

Bundle Finance & Performance Committee 4 June 2020

Unfortunately we are presently unable to accommodate attendance by members of the public to our Health Board's committee meetings due to Covid-19 restrictions. However we will publish our draft minutes within 3 working days of the meeting taking place on our website.

- 1 09:30 - FP20/45 Apologies for absence
- 2 09:30 - FP20/46 Declaration of Interests
- 3 09:30 - FP20/47 Draft minutes of the previous meeting held on 27.2.20 and summary action plan
FP20.47a Minutes FPC 27.2.20 v.02 public session draft.docx
FP20.47b Summary Action Log_Public session.doc
- 4 09:45 - FP20/48 Corporate risks assigned to the Committee
Mrs Sue Hill
FP20.48 Corporate Risk and Assurance Framework - Report - v2.docx
- 5 10:00 - FP20/49 Annual Plan 2019/20 Monitoring Report (APMR) year end
Mr Mark Wilkinson
FP20.49a - APMR 201920 March 2020 Year end.docx
FP20.49b Annual Plan Progress Monitoring Report - March 2020 Final.pdf
- 6 10:20 - FP20/50 Operational Plan 2020/21 Q1 monitoring report (OPMR)
Mr Mark Wilkinson
FP20.50a - OPMR Quarter 1 2020-21 May 2020 cover.docx
FP20.50b BCU Operational Plan Monitoring Report - May 2020 FINAL.pdf
- 7 10:35 - FP20/51 Quality and Performance report
Mr Mark Wilkinson
FP20.51a QAP_Coversheet FP - April 2020 FINAL (004).docx
FP20.51b QAP Report FP - April 2020 FINAL.pdf
- 8 10:55 - FP20/52 RTT Update
Mrs Gill Harris
Mr Andrew Kent Interim Planned Care Lead
FP20.52 RTT-may2020FD V1.0GH.docx
- 9 11:10 - FP20/53 Unscheduled Care and Building Better Care update
Mrs Gill Harris
FP20.53 Unscheduled Care report.docx
- 10 11:20 - FP20/54 Finance Report Month 1
Mrs Sue Hill
FP20.54 Finance Report M1 2020_21 v2.docx
- 11 11:40 - FP20/55 Savings Programme 2020/21 report
Mrs Sue Hill
FP20.55 Savings Plan Update - June 20.docx
- 12 For information
- 14 11:55 - FP20/57 Summary of private business to be reported in public
FP20.56 Private session items reported in public v1.0.docx
- 15 FP20/58 Issues of significance to inform the Chair's assurance report
- 16 11:55 - FP20/59 Date of next meeting 9.30am 2.7.20 Boardroom, Carlton Court
- 17 11:55 - Exclusion of the Press and Public
Resolution to Exclude the Press and Public
"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."



Finance & Performance Committee
Draft minutes of the meeting held on 27.2.20
in the Boardroom, Carlton Court

Present:

Mr Mark Polin	BCUHB Chairman
Mr John Cunliffe	Independent Member
Ms Helen Wilkinson	Independent Member

In Attendance:

Mr Phillip Burns	Interim Recovery Director (<i>part meeting</i>)
Mrs Deborah Carter	Acting Operations Director for Executive Director Nursing and Midwifery
Mr Simon Dean	Interim Chief Executive
Dr David Fearnley	Executive Medical Director
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mr Andrew Kent	Interim Planned Care Lead (<i>part meeting</i>)
Mr Rob Nolan	Finance Director ~ Commissioning and Strategy
Ms Emma Wilkins	Deputy Director, Financial Delivery Unit (FDU) Executive Director
Mr Mark Wilkinson	Planning and Performance
Ms Diane Davies	Corporate Governance Manager (Committee Secretariat)

Agenda item	Action by
<p>Opening remarks</p> <p>The Chairman advised on a recent positive meeting with the Director of NHS Wales whom had advised that a ministerial announcement was expected the following week outlining available support for BCUHB from Welsh Government (WG). He noted that BCU's current Interim Chief Executive appointee was on a secondment from WG, for a period to be determined. He asked that the Interim Chief Executive ensured business cases moving forward were robust and fit for purpose, and requested that executive approach be focussed on organisational risk, addressing action plans and providing an assured level of confidence.</p>	
<p>FP20/21 Apologies for absence</p> <p>Apologies were received from Mrs Gill Harris, Ms Sue Hill, Mr Eifion Jones and Mr Michael Hearty~ Independent Finance Advisor.</p>	
<p>FP20/22 Declarations of Interest</p>	

<p>The Interim Chief Executive advised that he was currently in post on the basis of secondment from Welsh Government.</p>	
<p>FP20/23 Draft minutes of the previous meeting held on 23.1.20 and summary action plan</p> <p>FP20/23.1 The minutes were agreed as an accurate record and updates were provided to the summary action log.</p> <p>FP20/23.2 It was noted that in relation to closed action FP19/273.5 RTT, the Chair would seek further clarity on the numbers involved during discussion of item FP20/26 RTT update.</p> <p>FP20/23.3 In respect of FP20/6.11 IQPR, the Committee questioned the throughput and cost per case of the waiting list initiative undertaken with the Vanguard Unit, which the Executive Director of Planning and Performance agreed to provide. However, it was also noted that the waiting list was anticipated to be increasing.</p> <p>FP20/23.4 The Executive Director of Workforce and OD requested that members raise concerns regarding member briefings when circulated, with the appropriate executive, in order that these could be addressed prior to the meeting.</p>	MW
<p>FP20/24 2019/20 Annual Plan: Monitoring of progress against actions for F&P Committee</p> <p>FP20/5.1 The Executive Director Planning and Performance presented the report, which provided a self-assessment by the executive leads of the progress being made on delivering against the key actions of the 2019/20 operational plan. He advised that the overall picture was positive, drawing attention to the Green status of the Health Improvement & Health Inequalities Programme and Green/Amber status of the Workforce Programme. It was also noted that many actions previously reported Red/Amber had significantly progressed to Green status and the introduction of a robust business case management process had provided greater assurance and improvements. A workshop was due to take place later that day.</p> <p>FP20/5.2 The Executive Director Planning and Performance reported on the deterioration of progress within Planned Care, advising that AP021 'Implement preferred service model for acute Urology services' should have been reported at Red status within the document, on which the Committee concurred.</p> <p>FP20/5.3 The Committee raised a number of queries in relation to the report as follows:</p> <p>AP002 Improve access to children's weight management specialist services - Agreed further detail on the reason for delay would be provided.</p> <p>AP013 Develop and and implement plans to support Primary Care sustainability</p>	MW

<ul style="list-style-type: none"> - The Chairman requested that the Executive Team prepare and consider a paper to address AP013 and AP014 	SD
<p>AP014 Model for Health and Wellbeing Centres created with partners</p> <ul style="list-style-type: none"> - Confirmed as being on track 	
<p>AP016 Plan and deliver digitally enabled transformation of community services</p> <ul style="list-style-type: none"> - The rag status was questioned given the WCCIS progress position - It was agreed that the Executive Director of Planning and Performance liaise with the Executive Director of Primary and Community to ensure accuracy of the statement 	MW
<p>AP022 Orthopaedics</p> <ul style="list-style-type: none"> - The Acting Director of Operations updated the Committee on modelling progress which had moved forward. It was noted that a long delay was not anticipated. 	
<p>AP024 Rheumatology service review</p> <ul style="list-style-type: none"> - The Chairman, as lead Independent Member for Rheumatology, requested that a review be completed. The Executive Director of Planning and Performance undertook to liaise with the Executive Director of Primary and Community to circulate a review paper which had been recently completed to members. 	MW
<p>AP031 Demand : Workforce shift to improve Care Closer to Home</p> <ul style="list-style-type: none"> - The Executive Director of Workforce & OD undertook to provide an update on the Kendall Bluck workforce review to the next meeting, which would also address visibility and engagement. 	SG
<p>AP034 Demand : Flow Emergency Medical Model</p> <ul style="list-style-type: none"> - The Acting Director of Operations agreed to update the exception report 	DC
<p>AP039 Stroke Services</p> <ul style="list-style-type: none"> - The Committee stressed the need for greater clarity on funding and the planning process at an early stage. The Executive Director Planning and Performance assured that planning was in place and that previous learning had been taken into account to ensure that the business case process prioritised addressing funding. 	
<p>Workforce Programme</p> <ul style="list-style-type: none"> - The Executive Director Workforce and OD agreed to provide a workforce 'hot spots' report to the next meeting. 	SG
<p>Digital Health Programme</p> <ul style="list-style-type: none"> - It was noted that the actions were being scrutinised by the Digital and Information Governance Committee (DIGC) however, the Chairman requested that the Executive Medical Director and DIGC Chair provide feedback regarding the delayed national systems to the Interim Chief Executive and Chair to inform ongoing discussion. 	DF/JC
<p>Estates Strategy Programme</p>	
<p>AP064 – Well-being hubs</p> <ul style="list-style-type: none"> - It was agreed that the learning from wellbeing hubs be explored further by the Strategy, Planning and Population Health Committee. 	MW
<ul style="list-style-type: none"> - The Committee requested that further clarification on estate development issues arising in conjunction with partnerships be provided within a briefing, including assurance on the efficacy of Area Director awareness. The Interim Chief Executive reflected that Executive briefings required improvement in this area to ensure clarity on local and pan North Wales issues. 	MW

<p>AP073 – Residencies</p> <ul style="list-style-type: none"> - The Chairman questioned whether the Board required further sighting on the business case development being progressed, noting potential public sector capital funding. The Interim Chief Executive said that a ‘principle discussion’ would be required. <p>AP072 Central Medical Records</p> <ul style="list-style-type: none"> - The Committee pointed out that the narrative provided needed to clarify that the development of the Digital Health Record would be implemented for storage of <i>future</i> medical records only. <p>Finance Programme</p> <ul style="list-style-type: none"> - It was noted that financial governance was being discussed by the Chair, Vice Chair, Interim Chief Executive and Deputy Chief Executive. <p>FP20/5.4 In addition, the Chairman sought assurance that planned and unscheduled care would be prioritised going forward, which the Interim Chief Executive and Executive Director of Planning and Performance affirmed. It was noted that a balance of visibility and attainment of significant improvement was required. The Interim Chief Executive advised that a Board workshop to be held on 12.3.20 would address a draft annual operational plan with which the Board could have confidence on deliverability.</p> <p>FP20/5.5 The Deputy Director FDU questioned the next steps and whether there would be a ‘look back’ at the impacts made and areas of non-delivery. A discussion ensued in which the Executive Director Workforce and OD clarified how focus would be applied to high impact and high risk areas going forward. The Committee also questioned how benefits realisation would be reported which was clarified.</p> <p>FP20/5.6 The Chairman stated that where outcomes did not result in improvements it was important to question their inclusion within planning. He drew particular attention to the non-delivery of improvements to planned and unscheduled care. He stressed the need to ensure confidence was assured on the future delivery of improvements in these areas to effectively enable the Minister’s consideration of envisaged outcomes for any potential future WG support funding. The Interim Chief Executive agreed that the Board needed to be effectively advised and that it was reasonable for WG to be appraised of the benefits gained through investment. A discussion ensued on the format and content required to address these issues.</p> <p>FP20/5.7 The Chairman concluded that the present document provided a narrative on achievements to date however, it would be key to move forward on a more concise format, to be agreed as a Board, and also ensure clarity on prioritisation with clearer succinct narrative provision. Business cases would also need to ensure a clear indication of the investment required, narrative on the purpose and also ensure benefits realisation was assessed with an indication of where this will be scrutinised.</p> <p>It was resolved that the Committee noted the report.</p>	MW
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The Interim Planned Care Lead joined the meeting

FP20/25 Integrated Quality and Performance report

FP20/25.1 The Executive Director Planning and Performance presented the report drawing attention to the performance executive summary provided. The rate of deterioration in planned care was noted, however this had slowed in respect of RTT. The RTT work underway provided by WG's additional £7m funding was acknowledged. Endoscopy progress was noted, however the Executive Director Planning and Performance advised that his preference would be to provide more sustainable solutions in the longer term. In respect of Unscheduled Care, he advised the position to be very challenged, with performance below on all indicators from February 2020 to date. He advised it was his preference to provide better sustainable solutions.

FP20/25.2 The Chairman stated that scrutiny of RTT and Unscheduled Care would be considered within the relevant agenda items and agency performance would be dealt with in the Finance update. The Executive Director Planning and Performance noted that there had been a decrease in sickness and improved mandatory training compliance. The Committee remarked on the positive improvement in respect of eye care.

FP20/25.3 The Chairman questioned the primary care measures and the join up between the Acting Operations Director and Executive Director of Primary and Community services in respect of performance. The Acting Operations Director explained the connectivity of the Unscheduled Care plan and involvement of Area Directors along with other measures that would include improvement groups moving forward.

It was resolved that the Committee noted the report

FP20/26 Referral to Treatment update

FP20/26.1 The Interim Planned Care Lead advised that it would be key for BCU to meet the 13,195 target of over 36 week waiters by 31.3.20, however it was his intention to improve on this position. He drew attention to the SPC graphs which were indicating a plateau in performance. The Interim Planned Care Lead reported that systematic work was taking place regarding action plans for patients. He advised that there were areas in which NHS providers were unavailable to undertake procedures and the private sector was being utilised. £273k commitment was explained however it was reported that gastro support could not be moved forward. The Interim Planned Care Lead reported confidence on remaining in budget.

FP20/26.2 He drew attention to the 'follow on' validation and capacity plans reported within the document. It was noted that funding had been provided to move forward the validation team work. The Interim Planned Care Lead advised that a costed forward plan with timelines was being planned in order for the

organisation to be able to decide how planned care would become a sustainable and deliverable service moving forward.

FP20/26.3 The Committee requested that the Interim Planned Care Lead provide a comparative with the previous year on further activity that had been provided via additional funding. He also confirmed confidence in achieving the 13,195 target and a possible improvement within the region of hundreds of patients.

FP20/26.4 A lengthy discussion ensued on the challenges in understanding the deteriorating position, the Interim Planned Care Lead emphasised that demand knowledge was at the heart of the capacity issue. It was noted that a full capacity plan was being developed instead of a separate RTT plan which would enable a clearer understanding of available resources, potential delivery and areas to be focussed upon. The Interim Chief Executive emphasised the benefits going forward of the treat in turn process and bottom up approach being undertaken. He reported that he would be addressing this with site teams in terms of deliverability and also accountability, ensuring there was a join up with BCU's operational plan to provide greater confidence on deliverability.

FP20/26.5 Whilst this work was being progressed it was acknowledged that progress could be derailed by other events, as RTT could not be considered in isolation.

FP20/26.6 The Chairman stated there was a need for grip and control work to be clearly understood within the plan in order that the Board could be confident that maximising efficiency and productivity was on the basis of comprehending available capacity. Whilst the Interim Planned Care Lead explained the PID work being progressed with the PMO, the Chairman stated that the risk could not be reduced until this had been achieved. The Interim Chief Executive advised that whilst all would not be in place by 1.4.20, opportunities had been identified to achieve efficiencies as soon as possible.

FP20/26.7 The Interim Planned Care Lead responded that the £670k overspend, questioned by the Interim Recovery Director, was currently a commitment only which would be drawn upon if required. The Interim Chief Executive affirmed that he would address this with WG as it would be necessary to treat patients immediately in the new financial year. In the discussion which followed the Chairman also questioned BCU's position in relation to potential clawback liability. The Interim Chief Executive explained the different WG funding approach understood to be taken, in which the importance of ensuring patients were being treated was stressed. He emphasised the need to comprehend what WG funding provided to ensure that with non-recurrent funding solutions there was also a need to address the balance with sustainability. In response to the Committee he advised that following the Board workshop taking place on 12.3.20, the Board Development session on 26.3.20 would need to appraise WG funding available and consider the BCU programme necessary to deliver into the future.

AK

<p>FP20/26.8 A discussion ensued on potential cancelled operations in which the organisation underlined that the impact to individual patients, who would be tracked on a daily basis, was recognised as intrinsically important. The Chairman stated that he would seek further detail on an orthopaedic patient affected which had been drawn to his attention via an AM/MP.</p> <p>FP20/26.9 The Deputy Director FDU sought further clarification on the spending forecast, which the Interim Planned Care Lead explained was being addressed at weekly meetings, highlighting the challenges of outsourcing costs. It was agreed the Finance Director ~ Commissioning and Strategy would follow this up with her outside the meeting.</p> <p>FP20/26.10 The Committee also sought clarification on mitigation taking place to address high risk areas such as Urology and Cancer. The Interim Planned Care Lead explained these were national issues, however BCU was developing its resilience planning, albeit solutions might not materialise for another year. It was noted that continual monitoring was taking place, including outsourcing in other areas of the UK. It was agreed that the Interim Chief Executive and Chairman would be provided with further detail on follow up plans outside the meeting by the Interim Planned Care Lead to augment the information provided in the report.</p> <p>It was resolved that the Committee noted:</p> <ul style="list-style-type: none"> • the focus on achieving the year-end over 36-week position of 13,195. • the slowing of the deterioration in the over 36-week and the over 52 week position. • the progress to date on the building of the capacity plan. • the deterioration in the 15% reduction in follow up position 	<p>RN</p> <p>AK</p>
<p>FP20/27 Unscheduled Care and building better care update</p> <p>FP20/27.1 The Acting Operations Director advised the Committee that the Unscheduled Care plan had been flexed since its inception, however this had been in agreement with WG. She acknowledged the challenging period which had taken place, however there had been improvements made, especially in the smaller metrics, which would be important to maintain. She stated the importance of ensuring stability within the workforce which the Kendall Bluck review had reinforced. Processes had been refined and patient admissions had been better managed to a best in class standard. The Acting Operations Director also highlighted improvements due to work with patient assessments, discharge profiles, length of stay and ambulance handovers. In addition to Emergency Department (ED) improvements she highlighted the additional training introduced within ED to extend their skillsets and provide for a safer patient experience, especially in triage. Positive cultural change was also noted.</p> <p>FP20/27.2 The Chairman questioned whether there was sufficient capacity within the 3 acute EDs. The Executive Director Workforce & OD explained this was close to coming into alignment with the 5 year workforce plan, whilst the Interim Chief Executive stated that additional work needed to be undertaken to</p>	

attain a whole system approach that ensured effectively integrating ED within the hospital in order to move forward the improvements needed. In the discussion which followed the Interim Chief Executive advised that the 'next steps' in this area would be addressed in the Board workshop taking place on 12.3.20, including an appreciation of the hospital team perspective. The different approaches to escalation beds was discussed in which the Interim Chief Executive advised that decision making needed to be agreed on, utilising positive 'hearts and minds' engagement. The fragility of the workforce was acknowledged as the greatest challenge in this area, and discussion ensued on how various concerns were being addressed including retirements, recruitment, capacity and capability. The Executive Medical Director emphasised the importance of ensuring that clinician 'protected time' was provided.

FP20/27.3 The Committee was assured by the Acting Operations Director that a suite of metrics had been introduced which were monitored constantly and utilised for planning going forward. The Interim Chief Executive emphasised that senior leadership visibility was also important.

It was resolved that the Committee noted

- the unscheduled care performance for January across BCUHB and for each health community
- the building better care programme and ongoing work within phase 4

FP20/28 Finance Report Month 10

FP20/28.1 The Finance Director ~ Commissioning and Strategy presented the report. He drew attention to the in month position reporting that there has been an improvement in the run rate of £0.7m in Month 10. Secondary Care, Commissioner Contacts and Mental Health had all performed well. However, prescribing costs continued to increase and had a significant impact again in January i.e. £0.6m worse than expected, primarily due to the effect of national prices and this was offsetting some of the improvements seen elsewhere across the Health Board. The in-month position was £1.6m in excess of the control total plan and £0.3m above the initial plan. In respect of year to date, the Health Board was overspent by £34.3m, £12.6m higher than control total plan and £5.1m over the original plan.

FP20/28.2 In response to the Chairman it was noted that the forecast trajectory was not lowering. The Interim Recovery Director reported that the competing demand to drive improved performance within the organisation was affecting cost. In discussion of the likely effect on the forecast £41m deficit, the Executive Director Workforce and OD advised that grip and control measures had demonstrated that reductions could be achieved within the temporary workforce which included agency staff costs, although she advised that there were terms and conditions issues to be considered in partnership to enable alignment. It was noted that risks were being taken into account in respect of service improvements. The Executive Medical Director reflected that, building on engagement with staff groups would enable greater improvements into the future.

FP20/28.3 The Chairman sought assurance on when grip and control measures would provide a material difference to the organisation's position, which was outlined by the Executive Director of Workforce and OD. The Finance Director ~ Commissioning and Strategy provided greater detail of the prescribing cost pressures, advising on BCU's outlier position in Wales and the work being done to address improved resilience in contingency provision. The Interim Recovery Director also concurred that constrained budget setting had led to challenges in year which needed to be addressed in future planning.

FP20/28.4 The Chairman questioned the effectiveness of the grip and control measure PWC recommendations on the run rate and whether the Chief Finance Officers or corporate finance department was in control of the position. The Interim Chief Executive advised that there was more to do in this area, emphasising that whilst there were 'just do it' solutions to be enabled, there were also choices in development that required consideration. He reminded that BCU's deficit position was the result of choices undertaken. The Interim Chief Executive stated that BCU required a clearly articulated plan that demonstrated quality service development, workforce and finance. He emphasised the huge opportunity, as a team, to align and capitalise on different ways of working to achieve this. It was noted that financial responsibility did not solely lie with the Finance division but every one within the organisation and required greater embedding within Hospital Management Teams and budget holders in respect of their spending and decision making.

FP20/28.5 The Chairman questioned whether a reduction of £5m could be achieved, given the organisation's overall budget. The Interim Recovery Director advised that transactional savings had not been fully embedded and there was further work to be completed on transitional. The £41m savings programme had incurred slippage therefore more would be unattainable however, it was noted that there had been more recurrent savings schemes identified than previously, and a greater diversity of large scale programmes.

FP20/28.6 A discussion ensued on accountability and consequences on non-delivery. The Interim Chief Executive concurred on the importance of accountability, however it was also important to ensure that plans were realistically deliverable. He stated that accountability required a focussed balance between reward and addressing areas which had not been achieved.

FP20/28.7 The Deputy Director FDU questioned the unchanged organisation's financial position over the year, given that additional WG support and resource had been provided. The Interim Chief Executive concurred this required further understanding and stated this would not be repeated going forward, commencing with budget setting and exploration of organisational structures.

FP20/28.8 The Chairman questioned the seven risks to the financial position totalling £7.1m outlined within the report, to which the Finance Director ~ Commissioning and Strategy advised that the Welsh Risk Pool £1.7m noted was an assumption.

<p>FP20/28.9 In response to the Chairman, the Finance Director ~ Commissioning and Strategy and Interim Chief Executive affirmed confidence on delivery of £41m deficit forecast position and the Interim Recovery Director affirmed confidence in delivering the savings expectation.</p> <p>FP20/28.10 The Deputy Director FDU advised a note of caution as whilst all other Welsh Health Boards had delivered their full value on 'Green' status savings schemes, this had not been the case at BCU, which the Interim Recovery Director agreed had been a frustration in which lessons had been learned for the following year, including a cultural shift.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • the forecast deficit had been increased to £41m. • the request to Welsh Government for an additional £4m Strategic Cash Assistance. 	
<p>FP20/29 Financial Recovery Group report</p> <p>The Chairman advised that the report had been discussed within the previous item. The Committee questioned what were the three top lessons that had been learned over the year, given that the organisation was not in the position expected at this point. The Interim Recovery Director was invited to report further on this at the Board workshop to take place on 12.3.20 or at the next Committee meeting. However he reflected on the challenges associated with establishing a programme that was reliant on a small team within the size of the Health Board and its inherent complexity. He reported it was his perception that most of the organisation had responded well to the grip and control methods applied. In respect of transition, he advised that there would be a need to reflect on the time required to provide training and embed cultural change. Whilst large scale programmes needed to mobilise quickly.</p> <p>It was resolved that the Committee noted the report</p>	PB
<p>FP20/30 Capital Programme report month 10</p> <p>In response to the Committee, the Executive Director Planning and Performance affirmed confidence in delivery of the Capital Resource Limit.</p> <p>It was resolved that the Committee noted the report including the exceptions</p>	
<p>FP20/31 Procurement of local frameworks for construction works</p> <p>In response to the Committee, the Executive Director Planning and Performance undertook to provide further advice on whether East, West and Central frameworks should be developed or provide a pan North Wales Framework. In addition, he would liaise with the Assistant Director Strategy to ensure that the</p>	MW

<p>document was widely understood by local contractors and organisations along with potential opportunities.</p> <p>It was resolved that the Committee supported the establishment of contractor frameworks and the proposed procurement methodology for the delivery of estates capital projects subject to the actions above</p>	
<p>FP20/32 External Contracts Update</p> <p>The Committee questioned whether governance to support CHC contracting was sufficiently robust in comparison to the previous year which the Finance Director ~ Commissioning and Strategy undertook to follow up and advise members.</p> <p>It was resolved that the Committee noted:</p> <ul style="list-style-type: none"> • the financial position on the main external contracts at December 2019 and anticipated pressures • the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity • the work underway in relation to RTT 	RN
<p>FP20/33 Update on delivery of PWC recommendations</p> <p>FP20/33.1 The Finance Director ~ Commissioning and Strategy presented the report highlighting areas which had not been completed. He advised that the FDU had reported the previous day its disappointment that all the recommendations had not been actioned. In response to the Committee the Finance Director ~ Commissioning and Strategy undertook to address the provision of indicators to demonstrate whether each action was on track for completion.</p> <p>FP20/33.2 The Chairman was disappointed to note the incomplete actions, drawing particular attention to the provision of a multi year financial plan and addressing areas of cost pressures. He questioned the completion of benefits realisation related to business cases as none had been submitted to the Committee for some time. In the discussion which followed the development of an electronic business case format was considered to be helpful in monitoring this. The Executive Director Planning and Performance agreed to ensure a schedule of benefits realisation updates would be provided following approval of business cases going forward.</p> <p>FP20/33.3 A discussion ensued, in which the Interim Chief Executive reminded that the report was based on a point in time and whilst these were recommendations they were subject to the decision of the organisation in terms of adoption. It was agreed that the Finance Director ~ Commissioning and Strategy would provide a greater level of narrative and provide the members</p>	RN MW RN

