Hour	811 ↓	0	<= 248
Emergency Department 4 Hour Waits (inc MIU)	73.72% ↑	>= 95%	>= 74%
Emergency Department 12 Hour Waits	2,044 ↓	0	<= 1209
Hip Fracture Survival 30 days	89.10% ↑	Improve	AP
Delayed Transfers of Care (DToC): MH	17 ↓	Reduce	<= 13
Delayed Transfers of Care (DToC): non-MH	67 ↓	Reduce	<= 35

July 2019

DFM 049	Percentage of OOH/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of the initial call being answered	Target ≥ 90%	Plan AP	Jul-19	94%	Status ↑	Wales Benchmark 1st	Executive Lead Chris Stockport	Plan Ref AP028
DFM 050	Percentage of OOH/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) base appointment seen within 1 hour following completion of their definitive clinical assessment	Target ≥ 90%	Plan AP	Jul-19	33%	Status ↓	Wales Benchmark 5th	Executive Lead Chris Stockport	Plan Ref AP028

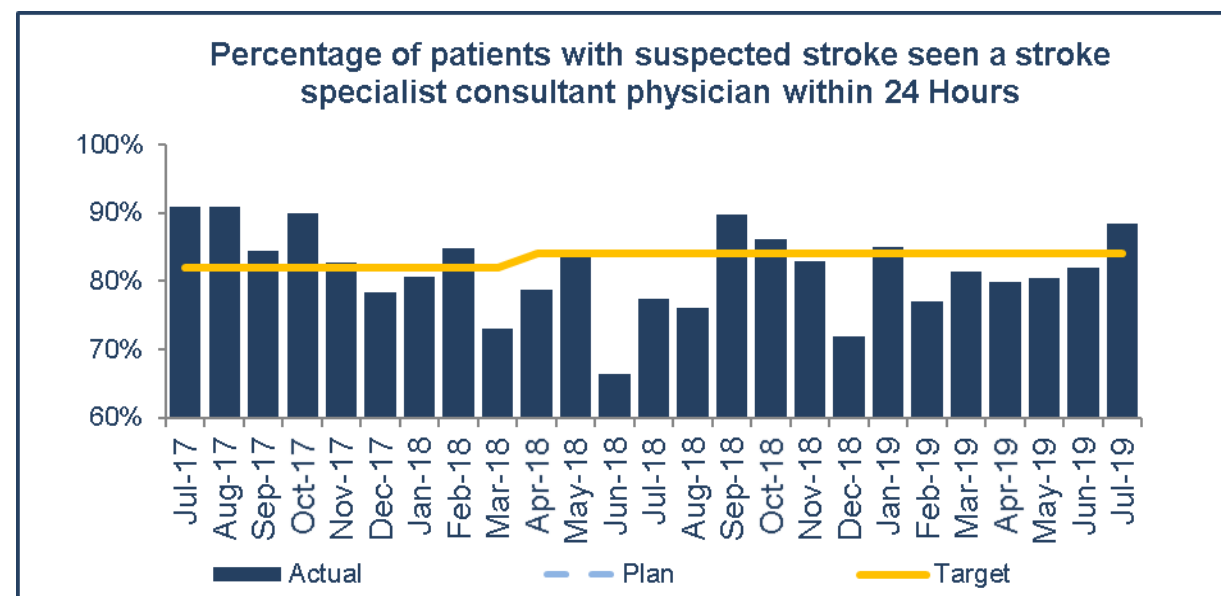
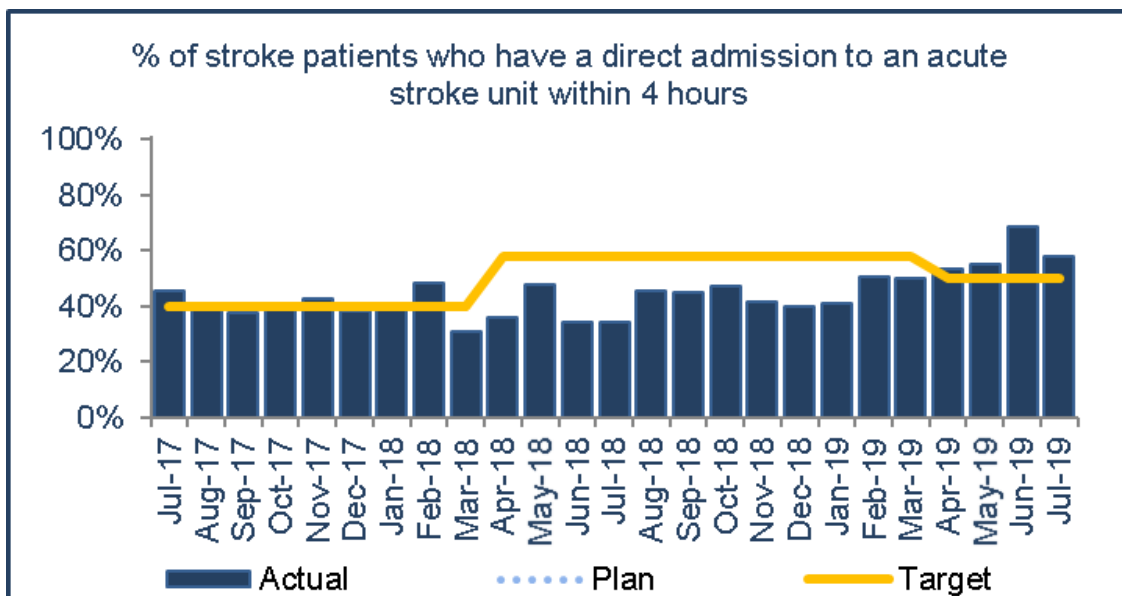


DFM050	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
within 60	0	8	4	1								
Total	0	12	7	3								

* Where 0 is shown in relation to the very urgent 60min target DFM050 No patients presented with this level of need

Actions	Outcomes	Timeline
1. A breach analysis is carried out for each patient that is not seen within 60 minutes of being triaged as very urgent. A review of the clinical records for the two cases that breached has been undertaken.	Reassurances that no harm or potential harm came to any of the 2 patients	Ongoing whilst breaches occur
2. Anomalies between the reporting module within Adastra and the performance targets that we are reporting on has been raised with the technical support team in Adastra.	More assurance of accurate reporting.	Awaiting response from Adastra technical support team – reminder has been sent and we are expecting a response and subsequent modification to the reporting module in the next few weeks.
3. Further communication and Learning Tips has been recently circulated to all Triage Nurses and a training session took place on Monday 8th July 2019.	Increased efficiency and a reduction in the number of patients waiting beyond the 60 minute mark for treatment	30 th August 2019

DFM 066	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	Target ≥ 55.5%	Plan ≥ 50%	Jul-19	56.00%	Status ↓	Wales Benchmark 3rd	Executive Lead David Fearnley	Plan Ref AP038
DFM 067	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	Target ≥ 84%	Plan ≥ 85%	Jul-19	88.40%	Status ↑	Wales Benchmark 3rd	Executive Lead David Fearnley	Plan Ref AP038
DFM 068	Percentage of stroke patients receiving the required minutes for speech and language therapy	Target Improve	Plan AP	Jul-19	71.60%	Status ↑	Wales Benchmark N/A	Executive Lead David Fearnley	Plan Ref AP038
DFM 069	Percentage of stroke patients who receive a 6 month follow up assessment	Target Improve	Plan N/A Q	Qtr 1 19/20	20.00%	Status N/A	Wales Benchmark N/A	Executive Lead David Fearnley	Plan Ref AP038



Reasons...Insufficient therapy and consultant staffing numbers to provide 24/7 services to the SSNAP required standards

Actions	Outcomes	Timeline
1. Continue to ring fence 2 beds on the Acute Stroke Units (ASUs). Site Management Teams to support the action better as currently failing. Escalation process to be followed if in breach of this. Education with Emergency Department (ED) Teams of the need to assess, diagnose and refer urgently to meet the clinical standard.	Improved performance against 4 hours standard to Acute Stroke Unit	Immediate and ongoing
2. Improvement to access to a Consultant in 24 hours can only occur with additional staffing or implementation of virtual ward rounds using telemedicine. Discussions ongoing across Secondary Care and Area at all 3 Sites to reduce Consultant commitment on GIM rota. Resolution achieved in East only at present and this will impact on the ability to have a Thrombolysis Service Out of Hours (OOH) from October 2019 due to vulnerability of the current rota. Standard is met in hours but OOH remains a challenge and will only be achieved if the Stroke Consultants are On Call for GIM. Decision needed by Health Board for installation of home connections for OOH Telemedicine	Improved performance of the clinical standards to see new patients within 24 hours. Improved Door to Needle times. Can only occur with actions identified.	Discussion ongoing through July and August 2019 with Secondary Care and Areas
3. Continue to review efficiencies with more group work and ensure all vacancies filled. Need to reduce the volume of non Stroke patients on ASUs and escalated beds to enable Therapists to increase the amount of time spent with Stroke patients. Insufficient staffing in all disciplines to achieve standard	Improved number of minutes spent with patients	Timescales are being finalised with sites and will be confirmed in future reports.

DFM 072 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

Target
≥ 95%

Plan
≥ 74%

Jul-19

73.72%

Status



Wales Benchmark

7th

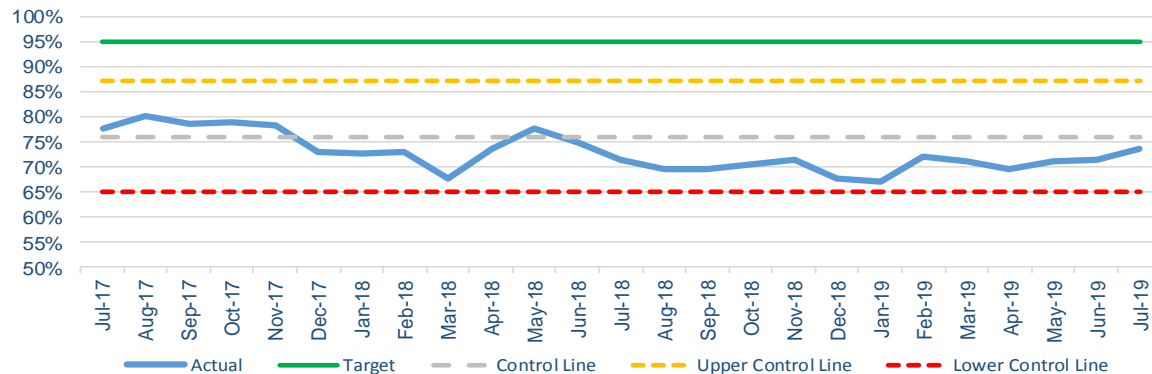
Executive Lead

Deborah Carter

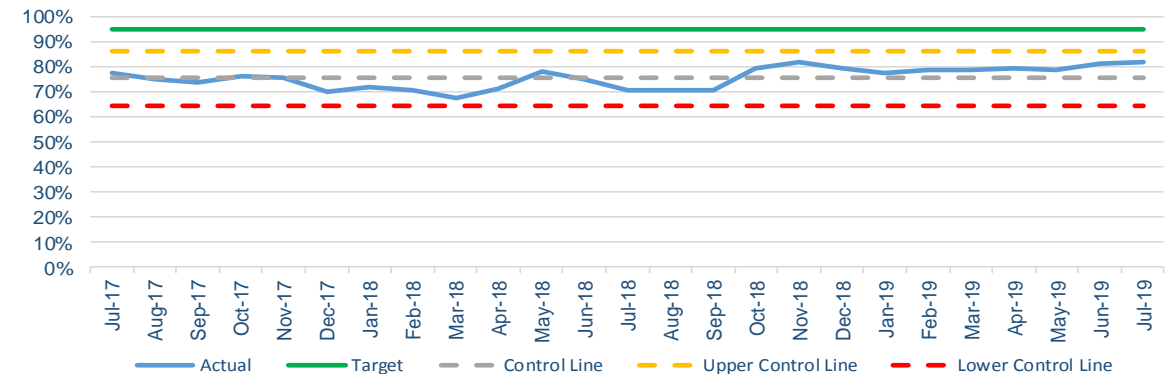
Plan Ref

AP033

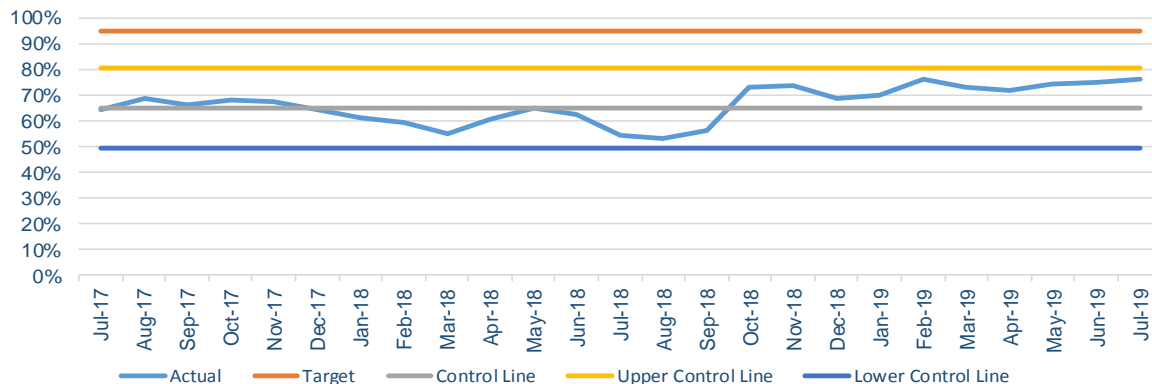
BCU Level - Emergency Department (inc MIU) 4 Hour Waits: July 2019



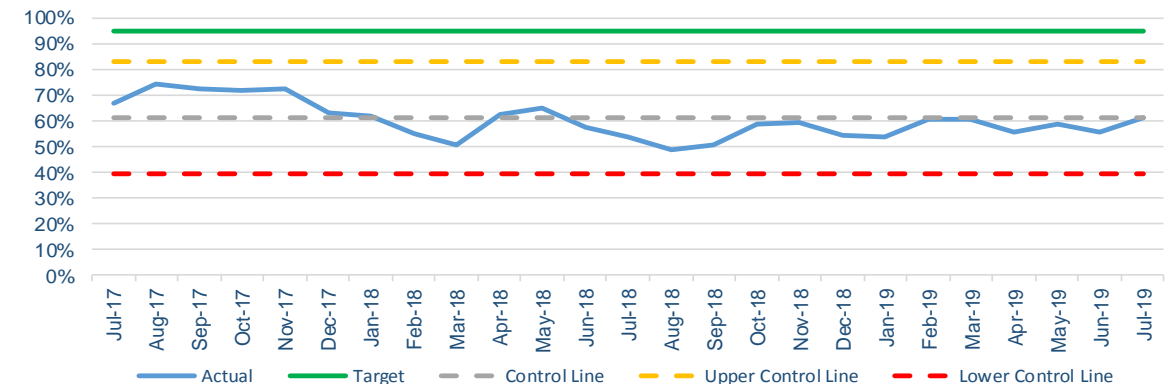
West - Emergency Department (inc MIU) 4 Hour Waits: July 2019



Central - Emergency Department (inc MIU) 4 Hour Waits: July 2019



East - Emergency Department (inc MIU) 4 Hour Waits: July 2019



Actions	Outcomes	Timeline
Ysbyty Gwynedd: 1. Progress chasers identified to support performance but no formal funding to support the roles to support the improvement in the 4hr performance.	SBAR Completed for progress chaser staff to support improving the patient journey/flow. Recruitment process to be completed	August 2019 F&P Submission, Recruitment
2. Breach validations on going weekly to review all areas in a planned route (Paediatrics, Stroke, 12/24hr, Green, Specialities) and reported back to the directorate and HMT on a monthly basis.	Identified need for support and equality in line with Surgical and Medical directorate structures to ensure and support robust reporting.	On going
4. Job description for GP at the front door being finalised for go live. EC completed and signed off	GP's available, awaiting clinical sign off. Will support developing the triage staff and redirecting approx. 30-40 patients a day	12 th August sign off. Recruit September 2019
5. External stakeholder engagement for triage training in line with RCEM/ MTS to develop staff confidence and safety net in redirection approx. 30-40 patients per day triage as 3,4 or a 5.	Teleconference training and GP support planned in line with GP at the front door	September 2019
Ysbyty Glan Clwyd: 1. Introduced 6 week test and learn of START (ED streaming, triage, assessment and rapid treatment) model. Full Consultant cover for START is rostered from end of August.	Streaming patients within and away from ED. Data analysis of improvement to time to triage and to clinician is in development. Comparison of days without Consultant cover for START and days with.	Jul and Aug 19 for test and learn September for full cover
2. Implementation of Same Day Emergency Care (SDEC)	After 5 weeks 714 patients through SDEC, 530 discharged, and 184 admitted. Reduction in LOS for ambulatory conditions (due to 10 week delay in clinical coding unable to assess this at present). Improvement in 4 hour performance by streaming patients from ED to SDEC	July 19 and Aug 19
3. Alongside the request for data by conditions there are weekly reviews of the operational pathways of SDEC to confirm the right patients are being seen in SDEC, that we further engage with clinicians by specialty and including GPs	Improved process and pathway for GP referred patients who aren't suitable for SDEC Reduction in number of GP referred patients who breach	Sept 19
Ysbyty Wrecsam Maelor : 1. Arrange for GP co-lead in triage with ED team based on the recent successful "test and Learn" resulting in 55% patients triaged diverted to alternative care settings	10% of patients triaged are managed to alternative care settings	30 th September 2019
2. Develop and implement ED escalation process based on timed pathways through the service	5% improvement in performance at the end of Q3 from Q1 baseline	30 th November 2019
3. Agree and implement ED flow principles – test during the Rapid Improvement Week on the 19 th August		

Chapter 2 – Unscheduled Care

ED 12 Hour Breaches: Graphs

28

DFM 073 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

Target
 0

Plan
 ≤ 1209

Jul-19

2,044

Status



Wales Benchmark

7th

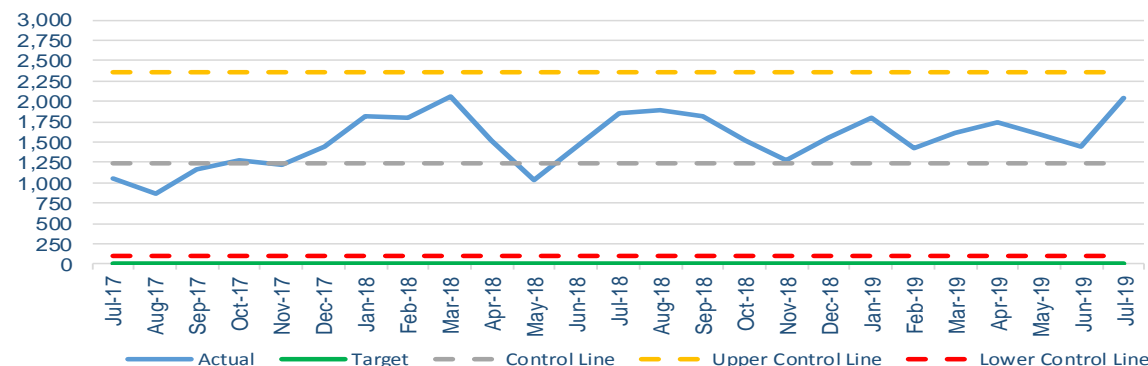
Executive Lead

Deborah Carter

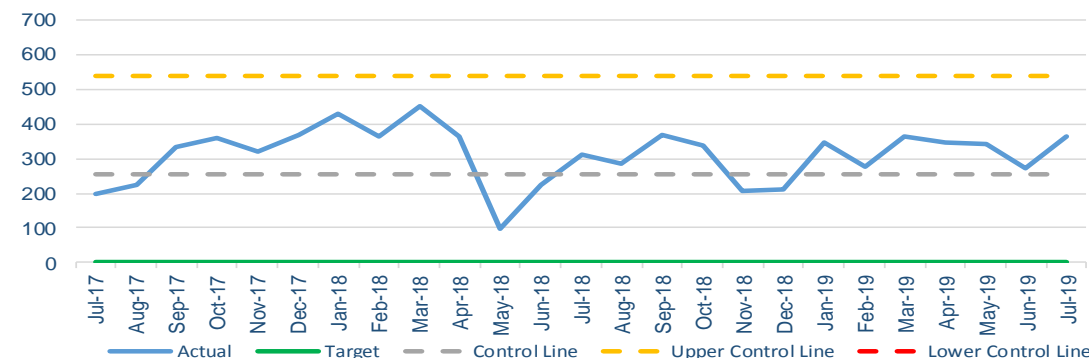
Plan Ref

AP033

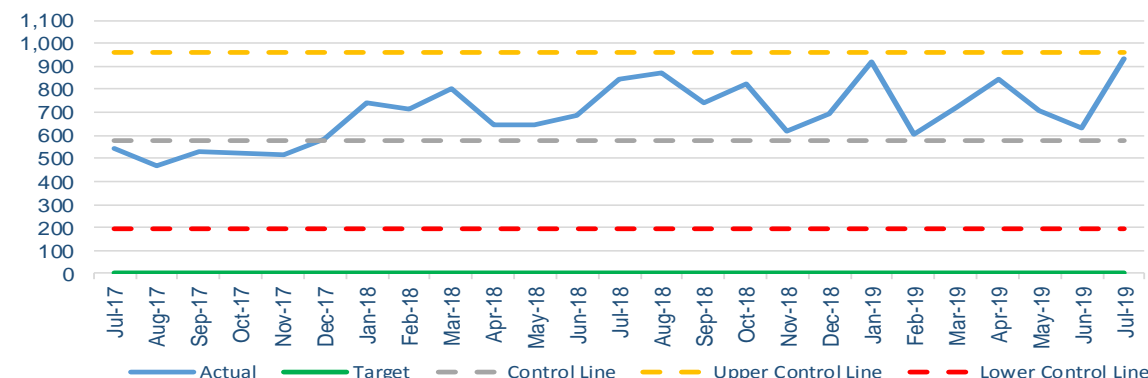
BCU Level - Emergency Department 12 Hour Waits: July 2019



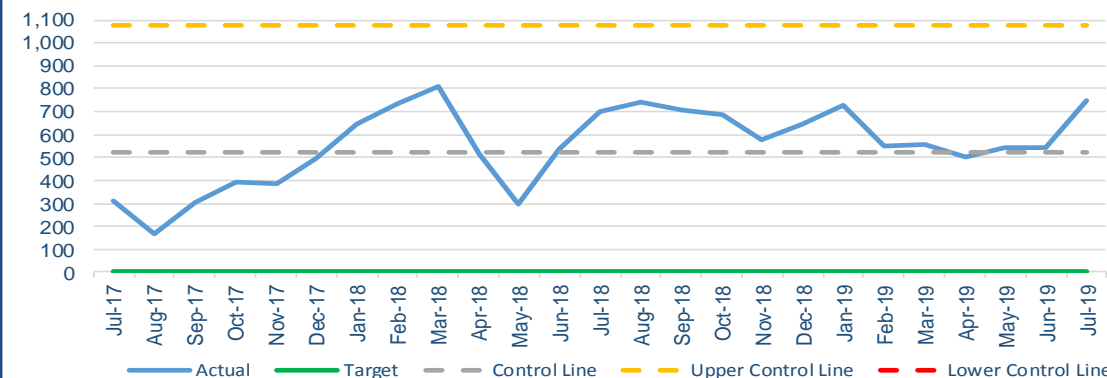
West - Emergency Department 12 Hour Waits: July 2019



Central - Emergency Department 12 Hour Waits: July 2019



East - Emergency Department 12 Hour Waits: July 2019



Integrated Quality and Performance Report
 Finance & Performance Committee Version

July 2019

Actions	Outcomes	Timeline
Ysbyty Gwynedd: 1. Part of the EDQDF on going work, development of an escalation process for patients awaiting over 8hrs for a bed, with clear standards for escalation and support to reduce the number of 12hr delays.	Flow chart created for in hours role out initially, once embedded to role out 24/7 for escalation via the on call management team. Identified need for amendments to the on call management system TOR's to support the out of hour escalation process. Creation of an Rapid review process for identifying themes and trends presented to HMT	August 2019 for in hours role out.
2. Delays to ambulance handovers and long waits for bed had a negative impact on 12 hour breaches. Average length of stay has decreased. Focus on Long length of stay reviews is ongoing	Reduction in 12 hour breaches Reduction in length of stay Reduction in <21 day patients	Aug 19 Jul 19 – ongoing
3. Daily discharge targets being set and embedding of SAFER work continues	Improved early flow to reduce exit block in ED early in the day	Aug 19
Ysbyty Glan Clwyd: 1. Active intervention at 24 hours process to be tightened. This process was proving to work in June and focus moved to 12 hours for July. As a result, 24 hours increased. Re-focus on zero tolerance to 24 hours in August	Zero 24 hour breaches	Sept 19
2. Delays to ambulance handovers and long waits for bed had a negative impact on 12 hour breaches. Average length of stay has decreased. Focus on Long length of stay reviews is ongoing	Reduction in 12 hour breaches Reduction in length of stay Reduction in <21 day patients	Aug 19 Jul 19 – ongoing
3. Daily discharge targets being set and embedding of SAFER work continues	Improved early flow to reduce exit block in ED early in the day	Aug 19
Ysbyty Wrecsam Maelor: 1. Review and implement the Emergency Care ward reconfiguration to optimise specialty flow from ED	Reduction of number of 12 hour waits in ED	10 th October 2019
2. Maximise assessment and short stay model to reduce Length of Stay in Medicine	Reduction of escalation beds	30 th October 2019.
3. Review and strengthen site management		
4. Agree, design and implement flow principles from ED to assessment/Short stay and wards	Reduced “Live” length of stay	10 th October 2019

DFM 071 Number of ambulance handovers over one hour

Target 0

Plan ≤ 248

Jul-19

811

Status



Wales Benchmark

5th

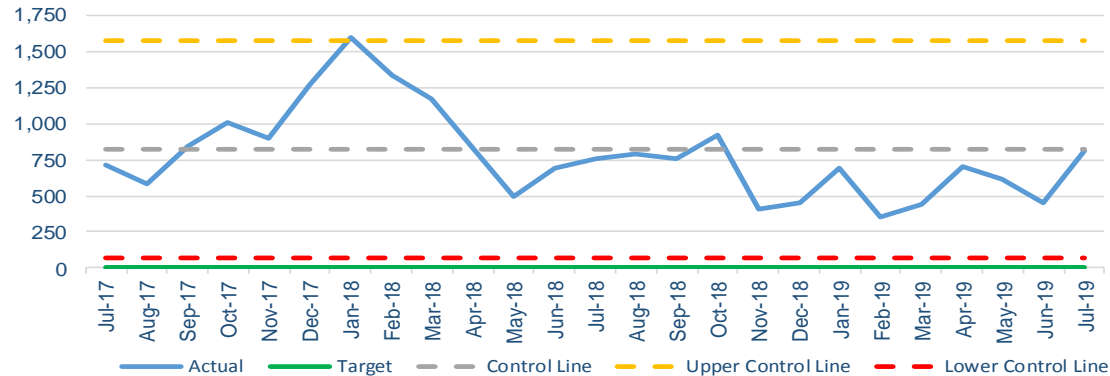
Executive Lead

Deborah Carter

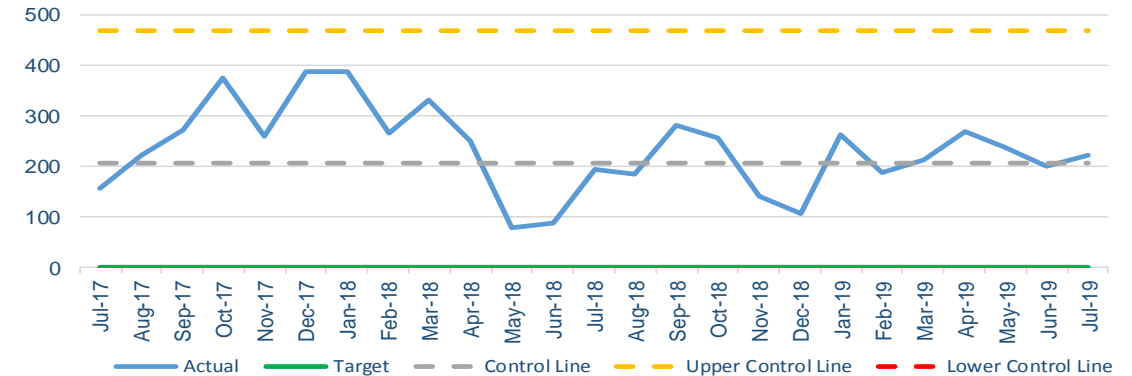
Plan Ref

AP029

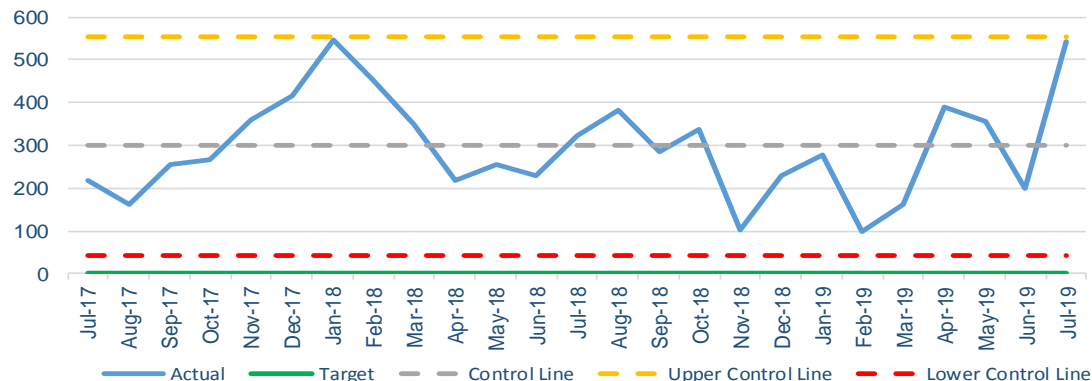
BCU Level - Ambulance Handovers over 1 Hour: July 2019



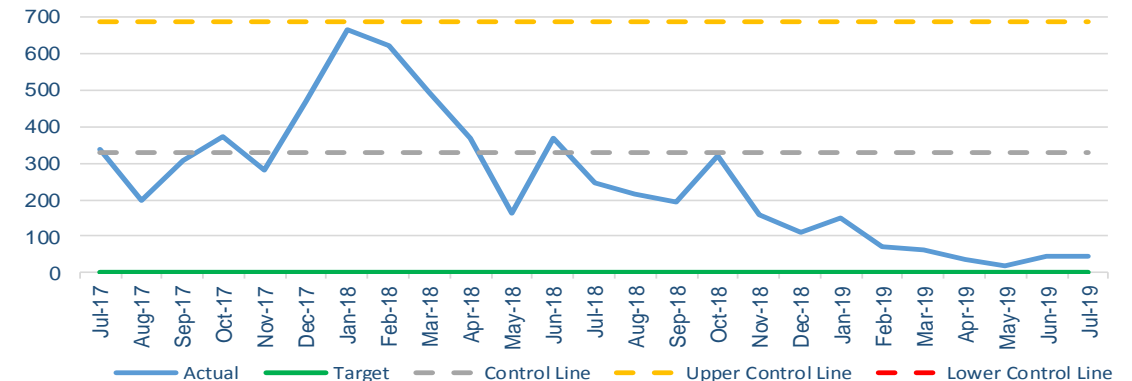
West - Ambulance Handovers over 1 Hour: July 2019



Central - Ambulance Handovers over 1 Hour: July 2019



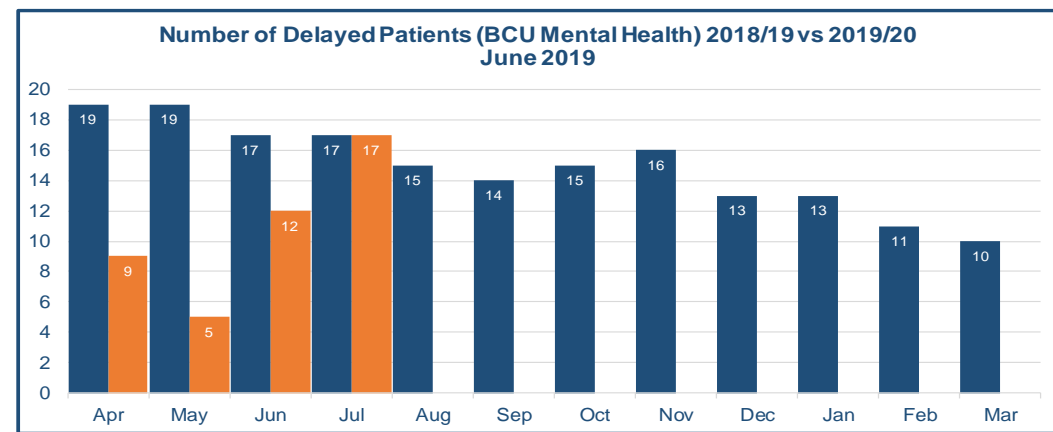
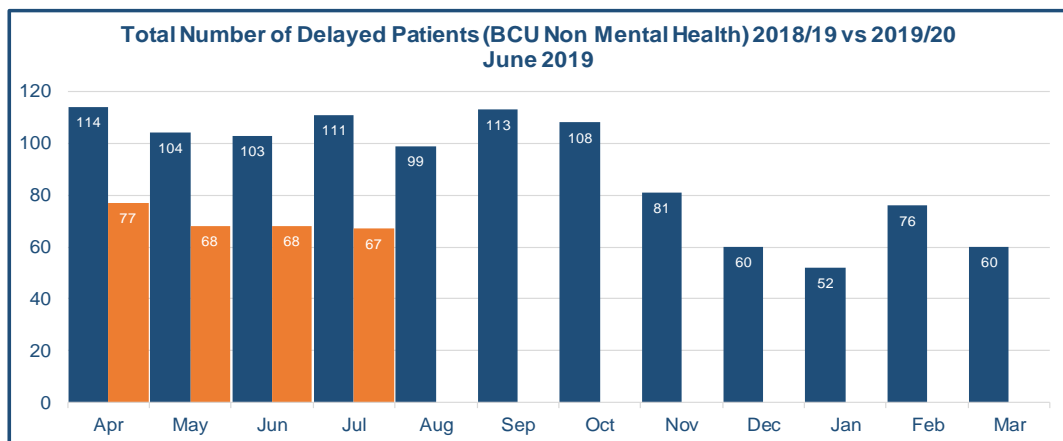
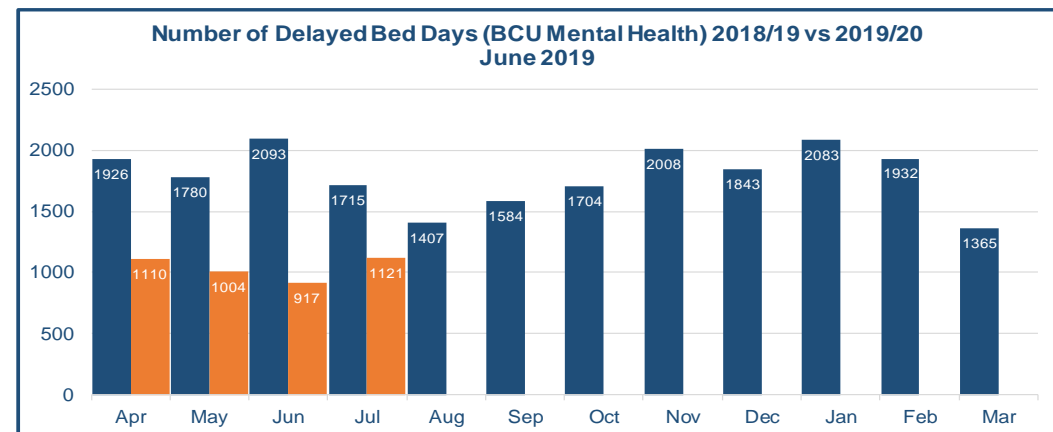
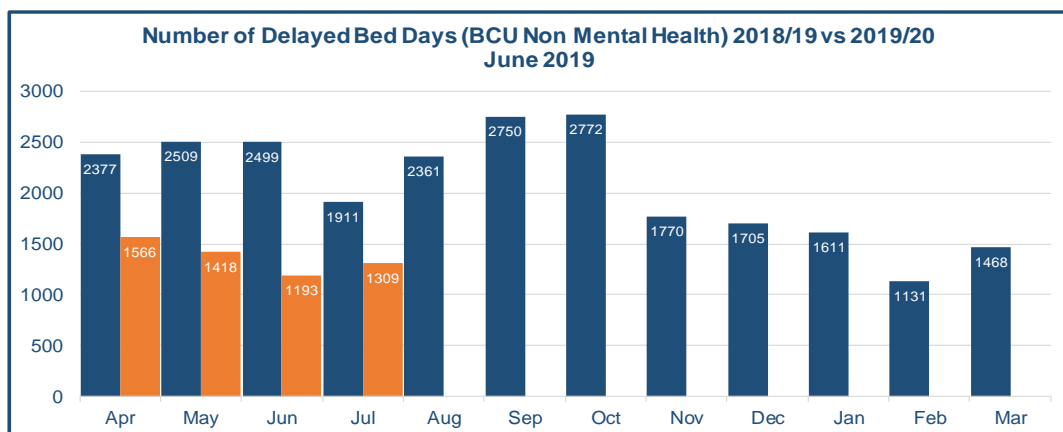
East - Ambulance Handovers over 1 Hour: July 2019



Actions	Outcomes	Timeline
Ysbyty Gwynedd: 1. Ambulance performance is still not at the level set, and on going meetings with WAST to manually review delays of >60 minutes to identify and themes / patterns or if they were suitable for community pathways. Initial reviews have highlighted elements around OOH calls and lack of community facilities to support.	Audits are being presented with WAST input at the MIU streams along with the USC Group.	Ongoing
2. Reviews of all ambulance conveyances that are discharged within 90 minutes being reviewed with WAST input to identify appropriate conveyances.	Power BI report completed and now being embedded to identify geographical locations.	Ongoing
3. All Wales handover proforma being reviewed in line with EDQDF to support a pan Wales standard that has been agreed by Health Boards and WAST. Along with developing an ambulance divert criteria with clinical input to develop.	PIP being developed to support and collaborative on going work with the DU to develop	September 2019
Ysbyty Glan Clwyd: 1. 6 week introduction of test and learn of ED streaming, triage, assessment and rapid treatment (START) model and ED layout change was to allow more space for ambulance handover.	ED had 6 days of significant ambulance delays in July due to combination of factors. High attendances, long ED waits due to sickness and long waits in ED due to capacity challenges.	July 19
2. Continuation of corridor nursing; however due to increasing levels of patients in ED at times during July, it was risk assessed to be unsafe to utilise corridors any more than they were. Average of 8-13 patients in the corridor at 8am	Corridor Nursing was introduced to support reduction in ambulance handovers	Ongoing
3. Review and confirm roles and responsibilities, actions and ownership in escalation status at handover.	Reduction in 15 and 60 minute handovers	August 19
4. Joint handover protocol with WAST including dual pin focussed on improving 15 minute handover performance	Patient safety at a system level	August 19
Ysbyty Wrecsam Maelor: Continued improvement actions to sustain and strengthen performance for ambulance handover	Continued improvement in performance for ambulance handover	30 th September 2019

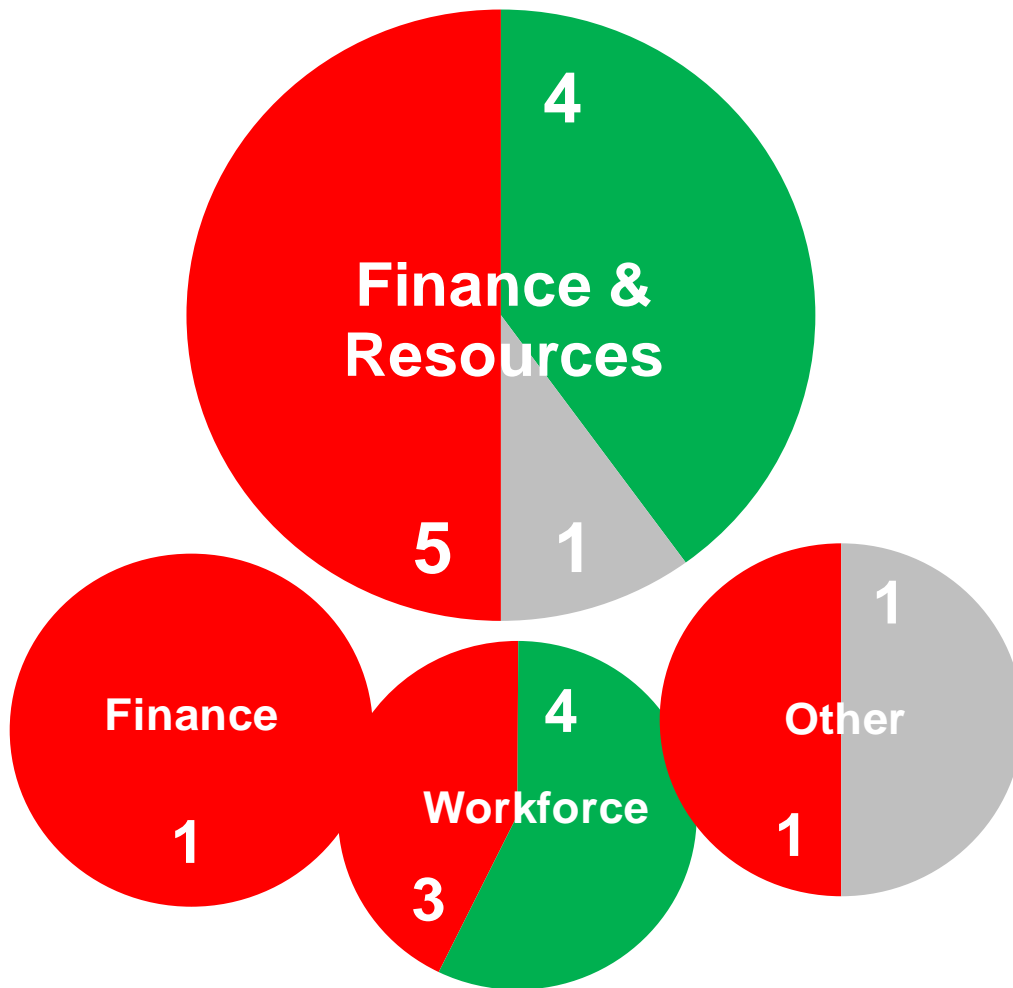
DFM 025	Number of health board mental health delayed transfer of care	Target Reduce	Plan <= 13	Jul-19	17	Status	↓	Wales Benchmark	1st	Executive Lead	Andy Roach	Plan Ref	AP031
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DFM 026	Number of health board non mental health delayed transfer of care	Target Reduce	Plan <= 35	Jul-19	67	Status	↓	Wales Benchmark	5th	Executive Lead	Deborah Carter	Plan Ref	AP037
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Actions	Outcomes	Timeline
1. Weekly and pre-census DToC meetings where all patients are discussed and monitored continue.	System wide ownership of patient discharge plans	Weekly and Monthly
2. DToCs are scrutinised daily on site and delays in package of care provision and/or social worker attendance are escalated to Senior management early for further escalation to Directors of Social Care in respective Local Authority.	Timely escalation to senior managers with onward escalation to respective Local Authority	Daily
3. Long length of stay review of patients undertaken	Escalation to senior managers of issues which ward staff are unable to resolve	Continuous



Measure	Status	Target	Plan
Quantity of Biosimilar medicines prescribed	68.50% ↑	Improve	N/A Q
Critical Care Beddays Lost to DToC			
PADR Rate (%)	72.0% ↑	>= 85%	>= 79%
Staff agreed PADR helps improve	54.0% ↑	Improve	N/A A
Staff engagement Score	3.76 ↑	Improve	N/A A
Mandatory Training (Level 1) Rate (%)	85% ↑	>= 85%	>= 85%
Sickness absence rates (% Rolling 12 months)	5.13% ↓	<= 4.31%	<= 4.72%
Staff happy for BCU to treat Friends/Relatives	67% ↑	Improve	N/A A
Finance: Agency & Locum Spend	£4.1m ↓	TBA	AP
Finance: Position against Financial Balance	£14.64m ↓	<= £25m	<= £11.7m

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

Integrated Quality and Performance Report
Finance & Performance Committee Version

July 2019

LM00
1F Cost of Agency & Locum spend within Month

Target
TBA

Plan
AP

Jul-19

£4.1m

Status



Wales
Benchmark

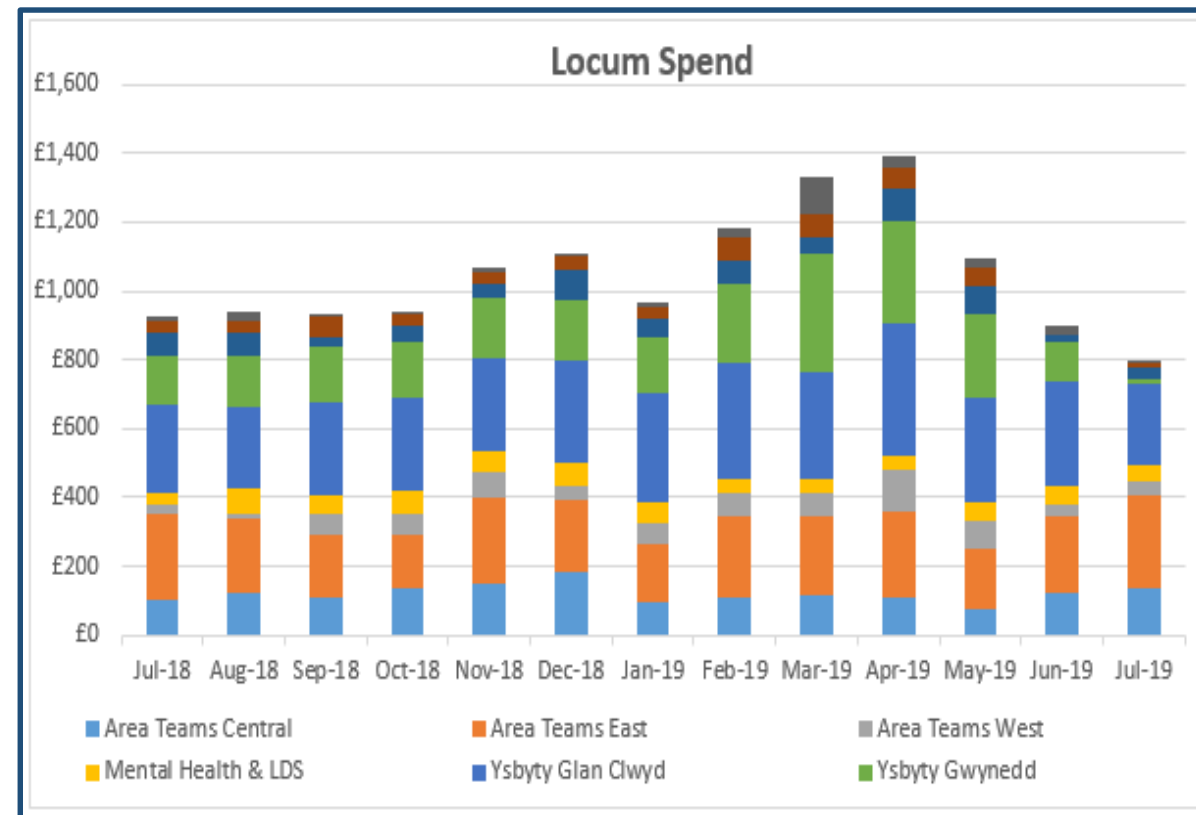
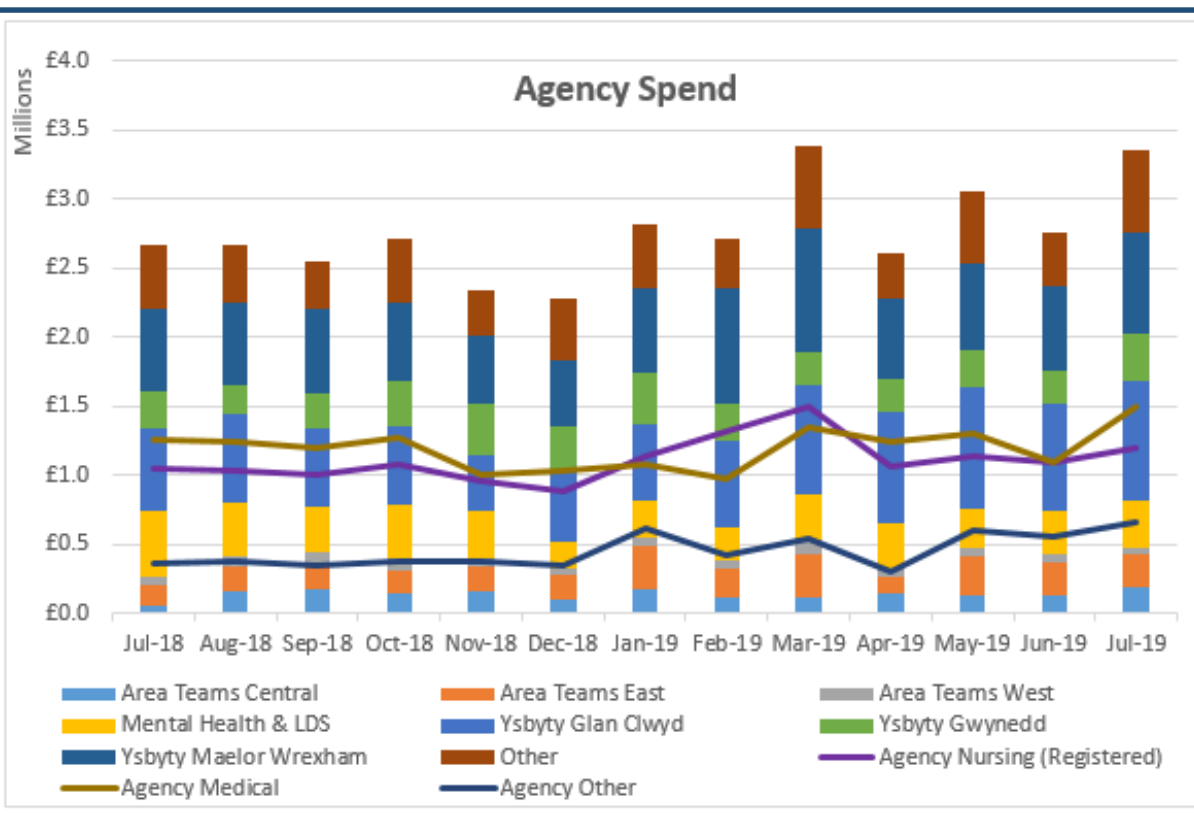
N/A

Executive
Lead


Sue Green

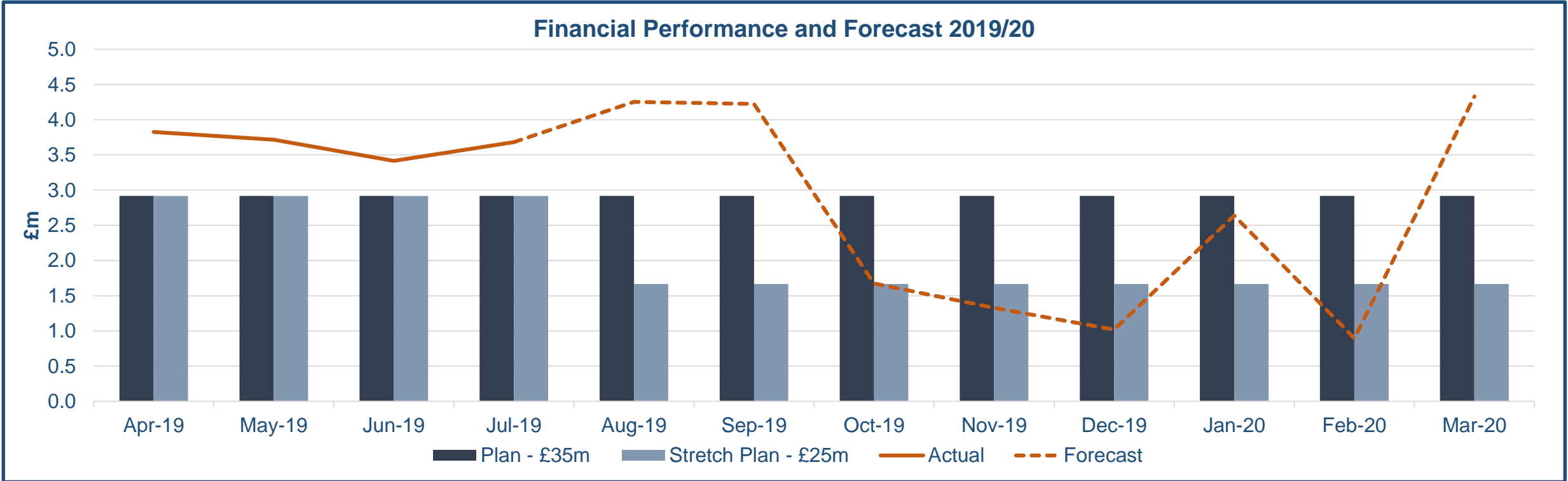
Plan
Ref

NIP



Actions	Outcomes	Timeline
Enforced 1 hour unpaid break for Agency staff introduced in July.	Locum spend has continued to dramatically reduce this financial year and is significantly lower than at this point last year.	Revised enhanced care policy live (August 2019),
Consultation underway for secondary care substantive nursing, community to follow	Agency Spend has increased in July and is higher than this period last year. The increase in agency spend has been largely due to M&D agency with month on month M&D increases of: YG - £91k, YGC - £118k, YMW - £88k, Women's - £147k (June was low due to non accrual). Corporate services showed a £65k increase in agency attributable to A&C interim recovery staff.	1 hour break enforced for agencies from 07/07/19,
Support and Challenge meetings underway in secondary care.	The introduction of unpaid breaks for agency staff will directly reduce agency costs. This action for substantive staff will increase available substantive nursing hours reducing agency demand.	1 hour break / revised shifts phase 1 (secondary care) consultation concludes 23/08/19, Phase 2 (community) concludes 17/09/19. Go-live soon thereafter.
Roster additional duties and roster efficiency reports introduced. Roster guidance reissued.	Analysis has shown scope for revised medical rotas, filling of vacancies etc. to reduce agency demand.	Support for medical rostering / job planning review / implementation to be confirmed August 19.
Promotion of bank to and easy enrolment of New N&M Starters live in July.	Increasing numbers of N&M staff in the internal bank will reduce reliance on agency staff.	
Enhanced Care Policy has been developed and approved	Revised enhance care policy will give tighter guidelines on when additional staff are required reducing agency.	
Review of finance accrual mechanisms given payments appearing in July spend for work undertaken in June.		
External consultancy services are analysing Medical spend and advising areas of potential improvement. Proposal has been received to implement these changes.		
On-going actions include: revised N&M bank pay to increase N&M bank numbers, banding to be added to E Rosters, 8 week rotas to be trialled for secondary care.		
Medical recruitment staff have been moved to wider recruitment team to give increased focus on recruitment into key staff groups.		

LM00 2F	% Cumulative Deficit Position against the planned Financial Balance	Target ≤ £25m	Plan ≤ £11.7m	Jul-19	£14.64m			N/A		Sue Hill	NIP
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Why we are where we are:

The interim financial plan works towards a final outturn of a £35m deficit, with stretch targets to progress towards the £25m control total. The Health Board continues to work on identifying further savings to meet plan and address emerging cost pressures.

Actions	Outcomes	Timeline
1. Identify additional savings initiatives to meet the plan savings requirement.	Increase savings potential	Ongoing.
2. Ensure the Health Board Practice Grip and Control to ensure all expenditure is necessary and relevant.	Reduce costs and ensure best value for money.	Ongoing.
3. Ensure identified savings initiatives progress at pace and deliver the required savings.	Continued performance to planned level to ensure delivery of plan.	Ongoing.
4. Identify emerging trends and pressures to enable informed decisions are taken about how these are managed in the future.	This will help contain costs, identify the costs which are unavoidable and enable improved planning and prioritisation for the future.	Ongoing.
5. Identify further savings initiatives to meet the stretch target.	Increase savings potential	Ongoing.

DFM 091 Percentage of sickness absence rate of staff

Target
≤ 4.31%

Plan
≤ 4.72%

Jun-19

5.13%

Status



Wales
Benchmark

3rd

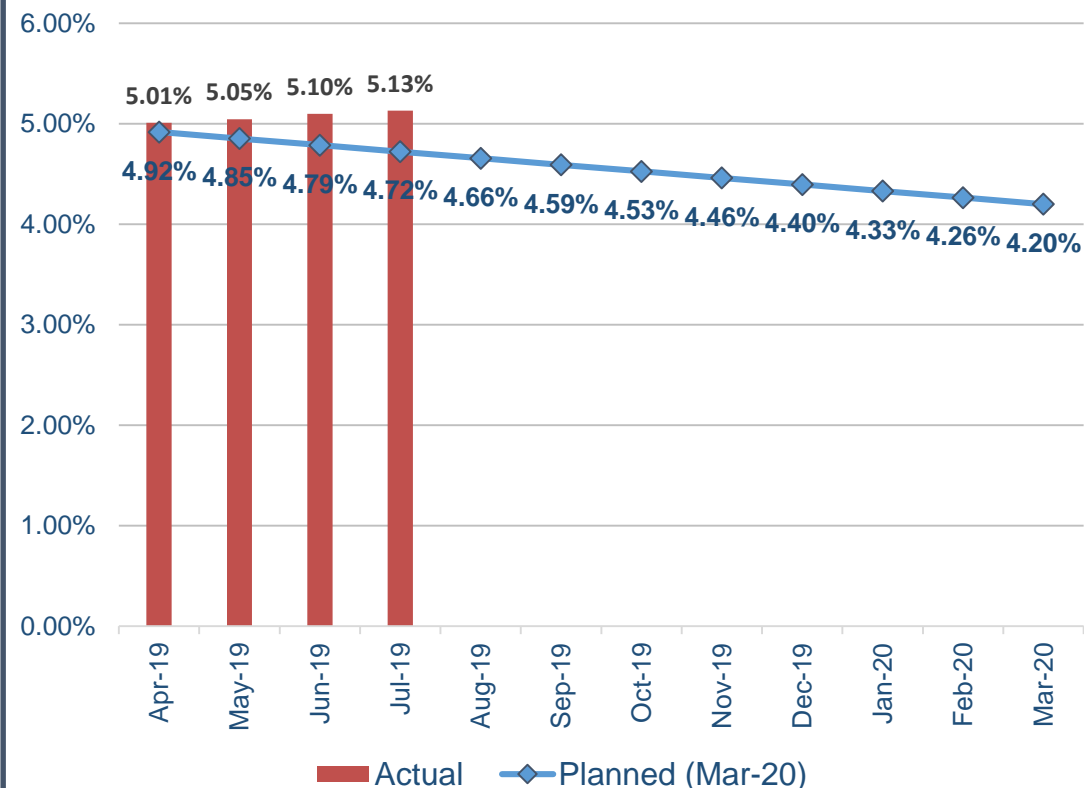
Executive
Lead

Sue Green

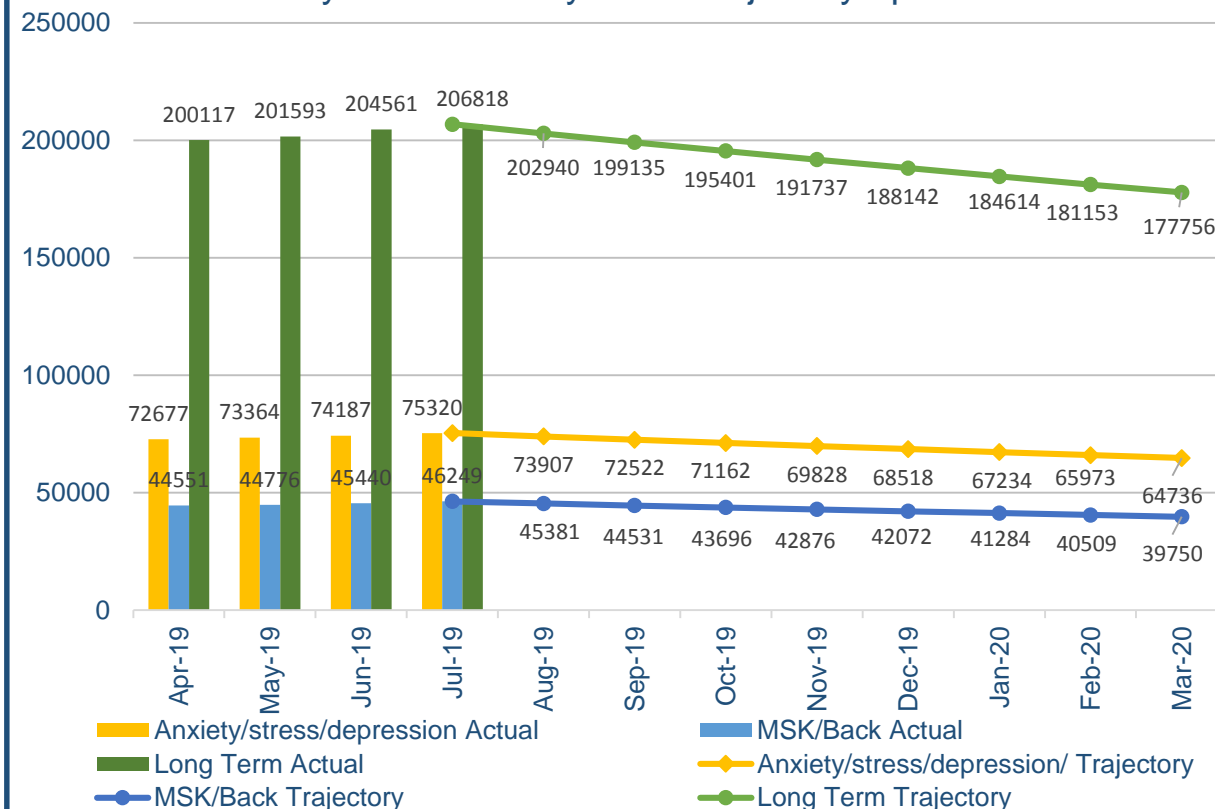
Plan
Ref

AP043

BCU Rolling Sickness Trajectory Apr 19 - Mar 20



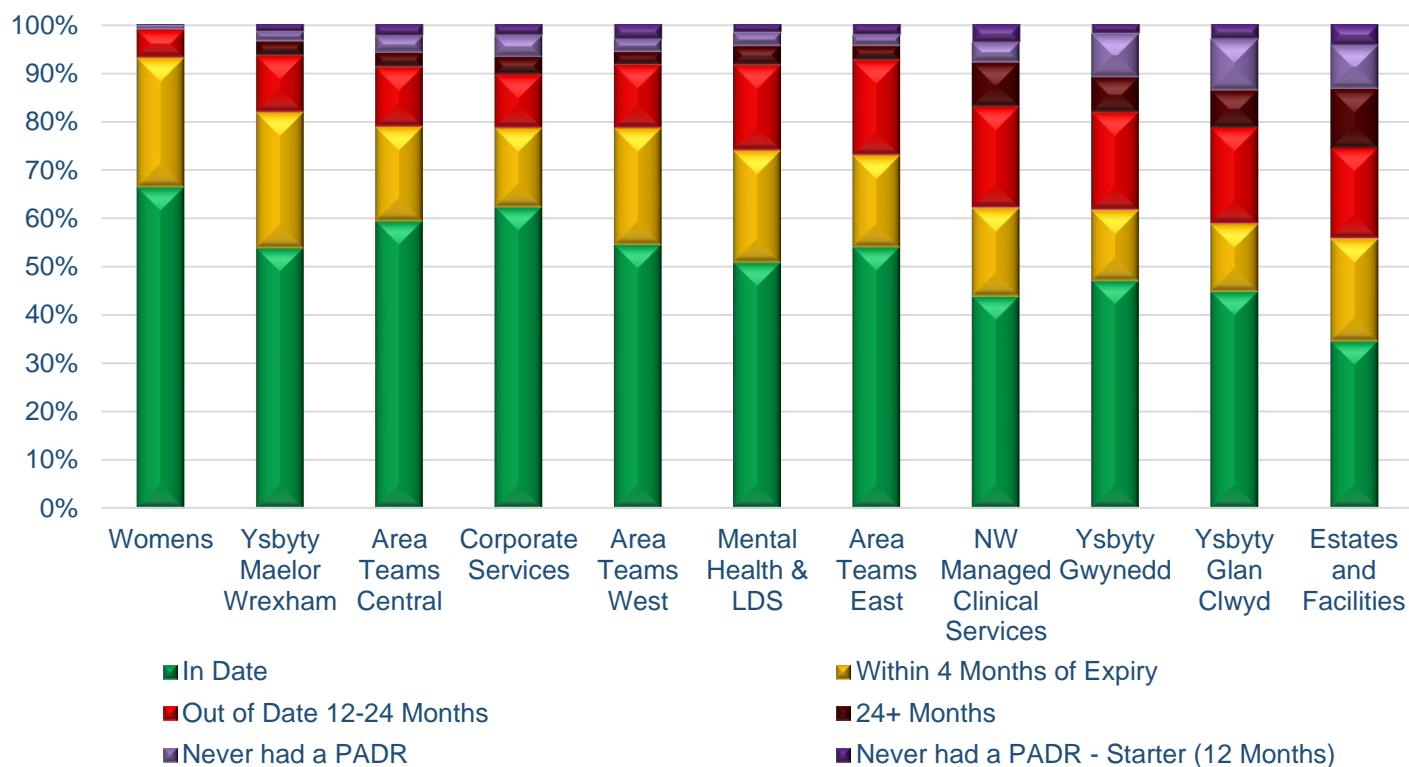
Priority Area FTE Days Lost Trajectory Apr 19 - Mar 20



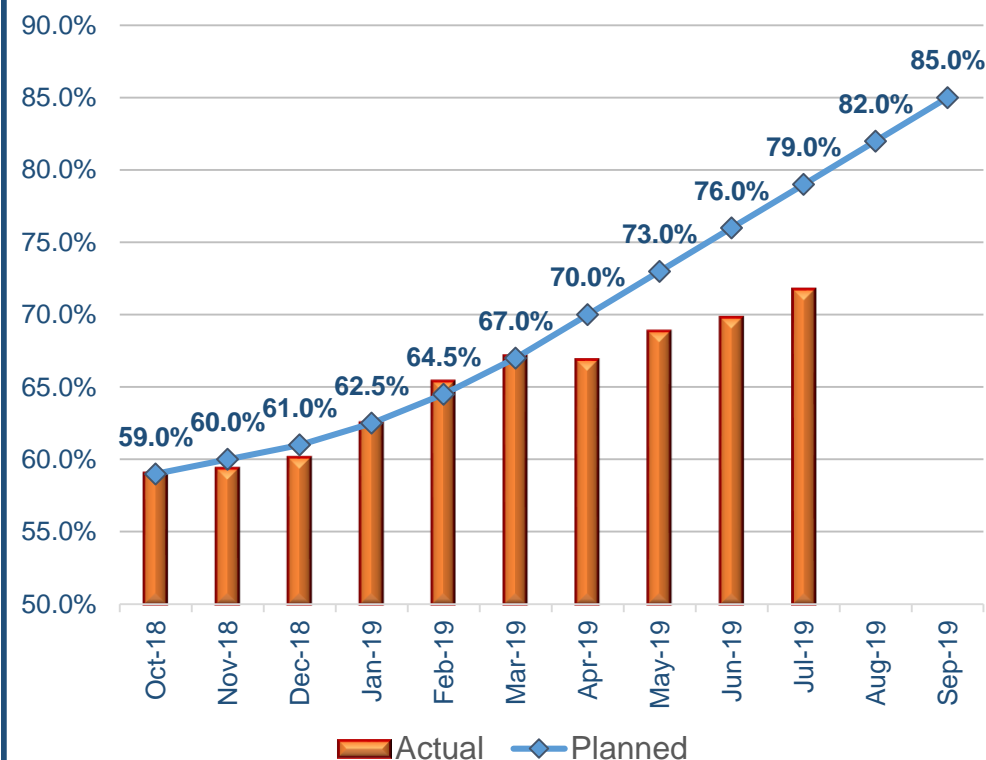
Actions	Outcomes	Timeline
Divisions and departments have individual improvement trajectories and progress is being monitored.	Despite the work undertaken, absence levels across the Health Board have increased to 5.13% in month 4 against an improvement trajectory of 4.72%	The trajectories have been developed to deliver 4.2% by the end of March 2020.
Revised attendance improvement plan developed Aug 19.		Attendance Improvement Plan (August 19) has detailed timeline of actions.
Priorities of Long Term / Stress / MSK - new trajectories to focus in on 'days lost' and 'staff off 25+ weeks'.	Revised attendance improvement plan has detailed actions / timelines around themes of Data Analysis, Sickness Administration, Active Absence Support and Preventative Action.	New LT / Stress / MSK trajectories launched and monitored from August 19.
For LT / Stress / MSK hotspot areas will be targeted with focussed support (e.g. in case of Stress –stress risk assessment actions, managerial support, mindfulness sessions, resilience training etc.).	Hotspot areas in relation to the 'days lost' and 'staff off over 25 weeks' for LT / Stress / MSK will receive focussed support and the above metrics will be monitored to assess the impact of interventions.	
Occupational health to introduce rapid access for staff off work due to MSK or Stress related illness.		Occupational Health to introduce 'fast track' plan for Stress / MSK in September 19
Human Resources staff identify staff who are either long term sick or have reached the prompts in the attendance management policy on a monthly basis, and managers are supported to ensure adherence to the policy.	Areas of high sickness, have been identified across divisions, and action plans drawn up in conjunction with wards and departments. Targeted interventions are taking place however it is becoming increasingly apparent that the issues are cultural and deep	Supportive communications to staff with consistently high absence rates in September.
Occupational Health and Human Resources meet monthly and staff who would benefit from a case conference are identified. Specific attention is paid to those who are off due to stress or MSK reasons.		
Staff members who have had consistently had high levels of absence to be identified. Supportive communications on self care, healthy lifestyle, signposting to external advice etc. are being developed to be targeted at these staff to encourage preventative actions and quicker return.	Since June 2018 sickness absence has continued to rise despite targeted interventions. The reinstatement of enhancements on sick pay, as part of pay negotiations, appears to have a high correlation to overall performance.	In September the Welsh Partnership Forum will be considering whether enhancements on sick pay will be removed on a permanent basis. As the targets for maintaining the payments have been missed across Wales there is a strong possibility that enhancements will be removed permanently.

DFM 087	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)	Target	Plan	Jun-19	72.00%	Status	↑	Wales Benchmark	5th	Executive Lead	Sue Green	Plan Ref	AP046
		>= 85%	>= 79%										

PADR % Compliance 1 August 2018 to 31 July 2019



PADR % Planned 31 July 2019



Actions	Outcomes	Timeline
Continue to communicate with the Executive Directors and Senior managers on Organisational and Divisional PADR position	PADR compliance rates have continued to improve in July 2019 (now circa 72%).	All highlighted actions are to be completed during August with the aim of supporting the organisation to achieve minimum 85% compliance by end Q2 2019/20. However, considering the pace of improvement over the last 3 months, it is not currently realistic to expect a 6.5% increase per month to achieve the national minimum target of 85% by end Q2.
Target all areas with little or no improvement in compliance. July data shows 7 key Divisions containing the highest number of staff which require continued additional support to address improvement	Sharing breakdown to all Divisions will support identification of hot spot areas. The comparison to the previous month allows the targeting of those Divisions with high numbers of staff making little or no improvement to support with corrective actions to improve compliance	
Develop new Organisational PADR Improvement Plan	Developing a new Improvement Plan provides a clear vision for the organisation of support available and the actions required to achieve compliance	
Produce final version of new PADR paperwork based on feedback and evaluation	Final version of paperwork based on feedback will ensure the process is fit for purpose	Actions in new plan are aimed at achieving the target before the end of Q3
Attend Head of Nursing meeting in Ysbyty Gwynedd to identify barriers and agree actions for improvement	Identifying barriers and agreeing actions will support Heads of Nursing to target their areas for corrective action	
Facilitate PADR training with supervisors in catering and hotel services in Estates & Facilities in West	Supporting managers with PADR training ensures confidence in the process to carry out meaningful PADR's	

DFM 090 Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation

Target
≥ 85%

Plan
≥ 85%

Jun-19

85.00%

Status



Wales
Benchmark

1st

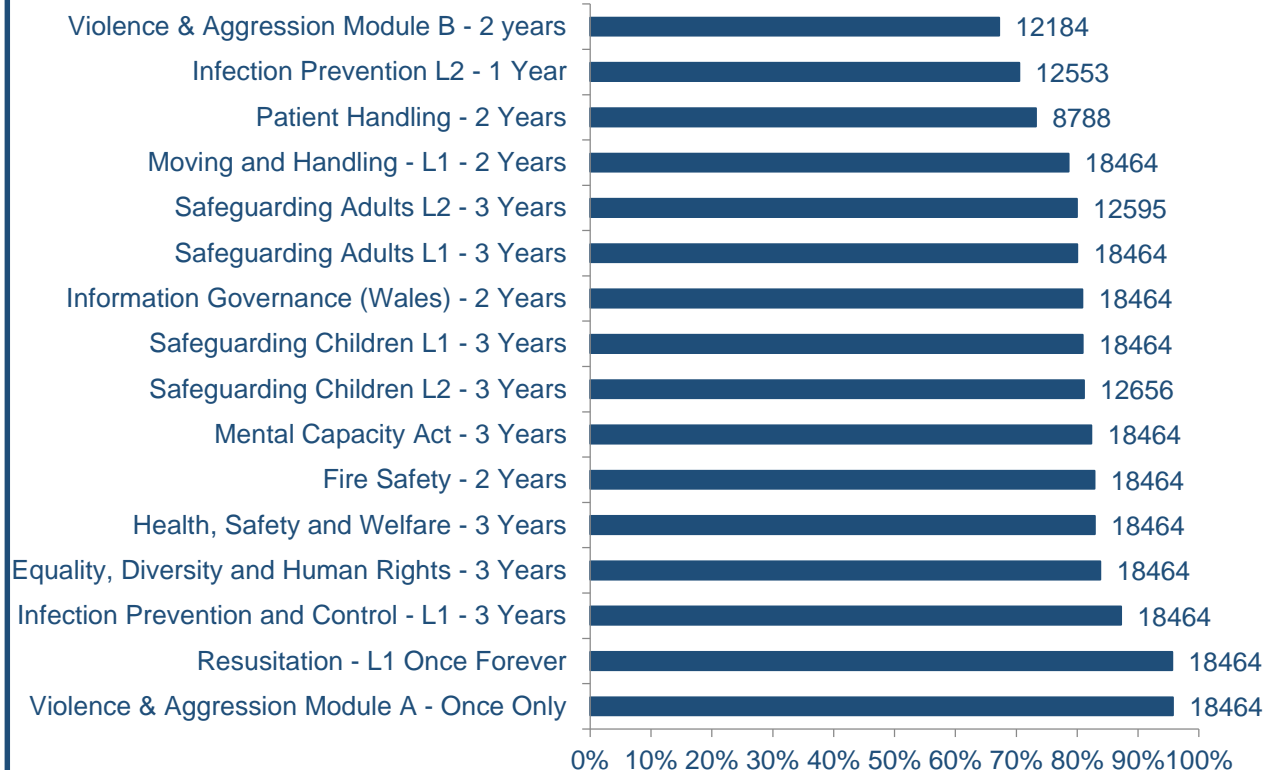
Executive
Lead

Sue Green

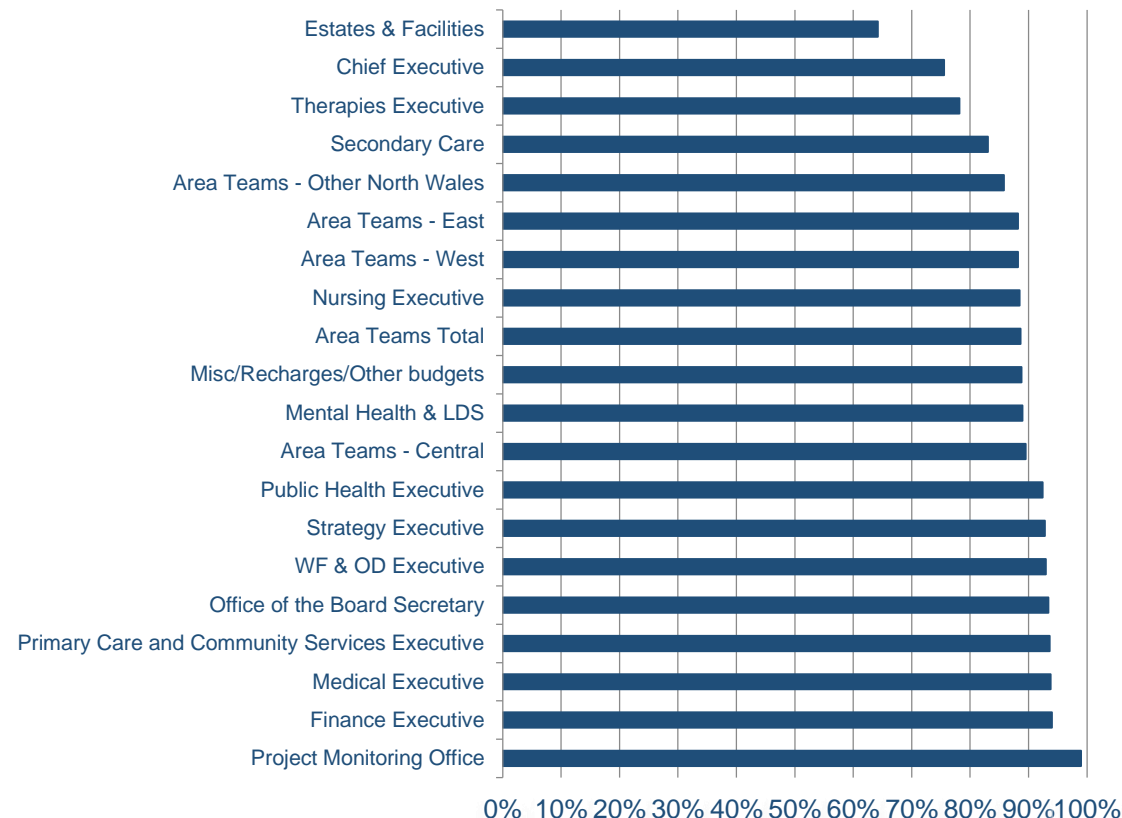
Plan
Ref

AP046

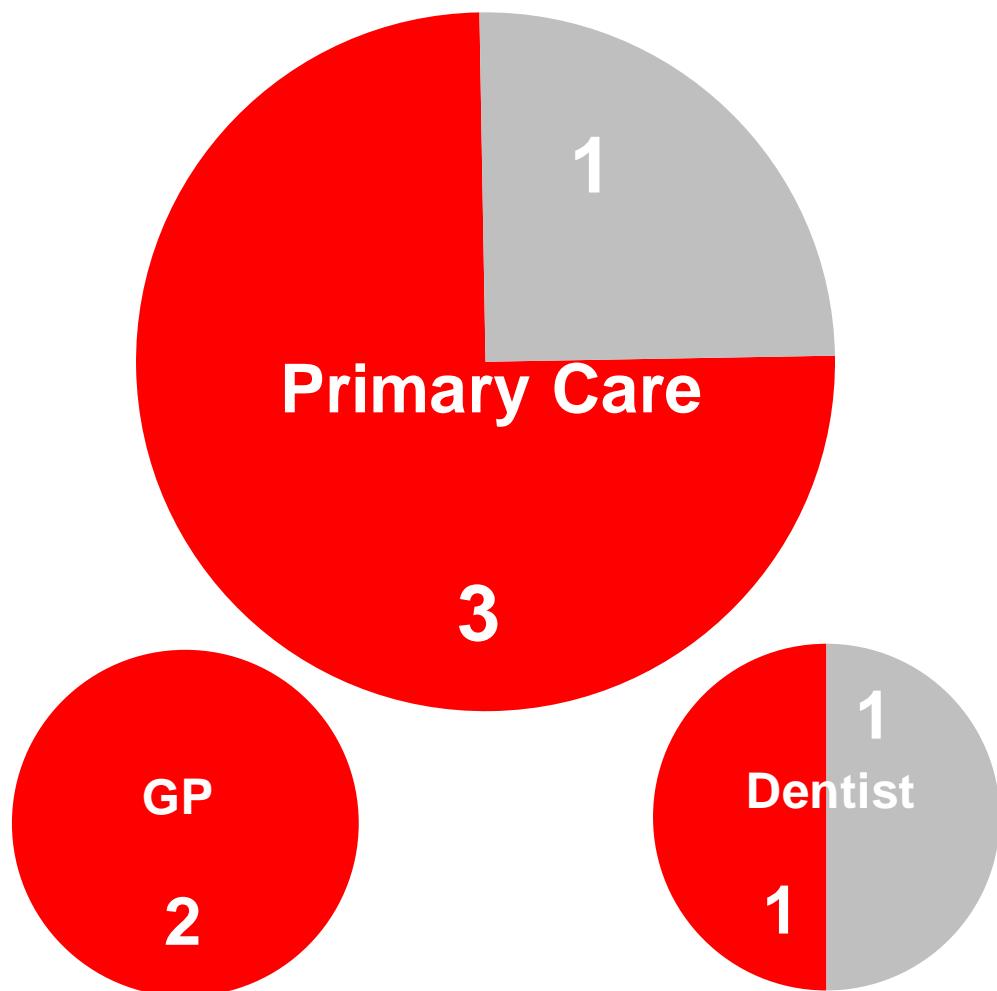
Core Mandatory Training Compliance July 2019



Overall July Compliance by Division



Actions	Outcomes	Timeline
Investigate the compliance dashboard and response from Subject Matter Expert [SME] to Identify the possible reason for a decrease of 1% for patient handling. Investigate the increase of 'Did not attend' [DNA] figures for Patient Handling.	Mandatory Training Compliance (level 1) meets the National Target of 85%.	With the identification of: <ul style="list-style-type: none"> • Reporting reasons around the reduction in Patient Handling training, • DNA data, • Reviewing areas of poor compliance • Reviewing projected compliance for August 2019 • Identifying months of mandatory training where large volumes of training compliance may be affected.
Identify predicted training compliance for August 2019 and review training provision with related Subject matter expert	Identifying the reasons for a reduction in patient handling training including the increase in DNA figures will highlight specifics around training schedules and identify areas requiring patient handling training. This will offer areas of poorer compliance further opportunity to attend/complete training therefore increasing compliance around patient handling.	We anticipate maintaining the target rate of 85% for level 1 training by the end of August 2019
Identify and report projected compliance figures for all Level 1 subjects to highlight particular months of compliance data where a possible reduction in Mandatory compliance is noted due to larger volumes of staff becoming non-compliant.	Obtaining projected compliance data for August 2019 along with projected data for months where a larger increase in training is required will allow all SME's opportunity to review and amend forthcoming training schedules.. This will ensure training compliance maintains or increases the current 85% rate.	



AP = Awaiting Profile

Integrated Quality and Performance Report
Finance & Performance Committee Version



Primary Care

45

Measure	Status	Target	Plan
Convenient GP Appointment	37.50% ↓	Reduce	AP
GP Practice Open 5pm to 6.30pm	80.00% ↑	Improve	AP
Accessed NHS Dentist	49.30% ←	Improve	AP
Dentist Follow Up	0%	Reduce	AP

Key Performance Indicators for Primary Care are being developed and as soon as they have been agreed, they will be published here. The Performance Assurance Team are reviewing the Primary Care sections of Board Reports of other Health Boards and will aim to agree Measures with the Executive Director for Primary & Community Care and the Primary Care Support Unit in providing a mid-year report.

July 2019

DFM 047	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Target Reduce	Plan AP	2018/19	37.5%	Status		Wales Benchmark	N/A	Executive Lead	Chris Stockport	Plan Ref	AP013
DFM 048	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Target Improve	Plan AP	Qtr 1 19/20	80.0%	Status		Wales Benchmark	7th	Executive Lead	Chris Stockport	Plan Ref	AP013

Actions	Outcomes	Timeline
2. The PCC Team has conducted an audit of all practices against the BCUHB Access Standards	Interim results of the audit of BCUHB Access Standards were discussed at the LMC meeting on 9 th July 2019 and will provide a baseline to inform future work on Access Standards	October 2019, following confirmation of the set of Access Standards agreed for the 2019/20 GMS Contract
3. The Area Teams and Primary Care Contracting (PCC) Team continue to encourage practices to ensure that patients have good access hours for appointments with a clinician.	Future work on Access Standards will need to be aligned with the requirements of the set of Access Standards agreed for the 2019/20 GMS Contract.	October 2019, following confirmation of the set of Access Standards agreed for the 2019/20 GMS Contract

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:



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Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

July 2019

This report presents performance 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 and estates.

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the executive team. Additional assurance will be provided on a quarterly basis with narrative in support of the rating given to a random selection of plan actions. Where a red 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.

Where the RAG letter is blue instead of white in a cell, this indicates a Milestone. The letter P in a purple cell states the Action has been 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	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
Green	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional information required
Purple	Achieved	N/A	Where RAG is Purple: No additional information required

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

July 2019

Plan Ref	Actions	Executive strategic Lead	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
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	G	G	G	G								M
AP002	Healthy weight services increased	Executive Director of Public Health	G	G	G	G								
AP003	Explore community pharmacy to deliver new lifestyle change opportunities	Executive Director of Public Health	G	G	G	G								M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	G	G	G	G								M
AP005	Implement the Together for Children and Young People Change Programme	Executive Director of Primary and Community Care	A	A	G	G		M						M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	G	G	G	G					M			M
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities	Executive Director of Public Health.	G	G	G	G					M			M
AP008	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Executive Director Primary and Community Care		A	A	A								M

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

July 2019

Programme Care Closer to Home Matrix

5

Plan Ref	Actions	Executive strategic Lead	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
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	G	G	A	A		M						M
AP010	Put in place Community Resource Team maturity matrix and support to progress each CRT	Executive Director Primary & Community Care	G	G	G	G					M			M
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	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	A	A	G	G		M						M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care		G	G	G					M			M
AP014	Model for health & well-being centres created with partners, based around a 'home first' ethos	Executive Director of Primary and Community Care	A	A	A	A		M						M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD		G	G	G								M
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	G	G	A	A								M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	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	G	G	P									M
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	A	A	A	A					M			

AP018 CHC: A Standard Operating Procedure has been developed outlining the key principles, roles and responsibilities for the Commissioning of Adult mental Health and Learning Disabilities. The SoP incorporates the key components from the National Framework for implementation in Wales (WAG 2014), alongside other relevant guidance and good practice, including current legislation. To support staff, flow charts have been developed for ease of reference and guidance. A training programme will be also be further developed to support staff alongside the implementation of the SoP

Three Year Outlook and 2019/20 Annual Plan

Monitoring of progress against Actions for Year One (2019/20)

July 2019

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

AP021 Urology: The urology business case is under active preparation however it will not be complete by the end of September. An All Wales approach is now being developed for robotic assisted surgery which has had some impact on timescales. Capacity to write the case has now been strengthened. A separate update on robotic assisted surgery is provided for this meeting.

AP023 Eye Care Measure: Work is proceeding assisted by the recent appointment of a project manager using allocated funds from Welsh Government. The business case is on track for completion in November 2019

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

July 2019

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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	G	G	G	G					M			
AP030	Demand Enhanced care closer to home / pathways	Executive Director Primary and Community Care	G	G	G	A		M			M			M
AP031	Demand Workforce shift to improve care closer to home	Executive Director Nursing and Midwifery	G	G	G	A		M						
AP032	Demand Improved Mental Health crisis response	Executive Director of MH & LD	G	A	A	A		M						M
AP033	Demand Improved Crisis intervention services for children	Executive Director Primary and Community Care	A	A	G	A								M
AP034	Flow Emergency Medical Model	Executive Director Nursing and Midwifery	G	G	A	G		M						
	Flow Management of Outliers	Executive Director Nursing and Midwifery	Grey	Grey	Grey	G		M						
AP035	Flow SAFER implementation	Executive Director Nursing and Midwifery	G	A	A	A		M			M			
AP036	Flow Ablett / PICU for Mental Health (linked to estates section/ plan)	Executive Director of MH & LD	G	A	A	A								M
AP037	Flow Early Pregnancy Service (emergency Gynaecology)	Executive Director of Public Health	G	G	G	G		M			M			
AP038	Discharge Integrated health and social care	Executive Director Nursing and Midwifery	A	A	A	A		M						M
AP039	Stroke Services	Executive Medical Director	A	A	R	A								

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

July 2019

Plan Ref	Actions	Executive strategic Lead	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
AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director WOD	G	G	G	G		M						
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director WOD	G	G	G	G		M						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 WOD	A	A	A	A		M						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 WOD	G	A	A	A		M			M			M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEM	Executive Director WOD	A	G	G	G		M			M			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director WOD	G	G	A	G		M						
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director WOD	G	A	A	A		M			M			M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director WOD	G	G	G	G					M			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 WOD	A	A	A	A		M						M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUIHB reputation	Executive Director WOD	A	G	G	G		M			M			M

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

July 2019

Plan Ref	Actions	Executive strategic Lead	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	G	G	G	G		M						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	A	A	R	R		M			M			M
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	G	G	G	G		M						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	G	G	G	G		M						
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	A	A	A	A		M						
AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	G	G	A	A								M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	A	A	G	G		M						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	G	G	A	A								M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	A	A	A	A								M
AP060	Support Eye Care Transformation	Executive Medical Director	G	G	G	G								M
AP061	Implement Tracker 7 cancer module in Central and East.	Executive Medical Director	A	A	G	G		M						

WCCIS: Due to delays in development of this product and the order of the roll out across Wales BCU is no longer in a position to test the implementation during 2019-20. Discussions are continuing nationally to confirm revised programme for roll out and adoption of the product in Health.

Three Year Outlook and 2019/20 Annual Plan

Monitoring of progress against Actions for Year One (2019/20)

July 2019

Plan Ref	Actions	Executive strategic Lead	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	G	G	G	G								M
AP063	Primary Care Project Pipeline		G	G	G	G								M
AP064	Well-being Hubs		G	G	A	A								M
AP066	Ruthin Hospital		G	G	G	G								M
AP067	Vale of Clwyd		G	G	G	G								M
AP068	Orthopaedic Services		G	G	G	G								M
AP069	Ablett Mental Health Unit		G	G	G	G								M
AP070	Wrexham Maelor Infrastructure		R	R	R	R		M						
AP071	Hospital Redevelopments		G	G	G	G								M
AP072	Central Medical Records		G	G	G	G								M
AP073	Residencies		G	G	G	G								M
AP074	Integrated Care Fund (ICF) Schemes		G	G	G	G								

AP070 -The Programme Business Case has been approved by the Executive Team and will be presented to the August Finance and Performance Committee.

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

July 2019



The Annual Plan is included on page 423 of the July 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>

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

July 2019

Finance & Performance Committee		GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
22.8.19	<i>To improve health and provide excellent care</i>	

Report Title:	Completed Planning Profiles Supporting July Board 2019/20 Annual Plan
Report Author:	Mr John Darlington, Assistant Director - Corporate Planning / Dr Jill Newman Director of Performance Pradip Karanjit, Head of Planned Care Improvement
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance Mrs Deborah Carter, Acting Executive Director of Nursing/ Associate Director of Quality Assurance
Public or In Committee	Public
Purpose of Report:	To present the refreshed planning profiles for 2019/20.
Approval / Scrutiny Route Prior to Presentation:	<p>Our Three Year Outlook and 2019/20 Annual Plan was presented and approved by Board as an interim plan in March 2019.</p> <p>Further work was agreed to conclude the implementation plan as a result of the financial review and the Referral to Treatment (RTT) Taskforce including the results of ongoing discussions with colleagues in Welsh Government and areas where our plan has developed over time.</p> <p>The Board received but did not approve the updated plan which was presented to the Board in July. It was resolved that further work was required by the Finance & Performance (F&P) Committee to scrutinise the underpinning planning profiles, specifically around RTT (including diagnostics), unscheduled care alongside the financial plan for 2019/20.</p>
Governance issues / risks:	A number of key issues and risks have been identified and set out within the report for consideration by F&P Committee.
Financial Implications:	The refreshed operational plan presented to Board included a summary of the revised 2019/20 financial plan.
Recommendation:	It is recommended that Finance and Performance Committee receive this report and approve the refreshed planning profiles for 2019/20.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development.</i>	√
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		<i>Describe how within the main body of the report or if not indicate the reasons for this.)</i>	
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Strategic and Service Planning Financial Strategy			
Equality Impact Assessment			
An equality impact assessment has been completed to support the development of our plan and is available on request.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Completed Planning Profiles Supporting July Board 2019/20 Annual Plan

1. Introduction

The purpose of this report is to update Finance and Performance Committee in respect to the work undertaken to refresh planning profiles that underpin our 2019/20 operational plan, specifically including profiles for unscheduled care and RTT.

