

Bundle Finance & Performance Committee 24 April 2019

11.00am Boardroom, Carlton Court, St Asaph Business Park LL17 0JG

- 1 FP19/69 Apologies for absence
- 2 FP19/70 Declaration of Interests
- 3 11:00 - FP19/71 Draft minutes of the previous meeting held on 26.3.19 and summary action plan
FP19.71a Minutes FPC 26.3.19 v.03 Draft Public session.docx
FP19.71b Summary Action Log Public V2.0.pdf
- 4.1 11:05 - FP19/72 Savings Programme Group held on 24.4.19
Verbal Update - Mr John Cunliffe
- 4.2 11:10 - FP19/73 Savings Programme Update – 2019/20
Mr Geoff Lang
Recommendation:
That the Committee consider the update provided on the savings programme, the current shortfall and the work ongoing to address this deficit.
FP19.73a 2019-20 savings programme update - cover sheet.docx
FP19.73b 2019-20 savings programme update - M1.docx
- 5 Finance
- 5.1 11:30 - FP19/74 Finance Report Month 12
Mr Russ Favager
Recommendation
It is asked that the report is noted, including the draft unaudited financial position of £40.3m.
FP19.74 Finance Report - Month 12.docx
- 5.2 12:10 - FP19/75 Turnaround report month 12
Mr Geoff Lang
Recommendation:
That the Committee –
 - *Note the outturn 2018/19 position for Divisional savings schemes which was £38.3m.*
 - *Note the key movements in delivery during the month and those areas where annual savings delivery was significantly adrift of plans*
 - *Note the identification of lessons learned and the role of the Savings Sub-Group in ensuring that robust action is taken in 2019/20 to address these points.*FP19.75a Turnaround Programme Savings Report M12 cover sheet.docx
FP19.75b Turnaround Programme Savings Report M12 Report.docx
- 5.3 12:40 - Lunch break
- 6 Planning and Performance
- 6.1 13:00 - FP19/76 Partnership Project - Satellite Hospice at Ysbyty Penrhos Stanley – Position Paper & Way Forward
Dr Chris Stockport
Recommendation:
The Committee is asked to:
 - *Note the progress made by the YPS Satellite Hospice Project Board to date*
 - *Note the approval by EMG of this paper on 17 Oct 2018 • Ratify the proposed lease heads of terms and running costs / recharge arrangements being offered by the Health Board to the Hospice*FP19.76a YPS Satellite Hospice April 2019 coversheet.docx
FP19.76b YPS Satellite Hospice Project Paper - FP 24 Apr 2019.docx
- 6.3 13:20 - FP19/77 Renew contract for detox at Hafan Wen
Mr Andy Roach
Recommendation
It is recommended that the Committee supports submission to the Health Board to approve a renewal of the detoxification service from CAIS at Hafan Wen, for a contract term of 5 years (3 years plus 2 x 12 month extensions). It is also recommended that Estates put in place a 'nil / notional rent' lease agreement for use of the building, for 10 years with a break at 5 years.
FP19.77 Hafan Wen Report - April 2019.doc
- 6.4 13:40 - FP19/78 Capital Programme report Month 12

*Mr Mark Wilkinson
Mr Neil Bradshaw in attendance
Recommendation:*

The Committee is asked to receive this report.

[FP19.78a Capital Programme coversheet Month 12.docx](#)

[FP19.78b Capital Programme Report Month 12.docx](#)

[FP19.78c Capital Programme Appendix YG ED Report Mar 2019.docx](#)

6.5 14:00 - FP19/79 Discretionary Capital Programme 2019/20

*Mr Mark Wilkinson
Mr Neil Bradshaw in attendance
Recommendation:*

That the Committee note the discretionary capital resources available for 2019/20 and the development of the programme.

That the Committee consider the balance of funding and support the proposed programme

[FP19.79a coversheet Discretionary programme.docx](#)

[FP19.79b Discretionary Capital Programme 201920 - F+P Apr 2019.doc](#)

6.6 14:15 - FP19/80 Integrated Quality and Performance report

*Mr Mark Wilkinson
Recommendation:*

The Finance & Performance Committee is asked to note the report and to assist in addressing the governance issues raised.

[FP19.80a IQPR Coversheet FP - March 2019 FINAL.docx](#)

[FP19.80b IQPR report- March 2019 FINAL.pdf](#)

6.7 14:45 - Comfort break

6.8 14:55 - FP19/81 RTT update - verbal

Mr Mark Wilkinson

6.9 15:15 - FP19/82 Unscheduled Care and Building Better Care report

*Mrs Deborah Carter
Recommendation*

It is recommended that Finance and Performance Committee note:

- The achievement against the 90 day measures and how use of the 90 day plan methodology is driving improvement and change.*
- The ongoing focus to improve the partnership working relating to the Health Board's Unscheduled Care Improvement journey.*
- The ongoing risks associated with delivery of the Building Better Care programme and continuing challenges with flow and ED*
- The changes to the structure of the report with narrative from Managing Directors to address the challenges in performance*

[FP19.82a Unscheduled care coversheet.docx](#)

[FP19.82b Unscheduled Care and Building Better Care report.doc](#)

7 Governance

7.1 15:35 - FP19/83 Draft Finance and Performance Committee annual report 2018/19

*Mr Russ Favager
Recommendation:*

The Committee is asked to:

- 1. Review the draft Annual Report for 2018/19*
- 2. Provide comments and feedback as necessary*
- 3. Approve that Chair's Action can be taken to agree the final version for submission to Audit Committee*

[FP19.83a Committee Annual Report_coversheet.docx](#)

[FP19.83b FPC Committee Annual Report 2018-19 v.02 draft.docx](#)

[FP19.83c Appendix 1 Finance and Performance Committee TOR v3.0.doc](#)

[FP19.83d Appendix 2 Finance and Performance Committee TOR v4.0.docx](#)

[FP19.83e Appendix 3 Cycle of Business 2018.19 v2.doc](#)

8 FP19/84 Issues of significance to inform the Chair's assurance report

9 FP19/85 Summary of InCommittee business to be reported in public

Mr Russ Favager

The Committee is asked to note the report

FP19.85 InCommitte items reported in public.docx

10 FP19/86 Date of next meeting 23.5.19 11.00am Boardroom, Carlton Court

11 15:50 - FP19/87 Exclusion of the Press and Public

Resolution to Exclude the Press and Public

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



**Finance & Performance Committee
Draft minutes of the meeting held in public on 26.3.19
in Carlton Court, St Asaph**

Present:

Mr John Cunliffe	Independent Member /Committee Vice Chair (<i>Chairing</i>)
Mrs Lyn Meadows	Independent Member
Ms Helen Wilkinson	Independent Member

In Attendance:

Mr Neil Bradshaw	Assistant Director Strategy- Capital (<i>part meeting</i>)
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD) For Executive Director Nursing and Midwifery
Mr Trevor Hubbard	Independent Finance Adviser
Mr Michael Hearty	Finance Director – Operational
Ms Sue Hill	Turnaround Director
Mr Geoff Lang	Executive Medical Director
Dr Evan Moore	Performance Director (<i>part meeting</i>)
Dr Jill Newman	Finance Director – Commissioning and Strategic Financial Planning
Mr Rob Nolan	Executive Director of Planning & Performance
Mr Mark Wilkinson	Corporate Governance Manager
Ms Diane Davies	

Agenda Item Discussed	Action By
<p>FP19/55 Apologies for absence</p> <p>Apologies for absence were received from Mr Mark Polin, Mr Russ Favager, Mr Mark Wilkinson and Mrs Deborah Carter for whom Mr Trevor Hubbard deputised.</p>	
<p>FP19/56 Declaration of Interests</p> <p>None declared.</p>	
<p>FP19/57 Draft minutes of the previous meeting held on 26.2.19 and summary action plan</p> <p>FP19/57.1 The minutes were agreed as an accurate record.</p> <p>The closed actions were accepted. Updates and matters arising were discussed as follows:</p> <p>FP19/34 It was acknowledged that more focus was required regarding procurement to realise opportunities available for efficiencies.</p> <p>FP19/31.2 Agreed to remain open</p> <p>FP19/25.6 The Committee raised concern regarding the scope of the proposed</p>	

<p>Corporate review and whether there was any cross over with the Finance Review being undertaken. It was understood this was the subject of further Executive Team discussion but it was agreed that this project would be aligned with the Finance review to ensure that there would be no duplication and it was important to commence work at pace in order to achieve in year delivery and enable sustainable longer term models for the future.</p> <p>FP19/29.1 The Vice Chair requested that the Executive Medical Director arrange to appraise him of staff communication work within the Endoscopy service currently experiencing challenges at Wrexham Maelor.</p>	<p>SH</p> <p>EM</p>
<p>FP19/58 Finance report Month 11</p> <p>FP19/58.1 The Finance Director ~ Operational Finance presented this item. She advised that the Month 11 planned in-month deficit of £2.2m was £2.9m at month end. This was due to £800k of undelivered savings plans and £400k overspends in both prescribing in premises which had been offset by underspends on contracts, pay and income. It was noted that the Health Board was cumulatively overspent by £36.5m and that there had been a reduction in the monthly overspend in comparison to recent months.</p> <p>FP19/58.2 The Committee expressed concern that had unplanned income not been received in-month the deficit target would not have been met. It was noted that of the RTT forecast £19.5m outturn, £16.6m had been already incurred and that £11.3m had been received in October and receipt of the balance had been confirmed by WG. There remained a risk of c £1m clawback, based on final RTT performance. In respect of savings £38.3m had been achieved, which was £0.6m less than forecast in the previous month. Capital expenditure to date was £29.4m, with c£20m remaining to be spent by the end of the financial year, but that this was currently on track.</p> <p>FP19/58.3 The Committee questioned the forecast year end position of £42m, with a forecast deficit of £5.5m in Month 12, which the Finance Director - Operational Finance described as including a £1m provision against RTT clawback and £1m relating to risks around CHC packages of care, income for English contracts and Primary Care Drugs all was being done to improve the position. The Finance Director ~ Operational Finance also discussed the table of risks within the report including £1.1m prescribing, £0.7m WHSSC, £0.4m English contracts and £1m in respect of GMS, CHC/FNC, HRG4+ and Continuing Healthcare.</p> <p>FP19/58.4 In discussion of contract performance the Committee questioned the RAG status in respect of WHSSC and requested clarity on the narrative provided. In response to the Committee’s concern in respect of the Balance Sheet, the Finance Director ~ Operational Finance assured that Capital Resource Limit expenditure was being closely monitored and not of concern.</p> <p>FP19/58.5 The Committee questioned increased Agency costs which the Executive Director Workforce &OD explained was in part due to surge capacity, increase in community nursing agency and also cover required to backfill staff taking annual leave by year end. Following discussion, she advised these areas were being worked through in order to make improvements going forward and provided examples such as Rostering.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Noted the report, including the forecast outturn of £42.0m and recognising the current risks to the financial position. 	

<p>FP19/59 Turnaround Programme Savings report – Month 11 2018/19</p> <p>FP19/59.1 The Turnaround Director presented this item, referring the Committee to the Forecast Savings programme data within the report. The Committee questioned whether some schemes which had not delivered in year, would be carried forward into the next financial year, which he confirmed was subject to detailed reconciliation and close monitoring. He drew attention to the £0.6m movement from £38.9m to 38.3m and provided reasons as staffing savings had not delivered as expected, the volume of cancer drugs was not as expected and advised that whilst community savings had remained steady, the East Area had changed by £0.4m. It was also noted that Mental Health Continuing Healthcare savings had reduced. A discussion ensued on the level of overall savings achieved within the Mental Health & Learning Disabilities Division, in which there was reflection on pressures due to repatriation from the North West and high cost packages for a low number of patients with very complex needs.</p> <p>FP19/59.2 The Committee Vice Chair questioned the robustness of Savings schemes for which the Turnaround Director confirmed there would be greater clarity going forward, especially in ascertaining slippage, and also be monitored more effectively due to the establishment of a new Savings programme Sub Committee which was to be discussed later in the meeting.</p> <p>FP19/59.3 In response to the Independent Finance Adviser’s question regarding confidence in the level of PMO resource for the new financial year, the Turnaround Director assured that there was now in place increased capacity, improved tracking and a focus on improved reporting, especially in respect of milestones. The Executive Director Workforce & OD also remarked on an improved level of realism in respect of plans and expectations. The Turnaround Director clarified the governance reporting arrangements in response to the Committee’s question regarding the group structure outlined. Discussion ensued on motivation and resource challenges across the organisation including the reward of positive performance. The Finance Director ~ Operational Finance confirmed that opportunities around procurement were being explored and it was noted that the Executive Team would be looking at potentially large opportunities for savings in areas of medicine management.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Note the forecast position for Divisional savings schemes which currently stands at £38.3m, compared to £38.9m in month 10. • Note the key movements in delivery and savings forecast during the month along with the factors driving this • Note the escalation activity which is ongoing to secure delivery of savings to year end • Note the ongoing development of savings schemes for 2019/20; the schemes identified to date and the further areas being explored • Note the potential areas identified for efficiency gains 	
<p>FP19/60 Establishment of Finance and Performance SubCommittee: Savings Programme Sub-Committee</p> <p>FP19/60.1 The Independent Finance Adviser presented this item, he reported that the Chairman recognised that the Finance and Performance Committee had a huge remit and that the establishment of the Sub-Committee would enable improved scrutiny of the</p>	

<p>Savings programme and free up agenda time in respect of the F&P Committee.</p> <p>FP19/60.2 The purpose of the Sub-Committee was noted “ <i>to provide additional and detailed scrutiny of the Health Board’s savings plan development and delivery. The Sub-Committee will operate on behalf of the Finance and Performance Committee to maintain robust grip and oversight of the Health Board’s savings programme. It remains the responsibility of the Finance and Performance Committee and the Board to scrutinise the Health Board’s overall financial information and when appropriate improvements have been made and is evidenced this Sub-Committee will be stood down.</i>”</p> <p>FP19/60.3 Discussion ensued on membership. It was agreed that Mr John Cunliffe and Mr Michael Hearty would become members with an open invitation to other F&P Committee Independent Members to attend. The Committee commented on the need for outcomes focus, quality, EQIA and transformation. It was agreed that savings <i>and efficiencies</i> should be incorporated in to the draft Terms of Reference provided.</p> <p>FP19/60.4 Discussion ensued on quoracy, noting that the Sub-Committee was not a decision making meeting, and whether the Sub-Committee would be a Task & Finish Group. The Committee questioned whether ‘seek assurance’ reports should also be considered and whether the Area Directors might also be in attendance.</p> <p>FP19/60.5 It was agreed to seek further opinion from the Committee Chairman who was unavoidably absent.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Agreed to the redrafting of the Terms of Reference in line with discussion • Agreed to seek secretariat support resource • Agreed to seek inaugural meeting date before the next F&P Committee <p><i>The Interim Associate Director Workforce and OD joined the meeting to observe</i></p>	<p>MH</p> <p>GL GL GL</p>
<p>FP19/61 Capital Programme month 11</p> <p>FP19/61.1 The Assistant Director Strategy-Capital joined the meeting to present this item which provided progress on delivery of the approved capital programme and progress on expenditure against the Capital Resource Limit. He advised that the Emergency Department Ysbyty Gwynedd scheme commercial review had been completed and identified £200k cost pressure, however this was within budget. He advised that savings would be realised by agreed cost reductions with Interserve, equipment and support in respect of the Endoscopy scheme. He also advised that there was also an expected gainshare via the supply chain provider.</p> <p>FP19/61.2 The Assistant Director Strategy-Capital advised on progress with the Medical Devices programme which had been supported by WG. He reported that the remaining £20m expenditure was mainly within the YGC Re-development programme as well as reporting that the £1.2m Hybrid Theatre YGC equipment had been paid for and signed off to BCU. He also drew attention to anti ligation work and SURNICC expenditure.</p> <p>FP19/61.3 The Assistant Director Strategy-Capital explained the potential effect on the coming financial year should the CRL not be achieved in response to the Committee’s</p>	

<p>question. In respect of final expenditure against the YGC Redevelopment programme, he explained the anticipated timeframe as the end of June 2019 (but contractually year end) which would include dealing with defect work. In response to the Committee, he advised that the “red ratings” against the Wrexham redevelopment schemes were due to slippage but of no concern.</p> <p>It was resolved that the Committee noted the report</p> <p><i>The Assistant Director Strategy- Capital left the meeting</i></p> <p>FP19/62 no item</p>	
<p>FP19/64 Referral to Treatment (RTT)</p> <p>FP19/64.1 The Executive Medical Director presented this item. He reminded the Committee of previous discussions regarding the target and advised that much work was going on, he understood that the end of year figure was likely to be 6100. He drew attention to the effect on diagnostics, highlighting that the Vanguard unit within endoscopy services was expected in April/May. The Executive Medical Director advised that the Interim Associate Director of Planned Care had been in helpful discussion with the Delivery Unit on Demand and Capacity.</p> <p>FP19/64.2 The Committee was concerned to learn of the Cardiology issues raised within the report and requested that the Executive Medical Director liaise with the Executive Director of Therapies and Health Science in order that a member’s update with further clarification be provided, as the Committee had not been previously sighted on this.</p> <p>It was resolved that the Committee noted the report</p>	<p>EM</p>
<p>FP19/65 Unscheduled Care 90 day plan update report</p> <p>FP19/65.1 The Deputy Executive Director of Nursing and Midwifery presented this item, providing an update against the second cycle of the 90 day plans, highlighting the Health Board’s Unscheduled Care (USC) performance for February against the 4 hour, 12 hour and >60 minute handover quality measures. He advised that February had seen an improvement against the same period last year and the previous month. There continued to be a reduction in the number of patients being delayed in ambulances for 60 minutes or more and each site had reported a further reduction in the number of patients delayed outside the Emergency Departments (EDs). The Deputy Executive Director of Nursing and Midwifery explained the pressure that this improvement had made within ED. Discussion ensued on flow work and presentations at Minor Injury Units. It was noted that there was zero tolerance approach being taken to waits over 24 hours and accountability was being addressed on a daily basis.</p> <p>FP19/65.2 The Committee encouraged the Deputy Executive Director of Nursing and Midwifery to liaise further with Local Authority partners in respect of the 90 days plan, following feedback provided by an Independent Member. The Executive Director of Workforce &OD requested that further updates include trajectories going forward, highlighting of alignment with BCU’s Annual Plan and potential risks to the financial plan. The Independent Finance Adviser also suggested that greater granularity be provided in the form of a financial appraisal on what was required to improve performance.</p>	<p>TH</p> <p>TH</p>

<p>FP19/65.2 In the discussion which ensued the Committee agreed that it would be helpful for the report to provide narrative on impacts and greater clarity on discharges and delayed transfers of care.</p> <p>It was resolved that the Committee noted:</p> <ul style="list-style-type: none"> • the achievement against the 90 day measures and how use of the 90 day plan methodology is driving improvement and change. • the ongoing focus to improve the partnership working related to the Health Board’s Unscheduled Care Improvement journey. • the ongoing risk associated with continuing challenges with flow and ED to the 4 hour performance. <p><i>The Executive Director Planning and Performance and Performance Director joined the meeting</i></p>	
<p>FP19/63 Integrated Quality and Performance report Month 10</p> <p>FP19/63.1 The Executive Director of Planning and Performance presented this item. He advised that whilst Unscheduled Care performance had been positive, planned care was a significant area of concern. In respect of the quality of the report narrative, which was of concern to the Committee, he described ongoing work to ensure improvement going forward. The Committee emphasised the need for narrative to be straightforward and candid. The Performance Director advised that a meeting had taken place the previous day regarding the National Delivery Framework 2019/20, following which changes identified would be incorporated into the next iteration.</p> <p>FP19/63.2 Attention was drawn to the Cardiology issues and clinical risk which had been highlighted earlier in the meeting and also the issues within the Endoscopy services which were impacting on diagnostic waits. The Committee requested that a report be provided within the RTT update at the next meeting explaining measures being put into place to address this. A query relating to escalation level data was also raised.</p> <p>FP19/63.3 Sickness Absence Management was discussed in which the Committee highlighted the positive development of compassionate training for BCU managers which had been introduced with the new All Wales policy. Discussion on the new IQPR format being developed, in which it was understood that a template would be provided at the next meeting, followed by a complete report in May 2019.</p> <p>It was resolved that the Committee noted the report</p>	<p>MW</p>
<p>FP19/66 Issues of significance to inform the Chair's assurance report</p> <p>To be completed outside of the meeting.</p>	
<p>FP19/67 Summary of In Committee business to be reported in public</p> <p>It was resolved that the Committee note report.</p>	
<p>FP19/68 Date of Next Meeting</p>	

Wednesday 24.4.19 9.00am Boardroom, Carlton Court	
---	--

BCUHB FINANCE & PERFORMANCE COMMITTEE				
Summary Action Log – arising from meetings held in public				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Actions from 17.1.19 meeting:				
Jill Newman	FP19/19.9 IQPR Provide greater clarity on narrative requirements for authors in respect of IQPR Board & F&PC submissions	25.1.19	18.2.19 This work is progressing as part of the development of the report. Individual authors are contacted in an attempt to improve the content of the narrative, however there is more to do to ensure requirements are understood. A training package is being prepared covering statistical analysis, connecting actions to impact and outcomes, and trajectory development. This is being tested and will be implemented from April with exception report leads	Action to remain open until implementation of training package
Actions from 26.2.19 meeting:				
Meinir Williams ➤ Trevor Hubbard	FP19/31.2 Unscheduled Care Provide greater detail on the impact to managed practices following recruitment to SICAT in a future report		17.4.19 Incorporated within Unscheduled Care report being presented to 24.4.19 F&P Committee meeting	Action to be closed
Mark Wilkinson	FP19/31.2 Unscheduled Care Arrange for the Planned Care Transformation Team to undertake a full assessment of capability and demand management		26.3.19 Committee requested circulation of RTT Task Group Terms of Reference 11.4.19 Circulated via email to members	Action to be closed
Actions from 26.3.19 meeting:				
Dr Evan Moore	FP19/57 Update the Committee Vice Chair on staff communication within WXM Endoscopy services outside			

	the meeting																					
Sue Hill	FP19/57 summary action plan Align Corporate Services Review work with Finance review		The proposed Corporate Services review has been discussed with PwC who are conducting the finance review and they have confirmed that the proposal will be included in their programme of work. The third deliverable from the review is a pipeline of opportunities and it is anticipated that the corporate services review will feature in that pipeline.	Action to be closed																		
Geoff Lang	FP19/60 Sub Committee establishment Amend the F&P Sub Committee's Group TOR in line with discussion		TORs updated. First meeting of group on 24 April 2019.	Action to be closed																		
Dr Evan Moore > Mr Adrian Thomas	FP19/64 RTT Liaise with Adrian Thomas to provide a member briefing on Cardiology issues		The Executive Medical Director advised the Executive Director Therapies and Health Sciences of request via email on 2.4.19: The F&P committee noted the cardiology diagnostic delays in the IQPR and asked for a brief update Update provided 16.4.19: <i>End of year position 147 breaches which is an improvement on Feb 2019. It is forecast for performance to improve to less than 60 at the end of April, 33 by end of May and 0 by end of June</i>	Action to be closed																		
			 <table border="1"> <caption>Cardiology Total over 8 weeks</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Plan</th> </tr> </thead> <tbody> <tr><td>Feb 19</td><td>0</td><td>0</td></tr> <tr><td>Mar 19</td><td>0</td><td>0</td></tr> <tr><td>Apr 19</td><td>0</td><td>100</td></tr> <tr><td>May 19</td><td>280</td><td>100</td></tr> <tr><td>Jun 19</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Actual	Plan	Feb 19	0	0	Mar 19	0	0	Apr 19	0	100	May 19	280	100	Jun 19	0	0	
Month	Actual	Plan																				
Feb 19	0	0																				
Mar 19	0	0																				
Apr 19	0	100																				
May 19	280	100																				
Jun 19	0	0																				
Trevor Hubbard	FP19/65.2 Unscheduled Care report <ul style="list-style-type: none"> Follow up IM comment re liaison with LA partners 		17.4.19 Incorporated within Unscheduled Care report being presented to 24.4.19 F&P Committee meeting	Action to be closed																		

	<ul style="list-style-type: none"> • Future reports to include detail on <ul style="list-style-type: none"> ▪ Engagement with other support teams ▪ Alignment ▪ Trajectories ▪ Plan risks ▪ Financial appraisal 			
Mark Wilkinson	<p>FP19/63.2 IQPR Liaise with Dr Evan Moore to include update on Endoscopy plan development</p>		Update included in IQPR. Plan expected to be completed May 2019, initial actions in place. Vanguard unit arrived on site 15.4.19. and presently undergoing installation and water testing checks. This will create further additional capacity from end of May, 2019	Action to be closed

Finance and Performance Committee 24.4.19	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
--	---

Report Title:	Savings Programme Update – 2019/20
Report Author:	Director of Turnaround
Responsible Director:	Director of Turnaround
Public or In Committee	Public
Purpose of Report:	To provide an update to the Committee regarding the development of the savings plan for 2019/20.
Approval / Scrutiny Route Prior to Presentation:	This paper has not received previous scrutiny.
Governance issues / risks:	The Health Board's interim financial plan for 2019/20 requires the identification of savings schemes which will deliver a cash releasing impact of £25m. Failure to deliver these schemes will impact directly on the Board's financial position.
Financial Implications:	There are no additional costs arising from this paper however failure to achieve these savings will have a detrimental effect on the Board's required financial performance for the year.
Recommendation:	That the Committee consider the update provided on the savings programme, the current shortfall and the work ongoing to address this deficit.

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

5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Financial Recovery			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
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

Finance and Performance Committee

Savings Programme Update 2019/20

Purpose

To update the Committee with regard to progress in identifying savings schemes to meet the requirements of the Board's financial plan.

Background

As part of the Board's financial planning for the 2019/20 financial year a savings target of £34.5m was identified. As reported to the Committee previously this target was based upon an assessment of opportunities drawn from benchmarks and other sources. Using benchmark data the target was allocated across individual Divisions and corporate areas within the Board.

In the Board's initial financial plan for 2019/20 the need for £25m of cash releasing savings was clearly identified.

Current Position

Work to develop the savings plan for 2019/20 has been ongoing for a number of months and continues. Initial proposals from Divisions were received at the end of January and there has been process of refinement and challenge in place to test submissions and seek to reach the quantum of savings required by the Board.

The following summarises the position as at 15th April with regard to total savings identification -

Table 1 – Savings identified

2019/20 SAVINGS SUMMARY - £34.5M TARGET				
Savings Area	Allocated Savings TARGET	TOTAL Savings SUBMISSION	DIFFERENCE	
TRANSACTIONAL	6.00	4.98	(1.02)	
Divisional Budget Mgt (1%)	6.00	4.98	(1.02)	
CARE CLOSER TO HOME	7.00	5.40	(1.61)	
CHC General	3.00	3.03	0.03	
Mental Health	2.00	1.37	(0.63)	
Community Services	2.00	1.00	(1.01)	
CORPORATE	21.50	10.28	(11.22)	
Workforce Optimisation	11.00	3.73	(7.27)	
Medicines Management	4.50	4.58	0.08	
Central Procurement	4.00	0.64	(3.36)	
Contracts	0.50	0.46	(0.04)	
Estates/Assets	1.50	0.87	(0.63)	
TOTALS	34.50	20.65	(13.85)	
In Development		4.35	4.35	
TOTALS	34.50	25.00	(9.50)	

2019/20 SAVINGS SUMMARY - £34.5M TARGET				INCLUDES
Division	Allocated Savings TARGET	TOTAL Savings SUBMISSION	DIFFERENCE	COST AVOIDANCE
Area East	4.85	3.51	(1.35)	0.00
Area Centre	4.87	3.72	(1.15)	0.00
Area West	3.22	2.70	(0.51)	0.70
Other NW	0.32	0.36	0.04	0.00
MHLD	3.57	2.34	(1.23)	0.25
YMW	2.60	1.29	(1.31)	0.25
YGC	3.76	1.44	(2.32)	0.95
YG	2.90	1.51	(1.39)	0.54
Womens	1.05	0.99	(0.05)	0.19
NWHS	2.59	0.74	(1.85)	0.00
Contracts	0.50	0.46	(0.04)	0.11
Corporate	4.27	1.59	(2.69)	0.00
TOTALS	34.50	20.65	(13.85)	2.99

Pay	17.00	7.44	(9.56)
Non Pay	17.50	13.21	(4.29)

As may be seen from the table above the schemes submitted by Divisions and Corporate functions fall significantly short of the target savings level set by the Board.

In addition, some £2.99m of those savings are currently identified as cost avoidance and therefore would not contribute to the £25m cash releasing requirement.

In order to bridge the gap to £25m a number of further schemes were identified by Executive Directors and these are currently under development. They are -

- Medicines supply
- Procurement savings
- Premium medical staffing costs
- Premium nurse staffing costs
- Corporate services
- Escalation capacity

Work is being led by Executive Directors to develop these savings across the Divisions.

In addition to the above, Divisions continue to work to identify pipeline schemes which can be developed as the year progresses. At this point in time this work has not added to the savings quantum significantly and therefore a financial impact of this work cannot be given at this time.

Risk of Delivery

A key part of the development of the savings schemes is the assessment of delivery risk. Whilst delivery risk assessment has been undertaken in previous years, the focus in 2019/20 has been raised. A new framework for assessing risk has been published by Welsh Government, which allows schemes to be afforded a red / amber / green assessment. The criteria within the framework are shown below –

- There is a clear project brief and plan
- There is clear ownership of projects and accountability for delivery
- Financial calculations are underpinned by and aligned to clear actions
- Phasing of savings is clearly aligned to plan milestones
- There is a financial code identified for savings which aligns with the ledger

The assessment framework requires all aspects to be fully met in order for schemes to be assessed as green. Where there is sufficient information to demonstrate that the plan is clear and financial values are confirmed this can be assessed as amber. Any scheme not meeting this requirement is red reflecting the fact that the scheme is not fully developed and costed.

The current risk assessment of schemes through the Programme Management Office is shown in the table below –

Table 2 – Risk Assessment of Schemes

2019/20 SAVINGS			PMO RAG ASSESSMENT - NEW RULES			
Division		TOTAL SUBMISSION	GREEN	AMBER	TOTAL GREEN/ AMBER	RED (PIPELINE)
Area East		3.51	0.83	2.22	3.04	0.47
Area Centre		3.72	2.90	0.02	2.92	0.80
Area West		2.70	1.98	0.73	2.70	0.00
Other NW		0.36	0.00	0.00	0.00	0.36
MHLD		2.34	0.25	0.00	0.25	2.09
YMW		1.29	0.09	0.50	0.59	0.70
YGC		1.44	0.00	0.20	0.20	1.24
YG		1.51	0.00	1.27	1.27	0.24
Womens		0.99	0.18	0.00	0.18	0.82
NWHS		0.74	0.49	0.25	0.74	0.00
Contracts		0.46	0.09	0.11	0.20	0.26
Corporate		1.59	0.42	0.20	0.62	0.97
TOTALS		20.65	7.22	5.49	12.71	7.94

TOTALS - PMO ASSESSMENT

PMO Red Pipeline	7.94
Savings Shortfall vs £25m budget - marked as in development red risk	4.35
TOTAL PMO ASSESSED SAVINGS GAP	12.29

This table identifies a sum of £12.71m of schemes which have been assessed as amber / green. This equates to 51% of the £25m savings identified and in development. For those schemes assessed as red at present, an initial review of likelihood to convert to amber / green has been undertaken by the PMO . This indicates an expectation of an increase to amber / green assessment of £3.79m based on work which is currently in hand. This would increase the total value to £16.5m or 66%.

For the schemes which remain in red as part of this assessment (£8.5m) more significant work is required to develop clear plans and profiles which would allow the risk assessment to change. This work is ongoing with additional input from Executive Directors where required. Review meetings with Divisions to drive the delivery of these plans is being escalated to a weekly basis and this will be maintained until the required quantum of savings are secure, with an appropriate risk assessment.

Cash Releasing Savings

As can be seen from Table 1 above, there is a proportion of the current proposals which are identified as cost avoidance rather than cash releasing (£2.99m). The Board's interim financial plan requires the delivery of £25m cash releasing savings. Excluding the cost avoidance schemes received to date the summary of cash releasing savings and their associated risk is set out below –

Table 3 - Cash Releasing Savings

2019/20 SAVINGS			PMO RAG ASSESSMENT - NEW RULES			
Division	TOTAL SUBMISSION		GREEN	AMBER	TOTAL GREEN/ AMBER	RED (PIPELINE)
Area East	3.51		0.83	2.22	3.04	0.47
Area Centre	3.72		2.90	0.02	2.92	0.80
Area West	2.00		1.28	0.73	2.00	0.00
Other NW	0.36		0.00	0.00	0.00	0.36
MHLD	2.09		0.00	0.00	0.00	2.09
YMW	1.04		0.09	0.30	0.39	0.65
YGC	0.49		0.00	0.20	0.20	0.29
YG	0.97		0.00	0.73	0.73	0.24
Womens	0.81		0.18	0.00	0.18	0.63
NWHS	0.74		0.49	0.25	0.74	0.00
Contracts	0.35		0.09	0.05	0.14	0.21
Corporate	1.59		0.42	0.20	0.62	0.97
TOTALS	17.66		6.27	4.69	10.96	6.70

TOTALS - PMO ASSESSMENT

PMO Red Pipeline	6.70
Savings Shortfall vs £25m budget - marked as in development red risk	7.34
TOTAL PMO ASSESSED SAVINGS GAP	14.04

The above table shows an amber / green assessment of £10.96m, which is 62% of cash releasing schemes submitted, but only 44% of the cash releasing savings required. This leaves a current deficit of £14.04m against the required level of cash releasing savings. From the work undertaken by the PMO an initial assessment of the potential to move schemes from red to amber / green indicates a potential shift of £3.7m, moving to a total cash releasing savings value of £14.66m, which is 59% of the required cash releasing savings.

Further work is ongoing to test the quantum of cash releasing savings, as opposed to cost avoidance, in line with the final budget set for the year. Alongside this, further additional cash releasing savings will be required to meet the requirements of the financial plan.

Additional Organisational Schemes Under Development

A number of organisational wide schemes have been identified which will bring a more strategic focus to the Board's savings programme. This recognises the need for the Board to move away from a transactional, in year focus to one that is more directly linked to transformational change and the Board's wider strategic priorities. The delivery timelines for these schemes will vary. Some have the potential to begin delivery during 2019/20, whereas others may not commence delivering benefit until

2020 or beyond. The schemes will form the beginning of a pipeline of savings which will be developed throughout the year. The schemes are set out below along with a brief description of scope and work ongoing -

- Medicines supply
This scheme is established to evaluate the potential scope for adopting an alternative model to traditional outpatient dispensing in a hospital outpatient setting. An options paper will be prepared for consideration by the Executive Team in April which will highlight potential savings. Subject to agreement a formal project will be established to undertake the necessary procurement and implement the model.
 - Executive Lead – Director of Turnaround
 - Progress - A task group is already established to examine the option of an alternative model to hospital outpatient dispensing. A paper setting out options is to be discussed by the Executive Team on 17th April.

- Corporate support functions; patient contact centres
This scheme is established in two parts. The first is to review the way in which core corporate functions ie those that support Executive Directors, are organised in order to identify opportunities for economies and new ways of working which will deliver savings.
 - Executive Lead – Director of Finance
 - Terms of reference and an outline timescale for the external review of corporate functions have been agreed by Executives. An initial review will be undertaken by PWC as part of their financial review work. This will feed back at the end of April. Subject to the findings of this initial work a more in depth review may be commissioned to confirm the savings potential.

The second stream of work relates to the way in which the Health Board organises its booking arrangements and patient contact centres. Currently the Board has differing arrangements across multiple sites. Options to standardise approaches, including the effective deployment of technology will be explored to determine a preferred model which maximises efficiency and has the potential to provide an improved service to patients. Initial discussions to scope work regarding patient booking / contact centres will commence in April with a first report to Executive Directors at the end of May.

- Digital dictation and speech recognition
This scheme seeks to exploit the benefits of widespread adoption of digital technology in generating clinical correspondence. It builds upon a pilot programme in the central area which gained positive clinical support. The proposal has been subject to a spend to save submission to Welsh

Government and was successful in securing capital and revenue support. This financial support will be re-paid from savings generated.

- Executive Lead – Director of Therapies and Health Sciences
 - Project Board already established and first meeting held
 - Procurement is expected to commence in May subject to approval in principle from the Finance and Performance Committee.
 - The programme timeline, anticipated benefits and financial savings will be reviewed alongside the procurement process to inform a business case to support the final investment decision.
 - First phase roll-out is planned to commence in October, subject to procurement.
- Repatriation of services – mental health

This scheme will seek to establish a modern provision for rehabilitative services in North Wales as part of the implementation of the Board's mental health strategy. Central to the proposal is the intention to deliver more services in North Wales, thereby avoiding high cost external placements where this is clinically appropriate. The development of this scheme will be supported by the NHS Wales Commissioning Collaborative who have specific skills and knowledge in relation to services for this client group.

- Executive Lead – Director of Mental Health
 - Workshop with the national Commissioning Collaborative taking place on 17th April to scope and plan this programme.
 - The initial plan will be presented to Executives by the end of April to identify the proposed service changes and anticipated benefits in terms of quality of service as well as potential financial savings.
- Clinical pathway review for chronic conditions management – diabetes

This scheme will examine the current delivery of diabetes services in North Wales and seek opportunities to improve outcomes for individuals and reduce expenditure. The approach adopted will draw upon experience elsewhere in the NHS to ensure rapid identification and targeting of improvement. It will support the Board's wider strategy in terms of care closer to home.

- Executive Lead – Director of Primary Care
 - Methodology and approach to be defined with a proposal submitted to the Executive Team for consideration by the end of April.
 - Programme plan to be developed in May
- Commissioning arrangements for CHC

This scheme will ensure a consistent approach to commissioning and provision for CHC across the Health Board. It will build upon the work already

underway within Area Teams. The development of the Board's commissioning function was the subject of a successful Invest to Save bid with Welsh Government and non-recurring revenue resources have been secured to support this work. These resources will be re-paid from savings generated by the programme.

- Executive Lead – Director of Primary Care
- Initial discussion has identified priority themes including quality assurance and provision for older persons mental health. This will be further developed by the end of April .
- A formal programme of work with anticipated impact will be developed in May. This work will link to and build upon the savings proposal already submitted by Area Teams.

- Estate rationalisation

The Board approved its estate strategy at the meeting in March 2019. This workstream will examine the utilisation of the estate and identify opportunities for rationalisation to drive efficiency savings.

- Executive Lead – Director of Planning and Performance
- Initial scoping work regarding potential rationalisation has commenced and a paper will be brought to the Executive Team for consideration in April.
- An outline estate disposal plan is included in the savings schemes for 19/20

- Agile working approaches

This scheme will examine strategic approaches to workforce and organisational development which will support the introduction of “agile working”. It will draw upon experience in the NHS and other sectors with regard to flexible working locations and the deployment of technology to support this.

- Executive Lead – Director of Workforce
- Scope and approach to be defined with paper to be brought to the Executive Team in May

- Community Resource Teams – Benefits realisation

This scheme will seek to identify and deliver specific benefits from the investment made in the development of Community Resource Teams (CRTs). The impact of CRTs in unscheduled care will be a particular area of focus. The work will engage with Local Authority and other partners through the Regional Partnership Board

- Executive Lead – Director of Primary Care
- Work undertaken will reflect the investment of the WG Transformation Fund resources alongside the Regional Partnership Board
- Paper setting out timescale and approach to be presented to the Executive Team in June.

Financial Review

The Health Board has commissioned a financial review which has as part of its remit a requirement to work alongside the Health Board to build its financial plan and savings portfolio. This work will be critical in facilitating the further development of the savings programme to deliver effectively in year.