<p>with a link to the recommendation tracker system to provide assurance on the monitoring taking place. He also agreed to circulate the report recently provided by the FDU to Executive Directors of Finance in respect of Budget recommendations to Health Boards.</p> <p>It was resolved that the Committee noted the status of progress against the recommendations as set out in this paper. agreed the requirement of further narrative to enable further consideration of the progress of actions.</p>	
<p>FP20/34 Workforce performance quarterly report – Quarter 3</p> <p>FP20/34.1 The Executive Director Workforce and OD presented the report which provided the current BCUHB position and trend analysis across a number of key workforce performance metrics, to assist in the monitoring of progress against local and national targets. An account of remedial actions being undertaken for areas of under performance was also provided. Key points within the report were detailed in areas of : a newly introduced integrated Workforce Improvement infrastructure, Recruitment & Retention, Temporary Staffing, Medical and Dental job planning, Attendance Management, Health & Safety, Equality, Organisational Development and Communications Strategy. The Executive Director Workforce and OD drew attention to developments which had been introduced and the support that workforce colleagues provided to operational teams. She highlighted hot spot identification, impact tracking for benefit realisation, workforce optimisation and clinical/nursing productivity. It was noted that workforce objectives had been reduced from ten to five of high impact. There would also be a focus on capacity and capability. It was envisaged within quarter 4 that improved profiling work would enable potential savings.</p> <p>FP20/34.2 In response to the Committee, the Executive Director Workforce and OD agreed to arrange for the Assistant Director Communications to contact IM John Cunliffe outside the meeting in respect of questions regarding the new website highlighted at key point 9. The Executive Medical Director complimented the detail of the report, however he requested that data on new starters be provided going forward. In addition he undertook to discuss with the Executive Director Workforce and OD providing evidence of impacts eg in the reduction of sessions (slide 7) and correlation with RTT work outside the meeting.</p> <p>FP20/34.3 Discussion ensued on the static vacancy rate in comparison to the recruitment improvements reported. The Chairman particularly questioned the organisation’s policy on performance interviews within 3-6 months of a new starter’s commencement, which was understood to vary across staff groups. He emphasised the importance of addressing this. The Committee also questioned whether an online survey could be introduced for new starters to capture their initial perceptions of BCU in order to listen and learn.</p> <p>It was resolved that the Committee</p>	<p>SG DF</p>

noted the report	
<p>FP20/35 2019/20 monthly monitoring report</p> <p>It was resolved that the Committee noted the report on the Health Board's financial position for month 9 2019/20 submitted to Welsh Government</p>	
<p>FP20/36 Summary of private business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP20/37 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside the meeting</p>	
<p>FP20/38 Date of next meeting</p> <p>It was reported that the meeting scheduled to be held on 24.3.20 was cancelled.</p> <p>The next meeting would be held on 30.4.20 9.30 Boardroom, Carlton Court.</p>	
<p>FP20/39 Exclusion of the Press and Public</p> <p>Resolution to Exclude the Press and Public</p> <p>"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 24.10.19 meeting:				
Sue Hill	FP19/236 Finance Academy Forecasting Best Practice Guide A plan to implement the guidance would be provided In December	December meeting (11.12.19) January meeting	Moved to January agenda due to short December meeting Deferred to February 2020 agenda due to timing of January meeting 10.2.19 Deferred to March 2020 agenda 27.2.20 The Chairman requested that the item be addressed at the next meeting 18.5.20 – Deferred to July 2020	Jan-2020 February 2020 March 2020 22.4.20 25.6.20
Sue Hill	FP19/238 Resource Allocation Provide to members when formula finalised	11.12.19	20.11.19 Update - The resource allocation has not been finalised 11.12.19 This should have been issued in time to be brought to F&P in January The paper has been drafted and will be brought to F&P in February due to timing. 19.2.20 Paper to be circulated to members on 21.2.20 21.2.20 Paper circulated to members	Jan-2020 February 2020 Action closed
Actions from 23.1.20 meeting:				
Sue Hill	FP20/4.1 CRR Ensure a new financial sustainability risk is developed and presented to the Committee at 30.4.20 meeting	22.4.20	Complete : Acting Board Secretary JP advises : CRR06 was taken to Audit Committee in March 2020	Action to be closed
Sue Hill > Chris Stockport	FP20/5 APPMR Request Chris Stockport to prepare a briefing on GP Resilience in order to consider whether WG support	6.2.20	19.2.20 A Business Case to support the development of the Primary & Community Care Academy has been drafted and is currently being finalised for consideration by the Executive Team. This also	April 2020 (21.4.20) Action to be

	might be sought to invest in primary & community services should additional funding become available from across the border.		includes primary care workforce priorities and options that would support the implementation of the Primary Care Model at a greater pace, which in turn strengthens the resilience of this sector. In addition, WG has allocated a further £2.236m to support cluster led developments, from 2020/21. A framework to ensure that these also reflect the national model priorities will be implemented. 3.4.20 Acting Board Secretary JP advises : To be reviewed in November / December 2020 – added to rolling programme	closed
Sue Hill	FP20/10.3 Financial Plan update 2020/21 The Chairman requested that the outputs from the workshop to support the development of the financial plan and Divisional budgets between Health Board Directors and Divisional Directors be shared with the Committee.	11.2.20	19.2.20 Paper to be circulated to members on 21.2.20 21.2.20 Circulated to members	Action closed
Actions from 27.2.20 meeting:				
Mark Wilkinson	FP20.23 Matters arising The Committee questioned the throughput and cost per case of the waiting list initiative undertaken with the Vanguard unit which the Executive Director of Planning and Performance agreed to provide. However, it was noted that the waiting list was anticipated to be increasing.	24.3.20	23.5.20 Request for deferral to July meeting. The Vanguard Unit has been removed from YGC site and there are no current plans to bring another Unit back onto site. The question of sustainable endoscopy services and the potential for outsourcing to play a part in that remain key issues. A retrospective look at VFM will help support future service planning.	25.6.20
Mark Wilkinson	FP20/24 2019/20 APPMR Address the following the agreed actions:		23.5.20 AP002, AP016 – March report to address. AP024 – report shared with the Committee via email on 26.5.20.	Actions to be closed

<p>AP002 Improve access to children's weight management specialist services</p> <ul style="list-style-type: none"> - Agreed further detail on the reason for delay would be provided. <p>AP016 Plan and deliver digitally enabled transformation of community services</p> <ul style="list-style-type: none"> - The rag status was questioned given the WCCIS progress position - It was agreed that the Executive Director of Planning and Performance liaise with the Executive Director of Primary and Community to ensure accuracy of the statement <p>AP024 Rheumatology service review</p> <ul style="list-style-type: none"> - The Chairman, as lead Independent Member for Rheumatology, requested that a review be completed. The Executive Director of Planning and Performance undertook to liaise with the Executive Director of Primary and Community to circulate a review paper which had been recently completed to members. <p>AP072 Central Medical Records</p>		<p>The implementation of the review is being led by the Director of Primary and Community Care. AP072 noted.</p>	
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	<ul style="list-style-type: none"> - The Committee pointed out that the narrative provided needed to clarify that the development of the Digital Health Record would be implemented for storage of <i>future</i> medical records only. 			
Mark Wilkinson	<p>AP064 – Well-being hubs</p> <ul style="list-style-type: none"> - It was agreed that the learning from wellbeing hubs be explored further by the Strategy, Planning and Population Health Committee - The Committee requested that further clarification on estate development issues arising in conjunction with partnerships be provided within a briefing, including assurance on the efficacy of Area Director awareness. The Chief Executive reflected that Executive briefings required improvement in this area to ensure clarity on local and pan North Wales issues. 		AP064 – request for deferral of briefing on partnership capital schemes to July 20.	25.6.20
Simon Dean	<p>FP20/24 2019/20 APPMR AP013 Develop and implement plans to support Primary Care sustainability</p> <ul style="list-style-type: none"> - The Chairman requested that the Executive Team 	27.5.20	27.5.20 The Executive Director Primary and Community Services will provide a paper to the next meeting	25.6.20

	prepare and consider a paper to address AP013 and AP014			
Sue Green	<p>FP20/24 2019/20 APPMR AP031 Demand : Workforce shift to improve Care Closer to Home</p> <ul style="list-style-type: none"> - The Executive Director of Workforce & OD undertook to provide an update on the Kendall Bluck workforce review to the next meeting, which would also address visibility and engagement. <p>Workforce Programme</p> <ul style="list-style-type: none"> - The Executive Director Workforce and OD agreed to provide a workforce 'hot spots' report to the next meeting. 	22.4.20	Update report to be submitted to the July meeting	25.6.20
Deborah Carter	<p>FP20/24 2019/20 APPMR AP034 Demand : Flow Emergency Medical Model</p> <ul style="list-style-type: none"> - The Acting Director of Operations agreed to update the exception report 	30.3.20	The December detail was removed	Action to be closed
David Fearnley/ John Cunliffe	<p>FP20/24 2019/20 APPMR Digital Health Programme</p> <ul style="list-style-type: none"> - It was noted that the actions were being scrutinised by the Digital and Information Governance Committee (DIGC) however, the Chairman requested that the Executive Medical Director 	16.3.20	3.4.20 Acting Board Secretary JP advises : Action to be transferred to DIGC – with outcome to be advised in Chair's Assurance report to Board	Action to be closed

	and DIGC Chair provide feedback regarding the delayed national systems to the Chief Executive and Chair to inform ongoing discussion.			
Andrew Kent	RTT FP20/26.3 The Committee requested that the Interim Planned Care Lead provide a comparative with the previous year on further activity that had been provided via additional funding. He also confirmed confidence in achieving the 13,195 target and a possible improvement within the region of hundreds of patients.	22.4.20	Please see table below*	
Rob Nolan / Sue Hill	FP20/26 RTT update The Deputy Director FDU sought further clarification on the spending forecast, which the Interim Planned Care Lead explained was being addressed at weekly meetings, highlighting the challenges of outsourcing costs. It was agreed the Finance Director ~ Commissioning and Strategy would follow this up with her outside the meeting.	16.3.20	27.5.20 The reason the forecast was high in the last couple of months of the year was due to high levels of outsourced activity being planned to take place in February and March across a range of specialties, but predominantly orthopaedics. There were also plans to insource gastroenterology and ophthalmology activity during the last 2 months of the year together with continuing additional internal activity. As a result of Covid-19, the vast majority of this activity did not take place as English NHS Providers stopped accepting referrals in early March. As a consequence, spending on RTT was c£3.6m below the year-end forecast.	
Phillip Burns / Sue Hill	FP20/29 Financial Recovery Group report The Committee questioned what were the three top lessons that had been learned over the year, given	12.3.20	Financial Recovery Programme Review paper is on the private session of agenda.	Action to be closed

	that the organisation was not in the position expected at this point. The Interim Recovery Director was invited to report further on this at the Board workshop to take place on 12.3.20 or at the next Committee meeting			
Mark Wilkinson	<p>FP20/31 Procurement of local frameworks for construction works</p> <p>In response to the Committee, the Executive Director Planning and Performance undertook to provide further advice on whether East, West and Central frameworks should be developed or provide a pan North Wales Framework. In addition, he would liaise with the Assistant Director Strategy to ensure that the document was widely understood by local contractors and organisations along with potential opportunities.</p>	22.4.20	23.5.20 Request for deferral to July meeting.	25.6.20
Rob Nolan / Sue Hill	<p>FP20/32 External Contracts Update</p> <p>The Committee questioned whether governance to support CHC contracting was sufficiently robust in comparison to the previous year which the Finance Director ~ Commissioning and Strategy undertook to follow up and advise members.</p>	16.3.20	<p>27.5.20 The Contracts Team are currently not fully resourced, with one vacancy recently filled and one Maternity cover still to be filled. They have been able to support fully all the COVID CHC Workstreams, including the Care Home Cell, Care Home Data Cell and the Home First Bureau's. In addition they are supporting the 3 Home First Bureau's operationally with re-deployed Contract's Officers as Care Home Visits have been suspended.</p> <p>They are exploring options for an alternative approach to address Care Home Assurance agenda, which is likely to change the way</p>	Action to be closed

			they approach care home visits in the future.	
Rob Nolan / Sue Hill	FP20/33 Update on delivery of PWC recommendations In response to the Committee the Finance Director ~ Commissioning and Strategy undertook to address the provision of indicators to demonstrate whether each action was on track for completion.	22.4.20	27.5.20 As a result of the response to the COVID pandemic work on monitoring the PWC recommendations was suspended. A review of the actions will need to be undertaken to assess which ones are on track for completion and also to provide the greater level of narrative.	
Mark Wilkinson	FP20/33 Update on delivery of PWC recommendations The Executive Director Planning and Performance agreed to ensure a schedule of benefits realisation updates would be provided following approval of business cases going forward.	22.4.20		Action to be closed
Rob Nolan	FP20/33 Update on delivery of PWC recommendations It was agreed that the Finance Director ~ Commissioning and Strategy would provide a greater level of narrative and provide the members with a link to the recommendation tracker system to provide assurance on the monitoring taking place. He also agreed to circulate the report recently provided by the FDU to Executive Directors of Finance in respect of Budget recommendations to Health	16.3.20	27.5.20 As a result of the response to the COVID pandemic work on monitoring the PWC recommendations was suspended. A review of the actions will need to be undertaken to assess which ones are on track for completion and also to provide the greater level of narrative.	

	Boards.			
Sue Green	FP20/34 Workforce performance quarterly report – Quarter 3 The Executive Medical Director requested that data on new starters be provided going forward.	27.5.20	The data will be incorporated into future quarterly reports.	Action to be closed
David Fearnley	FP20/34 Workforce performance quarterly report – Quarter 3 The Executive Medical Director undertook to discuss with the Executive Director Workforce and OD providing evidence of impacts eg in the reduction of sessions (slide 7) and correlation with RTT work outside the meeting.	22.4.20	Due to COVID it has not been possible to follow this up but the pensions change announced in the budget has taken the pressure off and it is unlikely to be a factor in 20/21.	Action to be closed

27.5.20

In response to **RTT FP20/26.3** ***Delivery** (Based on a 50 week year) Includes WLI activity in scheduled sessions

Specialty	Plan Capacity ATOM (Running total)	Number of patients completed YTD	Emergencies/Trauma carried out in planned lists (included in YTD).	Difference between plan and actual (Patients)	Average number of patients per session YTD (Planned)	Average number of patients per session (Actual)	Number of sessions (Running total)	Number of sessions completed YTD	Difference between plan and actual (Sessions)
General Surgery	938	188	5	750	1.5	1.4	436	133	303
Urology	539	87	5	452	1.6	1.2	197	70	127
Orthopaedics	906	9	8	897	0.8	0.8	411	12	399
ENT	571	19	1	552	1.1	1.0	202	20	182
Oral Surgery	221	26	0	195	1.9	1.9	88	14	74

Pain	39	23	0	16	3.0	2.6	8	9	-1
Ophthalmology	934	20	7	914	5.3	2.9	195	7	188
Gynaecology	398	71	5	327	1.6	1.4	176	52	124
Total	4545	443	31	4102			1712	317	1395



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee						
	4.6.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Finance and Performance Corporate Risk and Assurance Framework Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	CRR06 - Executive Director of Finance CRR11a - Deputy Chief Executive/Executive Director of Nursing and Midwifery CRR11b - Deputy Chief Executive/Executive Director of Nursing and Midwifery CRR12 – Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Justine Parry, Assistant Director of Information Governance & 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:	Appendix 1 – Details of Corporate Risk Register Report						
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 present risks in line with the Health Board's risk appetite. 3. Note and approve the actions that have been completed and turned green so that they could be archived and replaced with new ones if the need arises. 4. Note, approve and recommend the Corporate Risk Register (CRR) and to gain assurance that risks articulated on it are appropriately and robustly managed in line with the Health Board's risk management strategy and best practice. 							
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 & Scrutiny	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:							
The continuous negative impact on the Health Board's resources, strategy, tactics and operations triggered by the current prevailing Covid-19 situation underlines the need for strengthening and improving							



its risk management practice and ecosystem. This does not only thrust effective risk management at the heart of the Health Board's approach to managing Covid-19 in continuously ensuring the safe delivery of its operations, business sustainability and financial viability but underlines the need to tap into the 'upsides' or benefits of appropriate, comprehensive and dynamic risk management.

While this coversheet articulates the key highlights/progress and changes captured in each risks, Appendix 1 presents details of each of the risks on the CRR allocated to the Finance and Performance Committee. Updates captured as a result of the review and scrutiny of this corporate risk register (CRR) report will be presented to the Audit Committee for further scrutiny and assurance.

Cefndir / Background:

As part of the Health Board's continuous drive to improve its risk management landscape including culture, system and processes, three very significant improvements have been made to this CRR report. i.e.

1. A re-designed new template for capturing the Health Board's risks which are on its CRR.
2. Inclusion of the Health Board's Risk Appetite level for the type of risk captured.
3. Inclusion of a specific table reflective of the Risk Management action module on Datix to enable the robust capturing details of risk response plans being implemented in mitigating risks in order to attain their target scores.
4. Some of the actions in the further action free text box on Datix have been re-phrased into SMART actions embedded into the risks and now constitute the risk response plans.

The re-designed template for capturing risks on the CRR gains much in a better layout, clarity, brevity and simplicity with a dedicated section for articulating actions from the risk management action module on Datix. The action section which comprises the actions that were in the further action section of Datix, now has due dates, action leads/owners, expected completion date and progress and comment sections included.

Despite the extreme constraints and pressures under which staff are working at this moment of Covid-19, the engagement and enthusiasm demonstrated by risk owners across the Health Board who have risks on the CRR, in getting their risk action plans completed is of telling significance. And to all of them including the indefatigable members of our small risk management team, we record our profound appreciation and indebtedness for their commitment in turning requests for inputs on due dates, action owners and progress/comments in a short timescale.

Asesiad / Assessment & Analysis

The Finance and Performance Committee (F&P) at its meeting which held on the 23rd January 2020 after some robust discussions recommended an increase in the current score for CRR06 from 12 to 20 in reflection of the current financial position of the Health Board.

In summary, the following updates present changes that have been made to risks since the last CRR report was received by the F&P: -

- **CRR06 Financial Stability.**

Key progress: This risk has been reviewed and updated. Three of its actions have been turned green indicating that they have been completed. Further actions to mitigate this risk so as to achieve its target risk score have been incorporated which includes, continuously scrutinising recovery and savings delivery as the financial year elapses, potential additional escalatory grip as well as control measures. However, despite these additional actions and given the current financial position, it is recommended that the risk score remains the same.



- **CRR11a Unscheduled Care Access.**

Key progress: This risk has been updated and its actions have been thoroughly reviewed and some split to indicate components which have been completed and those which are still ongoing. Risk controls have also been strengthened to include reporting arrangements and further actions identified and added to support the achievement of the target risk score.

- **CRR11b Planned Care Access.**

Key progress: This risk has been updated to incorporate the negative impact of Covid-19 as routine activity has been paused while four of its actions have been completed and turned green. The target risk date was amended to take into account the implementation of further actions to support the achievement of the target risk score and as controls have been strengthened with some new ones added.

- **CRR12 Estates and Environment.**

Key progress: This risk has been updated and its actions reviewed as well as due dates and progress notes provided. Risk controls had been strengthened to include reporting arrangements and further actions had been identified to support the achievement of the target risk score. Increase in score of risk was agreed.

NB: Details of the full CRR are captured in appendix 1.

Closed Risk:

The following risk has been closed since the last CRR report was presented to the Board:

- CRR07 - Capital Systems on the 25th June 2019 by the F&P Committee.

New risks

- There are no new risks for approval for inclusion onto the CRR.

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

**Strategy Implications**

This CRR report is strategically important as it evidences, confirms and provides assurance to the Audit Committee that the Health Board is effectively and efficiently identifying, assessing, mitigating and managing high/extreme risk risks to the achievement of its Priority Areas and Objectives as defined in its 3 Year Plan in line with best practice and its risk management strategy.

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

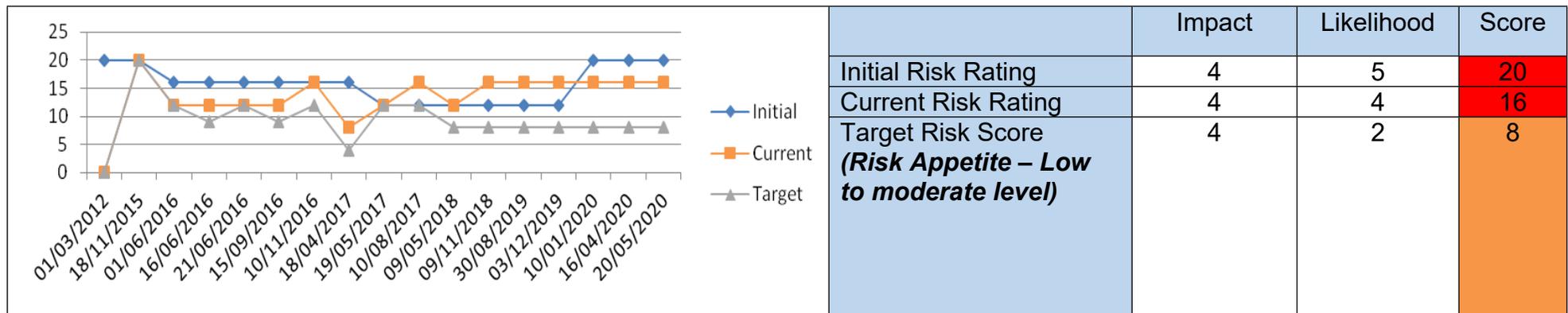
This CRR report which will be periodically shared with the Board is intended to provide assurance.

Impact Assessment

Due regard of any potential equality/quality and data governance issues has been factored into crafting this report.

Appendix 1: Details of the Corporate Risk Register

CRR06	Director Lead: Executive Director of Finance	Date Opened: 1 March 2012
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 20 May 2020
	Risk: Financial Stability - Health Board Financial achievement of the control total agreed with Welsh Government	Date of Committee Review: 23 January 2020
		Target Risk Date: 31 December 2020
<p>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:</p> <ol style="list-style-type: none"> 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. <p>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.</p> <p>The Health Board will remain in Special Measures until the financial position improves and will fail to attract necessary investment.</p>		



Controls in place	Assurances
<ol style="list-style-type: none"> 1. Scheme of Financial Delegation and Accountability Agreements in place covering all devolved budgets. 2. Additional stretch targets issued across all business areas. 3. Dedicated Chief Finance Officer embedded in the management team of each Division (and hospital/area team). 4. Focused additional recovery support provided by PwC and Finance in key areas of budgetary pressure. 5. Programme Management software used to track and monitor the delivery of savings. 6. Reporting through Financial Recovery Group and Finance and Performance Committee. 	<ol style="list-style-type: none"> 1. Monthly financial position reported to the F&P Committee and Board. 2. Finance Delivery Unit (FDU) view at the WG Special Measures meeting.

Links to		
Strategic Goals	Principal Risks	Special Measures Theme
7	PR2	SM4 SM1

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	Expected Completion date	Progress & Comments	RAG Status
Actions being implemented to achieve target risk score	1	Further work to identify and convert recovery opportunities, including ongoing review by Improvement Groups of the All Wales Efficiency Framework for further opportunities.	Eric Gardiner	30/06/20	30/06/20	Covid-19 response required the HB to pause the Recovery Programme in March. A paper will be presented to the F&P Committee in June outlining how the HB will re-engage with	

						the savings programme.	
	2	Ongoing communications to continuously embed financial goals across the organisation and all devolved budget areas including Better Care, Spending Well initiative.	Eric Gardiner	31/03/20	31/03/20	Complete. A number of initiatives have been completed including road shows and an improved finance section on the intranet. Further work will be completed during 2020/21.	
	3	Potential F&P Committee requesting attendance of divisions with recovery shortfalls to seek assurances regarding further progress.	Eric Gardiner	30/06/20	30/06/20	Business cycle being discussed at the June F&P Committee with the proposal for each locality to attend the Committee on a quarterly basis.	
	4	Improved Financial Recovery Reporting to support oversight and decision-making.	Eric Gardiner	31/07/20	31/07/20	In light of Covid-19 we will review financial reporting. A Financial Recovery Group will be re-established for 2020/21 over the coming months.	



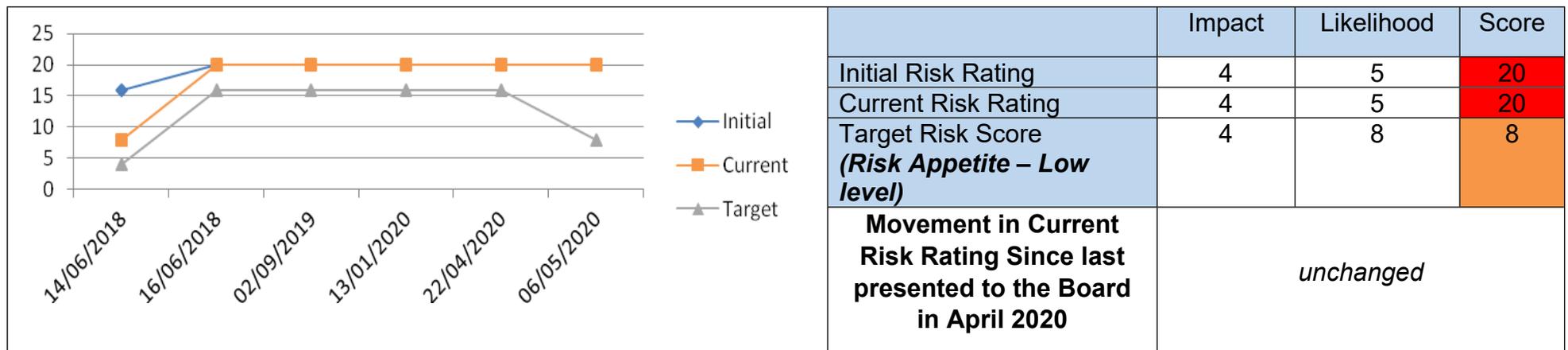
	5	Recovery and savings delivery are under continuous and progressive scrutiny as the financial year elapses.	Eric Gardiner	31/03/20	31/03/20	Delivery was overseen by the Financial Recovery Group (FRG) and this was paused in March due to Covid-19. A proposal for 2020/21 is being developed and will be discussed by the Cabinet. A Finance cell is also being set up for 2020/21.	
	6	Executives are discussing and agreeing potential additional escalatory grip and control measures.	Eric Gardiner	31/03/20	31/03/20	Complete. Additional measures were introduced and recognised in the draft unaudited 2019/20 accounts.	

CRR11a	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 14 June 2018
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 06 May 2020
	Risk: Unscheduled Care Access	Date of Committee Review: 23 January 2020
		Target Risk Date: 31 December 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	Assurances
<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. Programme 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 early discharge planning. 8. Weekly MDT stranded patient review meetings to identify reasons for lack of progress to facilitate more complex discharges across the Health Economies. 9. Development of USC dashboard with live and daily performance information to support decision making. 10. Weekly teleconference with DU to report performance and concerns and track improvement plans. 11. Sitrep reporting 3 times a day including SAPhTE for ED risk assessment. 12. Mental Health support located within site Police Control. 13. Frequent attenders WEDFANS group regularly review vulnerable patients who frequently access services to support implementation of care plans. 14. Escalation process and structure in place to provide 24/7 escalation from site management through bronze, silver and gold. 15. Development of internal clinical standards to highlight best practice and support teams to consider ways of working to achieve standards. 16. Discharge information provided to patients on admission via new discharge leaflet. 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. 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 	<ol style="list-style-type: none"> 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.



<p>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>	
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Links to		
Strategic Goals	Principal Risks	Special Measures Theme
1 2 3 6 7	PR3	Leadership

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	Expected Completion date	Progress & Comments	RAG Status
Actions being implemented to achieve target risk score	1	3 EC managers substantively recruited and engaged with building better care plans (was previously 90 day improvement plan).	Kathryn Clark/Gill Harris	30/11/20	30/11/20	18.05.2020 3 interim managing directors in place for each acute site. Substantive JDs approved. Need to progress through recruitment	Yellow
	2	Building better care plan consisting of 3 streams of work:	Gill Harris	30/11/20	30/11/20		Yellow
		a. Demand - SICAT established and demonstrating reduction in transfers to ED (~30% of calls -	Helen Alefounder			18.05.2020 SICAT established and continues to demonstrate	Green

		assumption that ALL calls previously would have resulted in transfer).				reduction in transfers to ED ACTION COMPLETE	
		b. Flow - Multiple substreams including: ambulance handover & monitoring of number of lost hours	Kathryn Clark			18.05.2020 WMH lost hours improved with consistent reduction in time taken for handover. Principles introduced to YG & YGC	
		proactive triage - promoting use of alternative resources and early decision-making to reduce time in ED (Overall average time in ED is reducing).	Kathryn Clark			18.05.2020 Streaming introduced across all 3 sites. Requiring support from specialty teams for direct access/referral.	
		early senior decision-making – introducing pathways to support rapid assessment and senior triage	Kathryn Clark	30/11/20	30/11/20	18.05.2020 recognition of senior medical staffing issues at WMH – workforce and roster review completed, supported by KBC. FBC required to enhance medical staffing	

						establishment. Intermediate funding to recruit to 5 middle grade posts (Additional 3 WTEs)	
		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.	Kathryn Clark			18.05.2020 'Gold Command' established at YWM to provide grip and control-demonstrated improved in 4hr performance, reduction in length of stay in ED and improved flow. Project delivered at YG and YGC with some improvements. Further work required to embed principles.	
		implementation of SAFER - ongoing - small increase in numbers of earlier discharges.	Kathryn Clark			18.05.2020 SAFER implemented across all 3 sites. Outputs require further monitoring to demonstrate efficacy e.g. PDD completion	
		stranded & super-stranded patient	Debra			18.05.2020	

	review	Hickman			Implemented across all 3 sites, supported by community and social care. Overall reduction in DTOC and longest LOS	
	review of acute assessment/ambulatory models with pilots to be launched later this month at YGC & WMH.	Kathryn Clark	30/11/20	30/11/20	18.05.2020 YWM implemented change in service in November 2019 YGC commenced implementation February 2020 YG abandoned implementation due to covid-19	
	review of specialty reviews for inpatients - to enable earlier discharge	Kathryn Clark			18.05.2020 Incorporated into SAFER	
	review of imaging pathways to support early outpatient scans and avoid longer inpatient stay.	Kakali Mitra	30/11/20	30/11/20	18.05.2020 Pathways under review – pause due to covid-19	
	c. discharge planning - work continues to reduce delays in transfers of care and decision-	Grace Lewis-Parry		31/07/20	18.05.2020 Introduction of discharge hub to coordinate	

		making. Letter shared re. patient choice and working with staff to encourage proactive discussions with families and patients.				discharges on a health community basis.	
3		Review of site escalation and management to support site responsibility during normal working hours.	Kathryn Clark		31/07/20	18.05.2020 Escalation plans reviewed and updated Dec 2019.	
						Included review of CSM – some changes implemented, final paper ready for submission	
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.	Kathryn Clark			18.05.2020 Completed	
5		Engagement with National ED Quality & delivery framework.	Kathryn Clark			18.05.20 Enhanced scrutiny with DU now stood down Engaged with EDQDF for 2 year improvement	



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						program	
	6	Workforce review - supported by Kendall Bluck.	Kathryn Clark		31/07/20	18.05.20 Review complete.	
						Further action to review BCU emergency services and prepare business case and future service delivery plan.	