The report highlights the key issues and risks that have been identified and being managed through respective Improvement Group governance arrangements which were set out within the refreshed plan presented to Board in July 2019.

Plans to improve Referral to Treatment (RTT) performance have been identified as a key area of risk by the Board. A more detailed analysis has therefore been undertaken and summarised within this report.

We have received advice from Welsh Government not to submit revised financial tables and therefore our financial and underpinning workforce tables and assumptions remain unchanged.

2. Background

Our Three Year Outlook and 2019/20 Annual Plan was presented and approved by Board as an interim plan in March 2019.

Further work was agreed to conclude the implementation plan as a result of the financial review including the results of ongoing discussions with colleagues in Welsh Government and areas where our plan has developed over time.

The Board received but did not approve the updated plan which was presented to the Board in July. It was resolved that further work was required by F&P Committee to scrutinise the underpinning planning profiles, specifically around RTT (including diagnostics), unscheduled care alongside the financial plan for 2019/20.

3. Current position

Work has concluded to revisit our planning assumptions and performance profiles that underpin our operational plan for 2019/20. Completed performance profiles are attached in **Appendix 1**. The performance trajectories are RAG rated with supporting comments provided around risks to delivery based on an assessment of performance in previous years.

Greater detail in respect to unscheduled care and endoscopy is contained within the separate papers elsewhere on this committee agenda.

For the areas identified with greatest risk, specifically RTT and unscheduled care, there has been a continued focus upon testing and refining action plans to improve performance coupled with strengthened command and control arrangements.

Section 4 of this report highlights the work undertaken to strengthen our plans and approach to improve our performance against the Referral to Treatment (RTT) target to ensure more timely access to treatment for our population in North Wales.

The aim for 2019/20 is to ensure a cost effective model that delivers safe care and prioritised patient access to treatment as part of a 3-year forward plan. Our plans therefore identify the gains that can be achieved in year by targeting treatment of patients in the backlog (> 36 week wait) after addressing clinically urgent cases.

4. Referral to Treatment (RTT) plan

BCUHB has not been compliant with the RTT standard for over 3 years. At the end of July 19 the number of patients waiting over the 36 week standard was 8,900 (standard is zero patient waits >36 weeks).

This is chiefly due to capacity constraints, inefficient pathways, lack of robust capacity management and strong booking process for long waits and resource management (including clinic and theatre profiles).

Following an extensive demand and capacity process with operational colleagues within BCUHB, there is now a clear position on the capacity variation at site/area and specialty level. These have now been signed off by the Managing and Area Directors noting risks where appropriate with expected mitigation to ensure a solution focused leadership of the services going forward. The model demonstrates that the following specialities will be sustainable at 36 weeks by March 2020 with no further investment required:

- Restorative Dentistry
- Orthodontics
- Paediatric Surgery
- General Medicine
- Clinical Haematology
- Respiratory Medicine
- Nephrology
- Care of the Elderly
- Paediatrics
- Endocrinology

The RTT model shows that the following specialities require blended solutions to deliver sustainable waits. The solutions must be based on service efficiency, pathway optimisation and alternative models such as care closer to home before any recurrent investment is made. The gaps can be categorised in two ways as stated below:

Gaps that can be managed between 36 and 51 week waits by March 2020. Minimal risk of 52 week waits at steady state levels of demand and capacity:

- Dermatology
- Oral Surgery (MFS)
- Ophthalmology
- Cardiology
- Gynaecology

Gaps that cannot be managed between 36 and 51 week waits and will exceed 52 week waits by March 2020 at steady state:

- Orthopaedics
- Gastroenterology
- General Surgery
- Urology
- Pain Management
- ENT

4.1. Summary BCU RTT Planning and Delivery

Key actions to improve RTT performance are summarised below:

4.1.1. Improving Pathways of Care

Key Actions:

We have undertaken preparatory work for improving the pathway of care in respect to the New Eye Care Measure and have received positive feedback from the national lead in respect to this.

We are taking action to improve follow-up backlog management through administrative and clinical validation of follow up waiting list by introducing clinical risk stratification. Alongside this, we will introduce PROMs virtual follow up within orthopaedics in line with principles of prudent healthcare.

The introduction of a new service and workforce model of care to improve management of dermatology patients across primary and secondary care and the introduction of a GP with a specialist interest.

4.1.2. Robust capacity management

Key Actions:

Targeted investment has been identified within challenged specialties with greater impact on >36 week backlog clearance.

Improving theatre scheduling, using 6-4-2 methodology with monitoring being fully established across north Wales

We have started the recruitment of 6 additional consultants in Orthopaedics and a multi-year outsourcing agreement with English providers is established.

Controls to authorise additional expenditure have been implemented to ensure strengthened and robust arrangements and that any additional RTT expenditure is above core capacity. This new control is being reinforced at all levels within the organisation to ensure full compliance. (see also refer to financial summary and risks identified in section 4.2)

4.1.3. Improving booking process for long waits

Key Actions:

The table below demonstrates the current cohorting approach to RTT (booking to prevent 36 week breaches); instead of chronological waiting list management. In summary:

- Of the total 17,671 clock stops on average a month, only 10% are being treated from the >36 week wait group
- 81% of clock stops are from <25 week wait and 9% between 26 and 35 week

There needs to be a recovery approach towards the target patient cohort focusing on booking >36 week waits whilst maintaining continued prioritisation of the clinically urgent cases. The containment (booking of 26 to 35 weeks) needs to continue to prevent backlog build up.

RTT monthly average clock stops by wait group		
0-25 weeks	81% (14,356)	
26-35 wks		9% (1615)
36 wks over		10% (1700)

Therefore treat in turn benefit is worked out by taking into:

- Utilising on average 31% of the existing capacity to clear the 52 week backlog increased from the current 10% practice.
- On average, 10% of the existing capacity on “containment” of backlog
- And on average, 59% of the existing capacity on clinically urgent patients. It should be noted that this is a very high assessed level of clinical urgency.

We will therefore target the booking process within the available capacity for >36 week backlog and then “containment” (preventing progression of waits from under 35 weeks to over 36 week waits)

We will maximise the booking process (6 weeks advance) to begin clearing RTT backlog.

As part of this, we are strengthening grip and control around the scheduling process. Securing strong frontline engagement to influence booking practice which is essential in order to optimise capacity. Speciality Level Rapid Improvement Events are being held which will further enable frontline clinical engagement.

This is being managed through a Command & Control meeting structure which will oversee delivery of the improvement trajectory

Introduction of improved information management and governance including tools to positively impact operational performance. PTL- RTT, FU and Endoscopy

PTL meetings are enhanced and weekly RTT, FU and Endoscopy PTL reviews embedded.

Performance assurance is supported by the planned care team at health economy level focusing on standardisation and managing by exceptions in line with our accountability framework.

Making improvement in the treat in turn and delivery of the above improvement trajectory is of critical importance to the delivery of our plan and there is a significant risk to delivery if not fully embraced and embedded across the organisation by end of September 2019.

This targeted approach potentially intensifies the clearance rate for the 52 week backlog whilst maintaining the overall waiting list size. This approach does not generate recurrent additional capacity but offers a one off solution and opportunity to reduce the backlog.

4.2. North Wales Demand and Capacity Plan Summary

The resultant demand on our services and impact on our capacity are summarised below at a BCU level together with the impact we expect to deliver.

North Wales Demand and Capacity Summary			Stage 4	Stage 1-3	Totals
A	Backlog -Over 36 week stage 4 waiters as at 31 Mar 19		4,410	1,594	6,004
B	Demand	Derived Demand	38,292	137,826	176,118
		Additional outpatient converted to inpatient/ daycase	1,669	0	1,669
B	Total demand		39,961	137,826	177,787
C	Capacity	Opening Core capacity	27,037	122,078	149,115

		Efficiency and productivity gains/ DNA/ Cancellations/ Theatre productivity	2,400	3,200	5,600
C		Core Capacity plan	29,437	125,278	154,715
B - C	Residual gap (before solutions)		10,524 (of which 4,410 is backlog)	12,548 (of which 1,594 is backlog-modelled at 26 weeks*. 2,886 estimated gap over 36 weeks	
	Action Plan Impacts	Validation	842	128	970
		Treat in Turn –non recurrent benefit in year to reduce backlog	5,652	0	5,652
		Additional charged to RTT in 19/20 to date including external contracts (267)	1,204	1,124	2,328
		Outsourcing committed	750	0	750
		Dermatology new model of care	0	1,011	1,011
C1		Total Activity Plan	37,885	127,541	165,426
D	D = Total Capacity Gap to 36 weeks	(Residual gap above minus solutions)	2076	623	2,699
A+ D	Forecast over 36 week waiting list at 31st March 2020		6,486	2,217	8,703
E	Uncommitted solutions £1.95m	E1 Outsourcing Arthroplasty, upper limb, cataracts and ocular plastics – (available from September)	1,076		1,076

E	£2m	E2 Max fax and ophthalmology insourcing	1,067		1,067
E	£ 510,665 includes 332 patients converting from diagnostic to inpatient/ daycase	E3 Gastroenterology insourcing and WLI (centre and West)		760	760
F	Net Impact of patients waiting over 36 weeks		4,343	1,457	5,800

*Proportion of patients waiting greater than 36 weeks on outpatient waiting list equates to 23%. Applied to 12,548 above equates to 2,886 patients over 36 weeks.

Financial Summary

Solution	Cost
Impact of outsourced activity in 2018/19 (on-going cancer and orthopaedic services)	£800,000
Commitments YTD as above	£4,580,000
Orthopaedics	£4,205,000
Dermatology	£116,000
Outsourcing above	£1,950,000
Insourcing above	£2,000,000
Gastroenterology	£510,665
Patient Transport for outsourced patients	£250,000
Total	£14,411,665

The total costs identified above exceed our identified budget for RTT (£11.85m) by £2.56m. This level of risk will need to be carefully managed through the strengthened arrangements in place to authorise additional RTT expenditure. It is likely that some expenditure attributed to RTT may not meet the definition and / or may take place in specialties without an identified demand and capacity gap.

Key financial and performance issues

- The above assessment does not include all diagnostics / endoscopy costs for which a plan is currently in development.

- There is a real financial and performance risk in the event of non-compliance with the new internal controls introduced to authorise additional RTT expenditure above core capacity.

4.3. Specialty level Summary Plan - Orthopaedics

Orthopaedics remains a significant challenged speciality in terms of delivering RTT and a speciality level assessment of our plan is therefore set out below modelled at delivering 52 weeks at 31st March 2020

The resultant demand on our services and impact on our capacity are summarised below at a BCU level together with the impact we expect to deliver.

Orthopaedic Demand and Capacity Plan Summary			Stage 4	Stage 1-3	Totals
A	Backlog -Over 52 week stage 4 waiters as at 31 Mar 19		1,396	38	1,434
B	Demand	Derived Demand at sub specialty level	6,175	12,534	18,709
		Additional outpatient converted to inpatient/ daycase	517		517
B	Total Demand		6,692	12,534	19,226
C	Capacity	Core capacity	4,710	12,345	17,055
		Efficiency and productivity gains/ DNA/ Cancellations/ Theatre productivity	792	745	1,537
C		Core Capacity plan	5,502	13,090	18,592
B - C	Residual gap (before solutions)		1,190	556 surplus modelled at 36 weeks*.	
	Action Plan Impacts	Validation	95	0	95
		Treat in Turn –non recurrent benefit in year to reduce backlog	741	0	741
		Additional charged to RTT in 19/20 to	294	11	305

		date including external contracts			
		Outsourcing committed	750	0	750
		PROMs	0	700	700
C1		Total Activity Plan	7,382	13,801	21,183
D	Total Capacity Gap to 52 weeks	(Residual gap above minus solutions)	690 *	1,267 *	
A+ D	Forecast over 52 week waiting list at 31st March 2020		706	1,229 *	
E1	Committed solutions	Part year effect of additional consultant appointments	378	0	378
		RJAH core contract	267	0	267
E2	Uncommitted solutions/ opportunities £1.0158m	Outsourcing Arthroplasty, upper limb	186	0	186
F	Net impact of patients waiting over 52 weeks		125*	0	125*

Note the above orthopaedic figures are modelled against 52 week delivery. Numbers marked with * represent a net 'surplus' based on 52 week modelling and therefore contribute to overall reduction in number of patients waiting over 36 weeks.

5. Recommendations

It is recommended that Finance and Performance Committee receive this report and approve the refreshed planning profiles for 2019/20.

Appendix 1: Refreshed Planning Profiles

Domain	Measure code	Delivery Measure	Sub Measure - Topic Area	Annex C 19/20	Target	Information Source	Reporting Frequency	Policy Area	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Comments on Profile
STAYING HEALTHY	DFM002	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Immunisation	YES	95%	Public Health Wales	Q	Public Health			95%			95%			95%			95%	In line with past performance
STAYING HEALTHY	DFM003	Percentage of children who received 2 doses of the MMR vaccine by age 5	Immunisation	YES	95%	Public Health Wales	Q	Public Health			91%			92%			93%			93%	In line with past performance
SAFE CARE	DFM021c	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	Infection	YES	Health Board specific target	Public Health Wales	M	Nursing	14	14	14	14	14	14	14	14	14	14	14	14	The profile provided is based on numbers rather than the rate per 100,000, however this is a reasonable operational profile.
SAFE CARE	DFM021b	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia (MRSA and MSSA)	Infection	YES	Health Board specific target	Public Health Wales	M	Nursing	12	12	12	12	12	12	12	12	12	12	12	12	The profile provided is based on numbers rather than the rate per 100,000, however this is a reasonable operational profile.

SAFE CARE	DFM021a	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	Infection	YES	Health Board specific target	Public Health Wales	M	Nursing	39	39	39	39	39	39	39	39	39	39	39	39	The profile provided is based on numbers rather than the rate per 100,000, however this is a reasonable operational profile.
SAFE CARE	DFM021d	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Klebsiella sp	Infection	YES	Health Board specific target	Public Health Wales	M	Nursing	9	9	9	9	9	9	9	9	9	9	9	9	The profile provided is based on numbers rather than the rate per 100,000, however this is a reasonable operational profile.
SAFE CARE	DFM021e	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Aeruginosa	Infection	YES	Health Board specific target	Public Health Wales	M	Nursing	3	3	3	3	3	3	3	3	3	3	3	3	The profile provided is based on numbers rather than the rate per 100,000, however this is a reasonable operational profile.
SAFE CARE	DFM023	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	Q&S	YES	90%	Serious Incident Reporting Data Collection (Welsh Government)	M	Healthcare Quality	37%	39%	41%	41%	43%	43%	45%	45%	47%	47%	49%	50%	Stretch on previous achievement, needs to be considered in terms of reality of delivery.
EFFECTIVE CARE	DFM025	Number of health board mental health delayed transfer of care	DTOC	YES	12 month reduction trend	DTOC Database	M	Social Services & Integration	13	13	13	13	12	12	12	12	11	11	11	11	In line with past performance

EFFECTIVE CARE	DFM026	Number of health board non mental health delayed transfer of care	DTOC	YES	12 month reduction trend	DToC Database	M	Social Services & Integration	36	35	35	35	34	32	30	28	27	27	26	24	
EFFECTIVE CARE	DFM027	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	Mortality	YES	95%	Mortality Case Note Review Data Collection (Welsh Government)	M	Healthcare Quality	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	In line with past performance
DIGNIFIED CARE	DFM040	The percentage of concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the concern was first received by the organisation	Patient Satisfaction	YES	75%	Concerns and Complaints Data Collection (Welsh Government)	Q	Healthcare Quality			40%			48%			50%			60%	Whilst improvements have been evident from April 2017 this is still an ambitious profile.
TIMELY CARE	DFM052	The percentage of patients waiting less than 26 weeks for treatment	Planned Care	YES	95%	Referral to Treatment (combined) Dataset	M	Delivery & Performance				82.4%	81.7%	81.2%	81.8%	81.9%	80.8%	82.1%	84.1%	84.2%	

TIMELY CARE	DFM053	The number of patients waiting more than 36 weeks for treatment	Planned Care	YES	0	Referral to Treatment (combined) Dataset	M	Delivery & Performance				9083	9580	9187	8049	8666	9363	9482	7,212	5,800	
TIMELY CARE	DFM054	The number of patients waiting more than 8 weeks for a specified diagnostic	Diagnostic Care (Endoscopy profile shown)	YES	0	Diagnostic and Therapies Waiting Times Dataset	M	Delivery & Performance				2389	2233	1942	1650	1358	993	701	410	0	
TIMELY CARE	DFM055	The number of patients waiting more than 14 weeks for a specified therapy	Therapeutic Care	YES	0	Diagnostic and Therapies Waiting Times Dataset	M	Delivery & Performance	0	0	0	0	0	0	0	0	0	0	0	0	In line with past performance
TIMELY CARE	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 sub specialities	Planned Care	YES	15% reduction on March 2019 =13,157 to max of 74,555	Outpatient Follow-up Delay Monitoring Return (Welsh Government)	M	Delivery & Performance				87712	86835	85967	83903	81890	79924	78006	76134	74307	

TIMELY CARE	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)	Cancer Care	YES	98%	Aggregate Cancer Target Monitoring Return (Welsh Government)	M	Delivery & Performance	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
TIMELY CARE	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	Cancer Care	YES	95%	Aggregate Cancer Target Monitoring Return (Welsh Government)	M	Delivery & Performance	82.00 %	83.00 %	84.00 %	84.00 %	84.00 %	84.00 %	85.00 %	86.00 %	87.00 %	83.50 %	83.50 %	83.50 %
TIMELY CARE	DFM071	Number of ambulance handovers over one hour	Ambulances	YES	0	Welsh Ambulance Service NHS Trust (WAST)	M	Delivery & Performance	540	341	270	248	186	120	62	0	0	0	0	0
TIMELY CARE	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	A&E	YES	95%	Emergency Department Data Set (EDDS)	M	Delivery & Performance				74%	75%	76%	77%	76%	76%	77%	78%	80%

Given past performance this is an extremely high risk profile

TIMELY CARE	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	A&E	YES	0	Emergency Department Data Set (EDDS)	M	Delivery & Performance	1500	1395	1290	1209	1085	990	961	960	899	899	841	837	
STAFF AND RESOURCES	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)	Workforce	YES	85%	Electronic Staff Record (ESR) and Medical Appraisal and Revalidation system (MARS)	M	Workforce & Organisation Development	70.0%	73.0%	76.0%	79.0%	82.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	
STAFF AND RESOURCES	DFM090	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Staff Training	YES	85%	Electronic Staff Record (ESR)	M	Workforce & Organisation Development	84.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	
																					A reasonable assumption based on recent improving performance

Finance and Performance Committee	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
22.8.19	To improve health and provide excellent care

Report Title:	Unscheduled Care (USC) and Building Better Care Update Report
Report Author:	Nicola Eatherington, Senior Improvement Programme Manager – USC
Responsible Director:	Mrs Deborah Carter, Acting Executive Director of Nursing & Midwifery
Public or In Committee	Public
Purpose of Report:	To update the Finance & Performance Committee on the May Unscheduled Care performance and provide an update on the end of phase 2 of the Building Better Care Programme
Approval / Scrutiny Route Prior to Presentation:	Prior approval from Acting Executive Director of Nursing and Midwifery
Governance issues / risks:	Governance issues relate to improving performance and improving the patient experience. There is a risk register in place for project deliverables against the milestones.
Financial Implications:	<p>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.</p> <p>Financial improvements will be delivered with optimisation of patient flow and improving discharge performance by reducing the number of escalation beds on each site.</p>
Recommendation:	<p>It recommended that the Committee:</p> <ol style="list-style-type: none"> 1. Note the unscheduled care performance for July across BCUHB and for each health economy 2. Note the update from the Building Better Care programme and ongoing work within phase 3

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
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1.To improve physical, emotional and mental health and well-being for all	X	1.Balancing short term need with long term planning for the future	X
2.To target our resources to those with the greatest needs and reduce inequalities	X	2.Working together with other partners to deliver objectives	X
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	X	4.Putting resources into preventing problems occurring or getting worse	X
5.To improve the safety and quality of all services	X	5.Considering impact on all well-being goals together and on other bodies	X
6.To respect people and their dignity	X		
7.To listen to people and learn from their experiences	X		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Strategic and service planning			
Equality Impact Assessment			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Unscheduled Care and Building Better Care programme report to Finance and
Performance Committee August 2019

Executive Summary

This report provides an update against both the unscheduled care performance of each acute site and the third 90 day cycle of the unscheduled care Building Better Care programme for the period of July 2019.

July has seen an improvement in the 4 hour performance trajectory compared to the previous month and from the previous year. Performance remains slightly below the internal improvement trajectory.

The overall combined Emergency Department (ED) / Minor Injuries Unit (MIU) 4 hour performance for BCUHB for July 2019 was 74%, against an agreed trajectory of 77%, this is an improvement on last year's performance of 72% for July 2018.

Key actions taken in June and July were:

- Increased grip and control within the ED departments focusing on processes and escalation.
- Additional paediatric hours in Wrexham Maelor Hospital (WMH).
- Implementation of Same Day Emergency Care (SDEC) in Ysbyty Glan Clwyd (YGC).
- Introduction of 6 week test and learn of ED Streaming, Triage, Assessment and Rapid Treatment (START) model in YGC with the full consultant led model rostered from end of August to improve triage time and time to Clinician.
- Pilot of GP in ED at Wrexham, this initiative run over two days saw a GP attend to a total of 94 patients, at the point of triage of which 47 were redirected, 55% of these were advised to self-care with no follow-up required, 8 were referred back to their own GP.

Of the three ED sites Ysbyty Gwynedd (YG) performs best against this standard followed by YGC and WXM producing the poorest performance.

Performance against the 12 hour standard deteriorated in July with 2,044 patients waiting in an ED for more than 12 hours, which equates to a daily average of 66. This is an increase on June performance of 1,446. A number of factors have resulted in this which include poor medical staffing, problems with outflow leading to crowding within ED and a late discharge profile resulting in patients waiting longer for beds.

The decrease in performance for patients over 12 hours in ED during this period is reflected by a slower pace of improvement from embedding SAFER which has been demonstrated to improve early discharge and the management of long lengths of stay for patients (super stranded over 21 days) where the numbers in July had deteriorated.

Of the three ED sites YG performs best against this standard followed by WMH and YGC producing the poorest performance.

The Health Board's current improvement plan focuses on a zero tolerance for patients waiting in ED for longer than 24 hours. In the event of such delays occurring, an incident form is submitted via Datix and a harm review takes place to ensure

Unscheduled Care and Building Better Care programme report to Finance and Performance Committee August 2019

appropriate care and support has been provided to patients and to drive change and maintain a continued focus to deliver improvements to avoid delays for patients.

Sustained improvement had been previously achieved against this metric but saw a marked deterioration in July, predominantly in YGC and WMH with less than one patient per day in YG (25 per month) experiencing this level of delay.

Ambulance performance

Ambulance CAT A performance

This is a WAST performance target (8 minute red performance target) for July was 68.2%, which remains above the 65% trajectory but is a slight deterioration against the previous month (69%).

Ambulance handovers over 60 minutes

The overall position for ambulance handovers to ED which took longer than 60 minutes, worsened during July, with 811 delays over 60 minutes reported across the Health Board, compared to 447 in June and against a planned trajectory of 248 for July. Particular pressures were reported at YGC with the site experiencing 6 consecutive days of significant ambulance handover delays. Impacting factors were noted as ED exit block, lack of beds and long doctor waits, due to short term sickness, as well as long corridor waits. A deep dive into ambulance days was undertaken and processes have been tightened to ensure risk assessments are carried out at a system wide level.

However, on a positive note, WMH continues to deliver improvements in handover delays and are now achieving a less than 2 per day average of handover delays over 60 minutes for the month of July. This is the best performance in Wales and has been enabled by a continued increased focus and strengthened robust processes for ambulance handover and corridor nursing. Learning from the improvements at Wrexham will be shared with other sites to help reduce handover delays across all sites.

West Health Economy

4 hour performance

The combined ED / MIU 4 hour performance for July in the West Area was 81.8% against their trajectory for July of 82%. ED only performance was 70.9%. The team continue to strive to deliver improvements to achieve the target. The Delivery Unit have commended YG for being the best performing ED in Wales for July.

Actions identified to deliver continued improvements include:

- Introducing a clear escalation process for patients waiting 8 hours in the department.
- 'Long stay Wednesdays' initiative has commenced, with a multi-disciplinary review and management of the longer length of stay patients (super stranded patients over 21 days).

Unscheduled Care and Building Better Care programme report to Finance and Performance Committee August 2019

- Weekly breach validations are ongoing to review all areas in a targeted way (paediatrics, stroke, 12/24 hours, green, specialties) which are reported back to the directorate and Hospital Management Team (HMT) on a monthly basis.
- Patients left without being seen (LWBS) are reviewed on a daily basis and coded correctly for accuracy in validation.
- External stakeholder engagement for triage training in line with Royal College Emergency Medicine / Major Trauma Service to develop staff confidence and assurance when redirecting patients away from the ED.
- Recruitment process underway for “GP in ED” – job descriptions finalised and establishment control completed and signed off.

12 hour performance

The number of patient delays over 12 hours within YG ED in July was 364 patients, equating to a monthly average of 12 patients per day, which is currently achieving the internal trajectory. The position for the number of delays over 24 hours in ED was 25 for the month which remains at an average of just under 1 per day. This is the best within BCUHB.

Actions identified to deliver improvements include:

- As part of the Emergency Department Quality Delivery Framework (EDQDF) work ongoing, an escalation process is being developed for any patients waiting over 8 hours for a bed. This process includes clear standards for escalation and support aimed to reduce the number of 12 hour delays.
- Patients who are delayed are also reviewed daily as part of the breach review process that is undertaken with key stakeholders from all specialties to monitor and identify trends.
- Delays to ambulance handovers and long waits for bed had a negative impact on 12 hour breaches. Average length of stay within the hospital has decreased. The focus on long length of stay reviews is ongoing.
- Daily discharge targets being set and embedding of SAFER work continues.

Ambulance 60 minute handover performance

Ambulance handover delays remains a challenge and the site saw an increase in the number of >60 minute handover delays at YG in July with 223 delays reported, which averages at 7 per day against a trajectory of 6 for July.

The number of lost hours for the month was 488 (15.7 hours per day) which was a slight increase from 454 hours for the month of June.

Paediatric breaches

The number of paediatric breaches (under 18 years of age) increased in July with a total of 111 reported for the month against 73 in June.

Central Health Economy

4 hour performance

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The combined ED / MIU 4 hour performance for Central area was 76% against the trajectory of 77% for July. ED only performance was 60%.

YGC increased their focus on ED grip and control throughout June and saw a number of improvements. However, challenges were experienced in July, highlighting the need for further refinement of processes to ensure they are maintained at all times. The key limiting feature affecting 4 hour performance at YGC is crowding in ED due to exit block and having no beds.

Actions identified to deliver improvements include:

- Introduction of a 6 week test and learn of START model.
- Implementation of Same Day Emergency Care (SDEC) service.
- Alongside the request for data by conditions, there are weekly reviews of the operational pathways of SDEC to confirm the right patients are being seen in SDEC and to support further engagement with clinicians by specialty and including GP's
- Reconfigured ED department to support better streaming of patients through the ED.
- Twice weekly long length of stay reviews.

12 hour performance

The number of patient delays over 12 hours within YGC ED in July was 931, equating to a monthly average of 30 patients per day, which is not achieving the internal trajectory of 20 per day. The position for the number of delays over 24 hours in ED was 310 for the month, which equates to an average of 10 per day.

Actions identified to deliver improvements include:

- Active intervention at an early timescale to reduce 24 hour delays is being further tightened. This process was proving successful in June and focus moved to 12 hours for July. Subsequently, 24 hour delays increased and a re-focus on zero tolerance to 24 hour delays will be applied in August.
- Delays in ambulance handovers and long waits for beds had a negative impact on 12 hour breaches. Average length of stay has decreased and a continued focus on long length of stay reviews is ongoing.
- Daily discharge targets are being set and embedding of SAFER work continues.

Ambulance 60 minute Handover performance

There was an increase in the number of >60 minute handover delays in July at YGC with the site reporting 543 delays, which averages at 17 per day against the trajectory of 3 for July.

The number of lost hours for July was 1,377 which showed a significant increase from 548 lost hours for the month of June.

Paediatric Breaches

There were 72 paediatric breaches for the month of July which is a continued reduction for the fifth consecutive month.

East Health Economy

4 hour performance

The combined ED / MIU 4 hour performance for East area was 61% against the internal trajectory of 63% for July. ED only performance was 56%.

Actions identified to deliver improvements include:

- Arrange for GP co-lead in triage with ED team based on the recent successful “test and learn” resulting in 55% patients triaged and diverted to alternative care settings.
- Develop and implement ED escalation process based on timed pathways through the service.
- Agree and implement ED flow principles – test during the Rapid Improvement Week on the 19th August.

12 hour performance

The number of patient delays over 12 hours within Wrexham ED in July was 748, equating to a monthly average of 15 patients per day, which is not achieving the trajectory of 13 per day. The position for the number of delays over 24 hours in ED was 255 for the month, which equates to an average of 8 patients per day.

Actions identified to deliver improvement include:

- Review and implement the Emergency Care ward reconfiguration to optimise specialty flow from ED.
- Maximise assessment and short stay model to reduce Length of Stay in Medicine
- Review and strengthen site management.
- Agree, design and implement flow principles from ED to assessment / short stay and wards.

Ambulance 60 minute Handover performance

- The improved position for >60 minute handover delays in July at Wrexham was maintained with 46 reported, which remained broadly on par with June (45), this averages at 1.5 per day and below the trajectory of 3 for July.
- The number of lost hours for the month was 177 which has again improved from 202 last month.

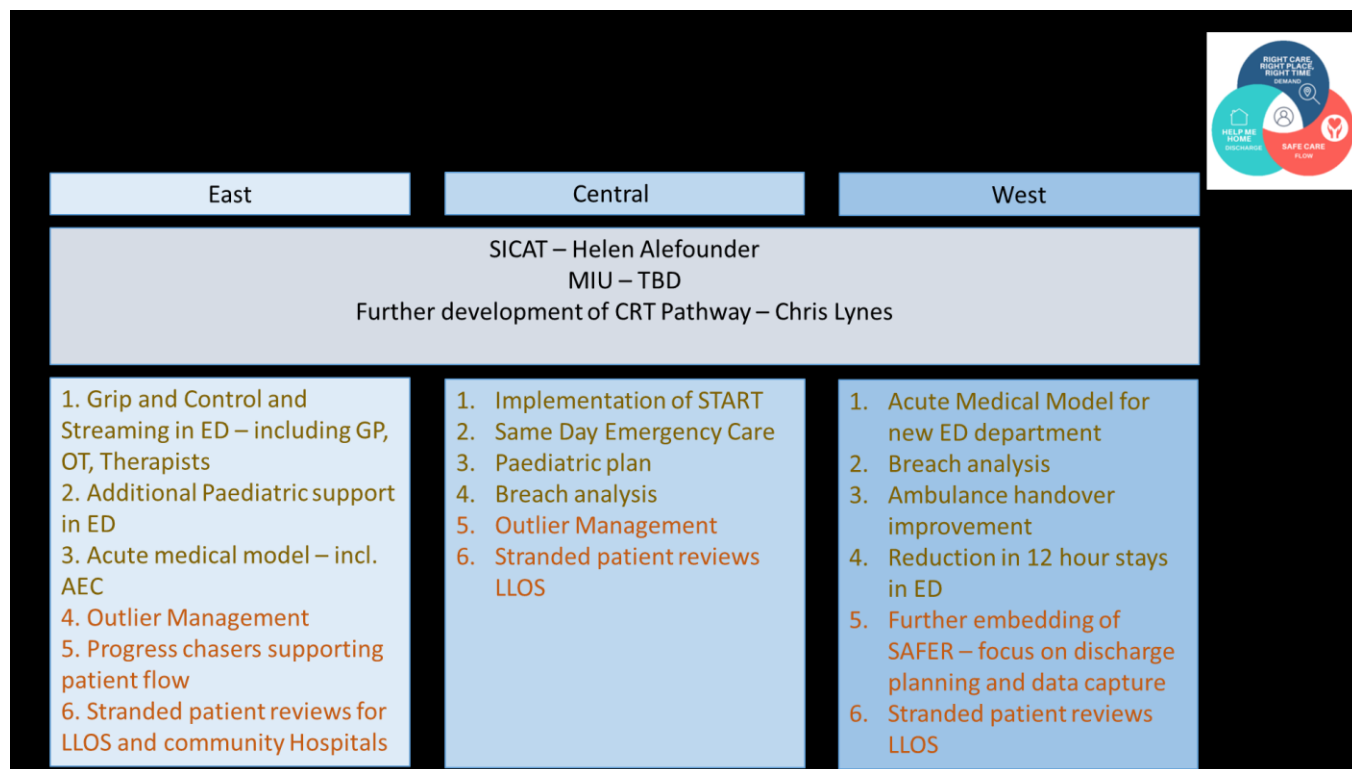
Paediatric Breaches

- There were 210 paediatric breaches for the month of July which is an improvement on the previous 6 months.

During July there was a change in leadership in Wrexham Maelor addressing the concerns that improvements were not happening at the pace required. A new managing director was appointed. The Clinical Lead in ED also made the decision to step down which was unrelated to the change in hospital leadership and the site Medical Director has stepped in to provide further clinical leadership and support.

Building Better Care Programme Overview

The third cycle of the USC 90 day planning commenced on 1 June focusing on key priorities within each area.



Demand update

During July 2019 the Single Integrated, Clinical Assessments and Triage (SICAT) has been fully operational 12 hours a day and throughout this time has taken 627 ambulance calls and saved 413 ED attendances. Over a half of these have been referred to GP's or been given self-care advice. The impact on primary care is being monitored. A trial with Health Visitors commenced in July providing support for 999 calls relating to children under 5. In the next 90 days, planning will comprise moving the service to business as usual and work through the actions required to support the link to 111 expansion into Wales.

The ambulance conveyance from WAST has decreased for the month compared to the same time period last year. However, the acuity of the patients being transferred to hospital has increased, suggesting that the intervention by SICAT is having a positive impact on ambulance deployment and thereby conveyances to the Health Board's ED's.

A detailed communication plan has been developed for the West area, highlighting the 24 hour access to MIU and ensuring that holiday makers are aware of ED alternatives. A social media campaign is being utilised to ensure we are advertising our minor injuries units through the summer. The number of patients accessing MIUs in Central

(3689 patients in July) and West (2913 patients July) has increased and performance remains good. This performance improvement has not been seen in the MIU in the East (756 patients in July), which was a decrease in the numbers when compared July 2018 and a sustained deterioration for the whole year, combined with the lowest performance achievement of all of the MIU's. The service has experienced staffing challenges, which have forced it to limit its operating hours.

Flow update

The continuation of grip and control within our ED departments remains across all three sites. This is ensuring that roles and responsibilities, escalation and processes are fit for purpose. Breach analysis is underway, although additional work is needed to ensure that we learn from the analysis to prevent further breaches.

As previously mentioned within the report YGC implemented two changes within ED during July.

- i) A 6 week test and learn of ED Streaming, Triage, Assessment and Rapid Treatment (START) model to improve the time to triage and time to ED clinician. Data analysis is currently underway to assess the impact for the 6 weeks. A reconfiguration of ED also took place to better support the ambulance handovers.
- ii) Implementation of Same Day Emergency Care (SDEC) introducing a pathway for ambulatory conditions. Due to a 10 week delay in the coding of data by condition it has not been possible to assess the impact on length of stay (LoS) at this time. Analysis of data around the number of patients seen through SDEC and outcomes will be available in the next month. Actions in August will ensure that a more robust pathway is provided for GP patients who are not suitable for SDEC and increase the number of patients streamed from ED. The weekly meetings continue to build the plan for the full implementation of SDEC for all ambulatory conditions linked to the financial recovery work. A database has been developed to show the numbers of patients seen and discharged within the same day, pathways used and where patients were admitted to can be seen below. The SDEC team have been asked to present at the National Ambulatory Emergency Care conference in Cardiff in September.

Unscheduled Care and Building Better Care programme report to Finance and Performance Committee August 2019



SDEC will start to deliver improvements in performance and reduction in 1 – 2 day LOS. However, there are challenges with ED overcrowding which means that the area is often used to support escalation of patients from ED overnight. This leads to the cohort of suitable patients for SDEC being identified first thing when they have often already breached the 4 hour standard and therefore it is not making the impact on performance that it will do once embedded.

Discharge update

A focus across all sites has been on the 'R' of SAFER ensuring that Senior Reviews are in place, especially due to the high number of >21 day patients. Each site has now introduced a minimum of twice weekly senior reviews of all patients over 21 days. There has been a reduction in the longest length of stay, however, for the 4 weeks that the processes have been in place, a significant reduction in patients over 21 day length of stay is yet to be demonstrated. This process will be expanded to Community Hospitals and common themes for delays are being reviewed and monitored to prevent further delays.

The work on SAFER continues to be embedded. YG have run a series of communication events with interest expressed from staff and patients. Wards have received specific data packs and have made a pledge to run a PDSA cycle on actions to be taken that will support earlier discharges.

WMH ran a 'perfect week' on Mason ward to see the impact of twice daily board rounds. This took place at the end of July (review report expected in mid-August) and also supported pre-planning for the site wide Rapid Improvement Event planned for week commencing 19th August.

Unscheduled Care and Building Better Care programme report to Finance and Performance Committee August 2019

Chart 2.0 BCUHB USC KPIs

Monthly position

(daily average)

YG

YGC

WMH

Trajectory

(daily average)

	Apr 2019	May 2019	Jun 2019	Jul 2019
MIU attendances	194	195	202	249
WAST arrivals	159	158	153	153
Admissions via GP	62	58	56	59
Care homes	16	17	16	14

	Apr 2019	May 2019	Jun 2019	Jul 2019
MIU attendances	166	181	190	191
WAST arrivals	125	125	125	125
Admissions via GP	51	48	45	44
Care homes	9	9	7	7

	Apr 2019	May 2019	Jun 2019	Jul 2019
4 hr (inc MIU)	69.5%	71.2%	71.5%	73.8%
60 min handover	23.3	19.9	14.9	26.2
ED waits over 12 hours	58	54	48	66
ED waits over 24 hours	16	11	8	19
Under 18s over 4 hours	17	15	15	13

	Apr 2019	May 2019	Jun 2019	Jul 2019
4 hr (inc MIU)	74.0%	75.0%	71.0%	74.0%
60 min handover	18	11	9	8
ED waits over 12 hours	50.0	45.2	43.3	38.7
ED waits over 24 hours	4	5	2	3
Under 18s over 4 hours	10	8	6	5

	Apr 2019	May 2019	Jun 2019	Jul 2019
DTOC bed days	25	22	25	27
MFD bed days	103	99	124	120
Morning discharges	16%	18%	18%	17%
Weekend discharges	96	95	92	83
LOS>21	193	202	212	197

	Apr 2019	May 2019	Jun 2019	Jul 2019
DTOC bed days	36	35	39	39
MFD bed days	55	51	48	50
Morning discharges	19%	20%	21%	22%
Weekend discharges	156	156	158	162
LOS>21	232	225	228	225

Appendix 1 – USC Building Better Care Risk Register

90 day plan measures definition

Dem1.1	MIU	<i>Average daily attendances at MIU</i>
Dem1.2	Ambulance	<i>Average Daily arrivals at Emergency Departments by ambulance</i>
Dem2.1	GP admissions	<i>Admissions where source = GP (acute)</i>
Dem2.3	Care home	<i>Emergency admissions where patient postcode is care home (acute)</i>
Flo1.1	>4hr (inc MIU)	<i>Average combined ED and MIU 4hr performance</i>
Flo1.2	60 minute	<i>Average daily number of ambulance handover that exceed 60 mins</i>
Flo1.3	Average wait	<i>Mean wait in ED (hours)</i>
Flo2.1	24 hours	<i>ED wait over 24 hours</i>
Flo2.2	Non-adm >4hr	<i>Patients wait over 4 hours who are not admitted</i>
Flo2.3	Paeds >4hr	<i>Patients wait over 4 hours who are under 18</i>
Dis1.1	Total bed days	<i>Average daily total beds occupied (acute)</i>
Dis1.2	DTOC	<i>Average daily beds occupied with DTOC patients (acute)</i>
Dis1.3	MFD	<i>Average daily beds occupied with MFD patients (acute)</i>
Dis2.1	Morning	<i>Proportion of patients discharges before noon (acute)</i>
Dis2.2	Weekend	<i>Daily average number of discharges on Saturdays & Sundays (acute)</i>
Dis2.3	LOS>21	<i>Number of patients who have been in hospital for over 21 days (acute)</i>

Finance and Performance Committee	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
22.8.19	<i>To improve health and provide excellent care</i>

Report Title:	Capital Programme Report Month 4
Report Author:	Mr Neil Bradshaw – Assistant Director – Capital Ms Denise Roberts – Financial Accountant Tax & Capital
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to brief the Finance and Performance Committee on the delivery of the approved capital programme and progress on expenditure against the Capital Resource Limit.
Approval / Scrutiny Route Prior to Presentation:	Progress and expenditure on capital schemes is scrutinised by the Capital Programme Management Team.
Governance issues / risks:	This is a standing report to the Committee as required by the Health Board's capital governance procedures.
Financial Implications:	This report confirms the total funding available for 2019/20 and the revised expenditure profile for each project.
Recommendation:	The Committee is asked to receive this report.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	√		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

Leadership and Governance
Strategic and Service Planning

Equality Impact Assessment

This is a standing report to the Committee. There is no proposed change of policy or direction nor are budgets being reduced.

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



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University Health Board

Capital Programme Report Month 04 July 2019

Neil Bradshaw – Assistant Director - Capital
Denise Roberts – Financial Accountant Tax & Capital

Betsi Cadwaladr University Health Board

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Appendix

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- 2 Ysbyty Gwynedd Emergency Department report
- 3 Discretionary capital programme monitoring report

1.1 Purpose of Report

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

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

1.2 Capital Funding 2019/20

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

Capital Programme	£ '000
All Wales Capital Programme	9,238
Discretionary Capital	12,921
Total Welsh Government CRL	22,159
Capital Receipts	356
Donated Funding	1,578
Grant Funding	0
TOTAL	24,093

The CRL as at month 4 is £22,159m. The CRL increased by £0,434m. This can be attributed to:

- The revised implementation programme for the WPAS scheme, decreased the scheme budget by £0.166m;
- Allocation for planned fees for the Orthopaedic capital scheme, £0.600m.

It is anticipated that we will secure other sources of funding including capital receipts, donated funding and Welsh Government grants (Integrated Capital Fund) in this financial year. Separate monitoring reports will be developed and incorporated within this report as appropriate.

It should be noted that both the capital receipts and donated funding is a forecast and the figure may change as the year progresses.

2.1 INTRODUCTION

Following implementation of the Health Board's Procedure Manual for Managing Capital Projects, an assessment has been made of the RAG rating for the key domains for each scheme.

This assessment is based upon the Project Managers monthly reports and provides an overview of the status of each scheme. A commentary is provided, as necessary, to highlight key variances.

2.2 ALL WALES PROGRAMME

The Health Board has been successful in securing capital investment for the following approved schemes. The table has been updated to reflect the latest changes to the CRL.

Scheme	RAG rating				
	Q	T	C	R	B
SuRNICC	G	G	G	G	G
PAS system	G	A→	G	A→	G
Substance misuse - The Elms	G	A	G	G	G
Substance misuse - Holyhead, Anglesey	G	G	G	G	G
Substance misuse – Shotton, Flintshire	G	G	G	G	G
ED information system - EDCIMS	R→	R→	A→	R→	R→
Ysbyty Gwynedd Emergency Department	G	A→	A→	G	G

Ysbyty Gwynedd Emergency Department

A separate report has been provided in Appendix 2

2.21 All Wales Programme – Business cases

The CRL includes Welsh Government funding to progress the following business cases:

Scheme	Case	Status
North Denbighshire Community hospital	Full Business Case	A→
Redevelopment of Ablett unit	Outline Business Case	G

North Denbighshire Community Hospital

The process has commenced to procure a replacement Supply Chain Partner we expect the process to be completed by 18th October 2019.

Redevelopment of the Ablett unit

BCU have been successful in procuring the project manager, cost advisor and supply chain partner. This is the subject of a separate report to the committee.

2.3 DISCRETIONARY CAPITAL PROGRAMME

The discretionary programme has been confirmed as follows:

Scheme	£	£
Commitments brought forward		
Side wards Wrexham Maelor hospital	50,000	
Upgrade Hafan ward Bryn Beryl hospital	200,000	250,000
Wrexham Maelor business continuity		
Infection isolation facility	347,000	
Engineering infrastructure resilience	500,000	
Sub-total	847,000	847,000
Mental Health – response to external reviews		
Priorities as confirmed by Mental Health division	633,500	
Sub-total	633,500	633,500
Estates		
High risk backlog maintenance - East	250,000	
WMH Fire alarms	150,000	
High risk backlog maintenance – Centre	800,000	
High risk backlog maintenance - West	862,000	
Removal of high risk ACMs	150,000	
Fire precaution works	100,000	
YGC – replacement mortuary vehicle	60,000	
YG catering upgrade	188,000	
Contingency for additional urgent Facilities works	150,000	
Sub-total	2,710,000	2,710,000
Safe Clean Care		1,000,000
Medical Devices		
Enabling works equipment purchased in 2018/19	560,000	
YG Pharmacy robot replacement	700,000	
YG Monitors	334,000	
Contingency for in-year urgent replacements	250,000	
Sub-total	1,844,000	1,844,000
Informatics		3,000,000
Service continuity/transformation		
YG – theatre refurbishment	150,000	
Llanfair PG Primary Care Centre	400,000	
Ysbyty Penrhos Stanley – support to hospice	127,000	
Eyecare measure	180,000	
WMH - Ambulatory Emergency Care Unit	195,000	
WMH - Neurophysiology accommodation	37,000	
Transformation/cash releasing programme	1,250,000	
Sub-total	2,339,000	2,339,000
TOTAL		£12,623,500

The Discretionary Capital Programme Monitoring report is provided at Appendix 3.

The report includes details of the Safe Clean Care programme. The programme is managed by an overarching Safe Clean Care steering group chaired by the Executive Nurse. The programme comprises priority schemes to address key infection prevention issues as identified by senior nursing leads within acute and community settings and as advised by Infection Prevention leads.

The report also includes details of the agreed BCU schemes to be funded by the Welsh Governments Integrated Capital Fund. The programme is in accordance with the priorities agreed with Welsh Government and the Regional Partnership Board. The report is limited to capital schemes that are led by BCU. All schemes will be subject to business cases and approval will be in accordance with BCU Standing Financial Instructions and Scheme of Delegation. Those project that are to be delivered via collaborative arrangements with key partners, i.e. with potential revenue rather than capital consequences for BCU, will also be subject to business cases and separate approval in accordance with BCU Standing Financial Instructions and Scheme of Delegation.

2.4 ALTERNATIVE FUNDING

2.4.1 Estates Rationalisation/Disposal Programme

The following table provides an overview of the disposals for 2019/20.

	NBV	Actual capital receipts 2019/20	Capital Receipt Forecast 2019/20
Land and Property Disposals	£'000	£'000	£'000
Abergele Hospital - Grazing Land	38		38
Blaenua Ffestiniog Health Centre	168		168
Brymbo Health Centre	50		50
Ala Road, Pwylheli	100		100
Total	356	0	356

2.4.2 Donated Funding

Scheme	RAG rating				
	Q	T	C	R	B
Medical Devices	G	G	G	G	G
Equipment to support Hybrid theatre	G	G	G	G	G
Informatics	G	A	G	G	G
Ysbyty Penrhos Stanley - hospice	G	A	A	G	G
Minor Estates adaptations	G	G	G	G	G

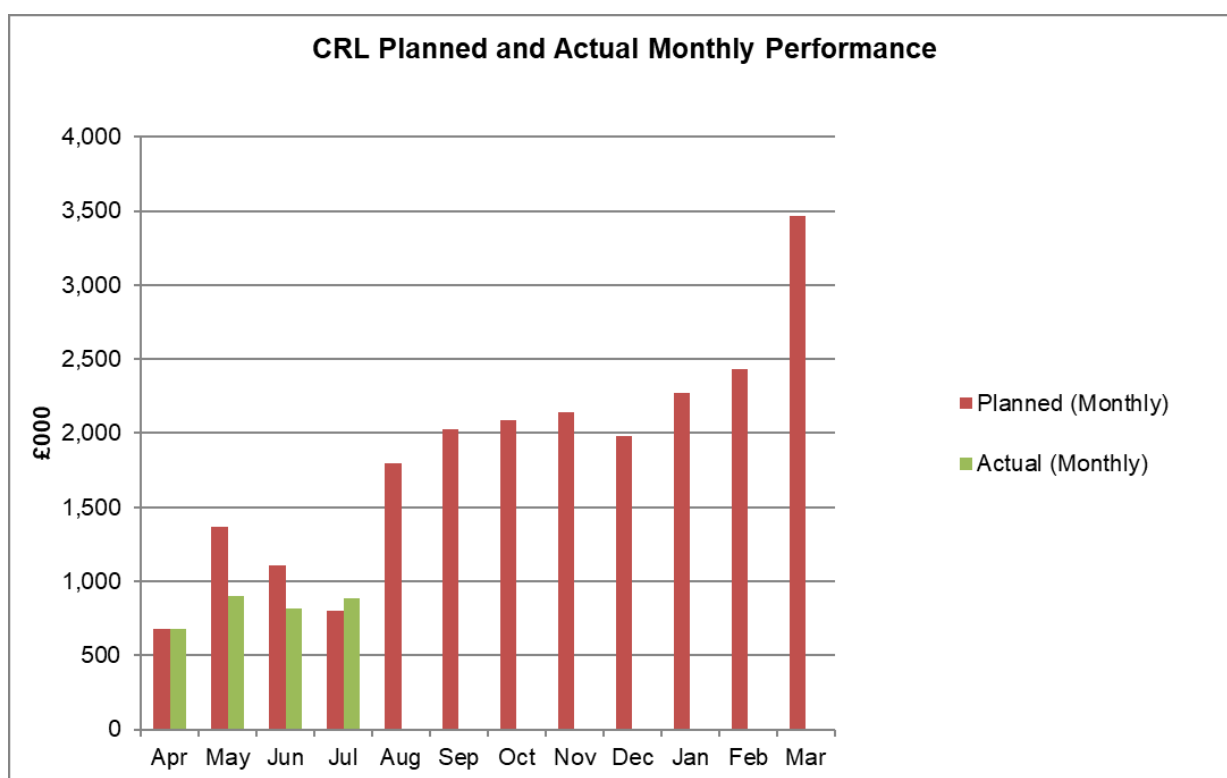
3.1 FINANCE OVERVIEW

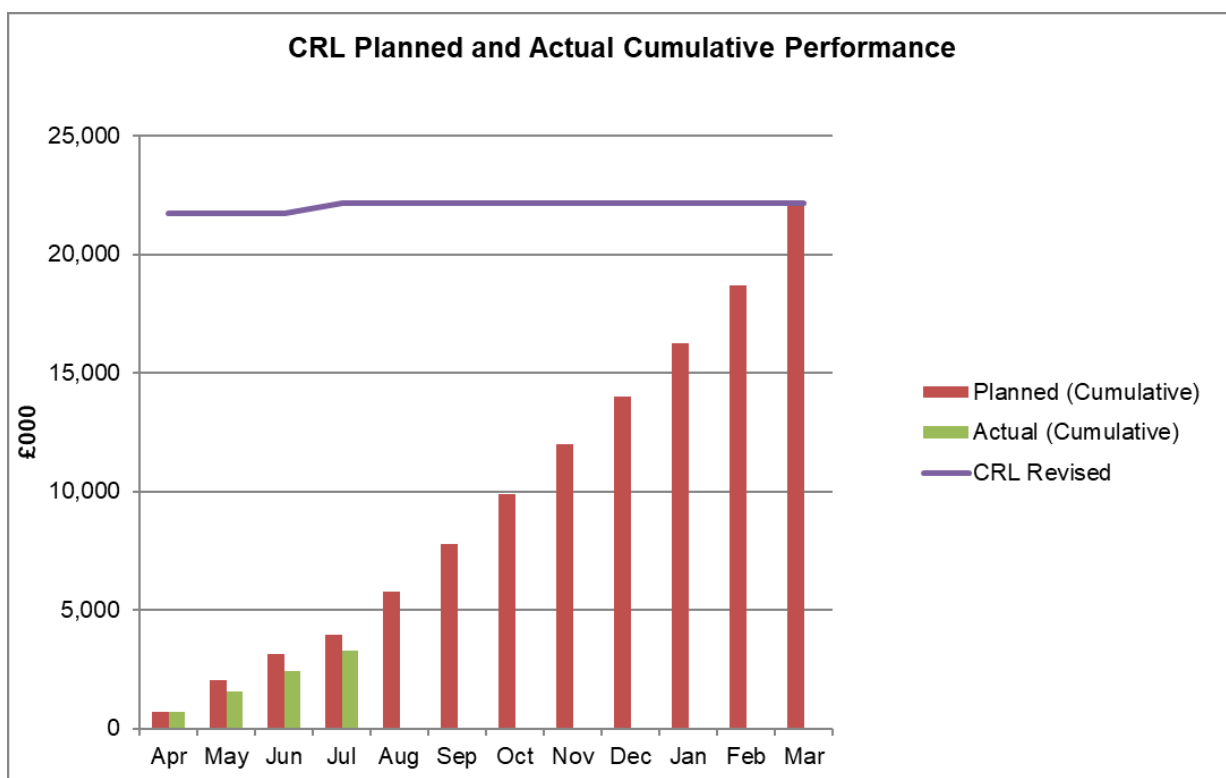
The expenditure in Month 4 reflects a net spend of £0.883m.

The forecast capital profiles for the All Wales schemes are currently being reviewed by project managers and cost advisors to ensure we have accurate profiles for each scheme by month.

3.2 Capital Resource Limit

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





The table below provides a breakdown of the CRL by scheme.

	CRL 2019/20 £'000	2019/20 Expenditure M4 £'000	2019/20 Forecast Out- turn £'000	Variance £'000
All Wales Schemes				
Capital Projects Approved Funding				
SuRNICC - FBC works	350	76	574	224
PAS System	830	92	1,089	259
Substance Misuse - The Elms Development	265	363	625	360
Substance Misuse - Holyhead, Anglesey	418	1	676	258
Substance Misuse - Shotton, Flintshire	1,325	3	1,340	15
Emergency Department System	701	0	701	0
Ysbyty Gwynedd - Emergency Department	1,496	1,269	2,526	1,030
North Denbighshire Community Hospital	2,404	0	2,404	0
Progress Redevelopment of Ablett Unit @ YGC from SOC	849	10	849	0
Orthopaedic Plan Fees to BJC	600	0	600	0
Sub-total	9,238	1,814	11,384	2,146
All Wales CRL Total	9,238			
Discretionary Schemes				
YGC Brokerage	(1,500)	0	0	1,500
IM&T	3,000	79	2,775	(225)
Med Devices	1,768	294	1,768	0
Estates	9,653	1,095	6,232	(3,421)
Discretionary CRL Total	12,921	1,468	10,775	(2,146)
TOTAL CRL ALLOCATION 2018/19	22,159			
Development Fund/ Capital Receipts	356	0	356	0
Donated	1,578	0	1,578	0
Grant monies	0	0	0	0
	1,934	0	1,934	0
Grand Total	24,093	3,282	24,093	0

3.3 Expenditure and Forecasts at Month 4

The expenditure reflected in the Month 4 position includes estimates based on the forecast profile of project valuations for July 2019. This is supported by the expenditure profile statements produced by the project managers and cost advisors for each of the All Wales Schemes.

4.1 Conclusions

This report confirms the total funding available for 2019/20 and the revised expenditure profile for each project.

4.2 Recommendations

The Committee is asked to receive this report.

Appendix 1 Summary of Expenditure Against Resource Limit Approvals

Funding	Year-end target (£'000)	Year to date performance (£'000)	% Spend to date	Risk	Notes
All Wales	9,238	1,814	20%	Green	
Discretionary	12,921	1,468	11%	Green	
Subtotal CRL	22,159	3,282	15%	Green	
Capital Receipts	356	0	0%	Green	
Donated Capital	1,578	0	0%	Green	
Grant Capital	0	0	0%	Green	
Total capital resource available	24,093	3,282	14%	Green	

Ysbyty Gwynedd Emergency Department report – July 2019

1. Purpose of report

The purpose of this report is to provide an update on the progress of the project to refurbish and extend the Emergency Department (ED).

2. Introduction

The Health Board approved the Full Business Case for the ED Scheme in November 2016 and, following approval by the Welsh Government February 2017 work commenced on site in April 2017. The works comprises of 3 phases of work to provide a new ED comprising of Minors, Majors, Resus and a new 23 space assess to admit ward.

The ED development represents the most significant capital project within Ysbyty Gwynedd at this present time. In reviewing the scrutiny and monitoring arrangements of the capital programme it was agreed that the reporting of selected major projects to the Finance and Performance should be the subject of a separate monthly report to give the Committee a greater level of detail and assurance with regard to project progress

The detail of this report is drawn from the monthly Project Managers and Cost Advisors reports and the regular progress report to Welsh Government as reported to the Project Board

3. Summary of performance

Programme

The Supply Chain Partner (SCP), Interserve is working to revised programme (Rv22 not yet accepted).

Phase 3 is now in completion / commissioning stage with commissioning ongoing through August. Phase 3 contract completion remains as June report with completion date is 6th September 2019. The team continue to review the programme with weekly commissioning reviews to monitor progress, to date there have been no items raised that would take the handover beyond the contract completion. As previously noted due to the late variations on the Isolation suite the final commissioning for that area will be late September. The project board are fully informed of the matters above.

Cost

The latest financial report has again indicated a small increase in cost however the Cost Advisor has noted this is in line with the financial mitigation of overspend plan as noted in the March report. The cost advisors are anticipating an updated gainshare proposal from the SCP.

TODAY'S DATE: _____

Betsi Cadwaladr University Health Board and Mental Health DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN (From: April 2019)										2019/20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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TODAY'S DATE:

Betsi Cadwaladr University Health Board v DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN (From: April 2019)													2019/20														
													Q1			Q2			Q3			Q4					
													30 April 2019	31 May 2019	30 June 2019	31 July 2019	31 August 2019	30 September 2019	31 October 2019	30 November 2019	31 December 2019	31 January 2020	28 February 2020	31 March 2020			
Last Updated	1st July 2019																										
Location	Scheme	Risk Ref No.	RAG Rating					Budget			Scheme Duration		Programme													Stage/Status	
			Q	T	C	R	B	Approved Budget £	Estimated Outturn 2019 - 2020 £	Variance £	Start Date	End Date	S = Project Start D = Design P = Procurement I = Implementation C = Project Close														
East Area													Planned/Actual Prog														
Wrexham Maelor Hospital	HV Cable Phase 2 to Renal		G	G	G	G	G	56,527	56,527	0	01/06/18	28/02/19	ACTUAL Planned	I	C												
Wrexham Maelor Hospital	HV Cable Phase 2 to Residences		G	G	R	R	G	0	90,000	-90,000	01/06/18	28/02/19	ACTUAL Planned	G	C												
Wrexham Maelor Hospital	Upgrade Main Fire Alarm System - Carried Forward		G	G	G	G	G	190,000	190,000	0	01/04/18	31/03/19	ACTUAL Planned		i	C											
Wrexham Maelor Hospital	Medical Gas Manifolds		G	G	G	G	G	20,000	20,000	0	01/04/18	31/03/19	ACTUAL Planned	S	D	D	D	D	P	P	I	I	I	I	C		
Mold Electrical Distribution	Electrical infrastructure		G	G	G	G	G	20,000	20,000	0	01/04/18	31/03/19	ACTUAL Planned	G	G	G	G										
Deeside Hospital floor replacem	Replacement floor coverings		G	G	G	G	G	10,000	10,000	0	01/04/18	31/03/19	ACTUAL Planned		S	D	D	D	P	P	I	I	I	I	C		
Wrexham Maelor Hospital	Replacement floor coverings		G	G	G	G	G	8,140	8,140	0	01/04/18	31/03/19	ACTUAL Planned			S	D	D	P	P	I	I	I	I	C		
Wrexham Maelor Hospital	Site water infrastructure repair		G	G	G	G	G	15,000	15,000	0	01/04/18	31/03/19	ACTUAL Planned	S	D	D	D	P	P	I	I	C					
Wrexham Maelor Hospital	Medical Gas site alarm		G	G	G	G	G	60,000	60,000	0	01/04/18	31/03/19	ACTUAL Planned	G	G	G	G										
Wrexham Maelor Hospital	Pathology Decentralisation of services		G	G	G	G	G	200,000	200,000	0	01/04/18	31/03/19	ACTUAL Planned		S	D	D	P	P	I	I	I	I	C			
Wrexham Maelor Hospital	EMS Generator		G	G	G	G	G	110,000	110,000	0	01/04/18	31/03/19	ACTUAL Planned		G	G	G										
Wrexham Maelor Hospital	EMS Mechanical Services Decentralisation		G	G	G	G	G	177,000	177,000	0	01/04/18	31/03/19	ACTUAL Planned	S	D	D	D	P	P	I	I	I	I	C			
								£ 866,667	£ 956,667	-£ 90,000			ACTUAL			G	G										
Central Area																											
Nant Y Glyn	Upgradde Building Fabric	OEC079	G	G	G	G	G	16,558	16,558	0	01/05/18	31/12/18	ACTUAL Planned	I	I	C											
Ablett Unit	Boiler Replacement	OEC037	G	G	G	G	G	36,717	36,717	0	01/04/18	31/10/18	ACTUAL Planned	G	G	C											
Ysbyty Glan Clwyd	Replace Oncology Boilers and Pumps	OEC068	G	G	G	G	G	11,149	13,356	-2,207	01/05/18	31/12/18	ACTUAL Planned	I	I	I	I	I	C								
Ruthin Hospital	Building and Electrical Infrastructure Upgrade	OEC075	G	G	G	G	G	4,708	3,923	785	01/06/18	31/12/18	ACTUAL Planned	G	G	G	G										
Bodnant	Upgrade of Building Fabric	OEC052	G	G	G	G	G	13,960	13,960	0	01/06/18	31/12/18	ACTUAL Planned	I	C												
Ysbyty Glan Clwyd	CHP Upgrade Project	OEC107	G	G	G	G	G	5,000	5,000	0	29/11/18	28/02/19	ACTUAL Planned	G	C												
Ysbyty Glab Clwyd	Nurse Call System Upgrade - Ward 14	OEC031	G	G	G	G	G	35,000	35,000	0			ACTUAL Planned	S	D	D	D	P	P	I	I	I	I	C			
Ysbyty Glab Clwyd	Nurse Call System Upgrade - Maternity	OEC031	G	G	G	G	G	35,000	35,000	0			ACTUAL Planned	G	G	G	G										
Hafod	Upgradde Building Fabric	OEC077	G	G	G	G	G	17,500	17,500	0			ACTUAL Planned		S	D	D	P	P	I	I	C					
Ysbyty Glab Clwyd	Upgrade Building Fabric - Estates	OEC057	G	G	G	G	G	30,000	30,000	0			ACTUAL Planned		G	G	G										
Colwyn Bay Hospital	Upgrade Electrical Infrastructure and Generator - Design Fees	OEC067	G	G	G	G	G	30,000	30,000	0			ACTUAL Planned	S	D	P	I	I	C								
Bodnant	Upgradde Building Fabric	OEC052	G	G	G	G	G	30,000	30,000	0			ACTUAL Planned		S	D	D	P	P	I	I	C					
Denbigh Hospital	Upgradde Building Fabric	OEC076	G	G	G	G	G	30,000	30,000	0			ACTUAL Planned	G	A	A											
Denbigh Hospital	Upgrade Water Systems	OEC088	G	G	G	G	G	7,500	7,500	0			ACTUAL Planned	S	D	D	D	P	P	I	I	C					
Colwyn Bay Hospital	Upgrade Water Systems	OEC097	G	G	G	G	G	7,500	7,500	0			ACTUAL Planned	S	D	D	D	P	P	C							
Ysbyty Glan Clwyd	UPS upgrade	OEC095	G	G	G	G	G	34,000	34,000	0			ACTUAL Planned		S	D	D	P	P	I	I	C					
Abergele Hospital	UPS upgrade	OEC095	G	G	G	G	G	6,000	6,000	0			ACTUAL Planned	S	D	P	I	C									
Ysbyty Glan Clwyd	Upgrade Lifts (Oncology No1 + No2)	OEC100	G	G	G	G	G	74,004	73,628	376			ACTUAL Planned		G	G	G										
Ysbyty Glan Clwyd	Upgrade Medical Gas Systems	OEC096	G	G	G	G	G	60,000	60,000	0			ACTUAL Planned	S	D	D	D	P	P	I	I	I	I	C			
Ysbyty Glan Clwyd	Upgrade Roads and Footpaths	OEC038	G	G	G	G	G	40,000	40,000	0			ACTUAL Planned		S	D	D	P	P	I	I	C					
Ysbyty Glan Clwyd	Upgrade Dali Emergency Light Ssystem	OEC027	G	G	G	G	G	25,000	25,000	0			ACTUAL Planned		G	G	A										
Ysbyty Glan Clwyd	Upgrade Street Lighting	OEC069	G	G	G	G	G	10,000	10,000	0			ACTUAL Planned	I	I	I	C										
Bodnant	Upgrade Roads and Footpaths	OEC087	G	G	G	G	G	10,000	10,000	0			ACTUAL Planned	G	G	G	C										
Royal Alex	Upgrade Roads and Footpaths	OEC087	G	G	G	G	G	15,000	15,000	0			ACTUAL Planned		S	D	D	P	P	I	I	C					
Colwyn Bay Hospital	Upgrade Roads and Footpaths	OEC087	G	G	G	G	G	10,000	10,000	0			ACTUAL Planned		S	D	D	P	P	I	I	C					
Ysbyty Glan Clwyd	Upgrade Water Systems	OEC097	G	G	G	G	G	26,571	26,571	0			ACTUAL Planned		S	D	D	D	P	P	I	I	I	I	C		

[illegible]

Betsi Cadwaladr University Health Board DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN (From: April 2019)												2019/20											
												Q1			Q2		Q3			Q4			
												30 April 2019	31 May 2019	30 June 2019	31 July 2019	31 August 2019	#####	31 October 2019	#####	#####	31 January 2020	28 February 2020	31 March 2020
Scheme	RAG Rating					Budget			Scheme Duration		Programme												
	Q	T	C	R	B	Approved Budget £	Estimated Outturn £	Variance £	Start Date	End SPEND Date	S = Project Start = Design Procurement Implementation Project Close Planned/Actual Prog	D P = I = C =											
DIGITAL ROADMAP																							
Welsh Patient Administration System - Phase 3 of 4 Re-provision of funding to all Wales project.	G	G	G	G	G	£225,000	£225,000	£0	01.04.19	31.03.20	Planned		S	C									
Digital Health Record Project	G	G	G	G	G	£300,000	£300,000	£0			Actual		G	G									
											Planned		BC Consultation				TBA						
											Actual		G	G	G	G							
DATA DRIVEN DECISION MAKING																							
Auditbase - Clinical Outcomes	G	G	G	G	G	£16,000	£16,000	£0	TBA	TBA	Planned												
											Actual												
DIGITAL INFRASTRUCTURE																							
Hardware Replacement Programme	G	G	G	G	G	£486,500	£480,500	£6,000		01.03.20	Planned										P		
											Actual												
Single Sign On Expansion	G	G	G	G	G	£60,000	£60,000	£0	01.09.19	28.02.20	Planned		I	I	I	I	I	I	I	C			
											Actual		G	G	G	G							
Core Telephony Systems Replacement (Yr. 3 of 5)	G	A	A	G	G	£390,000	£390,000	£0	01.04.19	28.02.20	Planned		I	I	D	P	I	I	I	D	P	I	C
											Actual		G	G	G	A							
FMS Critical Monitoring Systems (Pharmacy)						£7,500	£7,500	£0	01.04.19	30.6.19	Planned												
											Actual												
Access Control System Replacement (User and device authentication)	G	G	G	G	G	£225,000	£225,000	£0	01.12.19	01.01.20	Planned									S	D	D	I/C
											Actual												
Perimeter Security Upgrade (firewalls). Phase 2 of 2	G	G	G	G	G	£60,000	£60,000	£0	01.05.19	31.01.20	Planned		D	D/P	I	I	I	I	I	C			
											Actual		G	G	G								
Resilient Server Loads Balancers	G	G	G	G	G	£20,000	£20,000	£0	01.07.19	31.09.20	Planned				P	I	I						
											Actual				G								
Server Virtualisation Expansion and Refresh (Inc. migration from V	G	G	G	G	G	£150,000	£150,000	£0	01.06.19	28.02.20	Planned			S	D	D	P	P	I	I	I	C	
											Actual			A	G								
YG Radiology Network Cabinet refresh and comms room build	G	G	G	G	G	£55,000	£55,000	£0	TBA	TBA	Planned												
											Actual												
Preswylfa site Network Infrastructure replacement	G	G	G	G	G	£60,000	£60,000	£0	01.07.19	31.10.19	Planned				D/P	I	I	C					
											Actual				G								
Wireless Network Capacity Expansion	G	G	G	G	G	£50,000	£50,000	£0	01.04.19	28.02.20	Planned		I	I	D	P	I	I	I	D	P	I	C
											Actual		G	G	G	G							
Completion of Data Centre 1 YGC build (Secondary UPS and Coo	G	G	G	G	G	£200,000	£200,000	£0	01.06.19	TBA	Planned			P		P	I			I			
											Actual			G	G								
Wide Area Network Data Circuit Upgrades	G	G	G	G	G	£40,000	£40,000	£0	01.07.19	28.02.20	Planned				S	I	P	I	P	I	P	I	C
											Actual												
Paging System Replacement (Bangor)	G	G	G	G	G	£180,000	£0	£180,000	01.11.19	28.02.20	Planned								S	D	P	I	I
											Actual												
Data Centre & Hub room(s) UPS and AirCon Maintenece and replacement	G	G	G	G	G	£25,000	£25,000	£0			Planned												
											Actual												
Local Area Network Switch Upgrades (DGH & Community sites)	G	G	G	G	G	£450,000	£450,000	£0		28.02.20	Planned		I	I	D	P	I	I	I	D	P	I	C
											Actual		G	G	G	G							
Web Filtering - Late Reipt							£6,000	-£6,000		01.05.19			C										
													G										
TOTAL						£3,000,000	£2,820,000	£180,000															

TODAY'S DATE: _____

[illegible]

TODAY'S DATE: _____

[illegible]

Betsi Cadwaladr University Health Board

DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN

(From: April 2018)

Scheme	RAG Rating					Code	Budget			Scheme Duration		Programme															
	Q	T	C	R	B		Approved Budget £	Estimated Outturn £	Variance £	Start Date	End Date	S = Project Start D = Design P = Procurement I = Implementation C = Project Close	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	March 20			
												Planned/Actual Prog															
Planning-Enabling Works																											
OPG Machine-Dental Xray Glan Clwyd	G	G	G	G	G	1C9A	12,000	3,000	9,000	01/04/19	01/09/19						I/C										
OPG Machine-Dental Xray Ysbyty Gwynedd	A	A	A	A	G	1C9B	12,000	16,000	-4,000	01/04/19	01/01/20					D	D	P	P		I	I/C					
OPG Machine-Dental Xray Royal Alexandra	A	G	A	A	G	1C9C	12,000	12,000	0	01/04/19	01/12/19					D	P	P	I	I/C							
OPG Machine-Dental Xray Holywell	G	G	G	G	G	1C9D	12,000	4,000	8,000	01/04/19	01/09/19					D	P/I/C										
OPG Machine-Dental XRay Llandudno	R	R	R	R	A	1C9S	12,000	28,000	-16,000	01/04/19	01/03/20					D	D	P	P		I	I	I/C				
OPG Machine-Dental XRay Colwyn Bay	G	G	G	G	G	1C9T	12,000	9,000	3,000	01/04/19	01/11/19					D	P	P/I	I/C								
Automated Medicine Cabinets-Mental Health	G	G	G	G	G	1C9Q	28,000	28,000	0	01/04/19	31/07/19		S	D	I	I	C										
X-Ray Machine-Radiology Eryri Hospital	A	R	R	A	G	1K9L	100,000	100,000	0	01/04/19	01/02/20					D	D	P	P	I	I	I/C	C				
MRI Scanner-Radiology Glan Clwyd						1Z92	360,000	360,000																			
Pharmacy Robot- Ysbyty Gwynedd	A	R	R	R	G	2K01	700,000	700,000	0	01/04/19	31/03/20				S	D/P	D/P	D/P	P	P	I	I	I	I/C			
Medical Equipment Purchases																											
Transcutaneous Monitor-Childrens Wards Glan Clwyd	G	A	G	G	G	1C9N	12,642	12,642	0	01/03/19	30/06/19		I G	I G	I A	I A	I	I	C								
ECG Machine-Childrens Wards Glan Clwyd	G	G	G	G	G	1C9P	5,208	5,208	0	01/03/19	30/04/19		C G														
Dental Chair-Deeside Clinic	G	G	G	G	G	1J9F	8,387	8,387	0	01/03/19	30/06/19		I G	I G	C G												
2 Dental Chairs-Wrexham Dental Clinic	G	G	G	G	G	1J9G	15,803	15,803	0	01/03/19	30/06/19		I G	I G	C G												
2 Ventilators-SCBU Wrexham Maelor	G	G	G	G	G	2J01	58,331	58,331	0	01/05/19	31/08/19			S G	P G	I G	C G										
Patient Monitors-Emergency Dept Ysbyty Gwynedd	G	G	R	G	G	2K02	334,000	326,088	7,912	01/04/19	31/07/19		P G	P G	I A	I G	C G										
Osmometer-Haematology Ysbyty Gwynedd	G	G	G	G	G	2K03	10,620	10,608	12	01/05/19	31/08/19			S G	P G	I G	C G										
Hoist-Cemlyn Ward Cefni	G	G	G	G	G	2K04	6,122	5,467	655	01/05/19	31/08/19			S G	P G	I G	C G										
Beds & Mattresses	G	G	G	G	G	2L01	13,298	13,298	0	01/05/19	31/08/19			S G	P G	I G	C G										
68 PCA Pumps	G	G	G	G	G	2L02	119,589	119,589	0	01/06/19	30/09/19				S G	P G	I G	C G									
Totals							1,844,000	1,835,421	8,579							G	G										

RAG Status measured for:

- Q** Quality of the project in relation to meeting the agreed design brief
T Time, implementation of the project in accordance with the agreed programme
C Assessment of the expected outturn cost compared to the agreed budget
R Overall assessment of risk
B Expectation of realisation of key project benefits

Enter R, A or G

RAG Rating Definitions

RED	R	There are significant issues with the project. The project requires corrective action to meet business objectives. The issue cannot be handled solely by the project manager or project team. One or more aspects of project viability — time, cost, scope — exceed tolerances set by the project board.
AMBER	A	A problem has a negative effect on project performance but can be dealt with by the project manager or project delivery team. Action is taken to resolve the problem or a decision made to watch the situation. One or more aspect of project viability — time, cost, scope — is at risk. However, the deviation from plan is within tolerances assigned to the project manager.
GREEN	G	The project is performing to plan. All aspects of project viability are within tolerance.

For Planned Programme

Enter S - Project Start Characters aren't case sensitive
Enter D - Design
Enter P - Procurement
Enter I - Implementation
Enter C - Project Close

For Actual Programme reporting

Enter R (Red) / A (Amber) or G (Green)

Use the DELETE key to clear entries.

**Finance & Performance
Committee**

22.8.19



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Re-location of Services from Mount Street Clinic, Ruthin – Business Justification Case
Report Authors:	Mr Gareth Evans, Ms Jane Jones, Mr Ian Howard
Responsible Director:	Dr Chris Stockport, Executive Director of Primary and Community Services
Public or In Committee	Public
Purpose of Report:	This Business Case seeks the approval of BCUHB to proceed to the Welsh Government for Capital Funding to enable the re-location of services from Mount Street Clinic, Ruthin and the re-development of Ruthin Community Hospital and Denbigh Infirmary.
Approval / Scrutiny Route Prior to Presentation:	Project Board – 9 th July 2019 Central Area Senior Leadership Team – 6 th August 2019 Executive Management Team – 14 th August 2019
Governance issues / risks:	<p>The risks associated with not delivering the Business Case are significant. In particular the risk to sustainability of Primary Care in Ruthin and the risks to the Health Board of maintaining an unsuitable, structurally deficient building at Mount Street, including the cost of backlog maintenance, excess energy costs, and high risk to the wellbeing and morale of staff and patients.</p> <p>The most significant risk identified in the Risk Register is that The Clinic building will become unfit for continued use, prior to the project implementation, which would provide a threat to the continuity of primary and community services and the location of staff. The Health Board has agreement in principle from Wales Ambulance Services Trust (WAST) to re-locate from The Clinic, and from Denbighshire County Council to progress with the land transfer.</p>
Financial Implications:	<p>The Business Case is being progressed through the Welsh Government “Primary & Community Health and Care Infrastructure Pipeline Funding.”</p> <p>The Re-location of Services from Mount Street Clinic, Ruthin, was identified as a priority by the Cabinet Secretary for Health and Social Services in November 2017.</p> <p>The total works costs for the entire scheme is £3,142,119.</p>

	There are no additional revenue costs arising from the Re-location of Services from Mount Street Clinic, Ruthin.
Recommendation:	The Finance and Performance Committee is asked to approve the progress of the Business Case to the September meeting of the Health Board.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper <ul style="list-style-type: none"> • Strategic and service planning • Mental health • Primary Care 			
Equality Impact Assessment EQIA Screening is attached at Appendix 1			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



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Betsi Cadwaladr
University Health Board

**Project
Name**

**Re-location of Services from
Mount Street Clinic, Ruthin.**

**Document
Name**

Business Justification Case

**Document
Identifier**

Release

Version: **Final for F&P.**

Date: **13 08 19**

Authorities

Author: **Gareth Evans, Jane Jones, Ian Howard**

Owner: **Bethan Jones, Area Director, Central
Area Team, BCUHB**

Client: **Central Area Team, BCUHB**

Identifier	BJC
Title	Re-location of Services from Mount Street Clinic, Ruthin.
Purpose	This Business Case seeks the approval of BCUHB to proceed to the Welsh Government for Capital Funding to enable the re-location of services from Mount Street Clinic, Ruthin and the re-development of Ruthin Community Hospital and Denbigh Infirmary.

The Investment Proposal

Executive Summary

This Single Stage Business Case is based on the 'Five Facet Model', and sets out the proposals to re-locate services from Mount Street Clinic, Ruthin to Ruthin Community Hospital and Denbigh Infirmary.

The **Strategic Case** describes how the scheme fits within the existing policy and strategic framework for Health and Social Care in Wales, and will meet existing and future demands. The Strategic Case also sets out the investment aims & objectives.

Ruthin is a market town, serving a rural population of scattered, sparsely populated villages in the Central and South Denbighshire Locality area. Access times to GP and Pharmacy are double the Wales average. Life expectancy is higher than the Wales average, the number of unpaid carers is above the Welsh average, and the number of people in care homes is double the Wales average.

The scheme will support the Welsh Government's Primary Care Strategy (2018), and the BCUHB's strategy 'Living Healthier, Staying Well' (2019 - 2022), through investment in integration of community and primary care teams and co-location of teams and services.

The Model of Care will be concentrated around a 'Health and Wellbeing Centre', based at Ruthin Community Hospital, as described in the 'Care Closer to Home' section of 'Living Healthier, Staying Well.' It will be underpinned by the Welsh Government's 'Strategic Programme for Primary Care' (2018), which focusses on Primary Care as the first point of contact for patients and close working with partners.

The scheme will contribute to GP sustainability, which is at the heart of the 'Principles of Primary and Community Care Transformation.'

The re-location of services from Mount Street Clinic, will deliver: **Service Integration** from a **Fit for Purpose Estate**.

Services are currently fragmented across 4 sites in Ruthin, with patients and staff travelling frequently between sites for appointments and diagnostics.

Mount Street Clinic is owned by BCUHB. Welsh Ambulance Service Trust (WAST), occupy the lower ground floor, the GMS Practice and BCUHB services, including Community Dental Services (CDS) are provided from the ground floor. The upper floor is used as BCUHB office accommodation. WAST will re-locate to the North Wales Fire and Rescue site in Ruthin.

The Clinic GMS practice is one of two in Ruthin, with 2 GP Partners, and a list of 2,847 patients. The practice is unable to expand or develop due to the limitations of the estate.

Mount Street Clinic is owned by BCUHB, and was opened in 1965. It is of timber framed construction and single glazed. It has 8 car parking spaces for staff, and none for patients or visitors. Both the Lambert, Smith & Hampson (2016) and Opus (2018) surveys concluded that the estate is not fit for purpose. The Opus survey revealed that the concentration of filing cabinets on the first floor was outside the loadbearing qualities of the timber frame.

Ruthin Community Hospital provides a range of outpatient services, treatment and diagnostics, with 27 GP managed inpatient beds.

The Hospital was built in 1914, and has a small car park on site, providing 37 patient/visitor spaces. Access is poor, in particular for large wagons, and people wishing to visit the site on foot or bicycle. The site does not meet the Kings Fund standards for dementia.

The **Economic Case** sets out the available options, and identifies the preferred investment option, which optimises value for money.

The Project Board has undertaken significant stakeholder engagement throughout the process of developing this Business Case, and identifying the preferred option, including:

- Meetings with the Community Health Council
- League of Friends
- Local Councillors
- Stakeholder Workshop (May 2018)
- Health Impact Assessment (September 2018)
- Engagement Week with Patients & Service Users at the Clinic (December 2018)
- Third Sector Drop-In Event (April 2019).

Feedback and response has been positive for the proposed developments.

Four Potential Options were identified and a preferred option was selected from the long-list.

The Preferred Option is to re-locate services from **The Clinic to Ruthin Community Hospital**. However, Building for Smiles, the CDS Strategy, describes a two site model within Central and South Denbighshire, ie, Denbigh Infirmary and Corwen Health Centre, with an additional (ie, third), surgery and de-contamination facilities at Denbigh Infirmary.

Denbighshire County Council has agreed in principle to a 'land swap' with BCUHB. By releasing land adjacent to the hospital to create circa an additional 35 car parking spaces, more than doubling the current provision to circa 70 – 75 spaces. Improved pedestrian access and footpath linking into the main bus routes will be created. DCC wishes to acquire The Clinic site from BCUHB to develop Extra Care Housing. This

would incur a one-off cost of £10,000, which will be included within the Capital bid to Welsh Government.

The Mount Street Clinic site does not allow for future demand or expansion of services. DCC's Local Development Plan (2006 – 2021) proposes an additional 692 houses within The Clinic's catchment area, ie, a potential increase of 1658 people.

The preferred option would include a new build extension at Ruthin Community Hospital, on the site of the existing physiotherapy unit for the GMS practice, with space to support Locality working, multi-disciplinary working and training, including Medical Students.

The design includes an additional clinical room which would enable the GMS practice to take on Medical Students, and extend their range of Enhanced Services, such as Minor Surgery and Contraception, which will contribute to the sustainability of the practice.

The scheme focusses on promoting wellbeing and reducing social isolation, it includes re-locating the League of Friends' Tea Bar to the main corridor, and a Third Sector room, created by re-commissioning a disused boiler room. The existing Relatives Room will re-locate closer to the inpatient ward, and also provide a multi-faith space. The League of Friends has indicated that they will contribute to the cost of re-furbishing the Tea Bar and the Relatives Room.

A partnership between The League of Friends and Denbighshire Voluntary Services Council (DVSC), will increase its volunteer membership and provide training opportunities, in areas such as food hygiene and customer service. This will enable the Tea Bar to open 7 days per week, instead of the current 3 days.

The Community Resource Team has already re-located to County Hall, which releases space to re-locate and expand the Physiotherapy department. This will enable physiotherapy services to take a further cohort of students from Cardiff and Wrexham Universities, and provide a training experience in specialist services, such as neuro-rehab, pulmonary rehabilitation and paediatric physiotherapy.

Mental Health Services for Older People will re-locate to a dedicated, quiet area of the hospital, and the entire development will meet the standards for Design for People with Dementia.

Health Visitors will re-locate to the Ruthin Community Hospital from Mount Street.

The scheme aims to deliver the Welsh Government recommendations for Multi-Professional Roles within Transforming Care (2018). In particular providing a training experience for medical students within both community and inpatient setting is invaluable. There is anecdotal evidence that GP trainees tend to remain in the area that they train in, and this "Grow your Own" approach is at the heart of succession planning.

The re-development at Ruthin Community Hospital includes a Locality Training Room, with enhanced IT, including Video Conferencing and Skype, which will enable medical and nursing students to maintain contact with Universities and neighbouring rural localities.

The **Commercial Case** sets out the scope and structure of the Scheme, and how the required assets will be acquired.

NHS Shared Services have managed the procurement of the capital works via the Local Framework Agreement. The closing date for bids is 8th August 2019.

The Health Board's Cost Advisors, WYG, have indicated that the total cost of the re-location of services from Mount Street Clinic and the re-development of Ruthin Community Hospital and Denbigh Infirmary (to provide a third surgery and de-contamination facilities), is £3.1million (July 2019). This includes an estimate of £212,000 to upgrade dental facilities at Denbigh Infirmary.

North Wales Shared Services managed the procurement process on behalf of BCUHB. Four bids were returned on 8th August 2019, and the Contractor providing the best value for money has tendered the works costs at £2,023,305. The total works costs for the entire scheme is £3,142,119.

The **Financial Case** demonstrates that the preferred option is affordable.

Backlog Maintenance at The Clinic is currently in the region of £250,000, and increasing. On disposal of The Clinic site, the financial burden of maintaining an obsolete building will cease.

The Health Board's **net** expenditure on Estates and Utilities in 2018-19 was £13,751. There may be a small increase in facilities services, following the transfer of services, in the region of £4,500 per annum, which will be absorbed within the existing service budget, and will be offset by a reduction in utility costs, as a result of improved energy efficiency on the re-developed Ruthin Hospital site.

WAST and the GMS Practice are re-charged an agreed percentage for their usage of utilities. BCUHB does not generate a rental income from WAST. BCUHB will re-charge the GMS Practice an agreed percentage (based on occupancy by m²) for Utilities, facilities and estates costs.

Health Visiting services predict that travel costs will reduce, due to the availability of MDT facilities within South Denbighshire, the cost of hiring external facilities for breast feeding groups will cease.

The CDS preferred option, i.e. a three surgery model in Denbigh will provide the community dental service with an opportunity to change its skill mix within its current workforce and maximise service productivity. In addition it will provide a more

attractive model to recruit to current vacant posts within the budget. The proposal will re-design the workforce to better meet the demands of a changing and evolving market, providing new clinical and administrative roles within the service. The new roles associated with this project sit within the existed staffing complement for the CDS service, and are accounted for within the current CDS revenue budget.

This model will meet the future needs and ability to deliver a service for local communities.

The **Management Case** sets out the planning arrangements required to ensure successful delivery and to manage project risks.

The Senior Responsible Officer, is the Area Director, Central Area Team.

A Project Board has been established and is chaired by the Assistant Area Director, Central Area Team.

Risks and Co-Dependencies

The risks associated with not delivering the Business Case are significant. In particular the risk to sustainability of Primary Care in Ruthin and the risks to the Health Board of maintaining an unsuitable, structurally deficient building at Mount Street, including the cost of backlog maintenance, excess energy costs, and high risk to the wellbeing and morale of staff and patients.

The most significant risk identified in the Risk Register is that The Clinic building will become unfit for continued use, prior to the project implementation, which would provide a threat to the continuity of primary and community services and the location of staff.

The Health Board has agreement in principle from WAST to re-locate from The Clinic, and from Denbighshire County Council to progress with the land transfer.

An application for Planning Permission for the Ruthin Hospital site has been submitted to Denbighshire County Council.

Strategic Case

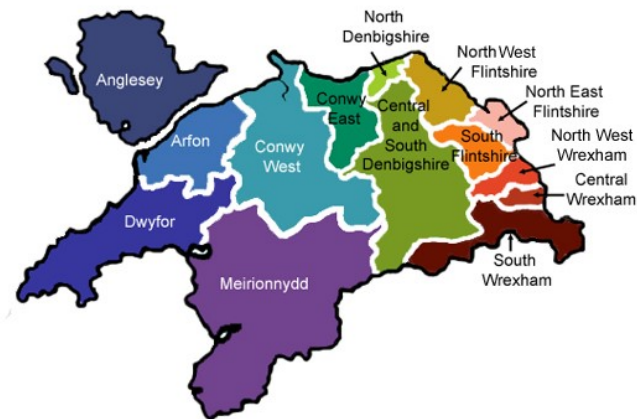
The **Strategic Case** describes how the scheme fits within the existing policy and strategic framework for Health and Social Care in Wales, and will meet existing and future demands.

Demographic Profile

There are 14 Combined Health & Social Care Localities (formerly 'Primary Care Clusters') within the Betsi Cadwaladr University Health Board (BCUHB) area; of which Central and South Denbighshire is one of 4 Localities located within the Central Area Team (see Figure 1 below). A locality is described as *"bringing together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities."*¹

According to the Public Health Wales GP Cluster Profiles (2013) and the Community Insight database (2017), the two key demographic factors within the Central and South Denbighshire Locality, and specifically the Ruthin area are Rurality and Life Expectancy.

Figure 1- BCUHB Locality Areas



Rurality

Ruthin is a market town serving a rural community of scattered, sparsely populated villages in the Central and South Denbighshire Locality. The Locality is classed as the third most rural locality within the Health Board area with 97% of patients classed as living in a rural area, and 25% of the overall population being Welsh speakers.

The area is sparsely populated, and access times to GP and Pharmacy are double the Wales average. (see Table 1 below).

Table 1 – OCSI Comparative Data – Rurality

Rurality	Ruthin	Wales Average	Social Housing Area

Access to GP (Walking or public transport)	58.9 minutes	26.6 minutes	
Access to Pharmacy	57.1 minutes	26.7 minutes	
Rural Residents (Population density = persons / hectare)	0.7	1.5	
Rural Residents (percentage of residents living in sparsely populated areas)	65.9%	19.4%	5%

Life Expectancy

Life expectancy in Ruthin is higher than the Wales average, the number of unpaid carers is also above the Wales average, and the percentage of people living in Care Homes is double the Wales average.

Table 2 – OCSI Comparative Data – Life Expectancy

Life Expectancy	Ruthin	Wales Average	Social Housing Area
Aged 65+	27.3%	20.2%	
Pensioner Households	27.1%	22.9%	
People providing unpaid care	12.1%	10.4%	9.2%
Life Expectancy	81	78	78
Healthy Life Expectancy (expected years in “good health”).	75	69	68
Residents in Medical and Care establishments (including residential and nursing care homes, managed by the NHS, Local Authority or private organisation)	1.6% (169)	0.8%	

Strategic Context

The Welsh Government’s Primary Care Strategy, March 2018, proposes action across five key areas:

- Planning care locally
- Improving access and quality

¹ Strategic Programme for Primary Care (Welsh Government) 2018

- Equitable access
- A skilled local workforce
- Strong leadership

These five key areas have been absorbed into the Welsh Government's plan for Health and Social Care.

'A Healthier Wales (2018)', promotes new models of seamless, integrated health and social care in which services delivered by different providers are co-ordinated seamlessly for and around the individual.

'Living Healthier, Staying Well' (2018), sets out BCUHB's proposals to deliver A Healthier Wales, sets out a new model of care in the community, focussing on the development of Health and Wellbeing campuses and investment in:

- Community Resource Teams
- integration between community and primary care teams
- co-location of teams and services.

This model of care will be delivered via a network of Health and Wellbeing Centres, based around existing Primary Care practices, Health Centres or Community Hospitals.

Central Area Team's Strategy, **'Stryd Ni (2016-19)'**, sets out the operational requirements for delivering Living Healthier, Staying Well, through strengthening Primary and Community Care, with an emphasis on working with Local Government and third sector partners to provide more integrated care, closer to people's homes.