Information regarding the current savings identified and work ongoing has been shared with the Review Team and feedback will be received on a weekly basis. This feedback will be utilised to continue to develop the programme to a point where the Board's requirements can be met.

Recommendations

That the Committee consider the update provided on the savings programme, the current shortfall and the work ongoing to address this deficit.



Report Title:	Draft unaudited Financial Report for Month 12 2018/19
Report Author:	Ms Sue Hill, Finance Director – Operational Finance
Responsible Director:	Mr Russell Favager, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the financial performance and position of the Health Board for the year, together with actions being undertaken to tackle the financial challenge.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.
Governance issues / risks:	This report does not impact on Governance issues or risks.
Financial Implications:	<p>The Health Board approved an Interim Financial Plan on the 28th March 2018 which would deliver a deficit budget of £35.0m after delivery of £45.0m savings, £22.0m of which were cash releasing. The Health Board's forecast deficit was increased at Month 9 to £42.0m to reflect the significant risks around the underperformance of savings plans and cost pressures around Continuing Healthcare (CHC) and Mental Health.</p> <p>The Health Board's unaudited position for 2018/19 of £40.3m deficit; £35.0m relates to the Health Board's planned budget deficit and £5.3m represents an adverse variance against the financial plan.</p> <p>The plan for Month 12 was a £2.1m deficit. The actual position was £3.8m, £1.7m higher than plan. The key reasons for the in-month over spend are outlined below.</p> <ul style="list-style-type: none"> - Under delivery against savings plans across most divisions (£0.9m). - Over spends on CHC (£1.0m) and pay (£0.4m). - Offsetting under spends seen in contracts (£0.6m). <p>The draft unaudited performance for 2018/19 was £1.7m better than had been forecast at Month 11. The forecast included a £1.0m provision against an RTT clawback, based on expected performance, which has not been provided for in the current position as confirmation of the final RTT activity level and the value of any potential clawback is awaited. The remaining positive variance relates to reduced expenditure on CHC and Secondary Care.</p>

	<p>In total, the Health Board received £19.5m funding for additional activity to reduce the long waiting lists this year, which had all been received by the end of March and the potential clawback of RTT funding from Welsh Government remains a risk.</p> <p>Savings achieved for 2018/19 are £38.3m against a plan of £45.0m, £6.7m behind the full year target and representing delivery of 85.1%.</p> <p>The Capital Resource Limit for 2018/19 is £49.4m. Expenditure for the year was £49.4m meaning that the Health Board achieved its Capital Resource Limit in 2018/19.</p> <p>The Health Board is required to pay 95.0% of non-NHS invoices within 30 days of receipt of a valid invoice. Performance over the year has been variable, however the Health Board has met the required target with a 2018/19 compliance figure of 95.0%.</p>
Recommendation:	It is asked that the report is noted, including the draft unaudited financial position of £40.3m.

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

6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.			
Equality Impact Assessment			
Not applicable.			

Disclosure:

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

Board/Committee Coversheet v9.01 draft



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Executive Director of Finance Report Month 12 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 full year draft unaudited financial position, confirm performance against financial savings targets and highlight the financial risks and outlook.

1.2 Summary of key financial targets

Key Target		Annual Target	Year to Date Target	Year to Date Actual	Achievement
Achievement against Revenue Resource Limit	£000	(35,000)	(35,000)	(40,314)	
Performance against savings and recovery plans	£000	45,000	45,000	38,348	
Achievement against Capital Resource Limit	£000	49,408	49,408	49,393	
Compliance with Public Sector Payment Policy (PSPP) target	%	95.0	95.0	95.0%	
Revenue cash balance (maximum)	£000	8,098	8,098	316	

Monthly Performance Against Key Targets	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Year to Date
	£m												
Revenue Resource Rate	(3.5)	(3.5)	(3.3)	(3.9)	(3.3)	(2.8)	(2.9)	(3.4)	(3.6)	(3.4)	(2.9)	(3.8)	(40.3)
Savings Delivery	1.8	1.6	3.4	2.8	2.5	3.5	3.1	3.6	3.4	4.6	3.9	4.1	38.3
Capital Resource Rate	n/a	6.9	(1.0)	1.3	2.7	1.6	1.6	3.2	3.2	2.8	7.1	20.0	49.4
Compliance with Public Sector Payment Policy (PSPP)	94%	95%	96%	97%	95%	95%	95%	94%	95%	93%	96%	94%	95%
Revenue cash balance (maximum)	6.7	6.7	3.4	3.5	4.9	2.0	2.9	4.3	1.1	0.2	2.4	0.3	0.3

1. Executive Summary

1.3 Revenue position

- At Month 12, the draft unaudited position for the Health Board is a £40.3m over spend. Of this, £35.0m relates to the Health Board's planned budget deficit and £5.3m represents an adverse variance against the financial plan.
- The plan for Month 12 was a £2.1m deficit. The actual position was £3.8m, £1.7m higher than plan. The key reasons for the in-month over spend are outlined below.
 - Under delivery against savings plans across most divisions (£0.9m).
 - Over spends on CHC (£1.0m) and pay (£0.4m).
 - Offsetting under spends seen in contracts (£0.6m).
- The draft unaudited performance for 2018/19 was £1.7m better than had been forecast at Month 11. This forecast included a £1.0m provision against an RTT clawback, based on a full year performance, and this has not been included in the current position as confirmation of the final RTT activity level and the value of any potential clawback is awaited. The remaining positive variance relates to reduced expenditure on CHC and Secondary Care compared to what had been forecast.
- In total, the Health Board received £19.5m funding for additional activity to reduce the long waiting lists this year. £11.3m had been received from Welsh Government for activity up to the end of October, and an additional £8.2m was received in March relating to the second half of the year. The potential clawback of resources received if waiting times do not meet the requirement from Welsh Government remains a risk.
- Savings achieved for 2018/19 are £38.3m against a plan of £45.0m, £6.7m behind the full year target and representing delivery of 85.1%.

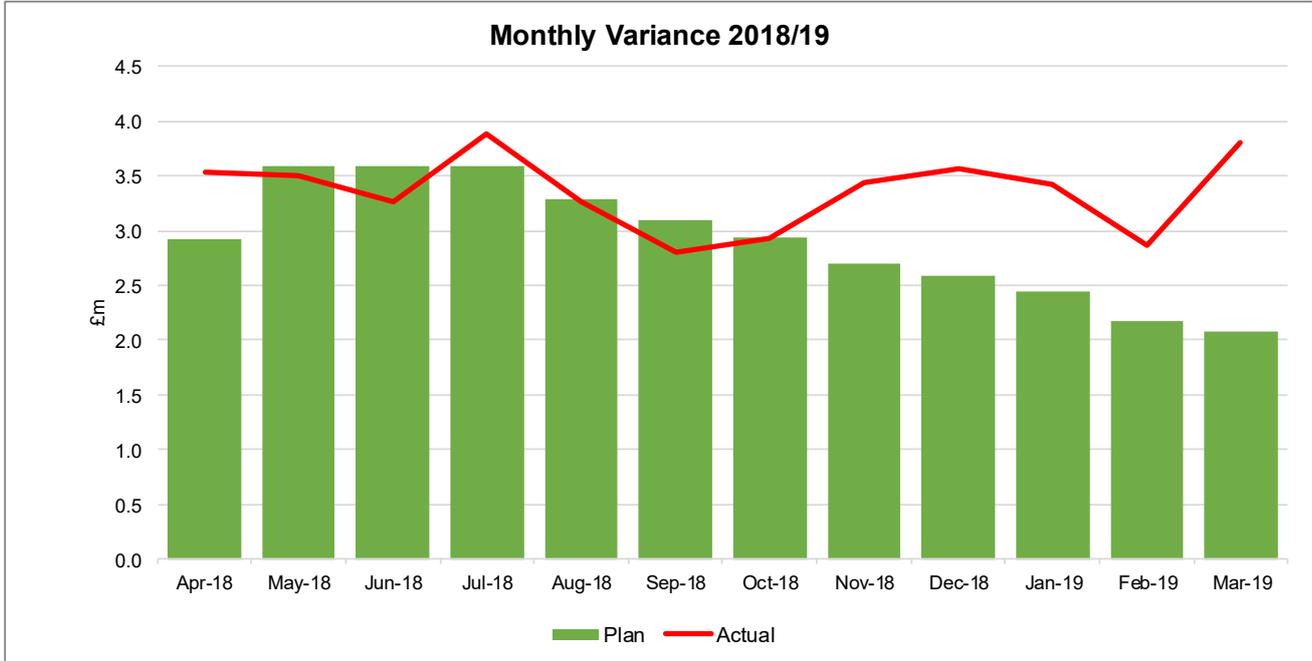
1.4 Balance Sheet

- The Capital Resource Limit for 2018/19 is £49.4m. Expenditure for the year was £49.4m meaning that the Health Board achieved its Capital Resource Limit in 2018/19.
- The Health Board is required to pay 95.0% of non-NHS invoices within 30 days of receipt of a valid invoice. Performance over the year has been variable, however the Health Board has met the required target with a 2018/19 compliance figure of 95.0%.

2.Revenue Position

2.1 Health Board performance

- The Health Board's in-month reported position is £1.7m higher than planned, giving a year to date £5.3m adverse variance against the 2018/19 financial plan. The actual versus planned performance for the year is shown graphically below.



2.2 Financial performance by division

- The table below provides an analysis of the Month 12 budget to actual position for the Health Board's operating divisions.

Variances	West	Centre	East	North	Total
	£m	£m	£m	Wales £m	
Area Teams	0.8	(0.5)	1.4	(0.4)	1.3
Contracts				(3.8)	(3.8)
Provider Income				(1.0)	(1.0)
Secondary Care	0.4	2.8	3.2	0.5	6.9
Mental Health				4.3	4.3
Corporate				(2.8)	(2.8)
Other				0.4	0.4
Variance from Plan	1.2	2.3	4.6	(2.8)	5.3
Planned Deficit					35.0
Total	1.2	2.3	4.6	(2.8)	40.3

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

- There were under spends earlier in the year from GP rates rebates within North Wales Wide services. Within the Centre Area under spends arose from decreased Out of Area CAMHS activity, along with a reduction in the number of Out of Area Neonatal placements. However over spends in the West and East Areas negated these to give an overall adverse position of £1.3m for the year.
- The Month 12 position saw a £0.9m deterioration from February, with a £1.1m in-month over spend. Under delivery of savings has had a reduced impact this month, with £0.1m of unachieved savings contributing to the March position.
- Continuing Healthcare (CHC) is the key issue this month, worsening by £1.0m in March, with an in month over spend of £0.8m (£2.2m for the year). This primarily relates to the West Area. The total 2018/19 CHC over spend is partly offset by an under spend of £0.6m on Funded Nursing Care (FNC).
- Overall, there is a £0.3m under spend on pay in the month, with agency costs totalling £0.5m, slightly above the 2018/19 average. Primary Care Prescribing is £0.3m over spent in March, whilst Secondary Care drugs have reduced giving rise to a £0.1m under spend in month.

2.3.2 Contracts

- Contracts are reporting an under spend for the year of £3.8m, with a £0.6m favourable position in-month. The March position primarily relates to the local English contracts which are showing a £0.6m under spend (£0.2m over spent for the year). WHSSC is also under spent in the month by £0.2m, £4.5m for 2018/19. These have been counterbalanced by pressures on Non-Contracted Activity (NCA).

2.3.3 Secondary Care

- The Secondary Care Division has an over spend of £6.9m for 2018/19, with Ysbyty Glan Clwyd (£2.8m) and Wrexham (£3.2m) constituting the majority of this. The in-month over spend for the division is £0.1m, a decrease of £0.5m on the February position.
- Failure to achieve savings plans has been the significant issue once again this month, with £0.6m of the in-month over spend relating to non-delivery against savings targets (£4.2m for the year).

2.Revenue Position

- Pay costs are over spent by £0.3m (£3.3m for 2018/19), a significant proportion of which relates to Wrexham and arises from high nurse agency usage. Agency costs in total have increased by £0.5m from Month 11, with a total spend of £2.4m (£21.4m for the year). Both medical and nurse agency costs have risen in March; medical by £0.3m from February, with an in month spend of £0.9m and nursing by £0.1m to a £1.3m spend for the month.
- Offsetting under spends have been seen in income and establishment costs.

2.3.4 Mental Health

- Mental Health is over spent by £0.9m in Month 12, with a total over spend of £4.3m for the year.
- CHC remains the key issue, with an in month over spend of £0.5m (£3.5m for the year). Savings plans have also under achieved, by £0.4m in the month.
- Drugs costs remained a pressure, with an adverse variance of £0.1m in the month, £0.7m for the year. Pay costs were balanced in the month (£1.5m over spent for the year). Agency spend for 2018/19 totalled £4.2m, partially offset by vacancies.

2.4 Pay

- Total Health Board pay (excluding Primary Care functions) is £721.5m, which is an under spend against plan of £1.7m.
- March's pay expenditure has increased by £3.7m from the previous month. The majority of this increase relates to an accrual for holiday pay entitlement linked to overtime and additional hours worked (£1.8m), combined with an increase in agency spend and additional work funded through RTT.

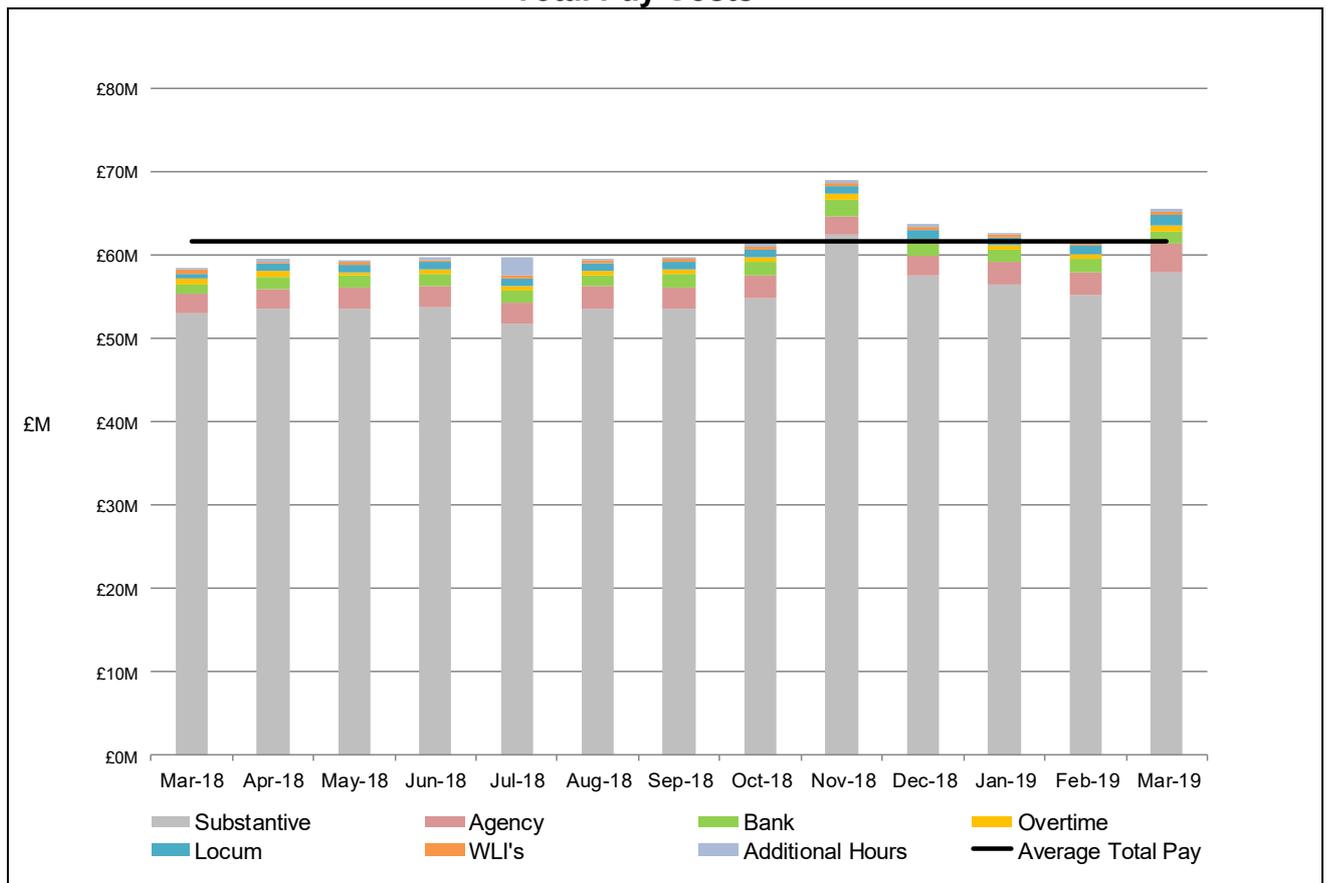
Actual Pay Costs

Staff Group	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	YTD Variance £m
Administrative & Clerical	7.6	7.5	7.5	7.6	7.5	7.3	7.6	9.0	7.7	7.8	7.8	7.9	(3.6)
Medical & Dental	13.4	13.5	13.6	13.7	13.9	13.8	13.9	14.1	16.0	14.3	13.6	15.4	5.2
Nursing & Midwifery Registered	19.0	18.8	19.1	19.0	18.7	18.8	19.3	22.4	19.4	19.7	19.8	20.4	(8.2)
Additional Clinical Services	9.0	9.0	9.1	8.9	8.9	9.1	9.5	11.1	9.3	9.5	7.7	9.6	6.6
Add Prof Scientific & Technical	1.7	1.7	1.7	1.6	1.7	1.7	1.8	2.0	1.8	1.9	3.6	2.3	(1.0)
Allied Health Professionals	3.3	3.2	3.2	3.3	3.3	3.4	3.5	3.9	3.4	3.6	3.4	3.9	(0.7)
Healthcare Scientists	1.1	1.1	1.1	1.1	1.0	1.2	1.2	1.2	1.3	1.0	1.1	1.1	0.3
Estates & Ancillary	2.9	2.9	2.8	2.7	2.8	2.8	2.9	3.5	2.9	3.0	3.0	3.2	(0.2)
Health Board Total	58.1	57.8	58.1	58.0	57.9	58.2	59.7	67.2	61.8	60.9	60.1	63.8	(1.7)
Primary care	1.5	1.6	1.6	1.7	1.8	1.7	1.7	1.9	1.9	1.8	1.8	1.8	3.7
Total Pay	59.6	59.4	59.8	59.7	59.7	59.9	61.4	69.1	63.7	62.7	61.9	65.6	2.0
Pay Award							(1.3)	(9.3)	(3.8)	(1.6)	(1.6)	(1.6)	
Total Pay	59.6	59.4	59.8	59.7	59.7	59.9	58.4	57.9	58.0	59.3	58.5	62.2	

2.Revenue Position

- Analysis of pay by staff group:
 - Medical and Dental pay is £5.2m overspent (£0.2m over spent in the month), as a result of cost pressures arising from agency doctors, offset by vacancies across the organisation. Costs have increased by £1.8m in Month 12 reflecting the increase in medical agency, combined with additional costs as a result of job planning and Month 11 figures being low due to some realignment of costs.
 - Additional Clinical Services (including Health Care Support Workers) to cover nursing vacancies, is the key contributing reason behind the £6.6m 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. The significant number of vacancies that remain is evident from the £8.2m year to date under spend on Nursing and Midwifery staff.
- Total pay, including Primary Care, is £742.4m, a year to date over spend of £2.0m. 11.7% (£7.7m) of total pay for Month 12 (10.8% / £6.7m in Month 11) relates to agency, bank, overtime, locum, WLI and additional hours costs. This is partly offset by additional income for RTT and winter pressures.

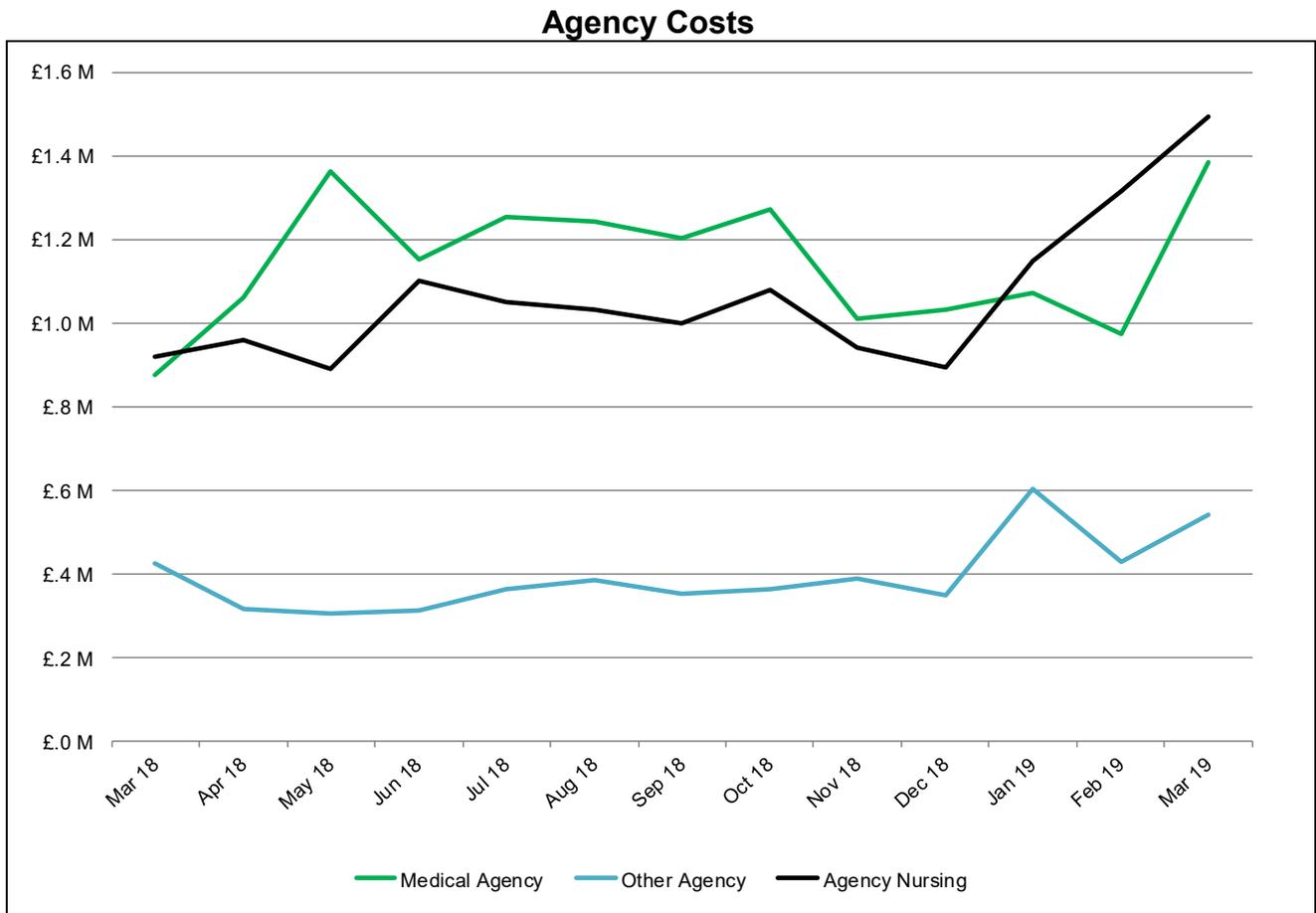
Total Pay Costs



- Expenditure on agency staff for Month 12 is £3.4m, representing 5.2% of total pay, an increase of £0.7m on February. March saw the highest agency spend for the year as a whole, with total agency spend for 2018/19 amounting to £31.6m.

2.Revenue Position

- 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 throughout the year and the increases in recent months.



- Medical agency costs increased by £0.4m from February to an in-month spend of £1.4m. The areas primarily responsible are Ysbyty Glan Clywd (£0.4m), Ysbyty Gwynedd (£0.2m), Mental Health (£0.3m) and Women’s Services (£0.2m), which equate to 78.7% of the month’s spend. Spend on medical agency for 2018/19 totalled £14.0m.
- Nurse agency costs were £1.5m for the month, a £0.2m increase 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 (£0.9m in month) and Ysbyty Glan Clwyd (£0.4m in month), which together account for 86.7% of these costs in March (81.3% for the year). Spend on nurse agency for 2018/19 totalled £12.9m

2.Revenue Position

- Targeted actions are being overseen by the Executive Director of Nursing and Midwifery in areas of high nurse agency usage will continue into 2019/20. 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.
- Other agency costs were £0.5m for Month 12 (an increase of £0.1m) and predominantly arise from East Area and North Wales Hospital Services.

2.5 Non-pay

- Non-pay costs in Month 12 are £91.7m, an increase of £18.7m on the prior month, a large proportion of which is due to year-end adjustments. Total non-pay to-date is £894.2m giving a cumulative over spend of £13.0m against the planned budget.

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

Description	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD
	£m	Variance £m											
Primary Care	16.6	16.2	16.5	17.7	16.9	16.0	16.4	18.4	17.0	17.4	17.9	19.1	(5.3)
Primary Care Drugs	8.4	8.4	8.4	8.7	8.7	8.5	8.6	8.9	8.1	8.8	7.7	9.0	3.2
Secondary Care Drugs	5.0	5.7	5.3	5.7	5.8	5.5	6.4	5.7	5.9	6.1	5.5	5.9	1.7
Clinical Supplies	5.2	5.9	5.5	5.2	5.3	5.1	5.6	6.3	5.4	5.5	5.1	6.6	0.7
General Supplies	1.1	3.4	1.9	1.9	1.7	2.5	2.1	2.3	2.0	2.1	2.1	10.1	1.3
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	20.2	20.4	23.2	(5.6)
Continuing Care and Funded Nursing Care	8.0	8.5	8.5	8.3	8.5	8.3	8.2	8.6	8.8	8.6	8.4	10.8	5.1
Other	6.3	5.2	5.8	6.3	6.3	4.6	6.3	4.6	5.6	5.4	5.9	6.9	11.9
Total	71.1	73.5	72.3	74.7	72.8	69.6	73.1	75.2	73.1	74.0	73.0	91.7	13.0

- Primary Care expenditure has increased by £1.2m in Month 12. This primarily relates to General Medical Services (GMS) where the IM&T refresh invoice was £1.0m more than anticipated. This is matched with budget allocation, so there is no impact on the variance.
- Primary Care Drugs costs have increased by £1.3m in Month 12. February had reduced spend due to a low number of prescribing days in the month and a transfer of £0.4m Warfarin costs to GMS. Of the total year over spend of £3.2m, £2.7m 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, it is not in line with the budget set.
- Secondary Care Drugs have increased by £0.4m, half of which relates to higher Oncology drugs spend. The 2018/19 over spend of £1.7m primarily relates to the Area Teams, where cost pressures are evident in Dermatology (£1.2m) and Diabetes (£0.8m), and also to Mental Health (£0.7m).
- Clinical Supplies costs have increased by £1.5m from last month. February saw a reduction in spend due to benefits arising from year end stock takes which was not

2.Revenue Position

replicated in March. Year end accounting adjustments to recognise Charitable Funds expenditure (matched with income) have also increased costs by £0.4m. Over spends in vaccines (£0.5m) and continence products (£0.3m) are the key drivers behind the £0.7m adverse variance for the year.

- General Supplies costs have increased by £8.0m in March, primarily due to a year end £7.1m Intermediate Care Fund (ICF) accrual, which was matched off with Welsh Government income of the same value, along with spend on Mental Health projects (£0.4m). The over spend of £1.3m for the year mainly relates to provisions within Catering (£1.0m) and legal and professional fees (£0.5m).
- Healthcare Services Provided by Other NHS has increased in March due to year-end adjustments in relation to the WHSCC contract. The significant under spend on the WHSCC contract is reported here.
- CHC / FNC expenditure has increased by £2.4m in-month. This relates to £3.9m of retrospective spend plus a £1.1m Supreme Court provision, offset by £3.0m creditor discounting. CHC is £5.6m over spent for the year, partially offset by a £0.5m under spend against FNC. Of the CHC over spend, £3.4m relates to Mental Health, and £2.2m to the Area Teams (£2.1m West, £0.8m Centre, £0.4m North Wales and (£1.1m) East).
- Other costs cover a range of expenditure headings including Premises costs and Establishment expenses. The key areas of over spend are slippage on savings schemes (£6.7m), transport and travel costs (including Non-Emergency Patient Transport Service - NEPTS) (£1.3m), training costs (£0.8m), permanent injury benefit costs (£0.6m), advertising and staff recruitment (£0.5m), office equipment and materials (£0.5m), postage (£0.4m), water (£0.4m) and furniture and fittings (£0.4m).

2.Revenue Position

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	20.9	20.9	0.0	20.9	0.0
Robert Jones & Agnes Hunt	13.3	13.1	(0.2)	13.1	(0.2)
Royal Liverpool	4.9	4.9	0.0	4.9	0.0
Other	11.2	11.6	0.4	11.6	0.4
English Contracts	50.3	50.5	0.2	50.5	0.2
Welsh Contracts	9.7	9.7	0.0	9.7	0.0
WHSSC	123.9	119.4	(4.5)	119.4	(4.5)
NCA's	3.8	4.3	0.5	4.3	0.5
Total Other	0.3	0.3	0.0	0.3	0.0
Outsourcing	4.1	4.1	0.0	4.1	0.0
Total	192.1	188.3	(3.8)	188.3	(3.8)

- Contracts achieved an under spend of £3.8m for 2018/19.
- Whilst locally managed contracts have over performed, the WHSSC contracts significantly under spent. Non-contracted activity (NCA's) is also consistently a key pressure.

2.7 Reserves

	Opening Budget £'000	Budget Movements P01 to P11 £'000	Annual Budget at P11-19 £'000	Reserve Allocated in P12-19 £'000	Annual Budget at P12-19 £'000
Reserves	17,961	(14,886)	3,075	(3,075)	0
WG Funding Received (to be Allocated)	1,488	199	1,687	(1,687)	0
Total	19,449	(14,687)	4,762	(4,762)	0

- The unallocated balance on reserves at the end of Month 11 was £4.8m and these remaining reserves have been fully allocated to budgets during March.

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.
- The Director of Turnaround continues with the process of recruiting to his team following receipt of additional resources from Welsh Government. Recruitment of the multi-disciplinary clinical Change Team is ongoing, with positive interest from a number of disciplines.

3.2 Identified Savings / Plans

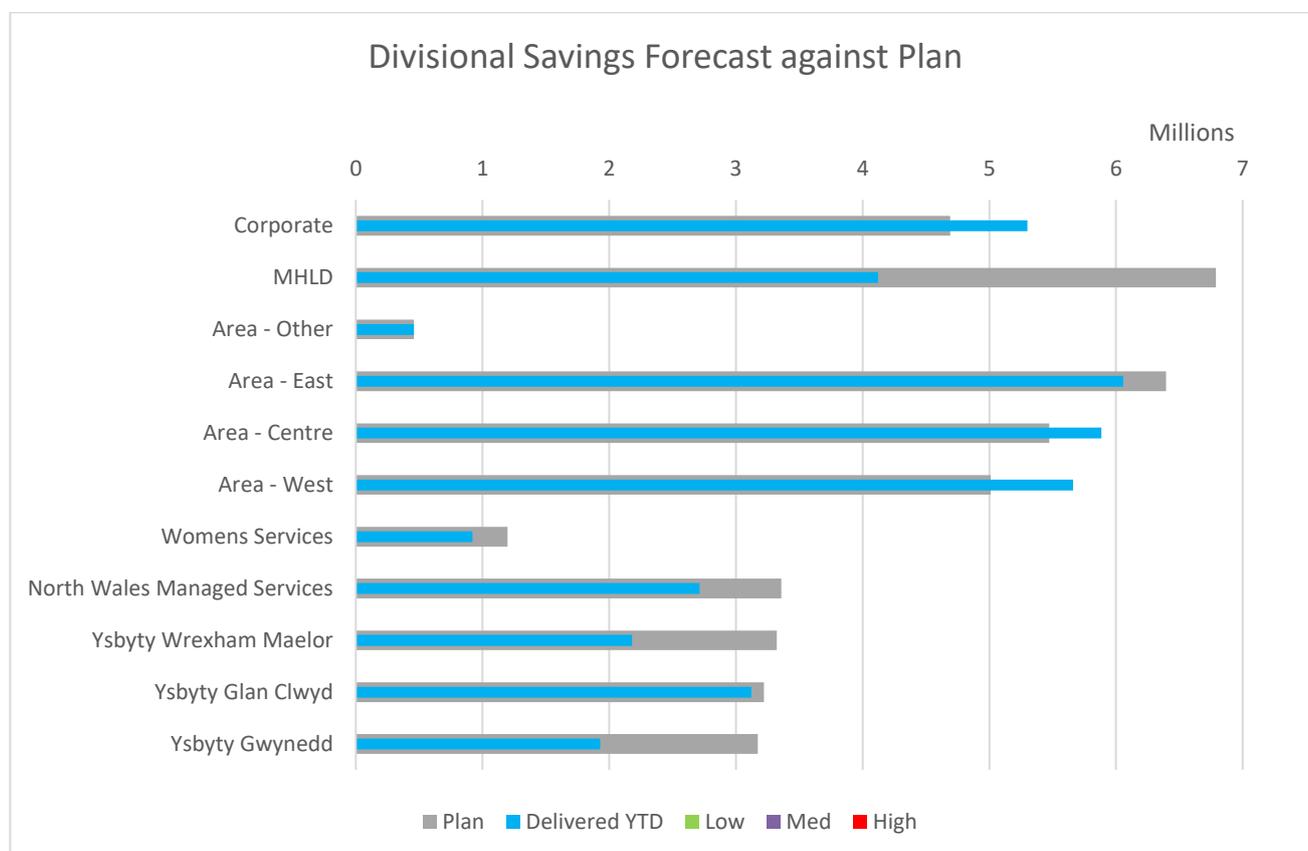
- The total value of savings schemes delivered in year is £38.3m or 85.1% of the Health Board's £45.0m overall target, a shortfall of £6.7m. This was in line with last month's forecast. Non-achievement of the savings target has had a detrimental effect on the Board's financial performance. Performance reported at Month 12 is the final position of savings delivered in 2018/19.
- The shortfall in delivery is largely due to under-delivery on Mental Health (£2.5m), transactional (£1.8m) and workforce schemes (£2.2m), offset by over-performance on Medicines Management schemes (£2.5m).
- The closing value of identified schemes for the year remains at £1.9m below the target of £45.0m.
- 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 year-end, divisional plans and reports reflect £6.2m of this requirement, which remains consistent with Month 11. The total delivered against the target at the end of 2018/19 was £2.0m.
- Work continues to progress the resource utilisation schemes, which form an important part of the Board's efficiency programme for 2019/20.
- The final outturn for 2018/19 was in line with the forecast year-end position reported in Month 11. There was a slight improvement of £0.2m in Mental Health, offset by a £0.1m deterioration in both transactional and Medicine Management schemes.
- There has been a £4.1m increase in month in the value of delivered schemes.

3. Savings Requirement

- The Table below presents the savings plans by division and risk rating.

2018/19	Savings Target	Savings Identified	Excess / (deficit) of savings identified	YTD Plan (£45m)	YTD Delivered	Variance	Rest of Year Delivery	Forecast Delivery	Forecast Risk Rating			
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	Action YTD £'000	Low £'000	Med £'000	High £'000
Ysbyty Gwynedd	3,172	3,172	0	3,172	1,928	(1,244)	0	1,928	1,928	0	0	0
Ysbyty Glan Clwyd	3,738	3,220	(517)	3,764	3,121	(643)	0	3,121	3,121	0	0	0
Ysbyty Wrexham Maelor	3,322	3,322	0	3,322	2,179	(1,142)	0	2,179	2,179	0	0	0
North Wales Managed Services	3,581	3,357	(224)	3,593	2,713	(880)	0	2,713	2,713	0	0	0
Womens Services	1,198	1,198	0	1,198	921	(277)	0	921	921	0	0	0
Secondary Care Divisional	70	0	(70)	0	0	0	0	0	0	0	0	0
Secondary Care	15,080	14,269	(811)	15,048	10,863	(4,186)	0	10,863	10,863	0	0	0
Area - West	5,012	5,012	(0)	5,012	5,661	649	0	5,661	5,661	0	0	0
Area - Centre	5,474	5,474	0	5,474	5,885	411	0	5,885	5,885	0	0	0
Area - East	6,395	6,395	(0)	6,395	6,058	(337)	0	6,058	6,058	0	0	0
Area - Other	458	458	0	458	458	0	0	458	458	0	0	0
Area Teams	17,339	17,339	(0)	17,339	18,062	723	0	18,062	18,062	0	0	0
MHLD	7,594	6,790	(804)	7,614	4,123	(3,491)	0	4,123	4,123	0	0	0
Corporate	4,987	4,692	(295)	4,998	5,300	302	0	5,300	5,300	0	0	0
Divisional Total	45,000	43,090	(1,910)	45,000	38,348	(6,652)	0	38,348	38,348	0	0	0

3.3 Savings Performance by Division



3. Savings Requirement

- The outturn savings position is in line with the revised forecast reported in Month 11.
- Work is continuing with support from the Director of Workforce to identify further workforce opportunities. These will be developed into target areas for 2019/20 where use of the workforce can be optimised leading to in-year savings. The enhanced establishment control measures introduced by the Director of Workforce continue across all divisions.
- Escalation financial accountability reviews for Mental Health and Secondary Care continued on a fortnightly basis, with ongoing tracking of recovery actions where appropriate. Meetings were also held with Area teams to ensure identification and delivery of their savings requirements.

3.4 2019/20 Savings Plans

- The 2019/20 planned savings were presented to the Board at the end of March 2019, alongside the budget for the year ahead.
- Work has continued with Directorates and Divisions to develop robust project plans for the identified schemes. Quality and Equality are being developed and schemes are being entered onto the project management system when they have been risk rated as green or amber and have a clear project plan. Schemes have been risk rated against the Finance Delivery Unit guidance. Work is ongoing to progress red pipeline schemes into a green or amber status so that they can be included in the plan.
- The Health Board has developed an Improvement Programme, which will be in place from the beginning of April 2019.
- The Executive Team has approved an organisation and governance structure proposal for improvement. This outlines the Executive lead for each of the improvement themes, along with the structure, objectives and scrutiny these will have to provide the assurance for delivery.
- The Board has approved enhanced monitoring arrangements for the savings programmes from 2019/20 by establishing a sub-group of the Finance and Performance Committee. The membership will comprise of an Independent member, Executive and Director and will be chaired by the Chief Executive. The first of regular monthly meetings will be held in April 2019.