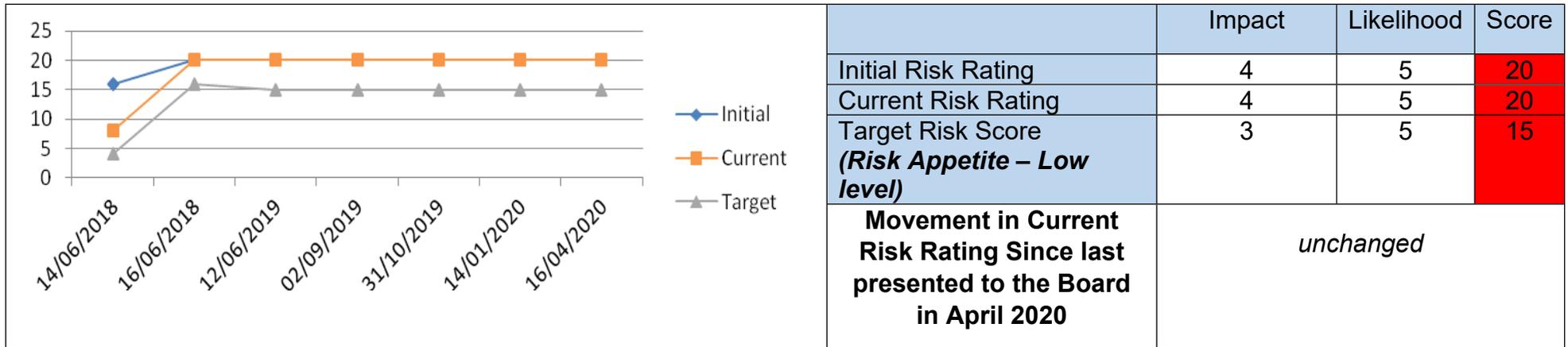
CRR11b	Director Lead: Executive Director of Nursing and Midwifery	Date Opened: 14 June 2018
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 16 April 2020
	Risk: Planned Care Access	Date of Committee Review: 23 January 2020

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 being compounded during the Covid-19 pandemic, where all routine activity has been paused.

This is compounding the 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	Assurances
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Plan	ID				date		
Actions being implemented to achieve target risk score	1	Developing Capacity plan for 2020/21 ongoing, which includes outpatients follow up, non-planned care, diagnostics and Endoscopy.	Andrew Kent	28/02/20	28/02/20		
	2	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).	Andrew Kent	28/02/20	28/02/20		
	3	Review Endoscopy management and governance structure.	Monica Harris endoscopy network manager	31/03/20	30/06/20	Paused due to covid-19 pandemic, all endoscopy activity stopped as well as strategist review	
	4	Matrix working and responsibilities of clinical and operational leaders to be confirmed to strengthen governance.	Andrew Kent	31/03/20	31/03/20	completed	



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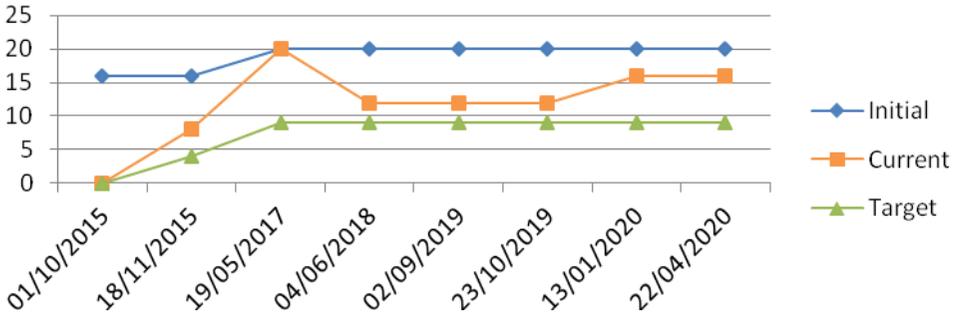
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	5	Enhanced governance structure and responsibilities are being put in place for 2020/21.	Andrew Kent	28/02/20	28/02/20	Capacity plan completed end of February, based on "available capacity" access meeting feeds into F&P, planned care board terms of reference being reviewed in May 2020	
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CRR12	Director Lead: Executive Director of Planning and Performance	Date Opened: 1 October 2015
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 22 April 2020

Risk: Estates and Environment	Date of Committee Review: 23 January 2020
	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.

	Impact	Likelihood	Score	
	Initial Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score <i>(Risk Appetite – Low level)</i>	3	3	9
	Movement in Current Risk Rating Since last presented to the Board in April 2020	<i>unchanged</i>		

Controls in place	Assurances
<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 	<ol style="list-style-type: none"> 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



<p>with reporting to F&P Committee and the Board.</p> <p>6. 2020-2023 - Annual Plan Work Programmes Deliverables for High Quality Estates (Investment schemes listed within plan) in place and reporting to appropriate Committees and the Board.</p> <p>7. Estates Health and Safety Compliance Audit and Action Plans 2019-20 in place and reporting to SOH&SG, QSE and the Board.</p> <p>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.</p>	<p>sustainability).</p>
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Links to		
Strategic Goals	Principal Risks	Special Measures Theme
1 2 3 4 5 7	PR5	Strategic and Service Planning

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	Expected Completion date	Progress & Comments	RAG Status
Actions being implemented to achieve target risk score	1	Annually agreed programme of estates rationalisation and selective demolition.	Rod Taylor	31/03/21	31/03/21	Estates rationalisation programme agreed for 2020-21	
	2	Annually agreed programme of Disc and All-Wales capital investment across the Estate.	Rod Taylor	01/04/20	31/03/21	Currently on hold pending a review of COVID19 capital investment needs	



	3	Development of Estates Compliance PBC and SOC for Ysbyty Wrexham Maelor, Ystyty Gwynedd and Ysbyty Glan Clwyd Hospitals.	Rod Taylor	31/03/21	31/03/22	<p>Worked has commenced on the production of a Wrexham Maelor SOC.</p> <p>Work has also commenced on the production of the Ysbyty Gwynedd PBC.</p> <p>YGC Infrastructure PBC will commence in September 2020</p>	
	4	Undertake six facets condition survey of the Estates for Acute and Community premises to inform capital investment plans (2020/23).	Rod Taylor	31/03/23	31/03/23	Currently on hold pending response to COVID19	
	5	Implement MICAD Property Management IT System to manage estate data and drawings.	Rod Taylor	31/03/21	31/03/21	Currently on hold pending response to COVID19	



	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.	Rod Taylor	31/03/21	31/03/21	Budget costing submitted as part of the budget setting process for 2020/21 awaiting confirmation of new funding	
	7	Update Estates and Facilities Tier 5-4-3 risk registers to reflect current status of Estates and Facilities risks and mitigation required.	Rod Taylor	31/03/21	31/03/21	On-going	



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Cyfarfod a dyddiad: Meeting and date:	Finance & Performance Committee					
	4.6.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Annual Plan 2019/20 Monitoring Report (APMR)					
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:	The returns included have been provided via Executive Leads for the actions					
Atodiadau Appendices:	None					
Argymhelliad / Recommendation:						
The Finance & Performance Committee is asked to note the report and the impact on end of year delivery and plans going forward of Covid-19.						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*		Er gwybodaeth For Information*
						R
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. Given the declaration of the pandemic, reporting was stood down at the end of March and subsequent developments demonstrate that some of the work undertaken on prior to year-end need revisiting based on the operational constraints and learning from new ways of working at this time.						
Future planning horizons are reduced at present and so reporting going forward is against the quarterly action plans.						
Asesiad / Assessment						

Strategy Implications

Delivery of the operational plan actions is key to implementation of the Board's strategy

Financial Implications

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

Risk Analysis

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

Impact Assessment

The operational plan has been Equality Impact Assessed.



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

March 2020

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

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

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

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

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

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

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

March 2020

Plan Ref	Actions	Executive Strategic Lead	Scrutiny Committee of the Board	Submitted to Committees			Self Assessment and Milestone due indicator (M) from revised outlook report July 2019									
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G	G	G	M
AP002	Healthy weight services increased	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	A	A	A	R
AP003	Explore community pharmacy to deliver new lifestyle change opportunities	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G	G	G	M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G	G	G	M
AP005	Implement the Together for Children and Young People Change Programme	Executive Director of Primary and Community Care	Quality, Safety & Experience	A	A	G	G	G	M	G	G	G	G	G	G	M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	M	G	G	M
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities	Executive Director of Public Health.	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	M	G	G	M
AP008	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Executive Director Primary and Community Care	Quality, Safety & Experience		R	A	A	A	A	A	A	A	A	G	G	M

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AP002 - We had secured funding to undertake some insight work around this, however it has had to be paused due to the Covid-19 pandemic.

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Plan Ref	Actions	Executive Strategic Lead	Scrutiny Committee of the Board	Submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019									
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Executive Director Primary & Community Care	Quality, Safety & Experience	G	G	A	A	A	M	G	G	G	G	G	M	
AP010	Put in place Community Resource Team maturity matrix and support to progress each CRT	Executive Director Primary & Community Care	Quality, Safety & Experience	G	G	G	G	G	G	G	G	M	G	G	M	
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	G	G	M	
AP012	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Executive Director of Primary and Community Care	Quality, Safety & Experience	A	A	G	G	G	M	G	G	G	G	G	M	
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care	Strategic Partnership & Population Health		G	G	G	G	G	A	G	M	A	A	M	
AP014	Model for health & well-being centres created with partners, based around a 'home first' ethos	Executive Director of Primary and Community Care	Strategic Partnership & Population Health	A	A	A	A	A	M	A	A	A	A	A	M	
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD	Strategic Partnership & Population Health		G	G	G	G	G	G	G	G	G	G	M	
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	Digital & Information Governance	G	G	A	A	A	A	A	A	G	A	A	M	
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	G	G	M	
AP018	Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Executive Director of MH & LD	Quality, Safety & Experience	G	G	P										M
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	Quality, Safety & Experience	A	A	A	A	A	A	G	G	M	P			

Three Year Outlook and 2019/20 Annual Plan
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AP016 - Malinko rolled out to DN teams accelerated due to COVID, work to roll out to wider CRT will need to be reviewed. Very nearly there. Requirement for more devices (e.g. smart phones etc.). No further movement on WCCIS and unclear if this will re-emerge. Capabilities need to be improved across the partners highlighted by COVID remote working requirements. Pilots also planned for Nefyn, Llyn and YPS CRTs.

Three Year Outlook and 2019/20 Annual Plan
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Planned Care																
Plan Ref	Actions	Executive Strategic Lead	Scrutiny Committee of the Board	Submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019									
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
AP020	Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Executive Director of Nursing & Midwifery	Finance & Performance	P												
AP021	Implement preferred service model for acute urology services	Executive Director of Nursing & Midwifery	Finance & Performance	G	G	A	R	R	M	R	R	R	A	A	M	
AP022	Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	Executive Director of Nursing & Midwifery	Finance & Performance	G	G	A	A	A	M	A	A	A	R	R	R	
AP023	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Executive Director of Nursing & Midwifery	Finance & Performance	A	A	A	R	R	M	R	A	A	A	A	R	
AP024	Rheumatology service review	Executive Director of Primary & Community Care	Finance & Performance	G	G	A	A	A	A	A	A	M	G	G	G	
AP025	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	Executive Director of Nursing and Midwifery	Finance & Performance	G	G	A	A	A	M	A	A	A	A	A	R	
AP025	Implement year one plans for Endoscopy	Executive Director of Therapies & Health Sciences	Finance & Performance	G	G	A	R	R	R	R	A	A	A	A	R	
AP025	Systematic review and plans developed to address diagnostic service sustainability	Executive Director of Therapies & Health Sciences	Finance & Performance	G	G	A	R	R	A	A	A	A	R	R	M	
AP025	Systematic review and plans developed to address service sustainability	Executive Director of Nursing & Midwifery	Strategic Partnership & Population Health	G	G	A	A	A	A	A	G	A	A	A	M	
AP026	Fully realise the benefits of the newly established SURNICC service	Executive Director Primary and Community Care	Finance & Performance		G	A	G	G	G	G	G	M	P			
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	Finance & Performance	A	R	A	G	G	G	G	G	G	G	G	G	
AP028	Develop Rehabilitation model for people with Mental Health or Learning Disability	Executive Director of Mental Health & Learning Disabilities	Quality, Safety & Experience		G	G	G	A	A	G	G	G	P	P	M	

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Overall the delivery of the planned care programme has been impacted by Covid-19 pandemic and some of the work completed in 2019-20 will need revisiting in the light of ensuring safe clinical care for patients and staff

AP021 – The development of the Urology model has been revisited and work undertaken on the overall business case. This has been interrupted by the pandemic and requires further work to complete this in light of recent learning and developments.

AP022 – This business case is being reviewed during 2020-21 to ensure option appraisal remains valid.

AP023- Contract with Primary Care Optometric Diagnostic and Treatment Centres issued post tendering process in January 2020. However the business case to sustain this model is not yet signed off and process for fully implementing was interrupted by the pandemic. While overall the action of working in partnership with optometrists has been completed the full implementation is part of a three year programme of work and hence showing as red.

AP025 –The internal available capacity plan for RTT in 2020-21 was completed at the end of March, this requires additional capacity to be invested in. The pandemic is requiring this plan to be reviewed and assumptions of available capacity to be reconsidered in light of current essential service guidelines and available resources and therefore can not be implemented at present. Endoscopy improvement at the end of March was significant, however the guidelines for managing diagnostics during Covid-19 has resulted in need to postpone non essential procedures and therefore the diagnostic backlog has increased and new pathways are being developed for implementation from June 2020. The capacity for endoscopy and key diagnostic services is likely to remained constrained.

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Unscheduled Care

Plan Ref	Actions	Executive Strategic Lead	Scrutiny Committee of the Board	submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019									
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
AP029	Demand Improved Urgent care out of hours / 111 service	Executive Director Nursing and Midwifery	Finance & Performance	G	G	G	G	G	G	G	G	G	M	G	G	G
AP030	Demand Enhanced care closer to home / pathways	Executive Director Primary and Community Care	Finance & Performance	G	G	G	A	A	M	A	A	M	A	A	M	M
AP031	Demand Workforce shift to improve care closer to home	Executive Director Nursing and Midwifery	Finance & Performance	G	G	G	A	R	M	R	R	A	A	A	A	A
AP032	Demand Improved Mental Health crisis response	Executive Director of MH & LD	Finance & Performance	G	A	A	A	A	M	G	G	G	G	G	G	M
AP033	Demand Improved Crisis intervention services for children	Executive Director Primary and Community Care	Finance & Performance	A	A	G	A	A	A	A	A	A	A	G	G	M
AP034	Flow Emergency Medical Model	Executive Director Nursing and Midwifery	Finance & Performance	G	G	A	G	A	M	A	A	A	A	A	A	R
AP034	Flow Management of Outliers	Executive Director Nursing and Midwifery	Finance & Performance	Grey	Grey	Grey	G	A	M	A	A	A	A	A	R	R
AP035	Flow SAFER implementation	Executive Director Nursing and Midwifery	Finance & Performance	G	A	A	A	A	M	A	G	M	P			
AP036	Flow PICU for Mental Health	Executive Director of MH & LD	Finance & Performance	G	A	A	A	A	G	G	G	G	A	A	A	M
AP037	Flow Early Pregnancy Service (emergency Gynaecology)	Executive Director of Public Health	Finance & Performance	G	G	G	G	G	M	G	G	M	G	G	G	G
AP038	Discharge Integrated health and social care	Executive Director Nursing and Midwifery	Finance & Performance	A	A	A	A	A	M	A	A	A	A	A	A	M
AP039	Stroke Services	Executive Medical Director	Finance & Performance	A	A	R	A	R	R	R	R	R	R	R	R	R

Three Year Outlook and 2019/20 Annual Plan
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AP036 - PICU Programme is currently under consultation and implementation will be dependent on the outcome.

AP031 and AP034 - The Covid outbreak has delayed the workforce review and implementation that was being taken forward by workforce as part of the Kendall Bluck work.

AP038 – new discharge arrangements have been introduced during the time of Covid-19. There are learning from these which will be taken forward in reshaping and completing this work.

AP039 – This action remains red rated as it has not been possible to find a route to resource the business case in 2019/20. However, progress has been made in implementing aspects of year 1 of the business case. The thrombectomy service (clot retrieval) has been expanded to provide a seven day per week service from November 2019. The health board has been successful in its bid for rehabilitation assistants and is moving forward to recruit 2 whole time equivalent assistants for each acute site, to increase the acute therapeutic time patients receive and support optimal recovery and early discharge. The consultants' home-based technology has been improved to support prompt decision-making in relation to opportunities for thrombolysis. Work is continuing to include the implementation of the early supportive discharge and rehabilitation model within the health community plans for 2020/2021. In addition, the stroke pathway is a priority for the 20/21 plan, and will include adopting a value based health care approach to redesign the pathway.

AP030 - COVID response coordinated as one service; other changes paused due to pandemic priorities.

Workforce															
Plan Ref	Actions	Executive Strategic Lead	Scrutiny Committee of the Board	submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019								
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director Workforce & Organisational Development	Finance & Performance	G	G	G	G	G	M	G	G	G	G	G	G
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director Workforce & Organisational Development	Quality, Safety & Experience	G	G	G	G	G	M	G	G	G	G	G	M
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director Workforce & Organisational Development	Finance & Performance	A	A	A	A	A	M	A	A	A	A	A	M
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Executive Director Workforce & Organisational Development	Quality, Safety & Experience	G	A	A	A	A	M	A	A	M	A	A	M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	G	G	G	G	M	G	G	M	G	G	G
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	G	G	A	G	G	M	G	G	G	G	G	G
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director Workforce & Organisational Development	Finance & Performance	G	A	A	A	A	M	G	G	M	G	G	M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	G	G	G	A	A	G	G	G	M	G	G	M
AP049	Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	A	A	A	A	M	A	A	A	A	A	M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUBH reputation	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	G	G	G	G	M	G	G	M	G	G	M
AP081	Staff (Clinical Rostering)	Executive Director Workforce & Organisational Development	Finance & Performance	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	A	A	G

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AP043 - 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 and weekly pay pilot, Multi professional Temporary staffing service has been developed with A4C bank now incorporating staff groups such as A&C, Estates and Facilities, AHP etc. and by the introduction and growth of the medical staff bank, Establishment Control (EC) system is now via electronic portal enabling effective establishment control. Workforce Optimisation Programmes and associated PIDs are in place and overseen by the Workforce Improvement Group (WIG). However this objective remains Red as whilst work programmes were all being vigorously pursued and some schemes are green there are still programmes which have not been progressed due to urgent Covid activity taking precedence. Next Steps: Renewed 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 - The Covid 19 work including building 3 field hospitals, has reduced the capacity of the H&S Team to provide assurance that gaps in compliance in H&S legislation have been progressed as planned, the risk therefore is red. The action plan is being reviewed and a workshop to be arranged end of June, to identify the 'must do work' while Covid continues to reduce the capacity of the H&S Team to deliver business as usual. The most significant risks are on tier 1 risk register with dates and actions amended. These include security, asbestos, legionella, contractor management and control, fire safety and electrical safety. The Strategic Occupational Health & Safety Group has not met for 2 months and Occupational Health Service have been focusing on testing. The Safe Effective Occupational Health Standards (SEQOSH) have suspended applications and therefore the OH Team will not be implementing SEQOSH as planned in July 2020. A number of policies are being reviewed with external support from IOSH volunteers. A review of Security within BCUHB has been undertaken and implementation of the business case is required to provide assurance that security is being effectively managed.

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

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AP049 - 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 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.

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March 2020

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

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

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AP064 - As reported to February's committee, A well-being hub will not be completed in 2019/20 despite some progress being made. Different schemes have encountered different challenges including identifying a suitable cost-effective site and the complexity of delivering through a third party

AP068 - The Board approved the orthopaedics programme business case in January, after which it was submitted to Welsh Government. Initial feedback raised concerns about the case however written feedback has not been received. The financial implications of the case were included in the revenue funding 'ask' of Welsh Government. In September 20 it will be three years since the option appraisal was carried out. This fact, combined with concerns from Welsh Government, and the recent innovations in orthopaedics outpatient service delivery mean that it is necessary to revisit the option appraisal to make sure that the outcome remains valid.

AP072 - This scheme to re-provide medical records storage was originally prioritised as a result of the proposed redevelopment of the Ablett unit. The change to the likely preferred option for the applicant business case to a new build elsewhere on the YGC site has reduced some of the urgency.

AP073 - Good progress has been made with the development of a draft business case. Further meetings with partners scheduled for March were cancelled, and discussions are still required with Welsh government on the potential availability of public sector capital.

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March 2020

Plan Ref	Actions	Executive Strategic Lead	Scrutiny Committee of the Board	submitted to Committees				Self Assessment and milestone due indicator (M) from revised outlook report July 2019								
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
AP075	Governance	EDN&M & Deputy CEO	Finance & Performance	Grey	Grey	M	A	A	M	A	A	A	A	A	G	G
AP076	Grip and Control	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	G	M	A	A	A	A	A	A	G
AP077	Planning	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	A	M	A	A	A	A	A	G	R
AP078	Procurement	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	G	M	A	A	A	A	A	G	G
AP079	Risk Management	Deputy CEO	Audit Committee	Grey	Grey	Grey	Grey	Grey	M	G	G	G	G	G	G	G

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

March 2020

AP077 - The Health Board's response to the Covid-19 pandemic stopped any further progress towards identifying the full Savings target for 20/21.

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

March 2020

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)

March 2020



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Cyfarfod a dyddiad: Meeting and date:	Finance & Performance Committee			
	4.6.20			
Cyhoeddus neu Breifat: Public or Private:	Public			
Teitl yr Adroddiad Report Title:	Operational Plan 2020/21 Q1 monitoring report (OPMR)			
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:	-			
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*
				R
Sefyllfa / Situation:				
This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2020/21 Operational Plan for Quarter 1.				
Cefndir / Background:				
The operational plan has a number of key actions required to be delivered during Quarter 1 of 2020/21. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Where an action is complete this is RAG rated purple, where on course to deliver Quarter 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 Red rated actions a short narrative is provided.				
Asesiad / Assessment				

Strategy Implications

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

Financial Implications

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

Risk Analysis

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

Impact Assessment

The operational plan has been Equality Impact Assessed.



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Cyfarwyddiaeth Cynllunio & Perfformiad
Planning & Performance Directorate

BCU Operational Plan Monitoring Report Quarter 1 2020

May 2020

Overview and Purpose of this Report

- The Quarter 1 Operational Plan of the Health Board has been agreed in Cabinet and submitted to Welsh Government
- The Plan is produced under Command and Control in relation to the Covid-19 Pandemic and recognises that the disruptive nature of the pandemic has shortened planning horizons, resulting in plans being time limited to quarterly plans for 2020-21
- The Quarter 1 plan relates to the mobilisation phase of Covid-19 response, need to maintain essential non Covid-19 services to minimise risk of harm for life-saving or life-impacting treatments.
- This report is a self-assessment by the SROs for each of the work streams of likelihood to deliver the actions set out in the plan by the 30.6.20. with supporting narrative where the risk to delivery is red rated i.e. highly unlikely to be achieved.
- Work is underway in developing the Q2 plan which will also reflect the shift in phasing of response to the pandemic from mobilisation towards parallel running of the pandemic and re-activation of some business as usual activities where it is safe to do so. This will reflect transition to sustainable service delivery phase of the plan.

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Chapter 1 Planning Work-stream Key Actions: 18th May to 30th June 2020

Lead: SRO Planning Workstream <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20
Continue to monitor current and future COVID-19 demand, its impact on capacity and the implications for other services;	G
Consider the options for deploying surge capacity and make recommendations as to scope and timing of deployment;	G
Monitor the impact of changes within our services upon key performance measures e.g. screening programmes, cancer standards, access to primary and secondary care etc. and review service delivery recommendations accordingly;	G
Monitor the quality and safety impacts of services and associated risks, and recommend changes to Executives as required;	A
Maintain a dynamic organisational service delivery, activity and performance plan for the Health Board;	A
Capture and collate pathway changes and new ways of working to ensure these are optimised – Deputy Chief Executive	G

Chapter 2 Covid-19 Response Key Actions: 18th May to 30th June 2020

Lead: COVID 19 Gold Commander <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20
Continue to revisit planning assumptions on a regular basis as further information and analysis becomes available. Version 2.5 of the model, which is more optimistic, is currently being evaluated.	A
Undertake further specific work on demand and provision of patient ventilation, where demand across Wales appears to be much lower than the current models predict, and on projecting demand on a health community basis.	G
Prioritise analytical support to include health and care to guide short term decision making. Work with local partners and other Health Boards to share modelling approaches to inform demand for health and care.	A

Chapter 3 Covid-19 Test, Track & Protect (TTP) Key Actions: 18th May to 30th June 2020

SRO: Director of Public Health *(unless indicated otherwise)*

RAG rating – likelihood of delivery by 30.6.20

Scale up testing. Implement testing requirements from Welsh Government as these develop e.g. care home staff and residents

G

Establish a dedicated work stream to urgently support and deliver locally the national Public Health Protection Response Plan e.g. Preventing the spread of disease: Test, Trace and Protect (A large non-specialist workforce will be required to deliver.)

A

North Wales testing laboratory facility operational

G

Chapter 4 Primary and Community Care Operational Delivery Key Actions: 18th May to 30th June 2020 (Page 1 of 2)

Lead: SRO Operations Primary Care, Community and Public Health <i>(unless indicated otherwise)</i>	RAG rating –likelihood of delivery by 30.6.20
Ensure patients have clear information on how to access primary care services and are confident about making appointments (virtual or if appropriate, face-to-face) for current concerns.	G
Review the role and number the Local Assessment Centres (LACs) as part of a longer term plan to care for COVID patients.	G
Work with partners to stratify and proactively contact high-risk patients with ongoing care needs; proactively contact all those in the ‘shielding’ cohort of patients who are clinically extremely vulnerable to COVID19, with a focus on Chronic Conditions Management , new pathways and managing demand changes for non COVID patients.	G
Review of OOH staffing risks and mitigation and development of future OOH plans, working more closely with in hours provision	A
Continue to deliver a community based stroke rehabilitation services whilst planning for the reintroduction of sustainable stroke services	R
Increase acute paediatric OPD activity remotely and with reintroducing face to face appointments particularly for new referrals, Reach agreement with tertiary care re outreach specialist clinics and restarting Increase advice and support for professionals (GPs)	A
Review all key areas of Eye Care are being reviewed to include cataract stratification, glaucoma refinement and ongoing care; diabetic and other medical retina conditions such as age related macula degeneration (WMD).	A

Narrative for Action(s) rated Red.

- Requires a clinical pathway sign off
- Agreement on ongoing service delivery in relation to all-Wales pathway
- North Wales Stroke Collaborative meeting next week

Chapter 4 Primary and Community Care Operational Delivery Key Actions: 18th May to 30th June 2020 (Page 2 of 2)

Lead: SRO Operations Primary Care, Community and Public Health <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20
Further improve access to End of Life Medication to ensure these critical medicines are accessible across North Wales	G
Work with secondary care colleagues to implement the 'Consultant Connect' specialist advice service; ensure cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate.	G
Support care homes, including the implementation of the revised discharge policy and with a review of current service provision, sharing of good practice e.g. virtual ward rounds	A
Provide local support to NHS communications campaigns encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary.	G
Further develop escalation reporting for Community Pharmacies	G
Feed into medical staff planning for field & community hospitals, ensuring that medical workforce plans are aligned to agreed GP roles in hospitals, Local Assessment Centres, out of hours services and general practice demand	A
All approved plans to establish community hospital additional surge bed space will be complete in order that the Hospitals are responsive to changes in volumes of COVID patients and flexible to increasing non-COVID activity as capacity allows.	G

Chapter 5 Operational Acute Care Delivery Key Actions: 18th May to 30th June 2020

Lead: SRO Operations Acute *(unless indicated otherwise)*

RAG rating – likelihood of delivery by 30.6.20

Ensure our consent process informs patients of risk during their admission (East are piloting this using revised documentation) Any patient showing signs and symptoms for COVID would be not be offered surgery

G

Development of pathways for urgent pre-operative assessment and diagnostics which are at the early stages of development.

