

Bundle Finance & Performance Committee 23 January 2020

AGENDA

Please note start time and venue below:

9.00am Neuadd Reichel, Ffriddoedd Road, Bangor, LL57 2TR

- 1 09:00 - FP20/1 Apologies for absence
- 2 09:00 - FP20/2 Declaration of Interests
- 3 09:00 - FP20/3 Draft minutes of the previous meeting held on 19.12.19 and summary action plan
FP20.3a Minutes FPC 19.12.19 Public v.03 draft_.docx
FP20.3b Summary Action Log.doc
- 3.1 09:10 - FP90/4 Corporate Risk Register and Assurance Framework Report
Ms Sue Hill
Recommendation:
The Finance and Performance Committee is asked to:
1) Consider the relevance of the current controls;
2) Review the actions in place and consider whether the risk scores remain appropriate for the presented risks.
3) Consider the proposal to increase the current risk score for CRR06.
FP20.4 CRAF Report FPC V2.0.pdf
- 4 for assurance
- 4.1 09:25 - FP20/5 2019/20 Annual Plan: Monitoring of progress against actions for F&P
Mr Mark Wilkinson
Recommendation:
The Finance & Performance Committee is asked to note the report.
FP20.5a APPMR cover.docx
FP20.5b Annual Plan Progress Monitoring Report - December 2019 FINAL.pdf
- 4.3 09:40 - FP20/6 Integrated Quality and Performance report
Mr Mark Wilkinson
Recommendation:
The Finance & Performance Committee is asked to scrutinise the report and to consider whether any area needs further escalation to be considered by the Board.
FP20.6a IQPR template.docx
FP20.6b IQPR_December 2019.pdf
- 4.4 10:00 - FP20/7 Unscheduled Care and Building Better Care update
Mrs Deborah Carter
Recommendation:
It is asked that the Committee
note the unscheduled care performance for December across BCUHB and for each health economy
note the update from the Building Better Care programme and ongoing work within phase 4
FP20.7 Unscheduled Care and Building Better Care update.docx
- 4.5 10:15 - FP20/8 Financial Recovery Group report
Mr Phillip Burns
Recommendation:
The Committee is asked to note the report
FP20.8 FRG report - Month 9.pptx
- 4.6 10:45 - FP20/9 Finance Report Month 9
Mrs Sue Hill
Recommendation:
It is asked that the report is noted. The Committee is asked to consider whether the forecast deficit of £35m is still achievable, given the Month 9 financial position of the
Health Board and the financial impact of the risks within the paper.
FP20.9 Finance Report M9.docx
- 4.7 11:15 - Comfort break
- 4.9 11:25 - FP20/10 Financial Plan Update 2020/21
Mrs Sue Hill
Recommendation:
The committee is asked to note the contents of the paper

- 4.10 11:45 - FP20/11 Capital Programme report month 9
Mr Mark Wilkinson
Recommendation:
The Committee is asked to receive the report and note the reported exceptions.
FP20.11 Capital Programme Report - Month 9.docx

- 6 For information
7 11:50 - FP20/12 2019/20 Monthly monitoring report
Mrs Sue Hill
Recommendation:
The Committee is asked to
note the contents of the report that has been made to the Welsh Government about the Health Board's
financial position for the ninth month of 2019/20.

FP20.12a Monitoring Return Month 9.docx

FP20.12b Monitoring Return Month 9.pdf

- 8 11:50 - FP20/13 Summary of private business to be reported in public
The Committee is asked to note the report

FP20.13 Private session items reported in public v1.0.docx

- 9 11:50 - FP20/14 Issues of significance to inform the Chair's assurance report
10 11:50 - FP20/15 Date of next meeting 27.2.20 9.30am Boardroom, Carlton Court
11 11:50 - FP20/16 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-Committee on 19.12.19
in Optic Centre, St Asaph

Present:

Mr Mark Polin	BCUHB Chairman (<i>part meeting</i>)
Mr John Cunliffe	Independent Member / Committee Vice Chair (<i>part meeting</i>)
Mr Eifion Jones	Independent Member
Mrs Jackie Hughes	Independent Member (Co-opted)

In Attendance:

Mr Phillip Burns	Interim Recovery Director
Mrs Deborah Carter	Acting Operations Director (<i>part meeting</i>)
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD) (<i>part meeting</i>)
Mr Michael Hearty	Independent Finance Advisor
Ms Sue Hill	Acting Executive Director of Finance
Mrs Jill Newman	Performance Director
Mrs Llinos Roberts	Executive Business Manager
Mr Andrew Sallows	Delivery Programme Director, Welsh Government (WG)
Mr Mark Wilkinson	Executive Director Planning and Performance
Ms Diane Davies	Corporate Governance Manager (Committee Secretariat)

Agenda Item Discussed	Action By
<p>FP19/291 Apologies for absence</p> <p>Mrs Helen Wilkinson, Mr Gary Doherty, Mr Hywel Jones ~ Director, Financial Delivery Unit (FDU) and Mrs Gill Harris for whom Mrs Deborah Carter deputised.</p> <p>The Committee Vice Chair chaired the meeting on commencement of the meeting.</p>	
<p>FP19/292 Declarations of Interest</p> <p>None were received.</p>	
<p>FP19/293 Draft minutes of the previous meeting held on 19.10.19 and summary action plan</p> <p>The minutes were agreed as an accurate record and updates were provided to the summary action log.</p>	

FP19/294 Finance Report Month 8

FP19/294.1 The Acting Executive Director of Finance presented the item. She advised that in month the Health Board delivered a £3.2m deficit, £0.3m over the original plan. It was reported that following three months of consecutive improvement in performance, there had been a deterioration in month which was £1.6m in excess of the control total plan. In respect of year to date, the Health Board was overspent by £27.1m, £8.8m higher than the control total plan and £3.8m over the original plan. The key over spending division was noted to be Secondary Care, where the non-delivery of savings, agency premium pay costs and other cost pressures were the main causes of the over spend. The cost pressure from price increases within prescribing were significant, at £2.2m on a year to date basis. The Acting Executive Director of Finance expressed her disappointment in the financial position.

FP19/294.2 It was reported that the Health Board's forecast deficit of £35m was in line with the initial plan but behind the £25m control total plan. The actual position for Month 8 was £0.7m worse than the Month 7 forecast position for November. Despite the downturn in performance in Month 8, the savings pipeline continued to hold a number of schemes that were forecast to deliver in the final quarter of the year. On the basis of the conversion and delivery of these schemes, the £35m forecast deficit was considered achievable. Savings achieved to date were £13.6m against a year to date plan of £20.6m giving a shortfall of £7m. Additional cost avoidance and efficiency savings of £6.1m had been delivered to date, which offset some cost pressures arising in-year. The original planned deficit was only achievable if the Health Board could convert and deliver 51% of the red schemes, continue to deliver green and amber schemes to planned values, and contain or offset emerging cost pressures. In addition, mitigating savings totalling £1.8m needed to be identified to offset the impact of the Health Board's share of the Welsh Risk Pool risk share contribution.

FP19/294.3 The Acting Executive Director of Finance tabled a document which provided a clearer format of the forecast position for the rest of the year, as included within the report, and provided greater clarity on the sums which mitigating actions were addressing in the West, Ysbyty Glan Clwyd (YGC) and Divisions. She advised that the small percentage targets (varying between 0.6-1.9%) were considered achievable. It was also noted that the run rate needed was less than £2m deficit each month to year end in order to achieve year end target. The Committee expressed concern regarding deliverability given performance to date.

The Acting Operations Director and Executive Director Workforce and Organisational Development joined the meeting along with the Chairman, who chaired the meeting from this point forward.

FP19/294.4 Discussion ensued on Referral to Treatment (RTT) finances in which the Interim Recovery Director advised that, given feedback provided within Divisions, he had requested trigger points to be identified in respect of

RTT committed spending. The Chairman noted that the NHS Wales Director General had advised BCU to continue activity until the second week in January 2020, noting that this would require the Health Board to spend at risk albeit that there was also a risk of clawback should activity be ceased. A discussion ensued on the patient booking system to appreciate timelines involved in order to ascertain when decisions were required to be made. The Acting Operations Director undertook to provide the Chairman with clarification on the financial exposure involved.

DC

FP19/294.5 The Independent Finance Advisor was encouraged to see the three month budget set out. However, he questioned whether there was recognition by the appropriate senior managers involved of the tasks required of them to deliver the targets set. The Executive Director of Finance acknowledged these to be in place with the exception of issues in medicines management which, the Executive Medical Director explained, was the subject of meetings taking place nationally involving the Chief Medical Officer to address escalating pharmaceutical pricing.

FP19/294.6 The Independent Finance Advisor advised that the Health Board should aim to deliver a deficit end of year position of £32.5m or less in order to demonstrate to Welsh Government (WG) its commitment to moving towards improved financial control. The Interim Recovery Director stated that the recovery programme's savings target had always been set at £46m which he was confident in achieving.

FP19/294.7 The Chairman raised a number of questions. The Acting Executive Director of Finance affirmed that the Finance department's staffing structure would be reviewed in order to ensure that the capability and capacity issues raised were addressed and provide strong support to the executive and transformation agenda and that the Chief Finance Officers needed to provide appropriate challenge for decisions with financial implications. The Acting Executive Director of Finance advised that, following executive discussion which had taken place, an effective clamp down on discretionary expenditure would be in place in January. The Interim Recovery Director emphasised the need for expenditure to be restricted with particular need for low level expenditure to be addressed. He remarked on the different approaches to expenditure control across the organisation. He also assured that there were savings available to deliver on the £35m target.

SH

FP19/294.8 The Committee questioned the spending rate in respect of Medical Agency & Locums and frequency of the panel work which the Executive Director of Workforce & OD explained was gaining traction.

FP19/294.9 A discussion ensued on the efficacy, and time taken, to establish BCU's Improvement Groups. The Interim Recovery Director highlighted workforce risk but advised that the IGs were broadly delivering on BCU's transactional agenda but not transformatively which would require further embedding into 2020/21. However, the Executive Director of Planning and Performance reminded that the Groups, whilst supporting the crucial role of planning, did not hold the Health Economy budgets. He reported that the next

<p>Financial Recovery Group would be addressing this area, especially in respect of financial accountability. In response to the Executive Medical Director's reflection that it would be timely to review the IG structure, given the development of BCU's digitally enabled clinical strategy and mindful of portfolio alignment, the Acting Executive Director of Finance confirmed this was being undertaken. The Interim Recovery Director also commented that there was a need to clarify accountability and suggested exploring incentives. In the discussion which followed the Finance Advisor suggested that the review also demonstrate the IG's governance positioning within BCU mapping to improve organisational understanding.</p> <p>It was resolved that the Committee</p> <p>noted the intention to ensure further expenditure control reductions as outlined</p> <p>noted the report with particular reference to the forecast deficit of £35m and the specific actions in progress to achieve plan.</p> <p><i>The Committee Vice Chair left the meeting</i></p>	SH
<p>FP19/296 2019/20 Annual Plan Progress Monitoring Report</p> <p>FP19/296.1 The Executive Director Planning and Performance presented the item drawing the Committee's attention to progress marked at 'Amber'. He confirmed that interdependencies were considered by Executive Team members in consideration of the RAG status on assignment. In response to the Committee, he advised that the robotic surgery business case was scheduled to be considered at the F&P Committee meeting to be held on 24.3.20.</p> <p>It was resolved that the Committee noted the report.</p>	
<p>FP19/297 Integrated Quality and Performance report Month 8</p> <p>FP19/297.1 The Executive Director Planning and Performance presented the item. He drew attention to the critical issue of performance within unscheduled and planned care which was deteriorating on a weekly basis. It was noted that whilst the profile plan was different to the previous year, performance was worse than the previous year however, there had been an increase in demand and acuity of patients presenting. The Executive Director Planning and Performance also advised of improvements within endoscopy and other diagnostic services, which the Committee acknowledged was due to additional WG capital and resource that was envisaged to be shared across other BCU sites.</p> <p>FP19/297.2 The Chairman advised that RTT performance was scheduled to be addressed in the Committee's private session to follow. In response to his query regarding the underlying trend, it would require deeper exploration to ascertain reasons for the increases such as validation and outsourcing rates. It was also noted that the Director General NHS Wales had provided advice in respect of the HMRC rule which had implications regarding consultant availability in a letter received that day.</p>	

<p>FP19/297.3 The Chairman acknowledged good performance within Cancer services and congratulated the Acting Operations Director and Deputy Director Nursing & Midwifery on the improvement work which they were working on within each of the District General Hospital sites. The Acting Operations Director was disappointed to report that there had been challenges in month due to norovirus and staff sickness which had affected the improvement impetus, however focus continued on providing new ideas and continual sustainability of the introductions made which were providing green shoots within Ysbyty Gwynedd and Ysbyty Glan Clwyd. She reported that particular attention was being focussed on patients waiting in ambulances and movement through the Emergency Departments. In response to the Committee, she endorsed continuation of the Better Care programme.</p>	
<p>FP19/297.4 The Committee discussed Delayed Transfers of Care (DToC) and it was agreed that developments within this area be shared with the Chairman in order to address partnership working with other local senior organisational leaders. The Chairman stated that it was crucial to embed and sustain improved ways of working. In response to the Committee, the Performance Director advised that approximately 8% of validation contacts resulted in withdrawal from patient booking lists, which included some patients whom had elected to choose private treatment and withdraw from the NHS waiting list. Following the Interim Recovery Director's suggestion that the new IQPR report include monitoring detail of patients transferring to Community, the Acting Operations Director agreed to share metrics for consideration. It was noted that there were complexities around patients whom were medically fit for discharge and there was a need to also address admission avoidance where appropriate. The Executive Medical Director concurred that there were also opportunities to make improvements in understanding joined up pathways.</p>	DC
<p>FP19/297.5 The Chairman requested that further consideration be given to the reporting of Primary Care, including how the accountable executive be in attendance for the item to discuss performance in this area. He reflected that this should also be considered in regard to diagnostics. In discussion of the performance summary, the Acting Operations Director commented that work was progressing to address the effectiveness of 'predictive date of discharge'. The Interim Recovery Director stated the need to ensure a better understanding of improvements made within primary care performance in order that correlations could be ascertained within other areas of the health board. It was agreed that the Acting Operations Director and Performance Director would meet to discuss Primary Care Key Performance Indicators.</p>	DC
<p>It was resolved that the Committee noted the report</p>	Exec Team/ GD DC/JN
<p>FP19/298 Bryn Beryl Integrated Dementia & Adult Mental Health Centre Capital Business Case</p> <p>FP19/298.1 The Executive Director Planning and Performance presented the item.</p>	

<p>It was resolved that the Committee approved the capital business case for the Bryn Beryl Integrated Dementia & Adult Mental Health Centre</p>	
<p>FP19/299 Summary of private business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP19/230 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside the meeting</p>	
<p>FP19/231 Date of next meeting</p> <p>23.1.20 9.30- 13.00 Neuadd Reichel, Bangor University</p>	
<p>Exclusion of the Press and Public Resolution to Exclude the Press and Public "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p>	

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

			programme cost update to F&P Committee 19.12.19	
			11.12.19 The Recovery Programme cost paper is on the in-committee agenda for December F&P and a paper on the proposed PMO and SI team structure will be reviewed by the Executive team in January and will be brought to the F&P Committee in February.	Feb 2020
Actions from 30.9.19 meeting:				
Adrian Thomas	FP19/215.3 Annual Plan Monitoring Report Provide an update on the associated milestones for endoscopy and diagnostics sustainability to the next meeting, and assuring the Committee around the planning capability to deliver what is required	16.10.19	Endoscopy update is included on RTT paper on agenda	Action to be closed
		20.11.19	<p>A diagnostics sustainability paper will be brought to F&P in November</p> <p>24.10.19 The Chairman emphasised there was to be no slippage in presentation to the November meeting</p> <p>19.11.19 AT updates: Radiology Milestone 2 (March 2020) in the Annual Plan Monitoring Report is - Develop capacity plan for future demand (equipment and staff). Kendall Bluck have been reviewing Radiology Services and their report is to be used to inform the proposal for sustainable radiology services in time for the Milestone date. Insourcing for CT, MR and Non Obstetric Ultrasound was been agreed for the Radiology Service until the end of December 2019 and is being provided by RMS. Insourcing will be required until March 2020 and additional funding for Radiology has been requested from Welsh Government.</p> <p>26.11.19 North Wales Managed Clinical Services had their accountability meeting last week and confirmed that they have received feedback from Kendall Bluck and are awaiting the final report. It was agreed at the meeting that they will develop a sustainability plan for February.</p>	

			<p>4.12.19 The Chairman requested an update on Diagnostic services 16.1.20</p> <p>Endoscopy - the modular unit based at YGC was not operational for some time before and over Christmas and New Year and we started seeing patients again from the 6th January 2020. The impact of this further delay on our year end forecast is yet to be estimated and achieving this target is also still dependent on the allocation of additional resource as described in previous F&P papers. We are progressing with sourcing the availability of a modular unit to be sited at WMH, as this is where the majority of our long waiting patients are now.</p> <p>Radiology – a draft Sustainability SBAR has been produced by Radiology which shows a 9.6% increase in CT, a 4.5% increase in MRI and a 2.9% increase in Ultrasound (all 2018 vs 2019). Some key findings from the Kendall Bluck report are included and identify that</p> <ul style="list-style-type: none"> • The radiology team are high performing and operate close to Royal College Guidance in terms of output. • There are significant gaps which are being filled through insourcing and outsourcing and efficiency gains could be made through substantive recruitment to Radiologist and Radiographer posts. 	
<p>Mags Barnaby > Mark Wilkinson</p>	<p>FP19/217.3.3 Referral to Treatment Ensure eyecare business case is submitted to November F&P</p>	20.11.19	<p>20.11.19 Business has been deferred from November agenda</p> <p>20.11.19 Work to develop ophthalmology services continues with the £400k procurement of 11 field analysers to test peripheral vision. The Board is performing well in our work to risk stratify patients. Our next challenge – flagged with health economies at the recent accountability reviews – is to ensure that we now book on this basis. Some thought is being given as to whether a full and complete business case is required or whether this may be more of a piece of service improvement work. There is currently</p>	

		Jan or Feb please advise	<p>no timescale therefore for a business case.</p> <p>4.12.19 Agreed to provide presentation on Eye Care Services to future meeting</p> <p>11.12.19 Performance team confirmed are working towards preparation of paper for January F&P meeting</p> <p>15.1.20 Progress paper circulated to Committee members 16.1.20. Pathway cases to be presented to ET as part of the operational planning cycle 2020-21</p>	<p>15.1.20 or 19.2.20</p> <p>Jan 2020</p> <p>Item to be closed</p>
Actions from 24.10.19 meeting:				
Sue Hill	FP19/236 Finance Academy Forecasting Best Practice Guide A plan to implement the guidance would be provided In December	December meeting (11.12.19) January meeting	<p>Moved to January agenda due to short December meeting</p> <p>Deferred to February 2020 agenda due to timing of January meeting</p>	Jan-2020 February 2020
Sue Hill	FP19/238 Resource Allocation Provide to members when formula finalised	11.12.19	<p>20.11.19 Update - The resource allocation has not been finalised</p> <p>11.12.19 This should have been issued in time to be brought to F&P in January</p> <p>The paper has been drafted and will be brought to F&P in February due to timing.</p>	Jan-2020 February 2020
Sue Green	FP19/240.1 IQPR Provide briefing on potential impact on sickness in respect of changes to unsocial hours payments	19.2.20	Briefing to be included within the F&P report which includes January 2020 data and Q3 report. Working with colleagues nationally to work through calculation of impact	February 2020
Deborah Carter	FP19/242.4 USC <ul style="list-style-type: none"> Share Delivery Unit report with members 	21.11.19	<p>21.11.19 update</p> <ul style="list-style-type: none"> The DU issued the draft report on 21 November, which is currently in the process of being reviewed before the finalised version is published. <p>13.12.19 update Feedback has been provided to the DU, a finalised version is awaited.</p>	Action to be closed

			15.1.20 Circulated to members	
Actions from 4.12.19 meeting:				
Gary Doherty	FP19/270.6 provide a briefing note to members to address: <ul style="list-style-type: none"> • What is the 'in year' reporting plan • How this would fit for next year • The robustness of plan • Consideration of whether planned care 'Harm' risks were adequately identified within the corporate register especially in areas of Urology and Endoscopy. 		12.12.19 Following discussion with the Deputy CEO in terms of how best to address the key issues raised it was felt that a conversation between the Deputy CEO and key committee members was needed prior to sending round a proposed way forward. This will be actioned, and a note sent round prior to the January meeting. 15.1.19 – The Deputy CEO has had conversations with a key committee member and a further meeting is arranged	January
Mark Wilkinson	FP19/272.2 IQPR - monthly performance trends Present longitudinal view (previous few months) on profile of targets and performance within report to be presented in January	15.1.20	Within the IQPR Executive summary report contains performance against plan for 12 months for the key performance indicators for planned care and unscheduled care.	Action to be closed
Andrew Kent	FP19/272.4 IQPR – Process Control Include further context highlighted by Andrew Sallows to ensure reporting addresses WG requirements and concerns within report to be presented at January meeting.	15.1.20	The IQPR has a number of different slides that we believe start to address the issues raised by Andrew Sallows. The first set of those (improved forecasting) are in the January report. We are also looking at waiting list size with informatics and discussing what should and should not be included. This will be concluded for the February report	February 2020
Andrew Kent	FP19/273.5 RTT Ensure report to January meeting addresses:	15.1.20	The January report includes the HMRC data April-December. It discusses the Demand and capacity work with timelines to develop a planned care capacity plan for 20/21. The waiting list additions is	February 2020

	Demand and Capacity – resources, waiting list additions and improved understanding re HMRC implications		part of the slide set (272.2) being addressed over January and February	
Andrew Kent	FP19/273.8 RTT Arrange discussion on <ul style="list-style-type: none"> Clarification on definitive RTT number Investment – per key decision slide Diary / Timeline confirmation re financial planning before the 5.12.19 Board workshop meeting Clinical risk and cost issues (Risk v Finance Performance v Deficit) 	5.12.19	19.12.19 AK: <ul style="list-style-type: none"> Clarification on definitive RTT number – the definitive number is the 11,799 over 36 weeks based on the forecast undertaken late October/early November Investment – per key decision slide – the investment required – the investment required based on achieving the end of October forecast remains at £6.7m and is set out in the paper submitted for this month's F&P Diary / Timeline confirmation re financial planning before the 5.12.19 Board workshop meeting. The timeline for activity planning next year has been set out, submissions will be delivered by the 19th of December of which commissioning/confirm and challenge meeting are set out for the 1st week in January. The site financial officers are also working in parallel to cost the activity plan for next year. I believe my paper describes the risk v finance v deficit. The challenge is the £6.7m, which was always identified to get the organisation to a over 36 week position which was re-modelled to 11,799. It was hoped to be delivered by extra funding from the WO. However current message implies it may not, therefore to achieve this forecast it would need to be a cost pressure. At the planning Q and safety meeting Andrew S from WO reiterated the need to continue with activity otherwise full claw back maybe applied to any organisation that slows down or stops RTT activity. 	Item to be closed

	<ul style="list-style-type: none"> Provide clarity on what will be delivered (activity forecast) based on £13.8m as committed by WG. 		Provide clarity on what will be delivered (activity forecast) based on £13.8m as committed by WG.-If we did not undertaken this work, then the RTT number would deteriorate to 13,517, as an educated guess, This is reviewing all work in pipeline and the extra required discussed in the paper. The 13,517 does not include any cases that may now be required due to loss of activity in November and between January and March. The organisations is seeing significant delivery pressure in planned care due to Unscheduled care issues, increasing the risk to the end of march figures, having reviewed the mid December activity levels	
Actions from 19.12.19 meeting:				
Deborah Carter	FP19/294.4 Finance report Provide the Chairman with clarification on the financial exposure involved re possible clawback	15.1.20	Ongoing discussion with WG, clawback would only be applied if Health boards stopped or slow down activity in order to meet financial control totals	Action to be closed
Sue Hill	FP19/294.7 Finance report <ul style="list-style-type: none"> Progress Finance Division structure review Progress Improvement Group review 	19.2.20	<p>Process and plan will be agreed with WOD and reviewed at Execs meeting in February</p> <p>This will be discussed by the Exec team and picked up as part of the governance review</p>	Action to be closed
Deborah Carter	FP19/297.4 IQPR <ul style="list-style-type: none"> Share DToC discussion with Chairman 		Information re DToC shared	Action to be closed
Exec Team / Gary Doherty	FP19/297.5 IQPR <ul style="list-style-type: none"> Consider reporting of Primary Care metrics Consider whether responsible 		<ul style="list-style-type: none"> Primary Care and Performance colleagues have met and agreed additional metrics to include in IQPR, effective immediately. Discussion on additional primary care focused metrics are occurring nationally and upon completion of those discussions, some of these additional metrics may also be included. This matter has been discussed at an Exec meeting and the proposed way forward is that the Execs that are core members 	Action to be closed

	Executive is present to be accountable for performance in <ul style="list-style-type: none"> ○ Primary care ○ Diagnostics at each meeting		of F&P would ensure they are able to address high level questions/issues regarding Primary Care, Diagnostics, Mental Health etc and that where a more in depth discussion is needed the appropriate lead Exec is invited to attend.	
Deborah Carter / Jill Newman	FP19/297.7 IQPR Meet to consider Primary Care KPIs in IQPR		The increased range of measures included in the IQPR report have been agreed following discussion with Executive Director of Primary and Community services. Additional national primary care indicators are in development and it is agreed that these will be introduced from April	Action to be closed

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee				
	23 rd January 2020				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Corporate Risk Register and Assurance Framework Report				
Cyfarwyddwr Cyfrifol: Responsible Director:	CRR06 Executive Director of Finance CRR11a Executive Director of Nursing and Midwifery CRR11b Executive Director of Nursing and Midwifery CRR12 Executive Director of Planning and Performance				
Awdur yr Adroddiad Report Author:	Mrs Justine Parry, Assistant Director of Information Governance and Risk Mr David Tita, Head of Risk Management				
Craffu blaenorol: Prior Scrutiny:	The full Corporate Risk and Assurance Framework (CRAF) is scrutinised by the Health Board twice per year and is published on the Board's external facing website. Individual risks are allocated to one of the Board's Committees for regular consideration and review. This report has been approved for submission to the Committee by the Deputy Chief Executive / Executive Director of Nursing and Midwifery.				
Atodiadau Appendices:	1				
Argymhelliad / Recommendation:					
The Finance and Performance Committee is asked to:					
<ol style="list-style-type: none"> 1) Consider the relevance of the current controls; 2) Review the actions in place and consider whether the risk scores remain appropriate for the presented risks. 3) Consider the proposal to increase the current risk score for CRR06. 					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>
				Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:					
The attached report has been produced from the web-based Datix system and details the risk entries allocated to the Finance and Performance Committee (F&P).					
On the 12 th December 2019, the Audit Committee requested a further review of the risks assigned to each committee. The Corporate Risks assigned to the F&P Committee will be presented to the next meeting on the 30 th April 2020.					
Cefndir / Background:					
The Health Board has undertaken a complete review of its risk management strategy which is underpinned by a risk management vision statement clearly setting the Board's vision and direction of travel regarding risk management. The new strategy underlines the powerful intention and firm commitment of the Health Board to embark on the implementation and embedding of an Enterprise					

Risk Management (ERM) Model across the entire organisation from 'Ward to Board' in 2020/21 and will be presented to the Board on the today for ratification and implementation from 1st April 2020.

The renewed energy for the management of risk across the Health Board has created a positive culture of risk awareness and momentum across the Health Board that is providing focus for ongoing debates and conversations around how best to capture, strengthen and monitor the effective management of the Health Board's principal risks. This will over the next few months enable us:-

- To appropriately identify, assess and capture the Health Board's principal risks which are aligned to the achievement of its objectives as defined in its 3 Year Plan and emergent clinical strategy.
- To align this to an assurance framework and widening our understanding of our key principal strategic risks as well as providing assurance that there are systems, processes and governance arrangements in place to robustly identify, assess, monitor and manage them, fostering a better understanding of the Health Board's strategic and extreme operational risks.

Defining the principal risks will enable the Health Board to appropriately frame and inform agendas. It will enable a timely response to any gaps in controls and assurance in a more dynamic way.

The Risk Management Team continue to support all Divisions to review their risks, advising on escalation/de-escalation or closure of the risk where sufficient mitigating controls are now firmly embedded. A newly established Executive Risk Scrutiny panel meets every week to review all Tier 2 risks and those currently rating Extreme. Feedback is also provided to each Division to support the future management of the risk.

The results of the recent Risk Management Gap and Training Needs Analysis undertaken by the risk management team across the Health Board also indicate a commitment by colleagues to regularly review and update their risks. In response, whilst the Risk Management Strategy clarifies the governance and escalation process for risks from 'Ward to Board', a training pack has been developed as well as targeted support being provided to ensure that staff are sufficiently empowered and confident in raising, capturing and discussing risks at their local Governance and Quality and Safety meetings.

Asesiad / Assessment & Analysis

Following a review of the full Corporate Risk and Assurance Framework on the 12th December 2019 by the Audit Committee, a further review of the risks assigned to the Finance and Performance Committee was requested.

In summary, following review and scrutiny, the following changes have been made to the below risks since the last report was received by the Finance and Performance Committee:-

- **CRR06 Financial Stability**

Key progress: As part of the corporate risk review at the Audit Committee on the 12th December 2019, concerns were raised regarding the inappropriate initial risk score. Therefore in line with the feedback received the initial risk score has been updated from 12 to 20. Further actions to mitigate the risk to support achieving the target risk score have also been incorporated which include continuously scrutinising the recovery and savings delivery as the financial year elapses, and also the Executives discussing and agreeing potential additional escalatory grip and control measures. However, despite these additional actions and given the current financial position, it is recommended the current risk score is increased from 16 to 20.

As part of the feedback from the Audit Committee, work is also currently progressing to develop a new financial sustainability risk and this will be presented at the next Finance and Performance Committee meeting on the 30th April 2020 for review and approval.

- **CRR11a Unscheduled Care Access**

Key progress: As part of the corporate risk review at the Audit Committee on the 12th December 2019, controls have been updated to reflect the Executive Nursing Director chairing the Unscheduled Care Improvement Group, the weekly MDT stranded patient review meetings looking wider across the Health Economies, implementation of the SHINE Tool for the monitoring of patients, engagement in Every Day Counts programme to support discharge and the remodelling of urgent care processes. There has been no change to the current risk scoring, however the target risk date has been amended to take into account the implementation of the further actions to support the achievement of the target risk score.

- **CRR11b Planned Care Access**

Key progress: As part of the corporate risk review at the Audit Committee on the 12th December 2019, controls have been updated to reflect the implementation of additional eye care resources to measure reporting and activity, Insourcing and outsourcing of Endoscopy to reduce backlog, additional contracts in place to maintain non-obstetric ultrasound 8 week waits and the introduction of a programme of work to reduce follow up backlog which is being monitored via QSE. Further actions have also been updated to reflect the coming year including the development of a Capacity Plan, Sustainable service plans for 5 specialities, reviewing Endoscopy management and governance structures and the establishment of the Outpatient Programme Group which will commence in February 2020.

The target risk date has been amended to take into account the implementation of the further actions to support the achievement of the target risk score.

In accordance with the findings from the Quality, Safety and Experience (QSE) Committee, the patient safety element of this risk have been captured as part of a new risk which is being presented for approval and agreement onto the Corporate Risk Register at the QSE Committee on the 28th January 2020.

- **CRR12 Estates and Environment**

Key progress: As part of the corporate risk review at the Audit Committee on the 12th December 2019, the current risk score has been increased from 12 to 16 to reflect the current position of the Health Board. Risk controls have been strengthened to include reporting arrangements and further actions have been identified to support the achievement of the target risk score. These include annual programmes of work, development of Estates Compliance PBC and SOC for the Acute hospitals, undertaking six facets condition survey and implementing a new property management IT system.

Deescalated Risks

CRR19 - Countess of Chester Hospital - Discontinued RTT for Patients in Wales risk was de-escalated following the 25th June 2019 meeting and is being managed and monitored at Tier 2.

Closed Risks

CRR07 - Capital Systems risk was closed following the 25th June 2019 meeting.



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Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5				CRR11a CRR11b	
	Likely - 4				CRR06 CRR12	
	Possible - 3					
	Unlikely - 2					
	Rare - 1					

Strategy Implications

In line with the Health Board's Risk Management Strategy, all corporate risks are reviewed by a dedicated Committee of the Board which provides a structure and framework to consistently manage both strategic and operational risks as drivers for better decision making. These risks will identify the risks associated with the delivery of the Health Board's objectives as defined in the 3 year plan and annual plans.

Financial Implications

The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.

Risk Analysis

No risks have been identified from crafting this report as the risk of inaction is far greater than that of positive engagement with its content.

Legal and Compliance

Due to the nature of this report, legal and compliance issues are addressed as part of the risk assessment for each risk entry.

Impact Assessment

Due to the nature of this report, Impact Assessments are not required.

Appendix 1

CRR06	Director Lead: Executive Director of Finance	Date Opened: 1 March 2012
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 10 January 2020
	Risk: Financial Stability - Health Board Financial achievement of the control total agreed with Welsh Government	Target Risk Date: 31 March 2020

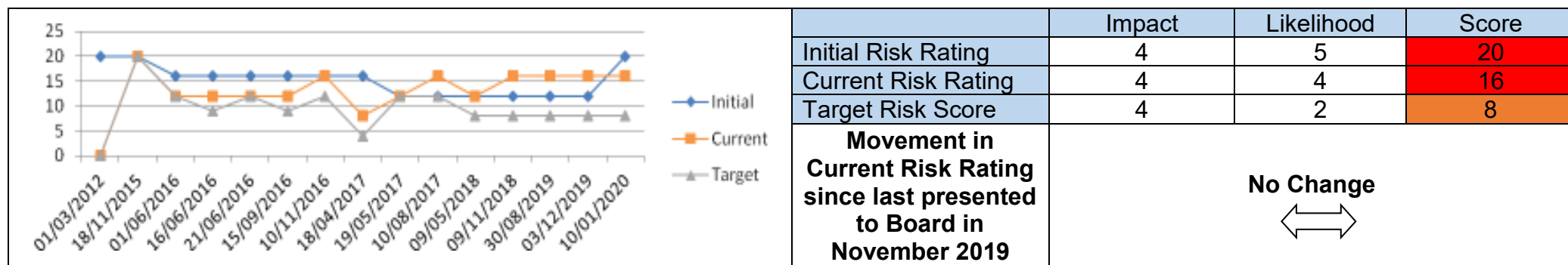
There is a risk that the Health Board will fail to achieve the deficit that meets the control total set by Welsh Government.

This is due to:

1. Savings plans that are not fully identified and may not be fully delivered.
2. Expenditure exceeding plan in both pay and non-pay areas.
3. The use of non-recurrent measures to support the in-year position risking the Health Board's longer term sustainability and continued failure to achieve its financial duty.
4. Failure to identify and progress transformational schemes that will position the Health Board for the longer-term.

The impact of this could increase the in-year deficit to 31 March 2020 and fail to progress towards the Control Total of £25m, and impact on the ability of the Health Board to improve its financial position in out-years.

The Health Board will remain in Special Measures until the financial position improves and will fail to attract necessary investment.



Controls in place	Further action to achieve target risk score
1. Appointment of Recovery Director and establishment of a multi-	1. Further work to identify and convert recovery opportunities, including

<p>faceted Recovery Programme, including recovery challenge meetings across all business areas and improvement themes, deployment of detailed grip and control, and active management if savings opportunity pipeline.</p> <p>2. Scheme of Financial Delegation and Accountability Agreements in place covering all devolved budgets.</p> <p>3. Additional stretch targets issued across all business areas.</p> <p>4. Dedicated Chief Finance Officer embedded in the management team of each Division (and hospital/area team).</p> <p>5. Focused additional recovery support provided by PwC and Finance in key areas of budgetary pressure.</p> <p>6. Programme Management software used to track and monitor the delivery of savings.</p> <p>7. Reporting through Financial Recovery Group and Finance and Performance Committee.</p>	<p>ongoing review by Improvement Groups of the All Wales Efficiency Framework for further opportunities.</p> <p>2. Ongoing communications to continuously embed financial goals across the organisation and all devolved budget areas including Better Care, Spending Well initiative.</p> <p>3. Potential F&P Committee requesting attendance of divisions with recovery shortfalls to seek assurances regarding further progress.</p> <p>4. Improved Financial Recovery Reporting to support oversight and decision-making.</p> <p>5. Recovery and savings delivery are under continuous and progressive scrutiny as the financial year elapses.</p> <p>6. Executives are discussing and agreeing potential additional escalatory grip and control measures.</p>
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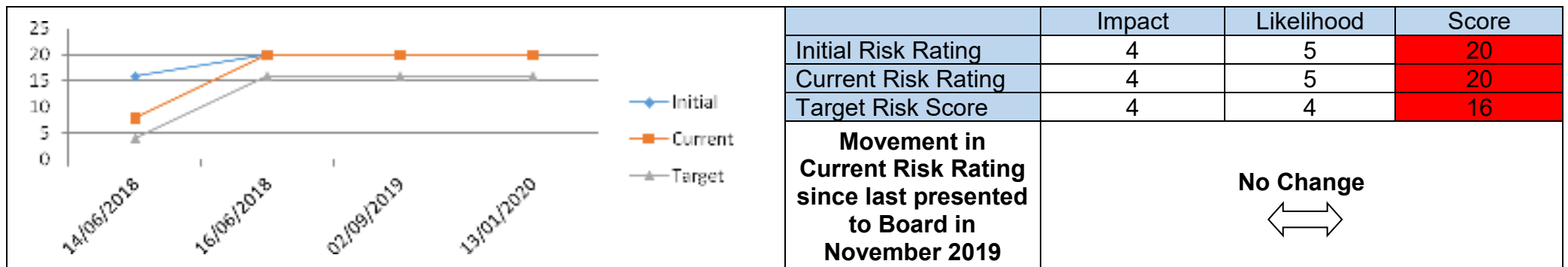
Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
<p>1. Monthly financial position reported to the F&P Committee and Board.</p> <p>2. Finance Delivery Unit (FDU) view at the WG Special Measures meeting.</p>	7	PR2	SM4 SM1

CRR11a	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 14 June 2018
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 13 January 2020
	Risk: Unscheduled Care Access	Target Risk Date: 30 April 2020

There is a risk that systematic harm may be caused to patients needing access to unscheduled care services due to failures to be able to respond to demand in accordance with expected national targets.

This may be caused by mismatches between resources available across the unscheduled care system to demands placed on the system for prolonged periods of time or inappropriate allocation of resources available to meet the demand.

This could lead to an impact/effect on patient experience and outcomes, organisational reputation, delivery of national targets and recognised standards of care.



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Multi-agency Unscheduled Care (USC) Transformation Board refreshed to USC improvement group, chaired by the Executive Director of Nursing. 2. Continued cycles of improvement with 3 specific work streams: Demand, Flow and Discharge. 3. Program manager appointed to oversee production and implementation of action plans. 4. Daily National Conference Calls with WG to address daily position. 5. Daily Safety Huddles in place on 3 acute sites. 6. Daily BCU system calls to support flow between divisions. 7. Daily Board rounds on acute sites to support continuity of care and 	<ol style="list-style-type: none"> 1. 3 EC managers substantively recruited and engaged with building better care plans (was previously 90 day improvement plan). 2. Building better care plan consisting of 3 streams of work: <ol style="list-style-type: none"> a. Demand - SICAT established and demonstrating reduction in transfers to ED (~30% of calls - assumption that ALL calls previously would have resulted in transfer). b. Flow - Multiple substreams including: <ul style="list-style-type: none"> -ambulance handover - WMH lost improved with consistent reduction in time taken for handover. -proactive triage - promoting use of alternative resources and early decision-making to reduce time in ED (Overall average time in ED is

<p>early discharge planning.</p> <p>8. Weekly MDT stranded patient review meetings to identify reasons for lack of progress to facilitate more complex discharges across the Health Economies.</p> <p>9. Development of USC dashboard with live and daily performance information to support decision making.</p> <p>10. Weekly teleconference with DU to report performance and concerns and track improvement plans.</p> <p>11. Sitrep reporting 3 times a day including SAPhTE for ED risk assessment.</p> <p>12. Mental Health support located within site Police Control.</p> <p>13. Frequent attenders WEDFANs group regularly review vulnerable patients who frequently access services to support implementation of care plans.</p> <p>14. Escalation process and structure in place to provide 24/7 escalation from site management through bronze, silver and gold.</p> <p>15. Development of internal clinical standards to highlight best practice and support teams to consider ways of working to achieve standards.</p> <p>16. Discharge information provided to patients on admission via new discharge leaflet.</p> <p>17. Use of SHINE tool to ensure that patient safety is monitored and intentional rounding complete for all patients including those waiting for offload from ambulances.</p> <p>18. EDQDF early adopter site with focus on improving KPI's, patient feedback and experience and staff feedback and experience as key pieces of work within this programme and specific work to improve ambulance handover.</p> <p>19. Active engagement in Every Day Counts programme to support key pathways of discharge.</p> <p>20. Remodelling of urgent care processes in place across all 3 sites.</p>	<p>reducing).</p> <p>-early senior decision-making - recognition of senior medical staffing issues especially at WMH - requiring workforce and roster review.</p> <p>-escalation and capacity management review - test of 'grip and control' at YGC site de-escalated from sitrep 4 to 2 without associated reduction in overall time in ED - further work on-going to review process and pilot at other sites.</p> <p>-implementation of SAFER - ongoing - small increase in numbers of earlier discharges.</p> <p>-stranded & super-stranded patient review - to launch across sites.</p> <p>-review of acute assessment/ambulatory models with pilots to be launched later this month at YGC & WMH.</p> <p>-review of specialty reviews for inpatients - to enable earlier discharge.</p> <p>-review of imaging pathways to support early outpatient scans and avoid longer inpatient stay.</p> <p>c. discharge planning - work continues to reduce delays in transfers of care and decision-making. Letter shared re. patient choice and working with staff to encourage proactive discussions with families and patients.</p> <p>3. Review of site escalation and management to support site responsibility during normal working hours.</p> <p>4. Associate Director for unscheduled care replaced with programme manager with additional interim support at area level to oversee progress against building better care plan.</p> <p>5. Engagement with National ED Quality & delivery framework.</p> <p>6. Workforce review - supported by Kendall Bluck.</p>
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Assurances	Links to		
1. Seasonal Plan. 2. RTT Plan. 3. Twice Yearly JET meetings with WG. 4.	Strategic Goals	Principal Risks	Special Measures

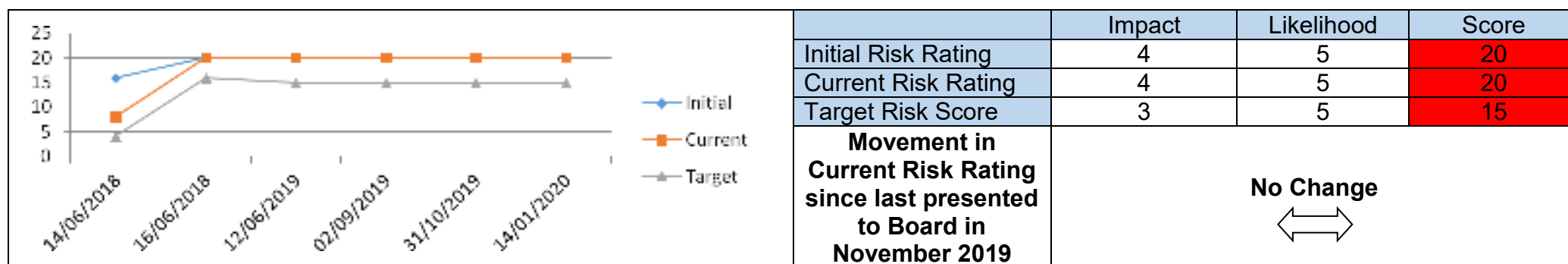
Monthly meetings with Delivery Unit. 5. National Patient Flow Collaborative. 6. OOHs review (both National and Internal Audit). 7. Subject specific internal audit reviews. 8. Orthopaedic Plan development. 9. Transformation groups reporting. 10. WPAS implementation group reporting and daily tracking.			Theme
	1 2 3 6 7	PR3	Leadership

CRR11b	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 14 June 2018
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 14 January 2020
	Risk: Planned Care Access	Target Risk Date: 31 July 2021

There is a risk that the BCUHB is not able to provide access to planned care in accordance with the national standards. This may result in not being able to meet the timely clinical needs and expectations of patients. BCUHB will need to provide assurance to partner organisations on the management of clinical safety and treatment of the backlog.

This is caused by capacity shortfalls or mismatch between allocation of available capacity and demand including booking of patients in chronological order following clinical urgency, a lack of effective utilisation of resources, conflicting pressures (management of Unscheduled Care pressures and elective delivery), equipment failure and availability of suitable facilities, workforce issues.

This could lead to adverse outcomes for patients, prolonged waiting periods, an inability to meet national targets (RTT, diagnostics, cancer, clinically due review time, and impact on the financial stability and the reputation of the Health Board.

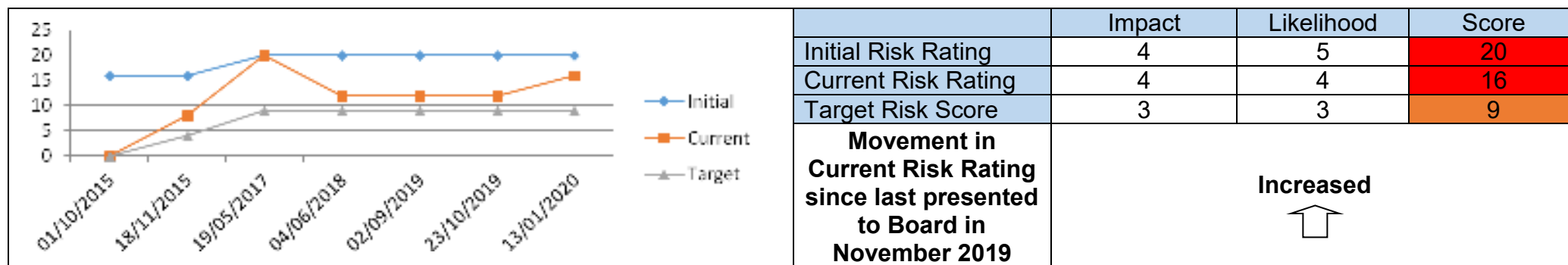


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> Weekly PTL and Daily waiting times information in place for RTT, diagnostics and Cancer. Performance team and trackers in Cancer utilising escalation processes with operational teams. Demand and Capacity plan agreed per specialty and site confirming extent of sustainable service gap. Weekly Access meeting extended to include RTT, Diagnostics and Cancer. Interim Planned Care leadership in place responsible for leadership 	<ol style="list-style-type: none"> Developing Capacity plan for 2020/21 ongoing, which includes outpatients follow up, non-planned care, diagnostics and Endoscopy. Sustainable service plans for 5 specialties are being further developed for 2020/21 including feedback from the national planned care programme (Orthopedics, Ophthalmology, Urology, Maxio facial and General Surgery). Review Endoscopy management and governance structure. Matrix working and responsibilities of clinical and operational leaders to be confirmed to strengthen governance.

