

Bundle Finance & Performance Committee 24 October 2019

- 1 FP19/233 Apologies for absence
Mr Mark Wilkinson, Dr David Fearnley, Mr Eifion Jones, Mrs Gill Harris
- 2 FP19/234 Declaration of Interests
- 3 09:30 - FP19/235 Draft minutes of the previous meeting held on 30th September 2019 and summary action plan
FP19.235 Minutes FP 30.9.19 Public v0.04.docx
FP19.235b Summary Action Log v2.0.doc
- 4 ITEMS FOR INFORMATION
- 4.1 09:35 - FP19/236 Finance Academy Forecasting Best Practice Guide
CRR6 Risk rating 16
Ms Sue Hill
Recommendation:
The Committee is asked to note the report
FP19.236a Finance Academy Forecasting Best Practice Guide - Coversheet.docx
FP19.236b Forecasting and Risk Good Practice Guide - Finance Academy Sep 19.pdf
- 4.2 09:40 - FP19/237 Monthly Monitoring Report to Welsh Government
CRR6 Risk rating 16
Ms Sue Hill
Recommendation
Note the contents of the report that has been made to the Welsh Government about the Health Board's financial position for the sixth month of 2019-20
FP19.237a Welsh Government Monthly Monitoring Return Month 6 Coversheet.docx
FP19.237b Welsh Government Monthly Monitoring Return Month 6.pdf
- 5 ITEMS FOR ASSURANCE
- 5.1 09:45 - FP19/239 Annual Plan 2019/20 : Monitoring of Progress against Actions for F&P
CRR17 Risk rating 16
Mrs Sally Baxter in attendance
Recommendation
The Finance & Performance Committee is asked to note the report and to assist in addressing the governance issues raised.
FP19.239a APPMR cover Sept 2019.docx
FP19.239b Annual Plan Progress Monitoring Report - September FINAL.pdf
- 5.2 10:05 - FP19/240 Integrated Quality and Performance Report to incorporate the performance summary
CRR11 Risk rating 20
Mr Gary Doherty
Recommendation
The Finance & Performance Committee is asked to scrutinise the report.
FP19.240a IQPR cover.docx
FP19.240b IQPR for FandP - September 2019 FINAL.pdf
- 5.3 10:35 - FP19/241 Referral to Treatment Update
CRR11b Risk rating 20
Ms Deborah Carter
Andrew Kent - Head of Planned Care Improvement in attendance
Recommendation
Note for information and progress to date
FP19.241 RTT Paper October.docx
- 5.4 10:55 - FP19/242 Unscheduled Care and Building Better Care update

CRR11a Risk rating 20

Ms Deborah Carter

Recommendation

It recommended that the Committee:

- Note the unscheduled care performance for September across BCUHB and for each health economy
- Note the update from the Building Better Care programme and ongoing work within phase 4

FP19.242 USC update report Sept FINAL (3).docx

5.4.1 11:15 - Comfort break

5.5 11:30 - FP19/243 Finance Report Month 6

CRR6 Risk rating 16

Ms Sue Hill

Recommendation:

It is asked that the report is noted, with particular reference to the forecast deficit of £35m deficit and the specific actions in progress to achieve plan.

FP19.243 Finance Report Month 6 v2.0.docx

5.6 12:00 - FP19/244 Interim Recovery Director's report : Financial Recovery Group Report – Month 6 2019/20

CRR6 Risk rating 16

Mr Philip Burns in attendance

Recommendation:

The Committee is asked to note the contents of the report.

FP19.244a Interim Recovery Director M6 cover.docx

FP19.244b Interim Recovery Director M6 report.pptx

5.7 12:20 - FP19/245 Financial Plan 2020-21

CRR17 Risk rating 16

Ms Sue Hill

Recommendation:

The Committee is asked to note the report.

FP19.245 Financial Plan 2020-21 coversheet and report.docx

5.8 12:35 - FP19/246 Budget Setting Framework and Timetable for 2020/21

CRR17 Risk rating 16

Ms Sue Hill

Mr Rob Nolan in attendance

Recommendation:

The Committee is asked to note the report

FP19.246a Budget Setting 2020-21 coversheet.docx

FP19.246b Budget setting 2020_1 report v2.0.docx

5.9 12:50 - FP19/247 Capital Programme report Month 6

CRR12 Risk rating 12

Mr Neil Bradshaw in attendance

Recommendation

The Committee is asked to receive the report

FP19.247a Capital Programme coversheet Mnth 6.docx

FP19.247b Capital Programme Report Month 06.docx

FP19.247c Capital Programme Appendix 2 - Discretionary capital programme monitoring report.xls

5.10 13:00 - FP19/248 Winter Monies - Utilisation of Health Board and Regional Partnership Board Monies

CRR11a Risk rating 20

Ms Deborah Carter

Recommendation:

The Committee to note the funding allocations and work being undertaken to strengthen delivery over Winter 2019/20.

FP19.248 Funding and Delivery for Winter 2019-20.docx

6 ITEMS FOR APPROVAL

6.1 13:15 - FP19/249 Policy for Revenue Business Case Development

CRR6 Risk rating 16

Mr Ian Howard in attendance

Recommendation:

It is recommended that the Finance and Performance Committee approves the Policy for Revenue Business Case Development

FP19.249a Business Cases coversheet.docx

FP19.249a Business Cases Paper October 19.docx

- 7 13:30 - FP19/250 Summary of InCommittee business to be reported in public
Ms Sue Hill
FP19.250 In Committee items reported in public.docx
- 8 13:30 - FP19/251 Issues of significance to inform the Chair's assurance report
- 9 13:30 - FP19/252 Date of next meeting
Thursday 28th November 2019, Boardroom, Carlton Court, St Asaph
- 10 13:30 - FP19/253 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."
- 11 13:30 - Lunch break



Finance & Performance Committee
Draft minutes of the meeting held in public on 30.9.19
in Carlton Court, St Asaph

Present:

Mr Mark Polin	BCUHB Chairman
Cllr Cheryl Carlisle	Independent Member (<i>part meeting</i>)
Mr John Cunliffe	Independent Member / Committee Vice Chair
Mrs Jackie Hughes	Independent Member
Mr Eifion Jones	Independent Member
Mrs Lyn Meadows	Independent Member
Ms Helen Wilkinson	Independent Member

In Attendance:

Mr Mike Whiteley	Financial Audit Team Leader, Wales Audit Office
Mrs Mags Barnaby	Interim Director of Acute Care
Mr Neil Bradshaw	Assistant Director Strategy ~ Capital Planning (<i>part meeting</i>)
Mr Phillip Burns	Interim Recovery Director
Ms Deborah Carter	Associate Director of Quality Assurance (<i>part meeting</i>)
Mr Gary Doherty	Chief Executive
Mrs Kate Dunn	Head of Corporate Affairs
Dr David Fearnley	Executive Medical Director
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mr Michael Hearty	Independent Financial Adviser
Ms Sue Hill	Acting Executive Director of Finance
Mr Hywel Jones	Director, Finance Delivery Unit (FDU)
Mrs Llinos Roberts	Executive Business Manager
Mr Andrew Sallows	Delivery Programme Director, Welsh Government (WG)
Mr Adrian Thomas	Executive Director of Therapies & Health Sciences (<i>part meeting</i>)
Mr Tony Uttley	Interim Financial Director – Operational Finance
Mr Mark Wilkinson	Executive Director of Planning & Performance

Agenda Item Discussed	Action By
<p>FP19/213.1 Opening Remarks</p> <p>FP19/213.1.1 The Chair opened the meeting by expressing his continuing concern around the quality and timeliness of papers for Committees and Board. He had received some criticism for allowing the agenda for the last Health Board meeting to be circulated late and for a number of presentations to be delivered without prior publication. Yet he now found himself being disappointed to note within the papers for this meeting a lack of agreement on the actions around referral to</p>	

<p>treatment (RTT) delivery, the absence of a paper on follow up, and that the unscheduled care presentation had been published late. The Chair indicated that he had repeatedly highlighted his concerns and was disappointed in how these were being responded to by the Executive Team which appeared discourteous or disrespectful. He said he was not prepared to continue to accept this situation which might suggest the Executive Team failed to recognise the seriousness of the current situation and this was now threatening confidence in the Executive Team. The Chair made reference to a Ministerial letter of the 4th June which had led him to focus the Board and Committee agendas more directly on the Annual Plan, finance and performance in terms of RTT and unscheduled care in particular, yet all of these areas still required significant improvement and all remained of concern. He welcomed representatives of Welsh Government (WG) and Wales Audit Office to the meeting and noted that they would no doubt be providing a view on how the organisation might move forward.</p> <p>FP19/213.1.2 The Chief Executive accepted that there were continued issues of governance which needed to be resolved – some of which related to process and some to individuals taking responsibility. He reiterated the importance of the Board being able to agree a deliverable plan whilst balancing ambition with realism. He recorded that some areas of performance were demonstrating month on month improvement but accepted the challenge that remained in a range of areas.</p>	
<p>FP19/213.2 Apologies for absence and declaration of interests</p> <p>None raised.</p>	
<p>FP19/214 Draft minutes of the previous meeting held on 22.8.19 and summary action plan</p> <p>FP19/214.1 The minutes were agreed as an accurate record and updates were provided to the summary action log.</p>	
<p>FP19/215 2019/20 Annual Plan: Monitoring of Progress against Actions for F&P</p> <p>FP19/215.1 The Executive Director of Planning & Performance presented the regular report which summarised the self-assessment undertaken by the Executive Team on the actions within the Annual Plan. He indicated that the report demonstrated a range of challenges around planned care and confirmed that a random sample of indicators (focusing on ambers) would be picked for more detailed scrutiny to test the appropriateness of the self-assessment.</p> <p>FP19/215.2 A discussion ensued. The Committee Vice-Chair noted that the coversheet stated “not applicable” against the section on governance issues and risks which he felt was inappropriate. He also enquired whether the decision to move to an all Wales business case for robotic assisted surgery had created delays in planned care and it was confirmed this had not had a significant detrimental effect. The Committee Vice-Chair went on to raise issues around inconsistencies in how performance was reported via the RAG summary and</p>	MW

<p>within the accompanying narrative, and that it was not clear how performance would be recovered when it had gone off-track. It was agreed that consideration be given as to how this could be better represented within future reports to provide increased assurance around grip and control.</p> <p>FP19/215.3 Members suggested that the wording against AP039 could be interpreted as the Committee not being supportive of developing the business case for stroke care, whereas the reality was that the Committee were unable to support it at that time as the associated funding had not been identified. This point was accepted. A question was raised around APO25b and it was agreed to ask the Executive Director of Therapies & Health Sciences to provide an update on the associated milestones for endoscopy and diagnostics sustainability to the next meeting, and assuring the Committee around the planning capability to deliver what is required. The Chair referred to APO31 which indicated that the recruitment of advanced nurse practitioners had not been successful and the Executive Director of Workforce & OD confirmed that she and the Executive Director of Primary & Community Services were working on external provision and alternative models linked to actions around Care Closer to Home. The Executive Medical Director referred to APO52 relating to the Welsh Community Care Information System which was rated as red, and suggested that this was an example of where the original plan might need to be varied. The wider point was made that where milestones were now due it would be opportune to reflect and vary actions as appropriate – for example where it was now evident that an action would not be delivered.</p> <p>FP19/215.4 The Independent Financial Adviser noted the need for synergy between the annual plan delivery and the work of the Financial Recovery Group (FRG). The Chief Executive also acknowledged the need to balance other competing programmes of work such as the Improvement Groups and the need to manage interdependencies.</p> <p>FP19/215.5 It was resolved that the Committee note the report and assist in addressing the governance issues raised.</p> <p><i>[Mr Adrian Thomas joined the meeting]</i></p>	<p>MW</p> <p>AT</p> <p>Exec Team</p>
<p>FP19/216 Annual Plan Refresh</p> <p>FP19/216.1 The Executive Director of Planning & Performance presented the paper which provided an update in respect of the work undertaken to secure Board support for the 2019/20 annual plan at the November Board meeting. The paper provided a range of trajectories by site and by speciality for the remainder of the year and it was reported that there was a sound basis on which to move to the next round of accountability reviews. Discussions were ongoing with WG regarding the approach for the performance areas as set out within Annex C of the NHS Wales Planning Framework. The Interim Director of Acute Care reported that the follow up validation would commence in October and it was anticipated this would reduce the list by 10-15%.</p> <p>FP19/216.2 A discussion ensued. A concern was raised regarding the setting of unachievable trajectories. It was reported that some targets were set externally –</p>	

for example infection prevention and delayed transfers of care. However, it was felt that from a governance perspective it was important for members to understand which targets were externally set, the process for agreeing the local trajectories and on what basis the levels were set. A comment was made that the paper had been provided for information and assurance but the member making this point did not feel it was transparent enough to provide this assurance. A member noted that the RTT shortfall and endoscopy pressures were flagged as key concerns in this paper, and he sought assurance that there were plans in train. The Chief Executive noted that success in addressing these issues hinged on the development and implementation of a credible plan, but reminded members there were specific papers later on the agenda.

FP19/216.3 The Delivery Programme Director (WG) highlighted that whilst technically WG set targets nationally it was Public Health Wales who then set the improvement trajectories in collaboration with the Health Board. He also commented that the trajectories should be set as part of the Integrated Medium Term Plan processes, and that currently he felt that detail was lacking as to whether trajectories and plans were viable and deliverable in terms of finance and workforce in particular. The Independent Financial Adviser was surprised at the level of detail of this conversation at Committee level and felt the fundamental issue was to ensure a broad understanding about what was achievable and what the organisation's ambitions were against the plan.

FP19/216.4 It was agreed that the Executive Team would take all the comments on board and work to strengthen the report whilst acknowledging the conflicts in terms of contextualising large amounts of complex data into meaningful papers for members.

FP19/216.5 It was resolved that the Committee:

1. Receive the report
2. Note the refreshed planning profiles and activity plans for 2019/20
3. Note the areas identified with greatest risk, specifically RTT and unscheduled care, for which there will be a continued focus upon testing and refining action plans to improve performance coupled with strengthened command and control arrangements.

Exec
Team

FP19/217.1 Performance Summary

FP19/217.1.1 The Executive Director of Planning & Performance presented the report which accompanied the Integrated Quality Performance Report (IQPR) and aimed to provide an executive summary of the key areas of concern and to explain the current understanding of the reasons for this level of performance. He added that the intention was to better shape the scrutiny of the IQPR by Committees and to move away from focusing on slight changes in performance figures month on month, and to provide a stronger all Wales context.

FP19/217.1.2 The Executive Director of Planning & Performance highlighted key points from the performance papers. He suggested that in terms of unscheduled care a whole systems approach must be taken and that WG were focusing on a year on year improvement. He noted that three out of four measures had

improved in August 2019 compared to August 2018 but that it was disappointing that the expected progression across headline measures was not yet being seen, with system demand increasing and a higher level of acuity being evident. He noted that this was a UK-wide trend and not specific to BCUHB.

[Cllr Cheryl Carlisle left the meeting]

In terms of planned care it was highlighted that BCUHB was one of the top performing Boards for suspected or actual cancer cases, however, there had been a month on month deterioration for other elements of planned care even though the Board was believed to be delivering the expected levels of activity. The Executive Director of Planning & Performance noted that it was essential to move the organisation onto a sustainable footing for planned care via the development and implementation of key business cases – for example orthopaedics.

FP19/217.1.3 A discussion ensued. The Interim Director of Acute Care acknowledged that current performance suggested the organisation was not doing enough; she set out plans to focus on improving the efficiency of clinics including overbooking for those clinics where there were high did not attend (DNA) rates, and standardising booking approaches (i.e. treat in turn) whilst still retaining the flexibility to vary this based on clinical need. The Executive Medical Director added that improving clinical governance around booking systems would also reduce harm and that a compassionate approach would be taken for identifying alternatives for those on waiting lists. The Interim Director of Acute Care confirmed that the Access Policy had been refreshed and the planned care teams were working with the more challenged areas to address issues of consistency. The Chair summarised that in simplistic terms for future reporting, the Board and Committees required clear performance trajectories, the ability to track progress against these and clearly identified actions to address non-delivery.

FP19/217.2 Integrated Quality and Performance report

FP19/217.2.1 Discussion of the IQPR took place as part of item FP19/217.1

FP19/217.2.2 It was resolved that the Committee scrutinise the report, and where concerns are not adequately addressed consider escalation in accordance with the Performance Management Framework of the Board.

FP19/217.3 Referral to Treatment

[Agenda item taken out of order at Chair's discretion]

FP19/217.3.1 The Interim Director of Acute Care presented the paper which updated the Committee on the delivery approach for RTT and endoscopy performance management and a renewed focus on treat in turn together with the use of non-recurrent resources where needed. She addressed each element of the RTT recovery plan in turn, highlighting any key areas of concern and noting that given the scale of the overall challenge the Board would need to drive hard on improving grip and control within those areas which would have the biggest impact. The Associate Director of Quality Assurance suggested that a copy of a paper on follow up to the Quality, Safety & Experience Committee be circulated. With regards to the endoscopy recovery plan it was reported that the capacity and demand planning had been completed. In response to a question regarding the

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timeline for implementing the Vanguard Unit and the third room at Wrexham Maelor Hospital, the Executive Director of Therapies & Health Sciences confirmed this was anticipated to be within the next three to four weeks.

FP19/217.3.2 The Delivery Programme Director (WG) stated that he had continued concerns around the pace of delivery and timescales. He also noted that the described benefits appeared to be more short-term. He asked whether there was a collective awareness of the size of the task by service and speciality, and whether financial support had been signed off for the Vanguard Unit and the third room in Wrexham. The Chief Executive responded that plans which included financial resourcing had been shared with WG but no specific request for funding had been submitted. He indicated the Board would need to make some decisions at its November meeting around the annual plan and resource allocation issues. He acknowledged there was an insufficient level of confidence around the RTT position but felt that performance had been turned around in previous years and that the RTT recovery plan could build on what was already in place. The Delivery Programme Director concluded by reminding the Board that every day was crucial and improving pace was imperative.

FP19/217.3.3 The Chair expressed concern that six months into the year RTT performance was in a worse position, with a lack of clearly defined actions. He felt there were issues around internal governance and a lack of confidence as to what would change to provide a greater level of assurance. The Chair was of the view that the proposed trajectory was put at risk by the growing funding gap for RTT and the emerging funding gap for endoscopy. The Committee Vice-Chair shared these concerns and that the costs associated with the recovery plan were not sufficiently quantified. It was agreed that a paper would be prepared for the next F&P Committee providing costed detail of the RTT and endoscopy recovery plans and the anticipated added benefits. The Chair indicated that a Board level discussion would also need to be planned. The Director, Finance Delivery Unit raised a point around the subjectivity of the RAG status' and how the Executive Team had decided on the ratings. The Interim Director of Acute Care undertook to provide further explanation and to contextualise this approach. The Interim Recovery Director highlighted the importance of ensuring a common understanding of progress and the performance figures on a weekly basis and the outputs from the recovery plans. A member made reference to longer term transformation of services which would offer more sustainable solutions. It was noted that the majority of patients waiting over 36 weeks were within the specialities of orthopaedics, urology and eyecare. Business cases were being prepared with a timeline of the eyecare business case being submitted to the November F&P Committee, and the urology and orthopaedics business cases being submitted to the November Board.

FP19/217.3.4 It was resolved that the Committee note the paper.

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FP19/217.4 Unscheduled Care

[Agenda item taken out of order at Chair's discretion]

FP19/217.4.1 The Associate Director of Quality Assurance presented a range of slides which provided a performance update for unscheduled care as at August

2019. With regards to 4 hour waits a stretch target of 75% against a 95% expectation had been set, with current performance at 73%. The slides set out areas of challenge and progress for each of the three acute sites, together with summary updates on SICAT (Single Integrated Clinical Assessment Triage) and Minor Injury Unit activity, and performance against key targets compared to August 2018.

FP19/217.4.2 The Independent Financial Adviser enquired whether there were inconsistencies across sites in tackling RTT and unscheduled care. Members were assured that the standards for service provision were the same, however, there were different challenges on each site. It was reported that Ysbyty Glan Clwyd had consistently improved as had delayed transfers of care performance. The Independent Financial Adviser also suggested that some of the schemes set out be deemed part of normal business and not require a full PID (Project Initiation Document) approach.

FP19/217.4.3 The Associate Director of Quality Assurance was asked to provide a paper for the next F&P Committee on the use of Winter Pressures monies. In terms of staffing numbers it was reported that weekends remained a challenge requiring a sustainable solution as part of workforce optimisation work.

FP19/217.4.4 The Interim Recovery Director suggested that there were opportunities within unscheduled care to improve finances but that there were associated risks and whilst the Improvement Group was beginning to show traction, pace needed to improve over the next 4-5 weeks to address issues around point prevalence. He confirmed this was a focus for the FRG.

[Mrs Deborah Carter left the meeting]

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FP19/218 Capital Programme report Month 5

[Mr Neil Bradshaw joined the meeting]

FP19/218.1 The Assistant Director Strategy ~ Capital Planning presented the paper which briefed the Committee on the delivery of the approved capital programme and progress on expenditure against the Capital Resource Limit (CRL). He highlighted there had been some slippage in terms of expenditure which predominantly was a result of timing issues. In terms of the discretionary capital programme all schemes were now out to tender and there was a level of confidence that they would be delivered. Members' attention was drawn to the Month 6 review of the CRL position by WG with the intention of freezing the budget for 2019/20, with revised forecast expenditure profiles being developed from month 6 onwards.

FP19/218.2 A discussion ensued. The question was asked whether slippage could be utilised for other schemes, e.g.; pharmacy robot for other sites. The Assistant Director Strategy ~ Capital Planning confirmed that there was a process to pick up the use of slippage monies but it would not be possible to procure, deliver and install another pharmacy robot in the time left. A query was raised regarding the estates disposal programme and it was confirmed that the list within the paper only related to those requiring ministerial approval. It was also

highlighted that timing was key to ensure monies from disposal were received at the optimum point in the financial year.

FP19/218.3 It was resolved that the Committee receive the report

[Mr Neil Bradshaw left the meeting]

FP19/221 Finance Report Month 5

[Agenda item taken out of order at Chair's discretion]

FP19/221.1 The Acting Executive Director of Finance presented the financial report, noting that she had made efforts to reduce the length of the report and to improve the format. She highlighted that at the end of Month 5 the Health Board was overspent by £18.2m, which was £4.9m worse than the year to date control total profile of £13.3m. The key reason for the year to date shortfall was that the savings target had not been fully identified nor delivered with a shortfall of £3.6m against plan. The Acting Executive Director of Finance reminded members of the main areas of concern which included an additional £10m stretch savings target; a secondary care overspend of £4.7m; non-pay issues around drugs; continuing health care; recruitment and estates challenges in terms of the pressure of a multi-site model.

FP19/221.2 The Acting Executive Director of Finance referred to reviews by WG, Deloitte and Price Waterhouse Cooper which all concluded there was insufficient financial governance and control within the organisation. She also highlighted capacity and capability issues in reviewing the clinical services model and delivering the Better Care Spending Well initiative. Budget management was flagged as a key driver behind the current financial position and the Acting Executive Director of Finance set out a range of actions which were being implemented to address this such as the financial recovery programme; the work and scrutiny of the FRG; divisional review meetings; review of standing financial instructions; support to budget holders and benchmarking (FDU analysis). The forecast position was set out in section 2.2 of the paper and it was reported that additional recovery costs had been built in to allow further investment in capacity and capability to deliver the financial recovery, unscheduled care and RTT programmes. The Acting Executive Director of Finance concluded by summarising the key risks as being prescribing, continuing health care and delivery of the savings target.

FP19/221.3 The Independent Financial Adviser felt that the financial gap was clearly understood, and suggested that the Board needed to consider at what stage it would need to formally signal to WG that the savings plan and control total were not going to be met. The Acting Executive Director of Finance indicated that the month 6 position would provide a detailed forecast by division and the delivery of cash releasing savings (as opposed to cost avoidance plans) was key to improving the run rate and the ability to deliver the required position. The Chair enquired as to the level of confidence in seeing an improvement and requested that a planned trajectory for the remainder of the year be provided to the next F&P meeting. The Independent Financial Adviser noted that the Board needed to be cognisant of future cost pressures alongside managing current expenditure. The Interim Recovery Director reported that the savings programme broadly had £42m

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<p>in savings plans, £23m of which were rated green with a further £5-7m due to move out of red rating over the next week. On this basis he felt that the £35m savings target was achievable but the main challenge would be the normalising of business to ensure grip and control in the longer-term. The Chair indicated he felt more assured around the savings programme but that sustainability was the issue. He requested that the Month 6 finance report reflect the RTT plans.</p>	SH
<p>FP19/221.4 A member raised a point that he would wish to see stronger alignment in the narrative across various reports as when read in isolation it was difficult to triangulate performance, finance and progress. He also suggested that cost avoidance measures needed to come through more clearly. The Interim Recovery Director confirmed that all schemes did have a PID and that the over-arching plan for the Improvement Groups was to offset the non-recurring schemes. The Executive Director of Workforce & OD noted the challenge of ensuring that improving patient care did not impact detrimentally on the financial position and vice-versa. She was of the view that the organisation needed to build a level of risk appetite and choices into the decisions that it would need to be taking for 2020-21.</p>	
<p>FP19/221.5 The Chair suggested that planning for winter pressures needed to be taken into account and how the dynamics could be managed, following on from a summer which had also been pressured in terms of unscheduled care. It was noted that the Strategy, Partnerships & Population Health Committee were considering a paper on winter pressures on 1st October. The Committee Vice-Chair enquired whether the additional costs of £1.4m relating to digital negotiations had been included within the forecast position, and it was confirmed this was the case. He also sought information regarding the scale of the financial pressure relating to the non-emergency patient transport service as he was under the impression that this had been transferred some time ago. The Acting Executive Director of Finance indicated the service was expected to transfer within the next couple of months and she would follow up the associated costs and confirm with Committee members. A member noted that the paper made reference to unfunded posts within the establishment and he asked whether this was a significant issue. The Executive Director of Workforce & OD reported that as a result of the establishment and budgetary controls, this gap had been reducing. The unfunded posts primarily related to resolving short-term need within the medical workforce around 4 hour performance, and overall there were not large numbers nor significant concerns. A Committee Member enquired how much of the £35m savings would be recurring and whether there would be legacy schemes for 2020-21 and beyond. The Interim Recovery Director confirmed that in order to deliver the in-year figure, some non-recurring schemes were having to be considered but the plan would be to have £35m of recurring savings schemes by the end of March 2020 with a work plan for the Improvement Groups extending into 2020-21. The Chair raised the issue of acute expenditure and it was reported there was a robust focus within the divisions however the Executive Team were mindful of not deviating too far from a locality approach. In terms of pay costs and locum expenditure it was noted that this had slipped; the Executive Director of Workforce & OD confirmed that a workforce optimisation PID had been submitted for consideration by the FRG on the 1st October. Again in this area there was evidence that actions were taking</p>	SH

effect in terms of grip and control but more progress was required in terms of changing models of service delivery.

FP19/221.6 It was resolved that the report be noted, with particular reference to the forecast position of a £35m deficit and the specific actions in progress to improve the expenditure run rate.

FP19/219 Financial Recovery Group monthly report

FP19/219.1 The Interim Recovery Director presented the report which provided an update for the Committee with regard to the organisation's progress in addressing the Financial Recovery Action Plan (FRAP). He summarised that he was now seeing evidence of movement in the right direction with improved grip and control through the Vacancy Authorisation Panel (VAP) and Workforce Authorisation Panel (WAP). He referred to the FRAP – a summary of which had been circulated – and offered to work through the wider document with members outside of the meeting if they so wished. He felt that the FRAP offered a good sense of where the FRG needed to challenge, for example the Improvement Groups were now better structured and meeting more consistently. In addition, fortnightly divisional and directorate meetings were taking place, and a separate piece of work was being undertaken on procurement processes. The Interim Recovery Director suggested that the main area of risk to delivery of the recovery plan was the ability to move at pace.

FP19/219.2 A discussion ensued. The Committee Vice-Chair noted that the paper referred to PIDs being redrafted for static red schemes and enquired what would be different in the amended PID. The Executive Director of Workforce & OD confirmed that the potential for double counting had been identified and clarity was needed on the gross and net savings figures. The Committee Vice-Chair also raised the issue of capacity to drive the recovery programme beyond the current timeframe. The Interim Recovery Director felt the issue was more around capability and that conversations were already happening to manage the impact and transition. He felt that the current cohort of individuals would not allow for an easy transition but reminded the Committee that it was every single individual's remit to support the pillars of recovery. A member made a comment that he found it difficult to reconcile the assurances given with the actual figures. The Chair noted that the amount of cost avoidance had doubled compared to the previous year but was assured that this would allow the organisation to deliver the year-end plans, and the focus would move to further cash releasing schemes for the next year. He also referred to the line by line vacancy review detailed within the paper and the Interim Recovery Director stated that this would start to provide evidence for the VAP.

FP19/220 Financial Recovery Action Plan progress

FP19/220.1 The Chair and Vice-Chair queried whether the summary document was sufficiently detailed to provide the required level of assurance and evidence where actions had been closed. The Acting Executive Director of Finance confirmed there was a far more detailed spreadsheet that supported the summary, and she would be happy to go through this with members. The Chief Executive

<p>added that the FRG scrutinized the detail. On this basis the members were satisfied with the level of reporting to the Committee. A member enquired as to the Interim Recovery Director's level of confidence in terms of pace and progress, and he indicated that he remained confident around the delivery of the £35m savings target but that the challenge would be to ensure that the latter part of the year did not impact adversely on 2020-21. He was also asked what the response had been across the organisation to his role and the recovery programme. It was reported that a wider understanding was evident alongside the rigour and direction from the Improvement Groups. Draft plans had been requested from health economies by end of October with a 3% efficiency requirement for 2021 and beyond. The Interim Recovery Director concluded that a key element of the change programme was around leadership and the Board's role in making choices.</p> <p>FP19/220.2 It was resolved that the Committee note the contents of the report.</p>	
<p>FP19/222 Shared Services Partnership Committee quarterly assurance report</p> <p>It was resolved that the Committee note the report</p>	
<p>FP19/223 2019/20 Monthly Monitoring Report</p> <p>It was resolved that the Committee note the contents of the report that had been made to the Welsh Government about the Health Board's financial position for the fifth month of 2019-20</p>	
<p>FP19/224 Summary of In Committee business to be reported in public</p> <p>It was resolved that the Committee note the report</p>	
<p>FP19/225 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside of the meeting</p>	
<p>FP19/226 Date of next meeting</p> <p>Noted as 24.10.19 9.30am Boardroom, Carlton Court</p>	
<p>FP19/227 Exclusion of the Press and Public</p> <p>It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	

BCUHB FINANCE & PERFORMANCE COMMITTEE				
Summary Action Log – arising from meetings held in public				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Actions from 29.7.19 meeting:				
Deborah Carter	FP19/154.5 IQPR Provide a report on follow up waiting lists and actions taken to address to the September meeting, ensuring there was read across to the Quality, Safety and Experience Committee regarding clinical risk.	14.8.19 20.9.19	13.8.19 DC confirmed that a report will be provided to F&P in line with reporting to QSE. The update is being provided to the September meeting 30.9.19 Action re-opened. It was suggested that a copy of the follow up paper from September QSE Committee be circulated to F&P members. The Chair felt there was a growing level of public concern regarding waiting times and there was a need to clarify respective committee input/interest. 17.10.19 It was agreed with Chairs from both F&P and QSE Committees not to distribute the follow up paper, as a greater level of information is being published within the report on October agenda.	Action to be closed
Actions from 22.8.19 meeting:				
Mark Wilkinson	FP19/182.8 IQPR The Chairman requested further detail on why there had been a deterioration in the previous 3 months on planned care measure DFM064 urgent suspected cancer.	5.9.19	30.9.19 MW apologised that updates hadn't been included prior to publication and confirmed he had now provided the following update to the Chair and CEO, with a recommendation that the action be closed. "Performance has been affected by the need to recover from the increase in the backlog of patients caused by delays to endoscopy and the shortage of breast radiology services. In addressing the backlog performance fell further. The backlog is now lower and performance recovered to c85% for July and August. The continuing challenges remain capacity for urological surgery, sustaining the access for USC patients to endoscopy and diagnostics and ensuring the measures taken to recruit into the breast service support improved access to one stop clinics. The benchmarking data demonstrates very strong performance compared with other health boards in Wales. A more detailed report is available on request."	Action to be closed

Mark Wilkinson	FP19/182.10 IQPR The Executive Director of Planning and Performance was requested to ensure the Committee was updated on progress with the Orthopaedic Plan.	20.9.19	MW apologised that updates hadn't been included prior to publication and confirmed he had now provided the following update to the Chair and CEO, with a recommendation that the action be closed. "We expect to bring the orthopaedic programme business case to the October finance and performance committee. In the meantime we have completed the recruitment of some of the additional six consultants, with further interviews planned for mid October."	Action to be closed
Mark Wilkinson	FP19/182.13 IQPR It was agreed that the narrative in respect of Eye Care Measure would be reworded for improved clarity.	5.9.19	30.9.19 MW sought clarification of the action. The Chair indicated it related to ensuring the narrative clearly set out what action needed to be taken to secure improvement 14.10.19 – the IQPR section on the eye care measure has been strengthened to include a sharper focus on actions in train and planned.	October Action to be closed
Sue Green	FP19/183 Annual Plan 2019/20 : Monitoring of Progress against Actions FP19/183.2 The Executive Director of Workforce and OD undertook to liaise with the Executive Medical Director in order to ascertain progress in developing BCU's Digital Strategy and provide an update regarding the red status of AP052 (WCCIS learning).	20.9.19	30.9.19 SG confirmed this had been actioned and the matter was an agenda item at the Board Workshop on 9.10.19	Action to be closed
Mark Wilkinson	FP19/184 Completed Planning Profiles supporting July Board 2019/20 Annual Plan FP19/184.1 Confirm figures provided within the tables provided following a query raised.	5.9.19	MW apologised that updates hadn't been included prior to publication and confirmed he had now provided the following update to the Chair and CEO, with a recommendation that the action be closed. "The paper relates to our RTT plan which is to achieve targets for patients ending up on a referral to treatment pathway. A gap between demand and capacity at stage four ie inpatients or day cases necessarily relates to a referral to	Action to be closed


			treatment issue, hence the demand and capacity gap is carried forward, solutions such as validation or additional capacity are applied, until we are left with a remaining gap which would constitute our year-end waiting list. This is different to stage 1 to 3, where a significant number of the stated gap between outpatient demand and capacity will not end up needing treatment, and not therefore be on a referral to treatment pathway. This explains why the number of 12,548 is not taken forward. Start with the 2,886 also referenced in that cell and the mathematical logic follows through."	
Phillip Burns / Sue Hill	FP19/191 Financial Recovery Group (FRG) report Month 4 2019/20 FP19/191.2 In relation to the exit transition from PWC and remaining capability within the organisation...re availability of senior programme managers... work being undertaken to address this issue within PMO and DMO. An update would be provided at the next meeting.	20.9.19	<p>A BCU wide review of programme management capacity has been completed that suggests we may have a group of staff currently not aligned to the recovery programme. This group are now being assessed to establish what capacity could be released and re-aligned to the recovery programme, this process should be completed in the next two weeks. The size and structure of the PMO and Improvement Team is now better understood but there remains a high number of current vacancies and roles that are being supported by PWC. The vacancies are approved and awaiting final approval to advertise, if approved it will take approx 3-4 months before any additional capacity arrives.</p> <p>30.9.19 Agreed to keep action open.</p> <p>16.10.19 A project plan is being drafted that will be submitted to the next FRG meeting on 29.10.19.</p>	
Tony Uttley / Sue Hill	FP19/193 Presentation : Value Based Healthcare Schedule progress update following discussion with the Acting Executive Director of Finance	20.11.19	The Director of Finance is in discussion with the Executive Team to agree how this agenda will be progressed. A paper setting out the way forward will be provided to the Committee in November.	
Sue Green David Fearnley	FP19/194 Workforce Quarter 1 2019/20 performance report FP19/194.3 The Executive Director of Workforce and OD agreed to	5.9.19	<p>The Executive Medical Director is progressing this action</p> <p>30.9.19 DF confirmed he had met with Nicky Callow. Noted that the matter was wider than just the medical workforce. Agreed to keep action open to enable a further report back.</p>	16.10.19

	arrange a meeting to discuss Medical School progression with herself, the Executive Medical Director and BCUHB's Vice Chair.		16.10.19 : Deputy Medical Director working with Nicky Callow to develop a strategy document focusing on proposal for a new medical school ahead of further meetings being arranged between the University and Health Board (new dates are being sought). Invitation for health board Chairman to present this proposal at University of Bangor event in November. Strategy document to be submitted to SPPH.	
Actions from 30.9.19 meeting:				
Mark Wilkinson	FP19/215.1 Annual Plan Monitoring Report Take a random sample of indicators (focusing on amber) for more detailed scrutiny to test the appropriateness of the self-assessment.	24.10.19	15.10.19 – there has been additional random sampling of amber rated plan actions however this has not extended to each section of the plan.	30.11.19
Mark Wilkinson	FP19/215.1 Annual Plan Monitoring Report Consider how issues around inconsistencies in how performance was reported via the RAG summary and within the accompanying narrative could be addressed, and to provide clarity as to how performance would be recovered when it had gone off-track.	24.10.19	15.10.19 The RAG ratings need to be read in the context of the guidance on page 3 of the report, as well as understanding the 2019/20 milestones – last presented to the July Board. Where performance is off track it will be important to identify the reasons why as this understanding will shape whether performance can be recovered or whether there may be a case to revise the delivery timescales.	Action to be closed.
Adrian Thomas	FP19/215.3 Annual Plan Monitoring Report Provide an update on the associated milestones for endoscopy and diagnostics sustainability to the next meeting, and assuring the Committee	16.10.19 20.11.19	Endoscopy update is included on RTT paper on agenda A diagnostics sustainability paper will be brought to F&P in November	

	around the planning capability to deliver what is required			
Exec Team	FP19/215.3 Annual Plan Monitoring Report Where milestones were now due, reflect and vary actions as appropriate – for example where it was now evident that an action would not be delivered.	16.10.19	See narrative on FP19/215.1 Annual Plan Monitoring Report	
Exec Team	FP19/216.4 Annual Plan Refresh Take on board comments made at the meeting to strengthen the report.	16.10.19 11.12.19	The Executive Team has met to discuss the Annual Plan refresh report and are in the process of reviewing and updating the narrative and content of the paper to be provided to December meeting	
Deborah Carter	FP19/217.3.1 Referral to Treatment Circulate copy of follow up backlog from September QSE Committee.	16.10.19	It has been agreed with the Chair of QSE and Chair of FP not to circulate the paper as a more comprehensive update has been provided in the RTT paper	Action to be closed
Mags Barnaby & Adrian Thomas	FP19/217.3.3 Referral to Treatment Provide paper to next meeting providing costed detail of the RTT and endoscopy recovery plans and the anticipated added benefits.	16.10.19	The RTT paper which is on the agenda includes the detailed information as requested.	Action to be closed
Mags Barnaby	FP19/217.3.3 Referral to Treatment Provide further explanation and context around the application of RAG status' within the paper.	16.10.19	The comments have been taken on board and a paper is on the agenda for discussion.	Action to be closed
Mags Barnaby > Jill Newman	FP19/217.3.3 Referral to Treatment Ensure eyecare business case is submitted to November F&P	20.11.19	For inclusion within November agenda	
Mags Barnaby	FP19/217.3.3 Referral to Treatment	30.10.19	The Urology business case is dependent upon the national procurement of the urology robot and so the business case will not	

	Ensure urology and orthopaedics business cases are submitted to November Board		be ready for presentation at November Board. The Orthopaedics business case will go through the revised business case process and we will continue to keep the Board and WG informed on the recruitment of the 6 Orthopaedic consultants and the development of the programme business case.	
Deborah Carter	FP19/217.4.3 Unscheduled Care Provide paper to next meeting on use of RPB monies.	16.10.19	An update is on the agenda.	Action to be closed
Sue Hill	FP19/221.3 Finance M5 Ensure that the Month 6 report provided a detailed forecast by division	16.10.19	This has been actioned in the month 6 finance report and will be included going forward	Action to be closed
Sue Hill	FP19/221.3 Finance M5 Provide a planned trajectory for the remainder of the year	16.10.19	This has been actioned in the month 6 finance report and will be included going forward	Action to be closed
Sue Hill	FP19/221.3 Finance M5 Ensure that the Month 6 report reflected RTT plans	16.10.19	This is included in the month 6 finance report but our assumption is that RTT costs are offset by RTT income provided by WG	Action to be closed
Sue Hill	FP19/221.3 Finance M5 Confirm with members the associated costs for the transfer of the non-emergency patient transport service.	16.10.19	Circulated to members on 16.10.19	Action to be closed

17.10.19

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

Report Title:	Finance Academy Forecast Best Practice Guide
Report Author:	NHS Wales Finance Academy
Responsible Director:	Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	<p>The Committee is asked to note the Finance Academy Forecast Best Practice Guide for information.</p> <p>This guide has been developed with full engagement across the finance teams in NHS Wales and will be implemented by the Health Board.</p> <p>The Health Board has set up a forecasting sub group, which will ensure that the best practice guidelines are adopted in a consistent manner and the sub group will continue to refine and improve our forecasting process and procedures.</p>
Approval / Scrutiny Route Prior to Presentation:	The paper has been written by the NHS Wales Finance Academy and approved by the NHS Wales Director of Finance Forum.
Governance issues / risks:	N/A
Financial Implications:	N/A
Recommendation:	The Committee is asked to note the report.

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

life		seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<i>The paper is provided for information only and no decisions are required.</i>			

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

Cover Page

Introduction

Click here for video
(Lynne H)

“The goal of forecasting is not to predict the future but to tell you what you need to know to take meaningful action in the present”

Paul Saffo, technology forecaster

Objectives of the Good Practice Guide

Welcome to the Good Practice Guide for Forecasting and Risk.

The objective of this Guide is to support NHS Wales’ finance teams to develop robust forecasts which support timely decisions and actions. The audience is defined as more junior members of finance teams.

This guide will outline:-

- Different tools and techniques that you can apply to develop your forecast;
- How to incorporate risk into your forecast;
- Best practice examples and case studies from NHS Wales and other sectors; and
- Technology solutions that might support your forecast.

The Guide is focused on in-year revenue forecasting but the principles are equally applicable to financial planning and capital forecasts. There is also considerable overlap with strong systems of budgetary control.

Further Information

For further information about this document, contact the NHS Wales Finance Academy by e-mail at Finance.academy@wales.nhs.uk

Context

Context

NHS finance professionals are working in an increasingly complex world. Following a period of sustained financial austerity and financial challenge, population needs and expectations are rising. Finance has a heightened profile within NHS organisations and the role of finance has changed as a result.

There is an increased emphasis on forecasts within organisations and by key bodies such as Welsh Government in making decisions about funding and services.

There is also a growing need and expectation for finance teams to focus on the value agenda, to be more prospective in their thinking and to play a greater role in influencing strategy and decision making. In short, forecasting has become an essential component of the modern day finance professional.

The challenges

The focus groups that we held identified a number of challenges to developing accurate forecasts that can be summarised as follows:-

- Availability and timeliness of information to inform forecasts;
- Complex cost drivers and volatility of costs;
- Tight reporting timescales; and
- Lack of awareness of risks or opportunities emerging at an operational level.

Where are we now?

External reports on financial governance in NHS Wales have highlighted concerns over 'simplistic' forecasting. Further, our focus groups determined that there is inconsistency of practice both within and across organisations.

A review of practice has identified two contrasting approaches:-

- *Overly pessimistic* – forecasting a deterioration in the financial position from plan during the early part of the year but recovering in time for the year end or forecasting that adverse variances will continue throughout the year without recovery, something an interviewee from another sector described as a “super hero mentality”; and
- *Overly optimistic* – forecasting that the planned outturn will be achieved but amending this forecast late in the year.

There are also external and unpredictable influences that can lead to changes in forecasts such as funding announcements.

Opportunities

There are opportunities to go further and faster towards implementing effective business partnering, ensuring that finance professionals are working as a core member of divisional/directorate management teams and have access to information that can better inform forecasts. Further, given the wealth of data collected, there are opportunities to better use technology to assist with accurate forecasting.

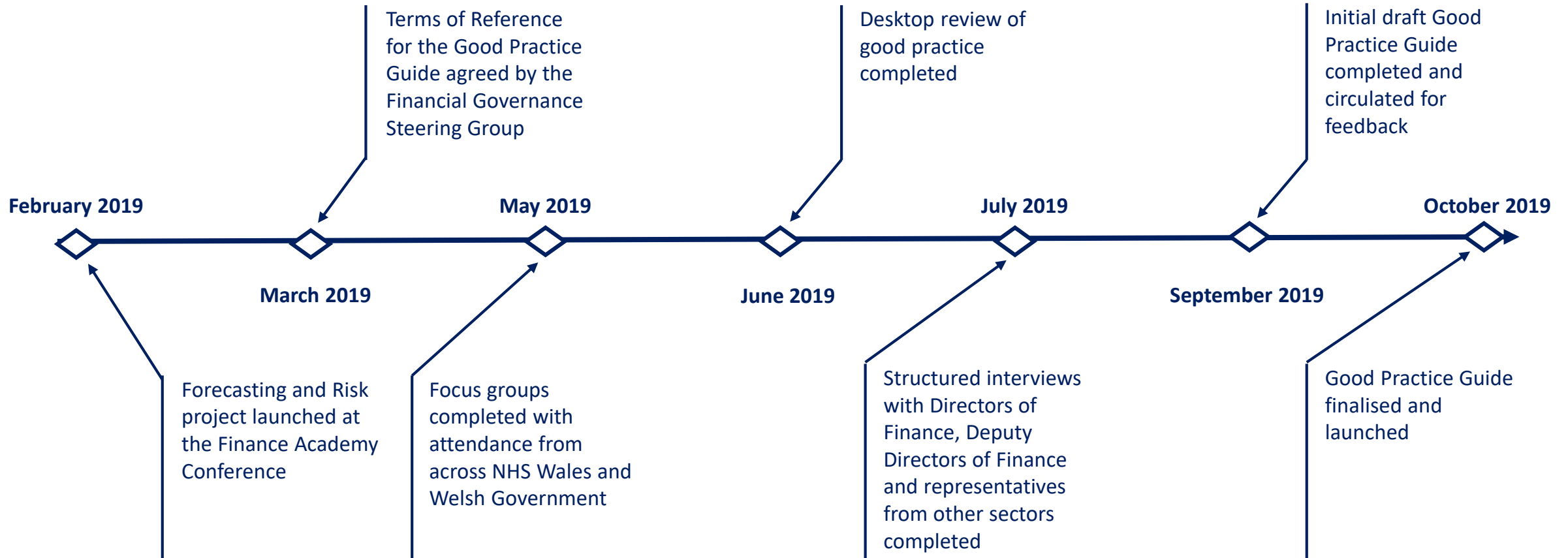
Forecasting – the Impact

The impact of poor forecasting is significant. Organisations adopt a retrospective focus, spending time and effort to explain variances. Good forecasting leads to better informed decisions, prospective actions and a focus on value added activities.

Poor Forecasting	Good Forecasting
Efforts and resource directed to inappropriate areas with an increased risk of failing to deliver statutory financial obligations.	Ability to identify and focus on priority areas
Poor decisions based on poor information	Informed decisions
Retrospective focus - time and effort spent explaining variances	Prospective focus – actions and decisions that are required
Incoherent and distorted narrative	One version of the truth
Inconsistency	Consistency
Focus on financial reporting	Focus on value added activities

Development of the Guide

We developed this Guide using 3 principles: audience engagement; understanding user expectation and learning from all and any good practice.



Root Causes of inaccurate forecasting

Root Causes

Our focus groups, interviews and desktop research identified three leading root causes of inaccurate forecasting and the following opportunities.



Forecasting is too finance-centric.

1

Maximise business partnering



Information to inform forecasts is not always available.

2

Make use of historic trends, tools and techniques, maximising available data



Insufficient time to forecast.

3

Maximise technology opportunities

People

Business Partnering

Maximising Business Partnering

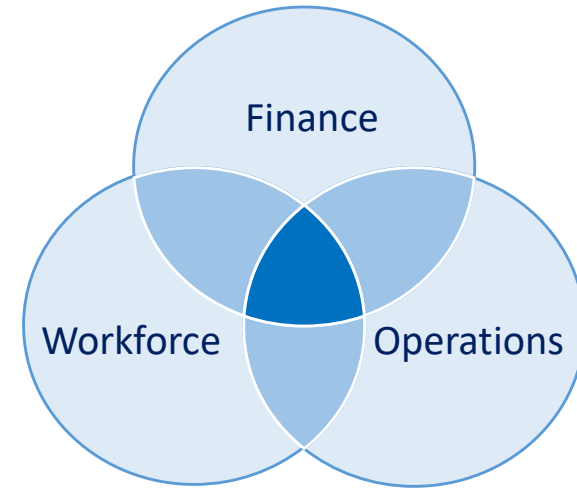
Our focus groups identified that there are opportunities to better maximise the role of business partners.

In a traditional business model, the different aspects of a business, such as human resources or finance, were seen as separate entities and only responsible for their portion of the business. In a business partnering model, the functions are seen as part of a larger whole.

The benefit of a business partner model is that it can add value to the organisation by blending technical expertise and knowledge together with the functioning of the organisation. This enhances the organisation's agility and responsiveness to change, challenge or to risks arising.

"Accountants tell people what happened last month. Business partners help people answer the question, so what?" (*What is finance business partnering?* Andy Shambrook February 2019)

Implementation of a fully functioning business partner role is inevitably at mixed stages of development and maturity across NHS Wales. Some finance teams reported that they were preparing forecasts in isolation, using their own risk register and making assumptions about activity and recruitment.



Business Partner Model

Forecasting should be a collaborative effort, informed by operational and workforce plans and a collective understanding of the potential risks and opportunities within the business area.

Business Partnering

The Finance Academy has identified a number of best practice guides to support implementation of the full business partner model. Please **click** on the following links:-

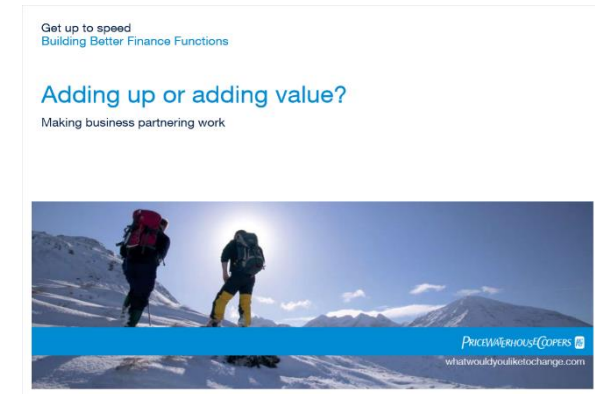
ACCA



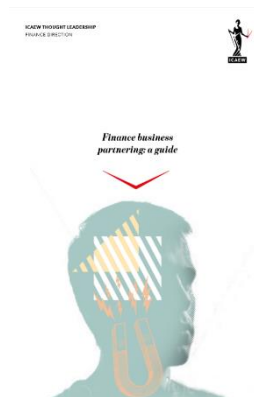
CIMA/
KPMG



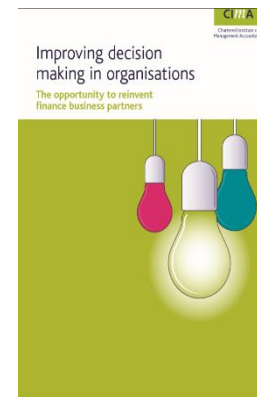
PwC



ICAEW



CIMA



Finance Academy



Case Study – Business Partnering



The **Ministry of Justice** began implementing the provisions of the Excellence in Business Partnering guidance in 2014. Her Majesty's Prison and Probation Service, with a budget of £4 billion is at the forefront of the changing service.

Ways of Working

Operates as a “carousel”. The business partner has **ongoing dialogue** with the business throughout the month. *“Don’t wait for month end.”*

The business partner does not have access to the ledger position. Instead, the business partner is reliant on the management accounts team to update them on the ledger position.

There is a strong **focus on the narrative** – why have things happened and what can be done to recover the position.

The Result

Enhanced **understanding and awareness** of financial performance, **risks and opportunities**.

Able to ‘close’ on working day 2. Forecasts are uploaded by working day 5.


Time built in to understand the position and to undertake **quality reviews** for completeness and accuracy.

Budget holders formally **sign off** the forecast and are **held to account** at a Board level for the accuracy of this forecast (Aim: a variance within 1% of the forecast).

A Budget Holder Perspective


We spoke to a number of budget holders to gain their perspective on forecasting.

What do you consider as good practice in forecasting?



Having a good BPA (business partner) is essential in managing the forecast and this partnership approach works extremely well.

What support do you need as a budget holder with forecasting?



Training and awareness of guidance and clear expectations regarding budget holder responsibilities and how that's managed when deviated from.

Case Study – Budget Holder Training



A colleague in the third sector successfully implemented a training package for budget holders to better engage with them on financial matters and to maximise their ability to develop informed forecasts.

What they did

A senior finance professional provided training to budget holders within the organisation on the fundamentals of finance.

The training included:-

- Basic accounting concepts such as accruals, fixed and variable costs;
- Budget holder responsibilities and expectations;
- Funding flows;
- Business cases; and
- Cost drivers.

The Result

Budget holders were aware of the expectations and better equipped to understand and manage their budget and forecast.

Your Toolkit

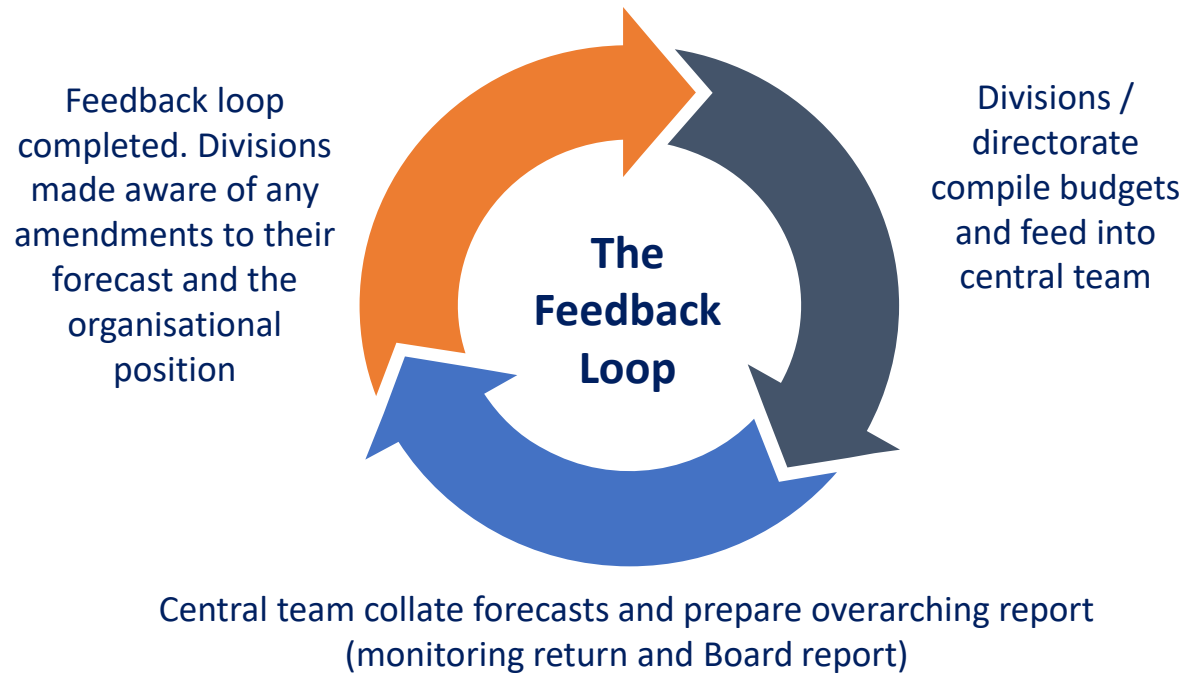


The Finance Academy has developed a suite of training for NHS budget holders that can be accessed at the following link:-

<http://nwww.fsd.wales.nhs.uk/finance-for-non-finance-resources>

Feedback Loop

Our focus groups highlighted that finance teams value the feedback loop. There are two components to this. Firstly, it is beneficial to understand what happened to a forecast, whether it was amended and how it fits within the overall organisation's forecast. Secondly, it is helpful to reflect back on prior period forecasts to understand any variances to inform the accuracy of future forecasts.



Looking back at the forecast



Regular review of actual vs forecast to understand:-

- Was the forecast complete?
- Did any risks materialise?
- Were any assumptions incorrect?

Measuring accuracy of the forecast

Simple metrics such as percentage or absolute variance from forecast can be utilised to monitor the accuracy of the forecast.

These metrics are used at the Ministry of Justice to emphasise accountability for the forecast position.

Processes

Forecasting – The Process

Forecasting does not happen on a one-off basis – it should be viewed as part of an ongoing consideration of the overall financial performance and position. As noted in the business partnering section above, there should be an ongoing dialogue with budget holders, operational managers and workforce colleagues to inform the forecasts. The process outlined below highlights key aspects of forecasting for consideration by finance teams.



Forecasting Methodologies

There is a spectrum of sophistication in the forecasting techniques that finance professionals can use. It is likely that individuals will use a range of these techniques dependent upon the area that is subject to review. It should be noted that increased sophistication does not necessarily lead to enhanced accuracy and it is important to strike the right balance between complexity and the need for a forecast to be understandable.



An Overview of Methodologies

There is no 'one size fits all' approach to the methodologies and tools that can be used. Finance teams may wish to test different approaches using historic data to assess which is the most applicable/accurate for the area being forecast. Teams may also wish to maximise any in-house expertise in statistical and mathematical modelling within other functions such as informatics and analytics.

Methodology	Example	Definition	Examples of when you might use the methodology
Naïve	-	The prior period actual is projected to continue into the future	<ul style="list-style-type: none">• Fixed costs• Reasonable assumption that no change will take place in the forecast period• 'Control' forecast to benchmark or compare with forecasts generated by more 'sophisticated' techniques
Extrapolation	Moving Average	An average of a subset of data to identify a trend	A simple average of a change over a period of time
Time Series Decomposition	Trend Analysis	A linear regression model that calculates future values based on a trend	Observed steady increase / decrease in costs or revenue
	Seasonality Index	An approach that calculates a seasonality index and uses this to forecast future values	Seasonal data such as utilities
	Simple Exponential Smoothing	A method of smoothing time series data by removing peaks and troughs with an increased emphasis on the most recent data points	A service change has taken place and the impact should be factored into future forecasts
Multiple Regression	Multiple Regression	A more complex technique that estimates the various contributions of different variables to the result and uses this to predict the future	Complex and interlinked data sets that all contribute to the overall costs
Machine Learning	Neural Networks	A set of algorithms that are designed to recognise patterns and apply this learning	Unlabelled or unstructured data

Forecasting – Horizon Scanning

Relevant and robust information can improve the quality and accuracy of forecasts. The table below illustrates sources of information that finance teams may wish to obtain to better inform the forecast. This should not be considered a definitive / finite list. Some of the sources will be available internally and others are publicly available from Welsh Government, Public Health Wales, Shared Services Partnership or the Office for National Statistics. Finance professionals should also ensure that they have a sound knowledge of any national strategies, policies and the organisation's Integrated Medium Term Plan ('IMTP').

Workforce	Operations	Contracts	Other
Workforce plan	Referral To Treatment Plan and Profile	Service Level Agreements	Drug Usage Data
Electronic Staff Record	Waiting List Initiative Plan	Maintenance Contracts	Prescribing Data
Agency and Bank Usage	Activity Data	Patient Level Data	Drug Costs
Recruitment Plan	Capacity and Demand Data	Activity Data	Influenza Surveillance Report
Sickness Data	Theatre Schedules and Data	WHSSC funding	Escalation beds open
Deanery allocations & rota gaps	Referral Data and Conversion Rates	Outsourcing / External Commissioning Plan	Capital Plans (to understand the revenue consequences)
Job plans		Contract Performance	Economic forecasts e.g. Inflation
Rosters			WG Allocation letters and funding announcements
			NICE announcements / guidance

Forecasting – An Aide Memoire

Our focus groups identified that a list of key questions would be helpful to support improved forecasting. This is not to be considered as an exhaustive list but is structured as pointers for finance staff to consider in their discussions with budget holders.

Learning from prior periods

Is the accuracy of forecasts reviewed on a periodic and timely basis?

- How accurate was the forecast for the prior period?
- Why did the forecast differ to the actual? Was the difference due to an incorrect assumption that might need to be reflected in future forecasts? Was it due to an exceptional item?
- Were there any amendments made to your forecast? If so, why? What are the implications on your future forecasts?

Were there any unforeseen events/pressures in the previous period (month/quarter/year) that are likely to continue or re-occur?

- Flooding, severe/adverse weather, influenza outbreak, high cost patient, ward closures, escalation beds etc.

Forecasting – An Aide Memoire

Learning from prior periods

What do historic trends tell you about your forecast?

- Can overlaying historic trends better inform your forecast? What do the trends tell you? Is there a 'spike' or 'dip' at particular times of year? Is the future budget profile appropriate? Was the historic position distorted by an exceptional item?

Fundamentals

Have all accruals / prepayments been incorporated into the reported financial position?

- Accruals for service level agreements, outsourced activity, utilities, waiting list initiative payments, goods received/services provided not invoiced, training, staff secondments, rental payments
- Prepayments for maintenance contracts, licence fees

Strategy & Policy

What strategic or policy decisions have been made that will affect future financial performance?