G

Chapter 6 Covid-19 Surge Plan Key Actions: 18th May to 30th June 2020

Lead: SRO Operations Acute & SRO Operations Primary Care, Community and Public Health <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20
Develop early warning/trigger systems E.g. R value, 111, primary care, WAST, local authorities	G
West, Centre and East will develop plans to demonstrate how a split COVID hospital could work operationally	A
Complete assessment of Llandudno infrastructure to support elective surgery.	A
Abergele site plan prepared. We will make a decision on use of Llandudno and Abergele as these site could be considered for both COVID and non-COVID demand. This would require decisions being made about current patients on the Llandudno site and Colwyn Bay to accommodate existing patients.	A
In the absence of face-to-face visits, work together to stratify and proactively contact high risk patients to educate on specific symptoms/circumstances needing urgent hospital care, and ensure appropriate ongoing care plans are delivered.	A
We will explore cold sites or external providers to support with planned care activity. A pilot has commenced at Wrexham Maelor for additional theatre capacity to test the model from 27/04/2020	A
We will consider development of a single site “Hub and Spoke” model for surgery	A
Triggers to be determined for opening any additional capacity in line with demand to be approved through command structure (on receipt of new modelling)	A
Spire contract will cease 5th July 2020 with action required to provide notice by 5th June 2020 regarding any future plans or requirements)	G

Chapter 7 Workforce Plan Key Actions: 18th May to 30th June 2020

Lead: SRO Workforce <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20
Ensure working conditions are safe for our staff including provision of PPE equipment and ensuring appropriate rest and working patterns for staff	A
Continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area.	A
Ensure that appropriate testing systems for staff are in place as determined by the Testing Strategy	A
Implement Black, Asian and minority ethnic (BAME) guidance	A
Ensure that workforce planning is integral to our revised clinical pathways and plans to re-introduce essential and routine services.	A
Co-ordinate appropriate re-deployment and training and utilising key transferable skills	G
Provide on-going recruitment to our substantive structures	G
Co-ordinate of support from our volunteer workforce	G
Provide wellbeing and psychological support	G
Monitor sickness levels and reasons	G

Chapter 8 Maintaining Essential Services Key Actions: 18th May to 30th June 2020

Lead: Director of Nursing and Midwifery <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20
Review harm, prioritise and risk stratify waiting lists.	A
Specialty plans developed in line with essential services framework and other key guidelines	A
Continue to implement alternative pathways including use of e-consultation and patient initiated outpatient follow up (e.g. resulted in 30% reduction in Orthopaedic outpatient demand)	G
Maintain provision of essential services where it is safe to do so, delivered through our re-defined care pathways and making use of all available capacity within NHS and independent hospitals.	G

Further Information

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

- tolerances for red, amber and green

Further information on our performance can be found online at:

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

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

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

Cyfarfod a dyddiad: Meeting and date:	Finance & Performance Committee				
	4.6.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Quality & Performance (QAP) Report				
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:	-				
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:					
<p>It is important to note that performance reporting of many of the national indicators has been stood down to enable the health board to focus on the mobilisation phase of the pandemic. Staff time has been released to manage the pandemic and therefore the data included in this report has not been subject to the full level of validation and quality control as would normally be included in performance reports.</p> <p>This report being the first of 2020-2, comes at a time when the revision of the national indicators under the National Delivery Framework would have been presented. Not all these indicators are currently available. We have also included sections on the Covid-19 and the Essential Service delivery within the report to provide a more rounded view of the activities taking place across the health board.</p> <p>The operational plan has moved to a quarterly planning cycle, with the first quarterly plan being submitted during May 2020. The actions in this plan are being tracked via the monitoring report which will also be submitted to this committee.</p> <p>The intention for Quality and Performance reports produced from quarter 2 is to be able to report performance against our operational plan.</p>					
Cefndir / Background:					
<p>This report replaces the Integrated Quality & Performance Report (IQPR). Our report outlines the key performance and quality issues that are delegated to the Finance & Performance Committee. The summary of the report is now included within the Executive Summary pages of the QAP and demonstrates the work related to covid-19, essential service delivery as well as the key measures contained within the 2020-21 National Delivery Framework. This framework has been revised to provide performance measures under the Quadruple Aims set out in A Healthier Wales.</p>					

The **Financial Balance** is discussed in detail in the Finance Report.

Asesiad / Assessment

Strategy Implications

The performance measures within the report are aligned with the National Delivery Framework.

Financial Implications

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

Risk Analysis

The RAG-rating reflects the performance against the national targets.

Impact Assessment

n/a



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Quality and Performance Report



Finance & Performance Committee

April 2020

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

Covid-19 Pandemic

It should be noted that all services have been impacted by the Covid-19 Pandemic, and/or the measures put in place to combat the spread of Covid-19. Although it is important that we continue to monitor and manage performance, it is recommended that the performance reported in April 2020 is not compared as 'like-for-like' to previous months/ years performance. It is also important to note that national reporting and performance management arrangements have been suspended at this time. In order to release staff time to manage the mobilisation of the pandemic response normal validation and sign off processes have been reduced, so caution needs to be applied to data quality presented in the report.

About this Report

This report is the first presentation of the proposed Quality and Performance (QAP) Report, replacing the Integrated Quality and Performance Report(IQPR) used in 2019-20.

The content of this month's report has been heavily impacted by the Covid-19 Pandemic and is not therefore the fully developed report originally intended to present to the Finance & Performance Committee.

The format of the report reflects the published National Delivery Framework for 2020-21 which aligns to the Quadruple aims contained within the statutory framework of A Healthier Wales. In addition sections are added to reflect Covid-19 key performance indicators and the work on maintaining essential services.

The report is structured so that measures complimentary to one another are grouped together. Narratives on the 'group' of measures are provided as opposed to looking at measures in isolation.

The operational planning for 2020-21 has been impacted by the pandemic with planning cycles re-defined into quarterly plans. The Quarter 1 operational plan was submitted to Welsh Government on 18th May subject to cabinet approval. The likelihood of delivery of the actions contained within this plan are reported in the accompanying Q1 Operational Plan monitoring report..

As a consequence of the changes in the planning cycle for 2020-21 and the uncertainty around the future levels of Covid-19 the ability to produce month on month profiles to monitor performance

against is severely limited. Therefore the report contains factual information on performance indicators without consideration of the delivered performance against plan or a forward trajectory of future performance.

The direction of travel of performance is indicated through trend arrows (*shown below*)

-  Performance has improved since last reported
-  Performance as got worse since last reported
-  Performance remains the same as last reported

For April 2020, the performance has been RAG (Red, Amber, Green) rated against the National Target in the absence of an signed off Annual Plan (at the time of writing). However it is noted that national performance management

arrangements have been stood down.

The intention for future reports is to continue to align the reporting of covid-19 related pandemic indicators with the essential services service status and the National Delivery Framework while developing the reporting against the actions in the quarterly operational plans. As patient and staff safety permit, we will recommence the development of profiles for delivery for activity taking place in short-term cycles, reporting on referrals, new ways of working, emergency and elective activity and waiting lists.

Headlines

ED
4Hr Waits
90.14%

RTT 36
Weeks
15,658

Diagnostic
Waits over
8 Weeks
7,263

Key Concern

Risk of harm to our patients arising directly from Covid-19 and from non-presentation and delays to treatment for non-Covid-19 conditions

Increasing % of patients on Urgent Suspected Cancer pathway over 62 days

Significant increase in 36 week RTT and 8 week diagnostic breaches as a knock on result of reduced non-Covid-19 activity

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Executive Summary

April 2020 was a challenging month for all being the first full month in lockdown due to the government's measure to slow down the spread of Covid-19.

It should be noted that all services have been impacted by the Covid-19 Pandemic, and/or the measures put in place to combat the spread of Covid-19.

Although it is important that we continue to monitor and manage performance, it is recommended that the performance reported in April 2020 is not compared as 'like-for-like' to previous months/ years performance.

It is recognised that our staff have responded rapidly to the challenges of the pandemic, adopting new ways of working and incorporating technological innovations to support patients and their families. Management time has rightly been re-directed to mobilise the response to Covid-19, leaving less time to validate information contained within this report .

Covid-19

The supply of Personal Protective Equipment (PPE) has largely been resolved through the extraordinary collaborations with third party organisations, schools, colleges and private businesses and through formal supply lines. Daily tracking of stock levels is in place and guidance provided to staff on the use of PPE.

Focus has now moved to increasing

capacity for testing in the BCU area with 400 per day being tested by the end of May 2020. The Test, Trace and Protect work stream is in place and will continue to be implemented in the coming weeks to assist in controlling the rate of transmission.

As at 20th May 2020, **10,188** people were tested for Covid-19 in North Wales, **2,282** of which tested positive and **7,906** tested negative.

Essential Services

In April 2020, Welsh Government issued guidance and definitions for the services deemed as essential to continue during the pandemic with a view to reducing non-Covid-19 related harm. The Health Board has undertaken two assessments of the status of these services and is currently reviewing further the compliance with detailed pathway guidelines. This aims to ensure operational delivery of essential services and the 28 approved re-designed pathways agreed through the clinical advisory group and identify and support any areas where particular challenges are being experienced.

Part of the unintended consequences of the pandemic is the reduction in demand from the population for non-Covid related healthcare both through elective and emergency pathways. It is recognised that fear of Covid-19 is likely to be a contributory factor in this reduced demand and that for some patients deferment of presentation and self-management will not

have a negative longer term impact. However the health board is concerned that for others deferment presents a risk to their longer term health. Communications have been strengthened to encourage patients with potentially serious illnesses to present to their GPs.

Quadruple Aim One: Prevention and Self-Management

Due to the Covid-19 Pandemic, all screening programmes run by Public Health Wales have been stopped until further notice. Once screening programmes recommence, performance information on Bowel Screening in North Wales will be provided in this report under Quadruple Aim 1.

Quadruple Aim 2: Accessible Digitally Supported Services.

Unscheduled Care

Attendances to our Emergency Departments are at their lowest for over 10 years with **8,537** attendances in April 2020 compared to **20,249** in April 2019 and an average of **19.875** attendances per month over the last 2 years. As a consequence performance on the traditional unscheduled care indicators is significantly improved.

Planned Care

Planned care services have adapted to deliver virtual support through the use of technology and social distancing with segmentation of pathways for patients in need of face to face contact through Covid-

lite and Covid-19 suspected or positive pathways. Surgical capacity is severely reduced to manage the risk to staff and patients and therefore only essential surgery is taking place at present in line with national and professional guidelines. This does mean that waits for routine treatments has significantly increased.

Quadruple Aim 3: Workforce

Covid-19 has impacted on staff absence rates due to need to self-isolate or positive test results. Staff have responded rapidly with changes in working patterns and location of work to meet the immediate Covid-19 response. Support for staff well-being is available via occupational health.

Quadruple Aim 4: Value-based, outcome focussed healthcare

Due to impact of Covid-19 additional resources have been required to support mobilisation. These will be reported within the Finance papers

Dental Care – This measure will normally be reported under Quadruple Aim 4 in line with the National Delivery Framework Due to impact of Covid-19 Pandemic and the measures put in place to prevent the spread of the virus, all routine dental services have been suspended however, patients can access dedicated urgent dental care services established in North Wales

Covid-19

Key Concern

Number of Confirmed cases rising in North Wales

Testing for Covid-19 is continually being increased

Modelling suggests the Covid-19 incidence will continue for some time

Measures

Measure

at 20th May 2020

Total number of tests for Covid-19	10,188
Number of results: Positive/suspected	2,282
Number of results: Negative	7,906
% Prevalence of Positive Tests	22.4%
Number of Deaths - Confirmed Covid-19	220

Source: Public Health Wales coronavirus Dashboard, accessed 21st May 2020

Rainbow Hospitals handover completed

Robust supply chain of PPE now in place

Number of confirmed cases rising in North Wales



Essential Services

Definitions of "Essential Services" Published

Key clinical pathways reviewed and Implemented

Developing plans for future provision of Planned Care

Key Concern

Activity for non-urgent cases ceased at outbreak of Covid-19

Work underway to maintain essential services

Work underway to understand risk within non-essential services

Measures

Average Number comparison:	Pre Covid-19	Post Covid-19
Referrals into Secondary Care (average per week)	3,522	1,137
Referrals Urgent, suspected Cancer (average per week)	539	302
New Outpatient Attendances (Average per week includes Virtual)	3,903	1,409
Follow Up Outpatient Attendances (Average per week includes Virtual)	7,521	3,672
Diagnostic 8 Weeks Breaches (Per Month)	2,061	7,263
Patients over 62 Days open on Urgent, suspected cancer pathway	113	586
Elective Inpatient/ Daycase Procedures (Year to Date compared to same period 2019)	4,545	443

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

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

Key Concern

Screening Services have been paused in light of Covid-19 Outbreak

BCU engaged in developing solutions for bowel screening process redesign in light of Covid-19

Work underway to redesign pathway for patients with colo-rectal symptoms

Measures

Measure	Target	Actual	Trend
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Bowel Screening

Due to the Covid-19 Pandemic, all screening programmes run by Public Health Wales have been stopped until further notice. Once screening programmes recommence, performance information on Bowel Screening in North Wales will be provided in this section.

Pathway re-design includes the use of Faecal Immunochemical Testing (FIT) is being adopted to risk stratify symptomatic patients and assist in prioritisation of patients in need of colonoscopy or CT colonograms for diagnosis of potentially life-threatening or life-limiting conditions. This is an important innovation in limiting the risks for patients and staff.

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

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

ED
4Hr Waits
90.14%

RTT 36
Weeks
15,658

Diagnostic
Waits over
8 Weeks
7,263

Key Concern

Significant reduction in cancer referrals

Communications campaign to urge public to see GPs if they have concerns re cancer

Clinical pathways being revised to enable safe consultations, diagnostics and treatment of patients with suspected cancer

Top 5 Measures (based on movement up or down)

Measure	Target	Actual	Trend
Emergency Department 4 Hours	>75%	90.14%	↑
Emergency Department 12 Hours	0	20	↑
Cancer: 62 Day	>= 85%	79.40%	↓
Diagnostics Waits: 8 Weeks	0	7,263	↓
RTT: 36 Weeks	0	15,658	↓

Quadruple Aim 2: Measures

Unscheduled Care

Measure	Target	Actual	Trend
Children regularly accessing NHS Primary Dental Care		*Not available	N/A
Out of Hours 1Hr Assessment	100%	100%	↑
Ambulance Cat A 8 Minutes	>= 65%	***Not Available	N/A
Ambulance Handovers 1 Hour Breaches	0	33	↑
Emergency Department 4 Hours	>75%	90.14%	↑
Emergency Department 12 Hours	0	20	↑
Hip Fracture Survival 30 Days	>= 80%	88.90%	↑
Stroke: 4 Hours	>= 50%	60.00%	↑
Stroke: 24 hours	>= 85%	48.00%	↓
Stroke: SLT Time	TBA	46.10%	↑
Stoke: 6 Month Follow Up	TBA	41.80%	↑
DToC: Non Mental Health (Patients)	> 30	21	↑

Planned Care

Measure	Target	Actual	Trend
Cancer: 31 Day	>= 98%	99.30%	↓
Cancer: 62 Day	>= 85%	79.40%	→
Cancer: Single Cancer Pathway	TBA	68.2%	↓
Diagnostics Waits: Over 8 Weeks	0	7,263	↓
RTT: Under 26 Weeks	>= 95%	67.83%	↓
RTT: Over 36 Weeks	0	15,658	↓
RTT: Over 52 weeks	0	4,404	↓
Follow Up Outpatients: Total	Reduce	199,977	↑
Follow Up Outpatients: 100% Overdue	Reduce	59,728	↓
Ophthalmology R1	>= 95%	54.80%	↓

* All non-urgent dental services suspended due to Covid-19

**Stood down from National Reporting due to Covid-19

***WAST Cat A data not being published due to impact of Covid-19

Quadruple Aim 2: Narrative - Unscheduled Care

Covid-19 Pandemic

It should be noted that all services have been impacted by the Covid-19 Pandemic, and/or the measures put in place to combat the spread of Covid-19. Although it is important that we continue to monitor and manage performance, it is recommended that the performance reported in April 2020 is not compared as 'like-for-like' to previous months/ years performance.

Emergency Department (ED) Performance

Although performance against the 4 hour wait target has significantly improved through April 2020, it should be noted that the number of attendances to our ED has been reduced by around a half in light of Covid-19 Pandemic. The number of 12 hour breaches and ambulance handover delays have also seen a considerable reduction, again due to the unprecedented reduction in numbers attending ED across all three sites. However, given the reduction in number of attendances, a small number of patients are still experiencing delays over 12 hours.

In addition the work on entrance routes into our hospitals does mean that increased numbers of patients are directly accessing specialty advise and treatment and avoiding the need to enter the hospital via ED. Examples of this include direct to fracture clinic for orthopaedic injuries, direct to cardiology for investigation of chest pain and direct to paediatrics from childhood illnesses, direct to optometric hubs for emergency eye care. These pathways have been clinically-designed and agreed through the clinical advisory group. Data capture to assess operational compliance is underway and for example over 1,100 presentations were addressed within the optometric hubs in the first month of operation with 11% needing onward hospital based eye care.

Stroke Care Performance

Although the rate of patients being admitted to the ASU within 4 hours of presenting at ED has improved to 60% it should be noted that there has been a reduction in the number of patients attending ED with suspected stroke. There is also a concern that patients are potentially delaying attendance and data is being obtained to confirm whether or not this is impacting on the rate of thrombolysis.

Communication has increased to remind patients to present at the earliest opportunity should symptoms of stroke be experienced .

BCU has been able to maintain the delivery of the stroke pathway in accordance with the essential services framework guidelines.



Delayed Transfers of Care Performance

Delayed transfer of care (DTOC) reporting has been stood down nationally. However in BCU the DTOC database is actively used as a operational tool enabling us to continue to monitor the level of DTOC. The number of patients experiencing a delay to their discharge or transfer of care continues to fall.

The new discharge to assess process and the temporary pause of the Continuing Health Care Assessment Process have been put in place. The Home First Hubs are working on the 5 new pathways and performance on these are being captured twice weekly and reported weekly. Daily identification of patients medically fit for discharge and review of outcomes of the discharge plan is taking place each day and showing good compliance with the plans.

Due to the need to protect care homes from covid-19 transmission a test and 14 day isolation period prior to return to care homes has been introduced. Additional step down facilities have been commissioned to support this. These 14 days are not recorded as part of DTOC but are captured on the weekly discharge pathway reports.

Quadruple Aim 2: Narrative - Planned Care

Covid-19 Pandemic

It should be noted that all services have been impacted by the Covid-19 Pandemic, and/or the measures put in place to combat the spread of Covid-19. Although it is important that we continue to monitor and manage performance, it is recommended that the performance reported in April 2020 is not compared as 'like-for-like' to previous months/ years performance.

Referral to Treatment (RTT) Performance Routine planned care services ceased to operate from the middle of March 2020 in accordance with national guidelines so as to release capacity to mobilise the covid-19 response and continue to provide for urgent life-threatening and life-changing treatments. It is also noted that patients themselves were cancelling their routine appointments at this time due to either self-isolation, illness, shielding requirements or fear of Covid-19. Referrals to secondary care have also reduced falling to only 679 in the week of 6th April compared to the normal average of 3522 per week. These have recovered slightly but remain at only 1/3rd of previous demand.

Overall this has resulted in a reduction in the size of the RTT waiting list but an increase in the length of wait for routine care and a deterioration in the % of patients waiting less than 26 weeks for treatment.

The Health Board is working to develop plans to increase the level of planned care that can be safely delivered and using risk stratification to minimise the risk of harm for patients while they are waiting.

New technologies have been introduced to support virtual consultations and see on symptoms pathways have been developed for outpatients.

The model to support elective surgery for patients prioritised as urgent suspected cancer, urgent non-cancer and surgery needed within the next 3 months is being worked through. Additional capacity has been commissioned via the Spire Yale hospital for essential surgery during this first quarter. This facility is supporting delivery around 22% of essential surgery across the health board and individual site scheduling is reviewed weekly through the Access meeting.

Cancer Performance

There has been a significant reduction in the number of referrals into cancer services during April 2020. This is presently at 56% of the normal weekly demand.

Reasons for this are not fully understood but include public aversion to attend GP practices in case they contract or spread the virus etc.

Within the health board professional and national guidelines are being adhered to in delivering cancer services.

Particular challenges have been experienced in re-started some of the essential diagnostic services and having sufficient diagnostic capacity to meet the cancer demand. It is expected that all 3 acute sites will be offering endoscopy services by 1.6.2020. and work is underway to produce a procedure level waiting list to reduce and equalise waiting times.

The clinical pathways of patients has been reviewed and pathway changes made where clinically appropriate to do so.

It is a concern that the volume of patients on the cancer PTL over 62 days has increased from 113 at the beginning of March to over 500 by the middle of May.

Diagnostics Performance

Diagnostic services continue to operate for urgent cases in accordance with national guidelines. However this does mean that the level of activity is significantly reduced and waits of over 8 weeks have significantly increased. Interventional procedures especially those that are aerosol-generating have been greatly impacted with some services temporarily suspended while safe pathways are re-designed and implemented. New pathways include the use of FIT to stratify the need for CT colonography and revised MpMRI pathway prior to prostate biopsy.

Quadruple Aim 2: Narrative - Planned Care

Covid-19 Pandemic

It should be noted that all services have been impacted by the Covid-19 Pandemic, and/or the measures put in place to combat the spread of Covid-19. Although it is important that we continue to monitor and manage performance, it is recommended that the performance reported in April 2020 is not compared as 'like-for-like' to previous months/ years performance.

Narrative for Follow-up Backlog Performance

The overall follow up waiting list has reduced slightly and is now just under 200,000 patients. This reduction is a reflection of the reduction in new out patient activity resulting in lower volumes of patients being added to the waiting list, validation impact and the work of table top and virtual clinical reviews taking place.

However the volume of patients waiting beyond their clinical due date has increased this month by around 10,500 reflecting the reduction in routine activity.

New technology such as consultant connect to offer advice and guidance between primary and secondary care is intended to reduce demand for referral, while 'attend anywhere' aims to support virtual consultations. These programmes are currently being rolled out with the intention that they become part of future sustainable service delivery.

Follow up outpatient activity recorded for the week commencing 18th May remains at 49% of the pre-Covid 19 activity level. 56.6% of this activity is being provided via virtual means which is delivering over 2,000 virtual consultations per week for follow up patients.

New outpatient activity is at 38% of its pre-Covid 19 level with only 34% of this activity being undertaken virtually at present. This possibly demonstrates the greater ability to undertake review appointments using virtual technology than to assess new patients.

Narrative for Ophthalmology Performance

The need to maintain urgent eye care services to reduce the risk of sight loss is recognised and considerable work has been undertaken by the eye care clinicians to establish pathways which can support patients at this time.

Many of the eye care patients with chronic conditions that require regular intervention such as wetAMD injections or Glaucoma review are within the vulnerable patient groups and may be shielding or in self-isolation. This makes it important to ensure a balance of risk is maintained between the risk of sight loss and risk of contraction of covid-19.

Table top clinical review combined with telephone consultations and development of data gathering within the primary care optometric diagnostic and treatment centres have been put in place. This has resulted in the ability to defer appointments for some patients while arranging covid-lite access for patients in need of urgent clinical attention. Despite this work the volume of R1 patients more than 25% overdue their appointment has increased in April and now stands at 13,535. It is noted that there is more work to do to enable the data reporting to catch up with the outcomes from clinical table top reviews so as to fully understand the increased risk for patients as clinical target dates are not fully adjusted to reflect the revised risk stratification.

Clinical teams are sharing revised risk stratification tools to support decision-making and prioritise provision of care. WetAMD injection services have been maintained using social distancing and careful scheduling of appointments to minimise time on hospital sites for patients.

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

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

2nd Best PADR Rates in Wales at **69.81%**

Sickness Rates second best in Wales at **5.44%**

Best Mandatory Training rate of all LHB's in Wales at **85.04%**

Key Concern

Sickness absence rates are adversely affected by covid-19 requirements

Staff mental and physical well-being is a high priority

Mandatory training remains electronically available and additional support for COVID-19 is being provided to staff

Measures

Measure	Target	Actual	Trend
Personal Appraisal and Development Review (PADR)	>= 85%	69.81%	↓
Mandatory Training	>= 85%	85.04%	↑
Sickness Absence Rate	> 5%	5.44%	↓

PADR Compliance historically was low, focussed action has resulted in consistent improvement in recent months to 75.81%, the highest level BCU has achieved. BCU is ranked 2nd best in Wales. Targeted support has resulted in some significant increases this month such as Ysbyty Gwynedd (+5.2%), Finance (+14.1%) and WF&OD (+6.1%). 5 divisions are over 80% compliance. Rates remain lowest in Ysbyty Glan Clywd significantly impacting on BCU overall compliance.

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

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

Except for
urgent cases,
all NHS Dental
Services
suspended
until further
notice

Number of
DToC in
Critical
Care
continue
to fall

Virtual
consultations
introduced
across
Primary Care

Key Concern

DToCs hampering
the efficient use of
Critical Care beds
will impact upon
capability to flex
with demand if
Covid-19 peaks

The present bed
base of acute sites
has been changed
to create Critical
Care Surge
Capacity

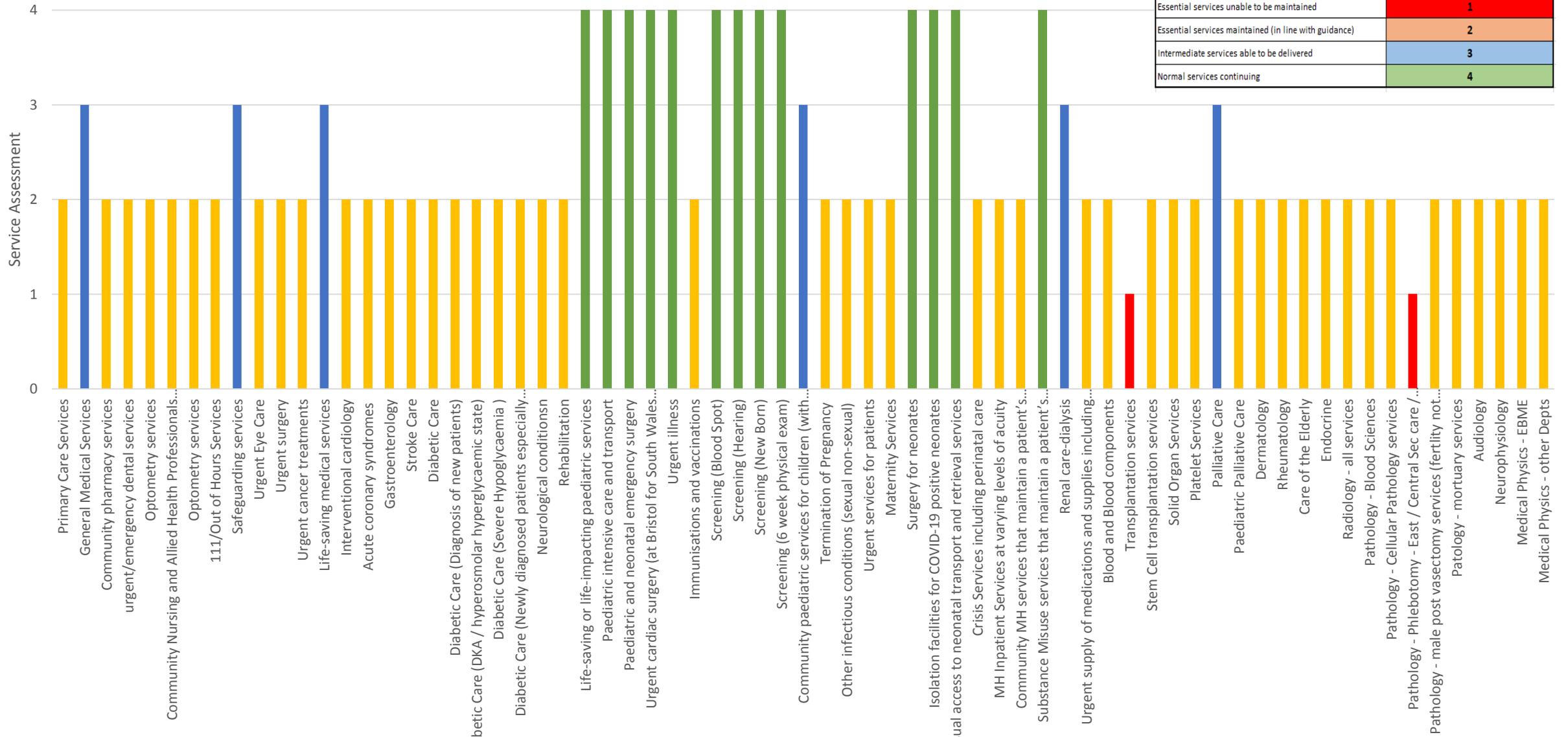
Risk assessments
demonstrated
Critical Care plans
are robust and will
cope with surge in
demand for
capacity