Central and South Denbighshire Locality Action Plan (2018-2021) prioritises the sustainability of Primary Care, through improving the Estate and developing a skilled workforce. The Locality has already invested funds in Primary Care Counselling, an Advanced Nurse Practitioner supporting Care Homes and the Falls Prevention Service.

Following the publication of 'A Healthier Wales' the Welsh Government published its **'Strategic Programme for Primary Care' (2018)**, describing Primary Care as *"those services which provide the first point of contact, day or night, for more than 90% of people's contact with the NHS in Wales.... co-ordinating access for people to the wide range of services in the local community to help meet their health and wellbeing needs."*

The programme focusses on Primary Care as the first point of contact; working closely with partners, including community nursing, mental health, health promotion, therapists, paramedics, local authority staff and the third sector.

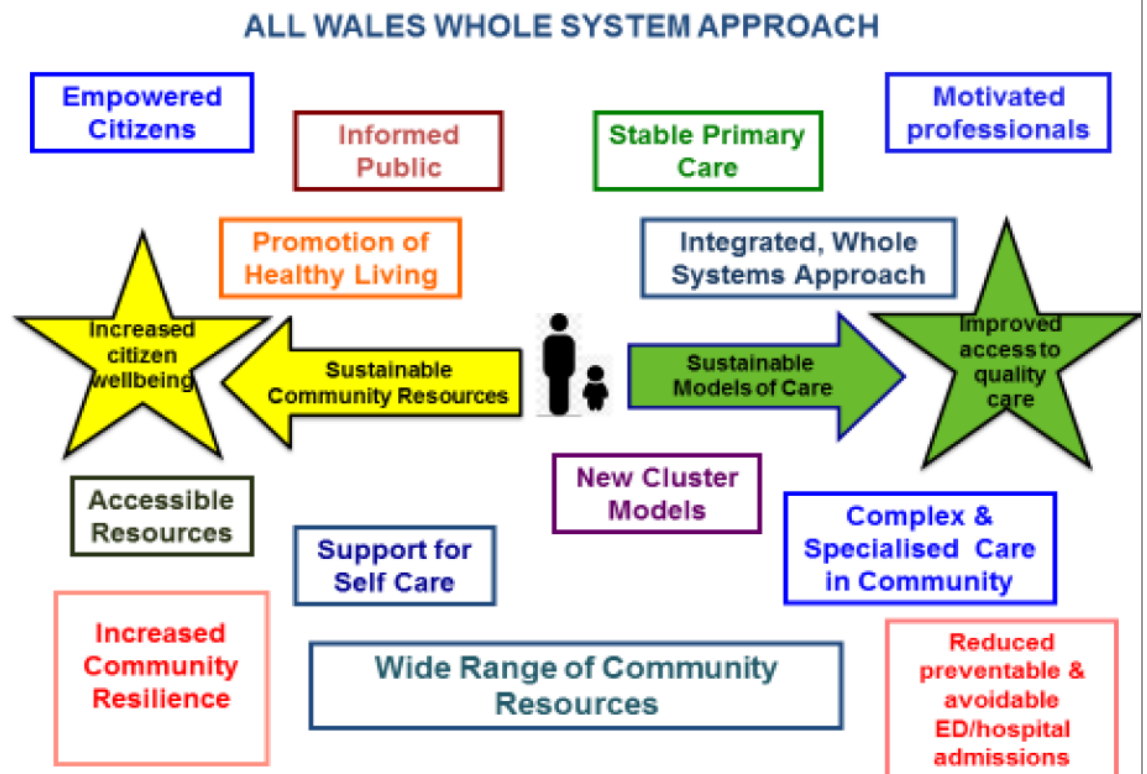
General Practice stability is at the heart of the **'Principles of Primary and Community Care Transformational Model (2018)'**² The model describes more proactive and

² Components of a Transformation Model for Primary and Community Care. Primary Care Hub. (2018).

preventative approach, with healthcare professionals in general practice being able to refer to a greater range of community services. An emphasis on Locality working increases efficiency and ensures that Primary Care has good access to clinical, social and managerial expertise.

The Whole Systems Approach is shown in Figure 2 below.

Figure 2 - The Primary Care Model for Wales - Whole Systems Approach



Case for Change

The aim of this Business Case is to deliver **Service Integration** from a **Fit for Purpose Estate**, achieving these objectives would address the two key challenges in Central and South Denbighshire which are described below:

- i. **Service fragmentation** - current services are fragmented across a number of sites, with duplication, inefficiency and multiple access points for patients
- ii. **Estate is not fit for purpose** – insufficient car parking, impedes service expansion, detrimental to staff morale, with identified risks to staff and patient safety, poor energy efficiency

The aims of the Business Case will be delivered by the following six investment objectives: to –

1. Support the delivery of Care Closer to Home in Central and South Denbighshire
2. Provide high quality, primary and community services for Ruthin and surrounding areas
3. Support sustainable Primary Care services in Ruthin and surrounding areas
4. Provide a safe, modern working environment for Health Board staff and partners
5. Remove backlog maintenance
6. Improve access to car parking for staff, patients and visitors.

The benefits of delivering the investment objectives above are described fully in the Benefits Appraisal. (see Appendix 5).

The risks associated with not delivering the Business Case and the critical co-dependencies are described in more detail in the Economic Case.

Service Fragmentation

Primary and Community Services are provided from a number of sites across Ruthin, notably, two GMS practices, Ruthin Community Hospital and County Hall (owned by Denbighshire County Council).

This results in fragmentation for health and social care staff, and a lack of integration between services and teams.

Patients are travelling between The Clinic and Ruthin Community Hospital to attend appointments for primary, community and outpatient services. This is particularly onerous on patients with long term conditions or co-morbidities, who report making anything up to 5 separate journeys per week, to see their GP, Practice Nurse or collect a prescription at The Clinic, and then attending the hospital for blood tests, diagnostics, physiotherapy, mental health and outpatient appointments.

One couple aged over 65 years, cited two appointments at The Clinic, one with the GP and one with the Practice Nurse, and three further appointments with the Memory Clinic, Phlebotomy and Audiology at RCH during a single week. This was fairly typical of the responses from the engagement week in December 2018.

The percentage of people attending two or more appointments per week (at The Clinic and/or Ruthin Community Hospital), increases exponentially with age and co-morbidities or chronic conditions.

The Community Resource Team has already moved to County Hall, with Ruthin Community Nurses sharing accommodation with the Adult Social Care Team.

Services are duplicated across the sites, eg, Health Visitors and Midwives see patients on three sites, at The Clinic, Plas Meddyg and Ruthin Hospital. Primary Care Mental Health and Physiotherapy are also provided on all three sites.

The District Nurses and outpatient staff at Ruthin Hospital both undertake wound care and dressings.

Current Service Delivery

Mount Street Clinic is located in the centre of Ruthin town. The building consists of three floors, with Welsh Ambulance Service Trust (WAST) located on the lower ground floor, the GMS Practice, Dispensary, Community Dental, Health Visitors, Mental Health counselling, a large waiting room and toilets, being located on the ground floor, and office accommodation for the Health Visitors and School Nurses on the first floor.

The GMS practices:

There are two GMS Practices in Ruthin, of which only The Clinic will re-locate to Ruthin Hospital. However, Plas Meddyg GMS practice also uses, and provides, services at Ruthin Hospital and is therefore a key stakeholder in the re-development.

Service information for both practices (April 2018) is provided below.

The Clinic GMS Practice

The Clinic GMS practice has 2,931 patients on its list, of which its dispensing list is 1,549. Following a period of instability, the Practice has now recruited a second partner, and also employs a salaried GP. The Practice has 1.88 WTE GPs, with an average list size, per WTE of 1,559.

The Clinic provides 156 routine GP appointments per week, and 24 urgent appointments. The Practice Nurse provides 113 routine patient appointments per week, with support from the Health Care Support Worker, who provides 16 appointments per week. The Counsellor, who is employed by the practice, has a case load of circa 5 – 8 patients of the practice, usually about 3 hours per week on a Thursday morning. Tim Dyffryn Clwyd (TDC), the Community Mental Health Team also provide services once a week (mainly for depot injections) from The Clinic, usually on a Thursday afternoon.

The BCUHB Advanced Scope Physiotherapist provides circa 8 appointments per week, on one morning per week.

The Clinic aspires to become a training practice, and has taken its first 5th year medical student on an 8 week placement in 2019. The Clinic also takes nursing students from Bangor University, and currently provides a 9 month placement for a trainee Practice Nurse.

The Clinic delivers services under the GMS Contract. The practice does not claim the full range of available Enhanced Services, they are contracted to deliver the following Enhanced Services –

- Care Homes (8 residents)
- Learning Disabilities
- Homeless
- Contraceptives (Depo Injections only)
- Gonadorelins (4 week and 12 week intervals)
- INR ((Level 2a)
- Warfarin DES (Level A)
- Near Patient Testing (NPS)

The Clinic also provides childhood immunisations.

The Clinic has recently been approved to provide minor surgery for joint injections and excisions.

The Clinic does not maximise its potential income from Enhanced Services, mainly due to the constraints of the current estate. The Clinic currently generates £4.52 per patient from Enhanced Service income, in comparison to similar practices within the Locality which generate £10.30 per patient.

Plas Meddyg GMS Practice

The partners at Plas Meddyg practice own their own premises in Ruthin. The practice has 10,305 patients on its list, of which its dispensing list is 5,310. The Practice has 9 GPs, equating to 7.5 WTEs. The average list size per WTE is 1,374.

Plas Meddyg is registered as a GP training practice, offering placements to trainees from Cardiff, on ST2, 3 and 4.

Plas Meddyg delivers the full range of services under the GMS Contract and in addition, they are contracted to provide the following Enhanced Services –

- Care Homes
- Learning Disabilities

- Minor Surgery
- Contraceptives (full range)
- Gonadorelins
- INR (level 2)
- Warfarin DES
- Near Patient Testing (NPT)

In addition, Plas Meddyg has the services of the BCUHB Pharmacist on two days per week and the BCUHB extended scope Physiotherapist twice a week.

Tim Dyffryn Clwyd (TDC), provide mental health services on 3 days a week, and the Midwives provide services as required over 5 days Monday – Friday.

Community Dental Services

The Community Dental Services (CDS) provide dental services for vulnerable people who are unable or unlikely to access General Dental Services (GDS) or a “High Street” dental surgery including:

- Children and adults with learning disabilities
- Patients who are medically compromised
- People who have mental health problems
- Children and adults with physical disabilities
- Children and adults with dental anxiety
- People with complex social problems and who can’t obtain dental care
- People who can’t receive dental care due to geographical isolation
- People who are unable to leave their homes to seek care
- People in rehabilitation and secure units.

The Welsh Government Circular (2016/005)³ identifies the role of the Community Dental Service as:

- Provision of a range of treatment services for children and vulnerable adults
- Domiciliary service provision (including Care Homes)
- Training and development
- Oral health education
- Dental epidemiology
- Oral health assessments

³ Services for Smiles: A Strategy for the Development of Community Dental Services in North Wales (2017- 2022)

Community Dental Services (CDS) are provided from The Clinic on two days per week (Tuesday and Thursday), and used as a base for Domiciliary visits on a Wednesday. Approximately 16 patients are seen per day on site, ie, 32 per week, with an additional 6 domiciliary patients seen within their home setting. The service is provided by a Community Dentist and Dental Nurse.

The League of Friends at Ruthin and Denbigh Hospitals funded the purchase of domiciliary dental equipment for CDS. The size of a suitcase, this equipment enables the CDS to set up a dental surgery in any location and provide a full range of treatments. Initially, this was used to provide dental services to inpatients in both community hospitals, but is also used to provide services to patients who are house-bound.

CDS services are provided from three permanent locations in Central and South Denbighshire, a brand new 2 surgery facility in Corwen, a single surgery at Ruthin and a 2 surgery unit in Denbigh. The workforce is dispersed across 3 permanent sites, a mobile schools unit, and also provides a domiciliary service and service to inpatients at Ruthin and Denbigh Community Hospitals. There are few opportunities to maximise skill mix or deliver economy of scale. There is no staffed reception at either Ruthin or Denbigh clinics.

Services for Smiles (2017 – 2022), the Health Board's Strategy for the Development of Community Dental Services in North Wales, acknowledges the challenges of providing and sustaining General Dental Services (GDS) in some rural areas in North Wales. Where there is insufficient access to GDS or challenges in recruitment, a Personal Dental Service (PDS) arrangement operates, which provides a salaried service under GDS arrangements. This CDS/PDS service is provided in both Corwen and Denbigh.

Health Visitors and School Nursing

A team of four Health Visitors and two School Nurses are based on the first floor of The Clinic. The Health Visitors hold clinics on the ground floor of The Clinic on Monday, Tuesday and Wednesday. Speech and Language Therapists (SALT) use a BCUHB ground floor room on a Thursday and Friday. Parents and children waiting to see the Health Visitors or SALT utilise the shared waiting room and toilets.

The Health Visitors undertake a range of baby and toddler assessments from the age of 8 weeks to 3.5 years, on average undertaking around 26 mum and baby assessments per week.

The Health Visitors also use the main waiting room, for a post-natal group and baby massage on a Thursday. The courses run over 6 weeks, with an average of 12 mums and babies attending each session. There is no confidentiality in this space, as Mount Street Clinic patients access the reception and dispensary via the main waiting room.

Welsh Ambulance Service Trust

Welsh Ambulance Service Trust (WAST) occupies the lower ground floor of The Clinic. The site has space to garage three vehicles and accommodation for WAST Staff.

One rapid response vehicle is currently located at The Clinic, serving the South Denbighshire area.

Ruthin Community Hospital

Ruthin Community Hospital provides both inpatient and outpatient services. From April 2018, the inpatient beds at Ruthin Community Hospital were increased from 22 to 27, and are managed by the two Ruthin GP Practices.

Therapy services are provided for both inpatients and outpatients, including physiotherapy, podiatry and biomechanics, occupational therapy, Speech and Language Therapy (SALT) and dietetics.

Phlebotomy, ear syringing, leg ulcer, wound care, liquid nitrogen therapy and lymphoedema services are also provided on the Hospital site for patients of both the Ruthin GP Practices.

Visiting outpatient clinics include: Parkinson's clinic, eye clinic, orthoptics, audiology, continence support, midwifery, CAMHS and general surgery.

Screening and diagnostic services include: diabetic retinopathy, Aortic Aneurism, Doppler, ECG and bladder flow.

Adult mental health services, including Primary Care counselling are provided at the hospital, CAMHS attend on a monthly basis, and the Primary Care Memory Service is based on the hospital site. The Primary Care Memory Clinic Service undertakes initial assessments and follow up reviews of both inpatients and outpatients and domiciliary visits to individuals' homes and care homes. The service also provides 6 week Cognitive Stimulation Groups for individuals in the early stage of memory decline. The service is currently failing to meet the Welsh Government Standards for Referral to Assessment (28 days) and Referral to Diagnosis (12 weeks), in reality this is closer to 19 weeks for Referral to Assessment, with a further wait of circa 6 – 8 weeks to Diagnosis.

Health Visitors hold monthly clinics on the hospital site.

Service mapping undertaken as part of the review of services reveals good occupancy of current accommodation. However, in reality, there are at least 4 separate booking systems, held completely independently, with no consistent overview of room occupancy.

Services block book rooms, to maintain their rights to occupancy, an example of this is the two outpatient clinic rooms, the booking calendar for these two clinical rooms

shows that there are only 3 vacant slots from a potential 20 sessions per week (85% occupancy), however, screening services book out both clinic rooms, but will only utilise one. A similar pattern is repeated throughout the hospital site.

Whilst this enables services to offer patients flexible appointments at short notice, the available space could be utilised more efficiently.

The key challenges of service fragmentation and the inability to expand and develop, identified above, are mainly due to the condition of the current estate and the restrictions of the current sites in Ruthin. These are explored in more detail below.

CURRENT ESTATE

Clinical services are currently provided on three sites in Ruthin, with health and community services located on four sites.

BCUHB owns The Clinic and Ruthin Community Hospital. Plas Meddyg is a 1980's building, owned by the partners of the GMS practice.

Ruthin Community Hospital



Ruthin Community Hospital was built in 1914, as a Poor Law Infirmary. During the First World War it was used as a convalescent home for injured soldiers. Between the two World Wars it was a busy general hospital, admitting patients requiring skilled nursing care and carrying out surgical operations. Upon the introduction of the National Health Service in 1948, Ruthin Hospital became a General Practitioner hospital and in the 1980s it became a Community Hospital.

The hospital is built of brick under a slate roof and has been extended over the years. The League of Friends contributes to the maintenance and upkeep of the grounds.

Ruthin Community Hospital is now owned by BCUHB and provides a range of inpatient and outpatient services to the Community of Ruthin and surrounding areas. The hospital is located just off Llanrhydd Road, on the outskirts of the main town of Ruthin.

Car Parking is insufficient on site with small car parks providing 37 patient/visitor spaces, of which 5 are dedicated Disabled and 16 staff parking spaces. Vehicles are frequently parked along the access road and onto Llanrhydd Street public highway, obstructing visibility and posing a hazard to pedestrians. Access to the rear of the hospital, as required by service vehicles, such as clinical waste and deliveries, is via a series of narrow, single tracks, with a number of blind and very tight corners.

There is no scope to extend the current car parking within the current site to meet current demand and provide for future development of services, and the re-development of the hospital is dependent on the acquisition of additional adjacent land from Denbighshire County Council, following the re-location of two primary schools.

There is no safe footpath or cycle path to access the hospital site. Pedestrians are required to walk on the main hospital access road, sharing space with vehicles both entering and exiting the hospital site. The nearest bus stop is on Wrexham Road and requires pedestrians to cross the busy A525 at the pedestrian lights and walk along Llanrhydd Street to the hospital.

The site does not meet the standards for all new developments within the Local Development Plan (LDP) (2016 – 2021),⁴ which requires safe access for all users, including cyclists, pedestrians and the mobility impaired, and reduce CO2 emissions and air & noise pollutants which have a negative impact on health and wellbeing.

The hospital does not meet the Kings Fund standards for supportive design for people with dementia.⁵ The Primary Care Memory Service shares a generic waiting area with other services on a busy thoroughfare in the hospital, with community services accessing storage cupboards and transporting equipment through the waiting area. Noise levels and sensory stimulation is high, increasing stress and anxiety in patients and carers prior to appointments. The clinical rooms face onto the car park, and conversations can be over-heard, especially if windows are opened during the summer months. Confidentiality is poor throughout. Clinical rooms also double-up as offices, and are cluttered with administrative paraphernalia, including IT equipment, stationery and leaflets, resulting in excessive visual stimulation, which can be detrimental to the patient's ability to concentrate and focus.

There are no Third Sector Services on site, and no suitable space to provide Third Sector support, groups or information. The League of Friends Tea Bar is not visible from

⁴ Denbighshire County Council Local Development Plan 2006 - 2021

⁵ <https://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia>

the main corridor, and only has space for 4 chairs, located on the corridor to the wards. It is too far away from the outpatient and therapy clinics for patients to use. It is currently only open for 6 hours per week.

Mount Street Clinic



The Clinic is a Betsi Cadwaladr Health Board (BCUHB) owned property in shared use, including: GMS services, Community Dental Service (CDS), Health Visitors, School Nurses, Community Mental Health Services and the WAST Ambulance Station. The building was opened on 18th November, 1965, and is timber framed pre-fabricated building, with softwood single glazed windows and a felt-covered flat roof. It is a 3 storey building, on a split-level site, with WAST being located on the lower ground floor, GMS, Dental and Health Visitors being located on the ground floor (which is directly accessible from Mount Street), and Health Visitors (staff only), being located on the first floor. Parking is limited, circa 8 spaces (reserved for staff), of which 1 is dedicated disabled.

Confidentiality throughout the site is poor, confidential conversations with reception or dispensary can be over-heard in the main waiting room. A radio is on during surgery times in the waiting room, to provide some confidentiality. The waiting room is under-utilised, and would be ideal for groups, such as breast feeding, however, it is the main thoroughfare to the reception and dispensary, and is completely unsuitable.

The Clinic has 8 car parking places. From the engagement week in December 2018, the lack of car parking at The Clinic was a major concern for patients and staff.

The Mount Street Clinic has a single CDS clinic room, with no separate decontamination room. It has experienced extremes of temperature in winter and summer. There is a small dedicated CDS waiting area, and unstaffed reception.

According to **Building for Smiles (2018 – 2023), the Health Board's Strategy for Community Dental Assets and Facilities**, the Mount Street Clinic is one of 14 in North Wales, which meets the Silver Standard Silver, ie, *"good overall standard, but still scope for significant improvement."* Building for Smiles provides a baseline of the current

Health Board estate and facilities, and recognizes that major refurbishment works are required at Mount Street Clinic.

The Clinic building is in a poor state of repair. The **Lambert, Smith & Hampton (LSH) Primary Care Estates Report (2016)** identified a range of backlog maintenance issues, including floorings, internal decoration and power assisted doors. The LSH report also identified that the roof coverings are in need of renovation. The flat roof leaks, with water ingress into the building, which results in pools of water in patient and clinical areas. Water frequently blows into the building around the poorly sealed window frames. The building does not meet modern standards for insulation, and loses heat through the roof, walls and windows. The LSH Report of 2016 identified a backlog maintenance mainly due to the cost of renewing roof coverings on the flat roof, which the report identifies as a "Significant Risk." The Fire Officer subsequently attended the building on 28th February 2017, and identified a number of areas of concern. In January 2017, BCUHB's Capital and Estates officers identified the priorities for essential maintenance as:

1. preventing water ingress via the flat roof
2. providing additional insulation, on the roof and external walls, where possible
3. replacing the timber framed windows
4. improving heat efficiency, eg, thermostats and better insulation on the existing system
5. restorative decoration
6. maintenance to external fire escape routes

Opus was commissioned to undertake a structural survey of The Clinic in September 2017, this revealed that the current concentration of filing cabinets on the first floor was outside of the assessed structural loadbearing qualities of The Clinic's timber frame and recommendations were made to strengthen the structure or to reduce the concentration of weight by spreading the load or removing some, or all, of the cabinets.

The Opus Survey concluded that the external paint is flaking and external timbers and cladding are rotten, with isolated areas of cracking to the masonry section of the building that will require further attention.

The fire escape was in a fair condition but has generally suffered from lack of maintenance, resulting in paint flaking and the exposed steelwork below suffering from surface corrosion. No significant loss of section had occurred and the stairs appeared to be sturdy enough for its ongoing use.

The flat roof construction was found to be retaining water at the time of the inspection and following reports of water tightness issues to the building this could be the root cause, particularly given the condition of the windows and flashing details.

Internally the building was found to be in a good condition with only very minor defects observed.

The assessment of the first floor loading confirmed that the floor construction is not be suitable for supporting filing and storage as it is currently doing so without any further investigation or strengthening works being undertaken. The floor is however suitable for use as general office accommodation providing that concentrated loading of the floor is avoided by large static equipment.

The Opus Survey made the following recommendations:

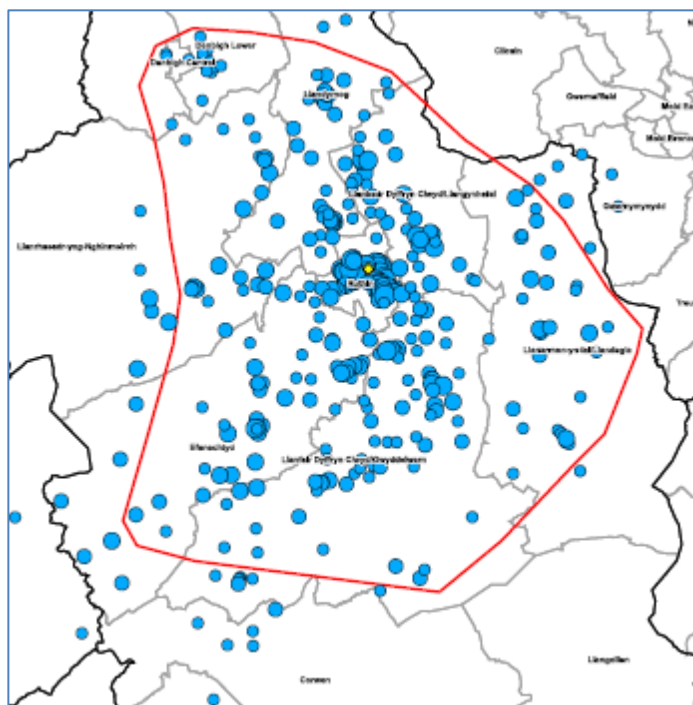
- Refurbishment of the wall cladding and windows would address the defects identified, and would not have any implications to the loadbearing capacity of the structure.
- The flat roof areas should be re-covered with a suitable waterproofing system to prevent the ingress of water into the building. The flashing should be replaced, and the roof should be inspected further for isolated patch repairs.
- The isolated areas of cracking to the brickwork should be repaired with a suitable proprietary crack repair system.
- The fire escape stairs should be cleaned and re-painted and a suitable maintenance regime implemented to prevent any further degradation and ensure the fire escapes ongoing use.
- The fire escape should also be assessed to ensure that it complies with current building regulation guidance.
- Handrails to the flat roof area adjacent to the main entrance should be cleaned and re-painted.
- Further consideration should be undertaken to the suitability of the floor to support file storage which may involve:
 - Further investigation into the construction of the floor joists
 - Removal of file storage altogether
 - Strengthening works to the existing floor structure to allow for file storage
 - A timber specialist is appointed during any refurbishment works to undertake a condition survey of the exposed timbers and to advise if any member replacement is required.

BCUHB's Central Area Senior Leadership Team considered options to refurbish The Clinic during 2017, however, the SLT concluded that the most cost effective medium – long term option was to develop a Health and Well-being Centre based at Ruthin Community Hospital and re-locate services from The Clinic.

The current estate does not allow for the development or expansion of current services. Future demand for primary and community services is predicted to increase, due to the rise in older adults within the County (Central and South Denbighshire already has a higher than average life expectancy), and the increase in housing provision within the Locality Area.

Denbighshire County Council's Local Development Plan (LDP) 2006 – 2021 sets the local planning policy, which sits within the framework of national policies set out by the Welsh Government. The LDP identifies a number of proposed housing developments within the Locality area, which will have an impact on the number of patients looking to register with a GP, and use community services.

Figure 3 - The Clinic's Practice Boundaries



⁷ North Wales population assessment Draft 0.1 November 2016

Table 3 - LDP – Potential Population Increase

Community	Number of New Houses Proposed	Potential Population Increase (assumed 2.4 residents per dwelling)
Ruthin	236	566
Denbigh (Lower Denbigh and Ruthin Road)	174	417
Graigfechan	10	24
Gwyddelwern	48	115
Llanarmon yn Iâl	12	28
Llanbedr DC	70	168
Llandyrnog	25	60
Llanfair DC	84	201
Llanrhaeadr	33	79
Total	692	1658

Assuming an average of 2.4 residents per dwelling, this population increase would amount to circa 1,658 new residents within The Clinic's practice boundary area. Whilst it is likely that this increase will be dispersed amongst the Central and South Denbighshire practices, a significant proportion will look to register with The Clinic.

The Clinic currently provides a high quality service to its patients, (as evidenced from the engagement week in December 2018), with excellent access to a health care professional. The Clinic does not have space within the current estate to enable the practice to expand and flex its clinical workforce to meet the increasing demand, The Clinic will not be able to maintain its current high standards, that are valued so highly by its patients.

Economic Case

The **Economic Case** sets out the available options, and identifies the preferred investment option which optimises value for money.

A preferred option is identified, on the basis that this optimises value for money, achieving both quantitative and qualitative criteria, over the medium and long term.

The options have been developed through a process of stakeholder engagement, which has identified and refined the options, and the rationale for the preferred option.

Set out below is a summary of the engagement process and the key outcomes from each event or discussion.

Community Health Council

A number of meetings have been held with the Community Health Council (CHC), including the presentation of a "Service Change Protocol" to the joint CHC and BCUHB Strategic Planning Meeting on 23rd October 2018. The CHC advised BCUHB that they were supportive of the proposals in principle, and did not require BCUHB to undertake formal consultation, although they recommended discussion with key stakeholders, including patients and service users attending The Clinic. Members of the Project Board have attended the local Denbighshire CHC Committee, to provide an update on 12th December 2018 and 6th March 2019.

League of Friends

Ruthin Community Hospital has an active League of Friends, and they have indicated their support for the proposed re-development. A number of meetings have taken place with the League of Friends, and they are members of the Design Team.

Local Councillors

The Lead Member for Health, Wellbeing and Independence attended the HIA, and members of the Project Board attended a meeting with the Ruthin Area Members Group on 18th January 2019. Members of the Town Council have also attended the League of Friends Meetings and Third Sector Events.

Stakeholder Workshop - 6th May 2018

A stakeholder workshop was held on 6th May 2018 in Awelon Community Centre, Ruthin. The aim of the Workshop was to receive information about the proposed development, to comment on the proposals, and to define and agree the Investment Objectives, which are described in Section 5 above.

The workshop was attended by 30 representatives of local services, including Primary and Community Care, Social Services, WAST, CDS and Third Sector.

Health Impact Assessment – 26th September 2018

A Health Impact Assessment (HIA) was held on 26th September 2018 in Canolfan Naylor Leyland, Denbighshire Voluntary Services Council (DVSC) offices, Ruthin.

A Health Impact Assessment is defined as '*...a process through which evidence (of different kinds), interests, values and meanings are brought into dialogue between relevant stakeholders (politicians, professionals and citizens) in order imaginatively to*

understand and anticipate the effects of change on health and health inequalities in a given population’ (Elliot et al 2010).

The Wales Health Impact Assessment Support Unit (WHIASU) and Public Health Wales (PHW) facilitated the event, which was attended by approximately 20 representatives of local services and organisation, including the Community Health Council (CHC), League of Friends, Social Services, Third Sector, WAST, and Lead Council Member for Health, Wellbeing and Independence.

The key findings are summarised below (See Appendix 2).

- The proposals are mainly positive for all population groups
- There is a need to understand the impact of the changes on people currently accessing CDS in Ruthin.
- Improved car parking and access are positive, however, increased traffic and footfall to the site during construction and on transfer of services needs to be managed carefully.
- The design needs to meet the needs of children, young people and people with memory issues.
- The development needs to be “future proof”, ie, able to manage future population growth, eg, local housing development, and deliver a model of care based on a multi-professional and multi-skilled workforce across primary and community services.
- Extend the range of services, including primary care, through enhanced services, third sector and Tea/Coffee Bar.
- Seamless working – and better communication between inpatient and community services; health, social care and third sector.

The Clinic Patient & Service User Engagement – 3rd – 6th December 2018

Members of the Central Area Team (BCUHB) and The Clinic Practice attended The Clinic between 8.30 am – 6 pm, from 3rd – 6th December 2018. A stand in the foyer displayed the draft floor and site plans (including car parking). A bilingual questionnaire was available and over 80 questionnaires were completed and returned. A copy of the questionnaire is available at Appendix 3.

This followed the recommendations of the HIA and the CHC, to identify any unintended consequences of the proposed re-development, eg, access by public transport, and positive aspects which should be retained and any potential opportunities to expand or develop services.

Responses were overwhelmingly positive for the quality of the current services provided at The Clinic, including GMS, Health Visitors and CDS, citing friendliness of staff, flexibility and speed in obtaining appointments, with comments including: *“lovely practice Very friendly Wonderful Family doctors ... immediate access to appointments and physiotherapist ... collecting prescriptions The reception staff ... I can get an appointment when I want one.”*

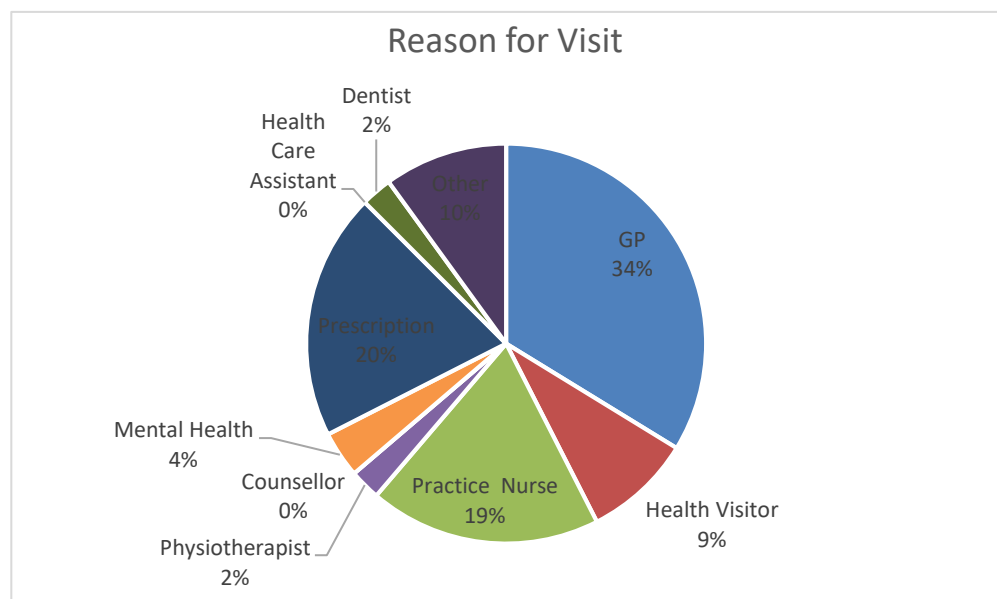
Opportunities for development included:

“One Stop Shop” – everything on one site. Patients are already attending the hospital for blood tests, physiotherapy, ear syringing, audiology, midwifery, screening, outpatients, and visiting family and friends on the inpatient ward. Comments included *“I’m already attending for physio and bloods I go to the hospital to see the midwife, it would be better if everything was on one site.... It would be better if the doctors were on the same site... all on one site for activities for mum and baby ... I’ve come here today (The Clinic) to see the doctor, now I’ve got to go down to the hospital to book an appointment for ear syringingI’m backwards and forwards for bloods and ears, etc I already go to the hospital for diabetic retinopathy and footcare ... I’ve been to the hospital for an ECG, and now I’ve had to come here to see the doctor and he’s sent me back to the hospital for blood tests.”*

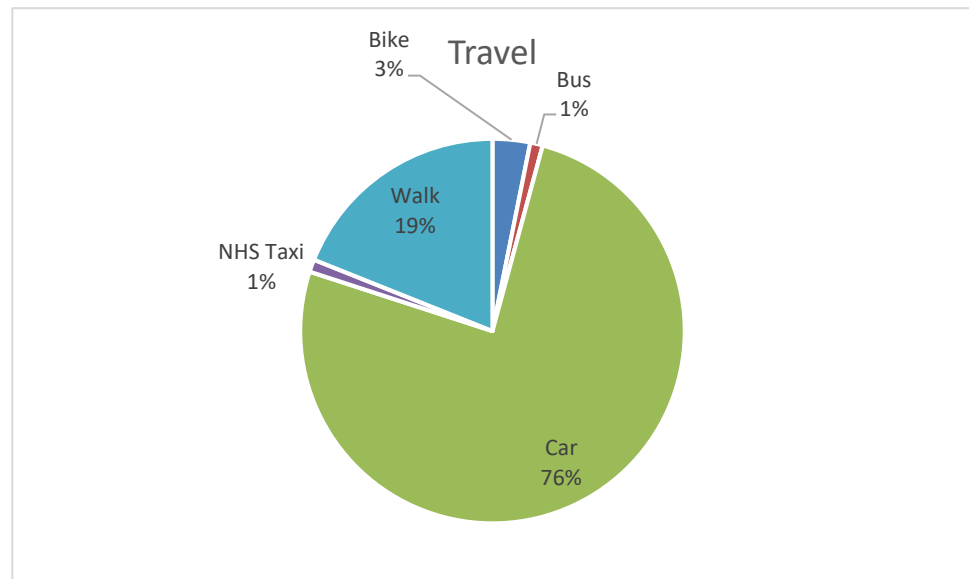
- Better/more/additional car parking
- Able to walk to hospital site
- Contraception and Coils
- Minor injuries/Minor Surgery
- X-Rays
- More screening, eg, breast and cervical cancer
- Longer opening hours of café/League of Friends/drinks & refreshments
- Space for more groups, eg, mother and baby groups

Figure 4- Reason for Visit

The majority of patients were attending the GP practice, either to see a health care professional, or for prescriptions – as shown below.

**Figure 5 – Travel to The Clinic**

The HIA had highlighted concerns that a move to the RCH site may disadvantage patients who access services by public transport. However, during the consultation week, only one patient had come by bus, with the majority using a car (77%) or walking (16%) (see Figure 5 below).. Patients who are attending CDS are able to access Non-Emergency Patient Transport (NEPT), to attend appointments. Patients travelling by car cited the lack of car parking at The Clinic as a cause for concern, comments included: *"I get anxious because I don't know where I will be able to park ... I can't walk far ... I worry about the time on my parking ticket."*



The Clinic has 8 car parking spaces, of which one is dedicated disabled, the remainder are reserved for staff. Comments from staff include *"we're always blocking each other in and have to go out to move our cars ... I don't mind walking, but it's too far to carry all my kit."*

In reality, there is no patient car parking on The Clinic site, and as The Clinic is at the top of a hill, it can be prohibitive to walk to the site. *"Patients live nearer the hospital and could walk to the hospital, but they can't walk up the hill to The Clinic, it puts people off walking into town."*

Ruthin Community Hospital is located at the heart of several large housing estates and a number of patients commented that they currently walk to the hospital site for blood tests, and would therefore walk to appointments with the GP, instead of getting in the car to drive to The Clinic.

Demographic Data

Respondents were also asked to provide some self-reported information, to help understand the demographic profile of the patients attending The Clinic. This is summarised in Tables 4 and 5 below.

Table 4 - Age Profile

Age Profile		
0 – 18 Years	19 – 65 Years	66 + Years
2%	49%	49%

Table 5 - Other Demographic Information

	Yes	No
Are you attending with a Child?	11%	89%
Are you a Carer?	87%	13%
Do you have a long term condition?	36%	64%

During the engagement week, patients were asked if they were interested in joining a Patient Participation Group, this will be followed up during 2019.

Third Sector Drop-In Event 17th April 2019

Over 20 representatives of Third Sector, Community Groups and the Town Council attended a Drop-In Event on 17th April 2019 from 5.30 – 6.30 pm. This provided an opportunity to find out more about the proposals and explore how the re-development could provide opportunities to add value to existing services and partnership working.

Below is a summary of the feedback, the full report is provided at Appendix 4.

- No Third Sector services on site, apart from the League of Friends Tea Bar
- Insufficient space for groups on site at the moment, or even for an information stand
- Numerous groups in the community, although suitable venues are scarce
- Opportunity to promote health and wellbeing
- Groups are available, often about 20 – 30 miles away, with people travelling from Ruthin area
- There is a real demand for suitable rooms for groups, British Red Cross, Crossroads, Vale of Clwyd Mind, Chronic Pain, Macmillan, Stroke Association, Epilepsy Action Cymru and Bereavement support were all interested in accessing a bookable Third Sector Room if it was available in Ruthin Community Hospital
- Transport and access from the villages can be an issue, is there an opportunity to link with Community Transport Schemes?
- Third Sector organisations welcome the opportunity to work more closely together and with the statutory sector
- Informal space for one-to-one conversations, utilising the Tea Bar

- Opportunities to utilise Information Technology, signposting to groups in the Community
- Space for multi-faith and spiritual or bereavement support
- Understand what are the implications for Ruthin patients currently accessing CDS.

Available Options

Four potential options have been identified, the relative advantages and disadvantages of each option are outlined below. The options are compared for their ability to deliver the investment objectives. A preferred option is identified and an assessment of its ability to deliver the Strategic Case, via the Health Board's strategy 'Living Healthier; Staying well,' is included at Table 10.

The four options are:

1. Do nothing
2. Do Minimum, ie, refurbish The Clinic
3. Re-location of Services from The Clinic to Ruthin Community Hospital and / or Denbigh Infirmary
4. New Build on Out of Town site

Table 6 - Option 1 - Do Nothing.

This option has been rejected as not viable in light of The Lambert, Smith & Hampson report and subsequent Opus structural survey on the condition of The Clinic.

Option 1 – Do Nothing	
Advantages	Disadvantages
No significant capital investment incurred.	Does not address risks identified in Lambert, Smith & Hampson & structural survey.
	Does not address risks to staff and patient safety (BCUHB).
	Will require ongoing maintenance of outdated building, including heating, insulation, windows, etc.
	Does not address co-location.
	Does not address current parking problems.
	Does not allow for expansion of services.
	Does not address concerns regarding temperature extremes in CDS clinic.

Table 7 - Option 2 – Do Minimum

Refurbish the existing clinic. This option does not represent value for money in the medium or long term, or deliver the benefits of co-location. Car parking would not be improved.

Option 2 – Do Minimum	
Advantages	Disadvantages
No significant capital investment incurred.	Would require capital investment to address immediate maintenance issues to address risks identified in Lambert, Smith & Hampson Report and Opus Structural Survey.
	Will require ongoing maintenance of outdated building, including heating, roofing, insulation, windows, etc.
	Does not address co-location & integration of services.
	Does not address current parking problems.
	Does not allow for expansion of services, thereby supporting Primary Care Sustainability.

Option 3 – Re-locate Services from The Clinic to Ruthin Community Hospital and Denbigh Infirmary

Under Option 3, services would re-locate from The Clinic to Ruthin Community Hospital with a new build extension, replacing the existing Physiotherapy Wing, to accommodate Primary Care Services. This would ensure that the provision meets the requirements of the Welsh Health Circular guidance on Primary Care facilities.

Denbighshire County Council (DCC) has confirmed in principle that they are interested in a “land swap,” under the Welsh Government Estates Coordination and Land Transfer Protocol, ie, DCC would release land adjacent to the hospital site to improve car parking, in exchange for The Clinic site. The Clinic is adjacent to DCC’s Extra Care Housing facility in Ruthin.

The District Valuer (DV) was instructed in November 2018 and provided a valuation of both The Clinic site and the identified area to be used as additional Car Parking on behalf of BCUHB and DCC.

The following agreed special assumptions have been applied:

- a) Both sites are freehold with vacant possession

- b) Planning permission will be forthcoming for demolition of The Clinic and Ambulance Depot building and development of an eight unit building for social housing and/or 10 general housing units.
- c) Planning permission will be forthcoming for Betsi Cadwaladr University Health Board's proposed use as improved access and additional car parking to Ruthin Community Hospital.
- d) There will be no substantial development costs associated with providing this additional area of car parking.

The Valuations were provided in December 2018. The car parking land is valued at £70,000 and the Health Board's land (The Clinic site) is valued at £60,000. Resulting in a net cost to the Health Board of £10,000.

BCUHB has an agreement in principle from the Welsh Ambulance Service Trust (WAST) that they will vacate the Mount Street Clinic site, to co-locate with North Wales Fire and Rescue Service, on Park Road, Ruthin. This maintains their service provision in Central and South Denbighshire, from an accessible site located on the edge of the town.

Community Dental Services would re-locate to Denbigh Infirmary, which would also provide some additional capacity during the development of the new North Denbighshire Hospital on the Royal Alexandra Hospital site in Rhyl, and will be an integral part of the support mechanisms for maintaining CDS services during the re-development of the RAH to ensure that existing services are maintained and access doesn't fall below current levels.

Table 8 – Option 3 Re-location of Services

Option 3 – Re-location of Services from The Clinic	
Advantages	Disadvantages
Supports delivery of the Health Board's Strategies: Living Healthier: Staying Well; the Primary Care Strategy and Care Closer to Home.	Re-locates services away from the town centre site & public transport links.
Articulates the Health Board's commitment to delivering services Care Closer to Home, and secures the long term future of Ruthin Community Hospital as a Wellbeing Centre.	Requires capital investment to re-develop the Ruthin Community Hospital site.
Has Stakeholder support, including both GP Practices in Ruthin, Local elected councillors, (county and town), and support of AMs and MPs.	Replaces permanent CDS surgery in Ruthin with expanded service in Denbigh and Corwen, and mobile provision in Ruthin.

	Removes the maintenance, statutory compliance and access issues associated with the current building, thereby removing significant Estates risks for the Health Board as both Landlord and part-Tenant.	Requires capital investment in De-contamination room and third surgery at Denbigh infirmary site.
	The re-development would be compliant with Welsh Health Circular (WHC) (2008) 055 Guidance on Accommodation Schedules for GMS Space in New Builds, which sets the standards for clinical, support, public and administrative spaces.	Requires the re-location of WAST from Mount Street Clinic site.
	Removes burden of ongoing maintenance of outdated building, (The Clinic) including heating, insulation, windows, etc.	
	Dental services would be delivered from two modern sites; one at DI and a new build at Corwen.	
	Rationalises Health Board estate onto existing Community Hospital sites.	
	Enables co-location of Community Resource Teams within the Central and South Locality area.	
	Enables closer working between statutory and third sector services, and increase of third sector provision on site.	
	Enables better integration of Community Hospital inpatient beds and community services, reducing ALOS and demand on secondary care, through better utilisation of Step-Up and Step-Down beds.	
	Enables expansion of Primary and Community services, and closer working between services and teams, eg, GPs, WAST (Advanced Practice Paramedics), Community Nursing & Social Services	
	Supports sustainability of Primary Care, through the development of the rural GP training offer.	

Supports sustainability of Primary Care, through the extension of Enhanced Services and taking medical students.	
Increases car parking provision on Ruthin Community Hospital site from 37 to 71.	
Provides modern facilities for staff and patients, improving staff morale and recruitment and retention.	
Releases land in town centre to increase housing provision for older people.	

Option 4 – New Build on New Site

Completely new build on a new site: This option has been discounted, in that it does not deliver the investment objectives of this business case; ie, service integration, through co-location, and estates rationalisation.

Table 9 - Investment Objectives - Comparison of Options

The **Investment Objectives**, which are repeated below, incorporate both quantitative and qualitative benefits.

1. Care Closer to Home
2. High Quality Primary and Community Services
3. Sustainable Primary Care
4. Safe Modern Working Environment
5. Remove backlog maintenance
6. Improve access to car parking

The original long-list of 4 potential options has been reduced to a short-list of 3 possible options. The three short-listed options are compared for their ability to deliver the investment objectives, shown below in Table 9.

Table 9 – Comparison of Options against Investment Objectives

Investment Objectives	Option 1	Option 2	Option 3
	Do Nothing	Do Minimum – Refurbishme	Re-develop Ruthin Hospital: to enable

		nt of The Clinic	co-location of services
1. Care Closer to Home	✓	✓	✓
2. High Quality Primary and Community Services	✓	✓	✓
3. Support Sustainable Primary Care	✗	✗	✓
4. Safe modern working environment	✗	✗	✓
5. Remove backlog maintenance	✗	✓	✓
6. Improve access to car parking for staff & patients	✗	✗	✓

From Table 9 above, it is clear that of the 3 Options, only Option 3 can deliver all the Investment Objectives. Therefore Option 3, re-development of Ruthin Community Hospital to enable co-location of services, is the preferred option.

How Option 3, Re-development of Ruthin Community Hospital, will deliver all the Investment Objectives is outlined below. A detailed description of the service model follows.

Investment Objective 1 – Care Closer to Home

This Business Case is predicated on its ability to deliver the Health Board's strategy, 'Living Healthier, Staying Well', (2019 – 2022) in particular delivering the aspirations of Care Closer to Home, ie, providing more care closer to people's homes in local communities by expanding the range of services in communities.

Over the next three years, the Health Board's focus is to:

1. work with partners to support people to make healthier choices and intervening early to help manage health conditions;
2. provide more care closer to people's homes in local communities, by expanding the range of services in our communities; and
3. ensure the best results for patients, who need hospital care.

The Health Board aims to provide care and support to people as close to their home as possible. Its priorities for 2019 -2022 are:

- giving people the right information, when they need it, how they want it;
- letting people know about what care and support are available, including self-care;

- improving access to primary care services, like GPs;
- diagnosing and treating early, so people have better results;
- using good quality research and best practice to improve services; and
- keeping people safe from avoidable harm while in our care.

How Option 3 will contribute to delivering the Care Closer to Home priorities, is described in more detail in Table 10 below.

Table 10 – Care Closer to Home - Health and Wellbeing Centre

Health & Wellbeing Centre (Care Closer to Home) - Our priorities 2019 - 2022.	
Priority	Re-location of The Clinic Services and Re-development of Ruthin Community Hospital
Giving people the right information, when they need it, how they want it;	A dedicated Third Sector Room has been included within the development, which will provide access to information leaflets, including third sector and displays/stands on a rotational or thematic basis, eg, Carers Week, World Mental Health Week, etc. Television screens in waiting rooms, will provide information about Health Promotion, immunisations (eg flu campaigns), oral health, Common Ailments schemes, etc.
Letting people know what care and support are available, including self-care:	Smoking Cessation sessions will be delivered. The Third Sector Room will enable Third Sector Organisations to establish a regular pattern of supportive groups on site. Inter-active information screens will also signpost to local community groups. The League of Friends at Ruthin Hospital, will work closely with DVSC to increase its membership and provide enhanced volunteering opportunities. The re-development will build on existing networks, by providing space for Third Sector organisations, and making vital links, eg, information screens, with the community based Talking Points.
Improving access to primary care services, like GPs;	The Clinic GP Practice will re-locate to Ruthin Hospital, providing a full range of GMS services and dispensary. An improved Treatment Room will enable The Clinic to increase its provision of Enhanced Services, improving access and choice for patients, including Minor Surgery. An additional Consulting Room has been included in the design to enable The Clinic to become a training practice, providing placements for medical students and GP Registrars.
Diagnosing and treating early, so	Screening and diagnostics provided at the Health and Wellbeing Centre will include: Phlebotomy, AAA screening, Doppler, bladder scanning.

people have better results;	<p>Outpatient services will include: Pain Clinic, Continence support, Bladder function, Parkinsons, ENT, Ophthalmology, General & Colorectal Surgery.</p> <p>Treatments provided will include: Leg Ulcer, Lymphoedema and Wound Care services.</p> <p>Therapy services will include: general and specialist physiotherapy services, podiatry, Speech and Language Therapy (SALT) & Occupational Therapy.</p> <p>Older People's Mental Health Services will re-locate to a discrete, area, The Clinic will to re-locate its counselling service, closer working and improved integration will contribute to reducing waiting times.</p> <p>CDS will re-locate to an expanded provision on Denbigh Infirmary site.</p>
Using good quality research and best practice to improve services;	<p>The Community Resource Team will re-locate to County Hall, bringing together District Nurses and Social Services on a single site.</p> <p>The re-development provides a Centre for GP education, with a multi-purpose Locality Training Room, with enhanced IT provision, including wi-fi & SKYPE. This will provide a facility for shared learning across the Locality and between services.</p> <p>The 27 inpatient beds at Ruthin Community Hospital, will be managed by the two Ruthin GP Practices. Where possible 'Step-up' admissions will be utilised to avoid unnecessary admissions to DGHs.</p> <p>Locating primary care services on site will improve the integration between primary, community and inpatient services, and facilitate appropriate discharges and transfers between services.</p>
Keeping people safe from avoidable harm while in our care.	<p>Provision of GP Notes at the bedside will provide immediate access to information for inpatients on the ward.</p> <p>Therapy Manager will be accessible at all physiotherapy plinths.</p>

From the analysis shown in Table 10 above, it is clear that Option 3 will deliver all priorities outlined in the Investment Objective 1, 'Care Closer to Home.'

Investment Objective 2 - High Quality Primary and Community Services for Ruthin and Surrounding Area

The service developments required to deliver the Principles of Primary and Community Care Transformational Model, are described in more detail below.

The service model will deliver a whole system approach, which places the citizen at the centre.

Engagement undertaken throughout the process of developing this Business Case have supported the re-location of services to Ruthin Hospital and re-development of the hospital site; citing the benefits of a “one-stop shop” approach for primary and community health services.

GMS Services, Health Visitors, School Nurses, Mental Health Counselling will re-locate from The Clinic to RCH enabling a closer working relationship between services, and providing a greater range of services on a single site, ie, “One-Stop-Shop” approach.

This will provide patients with multiple services on a single site. Engagement with users of The Clinic during December 2018, elicited an enthusiasm for services on a single site, ie, Ruthin Community Hospital, with numerous examples of patients who are already attending the hospital for multiple appointments and to visits to the inpatient ward.

Wellbeing and Reducing Social Isolation – provision has been made within the scheme for a re-located and accessible League of Friends Tea Bar. This is seen as under-pinning the focus on reducing social isolation, by providing a welcoming venue for patients, carers, staff and visitors to meet informally.

An under-utilised meeting room will be opened up, with WI-FI access and a quiet breakfast bar area, along with improved kitchen and storage facility. A new welcoming seating area, with access from the main entrance, off the main corridor, will increase visibility, footfall and utilisation of the Tea Bar.

The Breakfast Bar area has been designed for those wishing to work quietly or to hold an informal one-to-one conversation in a safe quiet space.

A partnership between The League of Friends and Denbighshire Voluntary Services Council will enable the League of Friends to extend its volunteer base, and provide training in areas such as Food Hygiene and Customer Services. Working with organisations such as Vale of Clwyd Mind, will help individuals gain confidence, through volunteering, and valuable workplace skills and experience.

These partnerships will enable the League of Friends to extend the opening hours of the Tea Bar from 6 hours per week to 7 days a week.

The League of Friends has indicated that they will provide new furnishings for the Tea Bar, including seating and tables.

The scheme also includes opening up a disused boiler room, located at the heart of the hospital. New access will be created from the corridor between the inpatient ward and outpatient clinics and Therapy Unit. This space will be available for Third Sector organisations, on a bookable basis, and is of a sufficient size to facilitate groups of up to

12 – 15 people. Engagement with the Third Sector reveals a demand for space for groups and organisations such as Macmillan, Crossroads, Carers Outreach, Vale of Clwyd Mind, British Red Cross, Epilepsy Action Cymru, Chronic Pain have already expressed an interest in providing groups on the hospital site.

Wellbeing services, such as Smoking Cessation will be available onsite, groups will be provided from the Third Sector room.

The room will also be bookable for one-off events, such as Carers Week and World Mental Health Day.

The design is deliberately flexible and will also be available for accessible ground floor meetings, on a bookable basis.

Multi-faith, Bereavement and Quiet Space - The existing Relatives Room will re-locate, from its current location, closer to the inpatient ward. The newly refurbished Relatives Room will have natural light, and views overlooking the gardens. This quiet room will also be available for anyone wishing to take quiet time out, or practise their faith. Local Ministers currently visit the inpatient ward on a regular basis. BCUHB Chaplaincy will provide leaflets and information available within the quiet room. Palliative and end of life care are provided on the inpatient ward, and the quiet room will be available for anyone requiring support before or after bereavement.

The League of Friends have indicated that they will also provide new furnishings for the Relatives Room

Shared Care in the Community - Ruthin community Hospital has 27 inpatient GP beds, all of which are managed by the two practices in Ruthin. These provide both Step-Up and Step-Down Beds, with two specialist orthopaedic rehabilitation beds.

The scheme aims to address one of the challenges to integrated care, ie, the lack of access to GP IT systems on the inpatient ward, by providing a terminal on the inpatient ward, to enable the on-call GP to access patient notes.

The virtual ward model of closer working with Social Services and therapy services will enable faster and appropriate discharge of inpatients to community or their place of residence, reducing the length of stay and reducing pressure on acute DGH and community hospital beds.

Community Resource Teams (CRTs) - The establishment of the Central and South Denbighshire CRT has enabled the District Nurses to co-locate on a single site, at County Hall, with social services colleagues, This enables closer working between services, improving efficiencies and reducing duplication, with better outcomes for patients and carers. County Hall is centrally located in Ruthin town, adjacent to Plas Meddyg GP practice and has adequate parking to meet the needs of the CRT. Locating

the CRT at County Hall, releases space on the hospital site for the expansion of clinical services.

Therapy Services - The scheme provide the re-location of the existing Therapies services to the opposite side of the hospital into a newly re-furbished dedicated Therapy Suite.

The re-location provides a dedicated Therapy Zone, which provides improved waiting areas and accessible toilet facilities for patients. It also sees the co-location of all therapy services, including physiotherapy, occupational therapy, podiatry and associated services, such as lymphedema, within a dedicated area, and improved access to and from the inpatient ward.

Improved access to IT will provide “Therapy Manager” at all “plinths” or couches. The number of useable plinths will increase from 4 in the existing area to 5, providing 3 plinths & 2 private treatment rooms, with a single cubicle within the gym.

The increased space at Ruthin, will enable more flexible use of staff between the Ruthin and Denbigh sites, providing a greater range of services for patients at both Ruthin and Denbigh.

The re-design and additional capacity will enable the service to take Physiotherapy students on the Ruthin site, meeting the demand from Cardiff University for increased student placements. The Central Area of the Health Board currently provides 48 placements per annum. Cardiff University has indicated that, following the release of a bursary to students who work in Wales for 2 years post qualifying, they will require an extra 32 placements.

Glyndwr University in Wrexham, North Wales, is also understood to be commencing a Physiotherapy Course in 2019/2020, which will increase demand for student placements.

With the increased availability of plinths, confidential treatment rooms, and greater flexibility in the workforce, ie, Band 6 supervisors, the service will be able to offer muscular-skeletal (MSK) and inpatient placements at Ruthin Community Hospital.

The re-development enables students to attend specialist clinical sessions, working with complex patients as part of their placements, including MSK services, Women’s Health, Neurology Rheumatology and Paediatrics.

Podiatry are currently sharing space within the Physiotherapy department for two sessions a week, and will re-locate to a new clinical room closer to Lymphoedema services, this enables closer working and will release two sessions, thereby increasing the provision of specialist therapies, such as Neurology. There is also a desire to work more closely with the Third Sector, such as Epilepsy Action Cymru to facilitate referrals

to peer support groups for ongoing support, advice and information, following neurological diagnosis.

The scheme will also enable the development of specialist services, such as Pulmonary Rehabilitation. Patients are currently travelling to Rhyl for services. It is envisaged that an 8 week Pulmonary Rehabilitation programme, encompassing 1:1 support and group work, could be delivered by the additional students, under supervision of existing Band 6 supervisors.

There are multiple access points and pathways into physiotherapy services, with First Contact Physiotherapy provided from The Clinic one day per week, mainly doing assessments. The scheme will enable a review of the access pathways, including self-referral, and a review will be undertaken to describe the service model, ensuring equity and best use of resources, and closer working across inpatient and community physiotherapy services.

Primary Care Mental Health Services - including counselling will be available on the hospital site, rationalising services provided at The Clinic and the hospital, and improving communication and joint working.

The scheme provides for the re-location of Memory Services to a dedicated quiet suite of rooms with a discrete waiting room away from the main thoroughfare, which will improve confidentiality and reduce external stimulation and distraction. The design will incorporate the standards recommended in the Kings Fund guidance "Developing Supportive Design for People with Dementia."⁸ Reducing fear and anxiety will improve the quality of assessments undertaken by the Clinical Team.

Dedicated clinical rooms will ensure a clutter free environment, conducive to working with patients and their families. The separate office space will provide sufficient space for filing cabinets, desks for permanent staff and hot desking for visiting staff from other bases.

Waiting times for the Memory Service in Ruthin are currently 19 weeks for referral to assessment and a further 6 – 8 weeks for diagnosis, exceeding the Welsh Government target of 28 days from Referral to Assessment, and 12 weeks from Referral to Diagnosis. The service currently has 320 open patients, however The NICE Guidelines for 2018,⁹ now recommends that dementia patients who are stable on medication are transferred back to their GP for follow up and review. The Memory Service will develop an action plan to transfer those stable patients back to their GP, which will provide additional capacity to reduce waiting times for new patients.

The service currently delivers a 6 week Cognitive Stimulation Group 8 - 10 for individuals recently diagnosed with dementia from 3 times a year. The new group room will enable the service to extend this to a continual rolling programme, increasing from 18 weeks per annum to 48 weeks per annum, increasing the number of patients accessing the service from circa 27 to 72. The service also aims to deliver the

⁸ <https://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia>

⁹ <https://www.nice.org.uk/guidance/ng97/resources/dementia-assessment-management-and-support-for-people-living-with-dementia-and-their-carers-pdf-1837760199109>

programme through the medium of Welsh. The Dementia Specialist Support Service provided by jointly by Carers Outreach and Crossroads, offers a home based assessment for all patients and their carers following a diagnosis of dementia. The Service has indicated their preference to move towards undertaking assessments, where possible, within the Ruthin Hospital Memory Clinic area. Patients will be familiar with the environment, and it will enable the service to see more patients and reduce backlog waiting lists. They will also access “Hot desks” within the Memory Service offices, which will improve joint working and information sharing. The Dementia Specialist Support Service is also considering providing groups, utilising the Third Sector room.

The enhanced office facilities will also provide a base for mental health services working in the South of the County, providing hot desking for specialist peripatetic staff, eg, visiting Care Homes, thus reducing travel times and cost.

The memory service in Ruthin provides a two week experience of working in a rural team for 2nd year nursing students from Bangor and Wrexham. Traditionally, patients present much later in their dementia journey from rural communities, with a stronger family and community network having maintained the patient within their own community for longer, and therefore with more complex mental and physical needs.

The Hub and Spoke model of nurse training currently offers a two week placement for nursing students with the Ruthin memory service, as part of a 12 week placement with the Rhyl or Colwyn Bay service. This will be expanded to offer one 2nd year nursing student, at any one time, a 12 week placement in the Ruthin team, with a the option of a two week placement in an urban team.

This will provide experience of working in a rural setting, with first language Welsh speaking patients and families, working closely with Primary and Community Services, including Palliative Care and across inpatient, community, domiciliary and care home settings.

Health Visitors - currently provide groups, such as Baby Massage, from a number of venues, including The Clinic, utilising the waiting room, and external venues.

The scheme will enable the Health Visitors to book the Locality Room, to maintain and develop group activities for mother and baby/toddler, including regular Baby Massage sessions. Health Visitors will also deliver Breast Feeding Groups at Ruthin Community Hospital, rather than paying for external bookings for local venues.

Health Visiting and School Nursing Teams are configured on a Denbighshire wide basis, however, however, services are managed by separate North and South Denbighshire service managers. This enables the South Denbighshire team to focus on rural priorities. Facilities included within the scheme, such as the Locality Room, will be available for the South Denbighshire Health Visitor and School Nursing Teams for

regular Team Meetings and Core Group meetings, thus reducing travel from the South of the County, ie, Llangollen and Corwen.

Community Dental Services (CDS)

The CDS' preferred option is to provide services from two sites in Central and South Denbighshire, ie, Denbigh Infirmary and Corwen Health Centre.

The scheme includes the provision of a third surgery and de-contamination facilities on the Denbigh Infirmary site, and associated works necessary to maintain, or re-provide, existing community services, such as Podiatry, District Nursing and Mental Health on the Denbigh site.

Investment Objective 3 - Sustainable Primary Care

The scheme aims to deliver the Vision for Transformation, outlined in the Primary Care Model for Wales, focussing on the sustainability of primary care, and its ability to respond to future demands. The vision describes general practice as the heart of an integrated, holistic, primary and community service.

This scheme makes provision for medical student and GP registrar trainees, developing a multi-disciplinary workforce and providing additional enhanced services. The co-location enables closer collaboration between primary care, community and inpatient services, by adopting a "Virtual Ward" model, integrating clinical teams, primary care, social care, pharmacy, and older persons' mental health services.

The Welsh Government report on Multi-Professional Roles within the Transforming Primary Care Model (2018) identifies the potential for the wider multi-disciplinary team to transform care, treatment and access to services within primary and community care, thereby improving experience and outcomes for service users, carers and the public.

The shift towards a multi-professional workforce, attempts to mitigate the critical shortfall in the number of family doctors in rural Wales, to serve the increasing patient demand generated by a growing and ageing population.¹⁰ The proposed re-development supports the Locality to build the skills and competences necessary to meet population needs, and focus on roles that relieve current workload pressures, improving access to clinical and non-clinical services, and seeking to embed behaviour change in the population.

There is anecdotal evidence that GPs who train in a particular area remain in that area once qualified. The "Grow Your Own" model is at the heart of succession planning and would help to sustain Primary Care in rural Central & South Denbighshire.

Plas Meddyg Practice, Ruthin, is a training practice, providing placements for circa 4 undergraduate medical students and 2 – 4 3rd year medical students per annum from Cardiff University. The Clinic aspires to become a training practice following the re-development. The Locality is currently exploring short and longer term options, to

¹⁰ Creating a medical workforce to serve communities across Wales – Cardiff University (September 2017).

provide low cost accommodation for medical students in the community, including working with the local Private School.

The CARER (Community and Rural Education Route), programme, run by Cardiff University in partnership with Bangor and Aberystwyth, will provide Cardiff medical students the opportunity to have a year of their education delivered in GP practices in North Wales, providing an invaluable experience of working closely with clinicians and patients in community settings.

This complements the Welsh Government's plan to expand medical education across Wales, through a collaboration between Bangor and Cardiff Universities, which aims to enable students to study all of their medical degree in North Wales in the near future.

Ruthin Community Hospital serves a predominantly rural community. It provides step up beds for patients from the community often preventing acute admissions and also step down beds for patients after secondary care, keeping patients closer to home and under General Practice care. District nursing, physiotherapy, lymphoedema, outpatients and memory clinic are also based in the hospital, and is therefore, an ideal environment to base medical student teaching. It provides easy access and links to multidisciplinary working and community medicine. It enables follow up of patients from acute medicine into their homes and allows for review and management of patients with multiple comorbidities.

From a General Practice perspective having student training facilities has a positive effect upon sustainability in a rural area. Providing good training opportunities makes the area more attractive to students and in turn future doctors. Involvement in training improves job satisfaction for GPs and quality of care for patients. Sustainability of general practice is a key issue in northwales and it is envisaged that by providing facilities in Ruthin hospital for the training of medical students this will encourage future doctors into the south Clwyd and North Wales region as well as boost the current GP work force.

The Ruthin GPs are ideally placed to offer a full and varied rural primary and community experience to students. Both practices provide additionality to a placement, through their responsibility for the 27 inpatient beds at Ruthin Community Hospital, which enables students to follow patients through clinical, domiciliary and inpatient care, working closely in partnership with other community services.

It is expected that improved facilities for The Clinic GMS practice, and modern working environment will aid recruitment and retention of staff. An additional clinical room has been provided, within the GMS area, which will enable The Clinic to take medical students, and GP Registrars. An additional treatment room will also enable The Clinic to shift towards a sustainable model of primary care, based on a multi-profession workforce, including Nurse Practitioners.

The large Locality Room, accessible from both the GMS area, and the main hospital corridor, could also provide an over-flow waiting area for The Clinic, for example, for weekend and out of hours Flu Clinics, etc.

The dispensary will re-locate with the Practice, subject to the approval of an application for re-location of the dispensing licence.

From the engagement week in December 2018, feedback was overwhelmingly positive for the culture of flexibility and support from both clinical and non-clinical staff at The Clinic. Fundamental to the scheme is to preserve this high quality GMS service for its patients.

Locality Working - The Primary Care Model for Wales describes a vision of sustainable primary care, supported by effective Locality working, which builds the skills and competences necessary to meet population needs and focuses on roles that relieve current workload pressures, and improve access to good clinical, social and managerial expertise.

To support the Locality to deliver these functions, the scheme includes for the existing physiotherapy gym, previously the hospital Chapel, to be converted into a Locality Meeting/Training Room with beverage facilities. The flexible layout provides a meeting/training room for up to 16 people board room style, and 20 – 30 people theatre style.

Enhanced IT facilities, such as video conferencing and SKYPE, computer terminals and Powerpoint will be available. This will also benefit of medical and nursing students on placement within the Locality, and the neighbouring rural Locality, including Conwy West and Meirionydd, enabling them to maintain virtual contact with peer groups and the Universities.

The Locality Training Room will be utilised by GP Practices within the Locality Area to share training, thus reducing costs, increasing peer support and experiential learning.

The Locality Room will also be available for Multi-disciplinary Meetings, such as Palliative Care Meetings, enabling attendance from inpatient, primary care and community services.

Ruthin Community Hospital is ideally located within the Central and South Denbighshire Locality, and is also central to the rural hinterland between the Conwy West, Central and South Denbighshire and Meirionydd Localities. This provides an ideal opportunity to support cross-Locality working, building resilience within the rural Localities.

Table 11 – Locality Priorities

An extract from the Central and South Denbighshire Locality Action Plan 2018 – 2021 is shown below. Table 11 below, shows how the scheme will contribute to delivering the Central and South Denbighshire Locality priorities for 2018 – 2021.

Central and South Denbighshire Locality Action Plan 2018 - 2021		
Number	Objective	Ruthin Hospital Re-development Scheme
A5, A6 & A7	Practice sustainability & Workforce – developing the Primary Care Workforce across the Locality, local workforce planning and training across practices	Provide shared space to enable Practices within the Locality to jointly commission experiential and skills based training, through learning together & boosting peer support, eg, Workflow Optimisation, Dispensary training, IT/Clinical Systems training, including E-consult self-triage system and Clinical Coding. Reduce costs to Practices of individual training. Cross-Locality working, supporting building resilience across rural localities.
Inconsistencies & Ambition	Ability to take Medical Students	Provide dedicated training facilities with IT within Primary and Community setting.
A10	Planning and Development of Community Resource Teams	Enable Multi-disciplinary meetings, including: Virtual Ward Round, Palliative Care Meetings, Discharge Planning
B6	Improving Primary and Secondary Care Interface	Enable Multi-disciplinary Locality meetings, including Shared care meetings, eg, with COTE Consultants. Health Visitor sessions, eg, mum & toddler group, baby massage.
B9	Social Prescribing	Provide space for third sector organisations
B1, B7, C4, C1	Expert Patient Programme	Enable delivery of Expert Patient groups for chronic, or long-term conditions, such as the Diabetes Programme, Looking After Me, Introduction to Self-Management, Emotional Resilience, and Chronic Pain.
C3	Lifestyle Management, eg, Smoking Cessation, Obesity	Support Smoking Cessation Groups
C2, C11	Flu Planning and immunisations	Be utilised as additional waiting room for out of hours, (evening and weekend) flu vaccination sessions.
<p>Investment Objective 4 - Safe Modern Working Environment</p> <p>The proposed scheme will see all staff re-located from The Clinic building to a modern working environment, removing the risks associated with the existing building identified by the Opus structural survey and LSH Primary Care Estates report.</p> <p>Welsh Ambulance Services Trust (WAST), have confirmed that re-location to the hospital site is not a viable option, because of poor access at the A525 junction. They</p>		

have agreed in principle, that they will re-locate from The Clinic to the North Wales Fire and Rescue site on Park Road, Ruthin. This enables WAST to maintain its existing service in Central and South Denbighshire.

The NHS Wales BREEAM policy does not apply to this development, as the total floor area is 880m² and below the minimum threshold of 1000m². However, the design will achieve best practice in sustainable design, and national performance indicators for statutory compliance, suitability and energy performance.

The new build GMS area will meet modern energy efficiency standards, with double glazing, insulation and thermostatically controlled heating.

The scheme will ensure that all areas are fully accessible, with adequately sized corridors and doorways, and correctly graded ramps. The main hospital reception will be re-furbished to ensure compliance with DDA standards.

The scheme will ensure compliance with infection control standards.

The whole scheme will meet key dementia design criteria, and the Mental Health Services will re-locate to a quiet, calm area of the hospital, away from the main thoroughfare, and with its own discrete waiting area.

The CDS services will be re-located to a modern clinical area, with de-contamination facilities.

The Relatives Room will be re-located closer to the ward and re-furbished.

The League of Friends Tea Bar will re-locate to a re-furbished and extended space, which provides separate food preparation areas and fridges and storage, meeting infection control standards.

Investment Objective 5 - Remove Backlog Maintenance

The Clinic site will be disposed of as part of the Land Transfer arrangement with Denbighshire Council. The Health Board is required to make a payment of £10,000 to DCC based on the District Valuer's valuations of both sites.

The site will be utilised for housing, building on the Extra Care Housing site adjacent to Mount Street.

The burden of backlog maintenance, circa £250,000, associated with The Clinic, and ongoing Utilities and Estate revenue costs associated with the upkeep of an obsolete building will cease immediately in completion of the disposal.

Investment Objective 6 - Car Parking and Safer Access

The Land Transfer arrangement with DCC will provide an additional 35 spaces, almost doubling the current provision of 37 spaces at Ruthin Community Hospital. The Clinic currently has 8 spaces of which one is disabled. This will relieve the burden on the current car parking and provide for the additional services brought onto the site as a result of the re-development.

Safer pedestrian walkways and pavements will be created from Llanrhydd Street, (off the A525 Wrexham Road), the scheme makes provision to widen the access road onto the hospital site and provide a pedestrian pavement.

The proposals also includes the provision of a new bus stop and shelter on the main A494, (Mold Road) and safe pedestrian walkway onto the hospital site, reducing dependence on cars for staff, patients and visitors.

A partnership bid will be explored with Community Transport Wales and DVSC.

Widening the main site access road and the access to the rear of the hospital, will also improve access for larger vehicles, such as waste collection and delivery wagons, removing blind corners and improving visibility for vehicles and pedestrians.

COMMERCIAL CASE

The **Commercial Case** sets out the scope and structure of the Scheme, and how the required assets will be acquired.

WYG, the Health Board's cost advisors, estimated in July 2019, that the total cost of the scheme will be in the region of £3.1million. This includes £212,371 for upgrading Denbigh Infirmary to accommodate a third dental suite, de-contamination facilities and re-provision of treatment rooms for Podiatry, District Nursing and Mental Health on the ground floor at The Clinic, on the Denbigh Infirmary site.

NHS Shared Services have managed the procurement of the capital works, on behalf of BCUHB, via the Local Framework Agreement. The closing date for bids was 8th August 2019. Four completed bids were returned, and were scored on the basis of 60/40 Technical and Commercial elements. The Contractor providing the best value for money has tendered the works costs at £2,023,305. The total works costs for the entire scheme is £3,142,119.

FINANCIAL CASE

The **Financial Case** demonstrates that the preferred option is affordable.

Table 12 below, provides an assessment of the ability of each of the options against the critical success factors. From this analysis, only the preferred option, Option 3, delivers all the Critical Success Factors or Five Facets of the Business Case.

Table 12 - Critical Success Factors

Critical Success Factor	Option 1	Option 2	Option 3
	Do Nothing	Do Minimum – Refurbishment of The Clinic	Re-develop Ruthin Hospital: to enable co-location of services
1. Strategic Case	x	x	✓
2. Economic Case	x	x	✓

(Value for Money)			
3. Commercial Case	✗	✓	✓
4. Financial Case (Affordability)	✓	✓	✓
5. Project Management Case	✓	✓	✓

The Revenue implications are described in more detail below.

The Health Board Estates revenue budget is small for this site, (£1,043), and reflects the lack of long-term commitment to the site. In 2018-19, the Health Board revenue expenditure was £7,868, which included the provision of a new central heating boiler, resulting in a cost pressure of £6,825 on the estates budget. However, this was offset by an underspend on the Utilities budget of £6,108, resulting in a net overspend in Utilities and Estates of £717. Expenditure on Utilities in 2018-19 was £5,883.

WAST and the GMS Practice are re-charged an agreed percentage for their usage of utilities. BCUHB does not generate a rental income from WAST.

Ongoing maintenance revenue costs associated with The Clinic will cease. Domestic services will transfer to Ruthin Community Hospital. It is estimated that there may be a small increase in Portering (2.5 hours per week), and Domestic Services (5 hours per week) following the transfer, due to the increase in floor space in the GMS area, which incurs an additional cost of £4,525 per annum. This revenue cost will be absorbed within the existing service budget, and will be offset by savings in estates and utilities at The Clinic.

The GMS practice will contribute towards facilities and utilities, and a percentage (based on occupancy and floor space) will be re-charged to The Clinic Practice.

The Business Case is based on the assumption that existing services will re-locate to alternative sites, and there are no additional revenue demands from Therapies, Mental Health, Health Visiting, School Nursing and the Community Resource Teams. In contrast, some existing revenue costs will cease or reduce, ie, hiring external venues for breast-feeding will cease and travel costs will reduce as a result of MDT facilities being available in the South of the County. The existing workforce will be utilised more effectively, with additional capacity through student placements.

Delivering the CDS preferred option based on a 3 surgery model at Denbigh will require additional staffing, based on a phased implementation to allow for recruitment. The proposal will re-design the workforce to better meet the demands of a changing and evolving market, providing new clinical and administrative roles within the service. The new roles associated with this project sit within the existed staffing complement for the CDS service, and are accounted for within the current CDS revenue budget.

Management Case

The **Management Case** sets out the planning arrangements required to ensure successful delivery and to manage project risks.

The Senior Responsible Officer (SRO) is Bethan Jones, Central Area Team Director.

A Project Board has been established and oversees the development of the Project.

The Project Board membership is:

- Gareth Evans, Assistant Director, Central Area Team (Chair & Project Director);
- Finance Lead - Nigel McCann, Chief Finance Officer, Central Area Team.
- Project Manager – Iolo Jones, Senior Project Manager, Capital and Estates,
- Senior Supplier - Jane Jones, Planning and Commissioning Manager, Central Area Team
- Senior User/s –
 - Drs Leatt & Newton, The Clinic, Ruthin
 - Drs Kneale & Buckle, Plas Meddyg, Ruthin
 - Dr Sandra Sandham, Community Dental Services
 - Wendy Tee, Matron BCUHB
 - Mary Cottrill – Children and Families Services
 - Dilys Percival – Therapy Services
 - Service Manager - Mental Health
 - Phil Gilroy, DCC Social Services
 - Operational Manager – WAST

A Project/Design Team has been established to work on the detail of the design, membership includes representatives of the service areas, including both The Clinic and Plas Meddyg GP Practices, Admin staff, Health Visitors, District Nursing, Physiotherapy, Podiatry, Lymphoedema, Community Dental Services, Mental Health, Operational Estates, Inpatient Services, DCC, the League of Friends and Patient Representatives, along with TACP Architects.

The Project Board will oversee the delivery of the re-development. It is envisaged that work will commence on the Ruthin Hospital site early in 2020, with a Phased approach to ensure that services can be maintained during construction. Mount Street Clinic services will be maintained on the Mount Street site until handover is complete.

Risks and Co-Dependencies

The risks associated with not delivering the Business Case are significant. In particular the risk to sustainability of Primary Care in Ruthin and the risks associated with maintaining an unsuitable, structurally deficient building at Mount Street, including the

cost of backlog maintenance, excess energy costs, and high risk to the wellbeing and morale of staff and patients.

The Project Board has maintained a Risk Register and this is updated at each Project Board meeting. The Project Board is responsible for managing and mitigating against the risks, associated with delivering the preferred Option 3.

The most significant risks identified in the Risk Register are that The Clinic building will become unfit for continued use, prior to the project implementation. There would be significant risk to the continuity of primary and community services and the location of staff.

Other co-dependencies which the Project Board is managing and could impact on the timescales or success of the scheme are the re-location of WAST from The Clinic building, and the land transfer with Denbighshire County Council, both of these have been agreed in principle.

An application for Planning Permission for the Ruthin Hospital site has been submitted to Denbighshire County Council.

Appendices

Appendix 1 – Equality Impact Assessment (Screening)

Appendix 2 – Health Impact Assessment

Appendix 3 – Copy of Questionnaire (December 2018) (English Version)

Appendix 4 – Third Sector Feedback (April 2019)

Appendix 5 – Benefits Appraisal

Document History

Document This document is only valid on the day it was printed.

Revision History

Version Number	Revision date	Summary of Changes
V1.0	14 05 19	Original document. JJ
V1.1	08 07 19	IH & JJ
V1.2	16 07 19	JJ. After Project Board (09 07 19) & Following meeting with IH & MW (15 07 19).
V1.3	22 07 19	JJ. Incorporating Dr Chris Stockport's comments (19 07 19).
V1.4	05 08 19	JJ. Incorporating Gareth Evans' comments. (02 08 19).
V1.5	12 08 19	JJ. Revisions following Central Area Senior Leadership Team (SLT). (06 08 19). JJ. Revisions requested by BJ, Senior Responsible Officer/Area Director. JJ. Revisions following meeting with MB re CDS-confirmed by Dr SS. (12 08 19).
Final for F&P.	13 08 19	JJ. Updated to include Capital Costs (Following discussion with NB). (13 08 19).

Approvals This document requires the following approvals.

Name	Signature	Title	Date Approved	Version
Senior Leadership Team, Central Area		Re-location of Services from Mount Street Clinic, Ruthin and Re-development of Ruthin Community Hospital	06 08 19	1.4
Executive Management Team		Re-location of Services from Mount Street Clinic, Ruthin and Re-development of Ruthin Community Hospital	14 08 19	1.5
Finance and Performance		Re-location of Services from Mount Street Clinic, Ruthin and Re-development of Ruthin Community Hospital	22 08 19	1.6
BCUHB Board				

Distribution This document has been distributed to:

Name	Title	Date of Issue	Version



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

EQUALITY IMPACT ASSESSMENT FORMS

PARTS A and B: SCREENING AND OUTCOME REPORT

Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

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

The Forms:

You must complete:

- **Part A** – this is the Initial Screening that is always undertaken and consists of Forms 1 to 3; these forms are designed to enable you to make an initial assessment of the potential impact of what you are doing, and decide whether or not you will need to proceed to a Full Impact Assessment (Part C);

AND

- **Part B** – this is the Outcome Report and Action Plan (Form 4) you will need to complete whether or not you proceed to a Full Impact Assessment;

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

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

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

Once completed, the EqIA Forms should accompany your document or proposal when it is submitted to the appropriate body for approval.



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Part A

Form 1: Preparation

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	Re-location of Services from The Clinic, Mount Street, Ruthin.
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>The Business Case seeks the approval of BCUHB to proceed to the Welsh Government for Capital Funding to enable the re-location of services from Mount Street Clinic, Ruthin and the re-development of Ruthin Community Hospital and Denbigh Infirmary.</p> <p>The scheme aims to address the following key objectives –</p> <ul style="list-style-type: none"> i. Service fragmentation - current services are fragmented across a number of sites, with duplication, inefficiency and multiple access points for patients ii. Estate is not fit for purpose – insufficient car parking, impedes service expansion, detrimental to staff morale, with identified risks to staff and patient safety, poor energy efficiency
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	<p>Senior Responsible Officer, Bethan Jones, Central Area Director. Executive Director for Primary Care, Dr Chris Stockport. Project Board – Chair Gareth Evans, Assistant Area Director, Central Area. Executive Management Team Finance & Performance Health Board</p>
4.	Is the Policy related to, or influenced by, other Policies/areas of work?	<p>Welsh Government's Primary Care Strategy (2018) BCUHB's strategy 'Living Healthier, Staying Well' (2019 - 2022), Care Closer to Home Workstream</p>

		<p>Stryd Ni – Central Area Leadership Team (2016 – 2019)</p> <p>Central and South Denbighshire Locality Action Plan (2018-2021)</p>
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals?	<p>Patients of The Clinic</p> <p>Users of Services at The Clinic and their Carers</p> <p>Patients and their families who use services at Ruthin Community Hospital</p> <p>BCUHB Staff working from The Clinic</p> <p>BCUHB Staff working at Ruthin Hospital and Denbigh Infirmary</p> <p>The Clinic GMS Practice and their staff</p>
6.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	<p>Extensive engagement with key stakeholders including regular meetings with –</p> <ul style="list-style-type: none"> • Staff • Patients & Families • Local Area Members Group (Elected Councillors) • Community Health Council • League of Friends • Denbighshire County Council, (DCC) Asset Management & Highways • Central and South Denbighshire Locality. <p>In addition the following events were hosted by the Project Board -</p> <ul style="list-style-type: none"> • Stakeholder Workshop (May 2018) • Health Impact Assessment (September 2018) • Engagement Week with Patients & Service Users at the Clinic (December 2018) • Third Sector Drop-In Event (April 2019). <p>Multi-agency Project Board including –</p> <ul style="list-style-type: none"> • BCUHB Service Managers • League of Friends • DCC – Social Services • Welsh Ambulance Service Trust (WAST) • The Clinic GMS Practice

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

Characteristic or other factor to be considered	Potential Impact by Group. Is it:-		Please detail here, <u>for each characteristic listed on the left</u> :- (1) any Reports, Statistics, Websites, links etc. that are relevant to your document/proposal and have been used to inform your assessment; and/or (2) any information gained during engagement with service users or staff; and/or any other information that has informed your assessment of Potential Impact.
	Positive (+) Negative (-) Neutral (N) No Impact/Not applicable (N/a)	High Medium or Low	
Age	N		Feedback from the Engagement Week in December, identified that older people attend more healthcare appointments at different locations across Ruthin town. Co-locating services at Ruthin Community Hospital would provide a “One-Stop Shop” and reduce attendances at multiple sites.
Disability	+		As above for services re-locating to Ruthin Hospital. Parking would be increased at Ruthin Community Hospital, with improved disabled spaces and access.
Gender Reassignment	N		
Marriage & Civil Partnership	N		
Pregnancy & Maternity	+		Co-locating services on Ruthin Community Hospital site would reduce attendances at multiple-sites.
Race / Ethnicity	N		
Religion or Belief	N		
Sex	N		
Sexual Orientation	N		
Welsh Language	+		The enhanced focus on providing local training for health care professionals (including medical students, physiotherapy and mental health), in a rural Welsh speaking environment would be attractive to fluent Welsh speakers and learners, with the aim of retaining students to work in

			permanent positions the area.
Human Rights	N		

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

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

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

Form 3: Assessing Impact Against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the “General Duty”. This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:- <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation; • Advance equality of opportunity; and • Foster good relations between different groups 	
1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	The proposed scheme will not unlawfully discriminate, harass or victimise people.
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	<p>The proposed scheme will provide improved access for people who use health services, in particular those with long term conditions and/or disabilities, by providing a “one-stop-shop” approach to provision of services and diagnostics.</p> <p>The scheme includes the provision of enhanced training opportunities for health care professionals, which will advance equal opportunities.</p>

<p>3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)</p>	<p>The proposals focus on reducing social isolation and improving connections between agencies and services.</p> <p>The scheme includes the provision of an improved and accessible League of Friends Tea Bar. A partnership between the League of Friends and DVSC will provide new opportunities for volunteering and training, in areas such as Food Hygiene and customer services. The partnership will work closely with agencies such as Vale of Clwyd Mind to provide opportunities for people who have mental and physical health problems.</p> <p>The scheme also includes the provision of a Third Sector Room, which will be available to book for activities and groups, such as Smoking Cessation, Chronic Pain, Carers, Alzheimer's and Mind.</p> <p>Health Visitors will bring their Breast Feeding groups onto site, instead of being located remotely in numerous community facilities across the area.</p>
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Part B:

Form 4 (i): Outcome Report

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD
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1. What is being assessed? (Copy from Form 1)	Re-location of Services from The Clinic, Mount Street, Ruthin.
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2. Brief Aims and Objectives: (Copy from Form 1)	<p>The Business Case seeks the approval of BCUHB to proceed to the Welsh Government for Capital Funding to enable the re-location of services from Mount Street Clinic, Ruthin and the re-development of Ruthin Community Hospital and Denbigh Infirmary.</p> <p>The scheme aims to address the following key objectives –</p> <ul style="list-style-type: none">i. Service fragmentation - current services are fragmented across a number of sites, with duplication, inefficiency and multiple access points for patientsii. Estate is not fit for purpose – insufficient car parking, impedes service expansion, detrimental to staff morale, with identified risks to staff and patient safety, poor energy efficiency
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3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could any of the protected groups be negatively affected?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your decision or policy of high significance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

4. Did the decision	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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scoring on Form 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Record here the reason(s) for your decision i.e. what did Forms 2 & 3 indicate in terms of positive and negative impact for each characteristic?	
5. If you answered 'no' above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>
	<p>Community Dental Services will re-locate from Mount Street Clinic, Ruthin to the Infirmary, Denbigh. The provision of a third surgery will potentially increase the range of treatments provided and improve recruitment to a three-surgery site. Access and capacity will increase within the Central and South Denbighshire Locality.</p> <p>For patients who are currently eligible to access WAST Non-Essential Patient Transport (NEPT) to Ruthin, this will continue to be available for patients travelling to Denbigh or Corwen.</p> <p>There are good Public Transport links between Ruthin, Denbigh and Corwen, with regular buses and bus stops outside The Infirmary, Denbigh and Corwen Health Centre.</p> <p>For patients who are unable to access Denbigh or Corwen, a mobile unit will provide services in Ruthin.</p> <p>The Domiciliary Dental Service will continue to be provided for patients who are house-bound or inpatients at Ruthin and Denbigh hospitals.</p>	
6. Are monitoring arrangements in place so that you can measure what actually happens after	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	How is it being monitored?	The Project Board will oversee the arrangements and monitor any potential impact.
	Who is responsible?	The Chair of the Project Board.
	What information is being used?	Baseline information and data is available. The Project Board will gather data from both the CDS service and patients feedback.

you implement your document or proposal?	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	The EQIA will be reviewed once the service changes have become operational.
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7. Where will your decision or policy be forwarded for approval?	Project Board and Central Area Senior Leadership Team.
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8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	<p>Extensive engagement with key stakeholders including regular meetings with –</p> <ul style="list-style-type: none"> • Staff • Patients & Families • Local Area Members Group (Elected Councillors) • Community Health Council • League of Friends • Denbighshire County Council, (DCC) Asset Management & Highways • Central and South Denbighshire Locality. <p>In addition the following events were hosted by the Project Board -</p> <ul style="list-style-type: none"> • Stakeholder Workshop (May 2018) • Health Impact Assessment (September 2018) • Engagement Week with Patients & Service Users at the Clinic (December 2018) • Third Sector Drop-In Event (April 2019). <p>Multi-agency Project Board including –</p> <ul style="list-style-type: none"> • BCUHB Service Managers • League of Friends • DCC – Social Services • Welsh Ambulance Service Trust (WAST) • The Clinic GMS Practice
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9. Names of all parties involved in undertaking this Equality Impact Assessment:	Name	Title/Role
	Jane Jones	Planning and Commissioning Manager, Central Area Team
	Gareth Evans	Chair - Project Board
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Form 4 (ii): Action Plan

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

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/A		
2. What changes are you proposing to make to your document or proposal as a result of the EqIA?	N/A		
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?	No negative impacts identified.		
3b. Where negative impacts on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.	No negative impacts identified.		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	Monitor impact on all patients and service users, including those with protected characteristics.	Project Board	Once Services have become operational.

Appendix 2

HIA Workshop Evaluation Results

1. What did you learn during the workshop?

1 Plans proposed. Time span moving forward.
2 About how the project has developed. The process of a HIA.
3 Understanding how the wider determinants impact on the population. Insight into the positive and negative impacts on the proposed project.
4 What is being planned for the move from Mount St Clinic to Ruthin Hospital. Benefits/positives and negatives. Completing an HIA.
5 No comment
6 Useful discussions from cross working agencies.
7 HIA process.
8 Learned about the different sectors that will use the building, interesting to get different viewpoints on how they want it to work.
9 Already familiar with project but useful to consider wider population and GP requirements.
10 Possible plans to redevelop part of the hospital.
11 Very interesting – good agenda.
12 How impact assessment works.
13 Was already aware of being involved in HIAs previously, but it was great to see the new plans for the development and all the different opinions and considerations raised.
14 History of site/plans for new clinic.

2. What do you feel were the positive outcomes resulting from this workshop?

1 Wellbeing hub. Using space to maximise potential.
2 Opportunities to ensure stakeholders have input. Raising the profile of engagement with local community
3 Opportunity to learn and understand different perspectives in relation to positive and negative impacts.
4 Plenty of input from attendees. Positivity of the outcome of the move for citizens and staff working there.
5 Better integration of services.
6 Overall positive feedback for plan to move within the hospital for the clinic surgery.
7 Joint working and planning to best effect.
8 What will the issues be for the public/community? The need to engage with them and inform.
9 Discussions between key stakeholders.
10 Good discussion.
11 Excellent discussion. Seeing plans interesting.
12 Very good feedback and lots of good ideas.
13 Having all the different services and agencies opinions considered and great discussion.
14 Positive future for hospital site and S.P. Provision.

3. What do you think worked and what didn't?

1 Services in one place in the community. Engaging in the community. Securing the community hospital.

2	Would have appreciated seeing the plan before the HIA. Local knowledge and input really important.
3	Bringing different services and organisations together in one room – providing opportunities to discuss issues from different perspectives.
4	Having a facilitator. Mix of attendees from different professions/areas. Several conversations going on at once was a negative.
5	All worked well.
6	Group discussions and brainstorming.
7	Engagement worked well.
8	All worked, good session.
9	Not all stakeholders represented?
10	Open discussion, everyone's opinion.
11	Worked well; interesting to hear other people's ideas.
12	It all worked
13	See above, nothing didn't work.
14	Worked well.

