

# Bundle Finance & Performance Committee 17 January 2019

## AGENDA

9.00am Boardroom, Carlton Court St Asaph LL170JG

- 1 FP19/1 Apologies for absence  
*Helen Wilkinson*
- 2 FP19/2 Declaration of Interests
- 3 09:00 - FP19/3 Draft minutes of the previous meeting held on 22.11.18 and summary action plan  
FP19.3a Minutes FPC 22.11.18 v.03 draft Public.docx  
FP19.3b Summary Action Log Public v2.0.doc  
FP19.3c FP18\_274.1.7 Action\_Financial Position M8 Jan 2019 Analysis of Other Budgets Variances.docx
- 4 Finance
- 4.1 09:10 - FP19/4 Finance Report Month 9  
*Mr Russ Favager*  
FP19.4 Finance Report - Month 9 FP Final.docx
- 4.2 09:55 - FP19/5 Turnaround Programme Savings Report – Month 9 2018/19  
*Mr Geoff Lang*  
FP19.5a Turnaround M9 report to F&P 18-19 cover sheet.docx  
FP19.5b Turnaround m9 report to F&P 18-19.docx
- 4.3 10:10 - FP19/6 Presentation: Financial Planning  
*Mr Russ Favager*
- 5.1 10:30 - FP19/7 Capital Programme report Month 9  
*Mr Mark Wilkinson*  
*Mr Neil Bradshaw in attendance*  
FP19.7a Capital Programme coversheet Mnth 9.docx  
FP19.7b Capital\_Programme\_Report\_Month\_09.docx  
FP19.7c YG ED Report Dec 2018.docx  
FP19.7d YGC Report Dec 2018.doc  
FP19.7e Appendix 3 - Discretionary capital programme monitoring report - Month 9.pdf
- 5.3 Comfort break
- 6 Performance
- 6.1 10:40 - FP19/8 3 year plan - verbal update  
*Mr Mark Wilkinson*
- 6.2 10:50 - FP19/9 Integrated Quality and Performance report  
*Mr Mark Wilkinson*  
FP19.9a IQPR Coversheet FP.pdf  
FP19.9b Integrated Quality Performance Report FP Version - November 2018.pdf
- 6.3 11:35 - FP19/10 Interim Performance Accountability Framework  
*Mr Mark Wilkinson*  
FP19.10a Interim Accountability Framework cover sheet Jan 2019.docx  
FP19.10b Interim Accountability framework v6 for FP.docx
- 6.4 12:05 - FP19/11 Unscheduled Care 90 day plan and Winter Resilience Update Report  
*Mrs Meinir Williams, Associate Director Unscheduled Care in attendance*  
FP19.11a Unscheduled Care\_90 day update coversheet.docx  
FP19.11b Unscheduled care 90 day plan report.doc
- 6.5 12:25 - FP19/12 Referral to Treatment (RTT) update  
*Mr Steve Vaughan, Interim Director Secondary Care in attendance*  
FP19.12a RTT Coversheet.docx  
FP19.12b RTT report FP January - Update.docx

7 Workforce  
7.1 12:45 - FP19/13 Paybill Review Progress Report

*Mrs Sue Green*

FP19.13a Paybill Review Progress coversheet.docx

FP19.13b Paybill Review Progress Report 170119.docx

10 FP19/14 Issues of significance to inform the Chair's assurance report

11 FP19/15 Summary of InCommittee business to be reported in public

12 FP19/16 Date of next meeting 26.2.19 9.00am Boardroom, Carlton Court \*\*\*\* Note amended date

13 FP19/17 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**  
**Minutes of the meeting held in public on 22.11.18**  
**in Carlton Court, St Asaph**

**Present:**

Mr Mark Polin	BCUHB Chair – Committee Chair
Mr John Cunliffe	Independent Member
Ms Helen Wilkinson	Independent Member

**In Attendance:**

Mr Neil Bradshaw	Assistant Director Strategy ~ Capital ( <i>part meeting</i> )
Mrs Kate Dunn	Head of Corporate Affairs ( <i>for minutes</i> )
Mr Russell Favager	Executive Director of Finance
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mrs Sue Hill	Finance Director – Designate ( <i>observing</i> )
Mr Ian Howard	Assistant Director ~Strategic Analysis and Development ( <i>part meeting</i> )
Mr David Jenkins	Independent Advisor
Mr Geoff Lang	Turnaround Director
Dr Evan Moore	Executive Medical Director
Dr Jill Newman	Director of Performance
Mr Rob Nolan	Finance Director Commissioning & Strategy ( <i>part meeting</i> )
Ms Tessa Orton-Jones	Practice Manager, Llangollen ( <i>part meeting</i> )
Mr Steve Vaughan	Interim Director Secondary Care ( <i>part meeting</i> )
Mr Mark Wilkinson	Executive Director of Planning & Performance
Mrs Meinir Williams	Interim Associate Director Unscheduled Care ( <i>part meeting</i> )

Agenda Item Discussed	Action By
<p><b>FP18/241 Apologies for absence</b></p> <p>Apologies for absence were received from Mrs Gill Harris, Mrs Lyn Meadows and Mr Eric Gardiner</p>	
<p><b>FP18/242 Declaration of Interests</b></p> <p>None declared.</p>	
<p><b>FP18/243 Draft minutes of the previous meeting held on 25.10.18 and summary action plan</b></p> <p><b>FP18/243.1</b> The minutes were agreed as an accurate record pending the following amendments:</p> <ul style="list-style-type: none"> <li>• To reflect that Mr J Cunliffe chaired part of the meeting.</li> <li>• To amend the date of next meeting.</li> </ul>	

<p><b>FP18/243.2</b> A matter arising was raised with regards to the North Denbighshire Community Hospital Business Case and assurance sought that there was cover for all services on the site as this was not referenced in the Business Case. The Turnaround Director confirmed that all services were covered.</p> <p><b>FP18/243.3</b> A matter arising was raised in terms of the in-year financial position and it was confirmed that an additional meeting of the Committee had been convened for the 21.12.18. The Chair also expressed his wish that the visibility of the Integrated Medium Term Plan (IMTP) planning period be maximised.</p> <p><b>FP18/243.4</b> A matter arising was raised in terms of the telephony programme and the Chair indicated that he had received a paper from the Chief Information Officer regarding national concerns around the deliverability of the IT programme and that the matter would be discussed by all Wales Chairs within the next week.</p> <p><b>FP18/243.5</b> Updates were provided against the summary action log.</p>	
<p><b>FP18/244 Review of Corporate Risk Assurance Framework - risks assigned to Finance and Performance Committee</b></p> <p><b>FP18/244.1</b> In terms of CRR07 (capital systems) the Chair sought assurance that the actions listed were sufficient to reduce the risk and deliver the target risk score and if not, that there be an explanation of the reasons and implications. There was a consensus view that the target risk date was over-ambitious. The Executive Director of Planning &amp; Performance would review and refresh the risk with the Assistant Director Strategy ~ Capital.</p> <p><b>FP18/244.2</b> In terms of CRR11b (planned care access) the Committee were of the view that the Lead Director should be the Executive Medical Director. This was agreed.</p> <p><b>FP18/244.3</b> In terms of CRR12 (estates and environment) it was confirmed that revenue funding bids referred to as actions (5) and (6) were one and the same. It was also suggested that the risk rating and target date needed further review and the Executive Director of Planning &amp; Performance would take this forward in liaison with the Executive Director of Workforce &amp; Organisational Development (OD) to ensure the risk captured current estates risks from a health &amp; safety perspective.</p> <p><b>FP18/244.4</b> In terms of CRR06 (financial stability) it was queried whether the consequence of failing to meet the legal requirement to balance should be included, and whether there should be more sources of assurance identified.</p> <p><b>FP18/244.5</b> A general point was made that the presentation of information within the paper appeared to indicate that the organisation's risk appetite had changed significantly and this needed to be checked and explained if the case. Members reiterated that any actions and controls included needed to be clearer and have an actual positive impact on the risk rating. The Executive Director of Finance would pick up these issues with the Board Secretary at a future Executive Team meeting.</p>	<p>MW</p> <p>MW</p> <p>RF</p>

**FP18/245 Finance Report Month 7**

**FP18/245.1** The Executive Director of Finance delivered a presentation in support of the written paper as follows:-

**FP18/245.2** The Board delivered against its forecast deficit of £2.9m for the month of October with overspends reported in the areas of mental health (£0.6m) and secondary care (£0.4m) in particular, concerning run rates were continuing to rise in these divisions, and there was a variation in-month for the Area Team (West) relating to Continuing Health Care (CHC).

**FP18/245.3** In terms of the overall pay bill the Committee were advised of the need to be aware of the cost implications when taking on managed practices who continue to cost more than the former General Medical Service practices. The strategic direction was clear in that as many as possible should be returned to GMS but to date this had not been achieved and thus was a growing cost area for the Health Board. It was noted that the pay award backpay would be paid in November for Agenda for Change staff and subsequently for medical staff. The Chair referred to a paper discussed at Executive Team which indicated there were an additional 360 wte funded posts and expressed concern at the cumulative impact of this. An increase in agency costs was noted and the Executive Director of Workforce & OD confirmed this was evident across each Area Team. It was stated that the Executive Team reviewed agency spend on a weekly basis and a meeting with MEDACS (whose contract had been extended by another year) around Mental Health was shortly to take place. The Chair suggested that the Committee would need assurance that the controls in place would bring agency expenditure back in line, and within a reasonable timeframe. In terms of nursing costs the overall position including additional clinical services staff was generally balanced but wards were a net £1.3m overspent relating to escalation and roster management.

**FP18/245.4** The Committee were advised of an additional £700k drug costs in-month and the Executive Director of Finance highlighted the importance of the Drug & Therapeutics Committee only approving the use of new drugs in line with guidance; he intended to start personally attending these meetings.. In terms of ophthalmology drug overspend an engagement process had commenced by the Medical Director with consultants around the whole service and the opportunities open to them, this would pick up the issue of drugs overspends. Members were also informed that hospital drug expenditure was being reviewed by the Chief Pharmacist and if the increased activity was genuine then it would represent a significant cost pressure which would need to be managed within the overall drugs budget but this would be challenging given new financial recovery schemes included reduced drugs expenditure.

**FP18/245.5** In response to a question regarding care packages and the strengthening of teams to work with Local Authorities on this matter, the Executive Director of Finance confirmed that the Executive Team received weekly reports around packages of care. The Executive Team were aware of the concerns from the Local Authorities and he and the Chief Executive had met with the Wrexham Chief Executive the previous day on this issue.

**FP18/245.6** The Committee were reminded that in terms of Referral to Treatment (RTT) the organisation was currently spending at risk and awaited confirmation from WG as to the actual level of funding that would be made available in the current financial year.

RF SG

<p>Welsh Government had challenged some of the Board's spend to-date and a response was being developed. The Chair requested he be sighted on this when finalised. The Executive Director of Finance indicated that there was a potential risk of £2m challenge in the letter and this was not factored into the current forecast as the Board had been working on the basis of the directive from WG that additional waiting time expenditure would be fully funded, and he would be picking this up urgently with the Executive Director of Nursing &amp; Midwifery on her return from leave.</p>	<p>RF</p> <p>RF</p>
<p><b>FP18/245.7</b> The forecast year-end variance of an operational overspend of £10m to the £35m control total was highlighted with financial recovery schemes of £6.75m having been identified which left a potential gap of £3.4m. However the Executive Director of Finance stated that he believed the Mental Health recovery was very high risk and the pay recovery schemes were amber, thus the current gap to delivering the £35m was between £3.4m to £8m. He then shared details of the approach being taken with Areas and Divisions with the Chief Executive around their respective plans to deliver improved financial positions. The Chair indicated that both he and the Chief Executive were deeply concerned about the financial position and that teams within the Areas and Divisions were themselves not fully confident about their ability to deliver the year-end position. The Chair expressed a concern regarding financial discipline and whether there were sufficient actions to prevent overspending. It was suggested that there was evidence to suggest that when there was focused effort and the provision of additional support to operational teams then delivery could be achieved, but with risks. The Committee raised concerns that overspends were seen to be being tolerated and there was a credibility issue. The Executive Director of Finance indicated that the Executive Team meeting on the 21.11.18 had included a long debate about whether the turnaround approach needed to move towards more central controls such as a vacancy freeze but while there had been different views and there was a need to balance short term measures with medium term consequences, that collectively the Executives had agreed there was a need to give the establishment controls more time to have an impact and that the focus also needed to be on supporting Mental Health to address their £3.5m variance. All Executives had given a commitment to treat finance and the delivery of the planned deficit as a priority. The Chair accepted the decision of the Executives but was keen to see that pressure was maintained with teams as the IMTP was developed. A comment was also made that the unity of messages given to stakeholders by the Committee, the Board and Executives was important. The Chair raised the issue of the frequency of financial reporting and the Executive Director of Finance confirmed that Executive Team reviewed additional information that was available on a weekly basis, including trends and volumes but not all the financial information was currently available more frequently..</p> <p><b>FP18/245.8</b> It was resolved that the report be noted, including the forecast outturn of £35.0m recognising the significant risk to this financial position.</p>	<p>All Executives</p>
<p><b>FP18/246 Presentation: Financial Planning update</b></p> <p><b>FP18/246.1</b> The Finance Director Commissioning &amp; Strategy delivered a presentation, He highlighted what was known to date regarding 2019-20 funding and reminded members that of the £192m for A Healthier Wales, £60m was for NHS planning, £30m for Regional Partnership Boards and £30m was for social care. He went onto describe the assessment of the financial gap as being just under £50m which had assumed a 3% uplift in resources but this could not be confirmed until receipt of the allocation letter due on the 18.12.18. He assured the Chair that by the time the Committee met again</p>	

on the 21.12.18, the financial assessment of additional resources would be able to be confirmed. The Finance Director Commissioning & Strategy then drew members' attention to the planning assumptions for 2019-20, clarifying that these were based on past history and a range of benchmarking work with other Health Boards.

**FP18/246.2** The deficit reduction plan was discussed and the Finance Director Commissioning & Strategy confirmed that the cash releasing savings were recurring revenue. The plan related to tackling the underlying position over a four year period (year 1 being 2018/2019) and it would shortly be known whether the Board had achieved its recurring savings target for 2018-19 of £14.1m and that the deficit would then be built into the IMTP. The Executive Director of Finance clarified that in achieving a balanced financial position within three years this would still fail the financial duty which was to have a financially balanced IMTP over the 3 years.

**FP18/246.3** The Finance Director Commissioning & Strategy then set out the cost pressure assessment and cash releasing savings which totalled £34.5m of which £14.5m was the underlying savings total. The Committee was advised that Welsh Government were developing a standard savings scheme return for Health Boards and wanted to move away from cost containment to a more simple cash releasing approach, this could result in a flat cash and no uplift approach internally as the alternative was to have a different savings target internally and externally. The Executive Director of Finance expressed his concern on a flat cash approach that if there wasn't a cost containment target then it would be challenging to ensure that the growth in areas like packages of care and prescribing had a robust savings programme and structure around it. Members referenced the need to join up performance and efficiency and to ensure that wider teams were on board in terms of delivery and accountability for each savings programme.

**FP18/246.4** The Committee's attention was drawn to the key decisions as set out within the presentation which would require addressing over the coming month, together with the detail of cost pressures identified to date. The Chair noted that where plans required workforce uplifts they were unlikely to be achieved within the current financial year. A query was also raised regarding the inclusion of the Welsh Community Care Information System (WCCIS) project as a cost pressure and it was clarified this related to the move from pilot stage to the next phase. It was agreed that the Executive Team would further review and prioritise the list and share the final version with the Committee in December.

RF

**FP18/246.5** The Chair referred to the indicative savings over the IMTP period and asked whether officers were content that the workstreams were appropriately matched to the projects. The Executive Director of Finance indicated that the architecture for this was not yet in place. He was asked to provide the Committee in due course with an articulation of alignment and rationale if this wasn't in place.

RF

**FP18/246.6** Finally the Committee was referred to the timetable and conclusions set out within the presentation.

### **FP18/247 Turnaround Programme Savings Report – Month 7 2018/19**

**FP18/247.1** The Turnaround Director presented the update paper which reported fairly strong performance in terms of delivery against plan and highlighted some emerging issues within the East Area Team where under-delivery was being masked in key

<p>operational areas. All areas were currently projecting to hit their targets but this was heavily influenced by prescribing and drugs expenditure. The Turnaround Director went onto draw attention to the additional savings plans identified and the work ongoing to progress these across the organisation, together with forward work planning for 2019-20. In response to a request from a Committee member, the Turnaround Director would ensure that graphs in future reports identified savings as recurring or non-recurring.</p> <p><b>FP18/247.2 It was resolved that the Committee:</b></p> <ul style="list-style-type: none"> <li>• Note the current delivery of Divisional savings - £0.5m ahead of profile</li> <li>• Note the forecast position for Divisional savings schemes which remained at £37.3m</li> <li>• Note the additional savings plans identified since the month 6 report in medicines, procurement and other savings</li> <li>• Note the allocation of specific savings targets to Divisions and the ongoing action to secure plans to deliver the required savings for 2018/19</li> <li>• Note the work ongoing in relation to resource utilisation schemes</li> <li>• Note the timescale for developing savings plans for 2019/20</li> </ul>	GL
<p><b>FP18/257 Workforce Strategy Development and Paybill</b> <i>[agenda item taken out of order at Chair's discretion]</i></p> <p><b>FP18/257.1</b> The Executive Director of Workforce &amp; OD presented the paper. She outlined that historically the focus of the workforce function had not been on finance and resources and that decisions had been taken over a period of some years to move functions out into other areas which had resulted in a loss of coordination and critical mass. The ongoing Executive portfolio review would address some elements of this but a payroll review was fundamental in terms of a Workforce Strategy. The Executive Director of Workforce &amp; OD stated that to sustain the workforce, current models of care would need to change in terms of utilisation of the workforce and the number of sites. The paper highlighted a range of priorities and introduced the language of core / non-core and members were advised that the Board would always require a level of non-core services to be able to cope with changes in demand.</p> <p><b>FP18/257.2</b> The Chair welcomed the paper which he felt clearly identified the key issues and whereas it was of concern that there were so many issues, it was clear that workstreams had been initiated to address them. He suggested that the Committee would need to be assured that controls could be put in place quickly and that there was the ability to monitor progress against profile.</p> <p><b>FP18/257.3 It was resolved that</b> the Committee note the report and support the progression of the opportunities outlined.</p>	
<p><b>FP18/256 Workforce Intelligence Quarterly Report</b> <i>[agenda item taken out of order at Chair's discretion]</i></p> <p><b>FP18/256.1</b> The Executive Director of Workforce &amp; OD presented the report which provided the Committee with an overview of the performance of the Workforce against those key priority areas that impact upon the Health Board's ability to deliver safe, timely and cost effective care and services. It was noted that there had not been a fundamental establishment review within the Mental Health Division for some time but that this had now been undertaken. As the establishment was fluid there was sufficient flexibility within the roster to create additional hours without these affecting overtime,</p>	

and the number of registered mental nurses within the nurse bank did tally with the agency spend.

**FP18/256.2** A slight increase in sickness absence rates was highlighted across the organisation and it was noted that a deep dive had been undertaken with an improvement plan being developed. The deep dive had demonstrated a correlation between sickness (particularly long term) and the age profile. The Executive Director of Workforce & OD indicated that the Board was very vocationally focused in terms of sickness absence management and needed to be more preventative.

**FP18/256.3** The Chair noted a deterioration in the Performance Appraisal Development Review (PADR) rate and sought assurance that the actions set out would address this. The Executive Director of Workforce & OD suggested that the main concern for non-medical PADR was long term non-compliance or those individuals who had never had a PADR. There was also evidence that PADRs were taking place but not being formally recorded.

**FP18/256.4** It was resolved that the Committee note the report.

**FP18/251 Benefits Realisation : Llangollen Primary Care Centre**  
*[agenda item taken out of order at Chair's discretion]*

**FP18/251.1** Mr Ian Howard and Ms Tessa Orton-Jones joined the meeting to present the paper which provided an assessment of benefits realised by the project as set out in an internal evaluation and an independent gateway review. Ms Orton-Jones provided an overview of how the practice, patients and community had benefited from the project. The Chair asked the Committee to consider whether it was content that the assessments undertaken had been sufficiently rigorous and this was confirmed. He then asked officers whether they felt the assessments accurately reflected the progress with the project and this was also confirmed.

**FP18/251.2** The Executive Director of Finance welcomed the references to future readiness within the gateway review and officers confirmed there were certainly opportunities and appropriate space within the site. A general comment was made that some opportunities may have been missed around developing telemedicine and there were barriers to integration due to IT systems not being compatible. The Turnaround Director expressed a view that clarity was required as to where digital technology sat in terms of healthcare delivery as part of the IMTP and the priorities for deploying it.

**FP18/251.3** A conversation took place regarding capturing the learning from this project for other future projects (for example Blaenau Ffestiniog and Flint), and enhancing the evaluation of the Llangollen project to become a pacesetter for the future vision of transformation.

**FP18/251.4** It was resolved that the Committee review and note the Post Project Evaluation and Gateway Review of the Llangollen Health Centre.

*[Mr Ian Howard and Ms Tessa Orton-Jones left the meeting*

*]*

**FP18/248 External Contracts update**

**FP18/248.1** The Executive Director of Finance presented the paper which provided an

<p>update on the contractual situation relating to external healthcare contracts, and reminded members there was a deep dive session arranged for the 3.12.18. He highlighted that there were over 500 contracts in total which had increased over recent years as informal arrangements and relationships were formalised into agreed contracting arrangements. In terms of capacity to manage the contracts appropriately there were approximately 5.5 wte staff within the contracting team which was in his view insufficient if the Health Board wanted to undertake contract management properly but that needed to be a Health Board decision. The importance of ensuring good quality services and not just value for money from contracts was noted. Members were briefed on several current issues with a range of providers including the Countess of Chester Hospital NHS Foundation Trust and it was noted that an executive to executive meeting was being arranged with this particular Trust to work through the concerns.</p> <p><b>FP18/248.2</b> Members were also reminded of the ongoing issue pertaining to HRG4+ and that Wales had not been funded to meet this increased cost, which was cost neutral in England. A comment was made about partnership working and the documenting of third sector contracts and it was suggested that a more detailed discussion could be provided at the deep dive session.</p> <p><b>FP18/248.3</b> It was resolved that the Committee note the financial position on the main external contracts at September 2018 and the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity.</p>	RF
<p><b>FP18/249 Capital Programme report Month 7</b> <i>[Mr Neil Bradshaw joined the meeting]</i></p> <p><b>FP18/249.1</b> The Assistant Director of Strategy (Capital) presented the paper which provided an update on the delivery of the approved capital programme and expenditure against the Capital Resource Limit (CRL). He reported that the CRL had been frozen in October and subsequently that there had been slippage across Wales, with BCUHB benefiting by approximately £4.5m against which the programme leads had been asked to identify priorities. It was noted that there was a risk that the Board may not be able to spend the money by the end of the financial year.</p> <p><b>FP18/249.2</b> The Chair noted that the gap between planned and actual spend was increasing, and it was reported this could be attributed to the Ysbyty Glan Clwyd (YGC) project and a gain share in the last quarter. It was also clarified that the reference to additional brokerage within the YGC scheme was not an increase but a resource timing issue and the outturn would therefore be unchanged.</p> <p><b>FP18/249.3</b> In response to a question regarding the Ysbyty Gwynedd Emergency Department scheme it was confirmed there was a potential overspend of around £50,000 and the project team were critically reviewing the scheme to identify further savings that would not be detrimental to the wider scheme. Members were also advised that the Cost Advisers continued to report a likely gain share from the scheme but this could not be assumed. It was noted that Phase 2 of the project would bring the development to 80% completion ahead of final stages in June 2019.</p> <p><b>FP18/249.4</b> It was resolved that the Committee receive the report.</p>	
<p><b>FP18/250 Approval of amendments to the Procedural Manual for Managing Capital Projects in accordance with the recommendations of capital audit</b></p>	

<p><b>FP18/250.1</b> The Assistant Director of Strategy (Capital) presented the paper which summarised revisions to the procedural manual.</p> <p><b>FP18/250.2</b> It was resolved that the Committee approve the revisions to the procedural manual</p> <p><i>[Mr Neil Bradshaw left the meeting]</i></p>	
<p><b>FP18/252 Integrated Quality and Performance report Month 7</b></p> <p><b>FP18/252.1</b> The Executive Director of Planning &amp; Performance introduced the report, confirming that the revised format remained work in progress to respond to feedback from the Committee. The Director of Performance added there was work ongoing with the leads for the respective measures in order to focus the content on outcomes from actions and to ensure the narrative was more meaningful. She noted that Statistical Process Control (SPC) charts were now beginning to come through and were highlighting that radical changes in system and service delivery were needed. She warned however that SPC charts were not suitable for every indicator. The Director of Performance went onto deliver a presentation which summarised and highlighted key areas from the narrative report.</p> <p><b>FP18/252.2</b> It was reported that the latest unscheduled care (USC) performance was slightly improved at around 70% however it was not expected that the profiles would be delivered going forward and the work on the 90 day USC plan would be crucial to the delivery of individual plans. Key Performance Indicator profiles had now been signed off for USC across three main work programmes (demand, flow and discharge). Elements of this work would relate to reducing handover times, discharge indicators, Delayed Transfers of Care (DTC), and average lengths of stay. A discussion took place around the graph heading “quartile target set” and the Director of Performance accepted this was misleading and actually referred to a stretch target against what might be deemed good performance. She would ensure future reports and presentations were amended.</p> <p><b>FP18/252.3</b> In relation to the DTC position it was noted the figures for October were slightly increased with the highest volume of residency delays being in the East. A conversation took place around family choice of care setting / home and it was confirmed that there was a policy but this was not always consistently applied which did result in some difficult conversations with families. The Chair noted that the second highest reason for a DTC was community and it was confirmed this could be partly explained by movement into Elderly Mental Infirm (EMI) facilities. The Chair felt that more work needed to be undertaken to address these factors.</p> <p><b>FP18/252.4</b> Stroke performance had slightly improved overall but the ability to meet the 4 hour target was very low, and the ability to release middle grade doctors out of hours remained particularly challenged. The Director of Performance indicated that a post had been centrally funded to look at pathway redesign in stroke services. In support of the stroke pathway, CNS nurses had completed their non-medical referral training and work was ongoing to integrate them into rotas.</p> <p><b>FP18/252.5</b> The Director of Performance reported that open Referral to Treatment (RTT) pathways had increased slightly with 6443 patients waiting over 36 weeks and</p>	<p>JN</p>

whilst this position was improved on the previous year's, it remained off target with surgical specialties having the longer pathway waits and the longest waiters being at stage 4 (in patient and day cases). The Chair indicated that there was a focus by the Cabinet Secretary on orthopaedics and the Board needed to be clear on its plans.

**FP18/252.6** An improving position was reported in diagnostics with the additional ultrasound capacity now taking effect, although endoscopy remained a challenge. A positive situation was noted in that no over 14 week therapy waits had been sustained for a full year. For cancer services, the July position had been recovered and in September there was 100% delivered against the 31 day target, however, the 62 day position was expected to deteriorate whilst the backlog was addressed. For the wider cancer improvement plan, high risk areas remained as gastro-intestinal in terms of endoscopy and the sustainability of urology. The Director of Performance reported that insourcing and additional hours were being implemented for urology.

**FP18/252.7** In terms of eye care it was noted that there was now the ability to formally report on the pilot although the Director of Performance advised that the data should be treated with caution at this early stage, although it did clearly show the scale of the challenge. In response to a question regarding the stop point and evaluation, she suggested that the stop point would be with Welsh Government and she would anticipate evaluation in December. The Director of Performance went on to report that there was non-recurrent funding of £430k up to March 2020 for transformational schemes around patient flow within the Eye Care Measure, together with potential capital monies. The Committee's attention was also drawn to national work around electronic patient records that would improve the interface between primary and secondary care optometry systems.

**FP18/252.8** The Chair noted a deterioration in the follow up backlog for planned care and sought assurance as to what actions were being taken. The Director of Performance indicated that the increase in reporting was due to a migration issue within the Wales Patient Administration System (WPAS) in YGC which was being managed as an incident through the Interim Director of Secondary Care. The associated risks were being managed by the clinical specialties however it was not yet known whether actual harm had been caused but the system had been masking this risk. A conversation took place around new ED attendances and activity versus plan and it was suggested that ideally the data should report on how effective demand management was and that it might be better for these measures to be part of workstreams rather than stand in their own right. The Director of Performance was asked to review and consider.

JN

**FP18/252.9** The Chair asked whether members were content that the overall focus of the revised format for the report was moving in the right direction, and this was agreed.

**FP18/252.10** It was resolved that the Committee note the report.

### **FP18/253 Accountability Framework Update**

**FP18/253.1** The Executive Director of Planning & Performance presented the paper which provided an update on progress in the implementation of a revised Performance Accountability framework. The Chair indicated he had circulated a version with his personal comments and asked that the performance team consider this along with any other feedback and provide a revised version for the Committee to consider.

MW

<p><b>FP18/253.2 It was resolved that</b> the Committee note the progress and next steps for ratification and implementation of the revised performance accountability framework.</p>	
<p><b>FP18/254 Referral to Treatment Report</b>  <i>[Mr Steve Vaughan and Mrs Meinir Williams joined the meeting]</i></p> <p><b>FP18/254.1</b> The Chair stated that he would wish to see RTT and an update against the USC 90 day plan as standing agenda items.</p> <p><b>FP18/254.2</b> The Interim Director of Secondary Care presented the paper and wished to recognise the collaborative work with WG which demonstrated good engagement and transparency. He confirmed that overall the number of long waiters had reduced as opposed to the previous year. He explained the four stages to RTT and that whilst capacity and demand focused on stages 1 and 4, it was important not to lose sight of stages 2 and 3 also. It was stated that the gap in capacity to meet demand was caused by the accumulative impact of a range of contributory factors, and the focus was to identify and deliver a sustainable position. The total forecast of over 36 week waiters was 5867 although there was a clear expectation from WG that this needed to be driven lower to mitigate any disadvantages to patients, although this did then impact on financial performance. Members' attention was drawn to the next steps as set out in the paper which would be taken forward as a priority in parallel with the development of the IMTP. In terms of wasted capacity and under-utilisation, members sought assurance that the reasons for this were being identified and that there was scope for increasing productivity and performance. The Interim Director of Secondary Care indicated that it was important to ensure clinical sessions were maximised. A conversation took place regarding job planning sessions and how they could contribute to defining core activity.  Overall it was felt that transparency around the performance challenges was much improved and the organisation was much better informed and aware of the issues to be addressed within RTT. Members noted that the additionality undertaken in-year would also have a cost implication.</p> <p><b>FP18/254.3 It was resolved that</b> the Committee note the update.</p>	MW
<p><b>FP18/255 Unscheduled Care report - 90 day plan</b></p> <p><b>FP18/255.1</b> The Interim Associate Director Unscheduled Care presented the paper which updated on progress against the 90 day plan and the winter resilience plan. She noted positively that 4 hour performance had improved in all three areas in October, however, there was a deterioration in 12 hour performance particularly in YGC. Teams were working through root cause analysis point prevalence work to understand the underlying reasons for this. There had also been an increase in the number of 60 minute handovers again mainly in YGC.</p> <p><b>FP18/255.2</b> Since the launch of the 90 day plan on the 10.10.18 there had been continued support and improved ownership and there was now a need to add the detail to the individual plans. The Interim Associate Director Unscheduled Care highlighted that the Single Integrated Clinical Assessment &amp; Triage Service had gone live as planned on the 12.11.18 and was delivering alternative pathways in the region of 75% cases. In addition, every patient through the system had received a call-back from the clinician and the outcome was appropriate.</p>	

**FP18/255.3** The Chair made an observation about pace and whether there was sufficient focus on discharge in terms of engaging as a body with Local Authority colleagues. The Interim Associate Director Unscheduled Care accepted that there remained a disjoint in the effectiveness of discharge processes across North Wales and that the Chief Executive had offered to write formally to Local Authority colleagues.

**FP18/255.4** A question was asked around the baseline data and the likelihood of achieving the target for length of stay reductions as set out in the Appendix, and it was confirmed that these had been tested with operational delivery teams who remained confident. It was also reported that the rollout of SAFER was being embraced. In response to a question as to whether the timeline for the Winter plan would be met, the Interim Associate Director Unscheduled Care was confident it would be delivered in time to be incorporated into the wider resilience plan. The Chair stated that improvement to the Wrexham site position was key to improving overall performance. It was also clarified that options for project support to manage the 90 day plan would be concluded shortly.

**FP18/255.5 It was resolved that the Committee:**

- Note the content of the paper and progress made against the 90 day plan.
- Note the progress made against the Winter Resilience Plan and development of a specific plan for Christmas and New Year
- Note the 90 day plan measures which will form the baseline for future reports.
- Note the risks highlighted at Wrexham and immediate actions being identified to address the issues and improve performance

*[Mr Rob Nolan, Mr Steve Vaughan and Mrs Meinir Williams left the meeting]*

**FP18/258 Special Measures: Review of expectations allocated to the F&P Committee**

**FP18/258.1** The paper provided the Committee with the opportunity to review the Special Measures expectations that had been allocated to it. A general comment was made that many were aligned to IMTP delivery and therefore would not be completed until the plan was in place.

**FP18/258.2** Specific comments against individual expectations were provided as follows:

- Line 6 Staff Engagement – the Committee agreed that this should be rated green based on the content of the recent board paper including feedback and comments from staff side.
- Line 17 Financial Re-basing – when the Committee next received this paper it would make a final decision whether this action would be progressed or not.
- Line 19 Support to Budget Holders – suggested that the pay bill work be included and some of the training references be removed.
- Line 23 Costed Plans - the Committee agreed that this should be rated green.
- Line 41 Operational Plan 2018-19 – the Committee were keen to see a closing statement be made.

**FP18/258.3 It was resolved that the Committee:**

- Feed back any further monitoring log progress updates to the Office of the Board Secretary.

RF MW

<ul style="list-style-type: none"> <li>• Include within its Chair's Assurance Report a summary of the discussion on the expectations, and a comment on the level of assurance on progress towards meeting the required expectations by the end of March 2019.</li> <li>• Share the Chair's Assurance Report with the Office of the Board Secretary, for submission of relevant information to the SMIF Task &amp; Finish Group</li> </ul>	MP
<p><b>FP18/259 Issues of significance to inform the Chair's assurance report</b></p> <p>To be completed outside of the meeting.</p>	
<p><b>FP18/260 Summary of In Committee business to be reported in public</b></p> <p>It was resolved that the Committee note the report.</p>	
<p><b>FP18/261 Date of Next Meeting</b></p> <p>9.00am 17.1.18 Neuadd Reichel, Bangor University</p>	
<p><b>FP18/262 Exclusion of the Press and Public</b></p> <p><b>It was resolved that</b> 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>	

<b>BCUHB FINANCE &amp; PERFORMANCE COMMITTEE</b>				
<b>Summary Action Log – arising from meetings held in public</b>				
<b>Officer</b>	<b>Minute Reference and Action Agreed</b>	<b>Original Timescale</b>	<b>Latest Update Position</b>	<b>Revised Timescale</b>
<b>Actions from 26.7.18 meeting:</b>				
Russ Favager  > Andy Roach	<b>FP18/131.2 Finance Report Month 3</b> The Executive Director of Finance agreed to contact WG's Financial Delivery Unit to provide Mental Health benchmarking on a pan Wales basis as discussed.	16.8.18	14.11.18 - Benchmarking report shared with Executive Team and Mental Health Division and circulated to F&P members for information. A clear plan will need to be produced by the Division once they have worked through the findings in more detail and work with the Turnaround Director re the opportunities identified as part of transformation agenda. 22.11.18 Although a closing statement had been provided the Chair would wish to see the outcome of this work once reported to Exec Team. 7.1.18 Director Mental Health to share action plan when produced with the committee 10.1.18 Currently in progress	
<b>Actions from 23.8.18 meeting:</b>				
Justine Parry /  Sally Baxter       Mark Wilkinson	<b>FP18/159.3 Information Governance Updates</b> Discuss testing of BCU's Business Continuity Plan with the Civil Contingency Group	13.9.18	The next Civil Contingency Group meeting is on 6.11.18. The lead officer and Business Continuity Manager have been contacted to ensure inclusion on the agenda. 25.10.18 update :- It was agreed that the action remain open until resolution regarding the testing of BCU's Business Continuity Plan at CCG is reported. 14.11.18 – Justine Parry advises that there is a 5 year work plan in place and clinical areas are to take priority. Regular updates are provided to CCG to monitor progression. 22.11.18 Although a closing statement had been provided, members were not fully assured as to the testing of business continuity in the wider sense. The Executive Director of Planning & Performance would follow up and report back in due	Action to be closed



			action plan has been written and is currently being finalised by the Executive Team and officers involved in delivering CHC, for implementation. This finalised action plan will then be available by late January 2019.	
Geoff Lang / Sally Baxter / Russ Favager	<b>FP18/181.8 Turnaround report</b> Work together to provide a briefing that outlines Executive capacity to deliver on programmes and projects to ensure a shared understanding of resource requirements	15.10.18	To be presented to Board workshop 18.10.18  25.10.18 – It was agreed that the Turnaround Director would circulate a briefing note to members  15.11.18 – Briefing note circulated  22.11.18 The Chair indicated he would wish to see appropriate resourcing and prioritisation of the elements of change programmes, and clear reporting mechanisms through the organisation – more widely than the PMO. This would also need to be established on the same timeframe as the IMTP development. The Director of Turnaround and Executive Director of Planning & Performance would take this forward as part of the IMTP development.	Action to be closed
Geoff Lang Mark Wilkinson				
Diane Davies	<b>FP18/185.2 Deep Dive</b> Arrange deep dive sessions to address list of topics discussed	12.10.18	25.10.18 – Future sessions on hold, pending completion of existing arrangements. 22.11.18 Noted that two sessions had been convened and the Committee would reflect and review the need for any further sessions.	Action to be closed
<b>Actions from 25.10.18 meeting:</b>				
<del>Sue Green</del> > Mark Wilkinson	The Executive Director WOD also agreed to arrange for the associated risk with the Wrexham Maelor redevelopment to be discussed at the next Executive Team and feedback to the Committee.	31.10.18	The updated Risk Assessment has been requested from the Director of Estates and Facilities. This will then be reviewed at Executive Management Group in December.  6.12.18 This action is now being progressed by the Director of Planning and Performance and will follow the appropriate route for risk review as per Risk management Strategy	Action to be closed

			10.1.19 This was discussed within the Planning & Performance Senior Management Team Meeting. It was agreed that the Risk could be managed at Departmental level so has not been escalated via Exec Team. Action complete.	
<b>Actions from 22.11.18 meeting:</b>				
Mark Wilkinson	<p><b>FP18/244 Review of Corporate Risk Assurance Framework – risks assigned to Finance and Performance Committee</b></p> <p><b>CRR07 Capital systems</b> – Review and refresh risk with the Assistant Director Strategy – Capital</p> <p><b>CRR12 Estates and Environment –</b> Review risk with Executive Director WOD in respect of Estates risks and also H&amp;S risk perspective</p>	17.12.18	Necessary updates were provided to Datix for these Risks.	Action to be closed
Russ Favager > Grace Lewis Parry	<p><b>FP18/244 Review of Corporate Risk Assurance Framework – risks assigned to Finance and Performance Committee</b></p> <p>Raise issues highlighted with Board Secretary at next Executive Team meeting</p>	17.12.18	<p>Raised with Board Secretary for completion 6.12.18</p> <p>10.12.18 The Health Board has in place a Risk Management Strategy (RM01) and supporting procedures and guidance (RM02). In addition a Risk Management Training plan has been developed and is currently being delivered across the Health Board.</p> <p>The training and guidance includes how to articulate and rate a risk. Reminders are issued to executive directors to ensure they undertake timely review of risks and the Corporate Risk Team offer advice and support throughout this process.</p> <p>The executive team have been reminded of these arrangements and will be contributing to a Board workshop on risk management to further refine the process.</p>	Action to be closed

Russ Favager / Sue Green	<b>FP18/245.3 Finance report M7</b> Provide assurance to Committee that controls in place would bring agency expenditure back in line within a reasonable timeframe.	30.11.18	6.12.18: This will be provided through implementing proposals/plans within the paybill review including controls around ward rosters following implementation of ward templates and the proposed improvements in management of medical agency /locums as discussed as part of the November F&P usage paper on this subject.	Action to be closed
Russ Favager	<b>FP18/245.6 Finance report M7</b> <ul style="list-style-type: none"> <li>• Ensure Chairman is sighted on draft response being prepared for WG re RTT expenditure</li> <li>• Liaise with Executive Director N&amp;M re WG's RTT spending challenge</li> </ul>	7.12.18	6.12.18 update : Meeting WG on 14 <sup>th</sup> December to discuss, update will be provided post meeting.  10.1.19 The funding of RTT work continues to be actively discussed with WG and the detail of the costing has been shared with the FDU. Outsourcing options continue to be explored which would help reduce the year-end RTT position. It was confirmed in December that WG have funded £11.3m for RTT, which covers the additional expenditure incurred up to the end of October. WG confirmed at the meeting that additional RTT funding would be made available to the Health Board based on their expenditure, the Health Board's forecast RTT expenditure in 2018/19 remains at £19.5m.	Action to be closed
All Executives	<b>FP18/245.7 Finance report M7</b> Commit to treat finance and the delivery of the planned deficit as a priority.	22.11.18		Action to be closed
Russ Favager	<b>FP18/246 Financial planning</b> <ul style="list-style-type: none"> <li>• Review, and prioritise list with Executive Team. Provide final version at December meeting</li> <li>• Provide Committee with articulation of alignment and rationale of savings with IMTP in due course</li> </ul>	12.12.18	<ul style="list-style-type: none"> <li>• Latest position will be presented at the January F&amp;P meeting.</li> <li>• Savings allocation and process will be presented at January F&amp;P meeting</li> </ul>	Action to be closed

Geoff Lang	<b>FP18/247.1 Turnaround programme savings report M7</b> Provide graphs in future reports indicating identified savings as recurrent or non-recurrent	7.1.19	Graphs to be included from January reporting	Action to be closed
Russ Favager	<b>FP18/248.2 External Contracts update</b> Ensure Contracting deep dive session provides opportunity for more discussion re Third party contracts		Completed 3.12.18 Deep Dive Contracting session	Action to be closed
Jill Newman	<b>FP18/252 IQPR</b> • /252.2 Amend future IQPR reports and KPI presentations titles named “quartile target set” to read more accurately as “stretch target”	7.1.19	Noted	Action to be closed
	• /252.8 Review and consider how ED attendance data was presented as discussed			
Mark Wilkinson	<b>FP18/253.1 Accountability Framework update</b> Provide revised document, taking into account comments circulated to Committee colleagues by Committee Chair to January meeting	7.1.19	Agenda item FP19/10	Action to be closed
Steve Vaughan/ Meinir Williams/ Gill Harris	<b>FP18/254 Referral to Treatment</b> <b>FP18/255 Unscheduled Care report – 90 day plan</b> Provide progress reports as standing items to F&P Committee meetings going forward	7.1.19	Added to Rolling programme Cycle of Business and advised of submission deadlines going forward	Action to be closed
Russ Favager / Mark	<b>FP18/258.3 Special Measures : review of expectations allocated to</b>	10.12.18	Completed	Action to be closed

Wilkinson	<p><b>the F&amp;P Committee</b> Provide any further monitoring log progress updates to the Office of the Board Secretary</p>			
Mark Polin (Rob /Russ preparing draft)	<p><b>FP18/258.3 Special Measures : review of expectations allocated to the F&amp;P Committee</b></p> <ul style="list-style-type: none"> <li>• Include within Chair's Assurance report a summary of discussion on the expectations and a comment on the level of assurance on progress towards meeting the required expectations by the end of March 2019</li> <li>• Provide Chair assurance report to Office of the Board Secretary for submission to SMIF Task and Finish Group.</li> </ul>		Superseded - SMIF meeting held 18.12.18	Action to be closed