- Consider reviewing board minutes, key healthcare / financial journals to keep abreast of developments

Forecasting – An Aide Memoire

Workforce

What workforce plans are likely to impact upon the forecast position?

- Are there any recruitment plans, new starters, leavers, new services or service changes likely to lead to changes in the cost of the workforce?

Cost / Volume

What is the potential impact of changes to cost / volume

- What is happening to the market for CHC? Are there any imminent cost increases planned? Is the volume of activity rising?
- What is the prescribing pattern? Are there any new high cost drugs about to be endorsed? Is the organisation undertaking any new clinical activity that may lead to a change in prescribing patterns? What are the trends being observed (in primary and secondary care)?

Forecasting – An Aide Memoire

Expenditure Plans

Are there any expenditure plans that might change the forecast position?

- Are there any plans to outsource activity or undertake waiting list initiatives?
- Are there any procurements underway that will impact upon the financial performance/position?
- What is the likely impact of seasonality? Are there likely to be increased agency costs due to opening of escalation wards? When is this likely to cease/close?

Savings

What is the likely impact of savings delivery?

- What is the status of savings plans for the area? Are the green rated schemes delivering as planned? Are there any savings that have passed their estimated 'go green' date? Is the future profile of savings likely to deliver as planned? What is the status of the milestones? Are there any mitigating actions that are being taken to offset any savings non-delivery? What other opportunities does the area have to deliver savings?

Forecasting – An Aide Memoire

Volatility

How volatile is the area of expenditure for which the forecast is being prepared?

- Is the area of expenditure particularly volatile and has the historic forecast accuracy been low?
- Should there be enhanced scrutiny surrounding variance analysis in this area?

Capital

Are there any capital projects that will impact upon the revenue position?

- Are there any new wards, maintenance contracts, mothballed buildings or asset sales on the horizon?

Service Changes

Are there any revenue consequences of service changes that should be factored into a forecast?

- Are there any changes to pathways that might increase/reduce costs?
- Are there any new projects in the pipeline that come with additional resource and cost?

Forecasting – An Aide Memoire

Risks & Opportunities

What are the key risks and opportunities that need to be factored into the forecast?

- Does the risk register contain any risks that could have a financial impact?
- What is the likelihood and impact of the risk arising? Is the risk material in nature? Who owns the risk?
- Through discussion with budget holders, are there any opportunities arising to mitigate financial risks, to maximise income or to improve financial performance? How do you build this into the narrative?
- Are there any accountancy gains that have been identified?
- What is the forecast savings delivery? Are there any risks to delivery of savings or opportunities to offset cost pressures?

Scenario planning

Are there any potential scenarios that may impact on the financial position?

- Are there any potential ‘what if’ scenarios that could materialise during the period of the forecast? What is the potential impact?
- What accompanying narrative is required to highlight the potential scenarios to other key decision makers and users of the forecast?

Cost Drivers

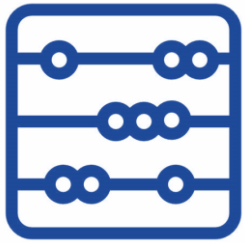
When preparing the forecast, teams should focus on understanding the cost drivers, ensuring that operational activities are linked to the variable element of financial forecasts. The table below identifies a range of different cost drivers and considerations for teams.

Cost	Cost Category	Cost Variables	Considerations
Pay	Establishment – monthly paid staff	Number of WTEs	Separation of basic salary and enhancements, one off payments, annual leave purchase scheme, long term sick, maternity, salary sacrifice
	Establishment – weekly paid staff	Number of WTEs	Number of weeks in each month
	Enhancements	Overtime, bank holidays, out of hours, weekends	Number of bank holidays in period, weekends, what period are enhancements paid etc.
	Variable Pay – Bank & Agency	Vacancies, sickness, annual leave, mat leave	Recruitment challenges, price changes, escalation beds or surge capacity open, waiting list initiatives
	Travel Expenses	Employee travel	Policy, pool cars, significant events requiring staff travel
Non Pay	Drugs – Primary Care	Prescribing activity, prescribing days	Number of prescribing days in a month, weekends, information delay, new drugs, switches, guidance issued to primary care, previous years
	Drugs – Secondary Care	Prescribing activity	Switches to biosimilars, new high cost drugs, activity levels, prescribing patterns, home care, stock issues
	Utilities	Energy usage	Seasonal trends, price changes, new premises, mothballed areas, escalation areas open, energy saving schemes, estimates vs meter readings
	CHC	Number of packages agreed	Growth rate, price per package, contract values, price changes, review of packages, 1:1 care packages
	Commissioned Services Received	Activity, number of patients/procedures	Agreed contracts, cost per procedure, pending invoices, Board decisions, government standards/targets, under / over performance on contracts
	General Consumables	Activity, number of patients/procedures	Cost of supplies, inflationary uplifts, volume discounts, stock holding

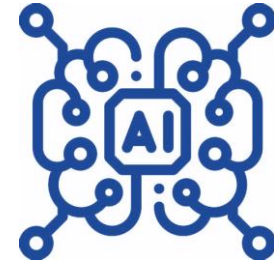
The Role of Technology

80 / 20

Our focus groups told us that finance teams feel that we could better maximise technology to assist with forecasting. Teams felt that up to 80% of their forecasting activity could be automated with the remaining 20% representing application of their professional knowledge, judgment and experience.



Where we
are now



Based on the focus groups, we are currently heavily reliant upon spreadsheets for forecasting and starting to make use of business intelligence tools in some areas.

Existing Tools and Horizon Scanning

Whilst current practice is heavily spreadsheet focused, there are some opportunities to better maximise existing software and technology. There are also exciting developments on the horizon that have the potential to support teams with more sophisticated approaches to forecasting.

Forecasting Software Tool	Qlikview	Business Intelligence	Artificial Intelligence
<div>Available now</div> <div>Soon to be available</div> <div>Future Development</div>			
<p>A number of organisations within NHS Wales have access to an existing forecasting tool. Our focus groups identified that the tool is not widely utilised and the outputs are not well understood.</p> <p>There is an opportunity to work with the provider to maximise the use of the software in forecasting.</p>	<p>All organisations have access to the ‘vanilla’ version of Qlikview but few have maximised the potential to use it for forecasting.</p>	<p>Under the terms of the Microsoft license agreement, a number of licences will be available for Power BI. This has functionality that can be used to support improved forecasting.</p>	<p>As part of the ongoing review of digital opportunities in finance, the National Wales Informatics Service (‘NWIS’) is exploring whether machine learning and artificial intelligence tools could be developed to enhance forecasting.</p>

Case Study – Business Intelligence



Welsh Health Specialised Services Committee ('WHSSC') have created a valuable data set of contracted activity and use a business intelligence tool (Power BI) to support future forecast performance.

How

WHSSC have developed a data set with information about contract performance with English providers.

The data can be used to identify trends in activity and inform more accurate forecasting. As an example, one provider consistently reduces activity significantly during a particular period every year. The business intelligence tool is able to draw on this trend to more accurately forecast activity and costs for the year.

The Result

WHSSC are able to develop a more accurate forecast using an intelligence based approach.

Case Study – Automation



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Powys Teaching
Health Board

The Finance Team within **Powys Teaching Health Board** has maximised the use of excel functionality to support a more systematic and consistent approach to forecasting and financial reporting.

How

The team has developed an excel database incorporating the financial ledger.

The database is used to generate forecasts using different rules according to the area of cost. The rules include forecast based on YTD variance to budget, year to date spend, links to specific external forecasts and flexibility to add further methodologies. Business partners are able to make manual adjustments where required.

The forecast is uploaded into Qlikview. The output is used to populate the monthly monitoring returns and a dashboard for all budget holders.

There are checks built in to the process to ensure integrity of the data.

Source: Christian Thomas, Finance Business Partner, Powys Teaching Health Board

The Result

75-80% of forecasts are produced by day 5. 9 days reporting has reduced significantly, ensuring more time for quality review and sense checking.

Reduced ad-hoc reporting e.g. agency reporting reduced from $\frac{3}{4}$ of a day to 20 minutes.

A full audit trail and drilldown is in place.

Greater engagement from the finance team, budget holders and other users of the forecast. Supported the journey from reporting to added value.

Case Study – Automation



South Wales Police have made significant moves to apply greater automation to their forecasting process, enabling their finance team to focus their efforts on higher value activities.

How

South Wales Police identified a series of different ‘rules’ that could be applied to cost categories throughout the organisation. This included projecting on the basis of current spend (YTD actuals plus budget), current spend plus GRN (YTD actuals plus open receipts), current month forecast (YTD actuals plus current month repeated), last quarter and bank holiday profile.

The appropriate rule for each cost category is selected and applied across the organisation to generate an initial automated forecast.

Business partners then have the ability to incorporate their professional judgement, expertise and knowledge to the forecast.

The Result

Finance business partners have more time to focus on higher value activities.

Greater consistency in forecasting across the organisation.

Clear rationale for forecasting technique applied and audit trail of post automation adjustments.

Risks and Opportunities

An informed view of the risks and opportunities that impact on the forecast is essential. Our focus groups reported a number of different approaches to assessing this, including having no structured approach to risk identification, holding a finance only risk register and linking in with budget holders and operational staff to understand the risks and opportunities. Scenario planning is not routinely undertaken.

One Version of the Truth

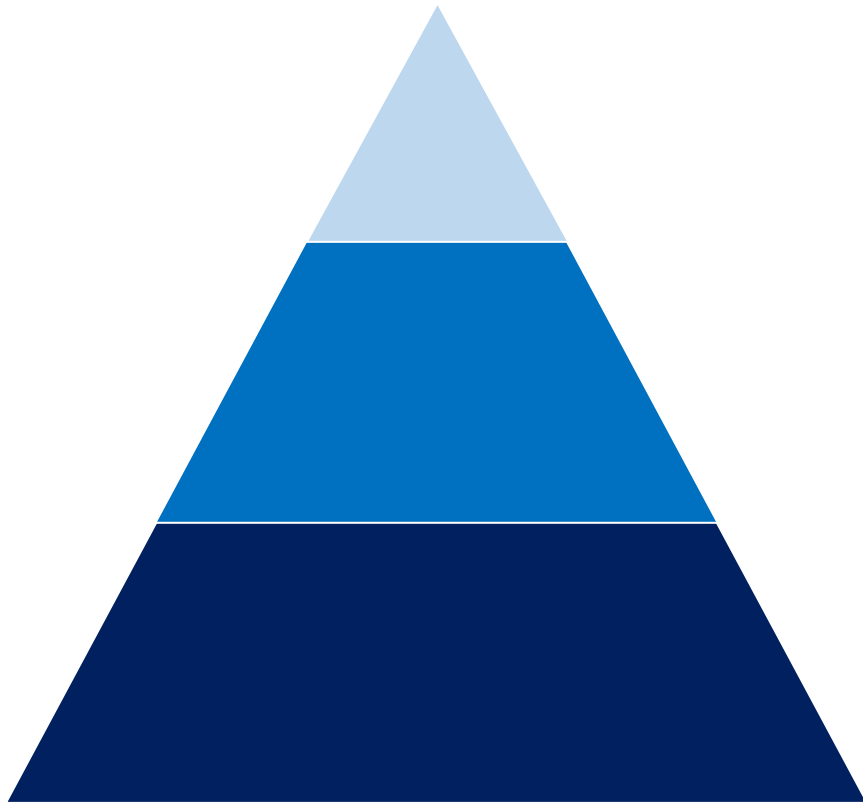


Expectation

- Review of the service area risk register to assess potential financial risks
- An assessment of the likelihood and impact of the risk
- When the likelihood of the risk arising becomes certain, consider the financial impact and how this impacts on the forecast position
- Ensure that the narrative provides clarity on any risks that have been factored in to the forecast (to prevent duplication at a corporate level) and any actions / decisions that are required to mitigate the risk
- Ongoing dialogue with service area about emerging risks
- Balanced approach to consider opportunities arising e.g. additional savings schemes, accountancy gains, income generation, project funding, invest to save
- Consider presenting best, worst and most likely scenarios

Corporate Review

All organisations that we spoke to during the review undertook a quality review. Good practice identifies that this review should take place at several different levels. The objectives for each tier of review



Corporate

- Does the consolidated position fairly represent the organisation's forecast?
- Are there any corporate risks or opportunities that should be reflected in the position?
- Are there any decisions that need to be made or actions that need to be taken to mitigate financial risk?

Budget Holder

- Does the position reflect my knowledge and expectations of the forecast for my area?
- Are there any matters that need to be escalated for action/decision?
- What actions does the division/service area/project need to take to mitigate any financial risks or maximise any emerging opportunities?

Finance

- Does the forecast align with my expectations based on experience and knowledge of the service area?
- Have I maximised the knowledge and experience of key people in developing the forecast?
E.g. Budget holder, operational manager, pharmacists, informatics

Case Study – Top Down Test



A private sector entity identified that a routine part of their period end procedure was to undertake a top down review to assess the reasonableness of the forecasts developed by project accountants and business partners. This is also a typical part of month end closedown procedures in the NHS.

How

There is an inherent level of prudence within organisations that can result in an overly pessimistic forecast. There is a risk that anticipated payments will be overstated and receipts understated.

There is a need to move away from a “superhero mentality” – forecasting pessimistically and then improving at the year end.

A top down assessment is undertaken to more effectively balance the forecast.

Project accountants and business partners are also monitored on their performance against forecast.

The Result

A cultural change to more effectively balance prudence and realism in forecasts.

More accurate forecasts.

The Ten Forecasting Principles

1. Don't develop the forecast in isolation
2. Don't wait for month end
3. Do review prior forecasts for accuracy and to inform future learning and improvement opportunities
4. Do leverage information and intelligence effectively
5. Do review risk registers and undertake horizon scanning to identify potential risks and opportunities to the forecast
6. Do consider scenario planning
7. Do build time into the forecasting process to undertake quality checks and a reasonableness test
8. Do focus on developing a clear narrative around the forecast
9. Do use the forecasts to facilitate decision making, including actions to curtail costs or develop robust savings/spending plans
10. Do engage with budget holders to review and agree forecast accuracy as part of budget holder accountability

Acknowledgements

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Bethan Vong

Mike Wade

David Williams

Marcus Wiltshire

Gary Young

Appendix 1 - Scope

The scope of the project was agreed by the Financial Governance Steering Group on 12 March 2019

Introduction

The Finance Academy Board has agreed the following four key themes:-

- Developing our People;
- Innovation and Adding Value;
- Working in Partnership; and
- Driving Excellence.

Each theme has a Director of Finance sponsor and a steering group to oversee the delivery of the work programme.

The Driving Excellence theme is led by Chris Turley, Interim Director of Finance, Welsh Ambulance Services NHS Trust. A key priority within this theme is delivering excellent financial governance. At the Financial Governance Steering Group meeting held on 30 January 2019, the group decided that a review of forecasting across NHS Wales organisations should take place with a view to establishing a good practice guide.

Scope

The scope of the review has been agreed as follows:-

- Understanding the approach that finance teams adopt when forecasting for their business area, including whether different approaches are adopted for different cost drivers and the extent to which historic trends are used to inform forecasts;
- Understanding the extent to which finance teams adopt principles of scenario planning when forecasting e.g. most likely, worst and best case;
- Understanding the essential and desirable sources of information that finance teams might use in their forecast;
- Reviewing good practice from other sectors that might be adopted by NHS Wales;
- Understanding how risks are assessed and built into forecasts where appropriate;
- Outlining the expectations and needs of key users, including Directors of Finance, Welsh Government and budget holders; and
- Exploring the extent to which technology solutions such as software might be deployed to enhance the accuracy of forecasting or to enhance visibility of the forecast.

Appendix 1 - Scope

The review is limited to revenue forecasting in-year (with principles/tools and techniques that will apply equally to financial planning) and excludes consideration of capital forecasting, accepting that this might form the basis of future reviews.

Audience

The key audience for the review has been confirmed as finance teams within NHS Wales' organisations.

Approach

A core group (maximum of five people) will be established to progress the work. The work will involve a number of different approaches including focus groups with business partners to establish their needs, structured interviews with a sample of Directors of Finance and Welsh Government and desk based research.

A project management approach will be adopted to ensure that key milestones are achieved and risks to delivery identified and mitigated.

Output

The output will be an interactive good practice guide to forecasting available on the Finance Academy website. The guide will include a short video of (forecast) user requirements, a housekeeping guide and a section on more complex techniques and how they might be used.

Appendix 2 - Useful Links

Item	Hyperlink
In-Year Financial Forecasting in the NHS (CIMA) (2007)	http://www.cimaglobal.com/Documents/ImportedDocuments/tech_techrep_in_year_fin_forecasting_in_NHS_0807.pdf
Forecasting Methods in Public Services (CIPFA) (2013) (requires payment)	https://www.cipfa.org/policy-and-guidance/publications/a/a-guide-to-forecasting-methods-in-public-services-book
Forecasting with confidence (KPMG) (2007)	https://home.kpmg/content/dam/kpmg/pdf/2016/07/forecasting-with-confidence.pdf
	https://home.kpmg/content/dam/kpmg/pdf/2015/08/an-eye-on-the-future-kpmg-accareport.pdf
Leading forecasting practices in the private sector (Deloitte on behalf of the National Audit Office) (2013)	https://www.nao.org.uk/wp-content/uploads/2014/01/NAO-Forecasting-Report.pdf
Risk adjusted forecasting and planning (Deloitte) (2012)	https://www2.deloitte.com/ie/en/pages/energy-and-resources/articles/risk-forecasting-planning-energy.html
Six Rules for Effective Forecasting (Harvard Business Review) (2007)	https://hbr.org/2007/07/six-rules-for-effective-forecasting

Finance and Performance Committee
24.10.19

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 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Welsh Government Monthly Monitoring Return
Report Author:	Tony Uttley, Interim Director of Finance, Operational Finance
Responsible Director:	Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	To report to the Committee the completion of monthly reporting to the Welsh Government for Month 6 of 2019-20
Approval / Scrutiny Route Prior to Presentation:	The submission made to Welsh Government was required to have CEO and DOF sign off
Governance issues / risks:	None
Financial Implications:	None
Recommendation:	Note the contents of the report that has been made to the Welsh Government about the Health Board's financial position for the sixth month of 2019-20

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

5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
None			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<i>There is no impact on equality</i>			

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



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University Health Board

MONITORING RETURN

MONTH 6 2019/20

Sue Hill

Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial Position

1.1.1 Plan position

- The Health Board has implemented a recovery programme to drive performance towards the control total of £25m.
- The monitoring return continues to reflect the initial plan deficit of £35m whilst the recovery programme is actively progressing opportunities to deliver the additional £10m of savings required to meet the control total.

1.1.2 Year to date position

- At the end of Month 6 the Health Board is overspent by £21.2m, £3.7m in excess of the year to date deficit reflected in the initial plan.
- The key reason for the excess is delay in anticipated delivery of savings schemes across divisions.
- The monitoring return includes a detailed narrative around the actions being delivered by the recovery programme (section 6).

1.1.3 In-month position

- The plan for Month 6 was a £2.9m deficit. The actual deficit was just above £2.9m, a broadly balanced position for the month and an improvement of £0.6m on Month 5.
- The main area of improvement is in Healthcare Contracts.

1.1.4 Forecast Position

- The Health Board continues to forecast a full-year deficit of £35m, notwithstanding the deficit at Month 6 exceeding year to date plan.
- The rate of identifying pipeline schemes is increasing consistently. On the basis of an anticipated rate of conversion of the savings pipeline, the £35m forecast deficit is considered reasonably achievable.
- Slippage against the plan in the first half of the financial year is expected to be recovered in the second half. The forecast for the remainder of 2019/20 has been adjusted to reflect this.

1. FINANCIAL POSITION & FORECAST

1.2 Income (Table B)

- Income has been forecasted in line with the original plan plus new income that has been identified.
- Miscellaneous income has decreased in Month 6. This is primarily due to the Haematology drugs retrospective rebates of £0.4m that were recognised in Month 5. There is a further rebate of £0.067m anticipated and the all-Wales project has now finished.
- The Health Board has received RTT funding of £13.5m for the full year, of which £6.6m has been spent to date.
- Discussions are ongoing with Welsh Government about the full extent of RTT plans and the amount reflected in financial forecasts will be kept under review as these progress. The Health Board is currently undertaking a detailed review of its demand, capacity and core requirements to significantly refine the expected cost for 2019/20. The amount currently forecasted does not include additional expenditure that may be required to improve performance trajectories up to the required levels.
- Mental Health and CAMHS submitted detailed proposals against the Transformational Funding allocations for 2018/19 and 2019/20. Spend is being closely monitored to ensure only valid expenditure is being charged against the funding. There are plans for the utilisation of the recurrent funding available which have been approved by Welsh Government in line with the identified priorities previously notified. There has also been agreement from Welsh Government that any in year slippage arising from recruitment timelines can be used to support achievement of Welsh Government Measure Targets and priorities as outlined in our Plan. Recruitment and expenditure will be progressed in line with the bids proposals, now that Welsh Government has responded to the bid submissions for 2019/20.

1. FINANCIAL POSITION & FORECAST

1.3 Non-pay (Table B)

- Non-pay costs total £465.9m, giving a year to date over spend of £7.2m against the planned budget.

Primary Care

- At the end of Quarter 2 the Health Board continues to forecast a breakeven position for General Dental Services (GDS) for 2019/20. This forecast assumes that the expected 2.5% uplift will be fully funded. We have not yet anticipated any allocation for this and so it is not reflected in our current reported position. It is to be noted that if the DDRB impact is not funded, the GDS forecast will move into an over spend position. In recent months the Dental team have been moving ahead with the next stage of the Dental Reform programme in North Wales with 8 practices signing up from October. Other risks to the forecast are potential GDS contract handbacks, increased underperformance and achieving sufficient patient charge revenue against the increased WG target - particularly in recent months we have noticed a reduced level of Patient Charge Revenue, possibly due to the expansion of the Reform programme.
- The General Medical Services (GMS) expenditure was slightly overspent in month. The Health Board continues to see cost pressures within Managed Practices particularly in relation to locum GP costs. At the end of September the Health Board is managing 17 practices. The current position and forecast includes an estimate for the Global Sum uplift paid in July and we are awaiting full contract uplift details.

Primary Care Drugs

- July 2019 data, received in Month 6, indicated that the increase in costs identified last month had continued. Therefore the increased level of costs recognised last month has been continued in Month 6.
- Prescribing costs are up by around 3.5% compared to last year, with only around 1% relating to increased activity and the main driver remaining increased prices.
- There is further risk for the rest of the year that has not been brought into the position - Category M drugs are expected to increase in price, which may impact on future months. August 2019 data, which will be received in Month 7, will be the first indicator of this.

Provider Services Non-Pay

- There has been a £0.2m increase in other non-pay this month.
- The run rate on a number of non-pay areas, particularly travel, has reduced this month, with some impact of Grip & Control measures

1. FINANCIAL POSITION & FORECAST

	<p>starting to be seen. However, £0.4m of funding for the Mental Health I Can project has been used this month, with the costs charged to non-pay. This has resulted in an overall reported increase in expenditure.</p> <ul style="list-style-type: none"> - The over spend position for the year primarily relates to non-identification and non-delivery of savings schemes across Divisions. Negative budgets for unallocated savings schemes are held here.
Secondary Care Drugs	<ul style="list-style-type: none"> - Costs have increased by £0.1m from Month 5, to a cost of £6.0m, the average for the year. - Over spends continue in a number of areas, but £0.4m of drugs have been identified against the Drug Treatment fund in the month, which has reduced the monthly over spend to £0.1m (£1.9m year to date).
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none"> - The WHSCC contract has performed well in the month, with a £1.5m shift in the annual forecast and a year to date underspend of £1.3m. - Local contracts remain static, although pressures are rising for specialist rehab patients.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	<ul style="list-style-type: none"> - Spend on CHC has decreased by £0.2m in September due to a fall in costs for the Area Teams. Mental Health costs have remained the same as there have been some additional placements in the month that have offset efficiency gains. In total, the Health Board achieved a balanced position on CHC for the month. - Backdated inflation payments are included within the Month 10 forecast.
Other Private and Voluntary Sector	<ul style="list-style-type: none"> - Costs have fallen marginally from the prior month and have been relatively consistent across the year.
Capital	<ul style="list-style-type: none"> - Capital costs include depreciation and impairment costs, which are fully funded.

1.4 Reserves (Table B)

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

1. FINANCIAL POSITION & FORECAST

1.5 Accountancy Gains (Table B)

- There were no accountancy gains reported in the month. As noted in last month's narrative, we have reclassified some elements of our savings programme to highlight accountancy gains and this has identified accountancy gains in previous months of the year.
- We are continuously assessing opportunities for accountancy gains within and outside of our savings programme and have not identified any significant scope for such gains at this stage.
- We will also be assessing significant provision/accruals (e.g. annual leave and debtor provisions) in the lead up to year-end as part of annual accounts preparation.

1.6 Pay (Table B2)

- Total Health Board pay (excluding Primary Care functions) is £375.1m, which is an under spend against plan of £0.8m. Total pay including Primary Care is £386.5m, a year to date over spend of £0.9m.
- Little has changed since last month in terms of over and under spending pay groups. Over spends continue in areas of high agency usage (Medical and Dental and Additional Clinical Services (for Health Care Support Workers)). The high level of nursing vacancies remains, leading to an under spend on Nursing and Midwifery. Admin & Clerical continues to under spend due to a significant number of vacancies across all areas and vacancy controls put in place and scrutinised through the Recovery Programme to limit non-essential appointments.
- Pay costs overall are marginally lower in Month 6 than last month, but there is considerable consistency throughout the year, both in terms of total costs and across pay groups.

2. UNDERLYING POSITION

2.1 Underlying Position (Table A1)

- The monitoring return includes an update on our analysis of underlying position, reflecting ongoing discussions with Welsh Government.

3. RING FENCED ALLOCATIONS

3.1 Ring Fenced Allocations

- General Medical Services (Table N) – GMS expenditure is currently forecast to underspend by £0.5m against the ring-fenced allocation. This has decreased in Month 6 mainly due to increasing Managed Practice and Dispensing costs. However this will need to be reassessed when we formally receive additional WG monies to fund the financial implications of the contract changes.

	£m
Revenue Resource Limit (Table E)	131.43
Table N expenditure (net of rates rebates)	(130.97)
Forecast (over)/underspend	0.46

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

	£m
Revenue Resource Limit (Table E)	27.27
Table O expenditure	(34.66)
Dental services income	7.39
Forecast (over)/underspend	0.00

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

4. NET EXPENDITURE PROFILE ANALYSIS

4.1 Net Expenditure Profile Analysis (Table B1)

- CHC inflation is expected to be paid from Month 10 and will include any backdated payments.

5. AGENCY/LOCUM EXPENDITURE

5.1 Agency/Locum Expenditure (Table B2)

- Expenditure on agency staff for Month 6 is £3.3m, representing 5.2% of total pay, at the same level as the previous two months.
- Medical agency costs remained static at an in-month spend of £1.5m. The main areas of spend are Ysbyty Glan Clywd (£0.4m), Ysbyty Gwynedd (£0.3m), Mental Health (£0.3m) and Womens (£0.2m), together accounting for 79.7% of the in-month cost.
- Nurse agency costs totalled £1.1m for the month, an increase of £0.1m from last month. Agency nurses continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care. The use of agency nurses is particularly an issue for Wrexham (£0.6m in-month) and Ysbyty Glan Clwyd (£0.4m in-month), together accounting for 92.1% of these costs in September.
- Other agency costs have decreased by £0.1m to £0.7m in the month and mainly arise from Allied Health Professionals (£0.3m), Admin and Clerical (£0.3m) and Professional Scientific and Technical (£0.1m).

6. RECOVERY AND SAVINGS

6.1 Recovery Actions

- The Health Board has initiated a detailed recovery programme which continues to drive the identification and delivery of savings, alongside reduction in expenditure run rates. Key actions from this month are:
 - Implementation of the Financial Recovery Action Plan is proceeding and all actions are now either in progress or completed.
 - There was a net increase of £6m in the overall value of the savings programme in Month 6.
 - Work is continuing to expand the pipeline to fill the shortfall in cash releasing schemes.
 - Focus on reviewing the run rate analysis and classification of schemes.
 - Planning has started for replacing the current short term external support with a more sustainable resource. Development of a handover guidance document to aid the transition process is in progress, along with support and coaching of new PMO team members.
 - Starting to shift the focus towards managing delivery of schemes, whilst continuing to identify and develop new schemes.

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

- To deliver the Health Board's initial plan of £35m requires £25m of cash releasing savings. The profile of this £25m target is as follows:

	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M5 £'000	M6 £'000	M7 £'000	M8 £'000	M9 £'000	M10 £'000	M11 £'000	M12 £'000	Total £'000
Original Savings Target	1,652	1,776	1,801	1,876	1,952	1,992	2,259	2,307	2,319	2,334	2,344	2,388	25,000

- In addition, the Health Board's plan allows for cost avoidance savings to mitigate cost pressures arising during the year that were not included in the initial plan.
- The initial plan submitted for identified savings schemes in the Month 1 Monitoring Return totalled £17.5m. Additional savings schemes have been added to this in year.

6. RECOVERY AND SAVINGS

6.3 Identified Savings / Plans

- At Month 6, savings identified totalled £27.7m, a shortfall against the combined cash releasing and cost avoidance target. The Health Board is currently reviewing the way the definition of cash releasing and cost avoidance savings are being applied to savings schemes in practice.
- Over the next month, the Health Board will review the Full Year Effect of our schemes, particularly those that are still in development.
- Cash releasing savings (including income generation and accountancy gains) identified at Month 6 total £19.3m against the £25.0m target, a shortfall of £5.7m.
- Cost avoidance savings identified at Month 6 total £8.4m, a shortfall of £1.1m.
- Additional savings opportunities are being worked up, aimed at reducing the Health Board's deficit and recovering the year to date shortfall against plan. Red rated schemes that close the gap have been identified and included in the pipeline, but further work needs to be done to move them into green and amber schemes.
- Total savings included in the Health Board pipeline are £45.6m. This is higher than those recorded in the Monitoring Return tracker due to the inclusion of red rated schemes within the pipeline. The expectation is that there will be an accelerating rate of conversion of schemes from red to green and then delivery as a result of our recovery programme.

6.4 Savings Delivered

- Total savings delivered by Month 6 are £11.9m. This includes £8.7m cash releasing savings and £3.2m cost avoidance.
- Cash releasing savings delivered of £8.7m show a shortfall of £2.3m against the expected budget profile savings of £11m required by Month 6 in order to deliver the £25m target.
- The main areas where under-performance is forecast in Month 6 are summarised below, along with actions ongoing to address these:
 - Medicines Management – additional stretch schemes are in development to ensure overall delivery of the medicines programme by year end.
 - Medical rostering / agency – we have engaged external support through Kendal Bluck to progress further opportunities in medical pay. The programme is currently being finalised under the Recovery Director with a pipeline value of £1.1m.
 - Sickness absence (MHL) – alternative schemes have been identified in Month 6 as part of the Division's recovery plan.

6. RECOVERY AND SAVINGS

- Divisional savings – Where shortfalls are forecast in delivery of Divisional plans, the Recovery Director is securing alternative schemes through fortnightly recovery meetings.

7. INCOME ASSUMPTIONS

7.1 Income Assumptions (Tables D & E)

- At the end of August the Health Board has spent £6.6m on additional activity to reduce the long waiting lists. Welsh Government RTT income received to fund this activity is included in the position.
- Non-contracted income figures in Table D are based on the 2018/19 outturn. The HEIW figure is an estimate for the full year.
- Anticipated income for Recovery Funding has been included in Table E. Agreement has been reached that costs for the Recovery Director and the Director of Acute Care will be funded and these, including the 20% irrecoverable VAT, have been added to the anticipated income in Table E this month.

8. RISK MANAGEMENT

8.1 Risk Management (Table F)

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

	£m	Level	Explanation
Risks			
Primary Care Prescribing	(2.5)		<p>Prescribing data is only received two months in arrears. There are a range of forecasting options used to estimate this two months accrual ranging from the all-Wales HSW Forecast to a BCU locally derived version. BCU uses the lowest forecast methodology in its monthly reported position, giving rise to a possible financial risk between the BCU model and the worst-case model.</p> <p>The risk is reviewed and updated monthly as the latest prescribing data becomes available. July 2019 data was received in September and showed increase in costs. This increase, as it is only 4 months of data has not been fully extrapolated into the 2019/20 position, giving rise to a risk against the best-case forecast used.</p> <p>There are a wide range of Prescribing Savings Schemes in place to manage spend and growth. Head of Pharmacy and Finance leads meet monthly to discuss and share areas of cost growth and savings opportunity in order to mitigate the risk.</p> <p>There is an emerging risk in relation to a National Category M drug price increase - between April and July 2019, adding £0.4m cost pressure this year, but it is expected that another Category M adjustment actioned in August will further increase the cost pressure in GP Prescribing. This has been included in the risk figure.</p> <p>The estimated risk does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSS) price list, which therefore represents an additional (unquantified) risk.</p>

8. RISK MANAGEMENT

	£m	Level	Explanation
Continuing Healthcare (CHC)	(1.6)		The financial plan approved by the Board explicitly excluded providing growth funding for CHC. The risk was primarily in relation to OPMH CHC and that still remains the case. The increase in growth/number of cases has levelled off within some areas in recent months, but additional low volume, high cost cases have a significant impact on the CHC budget, which is reflected in the level of risk highlighted. Divisions have focused on working to try to reduce the level of CHC risk, but it is recognised that the growing trend in dementia patients will continue to add pressure on available bed capacity.
Unidentified savings – cash releasing	(5.7)		<p>At Month 6, cash releasing savings (including income generation and accountancy gains) identified totalled £19.3m, a shortfall of £5.7m against the target of £25.0m.</p> <p>The Health Board is continuing to identify new schemes and move existing red schemes into amber and green in order to close the gap to the £25.0m target.</p>
Hallett v Derby Hospitals NHS Foundation Trust [2018] EWHC 796 QB			<p>It has not yet been determined whether this case will impact on the Health Board and if it does, what the financial implications may be. Further investigations are being undertaken to quantify any potential impact. The Health Board is working to mitigate this risk through a number of measures:</p> <ul style="list-style-type: none"> • BCU have adopted monitoring rounds, next one to take place 14th October. • Provide guidance which is expected to be adhered to all the time, and not just when monitoring. Guidance emails drafted for rota coordinators, Junior Doctors and clinical and operational leads, agreed by Secondary Care Medical Director. Site Associate Medical Directors for Medical Workforce have also circulated the guidance to Doctors, Clinical and Operational leads for their site. • Update intranet as source of guidance, including a summary tile of Must Do's. • Groups set up to support the practical application of the guidance for rota coordinators. Support offered to help Doctors understand more about monitoring, completing an accurate return, understanding the outcomes of monitoring and what it means to ensure they are being paid correctly. • Reduce level of data available for substitution. On sign off, review the implication of substitution for Annual Leave, Study Leave and Sickness.

8. RISK MANAGEMENT

	£m	Level	Explanation
Welsh Risk Pool pressure	(0.7)		There is a potential risk in relation to the Welsh Risk Pool. NWSSP are forecasting that annual expenditure will exceed the 2019/20 budget by £3.7m. Welsh NHS organisations may therefore need to take a share of this pressure.
Pay awards			There is a potential risk around the funding for the Medical & Dental pay award and also sickness enhancements. The anticipated income included in Table E is based on funding 2.0% of budgeted posts. With the pay award being agreed at 2.5%, there is a risk that the additional cost is not fully funded. The figures included in anticipated income will need to be reviewed and revised in light of this.
GDS uplift funding			There is a potential risk in relation to funding for the 2.5% GDS uplift. If this is not fully funded by Welsh Government, the GDS forecast will move into an over spend position.
Opportunities			
Additional savings to meet control total	10.0		The control total of £25m set by the Welsh Government requires a further £10m of savings to be made, in addition to those allocated out within the original plan budgets. Additional stretch targets to meet this £10m were allocated to Divisions at the end of July. Work has been initiated through improvement groups, looking at benchmarking and opportunities, to identify savings plans to meet these targets. Once identified, these schemes have the potential to reduce the year end position below the £35m currently forecast.

9. STATEMENT OF FINANCIAL POSITION & WELSH NHS DEBTORS

9.1 Statement of Financial Position (Table G)

- Key movements during September 2019 included:
 - Non-current assets - Property, plant and equipment: Newly capitalised additions, less non-cash adjustments.
 - Trade and other receivables: Revenue Resource Limit (RRL) drawn ahead of profile for the deficit and working capital, plus RRL phasing adjustments.
 - Cash: £7.1m ICF funding received in Month 6 and paid to Local Authorities in Month 7.
 - Trade and other payables: Of the increase, £11.2m relates to two primary care pharmacy payments that straddled the Month 5 month end. Payments were made at the end of August, so reducing the Month 5 balance – they were paid in Month 5 with 1st of September being on a weekend.
 - Provisions: Decrease in Medical Negligence (MN) and Personal Injury (PI) provisions in Month 6 (£0.7m), plus reduction in CHC provisions (£0.3m) and other provisions (£0.1m).
 - General Fund: Capital drawdown (£2.0m) less Month 6 deficit (£2.9m).

9.2 Welsh NHS Debtors (Table M)

- The Health Board held thirteen invoices which were over eleven weeks old at the end of Month 6. These have been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. The total outstanding value was £139,645.
- As this represents the highest number of outstanding NHS Wales invoices over eleven weeks old during the current financial year additional actions have been put in place to ensure that the number is reduced during Month 7.
- Five of the invoices outstanding at the end of September totalling £27,581 have been paid prior to the Monitoring Return submission date with a further one invoice now authorised for payment and one more awaiting cancellation.

10. CASH FLOW FORECAST

10.1 Cash Flow Forecast (Table H)

- The closing cash balance as at 30th September 2019 was £11.7m, which included £3.6m of cash held for capital expenditure. The revenue cash balance of £8.1m included £7.0m of funding for ICF that was received at the end of Month 6 but not paid over to the local authorities until Month 7. Excluding this ICF funding, the underlying revenue cash balance of £1.1m was within the internal target set by the Health Board.
- Table H – Monthly cash flow forecast is currently reporting a forecast shortfall of £42.1m as at 31st March 2020, with a total cash requirement of £42.4m in order to maintain the opening revenue balance of £0.3m. This forecast assumes that both the opening capital cash balance of £3.7m and all in-year capital funding will be fully utilised during 2019/20.
- The total forecast cash requirement of £42.4m consists of £31.0m to support the forecast deficit position as per Table B, £10m in respect of revenue working capital balances and £1.4m in respect of capital resource allocations that were not drawn in 2018/19.
- As in previous years, the Health Board will consider all possible actions to minimise the level of requested Repayable Strategic Cash Assistance. Current forecasts are that £4.0m of cash pressures resulting from the 2019/20 deficit position can be managed internally and this will be kept under review as any further opportunities arise.
- The current trade and other payables line of Table G Statement of Financial Position forecasts an in-year reduction of £15.1m (£141.4m to £126.3m). This is £3.7m higher than the working capital cash request as it assumes that the opening capital cash balance will be used during the year.

Movements in trade and other payables 2019/20	£'000
Revenue Movements	
Reduction in commissioning payables (including allocations not cash funded in 2018-19)	4,000
Reduction in Accounts Payable system balance	3,500
Reduction CHC / FNC payables balances	2,500
Total revenue movements	10,000
Capital Movements	
Reduction due to utilisation of opening cash balance	3,665
Reduction in capital payables not cash funded in 2018-19	1,415
Total capital movements	5,080
Total forecast movement in trade and other payables	15,080

10. CASH FLOW FORECAST

- A full analysis of forecast revenue and capital cash movements during 2019/20, including anticipated funding requests is shown below:

Revenue cash requirements 2019/20	£'000
Opening revenue balance	307
Forecast revenue deficit	(35,000)
Forecast revenue deficit to be managed internally	4,000
Working capital balances	(10,000)
Underlying forecast revenue cash shortfall	(40,693)
Anticipated Funding requests	
Repayable Strategic Cash Assistance	31,000
Working capital balances support	10,000
Forecast closing revenue cash balance	307

Capital cash requirements 2019/20	£'000
Forecast cash spend	
Approved Capital Resource limit	(17,186)
Donated asset income	(1,578)
Disposal proceeds	(356)
Anticipated working capital balances support	(1,415)
Utilisation of opening balance	(3,665)
Total cash requirements	(24,200)
Forecast cash funding	
Opening capital balance	3,665
Approved Capital Resource limit	17,186
Donated asset income	1,578
Disposal proceeds	356
Anticipated working capital balances support	1,415
Forecast capital cash funding	24,200
Forecast closing capital cash balance	0

- Cash requirements currently exclude any pressures from in-year movements in provisions and these will be updated following the provision commission exercise that is usually undertaken each November by the team in Financial Control and Governance.

10. CASH FLOW FORECAST

- The Health Board's forecast cash requirements currently exclude any pressures arising from in-year movements in provisions balances. The Health Board understands from the Financial Control and Governance team that the annual provisions data collection exercise will commence next week and any provisions cash requirements will be updated following the November submission.

11. PUBLIC SECTOR PAYMENT COMPLIANCE

11.1 Non-NHS and NHS Invoices (Table I)

- The Health Board has achieved the PSPP target to pay 95% of valid invoices within 30 days of receipt in three of the four measures of compliance at the end of Quarter 2 2019/20.
- Whilst NHS invoices by number remains below target, at 94.2%, this represents a 0.4% cumulative improvement on the performance reported in Quarter 1. The Health Board has paid 2,780 NHS invoices during 2019-20 and the shortfall of 0.8% represents 24 invoices (17 invoices in Quarter 1 and 7 invoices in Quarter 2).
- The Health Board continues to work with Accounts Payable, NWSSP to consider any underlying reasons for late payment of invoices and to identify opportunities to improve the PSPP performance during the remainder of the financial year.

12. CAPITAL SCHEMES AND OTHER DEVELOPMENTS

12.1 Capital Resource Limit (Table J)

- The Capital Resource Limit at Month 6 is £17.2m. Year to date expenditure is £5.5m against a plan of £6.0m. The year to date slippage of £0.5m will be recovered throughout the remainder of the year.

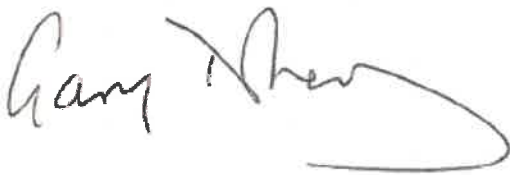
12.2 Capital Programme (Table K)

- The Capital Programme update is reported in Table K. Anticipated CRL forecasts have been reviewed and revised. This is reflected in the reduced CRL for this financial year.

13. SUMMARY

13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board. There are some relatively minor differences between our various savings reports, which reflect slight timing differences in reporting from our single savings database.
- The Month 6 Monitoring Return will be received by the Health Board's Finance and Performance Committee on the 24th October 2019.



Gary Doherty
Chief Executive



Sue Hill
Acting Executive Director of Finance

APPENDIX - MONTH 5 MONITORING RETURN RESPONSES

Month 5 Monitoring Return Responses

Action Point 5.1

It is disappointing to note that there is still a significant gap of c £8m relating to the full identification of your £25m savings target and actions to recover the forecast under delivery of identified savings. I acknowledge the work being led by your Turnaround Director and given that we are approaching the mid-year point, it is vital that you have robust plans in place from Month 6. Currently, your submission lacks the required assurance that your forecast outturn is achievable.

Response

- Please see the M06 monitoring return. The savings gap has reduced and BCU is continuing to work at pace, alongside the Recovery Director, to convert red schemes to green/amber.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 5.2

As at Month 5, you are incorporating c£7m of the £9.5m cost pressure (as an in year item, not as part of your opening plan data) and have included c£7m of cost avoidance actions in your Savings Tracker (Table C – as a mix of Month 1 and in year schemes). The balance of £2.5m has been reported as a new risk in Table F (with a High likelihood that the risk will negatively impact your outturn).

It is also noted, that a number of the cost avoidance schemes recorded on the tracker, are actually what we would classify as cash-releasing savings.

At the meeting you agreed to provide further information on a number of areas before we could agree, between us, how best to treat the issue of the £9.5m cost avoidance.

- To confirm that the £9.5m of cost pressures, which were assumed to be offset by cost avoidance in the latest version of your AOP, were in addition to the £68m of cost pressures detailed in your plan.

Response

- As per the response on the 1st of October, 2019. We confirm the £9.5m of cost pressures are not included in the £68m.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 5.3

- To provide a comprehensive analysis of the cost pressure areas which you forecast would amount to £9.5m.

Response

As per the response on the 1st of October, 2019, the analysis of cost pressure areas are:-

APPENDIX - MONTH 5 MONITORING RETURN RESPONSES

	Assessment of Gap	Savings Projection @ M5	Residual Pres
	£'000	£'000	£
CHC (incl MH Packages)	3,300	3,302	
Medicines	2,000	387	1
Mental health issues	800	738	
Agency Medical / Nursing	3,400	2,456	
Other		123	
Total	9,500	7,006	2

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 5.4

- To clarify the value of the associated cost avoidance, if not the full £9.5m, that was classified as low risk on the basis that actions had been taken at the start of the year to prevent the costs (listed in AP 5.3) being incurred. Also, to clarify if that assumption has been proved to be correct (i.e. those costs have been avoided without the need of management action during the year).

Response

- As per the response on the 1st of October, 2019, We confirm the cost avoidance as at M05 is £7.006m planned cost avoidance, but the assumption made that these did not need management action is incorrect as all schemes required management action and have a PID, a lead and associated profile of delivery.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 5.5

- To clarify the balance value (if any) of the associated cost avoidance, that required management action to avoid the costs (i.e. a scheme was required, with a PID, a nominated lead and a profile of delivery etc).

Response

- As per the response on the 1st of October, 2019, the balance value, £2.494m as of M05, of associated cost avoidance does require management action.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 5.6

- To clarify your latest assessment, related to the element above (AP 5.5), of whether there is currently a gap (provide the value) of robust cost avoidance schemes.

Response

APPENDIX - MONTH 5 MONITORING RETURN RESPONSES

- As per the response of 1st of October, the balance continues to reduce at pace and the gap in our plan for the £9.5m is currently £825K taking amber and green schemes only, with further schemes still to be converted from Red to Amber/Green. The forecast out-turn for these plans has been updated in the M06 Monitoring Return.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 4.7

I note your commitment to produce a reconciliation to support the profile of the RRL each month from Month 6.

Response

This reconciliation will follow shortly after the formal submission.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 5.7

Your narrative indicates that you received a settlement figure of £0.4m for one rebate relating to Haematology drugs. Please clarify the status of any further rebates, as your narrative suggests there are a number.

Response

A further rebate is accounted for within the September position, see narrative in the report.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 5.8

At our meeting, we discussed the uncertainty of the CHC inflation value, currently included as an estimate in Month 10 of your profile. I understand this is a complex area; however I would be grateful if you could provide an update at Month 6 on how this is progressing, the target date for finalisation and if you have decided to accrue any element or if the full estimate remains in Month 10.

Response

The health board is going through the governance process to approve the FNC uplift which is expected to be agreed in October, and is also following a similar process for the CHC uplift, but this is unlikely to be approved until November. The payment is still expected to be paid in Period 10.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 5.9

The listing of reserve expenditure (section E) reports that an increase in spend will occur in September due to 'payawards'. The pay expenditure for September (£61.747m) on Section A however, reduces compared to August (£62.241m). The Primary Care Pay (B2 analysis) also shows no increase in September. I note that pay savings only marginally increase in September compared to August. Please explain the lack of correlation between the values reported.

Response

- The DDRB uplift has been agreed and the Health Board intends to pay both the increased rate and back pay in October. The phasing has been adjusted accordingly.

APPENDIX - MONTH 5 MONITORING RETURN RESPONSES

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 5.10

The material forecast reduction in agency expenditure reported on Table B2, does not look feasible given the actual spend being incurred currently. The extent of the reduced forecast spend is not explained by a similar increase in agency savings. Please review your forecast expenditure for this area at Month 6.

Response

The HB has significant savings planned for Agency expenditure. The Agency forecast will be reviewed in more detail in future returns in conjunction with our workforce optimisation programme.

Savings (Table C, C1, C2, C3) – Action Point 4.6

I acknowledge the additional narrative on savings; however I would be grateful if you could provide the profile of the original £25m cash releasing savings target.

Response

This has been included in the narrative report.

Savings (Table C, C1, C2, C3) – Action Point 4.8

I note your response to my query regarding Accountancy Gains. In light of your comments, I note that there is a scheme (AE024) which references 'Accountancy Gain' within its title but the drop down selection for 'Accountancy Gain' has not been selected. Please correct this for Month 6 and ensure that all other schemes which relate to Accountancy Gains, are correctly classified as such.

Response

Please see Period 06 return.

Risks (Table F) – Action Point 5.11

I note your comment regards the Welsh Risk Pool current forecast overspend. The quantified value of your risk can be obtained from the monthly report which you receive from NWSSP - WRP. For ease, your proportion is £0.682m. Please ensure this value is reflected within your Month 6 submission.

Response

The risk table has been updated to reflect this figure.

Risks (Table F) – Action Point 5.12

Also in relation to the £8.034m gap, I note that this has been given a likelihood assessment of High. This appears pessimistic, given that you are developing pipeline schemes and at our meeting you described your current total of schemes both identified and in the pipeline, of being in the region of £39m. This would be sufficient to cover off the £25m, the £9.5m cost avoidance and c£5m of the £10m gap to achieve an outturn of £25m. Please review your likelihood assessment at Month 6, if still applicable.

Response

APPENDIX - MONTH 5 MONITORING RETURN RESPONSES

The risk rating has been reviewed and updated based upon current information.

Risks (Table F) – Action Point 5.13

I refer to the risk reported against CHC and the narrative that states growth was excluded from your plan, yet there has been a significant increase in growth/no of cases, within recent months. It is not clear if this risk is duplicated as you are now reporting a new risk that assumed cost avoidance of £2.5m may not be achieved as we have already established that CHC forms part of the £9.5m issue. Please review this for Month 6 to ensure there is no duplication of risks.

Response

The risk table has been reviewed.

Monthly Positions & Net Profile Analysis (Table B & B1) – Action Point 5.14

At Month 5, the forecast outturn for miscellaneous income - Capital Donations / Grants is £1.578m (this is also reflected on Table J). However, the anticipated resource reduction for Donated Receipts on Table E (line 23) is £1.671m. Please ensure the amount is reported consistently throughout your next submission.

Response

See updated return.

Monthly Positions & Net Profile Analysis (Table B & B1) – Action Point 5.15

I note the improvement in the completion of Table B1, which results in the combined annual net variance being nil this month, as expected. However, I note that the combined YTD net variance amounts to £6.492m. Given that you are currently reporting a variance against your planned deficit of £3.6m, this suggests there is an issue with your YTD gross expenditure plan values. Please review this for Month 6.

Response

The expenditure profile plans have been reviewed and updated.

Savings (Table C, C1, C2, C3) – Action Point 5.16

Sixteen schemes have been classified as 'amber' within your tracker, eight of which do not have a 'go green' date. I would be grateful if you could complete these fields for Month 6.

Response

The point has been noted and the 'go green' date has been added.

Savings (Table C, C1, C2, C3) – Action Point 5.17

Your narrative includes the statement 'savings delivered of £9.1m are £2.7m ahead of the year to date plan profile'. This is potentially a misleading positive statement to the reader of your report, as you quite correctly recognise that this variance is against the identified plans at the start of the year, not your total required plan, which has elements finalised in year and there still remains a material gap. Given that the variance on Table C, is

APPENDIX - MONTH 5 MONITORING RETURN RESPONSES

more relevant if you had fully identified plans at the start of year, I would advise not quoting this as a standalone value. I would suggest that you quote the savings delivered to date, but if you also wish to provide a statement of how this compares to plan, perhaps compare delivery, against the original assumed profile of the £25m savings target (see AP 4.6).

Response

The point has been noted and the narrative has been updated to reflect current information.

Cash Flow (Table H) – Action Point 5.18

Please note that we will be commencing the annual assessment of your supporting evidence (primarily movements in Welsh NHS Payables in Table G) in relation to any requests for cash support as a result of 'Movements in Working Balances', at Month 6. I note that your narrative already provides the information we require; however please ensure this is refreshed for Month 6. It is advised that when quantifying your revenue cash requirement, that you base this on the assumption that you will maintain a closing cash balance similar to previous years (£0.307m) rather than nil. This is to recognise that the Health Board needs some flexibility when managing its cash balance at year end. In addition, please refine your request for repayable cash support. Currently this is reports as £35m; however there is an expectation (in line with previous years) that the Health Board will also take some steps to manage an element of this.

Response

The Health Board is currently reviewing potential cash requirements, both for working balances and strategic cash support, and these will be updated along with supporting narrative in the Month 6 submission.

Cash forecasts submitted in previous Monitoring Returns have been based on a forecast closing revenue cash balance of £0.307m (to match 1st April 2019) with a nil closing capital cash balance and this assumption will continue in the Month 6 submission.

As in previous years the Health Board recognises the need to consider all available management actions in order to minimise the level of required strategic cash support and these actions will also be reflected in the Month 6 submission.

Dental – Action Point 5.19

I note your comment regards the DDRB uplift. Please clarify at Month 6 (when your Q2 data is submitted) if you have included the costs of the DDRB within your Dental position.

Response

This has been included in the narrative report.

Finance & Performance Committee**24.10.19**
GIG
 CYMRU
NHS
 WALES

 Bwrdd Iechyd Prifysgol
 Betsi Cadwaladr
 University Health Board

**To improve health and provide
excellent care**

Report Title:	Annual Plan Progress Monitoring Report (APPMR)
Report Author:	Mark Wilkinson, Executive Director of Planning & Performance
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 progress against the key Actions within the Annual Plan
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised by the Executive Team and approved by the Executive Director of Planning and Performance.
Governance issues / risks:	N/A
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	√	5.Considering impact on all well-being	√

services		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 monitoring the progress in implementation of the Board's operational plan with increased scrutiny on progress from the executive team.			
Equality Impact Assessment The Health Board's Operational Plan has an equality impact assessment completed. This report provides evidence of progress against this plan.			

Disclosure:

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



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



September 2019

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

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the executive team. Additional assurance will be provided on a quarterly basis with narrative in support of the rating given to a random selection of plan actions. Where a red rating is applied in any month, a short narrative is provided to explain the reasons for this and actions being taken to address.

As it is the end of the second Quarter 2019/20, this report includes a sample of evidence for two of the Actions within each programme. Lead Executives have compared their rating in light of the Q2 milestones. The sampling aims to provide a consistency check on the application of the RAGP rating and additional evidence to provide assurance that the rating is appropriate.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk.

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

RAG	Every Month End	By year end	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why, and what is being done to get back on track.
Amber	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
Green	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional Information required
Purple	Achieved	N/A	Where RAG is Purple: No additional Information required

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

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Quarter 2 Sample Report: AP001 - Smoking cessation opportunities increased through Help Me Quit

Milestones due to be met in Quarter 2:

There are no milestones to meet in Quarter 2 for this Action.

Summary of Position

- Uplift (65%) in smoking cessation staff for Help Me Quit in Hospital
- Following transfer of Stop Smoking Wales service to Health Board, developing closer integration of cessation services and healthcare services to utilise all elements of the system to their best effect – pooling expertise and experience.
- Review of Level 3 Pharmacy service practices in order to enhance smoking cessation offer and recording of validated quit rates.
- Implementation of a rolling programme of Help Me Quit in Primary care.
- Supporting GP Clusters to prioritise tobacco control in Cluster IMTPs.
- Smoke Free Premised Task and Finish Group coordinating actions in support of planned introduction of Regulations in 2020.

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Quarter 2 Sample Report: AP008 - Partnership plan for children progressed with a strong focus on adverse childhood experiences (ACE)

Milestones due to be met in Quarter 2:

There are no milestones due for Quarter 2 for this Action, However, achievement of the Milestone for Quarter One, “AP008A - Review of the Neurodevelopment Pathway” is yet to be confirmed.

Summary of Position

Following the two successful bids in August to Welsh Government for Neurodevelopment Services; Recurrent funding to close capacity and demand gap; Non recurrent funding to address current waiting list position a Regional Neurodevelopment Steering Group has been set up to roll out the bids and address 6 key work-streams:

1. Plan of Action
2. Data recording and reporting
3. Development of a North Wales Service Specification
4. Workforce opportunities
5. Waiting List Recovery
6. Communication.

Work streams 1 & 2 have been completed, Work-stream 3 has identified in practice all three health economies are now using the All Wales Standard for referrals, though the workforce applying them differ slightly. Work stream 5 has developed a tender to go out in the next month. Work-stream 5&6 in development. Initial findings suggest the timeframe for workforce recruitment to close capacity – demand gap is likely to be 9-12 months, during which the demand will exceed capacity and therefore add an additional 150-200 onto the Waiting list recovery work-stream. Once the tender is public we will be in a better position to estimate how many suppliers and by inference the length of time to clear the 1200(+150-200) currently waiting beyond the target

Improved partnership working is taking place across children's services. All services are gradually focusing their work with an 'ACE aware and trauma informed' approach. This particularly takes place within our services for Children who are Looked After (LAC) where there is significant multiagency team work to enable earlier intervention. This is as a result of the Children's Transformation Bid investment. Partnership working is also evident for the implementation of the Additional Learning Needs (ALN) Act, with work taking place to develop the role of the DECLO. More recently a multi- disciplinary arrangement has been agreed between the health board and third sector partners in the development of an On-call rota for the provision of care to children at the End of their Life, as expected within the palliative care standards.

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AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Executive Director Primary & Community Care	G	G	A	A	A	M						M
AP010	Put in place Community Resource Team maturity matrix and support to progress each CRT	Executive Director Primary & Community Care	G	G	G	G	G	G			M			M
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	G	G	G	G	G	G						M
AP012	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Executive Director of Primary and Community Care	A	A	G	G	G	M						M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care		G	G	G	G	G			M			M
AP014	Model for health & well-being centres created with partners, based around a 'home first' ethos	Executive Director of Primary and Community Care	A	A	A	A	A	M						M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD		G	G	G	G	G						M
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	G	G	A	A	A	A						M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	G	G	G	G	G	G						M
AP018	Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Executive Director of MH & LD	G	G	P									M
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	A	A	A	A	A	A			M			

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Quarter 2 Sampled Report: AP010 - Put in Place Community Resource Team Maturity Matrix and support to progress each CRT

Milestones due to be met in Quarter 2

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

- Integrated/ partnership elements of the Care Closer to Home project have been incorporated within the Community Services Transformation Programme. A key element of this work is the establishment of 14 integrated health and social care Localities, based on the geography of GP clusters. The development and expansion of Community Resource Teams (CRTs) is central to this work.
- To support this work, a **Localities Road Map** is now in place to guide Area Integrated Service Board's (AISBs) in the development of integrated health and social care Localities. This Road Map is supported by an agreed **Project Workbook** which provides a number of practical tools to support development, including:
 - Glossary of terms
 - **Maturity matrix**
 - Mobilisation plan
 - Stakeholder analysis
 - Communications plan
 - Risk register
- Area ISBs are applying the **Maturity Matrix** in order to establish a baseline, and then again at 6 and 12 months, as a way of evidencing distance travelled.
- Conversations are being had across Areas to agree **Locality Leadership/** management structures for the new integrated health and social care Localities, with the Central Area holding a facilitated session in early September 2019. Similar conversations in the other Areas are expected to take place over the coming months.
- Working collaboratively with Public Health Wales, work has started to develop a regional template for **Locality Population Needs Assessments**. The data developed as a result of these assessments will inform and support the development of CRTs, by providing the evidence base from which to make decisions about resource allocations and service development priorities.

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Quarter 2 Sampled Report: AP017 - Develop and Implement a Social prescribing model for North Wales

Milestones due to be met in Quarter 2

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

- There are a plethora of predominantly county-based social prescribing programmes across North Wales, commissioned through short-term funding streams. All are focused on the 3rd sector, and respond to locally-identified needs.
- BCUHB is now working to commission the Elemental software package that will allow for greater co-ordination, tracking and measuring of outcomes between the various programmes.
- At a North Wales level, a Community of Practice (COP) has been established as a partnership between BCUHB and Wrexham Glyndwr University, to enable practitioners to network, share good practice, identify learning and training needs, and identify opportunities for research and evaluation. The COP meets on a quarterly basis, and is attended by over 80 participants on each occasion.
- BCUHB has also worked with Bangor University to identify research funding, which aims to enhance the local evidence base. On an All Wales basis, BCUHB is a partner in the Wales institute for Social Prescribing Research, working with a number of academic institutions, and looking to access significant research monies to build the academic infrastructure around social prescribing in Wales.
- Proposals are currently being formulated to ensure the continued funding for 2019-20 programmes so that the current good practice can be continued.

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

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AP021. Implement preferred model for acute urology services.

The preferred service model is being reviewed against the overarching Health Board Strategy to ensure it remains aligned. This is as a result of the uncoupling of the Robotic Assisted program and the potential of introducing a new model of care which could enhance day case surgery. This model may form part of the planned care strategy rather than being specific to Urology, this will be explored in a further and final workshop, scheduled for 25th October 2019.



AP025 - Implement year one plans for Endoscopy

Milestone 1/June 2019 - Put in place in year service delivery plan

There is an in year service delivery intention which is awaiting confirmation of funding from WG. Delivery of this plan has been hindered by the delay in the Vanguard unit being commissioned and the rooms in Wrexham coming fully on stream. YG and YGC have insourced additional capacity regularly at the weekend as agreed.