<p>across the HB providing oversight of RTT.</p> <p>6. Leadership in place responsible Cancer, Endoscopy and Diagnostics remedial action plans.</p> <p>7. Weekly Performance management meetings at Hospital and Area Level.</p> <p>8. Weekly outsourcing meeting in place.</p> <p>9. Elective patient pathway and outpatient improvement cells in place with clear targets for efficiency improvement.</p> <p>10. Engaged with National Planned Care, National Outpatient and Cancer Implementation Groups.</p> <p>11. Single Cancer Pathway demand and capacity submission completed and shadow reporting to monthly to WG.</p> <p>12. Elective and Seasonal plan assumes only daycase and urgent/cancer surgery is scheduled for winter 2019/20 to support unscheduled care capacity (except at Abergele).</p> <p>13. Implemented additional eye care resource to undertake measure reporting and activity.</p> <p>14. Insourcing and outsourcing of Endoscopy being undertaken till March 2021.</p> <p>15. Additional contracts in place to maintain non-obstetric Ultrasound 8 week waits till March 2021.</p> <p>16. Programme of work in place to reduce follow up backlog monitored via QSE.</p>	<p>5. Enhanced governance structure and responsibilities are being put in place for 2020/21.</p> <p>6. Outpatient Programme Group established and commencing in February 2020.</p>
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Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1. Seasonal Plan. 2. RTT Plan. 3. Twice Yearly JET meetings with WG. 4. Monthly meetings with Delivery Unit. 5. National Patient Flow Collaborative. 6. OOHs review (both National and Internal Audit). 7. Subject specific internal audit reviews. 8. Orthopaedic Plan development. 9. Transformation groups reporting. 10. WPAS implementation group reporting and daily tracking.	1 2 3 6 7	PR3	Leadership

CRR12	Director Lead: Executive Director of Planning and Performance	Date Opened: 1 October 2015
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 13 January 2020
	Risk: Estates and Environment	Target Risk Date: 30 April 2023
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.		




Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Three Year Outlook 2020-2023 and 2020-21 Annual Plan - Living Healthier Staying Well in place and reporting to the Board and Committees. 2. Three Year Outlook 2020-2023 and 2020-21 Annual Plan - Living Healthier Staying Well - Sec 5.4 High Quality Estates and work programme priorities 2020-2023 in place and reporting to the Finance and Performance (F&P) Committee, Board and other appropriate Committees. 3. Estates Strategy - 3 yr (2019 - 2022) in place and reporting to F&P Committee. 4. Annual Estates Performance Reporting (EFPMS) to QSG and QSE. 5. Annual Capital Investment Programme 2019-20 Disc and All-Wales Projects ongoing with reporting to F&P Committee and the Board. 6. 2020-2023 - Annual Plan Work Programmes Deliverables for High Quality Estates (Investment schemes listed within plan) in place and 	<ol style="list-style-type: none"> 1. Annually agreed programme of estates rationalisation and selective demolition (2019-20). 2. Annually agreed programme of Disc and All-Wales capital investment across the Estate. 3. Development of Estates Compliance PBC and SOC for Ysbyty Wrexham Maelor, Ystyty Gwynedd and Ysbyty Glam Clwyd Hospitals. 4. Undertake six facets condition survey of the Estates for Acute and Community premises to inform capital investment plans (2020/23). 5. Implement MICAD Property Management IT System to manage estate data and drawings. (2020-2023). 6. Implement actions required following Estates Health and Safety Compliance Audit (2019/20) including assessing additional revenue investment required for 2020-21 budget setting process. 7. Update Estates and Facilities Tier 5-4-3 risk registers to reflect current status of Estates and Facilities risks and mitigation required.

reporting to appropriate Committees and the Board.
 7. Estates Health and Safety Compliance Audit and Action Plans 2019-20 in place and reporting to SOH&SG, QSE and the Board.
 8. Estates Improvement Group (EIG) established based on Health Economy Groups processing Estate rationalisation and disposals, capital investment, corporate accommodation and review of Leased premises. Reporting to the Finance Recovery Group (which reports to Executive Team), F&P and the Board.

Assurances	Links to		
1. Independent authorising engineer appointments. 2. Internal Audit Programme. 3. HSE Statutory Reviews and Reports. 4. EFPMS Portal Data used by WG for Annual All Wales Report. 5. Local Authority Trading Standing. 6. Food Safety Assessment. 7. Annual Reports (HSE, Fire, V&A and sustainability).	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 7	PR5	Strategic and Service Planning



Cyfarfod a dyddiad: Meeting and date:		Finance & Performance Committee					
		23.01.2020					
Cyhoeddus neu Breifat: Public or Private:		Public					
Teitl yr Adroddiad Report Title:		Annual Plan Progress Monitoring Report (APPMR)					
Cyfarwyddwr Cyfrifol: Responsible Director:		Mark Wilkinson Executive Director of Planning & Performance					
Awdur yr Adroddiad Report Author:		Dr. Jill Newman, Director of Performance					
Craffu blaenorol: Prior Scrutiny:		This paper has been scrutinised and approved by the Executive Team and the Executive Director of Planning and Performance.					
Atodiadau Appendices:		None					
Argymhelliad / Recommendation:							
The Finance & Performance Committee is asked to note the report.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*		Er gwybodaeth For Information*	
Sefyllfa / Situation:							
This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2019/20 Operational plan.							
Cefndir / Background:							
The operational plan has a number of key actions required to be delivered during 2019/20. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Where an action is complete this is RAG rated purple, where on course to deliver the year end position the rating is green. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery is no longer likely to be achieved. For Amber and Red rated actions a short narrative is provided.							
Asesiad / Assessment							
<p>Strategy Implications Delivery of the operational plan actions is key to implementation of the Boards strategy</p> <p>Financial Implications Delivery of the operational plan within the budget set by the Health Board is part of ensuring resources are well-managed and care effectively provided within the allocated resources.</p> <p>Risk Analysis The RAG-rating reflects the risk to delivery of key actions</p> <p>Impact Assessment The operational plan has been Equality Impact Assessed.</p>							



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December 2019

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

December 2019

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

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

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

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

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

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

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

December 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	G	G	G	G	G			M
AP002	Healthy weight services increased	Executive Director of Public Health	G	G	G	G	G	G	G	G	A			
AP003	Explore community pharmacy to deliver new lifestyle change opportunities	Executive Director of Public Health	G	G	G	G	G	G	G	G	G			M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	G	G	G	G	G	G	G	G	G			M
AP005	Implement the Together for Children and Young People Change Programme	Executive Director of Primary and Community Care	A	A	G	G	G	M	G	G	G			M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	G	G	G	G	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	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		R	A	A	A	A	A	A	A			M

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

December 2019



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Programme

Health Improvement & Health Inequalities Exception

5

AP002 Improve access to Children's weight management specialist services

Tier 3 business case by Q1 2020/21. Delay due to review of delivery models elsewhere to better inform the business case development.

AP008 Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences

Work is continuing to progress positively, but has not yet reached the point of full implementation of the All Wales Neurodevelopment Pathway. As the milestone achievements have been delayed in full, but continuing to progress, this has been graded amber.

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

December 2019

Programme Care Closer to Home Matrix

6

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	A	M	G	G	G			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	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	G	G	G	G	G			M
AP012	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Executive Director of Primary and Community Care	A	A	G	G	G	M	G	G	G			M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care		G	G	G	G	G	A	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	A	M	A	A	A			M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD		G	G	G	G	G	G	G	G			M
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	G	G	A	A	A	A	A	A	G			M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	G	G	G	G	G	G	G	G	G			M
AP018	Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Executive Director of MH & LD	G	G	P									
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	A	A	A	A	A	A	G	G	M			

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Exceptions

AP014 Model for Health & Wellbeing Centres

This work is progressing but is not as far progressed as was originally intended. Work is ongoing to make up lost time.

Quarterly assurance sampling

AP010 – Put in place Community Resource Team maturity matrix and support to progress each Community Resource Teams (CRT)

Maturity matrix has been agreed, and is now being reported albeit at an early stage.

AP013 – Develop and implement plans to support Primary care sustainability

Business case approved to further develop the professional healthcare workforce in medicines management Approved and being progressed

Workforce plan for Primary care developed First version of local workforce modelling tool has been populated, creating an initial workforce plan. More extensive work is now being undertaken to further refine and extend the modelling, incorporating national datasets and new ways of working. This will be a live plan, and will be coordinated within the PC Academy. Plan and business case developed for Clinical Triage by phone Initial local work on this has been completed, and a business case paused due to the need to align with similar work underway nationally, and greater BCU coordination of managed practices.

AP019 Establish a local Gender Identity Team

National programme, including Direct Enhanced Services (DES), implemented

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Programme Planned Care Matrix

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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP020	Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Executive Director of Nursing & Midwifery	P											
AP021	Implement preferred service model for acute urology services	Executive Director of Nursing & Midwifery	G	G	A	R	R	M	R	R	R			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	A	M	A	A	A			
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	R	M	R	A	A			
AP024	Rheumatology service review	Executive Director of Primary & Community Care	G	G	A	A	A	A	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	A	M	A	A	A			
AP025	Implement year one plans for Endoscopy	Executive Director of Therapies & Health Sciences	G	G	A	R	R	R	R	A	A			
AP025	Systematic review and plans developed to address diagnostic service sustainability	Executive Director of Therapies & Health Sciences	G	G	A	R	R	A	A	A	A			M
AP025	Systematic review and plans developed to address service sustainability	Executive Director Nursing & Midwifery	G	G	A	A	A	A	A	G	A			M
AP026	Fully realise the benefits of the newly established SURNICC service	Executive Director Primary and Community Care		G	A	G	G	G	G	G	M			
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	A	R	A	G	G	G	G	G	G			
AP028	Develop Rehabilitation model for people with Mental Health or Learning Disability	Executive Director of Mental Health & Learning Disabilities		G	G	G	A	A	G	G	G			M

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AP021 Implement preferred service model for acute urology services

No further update.

AP022 Orthopaedic Plan enabling works (Estates)

Orthopaedic Plan went to Finance & Performance Committee in December 2019 and will go to Board on 23rd January 2020

AP023 Transform Eye Care Pathway

Successful tender evaluation has enabled contracts to be awarded to 6 primary care ODTs until the end of March 2020. However there are significant risks in delivering this development given the non-recurrent funding and the need for this to extend as a sustainable service change. The digital eye care procurement has been confirmed during December 2019 and work is moving to the implementation phase. However, capital allocation to support this is awaiting sign off of full business case by Welsh Government. The e-referral element is in the process of completing an options appraisal.

AP024 Rheumatology service review

Review now completed, and recommendations being progressed to implement.

AP025 Systematic Review and Plans developed to address sustainability for all planned care specialties:

Now being established as part of the Planned Care Improvement Group (PCIG). Recruitment is on-going on specific specialties and 3 consultants have been appointed in orthopaedics. RTT taskforce being reviewed and monitored through PCIG. Implementation of National Planned Care Delivery Programme recommendations being monitored through PCIG. OPD follow up capacity is still challenging to establish in some key specialties to reduce backlog, scrutiny is on-going on how it can be achieved

AP025 Endoscopy

Work is on-going to improve both theatre and outpatient utilisation

Quarterly Assurance Sampling

AP026 Fully realise the benefits of the newly established SURNICC service

Benefit Realisation has been undertaken

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

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AP030 Demand: Enhanced Care Closer to Home Pathways

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

AP031 Demand: Workforce shift to improve Care Closer to Home

Community Resource Teams (CRT) and Admission, Transfer, Discharge (ADT) in EDs across all three sites. Work continues through financial recovery works to improve the impact of these services to provide more care closer to home

AP033 Demand Improved Crisis intervention services for children

No Update

AP034 Flow: Emergency Medical Model

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

AP034 Flow: Management of Outliers

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

AP038 Discharge Integrated Health & Social Care

AP038a – Ongoing work with local authorities, recognition there is a shortage in provision of package of care. RPB winter funding to support.

AP038b – Home First principles being embedded through financial recovery work, delays impacted by resource

AP038c – Long length of stay reviews in Acute and Community Hospitals is multi-agency and is identifying areas where community beds are inappropriately used and work is underway to ensure Home First approach is maximised as part of financial recovery work. Commenced in West late November.

AP038d – What matters conversations are happening but not consistently within 24 hours and further work is needed on discharge planning.

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AP035 SAFER Implementation

SAFER principles in community hospitals is ongoing. Current focus on 'R' for review and long length of stay reviews have commenced in all community hospitals. Engaged with National 'Every Day Counts' work although delay to National agreement on discharge pathways and engaging with social care.

AP037 – Flow Early Pregnancy Service (emergency Gynaecology) Update

Service development will require submission of both a Revenue business and a Discretionary Capital Business case.

Discretionary capital case to be completed by March 2020 for consideration for 21/22 funding to secure funding for structural alterations required to East EGU

Revenue Business case – preferred options being completed which demonstrate need for additional revenue. Draft business case to be submitted to Womens F&P and Women's Board in February 2020.

AP039 – Stroke

There has been no change from what was reported in the previous APPMR of November 2019.

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AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director Workforce & Organisational Development	G	G	G	G	G	M	G	G	G			
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director Workforce & Organisational Development	G	G	G	G	G	M	G	G	G			M
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director Workforce & Organisational Development	A	A	A	A	A	M	A	A	A			M
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Executive Director Workforce & Organisational Development	G	A	A	A	A	M	A	A	M			M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Executive Director Workforce & Organisational Development	A	G	G	G	G	M	G	G	M			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director Workforce & Organisational Development	G	G	A	G	G	M	G	G	G			
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director Workforce & Organisational Development	G	A	A	A	A	M	G	G	M			M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director Workforce & Organisational Development	G	G	G	A	A	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 Workforce & Organisational Development	A	A	A	A	A	M	A	A	A			M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	Executive Director Workforce & Organisational Development	A	G	G	G	G	M	G	G	M			M

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

AP044 - Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture. The gap analysis of legislative compliance has been completed in Q2. This objective remains amber as the review of 31 pieces of legislation indicated there was a lack of compliance in 15 pieces of legislation, partial compliance with 13 and fully compliant with only 3. Next Steps: comprehensive set of action plans has been developed to address the shortfalls in key areas of risks described above. The most significant risks are on the risk register and will be monitored by the Strategic Occupational Health & Safety Group. Plans to develop an accredited Occupational Health Service are underway through the Safe Effective Occupational Health Standards (SEQOSH), this will be implemented in June 2020. A comprehensive set of policies will form the basis of the next 12 months work that are realistic and clear on roles and responsibilities. Action plans are being completed as scheduled and Q3 report provided to QSE in January 2020 to track progress.

AP045 - Integrated Learning Programme: Establish strong links with HEIW to support the alignment of national and local education improvement programmes
The Workforce Modernisation Manager is a member of the HEIW all Wales Learning and Development Framework group, aims are to develop a single framework which will include the definition, educational level and competence of the workforce from support worker to consultant level practice. The group will develop a single, NHS Wales Learning and Development Framework for NHS Wales.

Attended HEIW N/W stakeholder event and established links and input to HEIW's IMTP and work related to the HEIW Workforce Strategy. Learning from this distributed within BCU to Heads of HR and to OD leads and will be shared at the BCU Education Governance group.

Workforce Modernisation Manager also sits on a number of other HEIW groups including: the Clinical Modernisation Group, All Wales Apprenticeship group, All Wales Careers group and the All Wales Primary Care Development band 1-4 group.

New BCU educational governance group set up, first meeting to be held on 20/1/20. Leads from HEIW identified and will be invited when required.

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AP045c- Integrated Learning Programme: Develop an Apprenticeship Improvement Plan to enhance utilisation of apprenticeships across the organisation
Plan is developed and in progress, outcomes are well supported and many are completed (but they are an ongoing due to the nature of the work). Apprentices in the organisation have increased over recent months to 34, with several more in recruitment control.

AP045d - Integrated Learning Programme: Develop a plan to expand the Step into Work Scheme across the health and social care sector

Plan is in place:

- Placements commence Jan/Feb 2020
- 12 week placement (1 day per week)
- Participants to rotate (6 weeks) with a primary placement in either acute, community, managed practice, local nursing home (then rotate in all other areas)
- Agreement for placements from community hospital, acute hospital, managed practice
- Confirmed rotation with Clwyd Alyn/Pennaf

AP047a Year 1 Leadership Development Programme: Develop a robust succession planning programme that identifies future leaders within the organisation

Draft Matrix tool adopted from NHS Leadership Academy and is ready to be sent out for consultation.

Senior Director of Leadership from HEIW invited to next Senior Organisational Development Meeting to update on national process to ensure alignment.

AP047c Year 1 Leadership Development Programme: Develop a culture of compassionate, accountable and quality focused leadership and management capability at all levels including clinical leadership

A number of programmes implemented, supporting leaders at all levels in understanding and developing a compassionate leadership style and approach, including - ILM management programmes, A Step Into Management Programme, Ward Managers Programme and the Leading for Transformation Programme for Senior Leaders. The Executive team are now fully engaged with various initiatives that provide consistent opportunities to communicate our purpose and vision into the organisation. These include participating in Seren Betsi Star staff recognition awards, taking part in Better Care Spending Well events designed to engage staff in effectiveness and efficiency conversations, contributing to the 'My Week' newsletter, engaging in leader walkabouts, acting as sponsors for our senior leadership development programme, Leading for Transformation, and actively participating in the programme's Dragons Den innovation events.

Senior Leadership Network launched - first session held in December 2019 - including executive representation and leaders at band 8D and above - session well received and focused on developing key relationships and networks at senior level. This programme will continue in 2020 on a quarterly basis

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AP048b - Develop an integrated workforce development model for key staff groups with health and social care partners: Develop New Roles

W&OD dept are working closely with divisional leaders to develop staff in alternative roles and to develop and introduce new roles. OD department have developed a toolkit to support alternative roles. This has been used most recently to support the Cancer Clinical Nurse specialist competence review resulting in a competence framework for Cancer Clinical Nurse Specialists. BCUHB in association with Bangor University have been offering temporary development roles to newly qualified Physicians Associates. Towards the end of 2019 deputy medical director supported by W&OD colleagues has helped divisional managers towards securing permanent AP posts. This has been as part of M&D optimisation programmes and is providing a permanent solution to junior and middle grade M&D gaps.

AP049 - Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services

A number of aspects of this objective have been achieved (e.g. further developing guidance to assist managers to take ownership of actions, increasing organisational capacity in regards to Equality Impact Assessment knowledge and understanding). However this objective remains amber as whilst teams across W&OD have deployed a multi team intervention model in support reconfiguration/ workforce redesign in areas such as sickness management and in support of various workforce PIDS this model has not been formalised and publicised. Next Steps: W&OD will continued multi team support to Workforce Optimisation programmes and will document this approach in order to develop this into an 'offer' which can be publicised to areas planning significant change

Quarterly Assurance Sampling

AP050 – Develop and deliver year one of the Communications Strategy

Strategy has been developed and is awaiting sign off from the Board

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Programme Estates Strategy Matrix

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			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP062	Statutory Compliance / Estate Maintenance	Executive Director Planning and Performance	G	G	G	G	G	G	G	G	G			M
AP063	Primary Care Project Pipeline	Executive Director Planning and Performance	G	G	G	G	G	G	G	G	G			M
AP064	Well-being Hubs	Executive Director Planning and Performance	G	G	A	A	A	A	A	A	A			M
AP066	Ruthin Hospital	Executive Director Planning and Performance	G	G	G	G	P							M
AP067	Vale of Clwyd	Executive Director Planning and Performance	G	G	G	G	G	G	R	Removed				
AP068	Orthopaedic Services	Executive Director Planning and Performance	G	G	G	G	G	G	G	G	G			M
AP069	Ablett Mental Health Unit	Executive Director Planning and Performance	G	G	G	G	A	R	R	G	G			M
AP070	Wrexham Maelor Infrastructure	Executive Director Planning and Performance	R	R	R	R	P	M						
AP071	Hospital Redevelopments	Executive Director Planning and Performance	G	G	G	G	A	A	A	A	A			M
AP072	Central Medical Records	Executive Director Planning and Performance	G	G	G	G	A	A	R	G	G			M
AP073	Residencies	Executive Director Planning and Performance	G	G	G	G	G	G	A	A	R			M
AP074	Integrated Care Fund (ICF) Schemes	Executive Director Planning and Performance	G	G	G	G	A	G	G	G	G			

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AP073 Residencies has moved from amber to red:

A useful meeting was held just before Christmas and the scope for a possible collaboration continues to be explored.

A draft business case has now been produced and is receiving its first review. There are a number of key issues to be resolved including:

- Given the previous procurement exercise, what is the current status of housing providers as preferred partners.
- Asset ownership.
- Balance sheet issues.

This is a proposed ground breaking partnership and an innovative financing approach. It will in all likelihood not be possible to progress a business case to Board by the end of March.

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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	G	M	G	G	G			M
AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Executive Medical Director	A	A	R	R	R	M	R	R	Moved to 2021/22			
AP053	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	Executive Medical Director	G	G	G	G	G	M	G	G	G			M
AP054	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	Executive Medical Director	G	G	G	G	G	M	G	G	G			
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	A	A	A	A	A	M	G	G	G			
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	A	A	A	A	A			M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	A	A	G	G	G	M	G	G	G			M
AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Executive Medical Director	G	G	A	A	A	A	A	A	A			M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	A	A	A	A	A	A	A	A	A			M
AP060	Support Eye Care Transformation	Executive Medical Director	G	G	G	G	G	G	G	G	G			M
AP061	Implement Tracker 7 cancer module in Central and East.	Executive Medical Director	A	A	G	G	A	M	A	A	A			

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AP056: Good Record Keeping/Management

Deputy Head of Health Records post (8b) has been recruited to internally and took up post in October. The Band 7 Project Manager requirement has been confirmed in principle and funding is being secured through the HASCAS & Ockenden Board. As soon as able to start the work, Mental Health Services will be the priority area - aim to complete this section by March 2020.

AP058: Deliver Capital Programme for 2019 2020 as defined within plans

The discretionary programme is progressing as planned with progress being made in all expected areas. The programme was subject to change control at the end of Quarter 2 via the Capital Programme Management Team to reflect the removal of the paging systems replacement project and emerging priorities for spend which include Health Records racking and Telephone Switches.

AP059: Provision of infrastructure and access to support Care Closer to Home

The group lead by BCU to facilitate standard access to "home networks" for community resource teams have identified 6 Work streams for the provision of ICT infrastructure; • Formalising IT Service Desk call logging procedures and service agreements • Federating Active Directory across 6 Local Authorities and implementing trust relations with BCNUB Nadex • Implementation of Wide Area Networks, Local Area Networks and Govroam wireless networks into required sites • Implementation of telephony solutions for each of the identified sites e.g. Interactive Voice Response call routing & Contact Centres as required • Implementation of shared managed print solutions for all partner organisations at sites • Deployment of Office 365 and MS Teams to enable collaborative working for the various partner organisations. A capital business case is under development to enable work, data from CRT teams is required to complete. This is taking longer to gain than anticipated.

AP061: Cancer Tracker

The updated product is available within the organisation however this does not fully satisfy the requirements of Cancer Services, and appears to offer lower functionality than is presently in use. National discussions are continuing to increase the functionality of the product. At this time Cancer Services have declined to adopt the current version available.

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AP075	Governance	EDN&M & Deputy CEO	Grey	Grey	M	A	A	M	A	A	A			
AP076	Grip and Control	Executive Director of Finance	Grey	Grey	M	A	G	M	A	A	A			
AP077	Planning	Executive Director of Finance	Grey	Grey	M	A	A	M	A	A	A			
AP078	Procurement	Executive Director of Finance	Grey	Grey	M	A	G	M	A	A	A			
AP079	Risk Management	Deputy CEO	Grey	Grey	Grey	Grey	Grey	M	G	G	G			

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AP075 Governance

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

AP076 - Grip and control

Progress is being made against the Financial Recovery Action Plan, but this has not delivered a reduction in the expenditure run rate to allow progress towards the Control total of £25m deficit.

The Health Board has identified further areas to scrutinise discretionary expenditure for the last quarter of the year, and to increase the levels of financial governance and control within the organisation.

AO077 - Planning

Performance against in-year financial plan (including savings programme) is being tracked.

Accurate forecasting and delivery of financial recovery actions are critical in driving the required reduction in expenditure by divisions over the last quarter of the year.

Planning cycle for future years is underway.

We are learning lessons from current year planning, in-year performance to date, and from the Financial Recovery programme to better inform future planning.

AP078 - Procurement

Efficiency framework and other opportunities are being scoped and accessed.

Conformance with procurement requirements is being monitored and any deviations reported.

Lessons from this year show that utilising national frameworks and All-Wales approaches via NWSSP is not sufficient to guarantee meeting the Health Board's financial targets. Engagement with NWSSP on All-Wales approaches has begun between the DOF and new Director of Procurement, to identify any potential opportunities which can deliver at scale.

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

December 2019



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

The link to these papers is shown below:

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

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

December 2019



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Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Finance & Performance Committee				
	23.01.2020				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Integrated Quality & Performance Report (IQPR)				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director of Planning & Performance				
Awdur yr Adroddiad Report Author:	Dr Jill Newman, Director of Performance				
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.				
Atodiadau Appendices:	None				
Argymhelliad / Recommendation:					
The Finance & Performance Committee is asked to scrutinise the report and to consider whether any area needs further escalation to be considered by the Board.					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*	Er gwybodaeth For Information*
Sefyllfa / Situation:					
Please refer to Executive Summary contained within the IQPR					
Cefndir / Background:					
Our report outlines the key performance and quality issues that are delegated to the Finance & Performance Committee. The summary of the report is now included within the Executive Summary pages of the IQPR and demonstrates the areas that are challenged in relation to delivery of the expected standards of performance, together with the actions being taken to address the performance.					
The Financial Balance is discussed in detail in the Finance Report.					
Asesiad / Assessment					

Strategy Implications

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

Financial Implications

The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on the financial recovery plan of the Board. Our operational plan is aligned to our resource allocation for delivery

Risk Analysis

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

Impact Assessment

The operational plan has been Equality Impact Assessed. The Finance & Performance Committee is asked to scrutinise the report and to consider whether any area needs further escalation to be considered by the Board.



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University Health Board



December 2019

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

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

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

Status Key:



Performance has improved since last reported



Performance as got worse since last reported



Performance remains the same as last reported



Profiles

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

Escalated Exception Reports

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

Longitudinal view of performance

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

Cycle of business

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

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

Planned Care.

The performance on planned care has continued to deteriorate in December across the health board.

Cancer. The backlog of patients over 62 days on the cancer pathway has increased in month reflecting the usual impact of the seasonal holiday period. This is expected to return to previous levels during January, although this is still higher than we intend to achieve.

The reported performance at the end of November shows that the non-USC cancer 31 day target did not deliver the 98% target due to 5 patients taking longer than 31 days to commence treatment, 4 of these 5 patients were waiting for urological cancer surgery. This specialty remains extremely challenged across BCU and within England and despite contracting for additional surgical capacity this is not sufficient to avoid breaches. Work is continuing to seek additional commissioned capacity and the urology business case is nearing completion and aims to provide a sustainable service model which would enable patients to be treated to these standards in North Wales. The Cancer 62 day performance improved over the end of October position, however still fell short of the national target of 95%. The Single Cancer pathway performance is consistently around 76-77%, there is no national target set for this indicator at present. The table below shows the performance by site and measure.

Cancer Target	NUSC	USC	SCP
YG	100%	87.7%	76.9%
YGC	92.4%	80.4%	76.8%
Wx	100%	88.2%	75.9%
BCUHB total	97.1%	85.4%	76.6%

Diagnostics. The overall performance in December deteriorated with 269 more patients waiting over 8 weeks at the end of the month. The increase relates to Cardiology, Neurophysiology and radiological diagnostics. Neurophysiology insourcing is proposed to deliver 8 weeks in this service by year end. It is also expected that the clinical room availability will come on line in February 2020 following the completion of the estate work. Endoscopy breaches are static at 1871 (4 less than in Nov 2019). The surveillance patients overdue in endoscopy has improved to 537 and plans are in place to reduce these further by year end. The vanguard unit and insource staffing are now operational and supporting the delivery of additional 27 lists per week for Wrexham, where the backlog is largest. Improvement in YG is notable and so the three sites are working together to ensure capacity is optimised to reduce access times for surveillance and 8week pathway patients.

Therapies – 9 patients are reported as breaching 14 weeks at the end of Dec., 8 of these are in Occupational Therapy in the West and 1 relates to weight management services in East. It is unusual for BCU to not deliver the 14 week target and actions are being taken to recover the position.

Follow up - backlog has increased to 92,198 of which 57,187 are more than 100% overdue their clinical target date. It is positive that the health board has delivered the first eye care measure target on all three sites at the end of November 98% of patients having a Health Risk Factor and retained performance at 98.93% in December achieving the national target for the December deadline. The key challenge is in reducing the volume of R1 patients overdue by more than 25% of their clinical target date. Plans are being implemented to increase ODT capacity during the next quarter and the tender for primary care ODT has been awarded to 6 optometry practices.

RTT –The deterioration of 853 over 36 week breaches in month is a significant concern for the organisation. The number of patients waiting over 36 weeks is 12,378 with 12,211 of these patients being North Wales residents. 3,391 patients have waited for over 12 months from referral to treatment. The highest volume of over 36 week waits are seen in the East at 5,550, an in-month deterioration of 303 patients. The greatest deterioration this month is in the centre with 450 more patients waiting over 36 weeks compared to November 2019. The total waiting list size is now 102,647 patients and the specialty with the highest volume of breaches remains orthopaedics with 3,196 patients over 36 weeks. The interim director of planned care is re-designing the planned care processes and governance arrangements to ensure optimisation of available capacity. The waiting list initiative scrutiny group has approved additional activity for January and February in line with the agreement at the December F&P committee and additional insourcing is being sought. Discussion on additional resource to improve the year end forecast position is taking place with Welsh Government. The forecast for March 2020 is contained within the RTT report.

Planned Care Performance against Plan - Rolling 12 months to 31st December 2019

BCU HB		Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
RTT over 36 wks	Plan	0				5,714	6,838	7,465	7,961	8,846	8,021	7,227	7,683	AP	AP
	Actual		7,144	8,034	7,826	6,004	6,870	7,499	7,998	8,900	10,167	10,052	10,768	11,525	12,378
Diagnostics 8wks	Actual	0	1,486	2,116	2,123	2,277	2,548	2,857	2,827	2,793	2,957	2,816	2,443	2,233	2,502
Followup Overdue	Plan	0	73,000	72,000	71,000	70,000				87,712	86,835	85,967	81,890	79,924	74,555
	Actual		84,769	83,473	82,483	87,712	88,210	88,079	88,511	88,648	91,288	90,569	89,909	89,235	92,198
Cancer 31 Day	Plan	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
	Actual		98.10%	97.40%	98.90%	97.20%	100%	98.30%	98.30%	99.50%	98.10%	96.40%	99.50%	97.08%	
Cancer 62 Day	Plan	95%					82.00%	83.00%	84.00%	84.00%	84.00%	84.00%	85.00%	86.00%	87.00%
	Actual		87.20%	84.42%	80.80%	88.00%	82.20%	81.50%	80.40%	84.90%	86.00%	82.60%	82.90%	85.40%	
Single Cancer Pathway									78.00%	80.00%	76.00%	77.00%	75.10%	76.60%	

Amber is used where performance is within 3% of Plan

There is no set target for Single Cancer Pathway

Cancer is reported 1 month in arrears

Integrated Quality and Performance Report
Finance & Performance Committee Version

December 2019

Unscheduled care- The performance at the end of December deteriorated on all key performance indicators. The performance early in January continues to be challenging and has resulted in the need to cancel a small number of elective patients due to unscheduled care pressures. The vast majority of elective activity has been able to proceed as planned. During the week 6th to 10th January 1,261 elective admissions took place, of our cancelled patients 26 related to bed or emergency theatre pressures. The East were challenged with medical staffing during December but maintained patient safety. YGC is challenged with ambulance handover times and supported by WAST have introduced cohorting within ED to release ambulances from the forecourt. This is intended as a short term measures to address immediate pressures. YGC are also seeking to recruit middle grades to meet the demand placed in the ED department in the early evening and aim to have these in place during February 2020. The service is continuing to see an increase in the volume of major cases attending, with 10,090 of the presenting cases in December being classified as major. This is the first time more than 10,000 cases have presented in any month. The rate of admission from ED attendance is also rising with over 32% admitted. As the DTOC bed days delayed is falling, which is positive, the overall picture indicates that patients attending ED are sicker than in previous periods and in greater need hospital care. This may also reflect the benefits of the work on the use of MIUs and conveyance avoidance schemes. Focus on reducing average length of stay and reducing stays over 21 days is continuing. The use of ANPs and GPs in ED is being evaluated and while numbers are relatively small, 86% of patients seen on the Wrexham site did not require admission. The seasonal plan actions are being implemented and it is positive that the number of patients classified as delayed transfers of care reduced in December, both in terms of patients affected by delays and the bed days they occupied. 31 fewer patients were recorded as delayed in December compared to the November census. It is noted that the largest volume of delays are now in the West.

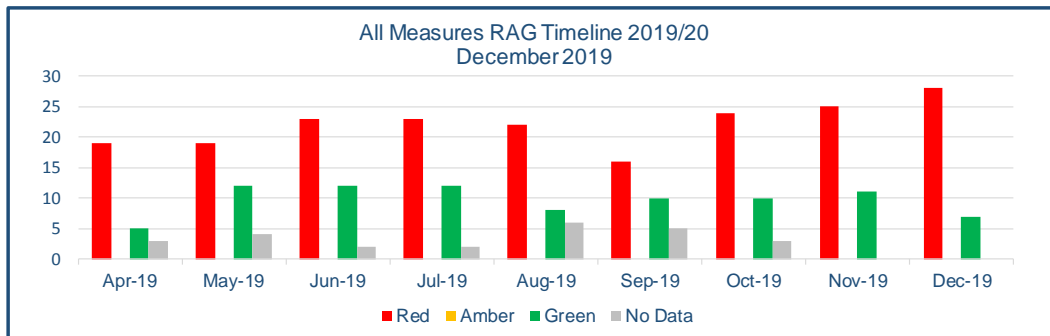
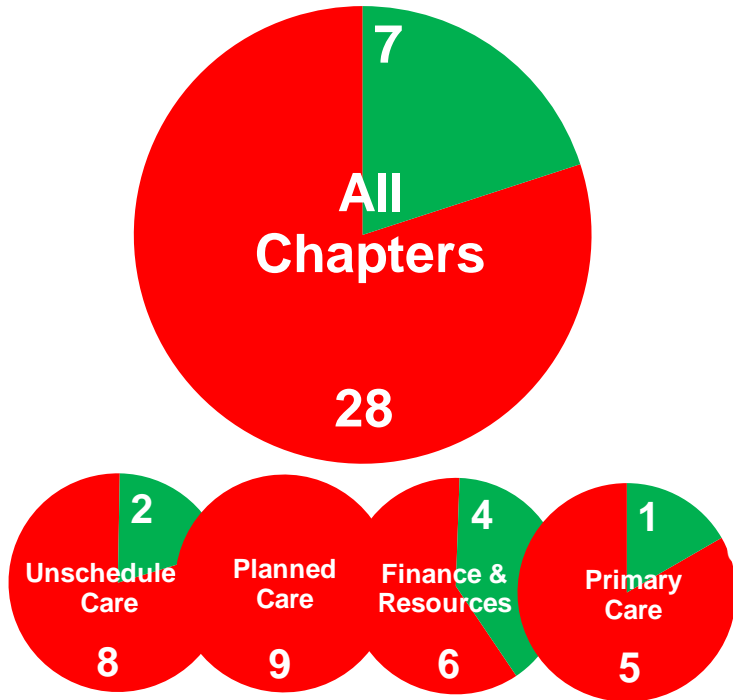
Unscheduled Care Performance against Plan - Rolling 12 months to 31st December 2019

BCU HB		Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
4 Hour	Plan	95%	90.0%	85.0%	85.0%	85.0%	>= 74%	>= 75%	>= 76%	74.0%	75.0%	76.0%	77.0%	72.0%	72.0%
	Actual		67.64%	66.94%	72.50%	71.11%	69.48%	71.21%	71.49%	73.72%	73.04%	71.68%	71.15%	72.12%	66.32%
12 Hour	Plan	0	800	1,000	1,000	900	1,500	1,395	1,290	1,209	1,085	990	961	1,320	1,364
	Actual		1,553	1,989	1,430	1,635	1,743	1,660	1,444	2,044	1,786	1,977	1,757	1,786	2,272
1 Hour Ambulance Handover	Plan	0	1,100	1,080	1,092	900	540	341	270	248	186	120	404	446	446
	Actual		446	691	358	438	700	616	447	811	694	896	809	792	1,114
Cat A 8 Minutes	Plan	65%	74.0%	71.0%	73.0%	75.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%
	Actual		74.7%	72.2%	75.0%	70.4%	70.0%	70.2%	69.0%	68.0%	69.6%	69.0%	68.9%	62.9%	59.9%

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

Overall Summary

8



AP = Awaiting Profile

Integrated Quality and Performance Report
Finance & Performance Committee Version

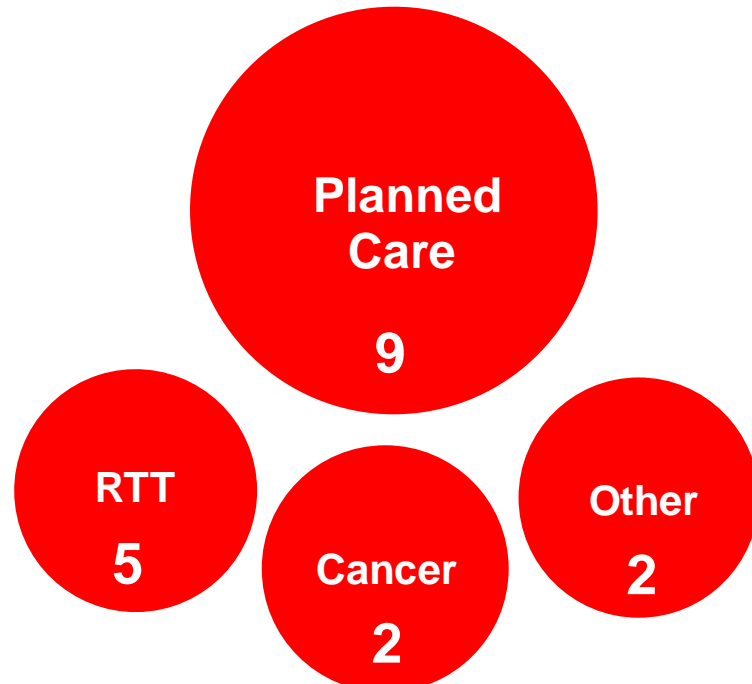
December 2019

Improved

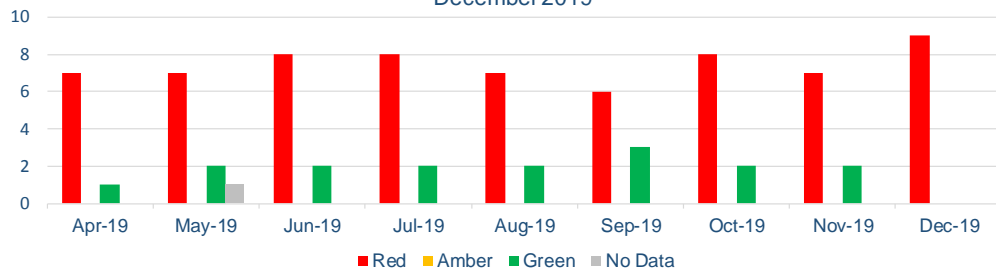
Code	Measure	Status	Annual Plan Profile	National Target
DFM090	Mandatory Training (Level 1) Rate (%)	85.13%	↑	>= 85%
DFM074	Hip Fracture Survival 30 days	94.20%	↑	AP Improve
DFM087	PADR Rate (%)	75.40%	↑	>= 80%
DFM064	Cancer: 62 Days (USC Route)	85.4%	↑	>= 86%
DFM026	Delayed Transfers of Care (DToC): non-MH	75	↑	<= 27

Of Most Concern

Code	Measure	Status	Annual Plan Profile	National Target
DFM053	Referral to Treatment (RTT): > 36 Weeks	12,378	↓	AP 0
DFM072	Emergency Department 4 Hour Waits (inc MIU)	66.32%	↓	>= 72%
DFM070	Ambulance Response within 8 minutes	59.90%	↓	>= 65%
DFM072	Ambulance Handovers within 1 Hour	1,114	↓	<= 446
LM002F	Finance: Position against Financial Balance	£31.1m	↓	<= £26.3m



Chapter 1 - Planned Care RAG Timeline 2019/20
December 2019



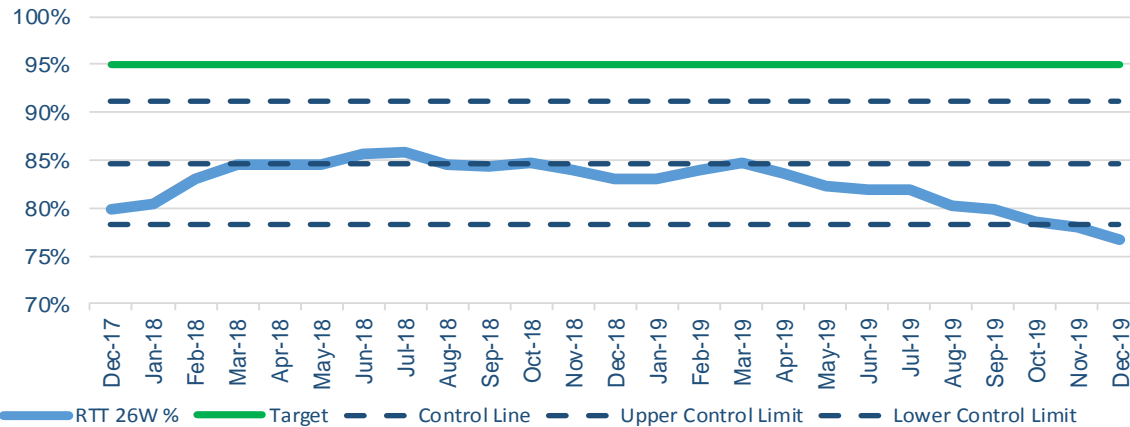
AP = Awaiting Profile

Code	Measure	Status	Annual Plan Profile	National Target
DFM052	Referral to Treatment (RTT): < 26 Weeks	76.74%	↓	AP >= 95%
DFM053	Referral to Treatment (RTT): > 36 Weeks	12,378	↓	AP 0
LM053a	Referral to Treatment (RTT): > 52 Weeks	3,391	↓	AP 0
DFM054	Diagnostic Waits: > 8 Weeks	2,502	↓	AP 0
DFM055	Therapy Waits: <= 14 Weeks	9	↓	0 0
DFM056	Follow-up Waiting List Backlog	92,198	↓	<= 79,924 <= 74,555
DFM057	Ophthalmology R1	63.45%	↓	AP >= 95%
DFM063	Cancer: 31 Days (non USC Route)	97.08%	↓	>= 98% >= 98%
DFM064	Cancer: 62 Days (USC Route)	85.40%	↑	>= 86% >= 95%
DFM065	Cancer: 62 Day Single Pathway (inc Suspensions)	76.60%	↑	AP Improve

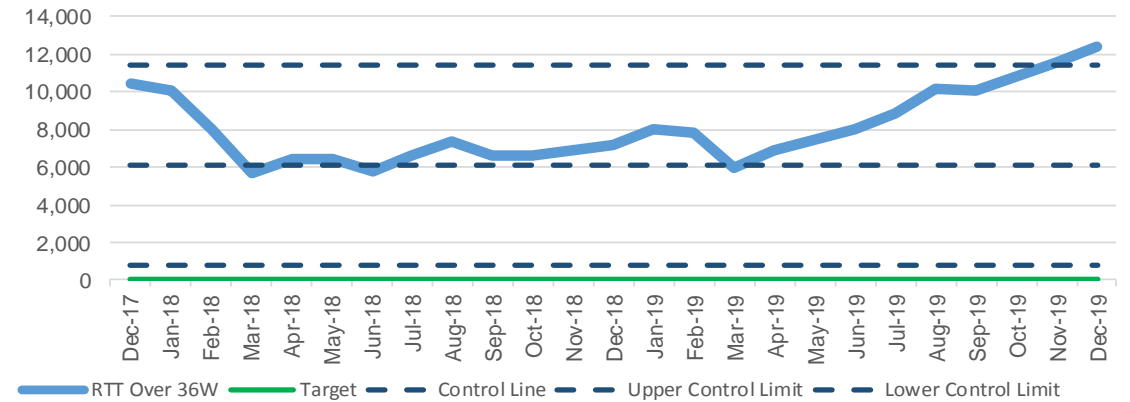
DFM065 Single Cancer Pathway Measure is new for 2019/20 and does not have an associated target, thus it is omitted from RAG rating.

Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM05 2	The percentage of patients waiting less than 26 weeks for treatment	>= 95%	AP024	AP	Dec-19	76.74%	⬇️	7th	83.14%	83.21%	82.22%	83.00%		82.00%	80.24%	79.94%		78.65%	78.08%	76.74%					
DFM05 3	The number of patients waiting more than 36 weeks for treatment	0	AP024	AP	Dec-19	12,378	⬇️	7th	7,144	6,768	7,396	7,886		8,900	10,167	10,052		10,768	11,525	12,378					
LM053a	The number of patients waiting more than 52 weeks for treatment	0	AP024	AP	Dec-19	3,391	⬇️	N/A	2,622	2,369	2,540	2,506		2,496	2,621	2,730		2,880	3,177	3,391					

BCU Level - RTT Waits % <= 26 Weeks: December 2019

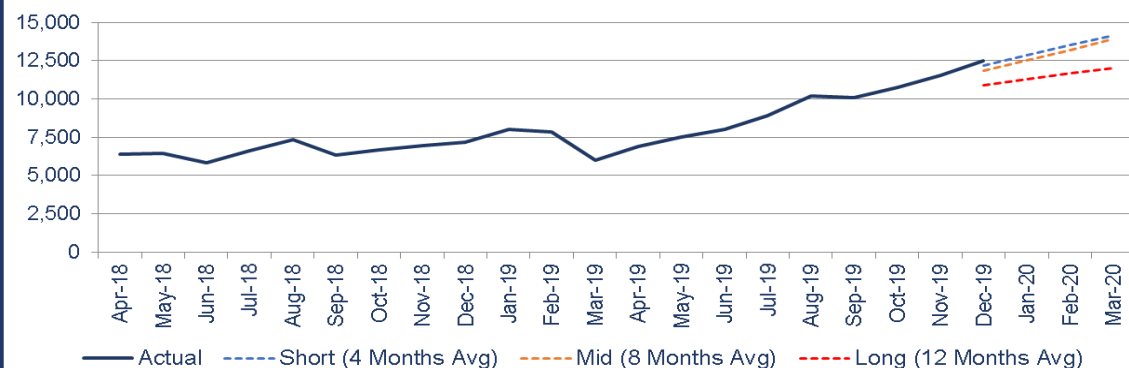


BCU Level - RTT Waits Number > 36 Weeks: December 2019

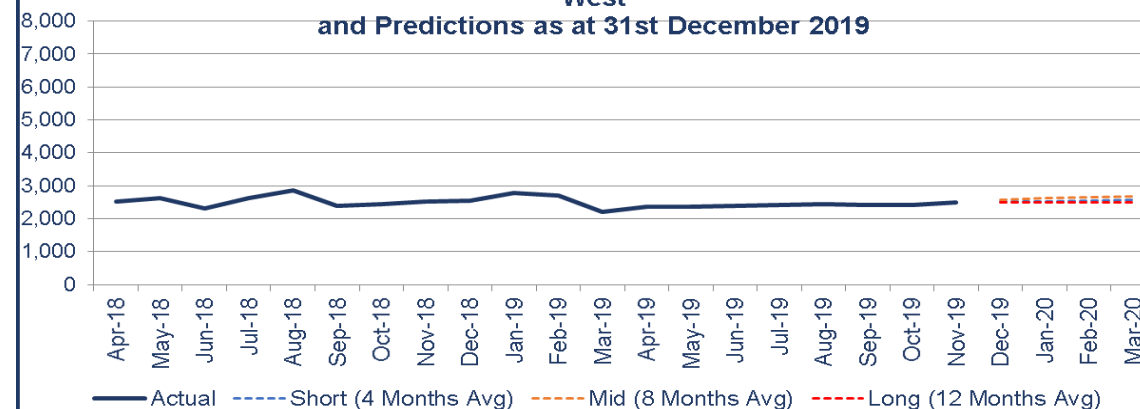


Actions	Outcomes	Timeline
1. Referral to treatment RTT cross site validation of stage 1 patients	Improved data quality. Reduction in waiting list by 5%	31 st January 2020
2. Development of forecasting tools	Operational tools in place to monitor out turn and forecast	31 st January 2020
3. Outsourcing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

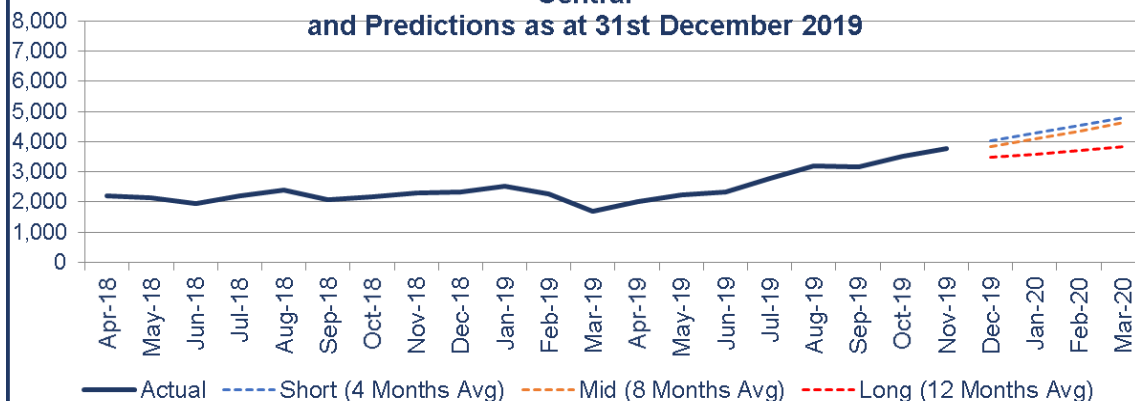
Referral to Treatment (RTT) Number of breaches over 36 Weeks at BCU Level and Predictions as at 31st December 2019



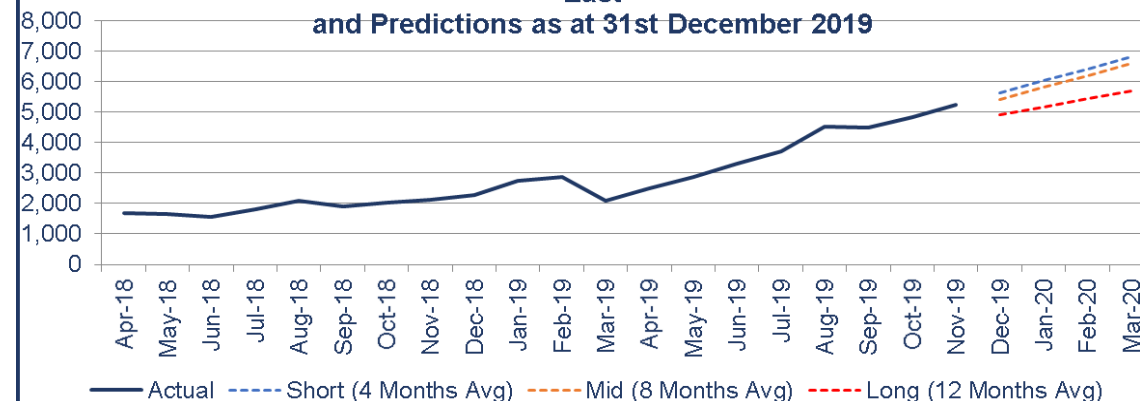
Referral to Treatment (RTT) Number of breaches over 36 Weeks: West and Predictions as at 31st December 2019



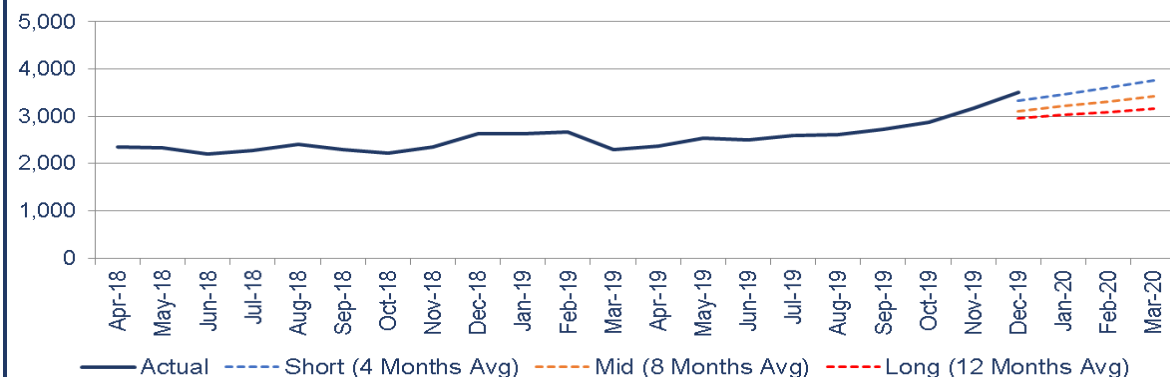
Referral to Treatment (RTT) Number of breaches over 36 Weeks: Central and Predictions as at 31st December 2019



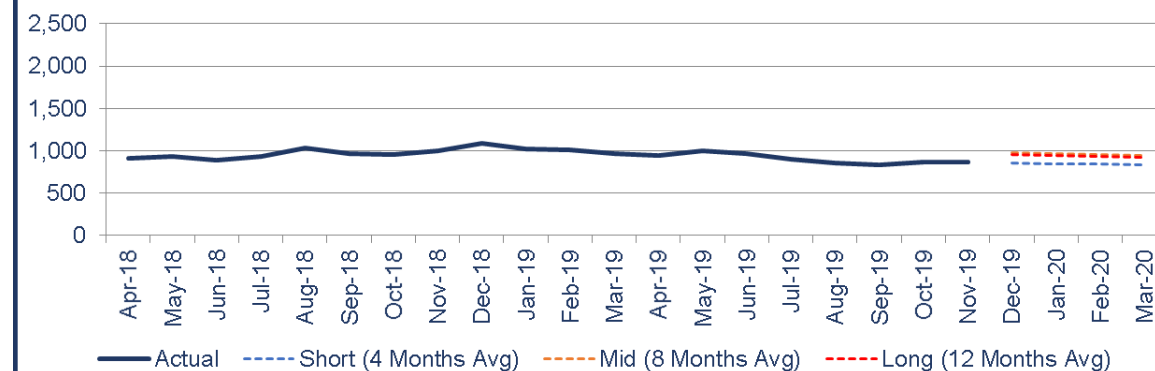
Referral to Treatment (RTT) Number of breaches over 36 Weeks: East and Predictions as at 31st December 2019



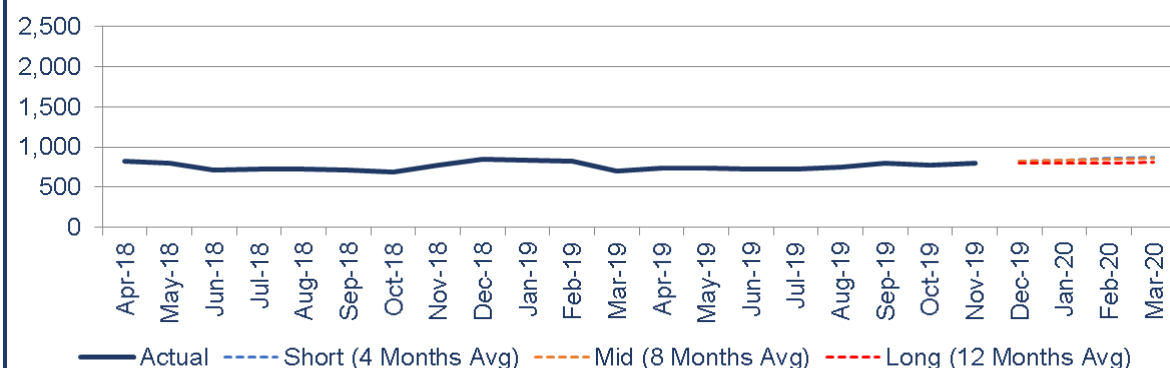
Referral to Treatment (RTT) Number of breaches over 52 Weeks at BCU Level and Predictions as at 31st December 2019



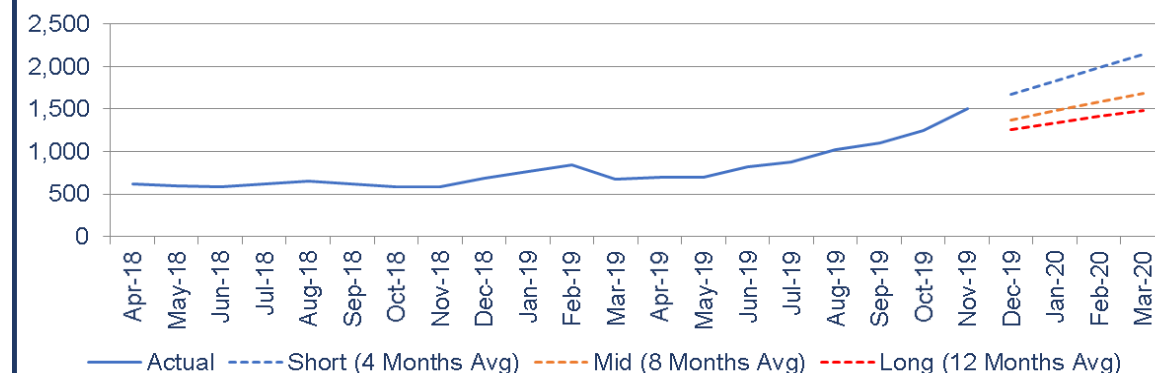
Referral to Treatment (RTT) Number of breaches over 52 Weeks West and predictions as at 31st December 2019



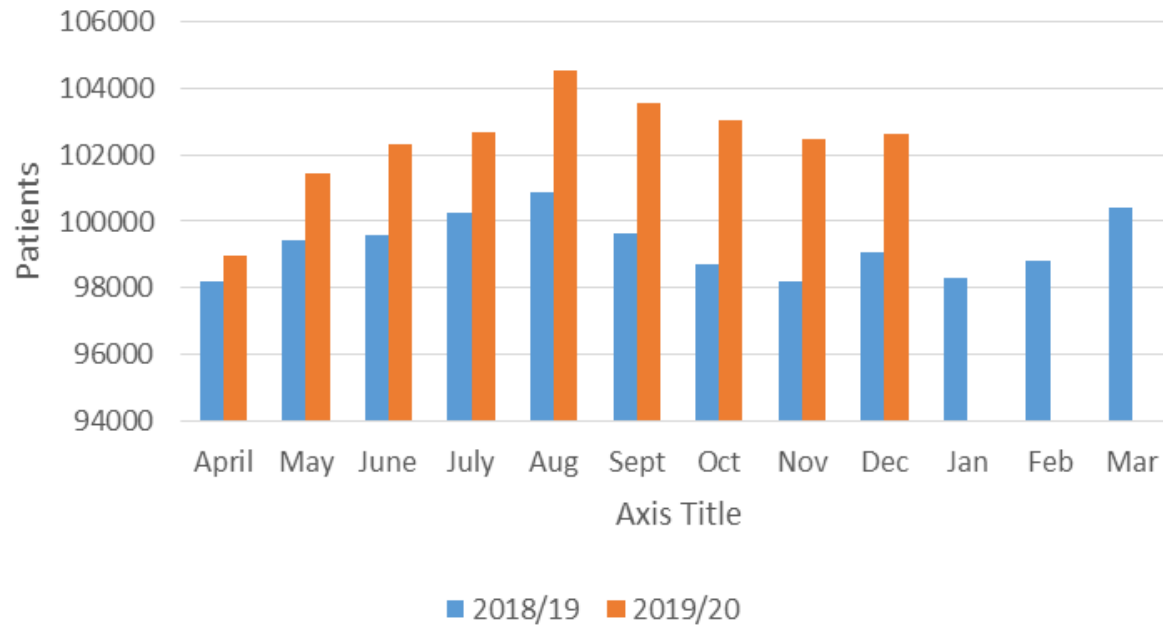
Referral to Treatment (RTT) Number of breaches over 52 weeks Central and Predictions as at 31st December 2019



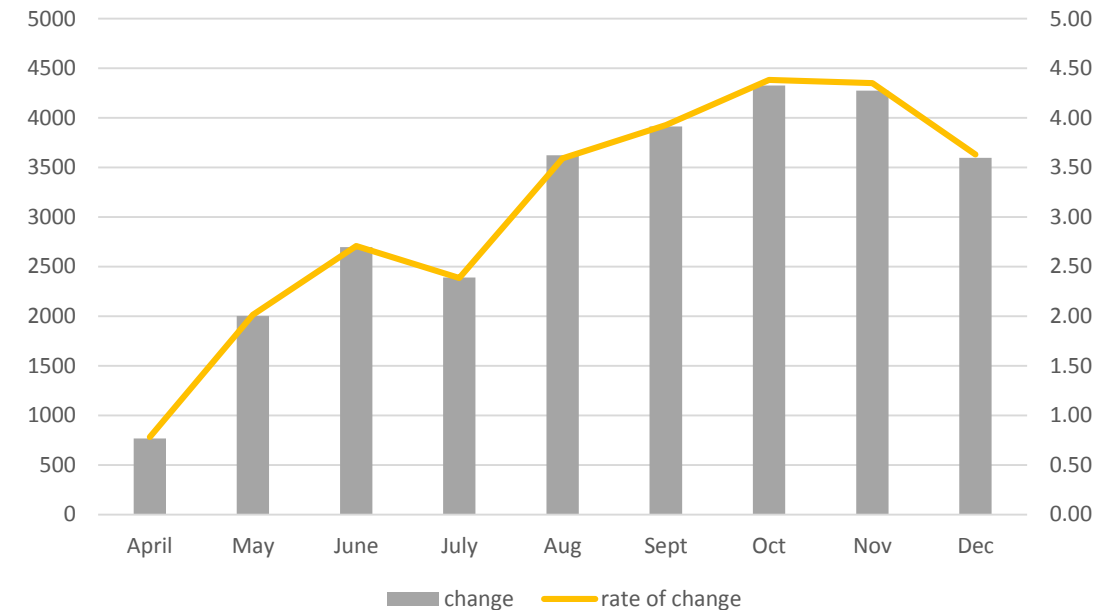
Referral to Treatment (RTT) Number of breaches over 52 Weeks East and predictions as at 31st December 2019



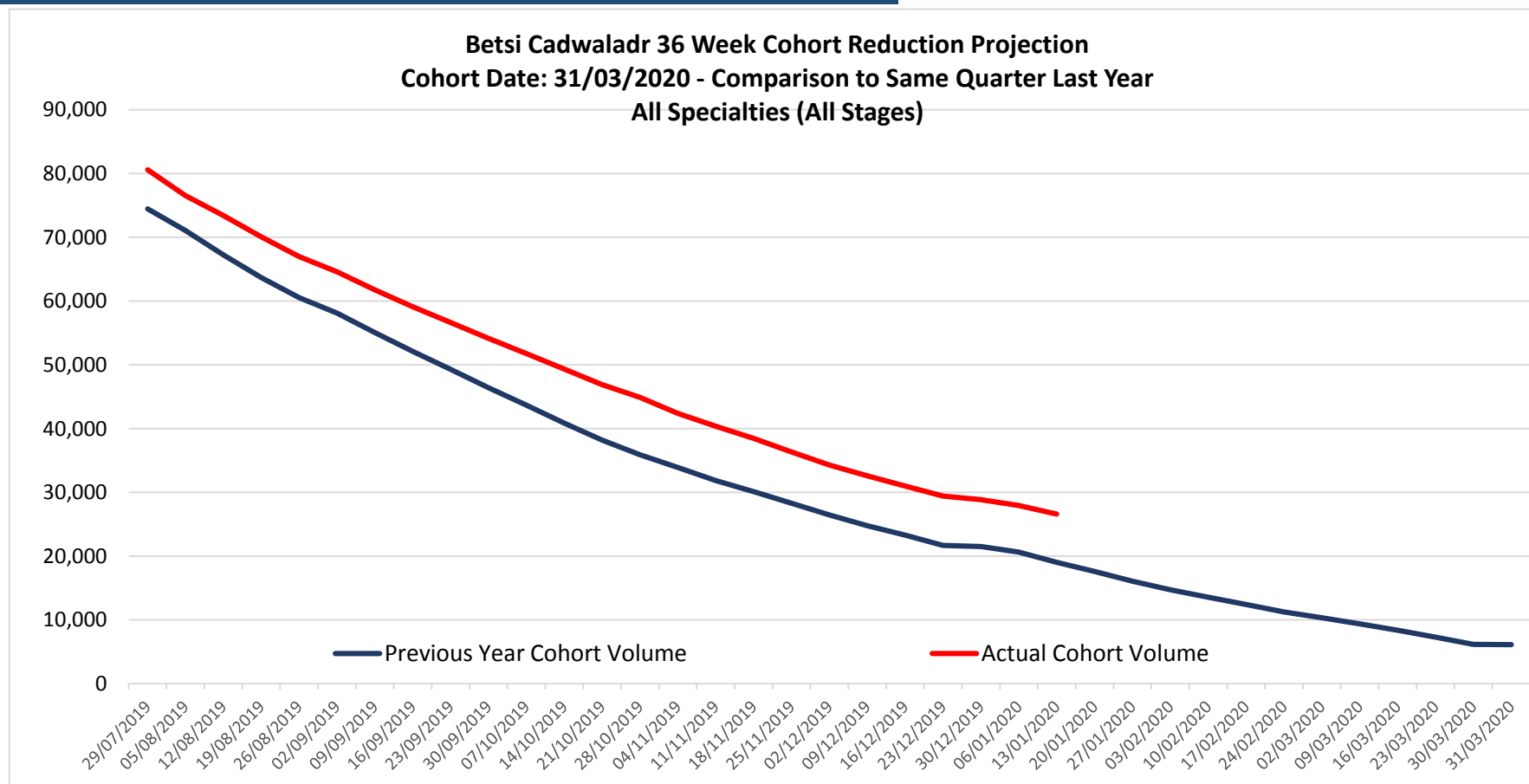
Total RTT waiting list



Rate of change of waiting list size between same period 2018/19 to 2019/20

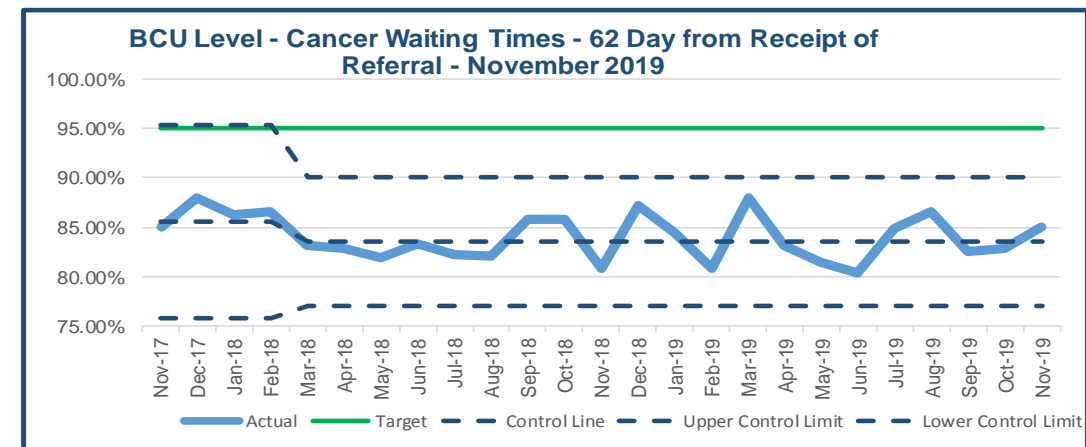
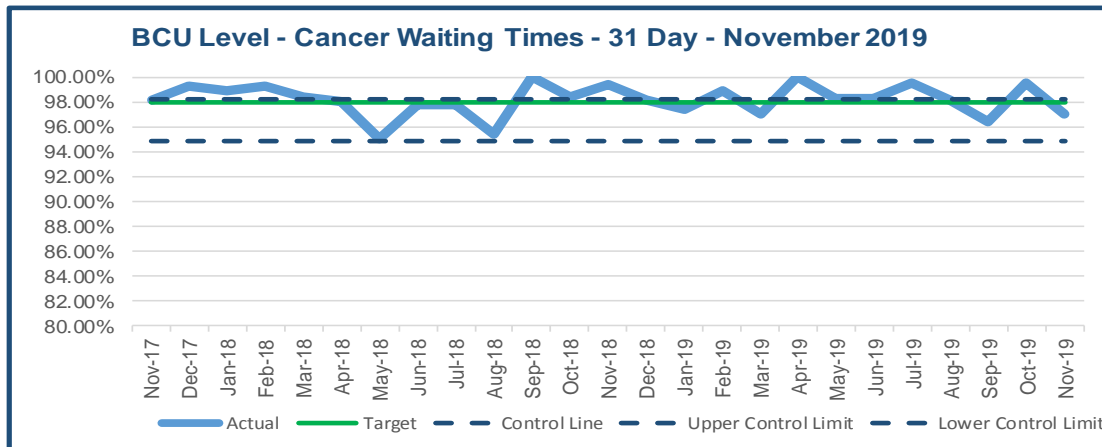


The RTT total waiting list size is 3596 greater in December 2019 than it was in December 2018. The rate of increase each month is rising from 0.8% increase between April 2018 to April 2019 to the 4.35% in November 2019 with the increase seen in December slowing down to be 3.5% greater than in the preceding December position.



The cohort of patients who would be over 36 weeks if not treated by year end is shown in the above graph which compare the actual size of the cohort each week this year with last year. As of the 13th Jan 2020 the cohort stands at 26,596 which 7,578 greater than at the same time last year.

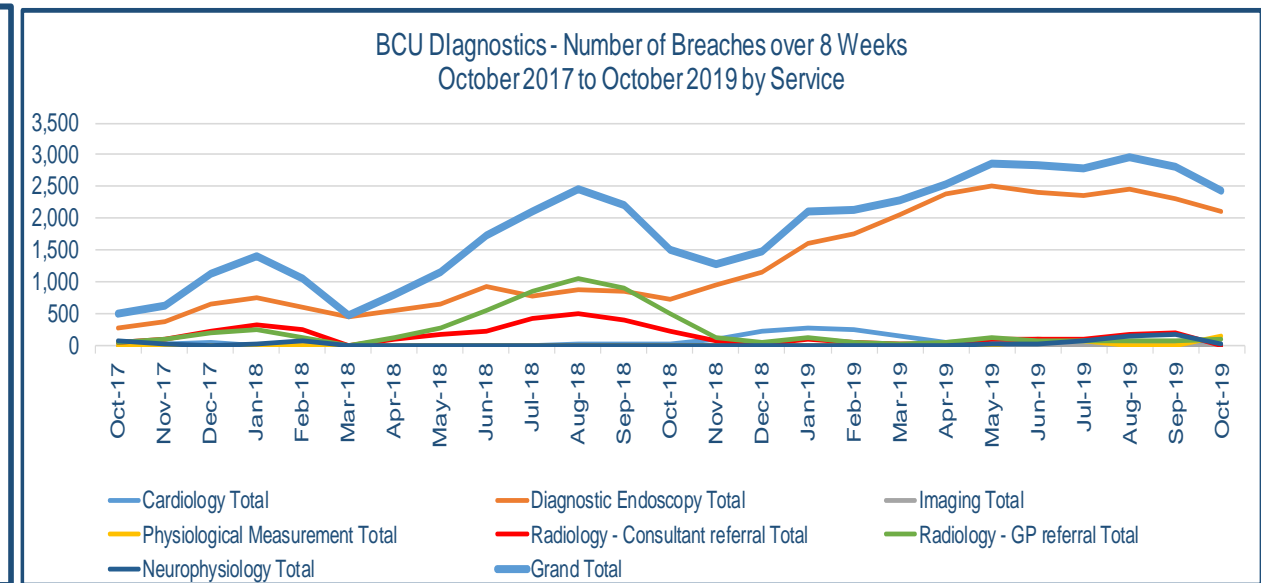
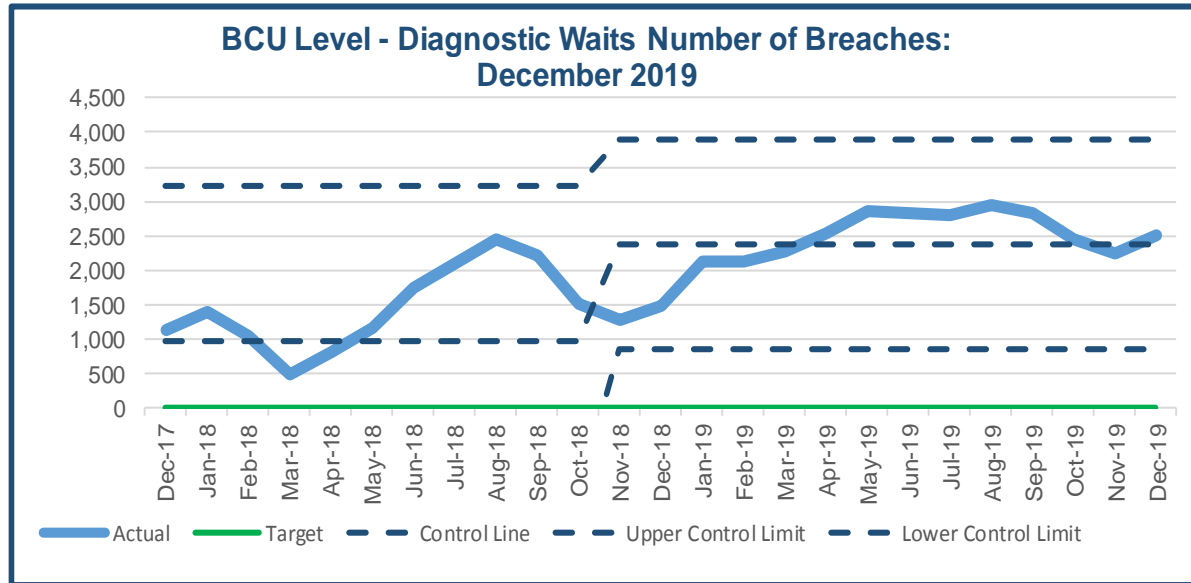
Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM06 3	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	>= 98%	AP026	>= 98%	Nov-19	97.08%	↓	5th	99.44%	100%	98.44%	98.33%		99.49%	98.15%	96.40%		99.48%	97.08%						
DFM06 4	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	>= 95%	AP026	>= 86%	Nov-19	85.40%	↑	3rd	80.88%	83.23%	81.55%	81.05%		84.88%	86.62%	82.60%		82.90%	85.40%						
DFM06 5	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Improve	AP026	AP	Nov-19	76.60%	↑	2nd	New 19/20	77.10%	79.00%	78.00%		77.00%	76.00%	77.00%		75.10%	76.60%						



Why we are where we are: The shortage of urological surgical capacity has contributed to the non-delivery of the 31 day target this month. Slight improvement in the 62 day target is noted, however the backlog of patients currently over 62 days has increased during December in line with the normal seasonal pattern.

Actions	Outcomes	Timeline
1. Prioritise endoscopy capacity for Urgent Suspected Cancer (USC) and other clinically urgent patients; provide additional capacity via insourcing (contracts agreed and to provide additional sessions from end November)	All USCs to be booked within 2 weeks	December 2019 – USC waits have reduced to under 2 weeks for majority of cases although some patients requiring therapeutic procedures not provided via external capacity are waiting longer than 2 weeks at present
2. Hold additional breast rapid access clinics; ensure patients offered transfer to alternative site if shorter wait to ensure equalised waiting times; continue recruitment process for consultant breast radiologists and consider insourcing option	All USCs to be seen within 3 weeks	March 2019 – timeline moved to March as additional capacity will not be in place until February. Current waits up to 6 weeks
3. Agree urology surgery capacity plan for major surgery and to recover urology haematuria clinic waiting times position	All surgery within 31 days of decision to treat All USCs to be seen within 3 weeks	January 2020 – on target to achieve reduction in haematuria clinic waiting times. However surgical waiting times remain a concern due to lack of capacity – additional external capacity sought
4. Track all patients on a USC pathway in order to ensure all delays are escalated and remedial action taken as appropriate	Continuation of backlog reduction to under 75 Improve 62 day performance to 90%	Aiming for 75 by end of February 2020
5. Appoint tracking staff to ensure all patients tracked from point of suspicion	Improved single cancer pathway performance	January 2020 – recruitment ongoing with 2 recruited, interviews set for further two and advert out for final 2

Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM05 4	The number of patients waiting more than 8 weeks for a specified diagnostic	0	AP024	AP	Dec-19	2,502	⬇️	7th	1,486	2,548	2,857	2,827		2,793	2,957	2,816		2,443	2,233	2,502					



Why we are where we are:

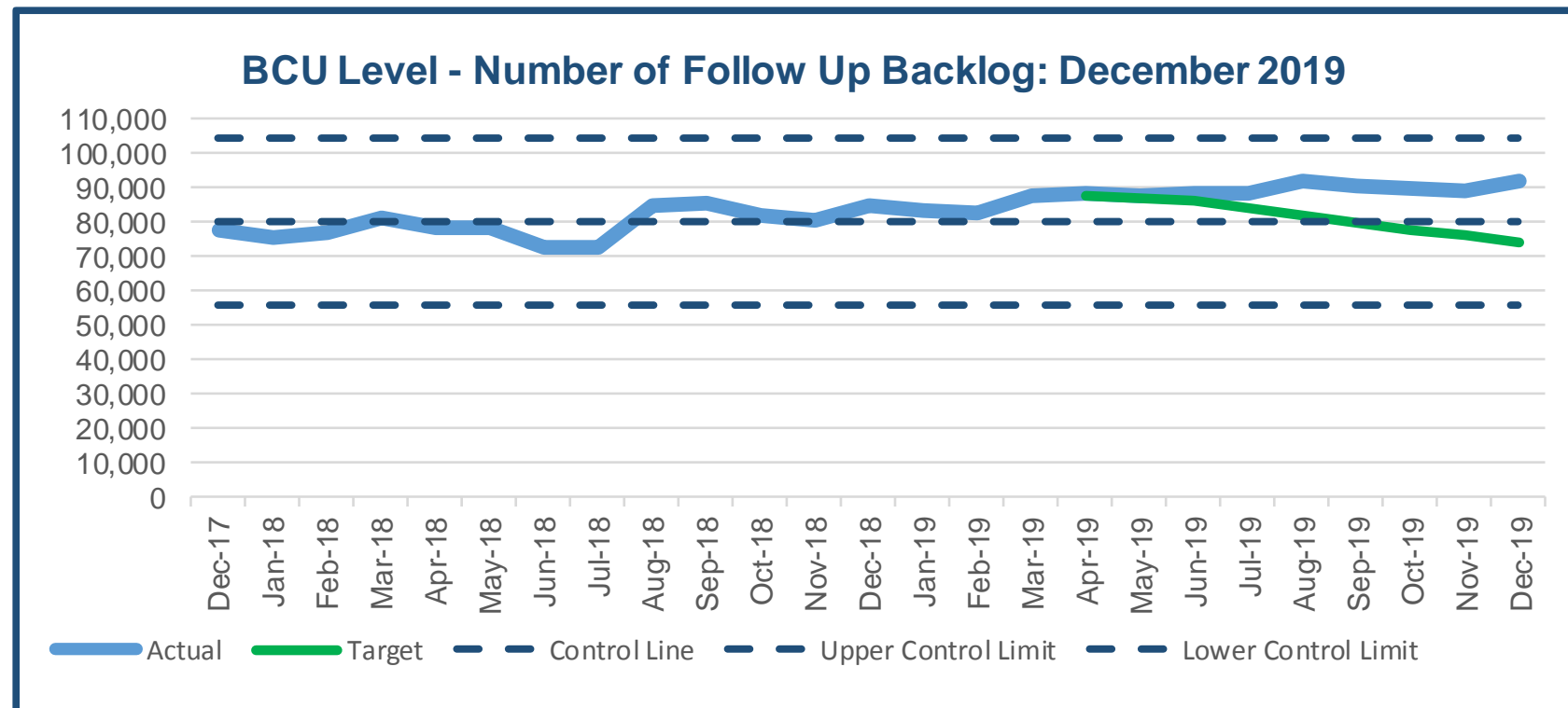
The majority of diagnostic waits relate to endoscopy. Priority has been given to reducing the surveillance backlog and so addressing clinical priority to access this service. 8 week RTT waits are similar to last month for endoscopy with improvement delayed while the challenges arising from the implementation of the additional Vanguard and insourcing capacity were addressed.

The waits for cardiology, radiology and neurophysiology increased this month.

For Neurophysiology the backlog of patients waiting over 8 weeks due to a combination of lack of clinic space and consultant annual leave over the Christmas period.

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

Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM05 6	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	<= 74,555	AP024	<= 79,924	Dec-19	92,198	⬇️	7th	84,769	88,210	88,079	88,511		88,648	92,067	90,569		89,909	89,235	92,198					



Actions	Outcomes	Timeline
1. Stable Glaucoma Monitoring via Virtual Clinics and Cataract Direct to Listing Pathway redesign	15% reduction on Follow Up (FU) 100% overdue backlog (note 18.6% reduction has been achieved by end of November and therefore on course to deliver year end target)	28 th February 2020
2. Cross site validation of all stage 1 patients – validation team commenced during December	Improved data quality. Reduction in Waiting List (WL) by 5%	31 st January 2020
3. Training: assessment of organisational knowledge and Mainstream Referral to Treatment (RTT) training programme	Training programme in place to support RTT rules	31 st March 2020
4. Implementation of schemes to free up follow up capacity for services, e.g. Supported Discharge, virtual results review clinics	<ul style="list-style-type: none"> Virtual Patient Reported Outcome Measures (PROMs) in Orthopaedics in place SoS (Service access as required by patient) in Rheumatology in the West FU backlog reduction by 15% 	31 st March 2020
5. External resource to validate FU backlog – Validation provider commenced in November 2019	FU backlog reduction by 15%	28 th February 2020

Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM05 7	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	>= 95%	AP022	AP	Dec-19	63.45%	↓	7th	New 19/20					63.40%	65.00%	63.07%		64.30%	64.01%	63.45%					

Actions	Outcomes	Timeline
1. West Area Super Weekend Sessions – Glaucoma Validation	Commenced sessions that will be undertaken through to March 2020 4 weekend all day sessions took place 14 th , 15 th , 21 st and 22 nd December included Ophthalmologist; nurse and Optometrists working in partnership to 1. Clinical face to face validation with patients discharging those who no longer required active treatment (Optom ongoing monitoring), discharge no longer requiring either treatment or partnership monitoring. 2. Table top paper validation identified the same and including patients who may be discharged following face to face clinical consultation	December – March 2020
2. Tender for Community Optometry ODTCS	Overarching Specification agreed for Community Optometry ODTCS, also detailed specification for referral refinement service and management of stable glaucoma supported by clinical governance case reviews with Consultant Ophthalmologists. 13 Optometry Practices submitted tenders, tender closed 18 th December 2019. Selection Panel meeting 2 nd January 2020.	Awarded Contracts January 2020
3. Electronic Patient Record	Preferred provider selected – Open Eyes Toucan Labs, for Spring implementation. Welsh Government are considering the National FBC and once approved will allocate capital to BCU to buy replacement HFAs, OCTs and clinician desk top PCs and dual high resolution screens to enable virtual patient review. Capital year 1 BCU will receive c770k year 2 BCU will receive c 350k	Capital 2019/20 may be allocated to be spent by March 2020
4. Abergele Dual Lane IVT Suite Complete	the capital build for the 2 nd clean room IVT room was completed mid December 2019. An additional 30 patients per week will be seen and the suite will be used to train 3 additional non medical injectors (1 per each area) in February 2020.	Build complete mid December 2019
5. Second All Wales Demand and Capacity workshop	4 personnel attended the second demand and capacity workshop 16 th December 2019 and are networking to share learning with other Health Boards. Demand and capacity work is ongoing in BCU and supported by the assistant Business Analyst. Booking templates and standard operating procedure to be completed by March 2020	March 2020

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

	West				Central				East				BCU Total			
	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff
Emergency Inpatients	20,187	20,619	432	2%	24,716	26,202	1,486	6%	27,956	27,915	-41	0%	72,859	74,736	1,877	3%
Elective Daycases	8,258	8,604	346	4%	9,394	10,911	1,517	16%	6,317	5,146	-1,171	-19%	23,969	24,661	692	3%
Elective Inpatients	4,344	4,155	-189	-4%	3,050	4,023	973	32%	3,189	3,440	251	8%	10,583	11,618	1,035	10%
Endoscopies	4,842	8,234	3,392	70%	2,641	2,602	-39	-1%	4,253	4,174	-79	-2%	11,736	15,010	3,274	28%
MOPS (Cleansed DC)	875	886	11	1%	701	343	-358	-51%	238	250	12	5%	1,814	1,479	-335	-18%
Regular Day Attenders	7,713	7,928	215	3%	12,454	12,180	-274	-2%	16,274	14,640	-1,634	-10%	36,441	34,748	-1,693	-5%
Well Baby	1,391	1,248	-143	-10%	1,196	1,117	-79	-7%	1,449	1,461	12	1%	4,036	3,826	-210	-5%
New Outpatients	53,452	55,458	2,006	4%	76,589	75,391	-1,198	-2%	68,917	71,577	2,660	4%	198,958	202,426	3,468	2%
Review Outpatients	106,845	107,122	277	0%	129,382	132,652	3,270	3%	157,100	163,372	6,272	4%	393,327	403,146	9,819	2%
Pre-Op Assessment	7,096	6,801	-295	-4%	7,468	7,221	-247	-3%	10,233	9,921	-312	-3%	24,797	23,943	-854	-3%
New ED Attendances	56,117	59,416	3,299	6%	69,360	71,040	1,680	2%	50,468	50,786	318	1%	175,945	181,242	5,297	3%
Review ED Attendances	740	767	27	4%	998	1,045	47	5%	3,173	3,040	-133	-4%	4,911	4,852	-59	-1%
Grand Total	271,860	281,238	9,378	3%	337,949	344,727	6,778	2%	349,568	355,722	6,154	2%	959,376	981,687	22,311	2%

Please note : East's, Nephrology, Regular Day Attenders figures are obtained from a manual source and are one month in arrears - December 2019 activity is missing from the above figures.

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

Activity Contracted to NHS England Providers - Year to Date - 30th November 2019

Provider	Activity up to and including:*	Elective Inpatient & Daycase (<i>inc. Endoscopy</i>)		Emergency Inpatient (<i>inc. Maternity</i>)		New Outpatient		Follow Up Outpatient	
		Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Countess of Chester NHS Foundation Trust	Nov	4,899	4,472	4,860	4,615	13,461	8,565	29,979	21,201
Robert Jones & Agnes Hunt NHS Foundation Trust	Nov	1,735	1,648	25	31	4,465	4,745	12,029	11,697
Hywel Dda LHB	Nov	669	784	705	698	808	838	1,603	1,702
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Nov	683	528	109	89	978	798	3,847	3,255
Wirral University Teaching Hospital NHS Trust	Nov	611	414	127	113	311	301	1,019	1,026
Shrewsbury & Telford Hospitals NHS Trust	Nov	124	108	96	96	1,179	925	1,421	1,105
Aintree University Hospital NHS Foundation Trust	IP - Oct OP - Nov	256	270	67	52	464	444	1,357	1,303
The Clatterbridge Cancer Centre NHS Foundation Trust	IP - Oct OP - Nov	132	204	29	21	231	172	5,130	4,014
University Hospital of North Midlands NHS Trust	Nov	45	50	156	188	245	246	345	298
Liverpool Women's NHS Foundation Trust	Nov	27	25	72	63	317	389	846	947
Shropshire Community Health NHS Trust	Nov	8	0			27	16	15	10
Total		9,191	8,503	6,246	5,966	22,486	17,439	57,591	46,558

Source: Informatics 15th January 2019

RTT Core Activity V Plan - 1st April 2019 to 15th December 2019

Stage 1 (New Outpatient) Core Activity Against Plan

Specialty	Plan YTD	Actual YTD	Difference from Plan
General Surgery	12,776	13,595	819
Urology	5,382	4,639	-743
Trauma & Orthopaedics	9,073	7,317	-1,756
ENT	9,924	9,923	-1
Maxillo-Facial Surgery	4,171	4,028	-143
Restorative Dentistry	234	149	-85
Orthodontics	840	578	-262
Pain Management	1,376	993	-383
General Medicine	903	1,457	554
Gastroenterology	3,084	3,761	677
Endocrinology	1,584	1,637	53
Cardiology	5,261	5,845	584
Dermatology	7,308	8,208	900
Respiratory Medicine	2,145	2,460	315
Nephrology	837	740	-97
Rheumatology	2,126	1,280	-846
Paediatrics	5,978	6,342	364
Geriatric Medicine	2,419	1,638	-781
Gynaecology	6,507	6,240	-267
Total	81,926	80,830	-1,096

* Excludes Ophthalmology until data issues have been resolved.

Stage 4 (Inpatient / Daycase) Core Activity Against Plan

Specialty	Plan YTD	RTT Admissions Achieved	Difference
General Surgery	4,048	4,025	-23
Urology	2,232	2,180	-52
Trauma & Orthopaedics	3,840	4,045	205
ENT	2,221	2,328	107
Maxillo-Facial Surgery	1,039	943	-96
Pain Management	488	609	121
Gynaecology	1,695	1,689	-6
Total	15,563	15,819	256

* Excludes Ophthalmology until data issues have been resolved.

Summary:Summary:

The high level report demonstrates performance against plan to the end of Q3 at outpatient and inpatient and daycase points on the RTT pathway. Overall the data suggests the level of activity delivered is slightly below plan for outpatient specialties reflected in the increase in the outpatient waiting times especially in surgical specialties and slightly above plan for in-patient and daycase.

Work is continuing to improve the accuracy of our activity reporting and consistency in data capture between the sites. The information team are presently investigating the consistency in recording of minor outpatient procedures between sites , which should be included against stage 3 rather than stage 4 of activity. They are also looking at three of the medical specialty plans to reflect out-turn rather historical plans. The operational teams are working to ensure the plan for 2020/21 is a comprehensive activity plan for each specialty which includes RTT activity and non RTT elective activity and follow up capacity.