4. Balance Sheet

4.1 Cash

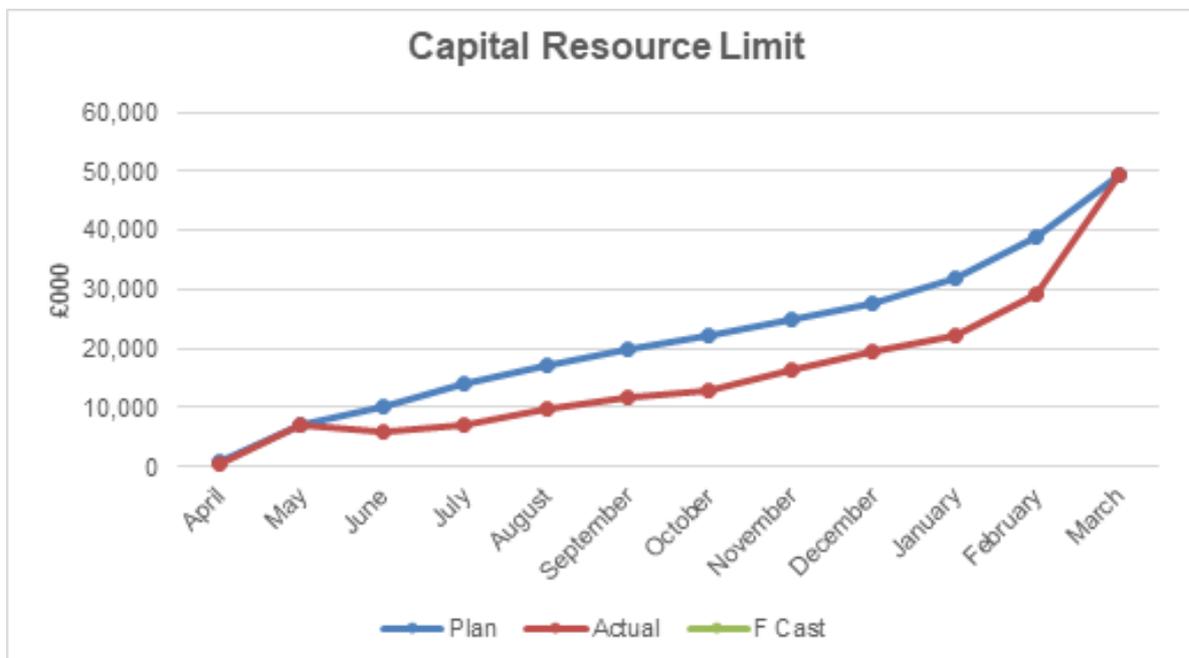
- The closing cash balance as at 31st March 2019 was £4.0m which included £3.7m of cash held for capital expenditure. The revenue cash balance of £0.3m was within the internal target set by the Health Board.

4.2 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. Performance over the year has been variable, however the Health Board has met the required target with a 2018/19 compliance figure of 95.0%.

4.3 Capital expenditure

- The Capital Resource Limit for 2018/19 is £49.4m. There has been 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, the MRI scanner and the Hybrid Theatre in YGC. In addition, the Health Board has received allocations for upgrades across the Health Board estate and IT.
- Expenditure for the year was £49.4m meaning that the Health Board achieved its Capital Resource Limit in 2018/19.



5. Conclusions and Recommendations

5.1 Conclusions

- The Health Board's forecast was increased from a deficit of £35.0m to £42.0m in Month 9, following discussions with the Accountable Officer and Chairman. The increased forecast reflected the significant risks that the Health Board faced around delivery of the planned savings and increased activity and cost pressures for Mental Health and CHC.
- At the end of Month 12 the draft unaudited position for the Health Board is a £40.3m over spend, £1.7m below the forecast. Of this, £35.0m relates to the Health Board's planned budget deficit and £5.3m represents an adverse variance against the financial plan.
- The draft unaudited performance for 2018/19 was £1.7m better than had been forecast at Month 11. This forecast included a £1.0m provision against an RTT clawback, based on a full year performance, and this has not been included in the current position as confirmation of the final RTT activity level and the value of any potential clawback is awaited. The remaining positive variance relates to reduced expenditure on CHC and Secondary Care compared to what had been forecast.
- During March, the significant issues contributing to the over spent position were under delivery against savings plans across most divisions (£0.9m), over spends on CHC (£1.0m) and pay (£0.4m), offset by under spends in contracts (£0.6m).
- Savings delivered £38.3m of the £45.0m Health Board target, a shortfall of £6.7m. Non-achievement of the savings targets had a detrimental effect on the Board's financial performance for the year.
- In total, the Health Board received £19.5m funding for additional activity to reduce the long waiting lists this year. £11.3m had been received from Welsh Government for activity up to the end of October, and an additional £8.2m was received in March relating to the second half of the year. The potential clawback of resources received if waiting times do not meet the requirement from Welsh Government remains a risk.
- There are a number of critical financial risks which are being carried forward and will need to be carefully managed in 2019/20, including:
 - Individual Packages of Care.
 - Pay costs, particularly agency costs associated with waiting times and performance.
 - The need to develop and deliver savings schemes which move from the historical one year transactional type schemes to more transformational ones necessary to deliver medium term financial sustainability.
- The issue of the potential significant financial impact of English Tariff Changes on WHSSC commissioned services has not been concluded and remains a risk going into 2019/20.
- The turnaround methodology and approach implemented within the Health Board is critical to improving financial performance going into 2019/20 and in future years.

5. Conclusions and Recommendations

Welsh Government's investment in turnaround in is supporting the programme management of savings and transformation. The focus on savings delivery is being maintained throughout the organisation.

- The Health Board's annual accounts are being prepared in accordance with the timescales established by the Welsh Government and will be submitted by the deadline of 26th April 2018. The figures contained within this report remain draft, pending the completion of the audit review by the Wales Audit Office. The final position will be reported to the Audit Committee in May.

5.2 Recommendations

- It is asked that the report is noted, including the draft unaudited financial position of £40.3m.

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	228.2	1.4	0.5	<p>The East Area reported an over spend of £0.5m for the month and £1.4m for the year. This was £0.2m above the forecast target and followed a number of internal control measures introduced in December to provide greater 'grip and control' across a range of Divisions.</p> <p>However, the East Area were unable to reduce costs sufficiently to meet the savings targets set or against underlying cost pressures. Although good savings were achieved in Medicines Management, Therapies and CHC the finance position deteriorated in the latter months of the year as saving targets in other areas were not achieved.</p>	The key focus is for the development and implementation of savings schemes for 2019/20. A number of the additional 'grip and control' measures introduced in December will continue into the new financial year, along with the close monitoring of CHC and GP Prescribing expenditure.
Central Area	204.8	(0.5)	0.0	A balanced position was reported in month, with a year-end financial position of £0.5m under spent. However this position is due to non-recurrent under spends and slippage against some planned investments, which have covered material over spends against CHC, drugs and GP Prescribing / community wound care services.	Key focus on savings plans for 2019/20 and related PIDs.
West Area	160.2	0.8	(0.1)	The final outturn for the West Area was £0.8m over spent. Following on from	Weekly CHC meetings will remain in place during 2019/20 to review panel

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>internal control measures introduced in Months 8 and 9, the services have held their forecasted financial outcome position through 'grip and control' measures to reduce costs, with Medicines Management improving their financial position following latest actual prescribing data.</p> <p>During 2018/19 the West Area savings target was £5.0m whilst overall final delivery was £5.7m - the overachievement of £0.7m linked to Medicines Management.</p> <p>Also, the CHC position was consistent with the year end forecast and didn't deteriorate during latter months of the financial year.</p>	<p>commitments and spend and delivery of 2019/20 savings schemes.</p> <p>Work has commenced with the Mental Health Team to address the elderly Mental Health pressures in CHC.</p> <p>The 2019/20 West Area savings plans are being finalised with the turnaround team.</p>
Other North Wales	15.4	(0.4)	0.7	The year to date under spend relates to income received in relation to GP Rates Rebates, which is held centrally covering all GP Practices across the 3 Areas. This will not continue into 2019/20.	
Commissioning	188.1	(3.8)	(0.6)	The Month 12 reported outturn is in line with the previous forecast.	Further work is being undertaken to manage activity within English providers.

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>An in-year solution to the HRG4+ dispute was reached between Welsh Government and NHS England. This has been reflected in the reported position and, due to additional funding being provided by Welsh Government, did not impact on the forecast outturn. Discussions continue to reach a permanent solution to the cross border tariff issues.</p> <p>Overall, the local contacts underspent in month with the most significant movements being on the Robert Jones & Agnes Hunt contract due to there being fewer high cost tumour cases in the last two months than forecast. Also in the North Midlands contract where there were lower charges in the final quarter, although it remained overspent for the year.</p> <p>These underspends are being offset by continuing pressure in the non-contract areas, particularly the high cost rehab where the volume of activity has increased significantly compared to previous years.</p>	<p>The English tariff issue is being addressed centrally by WHSSC in conjunction with the Welsh Government. A solution for 2018/19 has been implemented but the long term resolution is still ongoing.</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
Provider Income	(19.3)	(1.0)	(0.6)	There was an under spend of £0.6m for the year. Overall, NCA and Overseas Visitor over performance helped offset Road Traffic Accident shortfall.	
Mental Health and Learning Disabilities	121.3	4.3	0.9	<p>The Division closed the financial year with an over spend of £4.3m compared to a control total of £4.5m.</p> <p>The variance relates mainly to CHC (£3.4m), drugs (£0.7m) and inpatient nursing costs (£1.2m). The Division has received the balance of Welsh Government Transformational Funding and Psychological Therapies funding which was not anticipated to be received in year and has slippage against these bids. This has provided a benefit of £2.2m non-recurrently.</p> <p>Under achievement of savings included in the variances above amount to £3.6m of which £1.8m is CHC and the balance largely pay related schemes i.e. medical agency, sickness and implementation of middle management structure for the Division.</p> <p>Inpatient nursing costs in particular are a cost pressure due to one to one</p>	<p>Ongoing escalation meetings in relation to financial performance with Executive Director of Finance and Director of Turnaround. Division presented and held to account at Finance & Performance Committee meetings.</p> <p>Grip and Control actions continue.</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 confirm 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 reassurance of continued actions being taken to contain costs whilst ensuring safe service provision. The Division has put in place monthly meetings with the Mental</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				observational costs. Variable pay costs and non pay have been impacted as a result of additional control and grip actions.	<p>Health areas to discuss financial and service performance and to hold them to account.</p> <p>The Division will ensure it adheres to the additional system controls which have been implemented from February 2019.</p>
Ysbyty Glan Clwyd	117.4	2.8	0.1	<p>Savings scheme slippage continues to be a significant contributing factor to both the in month (£0.2m) and full year (£2.5m) positions.</p> <p>Pay remains an area of pressure for medical staffing. General Surgery has been an area of over spend all year and the other main areas within Surgery have been Orthopaedics and Anaesthetics.</p> <p>The key area of overspend in nursing has been the Emergency Department. This has been due to vacancies, maternity leave and the additional resource in place due to patients remaining in the department that would otherwise require an inpatient bed.</p> <p>The overall position for drugs is a £0.2m over spend, with the most significant</p>	<p>Work is ongoing to identify savings opportunities.</p> <p>Work is commencing in April with Medacs to both assist in recruitment initiatives and to review all Surgical rotas to explore opportunities to release costs.</p> <p>Pharmacy have been asked to explore a price reduction in the supply of Aflibercept which would follow the recent price reduction of Ranibizumab. The use of Avastin to treat AMD patients is progressing.</p> <p>Further tightening of requests for out of hours transport has been in put in place and these requests now have to be signed off by a senior on call representative.</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>area of financial pressure being Respiratory.</p> <p>The non-pay over spend is particularly due to pressures relating to Non-Emergency Patient Transport Service (NEPTS), advertising and staff recruitment and legal expenses.</p>	
Wrexham Maelor	103.6	3.2	0.3	<p>There remain a large number of nursing 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. Nursing agency costs have increased by £0.1m to £0.9m in the month. Due to the high number of nursing vacancies, not all shifts can be covered even using agency and so additional Health Care Support Worker (HCSW) bank staff are being used to increase staffing levels. The overall nursing budget is £2.3m over spent for the year, which is showing against Additional clinical services due to the use of HCSWs.</p> <p>Medical agency costs were minimal in the month. There are ongoing consultant vacancies in Emergency Department, Acute Medicine, Renal</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 now in post. They are conducting a review of the clinical and financial performance of the department and the Finance team are working closely with them to review options for reducing costs. All new appointments to the Specialty Registrar posts are now working, although some need additional support to be able to play a full role in the rota. The last agency consultant has now converted to NHS locum and there are no long term agency doctors working in the department.</p> <p>Options on how to make the vacant consultant Medicine role more attractive are being examined and a business case</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 Gastroenterology. None of these are currently covered by agency, though a Gastroenterology agency consultant will be starting in the new year.</p> <p>The Emergency Department financial performance is a critical area, with a £0.2m over spend in March.</p> <p>The site did not deliver its savings target; it was £1.1m behind plan. The main cause is failure to reduce nurse agency costs.</p>	<p>prepared. The Gastroenterology consultants have been taken off the General Medicine on call rota to be able to support the GI rota. Prospective candidates are being sought for the Gastroenterology vacancies, which have now been advertised.</p> <p>The key area of over spend relates to the premium costs of agency nurses. Actions to reduce costs are being made, such as tighter recruitment process, greater scrutiny of Oracle orders, scrutiny and challenge of drug costs. A process mapping workshop took place in March to review and challenge the end to end steps from requesting an agency nurse all the way through to payment and this identified a number of areas to improve control and processes.</p>
Ysbyty Gwynedd	98.4	0.4	(0.3)	<p>The year end position for the YG Site was a £0.4m adverse variance, which is a £0.1m improvement on the Month 11 forecasted position.</p> <p>Nurse agency costs have decreased in month, however, increases occurred for medical agency, medical WLIs, cover colleague and nurse overtime.</p>	<p>Continual review and improvement of the local Establishment Control process, along with awareness and communications amongst staff to improve accuracy, reporting and minimise recruitment delays and any associated cost pressures. It remains a concern that there has continued to be requests from consultants for reductions in additional programmed activity for personal tax planning reasons.</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>General Surgery Medical Pay has incurred a pressure of £0.5m due to the need to provide senior cover to the on call rota. There is also a significant £0.5m pressure in Orthopaedic medical pay largely due to agency pressures. These pressures are offset by favourable variances in Medicine and Emergency Care due to medical vacancies and alternative service provision.</p> <p>Unscheduled Care nursing has over spent by £0.3m, with pressures on the wards due to escalated beds and one to one requirements, and within our Emergency Care services.</p> <p>Other significant pressures remain in non-pay in particular for under achieved private patient income, patient transport and unachieved savings. £1.9m of the site's saving target of £3.2m was delivered.</p>	<p>Recruitment of Clinical Director for Emergency Care progressing which will help with clinical engagement within that division. Work on-going across the West Economy with Area colleagues to address emergency care and unscheduled care pressures and improve patient flow, which includes outcome and benefits realisation reviews of those schemes supported by Seasonal Plan funding.</p> <p>Full local service review underway for General Surgery, Urology and Orthopaedics. Work on-going with Medacs to facilitate targeted medical recruitment within pressurised specialties.</p> <p>Detailed review of non-pay spend on-going in relation to 2019/20 budget setting. NEPTS fixed shift value for money review and piloting the use of bus tickets for patients who are unable to leave under their own means.</p> <p>The team are making progress in identifying schemes for the 2019/20 savings requirements, alongside developing the scheme detail and plans within CAMMS.</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
					Workshop planned in April to review and identify additional opportunities, as well as potential joint schemes with Area colleagues and on a pan-BCU basis, where possible.
Women's	38.2	(0.4)	0.0	<p>The year end position is a £0.4m favourable variance.</p> <p>Bank and overtime have remained static, but there was an increase in medical agency and internal locum cover costs.</p> <p>Non-pay has an in month under spend which is attributable to the Countess of Chester (CoCH) Obstetrics & Gynae Contract.</p> <p>Delivery of £0.9m of the savings requirement of £1.2m. The shortfall predominantly related the medical agency scheme, however the total under-delivery was mitigated by the non-recurrent pay underspend.</p>	<p>Recruitment continues to progress well regarding medical posts. However sickness and staff on restricted duties are impacting on agency levels. This therefore remains a concern and continues to be closely monitored.</p> <p>Review of all Obstetrics & Gynae provider income and commissioned contracts currently under way, to understand activity levels/trends and explore opportunities to support the RTT position.</p> <p>The directorate has identified recurrent solutions to address the 2019/20 savings target, however Executive approval is required if these are to be implemented. Alternative savings options continue to be explored.</p>
North Wales Wide Services	101.8	0.9	0.0	<p>The final position for the division was a £0.9m deficit which was an improvement on the forecast of £1.1m. The key issue affecting the in month</p>	<p>The key focus is the development of savings and PIDs for 2019/20.</p> <p>Work is ongoing with Pharmacy and Operational Management teams to develop</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>improvement relate to the ITU/HDU contract with England (£0.2m).</p> <p>Pay reported an under spend due to vacancies across the division. The vacancy slippage mitigated the over spend on medical pay.</p> <p>Non-pay remains the largest over spend area largely attributable to a shortfall on savings delivery of £0.9m and pressures on contracts such as Clatterbridge and Public Health Wales.</p> <p>There is a £0.8m overspend on drugs, despite receipt of NICE funding. This has been mitigated by retrospective drug rebate income.</p>	<p>further opportunities for Medicine Management Savings, which will require some initial staffing investment.</p>
Corporate	122.6	(2.8)	(1.3)	<p>The position for the period has improved predominantly within Estates & Facilities. There have been improvements in Estates non-pay expenditure, utilities, rates rebates and gains from year-end stock takes for oil. The milder weather has allowed for lower utilities costs than previously forecast.</p>	<p>Directorates are aware that the current under spend is due to non-recurrent measures. Continuation of enhanced non-pay controls and a proposed review of Corporate services are planned to maintain the trend.</p> <p>There are currently proposals for staffing structure changes within some Corporate divisions and papers have been circulated for consultation.</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>There have also been lower than anticipated costs with Finance for systems costs (ESR) and within Director of Primary Care for CHC costs, as managed via the contract with Powys.</p> <p>Informatics costs have continued with the under spend trend in relation to slippage on staff recruitment on systems projects.</p>	Savings plans for 2019/20 have been submitted but not to the target requirement as yet.
Other	51.2	0.4	2.1	Other budgets include Reserves, Losses, Medical Education & R&D and capital charges	
Total variance against plan		5.3	1.7		
Planned budget deficit		35.0	2.1		
Total		40.3	3.8		

Finance and Performance Committee 24.4.19	 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
--	--

Report Title:	Turnaround Programme Savings Report – Month 12 2018/19
Report Author:	Director of Turnaround
Responsible Director:	Director of Turnaround
Public or In Committee	Public
Purpose of Report:	To provide a report to the Committee regarding the final position for delivery of savings in 2018/19.
Approval / Scrutiny Route Prior to Presentation:	This paper has not received previous scrutiny.
Governance issues / risks:	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.
Financial Implications:	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.
Recommendation:	That the Committee – <ul style="list-style-type: none"> • Note the outturn 2018/19 position for Divisional savings schemes which was £38.3m. • Note the key movements in delivery during the month and those areas where annual savings delivery was significantly adrift of plans • Note the identification of lessons learned and the role of the Savings Sub-Group in ensuring that robust action is taken in 2019/20 to address these points.

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

3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Financial Recovery			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
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 – Outturn position for 2018/19

Purpose

To provide a final report to the Committee regarding the year end outturn for 2018/19.

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 2018. Identifying these savings and securing their delivery has been 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 and risks to delivery.

Savings identification and delivery

The savings programme for the year is summarised in the tables below. Table 1 sets out the year end delivered savings against the requirement –

Table 1 –Savings Programme

Source	Total Requirement £m	Delivered M12 £m	Variance £m
1% transactional	10.0	12.8	2.8
Reducing input costs			
Medicines Management	6.0	10.3	4.3
Procurement	4.0	0.7	-3.3
	10.0	11.0	1.0
Improved deployment of resources			
Workforce	5.0	5.9	0.9
	5.0	5.9	0.9
Improved utilisation of resources			
Theatre efficiency	1.0	0.5	-0.5
Acute Length of Stay	1.0	0.0	-1.0
Community hospitals	2.0	0.3	-1.7
Outpatients	2.0	0.0	-2.0
Clinical variation: primary care	2.0	0.0	-2.0
Clinical variation: secondary care	2.0	0.7	-1.3
	10.0	1.4	-8.6
Service transformation			
CHC	5.0	3.9	-1.1
MHLD	4.0	2.2	-1.8
Estates	1.0	1.0	0.0
	10.0	7.2	-2.8
	45.0	38.3	-6.7
Percentage		85%	

The table above shows the savings that were built into specific plans by Divisions. The total savings delivered in 2018/19 was £38.3m which was in line with the month 11 forecast. This is clearly short of the £45m target set by the Board and the residual element related to savings schemes that were not identified in full. The areas that had a shortfall against savings requirements in 2018/19 were as follows –

Table 2 – Outstanding Savings Requirements at year end

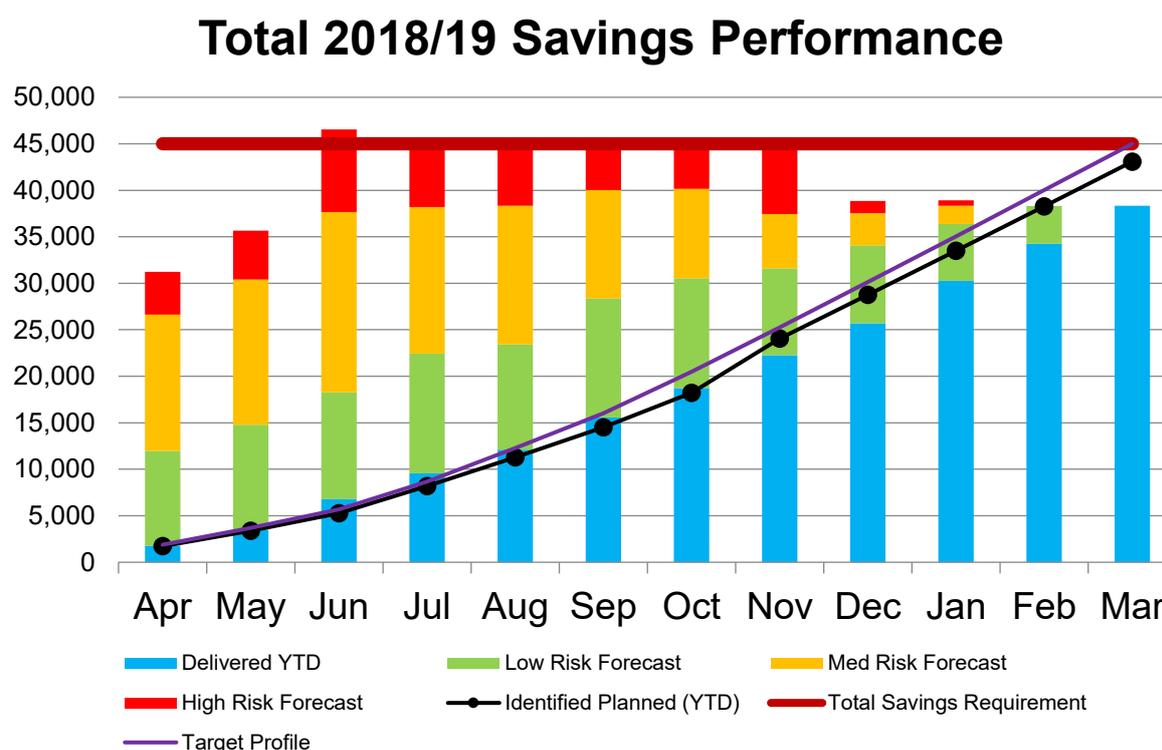
Turnaround Actions

Source	Balance not identified £m
1% transactional	1.5
Reducing input costs	
Medicines Management	0.8
Procurement	0.6
	1.4
Improved deployment of resources	
Workforce	1.7
	1.7
Divisional Plans not submitted	
Mental Health	0.8
Corporate	0.2
	1.0
Shortfall - Turnaround Actions	5.6
Percentage	12%
Divisional Plans	
Divisional Plans not submitted	
Glan Clwyd	0.5
North Wales Managed Services	0.2
Secondary Care Divisional	0.1
Corporate	0.3
	1.1
Shortfall - Divisional Savings	1.1
Percentage	2%

The programme and savings requirement reflected the changes agreed in month 6 with the introduction of an additional £7.7m of turnaround schemes to replace the under-performing resource utilisation schemes. These additions were intended to maintain the programme at £45m, however at the end of December forecast savings stood at £38.8m, which was 86% of the target level. At this point the Board's financial forecast for the year was adjusted, reflecting this reduced level of anticipated delivery of £38.8m. The final outturn position was £38.3m, 85% of the full year target level and £0.5m short of the December forecast.

During quarter 4, £16.4m of savings were achieved which equated to 43% of the total delivered savings of £38.3m. Schemes in the annual savings plan were heavily profiled into the final quarter with 33% of schemes set to deliver in quarter 4. The trajectory of savings across 2018/19 to deliver £45m is shown below alongside the risk profile and outturn delivery.

Table 3 – Savings Profile



Divisional Savings Achievement

The total savings achieved in 2018/19 was £38.3m against the total schemes identified of £43.0m, giving a negative variance of £4.7m; as at month 11 the cumulative gap in delivery was £4.0m. Variance reporting at a Divisional level included the full value of savings including the turnaround requirements.

The total savings delivered in 2017/18 amounted to £41.7m, which is £3.4m more than 2018/19 outturn.

The savings requirements set against each operating Division, the value of schemes identified and the total delivered are summarised in the table below –

Table 4 – Savings Achievement

2018/19	Savings Target	Savings Identified	Excess / (deficit) of savings identified	Total	YTD Planned	YTD Delivered	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Ysbyty Gwynedd	3,172	3,172	0	3,172	3,172	1,928	(1,244)
Ysbyty Glan Clwyd	3,738	3,220	(517)	3,220	3,220	3,121	(99)
Ysbyty Wrexham Maelor	3,322	3,322	0	3,322	3,322	2,179	(1,142)
North Wales Managed Services	3,581	3,357	(224)	3,357	3,357	2,713	(645)
Womens Services	1,198	1,198	0	1,198	1,198	921	(277)
Secondary Care Divisional	70	0	(70)		0	0	0
Secondary Care	15,080	14,269	(811)	14,269	14,269	10,863	(3,406)
Area - West	5,012	5,012	(0)	5,012	5,012	5,661	649
Area - Centre	5,474	5,474	0	5,474	5,474	5,885	411
Area - East	6,395	6,395	(0)	6,395	6,395	6,058	(337)
Area - Other	458	458	0	458	458	458	0
Area Teams	17,339	17,339	(0)	17,339	17,339	18,062	723
MHLD	7,594	6,790	(804)	6,790	6,790	4,123	(2,667)
Corporate	4,987	4,692	(295)	4,692	4,692	5,300	609
Divisional Total	45,000	43,090	(1,910)	43,090	43,090	38,348	(4,741)
Total BCUHB Savings	45,000	43,090	(1,910)	43,090	43,090	38,348	(4,741)

With regard to savings identified, the table shows the shortfall was in secondary care, MHLD and corporate areas which is consistent with reporting through 2018/19. As has been noted in previous reports, there was a significant underspend in corporate areas which more than offset the shortfall in defined savings schemes. Secondary care and MHLD however reported an overspend position. The shortfall in identification of initial savings within secondary care was compounded by the requirement to deliver additional turnaround savings, these savings requirements were not met in year. The deficit in savings for mental health related to the Division's share of the Turnaround savings requirement which were not allocated to the Divisional budget in light of the recovery plan and delivery shortfall.

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

Table 5 – Recurrent and Non-Recurrent Savings

	2018/19 Saving Delivery											Total
	Budget Reduction					Spend Reduction						
	Planned Rec	Achieved Rec	Planned Non Rec	Achieved Non Rec	Variance	Planned Rec	Achieved Rec	Planned Non Rec	Achieved Non Rec	Variance	Total Variance	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Ysbyty Gwynedd	1,101	833	0	0	(268)	2,071	1,095	0	0	(976)	(1,244)	1,928
Ysbyty Glan Clwyd	1,122	1,189	0	0	67	2,099	1,932	0	0	(166)	(99)	3,121
Ysbyty Wrexham Maelor	1,022	986	414	414	(36)	1,886	780	0	0	(1,106)	(1,142)	2,179
North Wales Managed Services	1,309	1,312	0	0	3	2,048	1,400	0	0	(648)	(645)	2,713
Womens Services	705	472	493	449	(277)	0	0	0	0	0	(277)	921
Secondary Care Divisional	0	0	0	0	0	0	0	0	0	0	0	0
Area - West	2,430	3,487	662	412	806	1,920	1,763	0	0	(157)	649	5,661
Area - Centre	3,625	5,035	774	66	701	1,075	785	0	0	(290)	411	5,885
Area - East	540	0	0	0	(540)	4,910	5,724	945	334	203	(337)	6,058
Area - Other	410	410	48	48	0	0	0	0	0	0	0	458
MHLD	5,930	3,900	0	0	(2,030)	860	223	0	0	(637)	(2,667)	4,123
Corporate	3,568	4,227	327	327	660	407	381	390	365	(51)	609	5,300
Total	21,762	21,851	2,718	1,715	(914)	17,275	14,083	1,335	699	(3,828)	(4,741)	38,348

Delivery of recurrent savings is essential if the Health Board is to reduce its underlying deficit. The data above shows levels of recurrent savings at 93% of budget reduction savings, which is slightly lower than month 11, and 95% of spend reduction savings which is consistent with the previous month.

The overall underperformance in savings delivery against planned for the 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 6 – 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	353	(463)	815	353	(463)
Ysbyty Glan Clwyd	891	60	(831)	891	60	(831)
Ysbyty Wrexham Maelor	825	0	(825)	825	0	(825)
North Wales Managed Services	701	173	(528)	701	173	(528)
Womens Services	248	204	(44)	248	204	(44)
Secondary Care Divisional			0			0
Secondary Care	3,480	789	(2,691)	3,480	789	(2,691)
Area - West	662	412	(250)	662	412	(250)
Area - Centre	774	66	(708)	774	66	(708)
Area - East	945	334	(611)	945	334	(611)
Area - Other	48	48	0	48	48	0
Area Teams	2,429	859	(1,570)	2,429	859	(1,570)
MHLD	0	0	0	0	0	0
Corporate	327	327	0	327	327	0
Divisional Total	6,236	1,975	(4,261)	6,236	1,975	(4,261)
Total BCUHB Savings	6,236	1,975	(4,261)	6,236	1,975	(4,261)

As noted above, the Turnaround savings requirement for Mental Health was not reflected in the budget position and therefore is not reported in this table. The savings requirement was £804k and there was a further full year shortfall in addition to that shown above. As may be seen from the table above, there was a year end shortfall of £4.3m (£3.8m at month 11) on this component of savings, which represents 76% of the overall savings under-performance.

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

- Ysbyty Gwynedd reported a total underachievement of £1.244m for the year, with outturn £85k lower than month 11 forecast. Significant movements in month include a reduction in forecast savings on orthopaedic implants of £56k and on call review of £52k. Under delivery of Turnaround savings accounted for £463k of the total shortfall with non pay savings, drugs and medical agency being other significant areas.
- Ysbyty Glan Clwyd outturn position was £99k under the plan. This was an improvement of £102k on last month's forecast, however the initial shortfall in savings identified of £500k should be noted. The improvement was predominantly due to the overachievement of £68k against the drugs and prescribing scheme. Turnaround savings achieved £60k of the £891k requirement.
- Ysbyty Wrexham Maelor reported an under delivery of £1.142m for the year. This was a £31k decrease against the month 11 forecast. The decrease was due in totality to the drugs and prescribing scheme. Turnaround schemes did not achieve any savings against the additional target of £825k. Other areas of significant shortfall in the year were nurse agency costs and the anticipated saving from ward reconfiguration.
- North Wales Provider services achieved £2.713m of savings against the target of £3.357m. There was a slight improvement of £14k in outturn against month 11 forecast. Of the £645k shortfall turnaround savings under delivered by £528k with expected reductions in medical staff costs also not delivering as planned.
- Womens Services reported a total underachievement of £277k at year end. This was a decrease in £55k against month 11 forecast. The decrease is mainly due to a reduction in the Medical Agency savings of £54k. Of the total shortfall for the year, £44k of this related to the underachievement of the additional Turnaround savings with under-delivery of savings in medical agency costs contributing significantly.

The position for Area Teams was generally more positive in terms of overall savings delivery, however this is heavily skewed by significant medicines management savings in all Areas. Other significant points are -

- West Area Team reported a year end position of £649k above profile, with £250k underachievement of the additional Turnaround savings. The Area delivered £412k of turnaround savings against a target of £662k. The year end

position was an improvement of £65k on the month 11 forecast, with the Drugs and Prescribing scheme improved by £34k, CHC improved by £53k, and these gains being offset in part by a deterioration of £29k on the community hospital review. Significant areas of under-delivery in the full year programme included dressings, savings associated with the deployment of IT and hospital specialty drugs.

- The Central Area Team overachieved in total by £411k in year, however turnaround savings only achieved £66k towards the target of £774k. Overall performance of the schemes showed a £4k improvement from the month 11 forecast with the CHC scheme improving by £11k in month. Significant areas of under-delivery in the full year programme included dressings, the deployment of IT as an enabler and savings expected in managed practices.
- The East Area Team reported an improvement of £47k from last month's forecast, taking the total savings achieved to £6.058m out of a target of £6.395m. Turnaround schemes reported an overall shortfall of £611k, although the GP prescribing scheme improved in month by £82k over forecast. The area's vacancy factor scheme improved by £32k which was offset by a deterioration in the Drugs and Prescribing scheme of £44k and CHC scheme of £42k. Over the full year significant areas of under-delivery included transactional budget management savings, community hospitals, dressings and staff turnover.
- Mental Health Division continued to face significant challenges in delivering its savings programme and underachieved the target by £2.67m. This was £177k below the month 11 year end forecast. The reduction principally relates to Medical Agency savings of £50k and CHC of £72k. This excludes the Turnaround savings requirement, which as referenced earlier, was not applied to the Division's budget. Significant areas of shortfall in the annual savings plan were CHC, implementing the management structure and medical agency costs.

Lessons Learned from 2018/19

The significant shortfall in savings delivery for 2018/19 had a direct impact upon the Board's reported out-turn position. As has been identified above, a number of savings schemes did not deliver the full value anticipated, with some falling significantly short.

A review of performance in 2018/19 has identified a number of issues which must be addressed in 2019/20, including –

- Clearly differentiating between savings delivery and efficiency improvement is essential. This lack of distinction caused the major in year shortfall in 2018/19
- Savings delivery must be more evenly profiled through the year to avoid the significant escalation in savings requirement in quarters 3 and 4 of the financial year. This presented a significant challenge in 2018/19

- Savings programme development should identify savings schemes to a value greater than the in-year requirement to enable mitigation and management of risk. Risks which emerged in 2018/19 could not be managed and impacted significantly upon out-turn
- The detail and rigour underpinning schemes needs to be enhanced to give greater certainty over deliverability and risk, including for transactional budget savings. The adoption of a new risk framework for 2019/20 will assist in this
- Greater consistency in reporting of savings achieved in year is required. This has been identified as an area for improvement by internal audit.
- The arrangements for driving the savings programme across the Health Board must be enhanced, with active engagement from across the organisation
- Savings development needs to be an ongoing process; pipeline development must be a continual process and not subject to an annual cycle.
- Setting savings targets and confirming the savings programme needs to take place earlier in the financial year

Actions to address a number of the issues above are already in place as part of the savings programme development for 2019/20, however as will be noted from the later paper on the agenda there remains much more to do in order to ensure a robust plan is in place. The Committee's Savings Sub-Group will be reviewing these lessons and actions taken in detail to ensure that they have the right impact, along with overseeing further actions to improve savings identification and delivery. Progress will be reported to the Committee in future meetings.

A review of reasons for under-delivery in specific schemes is underway at Divisional level to ensure that these issues do not arise in 2019/20. In addition, savings schemes which did not deliver are being reviewed to ensure that where delivery can be achieved in 2019/20 this is reflected in the plan. Again, this work will be reported through to the Savings Sub-Group.

Recommendations

That the Committee –

- Note the outturn 2018/19 position for Divisional savings schemes which was £38.3m.
- Note the key movements in delivery during the month and those areas where annual savings delivery was significantly adrift of plans
- Note the lessons learned and the role of the Savings Sub-Group in ensuring that robust action is taken in 2019/20 to address these points.

Finance & Performance Committee 24.4.19	 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board <i>To improve health and provide excellent care</i>
--	---

Report Title:	Partnership Project - Satellite Hospice at Ysbyty Penrhos Stanley – Position Paper & Way Forward
Report Author:	Christine Rudgley, West Area Lead - Operational Improvement
Responsible Director:	Dr Chris Stockport, Executive Director of Primary & Community Care
Public or In Committee	Public
Purpose of Report:	To formally ratify the lease arrangements and running cost recharge and (as set out in this paper and approved by EMG in Oct 18) in relation to the development of a Satellite Hospice in Ysbyty Penrhos Stanley (YPS).
Approval / Scrutiny Route Prior to Presentation:	<p>This paper was approved by the Executive Management Team meeting on 21st March 2019.</p> <p>The decision (approval in principle) at the outset of the Project to move forward on this partnership development in Ysbyty Penrhos Stanley was given by the Chief Executive and former Chairman in a meeting with the Chief Executive of St David's Hospice in August 2017. Two general press releases (public) were subsequently issued (led by the Hospice) in partnership with the Health Board in Summer 2017 and May 2018.</p>
Governance issues / risks:	<p>The project is currently at the detailed design/ tender preparation stage. If the Health Board is unable to offer the proposed lease terms and running costs recharge arrangements as set out in the paper, the Hospice may be unable to move forward with this development and will seek to recover the design team fees incurred to date.</p> <p>The current stage (progressing the scheme to tender stage) incurs design / specification fees to the total of £18,787.91 + VAT.</p> <p>In terms of equal opportunity implications, this scheme will address current inconsistencies in the level and choice of end of life services for patients in North West Wales. In particular, it will improve access to hospice inpatient care for patients living in Gwynedd and Anglesey. An equality impact assessment is planned to be undertaken in April 2019.</p>
Financial Implications:	<p>Minimal financial impact is anticipated for the Health Board – see section on 'Financial Implications' in the Report.</p> <p>The forecast Project capital cost is £498,800 which the Hospice have committed to fund (includes all professional fees).</p> <p>The estimated cost of each service to be provided (by either the Hospice or BCUHB) will be embedded in a service level agreement</p>

	agreed between the Health Board and the Hospice. <u>Lease arrangements</u> – Draft Heads of Terms have been prepared by BCU Estates Property Services and agreed with St David’s Hospice offering a long (30) year lease with appropriate break clauses at a nil cost / peppercorn rent. Legal costs to be met by the Hospice.
Recommendation:	The Committee is asked to: <ul style="list-style-type: none"> • Note the progress made by the YPS Satellite Hospice Project Board to date • Note the approval by EMG of this paper on 17 Oct 2018 • Ratify the proposed lease heads of terms and running costs / recharge arrangements being offered by the Health Board to the Hospice

Health Board’s Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board’s Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	X	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	X	2.Working together with other partners to deliver objectives	X
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	X	4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	X	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	X		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment An EQIA is planned to be undertaken in April 2019. <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 http://howis.wales.nhs.uk/sitesplus/861/page/47193)</i>			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board Board/Committee Coversheet v10.0

Partnership Project - Satellite Hospice at Ysbyty Penrhos Stanley – Position Paper & Way Forward

Purpose of Report:

To formally ratify the lease arrangements and running cost recharge and (as set out in this paper and recently approved by Executive Team) in relation to the development of a Satellite Hospice in Ysbyty Penrhos Stanley (YPS).

Background & Aims of Project:

There are inconsistencies in the level and choice of end of life services for patients in North West Wales. In particular, access to hospice inpatient care is often difficult for patients living in Gwynedd and Anglesey – a long distance from St David’s Hospice in Llandudno.

The aim is to establish 4 inpatient hospice beds in a ‘Hospice in Hospital’ unit in YPS, Holyhead. The unit will be run independently by St David’s in terms of staffing, referrals, admission, discharge and community liaison.

The proposal is to utilise space identified in the vacant Fali Ward in YPS and will accommodate 4 beds, which will be for a combination of symptom control and respite care. The unit will also provide a hub for current community palliative care teams as well as the existing Hospice at Home Team.