4. What were your expectations prior to the session? Did the session meet them? (Please rate from 1-10 where 1 = not at all, 10 = very much met them.)

1.	8
2.	9
3.	10
4.	8
5.	9. Improved understanding of project overall.
6.	10
7.	7
8.	No expectation, first meeting.
9.	7, useful.
10.	8
11.	9 – very good.
12.	9.75
13.	10
14.	8

5. Any other comments you wish to make?

1	No comment
2	Really well facilitated, thank you.
3	No comment
4	Feel this project is going to be beneficial for the citizens of Ruthin and for joint working health and social care.
5	Think we need to look in detail at traffic flow and local residents, input etc. what will happen when GP surgery has 30-35 patients in morning and OPD clinic has 20-25 plus staff?
6	Helpful to meet with other parties and users for services provided within the community hospital. More understanding of services utilised at the hospital.
7	No comment
8	No comment
9	No comment

10	Need public consultation before concrete plans made. Need more parking, look to increase footfall in the future.
11	Exciting project. Wanted more parking in the hospital for a long time.
12	No Chair of Project board and managers on ball.
13	No comment
14	I look forward to the project conclusion in 20/21.

Creating Opportunities for Primary and Community Health Services in Ruthin

December 2018

BCUHB is looking at how primary and community services can be provided in Ruthin in the future. The Health Board is considering a redevelopment of the Hospital site. This would enable most of the services which are currently provided from The Clinic, Mount Street to move to the hospital site.

It is possible that the Community Dental Service will be provided from permanent sites at Corwen and Denbigh, with a regular mobile service in Ruthin.

The Health Board is working closely with Denbighshire Council to improve car parking and access to the hospital site.

A Business Case will be presented to a meeting of the Health Board in March 2019, and will then be submitted to the Welsh Government. Subject to WG's approval and confirmation of funding – work is likely to commence on the hospital site in summer 2019.

We want to talk to you about our ideas, answer your questions and listen to what you have to say. As we prepare for the future we have an opportunity to listen to you about the services we offer and to look for ways we can develop and improve.

We would like to invite you to take part in this anonymous questionnaire to help us to develop our plans. Whilst completion of this questionnaire is optional, we are looking for volunteers to participate in a patients group and will therefore require contact details if this is something you decide you would like to be involved in. Your information will be stored confidentially in line with Data Protection legislation at all times and will be retained for 12 months.

Please ensure that when you complete the free text fields, you do not enter any information which may potentially identify you or any other individual.

Our questions

Who have you come to see today?

Prefer not to say	<input type="checkbox"/>	Health Visitor	<input type="checkbox"/>
GP	<input type="checkbox"/>	Practice Nurse	<input type="checkbox"/>
Physiotherapist.....	<input type="checkbox"/>	Counsellor	<input type="checkbox"/>
Mental Health Service	<input type="checkbox"/>	Prescription	<input type="checkbox"/>
Health Care Assistant.....	<input type="checkbox"/>	Dentist	<input type="checkbox"/>

Other, please say

Where have you travelled from today? (Place, town, village)

.....

How did you get here?

Prefer not to say	<input type="checkbox"/>	By car.....	<input type="checkbox"/>
Bus	<input type="checkbox"/>	Bus number	<input type="checkbox"/>
Walked	<input type="checkbox"/>	Bike	<input type="checkbox"/>

About how often do you visit the Clinic?

.....

Please tell us what you like about Mount Street Clinic.

.....

.....

The new location for our services could be an opportunity for us to develop and grow to meet more of your needs. Please share your ideas here.

.....

.....

About you

This information helps us to understand more about your responses and about how our services can better meet your needs.

Which age group do you belong to?

0 – 18 ☐ 19 – 65 ☐ 66 plus ☐ Prefer not to say ☐

Are you here for an appointment with a child?

Yes / No

Prefer not to say

☐

Do you care for someone, does someone rely on you for help? Yes / No

Yes / No

Prefer not to say

☐

Do you have a long term condition that has an effect on your daily life?

Yes / No

Prefer not to say

☐

And finally

If you would like to be involved in discussion regarding this re-development opportunity, by joining us for meetings and to review information, please select your preferred contact option, by completing the relevant options below:

I / We would like to join the Patients Group Yes / no

Name

Email

Phone

Following completion of this questionnaire please hand it in to the receptionist.

Appendix 4

The Clinic, Ruthin – Re-location of Services and Re-development of Ruthin Hospital

Third Sector Stakeholder Network

17th April 2019 5.30 – 6.30 pm

Canolfan Naylor Leyland, Well Street, Ruthin

1. Representation

Representatives of the following organisations, attended:

BCUHB; BCUHB Stakeholder Group; Red Cross; Epilepsy Action Cymru; Macmillan; Carers Trust (North Wales) Dementia Services; Ruthin Hospital League of Friends; Nurses in the Community; Citizens Advice Bureau; Community Health Council; Integrated Autism; Vale of Clwyd Stroke Communication Support; Ruthin Town Council; Vale of Clwyd Mind; Denbighshire Social Services; North Wales Citizens Panel.

People with a specific interest in Chronic Pain, Parenting, Families and Children and Dental Services also attended.

2. Introduction

Representatives of third sector organisations were invited via DVSC and BCUHB Engagement Networks and social media and bilingual posters in various local public venues.

Light refreshments were provided and delegates worked around tables, with a BCUHB representative on each table to facilitate the discussion. Copies of the site plans were available for viewing.

The site plan now includes the potential to provide a dedicated space for Third Sector services as part of the Ruthin Hospital re-development.

The session aimed to gather the following information -

- What is happening in the Community currently?
- Where is it happening?
- How could we connect?
- What are the opportunities at the new development?
- What's the extra value?
- Who are the partners?
- What do we need to take this forward?

Delegates were also offered the opportunity to record any further suggestions, or comments and other ideas, utilising Post-it notes on a flipchart.

3. Current Situation

A previous audit revealed that there are no Third Sector services presently provided at Ruthin Hospital, apart from the League of Friends Tea Bar. There is insufficient space for groups on site at the moment, or even for an information stand.

However, there are numerous active groups within the Ruthin area, although access to suitable venues can prohibit the development or expansion of local services.

4. Summary Feedback

4.1 Health and Wellbeing

The re-development provides an opportunity to promote health and wellbeing. Examples included the provision of oral health education, community champions and navigators, and public health messages, such as seasonal flu campaigns, and breast and bowel screening. Also working with initiatives such as the Farming Community Network (FCN), targeting both physical and mental health of the farming community, e.g, offering blood pressure checks and the opportunity for a supportive conversation about mental health.

There is also an opportunity to develop alternative therapies and arts and crafts working in partnership with existing organisations in the community, such as Vale of Clwyd Mind.

4.2 Groups

Groups such as dementia support, Vale of Clwyd Stroke Association and Chronic Pain Groups are provided in Denbigh, Mold or Connah's Quay, but not currently in Ruthin, mainly due to a lack of suitable accommodation, which means that patients and families are travelling considerable distances. These groups are regularly attracting between 10 – 50 people.

There is a real demand for bookable rooms for informal support groups for patients and families, particularly carers and those with chronic mental and physical health conditions. British Red Cross, Crossroads, Carers Trust, Epilepsy Action Cymru, Chronic Pain, Macmillan, Stroke Association and Bereavement Support were all examples of groups looking for accessible venues to set up groups in the Ruthin area.

4.3 Access and Travel

Transport, especially from the villages and surrounding rural areas can also be a barrier to people accessing services.

Several organisations reflected that they are currently taking services out to patients own homes, because of a lack of suitable venues, but would prefer to provide services from a central site, where possible, which is more time-efficient and builds independence and reduces social isolation.

There is an opportunity to link with the Community Car Scheme, and the Open Doors group, has already made links with the Community Car Scheme in Corwen. Public transport is particularly important, and the proposed bus stop and footpath from Rhos Street is welcomed, although the preferred option is that the buses come onto the hospital site.

4.4 Working Together

This provides an opportunity to work more closely with the Community Resource Teams (CRTs), for Ruthin and surrounding area. The CRT provides care closer to home, and

integrates Community Nursing, Therapies, Social Care, Mental Health and Primary Care. The CRT for Ruthin is located at County Hall.

The re-location of one of the GP practices from the Town Centre to the Hospital site, provides an opportunity for “wrap around services” and closer working between primary care and the Third Sector, for example, Macmillan has an education programme for Primary Care, which could be delivered to the GP Cluster, but could also provide specific support for GP trainees, based at the hospital site.

The event also provided the opportunity for representatives to find out about other services in their area, and how to work together. A common theme was that people and families are not “diagnosis specific”, e.g, families may be caring for a grandparent newly diagnosed with dementia, another family member undergoing treatment for cancer, and a child with epilepsy, all of which has an impact on the mental health and wellbeing of the entire family.

A common theme was that Third Sector groups could work more closely together, and with statutory services. For example, the Dementia Co-ordinator for the Carers Trust, visits patients referred by the Older People’s Memory Service with a recent diagnosis of dementia. However, sharing facilities with the Older People’s Memory Service in the re-development would enable the service liaise more closely with BCUHB services, see patients in a familiar setting in the hospital, and develop a hub within Ruthin.

With the expansion of the physiotherapy service in Ruthin Hospital, to include specialisms such as neuro-physiotherapy, there is an opportunity for organisations such as Epilepsy Action Cymru to facilitate neuro-rehabilitation groups to support patients and families in managing their condition and accessing information and support, the nearest groups are currently in Holywell and Abergele.

Denbighshire Voluntary Services Council (DVSC) is ideally placed to support organisations in their training and development and networking. DVSC holds a quarterly health and social care Network meeting in Ruthin.

4.5 Informal Contacts and One-to-One Working

Several organisations cited the need for a safe space for a one-to-one conversation with a patient or carer. For example, Macmillan would utilise space for a display stand on a regular basis, but would also welcome the accessible Tea Bar to provide an informal space for a “chat” with an individual who may be concerned about themselves or a family member.

The League of Friends Tea Bar is seen as essential to underpinning the Third Sector services on site, and in particular reducing social isolation and loneliness, providing a focal point for people attending the hospital for appointments themselves, or as a carer or visitor.

4.6 Information, Technology and Signposting

It was agreed that not all groups need to be located within the hospital – the re-development provides an opportunity to provide information about services and signposting to wider services and support within the community. Information should be available in a variety of formats, including leaflets, interactive screens and TV screens.

Online support via Social Media is increasingly important to people seeking information and peer support.

The re-development provides an opportunity to ensure that the site is “dementia friendly”, with improved signage and reception facilities.

Patients and visitors to the site need a single, accessible, clearly identified, reception point, with information and knowledge about all services on site, including peripatetic services, Third Sector groups and visiting specialists/outpatients.

One delegate asked if there would be a cash machine on site. Cash machines on hospital sites are provided by a private company, and need to be commercially viable.

4.7 Multi-Faith Provision, Spiritual and Bereavement Support

The inpatient ward has 27 beds, and provides palliative and end of life care for patients. Spiritual support is provided by local religious organisations, and visiting Ministers. There is no dedicated Chapel or Quiet Room on site for patients, families or staff. However, there are a number of small rooms that could be booked, or shared, such as the Relatives Room, close to the inpatient ward.

There is no dedicated Bereavement Support Service on site. The re-development provides an opportunity for organisations such as Cruse, to provide support to individuals and sign-post to other agencies providing longer term support on site or within the locality.

5.0 Next Steps

There was some concern that Community Dental Services (CDS), may not be available from a permanent site in Ruthin, and consideration needs to be given as to how patients from Ruthin access CDS services.

Further / ongoing engagement is needed, including attendance at events such as Ruthin Flower Show in August, and ongoing liaison with North Wales Community Health Council (CHC).

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		1. To support the delivery of Care Closer to Home in Central and South Denbighshire; i. Working with partners to support people to make healthier choices & intervening early to help manage health conditions; ii. providing care closer to people's homes in local communities; iii. making sure we achieve the best results for patients.					
AIM – To Support the Delivery of Care Closer to Home		TYPE			TIMESCALE	LEAD RESPONSIBILITY	STATUS RAG
	Action	Quantifiable	Qualitative	Resource /Financial			
1.1	Provide information on Health Promotion & Social Prescribing. Interactive Information screens & TV Screens, & signposting to local third sector organisations.	✓			On completion of Project	Project Director / DVSC	
1.2	Third Sector Room will be utilised for specific events, eg, Carers Week, World Mental Health Day	✓			On completion of Project	DVSC/ Project Director	
1.3	League of Friends will extend their membership and volunteer base,	✓			On completion of Project	Project Director / League of Friends / DVSC	

APPENDIX 5

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

	training will be offered to volunteers, through a partnership with DVSC.						
1.4	Extend opening League of Friends Café opening hours (currently 6 per week on 3 days per week), to 7 days per week.	✓	✓		On completion of the Project	Project Director / League of Friends / DVSC	
1.5	Consolidate current multiple booking systems into a single point for management of Room Bookings at hospital.	✓			On completion of the Project	Wendy Tee (Matron)	
1.6	Locality Training Room will support shared training and Locality Model.	✓			On completion of the Project	Project Director	
1.7	Deliver one session per week of Smoking Cessation advice for 8 patients per week for a 7 week programme, over 40 weeks per annum (circa 45	✓	✓	✓	On completion of the Project.	Stop Smoking Wales.	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

	patients per annum). A mix of 1:1 and group work. With 40% quit rate at 7 weeks.						
1.8	Re-establish Pulmonary Rehab. To deliver an 8 week programme twice a week group and 1:1 assessments. Reducing travel times for staff and patients to current service Rhyl.	✓	✓	✓	On completion of Project	Head of Therapy Services	
1.9	Podiatry will move to dedicated space, and will free up 2 sessions per week in Physio suite, which will be utilised for specialist services; including Neurology Clinical Specialist – 1 session per week: Paediatrics – 1 session: Rheumatology ad-hoc, and other	✓	✓		On completion of Project	Head of Therapy Services	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

	specialisms on a bookable basis.						
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Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		2. To provide high quality, primary and community services for Ruthin and surrounding areas.					
Aim: To Support Collaborative and Seamless Working		TYPE			TIMESCALE	LEAD RESPONSIBILITY	STATUS RAG
	Action	Quantifiable	Qualitative	Resource /Financial			
2.1	Establish “Virtual Ward Model” integrating clinical teams, primary care, social care, pharmacy, and older persons’ mental health services.		✓		On completion of Project	Dr Stephen Newton / Project Director / Wendy Tee	
2.2	To provide “One-Stop Shop” for primary, community, outpatient, inpatient & diagnostic services, including GP, phlebotomy, ECG, etc		✓		On completion of Project	Dr Stephen Newton / Project Director / Wendy Tee	
2.3	District Nurses to re-locate to County Hall as part of CRT development.	✓			End of January 2019	Clare Hughes, Project Manager CRT	

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2.4	District Nurses will provide 2 days a week of clinical activity at RCH.	✓			On completion of Project.	Wendy Tee	
2.5	<p>Closer MDT working for palliative care in RCH, Care Homes and Domiciliary settings.</p> <p>Establish Quarterly MDT meetings with GPs, DNs and third sector, to support experiential learning.</p>	✓	✓		On completion of the Project	Dr Stephen Newton/Wendy Tee	
2.6	Co-ordinated Clinical Care & timely discharge, and case appropriate ALOS.	✓	✓		On completion of Project.	Dr Stephen Newton.	
2.7	Improved IT within new Physio Area, ie, access to Therapy Manager “at the bedside” will enable access to clinical notes in all areas.	✓		✓	On completion of Project	Head of Therapy Services	
2.8	Useable plinths will increase from 4 – 5, in	✓			On completion of Project	Head of Therapy Services	

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Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

	addition to 2 private treatment rooms & 1 cubicle within the Gym.						
2.9	Rationalisation of workforce across Ruthin and Denbigh sites will increase flexibility and cover for leave, etc		✓		On completion of Project	Head of Therapy Services	
2.10	The number of Physio Student placements from Cardiff University will increase from 48 In Central Area. (Cardiff University have indicated that they require an additional 32 per annum).	✓		✓	On completion of Project	Head of Therapy Services	
2.11	The number of Physio Students from Salford will increase.	✓		✓	On completion of Project	Head of Therapy Services	
2.12	Following recruitment of Band 6 Therapist to enable supervision & training, MSK and inpatients placements will be offered.	✓	✓		On completion of Project	Head of Therapy Services	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

2.14	Additional Plinth will enable students to attend with the Clinical Specialist in MSK to see complex patients	✓	✓		On completion of Project	Head of Therapy Services	
2.15	Additional Plinth will enable students to attend with the Clinical Specialist in Women's Health to see complex patients	✓	✓		On completion of Project	Head of Therapy Services	
2.16	Improve equity of access and provision to physiotherapy services, streamlining and closer working with First Contact Physios in Primary Care.		✓				
2.17	Provide a geographically central base for Health Visitors & School Nurses and a central venue for Team & Core Meetings for	✓		✓	On completion of Project	Head of Childrens Services	

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	South Denbighshire Team, thereby reducing Travel Times & Costs.						
2.18	Mum and Toddler/Baby Groups will be provided utilising the Locality Room.	✓	✓		On completion of Project	Head of Childrens Services	
2.19	Breast Feeding Groups will re-locate from external venues – removing revenue costs of room hire.	✓		✓	On completion of Project	Head of Childrens Services	
2.20	Memory Services to achieve Welsh Government Targets for Referral to Assessment of 28 days.	✓	✓		On completion of Project	Community Service Manager, Mental Health	
2.21	Memory Services to achieve Welsh Government Targets for Referral to Diagnosis of 12 weeks.	✓	✓		On completion of Project	Community Service Manager, Mental Health	
2.22	Memory services to increase 2 nd year Student Nurse	✓	✓		On completion of Project	Community Service Manager, Mental Health	

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	placement from 12 weeks to 48 weeks.						
2.23	Memory Services to reduce travel times by utilising hot desking & IT connectivity.	✓	✓	✓	On completion of Project	Community Service Manager, Mental Health	
2.24	Memory services to increase Cognitive Stimulation Groups provision from 18 weeks per annum to 48 weeks per annum.	✓	✓		On completion of Project	Community Service Manager, Mental Health	
2.25	Memory services to deliver Welsh Language Cognitive Stimulation Groups.	✓	✓		On completion of Project	Community Service Manager, Mental Health	
2.26	Memory services to contribute to Palliative Care Groups and meetings	✓	✓		On completion of Project	Community Service Manager, Mental Health	
2.27	Community Dental Services – provided from modern facilities within the locality & modern hook up point at RCH for mobile provision.	✓			On completion of Project	Clinical Director, Dental Services.	
2.28	CDS Waiting lists will reduce from 12 weeks	✓			On completion of Project	Clinical Director, Dental Services.	

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Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

	at Ruthin and 8 weeks at Denbigh.						
2.29	CDS contacts in C&S Denbighshire will increase by 600 – 1000 per annum	✓			On completion of Project	Clinical Director, Dental Services.	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		3. To support sustainable Primary Care services in Ruthin and surrounding areas.					
Aim: Sustainable Primary Care Services		TYPE			TIMESCALE	LEAD RESPONSIBILITY	STATUS RAG
	Action	Quantifiable	Qualitative	Resource /Financial			
3.1	The Clinic at RCH will submit an application to become a training practice for GP Registrars from Cardiff.	✓			On confirmation of approval of Business Case	Dr Stephen Newton	
3.2	The Clinic will commence placements for 5 th Year Medical Students from 2019.	✓			2019 – 2020	Dr Stephen Newton	
3.3	The Clinic at RCH will provide a placement for one GP Registrar at a time over a 12 month period.	✓			On completion of successful application to become a training practice and re-location to RCH.	Dr Stephen Newton	
3.4	The Clinic will provide a placement for a	✓			2019 – 2020		

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

	Practice Nurse trainee.						
3.4	Multi-purpose Centre/training room will be provided with IT facilities, including SKYPE, VC and Desk Top PCs, to support Medical Students in their placements & maintain contact with Medical Schools, Universities, etc.	✓			On completion of project	Project Director	
3.5	Placements for Medical Students as part of the CARER (Community & Rural Education Route) programme (WG Sept 2018).	✓	✓		ASAP	Dr Tom Kneale	
3.6	The Clinic at RCH will provide additional Enhanced Services <ul style="list-style-type: none"> • Contraception • Diabetes (Level 1) 	✓			On completion of project	Dr Peter Leatt/Dr Stephen Newton	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

	<p>The Clinic at RCH will explore the possibility of providing the following Enhanced Services –</p> <ul style="list-style-type: none"> • Minor Injuries • Diabetes Level 2 	✓			On confirmation of Welsh Government funding for project	Dr Peter Leatt/Dr Stephen Newton	
3.7	The Clinic at RCH will maintain or increase its current patient list size (2,862) at 01 10 18.						
3.8	The Clinic at RCH will maintain its dispensing licence & maintain, or increase, its dispensing list size (1456) at 01 10 18.						

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		4. To provide a safe, modern working environment for Health Board Staff, partners and patients.					
Aim: To provide a safe, modern working environment.		TYPE			TIMESCALE	LEAD RESPONSIBILITY	STATUS RAG
	Action	Quantifiable	Qualitative	Resource /Financial			
4.1	All staff re-located from The Clinic	✓			On completion of Project	Project Director	
4.2	Achieve best practice in sustainable building design.	✓			On completion of Project	Project Director	
4.3	Meet national performance indicators for physical condition, statutory compliance, fire safety compliance, functional suitability, space utilisation and energy performance - achieve category B in the Estates condition	✓			On completion of Project	Project Director	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		4. To provide a safe, modern working environment for Health Board Staff, partners and patients.					
	and performance report						
4.4	Provide a building which is fully accessible with adequately sized corridors, automated doors, correctly graded ramps	✓			On completion of Project	Project Director	
4.5	Provide a building which meets key HTM and HBN requirements, including those related to infection control	✓			On completion of Project	Project Director	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		4. To provide a safe, modern working environment for Health Board Staff, partners and patients.					
4.6	Provide a building which meets key dementia design criteria including provision of contrasting WC seats and colour coded doors	✓	✓		On completion of Project	Project Director	
4.7	Provide a calm environment for mental health patients, families and staff	✓	✓		On completion of Project	Mental Health Service Manager	
4.8	Provide a separate De-contamination room for CDS Services at Denbigh Infirmary	✓	✓		On completion of Project	Dental Services, Clinical Director	
4.9	Re-locate the League of Friends Tea Bar to a prominent location on the main corridor, with improved access, increased visibility and seating area.	✓	✓		On completion of Project	League of Friends/Project Director	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		4. To provide a safe, modern working environment for Health Board Staff, partners and patients.					
4.10	Re-locate & re-furbish the Relatives Room closer to the inpatient ward.	✓	✓		On completion of Project	League of Friends/Project Director	
4.11	Provide a bookable Third Sector Space for multi-disciplinary and team use.	✓	✓		On completion of Project	Project Director/DVSC	

Investment Objectives		5. To reduce backlog maintenance.					
Aim: Remove Clinic maintenance liability.		TYPE			TIMESCALE	LEAD RESPONSIBILITY	STATUS RAG
	Action	Quantifiable	Qualitative	Resource /Financial			
5.1	The Clinic will be disposed of, and the site utilised for complementary development.	✓		✓	On completion of Project	Chris Wilcock	
5.2	Remove backlog Maintenance (circa £250,000)	✓		✓	On completion of Project	Chris Wilcock	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

Investment Objectives		6. To improve access to car parking for staff and patients in Ruthin.					
Aim: Improve car parking and access.		TYPE			TIMESCALE	LEAD RESPONSIBILITY	STATUS RAG
		Quantifiable	Qualitative	Resource /Financial			
6.1	Car Parking Spaces at Ruthin Community Hospital will increase by circa 35 spaces. (from 8 at GP Practice and 37 at RCH) to circa 70 at RCH.	✓			On completion of Project	Project Director	
6.2	Safer Pedestrian Walkways & Pavements will be created.	✓	✓		On completion of Project	Project Director	
6.3	Public transport – Bus Shelters / Stops on Rhos Street.	✓	✓		On completion of Project	DCC	
6.4	Consider Partnership Bid for Community Car Scheme with Community Transport Wales.	✓			On completion of Project	Community Transport Wales	

Benefits Realisation - Re-provision of Services from The Clinic, Mount Street, Ruthin and Ruthin Community Hospital Re-development

**Finance and Performance
Committee**
22.8.19

**GIG
CYMRU
NHS
WALES**

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Wrexham Maelor Hospital – Continuity Programme Business Case
Report Author:	Mr Rod Taylor – Director of Estates and Facilities Mr Ian Howard – Assistant Director, Strategic and Business Analysis
Responsible Director:	Mr Mark Wilkinson - Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	This report presents the Wrexham Maelor Hospital – Continuity Programme Business Case for consideration and approval in regards to agreeing the Health Boards’ pipeline of business continuity projects to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor hospital over the next decade, and so avoid the consequential impact on patient care.
Approval / Scrutiny Route Prior to Presentation:	<p>The Wrexham Maelor Hospital – Continuity Programme Business Case has been considered and supported by : -</p> <ul style="list-style-type: none"> • Wrexham Maelor – Hospital Management Team • Wrexham Maelor Redevelopment Programme Group on the 17/07/19. • Executive Team on the 22/07/19. • Considered at a Board Development session on the 01/08/19 <p>The Health Board has also been in discussions with Welsh Government officials regarding support for submitting of a continuity programme business case following Welsh Government’s visits to the Wrexham Maelor Hospital site in 2019.</p>
Governance issues / risks:	<p>The purpose of this Programme Business Case is: to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor Hospital over the next decade, and so avoid the consequential impact on patient care. It proposes the achievement of this objective through investment in a range of infrastructure projects between now and 2024, at a total capital cost of between £50 million and £60 million.</p> <p>There is a clear short- and long- term need to ensure clinical service continuity on the Wrexham Maelor site. Wrexham Maelor is one of three major acute hospitals in North Wales, and the scale and range of clinical activity undertaken on the site means that the Health Board would not be able to meet the health care needs of the population if a substantial portion of the site could no longer function.</p> <p>There have already been various infrastructure issues on the site - affecting power, water supply, heating and medical gasses. Of</p>

	<p>particular concern in 2017 problems with the roof and failures of the ventilation system in the day surgery and endoscopy unit resulted in an emergency closure of the unit - affecting close to 2,000 patients, causing months of disruption and costing millions of pounds of capital and revenue to resolve. In summary, the position has moved over the last few years from infrastructure failure being a theoretical risk to one where failures are actually occurring on a regular basis, including one which caused significant disruption to clinical services. As time passes, the likelihood of more, and more significant, failures will only increase without substantial investment.</p> <p>A recent Health and Safety audit carried out by the Corporate Occupational Health and Safety team has identified a number of non-conformity areas within the Wrexham campus and this programme will support mitigating those identified risks.</p> <p>This Programme Business Case recommends that seven individual project business cases are now developed. It is proposed that these cases are phased in priority order, with the work being completed over the next four-to-five years to strengthen service resilience on site.</p>
Financial Implications:	<p>The precise total capital figure of £54.3 million contained in the table within the continuity programme business case is a coherent professional estimate based on a specific set of assumptions. However, as is appropriate at Programme Business Case stage, it is not yet possible to give a precise figure with a high level of confidence. It would be more informative to regard the likely capital cost as being in a range of between £50 million and £60 million.</p> <p>It is proposed, as part of the next stage of developing business cases for the individual projects, that further survey work is undertaken to give greater cost certainty.</p> <p>From a revenue perspective, the programme is broadly revenue-neutral as it is mainly like-for-like replacement. There will be a small revenue saving, and a positive environmental impact, from the plan to replace part of the heating systems.</p>
Recommendation:	<p>The Committee is asked to endorse the Continuity Programme Business Case, which will then be submitted to the Health Board for approval for submission to Welsh Government.</p>

Health Board's Well-being Objectives <i>(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the</i>	√
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		<i>report or if not indicate the reasons for this.)</i>	
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	x
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	x
5.To improve the safety and quality of all services	x	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Engagement Strategic and service planning			
Equality Impact Assessment – an Equality Impact Assessment will be undertaken within each subsequent business case submission as part of the pipeline of projects.			

Wrexham Maelor Hospital

Continuity Programme Business Case

Finance and Performance Committee August 2019

Version History

Version	Date	Purpose	Change	Originator
0.1-0.3	March-May 2019	Development drafts		PF (MM)
0.4	12/6/19	Draft	Executive Summary added	PF (MM)
0.5	13/6/19	Draft	Initial risk based cost estimating added	PF (MM)
0.6	13/6/19	Draft	Development of all chapters	PF (MM)
0.7	14/6/19	Draft	Management Case development	PF (MM)
0.8	18/6/19	Incorporating Estates comments	Risk re-assessment	PF (MM)
1.0	18/6/19	Draft	Minor text changes	PF (MM)
1.1	11/07/19	Internal Review & EMG	Redraft	IH (BCU)
1.2	15/07/19	Internal Review	Redraft	IH (BCU)
1.3	17/07/19	Programme Group	Amendments	IH/RT (BCU)
1.4	19/07/19	Executive Team	Amendments post Programme Group 18/7/19	IH
1.5	22/07/19	Executive Team	Minor changes	IH
1.6	22/07/19	Executive Team	Minor changes	IH
1.7	12/08/19	F&P following Executive Team approval	Minor changes from ET	IH

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1 Executive Summary

Introduction

The purpose of this Programme Business Case is: to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor Hospital over the next decade, and so avoid the consequential impact on patient care. It proposes the achievement of this objective through investment in a range of infrastructure projects between now and 2024, at a total capital cost of between £50 million and £60 million.

Summary of the Case

There is a clear short- and long- term need to ensure clinical service continuity on the Wrexham Maelor site. Wrexham Maelor is one of three major acute hospitals in North Wales, and the scale and range of clinical activity undertaken on the site means that the Health Board would not be able to meet the health care needs of the population if a substantial portion of the site could no longer function. In the longer term, there is also a clear strategic commitment to retaining 3 major acute hospitals in North Wales, and the Health Board is developing strategic plans to transform and integrate its services. This includes the development of a separate Programme Business Case to transform services provided on the Maelor Campus, and local primary and community services.

However, these long-term plans may take 10 years or more to develop and implement, and the state of the infrastructure is such that substantial investment is needed now to mitigate the immediate risk of further service failure. There have already been various infrastructure issues on the site - affecting power, water supply, heating and medical gasses. Of particular concern in 2017 problems with the roof and failures of the ventilation system in the day surgery and endoscopy unit resulted in an emergency closure of the unit - affecting close to 2,000 patients, causing months of disruption and costing millions of pounds of capital and revenue to resolve. In summary, the position has moved over the last few years from infrastructure failure being a theoretical risk to one where failures are actually occurring on a regular basis – including one which caused significant disruption to clinical services. As time passes the likelihood of more, and more significant, failures will only increase without substantial investment.

Work has been undertaken - supported by NHS Wales Shared Services Partnership and Mott Macdonald - to review, prioritise and cost the work needed to reduce the infrastructure risks to an acceptable level. This includes addressing the risks identified in the site-based health and safety audit, which was undertaken in August 2019 by Corporate Health and Safety. The outcome is a proposal to undertake work in seven areas to address the most severe infrastructure risks on the site. The following table: lists the proposed areas of work in priority order; describes the nature of the risk; outlines the mitigation proposed; summarises the anticipated reduction in the severity of the risk; and shows estimated capital costs.

Area	Risk and Mitigation	Average Risk Score Reduction ¹	Estimated Capital Costs £ Millions
1. Utilities & Electrical Services Infrastructure	There is a significant risk to the continuity of supply to the site. It is proposed to replace the electrical intake mains substation, 4 electrical substations and the main electrical ring main.	From 20 to 7	14.1
2. Heating Systems in the EMS part of the site	The heating system to this part of the site is likely to fail. It is proposed to provide a separate heating and domestic hot water supply to this part of the site.	From 20 to 4	5.8
3. Medical Gas Supplies and Distribution Pipework	The current system is obsolete, prone to failure and has no resilience if it fails. The plan is to replace most of the system.	From 17 to 7	2.2
4. Fire Detection Upgrade L1 and Fire Alarm Panels	The existing system does not meet current standards. The plans is to upgrade or replace elements of the existing system, and install additional fire panels.	From 20 to 8	3.1
5. Nurse Call (inc. emergency & panic alarms)	The current system is obsolete and cannot be maintained. The proposal is to replace the system with one that meets modern standards.	From 20 to 8	3.1
6. Heating Calorifiers and Roofing Works	Elements of the current heating system are likely to fail due to age and need to be replaced with a more efficient system. Many of the roof coverings on the site are failing due to age, and need to be replaced.	From 18 to 6	2.6
7. Critical Ventilation Systems and Plant Replacement to Theatres 1 to 8 + Main kitchen Ventilation system upgrade	The Theatre air handling plant is at high risk of failure, and does not meet current standards. The proposal is to refurbish and upgrade the facilities. The catering ventilation system is similarly in need of replacement.	From 16 to 8	23.4
Total			54.3

¹ This is the average level of risk reduction of the specific schemes that are proposed in each area of work. The individual scheme risk reduction is set out in full in Appendix F.

Having made the point that this investment cannot wait for the transformation case to come to fruition, it is clearly important that account is taken of the potential future development of the site. This will give an understanding of how much of this investment, though essential to maintain services over the next decade, may have a limited lifespan. Based on some preliminary work that has been undertaken on the potential redesign of the campus, it has been estimated that approximately £41.4 million (77%) of the proposed investment will be transferrable to a reconfigured campus.

The precise total capital figure of £54.3 million contained in the table above is a coherent professional estimate based on a specific set of assumptions. However, as is appropriate at Programme Business Case stage, it is not yet possible to give a precise figure with a high level of confidence. It would be more informative to regard the likely capital cost as being in a range of between £50 million and £60 million. It is proposed, as part of the next stage of developing business cases for the individual projects, that further survey work is undertaken to give greater cost certainty.

From a revenue perspective the programme is broadly revenue-neutral as it is mainly like-for-like replacement. There will be a small revenue saving, and a positive environmental impact, from the plan to replace part of the heating system.

This Programme Business Case recommends that seven individual project business cases are now developed. The exact nature of each case – a single stage Business Justification Cases or a two stage process of an Outline Business Case followed by a Full Business Case – will be discussed further with Welsh Government. It is proposed that these cases are phased in priority order, with the work being completed over the next four-to-five years.

2 Structure and Contents of the Document

A Programme Business Case (PBC) proposes a series of specific inter-related projects, and ensures that these projects are “properly scoped, planned and cost-justified from the outset.”²

This PBC has been prepared using the agreed standards and format for business cases, as set out in the NHS Wales Infrastructure Investment Guidance. This format is the *Five Case Model*, and comprises the following:

- The **Strategic Case** - this sets out the strategic fit and case for change, together with the supporting investment objectives for the scheme;
- The **Economic Case** - this explores the suggested way forward – including what project business cases should be developed to deliver the objectives of the scheme;
- The **Commercial Case** - this assesses the ability of the market place to deliver the required goods and services, and summarises the organisation’s commercial strategy;
- The **Financial Case** - this gives outline estimates of the capital and revenue implications of the scheme, and a view of affordability.

² Guide to Developing the Programme Business Case – Better Business Cases: for better outcomes HM Treasury, Welsh Government 2018

3 The Strategic Case

Introduction

The purposes of this section are: to explain how the scope of the proposed scheme fits within the existing strategies of the Health Board; and to provide a compelling case for change, in terms of the existing and future operational needs of the service.

Organisational overview

Betsi Cadwaladr University Health Board (BCUHB) provides a full range of primary, community, acute and mental health services for a population of approximately 700,000 across North Wales and some parts of North Powys. BCUHB is responsible for the operation of over 90 health centres, clinics, community health team bases and mental health units, 19 community hospitals and 3 acute hospitals.

BCUHB employs 16,500 staff and has an annual revenue budget of approximately £1.45 billion.

Current Arrangements and Alignment to Existing Policies and Strategies

This case is fundamentally about ensuring clinical service continuity on the Wrexham Maelor site over the next decade. The purpose of this section is to demonstrate why this is a strategic priority for the Health Board. The argument consists of the following elements:

- The scale and range of clinical activity undertaken on the site means that the Health Board would not be able to meet the health care needs of the population if a substantial portion of the site could no longer function
- The Health Board has a clear strategic commitment to retaining 3 major acute hospitals in North Wales
- The Health Board is developing plans to transform services, including those provided on the Maelor Campus. The length of time it will take to develop and implement these plans means that there needs to be a substantial short-term investment to ensure service continuity over the next 10 years.

The need for this investment is articulated in the Health Board's 3 Year Outlook and 2019/20 Operational Plan, and its Estates Strategy (both published in March 2019, with the relevant extract from the 3 Year Outlook enclosed as Appendix A and the Estates Strategy enclosed as Appendix B.). As part of developing its Estates Strategy, the Health Board has undertaken an exercise to estimate the cost of bringing its existing Estate up to modern standards. Wrexham Maelor has the highest figure, at £284 million, with the equivalent figures for Bangor and Glan Clwyd being £209 million and £86 million. The judgement has been made that the infrastructure issues are the most pressing at Wrexham, and therefore this case has been produced first. Work is about to begin on

developing similar cases relating to Bangor (next), followed by the elements of Glan Clwyd that have not been affected by the recent major refurbishment programme.

The scale and range of activity on the site

The Wrexham Maelor Hospital is one of three medium-sized acute hospitals in North Wales, and primarily serves the Health Board's Eastern population. It has a full 24/7 Emergency Department, and a comprehensive range of inpatient, day case and outpatient services. It also houses an acute inpatient mental health unit, and various rehabilitation facilities. The following figures give a sense of the scale of the hospital (activity rounded to the nearest 1,000):

Number of Acute Inpatient Beds	494
Number of Inpatient Rehabilitation Beds	49
Inpatients Treated in 2018/19	35,000
Day cases Treated in 2018/19	12,000
Outpatients Treated in 2018/19	262,000
Number of Older People's Mental Health Beds	27
Number of Adult Mental Health Beds	54
Mental Health Inpatients Treated in 2018/19	1,000

The hospital is running at full capacity – for example average midnight bed occupancy on the Acute wards is 94%, well above the 85% recommended by the Welsh Audit Office. This is also true of the neighbouring hospitals, and there is no significant scope to transfer services from the Maelor site in the event of major infrastructure failure.

Strategic Commitment to Three Main Hospitals in North Wales

The configuration of Acute services has been reviewed several times in recent years - including the 2009/10 North Wales Clinical Strategy, 2012/13's Healthcare in North Wales is Changing, and 2017/18's Living Healthier Staying Well (LHSW). These reviews have entailed in-depth explorations of the evidence base for the best configuration of acute hospitals, and various alternative models have been evaluated - including reducing the number of Acute hospitals and having a differentiated emergency take for some or all of the sites. The conclusion reached on each occasion has been in line with the one articulated in LHSW in 2018, as follows:

"In order to deliver services to meet future needs we will ensure that our three main hospitals at Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital provide core services to meet the needs of the population. Each hospital will continue to have:

- A 24 / 7 emergency department
- Consultant-led maternity and children's services

- A wide range of medical and surgical care, both for planned care and emergencies
- Day case surgery, diagnostic tests and outpatient clinics

The Living Healthier Staying Well strategy is enclosed as Appendix C.

Transformation of Services across North Wales

Within the context of the strategic decision to retain 3 major acute hospitals, the Health Board will work with partners to transform services in line with Welsh Government's A Healthier Wales: our Plan for Health and Social Care³. This will entail both a shift in emphasis towards community-based services and a greater specialisation of services between the Acute hospitals. This is articulated in A Healthier Wales as follows:

"Over the next decade we will see a shift of services from large general hospitals to regional and local centres. Routine diagnostics, outpatient services, day-case treatments, minor surgery and injury services can all be delivered safely and to high quality in smaller centres. Clinical expertise and specialisation can be shared through hub and spoke models. These changes will help to modernise services, allowing them to use new technologies and share good practice nationally, so that services are equally high quality across the whole of Wales."

Across North Wales the same direction of travel is described in LHSW:

"Where clinics (and some diagnostic services) do not need to be at one of the main hospital sites, we will increasingly provide them more locally in our communities. When people need emergency care, they will be able to be assessed at any of our Emergency Departments and most will be treated at the hospital they go to. Some might need to be transferred to another hospital for more specialised care.

We know from the evidence that for some more specialist services people have better outcomes when treated in larger centres by highly specialist teams. Our aspiration is that we will widen the range of specialist care we provide in North Wales so that in ten years' time people will have to travel outside the area less frequently. This will also help attract, retain and develop the specialist staff needed to provide high quality and sustainable care in our hospitals. We are already working to develop some services like this – such as the new Sub-regional Neonatal Intensive Care Centre, and robotic assisted surgery.

Sometimes people will still have to travel outside North Wales to get very specialised care which is better provided for a larger population - such as neurosurgery at the Walton Hospital, or specialised paediatric care at Alder Hey. We have strong partnerships with hospitals outside North Wales and we will continue to do so in the future."⁴

As part of the next stage of progressing the Health Board's services strategy the organisation will develop specific plans which describe and quantify the shape of services across North Wales. For Wrexham, a programme business case is being developed which will propose how acute, community and primary care services will be transformed for the

³ A Healthier Wales: our Plan for Health and Social Care – Welsh Government [2018]

⁴ Living Healthier Staying Well Our Strategy for the Future [March 2018]

Central Wrexham locality and for the services provided on the Maelor site. While it has not yet been definitively concluded, it is highly likely that this will entail the redevelopment of the Wrexham Maelor campus, rather than developing on a brown/greenfield site. The case will explore the potential to co-locate some primary, social and third sector services on the same campus. Given the scale of transformation and capital investment required this is likely to be a 10-15 year programme of work.

Business Needs – the Case for Change

This section of the case outlines what the problems are with the current situation, and why investment is required to resolve or mitigate these problems.

The fundamental issue which this case seeks to address is as follows: there is a high and increasing risk of physical infrastructure failure at the Wrexham Maelor Hospital, which could have an adverse impact on patient care.

The underlying cause of this risk is the age and condition of the Estate. As outlined earlier, of all of the Health Board's estate, the Wrexham Maelor Campus will take the most investment to bring it up to modern standards. The overall poor condition of the site includes major engineering obsolescence, which is now resulting in frequent breakdowns. For instance, the site has experienced three complete power-outages due to High Voltage (HV) cable failures since 2017. The tap-water supply has failed. Heating has failed. Medical gases supplies have failed.

The Health Board's Estates and Facilities Division has in place extensive 24/7 business continuity arrangements to ensure that clinical services, patients and staff are safe should a failure or breakdown occur. The site has a network of backup generators which provide essential supplies to key identified services. The Estates and Facilities team work with all utilities suppliers when dealing with business continuity issues to ensure service failures are managed safely. The Health Board also spends approximately £700,000 per annum on maintaining the campus from its discretionary capital allocation.⁵ However, the risks associated with these failures are growing, and cannot be mitigated through discretionary capital. The events that have had the biggest impact so far relate to the day surgery and endoscopy unit. This unit has experienced problems with a leaking roof and failures to the ventilation system/air handling unit. These culminated in September 2017 in the unit being shut down. It is estimated that this resulted in a loss of 250 day case lists, affecting 866 patients, and 156 Endoscopy lists, affecting 844 patients. The loss of activity would have been substantially greater if the Health Board had not rented theatre capacity in England and hired two mobile theatres, at a total cost of £1.6 million. The capital cost of reinstating the capacity on the site was £5.2 million.

The diagram on the next page shows the various sections of the site. Following the failure events outlined above, the Emergency and Medical Services (EMS) quadrant of the campus has been investigated for resilience and risk of failure. This work has been undertaken with the support of the Shared Services Partnership – Specialist Estates Services, whose advice on what action should be taken has informed this business case.

⁵ The Health Board receives a capital allocation of approximately £14 million per annum to address routine estates maintenance, equipment replacement and investment in IT.

Their 2017 analysis of is enclosed as Appendix D. The following aspects of the quadrant were found to be particularly vulnerable:

- Electrical infrastructure (low voltage only)
- Mechanical services (critical plant – high level risk systems around patient safety e.g. ventilation)
- Mains services (water, oxygen, medical gases, drainage)

In addition, the fabric of several buildings was found to be failing and some urgent minor works have been instigated.

The risks associated with the site are fully articulated in the Health Board's risk register. One of the 20 risks held at the Corporate ("Tier 1") level in the Health Board states that:

"There is a risk that the Health Board fails to provide a safe and compliant built environment. This may be due to insufficient financial investment and estates rationalisation. This could result in avoidable harm to patient, staff, public, reputational damage and litigation."

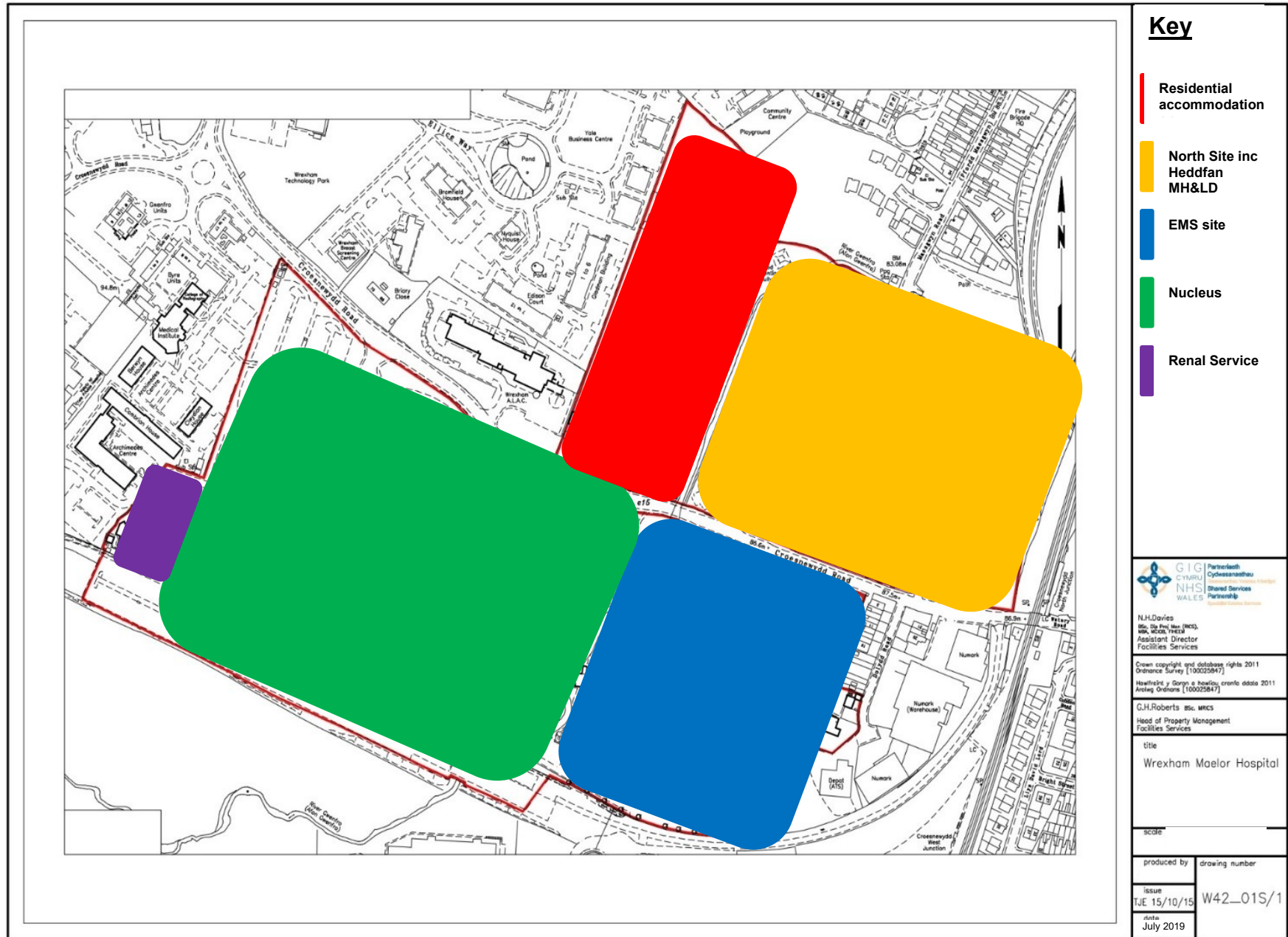
This is supplemented by the following Tier 2 (Directorate level) risk, specifically addressing the Maelor site:

"There is a risk that the Health Board fails to provide for the delivery of services on the Wrexham Maelor site. This could be due to an electrical outage on the ring main, hot water, heating. This may impact on the safety of &/or service delivery to patients including those within Pathology, Children's Ward, ENT and Stores."

Overall, the BCUHB corporate and Maelor Hospital risk registers contain more than 40 "red risks" relating to service continuity.

In summary, the position has moved over the last few years from infrastructure failure being a theoretical risk to one where failures are actually occurring on a regular basis – including one which caused significant disruption to a large number of patients and cost millions of pounds to resolve. As time passes the likelihood of more, and more significant, failures will only increase without substantial investment.

Zonal Map of the Wrexham Maelor Site



Investment Objectives

The fundamental objective of this case is: to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor Hospital, and the consequential impact on patient care.

In addition to increasing the resilience of the site, the proposed solution will improve the level of statutory compliance on the site. There will also be benefits in terms of a reduction in energy consumption and carbon emissions.

The specific, measurable objectives which underpin these overall objectives will be developed in the project business cases that arise from this programme case. These business cases will also fully articulate how the benefits from the investment will be realised and measured.

Scope of the Programme

The primary objective – i.e. reducing the risk of infrastructure failure - is what determines the scope of this case. Which specific risks should be mitigated, and to what extent, are essentially value-for-money questions. This is addressed in the options appraisal in the Economic section of this case.

It is important to be clear about the relationship between the scope of this case and that of the longer-term case to modernise services in Central Wrexham which was referred to earlier [p.10]. The focus of the longer-term case is service transformation, including creating fit-for-purpose accommodation that supports modern pathways of care. The transformation case will explore the potential to co-locate acute, community, primary and third sector services on the same site. Experience elsewhere suggests that a transformational programme such as this could take 10 years or more to come to fruition. The risk of infrastructure failure articulated above is too great for the organisation to delay action until it can fully integrate the infrastructure works with the transformational change. The intention of this case is therefore to ensure that the Wrexham Maelor has a robust infrastructure for the next decade, while the transformational plan is developed and delivered.

Having made the point that this investment cannot wait for the transformation case to come to fruition, it is clearly important that the investment in the infrastructure takes account of the potential future development of the site. This will give an understanding of how much of this investment, though essential to maintain services over the next decade, may have a limited lifespan. The option appraisal outlined in the Economic section [p.16 onwards] therefore takes account of whether specific investments are likely to be incorporated into the long-term plan.

Constraints to the Programme

The Continuity Programme will need to be delivered under certain operational constraints. The Maelor Hospital is a fully operational hospital campus, with no vacant spaces of significant size. Continuity works will therefore need to be sensitive to ongoing functions,

minimize disruption to services and recognise the Board's land ownership curtilage and the impact of works on the Board's neighbours.

Risk to Programme Delivery

The Continuity Programme itself inevitably carries risk, as with all significant programmes of work.

However these risks are manageable and are proportionate to the expected benefits of operational risk reduction. The Programme will be set up to manage its risks from the outset, including:

- Budget over-runs
- Ineffective interventions
- Insufficient intervention
- Failing to integrate with the Re-provision Programme

Risk Management will operate at both Programme and Project levels. The Continuity Programme will report risk exposure monthly, compiling and synthesising project level risk returns.

4 The Economic Case

Introduction

The purposes of the Economic Case are to identify and appraise the options for the delivery of the programme, and to recommend the option which is likely to offer the best Value for Money (VfM). It concludes by recommending a pipeline of individual business cases through which the programme should be developed and delivered.

Critical success factors

The critical success factors for the project are as follows:

- CSF1: business needs – how well the option satisfies the existing and future business needs of the organisation.
- CSF2: strategic fit – how well the option provides holistic fit and synergy with other key elements of national, regional and local strategies.
- CSF3: benefits optimisation – how well the option optimises the potential return on expenditure – business outcomes and benefits (qualitative and quantitative, direct and indirect to the organisation) – and assists in improving overall VFM (economy, efficiency and effectiveness).
- CSF4: potential achievability – the organisation's ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks and the need for supporting skills (capacity and capability). Also the organisation's ability to engender acceptance by staff.
- CSF5: supply side capacity and capability – the ability of the market place and potential suppliers to deliver the required services and deliverables.
- CSF6: potential affordability – the organisation's ability to fund the required level of expenditure – namely, the capital and revenue consequences associated with the proposed investment.

The long-listed options

The long list of options was generated using the Treasury's options framework, which systematically works through the available choices for what (scope), who (service delivery), when (implementation), and funding.

This process results in options being discounted, carried forward for further consideration in the short list or identified as a preferred choice.

The options framework for this project is as follows:

Options	Finding
1.0 Scope	
1.1 'Business as usual' – i.e. continue with current arrangements, with the current levels of incremental	Discounted – because it would not address the serious risk issues outlined in the strategic case – but retained as a

investment to reduce the speed of deterioration of the estate	comparator against which to assess whether other options offer value for money
1.2 Minimum – address the most critical and immediate risks – i.e. those with a score of 20 on the risk register	Possible – because it would mitigate the most serious risks
1.3 Intermediate – address all red risks on the risk register – i.e. 16 and above.	Preferred – because all red risks are mitigated
1.4 Maximum – comprehensive risk reduction	Possible – but unlikely to represent value for money
2.0 Service delivery	
2.1 In-house	Discounted – the in-house estates team do not have the capacity or the full skill set to undertake the scale of work proposed.
2.2 Existing National NHS Frameworks for individual elements of work	Preferred - the Board can call upon the current NHS contractor frameworks as appropriate for the scale of each individual business case arising from the programme business case.
2.3 Single-supplier	Possible - rather than a series of ‘lots’ or specialisms, the Board could appoint, via competitive tendering, a single-supplier to provide all continuity services. This is possible and may appeal to larger contractors. However, this approach is more complicated and may slow down the implementation of the early, urgent, works.
3.0 Implementation	
3.1 “Big bang” or single phase implementation	Discounted – it would be disruptive to undertake work on a wide range of areas at the same time, and would stretch internal management resources.
3.2 Phased	Preferred – the sequencing of projects allows the prioritisation of urgent schemes, is manageable from the client’s perspective and spreads the capital costs over a few years.
4.0 Funding	
4.1 Private Funding	Discounted as unaffordable
4.2 Public Funding	Preferred

The short-listed options

The long-listing exercise concludes that the preferred option should be undertaken on a phased basis, and funded from public capital. The two issues to be considered further as part of creating and appraising the short-list are the scope of the proposed works, and how the work should be tendered.

Scope

The Health Board has adopted a risk-based approach to determining the scope of the project. Risks are scored in the Health Board using the following scores for probability and impact:

PROBABILITY	SCORE	IMPACT	SCORE
rare	1	negligible	1
unlikely	2	minor	2
possible	3	moderate	3
likely	4	major	4
almost certain	5	catastrophic	5

This results in the following matrix of scores, and Red/Amber/Green ratings:

Likelihood	Consequence (Impact)				
	Negligible (Very Low)	Minor (Low)	Moderate	Major (High)	Catastrophic (Very High)
Will undoubtedly happen / recur, possibly frequently	5	10	15	20	25
Will probably happen / recur, but is not a persisting issue	4	8	12	16	20
Might happen or recur occasionally	3	6	9	12	15
Do not expect it to happen / recur but it is possible it may do so	2	4	6	8	10
This will probably never happen / recur	1	2	3	4	5

An exercise has been undertaken, supported by Mott Macdonald, to prioritise the resolution of issues on the Wrexham Estates risk register. This involved a review by BCUHB's Estates team, with the outcome being validated by the site's management and the Programme Board.

The exercise:

- reviewed the current risk scores;
- estimated the cost of risk reduction - based on local knowledge and the view of Mott Macdonald's Quantity Surveyors, informed by experience of work undertaken elsewhere. It is important to note that these costs are high level approximations. As part of the business case, funding of £250,000 is being sought to undertake survey work to ensure that the costs of the individual business cases are robust (the specifics of this by project are outlined in Appendix E);
- estimated the risk scores after mitigation;
- took a view as to whether the investment was "transferrable" – i.e. would be largely unaffected by the transformation programme;
- explored the revenue implications.

The full results of this exercise are enclosed in Appendix F. In summary, the cost of risk reduction by risk points is as follows:

		20 point Risk	16 point Risk	15 point Risk	12 point Risk	10-5 point Risk	ALL RISKS
WORKS VALUE		£15,200,000	£14,900,000	£8,575,000	£2,435,000	£3,990,000	£45,400,000
Provisional allowance for non contract works, decanting costs and equipment associated with the above	10%	£1,520,000	£1,490,000	£857,500	£243,500	£399,000	£4,540,000
Fees	15%	£16,720,000	£16,390,000	£9,432,500	£2,678,500	£4,389,000	£49,940,000
		£2,508,000	£2,458,500	£1,414,875	£401,775	£658,350	£7,491,000
Contingency	10%	£19,228,000	£18,848,500	£10,847,375	£3,080,275	£5,047,350	£57,431,000
		£1,922,800	£1,884,850	£1,084,738	£308,028	£504,735	£5,743,100
Inflation allowance to end 2022 (mid-point)	10%	£21,150,800	£20,733,350	£11,932,113	£3,388,303	£5,552,085	£63,174,100
		£2,115,080	£2,073,335	£1,193,211	£338,830	£555,209	£6,317,410
VAT @ 20% to all excluding fees (excludes potential VAT recovery)		£23,265,880	£22,806,685	£13,125,324	£3,727,133	£6,107,294	£69,491,510
		£4,151,576	£4,069,637	£2,342,090	£665,072	£1,089,789	£12,400,102
ESTIMATED VALUE		£27,417,456	£26,876,322	£15,467,414	£4,392,204	£7,197,082	£81,350,478
CUMULATIVE			£54,293,778	£69,761,192	£74,153,396	£81,350,478	

It is clearly a matter of judgement as to which risks should be mitigated through this case – i.e. in advance of the Wrexham Redevelopment Project. On balance, the preferred option is to mitigate the risks with scores of 20 and 16 at an estimated budget cost of £54,293,778. This obviously leaves a number of risks that will not be mitigated through this case - including road resurfacing, car parking, some work on the fabric of buildings, flood alleviation, and some work on utilities and fire precautions. A full list is included in Appendix F. In the long term these issues will be addressed as part of the Wrexham

Redevelopment Project. In the short term, the risks will continue to be managed, including in part through the use of discretionary capital. It is possible that a change in circumstances may result in future bids for all-Wales capital funding to mitigate these risks in advance of the Wrexham Redevelopment Project.

The work that is in the proposed scope is outlined fully in Appendix G. The following table summarises the areas covered, in priority order, describes the degree of risk mitigation, and gives an estimate of the costs:

Area	Risk and Mitigation	Average Risk Score Reduction ⁶	Estimated Capital Costs £ Millions
1. Utilities & Electrical Services Infrastructure	There is a significant risk to the continuity of supply to the site. It is proposed to replace the electrical intake mains substation, 4 electrical substations and the main electrical ring main.	From 20 to 7	14.1
2. Heating Systems in the EMS part of the site	The heating system to this part of the site is likely to fail. It is proposed to provide a separate heating and domestic hot water supply to this part of the site.	From 20 to 4	5.8
3. Medical Gas Supplies and Distribution Pipework	The current system is obsolete, prone to failure and has no resilience if it fails. The plan is to replace most of the system.	From 17 to 7	2.2
4. Fire Detection Upgrade L1 and Fire Alarm Panels	The existing system does not meet current standards. The plans is to upgrade or replace elements of the existing system, and install additional fire panels.	From 20 to 8	3.1
5. Nurse Call (inc. emergency & panic alarms)	The current system is obsolete and cannot be maintained. The proposal is to replace the system with one that meets modern standards.	From 20 to 8	3.1
6. Heating Calorifiers and Roofing Works	Elements of the current heating system are likely to fail due to age and need to be replaced with a more efficient system. Many of the roof coverings on the site are failing due to age, and need to be replaced.	From 18 to 6	2.6
7. Critical Ventilation Systems and Plant Replacement to Theatres 1 to 8 -	The Theatre air handling plant is at high risk of failure, and does not meet current standards. The proposal is to refurbish and upgrade the facilities.	From 16 to 8	23.4

⁶ This is the average level of risk reduction of the specific schemes that are proposed in each area of work. The individual scheme risk reduction is set out in full in Appendix F.

Main kitchen Ventilation system upgrade	The catering ventilation system is similarly in need of replacement.		
Total			54.3

The proposed phasing of the projects, based on a judgement about priority and the likely time required to undertake the work is as follows:

Project Plan and Spend Profile

			2019/ 2020	2020/21 - Year 1				2021/22 - Year 2				2022/23 - Year 3				2023/24 - Year 4				2024/25 - Year 5
Prioritised Phasing	Pipeline Project	Project Budget Cost Estimate	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
1	Utilities & Electrical Services Infrastructure	£14.1m	Surveys/ Specification/ Tender & Business Case	HB/WG Approval	Project Delivery															
2	Heating Systems EMS	£5.8m		Spec/ Tend & BC	HB/WG Approval	Project Delivery														
3	Medical Gas Supplies and Distribution	£2.2m			Spec/ Tend & BC	HB/WG Approval	Project Delivery													
4	Fire Detection Upgrade L1 & Fire Alarm Panels	£3.1m				Surveys/ Spec/ Tender & BC	HB/WG Approval	Project Delivery												
5	Nurse Call (including emergency & panic alarms)	£3.1m				Surveys/ Spec/ Tender & BC	HB/WG Approval	Project Delivery £												
6	Calorifiers and Roofing Works	£2.6m							Spec/ Tender & BC	HB/WG Approval	Project Delivery									
7	Critical Ventilation Systems & Plant Replacement to Theatres 1 to 8 - Main kitchen Ventilation system upgrade	£23.4m								Surveys/ Spec/ Tender & BC	HB/WG Approval	Project Delivery								

Consideration has been given as to how transferable the investment would be when plans to redevelop the Wrexham Maelor Campus have been completed. The PBC assumes that the campus will remain fundamentally unchanged with the exception of the EMS and significant elements of the original North Site which has the oldest building dating back to the 1930's (see map on p.13). The PBC assumes that buildings located within these templates would not be retained in the longer term as part of the redevelopment and therefore any investment within these locations is solely for the purpose of delivering essential clinical services in the shorter term and therefore not transferable.

A large proportion of the pipeline projects propose investment within the Nucleus template, including electrical infrastructure upgrades, medical gas supplies improvements, fire detection and nurse call replacement, and refurbishment of the theatre plant and ventilation. It is assumed that these investments would be retained within the overall campus redevelopment. The Business Continuity Workbook [Appendix F] indicates those projects that have the potential to be either transferable in totally, partly or not at all. In summary it is estimated that £41.4 million (77%) of the proposed investment of £54.3 million is transferrable.

Service delivery

As outlined in the options grid, there appear to be two realistic options: to let each of the 7 element of work as separate contracts, or to appoint a single supplier to provide all elements. The current view is that having 7 separate contracts is preferred, as it is simpler and quicker to achieve, and there is an urgent need to start this work.

Conclusion and pipeline of projects

This economic evaluation concludes that the preferred option is a programme of work addressing the red infrastructure risks on the Maelor site. It should consist of 7 phased elements, let as 7 separate contracts and funded from the all-Wales capital programme.

There are two possible approaches to developing the business cases for these individual projects. One is to produce an OBC, informed by the survey work to give greater cost certainty. The other is to do a single stage BJC, with the cost envelope agreed with Welsh Government after the survey work is complete. It may be appropriate to have different approaches to different projects, depending on their value and complexity. It should be noted that the indicative phasing of the project outlined above assumes a single stage BJC for each scheme. It is suggested that further discussions should be held with Welsh Government to agree the approach.

5 The Commercial Case

Introduction

The Commercial Case outlines how the preferred way forward can be purchased from the market.

Required Services and Procurement Strategy

The preferred option proposes letting 7 separate contracts, with a capital cost ranging between £2.2 million and £23.4 million. They are therefore likely to be procured through a combination of national and local frameworks. The specific procurement route will be determined as part of the development of each individual project business case.

Risk Allocation

This section provides an initial assessment of how the associated risks might be apportioned between the Health Board and the contractor.

The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM).

The table below outlines the potential allocation of risk, which is the standard distribution at this stage in the development of a scheme.

Risk Category	Potential allocation		
	Public	Private	Shared
1. Design risk			✓
2. Construction and development risk			✓
3. Transition and implementation risk			✓
4. Availability and performance risk			✓
5. Operating risk	✓		
6. Variability of revenue risks	✓		
7. Termination risks	✓		
8. Technology and obsolescence risks			✓
9. Control risks	✓		
10. Residual value risks	✓		
11. Financing risks	✓		
12. Legislative risks	✓		
13. Other project risks	✓		

5.4 Personnel implications (including TUPE)

It is anticipated that the TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981 – will not apply to this investment.

6 The Financial Case

Introduction

The purpose of this section is to set out the indicative financial implications of the preferred option (as set out in the economic case section). The detailed analysis of the financial case will be undertaken as part of the individual business cases that make up the programme.

Capital Costs

As outlined in the Economic Case, the estimated cost of the preferred option is £54.3 million, made up of 7 projects as follows:

Prioritised Phasing	Pipeline Project	Project Budget Cost Estimate
1	Utilities & Electrical Services Infrastructure	£14.1m
2	Heating Systems EMS	£5.8m
3	Medical Gas Supplies and Distribution	£2.2m
4	Fire Detection Upgrade L1 and Fire Alarm Panels	£3.1m
5	Nurse Call (including emergency & panic alarms)	£3.1m
6	Calorifiers and Roofing Works	£2.6m
7	Critical Ventilation Systems and Plant Replacement to Theatres 1 to 8 - Main kitchen Ventilation system upgrade	£23.4m
Total		£54.3m

As noted earlier, and as is appropriate at the Programme Business Case state, this is a high level estimate. It is based on local knowledge, and the view of Mott Macdonald's Quantity Surveyors - informed by experience of work undertaken elsewhere. As part of

the business case, funding of £250,000 is being sought to undertake survey work to ensure that the costs of the individual business cases are robust (the specifics of this by project are outlined in Appendix G). The costs are also based on certain key assumptions. For example there has been no estimate of VAT recovery at this stage. Also if the assumed timing of the work over the next 5 years varies, this will impact on the total cost. The capital cost estimate has been presented as a single figure - £54.3 million – but is best considered to be in a range between £50 million and £60 million.

Revenue consequences

The vast majority of the work proposed in this case will not have a revenue consequence, as it is like-for-like replacement. There is a potential marginal recurring reduction in utility bills due to the replacement of part of the heating system – this will be quantified as part of the individual business case.

7 The Management Case

Introduction

This section of the PBC addresses the achievability of the scheme. Its purpose is to set out the actions that will be required to ensure the successful delivery of the scheme.

Programme management arrangements

The management arrangements for capital programmes and projects are outlined in the Procedure Manual for Managing Capital Projects, which was adopted by the Health Board in May 2015.

The programme will be managed in accordance with PRINCE 2 programme management methodology.

There is a single Programme Board overseeing both this Programme and the Wrexham Redevelopment Programme, to ensure full integration. The joint Senior Responsible Owners for both programmes are the Executive Director of Planning and Performance, and the Executive Director of Nursing and Midwifery.

Target Milestones

The target milestones for the individual projects are as outlined in the project plan and spend profile on page 22.

Use of special advisers

Special advisers will be used as required, procured via the Designed for Life framework.

8 Conclusion and Recommendation

This Business Case is recommended for approval.

Appendices

A	BCUHB 3 Year Outlook and 2019/20 Operational Plan [copy available on request]
B	BCUHB Estates Strategy [copy available on request]
C	Living Healthier, Staying Well [copy available on request]
D	Electrical Infrastructure Resilience – Shared Services [copy available on request]
E	Proposed Survey Work
F	Business Continuity Risk Workbook
G	Prioritised Pipeline Projects

Appendix E

Specialist Survey Work to support Specification and Design Programme

			<u>2019/20</u>	<u>2020/21 - Year 1</u>				<u>2021/22 - Year 2</u>	
Prioritised Phasing	Pipeline Project	Project Budget Cost Estimate	Q4	Q1	Q2	Q3	Q4	Q1	Q2
1	Utilities & Electrical Services Infrastructure	£120k	Surveys/ Spec/Tend & BC						
2	Heating Systems EMS	£15k		Spec/Tend & BC					
3	Medical Gas Supplies and Distribution	£30k			Spec/Tend & BC				
4	Fire Detection Upgrade L1 and Fire Alarm Panels	£25k				Surveys/ Spec/Tend & BC			
5	Nurse Call (including emergency & panic alarms)	£25k				Surveys/ Spec/Tend & BC			
6	Calorifiers and Roofing Works	£0.0k							
7	Critical Ventilation Systems and Plant Replacement to Theatres 1 to 8 - Main kitchen Ventilation system	£35k							Surveys/ Spec/Tend & BC
Total		£250k							

Appendix F Business Continuity Risk Workbook

WREXHAM MAELOR HOSPITAL
COSTINGS FOR CPBC Update 25th June 2019
BUSINESS CONTINUITY RISK WORKBOOK

BUSINESS CONTINUITY RISK WORKBOOK						CURRENT			POST MITIGATION			TRANSFERABLE INVESTMENT	REVENUE IMPLICATIONS	RATIONAL	IN SCOPE
REF	ELEMENT	Condition	Basis of Estimate	Budget Cost Estimate £	Section Totals £	Priority/Risk	Priority/Risk	Priority/Risk	Priority/Risk	Priority/Risk	Priority/Risk	YES/NO	YES/NO		
						Probability	Impact	Score	Probability	Impact	Score				
1	Heating														
1a	Nucleus	boilers have been replaced and should last for next ten years.	no cost included	£0	£0	2	4	8	N/A	N/A	N/A	N/A	N/A	N/A	N
1b	EMS	Decentralisation of the heating system is considered by BCUHB as a feasible solution to mitigate the potential risk of failure due to the poor condition of the existing system.	EMS heating and domestic hot water decentralisation Feasibility Overview dated 22nd March 2019 plus allowance for premium and nightwork, builder's works, replacement of finishes and decorations; strip out existing	£2,200,000		5	4	20	1	4	4	P	N	New Energy Efficient Services	Y
			Allowance for decant space to enable works to be undertaken in phases	£1,000,000		5	4	20	1	4	4	P	Y	New space	Y
1c	North Site Estates Childrens Trust HQ Medical records Heddfan Residences	Maintain existing for 10 years; boiler replaced in last ten years boiler replaced last year; include allowance for repair/replacement of radiators Boilers need replacing heating ok new complex - no requirements boilers changed in 2004; original HW cylinders may need replacing	Allowance for replacement of cast iron radiators Replace boiler	£125,000 £200,000		3 3	2 2	6 6	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N N
	Artificial Limb	boilers considered OK	Allowance for replacing hot water cylinders to approximately 100 properties no cost included	£75,000		3	2	6	N/A	N/A	N/A	N/A	N/A	N/A	N
1d	HSDU	out of scope													
1e	Renal	out of scope			£1,200,000										
2	Medigas														
2a	Oxygen storage	2 VIE storage at present but on same plinth so no resilience; need to separate by relocating or replacing one with modifications to feeds; replace pipework between VIE and site in ducts or overground to enable access	Re-position second VIE tank, alterations to pipework and provision of accessible ducts	£300,000		4	5	20	1	4	4	Y	Y	Additional capacity	Y
2b	Medical gases	EMS pipework/system is old and vulnerable	Re-design and replace pipework to EMS; allowance for premium and night working; allowance for builders works, replacement of finishes and decorations; strip out existing	£1,500,000		3	5	15	1	4	4	N	N	Like for like	N
2c	Medigas alarms	Existing alarms not fully functioning and total replacement and upgrade is required	Replacement of system as Mott Macdonald specification dated 26th July 2018	£200,000		5	4	20	1	4	4	P	N	Like for like	Y
2d	AVSU's/terminal units	allowance required to upgrade	Replace AVSU's and terminal units to nucleus (EMS covered in 2b)	£120,000		4	4	16	1	4	4	N	N	Like for like	Y
2e	Manifolds	main and reserve manifolds need attention/replacing; bottles possibly not required if VIE works done	Replace 8 no. manifolds	£240,000		4	4	16	2	4	8	N	N	Like for like	Y
2f	Nitrous oxide	3 no. manifolds need attention/replacing	Replace 2 no. manifolds	£90,000		4	4	16	2	4	8	N	N	Like for like	Y
2g	Medical Air	phase 1 replaced; phase 2 replace 2 compressors with 4 units including capacity for servicing; emergency manifolds need replacing	Replace emergency manifolds	£60,000		4	4	16	2	4	8	N	N	Like for like	Y
			Replace compressors	£100,000		4	4	16	2	4	8	N	N	Like for like	Y
2h	Medical Vac	2 no. manifold needs attention/replacing	Replace 2 no. manifolds	£80,000		4	4	16	2	4	8	N	N	Like for like	Y
2i	Entonox	1 no. manifold needs attention/replacing	Replace 1 no. manifold	£30,000		4	4	16	2	4	8	N	N	Like for like	Y
3	Other systems				£1,200,000										
3a	Nurse call (including emergency/panic alarm)	Part replaced; remainder required to be upgraded	Based on all wards and departments not yet done as per Courtney Thorne list	£1,500,000		5	4	20	2	4	8	P	Y	Annual Maintenance	Y
		Follow me lights should be installed; not done in works to date so need to include cost to add in all areas	Retro install follow me lights to areas where nurse call previously installed	£250,000		5	4	20	2	4	8	P	Y	Annual Maintenance	Y
3b	Access control	nothing to be included as will be developed out of revenue funding	outside of scope			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N
3c	Heddfan	access control needs replacing throughout	outside of scope			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N
3d	CCTV	virtual complete replacement site wide required; 35 systems	Replace all CCTV systems	£600,000		5	1	5	N/A	N/A	N/A	N/A	N/A	N/A	N
3e	Telecom	outside of scope	excluded			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N
3f	Intruder alarm	outside of scope	excluded			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N
4	Flood Alleviation	Potential for river bank to burst and residences know to have flooded in last 10 years; measures have been taken but risk of further flooding.	MM Environmental Engineer has carried out initial desktop review which has confirmed the areas at risk; further studies are needed to assess the extent of the risk and provide possible solutions. A cost allowance has been included within the section 10 for the further studies and a provisional sum included here for any potential works that may be undertaken	£1,500,000	£1,750,000	3	3	9	N/A	N/A	N/A	N/A	N/A	N/A	N
5	Utilities														
5a	Water	Whole site upgrade of water distribution including new service into site	Allowance for upgrade of mains water distribution around the site but excluding within the buildings	£500,000		3	4	12	N/A	N/A	N/A	N/A	N/A	N/A	N
		Water mapping	Survey specified and to be undertaken	£50,000		3	4	12	N/A	N/A	N/A	N/A	N/A	N/A	N
		Water storage to be at low level with tanks and booster sets	new storage tanks	£575,000		3	4	12	N/A	N/A	N/A	N/A	N/A	N/A	N
		Water tower should be demolished	Demolish	£50,000		3	4	12	N/A	N/A	N/A	N/A	N/A	N/A	N
5b	Electric	Main intake substation has 60 year old switchgear and is vulnerable 4 other substations also may need replacing; nucleus 1, nucleus 2, EMS, and Renal Ring main is also a risk	Replace main substation	£1,000,000		4	5	20	2	4	8	Y	N	N	Y
			Replace 4 no substations	£6,000,000		4	5	20	1	4	4	P	N	N	Y
			Replace remaining HV cabling around the site	£800,000		4	5	20	2	4	8	P	N	N	Y
5c	Gas	pressure drop at maximum; review of gas network/loads/consumption/usage required Dual fuel capacity to be considered; no resilience if gas supply lost but risk of this happening considered low	Allowance to survey and report; upgrade not envisaged	£25,000		5	3	15	N/A	N/A	N/A	N/A	N/A	N/A	N
6	Fire				£7,800,000										
6a	Fire detection upgrade	On going programme of upgrade being undertaken to achieve L1 standard	Nucleus - upgrade/replace all systems not yet done EMS - upgrade/replace all systems not yet done North site -allowance to upgrade or replace to make 100% compliance	£700,000 £360,000 £440,000		5 5 5	4 4 4	20 20 20	2 2 2	4 4 4	8 8 8	N N N	N Y Y	Auto testing Auto testing Auto testing	Y Y Y
6b	Compartmentation	condition not known; survey/strategy required	Provisional allowance including survey	£500,000		3	4	12	2	3	6	Y	N	N/A	N
6c	Fire doors	condition not known; survey/strategy required	Survey sample of fire doors; assumed 30% of all doors need replacing	£1,900,000		5	3	15	2	4	8	N	N	N/A	N
6d	Fire panels	Installation of additional fire panel; need to allow for specific panels linked back to main panel where necessary so each building can be stand alone	Allow for upgrade to 4 no. buildings	£200,000		5	4	20	2	3	6	P	Y	Stat Testing	Y
7	Domestic hot and Cold water				£1,700,000										
7a	Calorifiers	half replaced; 5 no. need replacing in nucleus		£350,000		5	4	20	2	3	6	N	Y	Inc in existing Testing and Maint	Y
7b	legionella upgrades	removal of dead legs has been done but a small number may still be required Insulation considered OK	Provisional allowance	£75,000		5	3	15	N/A	N/A	N/A	N/A	N/A	N/A	N
7c	Cold water storage	Some header tanks have been by passed and should be removed; others need to be by passed and removed Redundant fire hose reels to be removed	Provisional allowance for alterations to tanks Allowance	£100,000 £25,000		5 5	3 3	15 15	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N N
8	Fabric				£250,000										
8a	Roofing	EMS flat roofing needs replacing; part may be done with day case theatres project Childrens roof is poor and needs recovering with allowance for replacement of rotten timbers/supports; soffits are asbestos board Estates building roof is poor and needs recovering with allowance for replacement of rotten timbers/supports; soffits are asbestos board	Allowance for re-covering of flat roofs to EMS site Allowance for re-covering of flat roofs to North Site and allowance for repairs to pitched roofs	£1,200,000 £2,250,000		4 5	4 3	16 15	2 N/A	3 N/A	6 N/A	Y N/A	N N/A	Inc existing Budgets N/A	Y N
8b	Windows	Old buildings on north site have poor windows - allow for repair or replacement; windows to EMS and nucleus are single glazed but considered would last albeit that some will need to be replaced	Allowance for replacement of 50% of windows to North Site as and when required; and replacement of other areas as and when required (assumed 10%)	£700,000		4	2	8	N/A	N/A	N/A	N/A	N/A	N/A	N
8c	Structure	Groundsman building unsafe and cracking Cracks in walls of sewing building HQ building cracking at high level Training building - external walls are in poor condition and leaking Ty Madog mobile 542 - unsafe and not usable	Repair if possible otherwise make safe or remove Repair if possible otherwise make safe or remove Needs to be investigated but provisional allowance included for possible repairs Allowance to weatherproof and/or overclad as necessary in order to maintain integrity of the structure Repair if possible otherwise make safe or remove	£200,000 £50,000 £250,000 £275,000		5 5 5 5	1 1 1 1	5 5 5 5	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A N/A N/A N/A	N N N N
		Mezzanine to workshops containing medical records is unsafe and currently has temporary propping	outside of scope	£35,000		4	3	12	N/A	N/A	N/A	N/A	N/A	N/A	N
8d	Fire escape	Fire escape to rear of childrens OPD is enclosed in rotting timber enclosure and needs replacing	Replace	£200,000		4	3	12	N/A	N/A	N/A	N/A	N/A	N/A	N

PROBABILITY	SCORE	IMPACT	SCORE
rare	1	negligible	1
unlikely	2	minor	2
possible	3	moderate	3
likely	4	major	4
almost certain	5	catastrophic	5

[illegible]

Appendix G

Wrexham Maelor HospitalContinuity Programme Business Case - Prioritised Pipeline Projects

Rev 0.9

Project Priority Rating	Log Sheet Ref	Element	Project Description	Proposed Mitigation works	Total Projects Cost Estimates Including Provisional Allowance/Fees/Contingency/Inflation & VAT	Total Project Cost Estimates Including Provisional Allowance /Fees/Contingency /Inflation & VAT (excluding Fees)	Current Risk Score	Post Mitigation Risk Score	Revenue Assumptions	Budget Estimates For Revenue Consequences
1	5	Utilities & Electrical Services Infrastructure to the Main Site	The main site electrical intake substation has 60 year old switchgear and is vulnerable to failure. This could result in a total loss of power to the Wrexham Maelor Campus. There are 4 No remaining electrical substations on site and due to age also require replacing. These are located at Nucleus 1, Nucleus 2, EMS, and Renal. The site ring main has experienced a number of failures and power outages in the last 36 months. The remaining ring main now requires replacement due to age and possible under ground damage.	The project would see the replacement of the electrical intake mains substation to provide greater resilience on site. The project would see the replacement of 4No electrical substations to provide resilience on site. The project would see the remainder of the site electrical ring main replace to current standards and compliance.	£ 1,000,000.00 £ 6,000,000.00 £ 800,000.00	£ 14,068,500.00	20 20 20	8 4 8	The will be no impact on revenue expenditure The will be no impact on revenue expenditure The will be no impact on revenue expenditure	£ - £ - £ -
2	1	Heating Systems EMS	The current heating system serving the EMS part of the Wrexham Maelor site has reached a point where significant failures are highly likely. The Boiler plant and pipe work are old and heavily corroded and located in a subterranean ducts which have asbestos containing material debris present. The project proposes a decentralisation of the heating system as the only feasible solution to mitigate the potential risk of failure due to the poor condition of the existing system. The clinical and support services which are located in the EMS phase include Pathology, Childrens Ward, ENT, Paster Ward, Endoscopy and Stores/Printing	The proposed EMS heating and domestic hot water decentralisation feasibility overview was undertaken in March 2019 and the scheme has made allowances for premium and night work, builder's works, replacement of finishes and decorations. The project has considered allowances for clinical decant space to enable works to be undertaken in phases as all clinical areas are currently operational. All non-clinical services will be relocated .	£ 2,200,000.00 £ 1,000,000.00	£ 5,776,400.00	20	4	The will be no impact on revenue expenditure due the the installation of new energy efficient boilers and distribution systems. The budget implications will be explored as part of the Business Case and are estimated to be in a range between £20k to £50k	£ - £20k to £50k
3	2	Medical Gas Supplies and Distribution Pipework	Currently there are 2No VIE storage vessels on site but both are located on the same plinth so there is no resilience for the campus. The solution is to separate both vessels and relocate/renew with new modifications to feeds and replacement pipework between VIE in ducts or over ground to enable access to services. The existing medical gas monitoring alarms system is not fully functional and total replacement is now required. To upgrade existing obsolete AVSU's and terminal units to the Nucleus (EMS covered in 2b) The existing main and reserve gas manifolds require replacing to support bottled oxygen distribution The existing main and reserve gas manifolds require replacing to support bottled oxygen distribution The existing Phase 1, Phase 2, and compressors with 4 units / manifolds require replacing due to obsolesces. As above 2 no. manifold needs attention/replacing 1 no. manifold needs attention/replacing	The proposal is to re-position the second VIE tank, including alterations to pipework and provision of accessible ducts The proposal is to replace the current medical gas alarm system as per an agreed specification which was produced previously to achieve compliance The proposal is to replace the current AVSU's and terminal units to nucleus (EMS covered in 2b) The proposal is to replace 8 no. existing oxygen manifolds The proposal is to replace 8 no. existing oxygen manifolds The proposal is to replace all emergency manifolds as detailed. The proposal is to replace the current compressors Replace 2 no. manifolds Replace 1 no. manifold	£ 300,000.00 £ 200,000.00 £ 120,000.00 £ 240,000.00 £ 90,000.00 £ 60,000.00 £ 100,000.00 £ 60,000.00 £ 30,000.00	£ 2,163,850.00	20 20 16 16 16 16 16 16 16 16	4 4 4 8 8 8 8 8 8	The will be no impact on revenue expenditure The will be no impact on revenue expenditure The will be no impact on revenue expenditure The will be no impact on revenue expenditure The will be no impact on revenue expenditure The will be no impact on revenue expenditure The will be no impact on revenue expenditure The will be no impact on revenue expenditure The will be no impact on revenue expenditure The will be no impact on revenue expenditure	£ - £ - £ - £ - £ - £ - £ - £ - £ - £ -
4	6	Fire Detection Upgrade to L1 Compliance Fire Reporting Panels	A programme of upgrading work has taken place to achieve L1 standard, however there are other clinical and operational areas which also require upgrading to L1 standard for Fire Detection A programme of new fire panels are required to meet current Fire Safety Standards and increase reporting and Fire Management across the Campus.	Nucleus - upgrade/replace all systems not yet done to L1 Standard EMS - upgrade/replace all systems not yet done to L1 standard North site -allowance to upgrade or replace to make 100% compliance to L1 standard. Installation of additional fire panels with specific panels linked back to main control panel.	£ 700,000.00 £ 360,000.00 £ 440,000.00 £ 200,000.00	£ 3,065,450.00	20 20 20 20	8 8 8 6	The will be no impact on revenue expenditure The will be no impact on revenue expenditure The will be no impact on revenue expenditure The will be no impact on revenue expenditure	£ - £ - £ - £ -

5	3	Nurse call system (including emergency/panic alarm)	The current nurse call system is becoming obsolete and require replacement. Some parts of the system have been replaced however there is a significant number of Wards that require upgrading. The Wards do not currently have "follow me lights" to assist with the nurse call system.	Based on all wards and departments not yet addressed as per Courtney Thorne schedule, all remaining will be replaced and upgraded.	£	1,500,000.00		20	8	The will be no impact on revenue expenditure	£	-	
				It is proposed to retro fit these lights to new and existing ward areas where new nurse call previously installed	£	250,000.00	£	3,156,578.00	20	8	The will be no impact on revenue expenditure	£	-
6	7a + 8	Heating Calorifiers	There are currently 5 no existing Hot Water Clarifiers within the main campus which require urgent replacement due to age and non compliance	The proposal is to replace 5no units	£	250,000.00		20	6	The will be no impact on revenue expenditure	£	-	
		Re- Roofing Work	The older roof coverings both flat and pitched on the Maelor site now require urgent attention and replacement. The areas most effected include the EMS block, tiling and valleys on the North Site and a mixture of both flat and pitched on the Nucleus blocks.	The proposal is to undertake a programme of reroofing works across the sight with specific focus on EMS,North Site and Nucleus blocks.	£	1,200,000.00	£	2,614,000.00	16	6	The will be no impact on revenue expenditure	£	-
7	10	Critical Ventilation Systems and Plant Replacement to Theatres 1 to 8 - Main kitchen Ventilation system upgrade	Due to the overall age and condition of the Theatres the infrastructure and air handling plant (AHU) require major investment and upgrading to improve resilience and overall compliance. The scope of work is detailed in the next column and assumes that temporary theatres will be required on site to enable the work to proceed and retain clinical activity. The catering ventilation system and canopy above the catering range in the main kitchen requires replacing following a recent EHO inspections. The project includes an allowance for temporary kitchens to enable the work to commence.	The proposal is to undertake a programme of works to refurbish the Ultraclean theatres; 2 Air Handling Units (AHU) and replace the dirty extract system	£	800,000.00				The will be no impact on revenue expenditure	£	-	
				The proposal is to upgrade the general theatres; 2 AHU and dirty extract; and replacement of 8 air mixing boxes.	£	1,000,000.00				The will be no impact on revenue expenditure	£	-	
				Allowance for 2 no. temporary modular theatres to enable works to be carried out	£	6,000,000.00				The will be no impact on revenue expenditure	£	-	
				Other theatre areas include ; 9 AHU's and 1 chiller plant	£	3,800,000.00				The will be no impact on revenue expenditure	£	-	
				The proposal is to replace the catering ventilation system and cooker hoods to the main kitchen	£	1,100,000.00				The will be no impact on revenue expenditure	£	-	
				Allowance for temporary kitchens to facilitate works	£	300,000.00	£	23,449,000.00			The will be no impact on revenue expenditure	£	-
					£	30,100,000.00	£	54,293,778.00					
				Provisional allowance for non contract works, decanting costs and equipment associated with the above	10%	£	3,010,000.00						
				Fees	15%	£	4,966,500.00						
				Contingency	10%	£	3,807,650.00						
				Inflation allowance to end 2022 (mid-point)	10%	£	4,188,415.00						
				VAT @ 20% to all excluding fees (excludes potential VAT recovery)	20%	£	8,221,213.00						
CUMULATIVE TOTAL COST ESTIMATE				£	54,293,778.00								

**Finance and Performance
Committee**
22.8.19

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 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Redevelopment of the Ablett Unit at Ysbyty Glan Clwyd – Procurement of External Support
Report Author:	Mr Neil Bradshaw – Assistant Director – Capital
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to brief the Committee on the procurement of external support for the design and construction of the proposed redevelopment of the Ablett Unit.
Approval / Scrutiny Route Prior to Presentation:	The procurement has been in accordance with the mandated NHS Wales procurement processes and scrutinised and advised by NHS Wales Shared Services Partnership (NWSSP). The recommendations have been endorsed by the programme director and the Mental Health division.
Governance issues / risks:	The procurement has been in accordance with the Welsh Government NHS Wales Infrastructure Investment guidance and the BCU procedural manual for managing capital projects.
Financial Implications:	It should be noted that the cost of progressing the scheme to Outline Business Case (OBC) will be funded by Welsh Government.
Recommendation:	The Committee is asked to support the tenders recommended for acceptance.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√

3.To support children to have the best start in life		3. those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Leadership and Governance Strategic and Service Planning			
Equality Impact Assessment			
The strategic outline business case was subject to an EqlA. This will be further enhanced at the outline business case stage.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Redevelopment of the Ablett Unit at Ysbyty Glan Clwyd – procurement of external support

1. Purpose of report

The purpose of this report is to brief the Committee on the procurement of external support for the design and construction of the proposed redevelopment of the Ablett Unit.

2. Introduction/Context

Following confirmation by the Welsh Government of approval for the Health Board to develop the Outline Business Case (OBC) BCU has progressed the procurement of the required external support.

The expected cost of the works requires that BCU utilise the national Design for Life; Building for Wales third generation frameworks and procure the following support:

- NEC 3 Project Manager
- Supply Chain Partner (construction contractor).

NWSSP Specialist Estate Services (NWSSP – SES) have supported and advised the Board on the appropriate procurement processes.

Currently there is no national framework for cost advisors as a consequence BCU have utilised the Crown Commercial Services framework. NWSSP-Procurement Services (NWSSP-PS) have supported and advised the Board on the appropriate procurement processes.

3. Key Actions Taken

3.1 Project Manager and Supply Chain Partner

In accordance with the Design for Life framework invitations to tender were sought from the companies identified within the appropriate national framework. Tender submissions were evaluated on the basis of cost and quality and each company was invited to attend an interview in support of their tender. The interviews, together with the company's written submissions, sought to assess their proposed team, their experience of similar commissions and their approach to the project.

Tenders were evaluated by a team comprising:

Programme Director for the Ablett Unit

Assistant Director - Capital

Operational Estates lead

Clinical lead (SCP interviews)

NEC 3 Project manager (SCP interviews)

Together with support from NWSSP – SES.

Following evaluation of each of the tenders received, the following companies submissions were recommended for acceptance:

Project Manager _ Gleeds Management Services
Supply Chain Partner – BAM

3.2 Cost Advisor

The Health Board is required to appoint a cost advisor to provide financial advice on the capital expenditure of the works and support the NEC3 form of contract.

As indicated previously there is currently no national Design for Life framework for cost advisor services. As a consequence, in partnership with NWSSP-PS, BCU reviewed the available accredited frameworks. The UK government Commercial Crown Services framework for project management and full design services offered an acceptable range of companies with the requisite skills, experience and resources to undertake the commission.

A two stage tender process was adopted, all companies on the framework were invited to make a written submission detailing their relevant experience, skills and approach to the commission. Submissions were evaluated based upon agreed criteria and scoring methodology and the top three companies were invited to interview. Tender submissions were then evaluated on the basis of cost and quality. The interviews, together with the company's written submissions, sought to further assess their proposed team, their experience of similar commissions and their approach to the project.