Milestone 2/September 2019 – Endoscopy deliver sustainable delivery plan including staffing and estate.

The North Wales Endoscopy Group has been established with workstreams including Workforce, Estates, Capacity & Demand and Pathways. These mirror the National Endoscopy Programme Board; with which the H Board is fully engaged, workstreams;. The H Board has undertaken Capacity and Demand modelling with the DU and this is to be further refined during November and will inform our plan going forwards. The H Board have continued to insource activity as above and await a decision on funding.

Milestone 3/March 2020 - Endoscopy develop JAG accreditation timetable/plan

The National Endoscopy Programme Board has commissioned a JAG preparation visit for all Health Boards which is currently being arranged. This will inform the planning process to achieve full accreditation.

AP025 - Systematic review and plans developed to address diagnostic service sustainability

Milestone 1/June 2019 – Ensure capacity plan for in year demand is in place.

Insourcing for CT, MR and Non Obstetric Ultrasound has been agreed for the Radiology Service until the end of December 2019 with RMS. Insourcing will be required until March 2020 and additional funding for Radiology has been requested from Welsh Government.

Milestone 2/March 2020 – Develop capacity plan for future demand (equipment and staff)

Kendall Bluck are currently conducting a review of Radiology Services and this will be used to inform the basis of the proposal for sustainable radiology services in time for the Milestone date.

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Quarter 2 Sample Report: AP022 - Business case, implementation plan and commencement of enabling works for orthopaedics

Milestones due to be met in Quarter 2:

AP022A - Finalise Orthopaedic Plan

AP022B - Commence implementation plan and enabling works for Orthopaedic Services

Summary of Position

The 3 funded elements of the Orthopaedic Plan are progressing well;

1. Consultant recruitment the HB has received an excellent response to the adverts for ortho cons with over 50 applications. Interviews scheduled for October 2019. However RAG remains amber as there will be a time lag before the posts are filled and they will impact upon additional activity for this year.
2. Outsourcing 7450 cases to NHS England providers. Transfer of patients has begun to take place to Agnes Hunt and Countess of Chester in accordance with the plan. Treatment has commenced and we do not anticipate any issues in delivering the planned 750 cases. Further outsource capacity is being sought from other providers to support delivery of the backlog reduction. Contracts not yet finalised hence rating remains amber
3. Estate – capital planning work is progressing with costed returns expected by the end of December 2019.

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Quarter 2 Sample Report: AP026 - Fully realise the benefits of the newly established SURNICC service

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

- The North Wales Neonatal Service underwent it's final Transition in November 2018.
- Babies under 26 weeks gestation and those requiring Surgical or Cardiac care are transferred to England.
- Transfer pathways are in place and are working well.

Medical Staffing

Representation from the Wales Deanery visited YGC in February 2019, it was agreed that Neonatal Trainees would be returning to YGC from March 2020, we are expecting 4 Trainees. All the Neonatal Consultants have agreed to become Educational Supervisors. We are now fully recruited to our Neonatal Consultant posts, there is cross cover at Tier 2 Registrar Level with the Paediatric Team and there are 2 SHO's due to commence soon.

Nurse Staffing

Recruitment is ongoing, 1 WTE B6 and 2 WTE Band 5 are due to commence in post in October 2019. Over recruitment of Band 5 Nursing Staff to address difficulties in recruiting band 6, to undertake QIS – Quality in Speciality Course in Conjunction with Bangor University.

01.12.18 - 30.09.19 North Wales Activity

24 babies were cared for at YGC between the gestational age of 26 Weeks and 31+6 Weeks who were booked in WMH
4 babies were cared for at YGC between the gestational age of 26 Weeks and 31+6 Weeks who were booked in YG
5 Babies were cared for in WMH between the gestational age of 30 Weeks and 31+6 Weeks
2 Babies were cared for in YG between the gestational age of 31 Weeks and 31+6 Weeks

Posts	Central - WTE	Current Position
Consultant Neonatologists	7	Fully recruited
Band 5	37.12	38.12 (0.92 WTE Over Recruited)
Band 6	16.5	13.08 WTE (Under Recruited)
Band 3	5.5	5.1 WTE (0.4 WTE Under Recruited)
Total WTE	66.12	56.3

CARE DAYS	YGC Q1 Total	YGC Q2 Total	YGC Total	WMH Q1 Total	WMH Q2 Total	WMH Total	YG Q1 Total	YG Q2 Total	YG Total
Total Intensive Care Days	106	98	204	10	14	24	5	6	11
Total High Dependency Care Days	313	175	488	41	77	118	58	46	104
Total Special Care Days	484	406	890	444	668	1112	305	287	592
Total Normal Care Days	1	0	1	0	1	1	23	37	60
Cannot calculate care level total	0	1	1	4	7	11	0	0	0
Total Patient Care Days	904	680	1584	499	767	1266	391	376	767

01.04.17-30.09.19 26W - 26W+6D

11 Babies 26w - 26w+6d gestation were cared for in YGC from 01.04.17 to 30.09.19

IC Days	HD Days	SC days
85	473	323

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

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AP031. Workforce shift to improve care closer to home

This action required the recruitment of advanced nurse practitioners, which has not been successful to date. We have been out to agency with limited success and are continuing to try and recruit to the posts. We have significant gaps at Wrexham in both nursing and medics, hence the highlighted Red position.

AP039. Stroke Services

The business case could not be approved at the present time as the proposed clinical model did not have a financial pipeline to support the revenue costs. Therefore further work is being undertaken to revise the case and develop the clinical pathway.



Quarter 2 Sample Report: AP032 - Demand - Improved Mental Health Crisis response

Milestones due to be met in Quarter 2:

AP032A – Implement alternative crisis pathway

Summary of Position

- Integrated ICAN Pathway has been developed and agreed will support people of all ages and will focus on ensuring that people receive the right support, in the right place, at the right time.
- ICAN Centres have been tested both in the community and within unscheduled care.
- The ICAN Mental Health Urgent Care Centres, support people in crisis who present at our Emergency Departments between the hours of 7pm and 2am but do not require medical treatment or admission to a mental health facility.
- Since launching in January, the service has supported over 1,400 people in crisis.
- An evaluation report will be provided within the next reporting period.
- A recent social return on investment analysis found that for every £1 invested, more than £5 of social value was created.
- We have identified our First ICAN Community Hubs. Community Hubs will offer a local one stop shop of resources to better support people in their communities, ensuring people get the right help and support at the right to prevent problems from escalating.
- We have identified our first ICAN Primary Care test sites.
- We have tested ICAN Volunteers operating from Ambulance control with a view of implementing a pilot study
- ICAN Training has been accredited and launched. We **will be starting to deliver the training across organisations and communities in North Wales**

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Quarter 2 Sample Report: AP036 - Flow – Ablett/PICU for Mental Health

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Positon

Actions	Outcomes	Timeline
Meetings progressing well with plan	Scoping work and data analysis to be undertaken	With sustained focus, the T&F & Board are on track to deliver the programme. There is however; a significant amount of work to be undertaken. To progress this work, Ward Manager needs to be released and backfilled for the agreed period of 3 months.
Clinical and Operational Pathways drafted	Further evidence base sourced	
Transport options scoped, to remain the same by offering a blend of using our own transport & for those patients presenting a higher risk, 365 will be commissioned	Teams informed and engaged, communication plan drafted	
Detailed data analysis undertaken including demand and capacity exercise	Detailed programme plan agreed	
Engagement with CHC and partners underway with clear plan to progress	PID agreed & CAMMS updates up to date	
EQIA, DIPA & HIA complete	Pathway drafted	
Seclusion options have been worked through and the group agreed the need for Tryweryn to have extra care area. A bid will need to be completed for the enabling works	Transport arrangements agreed	
Seclusion Policy to include the use of extra care facility	Consensus agreed on Seclusion	
Further evidence base sourced, literature search complete and informed any decisions made thus far		
ECT arrangements are under review		
Decommissioning of Taliesin and future plans requires further discussion		

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AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director Workforce & Organisational Development	G	G	G	G	G	M						
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director Workforce & Organisational Development	G	G	G	G	G	M						M
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director Workforce & Organisational Development	A	A	A	A	A	M						M
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Executive Director Workforce & Organisational Development	G	A	A	A	A	M			M			M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Executive Director Workforce & Organisational Development	A	G	G	G	G	M			M			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director Workforce & Organisational Development	G	G	A	G	G	M						
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director Workforce & Organisational Development	G	A	A	A	A	M			M			M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director Workforce & Organisational Development	G	G	G	A	A	G			M			M
AP049	Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Executive Director Workforce & Organisational Development	A	A	A	A	A	M						M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	Executive Director Workforce & Organisational Development	A	G	G	G	G	M			M			M

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

September 2019



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Programme

Workforce Integrated Learning & Improvement

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Quarter 2 Sample Report : AP045 - Develop an integrated multi professional education and learning improvement programme in liaison with HEIW

Milestones due to be met in Quarter 2:

AP045A - Enhance working relationships with local education providers to develop stronger academic links

AP045E - Improve attraction

Summary of Position

AP045A - Enhance working relationships with local education providers to develop stronger academic links:

An Education Improvement plan is in place to develop relationships and promote joint working between BCUHB, Higher Education partners, Further Education partners and Local Authority Education leads.

A new Multi-Professional Educational Governance Group has been established, the objectives of which are to strengthen relationships and partnerships with education providers including Health Education Improvement Wales (HEIW), to support and develop education pathways to build a competent, sustainable and flexible workforce. Draft Terms of Reference for the group have been updated to reflect new contacts with education partners and Health Education Improvement Wales (HEIW). The draft Terms of Reference build on those established for the existing 'Training and Education' sub group, which were developed to support the delivery of the Recruitment Strategy.

Mapping of local and national education provision has been completed in readiness for the first meeting. The first meeting will be held on the 21st October 2019

AP045E - Improve attraction:

A scoping exercise has been conducted to map all events, the target groups, age range of targeted groups, and event type in order to ensure appropriate engagement between the Health Board and external partners in order to attract the local population to consider careers within the NHS. 38 events were supported in the 2018/19 school year, 15 events have been planned or already supported in this academic year to date (September-November). A Careers advisor event is being organised by HEIW, BCUHB are represented, the event provides local career advisors with information about health careers. A meeting has taken place with a small local company who delivers careers advice to primary schools WOW (World of Work) sessions are delivered in a fun and interactive way to encourage children to start to think about the types of work available.

Three Year Outlook and 2019/20 Annual Plan
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Quarter 2 Sample Report: AP046 - Develop a strategic equality plan for 2020-2024

Milestones due to be met in Quarter 2:

AP046E - Aligned the objectives to:-

- Living Healthier Staying Well (LHSW) priorities, the Clinical Services Strategy and Workforce Strategy
- The seven partnership well-being objectives, developed in accordance with our duties under the Well-being of Future Generations Act 2015
- The objectives aligned to the Regional Population Needs Assessment and BCUs North Wales Area Plan priorities in response to the Social Services and Well-being (Wales) Act 2014

AP046F - Developed draft SEP 2020- 2024 in line with the duties and undertaken external consultation prior to presentation to Board

Summary of Position

The Strategic Equality Plan has been developed to meet our statutory requirements following extensive research and engagement with a broad range of Stakeholders between January and July 2019. This has included our Equality Stakeholder Group comprising individuals representing people with protected characteristics; the Gwynedd Older People's Forum; the Centre for Sign Sight Sound; Local Partnership Forum, Local Negotiating Committee and Healthcare Professionals Forum; Betsi Cadwaladr University Health Board Stakeholder Reference Group; staff groups and a range of individuals both within and outside the organisation.

The Corporate Engagement Team have also been involved in distributing questionnaires at events they have attended over the last few months. This work has informed the development of a number (8) of strategic equality objectives that will be aligned to the development of the Integrated Medium Term Plan so that they become embedded within operational plans for the organisation. The Plan was approved by the Equality and Human Rights Strategic Forum in August 2019 and was submitted to Strategy Partnerships and Population Health (SPPH) Committee on 1st October 2019 where approval was given for a period of public consultation. The Plan will now be widely circulated and published on our website for public consultation. The final draft will return to SPPH in December 2019 before going to Board for final approval.

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

September 2019

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

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AP069 Ablett Mental Health Unit.

Following appointment of the Supply Chain Partner, the Project Board has reviewed the programme

- The outline business case is the key document in that it defines the case for change and sets the project programme and budget envelope
- The Project Board have noted that the timescale for completion of the OBC is dependent upon 2 critical factors:
 1. The consultation/engagement in support of the relocation of services from Bryn Hesketh
 2. Together with the SCP the Project Board have undertaken further work to assess the risks and deliverability of the current preferred option (partial demolition, rebuild and refurbishment of the existing unit) This review has indicated that consideration should be given to the benefits/consequence of an alternative option to develop a new build solution on the YGC site (to mitigate the risks of the interface with operational services and expected planning objections)
- Together these factors have indicated the need to extend the period of development of the OBC from Jan 20 to May 20.
- By ensuring the OBC is robust and comprehensive the Project Board believe that the planned completion of the FBC and commissioning of the new facility will not change from the original programme.

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Quarter 2 Sample Report: AP062 - Statutory Compliance/Estate Maintenance

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

Estate condition and performance summary report 2017/18 (2018/19 Report available in November 2019)

- Agreed programme of discretionary capital investment across BCU 19/20
- Estates & Facilities budget £3m
- Project delivery reported through to the Capital Programme Management Team
- Projects delivered on priority and based on Estates & Facilities Risk Register
- Pan BCU Projects - Fire Management and Asbestos Removal
- All projects currently on target for delivery by 31st March 2020 and draft bids for 20/21 currently being developed from Estates & Facilities Risk Register

High Risks (£m)	Significant Risks (£m)	Moderate Risks (£m)	Low Risks (£m)	Risk Adjusted Cost (£m)
28.6	20.1	54.5	38.6	53.4

WG Indicator	Definition	BCU Performance	NHS Wales Average
Physical condition	A minimum of 90% of the estate should be sound, operationally safe and exhibit only minor deterioration	74%	81%
Statutory compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	78%	87%
Fire Safety compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	79%	90%
Functional suitability	A minimum of 90% of the estate should meet clinical and business operational requirements with only minor changes required.	85%	82%
Space utilisation	A minimum of 90% of the estate should be fully used	88%	91%
Energy Performance	The estate should consume no more than 410kWh/m2	<421 kWh/m2	<409kWh/m2

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Quarter 2 Sample Report: AP074 - Integrated Care Fund (ICF) schemes

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

Proposals have been reviewed across the Health Board and Councils to provide integrated joint office accommodation (CRT's) and schemes that support dementia services. The following details progress to date.

- OPMH Dementia Unit, Bryn Beryl. Is a new build extension to provide day care accommodation for Older / Adult Mental Health. The scheme has been procured with planning approval received, and is now at business case stage. **AMBER**
- Tywyn Community Resource Team. Work has been completed to provide integrated joint office accommodation, with the Hospital in Tywyn **GREEN**
- LlanfairPG Community Resource Team. Feasibility to provide accommodation for an integrated joint office is complete up to planned permission stage. However as number of ecological and planning issues have been raised, which need resolution before the scheme can progress any further. **RED**
- Cefni Garden will provide a dementia friendly garden within a courtyard on the Cefni Hospital Site, design is complete with procurement ongoing. It is anticipated the scheme will be completed before March 2020. **GREEN**
- Amlwch Community Resource Team. Procurement is complete to provide integrated joint office accommodation within the Health Centre at Amlwch. Subject to approval, the scheme will be completed by December 2019. **GREEN**
- Denbighshire Community Resource Team. Design and procurement have been completed for integrated joint office accommodation on the Denbigh Hospital Site. Subject to approvals, the scheme will be complete by January 2020. **GREEN**
- Conwy CRT's at Prestatyn and Abergele Clinics. Scoping and feasibility is ongoing to provide integrated joint office accommodation on the Prestatyn and Abergele clinic sites. Once design is signed off procurement can progress, subject to approvals the schemes will be finished April 2020. **AMBER**

Three Year Outlook and 2019/20 Annual Plan

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

September 2019

Plan Ref	Actions	Executive strategic Lead	submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019								
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP051	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	Executive Medical Director	G	G	G	G	G	M						M
AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Executive Medical Director	A	A	R	R	R	M			M			M
AP053	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	Executive Medical Director	G	G	G	G	G	M						M
AP054	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	Executive Medical Director	G	G	G	G	G	M						
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	A	A	A	A	A	M						
AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	G	G	A	A	A	A						M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	A	A	G	G	G	M						M
AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Executive Medical Director	G	G	A	A	A	A						M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	A	A	A	A	A	A						M
AP060	Support Eye Care Transformation	Executive Medical Director	G	G	G	G	G	G						M
AP061	Implement Tracker 7 cancer module in Central and East.	Executive Medical Director	A	A	G	G	A	M						

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Quarter 2 Sample Report: AP055 - Support the identification of storage solution for central library

Milestones due to be met in Quarter 2:

AP056A - Specify the storage and logistics requirements for long term storage of acute patient records in Central Support the Hospital Management Team, Planning and Estates department to identify and appropriate solution.

Summary of Position

Agreed Business Case to be aligned with Mental Health Case timescales i.e. vacating the current casenotes housed in the 2nd store by March 2021.

Draft Ministerial Brief prepared for sign off at next meeting on the 23/09. This meeting will focus on the available options/models for housing the YGC file library, including in scope those housed in the primary library. Following this meeting work will commence on the YGC Single Stage Business Case.

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Programme

Digital Health Good Record Keeping

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Quarter 2 Sample Report: AP056 - Transition programme to review the management arrangements for ensuring good record keeping across all patient record types

Milestones due to be met in Quarter 2:

There are no milestones to achieve in quarter 2 for this Action.

Summary of Position

New Deputy Head of Health Records has started in post as of 1st October 2019. The B7 Project Manager has been confirmed in principle and funding is being secured through the HASCAS and Ockenden Programme Board. Once in place the baselining work can commence, Mental Health Services will be the priority area. Original aim to complete this work by March 2020 is at risk due to the delays on the Project Manager post.

Three Year Outlook and 2019/20 Annual Plan
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The Annual Plan is included on page 423 of the March 2019 Health Board papers.

The link to these papers is shown below:

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

Three Year Outlook and 2019./20 Annual Plan
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September 2019

Finance and Performance Committee**24.10.19**
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 University Health Board

**To improve health and provide
excellent care**

Report Title:	Integrated Quality & Performance Report (IQPR)
Report Author:	Ed Williams, Head of Performance Assurance, Dr Jill Newman Director of Performance
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>Key Performance Indicators:</p> <p>Our report outlines the key performance and quality issues that are delegated to the Finance & Performance Committee. The summary of the report is now included within the Executive Summary pages of the IQPR and demonstrates the areas that are challenged in relation to delivery of the expected standards of performance, together with the actions being taken to address the performance.</p> <p>Governance</p> <p>The Committee are asked to note that with effect from this report the RAG rating applied to the indicators are aligned to the BCU planned performance for the period as opposed to the National Target. Both planned position and national target are identified within the report. Work has commenced in training exception report leads with a view to improving the quality of reporting. The board to ward reporting has been improved by using the same design and methodology for reporting in divisional performance reports. Work is underway to adopt the same methodology for the Health Economy performance reports.</p> <p>The Financial Balance is discussed in detail in the Finance Report.</p>
Financial Implications:	N/A
Recommendation:	The Finance & Performance Committee is asked to scrutinise the report.

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

Disclosure:

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



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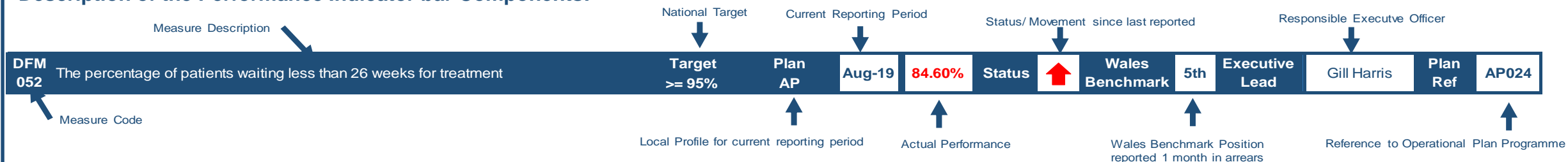
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This Integrated Quality & Performance Report (IQPR) provides a clear view of current performance against a selected number of Key Performance Indicators (KPI) that have been grouped together to triangulate information. This report should be used to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

The measure code relates to the code applied within the NHS Wales Annual Delivery Framework, which Welsh Government hold the Board accountable for delivering. A key difference in the structure of the IQPR for 2019/20, in comparison to 2018/19 is that it is that the report reflects the organisational priorities as set out in the Annual Plan approved by the Board. The report maps each the measures included against the corresponding work programme within the Annual Plan for 2019/20. This is done via a reference number at the right hand side of the Measure Component Bar (shown below). The actual performance reported is compared to the BCU plan in the first instance, with the colour of the font used to depict whether the performance is better or worse than target. The national target is shown so that performance can be compared against expected national standards and locally agreed plans.

Description of the Performance Indicator bar Components:



Status Key:

Not Achieved Better	Not Achieved Worse	Not Achieved Static	Achieved Static	Achieved Worse	Achieved Better
↑	↓	←	→	↓	↑



Profiles

For each key performance indicator the Executive sponsor has confirmed the profile of performance expected to be delivered during the year based on the actions and resourcing set out in the operational plan. The report tracks performance against this profile and as such the RAG rating applied are for performance against the Plan, and not against the National Target. However, the National target rate is presented alongside each indicator on the chapter Summary pages. The frequency of reporting of indicators is set out in the NHS Annual Delivery issued by Welsh Government and this frequency is reflected in the reporting with some indicators annual, others bi-annual, quarterly, bi-monthly or monthly.

Escalated Exception Reports

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

Longitudinal view of performance

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

Cycle of business

This report attempts to set out the actions in the operational plan and there associated measures which come under the terms of reference for this committee to scrutinise during 2019/20. The Interim Operational Plan was revised and presented to the July 2019 Board. As such the key performance indicators have been reviewed and are the basis of tracking performance against from this month's report. These profile replace the previous key performance indicators submitted in the April 2019 Finance and Performance Committee Integrated Quality and Performance Report. Where monthly measures are reportable to this committee the September data is included in this report. For other measures the data provided relates to the latest validated and submitted reporting period. Where data is not currently available the measure is greyed out in the report.

The Executive Team believes the key areas of concern in relation to performance are within the Unscheduled Care and Planned Care Chapters of this report.

It is noted that within these areas where performance has improved and should be commended. These include Cancer performance where BCU performance has improved to be the best in Wales and ambulance response times remain above the 65% target rate. However this executive summary will focus on areas of greatest concern and executive actions being taken to address this.

Unscheduled Care:

In the last report we indicated that overall attendance rate had and would continue to increase up by 2% on plan, however attendances in September 2019 are up over 8% (over 1,500 patients (600, West, 600 Central & 300 East)) compared to September 2018. In addition the triage category of patients presenting continues to rise with a higher proportion of patients attending EDs being classified as major.

It is evident that, due to the high demand, performance against the 4 hour wait measure across our Emergency Departments (ED) has struggled to maintain the incremental improvements seen each month since April 2019. However, despite this increase in demand, we performed better than in September 2018. Performance against the 12 Hour and Ambulance Handover Measures remain worse than the same period last year and worse than the planned position.

Overall, the demand on EDMIU departments is continuing to increase both in volume of attendees and severity of presenting conditions. This is despite the actions taken to manage patients outside to the ED departments, although the increase in use of MIUs is assisting in increasing overall system capacity. It is worth noting that the increase in demand is despite the SiCAT work which is making a contribution (albeit small) to signposting of patients to early supporting care, demonstrating avoidance of conveyance to ED and management of care in the community. In September SiCAT work resulted in avoiding 458 ambulance conveyances and 358 ED attendances.

Unscheduled Care Performance against Plan - Rolling 12 months to 30th September 2019

BCU HB		Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
4 Hour	Plan	95%	82.0%	85.0%	88.0%	90.0%	85.0%	85.0%	85.0%				74.0%	75.0%	76.0%
	Actual		69.58%	70.62%	71.68%	67.64%	66.94%	72.50%	71.11%	69.48%	71.21%	71.49%	73.72%	73.04%	71.68%
12 Hour	Plan	0	900	850	850	800	1,000	1,000	900	1,500	1,395	1,290	1,209	1,085	990
	Actual		1,817	1,849	1,404	1,553	1,989	1,430	1,635	1,743	1,660	1,444	2,044	1,786	1,977
1 Hour Ambulance Handover	Plan	0	850	850	1,055	1,100	1,080	1,092	900	540	341	270	248	186	120
	Actual		758	914	404	446	691	358	438	700	616	447	811	694	896
Cat A 8 Minutes	Plan	65%	81.1%	79.0%	77.0%	74.0%	71.0%	73.0%	75.0%	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%
	Actual		69.7%	74.2%	68.5%	74.7%	72.2%	75.0%	70.4%	70.0%	70.2%	69.0%	68.0%	69.6%	69.0%

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

Integrated Quality and Performance Report
Finance & Performance Committee Version

September 2019



Actions on Unscheduled Care.

The Executives in recognising the different levels of performance between the sites have increased the level of support provided on-site through the use of a Gold control team to address the daily challenges facing the Emergency Department in Wrexham Maelor..

Reconfiguration of beds on the Wrexham site. Implemented on 4th November to create ambulatory and short stay medical capacity located close to the Emergency department with a view to supporting flow away from ED for suitable patients, enabling rapid assessment, diagnosis, treatment and return to normal place of residence for these patients and so minimise the need for admission, releasing bed capacity to those patients who require in-patient hospital treatment. This reconfiguration also segments medical from surgical patient flows, increasing capacity for medical patients and reducing the need for medical patients to occupy surgical beds. This aims to ensure medical teams can be placed directly within the medical area and elective capacity for surgical patients can be better protected.

This work builds on the opening of the new ED in YG (September) and the development of the Same Day Emergency Care Unit in YGC (July) the impact of both of these is being evaluated.

The performance profile submitted is being reviewed to assess deliverability for the remainder of 2019/20 given the current reported performance v plan. Any change in profiles will be included in the update to the Board's operational plan.



Planned Care

The key concerns relate to delivery of RTT, follow up and diagnostic (mainly endoscopy) access times.

RTT

Although slightly improved with less patients waiting over 52 and 36 weeks, RTT performance continues to be characterised by significant waits in surgical specialties for routine procedures - the highest volume is found in orthopaedics. This specialty has a sustainable service gap in addition to the current backlog. The recruitment process for the appointment of 6wte additional consultants has been very successful with a large number of applicants and interviews scheduled for appointments in October. This year has also seen an increased pressure on specialties such as dermatology and gastroenterology where increased waits in endoscopy together with workforce challenges are resulting in longer waiting times. The volume of procedures postponed on the day or the day prior is also a concern as this represents both poor patient experience as well as the inefficient use of resources. An interim improvement lead has been tasked with improving theatre productivity and reducing cancellations. Also slightly improved this month is the volume of patients overdue their follow up appointment, however this still represents a clinical risk and is a concern for the organisation. The slight improvement in RTT and Follow up this month represents normal variation and are both remain considerably worse than the planned position. Early indications are that performance in October has been less positive.

Planned Care Performance against Plan - Rolling 12 months to 30th September 2019

BCU HB		Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
RTT over 36 wks	Plan	0							5,714	6,838	7,465	7,961	8,846	8,021	7,227
	Actual		6,351	6,643	6,932	7,144	8,034	7,826	6,004	6,870	7,499	7,998	8,900	10,167	10,052
Diagnostics 8wks	Actual	0	2,200	1,504	1,275	1,486	2,116	2,123	2,277	2,548	2,857	2,827	2,793	2,957	2,816
Followup Overdue	Plan	0	75,000	73,000	73,000	73,000	72,000	71,000	70,000				87,712	86,835	85,967
	Actual		85,718	82,268	80,712	84,769	83,473	82,483	87,712	88,210	88,079	88,511	88,648	91,288	90,569
Cancer 62 Day	Plan	95%	90.00%	92.00%	89.00%	90.00%	90.00%	91.00%	92.00%	82.00%	83.00%	84.00%	84.00%	84.00%	
	Actual		83.00%	85.80%	80.90%	87.20%	84.40%	808.00%	87.60%	82.20%	81.50%	80.40%	84.90%	86.00%	
Cancer 31 Day	Plan	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	
	Actual		100%	98.40%	99.50%	98.10%	97.40%	98.90%	97.20%	100%	98.30%	98.30%	99.50%	98.10%	
Single Cancer Pathway												78.00%	80.00%	76.00%	

Amber is used where performance is within 3% of Plan

There is no confirmed plan for Diagnostic There is no set target for Single Cancer Pathway

Cancer is reported 1 month in arrears

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Planned Care

RTT Actions

Given the current position v plan the Executives are reviewing the actions within the plan presented to F&P committee in July to ensure all elements are deliverable and recovery is possible by March 2020. In particular the planned improvement in treat in turn is being reviewed given the opportunity to maximise these gains will reduce as the volume of patients under 36 weeks increases in the second half of the year. Changes introduced to strengthen treat in turn have not to date delivered the scale of improvement expected and therefore consideration is being given as to whether the plan remains credible at this stage in the year.. Executives are also determining the additional actions available to recover the position.

Diagnostics

Diagnostic endoscopy remain the highest volume of the 8 week breaches.

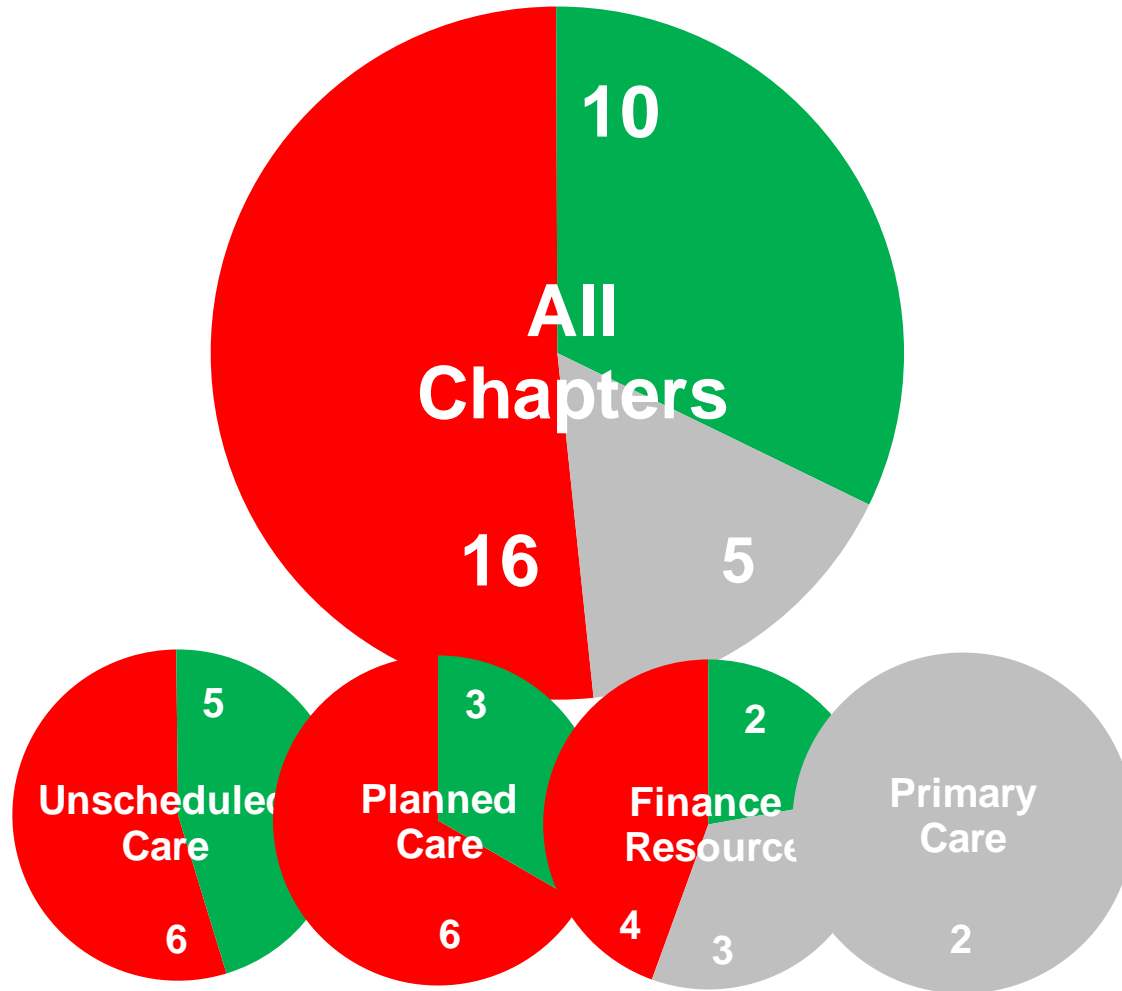
Diagnostic Endoscopy where capacity (estate and human resources) to deliver cancer, surveillance, screening and routine waits has not been sufficient to meet the combined demand leading to priority being given to cancer and surveillance referrals and increased waits for routine procedures.

Additional endoscopy capacity has been commissioned throughout 2019/20. During September the estate work has been completed on the 3rd endoscopy room in Wrexham and the Vanguard unit in YGC has passed the water treatment tests, creating additional physical capacity. This is part of the business case which is in process of being discussed with WG.

Executives are leading the work contributing nationally to endoscopy improvement. The new national demand and capacity tool will be used during November to ratify the work undertaken internally to date and contribute to understanding of the All Wales requirements for Endoscopy provision.

Follow up

There are a number of schemes in place to improve the follow up waiting list. These include validation, with the tender for external validation being assessed during October, use of see on symptoms with 2,083 patients reported as being able to be seen on symptoms at the end of September, Welsh Eye Care Scheme Accredited Optometrists validation of eye care lists, introduction of PROMs in orthopaedics. Each scheme has agreed targets to reduce the size of the waiting list and to reduce the volume of patients 100% overdue their clinically due date.



AP = Awaiting Profile

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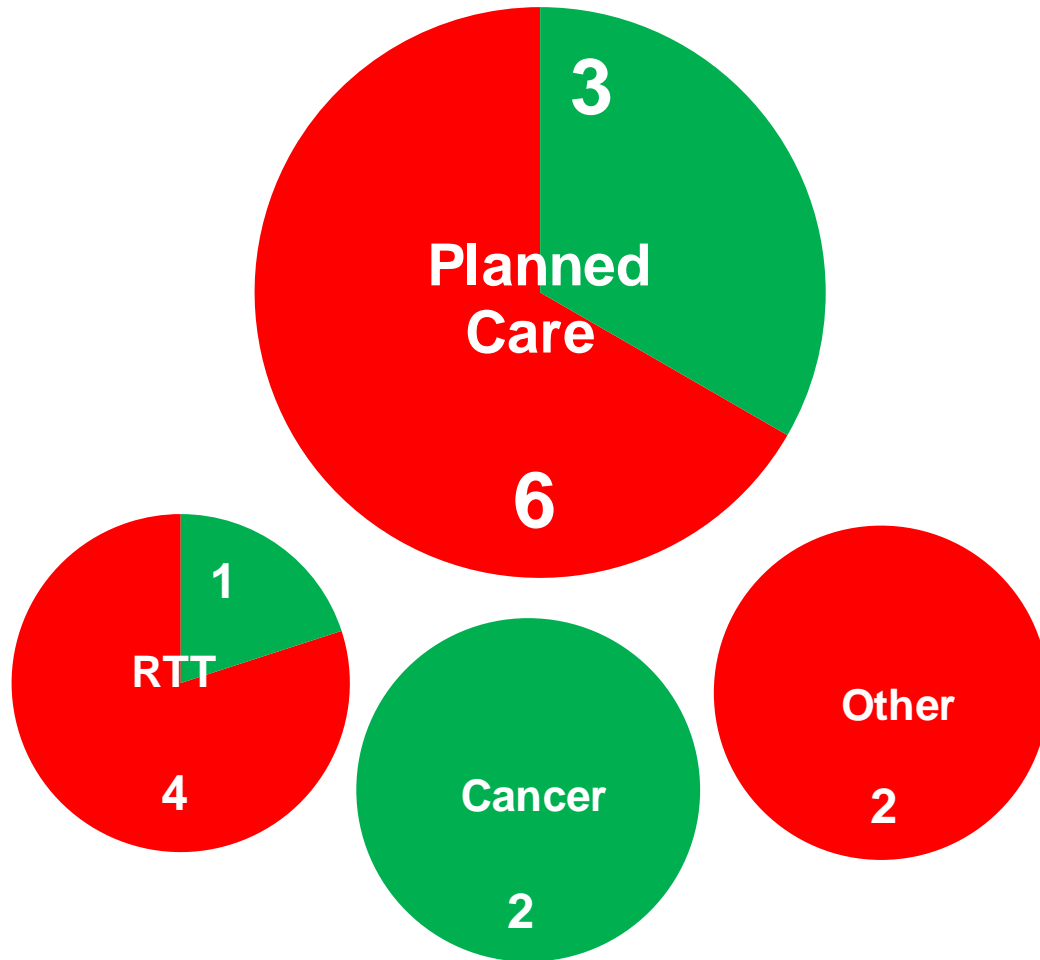
September 2019

Most Improved

Measure	Status	Target	Plan
Hip Fracture Survival Rate	87.80% ↑	Improve	AP
Cancer: 62 Days (USC Route)	86.62% ↑	>= 95%	>= 84%
Stroke Care: Admission within 4 Hours	61.40% ↑	>= 55.5%	>= 50%
Stroke Care: Consultant Review 24 Hrs	85.7% ↑	>= 90%	AP

Of Most Concern

Measure	Status	Target	Plan
Emergency Department 4 Hour Waits (inc MIU)	71.63% ↓	>= 95%	>= 76%
Emergency Department 12 Hour Waits	1,977 ↓	0	<= 990
RTT 36 Weeks	10,052 ↑	0	<= 7,227
Diagnostic Waits: Over 8 weeks	2,816 ↑	0	<= 2,682
Follow up Backlog	90,569 ↑	<= 74,555	<= 85,967
Financial Balance: Cumulative Deficit	£21.16m ↓	<= £25m	<= £17.5m



Measure	Status	Target	Plan
Referral to Treatment (RTT): < 26 Weeks	79.94% ↓	>= 95%	>= 81.2%
Referral to Treatment (RTT): > 36 Weeks	10,052 ↑	0	<= 7,227
Referral to Treatment (RTT): > 52 Weeks	2,730 ↑	0	<= 2,346
Diagnostic Waits: > 8 Weeks	2,816 ↑	0	<= 2,682
Therapy Waits: <= 14 Weeks	0 →	0	0
Follow-up Waiting List Backlog	90,569 ↑	<= 74,555	<= 85,967
Ophthalmology-% high risk factor patients waiting more than 25% beyond their target date	63.07% ↓	>= 95%	AP
Cancer: 31 Days (non USC Route)	98.15% ↓	>= 98%	>= 98%
Cancer: 62 Days (USC Route)	86.62% ↑	>= 95%	>= 95%
Cancer: 62 Day Single Pathway (inc Suspensions)	76.00% ↓	Improve	AP

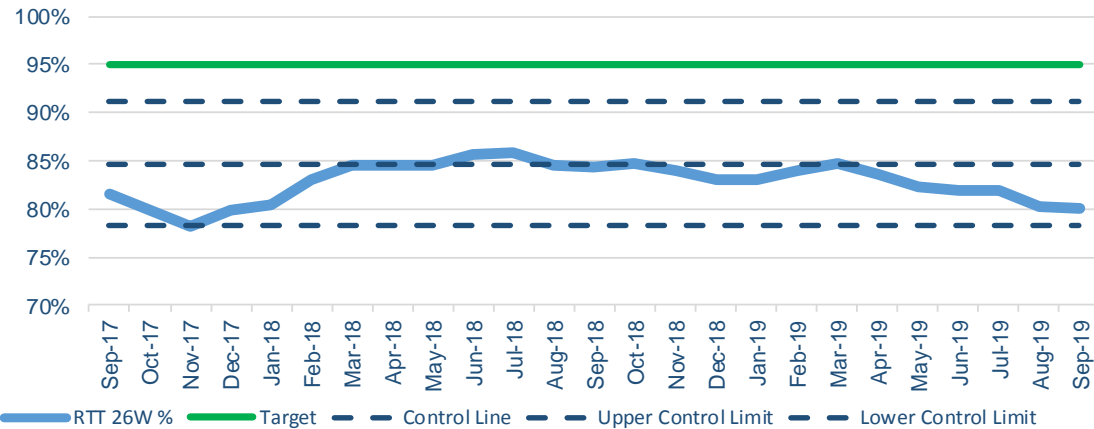
AP = Awaiting Profile

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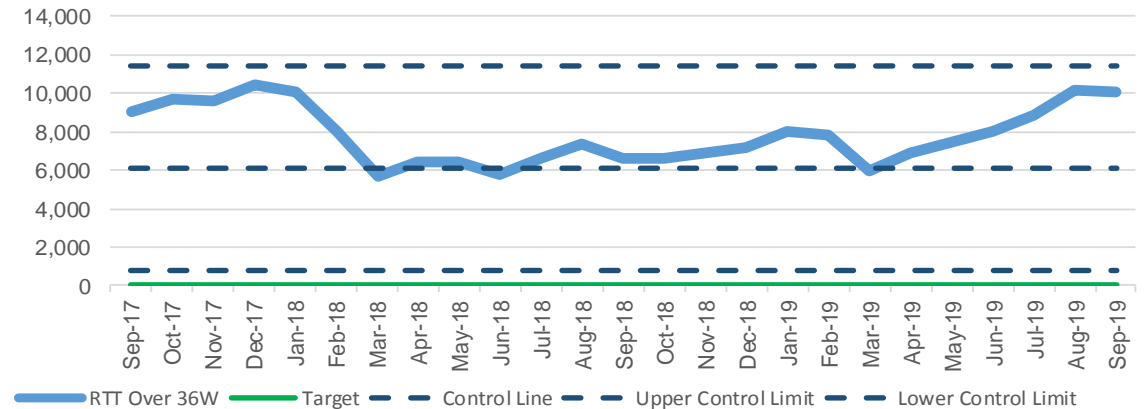
September 2019

DFM 052	The percentage of patients waiting less than 26 weeks for treatment	Target ≥ 95%	Plan ≥ 81.2%	Sep-19	79.94%	Status	↓	Wales Benchmark	7	Executive Lead	Mags Barnaby	Plan Ref	AP024
DFM 053	The number of patients waiting more than 36 weeks for treatment	Target 0	Plan ≤ 7,227	Sep-19	10,052	Status	↑	Wales Benchmark	7	Executive Lead	Mags Barnaby	Plan Ref	AP024
LM05 3a	The number of patients waiting more than 52 weeks for treatment	Target 0	Plan ≤ 2,346	Sep-19	2,730	Status	↑	Wales Benchmark	N/A	Executive Lead	Mags Barnaby	Plan Ref	AP024

BCU Level - RTT Waits % ≤ 26 Weeks: September 2019



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



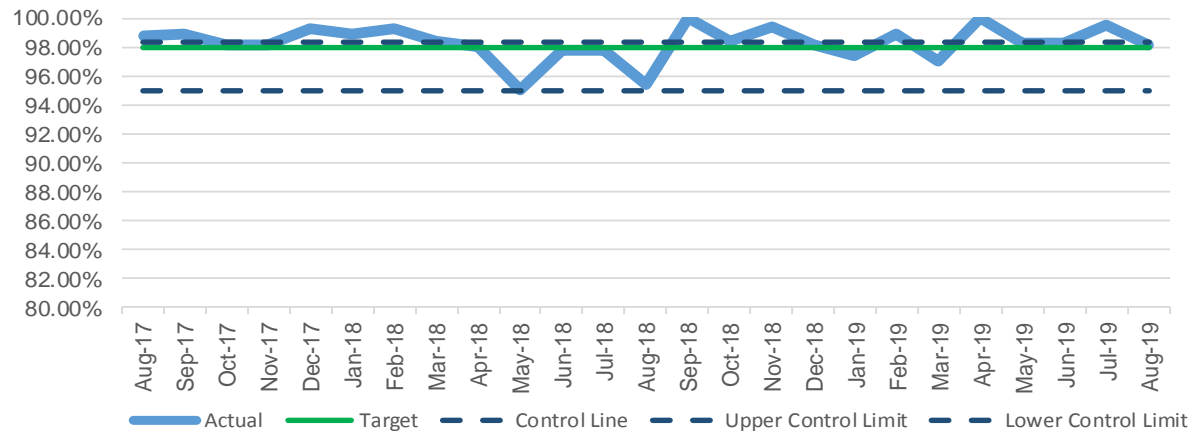
Why we are where we are: The Board has observed significant reduction in additionality delivered internally through WLI, it is mainly due to changes in HMRC rules on personal pensions. Like for like at month 5, there were about 3700 less clock stops when compared against 2018/19. This has caused an increase in over 36 weeks backlog.

Chapter 1 – Planned Care Referral to Treatment: Narrative 12

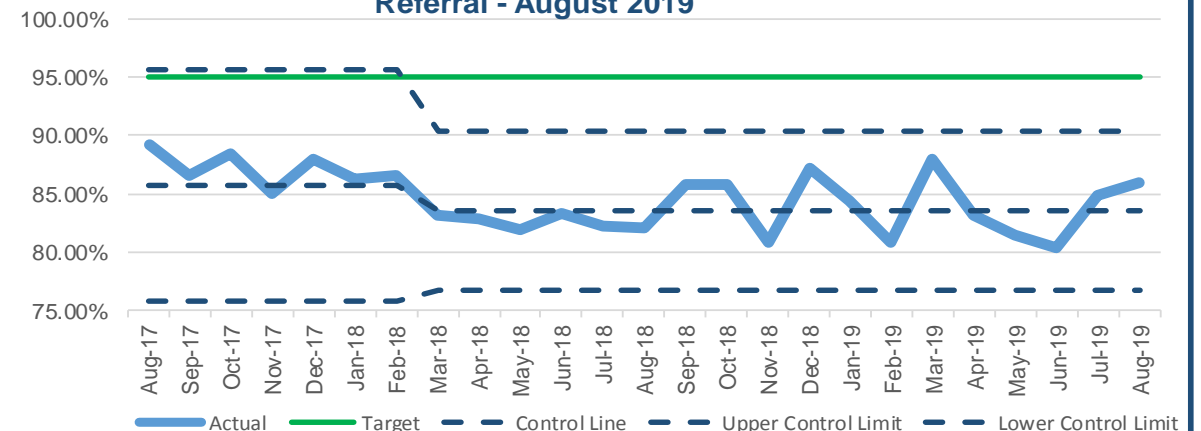
Actions	Outcomes	Timeline
1. RTT cross site validation Rapid Improvement Week	Improved data quality. Reduction in WL by 5%	30 th November 2019
2. Development of weekly planned care dashboard	Operational tool in place to manage RTT performance in real time.	30 th November
3. Complete specialty level Demand & Capacity to identify sustainable gap as well as gap for backlog clearance	Not yet complete. All data has been submitted for new outpatients. Still awaiting same data for endoscopy.	31 st December 2019
4. Revised Terms of Reference (ToR) for weekly Patient Treatment List (PTL) management to focus on more proactive Waiting List (WL) management.	Complete	Implemented
5. Improve scheduling based on clinical urgency and waiting time chronology	Reduction in RTT backlog	28 th February
6. Use of insource and outsource capacity	Additional 750 capacity in Orthopaedics and 800 in Ophthalmology	31 st January 2019
7. Training: assessment of organisational knowledge and Mainstream RTT training programme	Training programme in place to support RTT rules	31 st December 2019
8. Implementation of schemes to free up follow up capacity for services, e.g. Supported Discharge, virtual results review clinics	<ul style="list-style-type: none"> Virtual Patient Reported Outcome Measures (PROMs) in Orthopaedics in place SoS in Rheumatology in the West FU backlog reduction by 15% 	31 st March 2019
9. External resource to validate Follow up (FU) backlog	FU backlog reduction by 15%	28 th February

DFM 063	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	Target ≥ 98%	Plan ≥ 98%	Aug-19	98.15%	Status ↓	Wales Benchmark	1	Executive Lead	Adrian Thomas	Plan Ref	AP026
DFM 064	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Target ≥ 95%	Plan ≥ 84%	Aug-19	86.62%	Status ↑	Wales Benchmark	2	Executive Lead	Adrian Thomas	Plan Ref	AP026
DFM 065	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Target Improve	Plan AP	Aug-19	76.00%	Status ↓	Wales Benchmark	1	Executive Lead	Adrian Thomas	Plan Ref	AP026

BCU Level - Cancer Waiting Times - 31 Day - August 2019



BCU Level - Cancer Waiting Times - 62 Day from Receipt of Referral - August 2019



Why we are where we are: Performance on 31 NUSC continues to deliver in line with the BCU plan and the national target. Performance on 62 days USC while below target has improved this month and benchmarking shows this to be good performance. However the forecast based on the present 62 day backlog of patients is for performance to deteriorate over the next 2 months while patients are treated. Challenges remain in urological surgical capacity, and in breast cancer while awaiting the newly recruited radiologists to take up post. The Single Cancer Pathway work is progressing with BCU capturing the highest volume of points of suspicion (POS) across Wales. It is too early following the introduction of this measure to fully understand the expected volume of POS each month.

Actions	Outcomes	Timeline
1. Prioritise endoscopy capacity for Urgent Suspected Cancer (USC) and other clinically urgent patients; provide additional capacity in-house and via insourcing	All USCs to be booked within 2 weeks	October 2019
2. Hold additional breast rapid access clinics; ensure patients offered transfer to alternative site if shorter wait to ensure equalised waiting times; 2 consultant breast radiologists to commence autumn 2019	All USCs to be seen within 3 weeks	November 2019
3. Agree urology surgery capacity plan for major surgery	All surgery within 31 days of decision to treat	January 2020
4. Track all patients on a USC pathway in order to ensure all delays are escalated and remedial action taken as appropriate	Continuation of backlog reduction to under 75 Improve 62 day performance to 90%	October 2019
5. Appoint tracking staff to ensure all patients tracked from point of suspicion	Improved single cancer pathway performance	January 2020

DFM
054

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

Target
0

Plan
≤ 2,682

Sep-19

2,816

Status



Wales
Benchmark

7

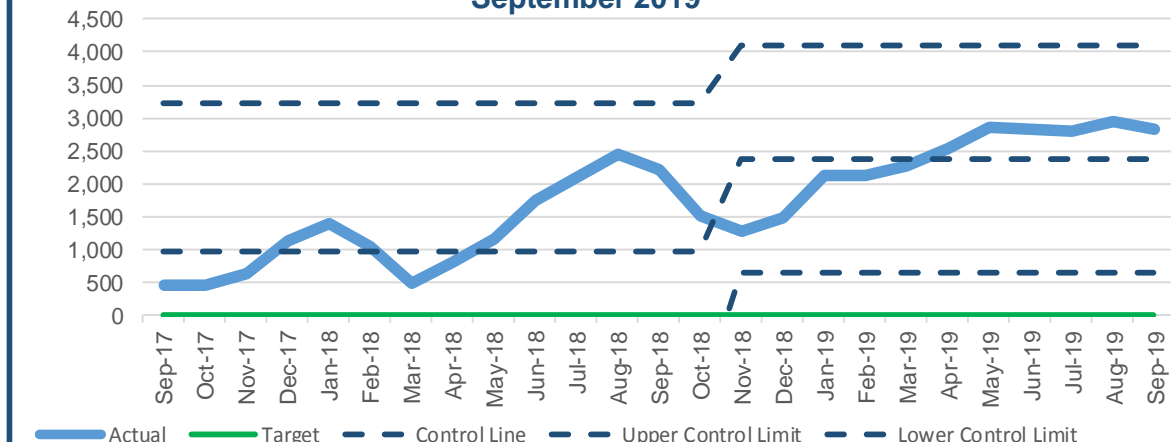
Executive
Lead

Adrian Thomas

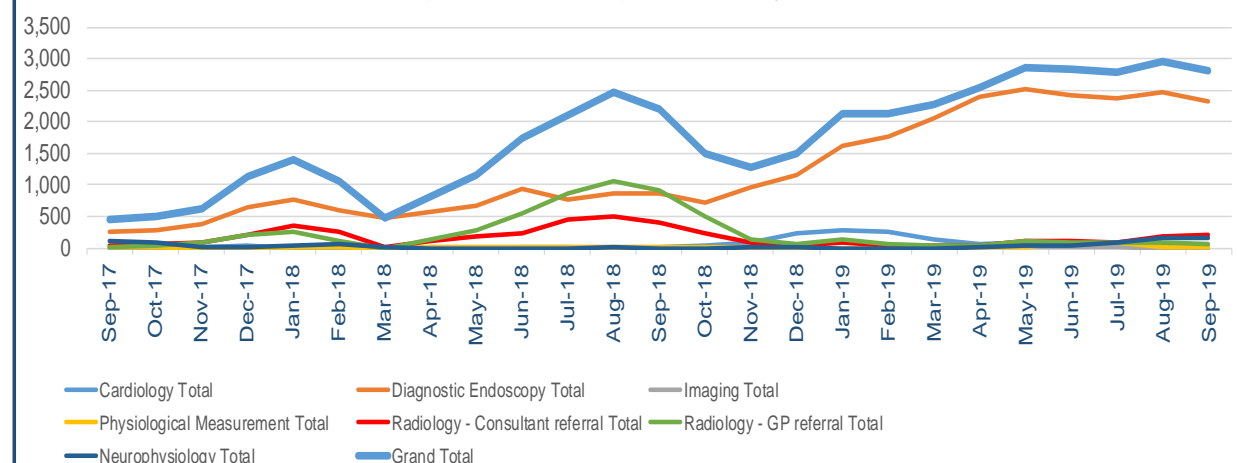
Plan
Ref

AP024

BCU Level - Diagnostic Waits Number of Breaches:
September 2019



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



Why we are where we are:

Endoscopy: due to delay in implementation of solutions. Such as Vanguard due to issue with water testing.

Radiology: ongoing increasing demand and lack of funding to secure permanent appointments to substantive posts.

Neuro-Physiology: Awaiting increased clinic capacity to be provided in new location following estate work.

Actions	Outcomes	Timeline
Endoscopy		
1. Improve scheduling based on clinical urgency and waiting time chronology	Reduction in routine >8 weeks and Surveillance backlog	31 st December
2. Insourcing solutions for all three sites	Additional capacity to reduce routine >8 weeks and Surveillance backlog	31 st December
3. Recruitment of Gastroenterology locum consultant in West	127 additional capacity a month	31 st October
4. Complete specialty level D&C to identify sustainable gap as well as gap for backlog clearance	Site level D&C by modality in place	31 st December 2019
5. Pooling of Surveillance patients from East to West and Centre	Reduction in Surveillance Backlog in East	31 st December
Radiology		
1. Continue with insourcing through RMS framework contract	Additional capacity for CT, MRI and US	31 st December
2. New appointment to breast radiology consultant posts in West/Central	Additional capacity for diagnostic breast US and interventional procedures online in October, expect to recover WL by end of December	31 st December
3. Completion of workforce review of radiology services	Inform the basis for proposal for sustainable radiology services	31 st October
4. Completion of proposals for sustainable radiology service	Develop sustainable staffing/activity model	31 st December

DFM 056 The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities

Target
≤ 74,555

Plan
≤ 85,967

Sep-19

90,569

Status



Wales Benchmark

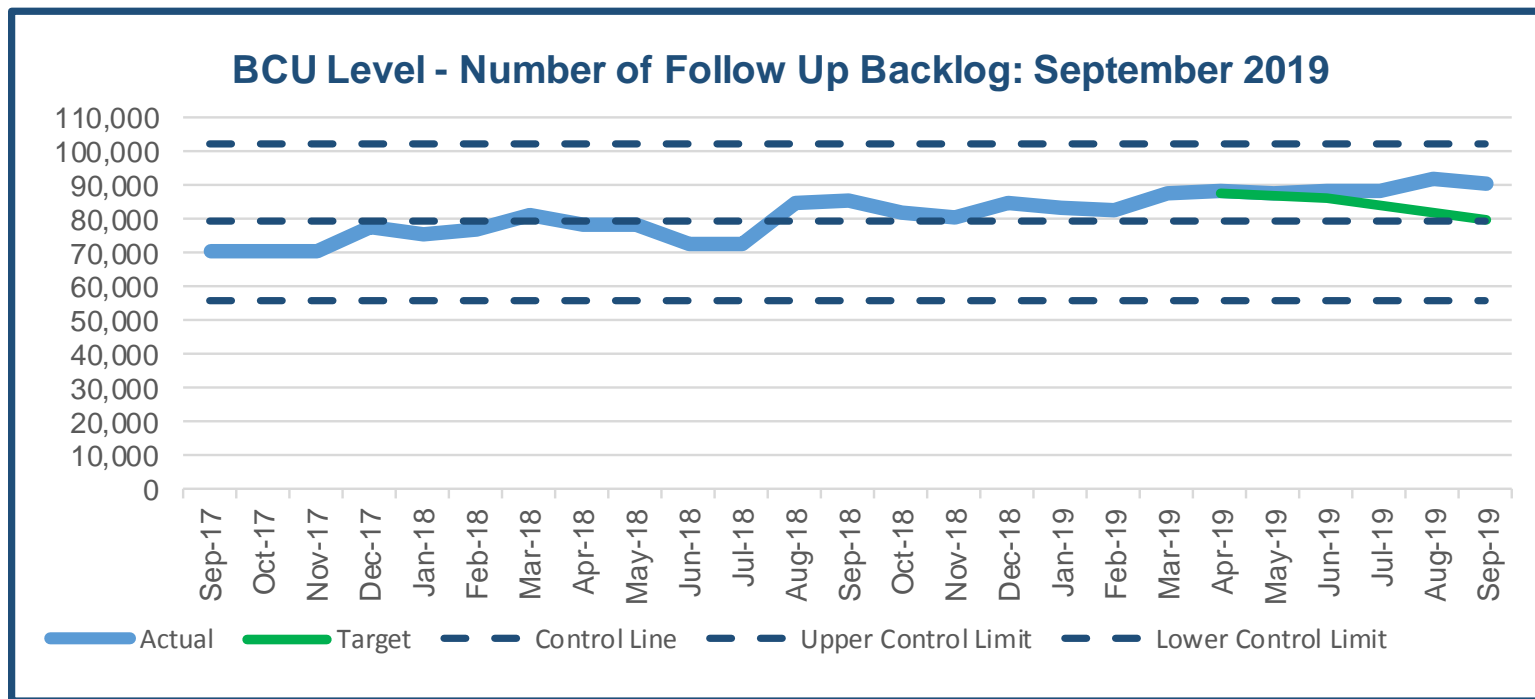
6

Executive Lead

Gill Harris

Plan Ref

AP024



Why we are where we are: Data quality issue related to WPAS implementation and ongoing shortfall in capacity to manage patient pathways in RTT, USC and FU. There is also delay in implementing PROMs FU in orthopaedics.

Actions	Outcomes	Timeline
1. Stable Glaucoma Monitoring – Virtual Clinic Ophthalmology Direct to Listing Pathway redesign	15% reduction on FU backlog	28 th February 2020
2. Cross site validation Rapid Improvement Week	Improved data quality. Reduction in WL by 5%	30 th November 2019
3. Training: assessment of organisational knowledge and Mainstream RTT training programme	Training programme in place to support RTT rules	31 st December 2019
4. Implementation of schemes to free up follow up capacity for services, e.g. Supported Discharge, virtual results review clinics	<ul style="list-style-type: none"> Virtual PROMs in Orthopaedics SoS in Rheumatology in the West FU backlog reduction by 15% 	31 st March 2020
5. External resource to validate FU backlog	FU backlog reduction by 15%	28 th February 2020

DFM 057	95% of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for care or treatments	Target ≥ 95%	Plan AP	Sep-19	63.07%	Status		Wales Benchmark	5	Executive Lead	Gill Harris	Plan Ref	AP022
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Actions	Outcomes	Timeline
1. Glaucoma Pathway workshops completed (6 th and 19 th September)	Future pathway for Glaucoma patients agreed with all key stakeholder (Ophthalmologists; Orthoptists; Optometrists. ODT expansion plans to be in place October 2019 and expressions of interest from Community Optometrists to be sought during October to provide initial data gathering service for glaucoma patients and training of non-medical eye care professionals. Contributing to 15% reduction in overdue follow ups.	March 2020
2. Electronic Patient Record (EPR) and equipment update from Welsh Government and local equipment networking and networking audit completed by informatics	All Wales EPR programme progressing at pace with agreement to replace all essential equipment to enable EPR functionality. Humphries Field Assessment machines will be replaced and Lenovo workstations and high resolution screens will be installed in clinic rooms December 2019, EPR will facilitate shared care for glaucoma patients increasing the overall service capacity and contributing to reduction in follow up waits.	March 2020
3. All areas informed of additional funding available to enable R1 outpatient waiting list backlog reduction and process for developing schemes established.	All areas to submit details of schemes to reduce the R1 out patient waiting list backlog to Eoin Guerin/ Jill Newman. Schemes to commence November. Reducing follow up backlog in accordance with profile provided to secure funding.	March 2020
4. Eye Care Measures Local Groups established	West meeting took place 23 rd September; Central scheduled for 14 th October and next East meeting 24 th October. All areas will submit a highlight report for the November Eye Care Collaborative meeting 8 th November 2019, increasing governance and consistency in delivery of eye care measures across BCU.	October 2019
5. 9 delegates attended the Wales eye care planning event in Cardiff 20 th September to learn about tools being developed for Demand and Capacity Analysis for eye care measures.	Delegates included booking clerk; eye care sister; eye care manager; programme manager, pathway manager; optometry advisor; Director of Performance (Exec programme lead). Demand/ capacity modelling tools were explored and will be available in October for local teams to utilise to help demand and capacity modelling.	October 2019
6. Cataract Pathway –direct to listing	New referral refinement documentation standardised across BCU to enable direct to listing for new referrals from 1.10.19. Existing patients on new OPD list transfer to direct to listing October 2019 so as to release capacity in clinics for risk factor 1 patients. Contribute to 15% reduction in waiting list size.	October 2019

*99% of Ophthalmology patients now have an associated Risk (R) value -ahead of target date of Dec 2019.