The project has the following main aims:

- **To enhance choice at end of life for Anglesey patients and allow further development of a wellbeing and re-ablement approach to palliative care on the island and promote dignity at end of life**
- **To make a major contribution to the ‘Care Closer to Home’ strategic direction**
- **To release capacity in the acute and community setting and contribute towards palliative / end of life care service sustainability**

Description of proposed Satellite Unit accommodation:

- 4 en-suite bedrooms with access to landscaped / sensory garden
- Ward / Patient Kitchen
- Family Room
- Day / Complementary Therapy Room
- Patient Jacuzzi / Bathroom

- Nurse Office & Reception
- Clean / Dirty Utilities
- Visitor WC /Washroom
- Cleaner / Linen Room

Project Outcomes:

The project outcomes can be quantified as follows:

- Care closer to home & improved end of life choice for approximately **60** Anglesey patients per annum to be cared for in the 4 new beds – who in the absence of an alternative, would normally be admitted to acute hospital due to the complexity of their condition, severity of pain and symptoms and their need for intensive social care input.
- Acute bed day efficiencies – it is estimated that the new YPS development would provide approximately 1,241 bed days at 85% occupancy. Potential cost avoidance savings in terms of acute admissions estimated at £350 per night = £434,350 (but these would be non-cash releasing).
- Further potential Emergency Department efficiencies – it is anticipated that some capacity will also be released in ED, in terms of reducing / preventing the inappropriate admission of palliative patients through ED, as well as WAST capacity in transporting patients who are palliative / end of life. Numbers are difficult to accurately quantify at this stage.

Project Progress:

A Project Board (chaired by the West Area) was established early in 2018 to explore the feasibility and subsequently develop plans for a four bed satellite hospice unit on the YPS site. The design has progressed and initial plans were signed off by the Project Board (August 2018). Approval was given by Executive Team on 17th October 2018. The detailed design is almost complete and the project is ready to progress to tender stage.

Capital

The forecast Project capital cost is £498,800 which the Hospice have committed to fund (includes all professional fees).

Revenue

Minimal revenue financial impact is anticipated for the Health Board – the details are set out in Financial Implications.

Nurse & Medical Staffing

The Hospice will recruit and fund all nurse staffing posts (24/7), a medical post, a Housekeeper / Receptionist post and Physio / OT posts;

A contribution to nurse staffing costs from Anglesey ICF funding of £130K in 2019/20 and £65K in 20/21 has also been agreed by BCUHB and Anglesey Local Authority. Thereafter, St David's will pick up the ongoing full nurse staffing costs.

Support Service costs

An overarching Service Level Agreement has been drafted by the Contracts Department and the Area in conjunction with St David's Hospice clarifying responsibility for service delivery and

the associated cost of each.
Estimated Pharmacy and Therapy input / costs are set out below.

Lease Arrangements

A draft Lease Heads of Terms has been drafted by Estates Property Services and agreed with St David's Hospice. A formal lease is now being prepared.

Timescale:

At present, the project plan timescale is:

- Progress detailed design & complete by end March 2019
- Go out to tender – April 19
- Appoint contractors – early May 2019
- Start capital works on site – end May 19
- Complete capital works – by mid Aug 19
- Commissioning – Sept 19
- Open new Satellite Hospice Unit – Early Oct 19

Financial Implications:

Capital costs – £498,800 - To be fully funded by the Hospice:

Works Cost	£393,811
Fees	£51,041
Non-Works Costs	£4,800
Equipment Costs	£28,110
Contingency	£42,672
Forecast outturn	£520,434
Less recoverable VAT	£21,634
Forecast project outturn cost	<u>£498,800</u>

Nursing costs – To be fully funded by the Hospice with initial part contribution (30%) for two year period agreed from Anglesey ICF funding. The Unit will have a Hospice employed ANP led team with 24 hour prescribing / ANP and NMP cover. There will also be Health Care Support Worker outreach support into the community to enhance current services.

Medical cover costs – To be funded by the Hospice. One full time doctor to be employed by Hospice to cover Unit with additional support via Telehealth (daily virtual ward round) to support nursing staff in Unit.

Following discussion with the local clusters, the Hospice has requested support regarding DNACPR for patients who are admitted from the community and for completing certification of death. This will not be an immediate problem as nurses are competent to verify expected deaths. The cluster discussion was met with a positive response. The GP Out of Hours service already provides support to the main Hospice in Llandudno. However there is rarely need to call on them for advice. The Satellite Hospice will also have access to the Specialist Palliative Care advice line for weekends and evening cover.

Reception / Housekeeper costs – To be funded by the Hospice - The Hospice will employ a housekeeper to cover reception duties and undertake cleaning and laundry.

Estates / Facilities costs – The Director of Estates has clarified that the building running costs (building maintenance, utilities and catering) associated with the proposed 4 bed Satellite Unit are already being largely incurred and budgeted for (former 20 bed Fali Ward has transferred to a 15 bed Glasmor Ward in YPS).

It is proposed that the Health Board will not seek to recover the operational costs associated with allowing the Hospice to occupy part of former Fali Ward. This was agreed at EMG on 17th October 2018.

Pharmacy costs - Drugs costs will be funded by BCUHB (as per current agreement with St David's in Llandudno and St Kentigern's). Pharmacist time is estimated at 1 session Band 7 = £3,169-£4,178 p.a. – and the Health Board will be recharging the Hospice for this service.

Therapy costs – The Hospice will provide and fund their own OT / Physio and Social Work cover.

Lease arrangements – Draft Heads of Terms have been prepared by BCU Estates Property Services and agreed with St David's Hospice offering a long (30) year lease with appropriate break clauses at a nil cost / peppercorn rent. Legal costs are to be met by the Hospice.

Recommendation:

The F&P Committee is asked to:

- Note the progress made by the YPS Satellite Hospice Project Board to date
- Note the approval by EMG of this paper on 17 Oct 2018
- Ratify the proposed lease heads of terms and running costs / recharge arrangements to be offered by the Health Board to the Hospice

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

Report Title:	Hafan Wen Substance Misuse Service DETOX Contract
Report Author:	Ruth Robinson and Tracy Griffiths
Responsible Director:	Mr Andy Roach Director of MH&LD
Public or In Committee	Public
Purpose of Report:	New contract and lease with CAIS for detox unit in Hafan Wen, Wrexham following previous contract and lease expiring.
Approval / Scrutiny Route Prior to Presentation:	<p>Area Planning Board (APB) Executive supported the renewal of the Hafan Wen contract in its Executive APB meeting in December 2018.</p> <p>Divisional Governance processes followed, with scrutiny and approval of the paper undertaken by the SMS Senior Leadership Team.</p> <p>Approval given at the Executives Meeting held on 17 April 2019.</p>
Governance issues / risks:	<p>Not having a North Wales detoxification unit would be a significant risk to the ability of the Substance Misuse service to provide a safe and appropriate service to meet the needs of the population of North Wales.</p> <p>Equally, purchasing this service from alternative providers outside of North Wales would be a financial risk as well as requiring significant work to assure appropriate governance.</p>
Financial Implications:	<p>The ABP Executive has been made aware of the increase of £40,000, and a positive response has been given of the intent for continued support for funding through the ring fenced monies from the Welsh Government 2019/20.</p> <p>This is being discussed with a view for agreement at the APB Executive meeting in May 2019.</p>
Recommendation:	It is recommended that the Committee supports submission to the Health Board to approve a renewal of the detoxification service from CAIS at Hafan Wen, for a contract term of 5 years (3 years plus 2 x

	12 month extensions). It is also recommended that Estates put in place a 'nil / notional rent' lease agreement for use of the building, for 10 years with a break at 5 years.
--	---

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			

Title of paper HAFAN WEN – SMS DETOX CONTRACT
--

Seeking approval to renew the 13 block bed contract with CAIS (a specialist voluntary organisation that provide specialist substance misuse services) for the delivery of inpatient detoxification services at the Hafan Wen building, Watery road, Wrexham.

1. Purpose of report

A 20-year contract for providing inpatient detoxification service at Hafan Wen with CAIS has expired, and a recent independent report was completed assessing the clinical effectiveness of the unit, its fitness for purpose and value for money. The report was positive, and supports the continued use of Hafan Wen. To do so requires Procurement support as the annual spend is just over £1m a year. There is no other service like this one in North Wales, and so a Single Tender Waiver would be needed. Rather than complete a Single Tender Waiver however, Procurement have advised a board paper is used to gain approval.

2. Introduction/Context

The specialist inpatient substance misuse detoxification service for the six North Wales counties are currently provided by CAIS at their Hafan Wen unit situated on the Wrexham Maelor Hospital site.

The provision is delivered under a 13-bed block contract arrangement with BCUHB with each of the six county community teams having access to 2 of those beds and the 13th bed being allocated based on need, as a floating resource. This provision has been subject to short-term contract extensions pending the findings of the independent review. Within the Hafan Wen unit there are also a further 12 beds offering comparable services which are managed on a spot purchase basis. These are substantively purchased via the commercial English Tier 4 framework.

BCUHB (and local area health boards before it) have contracted with Cais for this service since the closure of the North Wales hospital some 20 years ago. The facility was built for the North Wales Health Trust, and was handed back to the health board's ownership in 2017. CAIS are very keen to continue to use the building and be responsible for its upkeep and maintenance. A new lease with CAIS will be on the basis of no rent payable by CAIS. This is because pricing for the block of 13 beds is substantially discounted, an annual saving of over £200,000 compared to rates paid by other English commissioners for the remaining 13 beds.

The independent review commissioned by Lesley Singleton, Director of Partnerships, Mental Health Division, was carried out by Liz McCoy, independent expert, in Dec 2017 highlighted that the service offers good clinical care, governance and value for money. HIW reports back this up. It recommended that the health board continue to work with the Provider for this service, and to keep with a block bed contract as it is advantageous for many reasons.

3. Main body of the report

3.1 Case Outline

The detox service at Hafan Wen is the only centre in North Wales that offers a residential detox service, and it has been used by the health board as its detox facility for over 12 years.

YTD 159 people have completed a stay at Hafan Wen, with average bed occupancy of 81%. Details are in the summary attached at appendix 1.

A new lease for the building is being developed by the BCUHB estates team, which will allow CAIS to operate the detox service from Hafan Wen for the next 10 years, with a potential break at 5 years. The Healthboard is keen to contract with CAIS for the next 5 years minimum for the delivery of its detox service. The Substance Misuse team work very closely with the team at Hafan Wen, and consider the delivery of this service to be jointly provided, with close links for the preparation for detox – in the form the psychosocial interventions prior to admission, and following discharge to increase the likelihood of abstinence and recovery. The team consider the Hafan Wen service as an essential part of the programme of care and support for service users with substance misuse issues.

Funding for Hafan Wen is provided via the Welsh Government ring-fence.

The APB Executive supported the renewal of the Hafan Wen contract at its December 2018 meeting and also requested that BCUHB consider a 10-year term, to make it coterminous with the lease, this was within the context of the contract being funded through the HB SM Ring Fenced budget. So it is certainly intent for continued support for funding through the Ring Fence from the APB and an acknowledgement that there is a long term need for a Detox Service for North Wales. This will be reflected through the SM needs assessment/commissioning strategy that is currently being developed by the APB and partners.

In terms of continued WG funding, although this is agreed on an annual basis, there appears to be an increased recognition by WG for the need to adequately fund SM services; demonstrated through an increased allocation for North Wales agreed for 19/20 totalling £700k across APB and Welsh Government Ring Fenced allocations.

The bed night cost has been £197 a night for some 11 years and a new cost has been agreed of £205 a night. This increase allows for the additional service of transportation of patients from their homes to and from the detox unit across North Wales, and when appropriate, to residential rehabilitation units.

The new rate will also facilitate the use of an alternative detox unit in the North West. Use of this unit will be on a case by case basis, when use of Hafan wen is not appropriate.

3.2 Approach

Options

- Option 1 Appoint CAIS to deliver a detox unit in Hafan Wen for the next 5 years. This will allow the retention of staff, continuity of care for the individuals using Hafan Wen, and continued provision of an essential service.
- Option 2 Decommission CAIS / Hafan Wen. This would mean that the available funds would then be used to purchase bed nights in other hospitals / units. This requirement would need to be tendered, and it is already known that there isn't any other facility in North Wales to provide the service - individuals would need to travel across into England. If we were to purchase out of area beds, if the capacity could be found, they would likely cost a minimum of £240-£270 a night.

4. Assessment of risk and key impacts

Detoxification is a crucial component of the treatment required for patients with substance misuse issues. Wherever possible, community detoxification will be considered, however there will be exceptions requiring inpatient detox, for example, individuals who:

- have not benefited from previous community based detox,
- individuals who will require medical and nursing care during their detoxification due to significant co-morbid physical and mental health problems.
- Individuals who require complex polydrug detoxification.
- Individuals who are experiencing significant social issues that will limit the benefit of community based detoxification.

Not having a North Wales detoxification unit would be a significant risk to the ability of the Substance Misuse service to provide a safe and appropriate service to meet the needs of the population of North Wales.

Equally, purchasing this service from alternative providers outside of North Wales would be a financial risk as well as requiring significant work to assure appropriate governance.

5. Equality Impact Assessment

An Equality Impact Assessment has been completed [appendix 2], and does not require a further Full Impact Assessment.

6. Conclusions / Next Steps

There have been regular meetings with Hafan Wen staff to develop a revised specification to bring the new contract up to date, and a new draft contract has

already in principle been agreed with CAIS. There are a number of improvements within the new contract, including performance measurement reporting, regular reviews and improved joint working procedures.

7.	Recommendations
-----------	------------------------

It is recommended that the Committee supports submission to the Health Board to approve a renewal of the detoxification service from CAIS at Hafan Wen, for a contract term of 5 years (3 years plus 2 x 12 month extensions). It is also recommended that Estates put in place a 'nil / notional rent' lease agreement for use of the building, for 10 years with a break at 5 years.



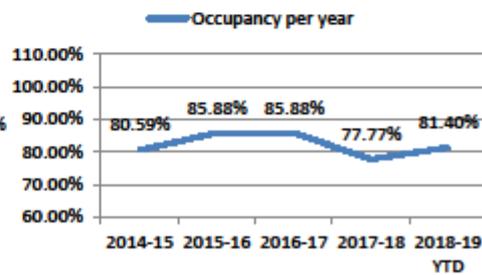
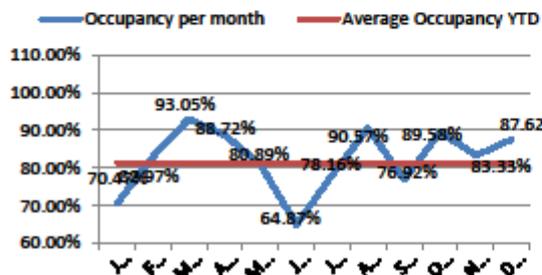
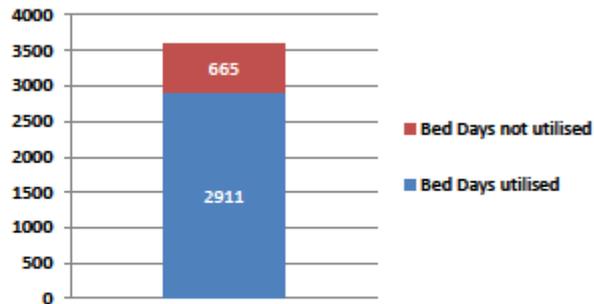
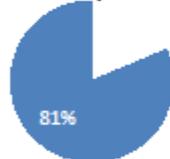
Hafan Wen North Wales LHB Summary

01 April 2018 to 31 December 2018

Occupancy

Bed Days available in YTD 3576
 Bed Days utilised in YTD 2911
 % Bed days utilised 81.40%

% of bed days utilised



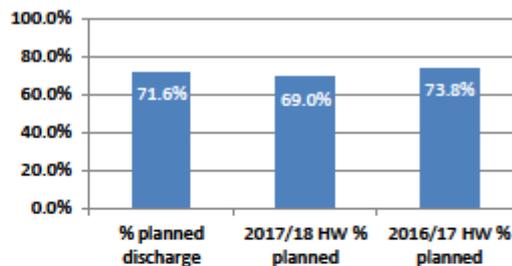
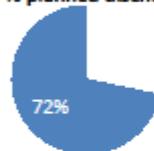
Outcomes

Alcohol	Drugs	Both
Planned discharge 74	Planned discharge 42	Planned discharge 10
Total discharges 82	Total discharges 77	Total discharges 17
% planned discharge 90.2%	% planned discharge 54.5%	% planned discharge 58.8%

Overall

Planned discharge 128
 Total discharges 178
 % planned discharge 71.6%
 2017/18 HW % planned 69.0%
 2016/17 HW % planned 73.8%

% planned discharge



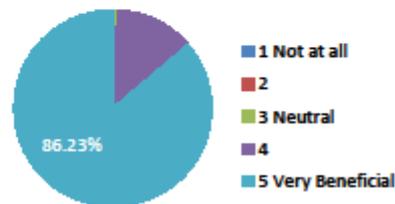
Average length of stay 15.21

Satisfaction

How beneficial did you find your overall stay at Hafan Wen?

0.00% 1 Not at all
 0.00% 2
 0.72% 3 Neutral
 13.04% 4
 86.23% 5 Very beneficial

99.28% Positive



Hafan Wen performance indicators by SMAT area -				31 December 2018			
County		Conwy	Denbighshire	Flintshire	Gwynedd	Wrexham	Ynys Mon
<i>Bed Utilisation</i>							
Bed Days available in month		62	62	78	62	78	62
Bed Days utilised in month		36	55	49	54	80	80
% Bed days utilised		58.06%	88.71%	62.82%	87.10%	102.56%	129.03%
<i>Referrals</i>							
Patients referred in month		2	1	1	2	3	2
Patients admitted in month		2	1	2	3	4	2
% of referrals admitted		100.00%	100.00%	200.00%	150.00%	133.33%	100.00%
<i>Admissions</i>							
Number of Patients admitted as new referrals in month		2	1	1	3	4	1
Number of patients admitted as re referrals (from last year) in month		0	0	1	0	0	1
Number of patients admitted as re referrals (from last 3 years) in month		0	0	2	1	0	1
Total number of patients admitted in month		2	1	2	3	4	2
Reason for admissions:	Alcohol Detoxification	2	1	2	3	1	0
	Drug Detoxification	0	0	0	0	3	2
		0	0	0	0	0	0
		0	0	0	0	0	0
		0	0	0	0	0	0
		0	0	0	0	0	0
Admission sessions available in month		14					
Admission sessions - client not admitted for medical reasons/withdrawn		0					
Admission sessions DNA'd in month		0					
Admission sessions utilised in month		2	1	2	3	4	2
% Admission sessions utilised		100.00%					
% Admission sessions utilised including DNAs		100.00%					
<i>Outcomes</i>							
Reasons for discharge (Drug Clients):							
Total number of discharges		0	1	0	1	3	2

Planned discharge		0	1	0	0	1	1
Planned discharge %		N/A	100.00%	N/A	0.00%	33.33%	50.00%
Early/late discharge with medical agreement							
Discharge against medical advice		0	0	0	1	1	1
Discharge for breach of unit rules		0	0	0	0	1	0
Average length of stay		0.00	28.00	0.00	14.00	12.33	30.00
Reasons for discharge (Both Clients):							
Total number of discharges		0	1	0	0	0	1
Planned discharge		0	1	0	0	0	1
Planned discharge %		N/A	100.00%	N/A	N/A	N/A	100.00%
Early/late discharge with medical agreement							
Discharge against medical advice		0	0	0	0	0	0
Discharge for breach of unit rules		0	0	0	0	0	0
Average length of stay		0.00	30.00	0.00	0.00	0.00	35.00
Reasons for discharge (Alcohol Clients):							
Total number of discharges		2	1	3	1	0	1
Planned discharge		1	1	3	1	0	1
Planned discharge %		50.00%	100.00%	100.00%	100.00%	N/A	100.00%
Early/late discharge with medical agreement							
Discharge against medical advice		1	0	0	0	0	0
Discharge for breach of unit rules		0	0	0	0	0	0
Average length of stay		10	4	14	13	13	5
Exception reporting:							

Hafan Wen performance indicators by SMAT area - YTD				31 December 2018				
County	Conwy	Denbighshire	Flintshire	Gwynedd	Wrexham	Ynys Mon	TOTAL	
<i>Bed Utilisation</i>								
Bed Days available in YTD	550	550	688	550	688	550	3576	
Bed Days utilised in YTD	386	428	470	540	675	412	2911	
% Bed days utilised	70.18%	77.82%	68.31%	98.18%	98.11%	74.91%	81.40%	
<i>Referrals</i>								
Patients referred in YTD	24	27	23	36	40	25	175	
Patients admitted in YTD	24	28	23	36	40	25	176	
% of referrals admitted	100.00%	103.70%	100.00%	100.00%	100.00%	100.00%	100.57%	
<i>Admissions</i>								
Number of Patients admitted as new referrals in YTD	20	28	16	31	35	22	152	
Number of patients admitted as re referrals (from last year) in YTD	4	0	7	5	5	3	24	
Number of patients admitted as re referrals (from last 3 years) in YTD	9	8	12	13	14	10	66	
Total number of patients admitted in YTD	24	28	23	36	40	25	176	
Reason for admissions:	Alcohol Detoxification	12	15	17	17	12	12	85
	Drug Detoxification	9	7	5	10	22	9	62
	Drug & Alcohol Detoxification	2	4	1	1	3	2	13
	Drug Stabilisation	0	2	0	6	3	2	13
	Drug Reduction	0	0	0	1	0	0	1
	Other	1	0	0	1	0	0	2
Admission sessions available in YTD	180							
Admission sessions - client not admitted for medical reasons/withdrawn	0							
Admission sessions DNA'd in YTD	4							
Admission sessions utilised in YTD	24	28	23	36	40	25	176	
% Admission sessions utilised	97.78%							

% Admission sessions utilised including DNAs		100.00%						
<i>Outcomes</i>								
Reasons for discharge (Drug Clients):								
Total number of discharges		9	9	6	18	26	9	77
Planned discharge		4	5	4	11	12	6	42
Planned discharge %		44.44 %	55.56%	66.67%	61.11 %	46.15 %	66.67 %	54.55%
Early/late discharge with medical agreement								0
Discharge against medical advice		4	0	1	5	9	2	21
Discharge for breach of unit rules		1	4	1	2	5	1	14
Average length of stay		16.22	12.44	24.33	11.67	13.81	17.22	14.55
Reasons for discharge (Both Clients):								
Total number of discharges		5	4	1	2	3	2	17
Planned discharge		3	3	1	0	1	2	10
Planned discharge %		60.00 %	75.00%	100.00%	0.00%	33.33 %	100.00 %	58.82%
Early/late discharge with medical agreement								0
Discharge against medical advice		1	0	0	1	2	0	4
Discharge for breach of unit rules		1	1	0	1	0	0	3
Average length of stay		17.80	15.25	21.00	6.00	18.33	25.00	16.94
Reasons for discharge (Alcohol Clients):								
Total number of discharges		11	17	16	16	11	11	82
Planned discharge		7	16	16	16	9	10	74
Planned discharge %		63.64 %	94.12%	100.00%	100.00 %	81.82 %	90.91 %	90.24%
Early/late discharge with medical agreement								0
Discharge against medical advice		4	1	0	0	2	1	8
Discharge for breach of unit rules		0	0	0	0	0	0	0
Average length of stay		11.91	14.65	17.00	16.44	17.09	15.09	15.48
Additional Information								
Exception reporting:								

Hafan Wen Satisfaction Questionnaires							
Selected outcomes:		Very negative		Neutral	Very positive		
	No of responses	1	2	3	4	5	Positive
How welcome were you made to feel when you arrived at Hafan Wen?	142	0	0	1	5	136	141 (99.3%)
How comfortable did you find Hafan Wen?	141	0	0	9	32	100	132 (93.6%)
How satisfied were you with the quality of the meals provided at Hafan Wen?	140	2	2	12	16	108	124 (88.6%)
How involved were you with the planning of your discharge from Hafan Wen?	135	9	6	38	19	63	82 (60.7%)
How would you rate your physical health before admission to Hafan Wen?	140	64	30	26	7	13	20 (14.3%)
How would you rate your physical health at the time of leaving Hafan Wen?	137	2	6	29	58	42	100 (73.0%)
How would you rate your mental health before admission to Hafan Wen?	140	52	33	31	11	13	24 (17.1%)
How would you rate your mental health at the time of leaving Hafan Wen?	136	6	6	41	46	37	83 (61.0%)
How beneficial did you find your overall stay at Hafan Wen?	138	0	0	1	18	119	137 (99.3%)

EQUALITY IMPACT ASSESSMENT FORMS

PARTS A and B: SCREENING AND OUTCOME REPORT

Introduction:

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

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

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

The Forms:

You must complete:

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

AND

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

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

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

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

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

Part A
Form 1: Preparation

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	The re-commissioning of the alcohol and substance detox service at Hafan Wen, Wrexham for 5 years
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The Health Board has commissioned a detox service from CAIS in the Hafan Wen building for many years, and now, in March 2019, the contract has expired, and a new contract required. In addition the lease on the building is a BCUHB lease and it also needs renewing. Consideration has been given as to whether the detox service still the right service to be commissioning, is Cais the right provider, and how long do we want to commission such a service for. The SMS team and the APB have agreed that we should re-commission the service and so approval is therefore sought from the BCUHB Board to enter into a new contract for 5 years.
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Andy Roach, as Director of Mental Health and Learning Disability at the Health Board, has responsibility for the Substance misuse team across North Wales. The team also work closely with the Area Planning Board for substance misuse, who jointly commission services to support people with such addictions.
4.	Is the Policy related to, or influenced by, other Policies/areas of work?	No, this work is core to the delivery of substance misuse services.
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals?	AB, Substance Misuse team, CAIS
6.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	We are not looking to make wholesale changes to the current contract with CAIS for the delivery of the service. An independent review of the detox service was carried out in 2017, and the recommendation was clear that the service is of a high quality, is inclusive, and represents value for money.

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

Characteristic or other factor to be considered	Potential Impact by Group. Is it:-		Please detail here, for each characteristic listed on the left:- (1) any Reports, Statistics, Websites, links etc. that are relevant to your document/proposal and have been used to inform your assessment; and/or (2) any information gained during engagement with service users or staff; and/or any other information that has informed your assessment of Potential Impact.
	Positive (+) Negative (-) Neutral (N) No Impact/Not applicable (N/a)	High Medium or Low	
Age	N		
Disability	N		
Gender Reassignment	N		
Marriage & Civil Partnership	N		
Pregnancy & Maternity	N		
Race / Ethnicity	N		
Religion or Belief	N		
Sex	N		
Sexual Orientation	N		
Welsh Language	N		
Human Rights	N		

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

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

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

Form 3: Assessing Impact Against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the “General Duty”. This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity; and
- Foster good relations between different groups

1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	The detox service available at Hafan Wen is for all and any clients for whom detoxification from drug or alcohol misuse would be appropriate, therefore there is no discrimination or victimisation of anyone as an implication of this decision.
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	The service has always been available to whoever needs it, regardless of sex, nationality, religion or any other basis. It doesn't therefore advance equality of opportunity.
3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	Working with the third sector to provide this detox service, along with the APB, allows a wide range of agencies to work together to tackle the issues around drug and alcohol misuse.

Part B:**Form 4 (i): Outcome Report**

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD		
1. What is being assessed? (Copy from Form 1)	Approval Board paper to re-commission a detox service from CAIS at Hafan Wen for 5 years.		
2. Brief Aims and Objectives: (Copy from Form 1)	<p>The Health Board has commissioned a detox service from CAIS in the Hafan Wen building for many years, and now, in March 2019, the contract has expired, and a new contract required. In addition the lease on the building is a BCUHB lease and it also needs renewing.</p> <p>Consideration has been given as to whether the detox service still the right service to be commissioning, is Cais the right provider, and how long do we want to commission such a service for. The SMS team and the APB have agreed that we should re-commission the service and so approval is therefore sought from the BCUHB Board to enter into a new contract for 5 years.</p>		
3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could any of the protected groups be negatively affected?	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your decision or policy of high significance?	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Did the decision scoring on Form 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Record here the reason(s) for your decision i.e. what did Forms 2 & 3 indicate in terms of positive and negative impact for each characteristic?		

5. If you answered 'no' above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>
	Record Details:	
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your document or proposal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	How is it being monitored?	Regular meetings and progress reports with CAIS and the operationla team at Hafan Wen
	Who is responsible?	Tracy Griffiths, Service Manager, Substance Misuse
	What information is being used?	Monthly reports on activity at Hafan Wen, bed occupancy rates, outcomes measured for clients
	When will the EqlA be reviewed? (Usually the same date the policy is reviewed)	At the end of the 5 year contract

7. Where will your decision or policy be forwarded for approval?	Andy Roach, Director of Mental Health Division
--	--

8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	We have had several internal meetings with the Provider and other agencies to discuss the way forward in supporting the re-commissioning of the detox service.
--	--

9. Names of all parties involved in undertaking this Equality Impact	Name	Title/Role
	Ruth Robinson	Contracts Officer – third sector

Assessment:	Tracy Griffiths	Service manager, SMS

Please Note: The Action Plan below forms an integral part of this Outcome Report

Form 4 (ii): Action Plan

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

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/A		
2. What changes are you proposing to make to your document or proposal as a result of the EqIA?	None		
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?	None		
3b. Where negative impacts on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.	None		

	Proposed Actions	Who is responsible for this action?	When will this be done by?
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	<u>None</u>		

Finance and Performance Committee 24.4.19	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
--	---

Report Title:	Capital Programme Report Month 12
Report Author:	Neil Bradshaw – Assistant Director of Planning – Capital Denise Roberts – Financial Accountant Tax & Capital
Responsible Director:	Mark Wilkinson, Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to brief the Finance and Performance Committee on the delivery of the approved capital programme and progress on expenditure against the Capital Resource Limit.
Approval / Scrutiny Route Prior to Presentation:	Progress and expenditure on capital schemes is scrutinised by the Capital Programme Management Team.
Governance issues / risks:	This is a standing report to the Committee as required by the Health Board's capital governance procedures.
Financial Implications:	This report confirms the total funding available for 2018/19 and the revised expenditure profile for each project.
Recommendation:	The Committee is asked to receive this report.

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

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

Disclosure:

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Capital Programme Report Month 12 March 2019

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

Betsi Cadwaladr University Health Board

Table of Contents

1	Introduction
1.1	Purpose of the Report
1.2	Capital Programme 2018/19
2	Capital Programme
2.1	Introduction
2.2	All Wales Schemes
2.3	Discretionary Capital Programme
2.4	Alternative Funding
3	Finance Report
3.1	Overview
3.2	Capital Resource Limit
3.3	Expenditure and Forecasts at month 12
3.4	YGC Redevelopment Scheme.
4	Conclusion and Recommendations
4.1	Conclusion
4.2	Recommendations

Appendix

1	Summary of Expenditure Against Resource Limit Approvals
2	Ysbyty Gwynedd Emergency Department 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:

Capital Programme	£ '000
All Wales Capital Programme	32,161
Discretionary Capital	17,247
Total Welsh Government CRL	49,408
Capital Receipts	374
Charitable Funding	1,102
Grant Funding	0
TOTAL	50,884

The CRL as at month 12 is £49.408m. The CRL increased by £0.100m. This can be attributed to:

- The approval of a Tier 2 Outreach Vehicle, £0.049m;
- Additional capital funding for IM&T to support Cyber Security and the National Mobilisation Programme, £0.078m;
- Deferral for the purchase of land from Welsh Ambulance Services NHS Trust, reducing the discretionary budget by £0.027m.

The Health Board is expected to achieve the statutory CRL with a £15,000 underspend. This is subject to audit.

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	G↓	A→	G	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	G	G
Hybrid Theatre – Ysbyty Glan Clwyd	G	G	G	G	G

Ysbyty Glan Clwyd Hybrid theatre

The theatre became operational from 8th April 2019.

Ysbyty Gwynedd Emergency Department

A separate report has been provided at Appendix 2.

2.3 DISCRETIONARY CAPITAL PROGRAMME

The management of the discretionary and All Wales capital programmes has ensured that the Health Board is predicting to meet the CRL. Final confirmation is subject to audit.

The Capital Programme Management Team would like to thank all staff, and in particular the support received from finance and procurement colleagues, in ensuring that the Health Board is expected to meet its statutory requirement.

A draft programme has been prepared for 2019/20. Following finalisation of the year end reconciliation the proposed programme, together with the confirmed accruals, will be brought to the committee for approval next month.

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
Total	372	379	374

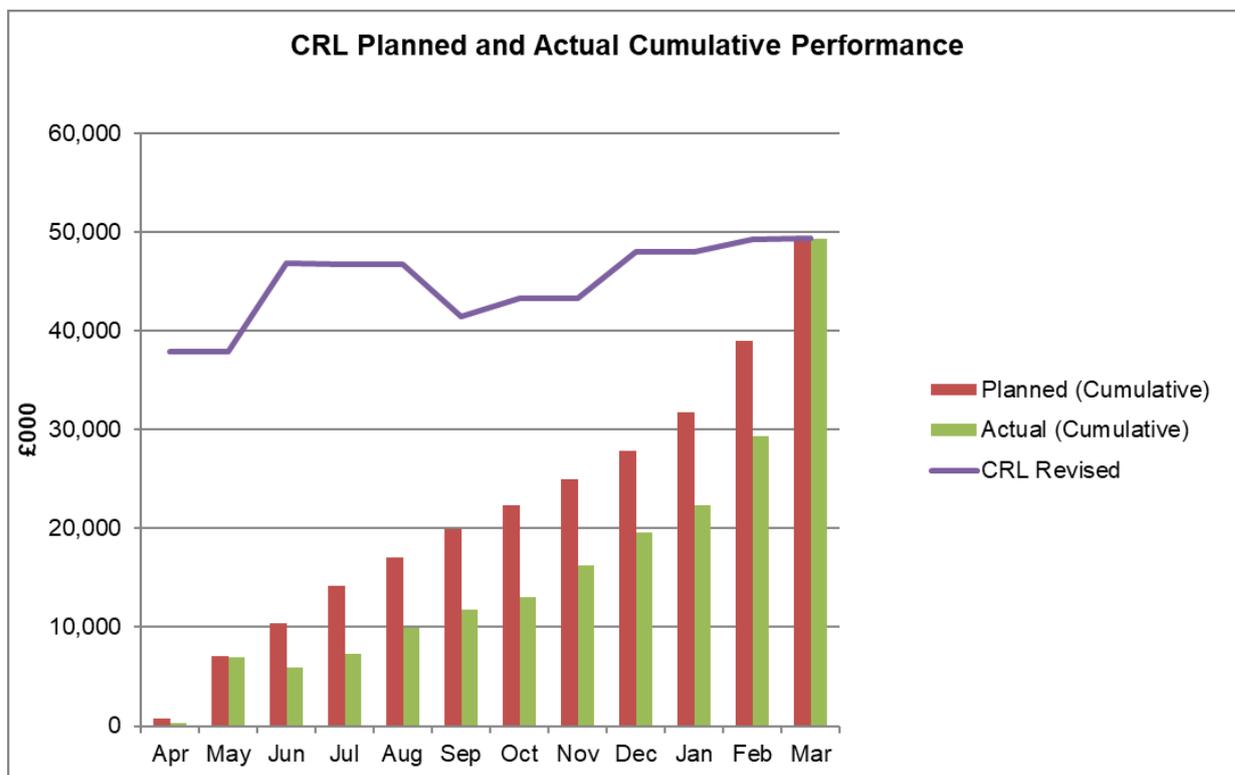
3.1 FINANCE OVERVIEW

The capital expenditure in Month 12 reflects a net spend of £20.066m. The significant expenditure in Month 12 is as a result of the Health Board receiving approximately £11.5m of additional funding from Welsh Government within the second of half of the year.

The final cost outturns for the All Wales schemes reflect the mitigating actions that were taken by the Health Board to manage the CRL as agreed with Welsh Government.

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 M12 £'000	2018/19 Forecast Out- turn £'000	Variance £'000
Capital Projects Approved Funding				
Ysbyty Glan Clwyd Redevelopment	8,592	4,934	4,934	(3,658)
Ysbyty Glan Clwyd Redevelopment - Brokerage	4,500	4,500	4,500	0
SuRNICC	1,285	2,567	2,567	1,282
PAS System	409	153	153	(256)
The Elms	1,616	1,405	1,405	(211)
YGC Hybrid Theatre	2,260	2,198	2,198	(62)
Ysbyty Gwynedd Emergency Dept	7,141	5,517	5,517	(1,624)
Central Denbighshire Ruthin - Primary Care Fees	141	89	89	(52)
Substance Misuse - Holyhead, Anglesey	387	129	129	(258)
Substance Misuse - Shotton, Flintshire	100	85	85	(15)
Acceleration and implementation of national clinical systems & WiFi Infrastructure	190	189	189	(1)
MRI Scanner at YGC	2,311	1,846	1,846	(465)
Digital Cellular Pathology	55	54	54	(1)
IM & T Discretionary	1,732	2,162	2,162	430
Additional Medical Devices Equipment February	1,231	1,253	1,253	22
Eye Care Sustainability	84	92	92	8
Tier 2 Harm Reduction Vehicle/Outreach Vehicle	49	47	47	(2)
Cyber Security	66	66	66	0
National Mobilisation Programme	12	0	0	(12)
Sub-total	32,161	27,286	27,286	(4,875)
All Wales CRL Total	32,161			
Discretionary Schemes				
IM&T	2,642	3,042	3,042	400
Med Devices	4,151	5,420	5,420	1,269
Estates	10,454	13,645	13,645	3,191
Discretionary CRL Total	17,247	22,107	22,107	4,860
TOTAL CRL ALLOCATION 2018/19	49,408			
Development Fund/ Capital Receipts	374	374	374	0
Donated	1,102	1,102	1,102	0
Grant monies	0	0	0	0
	1,476	1,476	1,476	0
Grand Total	50,884	50,869	50,869	(15)

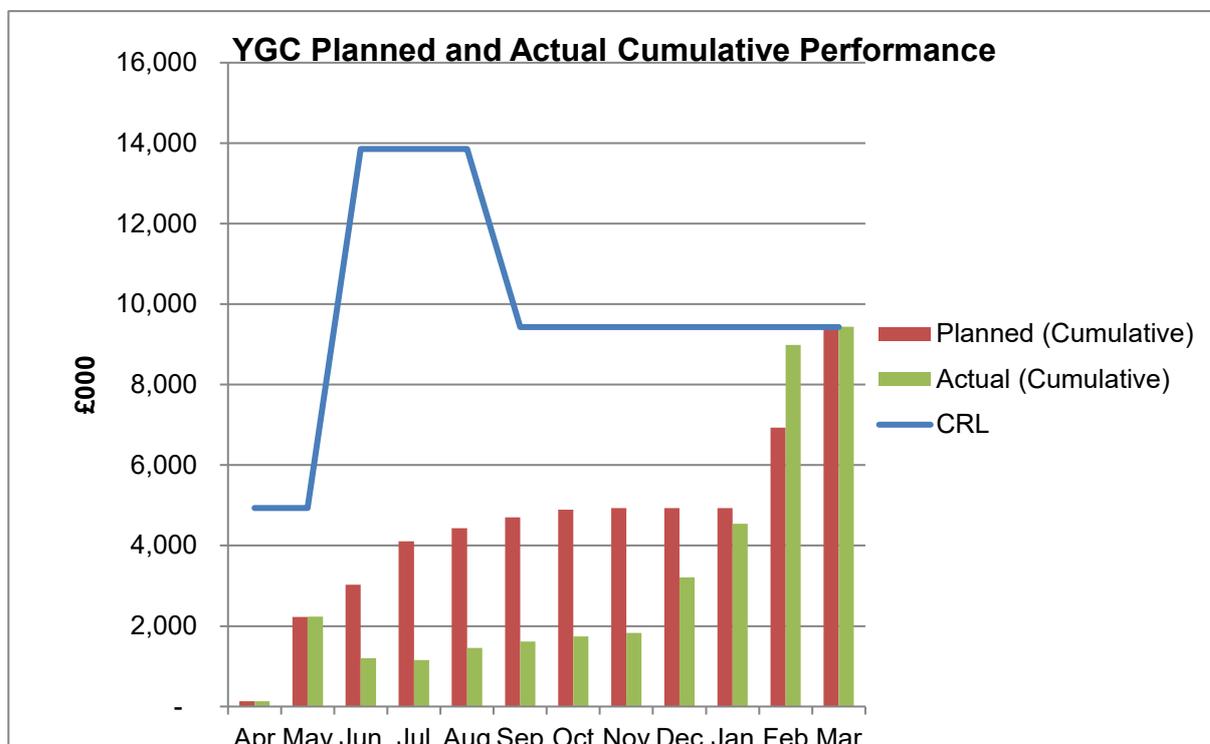
3.3 Expenditure and Forecasts at Month 12

The expenditure reflected in the Month 12 position includes estimates based on the forecast profile of project valuations for March 2019. This is supported by the expenditure profile statements produced by the project managers and cost advisors for each of the All Wales Schemes.