Measures

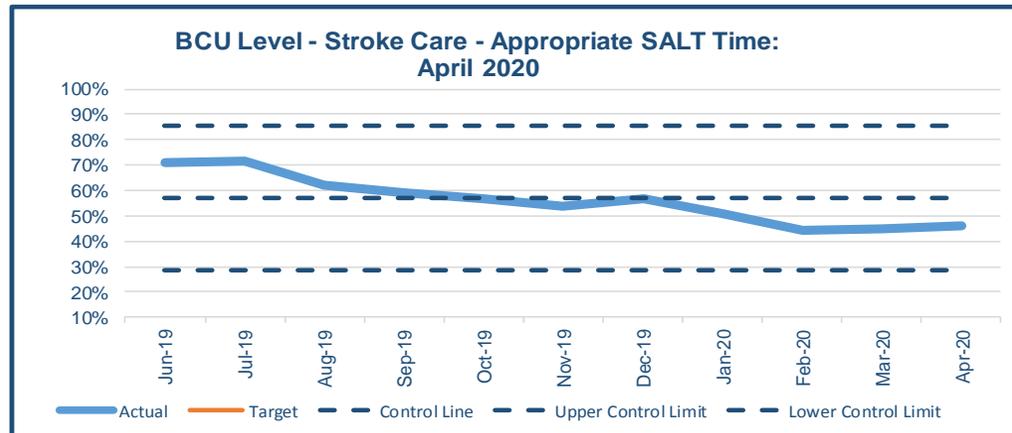
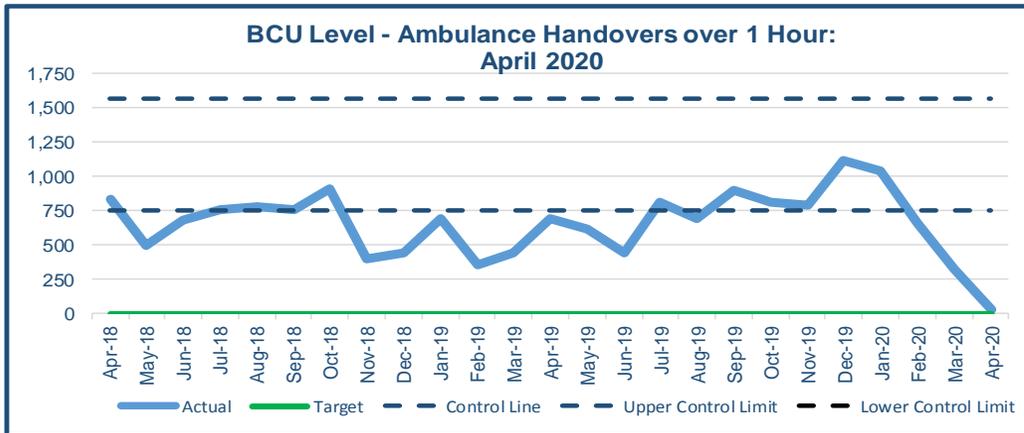
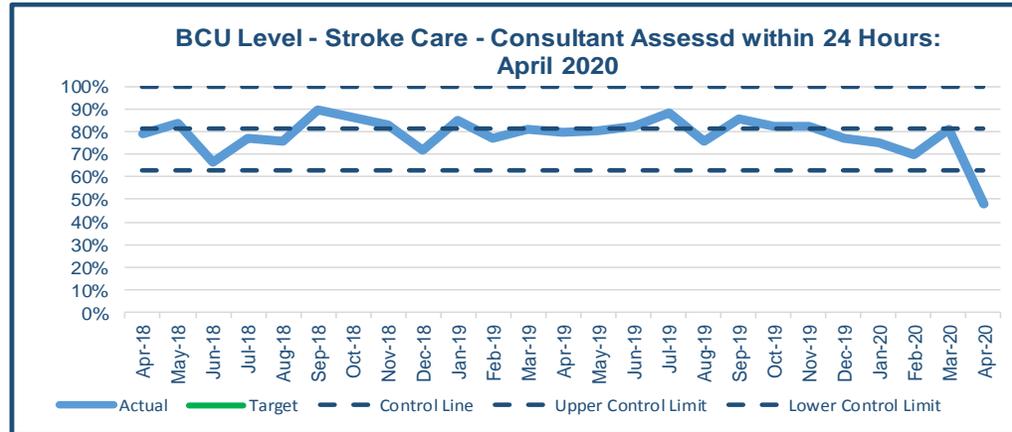
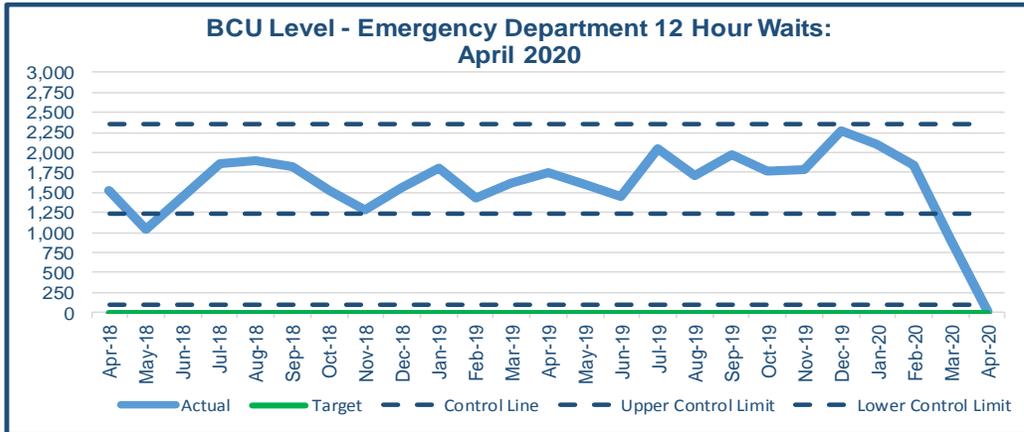
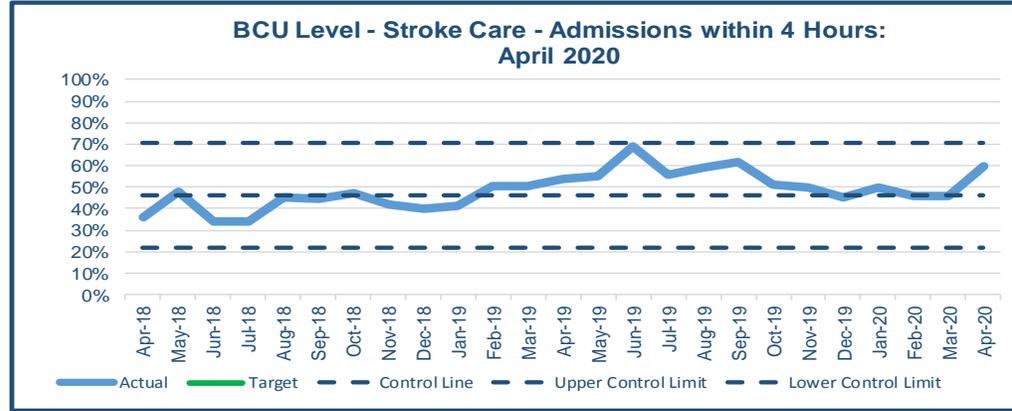
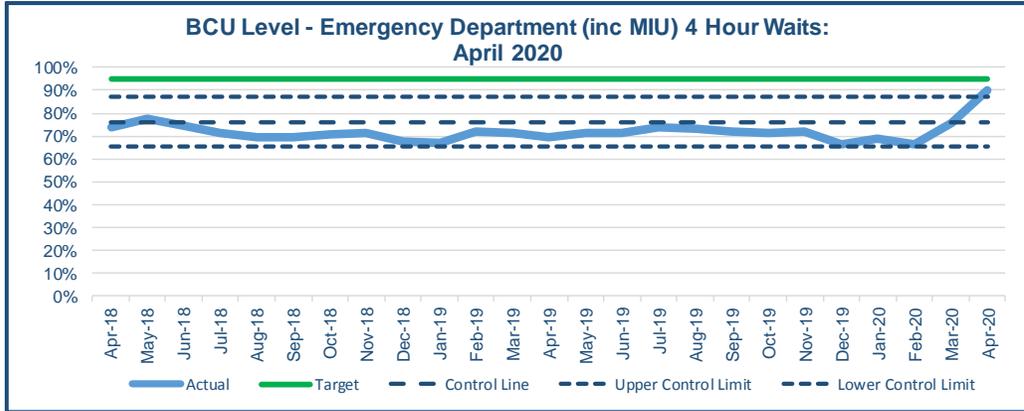
Measure	Target	Actual	Trend
NHS Dentist re-attendances	TBA	31.30%	↓
Lost Critical Care bed-days	Reduce	13.20%	↑
Agency Spend % of Total Spend	Reduce	4.30%	↑

Essential Services

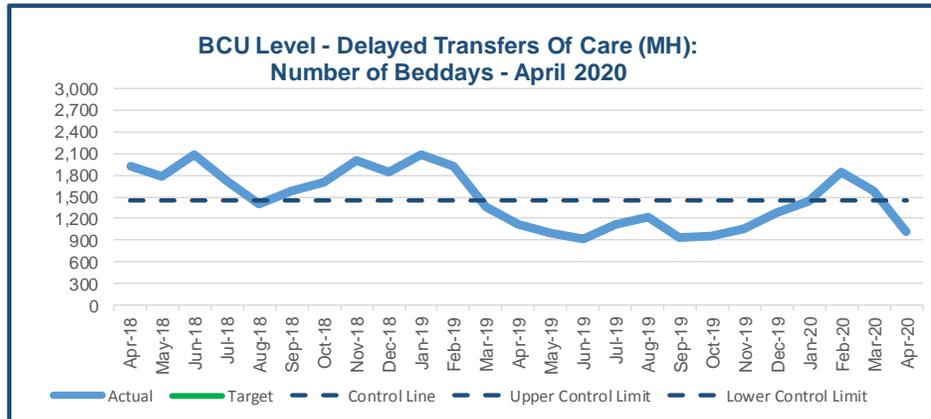
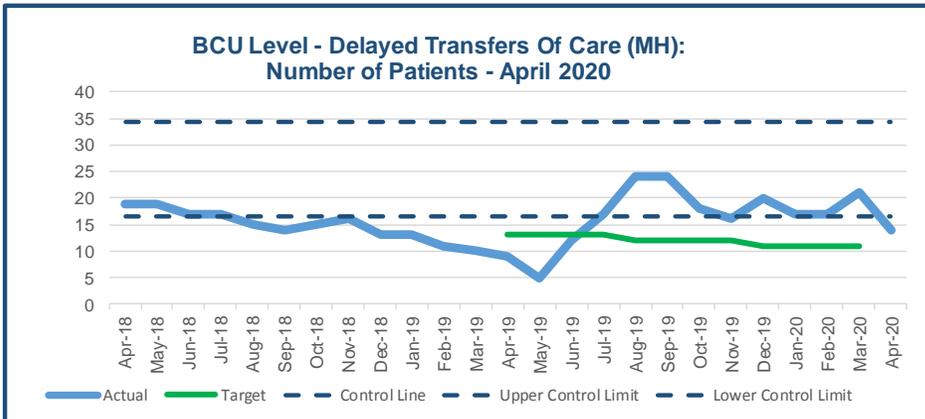
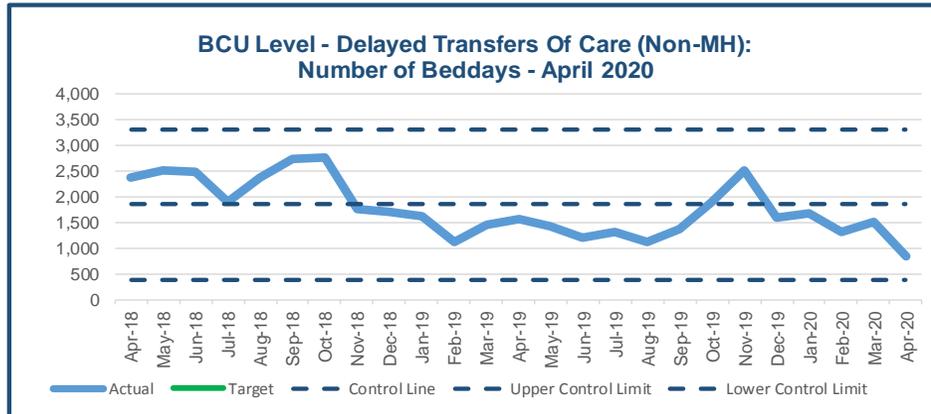
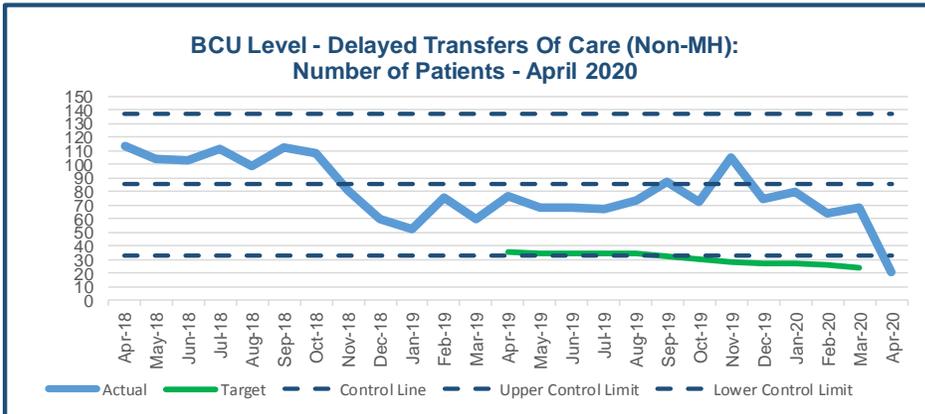
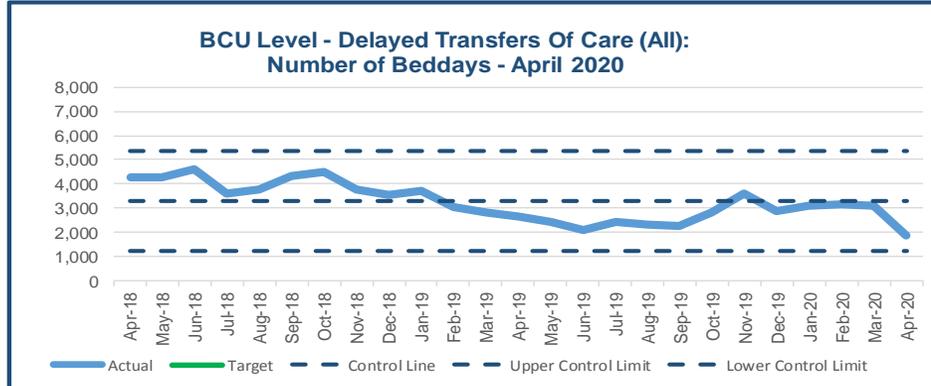
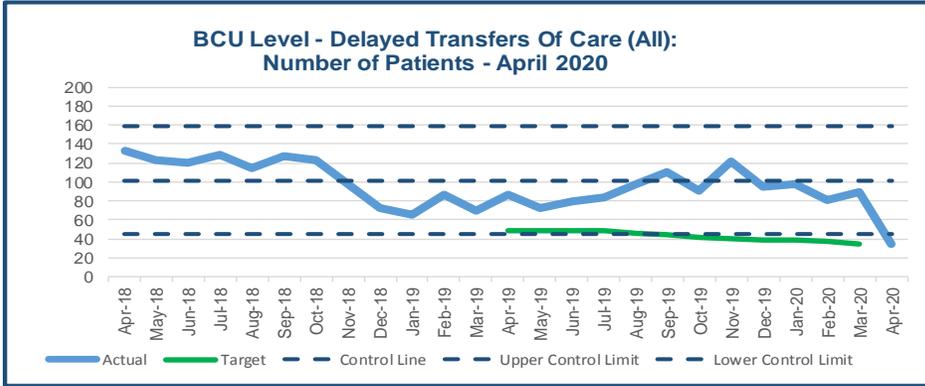
BCU Essential Service Survey Scores



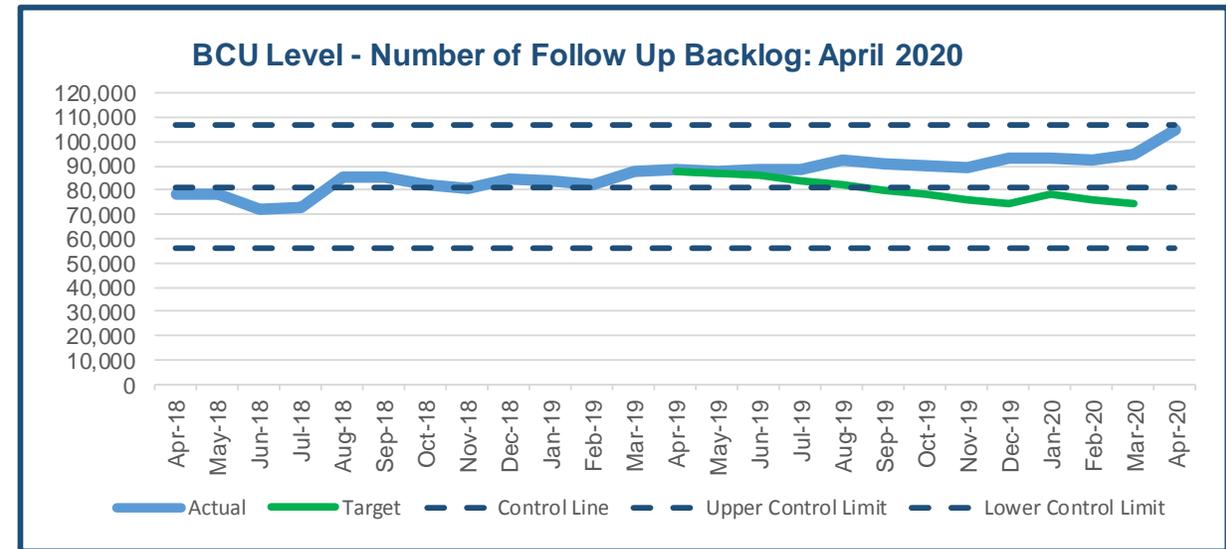
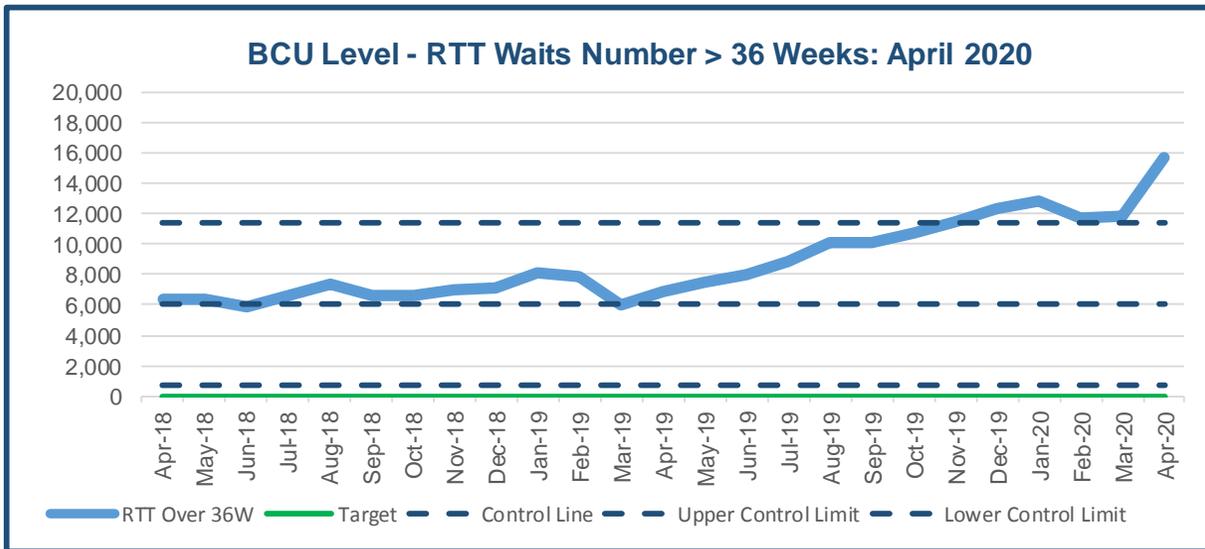
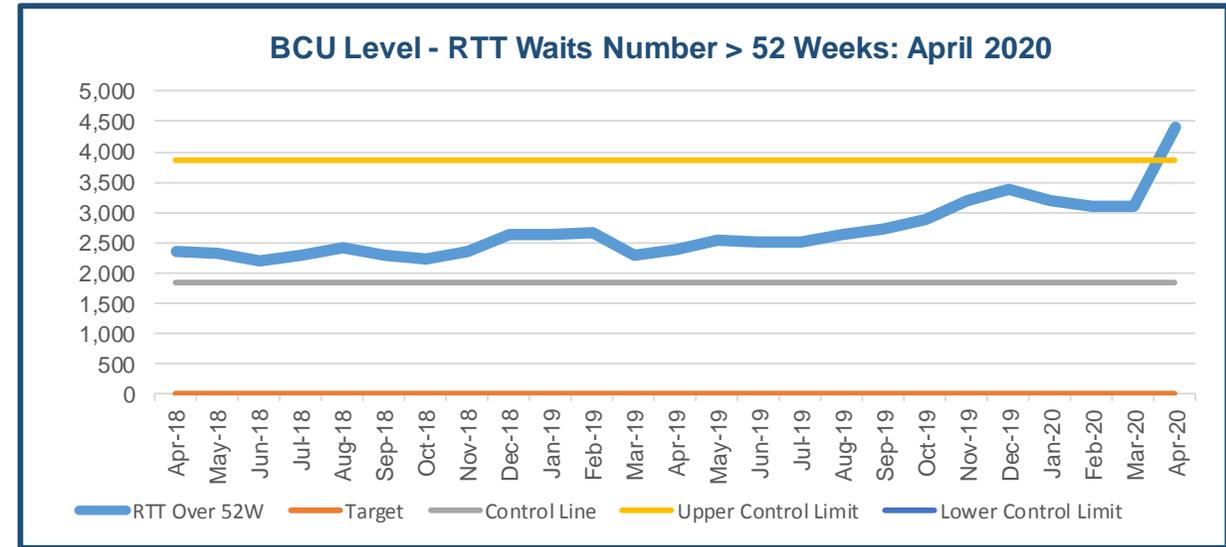
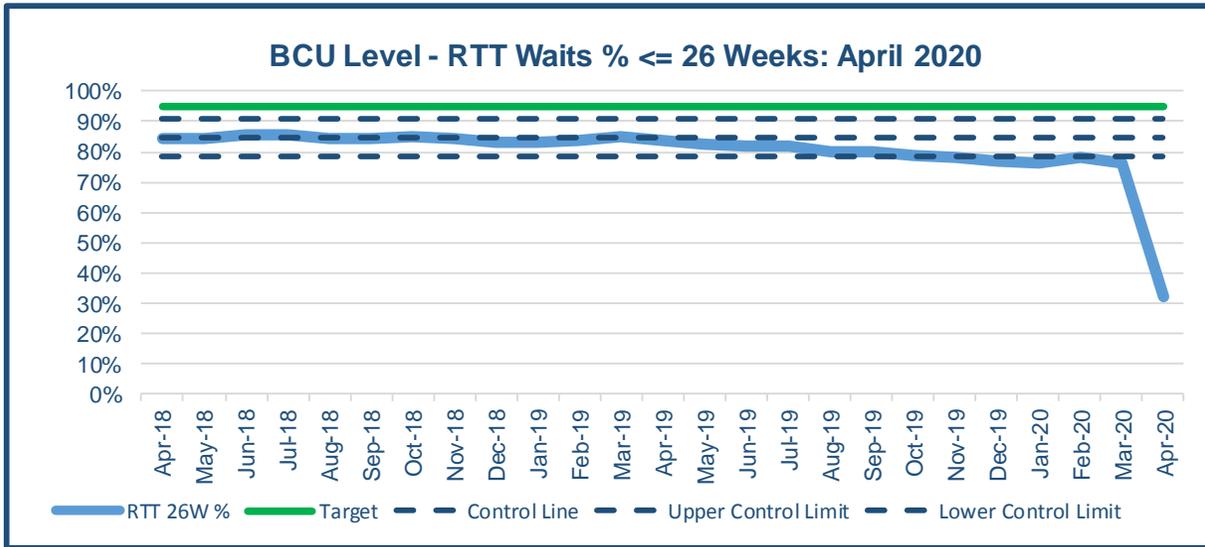
Quadruple Aim 2: Charts Unscheduled Care Page 1



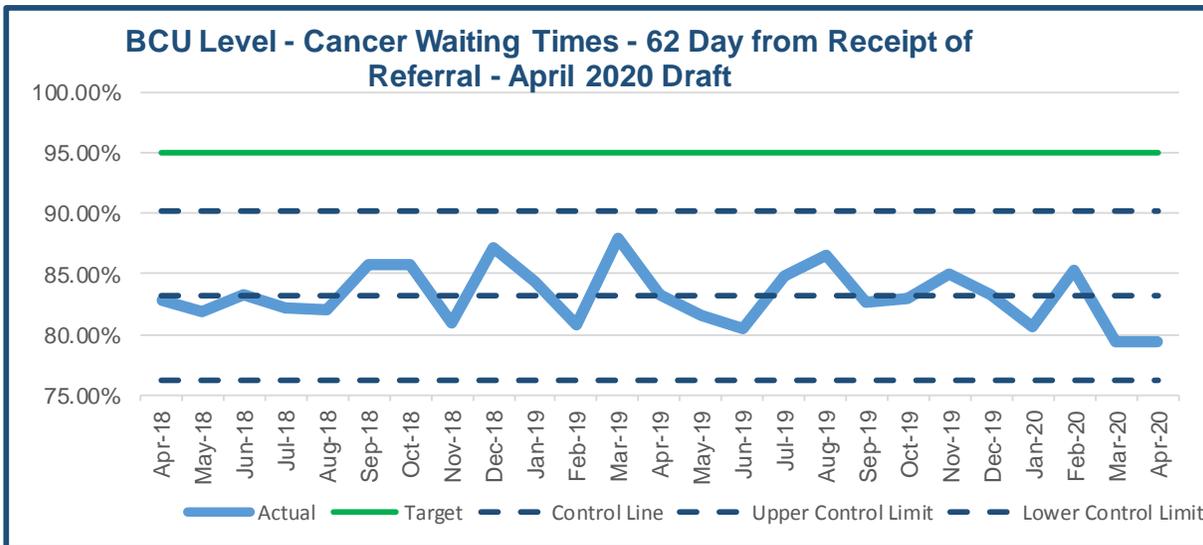
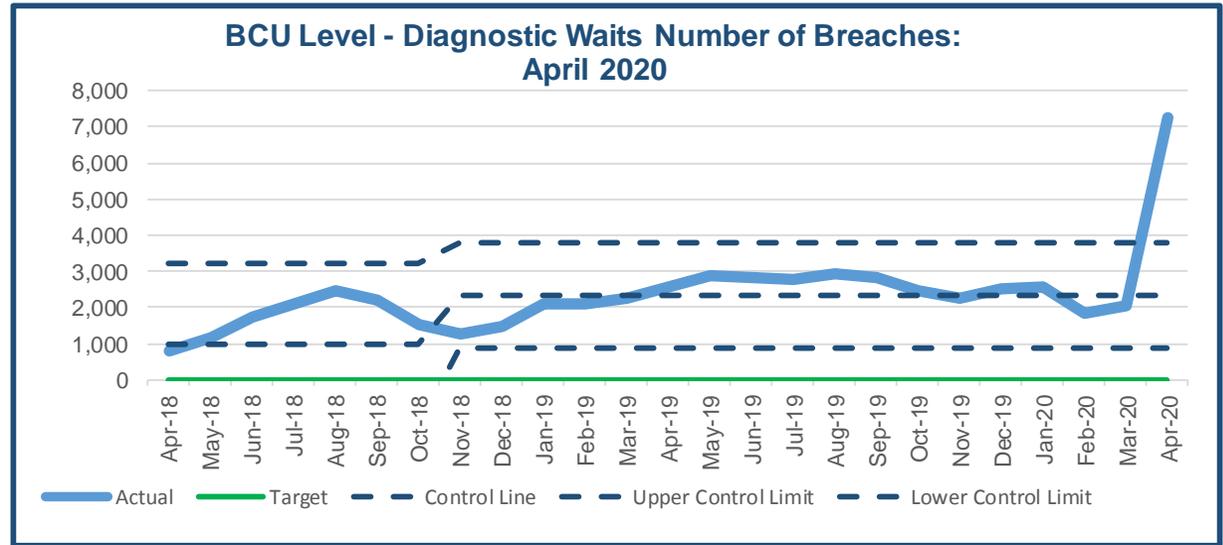
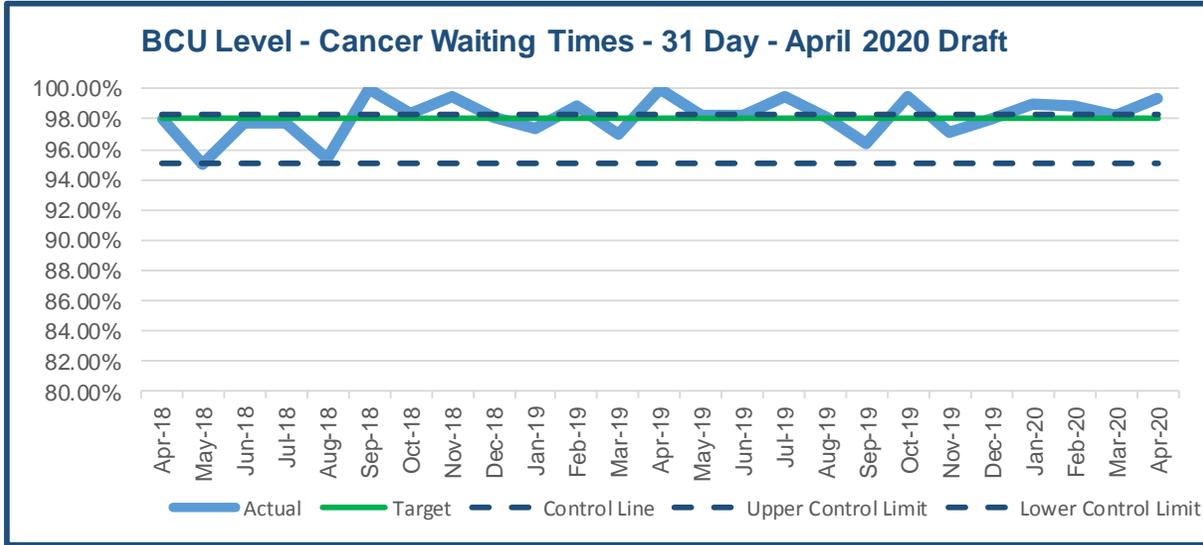
Quadruple Aim 2: Charts Unscheduled Care page 2