Integrated Quality and Performance Report
Finance & Performance Committee Version

December 2019

Chapter 3a – Planned Care

RTT additional activity and cost Summary totals 26

RTT Additional Activity and Cost per Stage - April to December 2019

Specialty	Stage 1	Stages 2&3	Stage 4
	New OPD	Investigations etc.	IP & DC
General Surgery	368	51	240
Urology	770	350	255
Orthopaedics	11	0	743
ENT	498	0	205
Ophthalmology	2056	0	848
Max Fax / Oral Surgery	396	0	123
Cardiology	0	144	0
Dermatology	0	0	0
Gastro	1648	0	0
Endoscopy	32	6,545	0
Pain	0	0	20
Total Activity	5779	7,090	2,435

General Surgery	£37,391	£19,120	£323,988
Urology	£69,518	£42,176	£640,774
Orthopaedics	£1,034	£0	£2,825,466
ENT	£45,127	£0	£170,829
Ophthalmology	£204,924	£0	£511,728
Max Fax / Oral Surgery	£33,984	£0	£132,177
Cardiology	£0	£13,993	£0
Dermatology	£0	£0	£113
Gastro	£245,324	£0	£0
Endoscopy	£0	£2,666,936	£0
Pain	£0	£0	£6,782
Total Spend	£637,301	£2,742,225	£4,611,856

Hospital / Site	M01 £'000	M02 £'000	M03 £'000	M04 £'000	M05 £'000	M06 £'000	M07 £'000	M08 £'000	M09 £'000	TOTAL
YG	416	466	425	342	333	238	376	395	277	3,267
YGC	220	265	340	234	461	254	272	183	170	2,399
YMW	133	122	37	76	21	72	95	110	237	904
North Wales	180	228	178	233	229	239	235	241	230	1,993
Area	-	17	176	-4						189
Outsource	141	118	165	68	101	72	169	321	342	1,496
Total	1,090	1,216	1,321	949	1,144	874	1,147	1,250	1,256	10,247

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	FYTD
Validation (YGC)	£7,249	£7,249	£7,249	£7,249	£7,249	£7,249				£43,494
Gastro Vanguard	£0	£7,227	£0	£0	£0	£0				£7,227
Other Diagnostics (Pathology / Radiology)	£180,200	£227,599	£177,522	£233,019	£228,718	£238,516	£235,419	£242,125	£230,239	£1,993,357
Physio			£132,806							£132,806
Optometry		£16,493	£40,174							£56,667
Dietetics			£3,781	-£3,781						£0
Transport				£3,846	£1,942	£4,471	£2,000	£6,000	£4,000	£22,259
Total	£187,449	£258,568	£361,532	£240,333	£237,909	£250,236	£237,419	£248,125	£234,239	£2,255,810

Total Cost £	£1,089,995	£1,215,292	£1,321,415	£948,633	£1,143,642	£874,230	£1,146,538	£1,251,590	£1,255,858	£10,247,193
Total patients	1,149	1,522	1,789	1,743	2,568	1,501	1,927	1,417	1,688	15,304

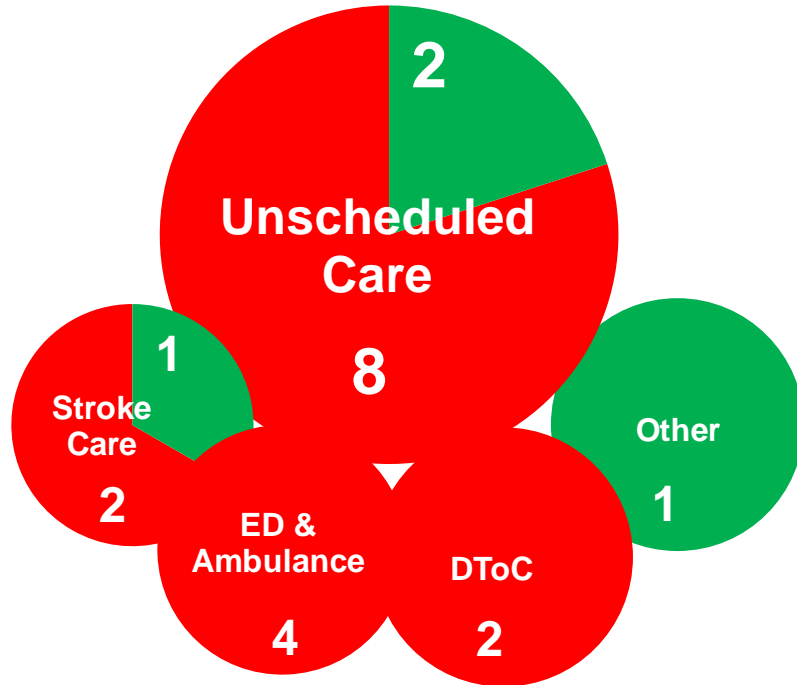
Summary:

At the end of Month 9 £10,247,000 has been spend to deliver an additional activity of 16,304 patient attendances, as a high proportion of these attendances are at stages 1 ,2,and 3 not all activity will have resulted in the RTT pathway closing but will have progressed the care of long waiting patients to enable them to be ready for treatment to commence.

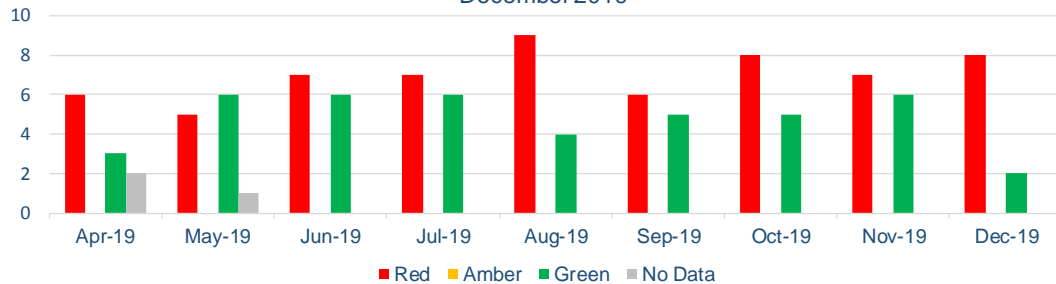
Chapter 2 – Summary

Unscheduled Care

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Chapter 2 - Unscheduled Care RAG Timeline 2019/20
December 2019



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

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Code	Measure	Status	Annual Plan Profile	National Target
DFM066	Stroke Care: Admission within 4 Hours	45.30% ↓	>= 50%	>= 55.5%
DFM067	Stroke Care: Review by consultant 24 Hours	77.30% ↓	>= 85%	>= 84%
DFM068	Stroke Care: Access to Speech Therapy	56.90% ↑	AP	Improve
DFM069	Stroke Care: 6 Month Follow up Assessment	31.90% N/A	#N/A	Improve
DFM070	Ambulance Response within 8 minutes	59.90% ↓	>= 65%	>= 65%
DFM071	Ambulance Handovers within 1 Hour	1,114 ↓	<= 446	0
DFM072	Emergency Department 4 Hour Waits (inc MIU)	66.32% ↓	>= 72%	>= 95%
DFM073	Emergency Department 12 Hour Waits	2,272 ↓	<= 1,364	0
DFM074	Hip Fracture Survival 30 days	94.20% ↑	AP	Improve
DFM025	Delayed Transfers of Care (DToC): MH	20 ↓	<= 11	Reduce
DFM026	Delayed Transfers of Care (DToC): non-MH	75 ↑	<= 27	Reduce

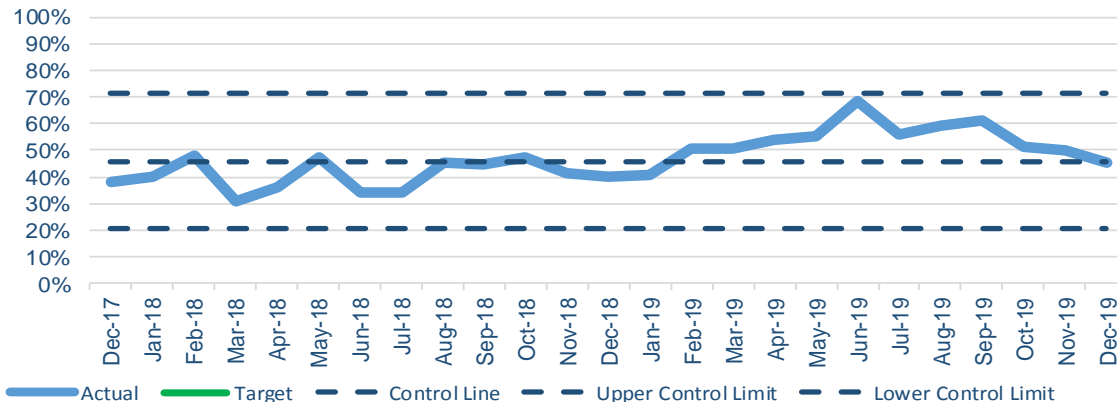
December 2019

Chapter 2 – Unscheduled Care Stroke Care: Graphs

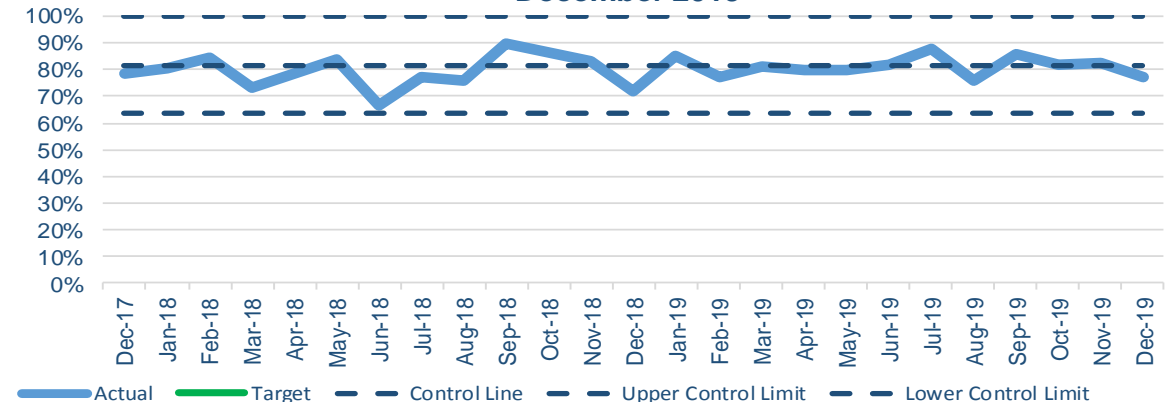
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Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM06 6	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	>= 55.5%	AP038	>= 50%	Dec-19	45.30%	⬇️	1st	40.00%	53.20%	55.00%	69.00%		56.00%	59.30%	61.40%		51.20%	50.00%	45.30%					
DFM06 7	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	>= 84%	AP038	>= 85%	Dec-19	77.30%	⬇️	5th	72.22%	79.80%	80.40%	81.00%		88.00%	75.90%	85.70%		82.10%	82.60%	77.30%					
DFM06 8	Percentage of stroke patients receiving the required minutes for speech and language therapy	Improve	AP038	AP	Dec-19	56.90%	⬆️	2nd		65.00%	70.00%	69.00%		70.00%	62.30%	59.00%		56.70%	53.90%	56.90%					
DFM06 9	Percentage of stroke patients who receive a 6 month follow up assessment	Improve	AP038	#N/A	Qtr2 19/20	31.90%	N/A	N/A	#N/A				22.30%				31.90%								

BCU Level - Stroke Care - Admissions within 4 Hours: December 2019



BCU Level - Stroke Care - Consultant Assessed within 24 Hours: December 2019



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

DFM066 Performance to the ASUs has seen a significant dip in month in Wrexham with YGC and YG showing improvement. The deterioration in Wrexham is aligned to an increase in the use of the Stroke beds for non Stroke patients which has significantly reduced the ability to achieve the target. There were a higher % than normal of admissions over weekends in month when the bed situation is greater compromised. Ongoing challenges with discharge of patients requiring support at home or to placements continues to impact. Additionally the sickness in the Stroke Coordinator Team has continued, with just one available in December., which has also impacted on performance.

DFM067 Assessment by a Stroke Specialist Consultant in 24 hours has seen a minor deterioration overall in BCU with Wrexham having a greater deterioration. As always, this relates to weekend assessments and depends on whether the Stroke Consultants are On Call for General Medicine at their Site over a weekend and will then do the assessment. If they are not On Call then the standard is breached for anyone who is admitted from a Friday evening to late on Sunday. In Wrexham, in December there were a higher than normal of admissions over a weekend which impacted on this performance.

DFM068 The % of patients receiving the required Minutes for Speech and Language Therapy data for December was 56%. An improvement of 3% on the November performance.

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

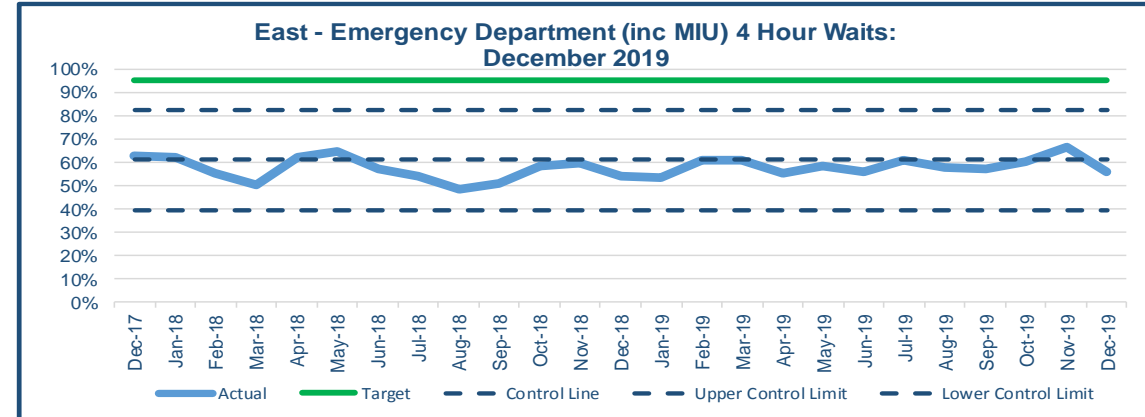
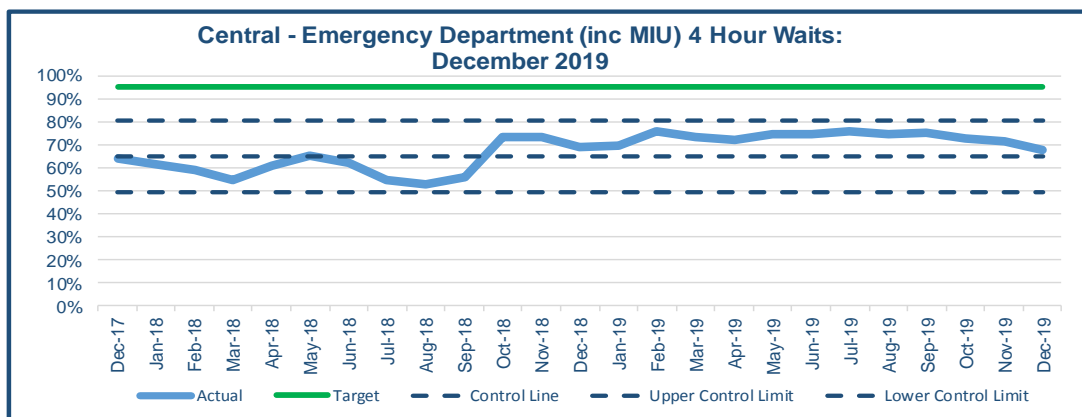
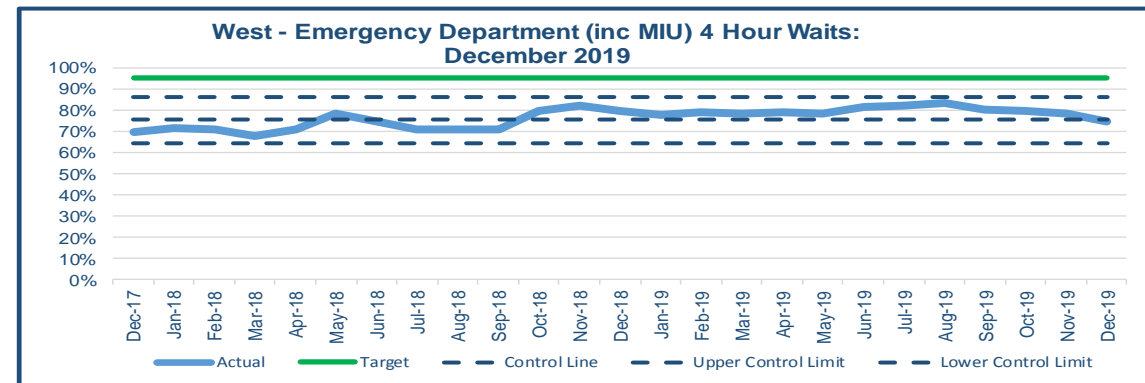
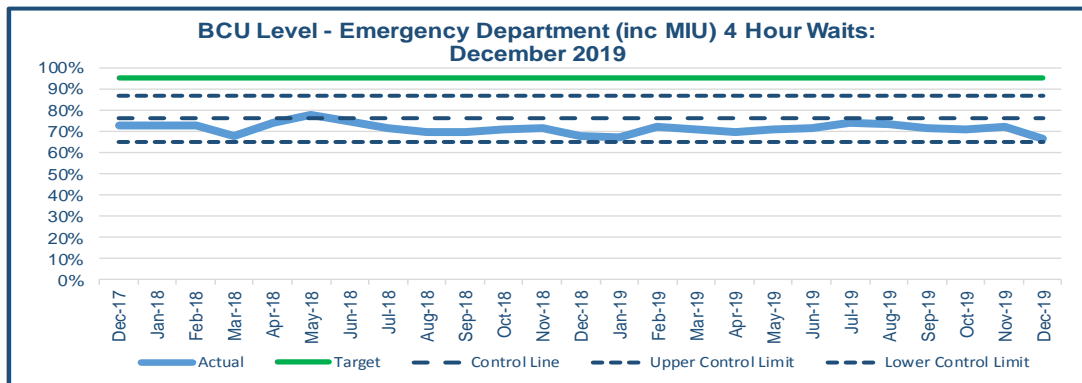
Actions	Outcomes	Timeline
1. DFM06 - Continue to highlight need to retain 2 ring fenced beds at Safety Huddles/bed meetings and with Site Management Teams. All wards to agree list of patients at daily Board rounds appropriate to out-lie if required to create Stroke beds and Ward Sisters/Matron/Stroke Coordinators/Ops Teams to focus on ensuring beds available. Awareness sessions in Emergency Department (ED) to continue to highlight need for early referral to Stroke Team. Issue with ring fenced beds escalated to Secondary Care Medical Director on 2 nd Jan 2020	Improved compliance against the 4 hour Standard and the Sentinel Stroke National Audit Programme (SSNAP) Scores	Immediate with daily Safety Huddles and bed meetings. ED awareness ongoing month on month.
2. DFM06 - Options paper for implementation of virtual weekend ward rounds has been submitted to Secondary Care and Area Teams for discussion but this is not achievable without an increase in the number of Consultants on the Stroke Out of Hours (OOH) rota and an adjustment to their commitment to the GIM On Call rotas. Adjustment has been made in East but not agreed in West and Centre. Remote access for reviewing of patients and images from home is now being funded by Area Teams. Issue with rota conflict escalated to Secondary Care Medical Director on 2 nd Jan 2020	Greater compliance with the Standard if adjustments made to GIM rotas and remote access in place. Without agreement, rota is not sustainable. Short Term agreement for October rota but there will be no or significantly reduced OOH Service from November unless solution is reached	Options paper submitted, discussions continue in January 2020
3. DFM06 - Deep dive of Speech & Language Therapy (SALT) performance for East in September and October 2019 has been done. Comparison of staffing and processes across BCU September and investigating possibility of independent review of processes in North Wales. Meeting in December 2019 to ensure parity in application of Eligibility. Delivery Unit (DU) undertaking mapping review of Therapy Standards 13 th and 14 th January 2020.	Understanding of reasons for low performance in East and options for improvement. Parity of Eligibility.	31 st January 2020
4. DFM06 - Additional clinics that were due to be run from September in East to support clearance of backlog which was due to vacancies have not happened due to sickness. Stroke Association have undertaken additional weekly clinic to support from September for 3 months and then review if need to extend. Stroke Association are now working to same model in West and Centre supporting the reviews as in East	Reduction in backlog and greater compliance with standard	Additional clinics from September. In East Process review for West and Centre in September

Chapter 2 – Unscheduled Care

ED & MIU 4Hour Waits: Graphs

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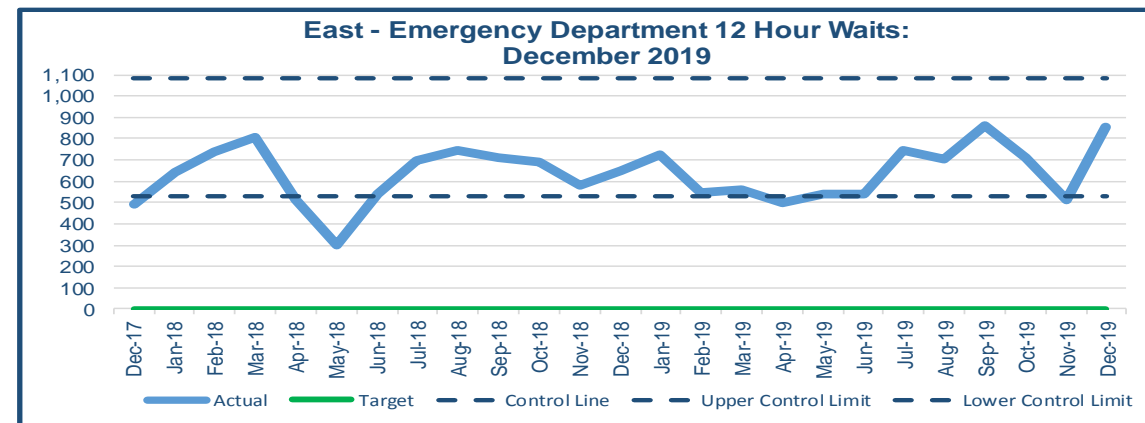
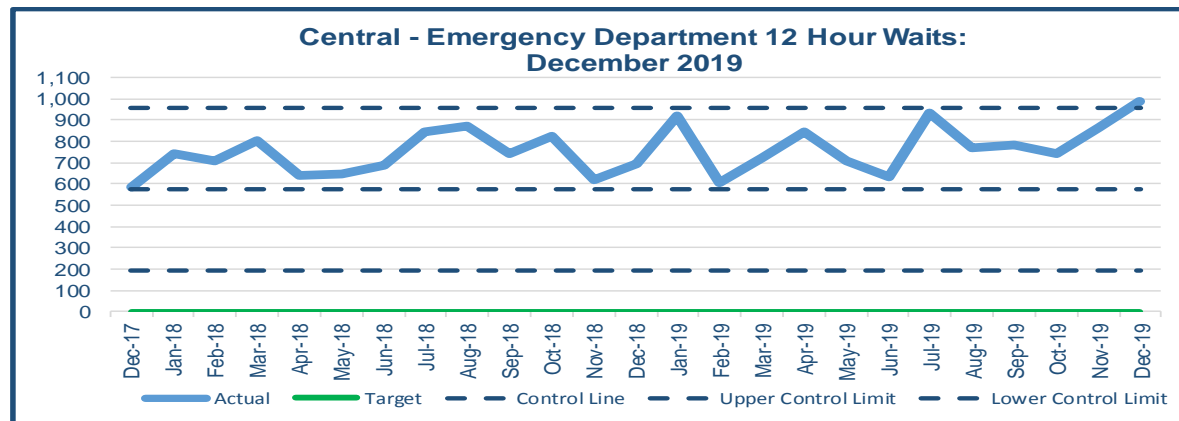
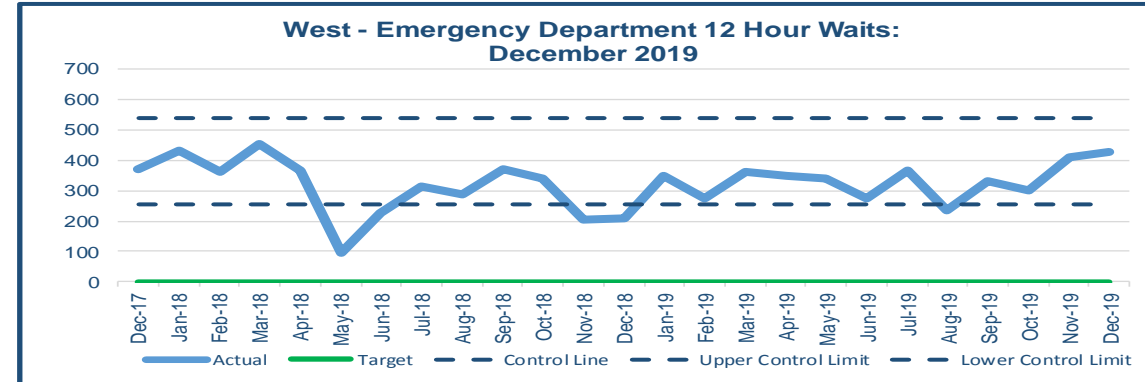
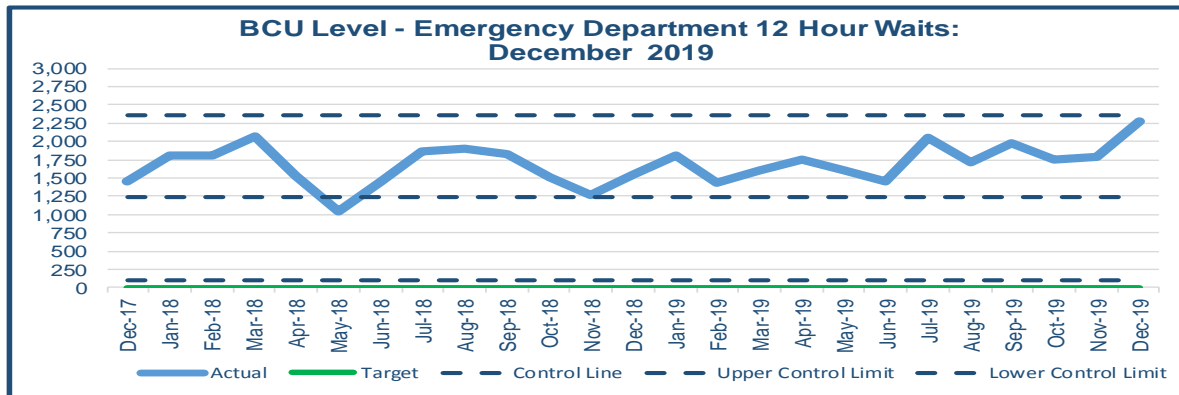
Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM07 2	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge BCU	>= 95%	AP033	>= 72%	Dec-19	66.32%	↓	5th	67.60%	69.44%	71.21%	71.38%		73.72%	73.04%	71.63%		71.15%	72.13%	66.32%					



Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
1. Increased senior clinical presence in Emergency Department (ED) during the out of hours period continues as staffing allows	• Reduce Emergency department 4 hour breaches attributed to doctor waits to a maximum of 20 per day	31 st March 2020
2. General Practitioner sessions at front door being progressed through establishment control.	• Improve performance of non-admitted breaches to maximum of 15 per day (last 30 days average of 22 per day)	31 st March 2020
3. Emergency department observation unit fully operational alongside escalation capacity	• Reduce admitted breaches to a maximum of 18 per day	31 st January 2020
4. Interim Head of Nursing and Clinical Director have commenced in post		
Ysbyty Glan Clwyd:		
1. Improve the interaction and communication between the site management team and the ED Nurse in Charge (NIC) (following feedback from the Gold Command). • ED NIC advocating for patients flow through ED an challenging the site team to facilitate downstream beds. • Improved focus on the 4hr target for the NIC in ED.	Improved performance against 4hr target.	28 th February 2020
2. Changes to middle grade rosters to increase the number of rostered hours during peak evening demand.	Improved performance against 4hr target and non admitted performance. Fewer breaches during the evening/night	31 st March 2020
3. Recruitment approved and process has started.	Improved performance against 4hr target and non admitted performance. Fewer breaches during the evening/night	30 th April 2020
Ysbyty Wrexham Maelor:		
1. Further strengthen and streamline the paediatric pathway in ED including directing to ward for Paediatric Assessment Unit (PAU) care	• Reduce paediatric breaches to 3 maximum per day (allowing for clinical exceptions)	28 th February 2020
2. Embed ED escalation process including the 2 hourly safety huddle with clear actions for the day working within the 4 hour standard	• Reduced non-admitted breaches by 50% (maximum 15 a day) to increase non-admitted performance to 85%	28 th February 2020
3. Use Clinical Decisions Unit for ED patients only to manage non-admitted flows	• Reduced non-admitted breaches by 50% (maximum 15 a day) to increase non-admitted performance to 85% • Improved patient experience and outcome	28 th February 2020

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

Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM07 3	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge BCU	0	AP037	<= 1,364	Dec-19	2,272	⬇️	7th	1,552	1,743	1,594	1,445		2,044	1,708	1,977		1,757	1,786	2,272					

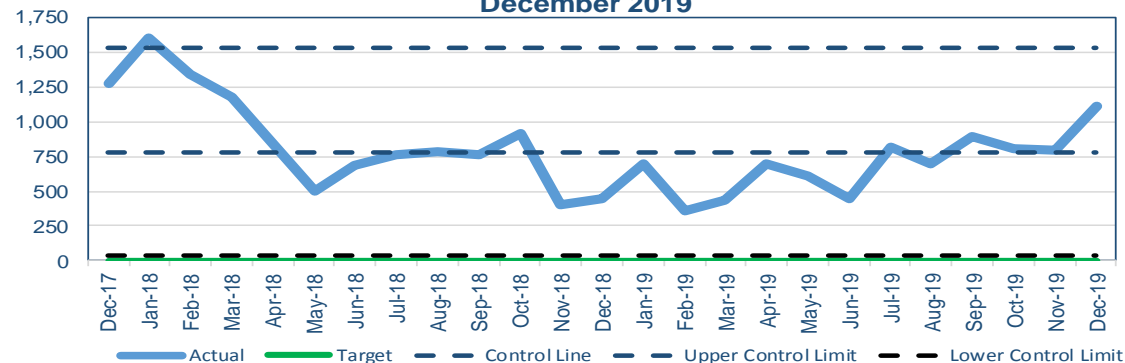


Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
1. Introduction of outlier clinical management team for cohort ward to support timely senior decision making (delayed from December due to consultant recruitment)	<ul style="list-style-type: none"> Support delivery of maximum 6 > 12 hour breaches per day Increased number of morning discharges from wards improving flow from Emergency department and Acute medical admissions unit 	28 th February 2020
2. Embedding of community length of stay reduction model (TUAG Adref)	<ul style="list-style-type: none"> Reduce number of Medically fit for discharge patients by 50% in Ysbyty Gwynedd. Reduced number reported for December 2019 (17% compared to November) 	31 st January 2020
3. Ysbyty Gwynedd site escalation procedures under review (Part 1 complete with Part 2 scheduled for completion by 17.1.20)	<ul style="list-style-type: none"> Reduction in > 12 hour Emergency department breaches through improved escalation process 	17 th January 2020
Ysbyty Glan Clwyd:		
1. Improve the interaction and communication between the site management team and the ED Nurse in Charge (following feedback from the Gold Command). <ul style="list-style-type: none"> Site team more focused on 12 & 24hr breaches. Zero tolerance to 24hr breaches. 	Reduction in 12 & 24hr breaches	28 th February 2020
2. Further embed the new escalation framework.	Reduction in 12 & 24hr breaches	28 th February 2020
Ysbyty Wrexham Maelor:		
1. Embed the Acute Floor care model principles and review with feedback from the service team/users	<ul style="list-style-type: none"> Reduced 12 hour breaches 	28 th February 2020
2. Improve the site function and management through Head of Site leadership	<ul style="list-style-type: none"> Improved patient flows reducing outlying, escalation and 12 hour waits 	28 th February 2020
3. Improve ward discharge management including golden patients identified the day before	<ul style="list-style-type: none"> Improved flow by 08:30 with minimum of 8 beds freed and 45% discharged by 10:30 and 55% by 12:30 	28 th February 2020

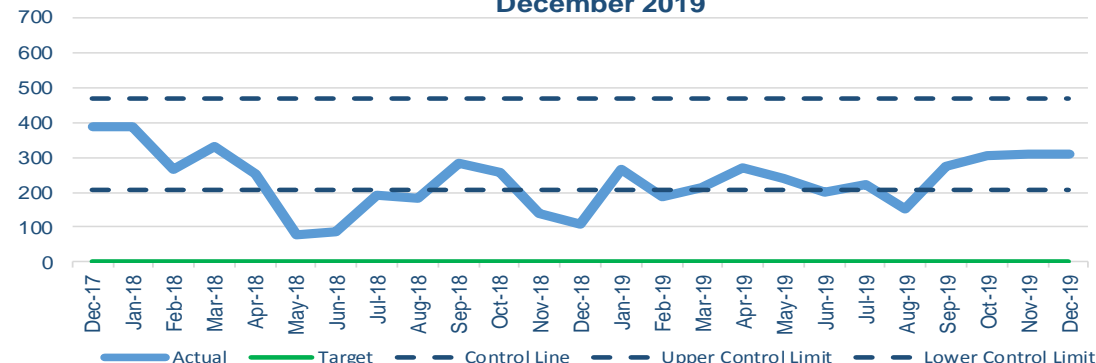
December 2019

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DFM07 1	Number of ambulance handovers over one hour BCU	0	AP029	<= 446	Dec-19	1,114	⬇️	4th	446	696	614	447		811	694	896		809	792	1,114					

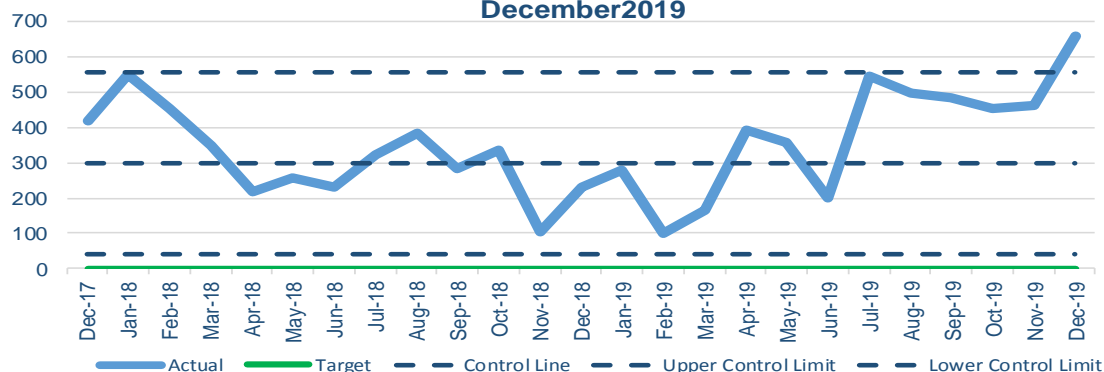
BCU Level - Ambulance Handovers over 1 Hour: December 2019



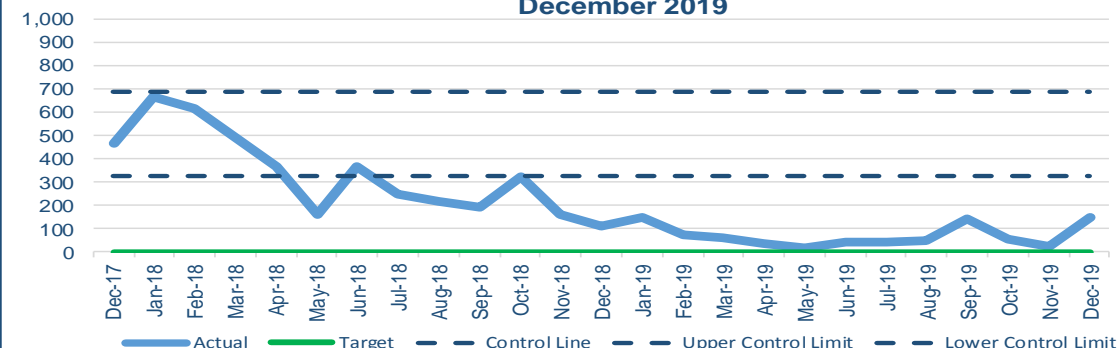
West - Ambulance Handovers over 1 Hour: December 2019



Central - Ambulance Handovers over 1 Hour: December 2019

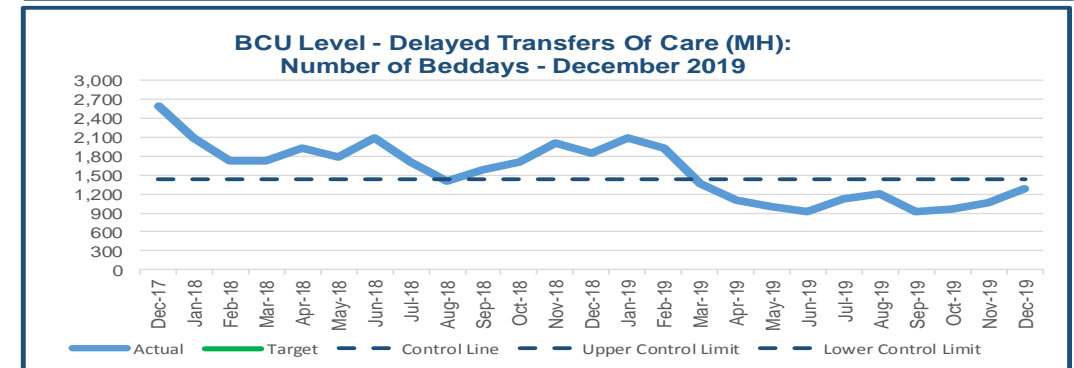
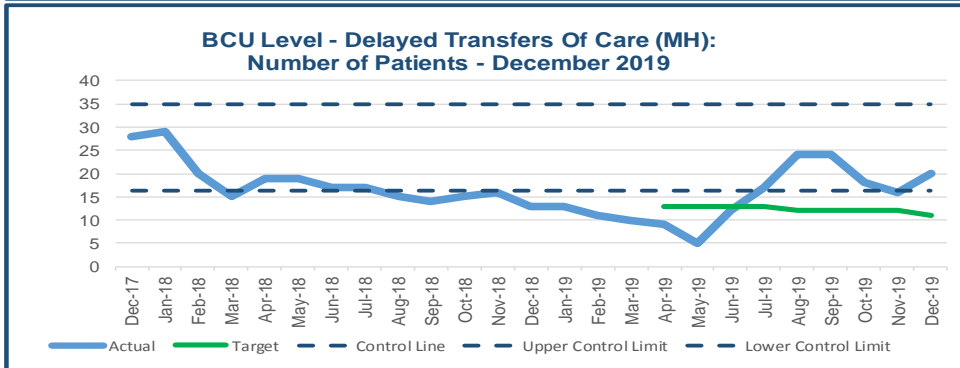
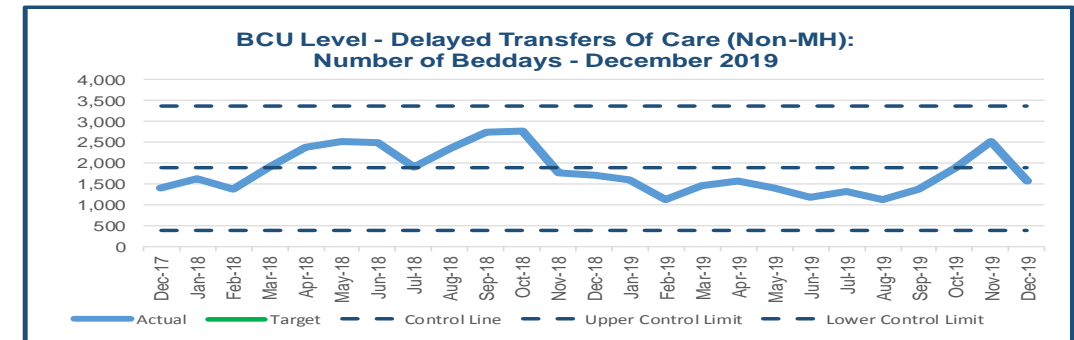
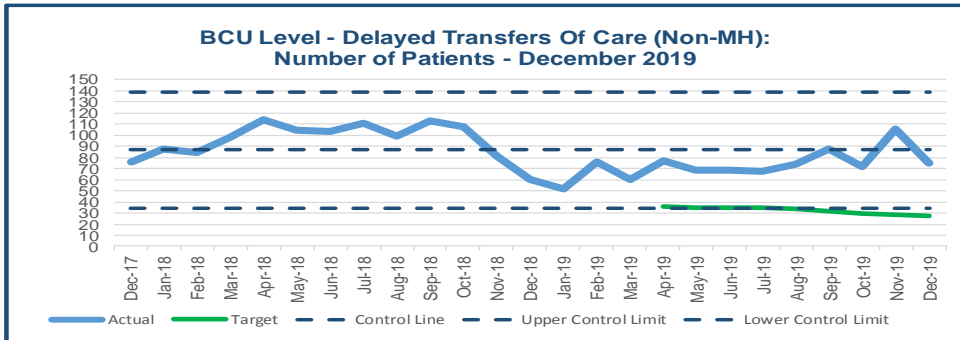


East - Ambulance Handovers over 1 Hour: December 2019



Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
1. Emergency department staffing assessment to support implementation of ambulance handover standard operating procedure (in line with East) Escalation capacity currently within Emergency Department (ED) supporting release of majors capacity and decrease ambulance handover delays	<ul style="list-style-type: none"> > 60 minute handover a never event 	31 st January 2020
2. Continued focus on ensuring compliance with dual pin entry	<ul style="list-style-type: none"> Eliminate reported delays due to dual pin entry being incomplete 	31 st January 2020
Ysbyty Glan Clwyd:		
1. Implement the ambulance co-horting initiative in ED	Improved availability of emergency ambulance resources to respond to emergency calls.	31 st December 2019
2. Improve focus on ambulance handover Introduction Zero tolerance to 60min ambulance delays	Reduced lost hours for ambulance handover.	31 st March 2020
Ysbyty Wrexham Maelor:		
1. Sustain the current ambulance handover times and strengthen performance	<ul style="list-style-type: none"> Nil 60 minute delays 	28 th February 2020

Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM02 5	Number of health board mental health delayed transfer of care	Reduce	AP031	<= 11	Dec-19	20	⬇️	6th	13	9	5	12		17	24	24		18	16	20					
DFM02 6	Number of health board non mental health delayed transfer of care	Reduce	AP037	<= 27	Dec-19	75	⬆️	7th	60	77	68	68			74	87		72	105	75					



Why we are where we are:

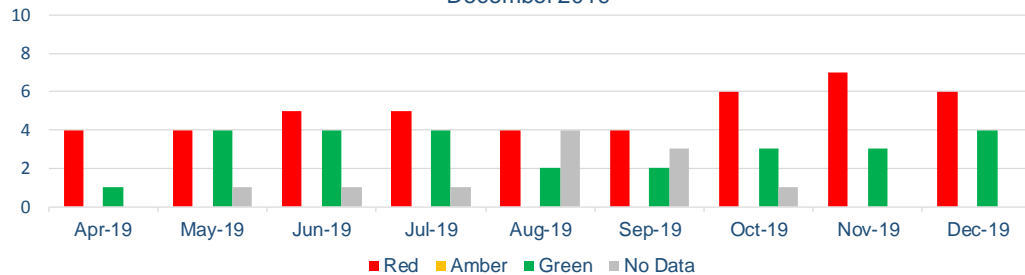
Integrated Quality and Performance Report
Finance & Performance Committee Version

December 2019

Actions	Outcomes	Timeline
1. Implement DTOC action plan, reviewing weekly with Senior Leadership Team	Improved communication and discharge planning Reduction in days delayed /bed days lost once MFD Improved joint working with local authorities	weekly
2. Weekly MDT DTOC meetings - improve communication and remove blockages	Process to agree required actions to reduce the numbers of patients medically fit but who are waiting in a hospital bed.	Process undertaken on a weekly basis
3. Review of all patients who have been away from home 14 days+ in acute/community; escalation & review by HMT to identify any trends.	Identify reasons for delay and escalate to Senior Leaders	Process undertaken on a weekly basis
5. Acute & Community teams to identify alternative pathways to support/improve patient journeys.	Increased capacity to ensure timely discharge	weekly
6. Support wards to reinforce Home First and What Matters	Ensure a focus on early, safe discharge	weekly
7. Daily safety brief attended by all departments to identify problems relating to patient flow.	Integrated working between Area and Acute services in the co-ordination of discharges	Daily
Ongoing work to consider establishing a Ninth CRT (there are currently 8 community resource teams and the ninth will be based in Ysbyty Gwynedd)	The 9Th CRT will identify and examine alternative pathways that would be used to prevent admission. Tuag Adref Project will support discharge of patients awaiting care packages.	Mid November partially, fully by end of December 2019 and then ongoing.
9. Additional escalation beds in Deeside Community Hospital	Increased capacity to support flow	2 nd December 2019



Chapter 3 - Finance & Resources RAG Timeline 2019/20
December 2019



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

Code	Measure	Status	Annual Plan Profile	National Target
DFM084	Quantity of Biosimilar medicines prescribed	73.30% ↑	ND	Improve
DFM085	Critical Care Bed days Lost to DToC	18.20%	N/A	Improve
DFM087	PADR Rate (%)	75.4% ↑	>= 80%	>= 85%
DFM088	Staff agreed PADR helps improve	54.0%	N/A	Improve
DFM089	Staff engagement Score	3.76	N/A	Improve
DFM090	Mandatory Training (Level 1) Rate (%)	85.13% ↑	>= 85%	>= 85%
DFM091	Sickness absence rates (% Rolling 12 months)	5.26% ↓	<= 4.40%	<= 4.31%
DFM092	Staff happy for BCU to treat Friends/Relatives	67.00% ↑	N/A	Improve
LM001F	Finance: Agency & Locum Spend	£3.86m ↓	AP	TBA
LM002F	Finance: Position against Financial Balance	£31.1m ↓	<= £26.3m	<= £25m