The capital expenditure table for Month 12 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.



4.1 Conclusions

This report confirms the total funding available for 2018/19 and the revised expenditure profile for each project. Despite the significant additional capital allocated to the Health Board in the last two quarters of the year the Health Board is expected to meet the CRL.

4.2 Recommendations

The Committee is asked to receive this report.

Appendix 1 Summary of Expenditure against Resource Limit Approvals

Funding	Year-end target (£'000)	Year to date performance (£'000)	% Spend to date	Risk	Notes
All Wales	32,161	27,286	85%	Green	
Discretionary	17,247	22,107	128%	Green	
Subtotal CRL	49,408	49,393	100%	Green	
Capital Receipts	374	374	100%	Green	
Donated Capital	1,102	1,102	100%	Green	
Grant Capital	0	0	0%	Green	
Total capital resource available	50,884	50,869	100%	Green	

Ysbyty Gwynedd Emergency Department report – March 2019

1. Purpose of report

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

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 is working to revised programme (Rv20).

Phase 3 is progressing and the planned completion date has improved by one week with commissioning expected to commence in August 2019.

Cost

The commercial review has identified compensating savings including a negotiated reduction in the target cost as agreed with the supply chain partner. The confirmed savings across all of the budget headings has now created a contingency of £25k to support any unexpected future cost pressures.

4. Recommendations

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

Finance and Performance Committee 24.4.19	 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
--	--

Report Title:	Discretionary Capital Programme 2019/20
Report Author:	Neil Bradshaw Assistant Director of Planning – Capital
Responsible Director:	Mark Wilkinson Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	To present to the Committee the priorities identified for Discretionary Capital investment in 2019/20.
Approval / Scrutiny Route Prior to Presentation:	The proposed programme has been developed in consultation with the capital programme groups and scrutinised and supported by the Executive Team.
Governance issues / risks:	The Health Board is required to develop a planned investment programme for the annual discretionary capital allocation in order to ensure it meets the required capital resource limit.
Financial Implications:	This report confirms the total funding available for 2018/19 and the planned programme of expenditure.
Recommendation:	That the Committee note the discretionary capital resources available for 2019/20 and the development of the programme. That the Committee consider the balance of funding and support the proposed programme

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

individuals, families, carers, communities - to achieve their own well-being		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			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
There is no proposed change of policy or direction nor are budgets being reduced. Individual projects will be subject to separate business cases as required.			

Disclosure:

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

Discretionary Capital Programme 2019/20

1. Purpose

To present to the committee the priorities identified for Discretionary Capital investment in 2019/20.

2. Introduction

The Health Boards capital programme comprises a number of funding sources, namely the All Wales Capital Programme, grant support, discretionary capital, property sale receipts and charitable funding.

During 2019/20 works will continue to progress/complete the following schemes funded through the All Wales Capital Programme:

- YG ED
- PAS
- EDCIMs
- SMT bases at Holyhead and Shotton
- Ruthin hospital co-location of primary care
- Waunfawr primary care 3PD
- Progress ICF schemes

Work will also continue with respect to the progression of the business cases for the following in accordance with year 1 of the Estate strategy:

- Prepare business cases in support of primary care project pipeline
- Year 1 wellbeing hubs
- North Denbighshire FBC
- Ruthin hospital business case
- Review Vale of Clwyd Health and wellbeing hub
- Orthopaedic services capital business case
- Capital works in support of stroke rehabilitation
- HASU SOC
- Ablett Unit OBC
- WMH infrastructure programme business case
- Review Abergele hospital
- Progress development plans for WMH, Llandudno and YG
- Central medical records business case
- Laundry business case
- Residencies business case.

With respect to the remaining funding sources the Capital Programme Management Team (CPMT) has facilitated the process of prioritising the many demands for capital investment in order to develop a draft Capital Programme for 2019/20.

In developing this programme, it has been acknowledged that a number of schemes are likely to exceed the Health Board's resource limits and further

requests for All Wales funding should be made to Welsh Government (WG). The draft programme does not currently include allowance for the outcome of the current service reviews, in particular any capital investment required to support interim Orthopaedic solutions and the Stroke and Urology reviews. It is the view of the programme leads that the scope and potential cost of these issues will require submission to WG for additional funding.

3. Potential Capital Funding

The Welsh Government has confirmed the Health Boards discretionary capital allocation as £14.421million. During 2018/19 the Health Board has been developing an estates rationalisation programme and property disposals have been approved for 2019/20 with a “net book value” of £0.285million. This gives a total expected funding of £14.706million.

A number of schemes approved in 2018/19 have an expenditure commitment that continues into 2019/20. Furthermore changes in the expenditure profile for Ysbyty Gwynedd emergency department, WPAS and substance misuse facilities at Holyhead and Wrexham have been managed through internal brokerage. The commitment taken forward to 2019/20 is as follows:

Scheme	£	£
Side wards Wrexham Maelor hospital	50,000	
Upgrade Hafan ward Bryn Beryl hospital	200,000	250,000
Internal brokerage		1,555,000
YGC repayment of brokerage		1,500,000
	TOTAL	3,305,000

The minimum “net” funding available after agreed commitments is therefore assessed to be £11.401million.

In order to provide an element of flexibility within the programme it is good practice to allow for an element of over commitment. The Capital Programme Management Team (CPMT) have therefore adopted a “working” figure in the order of **£14million**

4. Determination of discretionary capital priorities 2019/20

Proposals were invited from the 3 Area based groups (including secondary care), the medical devices group, estates and facilities and informatics. Due to the emphasis placed upon mental health services within the current Special Measures framework mental health capital priorities have been retained as a separate programme. These proposals have been summarised and reviewed by the CPMT.

The proposals received amounted to an investment of approximately £25million including mental health. The proposed investments generally referred to urgent schemes to attend to backlog maintenance / replacement but also included a number of service improvements.

In order to prioritise the proposals the same criteria were adopted as in previous years, which were supported by the Executive Management Group. These criteria reflect the intent of Welsh Government in allocating discretionary capital and the criteria adopted in determining the project priorities in support of the Estate strategy. They seek to focus on core replacements and maintaining the asset base, whilst also affording some scope for innovation and service transformation, The criteria are set out below:

Criteria	
Estate Strategy	Discretionary capital
Address the major risk	Reduce risk
Ensure the estate is sustainable	Ensure statutory compliance Support service continuity
Support new models of care	Support service transformation
Realise financial benefits	Deliver financial benefits

The Capital Programme Groups who had developed the proposals were asked to score each of their proposals against the above criteria and thereby provide a prioritised list of schemes.

5. Developing the discretionary capital programme for 2019/20

The draft capital programme has been reviewed by the Executive Team. They supported the consensus that a “core” allocation should be provided to support the following:

- High risk backlog Estates maintenance
- Critical facilities equipment replacement
- Environmental improvement works in support of Safe Clean Care
- Urgent medical devices replacement
- Core Informatics replacement;

Furthermore, it was noted that whilst work is progressing to develop the programme business case for the long term re-development of the Wrexham Maelor hospital, consideration should be given in the interim for works to mitigate the current immediate risks to service continuity as identified by the Hospital Director. It was also noted that the Wrexham Maelor does not have sustainable isolation facilities.

The Executive Team also supported the proposal that consideration is given to service improvement and transformation to support the priorities identified within the Health Boards 3 Year Plan.

Finally, it was noted that as a consequence of the additional discretionary capital made available by the Welsh Government together with internal brokerage between the All Wales and discretionary programmes, an additional £3.241million funding was made available to support the medical devices programme. This has allowed the programme lead to bring forward the majority of the priorities for 2019/20.

6. Potential draft discretionary programme

Scheme	£	£
Wrexham Maelor business continuity		
Infection isolation facility	1,000,000	
Engineering infrastructure resilience	500,000	
Sub-total	1,500,000	1,500,000
Mental Health – response to external reviews		
Ty Llewellyn	255,000	
Priorities as confirmed by Mental Health division	378,500	
Sub-total	633,500	633,500
Estates		
High risk backlog maintenance - East	250,000	
WMH Fire alarms	150,000	
High risk backlog maintenance – Centre	800,000	
High risk backlog maintenance - West	800,000	
Removal of high risk ACMs	150,000	
Fire precaution works	100,000	
Critical facilities equipment replacement	250,000	
Sub-total	2,500,000	2,500,000
Safe Clean Care		1,000,000
Medical Devices		
Enabling works equipment purchased in 2018/19	560,000	
YG Pharmacy robot replacement	658,000	
YG Monitors	300,000	
YGC – replacement mortuary vehicle	60,000	
Contingency for in-year urgent replacements	250,000	
Sub-total	1,828,000	1,828,000
Informatics		3,000,000
Service continuity/transformation		
YG – theatre refurbishment	150,000	
Llanfair PG Primary Care Centre	400,000	
Transformation planned care	1,500,000	
Eyecare measure	180,000	
Transformation/cash releasing programme	1,250,000	
Sub-total	3,480,000	3,480,000
TOTAL		£13,941,500

7. Conclusions

The requirements identified for capital resources outweigh the available funding. This pattern is similar to previous years and a number of potential funding scenarios were discussed.

The draft programme seeks to strike a balance between the need to maintain the existing asset base, including associated risks; supporting each of the key capital investment programmes of Estates, Informatics and Medical Devices; whilst also providing some investment for developmental schemes. It makes provision for urgent in-year medical devices and provides a capital fund to support emerging transformational and cash releasing priorities.

The Estates, Medical Devices, Safe Clean Care and Informatics programmes include for expenditure within primary care and the community. Furthermore, the Health Board will be progressing approximately £1.4million of additional investment in 2019/20 in joint initiatives with partners through the ICF grant allocation and the majority of business cases for Welsh Government funding are in support of Care Closer to Home.

8. Recommendations

That the committee note the discretionary capital resources available for 2019/20 and the development of the programme.

That the committee consider the balance of funding and support the proposed programme.

Finance and Performance Committee 24.4.19	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
--	---

Report Title:	Integrated Quality & Performance Report
Report Author:	Ed Williams, Head of Performance Assurance
Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance
Public or In Committee	Public
Purpose of Report:	This report provides the Committee with a summary of key quality, performance, financial and workforce indicators.
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised and approved by the Director of Performance.
Governance issues / risks:	<p>Governance This report outlines the key performance and quality issues that are delegated to the Finance & 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>Key Performance Indicators:</p> <p>The Summary of performance measures under the remit of this Committee can be found in the Executive Summary and Graphic Summary Pages of the Integrated Quality & Performance Report (IQPR).</p> <p>This report includes a summary comparison between March 2018 and March 2019 positions.</p> <p>The Financial Balance and Agency Spending is discussed in detail in the Finance Report.</p>
Financial Implications:	N/A
Recommendation:	The Finance & Performance Committee is asked to note the report and to assist in addressing the governance issues raised.

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

Disclosure:

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



March 2019

Cover Page	1	Stroke Care	20
Table of Contents	2	Stroke Care Graphs	21
About This Report	3	Delayed Transfers of Care	22
Summary Dashboard	4	Out of Hours	23
Executive Summary	5		
Summary Comparison March 2018 to March 2019 Position	6	Chapter 3 – Summary Finance & Workforce	24
Chapter 1 – Summary Planned Care	7	Agency and Locum Spend	25
Referral to Treatment (RTT)	8	Financial Balance	26
RTT - Orthopaedics	9	Sickness Absence	27
Cancer	10	PADR	28
Diagnostic Waits	11	Mandatory Training	29
Follow up Backlog	12	Information Governance Training	30
Activity v Plan	13		
NHSE Contracted Activity	14	Chapter 4 – Summary Primary Care	31
		Primary Care Measures	32
Chapter 2 – Summary Unscheduled Care	15		
ED & MIU – Overall BCU Position	16	Appendix A: Further Information	33
ED & MIU – West Health Economy	17		
ED & MIU – Central Health Economy	18		
ED & MIU – East Health Economy	19		

This **Integrated Quality & Performance Report** is intended to provide a clear view of current performance against **Performance Indicators** that are within the remit of responsibility for the Finance & Performance (F&P) Committee. 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.

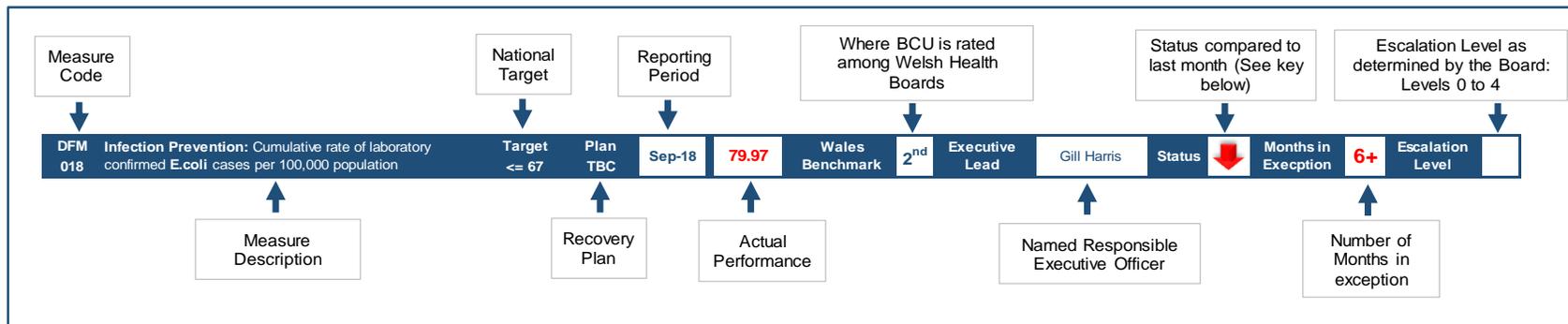
Escalated Exception Reports

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.

Description of the Performance Indicator 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
Outpatient DNA Rates: Follow up	5.63%	<= 7%
Delayed Transfers of Care (DTtoC): MH	192	<= 194
Delayed Transfers of Care: Non MH	1,114	<= 1,030
Ambulance Handovers 1 Hour Breaches	438	0

Of Most Concern

Measure	Status	(Target)
Emergency Department 4 Hour Waits (inc MIU)	71.90%	>= 95%
Diagnostic Waits	2,278	0
Cancer: 62 Day Pathway	80.80%	>= 85%
Financial Balance	2.82%	<= 2.0%
Follow up Backlog	87,712	>= 59.7%

Overall summary of performance

The table shows the comparative performance for March 2019 with February 2019, demonstrating improvement in 18 and worsened position for 15 of the Indicators reported to the Finance and Performance Committee.

The comparison of end of March 2019 and March 2018 positions can be seen overleaf. Of the 32 Measures covered in this comparison, performance has improved on 22 measures, whilst it is worse for 10. The status shows that improvement does not necessarily deliver the target.

Chapter	Better	Worse	Same	Total
Planned Care	5	5		10
Unscheduled Care	6	5		11
Our Resources	5	3	1	9
Primary Care	2	2		4
Total	18	15	1	34

Planned Care – Of the 10 measures in this chapter, performance has improved against 5 whilst it has worsened against 5*. The final RTT 36 Week position at end of March 2019 is 6,004 (290 higher than planned) waiting over 36 weeks for treatment. The Welsh reportable RTT performance is 5,918 which is 255 worse than last year. Most significant concerns are in orthopaedics where 2,933 patients are waiting in excess of 36 weeks. Endoscopy with 2,064 patients waiting over 8 weeks accounts for 90.6% of all diagnostic breaches. The delays in endoscopy have contributed to more patients waiting beyond the 62 day threshold for cancer treatment, this is now improving with return to two week waits for USC endoscopy following action to prioritise urgent suspected cancer and clinically urgent review patients.

Unscheduled Care – Of the 12 Measures in this chapter, performance has improved against 5 whilst it has worsened against 6*. Performance in our Emergency Departments has dropped in March 2019 compared to February 2019 but is still much improved compared to March 2019. Although there was an increase in the number of delays to ambulance handovers and to patients waiting over 12 hours to be treated in our emergency departments, it remains a significantly improved position compared to March 2018. Performance against 2 of the 4 measures concerning Stroke Care have improved this month. There have also been improvements in performance against our Out of Hours measures which are, as of February 2019 no longer in Special Measures.

Finance and Use of Resources – Of the 9 measures** in this chapter, performance has improved against 5 measures whilst it has worsened against 3 measures* and remains static for 1 measure. The Health Board's financial position remains a serious concern and details will be provided in the Financial Report.

*There were no Patients recorded as Very Urgent for Out of Hours Triage in March 2019, therefore no rating is given to 1 measure.

**Includes some Measures reported Annually that have been updated

Planned Care

Measure	(Target)	2018	Status	2019
Referral to Treatment (RTT): < 26 Weeks	>= 95%	84.60%	↑	84.80%
Referral to Treatment (RTT): > 36 Weeks All	0	5,714	↓	6,004
Referral to Treatment (RTT): > 36 Weeks Welsh	0	5,663	↓	5,918
Diagnostic Waits: > 8 Weeks	0	476	↓	2,278
Follow-up Waiting List Backlog*	75,000	81,021	↓	87,712
Cancer: 31 Days (non USC Route)**	>= 98%	98.50%	↑	98.90%
Cancer: 62 Days (USC Route)**	>= 95%	86.70%	↓	80.88%
Outpatient DNA: New	<= 5%	5.98%	↑	5.28%
Outpatient DNA: Follow up	<= 7%	6.48%	↑	5.63%
Postponed Procedures	<= 2,565	N/A	↑	2,570

* Note increase due in part to implementation of WPAS

** February 2019 Data

N/A New Measure 2018/19

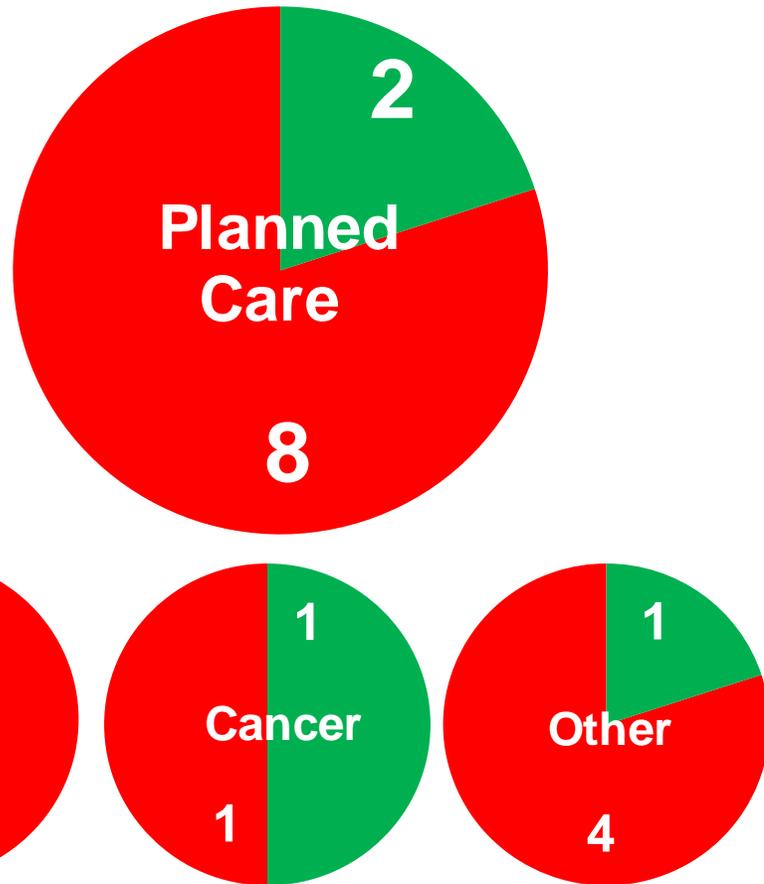
Unscheduled Care

Measure	(Target)	2018	Status	2019
Emergency Department 4 Hour Waits (inc MIU)	>= 95%	67.83%	↑	71.90%
Emergency Department 12 Hour Waits	0	2,062	↑	1,608
Ambulance Handovers within 1 Hour	0	1,172	↑	438
Ambulance Response within 8 minutes	>= 65%	73.89%	↓	70.40%
Out of Hours: Within 20 Minutes	>= 98%	64.00%	↑	80.00%
Out of Hours within 60 Minutes*	>= 98%	N/A	N/A	None
Stroke Care: Admission within 4 Hours	>= 59.7%	31.00%	↑	50.00%
Stroke Care: CT Scan within 1 Hour	>= 54.4%	43.00%	↓	40.70%
Stroke Care: Review by consultant 24 Hours	>= 84.5%	73.00%	↑	81.30%
Stroke Care: Thrombolysed DTN < 45 mins	Improve	10.00%	↓	7.70%
Delayed Transfers of Care (DToC): Patients Non MH	<= 113	113	↑	70
Delayed Transfers of Care (DToC): Patients MH	<= 15	15	↑	10

* No Calls to Out of Hours were Triaged as Very Urgent in March 2019

Finance & Resources

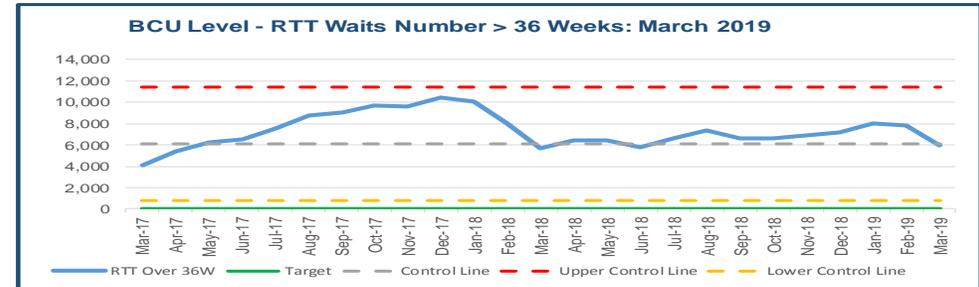
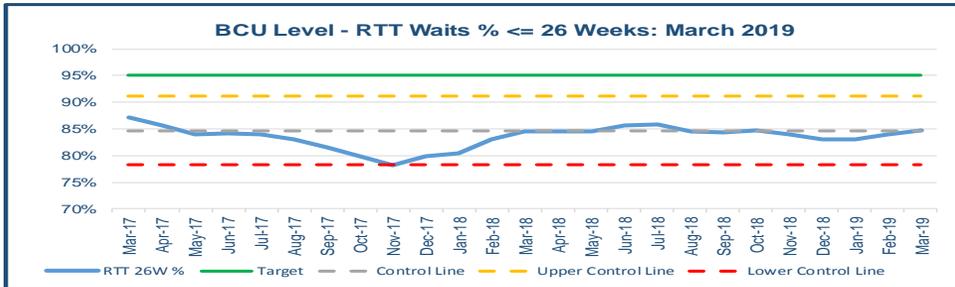
Measure	(Target)	2018	Status	2019
Finance: Financial Balance	<= 2.0%	0.00%	↓	2.82%
Finance: Agency & Locum Spend	<= £2.8m	£1.1m	↓	£2.3m
Sickness absence rates (% Rolling 12 months)	<= 4.50%	4.93%	↓	4.98%
Mandatory Training (Level 1) Rate (%)	>= 85%	82%	↑	84%
PADR Rate (%)	>= 85%	62%	↑	67%
% Staff agreed PADR was useful	>= 51%	51%	↑	54%
Information Governance Training	>= 85%	78.00%	↑	81.00%
Overall Staff Engagement Score (2018)	>= 3.51	3.51	↑	3.74
% Staff happy for BCU to treat family & friends	>= 61%	61%	↑	67%



Measure	Status	(Target)
Referral to Treatment (RTT): < 26 Weeks	84.80%	>= 95%
Referral to Treatment (RTT): > 36 Weeks	6,004	0
Referral to Treatment (RTT): > 52 Weeks	2,341	0
Diagnostic Waits: > 8 Weeks	2,278	0
Follow-up Waiting List Backlog	87,712	75,000
Cancer: 31 Days (non USC Route)	98.90%	>= 98%
Cancer: 62 Days (USC Route)	80.88%	>= 95%
Outpatient DNA: New	5.28%	<= 5%
Outpatient DNA: Follow up	5.63%	<= 7%
Postponed Procedures	2,570	<= 2,565

DFM 058	% of patients waiting less than 26 weeks for treatment	Target 95.0%	Plan > 85%	Mar-19	84.80%	Wales Benchmark 7th	Executive Lead	Evan Moore	Status	Months in Exception	6+
----------------	--	---------------------	----------------------	---------------	---------------	----------------------------	-----------------------	-------------------	---------------	----------------------------	-----------

DFM 059	Number of 36 week breaches- all specialties	Target 0	Plan TBC	Mar-19	6,004	Wales Benchmark 7th	Executive Lead	Evan Moore	Status	Months in Exception	6+
----------------	---	-----------------	-----------------	---------------	--------------	----------------------------	-----------------------	-------------------	---------------	----------------------------	-----------



Actions: A BCUHB and site level Patient Tracking List (PTL) now in use by the operational leads at stages of treatment level with a targeted approach for clinically urgent and longest waits as a priority for treatment

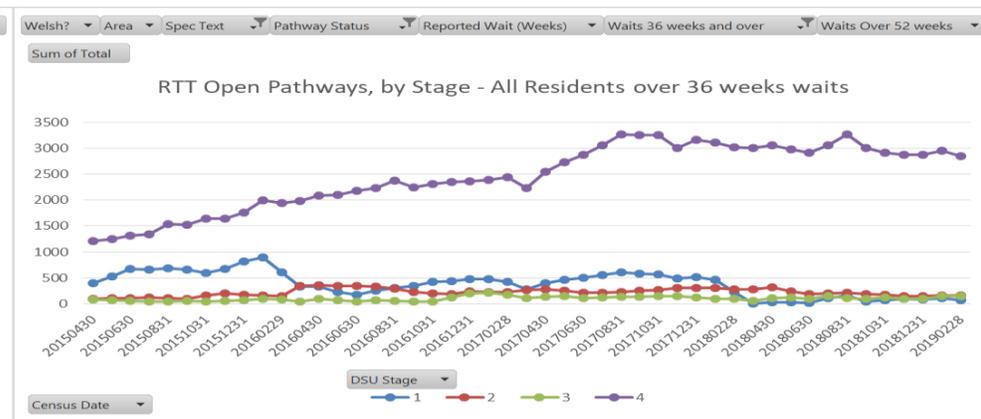
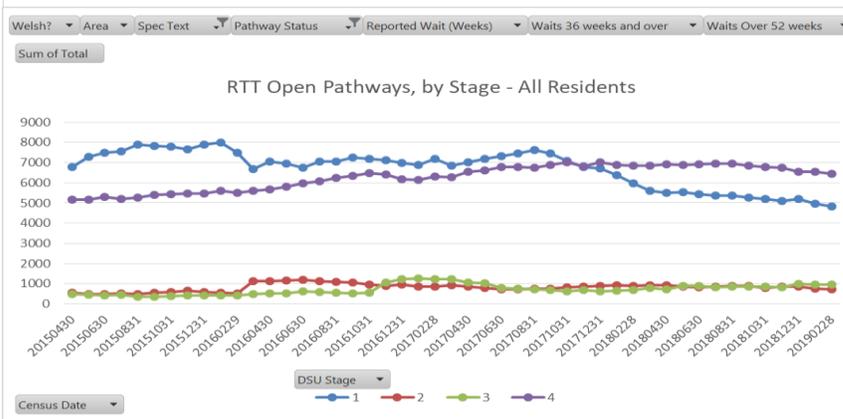
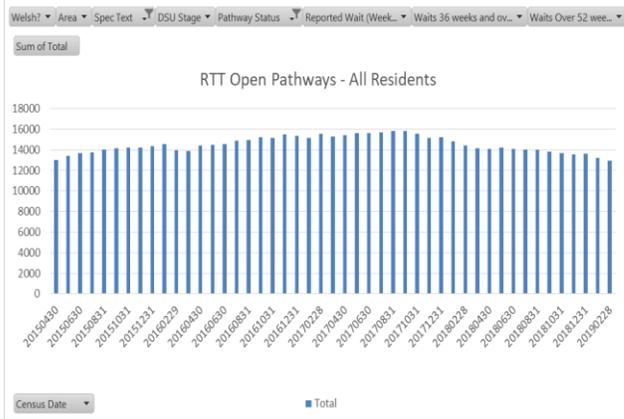
- Refinement of current Demand & Capacity tool; aligned to the weekly trajectory to predict performance 6 months ahead for RTT
- Profiles for 2019/20 at specialty and site level will be in place by end of April
- Discussions with WG scheduled for 3.5.19. to agree 2019-20 plan based on profiles, solutions and resources.
- Terms of Reference drafted for RTT task force being established with WG and peer review support
- Weekly PTL meetings chaired by the Interim Director of Planned Care in place will manage delivery against activity for core, backlog reduction and profiles being established.
- Develop RTT dashboard using Power BI to support and strengthen delivery
- Dedicated delivery leads for Planned Care, RTT and follow up to commence by the 23rd April 2019.

Outcomes: Reduce over 36 and 52 week backlog in line with the agreed profiles for 2019/20 (profiles to be presented to May 2019 committee meeting)

- Reduced “tip over” rate from 12 month baseline of 36 week plus waits
- Weekly trajectories in use operationally and for planning RTT D&C so as to reduce treat out of turn

Timelines: Draft recovery plan for RTT by 31st May 2019 for F&P Committee approval

- Weekly delivery trajectory in use by 24th April 19
- Reduced backlog of 36 and 52 week waits in Q1 as per recovery plan



Situation: Orthopaedics as a specialty accounts for approximately 50% of the patients waiting over 36 weeks from referral to treatment in BCU, with 2,933 Welsh patients waiting in excess of 36 weeks at the end of March 2019. Overtime the total number of patients waiting for orthopaedics as shown in the first graph above has declined. This is a reflection in the improvements made in lifestyle and community musculoskeletal services which means that only 45% of the referrals received in the community are referred to orthopaedics. This has allowed the stage 1, first outpatient waiting times to improve steadily since August 2017 as shown in the middle graph above. However it also means that patients referred to orthopaedics are more likely to require surgery, which is in part reflected in the increase in over 36 week waits for stage 4 , IPDC admission.

Action : A three year plan has been developed to address both the backlog and the sustainable service gap in orthopaedics. The backlog and sustainable service data has been worked through and agreed at service level with Welsh Government. However, further work is needed to address the sub-specialty information, which suggests that service gaps are larger.

Outcomes: The plan requires recruitment and service expansion in sustainable services across N. Wales, capital expansion of theatres and bed capacity on three sites set within the context of workforce and organizational development to optimise efficiency and productivity through a commissioning network model of care. At the same time the backlog reduction will be addressed through internal additional capacity and a three year commissioning plan with English providers. To commence this 200 patients are being transferred to Robert Jones & Agnes Hunt Hospital during March and April 2019. The plan aims to reduce waits to 52 weeks within 1 year of commencement, to 36 weeks by end of year 2 and to national targets within 3 years

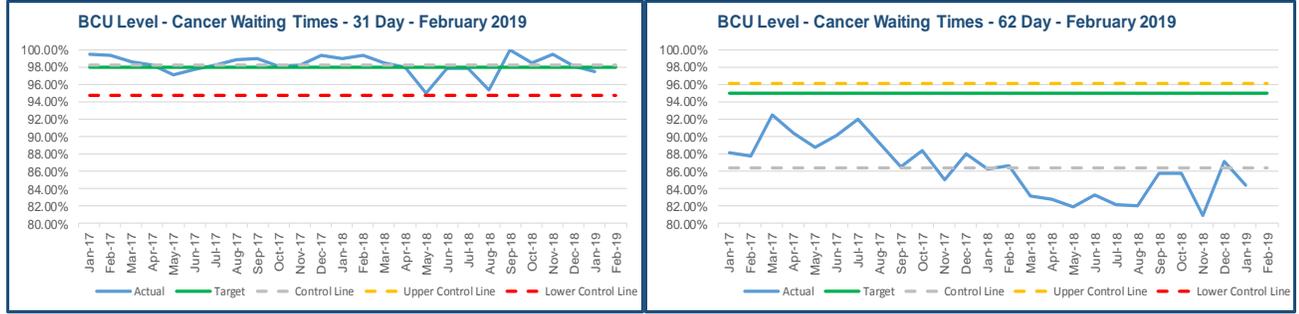
Timescale: Detailed discussions have taken place with WG and proposals for early implementation made. A full update of the actions agreed is to be complete by 30th April 2019 to enable decisions to be made between WG and the LHB.

DFM 071	% of patients newly diagnosed with cancer not via the USC pathway, treated within 31 days of diagnosis	Target >= 98%	Plan >= 98%	Feb-19	98.90%	Wales Benchmark	1st	Executive Lead	Adrian Thomas	Status		Months in Exception	N/A
----------------	--	-------------------------	-----------------------	---------------	---------------	------------------------	------------	-----------------------	---------------	---------------	--	----------------------------	------------

DFM 072	% of patients referred via the USC pathway definitively treated within 62 days of referral	Target >= 95%	Plan >= 95%	Feb-19	80.80%	Wales Benchmark	3rd	Executive Lead	Adrian Thomas	Status		Months in Exception	6+
----------------	--	-------------------------	-----------------------	---------------	---------------	------------------------	------------	-----------------------	---------------	---------------	--	----------------------------	-----------

Actions:

- Waits to endoscopy have improved significantly following the prioritisation of clinically urgent and cancer patients.
- Urology clinics –insufficient haematuria clinic capacity in East due to middle grade vacancies; an action plan is in place including locum support, nurse led clinics, purchase of additional scopes
- Urology surgery - further meeting planned with English providers re options to increase capacity; in-house lists backfilled by urology surgeons to increase capacity and full urology review underway
- Breast clinics –consultant breast radiology vacancies are being managed through additional out of hours clinics set up. Exploration of alternative models of care and further recruitment attempts.
- Weekly tracking meetings held to highlight and action individual patient delays
- Transforming Cancer Services Together Programme for early diagnostic pathway improvement in breast, lung, colorectal and urology pathways launched in February 2019.
- The business case for the Single Cancer Pathway is being completed in line with the Operational Plan Q1 ,with national bids for the £3m available resource being submitted to the SIG by 26.4.19.
- The date for implementation of the information system upgrade for SCP is being confirmed



Outcomes from those Actions:

- Reduction in waiting times for suspected cancer patients; this will lead to reduction in number of patients still active over day 62 and improved performance against the 62 day target.
- Confirmation of resource available to manage patients on the Single Cancer Pathway from Q2
- Information system development to support implementation of Single Cancer Pathway management and reporting

Timelines: The current backlog of patients who have been delayed to endoscopy or urology clinic means that we are unlikely to see a significant improvement in performance until Q2 of 2019/20
Reporting of Single Cancer Pathway will take place from June 2019.

DFM 060	The number of patients waiting more than 8 weeks for a specified diagnostic test	Target 0	Plan Mar-19	2,278	Wales Benchmark 7th	Executive Lead Gill Harris Adrian Thomas	Status	Months in Exception 6+
DFM 061	The number of patients waiting more than 14 weeks for a specified therapy	Target 0	Plan Mar-19	0	Wales Benchmark 1st	Executive Lead Adrian Thomas	Status	Months in Exception N/A

Actions are focussed on Endoscopy due to the clinical risk associated with delays and the volume of patients waiting for access to the service overall. There were 2,064 breaches of 8 week diagnostics at the end of March 2019.

Additional management capacity has been sourced and will commence on 24 April 2019.

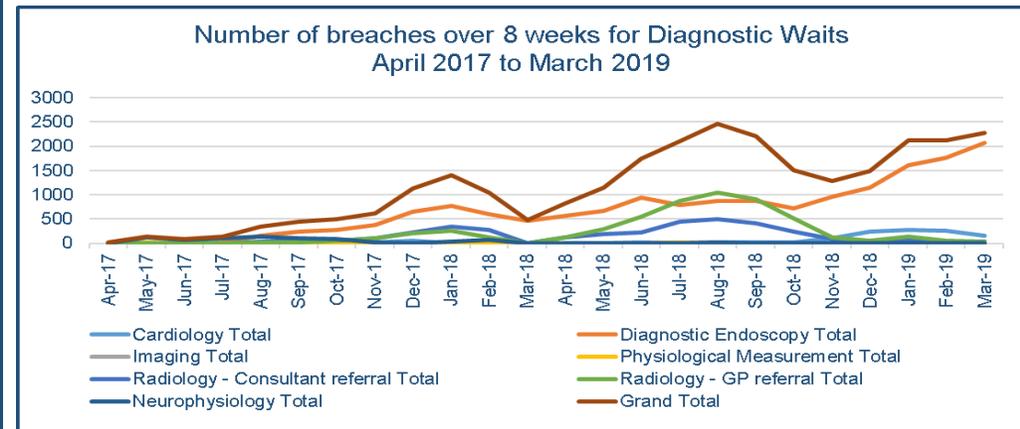
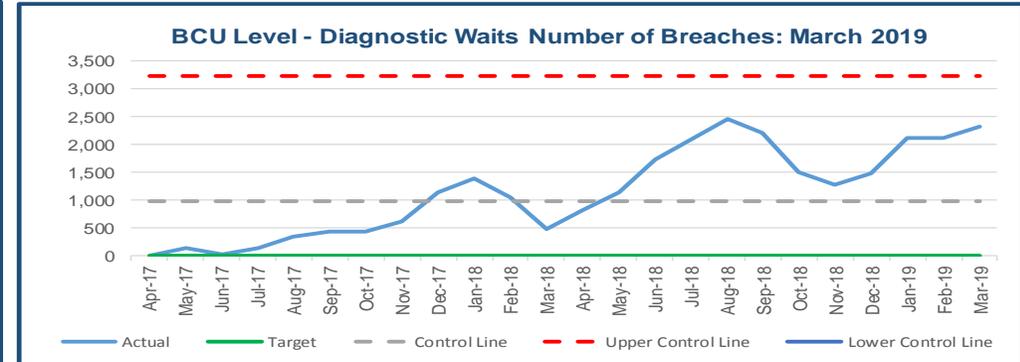
A key deliverable will be the production of a plan for sustainable endoscopy services and backlog elimination. The plan will likely have a number of components to it:

- Multi year insourcing and outsourcing for backlog elimination.
- Workforce expansion including possibly additional training nurse endoscopists.
- Estates issues – a possible scheme at Wrexham Maelor.
- Securing appropriate accreditations.

The Executive Team has made initial decisions to extend the procurement of additional capacity to end May with the expectation that a draft plan will be available then, the funding of which may require discussion with Welsh Government.