Budget Heading	Annual Budget £m	YTD Budget £m	YTD Actual £m	Variance £m	Key Reason for Variance
Travel and transport costs including lease cars and taxis	8.7	5.8	6.9	1.1	<ul style="list-style-type: none"> <li>• Non-Emergency Patient Transport (NEPTS) costs are £312k overspent, with divisions reporting cost increase of 56% compared to last year.</li> <li>• £269k West Area Community based services overspend, also expected travel savings have not yet materialised awaiting a Policy change.</li> <li>• £127k overspend MHLD - increased lease car costs but this is partly offset by increases in personal contributions (in income), non-achievement of savings targets (£35k) and general increase in vehicle insurance and running costs (£26k)</li> <li>• £24k Central relates to community based staff and includes £13k against Excess mileage due to staff base changes</li> <li>• £70k Other Area including: £19k Therapies, £11k Looked after children, £12k Long Term Ventilation Team, £10k CAMHS</li> <li>• £40k East community based services</li> <li>• £83k Medical records - decanting records from medical records library and taxi costs of transporting records</li> <li>• £99k Corporate - lease car contracts and travel expenses over budget</li> <li>• £48k overspend due to centralisation of mortuary</li> </ul>
Postage	1.1	0.7	1.0	0.3	<ul style="list-style-type: none"> <li>• The lease of the equipment is included here, as well as the cost of postage (Neopost and standard franking machine costs).</li> <li>• The purchase of the lease agreement will assist revenue costs against this subjective.</li> <li>• The over spend is due to slippage on the savings scheme, in that the current activity volumes have not yet hit optimal postage rates, plus growth in leasing costs as more equipment has been added (printers etc.) for the in-house printing services (leaflets, flyers, posters etc.).</li> </ul>
Water (netted off with sewerage)	1.3	0.9	1.1	0.3	<ul style="list-style-type: none"> <li>• Overspend due to the recent long-term leak in Wrexham Maelor.</li> </ul>

Budget Heading	Annual Budget	YTD Budget	YTD Actual	Variance	Key Reason for Variance
Furniture & Fittings	0.2	0.1	0.4	0.3	<ul style="list-style-type: none"> <li>£122k overspend in Central Area. £50k relates to ICF funded schemes, £13k relates to setting up the new ACU in Llandudno</li> <li>£35k East Area</li> <li>£33k MHLD re-opening of Gwion Ward and bed hire charges for Tan Y Castell</li> <li>£19k Wrexham Maelor, but currently investigating capital opportunities</li> </ul>
Advertising & Staff Recruitment	0.3	0.2	0.5	0.3	<ul style="list-style-type: none"> <li>The ongoing high level of nursing vacancies has resulted in increased advertising campaigns including radio, advertising vans and posters</li> </ul>
Office Equipment	0.6	0.4	0.6	0.3	<ul style="list-style-type: none"> <li>Printer cartridge and toner overspends across all divisions and corporate. Printing budget is underspent by £149k.</li> </ul>
Training costs and conferences	2.0	1.4	1.6	0.3	<ul style="list-style-type: none"> <li>£107k Central Area - £60k specific training programmes funded through the WG primary Care Monies. £12k additional training for new staff in the SuRNICC. £13k ADTRAC which is a WEFO funded project. £17k Community Dental National Students</li> <li>£106k Medical student teaching, offset by additional income within Med Education Budgets.</li> <li>£36k overspend in WF&amp;OD for pan-BCU courses included master classes and other training events, funded using slippage on pay budgets</li> </ul>
Engineering and Building Contracts	1.9	1.5	1.7	0.3	<ul style="list-style-type: none"> <li>Costs relate in main to Statutory Compliance Spend, budget is on a miscellaneous subjective which reports under a different heading.</li> </ul>
Premises Lease Rent	1.0	0.7	0.9	0.2	<ul style="list-style-type: none"> <li>A direct result of new Buildings which have been opened / leased e.g. Llys Dyfrig £120k per annum, Carlton Court, and other Primary Care Clinics / centres.</li> </ul>
Budget Heading	Annual Budget	YTD Budget	YTD Actual	Variance	Key Reason for Variance
Mechanical, Electrical and Building	1.9	1.3	1.5	0.1	<ul style="list-style-type: none"> <li>Costs relate in main to Statutory Compliance Spend, budget is on a miscellaneous subjective which reports under a different heading.</li> </ul>

Materials					
Professional Fees / Legal	0.2	0.2	0.3	0.1	<ul style="list-style-type: none"> <li>£23k evaluation of clinical trial 'HMP Berwyn Medicines Management policy' funded by R&amp;D monies shown in income</li> </ul>
Photocopying Rental and Charges	0.4	0.2	0.4	0.1	<ul style="list-style-type: none"> <li>£48k Overspend Central Area, mainly related to the cost of archive scanning for Children's Patient records.</li> <li>£28k Overspend MHLD Increased usage in SMS and Central, being pursued as a Division-wide exercise to reduce costs and rationalise.</li> </ul>
Recruitment Agency intro fees	0.0	0.0	0.1	0.1	<ul style="list-style-type: none"> <li>Expenditure to improve the appointment to medical vacancies, in order to save on agency costs</li> </ul>
Early Retirement Payments	0.0	0.0	0.1	0.1	<ul style="list-style-type: none"> <li>Cost of Ill Health Retirements; legacy charges from former North Wales NHS Organisations</li> </ul>
Medical Records Folders	0.1	0.1	0.2	0.1	<ul style="list-style-type: none"> <li>Includes costs of printing of patient forms, which is being offset and funded from Printing budgets which are underspent by £149k</li> </ul>
Other Variances	59.7	28.2	28.2	-0.1	
<b>TOTAL</b>	<b>79.4</b>	<b>41.7</b>	<b>45.5</b>	<b>3.8</b>	



<b>Report Title:</b>	Finance Report Month 9 2018/19
<b>Report Author:</b>	Ms Sue Hill, Finance Director – Operational Finance
<b>Responsible Director:</b>	Mr Russell Favager, Executive Director of Finance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	The purpose of this report is to provide a briefing on the financial performance and position of the Health Board for the year to date and forecast for the year, together with actions being undertaken to tackle the financial challenge.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.
<b>Governance issues / risks:</b>	This report does not impact on Governance issues or risks.
<b>Financial Implications:</b>	<p>The Health Board approved an Interim Financial Plan on the 28<sup>th</sup> March 2018 which acknowledged a deficit budget of £35.0m after delivery of £45.0m savings, £22.0m of which were cash releasing. The Health Board's forecast at Month 9 has been increased from the deficit of £35.0m to £42.0m. This is to reflect the significant risks around the underperformance of savings plans that are currently forecasting to under deliver by £6.2m and cost pressures around Continuing Healthcare (CHC) and Mental Health. Work is ongoing to address the savings shortfall and establish plans that will impact on the position.</p> <p>At the end of Month 9 the Health Board is overspent by £30.2m. Of this, £28.3m relates to the Health Board's planned budget deficit and £1.9m represents an adverse variance against the financial plan.</p> <p>The actual Month 9 position was £1.0m higher than plan due to:</p> <ul style="list-style-type: none"> <li>- Under delivery against savings plans across most divisions (£1.0m).</li> <li>- Care packages over spent in month (£0.8m), primarily in Mental Health.</li> <li>- Offsetting underspends seen in Primary Care and other budgets.</li> </ul> <p>At the end of December the Health Board has spent £13.9m expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £2.6m unfunded</p>

	<p>expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk.</p> <p>Savings achieved to date are £25.7m against a plan of £28.7m, £3.0m behind the year to date profile. Savings are forecast to deliver £38.8m of the £45.0m Health Board target, a shortfall of £6.2m.</p> <p>The Health Board has set a deficit budget for 2018/19 and is currently forecasting an underlying revenue cash shortfall of £46.1m for the year. Welsh Government has approved Strategic Cash Support of £31.0m towards this shortfall with a further £4.0m to be managed internally. The Health Board is still awaiting confirmation of £11.8m requested cash support for revenue working capital balances. A further £9.0m cash support has been requested for capital working balances as these are forecast to reduce as major infrastructure schemes are completed during 2018/19. Following the increase in the forecast deficit to £42.0m, an additional £7.0m Strategic Cash Support will be requested from Welsh Government.</p>
<b>Recommendation:</b>	<p>It is asked that the report is noted, including the increased forecast outturn of £42.0m.</p> <p>The Committee is asked to note that the management of cash remains a key priority and a request for a further £7.0m repayable strategic cash support will be submitted to Welsh Government to support the increase in the forecast deficit and ensure that payments can continue to be made during March 2019.</p>

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

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

**Special Measures Improvement Framework Theme/Expectation addressed by this paper**  
Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.

**Equality Impact Assessment**  
Not applicable.

*Disclosure:  
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

Board/Committee Coversheet v9.01 draft



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Executive Director of Finance Report Month 9 2018/19

Russell Favager

Executive Director of Finance  
Betsi Cadwaladr University Health Board

# 1. Executive Summary

## 1.1 Purpose

- The purpose of this report is to outline the financial position and performance for the year to date, confirm performance against financial savings targets and highlight the financial risks and outlook for the remainder of the year.

## 1.2 Summary of key financial targets

Key Target		Annual Target	Year to Date Target	Year to Date Actual	Forecast Risk
Achievement against Revenue Resource Limit	£000	(35,000)	(28,298)	(30,200)	
Performance against savings and recovery plans	£000	45,000	28,700	25,700	
Achievement against Capital Resource Limit	£000	47,966	20,897	19,537	
Compliance with Public Sector Payment Policy (PSPP) target	%	95.0	95.0	95.1	
Revenue cash balance at month-end	£000	7,749	7,749	1,075	

Monthly Performance Against Key Targets	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	Year to Date £m
Revenue Resource Limit	(3.5)	(3.5)	(3.3)	(3.9)	(3.3)	(2.8)	(2.9)	(3.4)	(3.6)	(30.2)
Savings Delivery	1.8	1.6	3.4	2.8	2.5	3.5	3.1	3.6	3.4	25.7
Capital Resource Limit	n/a	6.9	(1.0)	1.3	2.7	1.6	1.6	3.2	3.2	19.5
Compliance with Public Sector Payment Policy (PSPP) target	93.5%	95.3%	95.9%	96.6%	95.2%	95.0%	95.3%	94.1%	95.1%	95.1%
Revenue cash balance at month-end	6.7	6.7	3.4	3.5	4.9	2.0	2.9	4.3	1.1	1.1

# 1. Executive Summary

## 1.3 Revenue position

- At the end of Month 9 the Health Board is overspent by £30.2m. Of this, £28.3m relates to the Health Board's planned budget deficit and £1.9m represents an adverse variance against the financial plan.
- The plan for Month 9 was a £2.6m deficit. The actual position was £3.6m, £1.0m higher than plan. The key reasons for the in-month over spend are outlined below.
  - Under delivery against savings plans across most divisions (£1.0m).
  - Care packages over spent in month (£0.8m), primarily in Mental Health.
  - Offsetting underspends seen in Primary Care and other budgets.
- At the end of December the Health Board has spent £13.9m expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £2.6m unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk.
- Savings achieved to date are £25.7m against a plan of £28.7m, £3.0m behind the year to date profile and representing 57.1% of the full year target. Savings are forecast to deliver £38.8m of the £45.0m Health Board target, a shortfall of £6.2m.
- The Health Board's forecast at Month 9 has been increased from a deficit of £35.0m to £42.0m. This is to reflect the significant risks around the underperformance of savings plans that are currently forecasting to under deliver by £6.2m and cost pressures around Continuing Healthcare (CHC) and Mental Health. Work is ongoing to address the savings shortfall and establish plans that will impact on the position.

## 1.4 Balance Sheet

- The Capital Resource Limit at Month 9 is £48.0m. Year to date expenditure is £19.5m against the plan of £20.9m. The year to date slippage of £1.4m will be recovered throughout the remainder of the year and the Health Board is forecasting to achieve its Capital Resource Limit.
- The Health Board is required to pay 95.0% of non-NHS invoices within 30 days of receipt of a valid invoice. Significant improvements in performance over the first part of the year have resulted in the Health Board meeting and maintaining the required target with a year to date compliance figure of 95.1%.
- The Health Board has set a deficit budget for 2018/19 and is currently forecasting an underlying revenue cash shortfall of £46.1m for the year. Welsh Government has approved Strategic Cash Support of £31.0m towards this shortfall with a further £4.0m to be managed internally. The Health Board is still awaiting confirmation of £11.8m requested cash support for revenue working capital balances. A further £9.0m cash support has been requested for capital working balances as these are forecast to reduce as major infrastructure schemes are completed during 2018/19.

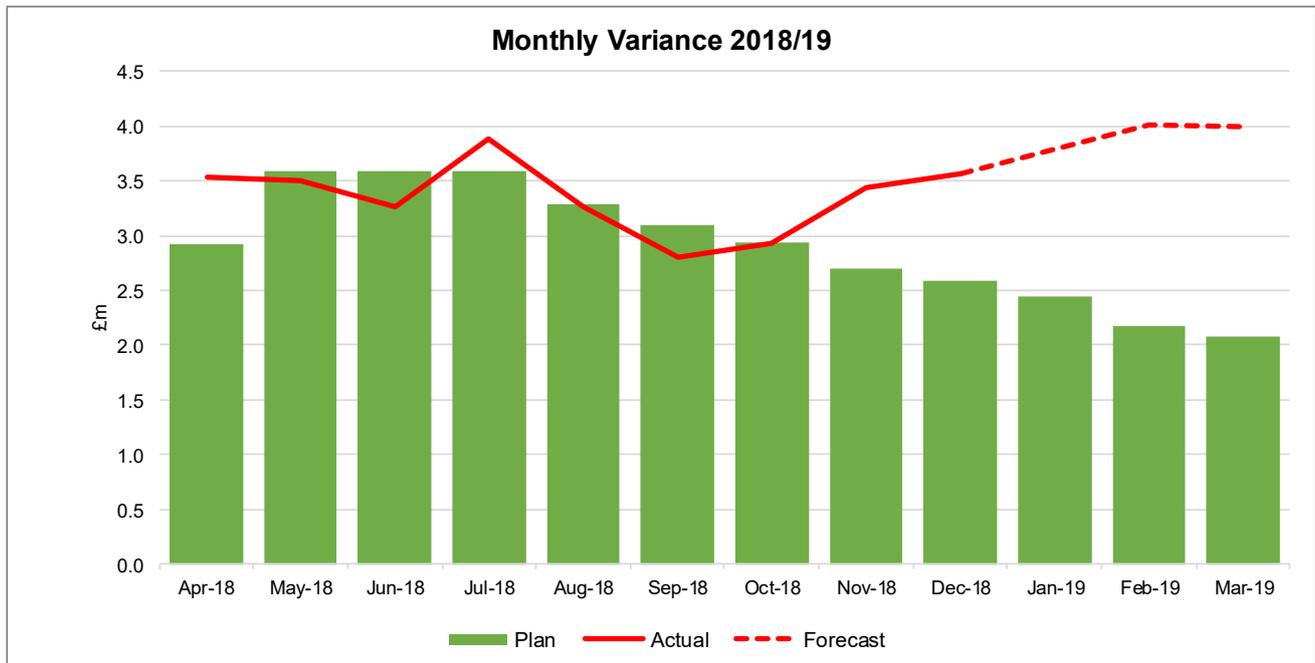
# 1. Executive Summary

Following the increase in the forecast deficit to £42.0m, an additional £7.0m Strategic Cash Support will be requested from Welsh Government.

## 2. Revenue Position

### 2.1 Health Board performance

- The Health Board's in-month reported position is £1.0m higher than planned, giving a year to date £1.9m adverse variance against the 2018/19 financial plan. The forecast performance for the year is shown graphically below.



### 2.2 Financial performance by division

- The table below provides an analysis of the Month 9 budget to actual position for the Health Board's operating divisions.

Variations	West £m	Centre £m	East £m	North Wales £m	Total £m
Area Teams	0.5	(0.5)	0.3	(1.0)	(0.7)
Contracts				(2.5)	(2.5)
Provider Income				(0.1)	(0.1)
Secondary Care	0.7	2.4	2.0	0.2	5.2
Mental Health				3.4	3.4
Corporate				(1.1)	(1.1)
Other				(2.3)	(2.3)
<b>Variance from Plan</b>	<b>1.2</b>	<b>1.9</b>	<b>2.3</b>	<b>(3.5)</b>	<b>1.9</b>
Planned Deficit					28.3
<b>Total</b>	<b>1.2</b>	<b>1.9</b>	<b>2.3</b>	<b>(3.5)</b>	<b>30.2</b>

## 2. Revenue Position

### 2.3 Commentary by division

- In addition to this section, further detailed commentary by division is provided within Appendix 1.

#### 2.3.1 Areas

- The Area Teams are £0.7m underspent year to date. This is mainly due to under spends from earlier in the year around GP rates rebates within North Wales Wide services. Additionally, under spends arose from Out of Area CAMHS activity, as a result of a reduced number of placements, along with a reduction in the number of Out of Area Neonatal placements due to the opening of the SuRNICC, both within the Centre Area.
- The Month 9 position saw a slight deterioration from November (£0.4m over spend), with a £0.5m in-month over spend. Under delivery of savings has been a significant issue this month for the Area Teams, with £0.3m of unachieved savings contributing to the in-month over spend.
- Continuing Healthcare (CHC) continues to be a risk for all three Areas, particularly in the West which had double the usual number of cases combined with an increase in high cost EMI cases in month. Close monitoring of all placements continues and further work is being undertaken with Mental Health to develop proposals to open up some of the unavailable acute EMI beds in the West.

#### 2.3.2 Contracts

- Contracts are reporting an under spend up to Month 9 of £2.5m, with a balanced position in-month. During the month there has been a deterioration in some of the local contracts. Pressures have arisen from the Countess of Chester (CoCH) contract due to non-elective activity and also from Aintree due to increased major trauma activity. The WHSCC position has also deteriorated by £0.1m in-month due to English contracts. These have been balanced against gains in other locally managed contracts.
- It should be noted that the current WHSSC position and year end forecast excludes the potential significant financial impact of HRG4+ which has still not been concluded and remains a financial risk for 2018/19.

#### 2.3.3 Secondary Care

- The Secondary Care Division has a year to date over spend of £5.2m, with Ysbyty Glan Clwyd (£2.4m) and Wrexham (£2.0m) constituting the majority of this. The in-month over spend for the division is £0.7m, a decrease of £1.3m on the previous in-month position. Failure to achieve savings plans has been the significant issue again this month, although at a lower level than in Month 8. £0.5m of the in-month over

## 2. Revenue Position

spend relates to non-delivery against savings targets, particularly pay (£0.9m in Month 8).

- Pay costs remain a pressure, with a Month 9 over spend of £0.1m (£2.8m year to date). Agency costs have increased by £0.1m from Month 8, with a total spend of £1.6m this month (£15.2m year to date). The high level of vacancies continues to partly offset the agency costs. A number of actions are being taken around workforce costs within Secondary Care and additional staff have been recruited, so it is expected that these will start to lead to cost reductions in future months.
- Clinical non-pay costs are under spent in the month due to reductions in Ysbyty Gwynedd (£0.1m), particularly within Theatres, and in Wrexham where Pacemakers / ICD activity has reduced in month (£0.2m benefit).
- Recovery Plans have previously been produced by all three hospital sites and expanded to be joint plans with the Area Teams on a locality basis. Fortnightly targeted intervention meetings are taking place with the Executive Team to discuss the position and consider what other recovery actions can be taken. However a number of these recovery plans are not delivering and additional targeted meetings are also taking place with the Chief Executive and Executive Director of Finance.

### 2.3.4 Mental Health

- Mental Health is over spent by £0.4m in Month 9 and £3.4m year to date, which is an improvement of £0.4m on the prior month. The over spent position continues to relate to under achievement against savings plans and increasing costs and activity for individual packages of care.
- CHC costs are £0.6m over spent in the month and £2.2m year to date. An additional 4 cases have arisen in December, compounding the increases seen last month. Under delivery of savings targets and underperformance against expected recovery actions continue and represent a key risk area, contributing £0.7m to the year to date overspend. Drugs costs have also increased in month, over spending by £0.1m (£0.4m year to date)
- Total pay costs have improved and are balanced in December (£1.2m over spent year to date). This includes £0.2m of agency costs (£3.3m year to date), which are offset by vacancies. The signs of improvement in terms of pay costs seen last month have continued as the division embeds recovery actions.
- A Recovery Plan for Mental Health is in place and is being actively monitored by the Executive Director of Finance and the Director of Turnaround on a weekly basis, however based on the Month 9 position further recovery actions are now being requested from the division. Key improvements, particularly in relation to CHC, need to be delivered in order to meet the year end forecast position.

## 2. Revenue Position

### 2.4 Pay

- Total Health Board pay (excluding Primary Care functions) is £536.9m, which is an adverse variance against plan of £0.4m.
- December's pay expenditure has decreased by £5.4m from the previous month due to pay award arrears that were paid in Month 8. However removing the effect of the pay award shows that there was a small increase in underlying pay of £0.1m from November.
- The trend in pay costs is consistent over the year, although it is an increase on the 2017/18 average monthly spend. The challenge for the Health Board remains to be the £5.9m forecast savings associated with workforce costs, leading to expectations that pay costs will reduce over future months.

#### Actual Pay Costs

Staff Group	M01	M02	M03	M04	M05	M06	M07	M08	M09	YTD
	£m	Variance £m								
Administrative & Clerical	7.6	7.5	7.5	7.6	7.5	7.3	7.6	9.0	7.7	(3.1)
Medical & Dental	13.4	13.5	13.6	13.7	13.9	13.8	13.9	14.1	16.0	4.9
Nursing & Midwifery Registered	19.0	18.8	19.1	19.0	18.7	18.8	19.3	22.4	19.4	(5.4)
Additional Clinical Services	9.0	9.0	9.1	8.9	8.9	9.1	9.5	11.1	9.3	5.0
Add Prof Scientific & Technical	1.7	1.7	1.7	1.6	1.7	1.7	1.8	2.0	1.8	(0.8)
Allied Health Professionals	3.3	3.2	3.2	3.3	3.3	3.4	3.5	3.9	3.4	(0.2)
Healthcare Scientists	1.1	1.1	1.1	1.1	1.0	1.2	1.2	1.2	1.3	0.1
Estates & Ancilliary	2.9	2.9	2.8	2.7	2.8	2.8	2.9	3.5	2.9	(0.1)
<b>Health Board Total</b>	<b>58.1</b>	<b>57.8</b>	<b>58.1</b>	<b>58.0</b>	<b>57.9</b>	<b>58.2</b>	<b>59.7</b>	<b>67.2</b>	<b>61.8</b>	<b>0.4</b>
Primary care	1.5	1.6	1.6	1.7	1.8	1.7	1.7	1.9	1.9	0.9
<b>Total Pay (Including pay Award)</b>	<b>59.6</b>	<b>59.4</b>	<b>59.8</b>	<b>59.7</b>	<b>59.7</b>	<b>59.9</b>	<b>61.4</b>	<b>69.1</b>	<b>63.7</b>	<b>1.3</b>
Pay Award							(1.3)	(9.3)	(3.8)	
<b>Total Pay</b>	<b>59.6</b>	<b>59.4</b>	<b>59.8</b>	<b>59.7</b>	<b>59.7</b>	<b>59.9</b>	<b>60.1</b>	<b>59.8</b>	<b>59.9</b>	<b>1.3</b>

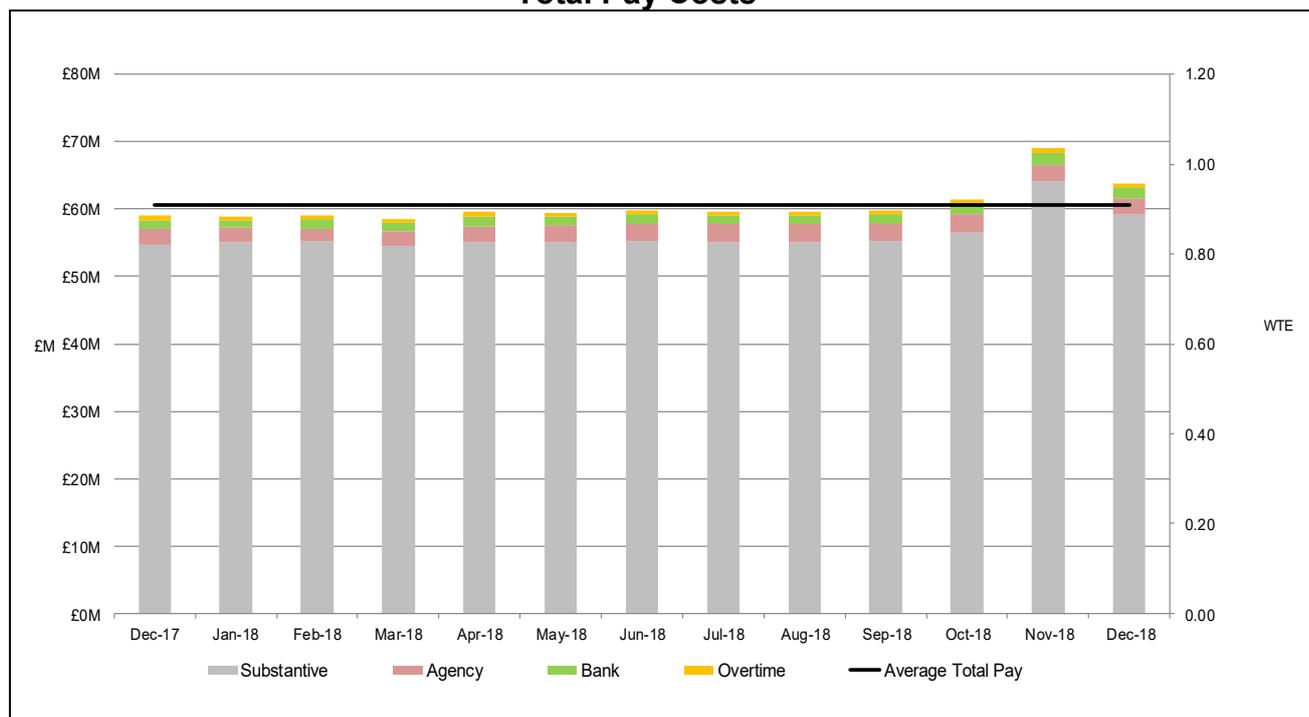
- Analysis of pay by staff group:
  - Medical and Dental pay is £4.9m overspent, reflecting the cost pressures arising from agency doctors, somewhat offset by vacancies. Costs have increased in Month 9 due to the Medical pay award which was £2.4m in the month. Excluding this, costs would have been £13.6m, consistent with previous months. Therefore there is no evidence of a reduction in costs despite the actions being taken.
  - Additional Clinical Services (including Health Care Support Workers) to cover Nursing vacancies, is the key contributing reason behind the £5.0m adverse variance. Recruitment and retention of qualified Nursing staff, particularly on wards within both Secondary Care and Mental Health, remains a significant risk for the Health Board. This is further highlighted in the table below where the key monthly and cumulative variances are seen within wards.

## 2. Revenue Position

Staff Group	Description	Annual Budget £m	Current Budget £m	Current Actual £m	Current Variance £m	Cumulative Budget £m	Cumulative Actual £m	Cumulative Variance £m
Nursing & Midwifery Registered	ED	10.3	1.0	1.0	0.0	7.8	8.8	1.1
	OPD	8.5	0.7	0.6	(0.1)	6.4	5.9	(0.6)
	Theatres	12.0	1.0	1.0	0.1	9.0	9.2	0.2
	Wards	89.9	7.5	6.9	(0.5)	67.5	62.6	(4.9)
	Other	122.6	10.3	10.2	(0.1)	89.3	88.1	(1.2)
<b>Total</b>		<b>243.3</b>	<b>20.4</b>	<b>19.8</b>	<b>(0.7)</b>	<b>179.9</b>	<b>174.6</b>	<b>(5.3)</b>
Additional Clinical Services	ED	1.2	0.1	0.1	0.0	0.9	1.3	0.3
	OPD	4.3	0.4	0.4	0.0	3.3	3.5	0.2
	Theatres	9.7	0.8	0.7	(0.1)	7.3	6.3	(0.9)
	Wards	36.7	3.1	3.7	0.6	27.6	33.8	6.2
	Other	53.7	4.6	4.5	(0.1)	40.1	39.2	(0.9)
<b>Total</b>		<b>105.7</b>	<b>8.9</b>	<b>9.4</b>	<b>0.5</b>	<b>79.1</b>	<b>84.1</b>	<b>5.0</b>
<b>Grand Total</b>		<b>348.9</b>	<b>29.3</b>	<b>29.2</b>	<b>(0.1)</b>	<b>259.1</b>	<b>258.7</b>	<b>(0.3)</b>

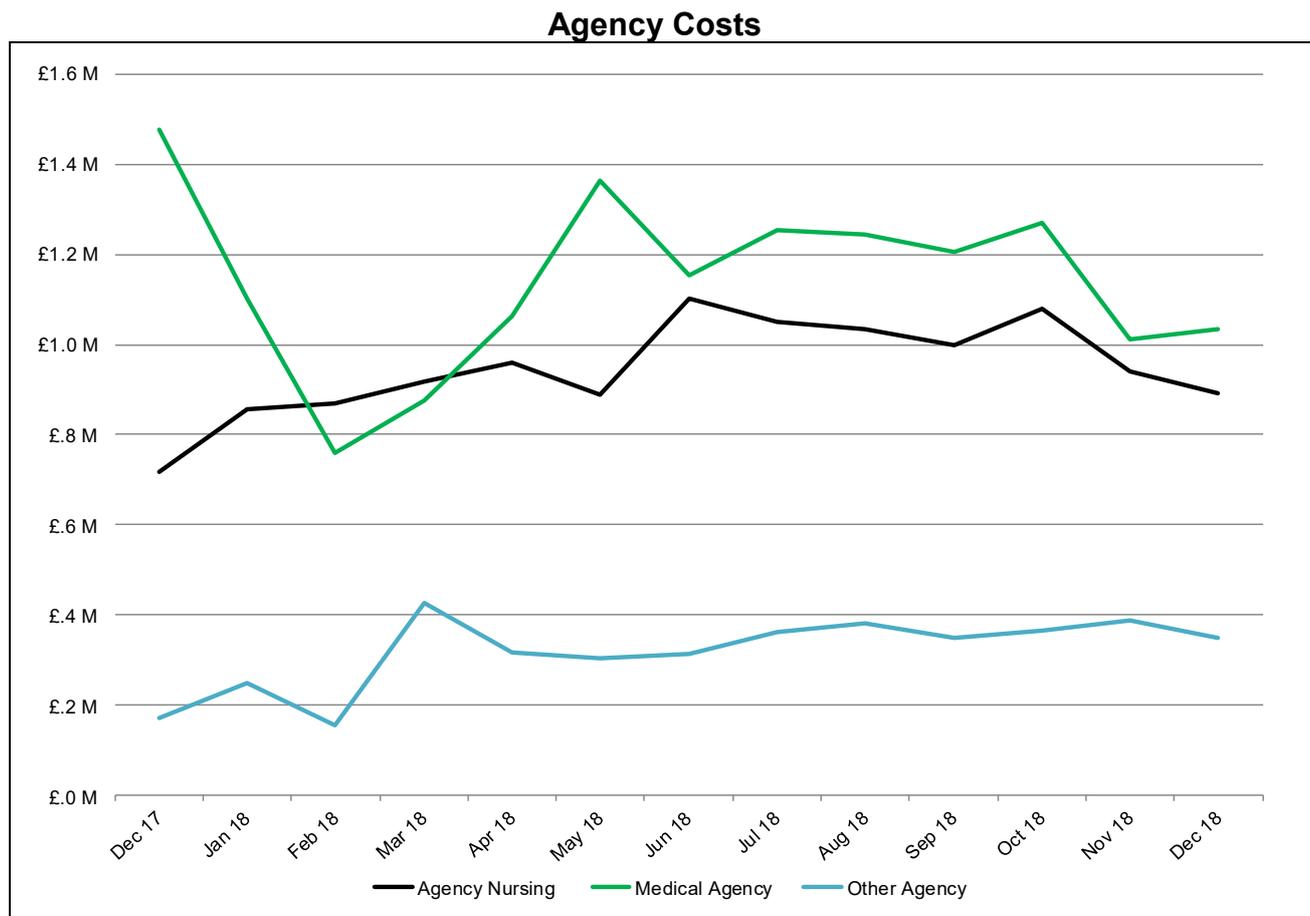
- Total pay, including Primary Care, is £552.3m, a year to date over spend of £1.3m. The chart below emphasises the proportion of this which continues to come from agency, bank and overtime costs.

**Total Pay Costs**



- The expenditure on agency staff for Month 9 is £2.3m, representing 3.6% of total pay, and in line with spend in November. Agency controls are being reinforced but it is unlikely nurse agency expenditure will reduce significantly in the short term due to the number of vacant posts, the number of escalation beds open across the Health Board and the requirement to meet the Nurse Staffing Levels (Wales) Act.
- The chart below shows the trend of agency costs for the previous thirteen months. This highlights the variability in both Nursing and Medical agency costs.

## 2. Revenue Position



- Medical agency costs increased by £0.02m from November to an in-month spend of £1.0m. The areas primarily responsible are Ysbyty Gwynedd (£0.2m), Ysbyty Glan Clywd (£0.2m), Mental Health (£0.2m), Women's Services (£0.1m) and East Area (£0.1m), accounting for 84.4% of the month's spend. A number of divisions' savings plans are based on reducing agency costs and so additional work needs to be directed in these areas to meet targets.
- Nurse agency costs totalled £0.9m for the month, a £0.05m decrease from the prior month. Agency nurses continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care. The use of agency nurses is particularly an issue for Wrexham (£0.5m in month) and Ysbyty Glan Clwyd (£0.3m in month), which together account for 85.0% of these costs in December (79.2% for the year to date). Targeted actions are being overseen by the Executive Director of Nursing and Midwifery in areas of high usage continue, with a focus on reducing costs whilst maintaining quality and safety of patients. Scrutiny of nursing rota management to ensure the effective use of substantive staff, increased review of agency requests and recruitment drives for Registered Nurses and Health Care Support Workers remain. To substantially reduce nurse agency costs the Health Board needs to increase the number of staff available via the Bank and continue to recruit nurses to vacant posts.

## 2. Revenue Position

### 2.5 Non-pay

- Non-pay costs in Month 9 are £73.1m, which is £2.1m lower than the previous month and in line with Month 7, following a spike last month. Total non-pay to-date is £655.4m giving a cumulative over spend of £5.0m against the planned budget.

#### Actual Non-Pay Costs (excluding non-cash limited adjustments)

Description	M01	M02	M03	M04	M05	M06	M07	M08	M09	YTD
	£m	Variance £m								
Primary Care	16.6	16.2	16.5	17.7	16.9	16.0	16.4	18.4	17.0	(5.7)
Primary Care Drugs	8.4	8.4	8.4	8.7	8.7	8.5	8.6	8.9	8.1	2.9
Secondary Care Drugs	5.0	5.7	5.3	5.7	5.8	5.5	6.4	5.7	5.9	1.1
Clinical Supplies	5.2	5.9	5.5	5.2	5.3	5.1	5.6	6.3	5.4	0.2
General Supplies	1.1	3.4	1.9	1.9	1.7	2.5	2.1	2.3	2.0	0.7
Healthcare Services Provided by Other NHS Bodies	20.5	20.3	20.4	20.9	19.5	19.1	19.5	20.5	20.4	(3.4)
Continuing Care and Funded Nursing Care	8.0	8.5	8.5	8.3	8.5	8.3	8.2	8.6	8.8	3.3
Other	6.3	5.2	5.8	6.3	6.3	4.6	6.3	4.6	5.6	6.0
<b>Total</b>	<b>71.1</b>	<b>73.5</b>	<b>72.3</b>	<b>74.7</b>	<b>72.8</b>	<b>69.6</b>	<b>73.1</b>	<b>75.2</b>	<b>73.1</b>	<b>5.0</b>

- Primary Care expenditure has decreased by £1.6m in Month 9. Last month saw the cumulative effect of the General Medical Services (GMS) uplift allocation received from Welsh Government, which had an in-month impact of increasing costs by £1.7m.
- Primary Care Drugs costs have remained consistent throughout the year, with a year to date over spend of £2.9m, of which £2.1m relates to Community dressings. Prescribing continues to show significant savings on drugs that have been targeted as part of savings plans, however growth in other drugs (e.g. anti-psychotic drugs) in terms of cost and activity have reduced the savings benefit. Whilst expenditure is below last year's levels and has reduced by £0.8m in-month, it is not in line with the budget set and continues to over spend.
- Secondary Care Drugs have increased by £0.2m, predominantly relating to FP10s (£0.08m) and Haemophilia drugs (£0.07m). The year to date over spend of £1.1m primarily relates to the Area Teams, where cost pressures are evident in Dermatology (£0.9m) and Diabetes (£0.5m), and also to Mental Health (£0.4m).
- Clinical Supplies costs have decreased by £0.9m from last month, to return to average levels for the year. Continence products (£0.2m over spent) are one of the key drivers behind the year to date over spend.
- Months 5 to 7 saw some significant improvements coming through from the WHSCC contract within Healthcare Services Provided by Other NHS, due to a reassessment of the forecast outturn with a total favourable adjustment of £1.5m. Costs in Month 9 are consistent with November and the months prior to this adjustment.
- CNC / FNC expenditure remains at a consistent level throughout the year, which is concerning given the number of savings schemes that are targeted in this area. The increase of £0.2m in Month 9 is due to a rise in the number of cases in the West Area and Mental Health. CHC is £3.6m over spent for the year to date, partially offset by a

## 2. Revenue Position

£0.3m under spend against FNC. Of the CHC over spend, £2.2m relates to Mental Health and £1.3m to the West Area, indicating that work needs to be done particularly within these divisions to reduce costs.

- Other costs cover a range of expenditure headings including Premises costs and Establishment expenses. The key areas of over spend are transport and travel costs (£1.2m) and slippage on savings schemes (£0.9m).
- As the planned savings profile requires increased savings and a step up in delivery for the final quarter of the year, additional reductions in non-pay will need to be delivered throughout the remainder of 2018/19.

### 2.6 Contract performance

	18/19 Budget / Plan £m	Forecast Outturn £m	Forecast Variance £m	Current Month Actual £m	Current Month Variance £m
Countess of Chester	21.0	21.1	0.1	15.8	0.0
Robert Jones & Agnes Hunt	13.2	13.2	0.0	9.9	0.0
Royal Liverpool	4.9	4.8	(0.1)	3.6	(0.1)
Other	11.2	11.7	0.5	8.8	0.5
<b>English Contracts</b>	<b>50.3</b>	<b>50.8</b>	<b>0.5</b>	<b>38.1</b>	<b>0.4</b>
<b>Welsh Contracts</b>	<b>9.7</b>	<b>9.8</b>	<b>0.1</b>	<b>7.2</b>	<b>0.0</b>
<b>WHSSC</b>	<b>119.9</b>	<b>115.7</b>	<b>(4.2)</b>	<b>86.7</b>	<b>(3.3)</b>
<b>NCA's</b>	<b>3.8</b>	<b>4.3</b>	<b>0.5</b>	<b>3.2</b>	<b>0.5</b>
<b>Total Other</b>	<b>0.3</b>	<b>0.3</b>	<b>0.0</b>	<b>0.2</b>	<b>0.0</b>
<b>Outsourcing</b>	<b>2.6</b>	<b>2.9</b>	<b>0.0</b>	<b>2.9</b>	<b>0.0</b>
<b>Total</b>	<b>186.6</b>	<b>183.8</b>	<b>(3.1)</b>	<b>138.3</b>	<b>(2.5)</b>

- The year end forecast variance for Contracts has reduced by £0.5m during the month to £3.5m under spent due to changes to the forecasts for Welsh contracts (£0.1m) and WHSSC (£0.4m).
- Whilst locally managed contracts have over performed this month, the WHSSC contract continues to under spend.

## 2. Revenue Position

### 2.7 Reserves

	Opening Budget £'000	Budget Movements P01 to P09 £'000	Annual Budget at P09-19 £'000	Amount Released to Support Position £'000	Balance Remaining P09-19 £'000	Forecast Drawings for P10 to P12 £'000	Forecast Uncommitted Balance £'000
Reserves	17,961	(12,930)	5,031	(1,121)	3,910	3,003	907
WG Funding Received (to be Allocated)	1,488	3,386	4,874		4,874	4,874	0
<b>Total</b>	<b>19,449</b>	<b>(9,544)</b>	<b>9,905</b>	<b>(1,121)</b>	<b>8,784</b>	<b>7,877</b>	<b>907</b>

- The total remaining balance on reserves at the end of December is £9.9m and this includes £4.9m of additional Welsh Government resource allocations to be allocated to divisions. £1.1m of uncommitted reserves have been released to support the financial position. The estimated remaining commitment against reserves is £7.9m, leaving a remaining uncommitted balance of £0.9m

## 3. Savings Requirement

### 3.1 Savings / Recovery Plan Requirement

- The financial plan set for the Health Board for 2018/19 identified a savings requirement of £45.0m to deliver a deficit budget of £35.0m, £22.0m of this was cash releasing,
- All schemes have a Lead Director, Accountable Officer, Finance and Programme Monitoring Office (PMO) lead and require a project initiation document. The quality impact assessment ensures that quality and safety are appropriately considered.
- Savings plan delivery is managed through the PMO and is monitored by the PMO Monitoring Group, which meets monthly and is chaired by the Chief Executive. Benchmarking data and the National Efficiency Framework provide a number of benchmarks and help identify savings opportunities for the Health Board.

### 3.2 Identified Savings / Plans

- The value of identified schemes for the year are £1.9m below the target of £45.0m. Non-achievement of the savings targets will have a detrimental effect on the Board's financial performance. Performance reported at Month 9 is based on latest forecasts.
- The Table below presents the savings plans by type and risk rating.
- Savings achieved to date in 2018/19 are £25.7m against a plan of £28.7m (89% achieved), £3.0m behind the year to date profile. Savings achieved represent 57% of the full year target. The savings shortfall to date of £3.0m (Month 8, £2.6m) is largely due to under-delivery on Mental Health (£1.7m), transactional (£1.7m) and workforce schemes (£1.5m), offset by over-performance on medicines management schemes (£2.3m).
- At this point in 2017/18 savings delivery amounted to £25.0m which equated to 56% of the £44.9m full year target, including £9.5m recovery actions.
- A number of resource utilisation schemes, assessed as not delivering cash savings this year, have been replaced by £7.7m of identified Turnaround Actions, with additional requirements placed upon Divisions to ensure delivery. At Month 9, Divisions have included plans for £6.2m of these actions (Month 8, £1.6m) within their divisional reporting.
- At Month 9, savings are forecast to deliver £38.8m (86%) of the £45.0m Health Board target, a shortfall of £6.2m (14%). Forecast delivery against the £7.7m turnaround actions reported by divisions has increased to £2.8m (36% of the actions). Work is ongoing to address the £6.2m savings shortfall. In the final quarter, reports will show actual progress made towards delivering the £45.0m target.