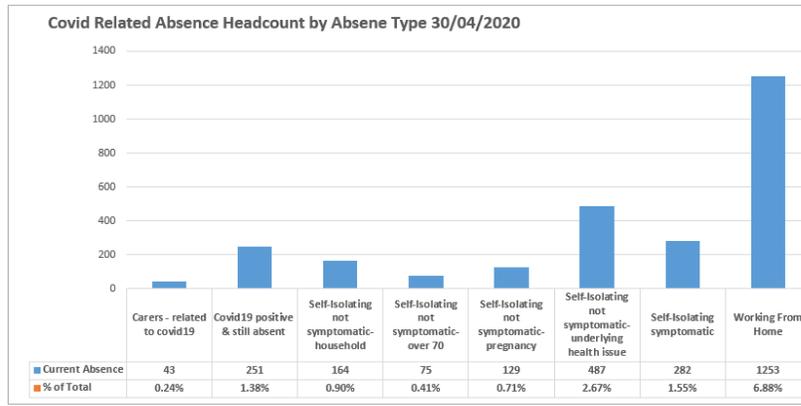
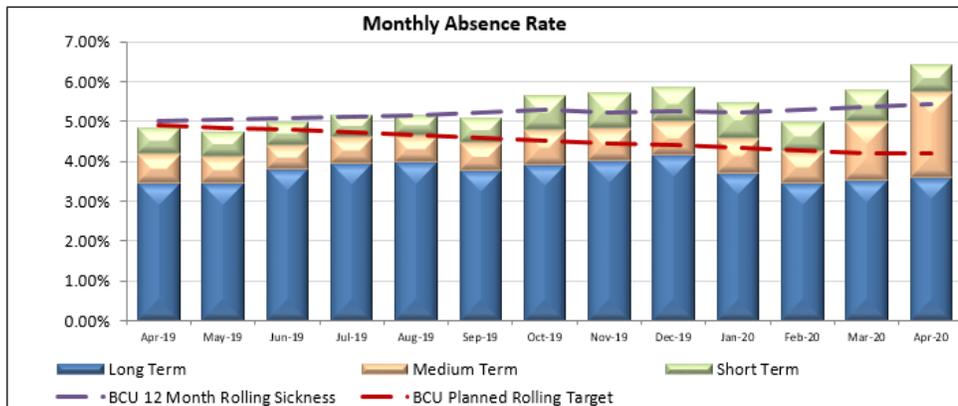
Quadruple Aim 2: Charts Planned Care page 1



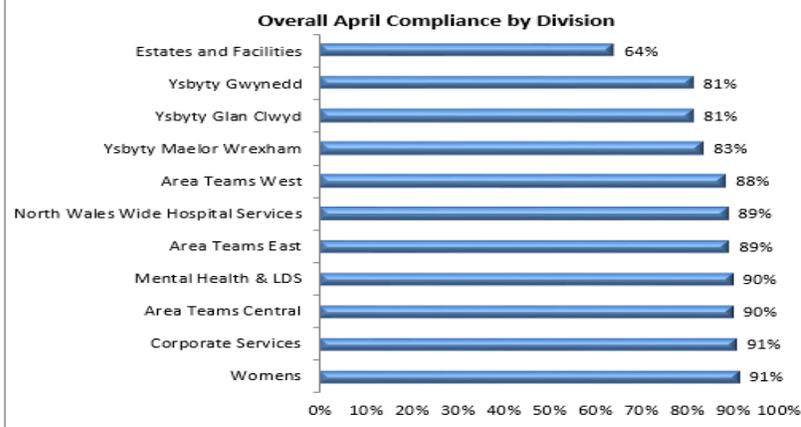
Quadruple Aim 2: Charts Planned Care page 2



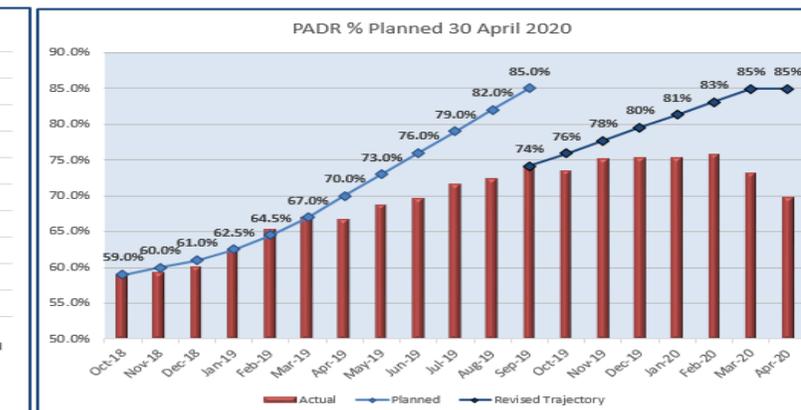
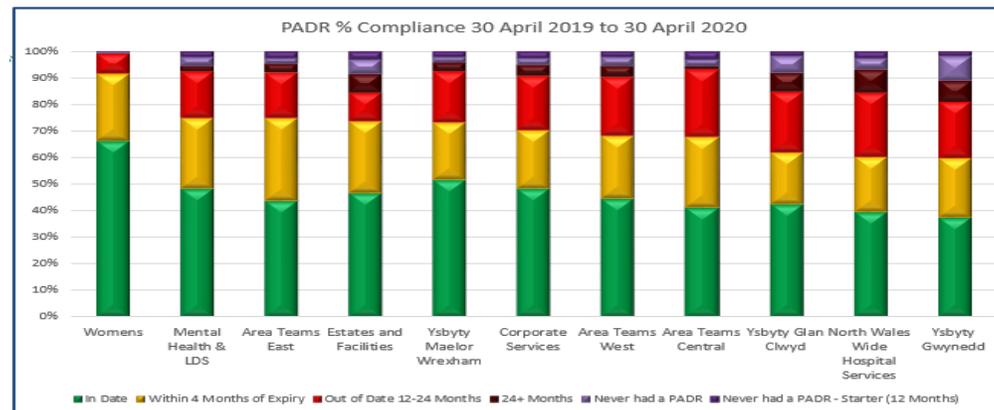
Sickness absence Rates



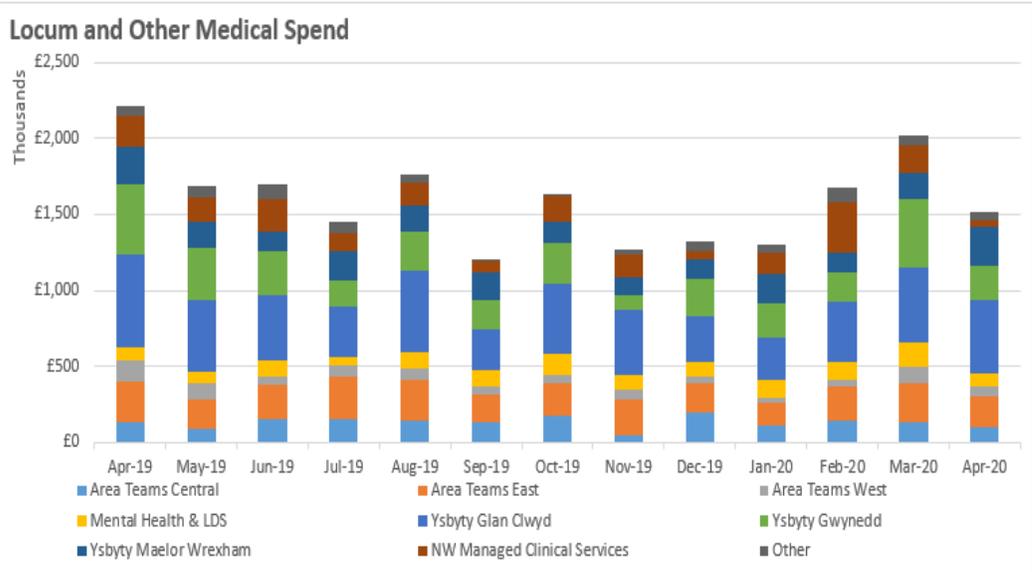
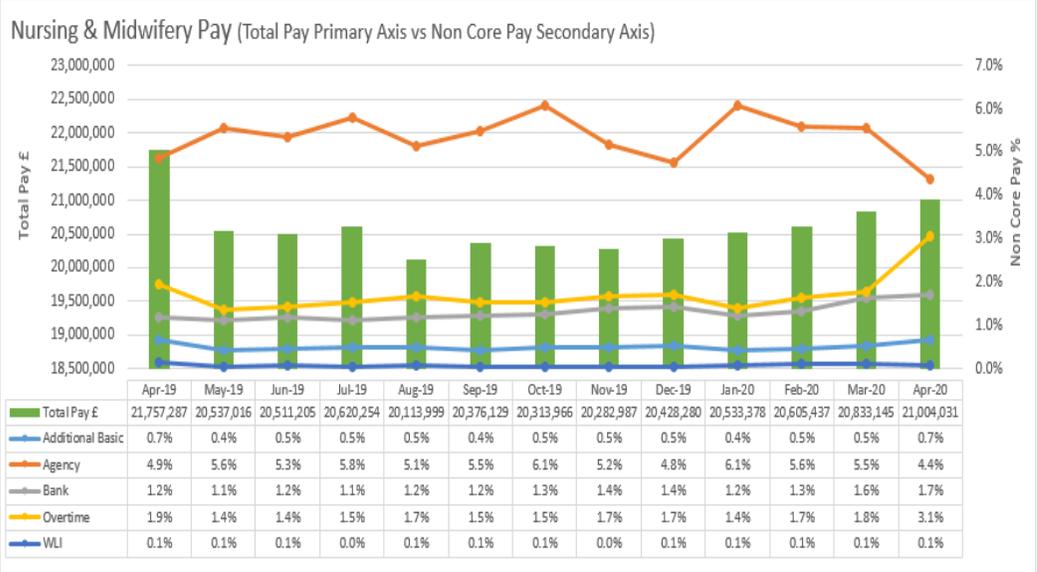
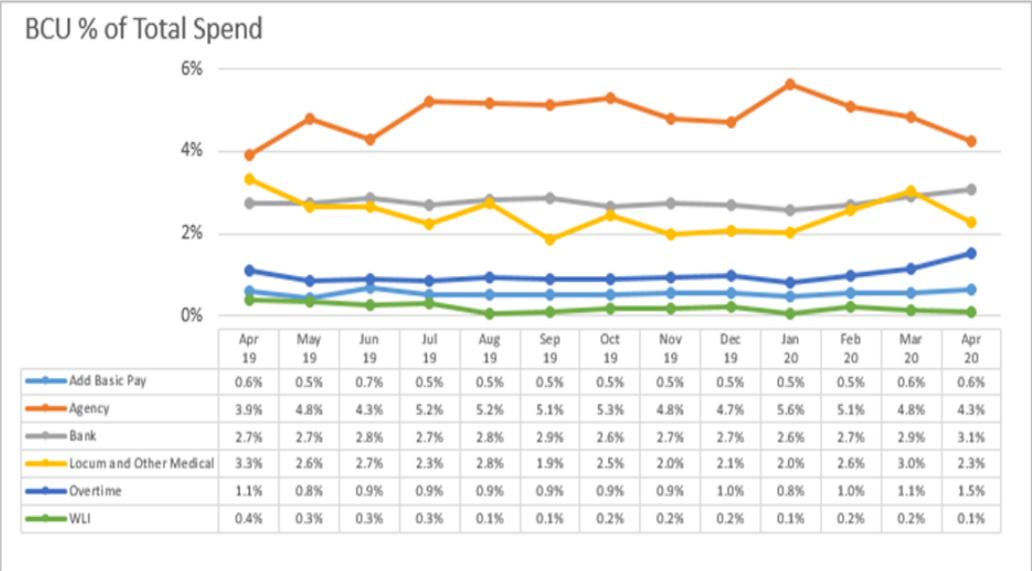
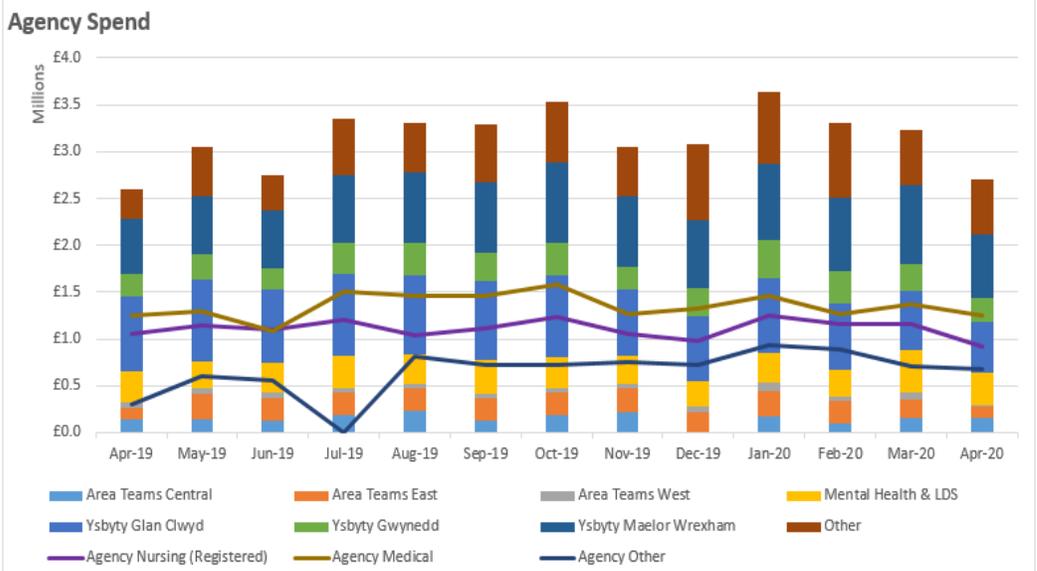
Core Mandatory Training Rate



PADR



Agency & Locum Spend



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 @bcuwb

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

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 4.6.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Update on RTT				
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris Deputy Chief Executive / Executive Director Nursing and Midwifery				
Awdur yr Adroddiad Report Author:	Andrew Kent, Interim Planned Care Lead				
Craffu blaenorol: Prior Scrutiny:	Planned Care Group				
Atodiadau Appendices:	Appendix 1- essential services criteria				
Argymhelliad / Recommendation:					
The Committee is asked to note the following: <ul style="list-style-type: none"> • The overall growth in the waiting times as a result of Covid-19 • The essential elective activity still being undertaken and actions to mitigate harm • The introduction of digital platforms to support virtual activity • The organisation remains in the early stage of recovery focussing on stage 1 and 2 					
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:					
Previously the team have highlighted the work being undertaken to ensure “essential service delivery” during the Covid pandemic. The approach, initiated by the Welsh Government, outlined the essential services that should be maintained. This did not include any routine activity, which forms the primary focus of RTT. This paper focuses on the RTT elements including the backlog, waiting list size and the actions taken to mitigate and plan for the recovery of these services.					
Cefndir / Background:					
The paper describes the ongoing work to ensure the delivery of essential services in its broader terminology and specifically describes the stage 1-4 RTT with a review of the cancer PTL as part of that.					

Asesiad / Assessment & Analysis

Strategy Implications

The paper aligns to the previous Welsh RTT targets and the current risk stratification approach during the covid pandemic

Financial Implications

In this month's paper the financial implications of not undertaking the RTT activity is not described.

Risk Analysis

The paper describes the numerous risks associated with not delivering care to the population of North Wales, it also describes the mitigation being put in place.

Legal and Compliance

Impact Assessment

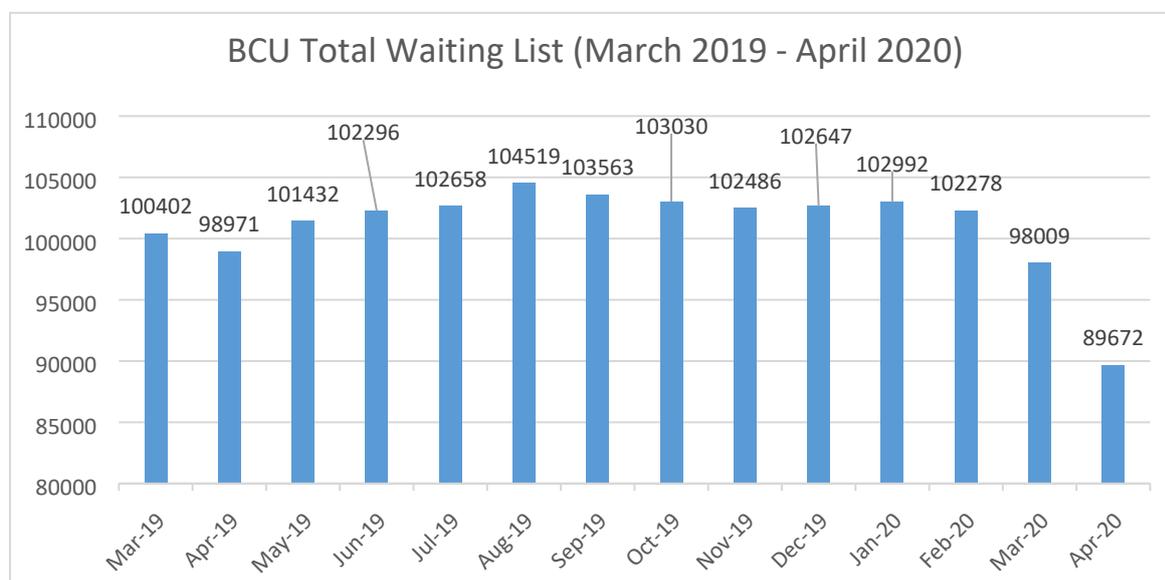
None known

Introduction

Previously the team have highlighted the work being undertaken to ensure “essential service delivery” during the Covid pandemic. The approach, initiated by the Welsh Government, outlined the essential services that should be maintained (Appendix 1). This did not include any routine activity, which forms the primary focus of RTT. This paper focuses on the RTT elements including the backlog, waiting list size and the actions taken to mitigate and plan for the recovery of these services.

Current RTT position

Referrals from primary care have significantly decreased meaning that the waiting list size has not increased.



However, the table below shows the number of over 36 weeks and 52-week position at the end of April with a current un-validated May outturn.

Actual	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	01/05/2020 (non validated position)
Backlog Size (36-51)	6,404	7,547	7,322	7,888	8,348	8,987	9,589	8,561	8,685	11,072	13,566
Backlog Size (Over 52 Weeks)	2,496	2,620	2,730	2,880	3,177	3,390	3,203	3,066	3,113	4,833	6,644
Total Backlog Size	8,900	10,167	10,052	10,768	11,525	12,378	12,792	11,654	11,798	15,905	20,210

This illustrates that the March end position was very close to the forecast position described in previous papers. However, as the Covid pandemic began, all routine activity was paused and led to an increase in the size of the backlog by 4,107. Leaving an end of April total backlog of 15,905.

Current intelligence suggests a further increase in May of 4,305, giving a non-validated position of 20,210 total backlog. Suggesting that for every month we remain only seeing essential services, the over 36-week backlog will increase by approximately 4,000 patients a month. This information confirms the increasing risk

of patients waiting longer. As the public start returning to their GP for routine referrals we also expect to see the waiting list size grow accordingly.

This gives an increasing potential risk to our patients, with national evidence suggesting that 4-5% of routine patients may have an undiagnosed cancer.

Action to date to mitigate harm:

In an attempt to mitigate this, all patients have been contacted informing them of their pause in treatment and advised that if their condition deteriorates to contact their primary care provider or the hospital.

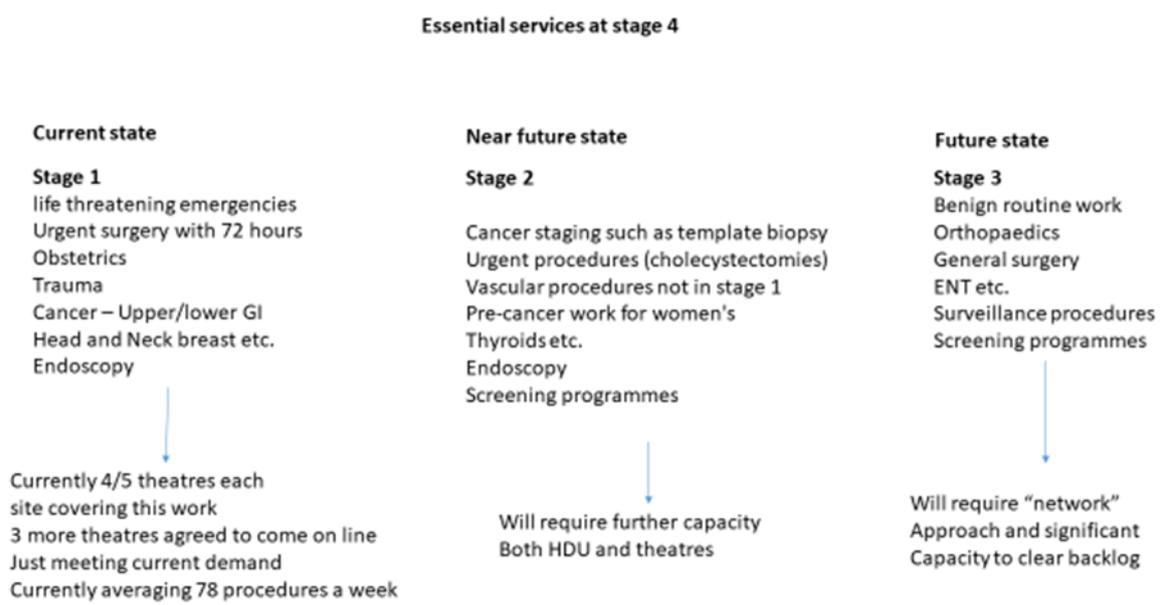
In specialties where we know there may be a bigger risk for example dermatology and urology, patient leaflets with more information and advice have been included with their letters.

If any patient is moved from routine to urgent, a consultation either face-to-face or virtual is taking place alongside a harm review. This is then reported via the Datix system. Although there have been none to date, this is anticipated as more patients begin to access healthcare again.

The pathway for urgent non-Covid is in place and this month we launch ‘consultant connect’, as part of the OPD transformation programme. This will provide advice and guidance for primary care for the next 12 months. It is noted that this will take time to embed within the organisation, and the newly recommended planned care group is overseeing its implementation.

Factors influencing routine planned Care

As part of the essential services work the planned care group formulated a 3-stage approach to returning planned care activity, the diagram below illustrates the stages.



This month we have increased theatre capacity at both the East and West sites, and

re-opened two endoscopy units at East and West, with the Central site opening on the 1st of June.

This moves planned care very slowly towards stage two, as we have also commenced urology cancer staging across the organisation in small numbers. There are a number of concerns in opening stage two further at this point.

The Covid pandemic is still absorbing a significant number of resources and although we are seeing the overall number decrease in the organisation, the number of suspected cases remains high. This means it is difficult to release staff who have been re-deployed from the planned care activity and trying to keep Covid light areas in each DGH and ensure public confidence is challenging. There are early studies from other Covid affected areas that post-operative Covid infection mortality rates are significantly higher than the pre-Covid era. This means that a risk stratification approach needs to be taken on each patient. This is manageable with the low volume high complex patients but will prove problematic as we move to stage two and stage three roll out, which will be high volume. A further significant issue is the pre-operative pathway for planned care patients, where currently a 14-day self-isolation period is requested. This poses a number of social and economic considerations for the patient and the organisation, which may also lead to an increase in cancellations, which pre-Covid was already at 13%.

Finally, early evidence is suggesting turnaround times in theatres and diagnostics has increased due to social distancing and PPE requirements, which means that the capacity for these areas could be as much as 40% lower than the pre-covid activity.

All these factors will have a significant implication on the overall activity plan for 20/21 and the patients waiting on the backlog, this includes our previous strategy of outsourcing over 20,000 patients last year. Early indication suggest this will be reduced, as other NHS providers need to clear their own backlog.

These challenges have been discussed in numerous forums, including the clinical advisory group and subsequent workshops, leading to a request by the executives for an option appraisal on how best to liberate as much elective capacity as possible for the next couple of years.

The planning under taken in January this year was based on an available capacity model. We can now review the plans to start forecasting our position from June as we prepare for stage 3 roll out. Key to returning to pre-Covid activity levels will be the introduction of rapid testing to reduce all the increased leads times discussed in this paragraph.

Outpatients

As with the overall waiting list size, we are seeing an increase in patients waiting for both a new routine and follow up appointment. With the follow-up we continue to validate the over 100% due date. The table below shows the latest validation figures.

Specialty	Grand Total	Not Removed	Potential Removal	Removed
100 - General Surgery	2785	2028	248	509
101 - Urology	6265	3942	742	1581
107 - Vascular Surgery	726	553		173
110 - Trauma & Orthopaedics	6774	3756	1316	1702
120 - ENT	5814	4602	205	1007
130 - Ophthalmology	808	792		16
140 - Maxillo-Facial Surgery	508	436	16	56
301 - Gastroenterology	823	564	118	141
320 - Cardiology	632	420	38	174
502 - Gynaecology	590	360	55	175
EYE - Orthoptics	23	21		2
Grand Total	25748	17474	2738	5536

Specialty	Total Validated	Not Removed	Potential Removal	Removed
Total	25748	17474	2738	5536

The potentials for removal are being clinically validated to establish if these can also be taken off.

Given this validation we know that the follow-up waiting list has seen a slight reduction to just below 200,000, however 105,000 of these are now overdue with circa 60,000 of these patients at least 100% beyond their due date that is an increase in previous months. Therefore, while the total waiting list has reduced by around 2,000 this month, the volume overdue has increased by around 10,500.

The See on Symptoms (SOS) handbook is being implemented this month to a number of pilot specialties, excluding chronic disease management, however we will not see a reduction in the overall numbers for 6 months, this is the agreed time at which, the patient will be discharged. National evidence suggests there maybe be a 6-8% return rate.

As mentioned, a non-Covid pathway was established at the beginning of the pandemic for both new and follow up. Significant work is being undertaken to introduce non-face to face consultations for new patients, in preparation of stage 3.

The way we undertake OPD activity will need to be different due to social distancing and shielding for patients. A new video platform called 'Attend Anywhere' is being piloted over the coming weeks unfortunately; this has been delayed due to some technical difficulties. The new way of working has also required updating the PAS systems to acknowledge and measure virtual clinic adherence to data protection guidelines for virtual clinics and the physical layout of OPD areas have needed to be considered.

However, we are still not seeing routine patients and any patients who may have concerns are having desktop reviews and where appropriate Datix will be used to identify if any harm will have occurred.

Stage 4

Since the beginning of the Covid outbreak, the Health Board has been running 4-5 ring fenced theatres per week to deliver the following essential services:

- NECPOD
- Obstetrics
- Trauma
- Cancer
- Urgent

Within the theatres, across all sites, we have operated on 772 patients with cancer or meeting the essential criteria from the 13th of April until mid-May. 102 (13%) have been treated in the spire hospital, as part of the national contract. This is considerably below our planned activity. In addition, it needs to be noted that in May the significant increase in activity has been in Endoscopy, which is excluded in the table below

Specialty	Plan Capacity ATOM	Number of patients completed YTD	Emergencies/Trauma c	Difference between plan and actual (Patients)
General Surgery	821	166	5	655
Urology	472	59	3	413
Orthopaedics	792	6	5	786
ENT	499	16	2	483
Oral Surgery	193	18	0	175
Pain	34	19	0	15
Ophthalmology	817	20	7	797
Gynaecology	348	56	5	292
Total	3977	360	27	3617

Due to the factors explained, the pre-operative pathway is currently based on a risk stratification and then informed consent with the patient. Following approval at CAG, we will be adopting the prioritisation of cancers and non-cancer activity and giving an estimation of when these patients will be seen: This is listed below

Non-Cancer Surgery

- Priority Level 1a Emergency – operation needed within 24hours
- Priority level 1b Urgent – operation needed with 72 hours
- Priority level 2 Surgery that can be deferred for up to 4 weeks

- Priority level 3 Surgery that can be delayed for up to 3months
- Priority level 4 Surgery that can be delayed for more than 3 months

As described early we are currently working on stage 1 and stage 2 patients. There are currently no plans to be able to operate on patients at level 3 and 4. We will also need to discuss on how these patients getting risk stratified now also fit into the current waiting list.

Cancer

The organisation is currently seeing a reduced rate of USC/Cancer referrals; it is currently 44% lower than the pre-covid period. Over the last month, repeated messages have been given to patients locally and nationally, that the NHS is open.

For those patients that are in the system, the bottleneck is within diagnostics, with 50% of the total cancer PTL awaiting some form of diagnostic, the biggest area of concern for these is within endoscopy. During May to help mitigate this, the Endoscopy suite at East and Wrexham has re-opened with a pan north wales pathway, the centre site will re-open on the 1st June. The volumes of activity possible with safe infection prevention measures in place for staff and patients during the pandemic is considerably lower than would be experienced during pre-covid-19 periods due to social distancing, PPE and environmental considerations. We are also discussing with the clinicians the potential of a pan north wales single waiting list to further mitigate any health inequalities.

The second big area of concern is urology diagnostics, mPMRI have now recommenced as part of the recovery, but in small numbers. Work continues to increase this volume over the coming weeks.