Tenders were evaluated by a team comprising:
Programme Director for the Ablett Unit
Assistant Director - Capital
Operational Estates lead
Together with support from NWSSP – PS.

Following evaluation of each of the tenders received, Gleeds Cost Management Services were recommended for acceptance.

4. Affordability

BCU has progressed with the procurement of the required external support to progress the design and construction of the proposed re-development of the Ablett Unit.

It should be noted that the cost of progressing the scheme to OBC will be funded by Welsh Government. The CRL currently makes provision for £0.849m in 2019/20. BCU will now work with NWSSP-SES to determine the actual fee to complete the OBC and the CRL will be adjusted accordingly.

7. Recommendations

For the Committee to support the tenders recommended for acceptance.

**Finance & Performance
Committee**
22.8.19

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 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Development of New isolation Facilities – Critical Care Unit Wrexham Maelor Hospital
Report Author:	Mr Graham Alexander – Project Director
Responsible Director:	Mr Mark Wilkinson- Executive Director of Planning & Performance
Public or In Committee	Public
Purpose of Report:	<p>This business case addresses the issue of lack of adequate isolation facilities within the Critical Care unit of Wrexham Maelor Hospital. The unit's current layout and inability to adequately isolate patients has severely detracted from the quality of patient care currently being delivered. The major risk issues that prevail are fully set out in the document. In particular the overall experience of critically ill patients and the care their families receive with regard to comfort, privacy and dignity, within the two rented Isopods the unit. These Isopods are the only means of segregation/isolation on the unit and were introduced circa 10 years ago.</p> <p>The business case outlines two viable options to provide significantly improved facilities together with the recommendation of a preferred option which achieves compliance against modern isolation suite technical standards at a capital cost of £1,744,000 inclusive of vat and fees.</p>
Approval / Scrutiny Route Prior to Presentation:	<p>The creation of improved isolation facilities at Wrexham Maelor Hospital was approved as part of the discretionary capital programme for this year. However the increase in complexity and the associated uplift in the projected capital cost above the £1m threshold requires approval by the Finance & Performance Committee.</p> <p>The business case is fully supported by the Executive Team, conditional that the scheme remains revenue neutral. Albeit the opportunity for faster repatriation of patients from Tertiary Centres in England (as outlined later) is deemed a cashable financial benefit further strengthening the financial case. Wrexham Maelor Hospital Management Team and the Secondary Care Services Development Group are also likewise supportive.</p>
Governance issues / risks:	The business case outlines the significant inadequacies with the current rented Isopods. There are no handwashing facilities inside them meaning staff and visitors need to utilise shared wash basins, significantly increasing the risk of cross-contamination which adversely

	contravenes nationally recognised infection, prevention and control standards. Patients with infectious organisms cannot be dialysed in these units as there are no water points. Finally the doors are defective and no longer close, therefore only specific infections such as colonised wounds or other contact transmitted infection can be nursed in them. Airborne, droplet and spore generating pathogens are not suitable to be managed in the Isopods (eg Clostridium difficile and many respiratory related infections)
Financial Implications:	<p>The preferred option has been calculated at a capital cost of £1,744,000 inclusive of vat and fees albeit spread over 2 financial years. This would provide 2 isolation suites which achieve technical compliance in terms of layout and ventilation systems and thus patients with both air borne and non air borne pathogens could be safely and appropriately cared for within this environment.</p> <p>Some additional running costs of £17k for the Estates & Facilities Division are offset by a saving of £30k per annum on the current rental costs for both Isopods. Furthermore there is a cost avoidance of circa £50k per annum associated with repatriation levels and a projected reduction in extended bed days at Tertiary Centres. This is in circumstances where senior intensivists firmly believe that the lack of compliant isolation facilities in the Wrexham Maelor Critical Care unit is having a significant adverse impact on overall levels of patient repatriations and other transfers into the unit. Evidence to support this is set out in the business case together with some further savings attributable to a reduction in projected deep clean costs.</p>
Recommendation:	To approve the preferred option which is the provision of 2 isolation suites which meet modern standards in terms of layout and ventilation systems and thus avoid any restriction on the type of patients who can be cared for within that environment.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Strategic and Service Planning			
Equality Impact Assessment			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

DEVELOPMENT OF NEW ISOLATION FACILITIES

CRITICAL CARE UNIT

WREXHAM MAELOR HOSPITAL

BUSINESS CASE FOR LARGER VALUE CAPITAL PROJECTS

**PREPARED BY
GRAHAM ALEXANDER
PROJECT DIRECTOR**

AUGUST 2019

1. Executive Summary

This business case addresses the issue of lack of adequate isolation facilities within the Critical Care unit of Wrexham Maelor Hospital. The unit's current layout and inability to adequately isolate patients has severely detracted from the quality of the patient care currently being delivered as set out in the tabular analysis in section 2.2.4 which shows infection incidents and near misses over the last 12 months on the unit. Also to the overall experience of critically ill patients and the care their families receive with regard to comfort, privacy and dignity, particularly within the two rented Isopods on the unit. These Isopods are the only means of segregation/isolation rooms on the unit and were introduced circa 10 years ago. They have inadequate space, ventilation and do not have windows. There are no handwashing facilities inside them meaning staff and visitors need to utilise shared wash basins, significantly increasing the risk of cross-contamination which adversely contravenes nationally recognised infection, prevention and control standards. Patients with infectious organisms cannot be dialysed in these units as there are no water points. Finally the doors are defective and no longer close, therefore only specific infections such as colonised wounds or other contact transmitted infection can be nursed in them. Airborne, droplet and spore generating pathogens are not suitable to be managed in the Isopods (e.g. Clostridium difficile and many respiratory related infections).

The provision of appropriate and compliant isolation facilities (to replace the Isopods) has been deemed a priority by the Health Board with discretionary capital funding identified within both this and the subsequent financial year..

1.1 The objectives of the scheme are as follows:

1. To create a Critical Care environment that is fit for purpose, safe and humane; for patients, staff and the public
2. To provide services which meet the criteria outlined within the Core Standards for Intensive Care Units
3. To provide the surroundings and equipment capable of delivering the best possible patient journey through critical illness, while supporting the families and equipping staff to enable them to deliver best practice care
4. To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery as per the Strategic All-Wales Critical Care and Future Demand (Task & Finish Group Review) July 2019.

The business case outlines various options which have been tested against the above core objectives. Only the 'possible' options identified in the options framework were carried forward for further appraisal and analysis as follows:

- Business as usual (option 1) i.e. continue with current arrangements thereby utilising/ renting the existing Isopods. Whilst not deemed viable given the clinical risk this was simply retained as a comparator against which to assess whether 2 other options offer value for money
- Provide 2 isolation suites but with limited ventilation provision (option 2). Thus only patients with non-airborne pathogens could use such facilities. Patients with airborne pathogens would have to be transferred to other sites in BCU which have fully compliant isolation suites. . This option also supports any future expansion in Critical Care bed numbers as set out within the Strategic All-Wales Critical Care and Future Demand (Task & Finish Group Review) July 2019.
- Provide 2 fully compliant isolation suites which meet all modern standards (option 3). Thus patients with either airborne or non-airborne pathogens could be appropriately cared for. This option also supports any future expansion in critical care bed numbers as set out within the Strategic All-Wales Critical Care and Future Demand (Task & Finish Group Review) July 2019.

1.2 Outcome of Evaluation

At a multi-disciplinary evaluation workshop held on the 24th July 2019, attended by the Consultant Microbiologist, senior infection control matron, senior intensivists and operational services colleagues option 3 was selected as the preferred option with a projected capital cost of £1,744,000 (inclusive of VAT and fees), with the spend profile as follows:

Financial Year	Spend
2019/20	£347,285
2020/21	£1,396,715

As part of this option, given the requirement for extra building space, there is a need to relocate the Medical Day Unit (MDU) which since May 2016 (for business continuity reasons) has utilised an adjoining template formally used by Critical Care. Clinical agreement has been reached on the relocation of MDU to elsewhere in Wrexham Maelor hospital with all such relocation/remodelling costs included in the above forecast.

The current critical care medical and nursing establishment supports the delivery of the preferred option so no further investment is required unless we commission more beds which is not part of this project. Some increase in the projected estates and facilities running costs of £17k per annum will be mitigated by the £30k per annum saving associated with the rental of the two Isopods. Furthermore there is a cost avoidance of circa £50k per annum associated with repatriation levels and a

projected reduction in extended bed days in Tertiary Centres. This is in circumstances where senior intensivists firmly believe that the lack of compliant isolation facilities in the Wrexham Maelor Critical Care unit is having a significant adverse impact on overall levels of patient repatriations and transfers in with the numbers set out below:

Dates	Repats	Transfers in
1 st January – 31 st December 2015	11	6
1 st June 2018 – 31 st May 2019	2	5

Repatriations apply to Wrexham and Flintshire patients where the improvement in their condition does not warrant the specialist care provided by Tertiary Centres and in normal circumstances they would be returned to our local unit. Transfers in relate to non Wrexham and Flintshire residents who need to be admitted to our critical care unit given some specialist services we provide eg North Wales Upper GI cancer centre patients. The projected cost avoidance figure of £50k per annum is an estimate and anticipates that the lack of isolation facilities is the predominant factor affecting repatriation/transfers in levels and recognises that Tertiary Centres charge a different tariff and obviously length of stay for every patient will vary based on severity of illness.

In addition there is a further projected cost avoidance figure of £5k per annum associated with the current “deep clean” costs incurred by the Estates and Facilities Division. This is in circumstances where the current inadequate isolation of patients on the unit sometimes requires entire bays to be deep cleaned rather than individual rooms.

Subject to all necessary approvals, the project will commence in January 2020 with a projected completion date of December 2020.

2. The Strategic Case

This document will set out the strong case to undertake a capital investment of £1,744,000 Inclusive of vat and fees within the Critical Care unit of Wrexham Maelor District General Hospital to significantly improve infection, prevention and control.

The main driver for the investment derives from the Guidelines for the Provision of Intensive Care Services and specifically how Intensive Care facilities should comply with Health Building Note (HBN) 04-01 Supplement 2 Negative Pressure Suites,

Technical Guidance in support of Welsh Health Circular WHC (2018) 033 Airborne Isolation Room Requirements.

The objectives are to establish a programme of work to meet the above national standards which set out in detail the requirements for isolation rooms. The underpinning priority of isolation is to prevent the spread within critically ill patients of infection and protect immune-suppressed patients. It has been established that critical care at the Wrexham Maelor hospital has inadequate single room facilities for reducing hospital acquired infections with significant consequential risks being generated.

2.1 The Current Service

The Critical Care Unit was established in 1998 and is located on the first floor of the nucleus hospital. It consists of 12 funded beds but with current space for up to 13 patients. Of that figure, five are Level 3 beds. These are primarily utilised for critically ill patients with multi-organ failure or those who require invasive ventilation. The remaining seven beds are Level 2 beds, which are used for the care of those patients that require single organ support or higher levels of monitoring and nursing care. In the current critical care footprint, these bed spaces are separated into two rooms of four beds.

Clinically, the unit admits a mixed and unselected take of adult general surgical and medical patients, excluding neuro and cardiac patients. In exceptional circumstances there is a recognition that the unit would accept paediatric patients. The hospital also has high care areas for coronary care and non-invasive ventilation, but these frequently overspill in to critical care.

Last year 662 patients were admitted to the unit and of those 662 admissions 135 patients (20%) needed to be isolated for infection reasons. Unfortunately, we were not able to meet this criteria at times. Table 1: More than 60% of patients were from mixed medical emergencies (20%) needed to be isolated for infection reasons.

case mix programme

Admission groups

	Number of admissions (%)			Acute hospital mortality*, n/N (%)		
	Your unit	Similar units	All units	Your unit	Similar units	All units
Elective/scheduled surgery	125 (19.3)	(18.1)	(30.8)	9/125 (7.2)	(2.4)	(2.2)
Emergency/urgent surgery	127 (19.6)	(21.0)	(17.0)	17/123 (13.8)	(12.0)	(12.9)
Non-surgical	397 (61.2)	(60.9)	(52.2)	102/381 (26.8)	(26.6)	(26.1)
Pneumonia‡	86 (13.3)	(13.3)	(10.3)	28/81 (34.6)	(31.3)	(31.1)
Mechanically ventilated§	190 (29.3)	(31.8)	(36.9)	65/188 (34.6)	(32.5)	(25.6)
Sepsis (Sepsis-3)§	219 (33.7)	(32.3)	(24.9)	54/211 (25.6)	(26.3)	(26.3)
Sepsis (0 organ dysfunctions)	24 (3.7)	(3.1)	(2.3)	1/24 (4.2)	(8.2)	(7.7)
Sepsis (1 organ dysfunction)	89 (13.7)	(13.5)	(10.1)	15/84 (17.9)	(15.3)	(15.1)
Sepsis (2 organ dysfunctions)	61 (9.4)	(8.8)	(6.9)	18/59 (30.5)	(28.7)	(28.1)
Sepsis (3 organ dysfunctions)	28 (4.3)	(4.5)	(3.6)	11/28 (39.3)	(46.7)	(45.8)
Sepsis (4 or more organ dysfunctions)	17 (2.6)	(2.4)	(2.0)	9/16 (56.3)	(65.1)	(62.6)
Septic shock (Sepsis-3)§	41 (6.3)	(4.8)	(3.7)	17/39 (43.6)	(51.9)	(51.3)
Acute kidney injury (all)§	355 (54.7)	(59.2)	(55.0)	96/349 (27.5)	(24.5)	(22.0)
Acute kidney injury (KDIGO stage I)	112 (17.3)	(18.3)	(18.2)	25/110 (22.7)	(17.1)	(15.1)
Acute kidney injury (KDIGO stage II)	175 (27.0)	(27.7)	(25.5)	42/173 (24.3)	(22.5)	(20.0)
Acute kidney injury (KDIGO stage III)	68 (10.5)	(13.2)	(11.3)	29/66 (43.9)	(39.1)	(38.2)

* Excluding readmissions of the same patient within the same acute hospital stay
‡ Primary or secondary reason for admission
§ During the first 24 hours following admission
KDIGO - Kidney Disease: Improving Global Outcomes

In addition to this, neutropenic patients (at high risk of infection due to low white cell count) and patients that have been swabbed for potential flu also require isolation.

Protective Isolation aims to protect immunocompromised patients (20% of our admitted patients) who are at high risk of acquiring micro-organisms from either the environment or from other patients, staff or visitors.


Within the whole hospital context and not just appertaining to critical care it is important that standard Infection Prevention Control (IPC) precautions are implemented at all times and all patients must be assessed on admission to ensure that they are placed in appropriate isolation if necessary. Patients with certain conditions must be isolated immediately for example:

- Diarrhoea and/or vomiting
- Undiagnosed rashes and fevers
- Known Carbapenemase Producing Enterobacteriaceae (CPE) patients/carriers
- Suspected or confirmed Group A streptococcal infection (i.e. necrotizing fasciitis)
- Patients shedding Methicillin-resistant staphylococcus aureus (MRSA), Glycopeptide-resistant enterococci (GRE)
- Patients admitted from other hospitals who may be infected/colonised with resistant micro-organisms
- Bacterial meningitis

Table 2: High-risk patients (Patients on high dose steroid therapy, chemotherapy, radiotherapy, congenital or acquired immune deficiency state or AIDS %) who are at

high risk of acquiring micro-organisms from either the environment or from other patients, staff or visitors. Unfortunately, we were not able to isolate them

Wrexham Maelor Hospital, Intensive Care Unit



Case mix (i)

	Your unit	Similar units	All units
Age (years), mean (SD)	61.0 (17.7)	61.6 (18.1)	61.0 (17.4)
Male, n (%)	338 (52.1)	(53.8)	(57.2)
Severe conditions in past medical history, n (%)			
Severe liver disease	17 (2.6)	(2.3)	(2.3)
Severe respiratory disease or home ventilation	46 (7.1)	(3.6)	(2.5)
Haematological malignancy	12 (1.8)	(1.7)	(1.8)
Metastatic disease	13 (2.0)	(2.5)	(3.6)
Immunocompromise*	81 (12.5)	(6.4)	(7.2)
Prior dependency, n (%)			
Able to live without assistance with daily activities	459 (70.7)	(73.8)	(77.5)
Some (minor/major) assistance with daily activities	174 (26.8)	(24.9)	(21.4)
Total assistance with all daily activities	16 (2.5)	(1.4)	(1.1)
CPR within 24 hours prior to admission, n (%)			
Community CPR	15 (2.3)	(2.9)	(3.0)
In-hospital CPR	19 (2.9)	(2.5)	(2.3)

* Daily high-dose steroid treatment, chemotherapy, radiotherapy, congenital immunohumoral or cellular immune deficiency state or AIDS

2.1.1 The existing isopods

These were introduced over 10 years ago, and given the major space constraints within the unit, a decision was made to introduce isopods for two cubicles. Illustrated below is a photograph of an isopod which clearly demonstrates their space limitation and other issues.



At the time these were considered an optimum way of creating appropriate segregation facilities on the unit given no other such facilities existed, they are the only segregation facilities on the unit. However, over time these have become discredited, with a clear directive from the Executive Nurse Director to remove them from the site given that clinicians are not able to safely isolate level 3 patients. The isopods are now deemed not fit for purpose for a number of reasons as set out in the next section.

2.2 The Case for Change

2.2.1 Investment Objectives

The investment objectives for this project are as follows:

1. To create a critical care environment that is fit for purpose, safe and humane; for patients, staff and the public
2. To provide services which meet the criteria outlined within the Core Standards for Intensive Care Units
3. To provide the surroundings and equipment capable of delivering the best possible patient journey through critical illness, while supporting the families and equipping staff to enable them to deliver best practice care
4. To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery as per the Strategic All Wales Critical Care and Future Demand (Task and Finish Group Review) July 2019

2.2.2 Overview of Infection Prevention Position – Wrexham Maelor

Wrexham Maelor Hospital is a busy DGH which delivers the secondary healthcare needs of the population of Wrexham and a part of Flintshire.

Infection prevention is fundamental to providing better care for critically ill patients. Critically ill patients are very vulnerable to infection. This is not only because of the severity of a patient's illness, but also the combination of multiple risk factors such as intubation, insertion of lines and catheters and the nature of the patients themselves, so that it is not unexpected that the highest infection rates are in Intensive Care Unit (ICU) patients. Hospital Acquired Infection (HAI) rates in adult and paediatric ICUs are approximately three times higher than elsewhere in hospitals *Weinstein RA. Nosocomial infection update. Emerg Infect Dis 1998 July-September;4:416–20*

The location of the hospital on the border possesses a unique threat to the prevention and control of Infection. Most of our patients requiring tertiary care are repatriated from big centres in Manchester and Liverpool whom have now been declared as CPE endemic. CPE or *carbapenemase producing enterobacteraicia (CPE)* are antibiotic resistant bacteria that are resistant to the most effective antibiotics, spread rapidly in the health care facility

It has been estimated that a recent CPE outbreak in the Central Manchester University Hospital cost the trust £5.2 million due to lost productivity as a result of bed closures, enhanced screening and cleaning requirements.

An outbreak of CPE in the Arrowe park hospital has been estimated to cost the trust hundreds of bed days lost associated with a patient mortality of 60-80 percent. Wrexham Maelor Hospital regularly receives patients from the above hospitals.

Currently Wrexham Maelor ITU/HDU does not have a single isolation room with en-suite facility.

The existing Wrexham critical care isopods do not have the appropriate facilities to contain and prevent the spread of infection. They lack anterooms - a much needed design feature of any isolation room.

Why anterooms are needed?

- Provides an additional set of doors and space to contain infection. The Health Technical Memoranda states that the positive pressure in an anteroom prevents dust and air particles containing infectious organisms from entering the ward.
- It allows staff and visitors to gown and glove outside of the clinical space.
- It allows hand washing facilities, which are essential for isolation.

2.2.3 The existing Isopods are not fit for purpose

They do not have hand washing facilities inside them meaning staff and visitors need to utilise shared wash basins, significantly increasing the risk of cross-contamination to other patients.

The doors on the isopods no longer close defeating the purpose of these rooms. Airborne, droplet and spore generating transmitted pathogens are not suitable to be managed in the isopods (e.g. Clostridium difficile and many respiratory related infections) as they no longer prevent the spread into the wider environment. It also means that a clean of the whole bay is required, rather than limiting it to the room, which is inconvenient and poor use of resource.

With any infection (including the advent of CPE cases) in critical care it is increasingly becoming a problem that is impacting on patient outcome, length of stay, increased ICU cost and bed availability. Without adequate isolation facilities on the unit, such risks will simply multiply. There is an increasing flow of patients between hospitals and repatriations from local hospitals. Therefore the risk of transmission of these types of infections has dramatically increased. In order for us to safely accept such repatriations we have to be able to provide adequate isolation facilities if we are to protect other critically unwell patients currently on the unit. Delay in repatriation leads to an increase in length of stay for patients, an increase in critical care costs, greater than before likelihood of morbidity and mortality, a reduction in bed availability and therefore an increase of overall cost to the Health Board.

Number of requests for screening of infectious organisms from ITU from January to June 2019

MRSA SCREEN	452 (6 Positive)
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VRE	9
C DIFF	28
INFLUENZA	27
Carbarpenemase producing organism (CPE)	54
TB	10

2.2.4 Need for Improved ventilation

The existing infrastructure of the hospital has only ever allowed us to adequately manage organisms transmitted via the airborne route (e.g. tuberculosis TB, avian influenza and even measles) throughout the hospital in segregation rooms with critical care being no exception. Current HBN-04-01 Supplement 2 recommends that Critical care should have 10 air changes an hour; currently we have 2-3 air changes an hour. In doing so, clear Standard Operating Procedures are required for staff to follow, to further mitigate any risk of transmission. In the event of a multi-drug resistant TB, measles, MDR Acinetobacter or Avian Influenza and SARS for example, these patients would need to be transferred to the nearest negative pressure facility e.g. Ysbyty Glan Clwyd GC or Liverpool. Recent events have shown that this solution is not viable in critical care because of the severity of illness of the patients, pressures being faced by accepting units and the regularity at which these facilities are now needed. This poses a severe threat to the wellbeing of patients, visitors and staff who perform high risk aerosol generating procedures that disseminate infectious particles in the air for rapid dissemination. Investing in additional air handing units to provide negative pressure in the isolation rooms will allow recruitment of air to the rest of the unit leading to improved compliance with the Welsh Health Building Note (WHBN).

Current NICE guidelines recommend all patients with suspected or confirmed MDR TB should be nursed in negative pressure rooms.

Patients with reduced immunity are occasionally nursed in open bays where the acquisition of unit infections could be fatal. Likewise patients who are identified as having highly virulent and contagious infections are not always isolated in a timely manner which increase the risk of unit spread. Resulting in closure of the unit and a lack of level 3 capacity on site. The issue in critical care has been the lack of segregation to allow effective isolation of the most commonly seen organisms – effective isolation can still be achieved with the brief proposed

In addition to the chief concern of preventing the spread of infection, the current isopods are non-compliant for other reasons. Each isolating room is supposed to have a level 3 bed inside, but in reality they are not adequately sized as there is not enough space for ventilation or for haemofiltration. In order to give dialysis to a patient, the doors would actually need to be opened and the bed pulled out, wholly defeating the

object of segregation. Crucially there is not enough space to deliver emergency care, if a patient went in to cardiac arrest, the crash team would not have enough space to perform lifesaving treatment on that patient.

The unit's current layout and inability to adequately segregate patients has severely detracted from the quality of the patient care currently being delivered and also to the overall experience of critically ill patients and the care their families receive with regard to comfort, privacy and dignity, particularly within the Isopods. The rooms have inadequate ventilation and do not have windows. This compromises both staff and patient comfort. The temperature can reach extreme levels, especially in the summer, and the small size makes them extremely claustrophobic, (a point often included in feedback from patients and families). This is detrimental to patient's comfort but also has concerning negative clinical ramifications.

These facilities are also expensive with the current annual rental cost for both pods being £30,000 per year

Finally as part of this business case senior colleagues in the Infection, Prevention and Control Team have provided the following analysis showing incidents and near misses over the last 12 months on the unit. The table below reflects the nature of the incident, recommendations/ standards that should be in place for such organisms, the situation on the unit prevailing at the time and finally the serious consequential risk that presented. This evidence further supports the compelling case for change and that compliant isolation facilities are much needed.

Date	Incident	Recommendations	Situation	Risk
2018	Pt transferred to HDU from Spanish ITU colonised with MDR- CPE Acinetobacter	PHE cpe toolkit Patients with confirmed or suspected CPE should be nursed in isolation rooms with ensuite facilities	No en-suite facilities available currently on HDU/ITU	Bay closure to mitigate risk of spread to other patients Requirement to decant and clean entire bay leading to bed days lost and expensive technology clean of ward Additional screening of patients due to lack of effective isolation Potential scope of CPE outbreak costing millions of pounds

June 2019	Pt with suspected MDR TB	Nice recommendation- Pt with suspected or confirmed MDR TB should be nursed in negative pressure ventilation	Pt too unwell to transfer. No bed available in local hospital (YGC or regional centre Liverpool)	Risk of transmission to staff and patient of potentially untreatable TB Public health emergency
2017-18	147 patients (out of 662) admitted to Unit with isolation requirements	Pt with diarrhoea should be isolated in single room ideally with en-suite facilities to minimise environmental contamination by gram negative organisms		High rates of VAP compared to similar units in Wales
2018-19	C DIFF	2 patients with toxin positive C diff	Suboptimal ventilation and inability to close doors of isopod and no en-suite facilities on the unit	<p>Patient 22 years of age once mobile was expected to use a commode at the bedside. Nursing staff then required to walk carrying the contents of the bedpan to the only sluice on critical care (shared by ITU and HDU). Hand wash sink in the patient's room used by both patient/visitors and staff.</p> <p>The lack of suitable isolation facilities when nursing patients with enteric organisms significantly increasing the risk of transmission directly or indirectly via a contaminated environment.</p> <p>Optimal isolation is required particularly in ITU/HDU due to the inability to effectively deep</p>

				clean the unit. Due to the nature of the patients decanting to HPV clean the unit is not possible
	Infections due to Pseudomonas aeruginosa are high risk in critical care units and MDR Pseudomonas is on the increase	Recent environmental sampling has identified Ps. aeruginosa in critical care – this may be related to the water source but may have been transmitted into the environment from a patient with Ps.aeruginosa.	In the last 12 months, 14 clinical infections due to Pseudomonas aeruginosa have been reported in critical care. 8 of these have been from respiratory samples and such patients require droplet isolation.	Repeated water failures in last 12 months leading to bed days lost and 14 clinical infections

2.3 Potential Scope

This section describes the potential scope for the project, which follows from the previous analysis. There is an urgent requirement to significantly improve infection, prevention and control on the Wrexham Hospital Critical Care unit. Given the very specific issues related to clinical service delivery and the estate, the project focuses on the following:

1. Removal of the 2 sub-optimal Isopods and replacement with 2 number non isolation bed spaces
2. Relocate the Medical Day Unit (MDU) from a template adjoining critical care (prior to May 2016 critical care did utilise this adjoining template. However, for business continuity reasons the MDU has been temporarily located there). This adjoining template is required given extra space is needed for the critical care development. Clinical agreement has been attained on the relocation elsewhere within the Maelor for the MDU.
3. Provide 2 number compliant isolation suites within part of the adjoining template. Within the option appraisal process we will examine whether such

facilities are designed to attain protection for both air borne and non airborne pathogens.

4. Carry out ancillary upgrade to any area within the Critical Care unit affected by this development and also attain additional electrical resilience.

The current configuration of the Critical Care unit doesn't allow the delivery of high quality care given major deficiencies surrounding isolation of infectious patients. The above scope would allow for significant improvements in care via the provision of compliant facilities which will ensure isolation for the majority of organisms that clinicians manage on the unit.

2.4 Benefits

This section describes the main outcomes and benefits associated with the implementation of the potential scope in relation to clinical/business needs.

Satisfying the potential scope for this investment will deliver the following high level strategic and operational benefits. By investment objectives, these are as follows:

Investment objectives	Main benefits criteria
<p>1. create a critical care environment that is fit for purpose, safe and humane; for patients, staff and the public</p>	<ul style="list-style-type: none"> • Allows for the required effective level of Infection prevention controls • Maintain and improve quality - Patients will experience higher quality care in the appropriate setting • To support more timely and appropriate earlier admission of those patients who require isolation in critical care. • Reduce the undesirable requirement to prematurely discharge patients from critical care before it is deemed clinically safe and appropriate to do so. • Ensuring patients are cared for in an appropriate environment. This will avoid non-clinical transfer and lead to an improving Standardised Mortality Ratio (SMR) • The opportunity to reduce the risk of death and serious harm, plus reduce non-clinical transfers • Facilitate the ability to individually provide deep cleaning of patient environments without impacting on the running of the unit • Enhanced air exchanges throughout the critical care unit will safeguard all patients with regards to nosocomial infections • Provide the expected standard of protection to healthcare professionals when dealing with highly transmittable infections such as multidrug-resistant TB

<p>2. To provide services which meet the criteria within the Core Standards for Intensive Care Units</p>	<ul style="list-style-type: none"> • Full isolation delivered in accordance with HBN 04-01: Supplement 2 Negative Pressure Suites, Technical Guidance in support of Welsh Health Circular (2018) 033 Airborne Isolation Room Requirements. • Adequate ventilation and temperature control • Allow for business continuity in the face of highly transmittable infections including elective surgical work
<p>3. To provide the surroundings and equipment capable of delivering the best possible patient journey through critical illness, while supporting the families and equipping staff to enable them to deliver best practice care</p>	<ul style="list-style-type: none"> • Improved patient satisfaction • Improved outcomes and quality of service provided to patients, allowing treatment to be provided in appropriate care settings • Improved patient satisfaction with appropriate levels of patient comfort, privacy and dignity • Staff support and development • The ability to introduce a safer operating model that will reduce patient transfers, limit the number of inappropriate discharges and increase capacity so avoiding the cancellation of surgery
<p>4. To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery; as per the Strategic All-Wales Critical Care and Future Demand (Task & Finish Group Review) July 2019</p>	<ul style="list-style-type: none"> • Space is adaptable for future change in use dependant on the infection • Supportive of PACU developments • Addresses need for adapting to change in the way we manage increased antibiotic resistance

2.5 Main Risks

The main business and service risks associated with the scope for this project are:

- Unexpected changes in service capacity/demand which render providing only 2 isolation suites inadequate. It is fully recognised that providing only 2 isolation suites (based on capital availability) against current demand is not optimum given that in the recent financial year one third of patient bed days involved patients requiring isolation.
- Failure to comply with nursing infection, prevention and control protocols even though new facilities are available.
- Capital/revenue affordability

2.6 Constraints

The requirement to utilise the adjoining template for the development given existing space constraints within the current footprint and some limitations on design options.

2.7 Dependencies

As outlined earlier the delivery of the project objectives requires use of a template adjoining the critical care unit. This adjoining template was until May 2016 used by clinicians on critical care. It served to provide much needed additional storage and administrative space. However given a catastrophic infrastructure failure at that time elsewhere in the hospital, the Medical Day Unit (MDU) was transferred into this adjoining template for business continuity purposes. It has remained there ever since but with a recognition that at some point in the future the MDU would need to be relocated should any expansion be required for the Critical Care Unit. The project objectives fully embrace the relocation of the MDU with agreement reached on an alternative siting (within a part of the hospital which currently provides ambulatory care) and the cost schedules have included for such MDU reprovision.

3 Formulation and short listing of options

3.1 The long list of options

The long list of options was generated using the options framework, which systematically works through the available choices for what (scope), how (service solutions), who (service delivery), when (implementation), and funding.

The process results in options either being discounted, carried forward for further consideration in the short list or identified as a preferred choice. The options framework for this project is as follows:

Options	Finding
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1.0 Scope	
1,1' business as usual'- ie continue with current arrangements and simply carry on utilising/renting the existing Isopods	Discounted – this would not address the service and estates issues outlined in the strategic case. However this is retained as a comparator against which to assess whether options offer value for money
1.2 Minimum – seek to provide 2 segregation rooms rather than 2 isolation suites -no en-suites or lobby areas would be incorporated into the scheme. These would not meet Welsh Health Building Note (WHBN) or Welsh Health Technical Memorandum (WHTM) standards.	Discounted- as above this would not address the service and estate issues. Such rooms would not have en-suites or lobby areas and would have a very basic ventilation system, as such supply air would come from the corridor/ward adjacent. These rooms would in effect offer nothing greater in terms of protection than normal ward side rooms. In addition these 2 segregation rooms would be provided within the area of critical care currently used for the Isopods. Whilst the segregation rooms would not achieve compliance they would require a bigger footprint than the Isopods and result in 2 other bed spaces being lost. Clinicians have completely rejected any bed reduction as the above option would take the unit from 13 to 11 bed spaces.
Intermediate- seek to provide 2 isolation suites but with limited ventilation provision and thus only patients with non airborne pathogens could use such facilities. Patients with airborne pathogens would have to be transferred to other sites in BCU who have fully compliant isolation suites.	<p>Possible- this would address some of the estate and service issues albeit not achieve full compliance for patients who have airborne pathogens. Whilst this option would provide lobby areas and en-suites only a very basic extract ventilation system would be provided (wouldn't achieve target air changes per hour or positive pressure to lobby areas) and hence the non-suitability for patients with air borne pathogens. This would require a BCU network solution for such patients with air borne pathogens. This option would be delivered using part of the adjoining template to critical care (as outlined in the strategic case) and would not result in any decrease in bed spaces.</p> <p>Indeed with the removal of the Isopods and their replacement with 2 non isolation bed spaces plus the 2 new isolation suites, the overall future capacity/ bed spaces in the unit increases from 13 to 15. This would support any future expansion in critical care bed numbers as set out within the Strategic</p>

	All Wales Critical Care and future demand (Task & Finish Group review) July 2019.
1.3 Maximum- provide 2 fully compliant isolation suites which meet WHBN and WHTM standards.	<p>Possible- this would address all of the estate and service issues and not require any BCU network solution for patients with air borne pathogens. This would provide for lobby areas and en-suites together with a full air handling unit. This would ensure the required 10 air changes per hour (as per the standards) to the 2 bedrooms and en-suites and ensure positive pressure to the required target in the lobby areas. Thus patients with either air borne or non air borne pathogens could be appropriately cared for under this option.</p> <p>This option would be delivered using part of the adjoining template as outlined in the strategic case. The consequential bed future spaces/capacity would also result in an increase from 13 to 15 spaces.. This would support any future increase in critical care bed numbers as set out within the Strategic All Wales Critical Care and future demand (Task & Finish Group review) July 2019.</p>
2.0 Service solutions	
2.1 The scheme will be delivered within an extended critical care footprint and involve refurbishment of existing facilities.	
3.0 Service delivery	
This will follow normal tendering procedures but have in house project management.	
4.0 Implementation	
This will be phased in terms of the works contract.	The relocation of the MDU is required as the 1 st phase. Once this is achieved the removal of the Isopods and their replacement with 2 non isolation bed spaces will be phase 2. Phase 3 will then follow involving the provision of the 2 isolation suites themselves within the extended footprint as outlined in the strategic case. This scheme will now straddle 2 separate financial years.
5.0 Funding	

5.1 Private Funding	Discounted as unaffordable
5.2 Public Funding	Preferred

3.2 Shortlisted Options

The 'possible' options identified in the table were carried forward into the shortlist for further appraisal and evaluation. All the options that were discounted as impracticable have been excluded at this stage.

On this basis the following options were examined as part of a multi-disciplinary option appraisal workshop held on the 24th July, 2019:

Option 1. Business as usual: ie continue to rent the 2 existing Isopods (circa £30k per annum for both)

This will simply maintain current infection, prevention and control arrangements. Whilst not deemed viable because of the clinical risk it is included as a baseline to compare the value for money of other options.

Option 2. Provide 2 isolation suites (non air borne pathogens only) within part of a template adjacent to the critical care unit.

Whilst historically this adjoining template had been utilised by critical care, since May 2016 it has been used as a Medical Day Unit given some previous business continuity issues. Agreement has been reached with clinicians that the Medical Day Unit can be transferred elsewhere in the hospital given extra space is needed to support the critical care development.

This option would provide lobby areas and en-suites and be fully compliant in that respect albeit only a very basic extract/air change system would be provided. This is fundamental in terms of WHTM standards for isolation facilities. Supply air would come from the corridor/ward adjacent and hence neither the target air changes per hour for the 2 bedrooms or en-suites (10) or positive pressure for lobby areas at the designated level would not be attained. Such rooms would therefore be designated as simply segregation facilities and would only be appropriate for patients with non air borne pathogens. For patients with air borne pathogens a BCU network solution would be required involving transfer of such patients to other hospitals in BCU who have fully compliant facilities.

This option would support in space terms any future projected expansion of critical care bed numbers as set out within the Strategic All Wales Critical Care and future demand (Task & Finish Group review) July 2019.

The main benefits of this option are as follows:

- En-suite segregation room for patients with suspected infection with non airborne infections
- Anteroom for applying and removing personal protective equipment

- Bespoke handwashing facilities to contain spread of infection
- Privacy and dignity for patients and relatives
- Ability to increase critical care bed capacity

The projected out turn cost inclusive of the relocation of the MDU, vat and fees is £1,175,129.59.

Option 3. Provide 2 isolation suites (both air borne and non airborne pathogens) within part of a template adjacent to the critical care unit.

Same rationale for utilising adjacent template as described in option 2 likewise applies to this option.

Within this proposal the requisite lobby areas and en-suites are provided but together with a full air handling unit. This would achieve the required WHTM standard of 10 air changes per hour for the bedrooms and en-suites and positive pressure in the lobby areas to the required level. This building and engineering infrastructure would allow the isolation of patients with both air borne and non airborne pathogens. It would achieve full compliance with WHBN/WHTM requirements and thus no BCU network solution would be required for any category of isolation patient.

This option would likewise support in space terms any future projected expansion of critical care bed numbers as set out within the Strategic All Wales Critical Care and future demand (Task & Finish Group review) July 2019.

The main benefits of this are as follows:

- Isolation room compliant with Welsh technical standards for patients with suspected airborne and non-airborne infection
- Anteroom for applying and removing personal protective equipment
- Bespoke handwashing facilities to contain spread of infection
- Improvement of ventilation in entire unit. Allowing compliance with Health Building Note (HBN) 04-01 Supplement 2 Negative Pressure Suites, Technical Guidance in support of Welsh Health Circular WHC (2018) 033 Airborne Isolation Room Requirements
- Compliance with NICE recommendations by achieving pressure gradient and airchanges on the unit
- Privacy, comfort and dignity for patients and relatives

The projected outturn cost inclusive of the relocation of the MDU, vat and fees is £1,744,000.

3.3 Option Appraisal outcome

As part of a multi-disciplinary workshop the following weighted criteria were agreed to facilitate the consideration and evaluation of the above options. This workshop held on the 24th July 2019, was attended by the Consultant Microbiologist, senior infection control matron, senior intensivists and other colleagues from operational services. Both the evaluation criteria and associated weighting were fully agreed by colleagues as part of the workshop process.

Agreed evaluation criteria	Allocated evaluation criteria weighting (out of 100)
Patient quality and safety	40
Acceptability to patients and staff	20
Accessibility	20
Effectiveness	20

Scoring rating of 1-5 was utilised per weighted criteria and applied to each option with a score of 1 being lowest and 5 highest rating.

Shown below is the outcome of the weighted evaluation scoring exercise reflecting that option 3 is the preferred option.

Option	Agreed Score (as per weighted evaluation criteria above)
1 – business as usual	140
2 – isolation suites (non airborne pathogens)	300
3 – isolation suites (both airborne and non airborne pathogens)	460

In summary this is preferred for the following reasons:

There is an absolute recognition that the current Isopods are a sub-optimal means of ensuring isolation for the majority of organisms that clinicians need to currently manage on the unit. The score reflects their defectiveness, lack of handwashing, lobby and ventilation provision that are now fundamental to modern technical standards. The multi-disciplinary clinicians who undertook the scoring exercise also reflected on the level of patient and staff risk (as per the Strategic Case) the retention of the Isopods represented. This option did not achieve a score above 2 on any of the criteria clearly showing its unacceptability in clinical terms.

The evaluation process surrounding options 2 and 3 fully recognised that in terms of technical standards and compliance there was a great deal of uniformity. The obvious difference being the significantly enhanced level of ventilation provision with option 3 giving full compliance with HBN 04-01 in terms of air borne isolation room requirements. The clinicians in scoring option 2 did not believe that a network

solution for patients with airborne pathogens (which this option would require) has been even currently demonstrated to work. Examples were cited of requested patient transfers where lack of capacity at the other sites prevented this happening. There was a major concern that to select this as the preferred option would still present risks that any air borne pathogens would need to be managed locally but with an option that has not been designed to afford protection to staff or offer the highest quality of care to patients.

The scoring of option 3 clearly demonstrated the alignment of technical standard compliance, mitigation of patient and staff risk and the avoidance of any network solution with the inherent capacity risks that would present. The participants in the workshop fully considered the incidents and near misses over the last 12 months on the unit as outlined in section 2.2.4. There was a unanimous view that only option 3 resolved these issues and it emerged by a significant margin as the highest score.

The formal summation of the workshop was that given the mitigation of all the problems, risks and issues associated with options 1&2 the multidisciplinary workshop clearly in discussions/scoring deemed option 3 to be the optimal solution.

4. The Financial Case

4.1 Introduction

The purpose of this section is to highlight the financial implications of the preferred option.

4.2 Capital Costs

As outlined earlier, the capital costs of the scheme have been identified based on the preferred solution, option 3 (2 isolation suites for both air borne and non air borne pathogens also including the relocation of the MDU). The estimated total cost of the solution is £1,744,000 inclusive of vat and fees. The cost forms and Management Control Programme are attached at Appendices 1 and 2, and listed below is the capital spend profile.

Financial Year	Spend
2019/20	£347,285
2020/21	£1,396,715

4.3 Impact on the organisation's income and expenditure account

In the context of the preferred option the provision of the 2 new isolation suites (in the adjoining template) replaces the existing sub optimal isopods albeit providing much superior isolation facilities. The space released by the isopods would be available for any future expansion in Critical Care as set out within the Strategic All

Wales Critical Care and future demand (Task & Finish Group review) July 2019. However within this project the result will still be the retention of the existing 12 staffed beds which the current staffing establishment supports.

4.3.1 Estates and Facilities

Given the preferred option provides additional engineering infrastructure and the isolation rooms themselves require more intense cleaning regimes outlined below are the projected estates and facilities costs.

Estates costs	Facilities costs	Total
£12,000 per annum	£5,000 per annum	£17,000 per annum

However, these are mitigated given a saving of £30k per annum which is the current rental cost of both the isopods. The increased running costs for Estates & Facilities will be a straight transfer from the Surgical & Anaesthetic budget.

4.4 Value for money test

As outlined in the Strategic Case with the advent of antibiotic resistant bacteria this results in rapid spread within health care facilities and is associated with significant mortality (65-80%). Without adequate isolation facilities on the critical care unit such risks will simply increase impacting not only on patient outcome, but length of stay, increased costs and bed availability. In particular given the increasing flow of patients between hospitals and repatriations from local hospitals we have to be able to provide compliant facilities. Any failure to do so will continue to result in delay to such repatriations causing increased length of stay for patients, an increase in critical care costs, greater than before likelihood of morbidity and mortality, a reduction in bed availability and therefore an increase of overall cost to the Health Board.

The delivery of option 3 will significantly mitigate the above risks and result in better value for money across the Health Board.

In preparing this business case we have undertaken an analysis on any changes in repatriation levels or 'transfers in' patient numbers for the Wrexham Critical Care Unit. Repatriation is where patients from Wrexham and Flintshire because of the severity of their illness have needed to be transferred to Tertiary centres for part of their care and then returned to the Wrexham unit. Transfers in relate to non Wrexham and Flintshire patients who require admission to the Wrexham Critical Care Unit by nature of any specific expertise provided in the unit eg. Upper GI North Wales cancer centre patients. The change in numbers for the above is illustrated below.

Dates	Repats	Transfers in
1 st January – 31 st December 2015	11	6
1 st June 2018 – 31 st May 2019	2	5

As outlined in the Strategic Case there are now increasing major restrictions on the type of pathogens that can be adequately managed within the sub-optimal Isopods. The senior intensivists firmly believe that the reduction figures quoted above for Wrexham reflects the consequential increased duration of wait for compliant isolation facilities. For some pathogens in many instances transfer would be required to the nearest negative pressure facility eg Glan Clwyd Hospital. Recent events have shown that this solution is not viable in critical care because of the severity of illness, pressures being faced by accepting units and the regularity at which these facilities are now needed. It has been estimated that the financial implications of the above are a projected circa £50k per annum cost pressure in terms of extended bed days at Tertiary Centres. The provision of local compliant facilities will significantly mitigate this situation and achieve a circa £50k per annum cost avoidance albeit demand and overall capacity for isolation facilities will obviously always be a factor. The projected cost avoidance figure of £50k is an estimate and anticipates that the lack of isolation facilities is the predominant factor affecting repatriation/transfers in levels and recognises that Tertiary Centres charge a different tariff and obviously length of stay for every patient will vary based on severity of illness.

In addition and as set out in section 2.2.4 there are some instances quoted of entire Wrexham Critical Care bays needing a deep clean as a consequence of inadequate isolation of patients. It has been calculated that such deep cleaning costs are in the order of £5k per annum and would be avoided with compliant negative facilities being available in the Wrexham unit.

5 Project Management

The project management arrangements for the project will be in line with the Procedure Manual for Managing Capital Projects, which was adopted by the health Board in May 2015. The PRINCE 2 methodology will be adopted with a strong focus on the delivery of the objectives and benefits.

The Project Director has experience of delivering complex capital projects.

5.1 Target milestones

Milestones	Target Date
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Business case completion	August 2019
Health Board approval	September 2019
Ministerial approval	November/December 2019
Start of site (phased works)	January 2020
Completion and commissioning	December 2020

6. Critical Assumptions, Risks and Issues

6.1 Introduction

This section outlines the proposed procurement route for the project and the envisaged risk distribution.

6.2 Required services

Given the estimated capital spend of £1,744,000, the scheme will be procured on an open tender basis through NWSSP Procurement via Sell2Wales.

6.3 Potential for risk transfer

The analysis below provides an assessment of how the associated risks might be apportioned between the Health Board and the contractor.

The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM).

Risk Category	Potential allocation		
	Public	Private	Shared
1. Design risk	✓		
2. Construction and development risk			✓
3. Transition and implementation risk	✓		
4. Availability and performance risk	✓		
5. Operating risk	✓		
6. Variability of revenue risks	✓		
7. Termination risks			✓
8. Technology and obsolescence risks	✓		
9. Control risks			✓
10. Residual value risks	✓		
11. Financing risks	✓		

12. Legislative risks	✓		
13. Other project risks	✓		

6.4 Personnel implications

The project does not require the recruitment of any additional nursing staff as the number of staffed critical care beds will remain at 12 subsequent to the opening of the 2 new isolation suites. These will simply replace the existing sub-optimal isopods. As outlined in the Strategic Case the project does provide space for any future expansion but the overall project does not present any staffing risks.

6.5 Finance risks

As outlined in the Financial Case there is no affordability gap/risk given the projected increases in Estates & Facilities costs are mitigated by the saving of the annual £30k isopods rental costs.


7 Conclusions and Recommendations

This business case sets out a compelling case for change given the current sub optimal arrangements to clinically manage infectious patients on the Critical Care unit within Wrexham Maelor Hospital. There has been a robust process to develop and evaluate options to provide compliant facilities within the unit. Option 3 sets out a proposed way forward which will achieve significant improvements in care and ensure isolation for the majority of organisms that clinicians manage on the unit. In addition there will be some direct savings associated with the cessation of the rental costs of the current isopods. Furthermore, there is projected cost avoidance of circa £50k per annum in terms of a reduction in extended bed days in Tertiary centres and a decrease in deep clean requirements of circa £5k per annum on the Wrexham Critical Care Unit.

8 Evaluation Post Project

The post project evaluation arrangements will follow guidance as per the Procedure Manual for Managing Capital Projects.

17.7.19 SAW



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Capital Development Team

Critical Care - Option 3 - Budget Costings to Provide Isolation Facilities in HDU suitable for Airborne and Non Airborne pathogens.

Revision 4 - Costs Confirmed
by Gleeds Cost Advisor and Refined Following Detailed Review by the HDU and MDU Teams.
Rev 4 - Fees errors corrected

Indicative budget costings to:

Phase 1 - Relocate the Medical Day Unit (MDU) to the Rehab Template.

Phase 2 - Provide 2no isolation suites to the Intensive Care Unit (in MDU), remove the 2no isopods from HDU Room 2 and replace them with 2no bed spaces. This equates to a nett increase of 2 beds taking the unit from 13 to 15 beds. Carry out ancillary upgrades as required in the ITU/ HDU unit.

Phase 3 - install UPS and IPS to the ITU and HDU.

Note: Isolation Suites are suitable for Airborne and for Non Airborne Pathogens.

Revision 3 - Items in green added/ amended from Revision 2 PTE.

Item	Description of Works	Quant'	Unit	Rate	Total
Phase 1 Works Costs - MDU into Rehab Area					
	IV Suite 1 to 7 Chair 1 Bed Bay				
	Repair floor joints in vinyl floor	1	item	350.00	£350.00
	Replace ceiling tiles - grid to remain as existing	59.5	m²	32.00	£1,904.00
	Remove wall paper to 1no wall and make good	1	item	250.00	£250.00
	Replace IPS clinical WHB	1	item	2500.00	£2,500.00
	S&F new IPS clinical WHB adj. window	1	item	3500.00	£3,500.00
	Provide foul drain for IPS	1	item	3000.00	£3,000.00
	S&F 2no double power and 1no double data for new desk	3	item	395.00	£1,185.00
	Replace and reposition radiator	1	item	1500.00	£1,500.00
	Repair damaged doors	1	item	300.00	£300.00
	Decorate all walls	93	m²	9.50	£883.50
	Decorate all doors	3	item	90.00	£270.00
	Decorate window boards	6	item	75.00	£450.00
	Side Room into Clean Utility				
	Remove wall paper and make good	1	item	125.00	£125.00
	Remove bedhead trunking	1	item	125.00	£125.00
	Remove door and frame and block up door opening	1	item	220.00	£220.00
	Remove vinyl flooring	10.85	m²	7.50	£81.38
	Lay new vinyl flooring	10.85	m²	45.00	£488.25
	Lay new ride up covings	13.2	m	18.00	£237.60
	Replace suspended ceiling tiles for	10.85	m²	32.00	£347.20
	S&F new LED recessed lights	2	no	350.00	£700.00
	Replace supply and extract grilles	2	item	75.00	£150.00
	S&F new IPS clinical WHB	1	item	2500.00	£2,500.00
	Pendock boxings	3	m	45.00	£135.00
	S&F 2no double power and 2no double data	4	item	265.00	£1,060.00
	Replace and reposition radiator	1	item	800.00	£800.00
	Repair damaged doors	1	item	300.00	£300.00
	Decorate all walls	39.6	m²	9.50	£376.20
	Decorate all doors	1.5	item	90.00	£135.00
	Decorate window boards	1	item	35.00	£35.00
	Full height medical cupboards to 1no wall	1	item	3500.00	£3,500.00
	Base units, wall units and worktop to 1no wall	1	item	4500.00	£4,500.00
	Controlled drugs cabinet with alarm	1	item	1500.00	£1,500.00
	Side Room into New Reception				
	Strip out sanitary fittings, strip back dead legs and prepare for fit out	1	item	650.00	£650.00
	Remove vinyl flooring	8.36	m²	7.50	£62.70
	Lay new vinyl flooring	8.36	m²	45.00	£376.20
	Lay new ride up covings	12	m	18.00	£216.00
	Replace suspended ceiling tiles with those from other areas above	8.36	m²	12.00	£100.32
	S&F new LED recessed lights	2	no	350.00	£700.00
	Replace supply and extract grilles and modify ductwork	1	item	1500.00	£1,500.00
	Pendock boxings	3	m2	45.00	£135.00
	S&F 3no double power and 2no double data	5	item	395.00	£1,975.00
	New smoke detector	1	item	1250.00	£1,250.00
	Form new door/ screen opening	1	item	950.00	£950.00
	S&F new reception desk with roller shutter and side door/ hatch	1	item	3000.00	£3,000.00
	Decorate all walls	36	m²	9.50	£342.00
	Decorate all doors	1	item	190.00	£190.00
	Tall Tamper Units	3	no	300.00	£900.00
	Ward Entrance				
	Remove window and stud up/ skim	1.5	m²	185.00	£277.50
	S&F new IPS clinical WHB	1	item	3500.00	£3,500.00
	Extend 100mm waste through office to sink drain and connect	1	item	750.00	£750.00
	Pendock boxings	6	m	45.00	£270.00
	TU Decoration	1	item	120.00	£120.00
	HDU 2 Bed Ward				
	Remove ceiling hoist system and make good to ceiling	1	item	750.00	£750.00
	Replace ceiling tiles - grid to remain as existing	68.4	m²	32.00	£2,188.80
	Remove wall paper to 1no wall and make good	1	item	250.00	£250.00
	Replace IPS clinical WHB	1	item	2500.00	£2,500.00
	S&F new IPS clinical WHB adj. window	1	item	3500.00	£3,500.00
	Provide foul drain for IPS	1	item	3000.00	£3,000.00
	S&F 2no double power and 1no double data for new desk	3	item	395.00	£1,185.00
	Replace and reposition radiator	1	item	800.00	£800.00
	Repair damaged doors	1	item	300.00	£300.00
	Decorate all walls	99.6	m²	9.50	£946.20
	Decorate all doors	3	item	90.00	£270.00
	Decorate window boards	1	item	75.00	£75.00

Note: It is possible to have only negative pressure and achieve isolation room status for airborne pathogens. However these rooms would not be suitable for patients who could be infected by air from the corridor/ main HDU area. Also negative pressure in HDU would not be possible as the supply air in HDU does not have the capacity to provide the make up air for the required 10 air changes. Therefore an ARU is required and therefore PPVL would be the approach to follow as this provides an isolation suite suitable for all pathogens and patients.

Form new store in ward					
Strip out bedhead trunking and medical gas outlets	1	item	750.00		£750.00
New light and switch to new store	1	item	475.00		£475.00
New stud walls, 15mm duraline plasterboard and skim both sides	44	m ²	65.00		£2,860.00
New Gyproc MF plasterboard ceiling	7.5	m ²	85.00		£637.50
New door and frame	1	item	850.00		£850.00
New smoke detector	1	item	1250.00		£1,250.00
Fit covings to new store (sit on)	22	m	18.00		£396.00
Decorate all walls	49.5	m ²	9.50		£470.25
Decorate all doors	1	item	90.00		£90.00
S&F new spur shelving	30	item	60.00		£1,800.00
New curtain tracks MDU only	8	m	70.00		£560.00
New fire smoke dampers (assumed)	2	no	950.00		£1,900.00
Move IT outlets	1	item	125.00		£125.00
Plinth to floor under shelves	1	item	350.00		£350.00
Fix window and add trickle vent	1	item	150.00		£150.00
Existing Office					
S&F 2no double power and 1no double data for new desk	3	item	265.00		£795.00
Dirty Utility (split into 2no rooms)					
Strip out sanitaryware and rationalise pipework	1	item	600.00		£600.00
Move 2no sockets	1	item	265.00		£265.00
New stud walls, 15mm duraline plasterboard and skim both sides	10.4	m ²	65.00		£676.00
Replace suspended ceiling	10.66	m ²	60.00		£639.60
Form new door opening	1	item	725.00		£725.00
New door and frame	2	item	850.00		£1,700.00
Lay new vinyl flooring	10.66	m ²	45.00		£479.70
Lay new ride up covings	18.6	m	18.00		£334.80
New smoke detector	1	item	1250.00		£1,250.00
New fused spur for macerator	1	item	265.00		£265.00
Full height medical cupboards to 1no wall	1	item	2800.00		£2,800.00
Slophopper/ sink unit and IPS	1	item	5750.00		£5,750.00
S&F new IPS clinical WHB	2	item	3500.00		£7,000.00
Split ventilation system	1	item	1500.00		£1,500.00
Pendock boxings	5	m	45.00		£225.00
New FW drain	1	item	250.00		£250.00
Decorate all walls	63.9	m ²	9.50		£607.05
Decorate all doors	2	item	90.00		£180.00
Re-use existing macerator	0	0	0.00		£0.00
General Items:					
Builders Works	1	item	2500.00		£2,500.00
Signage	1	item	800.00		£800.00
M&E Provisional Sum	1	item	5000.00		£5,000.00
Alter nurse call to split to MDU and Rehab	1	item	4000.00		£4,000.00
Plumbing and heating alterations	1	item	10000.00		£10,000.00
Access Control - 4no swipe card and 1no proximity reader	5	no	1500.00		£7,500.00
Curtain track alterations	1	item	1500.00		£1,500.00
Phase 1 Total					£136,443.75

Phase 3 Works Costs - UPS/ IPS to ITU & HDU					
S&F un-interrupted and independent power supply to all bed spaces in ITU and HDU					
S&F UPS system in isopod bay.	1	item	90000.00		£90,000.00
S&F new cabling and containment to each bed in ITU and HDU	15	item	3000.00		£45,000.00
S&F Earth reference bar system	15	item	800.00		£12,000.00
New power supply to UPS	1	item	8000.00		£8,000.00
Convert office next to staff kitchen into UPS room and include Air Conditioning	1	item	12000.00		£12,000.00
Builders works to install system	1	item	5000.00		£5,000.00
Make good suspended ceilings and decoration	1	item	10000.00		£10,000.00
Check floor will take load of UPS Batteries!					
Phase 1 Total					£182,000.00

Phase 2 Works Costs - Convert MDU/ Samaritan into 2no Isolation Suites, Store, Training Room and Ancillary Works					
New Small Store Off Corridor					
Strip out WC/ Shower	1	item	400.00		£400.00
Replace suspended ceiling with Gyproc MF ceiling	10.66	m ²	60.00		£639.60
Form new door opening	1	item	725.00		£725.00
New door and frame	2	item	850.00		£1,700.00
Lay new vinyl flooring	10.66	m ²	45.00		£479.70
Lay new ride up covings	13.4	m	18.00		£241.20
New smoke detector	1	item	1250.00		£1,250.00
New sockets	4	item	265.00		£1,060.00
Full height shelving	23	m	60.00		£1,380.00
Decorate all walls	22.2	m ²	9.50		£210.90
Decorate all doors	1	item	90.00		£90.00
Sisters Touch Down Area and Circulation Space					
Strip out Nurses Station and services	1	item	650.00		£650.00
Remove nib to store room	1	item	650.00		£650.00
Form new wider door opening into Isolation 1	1	item	725.00		£725.00
Form new window openings with intergal blinds	2	item	950.00		£1,900.00
New stud walls, 15mm duraline	8	m ²	65.00		£520.00
New internal windows	5.72	item	375.00		£2,145.00
Adapt and infill suspended ceiling with Gyproc MF ceiling	21	m ²	22.00		£462.00
New double door and frame	1	item	1700.00		£1,700.00
Lay new vinyl flooring	36	m ²	45.00		£1,620.00
Lay new ride up covings	20	m	18.00		£360.00
New sockets/ data	6	item	265.00		£1,590.00
Re-wire and provide new patient monitoring system from nominated subcontractor - Phillips	1	item	30000.00		£30,000.00

WHBN 04-02 Critical Care Units

- 3.8 Since patients in a CCU are extremely vulnerable, and as the area falls under group 2 medical locations as defined in BS7671:2008 section 710, isolated power systems (IPS) shall be used for final circuits supplying medical equipment and systems intended for life support. The IPS system will consist of an uninterrupted power supply (UPS) and isolation transformer complete with insulation monitoring devices. The extent of this provision is discussed further in the IET Wiring Regulations BS7671:2008 section 710 and Guidance Note 7 on 'Special locations'. IPS sockets should be coloured blue to differentiate them. Additional switched and shuttered sockets, connected to ring circuits, may be provided at the bedhead for portable non-medical equipment. These should be labeled 'non-medical equipment use only' and be on the same phase for each patient location.

Reception desk - standard office desk only	1	item	2000.00	£2,000.00
Replace suspended ceiling tiles throughout circulation area	37.8	m²	32.00	£1,209.60
Decorate all walls	42	m²	9.50	£399.00
Decorate all doors	4	item	90.00	£360.00
Ancillary Works Around Circulation Space				
New Ward entrance double door and frame	2	item	1700.00	£3,400.00
Pairs of door detentes on fire alarm release	3	item	950.00	£2,850.00
MG to walls	1	item	300.00	£300.00
S&F new lights	4	no	350.00	£1,400.00
Decorate circulation space	99.6	m²	9.50	£946.20
Decorate doors into ITU	3	item	90.00	£270.00
Dirty Utility				
Replace suspended ceiling	10.64	m²	60.00	£638.40
New door and frame	1	item	850.00	£850.00
Lay new vinyl flooring	10.64	m²	45.00	£478.80
Lay new ride up covings	13.4	m	18.00	£241.20
Relocate SD	1	item	250.00	£250.00
New sockets	4	item	265.00	£1,060.00
S&F new lights	2	no	350.00	£700.00
Slophopper/ sink unit and IPS	1	item	5750.00	£5,750.00
S&F new IPS clinical WHB	1	item	3500.00	£3,500.00
New hands free macerator - Re-use	0	item	4500.00	£0.00
Split ventilation system	1	item	1500.00	£1,500.00
Decorate all walls	39.6	m²	9.50	£376.20
Decorate all doors	1	item	90.00	£90.00
Clean Utility - room swapped with clean store				
Strip out all sanitaryware and strip back dead legs	1	item	600.00	£600.00
Form opening into existing clean utility	1	item	725.00	£725.00
Replace suspended ceiling	10	m²	60.00	£600.00
New fire door and frame	1	item	850.00	£850.00
Lay new vinyl flooring	10	m²	45.00	£450.00
Lay new ride up covings	12.6	m	18.00	£226.80
New smoke detector	1	item	1250.00	£1,250.00
New sockets	4	item	265.00	£1,060.00
S&F new lights	2	no	350.00	£700.00
S&F new IPS clinical WHB	1	item	3500.00	£3,500.00
Full height medical cupboards to 1no wall	1	item	2800.00	£2,800.00
Decorate all walls	40	m²	9.50	£380.00
Decorate all doors	2	item	90.00	£180.00
Alter ventilation system	1	item	1500.00	£1,500.00
New Gyproc MF ceiling	10	m²	85.00	£850.00
Extend walls to concrete floor above and fire stop	9	m	75.00	£675.00
Clean Store				
Strip out all sanitaryware and strip back dead legs	1	item	600.00	£600.00
New suspended ceiling	9.2	m²	60.00	£552.00
Lay new vinyl flooring	9.2	m²	45.00	£414.00
Lay new ride up covings	12	m	18.00	£216.00
New smoke detector	1	item	1250.00	£1,250.00
S&F new lights	2	no	350.00	£700.00
New sockets/ data	4	item	265.00	£1,060.00
Shelving	1	item	1500.00	£1,500.00
S&F new IPS clinical WHB	1	item	3500.00	£3,500.00
Decorate all walls	36	m²	9.50	£342.00
Decorate all doors	1	item	90.00	£90.00
Convert Sisters Office into Equipment Bay				
Demolish Wall and make good	1	item	725.00	£725.00
Reposition sockets	3	item	265.00	£795.00
S&F new lights	2	no	350.00	£700.00
Decorate all walls	21	m²	9.50	£199.50
MG to ceiling	1	item	225.00	£225.00
Create New Department Entrance Doors on Main Corridor from Hospital Street				
New double door and frame and side panel	1	item	2500.00	£2,500.00
Reposition Access Control & add Fire Alarm Link if not already present	1	item	2200.00	£2,200.00
Intercom System to Nurses Station and Door Release and extra release for other nurse base	1	item	1900.00	£1,900.00
Isolation Suite 1				
Strip out bedhead trunking including medical gases and make good	1	item	2500.00	£2,500.00
Strip out, store and then re-fit curtain tracks	1	item	400.00	£400.00
New stud walls, 15mm duraline	96	m²	65.00	£6,240.00
Replace suspended ceiling with metal pan tiles and silicone joints	42.64	m²	95.00	£4,050.80
New door and frame	5	item	850.00	£4,250.00
Lay new vinyl flooring	42.64	m²	45.00	£1,918.80
Lay new ride up covings	48	m	18.00	£864.00
New smoke detector	3	item	1250.00	£3,750.00
New pendant and steelwork	1	item	25000.00	£25,000.00
New medical gases	1	item	6500.00	£6,500.00
S&F new dimmable lights	6	no	350.00	£2,100.00
New power sockets and data to pendant	28	no	265.00	£7,420.00
Medical base and wall units HTM 63	0	item	240.00	£0.00
Worktop HTM 63	0	m	395.00	£0.00
S&F new IPS clinical WHB	2	item	3500.00	£7,000.00
IPS side screen	1	item	400.00	£400.00
En-suite WHB, Shower and WC	1	item	5500.00	£5,500.00
Decorate all walls	167.4	m²	9.50	£1,590.30
Decorate all doors	2	item	90.00	£180.00
Isolation Suite 2				
Strip out bedhead trunking including medical gases and make good	1	item	2500.00	£2,500.00

Strip out, store and then re-fit curtain tracks	1	item	400.00	£400.00
New stud walls, 15mm duraline	96	m²	65.00	£6,240.00
Replace suspended ceiling with metal pan tiles and silicone joints	42.64	m²	95.00	£4,050.80
New door and frame	5	item	850.00	£4,250.00
Lay new vinyl flooring	42.64	m²	45.00	£1,918.80
Lay new ride up covings	48	m	18.00	£864.00
New smoke detector	3	item	1250.00	£3,750.00
New pendant and steelwork	1	item	25000.00	£25,000.00
New medical gases	1	item	6500.00	£6,500.00
S&F new dimmable lights	6	no	350.00	£2,100.00
New power sockets and data to pendant	28	no	265.00	£7,420.00
Medical base and wall units HTM 63	0	item	240.00	£0.00
Worktop HTM 63	0	m	395.00	£0.00
S&F new IPS clinical WHB	2	item	3500.00	£7,000.00
IPS side screen	1	item	400.00	£400.00
En-suite WHB, Shower and WC	1	item	5500.00	£5,500.00
Decorate all walls	167.4	m²	9.50	£1,590.30
Decorate all doors	2	item	90.00	£180.00
Demolish WC for Training Room				
Strip out sanitaryware and strip back dead legs	1	item	300.00	£300.00
Demolish walls	1	item	350.00	£350.00
Make good to ceiling	1	item	100.00	£100.00
Alter light switching	1	item	150.00	£150.00
Make good to floor	1	item	400.00	£400.00
Training Room				
New stud walls, 15mm duraline	26	m²	65.00	£1,690.00
Alter suspended ceiling at wall	1	item	750.00	£750.00
Form new door opening	1	item	725.00	£725.00
New door and frame	1	item	850.00	£850.00
MG to vinyl flooring	1	item	400.00	£400.00
Lay new ride up covings	13	m	18.00	£234.00
New smoke detector	1	item	1250.00	£1,250.00
New power and data	4	no	265.00	£1,060.00
Overhead projector	0	item	1500.00	£0.00
Decorate all walls	63	m²	9.50	£598.50
Decorate all doors	1	item	90.00	£90.00
Large Store				
Remove door and a half and stud up opening	1	item	330.00	£330.00
Form new door opening	1	item	725.00	£725.00
S&F new double fire doors and frame	1	item	1800.00	£1,800.00
New power sockets	10	no	265.00	£2,650.00
Decorate all walls	63	m²	9.50	£598.50
Decorate all doors	1	item	90.00	£90.00
Ventilation to ITU/ HDU/ Isolation Suites				
S&F New AHU system to serve new Isolation Suites	1	item	300000.00	£300,000.00
New power and heating supplies to AHU	1	item	25000.00	£25,000.00
Steel frame and platform with drop down ladder to house extract plant in loft void	1	item	20000.00	£20,000.00
Re-balance existing supply and extract to increase A/C to some of the existing rooms in ITU/ HDU	1	item	5000.00	£5,000.00
Strip Out Isopods from HDU Bay				
Isopod strip out - FOC from supplier	0	0	0.00	£0.00
Replace vinyl flooring to half of the bay	55	m²	45.00	£2,475.00
Lay new ride up covings	20	m	18.00	£360.00
Decorate all walls	120	m²	9.50	£1,140.00
Decorate all doors	2	item	90.00	£180.00
Reprovide curtain tracks	15	m	25.00	£375.00
General Items:				
Independent Scaffold tower and hoist to HDU office and temporary doors to create transit route to Samaritan	1	item	3000.00	£3,000.00
Builders Works	1	item	2500.00	£2,500.00
Signage	1	item	800.00	£800.00
Building Contingency Sum	1	item	5000.00	£5,000.00
M&E Contingency Sum	1	item	5000.00	£5,000.00
Alter nurse call to pick up new suites and connect all to ITU/ HDU system	1	item	12000.00	£12,000.00
Access Control - Zno swipe cards for clena and dirty utility's	2	no	1500.00	£3,000.00
Phase 3 Total				£675,181.90

Paul Jones power available?	Confirmed Yes, plenty of spare in phase 2
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Formula was incorrect, corrected 17.7.19

Formula was incorrect, corrected 17.7.19

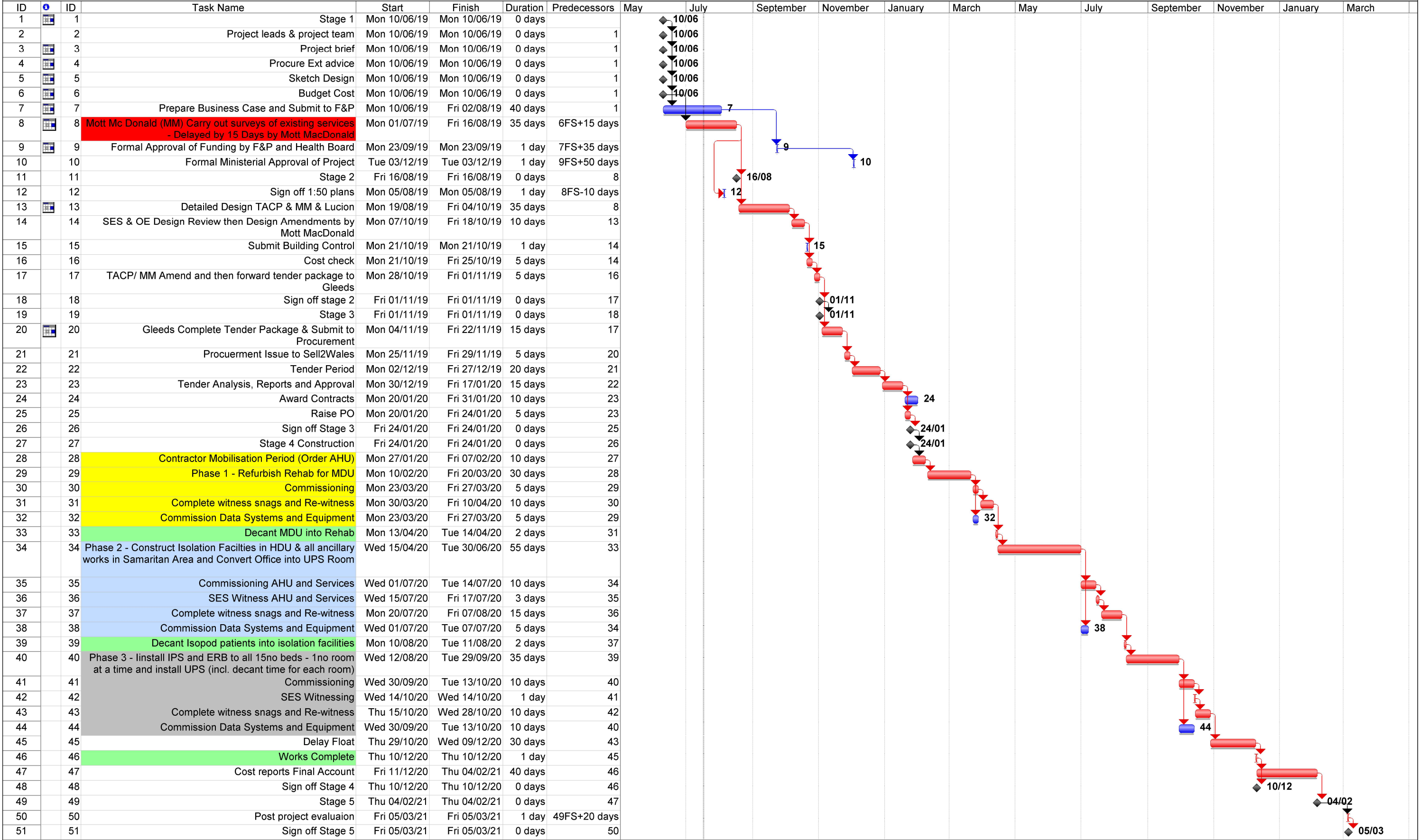
Formula was incorrect, corrected 17.7.19

Phase 3 Works Costs	£675,181.90
Preliminaries Costs	£88,000.00
Design Costs	£140,146.10
Equipment (10% of Works Costs)	£99,362.56
Sub Total	£1,321,134.31
VAT @ 20%	£264,226.86
Budget Costings Total	£1,585,361.17
Contingency - 10%	£158,536.12
Project Total Budget Costs	£1,743,897.29

Rev 4 Project Total corrected 17.7.19

Notes:	
1	These budget costings are based on a basic initial site survey and are purely indicative. Actual tendered costs may be higher or lower dependant on market forces at the time of tendering.
2	The above works will not be fully WHTM/ WHBN compliant and will require derogations from the WHBN and WHTM's.
3	M&E costs have not been verified by Operational Estates and a detailed assessment has not been carried out to determine the availability of infrastructure services.
5	The existing ventilation system in the Rehab unit will be altered to provide supply and extract to each new room. However, the system will not be improved, as such flow rates and air changes may be less than the WHTM and as such derogations will be required from the Project Board.
6	No works included to Rehab WC's.
7	Curtain tracks will be repositioned as detailed above.
8	No decant facilities have been provided. It is assumed that patients will be relocated by clinical staff as required to provide the necessary room for the works to be carried out.
9	The works will be carried out during normal working hours. There will be disruptive noise, whilst this will be kept to a minimum staff must be aware that some noise will be generated. IPC need to agree to this philosophy.
10	The budget costings have been assessed and verified by the Gleeds Consultant Cost Advisor on the 5th of July.

Critical Care Isolation Facilities Management Control Programme Version 2



Date: 17.7.19

Task

Critical Task

Progress

Milestone

Summary

Rolled Up Task

Rolled Up Critical Task

Rolled Up Milestone

Rolled Up Progress

Split

External Tasks

Project Summary

Group By Summary

Deadline

V2 - Ministerial Approval Added and Health Board Approval date amended.

Finance and Performance Committee**22.8.19****GIG
CYMRU
NHS
WALES**Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health BoardTo improve health and
provide excellent care

Report Title:	Finance Report Month 4 2019/20
Report Author:	Ms Sue Hill, Acting Executive Director of Finance
Responsible Director:	Ms Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the financial performance and position of the Health Board for the year, together with actions being undertaken to tackle the financial challenge.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.
Governance issues / risks:	This report does not impact on Governance issues or risks.
Financial Implications:	<ul style="list-style-type: none">• The Health Board has developed a draft annual plan which delivers a £35m deficit and Welsh Government has set the Health Board a control total of £25m, which is £10m less than the deficit reflected in the draft plan.• A plan has been developed to move towards the control total. The key aspect of this is that an additional £10m savings target has been allocated out to services, which will be reflected in our reporting going forward.• At the end of Month 4 the Health Board is overspent by £14.6m. This is £3.0m higher than the year to date deficit reflected in the plan.• The key reason for the year to date shortfall is that the savings target has not been fully identified or delivered. Savings delivered by Month 4 are £6.6m against budgeted savings of £9.8m, a shortfall of £3.2m.• In addition there are overspends within the Secondary Care division, with some offsetting underspends in the Area Teams.• The plan for Month 4 was a £2.9m deficit. The actual position was £3.7m, £0.8m higher than plan. Whilst this shortfall is slightly better than the shortfall in Months 1 and 2, it represents a deterioration of £0.3m since Month 3.
Recommendation:	It is asked that the report is noted, including the forecast position of £35.0m deficit.

Health Board's Well-being Objectives <i>(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.			
Equality Impact Assessment Not applicable.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v9.01 draft



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

FINANCE REPORT

MONTH 4 2019/20

Sue Hill

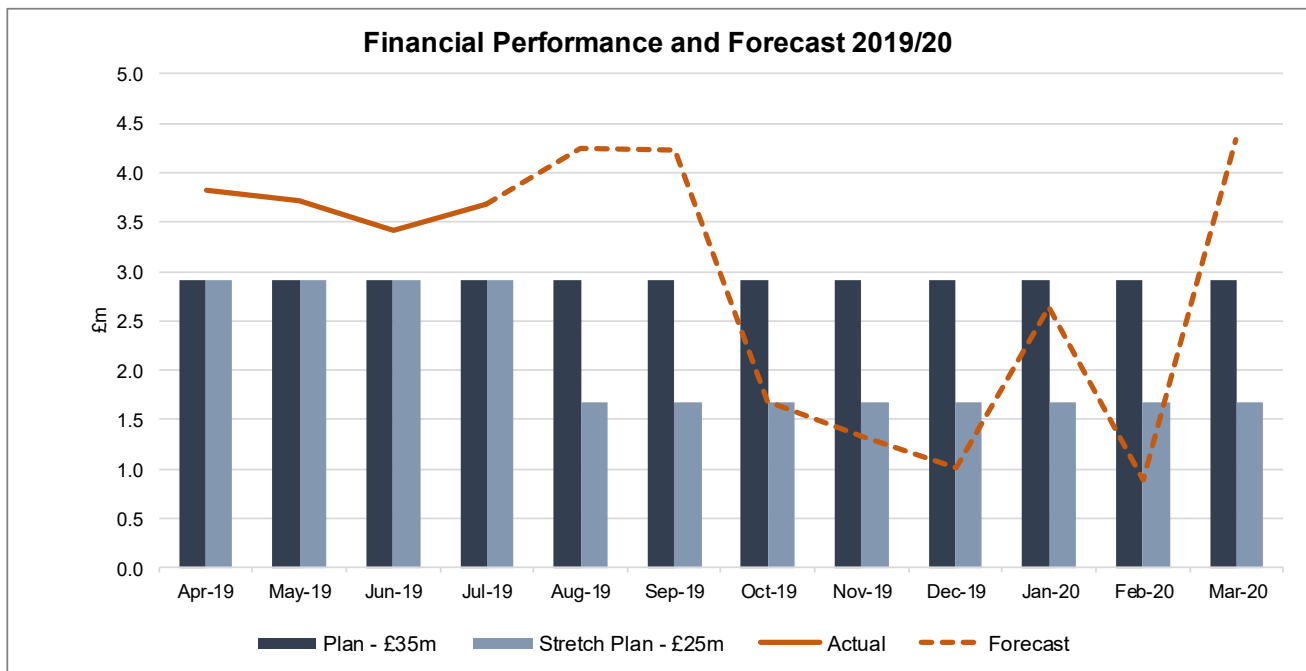
Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Executive Summary

Current Month		Year to Date		Full Year Forecast	
Original Plan	£2.9m Deficit	Original Plan	£11.6m Deficit	Original Plan	£35.0m Deficit
Revised Plan	£2.9m Deficit	Revised Plan	£11.6m Deficit	Revised Plan	£25.0m Deficit
Actual	£3.7m Deficit	Actual	£14.6m Deficit	Forecast	£35.0m Deficit
Variance	£0.8m Adverse	Variance	£3.0m Adverse	Variance	£10.0m Deficit



Key reasons for the year to date overspend:

- Over spends on Other Non-pay (£3.2m), Secondary Care drugs (£1.4m), Continuing Healthcare (CHC) (£0.7m) and Primary Care Prescribing (£0.5m).
- Offsetting under spends seen in Primary Care (£1.5m), Healthcare contracts (£0.7m) and pay costs (£0.5m).
- Total savings delivered by Month 4 are £6.6m against budgeted anticipated savings of £9.8m, a shortfall of £3.2m. This is held within divisions against unallocated budgets (as part of the Other Non-pay variance).

2. Key Targets

2.1 Key Targets

Key Target	Annual Target	Year to Date Target	Year to Date Actual	Forecast Risk	Trend
Achievement against Revenue Resource Limit (£'000) To ensure that the Health Board's expenditure does not exceed the aggregate of it's funding in each financial year.	(35,000)	(11,667)	(14,636)		↓
Performance against savings and recovery plans (£'000) To ensure savings achieve the required target. The target used is budgeted anticipated savings.	34,500	9,805	6,613		↓
Achievement against Capital Resource Limit (£'000) To ensure net capital spend does not exceed the capital resource limit.	22,159	3,951	3,282		↔
Compliance with Public Sector Payment Policy (PSPP) target (%) To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods/invoice.	95.0	95.0	95.9		↓
Revenue cash balance (£'000) Cash balance held by the Health Board to not exceed 5% of monthly cash draw down from Welsh Government.	8,019	8,019	592		↔

Performance against Statutory requirements 2019/20	
Ensure the aggregate of the Health Board's expenditure does not exceed the aggregate of its funding in a 3 year period	No
Prepare and submit a Medium Term Plan that is signed off by Welsh ministers	No

2.2 Medium Term Plan

- The Health Board has agreed with Welsh Government that it will develop an Annual Operating Plan for 2019/20 which responds to the special measures framework and key areas for improvement.

3. Revenue Position

3.1 Month 4 Position

- At the end of Month 4 the Health Board is overspent by £14.6 m, £3.0m higher than the revised plan of £25.0m.
- Year to date actual figures are detailed below on a month by month basis. Further analysis of expenditure is included in Sections 4 and 5 of the report.

2019/20 Actuals and Variance						
	Month 1	Month 2	Month 3	Month 4	Total	YTD Variance
	£m	£m	£m	£m	£m	£m
Revenue Resource Limit	(125.0)	(123.2)	(124.1)	(129.3)	(501.6)	0.0
Miscellaneous Income	(10.6)	(11.9)	(11.1)	(11.1)	(44.7)	(0.6)
Health Board Pay Expenditure	64.6	61.9	62.0	62.3	250.8	(0.5)
Non-Pay Expenditure	74.8	76.9	76.6	81.8	310.1	4.1
Health Board Total	3.8	3.7	3.4	3.7	14.6	3.0

- The plan for Month 4 was a £2.9m deficit. The actual position was £3.7m, £0.8m in excess of plan. Whilst this shortfall is slightly better than the shortfall in Months 1 and 2, it represents a deterioration of £0.3m since Month 3.
- Key areas of deterioration in July can be summarised as follows:

	£m
Agency costs	0.6
Secondary Care drugs	0.4
Healthcare contracts	(0.5)
Continuing Healthcare (CHC)	(0.2)
Total	0.3

- The key over spending division is Secondary Care, where high agency usage, non delivery of savings and high drugs costs have had an adverse impact.

3. Revenue Position

3.2 Financial Performance by Division

	Month 2			Month 3			Month 4			CUMULATIVE		
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(123,186)	(123,186)	0	(124,111)	(124,111)	0	(129,295)	(129,295)	0	(501,545)	(501,545)	0
AREA TEAMS												
West Area	12,974	12,998	24	13,065	13,066	1	14,363	14,339	(24)	53,597	53,682	85
Central Area	17,004	17,075	70	17,131	17,051	(79)	18,032	18,030	(2)	69,574	69,451	(123)
East Area	18,767	18,928	162	18,882	18,905	23	20,008	20,129	121	76,735	77,013	278
Other North Wales	1,090	1,072	(18)	1,098	1,206	108	1,102	864	(238)	4,389	3,976	(414)
Commissioner Contracts	16,263	16,191	(73)	16,577	16,647	70	18,498	18,154	(344)	67,626	67,198	(428)
Provider Income	(1,600)	(1,768)	(168)	(1,600)	(1,859)	(259)	(2,009)	(2,268)	(259)	(6,808)	(7,497)	(688)
Total Area Teams	64,499	64,496	(3)	65,153	65,017	(136)	69,994	69,248	(746)	265,112	263,822	(1,290)
SECONDARY CARE												
Ysbyty Gwynedd	8,303	8,444	141	8,276	8,392	116	8,164	8,371	208	33,207	33,919	712
Ysbyty Glan Clwyd	9,835	10,281	446	9,868	10,259	391	9,738	10,469	731	39,407	41,401	1,994
Ysbyty Maelor Wrexham	8,558	8,700	143	8,448	8,530	83	8,572	8,773	201	34,359	34,911	552
North Wales Hospital Services	8,704	8,647	(57)	8,642	8,584	(58)	8,863	9,429	567	35,053	35,654	601
Womens	3,228	3,282	54	3,239	3,066	(173)	3,225	3,258	33	13,022	12,976	(46)
Total Secondary Care	38,627	39,354	727	38,472	38,831	359	38,561	40,301	1,740	155,047	158,861	3,813
Total Mental Health & LDS	10,200	10,156	(44)	10,205	10,145	(60)	10,149	10,088	(61)	41,013	41,071	58
Total Corporate Budgets	10,691	10,748	57	10,424	10,397	(27)	10,693	10,816	123	42,473	42,669	196
Total Other Budgets (Reserves)	2,085	2,148	62	2,773	3,135	362	2,815	2,524	(291)	9,566	9,758	192
TOTAL INCOME AND EXPENDITURE	2,917	3,716	799	2,917	3,414	498	2,917	3,681	765	11,667	14,636	2,969

- Further details of variances by Division are included in Appendix 1.

3. Revenue Position

3.3 Revised Financial Plan

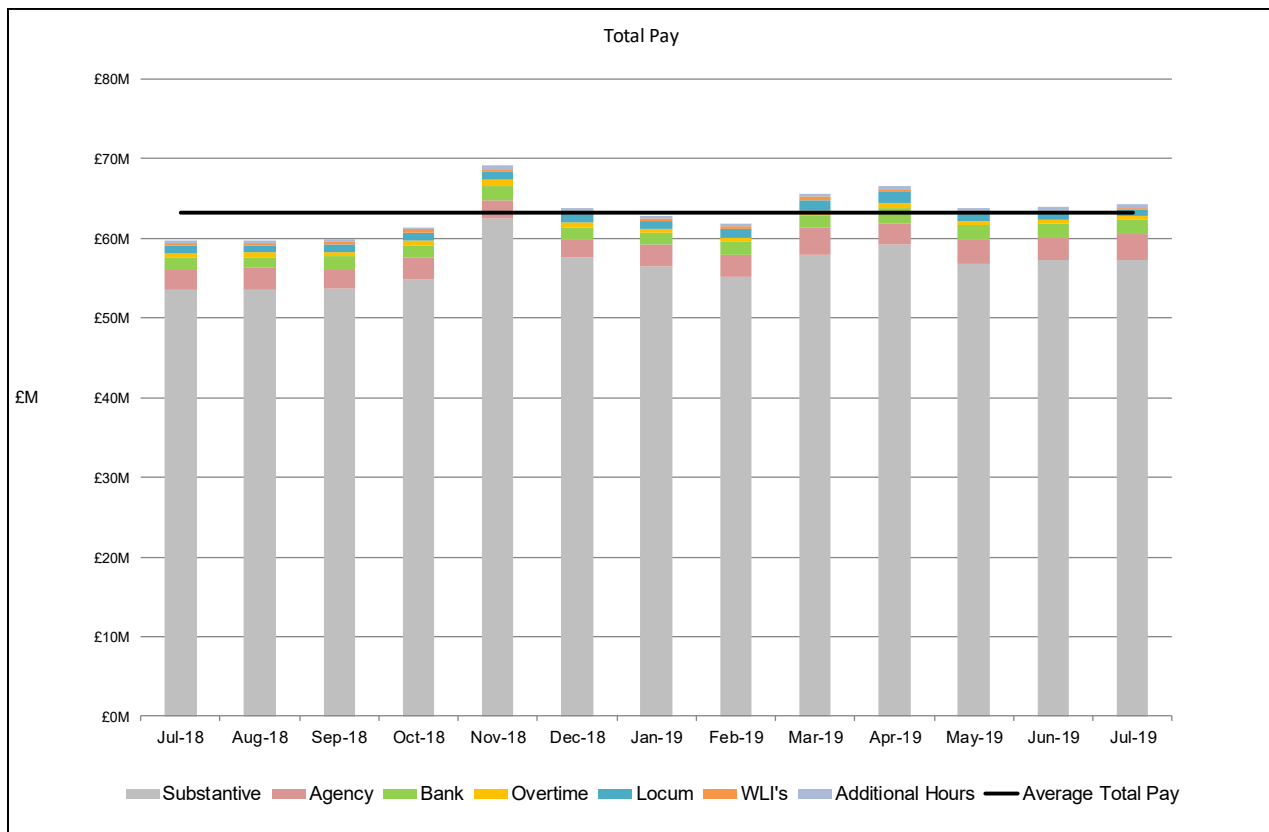
- The control total of £25.0m set by the Welsh Government requires a further £10m of savings to be made, in addition to those allocated out within the initial plan and budgets. Additional stretch targets to meet this £10m were allocated to Divisions at the end of July. The Health Board will be reporting against these additional stretch targets going forward.
- The monthly results required going forward to achieve the initial plan and the additional stretch targets can be illustrated below. A significant reduction in the Health Board's monthly deficit is required from Month 5 onwards to meet the £25m control total.

	Actual				Forecast								Total for 2019/20 £m
	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	Month 11 £m	Month 12 £m	
Current planned deficit	3.8	3.7	3.4	3.7	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	35.0
Additional savings required	0.0	0.0	0.0	0.0	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(10.0)
Revised planned deficit	3.8	3.7	3.4	3.7	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	25.0

4. Pay

4.1 Total Pay

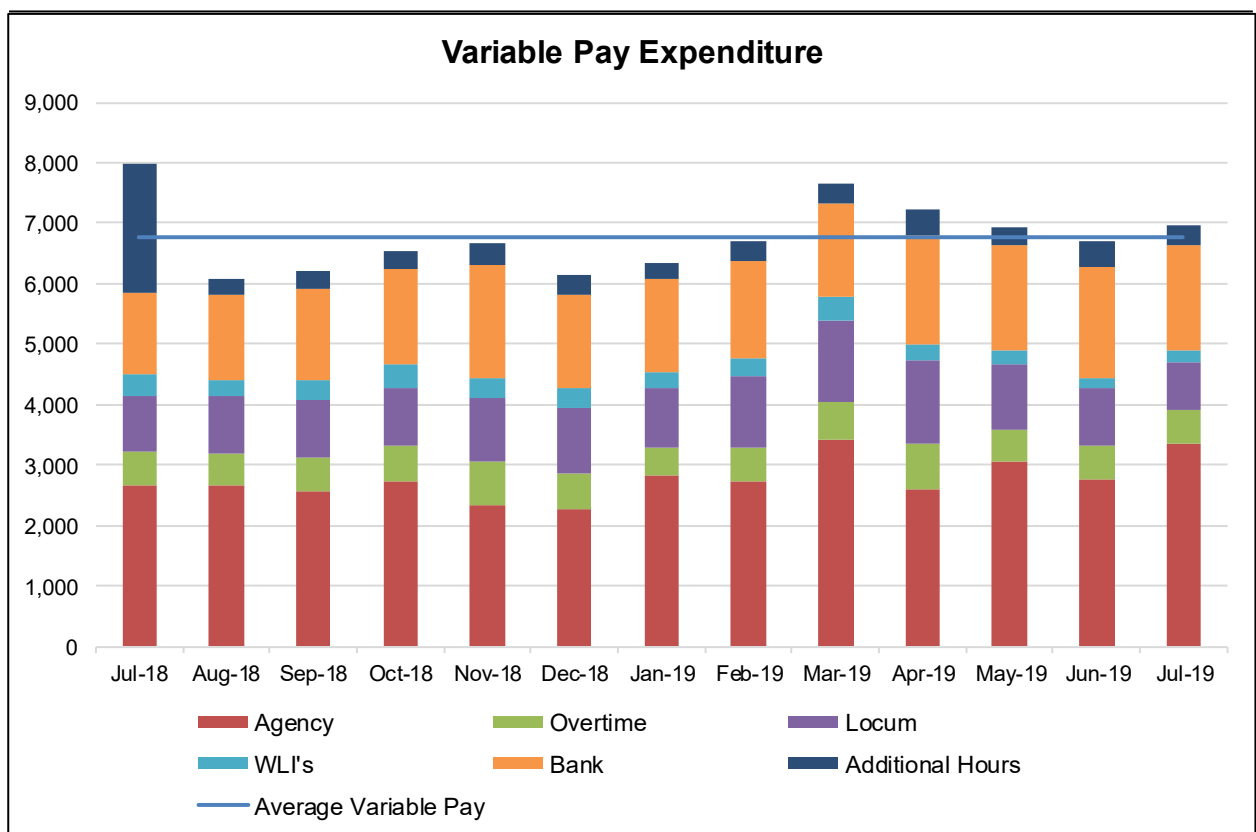
- Total Health Board pay (excluding Primary Care functions) is £250.8m, which is an under spend against plan of £0.5m. Total pay including Primary Care is £258.5m, a year to date over spend of £0.8m.