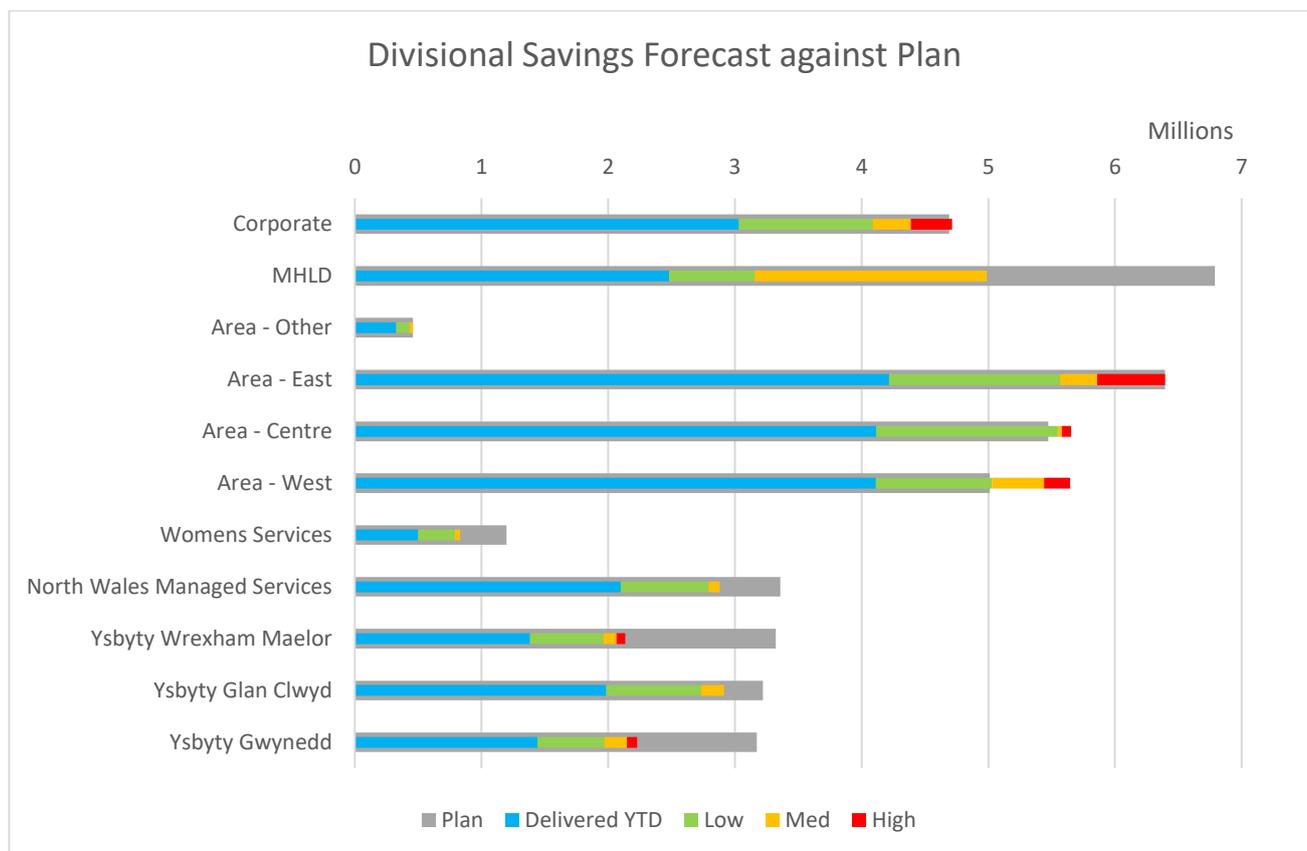
### 3. Savings Requirement

Source	Total Requirement £m	Forecast £m	Planned YTD M9 £m	Delivered M9 £m	Low £m	Med £m	High £m
1% transactional	10.0	12.4	9.9	8.2	2.9	0.9	0.4
<b>Reducing input costs</b>							
Medicines Management	6.0	10.1	5.3	7.6	1.9	0.4	0.3
Procurement	4.0	0.8	0.7	0.3	0.3	0.1	0.2
	10.0	11.0	6.0	7.9	2.2	0.5	0.4
<b>Improved deployment of resources</b>							
Workforce	5.0	5.9	5.3	3.8	1.4	0.5	0.3
	5.0	5.9	5.3	3.8	1.4	0.5	0.3
<b>Improved utilisation of resources</b>							
Theatre efficiency	1.0	0.5	0.3	0.3	0.1	0.1	0.0
Acute Length of Stay	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Community hospitals	2.0	0.3	0.4	0.1	0.1	0.0	0.0
Outpatients	2.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical variation: primary care	2.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical variation: secondary care	2.0	0.7	0.4	0.5	0.2	0.0	0.0
	10.0	1.5	1.2	0.9	0.4	0.1	0.0
<b>Service transformation</b>							
CHC	5.0	3.6	2.1	2.6	0.7	0.2	0.0
MHLD	4.0	3.4	3.2	1.5	0.6	1.2	0.0
Estates	1.0	1.1	1.1	0.7	0.2	0.1	0.1
	10.0	8.1	6.4	4.8	1.6	1.6	0.1
<b>Total Savings</b>	<b>45.0</b>	<b>38.8</b>	<b>28.7</b>	<b>25.7</b>	<b>8.4</b>	<b>3.5</b>	<b>1.3</b>
<b>Percentage</b>		86%	55%	66%	22%	9%	3%

- The risk profile and anticipated delivery of schemes continues to be critically reviewed. There has been a £3.7m increase in-month in the value of delivered schemes, whilst medium risk schemes have reduced from £5.8m (Month 8, 13%) to £3.5m (9%) of the total programme. £1.3m of schemes included in the forecast remain at high risk of delivery.

# 3. Savings Requirement

## 3.3 Savings Performance by Division



- The Mental Health Division has reduced its forecast savings by £0.9m in Month 9 (Month 8, £0.2m), reflecting the continued deterioration in the budget position. The Division is seeking to address this through their recovery plan actions.
- Work is progressing with support from the Director of Workforce to identify further workforce opportunities with Mental Health and Secondary Care. This will be developed to target areas where use of the workforce can be optimised leading to in-year savings. Enhanced establishment control measures have been introduced across all divisions by the Director of Workforce.
- Escalation financial accountability reviews for Mental Health and Secondary Care are taking place on a weekly/fortnightly basis, tracking recovery actions as appropriate.

## 3.4 2019/20 Savings Plans

- Identification of savings opportunities for 2019/20 and future years is progressing and is being fed into the work to develop the 3 year IMTP 2019 – 22.

## 4. Revenue Forecast Position

### 4.1 Financial year forecast revenue position

- The Health Board's forecast at Month 9 has been increased from a deficit of £35.0m to a deficit of £42.0m. This is to reflect the significant risks around the under delivery of savings plans where it is expected that £6.2m of the required target will not be achieved and cost pressures around CHC and Mental Health.
- The forecast by division is shown below.

Area	Divisions	M08 LIKELY forecast Variance £000	M09 LIKELY forecast Variance £000
Area	West Area	976	1,166
	Central Area	(526)	(526)
	East Area	0	750
	Other North Wales	(548)	(1,000)
	Commissioner Contracts	(3,600)	(3,100)
	Provider Income	(200)	(200)
Total Area Teams		(3,898)	(2,910)
Secondary Care	Ysbyty Gwynedd	636	850
	Ysbyty Glan Clwyd	2,947	3,100
	Ysbyty Maelor Wrexham	3,109	3,311
	North Wales Hospital Services	907	1,211
	Women's Services	(18)	82
Total Secondary Care		7,581	8,554
Mental Health	Mental Health & LDS	4,536	4,536
Corporate	Corporate Budgets	(200)	(852)
Total Other Budgets		(1,292)	(617)
<b>Total Income &amp; Expenditure</b>		<b>6,727</b>	<b>8,711</b>
Other	<b>Savings Recovery Schemes</b>		
	<b>Procurement</b>	(250)	(370)
	<b>Prescribing</b>	(760)	(579)
	<b>Pay &amp; Travel</b>	(2,663)	(602)
	<b>Mental Health Recovery</b>		
<b>Total</b>		<b>3,054</b>	<b>7,160</b>
<b>Further Actions:</b>	<b>Other Turnaround Actions currently being developed</b>	<b>(3,054)</b>	<b>(160)</b>
<b>Total</b>		<b>0</b>	<b>7,000</b>

## 4. Revenue Forecast Position

- The Health Board originally agreed to a Deficit Reduction Programme of £8.2m which included efficiency savings relating to Theatres, Length of Stay, Community Hospitals and Clinical Variation. The savings were planned to be managed through the Programme Review Groups (PRGs) with the savings planned to be delivered from August onwards. Over the summer months it became clear that these groups were not going to deliver the savings plans as originally planned and the Director of Turnaround and others started to consider other options. £1.2m of the Deficit Reduction Plan was allocated out based on the original plan, with the balance of £7.0m being allocated out to the Divisions in November.
- Areas were identified to deliver the savings relating to Procurement, Drugs and Pay related savings. Progress is being made with the Drugs and Procurement savings, in the main it is the Pay related savings that are not delivering as forecast and are now impacting on the year-end forecast.

### 4.2 Risks

- The current full year forecast of £42.0m reflects the interim financial plan deficit budget approved by the Board (£35.0m) plus expected under delivery of savings schemes (£6.2m). The table below outlines the key risks to achieving this forecast.

	Risks £'m	Risk level	Explanation
<b>Risks</b>			
Under delivery of savings	(1.3)		To achieve the forecast deficit the Health Board will be required to deliver its savings target. This risk relates to schemes that are classed as having a high risk of being delivered.
Continuing Healthcare Packages (CHC)	(1.9)		The Health Board is experiencing significant ongoing pressures in relation to both the underlying number and cost of care packages, particularly in Mental Health.
Prescribing	(1.1)		Current run rates indicate a potential issue, with a risk of up to £1.1m. This is monitored monthly and additional savings plans are being put in place to mitigate this risk.
WHSSC position	(1.9)		WHSSC are reporting the best case in their position and there is a £1.9m difference between this and the most prudent position for the Health Board.
GMS forecast underspend	(1.4)		Forecast under spend on GMS, as per the Quarter 3 return, leading to a potential funding clawback. GMS forecast continues to be reviewed.
GDS forecast underspend	(0.4)		Forecast under spend on GDS, as per the Quarter 3 return, leading to a potential funding clawback. GDS forecast continues to be reviewed.

- The Continuing Healthcare (CHC) expenditure values do not include any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in the

## 4. Revenue Forecast Position

reported position. The result of the FNC SCJ ruling means that a further legal opinion has been sought with regards to CHC fees.

- The issue of the potential financial impact of HRG4+ on WHSSC commissioned services has not been concluded and has a potential full year risk of £3.6m. It has not been included as a local risk as it is a national issue with discussions ongoing to resolve it on a national basis.

## 5. Balance Sheet

### 5.1 Cash

- The closing cash balance as at 31<sup>st</sup> December 2018 was £8.3m which included £7.2m of cash held for capital expenditure. The revenue cash balance of £1.1m was within the internal target set by the Health Board.
- The Health Board has set a deficit budget for 2018/19 and is currently forecasting an underlying revenue cash shortfall of £53.1m for the year. Welsh Government has approved Strategic Cash Support of £31.0m towards this shortfall with a further £4.0m to be managed internally. Following the increase in the forecast deficit to £42.0m, an additional £7.0m Strategic Cash Support will be requested from Welsh Government.
- The Health Board is still awaiting confirmation of £11.8m requested cash support for revenue working capital balances.

<b>Revenue cash requirements 2018/19</b>	<b>£000</b>
Opening revenue balance	706
Forecast revenue deficit	(42,000)
Working capital balances	(11,838)
<b>Underlying forecast revenue cash shortfall</b>	<b>(53,132)</b>
<b>Funding requests</b>	
Approved strategic cash assistance	31,000
Requested working capital balances support	11,838
Additional strategic cash assistance required	7,000
Shortfall to be internally managed	4,000
<b>Forecast closing revenue cash balance</b>	<b>706</b>

- A further £9.0m cash support has been requested for capital working balances as these are forecast to reduce as major infrastructure schemes are completed during 2018/19.

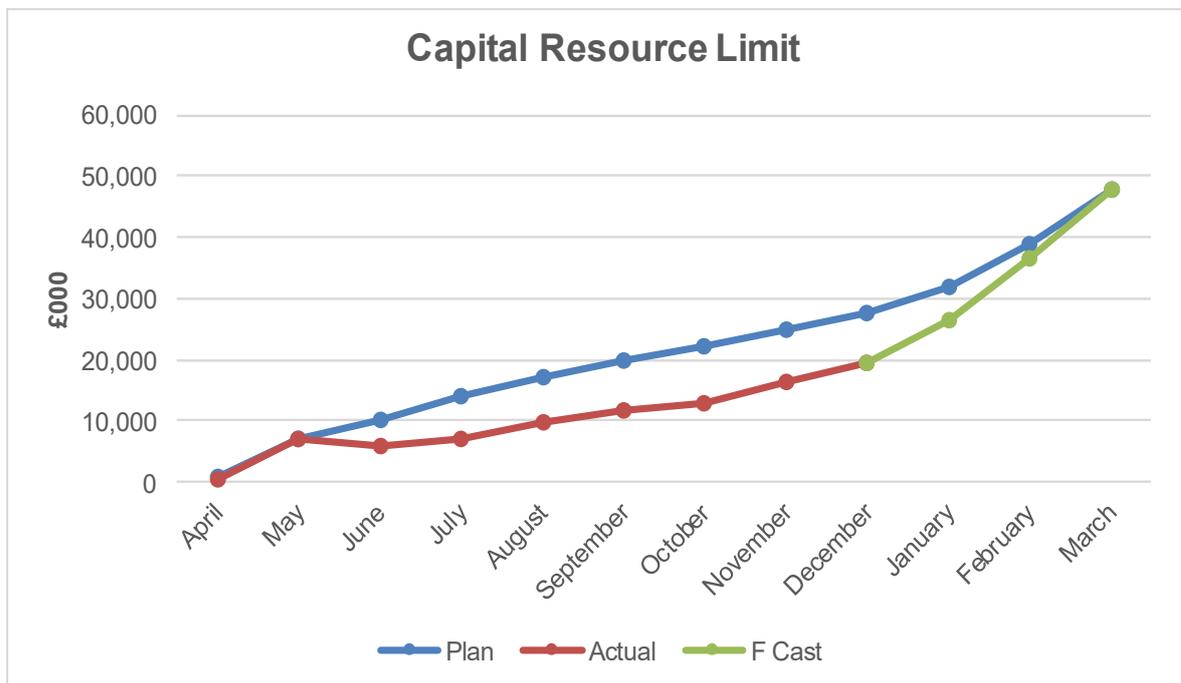
### 5.2 Accounts Payable

- The Health Board is required to pay 95.0% of non-NHS invoices by number within 30 days of receipt of a valid invoice.
- Significant improvements in performance over the first half of the year resulted in the Health Board meeting and maintaining the required target with a year to date compliance figure of 95.1%.

# 5. Balance Sheet

## 5.3 Capital expenditure

- The Capital Resource Limit at Month 9 is £48.0m. There is significant investment in a number of key projects including the YGC redevelopment, the SuRNICC, the redevelopment of the Emergency Department in YG, the Substance Misuse Elms development and the Hybrid Theatre in YGC. In addition, the Health Board has received allocations for upgrades across the Health Board estate and IT.
- Year to date expenditure is £19.5m against the plan of £20.9m. As shown on the chart below, the year to date slippage of £1.4m will be recovered throughout the remainder of the year and the Health Board is forecasting to achieve its Capital Resource Limit, subject to risks associated with any funding adjustments.



# 6. Conclusions and Recommendations

## 6.1 Conclusions

- The Health Board's forecast has been increased from a deficit of £35.0m to £42.0m in Month 9, an unfortunate but necessary decision taken by the Board and notified to Welsh Government.
- This reflects the significant risks the Health Board faces around:
  - Delivery of the planned savings of £45.0m, which are currently forecasting to achieve £38.8m, missing target by £6.2m.
  - Increased activity and cost pressures for Mental Health and CHC.
- Month 9 position is a deficit of £1.0m against the budget, giving a year to date position which is £1.9m higher than the forecast deficit spend. Overspends continue in Secondary Care (£5.2m) and Mental Health (£3.4m) which are offset by underspends on Contracts, Primary Care and Corporate.
- Mental Health, East Area and Secondary Care are all significantly overspent in month and Accountability meetings are being arranged with the Chief Executive and Executive Director of Finance for these divisions. CHC and Mental Health continue to be a risk within the forecast, as well as the ambitious savings targets for the remainder of the year.
- The Mental Health position has improved in-month with an over spend of £0.4m, although there are significant concerns over the division's delivery of its savings target. Further recovery actions have been requested and identified by the division and now greater traction is needed to reduce expenditure and provide evidence that the recovery plans are working.
- Significant challenges also remain in Secondary Care across all three hospitals, particularly arising from failure to achieve savings plans.
- Savings are forecast to deliver £38.8m of the £45.0m Health Board target, a shortfall of £6.2m. Non-achievement of the savings targets is having a detrimental effect on the Board's financial performance.
- Focus on the delivery of savings is critical to achievement of the financial forecast and delivering a reduction on the underlying run rate on expenditure. There are a number of known risks to achieving the forecast position, as outlined in Section 4, and while a number of opportunities are also recognised at this time, the Health Board will identify specific mitigating plans to support the financial position.
- At the end of December the Health Board has spent £13.9m expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving £2.6m unfunded expenditure included in the position to date. Discussions continue regarding the balance of RTT funding for the year and until confirmation is received, this remains a risk.

## 6. Conclusions and Recommendations

- The issue of the potential impact of HRG4+ on WHSSC commissioned services is still under discussion with NHSE and remains a financial risk for 2018/19, as identified in Section 4.
- Continuing Health Care (CHC) expenditure values do not include any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in our reported CHC position. The result of the FNC SCJ ruling means that a further legal opinion has been sought with regards to CHC fees.
- Achieving the financial plan, whilst not compromising the quality and safety of services, is an important element in developing trust with Welsh Government, Wales Audit Office, Health Inspectorate Wales and the public.
- The turnaround methodology and approach implemented within the Health Board is critical to improving financial performance in both the current year and future years. Welsh Government's investment in turnaround in 2018/19 and 2019/20 is supporting the programme management of savings and transformation. The focus on savings delivery is being maintained throughout the organisation, with mitigating actions identified where savings delivery is at risk and additional measures have been led by the Executive Team to support this activity. There is a requirement to increase the capacity within the turnaround team continues with additional resource being deployed.
- The Health Board recognises the opportunity to prevent unwarranted variation in referrals and clinical pathways, enhancing productivity and challenging existing models of care going forward so that the Health Board becomes less reliant on non-recurring measures to achieve its financial targets.

### 6.2 Recommendations

- It is asked that the report is noted, including that the Health Board's forecast has been increased from a deficit of £35.0m to £42.0m.
- The Committee is asked to note that the management of cash remains a key priority and a request for a further £7.0m repayable strategic cash support will be submitted to Welsh Government to support the increase in the forecast deficit and ensure that payments can continue to be made during March 2019.

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
East Area	170.0	0.3	0.3	<p>The East Area reported an over spend of £0.3m for the month and for the year to date. The main issue relates to under delivery of savings targets (£0.3m). Under spends continue in Therapies, Palliative Care, GMS and CHC, whilst Community Medicine, Children's (particularly for vaccines) and Prescribing remain over spent.</p> <p>The main risks remain the control of variable pay and drug costs within Community Services (Dermatology and Diabetes), along with GP Prescribing. Some uncertainty remains on the future costs within GMS for both Managed Practice and the new enhanced services. In addition, there is risk around savings schemes.</p>	<p>An urgent review of Hospital drug expenditure to determine the fundamental cause of the stepped increase in Dermatology and Rheumatology spend.</p> <p>Detailed monitoring and review of CHC places, Medicines Management budgets and savings plan for 2018/19, along with the review of further opportunities to reduce costs within Prescribing and Primary Care.</p> <p>The Area has reviewed options to reduce expenditure rates for the remainder of the year and is looking to progress with new saving schemes.</p>
Central Area	152.9	(0.5)	0.0	<p>A balanced position was reported in-month. However pressure remains around achieving the required savings plans. The year to date under spend arises from a positive performance against Out of Area Contracts, particularly in relation to CAMHS and Neonatal, along with vacancies within Therapies.</p>	<p>Key focus on savings actions, particularly in relation to Prescribing, drugs, travel and CHC</p> <p>Continued management of Out of Area activity, across CAMMHS and Neonatal.</p>

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				The main areas of risk remain in relation to CHC and Prescribing expenditure, although these are currently being covered on a non-recurrent basis by slippage against pay budgets within Therapies and Children's Services.	
West Area	118.2	0.5	0.2	<p>The year to date position is £0.5m over spent with an in-month adverse variance of £0.2m. The position has deteriorated in month due to additional CHC patients.</p> <p>Actions in line with recovery plans have also started to impact on the position but it is envisaged the benefit of the plan will hit in the last quarter of the financial year. Further impact of CHC Older Peoples/EMI 1:1 cases remains a risk.</p>	<p>Weekly CHC meetings are in place to review panel commitments and the delivery of savings schemes. Work has commenced with the Mental Health Team to address the EMI pressures in CHC.</p> <p>The impact of savings in biosimilar products for home care drugs has had a small impact so far and it is envisaged further benefits will come in future months.</p> <p>A continual review of spend levels and actions is being undertaken and regular review meetings have been established to monitor recovery actions.</p>
Other North Wales	9.4	(1.0)	0.0	The year to date under spend relates mainly to Looked After Children and the generation of income for non-BCU residents combined with the income received in relation to GP Rates Rebates, which is held centrally	Monitoring and management of Looked After Children costs and income.

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				covering all GP Practices across the 3 Areas.	
Commissioning	138.4	(2.5)	0.0	<p>The WHSSC position is showing a large under spend for the year due to a reassessment of the forecast outturn following a write back of provisions and reserves.</p> <p>There continues to be pressures coming from three of the English contracts; Liverpool Heart and Chest, Alder Hey and Walton. The impact on the English contracts due to the introduction of HRG4+ remains unresolved; any risk associated with HRG4+ is not factored into the current position.</p> <p>In addition to the previously reported pressures on the locally managed contracts, there were exceptionally high charges on the Aintree contract in Month 9 due to both the cost and volume of trauma patients discharged in month. The Health Board's Trauma contract is with North Midlands, but in recent months there has been a flow of Trauma patients to Aintree, which is being investigated. Also in month there</p>	<p>Work is ongoing to manage activity within English providers including the management of Non-Contracted Activity.</p> <p>The Health Board is working with WHSSC to identify areas where spending can be contained to compensate for cost and volume pressures within the specialist contracts. The WHSSC Director of Finance met with Alder Hey to discuss contract over performance and issues around the contract marginal rate, but further work needs to be done to reach an agreement on these areas.</p> <p>Ongoing challenge of Non Contracted Activity that does not have prior approval.</p>

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				has been very high volumes of non-elective activity at the Countess of Chester Hospital. The impact of these is currently being offset by non-recurrent gains in the locally managed contracts due to resolution of previous disputes.	
Provider Income	(15.0)	(0.1)	0.0	<p>A balanced position was achieved in-month, with a year-to-date under spend of £0.1m. Over performance in income from Non Contracted Activity and Overseas Visitors offsets Road Traffic Act and Compensation Recovery Unit income shortfalls.</p> <p>Contract negotiations are ongoing with West Cheshire and Shropshire, so there remains some risk relating to the income targets for these contracts.</p>	Ongoing discussions with West Cheshire and Shropshire regarding contract pricing. Letters with revised offers have recently been sent.
Mental Health and Learning Disabilities	90.4	3.4	0.4	The year to date over spend primarily relates to CHC (£2.3m), drugs (£0.4m) and Inpatient Nursing costs. Under delivery of savings included in the variances above amount to £2.0m, of which £1.3m is CHC and the balance largely pay related schemes (Medical Agency, Sickness and implementation of middle management structure for the Division).	<p>Division presented and held to account at Finance &amp; Performance Committee meeting in December to confirm the forecast outturn and to provide assurance on confidence of delivery to revised forecast of £4.5m. The forecast position as month 9 remains unchanged from month 8</p> <p>Run rate reductions in agency, bank and overtime costs seen as a result of</p>

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>Inpatient nursing costs in particular are a cost pressure due to agency utilisation and 1:1 observational costs. There has been a reduction in the run rate for agency (nursing and medical) in month compared to the previous month. Admin &amp; Clerical agency usage has ceased.</p> <p>There has been a deterioration in the forecast outturn spend for CHC / Packages of Care due to a net increase of 4 patients requiring packages. Efficiencies which have been realised through repatriation of cases and right sizing / price negotiations are continuing to be reported through savings. There is an assumption that future applications and growth will be offset by future efficiencies and there will be a reduction in package costs to the year end, which carries some risk.</p>	<p>additional financial controls had an initial impact and further scrutiny is being put in place. This work is now being escalated to ensure the reduced trend is maintained and improved. Weekly e-roster meetings are now in place and 1:1 usage is reviewed on a daily basis. Weekly Vacancy Control meetings are continuing to take place.</p> <p>Work with the NCCU continues to identify opportunities for right sizing and repatriation of patients closer to home. Opportunities are being pursued with legal advice to ensure responsible commissioner guidance is enacted to ensure the correct organisation is paying for their population care.</p> <p>Further targeted meetings with the Chief Executive and Executive Director of Finance have taken place, to obtain further reassurance of continued actions being taken to contain costs whilst ensuring safe service provision. The Division has put in place monthly meetings with the MH areas to discuss financial and service performance and to hold to account. The meetings include the Director of MHL, D,</p>

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
					Director of Operations and Service Delivery, Chief Finance Officer and the MH area triumvirates.
Ysbyty Glan Clwyd	87.2	2.4	0.0	<p>The Month 9 position was balanced to give a year to date adverse variance of £2.4m. Savings scheme slippage continues to be a significant contributing factor to both the in-month (£0.3m) and year to date (£1.8m) positions.</p> <p>Pay remains an area of pressure for Medical Staffing. General Surgery and Anaesthetics continue to over spend. General Surgery has recently been unable to appoint to vacant posts.</p> <p>There is a significant over spend for Nursing in the Emergency Department due to the use of agency staff to fill gaps and provide additional staffing above the funded template. The year to date overspend for the Emergency Department is £0.7m.</p> <p>Drugs expenditure has increased in month with the main area being spend for Age-Related Macular Degeneration (AMD). In addition, Gastroenterology</p>	<p>Help from Workforce has been sought to assist with the recruitment of both Medical and Nursing staff to aid in the reduction of premium spend being incurred.</p> <p>Tighter controls have been put in place for Oracle authorisation levels and work is ongoing to review opportunities with Procurement.</p> <p>Tighter controls have been introduced for internal locums with approval before payment is made to be by either the Hospital Director or Hospital Medical Director.</p> <p>Papers for both the Emergency Department and General Surgery are being discussed with the Secondary Care Management Team with a view to changing the establishment to alleviate the current pressures being seen.</p> <p>Pharmacy are meeting with the Ophthalmology team to review the use of AMD drugs and discuss the proposed</p>

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>and Respiratory drugs continue to see pressures.</p> <p>Non-pay over spend is particularly due to pressures relating to Non-Emergency Patient Transport Service (NEPTS).</p>	<p>switch to Avastin.</p> <p>Discussions are ongoing to review the contract for NEPTS and to seek an alternative to improve the position.</p>
Wrexham Maelor	77.4	2.0	(0.3)	<p>The in-month position was an under spend of £0.3m, giving a year to date adverse variance of £2.0m. Savings scheme slippage is the significant contributing factor to the position.</p> <p>The number of Nursing posts vacant has fallen, which is a positive improvement. However there remain a large number of vacancies which, together with the use of unfunded escalation beds, has continued to result in high use of agency Nursing staff in order to maintain safe staffing levels.</p> <p>Medical agency costs reduced further in the month to just £0.013m. There are ongoing consultant vacancies in Emergency Department, Acute Medicine, Renal and Gastroenterology, but only the Emergency Department</p>	<p>Further support is being provided around actions that can be taken to improve recruitment and the attractiveness of the BCU offer in a competitive market. Additional scrutiny of rostered numbers on shifts is now being undertaken together with assessment of 1:1 nursing requirements. All staff sickness has been reviewed and a number of staff have returned to work.</p> <p>Work ongoing with Area teams to improve discharge processes and bring the number of medically fit for discharge patients in beds down.</p> <p>A new management team for the Emergency Quarter is coming into post over the next few weeks. They are conducting a review of the clinical and financial performance of the department.</p>

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>post is being filled with agency.</p> <p>The Emergency Department financial performance is a critical area, with a year to date over spend of £1.0m on pay costs.</p> <p>Clinical Supplies costs fell this month by £0.2m due to a low level of activity for Pacemakers / ICDs.</p>	<p>The Emergency Department agency consultant has agreed to convert to NHS locum, options are being explored within Gastroenterology but it is likely that an agency appointment will be used temporarily.</p> <p>Work ongoing with Pharmacy and Operational teams to develop further opportunities in Medicine Management such as Avastin.</p>
Ysbyty Gwynedd	73.7	0.7	(0.1)	<p>The year to date over spend of £0.7m relates to non-pay at £0.7m (pre-dominantly slippage on savings). Medical pay pressures within Scheduled Care are also contributing adversely to the position due to high agency costs.</p> <p>Unscheduled Care wards remain of particular concern, with a significant year to date over spend on Nursing pay costs, with escalation beds and one to one costs driving the pressures. Other key areas of on-going pressure are drugs, medical gases, Renal contract, NEPTS 365' and under achieved income.</p>	<p>The site recovery plan is expected to deliver increased savings in agency, nurse overtime, procurement and drugs in the remaining 4 months. A procurement lead for non-pay savings has been identified and the site has a new AMD pathway ready should the switch to Avastin be given approval.</p> <p>The new establishment control process has been implemented with the re-introduction of vacancy control panels to ensure robust recruitment governance. An E-Rostering compliance manager is helping to ensure that effective E-Rostering is maintained across YG wards, which is facilitating Nurse Staffing Act requirements and reporting alongside savings</p>

# Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>The delivery of the site's savings requirements remains a risk, with efforts on-going regarding recovery actions and identifying further targeted opportunities.</p>	<p>opportunities.</p> <p>Monthly accountability meetings for both Unscheduled Care and Scheduled Care with clinical leads and the site Medical Director are helping to identify underperforming areas (with a particular focus on activity, capacity and finance) and implement recovery actions. These are supported by review meetings with clinical / specialty leads regarding drugs usage and expenditure site wide.</p> <p>There is an expectation that the 90 Day Plan that now incorporates our 6 Unscheduled Care work streams will lead to improvements in patient flow and a reduction in escalation costs. Emergency Care is the current focus in relation to NEPTS 365' opportunities alongside the Clinical Site Management Team Hub regarding the culture change required to facilitate decreased reliance on NEPTS.</p> <p>All overspending areas have been reviewed with appropriate escalation to ensure budget holder accountability for the identification and implementation of recovery actions. The team are working</p>

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
					closely with the leads that have commenced in the new Secondary Care roles to focus on opportunities and engage colleagues with the financial agenda.
Women's	28.7	(0.2)	0.0	<p>There was a balanced position in the month; £0.2m under spent for the year to date.</p> <p>The year to date under spend is mainly pay related. Bank and overtime costs have reduced this month following commencement of new starters. Nursing and Midwifery is under spent but offset by a significant overspend in Medical Staffing due to the increased use of agency and cover colleague to fill gaps. In addition to this, £0.1m of internal locum claims have been processed this financial year relating to the previous two financial years.</p> <p>Non-pay has a year to date overspend of £0.2m, £0.07m in-month of which £0.04m is attributable to the Countess of Chester Obstetrics Contract; £0.01m relating to drugs for complex patients and a further £0.03m to a shortfall in savings delivery. The Directorate has also funded the Deloitte Review and</p>	<p>Monthly Directorate Finance &amp; Performance meetings take place and these are supported by monthly budget meetings, Delivery Board and bi-weekly Leadership Meetings. The Directorate has drafted a new Performance &amp; Accountability Framework and Process which will come into effect from January. Monthly Accountability Meetings will take place for each of the sites and will replace the quarterly Delivery Board meetings.</p> <p>The new establishment control process has been implemented to ensure robust recruitment governance and monitoring of changes to all staffing categories of pay.</p> <p>A new system to capture all cover colleague requests is being developed and staff are to be advised that all claims should be made within 3 months of any hours undertaken.</p> <p>Baseline activity of Provider Income Contracts (currently held centrally) are</p>

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>incurred costs totalling £0.05m.</p> <p>The key risk relates to addressing RTT via outsourcing and use of Medical Agency/Cover Colleague due to the number of gaps in rotas.</p>	<p>being reviewed to ensure all income is being recovered accordingly and to assess the impact of additional activity on interdependent services which are experiencing capacity issues.</p>
North Wales Wide Services	76.2	0.4	0.2	<p>An over spend of £0.2m was reported in month. The £0.4m year to date over spend reflects the shortfall on savings targets (£0.5m), over spend on the Public Health Wales Contract (£0.2m), £0.1m infection control costs and agency costs for Radiographers and Medical staff. Vacancy and maternity leave slippage within Additional Clinical Support staff are mitigating these pressures.</p> <p>North Wales Services includes the English HDU/ITU contract across Secondary Care relating to services from Aintree, University of South Manchester, LHCH, Walton and North Staffs Neurosurgery. This contract has seen a £0.2m increase in costs in Month 9 which has deteriorated both the year to date position and the forecast outturn. This contract is variable and is one of the financial</p>	<p>The Cancer division are working with Medicines Management colleagues to ensure that all opportunities for savings are being explored. This includes Homecare and WP10s reviews alongside prescribing practices and third line chemotherapy.</p> <p>The new establishment control process has been implemented with regular vacancy control panels to ensure robust recruitment governance and ensure that opportunities to reduce agency spend are acted upon quickly.</p> <p>BCU are working with WHSSC to identify any specialist contracts which require a cost and activity review and identify saving opportunities.</p>

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>risks as costs are not controlled by the division.</p> <p>The year to date overspend on drugs is currently mitigated by drug rebates (shown as income), however it is forecast that drugs will be overspent at year end as costs exceed the NICE funding available.</p>	
Corporate	92.6	(1.1)	(0.2)	<p>Overall Corporate was under spent by £0.2m in the month, increasing the year to date favourable variance to £1.1m.</p> <p>Most Corporate departments are reporting a small under spend for the period and year-to-date; the favourable position is mainly due to staff vacancies, particularly for the WCCIS Informatics project. However recruitment to Informatics IT projects has commenced and vacancies are starting to be filled, with the rate of under-spend decreasing. Non-pay pressures continue but there were gains in the period from the review of accruals for waste and security contracts.</p>	<p>New Establishment Controls process will ensure greater scrutiny of corporate vacancies.</p> <p>Implement tasks required to achieve savings requirements.</p> <p>Implement and communicate additional controls on non-pay expenditure, including travel.</p> <p>Review of utilities accruals as we enter high usage time of the year.</p>

## Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				The largest over spend continues within Estates & Facilities, which is mainly due to Facilities pay costs, postage, catering provisions and under achievement against savings. Utilities costs continue to be over spent due to the water leak at Wrexham Maelor Hospital. The invoicing for the period of the leak has still not been received from the water provider and therefore the cost and the recovery of sewerage charges are still being accrued. Energy and power costs are currently under spent but the outturn is forecast to balance.	
Other	18.7	(2.4)	0.5	Other budgets include Reserves, Losses, Medical Education & R&D and capital charges	
<b>Total variance against plan</b>		<b>1.9</b>	<b>1.0</b>		
Planned budget deficit		28.3	2.6		
<b>Total</b>		<b>30.2</b>	<b>3.6</b>		

# Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
-----------------------	-----------------	--------------------	-------------------------	----------------------	---------------------

Finance and Performance Committee  17.1.19	 <b>GIG CYMRU NHS WALES</b>   Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board  <i>To improve health and provide excellent care</i>
--	---

<b>Report Title:</b>	<b>Turnaround Programme Savings Report – Month 9 2018/19</b>
<b>Report Author:</b>	Director of Turnaround
<b>Responsible Director:</b>	Director of Turnaround
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	To provide an update report to the Committee regarding progress in the identification and delivery of savings in line with the Board's financial plan for the year.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	This paper has not received previous scrutiny.
<b>Governance issues / risks:</b>	Achievement of the Board's savings programme is critical to delivery of the financial position in 2018/19. The report highlights performance to date and the savings requirement which is yet to be fully addressed.
<b>Financial Implications:</b>	There are no additional costs arising from this paper however non achievement of savings will have a detrimental effect on the Board's required financial performance for the year.
<b>Recommendation:</b>	That the Committee – <ul style="list-style-type: none"> <li>• Note the forecast position for Divisional savings schemes which currently stands at £38.8m</li> <li>• Note the additional savings which have been delivered against the turnaround targets and the remaining gap of £6.2m to achieve the £45m target.</li> <li>• Note the shortfall against turnaround savings targets which is a key risk to delivery in 2018/19.</li> <li>• Note the escalation activity which is ongoing to secure further in year savings</li> <li>• Note the work ongoing in relation to resource utilisation schemes</li> </ul>

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the</i>	√
---	---	--	---

		<i>report or if not indicate the reasons for this.)</i>	
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<b>Financial Recovery</b>			
<a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a>			
<b>Equality Impact Assessment</b>			
Impact assessments are undertaken for individual savings schemes as they are developed.			

*Disclosure:*

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

## Turnaround Programme Savings Report – Month 9 2018/19

### Purpose

To provide an update report to the Committee regarding progress in the identification and delivery of savings in line with the Board's financial plan for the year.

### Introduction

The initial financial plan set for the Health Board for 2018/19 identified a requirement to generate in year savings of £45m, which was signed off by the Board in March. Identifying these savings and securing their delivery is the subject of regular reports to the Committee. This report should be read alongside the finance report and provides a greater degree of detail regarding savings achieved, turnaround actions and risks to delivery.

### Savings identification, Forecast and Risk

The savings programme for the year is summarised in the tables below. Table 1 sets out the current forecast delivery of the savings programme –

Table 1 – Forecast Savings Programme

#### Divisional Savings Schemes

Source	Total Requirement £m	Forecast £m	Planned YTD M9 £m	Delivered M9 £m	Low £m	Med £m	High £m
1% transactional	10.0	12.4	9.9	8.2	2.9	0.9	0.4
<b>Reducing input costs</b>							
Medicines Management	6.0	10.1	5.3	7.6	1.9	0.4	0.3
Procurement	4.0	0.8	0.7	0.3	0.3	0.1	0.2
	10.0	11.0	6.0	7.9	2.2	0.5	0.4
<b>Improved deployment of resources</b>							
Workforce	5.0	5.9	5.3	3.8	1.4	0.5	0.3
	5.0	5.9	5.3	3.8	1.4	0.5	0.3
<b>Improved utilisation of resources</b>							
Theatre efficiency	1.0	0.5	0.3	0.3	0.1	0.1	0.0
Acute Length of Stay	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Community hospitals	2.0	0.3	0.4	0.1	0.1	0.0	0.0
Outpatients	2.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical variation: primary care	2.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical variation: secondary care	2.0	0.7	0.4	0.5	0.2	0.0	0.0
	10.0	1.5	1.2	0.9	0.4	0.1	0.0
<b>Service transformation</b>							
CHC	5.0	3.6	2.1	2.6	0.7	0.2	0.0
MHLD	4.0	3.4	3.2	1.5	0.6	1.2	0.0
Estates	1.0	1.1	1.1	0.7	0.2	0.1	0.1
	10.0	8.1	6.4	4.8	1.6	1.6	0.1
<b>Total Savings</b>	<b>45.0</b>	<b>38.8</b>	<b>28.7</b>	<b>25.7</b>	<b>8.4</b>	<b>3.5</b>	<b>1.3</b>
<b>Percentage</b>		86%	55%	66%	22%	9%	3%

The table above shows the savings which have been built into specific plans by Divisions which have a forecast delivery of £38.8m. This is clearly short of the £45m target set by the Board and the residual element relates to savings schemes not identified in full at this stage. These are as follows –

Table 2 – Outstanding Savings Requirements

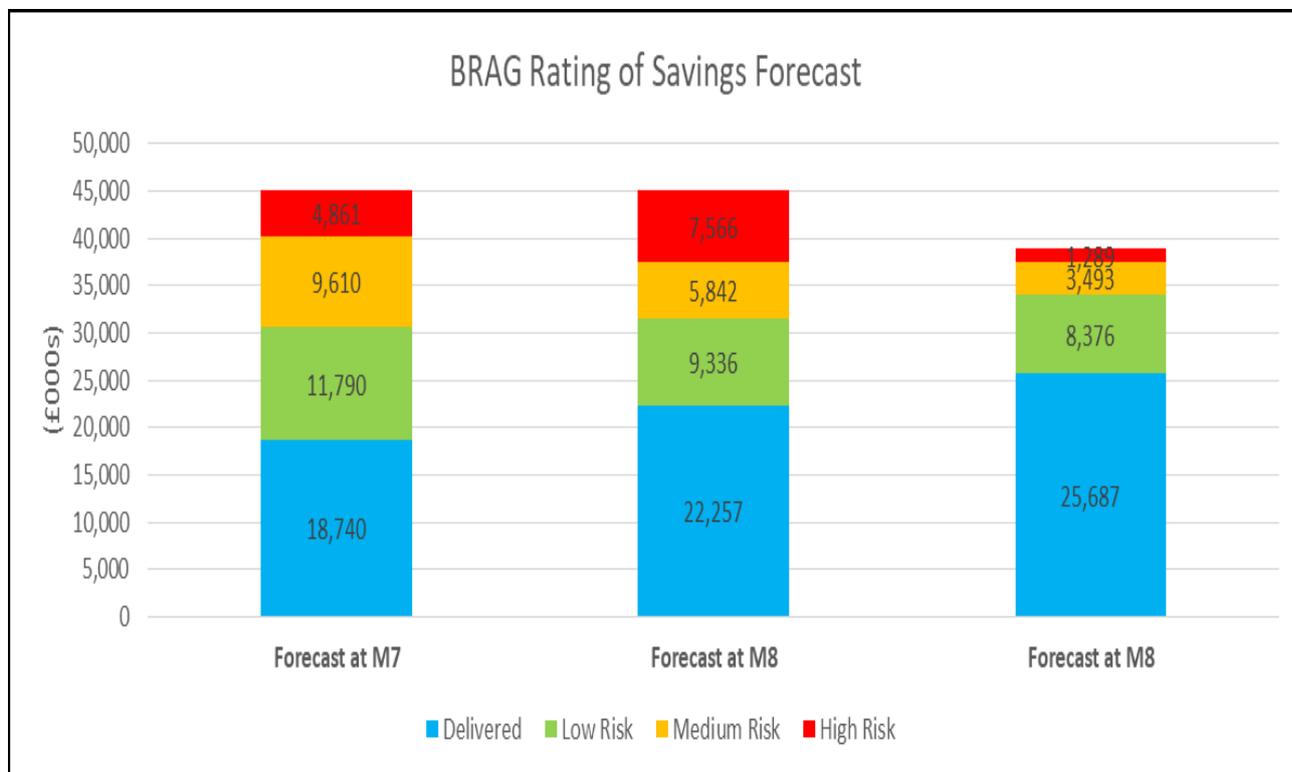
<b>Turnaround Actions - balance not yet detailed in Divisional Plans</b>		
<b>Source</b>	<b>Total Requirement £m</b>	<b>Balance not in Forecast £m</b>
1% transactional		1.2
<b>Reducing input costs</b>		
Medicines Management		0.5
Procurement		0.4
		<b>0.9</b>
<b>Improved deployment of resources</b>		
Workforce		1.5
		<b>1.5</b>
<b>Divisional Plans not submitted</b>		
Mental Health		0.8
Corporate		0.7
		<b>1.5</b>
<b>Shortfall - Turnaround Actions</b>		<b>5.0</b>
<b>Percentage</b>		11%
<b>Divisional Savings Plan Shortfall</b>		
<b>Source</b>	<b>Total Requirement £m</b>	<b>Balance not in Forecast £m</b>
<b>Divisional Plans not submitted</b>		
Glan Clwyd		0.5
North Wales Managed Services		0.2
Secondary Care Divisional		0.1
Corporate		0.3
		<b>1.1</b>
<b>Shortfall - Divisional Savings</b>		<b>1.1</b>
<b>Percentage</b>		2%

This programme and savings requirement reflects the changes agreed in month 6 and the introduction of an additional £7.7m of turnaround schemes to replace the under-performing resource utilisation schemes. These additions are intended to maintain the programme at £45m, however at the end of December forecast savings stand at £38.8m, which is 86% of the target level. Plans to deliver the additional schemes to bridge the savings deficit are progressing at a Divisional level. The total savings requirement has been allocated to Divisions and with the exception of mental health and an aspect of corporate savings, the savings targets are now reflected in Divisional budget reporting.

The delivery risk associated with the savings schemes which have been defined by Division has been assessed and is summarised in the table below. The forecast savings level has been adjusted to reflect Divisional forecasts and reflects the fact that elements of the Turnaround savings are yet to be fully identified at Divisional level. The proportion in high risk stands at 3%, however this does not include the savings shortfall of £6.2m which equates to 14% of the savings target. Amber risk

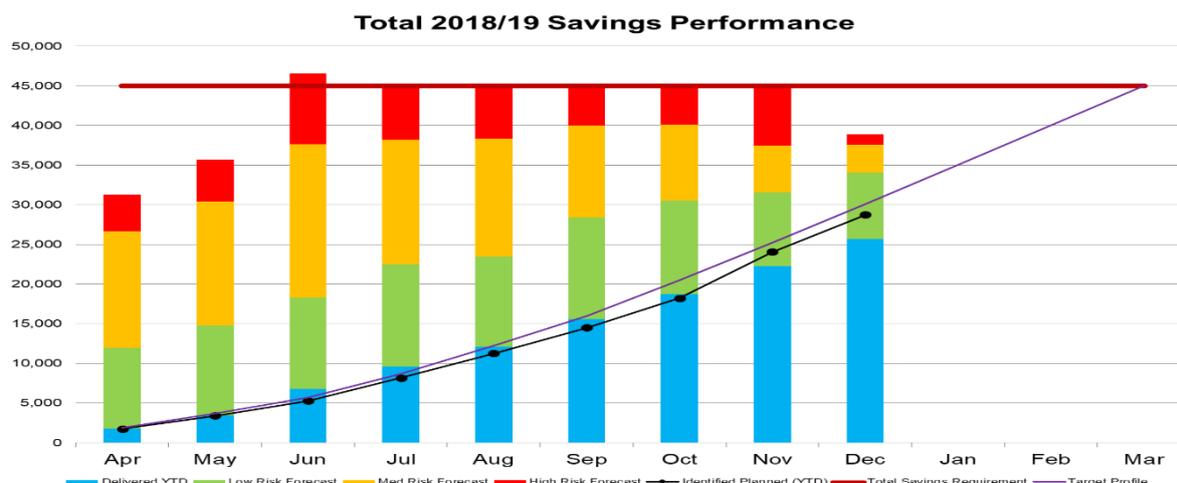
rated schemes stand at 9%, which is a reduction from the 17% reported at month 8. The current risk profile and the movement within the programme during the financial year is shown in the table below –

Table 3 – Risk Profile and Values



The required trajectory of savings across the financial year is shown below alongside the risk profile. The graph shows clearly the need for savings schemes to deliver at a higher rate for the remainder of the financial year than was the case in the earlier months, with a growing gap between savings secured to date and profile. This growing gap reflects the delay in savings delivery arising from the under-performance of resource utilisation schemes and the fact that turnaround schemes are yet to be fully defined and implemented.