Radiology

There were 67 breaches at end of March from a total waiting list of 8,349 patients (representing 99.2% compliance). We are continuing with additional insourced CT and MRI and US sessions. We have established additional US in Llandudno to address the shortfall of capacity in West and Central. We still have some ongoing issues with head and neck US capacity in West and Central because of competing demands for consultant sessions to support breast radiology. We have not been able to secure an alternative provider at this time.



DFM 062	All patients overdue their target date on the Follow Up Waiting List	Target Reduction	Plan TBC	Mar-19	87,712	Wales Benchmark	7th	Executive Lead	Gill Harris	Status	Months in Exception	6+
----------------	--	-------------------------	-----------------	---------------	---------------	------------------------	------------	-----------------------	-------------	---------------	----------------------------	-----------

The follow-up waiting list size and volume of patients overdue their clinically due date varies by site and by specialty. The recent implementation of Wales Patient Administration System (WPAS) has resulted in an increase in the volume of patients on the waiting list due to the different methodology used by the system in creating the waiting list. Given the range of factors driving the waiting list for each specialty, a detailed report will be presented to the Quality, Safety & Experience (QSE) Committee in May 2019. The actions below relate to 3 key specialties and aim to reduce but will not eliminate overdue appointments.

Actions: A risk stratified approach is being taken led by the Secondary Care Medical Director. The highest priority is being given to patients reported as overdue in Ophthalmology and Urology. Clinical validation is taking place to assess risk of harm for the highest risk patients within the Urology overdue appointments. The Eye Care Measure is being introduced to manage patients in accordance to their clinical risk using R1, R2 and R3 stratification to determine priority for scheduling. The Health Board has been successful in its bid for validation and patient communication resource which will enable targeted patients to be validated to ensure the waiting list is accurate. Also patients will be advised of the changed system to facilitate scheduling by risk value.

The clinical variation meeting at the end of February 2019 confirmed the adoption of Patient Reported Outcome Measures (PROMs) in line with the National Planned Care Programme for management of 12 month reviews of patients post hip and knee replacement surgery to reduce the Orthopaedic backlog.

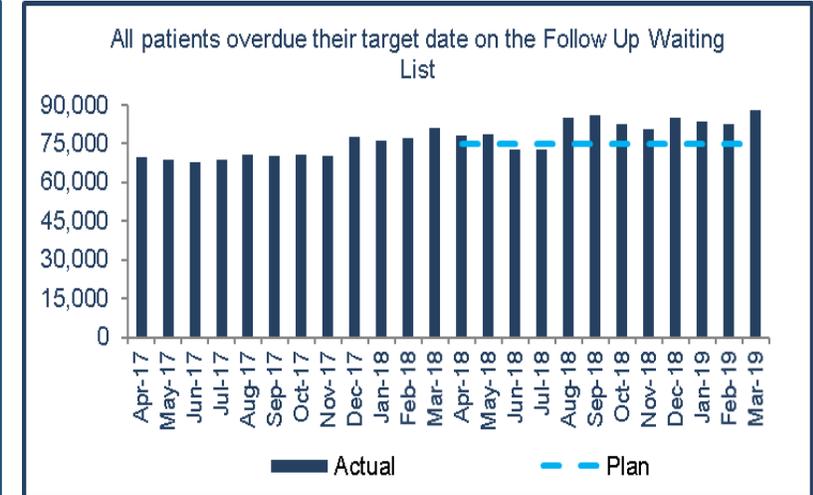
The HB is currently exploring the validation of the follow-up backlog list to ensure a clinically-targeted approach in treating the clinically urgent and longest waits. An update on progress will be provided for the next month.

Outcomes: The actions above will not resolve the entirety of the volume of patients overdue but will address those are greatest clinical risk. The outcomes expected from the above actions:

Urology - understanding of whether any harm has occurred for highest risk Urology patients by 31st March 2019, and escalation of scheduling as appropriate.

Clerical validation of the Ophthalmology waiting list by 30th April 2019 so as to enable the commencement of scheduling by R value to reduce the risk of irreversible harm from May 2019. Cataract pathway with direct listing for day case surgery tested on one site in February 2019, eliminating need for outpatient appointment so as to ensure patients with lower clinical risk can access surgical treatment. This pathway change has been agreed for all 3 sites and will be adopted from April 2019 increasing outpatient capacity for R1 patients. This validation is expected to reduce the overdue waiting list by 15%.

Orthopaedic - use of PROMs for hip and knee reviews at 12 months is expected to increase capacity by 1,500 appointment slots for more urgent cases from May 2019.



Timeline
 Urology- outcome known by end of March 2019
 Ophthalmology- validation expected to be completed by May 2019
 Orthopaedics - impact will be realised each month actions are implemented with expected gain being delivered in totality by March 2020

Activity Versus Plan Year to Date - April 2018 to March 2019

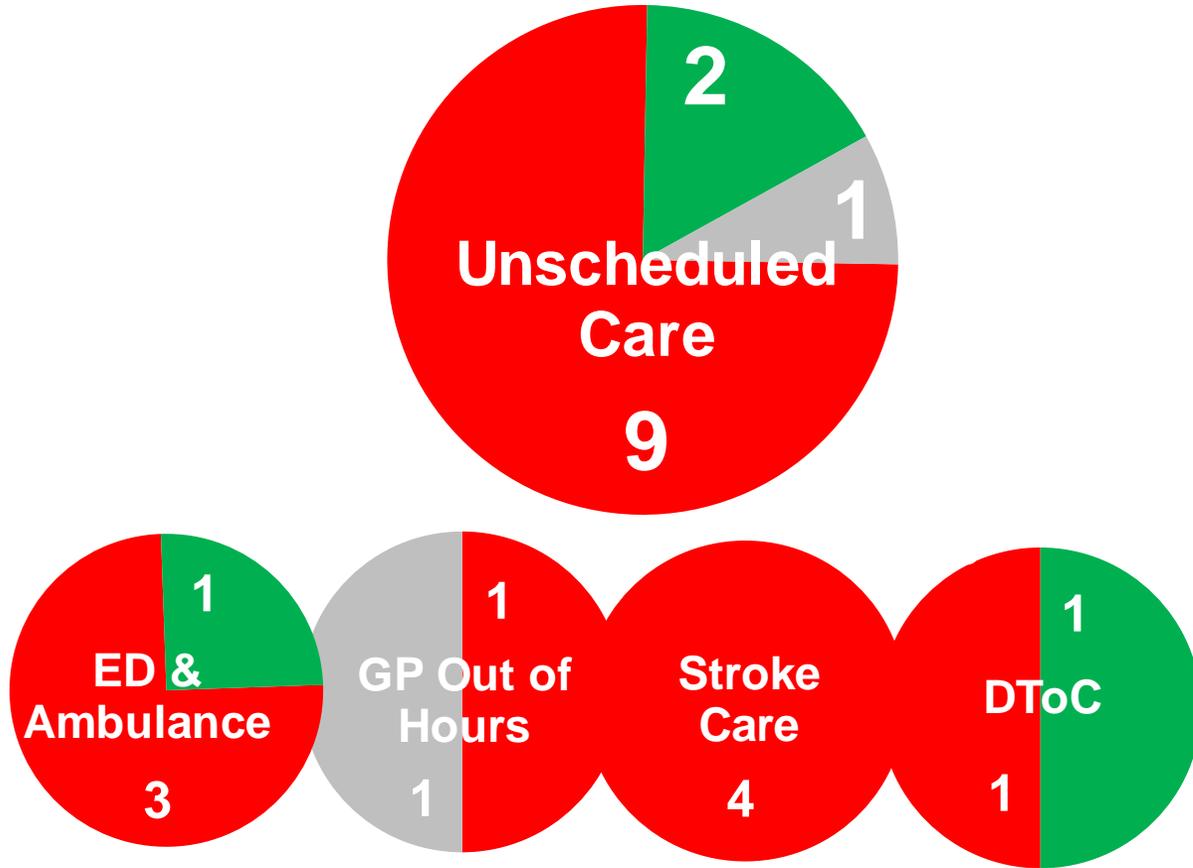
	2017/18				2018/19			
	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff
Emergency Inpatients	90,196	94,223	4,027	4.46%	94,223	97,726	3,503	3.72%
Elective Daycases	31,977	29,496	-2,481	-7.76%	31,508	33,754	2,246	7.13%
Elective Inpatients	15,313	16,126	814	5.31%	14,271	16,423	2,152	15.08%
Endoscopies	20,437	17,851	-2,586	-12.65%	17,851	16,359	-1,492	-8.36%
MOPS (Cleansed DC)	2,180	2,013	-167	-7.66%	2,013	2,278	265	13.16%
Regular Day Attenders	47,852	46,504	-1,348	-2.82%	46,504	47,103	599	1.29%
Well Baby	5,534	5,334	-200	-3.61%	5,334	5,249	-85	-1.59%
New Outpatients	255,723	268,979	13,256	5.18%	234,333	270,255	35,922	15.33%
Review Outpatients	523,202	531,158	7,956	1.52%	531,158	519,805	-11,353	-2.14%
Pre-Op Assessment	31,152	30,936	-216	-0.69%	30,936	32,909	1,973	6.38%
New ED Attendances	215,985	222,997	7,012	3.25%	222,997	229,401	6,404	2.87%
Review ED Attendances	8287	6,620	-1,667	-20.12%	6620	6,306	-314	-4.74%
Grand Total	1,247,838	1,272,237	24,399	1.96%	1,134,670	1,277,568	142,898	12.59%

Source: Informatics Department SharePoint, Accessed 11/04/2019

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	Dec	586	617	1,684	3,964
Robert Jones & Agnes Hunt NHS Foundation Trust	RL1	13,295	Dec	175	4	608	1,663
Hywel Dda LHB	7A2	4,078	Jan	108	81	120	222
Royal Liverpool and Broadgreen University Hospitals NHS Trust	RQ6	5,016	Nov	99		159	615
Wirral University Teaching Hospital NHS Trust	RBL	2,591	Dec	86	13	42	134
Shrewsbury & Telford Hospitals NHS Trust	RXW	1,455	Dec	14	18	145	133
Aintree University Hospital NHS Foundation Trust	REM	3,150	Dec	28	12	58	186
The Clatterbridge Cancer Centre NHS Foundation Trust	REN	2,187	Dec	22	5	24	642
University Hospital of North Midlands NHS Trust	RJE	3,096	Dec	4	23	26	59
University Hospital of South Manchester NHS Trust	RM2	752	Dec	0	0	0	0
Liverpool Women's NHS Foundation Trust	REP	891	Nov	5	5	45	97
Shropshire Community Health NHS Trust	RID	255	Nov	0	0	2	3

Data Source: Information Department, 12/03/2019

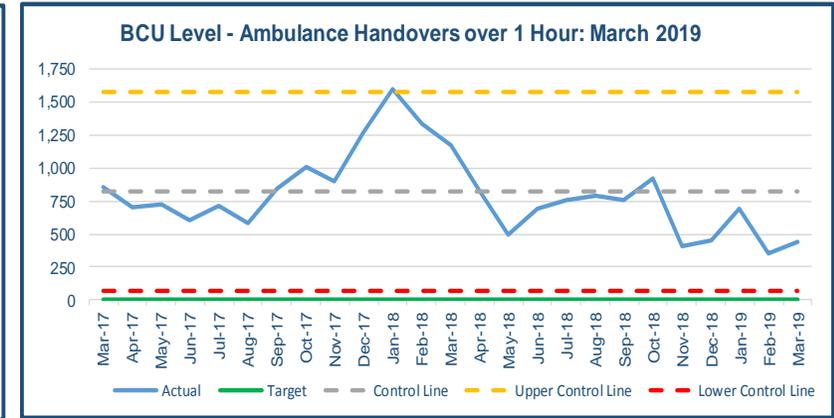
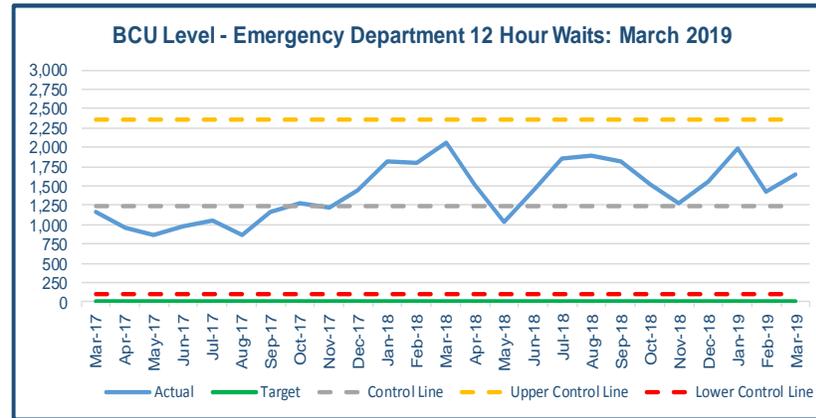
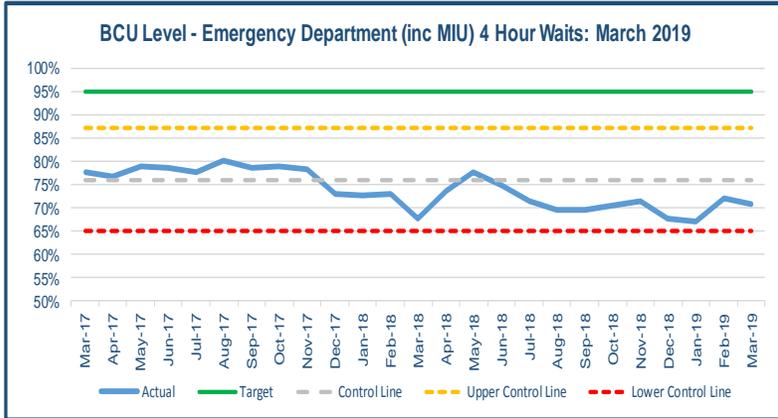
* With the exception of Royal Liverpool and Broadgreen University Hospitals NHS Trust (data for October 2018), all English provider outpatient activity relates to the month of November 2018. This is due to a data processing issues experienced by NWIS

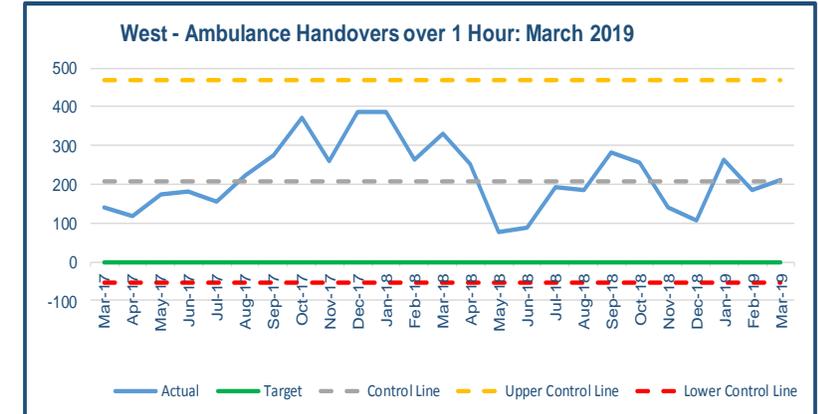
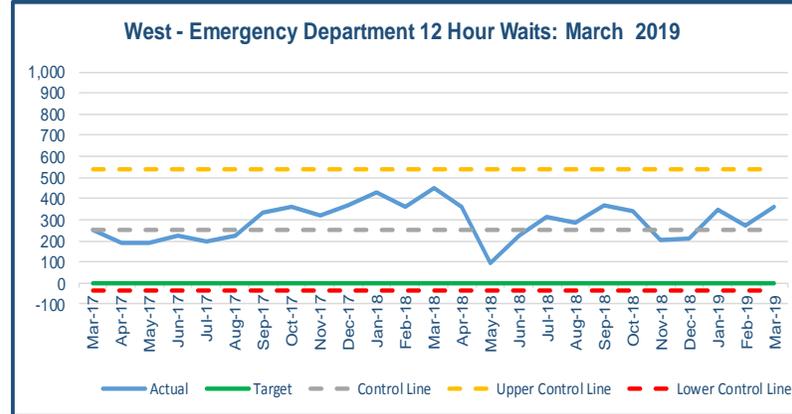
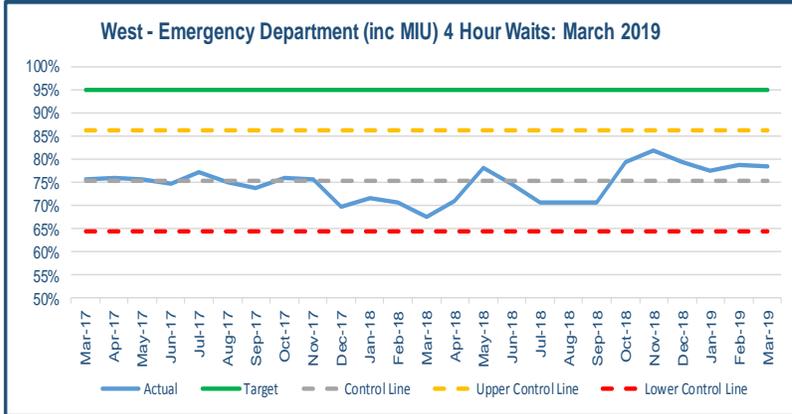


Measure	Status	(Target)
Emergency Department 4 Hour Waits (inc MIU)	71.90% ↑	>= 95%
Emergency Department 12 Hour Waits	1,608 ↑	0
Ambulance Handovers within 1 Hour	438 ↑	0
Ambulance Response within 8 minutes	70.40% ↓	>= 65%
Out of Hours: Within 20 Minutes	80.00% ↑	>= 98%
Out of Hours within 60 Minutes*	None N/A	>= 98%
Stroke Care: Admission within 4 Hours	50.00% ↑	>= 59.7%
Stroke Care: CT Scan within 1 Hour	40.70% ↑	>= 54.4%
Stroke Care: Review by consultant 24 Hours	81.30% ↓	>= 84.5%
Stroke Care: Thrombolysed DTN < 45 mins	7.70% ↓	Improve
Delayed Transfers of Care (DToC): Non MH	1,114 ↑	<= 1,030
Delayed Transfers of Care (DToC): MH	192 ↑	<= 194

*Out Of Hours 60 Minutes: No calls to the Out of Hours Service were triaged as Very Urgent in March 2019

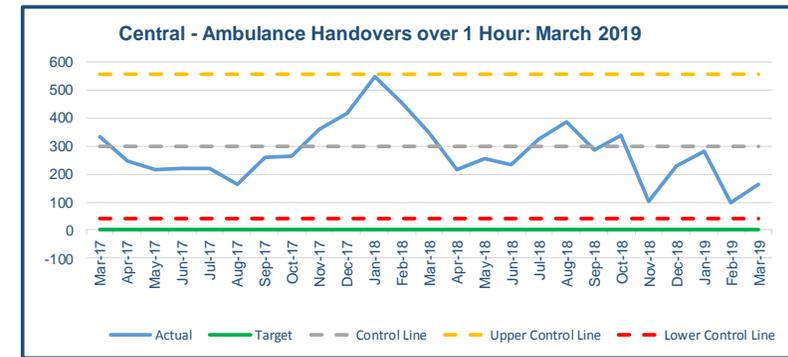
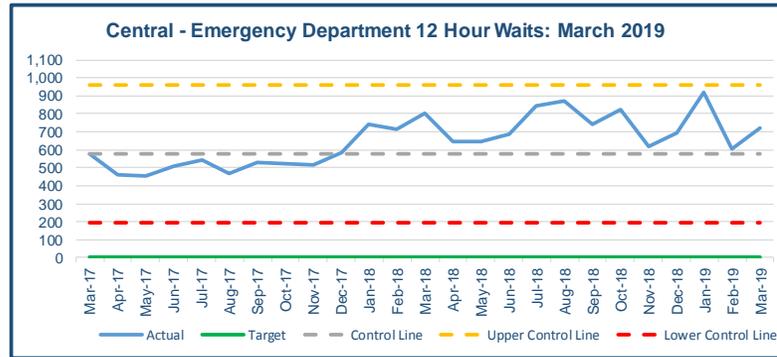
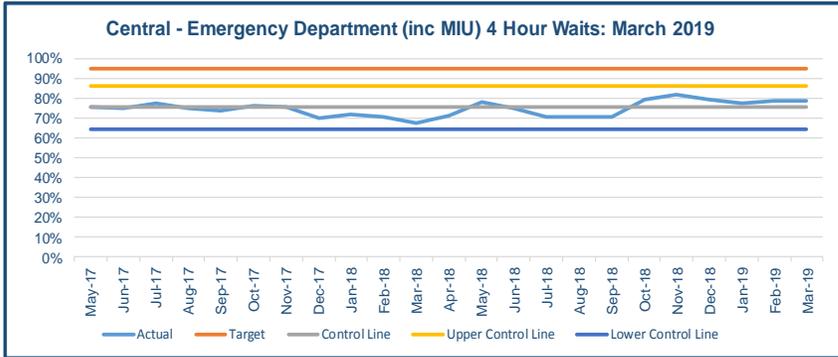
DFM 069	% of new patients spend no longer than 4 hours in A&E (inc Minor Injury Units)	Target >= 95.0%	Plan	Mar-19	71.09%	Wales Benchmark	7th	Executive Lead	Gill Harris	Status		Months in Exception	6+
DFM 070	Number of patients spending 12 hours or more in A&E	Target 0	Plan	Mar-19	1,608	Wales Benchmark	7th	Executive Lead	Gill Harris	Status		Months in Exception	6+
DFM 067	% of red 1 call responses within 8 minutes	Target >= 65.0%	Plan >= 65%	Mar-19	70.40%	Wales Benchmark	5th	Executive Lead	Gill Harris	Status		Months in Exception	6+
DFM 068	Number of ambulance handovers over one hour	Target 0	Plan 0	Mar-19	438	Wales Benchmark	4th	Executive Lead	Gill Harris	Status		Months in Exception	6+





Actions and Outcomes - West Health Economy

- Despite an increase in ED attendances (>450 more patients in March '19 than in February '19 and March '18); the West combined 4 hr performance remained broadly consistent with the previous month (79.1% March v's 79.2% February). This is almost a 3% performance improvement compared to the same period in 17/18 (76.4%).
- March is the third consecutive month where the deteriorating trend seen in Quarter 3 of 2018/19 has been reversed, and early indications suggest that the improvement is carrying forward into April 2019 with the West reporting a combined performance of 81% Month To Date (06/04/19)
- The team have maintained focus on the tasks within the 'Building Better Care' improvement plan. These have included an experienced GP at the point of ED triage to filter and navigate patients who would be better served by accessing alternative pathways or self help; support and upskilling of the triage nurses and increased drive for increasing the public and WAST use of MIUs. Focus on improved flow overnight has reduced the backlog previously experienced, this means that the department is starting each day with fewer over night breaches – though improvements are being seen, there is still much to do.



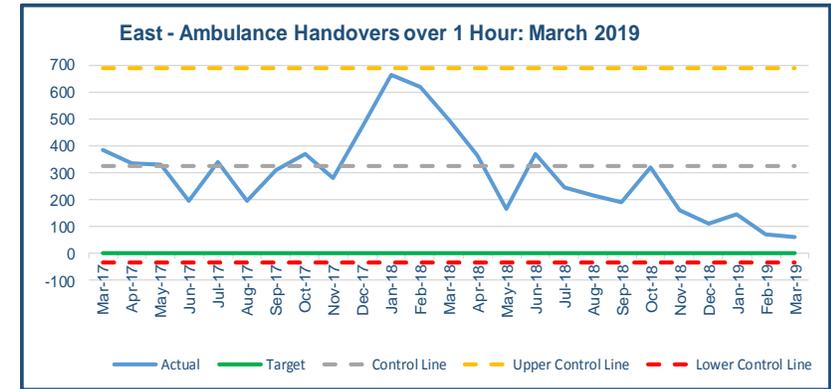
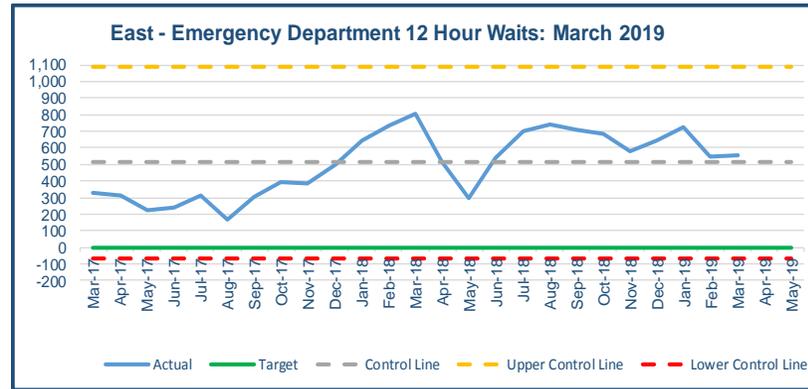
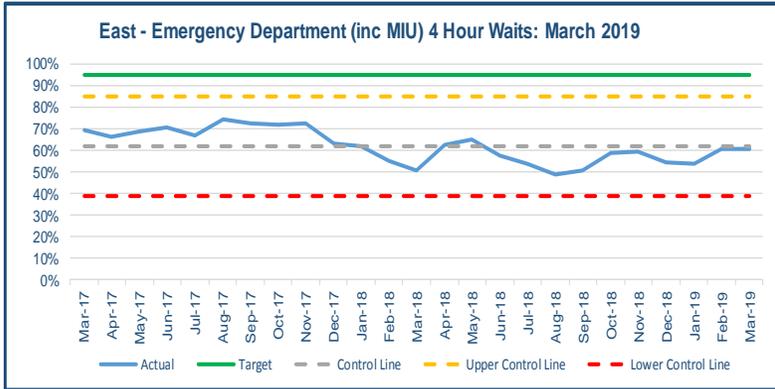
Actions and Outcomes - Central Health Economy

For the 3rd consecutive month the Ysbyty Glan Clwyd experienced an increase in Emergency Department (ED) attendances when compared with the previous year, with a 2.7% increase seen across the quarter. Following the 6% improvement in 4hr performance from January to February 2019 (70% - 76%) there was a slight dip in performance during March (73%), however improvements to processes continue to be made, building towards longer term sustainable success, and performance was improved from 71% reported in March 2018.

A formal evaluation of the progress chaser role is currently underway, with early feedback that the role has proved beneficial in supporting the team and providing a strong link for the Nurse in Charge and the Medical Team Leader. Whilst the funding provided did not allow the service to be 24/7 as desired, it is anticipated that with sustainable funding that this could become a critical enabler to improving flow within the department and expediting clinical decision making.

More broadly, the ED team are continuing to progress the development of their new START model (Streaming, Triage, Ambulance Assessment & Rapid Treatment Team). This concept pulls together some existing programmes of work into a more co-ordinated clinical approach that ensures all patients have the best start to their care.

This work is being integrated into our wider Emergency Quadrant (EQ) redesign group, in order to ensure that all interdependencies are understood and that this also aligns with key work around the development of ambulatory care. A key stakeholder event has been arranged by the Site Medical Director for the 1st May, with a task & finish group meeting weekly to prepare, with a recognition that the answer to the challenge lies in longer term transformational change as opposed to incremental improvements.



Actions and Outcomes - East Health Economy

- After a better start to the month (first 7 days delivering a combined performance of 71.87%), performance slipped and the month ended with 56.28% ED only and 60.58% combined (including Minor Injuries Units). On a positive note this compares to 50.44% (type 1 only) and 55.92% (combined) delivered in 2018.
- Minor Injuries contributions had historically averaged between 17-18 per day, which is significantly lower compared to West and Central. This number has improved in the last two weeks of March to an average of 22 patients per day.
- Whilst we have seen a step change of 5% improvement in February & March 2019, there are three key components of work required to make the next significant step change on the site:
 - Continued review of MIU capacity / geography to redirect appropriate patients from the ED flow
 - Acute medical model / ambulatory care model with workforce redesign to ensure that we assess patients by senior decision makers and appropriately admit
 - Ensure that all patients appropriate to be discharged at weekends are reviewed and supported to be discharged

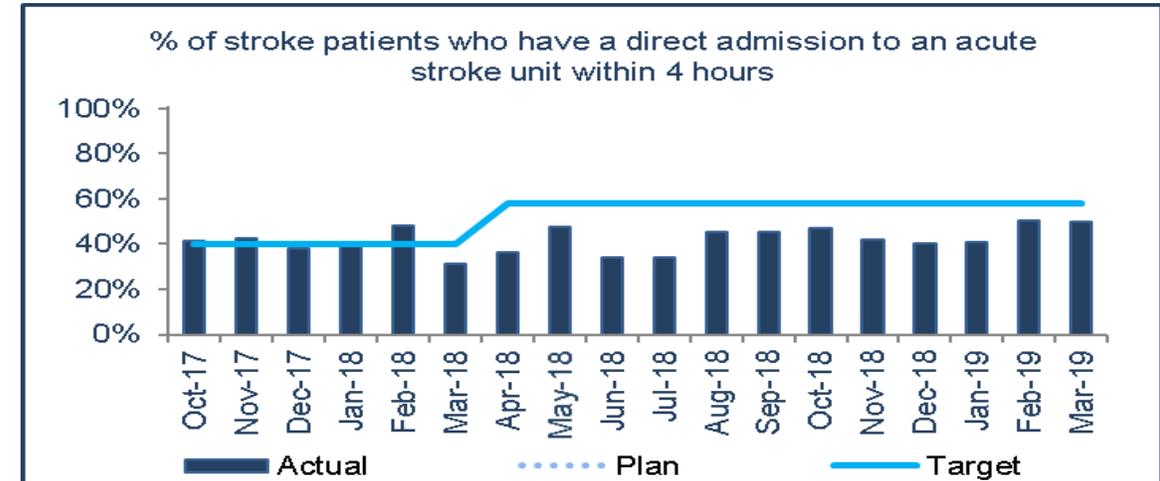
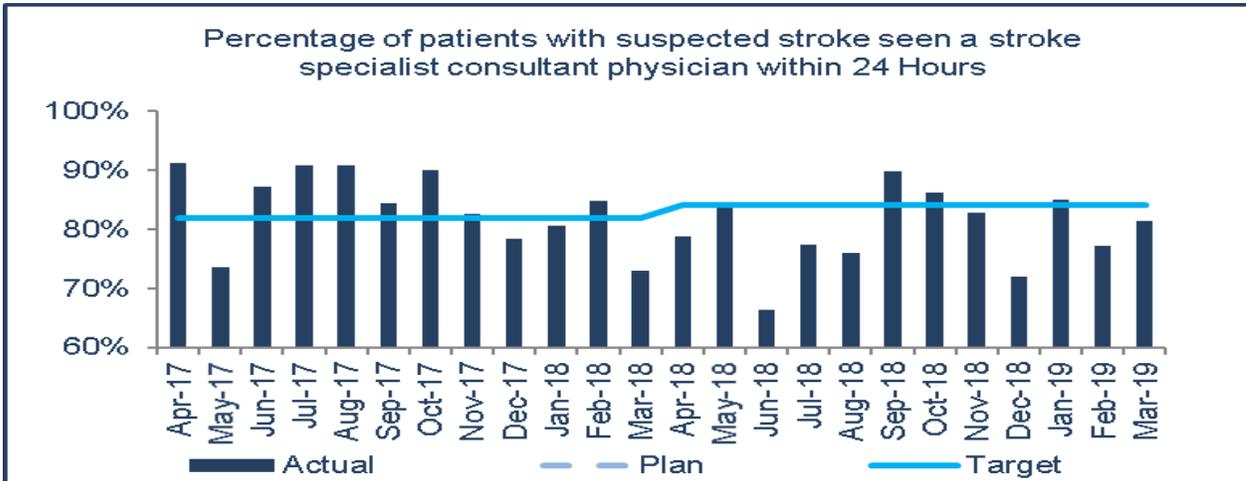
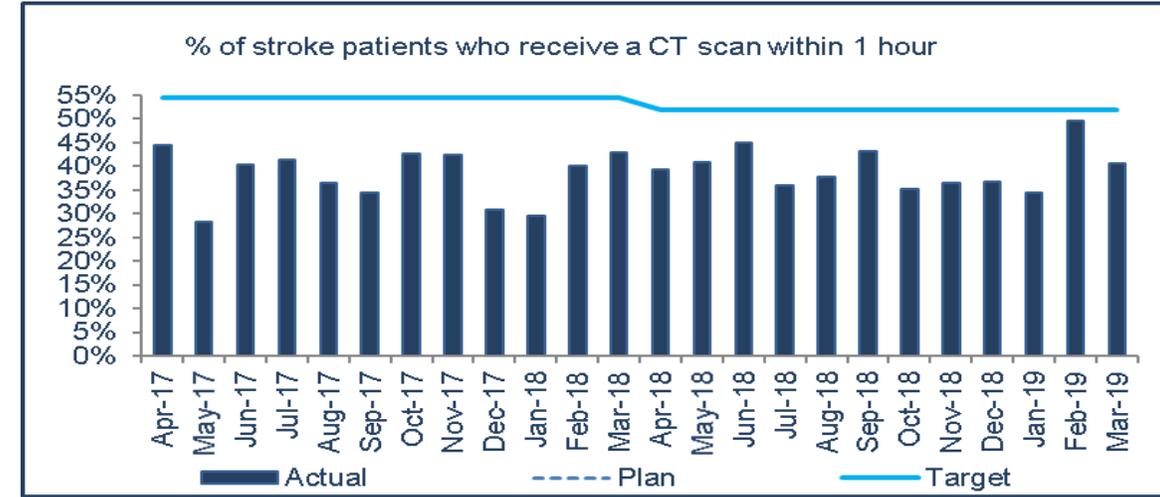
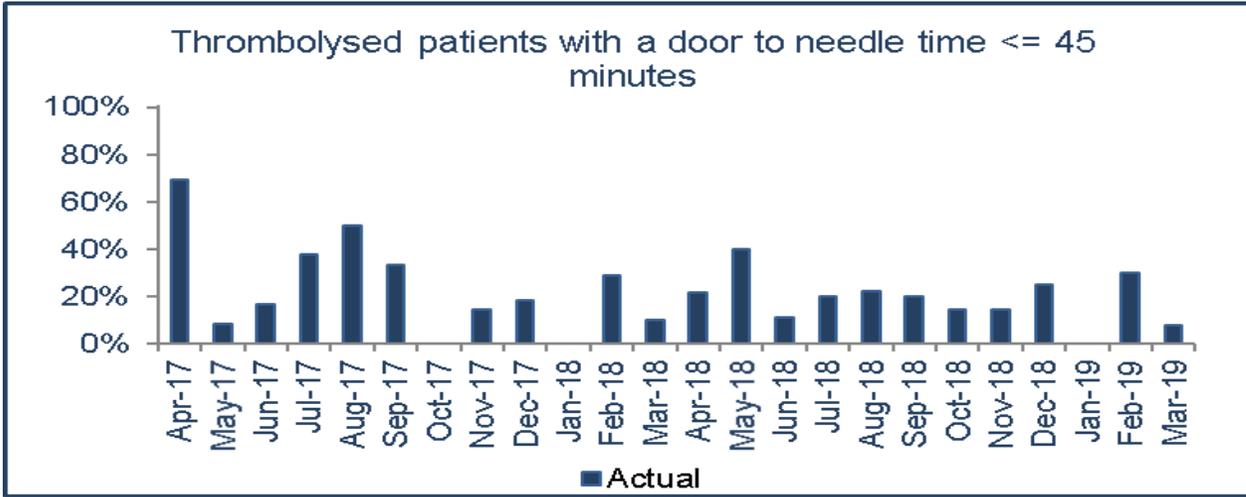
DFM 063	% of stroke patients who have a direct admission to an acute stroke unit within 4 hours	Target ≥ 59.7%	Plan ≥ 59.7%	Mar-19	50.00%	Wales Benchmark	5th	Executive Lead	Gill Harris	Status	↓	Months in Exception	6+
DFM 064	Thrombolysed patients with a door to needle time ≤ 45 minutes	Target Improve	Plan	Mar-19	7.70%	Wales Benchmark	2nd	Executive Lead	Gill Harris	Status	↓	Months in Exception	6+
DFM 065	% of stroke patients who receive a CT scan within 1 hour	Target ≥ 54.4%	Plan ≥ 54.4%	Mar-19	40.70%	Wales Benchmark	6th	Executive Lead	Gill Harris	Status	↑	Months in Exception	6+
DFM 066	Percentage of patients with suspected stroke seen a stroke specialist consultant physician within 24 Hours	Target ≥ 81.9%	Plan ≥ 81.9%	Mar-19	81.30%	Wales Benchmark	3rd	Executive Lead	Gill Harris	Status	↓	Months in Exception	6+

Actions: Access to the Acute Stroke Unit (ASU) in March 2019 saw a 5% deterioration across BCU. Ysbyty Glan Clwyd (YGC) and Ysbyty Gwynedd (YG) both saw a deterioration with Ysbyty Wrexham Maelor (YWM) showing a continuous improvement. Whilst all 3 Sites continue to be challenged with Unscheduled Care (USC) pressures which affects the availability of the ASU bed, this is having the biggest impact at YGC and YG. There is to be increased focus at the Safety Huddles and greater emphasis with the Site management Team on retaining 2 ring fenced beds each day .

- There was a good improvement in the number of patients Thrombolysed in YG and YWM. Although YGC had 0%, breach analysis would suggest that this was not due to missed opportunities but patients not appropriate. Door to Needle time of 45 minutes has deteriorated with Wrexham being the only site to achieve any within this time. There is an action plan being developed at all 3 Sites to improve performance following the recent Welsh Government (WG) Delivery Unit (DU) All Wales review.
- In Wrexham a Rapid Computed Tomography (CT) Pathway has been developed to improve the 1 hour CT performance and this is being shared across BCU. In Hours with the CNSs now Non Medical Requesters the performance has improved, the issue remains out of hours with slow requesting of CTs by Emergency Department Teams often due to the pressures within the department for other patients. The Action Plans following the Thrombolysis reviews will address this.
- Assessment by a Stroke Consultant will continue to vary each month as, out of hours, this will only happen when they are On Call. There is a review of the options to introduce virtual wards using Telemedicine to take place over the next 3 months but this would require Job plan changes and would impact on the GIM medical rota across BCU.
- The Strategic plan for stroke has been produced and given the resource required to implement this plan the phasing is being reviewed to improve the potential to deliver the plan over the next three years. The Health Board have submitted 5 improvement proposals to the national stroke implementation group and are outcomes of these are expected before the end of April, although it is recognised that this resource is limited.
- Following the DU review of thrombolysis pathways across Wales, BCU have developed an action plan for local improvement/
- The Health Board has undertaken a self-assessment in preparation for the forthcoming SSNAP organizational audit.
- 9 staff have applied to undertake the first Stroke Clinical Leadership programme established in Wales and are awaiting outcomes of their applications.

Outcomes: Continuous local improvement work will address process and efficiency gains to optimise the present pathways for patients all three sites in accordance with the timings set out in the Peer Review and Thrombolysis action plans (reported to QSE). The strategic business case will be considered following refinements to the phasing of implementation which are due to be completed April 2019.

Timescales: As set out in the actions plans, organisational audit expected June/July 2019 dates to be confirmed by the Royal College of Physicians.