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BCU Activity versus Plan 2019/20 Year to Date - 30th September 2019

	West				Central				East				Total Plan			
	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff				
Emergency Inpatients	13,173	13,540	367	3%	15,947	17,309	1,362	9%	18,294	18,383	89	0%	47,414	49,232	1,818	4%
Elective Daycases	5,608	5,887	279	5%	6,166	7,072	906	15%	4,212	3,248	-964	-23%	15,986	16,207	221	1%
Elective Inpatients	2,871	2,839	-32	-1%	2,020	2,643	623	31%	2,125	2,232	107	5%	7,017	7,714	697	10%
Endoscopies	3,172	5,519	2,347	74%	1,712	1,870	158	9%	2,950	2,653	-297	-10%	7,834	10,042	2,208	28%
MOPS (Cleansed DC)	572	603	31	5%	514	198	-316	-61%	154	169	15	10%	1,240	970	-270	-22%
Regular Day Attenders	5,150	5,351	201	4%	8,209	8,005	-204	-2%	10,942	9,264	-1,678	-15%	24,301	22,620	-1,681	-7%
Well Baby	946	843	-103	-11%	829	803	-26	-3%	983	1,007	24	2%	2,758	2,653	-105	-4%
New Outpatients	35,727	37,084	1,357	4%	50,536	48,279	-2,257	-4%	46,009	47,680	1,671	4%	132,272	133,043	771	1%
Review Outpatients	71,373	71,702	329	0%	85,907	86,015	108	0%	104,924	109,634	4,710	4%	262,204	267,351	5,147	2%
Pre-Op Assessment	4,769	4,696	-73	-2%	5,060	4,776	-284	-6%	6,836	6,654	-182	-3%	16,665	16,126	-539	-3%
New ED Attendances	39,659	41,842	2,183	6%	48,141	48,929	788	2%	34,252	34,283	31	0%	122,052	125,054	3,002	2%
Review ED Attendances	535	548	13	2%	706	727	21	3%	2,298	2,179	-119	-5%	3,539	3,454	-85	-2%
Grand Total	183,556	190,454	6,898	4%	225,747	226,626	879	0%	233,979	237,386	3,407	1%	643,282	654,466	11,184	2%

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

This data is subject to further quality assurance checks with our information department to ensure accuracy and comparability between treatment routes and sites. For example it is known that the day case activity in the West is showing as greater than the actual due to historical practices which captures minor outpatient procedures by location of the procedure i.e. in day case theatre rather than by type of procedure. It is also noted that the plan for 2019/20 has been reset based on declared site capacity for elective care. Where activity is significantly above plan, further work is required to understand this degree of variance e.g. Central elective inpatients.

Provider	Activity 01/042019 to 30/06/2019								
	New OPD Plan	New OPD actual	New OPD variance	Follow Up OPD plan	Follow Up OPD actual	Follow Up OPD variance	Elective IP/DC plan	Elective IP/DC Actual	Elective IP/DC variance
Robert Jones & Agnes Hunt NHS Foundation Trust	1414	1,697	284	4,004	9,342	5,339	564	475	-89
Countess of Chester NHS Foundation Trust	2016	3,933	1,918	7,549	22,001	14,452	1,421	845	-576
University Hospital of North Midlands NHS Trust	75	118	43	142	298	156	17	6	-11
Hywel Dda LHB	0	357	357	1,618	1,535	-83	216	276	61
Royal Liverpool and Broadgreen University Hospitals NHS	339	393	55	1,421	3,052	1,631	258	135	-123
Shrewsbury & Telford Hospitals NHS Trust	358	553	195	792	2,069	1,278	70	26	-44
Wirral University Teaching Hospital NHS Trust	103	101	-2	292	761	470	76	84	9
Liverpool Women's NHS Foundation Trust	88	147	60	147	582	435	15	3	-12
Clatterbridge Cancer Centre NHS Foundation Trust	88	87	-1	788	4,258	3,470	67	31	-36
Aintree University Hospital NHS Foundation Trust	217	154	-63	650	1,007	357	106	114	8
Other		3,796			19,310			1,224	
Grand Total (exc. Other)	4695	7,540	2,845	17,402	44,905	27,503	2,809	1,995	-814

This table provides a summary of activity delivered from major contract providers in England. Due to the time-lag in data returns the data is for Quarter One 1st April - 30th June 2019. Quarter 2 data is awaited and will be reported next month. Contract monitoring is in place to support delivery of activity within the value of these contracts.

Key NHS England providers contract NB Month 5 = Month 4 actual and month 5 accrual	19/20 Budget / £000's	19/20 Budget to date £000's	Month 5 Actual £000's	Month 5 Variance £000's
Countess of Chester	21,987	9,161	9,161	0
Robert Jones & AH	13,919	5,800	5,800	0
Royal Liverpool	5,053	2,105	2,135	30
Wirral Hospitals	1,909	795	799	4
Aintree Hospitals	3,337	1,390	1,390	0
Liverpool Womens	472	197	189	(8)
Wrightington, Wigan & Leigh	230	96	96	0
Shrewsbury & Telford	1,735	723	760	37
Uni Hospital North Midlands	4,146	1,728	1,776	48
South Manchester	610	254	254	0
Cheshire & Wirral	105	44	44	0
South Staff & Shropshire	192	80	80	0
Shropshire Community Health Trust	263	110	92	(18)
Sub-Total English Contracts	53,958	22,483	22,575	93
Powys	307	128	115	(13)
Hywel Dda	4,643	1,935	2,027	93

The budget and spend to date in key external contracts is included in the table. This is shown including actual expenditure to month 4 with accrual of month 5 expenditure.

The costs reflect cost of activity that is both payment by results and non payment by results including expenditure on high cost drugs, critical care beds etc.

It has not been possible to align this to the activity split for elective care at this time and work is continuing to assess the resource required to achieve.

Some of the contract budgets for services in these organizations are held within divisions and these are excluded from this report. These primarily relate to neonatal and maternity services where the contracts are held within the Women's division WHSSC contracts are excluded from this table.

RTT Core Activity V Plan - 1st April 2019 to 13th October 2019

1.4.19-13.10.19.	Outpatient Core activity against plan		
Specialty	Year to date plan	OP Achieved Year to date	Year to date Difference from Plan
General Surgery	9665	9963	298
Urology	4095	3030	-1065
Trauma & Orthopaedics	6854	5324	-1530
ENT	7466	7189	-277
Ophthalmology	7129	8401	1272
Maxillo-Facial Surgery	3126	2717	-409
Restorative Dentistry	177	119	-58
Orthodontics	631	381	-250
Pain Management	1116	724	-392
Gastroenterology	2313	2365	52
Endocrinology	1210	1214	4
Cardiology	3954	4259	305
Dermatology	5507	5974	467
Respiratory Medicine	1625	1760	135
Nephrology	635	534	-101
Rheumatology	1592	1059	-533
Geriatric Medicine	1836	1184	-652
Gynaecology	4924	4651	-273
Total	63856	60848	-3008

Stage 4 Core Activity Against Plan					
Specialty	Plan YTD	Planned Admissions Achieved	RTT Admissions Achieved	Difference from Plan	Activity v Plan variance
General Surgery	3,049	198	2,932	-117	81
Urology	1,679	528	1,557	-122	406
Trauma & Orthopaedics	2,896	206	2,907	11	217
ENT	1,670	140	1,664	-6	134
Maxillo-Facial Surgery	775	8	655	-120	-112
Pain Management	371	46	421	50	96
Gynaecology	1,276	14	1,198	-78	-64
Total	11,715	1,140	11,334	-381	759

Work has progressed in reconciling the data inputs for activity v plan in ophthalmology and should be completed for inclusion in next months report. Paediatric plan is being set to 2018/19 outturn and will be included from next month. Data cleansing for general medicine is continuing.

The core activity plan is set at delivering improvements in clinic and theatre utilisation by reducing DNAs and cancellations to a maximum of 5%.

Chapter 3a – Planned Care

RTT additional activity and cost Summary totals ²⁴

Actual	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	FYTD
Total Cost	£1,090,813	£1,213,202	£1,321,609	£948,633	£1,143,642	£874,230	£6,594,324
Total Patients	1,093	1,522	1,799	1,743	2,568	1,501	10,273

Cost Summary	£'000
Internal Activity	£2,737
Outsourced Activity	£664
Endoscopy	£1,781
Diagnostics (Path/ Rad)	£1,410
Total	£6,593

A more detailed breakdown of additional activity and cost for stages 1-3 and stage 4 follows on the next 2 pages

Chapter 3a – Planned Care

RTT Additional Activity and cost: Stages 1-3

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RTT Actuals Stage 1: Months 1 to 6							
Specialty	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	FYTD
General Surgery	0	0	0	37	214	-	251
Urology	0	0	79	11	235	-	325
Orthopaedics	11	0	0	0	-	-	11
ENT	0	0	0	129	119	93	341
Ophthalmology	0	113	547	177	371	181	1389
Max Fax / Oral Surgery	0	100	0	168	44	-	312
Cardiology	0	0	0	0	-	-	-
Dermatology							-
Gastro	114	84	69	231	210	239	947
Endoscopy	0	0	0	0	17	-	17
Pain	0	0	0	0	-	-	-
Total Activity	125	297	695	753	1,210	512	3,593

Cost	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	FYTD
General Surgery	-	£2,137	£0	£2,824	£19,411	-	£24,732
Urology	-	£2,268	£7,166	£840	£21,316	-	£31,589
Orthopaedics	£1,034	-	-	-	-	-	£1,034
ENT	-	-	-	£11,667	£10,828	£8,395	£30,890
Ophthalmology	-	£38,377	£47,443	£14,722	£33,675	£15,972	£150,186
Max Fax / Oral Surgery	-	£7,632	£0	£15,253	£3,977	-	£26,862
Cardiology	-	-	-	-	-	-	-
Dermatology	-	-	-	-	-	-	-
Gastro	£55,161	£44,074	£3,366	£19,742	£16,393	£13,448	£152,184
Endoscopy	-	-	-	-	-	-	-
Pain	-	-	-	-	-	-	-
Total Spend	£56,195	£92,350	£57,975	£65,048	£105,599	£37,815	£417,120

RTT Actuals Stage 2 & 3: Months 1 to 6						
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	FYTD
-	-	-	-	-	-	-
35	90	50	71	39	50	335
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
63	78	-	-	3	-	144
-	-	-	-	-	-	-
-	-	-	-	-	-	-
568	746	730	739	876	738	4453
-	-	-	-	-	-	-
666	914	780	810	918	788	4932

Cost	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	FYTD
General Surgery	-	-	-	-	-	-	-
Urology	£4,025	£10,027	£6,688	£7,944	£6,164	£6,432	£41,280
Orthopaedics	-	-	-	-	-	-	-
ENT	-	-	-	-	-	-	-
Ophthalmology	-	-	-	-	-	-	-
Max Fax / Oral Surgery	-	-	-	-	-	-	-
Cardiology	£7,245	£6,075	£0	£0	£673	-	£13,993
Dermatology	-	-	-	-	-	-	-
Gastro	-	-	-	-	-	-	-
Endoscopy	£226,372	£262,068	£340,876	£308,413	£275,650	£236,363	£1,649,742
Pain	-	-	-	-	-	-	-
Total Spend	£237,642	£278,170	£347,564	£316,357	£282,487	£242,795	£1,705,015

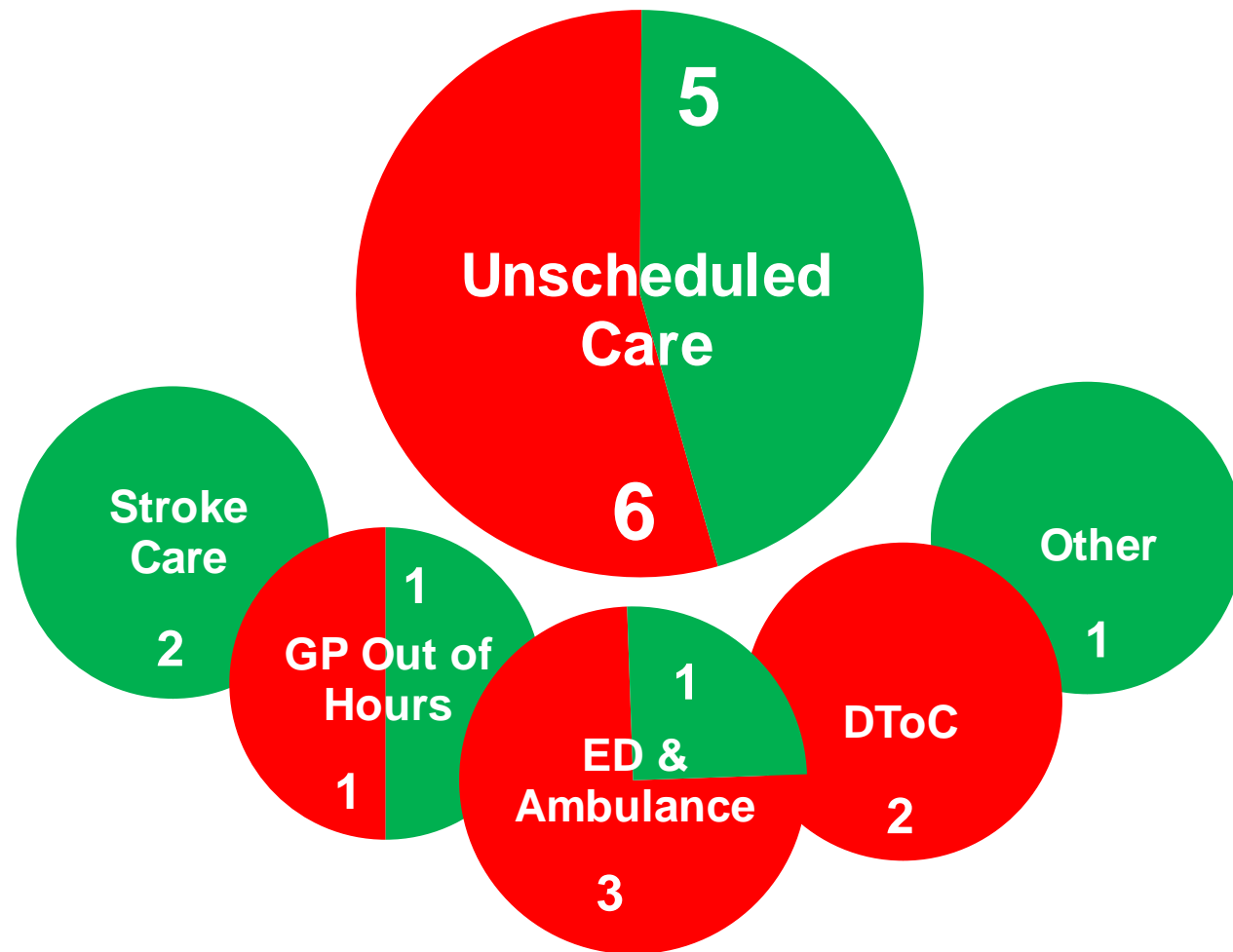
The activity and cost of delivering the internal additional activity at stages 1 to 3 of the RTT pathway, including the additional endoscopy costs associated with diagnostic services are shown in the table. The majority of the stage 2 and 3 costs relate to endoscopy and are subject to a separate business case.

Chapter 3a – Planned Care

RTT Additional Activity and Cost Stage 4 & Totals²⁶

RTT Actuals Stage 4: Months 1 to 6								
Activity	Specialty	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	FYTD
	General Surgery	7	21	86	16	60	3	185
	Urology	77	8	11	10	89	2	213
	Orthopaedics	65	116	113	77	27	7	467
	ENT	10	18	23	16	53	3	175
	Ophthalmology	133	112	86	28	151	6	577
	Max Fax / Oral Surgery	10	36	4	0	60	-	110
	Cardiology	0	0	0	0	-	-	-
	Dermatology	0	0	1	0	-	-	1
	Gastro	0	0	0	0	-	-	-
	Endoscopy	0	0	0	0	-	-	-
	Pain	0	0	0	20	-	-	20
	Total Activity	302	311	324	167	439	20	1748
Cost	General Surgery	£16,232	£43,974	£70,684	£15,037	£79,009	£19,306	£241,241
	Urology	£164,124	£14,967	£52,781	£32,077	£174,617	£39,801	£478,367
	Orthopaedics	£336,226	£396,132	£351,166	£220,826	£79,322	£212,929	£1,596,459
	ENT	£7,057	£13,268	£18,691	£27,247	£53,377	£28,407	£148,048
	Ophthalmology	£72,888	£67,303	£54,899	£25,471	£87,287	£42,841	£350,789
	Max Fax / Oral Surgery	£13,200	£48,470	£5,659	£0	£47,035	-	£114,364
	Cardiology	-	-	-	-	-	-	-
	Dermatology	-	-	£658	-£545	-	-	£113
	Gastro	-	-	-	-	-	-	-
	Endoscopy	-	-	-	-	-	-	-
	Pain	-	-	-	-	-	-	£6,782
	Total Spend	£609,727	£584,114	£554,538	£326,895	£531,298	£343,383	£2,606,572
	Validation (YGC)	£7,249	£7,249	£7,249	£7,249	£7,249	£7,249	£43,494
	Gastro Vanguard	£0	£7,227	£0	£0	£0		£7,227
	Other Diagnostics (Pathology / Radiology)	£180,000	£227,599	£177,522	£233,000	£228,718	£238,516	£1,285,574
	Physio			£132,806				£132,806
	Optometry		£16,493	£40,174				£56,667
	Dietetics			£3,781	-£3,781			£0
	Transport				£3,846	£1,942	£4,471	£10,259
Total Cost £		£1,090,813	£1,213,202	£1,321,609	£944,768	£1,141,700	£2,711,283	£6,594,324
Total patients		1,093	1,522	1,799	1,730	2,567	1,320	10,273

Chapter 2 – Summary



AP = Awaiting Profile

Integrated Quality and Performance Report
Finance & Performance Committee Version

Unscheduled Care

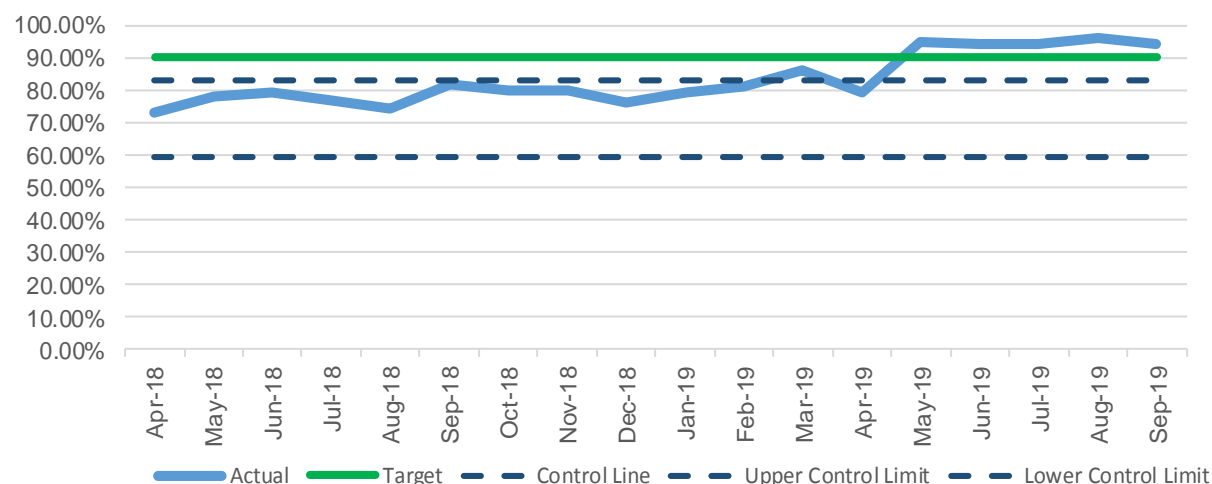
27

Measure	Status	Target	Plan
Out of Hours: Assessment 60 Minutes	94.00% ↓	>= 90%	AP
Out of Hours: Very Urgent 60 Minutes	75% ↑	>= 90%	AP
Stroke Care: Admission within 4 Hours	61.40% ↑	>= 55.5%	>= 50%
Stroke Care: Review by consultant 24 Hours	85.70% ↑	>= 84%	>= 85%
Stroke Care: Access to Speech Therapy	59% ↓	Improve	AP
Stroke Care: 6 Month Follow up Assessment	22.30% ←	Improve	AP
Ambulance Response within 8 minutes	69.00% ↓	>= 65%	>= 65%
Ambulance Handovers within 1 Hour	896 ↓	0	<= 120
Emergency Department 4 Hour Waits (inc MIU)	71.63% ↓	>= 95%	>= 76%
Emergency Department 12 Hour Waits	1,977 ↓	0	<= 990
Hip Fracture Survival 30 days	87.80% ↑	Improve	AP
Delayed Transfers of Care (DToC): MH	24 ←	Reduce	<= 12
Delayed Transfers of Care (DToC): non-MH	87 ↓	Reduce	<= 32

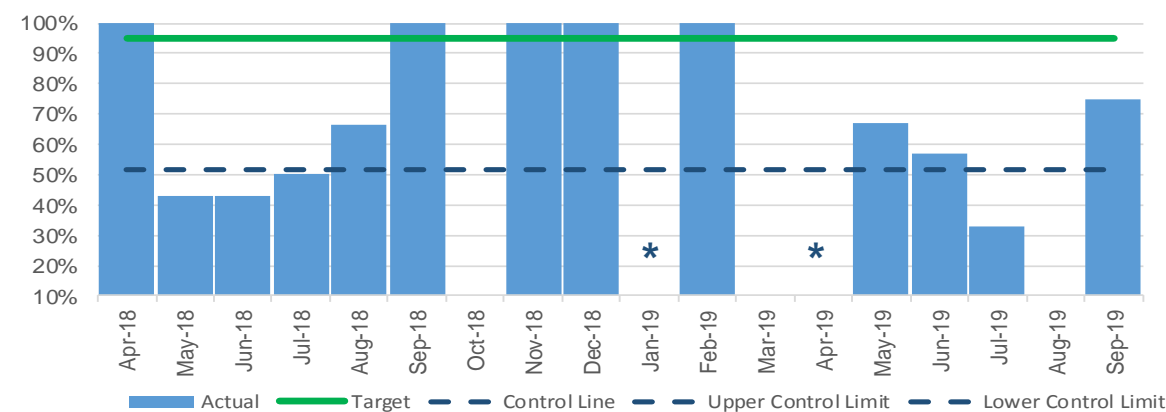
September 2019

DFM 049	Percentage of OOH/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of the initial call being answered	Target ≥ 90%	Plan AP	Sep-19	94%	Status ↓	Wales Benchmark 1	Executive Lead Chris Stockport	Plan Ref AP028
DFM 050	Percentage of OOH/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) base appointment seen within 1 hour following completion of their definitive clinical assessment	Target ≥ 90%	Plan AP	Sep-19	75%	Status ↑	Wales Benchmark 2	Executive Lead Chris Stockport	Plan Ref AP028

BCU Level - GP Out of Hours Assessment- September 2019



BCU Level - GP Out of Hours Very Urgent - September 2019



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

Why we are where we are: Performance against Measure **DFM049** has achieved target for more than 3 consecutive months. The number of patients triaged as very urgent, Measure **DFM050**, is very small and most often the reason for a breach of the Measure is patient choice. It isn't possible to predict these kinds of breaches and the service perform a root cause analysis of each breach to ensure no potential harm is caused to the patient. With this assurance, it is recommended that both measures be stepped down from Exception Reporting until such a time where performance deteriorates.

* No patients triaged as Very Urgent

Integrated Quality and Performance Report
Finance & Performance Committee Version

September 2019

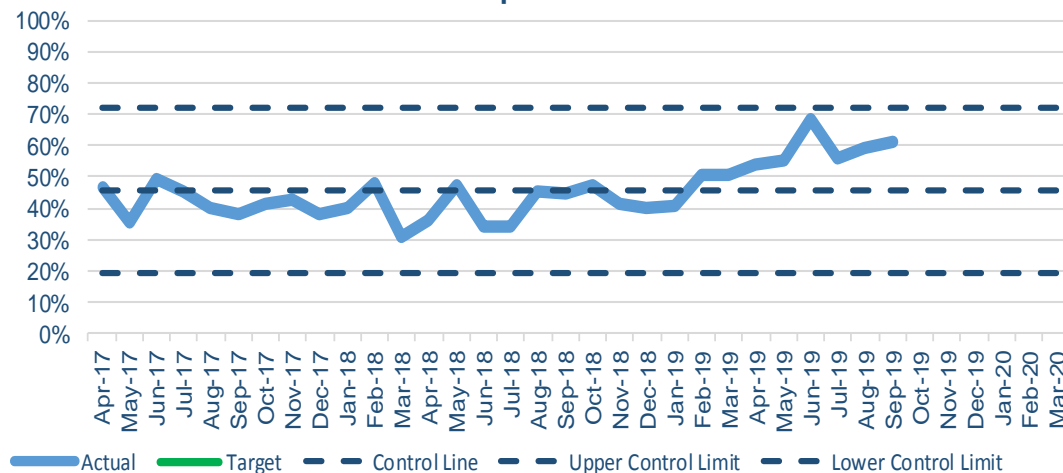
Actions	Outcomes	Timeline
1. A breach analysis is carried out for each patient that is not seen within 60 minutes of being triaged as very urgent. A review of the clinical record for the 1 cases that breached has been undertaken.	Reassurances that no harm or potential harm came to this patient.	Ongoing whilst breaches occur
2. Anomalies between the reporting module within Adastral and the performance targets that we are reporting on has been raised with the technical support team in Adastral.	More assurance of accurate reporting.	Awaiting response from Adastral technical support team – reminder has been sent and we are expecting a response and subsequent modification to the reporting module in the next few weeks
3. Further training will be arranged for one of the Triage Nurses and communication and Learning Tips in relation to this case will be circulated to all Triage Nurses.	Increased efficiency and a reduction in the number of patients waiting beyond the 60 minute mark for treatment.	By 21 st October 2019

Chapter 2 – Unscheduled Care Stroke Care: Graphs

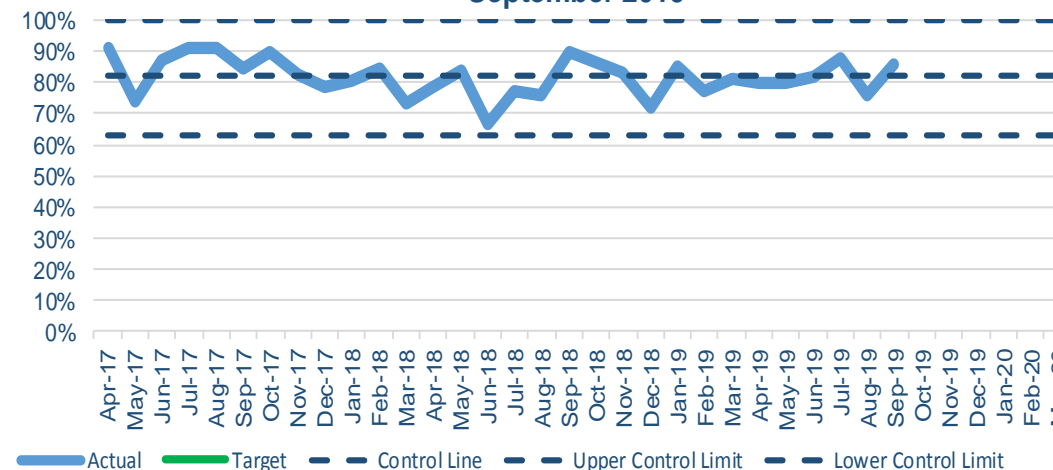
30

DFM 066	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours of the patient's clock start time	Target ≥ 55.5%	Plan ≥ 50%	Sep-19	61.40%	Status ↑	Wales Benchmark	2	Executive Lead	Chris Stockport	Plan Ref	AP038
DFM 067	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	Target ≥ 84%	Plan ≥ 85%	Sep-19	85.70%	Status ↑	Wales Benchmark	4	Executive Lead	Chris Stockport	Plan Ref	AP038
DFM 068	Percentage of stroke patients receiving the required minutes for speech and language therapy	Target Improve	Plan AP	Sep-19	59.00%	Status ↓	Wales Benchmark	1	Executive Lead	Chris Stockport	Plan Ref	AP038
DFM 069	Percentage of stroke patients who receive a 6 month follow up assessment	Target Improve	Plan AP	Qtr 1 19/20	22.30%	Status ←	Wales Benchmark	N/D	Executive Lead	Chris Stockport	Plan Ref	AP038

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



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



Actions	Outcomes	Timeline
<p>1. Performance to Acute Stroke unit (ASU) continues above target but slight deterioration in Ysbyty Gwynedd (YG) and Ysbyty Glan Clwyd (YGC) in month with improvement in Wrexham (WMH). Q1 Sentinel Stroke National Audit Program (SSNAP) scores have seen and improvement in the Domain scores from D to C in WMH and YGC and from E to D at YG. Continue to highlight need to retain 2 ring fenced beds at Safety Huddles/bed meetings and with Site Management Teams. All wards to agree list of patients at daily Board rounds appropriate to outlie if required to create Stroke beds and Ward Sisters/Matron/Stroke Coordinators/Ops Teams to focus on ensuring beds available. Awareness sessions in ED to continue to highlight need for early referral to Stroke Team</p>	Improved compliance against the 4 hour Standard and the SSNAP Scores	Immediate with daily Safety Huddles and bed meetings. ED awareness ongoing month on month.
<p>2. 11% improvement in month at all 3 Sites. Q1 SSNAP scores saw level B retained at YG and YGC and improvement to Level C in East. Performance will fluctuate each month due to no 7 day Consultant ward rounds. Target only met at weekends when Stroke Consultants are On Call for General Medicine. Options paper for implementation of virtual weekend ward rounds has been submitted to Secondary Care and Area Teams for discussion but this is not achievable without an increase in the number of Consultants on the Stroke OOH rota and an adjustment to their commitment to the GIM On Call rotas. Adjustment has been made in East but not agreed in West and Centre. Remote access for reviewing of patients and images from home is now being funded by Area Teams</p>	Greater compliance with the Standard if adjustments made to GIM rotas and remote access in place. Without agreement, rota is not sustainable. Short Term agreement for October rota but there will be no or significantly reduced OOH Service from November unless solution is reached	Options paper submitted, discussions continue in September.
<p>3. Deep dive of performance for East in September and October as this is where the performance is lowest. Comparison of staffing and processes across BCU September and investigating possibility of independent review of processes in NW.</p>	Understanding of reasons for low performance in East and options for improvement.	September and October 2019
<p>4. Additional clinics to be run from September in East to support clearance of backlog which was due to vacancies. Stroke Association to undertake additional weekly clinic to support from September for 3 months and then review if need to extend. However, further sickness in the Team will slow the improvement timeline down. Stroke Association are now working to same model in West and Centre supporting the reviews as in East</p>	Reduction in backlog and greater compliance with standard	Additional clinics from September. In East Process review for West and Centre in September

DFM 072 The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Target
≥ 95%

Plan
≥ 76%

Sep-19

71.63%

Status



Wales Benchmark

7

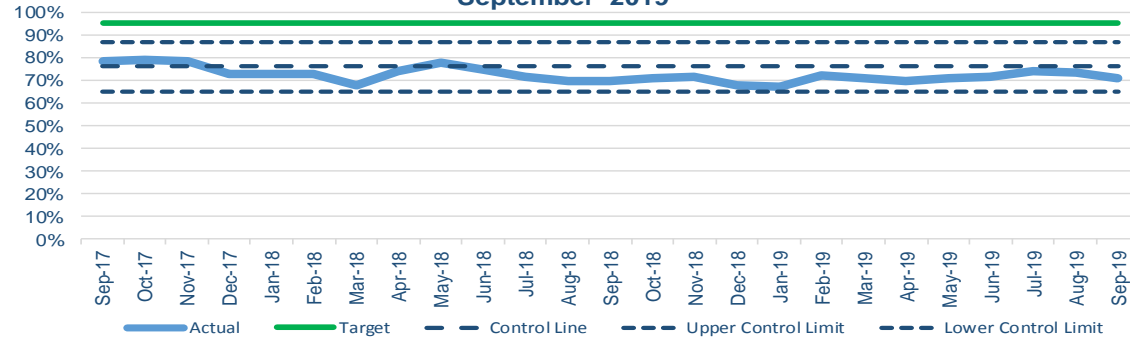
Executive Lead

Gill Harris

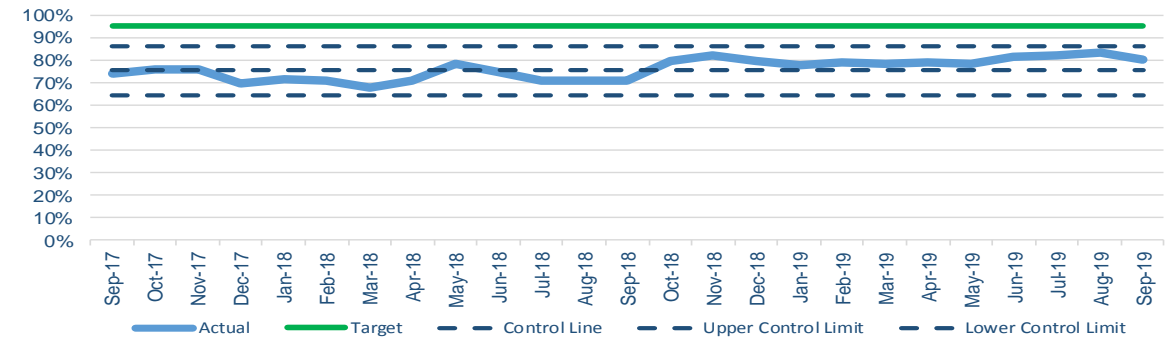
Plan Ref

AP033

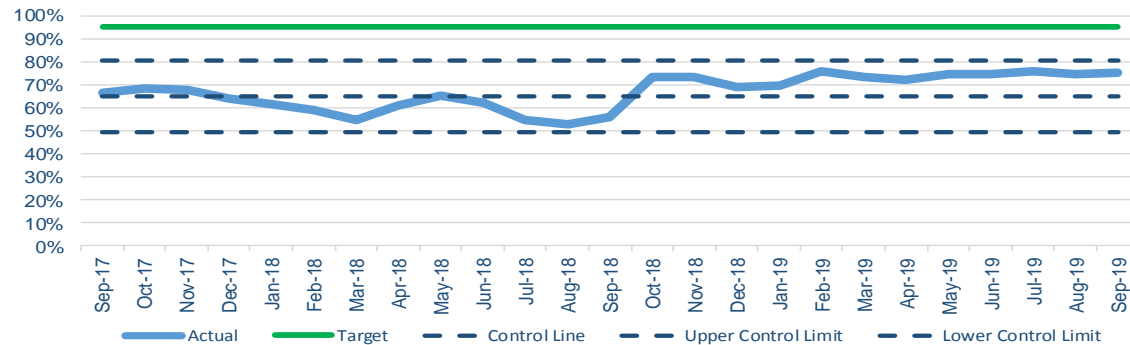
BCU Level - Emergency Department (inc MIU) 4 Hour Waits: September 2019



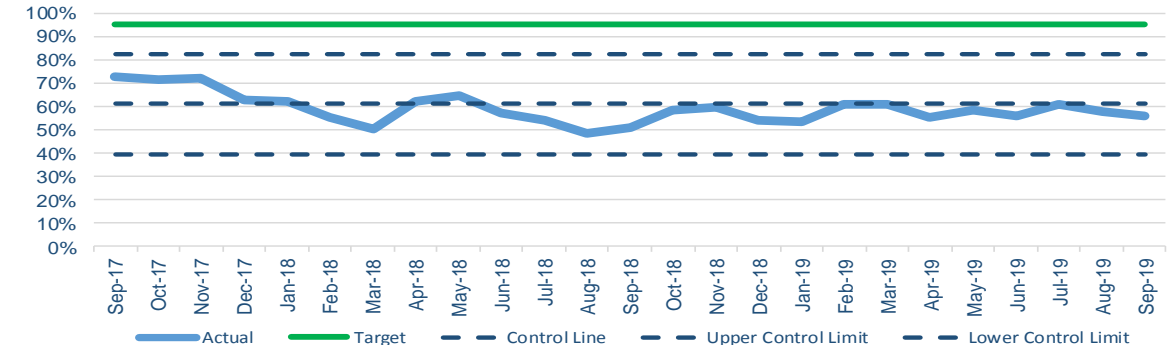
West - Emergency Department (inc MIU) 4 Hour Waits: September 2019



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



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



Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
1. Increased Out of Hours senior clinician presence in ED. 2. Costs embedded as part of the winter pressure bid.	Continued improvement in 4hr performance in line with trajectory.	October 2019
2. Breach validation embedded and developing to encompass speciality breach reviews and accountability	<ul style="list-style-type: none"> Identified improved performance on green breaches – Avg wait <200 minutes. Themes and trends identified to specific specialities with request for recovery plans. 	31/10/2019
3. Zero Tolerance on Green/Paediatric breaches.	<ul style="list-style-type: none"> Improved performance on green breaches. Trends identified for paediatric breaches with Training needs analysis for MIU staff. 	November 2019
Ysbyty Glan Clwyd:		
1. Changes to ED safety huddle format agreed and 'table-top' exercises with medical and nursing team leaders booked.	Performance stabilised above the average for the 5 th consecutive month and showed a 4% increase against last September	October 2019
2. Review minors flow, embedding nurse /ANP leadership, improving streaming, and focussing on non-admitted breach performance.	Will free up physical space to enable doctors to treat minors patients in a more timely manner. Improve minors breaches and 24/7 zero tolerance of minors breaches	December 2019
3. Review of ward administrator role to clarify and improve the focus on minors and non-admitted breach performance.	Improved non-admitted breach performance to under 60%.	November 2019
Ysbyty Wrexham Maelor:		
1. Improve number and skill mix of medical staff to support timely clinical decision making particularly 20:00 to 02:00 to reduce the backlog after midnight	Doctor wait for first clinical assessment on average at 1 hour and 2 hours maximum	December 2019
2. Continue to implement the ED 2 hourly safety huddle and the escalation plan to support the nurse and doctor in charge	Improved prevention of delays in ED and timely escalation to support flows	November 2019
3. Protect CDU for ED led care of non-admitted patients with Length of Stay <12 hours	Protected non-admitted assessment and treatment area in ED to reduce patient delays and therefore improve the 4 hour standard	November 2019

Chapter 2 – Unscheduled Care

ED 12 Hour Breaches: Graphs

34

DFM 073 The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge

Target
0

Plan
≤ 990

Sep-19

1,977

Status



Wales Benchmark

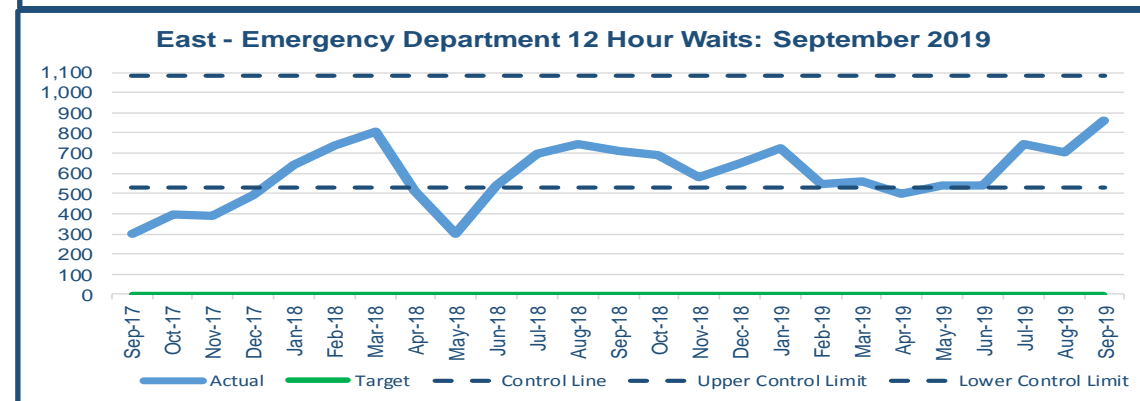
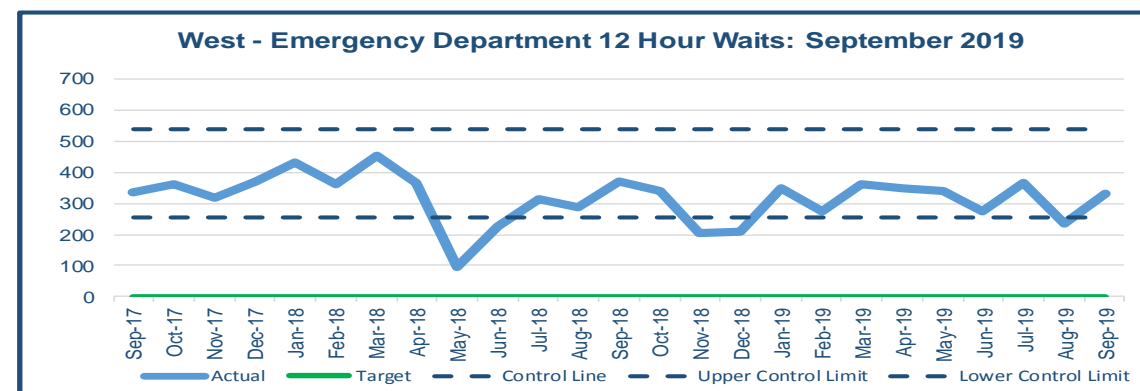
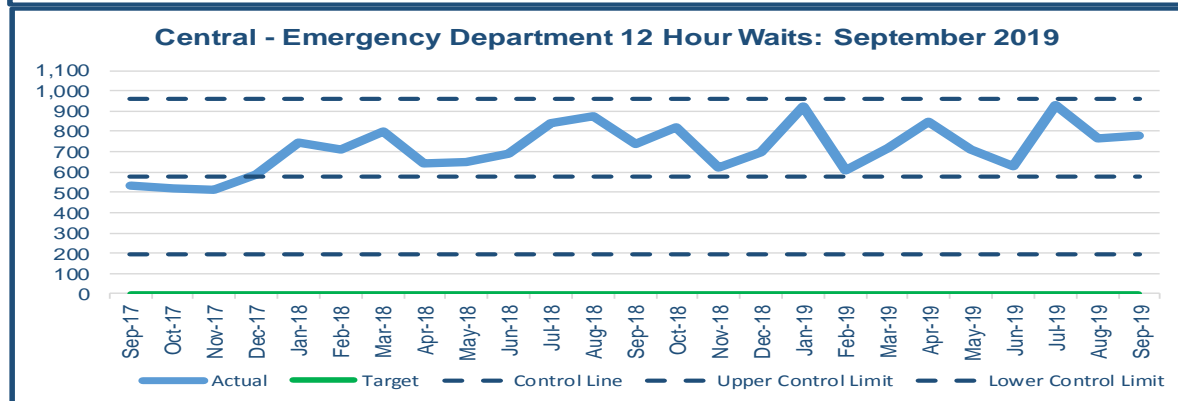
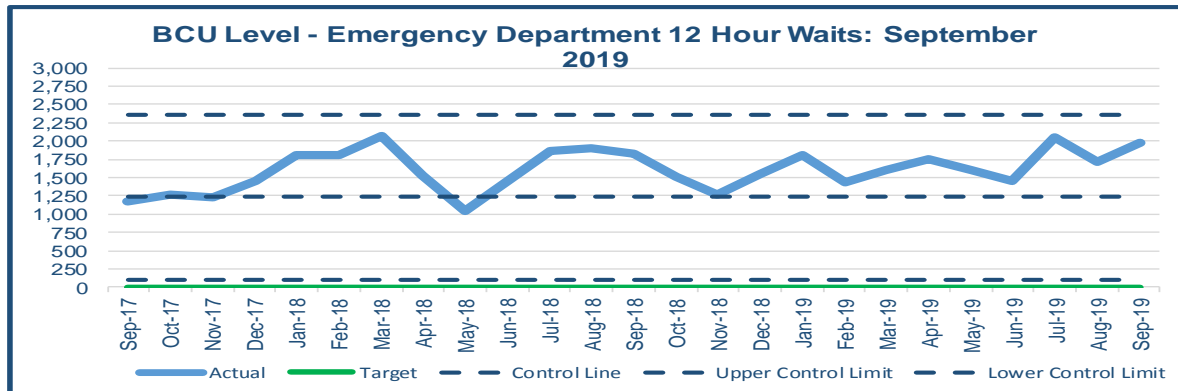
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Executive Lead

Gill Harris

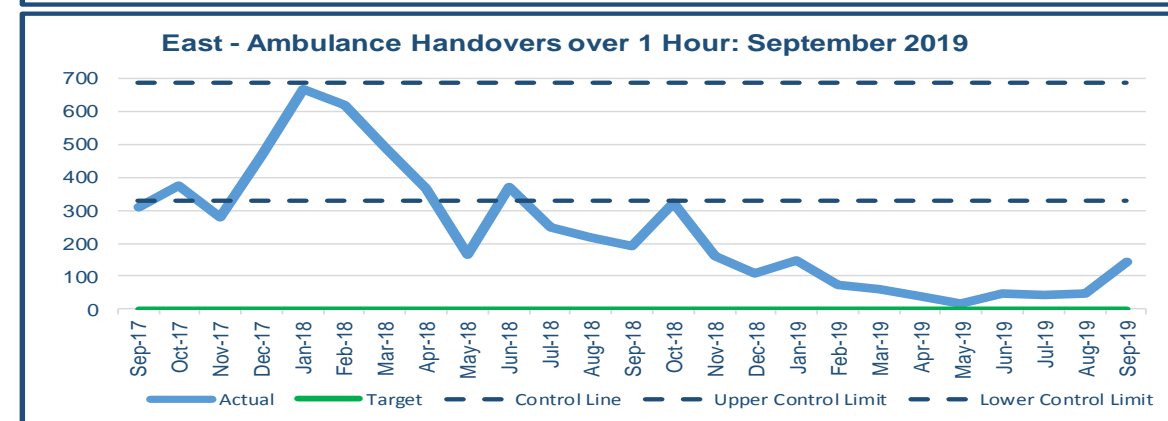
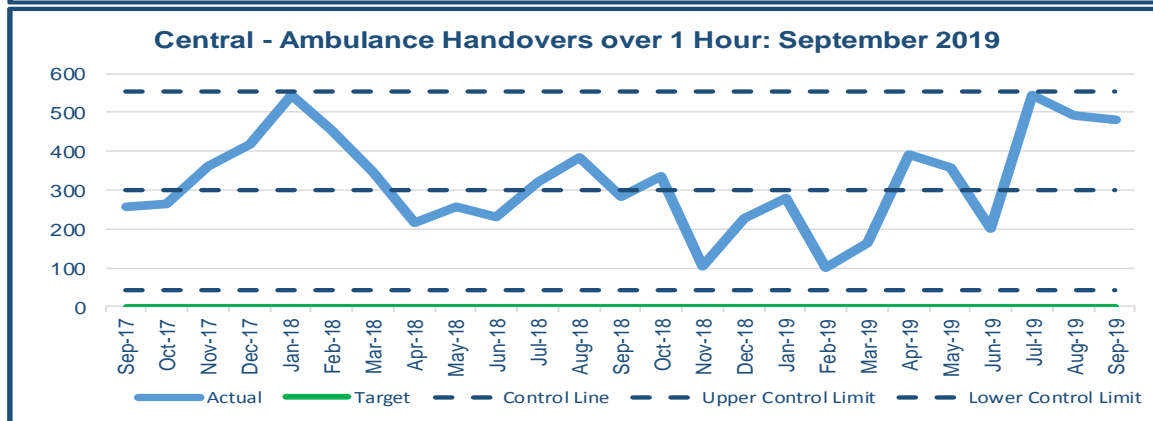
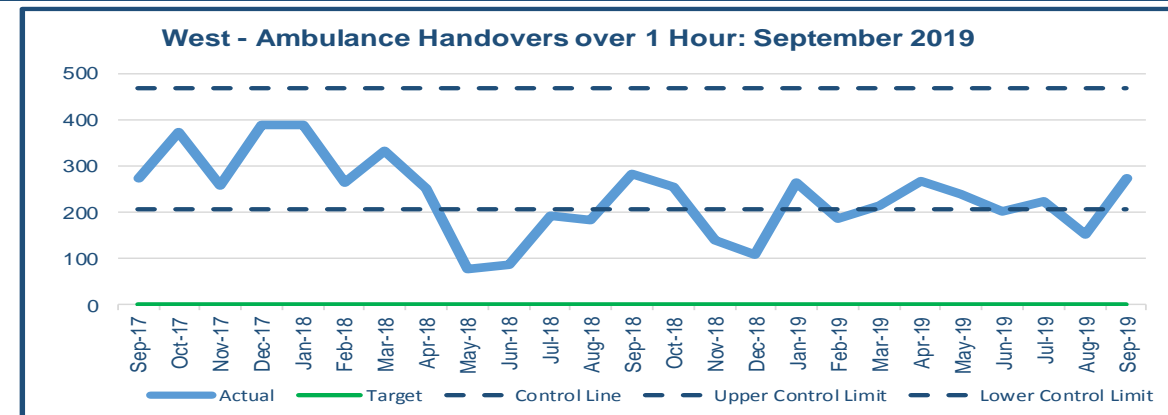
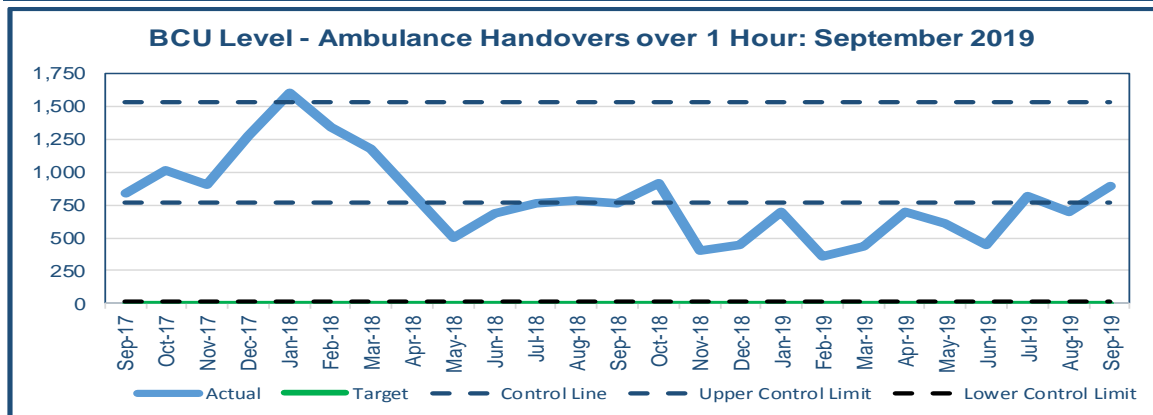
Plan Ref

AP033



Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
1. Process embedded for escalation resulting in a slight reduction in 12hr breaches in comparison to Sept 2018. Plan to embed RCA process for all 12hr breaches.	Reduction in the number of 12hr breaches	November 2019
2. Motion time study planned to identify lost hours in the patient journey in relation to handing over.	<ul style="list-style-type: none"> Lost hours due to delays. Staff required for transfers. Improved SBAR process on handovers.. 	October 2019
3. 24hr Breaches still being classed as never events requiring a full Root Cause Analysis (RCA)	Ongoing reduction in 24hr breaches. RCA for the 5 in August demonstrated 4/5 were due to Mental Health (MH) Bed delays. Month of September demonstrated 10/19 were due to MH, 4 End of Life (EoL) patients with 5 due to specialities delays. Action to continue with planned improvement and embed as part of the 12 hr process from October 2019	Ongoing
Ysbyty Glan Clwyd:		
1. Reverse boarding now happens as standard against predicted discharges on agreed wards every morning.	12hr breaches reduced for the 2 nd consecutive month.	Ongoing
2. A different approach to 'queuing in' to be agreed with Welsh Ambulance Service NHS Trust (WAST), a dedicated team to support cohorting. Work is progressing to implement an additional area in Recovery 1, bringing a 'queueing out' of ED approach to the site.	Decompression of ED, consistently providing earlier flow and reducing crowding.	December 2019
3. There has been a review of our site wide Escalation Framework and site coordination across BCU, revised arrangements to be confirmed this month .	Clearer processes for escalation and de-escalation, with ED being the final point of escalation as opposed to the first.	November 2019
Ysbyty Wrexham Maelor:		
1. Implement the acute Floor reconfiguration for medicine integrating Rapid Assessment, Ambulatory Emergency Care, Frailty and Short Stay across 57 spaces	Improved flow for medical patients from ED managed in a timely manner within the right environment reducing the 12 hour wait time for the largest take	November 2019
2. Implement SAFER/SORT on the wards led by the Medical Director	Evident use of SAFER/SORT on the wards with clear and improved discharge profile supported by timely Predicted Date of Discharge	December 2019
3. Improve discharges to the community and Local authority services – current Medically Fit For Discharge (MFFD) number at 78 patients. This stream is managed through outflow work led by the Directors of Nursing from YMW and East area	Reduce MFFD down to 20 as a milestone and extended LoS >21 to 40. This will create improved back end flows and space for acute admissions on the specialty wards to support the Acute Floor Model	December 2019

DFM 071	Number of ambulance handovers over one hour	Target 0	Plan ≤ 120	Sep-19	896	Status ↓	Wales Benchmark	5	Executive Lead	Gill Harris	Plan Ref	AP029
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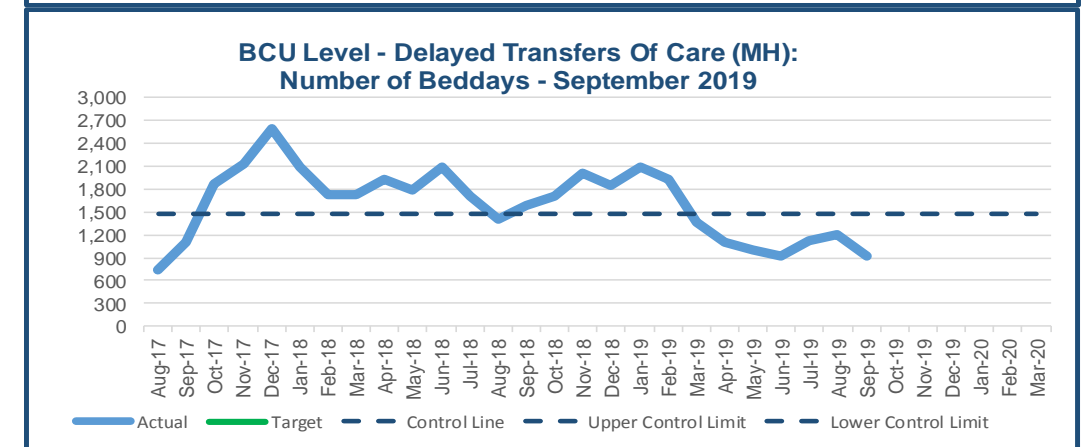
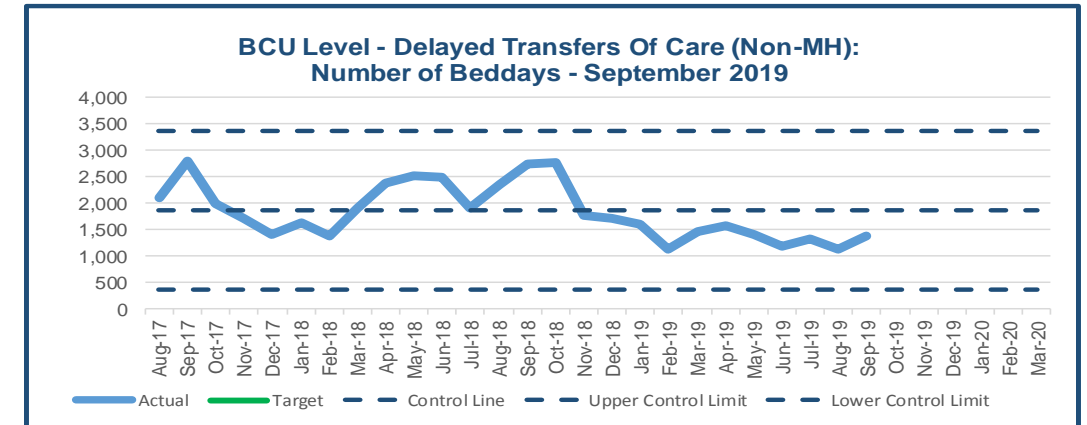
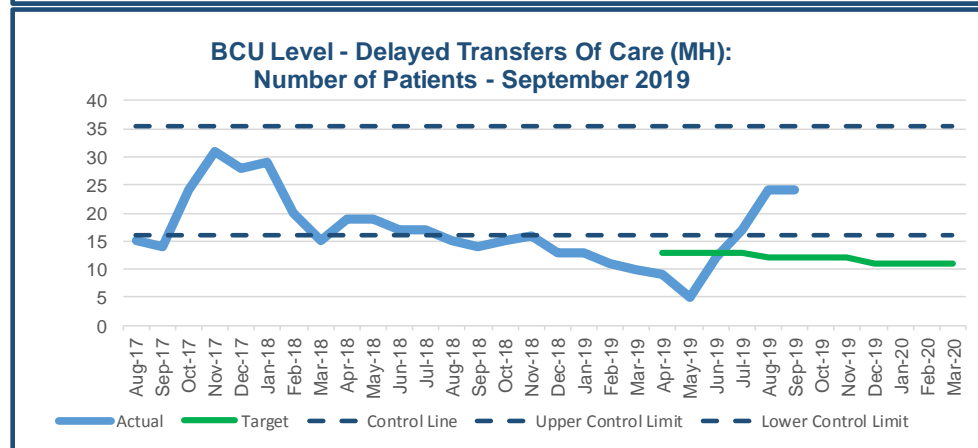
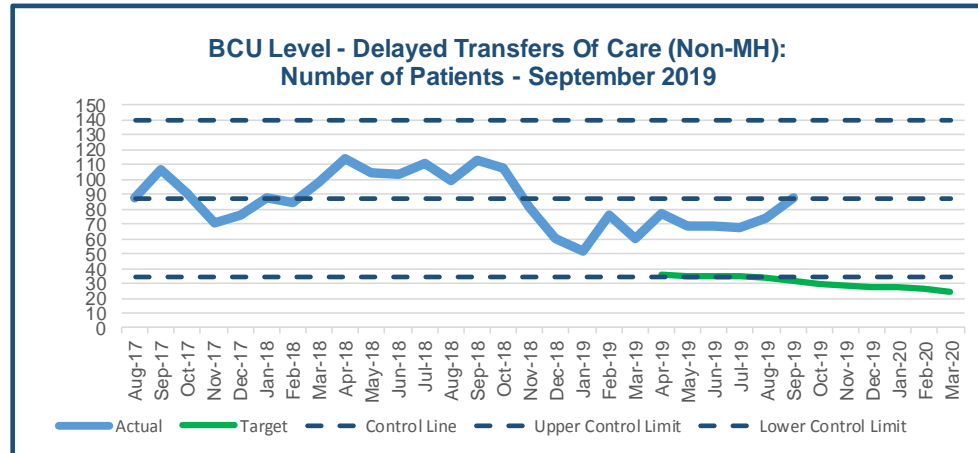


Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
<ul style="list-style-type: none"> SBAR completed for full diverts with Risk assessment. 	<ul style="list-style-type: none"> Review of inconsistencies with ambulance diverts / Soft border diverts. 	December 2019
2. Audit/Review of all immediate release requests	<ul style="list-style-type: none"> Audit of immediate release requests have identified patterns that are being shared with WAST. On going work with WAST to support requests to ensure patient safety 	October 2019
3. Zero tolerance in Delays >60Min	<ul style="list-style-type: none"> Escalation process for ambulance delays created and with USC group for ratification with WAST support. 	November 2019
Ysbyty Glan Clwyd:		
1. The revised START SOP was approved as part of the governance structure following the test and learn period.	Greater consistency of process, maximising the value of the Consultant input across each of the START elements, and improvements in handovers inside 15 minutes.	November 2019
2. Additional handover screens approved for implementation in early October and work agreed with Estates.	Improved processes for timely recording of handover at time of clinical handover, and greater accuracy of recording.	October 2019
3. Evaluation of SBAR Handover close to completion with WAST colleagues.	Improved transfer of clinical information ensuring patient safety is improved.	October 2019
Ysbyty Wrexham Maelor:		
1. Maintain the current ambulance handover times as a minimum and improve on the handover process with WAST	Sustain current performance and eliminate over 60 minute waits	February 2020