Table 4 – Savings Profile



### Divisional Savings Achievement

Savings achievement at the end of month 9 is £25.7m, against a total year to date savings requirement profile of £28.8m, giving a negative variance of £3.1m. This is the first month in which the savings variance reporting at a Divisional level has included the full value of savings including Turnaround requirements.

At the same point in 2017/18 savings delivered amounted to £25m, indicating an increase in savings secured of £0.7m in the current year.

The savings requirements set against each operating Division, the value of schemes identified, delivery to date and forecast are summarised in the table below –

Table 5 – Savings Achievement

2018/19	Savings Target	Savings Identified	Excess / (deficit) of savings identified	Total	YTD Planned	YTD Delivered	Variance	Rest of Year Delivery	Forecast Delivery	Forecast Variance to Plan	Forecast Variance to Requirement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Ysbyty Gwynedd	3,172	3,172	0	3,172	2,179	1,441	(738)	786	2,228	(944)	(944)
Ysbyty Glan Clwyd	3,738	3,220	(517)	3,220	2,195	1,984	(211)	929	2,913	(307)	(824)
Ysbyty Wrexham Maelor	3,322	3,322	0	3,322	2,004	1,381	(623)	753	2,134	(1,187)	(1,187)
North Wales Managed Services	3,581	3,357	(224)	3,357	2,221	2,099	(122)	782	2,882	(476)	(699)
Womens Services	1,198	1,198	0	1,198	842	498	(344)	333	831	(367)	(367)
Secondary Care Divisional	70	0	(70)		0	0		0	0	0	(70)
Secondary Care	15,080	14,269	(811)	14,269	9,442	7,405	(2,038)	3,583	10,988	(3,281)	(4,092)
Area - West	5,012	5,012	(0)	5,012	3,157	4,112	955	1,535	5,647	635	635
Area - Centre	5,474	5,474	0	5,474	3,717	4,114	397	1,541	5,655	181	181
Area - East	6,395	6,395	(0)	6,395	4,367	4,216	(151)	2,179	6,395	(0)	(0)
Area - Other	458	458	0	458	335	327	(8)	131	458	0	0
<b>Area Teams</b>	<b>17,339</b>	<b>17,339</b>	<b>(0)</b>	<b>17,339</b>	<b>11,576</b>	<b>12,769</b>	<b>1,193</b>	<b>5,386</b>	<b>18,155</b>	<b>816</b>	<b>816</b>
MHLD	7,594	6,790	(804)	6,790	4,577	2,481	(2,096)	2,507	4,988	(1,802)	(2,606)
Corporate	4,987	4,692	(295)	4,692	3,149	3,032	(117)	1,682	4,714	23	(273)
<b>Divisional Total</b>	<b>45,000</b>	<b>43,090</b>	<b>(1,910)</b>	<b>43,090</b>	<b>28,744</b>	<b>25,687</b>	<b>(3,057)</b>	<b>13,159</b>	<b>38,845</b>	<b>(4,244)</b>	<b>(6,155)</b>
<b>Total BCUHB Savings</b>	<b>45,000</b>	<b>43,090</b>	<b>(1,910)</b>	<b>43,090</b>	<b>28,744</b>	<b>25,687</b>	<b>(3,057)</b>	<b>13,159</b>	<b>38,845</b>	<b>(4,244)</b>	<b>(6,155)</b>

With regard to savings identified, the table continues to show a shortfall in secondary care and corporate areas which is consistent with previous months' reporting. As has been noted in previous reports, there is a significant underspend in corporate areas which is more than offsetting the shortfall in defined savings schemes. The shortfall in identification of initial savings within secondary care is now compounded by the requirement to deliver additional turnaround savings, which at this time is proving extremely challenging. The deficit in savings identified for mental health relates to the Division's share of the Turnaround savings requirement which has yet to be allocated to the Divisional budget.

Savings delivered to date have been analysed between recurrent and non-recurrent schemes as shown in the table below –

Table 6 – Recurrent and Non-Recurrent Savings

	Year-to-Date										
	Budget Reduction					Spend Reduction					Total Variance
	Planned Rec	Achieved Rec	Planned Non Rec	Achieved Non Rec	Variance	Planned Rec	Achieved Rec	Planned Non Rec	Achieved Non Rec	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Ysbyty Gwynedd	826	659	0	0	(166)	1,354	782	0	0	(572)	(738)
Ysbyty Glan Clwyd	776	751	0	0	(25)	1,419	1,233	0	0	(186)	(211)
Ysbyty Wrexham Maelor	653	627	225	225	(26)	1,126	529	0	0	(597)	(623)
North Wales Managed Services	931	1,068	0	0	138	1,290	1,031	0	0	(259)	(122)
Womens Services	528	315	315	184	(344)	0	0	0	0	0	(344)
Secondary Care Divisional	0	0	0	0	0	0	0	0	0	0	0
Area - West	1,706	2,666	347	277	890	1,103	1,169	0	0	65	955
Area - Centre	2,629	3,557	404	32	556	685	526	0	0	(159)	397
Area - East	360	0	0	0	(360)	3,508	4,186	499	30	209	(151)
Area - Other	308	308	27	19	(8)	0	0	0	0	0	(8)
MHLD	4,003	2,273	0	0	(1,731)	573	208	0	0	(365)	(2,096)
Corporate	2,481	2,515	82	27	(20)	300	281	286	209	(96)	(117)
<b>Total</b>	<b>15,200</b>	<b>14,739</b>	<b>1,399</b>	<b>763</b>	<b>(1,097)</b>	<b>11,359</b>	<b>9,946</b>	<b>786</b>	<b>239</b>	<b>(1,960)</b>	<b>(3,057)</b>

Delivery of recurrent savings is essential if the Health Board is to reduce its underlying deficit. The data above shows positive levels of recurrent savings at 95% of budget reduction savings and 98% of spend reduction savings. The analysis above largely reflects the split of initial savings schemes. The achievement of turnaround schemes is likely to bring a greater element of non-recurring saving into the programme as we move through quarter 4 and this will need to be closely monitored to ensure its impact on the underlying financial position is clearly understood.

The overall underperformance in savings delivery against planned for year to date and full year has been heavily influenced by the allocation of the additional Turnaround savings targets. The table below shows the Turnaround savings requirements and the level of achievement against this component of the overall savings target –

Table 7 – Forecast Delivery against turnaround savings targets

2018/19	Additional Savings Target	Forecast savings	Variance	YTD Planned	YTD Delivered	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Ysbyty Gwynedd	815	378	(437)	424	214	(210)
Ysbyty Glan Clwyd	891	95	(796)	465	0	(465)
Ysbyty Wrexham Maelor	825	38	(787)	399	0	(399)
North Wales Managed Services	701	263	(438)	370	106	(264)
Womens Services	248	101	(147)	131	0	(131)
Secondary Care Divisional						
<b>Secondary Care</b>	<b>3,480</b>	<b>875</b>	<b>(2,605)</b>	<b>1,789</b>	<b>320</b>	<b>(1,469)</b>
Area - West	662	556	(106)	347	276	(71)
Area - Centre	774	32	(742)	404	32	(372)
Area - East	945	945	0	499	30	(469)
Area - Other	48	48	0	27	19	(8)
<b>Area Teams</b>	<b>2,429</b>	<b>1,581</b>	<b>(848)</b>	<b>1,277</b>	<b>357</b>	<b>(920)</b>
MHLD	0	0	0			
Corporate	327	327	0	82	27	(55)
<b>Divisional Total</b>	<b>6,236</b>	<b>2,783</b>	<b>(3,453)</b>	<b>3,148</b>	<b>704</b>	<b>(2,444)</b>

As noted above, the Turnaround savings requirement for Mental Health has not been reflected in the budget position as yet and therefore is not reported in this table. This savings requirement is £804k and will therefore be a further full year shortfall in addition to that shown above. As may be seen from the table above, there is a year to date shortfall of £2.4m on this component of savings, which is 80% of the under-performance year to date. This emphasises the critical importance of continuing to pursue the identification of additional savings in the final quarter.

Significant movements in forecast savings delivery for all other schemes are noted in the following areas –

Across the acute sector challenges in delivering savings remain.

- Ysbyty Gwynedd is reporting an increase in forecast full year savings of £16k over the month 8 position. Year to date savings are £738k below profile, with £210k of this relating to underachievement of the additional Turnaround savings. The hospital has delivered £214k of turnaround savings to date against a target of £424k. Within the original savings plan E-rostering improvements and orthopaedic implant savings are showing significant over-achievement, however this is outweighed by shortfalls in a number of areas, most notably medical agency costs, prescribing and general non-pay.
- Ysbyty Glan Clwyd is reporting an increase in forecast full year savings of £67k over the month 8 position. Year to date savings are £211k below profile, with a £465k underachievement of the additional Turnaround savings driving this

position. The hospital has delivered no turnaround savings to date against a target of £465k. The original savings plan is showing an over-performance of £254k at month 9 however this does not take into account the shortfall in savings schemes identified of £517k. Within these schemes the positive position is driven by over-achievement of medical agency savings, drugs savings and staff turnover.

- Ysbyty Wrexham Maelor is reporting an increase in forecast full year savings of £71k over the month 8 position. Year to date savings are £622k below profile, with £399k of this relating to underachievement of the additional Turnaround savings. The hospital has delivered no turnaround savings to date. Within the original savings plan the £223k underachievement is due to shortfalls in savings planned for ward reconfiguration and agency nurse staffing.
- North Wales Provider services are reporting an increase in forecast full year savings of £119k over the month 8 position. Year to date savings are £121k below profile, with a £264k underachievement of turnaround savings driving this position. Turnaround savings to date amount to £200k against a target of £464k. Within the original savings plan positive variances in savings are reported for non-medical agency spend, capacity and demand management and drugs spend, offset by shortfalls in anticipated contract income increases.
- Womens Services are reporting a decrease in forecast full year savings of £120k over the month 8 position. Year to date savings are £344k below profile, with £131k of this relating to underachievement of the additional Turnaround savings. The service has delivered no turnaround savings to date. Within the original savings plan the £212k underachievement is due to shortfalls in premium medical pay reduction and expected additional contract income.

The position for Area Teams is generally more positive in terms of savings delivery.

- West Area Team is reporting an increase in forecast full year savings of £3k over the month 8 position. Year to date savings are £955k above profile, with £71k underachievement of the additional Turnaround savings. The Area has delivered £276k of turnaround savings to date against a target of £347k. Within the original savings plan the most significant variance is a £1.1m overachievement in drugs savings, with CHC savings also exceeding plan whilst non pay savings and community dressings are showing an underachievement year to date
- The Central Area Team is reporting an increase in forecast full year savings of £38k over the month 8 position. Year to date savings are £397k above profile, with £372k underachievement of the additional Turnaround savings. The Area has delivered £32k of turnaround savings to date against a target of £404k. Within the original savings plan the most significant variance is a £1m overachievement in drugs savings, with CHC savings also exceeding plan whilst managed practices, estate rationalisation and community dressings are showing an underachievement year to date.
- The East Area Team is reporting no change in forecast full year savings compared to the month 8 position. Year to date savings are £150k below profile,

with £499k underachievement of the additional Turnaround savings. The Area has delivered no turnaround savings to date against a target of £499k. Within the original savings plan the most significant variance is a £1m overachievement in drugs savings, with CHC savings also significantly exceeding plan by £351k. Set against these positive performances there is underperformance of transactional budget savings of £300k, community hospitals (£240k), staff turnover (£360k) and community dressings.

Mental Health Division continues to face significant challenges in delivering its savings programme. Forecast full year savings have reduced by £937k compared to the month 8 reported position. This reduction principally relates to a revision to the forecast savings related to CHC. The year to date position shows an underachievement of savings of £2.1m. This excludes any Turnaround savings requirement. The most significant element of this under-achievement is CHC which accounts for £1.3m. Medical agency costs account for a further £243k and middle management structure savings, £253k.

### **Ongoing Actions to Deliver Additional Savings**

As was previously reported, escalation arrangements are in place with Divisions to ensure that additional Turnaround savings are identified as well as addressing significant shortfalls in the original savings plan delivery. This takes the form of fortnightly meetings held by the Chief Executive with individual Divisions to review the actions they are taking and assess the anticipated impact of these actions. These meetings have generated some additional movement, however savings are not currently being secured at the rate required to ensure delivery of the Health Board's overall savings target.

Actions set out in previous reports to the Committee in terms of medicines management and procurement are progressing and beginning to deliver savings as expected. For medicines management £150k of savings have been secured in month 9 compared to the £135k estimated. Procurement work in relation to ward consumables has commenced with the deployment of staff in a number of sites. This is expected to yield savings from month 10 onwards amounting to £100k by year end. Clinical usage reviews have commenced in critical care and the emergency departments which will deliver the £20k savings estimated for this work. Catalogue reviews and procurement flow work will commence in month 10 with a view to delivering as we move to year end.

Discussions with staff side have reached a conclusion in relation to changes to mileage rates for high mileage users and an implementation date is to be confirmed which will secure automatic savings going forward.

Detailed work to support the acute sector and mental health with regard to workforce costs is ongoing. Additional capacity has been deployed to support these Divisions in addressing rosters and variable staffing in key areas. The impact of this work will be quantified to feed into the month 10 report. Work on junior medical rota and the medical

model for psychiatry are also progressing and likewise impacts will be reflected in the month 10 report.

## **Resource Utilisation Plans**

The month 6 report identified significant under-achievement of expected savings from the resource utilisation schemes for 2018/19. As a result, alternative turnaround schemes are being pursued as set out above to deliver in year savings. The work associated with the resource utilisation continues as this will form a critical part of the savings programme moving into 2019/20.

The following provides an update on key actions within these workstreams –

### Average Length of Stay

The tender evaluation for external support is now complete and a recommendation will go the Executives for approval week commencing 21<sup>st</sup> January. This is envisaged as a six month programme with a first phase of data analysis followed by pathway redesign, engaging clinicians and other staff in finalising the new arrangements. Full implementation will take place at the end of the initial 6 months of work. It is envisaged that start on site will be in February. Currently this benefit is assessed at 7,500 bed days across the Health Board, however this will be confirmed when the preferred partner commences work and the phase 1 data analysis is complete.

### Clinical Variation – Secondary Care

This programme seeks to identify areas of clinical variation across the Health Board and implement solutions which optimise resource utilisation.

A methodology to undertake specialty reviews has now been agreed. Data analysis to support the workshops will be completed by the end of January. This will identify good practice within BCU and highlight opportunities for further improvement and efficiency gain.

The initial round of workshops have been delayed due to clinical availability but are now set for the end of February with second workshops to take place at the end of March. The first two specialties for analysis are orthopaedics and ophthalmology.

### Outpatients

Work continues to deliver improvements in Did not Attend (DNA) rates and hospital cancellations (HICs). Data for the end of November shows significant progress in each of these areas. DNAs for new appointments are down by 406 compared to 17/18 (4.6%) whilst for review appointments the reduction is 3,438 (13.7%). Importantly, reductions have been seen in all of the five specialties which form part of the National Outpatients Programme ie Urology, Orthopaedics, ENT, Ophthalmology and Dermatology.

Reductions have also been noted in HICs as follows. HICs for new appointments are down by 1,379 (10.6%) compared to 2017/18, with review appointments showing a reduction of 6,468 (14.5%). Of the five national specialties all have shown a reduction with the exception of dermatology where an increase has been noted. This is subject to further work.

### Theatres

Work to drive utilisation within theatres continues and is demonstrating additional throughput of circa 600 cases in core operating lists across the Health Board. Data analysis has highlighted where further opportunities lie and a clinical workshop is to be held in February to bring together theatre managers and lead clinicians to develop a further improvement plan for 2019/20.

## **Recommendations**

That the Committee –

- Note the forecast position for Divisional savings schemes which currently stands at £38.8m
- Note the additional savings which have been delivered against the turnaround targets and the remaining gap of £6.2m to achieve the £45m target.
- Note the shortfall against turnaround savings targets which is a key risk to delivery in 2018/19.
- Note the escalation activity which is ongoing to secure further in year savings
- Note the work ongoing in relation to resource utilisation schemes

Finance and Performance Committee  17.1.19	 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board  <b>To improve health and provide excellent care</b>
--	--

<b>Report Title:</b>	Capital Programme Report Month 9
<b>Report Author:</b>	Neil Bradshaw – Assistant Director of Strategy – Capital Denise Roberts – Financial Accountant Tax & Capital
<b>Responsible Director:</b>	Mark Wilkinson, Executive Director of Planning and Performance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	The purpose of this report is to brief the Finance and Performance committee on the delivery of the approved capital programme and progress on expenditure against the Capital Resource Limit.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	Progress and expenditure on capital schemes is scrutinised by the Capital Programme Management Team.
<b>Governance issues / risks:</b>	This is a standing report to the committee as required by the Health Board's capital governance procedures.
<b>Financial Implications:</b>	This report confirms the total funding available for 2018/19 and the revised expenditure profile for each project.
<b>Recommendation:</b>	The Committee is asked to receive and scrutinise the contents of this report.

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√

5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a>			
<b>Equality Impact Assessment</b>			
This is a standing report to the committee. There is no proposed change of policy or direction nor are budgets being reduced.			

*Disclosure:*

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



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Capital Programme Report Month 09 December 2018

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

Betsi Cadwaladr University Health Board

# Table of Contents

<b>1</b>	<b>Introduction</b>
1.1	Purpose of the Report
1.2	Capital Programme 2018/19
<b>2</b>	<b>Capital Programme</b>
2.1	Introduction
2.2	All Wales Schemes
2.3	Discretionary Capital Programme
2.4	Alternative Funding
<b>3</b>	<b>Finance Report</b>
3.1	Overview
3.2	Capital Resource Limit
3.3	Expenditure and Forecasts at month 9
3.4	YGC Redevelopment Scheme.
<b>4</b>	<b>Conclusion and Recommendations</b>
4.1	Conclusion
4.2	Recommendations

## Appendix

1	Summary of Expenditure Against Resource Limit Approvals
2	Ysbyty Glan Clwyd report Ysbyty Gwynedd Emergency Department report
<b>3</b>	Discretionary capital programme monitoring report

## 1.1 Purpose of Report

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

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

## 1.2 Capital Funding 2018/19

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

<b>Capital Programme</b>	<b>£ '000</b>
All Wales Capital Programme	30,719
Discretionary Capital	17,247
<b>Total Welsh Government CRL</b>	<b>47,966</b>
Capital Receipts	374
Charitable Funding	1,266
Grant Funding	0
<b>TOTAL</b>	<b>49,606</b>

The CRL as at month 9 is £47,966m. The CRL increased by £4,613m. This can be attributed to:

- The approval of additional IM&T discretionary funding, £1,732m;
- The approval of the Digital Cellular Pathology capital scheme, £55k; and
- Additional discretionary capital allocated by Welsh Government, £2,826m.

It should be noted that the capital receipts for this financial year is £0.374m and donated funding is a forecast and the figure may change by year end.

## 2.1 INTRODUCTION

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

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

## 2.2 ALL WALES PROGRAMME

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

Scheme	RAG rating				
	Q	T	C	R	B
Ysbyty Glan Clwyd redevelopment	G	A→	A→	A→	G
SuRNICC	G	A→	G	G	G
PAS system	A→	A→	R→	A→	A→
ED information system – WEDs (EDCIMS)	R →	R →	R →	R →	R →
Ysbyty Gwynedd Emergency Department	G	A↑	A→	G	G
The Elms	G	A→	G	A→	G
Hybrid Theatre – Ysbyty Glan Clwyd	G	G	G	G	G

### Ysbyty Glan Clwyd redevelopment

A separate report has been provided at Appendix 2.

### Ysbyty Gwynedd Emergency Department

A separate report has been provided at Appendix 2.

### PAS and ED information systems

There is no change from the status report provided at month 6.

## 2.3 DISCRETIONARY CAPITAL PROGRAMME

The Discretionary Capital Programme Monitoring report is provided at Appendix 3 and the following be noted:

1. Continuing challenges with the engineering systems and scope of works to meet additional environmental risks have increased the forecast cost of the works to the Daycase Theatres/Endoscopy and Paediatric ward at Wrexham Maelor Hospital.
2. Due to the potential requirement to replace the existing air handling unit serving the pathology department at Ysbyty Gwynedd this scheme will not commence this year.
3. The delay to the above scheme, together with savings secured on the Area programmes have compensated for the additional costs identified in 1 above.
4. The finalisation of outstanding accounts for medical devices procured in 2017/18 together with planned brokerage of the MRI installation at Ysbyty Glan Glwyd has released additional capital. This has allowed the Medical Devices Group to proceed with a number of emergency in-year replacements.
5. The Informatics programme includes additional hardware (to support Therapy manager) and perimeter security approved as part of the additional discretionary allocation.
6. Delays have occurred in a number of schemes within the Operational Estates programme, this has allowed Estates to progress in-year urgent maintenance issues.

Welsh Government has allocated an additional £4.558m non-recurrent discretionary capital. In December, the following additional schemes were approved:

<b>Scheme</b>	<b>£(million) Approved</b>	<b>£(million) Forecast</b>	<b>Comment</b>
Medical Devices	1.552	1.552	Included in discretionary monitoring report
Informatics – Telepath replacement hardware and software upgrades	0.486	0.486	Scheme subject to review due to impact of national programme
Informatics – Network perimeter security (NGFW)	0.144	0.144	Included in discretionary monitoring report
Roll out of Omnicell to YG and WMH (software and supporting hardware)	1.254	1.608	Scope increased at Wrexham Maelor Hospital and additional vat costs,
Purchase Neopost	0.384		Complete
Capitalisation of allowable revenue costs	0.588		
Informatics - Therapy Manager	0.150		Included in discretionary monitoring report

The Capital Programme Management team are confident that the increase in cost of the Omnicell scheme can be managed within the total discretionary programme.

## 2.4 ALTERNATIVE FUNDING

### 2.4.1 Estates Rationalisation/Disposal Programme

The following table provides an overview of the disposals for 2018/19. Both Caergwrle Health Clinic and Argyll Road properties have been sold in this financial year.

	NBV	Actual capital receipts 2018/19	Capital Receipt Forecast 2018/19
Land and Property Disposals	£'000	£'000	£'000
Caergwrle Health Clinic	107	114	109
Argyll Road	265	265	265
<b>Total</b>	<b>372</b>	<b>379</b>	<b>374</b>

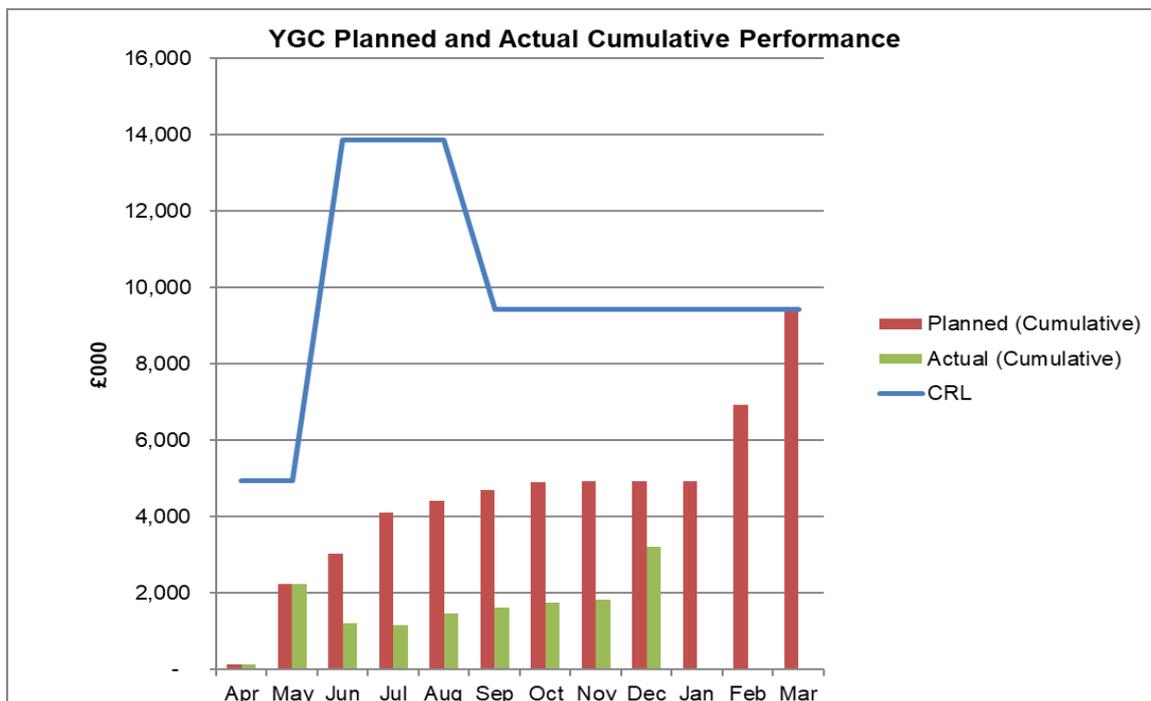
### 3.1 FINANCE OVERVIEW

The capital expenditure in Month 9 reflects a net spend of £3.3m.

The forecast capital profiles for the All Wales schemes have been reviewed by project managers and cost advisors and the CRL adjusted to reflect the revised profiles to year end. Welsh Government has formally frozen the CRL and any further adjustments will need to be managed internally.

### 3.2 Capital Resource Limit

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



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

All Wales Schemes	CRL 2018/19 £'000	2018/19 Expenditure M9 £'000	2018/19 Forecast Out- turn £'000	Variance £'000
<b>Capital Projects Approved Funding</b>				
Ysbyty Glan Clwyd Redevelopment	8,592	3,211	4,934	(3,658)
Ysbyty Glan Clwyd Redevelopment - Brokerage	4,500	0	4,500	0
SuRNICC	1,285	2,143	2,791	1,506
PAS System	409	77	411	2
The Elms	1,616	562	1,714	98
YGC Hybrid Theatre	2,260	174	2,260	0
Ysbyty Gwynedd Emergency Dept	7,141	4,779	6,491	(650)
Central Denbighshire Ruthin - Primary Care Fees	141	12	141	0
Substance Misuse - Holyhead, Anglesey	387	100	387	0
Substance Misuse - Shotton, Flintshire	100	6	100	0
Acceleration and implementation of national clinical systems & WiFi Infrastructure	190	0	190	0
MRI Scanner at YGC	2,311	31	2,111	(200)
Digital Cellular Pathology	55	0	55	0
IM & T Discretionary	1,732	0	1,732	0
<b>Sub-total</b>	<b>30,719</b>	<b>11,095</b>	<b>27,817</b>	<b>(2,902)</b>
<b>All Wales CRL Total</b>	<b>30,719</b>			
<b>Discretionary Schemes</b>				
IM&T	2,642	688	2,642	0
Med Devices	4,151	1,114	4,351	200
Estates	10,454	6,640	13,156	2,702
<b>Discretionary CRL Total</b>	<b>17,247</b>	<b>8,442</b>	<b>20,149</b>	<b>2,902</b>
<b>TOTAL CRL ALLOCATION 2018/19</b>	<b>47,966</b>			
Development Fund/ Capital Receipts	374	0	374	0
Donated	1,266	649	1,266	0
Grant monies	0	0	0	0
	<b>1,640</b>	<b>649</b>	<b>1,640</b>	<b>0</b>
<b>Grand Total</b>	<b>49,606</b>	<b>20,186</b>	<b>49,606</b>	<b>0</b>

The increase in the forecast out turn for Estates reflects the accruals brought forward from 2017/18.

### 3.3 Expenditure and Forecasts at Month 9

The expenditure reflected in the Month 9 position includes estimates based on the forecast profile of project valuations for December 2018. This is supported by the expenditure profile statements produced by the project managers and cost advisors for each of the All Wales Schemes.

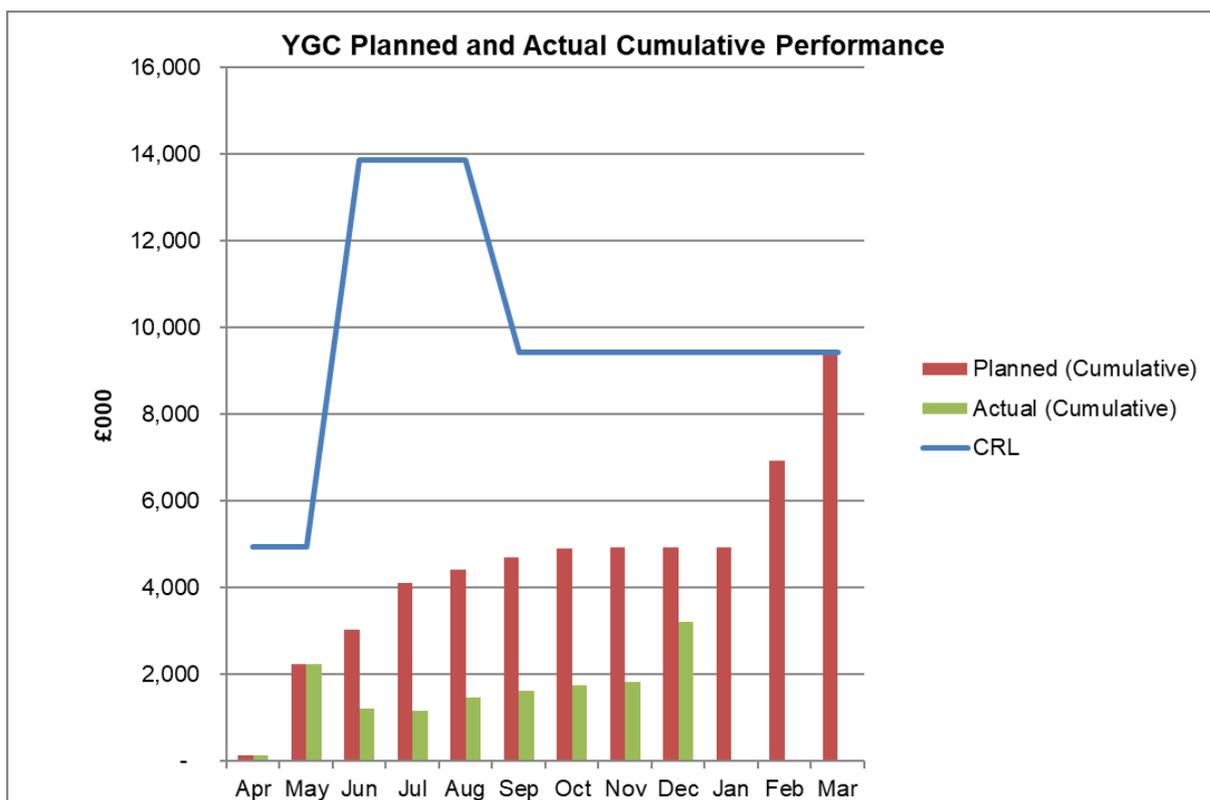
As reported at the year-end the Health Board accrued for known liabilities against the YGC Redevelopment scheme. The forecast outturn in table 1 reflects the accrual and re-provides the funding to the relevant schemes.

The capital expenditure table for Month 9 reflects the current CRL resource agreed with Welsh Government.

### 3.4 Ysbyty Glan Clwyd Redevelopment

This scheme represents a significant proportion of the planned capital expenditure in 2018/19 and the graph below confirms the planned and actual expenditure profiles. The actual expenditure reflects the adjustment for the overpayment reported in Month 3. This has now been resolved.

The cost advisors with the main contractor reviewed the forecast expenditure. As a result the require brokerage was reduced. This is reflected in the graph below.



### 4.1 Conclusions

This report confirms the total funding available for 2018/19 and the revised expenditure profile for each project.

### 4.2 Recommendations

The Committee is asked to receive and scrutinise the contents of this report.

## Appendix 1 Summary of Expenditure against Resource Limit Approvals

Funding	Year-end target (£'000)	Year to date performance (£'000)	% Spend to date	Risk	Notes
All Wales	30,719	11,095	36%	Green	
Discretionary	17,247	8,442	49%	Green	
<b>Subtotal CRL</b>	<b>47,966</b>	<b>19,537</b>	<b>41%</b>	Green	
Capital Receipts	374	0	0%	Green	
Donated Capital	1,266	649	51%	Green	
Grant Capital	0	0	0%	Green	
<b>Total capital resource available</b>	<b>49,606</b>	<b>20,186</b>	<b>41%</b>	Green	

## **Ysbyty Gwynedd Emergency Department report – December 2018**

### **1. Purpose of report**

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

### **2. Introduction**

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

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

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

### **3. Summary of performance**

#### **Programme**

The Supply Chain Partner, Interserve are working to revised programme (Rv18).

The original contractual completion date for Phase 2 was 23-11-18.

During the months of June, July and August Interserve reported that the project was between 2-4 weeks ahead off programme. In September concerns were raised with the progress with the proposed handover being challenged

In November Interserve reported a delay in handover until 12 December 2018, and noted that the department would be unable to move in full until early January. However, due to operational pressures the clinical decant has been planned for the end of January to reduce the impact during the busiest time of the year for the Emergency Department.

The current handover date is set for the 9 January 2019 with completion of decant 25 January 2019 which moves Phase 3 completion to the end of August 2019.

The SCP has given a number of reasons for the delay in completion of phase 2. The Health Board will challenge the Project Manager and SCP in relation to the timing and cost associated with the delays.

Throughout December and early January particular focus has been given by the project team to all high risk items, with Validation due to be completed by 11 January.

Services isolations for Phase 3 are ready to proceed with contractors lined up to follow the decant stage.

### **Cost**

The delay and changes noted above have caused an increase in the project overspend. The cost advisor reported an increase in overspend during November of 87k, with all contingency committed. A commercial review is planned for early January to confirm a further potential increase.

The Project Team continue to critically review the projected out turn costs and consider any options for further value engineering, and options to improve programme.

The review for items not within the scope of the project has been completed with a design freeze now set.

### **Health and safety**

Nothing to report

### **Quality**

The quality of the Phase 2 work remains good, with snagging completed ready for occupation.

The contractor's responses to Phase 1 defects have been very slow which has been escalated to relevant project teams.

### **Risk**

Risk associated with delay and costs have increased.

## **4. Recommendations**

It is recommended that the Committee scrutinise and note the contents of this report.

## Ysbyty Glan Clwyd Redevelopment report – December 2018

### 1. Purpose of report

The purpose of this report is to provide an update on the progress of the project to redevelop Ysbyty Glan Clwyd (YGC).

### 2. Introduction

The Health Board approved the Full Business Case for the redevelopment of YGC in November 2011 and, following approval by the Welsh Government, work commenced on site in February 2012. The works comprises the removal, or making safe, of asbestos materials, meeting FIRECODE requirements and as a consequence the redevelopment of all elements of the original hospital building.

The detail of this report is drawn from the monthly Project Managers and Cost Advisors reports and the regular progress report to Welsh Government as reported to the Project Board. It should be noted that due to the scheduling of the respective meetings the Project Board has not met since the last report to this committee.

### 3. Summary of performance

#### Programme

Progress remains consistent with last months report. Construction work to be completed by December 2018 but the final witnessing of the engineering systems together with the Health Board's commissioning to be undertaken in the New Year and the occupation date of the final phase of the works to be February 2019. During the period all asbestos removal works were completed in November and the final ward, ward 2, was handed over.

#### Cost

The assessment of the estimated "cost to complete" continues to indicate an expected outturn cost of £172million. The additional brokerage required has been adjusted to reflect the revised out turn and the Cost Advisors have completed a reconciliation of the budget requirement as reported previously.

### 4. Recommendations

It is recommended that the Committee scrutinise and note the contents of this report.











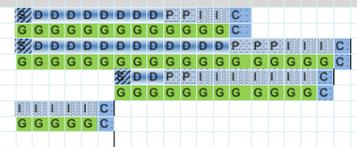
Betsi Cadwaladr University Health Board <b>DISCRETIONARY CAPITAL PROGRAMME 2018/19 - CONTROL PLAN</b> (From: April 2018)											2018/19													
											Q1			Q2			Q3			Q4				
											30 April 2018	31 May 2018	30 June 2018	31 July 2018	31 August 2018	30 September 2018	31 October 2018	30 November 2018	31 December 2018	31 January 2019	28 February 2019	31 March 2019		
Scheme	RAG Rating					Budget			Scheme Duration		Programme													
	Q	T	C	R	B	Approved Budget £	Estimated Outturn £	Variance £	Start Date	End Date	S = Project Start D = Design P = Procurement I = Implementation C = Project Close													
DIGITAL ROADMAP												Planned/Actual Prog												
Local Document Repository/Digital Forms	G	G	G	G	G						Planned	04.06.18 Removed £70k Scheme												
Welsh Patient Administration System (WPAS) East	G	G	G	G	G	£0	£0	£0			Planned	28.08.18 Removed £130 Scheme												
Welsh Emergency Department System (WEDS) - All Wales Funding	G	G	G	G	G	£10,000	£10,000	£0			Planned	28.08.18 Removed Scheme												
Welsh Community Care Information Service (WCCIS) National Integrated Health and Social Care System .	R	R	G	A	A	£80,000	£12,154	£67,846	01.09.18	01.02.19	Planned	S	S	S	D	D	D	D	D	D	I	I	I	
UNDERPINNING SERVICE TRANSFORMATION												Actual												
GDPR-Supporting BCU in meeting the requirements (Search and Indexing software)	G	G	G	G	G	£150,000	£150,000	£0	01.09.18	31.03.19	Planned					S	D	D	D	P	P	I		
IFIT phase 3 (late receipt of funds added 04.06.18)	G	G	G	G	G	£23,000	£36,065	£13,065	01.03.18	01.06.18	Planned	c												
												Actual	G											
DIGITAL INFRASTRUCTURE																								
IPT Telephony Programme Continuation. Migration of users to telephony system	G	A	A	A	G	£186,000	£186,000	£0			Actual	I	I	I	I	I	I	I	I	I	I	I	I	
												Actual	A A A A A A A A A A A A											
Cyber Security Gap Analysis and improvements to threat mi	G	G	G	G	G	£60,000	£30,000	£30,000	01.09.18	31.03.19*	Planned					S	D	D	D	I	I	I		
												Actual	G G G A A											
PSBA Wide Area Network (Core upgrade)	G	G	G	G	G	£80,000	£80,000	£0	01.04.18	01.03.19	Actual	I	I	I	I	I	I	I	I	I	I	I		
												Actual	G G G G G G G G G											
- Web Filtering Replacement	G	G	G	G	G	£150,000	£150,000	£0	01.05.18	31.01.19	Planned		S	D	D	D	P	I	I	I	C			
												Actual	G G G G G G G G G											
- LAN Phase 3 Switch Equipment Replacement	G	G	A	G	G	£300,000	£305,000	£5,000	01.04.18	01.03.19	Actual					P	P	P	I	I	I	I		
												Actual	G G G G G G G G G											
Network Storage Infrastructure	G	G	G	G	G	£130,000	£130,000	£0	01.09.18	01.03.19	Planned					S	D	D	P	I	C			
												Actual	G G G G G											
Hardware replacement	G	G	G	G	G	£617,000	£855,372	£238,372	01.04.18	28.02.19	Planned	I	I	I	I	I	I	I	I	I	I	I	C	
												Actual	G G G G G G G G G											
National Programme Hardware	G	G	G	G	G	£40,000	£40,000	£0	01.07.18	31.12.18	Planned					d	D	D	D	I	I			
												Actual	G G A A A A A A A C											
Single Sign On	G	G	G	G	G	£20,000	£0	£20,000	01.06.18	31.12.18	Planned			S	D	P	I	I	I	C				
												Actual	A A A A A A A C											
Perimeter Security	G	G	A	G	G	£160,000	£304,000	£144,000	01.06.18	31.01.19	Planned	S	P	P	D	D	D	I	I	I	C			
												Actual	G G A A A A A A A											
Finance Servers (late receipts)	G	G	G	G	G	£0	£35,990	£35,990	01.03.18	01.06.18	Planned	c	c											
												Actual	G G											
Digital Signage for ED (Sept Addition)	G	G	G	G	G	£0	£12,822	£12,822			Planned					P	I	C						
												Actual	G G G G G C											
Completion of WMH Datacentre. Includes UPS renewal WMH	G	G	G	G	G	£165,000	£183,000	£18,000	01.11.17	31.07.18	Actual	I	I	I	C		S	D	P	I	I	C		
												Actual	G G G G G G G G G											
Datacentre YGC Fit Out	G	G	A	G	G	£70,000	£75,000	£5,000	01.08.18	31.12.18	Planned					S	D	P	I	C				
												Actual	G G G G A											







						£ 548,000	£ 528,756	£ 19,244			
						£ 3,474,359	£ 3,095,030	£ 379,330			
<b>Additional Schemes</b>											
Ysbyty Glan Clwyd	Ablett Staff Alarm System Upgrade	G	G	G	G	14,000	13,360	640	Planned	Complete	
									ACTUAL		
Ysbyty Gwynedd	IT Dept Hubs	G	G	G	G	10,000	12,362	-2,362	Planned	Complete	
									ACTUAL		
Ysbyty Gwynedd	Hergest Staff Alarm System Upgrade	G	G	G	G	15,000	15,350	-350	Planned	Complete	
									ACTUAL		
Ysbyty Gwynedd	Alaw Car Park Barrier	G	G	G	G	1,000	900	100	Planned	Complete	
									ACTUAL		
YGC	Card Access 1st Floor	G	G	G	G	0	12,500	-12,500	Planned	Complete	
									ACTUAL		
						40,000	41,972	-1,972			











**RAG Status measured for:**

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

Enter R, A or G

**RAG Rating Definitions**

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

**For Planned Programme**

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

**For Actual Programme reporting**

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

Use the DELETE key to clear entries.

<b>Finance and Performance Committee</b>  <b>17.01.19</b>	 <b>GIG CYMRU NHS WALES</b>   Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board  <b>To improve health and provide excellent care</b>
---	---

<b>Report Title:</b>	<b>Integrated Quality &amp; Performance Report</b>
<b>Report Author:</b>	<b>Jill Newman, Director of Performance</b>
<b>Responsible Director:</b>	<b>Mark Wilkinson, Executive Director of Planning &amp; Performance</b>
<b>Public or In Committee</b>	<i>Public</i>
<b>Purpose of Report:</b>	This report provides the committee with a summary of key quality, performance, financial and workforce indicators.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	This paper has been scrutinised and approved by the Director of Performance.
<b>Governance issues / risks:</b>	<p><b>Governance</b> This report outlines the key performance and quality issues that are delegated to the Finance &amp; Performance Committee.</p> <p>Timescale and compliance with submission of exception reports is being reviewed to ensure good governance and scrutiny can be achieved. A programme of training for exception report leads in 2019/20 will support this.</p> <p>Caution should be applied when looking at graphs and tables containing data prior to November 2016. This was when WPAS was implemented at Ysbyty Glan Clwyd.</p> <p><b>New Format</b> This month's report is the second in the new format, with measures grouped into Chapters that reflect the organisation's priorities. The new format is still under development and only the Nationally mandated measures have been included. Local measures may be added at the discretion of the Committee.</p>

### Key Performance Indicators:

**Financial Balance, Unscheduled Care (USC) and Referral to Treatment (RTT)** performance was moved to Welsh Government (WG) targeted intervention in August 2017. Subsequently the Cabinet Secretary has, in January 2018, confirmed that both Finance and Performance are areas being provided with additional support. WG have included these areas within the Special Measures Framework and therefore reporting of progress is included within this framework.

### The key messages from this month's report are:

**Unscheduled Care and RTT performance are recognised as serious areas of concern for the Health Board and are both being given considerable focus by the Executives, with support from Welsh Government to address both immediate and sustainable plans for improvement.**

### Chapter 1 – Planned Care

**Referral to Treatment (RTT):** At the end of November 2018, **84.05%** of patients received their treatment within **26 weeks of Referral to Treatment (RTT)**. This is a slight deterioration on October 2018. Although below the 95% national target, is just above the 84% trajectory set for this month.

The number of patients experiencing waits of **over 36 weeks** for their treatment increased in November 2018 to **6,932**, however the number of people experiencing waits **over 52 weeks fell to 2,356**. Details on page 5.

**Cancer Services:** Reporting at **99.8%** (182 from 183 patients) in November 2018, the Health Board achieved the 98% target for **31 Day Non-Urgent Suspected Cancer** for the fourth successive month. However, performance fell against the **62 Day Urgent Suspect Cancer** with **80.88%** (110 from 136) being treated within the specified timeframe in November 2018. Although it is expected to remain on track against the 31-day measure, pressures in endoscopy services pose a significant risk in achieving the 62-day measure. Details of the challenges and what is being done to mitigate against them are on page 6.