Tumour Site	Average no. of USC referrals usually received per week (pre-COVID-19)	Number of USC referrals received last week (NB provisional as will increase with upgrades)	Number of patients waiting for diagnostics?	Number of patients waiting for surgery?
Breast	90	49	4	6
Lung	18	9	10	0
Lower GI	86	42	491	4
Upper GI	76	45	190	0
Urology	64	29	267	47
Head and Neck	43	39	39	10
Haematology	2	1	4	0

Gynae	57	39	32	7
Sarcoma	0	0	0	0
Dermatology	99	47	5	32
Other	4	2	0	0
TOTAL	539	302	1042	106

The figures included above reflect BCU as an internal provider of cancer services. The committee is asked to note that historically a proportion of activity was contracted out for services such as urology. Information from providers within NHS England demonstrate similar challenges in maintaining these services.

Next steps

There are ongoing discussions taking place to review the approach to safely reinstating elements of planned non-covid activity, particularly around whether or not ring-fenced sites and areas could be used. There are clear advantages to this in that uninterrupted activity could be undertaken for essential services, including cancer, cardiac and diagnostics at specific sites. The risk of any Covid post-operative infections could also be reduced. The proposals are also including the potential use of Abergele and Llandudno. This would give the organisation more resilience and capacity. A paper describing the options and initial modelling is currently underway and will be presented to the Executives in early June.

Conclusion

The organisation is undertaking essential activity across all of its hospital sites and are delivering a restricted stage one service. The additional theatre capacity to support essential services, will allow the organisation to treat any patients with cancer currently at stage 4 (surgery/therapeutic intervention). Most of the cancer backlog is in the diagnostic pathways and although these are being re-commenced during May and June, there will be reduced capacity.

F&P will recognise that the planned care landscape is severely affected by the pandemic. Social distancing, the need for pre-operative isolation, reduced capacity at each hospital treating covid or suspected covid patients means activity will be significantly less than pre-covid. The Planned care group recognise Q1 activity will be extremely below plan and there are considerable challenges on how routine activity can be commenced again in the near future.

The Committee is asked to note the following:

- The overall growth in the waiting times as a result of Covid-19
- The essential elective activity still being undertaken and actions to mitigate harm
- The introduction of digital platforms to support virtual activity

- The organisation remains in the early stage of recovery focussing on stage 1 and 2
- The diagnostic challenge within the cancer pathway and the ongoing work to address this

Appendix 1- Essential Services

- Access to primary care services (providing *essential*, *additional* and a limited range of *enhanced* services that fulfil the WHO high priority categories)
- Urgent surgery including access to urgent diagnostics
- Urgent cancer treatments including access to urgent diagnostics
- Life-saving or life impacting medical services including access to urgent diagnostics
- Life-saving or life impacting paediatric services including time critical vaccinations, screening, diagnostic and safeguarding services
- Maternity Services including antenatal screening
- Neonatal Services including transport
- Mental health crisis services including perinatal care
- Mental health in-patient services at varying levels of acuity
- Community MH services that maintain a patient's condition stability (to prevent deterioration, e.g. administration of Depot injections)
- Substance Misuse services that maintain a patient's condition stability (e.g. prescription and dispensing of opiate substitution therapies)
- Urgent eye care
- Termination of Pregnancy Services
- Other infectious conditions (sexual and non-sexual)
- Renal care- dialysis
- Transplant patients
- Urgent supply of medicines
- Blood services, products and collection
- Palliative Care in all hospital & community settings

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 4.6.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Unscheduled Care and Building Better Care update (Covid19 impact on 2019/20)						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Gill Harris, Deputy CEO / Executive Director of Nursing & Midwifery						
Awdur yr Adroddiad Report Author:	Nicola Eatherington, Senior Programme Manager						
Craffu blaenorol: Prior Scrutiny:	Review by Deputy CEO - Unscheduled Care Improvement Group currently stood down due to COVID						
Atodiadau Appendices:	Appendix 1 – USC Building Better Care KPIs						
Argymhelliad / Recommendation:							
The Committee is asked note the Unscheduled Care performance for March across BCUHB and for each Health Economy							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:							
This report provides an update against both the unscheduled care performance and Building Better Care programme at the end of March 2020. This paper doesn't cover the Building Better Care programme beyond March as the programme is currently on hold due to the Covid-19 pandemic.							
Cefndir / Background:							
The Building Better Care Programme was put on hold in early March in line with the expectations set out by the Health Minister in a letter on 13 March to prepare the Covid-19 response. Throughout March the ED departments focused their efforts on re-organising their ED departments to stream as much activity away from ED to allow provision for treating Covid-19 patients. This involved; moving minor injuries to an alternate area in the Hospital, moving GP out of hours off site, creating straight to specialty pathways and establishing red and green zones within the Emergency departments.							
A reduction in ED attendances was seen throughout March. There were 10,859 attendances in March versus 12,932 in February. This had a positive impact on our combined 4 hour performance which was 76% against 66.4% in February and 71.1% in March 2019.							

905 patients waited in ED for more than 12 hours in March, which equates to a daily average of 29 per day, a reduction from 1,832 in February. The number of patients in ED for longer than 24 hours also decreased in March to 236 from 451 in February.

Ambulance performance

Ambulance CAT A performance

The 8 minute red performance target relates to ambulance response to red calls (very urgent) which improved from 68.6% in February to 70.5% in March and continues to remain above the 65% performance target.

Ambulance handovers over 60 minutes

There was a slight improvement in ambulance handovers in March. There were 320 over 60 minute handovers in March, compared to 660 in February, which equates to a daily average of 10.

West Health Economy

4 hour performance

The combined 4 hour performance for March in the West Area was 83.4%, an improvement on February's performance of 74.9%. ED only performance was 77.4%.

12 hour performance

The number of patient delays over 12 hours within YG ED in January was 78, equating to a monthly average of 3 patients per day. The position for the number of delays over 24 hours in ED was 0 for the month due to improved flow throughout the Hospital created by a reduction in the number of patients attending ED and by the suspension of planned care for Covid.

Ambulance 60 minute handover performance

Ambulance handover delays improved in March to an average of 1 per day.

Under 18 years of age breaches

The number of breaches for under 18 year olds fell to an average of 2 per day.

Central Health Economy

4 hour performance

The combined 4 hour performance for Central area in March was 77.4%, an increase from February (71.7%) ED only performance was 66.0%, up from 56.7% in February.

12 hour performance

The number of patient delays over 12 hours within YGC ED decreased to 472 in March, from 759 in February. The number of patient delays over 24 hours in ED was 143, which is the same as February.

Ambulance 60 minute Handover performance

Ambulance handover delays improved in March to an average of 7 per day.

Under 18 years of age breaches

The number of breaches for under 18 year olds was 40 for the month of March which is a decrease from 66 in February.

April's performance (no National reporting due to Covid-19)

As previously mentioned, the USC performance targets and improvement programmes have been put on hold both Nationally and locally to prepare for and manage the Covid-19 pandemic. This remains the case for Q1 as per the Operating Framework issued by Welsh Government on 13 May 2020.

Our Emergency Departments performed well against the 4 hour target in April with BCUHB combined performance being 90.1% (90.9% YG, 94.9% YGC and 82.8% WMH). ED attendances were 7,243 in April, down from 10,859 in March and significantly lower than normal demand. Ambulance handovers over 60 minutes was 32 across the Health Board (9 YG, 16 YGC and 7 WMH). Patients waiting in ED for over 12 hours reduced to 20 (7 YG, 0 YGC and 13 WMH) and there were no patients waiting over 24 hours in ED. This is in part due to the effectiveness of the patient pathways put in place for specialties as well as a reduction in overcrowding in both EDs and the rest of the Hospital. Towards the end of April we started to see a slight increase in ED attendances suggesting that we are moving towards becoming closer to our normal demand in the coming months. Plans are under way within the Health Communities to prepare for the re-introduction of business as usual services as well as managing Covid-19.

Asesiad / Assessment & Analysis

Strategy Implications

This report relates directly to the Health Boards strategic and business plans up until 13th March when the programme was put on hold to plan for Covid-19.

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

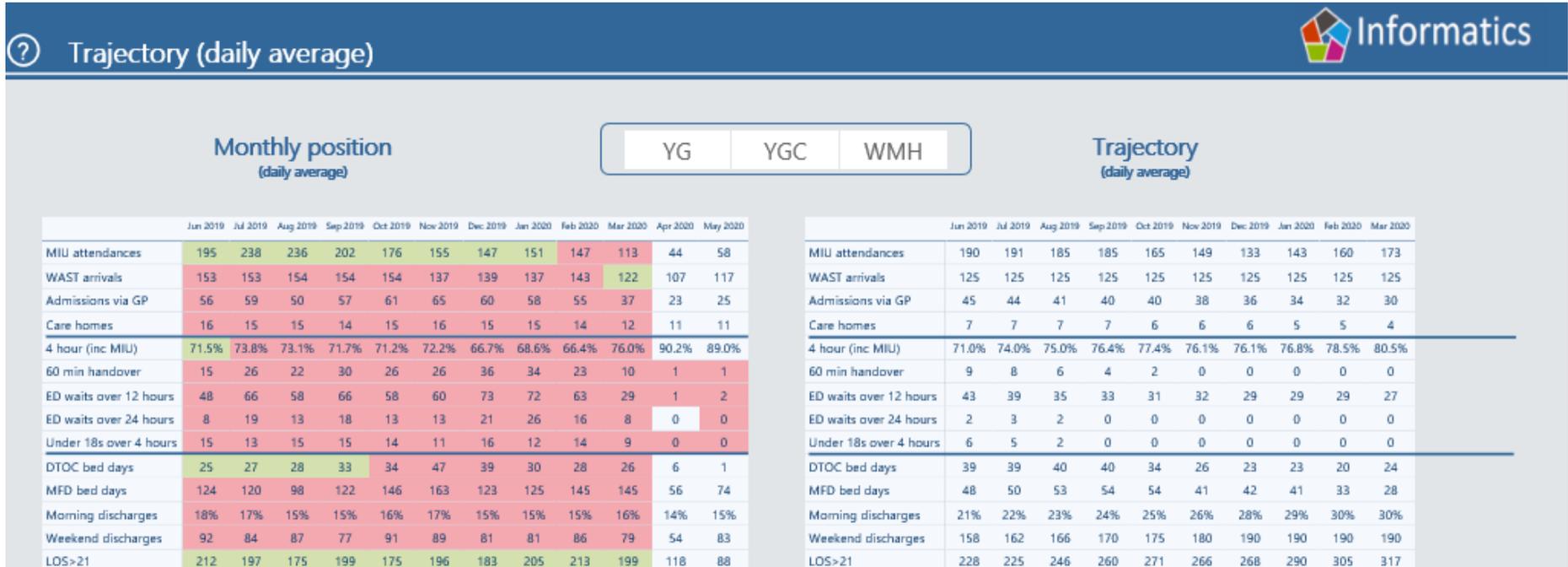
Governance issues relate to improving performance and improving the patient experience. There is a risk register in place for project deliverables against the milestones.

Legal and Compliance

There are no associated legal implications. BCUHB is currently Governed by a Command structure and USC sits under the Clinical Pathways SRO and Operational Acute SRO. There is no USC Building Better Care Programme Governance since March 2020.

Impact Assessment

No associated impact or specific assessments required.



90 day plan measures definition

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

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 4.6.20
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Finance Report Month 1 2020/21
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Acting Executive Director of Finance
Awdur yr Adroddiad Report Author:	Eric Gardiner, Finance Director, Provider Services
Craffu blaenorol: Prior Scrutiny:	Acting Executive Director of Finance
Atodiadau Appendices:	<u>Appendix 1</u> : Summary of Financial Performance <u>Appendix 2</u> : Covid-19 Impact <u>Appendix 3</u> : Expenditure <u>Appendix 4</u> : Financial Risks and Opportunities <u>Appendix 5</u> : Covid-19 Financial Governance
Argymhelliad / Recommendation:	
It is asked that the report is noted.	
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)	
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	Ar gyfer Trafodaeth For Discussion
	Ar gyfer sicrwydd For Assurance
	✓
	Er gwybodaeth For Information
Sefyllfa / Situation:	
The purpose of this report is to provide a briefing on the financial performance of the Health Board as at April 2020 and reflects the financial impact of the evolving response to the Covid 19 pandemic.	
Cefndir / Background:	
The financial plan for 2020/21, approved by the Board, is to deliver a deficit of £40m and is based on delivering savings of £45m.	
The plan does not take into account the impact of Covid-19, and therefore it will change throughout the year. It is likely that spending will be higher than planned due to the pandemic response and it is unlikely that savings delivery will be as high as originally planned, particularly in the early months of the year.	
Due to the uncertainty around the costs of Covid-19 and the number of unknown variables, forecasting a position for 2020/21 will be extremely difficult. The Health Board is currently anticipating that the plan of a £40m deficit will be achieved. This	

is based on the assumption that all Covid-19 costs will be funded by Welsh Government although this remains a significant risk to the financial plan.

Aseiad / Assessment:

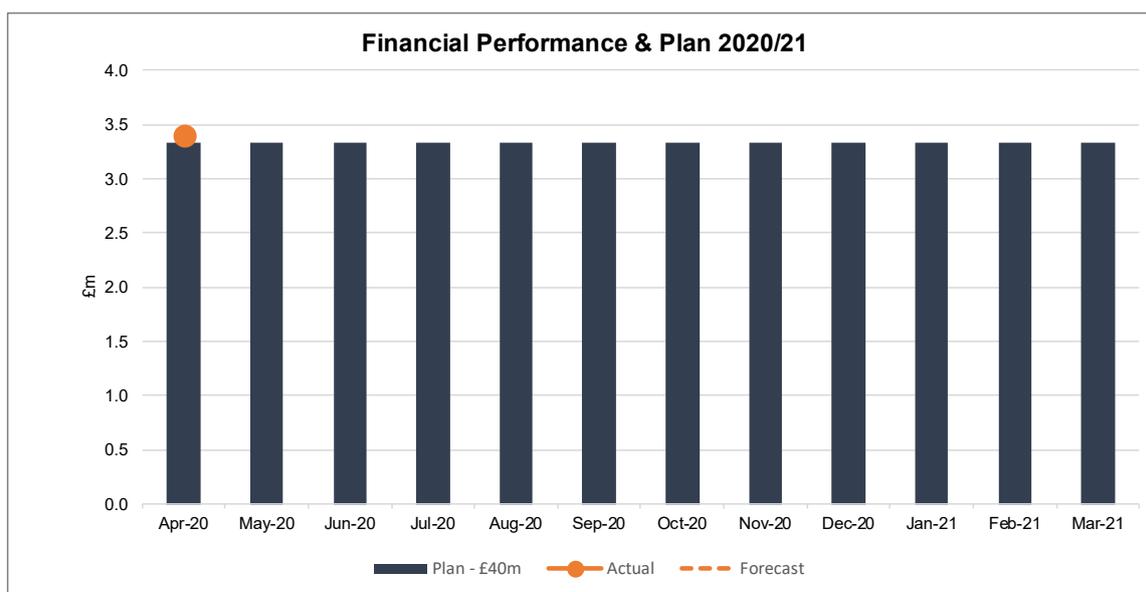
1.0 Strategy Implications

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

2.0 Financial Implications

2.1 Summary

Current Month		Year to Date		Full Year Forecast	
Plan	£3.4m Deficit	Plan	£3.4m Deficit	Plan	£40.0m Deficit
Actual	£3.4m Deficit	Actual	£3.4m Deficit	Forecast	£40.0m Deficit
Variance	Balanced	Variance	Balanced	Variance	Balanced



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:** The in-month position is a £3.4m deficit, which is in line with the plan for Month 1. This position assumes that the total cost of Covid-19 will be funded

by Welsh Government. In April, this cost is £30.8m, of which, £25m relates to the commissioning of the Field Hospitals.

	£m
Covid-19 expenditure	3.8
Field Hospital costs	25.0
Lost income	1.0
Non delivery of savings	3.7
Elective underspend	(2.3)
ICF Funding	(0.4)
Total Covid-19 costs	30.8

- Forecast: Due to the uncertainty around the costs of Covid-19 over the whole of 2020/21 and the number of unknown variables, forecasting a position for the year will be extremely difficult at this early stage. However, the Health Board is anticipating that it will achieve the £40m deficit at the end of the year, as per the financial plan, on the basis that all Covid-19 costs are fully funded by Welsh Government.
- Savings: The financial plan for 2020/21 is based on delivering savings of £45m. The savings requirement for Month 1 was £3.7m. The Recovery programme was stepped down during March, as the organisation fully focused on driving the Covid-19 plan, which has meant that the Health Board did not deliver any of the expected savings schemes in April. This has not impacted on the position, as it has been included in the cost of the Covid-19 response and funding from Welsh Government is anticipated to offset the financial impact.

2.3 Covid-19 Impact

- Total expenditure related to Covid-19 is £28.8m in April. Covid-19 has also impacted on other areas through lost income, non-delivery of savings and reduced elective care costs.
- The full set-up costs of the Field Hospitals have been accrued at a cost of £25m. This excludes the equipment that has been purchased via NHS Wales Shared Services Partnership (NWSSP). The accrual is based upon target costs as the final valuation for the cost of these hospitals is still to be determined and will be refined next month. The final valuation is dependent on other costs from sub-contractors and any potential retention or contingencies that may change the final outturn cost for the project. The reinstatement costs for the Field Hospitals are not included in these costs.
- The impact of Covid-19 has required resources to be mobilised quickly, allowing operational management to focus efforts on directly supporting the front-line demands. However, appropriate and effective management, maintenance of financial control and stewardship of Public Funds is still required.

- A Financial Governance Self-Assessment Group has been established to formally review the financial governance arrangements in respect of all Covid-19 income and expenditure. The purpose of the Group is to advise and assure the Board on whether effective arrangements were and are in place to support financial decision-making. Where appropriate, the Group will advise the Board on where and how its controls may be strengthened and developed further. The group includes members from Finance, Internal Audit, Commissioning, Counter Fraud, Payroll, Procurement, Corporate Governance and Information Governance. An update is included as Appendix 5 to this paper.
- Further details on the cost and impact of Covid-19 are included in Appendix 2.

2.4 Income and Expenditure

	M01 £m	CUMULATIVE		
		BUDGET	ACTUAL	VARIANCE
			£m	£m
Revenue Resource Limit	(154.7)	(154.7)	(154.7)	0.0
Miscellaneous Income	(9.7)	(10.7)	(9.7)	1.0
Health Board Pay Expenditure	65.0	64.5	65.0	0.5
Non-Pay Expenditure	102.8	104.3	102.8	(1.5)
Total Against Plan	3.4	3.4	3.4	0.0

- Income: Most of the Health Board's funding is the Welsh Government allocation through the Revenue Resource Limit (RRL). Confirmed allocations to date total £1,517m, with further anticipated allocations in year of £155.6m, a total forecast of £1,673m for the year. Of this, £154.7m has been profiled into April. The Health Board is anticipating income to cover the costs of Covid-19 for 2020/21 but this has not yet been confirmed and is therefore listed as a significant risk to the financial position.
- Pay expenditure: Health Board pay costs in April are £65.0m, an increase of £0.7m on March and £2.1m higher than the 2019/20 monthly average. April costs include £1.1m directly related to Covid-19 and £1.3m for the Agenda for Change pay award. Non-medical pay budgets have been uplifted by 2.7% to fund the Agenda for Change pay award and the impact of the restructured bands. Total variable pay has fallen by £0.5m to £7.9m this includes a drop in agency costs of £0.4m and locum costs of £0.7m, whilst overtime has risen by £0.3m.
- Non-pay expenditure: Costs are £18.1m above the average for last year at £102.8m. Non-pay costs in April include £27.7m directly related to Covid-19, of which £25m has been incurred in commissioning the field hospitals. However, only a small number of elective care procedures have been undertaken during April, resulting in a reduction in spend totalling £2.3m across a number of non-pay categories.
- Further details on expenditure are included in Appendix 3.

2.5 Balance Sheet

- Cash: The closing cash balance for the Health Board was £14.1m.

- Capital: The Capital Resource Limit (CRL) at Month 1 is £22.7m. Year to date expenditure is £1.1m, which is in line with the plan.

3.0 Risk Analysis

There are currently three identified risks to the financial position detailed in Appendix 4.

4.0 Legal And Compliance

Not applicable.

5.0 Impact Assessment

Not applicable.

Appendix 1 – Summary of Financial Performance

	M01	CUMULATIVE		
	£000	BUDGET £000	ACTUAL £000	VARIANCE £000
WG RESOURCE ALLOCATION	(154,715)	(154,715)	(154,715)	0
AREA TEAMS				
West Area	13,969	13,746	13,969	222
Central Area	18,101	17,862	18,101	239
East Area	19,908	19,693	19,908	215
Other North Wales	364	278	364	86
Field Hospitals	25,037	25,037	25,037	0
Commissioner Contracts	17,951	18,016	17,951	(66)
Provider Income	(1,170)	(1,631)	(1,170)	461
Total Area Teams	94,160	93,001	94,160	1,157
SECONDARY CARE				
Ysbyty Gwynedd	8,248	8,144	8,248	104
Ysbyty Glan Clwyd	10,151	10,256	10,151	(106)
Ysbyty Maelor Wrexham	9,054	8,838	9,054	216
North Wales Hospital Services	8,520	8,451	8,520	69
Womens	3,404	3,203	3,404	201
Total Secondary Care	39,377	38,892	39,377	484
Total Mental Health & LDS	10,920	10,768	10,920	153
CORPORATE				
Chief Executive	213	170	213	42
Estates & Facilities	4,729	4,659	4,729	70
Utilities & Rates	1,508	1,307	1,508	201
Executive Director of Finance	739	722	739	17
Executive Director of Nursing & Midwifery	1,074	862	1,074	212
Executive Medical Director	1,760	1,662	1,760	98
Executive Director of Workforce & OD	1,068	950	1,068	118
Director of Planning & Performance	159	172	159	(13)
Executive Director of Public Health	135	122	135	13
Director of Corporate Services	0	(1)	0	1
Office to the Board	162	176	162	(14)
Director of Therapies	54	33	54	21
Executive Director of Primary Care & Comm Services	66	82	66	(16)
Director of Turnaround	98	137	98	(39)
Total Corporate	11,765	11,053	11,765	711
Total Other Budgets incl. Reserves	1,893	4,353	1,897	(2,456)
TOTAL	3,400	3,352	3,404	49

Appendix 2 – Covid-19 Impact

Covid-19 Expenditure

Type	M01 £'000
Field Hospitals	25,037
Area Teams	610
Secondary Care	2,133
Mental Health	289
Corporate	728
Total	28,797

Type	M01 £'000
Other Income	(30)
Total Income	(30)
Additional Clinical Services	170
Administrative & Clerical	151
Allied Health Professionals	22
Healthcare Scientists	10
Medical and Dental	437
Nursing and Midwifery Registered	313
Total Pay	1,103
Clinical Service & Supplies	1,258
Establishment Expenses	109
General Supplies & Services	521
Miscellaneous Services	96
Premises & Fixed Plant	25,413
Primary & Secondary Care	328
Total Non-Pay	27,725
Total	28,797

Funded via ICF	338
Funded by Welsh Government	28,459

Appendix 2 – Covid-19 Impact

Covid-19 Expenditure Detail														
Type	Description	West Area £'000	Centre Area £'000	East Area £'000	Mental Health £'000	Ysbyty Gwynedd £'000	Ysbyty Glan Clwyd £'000	Ysbyty Wrexham Maelor £'000	North Wales Hospital Services £'000	Womens £'000	Corporate £'000	Sub Total £'000	Field Hospitals £'000	Grand Total £'000
Income	Other Income	0	(30)	0	0	0	0	0	0	0	0	(30)	0	(30)
Total Income		0	(30)	0	0	0	0	0	0	0	0	(30)	0	(30)
Pay	Additional Clinical Services	28	1	31	47	15	(0)	41	4	2	1	170	0	170
	Administrative & Clerical	1	0	0	5	6	24	0	9	0	106	151	0	151
	Allied Health Professionals	0	0	0	0	0	0	0	22	0	0	22	0	22
	Healthcare Scientists	0	0	0	0	3	0	0	7	0	0	10	0	10
	Medical and Dental	7	0	0	7	136	88	126	0	72	0	437	0	437
	Nursing and Midwifery Registered	34	48	13	11	41	51	72	7	24	12	313	0	313
Total Pay		70	49	44	70	200	163	240	49	98	119	1,102	0	1,102
Non-Pay	Clinical Service & Supplies	39	28	86	5	271	237	310	150	13	15	1,154	104	1,258
	Establishment Expenses	9	4	1	2	10	37	9	3	0	10	86	24	109
	General Supplies & Services	22	43	21	11	48	107	14	16	1	181	465	57	521
	Miscellaneous Services	0	0	7	0	0	0	0	0	4	85	96	0	96
	Premises & Fixed Plant	17	57	13	5	51	46	13	30	12	317	560	24,852	25,412
	Primary & Secondary Care	14	52	64	197	0	0	0	0	0	0	328	0	328
Total Non-Pay		102	184	192	220	380	427	346	198	31	609	2,689	25,037	27,725
Total		172	203	237	289	580	590	586	248	129	728	3,761	25,037	28,797

- Pay costs are for additional work that is directly related to Covid-19. This includes agency costs, additional hours, overtime or enhancements over and above normal costs. Pay costs do not include the cost of staff that have been redeployed to help with the pandemic response.
- The largest element of non-pay costs relates to the cost of construction for the Field Hospitals. The majority of the Field Hospital costs are included in Premises and Fixed Plant, at a total of £24.7m. Also included in this category are minor building works across existing hospitals (£0.3m) and furniture costs (£0.1m).
- Included in Clinical Service and Supplies costs are medical and surgical equipment costs of £0.6m, laboratory equipment (£0.2m) and drugs costs (£0.1m). General Supplies and Services contains costs for bedding and laundry (£0.1m), protective clothing (£0.1m) and catering equipment (£0.1m).

Appendix 2 – Covid-19 Impact

- Additional Continuing Healthcare (CHC) placement costs, undertaken to release capacity in acute settings, have been funded from Intermediate Care Fund (ICF) monies.

Covid-19 Lost Income

	£m
Dental patient charges	0.6
Non-contracted activity (NCA's)	0.4
Other non-contracted income	0.1
	1.0

- Due to little patient activity being undertaken, there is a significant loss of patient related income for General Dental Services (GDS).
- Non-Contracted Activity (NCAs): Due to the restrictions on travel, it is anticipated that there will not be any NCA income or expenditure generated or incurred in April, as this arises from treatment of out of area patients. As this activity is not contracted, payments are not being maintained. The estimated impact of this in April is a net loss of income of £0.4m.

Other Financial Impacts

- Dental: General Dental Services (GDS) Contractor's will receive 80% of the agreed 2020/21 contract value, but other contract payments (such as rates and pension) remain fully protected. The loss of patient related income is forecast to be greater than the reduced level of Contractor payments. In addition, the Health Board usually plans for a level of contract handback and clawback sums, which are used to commission additional non-recurrent schemes and activity. The Health Board is expecting the level of these to be significantly reduced, particularly in the first quarter of the year. Both of these limit the sum of resource available to use flexibly later in the year.
- General Medical Services (GMS): GP Practices are continuing to offer services, albeit with limited face to face patient access, and therefore are receiving the usual core contract payments in full. However, due the reduced level of direct patient attendance, Practices are unable to provide a full range of Enhanced and Additional services. As a result, Welsh Government have protected these elements

Appendix 2 – Covid-19 Impact

of the GMS contract and payments are being made based on 2019/20 levels. Therefore, the Health Board is not expecting any significant change in the level of GMS contract spend for 2020/21 compared to previous years.

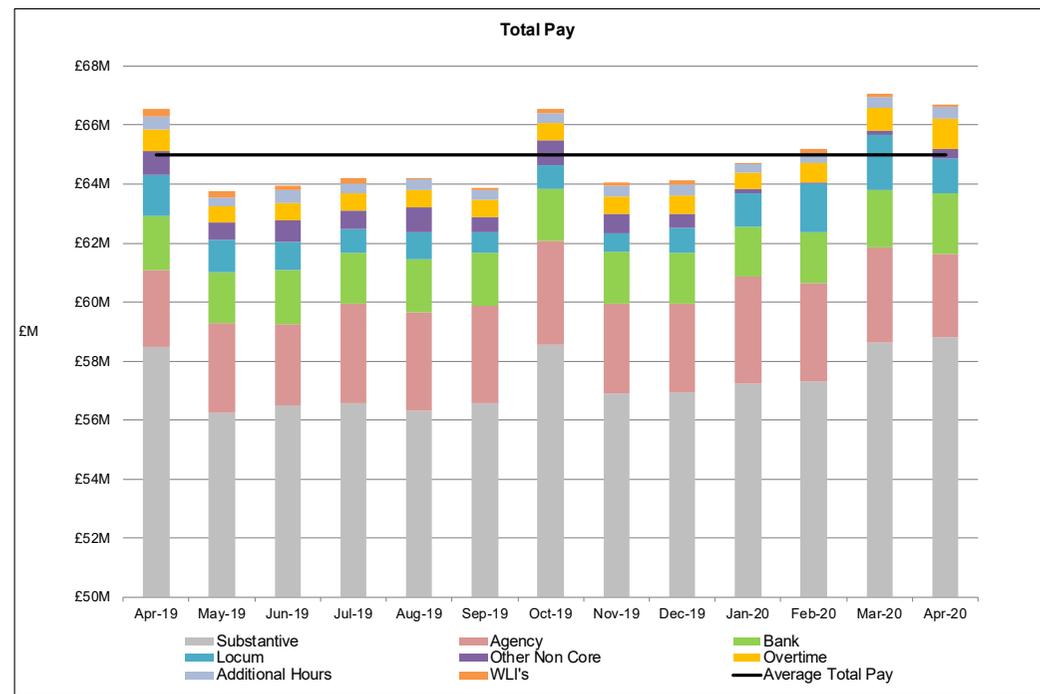
- Commissioning contracts have been agreed on the basis of block contracts, as agreed at a national level. This means that there are no reductions in cost arising from these contracts, despite planned care activity not being undertaken by other NHS organisations.