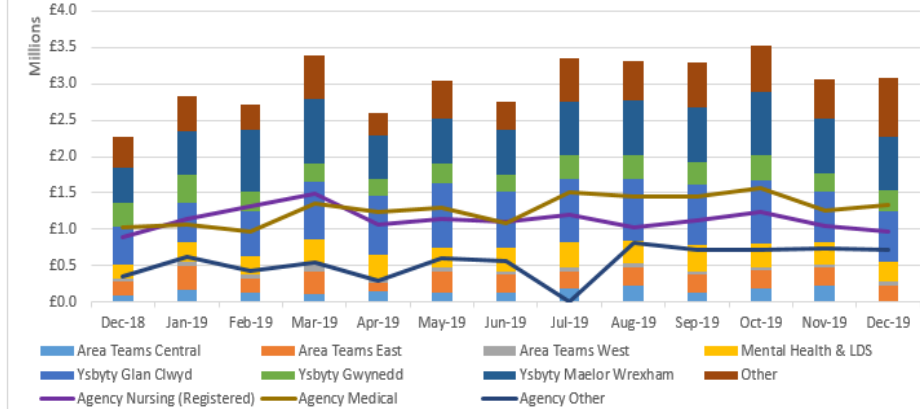


Chapter 3 – Finance & Workforce

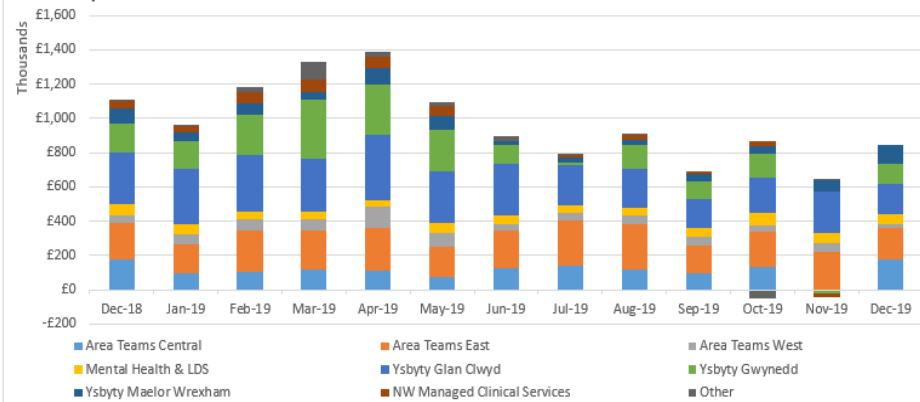
Agency and Locum Spend Graphs 1 40

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

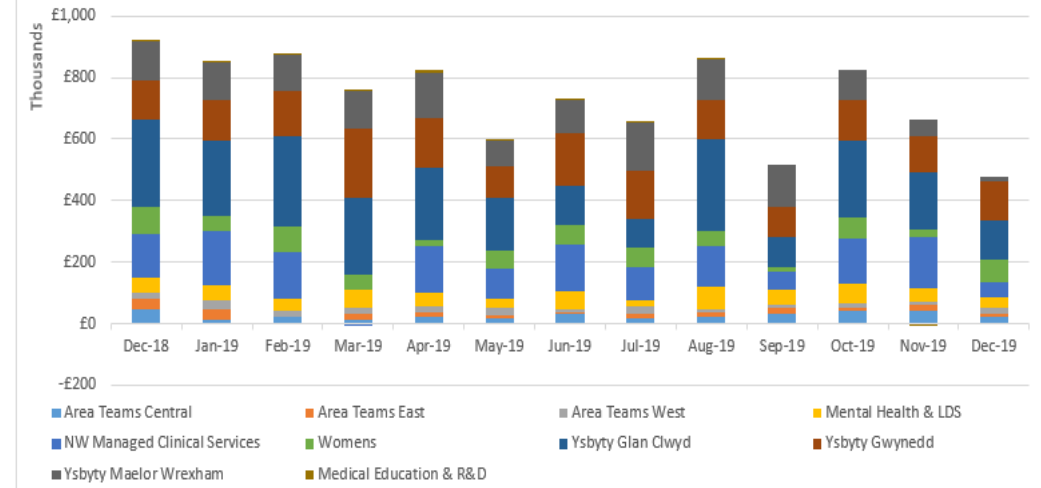
Agency Spend



Locum Spend

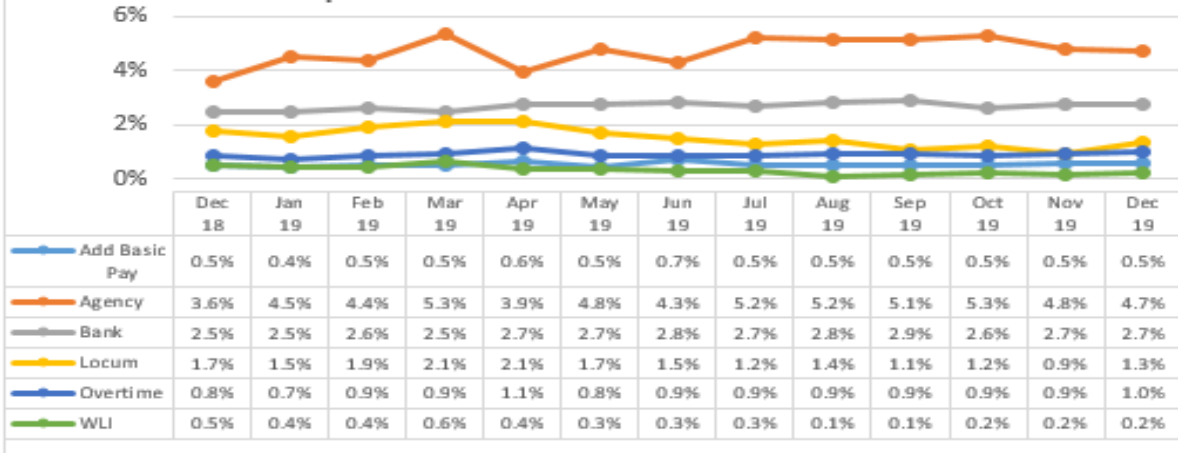


Other M&D Pay (i.e. Cover Colleague)

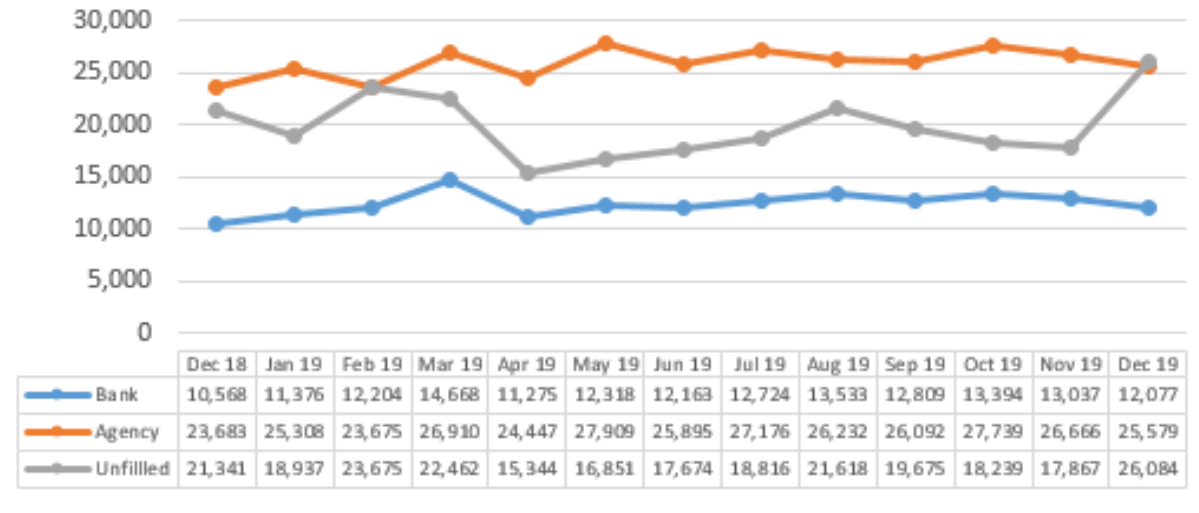




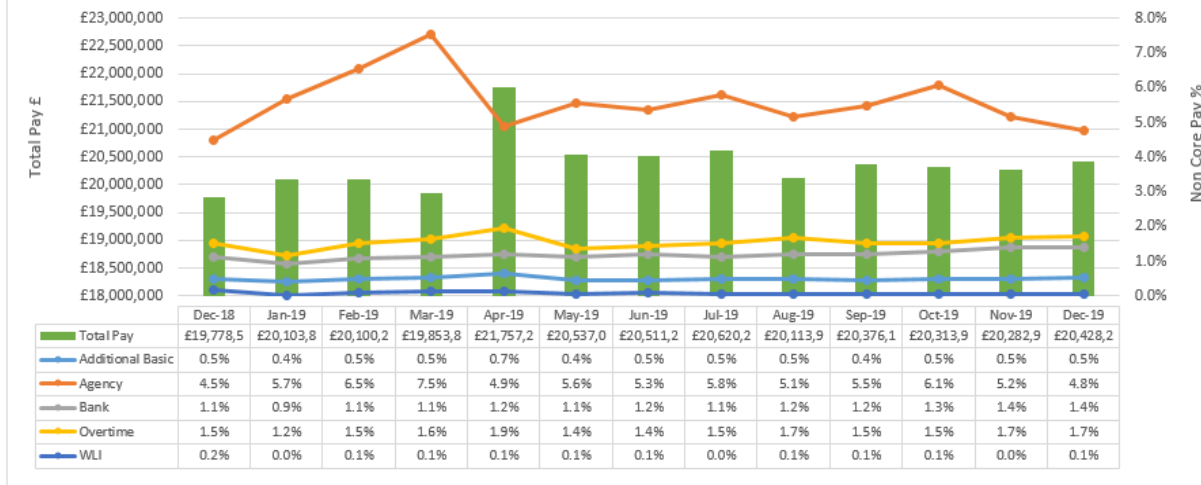
BCU % of Total Spend



Registered Nursing Shifts Filled v Unfilled (Hours)



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



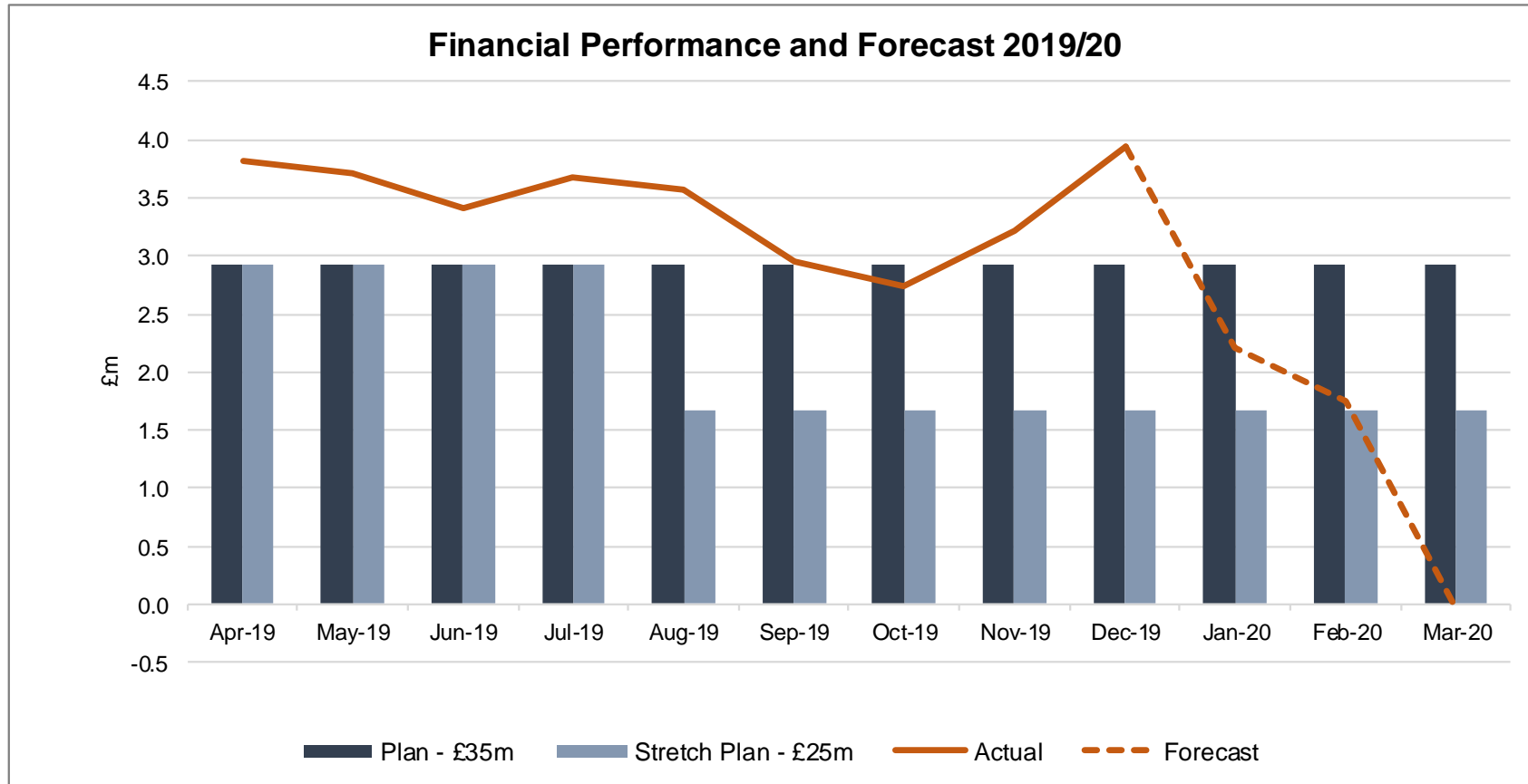
Actions	Outcomes	Timeline
<p>1. Focus remains on filling substantive vacancies, reducing sickness absence and increasing pools of internal temporary staff , particularly in nursing, medical and dental, A&C.</p> <p>The Workforce Optimisation Portfolio is the overarching mechanism to ensure delivery of BCU wide workforce initiatives. This is managed by the Workforce Improvement Group (WIG) and consists of : Medical Productivity, Nursing, Midwifery & AHP Productivity, Non-Clinical Productivity and Terms & Conditions Application Productivity.</p>	<p>Agency as a percentage of total pay bill continues to reduce month on month (currently 4.7% Dec 19, Previously 4.8% Nov 19, 5.3% Oct 19). Agency spend for Nov 19 was £3,016,928, which is circa £40,000 lower than the previous month. Locum spend for Dec 19 at £845,259, has increased month on month from the historic low in November 2019 but is circa £265,000 lower than the same period last year (December 2018 = £1,110,869)</p> <p>The BCU overall sickness absence rate has increased (currently 5.26% Dec 19, Previously 5.22% Nov 19).</p> <p>The BCU overall vacancy rate has increased (currently 9.1% Dec 19, Previously 8.8% Nov 19). However the overall M&D picture is positive, showing a 2.1% decrease this month, in particular YGC (3.1%) and YG (3.8%). For M&D the operational Medical recruitment panel (OMRP) now meets weekly to expedite vacancies contributing to the drop in vacancy rate. For N&M recruitment are working with Head of Nursing to ensure all vacancies are actively recruited to and not relying on the generic adverts.</p>	<p>Detailed timelines are contained in the Workforce optimisation portfolio and accompanying PIDs. Impacts are expected to build from December onwards.</p> <p>Revised attendance improvement plan has detailed actions / timelines around themes of Data Analysis, Sickness Administration, Active Absence Support and Preventative Action.</p> <p>Medical Recruitment Panel has been introduced (Dec 19) to give focus on quickly filling M&D vacancies, reducing the M&D vacancy rate and associated Agency spend. Site by site review of vacancies and targeted recruitment is taking place for N&M staff stating with YMW.</p>
<p>2. Work is on-going to increase the capacity of BCU internal temporary staffing as an alternative to Agency.</p> <p>N&M - auto enrolment to the bank and revised pay rates.</p> <p>A&C - bank has been set up and is being expanded (</p> <p>M&D - In further efforts to move temporary staffing spend from Agency to cheaper alternatives a Medical Staff Bank (MSB) went live on 11 Nov 2019 to date 490 workers have done shifts on MSB in first 2 months.</p>	<p>Increased N&M Bank Usage - The 12,077 N&M hours delivered in Dec 2019 was circa 1500 more bank hours than the same period last year mitigating agency costs and improving safety.</p> <p>Growing the Medical Staff Bank will reduce M&D agency, the MSB went live part way through November the impact on Agency spend can begin to be seen in December 2019 and will build as the MSB expands and as outlier areas in terms of rates are addressed.</p>	<p>Auto enrolment, continued promotion of revised pay. Introduction of weekly pay planned for Feb 2020 for 'bank only' staff. A&C staff bank programme to conclude before year end. Implementation and expansion of the Medical Staff Bank.</p>
<p>3. External consultancy services are analysing Medical spend and advising areas of improvement e.g. review of medical rotas, review of job planning, introduction of medical and dental bank, external specialist M&D recruitment.</p>	<p>Anticipated reduction of M&D vacancies in key specialisms via implementation of Kendal- Bluck recommendations, use of external recruitment to source substantive M&D staff. At Jan 20 there were 36 M&D posts being fast tracked through OMRP with only 4 vacancies where potential candidates are yet to be identified.</p>	<p>M&D programmes plan to deliver savings. Including external agencies sourcing M&D staff. Impacts on run rates defined in PIDs to deliver from December 19 onwards.</p>



Chapter 3 – Finance & Workforce Financial Balance

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Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
LM002F	% Cumulative Deficit Position against the planned Financial Balance	<= £25m	NIP	<= £26.3m	Dec-19	£31.1m	⬇️	N/A		£3.83m	£7.54m	£10.96m		£14.64m	£18.20m	£21.16m		£23.9m	£27.1m	£31.1m					



Integrated Quality and Performance Report
Finance & Performance Committee Version

December 2019

Actions	Outcomes	Timeline
1. Identify the full savings programme to meet the planned savings requirement.	The savings programme continues to remain a key focus area. In month the value of green and amber schemes increased by £0.6m. The original planned deficit continues to be considered achievable if the Health Board can convert and deliver 50% of the remaining red schemes, and deliver all the green and amber schemes at their planned values alongside containing emerging cost pressures.	31 st January 2020
2. Ensure the Health Board implements the full suite of Grip and Control actions to ensure all expenditure is necessary and is effectively supporting clinical services.	A comprehensive financial recovery action plan (FRAP) programme has been in place since July and is monitored through the Financial Recovery Group to ensure timely progression of any incomplete actions and scrutiny of the complete actions.	28 th February 2020
3. Ensure the recovery programme progresses at pace.	Progress against plan is being monitored at both divisional and board level. The Committee and Board reports continue to be reviewed to ensure reporting of progress is clear and areas of priority are highlighted to support the necessary decision making process. Additional escalation measures have been approved by the Board in early January and these are in the process of being implemented.	31 st January 2020
4. Identify emerging expenditure pressures to ensure informed decisions are taken.	Both internal and external factors are being reviewed to support both the current year recovery and 20/21 integrated planning process.	28 th February 2020
5. Identify and deliver further savings schemes to support delivery of the £25m control target.	The Health Board has allocated the additional £10m savings across the divisions, based on benchmarking data. The divisions continue to work to identify and deliver schemes to address this requirement through the Divisional Recovery Meetings. However specific cost pressures, in particular Prescribing costs, have arisen which have impacted on the organisations ability to make significant headway towards meeting the control target.	31 st January 2020

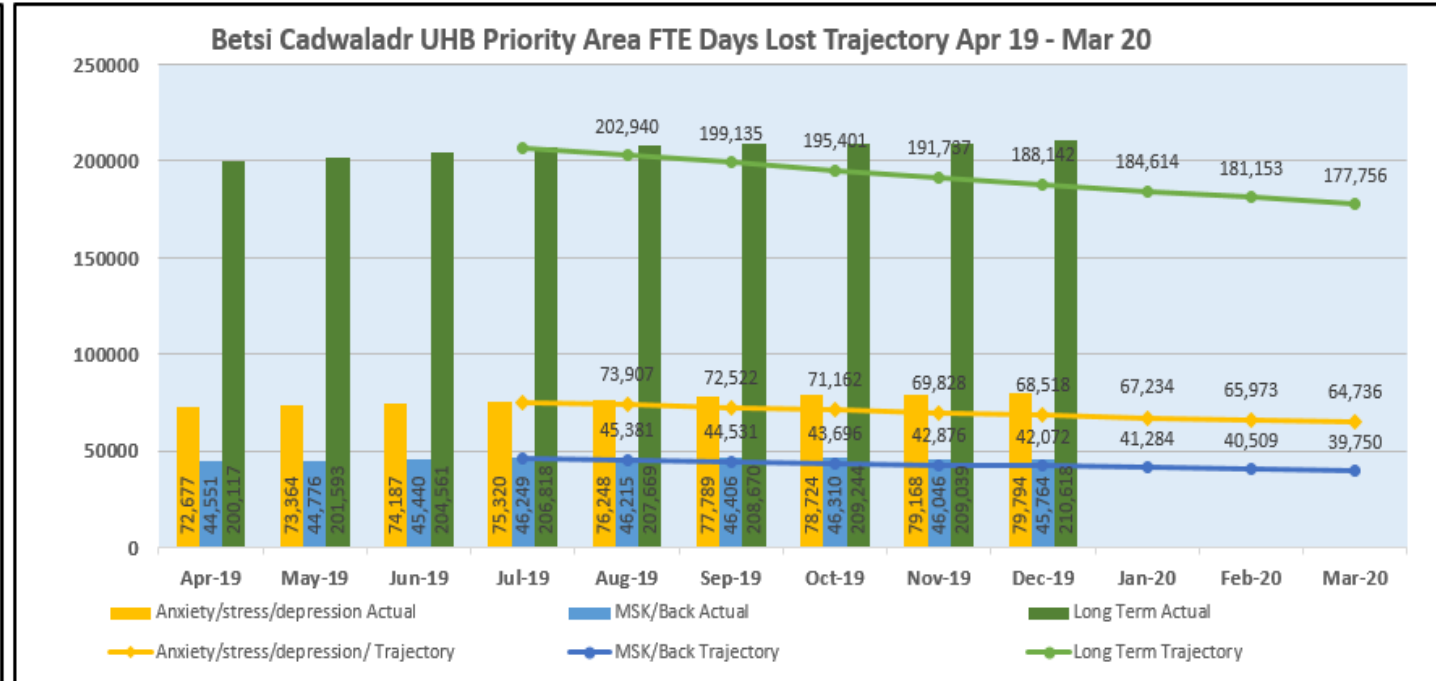
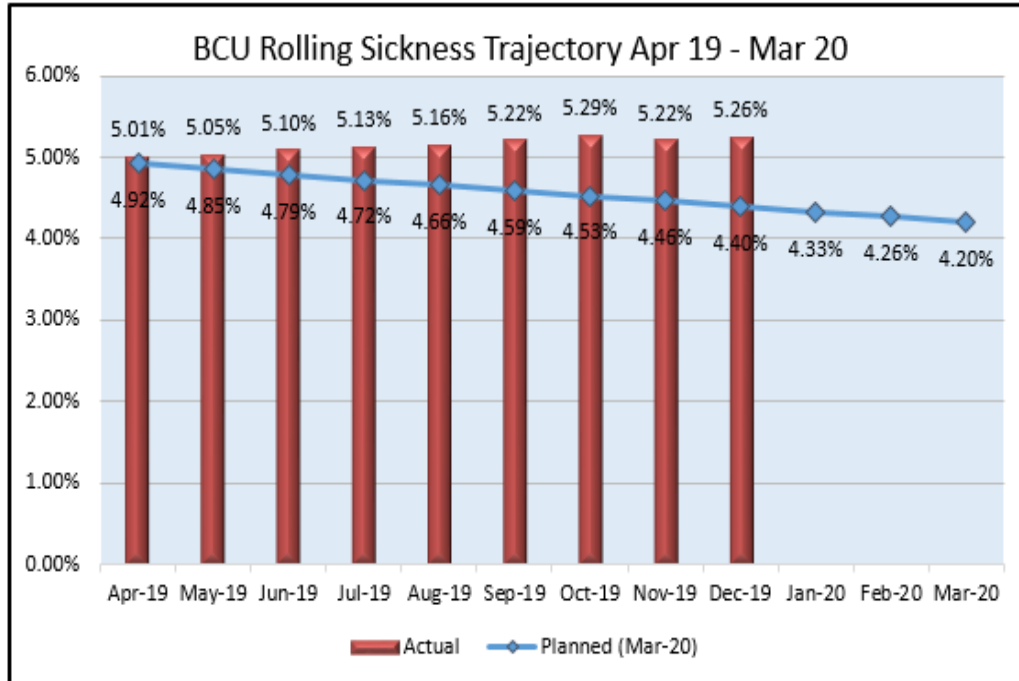


Chapter 3 – Finance & Workforce

Sickness Absence Graphs


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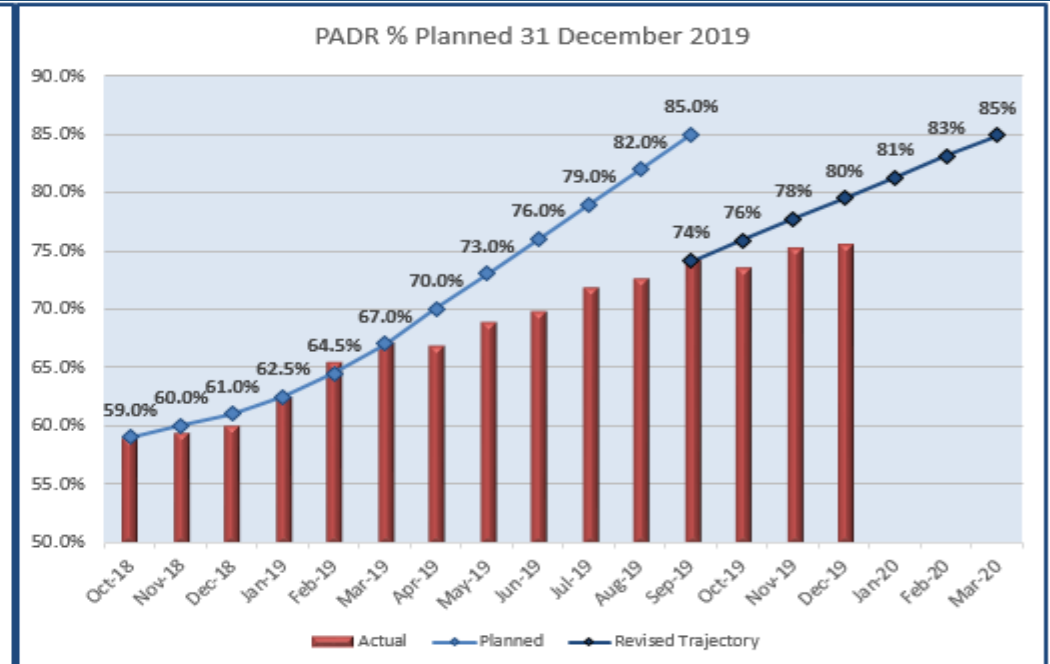
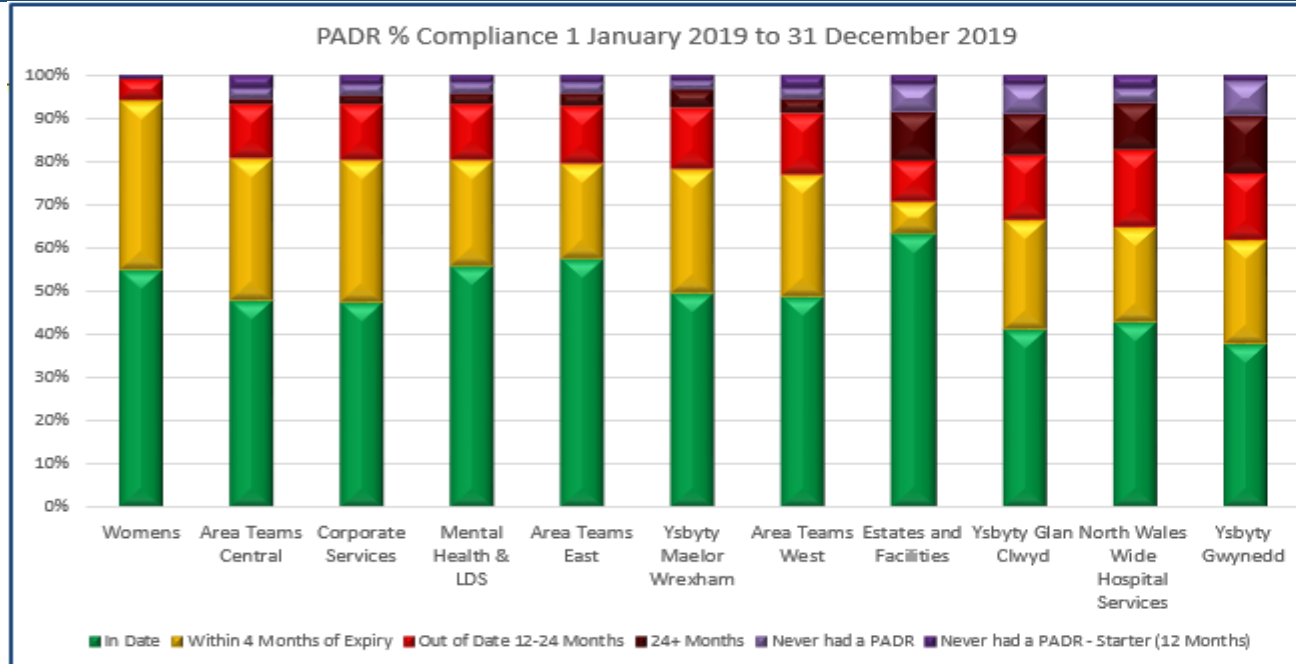
Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM09 1	Percentage of sickness absence rate of staff	<= 4.31%	AP043	<= 4.40%	Dec-19	5.26%	↓	3rd	0.00%	4.92%	5.05%	5.10%		5.13%	5.16%	5.22%		5.29%	5.22%	5.26%					



Why we are where we are: The BCU overall sickness absence rate has increased (currently 5.26% Dec 19, Previously 5.22% Nov 19). Revised attendance improvement plan being enacted, priorities of Long Term / Stress / MSK – remain in place, as does the support for hotspots and support for all absences over 12 weeks. However the impact on morale and health and wellbeing of high demand and high numbers of vacancies in key staff groups continues to impact.

Actions	Outcomes	Timeline
1. Revised attendance improvement plan being enacted with detailed actions / timelines around themes of Data Analysis, Sickness Administration, Active Absence Support and Preventative Action.	The BCU overall sickness absence rate has increased (currently 5.26% Dec 19, Previously 5.22% Nov 19).	Support and trajectories remain in place to deliver 4.2% by the end of March 2020, however reaching this remains unlikely.
2. Priorities of Long Term / Stress / MSK – remain in place, as does the support for hotspots and support for all absences over 4 weeks. Active engagement from managers will be key any further reduction in sickness absence.	There has been particular focus on LT sickness, this has resulted in percentage off LT falling month on month to 3.57% (Dec 2019) from 3.94% (Nov 19) . Long term has also improved year on year, in December 2018 it was 4.10%. Focus on priority areas and changes to enhanced pay will reduce short term frequent sickness absence and medium sickness rates in a similar way to the continued reduction in long term absence.	Progress against trajectories is actively monitored. Further impact of interventions should be seen in Jan 2020.
3. Staff members who have had have reached and exceeded the agreed sickness absence prompts have been identified with active support being given to managers and staff to reduce absence levels and prevent reoccurrences of absence.	Short term frequent sickness absence rates will reduce giving a 0.2% drop from the baseline at October 2019 to February figures.	The impact of these interventions should be seen in Jan 2020.
4. Changes to Enhanced pay during sickness absence from 1 st October 2019 with payments for sickness absence paid as basic pay for absences of less than three months in length. National agreement which reverts back to the position prior to June 2018.	Sickness levels across the health board prior to the enhancements being reinstated were at 4.3%, since June 2018 when enhancements were brought back in we have seen a steady increase in sickness levels despite intensive support and interventions. Although only a temporary measure for now a reduction in absence levels is expected as staff groups most impacted by this feel the effect.	Jan 2020 for initial reduction of 0.2% for “on hold” position.
5. Occupational health have introduced rapid access referral pathways for staff in the following disciplines: Mental Health, Counselling, Physiotherapy, CMATS – orthopaedics / pain clinic / rheumatology, Radiology (scans), Drug & Alcohol, Podiatry and Dermatology	Rapid access to services will enable staff to either remain in work for return to work sooner.	Occupational Health ‘fast track’ number referred available from Q3 and turnaround times available from Q4.

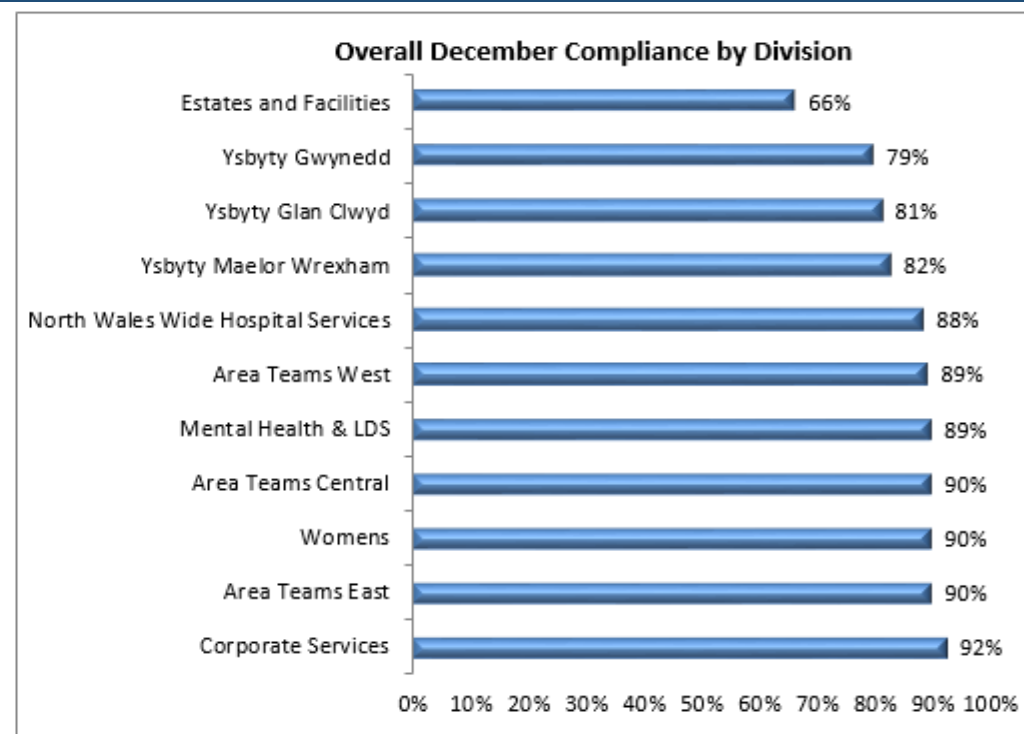
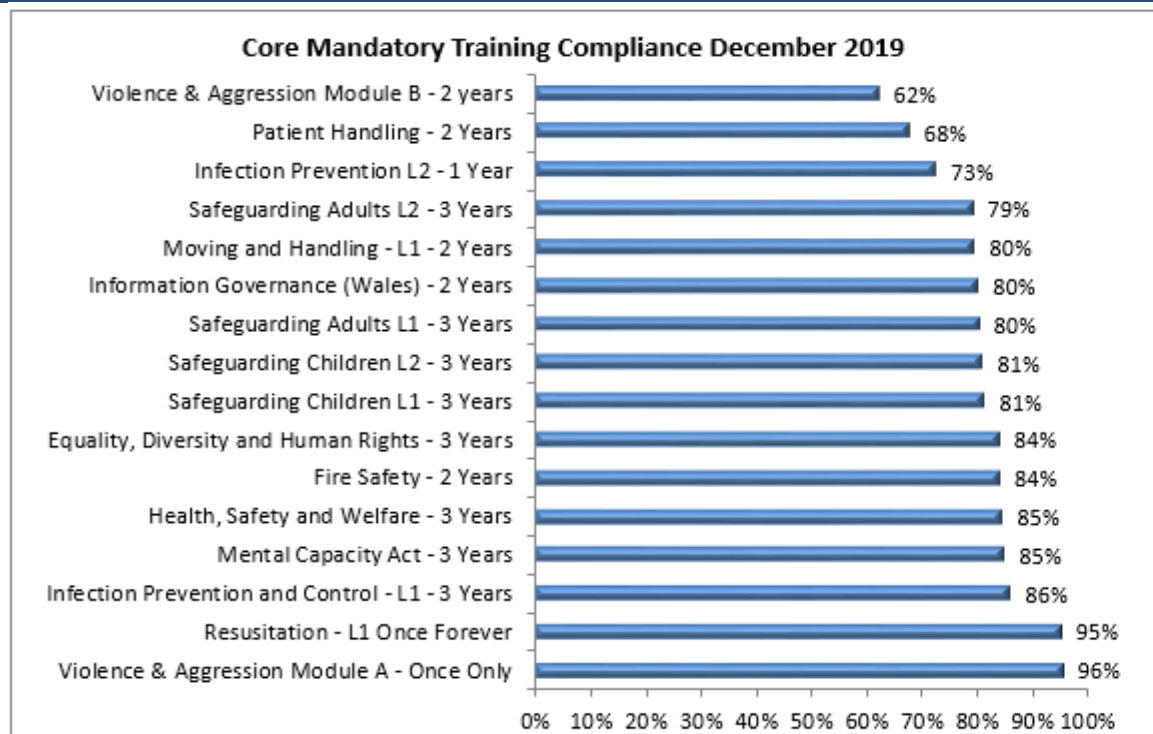
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DFM08 7	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	>= 85%	AP046	>= 80%	Dec-19	75.40%		3rd	0.00%	66.90%	68.80%	70.00%		72.00%	73.00%	74.10%		73.50%	75.20%	75.40%					



Why we are where we are: The BCU overall PADR compliance rate continues to increase, 75.40% Dec 19 this is significantly improved from last year (60.12% Dec 18). Targeted interventions over the last 12 months has seen some large divisions such as Ysbyty Glan Clwyd (YGC) increase by 39.3% and smaller divisions such as Nursing Executive increase by 40%. Organisational compliance continues to increase at a steady pace achieving 75.4% for December

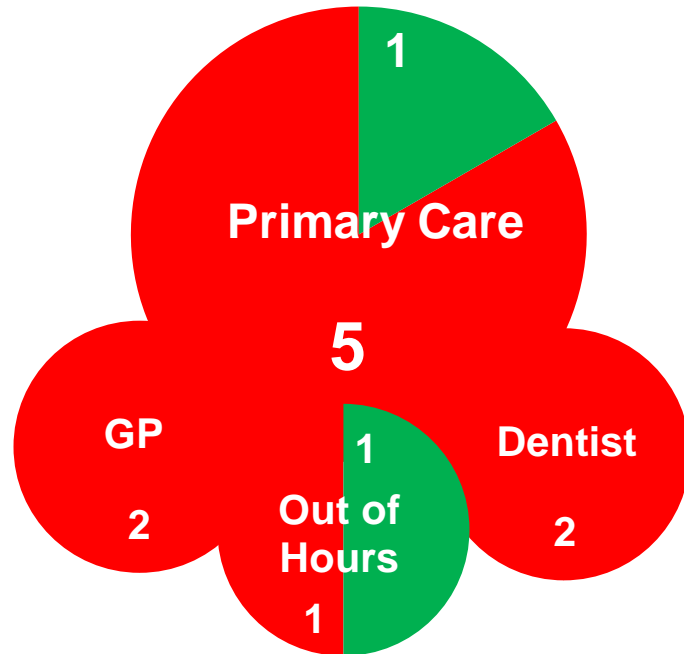
Actions	Outcomes	Timeline
<p>1. Tailored session to be held with teams that have been identified as being low in compliance from data analysis including Theatres YGC, and teams within Estates & Facilities.</p> <p>Facilitated workshops held with managers attending Institute of Leadership & Management (ILM) Qualifications</p>	<p>The BCU overall PADR compliance rate continues to increase, 75.40% Dec 19 this is significantly improved from last year (60.12% Dec 18). Conducting tailored sessions with teams in Estates & Facilities has seen the division make yet another increase taking them over 70%. Theatres in YGC have also seen an increase of 20% since the first tailored session was conducted. They are now planning PADR's into set audit days. Facilitated workshops held with managers attending ILM will have contributed towards an overall increase in organisational compliance</p>	<p>All scheduled actions completed during December</p>
<p>2. Monthly compliance information to be sent to the organisation via 2 separate league tables (rather than 1 table for the whole organisation). Red, amber, green (RAG) traffic light system has also been applied to the league tables</p>	<p>Providing 2 separate league tables ensures a fairer comparison between similar sized divisions. The RAG status will ensure that all divisions can see at a glance where they are in relation to others within the organisation</p>	<p>New format of league table to begin in January and to continue on a monthly basis</p>
<p>3. Attend Head of Nursing meeting in Ysbyty Gwynedd with workforce colleagues to identify barriers and agree actions for improvement</p>	<p>Identifying barriers and agreeing actions will support Heads of Nursing to target their areas for corrective action</p>	<p>Meeting to take place on the 13th January</p>
<p>4. Due to a high number of staff in the 'within 4 month expiry' category, each division to be contacted highlighting the numbers and the impact not conducting these PADR's will have on the divisions compliance</p>	<p>Providing this information will allow divisions to proactively manage compliance by targeting the areas that are about to go out of date.</p>	<p>Numbers to be shared with divisions during mid-month check in allowing time to plan ahead.</p>

Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM090	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	>= 85%	AP046	>= 85%	Dec-19	85.13%	⬆️	1st	0.00%	84.10%	85.00%	84.00%		85.00%	85.00%	85.00%		84.00%	84.58%	85.13%					

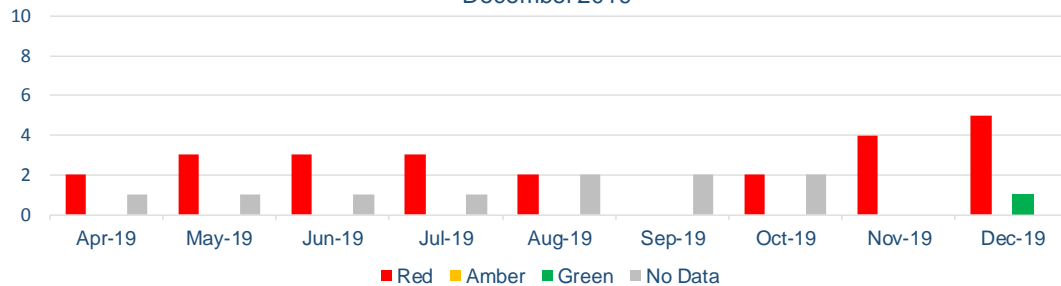


Why we are where we are: Targeted support has ensured that compliance has achieved the national compliance target of 85%, with compliance at the end of December at 85.1%

Actions	Outcomes	Timeline
1. Compliance for December has again reached the national compliance target of 85% . Currently compliance is at its highest recorded at 85.1% with this month reporting an increase/maintenance in all level 1 Mandatory training subjects. Work continues with producing timeline figures to avoid a reduction in overall compliance by continuing to target specific areas and staff groups where a projected drop in compliance is noted.	Targeted support has ensured that compliance has achieved the national compliance target of 85%, with this target being met in 6 of the last 8 months. By identifying specific clinical areas and staff groups where compliance will fall will prevent the target dropping below the 85% national target rate. This will inform all SME's of the training schedules required to meet projected demand	We anticipate remaining at 85%
2. Second phase of the audit of Section 6, WP30, Statutory and Mandatory training policy has commenced.. December audit response reported a 33% increase in compliance from those staff identified within the audit figures.	By Identifying to specific managers their staff who are non-compliant with section 6 of the policy along with offering relevant advice and support will maintain and increase the current compliance rate.	Audit commenced December 2019 with the remaining phases continuing over the next 6 months. .
3. Following the development of a more robust action plan for addressing no significant rise in training compliance within Medical & Dental/Estates & facilities. work has commenced in addressing concerns around the ESR user survey for Medical staff and ESR use for Estates & Facilities.:	By developing a more robust plan with follow up reports will address the concern of no significant increase in compliance within these particular areas.	We anticipate increasing the following compliance figures over the next quarter. a) Estates & Facilities currently 66% which identifies 361 staff non-compliant. b) Medical & Dental currently 54% which identifies 677 staff non-compliant



Chapter 4 - Primary Care RAG Timeline 2019/20
December 2019



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

Integrated Quality and Performance Report
Finance & Performance Committee Version

Code	Measure	Status	Plan this Period	National Target
DFM049	OOH Assessment within 1 Hour	92.00% ↑	AP	>= 90%
DFM050	OOH Very Urgent Seen within 1 Hour	50% ↓	AP	>= 90%
DFM047	Convenient GP Appointment	37.50% N/A	N/A	Reduce
DFM048	GP Practice Open 5pm to 6.30pm	85.60% ↓	AP	Improve
DFM051	Accessed NHS Dentist	49.39% ↓	AP	Improve
DFM086	Dentist Follow Up	34% ↑	AP	Reduce
LM101	Number of CHC & Joint funded Packages of Care	1,788 ↑		
LM102	Cumulative cost of CHC & Joint funded Packages of Care	£59.46m →		
LM103	Total number of Emergency Admissions	7,164 ↑		
LM104	Total Number of Emergency Admissions with an Average Length of Stay of 0	2,230 ↑		
LM105	Average Length of Stay (Days) for Emergency Admissions: Acute Sites	5.2 ↑		
LM106	Average Length of Stay (Days): Community	25.3 ↑		

December 2019

Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
DFM05 1	Percentage of the health board population regularly accessing NHS primary dental care	Improve	AP007	AP	Dec-19	49.39%	⬇️	6th	49.30%	49.30%	49.30%	49.30%		49.30%	49.30%	49.30%		49.23%	49.48%	49.39%					
DFM08 6	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Reduce	AP007	AP	Qtr 3 19/20	34.40%	⬆️	4th	New 19/20								36.30%			34.40%					

Actions	Outcomes	Timeline
1. Positive conversations in December with CEO and WG Chief Dental Officer regarding replacement of Bangor activity by creation of a training unit. DPCC has arranged meetings with Deputy CDO and HEIW representatives in early 2020 to progress this.	This work will address local demand, and also improve overall North Wales sustainability.	February 2020
2. Additional funding unscheduled daytime access sessions will be commission from 1 st January 2020 to 31 st March 2020 for 8 practices aligned to EDS provision (Completed)	£50K to be assigned immediately Contract Variations will be completed and COMPASS updated to reflect the increase in activity which will be delivered between Jan and March 2020	January 2020 (Completed)
3. Welsh Government Contract Reform Innovation funding will be assigned to qualifying practices to commission 8 scheduled access sessions liaising with PC & EDS colleagues	£157K programme funding for 5 years developed through an SLA agreement with the HB Contract Variations will be completed and COMPASS updated to reflect the increase in activity which will be delivered over the next five years	January 2020 (Completed)
4. An additional £100K has been identified for deliver up to March 2020. This will be commissioned in Buckley, Denbigh and Dolgellau	Increased dental activity delivery in current financial year with a nominal impact on access across the geography. Contract variations will be drawn up.	January 2020 (To be completed)

Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
LM101	Number of CHC & Joint funded Packages of Care				Dec-19	1,788	⬆️	N/A	1,902	1,830	1,841	1,849		1,839	1,844	1,825		1,811	1,785	1,738					
LM102	Cumulative cost of CHC & Joint funded Packages of Care			★	Dec-19	£59.46m	➡️	N/A	£69.42m	£7.54m	£15.08m	£22.62m		£30.29m	£34.72m	£45.00m		£52.50m	£59.46m	£68.01m					
LM103	Total number of Emergency Admissions				Dec-19	7,164	⬆️	N/A	7,965	7,857	7,947	7,880		7,934	7,515	7,377		7,885	7,380	7,164					
LM104	Total Number of Emergency Admissions with an Average Length of Stay of 0				Dec-19	2,230	⬆️	N/A	2,238	2,166	2,169	2,014		2,148	1,857	1,938		2,242	2,411	2,230					
LM105	Average Length of Stay (Days) for Emergency Admissions: Acute Sites				Dec-19	5.2	⬆️	N/A	5.2	5.6	5.4	5.3		5.4	5.4	5.5		5.6	5.3	5.2					
LM106	Average Length of Stay (Days): Community				Dec-19	25.3	⬆️	N/A	26.5	27.0	28.5	29.1		30.0	26.9	30.3		27.8	29.0	25.3					

* = Rated against same period previous year

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

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

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

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

Further information on our performance can be found online at:

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

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



follow @bcuhb

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



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 23.1.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Unscheduled Care and Building Better Care Update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Deborah Carter, Director of Operations and Associate Director of Quality Assurance						
Awdur yr Adroddiad Report Author:	Miss Nicola Eatherington, Senior Programme Manager for Unscheduled Care						
Craffu blaenorol: Prior Scrutiny:	Unscheduled Care Improvement Group						
Atodiadau Appendices:	Appendix 1: Unscheduled care updates for each health economy Appendix 2: Building Better Care phase 4 progress update Appendix 3: Winter funding update						
Argymhelliad / Recommendation:							
<ul style="list-style-type: none"> That the Committee note the unscheduled care performance for December across BCUHB and for each health economy Note the update from the Building Better Care programme and ongoing work within phase 4 							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	X
Sefyllfa / Situation:							
To update the Finance & Performance Committee on the December Unscheduled Care performance, including winter pressures and provide an update on phase 4 of the Building Better Care Programme							
Cefndir / Background:							
<p>This report provides an update against both the unscheduled care performance of each acute site and the fourth 90 day cycle of the unscheduled care Building Better Care programme for the period of November and December 2019.</p> <p>From November our internal trajectories for the Tier 1 targets were re-forecasted to realign them to actual performance, with a shorter stretch. The new trajectories for the remainder of the year are shown below:</p>							

BCU Profile	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
>4 hour wait (inc MIU)	72%	72%	72%	73%	74%
60 minute WAST handover	404	446	691	358	438
>12 hour wait	1320	1364	1364	1218	1240

Although November saw an increase in performance to 72.13%, December has proven to be extremely challenging for BCUHB with a combined performance of 66.32% against an internal trajectory of 72% and a decrease on performance compared to December 2018 which was 67.6%.