**Diagnostic Waits:** In November 2018, the number of patients experiencing waits of more than 8 weeks for a diagnostic test fell for the third successive month with **1,275 patients waiting beyond the 8 weeks** threshold compared to 1,500 in October 2018. The main issues are in radiology and endoscopy services. Details of the challenges and

solutions to achieving the target rate of 0 patients waiting over 8 weeks can be seen on page 7.

**The Did Not Attend (DNA) rates for both New and Follow-up outpatient appointments** remain relatively static in November 2018 at 6.50% and 5.58% respectively. The Health Board is the best performing Health Board in Wales with regards reducing DNA rates. Details on page 10.

The **Activity versus Plan** has been updated to November 2018 and is on page 11.

**NHS England Contracted Activity** data has been updated to the end of June 2018 position.

## Chapter 2 – Unscheduled Care

**Unscheduled Care:** Performance against the **4 Hour Wait target in Unscheduled Care** improved slightly in November 2018 with **71.53%** (from 70.57% reported in October 2018) of patients seen within 4 hours. Details on page 14 and 15.

At **1,405** in November 2018, a slight reduction in the number of patients experiencing waits of **12 hours** or more in our Emergency Departments (ED) compared to October 2018 at 1,799. Details on Pages 16 and 17.

The November 2018 performance on delayed transfers of care demonstrates significant improvement in both the number of patients and bed days delayed, reflecting the work undertaken with partners on discharge planning as part of the 90 day plan.

Stroke Care: The Health Board achieved 1 of the 4 standards in stroke care, **Review by a consultant within 24 hours at 93%**. Unfortunately, performance fell for the **Door to Needle within 45 minutes** measure at **14.3%**, **admission within 4 Hours at 41.24%** and **CT Scan within an hour at 36%**. Details on pages 20 and 21.

## Chapter 3 – Finance & Workforce

The **Sickness absence** rates in November 2018 saw a slight increase to **4.97%**, (compared to 4.89% in August), higher than the 4.5% target rate. The Health Board remains the second best performing of all the Health Boards in Wales against this measure. As is the protocol, it is recommended that the Committee step this measure down from exception reporting until performance fails to achieve the target rate. Details of what we are doing to reduce sickness absence levels are on page 27.

At **83%** in November 2018, the **Mandatory Training** rate remains static. The **PADR** rate increased to **59%**, compared to **58%** in October 2018.

	<p>Details of what we are doing to improve performance against these measures can be seen on pages 28 and 29.</p> <p>The <b>Financial Balance</b> and <b>Agency Spending</b> is discussed in detail in the Finance Report.</p>
<b>Financial Implications:</b>	N/A
<b>Recommendation:</b>	The Finance & Performance Committee is asked to note the report and to assist in addressing the governance issues raised.

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

*Disclosure:*

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

Board/Committee Coversheet v10.0



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



**November 2018**

<b>Cover Page</b>	<b>1</b>	ED – Ambulance Handovers over 1 Hr	19
<b>Table of Contents</b>	<b>2</b>	ED – Ambulance Handovers over 1 Hr Graphs	20
<b>About This Report</b>	<b>3</b>	Stroke Care	21
<b>Summary Dashboard</b>	<b>4</b>	Stroke Care Graphs	22
<b>Executive Summary</b>	<b>5</b>	Delayed Transfers of Care	23
<b>Chapter 1 – Summary Planned Care</b>	<b>6</b>	Out of Hours	24
Referral to Treatment	7		
Cancer	8	<b>Chapter 3 – Summary Finance &amp; Workforce</b>	<b>25</b>
Diagnostic Waits	9	Agency and Locum Spend	26
Follow- up Backlog	10	Financial Balance	27
DNA Rates	11	Sickness Absence	28
Activity v Plan	12	PADR	29
NHSE Contracted Activity	13	Mandatory Training	30
		Information Governance Training	31
<b>Chapter 2 – Summary Unscheduled Care</b>	<b>14</b>	<b>Appendix A: Further Information</b>	<b>32</b>
ED & MIU – Under 4 Hours	15		
ED & MIU – Under 4 Hours Graphs	16		
ED – Breaches over 12 Hours	17		
ED – Breaches over 12 Hours	18		

This **Integrated Quality & Performance Report** is intended to provide a clear view of current performance against a selected number of **Key Performance Indicators (KPI)** that have been grouped together to triangulate information. This report should be used to inform decisions such as escalation and de-escalation of measures and areas of focus and as such the resulting Actions should be recorded and disseminated accordingly using the **'Outcomes & Actions'** sheet provided.

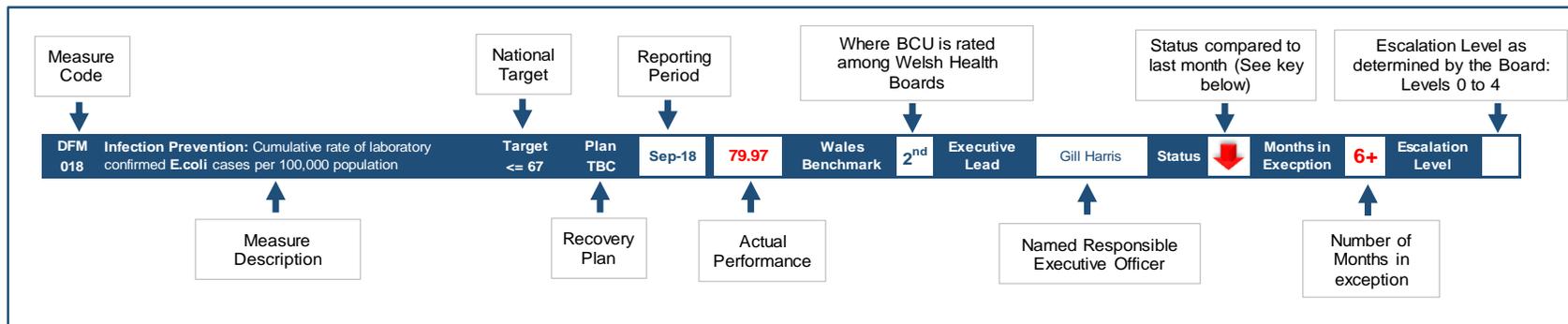
### Escalated Exception Reports

When performance on a measure is worse than expected, the Lead for that measure is asked to provide an exception report to assure the relevant Committee that a) that they have a plan and set of actions in place to improve performance, b) that there are measurable outcomes aligned to those actions and c) that they have a defined timeline/ deadline for when performance will be 'back on track'. Although these are normally scrutinised by Quality & Safety or Finance & Performance Committees, there may be instances where they need to be 'escalated' to the Board. These will be included within the relevant Chapter on an 'as-required' basis.

### Statistical Process Control Charts (SPC)

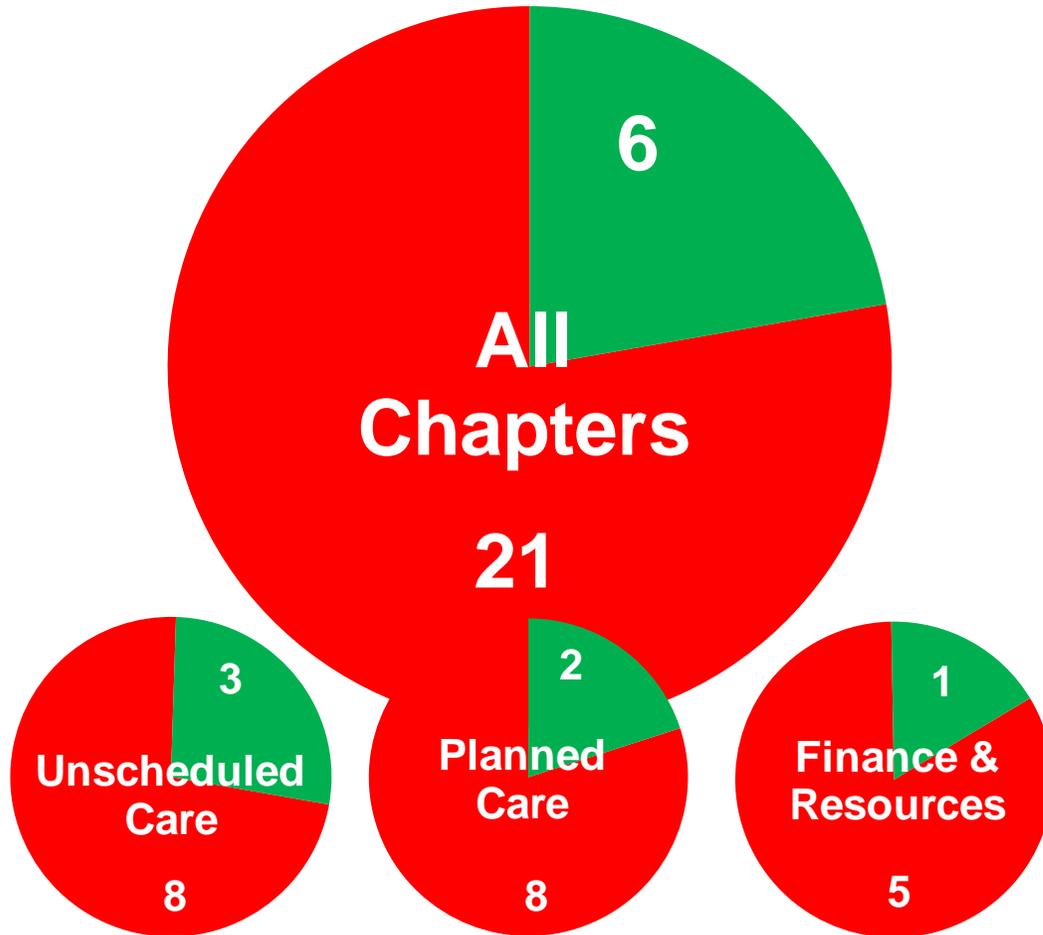
Where possible SPC charts are used to present performance data. This will assist with tracking performance over time, identifying unwarranted trends and outliers and fostering objective discussions rather than reacting to 'point-in-time' data. Further details for interpreting SPC charts can be found in the appendix.

### Description of the KPI bar Components:



### Status Key:

Achieved & Improved		Achieved but Worse		Achieved Static	
Not Achieved Static		Not Achieved but Improved		Not Achieved Worse	



### Most Improved

Measure	Status	(Target)
Finance: Agency & Locum Spend	£2.3m	≤ £2.8m
Cancer: 31 Day	99.50%	≥ 98%
Out of Hours: Very Urgent 60 Minutes	100%	≥ 98%
Follow up WL Backlog	80,712	≤ 75,000
Ambulance Handovers 1 Hour Breaches	404	0

### Of Most Concern

Measure	Status	(Target)
Emergency Department 4 Hour Waits (inc MIU)	71.53%	≥ 95%
Diagnostic Waits	1,275	0
PADR	59.00%	≥ 85%
Financial Balance	2.60%	≤ 2.0%
Stroke: Admission within 4 Hours	41.24%	≥ 59.7%

## Overall summary of performance

### Where we are

This report focusses on the key performance indicators reported to Welsh Government based on performance at the end of November 2018. The timing of the report is such that the end of December reported figures will be available for most indicators shortly.

The report demonstrates slight improvement in the delivery of the unscheduled care indicators following the launch of the 90 day improvement plan in October. Of particular note is the reduction in volume of patients awaiting handover from ambulance arrival to the emergency department and the improvement in the delayed transfer of care of patients. It is nevertheless recognised that this improvement needs to be sustained and that further improvement is required across the whole unscheduled care system.

The planned care indicators demonstrated an improvement in access times for diagnostic services, in particular the impact of the actions taken in relation to non-obstetric ultrasound resulted in the expected improvement in this area. Overall diagnostics remain challenged to deliver 0 patient waiting beyond 8 weeks by year end, especially in relation to endoscopy investigations where capacity is not meeting the current demand on services. The RTT performance continues to be better than in 2017/18, however the performance was worse than in October 2018 with more patients waiting over 36 weeks. Orthopaedics remains the specialty with the highest volume of long waiters.

The infection prevention work is proving effective in controlling the level of infection, although performance remains challenging against the reduction trajectories set.

Recruitment of nursing staff to provide good skill mix and coverage of ward rotas remains low despite the actions taken to attract staff.

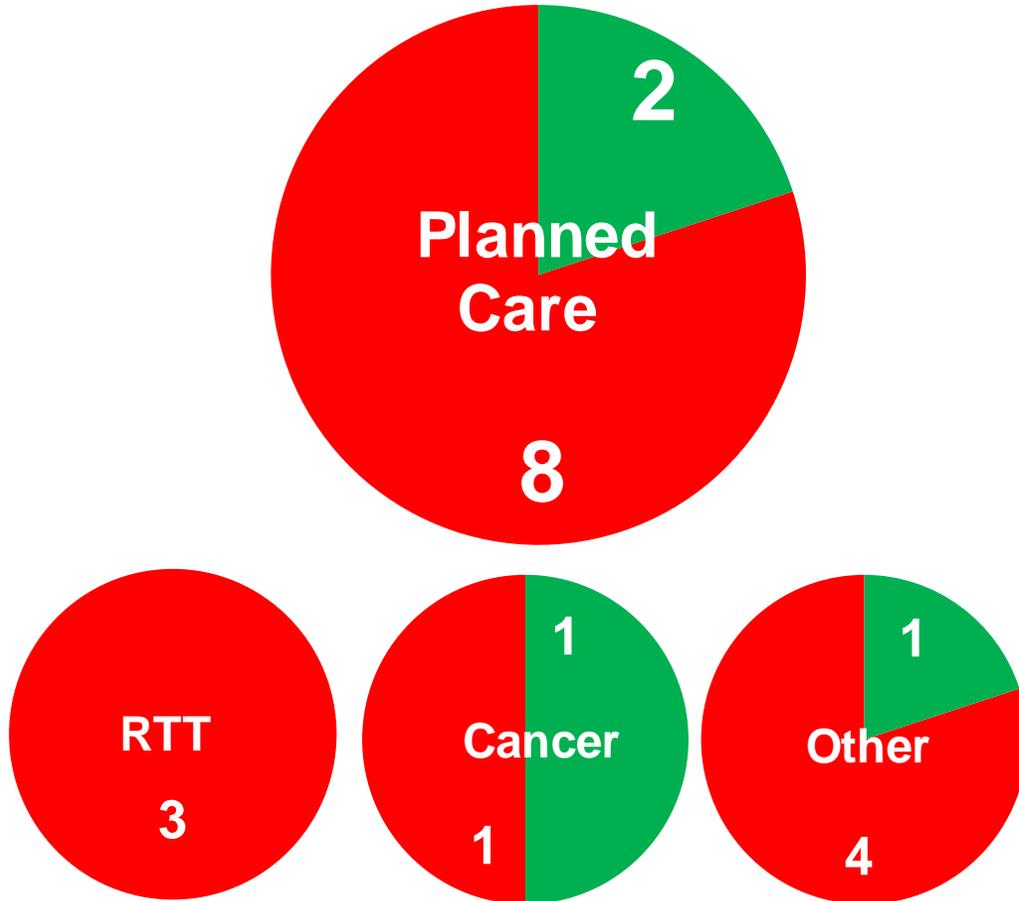
The financial position and delivery against the savings plan are described more fully in the finance report.

### What we are doing

The 90 day plan for unscheduled care is being managed via the Unscheduled Care Transformation Group chaired by the Executive Director of Nursing and Midwifery and supported by the Associate Director of Unscheduled Care. The trajectories are in place and being used to assess impact of the actions within the 3 programmes of work:

Demand, Flow and Discharge. The single integrated clinical assessment service launched on time and is showing benefits in joint working with WAST to enable patients to be treated outside of ED where possible. Work on the discharge programme is proving effective in reducing delays to discharge reflected in the lower DTOCS figures.

The Health Board is continuing to work with the Delivery Unit on the capacity required for endoscopy and has commissioned additional activity for weekend working, however this may not be sufficient to deliver the required access times taking into account the need to manage urgent referrals, bowel screening demand and surveillance work through the service. The planned care transformation group will be re-established to manage all programmes into planned care and ensure that the RTT position is sustained to year end with delivery expected to improve on the 2017/18 year end position.



Measure	Status	(Target)
Referral to Treatment (RTT): < 26 Weeks	84.05% ↓	>= 95%
Referral to Treatment (RTT): > 36 Weeks	6,932 ↓	0
Referral to Treatment (RTT): > 52 Weeks	2,356 ↓	0
Diagnostic Waits: > 8 Weeks	1,275 ↑	0
Follow-up Waiting List Backlog	80,712 ↑	75,000
Cancer: 31 Days (non USC Route)	99.50% ↑	>= 98%
Cancer: 62 Days (USC Route)	80.88% ↓	>= 95%
Outpatient DNA: New	5.50% ↑	<= 5%
Outpatient DNA: Follow up	6.50% ↑	<= 7%
Postponed Procedures	2,752 ↑	<= 2,565

<b>DFM 058</b>	% of patients waiting less than 26 weeks for treatment	<b>Target</b> 95.0%	<b>Plan</b> > 85%	<b>Nov-18</b>	<b>84.05%</b>	<b>Wales Benchmark</b>	<b>7th</b>	<b>Executive Lead</b>	Evan Moore	<b>Status</b>	↓	<b>Months in Exception</b>	<b>6+</b>	<b>Escalation Level</b>	
----------------	--	------------------------	----------------------	---------------	---------------	------------------------	------------	-----------------------	------------	---------------	---	----------------------------	-----------	-------------------------	--

<b>DFM 059</b>	Number of 36 week breaches- all specialities	<b>Target</b> 0	<b>Plan</b> TBC	<b>Nov-18</b>	<b>6,932</b>	<b>Wales Benchmark</b>	<b>7th</b>	<b>Executive Lead</b>	Evan Moore	<b>Status</b>	↓	<b>Months in Exception</b>	<b>6+</b>	<b>Escalation Level</b>	
----------------	--	--------------------	--------------------	---------------	--------------	------------------------	------------	-----------------------	------------	---------------	---	----------------------------	-----------	-------------------------	--

**Actions:**

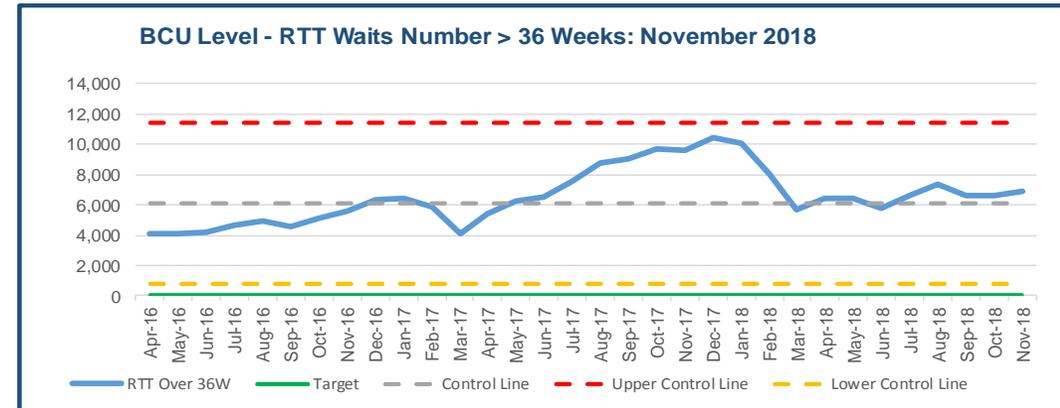
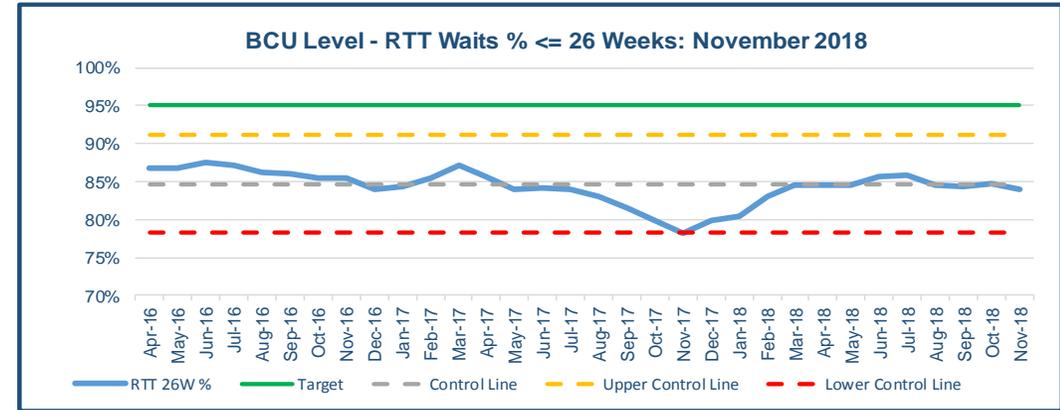
- Established processes being reviewed
- Dedicated leadership of planned care processes being put in place from January 2019
- Further remedial actions, including additional capacity being put in place to ensure Q4 delivery.

**Outcomes:**

- Continued reduction in the number of patients waiting more than 36 weeks or more than 52 weeks for their Treatment
- Current cohort of patients waiting ahead of same period in 17/18. Needs to be maintained.

**Timelines:**

Whilst continuing to work on minimising the number of patients waiting at the end of March within resources, the Health Board has not formally agreed a forecast with Welsh Government. Discussions regarding the formal position are ongoing.



<b>DFM 071</b>	% of patients newly diagnosed with cancer not via the USC pathway, treated within 31 days of diagnosis	<b>Target</b> ≥ 98%	<b>Plan</b> ≥ 98%	<b>Nov-18</b>	<b>99.50%</b>	<b>Wales Benchmark</b>	<b>1st</b>	<b>Executive Lead</b>	Adrian Thomas	<b>Status</b>	↑	<b>Months in Exception</b>	<b>6+</b>	<b>Escalation Level</b>	
<b>DFM 072</b>	% of patients referred via the USC pathway definitively treated within 62 days of referral	<b>Target</b> ≥ 95%	<b>Plan</b> ≥ 95%	<b>Nov-18</b>	<b>80.88%</b>	<b>Wales Benchmark</b>	<b>3rd</b>	<b>Executive Lead</b>	Adrian Thomas	<b>Status</b>	↓	<b>Months in Exception</b>	<b>6+</b>	<b>Escalation Level</b>	

**Actions:**

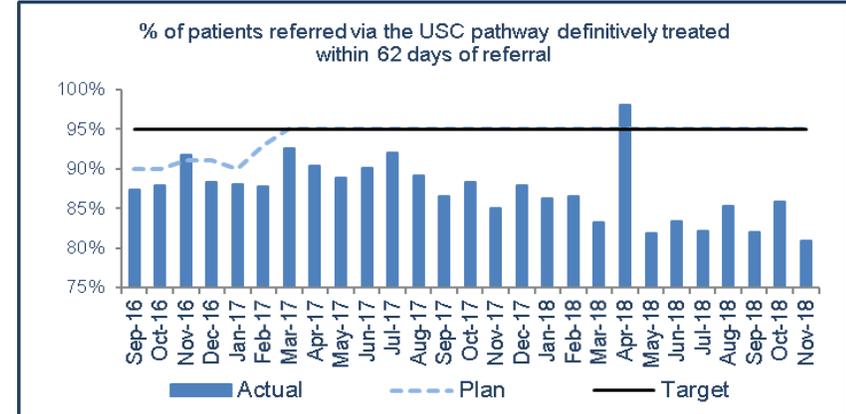
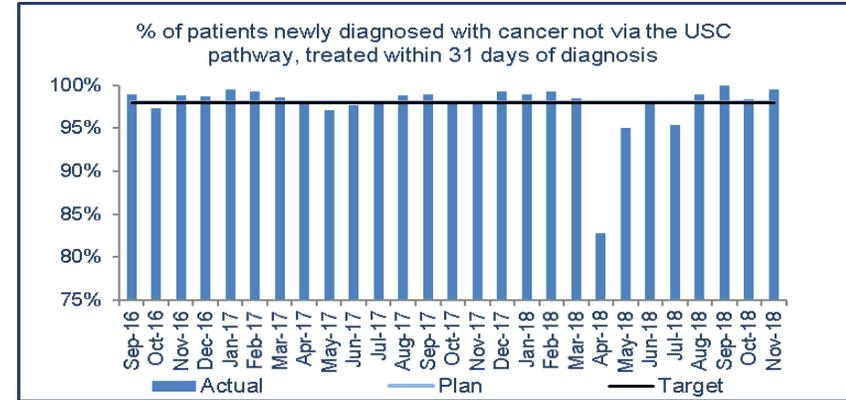
- Increased endoscopy capacity through insourcing weekend activity in Central and the continued use of the 3rd room in West
- Additional outpatient clinics held in order to reduce waits – this is via a combination of WLI activity, locum cover and insourced capacity in some specialties
- New oncology appointment booking process introduced in November and further review of process underway
- Forward planning for Christmas period through weekly tracking meetings

**Outcomes:**

Reduction in waits for endoscopy and outpatient appointments

**Timelines:**

There remains a significant risk to achievement of the cancer waiting times targets in particular due to endoscopy capacity.



<b>DFM 060</b>	The number of patients waiting more than 8 weeks for a specified diagnostic test	<b>Target</b> 0	<b>Plan</b> Nov-18	<b>1,275</b>	<b>Wales Benchmark</b> 7th	<b>Executive Lead</b> Gill Harris Adrian Thomas	<b>Status</b>	<b>Months in Exception</b> 6+	<b>Escalation Level</b>
----------------	--	--------------------	-----------------------	--------------	-------------------------------	---	---------------	----------------------------------	-------------------------

**Actions:**

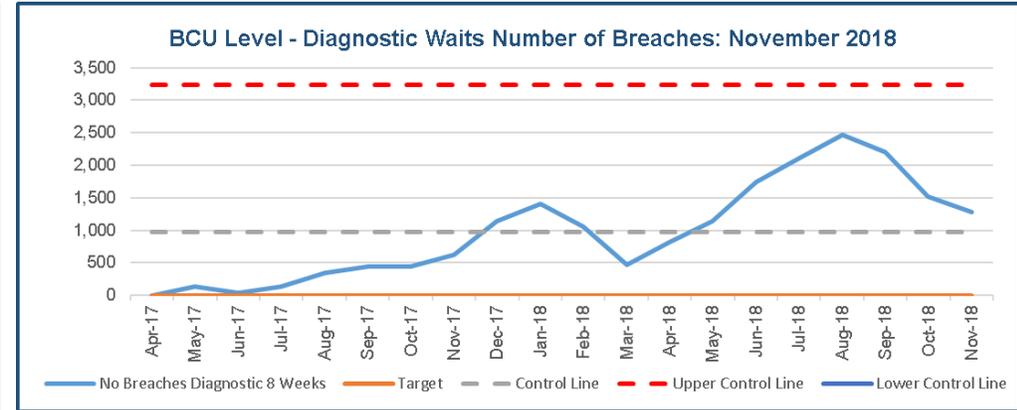
Radiology continue with additional capacity – an issue with subspecialty ultrasound has arisen; solutions being sought.  
Endoscopy insourced additional capacity and 3rd Endoscopy room in West now open but lost capacity in East from infrastructure & staffing issues; further remedial plans will be required

**Outcomes:**

Continued reduction in backlog of long waiting patients with improved compliance.  
Potential impact of new imaging subspecialty issues and endoscopy in East will adversely affect performance.

**Timelines:**

Radiology may now have a small variance at end of December from subspecialty issue  
Endoscopy for Central and West predicted compliance end of Q3. Full impact of East issues being assessed to confirm whether compliant in Q4



<b>DFM 062</b>	All patients overdue their target date on the Follow Up Waiting List	<b>Target Reduction</b>	<b>Plan TBC</b>	<b>Nov-18</b>	<b>80,715</b>	<b>Wales Benchmark</b>	<b>6th</b>	<b>Executive Lead</b>	Gill Harris	<b>Status</b>	<b>Months in Exception</b>	<b>6+</b>	<b>Escalation Level</b>	
----------------	--	-------------------------	-----------------	---------------	---------------	------------------------	------------	-----------------------	-------------	---------------	----------------------------	-----------	-------------------------	--

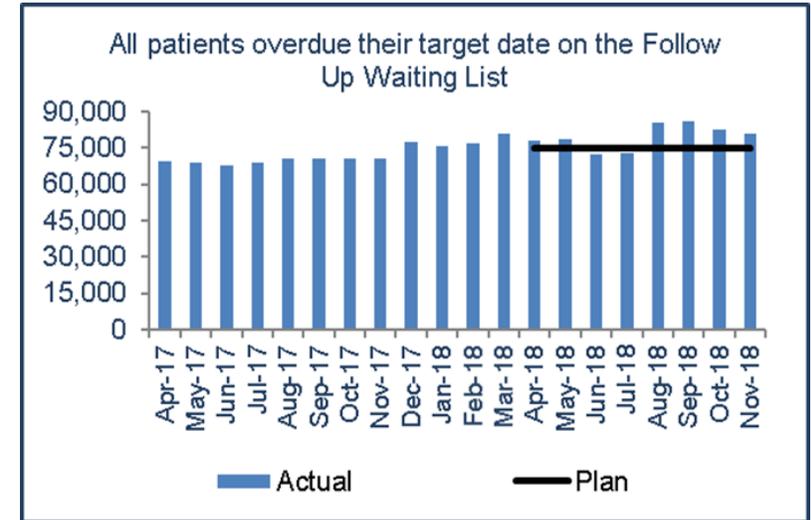
Follow-up is being targeted for quality improvement, cost avoidance and efficiency savings opportunities as part of the Outpatients PRG, to achieve a 10% reduction in Follow-ups. Updates are provided to the Transforming Outpatients Programme, which meets on a monthly basis and then onwards to the Outpatients PRG. Part of this work will be to review the Wales Audit Office report on Follow-ups which was published in October 2018.

The Outpatients Planning Cells have been the vehicle to push this work forward, and these have been re-established in Centre, and meet on a weekly basis, but there are challenges with supporting these to meet in the West and East. Updates on progress is provided to the Transforming Outpatients Programme Board and then to the Outpatients PRG, and both these meet on a monthly basis.

There is a need to agree a standardised process for the management of follow-up across the Health Board.

Progress is being made on planning the pathways aligned to the National Planned Care Programme, specifically the 5 national specialties (ENT, Urology, Orthopaedics, Ophthalmology and Dermatology).

The group overseeing the WPAS issue continues to meet, priority patients are receiving appointments and any potential harm is being reviewed. Over the past month the secondary care team have reviewed various activities taking place across the Health Board and will be reconstituting the 'Follow up clinical safety improvement group' on 19th December. This group will be chaired by the Secondary Care Medical Director and will report to the corporate Planned Care oversight Group which will meet for the first time in January. The group will develop the clinical risk stratification, target resources, oversee development/delivery of improvement trajectories and ensure all outpatient improvement activities support the approach.



<b>DFM 088</b>	New Outpatient DNA rates for selected specialties	Target <= 5%	Plan <= 5%	Nov-18	<b>5.58%</b>	Wales Benchmark	3rd	Executive Lead	Gill Harris	Status	Months in Exception	6+	Escalation Level	
<b>DFM 089</b>	Follow up Outpatient DNA rates for selected specialties	Target <= 7%	Plan <= 7%	Nov-18	<b>6.50%</b>	Wales Benchmark	3rd	Executive Lead	Gill Harris	Status	Months in Exception	6+	Escalation Level	

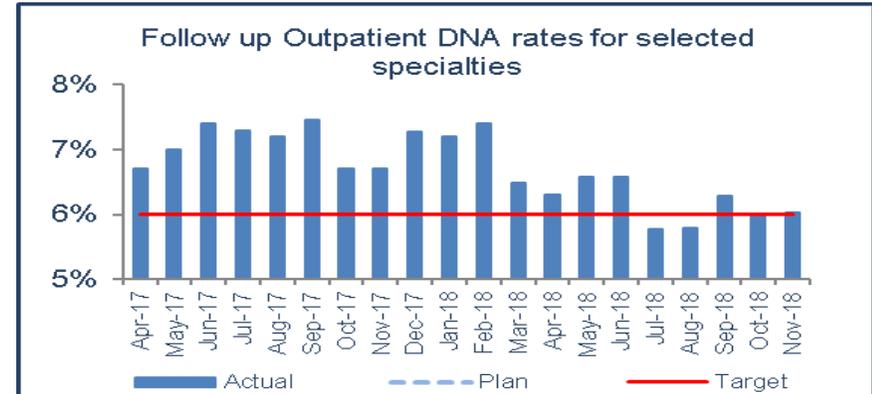
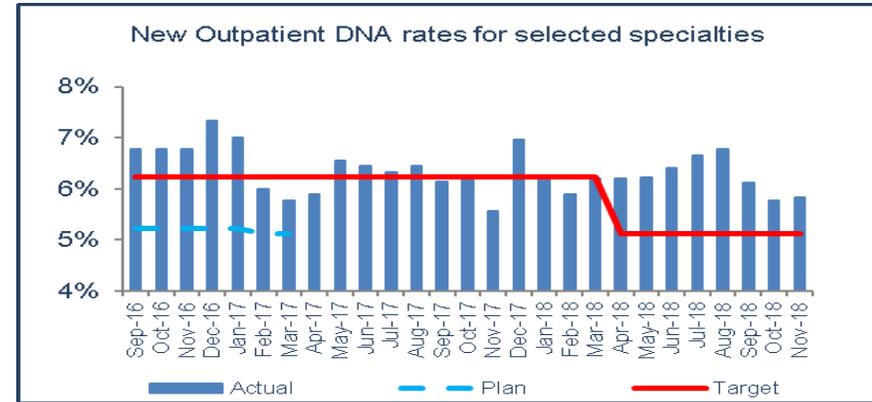
Did Not Attend (DNA) has been targeted for cost avoidance and efficiency savings opportunities as part of the Outpatients PRG, to achieve a 10% reduction in DNAs in 2018/19. The Outpatients Planning Cells have been the vehicle to push this work forward, and these have been re-established in Centre, meeting weekly, but there are challenges with supporting these to meet in East and West. Updates are provided to the Transforming Outpatients Programme, which meets on a monthly basis and then onwards to the Outpatients PRG. Work is ongoing to understand the reasons for DNA across all specialties, and agreed action plans.

The standardisation of DNA codes within the PAS systems in order to reduce incidences of miscoding is part of this work. It is recognised that there currently are different processes in place across the Health Board. There is also targeted work in Ophthalmology in the West to reduce the number of miscoded DNAs.

A BCUHB DNA public questionnaire has been ongoing throughout September and October 2018 to provide insight into why patients DNA. Initial scrutiny provides evidence that there are processes within BCUHB that influence patient DNA.

Considerable re-coding work remains around standardising the codes across all PAS systems and this will take some time to complete.

Awaiting the DNA Survey information which is currently being collated and prepared, expected in January 2019.



### Activity Versus Plan Year to Date - April 2018 to November 2018

	2017/18				2018/19			
	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff
Emergency Inpatients	60,234	63,441	3,207	5.32%	63,441	64,108	667	1.05%
Elective Daycases	21,123	19,046	-2,077	-9.83%	20,628	22,597	1,969	9.54%
Elective Inpatients	10,229	10,956	727	7.11%	9,576	11,142	1,566	16.35%
Endoscopies	13,525	12,155	-1,370	-10.13%	12,155	10,537	-1,618	-13.31%
MOPS (Cleansed DC)	1,443	1,338	-105	-7.28%	1,338	1,631	293	21.90%
Regular Day Attenders	32,062	30,743	-1,319	-4.11%	30,743	32,487	1,744	5.67%
Well Baby	3,565	3,591	26	0.73%	3,591	3,621	30	0.84%
New Outpatients	171,875	180,289	8,414	4.90%	157,276	185,339	28,063	17.84%
Review Outpatients	350,762	362,443	11,681	3.33%	362,443	355,961	-6,482	-1.79%
Pre-Op Assessment	21,364	20,221	-1,143	-5.35%	20221	22,332	2,111	10.44%
New ED Attendances	149,348	154,887	5,539	3.71%	154,887	158,425	3,538	2.28%
Review ED Attendances	6,451	4,599	-1,852	-28.71%	4599	4,512	-87	-1.89%
<b>Grand Total</b>	<b>841,981</b>	<b>863,709</b>	<b>21,728</b>	<b>2.58%</b>	<b>840,899</b>	<b>872,692</b>	<b>31,793</b>	<b>3.78%</b>

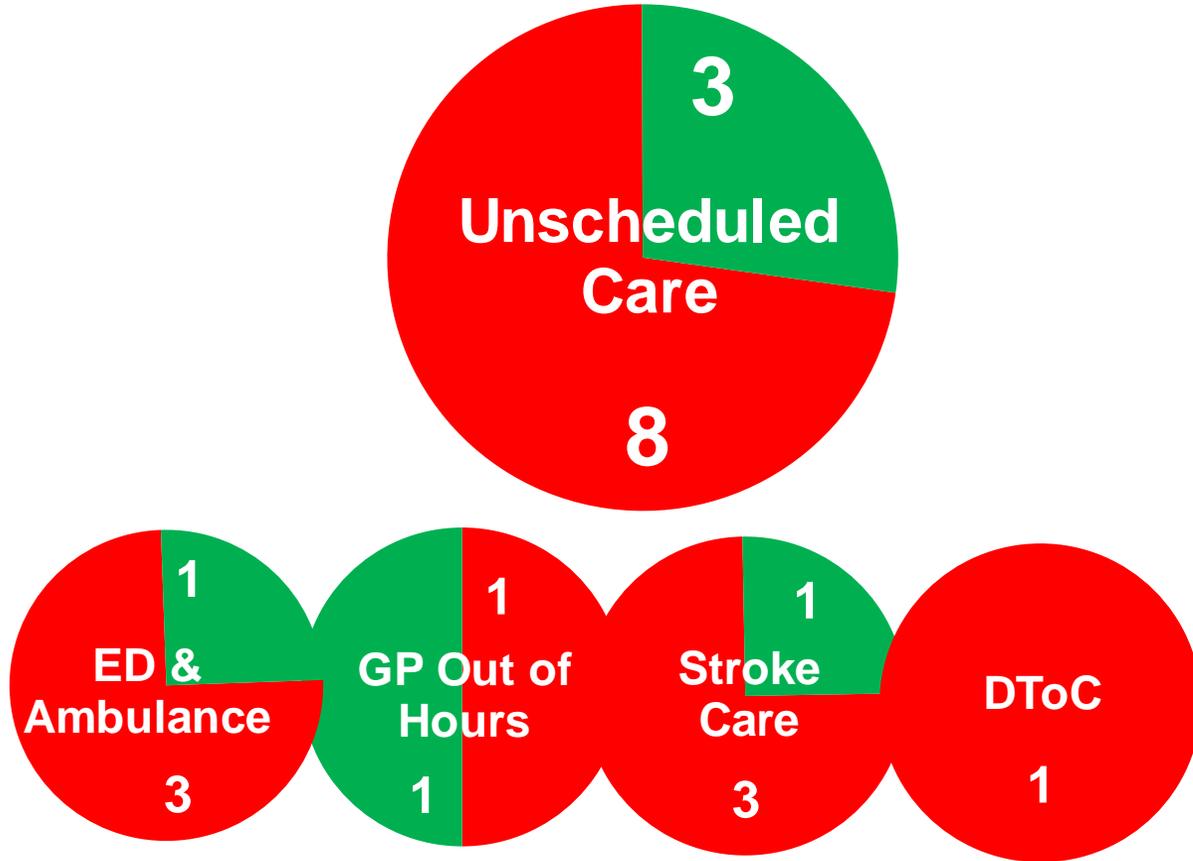
Activity figures are only included up to the end of November 2018 and up to the end of November 2017

The Plan figures for 2018/19 are DRAFT

Integrated Quality and Performance Report  
Finance & Performance Committee Version

# November 2018

Provider	Provider Code	Total Contract Value (£'000)	Data Month	Elective Inpatient & Daycase (inc. Endoscopy)	Emergency Inpatient (inc. Maternity)	New Outpatient	Follow Up Outpatient
Countess of Chester NHS Foundation Trust	RJR	26,432	May	546	600	1,788	3,853
Robert Jones & Agnes Hunt NHS Foundation Trust	RL1	13,295	May	184	4	538	1,481
Royal Liverpool and Broadgreen University Hospitals NHS Trust	RQ6	5,016	Apr	93	10	118	533
Wirral University Teaching Hospital NHS Trust	RBL	2,591	Apr	19	16	36	108
Shrewsbury & Telford Hospitals NHS Trust	RXW	1,455	May	20	15	195	269
Aintree University Hospital NHS Foundation Trust	REM	3,150	May	32	9	56	162
The Clatterbridge Cancer Centre NHS Foundation Trust	REN	2,187	Apr	14	1	37	692
University Hospital of North Midlands NHS Trust	RJE	3,096	May	10	18	36	38
University Hospital of South Manchester NHS Trust	RM2	752	Sep	11	5	19	120
Liverpool Women's NHS Foundation Trust	REP	891	May	7	7	31	127
Shropshire Community Health NHS Trust	RID	255	May	0	0	5	2



Measure	Status	(Target)
Emergency Department 4 Hour Waits (inc MIU)	71.53%	>= 95%
Emergency Department 12 Hour Waits	1,405	0
Ambulance Handovers within 1 Hour	404	0
Ambulance Response within 8 minutes	74.20%	>= 65%
Out of Hours: Within 20 Minutes	80.00%	>= 98%
Out of Hours within 60 Minutes	100%	>= 98%
Stroke Care: Admission within 4 Hours	41.24%	>= 59.7%
Stroke Care: CT Scan within 1 Hour	36.00%	>= 54.4%
Stroke Care: Review by consultant 24 Hours	93.00%	>= 84.5%
Stroke Care: Thrombolysed DTN < 45 mins	14.30%	Improve
Delayed Transfers of Care (DToC): Non MH	1,146	<= 1,030

<b>DFM</b> 069	% of new patients spend no longer than 4 hours in A&E (inc Minor Injury Units)	<b>Target</b> ≥ 95.0%	<b>Plan</b>	<b>Nov-18</b>	<b>71.53%</b>	<b>Wales Benchmark</b>	<b>7th</b>	<b>Executive Lead</b>	Gill Harris	<b>Status</b>		<b>Months in Exception</b>	<b>6+</b>	<b>Escalation Level</b>	
-------------------	--	--------------------------	-------------	---------------	---------------	------------------------	------------	-----------------------	-------------	---------------	---	----------------------------	-----------	-------------------------	--

**Actions:**

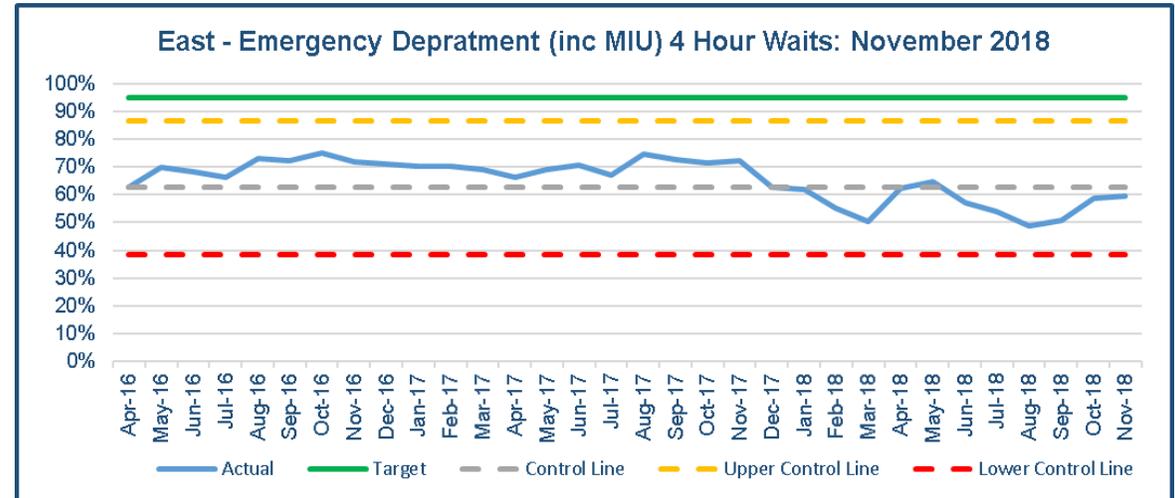
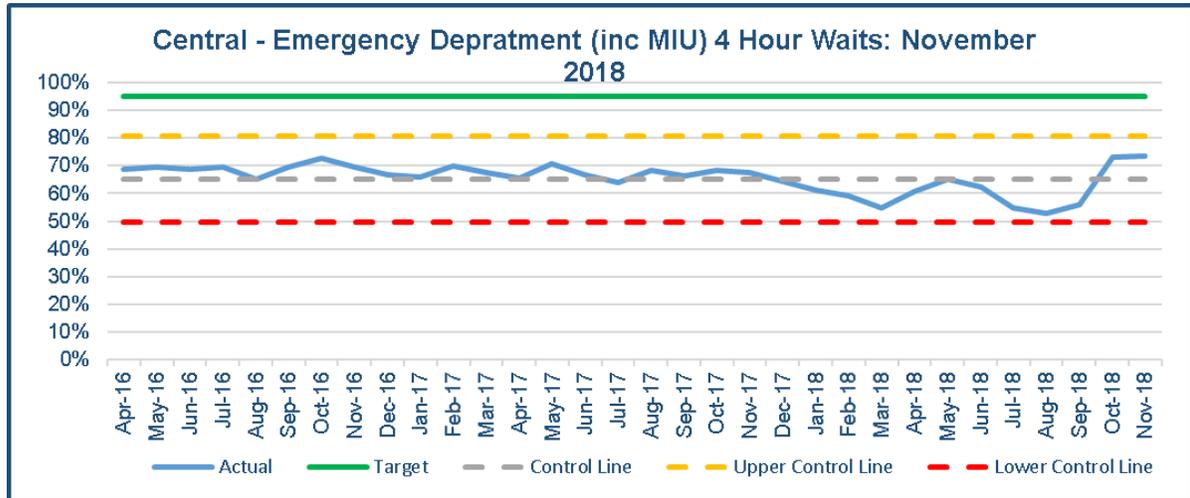
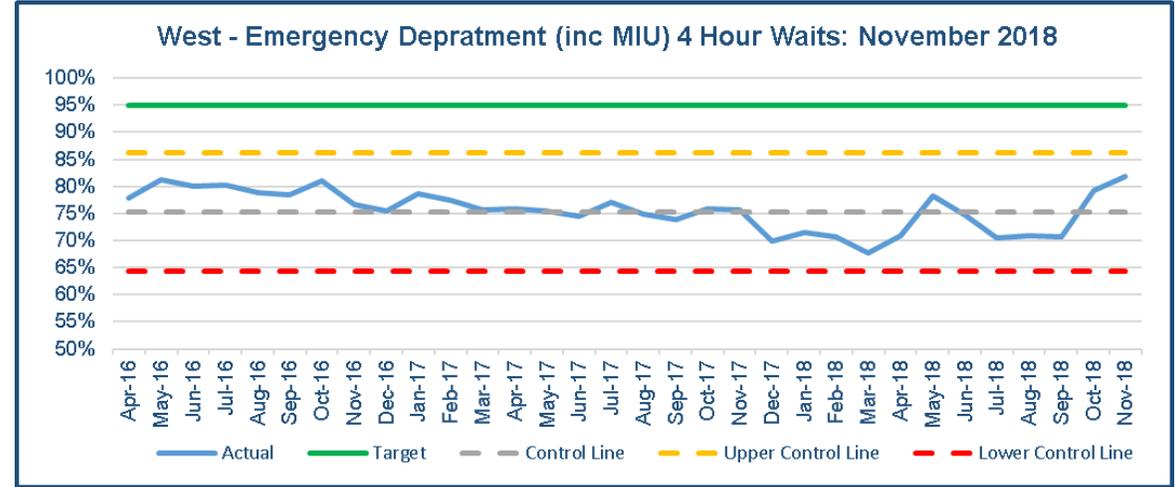
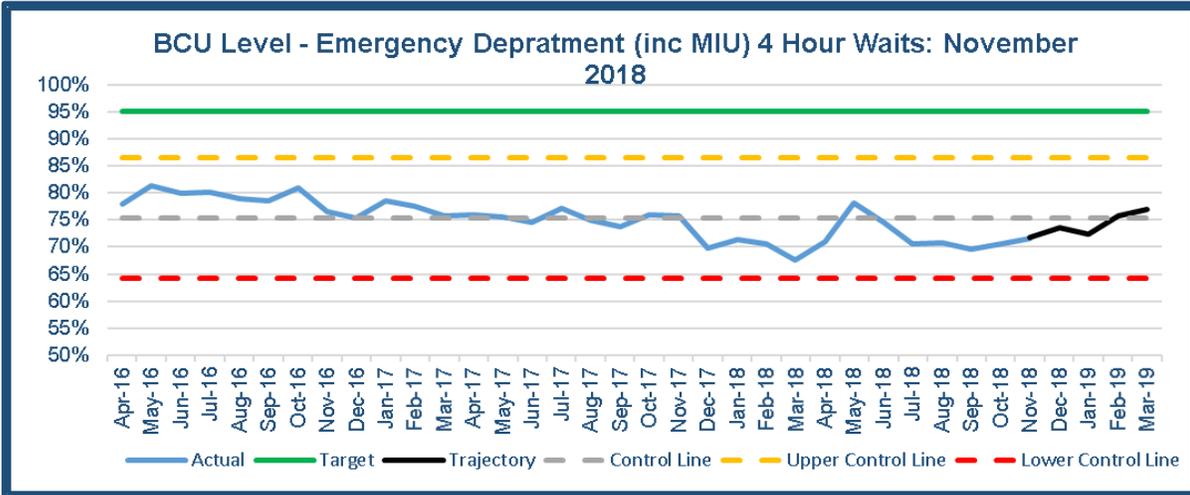
- Implemented Internal Professional Standards for Emergency Quadrant (EQ)
- Focused on reducing paediatric breaches in the Emergency Department (ED)
- Realigned medical cover to better meet the needs of demand
- Consistent use of Navigation within ED

**Outcomes:**

- Improvement in the 4 hour performance across all 3 Regions compared to October (71.5% against a target of 67% and compared to 70.6% in October)
- Reduction in the mean and average time patients spend in ED
- Reduction in the number of paediatric breaches (with exception of YWM)

**Timeline:**

First 90 day Unscheduled Care improvement cycle ends on the 12th of January 2019. To date the trajectories set are being achieved. Work has begun on the next 90 day cycle, much of which will be to continue and embed the actions within the ‘flow’ programme which are producing the improvement being reported in November.