Forecast

- The Health Board is not providing a Full year forecast at this stage for the financial year, as the impact of Covid-19 in 2020/21 is still evolving and we have recently submitted a Q1 operational plan to Welsh Government, but we are assuming that:
 - The overall cost of Covid-19 to the Health Board will be fully funded by Welsh Government
 - Savings delivery for the year will be reduced against the plan of £45m and indicative estimates are that this may be c£9m (20% delivery)
 - Field hospital costs in April and May relate to the commissioning of the hospitals and are estimated at £25.6m
 - Running costs have been estimated at this stage, based on 50% capacity from the start of July to the end of March 2021
 - Costs for decommissioning the field hospitals are currently estimated at £2.2m
 - Income lost due to Covid-19 will remain at the same level as in April for the rest of the year.
 - Elective under spends will continue for the rest of the year. Some elective work has commenced in May and it is expected that activity will increase over future months, but full capacity will not be reached in 2020/21 due to the requirements of social distancing for staff and patients.

Appendix 3 – Expenditure

Pay Expenditure

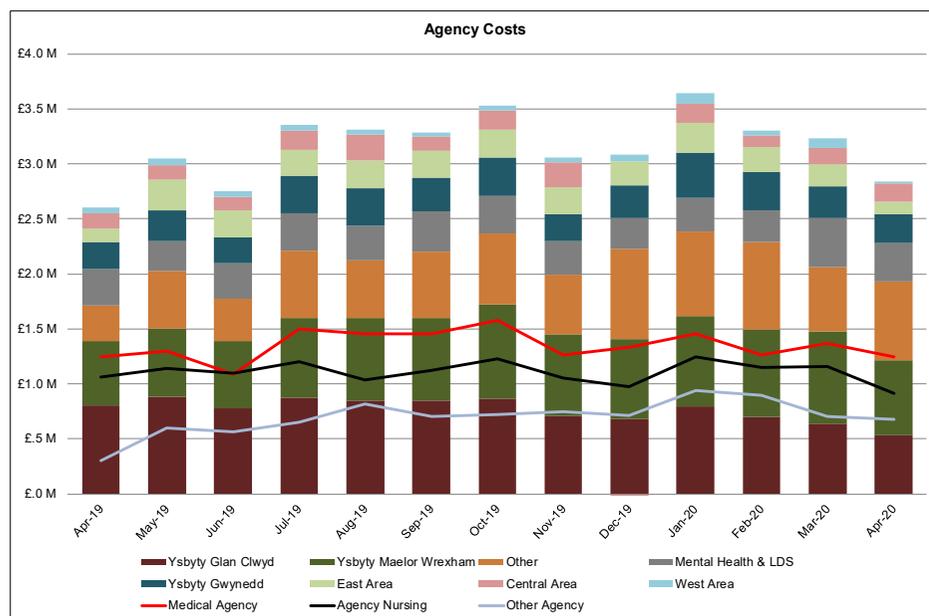


	2019/20 Average £m	M01 Actual £m	Cumulative		
			YTD Budget £m	YTD Actual £m	YTD Variance £m
Administrative & Clerical	8.3	8.6	8.9	8.6	(0.3)
Medical & Dental	14.8	15.2	14.4	15.2	0.8
Nursing & Midwifery Registered	20.2	20.6	21.6	20.6	(1.0)
Additional Clinical Services	8.9	9.4	8.5	9.4	0.9
Add Prof Scientific & Technical	2.8	3.1	3.0	3.1	0.1
Allied Health Professionals	3.7	3.8	3.7	3.8	0.1
Healthcare Scientists	1.2	1.1	1.2	1.1	(0.1)
Estates & Ancillary	3.0	3.2	3.2	3.2	0.0
Students	0.0	0.0	0.0	0.0	0.0
Health Board Total	62.9	65.0	64.5	65.0	0.5
Primary care	2.0	1.7	1.5	1.7	0.2
Total Pay	64.9	66.7	66.0	66.7	0.7

Appendix 3 – Expenditure

Month 1 Variable Pay	£'000
Agency	2,836
Overtime	1,021
Locum	1,185
WLIs	73
Bank	2,038
Other Non Core	327
Additional Hours	431
Total	7,911

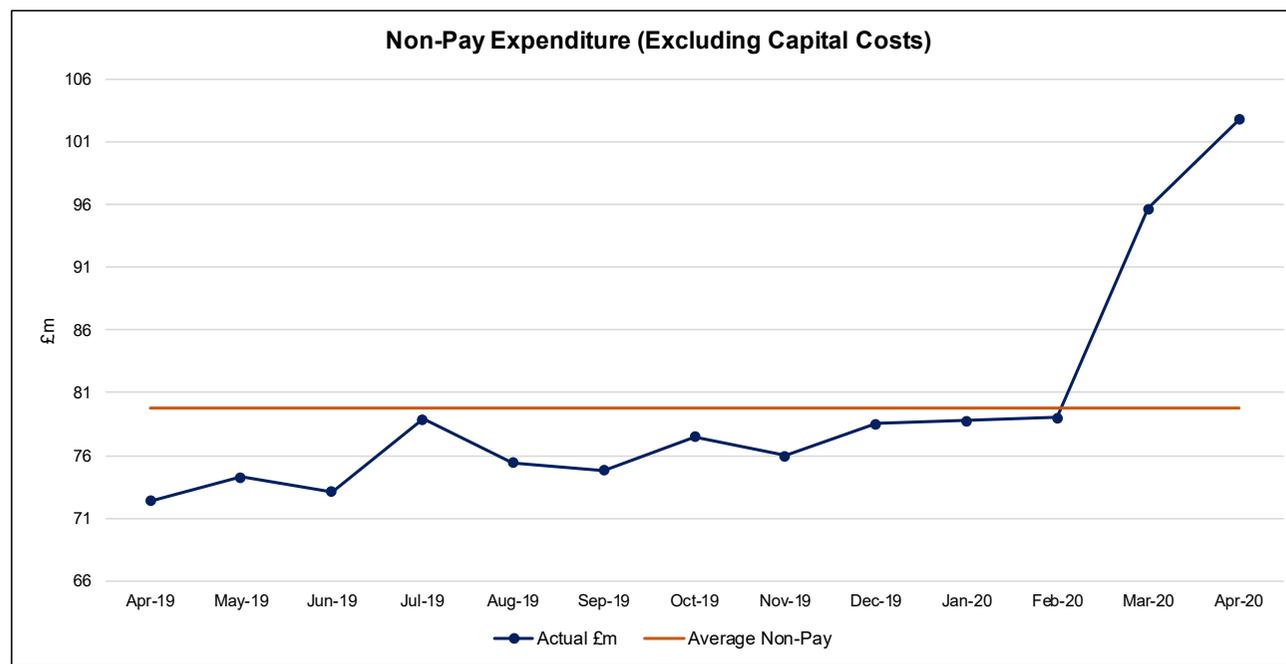
- Total variable pay in April was £7.9m (12.6% of total pay). This is £0.5m less than in March, but remains £0.2m above the average for 2019/20. Decreases have been seen particularly in locums (by £0.7m) and agency, whilst there was a £0.3m increase in overtime.



- Expenditure on agency staff for Month 1 is £2.8m, representing 4.3% of total pay, a decrease of £0.4m on last month. Agency costs are £0.3m lower than the average monthly cost for 2019/20.
- Medical agency costs have decreased by £0.1m to an in-month spend of £1.2m. The average monthly Medical agency spend for 2019/20 was £1.4m.
- Nurse agency costs were £0.9m for the month, £0.3m lower than in March and below the £1.1m monthly average for 2019/20.
- Other agency costs remained at £0.7m for April and mainly arise from Admin and Clerical (£0.4m) and Allied Health Professionals (£0.2m).

Appendix 3 – Expenditure

Non-Pay Expenditure



	2019/20 Average £m	M01 Actual £m	Cumulative		
			YTD Budget £m	YTD Actual £m	YTD Variance £m
Primary Care	17.7	17.2	17.7	17.2	(0.5)
Primary Care Drugs	9.0	8.9	8.6	8.9	0.3
Secondary Care Drugs	6.0	5.4	5.8	5.4	(0.4)
Clinical Supplies	5.9	4.8	6.0	4.8	(1.2)
General Supplies	3.7	2.7	3.0	2.7	(0.3)
Healthcare Services Provided by Other NHS Bodies	21.7	22.7	22.7	22.7	0.0
Continuing Care and Funded Nursing Care	8.1	8.4	8.4	8.4	0.0
Other	5.8	30.3	29.7	30.3	0.6
Non-pay costs	77.9	100.4	101.9	100.4	(1.5)
Cost of Capital	6.8	2.4	2.4	2.4	0.0
Total non-pay including cost of capital	84.7	102.8	104.3	102.8	(1.5)

Appendix 3 – Expenditure

- Primary Care drugs: This remains one of the Health Board's key risks in 2020/21. Costs in April are in line with the average monthly spend last year, however the trend is still one of rising average costs.
- Secondary Care drugs: Costs are £0.6m lower than the 2019/20 average, despite incurring drugs expenditure of £0.1m in relation to Covid-19. Reductions were seen across Secondary Care due to lower patient activity.
- Clinical and General Supplies: Clinical Supplies costs include £1.3m relating to Covid-19, but still show a decrease of £1.1m compared to the prior year average. Similarly, General Supplies costs show a decrease of £1.0m compared to the prior year average, which is after spend of £0.5m relating to Covid-19. Both of these decreases are due to reduced planned care activity.
- Healthcare Services Provided by Other NHS Bodies: Due to the agreement to maintain payments to other NHS organisations via block contracts, there is no reduction in costs, despite those organisations not undertaking work on behalf of the Health Board.
- Other non-pay expenditure: The £25m cost of the Field Hospitals is included, along with an additional £0.6m of Covid-19 expenditure.

Appendix 4 – Financial Risks and Opportunities

	Issue	Description		Key Decision Point & Summary Mitigation	Risk Owner
1	Risk: WG Covid-19 funding	<ul style="list-style-type: none"> Income has been anticipated for the estimated cost of Covid-19 for 2020/21. Welsh Government has not yet confirmed that this will all be funded and so it is a significant risk to the financial position. The operational plan is still being developed and so all costs are only indicative at this stage. 		<ul style="list-style-type: none"> The Health Board is working with Welsh Government regarding funding for the Covid-19 response. As the operational plan is developed, there will be greater confidence around the assumptions within the current forecast and any potential mitigating actions can be agreed. 	Sue Hill, Acting Executive Director of Finance
2	Risk: Junior Doctor monitoring	<ul style="list-style-type: none"> There was a significant test legal case focusing on how NHS organisations should address monitoring for junior doctors. 		<ul style="list-style-type: none"> It has not yet been determined how this case will impact on the Health Board and what the financial implications may be. Further investigations are being undertaken to quantify any potential impact. 	Sue Green, Executive Director of Workforce & Organisational Development
3	Risk: Holiday pay	<ul style="list-style-type: none"> NWSSP Employment law team have confirmed that the holiday pay issues arising from the Flowers judgement are ongoing and the outcome of the Supreme Court appeal is awaited. 		<ul style="list-style-type: none"> The Health Board is monitoring the situation. 	Sue Green, Executive Director of Workforce & Organisational Development

Appendix 5 – Covid-19 Financial Governance

Financial Governance: the Health Board Response to Covid 19

1. BACKGROUND

During these exceptional and unprecedented circumstances, there is clearly a need for the Organisation at all levels to make potentially difficult decisions at pace; decisions which at times may be based on a limited evidence base, or be required without the full involvement and support of key individuals who would ordinarily review, assess and ratify as part of the business as usual governance processes.

In taking such urgent and exceptional decisions, it is recognised that there will have been and will continue to be some disruption to our usual financial discipline and authorisation processes.

However this must be within the overall context of ensuring the appropriate use of Public Funds, and as such it is essential that any such decision-making stands the test of scrutiny when our services and system return to a normalised position in the future.

During this difficult time, there is a need to ensure that:

- The Standing Orders and Standing Financial Instructions are adhered to.
- There are clear and pragmatic financial arrangements in place which minimise any disruption to the system, with effective Business Continuity Plans.
- Finance will not be a barrier to delivering the operational needs of the service in response to the COVID-19 pandemic but needs to be managed and monitored in a structured manner.
- Requests for COVID-19 funding will be facilitated through a simplified process that balances financial governance and operational need, with a clear framework to support investment decisions.
- We track both the additional costs arising from COVID-19, and reductions in expenditure due to COVID-19 (i.e. reduced elective activity) in a structured and transparent manner.

Appendix 5 – Covid-19 Financial Governance

2. PROJECT OVERVIEW

On the 3rd April, I wrote to all Directors and Budget Holders clearly setting out these expectations and including further Guidance from the Welsh Government and from the Healthcare Financial Management Association (HFMA).

I have since established a formal *Financial Governance Controlled Self-Assessment Project*, led by my Office but with key representation from across all key stakeholders;

- Financial Services (Capital and Charitable Funds)
- Contracting & Commissioning
- Divisional Chief Financial Officers
- Counter Fraud
- NWSSP Procurement
- NWSSP Payroll
- Corporate Governance and Risk
- Information Governance
- Internal Audit
- Welsh Audit office rep

The Project will deliver the following Work-plan:

Theme	Specific Area of Focus
Review & validation of CV19 Income & Expenditure (incl. decision-making)	Field Hospitals
	Surge Capacity
	Testing Centres
	Capital (non-Field Hospital related)
	Charitable Funds
	Divisional CV19 Cost Centres
	NWSSP, Estates and Pharmacy Systems
Review of Delegated Limits	Review of SORD's
	Review of Core Systems (Oracle, ESR)

Appendix 5 – Covid-19 Financial Governance

Annual Accounts	Review of Key Changes
	HFMA / MIAA Checklist self-assessment
Risk Management	RM and Business Continuity Planning
Fraud	Specific areas of CV19 related Fraud across Pay, Non-Pay and Income
	PPV and related Activities
Information Governance	To include GDPR issues in relation to Finance
Contracts	Review of I&E issues re National Agreements
	Arrangements with Care Homes
	Arrangements with GDS , GMS , Vol Orgs
Monthly Reporting of CV Income, Expenditure and Savings	Divisional Reporting
	Monitoring Return
	Board & Committee Reporting
	“Savings” from reduced core activities
Overall Finance-related Governance Arrangements	Structure, Documentation, Change-Control Approval.
	External Self-Assessment Toolkits
Future Planning & Organisational Learning	Critical review of learning & innovation opportunities that the CV19 response has accelerated or provide, specifically in relation to the effective & efficient use of NHS resources.

The Project will produce a Formal Assurance Report & Recommendations (Audit Style) through myself initially to the Executive Team, to both the Finance and Performance Committee and to the Audit Committee as may be necessary or required. Interim reporting may be considered at key stages of the Review should the need arise.

3. RECOMMENDATION

The Committee is asked to note this briefing paper and the work plan, further updates will be included in future finance reports.



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 4.6.20		
Cyhoeddus neu Breifat: Public or Private:	Public		
Teitl yr Adroddiad Report Title:	Savings Programme Update – 20/21		
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Acting Executive Director of Finance		
Awdur yr Adroddiad Report Author:	Sue Hill, Acting Executive Director of Finance		
Craffu blaenorol: Prior Scrutiny:	Acting Executive Director of Finance		
Atodiadau Appendices:	None		
Argymhelliad / Recommendation:			
That the Committee note – <ul style="list-style-type: none"> • The progress made with the initial savings plans for 20/21 and the impact of standing down this work to concentrate on the pandemic response • The initial forecast for savings delivery for 20/21 included in the month 1 Monitoring Return at £8.9m • The need to re-focus the in-year savings delivery programme to ensure savings are maximised whilst building on the work of Improvement Groups to drive the savings programme going into 21/22 • The opportunities arising from the pandemic response to adopt new ways of working which can support sustainable service delivery • The requirement to ensure that the actions to deliver savings in 20/21 form a part of the Q2 Operational Plan which will be developed in June • The requirement to ensure that the focus on budgetary responsibility and savings is increased as part of the re-introduction of routine operational management and accountability arrangements 			
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 checked="" type="checkbox"/>
		Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>
			Er gwybodaeth For Information
			<input type="checkbox"/>
Sefyllfa / Situation:			
The purpose of this report is to provide an update on the savings programme for 20/21 and to make recommendations regarding its development.			
Cefndir / Background:			
The opening financial plan for 20/21 contained a cash releasing savings target of £45m, equating to 3.6% of budget. This savings requirement was set in order to support the delivery of a £40m in year deficit and a reduction in underlying deficit from £49m to £35m.			

The development of the savings programme was being driven through the Board's Recovery Programme. As a result of the response to the pandemic, work on the savings programme was suspended in March 2020.

Asesiad / Assessment & Analysis

1. Strategy Implications

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

2. Financial Implications

The savings requirement of £45m was identified across the Operational Divisions as set out in the table below –

	Recurrent Base £000	Less Ring Fence incl reserves / other £000	Total £000	Annual Savings Target £000	
				3.58%	%
West	159,100	-61,572	97,528	4,403	4.5%
Ysbyty Gwynedd	92,304	0	92,304	4,167	4.5%
West Health Community	251,404	-61,572	189,832	8,569	
Centre	202,693	-60,749	141,944	6,408	4.5%
Ysbyty Glan Clwyd	112,507	0	112,507	5,079	4.5%
Centre HE	315,200	-60,749	254,451	11,486	
East	223,675	-80,486	143,189	6,464	4.5%
Wrexham Maelor	97,793	0	97,793	4,415	4.5%
East HE	321,468	-80,486	240,982	10,878	
Other					
Other NW	13,449		13,449	607	4.5%
Contracts	205,966	0	205,966	1,000	0.5%
Income	-19,118	0	-19,118	0	0.0%
Womens	38,382		38,382	1,733	4.5%
Nth Wales Services	95,265		95,265	4,300	4.5%
Corporate	120,205		120,205	5,426	4.5%
Reserves / Other	67,155	-67,155	0		
	521,304	-67,155	454,149	13,066	
Sub Total	1,409,377	-269,962	1,139,414	44,000	
MH	118,642	-118,642	0	1,000	0.8%
Total Budget	1,528,019	-388,604	1,139,414	45,000	3.58%

The targets set above were intended to provide an equitable distribution of the savings requirement across Divisions, related to the size of their operational budgets. Mental health and learning disabilities received a lesser target reflecting the ring fenced nature of the budget and the challenges of Special Measures.

In responding to the savings requirements, Divisions were expected to generate approximately one third through local schemes and management action, with the balance being generated through collaborative working within the Improvement Group structure. The Improvement Group focus was expected to adopt a more strategic approach to service change and savings, leading to a more sustainable service and financial model of delivery.

2.1 Developing the Initial Savings Plan

Work to identify savings schemes to deliver this target was initiated as part of the Board's Recovery Programme in quarter 3 of 2019/20. As a response to the pandemic situation the Recovery Programme was stood down in March 2020 and progress with finalising savings schemes ceased. This section provides an update on progress to the point where the programme was stood down.

The recovery programme sub-divided the savings requirement between transactional requirements for Divisions of £15m and work to be driven through the Improvement Groups of £30m. The following table summarises the status of the savings programme at mid-March when the PMO resource was stood down in order to support the COVID-19 response –

		Status				Total		20/21 Initial CIP Target (£000s)	Variance £000s
		In Development		Pipeline		No	Value (£000)		
		No	Value (£000)	No	Value (£000)				
Division	Area - Centre	13	1,235	-	-	13	1,235	2,200	-965
	Area - East	9	976	2	-	11	976	2,200	-1,224
	Area - Other	-	-	-	-	-	-	200	-200
	Area - West	4	790	-	-	4	790	1,500	-710
	Contracts	-	-	-	-	-	-	300	-300
	Corporate	-	-	-	-	-	-	1,900	-1,900
	MHLD	-	-	-	-	-	-	-	0
	Provider - NW	8	460	5	-	13	460	900	-440
	Provider - NW (Cancer)	-	-	3	-	3	-	600	-600
	Provider - YG	8	833	-	-	8	833	1,400	-567
	Provider - YGC	9	1,043	-	-	9	1,043	1,700	-657
	Provider - YMW	15	692	4	-	19	692	1,500	-808
	Womens	3	282	5	139	8	421	600	-179
	Sub-Total	69	6,311	19	139	88	6,450	15,000	-8,550
	Improvement Group	CHC	1	4,533	-	-	1	4,533	
Procurement		1	7,000	-	-	1	7,000		
Unscheduled Care		-	-	1	-	1	-		
Care Closer to Home		-	-	1	-	1	-		
Workforce		1	4,729	-	-	1	4,729		
Quality		-	-	-	-	-	-		
MHL&D		1	1,159	-	-	1	1,159		
Planned care		-	-	1	-	1	-		
Medicines Management		1	2,574	-	-	1	2,574		
Estates		3	771	3	279	6	1,050		
Digital		2	282	2	-	4	282		
Health Improvement		-	-	-	-	-	-		
Sub-Total		10	21,048	8	279	18	21,327	30,000	-8,673
GRAND TOTAL	79	27,358	27	418	106	27,776	45,000	-17,224	

Notes – MHLD Divisional savings are reflected within the IG total; Target savings were not defined at individual IG level

As may be seen from the table above there was a considerable degree of work ongoing, involving 106 potential schemes with a savings value of £27.8m. The scheme status of these proposals indicated that none of the schemes had reached the point of being signed off as ready to deliver, with significant further work being progressed at the time through the PMO.

2.2 Impact of the Pandemic Response

In order to respond to the pandemic the focus of the organisation was shifted from business as usual to major incident response. Management capacity, from Executive Directors down throughout the organisation was deployed to mobilise the pandemic response and maintain essential services. As

part of this mobilisation, the PMO resource which was dedicated to supporting the Recovery Programme was redeployed to support the Executive led workstreams of the pandemic response. As a consequence of the re-focusing of management capacity and the redeployment of PMO resource to support our Covid 19 response, work on developing savings schemes was halted during March 2020.

2.3 Month 1 Monitoring Return

The Month1 monitoring return was submitted in May. This summarised the Board's current financial position and clearly identified the impact of the pandemic response upon the savings plans for 2020/21. As part of this submission a forecast of savings for the year was required and an initial estimate of savings delivery was included, which was based on the following broad assumptions around the profile of savings delivery:

Savings 20/21	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	20/21
Budget	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	45.0
% delivery	0%	0%	0%	0%	20%	20%	25%	25%	25%	40%	40%	40%	20%
Initial Forecast	0.0	0.0	0.0	0.0	0.8	0.8	0.9	0.9	0.9	1.5	1.5	1.5	8.9

2.4 Re-Focussing the Savings Programme for 20/21

The schemes submitted by Divisions and Improvement Groups are still valid savings opportunities, but the current pandemic operational context continues to have a significant impact upon delivery potential in year. The Improvement Groups are currently stood down with key support staff redeployed to pandemic support roles. In terms of bridging the gap between identified savings of £28m and the annual target of £45m, the focus of operational teams remains service response and progress on identification and delivery of savings schemes has been stopped.

Looking forward to the second half of the financial year and subject to a significant reduction in Covid 19 cases and activity, there is potential for these schemes, particularly those developed by Improvement Groups, to be developed further to form the core of the 21/22 savings programme. In the meantime, delivery of any savings in 20/21 will require a balance between Covid 19 and BAU activity to be resumed.

Within the scheme proposals for 2020/21, the following areas have been identified as those where savings should be deliverable in year –

- Medicines Management
- Continuing Healthcare – arising from actions taken in 2019/20
- Procurement
- Transactional savings

In addition to the above, there are a number of opportunities that have arisen from the pandemic response which must be capitalised upon as we begin to mobilise our savings approach. These include the following –

- New technologies – a number of new technologies have been introduced during the pandemic which are changing the way services are delivered. Digital platforms for patient consultation are the most significant example. Many services have switched to virtual consultations,

including a rapid uptake of video consultations supported by the roll-out of new national products. These solutions offer convenience to patients and an efficient use of staff time.

- Clinical Pathways – the pandemic scenario has forced clinicians to review the way care is delivered. There have been numerous changes to clinical pathways, which offer potential to secure long term benefit. There are examples across primary and secondary care which can be adopted as part of the Board’s commitment to delivering Value Based Healthcare.
- Flexible working – the pandemic response has demanded innovative solutions to flexible working which have accelerated the pace of change in areas which were previously part of savings plans. One example is corporate functions where home working and flexible deployment of roles has given insights into opportunities which can be secured to deliver recurrent savings.

These opportunities can be secured as the Health Board returns to a more normal balance of service delivery. It is critical that innovative ways of working which have arisen from the extremely challenging pandemic scenario are used as a catalyst to transform delivery for the long term, enhancing the delivery of Value Based Healthcare.

2.5 Mobilising the Savings Programme

The current operational status of the Health Board in responding to the pressures brought about by the pandemic has presented a barrier to mobilising the savings programme. Leaders and managers throughout the organisation have been focussed upon the pandemic response and whilst this pressure is moderating due to the changing nature of demand, it nonetheless continues to dominate thinking and daily work.

This changing pattern of demand, with a more prolonged lower level of COVID-19 activity sets a different context for the pandemic response and necessitates a return to aspects of routine business. This is already taking place in terms of discussions regarding returning to delivery of routine services and it is critical that the need to address savings and efficiency opportunities as part of this transition is recognised at the outset.

There are numerous examples of new ways of delivering services which have been adopted during the pandemic response which offer opportunities to drive efficiency and better outcomes for patients. There is currently a window of opportunity to transform service delivery and efficiency as a result of the innovation that has been unleashed during this challenging period. The Health Board must ensure that this opportunity is firmly grasped. Examples include –

- Primary care adopting new triage and video consultation approaches with patients
- Collaboration between primary care practitioners to meet demand at a locality level
- Technology enabled virtual consultations with care home staff and residents to support care without admission to hospital
- Innovative approaches to expediting discharge from hospital, working with Local Authorities and other partners to deliver more community based care
- New pathways within hospitals to enhance rapid assessment and patient flow
- Virtual follow up consultations with patients avoiding the need for attendance at hospital
- Rapid deployment of IT solutions to enable service changes and new ways of working
- Rapid introduction of home based working for staff in numerous support roles, particularly corporate functions

The Health Board's intention to re-balance service provision has been signalled in the draft Operational Plan for Quarter 1 which was recently submitted to Welsh Government. This work is led by a Planning Group, Chaired by the Chief Executive. It is critical that this Group ensures that the needs of returning to a broader provision of service and ensuring delivery of financial benefits and savings are progressed in a complimentary manner. As operational management and accountability systems return to their usual mode of operation, it is critical that a focus upon budgetary control, effective use of resources and savings delivery is evident alongside other service priorities.

A separate plan for Quarter 2 is required. This must reflect the operational priorities moving forward and the way in which the financial requirements set out above will be addressed as an integral part of the plan. This will require focussed work in the coming weeks, at Divisional level to re-visit initial plans and set out what can be delivered within the 20/21 financial year and on a Health Board wide basis to capitalise upon the opportunities for adopting change and innovation. Consideration will be required as to whether dedicated capacity can be released to support this work and maximise its impact.

3. Risk Analysis

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

4. Legal and Compliance

Not applicable.

5. Impact Assessment

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

6. Recommendations

That the Committee note –

- The progress made with the initial savings plans for 20/21 and the impact of standing down this work to concentrate on the pandemic response
- The initial forecast for savings delivery for 20/21 included in the month 1 Monitoring Return at £8.9m
- The need to re-focus the in-year savings delivery programme to ensure savings are maximised whilst building on the work of Improvement Groups to drive the savings programme going into 21/22
- The opportunities arising from the pandemic response to adopt new ways of working which can support sustainable service delivery
- The requirement to ensure that the actions to deliver savings in 20/21 form a part of the Q2 Operational Plan which will be developed in June
- The requirement to ensure that the focus on budgetary responsibility and savings is increased as part of the re-introduction of routine operational management and accountability arrangements



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 4.6.20						
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							
The Finance and Performance Committee considered the following matters in private session on 27.2.20							
<ul style="list-style-type: none"> • Value for money assessment of the financial recovery programme • Recommissioning of services at a dental practice • Mental Health Division update • Medical and Dental Agency Locum monthly report 							