Throughout December Emergency Departments (ED) across the UK have experienced unprecedented increased demand and an increase in the number of patients presenting to ED triaged as 'majors'. For BCUHB we surpassed 10,000 patients categorised as 'Major' for the first time which is a rise of 600 patients compared to the same time last year and an increase of 415 attendances compared to December 2018. This increased demand for patients with higher acuity impacts on delivering the performance targets. Staff sickness and high levels of non-filled bank and agency shifts throughout December and particularly over the Christmas and New Year period was also significant, leading to the closure of 17 community beds in Llandudno, Ruthin and Deeside. The governance and decision making of community bed closures is being reviewed as a result.

Performance against the 12 hour standard deteriorated in December with 2,272 patients waiting in an ED for more than 12 hours, which equates to a daily average of 73. This is an increase compared to the previous month of November which reported 1,786 delays over 12 hours and December 2018 of 1,553.

An increase in flu cases in 2019 (276 confirmed cases in December), compared to winter 2018, has had a negative impact in the number of patients spending longer than 12 hours in ED due to the need for cubicles for these patients. This is alongside a significant increase in other types of respiratory illnesses in both adults and children.

The Health Board's current improvement plan focuses on a zero tolerance for patients waiting in ED for longer than 24 hours. All three sites improved in November, however deteriorated in December to a daily average of 21.

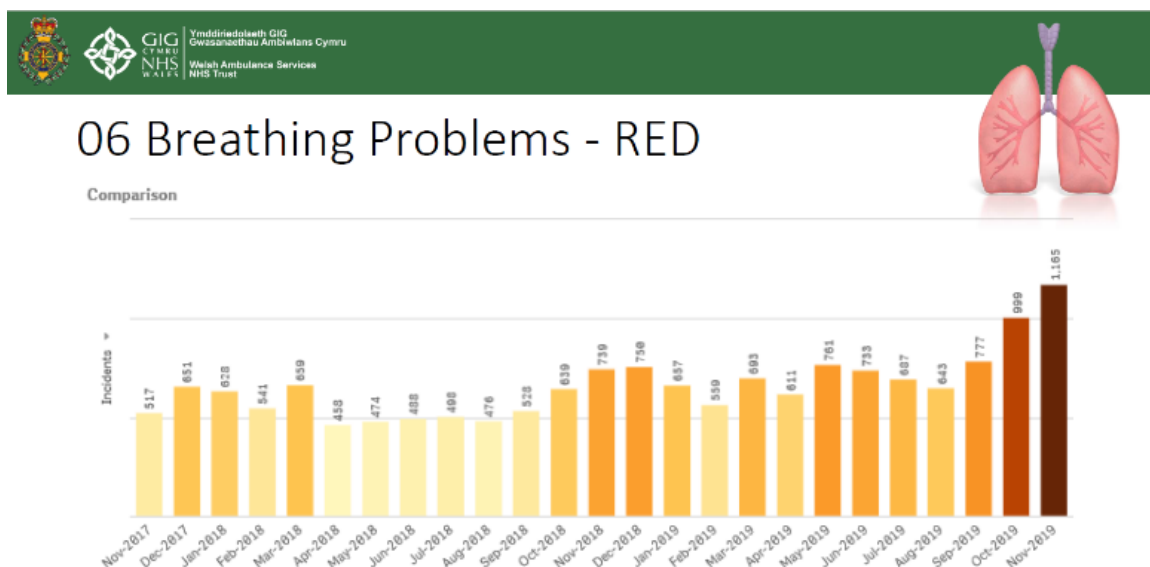
Ambulance performance

Ambulance CAT A performance

The 8 minute red performance target relates to ambulance response to red calls (very urgent) which fell in December to 61.2%, which is below the 65% performance target and is a deterioration against the previous month performance in November of 63%. This was the first time since the changes to the Clinical Response Model in 2017 that this standard has not been met.

Our response to red level ambulance attendances has been challenged as a result of the wider system pressure and subsequent increase in the proportion of red activity as a whole, up from an average of 4% to 6% of total WAST activity (477 in October and 693 in December). As expected in winter the

number of calls relating to breathing problems has increased. A change to the Medical Priority Despatch System (MPDS) in July 2019, to incorporate 'ineffective breathing' as a trigger for a 'red' call has increased the proportion of these calls coded as 'red' identified by the call handlers. This is demonstrated in the chart below:



A review of MPDS guidance is underway to determine whether a patient truly has 'ineffective breathing' when processing the call through MPDS breathing problems protocol as early indications are that the condition of the patient on arrival at scene is not consistent with MPDS guidance.

WAST are also increasing the number of Community First Responder volunteers, as well as ongoing improvements including increasing the number of Community Public Access Defibrillators available across North Wales.

Ambulance handovers over 60 minutes

There was a deterioration in ambulance handovers during December after a slight improvement in November. There were 1,114 over 60 minute handovers in December which equates to a daily average of 36, and significantly below the revised trajectory of 446 for December.

YGC continues to perform the lowest on ambulance handovers. As part of the winter funding from WAST a cohort area has been established in YGC whereby patients with lower levels of acuity are handed over on arrival to ED from a WAST conveyance to additional WAST staff operating a cohort area in order to release WAST resources to respond to activity in the community. However, these patients remain on the 'clock' so there will not be an improvement to ambulance handover performance metrics.

Strategy Implications

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

Financial Implications

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

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

Risk Analysis

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

Legal and Compliance

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

Impact Assessment

No associated impact or specific assessments required.

West Health Economy

4 hour performance

The combined 4 hour performance for December in the West Area was 74.8%, a deterioration on November's performance of 78%. ED only performance was 65.8%.

Actions identified to deliver continued improvements include:

- Increased Senior Clinician presence in ED out of hours to improve non-admitted performance and reduce ED doctor waits
- The newly commissioned Emergency Department Observation Unit (EDOU) is fully operational alongside escalation capacity to reduce admitted breaches
- GP sessions at the front door to improve the performance of non-admitted breaches to a maximum of 15 per day
- Interim Head of Nursing and Clinical Director have commenced in post.

12 hour performance

The number of patient delays over 12 hours within YG ED in December was 428, equating to a monthly average of 14 patients per day. The position for the number of delays over 24 hours in ED was 112 for the month which is a significant deterioration in compared to last month, where there were 68.

Actions identified to deliver improvements include:

- Introduction of outlier clinical management team to better support clinical decision making, leading to reduced number of 12 hour breaches per day, increased number of morning discharges to improve flow from ED and AMU
- Embed the community length of stay reduction work with the implementation of 'Tuag Adref' (Homeward bound) to reduce the number of medically fit patients delayed in the acute hospital
- Review and improve site escalation procedures.

Ambulance 60 minute handover performance

Ambulance handover delays remain a challenge with the number of over 60 minute handovers remaining at an average of 10 per day for the past 3 consecutive months.

The number of lost hours for the month was 672 which was a slight increase from 667 hours for the month of November. There has been noted a deterioration in performance since the implementation of the "dual PIN" initiative with WAST, where by both BCUHB and WAST staff have to simultaneously insert a unique PIN into the electronic monitoring tool at the point of handover. Work is ongoing with WAST to improve this.

Under 18 years of age breaches

The number of breaches for under 18 year olds fell from 101 in October to 77 in November but rose back to 101 in December. A renewed focus on the reasons for breaches for under 18s is part of the breach analysis review.

Central Health Economy

4 hour performance

The combined 4 hour performance for Central area in December was 67.8%, a decrease from November (72%). ED only performance was 52.3%.

Key actions include:

- Improved interaction and communication between the site management team and ED Nurse in Charge following feedback from Gold level command and control
- Strengthened focus on the 4 hour target by Nurse in Charge and facilitation of downstream beds
- Changes to middle grade rosters to increase the number of rostered hours during peak evening demand.

12 hour performance

The number of patient delays over 12 hours within YGC ED increased from 861 in November to 991 in December, which equates to a monthly average of 32 patients per day. The number of patient delays over 24 hours in ED was 282, which equates to an average of 9 per day.

Actions identified to deliver improvements include:

- Improved interaction and communication between the site management team and ED Nurse in Charge following feedback from Gold level command and control.
- Strengthened focus by the site team on 12 and 24 hour breaches to deliver improvements and uphold the zero tolerance to 24 hour delays.
- Further embed the site wide escalation framework across BCU providing clearer processes for escalation and de-escalation, aiming to have ED as the final point of escalation as opposed to the first.

Ambulance 60 minute Handover performance

YGC is the most challenged site for ambulance handover delays. There was an increase in the number of >60 minute handover delays in December at YGC with the site reporting 655 delays. The number of lost hours for December increased to 1,499 compared to 1,064 in November.

Actions include:

- Implementation of the ambulance co-horting in ED to improve the availability of emergency ambulance resources to respond to emergency calls
- Strengthened focus on ambulance handovers learning from WMH

Under 18 years of age breaches

The number of breaches for under 18 year olds was 116 for the month of December at YGC, which was an increase from the October position of 69 and further increase to November position of 98. The number of breaches in December equates to a daily average of 4 breaches per day. Work continues with children's services to address.

East Health Economy

4 hour performance

The combined 4 hour performance for East area was 55.9% in December a decrease from November's performance of 66.4%, which was the best performance since May 2018. ED only performance was 51%.

Further actions identified to deliver improvements include:

- Further strengthen and streamline the paediatric pathway in ED including directing to ward for a number of treatment pathways to reduce under 18 breaches

- Embed ED escalation process including the 2 hourly safety huddle with clear actions for the day working within the 4 hour standard to reduce non-admitted breaches and increase non admitted performance
- Utilise clinical decision unit for ED patients only in order to manage non-admitted flow

12 hour performance

The number of patient delays over 12 hours within Wrexham ED in December was 853, equating to a monthly average of 27 patients per day and has significantly deteriorated from the November position of 516. The number of delays over 24 hours in ED was 258 for December, which equates to an average of 8 patients per day this compares to 61 for the month of November.

Actions identified to deliver improvements include:

- Embed the Acute Floor care model principles and review feedback from service team and users to further reduce patient delays
- Improve the site function and management through successful appointment to the Head of Site leadership to improve patient flow, reduce outliers and 12 hour delays
- Improve ward discharge management including golden patients identified the day before.

Ambulance 60 minute Handover performance

- The performance for >60 minute handover delays at Wrexham deteriorated to 150 for the month of December which equates to an average of 5 per day. This compares to a total of 26 for the month of November.
- The number of lost hours for the month was 452 which is a worsening position on November which was 158 lost hours for the month.

Under 18 years of age breaches

- The number of breaches for under 18 year olds was 281 for the month of December which is a deteriorated position compared to last months of 163.

Building Better Care Programme Overview

The fourth cycle of the USC 90 day planning commenced on 1 October focusing on key priorities within each area. This plan is for winter.



Demand update

During December 2019 SICAT was fully operational 12 hours a day, and took 649 ambulance calls and saved 373 ED attendances (57%), of these 39% were referred to GPs or given self-care advice. The impact on primary care is being monitored. Planning continues to move the service to business as usual and work through the actions required to support the link to 111 expansion into Wales.

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

Since October a minor illness service has been established in the Wrexham Maelor ED where an ANP and GPs are seeing patients. The service is demonstrating reduced pressures in the department and reducing doctor waits, however, during December challenges were experienced in covering shifts and a total of only 8 days (57.5 hours in total) of service was provided, during this time 68 patients were seen, of which 57 patients were discharged from ED. The plan is to enhance this service in order to allow a better analysis of impact.

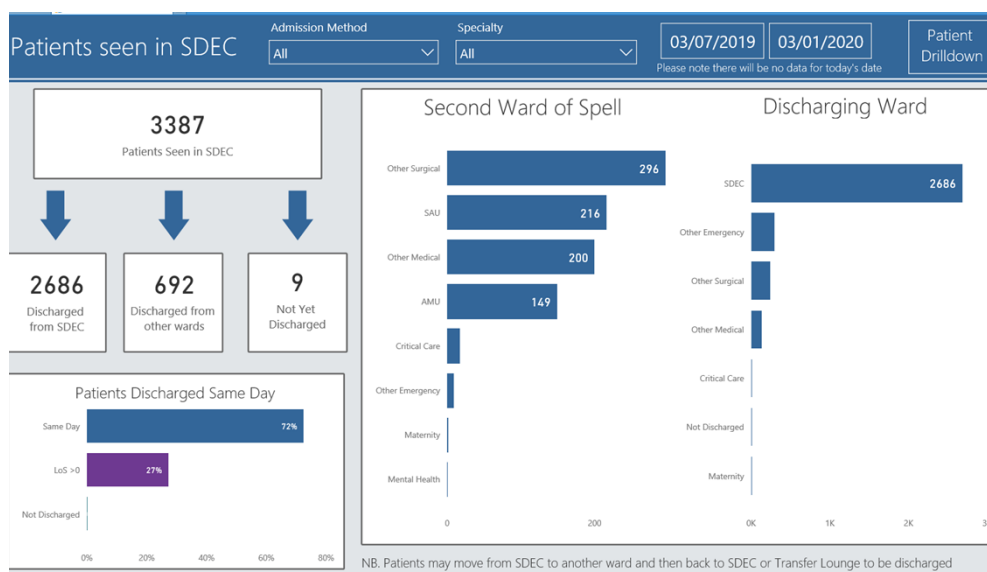
Flow update

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

On the 4th November Wrexham Maelor opened its acute medical floor. This area incorporates Ambulatory Emergency Care (chairs), 3 consultation rooms, a Trolley Assessment Area (12 trollies), the Acute Frailty Unit (12 beds), 3 side rooms and a 27 bedded short stay area (less than 72 hours length of stay). The model is led by a team of acute physicians with specialty consultants providing cover out of hours. The plan is to move to a 24 hour acute physician led service. These changes aim to improve patient flow and therefore, ED performance, as well as reducing reliance on escalated beds. It also aims to improve the patient experience and outcome of care through improved access. The AMU will deliver to the organisation a “gatekeeper” function, led by a senior clinical decision maker in order to prevent unnecessary admissions. It will ensure that medical patients are seen in the right place and first time and prevent delays for patients receiving the appropriate care they need along their clinical pathway.

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

The same day emergency care (SDEC) unit in YGC has seen over 3,300 patients with 72% consistently being discharged in the same day. A wider piece of work has commenced at YGC to develop an acute floor model which will see reconfiguration of the EQ footprint and additional physician support to be operational in February 2020.



Discharge update

Although December saw a decline in ED performance, improvements were made in the discharge profile. There was a reduction in the number of patients with a length of stay over 21 days, as well as a reduction in the number of medically fit for discharge patients.

The work on embedding the SAFER patient flow bundle continues across each site, this includes focus on long length of stay reviews, discharge to assess pathways and board rounds. Challenges in workload and senior staffing changes at YGC have

disrupted the weekly SAFER meetings at YGC, which are planned to recommence on Friday 17th January. A daily reporting form to support early discharges is being piloted with acute matrons providing daily morning updates.

The SAFER Patient Flow Bundle

S - **Senior** Review before midday.

A - All patients will have an Expected Discharge Date. This is set assuming ideal recovery and assuming no unnecessary waiting. Can patients and / or their loved ones know what's going to happen today, tomorrow and what they need to do to leave hospital.

F - **Flow of patients** will commence at the earlier opportunity (by 10am) from assessment units to inpatient wards. Wards will pull rather than the usual late push.

E – **Early discharge, 33%** of our patients will be discharged from base inpatient wards before midday.

R – **Review**, an MDT systematic review of patients with extended lengths of stay (> 7 days).

Work is underway to embed the home first, discharge to assess / recover and community in-reach projects. These have been driven through the financial recovery work and will have an impact on admission reduction and length of stay.

Gold level command and control

Following on from the improvements seen in Wrexham throughout October and November, gold level command was carried out across YG and YGC for the month of December. Unfortunately, the improvements seen in Wrexham were not seen due to additional pressures on services and the gold command team attempting to cover both sites at the same time. The exercise of Gold level command supporting Emergency Departments and site management teams is to work with each hospital to develop a detailed recovery plan which will be taken forward in January.

Winter Funding

Welsh Government allocated £5.740m funding to support the delivery of the Winter Plan, this was received in two separate allocations (NWRPB £3.614m and BCUHB £2.126m) with a request for the submission of one winter plan across the region. NWRPB was the only RPB to submit a joint plan to Welsh Government.

The Winter Plan was developed with a total of 75 schemes under 7 themes:

- Optimising cross organisational and sector working 12 schemes
- Urgent primary care/out of hours' resilience 30 schemes
- Preventing unnecessary conveyance and admission to hospital 14 schemes
- Discharge to assess/recover 8 schemes
- Community step down capacity 4 schemes
- An enhanced focus on the respiratory pathway 4 schemes
- An enhanced focus on the frailty pathway 3 schemes

Some schemes cross cut 2 themes and most schemes from the BCU allocation have been implemented across 2 or 3 areas.

	Number of schemes funded from RPB Allocation	Number of schemes funded from BCU Allocation	Number of schemes jointly funded from RPB & BCU Allocations
East	20	14	1
Centre	12	11	0
West	13	17	1

Whilst a number of additional winter posts have been filled, recruitment challenges have delayed the start of some schemes, work continues to progress these posts and secure appointments. Any such delays in recruitment for winter posts are escalated to executive team to expedite approval of these posts through the recruitment system.

Winter pressures have been acutely felt across December with not only an increase in the number of attendances but for the first time the Health Board treated over 10,000 patients triaged as 'majors'. This was an additional 600 patients compared to December 2018. This increased demand for patients with higher acuity impacts on flow across the whole system, the whole of the UK has reported similar for December.

There is a rigorous review of delivery this winter with monthly reporting arrangements in place to Welsh Government against the plan to provide assurance of the measures in place against each scheme as well as activity and spend to date.

The Health Board is required to complete a delivery tool template to provide progress updates against delivery including local and national metric data as well as qualitative data. The RPB is required to complete a monthly reporting template which details:

- RPB/ internal reporting arrangements
- Successes / Benefits realised
- Barriers

- Lessons Learned
- Partners Involved in delivery

This reporting requirement is a significant additional work both locally and regionally. A final detailed report that reviews delivery of winter funded actions is to be submitted to Welsh Government by 15 July 2020.

Key highlights of winter schemes to date

The Tuag Adref / Homeward Bound project in the West is now fully operational across the following community hospitals; Ysbyty Penrhos Stanley, Ysbyty Bryn Beryl, Ysbyty Alltwen, Ysbyty Eryri and Ysbyty Dolgellau. Bed days saved in December are 39 in Ysbyty Gwynedd, 183 in Community Hospitals and 17 admission avoidances.

As part of the phase 1 of the Wrexham Home First model, an additional 8 beds were opened in Deeside Community Hospital on 1st December, which are being fully utilised as the service is required. This increased capacity is supporting discharges from the acute hospitals at Wrexham Maelor, Gobowen and Countess of Chester.

The community in-reach project in Central area has secured secondments to support the in-reach teams based at Ysbyty Glan Clwyd and fixed term contracts have been advertised, who are working with CRTs to support discharges.

Enhancements to the community pharmacy roles for non-medical and independent prescribing have been undertaken in the West area and 229 patients have been seen during the first 2 months of this service provision.

Ysbyty Glan Clwyd have 1 wte pharmacist appointed who is working in ED and recruitment process is underway for a pharmacy technician and during times of high pressure a technician supports ED where available. In Ysbyty Gwynedd bank staff are being used to support transcribing discharge prescriptions to improve the flow of patients across ED and the wards, working with the teams to identify and target medically fit for discharge patients to ensure medicines are prescribed to avoid delays. COPD home visiting service on Anglesey, a pharmacist is in place to complete COPD reviews for patients who have experienced exacerbations and are unable to attend GP surgery. The central area nurses are progressing secondments for nurses to support COPD patients over winter months who will work closely with the respiratory team.

Additional tier 2 clinical posts in Wrexham Maelor ED identified to support safe and timely assessment and treatment of patients have been filled using bank locum and agency in December with interviews scheduled this month. An ED middle grade has been appointed for 3 months.

A consultant post has been appointed who commenced 6th January in YG to manage outlier areas and ensure robust medical review by senior clinician and ongoing care planning to support urgent care demand.

An evening minor ailments service commenced in Conwy East on 2nd December, providing 2-3 clinics per week which will be increased in January. The service in North Denbighshire has continued during the evening 3-4 times a week and also at weekends.

Support to care homes for patients who fall is being co-ordinated by the newly appointed falls lead for Conwy & Denbighshire who is prioritising training to care home staff. Additional patient lifting equipment is being purchased for extra care housing units in Denbighshire to reduce the need for WAST call outs.

Arrangements are in place for spot purchase of care home beds for step up and step down care in the West which will be drawn down on a patient by patient basis.

Increased physiotherapy (PT) and occupational therapy (OT) provision on weekends in ED at Wrexham Maelor. From January there has been development of therapist posts, both PT and OT to triage appropriate patients in ED to identify as early as possible those who would benefit from early therapeutic intervention to prevent unnecessary admissions

Financial Recovery Group report to Finance & Performance Committee

Month 9

(data as at 09 January 2020)

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BCUHB recovery programme development summary as at M9

Source: BCUHB PMO tracker

Cash releasing (including Run Rate) (£000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total	Target	Total variance to target	Green schemes variance to target
Last position (as at Mth 08)	3,099	5,744	680	33,152	42,675	35,000	7,675	(1,168)
Current position (as at Month 09)	3,056	5,070	0	34,095	42,221	35,000	7,221	(905)
<i>Movement</i>	(43)	(674)	(680)	943	(454)	0	(454)	263

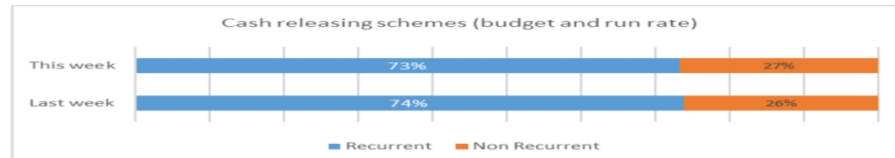
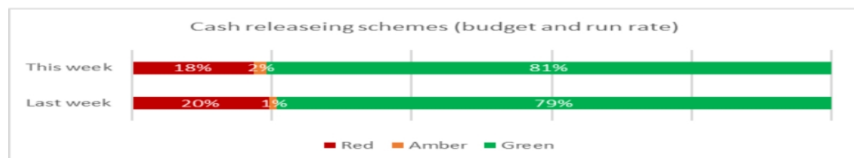
To be Determined (£'000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at Mth 08)	116	136	0	479	730
Current position (as at Month 09)	116	132	0	482	730
<i>Movement</i>	0	(3)	0	3	0

Total Programme (£'000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at Mth 08)	3,214	5,880	680	33,631	43,405
Current position (as at Month 09)	3,172	5,202	0	34,578	42,951
<i>Movement</i>	(43)	(678)	(680)	947	(454)

Cost Avoidance	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at Mth 08)	3	5	0	1,725	1,733
Current position (as at Month 09)	3	5	0	1,725	1,733
<i>Movement</i>	0	0	0	0	0

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



M9 performance of cash releasing projects in delivery by Area *

	YTD Plan	YTD Actual	YTD variance	In Mth Plan	In Mth Actual	In mth variance	19/20 Plan	19/20 FOT	19/20 Target	19/20 Gap: Plan to Target
Area - Centre	3,022	3,187	165	498	530	31	4,642	4,666	4,940	(298)
Area - East	3,461	4,013	551	536	591	55	5,224	5,533	4,920	304
Area - Other	111	111	0	12	12	0	148	148	320	(172)
Area - West	2,054	2,333	279	375	289	(86)	2,922	3,205	3,260	(338)
Contracts	91	199	107	8	66	58	91	199	510	(419)
Corporate	1,701	1,608	(94)	168	131	(37)	2,515	2,354	4,340	(1,825)
MHLD	3,724	4,137	413	589	677	89	5,528	5,698	3,630	1,898
Provider - NW	1,615	1,466	(149)	231	175	(56)	2,376	2,030	2,630	(254)
Provider - YG	1,607	1,260	(347)	345	345	0	2,623	2,021	2,940	(317)
Provider - YGC	1,807	1,332	(475)	455	218	(238)	3,534	2,099	3,810	(276)
Provider - YMW	1,391	1,020	(371)	391	168	(224)	2,724	1,684	2,640	84
Womens	1,055	1,068	14	180	150	(30)	1,767	1,186	1,060	707
Grand Total	21,639	21,733	94	3,789	3,351	(438)	34,095	30,824	35,000	(905)

*includes all cash releasing schemes rated “Green”. Excludes cost avoidance, to be determined or efficiency savings

Recovery programme narrative

What have we done well

- Schemes in delivery (Green schemes only)
 - Cash releasing
 - M9 delivery was £438k below plan in month with a £94k cumulative over-delivery for the YTD.
 - FY19 FOT of £30.824m for green cash releasing schemes vs a planned value of £34.095m, indicating a deficit of £3.271m
 - PMO are supporting Divisions to review FOT in light of YTD variances for any potential under/over forecasting to further refine delivery and forecasts for future reporting.
 - Cost avoidance and TBD (Green schemes only))
 - M9 delivery £2.2m with a FY19 FOT of £2.4m
- Overall the programme reduced by £454k in M9 reflecting the re-assessment by the FRG of the likely delivery of the pipeline scheme for planned care, offset by the introduction of a further medicines management Divisional scheme.
- The total Plan for 19/20 in Green is £36.3m with total FOT £33.2m.

Where we need to focus

- Delivery of Plan for remainder of 19/20
 - Existing schemes in accordance with committed plan
 - Ensure CFOs reflect actual scheme achievement within their forecast
 - Additional grip and control measures to the end of the financial year
 - Aligned messaging from the Executive Team to deliver the Recovery Plan and additional grip and control measures.
- Development of 20/21 plan
 - Contribution carry forward from 19/20 delivery
 - New scheme identification and development from divisions and IGs.

1b. Cost savings narrative

Support required

- Meridian support to improve efficiency in Outpatients
- All green schemes to be transacted through CFOs.

Key risks, issues and mitigations

- There is a risk that the messaging and full buy-in from the Executive Team to deliver the Recovery Plan and underpinning actions is not aligned. Mitigation: Ensure all Execs understand the action required to deliver the plan and consistent messaging to the organisation.
- Some of the Divisional CFOs are reluctant to include the BCU wide schemes within their forecasts. Mitigation: Finance and PMO continue to support CFOs with analysis and capture.
- Whilst the Planned Care IG in-year target has been reduced to £0.5m, PIDs need to be developed to define detail of how this will be achieved. Mitigation: Meridian to provide additional capacity and expertise to identify how this can be achieved with Outpatients Programme Manager. Omnicell to support the Theatres PID.
- Risk that Divisions/Areas fail to deliver the green cash releasing schemes identified in the plan. Mitigation: Ensure existing plans deliver against plan, continue to monitor and address issues/ deviations from plan.
- There remains £7.5m of schemes in Red which further require development; of which, £6.8m are BCU wide schemes relating to the IGs. Progression of IG PIDs, particularly Workforce, are key to conversion of schemes to Amber/ Green and delivery for FYE 20/21. FRG meeting 21/1/20 to review IG plans.

Improvement Groups update

What have we done well

- As described in last months update both of the Workforce and Procurement IG schemes, of £0.4m & £1.8m respectively, have now moved to green and into delivery.
- The CHC IG PID with an efficiency of £473k has moved through to amber and expected to move to green status in early Jan.
- Planned Care IG have developed an outpatient PID with a full year value of £850k (In-year circa £250k) with the support of specialists. The plan is being closely scrutinised by PMO and FRG in order to move into delivery in Jan.
- A 2020-21 and future years workshop was held 10th Dec to expedite completion of plans, which received support from both planning and PMO teams through the remainder of Dec. Each IG are tasked with providing detailed 2020-21 draft efficiency plans at the FRG 21st Jan.

Where we need to focus

- The Workforce and Procurement IGs will still receive support and focus in order to ensure the deliver of all schemes (£1m & £1.5m - £400k & £1.8m) through the remainder of the year.
- CHC IG will additionally receive targeted support to ensure the efficiency of £473k is moved through into delivery during Jan.
- OPD programme team will work alongside the specialists to implement the plan throughout the remainder of the year, with oversight from the Planned Care IG
- All IGs have now increased their focus on 2020-21 planning with senior PMO programme support being targeted towards this work.

Support required

- There remains a significant amount of work to be done with the IGs to maximise their potential and help the HB with the recovery both for the remainder of 2019-20 and into the following year.
- Therefore the intensive support started at the end of August will continue to ensure that all of the IGs are contributing to one or more of the 3 key recovery areas:
 - Financial recovery;
 - RTT; and
 - ED performance.

Key risks, issues and mitigations

- Concerns remain around the pace of development and capacity or capability to move these PIDs through into green and be delivered. Therefore, the PMO have increased their support to the Workforce and Procurement & CHC & Planned Care IGs.
- Capacity to develop the 2020-21 opportunities is key risk with concerns raised by IGs and Ops teams. The PMO teams have worked closely with the Planning teams to help expedite the process and develop the plans resulting in 10th Dec workshop. This support will remain in place for the remainder of the year.

Appendix

Savings classifications

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

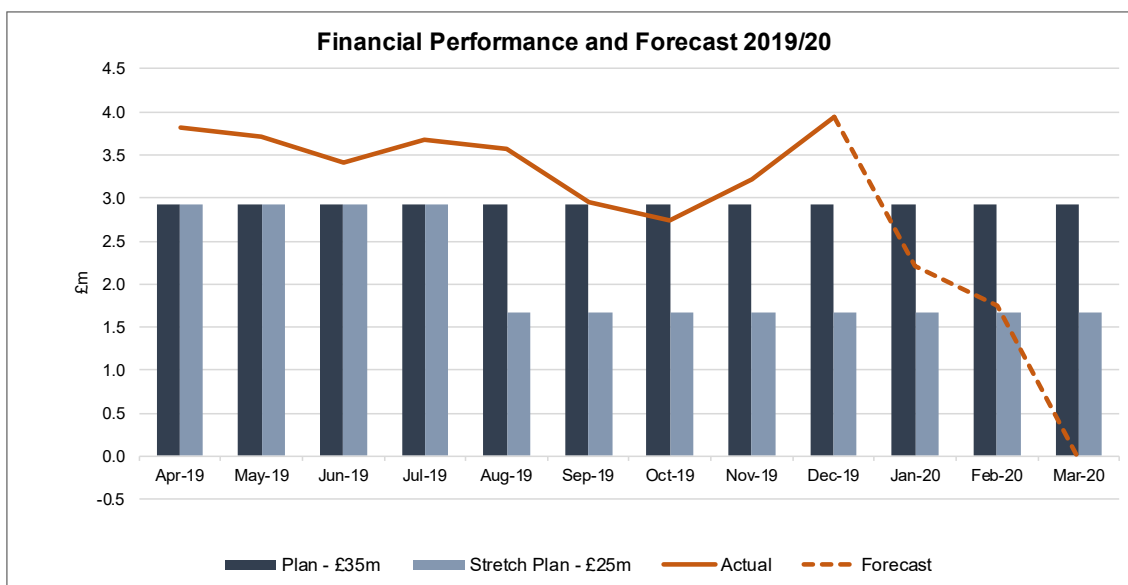


Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 23.1.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Finance Report Month 9 2019/20					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Acting Executive Director of Finance					
Awdur yr Adroddiad Report Author:	Sue Hill, Acting Executive Director of Finance					
Craffu blaenorol: Prior Scrutiny:	Acting Executive Director of Finance					
Atodiadau Appendices:	<u>Appendix 1:</u> Summary of Financial Performance <u>Appendix 2:</u> Forecast <u>Appendix 3:</u> Savings <u>Appendix 4:</u> Expenditure <u>Appendix 5:</u> Balance Sheet <u>Appendix 6:</u> Financial Risks and Opportunities					
Argymhelliad / Recommendation:						
It is asked that the report is noted. The Committee is asked to consider whether the forecast deficit of £35m is still achievable, given the Month 9 financial position of the Health Board and the financial impact of the risks within the paper.						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information
Sefyllfa / Situation:						
The purpose of this report is to provide a briefing on the financial performance of the Health Board as at December 2019, and on actions being taken to manage the financial challenge and mitigate the identified risks.						
Cefndir / Background:						
The Health Board developed a draft 2019/20 annual deficit plan of £35m. The Financial Recovery programme is supporting delivery of a significant improvement, in line with the £25m Health Board's control total, and requiring delivery of a further £10m of savings. Reporting to Welsh Government continues to reflect the draft plan deficit of £35m, which has been agreed with WG.						
Asesiad / Assessment:						
<u>1.0 Strategy Implications</u>						
This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.						

2.0 Financial Implications

2.1 Summary

Current Month		Year to Date		Full Year Forecast	
Original Plan	£2.9m Deficit	Original Plan	£26.3m Deficit	Original Plan	£35.0m Deficit
Control Total	£1.6m Deficit	Control Total	£20.0m Deficit	Control Total	£25.0m Deficit
Actual	£3.9m Deficit	Actual	£31.1m Deficit	Forecast	£35.0m Deficit
Plan Variance	£1.0m Adverse	Plan Variance	£4.8m Adverse	Plan Variance	Nil
Control Variance	£2.3m Adverse	Control Variance	£11.1m Adverse	Control Variance	£10.0m Deficit



Achievement Against Key Targets

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

2.2 Overview

- In month: Following the £0.5m deterioration in the run rate in Month 8, there has subsequently been a further £0.7m increase in the run rate in Month 9. The primary reason is the continued increase in Prescribing, which has had a significant impact this month, with an increase in costs of £1.6m. Previous

reports have discussed the increased level of expenditure, due to the impact of National Prices and the associated risks which have begun to crystallise over the second half of the year to worsen the financial position. The in-month position is £2.3m in excess of the control total plan.

- Year to date: The Health Board is overspent by £31.1m, £11.1m higher than control total plan and £4.8m over the original plan. Further details are included in Appendix 1, which includes an analysis of significant unplanned cost pressures which have increased the expenditure run rate.
- Forecast: The Health Board's forecast deficit of £35m is in line with the initial plan but behind the £25m control total plan. The actual position for Month 9 was £1.7m worse than the Month 8 forecast position for the month (£2.2m), due to the impact of Prescribing costs and a shortfall on savings. Despite the increase in the run rate in Month 9, the savings pipeline includes a number of schemes that are forecast to deliver in the final quarter of the year. On the basis of the conversion and delivery of these schemes, the £35m forecast deficit is achievable but challenging and requires clear executive direction on the application of additional financial controls. There are a number of pressures and risks which may impact on the forecast, which are included in Appendix 2.
- Savings: Savings achieved to date are £15.8m against a year to date plan of £24.2m giving a shortfall of £8.4m. Additional cost avoidance and efficiency savings of £7.7m have been delivered to date, which offset some of the cost pressures arising in-year. The original planned deficit is only achievable if the Health Board can convert and deliver 50% of the red schemes (£3.8m required), continue to deliver green and amber schemes to planned values, and contain or offset new emerging cost pressures. In addition, mitigating actions to reduce the run rate by £2.4m need to be identified and further mitigations totalling £1.8m are required to offset the impact of the Health Board's share of the additional contribution to the Welsh Risk Pool. Further details are included in Appendix 3.

2.3 Income and Expenditure

- Income: Most of the Health Board's funding is Welsh Government allocation through the Revenue Resource Limit (RRL). Confirmed allocations to date total £1,521m, with further anticipated allocations in year of £54m, a total forecast of £1,575m for the year.
- Pay expenditure: Pay costs for the month are just below the average run rate for the year at £62.7m. Expenditure on agency staff for Month 9 is £3.0m a fall of £0.1m on November. Other variable pay costs increased by £0.1m overall, with notable movements in locum costs (£0.2m up) and other non-core (£0.2m down). Health Board pay costs are £2.1m under spent for the year to date, reflecting the significant number of vacancies being held.
- Non- pay expenditure: Costs are above the average for the year at £81.3m in month, with a year to date over spend of £16.6m. Of this, £6.25m relates to the stretch target. The key area of pressure continues to be Prescribing, with a year to date over spend of £4.5m. Other areas of over spend are Secondary Care drugs and savings targets that have not been allocated to cost areas by the divisions. Expenditure has risen by £2.5m in month, including £1.6m which relates

to increased Prescribing costs and £1.3m relating to funded CHC inflation, the latter therefore having no impact on the financial position.

- Further details on expenditure are included in Appendix 4.

2.4 Balance Sheet

- Cash: In December, the Health Board formally requested £31m Strategic Cash Support from Welsh Government to ensure that essential payments can continue through to March 2020. This is lower than the forecast deficit for the year as the Health Board is currently forecasting that £4m of cash pressures will be managed internally by undertaking a range of cash management actions.
- Capital: The Capital Resource Limit (CRL) at Month 9 is £21.7m. Year to date expenditure is £8.2m against a plan of £9.5m. The year to date slippage will be recovered throughout the remainder of the year. Further details are included in the Capital Programme report
- A summary of the balance sheet is included in Appendix 5.

3.0 Risk Analysis

- There are seven risks to the financial position totalling £9.1m. These are detailed in Appendix 6. There are is one opportunity relating to delivery of additional stretch target savings.

4.0 Legal And Compliance

Not applicable.

5.0 Impact Assessment

Not applicable.

Appendix 1 – Summary of Financial Performance

Financial Performance 2019/20

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	CUMULATIVE		
	ACTUAL £m	ACTUAL £m	ACTUAL £m	ACTUAL £m	ACTUAL £m	ACTUAL £m	ACTUAL £m	ACTUAL £m	ACTUAL £m	BUDGET	ACTUAL £m	VARIANCE £m
Revenue Resource Limit	(124.9)	(123.2)	(124.1)	(129.3)	(124.7)	(125.5)	(130.5)	(126.7)	(129.0)	(1,137.8)	(1,137.8)	0.0
Miscellaneous Income	(10.6)	(11.9)	(11.1)	(11.1)	(12.1)	(11.3)	(11.5)	(11.0)	(10.7)	(97.9)	(101.3)	(3.4)
Health Board Pay Expenditure	64.6	61.9	62.0	62.3	62.2	62.1	64.7	62.1	62.3	566.3	564.2	(2.1)
Non-Pay Expenditure	74.8	76.9	76.6	81.8	78.2	77.6	80.0	78.8	81.3	689.4	706.0	16.6
Total Against Stretch Plan	3.9	3.7	3.4	3.7	3.6	2.9	2.7	3.2	3.9	20.0	31.1	11.1
Stretch Target Offset										6.3	0.0	(6.3)
Total Against Original Plan										26.3	31.1	4.8

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Year to Date	FOT
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Planned position - stretch	2.9	2.9	2.9	2.9	1.7	1.7	1.7	1.7	1.7	20.0	
Planned position - original	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	26.3	
Actual position	3.9	3.7	3.4	3.7	3.6	2.9	2.7	3.2	3.9	31.1	
Difference to original plan	1.0	0.8	0.5	0.8	0.7	(0.0)	(0.2)	0.3	1.0	4.8	
Cost pressures											
Prescribing - price impact					0.3	0.4	0.4	0.3	1.2	2.6	
Prescribing - growth/activity impact					0.1	0.2	0.2	0.1	0.6	1.3	
Microsoft 365				0.1	0.1	0.1	0.1	0.1	0.1	0.7	
Unfunded interims				0.1	0.1	0.1	0.1	0.1	0.1	0.5	
Costs of recovery				0.2	0.2	0.2	0.2	0.2	0.2	1.3	
Total significant cost pressures	0.0	0.0	0.0	0.4	0.8	1.1	1.1	0.8	2.2	6.4	
Revised deficit (actual position less pressures)	3.9	3.7	3.4	3.3	2.8	1.8	1.6	2.4	1.8	24.7	
Compensating one-off gains											
Commissioning contracts						(0.3)	(0.9)			(1.2)	
Drugs Treatment Fund						(0.4)				(0.4)	
Total	0.0	0.0	0.0	0.0	0.0	(0.7)	(0.9)	0.0	0.0	(1.6)	
Welsh Risk Pool pressure										0.0	1.8

Appendix 1 – Summary of Financial Performance

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	CUMULATIVE		
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET	ACTUAL	VARIANCE
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(124,954)	(123,186)	(124,111)	(129,295)	(124,695)	(125,453)	(130,519)	(126,714)	(128,936)	(1,137,862)	(1,137,862)	0
AREA TEAMS												
West Area	13,278	12,998	13,066	14,339	13,470	13,505	14,215	13,777	14,295	122,530	123,031	501
Central Area	17,294	17,075	17,051	18,030	17,448	17,475	18,178	18,092	18,428	158,098	159,166	1,068
East Area	19,050	18,928	18,905	20,129	19,420	19,251	20,216	20,062	20,584	175,411	176,806	1,395
Other North Wales	834	1,072	1,206	864	1,224	997	693	758	846	7,189	7,092	(97)
Commissioner Contracts	16,206	16,191	16,647	18,154	19,319	16,881	16,530	17,217	16,808	156,144	153,952	(2,192)
Provider Income	(1,601)	(1,768)	(1,859)	(2,268)	(2,154)	(2,170)	(1,528)	(1,626)	(1,517)	(15,350)	(16,491)	(1,141)
Total Area Teams	65,062	64,496	65,017	69,248	68,727	65,938	68,304	68,280	69,444	604,022	603,555	(467)
SECONDARY CARE												
Ysbyty Gwynedd	8,712	8,444	8,392	8,371	8,158	8,031	8,643	8,185	8,056	73,978	74,991	1,013
Ysbyty Glan Clwyd	10,392	10,281	10,259	10,469	10,285	10,258	10,971	10,284	10,287	88,655	93,486	4,831
Ysbyty Maelor Wrexham	8,908	8,700	8,530	8,773	8,650	8,702	9,080	8,676	8,928	77,421	78,948	1,527
North Wales Hospital Services	8,994	8,647	8,584	9,429	6,647	8,517	8,510	8,573	8,438	75,541	76,339	798
Womens	3,370	3,282	3,066	3,258	3,294	3,365	3,342	3,278	3,215	29,206	29,469	264
Total Secondary Care	40,375	39,354	38,831	40,301	37,034	38,873	40,546	38,997	38,923	344,801	353,233	8,432
Total Mental Health & LDS	10,682	10,156	10,145	10,088	10,268	10,969	10,892	10,283	10,660	94,341	95,099	758
CORPORATE												
Chief Executive	162	211	175	172	179	165	183	193	177	1,623	1,622	(1)
Estates & Facilities	4,445	4,216	4,119	4,161	3,967	4,029	4,203	4,140	4,087	37,187	37,366	179
Utilities & Rates	1,337	1,376	1,337	1,347	1,338	1,388	1,344	1,450	1,355	11,676	12,272	596
Executive Director of Finance	845	825	806	853	633	571	1,427	(956)	595	5,561	5,600	39
Executive Director of Nursing & Midwifery	835	1,021	935	1,029	944	946	891	922	1,097	8,004	8,617	613
Executive Medical Director	1,463	1,433	1,461	1,582	1,599	1,619	1,654	1,622	1,615	14,187	14,049	(139)
Executive Director of Workforce & OD	963	962	951	947	955	896	1,091	891	968	8,239	8,624	385
Director of Planning & Performance	178	157	169	170	160	128	201	251	174	1,786	1,589	(196)
Executive Director of Public Health	80	110	82	129	98	98	110	102	86	746	895	149
Director of Corporate Services	0	0	0	0	0	0	0	0	0	(311)	0	311
Office to the Board	202	195	127	179	185	152	190	188	172	1,569	1,589	20
Director of Therapies	34	31	31	31	29	28	26	25	267	574	502	(72)
Executive Director of Primary Care & Comm Services	75	75	92	68	55	64	64	77	114	760	685	(75)
Director of Turnaround	90	135	112	148	224	87	255	990	799	2,313	2,840	527
Total Corporate	10,709	10,747	10,397	10,816	10,366	10,171	11,639	9,895	11,506	93,914	96,250	2,336
Total Other Budgets incl. Reserves	1,951	2,149	3,135	2,523	1,866	2,459	1,878	2,483	2,350	20,783	20,794	11
TOTAL - STRETCH PLAN (£25.0m)	3,825	3,716	3,414	3,681	3,566	2,957	2,740	3,224	3,947	20,000	31,070	11,070
Stretch Target Offset										6,250	0	(6,250)
TOTAL - ORIGINAL PLAN (£35.0m)										26,250	31,070	4,820

Appendix 2 – Forecast

Forecast Scenarios

- The Health Board's current Monitoring Return forecast is shown below, alongside two forecast scenarios which are based on performance to date. This confirms the scale of the challenge.