<b>DFM</b> 070	Number of patients spending 12 hours or more in A&E	<b>Target</b> 0	<b>Plan</b>	<b>Nov-18</b>	<b>1,405</b>	<b>Wales</b> Benchmark	<b>7th</b>	<b>Executive</b> Lead	Gill Harris	<b>Status</b> 	<b>Months in</b> Exception	<b>6+</b>	<b>Escalation</b> Level	
-------------------	---	--------------------	-------------	---------------	--------------	---------------------------	------------	--------------------------	-------------	---	-------------------------------	-----------	----------------------------	--

**Actions:**

- Direct access pathways are being implemented for acute medical and surgical GP referrals
- Ward based daily Board rounds are a focus in acute and community
- Early Consultant ward rounds are being job planned across the 3 sites
- Discharges are being expedited with increased pace

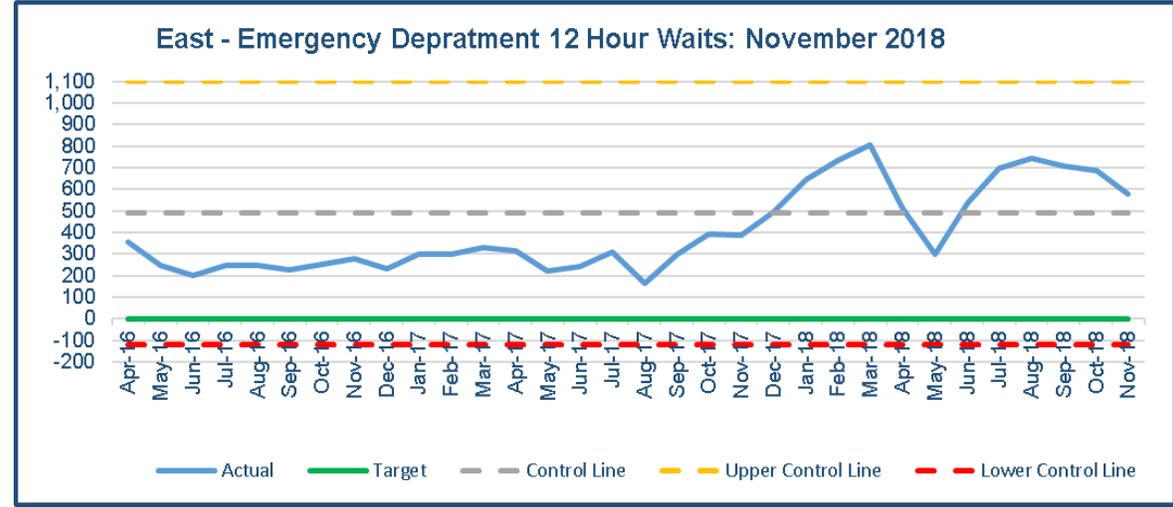
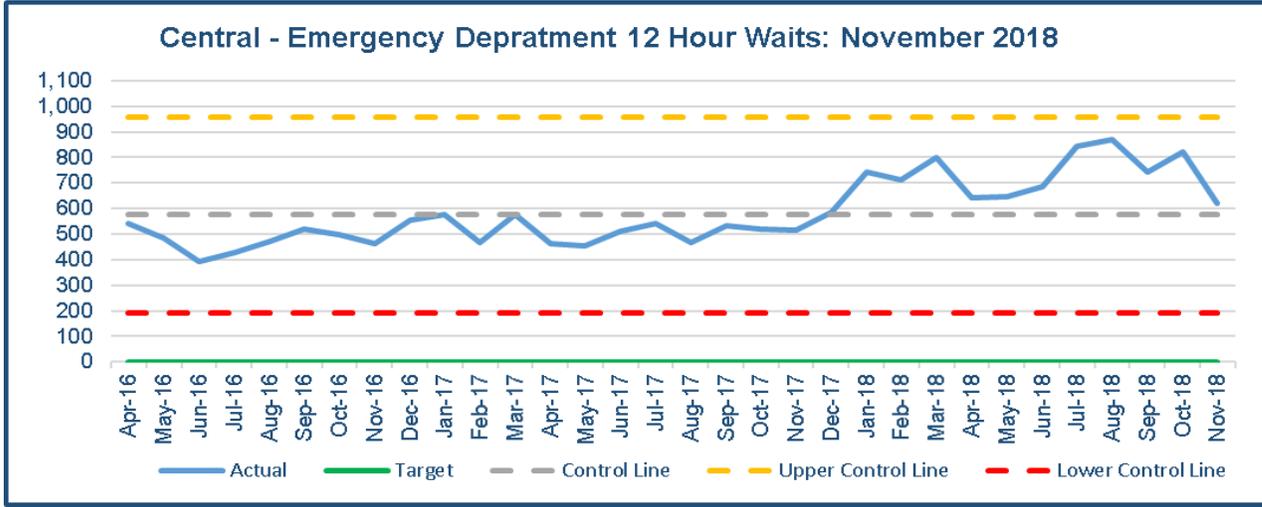
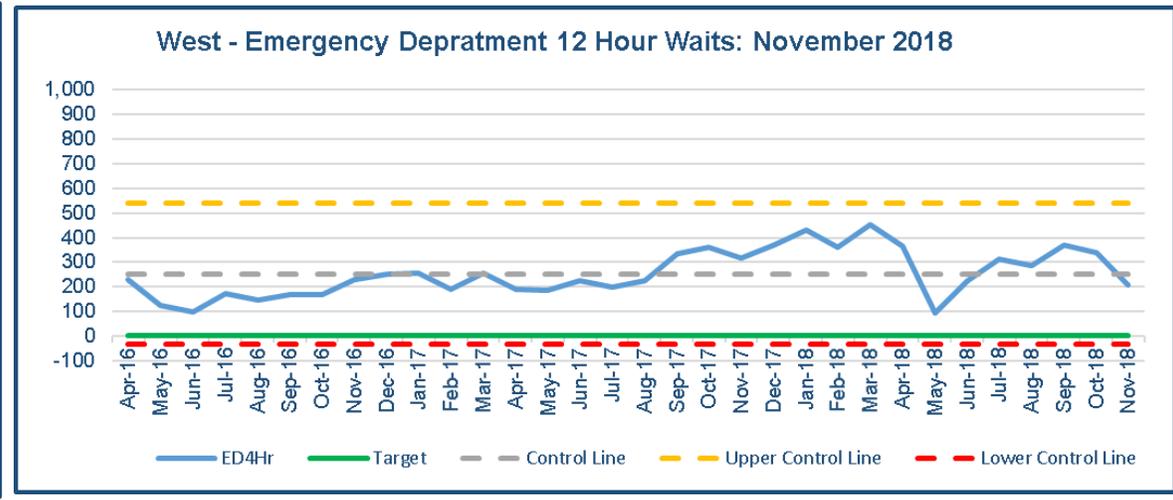
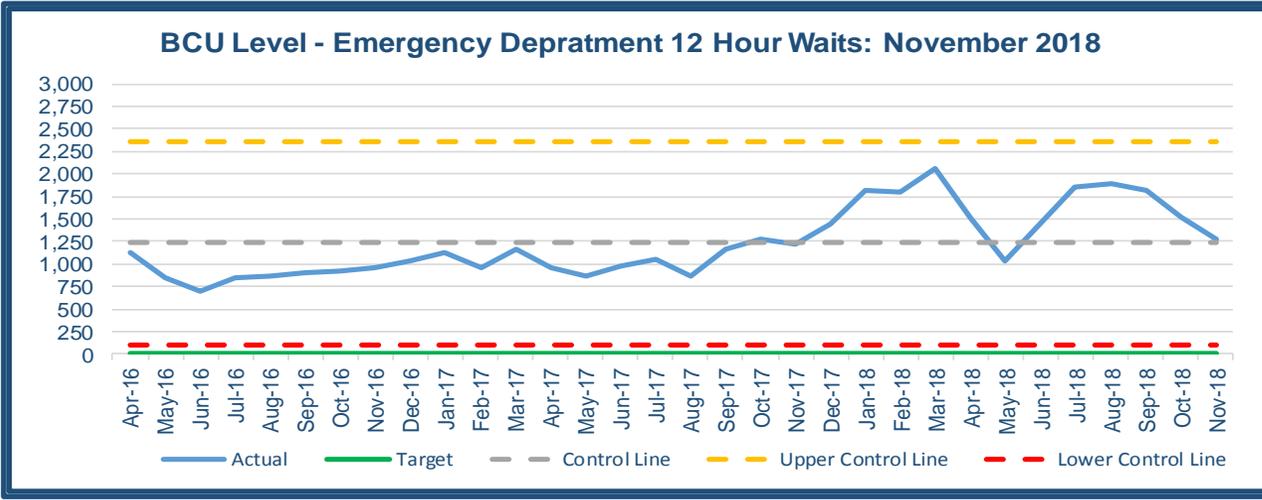
**Outcomes**

- The number of patients waiting in ED for 12 hours or more has reduced at all 3 sites compared to October. This means that across the Health Board 394 fewer patients waited in ED in November compared to October
- The number of Delayed Transfers of Care (DToC) has reduced across the Health Board
- Medical capacity is better meeting demand

**Timeline**

First 90 day Unscheduled Care improvement cycle ends on the 12th of January 2019. To date the trajectories set are being achieved.

Work has begun on the next 90 day cycle, much of which will be to continue and embed the actions within the ‘flow’ programme which are producing the improvement being reported in November.



<b>DFM</b> 068	Number of ambulance handovers over one hour	<b>Target</b> 0	<b>Plan</b> 0	<b>Nov-18</b> 404	<b>Wales Benchmark</b> 6th	<b>Executive Lead</b> Gill Harris	<b>Status</b> 	<b>Months in Exception</b> 6+	<b>Escalation Level</b> 
-------------------	---	--------------------	------------------	----------------------	-------------------------------	--------------------------------------	--	----------------------------------	-----------------------------

### Actions:

- Greater focus by the ED teams on offloading ambulances in a timely way
- Time delayed is now considered as part of the clinical priority for offloading
- Reverse boarding on wards and corridor nursing in ED is in place across the 3 sites
- Improved flow out of ED onto wards and direct access pathways releases capacity to provide timely offloading

### Outcomes:

- A month on month reduction in the number of patients delayed in ambulances for 60 minutes or more (with the exception of October)
- November 2018 saw the lowest number of patients delayed outside our EDs since 2015
- All 3 sites reduced their numbers delayed in October by 50%.

### Timeline:

First 90 day Unscheduled Care improvement cycle ends on the 12th of January 2019. To date the trajectories set are being achieved.

Work has begun on the next 90 day cycle, much of which will be to continue and embed the actions within the 'flow' programme which are producing the improvement being reported in November.

DFM 068 Number of ambulance handovers over one hour

Target 0  
Plan 0  
Nov-18

404

Wales Benchmark

6th

Executive Lead

Gill Harris

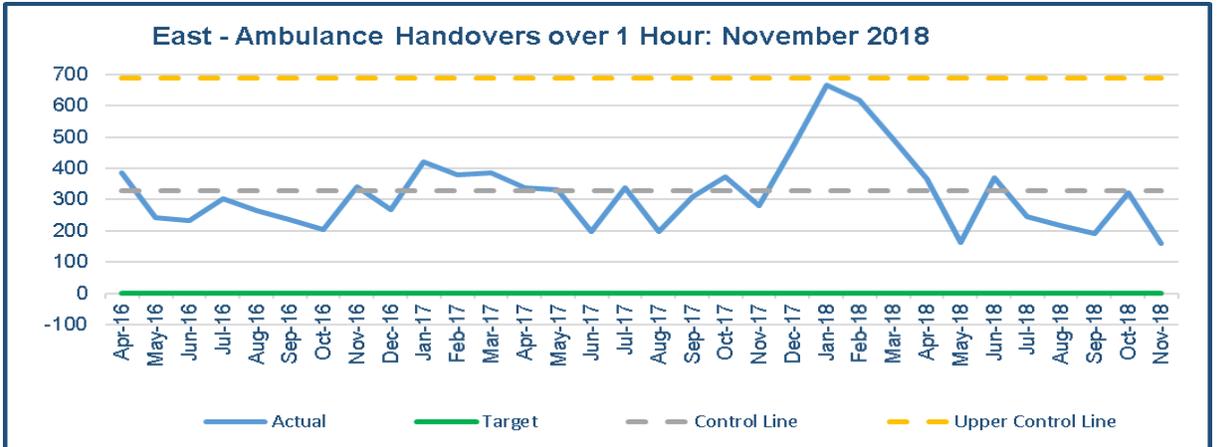
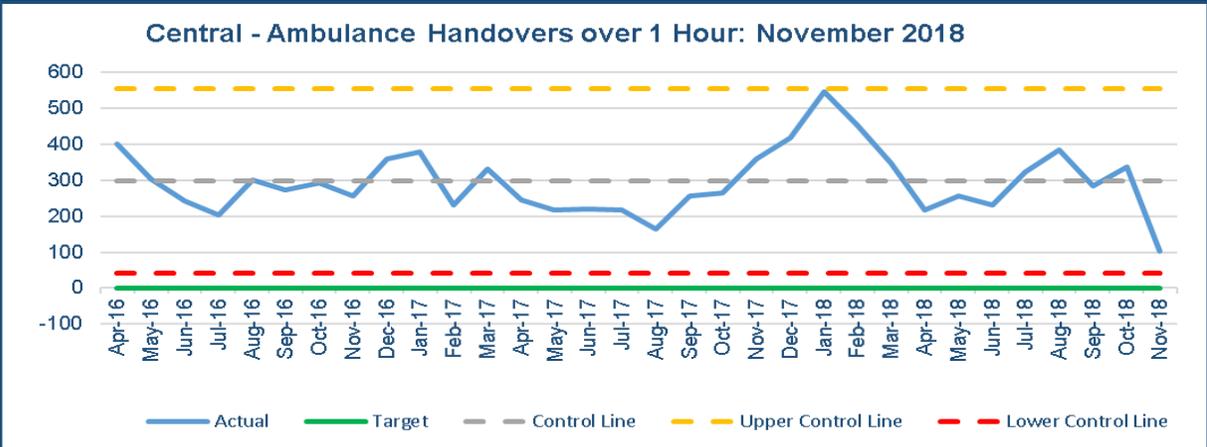
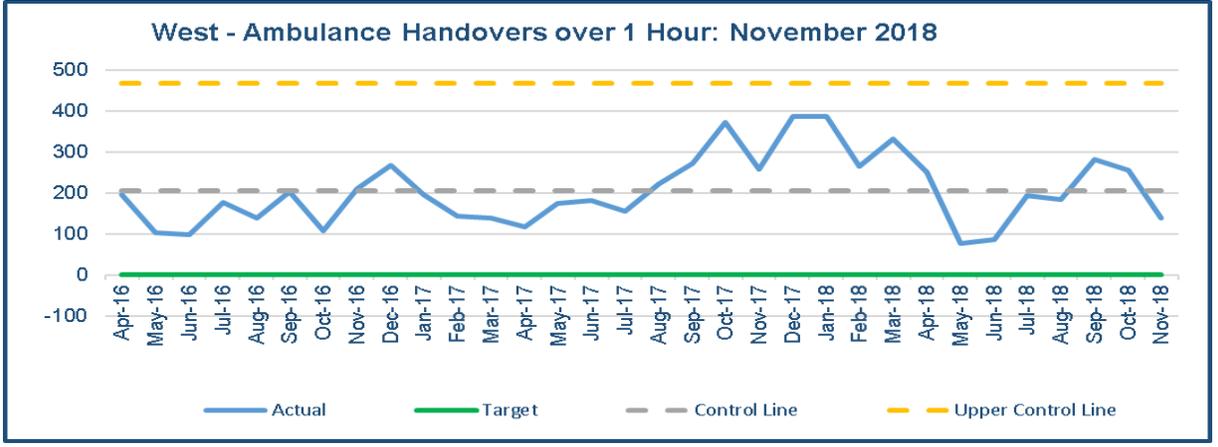
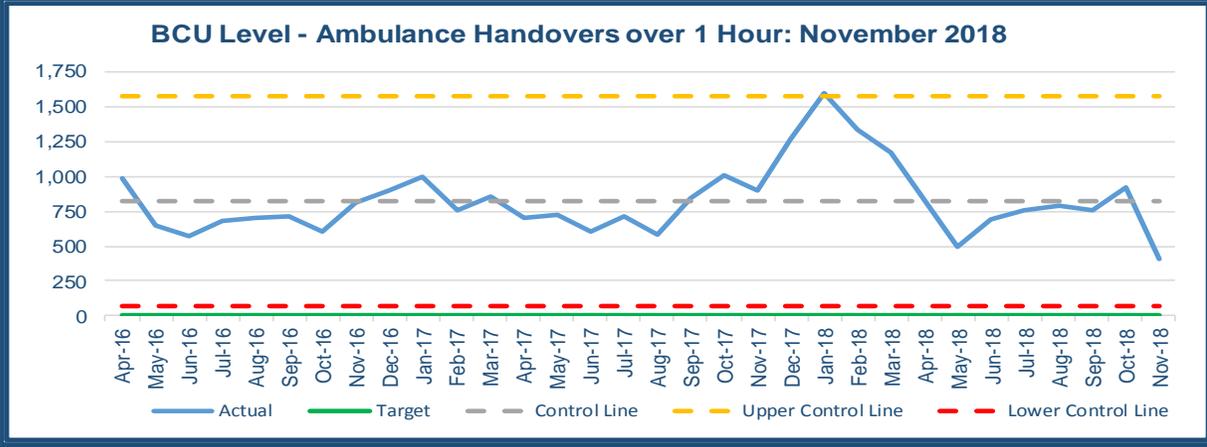
Status



Months in Exception

6+

Escalation Level



DFM 063	% of stroke patients who have a direct admission to an acute stroke unit within 4 hours	Target >= 59.7%	Plan >= 59.7%	Nov-18	41.24%	Wales Benchmark	5th	Executive Lead	Gill Harris	Status	↓	Months in Exception	6+	Escalation Level	
DFM 064	Thrombolysed patients with a door to needle time <= 45 minutes	Target Improve	Plan	Nov-18	14.30%	Wales Benchmark	2nd	Executive Lead	Gill Harris	Status	↓	Months in Exception	6+	Escalation Level	
DFM 065	% of stroke patients who receive a CT scan within 1 hour	Target >= 54.4%	Plan >=54.4%	Nov-18	36.00%	Wales Benchmark	6th	Executive Lead	Gill Harris	Status	↓	Months in Exception	6+	Escalation Level	
DFM 066	Percentage of patients with suspected stroke seen a stroke specialist consultant physician within 24 Hours	Target >= 81.9%	Plan >= 81.9%	Nov-18	93.00%	Wales Benchmark	3rd	Executive Lead	Gill Harris	Status	↑	Months in Exception	6+	Escalation Level	

### Actions:

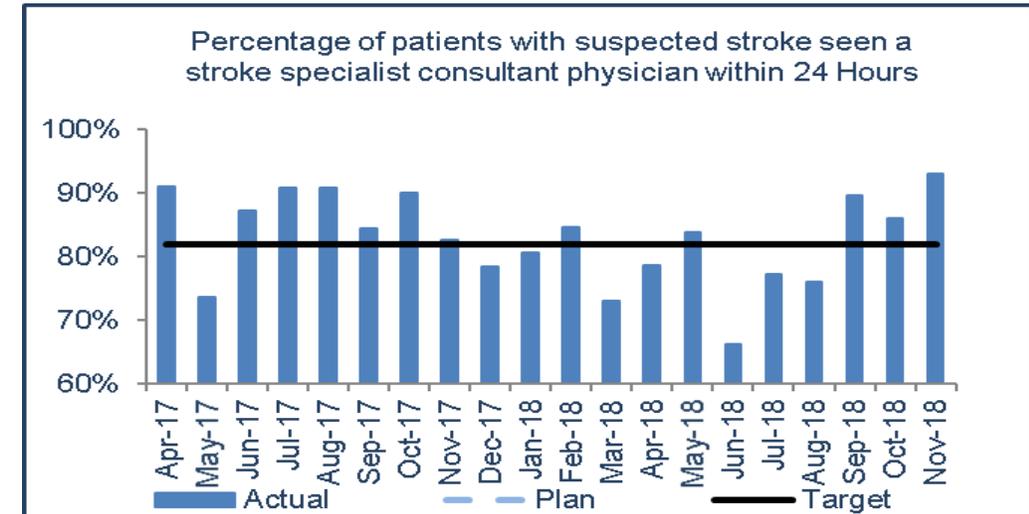
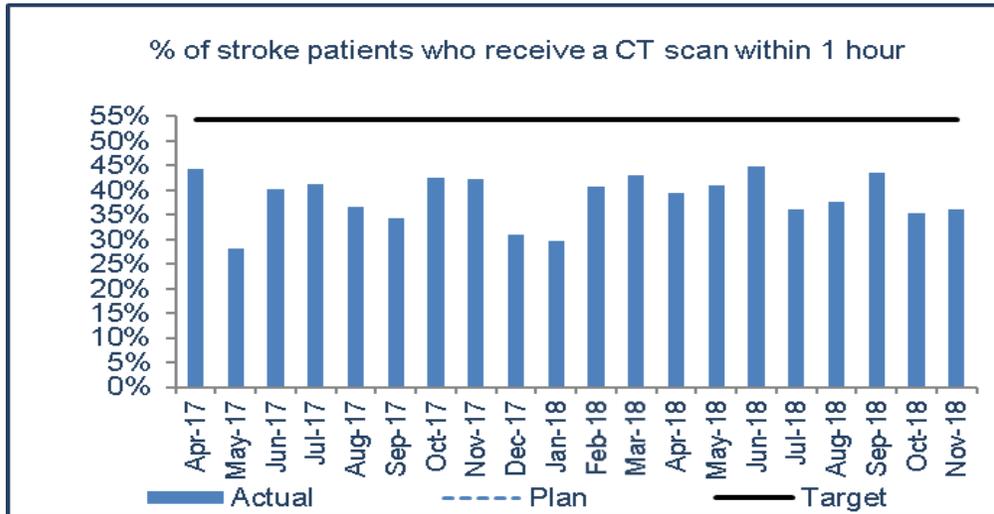
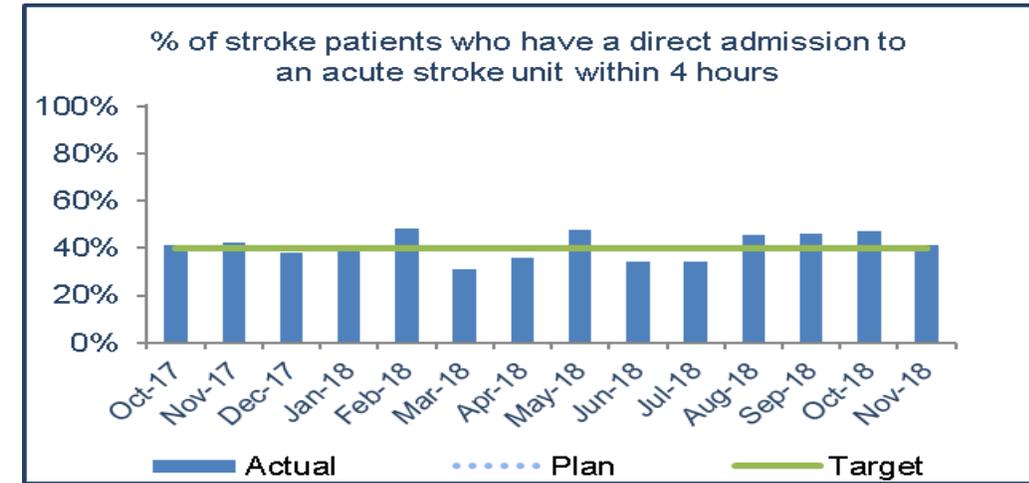
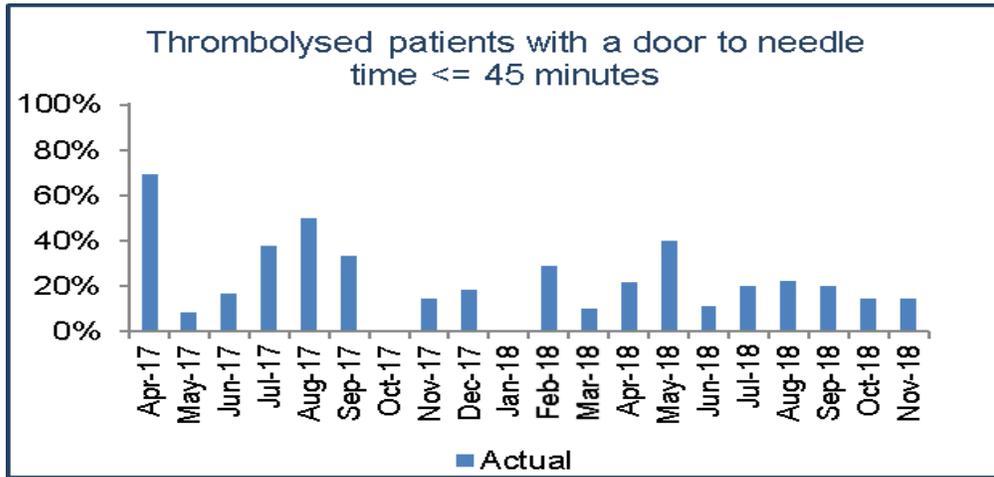
- Each site to run process mapping session with ED to identify specific issues in transfer to ASU
- Each site to consider the outcome of the DU Audit
- Each site to review options to improve the 1 CT timeline
- Discussion on the impact of removal of Consultants from GIM rotas and change of job plans

### Outcomes:

- Understanding of the blocks with opportunity to implement improvement
- Understanding of the process improvement opportunities and opportunity to implement improvement
- Improvement in the 1 hour performance
- Understanding of ability to amend job plans and introduce change

### Timelines

- Process mapping session in January 2019
- Report expected in February from DU
- CT review by end of January 2019
- Initial job plan discussions with Area in January 2019



<b>DFM 031</b>	Number of health board non-mental health delayed transfers of care (Rolling 12 months)	<b>Target</b> ≤ 1,030	<b>Plan</b> TBC	<b>Nov-18</b>	<b>1,146</b>	<b>Wales Benchmark</b> 7th	<b>Executive Lead</b> Gill Harris	<b>Status</b> ↑	<b>Months in Exception</b> 6+	<b>Escalation Level</b>
<b>LM2 31a</b>	Delayed Transfers of Care (DToC) per 10,000 population, rolling 12 months Non-Mental Health aged over 65	<b>Target</b> ≤ 2,089	<b>Plan</b> ≤ 2,089	<b>Nov-18</b>	<b>168.57</b>	<b>Wales Benchmark</b> 7th	<b>Executive Lead</b> Gill Harris	<b>Status</b> ↑	<b>Months in Exception</b> 6+	<b>Escalation Level</b>
<b>LM2 31b</b>	The number of non-Mental Health Bed Days lost due to Delayed Transfers of Care (DToC)	<b>Target</b> ≤ 129.5	<b>Plan</b> ≤ 129.5	<b>Oct-18</b>	<b>1,227</b>	<b>Wales Benchmark</b> 6th	<b>Executive Lead</b> Gill Harris	<b>Status</b> ↑	<b>Months in Exception</b> 6+	<b>Escalation Level</b>

### Actions

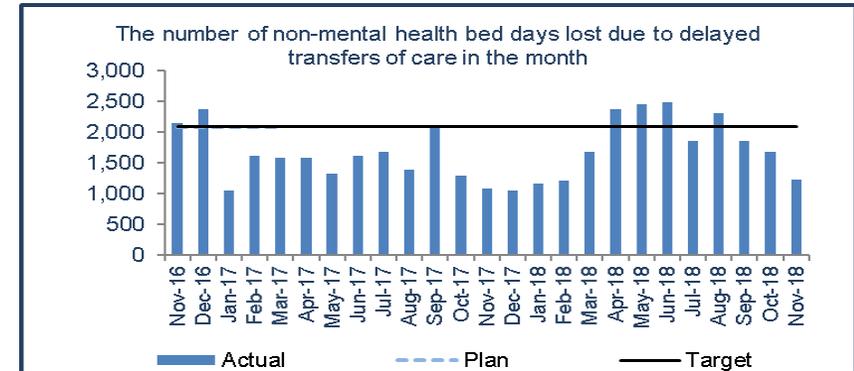
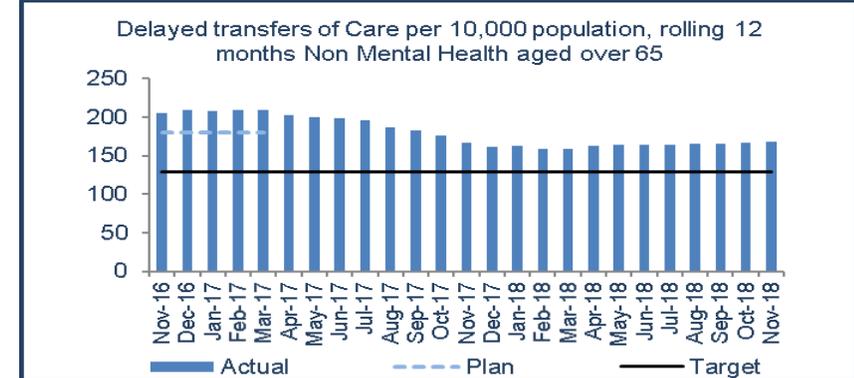
Time to Plan discharge leaflets in use  
BCU CEO Meeting with Local Authority CEO in Wrexham  
Closer working with Local Authorities having positive impact  
Reinforcing the Choice Policy

### Outcomes

Reduction in number of patients experiencing delayed transfers of care  
Increased flow of patients through system

### Timelines

We are delivering on the trajectories as part of the 90 Day Plan for Unscheduled Care and expect this to continue.



<b>DFM 055</b>	Out of Hours : Urgent patients triaged/assessed within 20 minutes	Target ≥ 98.0%	Plan ≥ 98.0%	Nov-18	<b>80.00%</b>	Wales Benchmark	5th	Executive Lead	Chris Stockport	Status	Months in Exception	6+	Escalation Level	
<b>DFM 056</b>	Out of Hours : Very Urgent patients seen within 60 minutes of initial clinical assessment	Target ≥ 90.0%	Plan ≥ 90.0%	Nov-18	<b>100%</b>	Wales Benchmark	6th	Executive Lead	Chris Stockport	Status	Months in Exception	6+	Escalation Level	

### Actions

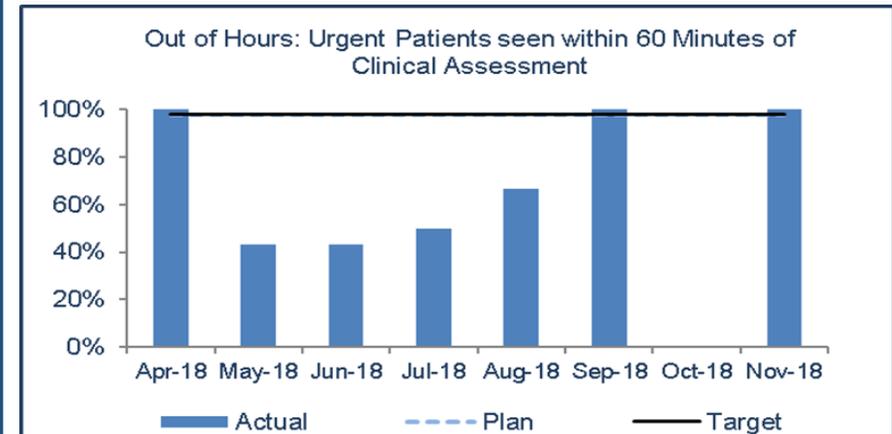
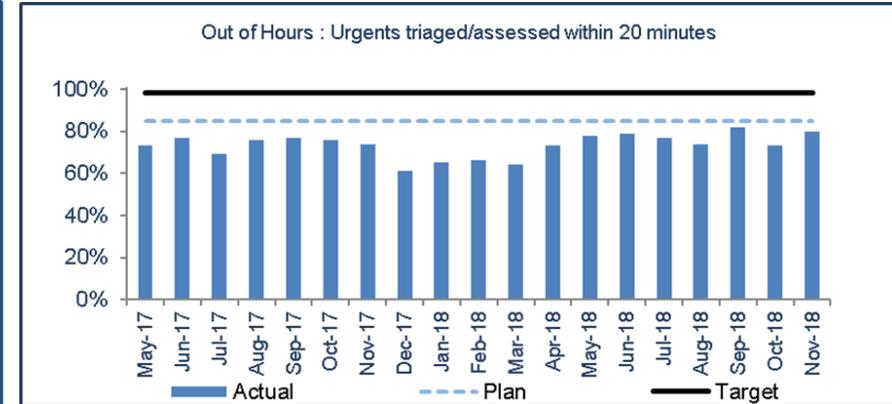
93% of triage nurse shifts filled and several new starters in place. 100% (2 from 2) very urgent patients were seen within the 60 minute timeframe. When breaches of the 60 minute measure occurs a full root cause analysis for each breach will be provided for the Committee.

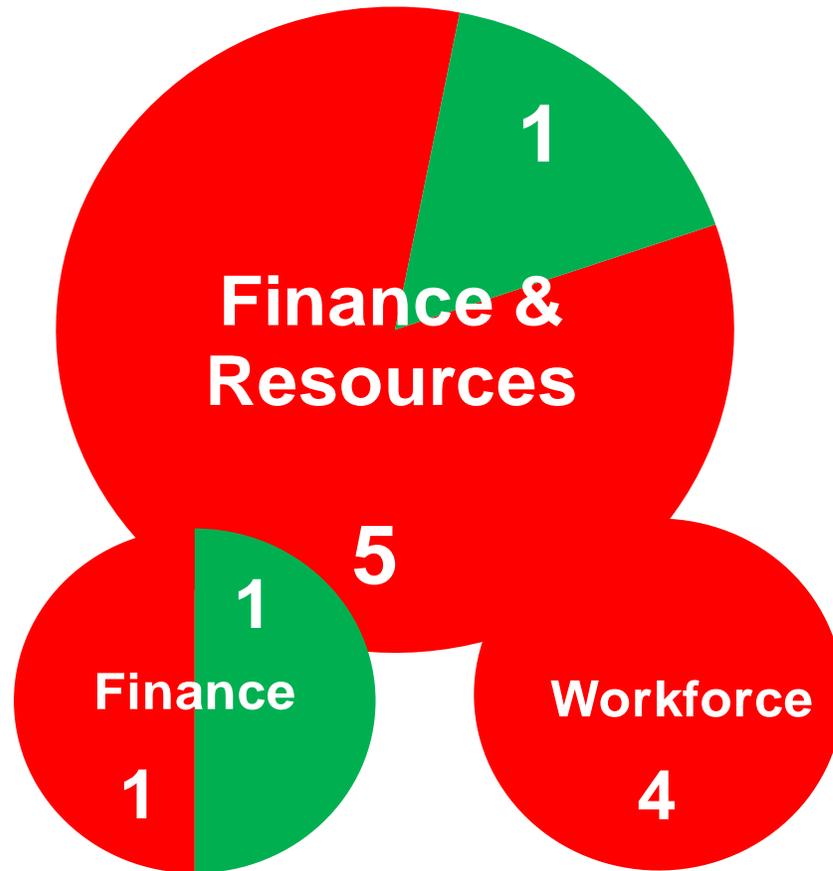
### Outcomes

More staff enables more calls to be triaged within the allotted timeframes

### Timelines

As new staff embed into the service, performance against the 20 minute measure should continue to improve over the final quarter of 2018/19. It is expected that performance against the 60 minute measure will be consistently achieved from now on.