	Month 3 2019/20	Month 4 2019/20	Movement M3 to M4	Monthly Average 2019/20	YTD Variance
	£m	£m	£m	£m	£m
Administrative & Clerical	8.1	8.0	(0.1)	8.1	(2.4)
Medical & Dental	14.3	14.7	0.4	14.3	2.4
Nursing & Midwifery Registered	20.1	20.2	0.1	20.4	(3.6)
Additional Clinical Services	9.3	9.3	0.0	9.4	2.8
Add Prof Scientific & Technical	2.3	2.4	0.1	2.4	(0.6)
Allied Health Professionals	3.7	3.7	0.0	3.7	0.0
Healthcare Scientists	1.1	1.1	0.0	1.2	0.1
Estates & Ancilliary	3.1	2.9	(0.2)	3.1	0.0
Savings to be allocated					0.8
Health Board Total	62.0	62.3	0.3	62.6	(0.5)
Primary care	2.0	1.9	(0.1)	1.9	1.3
Total Pay	64.0	64.2	0.2	64.5	0.8

4. Pay

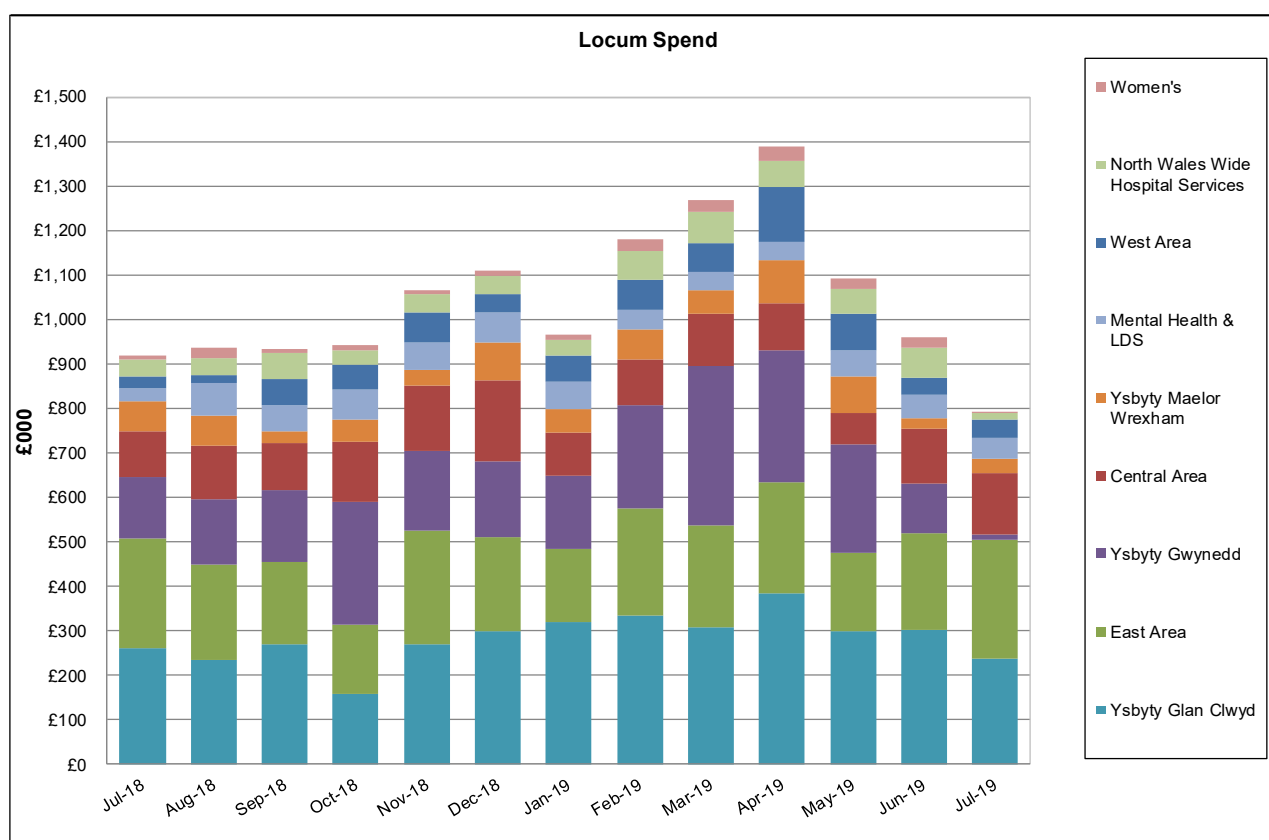
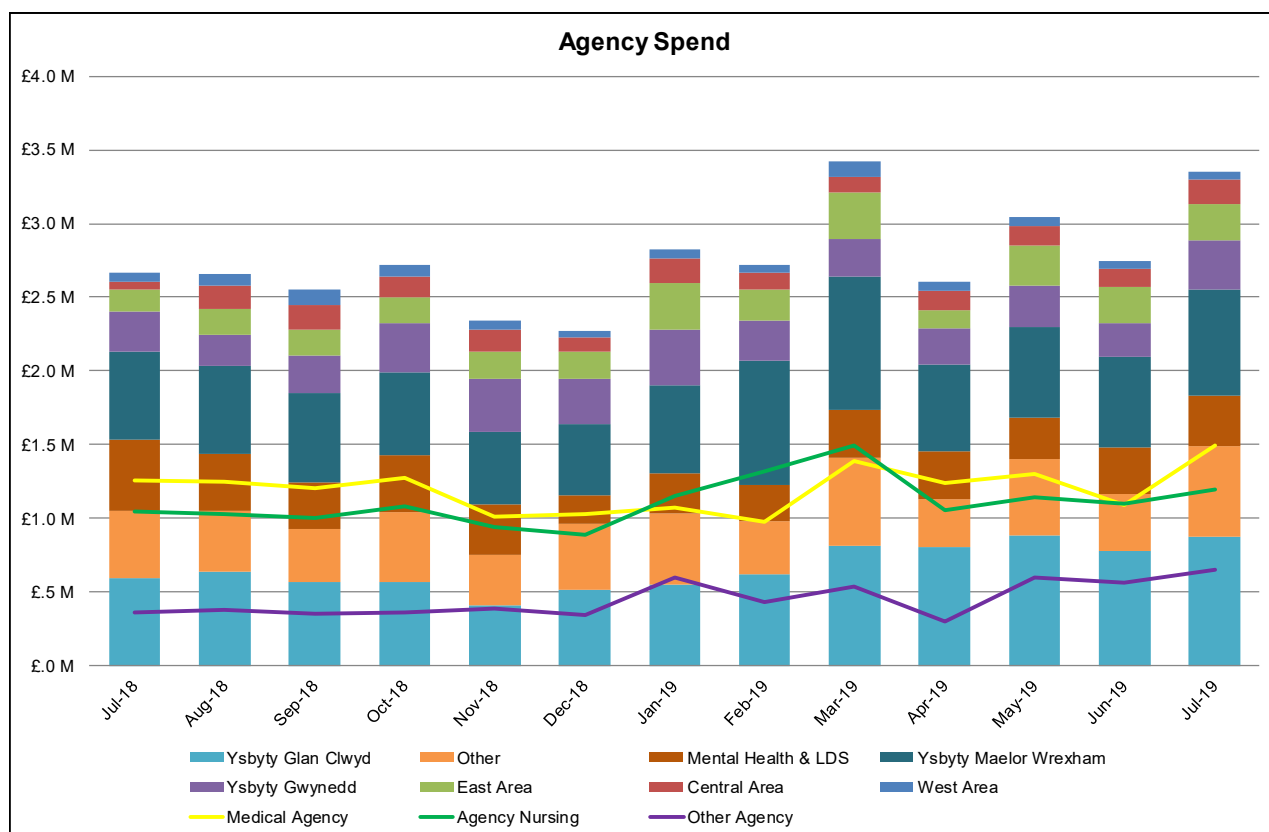
- Over spends continue in areas of high agency usage (Medical and Dental and Additional Clinical Services (for Health Care Support Workers)). The high level of nursing vacancies remains, leading to an under spend on Nursing and Midwifery.
- Admin & Clerical continues to under spend due to a significant number of vacancies across all areas.
- Pay costs by staff group are broadly similar to Month 3. There has been a £0.4m increase in Medical & Dental costs which relates to increased use of high cost agency doctors across Secondary Care.
- 10.9% (£7.0m) of total pay for Month 4 (10.8% / £27.8m year to date) related to variable pay; agency, bank, overtime, locum, WLI and additional hours. This is an increase of £0.3m from June due to an increase in agency costs, offset by reductions in locum, bank and payments for additional hours.



4.2 Agency and Locum Costs

- Expenditure on agency staff for Month 4 is £3.3m, representing 5.2% of total pay, an increase of £0.6m compared to June.
- Expenditure on locum staff for Month 4 is £0.8m, representing 1.2% of total pay, a decrease of £0.2m on June expenditure.

4. Pay



4. Pay

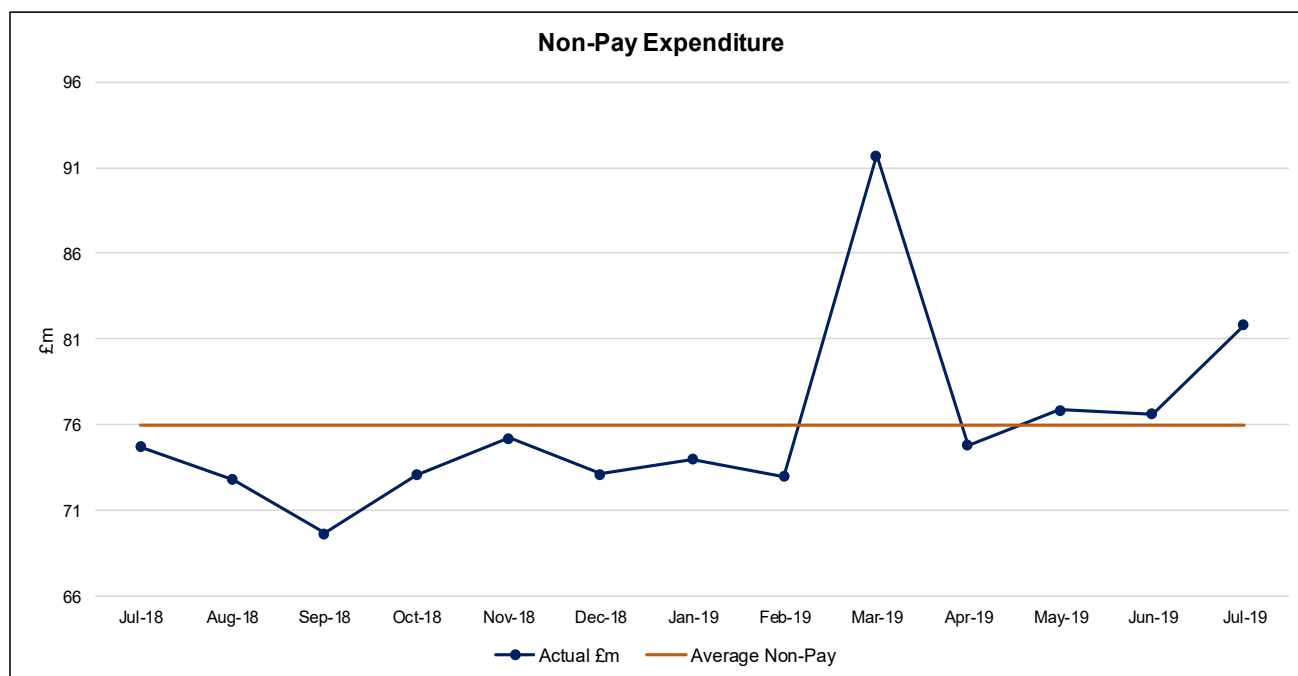
Key Points	
Medical Agency	Medical agency costs increased by £0.4m from June to an in-month spend of £1.5m. Increases have been seen across all of Secondary Care. The areas primarily responsible for the Month 4 costs are Ysbyty Glan Clywd (£0.5m), Ysbyty Gwynedd (£0.3m), Mental Health (£0.3m) and Womens (£0.2m) accounting for 79.7% of the in-month cost. Medical agency is primarily used to cover vacancies.
Nurse Agency	Nurse agency costs totalled £1.2m for the month, an increase of £0.1m from the prior 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 (£0.6m in-month) and Ysbyty Glan Clwyd (£0.4m in-month), which together account for 81.4% of these costs in July.
Other Agency	<p>Other agency costs have increased by £0.1m to £0.7m and mainly arise from Allied Health Professionals (£0.3m) and Admin and Clerical (£0.3m).</p> <p>Admin and Clerical agency totals £0.8m for the year to date and is primarily being used in the Nursing Executive (£0.4m) mainly for Secondary Care Management teams, Workforce & Organisation development (£0.1m) for Bank Nurse Coordinators and Medical Staffing and also in the Project Management Office within Turnaround (£0.1m).</p>
Locums	<p>Month 4 costs primarily relate to specialty doctors (£0.5m) and specialty registrars (£0.2m). Spend is incurred across both Secondary Care (£0.3m) and Area Teams (£0.4m).</p> <p>Locum costs have consistently reduced each month throughout 2019/20 and are now at lower than at any point in the prior year.</p>

- Appendix 2 contains more detailed analysis of movements in pay expenditure, and details of key actions being taken to manage expenditure.

5. Non-Pay

5.1 Non-Pay

- Non-pay costs total £310.1m, giving a year to date over spend of £3.7m against the planned budget.



	Month 3 2019/20	Month 4 2019/20	Movement M3 to M4	Monthly Average 2019/20	YTD Variance
	£m	£m	£m	£m	£m
Primary Care	17.2	16.9	(0.3)	17.0	(1.5)
Primary Care Drugs	8.2	8.2	0.0	8.2	0.5
Secondary Care Drugs	5.6	6.3	0.7	5.9	1.4
Clinical Supplies	5.5	5.9	0.4	5.6	0.1
General Supplies	1.3	5.3	4.0	2.7	0.4
Healthcare Services Provided by Other NHS Bodies	21.6	23.1	1.5	21.7	(0.7)
Continuing Care and Funded Nursing Care	8.1	8.0	(0.1)	8.2	0.7
Other	5.6	5.3	(0.3)	5.5	3.2
Capital	3.5	2.8	(0.7)	2.9	0.0
Total	76.6	81.8	5.2	77.7	4.1

Key Points	
Primary Care	<ul style="list-style-type: none"> The General Dental Service (GDS) forecast continues to be a breakeven position for 2019/20 as the Dental Reform programme in North Wales is being actively promoted. Due to the increasing levels of contractor under-performance in recent years, there has been an over-contract of 6% above budget, in anticipation that clawbacks will remain high in 2019/20. Risks to the forecast are; potential GDS contract clawbacks and increased underperformance, achieving

5. Non-Pay

	<p>sufficient patient charge revenue against the increased target (particularly following the expansion of the Reform programme, which tends to reduce patient income) and uncertainty around whether any GDS contract inflationary uplifts in 2019/20 will be fully funded by Welsh Government.</p> <ul style="list-style-type: none"> – Within General Medical Service (GMS), an increase in expected GP rates rebates reduced spend for July. This was partially offset by an increase in expenditure to reflect the contract uplift for the Global Sum. The latter is matched with anticipated Welsh Government income for the costs of the national negotiations and so does not impact on the position. Overall, the GMS budget is under spent due to the continued lower than expected uptake on the newer Enhanced Services. Further uptake will be closely monitored.
Primary Care Drugs	<ul style="list-style-type: none"> – Prescribing data is received two months in arrears. There are a range of forecasting options used to estimate this two months accrual and BCU uses the lowest forecast methodology in its monthly reported position. May 2019 data was received in July and showed costs similar to those for April. Cost per prescribing day has increased by 1.1% from May 2018 to May 2019. This increase has not been fully extrapolated into the 2019/20 position, therefore there remains a degree of risk in the forecast. This approach will be kept under review. – Data for April and May 2019 of the top ten areas of Prescribing growth and reduction highlights that the cost of the growth areas exceeds the savings made from reductions by £0.3m. The detail for these areas can be seen in Appendix 3. – The £0.5m year to date overspend relates to community dressings, which were a significant cost pressure last year and have continued to be in 2019/20. A savings scheme is in place to reduce these costs and a review of the scheme, actions taken and impact on costs is scheduled for October. There is a continual review of products that remain on the Formulary for price compared to NHS Stores, with products being switched where beneficial. Improvements in District Nurse teams have been seen, however they are skewed by consultant referrals in Vascular which utilises expensive dressings.
Secondary Care Drugs	<ul style="list-style-type: none"> – There has been a significant increase in costs in Month 4, giving a £0.6m over spend for the month, an increase of £0.4m on the June over spend. – The key increases for July are in Oncology (£0.2m increase), Haematology (£0.1m increase), Haemophilia (£0.1m increase) and Anterior Macular Degeneration (AMD) (£0.1m increase). – Key actions that are being undertaken to reduce costs are: <ul style="list-style-type: none"> • Cancer services has its own Medicines Management group and is undertaking deep dive sessions into critical areas. • An Oncology savings scheme focusing on a homecare dispensing route for two drugs commenced in June and has achieved an increase from 11% - 32%.

5. Non-Pay

- Switches to FP10 prescribing for Cancer services have been undertaken for Centre and West, with the East scheduled to take place once staff appointments have been made, although this is unlikely to be until after October.
- A Haematology drug for transition to homecare has been identified and is planned to switch in Quarter 2.
- Haemophilia drugs being monitored, although the spike in expenditure in July related to two high cost patients with combined costs of £0.1m.
- Bangor University are undertaking a review to benchmark AMD injections against other organisations as the Health Board appears to be an outlier. A new Clinical Director for Ophthalmology has also been appointed. The number of injections and the associated cost is increasing year on year, demonstrating the need for this to be reviewed urgently:

Monthly Averages	No. Injections	Cost
2015/16	538	£285,802
2016/17	704	£371,388
2017/18	993	£525,861
2018/19	1,067	£555,698
2019/20	1,170	£574,114

- Dermatology drugs continue to be a pressure area with a year to date over spend of £0.4m. Savings through switches to biosimilar drugs are being made, but emerging pressures arising from growth in NICE drugs mean that these are not impacting on the overall position. Without a compulsory approach to the use of named drugs, these costs will continue to rise.

Clinical Supplies

- The increase in costs is primarily attributable to rises in Medical and Surgical Equipment (M&S), which is also the main area of over spend. This is particularly an issue for Theatres within Secondary Care, some of which is due to increased activity. However costs have risen above activity levels and so further investigation is taking place by Finance and Theatre Managers to determine the reasons behind this.

General Supplies

- The increase in costs in July of £4.0m primarily relates to Intermediate Care Fund (ICF) expenditure (£3.2m), which is being recognised from Month 4, with corresponding funding within income. There is no impact on the position as all schemes are fully funded. Additionally £0.5m of the increase relates to a journal correction in Month 3, with a compensating adjustment in income.
- Catering provisions (£0.2m adverse variance) continue to over spend as budgets have not been increased in line with activity, both from a commercial perspective and from patient meals. The Health Board continues to offer All-Wales menus.

5. Non-Pay

	<ul style="list-style-type: none"> Translation fees (£0.1m over spent) are being investigated further through the collation of activity and discussions with the supplier to review the service provision.
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none"> Costs increased in July as English contracts are now being paid on the new tariffs. These increases are funded and so there is nil impact on the position. The WHSCC contract has a year to date under spend of (£0.5m), although it is forecast that Commissioning contracts will breakeven by the end of the year.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	<ul style="list-style-type: none"> Spend on CHC has decreased by £0.1m in July, with an in-month under spend of £0.2m. FNC spend has remained static, over spending by £0.1m in the month. CHC is £0.6m over spent for the year, with FNC being £0.1m over spent. Both Area Teams and Mental Health have seen a reduction in CHC/FNC spend this month, as a result of discharges and continuing efficiencies. Overall, there is a balanced position for July.
Other Costs	<ul style="list-style-type: none"> This category includes all other areas of non-pay expenditure. The over spend position for the year relates to: <ul style="list-style-type: none"> Unallocated/unidentified savings schemes across Divisions (£3.2m) – total savings delivered by Month 4 are £6.6m against budgeted anticipated savings of £9.8m, a shortfall of £3.2m; Travel (£0.4m) – the over spend on travel has reduced by £0.1m in July. However pressures remain on lease car costs (£0.1m) and Non-Emergency Patient Travel Service (NEPTS) (£0.2m). Discussions continue with the Welsh Ambulance Service around transferring NEPTS, with an estimated handover of October 2019. The Health Board is working on defining the service required. The journal error noted in Month 3 has been corrected and so all expenditure is real; Postage (£0.2m) - there are several projects planned to reduce post charges from franked mail, as well as moving locally franked mail onto the central mail hub. Work is progressing with franking reviews and monitoring volumes. The volume through the hub has increased due to recent mail-shots. Discussions around the adoption of digital-mail have also commenced.
Capital	<ul style="list-style-type: none"> Capital costs include depreciation and impairment costs, which are fully funded.

6. RTT

6.1 RTT Year to Date Costs

- At the end of July the Health Board has spent £4.6m on additional activity to reduce the long waiting lists. Welsh Government RTT income received to fund this activity is included in the position.

Hospital / Site	Month 1 £000	Month 2 £000	Month 3 £000	Month 4 £000	Total £000
YG	416	466	425	342	1,649
YGC	221	265	340	240	1,066
YMW	133	122	37	76	368
North Wales	180	228	178	233	818
Area		16	176	-4	188
Outsource	141	118	165	67	491
Total	1,091	1,215	1,321	953	4,580

- Current levels of RTT activity for the whole of 2019/20 have been forecast. Welsh Government has provided funding to date of £13.0m to cover £11.85m waiting list improvements in diagnostics, RTT and therapy, and £1.15m in MSK and Orthopaedic Services.
- The Health Board is currently undertaking a detailed review of its demand, capacity and core requirements to significantly refine the RTT plan for 2019/20.

7. Allocations

7.1 Allocations

Description	Value £m 19/20	Recurrent (R) / Non- recurrent (NR)
Allocations Received		
Total Confirmed Funding	1,491.9	R
Sub-total Allocations Received	1,491.9	
Allocations Anticipated		
IM & T Refresh programme	1.9	NR
Consultant Clinical Excellence Awards	0.5	NR
Vocational Training	1.0	NR
SpRs	0.4	NR
ICF Dementia Care	2.2	NR
2019/20 GMS Uplift: Global Sum	0.4	NR
WAST Emergency Services Mobile Communications Programme (ESMCP)	0.3	NR
Funding for additional 1% Doctor Dentist Review Body	1.7	NR
Unsocial Hours during Sickness Absence	1.0	NR
Additional costs for PwC - Estimated	1.2	NR
Treatment Fund	1.7	NR
Invest to save funding	0.6	NR
Immunisation Funding	0.4	NR
AME Impairments	45.6	NR
DEL Depreciation	4.1	NR
Transformational funding (ICAN)	0.2	NR
Turnaround Director funding	0.4	NR
All other anticipated income	0.3	NR
Sub-total Allocations Anticipated	63.9	
Total Allocations as at Month 4	1,555.8	
Recurrent Allocations	1,491.9	
Non-recurrent Allocations	63.9	

- Planned income for the Health Board is expected to reach £1,555.8m for 2019/20, all of which is reflected within the current forecast. Welsh Government allocations form the majority of the Health Board's funding. Confirmed allocations total £1,491.9m year to date, with further anticipated allocations in year of £63.9m.
- New anticipated allocations in Month 4 are for ICF Dementia Care (£2.2m), costs of PwC (increase of £0.7m), Turnaround Director funding (£0.4m) and 2019/20 GMS Uplift: Global Sum (£0.4m).

8. Savings

8.1 Savings Delivery

- Savings reported in Section 8 include Red Rated schemes and Efficiency Gains. These are excluded from the figures reported to Welsh Government in the Monitoring Return and hence the tables below differ slightly to the Monitoring Return tables. The figures in the rest of this report match those in the Monitoring Return.

2019/20	March Submission to WG	Savings Budget	Savings Identified				Excess / (deficit) of savings identified	Planned Risk Rating			Total	Forecast Delivery				Forecast Variance to WG Submission	Forecast Variance to Budget	Forecast Variance to Identified Savings
			Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000		Low £'000	Med £'000	High £'000		Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000			
Ysbyty Gwynedd	1,534	2,901	970	540	650	2,160	(741)	1,489	0	671	2,160	783	497	650	1,929	395	(972)	(231)
Ysbyty Glan Clwyd	1,439	3,758	648	1,053	182	1,883	(1,876)	1,372	232	279	1,883	635	993	0	1,628	189	(2,130)	(254)
Ysbyty Wrexham Maelor	1,292	2,598	1,205	373	300	1,878	(720)	1,425	0	453	1,878	1,110	373	300	1,783	491	(815)	(96)
North Wales Managed Services	742	2,592	717	0	268	985	(1,606)	964	22	0	985	757	0	257	1,014	272	(1,577)	29
Womens Services	994	1,048	252	189	0	441	(607)	441	0	0	441	470	198	0	667	(327)	(381)	227
Secondary Care	6,002	12,897	3,792	2,154	1,400	7,347	(5,550)	5,690	253	1,404	7,347	3,755	2,060	1,207	7,022	1,020	(5,875)	(325)
Area - West	2,704	3,216	2,035	700	0	2,735	(481)	2,712	0	23	2,735	2,110	700	0	2,810	105	(407)	74
Area - Centre	3,720	4,870	3,771	0	0	3,771	(1,099)	3,592	0	179	3,771	3,519	0	0	3,519	(201)	(1,351)	(252)
Area - East	3,506	4,851	3,933	476	0	4,409	(442)	3,811	0	598	4,409	2,864	477	0	3,341	(165)	(1,510)	(1,068)
Area - Other	320	318	348	0	0	348	31	148	0	200	348	348	0	0	348	28	31	0
Contracts	463	500	350	113	0	463	(38)	154	100	209	463	350	113	0	463	0	(38)	0
Area Teams	10,713	13,755	10,438	1,289	0	11,727	(2,028)	10,418	100	1,209	11,727	9,192	1,290	0	10,481	(232)	(3,274)	(1,246)
MHLD	2,340	3,575	1,811	2,658	0	4,469	894	3,982	0	487	4,469	1,324	2,658	0	3,982	1,642	407	(487)
Corporate	1,416	4,273	2,385	12	0	2,397	(1,877)	2,234	150	13	2,397	2,308	12	0	2,320	904	(1,954)	(77)
Divisional Total	20,470	34,500	18,426	6,113	1,400	25,939	(8,561)	22,324	503	3,112	25,939	16,579	6,019	1,207	23,805	3,335	(10,695)	(2,135)
Not allocated to Divisions	4,530		5,816		1,678	7,494	7,494			7,494	7,494					(4,530)	0	(7,494)
Total Identified BCUHB Savings	25,000	34,500	24,242	6,113	3,078	33,433	(1,067)	22,324	503	10,606	33,433	16,579	6,019	1,207	23,805	(1,195)	(10,695)	(9,629)

8. Savings

2019/20	March Submission to WG YTD Profile	YTD Budget	YTD Planned as per tracker				YTD Delivered				YTD Variance to WG Submission	YTD Variance to Budget	YTD Variance to Plan	Rest of Year Delivery
	£'000	£'000	Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000	Cash Releasing £'000	Cost Avoidance £'000	Efficiency Gains £'000	Total £'000	£'000	£'000	£'000	£'000
Based on £34.5m														
Ysbyty Gwynedd	422	836	215	180	217	612	197	50	37	284	(139)	(553)	(329)	1,646
Ysbyty Glan Clwyd	302	1,226	115	9	0	124	156	9	0	164	(137)	(1,061)	41	1,464
Ysbyty Wrexham Maelor	188	673	183	15	52	250	224	15	52	291	104	(381)	41	1,491
North Wales Managed Services	127	797	143	0	84	227	172	0	78	250	123	(547)	23	764
Womens Services	123	339	60	63	0	123	156	121	0	277	154	(62)	154	391
Secondary Care	1,161	3,870	716	267	353	1,335	905	195	167	1,266	105	(2,604)	(69)	5,756
Area - West	898	969	598	233	0	832	832	195	0	1,027	129	58	195	1,783
Area - Centre	923	1,364	1,037	0	0	1,037	1,164	0	0	1,164	241	(200)	127	2,355
Area - East	1,061	1,479	1,184	195	0	1,379	1,295	196	0	1,491	431	12	112	1,850
Area - Other	64	115	69	0	0	69	49	0	0	49	(15)	(67)	(20)	300
Contracts	47	47	42	5	0	47	42	0	0	42	(5)	(5)	(5)	421
Area Teams	2,993	3,974	2,930	433	0	3,363	3,382	391	0	3,773	780	(201)	410	6,708
MHLD	409	785	130	435	0	565	88	953	0	1,041	632	256	476	2,941
Corporate	411	1,176	756	4	0	760	744	4	0	748	336	(428)	(13)	1,572
Divisional Total	4,974	9,805	4,532	1,139	353	6,023	5,119	1,543	167	6,828	1,854	(2,977)	805	16,977
In Development	800					0				0	(800)	0	0	
Total BCUHB Savings	5,774	9,805	4,532	1,139	353	6,023	5,119	1,543	167	6,828	1,054	(2,977)	805	16,977

8. Savings

8.2 Impact on Position

- Savings delivery has increased monthly over the first four months of 2019/20, however there has not been a corresponding improvement in the monthly position. This is due to the underlying position deteriorating by more than the increase in savings achieved. The table below highlights what the monthly position would be without the impact of savings.
- To bring the Health Board back into financial balance, the underlying spend needs to be reduced in combination with increased savings delivery.

	Reported Position £000	Month 1 Savings Delivered £000	Underlying Variance £000	Reported Position £000	Month 2 Savings Delivered £000	Underlying Variance £000	Reported Position £000	Month 3 Savings Delivered £000	Underlying Variance £000	Reported Position £000	Month 4 Savings Delivered £000	Underlying Variance £000	Reported Position £000	Cumulative Savings Delivered £000	Underlying Variance £000
Area - West	83	213	296	24	296	320	1	269	270	(24)	250	226	84	1,027	1,111
Area - Centre	(112)	236	124	70	469	539	(79)	189	110	(2)	270	268	(123)	1,164	1,041
Area - East	(28)	297	269	162	250	412	23	286	309	121	658	779	278	1,491	1,769
Area - Other	(267)	12	(255)	(186)	12	(174)	(151)	12	(139)	(497)	12	(485)	(1,101)	49	(1,052)
Contracts	(81)	9	(72)	(73)	10	(64)	70	12	82	(344)	12	(332)	(428)	42	(386)
Area Teams	(405)	767	362	(3)	1,036	1,033	(136)	768	632	(746)	1,203	457	(1,290)	3,773	2,483
Ysbyty Gwynedd	247	41	288	141	50	191	116	130	246	208	63	271	712	284	996
Ysbyty Glan Clwyd	426	11	437	446	53	499	391	25	416	731	76	807	1,994	164	2,158
Ysbyty Wrexham Maelor	125	37	162	143	57	200	83	57	140	201	140	341	552	291	843
North Wales Managed Services	149	22	171	(57)	22	(35)	(58)	108	50	567	97	664	601	249	850
Womens Services	40	58	98	54	72	126	(173)	74	(99)	33	73	106	(46)	277	231
Secondary Care	987	169	1,156	727	254	981	359	395	754	1,740	448	2,188	3,813	1,266	5,079
MHLD	223	26	249	(44)	38	(6)	(60)	510	450	(61)	466	405	58	1,041	1,099
Corporate	43	173	216	57	129	186	(27)	128	101	123	317	440	196	748	944
Other	59	0	59	62	0	62	362	0	362	(291)	0	(291)	192	0	192
Total Health Board	907	1,135	2,042	799	1,457	2,256	498	1,801	2,299	765	2,434	3,199	2,969	6,828	9,797

9. Forecast and Underlying Position

9.1 Forecast Position

- The Health Board has a forecast outturn for 2019/20 of £35.0m, in line with the initial plan, but £10.m more than the control total of £25.0m.
- A plan has been developed to move towards the control total set by Welsh Government. The key aspect of this is that stretch savings targets have been allocated out to services; £10.0m beyond those allocated out within the initial plan and budgets.
- The Health Board's financial ledger and Welsh Government reporting continues to reflect the initial plan deficit of £35.0m whilst ways of including the additional stretch targets within the budgetary management system are explored, to enable effective oversight for the remainder of the financial year.

9.2 Underlying Position

- A key risk to the Health Board is its underlying deficit. The underlying deficit brought forward from 2018/19 was £56.4m.

	IMTP Underlying Position b/f £'000	Future IMTP Underlying Position c/f £'000
Previous Year's Outturn / Current Year's Forecast Outturn	(41,279)	(35,000)
Non Recurring Savings	(2,414)	(1,759)
Non Recurring Mitigating Actions	(1,873)	(7,318)
Non Recurring RRL Income - Allocated	(3,802)	
Non Recurring RRL Income - Anticipated		
Non Recurring Other Income/Disposals	26	4
Non Recurring Accountancy Gains	(3,105)	
Non Recurring Cost Avoidance		
Full Year Effect of Recurring Savings	197	2,348
Full Year Effect of New Cost Pressures	(4,148)	
Other Non Recurring Factors		430
Total	(56,398)	(41,295)

10. Balance Sheet

10.1 Balance Sheet

Balance sheet as at Month 4 2019/20			
	Opening balance £000	M4 2019/20 £000	Movement £000
Non Current Assets:			
Fixed Assets	627,406	619,318	(8,088)
Other Non Current Assets	69,363	69,363	0
Current Assets:			0
Inventories	16,077	16,345	268
Trade and other receivables	66,441	52,987	(13,454)
Cash	3,972	4,460	488
Total Assets	783,259	762,473	(20,786)
Liabilities:			
Trade and other payables	142,428	130,483	(11,945)
Provisions	110,432	108,727	(1,705)
Total Liabilities	252,860	239,210	(13,650)
	530,399	523,263	(7,136)
Financed by:			
General Fund	402,323	395,187	(7,136)
Revaluation Reserve	128,076	128,076	0
Total Funding	530,399	523,263	(7,136)

- Key movements include:
 - Fixed Assets: Depreciation, less newly capitalised additions.
 - Trade and other receivables: Additional resource drawdown from Welsh Government in respect of the year-to-date deficit, ahead of allocation phasing.
 - Trade and other payables: Reductions in commissioning accruals, accounts payable balances, capital creditors and CHC/FNC accruals.
 - Provisions: Reductions in CHC/FNC provisions.
 - General Fund: Year to date deficit less drawdown of capital resource from Welsh Government.


10.2 Cash

- The closing cash balance as at 31st July 2019 was £4.5m which included £3.9m of cash held for capital expenditure. The revenue cash balance of £0.6m was within the internal target set by the Health Board.
- It is currently anticipated that £35m of strategic cash support and £10m of working capital balances support will be required by the Health Board in 2019/20. These figures will be finalised later in the year and a formal request submitted to Welsh Government following agreement from the Board.

10. Balance Sheet

Revenue cash requirements 2019/20	£'000
Opening revenue balance	307
Forecast revenue deficit	(35,000)
Working capital balances	(10,000)
Underlying forecast revenue cash shortfall	(44,693)
Anticipated Funding requests	
Strategic cash assistance	35,000
Working capital balances support	10,000
Forecast closing revenue cash balance	307

10.3 Public Sector Payment Policy

PSPP target: to pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value %	Trend
Cumulative year to date % of invoices paid within 30 days (by number) - forecast green	95.9%	

10.3 Capital

- The Capital Resource Limit at Month 4 is £22.2m.
- Year to date expenditure is £3.3m against a plan of £4.0m. The year to date slippage of £0.7m will be recovered throughout the remainder of the year.

10. Balance Sheet

All Wales Schemes	CRL/ Planned YTD 2019/20 £'000	2019/20 Forecast Out-turn £'000	Variance £'000	2019/20 Expenditure M4 £'000	YTD Planned £'000	Narrative
Capital Projects Approved Funding						
SuRNICC - FBC works	350	574	224	76	109	SuRNICC is complete and operational. There has been a slight delay in undertaking the work for the Paediatric Enhanced Care Area. The completion of the multi faith room is due to be completed in September 2019.
PAS System	830	1,089	259	92	110	The project board has agreed on a revised programme with a completion date November 2020. The CRL has been revised in Month 4, however will be reviewed again in September 2019.
Substance Misuse - The Elms Development	265	625	360	363	391	The contractor is progressing well on the site and the scheme has been handed over. External works is in progress and the final account will be reviewed shortly.
Substance Misuse - Holyhead, Anglesey	418	676	258	1	0	The scheme is design stage. Once completed it will go tender.
Substance Misuse - Shotton, Flintshire	1,325	1,340	15	3	0	The scheme is design stage. Once completed it will go tender.
Emergency Department System	701	701	0	0	0	The scheme is currently being reviewed and a formal programme will be produced.
Ysbyty Gwynedd - Emergency Department	1,496	2,526	1,030	1,269	1,384	The scheme is progressing well and is due to complete in September 2019.
North Denbighshire Community Hospital	2,404	2,404	0	0	0	The Health Board, as agreed by the Finance and Performance Committee, will be appointing a new Supply Chain Partner for the scheme. As a result there will be delays in progressing the scheme.
Progress Redevelopment of Ablett Unit @ YGC from SOC to OBC	849	849	0	10	0	The Outline Business Case is being progressed and the fees will be due this financial year.
Orthopaedic Plan Fees to BJC	600	600	0	0	0	The scheme is currently in design stage and fees will be due this financial year.
All Wales Total	9,238	11,384	2,146	1,814	1,994	
Discretionary Total	12,921	10,775	(2,146)	1,468	1,957	The discretionary capital programme has been formally agreed by the Finance and Performance Committee. The programme is progressing.
Overall Total	22,159	22,159	0	3,282	3,951	

11. Risks and Opportunities

11.1 Risks

	Issue	Description	Risk (Worst Case) £m	Key Decision Point & Summary Mitigation	Risk Owner
1	Prescribing	<p>Prescribing data is only 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.</p> <p>The estimated risk does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSO) price list, which therefore represents an additional (unquantified) risk.</p> <p>There is also an emerging potential risk in relation to a National Category M drug price increase (historically has been a price reduction) that may be set in place in Quarter 2.</p>	(2.25)	<p>The risk is reviewed and updated monthly as the latest prescribing data becomes available. May 2019 data was received late in August and showed costs similar to those for April. However, cost per prescribing day has increased by 1.1% from May 2018 to May 2019. This increase, as it is only 2 months of data has not been fully extrapolated into the 2019/20 position, giving rise to a risk against the best-case forecast used.</p> <p>There are a wide range of Prescribing Savings Schemes in place to manage spend and growth. Head of Pharmacy and Finance leads meet monthly to discuss and share areas of cost growth and savings opportunity in order to mitigate the risk.</p>	Berwyn Owen as Chief Pharmacist supported by Nigel McCann, CFO Central Area as Prescribing Finance Lead
2	Continuing Healthcare (CHC)	<p>The Health Board is experiencing significant ongoing pressures in relation to both the underlying number and cost of care packages. The financial plan approved by the Board explicitly excluded providing growth funding for CHC.</p> <p>The risk on CHC is primarily in relation to Older People's Mental Health (OPMH) CHC. There has been a significant increase in the number of cases within recent months, some of which are high cost 1:1 cases.</p>	(1.8)	<p>This is monitored monthly and Divisions are developing cost avoidance schemes to mitigate against this impact.</p> <p>The Area Teams are working with Mental Health to try to resolve the issue, but there is a growing trend in dementia patients with a pressure on available bed capacity. Despite a positive performance in July, significant risk still remains.</p>	Rob Nolan, Finance Director –Commissioning & Strategy

11. Risks and Opportunities

	Issue	Description	Risk (Worst Case) £m	Key Decision Point & Summary Mitigation	Risk Owner
3	Under-performance of savings plans	<p>To address our deficit the Health Board will be required to deliver its significant savings target. There is a risk that savings schemes will not deliver quickly enough the required level of savings to ensure the Health Board addresses its deficit in the current year.</p> <p>The Health Board has a process and track record of delivering cash releasing savings of circa £20.0m per annum. Current targets are higher than track record, and additional savings will also be required to deal with cost pressures that arise throughout the year (including the shortfall in savings and overspends up to Month 4) and other emerging shortfalls.</p> <p>At Month 4, the Health Board has £7.8m of unidentified schemes and a risk on under-performing identified schemes of £1.2m. This gives a total risk of £9m.</p> <p>The additional savings measures that will need to be introduced to progress from a plan of £35.0m towards a control total of £25.0m represent an additional risk.</p>	(9.0)	<p>PwC are working with the Health Board with the aim to ensure delivery of the savings quantum. They have identified additional savings opportunities as part of their ongoing work. Improvements have been made to the process of identification and conversion of plans into schemes.</p> <p>Work continues on the development of further resource utilisation schemes, which will form an important part of the Health Board's efficiency programme for 2019/20.</p>	Pat Crawford, Interim Financial Turnaround Consultant

11. Risks and Opportunities

	Issue	Description	Risk (Worst Case) £m	Key Decision Point & Summary Mitigation	Risk Owner
4	Hallett v Derby Hospitals NHS Foundation Trust [2018] EWHC 796 QB	<p>This was a significant test case for the NHS. The court examined provisions in F1 doctor employment contracts obliging their employers to monitor working hours and natural breaks. It examined the extent to which certain documents had been incorporated into their contracts, finding that three Department Of Health publications that prescribed how NHS organisations should address monitoring had not been incorporated. Court also considered how NHS might exercise discretion to adopt rational monitoring methodology.</p> <p>The court found in favour of the claimant. There will be a significant potential for other doctors to bring claims against organisations that use Allocate software.</p>		<p>It has not yet been determined whether this case will impact on the Health Board and if it does, what the financial implications may be.</p> <p>Workforce & Organisational Development are conducting further investigations.</p>	Sue Green, Executive Director of Workforce & Organisational Development
Total			(13.05)		

11.2 Opportunities

- Relative to reported risks of £13.05m, we have reported to Welsh Government partial mitigation at this stage.
- The Recovery Director and has been appointed and additional resource is in place to support delivery of the savings programme and to identify an additional £10.0m of cash releasing savings, and to support grip and control actions that will drive financial benefit and other improvements.

12. Summary

12.1 Key Actions

- Additional stretch savings targets totaling £10.0m have been allocated to Divisions to move the Health Board towards delivering its plan and control total. Savings plans are being developed and implemented to meet these targets.
- The additional stretch targets need to be incorporated within the budgetary management system, to enable effective oversight for the remainder of the financial year.
- Divisional Recovery meetings led by the Recovery Director to focus on key pressures, identify areas for improvement and drive financial recovery.
- Improvement Groups are being developed further, focusing on short-term financial recovery as well as longer term transformational and service improvement schemes.

12.2 Conclusions

- The Health Board's planned forecast for 2019/20 is £35m. This is based on an underlying brought forward deficit of £56.4m. The Month 4 position is a deficit of £14.6m, giving a year to date position which is £3.0m higher than the initial plan deficit.
- A plan has been developed to move towards achievement of plan and the £25.0m control total set by Welsh Government. The key aspect of this is that additional stretch savings targets have been allocated out to services; £10m beyond those allocated out within the initial plan and budgets.
- The July position reflects a deterioration of £0.3m on Month 3 relating to increases in costs for agency staff and Secondary Care drugs. The key over spending division is Secondary Care, where high agency usage and drugs costs have had an adverse impact.

12.3 Recommendation

- It is asked that the report is noted, including the forecast outturn of £35.0m and recognising the significant risks to the financial position.

Appendix 1: Variances by Division

Year to Date Variances - Month 4						
Category	Division					
	Areas £m	Secondary Care £m	Mental Health £m	Corporate £m	Other £m	Total £m
Income	(0.2)	(0.4)	(0.1)	0.0	0.1	(0.6)
Substantive	(4.4)	(7.3)	(1.5)	(0.6)	(0.2)	(14.0)
Agency	1.5	7.3	0.9	0.2	0.0	9.9
Locum	1.6	2.1	(0.1)	0.0	0.0	3.6
Total Health Board Pay	(1.3)	2.1	(0.7)	(0.4)	(0.2)	(0.5)
Primary Care	(1.5)	0.0	0.0	0.0	0.0	(1.5)
Primary Care Drugs	0.5	0.0	0.0	0.0	0.0	0.5
Provided Services Non-Pay	0.8	1.7	0.0	0.6	0.5	3.6
Secondary Care Drugs	0.8	0.3	0.3	0.0	0.0	1.4
Services from other NHS Bodies	(0.8)	0.1	0.0	0.0	0.0	(0.7)
Continuing Care and Funded Nursing Care	0.2	0.0	0.5	0.0	0.0	0.7
Other Non-Pay	0.2	0.0	0.1	0.0	(0.2)	0.1
Total Non-Pay	0.2	2.1	0.9	0.6	0.3	4.1
Planned Deficit						11.6
Total YTD Variance	(1.3)	3.8	0.1	0.2	0.2	14.6

Appendix 2: Pay Analysis

Division

Areas	<ul style="list-style-type: none"> • Vacancies are driving the year to date under spend on pay. Locums and agency staff are being used to cover some gaps, however there still remains a large net under spend. • Primary Care continues to under spend, however Dental is forecasting a year end breakeven position, whilst the GMS the forecast remains under spent at £0.2m. • The Primary Care drugs overspend relates to community dressings, which is discussed in detail in Section 5.1 of the report. • Key pressure areas are unidentified savings held within the division against unallocated budgets under Provided Services Non-pay (£1.6m) and secondary care drugs, specifically for Dermatology (£0.4m) and Diabetes (£0.3m). • Provided Services Non-pay variance is reduced by £0.7m due to a change in accounting treatment around dental recharges. A budget adjustment will be made in Month 5 to reflect this change and remove the variance, with the opposite side against income. There is no impact on the overall position. • Continuing Healthcare (CHC) continues to be a risk area, particularly for the West, with over spends arising from Elderly Mental Health cases, however the position has improved in July due to a number of discharges.
Secondary Care	<ul style="list-style-type: none"> • Pay costs are the main area of over spend for Secondary Care. High levels of agency and locum usage, where staff are paid at a premium, are negating the large under spend arising from vacancies. • Unidentified savings held within the division against unallocated budgets under Provider Services Non-pay total £1.3m. • Other pressure areas are Medical and Surgical Equipment (M&S), which is particularly an issue for Theatres, and Travel due to Non-Emergency Patient Travel Service (NEPTS). • The over spend on drugs predominantly relates to Haematology (£0.3m), Oncology (£0.2m) and AMD (£0.2m) offset by under spends within other services at the acute hospitals.
Mental Health	<ul style="list-style-type: none"> • Savings made against substantive pay due to vacancies are somewhat reduced by agency costs, but still result in an overall under spend on total pay. • Continuing Healthcare (CHC) remains the key risk for the division, although costs have again reduced in Month 4. • The drugs over spend primarily relates to increased hospital and Substance Misuse prescribing.

Appendix 2: Pay Analysis

Corporate	<ul style="list-style-type: none">• Savings arise in pay due to vacancies, particularly within Estates and Facilities (£0.2m) and Turnaround (£0.1m).• Unidentified savings held within the division against unallocated budgets under Other Non-pay total £0.3m.• Further non-pay cost pressures arise due to catering provisions (£0.2m), postage (£0.2m) and power (£0.1m).
Other	<ul style="list-style-type: none">• Includes budgets for Capital costs, Losses, Medical Education and Reserves.• Overall a £0.2m over spend position which primarily relates to Reserves.

Appendix 2: Pay Analysis

1. Total Pay Spend against Pay Budget

Total Pay Spend in July was £64.2m; this was £0.3m overspent on the July budget of £63.9m. The pay budget for July of £63.9m was reduced from £64.3m in June.

2. Variable “Non-Core” Pay Expenditure

Total Non- Core pay spend increased by £0.3m from £6.7m to almost £7.0m. This is against a backdrop of additional work being undertaken to ensure RTT delivery and the associated costs. Agency and WLI increased whilst Additional basic hours, Overtime, Locum and Bank decreased. Locum spend in particular has dramatically reduced this financial year and is significantly lower than at this point last year.

Agency Spend has increased in July and is higher than this period last year. The increase in agency spend has been largely due to M&D agency with month on month M&D increases of: YGC - £0.1m, YMW - £0.1m, Womens - £0.2m (June was low). Corporate services showed a £0.1m increase in agency attributable to A&C interim recovery staff.

2.1 Premium Rate Non-Core

Agency – spend increased by £0.6m from £2.7m to £3.3m, with both medical and nursing agency spend increasing by £0.4m and £0.1m respectively. All acute sites, MHL, Corporate and Area Central saw increased agency spend with Women’s seeing the biggest increase (but note June M&D agency was unusually low for Womens). Medical Agency increased from £1.1m to £1.5m, whilst Nursing Agency increased by £1.1m to £1.2m.

Waiting List Initiative Payments (WLIs) – spend increased slightly to £0.2m. This is however the 2nd lowest spend across the last 13 months and will need to be monitored against internal locum spend to ensure that it doesn’t impact on our ability to achieve RTT standards.

Overtime – spend decreased minimally to £0.6m with most areas and sites seeing a slight decrease with the exception of the acute sites where there were slight increases. This is now in the “normal” range seen in 2018/2019 and further work will be required to understand the drivers and to determine the “expected” level of overtime for different services to enable better budgetary planning.

2.2 Non Premium Rate Non-Core

Internal Locum – Spend reduced by £0.2m from £1.0m to £0.8m with most divisions/areas, apart from Area Teams and YMW, seeing a reduction.

This is the lowest level since October 2018 and it will be important to understand whether this is the impact of controls or reluctance to undertake additional work due to pension/tax changes.

The roll out of Medic on Line across most of the organisation by the end of August will ensure that expenditure is captured in ‘real time’ in future and will therefore avoid fluctuations due to delayed submission of returns.

Appendix 2: Pay Analysis

Additional Contracted Hours (ACH) – Spend decreased by £0.1m from £0.4m to £0.3m. The decrease can be largely attributed to E&F where ACH reduced by £0.1m from £0.2m to £0.1m.

Bank – Spend decreased by £0.1m from £1.8m to £1.7m with decreases seen across most clinical divisions. This must be viewed as a negative indicator with Nursing Agency spend increasing. Increasing bank capacity to reduce Agency spend is a key priority for the temporary staffing team.

3. Actions

Establishment Control continues to be embedded; the new electronic form is now mandated. EC processes have been amended to include Vacancy Authorisation Panel (VAP) / Workforce Authorisation Panel (WAP) steps to give greater scrutiny of any increased substantive wage spend. Focus has been on making the new process as efficient as possible whilst increasing the level of control. Behaviour change will continue to be essential in improving financial management across the Health Board, the VAP/ WAP process is one of a range of actions to encourage that change.

A number of actions are being progressed through PIDs and the Financial Recovery Grip and Control Delivery Plan to reduce agency and locum costs. Enforced 1 hour unpaid break for N&M Agency staff has been introduced in July. Consultation is being undertaken to introduce this to substantive nursing staff along with revised shifts to reduce overlaps. Other actions completed include; Support and Challenge meetings, Roster additional duties and roster efficiency reports introduced, Roster guidance reissued, actions to grow bank staff capacity including promotion of bank and easy enrolment of new N&M staff to bank.

External consultancy services are analysing Medical spend and advising areas of potential improvement. Proposal has been received to implement these changes.

Focus remains on filling substantive vacancies, reducing sickness absence and increasing pools of temporary staff, particularly in nursing, medical and dental and A&C. Medical recruitment staff have been moved to wider recruitment team to give increased focus on recruitment into key staff groups

Appendix 3: Prescribing Top 10 Areas of Growth and Reduction

Description	Basic Price - Apr- May 2019	Basic Price - Apr - May 2018	Basic Price - % Variation	Basic Price - Difference	Items - Apr - May 2019	Items - Apr - May 2018	Items - % Variation	Items - Difference
Top 10 Central Growth Areas								
Oral Anticoagulants	£ 382,936	£ 276,683	38.40%	£ 106,253	15,883	15,054	5.51%	829
Non-Steroidal Anti-Inflammatory Drugs	£ 100,050	£ 44,159	126.57%	£ 55,891	11,114	11,330	-1.91%	-216
Other Antidiabetics	£ 303,828	£ 260,612	16.58%	£ 43,217	8,254	7,300	13.07%	954
Angiotensin-II Receptor Antagonists	£ 71,425	£ 38,284	86.56%	£ 33,140	17,026	16,307	4.41%	719
Selective Beta(2)-Adrenoceptor Stimulants	£ 121,870	£ 91,688	32.92%	£ 30,182	24,615	23,670	3.99%	945
Vaccines And Antisera	£ 37,875	£ 13,053	190.15%	£ 24,821	3,463	885	291.30%	2,578
Beta-Adrenoceptor Blocking Drugs	£ 63,618	£ 39,883	59.51%	£ 23,735	39,213	37,877	3.53%	1,336
Non-Opioid Analgesics	£ 140,589	£ 117,969	19.17%	£ 22,620	37,621	38,095	-1.24%	-474
Drugs For Treatment Of Gout	£ 28,212	£ 7,288	287.08%	£ 20,924	6,267	5,741	9.16%	526
Loop Diuretics	£ 29,142	£ 8,816	230.57%	£ 20,326	12,024	11,922	0.86%	102
	£ 1,279,545	£ 898,436	42.42%	£ 381,109	175,480	168,181	4.34%	7,299
Top 10 Central Reduction Areas								
Antipsychotic Drugs	£ 69,356	£ 124,157	-44.14%	-£ 54,801	10,281	9,512	8.08%	769
Control Of Epilepsy	£ 179,537	£ 228,668	-21.49%	-£ 49,130	19,034	18,746	1.54%	288
Corticosteroids (respiratory)	£ 591,110	£ 634,860	-6.89%	-£ 43,750	22,601	22,768	-0.73%	-167
Lipid-Regulating Drugs	£ 70,870	£ 94,914	-25.33%	-£ 24,045	58,379	57,684	1.20%	695
Antimuscarinic Bronchodilators	£ 136,503	£ 158,976	-14.14%	-£ 22,473	5,432	6,237	-12.91%	-805
Calcium-Channel Blockers	£ 93,681	£ 115,256	-18.72%	-£ 21,575	38,630	37,362	3.39%	1,268
Other Antidepressant Drugs	£ 37,548	£ 56,020	-32.97%	-£ 18,472	14,128	13,260	6.55%	868
Tricyclic & Related Antidepressant Drugs	£ 56,889	£ 70,579	-19.40%	-£ 13,690	17,726	16,881	5.01%	845
Emollients	£ 37,623	£ 49,921	-24.64%	-£ 12,298	5,769	7,581	-23.90%	-1,812
Neuropathic Pain	£ 21,343	£ 33,542	-36.37%	-£ 12,199	4,865	4,573	6.39%	292
	£ 1,294,461	£ 1,566,893	-17.39%	-£ 272,433	196,845	194,604	1.15%	2,241

Appendix 3: Prescribing Top 10 Areas of Growth and Reduction

Description	Basic Price - Apr- May 2019	Basic Price - Apr- May 2018	Basic Price - % Variation	Basic Price - Difference	Items - Apr - May 2019	Items - Apr- May 2018	Items - % Variation	Items - Difference
Top 10 East Growth Areas								
Oral Anticoagulants	£ 486,888	£ 374,926	29.86%	£ 111,963	18,190	17430	4.36%	760
Non-Steroidal Anti-Inflammatory Drugs	£ 143,840	£ 64,850	121.80%	£ 78,990	15,236	15771	-3.39%	-535
Other Antidiabetics	£ 343,032	£ 293,271	16.97%	£ 49,761	9,202	7736	18.95%	1,466
Angiotensin-II Receptor Antagonists	£ 104,423	£ 59,708	74.89%	£ 44,715	19,641	18816	4.38%	825
Selective Beta(2)-Adrenoceptor Stimulants	£ 150,806	£ 112,093	34.54%	£ 38,713	29,879	28097	6.34%	1,782
Beta-Adrenoceptor Blocking Drugs	£ 84,206	£ 51,613	63.15%	£ 32,593	44,469	42706	4.13%	1,763
Drugs For Treatment Of Gout	£ 40,254	£ 10,758	274.19%	£ 29,496	8,251	7721	6.86%	530
Loop Diuretics	£ 33,460	£ 9,828	240.45%	£ 23,632	14,397	14598	-1.38%	-201
Drugs Used In Megaloblastic Anaemias	£ 67,313	£ 45,667	47.40%	£ 21,646	15,903	14488	9.77%	1,415
Proton Pump Inhibitors	£ 87,157	£ 69,350	25.68%	£ 17,807	64,750	64033	1.12%	717
	£ 1,541,379	£ 1,092,063	41.14%	£ 449,316	239,918	231,396	3.68%	8,522
Top 10 East Reduction Areas								
Corticosteroids (respiratory)	£ 665,262	£ 729,980	-8.87%	-£ 64,718	26,076	25688	1.51%	388
Antipsychotic Drugs	£ 98,270	£ 158,064	-37.83%	-£ 59,794	12,488	11847	5.41%	641
Control Of Epilepsy	£ 225,670	£ 272,816	-17.28%	-£ 47,146	20,668	20313	1.75%	355
Lipid-Regulating Drugs	£ 103,794	£ 141,361	-26.58%	-£ 37,567	76,921	74691	2.99%	2,230
Antimuscarinic Bronchodilators	£ 165,399	£ 200,150	-17.36%	-£ 34,751	6,010	7162	-16.08%	-1,152
Other Antidepressant Drugs	£ 57,245	£ 86,350	-33.71%	-£ 29,105	21,461	19206	11.74%	2,255
Calcium-Channel Blockers	£ 118,509	£ 146,197	-18.94%	-£ 27,688	45,858	43637	5.09%	2,221
Treatment Of The Acute Migraine Attack	£ 44,694	£ 63,913	-30.07%	-£ 19,219	2,975	2994	-0.63%	-19
Opioid Analgesics	£ 237,036	£ 250,647	-5.43%	-£ 13,611	24,457	24450	0.03%	7
Neuropathic Pain	£ 31,322	£ 44,557	-29.70%	-£ 13,235	7,543	6755	11.67%	788
	£ 1,747,200	£ 2,094,034	-16.56%	-£ 346,834	244,457	236,743	3.26%	7,714

Appendix 3: Prescribing Top 10 Areas of Growth and Reduction

Description	Basic Price - Apr - May 2019	Basic Price - Apr - May 2018	Basic Price - % Variation	Basic Price - Difference	Items - Apr - May 2019	Items - Apr - May 2018	Items - % Variation	Items - Difference
Top 10 West Growth Areas								
Oral Anticoagulants	£ 292,816	£ 203,391	43.97%	£ 89,425	14,581	14,240	2.39%	341
Other Antidiabetics	£ 226,236	£ 173,437	30.44%	£ 52,799	6,173	4,979	23.98%	1,194
Non-Steroidal Anti-Inflammatory Drugs	£ 70,522	£ 33,598	109.90%	£ 36,924	8,764	8,917	-1.72%	-153
Selective Beta(2)-Adrenoceptor Stimulants	£ 103,803	£ 78,754	31.81%	£ 25,049	20,472	19,413	5.46%	1,059
Angiotensin-II Receptor Antagonists	£ 50,309	£ 26,419	90.42%	£ 23,889	13,699	13,185	3.90%	514
Detection Sensor Interstitial Fluid/glucose	£ 20,125	£ 210	9483.33%	£ 19,915	283	3	9333.33%	280
Compound Bronchodilator Preparations	£ 59,165	£ 41,756	41.69%	£ 17,408	1,821	1,292	40.94%	529
Opioid Analgesics	£ 145,539	£ 128,483	13.27%	£ 17,055	14,760	14,317	3.09%	443
Beta-Adrenoceptor Blocking Drugs	£ 45,914	£ 30,151	52.28%	£ 15,763	30,890	30,400	1.61%	490
Drugs For Treatment Of Gout	£ 22,386	£ 6,841	227.25%	£ 15,545	5,187	4,820	7.61%	367
	£ 1,036,814	£ 723,040	43.40%	£ 313,773	116,630	111,566	4.54%	5,064
Top 10 West Reduction Areas								
Antipsychotic Drugs	£ 54,597	£ 99,793	-45.29%	-£ 45,196	8,713	7,941	9.72%	772
Control Of Epilepsy	£ 137,864	£ 169,848	-18.83%	-£ 31,984	12,647	12,394	2.04%	253
Antimuscarinic Bronchodilators	£ 101,691	£ 128,490	-20.86%	-£ 26,799	3,698	4,718	-21.62%	-1,020
Corticosteroids (respiratory)	£ 429,292	£ 451,755	-4.97%	-£ 22,463	16,708	16,638	0.42%	70
Calcium-Channel Blockers	£ 70,153	£ 86,218	-18.63%	-£ 16,066	32,057	30,382	5.51%	1,675
Lipid-Regulating Drugs	£ 55,917	£ 71,016	-21.26%	-£ 15,099	48,665	47,800	1.81%	865
Screening And Monitoring Agents	£ 116,712	£ 131,302	-11.11%	-£ 14,590	4,716	4,848	-2.72%	-132
Other Antidepressant Drugs	£ 28,094	£ 40,295	-30.28%	-£ 12,200	10,980	9,478	15.85%	1,502
Treatment Of The Acute Migraine Attack	£ 28,684	£ 37,303	-23.11%	-£ 8,619	1,974	1,999	-1.25%	-25
Neuropathic Pain	£ 14,689	£ 21,850	-32.77%	-£ 7,161	4,166	3,615	15.24%	551
	£ 1,037,692	£ 1,237,870	-16.17%	-£ 200,178	144,324	139,813	3.23%	4,511

Finance and Performance Committee**22.8.19**
GIG
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 Bwrdd Iechyd Prifysgol
 Betsi Cadwaladr
 University Health Board

 To improve health and
 provide excellent care

Report Title:	Financial Recovery Action Plan
Report Author:	Mr Tony Uttley – Interim Director of Finance: Operational Finance
Responsible Director:	Ms Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide an update on the newly created Financial Recovery Action Plan, which consolidates the two action plans developed as a result of the Pryce Waterhouse Cooper (PWC) financial review, which concluded in June 2019.
Approval / Scrutiny Route Prior to Presentation:	N/A
Governance issues / risks:	This report does not give rise to Governance issues or risks. The Financial Recovery Action Plan supports good governance and risk management.
Financial Implications:	The Health Board is developing a new financial action plan as part of its recovery programme. This incorporates elements of the previous action plans covering financial baseline and financial grip and control.
Recommendation:	It is asked that progress developing the Financial Recovery Action Plan is noted.

Health Board's Well-being Objectives <i>(Indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	

3.To support children to have the best start in life		3. those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Supports financial recovery, good governance and risk management.			
Equality Impact Assessment			
Not applicable – there is no impact on equality.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v9.01 draft

Executive Summary

1.0 Purpose

The purpose of this report is to provide an update on the newly created Financial Recovery Action Plan, which consolidates the two action plans developed as a result of the PWC financial review, which concluded in June 2019.

2.0 Background

The Health Board commissioned an independent financial review in March 2019 and PWC were the successful bidder. The review had three key deliverables: a revised financial plan for 2019/20, a delivery framework which is aligned with the governance of the Health Board and a pipeline of savings opportunities to support progress towards financial sustainability.

Two key outputs from the review were reports on Financial Baseline and on Control of Expenditure and action plans were developed to respond to the recommendations in those reports and progress against the plans were monitored and reported to the Finance & Performance Committee and the Financial Savings Group respectively.

Following the appointment of the Interim Recovery Director, the two action plans have now been consolidated into a single Financial Recovery action plan which will be reported to the Finance & Performance Committee and will also incorporate any additional actions agreed by the Financial Recovery Group.

3.0 Financial Recovery Action Plan

A detailed checklist of potential recovery actions is being used to develop a Health Board Financial Recovery Action Plan. This is intended to report areas that have been addressed and to identify additional areas that require recovery action.

The detailed checklist is included within the Financial Recovery Group Report being considered by the Committee.

Line-by-line reviews of elements within the checklist are currently underway involving relevant parts of the organisation. Health Board Improvement Groups in subject matter areas are also working through the elements in their areas of responsibility.

Updates on progress against the Financial Recovery Action Plan will be reported in future months.

4.0 Update on previous action plans

The Appendix shows the previous financial grip and control finance and financial baseline action plans.

The financial grip and control actions identified previously are now considered to have been addressed sufficiently to be considered complete or taken up in the new Financial Recovery Action Plan, as indicated in the Appendix.

The financial baseline actions identified previously were considered as part of a partial re-planning exercise that was reported to the Board in July. These actions are now considered complete, incorporated into the Financial Recovery Action Plan or remaining to be considered as part of ongoing planning for the current and future years.

5.0 Recommendation

It is asked that progress developing the Financial Recovery Action Plan is noted.

Actions arising out of PwC grip and control report

PwC Recommendation Number	Staff Group	Area	Observations	Recommendations	Actions	Responsible	Original Timescale	Current Due Date	Relative importance	Progress	Additional Resource required?	PRAG Rating	FINAL STATUS
65	All	Procurement - stakeholder engagement	Engagement with Finance and clinical areas could be improved	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.	Initial meeting with site/area CFOs Re-focusing of Improvement Groups, and alignment of procurement sub-groups	NWSSP/Finance	31.5.2019	30.6.2019		To initiate strengthened engagement between NWSSP and BCUHB Finance and to identify further opportunities, Procurement met in May with CFOs across BCUHB's business areas. Ideas discussed and actions agreed are currently being progressed. A Sharepoint site to support ongoing progress and share relevant material has now been set up. Existing meetings that support stakeholder engagement are continuing, including those that leverage whole of Wales approaches. Improvement Groups and related sub-groups are currently being re-configured. UPDATE: Procurement plans and files loaded to Sharepoint for access/review - latest Procurement/CFOs mtg held on 17th July.	N		COMPLETE
66	All	Procurement - centralising control activities	Some business areas are doing local procurement without the involvement of procurement	Stock management should be expanded to other areas Related activities should be centralised where relevant expertise lies	Expand stock management Extension of procurement into areas of local procurement Linkage of revenue and capital aspects of procurement eg maintenance	NWSSP/Finance	31.8.2019	31.8.2019		Progress is being made centralising aspects of stock management estates/facilities and capital. This is being done through active engagement between Procurement and the business areas involved. The roll out of Omnicell SupplyX will go live for YGC first, then Bangor and then Wrexham. It will also be rolled out at a community hospital in July (Llandudno). Issues and challenges currently being addressed are: · Agreement and progression of overall plan for centralisation of aspects of dental and orthotics procurement; · Resolution and improvement of some NHS Supply process difficulties – resolution DOF to DOF meeting scheduled for early July. A new project is currently being scoped to assess opportunities for improving BCUHB's management of its significant maintenance contracts. Some issues/delays being encountered but still within action plan timescales. UPDATE: Supply Chain meeting held on 3/7. Supplier offered financial concessions and both parties agreed to work together to identify process improvements going forward. Further Omnicell roll-out work planned for 13/14 July. Radiology now live, ophther sites being prepped for go-live in July.	Potential additional support from NWSSP being considered.		COMPLETE
67	All	Procurement - ordering	There are some instances of retrospective Purchase Orders being raised and low value orders being raised for the same items	Address instances of users requesting retrospective POs Assess feasibility of aggregation of small orders.	Follow up instances of retrospective POs Assess balance of users/transactions	NWSSP/Finance	31.7.2019	31.7.2019		Progress is being against all actions identified. BCUHB continue to apply the no-PO no-pay policy. UPDATE: Waiver process now automated. Initial evaluation and lessons learned currently underway. Agency invoicing now automated and went live on 15/7.	N		COMPLETE - RESIDUAL ISSUES BEING PICKED UP UNDER NON-PAY DISCRETIONARY SPEND PANEL REVIEWS
68	All	Procurement - invoicing	There are examples of high volume low value invoices being received from some suppliers	Progress opportunities for automatic two-matching and aggregation of orders with suppliers	Assess balance of users/transactions Progress potential 2-way matching	NWSSP/Finance	31.7.2019	31.7.2019		Progress is being made against all actions identified, including further potential extension of automatic two-way matching, including some all Wales P2P initiatives. It is recognised that there are some potential risks with two-way matching, including with some specific suppliers. UPDATE: 3/7 meeting with a key supplier explored historic invoice disputes due to unacceptable matches, and also circumstances where 2-way matching would be acceptable.	N		COMPLETE - ONGOING CONSIDERATION OF 2-WAY MATCHING OPPORTUNITIES
69	All	Non-Pay -discretionary spend	Some high volume/low value ordering for discretionary spend Some special approval processes in place for approval of discretionary spend	Assess whether some budgets could be centralised. Enhance approval process by changing escalation routes eg using site CFOs. Assess potential centralisation of training requests.	Assess balance of users/transactions Assess potential centralisation of budgets and requests for training Apply special approval processes to certain subjective codes Review of expenses including travel	Finance	31.5.2019	31.7.2019		Approximately £15m of potential discretionary expenditure has been identified. A number of the largest individual categories across all BCUHB's business areas in 2018/19 were overspent – eg travel and subsistence (£4.5m against budgets of £4.3m), training expenses (£2.2m against budgets of £1.9m), advertising and staff recruitment (£0.8, against budgets of £0.4m), office equipment (£1.1m against budgets of £0.6m), furniture/fittings (£0.6m against budgets of £0.2m). Scope of non-pay spend areas by the Procurement Improvement Group is also currently being assessed to confirmed. A number of discretionary expenditure subjective codes have been "blocked" on BCUHB's Oracle financial ledger (including training, advertising, office equipment and furniture) to ensure that requisitions are centralised and signed off at senior level following any necessary challenge. Travel and subsistence expenses are generally approved by relevant line managers through BCUHB's e-expenses system and paid through payroll rather than directly through Oracle. Expenditure requests against blocked subjective codes are currently being escalated to the Executive responsible for the cost centres involved, which provides a degree of centralisation and involves the Executive with local knowledge. Consideration is being given to whether greater centralisation (eg through centralisation of budgets like training) would be beneficial. Whilst periodic reviews of expenses are carried out, consideration is being given to embedding a regular "review/audit" within BCUHB's expenses policies. An initial review is currently being scoped to identify themes and issues for further targeting. UPDATE: initial scope of expenses review drafted; initial working group (Finance/WFOD) kick-off meeting was held on 18/7.	Consideration of centralising training to be considered as part of Corporate Review		COMPLETE - REVIEW OF SFIS, OPERATIONAL SCHEMES OF DELEGATION, AND USER ACCESS/LIMITS ONGOING; NON-PAY DISCRETIONARY PANELS; MEETING WEEKLY; EXPENSES REVIEW GROUP ESTABLISHED TO REVIEW NON-ORACLE EXPENDITURE ROUTES.
70	All	Non-Pay - requisitioning	Requisitions are currently raised and approved by a significant number of Health Board users across the Health Board, with Pos being raised by NWSSP. There is no minimum order value.	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.		Finance/site leadership	31.5.2019			Procedures are in place to remove leavers and inactive users from Oracle. As noted above procedures are in place to route requisitions coded to specified subjective codes to relevant Executives. More work is being done to profile and assess the effectiveness of user hierarchy and set-ups in each business area, and to identify appropriate areas for improvement. This is being done in conjunction with the individual business areas with beta testing of systems in September. As noted above progress is being made on automatic two-way matching as an all Wales P2P initiative, recognising the governance risks in general and in relation to specific high-risk suppliers. UPDATE: Updated Operational Schemes of Delegation for each division have now been published. Kick-off working group meeting to roll out their effective operationalisation is now being organised.	N		COMPLETE - REVIEW OF SFIS, OPERATIONAL SCHEMES OF DELEGATION AND USER ACCESS/AUTHORITIES UNDERWAY.

KEY

TAKEN UP IN NEW GRIP AND CONTROL CHECKLIST

Actions arising out of PwC financial baseline report

PwC Rec Number	Area	Observations	Recommendations	Priority	Difficulty	Actions	Responsible LEAD EXECs	Timescale	Relative Importance to Total potential Saving or Financial Impact	Progress As at 19 July	Additional Resource required to achieve timescale?	FINAL STATUS
	Multi-year recovery plan	The Board should develop a multi-year recovery plan to address the underlying position and develop long-term, transformational recovery plans.		HIGH	HIGH	1. Establish central infrastructure for Service and Productivity Improvement to enable collation of current state improvement/reviews/business case schemes/programmes 2. Map benefits realisation qual and quan across current state schemes/programmes (inc. confirm and challenge) 3. Map dependencies eg investment required across current state schemes 4. Identify gaps in current state from future state requirement i.e. end point at 2022 5. Develop plans to bridge gaps (including feeding into Clinical Strategy and where necessary review of 3 year plan)	1. SG/MW/SH 2. SH/SG/MW 3. MW/SH 4. SH/SG/MW 5. SH/SG/MW	1. 01/07/19 2./3. 01/08/19 4. 01/08/19 5. 30/09/19	HIGH	1. 1. Structure developed and plan in place to transfer staff/resources 1/7/19. Seeking interim support for the two Associate Director posts to establish systems and leadership for transfer. Case made for additional investment following review of capacity by PwC. The Board has a three year transformational plan which ill be reviewed / reconfirmed at the July Board. Current areas of focus for plan improvement include RTT planning, and ensuring the plan meets our recovery objectives. PMG approved terms of reference for Improvement Groups include delivery of savings schemes within their areas, although few are fully operational yet. UPDATE: Approach to planning for 20/21 and beyond currently underway in context of recovery.	No immediate resource requirement but longer term will need to consider potential requirement for investment in a range of potential areas e.g. OD, project management, IT etc.	CLOSED AND PICKED UP UNDER ONGOING PLANNING
	Financial improvement & change	The Board should consider whether it needs a stronger focus on financial improvement and how to raise the focus and profile of the savings programme throughout the organisation.		HIGH	Medium	1. Finalise BCU approach to driving cost reduction, specifically: (a) Our requirement for an external Turnaround Director for a period of between 6 - 12 months (b) The level of resource required in the PMO. 2. Ensure an appropriate communication plan is in place to maximise the opportunity offered by the PwC review to galvanise action and focus	1. GD 2. GD/SG	1. 24/05/19 to finalise approach then, dependent on decision and resource required, implementation ASAP 2. Comms programme to commence week beginning 27/5/19	HIGH	1a. Recovery Director appointed for 9 months commencing 1st July 1b. Capacity reviewed and revised structure developed as per action above. 2. Longer term communication and Engagement plan under development for review by ET/FRG/EMG in next 2 weeks Delivery Framework workshops held by PwC. Outputs due w/c 17th June UPDATE: Recovery Director started, and putting recovery arrangements in place. Comms and engagement to follow once arrangements finalised and 19/20 plan confirmed by Board.	Both TD and PMO have potential resource implications both would be a spend to save and a review of existing resources/investment s will be needed to free up funding.	CLOSED AND PICKED UP UNDER FINANCIAL RECOVERY PROGRAMME
	Drivers of the deficit	The Board has an understanding of the key areas driving the underlying deficit, but has not undertaken a comprehensive exercise to understand what aspects are within its control or not.	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.	Medium	Medium	The drivers behind the underlying position are not an output from the PwC programme of work, but the Health Board will undertake this analysis, based on a PwC project with Barking, Havering And Redbridge University Hospitals NHS Trust a. Action: David to introduce Sue to the DoF b. Action: Sue to produce a report on the Deficit Drivers – mid June	SH	14/06/2019	HIGH	This analysis is scheduled for July and is underway.	N	REVIEW BEING EXTENDED TO ASSESS DETAILED FINDINGS FROM EARLY RECOVERY ACTIONS, WITH TOUCH POINT INTO PLANNING PROCESS. DRAFT WILL BE COMPLETE BY END OF AUGUST.
	Financial information	The rolled-forward baseline budget is adjusted for the impact of non-recurrent historical items and the full-year effect of cost pressures. However this approach does not facilitate and encourage action to address recurrent areas of overspend, which are effectively included within the rolled-forward budget.	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.	HIGH	Medium	The HB is reviewing its budgeting process as part of the financial improvement agenda. This will be agreed at F & P.	SH	01/09/2019	HIGH	Financial and operational planning for 20/21 commences on 19 June with a planning workshop. A paper will be presented to F&P in July seeking support for a set of planning principles, which will incorporate a review of the budgeting process. UPDATE: Paper being taken to July F&P meeting.	N	CLOSED AND TAKEN UP UNDER PLANNING. PLANNING PRINCIPLES PAPER TABLED AT F&P IN JULY.
		The Board should be clear that the recurrent position is understood and challenged appropriately as part of the planning process and update its understanding of the underlying position regularly throughout the year.	The Board should consider reporting on: - the monthly run-rate and underlying performance; and - regular forecasting and business planning updates, including key allocation and budget movements (in line with the recommendation above re allocations).	HIGH	Medium	The HB are reviewing and will be recommending improvements to the quality and relevance of financial reporting to F & P.	SH	30/06/2019	Medium	The Health Board has improved the analysis around the underlying deficit and has been progressing this in conjunction with the FDU. UPDATE: Detailed discussions have taken place with FDU about the Health Board's analysis of underlying position. Current assessments are being taken forward in the planning updates for 19/20 being considered by the Board in July. Planning assumptions for 20/21 will need to challenge financial baselines brought forward from earlier periods.	N	CLOSED AND TAKEN UP UNDER ONGOING PLANNING AND REPORTING UNDER RECOVERY PROGRAMME.
	Funding and allocations	The Board spent £19.5m on managing performance targets in FY18/19. The Board received funding for the majority of this from WG. At this stage, we have seen no plans to indicate this will continue at the same value, or at all.	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.	HIGH	HIGH	The Health Board are discussing RTT performance and funding on an ongoing basis with WG and are improving the internal process and reporting of RTT spend. We are also developing an operational plan with the intention of gaining WG approval and funding.	MW/SH	30/06/2019	HIGH	Assurances of funding in 2019/20 have been received from Welsh Government and spending proposals are being developed and implemented on this basis. Activity and financial planning is now more aligned. C. 40 percent of our RTT challenge is within orthopaedics - detailed and costed plans are going through board governance before end July. C. 90% of our diagnostics challenge is endoscopy and a similar approach is in place. Detailed work is underway with Hospital MDs to agree core capacity, activity implication of additional one off spending year to date, and the consequent overall RTT plan.	Agreement on resources will be required with WG. The Health will need to maximise its own efficiency and productivity.	DETAILED PLAN BEING DISCUSSED AND FINALISED WITH WG, WITH RELATED FINANCIAL FORECASTS AND BUDGETARY ARRANGEMENTS, BUT WE ARE HOPEFUL OF AGREEING A FULL-YEAR VALUE BY SEPTEMBER. SPEND NUMBERS ARE REPORTED TO F&P EACH MONTH

		<p>The initial allocation increased by £88m in FY18/19. The Board did not know the full extent of funding available at the start of the financial year per the opening allocation. This reduces the effectiveness of the Board to 'own' its financial plan. Tracing the key movements throughout the year is challenging, as allocation is often coded to reserves initially to ensure this is then matched to appropriate expenditure and budgets per the general ledger are changed throughout the year. This may lead to difficulty in creating an accurate financial plan due to uncertainty around timing and value, or result in a lack of clarity around budgets.</p>	<p>The Board should consider its core capacity requirements to manage waiting lists and consider what sustainable changes may be required to manage performance targets.</p>	HIGH	HIGH	<p>The Health Board are discussing RTT performance and funding on an ongoing basis with WG and are improving the internal process and reporting of RTT spend. We are also developing an operational plan with the intention of gaining WG approval and funding</p>	MW/SH	30/06/2019	HIGH	<p>The Health Board is developing both a core capacity model and a comprehensive RTT activity and cost business case by specialty for 2019/20</p>	N	<p>DETAILED PLAN BEING DISCUSSED AND FINALISED WITH WG, WITH RELATED FINANCIAL FORECASTS AND BUDGETARY ARRANGEMENTS, BUT WE ARE HOPEFUL OF AGREEING A FULL-YEAR VALUE BY SEPTEMBER. SPEND NUMBERS ARE REPORTED TO F&P EACH MONTH</p>
			<p>The Board should also consider carrying 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.</p>	HIGH	Medium	<p>The discipline around revenue allocations will be reviewed and actioned as part of the financial improvement programme</p>	SH	30/06/2019	LOW	<p>The Management accounting team are developing a suite of consistent processes and improved relevance and quality of financial reporting in conjunction with transacting the new plan once approved and related budgets.</p>	N	<p>UNDER CONSIDERATION IN CONJUNCTION WITH PLANNING FOR 2019/20</p>
	Forecasting and accruals	<p>Non-pay</p> <ul style="list-style-type: none"> • M12 non-pay expenditure is higher than FY18/19 average by c.£18.7m, an increase of c30%. 	<p>The accuracy of forecasting and accruals should be considered given the significant increase of non-pay expenditure in M12.</p>	Medium	Medium	<p>The discipline and consistency around accruals will be reviewed and actioned as part of the financial improvement programme</p>	SH	30/06/2019	Medium	<p>The Health Board is developing a more streamlined forecasting tool in order to improve the accuracy of the financial forecast and the quality of management information in conjunction with transacting the new plan once approved.</p> <p>UPDATE: The Health Board is also involved with a national forecasting improvement initiative.</p>	N	<p>ONGOING DISCUSSIONS WITH WG REGARDING ALL-WALES FORECASTING APPROACH. INTERNAL FORECASTING BEING ALIGNED WITH RECOVERY PROGRAMME AND MONITORING.</p>
			<p>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.</p>	Medium	Medium	<p>The explanation and detail provided around accruals will be reviewed and actioned as part of the financial improvement programme</p>	SH	30/06/2019	Medium	<p>The Health Board is developing a more streamlined forecasting tool in order to improve the accuracy of the financial forecast and the quality of management information.</p> <p>UPDATE: central finance are also monitoring accruals levels across the organisation on a monthly basis.</p>	N	<p>AS ABOVE. ACCRUALS MONITORING IS UNDERWAY AND BEING FLEXED FOR ONGOING OPERATIONAL CHANGES EG INTRODUCTION OF AUTOMATIC PROCESS WITHIN AGENCY BILLING</p>
	Financial planning	<p>The FY19/20 financial plan does not include all known operational pressures, most crucially the ongoing costs of waiting list activity.</p> <p>This suggests a lack of clarity over priorities, especially where performance targets are continually expected to be met alongside financial targets.</p>	<p>The budget setting process including approving and rejecting of cost pressures and savings plans should include operational engagement.</p>	Medium	Medium	<p>The budget and planning process for 20/21 will be reviewed and agreed by a sub group of the F&P</p>	SH/MW	30/09/2019	Medium	<p>Financial and operational planning for 20/21 commences on 19 June with a planning workshop. A paper will be presented to F&P in July seeking support for a set of planning principles.</p>	N	<p>TAKEN UP AS PART OF PLANNING PROCESS FOR 2019/20</p>

		<p>The plan discusses areas of opportunity for savings, and refers to ensuring the wider impact of planned recurrent savings is reflected, e.g. service disinvestment or restructure. However, there is little information of how the transformation and savings programmes will be aligned to long term financial plans.</p> <p>• We found little information regarding activity or demand/capacity planning within the plan. This may occur alongside financial planning but this should be clearly and transparently linked to financial plans for the organisation to understand its financial position fully.</p>	<p>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.</p> <p>The Board should ensure that it understands the true cost of delivering services and that financial plans fully and accurately reflect this.</p>	Medium	Medium	<p>Evaluation of 2019/22 planning process underway. Timetable for 2020/23 integrated financial and operational planning to June 19 Finance and Performance Committee. Planned care core capacity baselines by hospital and specialty being signed off as part of 2019/20 RTT planning. This will provide a fixed point against which further changes in activity and funding can be considered together. The Executive Directors have considered the existing Health Board structure and how best to maximise the benefits of integrated working, whoch will be discussed with the full Board to agree a way forward.</p> <p>The budget and planning process for 20/21 will be reviewed and agreed by a sub group of the F&P</p>	SH/MW	30/09/2019	Medium	<p>See above for 2020/21 planning. Improvement Groups have an explicit financial focus and provide a mechanism to drive pan BCU thematic cost improvement.</p>	N	TAKEN UP AS PART OF PLANNING PROCESS, INCLUDING PARTICIPATION OF IMPROVEMENT GROUPS IN RECOVERY AND ONGOING IDENTIFICATION OF SAVINGS OPPORTUNITIES AND OTHER IMPROVEMENTS.
		<p>Types of care (e.g. secondary, primary, mental health) are operated as separate financial areas and there is currently no requirement to develop integrated financial plans. Some divisions may work closely with others, but there appears to be no structured approach to ensuring an overall financial strategy across divisions, which ensures consistent methods are utilised across all. This makes it difficult to understand the true cost of services and generate system-wide strategic plans which are underpinned with financial planning.</p>	<p>The Board should also consider how to 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.</p>	Medium	Medium	<p>Health economy plans being developed for the first time in 2019/20 and are prompting new conversations. Plans for 2020/23 to be built on health economy plans. Improvement Groups under the direction of the Portfolio Management Group will lead the implementation of our plans and strategies in their respective areas including the identification and delivery of major cost improvement projects. The capacity and capability for planning and performance management across BCU is currently under review</p> <p>The budget and planning process for 20/21 will be reviewed and agreed by a sub group of the F&P</p>	MW/SH	30/09/2019	Medium	<p>Health economy plans have been received and are currently under evaluation. Accountability reviews also have a health economy focus. Some evidence this is driving new behaviours and approaches to more integrated working.</p> <p>UPDATE: The approach to health economy plans is addressed in the planning approach assumptions paper being prepared for Committee in July.</p>	N	TAKEN UP AS PART OF ONGOING PLANNING.
	Accountability for budget management	<p>The actual outturn within the most current plan varied significantly, primarily due to under-delivery against the 'turnaround' savings target.</p> <p>• The true levels of expenditure throughout FY18/19 have been offset by large underspending on ringfenced or specific funding. This may indicate that budget holders are not fully held to account for managing expenditure (both under and overspends) within allocated budgets. The Board should be clear on how it manages responsibility and accountability for budgets at all levels.</p>	<p>The Board should review its accountability framework and consider how it holds budget holders to account for delivering under and overspends.</p>	Medium	Medium	<p>A number of recent changes have been made to the accountability framework. These need to be given time to embed themselves, alongside a range of other measures that have already been put in our are being considered (e.g. external Turnaround Director). Review effectiveness of accountability framework.</p> <p>The accountability framework will be reviewed and refined as part of the delivery framework developed following our work with PWC</p>	GD/MW/SH	30/09/2019	HIGH	<p>The accountability reviews will be evaluated after the next round of meetings in early autumn. A revised accountability framework will be presented to the finance and performance committee.</p>	N	THIS IS NOW BEING MANAGED THROUGH THE RECOVERY PROGRAMME WITH FORTNIGHTLY MEETINGS WITH ALL DIVISIONS.
	Immediate cost control	<p>The Board has identified £4.2m of its target of £9.5m cost avoidance schemes, with a risk adjusted value of £1.9m. The organisation has been proactive in delivering 'quick win' actions to improve this value.</p>	<p>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.</p>	HIGH	Medium	<ol style="list-style-type: none"> 1. Grip and Control plan developed with engagement with key Execs 2. Quantification of benefits undertaken and agreed 3. Delivery Plan in place and monitoring arrangements in place 	SG Pay SH Non Pay	<ol style="list-style-type: none"> 1. 10/05/19 2. 17/05/19 3. 24/05/19 	HIGH	<ol style="list-style-type: none"> 1. Grip and Control developed and progressing against deadlines. (subject to separate report to FSG) 2. Quantification of benefits developed and agreed in terms of enabler for overall workforce optimisation schemes. 3. Delivery plan in place and on track with weekly reporting continuing. <p>UPDATE: Refere to the latest position on the savings pipeline and the staus of schemes and pipeline.</p>	Set out in Grip and Control Plan	COMPLETE - PICKED UP UNMDER RECOVERY PROGRAMME
	Development of savings programme	<p>The Board has identified £15.3m of its target of £25m cash releasing savings, with a risk adjusted value of £5.1m. This is a significant risk to the delivery of the FY19/20 plan. The Board must take rapid action to improve its savings programme.</p>	<p>The Board should prioritise improvements to its savings programme, including the governance and framework surround these (with reference to the work currently being undertaken by PwC).</p>	HIGH	HIGH	<p>The accountability framework will be reviewed and refined as part of the delivery framework from PWC.</p> <p>Continue to develop the Board's savings programme and work with PWC to identify opportunities to meet the full savings requirement of £34.5m .</p> <p>Finalise BCU approach to driving cost reduction, specifically: (a) Our requirement for an external Turnaround Director for a period of between 6 - 12 months (b) The level of resource required in the PMO.</p>	SH	Work with PWC as per agreed schedule of dates/outputs	HIGH	<p>This has progressed significantly during June and both the Finance Savings sub group and the Financial Recovery Group are supporting the delivery of savings.</p> <p>UPDATE: Refere to the latest position on the savings pipeline and the staus of schemes and pipeline.</p>	Both TD and PMO have potential resource implications both would be a spend to save and a review of existing resources/investment s will be needed to free up funding.	COMPLETE - PICKED UP UNMDER RECOVERY PROGRAMME

	<p>PMO governance</p> <p>Robust governance arrangements and clear roles and responsibilities</p>	<ul style="list-style-type: none"> • The PMO team's role and remit in driving transformation is predominantly administrative • The current resource within the team is minimal, which impacts the PMO team's ability to dedicate support to scheme authors. • The process by which schemes are appraised by the PMO is subjective and would benefit from clarity and for guidance to be circulated to divisional management and scheme authors. • The PMO has only recently set up an assurance forum (Savings Programme Task Group) which should provide independent oversight and assurance on the progression of schemes although this is still in its infancy. 	<p>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.</p>	HIGH	Medium	<p>1. Finalise BCU approach to driving cost reduction, specifically: (a) Our requirement for an external Turnaround Director for a period of between 6 - 12 months (b) The level of resource required in the PMO.</p>	GD	24/05/19 to finalise approach then, dependent on decision and resource required, implementation ASAP	HIGH	<p>1. Recovery Director appointed for 9 months commencing 1st July</p> <p>1b. Capacity reviewed and revised structure developed as per action above.</p> <p>Financial recovery Group Established chaired by Director of Finance and Vice Chair Director of Workforce & OD (as Improvement/DMO lead)</p> <p>UPDATE: Recovery Director has proposed arrangements for recovery.</p>	<p>Both TD and PMO have potential resource implications - both would be a spend to save and a review of existing resources/investments will be needed to free up funding.</p>	COMPLETE - PICKED UP UNMDER RECOVERY PROGRAMME
			<p>Build on WG guidance to provide further clarity to divisions on what is expected for a scheme to be rated as "Green" or "Amber".</p>	HIGH	Medium	<p>Further guidance to be developed</p>	SH	31/05/2019	HIGH	<p>The WG guidance has been distributed to divisions and a summarised version has been produced and shared with CFOs to cascade as appropriate.</p> <p>UPDATE: Additional guidance is being promoted through the Improvement Groups.</p>	N	COMPLETE
	<p>PMO Governance</p> <p>Detailed plans and rigorous reporting</p>	<ul style="list-style-type: none"> • The PMO faces persistent challenges over PID and project plan quality, along with the quality of financial and activity analysis provided. • A significant portion of the schemes are also dependent on reviews and future analyses. Following best practice, the review which explores the savings potential of a scheme needs to be done ahead of scheme submission in order to provide an evidence base which can be linked to a financial value. 	<p>Ensure that PMO issued guidance recommends that any reviews or further analysis is conducted ahead of scheme submission. This should be central to underpinning the financial evidence outlined within the PID.</p>	Medium	Medium	<p>Revise guidance on PMO submission and assessment. Enhance management sign off of submissions to include underpinning evidence. Provide training to operational teams to support schemes development</p>	GL/SH	Guidance updated by 31/5/19	Medium	<p>The Reporting process has been upgraded and improved and we will continue to streamline processes and accessibility.</p> <p>UPDATE: Refer current status of schemes and pipeline.</p>	N	COMPLETE - NEW RECOVERY ARRANGEMENTS IN PLACE
	<p>PMO Governance</p> <p>Good engagement process</p>	<ul style="list-style-type: none"> • Although there is clear evidence of PMO engagement with relevant stakeholders, given resourcing challenges within the PMO team the capacity to provide engagement across the organisation is thin. This involves members of the team covering numerous divisions which impacts the team's capability to provide dedicated support where this is needed. • The operational pressures which are currently being faced by the Board mean there is limited clinical and operational capacity to develop savings schemes. This is compounded by the reliance on interims/agency posts and management vacancies. 	<p>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.</p>	Medium	Medium	<p>Finalise BCU approach to driving cost reduction, specifically: (a) Our requirement for an external Turnaround Director for a period of between 6 - 12 months (b) The level of resource required in the PMO.</p>	GD	Comms programme to commence week beginning 27/5/19	Medium	<p>Revised structure and approach for Improvement and DMO aimed at addressing observations. In addition communication and engagement programme under development should provide the narrative to support the development of efficiency and productivity programmes</p>	N	COMPLETE - NEW RECOVERY ARRANGEMENTS IN PLACE

	<p>PMO Governance</p> <p>Strategic alignment</p>	<ul style="list-style-type: none"> The PMO team reports on schemes based on relevant classifications (i.e. transactional or transformational and whether they align with the strategic objectives). The Improvement team (which also sits under the Turnaround Director) focuses on generating future pipeline schemes which are transformational and which will deliver savings, although this approach is still in its infancy. Given the challenges outlined above, the organisation has limited capacity to focus on developing transformational schemes. 	<p>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.</p>	HIGH	Medium	<p>Revised approach to driving service improvement and cost reduction to be delivered as agreed at RATs. Finalise BCU approach to driving cost reduction, specifically: (a) Our requirement for an external Turnaround Director for a period of between 6 - 12 months (b) The level of resource required in the PMO.</p>	GD		HIGH	<p>Revised structure and approach for Improvement and DMO aimed at addressing observations. In addition Communication and engagement programme under development should provide the narrative to support the development of efficiency and productivity programmes</p>	<p>Both TD and PMO have potential resource implications - both would be a spend to save and a review of existing resources/investments will be needed to free up funding.</p>	COMPLETE - NEW RECOVERY ARRANGEMENTS IN PLACE
	<p>PMO Governance</p> <p>Providing challenge and support</p>	<ul style="list-style-type: none"> The PMO does provide advice and supports the divisional management and scheme authors, although due to capacity issues the quality of this support is varied. It is not clear to what extent the PMO function applies the necessary pressure to divisional management in order to develop red rated schemes and identify further schemes to fill the gap between pipeline value and target. 	<p>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.</p>	HIGH	Medium	<p>1. PMO reporting to be included within the accountability process for Divisions to ensure focus and prominence. 2. Weekly PMO programme review meetings with Divisional Directors to ensure scheme development and delivery. 3 appropriate escalation arrangements in place with Executives to address delivery concern.3 Finalise BCU approach to driving cost reduction, specifically: (a) Our requirement for an external Turnaround Director for a period of between 6 - 12 months (b) The level of resource required in the PMO.</p>	GD	31/05/2019	HIGH	<p>The Financial Recovery Group is providing further scrutiny of challenge and support to the operational teams. UPDATE: The Recovery Director has also commenced at the Health Board.</p>	<p>Both TD and PMO have potential resource implications - both would be a spend to save and a review of existing resources/investments will be needed to free up funding.</p>	COMPLETE - NEW RECOVERY ARRANGEMENTS IN PLACE
	<p>PMO Governance</p> <p>Risk management</p>	<ul style="list-style-type: none"> We did not observe a consistent framework for monitoring and reporting on risks associated with scheme slippage. Based on the information received, guidance on this was not provided in the WG risk stratification tool. We also did not see any evidence that RAG ratings for approved schemes affected the weighted pipeline value. This is recognised as best practice as it enables the PMO team to rapidly report on slippage and ensure mitigating actions are taken. This is also not covered in the WG guidance. 	<p>Produce a risk management framework for reporting savings delivery slippage, and ensure this is reflected within the savings tracker</p>	HIGH		<p>1. Develop a risk management and reporting framework. 2. Ensure weighted pipeline value approach adopted in developing the revised savings programme with PWC (GL 14.05.19)</p>	SH	1. 31/5/19 2. 30/6/19	HIGH	<p>Revised structure and approach for Improvement and DMO aimed at addressing observations. A change in process re Financial recovery Group signing off schemes will provide an additional scrutiny pre implementation of a Gateway management approach</p>		COMPLETE - NEW RECOVERY ARRANGEMENTS IN PLACE
	<p>Investments</p>	<p>The Board has a business case template and guidance, however this does not appear to have been consistently followed for items included in the FY19/20 plan. This guidance does not outline the key stages to approval or how the Board strategically assesses investments.</p>	<p>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.</p> <p>This should include a clear process for holding project leads to account, clear viability criteria and routes for approval</p>	Medium	Medium	<p>A draft schedule of revenue and capital business cases is now in existence and will be shared with Executives - June. May F&P is received a detailed report confirming the governance behind new investments in the interim 2019/20 Annual Plan. The business case process has recently been reviewed by internal audit and an action plan has been developed. A further revision will reflect best practice in Welsh NHS and will be presented to F & P</p>	MW/SH	31/07/2019	Medium	<p>All these actions are on track.</p> <p>UPDATE: As part of the action plan addressing the Internal Audit, the organisation's various guidance on business cases will be reviewed, refreshed and relaunched, together with an overarching framework documents which clarifies the various scenarios when BCs are required.</p>	N	WE ARE ADOPTING A REVISED BC PROCESS WHICH WILL BE LIVE FROM 1 SEPTEMBER.