Description	Month 8 Year to Date	Forecast/ Actual Month 9	Month 9 Year to Date	Forecast			Forecast 2019/20
	£'000	£'000	£'000	Month 10 £'000	Month 11 £'000	Month 12 £'000	£'000
M8 Forecast	27,123	2,213	29,336	1,973	1,907	1,784	35,000
<u>Updated for M9</u>							
Year to date extrapolation	27,123	3,947	31,070	3,452	3,452	3,452	41,426
Current forecast	27,123	3,947	31,070	2,200	1,756	-26	35,000

- Delivery of forward trajectories and full-year plan is critically dependent on an immediate step change in pace of savings delivery over the remainder of the year. The £35m deficit position will only be realised if savings delivery is at the level currently forecast by the PMO and Improvement Groups.

Appendix 2 – Forecast

Divisional Forecast

19/20 Forecast	YTD Ave	RoY Ave	RAG	YTD	M10	M11	M12	RoY	FY	FOT	%
Resources	(126,429)	(145,841)		(1,137,863)	(129,204)	(128,864)	(179,455)	(437,523)	(1,575,386)		
West	13,670	13,931		123,030	13,954	13,921	13,919	41,794	164,824		
Centre	17,685	17,700		159,165	17,757	17,601	17,743	53,101	212,266		
East	19,645	20,203		176,807	20,282	20,105	20,221	60,608	237,415		
Other NW	788	723		7,091	723	723	723	2,169	9,260		
Contracts	17,106	17,008		153,951	17,007	17,007	17,010	51,024	204,975		
Provider Income	(1,832)	(1,317)		(16,491)	(1,304)	(1,304)	(1,342)	(3,950)	(20,441)		
Area Teams Total	67,061	68,249		603,553	68,419	68,053	68,274	204,746	808,299		
YG	8,332	7,601		74,991	7,516	7,536	7,752	22,804	97,795		
YGC	10,387	9,953		93,486	9,994	9,889	9,977	29,860	123,346		
YMW	8,772	8,164		78,947	8,295	8,033	8,163	24,491	103,438		
NWHS	8,482	8,293		76,339	8,361	8,164	8,355	24,880	101,219		
Womens	3,275	3,052		29,471	3,051	3,050	3,055	9,156	38,627		
Secondary Care Total	39,248	37,064		353,234	37,217	36,672	37,302	111,191	464,425		
MHLD	10,566	10,782		95,098	10,953	10,539	10,854	32,346	127,444		
Corporate	10,694	11,093		96,250	11,086	11,086	11,108	33,280	129,530		
Other (inc Capex)	2,311	22,272		20,798	6,037	6,578	54,201	66,816	87,614		
Welsh Risk Pool (WRP) cost pressure							1,792	1,792	1,792		
Total Expenditure	129,881	149,460		1,168,933	133,712	132,928	181,739	448,379	1,617,312		
Total	3,452	3,619		31,070	4,508	4,064	4,076	12,648	43,718		
Mitigating Actions:											
WRP mitigation to be found							(1,792)	(1,792)	(1,792)	41,926	
Mitigating actions to reduce run rate					(812)	(813)	(813)	(2,438)	(2,438)	39,488	0.5%
All divisions align G & A forecast savings					(245)	(245)	(245)	(735)	(735)	38,753	0.2%
50% Red savings					(1,251)	(1,251)	(1,251)	(3,753)	(3,753)	35,000	0.8%
Revised Forecast	3,452	982		31,070	2,200	1,755	(25)	3,930	35,000		
Planned Savings				(23,484)	(4,635)	(4,528)	(4,530)	(13,692)	(37,176)		
Additional Savings / expenditure controls					(2,063)	(2,064)	(2,064)	(6,191)	(6,191)		
Total Savings / expenditure controls				(23,484)	(6,698)	(6,592)	(6,594)	(19,883)	(43,367)		

Appendix 2 – Forecast

- The majority of divisions continue to forecast over-spends for the year, outside the budgetary limits set by the Board and therefore beyond their authority.
- Three divisions (Centre Area, East Area and Corporate) have incurred additional costs in Month 9, which they have highlighted as cost pressures and requested to increase their forecast deficit for a second month. The Area forecast increases relate to the increased Prescribing costs and the Corporate forecast increase relates to the costs of recovery.
- Thedian Welsh Risk Pool pressure, relating to the Health Board's share of NWSSP's forecast over spend, requires mitigating actions to cover the cost. The Welsh Risk Pool cost is included in the forecast outturn, but there are no costs in the Month 9 position. This is a very high risk for the Health Board as inability to identify mitigations could impact on the forecast.
- In addition to identified savings schemes, £2.4m of mitigating actions to reduce run rates are required.
- It should be noted that there is a gap between planned savings as recorded in the tracker and shown in Appendix 3 and the forecast delivery of savings.

	Amber £m	Green £m	Total £m
Planned savings	0.874	36.302	37.176
Actual/forecast savings	0.593	33.218	33.811
Forecast under delivery against plan	0.281	3.084	3.365

- Where forecast of schemes has slipped from the plan, work needs to be done to increase delivery or identify additional schemes to make up the shortfall. Full delivery of all green and amber schemes up to their planned value is required to meet the £35m forecast outturn. Of the £3.365m gap in forecast delivery, £2.630m has been included in the divisional forecasts, leaving £0.735m still to be forecast by the divisions.
- In addition, £3.8m of red risk schemes are required, equating to 50% of red schemes in the pipeline. To achieve this, there will need to be an escalation of immediate actions to reduce the run rate.

Appendix 3 – Savings

Savings Plan and Forecast

- The savings programme is based on the planned delivery of schemes. The value of green and amber schemes has risen by £0.6m from £36.6m in Month 8 to £37.2m in Month 9. The overall value of the programme has however reduced by £0.5m in month, reflecting reductions as a result of a re-assessment by the Financial Recovery Group of the likely delivery of the pipeline scheme for Planned Care, offset by the introduction of an additional Medicines Management scheme at Divisional level.

Month 9 Position				
	Red £m	Amber £m	Green £m	Total £m
Cash Releasing	1.685	0.299	21.412	23.396
Cost Avoidance	5.573	0.570	14.178	20.321
Efficiency	0.250	0.005	0.712	0.967
Total	7.508	0.874	36.302	44.684

- The original planned deficit is achievable if the Health Board can convert and deliver 50% of the red schemes, plus deliver green and amber schemes at their planned values, and contain or offset emerging cost pressures. In addition, mitigating savings totalling £1.8m need to be identified to offset the impact of the Health Board's share of the Welsh Risk Pool risk share contribution and a further £2.4m to reduce the run rate.
- It should be noted that there is a gap between the planned savings as recorded above and the forecast delivery of savings. Where forecast of schemes has slipped from the plan, work needs to be done to increase delivery or identify additional schemes to make up the shortfall.

Savings Actions

- The Recovery Programme continues to drive the identification and delivery of savings, alongside reduction in expenditure run rates. Key areas of focus are:

Appendix 3 – Savings

- Ensuring delivery of the Improvement Group schemes which have progressed from amber to green (including procurement savings £1.53m and workforce savings £1.03m).
- Ensuring delivery of the Continuing Healthcare Improvement Group scheme which has progressed from red to amber in month (£0.47m).

It is vital that Improvement Groups, with the support of the PMO, take the Divisions with them through the necessary rapid pace of change to secure delivery of these savings.

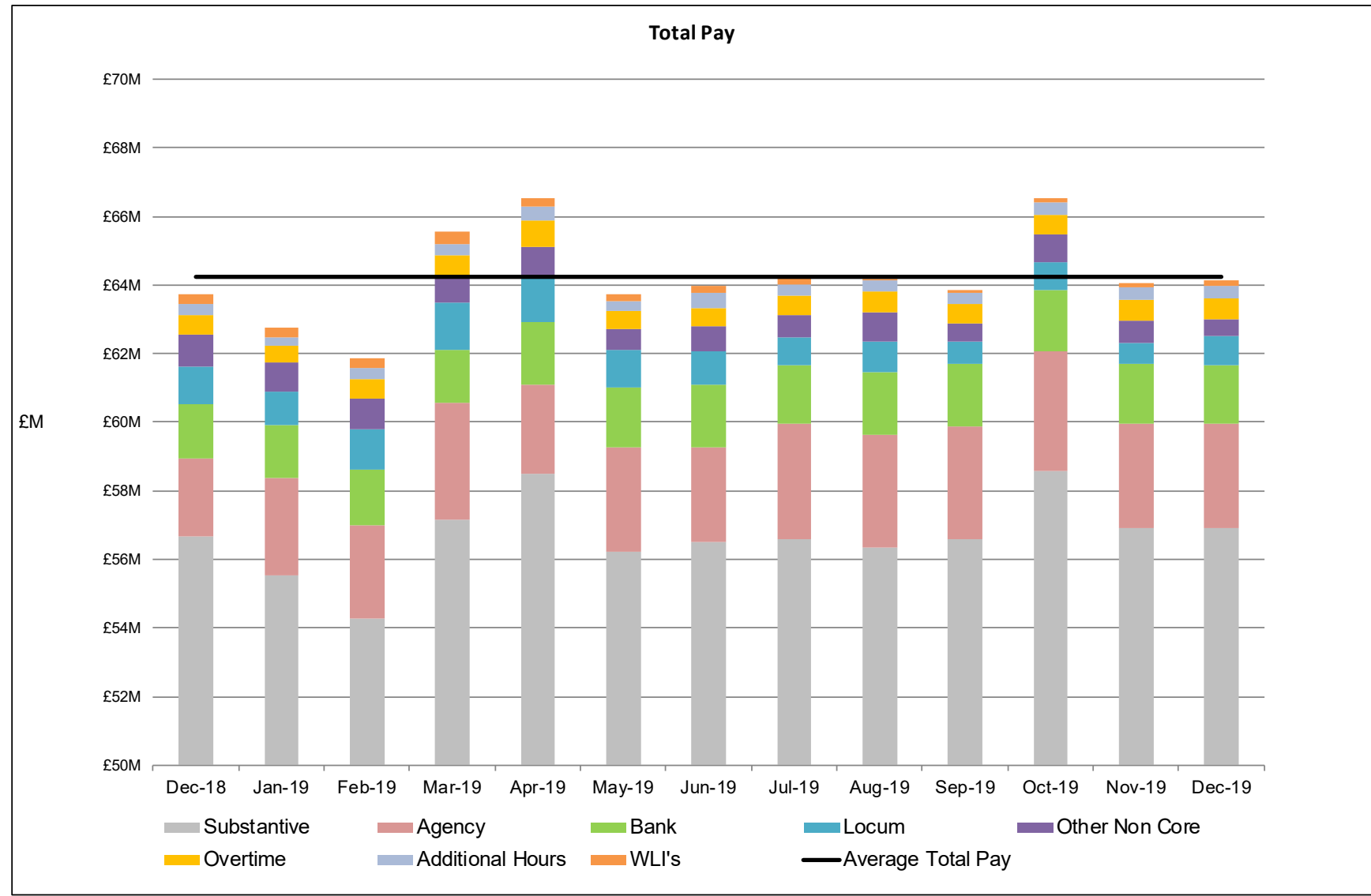
- Individual divisions continue to progress local schemes in response to the focus on these issues within the Divisional Recovery Meetings and delivery in full of amber and green schemes is critical as we move to year end.
- The main areas of slippage on savings schemes at Month 9 continue to be Medical rostering / agency and divisional savings.
- Focus is on the conversion of red schemes into green and amber and driving delivery in the rest of the programme. The Continuing Healthcare programme has moved to amber in month, with the following areas targeted for converting further savings opportunities:
 - Workforce
 - Medicines Management
 - Procurement.

Underlying Position

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

Appendix 4 – Expenditure

Pay Expenditure

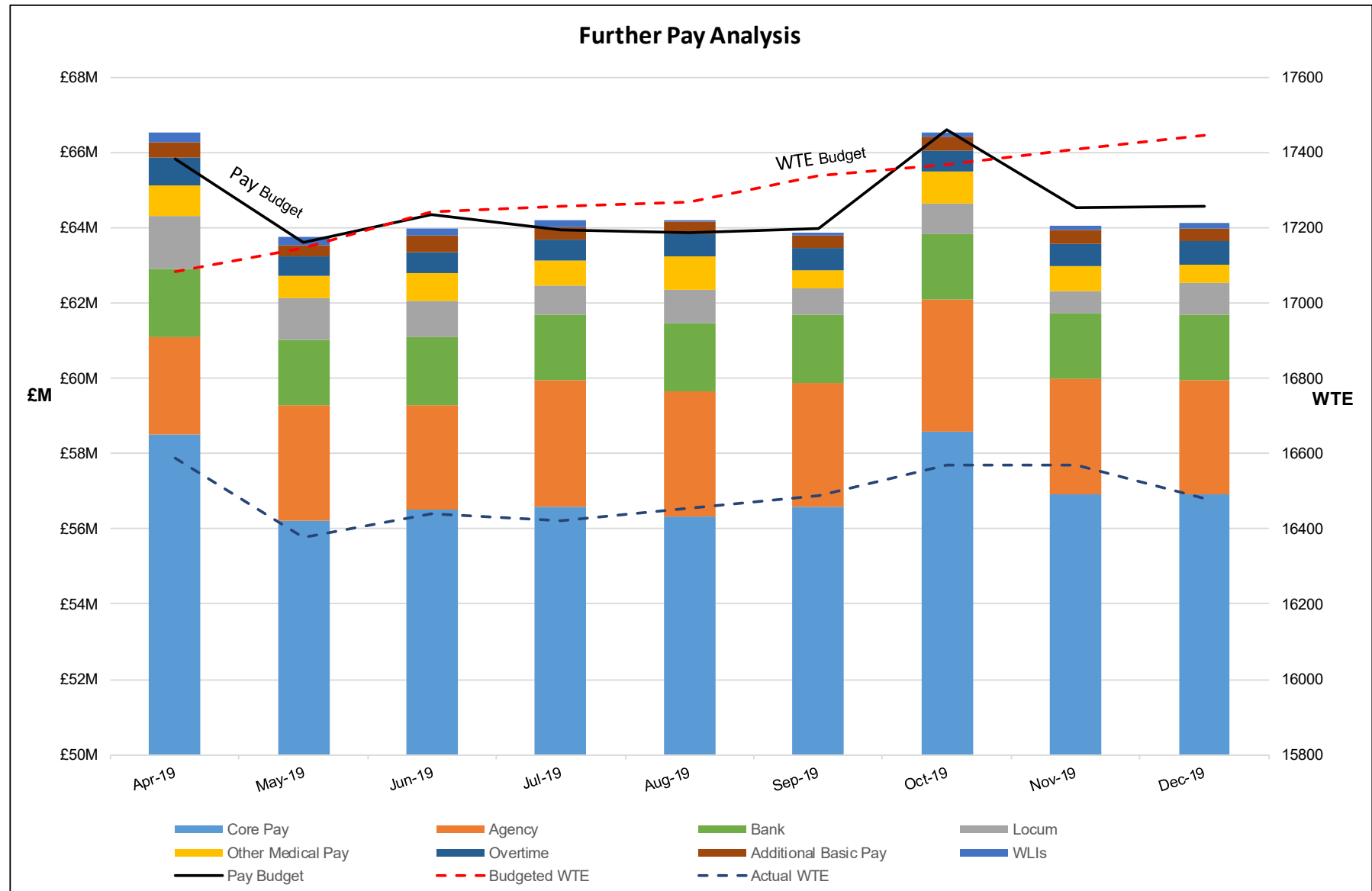


Appendix 4 – Expenditure

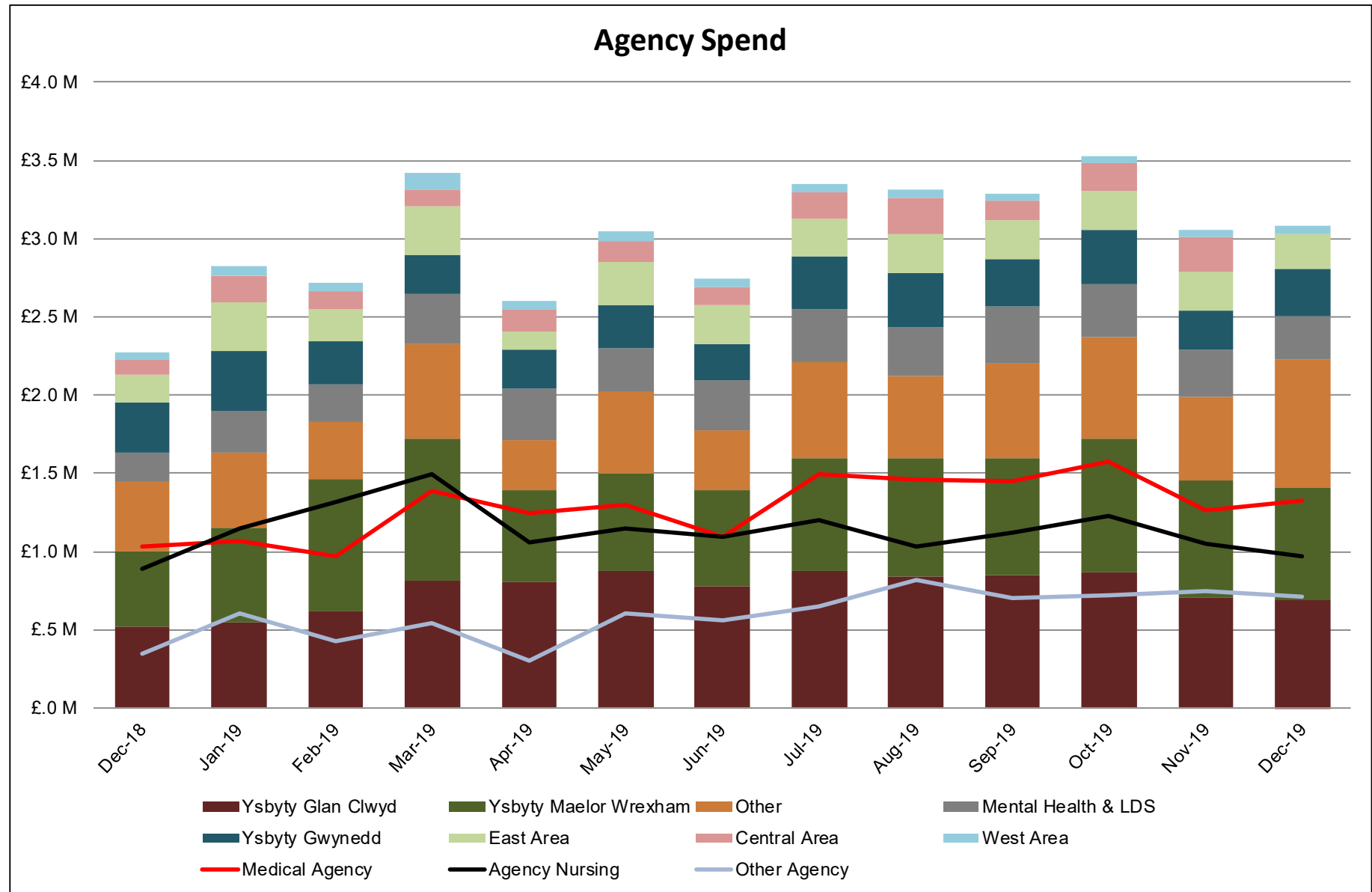
	Actuals									Cumulative			YTD RTT Costs Included in Actuals £m
	Month 1 2019/120	Month 2 2019/120	Month 3 2019/120	Month 4 2019/120	Month 5 2019/120	Month 6 2019/120	Month 7 2019/120	Month 8 2019/120	Month 9 2019/120	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	8.4	8.1	8.1	8.0	8.1	8.1	8.2	8.2	8.4	78.2	73.6	(4.6)	0.2
Medical & Dental	14.3	14.0	14.3	14.7	14.7	14.4	16.9	14.5	14.6	126.9	132.4	5.5	2.1
Nursing & Midwifery Registered	21.3	20.1	20.1	20.2	19.7	20.0	19.9	19.9	20.0	190.0	181.2	(8.8)	0.4
Additional Clinical Services	10.0	9.2	9.3	9.3	9.0	9.2	9.0	8.9	7.4	75.4	81.3	5.9	0.1
Add Prof Scientific & Technical	2.5	2.6	2.3	2.4	2.8	2.6	2.7	2.8	3.9	25.8	24.6	(1.2)	0.0
Allied Health Professionals	3.7	3.7	3.7	3.7	3.7	3.7	3.8	3.7	4.0	33.6	33.7	0.1	0.5
Healthcare Scientists	1.2	1.2	1.1	1.1	1.1	1.1	1.2	1.1	1.1	10.1	10.2	0.1	0.0
Estates & Ancillary	3.2	3.0	3.1	2.9	3.1	3.0	3.0	3.0	2.9	28.1	27.2	(0.9)	0.1
Savings to be allocated										(1.8)		1.8	
Health Board Total	64.6	61.9	62.0	62.3	62.2	62.1	64.7	62.1	62.3	566.3	564.2	(2.1)	3.4
Primary care	1.9	1.8	2.0	1.9	2.0	1.8	1.9	1.9	1.8	15.0	17.0	2.0	0.0
Total Pay	66.5	63.7	64.0	64.2	64.2	63.9	66.6	64.0	64.1	581.3	581.2	(0.1)	3.4

- 11.2% (£7.2m) of total in-month pay (11.7% / £68.1m year to date) related to variable pay; agency, bank, overtime, locum, WLI, other non-core and additional hours, which is £0.05m more than in November. Locum costs have increased by £0.24m to £0.85m for the month, partially offset by a fall in other non-core pay costs of £0.18m to spend of £0.48m.
- Expenditure on agency staff for Month 9 is £3.0m, representing 4.7% of total pay, a reduction of £0.04m from last month. Medical agency costs have increased by £0.07m to an in-month spend of £1.33m. Nurse agency costs totalled £0.97m for the month, a decrease of £0.08m from last month. Other agency costs reduced by £0.03m. Vacancies and increasing sickness absence rates remain the root cause of the majority of agency spend.

Appendix 4 – Expenditure

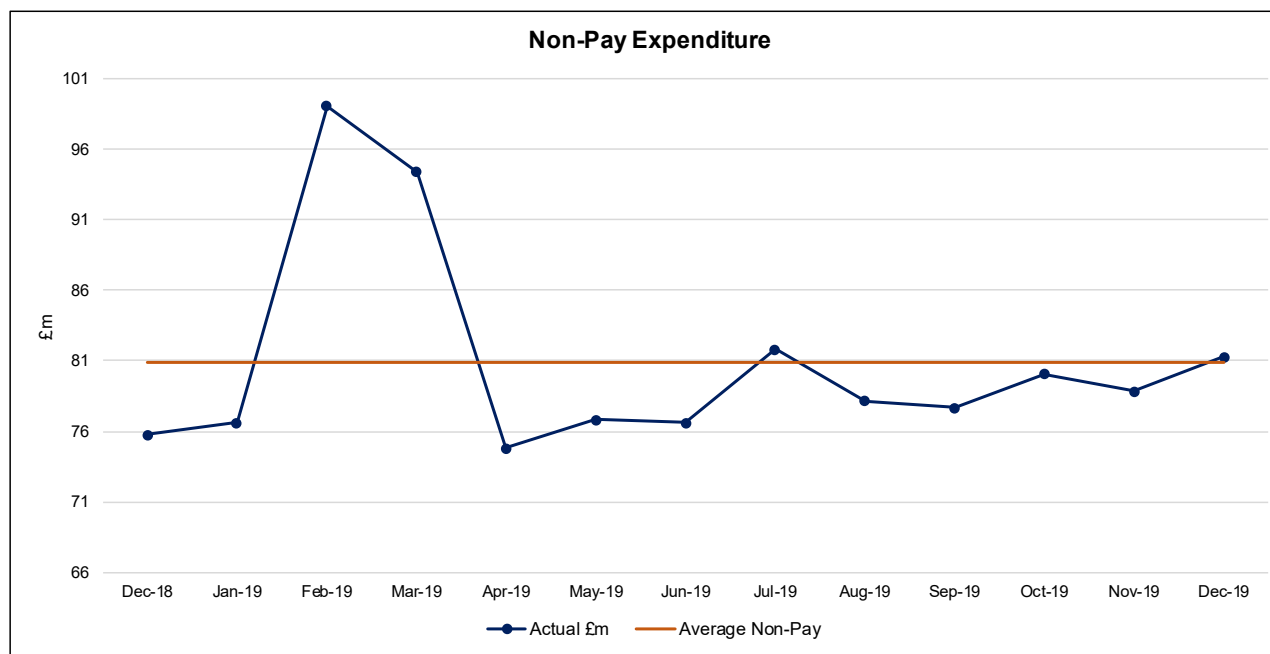


Appendix 4 – Expenditure



Appendix 4 – Expenditure

Non-Pay Expenditure



	Actuals									Cumulative		
	Month 1 2019/120	Month 2 2019/120	Month 3 2019/120	Month 4 2019/120	Month 5 2019/120	Month 6 2019/120	Month 7 2019/120	Month 8 2019/120	Month 9 2019/120	YTD Budget	YTD Actual	YTD Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care	16.7	17.0	17.3	16.9	17.4	17.3	18.6	18.1	17.0	158.6	156.3	(2.3)
Primary Care Drugs	8.2	8.2	8.2	8.2	8.6	8.7	8.8	8.3	9.9	72.6	77.1	4.5
Secondary Care Drugs	5.9	6.0	5.6	6.3	5.8	5.9	6.0	6.1	6.0	51.2	53.6	2.4
Clinical Supplies	5.3	5.6	5.5	5.9	5.6	5.6	5.7	5.6	6.2	50.1	51.0	0.9
General Supplies	1.8	2.3	1.3	5.3	2.6	3.3	2.8	2.5	2.7	23.8	24.6	0.8
Healthcare Services Provided by Other NHS Bodies	21.1	21.0	21.5	23.1	22.2	21.5	20.6	21.8	21.6	197.5	194.4	(3.1)
Continuing Care and Funded Nursing Care	8.3	8.3	8.1	8.0	8.2	8.0	7.9	8.0	9.3	73.5	74.1	0.6
Other	5.1	5.9	5.6	5.2	5.0	4.5	7.1	5.6	5.8	37.0	49.8	12.8
Capital	2.4	2.6	3.5	2.9	2.8	2.8	2.5	2.8	2.8	25.1	25.1	0.0
Total	74.8	76.9	76.6	81.8	78.2	77.6	80.0	78.8	81.3	689.4	706.0	16.6

Appendix 4 – Expenditure

- Comparing December 2018 to December 2019, non-pay costs have increased by £5.5m, as follows:

	Increases in Costs Dec-18 to Dec 19 £m
Primary Care Drugs	1.8
Healthcare Services Provided by Other NHS Bodies	1.2
Clinical Supplies	0.8
General Supplies	0.7
Continuing Care and Funded Nursing Care	0.5
Other	0.4
Total	5.5

- Primary Care: Expenditure is £1.1m lower in Month 9 primarily relating to GMS costs that have been brought into the position for the year to date in Month 8 (budget and cost), so inflating spend by 7/12ths last month.
- Primary Care drugs: This remains one of the Health Board's key risks. There has been a significant increase (£1.5m) in Prescribing costs, reflecting the price growth and risk that has been reported in previous months. The latest data available (October 2019) shows an increase in Prescribing costs for the Health Board of £3m (4.63%) in the rolling 12 month period. Whilst there is a 1.54% increase in the number of items prescribed (1.61% nationally), this only equates to an increased cost of £1.0m. The remaining £2.0m is due to price changes (typically Category M drugs or No Cheaper Stock Obtainable (NCSO)). The total impact of National Prices for the Health Board up to Month 9 is therefore estimated at £3.9m, with a forecast of £5.1m for the year.

	Year to Date £m	Full Year Forecast £m
Impact of Price	2.6	3.4
Impact of Growth	1.3	1.7
Total	3.9	5.1

For 2019/20 the forecasting methodologies are now indicating a range of outturns for the Health Board from £113.5m to £115.5m. With the continued price increases in NCSO and Category M, the outturn could increase to £116m. Should the Month 8 data, which will be received in January, indicate a further increase in the Forecasting Methodologies, then the Health Board will need to increase the current £113.5m forecast and therefore identify further mitigating actions in order to avoid increasing the overall Health Board Forecast.

Appendix 4 – Expenditure

- Secondary Care drugs: Costs have fallen by £0.1m from November and are in line with the run rate for the year. However, spend across most Divisions continues to outstrip budgets.
- Continuing Care and Funded Nursing Care: Spend has increased by £1.3m due to backdated CHC inflation which was paid in December. Month 9 included year to date inflation of £1.277m, with the annual impact being £1.676m. This was fully funded by budget and so did not impact on the financial position.
- Other non-pay expenditure:
 - Unallocated and non-delivering savings schemes are contributing £10.6m to the over spend. These savings targets have all been apportioned to divisions, but the divisions have not allocated them to specific cost areas. This total includes savings from the 2019/20 original £25m target and savings targets brought forward from prior years that did not have recurrent schemes attached to them (total of £4.3m) plus the year to date share of the £10m additional savings for which schemes have not yet been confirmed (£6.25m).
 - In addition the 'Other' category includes year to date over spends on IT costs (£1.0m) and travel (£0.9m), with just under half of which arises from Non-Emergency Patient Transport Service (NEPTS).

RTT

- The Health Board has received RTT funding of £13.5m for the full year, of which £10.2m has been spent to date. The Health Board has fully committed all of this funding and is currently assessing the impact and risk on the achievement of treatment targets. Welsh Government have confirmed that there is no additional RTT funding available for 2019/20, although discussions are ongoing and the Health Board has continued to commit RTT expenditure at risk during January in order to improve RTT performance.

Appendix 4 – Expenditure

Expenditure Category		YG £000	YGC £000	YWM £000	Other £000	Support Services £000	Outsource £000	Total £000
Add Prof Scientific & Technical		34						34
Additional Clinical Services		115						115
Administrative & Clerical		12	134					145
Allied Health Professionals					132	329		461
Estates & Ancilliary		74						74
Healthcare Scientists			30					30
Medical & Dental		851	822	187		238		2,099
Nursing & Midwifery Registered		258	127	31				416
Sub Total - Pay		1,343	1,113	219	132	567	-	3,373
Theatre Non Pay		250	194	113				557
Other Non Pay		613	671	126	57	1,426		2,893
Outsourced Activity							1,496	1,496
Insourcing		1,062	421	446				1,928
Sub Total - Non Pay		1,924	1,287	684	57	1,426	1,496	6,874
Total Expenditure		3,267	2,399	904	189	1,993	1,496	10,247
Diagnostics	Cardiology	-		14				14
	Gastro / Endoscopy	1,612	727	554				2,892
	Ophthalmology	71		-				71
	Radiology			-		1,993		1,993
	Urology			40				40
	Sub Total	1,682	727	608	-	1,993	-	5,010
Inpatients Daycases Outpatient	Anaesthetics	7		1	18			26
	ENT	36	180	-				216
	General Surgery	178	195	2			4	379
	Gen Med	2						2
	Max Fax		113	-			2	115
	Oral	52						52
	Ophthalmology	261	306	69			21	657
	Orthopaedics	924	636	190	114		1,124	2,988
	Other			-	57			57
	Urology	126	199	33			345	703
	WPAS Validators		43	-				43
	Sub Total	1,585	1,672	296	189	-	1,496	5,237
Total Expenditure		3,267	2,399	904	189	1,993	1,496	10,247

Appendix 5 – Balance Sheet

Balance sheet as at Month 9 2019/20			
	Opening balance £000	M8 2019/20 £000	Movement £000
Non Current Assets:			
Fixed Assets	627,406	611,357	(16,049)
Other Non Current Assets	69,363	68,998	(365)
Current Assets:			0
Inventories	16,077	16,974	897
Trade and other receivables	66,441	34,672	(31,769)
Cash - Revenue	307	495	188
Cash - Capital	3,665	1,886	(1,779)
Total Assets	783,259	734,382	(48,877)
Liabilities:			
Trade and other payables	142,428	111,847	(30,581)
Provisions	110,432	111,705	1,273
Total Liabilities	252,860	223,552	(29,308)
	530,399	510,830	(19,569)
Financed by:			
General Fund	402,323	382,754	(19,569)
Revaluation Reserve	128,076	128,076	0
Total Funding	530,399	510,830	(19,569)

Appendix 6 – Financial Risks and Opportunities

	Issue	Description	£m	Key Decision Point & Summary Mitigation	Risk Owner
1	Risk: Welsh Risk Pool Pressure	– Potential risk in relation to the Welsh Risk Pool. NWSSP are forecasting that annual expenditure will exceed the 2019/20 budget by £9.718m. Welsh NHS organisations will need to take a share of this pressure. The Health Board's share of this cost is £1.792m and is included in the forecast. However there is a risk that the increased savings required to meet this pressure will not be delivered.	(1.8)	– Discussions continue around potential mitigations.	Tony Uttley, Interim Finance Director – Operational Finance
2	Risk: Prescribing	– Lowest forecast methodology is used, giving rise to a possible financial risk. Actual costs to date in 2019/20 are showing a rising run-rate. – Emerging issue is Category M price increases, which have been reflected in the risk. – Does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSO) price list.	(3.0)	– The risk is reviewed and updated monthly. – There are a wide range of Prescribing Savings Schemes in place to manage spend and growth.	Berwyn Owen, Chief Pharmacist & Nigel McCann, CFO Prescribing Finance Lead
3	Risk: Continuing Healthcare (CHC)	– The financial plan approved by the Board explicitly excluded providing growth funding for CHC. The risk on CHC is primarily in relation to Older People's Mental Health.	(0.8)	– Divisions are developing cost avoidance schemes to mitigate against this impact.	Rob Nolan, Finance Director – Commissioning & Strategy
4	Risk: Savings	– There is a risk of savings identified underperforming against plan. In addition, there is a risk that red rated schemes will not deliver to the required amount.	(2.8)	– The Health Board is continuing to identify new schemes and move existing red schemes into amber and green.	Sue Hill, Executive Director of Finance
5	Risk: SICAT	– The Health Board's Single Integrated Clinical Assessment and Triage (SICAT) service was set up at the end of 2018/19 and fully funded by the 111 Programme. The service has incurred costs of circa £0.43m in the first 9 months of the year with a forecast cost for 2019/20 of £0.7m. It has been assumed to date that SICAT would be fully funded by the 111 Programme, but this is no longer the case.	(0.7)	– An alternative funding source for SICAT is being sought.	Eric Gardiner, Finance Director – Provider Services
6	Risk: Junior Doctor monitoring	– There was a significant test legal case focusing on how NHS organisations should address monitoring for junior doctors.		– Further investigations are being undertaken to quantify any potential impact. The Health Board is working to mitigate this risk through a number of measures. To date there have been no concerns raised within the Health Board. A review is in place dating back 6 years assessing the substitution and the impact it has on natural breaks. This should help provide further information.	Sue Green, Executive Director of Workforce & Organisational Development
7	Risk: Holiday pay	– NWSSP Employment law team have confirmed that the holiday pay issues arising from the Flowers judgement are ongoing and the outcome of the Supreme Court appeal is awaited.		– The Health Board is monitoring the situation.	Sue Green, Executive Director of Workforce & Organisational Development
8	Opportunity: Stretch Target	– Control total of £25m set by the Welsh Government requires a further £10m of savings to be made. If schemes can be identified they have the potential to reduce the year end position.		– Work has been initiated through improvement groups, looking at benchmarking and opportunities, to identify savings plans to meet these targets.	Sue Hill, Executive Director of Finance
Total			9.1		



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 23.1.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Financial Plan Update 2020/21					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance					
Awdur yr Adroddiad Report Author:	Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning					
Craffu blaenorol: Prior Scrutiny:	None					
Atodiadau Appendices:	3 Appendices					
Argymhelliad / Recommendation:						
The committee are asked to note the contents of the paper.						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*	✓	Er gwybodaeth For Information*
Sefyllfa / Situation:						
The purpose of this paper is to update the Committee on the development of the 2020/21 Financial Plan.						
Cefndir / Background:						
The Health Board allocation for 2020/21 is £1,516,587,000, which includes a Core uplift of £25.18 million.						
The paper includes a reconciliation between the 2020/21 draft financial plan submitted to the December 2019 Finance and Planning Committee, and the revised draft financial plan submitted to Welsh Government on the 3rd January 2020.						
The paper identifies the current planning assumption of a deficit for 2020/21 of £25 million after savings of £45m.						
The development of the financial plan is work in progress, and feedback from the Finance Delivery Unit will be used to validate our current growth and inflation assumptions.						
Savings plans for 2020/21 are being developed following a workshop held with senior leaders from across the Health Board in December 2019, and submissions were received with proposals that total £14.6m. The expectation of the Health Board is that the full value of the savings target will be identified before the 1st April 2020.						

To support the development of the financial plan and Divisional budgets a workshop between Health Board Directors and Divisional Directors is to be arranged which will discuss the following key areas for 2020/21:

- The 2020/21 Welsh Government Allocation
- Additional Resources available to the Health Board in 2020/21
- The new budget setting methodology based on the resource allocation model
- The transition period for when we move from the current budgets to the resource allocation model
- Agree the approach to accountability and budgetary control for 2020/21

The output of this workshop will be to agree with the Divisional Directors the setting of budgets for 2020/21 and how we will develop an Accountability Framework for budgetary control within Divisions and across Health Communities.

Asesiad / Assessment

Strategy Implications

The financial plan supports the delivery of the Health Boards annual plan and is therefore aligned to the agreed strategic and business plans of the Health Board and also the Healthier Wales policy.

Financial Implications

The Health Board allocation for 2020/21 is £1,516,587,000, which includes a Core uplift of £25.18 million.

The paper identifies the current planning assumption of a deficit for 2020/21 of £25 million after savings of £45m.

Key areas of focus are:

1. Note the work to agree the Underlying Deficit Assessment / Cost Pressures for 2020/21 and the intention to adopt an approach that is consistent with other Health Boards
2. Development of savings plans across Health Communities

Legal and Compliance

None

Impact Assessment

None

Financial Plan Update 2020/21

1 Executive Summary

1.1 Health Board Allocation 2020/21

The purpose of this paper is to update the Committee on the development of the 2020/21 Financial Plan, including the changes made following the December 2019 Finance and Planning Committee, and also highlights the key issues to be resolved.

The Health Boards allocation for 2020-21 is £1,516,587,000. See Annex 1 for a breakdown of the Health Board Allocation for 2020/21.

1.2 Summary of Financial Plan Submission 3rd January 2020

A draft of the 2020/21 financial plan was submitted to the December 2019 Finance and Planning Committee, and following the discussion at the meeting a revised draft financial plan was submitted to Welsh Government on the 3rd January 2020. The submission to Welsh Government included a number of material changes to the original draft plan. A summary of the changes made to the draft plan is below.

Table 1 - Differences between the original Finance and Planning Committee paper and the draft financial plan submitted to Welsh Government

	F&P December			WG Submission			Difference			Reason for Change
Financial Gap Assessment	2020/21 Plans £m			2020/21 Plans £m			2020/21 Plans £m			
	Non			Non			Non			
	Recurrent	Recurrent	Total	Recurrent	Recurrent	Total	Recurrent	Recurrent	Total	
Budget Deficit Brought Forward	42.33	0.00	42.33	42.33	0.00	42.33	0.00	0.00	0.00	
Cost Pressures Assessment	14.23	-5.57	8.66	10.00	-5.50	4.50	-4.23	0.07	-4.16	Revised assessment of 2019/21 Cost Pressures
	14.23	-5.57	8.66	10.00	-5.50	4.50	-4.23	0.07	-4.16	
Underlying Deficit Carried Forward	56.57	-5.57	51.00	52.33	-5.50	46.83	-4.23	0.07	-4.16	
Cash Releasing Savings	-35.86	0.00	-35.86	-45.00	0.00	-45.00	-9.14	0.00	-9.14	Increase in Savings target
	20.71	-5.57	15.14	7.33	-5.50	1.83	-13.37	0.07	-13.30	
Core Uplift (est 2%)	-23.00		-23.00	-25.18		-25.18	-2.18	0.00	-2.18	Actual Core Uplift
RTT Funding	0.00		0.00	0.00	-22.00	-22.00	0.00	-22.00	-22.00	
RTT Spend	0.00		0.00	0.00	22.00	22.00	0.00	22.00	22.00	
New Cost Growth	30.86		30.86	30.86		30.86	0.00	0.00	0.00	
Welsh Risk Pool	0.00		0.00	2.41		2.41	2.41	0.00	2.41	Additional funding to cover cost pressure
NICE &HCDs (DT Fund FYE)	0.00		0.00	3.20		3.20	3.20	0.00	3.20	Additional funding to cover cost pressure
Value Based Improvement Invest to Save	0.00		0.00	5.00		5.00	5.00	0.00	5.00	New Service Investment budget
Financial Recovery Programme	0.00		0.00	2.00		2.00	2.00	0.00	2.00	New Service Investment budget
Managing Directors & Acute Director	0.00		0.00	0.50		0.50	0.50	0.00	0.50	New Service Investment budget
Contingency	0.00		0.00	3.64		3.64	3.64	0.00	3.64	Increase in Contingency
Top Slice	2.00		2.00	0.73		0.73	-1.27	0.00	-1.27	Top Slice lower than expected
Forecast Deficit 2019/20	30.57	-5.57	25.00	30.50	-5.50	25.00	-0.07	0.07	0.00	

2 2019/20 Draft Financial Plan – Welsh Government Submission

The submission to Welsh Government on the 3rd January 2020 was based on the following assumptions:

2.1 Underlying Deficit Assessment / Cost Pressures

The Health Board had an accumulated underlying deficit up to 2018/19 of £56 million, due to the impact of both planned deficits and the non-delivery of savings plans.

The draft plan submitted to Welsh Government additional cost pressures are estimated at £10 million which would be the net impact of the current forecast outturn excluding any non-recurrent items and the full year effect of savings and cost pressures.

The current assessment for 2020/21 has identified circa £20 million of potential cost pressures submitted across the divisions. We are currently liaising with other Health Boards to review alternative approaches to the identification and treatment of cost pressures across NHS Wales.

An alternative approach adopted by some of the Health Boards is being considered, which is to:

- Start with the prior year budget
- Add cost pressures and underspend to remain with budget holder
- Add over or under achievement of savings target to be left with budget holder
- Specific items to be considered for cost pressure funding as part of the new financial plan

Other methodologies available for budget setting includes zero based budgeting which would not be proposed for this Health Board as it would be based on the current service model, which we know is unsustainable. Our current approach is based on historic budgets by Division, with the identification of potential budgetary changes to reflect the impact of savings and cost pressures.

The Health Board is currently developing an allocation model, based on the NHS Wales Resource Allocation (RA) model issued in December 2019, which allocates resources based on specific, local population need and this will be compared against the current budget. It is the intention that we transition to an RA model on a phased approach.

To support the development of the financial plan and Divisional budgets a workshop between Health Board Directors and Divisional Directors is to be arranged which will discuss the following key areas for 2020/21:

- The 2020/21 Welsh Government Allocation
- Additional Resources available to the Health Board in 2020/21
- The new budget setting methodology based on the resource allocation model

- The transition period for when we move from the current budgets to the resource allocation model
- Agree the approach to accountability and budgetary control for 2020/21

The output of this workshop will be to agree with the Divisional Directors the setting of budgets for 2020/21 and how we will develop an Accountability Framework for budgetary control within Divisions and across Health Communities.

2.2 Savings Opportunities and Targets

The Health Board has identified significant savings opportunities based upon national benchmarking, national opportunities identified by Wales national Efficiency Board and local information. The current assessment of opportunities is between £90 million and £230 million.

Annex 2 identifies the opportunities by Improvement Group and Division / Health Community.

The savings target for Mental Health balances the need to recognise the Mental Health ring fence, whilst also reflecting the current overspend against the ring fence.

The Health Board held a workshop with senior leaders from across the organisation in the December 2019 and submissions were received with proposals that total £14.6m. The expectation of the Health Board is that the full value of the savings schemes will be converted to green before the 1st April 2020.

The table below identifies the savings targets by Health Community based on the current assumption of a £45 million savings target (3.9%). Note that the targets below are only indicative and need to be cross referenced with the outputs from Improvement Groups.

Table 2 – Savings Target

West HE		Centre HE		East HE		Other NW	Contract s	Income	Womens	Nth Wales Services	Corporate	MH	Total
West	Ysbyty Gwynedd	Centre	Ysbyty Glan Clwyd	East	Wrexham Maelor								
£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
4.49	4.25	6.54	5.18	6.60	4.50	0.62	1.00	-0.88	1.77	4.39	5.54	1.00	45.00

2.3 Core Uplift for 2020-21

A summary of the additional funding is summarised in the table below.

Table 3 - Analysis of additional funding

	£m	%
<u>Recurrent HCHS and Prescribing Discretionary Allocation</u>		
Baseline Adjustments	-0.25	-0.02%
Additional Recurrent funding	20.44	1.95%
Core Uplift for 2020-21	22.38	2.13%
	42.57	4.06%
<u>Mental Health Services</u>		
Additional Recurrent funding	3.19	2.44%
Core uplift funding 2020-21	2.80	2.14%
	6.00	4.58%

The Baseline Adjustments and Additional Recurrent Funding are earmarked for specific cost pressures as detailed in Annex 1.