Measure	Status	(Target)
Finance: Financial Balance	2.60%	≤ 2.0%
Finance: Agency & Locum Spend	£2.3m	≤ £2.8m
Sickness absence rates (% Rolling 12 months)	4.97%	≤ 4.50%
Mandatory Training (Level 1) Rate (%)	83%	≥ 85%
PADR Rate (%)	59%	≥ 85%
Information Governance Training	81.00%	≥ 85%

LM 302F Finance: Agency & Locum Spend

Target Reduce

Plan <= £2.8m

Nov-18

£2.3m

Wales Benchmark na

Executive Lead

Russ Favager

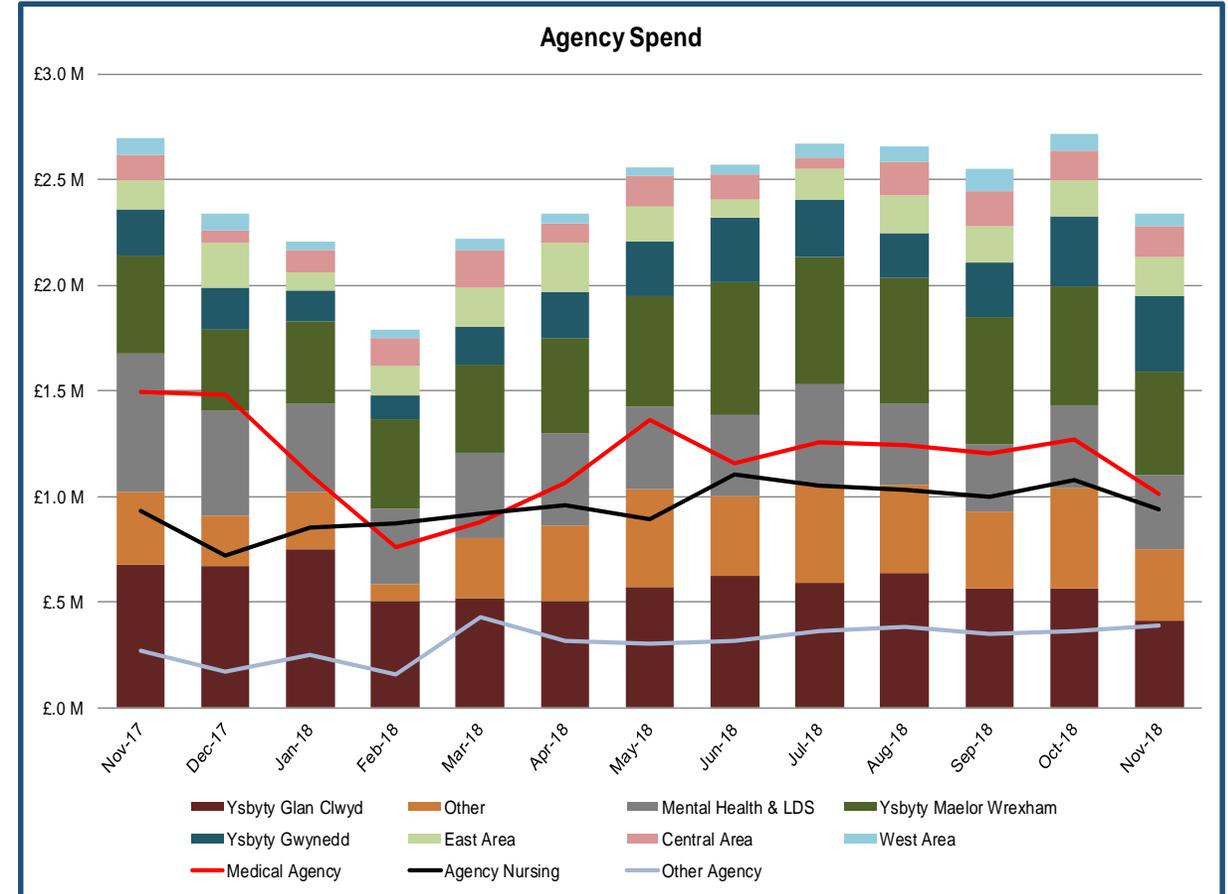
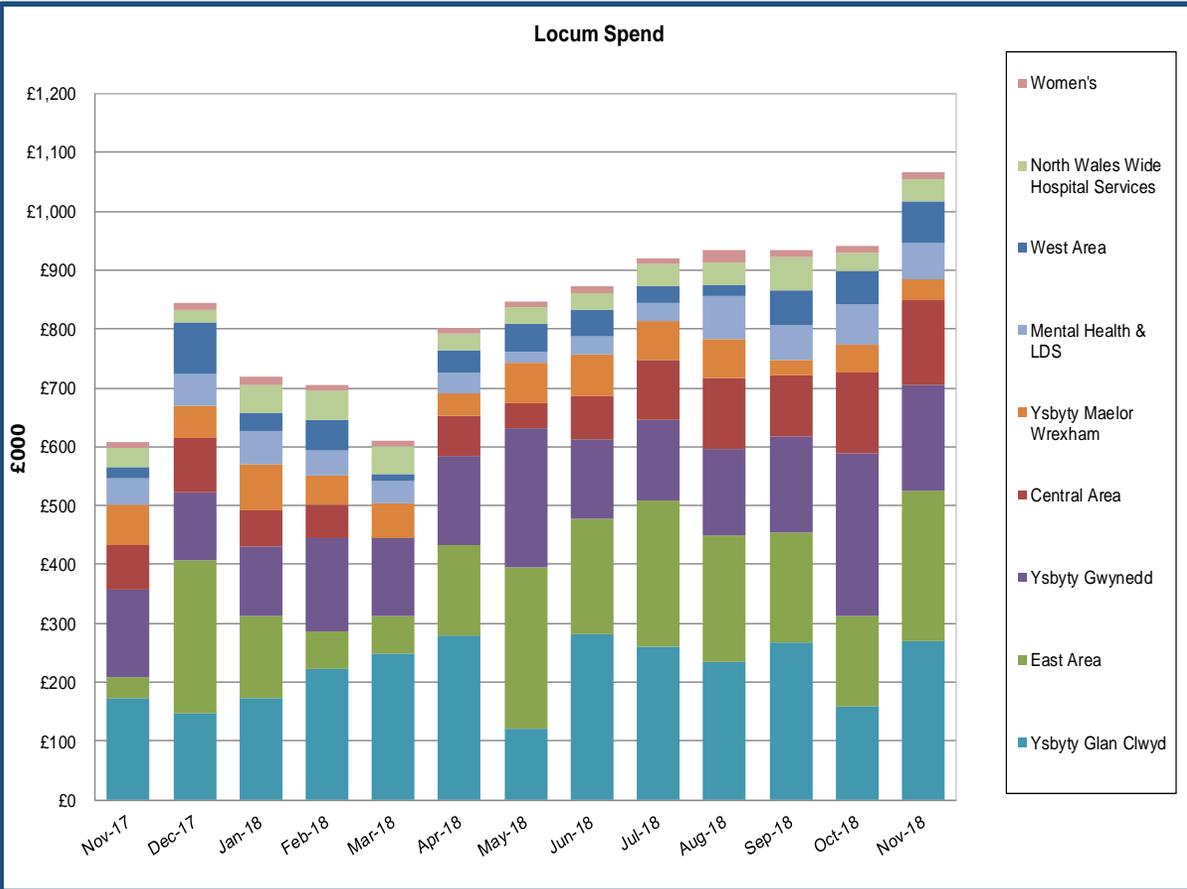
Status



Months in Exception

6+

Escalation Level



LM 301F Finance: Financial Balance

Target

Plan  
≤ 2.0%

Nov-18

2.60%

Wales Benchmark

na

Executive Lead

Russ Favager

Status



Months in Exception

6+

Escalation Level

### Actions

- Additional scrutiny of rosters is now being undertaken together with assessment of 1:1 nursing requirements
- All staff sickness has been reviewed
- Details monitoring and review of CHC places and focus on numbers
- CHC equipment purchased through joint stores
- Medical agency, pursue opportunities to re-negotiate on hourly rate for long standing agency doctors
- New AMD pathway ready should the switch to Avastin be given approval through D&T
- Executive Director of Finance to sit on D&T
- Urgent review of Hospital drug expenditure

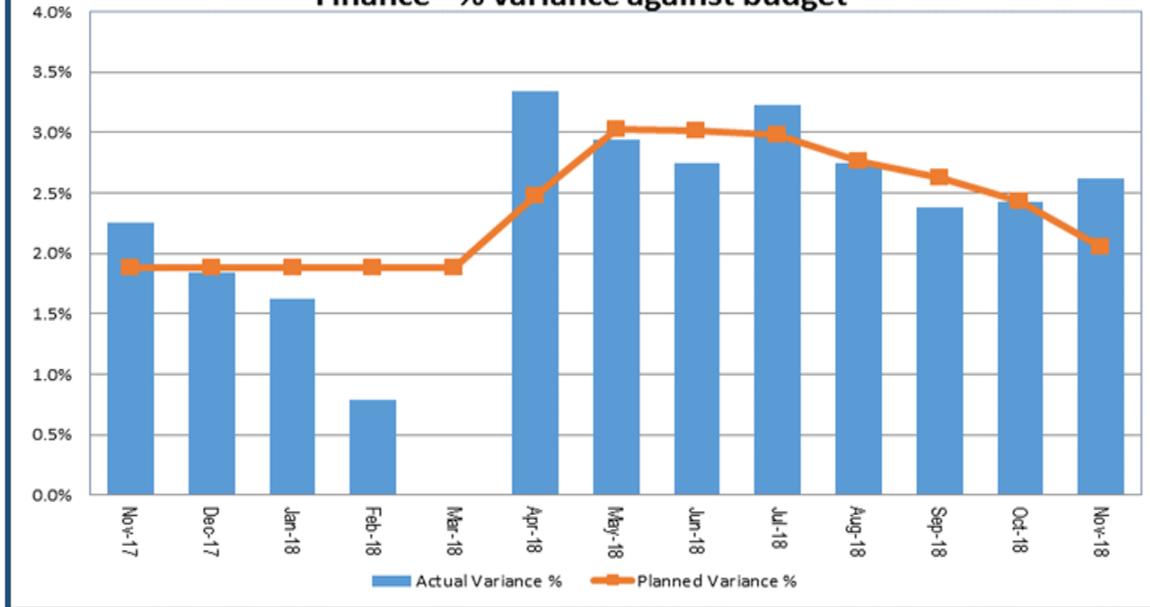
### Outcomes

The reported savings achieved to date in 2018/19 are £22.3m against a plan of £24.9m. The savings shortfall of £2.6m is largely due to under-delivery on Mental Health (£1.3m), transactional schemes (£1.5m) and workforce schemes (£1.2m), offset by over-performance on Medicines Managements schemes. Identification of savings opportunities for 2019/20 and future years is progressing and being fed into the work to develop the 3 year plan 2019-22.

### Timeline

The financial plans and savings schemes are being developed and details will be provided in the Integrated Medium Term Plan which is due to be submitted to Welsh Government in January. Delivery of the Health Board's 2018/19 Financial Plan is dependent on the delivery of savings targets and this is essential to achieve a sustainable finance position.

Finance - % variance against budget



<b>DFM 097</b>	% staff absence due to sickness (rolling 12mths)	<b>Target</b> ≤ 4.5%	<b>Plan</b> ≤ 4.5%	<b>Nov-18</b>	<b>4.97%</b>	<b>Wales Benchmark</b>	<b>2nd</b>	<b>Executive Lead</b>	Sue Green	<b>Status</b>	↓	<b>Months in Exception</b>	<b>6+</b>	<b>Escalation Level</b>	
----------------	--	-------------------------	-----------------------	---------------	--------------	------------------------	------------	-----------------------	-----------	---------------	---	----------------------------	-----------	-------------------------	--

**Where we are:** The current NHS Wales target is 4.5% changing to 4.2% in January 2019 (as part of the Pay Award conditions).

The plan for BCU is to maintain the target of 4.5% by 31st March 2019 reducing further to 4.2% by 30th September 2019.

The absence level for the rolling 12 months period as at 30/11/18 was 4.97% an increase of 0.09% from September 2018

**What are we doing about it:**

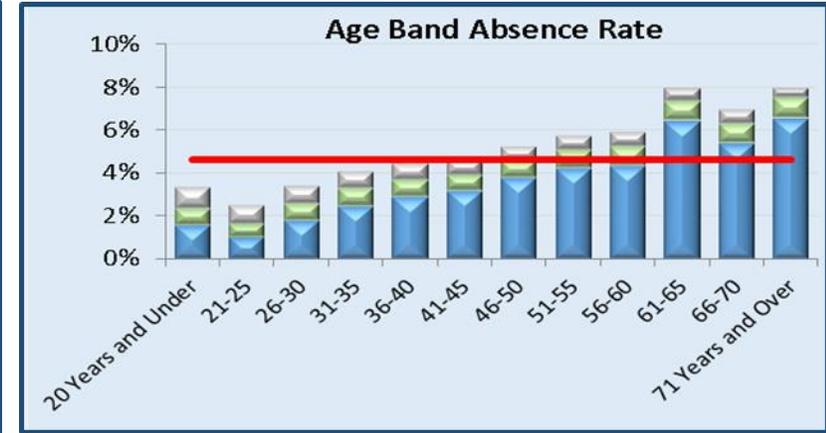
Analysis of the data has been used to inform the prioritisation of action required and is a key element of the Attendance Improvement Plan. This will be supported by the roll out of the All Wales Sickness Management Training that will be rolled out to the 1800 managers from early 2019. Training of the trainers has commenced. Longer term absence has been a particular focus, however there appears to be a surge in the number of staff reporting sick. As such analysis of this data is taking place, to understand what has changed.

Other and unknown remained the 2nd and 4th most prevalent reasons recorded for absence which may indicate a lack of management control. It is extremely important to understand the reasons for sickness in order to identify trends and provide targeted support where appropriate. The local workforce teams are addressing this issue with managers and this will also be highlighted in the sickness training. Stress, anxiety, depression and mental health illnesses remain the main reported reason for absence.

As previously stated additional measures are being identified for the areas of greatest concern i.e. mental health, emergency departments and theatres. Plans will be finalised by the end of December regarding targeted support for these areas.

**When we expect to be back on track:**

Attendance Improvement Plan is being finalised. This include trajectories for improvement for the remainder of 2018/19 towards the target of 4.5%.



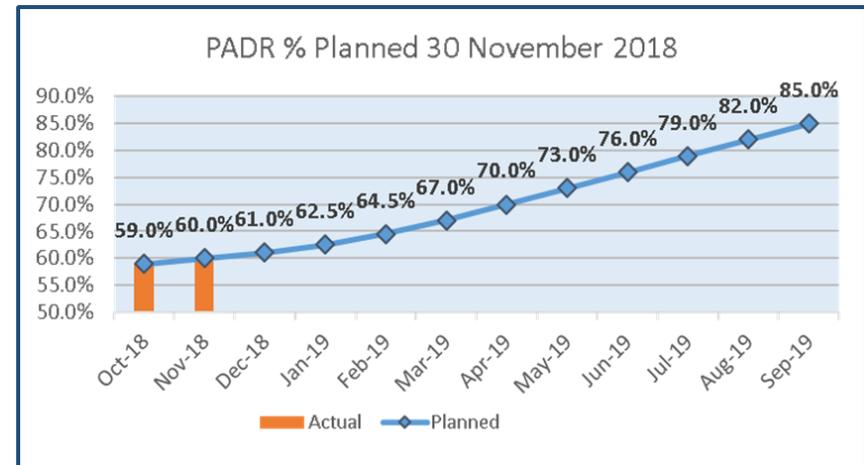
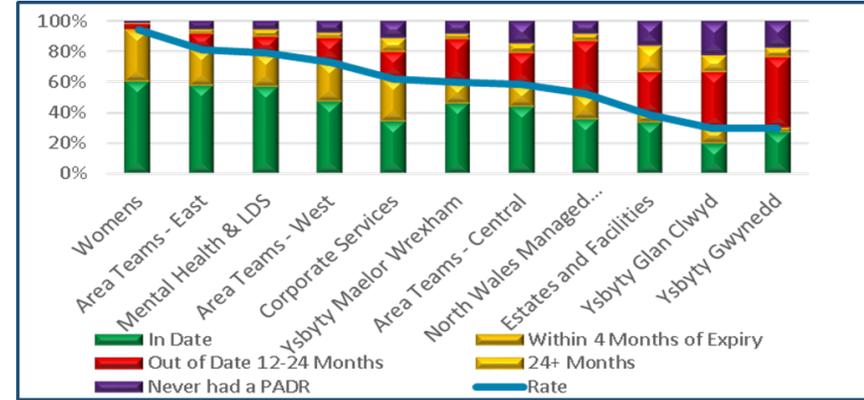
DFM 093	% of staff (non-medical) undertaking an appraisal - PADR	Target >= 85%	Plan >=84%	Nov-18	59.00%	Wales Benchmark	7th	Executive Lead	Sue Green	Status	↑	Months in Exception	6+	Escalation Level	
---------	--	---------------	------------	--------	--------	-----------------	-----	----------------	-----------	--------	---	---------------------	----	------------------	--

The PADR rate for November was 59% this equates to 9,925 PADR's completed between 01.11.2017-31.10.2018. The areas with the highest reporting of 'No PADR recorded' continue to be Secondary Care, Area Central and Estates & Facilities.

During November PADR continued to be covered on A Step Into Management (ASIM) Management Development Programme and a bespoke support session was held with the Child Psychology team. A PADR Improvement Plan is in place.

All Divisions and Corporate departments have been provided with their data of those staff who are showing as 'Never had a PADR' and staff within the 'Not had a PADR for 24 month+' category. Any errors in data are being addressed, incorrect ESR hierarchies features as an issue, this is being highlighted with the ESR team. Further actions from the Improvement plan are below:

Action	Outcome	Timescale
Review guide on how to record a PADR on ESR	Ensure guide is as user friendly as possible in order to encourage managers to record the PADR's on ESR	To be reviewed and circulated by 14 <sup>th</sup> December 2018
Offer support to the Divisions/departments with highest numbers of 'No PADR recorded' once data cleanse complete.	Reduce numbers of staff showing as Never had a PADR	Divisional/department improvement plan in place by 18 <sup>th</sup> January



DFM 096	Mandatory Training %compliance for all completed Level 1 competencies within the Core Skills and Training Framework	Target >= 85%	Plan TBC	Nov-18	83.00%	Wales Benchmark 1st	Executive Lead Sue Green	Status ←	Months in Exception 6+	Escalation Level
---------	---	------------------	-------------	--------	--------	------------------------	-----------------------------	-------------	---------------------------	------------------

### Where we are:

The performance for November 2018 for Mandatory Training compliance displayed the following: Level 1 compliance remained the same at 83% which is just 2% short of the national target of 85%, it is important to note that over the last 8 months there has been very little increase on this compliance figure. In particular 'Safeguarding Adults' decreased by 3% along with a decrease of 1% in September 2018. 'Fire training' at level 1 decreased by 2% and 'Load handling' decreased by 1%. Increases of 1% were noted with 'Information Governance', Equality & Diversity & Safeguarding Children.

Level 2 compliance maintained at 73%, In particular 'Safeguarding Adults' decreased by 2% Increases of 1 % were noted to 'Infection Prevention', 'Patient Handling' & 'Violence & Aggression' training.

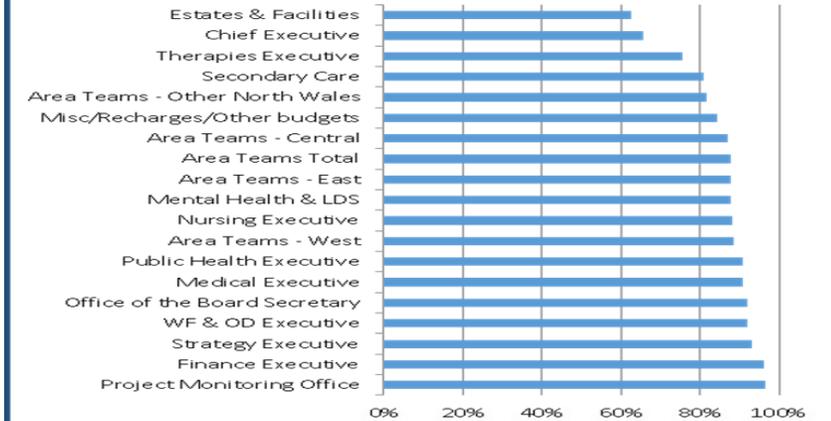
### What are we doing about it:

Did not attend (DNA) levels continue to be monitored , Resuscitation services have identified a significant reduction in 'Did not attend ' figures since the implementation of the text message reminder service. They report a reduction from 20% in January 2018 to 6% in September 2018 of training places lost. Initial discussions with Estates departments have identified training that is taking place but has not been uploaded through to ESR. This is being rectified with the relevant teams. The review of WP30 Mandatory/Statutory Training policy has completed its consultation and is awaiting ratification in December 2018 through the Policy Approval Group.

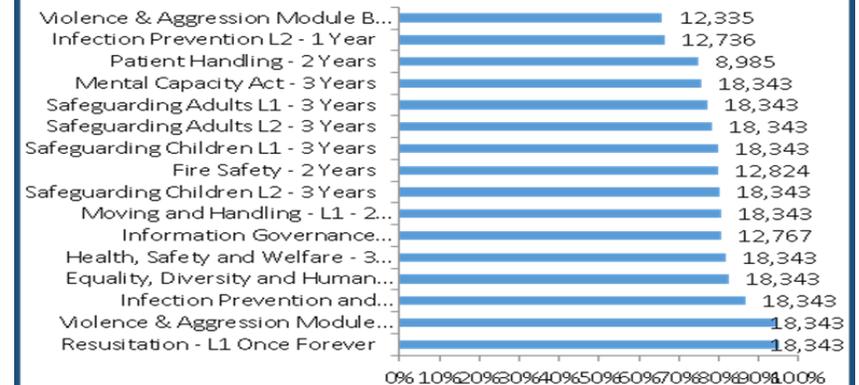
### When we expect to be back on track:

Considering the average 1% increase bi-monthly we anticipate being at target of 85% for level 1 training by the end of the Quarter 4 2018/19.

Overall November Compliance by Division



Core Mandatory Training Compliance November 2018



DFM 034	Percentage compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework	Target >= 85%	Plan >= 85%	Nov-18	81.00%	Wales Benchmark N/A	Executive Lead	Sue Green	Status ↑	Months in Exception 6+	Escalation Level
---------	--	------------------	----------------	--------	--------	------------------------	----------------	-----------	-------------	---------------------------	------------------

### Where we are:

The overall compliance rate remained the same as the previous month, however completion of the workbook figures for facilities and estates have yet to be recorded within the ESR system. There has also been an issue within the ESR E-Learning tool, which didn't automatically record completion of the session, and this is being addressed nationally.

The Corporate Information Governance Team are continuing to deliver the formal and mandatory training sessions. Following both E-learning and Face to Face training, staff competency continues to be monitored to ensure understanding of the subject is recorded. Face to Face training session continues to be well attended.

Notifications have also been issued to senior staff across the divisions highlighting areas with the lowest compliance rates to offer further support and encourage completion of the learning.

### Outcomes of Actions:

To improve compliance with the data protection legislation by providing staff with the necessary awareness, skills and tools to undertake their roles within the Health Board and also to increase compliance rates against the nationally agreed target.

### Timelines:

There was no dip in compliance during the Christmas holiday period therefore the Health Board are still on target to achieve 85% by February 2019.



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](http://www.pbc.cymru.nhs.uk)
- Stats Wales [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)  
[www.statswales.wales.gov.uk](http://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>

<b>Finance and Performance Committee</b>  17.1.19	 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board  <b>To improve health and provide excellent care</b>
---	--

<b>Report Title:</b>	Interim Accountability Framework and Processes
<b>Report Author:</b>	Mr Mark Wilkinson Executive Director Planning and Performance and Dr Jill Newman Director of Performance
<b>Responsible Director:</b>	Mr Mark Wilkinson Executive Director Planning and Performance
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	This paper sets out the proposed interim accountability framework for the Health Board and replaces the existing framework.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	The changes to the framework have been approved by the Executive Team in December 2018.
<b>Governance issues / risks:</b>	The importance of an ensuring the accountability framework of the Health Board is effective in supporting good governance is set out within the paper
<b>Financial Implications:</b>	The cost associated with implementation of the framework is in the effective use of senior management time in managing performance in accordance with the core priorities of the Board. The effective operation of the framework is designed to support the board manage resource utilisation across Health Economies.
<b>Recommendation:</b>	<p>The committee is asked to receive this paper, accept the interim arrangements being tested with a view to adaption and adoption aligned to the 3 year operational plan 2019-2022.</p> <p>The committee is asked to confirm these arrangements replace the existing framework ratified in December 2017 and advise the Audit Committee of the change.</p>

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

life		seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
This framework forms part of the overall governance arrangements of the Health Board <a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a>			
<b>Equality Impact Assessment</b>			
N/A			

*Disclosure:*

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

# Betsi Cadwaladr University Health Board

## Interim Accountability Framework and Processes

### Summary

- Interim accountability review arrangements to run in 2019 with intent to learn from process and adapt and adopt for 2019-2022 planning period.
- Delivering our plans requires a team focus.
- Accountability is exercised via a) the Board and committees, b) individual objective setting, and c) quarterly accountability review meetings.
- Health Economy based accountability reviews (three economies: west central and east) with the performance of divisions and areas as a 'subset' of geographic economy based performance.
- Escalation framework mirroring Welsh Government framework of tiered escalation.

### Purpose

This paper sets out the proposed interim accountability framework for the Health Board and aims to replace the current framework approved by the Finance and Performance Committee in December 2017. It will run for the bulk of 2019 with a view to learning from the quarter 3 process, adapting and adopting as the framework for the 2019-2022 health board's three year plan.

Flowing from the plan and this accountability framework the integrated performance reporting framework arises. This reporting framework will be the subject of a further paper setting out the arrangements proposed from team/site to board.

### Background

The current framework requires review following the change of Executive portfolios and reflections on changes needed to support the organisation achieve strategic and operational objectives.

As part of our duties the NHS Wales planning framework requires all Health Boards in Wales to produce 3 year Integrated Medium Term Plans (IMTPs), or Annual Plans explaining how they will meet their objectives and deliver improvements with pace and purpose.

In order for the Health Board to be assured that we are on track to deliver this improvement, the performance management process needs to be effective. Performance assurance, performance management and performance improvement are dependent on a clear framework of accountability with teams and individuals clear as to the expectations placed on them, the resources available to them to deliver and awareness of the consequences of non-delivery.

## Principles

Best practice shows that in order to ensure an organization assesses performance across all aspects of business, it is vital that different perspectives are captured to provide a fully integrated view of performance across the Health Board – delivering our plan is a team responsibility.

The key objective of the accountability framework is to ensure that information is available which enables the Board and senior management teams to understand, monitor, and assess the quality and performance of the organization, enabling appropriate action to be taken when performance against set targets deteriorates.

The accountability framework needs to support the organization in delivering:

- a) The strategy set out by the Board through the our plans.
- b) Operational ownership of the key organisational priorities.
- c) Clarity of expectations as to level of performance expected.
- d) Opportunity for accountable officers to discuss support needed to achieve expected levels of performance
- e) Challenge to accountable officers through a holding to account mechanism for areas where performance falls below expectations.

To do this effectively, information must be timely, accurate, consistent and complete.

## Proposed Accountability Arrangements

It is proposed that existing arrangements for accountability are strengthened in the following ways:

- a) The Board through its meetings and committees will hold the Executive responsible for areas within their portfolios. **BOARD AND COMMITTEES**
- b) The Chief Executive will through objective setting and personal performance reviews hold Executives to account for the performance management of their portfolios - the executive sponsor of each of the indicators within the National Outcome Framework will be assigned to a named Executive. **SETTING OBJECTIVES**
- c) Each Executive Director will through objective setting and personal performance reviews hold direct line reports to account for delivery of agreed objectives. There will be a matrix management approach; this means that Divisional Directors will have objectives to meet which fall within an Executive Portfolio outside of their Executive Line Management. **SETTING OBJECTIVES**
- d) The Executive Management Group (EMG), chaired by the CEO is responsible for performance monitoring of the indicators within the NHS Wales Delivery Framework. **ACCOUNTABILITY REVIEWS**
- e) The Chief Executive will monitor performance across geographically defined health economies on a quarterly basis to support delivery of integrated health care. **ACCOUNTABILITY REVIEWS**

The remainder of this paper proposes a new approach to accountability reviews.

The Chief Executive will chair quarterly performance reviews. This process will be led by the Executive Director of Planning and Performance, with support from the Director of Performance.

Crucially, the Divisions will also have the opportunity to raise issues where support or discussion is required.

The scope of the reviews will be performance achievements and challenges against the 2018/19 core delivery priorities (January and April 19), and the operating plan from July 19 onwards.

The accountability review will have a formal agenda, be minuted and the outcomes from the discussion including the overall assessment will be communicated to the divisional directors in a timely fashion. Within these meetings individual directors will normally assume overall responsibility for reports from within their own portfolio.

Discussions relating to individual performance will be conducted on a 1:1 basis by individual directors in accordance with normal line management arrangements. (see above)

The information provided within the reviews will align to the indicators used by the Board through the operational planning and integrated quality and performance reporting processes, reflected in a disaggregated manner through the Health Economy performance reports. Divisional performance reports will continue as subsets of the Health Economy performance report. The Divisional Governance structure will mirror that of the Board and its committees with Divisional Directors responsible for holding their direct reports accountable for delivery of quality and performance at a disaggregated level, with escalation as appropriate from the Division to the Executive.

In order to have a single version of the truth validated and submitted information will be used and this will be locked down 7 days prior to the meeting to ensure all participants are sighted on the same information.

The focus of the accountability reviews will be geographically health economy based performance with the performance of divisions and areas as a subset of these as described above.

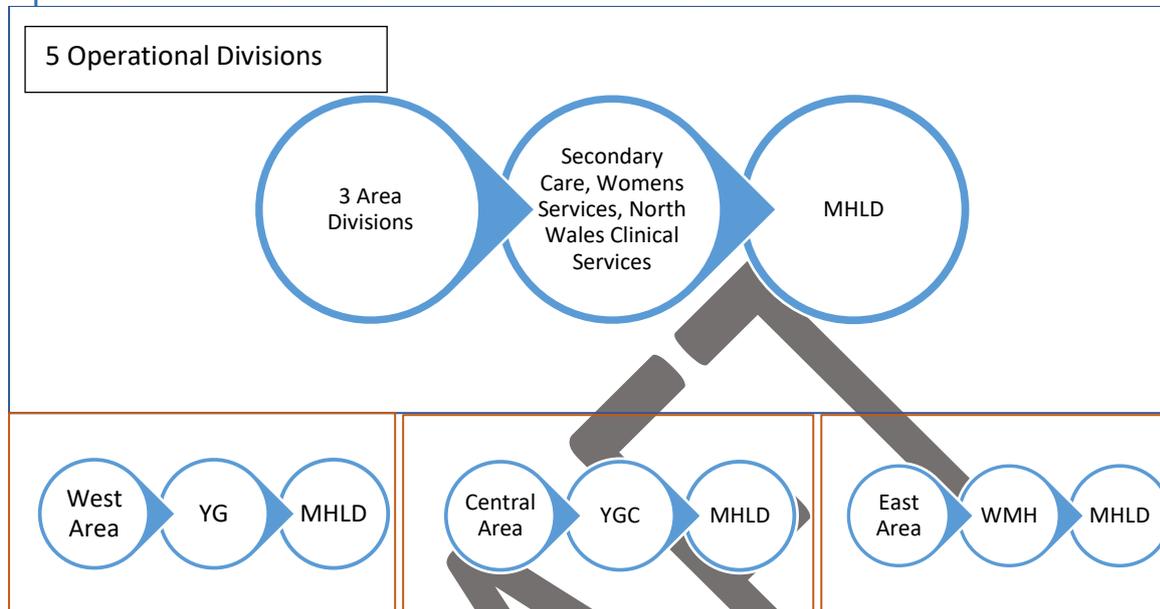
There will be three in-depth performance reviews held on a quarterly basis for the place based systems:

- West and Ysbyty Gwynedd
- Central and Ysbyty Glan Clwyd
- East and Wrexham Maelor Hospital

The hosted services will be discussed under the host placed based review e.g. palliative care services will be discussed in the East and YGC health economy meeting with the East Area team accountable.

Mental health and learning disability services, North Wales Clinical Services and Womens services will be discussed in each health economy review with information disaggregated where possible to each of the health economies.

### Operational arms of the health board held to account



A typical format will be scheduled for around 2 hours and would generally include:

- Health Economy based responsibilities:
  - Mental health and learning disability services
  - Secondary care, womens and N.Wales managed clinical services
  - Area responsibilities

The format will enable the health economy to present its current position and challenges against the core health board priority areas and discussion to be framed in relation to those indicators themed to:

- Quality and Safety
- Performance
- Use of Resources – Finance, Workforce, Estate
- Organisational development and learning

Attendance is required from respective Area, Secondary care, Womens, North Wales Managed Clinical Services and Mental health and LD directors to cover the agenda items. Usually attendees will include:

- Secondary care, Area, and Mental health and LD Directors
- Area and Secondary Care Medical Directors
- Area and Secondary Care Nurse Directors

All executive directors will be requested to prioritise this process.

Following the review day the Executives will confirm outcomes and determine escalation levels. Escalation processes will be in line with the WG framework and designed to ensure issues of concern are given increased support to improve performance within an agreed timeframe.

Escalation is possible on individual issues of concern, divisional responsibilities within the health economy or across the whole health economy. The escalation process within the performance framework is based on the outputs and outcomes against the core priorities and may not be directly aligned to performance of individuals.

The escalation levels will be triangulated with individual personal development and PADRs. Assessment of individual performance against agreed objectives will not necessarily be consistent with the level of Departmental escalation (an area could be progressing well against a target but individual progress against objectives could need improvement and vice versa).

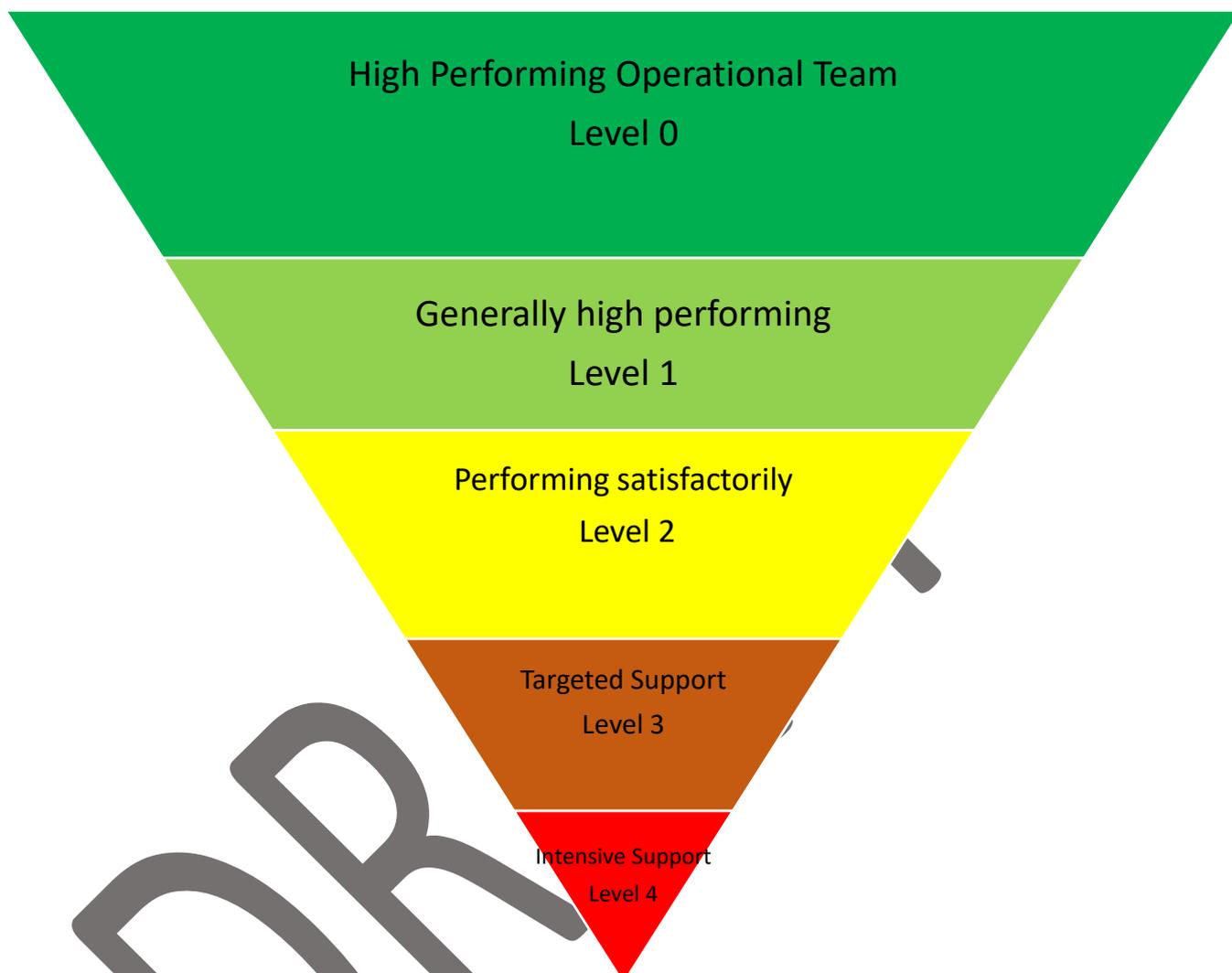
#### Initiation of the process

The process will commence in January 2019 and reviewed in a collaborative manner at the end of Quarter 4 with a view to adapting based on learning and adopting formally for use throughout the 3 year operational plan period 2019-2022.

DRAFT

## Appendix 1: Escalation Framework

The levels of escalation are shown below:



### [Governance arrangements](#)

The overall results for each of the Health Economy Reviews will be presented to the EMG and the Finance and Performance Committee of the Board.

<b>Finance and Performance Committee</b>  17.1.19	 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board  <b>To improve health and provide excellent care</b>
---	--

<b>Report Title:</b>	<b>Unscheduled Care 90 day plan and Winter Resilience Update Report</b>
<b>Report Author:</b>	Meinir Williams, Associate Director of Unscheduled Care
<b>Responsible Director:</b>	Gill Harris, Executive Director of Nursing and Midwifery
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	To update the Committee on the 90 day plan and the Winter Resilience arrangements for 2018/19
<b>Approval / Scrutiny Route Prior to Presentation:</b>	Prior approval from Executive Director of Nursing and Midwifery
<b>Governance issues / risks:</b>	Not applicable
<b>Financial Implications:</b>	Not applicable
<b>Recommendation:</b>	It recommended that the Finance and Performance Committee: <ul style="list-style-type: none"> <li>• Note the content of the paper</li> </ul>

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

6.To respect people and their dignity			
7.To listen to people and learn from their experiences	X		
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a>			
<b>Equality Impact Assessment</b>			
<i>(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see <a href="http://howis.wales.nhs.uk/sitesplus/861/page/47193">http://howis.wales.nhs.uk/sitesplus/861/page/47193</a> )</i>			

**Disclosure:**

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

## Unscheduled Care 90 day plan and Winter Resilience Update Report to Finance and Performance Committee – January 2019

### 1) Purpose of Report

This report provides a further update on the progress made against the unscheduled care 90 day plan following the launch on 10<sup>th</sup> of October 2018, and subsequent update to Finance and Performance Committee (F&P) in November 2018.

An update is also provided on the winter resilience plan and its level of effectiveness, with particular focus on November, December and early indications of month to date for January.

### 2) Progress in Context

The Unscheduled Care plan was formally launched at a multi agency event on the 10 October 2018. Since the launch, work has been undertaken to develop and agree the measures used to understand the impact of each task, or grouping of tasks within the 90 day plan.

There are 3 overarching 90 day plans –West, Central and East. The plans are split into three specific areas for improvement – Demand Management, Flow and Discharge. The plan includes a total 161 tasks designed to deliver improvements to the unscheduled care system, of these 134 have been completed. The outstanding tasks - 4 in Demand Management, 18 in Flow and 5 in Discharge; will carry forward to the second 90 day cycle.

Performance against each measure which were agreed by each locality at a lengthy meeting which reviewed each measure and trajectory in detail; is mapped monthly. This report describes the performance against trajectories for November and December and these are depicted in charts 1.0 to 1.3.

#### **Chart 1.0 BCUHB Performance**

BCU	Trajectory (bespoke)					Actual				
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Dem1.1 MIU	159	152	157	166	172	160	137	130		
Dem1.2 Ambulance	133	131	124	121	120	142	144	151		
Dem2.1 GP admissions	56	50	47	47	47	60	66	61		
Dem2.3 Care home	15	14	13	12	10	24	23	24		
Flo1.1 >4hr (inc MIU)	72%	74%	72%	76%	77%	71%	72%	68%		
Flo1.2 60 minute	24	24	27	26	22	29	13	14		
Flo1.3 Average wait	5.7	5.5	5.7	5.3	5.1	6.0	5.4	5.6		
Flo2.1 24 hours	8	5	3	2	0	21	13	11		
Flo2.3 Paeds >4hr	10	8	5	3	0	13	14	12		
Dis1.2 DTOC	53	51	48	48	45	54	36	26		
Dis1.3 MFD	55	46	40	33	26	66	63	84		
Dis2.1 Morning	20%	21%	20%	21%	22%	17%	19%	18%		
Dis2.2 Weekend	160	165	164	164	169	153	166	207		
Dis2.3 LOS>21	360	354	349	336	331	383	345	319		

**Chart 1.1 – West performance**

West		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Dem1.1	MIU	53	55	57	59	61	53	47	42		
Dem1.2	Ambulance	40	39	38	36	35	40	40	43		
Dem2.1	GP admissions	21	20	19	19	18	24	25	23		
Dem2.3	Care home	5	5	4	4	3	6	6	5		
Flo1.1	4 hr (inc MIU)	80%	81%	80%	82%	82%	79%	82%	79%		
Flo1.2	60 minute	7	7	7	6	6	8	5	3		
Flo1.3	Average wait	4.5	4.5	4.5	4.5	4.5	4.5	4.0	4.0		
Flo2.1	24 hours	0	0	0	0	0	2	0	0		
Flo2.3	Paeds >4hr	2	2	1	1	0	3	2	2		
Dis1.2	DTOC	13	13	13	13	14	11	13	5		
Dis1.3	MFD	45	38	31	25	18	53	45	37		
Dis2.1	Morning	18%	19%	20%	21%	22%	16%	18%	17%		
Dis2.2	Weekend	53	55	56	58	59	55	56	70		
Dis2.3	LOS>21	83	84	85	87	88	91	63	51		

**Chart 1.2 – Centre performance**

Central		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Dem1.1	MIU	84	75	78	85	89	87	76	72		
Dem1.2	Ambulance	49	49	45	44	45	56	56	60		
Dem2.1	GP admissions	19	14	12	13	14	19	21	20		
Dem2.3	Care home	4	4	4	4	3	11	11	11		
Flo1.1	4 hr (inc MIU)	74%	76%	74%	77%	77%	73%	74%	69%		
Flo1.2	60 minute	8	9	12	11	8	11	3	7		
Flo1.3	Average wait	6.3	6.1	6.4	6.1	5.7	6.7	6.0	6.2		
Flo2.1	24 hours	2	0	0	0	0	10	7	6		
Flo2.3	Paeds >4hr	2	2	1	1	0	2	3	3		
Dis1.2	DTOC	2	2	1	3	3	5	5	3		
Dis1.3	MFD	3	1	1	1	0	6	5	8		
Dis2.1	Morning	22%	23%	21%	22%	21%	18%	17%	16%		
Dis2.2	Weekend	55	57	53	50	52	49	47	68		
Dis2.3	LOS>21	75	74	73	65	65	86	77	75		

**Chart 1.3 – East performance**

East		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Dem1.1	MIU	21	22	22	22	22	20	14	16		
Dem1.2	Ambulance	44	43	42	41	40	46	48	49		
Dem2.1	GP admissions	16	16	15	15	15	17	20	18		
Dem2.3	Care home	6	5	5	4	4	6	6	8		
Flo1.1	4 hr (inc MIU)	61%	64%	63%	69%	72%	59%	59%	55%		
Flo1.2	60 minute	8	8	8	8	8	10	5	4		
Flo1.3	Average wait	6.3	5.9	6.1	5.4	5.1	6.7	6.0	6.3		
Flo2.1	24 hours	6	5	3	2	0	10	6	5		
Flo2.3	Paeds >4hr	6	4	3	1	0	8	9	7		
Dis1.2	DTOC	38	36	33	31	29	38	17	18		
Dis1.3	MFD	6	7	7	8	9	7	12	39		
Dis2.1	Morning	19%	20%	20%	21%	21%	19%	20%	20%		
Dis2.2	Weekend	51	53	55	56	58	49	63	69		
Dis2.3	LOS>21	202	196	190	184	178	207	205	193		

## **Demand Management**

The demand management 90 day plan includes pathway and engagement tasks, which has achieved its improvement trajectory within the first 30 days. This has demonstrated an increased WAST utilisation of our MIUs by 25% based on the same period last year.

The next cycle of demand management 90 day plan will focus on driving greater use of MIU more generically across the UHB. Self-presenting and navigation away from EDs will step up pace in helping the population make better choices when using urgent care services. The partnership pathway work with WAST and enhanced clinical services in our MIUs will support a shift in how our MIUs support the urgent care demand.

In addition the UHBs commitment to transforming GP Out of Hours (GPOOH) services into a single service structure, GP led as opposed to GP delivered, will be another addition to the second cycle of the demand 90 day plan.

The Single Integrated Clinical Assessment and Triage service (SICAT) went live on 12<sup>th</sup> November 2018 for phase 1 of its implementation, responding to Healthcare Professional (HCP) calls and supporting the WAST stack. To date the service have supported over 200 patients to access care either via alternative pathways or self-help. Recruitment continues into the service, and a 4<sup>th</sup> GP Hub is due to go live at the end of January which means that the service will very soon extend its operational hours and its multi-disciplinary approach. Training and development of SICAT is support by the 111 Programme Team and part funding for the development is provided by 111.

Additional operational hours of SICAT will support GPs to access alternative pathways and reduce the number of patients currently being admitted to the acute sites. Area teams continue to develop alternative pathways based in our communities such as the Ambulatory Care Unit delivered by the Central Area team based at Llandudno General Hospital. These schemes are included in the local iterations of the 90 day plans.

A gap in alternative pathway for individuals with psychological distress was identified partly from SICAT and from the Integrated Mental Health Services. In response a new scheme has been established based at each hospital site which receives undifferentiated referrals and offers practical and talking therapy support to those in distress but not considered to be acutely ill. This service, aptly named 'I CAN' forms part of the UHBs Mental Health Strategy, and the Board are very grateful for the support offered from Emergency Ambulance Services Commissioning team (EASC) funding. The service is staffed and supported by third sector partners, and thought in its very early stages has seen some really poignant patient stories where support at this basic, early stage of crisis has prevented escalation of mental illness and self-harm. Improvement measures for this service are currently being developed via the newly added Mental Health 90 day plan.

A reduction against the number of admissions from the Care Home sector has not been seen in November or December. However, comparable performance to the same period last year demonstrates a consistent level of demand, which could

suggest that the actions of the 90 day plans have managed down the predicted growth curve in this cohort of patients. Further work is ongoing through the second cycle of the 90 day plans will continue the focus on Treatment Escalation Plans, Primary Care based Local Enhanced Services and multi-disciplinary teams allocated to support our most vulnerable, high demand homes.

A significant reduction in the number of patients being delayed in ambulances for 60minutes or more is the most remarkable improvement seen within Unscheduled Care to date.

We have seen a 70% reduction in the number of ambulance delays since November 2018 comparable to the same period last year, and this is demonstrated at all 3 sites. The performance shift at Ysbyty Wrexham Maelor is notable and the site have moved to a place where we have seen only 4 patients delayed since January 6<sup>th</sup> to the time of reporting (January 10<sup>th</sup>), against a backdrop of high ambulance conveyances (400), and a high level of site escalation (consistent level 3 fluctuating up to 4 on occasions), and a challenged Emergency Department (ED).

The consequence of the UHB shift in ambulance handover has seen a marked reduction in the number and severity of incidents received for the same period in 18/19 (n.33) compared to 17/18 (n.43) with no Regulation 28 reports at time of writing, relating to harm resulting from ambulance delays in 18/19.