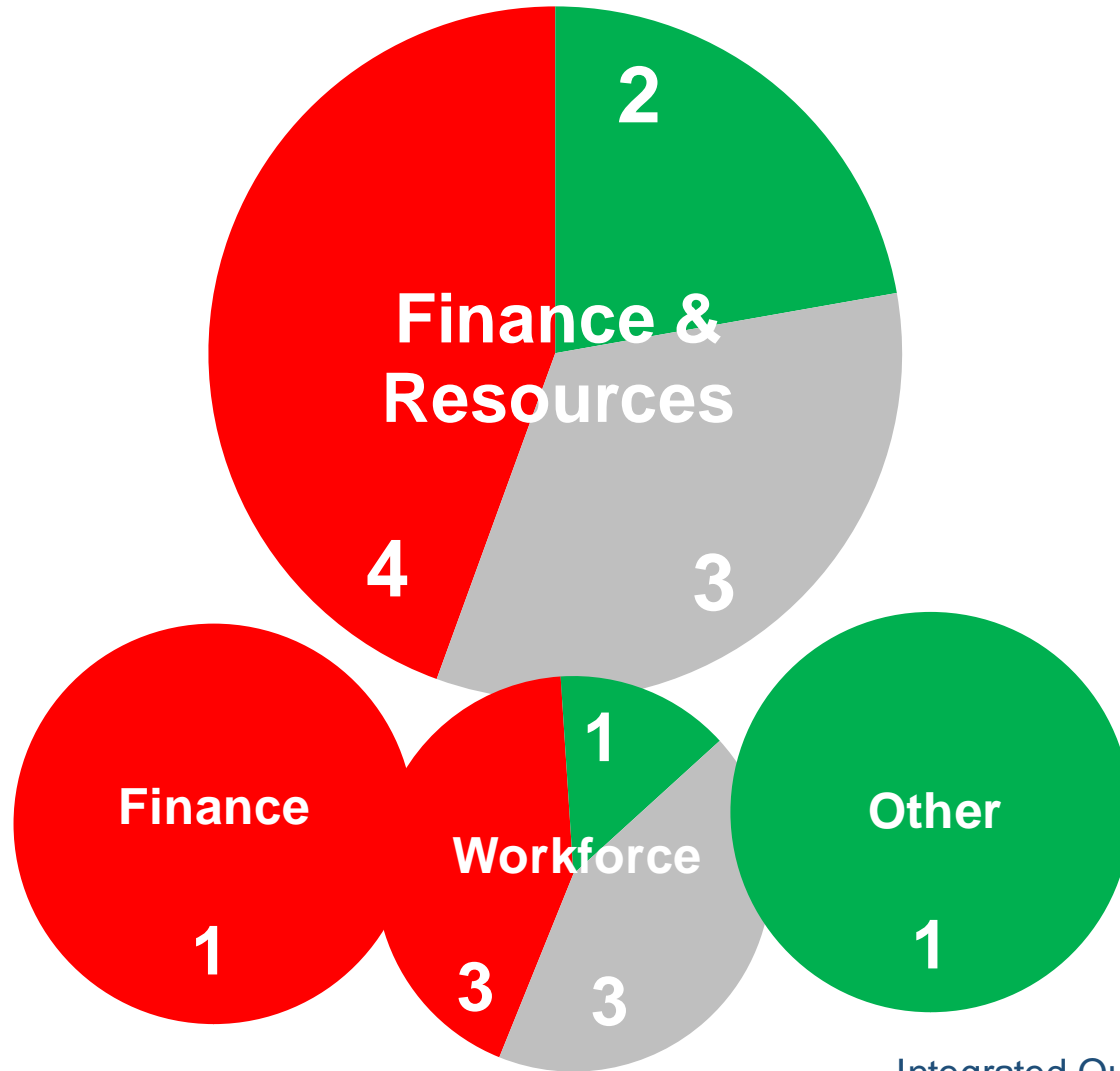
Chapter 2 – Unscheduled Care

Delayed Transfers of Care Graphs 38

DFM 025	Number of health board mental health delayed transfer of care	Target Reduce	Plan ≤ 12	Sep-19	24	Status	Wales Benchmark 7	Executive Lead Andy Roach	Plan Ref AP031
DFM 026	Number of health board non mental health delayed transfer of care	Target Reduce	Plan ≤ 32	Sep-19	87	Status	Wales Benchmark 6	Executive Lead Gill Harris	Plan Ref AP037



Actions	Outcomes	Timeline
1. Patients waiting placements, no Elderly Mentally Infirm (EMI) Nursing Bed restricted General/EMI Residential placements availability	Medically Fit for Discharges are continuing weekly across all sites with an increase to Daily on the acute site with Social Services present . Long Stay Wednesday commenced in the acute where Health and Local Authority (LA) review and seek to reduce the numbers of long stay patients (length of stay 21days plus) Long Stay Tuesday commenced in the Community Hospitals	On going Joint working with Local Authority management to seek solutions to current issues identified
2. Patients waiting for Package of Care via re-ablement, capacity issues.	Health HCSW in the Dwyfor /Meirionydd area to facilitate hospital discharge (West) Review of Community Resource Team (CRT) capacity to support more patients utilizing generic workers (East) Ward Multi Disciplinary Team to identify lead clinician for each patient to ensure discharge needs are same and liaise with appropriate CRT to ensure that all non-traditional care pathways have been considered (Centre)	On going Joint working with Local Authority management to seek solutions to current issues identified
3.Closure of 2 care homes in Flintshire and Wrexham have impacted on the availability of beds thereby impacting of system flow	Close Liaison with LAs to review current care home capacity	On going Joint working with Local Authority management to seek solutions to current issues identified



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

Integrated Quality and Performance Report
Finance & Performance Committee Version

Measure	Status	Target	Plan
Quantity of Biosimilar medicines prescribed	73.70% ↑	Improve	N/A Q
Critical Care Beddays Lost to DToC	18.20% N/A	Improve	AP
PADR Rate (%)	74.1% ↑	>= 85%	>= 85%
Staff agreed PADR helps improve		Improve	N/A A
Staff engagement Score		Improve	N/A A
Mandatory Training (Level 1) Rate (%)	85% →	>= 85%	>= 85%
Sickness absence rates (% Rolling 12 months)	5.22% ↓	<= 4.31%	<= 4.59%
Staff happy for BCU to treat Friends/Relatives		Improve	N/A A
Finance: Agency & Locum Spend	£3.96m ↑	TBA	AP
Finance: Position against Financial Balance	£21.16m ↓	<= £25m	<= £17.5m

August 2019

LM00
1F Cost of Agency & Locum spend within Month

Target
TBA

Plan
AP

Sep-19

£3.96m

Status



Wales
Benchmark

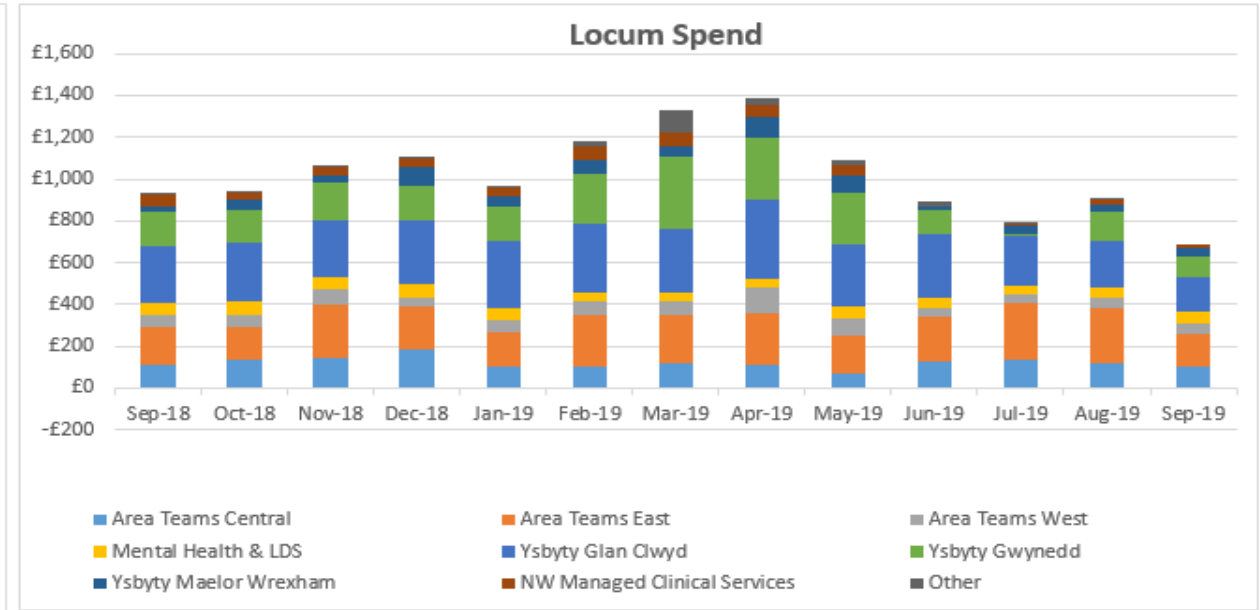
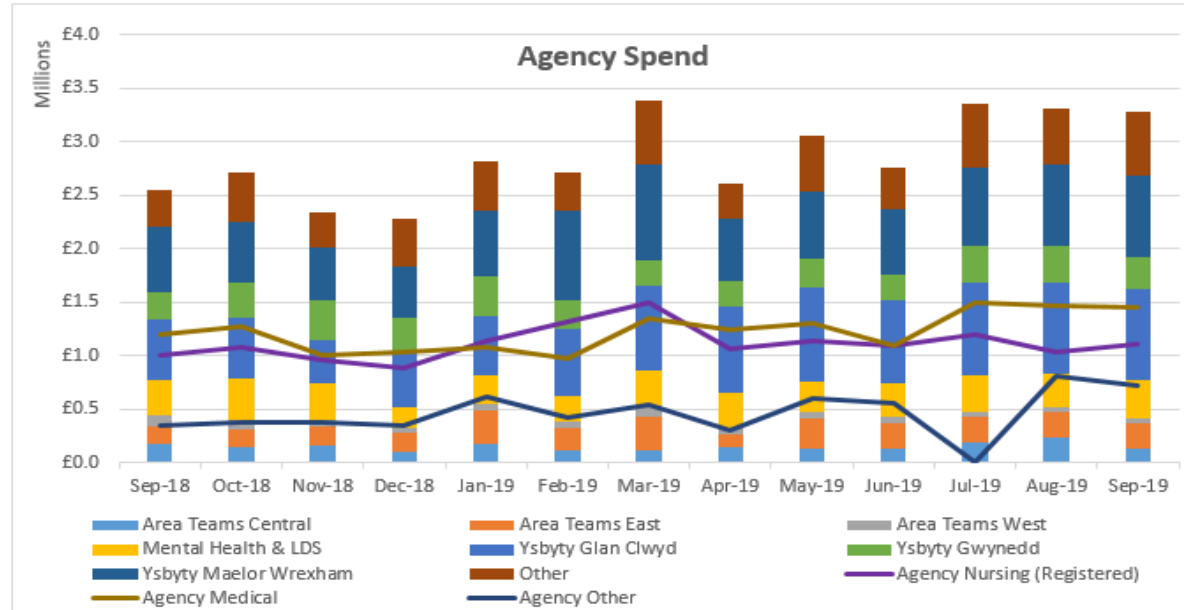
N/A

Executive
Lead

Sue Green

Plan
Ref

NIP



Actions	Outcomes	Timeline
<p>1. Focus remains on filling substantive vacancies, reducing sickness absence and increasing pools of internal temporary staff , particularly in nursing, medical and dental, A&C. The Workforce Optimisation Portfolio is the overarching mechanism to ensure delivery of BCU wide workforce initiatives. This will be managed by the Workforce Improvement Group (WIG) and will consist of four programmes: Medical Productivity, Nursing, Midwifery & AHP Productivity, Non-Clinical Productivity and Terms & Conditions Application Productivity.</p>	<p>Both Agency spend and Locum spend have improved month on month in September 19.</p> <p><u>Agency spend</u>, whilst still high has reduced in recent months. Actions taken have mitigated the steep drop in locum usage and the increase in sickness absence to reduce their impact on additional Agency spend. Agency spend in September was £25,000 lower than August and £65,000 lower than July (although still over £700,000 higher than the same period last year). <u>Locum spend</u> has been declining since the start of the fiscal year. Locum spend in September was circa £682,000, a historic low, it is £226,000 less than the previous month and £254,000 lower than the same period last year.</p>	<p>Detailed timelines are contained in the Workforce optimisation portfolio and accompanying PIDs.</p> <p>Revised attendance improvement plan has detailed actions / timelines around themes of Data Analysis, Sickness Administration, Active Absence Support and Preventative Action. All Wales changes to pay only basic pay for sickness absence from 1st October expected to influence reduced sickness rates</p>
<p>2. There has been a focus on increasing the capacity of N&M internal temporary staffing. Actions have included auto enrolment to the bank of new N&W substantive staff and revised pay rates. All N&M bank shifts worked from 1st September 2019 onwards now attract revised pay of minimum of midpoint of band OR equivalent to pay in substantive contract if higher. These rates are being promoted to both encourage existing bank staff to do more shifts and to attract agency staff to bank.</p>	<p>Increased N&M Bank Usage, reduced N&M Agency- Significant month on month increases in bank hours for the last three months (circa 2,500 hours more delivered in September than in July) contributing to over 1,000 N&M agency hours fewer in September than in July and a significant drop in % unfilled hours from 35% (August 19) to 32% (September 19). Over 4,000 more bank hours were delivered in September 19 than the same period last year both reducing agency costs and improving safety though higher fill rates.</p>	<p>Continued auto enrolment of new substantive N&M starters, continued promotion of revised pay rates. Completion of survey of bank staff preferences in October 2019 with profiling analysis and resultant action plan in November.</p>
<p>3. External consultancy services are analysing Medical spend and advising areas of potential improvement including: review of medical rotas, review of job planning process, proposal to introduce medical bank, external specialist M&D recruitment.</p>	<p>Anticipated reduction of M&D vacancies in key specialisms via use of MEDACS & Hunter Clinical to source substantive M&D staff.</p> <p>Anticipated reduction in Agency spend via Medacs working with BCU staff to create M&D bank service.</p>	<p>M&D programmes have project plans to deliver savings in year 2019/20. Including Hunter Clinical to begin supply of M&D staff November 19. Medacs to have set up BCU M&D bank by November 19.</p>
<p>4. Enforced 1 hour unpaid break for N&M Agency staff has been introduced directly reducing agency costs. Proposed implementation for substantive nursing staff would significantly increase the nursing hours available to fill shifts.. Other actions completed / on-going include; Support and Challenge meetings, Roster additional duties and roster efficiency reports highlighting poor performance, Roster guidance reissued.</p>	<p>Anticipated reduction in N&M Agency spend via increased nursing substantive hours available to fill shifts post January 2020 go live.</p>	<p>Proposed introduction of 1 hour break / revised shifts for N&M substantive staff to go live in January 2020 subject to final decision.</p>

LM00
2F % Cumulative Deficit Position against the planned Financial Balance

Target
 <= £25m

Plan
 <= £17.5m

Sep-19
£21.16m

Statu

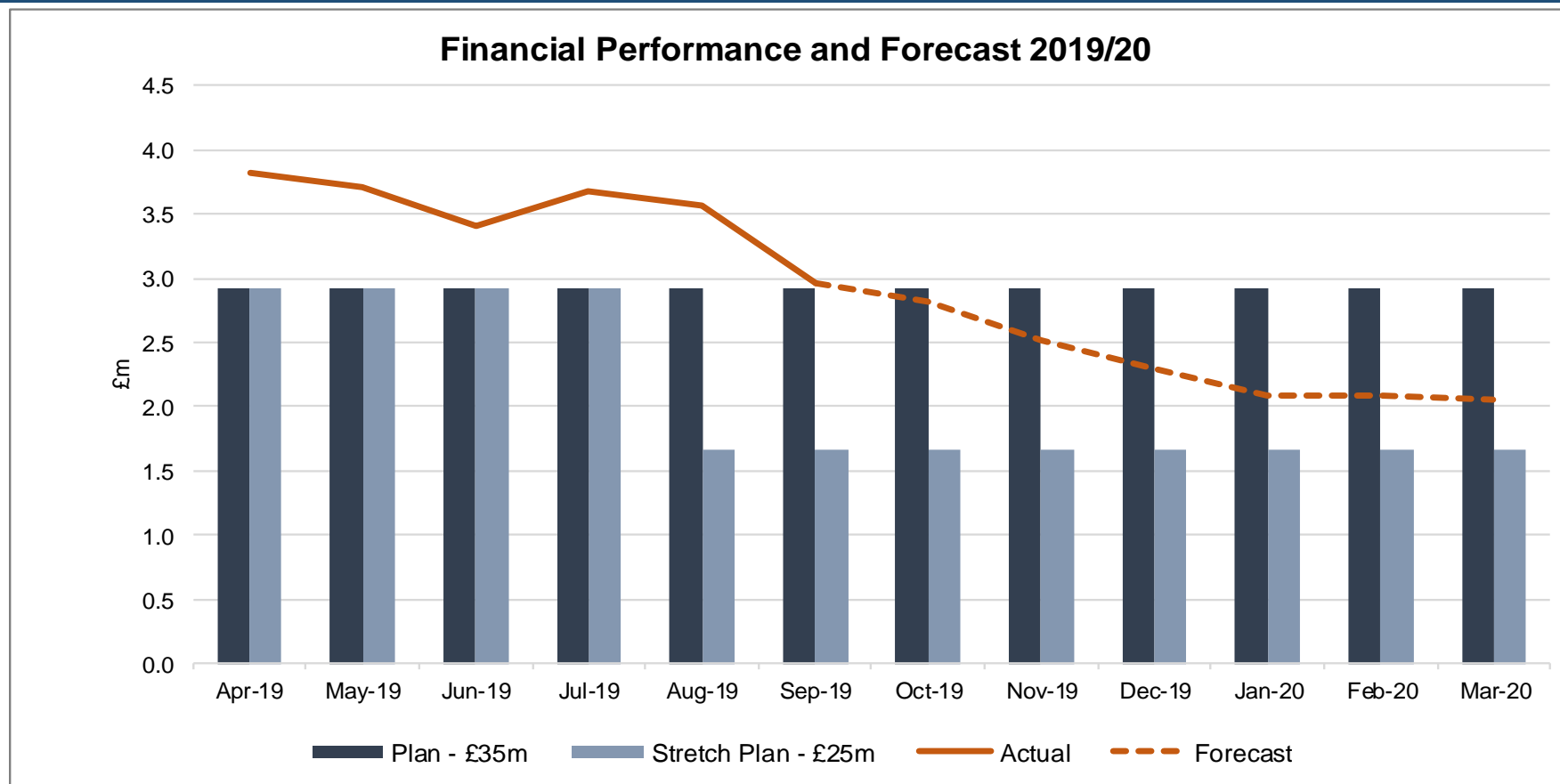

Wales
 Benchmark

N/A

Executive
 Lead

Sue Hill

NIP



Actions	Outcomes	Timeline
1. Identify the full savings programme to meet the planned savings requirement.	The focus on savings is continuing at pace, and the overall savings programme pipeline increased by £6.1m to £45.6m in month 6. There are 55 schemes classified as Red (high risk), with a combined value of £16.85m and work is ongoing to convert these to green and amber and drive delivery.	September
2. Ensure the Health Board implements the full suite of Grip and Control actions to ensure all expenditure is necessary and is effectively supporting clinical services.	A comprehensive financial recovery action plan (FRAP) programme has been established and is being progressed.	Ongoing
3. Ensure the recovery programme progresses at pace.	Progress against plan is being monitored at both board and divisional level. The Board reports are being updated to highlight the pattern of progress and areas requiring priority attention.	Ongoing
4. Identify emerging expenditure pressures to ensure informed decisions are taken.	Both internal and external factors are being reviewed to support both the current year recovery and 20/21 integrated planning process.	Ongoing
5. Identify and deliver further savings schemes to support delivery of the £25m control target.	The Health Board has allocated the additional £10m savings target across the divisions to increase visibility and encourage pace and ownership. Whilst this is not being met in full, divisions are identifying schemes to address this requirement through the Divisional Recovery Meetings.	Ongoing

DFM 091

Percentage of sickness absence rate of staff

Target
≤ 4.31%

Plan
≤ 4.59%

Sep-19

5.22%

Status



Wales
Benchmark

3

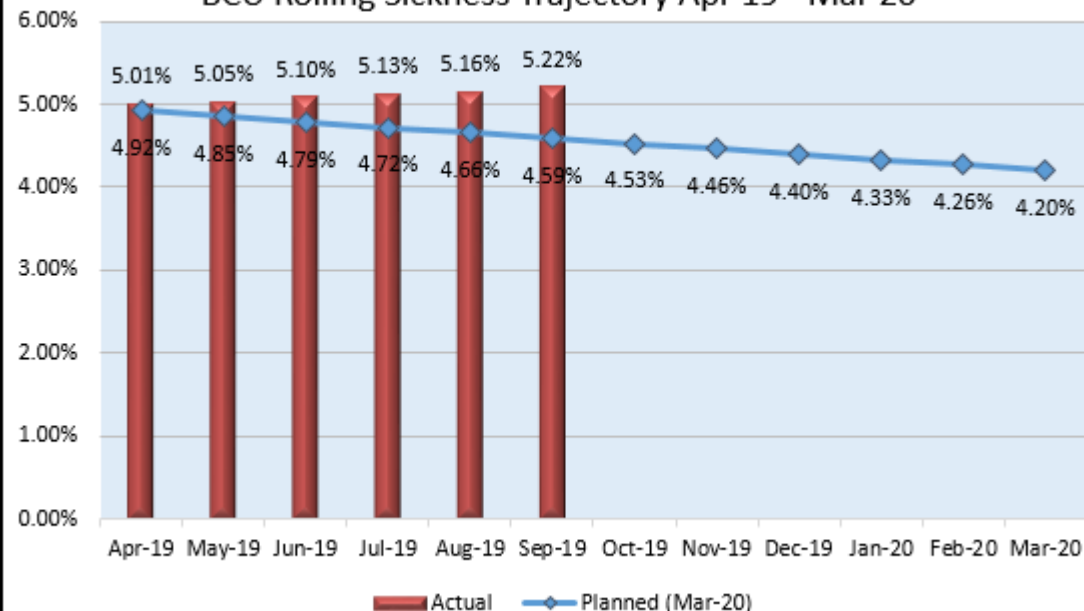
Executive
Lead

Sue Green

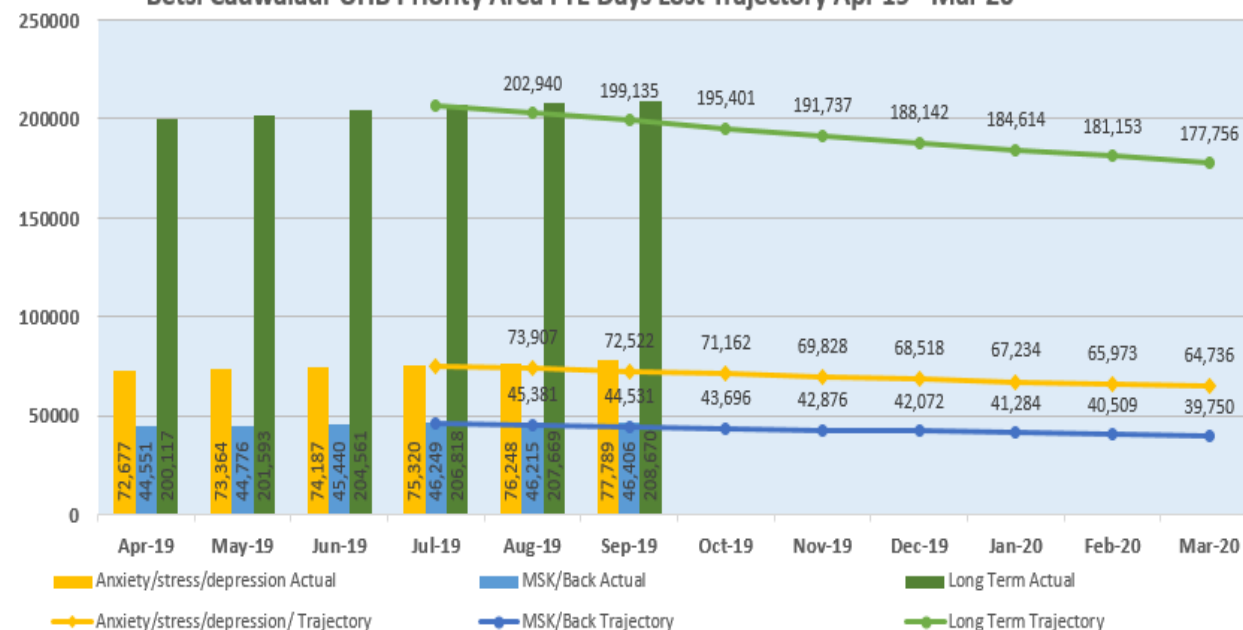
Plan
Ref

AP043

BCU Rolling Sickness Trajectory Apr 19 - Mar 20



Betsi Cadwaladr UHB Priority Area FTE Days Lost Trajectory Apr 19 - Mar 20



Why we are where we are: Despite active targeted intervention, sickness levels for September have increased. The reinstatement of enhancements on sick pay, as part of pay negotiations, did correlate to worsening performance levels, the recent decision to now withhold enhancements from sick pay is expected to have an impact. Sickness absence reduction actions include: Targeted interventions for sickness over 39 weeks which has seen a 22% reduction since April 2019, division/department improvement trajectories, priorities of Long Term / Stress / MSK reduction, Occupational Health fast tracking, areas of high sickness identified and action plans drawn up.

Actions	Outcomes	Timeline
1. Intensive support for sickness absence remains in place. Wards/teams with high sickness levels are being highlighted at SMT's for action including further scrutiny and support.	Despite the work undertaken, absence levels across the Health Board have increased to 5.22% in month 6 against an improvement trajectory of 4.59%	Support and trajectories remain in place to deliver 4.2% by the end of March 2020, Performance, however is poor.
2. Changes to Enhanced pay during sickness absence from 1 st October 2019. From 1 st October 2019 payments for sickness absence will be paid as basic pay for absences of less than three months in length. This is a national agreement and reverts back to the position prior to June 2018.	Sickness levels across the health board prior to the enhancements being reinstated were at 4.3%, since June 2018 when enhancements were brought back in we have seen a steady increase in sickness levels despite intensive support and interventions. Although only a temporary measure for now it is anticipated that putting enhancements "on hold" will see a reduction in absence levels of 0.2% by Dec 2019, with an even bigger impact (up to 1%) if the "on hold" position remains and enhancements continue not to be paid.	Dec 2019 for initial reduction of 0.2% for "on hold" position, and 1% reduction by March 2020 if national a decision is made to not to reinstate enhancements.
3. Staff members who have reached and exceeded the agreed sickness absence prompts have been identified with active support being given to managers and staff to reduce absence levels and prevent reoccurrences of absence.	Short to medium term frequent sickness absence rates will reduce.	The impact of these interventions should be seen in Dec 2019.
4. Priorities of Long Term / Stress / MSK – remain in place, as does the focus on 'days lost' hotspots and support for all absences over 39 weeks. We are now moving to active support and targeted interventions for absences between over 25 weeks.	Since the beginning of the financial year there has been a 22% reduction in long term sickness absence over 39 weeks.	Progress against trajectories is actively monitored. Further impact of interventions should be seen in Dec 2019.
5. Occupational health have introduced rapid access referral pathways for staff in the following disciplines: Mental Health, Counselling, Physiotherapy, CMATS – orthopaedics / pain clinic / rheumatology, Radiology (scans), Drug & Alcohol, Podiatry and Dermatology	Rapid access to services will enable staff to either remain in work for return to work sooner.	Occupational Health 'fast track' number referred available from Q3 and turnaround times available from Q4.

DFM 087 Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)

Target
≥ 85%

Plan
≥ 85%

Sep-19

74.10%

Status



Wales Benchmark

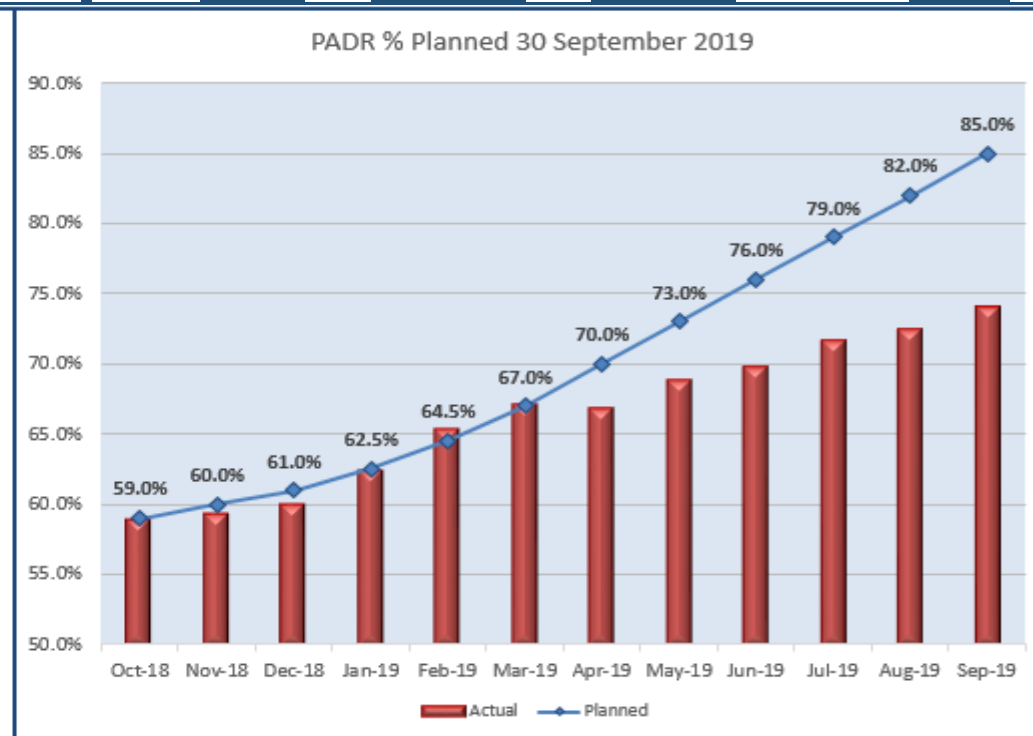
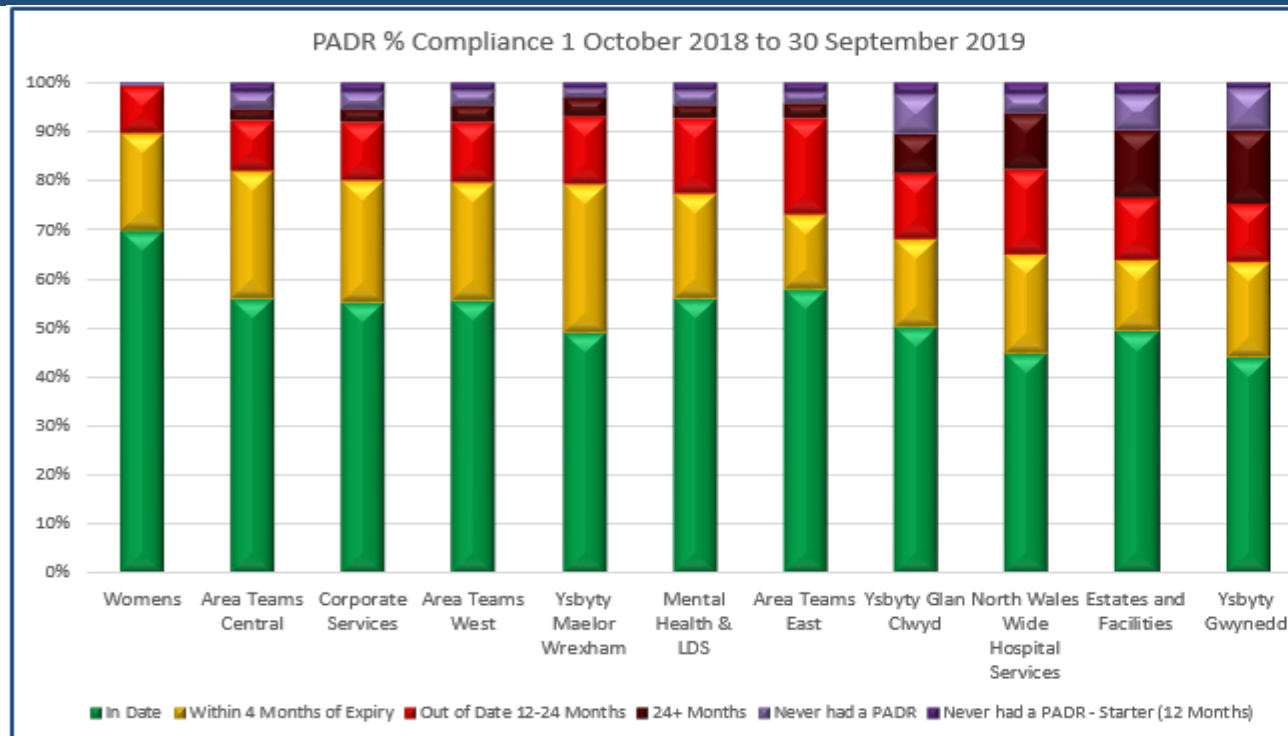
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Executive Lead

Sue Green

Plan Ref

AP046



Why we are where we are: Whilst PADR compliance is not yet at the target 85%, the implementation of previous actions have led to PADR compliance increasing consistently for the last 5 months. This month organisational compliance is up 1.5% to 74.1%. Targeted interventions have resulted in some large divisions such as Estates & Facilities (E&F) and Ysbyty Glan Clwyd (YGC) seeing substantial increases of just under 8% as a direct impact of the support provided over the last 4 weeks.

Actions	Outcomes	Timeline
1. The Head of Hotel Services in the East, Centre and West were assisted in analysing and cleansing their data on ESR, allowing identification of hotspot areas which were then subject to targeted support.. OD worked with the DGM's at YGC to discuss the root cause of low compliance which led to the identification of development needs for staff to use ESR and to conduct PADR's.	As a direct result of working with the senior leadership team within Estates & Facilities and the senior leadership team at YGC compliance has improved by 7.9% and 7.7% respectively this month	Working directly with senior managers throughout the month of September had a significant impact on their compliance
2. Tailored support with Senior Managers in Operational Estates (E&F Division East) as a result of data analysis which clearly identified areas for improvement.	Working with Senior Managers to scrutinise their data will allow them to identify their problem areas and to identify corrective action to improve their compliance	Direct communication with the senior managers in Operational Estates (East) at the beginning of the month and throughout October to track progress and agree the corrective actions required to increase compliance.
3. Provide all Divisions with individual trajectories to achieve the national minimum target of 85% by March 2020	Providing individual trajectories allows Divisions to proactively manage their compliance to ensure they reach the organisational target of 85% by March 2020.	All Divisions to receive their trajectories before the end of October
4. Sharing best practice from the 7.7% monthly increase in YGC with YG and offering the same tailored support	Sharing evidence on actions that are proven to have a significant impact on compliance such as ESR and PADR training sessions will allow these actions to be repeated in other areas and will impact compliance	Support to be offered by the OD Team to YG senior managers to identify hotspot areas and take necessary corrective action.
5. Design and launch new intranet pages which includes new simplified PADR paperwork, best practice guidelines, ESR and PADR information, organisational compliance information and case studies from Divisions seeing significant increase and high performance	Launching the new simplified PADR paperwork will raise the profile of PADR with the entire workforce and lead to further engagement with the process. Sharing best practice will allow Divisions to learn from the success of other Divisions.	Launched through varied communication methods such as Staff App, Intranet and Staff Bulletin throughout the month of October.

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

Target
≥ 85%

Plan
≥ 85%

Sep-19

85.00%

Status



Wales
Benchmark

1

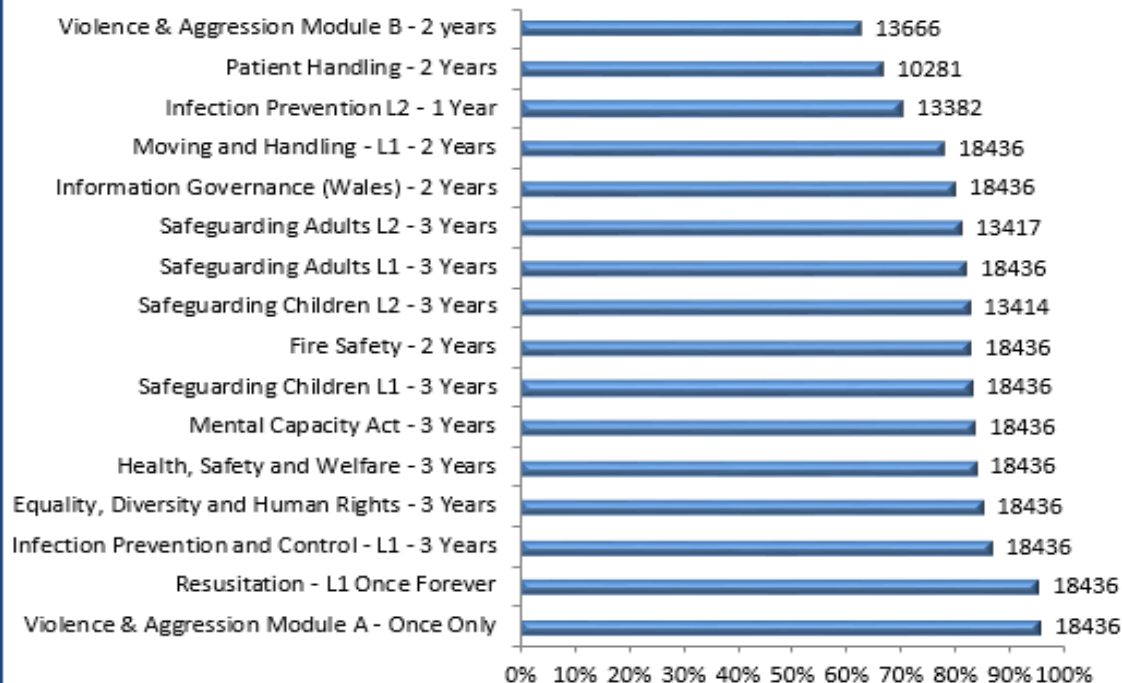
Executive
Lead

Sue Green

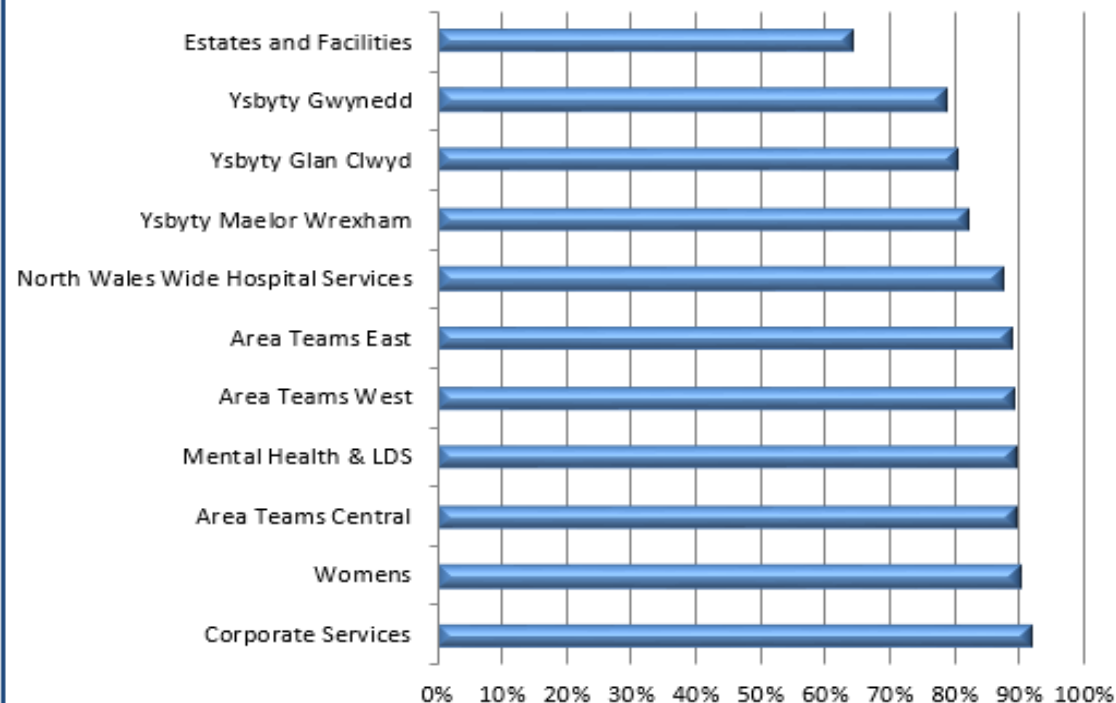
Plan
Ref

AP046

Core Mandatory Training Compliance September 2019

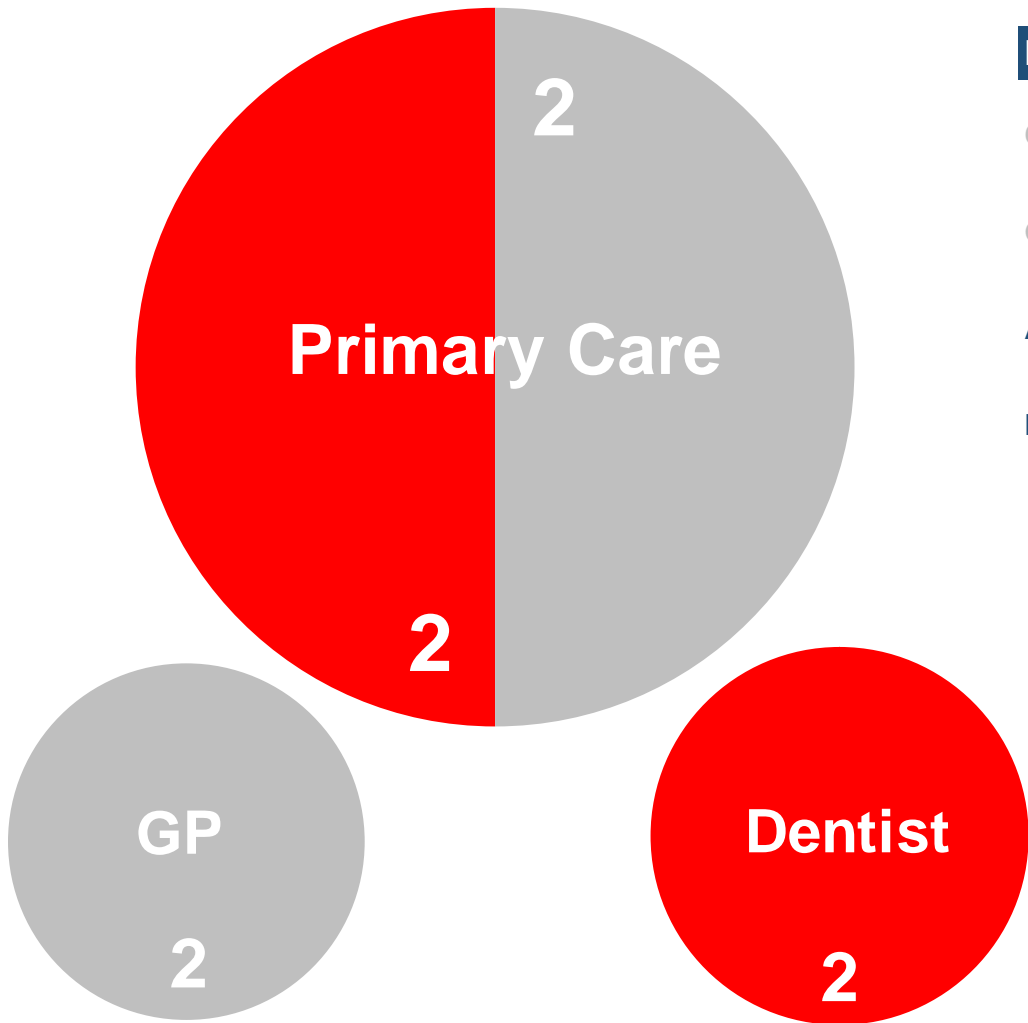


Overall September Compliance by Division



Why we are where we are: Following the successful implementation and monitoring of the Mandatory Training Improvement Plan and detailed analysis of data through the dashboard, compliance for level 1 training continues to meet the national target of 85% for the third month consecutively.

Actions	Outcomes	Timeline
1. Continue to identify and report projected compliance figures for all Level 1 subjects and report relevant data to subject matter experts on a monthly basis. This will highlight particular months of compliance data where a possible reduction in compliance is noted due to larger volumes of staff becoming non-compliant	Obtaining projected compliance data will allow all SME's the opportunity to review and amend forthcoming training schedules. This will ensure training compliance maintains or increases the current compliant 85% rate.	We anticipate continuing to meet or exceed the target rate of 85% for level 1 training by the end of October 2019 of which an exception report will only be required if we fall below the 85% target.
2. We will continue to populate relevant data and progress reports to the Mandatory Training Group.	Reviewing and informing areas of significant non-attendance/Non compliance will help increase the current compliance figure and also inform Subject Matter experts of any areas where training compliance requires further investigation.	We anticipate an increase of the current 85% compliance level and will identify and address issues with 'Did not attend' figures by end of October 2019
3. Following the identification of compliance attachment concerns with Patient handling [level 2 training] which affected level 1 compliance of Patient Handling, work has commenced to ensure staff groups have correct compliance attachment.	By reviewing training activity with subject matter experts, exploring data within the dashboard and reviewing the improvement plan for Mandatory training it has been identified that particular staff groups require compliance corrections. This will allow those staff groups to be illustrated correctly within the report and increase Level 1 and level 2 compliance for patient handling.	We anticipate increasing the current compliance figure of 67% as agreed within the improvement plan by the end of by the end of October 2019



Measure	Status	Target	Plan
Convenient GP Appointment		Reduce	AP
GP Practice Open 5pm to 6.30pm		Improve	AP
Accessed NHS Dentist	49.30% ←	Improve	AP
Dentist Follow Up	37% ↓	Reduce	AP

AP = Awaiting Profile

DFM 051	Percentage of the health board population regularly accessing NHS primary dental care	Target Improve	Plan AP	Mar-19	49.30%	Status	←	Wales Benchmark	6	Executive Lead	Chris Stockport	Plan Ref	AP007
DFM 086	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Target Reduce	Plan AP	Qtr 1 19/20	37.10%	Status	↓	Wales Benchmark	7	Executive Lead	Chris Stockport	Plan Ref	AP007

Actions	Outcomes	Timeline
3.6 x dental officer posts are out to recruitment	Increased capacity to see 120 more patients per week	Provisional 1st December 2019
1 x Business Support Manager out to recruitment	Increased capacity to review and redesign dental services	Provisional 1st December 2019
2 x Mat leave cover dental officer posts out to recruitment	Like for like replacement	Provisional 1st December 2019
Full Oracle Rollout Implementation	Designated staff ordering supplies through BCU procurement framework	October 2019

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

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

Further information on our performance can be found online at:

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

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



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

Finance and Performance Committee**24.10.19**
GIG
 CYMRU
NHS
 WALES

 Bwrdd Iechyd Prifysgol
 Betsi Cadwaladr
 University Health Board

**To improve health and provide
excellent care**

Report Title:	Referral to Treatment (RTT) Update
Report Author:	Andrew Kent – Head of planned care and theatre Improvement
Responsible Director:	Gill Harris - Deputy Chief Executive
Public or In Committee	Public
Purpose of Report:	To update the committee on progress against the plan
Approval / Scrutiny Route Prior to Presentation:	The Finance and Performance Committee receive regular updates.
Governance issues / risks:	The RTT plan has already been submitted with its associated risks, this paper describes the work being done to date to mitigate the risks
Financial Implications:	The financial implications of the delivery of this plan are being reviewed and may be submitted at a later date
Recommendation:	Note for information and progress to date

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	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		4.Putting resources into preventing problems occurring or getting worse	x
5.To improve the safety and quality of all services	x	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			

7.To listen to people and learn from their experiences		
Special Measures Improvement Framework Theme/Expectation addressed by this paper http://www.wales.nhs.uk/sitesplus/861/page/81806		
Equality Impact Assessment <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

Referral to Treatment Update

Introduction

F&P has been previously presented a paper on the RTT recovery plan; this demonstrated the wish to achieve no over 52 week waiters by March 2019 and gave a high-level overview on how this is anticipated to be achieved with the associated risks.

This paper describes the approach being taken since this paper was presented and the efforts being made to improve data, business process and a re-fresh/re-forecast of the end of year position with the associated risks.

Context

A comprehensive appraisal of the RTT recovery plan (below) has now been completed. Which included validating the two high level risks of the plan, those being treat in turn and cancellation avoidance, both being problematic in implementing, due to varying factors and some “optimism bias” in the initial assessment of the opportunity available- particularly the treat and turn- which is the highest area of opportunity. However, work has recently commenced in theatres to scrutinise each list on a weekly basis and other improvement pieces around booking patients in turn, to help mitigate the risk of cancelled operations.

Table 1 – RTT recovery plan (September 2019)

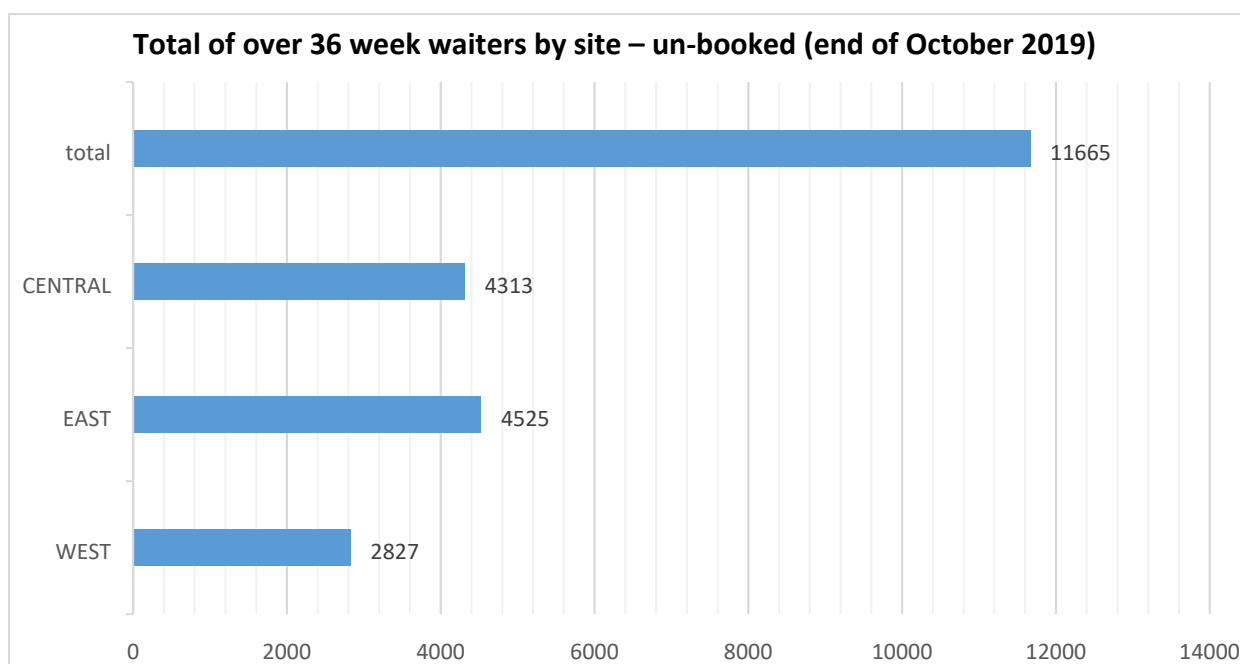
RTT recovery plan												
Plan	RAG	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments	Cost up to M12 £m	Cost M13-12 £m	Total £m
Treat in Turn/Total Opportunity from Dec-March 18714			570	710	875	1232	1582	1689	Access Policy is being updated to reflect chronological booking. This will be rolled out from October following wider communication.			-
Cancellations avoidance			276	276	276	276	276	276	SoP developed. Awaiting ratification. Expected to be in place from October.			-
Additional Charged to RTT									Internal additionally charged to at M5. Revised WU request process in place.	2.679	1.681	4.360
Max fax and ophthalmology insourcing				215	215	215	215	215	Speciality specification is in place. Expected to be in place from November.		1.000	1.000
Outsourcing arthroplasty, upper limb, cataracts and ocular plastics				178	178	178	178	178	Speciality specification is in place. Expected to be in place from November.		2.040	2.040
Outsourced Contracted Activity									in place.	0.592	0.608	1.200
T&O Outsourcing		150	150	150	150	150			Contract in place. Case mix and patient identified. Transfer commenced in September.		4.205	4.205
Validation				196	196	196	196	196	Ongoing operational validation. Mini tendering for external support closed. To be in place in October/November.		0.065	0.065
Increase ACPL (Average Case Per List)				169	169	169	169	169	Programme Manager in Place to Manage Theatre Improvement Programme. Theatre PID in place to deliver increase in ACPL.			-
Dermatology New Model of Care SoS and Virtual Clinic			170	170	170	170	170	170	Commenced in August.		0.116	0.116
DNA Management				171	171	171	171	171	Some SoS clinics are in place. Guideline for SoS is being developed in collaboration with National Planned Care Programme.			-
Gastroenterology insourcing and WU			157	157	157	157	157	157	Text reminders are in place. Board is exploring opportunity to overbook clinics to compensate for DNA.			-
PROMa PU		127	127	127	127	127	127	127	Locum consultant appointed. Activity to be delivered from October.		0.511	0.511
Hospital Initiated Cancellations		100	100	100	100	100	100	100	Commenced in August/September.		0.069	0.069
				85	85	85	85	85	On going work. This is being managed through Outpatient Improvement group.			-
TOTALS										3.271	10.295	13.566
Diagnostics - Radiology / Pathology										1.047	1.938	2.985
Endoscopy										1.413	4.612	6.025
Follow ups											0.366	0.366
MSK											1.750	1.750
TOTALS										5.731	18.961	24.692

Table 2 –RTT recovery Plan (As of October 16/10/2019)

high level programme deliverables and associated risk to delivery										Comments	Cost up to M05 £m	Cost M06-12 £m	Total £m
Plan	Higher risk	Medium risk	Lower risk										
	RAG	Sep	Oct	Nov	Dec	Jan	Feb	Mar					
Treat in Turn(Total Opportunity from Oct-March= 18714)			570	710	879	1212	1582	1689	Access Policy approved at Planned Care Improvement Group on Friday the 4th October. This is being rolled in from October following wider implementation across all booking teams.				-
Cancellations avoidance			276	276	276	276	276	276	SoP approved at Planned Care Improvement Group on Friday the 4th October. This is being rolled out from October following wider implementation across all theatres.				-
Additional Charged to RTT									Internal additionally charged to at M5. Revised WLI request process in place.	2.679	1.681	4.360	
Max fax and ophthalmology insourcing					215	215	215	215	Potential providers are being contacted with specification. Weekly tracking meeting in place to manage in/out sourcing.		1.000	1.000	
Outsourcing arthroplasty, upper limb, cataracts and ocular plastics					178	178	178	178	Potential providers are being contacted with specification. Weekly tracking meeting in place to manage in/out sourcing.		2.040	2.040	
Outsourced Contracted Activity									In place.	0.592	0.608	1.200	
T&O Outsourcing		150	150	150	150	150			Contract in place. Case mix and patient identified. Transfer commenced in September.		4.205	4.205	
Validation					196	196	196	196	Ongoing operational validation. Mini tendering for external support closed. To be in place in November.		0.065	0.065	
Increase ACPL (Average Case Per List)					149	149	149	149	Programme Manager in Place to Manage Theatre Improvement Programme. Theatre PID in place to deliver increase in ACPL.				-
Dermatology New Model of Care			170	170	170	170	170	170	Commenced in August/September.		0.116	0.116	
SoS and Virtual Clinic					171	171	171	171	Some SoS clinics are in place. Guideline for SoS is being developed in collaboration with National Planned Care Programme.				-
DNA Management					157	157	157	157	Text reminders are in place. For OPD 83% are re-booked				-
Gastroenterology insourcing and WLI			127	127	127	127	127	127	Locum consultant appointed. Activity delivering from October.		0.511	0.511	
PROMs FU		100	100	100	100	100	100	100	Commenced in August/September, a lag in response time for patients, unable to confirm saving till November		0.069	0.069	
Hospital Initiated Cancellations				89	89	89	89	89	On going work. This is being managed through Outpatient Improvement group. OPD PID written recruitment in October				-
Total		250	1392	2689	2858	3190	3411	3518		3.271	10.295	13.566	
									Diagnostics - Radiology / Pathology	1.047	1.938	2.985	
									Endoscopy	1.413	4.612	6.025	
									Follow ups		0.366	0.366	
									MSK		1.750	1.750	
									TOTALS	5.731	18.961	24.692	

Table 2 gives a mid October update on the high-level programme of work, which shows delivery in all areas for September and October apart from the two high risk “Red” rated pieces of work. However, work has commenced in each of these two areas as described in the majority of this paper. The noteworthy issue described in the plan is the long waiting patients over 36 weeks and over 52 weeks who are un-booked and whether or not they are validated within the primary targeting list (PTL). This essentially means that the organisation cannot be sure of the true size of the backlog nor be able to give full assurance on the plan going forward to treat in turn.

The table below shows the number of patients waiting - not booked- across stages 1-4 as of end of October 2019 on each site. This directly relates to treating patients in turn and the need to improve the validation process.



It is important for the reader to note that this particular piece of work being described is on the “un-booked patients”. The other element of work is ongoing which includes a significant amount of insourcing and out sourcing in the keys areas of long waits such as Orthopaedics, Ophthalmology, urology and Max/fax for patients already “booked” in the system in order to achieve the plan.

This issue is now recognised as the most significant risk to achieving the year-end position. To reduce the red RAG rating of the treat in turn it is important to validate these patients at speciality level. This will allow the organisation to have the most recent and accurate information to be able to then implement the treat in turn component of the plan and notably it will allow us to re-forecast our position in mid-November to the year-end.

Therefore, rapid improvement events commenced across the acute sites from the 16th of October to validate all patients who are waiting over these periods described above.

Site	Rapid improvement date
WEST	15/16 October 2019
EAST	16&17 October 2019
CENTRE	22&23 rd October 2019

By undertaking this process by the information “lock down period” at the end of October, we will be able to forecast our over 32-week waiter and over 52 week waiters until the end of March in mid-November. This in turn will allow the organisation to describe the associated costs in more detail, rather than the current estimates described in the previous paper/plan. Furthermore, the head of planned

care is now working closely with the Welsh delivery Unit, who are offering assistance in both forecasting and training in Demand and capacity modelling for those services that are challenged by capacity constraints.

Alongside the validation process, it is essential to improve our current way of working by introducing weekly meeting over the planned monthly cycle. These meeting will use a newly developed dashboard and weekly reports that show activity at all stages during the weekly period against plan and forecast. This approach will allow each site and area to make small changes in week, rather than large swings at month end.

The weekly meeting will review the PTL, ensure the treat in turn opportunities are maximised and in week 3-4 the teams will also review the harm potential as per NHSI guidelines, which will include clinical input, this will be subject to audit and risk assessments and presented to QSE. The meeting will also ensure the end of month validation is complete. In many organisations, this is known as the “drum beat” of planned care and buffers are put in place such as extra activity to protect the flow of patients receiving treatment.

This improvement cycle commences at the WEST and EAST site in early November followed by Central and Areas shortly after. This in turn allow an Access meeting to occur fortnightly which will allow the organisation to identify cross working opportunities and keep track of outsourced work and its removal from the PTL.

It will subsequently link into our theatre scheduling process and allow the introduction of the best practice known as 6-4-2. Which allows patients more opportunity of notice of their operation/procedure date and has shown to reduce cancelled operations, the other significant “red” in the RTT plan.

Endoscopy

A mismatch between demand and capacity and resultant growth in waiting times is not unique to the Health Board and is a national problem. A National Endoscopy Board, chaired by Dr Chris Jones, has been established to consider and address the issues and the Health Board is represented there. Demand for endoscopy services is set to increase dramatically over the next five years. This is due to a number of factors including an ageing population, increasing symptom awareness, changes in bowel screening criteria (including introduction of the faecal immunochemical test), single cancer pathway and other clinical pathways notably the introduction by Wales Cancer Network of optimum timed clinical pathways for Colorectal and Upper GI.

To be able to meet the increasing demand the organisation has been and will continue to undertake extra lists at weekends and insourcing, whilst the preferred option of the extra Vanguard unit comes on line. This extra capacity will allow the organisation to address its demand growth and the Vanguard is now predicted for the 11th of November, this being a significant milestone to achieve the plan.

Summary

The committee will continue to recognise the significant risk to achieving the plan of no over 52 week waiters by the end of March 2020, due to the significant backlog number of un-booked patients currently on our waiting list. There are number of

elements that are to be implemented to mitigate the significant risks and these are summarised as:

- Re-aligning our business process in planned care to be more proactive rather than reactive
- Undertaking a significant piece of work of our active PTL to validate the current PTL's across all three sites, Areas and then follow-ups.
- To undertake a reforecast, with the help of the Welsh delivery unit, which will give both organisations a stronger degree of confidence.
- The organisation recognises the highest risk is the speciality of Orthopaedics in delivering the reduction of long waiters
- To evaluate the current out sourcing to help reduce the number of long waiters by March 2019 and understand the financial costs going forward.

Recommendations

F&P are asked to note the significant risk in achieving the RTT plan by end of March 2020 and recognise the work being undertaken to reduce the number of long waiters in the organisation in both treating patients and improving the internal business processes.