		There seems to have been little proactive business planning throughout the year. This makes it difficult for the organisation to effectively plan its investment strategy and manage the process continually. The Board has recognised the need to strengthen its approach in line with the recently appointed director of planning.	The Board should consider attribution of ring fenced funding towards its intended requirement and making best use of project plans and milestones to understand the benefit delivery	Medium	Medium	The budget and planning process for 20/21 will be reviewed and agreed by a sub group of the F&P	MW/SH	30/09/2019	Medium	Financial and operational planning for 20/21 commences on 19 June with a planning workshop. A paper will be presented to F&P in July seeking support for a set of planning principles.	N	TAKEN UP IN PLANNING. PAPER SUBMITTED TO F&P IN JULY COVERING PLANNING PRINCIPLES. EARLY RECOVERY ACTIONS TO INFORM PLANNING.
		The lack of evidence of governance around investments in the FY19/20 plan demonstrates a clear issue in the ability for the Board to make informed decisions, which could lead to investment without appropriate strategic, financial or quality assessment		Medium	Medium	Report to May Finance and Performance Committee (MW 14.05.19) The discipline and consistency around the prioritisation and approval of investments will be reviewed and actioned as part of the financial improvement programme (SH 14.05.19)	MW/SH	30/06/2019	Medium	Report presented and approved at May F&P committee. UPDATE: Revision of business case templates and guidance underway, and will support good governance.	N	WE ARE ADOPTING A REVISED BC PROCESS WHICH WILL BE LIVE FROM 1 SEPTEMBER. SPECIFIC GUIDANCE WILL BE INCLUDED FOR INVESTMENTS.
		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.		Medium	Medium	The discipline and consistency around SFIs and the scheme of delegation will be reviewed and actioned as part of the financial improvement programme	SH/MW	30/06/2019	Medium	The Health Board has consulted with other Health Boards to benchmark the relevance and appropriateness of the SFIs and review of its application will now be integrated into the action plan UPDATE: Following the publication of new Operational Schemes of Delegation, a working group is being established to confirm that consistent and effective operational arrangements are in place across the divisions.	N	SFIS HAVE BEEN BECHMARKED AGAINST OTHER HEALTH BOARDS AND ARE CONSISTENT. APPLICATION WILL ALSO BE SCRUTINISED UNDER THE FINANCIAL RECOVERY PROGRAMME.
		We noted 3 sampled items were all reflective of increased pressures in FY18/19. Without sufficient supporting evidence, it is not possible to agree whether these have been appropriately included as investments or fit the requirements for 'Healthier Wales' funding.		Medium	Medium	The business case and planning processes will be further integrated for the 20/21 budgeting cycle.	SH/MW	30/06/2019	Medium	A draft planning timetable is being presented to F&P in July. UPDATE: BC templates and guidance is also being reviewed.	N	TAKEN UP UNDER THE NEW BC PROCESS THAT WILL BE LIVE FROM 1 SEPTEMBER, AND UNDER ONGOING PLANNING.
		We were unable to comment on larger scale transformational programmes, including Care Closer to Home, as no evidence was available. However, the Board should ensure it has appropriate mechanisms for holding partners to account for investment governance and return.		Medium	Medium	An Improvement Group is being established on Care Closer to Home (May 19) under the overall direction of the Portfolio Management Group. This will include local authority partners. The discipline and consistency around the prioritisation and approval of investments will be reviewed and actioned as part of the financial improvement programme.	MW/SH	30/06/2019	Medium	The terms of reference for the Improvement Group have been approved by the Portfolio Management Group.	N	THE BC PROCESS WILL INCLUDE A POST IMPLEMENTATION APPRAISAL PROCESS. ONGOING MONITORING OF PLANNING OBJECTIVES IS BEING SCRUTINISED THROUGH F&P AND WILL BE REVIEWED UNDER THE NEW RECOVERY ARRANGEMENTS AND WITH THE INVOLVEMENT OF IMPROVEMENT GROUPS.

Finance and Performance Committee	 GIG Cymru NHS Wales Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
22.8.19	<i>To improve health and provide excellent care</i>

Report Title:	Financial Recovery Group Report – Month 4 2019/20
Report Author:	Mr Phillip Burns, Interim Recovery Director
Responsible Director:	Mr Gary Doherty, Chief Executive
Public or In Committee	Public
Purpose of Report:	To update the Committee with regard to progress in the financial recovery programme including identification of savings schemes to meet the requirements of the Board's financial plan and report actual delivery.
Approval / Scrutiny Route Prior to Presentation:	This paper has not received previous scrutiny.
Governance issues / risks:	Through this programme of work, the organisation needs to manage and reduce financial risks taking due cognisance of our commitment to quality and safety. Achievement of the Board's savings programme is critical to delivery of the financial position in 2019/20.
Financial Implications:	As described in the paper.
Recommendation:	The committee are asked to note the contents of the report.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
This paper relates to all areas of the Special Measures Improvement Framework.			
Equality Impact Assessment			

*Disclosure:**Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

Financial Recovery Group Report

Month 4 2019/20

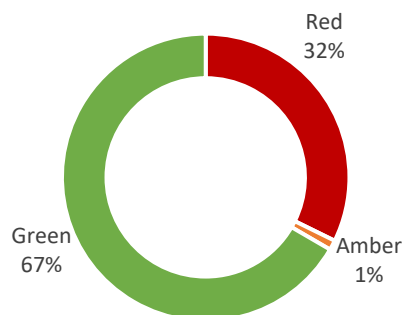
Cost savings summary

Source: BCUHB PMO tracker

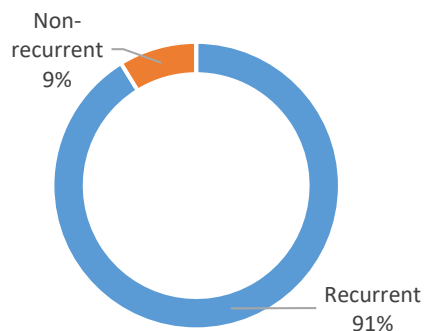
£000	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total	Target	Variance
Current position as at Month 4 *	7,823	267	1,694	14,459	24,242	35,000	(10,758)

* **Note:** Monthly movement will be reported going forward using the new definitions as set out below.

Savings risk assessment



Recurrent / non recurrent



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

Month 4 performance of projects in delivery by Area *

Source: BCUHB PMO tracker

£'000s	In Mth Plan*	In Mth Actual	In Mth Variance	YTD Plan*	YTD Actual	YTD Variance
Area - Centre	304	270	(34)	1,037	1,164	127
Area - East	498	621	123	1,184	1,295	111
Area - Other	12	12	-	49	49	-
Area - West	163	224	62	598	832	233
Contracts	12	12	-	42	42	-
Corporate	321	316	(5)	756	744	(13)
MHLD	57	41	(15)	130	88	(41)
Provider - NW	57	78	22	143	172	29
Provider - YG	53	46	(7)	198	197	(1)
Provider - YGC	53	67	14	114	156	41
Provider - YMW	55	94	40	182	224	42
Women's	15	57	42	60	156	96
Grand Total	1,598	1,839	241	4,492	5,119	626

*includes schemes "Scheduled to deliver" and "In delivery / delivered" (ie. all schemes rated "Green" in the development stage)

Cost savings narrative (1 of 2)

What have we done well

- Established the Financial Recovery Group with agreed terms of reference and Executive/IM membership on a fortnightly cycle. Associated reporting is being provided to members on a weekly basis.
- Communication of new financial recovery arrangements issued by CEO.
- Established divisional review meetings with reporting to support these also put in place.
- Discretionary spend review panel is now in place and conducted on a weekly basis with the Recovery Director, procurement and finance input (first panel held 31 July 2019). Recovery Director and Finance maintaining watching brief to ensure controls cannot be circumvented.
- Established a pay control (VAP/WAP) process with a weekly executive panel to provide oversight and challenge to pay spend.
- Plan to introduce a vacancy sweep of the year to date month 4 position, with removal of underspend in vacant posts (not being back filled). Note this is only applicable for year to date underspends and is not applied prospectively.
- Commenced a review of the business case process to improve scrutiny of cost benefit of business cases (led by Finance).
- Established a Task and Finish group to target areas where grip and control (G&C) can be improved. This is being led by the Recovery Director and Deputy Director of Finance for a 6 week period, using the NHSI G&C checklist. Relevant areas for improvement are being shared with Executives to action and report back.
- Conducted a PID review alongside ongoing data validation to provide assurance to the recovery programme (led by PMO).
- Recovery plans have been requested from the Divisions, Directorates and Corporate departments to facilitate idea generation and run rate reduction.
- Reviewed all Improvement Group (IG) terms of reference (TOR), resulting in need for further revision in light of the Recovery Programme Framework, placing revised responsibilities on the IG and Executives who chair them. All IG Chairs communicated and supported all changes in respect of the TOR revisions, standard agenda and governance arrangements.

Cost savings narrative (2 of 2)

Where we need to focus

- Develop and progress existing schemes, with a sharp focus on subsequent delivery.
- Grow the savings pipeline to help mitigate any slippage in year.
- Divisions/Areas/IGs to produce and progress plans at pace to close their current gaps (cost savings and reduction in run rate). The Recovery Director has tasked management teams to develop their plans and will continue to drive this at pace through divisional review and IG meetings. Recovery plan ideas received from Divisions will be reviewed and converted into tangible opportunities and PIDs. This includes implementing task and finish groups across the three regions to work on early supported discharge to reduce escalation beds.
- Improvement Groups are in their infancy and need to focus on financial recovery as well as longer term transformational / service improvement schemes.
- Comprehensive staff engagement and consideration of 'ideas generation' events to grow the savings pipeline and mitigate slippage.
- Review withdrawn/rejected schemes to reassess their viability and review current non cash-releasing schemes to assess which can be made them cash releasing.
- For month 5, will identify c.£5-10m of schemes to bridge the savings gap through the above actions which will require rapid development and approval during month 6. Aiming for conversion of current schemes to green of c.£1m-3m.

Our key risks, issues and mitigations

- The ongoing PID review and assurance may impact on the value of the programme. This will be mitigated by fast, remedial action by project leads, with PMO/Programme support, to ensure that schemes are assured.
- Staff annual leave in Month 5 will impact on programme pace. Need to maintain established governance and processes to keep up momentum.
- Divisions/Areas/Improvement Groups fail to identify, develop and deliver the additional £10m required in-year at pace. The divisional review process and related local plans, as well as clear Executive expectations and accountability (particularly through the IGs) will help to mitigate this.



Report Title:	External Contracts Update – August 2019
Report Author:	Mrs Val Attwood, Associate Director of Contracting
Responsible Director:	Mrs Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide an update on the Contractual position of external 'Health Care' contracts (excluding primary care contracts) each quarter. The previous report providing the Quarter 4, 18/19 performance was presented to the May Committee and this update is for Quarter 1 of 2019/20
Approval / Scrutiny Route Prior to Presentation:	The Executive Director of Finance has requested a quarterly update of performance to the Finance and Performance (F&P) Committee. This paper has been approved for circulation by the Acting Executive Director of Finance
Governance issues / risks:	<p>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.</p> <p>The report focuses on the performance of the main external healthcare contracts but also provides the F&P Committee with an overview of the contractual developments of other external healthcare contracts. It also highlights key activity undertaken towards formalising and standardising all patient care contracts across the Health Board.</p>
Financial Implications:	The financial position on external healthcare contracts for 19/20 to Month 3 is an £83k underspend against plan.
Recommendation:	<p>The Committee are asked to:</p> <ul style="list-style-type: none"> • note the introduction of a clinical quality update to QSG • note the financial position on the main external contracts at June 2019 and anticipated pressures • note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity • note the challenges faced due to staff turnover.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>		WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper The report does not specifically address any of the special measures requirements however the effective management of healthcare contracts is an important element in building confidence in the Health Boards governance of externally commissioned services.			
Equality Impact Assessment There is no change of policy or funding in relation to this paper therefore no EqIA is required.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v10.0



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

External Contracts Update

August 2019

Mrs Sue Hill

Acting Executive Director of Finance
Betsi Cadwaladr University Health Board

1. Purpose of the Report / Executive Summary

- 1.1 BCU commissions healthcare with a range of providers, via circa 529 contracts, to a value of approximately £344m. 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 1 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 1 2018/19 was balanced which now 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 and some local contract adjustments following successful contract challenges. This underperformance is forecast to continue and slightly increase to year end.
- 1.6 There are some issues of note with the main external contracts and specifically for the Countess of Chester Hospital in terms of significant media interest associated with the closure of their hospital to Welsh referrals from 01 April 2019 and Shrewsbury and Telford Hospital due to action taken by Regulators.
- 1.7 We are also seeing increasing activity in a number of other external providers which is in part due to increasing numbers of major trauma patients and includes an increase in semi specialist Neuro-rehabilitation (which is required following an acquired brain injury).
- 1.8 The Health Board continues to engage fully in the WHSSC work and has been actively involved in the development of the new Integrated Medium Term Plan for 19/20. The HCCT are working with WHSSC to further refine contracts in 19/20 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.
- 1.9 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	4,892,226
Community Care	77	16,876,770
Diagnostic/testing	30	6,272,721
Domiciliary Care	61	10,539,837
General Healthcare	7	108,550
General support / signposting	29	856,862
Learning Disability	6	616,634
Mental Health	63	6,628,725
Nursing Home	144	43,384,129
Other	9	843,172
Product / Nursing Care	4	4,116,152
Residential Home	27	926,675
Secondary Care (Acute)	14	36,985,581
Secure Hospital / Wards	19	7,675,249
Specialist Hospital / unit	18	4,176,885
Tertiary Care	16	198,923,739
Grand Total	529	343,823,907

- 2.2 A significant amount of time continues to be taken up each month in establishing new healthcare / clinical service contracts, which are time consuming and often complex, involving extensive negotiation with clinical teams and Providers to draft highly technical healthcare service contracts.
- 2.3 In quarter 1 of 19/20, 17 new contracts have been developed, with 24 becoming inactive. As previously reported, this continuous turnover of contracts is challenging given the limited capacity of the current team and this has slowed the progress in establishing clear contracts for all services. At present, circa 92% of commissioned healthcare (by value) is covered by a signed contract and this is static from the previous quarter.
- 2.4 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.
- 2.5 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.

3. Key activity and benefits in Quarter 4

- 3.1 **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 Q1 quarterly assurance submissions has either been maintained or increased in 5 out of 6 geographies as a result.
- 3.2 **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.
- 3.3 **RTT / Waiting List** - The HCCT continue to support the commissioning of additional services externally in order for the HB to meet waiting list targets. In Q1, the insourcing of Ophthalmology services continued following a previous national procurement exercise and the team are in discussion with the Acute Hospital Divisions around updating the service specification and re-running a mini competition to secure additional insourced capacity in the second half of 19/20.
- 3.3.1 The Endoscopy Vanguard unit, which was referenced in the previous update, remains on site but unfortunately, due to issues with water quality has not been operational. Therefore, a new contract is under development for a service to commence from September 2019. At the same time, a further national procurement exercise to secure a long-term endoscopy insourcing provider is underway and is also anticipated to commence in September, subject to the agreement of longer term additional funding via the Board.
- 3.3.2 The HCCT continued to support the weekly transfer of patients to outsourced providers, and then subsequently the tracking of patient treatments prior to year-end. In Q1, the team have transferred circa 270 long waiting orthopaedic patients to Robert Jones and Agnes Hunt to take advantage of additional capacity offered within the core contract.
- 3.3.3 In Q1, the team have secured offers of capacity from English NHS Providers for a further 1800 patients to be outsourced in 19/20, 750 of which relate to the orthopaedic plan that was agreed at a recent Board meeting. The offers largely relate to ophthalmology and additional orthopaedic patients, which is consistent with the areas of longer waiting HB patients and once the priority for RTT funding has been confirmed, the team will mobilise the transfer of patients from September onwards.
- 3.3.4 If the HB were able to use all externally sourced capacity, this could result in a minimum of 2000 additional long waiting patients being treated externally in 19/20.

4. Quality monitoring and contract compliance

- 4.1 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.
- 4.2 **Non Acute contracts**

- 4.2.1 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.
- 4.2.2 The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with HB Continuing Health Care and 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 Q1, the team undertook 5 full care home, on site, monitoring visits which was a reduced number due to the significant amount of time spent actively involved in monitoring those homes who 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.
- 4.2.3 In addition to the formal contract monitoring, the HCCT continue to monitor the quality and assurance KPI returns from care homes across the 6 Local Authority (LA) areas. In the quarter ending June 2019, the care home assurance return rate was 81%, the same return rate as the previous quarter. In 4 LA areas, the return rate is almost 100% and whilst there has been an improved return rate in one of the two LA areas that had a poor return previously, unfortunately there was a lower return rate in the other. 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 Appendix 1. The information for April to June 2019 (returns only received in early August) 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 POVAs and falls.

- 4.2.4 A number of issues, which are not significant enough to be concerns at this point, have been picked up with some homes as part of normal contract monitoring activity and the providers are working alongside the clinical and contracting team to resolve these issues before they escalate.
- 4.2.5 In addition to care home and other ongoing contract monitoring, during Q1, the team continued to hold weekly telephone contract monitoring meetings for the all insourcing 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.

4.3 **Acute contracts**

- 4.3.1 Acute contract performance continues to be monitored at the Contracts Review and Governance Group (CRGG). Areas of concern identified via the monthly CRGG review process are documented below however; it was highlighted at a previous F&P meeting that, some elements should also be reported via the Health Board Quality and Safety Group (QSG) and therefore this information will now form part of a regular update to QSG. The Associate Director of Contracting has been invited to attend QSG as a standing member.
- 4.3.2 Recent contract queries raised, related to quality / performance issues in Acute contracts in the first 4 months of 19/20 are:

Provider	Contract Query / issue	Update August 19 (for first quarter queries)
Aintree University Hospital NHS Trust	Action 1: The Hospital CDiff target for the year is 56. April 19 was 6 and there had been an increase in c diff at the end of 18/19. Query raised as to whether or not the provider has a known issue with an improvement plan in place.	Awaiting feedback from Provider
Wirral University Teaching Hospital NHS Trust	<p>Action 1: There have been a number of serious incidents reported (April 1, May 1 and June 4). Query raised as to whether or not any of these relate to Welsh patients.</p> <p>Action 2: Cancer waiting times for 62 day has dropped to 76% in June and represents a decrease below 80% for the first time in twelve months. Query raised as to the reason why.</p> <p>Action 3: CDiff in Months 1-3 is cumulatively reported at 28 against a maximum threshold of 88 for the year. This continues an increased trend seen at the end of 18/19. Query raised as to whether or not the provider has a known issue with an improvement plan in place and whether any of the affected patients were from BCUHB.</p>	<p>Action 1 - awaiting feedback from Provider</p> <p>Action 2 – awaiting feedback from Provider</p> <p>Action 3 – Provider has reported a CDiff outbreak has now been confirmed. Provider confirmed this is being actively monitored by their Lead Commissioning CCG and provided Trust Board reports highlighting corrective action plan in place. This will continue to be monitored monthly but Provider has confirmed that no Welsh patients have been affected to date.</p>
Countess of Chester	<p>Action 1: Cancer waits: 31 day breaches: there was 1 in April and 1 in May. Query raised whether these related to BCUHB patients.</p> <p>Action 2: Cancer waits 62 days: there was one breach in May. Query raised whether this was a BCUHB patient.</p>	<p>Action 1: Provider confirmed that the two 31 day breaches for cancer were not BCUHB patients</p> <p>Action 2: Provider confirmed that the breach was a BCUHB colorectal patient but the patient had cancelled two planned endoscopies and was therefore not an avoidable breach.</p>
Shrewsbury and Telford NHS Trust	Action 1: CDiff – reported 13 cases in first 3 months. If extrapolated to year end, it is a forecast of 52, against a	Awaiting Feedback for all actions

	threshold of 43. Query raised whether their CDiff figures are indicative of a potential problem. Action 2: 62 days Cancer referral to treatment from screening has dropped to 69% in June 19 against a target of 90%. Query raised to establish the reason and any corrective action plans.	
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Action 1: There were 2 operations cancelled during June 19 for a second time. Query raised whether any of these relate to BCUHB patients.	Awaiting Feedback
Robert Jones and Agnes Hunt	Action 1: Provider reporting 52 week breach patients, particularly in Spinal Surgery. Query raised to obtain a 52 week trajectory recovery plan	52 week recovery plan received with a forecast of no over 52 week patients by the end of March 2020

- 4.3.3 **COCH maternity concerns** - It has been previously reported that there have been ongoing concerns with regard to maternity performance at Countess of Chester Hospital (CoCH) as their performance levels are lower than those required within Wales e.g. C-section rates.
- 4.3.4 Additional evidence had been provided by CoCH and a remedial action plan / formal contract escalation process has been undertaken by the HCCT in conjunction with the HB Director for Midwifery and Women's Services and the Clinical Lead.
- 4.3.5 Whilst some concerns remain, evidence of some improvement has been provided and an interim service specification, based on the local English commissioners' specification, has been agreed and incorporated into the contract, in addition to the maternity dashboard. A more formal specification will be developed following publication of the revised Welsh Government Maternity Standards at which point it will be incorporated into the contract in the near future with an updated maternity dashboard.
- 4.3.6 There is no update, at this stage, on the police investigation into the neonatal deaths at the COCH but this continues to be a regular agenda item at contract meetings.
- 4.3.7 **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. The HB Director for Midwifery and Womens services also sits on the SATH Clinical Quality Review Meetings to receive updates on the historic maternity and neonatal investigations which involve BCUHB patients.
- 4.3.8 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.

4.3.9 Clinical quality indicators – failure to agree

- 4.3.9.1 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.
- 4.3.9.2 It has previously been highlighted that some English NHS Trusts have refused to report against the specific Welsh requirements as, for most organisations, the HB activity represents less than 1% of their total turnover and therefore the requests are considered disproportionate. This has meant that the quality schedule within cross border contracts has been implied rather than explicit and reporting is inconsistent.
- 4.3.9.3 The HCCT has established that there does not appear to be a uniform approach to the cross border quality reporting requirements with both Powys and WHSSC accepting differing levels of reporting against fewer standards and a mix of both English and Welsh reports. Therefore, in the August report to QSG, they have been asked to consider what the minimum reporting requirements are for English Hospitals to try and move forward with agreement of contracts.

5. Partnership Working

- 5.1 **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'. Further work is ongoing to determine the financial implications of any new proposed approach before a HB commitment can be given.
- 5.2 **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 took 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.
- 5.3 **Domiciliary Care Fees – Inflation 2019/20** - The 2019/20 financial plan includes a provision of 3.75% (circa £0.531 million) for the uplift to the 2018/19 Domiciliary Care fees across all Local Authorities.

It is proposed that the Health Board uplifts its 2018/19 Domiciliary Care fees for framework and non-framework Providers by continuing to match the uplifts applied by individual Local Authorities. The exception to this is Wrexham Local Authority, who applied a 10% increase. As a consequence by taking the average of the remaining 5 Local Authorities it has been agreed at the Executive meeting on the 14th August 2019, fees for providers in the Wrexham Local Authority area will be increased by 3.3%. Across all Local Authority areas the average increase is 3.3%

The Table below summarises the agreed uplifts to the individual Local Authority fees:

LA	2019/20 LA Uplift %	2019/20 HB Planning Uplift	19/20 Average Uplift (excluding Wrexham LA)	2019/20 HB Framework/ Non Framework Uplift	2019/20 HB Enhanced Package Uplift
Conwy	2.95%	3.75%	2.95%	2.95%	2.95%
Denbighshire	3.14%	3.75%	3.14%	3.14%	3.14%
Flintshire	3.71%	3.75%	3.71%	3.71%	3.71%
Gwynedd	3.85%	3.75%	3.85%	3.85%	3.85%
Wrexham	10%	3.75%		3.30%	3.30%
Ynys Mon	2.84%	3.75%	2.84%	2.84%	2.84%
Average Uplift			3.30%		3.30%

6. Quarter 1 – 19/20 Financial performance of the main external cross border contracts

6.1 Financial summary

- 6.1.1 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.
- 6.1.2 Table 2 provides the position on the locally managed contracts based on activity to Month 3 (actual position for months 1 - 2 and forecast for month 3) showing an underspend of £84k but with a balanced forecast for the full year. Unlike previous reports, there is no manual adjustment to remove the impact of HRG4+ as additional funding has been provided by Welsh Government to mitigate the risk recurrently (see section 6.2.2.2).

Table 2 – Month 3 Cross border contract position (central funding)

	18/19 Outturn	19/20 Budget / Plan	Forecast Outturn	Forecast Variance	Q1 Actual	Q1 Variance from plan
	£'000	£'000	£'000	£'000	£'000	£'000
<u>Local English Contracts</u>						
Countess of Chester	20,900	21,447	21,447	0	5,362	0
Robert Jones & Agnes Hunt	13,100	13,470	13,470	0	3,368	0
Royal Liverpool & Broadgreen	4,900	5,009	5,009	0	1,252	0
Other	11,600	11,721	11,721	0	2,930	0
Total English Contracts	50,500	51,647	51,647	0	12,912	0
Welsh Contracts	9,700	10,189	10,215	26	2,554	7
WHSSC	166,300	175,633	175,169	(464)	43,763	(145)
WHSSC Provider Contracts	(39,200)	(41,048)	(41,127)	(79)	(10,318)	(56)
BCU divisional recharges/misc	(6,300)	(5,732)	(5,213)	519	(1,320)	113
NCAs	4,300	4,245	4,243	(2)	1,060	(2)
Other Misc contracts*	300	0	0	0	0	0
Outsourcing	4,100	424	424	0	424	0
Write backs/CIP	(1,400)	(500)	(500)	0	(30)	0
Total	188,300	194,858	194,858	0	49,045	(83)

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

6.2 Issues of note for locally managed contracts

6.2.1 At present, based on the limited information to month 3, the HCCT are reporting a largely balanced financial position, as there have been few material shifts in activity and finance. There are however a number of issues that are worthy of note:

6.2.2 Countess of Chester Hospital (COCH)

6.2.2.1 In the Q4 F&P update, it was reported that the COCH had closed to new Welsh routine elective referrals due to a dispute between Welsh Government and NHS England regarding a disproportionate impact on Wales following the implementation of new English HRG tariffs over the previous 3 year period.

6.2.2.2 The national discussions concluded at the end of June and agreement was reached to partially mitigate the impact in 19/20 with Welsh Government confirming recurrent additional funding for the HB to manage the increased contract expenditure in 19/20 and future years. This enabled the HB to agree and sign a contract with COCH before the end of June.

6.2.2.3 Activity in the COCH is being reported as balanced at present as it is anticipated that they will accelerate treatments later this year to recover their overall contract position.

6.2.3 Other contracts

6.2.3.1 All other major cross border contracts have been broadly balanced in Q1 with a slight over-performance in some contracts being offset by under-performance in others. However, activity and finance will be closely monitored thorough the year to ensure clear oversight of expenditure.

6.2.3.2 As reported in paragraph 3.3.2, there was a moderate underspend forecast in the RJAH contract and therefore, in the interest of ensuring long waiting patients could be treated at the earliest opportunity, circa 270 additional patients have been transferred. This is anticipated to be within the RJAH overall core contract budget.

6.2.4 Outsourcing / insourcing activity for Referral to Treatment (RTT) and Diagnostic targets

6.2.4.1 Within Q1, the HCCT has incurred RTT costs for patients that were outsourced in 18/19 but had treatment or out-patient follow up in 19/20. These are largely Urology Cancer patients and orthopaedic patients whose follow up pathway spans 12 months.

6.3 Issues of note for the WHSCC position

6.3.1 The WHSSC position in Q1 as documented in Table 2, is an underspend of £146k with a forecast year-end underspend of £464k at year end and this is the position which has been reported centrally by WHSSC. This favourable position does not include the settlement of the HRG4+/Tariff issues as reported at paragraph 6.2.2.2 which will be reflected in future updates as funding was allocated in Month 4. However, despite this favourable position it should be noted, that at the end of Q1, there were no significant variances on WHSSC contracts, however, an early indication for Month 4 indicates that there may be some pressures manifesting within the specialist English contracts, an extract of which is documented in Table 3 below.

Table 3: Extract of anticipated WHSCC English issues for main BCUHB providers.

Extract of the anticipated issues / WHSSC Variances	Indicated potential Variance £'000	Reason
Alder Hey Children's Hospital NHS Foundation Trust	200	Higher than average critical care costs
St Helens and Knowsley Hospital NHS Foundation Trust (Whiston)	400 - 500	One exceptional high cost, long term, severe burns patient with extended spells in critical care

6.3.2 The HCCT has continued to engage with the WHSSC 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 WHSSC 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.

6.4 Summary position on contractual financial pressures

6.4.1 The final Q1 financial position for external contracts is an underspend of £83k. However, it should be noted that there are emerging pressures in some contracts that affect performance later into 2019/20.

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

7. Income Contracts

7.1.1 The main focus of income activity in Q1 was agreeing and signing the main Welsh Commissioner / Provider LTAs for 19/20 before the deadline of 30th May. All LTAs were signed with no disputes and the HB have been notified that the sign of deadline for 20/21 LTAs will be shortened again meaning LTAs must be largely agreed before the start of the new financial year

7.1.2 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.

8. Staff changes

8.1 The HCCT has had some staff changes over the 1st Quarter with the Head of Contracting, Michelle Jones gaining a promotion into another interim Finance post which resulted in the post being vacant for some time. However, Tracy Pope was appointed as the Interim Head of Contracting in mid-June.

8.2 The HCCT is also about to lose two other team members as the current Third Sector Contract Officer is moving to a more senior post in Mental Health and the Associate Director of Contracting is leaving the Health Board in mid-September to take up a promotion in a local English CCG.

8.3 Given the size of the team and the scale of the workload, the recruitment for permanent replacement of staff has commenced through the Establishment Control and Vacancy Approval process. It is likely that there will be a period of time where the team will be under-resourced and whilst contingency plans are in place, F+P are asked to note the potential challenges ahead and that any resultant issues will be documented in a future update.

9. Recommendation

9.1 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.

9.2 The F&PC are asked to:

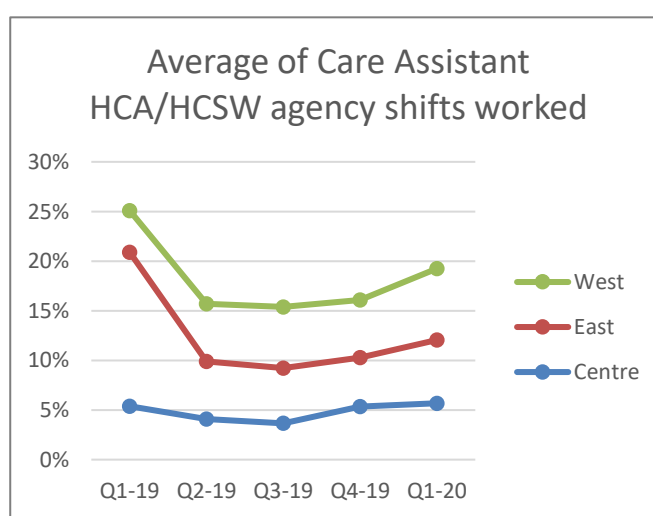
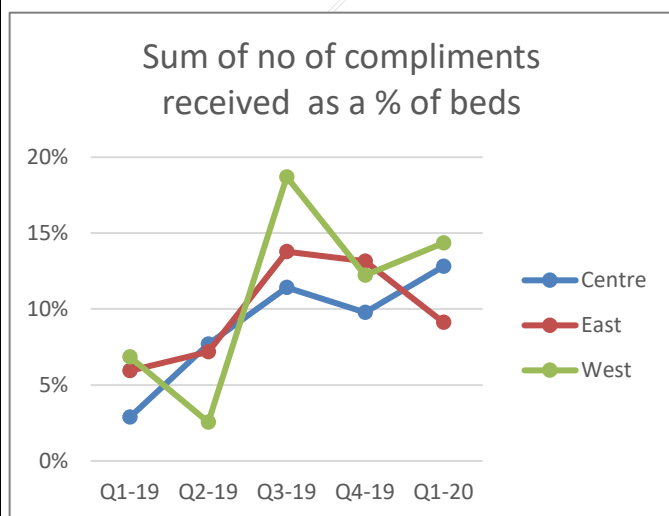
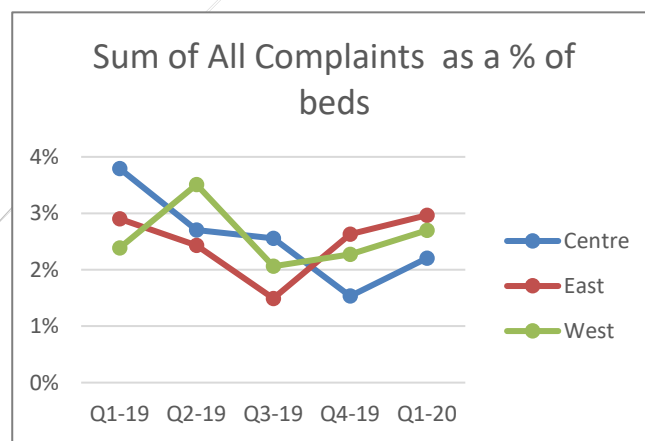
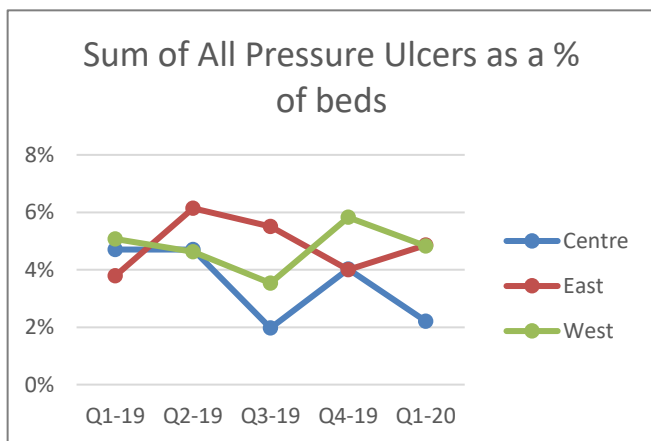
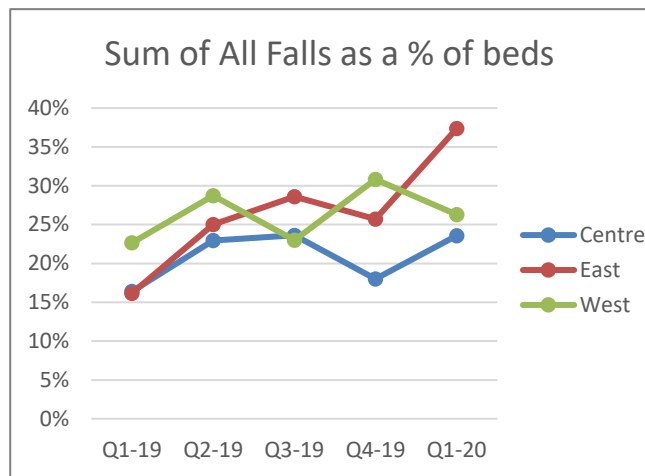
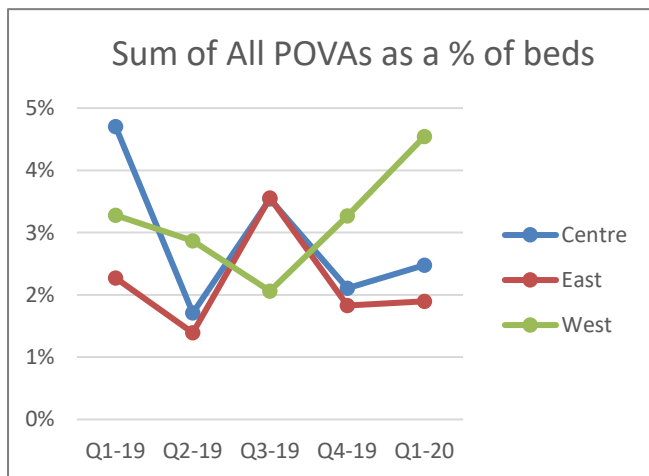
- note the introduction of a clinical quality update to QSG
- note the financial position on the main external contracts at June 2019 and anticipated pressures
- note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity
- Support the agreement reached with Executives to increase Domiciliary Care Fees by 3.3% for 2019/20.
- note the challenges faced due to staff turnover.

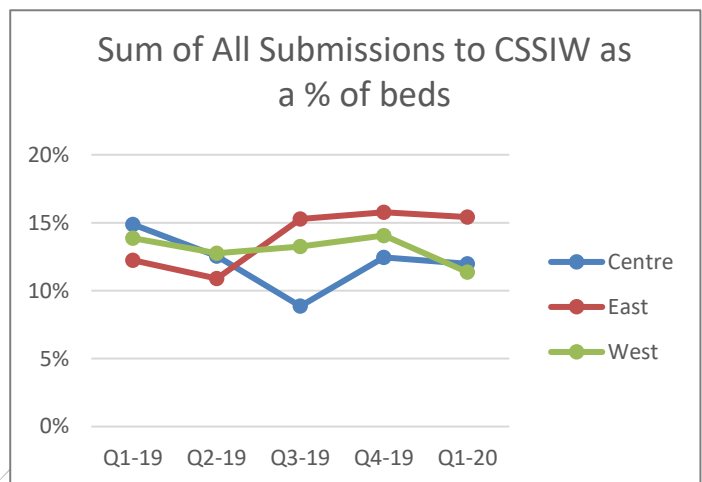
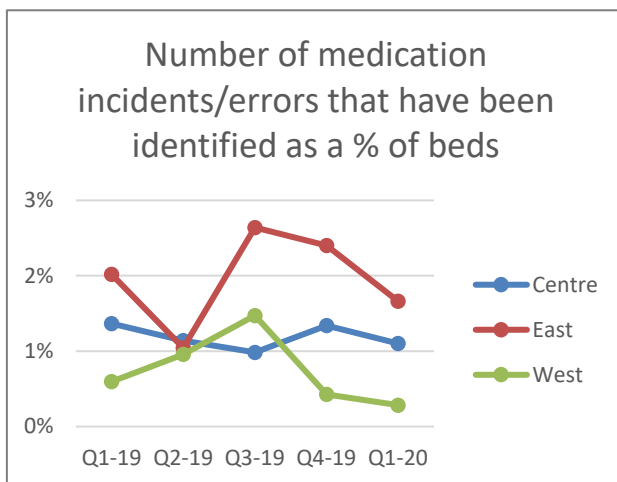
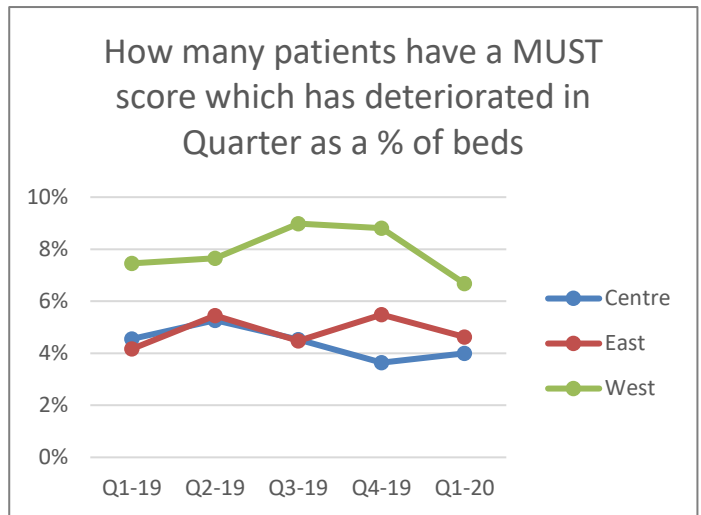
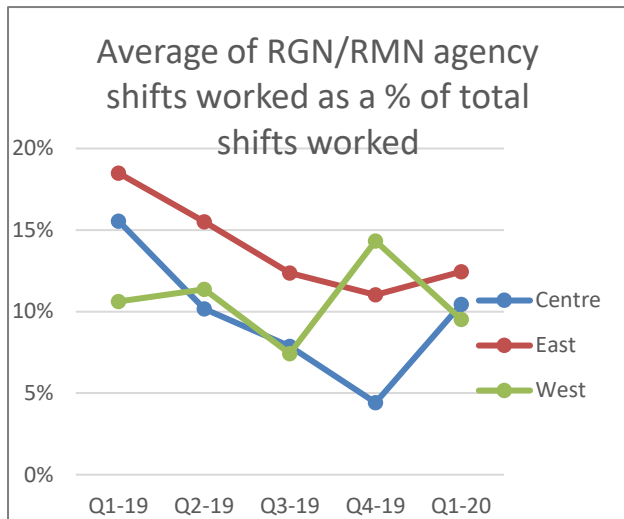
Valerie Attwood
Associate Director of Contracting
09/08/19

Appendix 1

Q1 19/20

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







GIG
CYMRU
NHS
WALES

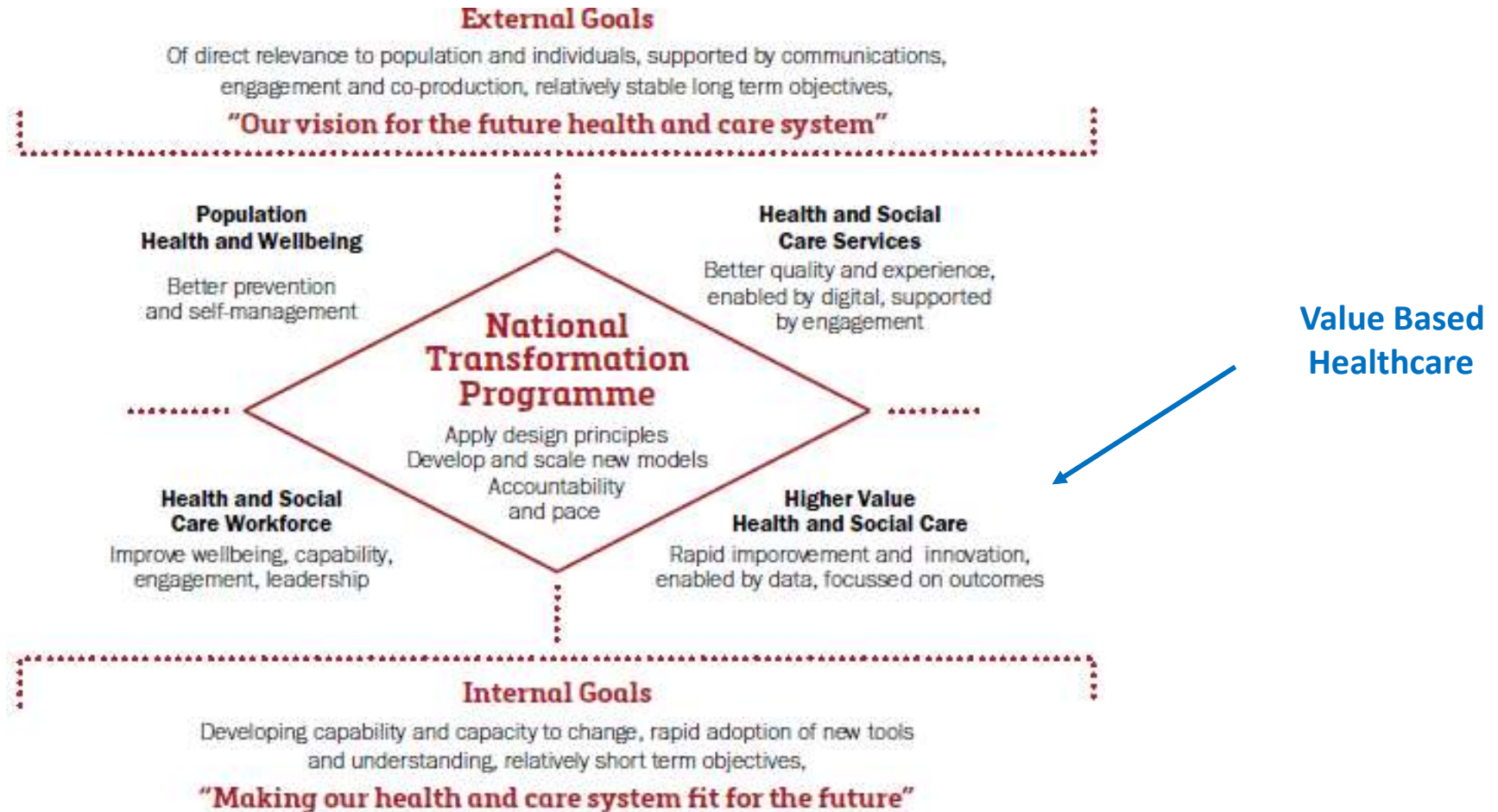
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Adoption of Value Based Healthcare

Finance & Performance Committee

29 July 2019

Welsh NHS Policy: A Healthier Wales



The value based aim in Wales

- Intelligent use of patient **outcome data** in direct care and in planning services
- Effective new approaches to **supporting self-management** (digital enablers and boosting health literacy)
- Intelligent use of data to drive **resource allocation** where it has maximum impact
- **Optimum skill mix**, generalist vs specialist

Dr Sally Lewis

(National Clinical Lead for Value Based and Prudent Healthcare)

VALUE BASED HEALTH CARE



Aneurin Bevan UHB 2018

VISION:

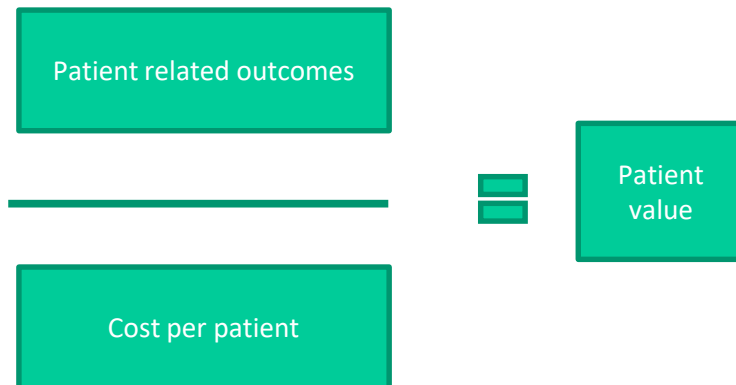
Achieving the outcomes that matter to patients, whilst being good stewards of the finite resources available, working together to do the right thing across the whole system.

AIMS & OBJECTIVES:

To capture patient and clinically reported outcomes, in parallel with costing across the whole cycle of care, using a minimum dataset and common IT infrastructure in support of local and national initiatives, and examine the data to establish how this helps to re-assess, re-model healthcare systems.

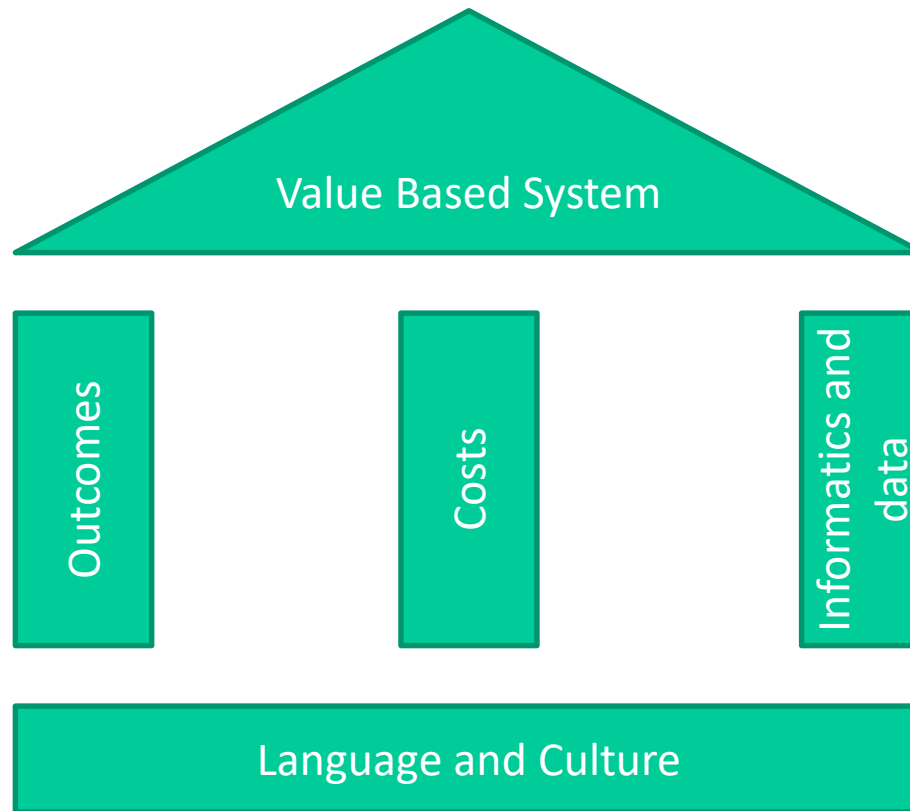
ABUHB's *Definition of Value*

Michael Porter's definition of value –



- Improving outcomes for the same costs and/or decreasing costs whilst maintaining outcomes
- Looking to achieve allocative value by shifting resources across the organisation
- Seeking to apportion resource where it has the greatest impact

ABUHB: *Building the Foundations*



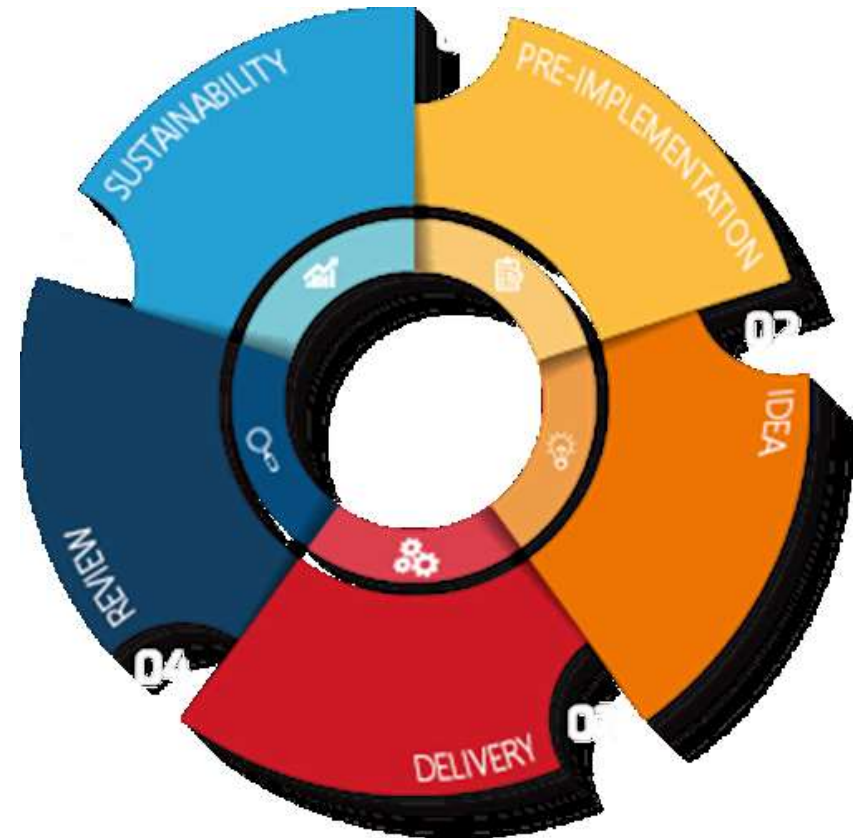
ABUHB: *Critical Success Factors*

- Strong support from **senior leadership** from the outset; Medical Director and Finance Director
- Visible **clinical leadership** accountable for delivering on VBHC
- Define value with patients, carers and clinical teams; build a **value culture**
- Start by **focussing on outcomes** but invest in costing and informatics capacity
- Continually think about the **patient perspective**; work with patients and respond to feedback

ABUHB's *Framework for value*

A standardised approach -

- Five stage model for schemes
- Consistent and rigorous adoption
- Formal programme management
- Benefits realisation is critical



Opportunities Identified – Memory Services

- 37% variation in pathway costs across 5 Local Authority areas
- Outcomes not consistent – inequity of service
- Late diagnosis linked to increased admissions
- Clear link between carer burnout and admission
- The lowest cost pathway didn't deliver the best outcomes; but the 2nd lowest did
- Opportunities to drive consistent outcomes across the Health Board at reduced cost – 24% of variation removed

Opportunities identified – Cataract pathway

- Collection of PROMs data pre and post operation
- Measured visual disability (practical eyesight) as well as visual acuity (clinical score)
- 20% of patients have no improvement or worsening of visual disability after surgery
- Identifying patients who will not benefit from surgery and streaming appropriately could release significant capacity for operations
- Costly outsourcing can be reduced

ABUHB's 5 Year Journey

2014/15

- **Idea** - Executive sponsorship; Understand the theory; Build relationships; Secure clinical engagement

2015/16

- **Discovery** – Formal strategic alliance with ICHOM; Feasibility pilot in one clinic; Parkinson's disease study – 1 hospital, 1 clinic, 1 specialist nurse

2016/17

- **Implementation Build** – Appointment of project team; Benchmarking work with ICHOM; Procurement of VBHC platform for collecting outcomes – Dr Doctor

2017/18

- **Acceleration** – Programme Director appointed ; new clinical areas – cataracts; pulmonary rehabilitation; psoriasis; foot and ankle; Inflammatory bowel disease

2018/19

- **Scale up** – All hospitals, 140 clinics, 80+ clinical nurse specialists, 18 condition areas

Conclusions

- Adopting a value focus brings outcomes for the people we serve and best use of resources to the fore
- A value focus offers the chance to build a common language with our clinical teams and shift from a pure savings approach
- There are lessons to learn from ABUHB in terms of language, culture, capacity, focus and methodology
- Applying these approaches will support our drive towards long term sustainable services and use of resources
- This isn't a quick fix programme; it will require sustained leadership, capacity and organisational focus – but the returns are potentially huge
- The time is right to change, linking to our developing service improvement programme and our focus on quality, safety and resource.

Finance and Performance Committee 22.8.19	 <div> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p>To improve health and provide excellent care</p>
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Report Title:	Workforce Quarter 1 2019/20 Performance Report
Report Author:	Mr Lawrence Osgood, Associate Director of Workforce Performance and Improvement
Responsible Director:	Mrs Sue Green, Executive Director of Workforce and Organisational Development
Public or In Committee	Public
Purpose of Report:	To update the Committee on Workforce Performance Key Performance Indicators (KPIs) and associated actions for Quarter 1 2019/20.
Approval / Scrutiny Route Prior to Presentation:	This paper has not been presented elsewhere and is for information / discussion.
Governance issues / risks:	This paper describes KPIs related to previously identified risks around vacancies, pay spend, turnover, sickness absence and staff development.
Financial Implications:	The Quarterly report will inform progress of actions to support lower vacancy rates and sickness absence, optimal turnover and staff development which will result in reduced non-core spend.
Recommendation:	The Committee is asked to note the report for information and provide feedback if appropriate.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	X
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	X
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	X
5.To improve the safety and quality of all services	X	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	X		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Strategic and service planning			
Equality Impact Assessment			
No EqIA carried out as paper is for information only			



Workforce Quarterly Performance

2019 / 20, Quarter 1, June 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

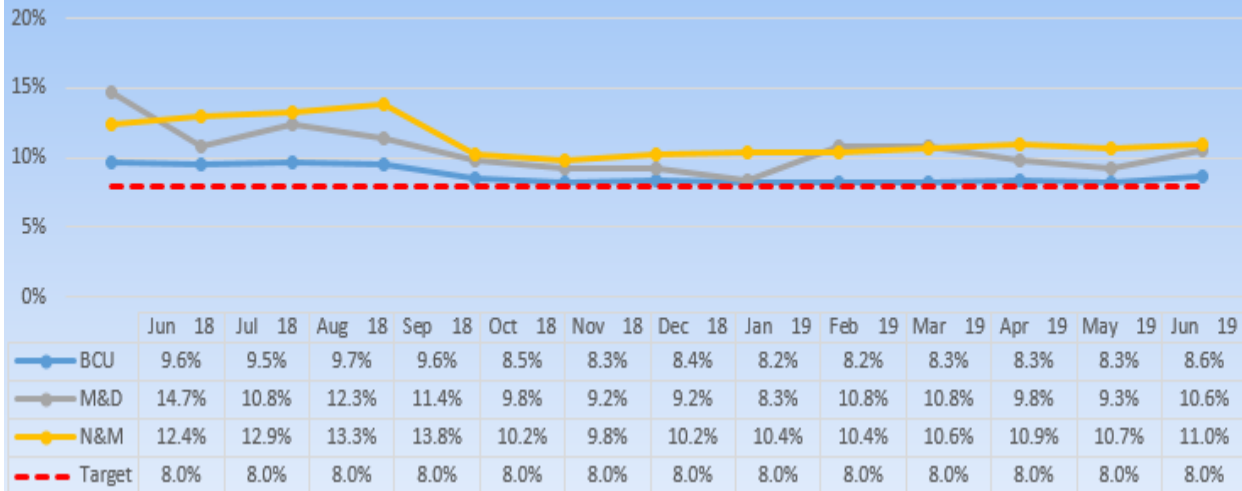
The performance metrics within this report measure performance with regards to the capacity and utilisation of the workforce. Vacancy, turnover and sickness levels impact on the ability to deliver safe service within the financial envelope. Compliance with mandatory and statutory training and staff appraisal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

WORKFORCE QUARTERLY REPORT

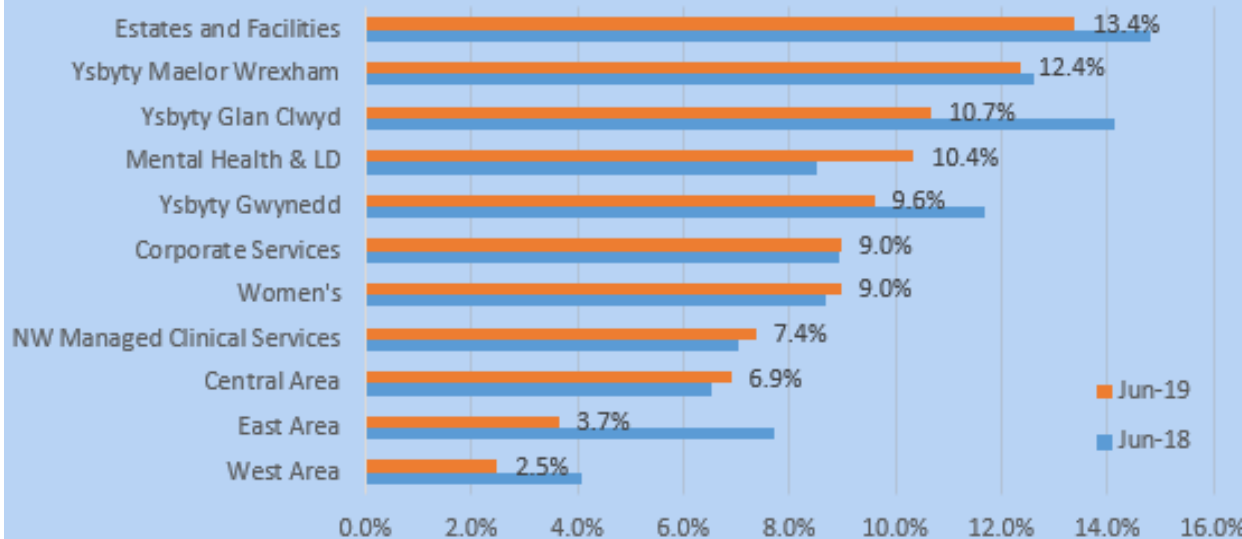
Quarter 1 June 2019

Vacancies

Vacancy %



Vacancy % by Division



Where we are:

The external Healthcare recruitment environment remains extremely challenging, however the majority of divisions have vacancy rates lower than this time last year.

In Quarter 1: Since the beginning of Q1 BCUHB overall vacancy rates increased by 0.3%. Rates are lower in Area Teams and high in Acute Sites and Estates/Facilities. M&D vacancy rate increased by 0.8% and is highest in Central and East Area, YG, MHLDS and Women's but is lower than at this point last year. N&M Registered vacancy rate increased by 0.1% and is highest across the acute and MHLDS Sites.

As well as a general shortage of registered Nurses for our Medical & Dental staff there are some especially hard to fill specialisms these include: GPs, Mental Health and Learning Difficulties, General Surgery, Rheumatology, Care of the Elderly, Radiology (particular the specialisms relating to Breast), Gastroenterology & Obstetrics and Gynaecology.

What are we doing about it:

Monthly Pipeline report highlights top 10 highest vacancy rate per east, central, west for N&M & M&D. This is then used in conjunction with TRAC ensure recruitment activity is taking place.

Cleansing positions and establishments through the Establishment Control Process to ensure accuracy of data.

Recruitment activity is being planned and initiated by the recruitment team e.g. recruitment campaigns, recruitment open days, social media campaigns, support for overseas recruitment, attendance at job fairs etc. Recruitment team have planned full calendar of events. Medical recruitment staff have been transferred into the general recruitment team in order to give renewed focus to hard to fill specialisms.

Targeted Retention Improvement Plan for addressing and influencing five key areas of concern:

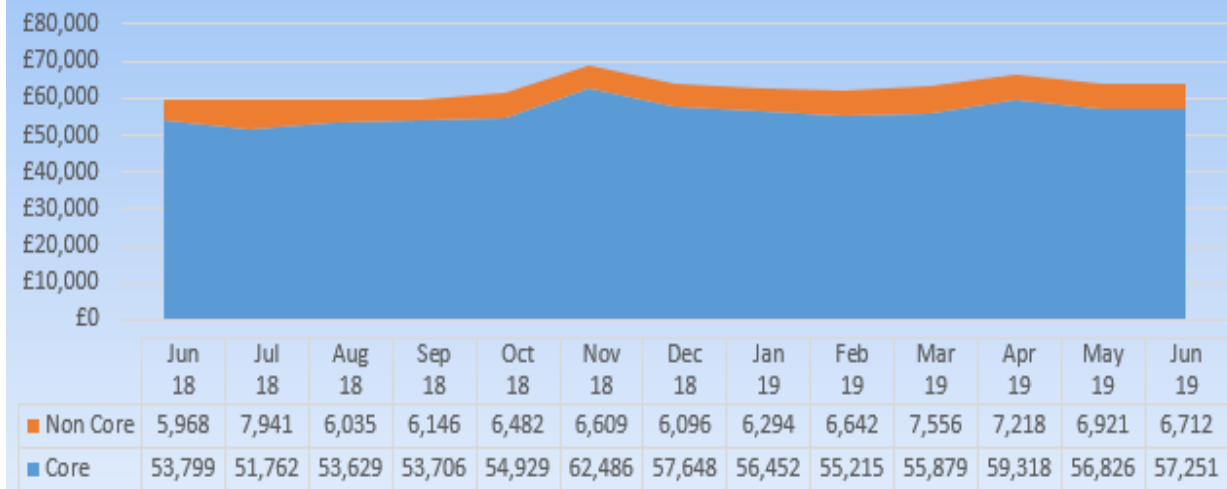
- Improving retention in hotspot areas
- Refreshing and improving the exit interview process
- Improving organisational retention
- Improving staff engagement scores (related to retention)
- Reviewing preceptorship process and support

WORKFORCE QUARTERLY REPORT

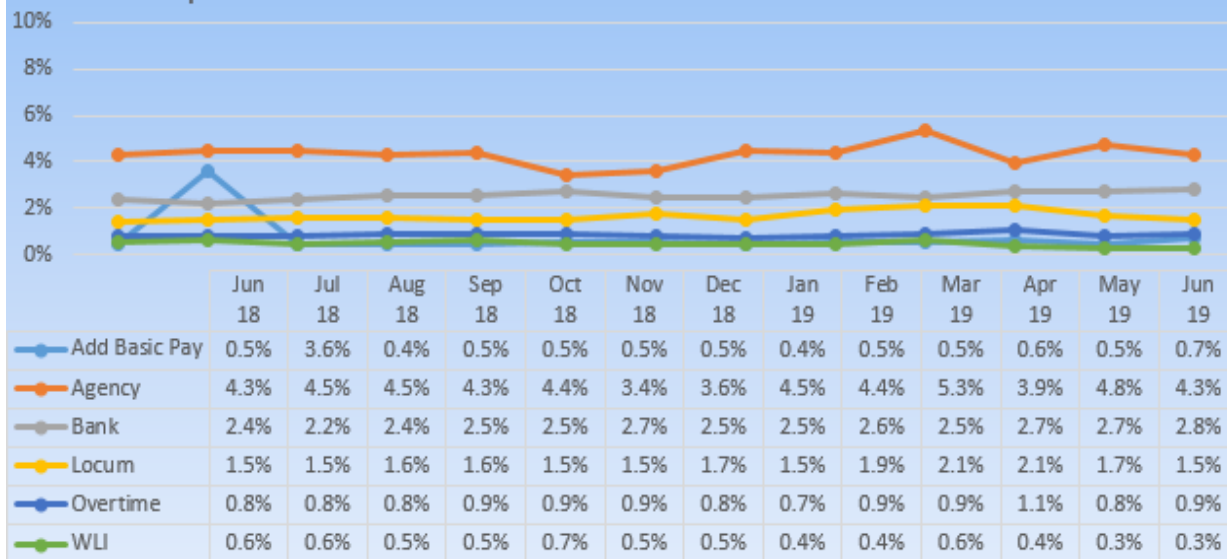
Quarter 1 June 2019

Pay Spend

Pay Spends (£000's)



% of Total Spend



Where we are:

In Quarter 1: Non-core spend has fallen month on month across quarter 1 but is above the level for the same period last year.

Agency and locum % of total spend are on a par with last year. Bank has increased by 0.1% in Q1 which is positive in that increased bank will reduce the need for agency. Additional basic pay has risen by 0.1%, overtime has fallen by 0.2%, WLI is down by 0.1%.

What are we doing about it:

Actions are being progressed through PIDs and the Financial Recovery Grip and Control Plan to reduce agency and locum costs. Substantive staffing is being controlled via the Establishment Control process, including the new VAP / WAP exec level scrutiny panel.

1 hour unpaid break for Agency staff introduced in July. Support and Challenge meetings introduced. Roster additional duties and roster efficiency reports introduced. Promotion of bank to and easy enrolment of new N&M Starters live in July. Revised Enhanced Care Policy live.

External consultancy services are analysing Medical spend and advising areas of potential improvement. Proposal has been received to implement these changes.

Other on-going actions include: revised N&M bank pay to increase N&M bank numbers, banding to be added to E Rosters, implement Standardised Ward Staffing templates (start / finish times) and 1 hour break for substantive staff, 8 week rotas to be trialled for secondary care.

Medical recruitment staff have been moved to wider recruitment team to give increased focus on recruitment into key staff groups.

Business case is in process for a resourcing team under a Head of Resourcing to oversee Recruitment, Rostering and Temporary Staffing providing joined up recruitment and retention campaigns to increase substantive staffing levels, efficient rostering and seeking to provide temporary staffing in the most cost efficient way by building up bank provision.

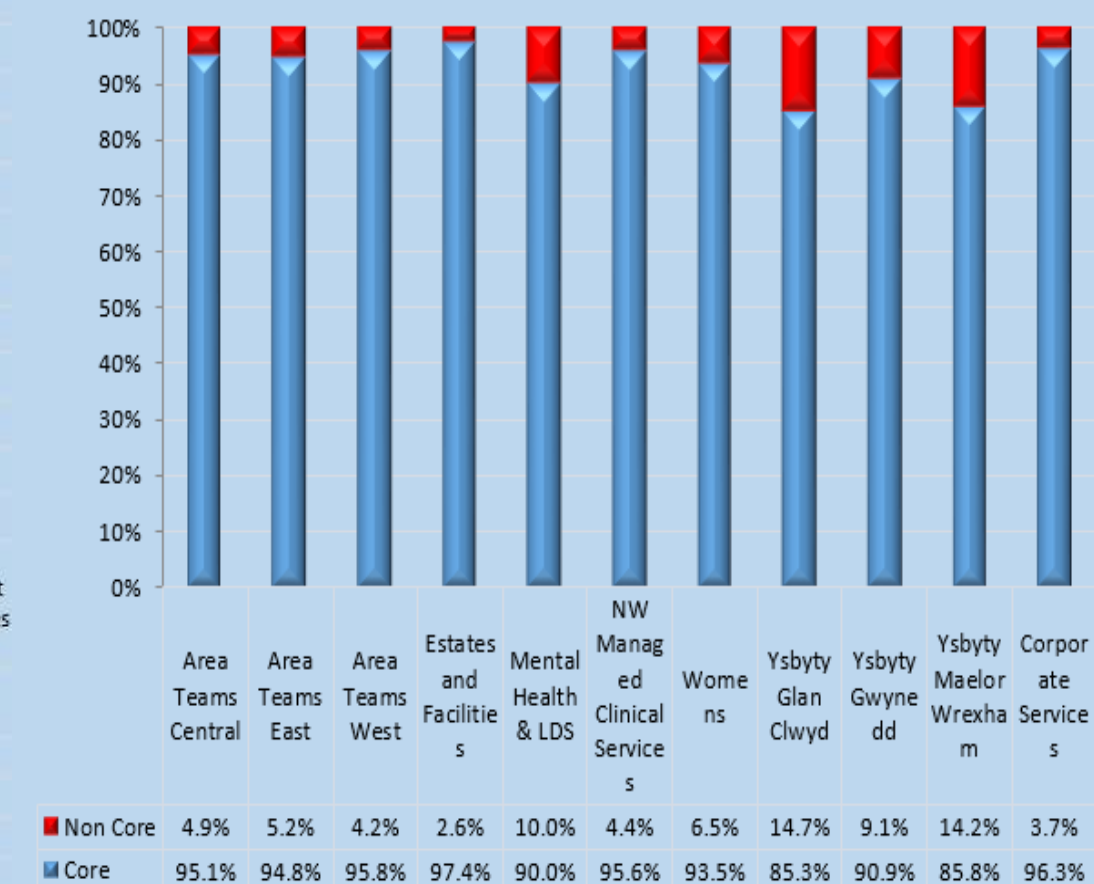
WORKFORCE QUARTERLY REPORT Quarter 1 June 2019

Pay Spend

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



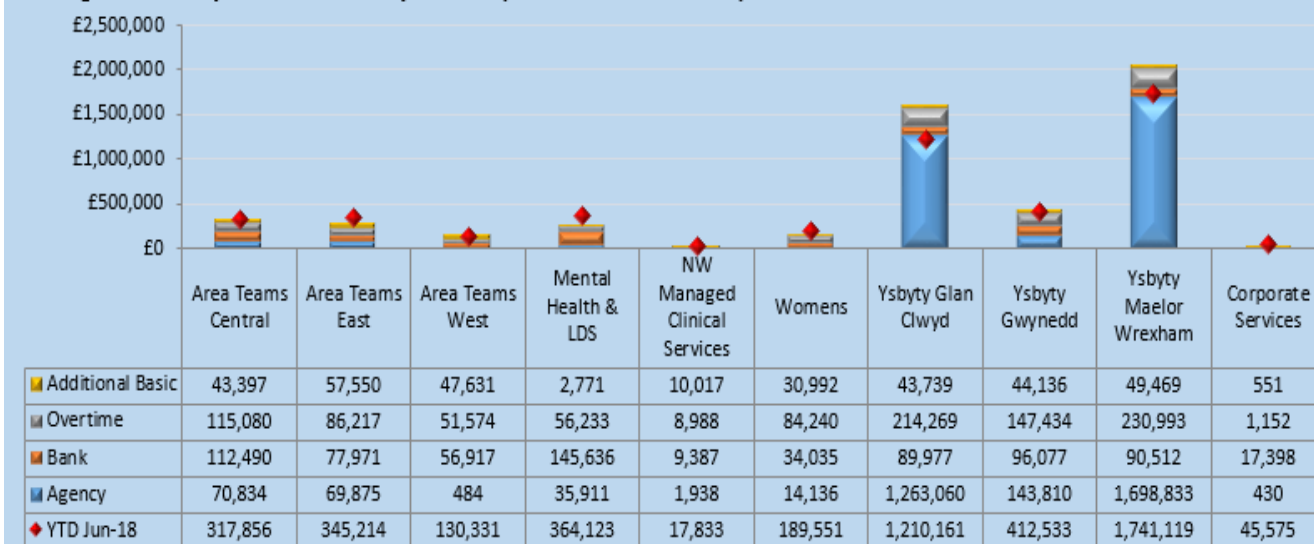
Core vs Non Core Pay by Division (Year to Date Jun 19)



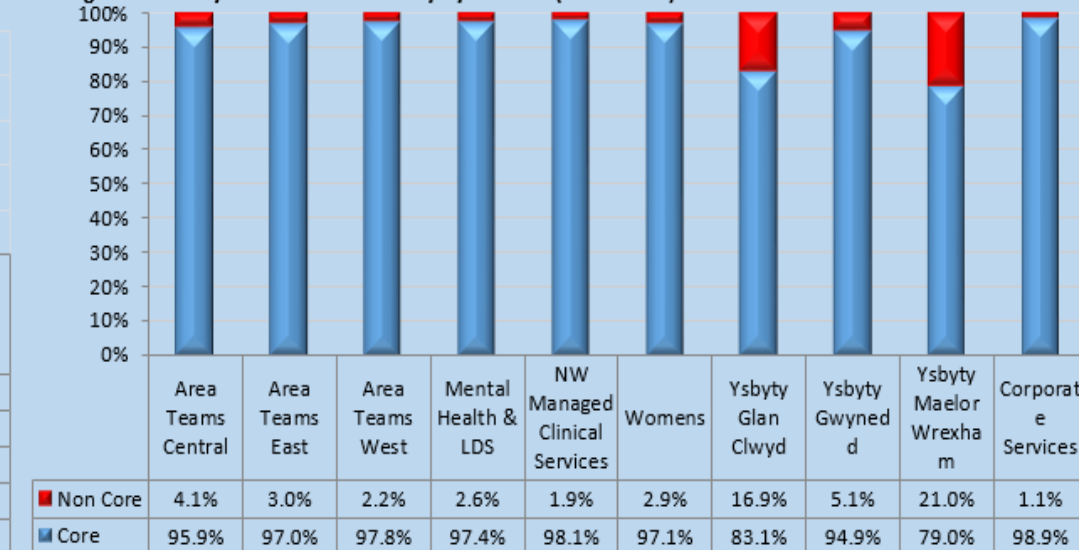
WORKFORCE QUARTERLY REPORT

Pay Spend Nursing Workforce

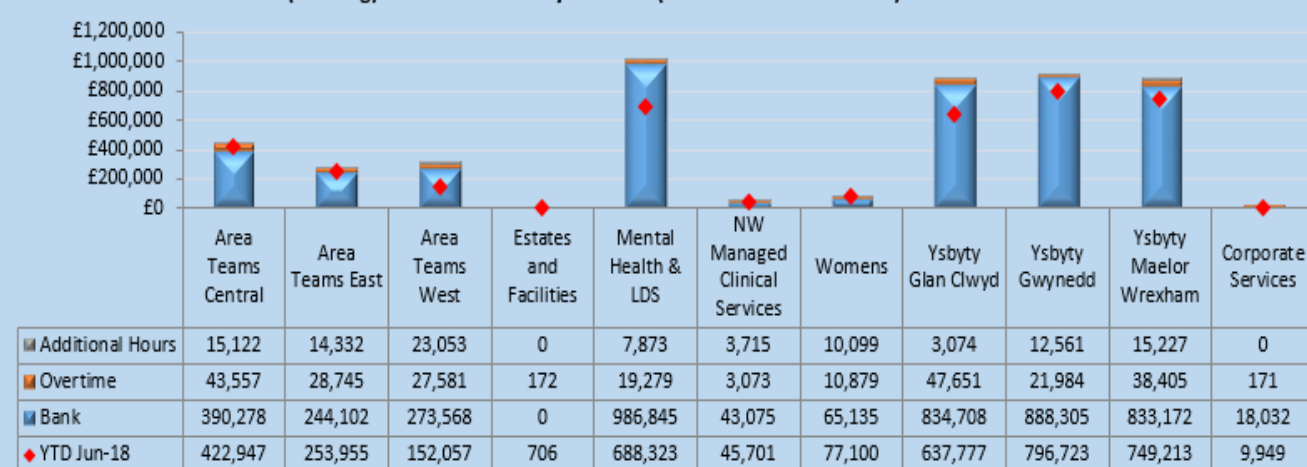
Nursing & Midwifery Non Core Costs by Division (Year to Date June 2019)



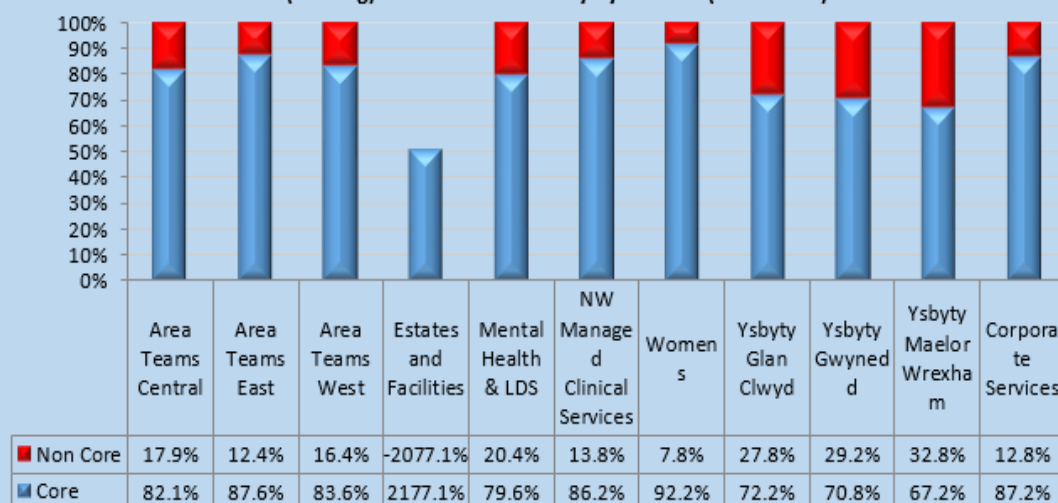
Nursing & Midwifery Core vs Non Core Pay by Division (YTD Jun 19)



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

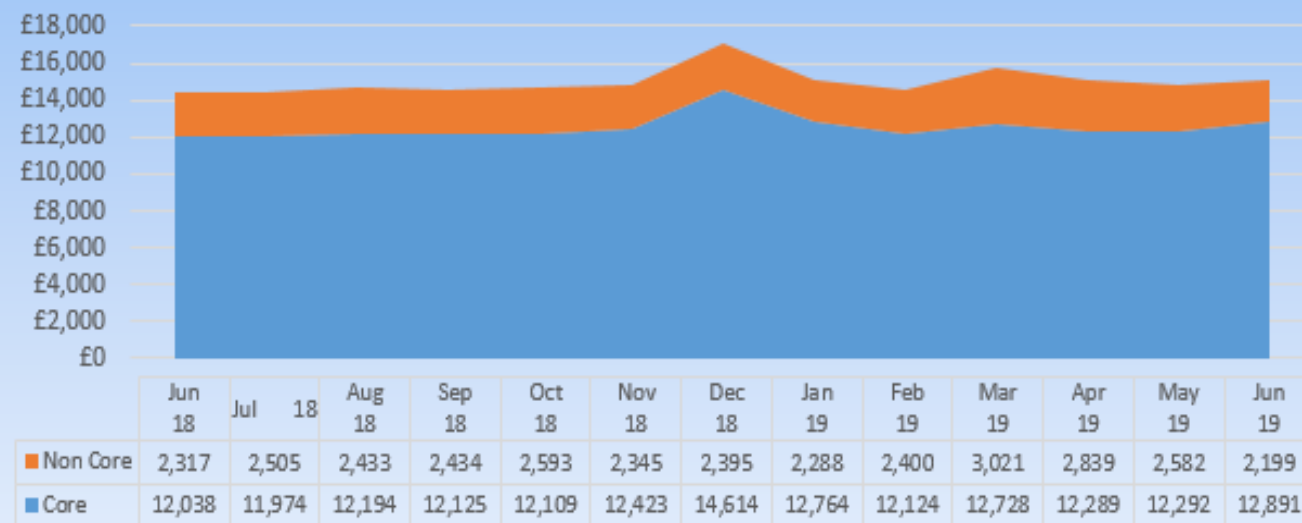


Additional Clinical Services (Nursing) Core vs Non Core Pay by Division (YTD Jun 19)

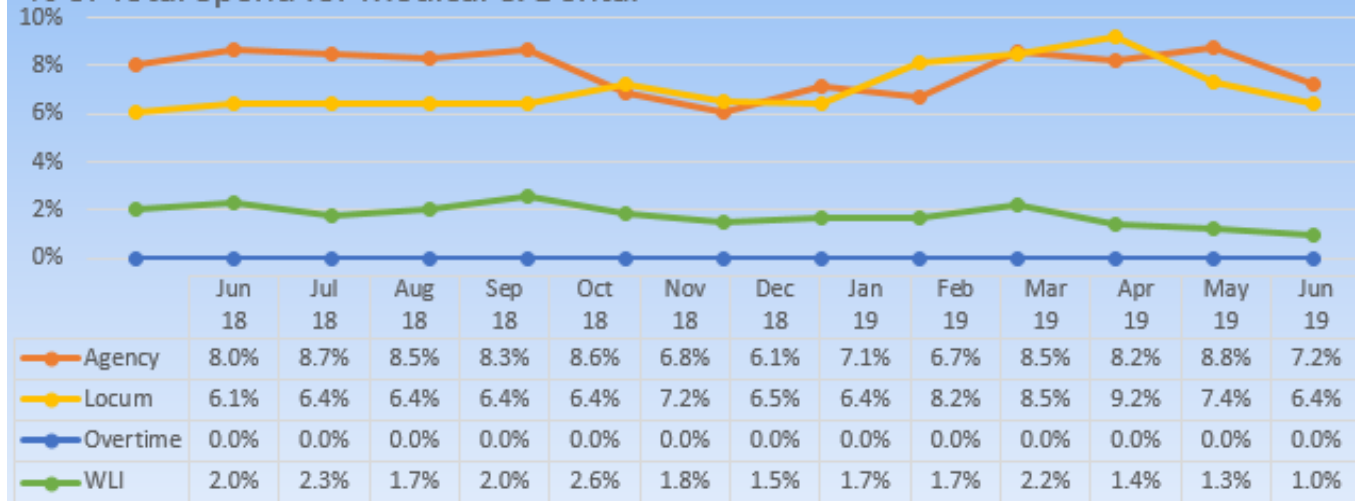


WORKFORCE QUARTERLY REPORT

Medical & Dental Pay Spends (£000's)



% of Total Spend for Medical & Dental



Pay Spends Medical & Dental

Where we are:

In Quarter 1: M&D Core spend has risen by £602k but non core spend has fallen by £640k and was lower in June 2019 than any other point across the previous 13 month period.

Agency has dropped to 7.2% having peaked at its 8.8% in May 19 and is lower than at this time last year. Locum usage has dropped to 6.4% having peaked at 9.2% in May 19 but is higher than last year. WLI has reduced to 1% and is half the percentage it was last year.

What are we doing about it:

A number of actions are being progressed through the Financial Recovery Grip and Control Delivery Plan to reduce agency and locum costs.

Improved Medical Pay Spend reporting through Workforce Dashboard and development of a Medical Dashboard.

Reviews of agency requests to MEDACS underway to challenge agency usage. Long Term internal locums to be added to MASDA to support better understanding of staffing levels (completion Dec 19). Medacs have been tasked with a proposal for medical bank GP provision.

External consultancy services are analysing Medical spend and advising areas of potential improvement. Proposal has been received to implement these changes.

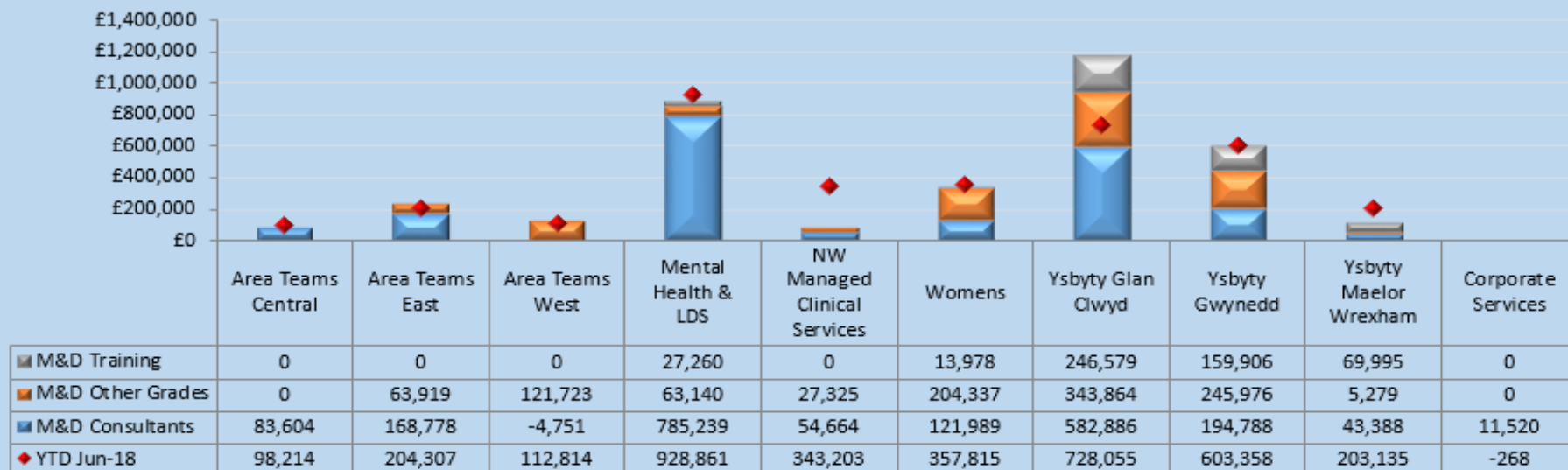
Medical recruitment staff have been moved to wider recruitment team to give increased focus on recruitment into hard to fill specialisms.

Physician associates are being placed in BCUHB to fill Junior Dr gaps.