### **Flow**

Flow remains the greatest challenge for the UHB, and we see varying degrees of success by locality against the flow trajectories.

Chart 1.1 describes the performance against trajectory in the West. It is encouraging to see that despite the West agreeing ambitious stretch trajectories, their performance against the majority of measures have been achieved in November and December.

The challenge in the West - similar to that in Centre and East, are the tasks designed to increase the use of our MIUs. Working with WAST, GPOOH and navigation away from EDs are all part of the strategy to improve.

Chart 1.2 shows Centre with declining performance trends. A recovery plan in November failed to deliver improvement in December, and work is currently underway to understand what is needed to ensure a shift in delivery from January onwards. Practicus continue to support the site on its improvement journey, and focus on the 'back door' is essential if the situation at YGC is to improve. We continue to work with our Local Authorities partners, and this is led by the Central Area team.

We have, however, seen a consistent reduction in the number of patients held in ambulances for 60 minutes or more and this has contributed to the pan Health Board improvement. January month to date is showing an improvement in the combined 4 hour performance comparable to the same period last year and December 2018.

Chart 1.3 illustrates a mixed delivery against the trajectories in East. Though we have seen continued challenges in improving the 4 hour performance, the reduction

in >60 minute ambulance as noted previously is remarkable given the site position during the same period last year.

### **Discharge**

It is pleasing to see the reduction in the number of patients waiting 24 hours or more in ED for a bed in the East. The trajectory has been achieved in November and December. Early indications show that this trend is continuing into January.

This is directly linked to actions taken as part of the Discharge 90 day plan. Development and rollout of a revised choice policy with accompanying information leaflet was reported last month as being achieved, and the improvements seen with reduction in the number of delayed patients is in part due to the work on the choice policy.

The next 90 day plan for Discharge is focused on 'stranded patients', trusted assessor and enhancing the multi-agency collaboration in search of innovative ways to address Independent sector capacity gaps and social care workforce.

Measures such as morning and weekend discharges, reduction in length of stay and the number of patients reported as delayed transfers of care, all reflect the patient experience. All these quality measures have been achieved in the East and West for November and December with the exception of morning discharges.

### **3) Winter Resilience Plan**

The winter resilience plan in essence has been reflected through the first cycle of the 90 day plans. The performance against the measures appears to have a direct correlation to the pressures across each locality, and the local system's ability to manage during periods of high and extra ordinary demand.

The UHB has seen increasing demand through our Unscheduled Care pathways since early December. Demand has broadly been equally distributed across the three localities.

The system response in West has resulted in the site remaining at a consistent escalation level 2 and 3, with a rapid and timely de-escalation of risk levels.

Since December the Central area has experienced sustained and protracted periods of high escalation at level 4, high risk and significant challenges in implementing actions sufficient to reduce the risk and manage down to safer operating levels. This has been particularly challenging in the first 2 weeks of January. Teams have worked tirelessly to maintain patients safety, and despite the demand and high levels of escalation it must be commended that ambulance handover has seen a significant improvement based on the same period last year and 18/19 to date.

The East functioned at higher levels of escalation and risk in November, but December has seen sustained lower levels and an ability of the site to recover and de-escalate quicker than in previous months and years. Though remedial actions appear to be sufficient, timely execution continues to be a challenge. This is particularly true in the Wrexham Maelor site ability to expedite enough early discharges to meet the demand, and we continue to see patient movement around

the site late into the evening. Work is ongoing to ensure the ED minor's stream is protected, and that children are moved through their ED care much quicker than is currently the case.

British Red Cross support services to both Wrexham Maelor and Ysbyty Glan Clwyd have now commenced, and the UHB is working collaboratively with Welsh Government in securing additional third sector schemes designed to support a speedy pathway through unscheduled care. We are keen to ensure that any schemes centrally funded by WG helps the UHB to maximising the community offer of Health and Social Care support.

## 5) **Recommendations**

It is recommended that Finance and Performance Committee note:

- The content of the paper and progress made against the 90 day plan.
- The progress and update against the Winter Resilience Plan
- Recognise the achievement against the 90 day measures and how this is indicating the system ability and resilience to meet periods of demand and high escalation
- The position highlighted at Ysbyty Glan Clwyd and the ongoing work to agree actions to address and improve performance.
- That the next cycle of the 90 day plan is being finalised but will include all the outstanding actions carried forward from this iteration.
- The ongoing focus to improve the partnership working relating to the UHBs Unscheduled Care Improvement journey above the current Associate Director attendance at Leadership Group, and Executive representation of the plans at the Strategic Partnership Board

**NOTE:** Appended – definitions of 90 day plan measures.

### Appendix: 90 day plan measures definition

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

Finance and Performance Committee  17.1.19	 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board  <i>To improve health and provide excellent care</i>
--	--

<b>Report Title:</b>	Referral to Treatment (RTT) Update
<b>Report Author:</b>	Steven Vaughan, Interim Director of Secondary Care
<b>Responsible Director:</b>	Dr. Evan Moore, Medical Director (Executive Lead for RTT) Adrian Thomas, Executive Director of Therapies & Health Sciences (Executive Lead for Cancer & Diagnostics)
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	To provide the Committee with the monthly update of current position regarding performance, Welsh Government scrutiny, financial implications and remedial actions in place to enhance performance
<b>Approval / Scrutiny Route Prior to Presentation:</b>	Regular update report requested by Committee
<b>Governance issues / risks:</b>	The update clarifies the performance risk (current forecast is deteriorating, meaning there will be more long waiting patients at the end of 2018/19 than planned). There are potential financial risks associated with current levels of activity being delivered against budget and potential risks if expected external funding is not received.
<b>Financial Implications:</b>	The update provides an overview of progress to date and next steps in finalising the funding of estimated additional costs for providing planned care during the final quarter of 2018/19.
<b>Recommendation:</b>	The Committee is asked to note for information the update

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to		4.Putting resources into preventing problems occurring or getting worse	√

achieve their own well-being			
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences			
<b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>			
<i>Strategic &amp; Service Planning</i>			
<a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a>			
<b>Equality Impact Assessment</b>			
<i>No change in policy associated with this update</i>			

*Disclosure:**Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

## Referral to Treatment Update - December

### 1. Introduction

This paper provides a performance update for November/December and details recently agreed actions with Welsh Government to oversee delivery to end of March 2019.

### 2. Performance

#### *Waiting List snapshot*

During November and December there were further small deteriorations in the number of patients waiting 36+ weeks to 7064 (based on Draft data, 09/01/19). The specialties with deteriorating trends in General Surgery (all sites), Urology (YG & YGC), Ophthalmology (all), Maxillo-facial (all) & Dermatology (East Area). In addition, capacity assumptions underpinning the forecast in Pain (YMW) and Gastroenterology (YGC & YMW) maybe compromised in the coming weeks. The table below shows the monthly movements.

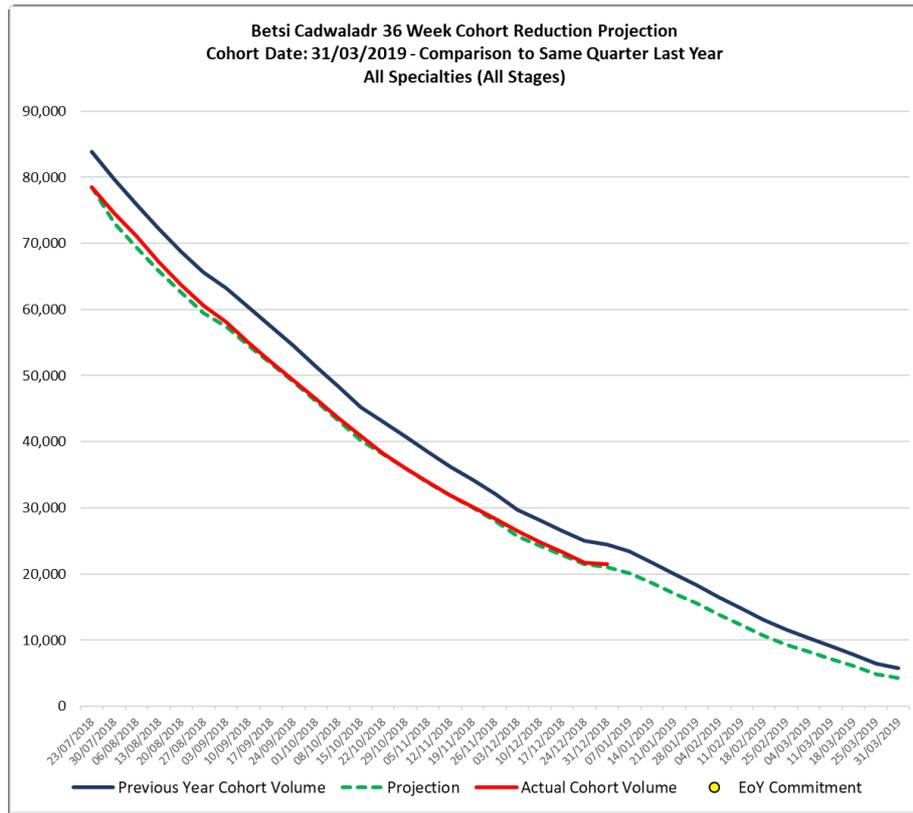
Month end	Patients waiting 36+ weeks	In month change
March	5714	
April	6404	+690
May	6428	+14
June	5814	-614
July	6631	+817
August	7364	+733
September	6351	-1013
October	6643	+292
November	6932	+289
December	7064	+132

*Draft data 09/01/19*

#### *Cohort tracking*

As discussed at the October Committee, the 'cohort' of patients who will be waiting 36+ weeks at 31<sup>st</sup> March are tracked. A central report is compiled weekly and provides comparisons to last year by the 'stage of treatment'. *Note:* this report is produced from the active, rather than retrospectively validated data, there are some differences though not significant.

The following graph shows, in overall terms, the equivalent position at 31<sup>st</sup> December being ahead of the same time last year by some 2906 patients (21531 v 24437) and that against an indicative target equivalent to March 2018 outturn the waiting list is broadly in line (483 behind). However, the size of gap against last year is narrowing.



At face value this is an encouraging position, however the volumes of patients waiting in the early stages of the pathway means there is a risk to the ability to treat if the patients ultimately require inpatient surgery. The table below shows the total numbers of patients waiting at each stage. Within the Delivery Unit monitoring, an indicative volume to meet 31/03/18 outturn has is also shown. Appendix 1 shows the graphs for each stage.

Stage	Cohort Last Year 31/12/17 (Blue line)	Cohort to Treat 31/12/18 (Red line)	Difference From Last Year	Current Trend	Delivery Unit Indicative Cohort 31/12/18 (Green line)	Delivery Unit Indicative 'target' 31/03/19
1	11304	7653	3651 ahead	Improving	10138	139
2	1649	2171	522 behind	Deteriorating	1851	659
3	1578	2760	1182 behind	Improving	1051	311
4	9906	8947	959 ahead	Deteriorating	8008	4594
<b>Total</b>	<b>24437</b>	<b>21531</b>	<b>2906 ahead</b>	<b>Deteriorating</b>	<b>21048</b>	<b>5703</b>

### 3. Diagnostics

The linear nature of RTT pathways means that as the volume of Stage 1 patients seen increase, conversions to ongoing diagnostic and treatment add to their backlogs. There are two areas of pressure within diagnostic testing which have been working to clear their

operational backlogs, Radiology and Endoscopy. As well as a specific issue for echocardiogram within Cardiology.

The performance data shows improvements within radiology over the past few months, however there is a small residual at the end of December. These are tests requiring specific specialty skills/input which we do not have sufficient capacity at present. Remedial actions have been devised and will be put in place during January. The team will target speedy resolution. However, although relatively small volumes it is likely that the Head & Neck Ultrasound will take until March to clear.

Endoscopy demand is not solely related to RTT pathways, services are also provided for cancer referrals, screening and surveillance. The additional capacity 'insourced' and additional room opening in Bangor have stabilised operational delivery. However, increases in cancer demand and RTT referrals in recent weeks have increased the waiting list sizes and affected the priority setting for departments. For example, at time of writing, there are 155 patients on cancer pathways referred to Endoscopy at Glan Clwyd, this equates to approximately 1.5-2 weeks of the operational capacity in their unit. Site level reviews are in progress to identify options to increase short term capacity (for example a review by the Delivery Unit has suggested a change to booking rules would increase the number of procedures on some lists), and re-assess year-end forecasts against the 8 week standard and potential impact on RTT long waits.

#### **4. Year-end trajectory/Financing**

Assuming the current activity profiles for stage 1 will deliver a position close to expectation (there are some new specific risks currently being worked on), the year-end position will be determined ultimately by our ability to complete the diagnostic phase and inpatient/day case treatment.

The review before Christmas suggested that additional pressures within some of the surgical specialties would mean their forecast is worse than previously assessed, however Dermatology within the East Area Team has improved. In overall terms, this operational assessment aggregated to deliver a forecast approximately 300 worse than previous best case, at 6283. This is not what had been expected and further discussions on a site-by-site basis are ongoing. Subsequently, a series of actions from Welsh Government were agreed with the operational teams at the Access meeting on 8<sup>th</sup> January and are now being put in place, these are:

- Set clear breach targets for specialities to deliver at 31 March 2019.
- Set milestone dates for all New Outpatient (Stage 1) to have an appointment date booked.
- Set milestone dates for all Diagnostic / Follow Up (Stages 2 & 3) to be seen/managed.
- Set milestone date for Treatment IP/DC (Stage 4) to have a booked TCI date.
- Clear understanding of the weekly planned and actual removal rates split by Core / Insourcing / WLI / Outsourcing.
- Ensure only Cohort / Urgent / Cancer patients are booked into appointment / TCI slots and that Site Director / Clinical Director / Medical Director agreement is required to override any non-cohort that do not meet this criteria – optimising treat in turn opportunity.
- Where sub speciality issues exist and there are differential waits for groups of patients, transfer lists, move clinics etc. from clinicians with lesser waits.... to those

areas of greater need / longest waits. Employing this approach for follow up outpatients will also assist FUNB waiting lists.

- Transfer patients between sites where cohort sizes suggest this is possible.
- Validate the total 36 week cohort at the earliest opportunity to ensure that patients still require care / treatment – there is still a significant volume in the cohort, specifically those waiting less than 36 weeks that will not have been party to any form of validation. The sooner all patients are validated, the greater the opportunity to optimise remaining capacity with those that require treatment and clarify the year end delivery opportunity.
- Ensure appropriate weekly accountability mechanisms are in place for the delivery of all the above.

The deterioration in forecast means that final agreement in respect of financing are ongoing, with discussion scheduled with the delivery unit.

## **5. Next Steps**

### *Update from October*

Attached at Appendix 2 is a summary of progress against the actions detailed in October.

### *Current month*

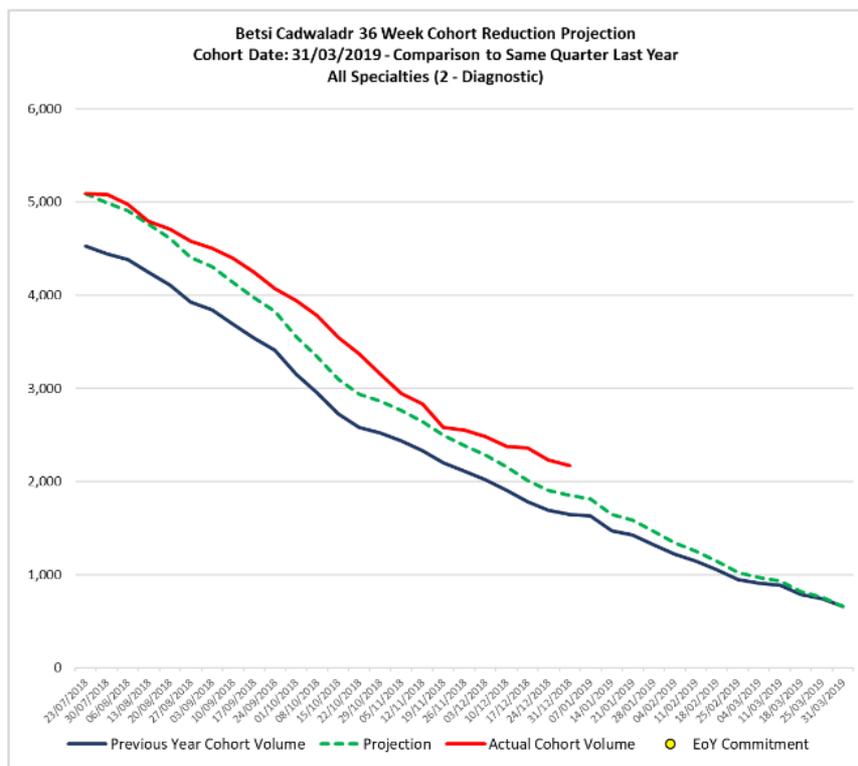
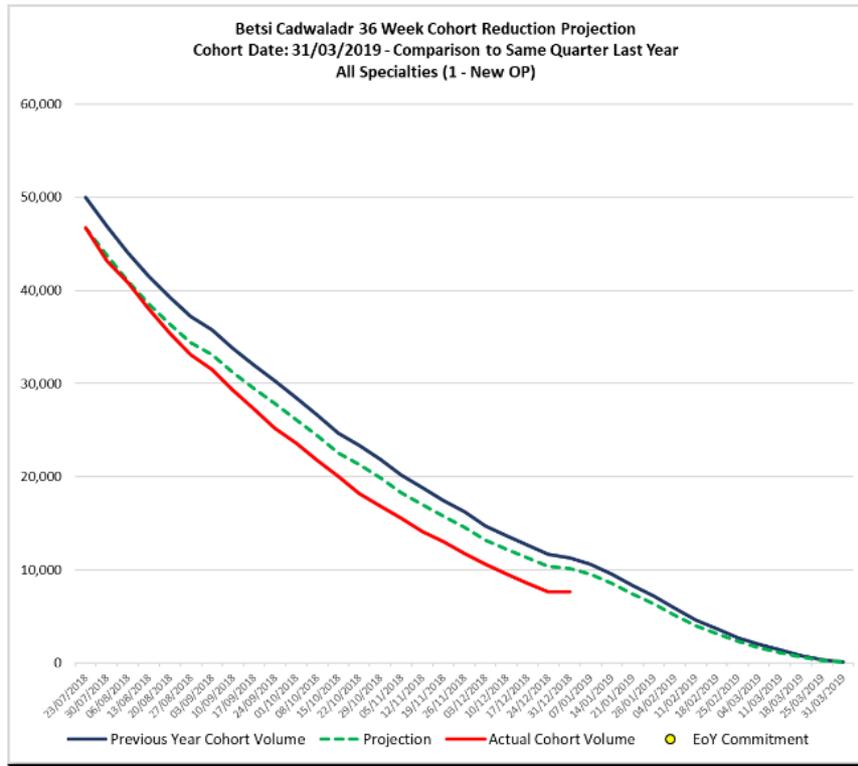
Key actions for January are:

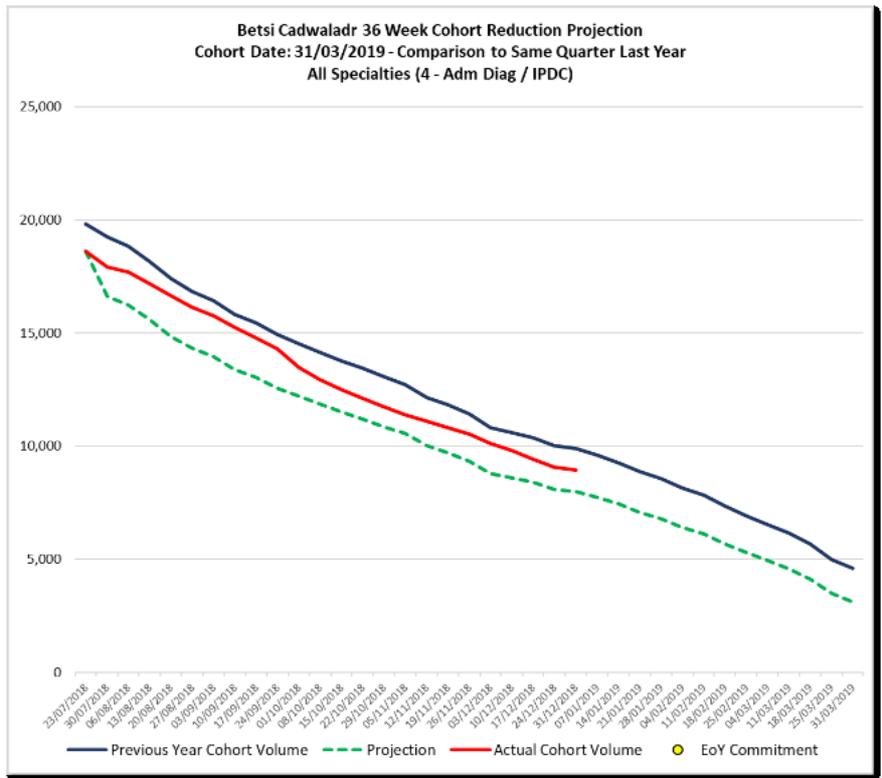
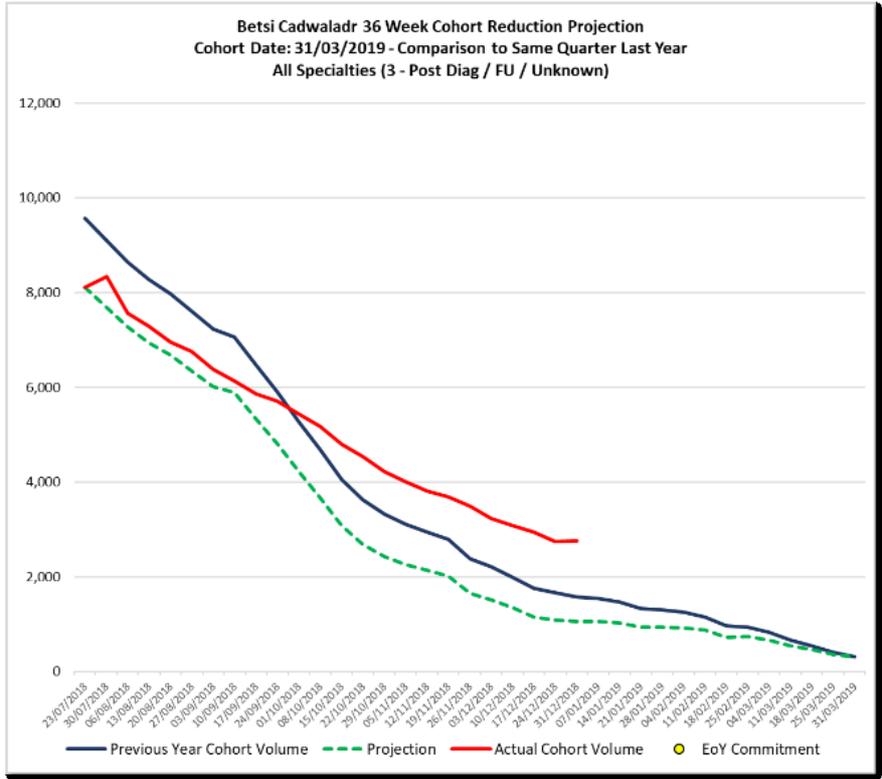
- Establish dedicated leadership arrangements for planned care (i.e. cover for Associate Director of Planned Care) and support infrastructure
- Establish governance arrangements – Planned Care Delivery Group and changes to the Access Group meeting
- Finalise Q4 forecast and operational plans to support delivery of this.

## **6. Recommendation**

The committee is asked to note for information the update.

Trend Graphs for Cohort Patients by Stage of Treatment





## Update on Actions from October Meeting

### a) Improving performance and efficiency/productivity

- Revise structure of performance management arrangements; review overarching Access meeting and create site/locality level detailed waiting list weekly reviews
  - *Planned Care Delivery Group (Dr Moore to Chair) being set up for January (25<sup>th</sup>). Terms of Reference drafted.*
  - *Access meeting changes agreed with Performance, implementing during January, need to reflect Welsh Government actions. Revised reporting mechanism to support being developed*
  - *Reviewed site level processes. Principles in line with policy, however potential issues about 'process effectiveness'; attending the Tracking List meetings during first 2 weeks of January*
- Undertake 'confirm & challenge' with each locality on planned core activity forecasts, with view to increasing volumes delivered and reducing the reported shortfalls.
  - *Reporting shows an increase in IP/DC activity (and theatre productivity shows an increase in cases done). However, data reporting needs better understanding in terms of classifying internal additional activity. Will be linked to the cost efficiency and productivity going forward*
- Review of short-term additional (outsourced/insourced) capacity requirements and funding streams linked to these potential costs
  - *Operational teams provided an update as part of their review before Christmas; in light of position a further update is taking place w/c 07/01/19*
  - *Review of 'outsourcing'/'insourcing' requirements with Welsh Government and Delivery Unit scheduled for 14/01/19*
- Confirm further remedial actions and gain authorisation to proceed
  - *Volumes identified - Endoscopy, imaging and minor ops/procedures*
  - *Need to agree and finalise approach to validation*

### b) Update to forecast & finances

- See above – ongoing discussion

### c) Planning for 19/20

- Workshop took place on 14th December 2018
- Primary focus for 2019/20 on stabilising performance and building operational capacity to deliver maintenance of and improvement to current performance supported by non-recurrent investment to reduce the number of patients with long waiting times
- Focus on a limited number of strategic/tactical changes

<b>Finance and Performance Committee</b>		Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
<b>17.1.19</b>	<b>To improve health and provide excellent care</b>	

<b>Report Title:</b>	Paybill Review Progress Report
<b>Report Author:</b>	Mrs Sue Green, Executive Director of Workforce & Organisational Development
<b>Responsible Director:</b>	Mrs Sue Green, Executive Director of Workforce & Organisational Development
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	To provide the Committee with an update on the actions set out within the Workforce Strategy Development and Pay bill Review report considered by the Committee at its meeting in November 2018.
<b>Approval / Scrutiny Route Prior to Presentation:</b>	This report is subject to scrutiny by the Finance and Performance Committee.
<b>Governance issues / risks:</b>	The failure to identify a small number of high impact priorities will reduce the likelihood of delivery given capacity and capability across the Health Board The failure to identify and secure additional specialist/project management resource will increase the risk of non-delivery within the timescales
<b>Financial Implications:</b>	This report sets out the opportunities with further detailed work required between WOD and Finance to quantify the potential financial impact
<b>Recommendation:</b>	The Committee is asked to note the report and support the continued progression of the opportunities outlined.

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

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
<p><b>Special Measures Improvement Framework Theme/Expectation addressed by this paper</b>  This summary paper in particular contributes to:</p> <ul style="list-style-type: none"> <li>• Financial plan on schedule to deliver to the finance control total agreed for 2018/19</li> <li>• Evidence of improved integrated clinical, service, workforce and financial planning to deliver turnaround and transformational change</li> <li>• A workforce and OD strategy developed and agreed by the Board with leadership developments as a key priority</li> </ul> <p><a href="http://www.wales.nhs.uk/sitesplus/861/page/81806">http://www.wales.nhs.uk/sitesplus/861/page/81806</a></p>			
<p><b>Equality Impact Assessment</b></p> <p>N/A</p>			

*Disclosure:*

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

## Paybill Review Progress Report

### 1. Purpose of report

To provide the Committee with an update on the actions set out within the Workforce Strategy Development and Pay bill Review report considered by the Committee at its meeting in November 2018.

### 2. Introduction and Context

The last report highlighted some of the high priority areas for improvement following a review of the Pay bill and the systems underpinning the management of it. It did not contain all of the areas being worked through as part of the Workforce Optimisation work, sought to pull out some of the foundation improvements that need to be made to ensure we have a solid basis for development of plans for 2019 – 22 and, if possible, slow the run rate of pay expenditure down as much as possible in 2018/19.

In discussions with colleagues in Welsh Government, it is acknowledged that a number of the actions being taken by the organisation now need to be viewed as “getting our house in order” for a greater level of assurance in delivery of plans in the future rather than actions likely to see a material financial benefit in this financial year.

The steps taken following consideration of the report are outlined in the body of this report. They are currently being managed through the Workforce PRG structure. Subject to approval of the proposal to establish a wider Workforce Improvement Programme Group alongside the Executive Management Group, these improvement “programmes” will be performance managed as part of the delivery of the Workforce Strategy.

### 3. Progress

#### 3.1 Consistent Counting and Reporting

The definitions set out in the last report and below are now being used across the Workforce teams and as part of the reconciliation of workforce and finance reporting. There is an outstanding action to extract “additional hours” from the reporting of Core spend in the finance reports, but this will should be completed by the end of January with the data for 2018/19 amended if possible by February. This is essential in order for us to have common baselines of expenditure upon which to base the improvement targets/ KPIs for 2019/20.

The paybill is split into two categories:

- Core = contracted hours/whole time equivalent (wte) (including enhancements etc.)

- Non-Core = anything above the contracted hours/wte whether at base rate or premium rate

The Core should never exceed the funded establishment and the combination of the Core and Non-Core should never exceed the budget. It is essential that the organisation is consistently clear about these two simple “rules”.

### 3.2 Improving Management of the “Core” and reducing the demand for Non-Core

#### Establishment Control

The “establishment” describes the staffing required to deliver a function or service. It should be clear in terms of the roles/band/grade required and the wte against each of them. It should only include “positions” that are funded. The system used to record and manage the funded establishment is the Electronic Staff Record (ESR). This must reconcile with the General Ledger (GL) the system used to record and manage budgets.

Establishment control has 4 primary functions:

- Ensuring that the funded establishment held in ESR and General Ledger reconcile;
- Ensuring that any changes to the funded establishment can be tracked to an appropriate approval;
- Ensuring that the “actual” or contracted hours/wte does not exceed the establishment;
- Ensuring any prescribed areas are proactively managing gaps between actuals and establishment e.g. nursing/medics

**Action taken** re: rollout. The Establishment Control process went live on 1<sup>st</sup> November 2018 with an agreed transition of 1 month for requests submitted prior to this.

Of the 4 primary functions above, the first 2 are in place and operational. The first report on activity is due to be presented to the Establishment Control Project Group on 11<sup>th</sup> January 2019. This will set out the performance against the following key performance indicators:

- % Reduction in numbers of changes to funded establishment
- % Reduction in numbers of changes to actuals without evidence of approval
- % Reduction in changes required as a result of reconciliation

In addition, the report will highlight areas where the current “actuals” in post exceeds the funded establishment.

The final function is in place for Nursing and will be in place for Medical Staff by the end of January. This is now possible as the establishment to actuals in post data is more reliable and as such we are able to see exactly where the vacancies are.

**Action taken** re: nursing includes a review of nursing vacancies against recruitment requests/activity for those areas with the highest agency spend. We have taken 25

wards/areas with vacancies for Band 5 Staff nurses amounting to 152 with no live recruitment activity and against which there is a spend of £214,000 on agency staff and only £42,000 of Bank staff and have been working with the respective Directors of Nursing to ensure that appropriate recruitment activity is undertaken as a matter of urgency supported by the central recruitment team. This is one example of targeted work that is facilitated by having accurate and credible data available in a timely way.

**Action taken** re: nursing templates. The principles for recording and reporting across WOD and Finance Departments has been progressed and mock up templates applied to wards in YGC to test the calculations etc. This has then been shared across Finance Managers for testing.

External nursing support has been sourced to support the review of the process for setting the templates and then approval of any changes. This will be changed to ensure that templates can only be changed with the approval of the Director of Nursing/Director of Finance and Director of Workforce. This will include all aspects of the templates.

The process will be driven by changes through establishment control to the roster system, rather than the other way around as it has been previously. This protects the integrity of the control system as well as ensuring that ESR/Ledger are the drivers for establishments.

**Action taken** re: establishments in Mental Health and Learning Disabilities. In addition, the review of nursing establishment in Mental Health and Learning Disabilities has been completed and is subject to review by the Executive team. Once the establishment is finalised, it will be built into the roster and the management controls being rolled out across the organisation will be applied.

**Action taken** re: Medical Staff coding will be completed by the end of January following absence of key team members.

Phase 2 (completion by 31<sup>st</sup> March 2019) is on track to deliver with progress managed through the Establishment Control project Group chaired by the Executive Director Workforce & OD.

### **Rota and Roster Management**

Effective management of rota's and rosters relies upon the each of the following ingredients being in place and consistently applied:

- Agreed detailed template setting out how the establishment is to be deployed across the service/required time period (Demand template);
- Appropriate "rules" in place to ensure that the template is adhered to and met;
- Appropriate approval of changes to the template as well as ensuring that the actual (core Capacity) is being appropriately deployed against the template;
- Meaningful reporting and alerts to be used by managers and approvers to identify areas for improvement/learning/prevention/sharing.

The Health Board uses Allocate for rostering of all staff groups and has worked hard to implement it in all clinical areas. Rostering is in place across the majority of nursing areas and is being implemented across medical staff groups with one or

more of the functionalities for all levels and Trainee Medical Staff the priority for the full functionality.

Following review of the use of the roster system for **nursing** the following issues/opportunities were identified:

- The “demand” templates do not all reconcile with the establishment/ESR or Budget/GL;
- There is inconsistency in relation to the treatment of “headroom” (i.e. the percentage of the pay budget required to cover unavailability e.g. annual leave, sickness, training);
- The demand template currently sets out the requirement for Qualified and Unqualified for each duty/shift i.e. it does not include band/grade;
- There are inconsistencies in shift times/paid and unpaid breaks and handovers across the 3 secondary care sites and women’s;
- Additional duties (over and above the demand template) can be created by the ward manager with no additional approval required. There are currently 16 reasons in the system for creation of additional duties e.g. Additional Beds; Enhanced Care level 3, 4 and 5 (levels 4 and 5 being equivalent to HDU/ITU respectively). The level of additional duties has continued to increase over the last 2 years. The tables below provide some illustration of this.

**Action taken** re:

- Templates and headroom – as per actions set out on page 3 of this report;
- The Roster Improvement Plan has been developed and includes rollout of revised rosters including grades by 31<sup>st</sup> March 2019 at the latest;
- Inconsistencies in shift times/breaks etc. is being managed as a separate scheme by the Nursing Efficiency Group chaired by the Assistant Director Professional regulation
- Revised process and approval together with changes to the reasons in the system and management review of performance included within the Roster Improvement plan. Plan subject to review at the next Workforce PRG meeting to ensure tangible deliverables with secure timescales

Following review of the rotas management and rosters being rolled out for **trainee medical** staff the following issues/opportunities have been identified:

- The proportion of rotas assessed in the higher “intensity” bands is high;
- Compliance with the Rotas is inconsistent and a significant number of banding increases have been avoidable to a greater or lesser extent;
- Performance against the required monitoring of Rota compliance is inconsistent and overall of a poor standard both from a management and trainee point of view;
- The “demand” templates do not all reconcile with the establishment/ESR or Budget/GL and as such it is not always clear where there are gaps in the rota to be filled;

- Some services/rotas have lost training status impacting upon ability to cover the service:
- Issues with rotas are regularly impacting at middle grade and consultant level.

A Junior Doctor Rota Improvement Project has been initiated and Project Initiation Document developed for delivery against key milestones by 31<sup>st</sup> March 2019. This is a joint project between WOD and the Office of the Medical Director (OMD) and was reported at the last meeting of the Committee.

Given the nature of the terms and conditions, it is unlikely that any direct financial saving will be achieved in 2018/19 other than potential reduction in non-core spend as clarity of establishment and alternative measures are identified. However, it should be possible to identify potential efficiencies and improvements in effectiveness by mid Quarter 4 in advance of the beginning of 2019/20 and planning for the August 2019 rotation.

In the meantime, work is being undertaken with Kate Clarke, Medical Director, Secondary Care to expedite plans in terms of East/Ysbyty Wrexham Maelor, as a priority area.

In addition to the critical work outlined above, the roster system also provides functionality to assist in the management of a variety of things including for example Annual Leave. This functionality is being implemented for all Medical Staff (it is already in place for nursing et al) and is part of the above plan (as an important element of supervision of trainees).

Finally, another element of the Allocate suite is e'Job Planning. As part of the creation of the current state workforce profile, work is underway to collate and analyse the information contained in Job Plans for all Consultants and Associate Specialists. This work will provide critical information in respect of capacity and opportunities and risks in terms of total contracted programmed activities and rotas held together by locums respectively. Whilst significant progress has been made in respect of Job Planning, there is a need to improve the interconnectivity between the job plan review and sign off and organisational need. With this in mind, it has been agreed that WOD and the OMD will work together to develop and implement a "Job Plan Review Panel" methodology. This is something that both Executive Directors have implemented previously and has resulted in improvements not only in terms of compliance with the requirement for an annual review but also the connectivity between performance and spend.

**Action taken re:**

- Junior Doctor Rota Review and continued rollout of E'Roster– PID completed and submitted to project management systems (CAMMS). Additional external resource has been appointed to support delivery of the programme. Dr Emma Woolley, Director of Medical Education now involved in improvement work which will now report through the Medical Workforce Group to ensure alignment with other medical improvement work streams. Quantification of the potential benefits is almost completed support by the Finance team. This will be reviewed at the next meeting of the Workforce PRG and included in the plans for 2019/20:
- Job Planning – A proposed process for 2019/20 is under development between the OMD and WOD. This will be reviewed at Executive Team in February and then

agreed through EMG and the Local negotiating structure with a view to starting the process from September 2019 (for Job plans for 2020).

### **Skill Mix**

Ensuring that the right skills are in place at the right time, in the right place is a fundamental element of patient centred care. Traditionally this has been focussed on the main professional groups of Medical and Nursing Staff, but more recently over the last 2-5 years, there have been more examples of organisations developing alternative/new roles both clinical and non-clinical working as part of multi professional teams, each undertaking tasks that they are trained to undertake, releasing time for the traditional qualified roles to undertake tasks that only they can do.

Whilst there are some excellent examples of these changes being made in the Health Board, they are, in the main relatively small in scale or opportunistic in nature. They can often require a “leap of faith” and/or pump priming to demonstrate efficacy. In addition, where they are proposed on a broader scale e.g. nursing or junior doctor rotas, there can be a reluctance to move away from prescribed ratios or funded positions usually based on a fear that these posts will be lost.

At this stage, it is agreed that there are opportunities to review the skill mix across **nursing areas** to explore options for developing “shadow” establishments involving qualified nurses; therapy roles; health care support worker roles and administrative roles. This work will be jointly led by the Executive Director of Nursing and Midwifery and the Executive Director Workforce & OD, with short term support from an external consultant. It will be co-ordinated as part of the establishment and template reviews referenced earlier in this report.

**Action taken** re: Skill mix/shadow establishments is progressing as part of the template review work outlined earlier in this report. This will be built into the planning for 2019/20 on a wider scale, with “test” undertaken with the wards identified as part of the recruitment work outlined earlier in the report and those identified below.

In the meantime, a proposal has been agreed with Secondary Care for a targeted “intensive support” approach to be put in place for the top 10 wards across Ysbyty Wrexham Maelor (YWM) and Ysbyty Glan Clywd (YGC). This support will involve members of the WOD team to be working on a dedicated basis with and supporting the relevant ward managers to improve management of the recruitment/roster and temporary staff management of their wards. An integral part of this will be to identify opportunities for realigning the skill mix either on a temporary or longer term basis; assessing the benefits of introducing administrative support across cohorts of wards to effectively manage ward management administration releasing the ward manager to undertake more qualitative improvement; underlying causes for the “symptoms” being experienced e.g. high/long standing vacancies/turnover/PADR compliance/high agency usage etc.

**Action taken** re: 12 wards/areas have been identified and agreed with the respective management teams at YWM and YGC. A clear plan with actions; responsibilities and outcomes is in place for both site with leadership being provided by the Directors of Nursing respectively. A first month review is due to take place at

the end of January and benefits achieved documented together with any remedial action required if expected outcomes are not being met.

In respect of **medical staff**, opportunities are being identified in some of the specialties in Secondary Care as part of the development of plans to address significant gaps in Consultants e.g. Gastroenterology. In addition, the Junior Doctor Rota Improvement project incorporates alternatives and additions such as advanced practitioners/prescribing pharmacists/medical support workers.

There is also a specific review being undertaken in Mental Health and Learning Disabilities focussed on revising the model of delivery of psychiatry from a predominantly medical model to a multi professional model. This is critical, not only to improve the timeliness of service delivery but also in light of the significant costs associated with locum and agency psychiatrists. This work is being led by the Medical Director for Mental Health and Learning Disabilities, supported by myself and WOD. The quantification of opportunities in 2018/19 and 2019/20 will be clearly set out as part of a project plan by December 2018.

**Action taken** re: The PID originally developed by MHL D has been reviewed and performance criteria together with timescales for action are being reviewed by the Division with support from WOD.

### **3.2 Improving Management of the Non-Core to reduce premium spend**

#### **Temporary Staffing**

The ability to effectively manage core and non-core workforce is key to delivery of safe, cost effective healthcare by being able to manage peaks and troughs in activity or capacity without needing to increase the funded establishment to cope with every eventuality.

The Health Board currently has one centrally managed “bank” for Nursing and Health Care support roles and whilst there are other local “banks” for some other staff groups, it is not clear how these are managed or the levels of people participating in them. This scoping is being undertaken as part of developing the current state workforce profile and will inform the development of a proposal to establish a fully functioning Temporary Staffing service. The timescale for this proposal being finished is 31<sup>st</sup> December 2018.

It is likely that this will advocate a phased approach to integration, ensuring that increased focus can be directed at improving the structure/processes and outputs of the current service i.e. nursing in phase 1 whilst building an improved model for other staff groups in order of greatest impact. This proposal will also include improvements in the way the Health Board manages its contracts with external providers.

Phase 1 is focussed on reviewing and improving the processes for securing temporary workers, shifting the balance from agency to bank and on increasing the capacity i.e. bank only and substantive plus bank Registered Nurses (RN); Registered Mental Health Nurses (RMN) and Therapy assistants/dementia support workers.

There is currently a significant imbalance in the numbers of Health Care support workers (HCSW) and registered nurses with 2899 (1977 bank only) band 2 HCSW and only 679 (277 bank only) band 5 RNs/RMNs. There are no therapy assistants/dementia support workers.

This level of bank capacity would not even meet the additional duties referred to earlier in this report, never mind the core unfilled duties linked to vacancies etc.

As a priority, in parallel to developing the Temporary Staff Improvement plan, the team has been tasked with designing and delivering RN/RMN/TAs recruitment campaigns for the next 6 months starting by the end of November. In addition, a review of how to increase the numbers of substantive RN/RMN staff registered with the bank is underway with proposals due by 23<sup>rd</sup> November.

**Action taken** re: a Recruitment plan has been developed and is underway with priority roles being advertised now and over the coming months.

The Temporary Staff Improvement Plan has been developed with additional external resource appointed to support this work. Proposals for the business model for temporary staffing are also being considered for the longer term.

The service is now more integrated into the safety huddles on the acute sites and is part of the Intensive support referenced earlier in this report. The focus on filling shifts with bank staff as priority and agency if we can't provide bank is now starting to impact (previously it was the other way around), as is streamlining the request process. It is essential that the establishment control; roster improvement and temporary staff improvement plans all continue to link as we move forward as this will be how we will achieve material improvements in safety and in cost effectiveness.

The phasing of different staff groups into the central service is being considered at the next Workforce PRG based on prioritisation. At this stage, the proposal is for this to be administrative and clerical given the view that likely to have a greater impact more quickly.

### **Additional Clinical Activity/Waiting List Initiatives**

Whilst spend is nowhere near as high as agency/locum spend, it will be important as we move forward for us to be assured that there are robust controls in place to manage the use of additional clinical activity at both base and premium rates.

A review of the current process for assigning, approving and paying for these sessions is proposed. The purpose of this review is to establish the steps taken to identify alternatives as well as the mechanism for payment e.g. is this a claim process or a pay for work undertaken process.

This work will be important in being able to demonstrate use of external funding for waiting list reduction.

**Action taken re:** There has not been focus on this area at this stage, in part due to prioritisation but also as it needs to link with the work being undertaken regarding capacity etc. in secondary care linked to performance in planned care.

#### **4. Assessment of risk and key impacts**

The failure to identify a small number of high impact priorities will reduce the likelihood of delivery given capacity and capability across the Health Board.

The failure to identify and secure additional specialist/project management resource will increase the risk of non-delivery within the timescales

#### **5. Equality Impact Assessment**

The opportunities set out within this report will be subject to Equality impact assessment as part of the transformation/turnaround programme process.

#### **6. Conclusions / Next Steps**

Each of the areas of work outlined have and continue to be progressed with as much emphasis on outcomes and pace as possible. The structure overseeing delivery remains a little disjointed but this should be resolved with the establishment of the Workforce Improvement Programme Group. That said, this is not preventing progress being made against these key deliverables.

#### **7. Recommendations**

##### **Recommendations**

The contents of the paper are noted and the direction of travel in respect of each of the improvement areas is supported.