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

Report Title:	Unscheduled Care and Building Better Care Update Report
Report Author:	Nicola Eatherington, Senior Improvement Programme Manager – USC
Responsible Director:	Mrs Deborah Carter, Acting Executive Director of Nursing & Midwifery
Public or In Committee	Public
Purpose of Report:	To update the Finance & Performance Committee on the September Unscheduled Care performance and provide an update on phase 4 of the Building Better Care Programme
Approval / Scrutiny Route Prior to Presentation:	Prior approval from Acting Executive Director of Nursing and Midwifery
Governance issues / risks:	Governance issues relate to improving performance and improving the patient experience. There is a risk register in place for project deliverables against the milestones.
Financial Implications:	<p>Ongoing financial challenges exist in each of the Health Boards Emergency Departments. These predominantly relate to workforce and the need to establish this substantively in order to reduce the reliance on premium cost bank and agency workers.</p> <p>Financial improvements will be delivered by optimising patient flow and improved discharge management to reduce the use of escalation beds on each site.</p>
Recommendation:	<p>It recommended that the Committee:</p> <ul style="list-style-type: none"> • Note the unscheduled care performance for September across BCUHB and for each health economy • Note the update from the Building Better Care programme and ongoing work within phase 4

Health Board's Well-being Objectives (indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)	√	WFGA Sustainable Development Principle (Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)	√
1.To improve physical, emotional and mental health and well-being for all	X	1.Balancing short term need with long term planning for the future	X

2.To target our resources to those with the greatest needs and reduce inequalities	X	2.Working together with other partners to deliver objectives	X
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	X	4.Putting resources into preventing problems occurring or getting worse	X
5.To improve the safety and quality of all services	X	5.Considering impact on all well-being goals together and on other bodies	X
6.To respect people and their dignity	X		
7.To listen to people and learn from their experiences	X		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<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

Executive Summary

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

September has seen a slight decrease in the 4 hour performance trajectory compared to the previous month but is an improvement compared to the previous year. Performance remains below the agreed internal improvement trajectory.

The overall combined Emergency Department (ED) / Minor Injury Unit (MIU) 4 hour performance for BCUHB for September 2019 was 71.7%, against an agreed trajectory of 76.4%, this is an improvement on last year's performance of 69.58% for September 2018.

Key actions taken in September were:

- Continued focus on grip and control within the ED departments focusing on processes and escalation as well as strengthened safety huddles in ED.
- The new ED department in Ysbyty Gwynedd (YG) was completed and phase 1 of the move took place mid-September. This provided additional Minors and Majors capacity. Planning continues to develop the assessment areas to further improve patient flow.
- Ysbyty Glan Clwyd (YGC) continue to improve the Same Day Emergency Care Unit (SDEC) and phase 3 planning commenced to improve streaming direct to SDEC from ED, as well as a review of the inclusion criteria to maximise its use. Early data validation demonstrated, on average, a 4 day reduction in length of stay for patients treated in SDEC compared to those admitted elsewhere in the hospital.
- Wrexham Maelor Hospital (WXM) has continued to progress work on a new emergency floor layout, which will open in November and a more robust minor injuries service outside of Hospital to support Mold.

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

Performance against the 12 hour standard worsened slightly in September with 1,977 patients waiting in an ED for more than 12 hours, which equates to a daily average of 58. This is an increase on an August performance of 1,786.

The improvements in performance for patients over 12 hours in ED continues to be below plan due to a slower pace of improvement from embedding the 'SAFER' patient flow bundle, which has been demonstrated to improve early discharge. The management of long lengths of stay for patients (super stranded over 21 days) began at the end of July. Although this has yet to reduce the number of patients. A review of the process is taking place across all three sites in October which will ensure common causes of delays are addressed.

Of the three ED sites YG is performing best against this standard for September followed by YGC and Wrexham is now producing the poorest performance for the number of 12 hour breaches.

The Health Board's current improvement plan focuses on a zero tolerance for patients waiting in ED for longer than 24 hours. Sustained improvement had been previously achieved against this metric, however, following a marked deterioration in July, there has been variance in performance since, with a slight improvement in August but a deteriorated position for September across all sites. YG performance deteriorated from 5 patients waiting in ED over 24 hours in August to 19 in September. There also continues to be a high number of patients waiting over 24 hours at both YGC and WMH sites, both of which have increased further in September.

Ambulance performance

Ambulance CAT A performance

This is a WAST performance target (8 minute red performance target) for September was 69%, which remains above the 65% trajectory and is consistent against the previous month. The Health Board continues to perform at one of the highest level in Wales for this important quality metric.

Ambulance handovers over 60 minutes

The overall position for ambulance handovers to ED which took longer than 60 minutes, deteriorated during September with 896 delays over 60 minutes reported across the Health Board, which equates to a daily average of 30, compared to 693 in August. September performance equates to a daily average of 22 and is not achieving the daily average planned trajectory of 4 for September.

WMH continues to have the lowest numbers of >60 minute handovers, although performance has deteriorated compared to last month. YGC are reporting the most significant ambulance handover delays of 481 for September (16 daily average). Impacting factors were noted as ED exit block, lack of beds and long doctor waits, due to short term sickness, as well as long corridor waits. A deep dive into ambulance delays has been undertaken and processes have been tightened to ensure risk assessments are carried out at a system wide level.

Wales Ambulance Services Trust (WAST) reported the worst ever handover performance in Wales for September. However, Wrexham has been acknowledged as having the best performance in Wales. This has been enabled by a continued increased focus and strengthened robust processes for ambulance handover and corridor nursing. Learning from the improvements at Wrexham has been shared with other sites to help reduce handover delays across all sites. WAST have agreed an improvement programme of work with YGC specifically, acknowledging the consistently high number of ambulances received by this site and the increased level of patient acuity.

West Health Economy

4 hour performance

The combined ED / MIU 4 hour performance for September in the West Area was 80% against the trajectory of 85.2%. ED only performance was 70.6%. The team continue to strive to deliver improvements to achieve the target.

Actions identified to deliver continued improvements include:

- The introduction of a clear escalation process for patients waiting 8 hours in the department is being embedded and will be developed further to encompass speciality breach reviews and accountability.
- 'Long stay Wednesdays' initiative in the acute site, with a multi-disciplinary review and management of the longer length of stay patients (super stranded patients over 21 days) has not yet seen a reduction in the number of super stranded patients (over 21 days). Long Stay Tuesday's has also been implemented in the community hospitals. A review of the process is taking place in October to ensure themes are being identified, which are causing patient delays, and that these are being managed.
- Weekly breach validations are ongoing to review all areas in a targeted way (paediatrics, stroke, 12/24 hours, patients triaged as green and speciality specific) which are reported back to the directorate and Hospital Management Team (HMT) on a monthly basis.
- Patients left without being seen (LWBS) are reviewed on a daily basis and coded for accuracy to support in the validation of those patients that have been redirected, referred or discharged at the point of triage. Training is ongoing for admin staff to support developments in this process.
- The new ED department in Ysbyty Gwynedd was completed and phase 1 of the move took place mid-September. This provided additional Minors and Majors capacity. Planning continues to develop the assessment areas to further improve patient flow.

12 hour performance

The number of patient delays over 12 hours within YG ED in September was 331 patients, equating to a monthly average of 11 patients per day, which is currently not achieving the internal trajectory of 6 for September. The position for the number of delays over 24 hours in ED was 19 for the month which is a deteriorating position compared to last month (where there were 5). Ten of these were for Mental Health patients and delays in accessing beds.

Actions identified to deliver improvements include:

- As part of the Emergency Department Quality Delivery Framework (EDQDF) work ongoing, an escalation process was introduced for any patients waiting over 8 hours for a bed. This process includes clear standards for escalation to the Hospital Management Team and is being strengthened

- Patients who are delayed are also reviewed daily as part of the breach review process which is undertaken with key stakeholders from all specialties to monitor and identify trends.
- Average length of stay within the hospital has decreased. The focus on long length of stay reviews is ongoing.
- Daily discharge targets are being set and embedding of SAFER work continues.

Ambulance 60 minute handover performance

Ambulance handover delays remain a challenge and the number of >60 minute handover delays at YG in September has increased from 153 delays reported in August to 272 in September, this averages at 9 per day against a trajectory of 1 for September.

The number of lost hours for the month was 586 (20 hours per day) which was an increase from 372 hours for the month of August.

Paediatric breaches

The number of paediatric breaches (under 18 years of age) decreased in September with a total of 99 reported for the month against 115 in August. A renewed focus on the reasons for under 18 breaches is part of the breach analysis review.

Central Health Economy

4 hour performance

The combined ED / MIU 4 hour performance for Central area was 75.5% against the trajectory of 80% for September. ED only performance was 59.8%.

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

Actions identified to deliver improvements include:

- Introduction of an ED streaming, triage and rapid treatment (START) model.
- Alongside the request for data by conditions, there are weekly reviews of the operational pathways of SDEC to confirm the right patients are being seen in SDEC and to support further engagement with clinicians by specialty and including GP's
- Twice weekly long length of stay reviews.
- ED actions identified to improve focus and performance on management of minors and non-admitted patients with the Emergency Quadrant (EQ) Head of Nursing leading on processes for protecting the minor's area of the department and relevant resources.
- Opportunities to manage queuing into and out of ED differently are being explored.

12 hour performance

The number of patient delays over 12 hours within YGC ED in August was 782, equating to a monthly average of 26 patients per day, which is not achieving the internal trajectory of 14 per day. The position for the number of delays over 24 hours in ED was 252 for the month, which equates to an average of 8 per day.

Actions identified to deliver improvements include:

- Active intervention at an early timescale to reduce 24 hour delays is being further tightened. There was a slight improvement to 12 hour delays and 24 hour performance increased slightly this month.
- Delays in ambulance handovers and long waits for beds has had a negative impact on 12 hour breaches. Average length of stay continues to decrease and a continued focus on long length of stay reviews is ongoing.
- Daily discharge targets are being set and embedding of SAFER work continues. KPI dashboard now shows the % of patients with an Estimated Date of Discharge (EDD).

Ambulance 60 minute Handover performance

There was a slight decrease in the number of >60 minute handover delays in September at YGC with the site reporting 481 delays, which averages at 16 per day against the trajectory of 2 for September. Whilst this is not achieving the trajectory, this is an improvement from 493 in August and a reduction for the second consecutive month.

The number of lost hours for September was 1,175 compared to 1,186 in August which constitutes a slight decrease for the second consecutive month.

Paediatric Breaches

There were 71 paediatric breaches for the month of September at YGC, which has decreased from the August position of 91. The number of breaches in September equates to a daily average of 2 breaches against a zero trajectory for September.

East Health Economy

4 hour performance

The combined ED / MIU 4 hour performance for East area was 57.3% against the internal trajectory of 64% for September. ED only performance was 51.1%.

Actions identified to deliver improvements include:

- Continue to implement 2 hour ED safety huddle and escalation process based on timed pathways through the service.
- Gold command implemented week commencing 14th October for a 3 week period to provide leadership and support to the ED and the site leadership team.
- Increase the number and skill mix of medical staff to support timely clinical decision making particularly between the hours of 20:00 to 02:00 to reduce the backlog after midnight as well as reduce doctor waits for first clinical assessment.
- Acute medical unit going live on 4th November.

- Protect non-admitted assessment and treatment area in ED to reduce patient delays and subsequently improve the 4 hour standard.

12 hour performance

The number of patient delays over 12 hours within Wrexham ED in September was 864, equating to a monthly average of 29 patients per day, against a trajectory of 12. The number of delays over 24 hours in ED was 255 for the month, which equates to an average of 9 patients per day.

Actions identified to deliver improvements include:

- Review and implement the Emergency Care ward reconfiguration to optimise specialty flow from ED.
- Implement the acute floor reconfiguration for medicine, integrating Rapid Assessment, Ambulatory Emergency Care, frailty and short stay across 57 spaces to improve flow for medical patients from ED.
- Working with area team to redefine MIU as minor illness on the Wrexham site and stream into the new GP in ED service, supported by Advanced Nurse Practitioners (ANPs), which is due to commence during November.
- Agree, design and implement flow principles from ED to assessment / short stay and wards.
- Community in-reach to improve home first offering to reduce Length of Stay (LoS) over 21 days
- Gold command implemented week commencing 14th October for a 3 week period.

Ambulance 60 minute Handover performance

- The performance for >60 minute handover delays at Wrexham deteriorated from 47 in August to 142 during the month of September, this averages at 5 per day against a zero trajectory for September.
- The number of lost hours for the month was 409 which is a deteriorating position from 229 last month.

Paediatric Breaches

- There were 265 paediatric breaches for the month of September which was static compared to last month.
- Plans are being developed to stream paediatric patients to an assessment area during periods of pressure, building on a pilot study undertaken during the summer and subsequent audit.

Building Better Care Programme Overview

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

Building Better Care USC Programme Priorities June to September 19



East	Central	West
SICAT – Helen Alefounder MIU – TBD Further development of CRT Pathway – Chris Lynes		
<ol style="list-style-type: none"> 1. Grip and Control and Streaming in ED – including GP, OT, Therapists 2. Additional Paediatric support in ED 3. Acute medical model – incl. AEC 4. Outlier Management 5. Progress chasers supporting patient flow 6. Stranded patient reviews for LLOS and community Hospitals 	<ol style="list-style-type: none"> 1. Implementation of START 2. Same Day Emergency Care 3. Paediatric plan 4. Breach analysis 5. Outlier Management 6. Stranded patient reviews LLOS 	<ol style="list-style-type: none"> 1. Acute Medical Model for new ED department 2. Breach analysis 3. Ambulance handover improvement 4. Reduction in 12 hour stays in ED 5. Further embedding of SAFER – focus on discharge planning and data capture 6. Stranded patient reviews LLOS

Demand update

During September 2019 SICAT has been fully operational 12 hours a day and throughout this time has taken 576 ambulance calls and saved 358 ED attendances. Over a half of these have been referred to GPs or given self-care advice. The impact on primary care is being monitored. A trial with iCAN commenced in August providing support for 999 calls relating to adult mental health. In the next 90 days, planning will comprise moving the service to business as usual and work through the actions required to support the link to 111 expansion into Wales.

Health Visitors have been part of the SICAT team since July to provide further opportunities to test the future development of SICAT. Supported by GPs, the Health Visitors assess 999 calls where appropriate for children aged 5 and under. The introduction of Health Visitors was introduced as a pilot scheme initially and was found to be a positive experience with their knowledge, skills and experience appreciated and understood especially by the paramedics in attendance. Access to this resource has resulted in admission avoidances.

The number of ambulance conveyances from WAST remains around the same position compared to September 2018, however, WAST are reporting an increase in the acuity of patients being transferred to hospital. This suggests that the SICAT is

having a positive impact on overall ambulance deployment and thereby conveyances to the Health Board's ED's. However, patient acuity has increased.

The MIUs in West and Central have seen the highest level of attendances recorded during July and August with an average of 117 patients seen per day in the West MIUs and 106 per day in Central. Work continues in the East to identify additional minor injury / illness service to support out of hospital facilities within the East area. Whilst the numbers of attendances has dropped slightly in September, all areas are above the improvement trajectories.

Flow update

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

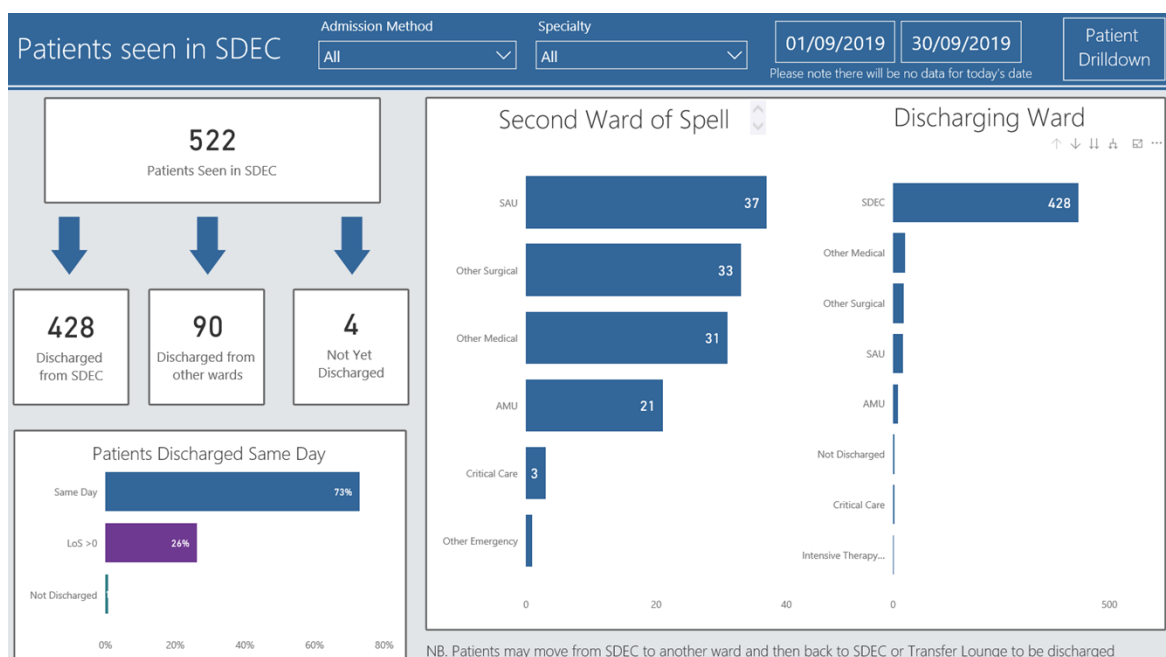
As previously mentioned YGC implemented two changes within ED during July.

- i) A 6 week test and learn of ED Streaming, Triage, Assessment and Rapid Treatment (START) model to improve the time to triage and time to ED clinician. Data analysis is currently underway to assess the impact for the 6 weeks. A reconfiguration of ED also took place to better support ambulance handovers.
- ii) Implementation of Same Day Emergency Care (SDEC) introducing a pathway for 15 ambulatory conditions plus GP referrals. The clinical coding has shown that in July, 580 patients attended YGC with one of the 15 ambulatory conditions. 172 of these were seen in SDEC with a length of stay of less than 24 hours. The remaining patients who were admitted via ED had an average length of stay of 4 days. SDEC saw a total of 582 patients in July and 592 in August. Admission rates remain higher than best practice – which suggest discharge on the same day should be 90%. Work continues to improve and expand SDEC to include more conditions and improve streaming from ED.

The SDEC team presented at the National Ambulatory Emergency Care conference in Cardiff in September, which was well received and other Health Boards are considering or developing plans to implement a similar concept.

A bespoke SDEC dashboard has been developed to support the continuous improvement of this service, see example below:

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



Discharge update

A focus across all sites has been on the 'R' of SAFER ensuring that Senior Reviews are in place, especially due to the high number of >21 day patients. Each site has now introduced a minimum of twice weekly senior reviews of all patients with a length of stay over 21 days. Significant reduction in the number of patients of 21 days is yet to be demonstrate. A review of the process is taking place in October across the 3 sites ensuring common causes of delays are being addressed. This review process will be expanded to Community Hospitals and common themes for delays are being reviewed and monitored to prevent further delays.

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

WMH ran two Rapid Improvement Weeks during August and September to look at pathway redesign that removes barriers and facilitates incremental changes led by the teams delivering the service. These are based on a 'test and learn' approach encouraging innovation through retaining what works well and getting rid of things that do not work well to maximise value of care to our patients. Sustainable impact of these events has yet to be demonstrated. As a result of the pace of required change not achieving the internal standards an executive led Gold Command has been implemented form 14th October

Delivery Unit (DU) Targeted Intervention

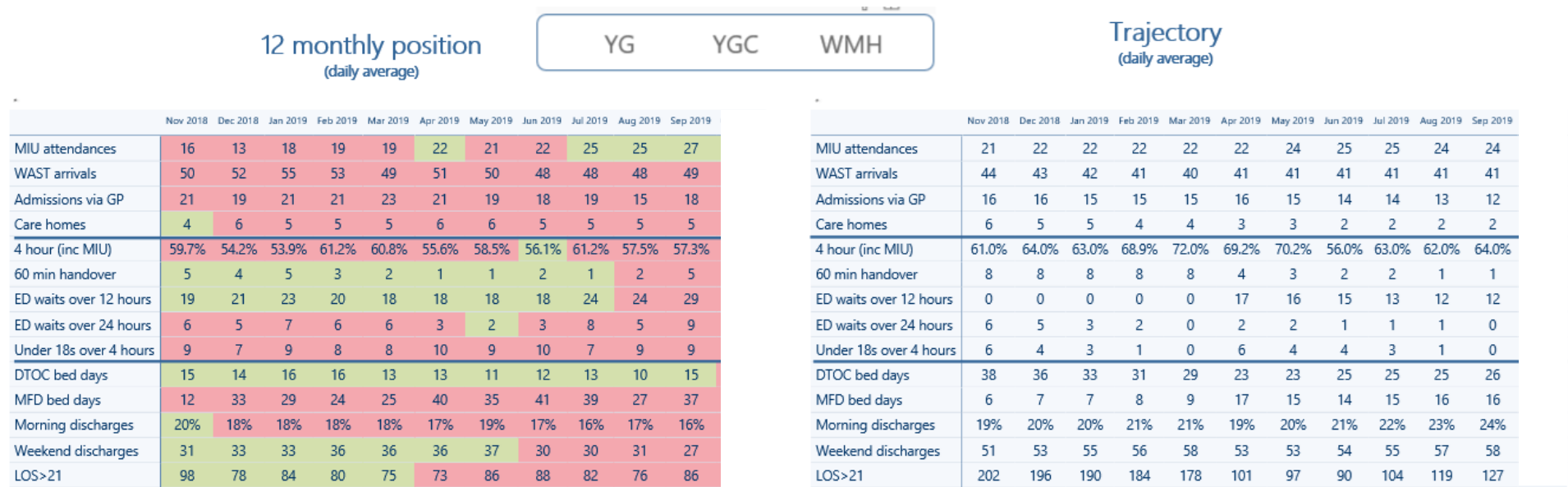
Targeted Intervention by the DU which commenced June / July has been ongoing with site visits, data analysis and weekly conference calls, feedback from their 13 week assessment was received verbally last week and their report is anticipated w/c

21st October. The Delivery Unit have confirmed that the plans in place to support the improvements will yield the required performance gains. The DU will continue to support the delivery of the plans, they have identified significant improvements across all sites in terms of processes and leadership. They have also identified that the pace of change in Wrexham has been more challenged whilst also indicating their sense of improvement in the levels of safety at that site. The DU are supportive of the work to “right size” the medical staffing levels on the Wrexham site.

Formal feedback will be provided in their written report which will also be presented at the Quality and Delivery meeting with Welsh Government and BCUHB.

Appendix 1 – USC Building Better Care Risk Register

Chart 2.0 BCUHB USC KPIs



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>



Report Title:	Finance Report Month 6 2019/20
Report Author:	Ms Sue Hill, Acting Executive Director of Finance
Responsible Director:	Ms Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the financial performance of the Health Board as at September 2019, and on actions being taken to manage the financial challenge and mitigate risk.
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 includes recommendations on improvements to financial governance and financial risks are highlighted in the report.
Financial Implications:	<ul style="list-style-type: none"> • The Health Board developed a draft annual plan which delivers a £35m deficit. • The Financial Recovery programme has been set up to deliver a significant financial improvement, in line with the £25m deficit control total set by Welsh Government, which would require delivery of £10m of additional stretch savings compared to the draft financial plan. • At Month 6 the Health Board is overspent by £21.2m, which is £6.2m worse than the profiled year to date control total (of £15.0m). • The key reason for the year to date shortfall is that the planned savings have not been fully converted and delivered. The draft plan assumed an even delivery of savings across the year rather than a back-ended profile. Achievement of full-year plan requires significant acceleration of savings delivery in the second half of the year. • The control total plan for Month 6 required a £1.6m deficit. The actual position was £2.9m, £1.3m in excess of this plan which is broadly equivalent to the additional stretch savings profiled into the position in-month but not delivered. • Other key areas of cost pressure in-month and year to date include Secondary Care drugs and Primary Care drugs (Prescribing).
Recommendation:	It is asked that the report is noted, with particular reference to the forecast deficit of £35m deficit and the specific actions in progress to achieve plan.

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
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

FINANCE REPORT

MONTH 6 2019/20

Sue Hill

Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. Executive Summary

1.1

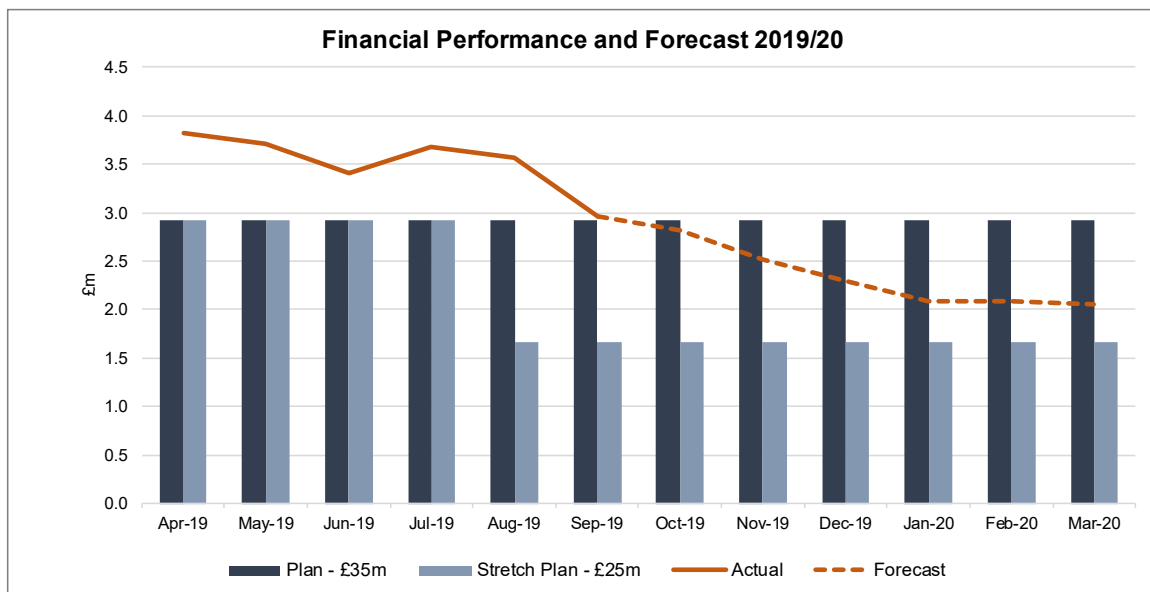
Current Month

Year to Date

Full Year Forecast

Executive Summary

Original Plan	£2.9m Deficit	Original Plan	£17.5m Deficit	Original Plan	£35.0m Deficit
Control Total	£1.6m Deficit	Control Total	£15.0m Deficit	Control Total	£25.0m Deficit
Actual	£2.9m Deficit	Actual	£21.2m Deficit	Forecast	£35.0m Deficit
Plan Variance	Nil	Plan Variance	£3.7m Adverse	Plan Variance	Nil
Control Variance	£1.3m Adverse	Control Variance	£6.2m Adverse	Control Variance	£10.0m Deficit



The Health Board is overspent by £21.2 m, £6.2m higher than the year to date control total plan.

Cash releasing savings delivered to date are £8.7m against a year to date plan of £13.5m, a shortfall of £4.8m and including £2.5m of undelivered stretch savings.

Achievement of full-year plan requires significant acceleration of savings delivery in the second half of the year.

Achievement against Key Targets

1. Executive Summary

Revenue Resource Limit	✗
Savings & Recovery Plans	✗
Capital Resource Limit	✓

Public Sector Payment Policy (PSPP)	✓
Revenue Cash Balance	✓
Medium Term Plan	✗

2. Current & Forecast Position

2.1 Year to Date Position

2019/20 Actuals and Variance								
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Total	YTD
	£m	£m	£m	£m	£m	£m	£m	Variance £m
Revenue Resource Limit	(124.9)	(123.2)	(124.1)	(129.3)	(124.7)	(125.5)	(751.7)	0.0
Miscellaneous Income	(10.6)	(11.9)	(11.1)	(11.1)	(12.1)	(11.3)	(68.1)	(2.8)
Health Board Pay Expenditure	64.6	61.9	62.0	62.3	62.2	62.1	375.1	(0.8)
Non-Pay Expenditure	74.8	76.9	76.6	81.8	78.2	77.6	465.9	9.8
Health Board Total Against Stretch Plan	3.9	3.7	3.4	3.7	3.6	2.9	21.2	6.2
Stretch Target Offset								(2.5)
Health Board Total Against Original Plan								3.7

- Welsh Government reporting continues to reflect the initial plan deficit of £35m, in line with their requirements.
- Most of the Health Board's funding is Welsh Government allocation. Confirmed allocations to date total £1,500m year, with further anticipated allocations in year of £64m, a total forecast of £1,564m for the year.
- In month:** The Health Board delivered a £2.9m deficit. This is slightly short of a balanced position against the original plan, but the £1.3m additional stretch savings phased in-month to meet the control total plan have not been achieved.
- Year to date:** The Health Board is overspent by £21.2 m, £6.2m higher than that required to achieve the control total – a phased year to date plan of £15.0m (including £2.5m of additional stretch target, allocated from Month 5 onwards at £1.25m per month). The key over spending division is Secondary Care, where the non-delivery of savings, agency premium pay costs and other cost pressures are the main causes of the over spend.
- Cash releasing savings achieved to date are £8.7m against a year to date plan of £13.5m, giving a shortfall of £4.8m. Additional cost avoidance and efficiency savings of £3.7m have been delivered to date, and offset cost pressures arising in year.
- More detailed financial performance by division is shown in Appendix 1.

2.2 Forecast Position

- The Health Board's forecast deficit is £35m, in line with the initial plan but £10m behind the control total of £25m. While the extrapolated year to date position equates to a full-year deficit of £42.4m, the forecast outturn reported to Welsh Government reflects the anticipated impact of actions being managed through the Recovery Programme, including Grip and Control measures and the conversion and delivery of savings opportunities.
- There has been an increase in the level of pipeline savings schemes identified across the Health Board, which has improved by £6m in Month 6 (15%), to £45.6m in total. Schemes need to be quickly converted into delivering schemes so that they can begin to impact on the monthly position for the remainder of the year.
- The Health Board's savings position is analysed in detail in the Recovery Director's report to this Committee and there is greater scrutiny of both the categorisation of

2. Current & Forecast Position

savings schemes (cash releasing and cost avoidance) and the expected delivery profile of those savings across divisions for the rest of the financial year.

- A key risk to the Health Board is its underlying deficit. The underlying deficit brought forward from 2018/19 was £55.1m. The underlying position carried forward into 2020/21 will partly depend on the recurring nature of savings opportunities being generated from the recovery programme. There is therefore a need to ensure that the recovery process remains focused on cash releasing recurrent savings as well as run rate reduction.

2.4 Financial Governance and Control

- As part of the Financial Recovery Programme, the Health Board is addressing a number of governance and control issues. These are described below, along with actions being taken to address them. PwC's recommendations relating to financial governance and control are reflected in the programme, which also encompasses the Welsh Audit Office Structured Assessment of the Health Board in 2017.
- Standing Financial Instructions (SFIs) state that budgetary limits set by the Board must not be exceeded. Authorities delegated within the Health Board's Scheme of Financial Delegation are also subject to expenditure approval being within budget limits.
- The forecasts submitted by the divisions are:

	Annual Budget £000	Month 6 Year to Date Variance £000	Full Year Forecast Variance Over Budget £000
WG RESOURCE ALLOCATION	(1,563,562)	0	0
AREA TEAMS			
West Area	162,584	193	880
Central Area	208,283	137	1,221
East Area	231,806	752	2,100
Other North Wales	9,995	(113)	(190)
Commissioner Contracts	206,629	(428)	(848)
Provider Income	(19,117)	(993)	(1,105)
Total Area Teams	800,180	(452)	2,058
SECONDARY CARE			
Ysbyty Gwynedd	95,033	872	1,293
Ysbyty Glan Clwyd	115,347	2,963	5,340
Ysbyty Maelor Wrexham	100,775	959	2,000
North Wales Hospital Services	98,056	649	2,209
Womens	38,546	222	478
Total Secondary Care	447,757	5,665	11,320
Total Mental Health & LDS	125,765	495	1,832
Total Corporate	123,811	285	1,797
Other Budgets (Reserves)	91,049	165	225
Central adjustments to be allocated			(7,232)
TOTAL - STRETCH PLAN (£25.0m)	25,000	6,159	10,000
Stretch Target Offset	10,000	(2,500)	(10,000)
TOTAL - ORIGINAL PLAN (£35.0m)	35,000	3,659	0

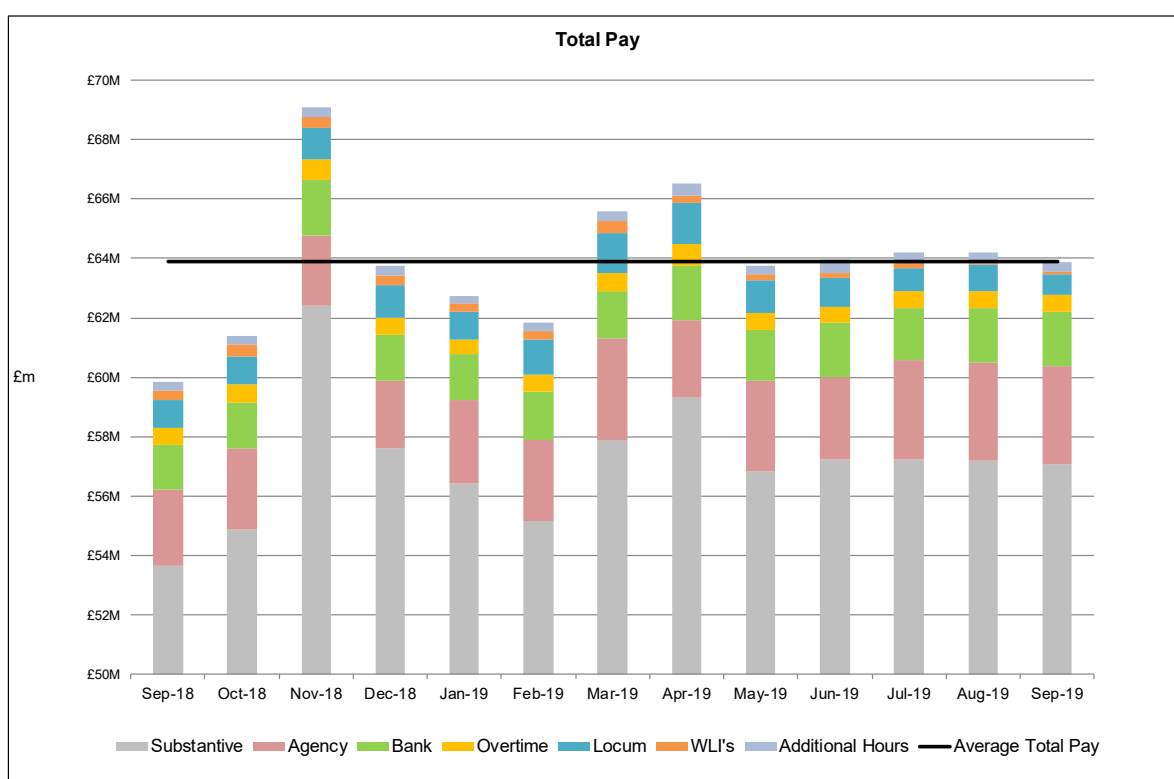
2. Current & Forecast Position

- Three divisions are forecasting to end the year within plan. All other divisions are currently forecasting to over spend against their budgeted allocation for 2019/20 (including stretch savings targets).
- Further analysis of divisional forecasts on a monthly basis is shown in Appendix 2. This includes an early assessment of the likely incidence of red risk schemes that have an agreed delivery profile.
- A significant number of savings schemes are multi-divisional or pan-Health Board (e.g. Planned Care, Workforce Optimisation and Procurement). The allocation of red schemes across divisions and expenditure categories will be finalised as the schemes are specified and classed as green. This allocation will enable a clearer view on the surety of individual divisions' forecasts, the incidence of recovery and an increasing focus on remaining areas requiring recovery action.
- Actions being taken to address financial governance and control issues include:
 - A reminder has been sent to all staff re-confirming their financial obligations under the Health Board's SFIs and accountability framework.
 - All divisions continue to be challenged on run rate and savings delivery through fortnightly financial recovery meetings.
 - Progress continues in addressing the grip and control actions within the Financial Recovery Action Plan.
 - The new business case process is being promoted across the organisation.
 - The finance function is maintaining a list of cost pressures to identify necessary in-year actions and inform budget-setting for 2020/21.
 - Compliance with PO requirements is being monitored and action will be taken accordingly.
 - Additional general and targeted training is available to Oracle users.
 - Oracle users have been reminded that requests for expenditure should be prospective not retrospective.

3. Expenditure

3.1 Pay

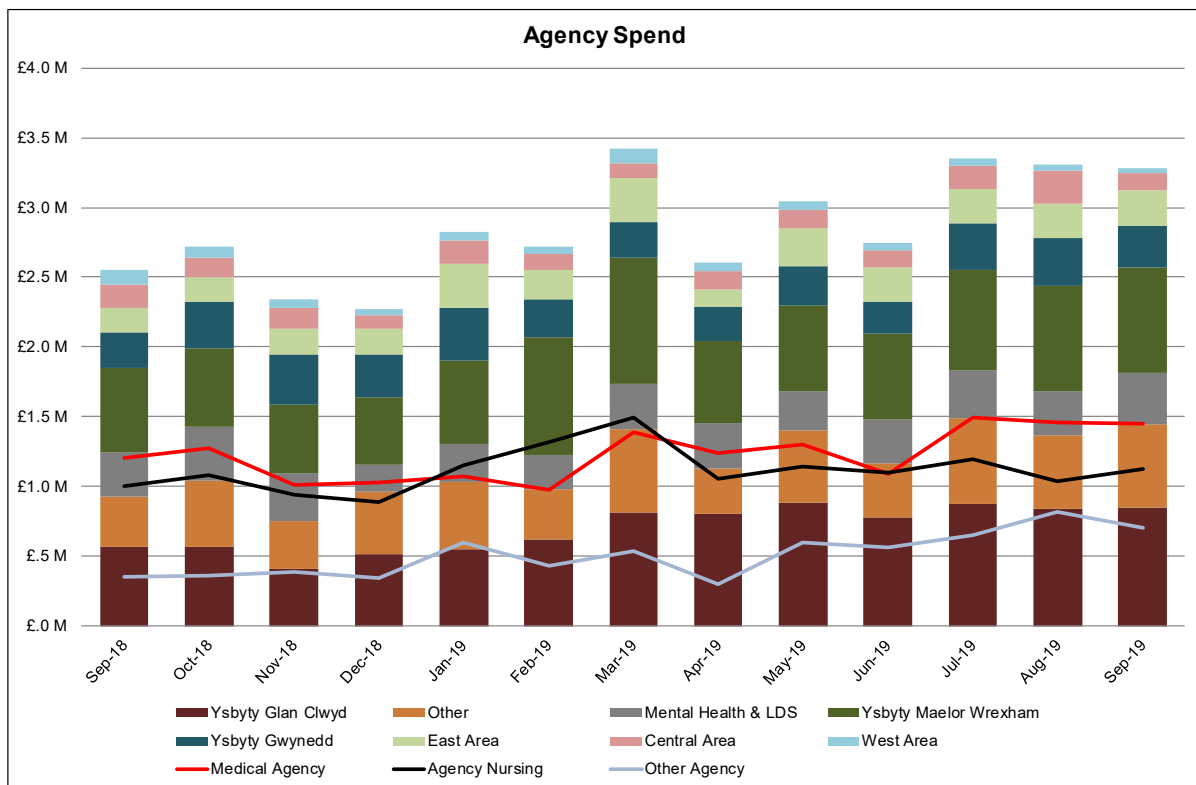
	Actuals						Cumulative			YTD RTT Costs Included in Actuals £m
	Month 1 2019/20	Month 2 2019/20	Month 3 2019/20	Month 4 2019/20	Month 5 2019/20	Month 6 2019/20	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	8.4	8.1	8.1	8.0	8.1	8.1	52.4	48.8	(3.6)	0.1
Medical & Dental	14.3	14.0	14.3	14.7	14.7	14.4	82.4	86.4	4.0	1.3
Nursing & Midwifery Registered	21.3	20.1	20.1	20.2	19.7	20.0	127.1	121.4	(5.7)	0.3
Additional Clinical Services	10.0	9.2	9.3	9.3	9.0	9.2	51.4	56.0	4.6	0.1
Add Prof Scientific & Technical	2.5	2.6	2.3	2.4	2.8	2.6	16.1	15.2	(0.9)	0.0
Allied Health Professionals	3.7	3.7	3.7	3.7	3.7	3.7	22.2	22.2	0.0	0.4
Healthcare Scientists	1.2	1.2	1.1	1.1	1.1	1.1	6.7	6.8	0.1	0.0
Estates & Ancillary	3.2	3.0	3.1	2.9	3.1	3.0	18.8	18.3	(0.5)	0.1
Savings to be allocated							(1.2)		1.2	
Health Board Total	64.6	61.9	62.0	62.3	62.2	62.1	375.9	375.1	(0.8)	2.3
Primary care	1.9	1.8	2.0	1.9	2.0	1.8	9.7	11.4	1.7	0.0
Total Pay	66.5	63.7	64.0	64.2	64.2	63.9	385.6	386.5	0.9	2.3



- Pay costs overall are marginally lower compared to Month 5, but there is considerable consistency throughout the year, both in total costs and across pay groups. Over spends continue in areas of high agency usage.
- 10.6% (£7.0m) of total pay for Month 6 (10.8% / £41.6m year to date) related to variable pay; agency, bank, overtime, locum, WLI and additional hours, £0.2m less than in August. This reduction is due to a fall in locum costs.

3. Expenditure

3.2 Agency and Locum Costs



- Expenditure on agency staff for Month 6 is £3.3m, equating to 5.1% of total pay. Medical agency costs remained static at an in-month spend of £1.5m. Nurse agency costs equate to £1.1m for the month, an increase of £0.1m from last month. Vacancies and increasing sickness absence rates remain the root cause of the majority of agency spend.
- Expenditure on locum staff for Month 6 is £0.7m, a decrease of £0.2m on August. This is the lowest level over the last two financial years and recent analysis has confirmed that pension changes have been a key influencer in this reduction.

3.3 Pay Actions

- Establishment Control processes including Vacancy Authorisation Panel (VAP) and Workforce Authorisation Panel (WAP) continue to give scrutiny of any increased substantive wage spend.
- For non-core spend, the focus remains on filling substantive vacancies, reducing sickness absence and increasing pools of internal temporary staff, particularly in nursing, medical & dental and admin & clerical. The Workforce Optimisation Portfolio is the overarching mechanism to ensure successful delivery of the BCU wide workforce initiatives. This is managed by the Workforce Improvement Group (WIG).
- There has been a focus on increasing the capacity of internal temporary nursing staff. Actions have included auto-enrolment to the bank of new substantive nursing staff and

3. Expenditure

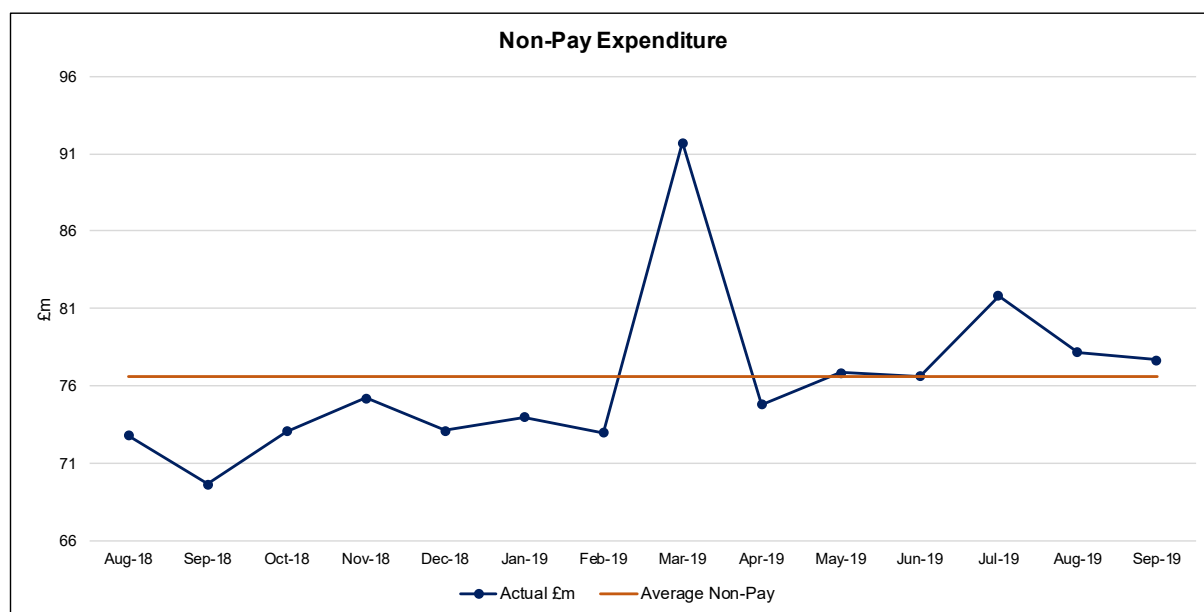
revised pay rates. All nursing bank shifts worked from September onwards now attract revised pay of minimum of midpoint of band or equivalent to pay in substantive contract if higher. These rates are promoted to both encourage existing bank staff to do more shifts and to attract agency staff to bank. Over 4,000 more bank hours were delivered in September than the same period last year, helping to both mitigate agency costs and improve safety through higher fill rates.

- For our agency nursing staff, mandatory 1 hour unpaid breaks per shift have been introduced, directly reducing agency costs. This will be extended to our substantive nursing staff in January, which will significantly increase the nursing hours available to fill shifts.
- Medical staffing programs have project plans to deliver savings; Hunter Clinical are to begin supply of substantive medical staff and Medacs are to set up a Health Board medical bank, both to be in place by November.
- Intensive support for sickness absence remains in place. Teams with high sickness levels are being highlighted for action, including further scrutiny and support. Targeted work on long-term sickness has resulted in a 22% reduction in cases over 39 weeks since the beginning of the financial year. From October, payments for sickness absence will be paid as basic pay without enhancements, for absences of less than three months. This is a national agreement and reverts back to the position prior to June 2018. Since the reintroduction of enhancements during sickness absence, there has been a steady increase in sickness levels, despite intensive support and interventions. Although a temporary measure, it is anticipated that stopping enhancements will see a reduction in absence levels of 0.2% by December, with an even bigger impact (up to 1%) if the position remains and enhancements continue not to be paid.

3.4 Non-Pay

	Actuals						Cumulative		
	Month 1 2019/120 £m	Month 2 2019/120 £m	Month 3 2019/120 £m	Month 4 2019/120 £m	Month 5 2019/120 £m	Month 6 2019/120 £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Primary Care	16.7	17.0	17.3	16.9	17.4	17.3	104.3	102.6	(1.7)
Primary Care Drugs	8.2	8.2	8.2	8.2	8.6	8.7	48.4	50.1	1.7
Secondary Care Drugs	5.9	6.0	5.6	6.3	5.8	5.9	33.6	35.5	1.9
Clinical Supplies	5.3	5.6	5.5	5.9	5.6	5.6	33.2	33.5	0.3
General Supplies	1.8	2.3	1.3	5.3	2.6	3.3	16.3	16.6	0.3
Healthcare Services Provided by Other NHS Bodies	21.1	21.0	21.5	23.1	22.2	21.5	131.1	130.4	(0.7)
Continuing Care and Funded Nursing Care	8.3	8.3	8.1	8.0	8.2	8.0	48.0	48.9	0.9
Other	5.1	5.9	5.6	5.2	5.0	4.5	24.1	31.3	7.2
Capital	2.4	2.6	3.5	2.9	2.8	2.8	17.1	17.0	(0.1)
Total	74.8	76.9	76.6	81.8	78.2	77.6	456.1	465.9	9.8

3. Expenditure



- Primary Care drugs: July 2019 data, received in Month 6, indicate a continuing increase in costs 3.5% higher than last year, most being price-related (around 1% activity-related). Risks around Category M drugs, which are expected to increase in price, are not currently reported in the position. August 2019 data will be the first indicator of this. The forecast position and risk assessment will be updated following analysis of new data in Month 7.
- Secondary Care drugs: Costs have increased by £0.1m from Month 5. Over spends in some areas continue, but £0.35m has been identified against the Drug Treatment fund in the month, which has reduced the in-month over spend to £0.1m (£1.9m year to date).
- General Supplies: £0.4m of funding for the Mental Health I-Can project has been utilised this month, with the costs charged to non-pay. This has increased reported expenditure, but not impacted on the General Supplies and Services variance as costs are fully funded.
- Healthcare Services provided by Other NHS Bodies: The WHSCC contract has performed well in the month, with a year to date underspend of £1.3m and a £1.5m improvement in the annual forecast.
- Unallocated (and non-delivering) savings schemes are contributing £5.6m to the over spend. This includes unallocated savings from the original £25m target (£2.3m), savings targets brought forward from prior years that did not have recurrent schemes attached to them (£0.8m) and the year to date share of the £10m additional savings for which schemes have not yet been confirmed (£2.5m).
- Negotiations concerning the transfer of the Non-Emergency Patient Travel Service (NEPTS) to the Welsh Ambulance Service (WAST) are ongoing. It is anticipated that discussions will conclude towards the end of 2019, with migration of the service taking place over the months following and expected completion in April 2020. The transfer is expected to be cost neutral to the Health Board should the funding transferred to WAST

3. Expenditure

be in line with the costs that are currently being incurred. The cost of the current service is £0.4m, but the future model and service specification is still being discussed and is open to negotiation. Any future savings that WAST make from providing the service are to be reinvested into patient transport for the Health Board.

3.5 RTT Costs

- At the end of September the Health Board has spent £6.6m on additional activity to reduce the long waiting lists. Expenditure to date by service and category are:

	Expenditure Category	YG £000	YGC £000	YWM £000	Other £000	Support Services £000	Outsource £000	Total £000
	Pay Costs	905	815	126	132	299		2,277
	Theatre Non Pay	138	151	58				347
	Other Non Pay	416	549	25	57	987		2,034
	Outsourced Activity						664	664
	Insourcing	760	259	252				1,271
	Total Expenditure	2,219	1,774	461	189	1,286	664	6,593
Diagnostics	Cardiology			14				14
	Gastro / Endoscopy	1,100	431	250				1,781
	Ophthalmology	71						71
	Radiology					1,286		1,286
	Urology			39				39
	Sub Total	1,171	431	303	-	1,286	-	3,191
Inpatients Daycases Outpatient	Anaesthetics	7		2	18			27
	ENT	36	143					179
	General Surgery	147	113				4	264
	Gen Med	2						2
	Max Fax		90				2	92
	Oral	49						49
	Ophthalmology	133	218	69			21	441
	Orthopaedics	562	570	87	114		413	1,746
	Other				57			57
	Urology	112	166				224	502
	WPAS Validators		43					43
	Sub Total	1,048	1,343	158	189	-	664	3,402
	Total Expenditure	2,219	1,774	461	189	1,286	664	6,593

- The forecast cost of RTT plans for the remainder of 2019/20 is included in Appendix 3.
- Total RTT funding available at present is £13.5m, however discussions continue with WG regarding additional resource. Based on current plans, forecast expenditure is £24.8m, (including £6.2m on endoscopy) a shortfall of £11.3m. If no further funding is made available, the committed funding would have been fully utilised by December, impacting on the achievement of treatment targets.

4. Savings

4.1 Savings Programme

- Planned savings within the tracker total £45.6m, split across risk categories as shown below.

Savings Category	Red £m	Amber £m	Green £m	Total £m
Cash Releasing	5.204	1.291	17.660	24.155
Cost Avoidance	11.398	0.396	8.642	20.436
Efficiency	0.250	0.005	0.712	0.967
Total	16.852	1.692	27.014	45.558

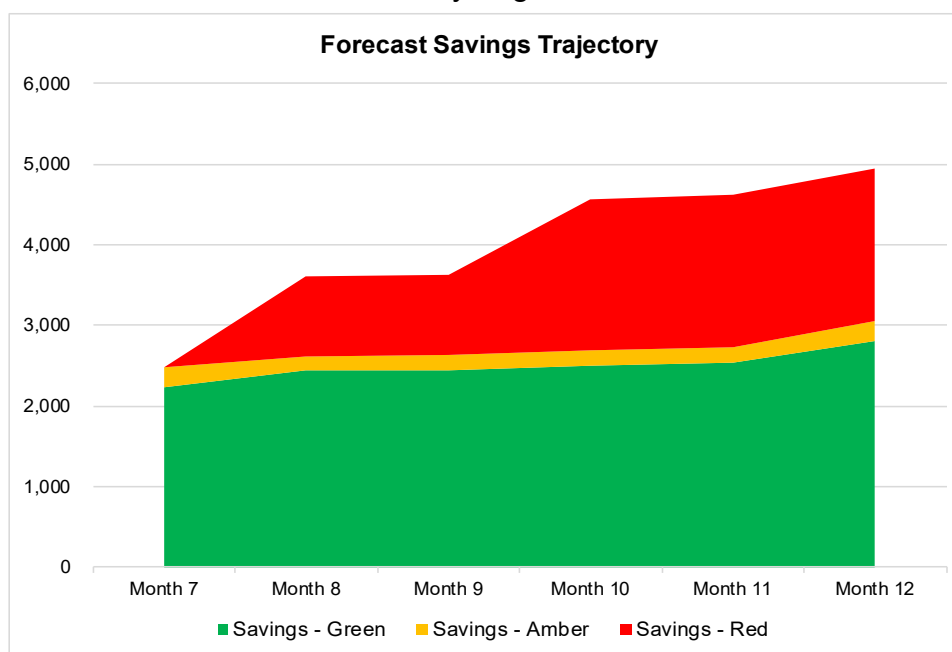
- Cash releasing savings plans now stand at £24.2m which is a decrease of £1m over Month 5. This reduction reflects the removal of some red risk schemes, which have been replaced by Improvement Group Project Initiation Documents (PIDs), which at this time have been categorised as cost avoidance. This reduction is expected to be temporary as elements of these PIDs are expected to have a cash releasing impact, but have yet to be validated. It is anticipated that these new schemes will impact positively on divisional run rates and therefore budgetary performance. The savings target for procurement has risen by £1.1m in Month 6. There has been an improvement in risk rating for cash releasing savings, with red risk schemes reduced by £3m since Month 5, reducing the red risk proportion of cash releasing savings from 32.5% in Month 5 to 21.5% in Month 6. Further details on the classification of schemes can be found in the FRG update.
- There remain significant red risk scheme values in divisional plans and overall targets, both cash releasing and cost avoidance. Moving these schemes to amber and green is being driven through the divisional recovery meetings with support from the PMO. Improvement Groups continue to address the BCU-wide schemes within the red risk category with initial project documents submitted for workforce (£4.4m) and medicines management (£0.3m) during September. These proposals now require detailed work to initiate savings delivery and allocate savings across divisions and project documents are expected for all other Improvement Groups in October. Ensuring movement in these areas is a priority for the PMO and the Improvement Team in supporting this work.
- The largest growth in savings plan since Month 5 is in the cost avoidance category, with an increase of £9.6m. This includes significant movements, such as the workforce plan referred to above and the inclusion of the outline plan for planned care, which identifies an additional £0.9m of savings. The cash releasing value of these schemes is currently being validated and is expected to reduce the cost avoidance value, as noted above. There are also a number of schemes from divisions which have been included in month, most notably Area East (£0.93m), Area West (£0.35m), Area Central (£0.45m) and Mental Health (£1.14m). These initial scheme proposals have been developed as a result of the recovery meetings and now need to progress to amber / green and implementation during October. This programme is being driven through the FRG and the divisional review meetings by the Recovery Director, supported by the PMO. It is critical that evidence of impact of cost reduction actions is demonstrated through the monthly financial performance of those divisions.

4. Savings

- Whilst the identification of additional cost avoidance measures is positive in terms of in year improvement to the financial position, it does not improve the underlying position in the same manner as cash releasing savings. There is therefore a need to ensure that the recovery process remains focused on cash releasing recurrent savings as well as run rate reduction.

4.2 Savings Forecast

- Savings delivery for the remainder of the year is crucial to achieving plan. The overall forecast trajectory is heavily influenced by the expected timing of savings delivery. Based on relevant assumptions, an indicative forecast savings delivery for schemes in the tracker is shown below. This is based on the most up-to-date information. Achievement of the original plan deficit requires a conversion of around 46% of red schemes in the tracker, as well as delivery of green and amber schemes.



	Actual	Forecast						Total
	Month 1-6 £m	Month 7 £m	Month 8 £m	Month 9 £m	Month 10 £m	Month 11 £m	Month 12 £m	
Savings - Green	12.4	2.2	2.4	2.4	2.5	2.5	2.8	27.3
Savings - Amber		0.3	0.2	0.2	0.2	0.2	0.2	1.2
Savings - Red			1.0	1.0	1.9	1.9	1.9	7.7
Total Savings	12.4	2.5	3.6	3.6	4.6	4.6	4.9	36.2

Assumptions: Green schemes: 100% delivery in line with forecasts.

Amber schemes: 100% delivery in line with forecasts.

Red schemes: 100% delivery of schemes with agreed profiles / 0% delivery of schemes with no profile.

4.3 Savings Actions

- The work of Improvement Groups needs to continue to develop clear plans to deliver the BCU wide red risk schemes. Projects identified to date by Improvement Groups need to be progressed to delivery. A continued focus on cash releasing savings is required through the recovery process to ensure that the underlying financial position of the Health Board improves as well as the in-year position.

4. Savings

- Divisional schemes which are currently rated red, including those generated from recovery actions in Month 6, require urgent action to ensure delivery plans can be implemented and the risk reduced. Divisions, through their recovery meetings, need to evidence an increasing impact of cost avoidance savings on their monthly run rate.

5. Balance Sheet

5.1 Balance Sheet

Balance sheet as at Month 6 2019/20			
	Opening balance £000	M6 2019/20 £000	Movement £000
Non Current Assets:			
Fixed Assets	627,406	616,506	(10,900)
Other Non Current Assets	69,363	69,042	(321)
Current Assets:			0
Inventories	16,077	16,489	412
Trade and other receivables	66,441	38,330	(28,111)
Cash - Revenue	307	8,156	7,849
Cash - Capital	3,665	3,592	(73)
Total Assets	783,259	752,115	(31,144)
Liabilities:			
Trade and other payables	142,428	128,600	(13,828)
Provisions	110,432	104,775	(5,657)
Total Liabilities	252,860	233,375	(19,485)
	530,399	518,740	(11,659)
Financed by:			
General Fund	402,323	390,664	(11,659)
Revaluation Reserve	128,076	128,076	0
Total Funding	530,399	518,740	(11,659)

- Movement in balance sheet categories since the opening audited position is as expected.
- The cash requirement for the year is forecast to be £42.4m. This arises from the forecast deficit position, movements in revenue working capital balances and capital resource allocations that were not drawn in 2018/19. The Health Board will consider all possible actions to minimise the level of requested Repayable Strategic Cash Assistance.
- The Capital Resource Limit (CRL) at Month 6 is £17.2m. Year to date expenditure is £5.5m against a plan of £6.0m. The year to date slippage of £0.5m will be recovered throughout the remainder of the year. Anticipated CRL forecasts have been reviewed and revised this month, resulting in a reduced CRL for the financial year. Further details are included in the Capital Programme report.