The Core Uplift funding of £22.38m (HCHS) and £2.8m (Mental Health) is to be used to meet cost and demand pressures in 2020-21 which include inflation or growth assumptions on areas such as CHC or prescribing, and also the first 1% of the 2020-21 pay award (incl DDRDB).

2.4 Referral to Treatment

The plan includes an estimate of the proposed costs to deliver Referral to Treatment (RTT) targets of £19.2m and a further £2.8m for the Orthopaedic Plan and it is assumed that Welsh Government will fund this.

2.5 Inflationary and Demand Cost Pressures

The Health Board is working through its initial assessment of its inflationary and demand pressures for 2020/21. Currently they are estimated at £30.86 million. See Annex 3 for the details.

The following assumptions should be noted:

- Pay award impacts are fully funded by WG;
- Increase in employers pensions contributions in 2020/21 funded by WG;
- GMS / GDS growth costs are expected to be matched by additional resource allocation;
- Intermediate Care Fund is commissioned jointly with Local Authorities
- No resources have been made available for packages of care growth;
- WAST are included, but need to be finalised;
- EASC potential financial commitment of £2.7m is yet to be agreed by HBs;
- The HB is assuming LTA uplifts of 2%;
- Pharmacy leads in the HB to provide an assessment of the current prescribing growth and inflation cost pressures. This work has not been completed.

In addition to the inflationary and demand pressures the plan now includes the following additional service investments and an increase in Contingency:

Table 4 - Additional Service Investments and increase in Contingency

	£m
Welsh Risk Pool	2.41
NICE &HCDs (DT Fund FYE)	3.20
Value Based Improvement Invest to Save	5.00
Financial Recovery Programme	2.00
Managing Directors & Acute Director	0.50
Contingency	3.64
	<hr/> 16.75

Following the submission of the draft financial plan to Welsh Government the Health Board will receive feedback from the Finance Delivery Unit which will include comparative intelligence on the level of cost pressures included against other Health Boards. This will be used to validate our current planning assumptions.

2.6 Top Slice

The Health Board allocation has been top-sliced by £0.73 million to fund centrally managed priorities on Paramedic Banding and Genomics. See Annex 1 Baseline Adjustments.

2.7 Non Recurrent Slippage

The 2019/20 financial plan assumed non recurrent slippage of £5.4m. The current assumption for 2020/21 is there will be a further £5.5m of non-recurrent slippage.

3. Service Development Proposals

There are a number of service development proposals, which includes pre commitments from 2019/20 schemes, and new or expanded service models that will enable the transformation agenda and provide improved value to patients.

These are currently excluded from financial planning assumptions, until clarity is received on the 2020/20 uplift for the Health Board. These proposals were also subject to the HBs Prioritisation Guide which is part of the Business Case Framework.

4 Conclusion

The development of the financial plan is work in progress. Key areas of focus need to be on:

1. Note the work to agree the Underlying Deficit Assessment / Cost Pressures for 2020/21 and the intention to adopt an approach that is consistent with other Health Boards
2. Development of savings plans across Health Communities

5 Recommendation

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

Summary of 2020/21 Allocation

2020-21 Recurrent HCHS and Prescribing Discretionary Allocation	2020-21 HCHS Ring Fenced Allocation	2020-21 Directed Expenditure	Total 2020-21 HCHS and Prescribing Revenue Allocation	2020-21 GMS Contract	2020-21 Community Pharmacy Contract	2020-21 Dental Contract	Total Revenue Resource Limit 2020-21
£m	£m	£m	£m	£m	£m	£m	£m
1,090.92	230.70	3.02	1,324.64	130.80	33.77	27.38	1,516.59

Summary of the allocation changes 2019-20 to 2020-21

	£m	£m	£m	%
<u>2019-20 Recurrent HCHS and Prescribing Discretionary Allocation</u>				
2019-20 Recurrent Allocation		1,048.35		
Baseline Adjustments	-0.25			-0.02%
Additional Recurrent funding	20.44			1.95%
Core Uplift for 2020-21	22.38			2.13%
		42.57		4.06%
<u>Total Recurrent HCHS and Prescribing Discretionary Allocation</u>			1,090.92	
<u>Protected and Ring Fenced Revenue Allocations</u>				
<u>Mental Health Services</u>				
2019-20 Initial Allocation		131.05		
Additional Recurrent funding	3.19			2.44%
Core Uplift for 2020-21	2.80			2.14%
		6.00		4.58%
<u>Mental Health Services</u>		137.05		
<u>Other Protected and Ring Fenced Revenue Allocations</u>		93.65		
<u>Total Protected and Ring Fenced Revenue Allocations</u>			230.70	
<u>Total Directed Expenditure</u>		3.02		
<u>GMS Contract</u>		130.80		
<u>Community Pharmacy Contract</u>		33.77		
<u>Dental Contract</u>		27.38		
			194.97	
<u>Total Revenue Resource Limit 2020-21</u>			1,516.59	

Recurrent HCHS and Prescribing Discretionary Allocation

The Hospital and Community Health Services and Prescribing (HCHS&P) allocation has been increased by £42.57million as shown in the table below:

Recurrent HCHS and Prescribing Discretionary Allocation 2020-21

	£m	%
<u>Recurrent HCHS and Prescribing Discretionary Allocation</u>		
2019-20 Recurrent Allocation	1,048.35	
Baseline Adjustments	-0.25	-0.02%
Additional Recurrent funding	20.44	1.95%
Core Uplift for 2020-21	22.38	2.13%
	<u>42.57</u>	<u>4.06%</u>
<u>Total Recurrent HCHS and Prescribing Discretionary Allocation</u>	1,090.92	

Baseline Adjustments

The Baseline Adjustments are summarised in the table below:

Baseline Adjustments

In year adjustment: WHSSC Risk sharing Rebasing Allocation adjustments	Removal of historical Kalydaco funding	Additional top slice: paramedic banding	Additional top slice: Genomics strategy	Total Adjustments
£m	£m	£m	£m	£m
1.121	(0.648)	(0.336)	(0.385)	(0.248)

Additional Recurrent Funding

The additional recurrent funding of £20.44m (HCHS&P) and £3.19m (Mental Health) are earmarked for the following specific cost pressures:

Additional Recurrent Funding

	£m	£m
<u>Recurrent HCHS & Prescribing Allocation</u>		
NHS England Tariff increases	7.32	
Pay Award funding	10.66	
Stop Smoking Wales funding transfer	0.23	
Additional Cluster Funding	<u>2.23</u>	
		20.43
<u>Mental Health Services</u>		
2019-20 Centrally held funds	3.01	
Gender identity funding	0.11	
Refugee & Asylum Seekers	<u>0.06</u>	
		3.19

Core Uplift for 2020-21

The Core Uplift of £22.38m is the HBs share of the £100 million allocated on a new Needs Based Resource Allocation formula shares basis to meet cost and demand pressures in 2020-21. Cost and demand pressures will include any inflation or growth assumptions on areas such as CHC or prescribing, and also the first 1% of the 2020-21 pay award (incl DDRDB).

Protected and Ring Fenced Revenue Allocations

The Protected and Ring Fenced Revenue allocation has been increased by £6million as shown in the table below:

Recurrent HCHS and Prescribing Discretionary Allocation 2020-21

	£m	%
<u>Protected and Ring Fenced Revenue Allocations</u>		
Mental Health Services		
2019-20 Initial Allocation	131.05	
Additional Recurrent funding	3.19	2.44%
Core uplift funding 2020-21	2.80	2.14%
	6.00	4.58%
Mental Health Services	137.05	
Other Protected and Ring Fenced Allocations	93.65	
Total Protected and Ring Fenced Revenue Allocations	230.70	

Mental Health Services

The additional recurrent funding is the transfer of 2019-20 centrally held Service Improvement funds, Gender identity funding and Refugee & Asylum Seekers funding.

Core Uplift for 2020-21

The Core Uplift of £2.8m is the HB share of the £13 million increase for Mental Health Services pay and price inflation uplift for 2020-21. Cost and demand pressures will include the first 1% of the 2020-21 pay award (incl DDRDB).

Other Protected and Ring Fenced Allocations

Other Protected and Ring Fenced Allocations are summarised in the table below:

Other Protected and Ring Fenced Allocations

<u>Other Protected and Ring Fenced Allocations</u>	£m
Learning Disabilities	17.21
Depreciation	31.79
Renal Services	20.12
Palliative care funding	1.30
Integrated Care Fund (ICF) - Older People	9.57
ICF - Learning disabilities, children with complex needs, carers	4.25
ICF - Children at the edge of care / in care	3.19
Integrated Care Fund (Autism Allocations)	0.65
Paramedic banding	1.60
Clinical Desk enhancements	0.16
Genomics for Precision Medicine Strategy (inc new Genetic Tests)	1.19
Critical care funding (including WHSSC funding)	2.63
<u>Total Other Protected and Ring Fenced Allocations</u>	93.65

Directed Expenditure, GMS Contract, Community Pharmacy Contract, Dental Contract Allocations

These allocations in 2020-21 are on the same basis as 2019-20, including any adjustments for recurrent changes for 2020-21.

A supplementary allocation may be issued for GMS, Community Pharmacy and Dental when there is more clarity on the 2020-21 pay and expenses agreement.

The Range of Savings Opportunities – Low and High

Theme	Remaining Opportunity (£m)	
	Low	High
QUALITY	1	2
HEALTH IMPROVEMENT	2	4
CARE CLOSER to HOME	8	26
CONTINUING HEALTH CARE	8	25
MEDICINES MANAGEMENT	12	21
MENTAL HEALTH	17	41
UNSCHEDULED CARE	4	8
PLANNED CARE	19	53
TOTAL: SERVICES	71	181
TOTAL: ENABLERS	19	50
TOTAL:	90	231

Opportunities by Improvement Group and Division

	Remaining Opportunity (£m)														
Theme	Ysbyty Gwynedd (£m)	West (£m)	Ysbyty Glan Clwyd (£m)	Abergele Hospital (£m)	Centre (£m)	Other NW (£m)	Wrexham Maelor (£m)	East (£m)	NW Hospitals (£m)	Womens (£m)	Contracts (£m)	Corporate (£m)	Income (£m)	MH (£m)	Total (£m)
QUALITY	0.10	0.11	0.13	0.00	0.16	0.02	0.11	0.16	0.11	0.04	0.00	0.13	0.00	0.13	1.20
HEALTH IMPROVEMENT	0.70	0.00	0.70	0.04	0.00	0.00	0.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.21
CARE CLOSER to HOME	2.95	0.00	2.91	0.50	0.00	0.00	1.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.07
CONTINUING HEALTH CARE	0.00	2.62	0.00	0.00	3.02	0.00	0.00	2.66	0.00	0.00	0.00	0.00	0.00	0.00	8.30
MEDICINES MANAGEMENT	0.00	2.85	0.00	0.00	4.32	0.00	0.00	5.22	0.00	0.00	0.00	0.00	0.00	0.00	12.39
MENTAL HEALTH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.68	16.68
UNSCHEDULED CARE	1.42	0.00	1.40	0.24	0.00	0.00	0.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.88
PLANNED CARE	5.19	0.00	6.77	0.05	0.00	0.00	6.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18.54
TOTAL: SERVICES	10.36	5.57	11.90	0.83	7.50	0.02	9.96	8.05	0.11	0.04	0.00	0.13	0.00	16.82	71.29
Total : Enablers	1.44	1.50	1.75	0.00	2.19	0.20	1.52	2.20	1.46	0.60	0.41	3.81	0.00	1.84	18.92
Total	11.80	7.07	13.65	0.83	9.68	0.22	11.49	10.25	1.57	0.64	0.41	3.95	0.00	18.66	90.20

Assessed Cost Pressures 2020/21

Cost Pressure Assessment (Inflation & Growth)	2020/21
	Plans £m
Inflation	
Pay	10.54
Non Pay	1.52
3rd Sector / Vols	0.13
GP Prescribing	2.82
Hospital Prescribing	1.55
Packages of Care	2.93
	19.49
Growth	
GP Prescribing	1.53
Hospital Prescribing	1.82
Packages of Care	-
	3.35
External Providers	
WHSSC	5.81
EASC	0.80
WAST	0.11
English Contracts	1.20
Wales LTAs	0.11
	8.02
Total	30.86



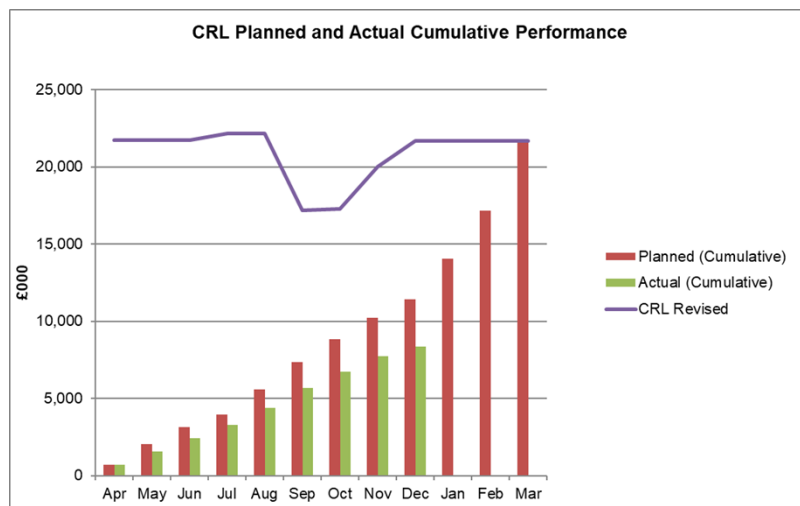
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Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 23.1.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Capital Programme Report Month 9						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Neil Bradshaw – Assistant Director – Capital Denise Roberts – Financial Accountant Tax & Capital						
Craffu blaenorol: Prior Scrutiny:	This paper will be subject to scrutiny by the Capital Programme Management Team.						
Atodiadau Appendices:	0						
Argymhelliad / Recommendation:							
The Committee is asked to receive this report and note the reported exceptions.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*	X	Er gwybodaeth For Information*	
Sefyllfa / Situation:							
<p>The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes.</p> <p>The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).</p>							
Cefndir / Background:							
The agreed capital funding from all sources may be summarised as follows:							
Capital Programme						£ '000	
All Wales Capital Programme						8,783	
Discretionary Capital						12,921	
Total Welsh Government CRL						21,704	
Capital Receipts						356	
Donated Funding						1,578	
TOTAL						23,638	

Asesiad / Assessment**Expenditure Planned/Actual**

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



Funding	Target (£'000)	Performance (£'000)	% Spend to date
All Wales	8,783	3,881	44%
Discretionary	12,921	4,482	35%
Subtotal CRL	21,704	8,363	39%
Capital Receipts	356	0	0%
Donated Capital	1,578	705	45%
Grant Capital	0	0	0%
Total	23,638	9,068	38%

All Wales Capital Programme

The CRL has been adjusted to reflect the forecast expenditure to 31st March and the actual expenditure is broadly in line with the revised forecast. The following were noted:

1. The final accounts for the SuRNICC and Elms projects have been agreed and both delivered a saving against the agreed budget of £150k and £100k respectively.
2. Due to the timing of the approval of the funding, coupled with problems encountered with the existing infrastructure, the installation of the CT scanner at YGC is now programmed for April 2020. This has required that the equipment is purchased and stored off-site, within the UK, in order to ensure expenditure in 2019/20. This process is being facilitated by NWSSP-Specialist Estate Services and supported by Welsh Government in accordance with agreed procedures.
3. The Welsh Government have given their approval to proceed with the appointment of the Project Manager, Cost Advisor and Supply Chain Partner in support of the Wrexham Maelor Hospital Continuity Programme.

Discretionary Capital Programme

Although the actual expenditure is currently behind the forecast the programme has been reviewed and the Capital Programme Team remain confident that all outstanding schemes are sufficiently advanced to ensure that the Health Board meets its CRL commitment.



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 23.1.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Monthly Monitoring Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Acting Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Mrs Sue Hill, Acting Executive Director of Finance						
Craffu blaenorol: Prior Scrutiny:	The submission made to Welsh Government was required to have CEO and DOF sign off.						
Atodiadau Appendices:	N/A						
Argymhelliad / Recommendation:							
Note the contents of the report that has been made to the Welsh Government about the Health Board's financial position for the ninth month of 2019/20.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
To report to the Committee the completion of monthly reporting to the Welsh Government for Month 9 of 2019-20.							
Cefndir / Background:							
The Health Board developed a draft 2019/20 annual deficit plan of £35m. The Financial Recovery programme is supporting delivery of a significant improvement, in line with the £25m Health Board's control total, and requiring delivery of a further £10m of savings. Welsh Government reporting continues to reflect the initial plan deficit of £35m, in line with their requirements.							
Asesiad / Assessment & Analysis							

Strategy Implications

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

Financial Implications

In month: Following the £0.5m deterioration in the run rate in Month 8, there has subsequently been a further £0.7m increase in the run rate in Month 9. The primary reason is the continued increase in Prescribing, which has had a significant impact this month, with an increase in costs of £1.6m. Previous reports have discussed the upward trend due to the impact of National Prices and the associated risks which have begun to crystallise over the second half of the year to worsen the financial position. The in-month position is £2.3m in excess of the control total plan.

Year to date: The Health Board is overspent by £31.1m, £11.1m higher than control total plan and £4.8m over the original plan. Further details are included in Appendix 1. The main factors impacting on the year to date over spend are:

	Year to Date £m	Full Year Forecast £m
Prescribing - impact of National Prices	3.9	5.1
Unfunded interim posts	0.5	0.7
Cost of recovery	0.6	1.9
Total	5.0	7.7

Forecast: The Health Board's forecast deficit of £35m is in line with the initial plan but behind the £25m control total plan. The actual position for Month 9 was £2.6m worse than the Month 8 forecast position for December due to the impact of Prescribing costs and a shortfall on savings. Despite the increase in the run rate in Month 9, the savings pipeline includes a number of schemes that are forecast to deliver in the final quarter of the year. On the basis of the conversion and delivery of these schemes, the £35m forecast deficit is achievable but challenging and requires clear Executive direction. There are a number of pressures and risks which may impact on the forecast. Further details are included in Appendix 2.

Savings: Savings achieved to date are £15.8m against a year to date plan of £24.2m giving a shortfall of £8.4m. Additional cost avoidance and efficiency savings of £7.7m have been delivered to date, which offset some of the cost pressures arising in-year. The original planned deficit is only achievable if the Health Board can convert and deliver 50% of the red schemes (£3.8m required), continue to deliver green and amber schemes to planned values, and contain or offset new emerging cost pressures. In addition, mitigating actions to reduce the run rate by £2.4m need to be identified and further mitigations totalling £1.8m are required to offset the impact of the Health Board's share of the additional contribution to the Welsh Risk Pool. Further details are included in Appendix 3.

Risk Analysis

There are seven risks to the financial position totalling £9.1m. These are detailed in Appendix 6. There is one opportunity relating to delivery of additional stretch target savings.

Legal and Compliance

N/A

Impact Assessment

N/A



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University Health Board

MONITORING RETURN

MONTH 9 2019/20

Sue Hill

Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial Position

1.1.1 Plan position

- The Health Board has implemented a recovery programme to drive performance towards the control total of £25m.
- The monitoring return continues to reflect the initial plan deficit of £35m. However the impact of specific cost pressures described in paragraph 1.1.3 has prevented us from making progress towards the control total.

1.1.2 Year to date position

- At the end of Month 9 the Health Board is overspent by £31.1m, £4.8m in excess of the year to date deficit reflected in the initial plan.
- The monitoring return includes a detailed narrative around the actions being delivered by the recovery programme (section 6).
- Analysis of the impact of National Prices in the Month 9 Prescribing position is £3.9m, with a full year pressure of £5.1m. In addition, forecasting methodologies indicate that there is a potential additional risk of up to £3m.

1.1.3 In-month position

- The plan for Month 9 was a £2.9m deficit. The actual deficit was £3.9m, £1.0m over this plan.
- Following the £0.5m deterioration in the run rate in Month 8, there has subsequently been a further £0.7m increase in the run rate in Month 9. The primary reason is the continued increase in Prescribing, which has had a significant impact this month, with an increase in costs of £1.5m. Previous reports have discussed the upward trend due to the impact of National Prices and the associated risks which have begun to crystallise over the second half of the year to worsen the financial position.

1.2 Forecast Position

- The Health Board continues to forecast a full-year deficit of £35m, but the risk profile of the mitigation actions has worsened given that the extrapolation of the Month 9 position is a £41.5m deficit.

1. FINANCIAL POSITION & FORECAST

- Despite the increase in the run rate in Month 9, the savings pipeline includes a number of schemes that are forecast to deliver in the final quarter of the year. On the basis of the conversion and delivery of these schemes, the £35m forecast deficit is considered achievable but challenging and requires clear Executive direction. There remain a number of pressures and risks which may impact on the forecast.

1.3 Income (Table B)

- Income has been forecasted in line with the original plan plus new income that has been identified. There has been a fall of £0.3m in Miscellaneous Income in Month 9 compared to last month.
- The Health Board has received RTT funding of £13.5m for the full year, of which £10.2m has been spent to date. The Health Board has fully committed all of the funding and is currently assessing the impact and risk on the achievement of treatment targets. Welsh Government have confirmed that there is no additional RTT funding available for 2019/20, although discussions continue and the Health Board has continued to commit RTT expenditure at risk during January in order to improve RTT performance.
- Mental Health and CAMHS submitted detailed proposals against the Transformational Funding allocations for 2018/19 and 2019/20. Spend is being closely monitored to ensure only valid expenditure is being charged against the funding. There are plans for the utilisation of the recurrent funding available which have been approved by Welsh Government in line with the identified priorities previously notified.

1.4 Non-pay (Table B)

- Non-pay costs total £706m, giving a year to date over spend of £10.3m against the planned budget. The key elements of the over spend are Prescribing (£4.5m), Secondary Care drugs (£2.4m) and unallocated and non-delivering savings schemes (£4.3m).

Primary Care

- At the end December 2019 the Health Board reported a breakeven position in month for General Dental Services (GDS), with a cumulative favourable variance of £0.046m. The Health Board continues to forecast a breakeven position for 2019/20, and remains committed to delivering a balanced position this year against the GDS ring-fence. The dental team are still progressing with the Dental Reform programme in North Wales with 20 practices now on the new contract. The risks to the forecast remain potential further GDS contract handbacks, lower than expected

1. FINANCIAL POSITION & FORECAST

performance and not achieving sufficient patient charge revenue against the increased WG target.

- The General Medical Services (GMS) expenditure was £0.025m underspent in month, with a cumulative favourable position of £0.26m. The Health Board continues to see cost pressures within Managed Practices particularly in relation to locum GP costs and more recently an increase in dispensing cost of drugs. As at the 31st December, the Health Board is still managing 16 practices but we are aware of two further resignations which will become effective in the next financial year.
- Primary Care Contractor expenditure is £1.1m lower in Month 9. This primarily relates to a Month 8 adjustment for GMS costs that have been brought into the position for the year to date (budget and cost), so inflating spend by 7/12ths last month, in particular Partnership Premium (£0.5m) and Improvement Grants (£0.1m). In addition, the forecast for Seniority Payments has reduced, impacting on spend in the month by £0.1m.

Primary Care Drugs

- There has been a significant increase (£1.5m) in Prescribing costs, reflecting the price growth and risk that has been reported in previous months.
- The latest data available (October 2019) shows an increase in Prescribing costs for the Health Board of £3m (4.63%) in the rolling 12 month period. Whilst there is a 1.54% increase in the number of items prescribed (1.61% nationally), this only equates to an increased cost of £1.0m. The remaining £2.0m is due to price changes (typically Category M drugs or No Cheaper Stock Obtainable (NCSO)). The impact of National Prices for the Health Board up to Month 9 is therefore estimated at £3.9m, with a forecast of £5.1m for the year.
- For 2019/20 the forecasting methodologies are now indicating a range of outturns for the Health Board from £113.5m to £115.5m. With the continued price increases in NCSO and Category M, the outturn could increase to £116m. Should the Month 8 data, available in January, indicate a further increase in the Forecasting Methodologies, then the Health Board will need to increase the current £113.5m forecast and identify further mitigating actions in order to avoid increasing the overall Health Board Forecast.
- A detailed review of Prescribing is currently being undertaken.

Provider Services Non-Pay

- There has been a £1.2m increase in other non-pay this month. £0.4m of this movement relates to a VAT adjustment on Recovery costs. In addition, Clinical Supplies expenditure has increased by

1. FINANCIAL POSITION & FORECAST

Secondary Care Drugs	<p>£0.6m, of which £0.3m relates to contracted out services costs within Children's for funded external assessments and £0.2m for Medical & Surgical equipment costs.</p> <ul style="list-style-type: none"> - Costs have fallen by £0.1m from November and are in line with the run rate for the year. However over spends still continue - £0.2m in the month, taking the year to date over spend to £2.4m.
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none"> - The WHSCC contract performed well again in Month 9, primarily due to the Liverpool Heart and Chest contract. However this was offset by a deterioration in the local contracts for major trauma. Costs therefore in Month 9 only reduced by £0.2m.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	<ul style="list-style-type: none"> - The inflation on CHC has been paid in December, as per the original plan. This is fully funded. Month 9 included year to date inflation of £1.277m, with the annual impact being £1.676m.
Other Private and Voluntary Sector	<ul style="list-style-type: none"> - Costs have increased by £0.1m from Month 8 which predominantly relates to specialist rehab patients.
Capital	<ul style="list-style-type: none"> - Capital costs include depreciation and impairment costs, which are fully funded.

1.5 Reserves (Table B)

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

1.6 Accountancy Gains (Table B)

- There were no additional accountancy gains reported in the month. We are continuously assessing opportunities for accountancy gains within and outside of our savings programme and have not identified any significant scope for such gains at this stage.
- We are currently assessing the potential impact of the current year Manual for Accounts requirements, e.g. discount factors. We will also be assessing significant provision/accruals (e.g. annual leave and debtor provisions) in the lead up to year-end as part of annual accounts preparation.

1. FINANCIAL POSITION & FORECAST

1.7 Pay (Table B2)

- Total Health Board pay (excluding Primary Care functions) is £564.2m, which is an under spend against plan of £2.1m. Total pay including Primary Care is £581.2m for the year to date, an under spend of £0.1m.
- The pay groups with significant over or under spends remain the same. Over spends continue in areas of high agency usage (Medical and Dental) and within Additional Clinical Services for Health Care Support Workers. The high level of nursing vacancies remains, leading to an under spend on Nursing and Midwifery. Admin & Clerical continues to under spend due to a significant number of vacancies across all areas and vacancy controls put in place and scrutinised through the Recovery Programme to limit non-essential appointments.
- Total pay costs have increased by £0.1m. There has been a movement from Additional Clinical Services staff group to the Professional Scientific and Technical group which relates to the reclassification of some job roles, particularly around Medicine Management.

2. UNDERLYING POSITION

2.1 Underlying Position (Table A1)

- The monitoring return includes an update on our analysis of underlying position, reflecting ongoing discussions with Welsh Government.
- As previously reported, there are additional cost pressures within our position over and above the potential cost pressures identified in our initial plan.
- Additional mitigating actions/savings of £1.8m will be required to offset the impact of the Health Board's share of the Welsh Risk Pool risk share contribution. These have not yet been identified and remain a high risk to the Health Board.

3. RING FENCED ALLOCATIONS

3.1 Ring Fenced Allocations

- General Medical Services (Table N) – GMS expenditure is currently forecast to marginally underspend by £0.04m against the ring-fenced allocation.

	£m
Revenue Resource Limit (Table E)	133.13
Table N expenditure (net of rates rebates)	(133.09)
Forecast (over)/underspend	0.04

- General Dental Services (Table O) - GDS expenditure is forecast to break-even against the ring-fenced allocation.

	£m
Revenue Resource Limit (Table E)	28.16
Table O expenditure	(35.63)
Dental services income	7.47
Forecast (over)/underspend	0.00

- All other ring-fenced allocations are forecast to be fully utilised.

4. NET EXPENDITURE PROFILE ANALYSIS

4.1 Net Expenditure Profile Analysis (Table B1)

- There are no exceptional items to report this month. We are constantly reviewing our expenditure trends.

5. AGENCY/LOCUM EXPENDITURE

5.1 Agency/Locum Expenditure (Table B2)

- Expenditure on agency staff for Month 9 is £3.0m, representing 4.7% of total pay, and marginally (£0.04m) lower than last month.
- Medical agency costs have increased by £0.07m to an in-month spend of £1.33m. The main areas of spend are the three acute hospital sites and Mental Health, together accounting for 79% of the in-month cost.
- Nurse agency costs totalled £0.97m for the month, a decrease of £0.08m from last month. Agency nurses continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care. The use of agency nurses is particularly an issue for Wrexham and Ysbyty Glan Clwyd, together accounting for 91% of these costs in December.
- Other agency costs have remained stable at £0.7m in the month and mainly arise from Allied Health Professionals (£0.3m) and Admin and Clerical (£0.5m).

6. RECOVERY AND SAVINGS

6.1 Recovery Actions

- The Health Board has initiated a detailed recovery programme which continues to drive the identification and delivery of savings, alongside reduction in expenditure run rates. Key actions in the last quarter are:
 - Focus on Improvement Groups to complete and progress detailed PIDs for delivery, in particular; Workforce, CHC, Medicines Management and Procurement.
 - Identifying and developing further pipeline schemes.
 - Managing delivery of schemes across divisions, with a particular focus on reducing variable spend.
 - Additional financial control measures.

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

- To deliver the Health Board's initial plan of £35m required £25m of cash releasing savings, plus additional savings for mitigating actions to offset the cost of both cost pressures and the cost of the recovery programme.
- In addition, the Health Board's plan allows for cost avoidance savings to mitigate cost pressures arising during the year that were not included in the initial plan.
- The initial plan submitted identified savings schemes in the Month 1 Monitoring Return totalled £17.5m. The current pipeline now equates to £44.7m.

6.3 Identified Savings / Plans

- At Month 9, savings forecast totalled £33.1m. This represents an increase of £1m over Month 8, however this still leaves a shortfall against the combined cash releasing and cost avoidance target of £1.4m. The Health Board is continuing to review the way the definition of cash releasing and cost avoidance savings are being applied to savings schemes in practice.
- Cash releasing savings (including income generation) identified at Month 9 total £21.5m against the £25.0m target, a shortfall of £3.5m.
- Cost avoidance savings, including run rate reduction, identified at Month 9 total £11.6m, £2.1m higher than identified 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. Red rated schemes that close the gap have been identified and included in the pipeline, but further work needs to be done

6. RECOVERY AND SAVINGS

to move them into green and amber schemes, to continue adding new schemes into the development pipeline and to expedite other escalatory measures over the remainder of the year.

- Total savings included in the Health Board pipeline for 2019/20 are £44.7m. This is higher than those recorded in the Monitoring Return tracker due to the inclusion of red rated schemes within the pipeline. The expectation is that there will be an accelerating rate of conversion of schemes from red to green and then delivery as a result of our recovery programme.
- The Health Board continues to review the forecast Full Year Effect of schemes as they move from pipeline into delivery and to assess the beneficial impact on next year's plan delivery.

6.4 Savings Delivered

- Total savings delivered by Month 9 are £22.9m. This includes £15.7m cash releasing savings and £7.2m cost avoidance.
- Cash releasing savings delivered of £15.7m show a shortfall of £2.2m against the expected budget profile savings of £17.9m required by Month 9 in order to deliver the £25m target.
- The Health Board continually reviews the forecast delivery for each scheme to ensure that it reflects expected actual in-year delivery. If the forecast for a scheme slips from the plan, work needs to be done to increase delivery or identify additional schemes to make up the shortfall.
- The main areas where under-performance is forecast in Month 9 are summarised below, along with actions ongoing to address these:
 - Medical rostering / agency – additional schemes with a value of £1m were introduced in Month 7 to address shortfalls year to date. Savings delivery has commenced in Month 9, however this is below the level expected. Work is ongoing with Divisions to address and recover this shortfall.
 - Discretionary non-pay – additional savings plans have been introduced for the remainder of the year which are yet to impact in terms of delivery. Enhanced controls over catalogue use and scrutiny of all discretionary spend are in place to ensure increased delivery to year end.
 - Service reconfiguration (MHL D) – delays to implementing this scheme have caused under-recovery. This is being offset through additional savings from repatriation and complex care package reviews.
 - Sickness absence (MHL D) – alternative schemes were identified in Month 6 as part of the Division's recovery plan.

6. RECOVERY AND SAVINGS

- Divisional savings – Additions to programme continue to be secured through the Recovery Director's fortnightly recovery meetings to recover Divisional shortfalls and ensure delivery of their savings targets.

7. INCOME ASSUMPTIONS

7.1 Income Assumptions (Tables D & E)

- At the end of December the Health Board has spent £10.2 m on additional activity to reduce the long waiting lists. Welsh Government RTT income received to fund this activity is included in the position.
- Non-contracted income figures in Table D are based on the 2018/19 outturn. The HEIW figure is an estimate for the full year.

8. RISK MANAGEMENT

8.1 Risk Management (Table F)

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

	£m	Level	Explanation
Risks			
Welsh Risk Pool – ability to identify mitigating actions	(1.8)		There is a potential risk in relation to the Welsh Risk Pool. NWSSP are forecasting that annual expenditure will exceed the 2019/20 budget by £9.718m. Welsh NHS organisations will need to take a share of this pressure. The Health Board's share of this cost is £1.792m and is included in the forecast. However there is a risk that the mitigating actions required to meet this pressure will not be delivered and also that the value of the pressure will change before the end of March.
Primary Care Prescribing	(3.0)		Prescribing data is 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. Following receipt of the October data, the lowest methodology forecast has increased to £113.5m (which is reflected in the in-month financial position) and the highest methodology £115.5m. In addition to this, further analysis by the Medicines Management Information Team suggests that with a continued growth in the No Cheaper Stock Obtainable (NCISO) and Category M National Price increases, the forecast could exceed £116m.
Continuing Healthcare (CHC)	(0.8)		The financial plan approved by the Board explicitly excluded providing growth funding for CHC. The risk was primarily in relation to OPMH CHC and that still remains the case. The increase in growth/number of cases has levelled off within some areas in recent months, but additional low volume, high cost cases have a significant impact on the CHC budget, which is reflected in the level of risk highlighted. Divisions have focused on working to try to reduce the level of CHC risk, but it is recognised that the growing trend in dementia patients will continue to add pressure on available bed capacity.

8. RISK MANAGEMENT

	£m	Level	Explanation
Unidentified savings	(1.4)		As at Month 9 cash releasing savings (including income generation) identified total £21.5m against the £25.0m target, a shortfall of £3.5m. Cost avoidance savings, including run rate reduction, identified at Month 9 total £11.6m, a surplus of £2.1m. Therefore there is a combined risk of £1.4m
Red risk savings	(1.4)		The Health Board is continuing to identify and develop new schemes, and to move existing red schemes into amber and green in order to close the gap to the target.
Hallett v Derby Hospitals NHS Foundation Trust			As at Month 9, the delivery of the £35m forecast requires £1.375m of schemes that are currently red risk rated. There is a risk that these schemes will not deliver.
Flowers Judgement			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. The Health Board is working to mitigate this risk through a number of measures, as reported previously. To date there have been no concerns raised within the Health Board. A review is in place dating back 6 years assessing the substitution and the impact it has on natural breaks. This should help provide further information.
Single Integrated Clinical Assessment and Triage (SICAT) service	(0.7)		NWSSP Employment law team have confirmed that the holiday pay issues arising from the Flowers judgement is ongoing and the outcome of the Supreme Court appeal is awaited.
Opportunities			The Health Board's SICAT service was set up at the end of last year and fully funded by the 111 Programme. The service has incurred costs of circa £0.43m in the first 9 months of the year with a forecast cost for 2019/20 of £0.7m. It has been assumed to date that SICAT would be fully funded, however the 111 Programme have stated that they will not fund SICAT. An alternative funding source for SICAT is being sought.
Additional savings to improve forecast			<p>The control total of £25m set by the Welsh Government requires a further £10m of savings to be made, in addition to those allocated out within the original plan budgets. Additional stretch targets to meet this £10m were allocated to Divisions at the end of July. Work has been initiated through improvement groups, looking at benchmarking and opportunities, to identify savings plans to meet these targets. Once identified, these schemes have the potential to reduce the year end position below the £35m currently forecast.</p> <p>Potential opportunities include:</p> <ul style="list-style-type: none"> - Procurement review - Contract review - Accountancy gains as provisions are reviewed near to the year end.

9. STATEMENT OF FINANCIAL POSITION & WELSH NHS DEBTORS

9.1 Statement of Financial Position (Table G)

- Key movements during December 2019 included:
 - Property, plant and equipment have decreased by £2.1m due to the net impact of newly capitalised assets less non-cash adjustments.
 - Trade and other receivables have decreased by £3.5m primarily due to Revenue Resource Limit (RRL) drawn ahead of profile for the deficit and working capital that will be requested later in the year.
 - Cash has increased by £1.4m. The cash balance at the end of November was lower than usual and has now returned to a more normal level.
 - Trade and other payables have fallen by £2.8m primarily due to a reduction in Accounts Payable balances.
 - Provisions increased by £1.9m primarily due to an increase in Medical Negligence (MN) provisions.
 - General Fund has decreased by £3.4m due to Capital drawdown (£0.5m) less the Month 9 deficit (£3.9m).

9.2 Welsh NHS Debtors (Table M)

- The Health Board held seven invoices which were over eleven weeks old at the end of Month 9 and these have been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. The total outstanding value was £2,118.
- Four of the outstanding invoices, totalling £937, were paid in early January.

10. CASH FLOW FORECAST

10.1 Cash Flow Forecast (Table H)

- The closing cash balance as at 31st December 2019 was £2.381m, which included £1.886m cash held for capital expenditure. The revenue cash balance of £0.495m was within the internal target set by the Health Board.
- The Health Board's Chief Executive wrote to Dr Andrew Goodall, Chief Executive, NHS Wales on 13th December formally requesting £31.0m Strategic Cash Support for 2019/20 to ensure that essential payments can continue through to March 2020. This is lower than the forecast deficit for the year as the Health Board is currently forecasting that £4.0m of pressures can be managed internally by undertaking a range of cash management actions. In making this cash request the Health Board recognises that the Welsh Government does not receive any additional cash support for organisations in deficit and has already provided £114.694m strategic cash support between 2014/15 and 2018/19.

Any additional opportunities to mitigate the level of the strategic cash support request will continue to be considered over the next three months and updated in future Monitoring Return submissions.

- Table H – Monthly Cashflow Forecast currently shows a revenue cash balance as at 31st March 2020 of £0.307m. This assumes that all funding requests for cash support detailed in the table below will be approved and received from Welsh Government before the end of the financial year. The forecast also assumes that both the opening capital cash balance of £3.665m and all in-year capital funding will be fully utilised by March 2020.

Revenue cash requirements 2019-20	£'000
Opening revenue balance	307
Forecast revenue deficit	(35,000)
Forecast revenue deficit to be managed internally	4,000
Forecast movement in working capital balances	(10,000)
Forecast movement in general CHC provisions	(2,000)
Forecast movement in Phase 3-7 CHC provisions	(975)
Underlying forecast revenue cash shortfall	(43,668)
Anticipated Funding requests	
Repayable Strategic Cash Support	31,000
Working capital balances support	10,000
Movement in general CHC provisions	2,000
Movement in Phase 3-7 CHC provisions	975
Forecast closing revenue cash balance	307

10. CASH FLOW FORECAST

Capital cash requirements 2019-20	£'000
Forecast cash spend	
Opening capital balance	3,665
Forecast spend on approved Capital Resource limit	(21,704)
Forecast donated asset cash spend	(1,578)
Forecast disposal proceeds cash spend	(356)
Forecast reduction in capital working balances	(5,080)
Total cash requirements	(25,053)
Forecast cash funding	
Approved Capital Resource limit	21,704
Donated asset income	1,578
Disposal proceeds	356
Anticipated working capital balances support	1,415
Forecast capital cash funding	25,053
Forecast closing capital cash balance	0

- The current trade and other payables line of Table G Statement of Financial Position forecasts an in-year reduction of £15.080m (£141.415m to £126.335m). This is £3.665m higher than the working capital cash request of £11.415m as it assumes that the opening capital cash balance will be utilised during the year.
- In summary, the Health Board has requested a total of £43.975m cash support for 2019/20 relating to revenue expenditure and £1.415m relating to capital expenditure. All of these requests are included within Table E and Table H of the Month 9 Monitoring Return submission to ensure clarity as to the support that the Health Board will require in order to achieve a balanced cash position at 31st March 2020.

11. PUBLIC SECTOR PAYMENT COMPLIANCE

11.1 Non-NHS and NHS Invoices (Table I)

- The Health Board has achieved the PSPP target to pay 95% of valid invoices within 30 days of receipt in three of the four measures of compliance at the end of Quarter 3 2019/20. NHS invoices by number remains below target at 92.8%, which is a 1.4% deterioration on the cumulative performance reported in Quarter 2.
- The shortfall of 2.2% in NHS invoices by number equates to 98 invoices being paid later than the required 30 days. The Health Board is continuing to work with Accounts Payable, NWSSP to review underlying reasons for late payment of invoices and to identify opportunities to improve the PSPP performance during the remainder of the financial year

12. CAPITAL SCHEMES AND OTHER DEVELOPMENTS

12.1 Capital Resource Limit (Table J)

- The Capital Resource Limit at Month 9 is £21.7m. Year to date expenditure is £8.2m against a plan of £9.5m. The year to date slippage of £1.3m will be recovered during the last three months of the year.


12.2 Capital Programme (Table K)

- The Capital Programme update is reported in Table K.

13. SUMMARY

13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 9 Monitoring Return will be received by the Health Board's Finance and Performance Committee on the 23rd January 2020.



Gary Doherty
Chief Executive



Sue Hill
Acting Executive Director of Finance

APPENDIX - MONTH 8 MONITORING RETURN RESPONSES

Month 8 Monitoring Return Responses

Action Point 8.1

I note the year to date deficit of £27.123m as at Month 8, being £3.790m above the straight line profile plan of your current £35m forecast outturn, which is above the control total of £25m.

It is disappointing to see a deterioration of £0.7m (£2.5m forecast at M7 for November and the actual of £3.2m) in your in-month position and I note this is forecast to be recovered in future months.

I also note that your position is still reliant on the forecast delivery of £2.3m of savings plans which have yet to be finalised. Given that you now need to identify actions to mitigate the WRP pressure (£1.8m at M8), the removal of £0.960m anticipated funding relating to additional work undertaken by PWC and potentially £0.600m relating to SICAT, the overall gap is now materially higher at £5.7m. Eliminating the savings gap and finalising the newly required mitigating actions (which should be included in the tracker where applicable) is our expectation for Month 9, especially given the positive messages and High likelihood assessment of the opportunity, in relation to the extent of your pipeline schemes.

Response

We are continually reviewing the delivery of our savings programme to achieve our plan. The latest position is reported in the narrative.

Movement (Table A) and Underlying Position (Table A1) – Action Point 8.2

The WRP pressure and associated mitigating actions, have been included in the recurring column of Table A with no value in the FYE column, which has generated an error. I can clarify that the pressure should be treated as non-recurring, therefore please review and amend as necessary for Month 9.

Response

Amended for Month 9.

Movement (Table A) and Underlying Position (Table A1) – Action Point 8.3

I note the removal of previously anticipated funding regarding PWC expenditure you have incurred this year. Following subsequent conversations between our colleagues, I believe that this pressure has now been added to the delivery requirement of the Turnaround Team. Please therefore include the pressure on Table A (I understand the expenditure occurred in October), along with the mitigating actions (unless they have since been identified and included within the tracker).

APPENDIX - MONTH 8 MONITORING RETURN RESPONSES

Response

Amended for Month 9.

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

I also note that are reporting a new risk for SICAT of £0.6m. My understanding is that funding from the 111 project was expected to cover this investment which is now in doubt. Again, if this is confirmed and brought into your position at Month 9, please include the pressure on Table A, along with a recurring FYE assessment and the mitigating actions (unless they have since been identified and included within the tracker).

Response

This is still a risk and hasn't been brought into the position for Month 9.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 8.5

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

- o Provider Pay Expenditure (Section A) - gradually increases to £64.3m in February and significantly decreases by £5.9m in March (£58.369m).

- o Non-Pay (Section B) – increases by £13.953m in March to £26.695m.

A narrative supporting these variances has not been included within the Month 8 submission. Therefore, please ensure details explaining material movements, including the above, are provided within future submissions.

Response

Expenditure varies in line with funding. We are constantly reviewing our expenditure trends.

Savings Tables (C,C1,C2,C3) – Action Point 8.6

The following observations were made in relation to your savings tracker:

- o Six Amber schemes are highlighted with no in-year forecast savings despite a current year plan of £0.353m, please clarify if and why these schemes are no longer expected to deliver any savings.

- o 44 Green schemes are identified with no in-year forecast savings with a current year plan of £3.123m, please if and why these schemes are no longer expected to deliver.

- o Five saving schemes, four classed as Green (CORP005, CORP006, NWP20 & NPW28) totalling c£0.162m and one classed as Amber (CORP038) totalling £0.050m, are forecast with deliverable savings only in Month 12. Please supply supporting explanations for the March only profile.

APPENDIX - MONTH 8 MONITORING RETURN RESPONSES

Response

For amber schemes see file below.



Copy of MR M8
Response - Amber.xl

For green schemes see attached below.



MR M8
Response.xlsx

For M12 forecast schemes –
CORP005 / CORP006 / CORP 038

These schemes are all one off transactions which will be posted in month 12

NWP020 – this scheme originally has a Q4 delivery profile but has been delayed, hence delivery only in M12.

NWP028 – this scheme relates to delivery of additional clinical activity which will take place in March.



GIG
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 23.1.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Acting Executive Director Finance						
Awdur yr Adroddiad Report Author:	Diane Davies, Corporate Governance Manager						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to note the report							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
To report in public session on matters previously considered in private session							
Cefndir / Background:							
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.							
Asesiad / Assessment							
<p>The Finance and Performance Committee considered the following matters in private session on 19.12.19</p> <ul style="list-style-type: none"> • Review of RTT expenditure Jan - March 2020 • Draft three year outlook and 2020/21 annual plan • Financial plan update 2020/21 • Pathway approach to delivering sustainable elective orthopaedic and musculoskeletal services • Financial recovery cost 							