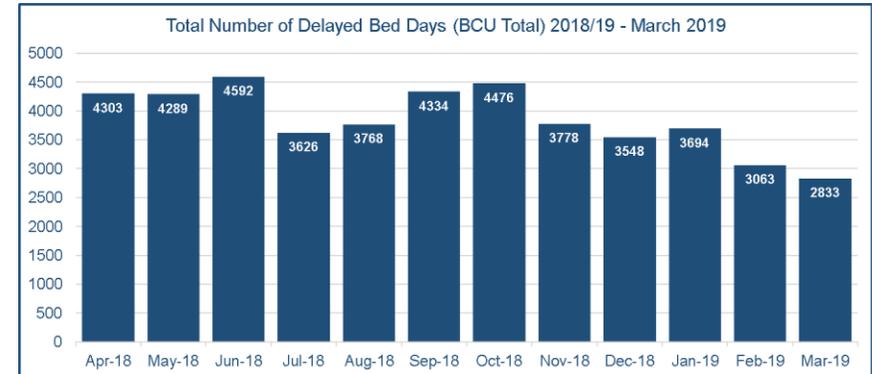
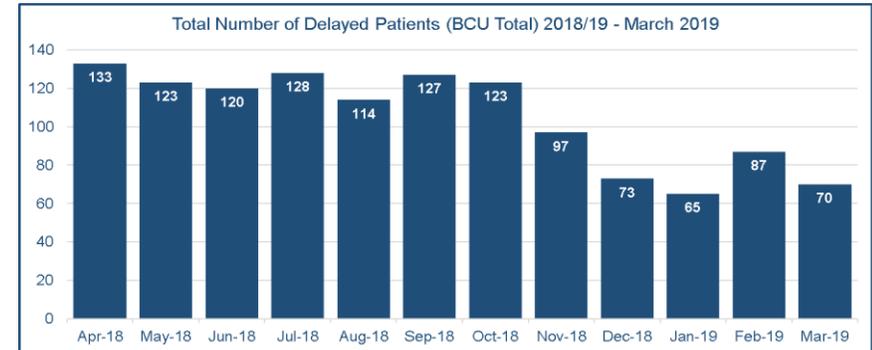
DFM 031	Number of health board non-mental health delayed transfers of care (Rolling 12 months)	Target ≤ 1,030	Plan ≤ 1,030	Mar-19	1,114	Wales Benchmark	7th	Executive Lead	Gill Harris	Status ↑	Months in Exception	6+
LM2 31a	Delayed Transfers of Care (DToC) per 10,000 population, rolling 12 months Non-Mental Health aged over 65	Target ≤ 2,089	Plan ≤ 2,089	Mar-19	168.57	Wales Benchmark	7th	Executive Lead	Gill Harris	Status ↑	Months in Exception	6+
LM2 31b	The number of non-Mental Health Bed Days lost due to Delayed Transfers of Care (DToC)	Target ≤ 129.5	Plan ≤ 129.5	Mar-19	1,227	Wales Benchmark	6th	Executive Lead	Gill Harris	Status ↑	Months in Exception	6+

The majority of delays in the acute and community are due to placement and package of care;-

- Waiting General Nursing Home ,General Residential or EMI placement
- Waiting home care package- competency issues identified as now all carers have to be NVQ level 3 to administer medication via PEG

In addition to weekly and pre-census DToC meetings where all patients are discussed and monitored. DToCs are scrutinised daily on site and discussed
Delays in package of care are escalated to Senior management early.
MFD's meetings are continuing weekly across all sites

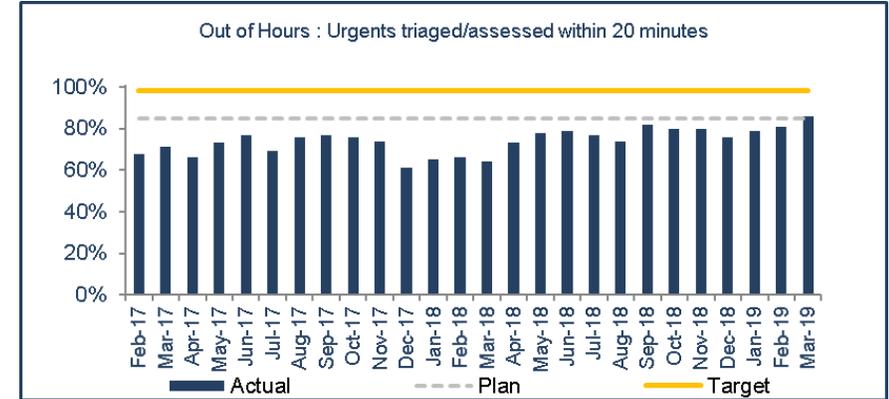
All above to Improve accuracy and early identification of potential DToC to decrease numbers and length of stay
To improve early identification of training needs and competency



DFM 055	Out of Hours : Urgent patients triaged/assessed within 20 minutes	Target >= 98.0%	Plan >= 98.0%	Mar-19	86.00%	Wales Benchmark	3rd	Executive Lead	Chris Stockport	Status		Months in Exception	6+
DFM 056	Out of Hours : Very Urgent patients seen within 60 minutes of initial clinical assessment	Target >= 90.0%	Plan >= 90.0%	Mar-19	N/A	Wales Benchmark	N/A	Executive Lead	Chris Stockport	Status	N/A	Months in Exception	6+

DFM055 Out of Hours: Urgent patients triaged/assessed within 20 minutes

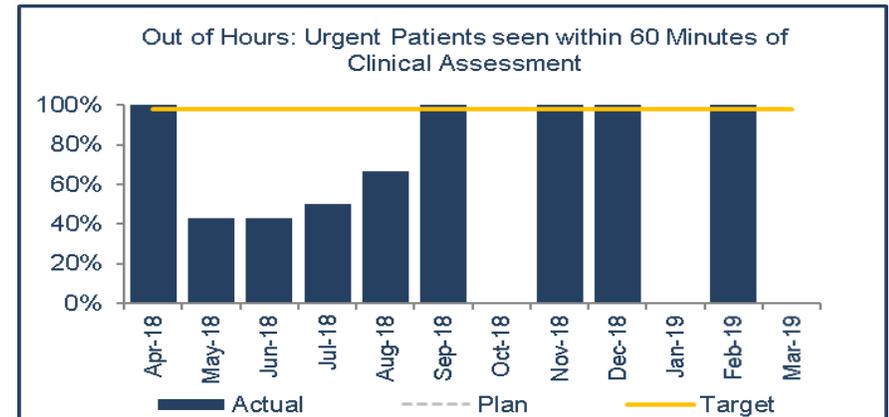
The GP OOH service received 11,703 calls in March 2019 compared to 12,741 calls in March 2018 – a decrease of 1,038 calls (8%). 99% of triage nurse shifts were filled in March 2019 (compared to 98% in February 2019) and 86% of calls assessed as being URGENT were triaged within the 20 minutes performance standard compared to 81% in February 2019. We still have a few triage nurses that are relatively new to the service and we should therefore see an improvement in our performance against this standard over the next 3 months. We are currently carrying a vacancy of 0.83 wte Triage Nurses and adverts will be placed on NHS Jobs later this month.



DFM056 Out of Hours: VERY URGENT patients seen within 60 minutes of initial clinical assessment

For the Month of March 2019:

- There were no VERY URGENT (within 60 minutes) Base Appointments in March 2019.
- There were no VERY URGENT (within 60 minutes) Home Visit in March 2019.





Measure	Status	(Target)
Finance: Financial Balance	2.82%	≤ 2.0%
Finance: Agency & Locum Spend	£2.3m	≤ £2.8m
Sickness absence rates (% Rolling 12 months)	4.98%	≤ 4.50%
Mandatory Training (Level 1) Rate (%)	84%	≥ 85%
PADR Rate (%)	67%	≥ 85%
% Staff agreed PADR was useful	54%	≥ 51%
Information Governance Training	81.00%	≥ 85%
Overall Staff Engagement Score (2018)	3.74	≥ 3.54
% Staff happy for BCU to treat family & friends	67%	≥ 61%

LM 302F	Finance: Agency & Locum Spend	Target Reduce	Plan ≤ £2.8m	Mar-19	£2.5m	Wales Benchmark	na	Executive Lead	Sue Green	Status	↑	Months in Exception	6+
------------	-------------------------------	------------------	-----------------	--------	-------	--------------------	----	-------------------	-----------	--------	---	------------------------	----

The total spend for agency for 2018/19 is £31.6 m for agency and £11.9 for locums. Compared to performance in 2017/18 Agency spend has reduced from £34,162,355 (£2,567,344) whilst internal locum spend has increased from £8,052,749 (£3,820,326).

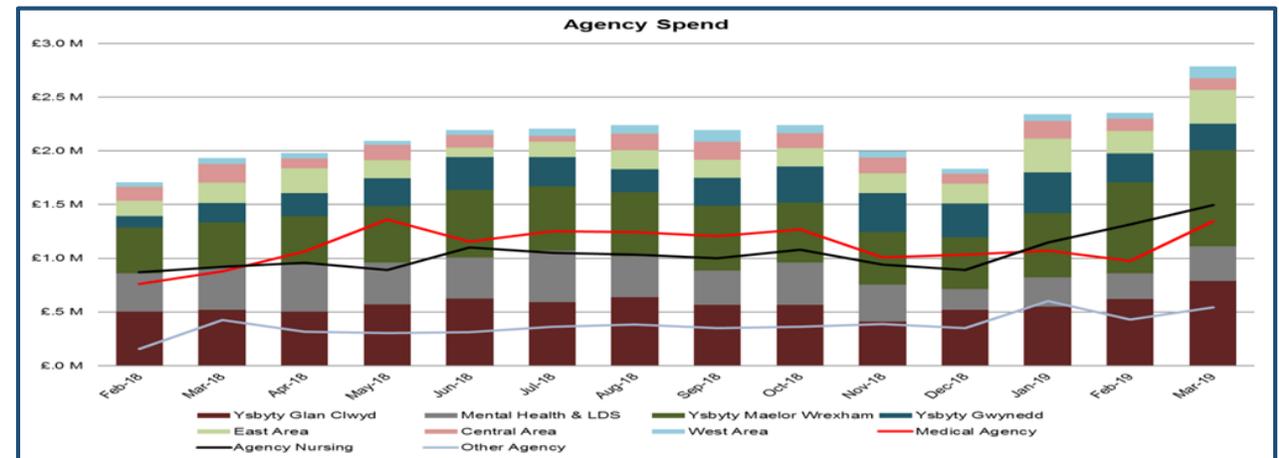
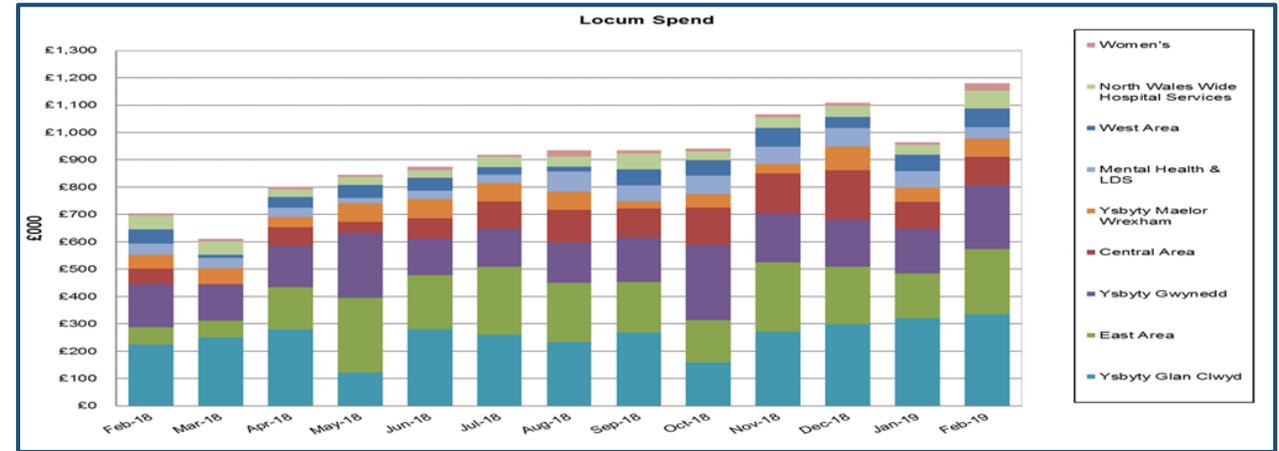
Spend increased for both in month 12 by a total of £735k.

Actions and outcomes:

- Enhanced Control measures are in place for most staff groups across the organisation prior to approval of agency expenditure
- Temporary staffing improvement and roster improvement projects are in place and are being recalibrated to ensure they are focussing on the areas of highest impact.
- Recruitment hotspots have been mapped and plans developed to increase substantive appointments and temporary staffing capacity in areas with the highest agency reliance/spend.
- A review of the internal locum process is underway to establish a more robust mechanism for prospective consideration and timely payment.

Timescale

Each division will have improvement trajectories in place by the 2nd week of May 2019.



LM 301F Finance: Financial Balance

Target

Plan
≤ 2.0%

Mar-19

2.82%

Wales Benchmark

na

Executive Lead

Russ Favager

Status



Months in Exception

6+

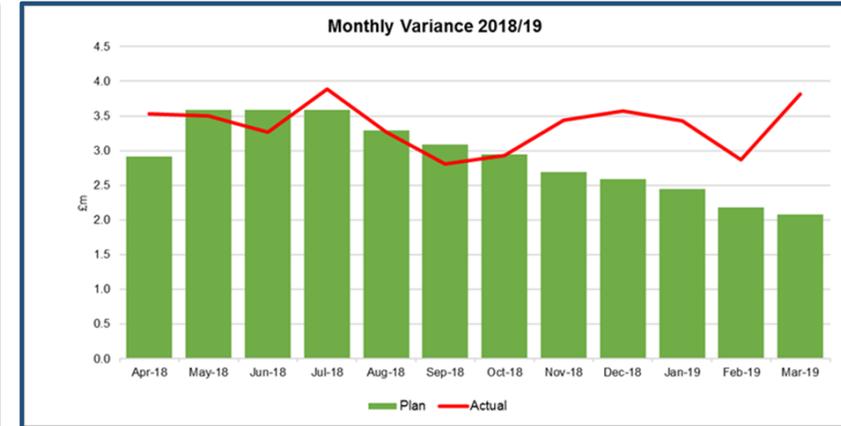
The Health Board's 2018/19 Financial Plan is a forecast deficit of £35m. The deficit for the month of March 2019 is £3.811m and this is £1.731m over plan. The cumulative deficit for the financial year is £40.315m and this is £5.315m over plan. There may be further year-end funding adjustments from Welsh Government, so the financial position may change.

Outcomes

- Savings achieved for the 2018/19 financial year are £38.3m against a plan of £45.0m (85.1% achieved), a shortfall of £6.7m. This is mainly due to under-delivery on the following Savings Programme Groups: MHL D (£2.5m); Transactional (£1.8m); Workforce (£2.2m).
- Identification of savings opportunities for 2019/20 and future years is progressing and have been included in the Health Board's 2019/20 Financial Plan. The plan identifies a target of £34.5m of savings, £25.0m of which are cash releasing. Delivery of these plans will be closely monitored throughout the year.

Timelines

- The final financial position will be submitted to Welsh Government on 26th April 2019 and is due to be signed off by the auditors on 31st May 2019.
- The 2019-20 Financial Plans and savings targets have been approved in March's Board Meeting. Delivery of the Health Board's Financial Plan is dependent upon the delivery of savings targets and this is essential to progress towards a sustainable financial position.



DFM 097	% staff absence due to sickness (rolling 12mths)	Target ≤ 4.5%	Plan ≤ 4.5%	Mar-19	4.98%	Wales Benchmark	2nd	Executive Lead	Sue Green	Status		Months in Exception	6+
----------------	--	-------------------------	-----------------------	---------------	--------------	------------------------	------------	-----------------------	-----------	---------------	--	----------------------------	-----------

Final performance for 2018/19 is 4.98% which is above the 4.5% target and not where the organisation should be both in terms of staff health and wellbeing or in terms of productive time available to deliver services to our patients and population. The fact that the organisation is the best performing large Health Board and the 2nd best across Wales, is a positive but we are still not where we need to be.

Actions:

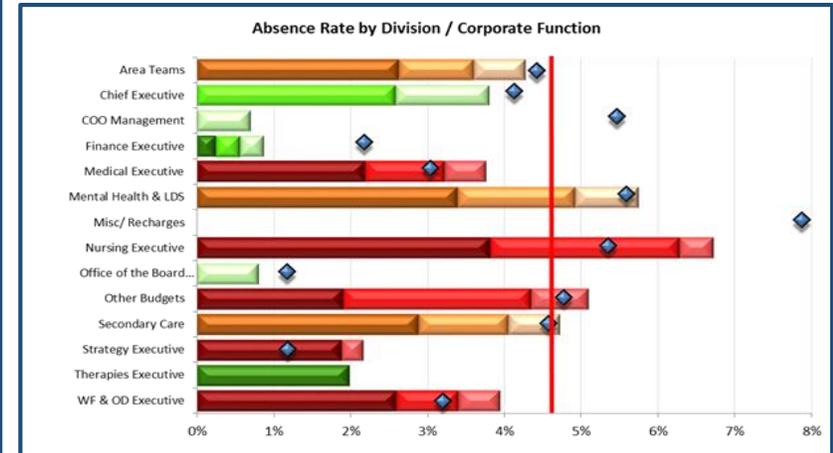
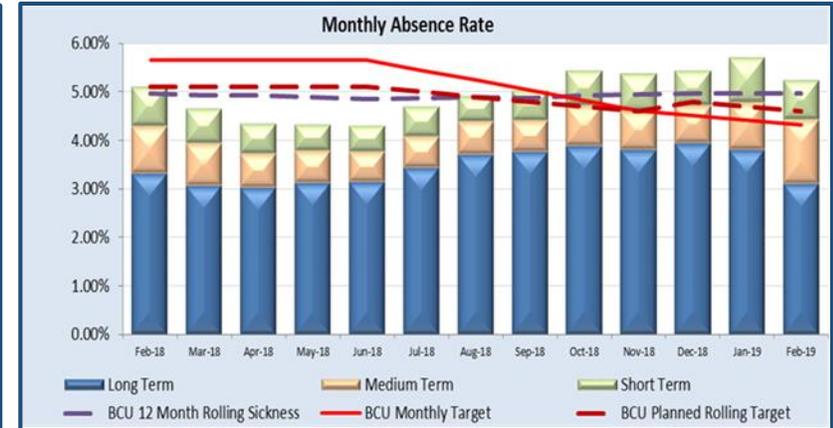
A range of actions have been taken over 2018/19 and whilst many have had a positive impact in terms of awareness and availability of health and wellbeing tools and support; understanding of changes in national policy, they have not had the an impact on improving attendance. As such, a detailed review of actions taken to date and those required against the priority areas set: Long term absence; Stress related absence; Musculoskeletal related injury/absence; Workplace accident/injury related absence is underway to ensure a greater level of focus is applied to. Overall analysis undertaken has projected that reductions in each of these categories would have a significant impact on attendance levels and enable sustained delivery of the 4.2% target.

In addition, improvement trajectories are being developed for each division, (using the same methodology as PADR) to enable ownership and closer management and monitoring of the impact of improvement activity.

Outcomes:

Future reports will set out baselines for each of the priority areas together with specific actions to be taken to ensure improvement trajectories are met. At this stage, the Health Board is aiming to achieve the 4.2% target by the end of quarter 2 2019/20

Timeline: Organisational and Divisional trajectories will be in place by the 1st May 2019



DFM 093	% of staff (non-medical) undertaking an appraisal - PADR	Target >= 85%	Plan >=84%	Mar-19	67.10%	Wales Benchmark	7th	Executive Lead	Sue Green	Status		Months in Exception	6+
----------------	--	-------------------------	----------------------	---------------	---------------	------------------------	------------	-----------------------	-----------	---------------	--	----------------------------	-----------

PADR compliance continues to exceed the organisational trajectory with March data reaching 67.1%. The biggest increase was seen in Medical Executive with an increase of 14.5%. Across the organisation 970 staff members were reported as 'never had a PADR' with 431 of new starters not having a 3 month PADR. This totals 1401, a reduction of 189 staff members reported as not had a PADR since February.

Actions: Bespoke training sessions with targeted supervisors in Estates and Facilities on Group PADR with emphasis on how to plan ahead for long term sustainability of PADR's across the Division. Development of new PADR paperwork and initial consultation with supervisors and managers across the organisation e.g. District Nursing, Catering, Portering and Housekeeping. Further consultation to take place in April to ensure the paperwork is fit for purpose from the users perspective.

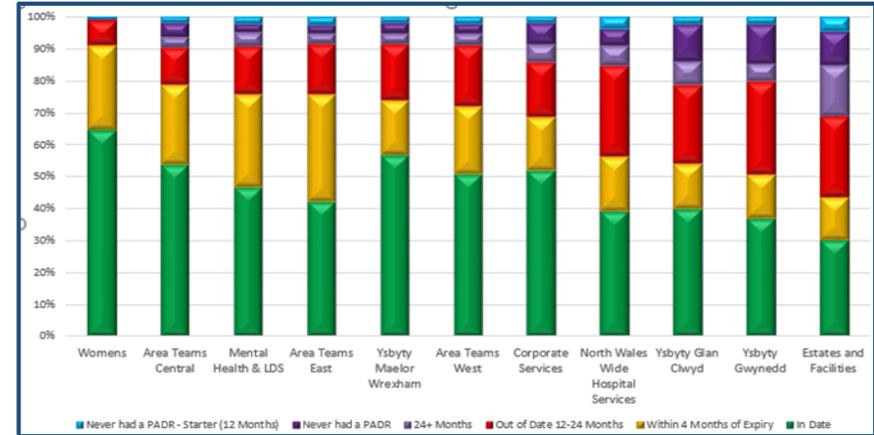
Organisational compliance data in March released as a league table demonstrating Divisional performance, ranking Divisions from highest to lowest.

Divisional Improvement trajectories to be shared with all divisions. All Divisions to receive information on staff members in the category of 'within 4 months of expiry' and the impact this would have on their compliance if they were not completed prior to expiry.

Outcomes: Supporting managers with Group PADR and planning ahead will ensure compliance is sustainable and not a short-term 'quick fix'.

Working with managers through consultation to develop the new paperwork will contribute to PADR being seen as a meaningful developmental conversation and lead to more ownership of the process. Providing detailed breakdown and improvement trajectories allows Divisions to proactively manage their compliance to ensure they reach the organisational target of 85% by September.

Timelines: All actions within the 2018/19 PADR Improvement Plan have been met. A new plan for 2019/20 will focus on continuing to support Divisions to reach their planned trajectories with an emphasis on ensuring long term sustainability along with proactive management of compliance at team/department and Divisional level.



DFM 096	Mandatory Training %compliance for all completed Level 1 competencies within the Core Skills and Training Framework	Target >= 85%	Plan TBC	Mar-19	84.00%	Wales Benchmark	1st	Executive Lead Sue Green	Status ↑	Months in Exception 6+
----------------	---	-------------------------	--------------------	---------------	---------------	------------------------	------------	------------------------------------	--------------------	----------------------------------

The Performance in March 2019 for Mandatory Training Compliance identified an increase of 1% for both level 1 and level 2 training. Currently level 1 is at 84% and level 2 is at 74%.

Actions:

Identify the reason for no increase in level 1 compliance for a consecutive month for Fire, Information Governance and Load Handling by conducting a full review of the provision, attendance records and ‘Did Not Attend’ rates, including discussion with the subject leads.

Identify staff who show as below a 50% compliance and provide reports to Divisions.

Continue to investigate training methodologies to support Estates and Facilities staff to increase their overall compliance along with a review of their process for ensuring training records are uploaded to ESR.

Outcomes from Actions:

Identifying lack of increase in compliance with subject leads will highlight areas of improvement in order to sustain an increase.

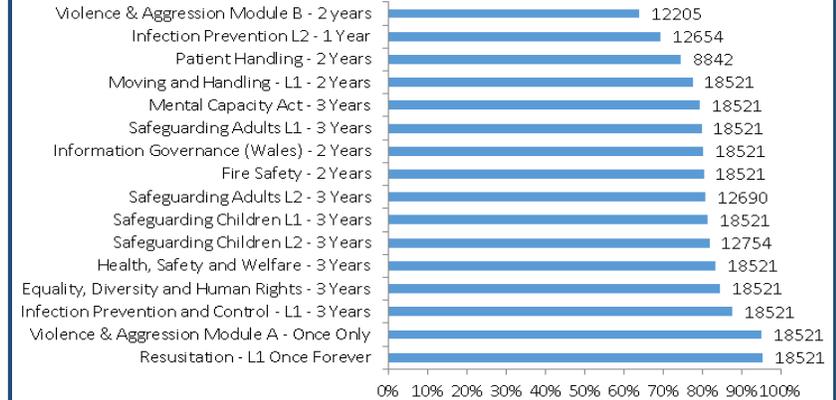
Highlighting staff who are below 50% compliant will allow Divisional managers to support staff to access the relevant training to improve their individual compliance and hence support reaching the organisational target.

Ensuring staff within Estates and Facilities can access appropriate training methodologies will support reaching compliance targets, ensuring records are accurate in ESR will improve data quality.

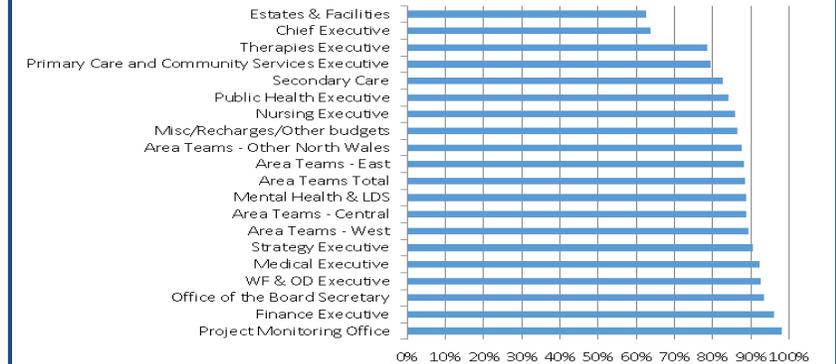
Timelines:

With amendments to the Improvement Plan especially in terms of revision of provision, attendance records, reviewing areas of poor compliance including individual compliance records and addressing concerns around processes for uploading completed records to ESR, we anticipate being at the 85% target rate for level 1 training by the end of May 2019.

Core Mandatory Training Compliance March 2019



Overall March Compliance by Division



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%	Mar-19	80.00%	Wales Benchmark	N/A	Executive Lead Sue Green	Status ←	Months in Exception 6+
----------------	--	------------------------	----------------------	---------------	---------------	------------------------	------------	------------------------------------	-----------------	----------------------------------

Actions:

- The Health Board's level of Information Governance training compliance remained constant at 80% despite further targeted reminders to areas with the poorest compliance. The below Divisions still remain a concern:

Primary and Community Services = 63%
Estates and Facilities = 64%
Therapies = 73%
Corporate Office = 75%
Secondary Care = 79%

- As well as bi-monthly mandatory training, the Information Governance Team are putting additional training sessions during the months with no formal mandatory training day.
- A review of all individual divisional compliance will commence to further target poor performing departments.

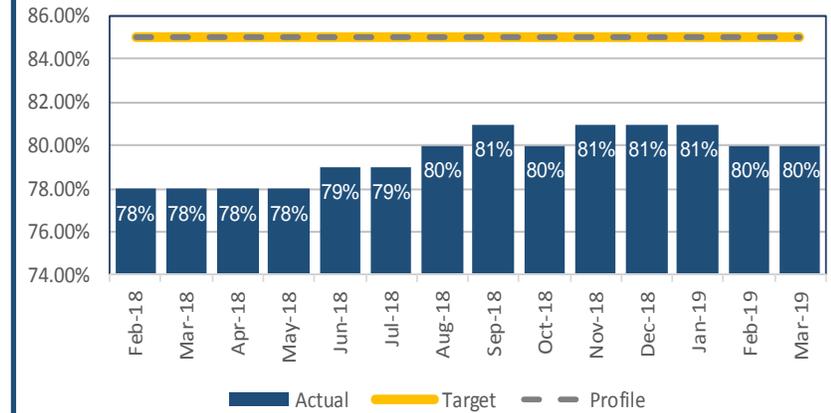
Outcomes:

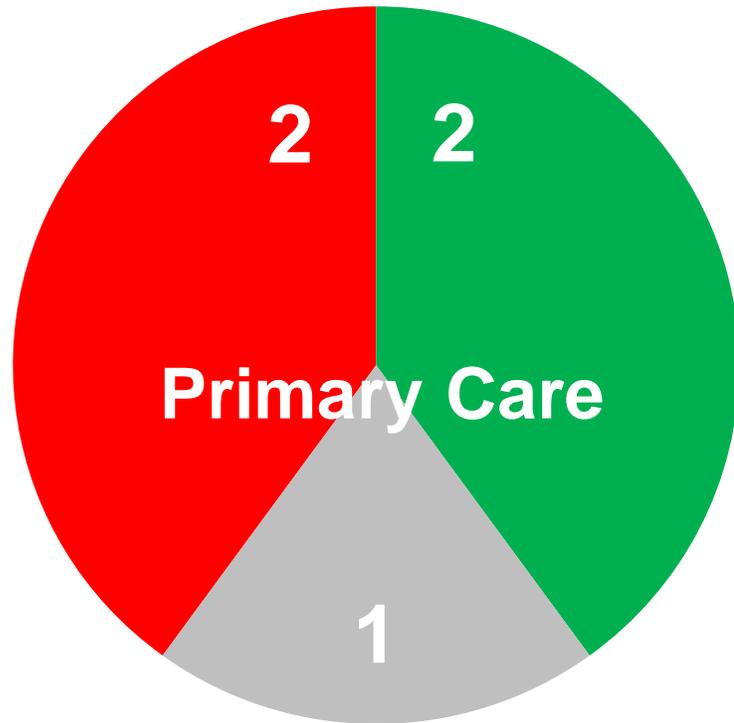
Support divisions to improve compliance across all specialities to over 75% by offering tailored training sessions to suite their needs.

Timelines:

Anticipating reaching target of 85% by the end of July 2019, but this will require all Executives, divisions and managers to support their staff to undertake this mandatory training requirement.

Percentage Information Governance training compliance - February





Measure	Status	(Target)
Convenient GP Appointment	36.50%	↑ ≤ 26%
Did Not Attend GP Appointment	Awaiting Guidance WG	
GP Practice open Core Hours	92.50%	↑ ≥ 91%
GP Practice Open 5pm to 6.30pm	66.00%	↓ ≥ 99%
Access to NHS Dentist	49.41%	↓ ≥ 54%

Chapter 4 – Primary Care Measures

DFM 052	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Target Reduction	Plan 26	2017/18	36.50%	Wales Benchmark 3rd	Executive Lead	Chris Stockport	Status 	Months in Exception 6+
DFM 087	The Percentage of patients who did not attend a GP appointment	Target Reduce	Plan	2017/18	Not Yet Published	Wales Benchmark	Executive Lead	Chris Stockport	Status 	Months in Exception 
DFM 057	Percentage of the health board population regularly accessing NHS primary dental care	Target >= 54.7%	Plan	Mar-19	49.41%	Wales Benchmark 6th	Executive Lead	Chris Stockport	Status 	Months in Exception 6+
DFM 053	% GP practices open during daily core hours or within 1 hour of daily core hours	Target >= 91%	Plan >= 91%	Q2 18/19	92.50%	Wales Benchmark 6th	Executive Lead	Chris Stockport	Status 	Months in Exception 6+
DFM 054	% GP practices offering appts between 17:00 and 18:30 everyday (Monday to Friday)	Target >= 99%	Plan >= 99%	Q2 18/19	66.00%	Wales Benchmark 7th	Executive Lead	Chris Stockport	Status 	Months in Exception 6+

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

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

Further information on our performance can be found online at:

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

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



follow @bcuhb

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

Finance and Performance Committee 24.4.19	 GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
To improve health and provide excellent care		

Report Title:	Unscheduled Care and Building Better Care report
Report Author:	Trevor Hubbard, Deputy Executive Director of Nursing
Responsible Director:	Deborah Carter, Acting Executive Director of Nursing & Midwifery
Public or In Committee	Public
Purpose of Report:	To update Finance and Performance Committee on the Health Board's March Unscheduled Care performance, provide an update on the Building Better Care Programme (90 day cycle 2).
Approval / Scrutiny Route Prior to Presentation:	Prior approval by Deputy Director of Nursing and Midwifery for Acting Executive Director of Nursing and Midwifery
Governance issues / risks:	<i>Not applicable</i>
Financial Implications:	<i>Not applicable</i>
Recommendation:	<p>It is recommended that Finance and Performance Committee note:</p> <ul style="list-style-type: none"> • The achievement against the 90 day measures and how use of the 90 day plan methodology is driving improvement and change. • The ongoing focus to improve the partnership working relating to the Health Board's Unscheduled Care Improvement journey. • The ongoing risks associated with delivery of the Building Better Care programme and continuing challenges with flow and ED <p>The changes to the structure of the report with narrative from Managing Directors to address the challenges in performance</p>

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

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

Special Measures Improvement Framework Theme/Expectation addressed by this paper

<http://www.wales.nhs.uk/sitesplus/861/page/81806>

Equality Impact Assessment

(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 <http://howis.wales.nhs.uk/sitesplus/861/page/47193>)

Disclosure:

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

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

1) Purpose of Report

This report provides an update against both the unscheduled care performance of each Acute site and the second 90 day cycle of the unscheduled care Building Better Care programme.

Performance Overview

March has seen an improvement against both the same period last year and the previous month but below the agreed performance trajectory. The overall combined 4 hour performance for BCUHB for March 2019 was 71.1% against an agreed trajectory of 77%. This compares to 70% for March 2018.

West Health Economy

Despite an increase in ED attendances (>450 more patients in March '19 than in February '19 and March '18); the West combined 4 hr performance remained broadly consistent with the previous month (79.1% March v's 79.2% February). This is almost a 3% performance improvement compared to the same period in 17/18 (76.4%).

March is the third consecutive month where the deteriorating trend seen in Quarter 3 of 2018/19 has been reversed, and early indications suggest that the improvement is carrying forward into April 2019 with the West reporting a combined performance of 81% Month To Date (06/04/19)

Central Health Economy

For the 3rd consecutive month the Ysbyty Glan Clwyd experienced an increase in Emergency Department (ED) attendances when compared with the previous year, with a 2.7% increase seen across the quarter. Following the 6% improvement in 4hr performance from January to February 2019 (70% - 76%) there was a slight dip in performance during March (73%), however improvements to processes continue to be made, building towards longer term sustainable success, and performance was improved from 71% reported in March 2018.

A formal evaluation of the progress chaser role is currently underway, with early feedback that the role has proved beneficial in supporting the team and providing a strong link for the Nurse in Charge and the Medical Team Leader. Whilst the funding provided did not allow the service to be 24/7 as desired, it is anticipated that with sustainable funding that this could become a critical enabler to improving flow within the department and expediting clinical decision making.

East Health Economy

After a better start to the month (first 7 days delivering a combined performance of 71.87%), performance slipped and the month ended with 56.28% ED only and 60.58% combined (including Minor Injuries Units). On a positive note this compares to 50.44% (type 1 only) and 55.92% (combined) delivered in 2018.

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

Minor Injuries contributions had historically averaged between 17-18 per day, which is significantly lower compared to West and Central. This number has improved in the last two weeks of March to an average of 22 patients per day.

Whilst we have seen a step change of 5% improvement in February & March 2019, there are three key components of work required to make the next significant step change on the site:

1. Continued review of MIU capacity / geography to redirect appropriate patients from the ED flow
2. Acute medical model / ambulatory care model with workforce redesign to ensure that we assess patients by senior decision makers and appropriately admit
3. Ensure that all patients appropriate to be discharged at weekends are reviewed and supported to be discharged

Proposed Trajectories

Due to not achieving the trajectories and meeting all of the KPIs during phase 1 of the Building Better Care programme, work continues to define the trajectories and align them to the milestones in the plan. Due to the complexity of some projects, this has been delayed slightly. Below shows the proposed trajectory for BCU. The target being to get to 85% by March 2020. This has required a re-baselining of the trajectories to a more realistic starting point based on current performance whilst maintaining a year on year improvement. The trajectories have an element of seasonal adjustment based on historical data.

USC proposed BCU trajectory

BCU	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
MIU	177	198	207	216	221	188	177	160	142	153	171	184
Dem Ambulance	139	145	140	141	139	137	133	133	133	125	123	118
GP admissions	60	63	62	60	56	61	61	68	59	61	63	62
Care home	16	16	15	16	15	16	15	14	15	14	14	12
>4hr (inc MIU)	74%	75%	76%	78%	80%	81%	84%	84%	82%	82%	85%	85%
60 minute	18	11	9	8	6	4	2	0	0	0	0	0
Flow Average wait	4.8	4.1	4.4	4.6	4.5	4.5	4.4	4.1	4.5	4.4	4.4	4.5
24 hours	11.7	5.7	6.2	5.9	4.0	2.9	1.5	0.0	0.0	0.0	0.0	0.0
Paeds >4hr	16	15	13	14	12	8	6	5	4	3	2	1
DTOC	34	30	35	37	40	38	36	26	26	25	25	27
MFD	55	51	48	50	53	54	54	41	42	41	33	28
Disch Morning	19%	20%	21%	22%	23%	24%	25%	26%	28%	29%	30%	30%
Weekend	173	191	184	172	175	180	175	184	193	183	192	190
LOS>21	352	319	329	315	309	314	328	311	292	307	300	301

Demand update

SICAT has taken 930 calls and saved 678 ED attendances. Over half have been referred to alternative providers including to GP's.

The impact of staffing of SICAT on Managed Practices is being monitored but there is assurance that the majority of shifts are covered on an additional basis with minimal impact on primary care provision noted.

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

Scoping of a minor injuries facility in Wrexham has commenced (within current resources). This is to support managing the demand in Wrexham and to increase capacity for patients in the East area as there is currently only one MIU in Mold which is not well utilised and does not provide the equivalent impact on 4 hour performance that the other 2 areas benefit from..

Flow update

Improvements to ambulance handovers have continued to improve throughout March.

Significant work has commenced on the development of an acute medical model incorporating ambulatory care across within EQ across all three acute sites. Meetings have taken place with the Wales Delivery Unit to inform of and support with the plans in line with the Ambulatory Network to ensure we have ambulatory care across all three acute hospitals

In Wrexham the first of a series of workshops has taken place with key clinicians to look at a new acute medical model / ambulatory care model with workforce redesign to ensure that patients are assessed by senior decision makers and appropriately admitted. There was a concern raised by clinicians around previous attempts made for new models of care which weren't supported by Management. A meeting with key clinicians, the Chairman and Chief Executive is taking place in April to provide the Senior Support to the principle and provide support to the clinical body.

Ysbyty Glan Clwyd are progressing with START model (Streaming, Triage, Ambulance Assessment and Rapid Treatment Team). This concept pulls together some existing programmes of work into a more co-ordinated clinical approach that ensures all patients have the best start to their care. A decision has been made to integrate this into our wider Emergency Quadrant (EQ) redesign group, in order to align it with key work around the development of ambulatory care and pathways. A key stakeholder event has been arranged by the Site Medical Director for the 1st May, with a task & finish group meeting weekly to prepare.

In Ysbyty Gwynedd, the team have maintained focus on the tasks within the 'Building Better Care' improvement plan whilst the renovations of the EQ department take place. These have included an experienced GP at the point of ED triage to filter and navigate patients who would be better served by accessing alternative pathways or self-help; support and upskilling of the triage nurses and increased drive for increasing the public and WAST use of MIUs. Focus on improved flow overnight has reduced the backlog previously experienced, this means that the department is starting each day with fewer overnight breaches. Although improvements are being seen, there is still much to do.

SAFER principles continue to be embedded across the sites, although it has been added as a risk due to the step down of the external support across all three sites in March. A plan is in place for each site to continue the implementation, however due to high number of nursing and medical staffing vacancies there is a concern around pace and ability to support.

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

Discharge update

Placemats and new patient discharge leaflets and posters have been designed and will arrive in April. These will be piloted on a few wards to capture whether they are helping to inform patients about their discharge planning process.