6. Risks and Opportunities

6.1 Risks and Opportunities

	Issue	Description	£m	Key Decision Point & Summary Mitigation	Risk Owner
1	Risk: Welsh Risk Pool Pressure	– Potential risk in relation to the Welsh Risk Pool. NWSSP are forecasting that annual expenditure will exceed the 2019/20 budget by £3.7m. Welsh NHS organisations may therefore need to take a share of this pressure.	(0.7)	– Discussions continue around potential mitigations.	Tony Uttley, Interim Finance Director – Operational Finance
2	Risk: Prescribing	– Lowest forecast methodology is used, giving rise to a possible financial risk. – Emerging issue is Category M price increases, which have been reflected in the risk. – Does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSO) price list.	(2.5)	– The risk is reviewed and updated monthly. – There are a wide range of Prescribing Savings Schemes in place to manage spend and growth.	Berwyn Owen, Chief Pharmacist & Nigel McCann, CFO Prescribing Finance Lead
3	Risk: Continuing Healthcare (CHC)	– The financial plan approved by the Board explicitly excluded providing growth funding for CHC. The risk on CHC is primarily in relation to Older People's Mental Health.	(1.6)	– Divisions are developing cost avoidance schemes to mitigate against this impact.	Rob Nolan, Finance Director – Commissioning & Strategy
4	Risk: Under-performance of savings plans	– Cash releasing savings (including income generation and accountancy gains) identified totalled £19.8m, a shortfall of £5.2m against the initial plan target of £25m. In addition there are £0.5m red risk schemes, giving a total risk of £5.7m.	(5.7)	– The Health Board is continuing to identify new schemes and move existing red schemes into amber and green in order to close the gap to the initial £25.0m plan target.	Sue Hill, Executive Director of Finance
5	Risk: Junior Doctor monitoring	– There was a significant test legal case focusing on how NHS organisations should address monitoring for junior doctors.		– Further investigations are being undertaken to quantify any potential impact. The Health Board is working to mitigate this risk through a number of measures.	Sue Green, Executive Director of Workforce & Organisational Development
6	Risk: Pay awards	– Potential risk around the funding for the Medical & Dental pay award and sickness enhancements. Anticipated income is based on funding 2.0% of budgeted posts, but the pay award was agreed at 2.5%.		– The risk has not yet been quantified and discussions continue with Welsh Government around anticipated funding.	Sue Hill, Executive Director of Finance
7	Risk: GDS uplift funding	– Potential risk in relation to funding for the 2.5% GDS uplift which has not yet been confirmed by Welsh Government.		– The risk has not yet been quantified and discussions continue with Welsh Government around the funding.	Rob Nolan, Finance Director – Commissioning & Strategy
8	Opportunity: Stretch Target	– Control total of £25m set by the Welsh Government requires a further £10m of savings to be made. Once identified, these schemes have the potential to reduce the year end position below the £35m currently forecast.	10.0	– Work has been initiated through improvement groups, looking at benchmarking and opportunities, to identify savings plans to meet these targets.	Sue Hill, Executive Director of Finance
Total			(0.5)		

Appendix 1: Financial Performance by Division

	Month 1 ACTUAL £000	Month 2 ACTUAL £000	Month 3 ACTUAL £000	Month 4 ACTUAL £000	Month 5 ACTUAL £000	Month 6 ACTUAL £000	CUMULATIVE BUDGET ACTUAL VARIANCE £000 £000 £000		
WG RESOURCE ALLOCATION	(124,954)	(123,186)	(124,111)	(129,295)	(124,695)	(125,453)	(751,694)	(751,694)	0
AREA TEAMS									
West Area	13,278	12,998	13,066	14,339	13,470	13,505	80,590	80,784	193
Central Area	17,294	17,075	17,051	18,030	17,448	17,475	104,346	104,483	137
East Area	19,050	18,928	18,905	20,129	19,420	19,251	115,176	115,928	752
Other North Wales	834	1,072	1,206	864	1,224	997	4,909	4,796	(113)
Commissioner Contracts	16,206	16,191	16,647	18,154	19,319	16,881	103,825	103,397	(428)
Provider Income	(1,601)	(1,768)	(1,859)	(2,268)	(2,154)	(2,170)	(10,826)	(11,820)	(993)
Total Area Teams	65,062	64,496	65,017	69,248	68,727	65,938	398,019	397,567	(452)
SECONDARY CARE									
Ysbyty Gwynedd	8,712	8,444	8,392	8,371	8,158	8,031	49,235	50,107	872
Ysbyty Glan Clwyd	10,392	10,281	10,259	10,469	10,285	10,258	58,981	61,944	2,963
Ysbyty Maelor Wrexham	8,908	8,700	8,530	8,773	8,650	8,702	51,304	52,264	959
North Wales Hospital Services	8,994	8,647	8,584	9,429	6,647	8,517	50,169	50,818	649
Womens	3,370	3,282	3,066	3,258	3,294	3,365	19,413	19,635	222
Total Secondary Care	40,375	39,354	38,831	40,301	37,034	38,873	229,103	234,768	5,665
Total Mental Health & LDS	10,682	10,156	10,145	10,088	10,268	10,969	62,728	63,223	495
Total Corporate Budgets	10,709	10,748	10,397	10,816	10,365	10,172	62,925	63,210	285
Other Budgets	1,952	2,148	3,135	2,524	1,868	2,458	16,418	14,084	(2,334)
Total Corporate & Other Budgets (Reserves)	12,660	12,895	13,533	13,339	12,233	12,630	76,843	77,294	451
TOTAL - STRETCH PLAN (£25.0m)							15,000	21,159	6,159
Stretch Target Offset							2,500	0	(2,500)
TOTAL - ORIGINAL PLAN (£35.0m)	3,825	3,716	3,414	3,681	3,566	2,957	17,500	21,159	3,659

MAIN COST PRESSURES									
Secondary Care drugs									1,926
Primary Care drugs									1,598
Continuing Healthcare (CHC)									854
Travel									546
Unallocated savings - original target plus brought forward									3,137
Unallocated savings - stretch target									2,500

Appendix 2: Analysis of Divisional Forecasts

	Month 6	MONTH 7			MONTH 8			MONTH 9		
	Year to Date Variance £000	Actual Forecast Variance £000	Forecast Red Rated Savings £000	Indicative Forecast Variance £000	Actual Forecast Variance £000	Forecast Red Rated Savings £000	Indicative Forecast Variance £000	Actual Forecast Variance £000	Forecast Red Rated Savings £000	Indicative Forecast Variance £000
WG RESOURCE ALLOCATION	0	0		0	0		0	0		0
AREA TEAMS										
West Area	193	326		326	375		375	311		311
Central Area	137	317		317	278	(109)	169	331	(109)	222
East Area	752	634		634	638	(218)	420	615	(218)	397
Other North Wales	(113)	8		8	8		8	8		8
Commissioner Contracts	(428)	(70)		(70)	(70)		(70)	(70)		(70)
Provider Income	(993)	(18)		(18)	(18)		(18)	(18)		(18)
Area Wide						(40)			(40)	
Total Area Teams	(452)	1,197		1,197	1,211	(367)	884	1,177	(367)	850
SECONDARY CARE										
Ysbyty Gwynedd	872	91		91	90		90	76		76
Ysbyty Glan Clwyd	2,963	519		519	420		420	379		379
Ysbyty Maelor Wrexham	959	220		220	212	(50)	162	177	(50)	127
North Wales Hospital Services	649	186		186	226	(56)	170	215	(56)	159
Womens	222	(6)		(6)	59	0	59	56	(1)	55
Total Secondary Care	5,665	1,010		1,010	1,007	(106)	901	903	(107)	796
Total Mental Health & LDS	495	331		331	332		332	656		656
Total Corporate	285	135		135	321		321	321		321
Other Budgets (Reserves)	165	10		10	10		10	10		10
Multi Divisional Schemes						(530)			(531)	
TOTAL - STRETCH PLAN (£25.0m)	6,159	2,683	0	2,683	2,881	(1,003)	2,448	3,067	(1,005)	2,633
Stretch Target Offset	(2,500)	(1,250)		(1,250)	(1,250)		(1,250)	(1,250)		(1,250)
TOTAL - ORIGINAL PLAN (£35.0m)	3,659	1,433	0	1,433	1,631	(1,003)	1,198	1,817	(1,005)	1,383

Appendix 2: Analysis of Divisional Forecasts

	MONTH 10			MONTH 11			MONTH 12			CUMULATIVE		
	Actual	Forecast	Indicative	Actual	Forecast	Indicative	Actual	Forecast	Indicative	Actual	Forecast	Indicative
	Forecast	Red Rated	Forecast	Forecast	Red Rated	Forecast	Forecast	Red Rated	Forecast	Forecast	Red Rated	Forecast
	Variance	Savings	Variance	Variance	Savings	Variance	Variance	Savings	Variance	Variance	Savings	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	0		0	0		0	0		0	0		0
AREA TEAMS												
West Area	(165)		(165)	200		200	(360)		(360)	880	0	880
Central Area	240	(109)	131	148	(109)	39	(230)	(109)	(339)	1,221	(545)	676
East Area	570	(218)	352	634	(218)	416	(1,743)	(218)	(1,961)	2,100	(1,090)	1,010
Other North Wales	8		8	8		8	(117)		(117)	(190)	0	(190)
Commissioner Contracts	(70)		(70)	(70)		(70)	(70)		(70)	(848)	0	(848)
Provider Income	(19)		(19)	(19)		(19)	(20)		(20)	(1,105)	0	(1,105)
Area Wide		(40)			(40)			(40)		0	(200)	(200)
Total Area Teams	564	(367)	237	901	(367)	574	(2,540)	(367)	(2,867)	2,058	(1,835)	223
SECONDARY CARE												
Ysbyty Gwynedd	51		51	56		56	57		57	1,293	0	1,293
Ysbyty Glan Clwyd	327		327	370		370	362		362	5,340	0	5,340
Ysbyty Maelor Wrexham	144	(50)	94	132	(50)	82	156	(50)	106	2,000	(250)	1,750
North Wales Hospital Services	508	(56)	452	303	(56)	247	122	(56)	66	2,209	(280)	1,929
Womens	40	(1)	39	53	(1)	52	54	(1)	53	478	(4)	474
Total Secondary Care	1,070	(107)	963	914	(107)	807	751	(107)	644	11,320	(534)	10,786
Total Mental Health & LDS	656		656	748		748	(1,386)		(1,386)	1,832	0	1,832
Total Corporate	322		322	322		322	91		91	1,797	0	1,797
Other Budgets (Reserves)	10		10	10		10	10		10	225	0	225
Multi Divisional Schemes		(1,413)			(1,413)			(1,413)		0	(5,300)	(5,300)
TOTAL - STRETCH PLAN (£25.0m)	2,622	(1,887)	2,188	2,895	(1,887)	2,461	(3,074)	(1,887)	(3,508)	17,233	(7,669)	9,564
Stretch Target Offset	(1,250)		(1,250)	(1,250)		(1,250)	(1,250)		(1,250)	(10,000)	0	(10,000)
TOTAL - ORIGINAL PLAN (£35.0m)	1,372	(1,887)	938	1,645	(1,887)	1,211	(4,324)	(1,887)	(4,758)	7,233	(7,669)	(436)

The phasing of divisional forecasts will be challenged and updated over the next month.
The Monitoring Return phasing differs as it does not take into account red risk schemes.

Appendix 3: RTT Forecast

	Speciality / Scheme	Actual						Forecast						Total £000
		M01 £000	M02 £000	M03 £000	M04 £000	M05 £000	M06 £000	M07 £000	M08 £000	M09 £000	M10 £000	M11 £000	M12 £000	
Internal Additional Activity	General Surgery	16.2	46.1	67.1	17.9	95.4	19.3	43.7	43.7	43.7	43.7	43.7	43.7	524.1
	Urology	90.9	27.3	13.9	8.8	150.5	35.7	54.5	54.5	54.5	54.5	54.5	54.5	653.8
	Orthopaedics	273.7	281.0	247.8	195.2	33.8	158.1	198.3	198.3	198.3	198.3	198.3	198.3	2,379.1
	ENT	7.1	13.3	18.7	38.9	64.1	36.8	29.8	29.8	29.8	29.8	29.8	29.8	357.6
	Ophthalmology	72.9	102.7	98.7	33.8	120.1	56.6	80.8	80.8	80.8	80.8	80.8	80.8	969.5
	Max Fax / Oral Surgery	13.2	56.1	4.3	15.3	50.5	-	23.2	23.2	23.2	23.2	23.2	23.2	278.8
	Cardiology	7.2	6.1	-	-	0.7	-	2.3	2.3	2.3	2.3	2.3	2.3	28.0
	Dermatology	-	-	-	-	-	-	19.3	19.3	19.3	19.3	19.3	19.3	116.0
	Gastro	55.2	44.1	3.4	19.7	16.4	13.4	25.4	25.4	25.4	25.4	25.4	25.4	304.4
	Pain	-	-	-	6.8	-	-	-	-	-	-	-	-	6.8
	Sub Total	536.4	576.5	453.8	336.3	531.5	320.0	477.3	477.3	477.3	477.3	477.3	477.3	5,618.2
Outsourced Activity - Residue from 18/19	General Surgery	-	-	3.6	-	-	-	-	-	-	-	-	-	3.6
	Urology	-	-	8.7	1.0	-	2.5	0.9	-	-	-	-	-	13.1
	Urology - Cancer	65.7	-	-	-	-	-	17.1	-	-	-	-	-	82.8
	Orthopaedic	63.6	114.0	104.0	24.9	44.8	29.9	138.3	-	-	-	-	-	519.6
	ENT	-	-	-	0.1	-	-	0.6	-	-	-	-	-	0.7
	Ophthalmology	-	3.0	3.6	6.4	0.8	2.3	6.3	-	-	-	-	-	22.5
	Oral Surgery	-	-	-	-	-	-	0.6	-	-	-	-	-	0.6
	Max Fax	-	-	1.3	0.5	-	-	-	-	-	-	-	-	1.8
	Dermatology	-	0.7	0.5	-	-	-	-	-	-	-	-	-	0.1
	Gynae	-	-	-	-	-	-	0.2	-	-	-	-	-	0.2
	Sub Total	129.3	117.7	120.7	33.0	45.7	34.7	163.9	-	-	-	-	-	644.9
New Outsourced Activity 19/20	Urology Cancer	11.6	-	44.0	31.1	51.6	8.0	30.0	30.0	30.0	30.0	30.0	97.8	394.1
	Orthopaedic (original 750 patients)	-	-	-	-	1.7	24.9	266.8	687.7	753.7	675.7	573.9	1,448.8	4,433.3
	Orthopaedic	-	-	-	-	-	-	-	-	100.0	200.0	300.0	367.6	967.6
	Ophthalmology	-	-	-	-	-	-	-	110.0	200.1	200.1	200.1	233.1	943.4
	Transport	-	-	0.5	3.3	1.9	4.5	10.0	10.0	10.0	20.0	20.0	19.7	100.0
	Total New	11.6	-	44.5	34.4	55.3	37.4	306.8	837.7	1,093.8	1,125.8	1,124.0	2,167.0	6,838.4
Other	Insourcing - Max Fax & Ophthalmology	-	-	-	-	-	-	-	-	150.0	283.3	283.3	283.3	999.9
	Insourcing - Gastroenterology & WLIs	-	-	-	-	-	-	85.1	85.1	85.1	85.1	85.1	85.1	510.7
	Follow Ups	-	-	-	-	-	-	83.3	83.3	83.3	83.3	83.3	83.3	500.0
	MSK - CMATS	-	-	-	-	-	-	58.3	58.3	58.3	58.3	58.3	58.3	350.0
	Orthopaedics - 6 consultants	-	-	-	-	-	-	-	-	12.5	12.5	37.5	75.0	137.5
	Validation (YGC)	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	87.0
	Physio	-	-	132.8	-	-	-	-	-	-	-	-	-	132.8
	Optometry	-	16.5	40.2	-	-	-	-	-	-	-	-	-	56.7
	Dietetics	-	-	3.8	3.8	-	-	-	-	-	-	-	-	-
	Sub Total	7.2	23.7	184.0	3.5	7.2	7.2	234.0	234.0	396.5	529.8	554.8	592.3	2,774.5
	Endoscopy	226.4	269.3	340.9	308.4	275.7	236.4	350.0	400.0	1,000.0	1,000.0	900.0	900.0	6,207.0
	Other Diagnostics (Radiology)	180.2	227.6	177.5	233.0	228.7	238.5	241.6	241.6	241.6	241.6	241.6	241.6	2,734.9
	Sub Total	406.6	496.9	518.4	541.4	504.4	474.9	591.6	641.6	1,241.6	1,241.6	1,141.6	1,141.6	8,941.9
	GRAND TOTAL	1,091.1	1,214.8	1,321.5	948.6	1,144.1	874.2	1,773.6	2,190.6	3,209.1	3,374.5	3,297.7	4,378.1	24,817.9
Cumulative Total		1,091.1	2,306.0	3,627.4	4,576.0	5,720.1	6,594.3	8,367.9	10,558.4	13,767.6	17,142.1	20,439.8	24,817.9	

Funding available is £13.5m (excluding capital design fees). Based on the projection, funding will run out in December.

Internal Work / WLI forecast is based on current expenditure trends.

Some of the outsourced work, notably orthopaedics, will end up being charged for in 2020/21 due to their procedures not actually taking place until next year.

**Finance and Performance
Committee**
24.10.19

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 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Interim Recovery Director's report : Financial Recovery Group Report – Month 6 2019/20
Report Author:	Mr Phillip Burns, Interim Recovery Director
Responsible Director:	Mr Gary Doherty, Chief Executive
Public or In Committee	Public
Purpose of Report:	To update the Committee with regard to progress in the financial recovery programme including identification of savings schemes to meet the requirements of the Board's financial plan and report actual delivery.
Approval / Scrutiny Route Prior to Presentation:	This paper has not received previous scrutiny.
Governance issues / risks:	Through this programme of work, the organisation needs to manage and reduce financial risks taking due cognisance of our commitment to quality and safety. Achievement of the Board's savings programme is critical to delivery of the financial position in 2019/20.
Financial Implications:	As described in the paper.
Recommendation:	The committee are asked to note the contents of the report.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people –		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 This paper relates to all areas of the Special Measures Improvement Framework.			
Equality Impact Assessment EQIAs are completed for the individual savings projects that make up the overall Financial Recovery programme covered by this paper.			

Disclosure:

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



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Betsi Cadwaladr
University Health Board

Financial Recovery Group report to Finance & Performance Committee

Month 6

(data as at 07 October 2019)

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Change in reporting

To date (and as shown on page 4) we have reported under two headings:

- **Cash releasing schemes (budget)**
- **Cash releasing (run rate); cost avoidance and schemes with impact to be determined**

As reporting from finance on the forecast position becomes more granular, the PMO has also undertaken a reclassification to allow reporting under the following headings:

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

An example of this can be found at Appendix 1. This allow us to then group all cash releasing schemes together, but maintain oversight of the split between those that impact on budget and those that are reducing overspends.

Going forward reporting will be provided with all cash releasing schemes grouped together (budget and run rate), with cost avoidance schemes and

schemes with the impact yet to be determined separate.

M6 has seen the development of IG PIDs added to the tracker. This has resulted in the planned replacement of pre-existing Red cash releasing pipeline schemes with new IG schemes with financial impacts that have yet to be fully validated by Finance.

These values are therefore currently held within the second category currently consisting of "*Cash releasing (run rate); cost avoidance and schemes to be determined*" values on page 4, pending Finance validation of the budget/run rate impact.

This has created a temporary in month reduction in the overall reported cash releasing value (on page 4) but this only due to the movement in pipeline values and not fully developed schemes (Green or Amber schemes).

BCUHB recovery programme development summary as at M6

Source: BCUHB PMO tracker

Cash releasing – budget (£000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total	Target	Total variance to target	Green schemes variance to target
Last position as at M5	7,609	1,147	626	15,797	25,179	35,000	(9,821)	(18,577)
Position at M6	1,747	4,748	942	16,770	24,207	35,000	(10,793)	(17,288)
<i>Movement</i>	(5,862)	3,601	316	973	(972)	0	(972)	(1,289)

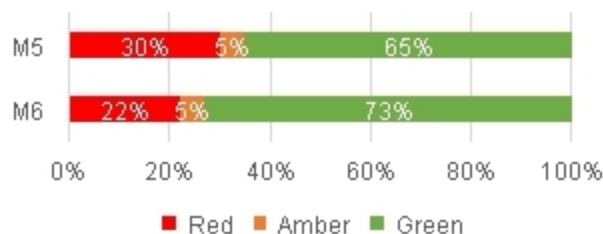
Cash releasing - run rate; cost avoidance; and schemes with impact to be determined (£000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position as at M5	6,683	948	178	6,533	14,342
Position at M6	2,079	9,970	265	9,038	21,352
<i>Movement</i>	(4,604)	9,022	87	2,505	7,010

Programme total (£000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position as at M5	14,292	2,095	804	22,330	39,521
Position at M6	3,826	14,718	1,207	25,808	45,559
<i>Movement</i>	(10,466)	12,623	403	3,478	6,038

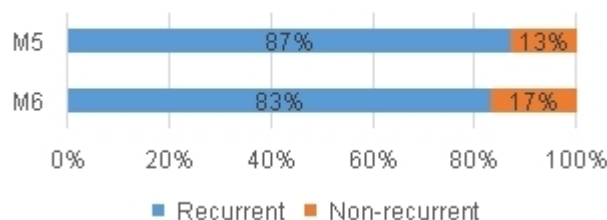
Definitions

- **Pipeline:** Idea in planning, values unverified
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- **In delivery / delivered:** As above with scheme in delivery or fully delivered

Overall Programme RAG



Recurrent / Non-recurrent split



M6 performance of projects in delivery by Area *

	YTD Plan	YTD Actual	YTD Variance	In Mth Plan	In Mth Actual	Mth Variance	19/20 Plan	19/20 FOT	19/20 Target	19/20 Gap: Plan to Target
Area - Centre	1,677	1,954	277	325	378	53	3,620	3,923	4,940	(1,320)
Area - East	1,838	2,079	242	358	426	68	3,675	3,559	4,920	(1,245)
Area - Other	74	74	0	12	12	0	148	148	320	(172)
Area - West	1,058	1,304	246	230	225	(5)	2,432	2,546	3,260	(828)
Contracts	69	74	5	12	17	5	91	96	510	(419)
Corporate	1,090	1,053	(36)	118	110	(7)	2,222	2,159	4,340	(2,118)
MHLD	316	249	(68)	93	88	(5)	1,324	1,233	3,630	(2,306)
Provider - NW	307	329	22	68	58	(10)	820	768	2,630	(1,810)
Provider - YG	361	394	33	87	116	29	934	1,049	2,940	(2,006)
Provider - YGC	216	276	60	55	75	20	688	714	3,810	(3,122)
Provider - YMW	313	382	69	69	94	25	1,318	1,425	2,640	(1,322)
Women's	116	167	51	41	7	(35)	438	392	1,060	(622)
Grand Total	7,435	8,335	901	1,469	1,608	139	17,712	18,012	35,000	(17,288)

*includes all schemes rated "Green"

Recovery programme narrative

What have we done well

- Schemes in delivery (Green schemes only)
 - M6 delivery exceeded plan by £0.1m in month (£0.9m cumulative over-delivery for the YTD).
 - FY19 FOT of £18.0m vs planned value of £17.7m
 - PMO are supporting CFOs to review FOT in light of YTD variances for any potential under/over forecasting to further refine forecasts from M7.
- Overall the programme grew by £6.0m in M6 to £45.6m (£44.1m excluding cost avoidance schemes).
 - A £0.97m reduction in cash releasing following replacement of Red schemes with Improvement Group PIDs; and
 - £7.0m increase in schemes held under “run rate and cost avoidance” projects. However it should be noted that all new schemes are added to the tracker as run-rate/cost avoidance until financial review confirms they are cash releasing against budget or run rate. A revised categorisation to give greater clarity on this is now provided to FRG on a weekly basis (see appendix A) and this will also be provide to F&P going forwards.
- Meeting (chaired by P Burns) held for all BCU PMO and improvement team staff, providing greater clarity and alignment regarding roles in financial recovery and linking into transition planning for exiting external support.
- Financial Recovery Action Plan continues to progress with all actions now in progress (see separate update report).
- Improvement Group PIDs now adding value in the tracker (see “Improvement Group update” page).
- The Vacancy sweep is ongoing as referenced in the Finance F&P paper. PMO will work with Finance to add any value identified this once finalised.

Where we need to focus

- Greater focus on delivery of schemes whilst also continuing to ensure progression, at pace, of projects in the pipeline with an increased focus on managing projects in delivery including:
 - Conversion of Red and Amber projects to Green with support to finalise PIDs.
 - Follow up on e-voting approvals and progress PIDs to Green.
 - Follow up on remaining BCU wide and Corporate Red projects, with owners / leads to update on progress.
 - Review schemes in delivery and work with Project Leads to understand any variances or delays against delivery and ensure mitigations are in place.
- Work with CFOs to:
 - Ensure recovery trajectories showing expected progression from Red to Green and development of any new ideas feed into overall all forecast outturns.
 - Review Month 6 financial performance for any additional true over performances which can be captured against targets.
 - Complete classification of schemes to differentiate between cost avoidance and cash releasing against run rate (not budget) schemes
- Meeting scheduled with Exec Nursing and Exec Medical Directors to progress schemes past 2nd stage of e-voting.
- Continue close scrutiny of the progression of actions on the FRAP to ensure all actions are fully addressed.
- Integrate new members of the PMO team into the role and key tasks as they are identified.

Recovery programme narrative

Support required

- The organisation needs to plan for the replacement of the current short term external support with a more sustainable resource. Internal team has been growing but more is required.
- Candidates to fill the Head of PMO role are in the process of being interviewed
- Work on going by P. Burns and D. Hargreaves to review existing capacity and capability within the organisation. This includes a review of all posts in ESR with “programme/ project manager” or “improvement” in the job title.
- Requests for support from Area teams to develop PIDs have been received. These are currently being met by a combination of existing external divisional support (3x roles aligned to the Acute providers) and the external PMO function. However, thought needs to be given to how the organisation plans to cover additional requests for support and forms part of the work being undertaken by P. Burns and D Hargreaves.

Key risks, issues and mitigations

- Risk that Divisions/Areas fail to develop and deliver sufficient schemes to plug the current gap between green cash releasing schemes and the £35m in-year savings target.
- PIDs produced by the Improvement Groups may not contain the necessary level of detail required for inclusion in the PMO the tracker and progression to Green (in-line with Welsh Government guidelines). The detail required in IG PIDs has been communicated to the IG team and the PMO and D Hargreaves are supporting IGs to work up sufficiently detailed PIDs to meet Welsh Government guidelines.
- Newly added projects require Finance validation. This process may result in values reducing. New schemes (include overarching IG PIDs) are held as “to be determined”. Where IG PIDs are replacing existing (static) red schemes, this can result in a temporary reduction in cash releasing values whilst scheme are validated and categorised by the Finance team. To give clarity on this FRG is now receiving a summary with run-rate, cost avoidance and schemes subject to validation separated (see appendix 1).
- Whilst extension of the short term external support to PMO and Divisions has provided continuity, the organisation still needs to identify replacement (substantive) staff to fill these roles and finalise a transition plan.

Improvement Groups update

What have we done well

- All of the Improvement Groups have now held meetings, which are scheduled every fortnight with identification of further opportunities, reviewing benchmark data and agreeing targets continuing.
- Ten of the IGs have completed this exercise and agreed a target (within the benchmark range) and plan of work.
- Care Closer to Home (CCtH) and Unscheduled Care (USC) IGs are still working through the benchmarking details.
- Overarching PIDs have been received from Medicines management (£0.3m), Workforce (£4.4m) and Planned care (£3.2m) and these values are being validated (in year values).
- Procurement IG have identified further efficiencies, detailed plans of which are being compiled with an estimated in year value of £1.7m.
- Digital, Quality and Together for Mental Health (T4MH) IGs have also identified further in-year savings these are now being closely reviewed to verify their numbers.

Support required

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

Where we need to focus

- Although a lot of good work is underway across the IGs to identify opportunities, caution is needed when considering the proposed numbers. Further detail in-particular around financial phasing and delivery milestones is required to give assurance of delivery and this is the current focus.
- The IGs are using the three key recovery areas combined with the possible in year value to prioritise where to concentrate resources over the coming months, considering capacity & capability risks being raised – see below.

Key risks, issues and mitigations

- Concerns remain around the pace of development and capacity or capability to move the PIDs through into delivery. The development of the Workforce PID continues, but the pace to implement is a concern and is the key focus of the IG.
- Capacity to delivery the opportunities identified remains the key issue with concerns raised by Planned care , Continuing Health Care (CHC), Care Closer to Home (CCtH)
- Digital, Quality and T4MH IGs have also identified further in-year until these are validated these remain a potential risk.

Appendix 1: Extract of revised BCUHB recovery programme development summary to FRG.

Source: BCUHB PMO tracker

Cash releasing - Budget (£000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total	Target	Total variance to target	Green schemes variance to target
Last position (as at 03/10/19)	7,461	1,653	892	16,482	26,487	35,000	(8,513)	(17,626)
Current position (as at 07/10/19)	1,747	4,748	942	16,770	24,207	35,000	(10,793)	(17,288)
<i>Movement</i>	<i>(5,713)</i>	<i>3,095</i>	<i>50</i>	<i>288</i>	<i>(2,281)</i>	<i>0</i>	<i>(2,281)</i>	<i>338</i>

Cash Releasing - Run Rate (£'000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at 03/10/19)	373	30	178	6,728	7,309
Current position (as at 07/10/19)	373	30	178	6,728	7,309
<i>Movement</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

Impact on run rate to be confirmed (£'000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at 03/10/19)	7,122	457	0	873	8,452
Current position (as at 07/10/19)	1,707	9,940	86	873	12,606
<i>Movement</i>	<i>(5,415)</i>	<i>9,483</i>	<i>86</i>	<i>0</i>	<i>4,154</i>

Total Programme (£'000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at 03/10/19)	14,955	2,140	1,070	24,083	42,248
Current position (as at 07/10/19)	3,827	14,717	1,206	24,371	44,122
<i>Movement</i>	<i>(11,129)</i>	<i>12,577</i>	<i>136</i>	<i>288</i>	<i>1,873</i>

Cost Avoidance	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at 03/10/19)	0	0	0	1,437	1,437
Current position (as at 07/10/19)	0	0	0	1,437	1,437
<i>Movement</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

Definitions

- **Pipeline:** Idea in planning, values unverified.
- **In development:** Workbook in progress, values being validated, QIA and EQIA in progress.
- **Scheduled to deliver:** Workbook signed off by project lead, finance lead and SRO and has been suitably approved. Scheme not yet due to commence.
- **In delivery / delivered:** As above with scheme in delivery or fully delivered.
- **Cash releasing (budget):** a scheme which delivers a reduction in spend where spend was budgeted.
- **Cash releasing (run rate):** a scheme which delivers a reduction in spend that is currently being incurred and is already above budget.
- **Cost avoidance:** a scheme which delivers a reduction in a future/forecast spend which would have resulted in the budget becoming overspent (and is not currently being incurred).
- **Impact on run rate to be confirmed :** Schemes that require finance validation to determine the impact.

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

Report Title:	Financial Plan 2020/21
Report Author:	Sue Hill, Acting Executive Director of Finance
Responsible Director:	Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this paper is to brief the Finance and Performance Committee on the development of the 2020/21 Financial Plan. The Committee will be updated on a regular basis as the plan is developed and additional guidance is provided on the anticipated impact of the inflationary and growth cost pressures.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee.
Governance issues / risks:	<p>The Health Board has 2 statutory duties, both of which are currently in not being achieved:</p> <ul style="list-style-type: none"> • To ensure that its expenditure does not exceed the aggregate of the funding allocated to it over a period of 3 financial years, and • To prepare a three year IMTP to secure compliance with the above duty, providing healthcare and improving the health of the population, and for that plan to be submitted to, and approved by the Minister for Health and Social services.
Financial Implications:	The Health Board must drive towards a financially balanced position and has an ambition to submit an approvable IMTP in 2021/22.
Recommendation:	The Committee is asked to note the report.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental		1.Balancing short term need with long	√

health and well-being for all		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			
The EqIA will be completed as part of the Annual Operating Plan.			

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

Board/Committee Coversheet v10.0

Introduction

The Committee received a paper in July setting out the broad details of our approach to financial and operational planning for 2020/21.

A number of planning principles were adopted, including:

‘no opportunity to bid for additional revenue as part of the annual plan process. The only route to consideration of schemes outside the delegated budget is via a business case.’

This principle has recently been significantly strengthened with the introduction of a new and more robust revenue business case policy.

There have been two distinct features to our approach to planning this year.

Firstly, health economies have been tasked with producing plans within a set of specified criteria. One of the criteria relates to a requirement for a circa 3% cost improvement.

Secondly, improvement groups have been asked to specify their expectations of health economy plans.

Both planning and finance teams are supporting health economies, and draft plans will be submitted on 5th November.

NHS Wales Planning Framework

Welsh Government published the Planning framework for 2020/23 on 20 September 2019, which sets out the strategic priorities:

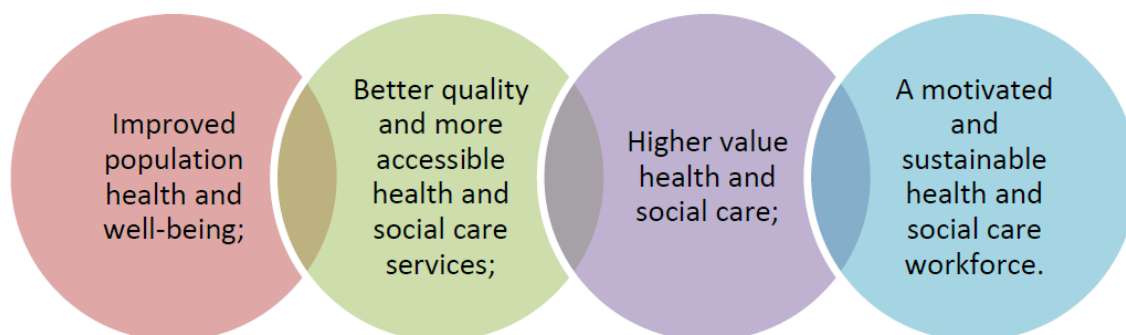
- Prevention
- Reducing Health Inequalities
- The Primary Care Model for Wales
- Timely access to Care
- Mental Health

Financial Allocations

The Welsh Government's draft budget will be published later than in previous years due to the national comprehensive spending review and Brexit. It is anticipated that details of financial allocations will be provided in the 2020-21 allocation letter issued in early 2020.

Policy Context

The quadruple aims and ten design principles from A Healthier Wales provide a clear context to the well-being agenda and are the Health Board must demonstrate a full understanding of the extent to which we are applying these aspects of a Healthier Wales in our plan:



The Statutory Duty

The Health Board has a statutory duty to prepare a three year IMTP to secure compliance with the above duty, providing healthcare and improving the health of the population, and for that plan to be submitted to, and approved by the Minister for Health and Social services.

This has not yet been achieved by the Health Board and the current ambition is to submit an approvable IMTP in 2021/22.

Organisations that are unable to develop a balanced and sustainable 3 year IMTP by 31st January 2020 will have failed their statutory duty.

In these circumstances the Chief Executive must send an accountability letter to the Chief Executive of NHS Wales confirming the decision of the Board and indicating the intention to develop an annual plan to comply with its own governance requirements to set a budget.

Financial Planning Timetable

The intention of the planning framework is to encourage plans to be produced earlier in the process and to ensure that plans are fully developed and subject to internal scrutiny for Board approval prior to submission:

HB – FDU meeting	15 October 2019
F&P	24 October 2019
Health Board	7 November 2019
DOF engagement meeting	15 November 2019
F&P	28 November 2019
HB – FDU meeting	3-5 December 2019
F&P	19 December 2019
Draft Submission	3 January 2020
Health Board	9 January 2020
F&P	23 January 2020
Final submission	31 January 2020
Final feedback process	February 2020

The plan will be developed in time for initial F&P scrutiny at the November Committee and subsequent iterations will be presented at the F&P Committees in

December and January 2019, ahead of final submission to Welsh Government by 31 January 2020.

Finance and Performance Committee**24.10.19**
GIG
 CYMRU
NHS
 WALES

 Bwrdd Iechyd Prifysgol
 Betsi Cadwaladr
 University Health Board

**To improve health and provide excellent
care**

Report Title:	Budget Setting Framework and Timetable for 2020/21
Report Author:	Rob Nolan Finance Director, Commissioning and Strategic Financial Planning
Responsible Director:	Sue Hill, Acting Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this paper is to brief the Finance and Performance Committee on the approach to the development of the 2020/21 Financial Plan
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee.
Governance issues / risks:	None
Financial Implications:	<p>The assessment of the Health Board cost pressures; inflation and growth assumptions and any service change decisions will impact on the Boards ability to achieve financial balance.</p> <p>The Health Board will not be in a position to submit a plan demonstrating financial balance over the three years from 2020/21. We are committed to agree delegated budgets that reflect the need to reduce our deficit, and manage cost pressures within resources that is consistent with a Deficit Reduction Plan that achieves break even in 2022/23.</p> <p>The Health Board is currently assuming an uplift of 2% for 2020/21 and a savings target of circa £35m. Against this the Health Board will establish the level of inflation and growth assumptions for 2020/21 and any service change decisions.</p>
Recommendation:	The committee is asked to note the report.

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper None http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment <i>There is no impact on equality</i>			

Disclosure:

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

Budget Setting Framework and Timetable for 2020/21

1 Introduction

In line with the organisation's standing financial instructions and the Welsh Government's administrative target within the 3 year planning cycle, BCUHB is required to set an annual budget and financial plan in advance of the coming financial year.

The budget setting framework will be aligned to the planning framework with the requirement to submit a plan to Welsh Government by the end of January 2020 covering the period 2020/21 to 2022/23.

The Health Board will not be in a position to submit a plan demonstrating financial balance over the three years from 2020/21. The current forecast deficit for 2019/20 is £35m, with a control total set by Welsh Government of £25m.

The Health Board will not therefore be able to achieve its statutory duty of break-even over a 3 year period. For this reason, we will seek the Board's support to submit an annual plan for 2020/21 with a deficit that will need to be agreed between the Board and Welsh Government.

However, we are also committed to agree delegated budgets that reflect the need to reduce our deficit, and manage cost pressures within resources that is consistent with a Deficit Reduction Plan that achieves break even in 3 years.

Therefore, the key purpose of the Budget Setting Framework is:

- To provide a baseline Annual Budget based on the Health Board Funding Allocation for 2020/21, for consideration and approval by the Health Board at its March meeting.
- To provide the methodology for setting the proposed budget baseline.
- To provide the savings target and how this will be allocated to Divisions / Health Economies and Improvement Groups.
- To provide an opening baseline budget resource allocation broken by division/department along with any centrally held provisions and reserves.
- To link the strategy to the governance framework and completion of the budget accountability agreements.
- To define that the basic building block of the financial plan will be at a Divisional level, plans will also be consolidated to Health Economies, and should reflect improved working across Health Economies.
- To highlight our 3 year assumptions on developments, cost pressures, uplifts and savings that demonstrates a commitment to achieve break even in 3 years' time, and show how we will prioritise any new developments if they are in line with the Health Board strategy.

2 Funding Assumptions: Welsh Government Draft Budget, Allocation Letter and Funding Uplift

Based on the latest information the following assumptions are included within the draft budget setting framework:

- A 2% allocation uplift
- Within the 2% uplift, 1% is for pay. Any cost pressure from the pay award above the 1% will be funded by Welsh Government separately
- Funding will be made by Welsh Government for the inflation uplifts in the primary care ring-fence allocations
- Assume any development funding for enhanced services in primary care ring-fence allocations will require transfer from secondary care, therefore it will generate a cost pressure to the organisation
- The drug treatment fund will cover new drugs for 2020/21, and therefore the full year effect of this year's (2019/20) drugs will be cost growth
- Do not assume any additional funding for new service developments in support of Healthier Wales

3 The Budget Setting Methodology

There are 4 elements to consider when agreeing a budget setting methodology, they are:

1. Baseline Budget
2. Cost Pressure Assessment
3. Inflation and Growth assumptions
4. Service Change Decisions – Investment and Disinvestment

3.1 Baseline Budget

The baseline budget for pay will be set using the funded establishment, with month 7 as the starting point. This will be undertaken within the Prophix system. This will need to be reconciled to the recurrent pay budgets, with any variances identified.

Non pay budgets will reflect the recurrent budgets within the ledger.

All Baseline budgets are set on the assumption that they will fund the staffing and infrastructure required to deliver the agreed Core activity as a Health Board.

In addition the Health Board financial plan will need to include as a separate section that clearly identifies the cost of delivery against the RTT target. The Health Board will need to anticipate this as income from Welsh Government.

Prior to the sign off of the individual Divisional Baseline budget, a line by line review will be undertaken by the senior finance team, which will challenge the assumptions built into budgets for both pay and non-pay.

3.2 Cost Pressures Assessment

All unfunded and underlying cost pressures will need to be identified by the Divisions. The table below is an example of how this will be identified for each Division.

Table 1 – Cost Pressure Assessment calculation

	£m
Year end Forecast Outturn	1.3
Add back non recurrent slippage	0.5
Add back non recurrent savings	0.3
Less non recurrent budgets	-0.8
FYE of savings	-0.7
FYE of cost pressures	0.25
Total	0.85

Individual Divisional submissions will be consolidated at a health economy level to show the unfunded and underlying cost pressures for East, Centre, West.

The full year effect of cost pressures will include pressures that whilst recognised as such, they are also subsequently treated as cash releasing savings in the 2020/21 savings plans.

The aim of the Cost Pressures Assessment will be to set a realistic opening budget position which will support how the Executives can hold the health economy to account for its financial performance in year. Any cost pressures will need to include a detailed supporting narrative and be signed off by the Executives.

3.3 Inflation and Growth assumptions

An assessment of the Inflation cost pressures and Growth assumptions will be undertaken. In addition the Health Board is taking part in the all Wales National Cost Assessment exercise which allow us to compare our assumptions with other Health Boards.

The individual inflationary elements are as follows:

1. Pay Awards – including assumptions on the actual uplift across the different pay groups; the increase in the Living Wage; any Incremental drift (including distinction awards) and other pay items
2. Non Pay – will need to review RPI and CPI assumptions
3. Primary Care Prescribing – including GP and Pharmacy prescribing and is purely focused on price changes
4. Secondary Care Prescribing – including Rheumatology, Dermatology etc
5. Packages of Care – CHC and Packages of Care and significantly influenced by the uplifts applied by our Local Authorities. In addition the Health Board is reviewing its CHC pricing methodology which is expected to require additional investment

6. External Providers – including WHSSC, EASC, WAST, English Contracts and Wales LTAs all of which are subject to national discussions and agreed the Chief Executives group

The areas identified as subject to Growth pressures are:

1. GP Prescribing – growth in the number of drugs issued
2. NICE &HCDs (Drug Treatment Fund FYE) - The drug treatment fund covers new drugs for 2020/21, the Health Board therefore has to make a provision for the full year effect of this year's (2019/20) new drugs
3. Packages of Care – the growth in the number of new packages
4. Demographic Growth Provision – any assumptions on the increase in secondary and community activity
5. Full Year Effect of developments implemented mid-way through the 2019/20 Financial Year

3.4 Service Change Decisions – investment and Disinvestment

Any proposed financial impact of service changes will need to reconcile to the agreed priorities within the Annual Plan and 3 Year Outlook and have clear and measurable outcomes.

Any proposed investment plans will need to be developed and supported by approved business cases, with a clear narrative on how the cost of any new investment will be recurrently funded; whether it is from new recurrent funding, funding from WG, linked disinvestment, or an additional savings target

4 Savings Target and delivery

4.1 Savings Target

In 2019/20 the Health Board has a target of £35m cash releasing savings, and it currently has recurrent plans for delivery against this target of £20m (@ month 6). In addition there is approximately £4m of non-recurrent savings identified. The full year value of the 2019/20 recurrent plans is estimated at £23m. In addition there are savings that impact on run rate of £6.6m in 2019/20, with a full year value of £6.8m.

Savings plans will need to be cash releasing and in part will reflect any cost pressures identified as needing to be managed by the Division / Health Economy.

It is proposed that the savings target will be 3%, giving a savings target of c£35m. However, that will be dependent on the level of additional resources from the 2020/21 uplift; the level of the cost pressure assessment and any inflation and growth assumptions; and finally any decision on new investments.

The savings target will need to be a combination of transactional, which will be allocated direct to Divisions, and transformational which will be based on the benchmarking data available and other opportunities identified eg PwC opportunities pipeline.

The table below shows the 3 year opportunity as previously discussed; the value of savings identified in 2019/20; and finally the remaining opportunity (Low and High).

The development of transformational savings plans for 2020/21 will focus on the remaining opportunity. This will be led by the Improvement Groups and then disaggregated to Divisions / Health Economies for delivery.

Table 2 – Savings Opportunities

	3 Year Opportunity		2019/20 Savings Identified £m	Remaining Opportunity	
	Low £m	High £m		Low £m	High £m
<u>Services</u>					
Quality	1.2	1.8	0.0	1.2	1.8
Health Improvement	2.2	4.5	0.0	2.2	4.5
Care Closer to Home	11.5	16.7	3.4	8.1	13.3
Continuing Health Care	11.7	28.8	3.4	8.3	25.4
Medicines Management	17.5	26.0	5.2	12.4	20.8
Mental Health	19.2	43.3	6.0	13.2	37.3
Unscheduled Care	4.9	9.0	1.4	3.9	8.0
Planned Care	24.0	56.6	1.4	22.6	55.2
Total Services	92.2	186.7	20.8	71.8	166.3
<u>Enablers</u>					
Digital	1.3	1.8	0.7	1.3	1.8
Estates & Facilities	1.6	3.3	1.2	1.3	2.9
Procurement	9.0	16.0	2.8	6.2	13.2
Workforce	9.1	22.2	8.8	0.3	13.4
Contracts	0.9	2.1	0.5	0.4	1.6
Transactional	12.0	20.0	1.5	10.5	18.5
Total Enablers	33.9	65.4	15.5	20.0	51.4
Total	126.1	252.1	36.3	91.8	217.7

It is envisaged ring-fenced budgets will require savings plans to cover their funding shortfall.

4.2 Improvement Groups

Savings plans to support the transformational programme will be developed by the Improvement Groups working through the individual Health Economy Plans. As

stated above, the savings target will be allocated to Improvement Groups and then disaggregated to Divisions / Health Economies for delivery.

The Improvement Groups are:

1. Health Improvements and Health Inequalities
2. Care Closer to Home
3. Planned Care
4. Unscheduled Care
5. Mental Health & Learning Disabilities
6. Medicines Management
7. Continuing Healthcare
8. Procurement
9. Workforce & Organisational Development
10. Estates
11. Digital

Whilst the initial focus will be on savings for 20/21, it is critical that Improvement Groups set out opportunities over a 3 year period to give a programme of savings which will support a return to financial balance over the 3 year period.

5 Draft Timetable

The draft timescales outline the key dates in setting and approving the 2020/21 Budget Strategy is included below.

Table 3 – draft timetable

Date	Action
24th October 2019	F&P approved Budget Setting Framework
5th November 2019	Health Economy Plans submitted - will need to include Service Change Decisions – Investment and Disinvestment and Savings Proposals
15th November 2019	DoF / DDoF Engagement meeting to discuss WG approach to 20/21 allocations
16th November 2019	Submission deadline for Baseline Budget, Cost Pressures Assessment, Inflation and Growth Assumptions
28th November 2019	F&P Update
30th November 2019	Savings plans submitted for Exec approval from Divisions and Improvement Groups
3rd - 5th December 2019	Finance to Finance meetings to present draft financial assumptions
19th December 2019	F&P Update
3rd January 2020	Draft Financial Plan submissions to WG
9th January 2020	Board approve financial plan as part of the Annual Operating Plan
31st January 2020	Final Financial Plan submissions to WG
11th February 2020	Initial WG Feedback
March 2020	Financial submission of Financial Plan

**Finance and Performance
Committee**
24.10.19

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WALES**

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Capital Programme Report Month 6
Report Author:	Neil Bradshaw – Assistant Director – Capital Denise Roberts – Financial Accountant Tax & Capital
Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to brief the Finance and Performance committee on the delivery of the approved capital programme and progress on expenditure against the Capital Resource Limit.
Approval / Scrutiny Route Prior to Presentation:	Progress and expenditure on capital schemes is scrutinised by the Capital Programme Management Team.
Governance issues / risks:	This is a standing report to the committee as required by the Health Board's capital governance procedures.
Financial Implications:	This report confirms the total funding available for 2019/20 and the revised expenditure profile for each project.
Recommendation:	The Committee is asked to receive this report.

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

5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
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



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Betsi Cadwaladr
University Health Board

Capital Programme Report Month 06 September 2019

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

Betsi Cadwaladr University Health Board

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4	Conclusion and Recommendations
4.1	Conclusion
4.2	Recommendations

Appendix

- 1 Summary of Expenditure Against Resource Limit Approvals
- 2 Discretionary capital programme monitoring report

1.1 Purpose of Report

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

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

1.2 Capital Funding 2019/20

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

Capital Programme	£ '000
All Wales Capital Programme	4,265
Discretionary Capital	12,921
Total Welsh Government CRL	17,186
Capital Receipts	356
Donated Funding	1,578
Grant Funding	0
TOTAL	19,120

Following a detailed review of the expected expenditure to March 2020 the CRL has been reduced to £17.186. Details of the reduction of £4.973m are provided in the following table:

All Wales Schemes	£'000	Comment
PAS system	426	Data migration of the first phase proved more complex than originally expected. This has required a rephasing of the roll out to Wrexham and Bangor.
Substance Misuse - Holyhead	341	A more effective and cost efficient decant solution became available during the latter stages of the planning phase. The benefits of this solution are considered to be significantly greater than the delay to the programme.
Substance Misuse - Shotton	1,115	Significant changes to the approval of urban drainage systems were introduced in 2019. The process of agreeing compliance with the mandatory national sustainable drainage standards (SuDS) has delayed the overall programme.
Emergency Department Systems	701	Delays to the development of the national WPAS systems has required the Health Board to review the implementation of the programme. Initially separate systems will be implemented at each of the acute sites that will subsequently be integrated into a single system once WPAS has been fully implemented.
North Denbighshire Community Hospital	2,004	The requirement to procure a new Supply Chain Partner (SCP) has resulted in a 6 month delay to the project.
Redevelopment of the Ablett Unit	257	Following appointment of the SCP the estimated expenditure profile has been adjusted to reflect the actual cash flow.
Orthopaedic Plan	129	Following appointment of the project teams the estimated expenditure profile has been adjusted to reflect the actual cash flow.
Total	4,973	

In anticipation of the expected slippage in expenditure of the above the Health Board identified further investment priorities with respect to major Imaging equipment. Plans have been developed for the following top priorities as identified by the division:

- Replacement CT scanner at Ysbyty Glan Clwyd
- Replacement Gamma camera at Ysbyty Wreccsam Maelor
- Replacement Interventional Radiology suite at Ysbyty Wreccsam Maelor

Following confirmation of the revised CRL, Welsh Government have indicated that additional funding will be provided for the replacement CT scanner and active consideration is being given to supporting the replacement Gamma camera.

2.1 INTRODUCTION

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

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

2.2 ALL WALES PROGRAMME

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

Scheme	RAG rating				
	Q	T	C	R	B
SuRNICC	G	G	G	G	G
PAS system	G	A→	G	A→	G
Substance misuse - The Elms	G	G	G	G	G
Substance misuse - Holyhead, Anglesey	G	G	G	G	G
Substance misuse – Shotton, Flintshire	G	A↑	G	G	G
ED information system - EDCIMS	R→	R→	A→	R→	R→
Ysbyty Gwynedd Emergency Department	G	A→	A→	G	G
North Denbighshire Community hospital	G	A→	G	G	G
Redevelopment of Ablett unit	G	G	G	G	G
Orthopaedic Plan	G	G	G	G	G

Ysbyty Gwynedd Emergency Department

With the exception of the Isolation suite the project was handed over on 9th September and the facility was commissioned and operational from 17th September 2019.

2.3 DISCRETIONARY CAPITAL PROGRAMME

The discretionary programme remains as follows:

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

TOTAL	£12,623,500
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The Discretionary Capital Programme Monitoring report is provided at Appendix 2.

2.4 ALTERNATIVE FUNDING

2.4.1 Estates Rationalisation/Disposal Programme

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

	NBV	Actual capital receipts 2019/20	Capital Receipt Forecast 2019/20
Land and Property Disposals	£'000	£'000	£'000
Abergele Hospital - Grazing Land	38		38
Blaenau Ffestiniog Health Centre	168	101	168
Brymbo Health Centre	50		50
Ala Road, Pwylheli	100		100
Total	356	101	356

The above table identifies those properties that have been approved by Welsh Government for disposal. The Estates Improvement Group (EIG) have undertaken a review of all accommodation, both owned and leased, and identified opportunities for further rationalisation/disposal over the next three years. The EIG is working with divisions to develop the detailed rationalisation/disposal programme in support of financial recovery and the three year plan.

2.4.2 Donated Funding

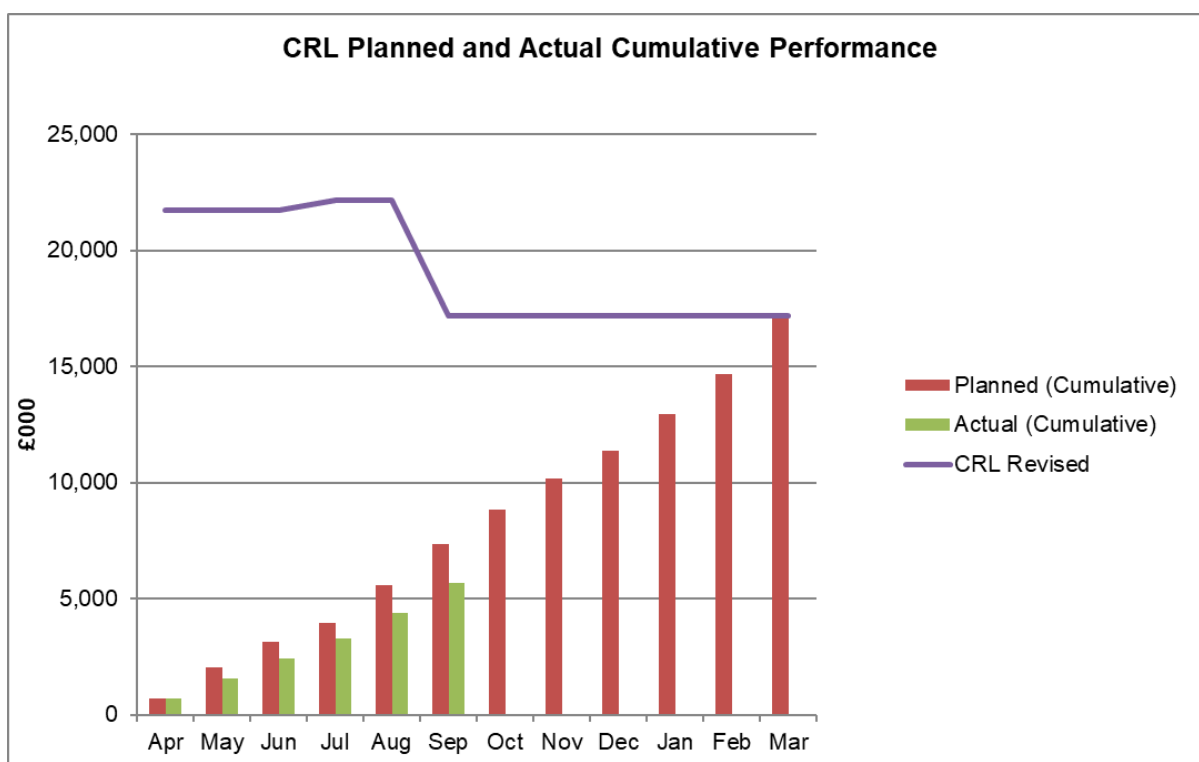
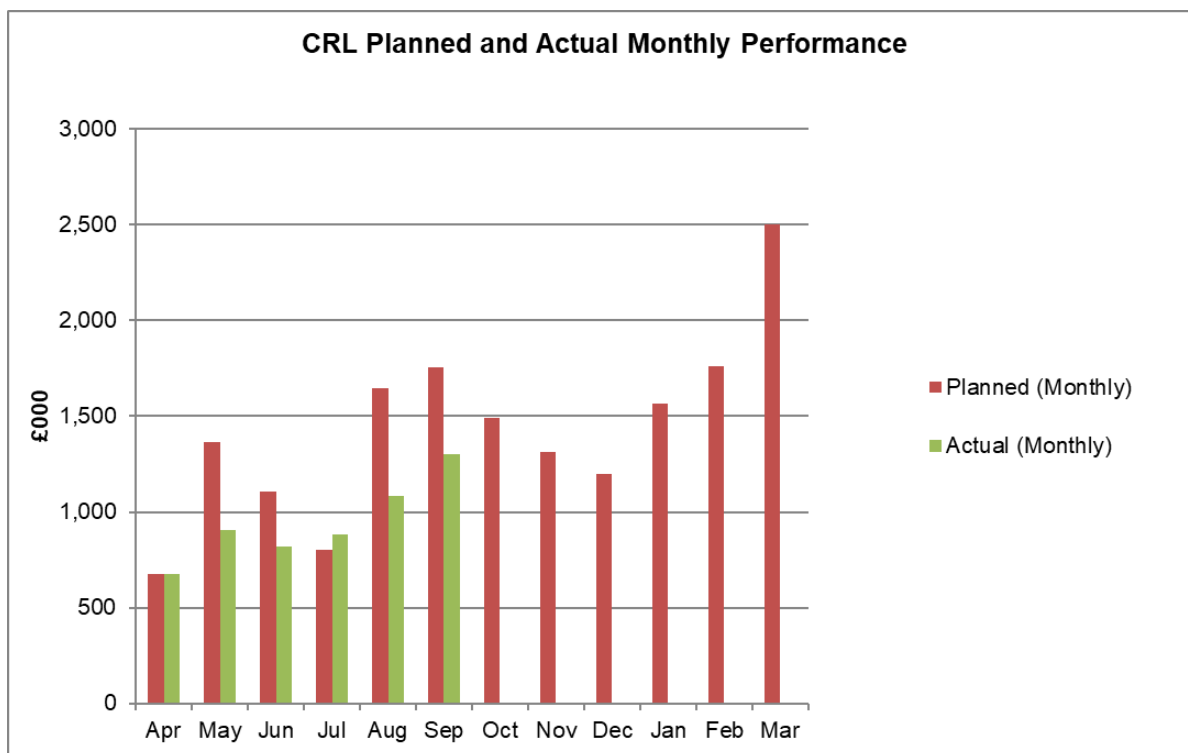
Scheme	RAG rating				
	Q	T	C	R	B
Medical Devices	G	G	G	G	G
Equipment to support Hybrid theatre	G	G	G	G	G
Informatics	G	A	G	G	G
Ysbyty Penrhos Stanley - hospice	G	A	A	G	G
Minor Estates adaptations	G	G	G	G	G

3.1 FINANCE OVERVIEW

The expenditure in Month 6 reflects a net spend of £1.304m.

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 2019/20 £'000	2019/20 Expenditure M6 £'000	2019/20 Forecast Out- turn £'000	Variance £'000
Capital Projects Approved Funding				
SuRNICC - FBC works	350	186	574	224
PAS System	404	290	663	259
Substance Misuse - The Elms Development	265	467	625	360
Substance Misuse - Holyhead, Anglesey	77	2	335	258
Substance Misuse - Shotton, Flintshire	210	4	225	15
Emergency Department System	0	0	0	0
Ysbyty Gwynedd - Emergency Department	1,496	1,746	2,526	1,030
North Denbighshire Community Hospital	400	7	400	0
Progress Redevelopment of Ablett Unit @ YGC from SOC	592	20	592	0
Orthopaedic Plan Fees to BJC	471	0	471	0
Sub-total	4,265	2,722	6,411	2,146
All Wales CRL Total	4,265			
Discretionary Schemes				
YGC Brokerage	(1,500)	0	0	1,500
IM&T	3,000	684	2,775	(225)
Med Devices	1,768	585	1,768	0
Estates	9,653	1,677	6,232	(3,421)
Discretionary CRL Total	12,921	2,946	10,775	(2,146)
TOTAL CRL ALLOCATION 2018/19	17,186			
Development Fund/ Capital Receipts	356	0	356	0
Donated	1,578	487	1,578	0
Grant monies	0	0	0	0
	1,934	487	1,934	0
Grand Total	19,120	6,155	19,120	0

3.3 Expenditure and Forecasts at Month 6

The expenditure reflected in the Month 6 position includes estimates based on the forecast profile of project valuations for September 2019. This is supported by the expenditure profile statements produced by the project managers and cost advisors for each of the All Wales Schemes.

4.1 Conclusions

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

4.2 Recommendations

The Committee is asked to receive this report.