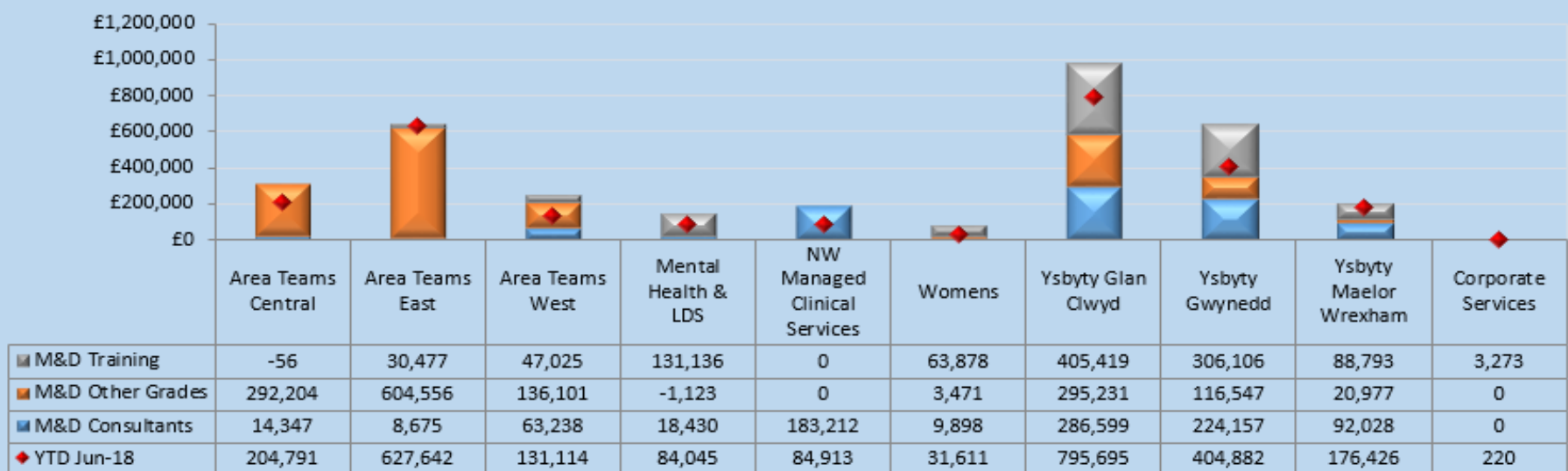
WORKFORCE QUARTERLY REPORT

Pay Spends Medical & Dental

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

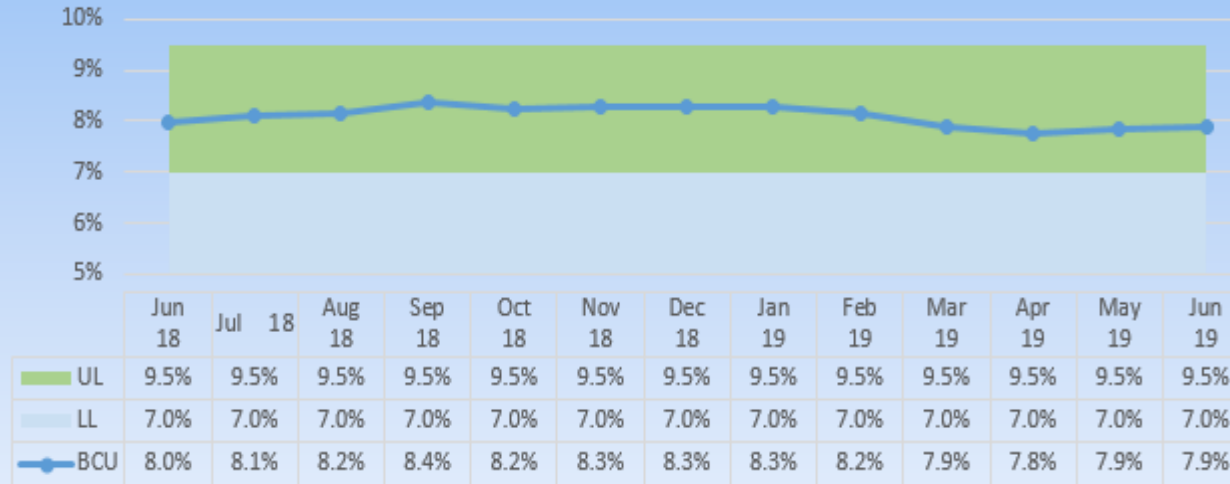


M&D Locum Costs by Division (Year to Date June 2019)



WORKFORCE QUARTERLY REPORT

Turnover (excluding M&D Training Grades)



Turnover

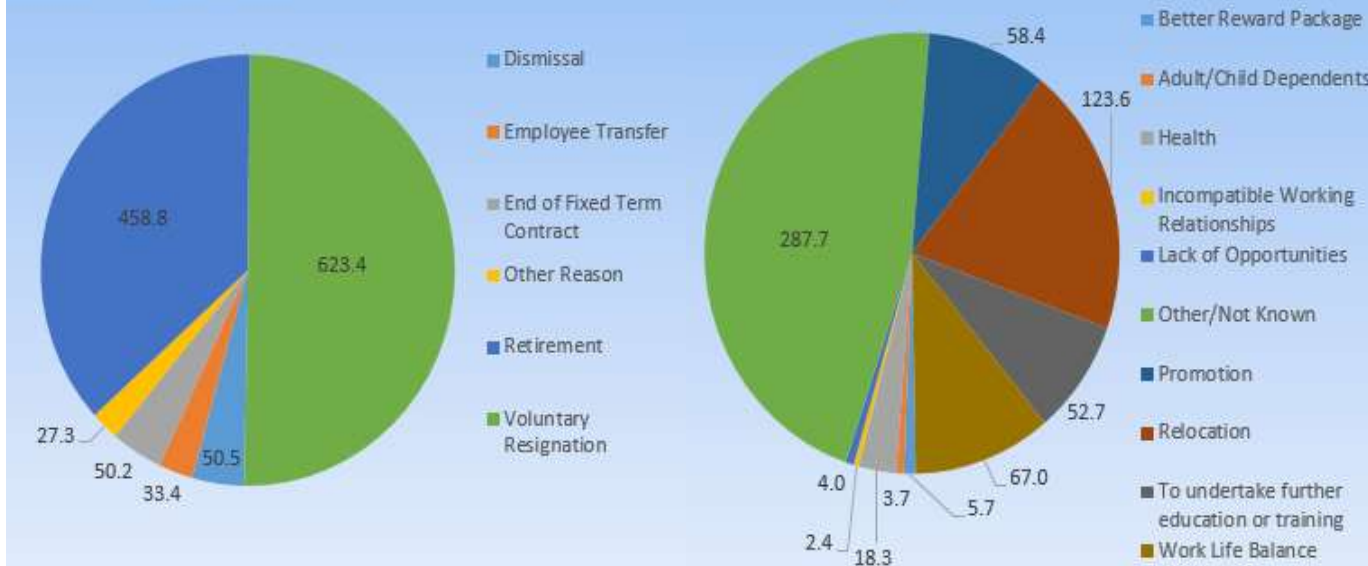
Where we are:

Overall, turnover falls within the acceptable levels of 7 - 9.5% at 7.9% and has been generally reducing in recent months. 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 make up 50% of leavers, 11% of those give Work Life Balance as the reason and 46% do not give a reason. Turnover in women's and Ysbyty Gwynedd has reduced significantly since the same period last year and avoidable turnover within 2 years of service is highest within Area East and Area Central.

Leavers FTE by Reason

Voluntary Resignation FTE by Reason



What are we doing about it:

Drill down into turnover shows that there is a particular issue with staff leaving within 2 years of starting and that a significant proportion of turnover is avoidable for staff leaving with 10 years or less service with BCU. Reviewing preceptorship, review of 'on-boarding' and focus groups with new starters form part of the actions being taken to address this.

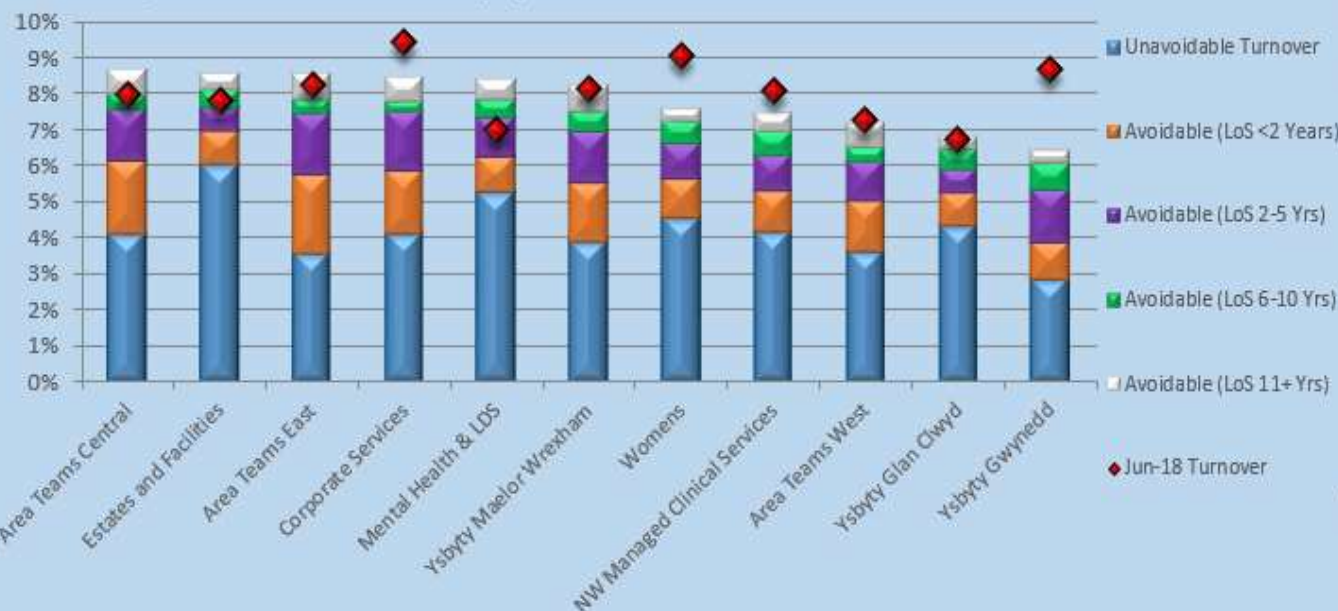
Targeted Retention Improvement Plan is being enacted addressing and influencing five key areas of concern:

- Improving retention in hotspot areas
- Refreshing and improving the exit interview process
- Improving organisational retention
- Improving staff engagement scores (related to retention)
- Reviewing preceptorship process and support

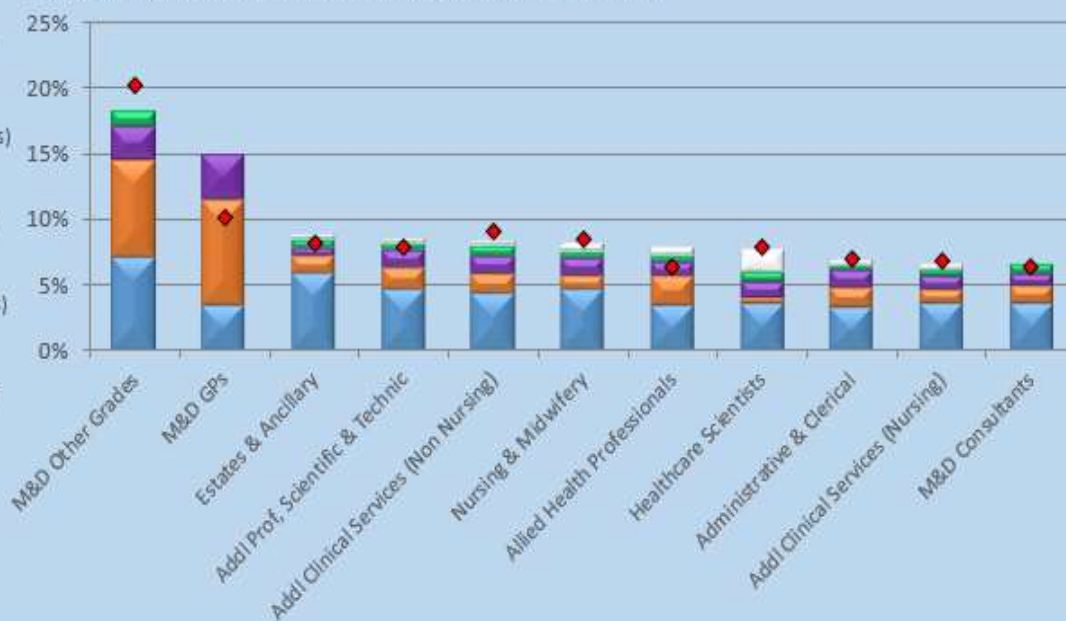
WORKFORCE QUARTERLY REPORT

Turnover

Turnover (Avoidable and Unavoidable) by Division



Turnover (Avoidable and Unavoidable) by Staff Group

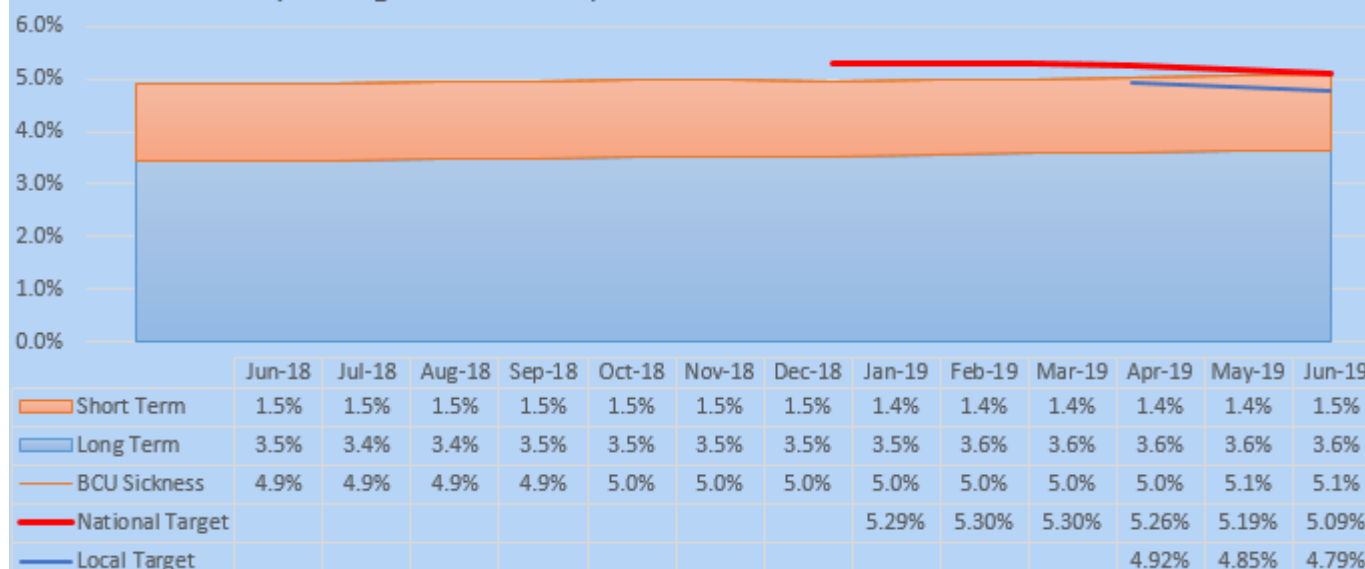


Division	Unavoidable Turnover	Avoidable Turnover				Jun-19 Turnover	Jun-18 Turnover
		(LoS <2 Years)	(LoS 2-5 Yrs)	(LoS 6-10 Yrs)	(LoS 11+ Yrs)		
Area Teams Central	4.1%	2.0%	1.4%	0.4%	0.6%	8.6%	8.0%
Estates and Facilities	6.0%	0.9%	0.7%	0.5%	0.4%	8.5%	7.8%
Area Teams East	3.6%	2.1%	1.7%	0.4%	0.7%	8.5%	8.2%
Corporate Services	4.1%	1.7%	1.7%	0.3%	0.6%	8.4%	9.4%
Mental Health & LDS	5.2%	1.0%	1.1%	0.5%	0.5%	8.3%	7.0%
Ysbyty Maelor Wrexham	3.9%	1.6%	1.4%	0.6%	0.7%	8.2%	8.1%
Womens	4.6%	1.1%	1.0%	0.6%	0.3%	7.5%	9.0%
NW Managed Clinical Services	4.2%	1.1%	1.0%	0.7%	0.5%	7.4%	8.1%
Area Teams West	3.6%	1.4%	1.1%	0.3%	0.7%	7.2%	7.2%
Ysbyty Glan Clwyd	4.3%	0.9%	0.7%	0.5%	0.3%	6.8%	6.7%
Ysbyty Gwynedd	2.9%	1.1%	1.4%	0.7%	0.4%	6.4%	8.7%

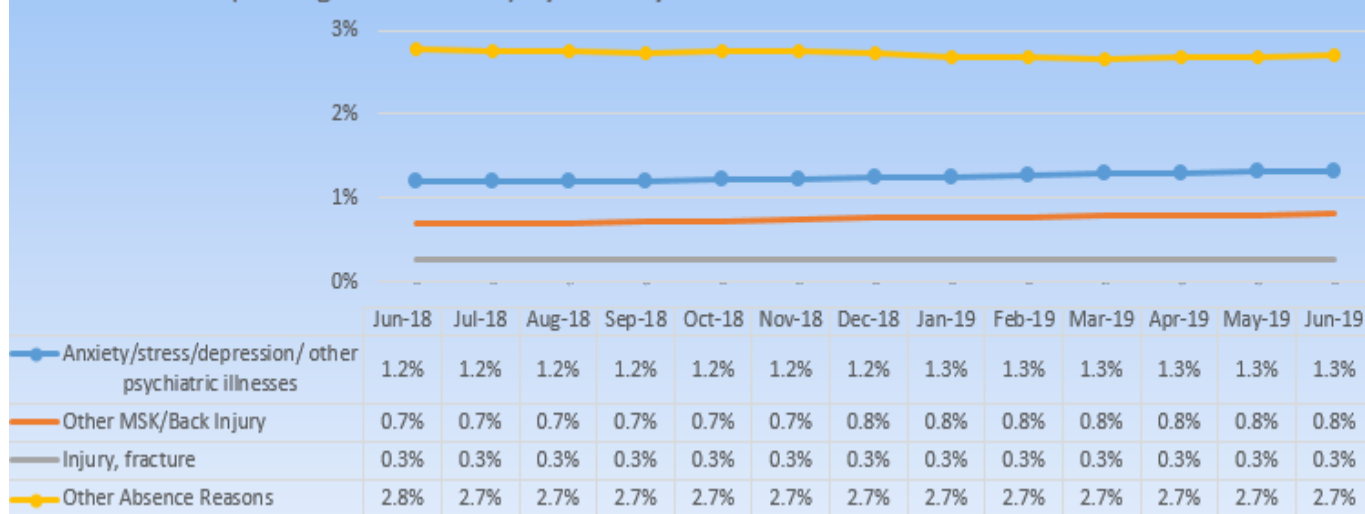
Staff Group	Unavoidable Turnover	Avoidable Turnover				Jun-19 Turnover	Jun-18 Turnover
		(LoS <2 Years)	(LoS 2-5 Yrs)	(LoS 6-10 Yrs)	(LoS 11+ Yrs)		
M&D Other Grades	7.1%	7.3%	2.5%	1.2%	0.0%	18.1%	20.2%
M&D GPs	3.4%	8.0%	3.4%	0.0%	0.0%	14.8%	10.2%
Estates & Ancillary	5.8%	1.3%	0.6%	0.5%	0.4%	8.8%	8.2%
Add Prof, Scientific & Technic	4.6%	1.7%	1.4%	0.4%	0.4%	8.5%	7.9%
Add Clinical Services (Non Nursin	4.3%	1.5%	1.4%	0.6%	0.3%	8.2%	9.0%
Nursing & Midwifery	4.7%	1.0%	1.3%	0.5%	0.7%	8.2%	8.5%
Allied Health Professionals	3.4%	2.3%	1.0%	0.5%	0.5%	7.7%	6.4%
Healthcare Scientists	3.7%	0.4%	1.2%	0.8%	1.5%	7.6%	7.8%
Administrative & Clerical	3.3%	1.5%	1.2%	0.3%	0.5%	7.0%	7.0%
Add Clinical Services (Nursing)	3.6%	1.0%	1.1%	0.4%	0.5%	6.6%	6.8%
M&D Consultants	3.6%	1.3%	0.9%	0.8%	0.0%	6.6%	6.3%

WORKFORCE QUARTERLY REPORT

Sickness Rate (Rolling 12 Month %)



Sickness Rate (Rolling 12 Month %) by Priority Stream



Sickness

Where we are:

BCUHB rolling sickness absence rate continues to increase despite efforts to reduce in line with agreed local and national targets. Despite efforts to reduce priority stream sickness, rates remain steady across the 12 month period and Divisions are not currently meeting their local sickness targets. Mental Health has the highest percentage of staff off with Anxiety/Stress whilst Estates has the highest percentage off with both MSK/Back Problems and Injury/Fracture.

What are we doing about it:

The trajectories have been developed to deliver 4.2% by the end of March 2020, performance is relatively poor putting this in doubt.

Attendance Improvement Plan has detailed timeline of actions. Focus on priority reasons for absence continues. New LT / Stress / MSK trajectories to be launched and monitored from Aug 19. Occupational Health to introduce 'fast track' plan for Stress / MSK.

Supportive communications to staff with consistently high absence rates in September. In September the Welsh Partnership Forum will be considering whether enhancements on sick pay will be removed on a permanent basis.

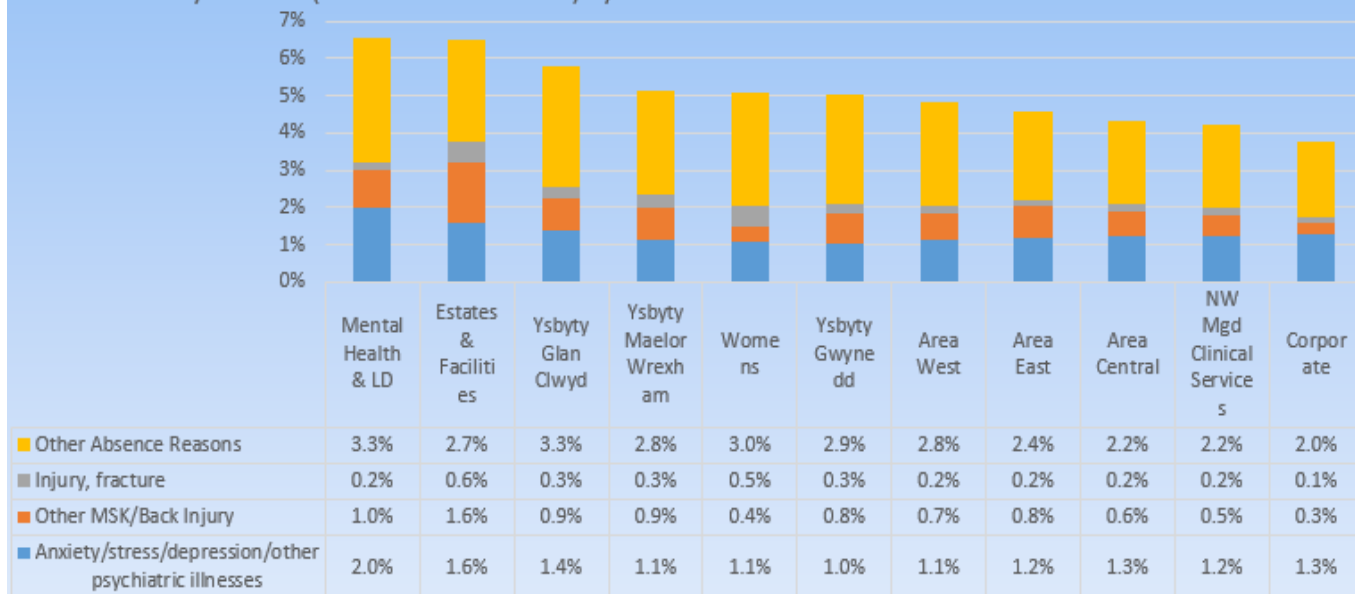
Human Resources staff identify staff who are either long term sick or have reached the prompts in the attendance management policy. Managers are supported to ensure adherence to policy.

Occupational Health and Human Resources target Staff who would benefit from a case conference.

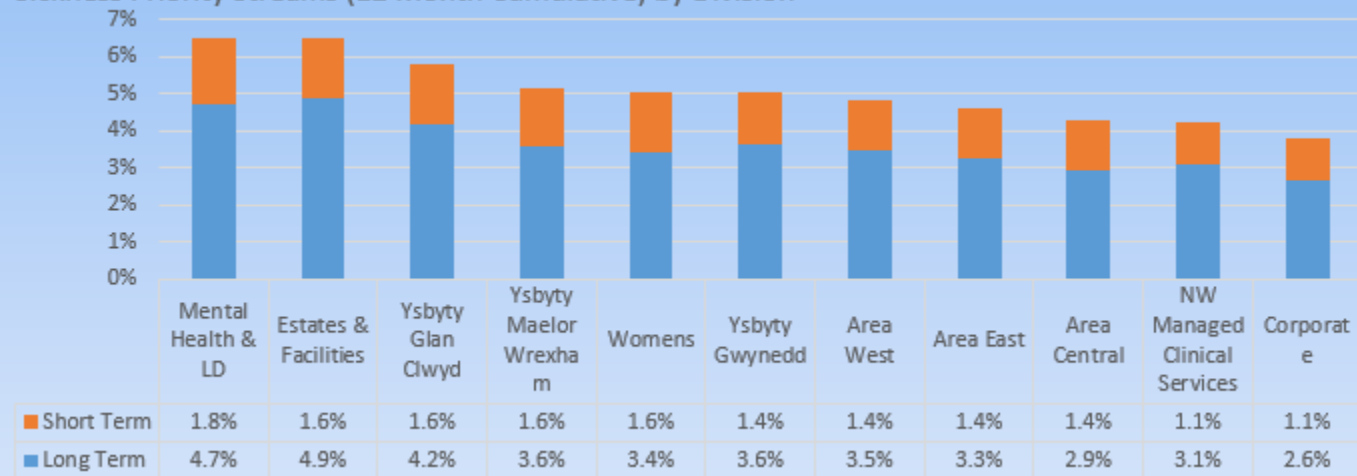
Improvements have been noted in the recording of reasons for sickness. This provides a greater level of scrutiny and allows for the identification of trends.

WORKFORCE QUARTERLY REPORT

Sickness Priority Streams (12 Month Cumulative) by Division

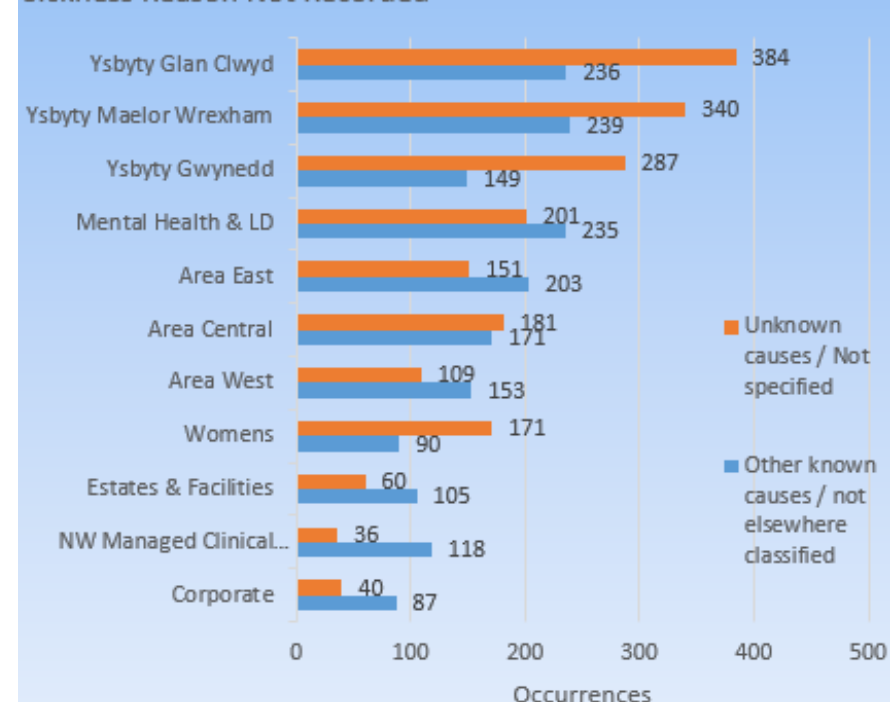


Sickness Priority Streams (12 Month Cumulative) by Division



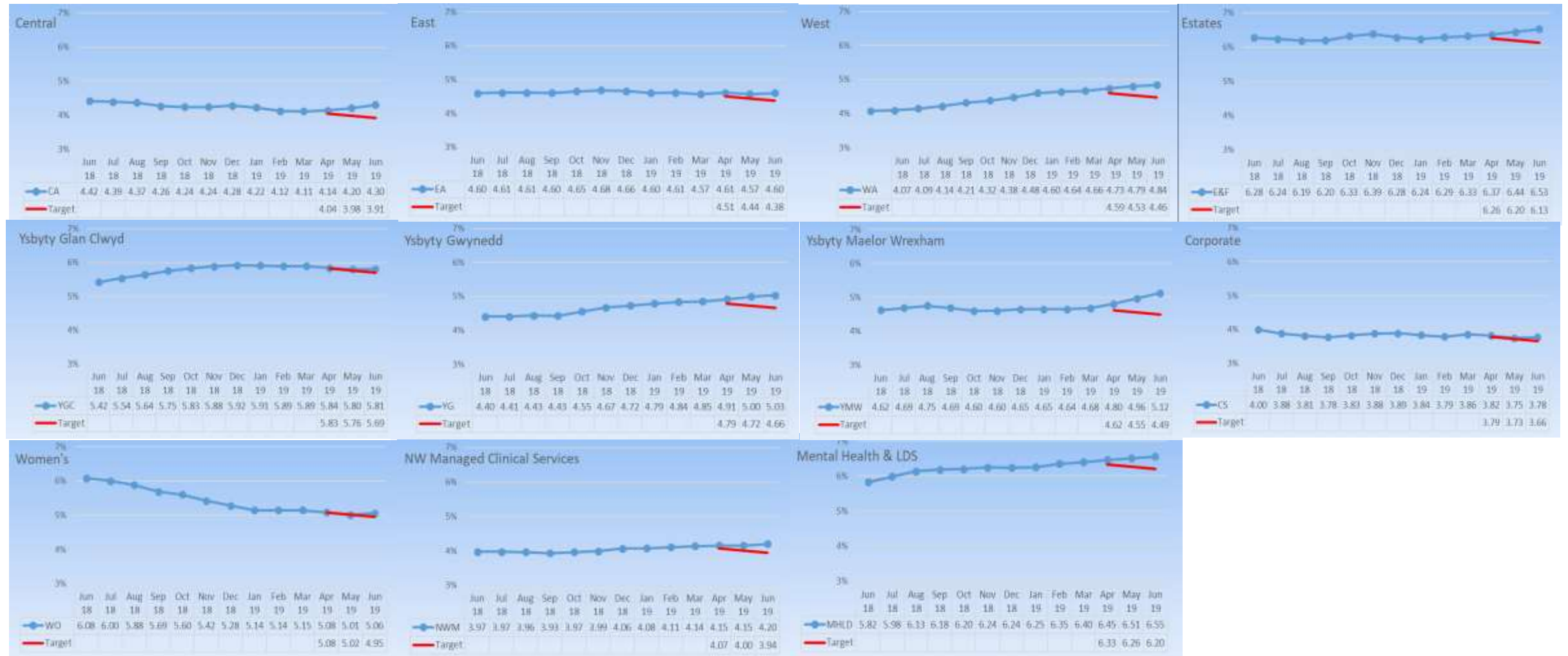
Sickness

Sickness Reason Not Recorded



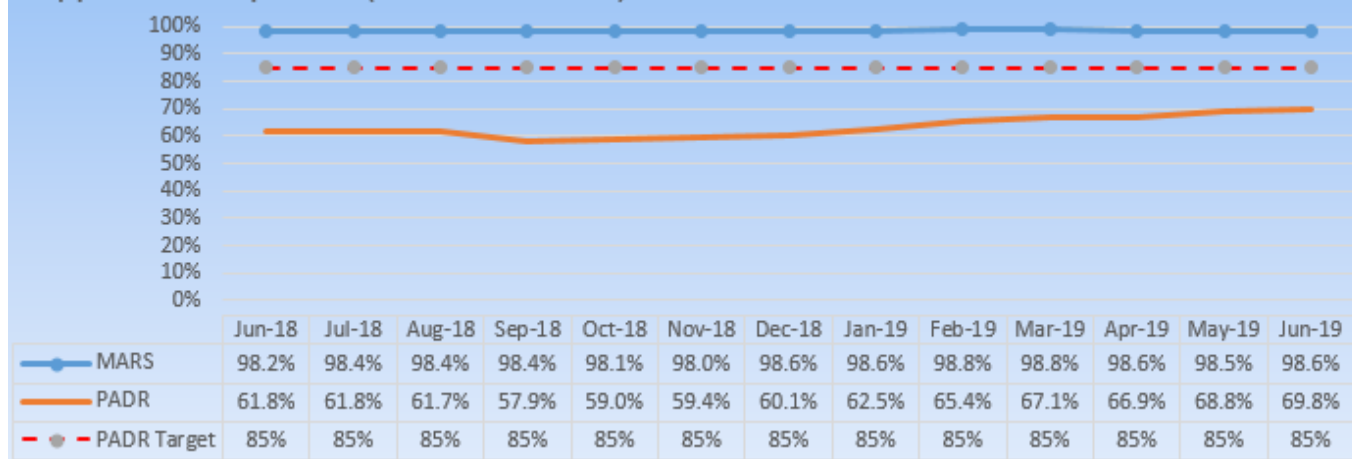
WORKFORCE QUARTERLY REPORT

Sickness



WORKFORCE QUARTERLY REPORT

Appraisal Compliance (PADR and MARS)



PADR % Compliance by Division



Appraisals : PADR & MARS

Where we are:

The compliance rate is improving but not at the pace required in order to reach 85% compliance by end of Quarter 2 2019/20. Women's is consistently above the target however there are four areas who are below 60% compliant: Estates, NW Managed Clinical Services, Ysbyty Glan Clwyd and Ysbyty Gwynedd.

What are we doing about it:

PADR compliance rates have continued to improve with significant improvements in some Divisions from which sharing best practice case studies is a focus.

In order to continue improvements, the following actions are planned:

- Continue to communicate with the Executive Directors and Senior managers on Organisational and Divisional PADR position. Sharing breakdown to all Divisions will support identification of hot spot areas.
- Target all areas with little or no improvement in compliance. In particular Divisions containing the highest number of staff which require continued additional support to address improvement
- Develop new Organisational PADR Improvement Plan with a clear vision for the organisation of support available and the actions required to achieve compliance
- Produce final version of new simplified PADR paperwork based on feedback and evaluation
- Facilitate PADR training with supervisors in catering and hotel services in Estates & Facilities west

Whilst the direction of travel is very positive, considering the pace of improvement over Quarter 1 it is not currently realistic to achieve the national minimum target of 85% within the near future.

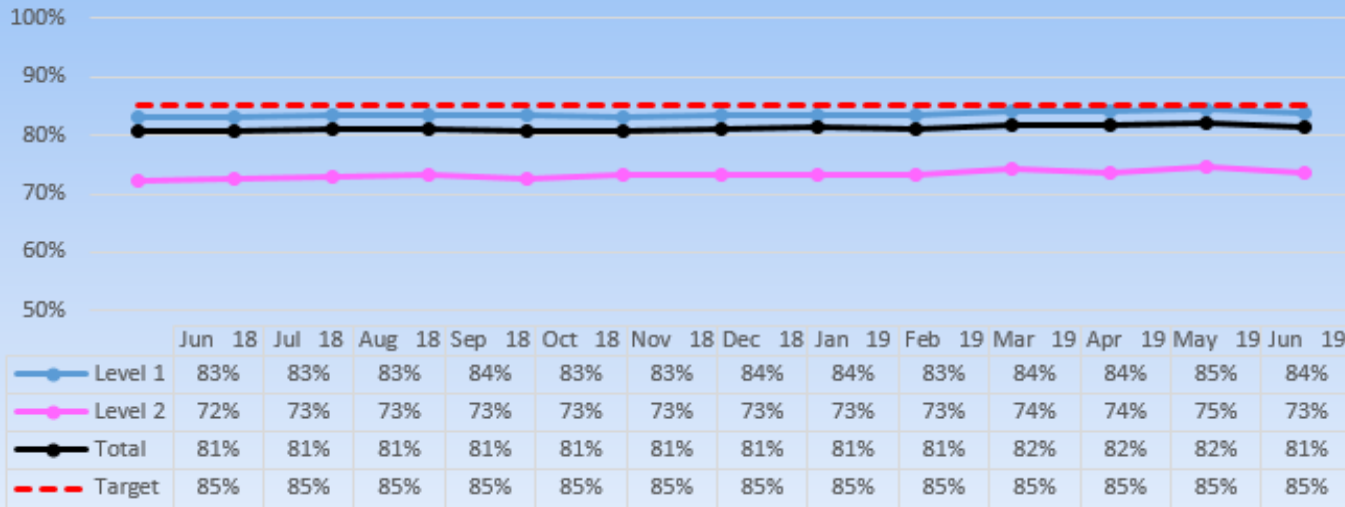
WORKFORCE QUARTERLY REPORT

PADR Compliance by Division

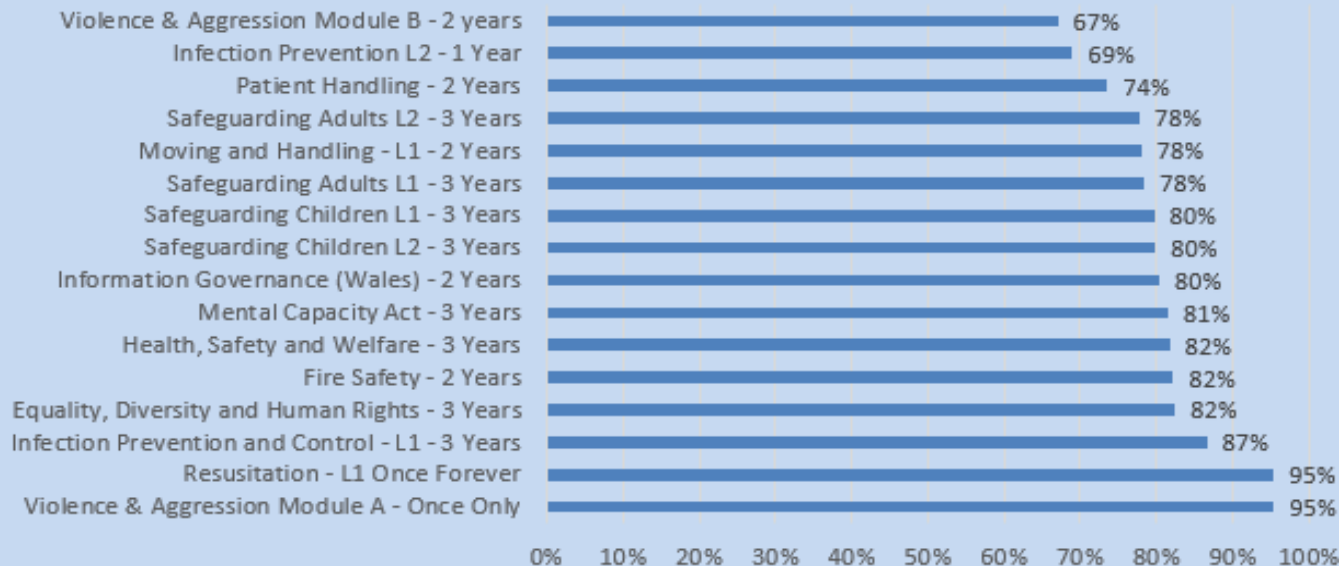


WORKFORCE QUARTERLY REPORT

Training Compliance



Mandatory Training Compliance by Competency



Mandatory Training

Where we are:

Compliance remains consistently at or very near target. The compliance rate dropped in June after hitting the target in May. Most areas are consistently above the target between 2 and 7%. However, Estates are consistently more than 20% below the target but show a 2.5% improvement from June 2018. Other areas between 2 and 7% below the target are Ysbyty Maelor Wrexham, Glan Clwyd and Gwynedd.

What are we doing about it:

Full investigation of the compliance dashboard, attendance records, Subject Matter Expert responses and E-learning activity, to identify reasons for non-compliance.

Reviewing specific areas of poor compliance including individual compliance records.

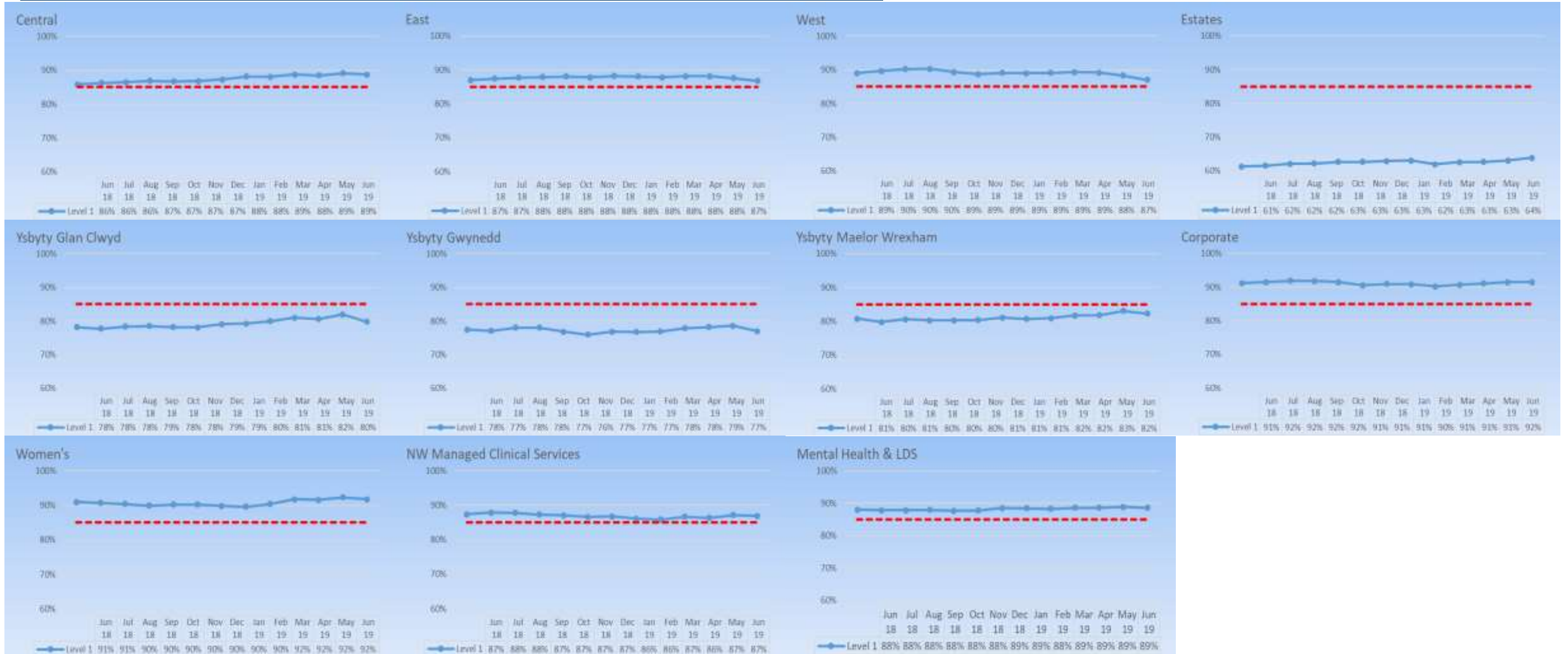
Investigating the increase of 'Did not attend' [DNA] figures.

Identify and report projected compliance figures for all Level 1 subjects to highlight particular months of compliance data where a possible reduction in Mandatory compliance is predicted due to larger volumes of staff becoming non-compliant. In response reviewing training provision with related Subject matter expert.

With the above actions we anticipate maintaining the target rate of 85%

WORKFORCE QUARTERLY REPORT

Mandatory Training



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

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

Finance and Performance Committee		Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
22.8.19		
To improve health and provide excellent care		

Report Title:	Retention Update
Report Author:	Mr Lawrence Osgood, Associate Director of Workforce Performance and Improvement
Responsible Director:	Mrs Sue Green, Executive Director of Workforce and Organisational Development
Public or In Committee	Public
Purpose of Report:	To update the committee on the retention plan and associated actions.
Approval / Scrutiny Route Prior to Presentation:	This paper has not been presented elsewhere and is for information / discussion.
Governance issues / risks:	This paper describes a plan to mitigate the previously identified risk that if the Health Board has poor retention it could result in having insufficient substantive staff in key staff groups.
Financial Implications:	The retention plan is designed to support lower vacancy rates which will result in reduced non-core spend.
Recommendation:	The Committee is asked to note the report for information and provide feedback if appropriate.

Health Board's Well-being Objectives (indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)	√	WFGA Sustainable Development Principle (Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
This summary paper in particular contributes to: <ul style="list-style-type: none"> Financial plan on schedule to deliver to the finance control total agreed for 2018/19 Evidence of improved integrated clinical, service, workforce and financial planning to deliver turnaround and transformational change A workforce and OD strategy developed and agreed by the Board with leadership developments as a key priority 			
Equality Impact Assessment			
No EqIA carried out as paper is for information only			

1. SUMMARY

The vacancy rates in the key Medical and Dental (M&D) and Nursing and Midwifery (N&M) staff groups remain high M&D – 12.0%, N&M – 11.3% (July 2019). In the wider healthcare economy, there are extreme challenges in supply of trained staff (e.g. some M&D specialisms, GPs, Band 5 N&M). Whilst the Workforce Team continue to maximise recruitment, to work with clinical / managerial colleagues to review service delivery (e.g. further use of ANP, CNS, Band 4 Nursing, Physicians Assistants etc.) and to look at maximising utilisation of existing substantive staff through effective rostering, it is recognised that retention of our existing staff is a vital priority in reducing vacancy levels.

In response to these challenges, Workforce and Organisational Development (WOD) have developed a targeted Retention Improvement Plan for addressing and influencing five key areas of concern:

- Improving retention in hotspot areas
- Refreshing and improving the exit interview process
- Improving organisational retention
- Improving staff engagement scores (related to indicators of retention)
- Reviewing preceptorship process and support

Retention actions executed to date include:

- Exit interview process has been promoted and targeted at key staff groups, interviews have taken place, issues arising escalated and intelligence gathered is informing further actions:
- Thirty 'hotspot' areas for poor retention have been identified across the Health Board;
- Focussed support has been given to a number of priority wards across Wrexham Maelor and Glan Clwyd Hospitals where recruitment and retention challenges were identified; including cultural survey & Organisation Development (OD) support, E-Roster and ESR support and broader HR focused support.

The Retention Improvement Plan, as detailed in section 3 below, is based on increasing intelligence on staff engagement and reasons for leaving, it targets the previously identified hotspot areas with high turnover / low engagement and it will seek to leverage and spread good practice identified in lower turnover / higher engagement areas of BCU.

2. BACKGROUND

Table 1 - Turnover Rate for period July 2018 – July 2019

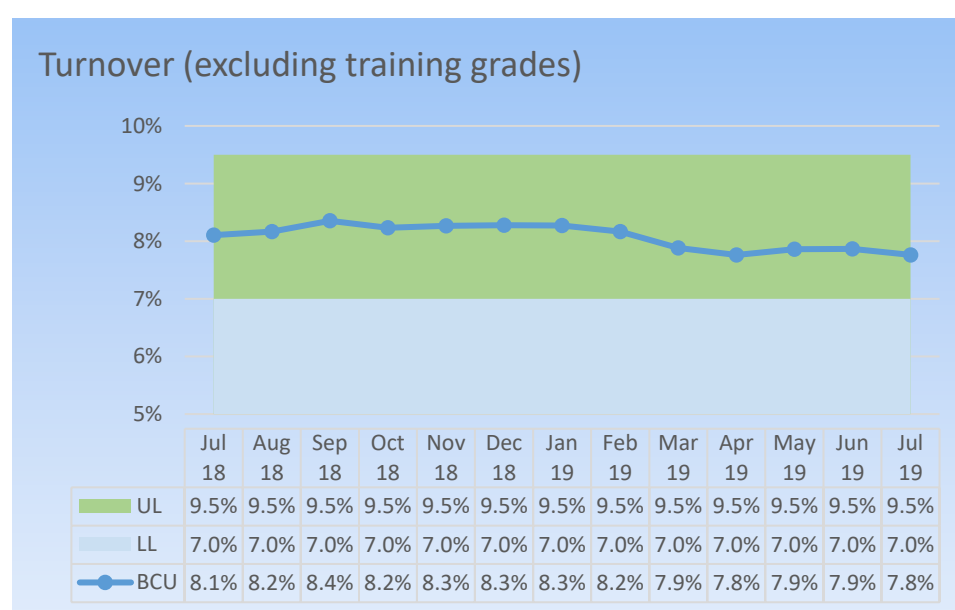
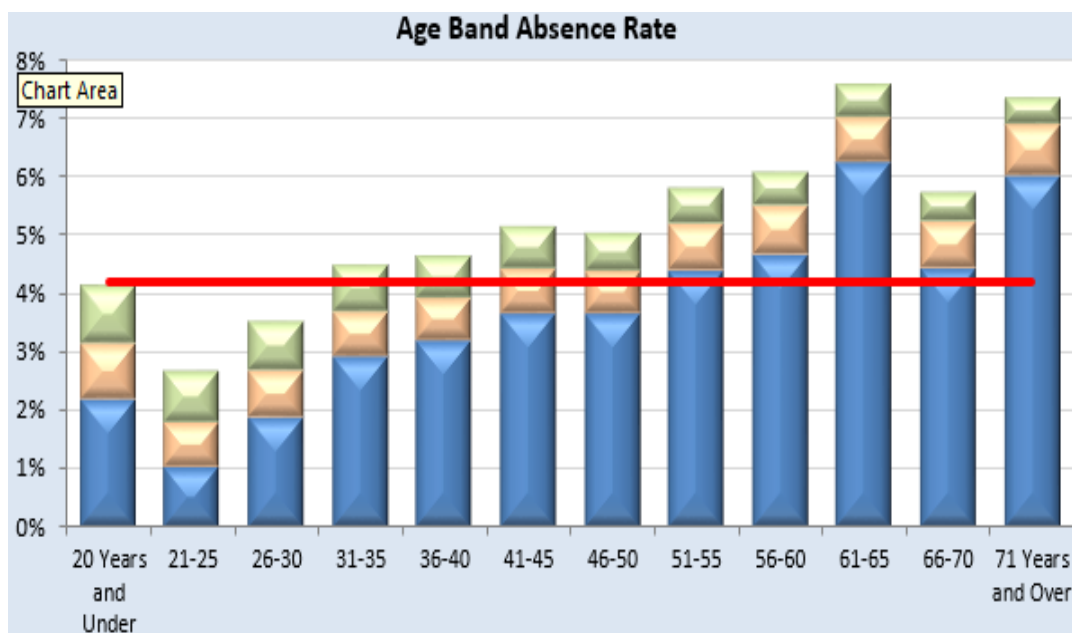


Table 2 – Breakdown of avoidable and unavoidable turnover by length of service

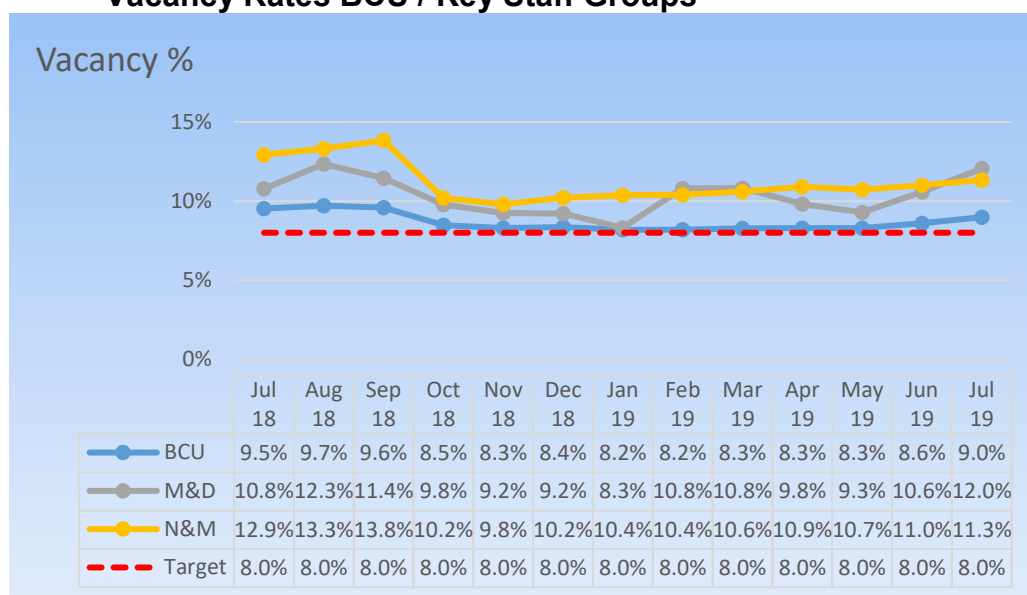
Length of Service	Unavoidable Turnover	Avoidable Turnover	Total Turnover
- 2 Years	3.40%	8.87%	12.27%
2-5 Years	2.34%	5.29%	7.62%
6-10 Years	1.88%	2.99%	4.87%
11+ Years	6.29%	1.21%	7.50%
Total	4.21%	3.66%	7.87%

Drill down into turnover over the previous 12 months shows that there is a particular issue with staff leaving within 2 years of starting and that a significant proportion of turnover is avoidable for staff leaving with 10 years or less service with BCU. Reviewing preceptorship, review of 'on-boarding' and focus groups with new starters form part of the actions being taken to address this.

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 as the graph below shows sickness can be higher amongst older staff.



Vacancy Rates BCU / Key Staff Groups



Whilst overall turnover remains within acceptable boundaries and has reduced in recent months this has not been matched with an improvement in vacancy rates in key staff groups, which have worsened in recent months. The BCU overall vacancy rate is lower than this point last year but the key Medical and Dental (M&D) and Nursing and Midwifery (N&M) staff groups remain relatively high, M&D – 12.0% (Higher than at this point last year), N&M – 11.3% (lower than at this point last year).

As well as a general shortage of registered Nurses for our Medical & Dental staff there are some especially hard to fill specialisms these include:

- GPs
- Mental Health and Learning Difficulties
- General Surgery
- Rheumatology
- Care of the Elderly
- Radiology (particular the specialisms relating to Breast)
- Gastroenterology
- Obstetrics and Gynaecology.

In addition the number of new doctors (aged under 30 and who qualified in the UK) joining the General Medical Council register annually continues to fall.

High level of vacancies in these key groups has contributed to significant agency spend (2018/19 BCUHB spent circa £31,000,000 on Agency staffing, with £12,914,589 on Agency N&M staffing and £13,987,752 on Medical and Dental).

Recruitment to these staff groups is difficult within the wider context of a healthcare staffing environment that will remain very challenging in the near future highlighting the importance of retaining existing staff.

Within the internal context the age profile of BCU staff is concerning with nearly 4,000 staff over the age of 55 (3,983), of these 1,058 N&M and 224 M&D, staff are over 55. There is an increased likelihood of staff over this age retiring especially as many nurses in this age group will have 'special classes' pension provision. For M&D staff recent changes to pensions arrangements may see increased numbers of M&D colleagues retiring, whilst many will return, they often seek to do so on reduced hours.

3. Retention Improvement Plan Update

In response to these challenges Workforce and Organisational Development (WOD) have developed a targeted Retention Improvement Plan for addressing and influencing key areas of concern as detailed below:

- Improving retention in hotspot areas
- Refreshing and improving the exit interview process
- Improving organisational retention
- Improving staff engagement scores (related to indicators of retention)
- Reviewing preceptorship process and support

(see appendix 1 for actions and timelines)

Improving retention in hotspot areas

Thirty specific areas with high rates of staff vacancies and turnover were identified via the use of WOD metrics dashboards in May 2019. This initial identification of areas requiring additional support has enabled Heads of Workforce to begin working with these areas to develop recruitment and retention improvement plans specific to the needs and challenges of each area.

This work and the actions flowing out of the improvement plans will be tracked against workforce metrics (September 2019) to ensure progress is being made.

WOD has already supported work in a number of priority wards across Wrexham Maelor and Glan Clwyd Hospitals where recruitment and retention challenges were identified, including cultural survey & Organisation Development (OD) support, E-Roster and ESR support and broader HR focus on supporting managers with policy and process use and compliance. Priority wards identified as needing WOD support in Wrexham Maelor were:

- Medical Assessment Unit (MAU)
- Bersham (Stroke Acute)
- Erddig (Respiratory)
- Pantomime Ward (Surgical)
- Mason Ward (Endocrinology ward)

Priority wards identified as needing WOD support in Glan Clwyd were:

- Ward 19 (COTE – Care Of The Elderly)
- Ward 3 (COTE – Care Of The Elderly)
- Ward 4 (Cardiology)
- Surgical Ward 5
- Acute Medical Unit (AMU)
- Emergency Department (ED)
- Surgical Assessment Unit (SAU)

Cultural surveys in support of the Priority Wards have taken place. These were focused around exploring four core cultural elements linked to general climate and team morale, supporting management and leadership capacity, supporting the delivery of consistent and quality PADR and reviewing levels of perceived team working, engagement and involvement as in keeping with research carried out by CIPD (2017) https://www.cipd.co.uk/Images/resourcing-talent-planning_2017_tcm18-23747.pdf.

Individual reports with analysis of results and recommendations for action were provided for completing wards with a follow up meetings to review survey results and plan next steps. Additionally summary reports were sent to the clinical management teams. Further to this the OD team have met with Ellen Greer, Hospital Director, Glan Clwyd Hospital to take this forward in YGC and have also communicated with Imran Devji, Managing Director, and Wrexham Maelor as part of ongoing work supporting leadership development, staff engagement and service improvement.

Planned and ongoing work for Quarter 2 includes the development of an 'intention to quit' survey designed to identify any members of staff in hotspot areas who are considering leaving the organisation. The output of this survey is designed to feed into a number of supplementary OD interventions currently being developed. These include:

- Recognising managerial competency as a potential indirect variable influencing staff retention we will conduct targeted management and leadership training needs analysis in hotspot areas based on correlation of patterns of high staff vacancies / turnover and identified opportunities for development. We will ensure current managers and leaders in identified hotspot areas are supported to access appropriate levels of training, development and coaching relevant to their position, level of experience and areas of need (e.g. ASiM, Ward Manager Programme, Matron Programme, 1:1 coaching).
- Offering access to career clinics for priority leaver groups as identified in both hotspot area metrics, agency and bank spend data and intention to quit surveys with the intention of supporting staff considering leaving the organisation to stay through exploring options and opportunities to develop skills, experience and/or access support.
- Building on work done to date developing good practice guidance with high performing areas who show consistently low levels of turnover / vacancies and high scores on the values-based questions in the 2018 Staff Survey. This will see the draft guidance published into the organisation and explored more specifically with hotspot areas to ensure fit of good practice ideas with local context. In addition OD will seek to host a number of learning events that help link managers in hotspot areas to those working in high performing areas to allow further opportunities for the sharing of good practice, explore common challenges, access mentoring and signposting and help with the co-design of potential solutions

- As this suite of improvement interventions progresses OD will evaluate the potential for teams to access the BeProud Pioneer programme designed to support teams ready for the challenge to enhance and subsequently build upon current team engagement levels.

Refreshing and improving the exit interview process

BCUHB has turnover at 7.8% (as at July 2019) understanding why employees leave the organisation is important. Retirement and voluntary resignations are the top two reasons for leavers, 44% of employees leaving have done so voluntarily giving considerable scope for retention if reasons are identified and addressed.

The Exit Interview process is important to the Health Board as the information gathered helps us analyse trends and reasons for turnover. It also represents a prime opportunity to gain valuable information on employment conditions within the Health Board, which then can support any policy changes that may be required because of employee feedback.

With this in mind exit interviews have been promoted especially in relation to key staff groups such as N&M and M&D resulting in exit interviews for 14% of leavers overall, 14% of N&M leavers and 12% of M&D leavers in Q1 2019/20.

Whilst exit interviews are now taking place the number of leavers is significantly higher (see below) and the percentage of interviews in target groups is not high enough, so further work is scheduled to encourage the use of exit Interviews.

Tables represent leavers versus Exit interviews received (01/04/2019 – 30/06/2019, 346 leavers)

Professional Group	Number of leavers	Number of Exit Interviews received	Return Rate Percentage
Nursing and midwifery Registered	138	20	14%
Medical and Dental	17	2	12%
Healthcare Scientists	5	1	20%
Estates and Ancillary	41	0	0%
Allied Health Professionals	15	3	20%
Administrative and Clerical	64	17	27%
Additional Clinical services	51	4	8%
Add Prof Scientific Technic	15	2	13%

Location	Exit Interviews returned Percentage
Ysbyty Gwynedd	19%
Wrexham Maelor Hospital	16%
Ysbyty Glan Clwyd	14%
Not answered /area not known	10%
Flintshire Childrens Centre	3%
RAH	3%
Ty Llewelyn	3%
Abergele Hospital	3%
Bodfan, Caernarfon	2%
CoedPoeth	2%
Colwyn Bay	2%
Dolgellau	2%
Hafan Iechyd	2%
HMP Berwyn	2%
Holywell	2%
Llanberis	2%
Llangefni	2%
Llanwrst	2%

To address low response rates work has begun around reviewing and amending current policy and process to ensure it is fully fit for purpose. After consultation with appropriate stakeholders, an amended policy and associated guidance for

managers will be ready for general organisational promotion as well as targeted use in hotspot areas / staff groups in September 2019.

Analysis of exit interviews:

The employees were asked a series of 16 questions related to aspects of their role, the highest positive feedback stated that they felt that the organisation/ management welcomed their ideas, they felt that they could influence change, their duties were defined and that they received Sufficient Training. The highest negative feedback stated that the departmental morale was low, that they had encountered violence/aggression while at work, that there was poor communication and that the workload was unmanageable workload. The exit interview process includes immediate escalation of any particularly concerning 'red flag' issues to more senior management.

	No Response Received	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
	%	%	%	%	%	%
I felt that my work load was appropriate for my grade	5%	4%	17%	11%	42%	17%
Communication is good and I knew what was happening in the Organisation	5%	9%	18%	20%	38%	7%
My duties were clearly defined	5%	1%	5%	11%	60%	15%
The morale in the department was always good	5%	10%	31%	16%	28%	7%
People can speak their minds about how things are in the Organisation	5%	4%	17%	27%	40%	4%
I have been able to voice my opinions and influence change in my area of work	5%	2%	9%	9%	52%	20%
I have always been involved in decisions that affect me in my area of work	7%	3%	12%	12%	44%	18%
The Organisation has encouraged me to learn and develop	7%	1%	2%	21%	43%	24%
I felt that the quantity of work was manageable	5%	7%	17%	21%	38%	9%
My Supervisor/Line Manager was a good leader and role model	5%	5%	3%	23%	41%	20%
I have regularly discussed my objectives and performance with my Line Manager	5%	2%	4%	21%	48%	17%
I received sufficient training in order to do my job	5%	1%	3%	11%	52%	24%
I have encountered no violence or aggression in the course of my work	5%	3%	28%	10%	27%	24%
My Line Manager has always welcomed ideas that I have put forward	5%	2%	7%	15%	40%	29%
Adequate facilities and flexibility exists to fit work around my family life	5%	2%	5%	15%	47%	23%
I would consider returning to employment with the Trust	9%	8%	8%	12%	37%	23%

The intelligence gathered so far is influencing future activity and further work is scheduled in August 2019 to explore the data around violence and aggression experienced in the workplace to understand the detail of this in relation to potential bullying/harassment issues, this aligns to a core implementation objective of the Corporate Staff Survey Improvement plan.

Improving organisational retention

The Workforce Improvement Group structure and Heads of Workforce are tasked with ensuring all divisions have appropriately mapped out retention improvement plans aligned to workforce metrics that can be monitored for effectiveness.

To align PADR processes to organisational retention, work will be undertaken in October 2019 to develop guidance for managers around asking strengths and skills-based questions. This is to utilise the findings of research carried out by Gallup in 2017 <https://www.gallup.com/workplace/236288/global-study-roi-strengths-based-development.aspx> which indicates greater levels of employee engagement and lower employee turnover linked to knowing that managers not only understand an employee's strengths but actively build on these when aligning work tasks. This piece of work will also include guidance on exploring succession planning, talent management and conversations designed to support employees' desire to stay in the organisation as linked to learning, development and being able to take advantage of opportunities as they arise.

Work will be started in September 2019 hosting focus groups with a diverse sample of new starters to explore, evaluate and where needed improve practice in relation to their experience of the organisation's on-boarding process (recruitment process, corporate orientation and local induction). This work will build on the information WOD are already collecting from new starters surveys to ensure we can more fully explore any areas of strength in practice alongside areas for improvement. Learning from such events will be combined with that carried out in high performing areas to date so as to add depth and breadth to good practice guidance around recruitment and retention already developed.

Improving staff engagement scores (related to indicators of retention)

Staff engagement scores have been mapped to the ongoing organisational surveys conducted through the BeProud programme of work. The main aim of the organisational survey is to review levels and trends of staff engagement across the organisation and identify factors that may be enabling or inhibiting staff engagement.

The first of these organisational surveys was in quarter 1. The overall response rate was 20.29% based on 1400 completed out of 6899 invited. A 30% response rate is usually recommended, and therefore these results should be interpreted with some caution. However, as the overall number of responses was 1400, the relatively large sample size will reduce the impact of the smaller response rate. Some areas had response rates below 10%, and therefore results from these areas should be treated with particular caution: Nursing Exec (0.36%), Estates and Facilities (1.12%), North Wales Wide Hospitals Services (Cancer Services; 1.70%), Medical Exec (R&D; 3.01%), YWXM (6.10%), Women's (6.23%), YG (6.93%), YGC (8.58%), and WOD (9.38%).

Overall, the results indicate a *moderate to positive level* of engagement with an overall engagement score of 3.84 out of 5. As this is the first survey undertaken by Betsi Cadwaladr University Health Board, there are no changes over time to be reported. The two highest-scoring enablers of engagement were Trust (4.00 out of 5) and Working Relationships (3.91). These represent areas of strength for the organisation. The two lowest-scoring enablers in this first survey were Influence (3.22) and Recognition (3.22).

In relation to these initial results WOD are working on a number of initial recommendations from the 1st organisational survey report provided by Go Engage. The first of these is to focus on developing the response rate to the survey, to improve on the reliability of the data. Regarding developing Influence, it was recommended that current staff feedback systems are reviewed, to improve robustness of staff feedback processes. This recommendation is aligned to work already underway in relation to staff engagement, including the work around Staff Survey Implementation plans, both corporate and divisional to ensure that staff see and experience action being taken on the feedback they provide.

Regarding developing Recognition, it was recommended that the organisation consider ways to connect senior staff with staff 'on the ground', and to raise the profile of local areas in the wider organisation. Again this aligns to work already being planned through WOD around senior leadership 'back to the floor' activity, and in increasing senior leadership involvement in the Seren Betsi process.

Reviewing preceptorship process and support

WOD and Nurse Education have started working on the design of a short survey aimed at exploring the experiences, perceptions and suggestions of new nursing and midwifery staff in relation to starting in BCUHB and their experience of preceptorship. The gathering of this data in August and September will enable WOD and Nurse Education to evaluate the impact and value of the newly launched Preceptorship Framework.

The framework was developed in consultation with multiple stakeholders, including a wide variety of nursing and midwifery colleagues in clinical practice, as well as partners in our universities and nursing and midwifery graduates. This is to ensure the preceptorship process is fit for purpose for both preceptors and preceptees.

Additionally WOD and Nurse Education will start work in October on measuring the current consistency of mentoring opportunities for preceptees. Where needed we will be building capacity and skills to enable all preceptees to be able to access this support in order these staff to feel valued and invested. This is in response to good results seen in terms of intention to stay in high performing areas of the Organisation (Women's, Area East and Area Central) in the 2018 Staff Survey.

4. CONCLUSION

In order that all services in the Health Board remain adequately staffed in a challenging healthcare labour market WOD are prioritising action on retaining existing staff. A comprehensive action plan based around five priority areas is being enacted and will be further developed. This work will build on increased intelligence on staff engagement and reasons for leaving, it will target the identified hotspot areas with high turnover / low morale and it will seek to leverage and spread good practice identified in lower turnover / higher engagement areas of BCU.

5. RECOMMENDATION

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

Appendix 1 – Retention Improvement Plan

Retention Improvement Plan																	
Objective	Action	Lead	Measures of Success		Qtr. 1			Qtr. 2			Qtr. 3			Qtr. 4			Current Position
			Baseline	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	
Improve Retention in hotspot areas	Identify hotspot areas	GE	No targeted interventions identified for hotspot areas	Hotspots can be easily identified			X										Action achieved
	Ensure all hotspot areas have an improvement plan in place	NT/HoW		All hotspot areas have a local improvement plan in place				X									Work ongoing
	Monitor effectiveness of improvement plans via workforce metrics	HoW		Metrics are tracked to monitor effectiveness of improvement plans						X							Metrics in place to monitor against
	Implement an Intention to Quit survey in hotspot areas	NT		Survey drafted, evaluated and in use if appropriate				X									Survey in development
	Conduct leadership development TNA in hotspot areas and signpost accordingly (coaching, ASiM, WMP, ILM, LfT)	GE/LEE		TNA in place to inform development					X								TNA designed; ready to implement
	Offer access to career clinics for staff in 'priority leaver' groups identified as intending to quit	GE/LEE		Staff offered career clinics					X								Offer planned; ready to implement
	Facilitate 'lessons learning' events in hotspot and high performing areas to share ideas, explore common challenges, codesign solutions	GE/LEE		Lessons learnt events/information being shared in order to encourage best practice					X								Liaison and planning activity started
	Consider if hotspot areas could benefit from Pioneer Programme and enrol onto next available intake	NT		Teams nominated and commenced on Pioneer programme if appropriate						X							Criteria in place to evaluate fit
Refresh and improve the Exit Interview process	Review current policy	NT	Limited information available from staff who leave	New policy in place which addresses improving the Exit interview process			X										Review commenced
	Make amendments as necessary to policy	NT						X								Work undertaken to amend process	
	Consult on new policy	NT							X							Process for consultation planned	
	Implement new policy	NT								X						Use existing channels to launch	

	Review Exit Interview Process to ensure fitness for purpose	GE/A J		Improved process resulting in improved rate of completions and richness of information					X								Review commenced
	Review the Exit Interview process in order to identify potential bullying/harassment issues (Action within Staff Survey Imp plan)	GE/A J		The organisation can identify areas which may be concerning in a constructive and proactive manner					X								Initial mapping work begun
	Redesign/test exit interview	GE/A J		New process in place with improved feedback and data						X							Review commenced
	Launch new process with appropriate guidance for managers	GE/A J									X						Use existing channels to launch
Improve organisational Retention	Ensure all Divisions have a retention improvement plan	HoW	June retention position: overall vacancy rate 8.30% (medical & dental 11.1%; nursing and midwifery 11.1%); voluntary resignation rate (hotspot areas) - 9.8%; overall turnover (hotspot areas) - 19.0%	Agreed divisional % improvements in retention achieved by March 2020			X										Work ongoing
	Monitor effectiveness of retention improvement plan via Workforce Improvement group	HoW								X							WIG to be established
	Provide guidance for strengths-based and 'how do we help stay and grow' PADR conversations	GE/N H									X						Guidance being developed
	Hold a Focus Group for a range of new starters (6 month) to evaluate the Onboarding experience	LE								X							Offer planned, ready to implement
	Identify departments/divisions with low turnover rates to look at best practice	HoW				X											Good Practice guidance developed
Improve staff engagement scores	Monitor BeProud Surveys to track staff engagement scores across Divisions	NT	1st Organisational Survey - overall engagement score of 3.84 out of 5	Divisions have agreed targets to monitor improvements against			X			X			X			X	1st survey completed
	Identify Divisions with low scores in areas of Personal Development, Resources and Work Relationships	NT					X			X			X			X	Work begun on mapping
	Ensure Divisions with low scores develop improvement plans	HoW						X			X			X			Liaison once mapping completed

	Monitor improvements in subsequent surveys	NT/H oW								X				X			X	Via further organisational surveys
Improve Preceptorship processes and support	Review current process - is it fit for purpose? Build on OD work already done supporting this	GE & Nursing	Preceptee assessment protocol in place (for measurement)	Process additionally measured via survey; continuous improvement process in place to ensure fit for purpose process				X										Process review in place
	Explore options for consistent mentoring for preceptees	GE & Nursing									X							Work discussed and planned in
	Survey all those currently undergoing preceptorship to sense check	GE & Nursing						X	X									Survey in development

**Finance and Performance
Committee**
22.8.19

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 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Welsh Government Monthly Monitoring Return
Report Author:	Mr Tony Uttley, Director of Finance, Operational Finance
Responsible Director:	Ms Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	To report to the Committee the completion of monthly reporting to the Welsh Government for Month 4 of 2019-20
Approval / Scrutiny Route Prior to Presentation:	The submission made to Welsh Government was required to have Chief Executive and Chief Financial Officer sign off.
Governance issues / risks:	None
Financial Implications:	None
Recommendation:	Note the contents of the report that has been made to the Welsh Government about the Health Board's financial position for the fourth month of 2019-20

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	

5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Leadership and governance			
Equality Impact Assessment			
Not required for paper of this nature			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board



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MONITORING RETURN

MONTH 4 2019/20

Sue Hill

Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Year to Date Position

1.1.1 Plan position

- Welsh Government has set the Health Board a control total of £25.0m, which is £10.0m lower than the deficit of £35.0m reflected in the initial plan submitted by the Health Board.
- A plan has been developed to move towards the control total set by Welsh Government. The key aspect of this is that stretch savings targets have been allocated out to services; £10.0m beyond those allocated out within the initial plan and budgets.
- The Health Board's financial ledger and reporting continues to reflect the initial plan deficit of £35.0m whilst it explores ways of including the additional stretch targets within the budgetary management system to focus divisions on achievement of plan.

1.1.2 Year to date position

- At the end of Month 4 the Health Board is overspent by £14.6m. This is £3.0m higher than the year to date deficit reflected in the initial plan of £11.6m.
- The key reason for the year to date over spend is savings schemes across divisions that have not yet been identified and delivered.
- In addition there are overspends within certain divisions, including a significant swing in secondary care, with some offsetting underspends in others.

1.1.3 In-month position

- The plan for Month 4 was a £2.9m deficit. The actual position was £3.7m, £0.8m higher than plan.
- Whilst this shortfall is slightly better than the shortfall in Months 1 and 2, it represents a deterioration of £0.3m since Month 3. This includes a significant in-month swing in secondary which is being investigated further.

1.2 Forecast Position

- The Health Board continues to forecast a full-year deficit of £35.0m at Month 4.
- Slippage against the plan for the first four months of the year is expected to be recovered over the remainder of the year. The forecast for the rest of 2019/20 has been adjusted to reflect this.

1. FINANCIAL POSITION & FORECAST

	costs and a review of the scheme, actions taken and impact on costs is scheduled for October.
Secondary Care Drugs	<ul style="list-style-type: none"> - There has been a significant increase in costs in Month 4, giving a £0.6m over spend for the month, an increase of £0.4m on the June over spend. - The key increases for July are in Oncology (£0.2m increase), Haematology (£0.1m increase), Haemophilia (£0.1m increase) and Anterior Macular Degeneration (AMD) (£0.1m increase). - Dermatology drugs continue to be a pressure area with a year to date over spend of £0.4m. Savings through switches to biosimilar drugs are being made, but emerging pressures arising from growth in NICE drugs mean that these switches are not impacting on the overall position.
Clinical Supplies	<ul style="list-style-type: none"> - The increase in costs is primarily attributable to rises in Medical and Surgical Equipment (M&S). This is particularly an issue for Theatres within Secondary Care.
General Supplies	<ul style="list-style-type: none"> - The increase in costs in July primarily relates to Intermediate Care Fund (ICF) expenditure (£3.2m), which is being recognised from Month 4, with corresponding funding within income. There is no impact on the position as all schemes are fully funded.
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none"> - Costs increased in July as English contracts are now being paid on the new tariffs. These increases are funded and so there is nil impact on the position. - The WHSCC contract has a year to date under spend of £0.5m, although it is forecast that Commissioning contracts will breakeven by the end of the year.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	<ul style="list-style-type: none"> - Spend on CHC has decreased by £0.1m in July, with an in-month under spend of £0.2m. FNC spend has remained static, over spending by £0.1m in the month. CHC is £0.6m over spent for the year, with FNC being £0.1m over spent. - Both Area Teams and Mental Health have seen a reduction in CHC/FNC spend this month, as a result of discharges and continuing efficiencies. Overall, there is a balanced position for July. - Backdated inflation payments are included within the Month 10 forecast.
Other Costs	<ul style="list-style-type: none"> - This category includes all other areas of non-pay expenditure. - The over spend position for the year relates to non-identification and non-delivery of savings schemes across Divisions.
Capital	<ul style="list-style-type: none"> - Capital costs include depreciation and impairment costs, which are fully funded. - The capital charges in the Month 4 position reflect the non-cash submission presented in August 2019. - The cash flows for the capital schemes have been reviewed in

2. UNDERLYING POSITION

2.1 Underlying Position (Table A1)

- Since last month we have updated our analysis of underlying position, reflecting ongoing discussions with Welsh Government.
- We would welcome a discussion about a number of validation errors in relation to future IMTP, which we have been unable to clear at this stage.

4. NET EXPENDITURE PROFILE ANALYSIS

4.1 Net Expenditure Profile Analysis (Table B1)

- CHC inflation is forecast to be paid in Months 10 onwards, including any backdated payments within Month 10.

6. SAVINGS ASSUMPTIONS

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

- To deliver the Health Board's control total of £25.0m will require £10.0m of cash releasing savings in year above the £25.0m cash releasing savings already reflected in the initial plan.
- Additional savings opportunities are being worked up, aimed at reducing the Health Board's deficit and recovering the year to date shortfall against plan.

6.2 Identified Savings / Plans

- Monitoring Return tracker schemes for savings and income generation rated as green and amber total £22.1m against an overall target of £34.5m. This leaves a gap of £12.4m, an improvement of £1.1m over last month.

6.3 Savings Delivered

- Total savings delivered by Month 4 are £4.9m, £1.7m ahead of the year to date planned profiles for these schemes.
- However, the budget had anticipated £9.8m of savings overall, so the position at Month 4 is £3.2m behind budgeted delivery. This is held within divisions against unallocated budgets under Other Non-pay. The profile of the budgeted delivery of savings is:

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Budgeted Savings	2,280	2,451	2,486	2,589	2,694	2,748	3,117	3,183	3,201	3,221	3,235	3,295	34,500

- Work continues on the development and delivery of further schemes for 2019/20.

8. HEALTH CARE AGREEMENTS AND MAJOR CONTRACTS

8.1 Contract Approvals

- All of the Health Board's Welsh Expenditure and Income LTA's/SLA's were agreed before the deadline of 31st May 2019.

8.2 Contract Performance

- Contracts are reporting an under spend up to Month 4 of £0.4m, with a year to date underspend of £0.5m relating to the WHSCC contracts.

9. RISK MANAGEMENT

	Risks £m	Risk Level	Explanation
Continuing Healthcare (CHC)	(1.8)		<p>The financial plan approved by the Board explicitly excluded providing growth funding for CHC.</p> <p>The risk on CHC is primarily in relation to OPMH CHC. There has been a significant increase in growth/no of cases, some high cost, within recent months.</p> <p>We are working to try to resolve the issue but there is a growing trend in dementia patients with a pressure on available bed capacity.</p>
Underperformance of savings plans	(9)		<p>At Month 4, the Health Board has £7.8m of unidentified schemes and a risk on underperforming identified schemes of £1.2m. This gives a total risk of £9m.</p> <p>Work continues on the conversion and delivery of identified schemes, and the development of further schemes which will address over-spends and progress towards plan for 2019/20.</p> <p>The additional savings measures that will need to be introduced to progress from a plan of £35.0m towards a control total of £25.0m represent an additional risk.</p>
Hallett v Derby Hospitals NHS Foundation Trust [2018] EWHC 796 QB			<p>This was a significant test case for the NHS. The court examined provisions in F1 doctor employment contracts obliging their employers to monitor working hours and natural breaks. It examined the extent to which certain documents had been incorporated into their contracts, finding that three Department Of Health publications that prescribed how NHS organisations should address monitoring had not been incorporated. Court also considered how NHS might exercise discretion to adopt rational monitoring methodology.</p> <p>The court found in favour of the claimant. There will be a significant potential for other doctors to bring claims against organisations that use Allocate software.</p> <p>It has not yet been determined whether this case will impact on the Health Board and if it does, what the financial implications may be. Further investigations are being undertaken to quantify any potential impact.</p>

11. CASH FLOW FORECAST

11.1 Cash Flow Forecast (Table H)

- The closing cash balance as at 31st July 2019 was £4.5m which included £3.9m of cash held for capital expenditure. The revenue cash balance of £0.6m was within the internal target set by the Health Board.
- Table H – Monthly cash flow forecast is currently reporting a forecast shortfall of £46.108m as at 31st March 2020 with a total cash requirement of £46.415m in order to maintain the opening revenue balance of £0.307m.
- The Health Board is currently assuming that both the opening capital cash balance of £3.665m and all in-year capital funding will be fully utilised during 2019/20.
- The total cash requirement of £46.415m consists of £35.0m to support the forecast deficit position as per Table B, £10.0m in respect of revenue working capital balances and £1.415m in respect of capital resource allocations that were not drawn in 2018/19.
- Revenue working capital balances relate to a general reduction in Accounts Payable balances in 2019/20 due to cash management actions at the end of the 2018/19 financial year and in-year spend relating to resource only allocations received during March 2019.

Revenue cash requirements 2019/20	£'000
Opening revenue balance	307
Forecast revenue deficit	(35,000)
Working capital balances	(10,000)
Underlying forecast revenue cash shortfall	(44,693)
Anticipated Funding requests	
Strategic cash assistance	35,000
Working capital balances support	10,000
Forecast closing revenue cash balance	307

12. PUBLIC SECTOR PAYMENT COMPLIANCE

12.1 Non-NHS Invoices (Table I)

- Not required in Month 4.

12.1 NHS Invoices (Table I)

- Not required in Month 4.

13. CAPITAL SCHEMES AND OTHER DEVELOPMENTS

All Wales Schemes	CRL/ Planned YTD 2019/20 £'000	2019/20 Forecast Out-turn £'000	Variance £'000	2019/20 Expenditure M4 £'000	YTD Planned £'000	Narrative
Capital Projects Approved Funding						
SuRNICC - FBC works	350	574	224	76	109	SuRNICC is complete and operational. There has been a slight delay in undertaking the work for the Paediatric Enhanced Care Area. The completion of the multi faith room is due to be completed in September 2019.
PAS System	830	1,089	259	92	110	The project board has agreed on a revised programme with a completion date November 2020. The CRL has been revised in Month 4, however will be reviewed again in September 2019.
Substance Misuse - The Elms Development	265	625	360	363	391	The contractor is progressing well on the site and the scheme has been handed over. External works is in progress and the final account will be reviewed shortly.
Substance Misuse - Holyhead, Anglesey	418	676	258	1	0	The scheme is design stage. Once completed it will go tender.
Substance Misuse - Shotton, Flintshire	1,325	1,340	15	3	0	The scheme is design stage. Once completed it will go tender.
Emergency Department System	701	701	0	0	0	The scheme is currently being reviewed and a formal programme will be produced.
Ysbyty Gwynedd - Emergency Department	1,496	2,526	1,030	1,269	1,384	The scheme is progressing well and is due to complete in September 2019.
North Denbighshire Community Hospital Progress Redevelopment of Ablett Unit @ YGC from SOC to OBC	2,404	2,404	0	0	0	The Health Board, as agreed by the Finance and Performance Committee, will be appointing a new Supply Chain Partner for the scheme. As a result there will be delays in progressing the scheme.
Orthopaedic Plan Fees to BJC	600	600	0	0	0	The Outline Business Case is being progressed and the fees will be due this financial year.
All Wales Total	9,238	11,384	2,146	1,814	1,994	The scheme is currently in design stage and fees will be due this financial year.
Discretionary Total	12,921	10,775	(2,146)	1,468	1,957	The discretionary capital programme has been formally agreed by the Finance and Performance Committee. The programme is progressing.
Overall Total	22,159	22,159	0	3,282	3,951	

14. SUMMARY

14.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Health Board has anticipated income in our full-year position that is not reflected in our ledger to cover RTT funding (referred to earlier in this report).
- The Month 4 Monitoring Return will be received by the Health Board's Finance and Performance Committee on the 22nd August 2019.



Gary Doherty
Chief Executive



Sue Hill
Acting Executive Director of Finance

Action Point 3.1

I note the year to date deficit of £10.995m as at Month 3, being £2.245m above a straight line plan of a £35.000m outturn. Given that the in-month deficit shows only a minor £0.300m improvement compared to Month 2 and the total spend run rate reduced by a minor £0.152m, there has been no material improvement to your trend during this final month of the first quarter.

Compared to quarter 1, I note that your quarter 2 identified savings delivery will only increase by a total of £0.498k, the phasing of your savings gap amounts to £0.743k (which is currently unsupported) and your spend run rate is forecast to increase by £8.4m. It is therefore your phased income that will predominately improve your quarter 2 deficit trend by £2.5m (compared to the first three months); effectively recovering the quarter 1 position above plan; but still leaving a quarter 2 pressure above the plan at the mid-year point.

Combined with the risks associated with the step up of identified savings during the second half of the year and the current total savings gap, I am not currently assured of your delivery of the £35.000m deficit, which represents your interim plan rather than the control total of £25.000m. I expect the remaining savings gap to be eliminated by Month 4 with delivery profiles being brought forward, to ensure you have a robust plan in totality, which will significantly reduce risk. I will also look to your supporting narrative for further assurance regarding your forecast outturn.

Response

Work continues on financial recovery, and the identification and delivery of savings over the remainder of the year.

There remains a significant risk around the savings programme.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 3.2

I note that the suggested changes set out in my Month 2 reply letter, to match your Table A with the previous plan submission to the Welsh Government (April), have not been fully reflected. This results in an analysis of your £35m that we no longer recognise. Therefore, assuming that your Board has since agreed, in July, to the new analysis as per the Draft Annual Financial Plan produced in conjunction with PWC; it appears more appropriate to reflect the refreshed data in your next submission. For ease of reference, I have completed the below extract as a guide to how the draft plan translates into Table A (based on £35m – lines 1, 2 & 6 reflect your refreshed plan, lines 4 & 7 reflect Month 3 MR data which may have since improved; and line 5 is the gap: if £25m is reported, a further change to line 5 is assumed); however you will need to review the NR, R and FYE column values.

APPENDIX - MONTH 3 MONITORING RETURN RESPONSES

Underlying Position (Table A1) – Action Point 2.2

I note your revisions to the c/f column of Section A, Table A1, however your updated presentation of the underlying position within this month's MMR does not reconcile to the bottom value of the FYE recurring column on Table A (which I assume will change at Month 4, due to the refresh). This should be consistent with the value shown as your c/f position in sections A, B & C of Table A1.

Response

See current month's return.

Underlying Position (Table A1) - Action Point 2.3

As requested last month, I would be grateful if you would use Section A, line 10 to show the FYE adjustment of your c/f Income Generation (£0.026m) as a positive value. A separate line will be created next year, for this particular item.

Response

Noted.

Underlying Position (Table A1) – Action Point 2.4

I note your revisions to sections B&C of Table A1. You appear to be reporting that the new WG allocation (from Table A) has been used to improve the underlying deficit b/f and therefore inflationary costs pressures are increasing the deficit c/f. I would strongly advise that you reconsider this methodology and remove the value from recurring allocations, offsetting it against new cost pressures, and mitigate any remaining cost pressures via your new recurring savings. This would then show the underlying position b/f being improved by the remaining balance of recurring savings only. Your Month 3 methodology is not acceptable and is causing your HB to be an outlier in the All Wales reporting.

Response

Noted – see current month's return.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 3.4

You are reporting that a YTD overspend above plan of £2.3m is due mainly due to savings. Your explanation includes references to a budgeted YTD anticipated savings of £7.2m. It would be useful to provide that profile, as your MR will not reflect that information.

Response

APPENDIX - MONTH 3 MONITORING RETURN RESPONSES

comparison to the reserves detail included in the draft financial plan, it appears there has been a significant reduction in the total amount. I would be grateful if you could include a reconciliation between the draft financial plan items and the Month 4 (due to timing) items; detailing which now form part of your actual spend and which have been released to assist your position.

Response

The bulk of reserves have been utilised to cover relevant expenditure to date and forecast costs in relation to the purpose of the original reserve/funding.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 3.8

Also in relation to Reserves, I am concerned that you have negative expenditure values. Please review this methodology before the Month 4 submission.

Response

See revised presentation of reserves. Further work is being undertaken to address remaining reserve values.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 2.8

note that combined Net annual variances on Table B1 at Month 1 were nil and have since been revised to show £35.0m at Month 3, mirroring the current forecast deficit. I would expect combined annual Net variances (lines 21, 36, 51, 66, 80 & 97), to be nil as they should be against planned *spend* (the deficit was planned) and you have no mitigating items reported outside of six sections mentioned (e.g. in year profit of sale of assets) that would be offsetting the NET expenditure variances

Please therefore review the gross expenditure plans for Month 4, taking into account any increased income, and eliminating the combined net annual variances of £35.0m (i.e. predominantly, annual net variances on the categories, when combined, should equal nil).

Response

See current month's report.

Monthly Positions (Table B) – Action Point 3.9

Please ensure that your Month 4 submission reflects any non cash

APPENDIX - MONTH 3 MONITORING RETURN RESPONSES

See current month's report.

Risks (Table F) – Action Point 3.12

I would also be grateful if you could report the opportunities value in both worst & best case columns.

Response

We have identified worst and best cases in relation to key risks and opportunities.

Risks (Table F) – Action Point 3.13

Please note that I would expect references to savings to be consistent with the savings total reported in the MR tables, rather than stretch targets. Also, you may wish to note that, although cash releasing and cost avoidance are categories of savings on the tracker, we do not require the narrative to distinguish delivery between that categorisation. Instead, it should be the combined savings plan total or by the categories shown in Table C, C1, & C2.

Response

The point is noted.

Statement of Financial Position (Table G) – Action Point 3.14

I refer to my colleague's, Andy Lloyd-Williams, email of 22nd July which detailed the list of Aged Creditor invoices. I trust you are liaising with the relevant organisations and will ensure the outstanding invoices are paid or agree a cancellation, by the next submission.

Response


All outstanding invoices listed on the Creditors Schedule 2019/20 circulated by Andy Lloyd-Williams on 22nd July have now been paid in full.

Other – Action Point 3.15

I am pleased to note that you are forecasting to fully invest the Dental ring fenced Allocation this year, with a balanced position reported. I would be grateful if you could confirm whether this aligns with your service plans shared with the WG Chief Dental Officer and that the forecast position is robust.

Response

The Board remains committed to delivering a balanced position in 2019/20 against the GDS ring-fence, as previously discussed with the CDO and is also actively promoting the Reform programme in North Wales. Due to the increasing levels of contractor under-performance (clawback) in recent years, the HB has over-contracted by 6% above the ring-fence this year, in anticipation that clawbacks will remain high in 2019/20. Risks to the plan are potential corporate contract handbacks/underperformance, sufficiency of patient

Finance and Performance Committee 22.8.19	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
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Report Title:	Summary of In-Committee business to be reported in public
Report Author:	Kate Dunn, Head of Corporate Affairs
Responsible Director:	Sue Hill, Acting Executive Director Finance
Public or In Committee	Public
Purpose of Report:	To report in public session that the following items were considered at the Finance and Performance Committee held in private session on 29.7.19 <ul style="list-style-type: none"> • Monthly Medical and Dental Agency Locum report • Approval of chain partner for the proposed North Denbighshire Community Hospital • Outputs from the health economy accountability review meetings • Minutes of Savings Programme Group meeting held on 25.6.19 • Financial recovery management arrangements report • Mental Health Division Delivery Plan
Approval / Scrutiny Route Prior to Presentation:	The issues were considered by the Committee at its private in-committee meeting
Governance issues / risks:	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.
Financial Implications:	The financial implications were discussed at the meetings
Recommendation:	The Committee is asked to note the report

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	✓	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	✓
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓

3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<ul style="list-style-type: none"> • Leadership and governance • Strategic and service planning 			
Equality Impact Assessment			
Not applicable for a paper of this nature			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board