It was identified through this work that the discharge policy expired in September 2018. Feedback that was received from Local Authorities when this was sent out for review was that a complete revamp was needed. This action has been taken out of the Building Better Care 90 day plan and into business as usual management. The action for the programme is to embed a Standard Operating Procedure for Discharge which incorporates the work that we have undertaken around SAFER principles and ensuring that the key definitions that support this practice are embedded within the Health Board.

Monthly meetings with Local Authorities are taking place with a request to the Leadership Forum for the Local Authorities to set up a working group to develop external professional standards which will support the discharge principles and enhance our patient experience and prevent delays.

March's performance against the Building Better Care key performance indicators is depicted below in charts 2.0.

Chart 2.0 BCUHB USC KPIs

Monthly position (daily average)					Trajectory (daily average)				
	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019
MIU attendances	128	140	164	164	152	157	166		166
Arrivals by ambulance	135	143	136	138	131	124	121		125
Admissions via GP	63	68	68	65	50	47	47		51
Care homes	16	16	15	15	14	13	12		9
4 hr (inc MIU)	68.0%	66.9%	72.5%	71.1%	73.5%	72.3%	75.8%		71.9%
60 min handover	12.9	22.3	12.8	14.1	24	27	26		0
Average ED wait (hours)	5.3	6.3	5.5	5.7	5.5	5.7	5.3		5.2
ED waits over 24 hours	9.4	17.2	13.3	16.4	5	3	2		4
Under 18s over 4 hours	8.9	12.5	12.3	14.1	8	5	3		10
DTOC bed days	21	27	28	31	51	48	48		36
MFD bed days	75	88	87	88	46	40	33		56
Morning discharges	18%	19%	19%	18%	21%	20%	21%		23%
Weekend discharges	190	167	179	175	165	164	164		156
LOS>21	308	331	325	331	354	349	336		311

Appendix 2 – USC Building Better Care Risk Register

90 day plan measures definition

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

Appendix 2 – USC Building Better Care Risk Register

Risk ID	Date Raised	Raised by	Risk Score	Impact Level	Risk Description. There is a risk that...	Risk Reason. ...because...	Risk Outcome/effect. ...which will cause...	Planned Mitigating Action	Risk Owner	Impact (Drop Down)	Impact Score	Probability (Drop Down)	Probability Score	Date last Reviewed	Risk Status (Open/Accepted /Closed)
R01	01/03/2019	PMO	9	High	Non-completion of all tasks within the 90 day plan due to volume	Limited resources to achieve all the tasks identified in the 90 day plan (including financial resources)	Non achievement of performance against the unscheduled care trajectories.	Priorities the tasks within the plan that will have the biggest impact on achieving the unscheduled care trajectories along with weekly delivery group meetings to monitor progress against the plan. May require additional project management/resource to achieve.	Managing Directors/Area Directors	Moderate	3	Possible	3		
R02	01/03/19	PMO	12	High	Competing priorities, both internally (planned care and financial recovery) and externally (Local Authority and 3rd Sector)	Key stakeholders not aware of the 90 day plan and its impact on them or their potential contribution to the plan.	Inability to achieve key milestones or delay to achieving key milestones.	Engage with key stakeholders and partners in relation to the plan. Include appropriate stakeholders in all appropriate partnership development forums.	Gill Harris	Major	4	Possible	3		
R03	04/04/19	Managing Directors	12	High	High number of medical and nursing vacancies	Struggling to recruit to vacancies	Lack of staff to embed improvements as high reliance on agency cover	Corporate plan to support recruitment	Gill Harris	Major	4	Extremely Likely	3		
R04	05/04/19	PMO	12	High	There will be some delays to the recruitment of project resource (PMO and Improvement Leads) to support the Building Better Care - unscheduled care improvement plan	Numerous posts are vacant in the PMO and Improvement team	Potential delays to the ability to drive the projects and ensure delivery of sustainable change	Interim Senior Improvement Programme Manager in post until August. Identification and recruitment underway in PMO/Improvement team for the additional resource	PMO	Major	4	Extremely Likely	3		

Finance and Performance Committee 24.4.19	 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
--	--

Report Title:	Finance and Performance Committee Annual Report 2018/19
Report Author:	Ms Diane Davies Corporate Governance Manager Ms Sue Hill Finance Director~Operational Finance
Responsible Director:	Mr Russ Favager Executive Director Finance
Public or In Committee	Public
Purpose of Report:	<p>To seek Committee input to the annual report for 2018/19 that has been prepared on a BCU-wide template which was amended following Audit Committee consideration of the previous year's annual reports.</p> <p>Following consideration by the Committee on 24.4.19, the Committee annual report will be submitted to a workshop of the Audit Committee on the 14th May 2019.</p>
Approval / Scrutiny Route Prior to Presentation:	The draft has been reviewed by the Finance Director ~ Operational Finance.
Governance issues / risks:	None identified
Financial Implications:	None identified
Recommendation:	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1. Review the draft Annual Report for 2018/19 2. Provide comments and feedback as necessary 3. Approve that Chair's Action can be taken to agree the final version for submission to Audit Committee

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

3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
Governance			
Equality Impact Assessment			
Equality impact assessment is not considered necessary for this paper.			

Disclosure:

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



Committee Annual Report 2018/19

1. Title

Finance and Performance Committee

2. Name and role of person submitting this report:

Mr Russ Favager, Executive Director Finance

3. Dates covered by this report:

01/04/2018-31/03/2019

4. Number of times the Committee met during this period:

The Committee was routinely scheduled to meet 10 times. During the reporting period an additional meeting was scheduled in August and also an InCommittee meeting in December 2018, therefore it met on 12 occasions. Attendance at meetings is detailed within the table below:

Independent Members	26.4.18	24.5.18	28.6.18	26.7.18	23.8.18	25.9.18	25.10.18	22.11.18 (InCommittee)	21.12.18	17.1.19	26.2.19	26.3.19
Mrs Marian Wyn Jones Chair to 31.8.18	✓	✓	✓	✓	✓	◆	◆	◆	◆	◆	◆	◆
Mr Mark Polin Chair wef 1.9.18	◆	◆	◆	◆	◆	✓	✓	✓	✓*	✓	✓	A
Mr John Cunliffe Vice Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mrs Bethan Russell Williams Member to 31.8.19	✓	✓	✓	✓	A	◆	◆	◆	◆	◆	◆	◆
Cllr Cheryl Carlisle Member to 31.8.18	A	✓	A	A	✓	◆	◆	◆	◆	◆	◆	◆
Ms Helen Wilkinson Member wef 1.9.18	◆	◆	◆	◆	◆	✓	✓	✓	✓*	A	✓	✓
Mrs Lyn Meadows Member wef 1.9.18	◆	◆	◆	◆	◆	A	✓	A	✓	✓	✓	✓

Finance and Performance Committee Annual Report 2018-19 V0.02 draft

Directors in attendance (ia)	26.4.18	24.5.19	28.6.19	26.7.19	23.8.19	25.9.18	25.10.18	22.11.19 (InCommittee)	21.12.18	17.1.19	26.2.19	26.3.19
Mr Russ Favager Executive Director of Finance	✓*	✓	A	✓	✓	✓	✓	✓	✓	✓*	✓	A
Ms Morag Olsen Chief Operating Office ia to	A	A	A	◆	◆	◆	◆	◆	◆	◆	◆	◆
Mrs Sue Green Executive Director Workforce & Organisational Development	✓	✓	✓	A	✓	A	✓	✓	A	✓	✓	✓
Mr Geoff Lang Turnaround Director wef May 2018 Executive Director Strategy to May 2018	✓	✓*	✓*	✓*	✓*	✓	✓	✓	✓	✓*	✓	✓
Mrs Sally Baxter Interim Executive Director Strategy wef to	◆	✓	✓	✓	✓	✓	✓	◆	◆	◆	◆	◆
Mr Mark Wilkinson Executive Director Planning and Performance Wef 22.11.18	◆	◆	◆	◆	◆	◆	◆	✓	✓	✓	✓	P
Dr Evan Moore Executive Medical Director Wef 1.9.18	◆	◆	◆	◆	◆	A	✓	✓	✓*	✓	✓	✓
Mrs Gill Harris Executive Director Nursing & Midwifery Wef 1.9.18	◆	◆	◆	◆	◆	A	A	A	A	✓*	A	A
Mrs Deborah Carter Acting Executive Director Nursing & Midwifery Wef March 2019	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	A

Key:

✓ Present

✓* Part meeting

time.

A Apologies/Absent

◆ Not a member of the Committee at this

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee. These include the

Finance Director ~ Operational Finance / Provider services , Performance Director. For a full list of attendance, please see the detailed minutes which can be accessed on the Health Board's website via the following link:-
<http://www.wales.nhs.uk/sitesplus/861/page/85397>

5. Assurances the Committee is designed to provide:

The Committee is designed to provide assurance to the Board on the following key areas as set out in its Terms of Reference as follows:-

Financial Management

- seek assurance on the Financial Planning process and consider Financial Plan proposals
- monitor financial performance and cash management against revenue budgets and statutory duties;
- consider submissions to be made in respect of revenue or capital funding and the service implications of such changes including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions;
- receive assurance with regard to the Health Board Turnaround programme progress and impact/pace of implementation of organisational savings plans.
- receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual directorates, divisions and sites.
- to determine any new awards in respect of Primary Care contracts

Performance Management and accountability

- approve the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).
- ensure detailed scrutiny of the performance and resources dimensions of the Integrated Quality and Performance Report (IQPFR);
- monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets;
- review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP);
- review and monitor performance against external contracts
- receive assurance reports arising from Performance and Accountability Reviews of individual teams.
- Receive assurance reports in respect of the Shared Services Partnership.

Capital Expenditure and Working Capital

- approve and monitor progress of the Capital Programme.

Workforce

- Monitor performance against key workforce indicators as part of the IQPR;
- Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.
- Receive quarterly assurance reports in relation to workforce, to include job planning under Medical and Dental contracts for Consultants and Specialist and Associate Specialist (SAS) doctors and the application of rota management for junior doctors, including the revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and Allied professionals
- To consider and determine any proposals from the Primary Care Panel (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices.

During the period that this Annual Report covers, the Committee operated in accordance with its terms of reference V3.0 which were operative from March 2018 to August 2018 and V4.0 operative from September 2018. The terms of reference are appended at Appendices 1 and 2.

¹ Added to terms of reference from September 2018 onwards :

Remove references to Informatics and Information Governance, Communications and Technology Programmes
Include requirement re Turnaround
Extend reference to performance and accountability reviews to directorates, divisions and sites.
Remove reference to Upholding Professional Standards in Wales
Remove reference to ongoing monitoring in relation to staff survey results. Staff induction and updates on employee safehaven.
Amend membership to remove COO, Add Executive Director of Nursing & Midwifery, Add Executive Director of Primary & Community Services, Add Executive Director of Planning & Performance, and add Director of Turnaround (for relevant items pertaining to finance and savings)
Clarify members can be reappointed to the committee for up to 8 years maximum.

At a workshop of the Audit Committee held on the 15th May 2018 members reviewed each of the Committee and Advisory Group's annual reports for 2017-18 with the aim of providing evidence on the scope and effectiveness of Committees and of their evaluation of the sources of assurance available to them. At the system of Board Assurance continued to be refined, Audit Committee members made the following comments specific to the F&P Committee:-

- Attendance of both independent members and executives could be improved.
 - It can be noted in the attendance summary provided within the 2018/19 report that regular attendance has been achieved.

In addition, Audit Committee members made the following generic comments pertaining to the Committee and Advisory Group Annual Reporting process:-

Recurring themes around the need for training for members in respect of specific Committee responsibilities, and concerns around the volume of work some Committees were dealing with.	A full review and refresh of the cycle of business has been undertaken with the Committee Chair and Lead Executive. Meeting duration has been extended to allow for full discussion of items. Committee members have also increased their skillset through the wider Board Development and Workshop programme. Other specific training has also been provided eg risk management, contracting, equality, safeguarding and continuing health care.
Externally commissioned/produced reports e.g. Deanery/Royal Colleges should be centrally logged.	Central logging now in place within Office of the Board Secretary.
Chairs assurance reports to in future confirm actions being taken to address key risks identified.	Template amended in July 2018
Template for future Committee Annual reports to be amended to detail "focus for the year ahead" at the end of the report.	Completed (see section 9)
Any difficulties in identifying sources of assurance to be included as a key focus for the year ahead.	Completed (see section 9)
In respect of internal or external audit reports individual committees are asked to review and provide commentary within their annual report on whether the implementations of the recommendations arising from audits relevant to their remit have led to overall qualitative improvements.	Committee to consider 24.4.19
Ensure new assurance map addresses quality of primary care and quality of commissioned services.	Completed as part of ongoing development of Board Assurance Framework
Sources of assurance document to be updated as follows:- <ul style="list-style-type: none"> • Outcome findings of local clinical audit work to be included (ACS 21A) • Systems of internal control to be 	Completed as part of ongoing development of Board Assurance Framework

included (ACS 11A) <ul style="list-style-type: none"> • Team Central Tracker aligned to Audit Committee to be included (ACS66). • Delete RAG colour coding from document. 	
---	--

6. Overall ****RAG** status against Committee's annual objectives / plan: Amber

The summary below reflects the Committee's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Was sufficient assurance provided?	Was the assurance positive?	Supporting narrative
	RAG	RAG	
Seek assurance on the Financial Planning process and consider Financial Plan proposals			Finance review commissioned
Monitoring financial performance and cash management against revenue budgets and statutory duties			Monthly finance reports.
Consider submissions to be made in respect of revenue or capital funding and the service implications of such changes including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions			As and when business cases are provided for scrutiny (e.g. vascular business case)
Receive assurance with regard to the progress and impact/pace of implementation of organisational savings plans.			Monthly finance reports.
Receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual teams.			Reported to Committee on a quarterly basis
Determine any new awards in respect of Primary Care contracts			Adhoc reporting
Approve the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).			As required
Ensure detailed scrutiny of the performance and resources dimensions of the Integrated Quality and Performance Report (IQPFR)			Monthly reporting.
Monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets			Monthly reporting.
Review in year progress in implementing the financial aspects of the Integrated Medium Term Plan (IMTP)	Not applicable – IMTP not in place for 2018/19		
Review and monitor performance against external contracts			Quarterly contracts reports.

Objective as set out in Terms of Reference	Was sufficient assurance provided?	Was the assurance positive?	Supporting narrative
	RAG	RAG	
Receive assurance reports arising from Performance and Accountability Reviews of individual teams.			Reports on performance issues are considered by the Committee
Receive assurance reports in respect of the Shared Services Partnership.			Update reports provided to Committee
Approve and monitor progress of the Capital Programme			Monthly reports provided
Monitor performance against key workforce indicators as part of the IQPR			Monthly and adhoc reporting
Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.			Further work is required in this area
Receive quarterly assurance reports in relation to workforce, to include job planning under Medical and Dental contracts for Consultants and Specialist and Associate Specialist (SAS) doctors and the application of rota management for junior doctors, including the revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and Allied professionals.			Update reports are provided to Committee
Consider and determine any proposals from the Primary Care Panel (via the Exec Team) in relation to whether the Health Board should take on responsibility for certain GP Practices			This is reviewed by the Committee as required
Committee reviews risk assigned to it.			Twice per annum

7. Main tasks completed / evidence considered by the Committee during this reporting period:

Standing Items

- Monthly Finance report
- Monthly Capital Programme report
- Monthly Turnaround report
- Integrated Quality Performance Reports
- Policies for approval:
 - All Wales no purchase order no pay Policy
 - Capability Policy and procedure
 - BCUHB additional leave purchase scheme procedure
 - Lease Car policy

Regular Items

- Interim Financial Plan update
- Accountable Budget Holder letter
- Savings schemes update
- Registration and Revalidation updates : Health Care Professions Council, General Pharmaceutical Council Wales, General Medical Council
- Unscheduled Care programme report
- External Contracts updates
- Workforce quarterly reports
- Referral to Treatment (RTT) reports
- Junior Doctors Rotation Management report
- Locum Governance update
- Budget setting framework and timetable (2019/20)
- Financial Planning
- 3 year plan
- Until establishment of Information Governance and Informatics Committee:
 - Information Governance update report
 - Informatics Operational plan
 - Issues of significance of the Information Governance Group reports

Ad-Hoc

- Proposed interim arrangements for Continuing Healthcare and Free Nursing Care Fee charges for 2018/19
- Employment Relations Case Management update
- Workforce metrics report development
- Senior Medical Job Planning
- Primary Care reporting arrangements
- Ysbyty Glan Clwyd File Library Business Continuity plans
- Multi agency adult substance misuse service bases at Holyhead and Shotton
- Caldicott outturn report 2018
- Operational Programme and Projects
- Update on change capacity
- Deep dive high risk spend area consideration
- Development of the performance report
- Outline Business Case – North Denbighshire Community Hospital
- Workforce Strategy development
- Paybill review
- Resident Critical Care tier at Ysbyty Glan Clwyd Business case
- Countess of Chester Hospital contract
- Benefits realisation: Llangollen Primary Care Centre
- Amendments to the procedural manual for managing capital projects
- Performance Accountability Framework updates

Governance Items

- Review of minutes and actions
- Committee annual report
- Committee Risks from Corporate Risk and Assurance Framework
- Special Measures - review of expectations allocated to the Committee
- Shared Services Partnership Committee assurance reports
- Review and refresh of Committee terms of reference

- Review and refresh of Cycle of Business
- Establishment of Finance and Performance Sub Committee : Savings Programme Group

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following link:-

In addition the following items were considered in InCommittee session :

- Ysbyty Glan Clwyd Redevelopment updates
- Gateway Review SURNiCC
- Medical and Dental Agency Locum monthly reports
- Tender approval for submission to the Board
- Requests to assign/transfer various leases
- Dental service commissioning
- Mental Health and Learning Disability Divisional reports
- MHLD Benchmarking report
- Employee Case Management update
- Upholding Professional Standards (until transferred to RaTs Committee)
- Finance Delivery Unit presentation response
- Providing additional bed capacity in Ysbyty Glan Clwyd to facilitate the creation of the North Wales Vascular Network and support Unscheduled / Planned care across the Health Board.
- Redevelopment of the Mental Health inpatient unit at YGC strategic outline case
- Renal Dialysis Tender
- Financial position
- Draft Financial Plan 2019/20
- Draft Interim Financial plan
- 3 year plan
- Additional Discretionary Capital
- Blood Gas Analyser managed service contract
- Appointment of Construction Consultant Frameworks
- Organisational and governance structure for quality and cost improvement/transformation.
- Development of 2019/20 annual work programme
- North Denbighshire Community hospital
- 3 year outlook and 2019/20 annual plan

8. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting Date	Key risks including mitigating actions and milestones
26.4.18	Key risks: <ul style="list-style-type: none"> • The Committee noted that finance and performance were both the subject of targeted intervention by WG • Financial position and forecast outturn

	<ul style="list-style-type: none"> • Performance on unscheduled care and RTT trajectory • Ysbyty Glan Clwyd capital scheme • SuRNICC phase 2 expected completion date was being addressed with the providers • Planned schedule of USC work supported by PwC <p>Key assurances included:</p> <ul style="list-style-type: none"> ▪ Actions taken to address the financial position and actions taken to address improvements required in unscheduled care and RTT performance
22.5.18	<ul style="list-style-type: none"> • The Committee received a paper and presentation on the unscheduled care programme in conjunction with Pricewaterhouse Cooper. Disappointment was expressed that the processes and systems put in place in Ysbyty Glan Clwyd remained fragile with the potential for them not to be sustained longer term. The Committee were also keen to see value for money in terms of the investment in the project but accepted that there were limitations to what could be achieved. The Committee would wish to see the positive elements of the YGC work consolidated and sustained across the wider patch, and evidence of how it had led to improvements. • The discussion on the paper on external contracts highlighted a new risk to the organisation relating to the Countess of Chester's intention to move away from tariff, and a potential cost pressure of £4m. This would however be an unusual change to the payment mechanism and would not be supported by the Health Board. • The Committee were extremely concerned to note a £0.6m variation from plan at Month 1. The Executive Director of Finance indicated that the main areas contributing to this would be familiar to the Committee – ie; unscheduled care, medicines management, mental health and continuing health care packages. The Director of Mental Health & Learning Disabilities would be asked to attend the next meeting to provide further detail regarding the Division's financial performance. • The Committee were concerned at the impact that the current gaps in senior and executive teams would have upon finance and performance. • The Committee noted that the budget for the Ysbyty Gwynedd Emergency Department project was under pressure and requested a short exception report against the contingency resources to be prepared. • The Committee were disappointed to note that the 100% job planning target had not been met by the end of March as planned, however, acknowledged that significant improvement had been made. The Executive Medical Director indicated that there was a genuine desire within operational teams to engage fully with the job planning process, however, recent and ongoing competing pressures had affected their ability to do so.
28.6.18	<ul style="list-style-type: none"> • Achievement of the forecast deficit of £35 million was dependent on delivery of the full savings programme as well as the continued application of enhanced grip and controls introduced in the second half of 2017/18 across the Health Board. The Turnaround Director had been appointed with a number of work streams in process to reduce expenditure. Recovery plans had been requested from all overspending divisions, and Secondary Care and MHLD senior management teams were in weekly

	<p>escalation meetings with members of the Executive Team. Performance on unscheduled care and RTT trajectory was being managed through weekly Access meetings and there were ongoing discussions with Welsh Government regarding the funding which was yet to be agreed.</p> <ul style="list-style-type: none"> • Medical Agency spend continued to rise for the 3rd successive month. Control systems were in place to manage bookings in excess of framework rates approved by the Executive Team, ongoing recruitment was being undertaken to try and reduce the reliance on agency doctors. • Mental Health packages of care and Continuing Health Care (CHC) were areas of particular concern. Actions had been agreed with Executives and monitored on a weekly basis.
26.7.18	<p>Financial Stability The year to date deficit of £10.3m was £0.2 million worse than plan. Although savings schemes of £45.3m had been identified, there remained a gap in fully worked up savings of £3.5m and there was a step up of £1m per month additional savings from August. Current forecast for MHLD was breakeven, although there were significant financial risks to this as the division had an overspend of £0.5m at Month 3. Mitigating actions : Financial Recovery Plans requested from MHLD and each of the hospital sites. Secondary Care / MHLD were in weekly escalation meetings with Execs. Forensic review of Area/Secondary Care Budgets & CHC/ Mental Health packages of Care. Increased focus on the delivery of savings and management of budgets through financial recovery meetings with Divisions, the Executive Director of Finance and the Director of Turnaround were working together to ensure recovery plans were being implemented and progress tracked. Future Turnaround reports to the Committee would provide exception reporting against key deliverables and milestones.</p> <p>Integrated Quality and Performance Report Access & Delivery Unscheduled Care (USC) Risk: Deteriorating USC performance on all three sites with a continuing shift in patient acuity. Mitigating actions include: Embedding learning from PwC work at YGC to WM & YG Focus on improvement trajectory to 80% firstly. New Emergency Department Management at Wrexham Maelor had agreed a phased improvement plan. Appointment of Advanced Nurse Practitioners to maintain flow of minors. USC redesign work led by sponsor group to complete high level benefits quantification. Trajectories agreed for 2018/19 and presented to Welsh Government.</p> <p>Referral to Treatment Large numbers of patients experiencing waits of over 36 weeks for treatment with initial forecasts reporting a deteriorating position for Q2. Mitigating Actions/milestones include:</p>

	<p>Monthly additional internal activity plans being implemented.</p> <p>Theatre productivity confirmed and monitored by Transformation Group</p> <p>Outsourcing capacity overseen by contracting department, subject to WG approval.</p> <p>Secondary Care & Area Teams continue to oversee delivery of cohort.</p> <p>Health Board were continuing to work towards improved Q2 position with 3 scenarios presented to WG for year end plan.</p>
23.8.18	<p>Risk - Financial Stability</p> <p>The Health Board's Financial forecast, which remained at £35 million, is at risk as the year to date deficit deteriorated by £0.5 million more than projected and there was a requirement of a step up in savings delivery from August.</p> <p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Financial Recovery Plan produced by MHLD to recover the overspend, outlining actions under consideration to achieve breakeven, whilst mindful of the risks to service delivery, quality and reputation. • Additional controls and grip with YGC and WM key areas of focus in Secondary Care. Discussions were taking place around Health Economy based control totals. • Additional Savings Stretch Targets being explored to mitigate potential non delivery of current identified savings. <p>Risk - Access & Delivery</p> <p>Challenging performance of Unscheduled Care which struggled to meet KPI's despite much additional work and support.</p> <p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Joint area & hospital site accountability meetings had been established with clear actions and delivery timescales. • Focus on detailed breach analysis, by types of patients, time of day & common themes. • Introduction of zero tolerance for paediatric breaches and improvement plan. • Operational structure reviewed with WG funding to boost management capacity. <p>Risk - Referral to Treatment</p> <p>RTT remained a key risk with current operational forecast for Q2 showing an increase in 36 week breaches, with Medical staffing constraints in Urology, Endocrinology and loss of Ophthalmic capacity in Centre.</p> <p>Mitigating Actions:</p> <ul style="list-style-type: none"> • Operational structure review increasing managerial capacity to support improvement and pathway management.
25.9.18	<p>Risk of delivery of savings targets – the proportion of high risk remained consistent at 155 with the amber risk reducing from 35 to 33%. The risk profile was a cause for concern as BCU moves towards midpoint of the year with further action required to improve confidence of delivery or identify alternative cost savings to bridge any gaps.</p>
25.10.18	<p>£10m risk of delivery of the £35m financial control total. Achievement of the</p>

	<p>savings targets was a key factor in delivering the plan – the proportion of high risk schemes had reduced by £1.7m to £5.0m and amber schemes reducing by £3.3m to £11.6m. Whilst the risk profile had improved, it remained a cause for concern as BCU moves into Q3. Further action was required to improve confidence of delivery or identify alternative cost savings to bridge any gaps.</p> <p>RTT delivery was also a risk, currently on trajectory but remained a risk as we progress into the winter months. This was being closely monitored through the weekly Access meetings.</p> <p>The Unscheduled Care Performance remained very challenging and below target. The first 90 day cycle of the Unscheduled Care Plan would be closely monitored to assess the impact.</p>
22.11.19	<p>£10m risk of delivery of the £35m financial deficit control total. Financial recovery schemes of £6.75m having been identified, which left a potential gap of £3.4m.</p> <p>Mental Health recovery was very high risk and that the turnaround pay recovery schemes were amber. Therefore the current gap to delivering the £35m was between £3.4m to £8m and £40m was a realistic assessment of the current forecast</p> <p>Achievement of the savings targets was a key factor in delivering the plan. Further action was required to improve confidence of delivery or identify alternative cost savings to bridge any gaps.</p> <p>RTT delivery was also a risk, currently on trajectory but remained a risk as we progress into the winter months. This was being closely monitored through the weekly Access meetings.</p> <p>The Unscheduled Care Performance remained very challenging and below target. The first 90 day cycle of the Unscheduled Care Plan would be closely monitored to assess the impact.</p>
17.1.19	<p>Forecast outturn had been increased to £42m deficit and Welsh Government had been notified. Additional financial controls had been implemented to control the expenditure run rate and further scrutiny of the savings programme.</p> <p>Savings schemes were forecast to achieve £38.8m, a potential gap of £6.2m against the £45m target and the turnaround schemes had not delivered against the £7.7m schemes outlined in September.</p> <p>Both Secondary Care and MH and LD were forecasting a significant overspend against budget and mitigating actions were being scrutinised through both CE Escalation and the Accountability Review meetings.</p> <p>RTT delivery was a significant risk, against the target for 31 March 2019. This was being closely monitored through the weekly Access meetings.</p>

	<p>The Unscheduled Care Performance remained very challenging and below target.</p>
26.2.19	<p>Forecast outturn had been maintained at £42m deficit and the additional financial controls had been implemented to control the expenditure run rate and further scrutiny of the savings programme.</p> <p>Savings schemes were forecast to achieve £38.9m, a slight improvement on Month 9 but there was still a gap of £6.1m against the £45m target and the identification of schemes for 2019/20 needed to be accelerated.</p> <p>Both Secondary Care and MH and LD were forecasting a significant overspend against budget and mitigating actions were being scrutinised through both CE Escalation and the Accountability Review meetings.</p> <p>RTT delivery was a significant risk, against the target for 31 March 2019 and actions to improve data quality needed to be progressed. This was being closely monitored through the weekly Access meetings.</p> <p>The Unscheduled Care Performance remained very challenging and below target.</p>
26.3.19	<p>Forecast outturn had been maintained at £42m deficit but there were risks around the clawback of RTT funding, CHC, English contract income, drugs, HRG4+ and GMS.</p> <p>The expected delivery of savings had reduced by £0.6m against Month 10 and there was a shortfall of £6.7m against the £45m in the annual plan.</p> <p>The Savings Sub Group will meet for the first time in April and will provide greater scrutiny and challenge around the savings programme.</p> <p>Both Secondary Care and MH and LD continue to forecast a significant overspend against budget and mitigating actions were being scrutinised through both CE Escalation and the Accountability Review meetings.</p> <p>RTT delivery remained a significant risk, against the target for 31 March 2019 and actions to improve data quality need to be progressed. This was being closely monitored through the weekly Access meetings.</p> <p>The Unscheduled Care Performance remained very challenging and below target.</p>

9. Focus for the year ahead:

The primary focus of the Committee over the next twelve months will be:

- Control and Scrutiny of the annual plan, reconciling:
 - Financial performance
 - Savings delivery
 - Workforce
 - Quality
 - Activity

The Committee will need to establish a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board's Corporate Risk and Assurance Framework. The 2018/19 COB is attached as Appendix 3 for reference.

****Key:**

Red	= not on target to achieve all actions, and may not achieve these actions by the next quarter
Amber	= not on target to achieve all actions, but has plans in place to see these actions achieved by the next quarter
Green	= on target to achieve all actions

v.02

**Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements**

**FINANCE AND PERFORMANCE
COMMITTEE**

1. INTRODUCTION

1.1 The Board shall establish a committee to be known as Finance and Performance Committee (F&P). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

2.1 The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance and delivery. This includes the Board's Capital Programme, Informatics and Information Governance, Communications and Technology Programmes and Workforce matters.

3. DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to: -

3.1.1 Financial Management

- seek assurance on the Financial Planning process and consider Financial Plan proposals
- monitoring financial performance and cash management against revenue budgets and statutory duties;
- consider submissions to be made in respect of revenue or capital funding and the service implications of such changes including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions;
- receive assurance with regard to the progress and impact/pace of implementation of organisational savings plans.
- receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual teams.

3.1.2. Performance Management and accountability

- approve the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).
- ensure detailed scrutiny of the performance and resources dimensions of the Integrated Quality and Performance Report (IQPFR);

- monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets;
- review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP);
- review and monitor performance against external contracts
- receive assurance reports arising from Performance and Accountability Reviews of individual teams.
- Receive assurance reports in respect of the Shared Services Partnership.
- Consider reports on behalf of the Board giving an account of progress where any exclusion in respect of Upholding Professional Standards in Wales (UPSW) has lasted more than six months.

3.1.3 Capital Expenditure and Working Capital

- approve and monitor progress of the Capital Programme.

3.1.4 Informatics and Information Governance

- approve and monitor progress of the Informatics Operational plan including performance against the annual Informatics Capital Programme;
- monitor performance and delivery of the rollout of the core national IT systems, in particular
 - Patient Administration
 - Emergency Department
 - Community Care Information Systems
 - Welsh Clinical Portal
- To review other major IT systems developments which could have significant impact on the Health Boards operational services to monitor performance including access timeframes, efficiency measures and other performance improvement measures, including local targets.
- To provide assurance that the Health Board is discharging its functions and meeting its responsibilities with regard to Information Governance, including Caldicott and Health Care Records;

3.1.5 Workforce

- Monitor performance against key workforce indicators as part of the IQPR;
- Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.
- Receive quarterly assurance reports in relation to workforce, to include job planning under Medical and Dental contracts for Consultants and

Specialist and Associate Specialist (SAS) doctors and the application of rota management for junior doctors, including the revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and Allied professionals

- Ongoing monitoring in relation to staff survey results. Staff induction and updates on employee safehaven.

4. AUTHORITY

- 4.1** The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
 - other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2** May obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 4.3** May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business;
- 4.4** Will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. SUB-COMMITTEES

- 5.1** The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups carry out on its behalf specific aspects of Committee business.
- 5.2** The Financial Recovery Task and Finish Group will report to the Committee.

6. MEMBERSHIP

6.1 Members

Four Independent Members of the Board

6.2 In attendance

Executive Director of Finance (Lead Director)
Chief Operating Officer
Executive Director of Workforce and Organisational
Development
Executive Director of Strategy

6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.3 Member Appointments

6.3.1 The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7. COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, this should include either the Chair or the Vice-Chair of the Committee. In the interests of effective governance it is expected that a minimum of two Executive Directors will also be in attendance.

7.2 Frequency of Meetings

7.2.1 Meetings shall be routinely be held on a monthly basis.

7.3 Withdrawal of individuals in attendance

7.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

8.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

8.3.1 joint planning and co-ordination of Board and Committee business; and

8.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

8.4 The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1 The Committee Chair shall:

9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the

presentation of an annual report;

9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

9.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

10.1 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. REVIEW

11.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval :
Audit Committee 9.2.18
Health Board 5.4.18

V3.0

**Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements**

**FINANCE AND PERFORMANCE
COMMITTEE**

1. INTRODUCTION

1.1 The Board shall establish a committee to be known as Finance and Performance Committee (F&P). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

2.1 The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance and delivery. This includes the Board's Capital Programme and Workforce matters.

3. DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to: -

3.1.1 Financial Management

- seek assurance on the Financial Planning process and consider Financial Plan proposals
- monitor financial performance and cash management against revenue budgets and statutory duties;
- consider submissions to be made in respect of revenue or capital funding and the service implications of such changes including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions;
- receive assurance with regard to the Health Board Turnaround programme progress and impact/pace of implementation of organisational savings plans.
- receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual directorates, divisions and sites.
- to determine any new awards in respect of Primary Care contracts

3.1.2. Performance Management and accountability

- approve the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).
- ensure detailed scrutiny of the performance and resources dimensions of the Integrated Quality and Performance Report (IQPFR);

- monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets;
- review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP);
- review and monitor performance against external contracts
- receive assurance reports arising from Performance and Accountability Reviews of individual teams.
- Receive assurance reports in respect of the Shared Services Partnership.

3.1.3 Capital Expenditure and Working Capital

- approve and monitor progress of the Capital Programme.

3.1.4 Workforce

- Monitor performance against key workforce indicators as part of the IQPR;
- Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.
- Receive quarterly assurance reports in relation to workforce, to include job planning under Medical and Dental contracts for Consultants and Specialist and Associate Specialist (SAS) doctors and the application of rota management for junior doctors, including the revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and Allied professionals
- To consider and determine any proposals from the Primary Care Panel (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices.

4. AUTHORITY

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
- other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

4.2 May obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

- 4.3 May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business;
- 4.4 Will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups carry out on its behalf specific aspects of Committee business.

6. MEMBERSHIP

6.1 Members

Four Independent Members of the Board

6.2 In attendance

Executive Director of Finance (Lead Director)
Executive Director of Nursing & Midwifery
Executive Director of Workforce and Organisational Development
Executive Director of Primary & Community Services
Executive Director of Planning & Performance
Director of Turnaround (for relevant items pertaining to finance and savings)

Other Directors/Officers will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.3 Member Appointments

- 6.3.1 The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.
- 6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed to the Committee up to a maximum period of 8 years.

6.4 Secretariat

Secretary – as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7. COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, this should include either the Chair or the Vice-Chair of the Committee. In the interests of effective governance it is expected that a minimum of two Executive Directors will also be in attendance.

7.2 Frequency of Meetings

7.2.1 Meetings shall be routinely be held on a monthly basis.

7.3 Withdrawal of individuals in attendance

7.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

8.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

8.3.1 joint planning and co-ordination of Board and Committee business; and

8.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

8.4 The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1 The Committee Chair shall:

9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;

9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

9.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

10.1 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. REVIEW

11.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval by the Board 6.9.18

Reported to Committee
V4.0

Agenda Item	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV		JAN	FEB	MAR
NB Consent items will be determined on a meeting by meeting basis												
Opening Business / Standing items												
Previous Minutes and Action Plan	X	X	X	X	X	X	X	X		X	X	X
Declaration of any Interests	X	X	X	X	X	X	X	X		X	X	X
Finance and Planning												
Finance Report	X	X	X	X	X	X	X	X		X	X	X
Financial Plan 2019-2020 (inc sign off of budgets)					-						X	X
Financial Planning	X	X	X	X	X	X	X	X		X	X	X
Turnaround reports wef June 2018			X	X			X	X		X	X	X
External Contracts Update <i>(for information only – with exception of presentation in November)</i>		X			X			X Presentat ion			X	
<i>Annual Budget Principles and Budget Management Strategy</i>								X				
Agenda Item	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV		JAN	FEB	MAR

Capital Programme Report	X	X	X	X	X	X	X	X	X		X	X	X
Approval of the draft annual Discretionary Capital allocation programme													X
Benefits Realisation / Gateway Reviews – <i>as arise</i>	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆	◆
Any Estates / Capital Business Cases for approval prior to Board ratification – <i>as arise</i>	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆	◆
Performance and Contracting													
Integrated Quality and Performance report and supporting KPI indicator presentation	X	X	X	X	X	X	X	X	X		X	X	X
Unscheduled Care report	X	X	X	X	X	X	X	X	X		X	X	X
RTT report	X	X	X	X	X	X	X	X	X		X	X	X
Workforce													
Workforce Intelligence report		X Mar data			X June data				X Sept data			X Dec data	
BCUHB Medical Locum Governance Update including Junior Doctors rota compliance				X									
Agenda Item	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV		JAN	FEB	MAR	

Carry forward to future years:												
2020/21 : Review of Performance Management Framework (as required by ToR) <i>to be addressed in 3 year cycle</i>					x							

◆ = Items to be considered if arise

Finance and Performance Committee 24.4.19	 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <p>GIG CYMRU NHS WALES</p> </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> </div> <p style="text-align: center; margin-top: 10px;">To improve health and provide excellent care</p>
--	---

Report Title:	Summary of In-Committee business to be reported in public
Report Author:	Diane Davies, Corporate Governance Manager
Responsible Director:	Russ Favager, Executive Director Finance
Public or In Committee	Public
Purpose of Report:	<p>To report in public session that the following items were considered at the Finance and Performance Committee held in private session on 26.3.19</p> <ul style="list-style-type: none"> • Medical and Dental Agency and Locum monthly report • Assignment of leases in Connah's Quay and Holyhead • Approval request of GMS Contract for 3 Health Board Managed practices in Wrexham • Incorporation of 6 Dental Contracts • Re-commissioning of Dental services with a new practice owner and following proposed Practice sales • Appointment of Construction Consultancy Frameworks • Ysbyty Glan Clwyd outstanding compensation events close out • 3 year outlook and 2019/20 annual plan • Mental Health & Learning Disabilities Benchmarking Report 2018 & Statement of Assurance
Approval / Scrutiny Route Prior to Presentation:	The issues were considered by the Committee at its private in-committee meeting
Governance issues / risks:	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.
Financial Implications:	The financial implications were discussed at the meetings
Recommendation:	The Committee is asked to note the report

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

		<i>Describe how within the main body of the report or if not indicate the reasons for this.)</i>	
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<ul style="list-style-type: none"> • Leadership and governance • Strategic and service planning 			
Equality Impact Assessment			
Not applicable for a paper of this nature			

Disclosure:

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