Appendix 1 Summary of Expenditure Against Resource Limit Approvals

Funding	Year-end target (£'000)	Year to date performance (£'000)	% Spend to date	Risk	Notes
All Wales	4,265	2,722	64%	Green	
Discretionary	12,921	2,946	23%	Green	
Subtotal CRL	17,186	5,668	33%	Green	
Capital Receipts	356	0	0%	Green	
Donated Capital	1,578	487	0%	Green	
Grant Capital	0	0	0%	Green	
Total capital resource available	19,120	6,155	32%	Green	

[illegible]

Capital Programme - 2019/20

Assistant Director - Capital

[illegible]

TODAY'S DATE:

Betsi Cadwaladr University Health Board Mental Health DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN (From: April 2019)											2019/20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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731,000

TODAY'S DATE: 3rd Oct 2019

Betsi Cadwaladr University Health Board v

DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN

(From: April 2019)

Estates Schemes

2019/20

[From: April 2019]													Q1			Q2			Q3			Q4		
			Q	T	C	R	B	Approved Budget £	Estimated Outturn 2019 - 2020 £	Estimated Outturn 2020 - 2021 £	Variance £	S = Project Start D = Design P = Procurement I = Implementation C = Project Close Planned/Actual Prog	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
East Area																								
Wrexham Maelor Hospital	HV Cable Phase 2 to Renal		G	G	G	G	G	56,527	56,527	0	0	Planned												
Wrexham Maelor Hospital	HV Cable Phase 2 to Residences		G	G	R	R	G	0	90,000	0	-90,000	Planned	G											
Wrexham Maelor Hospital	Upgrade Main Fire Alarm System - Carried Forward		G	G	G	G	G	177,000	177,000	0	0	Planned	S	D	D	D	D	D	D	P	P	I	I	C
Wrexham Maelor Hospital	Medical Gas Manifolds		G	G	G	G	G	20,000	20,000	0	0	Planned	G	S	D	D	D	D	D	P	I	I	I	C
Mold Electrical Distribution	Electrical infrastructure		G	G	G	G	G	20,000	20,000	0	0	Planned			S	D	D	D	P	I	I	I	I	C
Deeside Hospital floor replacement	Replacement floor coverings		G	G	G	G	G	10,000	10,000	0	0	Planned			S	D	D	D	P	I	I	I	I	C
Wrexham Maelor Hospital	Replacement floor coverings		G	G	G	G	G	8,140	8,140	0	0	Planned			S	D	D	D	P	I	I	I	I	C
Wrexham Maelor Hospital	Site water infrastructure repair		G	G	G	G	G	15,000	15,000	0	0	Planned	S	D	D	D	D	P	P	I	I	C		
Wrexham Maelor Hospital	Medical Gas site alarm		G	G	G	G	G	60,000	60,000	0	0	Planned	S	D	D	D	P	P	P	I	I	I	I	C
Wrexham Maelor Hospital	Pathology Decentralisation of services		G	G	G	G	G	100,000	100,000	0	0	Planned	G	S	D	D	D	P	P	I	I	I	I	C
Wrexham Maelor Hospital	EMS Daycase Pipework		G	G	G	G	G	95,000	95,000	0	0	Planned	S	D	D	D	P	P	P	I	I	I	I	C
Wrexham Maelor Hospital	EMS Generator		G	G	G	G	G	110,000	110,000	0	0	Planned	S	D	D	D	P	P	P	I	I	I	I	C
Wrexham Maelor Hospital	EMS Mechanical Services Decentralisation		G	G	G	G	G	195,000	195,000	0	0	Planned			S	D	D	D	P	P	P	I	I	I
Additional Schemes																G	G	G	G					
Wrexham Maelor Hospital	Electrical infrastructure		G	G	G	G	G	0	0	0	0	Planned												
Wrexham Maelor Hospital	Phase 2 water chiller replacement		G	G	G	G	G	0	0	0	0	Planned												
East	Salaries Capitalisation		G	G	G	G	G	33,333	33,333	0	0													
								£ 900,000	£ 990,000	£ -	£ 90,000													
Central Area																								
Nant Y Glyn	Upgradde Building Fabric	OEC079	G	G	G	G	G	16,558	24,622	0	-8,064	Planned	I	I	C									
Ablett Unit	Boiler Replacement	OEC037	G	G	G	G	G	36,717	36,717	0	0	Planned	I	I	I	I	I	C						
Ysbyty Glan Clwyd	Replace Oncology Boilers and Pumps	OEC068	G	G	G	G	G	11,149	13,356	0	-2,207	Planned	G	G	G	G	C							
Ruthin Hospital	Building and Electrical Infrastructure Upgrade	OEC075	G	G	G	G	G	4,708	3,923	0	785	Planned	C	C										
Bodnant	Upgrade of Building Fabric	OEC052	G	G	G	G	G	13,960	13,960	0	0	Planned	I	C										
Ysbyty Glan Clwyd	CHP Upgrade Project	OEC107	G	G	G	G	G	5,000	5,000	0	0	Planned	G	C										
Ysbyty Glab Clwyd	Nurse Call System Upgrade - Ward 14	OEC031	G	G	G	G	G	35,000	42,958		-7,958	Planned	S	D	D	P	P	I	I	I	I	I	C	
Ysbyty Glab Clwyd	Nurse Call System Upgrade - Maternity	OEC031	G	G	G	G	G	35,000	35,000			Planned	G	G	G	G	G	A		P	I	I	I	C
Hafod	Upgradde Building Fabric	OEC077	G	G	G	G	G	17,500	17,500	0	0	Planned		S	D	D	P	P	I	I	I	C		
Ysbyty Glab Clwyd	Upgrade Building Fabric - Estates	OEC057	G	G	G	G	G	30,000	30,000		0	Planned	S	D	D	P	P	P	P	I	I	I	C	
Colwyn Bay Hospital	Upgrade Electrical Infrastructure and Generator - Design Fees	OEC067	G	G	G	G	G				0	Planned	G	G	G	A	A							
Bodnant	Upgradde Building Fabric	OEC052	G	G	G	G	G	30,000	30,000		0	Planned	S	D	D	D	P	P	I	I	I	I	C	
Denbigh Hospital	Upgradde Building Fabric	OEC076	G	G	G	G	G	30,000	30,000		0	Planned	S	D	D	P	P	P	I	I	I	I	C	
Denbigh Hospital	Upgrade Water Systems	OEC088	G	G	G	G	G	7,500	7,500		0	Planned	S	D	D	P	P	P	I	I	C			
Colwyn Bay Hospital	Upgrade Water Systems	OEC097	G	G	G	G	G	7,500	7,500		0	Planned	S	D	D	P	P	P	I	I	C			
Ysbyty Glan Clwyd	UPS upgrade	OEC095	G	G	G	G	G	34,000	34,000		0	Planned	S	D	P	I	I	I	I	C				
Abergele Hospital	UPS upgrade	OEC095	G	G	G	G	G	6,000	6,000			Planned	S	D	P	I	I	I	I	C				
Ysbyty Glan Clwyd	Upgrade Lifts (Oncology No1 + No2)	OEC100	G	G	G	G	G	74,004	73,628		376	Planned	S	D	P	I	I	I	I	C				
Ysbyty Glan Clwyd	Upgrade Medical Gas Systems	OEC096	G	G	G	G	G	60,000	60,000		0	Planned	S	D	D	D	P	P	P	I	I	I	C	
Ysbyty Glan Clwyd	Upgrade Roads and Footpaths	OEC038	G	G	G	G	G	40,000	40,000		0	Planned	S	D	D	D	P	P	P	I	I	I	C	
Ysbyty Glan Clwyd	Upgrade Dali Emergency Light Ssytem	OEC027	G	G	G	G	G	25,000	25,000		0	Planned	S	D	P	P	P	P	I	I	I	C		
Ysbyty Glan Clwyd	Upgrade Street Lighting	OEC069	G	G	G	G	G	10,000	8,362		1,638	Planned	I	I	I	C								
Bodnant	Upgrade Roads and Footpaths	OEC087	G	G	G	G	G	10,000	10,000		0	Planned	G	G	G	C								

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TODAY'S DATE: 03.06.19

Betsi Cadwaladr University Health Board

DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN

(From: April 2019)

Betsi Cadwaladr University Health Board DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN (From: April 2019)												2019/20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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Betsi Cadwaladr University Health Board

2019/20

Q1

(From April 2018)

Scheme	RAG Rating					Code	Budget			Scheme Duration		Programme													
	Q	T	C	R	B		Approved Budget £	Estimated Outturn £	Variance £	Start Date	End Date	S = Project Start D = Design P = Procurement I = Implementation C = Project Close	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	March 20	
												Planned/Actual Prog													
Planning-Enabling Works																									
OPG Machine-Dental Xray Glan Clwyd	G	G	G	G	G	1C9A	12,000	3,000	9,000	01/04/19	01/09/19	Planned ACTUAL					I/C G	C							
OPG Machine-Dental Xray Ysbyty Gwynedd	A	A	A	A	G	1C9B	12,000	16,000	-4,000	01/04/19	01/01/20	Planned ACTUAL				D G	D G	P P	P P			I/C			
OPG Machine-Dental Xray Royal Alexandra	A	G	A	A	G	1C9C	12,000	12,000	0	01/04/19	01/12/19	Planned ACTUAL				D G	P G	P P	I I	I/C					
OPG Machine-Dental Xray Holywell	G	G	G	G	G	1C9D	12,000	4,000	8,000	01/04/19	01/09/19	Planned ACTUAL				D G	P/I G	I/C I/C							
OPG Machine-Dental XRay Llandudno	R	R	R	R	A	1C9S	12,000	28,000	-16,000	01/04/19	01/03/20	Planned ACTUAL				D G	D G	P P	P P			I/C			
OPG Machine-Dental XRay Colwyn Bay	G	G	G	G	G	1C9T	12,000	9,000	3,000	01/04/19	01/11/19	Planned ACTUAL				D G	P G	P/I P/I	I/C I/C						
Automated Medicine Cabinets-Mental Health	G	G	G	G	G	1C9Q	28,000	28,000	0	01/04/19	31/07/19	Planned ACTUAL	S G	D G	I G	I G	A A	A A							
X-Ray Machine-Radiology Eryri Hospital	A	R	R	A	G	1K9L	100,000	100,000	0	01/04/19	01/02/20	Planned ACTUAL				D G	D G	P P	P P	I I	I/C	C			
MRI Scanner-Radiology Glan Clwyd						1Z9Z	360,000	360,000				Planned ACTUAL				G G	G G								
Pharmacy Robot- Ysbyty Gwynedd	A	R	R	R	G	2K01	700,000	700,000	0	01/04/19	31/03/20	Planned ACTUAL			S G	D/P G	D/P G	D/P G	P P	P P	I I	I I	I I	I/C	
Medical Equipment Purchases																									
Transcutaneous Monitor-Childrens Wards Glan Clwyd	G	A	G	G	G	1C9N		0	0	01/03/19	30/06/19	Planned ACTUAL													
ECG Machine-Childrens Wards Glan Clwyd	G	G	G	G	G	1C9P	5,208	5,208	0	01/03/19	30/04/19	Planned ACTUAL	C G												
Dental Chair-Deeside Clinic	G	G	G	G	G	1J9F	8,387	8,387	0	01/03/19	30/06/19	Planned ACTUAL	I G			C G									
2 Dental Chairs-Wrexham Dental Clinic	G	G	G	G	G	1J9G	15,803	15,803	0	01/03/19	30/06/19	Planned ACTUAL	I G			C G									
2 Ventilators-SCBU Wrexham Maelor	G	G	G	G	G	2J01	58,331	56,620	1,711	01/05/19	31/08/19	Planned ACTUAL		S G	P G	I G	I G	C G							
Patient Monitors-Emergency Dept Ysbyty Gwynedd	G	G	R	G	G	2K02	334,000	326,088	7,912	01/04/19	31/07/19	Planned ACTUAL	P G	P G	I A	I G	I G	C G							
Osmometer-Haematology Ysbyty Gwynedd	G	G	G	G	G	2K03	10,620	10,608	12	01/05/19	31/08/19	Planned ACTUAL		S G	P G	I G	I G	C G							
Holst-Cemlyn Ward Cefni	G	G	G	G	G	2K04	6,122	5,467	655	01/05/19	31/08/19	Planned ACTUAL		S G	P G	I G	I G	C G							
Beds & Mattresses	G	G	G	G	G	2L01	13,298	18,356	-5,058	01/05/19	31/08/19	Planned ACTUAL		S G	P G	I G	I G	C G							
68 PCA Pumps	G	A	G	G	G	2L02		0	0	01/06/19	30/09/19	Planned ACTUAL			G G	G G	G G	G G							
2 Orthopaedic Drill Sets-Theatres Wrexham Maelor	G	G	G	G	G	2J02	50,000	50,000	0	01/10/19	31/12/19	Planned ACTUAL					S G	P P	I I	C C					
Fetal Scanner- Gynaecology Wrexham Maelor	G	G	G	G	G	2J03	125,000	125,000	0	01/10/19	31/03/20	Planned ACTUAL					S G	P P	P P	P P	I I	I I	C C		
Breast Surgery Navigator-Theatres Ysbyty Gwynedd	G	G	G	G	G	2K05	20,208	20,208	0	01/10/19	31/01/20	Planned ACTUAL					S G	P P	I I	I I	C C				
Totals							1,906,977	1,901,745	5,232																

TODAY'S DATE:

<div>Betsi Cadwaladr University Health Board v</div> <div>DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN</div> <div>(From: April 2019)</div>												2019/20																																						
												April		May		June		July		Aug		Sept		Oct		Nov		Dec		Jan		Feb		Mar																
												1 - 7 April	8 - 14 April	15 - 21 April	22 - 28 April	29 April - 5 May	6 - 12 May	13 - 19 May	20 - 26 May	27 May - 2 June	3 - 9 June	10 - 16 June	17 - 23 June	24 - 30 June	1 - 7 July	8 - 14 July	15 - 21 July	22 - 28 July	29 Jul - 4 Aug	5 - 11 Aug	12 - 18 Aug	19 - 25 Aug	26 Aug - 1 Sept	2 - 8 Sept	09 - 15 Sept	16 - 22 Sept	23 - 29 Sept	30 Sept - 6 Oct	7 - 13 Oct	14 - 20 Oct	21 - 27 Oct	28 Oct - 3 Nov	4 - 10 Nov	11 - 17 Nov	18 - 24 Nov	25 Nov - 1 Dec	2 - 8 Dec	09 - 15 Dec	16 - 22 Dec	23 - 29 Dec
Last Updated																																																		
Location		Scheme		RAG Rating					Budget			Scheme Duration		Programme																																				
				Q	T	C	R	B	Approved Budget £	Estimated Outturn £	Variance £	Start Date	End Date	S = Project Start D = Design P = Procurement I = Implementation C = Project Close Planned/Actual Prog																																				
West - YG																																																		
		Hebog Ward							74,840	145,000	-70,160	03/06/19	178/08/19	Planned ACTUAL																																				
		Conwy Ward							52,604	124,000	-71,396	08/04/19	18/08/19	Planned ACTUAL																																				
Sub-total									127,444	269,000	-141,556																																							
West																																																		
		Dolgellau							0	8,000	-8,000	19/08/19		Planned ACTUAL																																				
		Eryri							12,500	6,000	6,500			Planned ACTUAL																																				
		YPS							5,000	4,000	1,000	22/07/19		Planned ACTUAL																																				
		Cefni							5,000	0	5,000	22/07/19		Planned ACTUAL																																				
		Altwen Hospital							6,000	6,000	0	22/07/19		Planned ACTUAL																																				
Sub-total									28,500	24,000	4,500			Planned																																				
Central																																																		
		Denbigh							38,000	38,000	0	01/04/19		Planned ACTUAL																																				
		Ruthin							20,000	20,000	0	01/04/19		Planned ACTUAL																																				
		Llandudno							10,000	10,000	0	03/06/19	04/08/19	Planned ACTUAL																																				
		Abergele							23,000	23,000	0	01/04/19		Planned ACTUAL																																				
Sub-total									91,000	91,000	0																																							
WMH																																																		
		Refurbishment of Surgical and Medical Adult Ward Dirty Utility / Sluice Areas (x16)							320,000	320,000	0	01/04/19		Planned ACTUAL																																				
Sub-total									320,000	320,000	0																																							
East																																																		
		Installation of WHBs at the entrances of the community hospital wards							27,000	27,000	0	01/04/19		Planned ACTUAL																																				
Sub-total									27,000	27,000	0																																							
Fees & Non Works									117,000	64,000	53,000																																							
Vat									185,000	153,000	32,000																																							
Grand Total									895,944	980,000	-84,056																																							

TODAY'S DATE:

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RAG Status measured for:

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

Enter R, A or G

RAG Rating Definitions

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


For Planned Programme

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

For Actual Programme reporting

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

Use the DELETE key to clear entries.

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

Report Title:	Winter Monies – Utilisation of Health Board and Regional Partnership Board Monies
Report Author:	John Darlington, Assistant Director of Corporate Planning
Responsible Director:	Deborah Carter, Acting Executive Director of Nursing & Midwifery
Public or In Committee	Public
Purpose of Report:	To update the Finance and Performance Committee in respect to the work being undertaken to enable delivery over Winter 2019/20
Approval / Scrutiny Route Prior to Presentation:	Executive Team meeting held 16 th October
Governance issues / risks:	Recruitment to all staffing resources identified, to support delivery of services over winter, may not be achievable within the short timescales There may be challenge from the Regional Partnership Board in signing off the schemes identified by the Health Board
Financial Implications:	Schemes identified across each area will need to be achievable within WG winter funding allocations received to enable delivery over winter. These schemes are being prioritised.
Recommendation:	The Committee to note the funding allocations and work being undertaken to strengthen delivery over Winter 2019/20.

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

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

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

1. Introduction

The purpose of this report is to update Finance and Performance Committee in respect to the work being undertaken to enable delivery over Winter 2019/20

The report outlines the national approach, key themes for delivery and the timetable of work being undertaken with our partners to support improvement in urgent and emergency care services, such as ambulance handover, time spent in emergency departments and delayed transfer of care.

2. Background

A review of delivery over Winter 2018/19 has been undertaken across Wales led by Welsh Government and the minister has identified Regional partnership Boards as a key vehicle to support integrated planning and delivery.

WG have set out the following 7 key themes across the system for local organisations to deliver over the remainder of 2019/20, with a particular focus on Winter. Delivery of these actions with our partners will enable immediate improvement and strengthen reliance over the winter period:

- Optimising cross organisational and sector working
- Urgent primary care out of hours resilience
- Preventing unnecessary conveyance and admission to hospital
- Discharge to assess/ recover (D2AR)
- Community step down capacity
- An enhanced focus on respiratory pathway
- An enhanced focus on the frailty pathway

The Minister for Health & Social Services has agreed a package of funding available to support delivery of health and social care services over the remainder of 2019/20.

North Wales Regional Partnership board (NWRPB) have been identified as a key vehicle and has received an allocation of £3.614m with a further £2.216m allocated to BCU health Board (total £5.74m). Health Board plans are required to be submitted to Welsh Government by 23rd October via the outline framework template.

In addition, invitation of bids for further funding to support the delivery of urgent primary care schemes at cluster level and cross cluster working have been requested by WG by 26th October. These are expected to include new and traditional approaches to the provision of care out of hours, where:

- proposals which supplement out of hours (OOH) or urgent care by, for example, taking particular calls that have been triaged/re-routed as appropriate e.g. by OOH services/Ambulance/A&E/111;
- practices are not necessarily expected to 'open the doors' of a surgery, though may nonetheless make arrangements to be able to see selected patients face to face either at a surgery, at home or at their place of residence;

- the schemes should ideally be in place for the Christmas/New Year period and cover the weekend between Christmas and the New Year (28 and 29 December)
- multi-disciplinary working, remote working including 'Skype' and telephone are possible;
- the service offered is for a minimum of 15 hours per week unless there is a specific case made for less; and
- proposals to prioritise access for particular groups e.g. frail elderly, nursing home residents, infants, 'amber' category ambulance, medication related issues will be encouraged.

It has also been agreed nationally that resources from the 111 programme will be allocated specifically for urgent dental initiatives during Winter to support work around the development of an All Wales Out of Hours pathway for urgent dental care. Any proposals against the 111 monies from Health Boards have been requested by Friday 1st November 2019.

3. Key Actions and Timetable of Work

The work being undertaken to enable delivery over Winter 2019/20 has been discussed through NWRPB leadership group and a key principle agreed to ensure our collective resources are focused upon our local population needs.

Health economy leads from each area are currently developing draft plans at a health economy level through working closely with their Integrated Service Board partners.

Draft plans are to be shared with Welsh Government by 23rd October pending work to review, prioritise and agree plans by the North Wales Leadership Group on 25th October and final sign off by the NWRPB at the meeting on 7th November.

Draft cluster bids for urgent primary care schemes are being developed and will be discussed and prioritised with the Director of Primary Care for submission to Welsh Government by 26th October.

4. Recommendations

It is recommended that Finance and Performance Committee:

Receive this report and note the work being undertaken to strengthen delivery over Winter 2019/20.

Finance and Performance Committee

24.10.19



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

**To improve health and provide
excellent care**

Report Title:	Policy for Revenue Business Case Development
Report Author:	Mr Ian Howard, Assistant Director of Strategic and Business Analysis
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	To present the new Policy for Revenue Business Case Development for final approval.
Approval / Scrutiny Route Prior to Presentation:	The policy has been endorsed by the Executive Team on the 4 th of September 2019 and the Executive Management Group on the 2 nd of October 2019. As a Health Board Policy it requires formal approval by the appropriate Board sub-Committee, in line with the Policy for the Management of Health Board Wide Policies, Procedures and other Written Control Documents.
Governance issues / risks:	The policy addresses weaknesses in the Board's approach to making revenue investment decisions, as identified by both Internal Audit (BCUHB Revenue Business Cases Internal Audit Report May 2019) and PwC (Financial Baseline Review BCUHB June 2019). This is outlined in full in the enclosed paper.
Financial Implications:	The policy will improve the Health Board's control over revenue investment decisions. There are no direct financial implications associated with agreeing or implementing the policy.
Recommendation:	It is recommended that the Finance and Performance Committee approves the Policy for Revenue Business Case Development.

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 –		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			
Equality Impact Assessment <i>The EQIA of the policy is enclosed, and has previously submitted to the EMG. It concludes that no protected groups could be negatively affected by the policy, and the impact of the policy could not be discriminatory under the equality legislation. There is no requirement to proceed to a full impact assessment.</i>			

Disclosure:

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

Policy for Revenue Business Case Development

1 PURPOSE

1.1 The purpose of this paper is to present the new policy for revenue business case development for final approval by the Finance and Performance Committee, in line with the Policy for the Management of Health Board Wide Policies, Procedures and other Written Control Documents.

2 BACKGROUND

2.1 The approval and implementation of this policy will meet the requirements of both an internal audit report and the action plan arising from the PwC Financial Baseline Review.

2.2 The policy has been endorsed by the Executive Team on the 4th of September 2019 and the Executive Management Group on the 2nd of October 2019.

3 ANALYSIS/OPTIONS/NEXT STEPS

3.1 Current Position

The current arrangements in relation to business cases are as follows:

- There is existing guidance:
 - ♦ The Revenue Business Cases Guidance and Template was approved by EMG in February 2018.
 - ♦ The Health Board's Procedure Manual for Managing Capital Projects was last updated in October 2018.
- There is a decision and prioritisation tool, with weighted criteria, which was used as part of the 2019/20 planning round.
- For major capital business cases, there is a requirement to undertake a formal post-project evaluation and to present the results to the Finance and Performance Committee.
- A business tracker has been created to monitor the progress of business cases that are being developed in 2019/20, as highlighted in the Health Board's Annual Plan. The tracker will be presented regularly by the EMG.
- The Planning Principles document for 2020/21 places greater emphasis on the need for business cases to inform investment decisions, as follows: "There is no opportunity to 'bid' for additional revenue as part of the Annual Plan process. The only route for consideration of schemes outside a delegated budget envelope is through a clear business case demonstrating benefits realisation and contribution to the overall financial position."

3.2 Issues

There have been two recent reviews of the revenue business case process, one by Internal Audit¹ and one by PwC.² They raise two main issues:

1. The current revenue business case guidance is not routinely followed, so that investment decisions can be made without the rigour required by the business case process
2. There is insufficient clarity about who can make what investment decisions.

Specifically, the recommendations and management response to the audit are as follows:

Recommendation	Management Response
The Finance Directorate ensure all revenue business cases are subject to scrutiny in accordance with the approved guidance.	<p>A log of all Business Cases that have been submitted as part of the 2019/20 Financial Plan has now been produced, and will be maintained by the Planning Accountant.</p> <p>This is supporting a review of all new business cases included within the 2019/20 financial plan by the Finance & Performance Committee.</p> <p>Before any business case is submitted to the Executives for approval, a formal sign-off of the financial implications by the finance department will need to be evidenced within the document.</p> <p>If a formal sign-off is not evident, then the business case will be rejected immediately.</p>
<p>The Assistant Director - Strategic and Business Analysis considers publishing this guidance as a formal operational procedure / Policy to be followed across the Health Board.</p> <p>The Health Board considers including financial limits by which decisions are delegated.</p>	<p>Following discussion with the Deputy Board Secretary, it has been agreed that the guidance (when amended in light of this audit) will be published as a Non-Clinical Procedure, in line with the Policy for the Management of Health Board Wide Policies, Procedures and other Written Control Documents.</p> <p>As a "Non-Clinical other written control document BCU wide" it will go to the Executive Team or EMG for approval.</p>

¹ BCUHB Revenue business cases Internal Audit Report May 2019

² Financial Baseline Review BCUHB June 2019

	The revised guidance will specifically include financial limits which are in line with the Scheme of Delegation and SFIs.
Given the importance of this area, this training should be brought forward and targeted at key posts across the Health Board structure where there is a need for the post to develop / input into business cases.	Agreed. Discussions are being held with OD to agree the best way to accelerate the training. [subsequent to this response it has been agreed to provide internal training through the Transformational Leadership Programme, and to procure some external training.]

The issues raised in the PwC report and the organisation's response are summarised in the Financial Recovery Plan Appendix as follows:

Area: Investment				
Observation	Recommendation	Action	Progress	Final Status
<p>The Board has a business case template and guidance, however this does not appear to have been consistently followed for items included in the FY 19/20 plan.</p> <p>This guidance does not outline the key stages to approval or how the Board strategically assesses investments.</p>	<p>The Board is reviewing the business case policy and approval process currently. This should ensure the policy includes clear requirements for improvement to quality / services and financial viability, and ensure this is communicated and followed.</p> <p>This should include a clear process for holding project leads to account, clear viability criteria and routes for approval.</p>	<p>A draft schedule of revenue and capital business cases is now in existence and will be shared with Executives - June.</p> <p>May F&P is received a detailed report confirming the governance behind new investments in the interim 2019/20 Annual Plan.</p> <p>The business case process has recently been reviewed by internal audit and an action plan has been developed.</p> <p>A further revision will reflect best practice in Welsh NHS and will be presented to F&P</p>	<p>All these actions are on track.</p> <p>UPDATE: As part of the action plan addressing the Internal Audit, the organisation's various guidance on business cases will be reviewed, refreshed and relaunched, together with an overarching framework documents which clarifies the various scenarios when BCs are required.</p>	<p>We are adopting a revised BC process which has been live in shadow form from September 2019, prior to anticipated formal adoption by F&P in October 2019.</p>
The lack of evidence of governance around investments in the FY 19/20 plan demonstrates a clear		Report to May Finance and Performance Committee (MW 14.05.19). The	Report presented and approved at May F&P committee.	This will be addressed in the Business Case process which has been live in shadow

issue in the ability for the Board to make informed decisions, which could lead to investment without appropriate strategic, financial or quality assessment		discipline and consistency around the prioritisation and approval of investments will be reviewed and actioned as part of the financial improvement programme (SH 14.05.19)	UPDATE: Revision of business case templates and guidance underway, and will support good governance.	form from September 2019, prior to anticipated formal adoption by F&P in October 2019. Specific guidance will be included for investments.
We noted 3 sampled items were all reflective of increased pressures in FY 18/19. Without sufficient supporting evidence, it is not possible to agree whether these have been appropriately included as investments or fit the requirements for 'Healthier Wales' funding.		The business case and planning processes will be further integrated for the 20/21 budgeting cycle.	A draft planning timetable is being presented to F&P in July. UPDATE: BC templates and guidance is also being reviewed.	Taken up under the new BC process.

In terms of Capital, there are not the same issues. The 2018/19 Internal Audit Report on Capital Systems gave "reasonable assurance" overall - including statements that:

- "the capital prioritisation and mechanisms for the allocation of capital funding were appropriately defined";
- "the assessment criteria was standardised, transparent and aligned with the key objectives of UHB / wider health community; and was undertaken by a suitable individual / group"
- "the programme was presented to an appropriate forum for approval and evidence was obtained to demonstrate: details of the rationale applied and resulting priorities; links to previous prioritisation bids, any conditions / caveats highlighted and explained; and where applicable, arrangements were in place to amend the programme subsequent to its formulation."

As regards major capital business cases, the WAO in their 2018 Structured Assessment of BCUHB, concluded that "the capability to prepare large or complex capital business cases is generally good."

Based on these assessments, no changes are proposed in the way capital business cases are managed.

3.3 The Creation of a Policy for Revenue Business Case Development

In accordance with the audit recommendation the business case guidance has been amended, and created as a Non-Clinical Procedure, in line with the Policy for the Management of Health Board Wide Policies, Procedures and other Written Control Documents. The policy incorporates good practice from Blackpool Teaching Hospitals NHS Foundation Trust, and addresses the issues raised by Internal Audit and PwC. It introduces a more rigorous system of review, and gives clarity about the approval routes for business cases.

The main changes from the previous guidance are as follows:

- The requirement to create a Business Case Brief – a short summary of the case – and get this signed off by an Executive Sponsor – before a business case is produced (p.6);
- The creation of a Health Board Review Team to scrutinise business cases before they are considered by the approving Committee (p.7);
- Sign-off sheets as part of the business case submission (p.11);
- Greater clarity about powers to approve business cases, including delegated limits for Areas/Divisions/Corporate functions (p.8);
- Greater emphasis on post-project evaluation, including the potential to dis-invest in a service if the proposed benefits are not delivered (p.9).

4 RECOMMENDATIONS

4.1 That the Finance and Performance Committee approves the Policy for Revenue Business Case Development.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Version &
Reference
Number

Policy for Revenue Business Case Development

Author & Title	Ian Howard, Assistant Director of Strategic & Business Analysis Eric Gardiner, Finance Director, Provider Services				
Responsible dept. / director:	Mark Wilkinson, Executive Director of Planning and Performance				
Approved by:	Finance and Performance Committee				
Date approved:	24/10/19				
Date activated (live):	24/10/19				
Documents to be read alongside this document:	-				
Date of next review:	3 years				
Date EqlA completed:	September 2019				
First operational:	24/10/19				
Previously reviewed:	N/A				
Changes made yes/no:	N/A				

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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1. Introduction and Purpose

The purposes of this policy are: to provide guidance on the production of revenue business cases, and to outline how business cases are used to inform resource allocation decisions in the Health Board.

The intention is to make the production and rigorous appraisal of a business case a prerequisite for any significant investment decisions affecting use of resources. This guidance has been written to ensure that there is a coherent and consistent process for the production and appraisal of business cases across BCUHB. It gives clarity about which individuals or committees have the authority to approve business cases.

It is important that proposals for investment are clearly articulated and evidence-based - with a full understanding of both benefits and costs. The Health Board needs to ensure that priority is given to cases which further the Health Board's strategic aims, clearly articulate credible and measurable benefits, and represent value for money.

Proposals also need to be affordable. Areas, Divisions and Corporate Departments need to be realistic about the amount of resources available and consider all possible sources of funding, including the re-allocation of existing budgets.

2. Scope

Business cases are required for all significant resource investment decisions, including those funded from external sources.

The process outlined applies to business cases that are seeking primarily revenue investment.

The process for schemes primarily seeking capital investment, that is one-off expenditure on items such as buildings and equipment, is outlined in the Procedure Manual for Managing Capital Projects. The Manual covers how to address the revenue implications of capital expenditure (e.g. ongoing maintenance of equipment once acquired).

This policy applies to all of the Health Board.

3. Roles and Responsibilities

3.1 The Director with overall responsibility for this policy is the Director of Planning and Performance.

3.2 It is the responsibility of all Areas, Divisions and Departments to adhere to this policy as part of their planning and budgetary management processes.

4. Guidelines for the production of a business case

4.1 What a Business Case is

Essentially a business case is a document which: outlines the proposal for making an investment decision; states how the scheme will be delivered; describes the benefits

that will be achieved; and outlines the approach to post-project evaluation. It makes a clear recommendation to a decision-maker.

The business case must demonstrate that the proposal is:

- supported by a compelling case for change
- the best value for money solution to the issue(s) it seeks to address
- affordable
- deliverable

4.2 When a Business Case is Required

A written Business Case is required whenever resource is needed for a project / development. Examples include:

- When funding is required for a service development which is not already within a delegated budget
- When additional staff resource is required over and above the existing approved establishment
- When Health and Safety regulations need to be met

A business case is not required to address existing cost pressures for a service which is already being provided. Cost pressures will be considered through the annual budget setting process. If there is any doubt about whether something is a cost pressure or a service development, this should be discussed with the appropriate Finance Officer.

4.3 The Business Case Template

Using a standard template will make it easier to make comparisons between competing priorities for investment. The template also ensures that all of the essential elements of a case (see below) are addressed. The template (Appendix A) must be used for all business cases. The detailed guidance on its completion is enclosed as Appendix B.

In the event that an external funder is involved with specific business case requirements, any proposal to use a business case format different from the template required under this policy should be pre-approved by a member of the Executive Team. The principles of this policy will still need to be applied.

4.4 Proportionality and the Essentials of a Good Business Case

It is important that the resources committed to producing the business case and the depth of the analysis should be proportionate to the scale, the potential risks and the benefits associated with the project. For simple proposals it may be that some elements of the template need to be addressed only briefly. It may save time and effort to have an early discussion with the decision-maker or project sponsor about what level of information and analysis is required for a particular case.

The main point is that all business cases must make a clear and coherent argument in support of what they are proposing. This will involve covering the core of a good business case as follows:

1. What challenges and/or opportunities the case addresses, and a clear case for change (including the consequences of doing nothing, or continuing with business as usual)
2. Realistic options to address the challenges or opportunities, and the reasons for selecting the recommended option
3. SMART objectives and benefits (*Specific, Measurable, Achievable, Relevant, Timely*) – these will be key to assessing the success of a business case, and whether funding will be made recurrent
4. An assessment of the Equality Impact of the proposal, and any other relevant impact assessments
5. How much money, people and time will be needed to deliver the solution and realise the benefits
6. How the proposal is affordable
7. Any significant risks in the proposed solution, and how they will be addressed
8. A timeline for implementation, and the delivery of the benefits associated with the scheme.
9. A clear and realistic approach to post-project evaluation

In terms of objectives, it is worth reflecting on guidance from HM Treasury and Welsh Government¹ that business case objectives will generally address one or more of the following areas:

- To improve the quality of public services in terms of the delivery of agreed outcomes (**effectiveness**). For example, by meeting new policy changes and operational targets.
- To improve the delivery of public services in terms of outputs (**efficiency**). For example, by improving the throughput of services whilst reducing unit costs.
- To reduce the cost of public services in terms of the required inputs (**economy**). For example, through 'invest to save' schemes and spend on innovative technologies.
- To meet statutory, regulatory or organisational requirements and accepted best practice (**compliance**). For example, new health and safety legislation or building standards.
- To re-procure services in order to avert service failure (**replacement**). For example, at the end of a service contract or when an enabling asset is no longer fit for purpose.

The specific criteria that will be used in BCUHB to appraise business cases are outlined in Appendix C.

It is obviously important that a case is in line with local and national policies and strategies, including those outlined in *A Healthier Wales, the Well-being of Future Generations Act and the Social Services and Well-being Act*. These policies and strategies are outlined fully in the organisation's Operational Plan and Medium Term Plan. Cases also need to align with BCUHB's overall strategy, including its well-being objectives.

¹ Guide to Developing the Project Business Case – Better Business Cases for Better Outcomes – HM Treasury and Welsh Government 2018

5. The Business Case Process

5.1 Fit with the Annual Planning Cycle

The production of business cases to support resource allocation decisions is an integral part of the Health Board's planning process. The vast majority of cases will be developed as part of the annual cycle of producing and implementing Health Economy, Divisional and Corporate plans. These plans should clearly state what business cases (if any) will be produced over the period covered by the plan, the timetable for production and the intended approval route.

The Planning Department will produce a Business Case Tracker, to track the progress of Business Cases which are included in the Health Board's Annual Plan and the Health Economy Plans. The tracker will be submitted to the EMG on a regular basis. Areas, Divisions and Departments must provide monthly updates on the progress of business case development.

The business case should be produced in line with the Health Boards Planning Principles.

When, in exceptional circumstances, an investment decision is required outside the planning cycle it is important that a robust business case is still produced and receives appropriate scrutiny.

5.2 The Business Case Brief

For every business case whose development is proposed in the annual plans, the first stage is to complete a Business Case Brief (see Appendix D). The purpose of this document is to set out a very short summary (2 sides of A4 maximum) of the proposed business case, in order to determine whether there is support for developing a full business case. An Executive Director sponsor should be identified, and will need to approve the Business Case Brief prior to progressing to a full business case.

5.3 Development of the Business Case

- i. When the Business Case Brief has been approved, the business case should be completed, using the business case template (Appendix A), and reviewed by the appropriate Area/Division.
- ii. Completion must include the declaration section, with appropriate signatures obtained, before the scrutiny process begins.
- iii. Completed business cases should be submitted to the planning department (Assistant Director of Strategic and Business Analysis) for the next stage of the process.

5.4 Scrutiny of the Business Case by the Health Board Review Team

After going through the appropriate local Area/Division processes each business case will be reviewed by a panel of Senior Managers (the Health Board Review Team - HBRT).

The HBRT will be chaired by the Director of Planning and Performance Management. It will conduct its business through a combination of face-to-face meetings and virtual meetings. Membership will be as follows:

- Senior representative of the Director of Nursing
- Senior representative of the Medical Director
- Assistant Director of Strategic and Business Analysis
- Senior representative of the Director of Human Resources
- Senior representative of the Director of Finance
- Chief Information Officer or their senior representative
- Director of Estates and Facilities, or their senior representative
- Chief Pharmacist, or their senior representative
- Senior representative of the Director of Public Health
- Senior representative of the Director of Therapies and Health Science
- Clinical Director of Therapy Services, or their senior representative
- Head of Capital

Each member of the Health Board Review Team must nominate a deputy who can undertake the review on their behalf so that absence such as annual leave does not impact on the process.

This team will undertake the following key functions:

- i. To review business cases constructively, and provide advice and guidance about how they can be improved;
- ii. To ensure that the business case has sufficiently addressed issues for each professional area represented by the HBRT (any questions arising from this will be referred back to the business case author);
- iii. To score each business case against the Health Board's criteria (enclosed as Appendix C).
- iv. To recommend to the decision-making body whether the business case is of sufficient quality to be approvable. This is not the same as saying that it should be approved – which will depend on resource availability and the merits of competing cases and is a judgement for the relevant approving body;
- v. To receive a post implementation review of approved business cases, and make appropriate recommendations to the original approving committee.

To recommend the timescale by which the project/development, if ultimately approved, will be required to undertake a post-implementation review and report it back to the HBRT and the initial decision making body.

Initial feedback, including any suggestions for how the case could be strengthened, will be sent back to the author within 15 working days of it being received. Authors may wish to submit a final version taking account of this feedback.

A final recommendation will be made by the HBRT within 10 working days of receiving the final version of the case.

The Assistant Director of Strategic and Business Analysis will collate the views of the Team for feedback to the authors and for the final recommendation.

5.5 Powers to Approve a Business Case

The following guidelines are to be applied when determining investment decisions:

- a. As a principle, decisions should be made at the appropriate level in the organisation, with more operational decisions being made in Areas and Divisions, and more strategic decisions being made at an Executive level.
- b. Authority for making decisions has to be consistent with budget envelopes and the delegated limits in the organisation's Standing Financial Instructions and Standing Orders.
- c. Whenever possible business case investments should be considered as part of the annual budget setting cycle, linked to the annual planning cycle.
- d. Areas, Divisions and Corporate Departments can only approve business cases for additional expenditure if they can identify the funding within their signed-off budgets (including savings targets and any specific sources of funding), and can only approve recurring expenditure up to a maximum of £250,000.
- e. Any business case which commits over £250,000 of recurring revenue must be considered by the EMG and the Executive Team.
- f. There may be occasions when a business case will be of sufficient significance to be considered by the EMG and the Executive Team even when the expenditure and budgetary conditions in [d] are met. "Significance" is a combination of the degree to which the decision affects people (patients and staff), how controversial it may be, and the scale of the investment. The threshold for this will entail an element of judgement. Where there is any doubt, the advice of the Director of Planning and Performance should be sought.
- g. The Executive Team may decide that specific cases need to be considered by the Board, and/or an appropriate Board Committee.
- h. All business cases committing over £1 million of recurring revenue must be signed off by the Finance and Performance Committee and the Board.

5.6 Post Implementation Review

Each approved business case will be subject to a post-implementation review which will be reported back to the HBRT and the initial decision-making body to ensure that the benefits outlined in the business case have been achieved.

This is an essential part of the process which needs to be carried out thoroughly and systematically, and is directly linked to whether funding will be made recurrent. Specifically, where the benefits have been achieved the funding will be made recurrent. Where the benefits have not been achieved a recommendation will be made to the initial decision-making body as to whether: mitigating actions should be undertaken (and the case brought back at an agreed later date for further review); or whether the funding for the business case should cease.

6. Implementation

This policy is implemented with immediate effect.

7. Audit

Compliance with this policy will be reviewed by Internal Audit as required.

8. Review

As a minimum this policy will be reviewed every three years.

Appendix A: Business Case Template

Division / Area / Department	
Development or Scheme Title	
Author/s	
Executive Sponsor	
Version	
Date	

1.	Executive Summary
2.	The Strategic Case
2.1	Introduction
2.2	Strategic Context
2.2.1	Organisational Overview
2.2.2	Relevant National and Local Strategies
2.2	The Case for Change
2.2.1	Existing Arrangements
2.2.2	Issues and Risks with the Existing Arrangements – What is Wrong with the Status Quo
2.2.3	Scope of the Case
2.2.4	Objectives and Benefits
2.2.5	Constraints
2.2.6	Dependencies
3.	Options
3.1	Criteria for Option Appraisal
3.2	Longlist of Options
3.3	Appraisal of Longlist and Creation of Shortlist of Options
3.4	Appraisal of Shortlisted Options
3.4.1	Appraisal against Non-Financial Criteria
3.4.2	Comparative Costs
3.4.3	Risk Appraisal
3.4.4	Conclusion – Preferred Option
3.5	Preferred Option Detailed Analysis
3.5.1	Full Description of the Proposed Change
3.5.2	Impact on Activity and Performance
3.5.3	Other Areas affected by the Proposal / Interdependencies / Assumptions
3.5.4	EqlA of the Preferred Option
4.	The Financial Case
4.1	Revenue Cost
4.2	Capital Cost (If Any)
4.3	Affordability and Source of Funding
5.	Governance and Project Management
5.1	Approval Route
5.2	Project Management

5.3	Project Plan – Implementation Timeline		
5.4	Post Implementation Review		
6.	Conclusions and Recommendations		
7.	Declarations		
<input type="checkbox"/> The above information has been reviewed to ensure it is accurate and represents a true and fair view of the service to be provided, the benefits and the costs			
<input type="checkbox"/> Where third parties have provided information this is in writing/e-mail format and they have confirmed it is correct to the best of their knowledge			
<input type="checkbox"/> Where the business case has an impact on another Area/Division/Department the impact has been agreed with that Area/Division/Department in writing and the relevant Mangers have signed below to confirm			
Signed by:			
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>.....</p> <p>Area/Corporate/Secondary Care Director</p> </div> <div style="width: 30%;"> <p>.....</p> <p>Area/Secondary Care Nurse Director</p> </div> <div style="width: 30%;"> <p>.....</p> <p>Area/Secondary Care Medical Director</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>.....</p> <p>Chief Finance Officer</p> </div> <div style="width: 30%;"> <p>.....</p> <p>Director / Asst. Director (Other Area/Corporate if required)</p> </div> <div style="width: 30%;"> <p>.....</p> <p>Director / Asst. Director (Other Area/Corporate if required)</p> </div> </div>			

Appendix B: Business Case Template Guidance

This appendix provides guidance for completing each section of the business case template.

As outlined in the main body of the guidance, using a standard template will make it easier to make comparisons between competing priorities for investment. The template also ensures that all of the essential elements of a case are addressed.

However if not approached correctly a template can result in a disjointed / "tick box" document, where it is not easy to follow the core argument being made. The focus in writing a business case should be on making a compelling argument that outlines the following:

1. What challenges and/or opportunities the case addresses, and a clear case for change (including the consequences of doing nothing, or continuing with business as usual)
2. Realistic options to address the challenges or opportunities, and the reasons for selecting the recommended option
3. SMART objectives and benefits (*Specific, Measurable, Achievable, Relevant, Timely*)
4. An assessment of the Equality Impact of the proposal, and any other relevant impact assessments
5. How much money, people and time will be needed to deliver the solution and realise the benefits
6. How the proposal is affordable
7. Any significant risks in the proposed solution, and how they will be addressed
8. A timeline for implementation, and the delivery of the benefits associated with the scheme.
9. A clear and realistic approach to post-project evaluation

It is also important that the resources committed to producing the business case and the depth of the analysis should be **proportionate to the scale, the potential risks and the benefits associated with the project**. For simple proposals it may be that some elements of the template need to be addressed only briefly. For example in most cases the "Organisational Overview" (2.2.1) will only need to be a brief paragraph saying where a service fits into the organisation's overall structure, and "Existing Arrangements" will only rarely need to be an exhaustive description of the service. It may save time and effort to have an early discussion with the decision-maker or project sponsor about what level of information and analysis is required for a particular case.

1. Executive Summary

The executive summary provides a short headline summary of the Business Case in a maximum of 1-2 sides of A4. It is generally best written when the full document is complete and will briefly cover all of the 10 core elements of a business case outlined above.

2. The Strategic Case

The strategic case demonstrates that the proposal fits with the organisation's strategy and is founded upon a robust and evidence-based case for change. This includes the

justification of why intervention is required, a clear definition of the scope of the project and the measurable benefits to be achieved.

2.1 Introduction

This section should give a clear introduction to the business case, including the subject being addressed and details of who has prepared it and if external advice has been sought and used.

2.2 Strategic Context

2.2.1 Organisational overview: this should provide a very brief overview of where the service sits within the organisation.

2.2.2 Relevant national and local strategies: a summary of relevant national and local policies and strategies – stating clearly how they are relevant to the case.

2.3 The Case for Change

This section should demonstrate that there is a case for change based on a rigorous assessment of the issues associated with the status quo.

2.3.1 Existing arrangements: a summary of how the service is delivered now.

2.3.2 Issues and risks with the existing arrangements: explain what is wrong with the status quo, or how it can be improved. This should include what risks there are in carrying on with the current arrangements. Reference should be made to where these risks appear on the corporate risk register, and their risk score.

2.3.3 Scope of the case: driven by the risks and issues identified in 2.3.3, define what specific issues this case is seeking to address, and what services are affected. It is often helpful to be explicit about what is **not** in the scope of the case and the thinking behind this judgement as well.

2.3.4 Objectives and benefits: a clear set of objectives and benefits, using the SMART methodology (Specific, Measurable, Achievable, Relevant and Time bound). **This is a key element of the case, which defines what benefits will be delivered for the proposed investment.**

2.3.5 Constraints: explain any specific things that limits the range of possible solutions available – e.g. ruling out very expensive solutions, solutions that do not meet legislation, or solutions that are reliant on the ability to recruit staff when an analysis of the labour market suggests that this is not realistic.

2.3.6 Dependencies: if the case is relying on, or linked to, other proposed changes this needs to be made clear.

3. Options

This section goes through the process for deciding what the final proposal is. Essentially this is done by developing options and appraising them against non-financial criteria, comparing their costs, and assessing their level of risk.

3.1 Non-Financial Criteria for Option Appraisal

The appropriate criteria for an individual case may vary, depending on what the key benefits are, and what realistic options there are for delivering those benefits. A useful starting point is to consider simply using the Health Board's overall factors and criteria, as outlined in Appendix C. Another common set of criteria is: Patient Care; Quality & Safety; Operational; Acceptability to patients, staff, public etc.; Accessibility; Effectiveness; Flexibility.

3.2 Longlist of Options

A long list of options should be generated, considering the following variables and anything else considered relevant:

- **How** the service should be delivered (possible variables include: on how many sites; what volume of service should be provided; what opening hours; what level of staffing with what skill mix).
- **Who** should deliver the service e.g. solely by the Health Board, or in combination with other organisations
- Over what **time period** should the solution be developed e.g. all at the same time, or a phased approach
- **Source of funding** e.g. existing budgets; reallocation of BCUHB funds; bidding for external resource; part-funding from partner agencies; income generation.

3.3 Appraisal of Longlist and Creation of Shortlist of Options

The longlist should be appraised against the criteria and a shortlist of 3 or 4 options should be created.

The short-list may be emerge easily, based on a high-level analysis. In other cases a substantial amount of work may need to be done at this stage to ensure that feasible solutions are not dismissed too early in the process.

The short-list should always include the status quo, or “business as usual” option, as a baseline comparator with the other options.

3.4 Appraisal of Shortlisted Options

This section narrows down the shortlist to the single preferred option which is recommended in the conclusion to the business case.

3.4.1 Appraisal against Non-Financial Criteria

The shortlisted options should be fully appraised against the non-financial criteria. Weighting and scoring of each option against the criteria may be used, but the basis for the judgements behind the scores must be clearly stated and evidenced.

3.4.2 Comparative Costs

The revenue (and any capital) cost of each option must be stated, and signed off by the appropriate Finance Officer.

3.4.3 Risk Appraisal

The risks of each shortlisted option must be considered. For the “status quo” option this will be the risks outlined in the strategic section of the case. For the other options it will be the risks associated with implementing the proposed solution – e.g. the likelihood of recruiting the staff proposed, and the risk of either incurring high locum / agency costs or not being able to provide the whole service.

3.4.4 Conclusion – Preferred Option

The preferred option is based on a review of the relative benefits, costs, and risks of each option. The basis for the selection of the preferred option should be clearly stated.

3.5 Preferred Option Detailed Analysis

This section sets out a full description of the preferred option. It is particularly important that:

- the impact on activity and performance is articulated
- the impact on other areas is described (and signed off as appropriate)
- an EqIA is undertaken.

4. The Financial Case

The financial case should set out in full the revenue (and any capital) implications of the preferred option.

This must include the in-year cost and the recurrent cost with the phasing of any expenditure.

The costs for other departments and services must be shown, with the accuracy of those figures being confirmed by the department[s] concerned.

The source of funding should be identified.

5. Governance and Project Management

- 5.1 **Approval Route:** the case should state all of the committees that will review the case, and which committee is assumed to have the ultimate decision-making power.
- 5.2 **Project Management:** the structure for managing the project should be outlined, including who is the Project Director and the Senior Responsible Owner.
- 5.3 **Project Plan - Implementation Timeline:** the timeline should include: assumed date of approval; service start date; any other key milestones.
- 5.4 **Post Implementation Review:** the timescale the post-implementation review should be stated, including the date it will be considered by the approving committee. The case also needs to make clear what steps would be taken if a project is not delivering the benefits described in the business case – including the potential to cease provision of the service.

6. Conclusions and Recommendations

A simple statement of the proposal being recommended for approval.

7. Declarations

The appropriate signatures must be obtained before a case can be submitted for scrutiny. This must include the signatures of any other Area/Division/Department materially affected by the proposal.

Appendix C: Criteria for the Appraisal of Business Cases

Factor to Consider	Criteria	Comment
Does it work?	1. Clinical effectiveness	Is there evidence of clinical effectiveness?
	2. Health gain	Is there evidence of a health gain? i.e. Life expectancy, healthy life expectancy, quality of life and risk factors
Does it add value to society?	3. Strategic fit	Does it reflect the Health Boards strategic goals, or is it a national priority?
	4. Public & Political	What is the public and political impact? Need to reflect proportionality: a balance between the needs of a group of patients, and that of the wider community
	5. Health Inequalities	Does it reduce or widen health inequalities?
Is it the best way of delivering the service?	6. Impact on services elsewhere	Is there an impact for other HB service areas or for other interventions? Is there an impact for non HB services? Is it to be provided by the HB or be externally commissioned?
	7. Workforce implications	Will it increase, decrease or change human resources and skill mix?
	8. Geography	Does it address the needs of our rural population?
Is it a reasonable cost to the public?	9. Affordability	Does it release resources for alternative uses? What are the opportunity costs for other services or interventions (including those of partners)? Is it affordable?
	10. Cost effectiveness	What is the funding source? 1. Existing Resources 2. Disinvestment 3. New Resource allocation 4. Existing Pathway redesign

Appendix D: Business Case Brief

The purpose of this document is to set out a very brief summary of the proposed business case, in order to determine whether there is support for developing a full business case. An Executive Director sponsor for the case should be sought before proceeding to a full business case.

1. **Rationale for the Business Case:** This should set out the opportunity or issue / challenge which the business case is seeking to address.
2. **Potential Options:** This should set out the potential options for addressing the opportunity or issue / challenge, and if known at this stage, the likely preferred option and the rationale for this.
3. **Financial Implications to BCUHB / Commissioners:** This should identify an estimate of the likely revenue (income and cost) and capital costs associated with the potential options. It is acknowledged that these will just be an estimate at this stage, to give a likely order of magnitude

Benefits: This should set out the anticipated benefits arising from developing and implementing the proposed options (and preferred option if applicable). Benefits could fall in a number of areas including: improvements to quality including patient experience, patient safety and outcomes; improvements to productivity / efficiency; financial benefits; workforce benefits.



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IT FORMS

PARTS A (Screening – Forms 1-4) and
B (Key Findings and Actions – Form 5)

For:	Revenue Business Cases: Policy and Guidance
Date form completed:	24 th September 2019



FINDINGS AND ACTIONS

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.

Remember, the term 'policy' is used in a very broad sense to include "...all the ways in which an organisation carries out its business" so can include any or all of the above.

Assessing Impact

As part of the preparation for your assessment of impact, consideration should be given to the questions below.

You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue.

It is increasingly recognised that discrimination can occur on the basis of more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and / or a disability as well. The experience of black women, and the barriers they face, will be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about:

- ✓ *How does your policy / proposal promote equality for people with protected characteristics (Please see the General Equality Duties)?*
- ✓ *What are the possible negative impacts on people in protected groups and those living in low-income households and how will you put things in place to reduce / remove these?*
- ✓ *What barriers, if any, do people who share protected characteristics face as a result of your policy / proposal? Can these barriers be reduced or removed?*
- ✓ *Consider sharing your EqIA wider within BCUHB (and beyond), e.g. ask colleagues to consider unintended impacts.*
- ✓ *How have you/will you use the information you have obtained from any research or other sources to identify potential (positive or negative) impacts?*

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?	Revenue Business Cases: Policy and Guidance
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>The purposes of this policy are:</p> <ul style="list-style-type: none"> ▪ to provide guidance on the production of revenue business cases, and to outline how business cases are used to inform resource allocation decisions in the Health Board. ▪ to ensure the production and rigorous appraisal of a business case is a prerequisite for any significant investment decisions affecting use of resources. ▪ to ensure that there is a coherent and consistent process for the production and appraisal of business cases across BCUHB. ▪ to provide clarity about which individuals or committees have the authority to approve business cases. ▪ that proposals for investment are clearly articulated and evidence-based with a full understanding of both benefits and costs. ▪ to ensure that priority is given to cases which further the Health Board's strategic aims, clearly articulate credible and measurable benefits, and represent value for money. ▪ that proposals are affordable.
3.	Who is responsible for whatever you are assessing - i.e. who has the authority to agree / approve any changes you identify are necessary?	<p>Mark Wilkinson</p> <p>Executive Director, Planning and Performance</p>
4.	Is the Policy related to, or influenced by, other Policies/areas of work?	<ul style="list-style-type: none"> ▪ BCUHB Procedure Manual for Managing Capital Projects October 2018 ▪ BCUHB Procedure Manual for Managing Capital Project: Addendum October 2018 ▪ BCUHB Standing Orders ▪ BCUHB Standing Financial Instructions ▪ BCUHB Annual and Health Economy Plans
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	Betsi Cadwaladr University Health Board and its employees

Part A

Form 1: Preparation

6.	What might help/hinder the success of whatever you are doing, for example communication, training etc.?	<ul style="list-style-type: none">▪ Effective implementation of the Corporate Strategies▪ Availability of required training for BCUHB employees
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please complete the next section to show how this policy / proposal could have an impact (positive or negative) on the protected groups listed in the Equality Act 2010. *(Please refer to the [Step by Step guidance](#) for more information)* It is important to note any opportunities you have identified that could advance or promote equality of opportunity. This includes identifying what we can do to remove barriers and improve participation for people who are under-represented or suffer disproportionate disadvantage.

Lack of evidence is not a reason for *not assessing equality impacts*. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

Remember to ask yourself this: If we do what we are proposing to do, in the way we are proposing to do it, will people who belong to one or more of each of the following groups be affected differently, compared to people who don't belong to those groups? i.e. Will they experience different outcomes, simply by reason of belonging to that/those group(s). And if so, will any different outcome put them at a disadvantage?

The sort of information/evidence that may help you decide whether particular groups are affected, and if so whether it is likely to be a positive or negative impact, could include (but is not limited to) the following:

- population data
- information from EqlAs completed in other organisations
- staff and service users data, as applicable
- needs assessments
- engagement and involvement findings and how stakeholders have engaged in the development stages
- research and other reports e.g. Equality & Human Rights Commission, Office for National Statistics
- concerns and incidents
- patient experience feedback
- good practice guidelines
- participant (you and your colleagues) knowledge

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: "Is Wales Fairer (2018)?" You can also visit their website here	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Age (e.g. think about different age groups)		No			There are no aspects of this policy which affect protected characteristics and other groups	
Disability (think about different types of impairment and health conditions:- i.e. physical, mental health, sensory loss, Cancer, HIV)		No			There are no aspects of this policy which affect protected characteristics and other groups	
Gender Reassignment (sometimes referred to as 'Gender Identity' or transgender)		No			There are no aspects of this policy which affect protected characteristics and other groups	
Pregnancy and maternity		No			There are no aspects of this policy which affect protected characteristics and other groups	
Race (include different ethnic minorities, Gypsies and Travellers). Consider how refugees and asylum-seekers may be affected.		No			There are no aspects of this policy which affect protected characteristics and other groups	
Religion, belief and non-belief		No			There are no aspects of this policy which affect protected characteristics and other groups	

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Sex (men and women)		No			There are no aspects of this policy which affect protected characteristics and other groups	
Sexual orientation (Lesbian, Gay and Bisexual)		No			There are no aspects of this policy which affect protected characteristics and other groups	
Marriage and civil partnership (Marital status)		No			There are no aspects of this policy which affect protected characteristics and other groups	
Low-income households		No			There are no aspects of this policy which affect protected characteristics and other groups	

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: <http://howis.wales.nhs.uk/sitesplus/861/page/42166> The Articles (Rights) that may be particularly relevant to consider are:

- *Article 2 Right to life*
- *Article 3 Prohibition of inhuman or degrading treatment*
- *Article 5 Right to liberty and security*
- *Article 8 Right to respect for family & private life*
- *Article 9 Freedom of thought, conscience & religion*

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
	No			No	There are no aspects of this policy which affect Human Rights	

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Welsh Language:

There are 2 key considerations to be made during the development of a policy, project, programme or service to ensure there are no adverse effects and / or a positive or increased positive effect on:

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language		No			There are no aspects of this policy which affect Human Rights and Welsh Language	
Treating the Welsh language no less favourably than the English language		No			There are no aspects of this policy which affect Human Rights and Welsh Language	

Part A Form 4: Record of Engagement and Consultation

Please record here details of any engagement and consultation you have undertaken. This may be with workplace colleagues or trade union representatives, or it may be with stakeholders and other members of the community including groups representing people with protected characteristics. They may have helped to develop your policy / proposal, or helped to identify ways of reducing or removing any negative impacts identified.

We have a legal duty to engage with people with protected characteristics under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could impact upon vulnerable and/or disadvantaged people.

What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods.	Engagement has taken place i.e.: senior members of the planning and performance directorate have reviewed / commented.
Have any themes emerged? Describe them here.	No
If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?	N/A

For further information and help, please contact the Corporate Engagement Team – see their intranet page at:- <http://howis.wales.nhs.uk/sitesplus/861/page/44085>

Part B Form 5: Summary of Key Findings and Actions

1. What has been assessed? (Copy from Form 1)	Revenue Business Cases: Policy and Guidance
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2. Brief Aims and Objectives: (Copy from Form 1)

The purposes of this policy are:

- to provide guidance on the production of revenue business cases, and to outline how business cases are used to inform resource allocation decisions in the Health Board.
- to ensure the production and rigorous appraisal of a business case is a prerequisite for any significant investment decisions affecting use of resources.
- to ensure that there is a coherent and consistent process for the production and appraisal of business cases across BCUHB.
- to provide clarity about which individuals or committees have the authority to approve business cases.
- that proposals for investment are clearly articulated and evidence-based with a full understanding of both benefits and costs.
- to ensure that priority is given to cases which further the Health Board's strategic aims, clearly articulate credible and measurable benefits, and represent value for money.
- that proposals are affordable.

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could the impact of your policy or proposal be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your policy or proposal of high significance? For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Part B Form 5: Summary of Key Findings and Actions

4. Did your assessment findings on Forms 2 & 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"/>
	<p>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, Human Rights and Welsh Language?</p> <p>No requirement for Full Impact Assessment to be completed</p>	
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing 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 policy or proposal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	How is it being monitored?	Planning & Performance Senior Management Team
	Who is responsible?	Overall responsibility: Executive Director, Planning and Performance Directorate
	What information is being used?	E.g. will you be using existing reports/data or do you need to gather your own information? Regular review of Business Case Tracker
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	Every three years

Part B Form 5: Summary of Key Findings and Actions

7. Where will your policy or proposal be forwarded for approval?	Executive Management Group
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8. Names of all parties involved in undertaking this Equality Impact Assessment – please note EqlA should be undertaken as a group activity Senior sign off prior to committee approval:	Name:	Title/Role
	Ian Howard	Assistant Director, Strategy & Analysis
	Darren Smith	Planning Manager
	Executive Management Group	2 nd October 2019
Please Note: The Action Plan below forms an integral part of this Outcome Report		


Action Plan

This template details any actions that are planned following the completion of EqlA 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		

Part B Form 5: Summary of Key Findings and Actions

	Proposed Actions	Who is responsible for this action?	When will this be done by?
2. What changes are you proposing to make to your policy or proposal as a result of the EqlA?	N/A		
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	N/A		
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	N/A		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	N/A		

Finance and Performance Committee 24.10.19	 GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
To improve health and provide excellent care		

Report Title:	Summary of In-Committee business to be reported in public
Report Author:	Diane Davies, Corporate Governance Manager
Responsible Director:	Sue Hill, Acting Executive Director Finance
Public or In Committee	Public
Purpose of Report:	To report in public session that the following items were considered at the Finance and Performance Committee held in private session on 30.9.19 <ul style="list-style-type: none"> • Monthly Medical and Dental Agency Locum report • Unfunded cost pressures as at Month 5 • Approach to identifying drivers of the financial • Proposed land lease to Nightingale Hospice • Continuing Health Care (CHC) support proposals
Approval / Scrutiny Route Prior to Presentation:	The issues were considered by the Committee at its private in-committee meeting
Governance issues / risks:	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.
Financial Implications:	The financial implications were discussed at the meetings
Recommendation:	The Committee is asked to note the report

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

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
<ul style="list-style-type: none"> • Leadership and governance • Strategic and service planning 			
Equality Impact Assessment			
Not applicable for a paper of this nature			

Disclosure:

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